CORRESPONDENCE

EARLY OPERATION FOR SQUINT

To the Editorial Committee of the British Journal of Ophthalmology

Sirs,—It is the common experience of those surgeons who operate early on children with constant convergent squint of onset before the age of 2 years that, in those cases which they are able to follow up, if all the manifest obstacles to development of binocular vision are removed, a small proportion will attain full binocularity, a much larger proportion will become partially binocular (constant slight deviation, usually with abnormal retinal correspondence, fusion with some amplitude, and some degree of stereoscopic vision), and the remainder will either develop no fusion amplitude or continue to suppress the image of one or other eye.

Dr. Arruga and Miss Downey (Arruga and Downey, 1960) condemn the practice of early operation because of the apparent impossibility of improving on the condition of partial binocular vision, and recommend constant occlusion until operation at a later age on the ground that abnormal retinal correspondence can thus be prevented. But they offer no evidence that the development of fusion (which cannot under these conditions have begun) will then proceed. If they can show that by prolonged occlusion and later operation better binocular results are attained in these constant convergent squints of early onset than by straightening the eyes as soon as this can be done, apart from the practical difficulty and possibly adverse psychological results of continuous occlusion for several years, earlier operation might well be contraindicated. There cannot be much scope for orthoptics unless fusion begins, even at this late stage, to develop spontaneously, and if this does not happen in a reasonable proportion of these cases (of constant convergence with early onset), some surgeons would prefer to obtain fusion amplitude with abnormal retinal correspondence than to maintain normal retinal correspondence but with little or no fusion.

Yours faithfully,

G. J. O. Bridgeman.

6, Devonshire Place,
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REFERENCE


BOOK REVIEWS


The third volume of this admirable series, which has now been published, should receive as wide a welcome as its predecessors. Diseases of the eyelids are discussed by Heydenreich (Magdeburg), of the conjunctiva by Rieger (Linz), of the cornea by Günther (Greifswald), of the lens by Sautter (Hamburg), and of the vitreous by Hruby (Graz), and anomalies of the aqueous humour by Remky (Munich). A long section by Hamburger
BOOK REVIEWS

(Vienna) deals with the physiology of binocular vision and ocular motility, the clinical aspects and treatment of heterophoria and squint, anomalies of the movements of the eyelids, and nystagmus. The standard throughout is high and it is difficult to pick out chapters of special interest, but the detailed assessment of the treatment of concomitant strabismus by orthoptics and pleoptics and Hruby's contribution to the subject of anomalies of the vitreous as studied by focal illumination are outstanding. The bibliographies are by no means exhaustive but are useful in that they contain the most important references, and the illustrations are unusually good and informative. For readers of German, the text-book must rank as an unusually useful addition to the ophthalmic library.


Symposia are becoming an integral part of American ophthalmology and there is no doubt that the thoughts and arguments of a restricted number of experts on a specific and restricted subject are of unusual interest. Not only do they provide a bird's-eye view of authoritative opinion upon a problem at a particular time, but in the course of discussion they bring to notice the many lacunae in our knowledge, and (most interesting of all) they record the guesses which authority makes when pressed to fill the blanks. The report of the Second Conference of the Retina Foundation held at Boston, Mass. in 1958, and now edited by Schepens, certainly does not lack interest. The discussion deals first with the structure and behaviour of the vitreous and its relation to detachment of the retina and, secondly with the most favourable surgical techniques to adopt in difficult cases, particularly in operations subsequent to an initial surgical failure. One of the most interesting suggestions by Zimmerman in the first part is that the retina is normally glued to the pigment epithelium by a mucopolysaccharide, that the surface of the vitreous is in intimate relation with the retina, particularly in the neighbourhood of retinal vessels, and that one of the primary functions of the vitreous is to form a barrier preventing the penetration of cells; this barrier breaks down when the vitreous becomes detached so that in this event a new-formed cellular membrane grows over the inner surface of the retina and the outer surface of the collapsed or retracted vitreous, which results in retinal tears. The case is not by any means fully made out; but the suggestion is interesting. It is admitted that the surgical methods of repair of a detachment are still in a state of flux. The place of scleral buckling with polyethylene tubing, as would be expected in a conference held in Boston, held its own; but Custodis of Düsseldorf was confident of the efficiency of his technique of implanting an elastic Polyviol cone-shaped implant opposite the retinal hole under a scleral suture.

The book reads interestingly and runs spontaneously, and is edited with more skill than the usual Symposium.


This is a close translation of the original German monograph which appeared in 1959 and was reviewed in this Journal, in May, 1960 (Vol. 44, p. 320).


In 1958 Sédan's original French text appeared, and it has so greatly impressed ophthalmologists in Great Britain that only 2 years later an English translation has been published. The book contains passages in print of different sizes, pictures, and simple diagrams all including errors which the patient has to detect using his amblyopic eye.

Under the heading “Anatomy and Physiology as described in Galen’s Scientific Work”, the author presents Galen’s knowledge from a perspective of two thousand years. He describes and analyses Galen’s brilliant contribution to the anatomy and physiology of the eye—knowledge which became authoritative for his contemporaries and immediate successors.

This monograph is based on the original text in ancient Greek as well as the modern Greek version.

NOTES

MOORFIELDS RESEARCH SCHOLARSHIP, 1962

The Moorfields Research Scholarship for 1962, of the value of approximately £300 sterling, will be awarded for the best essay on “The Clinical Value of Tonometry and Tonography”.

The prize is open to ophthalmologists of all nationalities. The essay must be presented in the English language and should be signed by a motto or a pseudonym, and accompanied by a sealed envelope containing the name of the author, the motto being shown on the outside.

The essay should be sent to the Director of Research, Institute of Ophthalmology, Judd Street, London, W.C.1, England, before July 31, 1962.

IRISH OPHTHALMOLOGICAL SOCIETY

Annual Meeting, 1961

The annual meeting of the Irish Ophthalmological Society will be held in Dublin on April 27–29, 1961. The Montgomery Lecture will be given by Prof. J. François (Ghent) at the Royal College of Surgeons, Dublin, on April 27.

OBITUARY

JOHN BENSON, M.B., Ch.B., F.R.C.S.Ed.

1904–1961

Mr. John Benson, consultant ophthalmic surgeon to the Bradford Royal Eye and Ear Hospital, died suddenly at his home in Bradford on February 14, 1961.

He graduated at the University of Leeds in 1927, and then held the post of resident ophthalmic officer at Leeds General Infirmary for 5 years. Thereafter he held the position of clinical tutor and clinical assistant in ophthalmology at Edinburgh Royal Infirmary. In 1938 he returned to Bradford to join the consultant staff in ophthalmology at the Bradford Royal Eye and Ear Hospital, where throughout his life he was one of the best-liked and most highly esteemed members of the staff.