insist upon a certain form of examination. Hyste
is essentially a fatigue neurosis and in the use o
subjective test like the perimeter one may easily obt
evidence that is quite misleading. In other wo
mapping out the limits of the field of vision in a h
terope requires more time and patience than is gen
ally given to it. In my opinion, all uncomplica
cases of hysteric defect show a concentric contract
and a fairly uniform boundary of the visual field.
the case whose field I show you there were, when
was first measured, several apparently reentrant ang
but these disappeared when the patient was allow
to close her eyes and rest for an instant every thi
seconds during the examination. I do not think t
hand perimeters, or objects simply held in front of
face, should be used in examining hysteric patie
A stationary perimeter, accurately adjusted sho
always be employed and the suspected hyster
should remove the chin from the rest and close
eyes frequently during the examination. Moreo
only one eye should be examined at a sitting and c
trol tests must be repeatedly made. I have often
an opportunity to observe the necessity for tak
these precautions, and am convinced that impro
conclusions may readily be drawn from the us
method of examination.

MONOCULAR DIPLOPIA OR POLYOPIA

is a curious hysteric phenomenon, probably the re
of ciliary spasm. When care is taken not to sugg
it to the patient, it may be developed in many hys
opes. I say developed, because, like defects in
field of vision, the patient is usually unconscious
the double vision, as such. It commonly prese
itself to him or her as part of the visual defect
the manner in which the examination is carried ou
of great importance. A test should be made in b
a lighted and darkened room. In the former, one
being covered, a white match is held vertically th
or four inches in front of the uncovered eye. As i