

tural epilepsy the seizure may be preceded by an asthmatic attack and be due to impeded respiration.—*Hygiea*, No. 2, 1893. F. H. P.

**On Simulation of Concentric Contraction of the Visual Field in the Traumatic Neuroses.**—In an article in the *Deutsch. Med. Wochenschrift*, 1892, No. 24, Schmidt-Rimpler does not absolutely ignore the contraction of the visual field as a symptom of the traumatic neuroses, but finds adequate justification for such a view in one case under his observation. When a marked contraction of the field is claimed in the absence of objective findings, he considers a certain amount of suspicion as to simulation as warranted. Oppenheim's view that such simulation in typical form cannot be carried out, or else only by an exceptionally clever and regularly trained impostor, he declares to be incorrect. In some way the customary perimetric examination gives suggestions for eventual simulation, inasmuch as the patient at first really believes, and then tries to make the examiner believe, that he first sees the object brought from the periphery only when he distinctly perceives it. The acuteness of vision makes it possible for the simulator to always keep within the same limits of excentric vision.

As a test of credibility, the writer recommends the campimetric method of examination, published by him in 1885. He uses the so-called scotoma-board by means of which he measures the field, first at one-half m., then at double and triple distance. The field must increase correspondingly with the distance of the board. The simulator generally refers the peripheral appearance of the object at the same distance from the centre. Another test depends upon the fact, that by means of a prism, the picture of the peripheral object (which is supposed to be seen for the first time), is thrown upon a still further peripheral portion of the retina, which is not sensitive. If both eyes are left open, the simulator asserts that he sees double images, one of which shows a colored border owing to the action of the prism.

The negative result of this attempt at simulation does not prove absolutely the reliability of the patient, as he may be so far instructed that he knows all the conditions that are to be considered in this case. The positive result bespeaks, undoubtedly, unskilful intentional deception, and cannot be explained by any special psychical process, such as amaurosis and contracted field in hysteria. There is no reason why the results of the cam-

pimetric and prism tests should not at least be in approximate agreement with the optical requirements. He concludes, therefore, that a concentric contraction of the visual field which cannot stand the tests above described, should not claim the importance of an objective symptom of the traumatic neuroses (Neurolog. Centrbl., No. 17, 1893).

W. M. L.

**Diabetic Neuritis.**—De Renzi (Rivista clinica e terapeutica, Feb., 1893). Neuritis has been noticed by De Renzi in a patient 38 years old, who had suffered for eight years from diabetes. The manifestations of diffuse inflammation of the nerves was mostly in the lower extremities, and later in the left upper extremity. Ordinary reaction of degeneration was present.

J. C.

**On a Symptom that Frequently Accompanies Nocturnal Enuresis in Children.**—Frend calls attention to the fact that in about one-half of the number of children suffering from nocturnal enuresis, there is a hypertonicity of the lower extremities without other functional disturbance. The child is completely undressed and placed in a sitting position on a table. Both feet are grasped and an attempt made to separate the legs as far apart as possible. One encounters a resistance, at first quite pronounced, but gradually diminishing. The resistance is in the adductors. If the extremities are suddenly released, they spring together like an elastic band, the heels striking each other with a loud noise. There is also some rigidity in the quadriceps. The same resistance is demonstrable when the legs are rapidly flexed upon the thigh while the child is in a recumbent position. The tendon reflexes are rather pronounced and the musculature is often exceptionally well-developed. After presenting various explanations for these phenomena, he concludes that the significance of these symptoms is still to be explained, but they seem, however, to favor the assumption of the existence of a special form of nocturnal enuresis.—(Neurolog. Centrbl., 1893, No. 21).

W. M. L.

**On the Changes in the Visual Field in the Traumatic Neuroses.**—Wilbrand has made an extensive study in over sixty cases of nervous disease at the Eye-clinic of the Hamburg General Hospital (*Deutsch. Med. Woch.*, 1892, No. 17), from which he concludes that the same symptom-complex of nervous asthenopsia is found in all forms of neuroses. This is composed of concentric contraction of the visual field, diminution of cen-