

slightly congested, but not to a degree sufficient to have caused any serious symptoms.

Dr. Hirst thought that the cause of death in this child, which had had diarrhoea, was either an ulcerated condition of the mucous membrane of the large intestines or an inflammatory infiltration of their connective tissue, causing atrophy of the absorbent glands, which latter condition a microscopic examination would be necessary to show. He also referred to the common occurrence of post-mortem intussusception in young infants and remarked that the difference between ante and post-mortem intussusception is that the latter are without signs of inflammation or congestion.

He regards sterilized milk as the great remedy to prevent diarrhoea in infants, and he has recently devised a cheap and efficient apparatus for its preparation.—*Med. and Surg. Reporter.*

### RAILWAY SPINE.

One of the most curious developments of modern medical study, and one with an extremely important practical bearing, relates to a form of disorder following railway accidents, which is known by the name of "railway spine."

To those unfamiliar with the manifestations of this disorder, it would appear almost incredible that it should play so serious a rôle in the lives of persons who have received injuries which often seem far from severe, and be so often the occasion of protracted medico-legal contests. But one who has studied its phases, under circumstances favorable to a just discrimination between actual and morbid phenomena and the simulations which are sometimes practised in order to wring money from a rich corporation, will not wonder that it is regarded as a very grave matter by medical experts, and that they warmly resent the common impression that it is frequently only a form of malingering.

There can be no doubt that instances occur, in which an avaricious patient and a willing or pliable physician unite to over-estimate the damage done by a railway accident; but these cases are far more rare than is often supposed, and there is, on the whole, more danger of error in being too skeptical of the real existence of a condition for which no better name has yet been suggested than "railway spine," than there is in recognizing it and endeavoring to estimate it justly.

The cases which give most trouble are those in which there are few or no evidences of gross lesions in the spinal cord or its surrounding hard and soft parts, but in which there are manifestations of nervous disorders, following an accident and attributed to it, which may be deliberately affected from motives of cupidity. To discriminate between sufferers and pretenders, under these circumstances, is by no means an easy or a pleasant task for most medical men.

But help may be gained for the task by a study of what has been written by men of experience in such cases. A valuable paper on the subject, by Dr. Dercum, of Philadelphia, is in the Department of the *Reporter* for Pamphlet Notices, No. 296. In this pamphlet Dr. Dercum describes the classes of injury which are likely to follow blows or falls upon the region of the spinal column, and gives a very instructive review of the principles which should guide a medical witness in deciding upon the actual condition of a person who claims damages for such injuries. We cannot repeat, or even summarize, his conclusions; but would call attention to one point in particular in regard "railway spine," and this is, that there are not a few cases in which, with no gross lesions whatever, a person who has never been nervous, or timid, or hypochondriacal, develops all these characteristics after a railway injury. In women—as L. Durcum points out—this alteration of character sometimes takes the form of hysteria, while in the case of men precisely the same condition sometimes follows participation in a railway accident. To give the condition the name of hysteria may be—except for the etymological error of the term—scientifically correct; but to permit this to blind one to the realness of the misfortune would be a grave injustice to the subject of it.

Here is the most delicate question which can arise in the mind of a medical witness; and we believe that it is not untimely to say this word, to fortify any of our readers who may find it hard to meet the objections of counsel for railroad companies, who often honestly think medical men too prone to testify to the existence of evils which are not actually present. The medical witness ought not to ignore the possibility that a claimant for damages may be assuming or exaggerating the appearance of real nervous disorders; but no more ought he to permit himself to be deterred from doing justice to the victim of a railway accident, because there is a natural prejudice against charging whatever follows such and accident to it.—*Med. and Surg. Reporter.*

### Items of Interest to the Profession.

#### LECTURES ON THE DUTIES OF NURSES.

Miss Alice Stone, of the School of Nursing, Edinburgh, and the Royal Infirmary, Manchester, will give, in this city, a series of lectures, of which the first and second will be devoted to the nurse's duties in the sick room, and the moral and physical qualifications they demand; the third lecture will be addressed to the ailments of the young and their special treatment; the fourth lecture will indicate the modes and precautions proper to be observed in the pre-