CORRESPONDENCE

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs,—It appears to me that the result of the usual operation of advancement and recession for strabismus must leave an eye with a mechanically imperfect mechanism for co-ordination except when looking forward in the horizontal plane, and that the insertions of the muscles should remain in their natural positions. I therefore split the tendon and muscle in the muscle that is too short into three strands and sever the upper and lower strands near the insertion leaving the middle strand inserted. The further this splitting is carried back the more stretching is to be expected. The opposite muscle (usually the external) I free backwards for an appropriate distance, sever in front of a clamp, then insert a fine eyeless needle armed with catgut through the insertion of the

tendon from within outwards, including the upper third of the tendon. The needle is then brought through the other segment of the cut tendon from within outwards behind the clamp including the upper third of the tendon.

The same procedure is repeated with the lower third of the cut tendon and the sutures then tied and cut short. I close the conjunctival wound over the shortened tendon with a purse-string suture. This is unnecessary over the lengthened tendon. The advantages of this procedure are:—

(1) It is possible to have a motor mechanism of the eye perfect in any position and not only in the horizontal plane.

(2) It is not necessary to insert stitches into the sclera, some in the region of the ciliary body.

I include a rough diagram of the condition.

Yours truly,

J. W. KILLEN.

LONDONDERRY,

February 22, 1944.