The paper by Leininger, et al reported that the pursuit of litigation had no effect on neuropsychological status after cerebral concussion, and that the cognitive deficits were accounted for by a common dysfunction. These conclusions, drawn from a clinical series of symptomatic patients, warrant scrutiny. The authors provide no information as to how they classified their patients into groups “pursuing litigation” and those “not pursuing litigation”. Merely asking patients if they have filed a lawsuit does not provide the information necessary to classify their claim status. Some of the patients may have been injured in work-related accidents, claims for damages, however, may have been made against insurers without pursuit of litigation. Furthermore, the patients studied could have filed lawsuits after their neuropsychological evaluations; all of them were seen within 22 months of their injury. These results are contrary to our own.

In a recent paper Binder and Willis’ reported a very strong relationship between the pursuit of a claim and performance on a measure specifically designed to assess motivation, the Portland Sign Recognition Test. Our study compared minor head trauma patients to patients with well-documented cerebral dysfunction who were not seeking financial compensation. Our minor head trauma patients were not chronic, seen an average of two years after their trauma, than the patients studied by Leininger et al, a factor which may have affected the results. Leininger et al equated the cognitive deficits of the concussed patients with cerebral dysfunction. The possible existence of comorbidities in the minor head injured patients make this relationship tenuous, however. The majority of the minor head injury patients were injured in motor vehicle accidents. Consequently, they may have had orthopedic injuries and been treated with analgesic medications. Some of them may have developed anxiety disorders or depression as a result of their accidents and may have been treated with psychotropic medications. The authors provided no information on chronic pain, psychiatric status or medication use. These variables are also associated with cognitive abilities and may have accounted for the differences between the concussed and control subjects. Controlled studies of consecutive acutely injured patients followed prospectively have shown normalisation of cognition within a few weeks of minor head trauma, using measures no less sensitive than those employed in the study of symptomatic patients by Leininger et al.

Pupillary disturbances in migraine: what is the relation to autonomic dysfunction?

The proposal that decreased cerebral sympathetic outflow (and an increase in facial blood flow) follows trigeminal nerve activity during migraine is not consistent with greater eyelid separation and meiosis on the side of the headache and the poor correlation between meiosis and ptoisis during and between migraine attacks. Although the pupillary reflex to darkness is regarded primarily as a sympathetic reflex, pupillary dilatation in darkness occurs in the human sympathetometised eye but is less complete. In the analysis of pupillary light reflexes it is important to remember that a well-acknowledged degree of central sympathetic tone is necessary for the full development of the constrictor action.

Electrical stimulation of the infraorbital nerve primarily as a sympathetic reflex, pupillary dilatation in darkness occurs in the human sympathetometised eye but is less complete. In the analysis of pupillary light reflexes it is important to remember that a well-acknowledged degree of central sympathetic tone is necessary for the full development of the constrictor action.

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Low plasma iron status and akathisia.

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