A few months ago an editorial appeared in an American medical journal, entitled "Superfluous Glasses." The object of the writer was to prove that weak +, −, or cylindrical glasses, were unnecessary, and that oculists had carried the prescription of glasses beyond the limits of reason. This much may be admitted, that there is a tendency to overlook general causes of headache when there is some refractive error present, but that low degrees of refractive error cause severe and persistently recurring headache is absolutely true. Time and again I have had patients present themselves suffering from headache, which has been relieved by the use of very weak − or + cylinders—as weak as .50 or even .25, plus or minus. I know of nothing which is a greater cause of annoyance than a small degree of astigmatism. Such a patient complains of fatigue in using the eyes, frontal headache, sharp pain in the eye or forehead. The symptoms are aggravated by digestive disorder or worry. The ophthalmoscope reveals the cause and suggests the treatment.

The condition known as heterophoria owes its name and much of its significance to the labours of Dr. Geo. T. Stevens, of New York. The hope and belief expressed by him that in partial tenotomy of the extrinsic ocular muscles, or in the proper adjustment of prismatic glasses was to be found a remedy for many nervous diseases, notably epilepsy and chorea, has not been borne out by subsequent experience. That many patients have been benefited is undoubtedly true, but announcements of cure are received with some skepticism. He has divided the cases of heterophoria into those of esophonia, exophoria and hyperphoria, according as the deviation of the eye is inward, outward or upward. The first is the most common, but hyperphoria is the condition giving rise to the most pronounced and persistent symptoms.

Headache is of the most annoying character; follows the use of the eyes both for distance, such as looking at landscape, and for near vision, reading. The pain is principally occipital; is persistent and severe. A reflex symptom generally present is pain under the angle of the scapula. Tenotomy of the superior rectus, or the use of prismatic glasses, gives pretty prompt relief. Functional nervous disturbances of the organ of vision, or in the visual tract, are much more common than is generally supposed. The most common is a sudden temporary loss of vision, succeeded or preceded by dull headache. The sight suddenly becomes blurred, as though covered by a white mist—usually affecting both eyes, though the whole field of vision does not become obscured. These attacks come on at varying intervals, once a day, several times a day, or at longer intervals. They sometimes continue for many years without seriously affecting the sight. But the accommodation generally becomes impaired, rendering continuous use of the eyes difficult and troublesome. It occurs in men as well as women. The most marked case I ever saw was that of a young doctor.

Other symptoms are colored lights before the eye, principally blue, red or yellow—bright floating spots. One patient described them as very like a St. Catharines wheel, partial contraction of the field of vision. The headache is dull and general. It would seem to be a sort of ophthalmic epilepsy. The best treatment is the regulation of the digestive system, and attention to any disorder of the generative organs in women. Bromide of potassium or sodium (grs. xxx. at bed-time) given for a considerable time appears to be curative.

In conclusion, I would urge that, in all cases of headache, the refraction and the state of the ocular muscles should be investigated where it is possible, and that these very frequent causes of headaches must be eliminated before a positive diagnosis can be given.