

It only remains to say that the work under review is published in the form of clinical lectures, and in an easy and familiar style. It forms a most able and most welcome contribution to the syphilography of the day.

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*A Manual and Atlas of Medical Ophthalmoscopy.* By W. R. GOWERS, M.D., F.R.C.P., 1879.

This book, though devoted to the whole range of medical ophthalmoscopy, deserves notice in this Journal from the known trustworthiness of the author, and from his great knowledge and experience in diseases of the nervous system. The book itself is handy and complete, and is very beautifully illustrated. We shall only particularly notice the parts that refer to nervous diseases.

The use of the ophthalmoscope can never be learnt from books, and is rarely acquired after men have reached middle life, and to all the difficulties in its use, physicians to asylums have added the restlessness or senselessness of their patients. Many rash statements have been made in reference to the appearances of the eye in the insane, and most of these have been developed out of the theories and wishes of the observers.

Dr. Gowers' observations are unbiassed, and we believe in every case represent the opinion of the most experienced oculist as well as physician.

The book is divided into two chief parts, the first referring to changes in the retinal vessels, optic nerve, &c., of general medical significance, and the second to ophthalmoscopic changes in special diseases. Useful appendices are added, on the instrument itself, its practical use, and on test-types, while fifty selected cases are given. The book concludes with sixteen carefully prepared, generally well-executed plates.

The first use of the ophthalmoscope will help in many cases in clearing up the causation of mental disease, and in some cases absolute truth in diagnosis can be obtained early only by its use. In cerebral tumours, rare certainly in asylums, the presence of optic neuritis may enable us to point not only to the cause of mental symptoms, dementia or epilepsy, but may enable successful treatment to be followed.

At page 161, Dr. Gowers begins the consideration of the changes found in the insane, and draws attention to the great difference of opinion among observers. Our own idea, from

considerable experience is, that asylum physicians have not sufficient knowledge of the numerous appearances that are quite compatible with health, and set down any little difference from their ideal type as disease. We cannot agree with our author when he says that cases of "organic" brain disease, tumour, &c., often find their way into asylums. Out of between one and two hundred post-mortems made on the insane, we have only once found abscess and once tumour. Of course syphilitic diseases and softenings are very common.

Changes in the eyes are more common in general paralysis of the insane than in any other form of insanity, and the opinions of various authorities are given. Dr. Gowers found most of the discs of general paralysis normal, and we believe Mr. H. Power found the same to be the case after examining a very large number of cases at Hanwell. Sight is impaired in a few cases, and, in our experience, cases with ataxic symptoms often have grey atrophy, and this we have several times seen well marked.

In mania Dr. Gowers only met one case of disease of the disc, and here there was congestion with softened edge, and in melancholia he found nothing abnormal, though he maintains that Jehn described hyperæmia in 40 cases and neuritis in two. In chronic dementia, Dr. Clifford Allbutt found many changes, but Dr. Gowers says nothing for or against the observations. Our own opinion is that, in these chronic cases, changes due to age or other physical states are recorded, and though they may be facts, they have no connection with the mental disease, any more than connective tissue changes and atheroma had anything to do in the causation of the primary insanity of patients who died of old age 20 or 30 later with chronic dementia.

The state of the disc in acute dementia is no more definitely pathological, though Dr. Aldridge has described œdema of the retina around the disc.

All this is unsatisfactory in one way, but we believe Dr. Gowers has done good work by showing that one thoroughly used to the ophthalmoscope in general medicine does not find any definite changes in insane patients.

Much more observation specially directed to the cases of general paralysis will doubtless assist in subdividing the great class of nervous diseases, and may enable us in some instances to distinguish syphilitic diseases of the brain from general paralysis, and in other cases to refer dementia with tumour of the brain to its real cause.