

astigmatism, in which case a little judicious questioning will usually reveal the important circumstance that vision has never been really perfect. The chief complaint is of pain in or about the eyes when they are used for any length of time, sometimes so severe as to cause the patient great alarm, and since the affection most commonly occurs in nervous or irritable people alarm becomes mortal terror, when, as too often happens, they are told the trouble is in the optic nerve and threatens blindness. Such people become a ready prey to unscrupulous charlatans.

Nothing can be further from the truth than the assumption that organic disease of the retina or optic nerve is characterized by pain or discomfort from using the eyes. Such lesions may be and usually are ~~most frequently~~ attended with persistent headache, but the ocular symptoms are inconspicuous at least until there is a considerable impairment of vision. With regard to the headache, there is one point that should, I think, be regarded as an axiom in medicine. *An ophthalmoscopic examination should be made in every case of persistent headache.*

No one with any regard for his own reputation will ever pronounce any case of asthenopia to be one of organic disease of the retina or optic nerve without having first carefully tested vision, more especially with regard to refraction and accommodation and then make an accurate ophthalmoscopic examination. For it is far better to make no diagnosis at all than to diagnosticate incorrectly.

There are some other common errors I had intended to speak of, but they are of minor importance and I will not trespass further upon the time of the Association, at the same time I have the strongest reasons to believe that the facts I have presented are quite worth the attentive consideration of every medical practitioner who has not made a special study of diseases of the eye, but whose position is such as to necessitate including these in his daily practice.