Whenever there is a deviation from the normal state in any one or more of these particulars, visual disturbance of some sort is likely to result, and with it more or less functional disturbance, of vision, as well as of other parts or organs.

In the organs of vision such disturbance of function most frequently presents itself to the ophthalmologist in some form of so-called asthenopia. Many cases of this kind are also accompanied with reflex disturbances in parts more or less remote from the eyes, the most important of which, in point of frequency at least, undoubtedly is headache. Headache from this source may attain any degree of severity, from mere discomfort or intermittent, but in any case it is likely, in the long run, to resist every remedial measure until the visual difficulty, whatever it may be, is discovered and suitably corrected. Some experienced ophthalmologists go so far as to contend that nearly every case of migraine or sick headache is associated with some defect in the visual apparatus; for my own part, whilst admitting that such an association is of frequent occurrence, I am inclined to think there is a large proportion of these cases not to be accounted for in this way. Others, again, claim that all sorts of nervous disorders, including chorea, epilepsy and insanity, are often due to the same cause; on this point I am not prepared to express an opinion.

There is, however, among ophthalmologists, and through their labors, also, I think, in the general profession, a settled conviction as to the importance of ocular defects in causing headache. On this subject there is, however, but little information to be gained from the ordinary text-books of medicine, though current literature contains much that is well worth careful study.

Everyone has heard of remarkable cures of headache by the correction of certain errors of refraction, and there is, perhaps, a widespread notion that ocular defects causing headache only require the adaptation of suitable glasses to remove the trouble. This is quite true of certain cases, the correction of refractory errors may accomplish all that is to be desired. Sufferers from headache during half a lifetime, have time and again been cured in a few days by wearing the glasses that have corrected a simple hyperopia. I once saw a student who had reached the third

year of his university course, a martyr to headache all the time, and subject to attacks of vomiting if if he studied longer than two hours consecutively, so disheartened that he had decided to abandon his university career, when he found himself suddenly cured of all his ailments by wearing convex cylindrical lenses of 36 inches focus. Convex sphericals of the same focal distance had been used for some time previously without benefit. Here there was only a simple error of refraction, slight in degree, but giving rise to symptoms that might readily have been mistaken for some serious organic disease. Such a case can, I take it, only be explained by assuming an instability of nerve force which a trivial disturbing element was capable of putting completely out of balance. On the other hand, it is a matter of daily experience to meet with persons whose visual apparatus presents infinitely greater deviations from the normal without setting up any noticeable mischief.

As a rule, those who suffer considerably from slight ocular defects are neurotic subjects, in whom minor ailments are apt to make more show than serious ones do in those whom nature has endowed with vigorous nerve power. But there are visual abnormalities which even the most vigorous cannot bear up against without suffering, more particularly when any unusual demands are made on the organs of vision, or when from any cause the general health becomes deteriorated. In such persons the true nature of the troubles they experience is exceedingly apt to be overlooked, unless the eye symptoms happen to predominate, which by no means always occurs.

I have said the elements which may unite to produce eye strain, though simple in themselves, constitute a complex condition when so combined. Let us consider the most important ones separately, always bearing in mind that several may be combined in the same individual.

First of all come the errors of refraction—myopia, hyperopia and astigmatism. Next we have defective muscular action both of the extrinsic and intrinsic muscles of one or both eyes, in which any one or more of these may be implicated. Lastly, there may be faults in the perceptive organs—that is, of the retinæ and their nerve centres. This third division we may leave out of the question, as a consideration of this part of the subject would take us beyond the limits of a short discourse.