

se of the ophthalmology. In the diagnosis of ocular hysteria, one should be able to examine the interior of the eye for disturbances. It is important to point out the value of the trained neurologist. Now he can dispense with the mirror he should at the condition of the eye. An inférieure expert in that of the organs of the body, examinations to be found in the presence of hysteria. The undus condition is, examining a suspected

age. On the other hand, every eye has a certain range of accommodation; that is, there is a certain space within which small objects can be distinctly seen, and when the eye is normal, or when the refraction is rendered normal by distance glasses, this range is singularly and wonderfully constant in individuals of the same age, and I believe that the neurologist who is on the lookout for deviations from the normal accommodations will obtain assistance in diagnosis by bearing this fact in mind. For all practical purposes, however, one may ignore the extent of this accommodative range and confine one's attention to the nearest point of distinct vision, that is almost always affected in hysteria, that is to say, is usually too near or too far away from the eye of the hysterope. The following table indicates the proper distance, and it is a very easy thing to determine any deviation:

#### MODATION.

he commonest ocular abnormality is the focusing power of the eye. For various reasons it has been called *hysteria*, *accommodation*, *ciliary paresis* or *paralysis*, *nervous asthenia*, or *asthenia* of the usual symptoms of the eyes and forehead. It is often associated with any other near work, such as frequent winking, etc. It is usually relieved by glasses and is not of the eye. In all cases of accommodation. This condition is nearly always associated with a contraction of the ciliary muscle which the eye is unable to relax. The nearest point for distinct vision for the distinct vision of the eye at the age of the individual. This point is quite constant from it in old

Age.	Nearest point of distinct vision.
10 . . . . .	7 cm.
15 . . . . .	8 "
20 . . . . .	10 "
25 . . . . .	11.7 "
30 . . . . .	14 cm.
35 . . . . .	18 "
40 . . . . .	22 "
45 . . . . .	28.6 "
50 . . . . .	40.5 "

An eye that is under the influence of hysteria acts either as if it were under the influence of pilocarpin or atropin; the patient is able to read fine print either abnormally near or sees small objects most distinctly farther away than he should.

In practice, all that it is necessary to do is to have the distant vision; if abnormal, corrected by glasses and then ask the suspected individual to read the finest diamond print, held as near to the eye as possible. The patient, with his back to a good light, is asked to read a portion of a page of this print, at the normal distance from the eye, as shown by the table. If he continues to read it when brought a couple of centimeters or more nearer, or if he cannot read un-