

6. As a premonitory sign of tabes dorsalis.
7. Intestinal worms, or other irritant.
9. After epileptic fits.
11. Cataracts.
12. Amaurosis (blindness).
13. Acute mania or melancholia.
14. The use of mydriatics.

(c) But, again, we suppose a patient with unequal pupils, then we may suspect.

1. Tabes dorsalis.
2. General paralysis of the insane.
3. An unilateral lesion of the third or sympathetic nerve.
4. Diseased tooth.
5. Pain in any branch of the fifth nerve.
6. Old iritis. Inflammation of the right or left retina.
7. Aneurism of the carotid or innominate or aorta tumor of the neck of the same side (in early stages this will produce irritation mydriases, in late stages paralytic myosis).
8. Use of a myotic or mydriatic in one eye.
9. An unilateral lesion of the brain.
10. A congenital condition.
11. Acute glaucoma (unilateral).

Supposing any one of the abnormalities spoken of is observed, we at once proceed to see whether the pupils will react to the stimulus of light. This is done by facing the patient to a window (if possible), covering both eyes with the hands, then removing each hand in turn. If there is no dilatation in the shade, or contraction on exposure to light, the pupil is said to be immovable or fixed. (By darkening the room, and placing the patient with his back to a light, and reflecting the light first into, and then away from the eye, by a small mirror, we can decide doubtful cases of contraction and dilatation.)

By the foregoing methods we may determine whether a pupil is fixed or movable.

I. The pupils are contracted and *fixed*. Then, taking up our list "a," we may exclude:

- Uramic poisoning.
- Meningitis and encephalitis (early stages).
- Inflammation of the retina.
- Tobacco emphyopia.
- Occupation myosis.

For in all these conditions the pupils are not fixed. The movements, although slight, may be seen.

In list "a" remains

- Tabes dorsalis.
- The use of myotics.