They conclude that the neuroses of war may be brought about either by the action of "purely emotional shock" or by "purely physical shock," but most commonly by a combination of these two factors (after the psycho-neurotic symptoms have been cleared up, the residual, actual neurosis, which has formed a foundation for the whole disorder, is often exposed). The object of the paper is to correct the present tendency to regard the neuroses of war as of exclusively emotional origin.

Jefferson. NEUROLOGICAL SIGNS IN GUNSHOT WOUNDS OF THE SCALP. [Brain, June, 1919.]

When in France, Jefferson sought neurological signs and symptoms in a case-series of 54 scalp wounds, and was able to establish them in all but five cases. He comments that such signs have been greatly neglected. The eye has seen the scalp injury alone; the mind has travelled no further. He gives two types: those in which the changes are concussion and general and those with signs of local cerebral contusion. In most cases the symptoms are transient and not obvious, excepting when seizures of Jacksonian type arise. Patients seldom connect the numbed or weak hand or the contracted visual field with the head wound. In none of this series was there fracture of the skull, yet there were eleven definite local contusions of the motor cortex, four of the visual and two more in which a motor lesion was associated with a sensory disturbance of the hand. Three patients had Jacksonian seizures, three were trephined on the neurological evidence, extradural clot being disclosed in two. In four cases there were signs of contra-lateral injury by *contre coup*. It is important to remember all this in regard to pensions. While the scalp wound may have been in itself trivial, momentous cerebral injury may have been inflicted.

Harris, T. J. BRAIN ABSCESS DEPENDENT UPON EMPYEMA OF THE FRONTAL SINUS. [Am. Laryng. Soc., June, 1919, N. Y. M. J.]

The author reported the case of a man, aged twenty-six, who was admitted to the eye ward of General Hospital No. 14 on September 10, 1919, suffering from a swelling of the right eye. A diagnosis of pansinusitis on the right side was made and confirmed by x-ray pictures, but the patient refused an intranasal operation for correction of the septum to secure better drainage. Under threat of court martial the patient finally consented to operation, and a radical Killian operation was performed. Convalescence was slow, and it was then noticed that palpation of the operated field showed a soft, apparently fluctuating mass. A diagnosis of brain abscess was made and confirmed by the neurologist.

After careful consideration, an expectant course of treatment was decided upon. For the next twenty-four hours no change could be noted in his condition except an increase in his apathy. Suddenly, at the end