

**Psychosomatic Ophthalmology.** By T. F. SCHLAEGAL, with the collaboration of M. HOYT. 1957. Pp. x + 502. Baillière, Tindall, and Cox, London. (88s.)

Stress and emotional upset are present at some time in the lives of most people. By maintaining that nervous and vascular disturbances, causing a whole host of pathological changes, may follow, the authors advance a theory which is very difficult to refute but which one knows, instinctively, to be spurious in very many cases. There are few diseases in which this argument is not used; sometimes it is sexual guilt, sometimes financial, marital, or business worry which causes the stress.

To equate the cornea with the hymen and corneal damage with defloration, is a little farther than most oculists in Great Britain would be prepared to go, and statements like this tend to cause a slightly uncomfortable feeling. Perhaps this would be interpreted as due to subconscious guilt. It appears that any improvement after the removal of a focus of infection is caused by subconsciously regarding such surgical intervention as symbolic of castration and the expiation of guilt.

That a detachment of the retina was replaced, after an unsuccessful operation, by a solution of the patients' home problems makes one pause, and that cataract may be due to guilt is no less startling. Pulmonary tubercle can, apparently, be caused by repressed sexual feelings.

Here and there one can subscribe to the authors' dicta—as, for example, in the management of dyslexia in children, how to tell a patient he has cataract, how to manage an adult before, during, and after operation, in the attitude of sighted people towards the blind, in the reaction of the patient to recent blindness, and in the treatment of the newly blind. But the role of refractive errors and muscle balance in dyslexia, and the possibility that atropine intoxication and sudden enforced abstinence from alcohol may cause hallucinations and disorientation after cataract extraction, are not mentioned. The frequently-marked improvement which may occur in an eye lesion when the patient is admitted to hospital on exactly the same treatment as he had been receiving outside, is put down to the mental rest from responsibility and to a complete surrender and dependence with no concomitant feeling of guilt. Any possibility that the treatment may be applied in hospital more regularly and efficiently is ignored.

Other theories are that patients with uveitis have an excessively active sympathetic system which will function normally if a high protein and calorific diet is prescribed, and that the separation anxiety experienced by children when admitted to hospital terminates about the age of 15 months, but is then replaced by castration (*i.e.* mutilation) anxiety which is at its peak between 3 and 5 years.

Many illustrative cases are quoted. For example, in a case of sympathetic ophthalmitis, in which all other treatment had failed, the exciting eye with hypotony and a visual acuity of only hand movements was restored to 6/9 partly and J.1 by an "attack" on the patient's emotional life.

This is a book which is obviously written in all sincerity, but so much of it is based on psychological premises which some would consider suspect, that it should not fall into the hands of any but the most experienced and sceptical ophthalmologists. How far it might encourage near-quackery disturbs the mind of the reviewer. At any rate one would like to know what is the percentage of psychosomatic as compared with straightforward diseases of the eye.

As a final word of advice, "the physician must assume a dogmatic, omniscient, and self-assured manner". The authors have done just this.

#### CORRIGENDUM

In the article entitled "Retinal Vascular Micrometry", by M. B. Snodgrass in the September issue (*Brit. J. Ophthalm.*, 1958, 42, 535), on p. 536, fourth line from the bottom, delete the word 'fifteen'.