

normally exists just prior to fission. It is to be hoped that an opportunity may sooner or later present itself for verifying the correctness of Hodge's guess by making a *post-mortem* examination where death occurs in a railway accident without any gross lesion sufficiently serious to prove fatal—or, in other words, death from shock.

The consideration of the symptoms was the most important part of the subject on account of its medico-legal bearing. There may be evidences of severe shock at the time of the accident, or there may be none. The neurasthenic symptoms may appear at once or may not for two or three weeks; usually they are observed on the second or third day. The first group of symptoms is connected with the eyes: the pupils are usually very mobile, reacting unusually under the influence of light, and often showing alternately contraction and dilatation while still exposed to it. The vision is clear, but there is inability to make use of the eyes for a continued period. In traumatic hysteria there is limitation of the field of vision; this does not appear in neurasthenia. Besides, the patient has difficulty in closing the eyelids firmly, and slight tremor of the lids may be noted.

The superficial reflexes are not usually afflicted; the knee jerk is slightly exaggerated, but there is neither knee nor ankle clonus.

Different forms of paræsthenia may appear, but there is no anæsthesia—one of the signs of distinction between the disease and hysteria, in which latter there is often found either hemic or geometrical anæsthesia, paralysis, or hyperalgesia.

The muscular power is not lessened so far as sudden exertion is concerned; but the effort cannot be sustained. This is easily proven by the dynamometer. The patient always complains of the back—an obscured aching, most marked in the lumbar region and extending upwards to the head, there constituting a postero-occipital cephalalgia. Ordinarily are found localized spots of tenderness over the spinous processes of the lumbar vertebrae, or on either side of them.

These "back" symptoms will not be easily confused with those of traumatic lumbago; in the latter the pain is more severe, so much so as to cause asymmetry in standing, and markedly increased by movements of the back or legs. In addition to this, in lumbago the spots of hyperalgesia are much farther from the spinous processes, never over them, and the aching does not extend upwards to the head.

A very large proportion of the total number of actions for damages against railway companies is on account of alleged traumatic neuroses, and the symptoms being mostly subjective, the physician in charge should never be satisfied with less than the most thorough examination,