

in its envelops, after its emersion from the cerebral mass, will always leave in doubt the diagnostic value of any condition of the eye in its retinal expansion.

Hyperæmia of the optic nerve, redness, swelling, or choking of disc may exist, but they give no indication of brain condition, for they may be purely local. Each individual has a retina distinct in some particulars from any or every other, so no common standard of appearances can be given. We often see a state of vascularity in the retinal vessels, which looks like a congested or inflamed state, yet, it may be normal. We may find a pale, flaccid condition, which we might hastily attribute to disease, but it might only be consequent on languid circulation from cardiac deficiency or an anæmic condition, and yet not be a disease. It is true of this state, that if continued it may end in atrophy from impaired nutrition. At the same time, it is never to be forgotten, that the body is continually an organism of reflex movements and influences, and such being the case, optic abnormalities often produce cerebral disturbance conducive to mental trouble. A small eccentric or distal cause may excite grave complications in the brain, especially if it should be ripe by predisposition to manifest the insane diathesis.

Nothing is more harmless and inert than gunpowder, if not ignited, but the explosive power is only latent, and a lighted match may be the occasion of its potency becoming manifest, so local disease of apparently small importance may in an analogous way be the occasion of exciting causes into manifest energy never dreamed of, until favorable conditions presented themselves. The statement of M. C. Dutuque, that in general paralysis we *always* find irregularity of pupils, papillary congestion, varicose dilation of the arteries and veins of the