

characterized by the permanence and tenacity of its symptoms. In the female it is its instability, the constant change of symptoms, which is considered typical. Yet, even in the female there are symptoms which are permanent and difficult to modify or to relieve by medical means; hence, to affirm that because the symptoms are permanent there must be some organic or dynamic lesion is a fallacy. I hope to prove that the sensory hysterical symptoms even in the female have a remarkable tenacity just as in the male, and, also, that in the male, depression and a tendency to melancholy are observed very often in markedly hysterical cases, and that the variability of symptoms is not the rule" (pp. 252-254). Some very instructive cases are fully described to substantiate these positions. Many points of diagnosis between functional and organic affections are brought out incidentally in these chapters, and those which follow upon special forms of hysteria. Charcot claims the credit of originating the idea of the treatment of hysteria by seclusion, and adds his testimony to its efficacy. He also strongly commends hydrotherapeutic measures.

In one respect this volume offers a contrast to the first two volumes. It is singularly lacking in pathological facts. It was one of the great merits of the earlier volumes that symptoms and lesions were brought into a logical connection, and perhaps their great success was due to the clear, definite pathological facts which give nervous diseases a tangible basis. The lesions of hysteria are still hypothetical, and hence the discussion of the disease is still unsatisfactory. It will be a disappointment to many, that no attempt is made in this volume to find a pathological basis for some of the abnormal functional conditions described. But the exact description of symptoms cannot be without result, and in this respect this volume of Charcot, like its predecessors, is a model for clinicians.

M. A. S.

A THEORETICAL AND PRACTICAL TREATISE ON ASTIGMATISM. By SWAN M. BURNETT, M.D., Professor of Ophthalmology and Otology in the University of Georgetown, D. C. With fifty-nine diagrams and illustrations. 8vo. pp. viii. 246. St. Louis: J. H. Chambers & Co., 1887.

In this book of two hundred and fifty pages, the author has given us a fair treatise on astigmatism, and a very good bibliography of the subject.

The body of the work is divided into thirteen chapters, each of which has its separate bibliography. This necessitates a good deal of repetition, the same paper or work often hearing on the subject matter of several chapters, and also compels the reader sometimes to look over more than one list to find the reference sought. This, however, is not any great labor, since in each list the authors' names are arranged in alphabetical order. The author, in the preface, states his belief that he has recorded here "the title of every important paper on the subject that has appeared up to the year of grace, 1886." The bibliography is certainly very complete, but we fail to find in it any mention of the brief but exceedingly important communication of Prof. Stokes to the

British Association for the Advancement of Science, in which he described the lens that has since borne his name.

The mathematical portion of the work presupposes, on the reader's part, a fair acquaintance with the elementary principles of the subject, yet it is not written in the laconic, rigid style often adopted in treatises of the higher mathematics, and which is found most pleasing and serviceable to the advanced student; but the whole work is written in good English.

To one who has studied ophthalmology by the aid of our common English text-books, the following will be somewhat startling in its originality. "The asthenopia of astigmatism is of two kinds, which are usually denominated *muscular* and *nervous*. The first named form has its seat in the muscle of accommodation, being sometimes called *accommodative asthenopia*," etc. Now, following Gräfe and Donders, who proposed these terms, we have been accustomed to divide asthenopia into *accommodative* and *muscular*; the muscular being that variety which is *not* seated in the muscle of accommodation, but is wholly independent of it, arising in connection with the use of extra-ocular muscles. If the author desired to give to the term "*muscular asthenopia*" a new significance; and deliberately set out so to do, we think he should, to avoid confusing his readers, have given due notice of his design. But, if this is merely an error of inadvertence, it leaves a fine opportunity for improvement in the next edition of the book.

The cut representing the appearance of the fundus of an astigmatic eye, as seen by the direct method of examination, is worthy of especial note as the first attempt, among many, that has been at all successful in representing the appearance in question.

The student can, however, get a still better conception of this appearance, by following the suggestion of the author, to view an ordinary plate of the normal fundus through a cylindrical lens. The chapter on irregular astigmatism and conical cornea is particularly good, though it scarcely does justice to skiascopy, as the shadow-test is called, as a means of diagnosis.

In an appendix is given a statistical record of 806 astigmatic eyes belonging to 475 different individuals. In thirty-six per cent. of these the lens selected gave vision up to the normal standard. Not a very high percentage of good vision; but much better than the ten per cent. stated in the text as the proportion attaining this standard, this smaller proportion being based on the statistics of others. Dr. Burnett's statistics would be of more value if they represented in all cases the absolute refraction of the eye, as determined under a mydriatic. But from his expressed views as to the advisability of using mydriatics to determine the refraction, it is fair to infer that, in a considerable proportion of cases, only the manifest astigmatism has been ascertained; and this inference becomes certainty when we see that fifty-seven per cent. of the cases are set down as myopic astigmatism.

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