LEFT PARALYTIC CONVERGENT SQUINT*

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An unmarried woman aged 72, was first seen in July, 1953, with a complete paralysis of the left external rectus, believed to date from a left 6th nerve palsy of untraceable origin, which had occurred about 1936 (Figs 1, 2, 3). At the age of 72, this patient—in spite of having tolerated this very unsightly squint for nearly 20 years—decided that she would like some form of cosmetic surgery. The right eye was correctable to 6/5 vision, but with the left eye I could not get her to see more than counting fingers, as compared with the visual acuity recorded in 1941 as 6/5.

FIG. 1.—Before operation, looking right.

FIG. 4.—After operation, looking right.

FIG. 2.—Before operation, looking straight ahead.

FIG. 5.—After operation, looking straight ahead.

FIG. 3.—Before operation, looking left.

FIG. 6.—After operation, looking left.

Operation.—In September, 1953, a “Gifford” reconstruction of the external rectus muscle was performed by bringing down strips of the superior and inferior recti to replace it and the stump was advanced up to the limbus. A 6-mm. recession of the internal rectus was also performed.

Result.—Convalescence was uneventful and after about 8 weeks the eye had settled down with very nearly full movements apart from a little weakness of the internal rectus. It is interesting that the corrected left vision very quickly returned to 6/5 after the operation. The patient is now almost completely free from any diplopia (Figs 4, 5, 6).

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