

cated; the patient's walk is a language of its own, it conveys the entire of egotistical importance, that entire indifference to other mortals which is so characteristic of the mental condition of the patient; the foot, but slightly raised from the ground, is advanced slowly, with but little flexion of the leg, and planted flat on the ground with a determined air.

*Mental Condition.*—There is unvarying contentment of mind, buoyancy of spirit, and unclouded hope; to an interrogation as to the state of his health, he would make reply, "First rate; never better," &c.; he is fond of discoursing upon the extent of his business, his charming residence, and his family connections; he is contemplating a tour on the continent, with his family, to extend over a period of many months; his memory of past events is perfect, but he cannot remember the substance of what he has read five minutes previously; he has developed a decided tendency to kleptomania of late, using much ingenuity in concealing his depredations; he has great elation of ideas, and sees everything *couleur à rose*.

*Ophthalmoscopic Signs.*—Congestion (slight) of the disk.

I am aware that his case presents no features hitherto unknown to the profession, but it is an excuse for dwelling somewhat upon the value of the ophthalmoscope in the diagnosis of cerebral diseases, and for advancing a few theories in regard to the mental implications.

I am indebted to my friend Dr. R. A. Vance, an eminent practitioner of New York City, for the valuable data in relation to the ophthalmoscopic signs in general paresis.

"In every case of general paralysis that has fallen under my observation, the ophthalmoscope has revealed morbid changes of a vascular, neuritic, or atrophic character. In thirty-one cases of which I have notes of the intra-ocular appearances at the time I first examined them with the ophthalmoscope, eleven presented evidences of atrophy of the disk and surrounding parts of the retina, thirteen of neuro-retinitis, and seven of congestion of the disk and retina. Those cases in which neuritic and atrophic changes were marked were of long standing, while those in which vascular derangement alone was present were in the early stages of the disease. In three out of seven cases characterised by congestion of the intra-ocular structures, repeated ophthalmoscopic observations demonstrated the subsequent development of neuro-retinitis, which finally terminated in atrophy of the intra-ocular portion of the optic nerve. The rapidity with which the neuritic and atrophic changes succeed the congestive appearances bears no relation to the general progress of the intra-cranial disease, but