

tion, we do not so far feel prepared to communicate the results, as we do not feel that we have yet gotten at the bottom of the personal equation. It seems in this line of work in particular very difficult to compare the results of one observer with those of another. We have been able to confirm in a general way the views of Ewing and Goldscheider as to which changes are due to artefact conditions and which ones indicate general systemic disturbance. Our opinion as to the conditions of the nerve cells in shock must be reserved for further consideration.

On the whole it may be stated with considerable confidence that minute anatomical intracellular changes of some sort underlie the conditions of shock encountered in railway surgery. It is probable, too, that limited lesions of minute dimensions due to hæmorrhage, etc., are more common than has hitherto been supposed and the marked increase in the number of cases of syringomyelia which have come to light since attention has been directed to their occurrence makes the assumption of purely functional explanations less and less tenable for the majority of cases.

I may add a word or two as to the pathological conditions which justify us in assuming shock as the cause of death. We should insist upon all the causes including hæmorrhage being rigorously excluded, and establish a com-