out on examination. The inner border of the leg presented a marked concavity directed inwards; the fibula was prominent and much curved. As the limb was allowed

FIG. 1.

Showing the condition of the limb in a case of congenital absence of the tibia.

FIG. 2.

Skiagram showing the outline of the bones in the same case.

to hang down the plantar surface of the foot looked forwards, the hallux pointing outwards. The foot itself was well developed. The skiagram shows the bones of

the tarsus very much crushed together. The man earned his living by street hawking, and although he was unable to wear any form of artificial limb he firmly refused to consent to amputation.

Lancaster.

EYE-STRAIN AS A CAUSE OF HEADACHE.

BY S. W. SUTTON, M.D., B.S. LOND.

ATTENTION having been recently drawn to this subject by Mr. Simeon Snell and others I am induced to send a note of a case I have recently seen for the sake of emphasising this point, especially that in spite of their simplicity and frequency the nature of such cases is apt to be overlooked.

I was asked to see a little English girl, aged nine years, whose sole complaint was said to be frequent headache for more than a year which would not yield to treatment. Her father assured me that it was distressing to the whole family to see such a little girl suffering so much from her head. The headaches had always been considered as "due to the liver" but medicines had given no relief. What struck me almost immediately at my first interview and gave me my first clue to the true nature of the case was this: here was a little well-nourished healthy looking girl who complained of absolutely nothing but headache and whose eyes were frequently blinking on account of spasm of the orbicularis muscles. Carefully avoiding anything like a leading question I asked the child—"Have you any idea what causes your headache?" to which she replied—"It always comes on after lessons and it is always worse on Tuesdays." The idea was at once scouted by the family and the governess said that such simple and short lessons as the child was put to could not possibly cause headache, although it was admitted that she habitually did more lessons on Tuesday than on other days, so I explained that while lessons meant to them "mental effort" to me the term suggested "ocular effort." After the use of atropin I found in each eye hypermetropia of 1.5 D. and prescribed spectacles accordingly, with the happy result that all headache has entirely ceased.

This case suggests one other point which is worth emphasising—viz., that when ordering spectacles we have to prescribe a spectacle-frame as well as certain lenses. I found that this little girl required a frame with the same breadth of bridge that I myself require, her eyes being unusually far apart.

Dharmasala, Punjab.

NOTE ON DR. LANDMAN'S WIRE ARTIFICIAL VITREOUS.

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AMONG the various means which have been introduced for forming an artificial vitreous after excision of an eyeball I think the wire spheres of Dr. Landman of the United States of America deserve recognition. It is claimed for them (1) that they do not require any special instrument for their introduction, as in the case of the smooth glass or metallic spheres; (2) that their retention within the tissues is insured by granulations springing up between the meshes; and (3) that they are very light. They are made in three sizes, as in the illustration, and of pure silver wire. I have

used them in about ten suitable cases during the last few months and my experience is that they are very easily inserted, cause little or no irritation, and the after-results as regards movement are very satisfactory. The method I have adopted is after excising the eye to pass a purse suture of catgut around Tenon's capsule, using a plug of lint saturated with adrenalin to arrest hæmorrhage, insert the