Effect of spectacles on changes of spherical hypermetropia in infants

EDITOR,—Ingram et al describe the effects of spectacles on changes of spherical hypermetropia in infants who did, and did not, have strabismus. The aim of the study was to explore why emmetropisation fails in children who have strabismus. It was found that spherical hypermetropia decreased in both eyes of non-squinters (consistent wearing of glasses impeded this process) whereas in the children with strabismus, there were no significant changes in either eye.

Could the difference between squinters and non-squinters not be explained by assuming that esotropia is more likely to occur in children who have increasing as opposed to decreasing hypermetropia, as suggested by us in 1992? If one reads early papers on the course of hypermetropia in childhood this seems so logical: papers reporting a decrease of hypermetropia during the first years of life considered sections of the general population, whereas papers that report an initial increase in hypermetropia originate from ophthalmological practices or strabismus departments. These contrasting findings could be reconciled when assuming a population bias: the children who are referred to an ophthalmologist will often have esotropia, and esotropia could well be more likely to occur when hypermetropia increases. Although hypermetropia decreases in most children, its change follows a change in distribution. In children who have increasing hypermetropia with age, binocular vision develops and the relationship between vergence and accommodation becomes fixed, so additional accommodation will be needed to overcome hypermetropia and they will consequently squint. Findings of other recent studies could be reconciled with this argument.1 2

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10 Lepard CW. Comparative changes in the error of refraction between fixing and amblyopic eyes.

BOOK REVIEWS


Which European meeting attracts delegates from the diverse fields of neuroscience, ophthalmology, psychology, engineering, medical physics, and neurology? The answer to this question is the European Conference on Eye Movements. This book is an attempt by the editors to weave the proceedings of the Ninth European Conference on Eye Movements (1997) into what they feel are the most important contributions to our understanding of eye movements as a whole. A total of 66 papers are presented, 40 of them in full and the remainder in condensed form. As a result of the broad multidisciplinary input to the conference some of the papers represent years of research in very specialised areas. Consequently some are of limited interest and relevance to those of us who whose work and interests lie outside these areas. There were, however, some papers which as an ophthalmologist I found both interesting and enlightening. The generation and control of saccadic eye movements receives a great deal of attention in this volume reflecting its complexity. An interesting paper discusses the perception of saccadic eye movements as being sooner than the actual measured saccade demonstrating switching of visual attention. Functional magnetic resonance imaging is an exciting new development in cortical mapping and three excellent papers are presented. The integration of neural pathways involved in the blink response and reading is also fascinating. This book is well presented and the black and white illustrations are adequate if a little dull. Overall, I think most ophthalmologists would find something of interest in this text but that it is most appropriate to those with a subspecialty interest in eye movement disorders albeit with a degree of selectivity.

ALASDAIR T PURDIE


This book, addressed to practising ophthalmologists and trainees, is intended to provide information regarding the specific benefits and risks of the current medications for glaucoma, and to guide the clinician on how to use them for the patient’s maximal benefit.

The different types of antiglaucoma medications in separate chapters provide pharmacological information and data on efficacy, tolerability, and safety. The chapter on initial medical treatment summarises the findings of the most important treatment trials that have greatly influenced the treatment of glaucoma. It also addresses the concept and practicalities of target intratocular pressure and the essential role of monocular trial in the judgment of treatment efficacy. This chapter would be better served from a comparison of efficacy of all antiglaucoma medications, perhaps with a figure or table. The chapter on combination medical therapy provides practical guidelines for combination therapy for glaucoma and describes the concept of maximum medical therapy. The epilogue and other chapters on compliance with medications and special therapeutic situations add useful and practical information to the book.

I would like to comment on a few statements that may be controversial. In the chapter on adrenergic agents, the authors claim that “apraclonidine 0.5% three times daily is safe and effective in the management of ocular hypertension and advanced glaucoma, although long term use is hampered by a delayed allergic reaction.” It would be fair to mention that apraclonidine is rarely used in the long term treatment of ocular hypertension and glaucoma. Apraclonidine is associated with intraocular vasoconstriction. This posterior segment and its safety has not been supported by long term data. Although it is not known whether the posterior segment and optic nerve vessels may suffer vasoconstrictor effects, caution should be exercised in patients with severe glaucoma before using such a potent vasoconstrictor. The authors also claimed that apraclonidine might have further use in the treatment of acute narrow angle glaucoma. The latter suggestion was based on a report of a single case and needs to be confirmed with further clinical evidence. Regarding carbonic anhydrase inhibitors (CAI), the author pointed out that the IOP lowering effect of dorzolamide is similar to oral CAI. The author’s statement is supported by two relatively small studies. Although most clinicians have had a positive experience with both the tolerance and the efficacy of topical CAI, and the chronic use of oral CAI for glaucoma is currently exceptional, in my experience, oral CAI are more effective than topical agents.

In brief, this book provides a detailed and practical review of all antiglaucoma drugs. It is useful for clinicians to understand the data available on antiglaucoma medications and the specific benefits and risks for their glaucoma patients.

AUGUSTO AZUARA-BLANCO


In their preface, the editors state that “The primary goal of this book is to provide an in-depth and detailed description of the various strabismic entities, followed by a review of the treatment options, in such a way that the reader can grasp the author’s reasoning process as various alternative are considered.” In its 41 chapters by a total of 52 authors the book achieves this purpose in a uniformly excellent way.

www.bjo.bmj.com
The book is divided into eight sections. The first section contains seven chapters and covers the evaluation of patients with a squint, including the role of orbital imaging and computer modelling. Sections 2 and 3 contain chapters on horizontal and vertical deviations respectively. Of particular value are chapters on difficult esotropia entities covering such topics as decompensated accommodative and monofixational esotropias, overcorrected, consecutive, and cyclic esotropias; on intermittent exotropias; and on selected unusual exotropias such as those caused by hemianopic field defects.

Section 4 covers paralytic squints and section 5 restrictive squints including strabismus in thyroid eye disease and after sclera buckling, glaucoma implant procedures, orbital fractures, and sinus surgery. Selected strabismus syndromes are covered in section 6. Of particular value here is the chapter on Duane’s syndrome which emphasises the importance of understanding the different patterns of aberrant innervation and taking these into account in planning treatment strategies to avoid paradoxical responses to surgery. One valuable chapter is an analysis of diplopia following cataract surgery and a chapter covering clinical evaluation and surgical management of nystagmus. After a section on techniques and indications for chemodenervation, the final section covers selected surgical procedures and complications. Differences in individual approach are most apparent in this section, but there are particularly valuable chapters on slipped, disinserted, severed and lost muscles, and selected surgical complications.

The editors and contributors are to be congratulated on producing a very stimulating and valuable book. For all its diversity the editors have managed to maintain a remarkable uniformity of approach with chapters following a similar template. It is essentially a transatlantic book, with only two authors from each of the Atlantic and one from south of the equator. It highly recommended to all those dealing with patients with squints and will be of particular value to the more experienced squint surgeon.

JOHN SLOPER


This 10 chapter, multi-author text covers the topic of removal of the eye in extensive detail, but is concise enough to retain a manageable size.

The chapters are comprehensively referenced, in keeping with sound evidence based practice, but each author was asked to include his own preferences and biases; this lends itself to a readable, practical, and personal account of the various clinical options available. The illustrations are clear and appropriate to the points in the text.

The history of removal of the globe, prosthetics, and implantation are blended into the text in an appealing manner, and the authors bring the topic up to date with modern biomaterials such as hydroxyapatite and porous polyethylene. In addition to the science, there is a strong emphasis on treating the whole patient and, in particular, recognising the psychological impact of loss. Due attention is paid to medicolegal considerations, including the necessity of obtaining a written second opinion that enucleation is necessary.

The disease states necessitating enucleation are briefly discussed, and there is a balanced, evidence based review of the controversy surrounding sympathetic ophthalmia and its prevention. The indications for enucleation, evisceration, and exenteration are discussed and strategies for dealing with complications of surgery are detailed.

There is an outstanding chapter on the role of the oculist. This is eminently readable and informs the surgical reader of the highly skilled work of the ocular prosthodontist and the importance of involving him as early as possible in the planning stage. Non-surgical treatment options such as the use of contact lenses and scleral shells are beautifully described and illustrated.

There are detailed sections on harvesting autogenous materials for wrapping implants and socket repair, no mention is made of newly described techniques such as the upper thigh incision for harvesting fascia lata or the use of retroauricular muscle as a wrapping material.

The authors refer to the avoidable tragedy of removing the wrong eye, and to the risk of transmitting disease with donor sclera. As I am sure that this text will reach a second edition, it might be useful to include formal protocols for ensuring that these risks are minimised, such as a cross checking procedure before enucleation and the relevant transplant authority guidelines for supply of sclera on a named patient basis.

There are pearls for every level in this book, and I would strongly recommend it to trainees and established practitioners in general ophthalmology and oculoplastic surgery.

JOHN PITTS

Vision 2020: the cataract challenge

The latest issue of Community Eye Health (34) discusses cataract blindness and surgery with an editorial by Allen Foster. For further information please contact Community Eye Health, International Centre for Eye Health, Institute of Ophthalmology, 1–43 Bath Street, London EC1V 9EL. Tel: (+44 (0)) 20-7608 6909/6910/6923; fax: (+44 (0)) 7250 3207; email: eyeresource@ucl.ac.uk) Annual subscription £25. Free to workers in developing countries.

Residents’ Foreign Exchange Programme

Any resident interested in spending a period of up to one month in departments of ophthalmology in the Netherlands, Finland, Austria, Belgium or Portugal should apply to: Mr Robert Acheson, Secretary of the Foreign Exchange Committee, Institute of Ophthalmology, University College London, 60 Eccles Street, Dublin 7, Ireland.

Fifth Annual Meeting of the Association for Ocular Pharmacology and Therapeutics

The Fifth Annual Meeting of the Association for Ocular Pharmacology and Therapeutics will be held on 2–5 November 2000 in Birmingham, AL, USA. Further details: Jimmy D Bartlett, OD, Department of Optometry, University of Alabama at Birmingham, 1716 University Blvd, Birmingham, AL 35294-0010, USA (tel: 205-934-6764; fax: 205-975-7052; email: jbartlett@icaro.opt.uab.edu).

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series

A course entitled “Ultrasound Diagnosis and Management of Fetal Growth Abnormalities” will be held in Las Vegas, Nevada, on 3–5 November 2000. Further details: Stacey Bessling, Public Relations Coordinator, AIUM, 14750 Sweitzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).

Mind’s Eye 2—Psyche and Sight Loss

The Society for Psychosomatic Ophthalmology and the British Psycho-Analytical Society present a conference “Mind’s Eye 2—Psyche and Sight Loss” on 4 November 2000 at the Institute of Psycho-Analyis, London. Further details: Mandy O’Keeffe. 67 Avenell Road, London N5 1BT (tel: 020 7288 2359; email: okeeffe@ukgateway.net).

Millennium Festival of Medicine

A festival keynote conference will be held on 6–10 November 2000 at the Queen Elizabeth II Conference Centre, London, as part of the Millennium Festival of Medicine coordinated by the BMA in partnership with leading UK professional medical bodies. The conference will provide healthcare and allied bodies with an overview of the trends and developments which will affect medical training and practice. Further details: Christina Gwynne-Evans (tel: +44 (0) 20 7383 6872; email: gwynne-evans@bma.org.uk).

12th Afro-Asian Congress of Ophthalmology

The 12th Afro-Asian Congress of Ophthalmology (Official Congress for the Afro-Asian Council of Ophthalmology) will be held on 11–15 November 2000 in Guangzhou (Canton), China. The theme is “Advances of ophthalmology and the 21st century”. Further details: Professor Lezheng Wu, Zhongshan Eye Center, SUMS, New Building, Room 919, 54 Xianlie Nan Road, Guangzhou 510060, PR China (tel: +86-20-8760 2402; fax: +86-20-8777 3370; email: lwuicv@icare.opt.uab.edu).

Singapore National Eye Centre 10th Anniversary International Congress

The Singapore National Eye Centre 10th Anniversary International Congress will be held in conjunction with 3rd World Eye Surgeons Society International Meeting on 1–4 December 2000 at the Shangri-La Hotel, Singapore. Further details: Ms Hua Meng Lee, The Organising Secretary, Singapore National Eye Centre, 11 Third Hospital Avenue,
The Hong Kong Ophthalmological Symposium '00
The Hong Kong Ophthalmological Symposium '00 will be held 4–5 December 2000, in Hong Kong, China. Further information: Miss Vicki Wong, Room 802, 8/F Hong Kong Academy of Medicine, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong (tel: (852) 2761 9128; fax: (852) 2715 0089; email: cohk@netvigator.com).

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series
A course entitled “Obstetrical Ultrasound” will be held in Marina del Rey, CA, on 12–14 January 2001. Further details: Stacey Bessling, Public Relations Coordinator, AIUM, 14750 Sweitzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).

Optometry Study Tour to Kenya, Tanzania, and Zanzibar
The tour offers a wonderful opportunity to optometrists and ophthalmologists to examine eye care in East Africa. It will take place from 28 January to 10 February 2001. Further details: Master Travel, Croxted Mews, 288 Croxted Road, London SE24 9BY (tel: 0208 678 5320; fax: 0208 674 2712; email: tours@mastertravel.co.uk).

First International Congress on Non-Penetrating Glaucoma Surgery
The First International Congress on Non-Penetrating Glaucoma Surgery will take place in Lausanne, Switzerland on 1–2 February 2001. Further details: Dr Tarek Shaarawy, Organising Committee, University of Lausanne, Hopital Ophtalmique Jules Gonin, Avenue de France 15, 1004 Lausanne, Switzerland (tel: 41 21 626 8111; fax: 41 21 626 8888; website: www.glaucoma-lausanne.org).

Call for papers—6th European Forum on Quality Improvement in Health Care, 29–31 March 2001, Bologna, Italy
Further details: BMA/BMJ Conference Unit, BMA House, Tavistock Square, London WC1H 9JP, UK (tel: +44 (0) 20 7383 6409; fax: +44 (0) 20 7383 6869; email: quality@bma.org.uk; website: www.quality.bmj.org).

Optometry 01
Optometry 01 will take place on 21–23 April 2001 with more than 100 events—lectures and workshops—at the Atrium Gallery, NEC, Birmingham, UK. Further details: tel: 0207 261 9661; email: info@Optometry01.co.uk; website: www.optometry01.co.uk.

14th Annual Meeting of German Ophthalmic Surgeons
The 14th Annual Meeting of German Ophthalmic Surgeons will be held in the Meistersingerhalle, Nuremberg, Germany on 17–20 May 2001. Further details: MCN Medizinische Congress-organisation Nuremberg AG, Zerzabelshofstrasse 29, 90478 Nuremberg, Germany (tel: +49-911-3931621; fax: +49-911-3931620; email: doerflinger@mcn-nuernberg.de).

European Association for the Study of Diabetic Eye Complications (EASDEC)
The next meeting of the European Association for the Study of Diabetic Eye Complications (EASDEC) will be held in Paris, France, on 19–20 May 2001. Further details: Colloquium, 12 Rue de la Croix Faubin, 75 557 Paris Cedex 11, France (tel: +33-1-44 64 15 15; fax: +33-1-44 64 15 10; email: s.mundler@colloquium.fr).

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series
A course entitled “Obstetrical and Gynecological Ultrasound” will be held in New York City, NY, on 24–26 August 2001. Further details: Stacey Bessling, Public Relations Coordinator, AIUM, 14750 Sweitzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).

4th International Conference on the Adjuvant Therapy of Malignant Melanoma
The 4th International Conference on the adjuvant therapy of malignant melanoma will be held at The Royal College of Physicians, London on 15–16 March 2002. Further details: Conference Secretariat, CCI Ltd, 2 Palmerston Court, Palmerston Way, London SW8 4AJ, UK (tel: +44 (0) 20 7720 0600; fax: +44 (0) 20 7720 7177; email: melanoma@confcomm.co.uk; website: www.confcomm.co.uk/Melanoma).
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