CORRESPONDENCE

**THE FINAL RESULTS OF SQUINT OPERATIONS, IN
WHICH RESTORATION OF BINOCULAR SINGLE
VISION WAS NOT EXPECTED**

To the Editorial Committee of

THE BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIRs,—Dr. Stanworth is to be congratulated on this article which serves to emphasise the value of early and accurate operation in cases of strabismus in children.

He has not, however, perhaps sufficiently emphasised the importance of the age of onset of the condition. For instance, if a squint does not develop until after the age of three years, whatever the subsequent findings on the synoptophore, restoration of binocular single vision ought to be possible, provided that the visual acuity of each eye is approximately equal (or has been rendered so by means of occlusion) and provided that the visual axes are rendered parallel, or within a few degrees of parallelism, by means of accurate surgery. If there is a vertical deviation in addition to the horizontal deviation, this of course must be adequately overcome also.

Much time is often wasted arguing about the precise state of the binocular vision, when it should be appreciated that if a child has once possessed binocular single vision and has developed his binocular reflexes normally, it should be possible to restore these functions if proper conditions are provided.

The more difficult cases are those in which the squint dates from birth or from a very early age, but even in these cases it is often possible to obtain a functional cure by means of accurate surgery carried out within the first two or three years of life.

Yours faithfully,

T. KEITH LYLE.

42, CHARLES STREET, W.1

August 23, 1949.

TRAUMATIC OR "CONCUSSION" CHRONIC GLAUCOMA

To the Editorial Committee of

THE BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIRs,—I wish to refer to the carefully-written paper on the above subject by Mr. Arthur d'Ombrain in the August number of this journal (1949, 33, 495).

The thesis that unilateral chronic glaucoma may be due to previous trauma appears to be founded mainly upon two facts:—

(1) the history of trauma involving an eye, *e.g.*, as a "black-eye," (2) the length of time during which the second eye has remained free from signs or symptoms. I venture to suggest that this is rather a flimsy structure on which to build an edifice so important from the medico-legal aspect. I would draw attention (1) to the fact that the three patients reported were males, and that it must be rather a rare event for a male to pass through life without receiving a "black-eye." (2) The period that elapsed with the patients under observation was 6, $3\frac{1}{2}$ and less than 2 years respectively, since the discovery of chronic glaucoma. It must be the experience of many ophthalmic surgeons to have noted the onset of straight primary glaucoma in the second eye at a much longer interval after its discovery in the first, in patients under regular periodical examination.

Without going through the records of all my private cases of glaucoma, I recall two private patients in this category in whom the interval was 5 years and 10 years, the former male and the latter female. I have little doubt that the former would admit on enquiry to having had a blow on one or both eyes, but I should not on this account classify him as a case of "concussion" glaucoma.

I have no wish to dispute the value of Mr. d'Ombraïn's argument. I do, however, feel that the great rarity of the occurrence to which he draws attention should be emphasised, chiefly on account of the medico-legal implications. My view is supported by the "brief and scattered allusions (in the literature) to the possibility of such a lesion" (p. 499).

Yours faithfully,

HUMPHREY NEAME.

149, HARLEY STREET, W.1
August 12, 1949.

NOTES

Prevention of Blindness in Mexico THE Society for the Prevention of Blindness in Mexico will be celebrating its 4th Biennial Congress from November 6 to November 12, 1949.

* * * *

University of Glasgow Department of Ophthalmology Autumn Term, 1949 DURING October a series of meetings will be held in the Department on Wednesdays at 8 p.m. The general arrangements will be similar to those of the series held last year. A discussion will follow the main paper. *October 5*, Dr. Geo. Leaf—"Biochemical Aspects of Methanol Poisoning"; *October 12*, Dr. W. O. G. Taylor—"Control of Clotting in Ophthalmology"; *October 19*, Dr. R. Leishman—"Tobacco Amblyopia"; *October 26*, Dr. A. Wright Thomson—"Gyrate Atrophy of the Choroid."