three times a day, continuing to take sugar in large quantities. Under this treatment he went on improving daily; his complexion became of its natural colour; his strength increased, so that he was enabled to walk a mile with the assistance of a walking stick, by the 19th; and by the end of the month, he walked to Cricklade, a distance of nearly five miles.

On the 9th of September he again walked to Cricklade, and appeared quite to have recovered his health and strength, and the next day resumed his work.

I heard nothing of him again, until the 5th of February last, when I was requested to visit him, as it was thought he had a return of his complaint. On seeing him, however, I was happy to find that he was suffering from an attack of rheumatism, having got wet away from home three times the week before, and being unable to change his clothes. This yielded very readily to treatment in a few days, when he resumed his work, and has continued well to the present time.

ON SOME AFFECTIONS OF VISION APPARENTLY OF SYPHILITIC ORIGIN: WITH THE OPHTHALMOSCOPIC APPEARANCES.

By R. Hibbert Taylor, M.D., Senior-Surgeon to the Liverpool Eye and Ear Infirmary, and Lecturer on Ophthalmic Medicine and Surgery to the Royal Infirmary Medical School.

Any one who has seen much of diseases of the eye, especially as they present themselves in public institutions for that class of maladies, must have had his attention drawn occasionally to cases apparently of syphilitic origin, in which the failure of vision could not be accounted for by any appreciable change in the external structures of the eyeball. There is probably no redness of the superficial tissues present, nor any trace of iritis, as usually manifested by thickening and loss of brilliancy of the iris, and adhesion of its pupillary border to the capsule of the lens.

On inquiring into the history of these cases, it will be found that syphilitic affections, both primary and secondary, have been observed, and generally at periods rather remote from the occurrence of the symptoms now complained of. Among the secondary symptoms previously noted, iritis may or may not have occurred; and if it has been present, generally all traces of its existence have disappeared.

My attention was first awakened with regard to such cases many years ago, and I confess that for a long period they seemed very puzzling. We, and I speak of those of my own standing in age, have been so accustomed, from the influence of early professional tuition, and the habits of observation founded upon it, to regard syphilitic affections of the eye, as limited almost exclusively to one disease, iritis, that it was with difficulty one could shake off this inherited belief, and rise to the wider and, I believe, juster view of the subject, which these cases suggest. For myself, I must admit that it was only step by step that I was irresistibly led to the conclusion that the influence of the syphilitic poison upon the tissues of the eye possessed a more extended range than had hitherto been assigned to it, and that the deeper tissues of the choroid, retina, and vitreous humour, were probably liable to have their structures deranged and their functions impaired in like manner with those more open to inspection.

The use of the ophthalmoscope, which has already rendered such invaluable service in investigating the pathology of the deep structures of the eyeball, has clearly shown that these surmises were well founded, and that the failure of vision in these instances was amply accounted for by the structural changes which we have thus been enabled to detect.

In a recent number of the *Medical Times and Gazette*, seven cases are narrated, occurring in the practice of the Royal London Ophthalmic Hospital, which illustrate this subject on various points, and are worthy of the attention of those who feel an interest in it. In one case, there was dimness of vision of one eye, following primary and secondary syphilitic symptoms which had occurred some months previously, but had then nearly disappeared, and there was no iritis. Examination with the ophthalmoscope revealed a congested and hazy condition of the retina, with the appearance of a thin gauze before it. The patient was treated with mercurials, till the mouth was slightly affected, and afterwards a milder action was kept up with some intermissions during several months. At the expiration of this period, the sight was nearly perfectly restored in the affected eye, and the morbid ophthalmoscopic appearances had vanished. In another instance the symptoms in the eye first showed themselves six months after the primary infection; and at the period of admission to the hospital, a well-marked syphilitic rash existed upon the shoulders. Both eyes were equally affected in this case, and the symptoms complained of were dim muscæ, and the appearance of clouds of smoke. The patient was unable to read the largest type, or tell the hour by the clock. The attack commenced rather suddenly, first in one eye, and shortly afterwards in the other. The ophthalmoscope showed a turbid vitreous humour in each eye, with numerous white silvery films floating in its structure. The patient, a married woman, was nursing an infant; but except being somewhat reduced by lactation, was in fair health. Mercury was prescribed, and the baby to be weaned; but unfortunately no record of the result is given.

In another case, the minute details of which I need not repeat, the affection of the eyes followed the primary syphilitic disease, after an interval of several years, and examination with the ophthalmoscope disclosed extensive structural changes in the choroid, optic disc, and retinal vessels; so great as to preclude any hope of the restoration of sight.

I need not further multiply examples from this source, as they all tend, more or less, to show the occurrence of serious structural changes in the deep tissues of the eye materially affecting vision, and taking place at periods more or less remote from the infection of primary syphilis. The point of most interest, regarding such cases, is this, that, in general, they do not present any obvious external appearance of their syphilitic origin, and unless the history of each has been minutely inquired into, its real nature would be misunderstood, and the treatment most likely to be effectual would not be adopted. Nor without the aid of the ophthalmoscope, could we detect those changes in the deep tissues which give no outward visible sign of their existence, and which yet are sometimes so extensive and important, as to be wholly irreparable.

The following case, which I recently met with in private, illustrates several of the points which appear to be characteristic of this form of secondary disease, and affords, in addition, a good example of the value of the ophthalmoscope, as without its aid it would have been impossible to refer the failure of vision to its true cause, in partial disorganisation of the deep tissues of the eyeball.

Mr. W., a tall, stout, soldier-looking man, connected with the land-transport corps in India, and twenty-two years resident in that country, consulted me about a month ago, complaining of weakness and wateriness of both eyes, with defective vision, especially in the right. He stated that about five years ago, while in a hot district of India, he first observed an appearance of a glare, like stars, before the right eye; and objects looked at seemed to be more distant than they really were. Vision with this eye was also indistinct; but he was

able to distinguish one person from another by their features, and with some pain and difficulty could make out the letters of a large type. Since then, vision has still further declined, and the eye has become weak and watery. During the last eighteen months, the left eye has also become weak and watery; but the sight is very little affected as yet. Rather more than five years ago, or about two months previously to the affection of his sight, he had primary venereal sores, followed, in about a fortnight, by an eruption over the arms and chest, which, however, disappeared in a few days, and was succeeded by scaliness of the palms of the hands and soles of the feet, attended with heat and dryness, which continued, more or less, till nine months ago. He had also pains of the bones, coming on six months after the primary disease, and lasting about a month. He says that he never took mercury so as to affect the mouth, but treated himself with one-eighth of a grain of the bichloride, once daily during several months. He also applied black wash to the chancre, which healed in about a week. He has never had inflammation of the external tissues of the eyeballs, and there are no traces of iritis visible. He states that he has used his eyes much in writing, sometimes till late in the night. There was slight conjunctivitis observable in the right eye when I first saw him, and the pupil in each eye was of medium size, tolerably regular, and sluggish in its movements.

Examined with the ophthalmoscope, the optic disc in the right eye was indistinctly seen, as if through a veil or gauze, and was perhaps smaller in dimensions than usual. On the patient rolling the globe directly upwards, the lower part of the retina was seen to be thickly studded with black spots, varying in size and figure, imparting to the membrane the appearance of a leopard's skin. These appearances alone, independently of the history of the case, would have sufficed to indicate the syphilitic origin of the disease, inasmuch as they seem to be, in a great measure, pathognomonic of such affections of the eye.

With regard to *treatment*, mercury is certainly to be relied upon as the most effective remedy, especially when the structural changes in the deep tissues are extensive and material, as in the instance last cited; and the greatest amount of good which it is capable of doing, will probably be obtained by exhibiting it in small and frequently repeated doses, affecting the gums slightly, and maintaining the action during several weeks. In milder cases, where the ophthalmoscopic appearances do not show more than a gauzy haziness of the retina, and indistinctness of the optic disc, the iodide of potassium has been given with good results. In the case from India, above mentioned, I prescribed calomel and opium in small doses; but, as the patient lives at a distance, and has not yet reported his condition, I cannot speak as to the result.

In addition to the above remarks, I may add that, during a recent visit to London, I had an opportunity of conversing on this subject with several of the surgeons connected with the ophthalmic institutions in the city, as well as with others of much experience in diseases of the eye, and I found that their observations in this class of diseases tallied very nearly with my own. In the wide field which the metropolitan ophthalmic institutions present, these diseases are of frequent occurrence, and often appear in very aggravated forms; but even in our more limited provincial spheres, I am inclined to think that they are oftener to be met with than we perhaps suppose, and that they have only hitherto escaped our notice, either from our attention not having been directed to the subject, or because, although we may have observed the consequences of the disease in the production of defective vision, it has not been referred to its true cause, the influence of the syphilitic poison.

MEDICAL PSYCHOLOGY.

By Robert Dunn, F.R.C.S.E.

3. *On the Psychological Phenomena or Symptoms of Disease.*

Having passed in review the leading phenomena of the mental states, and followed up the survey with an inquiry into, and an attempt to specialise, the nervous apparatus or instrumentality through which they are manifested in this life, it now remains to take a cursory glance at the bearings of our inquiries upon practical medicine, and especially in reference to mental phenomena as symptoms of disease.

I rejoice in the conviction that the philosophy of the mind, like the philosophy of nature, is now cultivated in a manner worthy of its objects; and that its relations to psychological medicine are better understood and more fully appreciated. But I have neither the ability nor the leisure to attempt a systematic exposition of the abnormal phenomena of the different phases of consciousness. All that I propose to myself is to make some general remarks bearing on the subject of the mental manifestations as symptoms of disease in general. In such works as the *Manual of Psychological Medicine* by Drs. Bucknill and Tuke, and as Dr. Noble's *Elements*, will be found able and valuable expositions of purely mental diseases, systematically arranged and discussed. Since, indeed, my own thoughts on the subject were thrown into shape, two interesting and important works have appeared—one by Dr. Laycock, Professor of Medicine in the University of Edinburgh, *On Mind and Brain, or the Correlations of Consciousness and Organisation;* and the other, *On Obscure Diseases of the Brain*, by Dr. Forbes Winslow, D.C.L., editor of the *Psychological Journal*. The first must be invaluable as a text-book for the students of the professor's university class, and can scarcely fail of arousing their attention to the works of that great metaphysician, Sir William Hamilton. It is the most elaborate and comprehensive work that we have on the subject, a remarkable and valuable contribution to psychology, claiming a place in the library of every philosophical medical practitioner. And in the other is contained a fund of interesting information. As a prefatory essay to another promised pathological work by the same author, *On Softening and other Types of Organic Disease of the Brain*, it reminds one, from its bulkiness, and its interest and importance, of Mr. Buckle's Introduction to his *History of Civilisation*.

Abnormal Subjective Phenomena. There are certain subjective phenomena, associated with the different organs of sense, with which we are all familiar, and which are evidently dependent upon some local functional derangement of the nervous apparatus of the sensational consciousness. Such are the *muscæ volitantes*, which float before the eyes; and such the sounds in the ears, like the noise of the ocean or the ringing of bells, etc. There are ocular spectra, too, dependent on the same causes, and recurring, as in the case of Sir Isaac Newton, and the spectrum of the sun, in the darkness of midnight.

Not unfrequently, *false perceptions*, as they are commonly called, occur—in other words, *spectral illusions and delusions*—as the consequence of functional disturbance or derangement of some of the perceptive faculties, and most generally of those faculties which, through the visual organs, are subservient to our knowledge of the physical attributes of external existences, such as their size, form, colour, number, etc. Now, when there is no mental hallucination present—that is, no belief in the actual existence of something external to the mind itself as the cause, and as giving rise to the phantasms, the abnormal phenomena may be considered