ART. XXXVII.—*How to Use the Ophthalmoscope. Being Elementary Instructions in Ophthalmoscopy, arranged for the Use of Students.* By EDGAR A. BROWNE, Surgeon to the Liverpool Eye and Ear Infirmary, etc. 12mo., pp. 120. Philadelphia: Henry C. Lea, 1877.

THE publication of this little work is one of many evidences of a growing desire on the part of the profession to master the elements of Ophthalmoscopy, and when a practitioner or student is thrown entirely on his own resources for acquiring this knowledge, he may profitably use the manual before us. We need hardly add that the same sort of elementary instruction is now given *viva voce* by the instructors in ophthalmoscopy at every well-organized medical school in the country, and that this, combined with the clinical opportunities for the use of the instrument, and the present aid of the teacher in acquiring the knack of using it, afford all students within reach of such opportunities a shorter and easier road to a knowledge of the subject.

The first section of the book is devoted to the optical principles necessary to be known by all who attempt to use the instrument; and it is so lucid and well arranged that no one can fail readily to master its contents. The three remaining sections are devoted to a description of the ophthalmoscope and the mode of using it, and to the appearances of the interior of the eye in health and disease. These chapters are not so satisfactory as the one on optics. The author, in his preface, has clearly pointed out the advantages which diagrams present over more finished pictures for the ready teaching of students, and in his anxiety to make his text equally clear and distinct has so far departed from the somewhat complicated picture presented us by nature as to make his descriptions, in some places, almost as diagrammatic as his drawings. Thus, at p. 73, we find the statement that "the pivot or turning-point around which the eye rotates, coincides with the posterior pole of the lens;" while, in reality, in emmetropic eyes, the turning-point lies about 6 mm. behind the posterior pole of the lens, and in the elongated myopic eye still further behind it. At p. 76 we are told that, in the "soft cataract of early life, and in traumatic cataract, with the mirror the fundus appears blurred, as if seen through tobacco smoke or a diffused milkiness;" while, in reality, this is only true of incomplete cataract; when it is fully formed the opacity is so dense and complete as to shut out any view of the fundus whatever.

At p. 83 we find that "in myopia a clear image of the fundus cannot be obtained by the naked eye at a few inches. Withdraw your head some distance (say eighteen or twenty inches), and you will perceive the disk and vessels come more or less clearly into view. On moving your head slightly from side to side you will observe the image move in the *opposite* direction—it is an inverted image." While this statement is entirely true of high degrees of myopia, we can imagine the perplexity of a student in sitting down before a patient with a myopia of $\frac{1}{3}$ or $\frac{1}{6}$, and in obedience to these directions, looking for the inverted image.

Let us hope that in any future edition the author will correct these and similar errors which mar an otherwise useful manual, and render the steep and rugged pathway up the hill of knowledge all the more slippery and dangerous to the inexperienced climber.

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