less it is removed farther away than the normal tance, a defect of accommodation is certainly pres I recommend this as one of the most satisfactory most easily applied of all the tests. As in other fo of spasm or paralysis of accommodation, the co tion may often be relieved by glasses. It often h pens that a young subject must be treated as if were sixty years of age, requiring a strong cor glass for reading at the normal distance or a cond glass for street wear. In both instances a few dh of a 1 per cent. solution of atropia will disclose true refraction, often unmasking the hysteric chara of the defect.

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## DEFECTS IN THE FIELD OF VISION.

As every neurologist knows, defects in the field vision constitute some of the commonest sign disease of the ocular apparatus, and that they an paramount importance, while a knowledge of t peculiarities is of great value in determining presence of hysteria. For purposes of compariso show two perimeter charts: one of the normal and the other furnished by a hysterope under my o The predominant peculiarity of an hysteric anor of the visual field is, that while in every other dis (except hysteria) where peripheral limitations or the color field is affected pari passu, or in a gro proportion than the field for white. In non-hyst diseases perception of color is often entirely lost, yet fairly large areas susceptible to visual sense from a white disc remain. In hysteric amblyopia field for colors is of greater extent or is less affe proportionately than the field for white objects, the reverse of that which obtains in other ner affections. Even where the field for white is stil largest it can usually be shown (when there is perimetric defect) that the visual field for red is la than that for blue, and measurements for these c should always be made in doubtful cases. On the best examples of this reversal of the color