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TWO CASES OF TRAUMATIC HYSTERIA.

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The study of injuries resulting from accidents is of peculiar interest, inasmuch as in them other important questions beside that of treatment are presented. Accidents are usually the result of negligence, and injuries caused by such accidents usually involve suits for damages, in which the physician or surgeon must state in court how seriously the patient is crippled by the accident for enjoyment and usefulness in the world. This, in the present condition of expert evidence in this country, is an extremely unsatisfactory process. In the case of injuries to the bones and muscles this question concerns the surgeon alone, and can generally be definitely answered. When any portion of the nervous system is injured the answer is more difficult, and concerns not only the surgeon, but also the physician, and especially the neurologist. When the injury occasions, as it sometimes does, an organic disease of the nervous system, such as a cerebral tumor, a myelitis, or a neuritis, the diagnosis and prognosis of the case is not difficult, except that these diseases are often of very slow development, and it may take months or years before the tumor attains sufficient size or the myelitis sufficient extent to give rise to definite and diagnostic symptoms. Therefore, in many of these cases the full extent of the injury done to the nervous system is not manifested until long after the question of damages has been settled. But beside these organic diseases, it has been recognized for a long time, and is now being recognized more and more clearly, that not infrequently there result from accidents functional diseases of the nervous system which are very obscure both in their symptoms and their pathology, and which depend in their etiology probably quite as much on the fright as on the physical injury.

These cases of functional nervous disease are not apt to occur associated with severe injury of the bone and muscle. Probably

because the long stay in bed which these latter injuries require, and the concentration of the patient's attention on these grosser forms of injury, are very favorable factors in the treatment of the functional neuroses, and may prevent their occurrence; although these neuroses do sometimes occur associated with severe injuries of the bone and muscle. Many of these cases of traumatic functional nervous disease were described by Erichsen under the name of spinal concussion, or railway spine, and were considered by him, as the name implies, to be due to a concussion of the spinal cord. But the more the symptoms of these cases were studied, the more difficult it became to regard them as due to any disease of the spinal cord, and it became more and more clear that the symptoms were of cerebral origin, and the term spinal concussion or railway spine was replaced in turn by the terms railway brain, traumatic hysteria, traumatic neurasthenia, and traumatic neurosis. As these diseases are of a functional nature, their symptoms are such as can be simulated voluntarily or involuntarily; and as the temptation to voluntary simulation is great on account of the damages claimed, the question of deception is a most important one and one to be carefully considered. These cases have been the subject of many discussions in various neurological associations during the past few years, but, on account of their wide interest, I need no apology, I think, in calling the attention of this Society to two cases belonging to this class, which present many of the points of interest common to all such cases:

The first case is that of an unmarried dressmaker, aged nineteen years, who was sitting in the last car of a railway train standing before the station, and saw another train on the same track approaching rapidly from behind. Everyone in the car shouted: "Jump for your lives!" and ran to the forward door. She got through the door, and, as the platform of her car was crowded, she stepped on the platform of the forward car, and was about to jump to the ground when the two trains collided and she was thrown upon the track. A young woman who had stood beside her on the platform was thrown off and instantly killed. She was carried into the station and did not think she was much hurt, but soon became unconscious. When she regained consciousness and was helped on board the train, she found that the right leg was numb and paralyzed. When she arrived home, she presented a few slight bruises and complained of a numbness and weakness of the right leg, and of a pain in the lumbar region, which during the ensuing weeks grew steadily worse and was associated with severe pain in the occiput. About a month after the railway accident she had an attack of convulsions, and again ten days later she had another similar attack. After she had been lying about twenty-four hours in this

second attack, I saw her for the first time, in consultation with her attending physician, Dr. Melick, of Fort Edward. She was then in a typical hysterical convulsion, her head being strongly retracted. Her movements were very violent, but though she threw herself from one side of the bed to the other she did not throw herself out of it, nor did she hurt herself against the wall. In her convulsive movements all parts of the body moved. There were exaggerated knee-jerk and trace of ankle-clonus present in both legs. The pupils were equal, and reacted to light. She was constantly shouting and raving that she was in a lunatic asylum, and begged not to be sent up-stairs among the noisy ones whom she heard shrieking. She also saw knives and blood on the walls of her room. The attending physician stated that she did not feel pin-pricks in her right leg, but did in her right arm.' Before examining her I stated, in her presence, that it seemed to me that the arm must be anæsthetic as well as the leg, as hemianæsthesia was usually present in such cases. She responded well to my suggestion, and when I examined her I found that the right arm and leg were absolutely insensible to pin-pricks, and the right side of the face very nearly so. Ovaries somewhat tender, but deep and continued pressure on them did not arrest the attack. Great tenderness over the spinous processes of the lumbar vertebræ, not over the others. Toward the end of my visit, as I made a feint of leaving to return to Albany, she ceased her convulsions and raving and talked rationally enough, complaining only of pain in the head.

After my visit the patient remained in about the same condition, making very slow progress toward recovery. She continued to have convulsions at irregular intervals, and complained of numbness and heaviness of the right leg, which she seemed to be utterly unable to move. She showed marked tenderness of the spine. The right side of the face was very slightly anæsthetic, the right arm was slightly more anæsthetic, the right leg was completely anæsthetic. She was unable to walk or bear any weight on her right leg, principally because it caused such a severe pain in her back. There was no increase of the reflexes in her leg. She was unable to sit upright, but reclined during the day in an invalid's chair. The railway accident occurred in November, 1888. In March, 1889, without litigation, the railroad company paid her $8500 damages, and after this the gradual improvement in her condition which had been taking place did not seem to be in the least accelerated. She remained a cripple, unable to use the right leg and suffering from frequent attacks of hysterical convulsions, during the next year.

Many times during this year she was urged to come to the hospital for treatment, but could not be persuaded to do so. Finally, after months of waiting, in April, 1890, she entered St. Peter's Hospital. At that time she complained of some headache in vertex and occiput, and of paralysis of the right leg. She also complained of severe pain in the left ovarian region and shooting around to the back. This pain was worse during and before menstruation. She was having from three to six attacks of convulsions each month, was well nourished, walked with the aid of crutches, and in so doing dragged the right leg. There was complete paralysis of all the mus-

cles of the right leg, and complete anæsthesia and analgesia of that leg. Passive motion of the right leg was painless, but showed much muscular resistance, and the muscles could be felt firmly contracted, certainly with enough power to move the leg. There was no muscular atrophy nor fibrillary contraction. The movements of all the muscles except those of the right leg were normal. Exaggerated knee-jerk and trace of ankle-clonus were present and equal in both legs. There was slight anæsthesia and analgesia of right hand and arm, but not of face, and there was ovarian tenderness on both sides, most marked on the left.

After entrance into the hospital, the patient was given fifteen grains of quinine every night for the first three nights, and a very strong faradic current was daily applied to the right leg. This strong current was scarcely at all painful, but caused active muscular contraction, and the patient was urged to increase the movements of her leg which were occasioned by the muscles contracting under the application of the electricity. She was confidently assured that a rapid recovery would take place, and was encouraged in every way. Each day the leg moved more freely during the application of the electricity, and the patient found that directly after the electricity had been applied she could herself move the leg a little. Improvement, having once commenced, was rapid. At the end of five days she could walk better, the leg felt less numb, and the application of the faradic current, which was at first almost painless, had become extremely painful. Ten days after entrance into the hospital the patient walked with only a slight limp, and the right leg was only slightly analgesic; and in less than a month after entrance she was entirely well, and has remained so ever since, and has never had any return of the hysterical convulsions.

There are many things about this case which make it seem not impossible that the whole thing was assumed for the purpose of obtaining money from the railway company. After the railway accident the patient did not seem to be particularly hurt, but went home, where she was surrounded by a sympathetic family and sympathetic friends, who undoubtedly suggested to her the possibility of obtaining damages from the railway company. After this had lain in her mind for a month or more, she began to develop symptoms of a severe nervous disorder, which symptoms might have been feigned. She seemed to be unconscious, but in that state she was capable of receiving suggestions, as, for instance, that "the whole of one side of her body was anæsthetic, instead of the leg alone," and acting upon this suggestion the whole side of her body became anæsthetic; also when I told her that I must go back to Albany, and she would lose the benefit of my visit, she very promptly came out of her attack of unconsciousness and talked to me quite rationally. Then, too, the long-continued paralysis of motion and sensation in the leg was evidently a mental one purely, because under purely mental

treatment—that is, isolation in a hospital and the application of the faradic current—this paralysis rapidly and entirely disappeared. And yet all these symptoms and conditions are what we frequently meet with in ordinary cases of hysteria, and it is no longer maintained that hysteria is assumed simply for the purpose of troubling relatives, friends, and doctors, but that it is a real disease, although exaggeration and involuntary simulation are prominent symptoms in it. If we had seen this patient without having obtained any history of a railway accident, we should have regarded her as simply a case of hysteria, such as often results from a sudden shock or long-continued worry or mental strain, and which recovers promptly under appropriate treatment.

We have, then, the alternative of regarding this case as a case of functional disease of the nervous system dependent on fright, and either hysteria or very closely allied to it, or to regard it as a case of malingering pure and simple. With the first supposition the symptoms and course of the case correspond exactly, and it resembles cases of hysteria which are of frequent occurrence. Under the second supposition, however, the case is not so easily explained. The patient has not complained of some simple symptom like vague neuralgic pains, dizziness, general weakness, or loss of memory, in regard to the reality of which we must depend merely on her word, but she has simulated an actual and very complicated disease, and has simulated it accurately, which is no easy thing, even if she had had abundant opportunity of studying such cases, which is not probable. Moreover, it seems altogether probable that if it were a case of malingering she would have shown a sudden, or, at least, a more rapid, improvement after having been given the large damages which she obtained. Undoubtedly, in many cases of hysteria there is a decided element of exaggeration and deception, and both these elements may have been present in this case, and the prospect of damages did not tend to diminish these factors. On the other hand, it certainly seems true that as the basis of this case there was really a functional disease of the nervous system consequent upon the fright and shock of the accident, and that the diagnosis—traumatic hysteria—is justified.

The second case which I have to report is that of a woman, aged thirty-six years. On October 1, 1885, while walking in the street her foot caught in a hole in the pavement, and as she struggled hard to pull it free, it was suddenly released and she was thrown some distance, her head and the left

side of her body striking the ground violently, so straining and bruising herself that she had to be carried home. She did not lose consciousness, but during a month she remained in bed, vomiting everything that she swallowed, and having pain in her head, throat, abdomen, and left side of the body. The same symptoms continued during the next month, but she got out of bed, and then found that her left leg seemed shorter and was weaker than the other, so that she could not lift it from the floor.

She entered the Albany Hospital March 7, 1887, stating that since the accident she had suffered from nausea, vomiting, pains in the head and in various parts of the body, and had had two attacks of general trembling. During the thirteen months previous to entrance she had taken nothing to eat but peptonized milk, except that on two occasions she had tried solid food with disastrous results. On entrance the patient was anæmic, the spine was tender, and there was some hyperæsthesia of the left side of the body and great tenderness in the left ovarian region. The left side of the pelvis was drawn up by muscular contraction so as to cause an apparent shortening of the left leg. There were ankle-clonus and exaggerated patellar reflex in left leg. She could walk only with a crutch and cane. The most urgent symptom in the case was the persistent vomiting, and to relieve this she was given a quarter of a grain of hydrochlorate of cocaine in a half-teaspoonful of water five minutes before eating. This method of treatment, which I have never known to fail in cases of simple irritable stomach, acted well in this case also, and the vomiting ceased and did not return. About two weeks after entrance, during which time she had taken three meals of solid food daily, she was etherized and the left leg was moved about violently in all directions. Before the etherization she was assured that under treatment and while under ether the leg would be restored to its proper length. Since that time the left leg has seemed to her to be as long as the other. Her back was cauterized several times. She remained in the hospital six weeks, her treatment consisting of frequent cauterization of the back, the application of electricity to the leg, and encouragement. When she left the hospital she could walk without cane or crutch, and limped but very slightly. She ate well and had no nausea nor vomiting, although she still had some pain in her back and in different parts of her body. She herself said she felt like a different woman.

In July, 1890, she received after long litigation the sum of $6500, and on December 11, 1890, I saw the patient again. She walked freely about the house with a slight limp, but in the street carried a cane, because she frequently felt as if her legs were collapsing under her, and as if she would fall if she did not sit down or have some support. She limps because her left leg feels awkward and seems short, as if the cords at knee and ankle were contracted and drew the leg up. The shortness of the left leg is entirely relieved when her back is cauterized, after which during a few days she does not limp. The cauterizations are made every two or three weeks, on account of attacks of vomiting associated with intense pain about the waist and in all the upper part of her body, and with great hyperæsthesia of the skin, all of which symptoms are entirely relieved by the cauterization. She also has dizzy spells, in which she sometimes falls to the ground, but in which she never loses consciousness.

In this second case the symptoms are in many respects quite different from those of the first, and yet there can be no doubt that it is a clear case of hysteria such as we are constantly meeting with in practice, and under appropriate treatment the hysterical symptoms almost completely disappeared. In this case the great improvement was obtained more than three years before the damages were awarded, instead of after the damages had been awarded, as in the first case. In both cases hospital treatment was necessary, and I doubt not that a stay in the hospital now of some months would make a complete cure in the second case as well as in the first. Just as in the first case, in this second case also, the receiving of large damages did not favorably modify the disease, the patient being in the same condition now as she was for a year before the damages were received. In regard to the question of malingering, the same thing may be said concerning the second case as was said concerning the first, and the fact that the second case improved so much under hospital treatment several years before the damages were awarded to her, makes the question of simulation extremely improbable, because, if the disease were simulated, the simulation would almost certainly continue until the damages were received.

In conclusion, I would say that in this short paper I have not attempted to exhaust the subject of the traumatic neuroses, but I have merely wished to present to the Society two cases of well-marked functional nervous disease, belonging to such a clear type of nervous disease as hysteria, which were the result of accidents. Similar cases have been reported by many observers, so that I think that the occurrence of hysteria following and occasioned by accidents cannot be doubted.

If these cases of traumatic hysteria, as well as the other forms of traumatic neuroses, were in their early stage isolated from their family and friends and given special treatment in a hospital, there can be no doubt that they would recover much more rapidly, and would obtain a much smaller sum for damages from the parties responsible for the accident. Of course, these cases cannot be confined against their will in a hospital, but if, when a suit for damages on account of a traumatic functional nervous disease was commenced, the defendant were to make the offer to pay all expenses of the treatment in a hospital, in the hope of obtaining a rapid and complete cure, I think that in many cases the offer would be accepted, and in the other cases the fact that the offer had been made would put the

defendant in a better light before the jury, for no expert could deny that had such a course of treatment been adopted the case would have stood a better chance for recovery. Finally, in estimating the amount of compensating damages, it should be remembered that a considerable number of these cases are rapidly cured under proper treatment, especially so after the question of damages has been definitely settled.