

4. Shifting disturbances and unequal motions of the iris are sometimes observed in katarony.
5. Irregular shapes of the edges of the iris are often observed before the appearance of the Argyll-Robertson symptom, and have thus much importance in diagnosis.
6. Alterations in the form of the pupil, similar to those observed in disease, may be produced experimentally; hence we may suppose that these changes signify an irritation, paresis, or paralysis of portions of the iris dependent upon pathological affections of the short and long ciliary nerves and their nuclei.
7. Unequal reactions of single portions of the iris are dependent upon paresis of the corresponding branches of the ciliary nerves—paresis iridis partialis.
8. Disturbances of the position of the whole pupil indicate a combined irritation, paresis, or paralysis of the branches of the short and long ciliary nerves.
9. Constant irregularities of the whole pupil constitute a sign of paralysis of some section of the iris—iridoplegia partialis.

These are most probably the result of diseased conditions of the ciliary nerves or their nuclei (atrophy of nerve-cells).

WILLIAM W. IRELAND.

Delirium in Febrile Conditions. (*Dub. Journ. of Med. Sci.*, June, 1903.)
Jones, K. W.

The author of this thesis, in speaking of delirium or febrile insanity and post-febrile insanity, says that the latter is a very rare condition, and is, generally speaking, incurable, as it is not due to the wasting and exhaustion alone, but that the specific poison of the fever is a factor in its causation. The former he classifies into simple delirium, the so-called busy delirium, delirium ferox, and low-muttering delirium. He observes that febrile insanity is most common in typhus fever (and is generally so, as in all fevers, in the male sex), then in smallpox, enteric fever, pneumonia, and erysipelas. In scarlet fever and measles it is rare. In the treatment of simple and low-muttering delirium he has found paraldehyde the most useful hypnotic. In busy delirium and delirium ferox all the ordinary hypnotics, in his experience, were practically useless. The one drug which he found to act was apomorphin in $\frac{1}{16}$ gr. doses to adults. In Dr. Jones's hands this drug had a hypnotic but no emetic effect, but he does not tell us in how many cases he obtained this result, nor as to the mode of its administration. He found—by chance, he says—that it acted better when given about ten minutes after a hypodermic of $\frac{1}{4}$ gr. morphin. A. W. WILCOX.

Psycho-motor Hallucinations and Double Personality in a case of Paranoia.
(*Journ. of Nerv. and Ment. Dis.*, May, 1903.) Pickett, W.

In this article, the author describes an interesting case of paranoia which has been under his care for some years. The patient is a German, 35 years of age on admission, a boiler-maker by trade. His