Whiplash and the Clinician



Livingston¹ presents delightful examples of ancient Greek clinical lore with a bearing on whiplash. Strictly speaking, none of them deals with the essentials of the modern phenomenon. The Hippocratic description of care of the glenohumeral joint after reduction is scarcely about whiplash, and the method for reducing the curvature of the spine described in the same book includes an impressive apparatus to promote extension at the same time as the hump is pressed down².

Not to be a spoilsport I should acknowledge that this is not surprising since it is hard to imagine an ancient equivalent for the usual 20th or 21st century causes of cervical spine injury. Charioteers are likely to have harmed each other more sideways than front and rear. Trimble³ did, however, note the relevance of an intriguing 19th century situation described by Sir John Eric Erichsen⁴, who pointed out that in railway accidents passengers facing away from the direction of collision suffered more harm from "concussion of the spine" than those facing in the direction of the collision.

Other lessons that Livingston cites are as valid as they were when written 2.5 millennia ago. Although the Hippocratic approach to classification is not codified, it fits well with the logic of clinical practice.

Potter observes about the Hippocratic Collection that a considerable part of the writings is devoted to describing the etiology, pathogenesis, signs, course, prognosis, and treatment of specific diseases and it is never questioned that disease phenomena do occur in certain definite patterns. The specific diseases have names and the name relates to the essential sign or signs, to the primary site, or to the etiology of the disease. However, there is no conceptual framework within which most, or even very many of the specific diseases can be ordered, i.e., that could serve as the basis of a general disease classification⁵. Yet we are not much better off in this last respect today, since, as discussed elsewhere, there is no complete medical classification that can unify all the categories of disease or illness⁶.

Whiplash was not identified in the Hippocratic

Collection, but whiplash today meets the Hippocratic criteria for a disease, based on causation and pattern recognition, and it still can be diagnosed by the classical methods of observing, listening, touching, examining, and recording, as Livingston points out.

It is noteworthy that recent studies of whiplash that have attracted most attention are very far from the consistent clinical observation that we find in the Hippocratic Collection and that Livingston rightly advocates. The Lithuanian study⁷ was a questionnaire investigation that treated all its cases as whiplash in the analysis, although only 15% started off with pain. The Quebec Task Force⁸ used insurance company documents and decisions and presented its results as indicating that all but 1.9% were recovered at the end of the year, whereas the internal data of the report reveal that probably 9.5% or more of the individuals studied still had complaints at that point⁹. Our critique also described the involvement of the insurance industry in activities designed to mould medical opinions and attracted much discussion^{10–14}. A recent study from Saskatchewan relied similarly on insurance company decisions, and even so jettisoned 28% of its most relevant cases while claiming that one method of management of compensation was more efficient than another¹⁵.

The Hippocratic writings offer a clear view of the illness of every patient, not distorted by the potential influence of compensation systems, either on the patient or on the doctor. There are indeed lessons to be learned from Hippocrates, particularly by comparison with current publications or practice, and the most salient is that direct observation of patients remains meaningful and fashionable, but some misleading modern formulations are by no means as scientific as they claim to be.

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REFERENCES

- Livingston MC. Whiplash injury and Hippocrates: Practical points for contemporary practitioners. J Rheumatol 2001;28:352-4.
- Hippocrates. On joints. Trans. Withington, ET. Loeb Classical Library. Cambridge, MA: Harvard University Press, 1928; III, XLVII, pp. 294-303.
- Trimble MR. Post-traumatic neurosis: from railway spine to the whiplash. Chichester: Wiley; 1981.
- Erichsen JE. Nervous shock and other obscure injuries to the nervous system in their clinical and medico-legal aspects [1886]. Revised edition. New York: William Wood & Co.; 1886:57.
- Potter P. Some principles of nosology. In: Potter P, Maloney G, Desautels J, editors. La maladie et les maladies dans la Collection Hippocratique. Québec: Les éditions du sphinx; 1990:237-53.
- Merskey H, Bogduk N, editors. Classification of chronic pain: Descriptions of chronic pain syndromes and definitions of pain terms. 2nd ed. Seattle: International Association for the Study of Pain; 1994.
- Schrader H, Obelieniene D, Bovim G, et al. Natural evolution of late whiplash syndrome outside the medico/legal context. Lancet 1996;347:1207-11.
- Quebec Task Force on Whiplash-Associated Disorders. Whiplashassociated disorders. Redefining "whiplash" and its management. Québec: Société de l'assurance automobile du Québec; 1995.

- Teasell RW, Merskey H. The Quebec Task Force on whiplashassociated disorders and the British Columbia Whiplash Initiative: A study of insurance industry initiatives. Pain Res Management 1999;4:141-9.
- White M, Richman J, Haldeman S. The Quebec Task Force on Whiplash-Associated Disorders [letters]. Pain Res Management 1999;4:161-2.
- Merskey H, Teasell RW. The Quebec Task Force on Whiplash-Associated Disorders [letters; reply]. Pain Res Management 1999;4:162-3.
- Barron SR, Ho K, Anton H, Lubin S. The Quebec Task Force on Whiplash-Associated Disorders and the British Columbia Whiplash Initiative: A study of insurance industry initiatives [letters]. Pain Res Management 2000;5:1.
- Cassidy JD. The Quebec Task Force on Whiplash-Associated Disorders and the British Columbia Whiplash Initiative: A study of insurance industry initiatives [letter]. Pain Res Management 2000;5:1-2.
- Merskey H, Teasell RW. The Quebec Task Force on Whiplash-Associated Disorders and the British Columbia Whiplash Initiative: A study of insurance industry initiatives [letter]. Pain Res Management 2000;5:2-3.
- Cassidy JD, Carroll LJ, Coté P, Lemstra M, Berglund A. Effect of eliminating compensation for pain and suffering on the outcome of insurance claims for whiplash injury. N Engl J Med 2000; 342:1179-86.