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,

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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: