

than is commonly believed. The prognosis, in the absence of medical or surgical complication of another kind, is favourable in 90 to 95 *per cent.* In cases which don't recover we must suppose the existence of true anatomical lesions of the nerve-centres and especially of the vascular network (arterio-sclerosis and secondary alterations). The traumatic neurosis, pure and simple, is to be regarded as a product of a two-fold obsession, that of the damage wrought by the injury and that of the compensation promised and expected. Where the existence of pathological consequences of the injury is disputed and legal proceedings are prolonged for months and years, the clinical picture of the neurosis becomes distorted and deformed owing to the defensive needs (in a judicial sense) of the injured party. We may then speak of a true litigation-neurosis of a psychopathological nature, akin to processomania or querulantomania. The treatment is essentially moral, or rather is summed up in a wise, rapid and efficient psychotherapy. Finally, the author remarks on the need of improvement in the laws affecting labour, especially in the direction of a more expeditious process for ascertaining the amount of damage sustained and liquidating the indemnity.

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*Inequality of the Pupil in Affections of the Lung and Pleura [L'Inégalité pupillaire dans les affections pleur-pulmonaires]. (Le Progrès Medical, May, 1912.)* Sergent, Emile.

We are warned not to accept the statement that inequality of the pupil is always of syphilitic origin. There are two great classes in which cases of inequality of the pupil may be placed, firstly those with, and secondly those without, an alteration of the reflex, and in the former class is included the Argyle-Robertson pupil. Again, the latter class may be subdivided into those examples due to endogenous causes, cataract, pilocarpine, congenital defect, and secondly, those due to stimulation of the motor nerves of the pupil, basal tumours, meningitis, and intra-thoracic lesions such as aneurysm, mediastinal tumour.

Inequality of the pupil may be the only apparent sign of commencing lung mischief. It has been found in 58 per cent. of people suffering from acute or chronic lung disease. Chronic apical phthisis demonstrates this phenomenon most frequently.

The inequality of the pupil may be the only outward sign. It may, however, be accompanied by contraction on the affected side, a diminution of the palpebral fissure and an apparent retraction of the globe. Another variety has in addition to these symptoms vaso-motor troubles of the ear. Lastly, you may have dilatation of the pupil accompanied by vaso-motor troubles, but without any oculo-palpebral signs.

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