DIE URSÄCHLICHEN MOMENTEN DER AUGENMUSKELLÄHMUNGEN: DIE NICHT-NUCLEAR LÄHMUNGEN. Von L. MAUTHNER, K. K. Universitäts Prof. in Wien. Wiesbaden, 1886.

THE CAUSAL CONDITIONS OF MUSCULAR PARALYSIS OF THE EYE: NON-NUCLEAR PARALYSIS. By PROF. L. MAUTHNER.

In the number of this journal for October, 1885, we noticed the twelfth instalment of Prof. Mauthner's clinical exposition of eye affections, which was devoted entirely to the nuclear paralyses of the ocular muscles. This, the thirteenth number, is a continuation and conclusion of his study of the causes of ocular paralyses, and is given to the cortical and fascicular, the basal, the orbital, and peripheral paralyses. Together, the two constitute by far the most thorough and elaborately wrought-out study of the etiology of eye paralyses that has ever been published; and implying, as the major part of these paralyses do, lesions within the cranial cavity and a direct or remote manifestation on the part of the other divisions of the nervous system, they are of more interest and importance to the physician than ophthalmological studies usually are. We therefore direct the attention of students of the nervous system to those brochures, and predict for him who is fortunate enough to peruse them, a great pleasure in following out the keen, and close analysis of symptoms which is so characteristic of the writings of Prof. Mauthner.

Space is lacking for more than a simple citation of one or two salient points. In speaking of paralysis of the third pair, for example, if the branches to the iris and ciliary muscles remain free while there is at the same time contra-lateral hemiplegia, the diagnosis is fascicular paralysis; if, however, there is total paralysis of the third pair, it argues a circumscribed alteration at the peduncles at the exit of the oculomotorius, or a change extending from the pedunculus to the third ventricle, or the pathological change may be only basal.

Relapsing oculo-motor paralysis is considered in great detail, and an analysis of all the published cases given. The conclusion from a study of these cases is, that it is basal in its character, and due to a slowly developing pachy- or lepto-meningitis. He also points out as a matter of the highest practical interest, that double-sided ophthalmoplegias of an intracranial nature can be developed acutely or subacutely, and can disappear in a relatively short time.

Homonymous hemianopia, with unilateral nerve paralysis, can come from nuclear or basal changes. Amaurosis of the corresponding eye alone, or in conjunction with temporal hemianopia of the second eye, argues a basal change certainly. The orbital and peripheral paralyses are dealt with in the same exhaustive manner, but being of more especial interest to the ophthalmologist, we shall not dwell upon that part, simply commending them for the force and clearness with which the various points are put.

S. M. B.