cuted paper models of cattle, horses, deer, rabbits, etc., which the boy had made. —Professor HAMILTON had observed that the brain was the most highly convoluted one he had ever met with — almost approaching that of the cetacean.

Case of so-called Spontaneous Combustion.—Dr. Mackenzie Broom described a case which he had met with. It will be published in full in the Journal.

ERRATUM.—In the report of the proceedings of the Sunderland and North Durham Medical Society, published in the Journal of April 7th, page 719, "Post-natal Branchial Fistula" should have been "Post-natal.

REVIEWS AND NOTICES.


As far as we know, this is the first work which has appeared in the French language on the subject of railway injuries. The author of it appears to have had considerable medico-legal experience, and from the titles appended to his name we gather that he holds a responsible position in medical jurisprudence. He has thus enjoyed the opportunity of viewing a number of cases from a wholly judicial standpoint, free from any necessity, whether imaginary or real, of supporting particular views in or against the interest of any claimant for compensation for bodily injuries. If we look upon the legal aspects of cases to be found in the book, we should say that the author is well worthy of the confidence placed in him in the official position which he holds. It would be well if in this country, also, appointments of a like character were not unknown.

The injuries received in railway accidents are, as we well know, of singular interest; and nowadays, when both claimants and railway companies alike see the disadvantages of litigation, and amicable settlements are much more common than it was once the case, when medical men are, therefore, able to approach these cases in less of the spirit of contending parties, and more in that of common interest, it is not impossible that the interest of the railway companies may even more closely engage the attention of leading neurologists, who have hitherto rather sought to avoid them, for various reasons which it is needless to name; for the consequences of railway injuries fall especially into the category of neurological work, and they derive their chief interest from the light which they shed upon the whole of the interdependence of mind and body, of psychical and physical being. Fractures and dislocations, wounds and contusions, received in railway accidents do not differ in the least, either in their immediate symptoms or in their after-consequences, from those either suffered or otherwise; nor is there any evidence that the coarser lesions of brain or of spinal cord, or of other parts of the nervous system, have any special consequences when they have been caused by accidents on railways, by the collisions which we commonly understand railway accidents to mean. To the administration, however, of all and every form of injuries in collisions there is frequently added a disturbing element which is commonly, though not invariably, absent from other and more ordinary accidents; and the course of the after-symptoms is often unusual and unexpected, because of the interference with consciousness, which any unsheltered mind, such as may be induced by litigation, by anxiety as to the future, or by heralded arrangement of claim, is pretty sure to entail. As to that which has influence at the time of the accident, it is well known that considerable importance has been attached, and is apparently by Dr. Vignier himself, to the ébranlement, or vibration, which is so frequently the case in collisions. It is commonly supposed to be communicated by, and at the moment of the collision, to every object of, or connected with, the colliding bodies. It has always seemed to us remarkable that this ébranlement should be so partial in its effects, and unaccountable, moreover, that a vibration, generated by the collision and necessarily communicated to and diffused through, every particle of, or connected with, the colliding bodies, should exercise a great and injurious influence, say, on one individual, while another individual sitting next him should go scot free.

The different effects of railway injuries, apart from gross bodily lesion, have therefore to be sought elsewhere, and we believe that they are to be found in individual discrepancy, one person suffering largely from the fright incidental to the horrors of a railway collision, another feeling such effects but little, or it may be not at all. And therefore every varied combination of results may be met with, as for example: (a) severe bodily injury associated with great mental disturbance; (b) severe bodily injury associated with none; (c) great mental disturbance with slight bodily injury; (d) slight bodily injury with little disturbance from fright, or it may be none at all. By far the commoner number of such persons fall into case (b), although cases of the worst kind are not wanting. It is affording some warrant for regarding ébranlement as the real cause of the symptoms so commonly seen, and for diverting attention from, and paying less heed to, the personal element in railway injuries, and for disregarding the fright, that all potient mental disturbance, either immediate, or delayed, which calls the personal element into play to-day.

This is not the place to record the ordinary symptoms of injuries of this class; they may be found in works in our own tongue. It may be well, however, once again to point out that the most recent observations upon railway injuries both in this country and in America have tended to show that it is in the brain rather than in the spinal cord we must look for the lesions, if there be any, which underlie the symptoms of railway injuries; and that "railway brain," rather than "railway spine," would be an appropriate term to apply to the congeries of symptoms with which they are accompanied. We have seen the point from the standpoint of the law, and have seen the cases recorded, related as they are in detail and with the written "medico-legal" opinions about them, are very largely cases of cerebral injury, with symptoms referable to brain lesion or disturbance rather than to lesion or disturbed function of the spinal cord. The experience of the writer has been largely, but not exclusively, from the victims of the well-remembered accident at Charenton on September 5th, 1881. The accident was one of the worst description. Eighteen persons were killed on the spot, five died within a few months, twenty-six received very severe bodily injuries, and some eighty others were more or less hurt. The collision itself was of the most truly terrifying nature, for it became known to everyone that the accident was inevitable; the cry of "Sauve qui peut" was raised aloud, and everyone was doomed to pass through a few seconds of the greatest agony and suspense. We are not surprised, therefore, to learn that the great majority of persons suffered from profound mental and emotional disturbance, from nightmare and sleeplessness, from involuntary trembling and severe headache, from grave disturbances of nutrition, and that convulsions were slow and prolonged. We should have been glad to have heard more of the after-history of these patients, but nevertheless Dr. Vignier has made good use of their cases by giving a careful and lucid account of the cerebral troubles which are apt to supervene after railway collisions even in cases where there has been no serious bodily injury nor any true concussion of the brain. The case is now held in this country, and we fail to find anything new in the record.

Differences of opinion seem to exist in France as well as here, and in one of his cases we have the ébranlement reports of the several surgeons who saw the patient. The views entertained by each appear to us to be alike legitimate and warranted by the recorded facts, and they combine to show how much better it is that the judicial tribunal should be assisted in arriving at a just conclusion by the perusal of such reports than by the oral testimony of witnesses in open court, who run the risk of being subjected there to the taunts and questionings of dissenting counsel, who may have no confidence in such circumstances, and who perhaps at the best may have a difficulty in conveying their opinions on medical matters to lay and uneducated ears and minds, whether of judge or jury.

The author has little to say on the subject of exaggeration and imposture, but his remarks thereon, if short, are judicious and well timed. He rightly cautions against the suggestions to patients which lie in leading questions, and he shows that if the detection of downright imposture is not the difficult thing which it is often supposed to be, it nevertheless may be no easy matter to decide whether a person is really suffering from the symptoms of a real though very trifling injury. Experience, however, is of the greatest value in enabling a medical man to say whether the indefinable symptoms which have no physical signs, which are purely subjective, and have no other basis than the statements of the patient himself, are mere imposture. No amount of such symptoms, however accurate and clear, can supply the want of experience in such matters, and those who come to the examination of such cases without experience...