

## THE PRESENT STATUS OF ASTHENOPIA.\*

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The science of medicine and the art of surgery includes so wide a range of knowledge and experience, that no one man can never hope to grasp the whole subject, or to become an expert in more than a limited area of the sea of work in which he finds himself floundering so soon as the portals of our profession have opened for his admission. For this reason, specialism has become more and more of a necessity, and it is through specialism, tempered by a wider knowledge, that future progress must be made. It is, therefore, well that we can all meet together from time to time and compare notes, so to speak. It is helpful and encouraging to learn what is being done by workers in other parts of the same field. I myself, would feel that I had not done my duty if I did not occasionally have some contribution to offer my colleagues in medical conclave assembled. I know the subject I have chosen for to-day will interest some, perhaps more than a few of you, because asthenopia is of such frequent occurrence that every physician must, time and again, meet with it in some of its manifestations. The term asthenopia is, of course, generic, and includes quite a number of visual disturbances, all of which present the salient characteristic of inability to use the eyes in near work without discomfort. The asthenope is perpetually reminded that he possesses organs of vision, and many devote a considerable portion of their time to estimating the chances of avoiding what they conceive to be an impending blindness. These gloomy forebodings are often mightily strengthened by the comforting assurance of friends, and I may add, now and again

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