CORRESPONDENCE

GLAUCOMA

To the Editorial Committee of the BRITISH JOURNAL OF OPHTHALMOLOGY

SIRS,—The excellent article on glaucoma and inactive interstitial keratitis by Britten and Palmer (*B.J.O.*, 1964, **48**, 181), prompts me to add a follow-up note on one of the cases to which they allude which had appeared in an article of mine on the same subject in 1962. In this paper I pointed out that, although the cases described indicated an angle-closure mechanism, two types of late glaucoma probably exist: one an angle-closure type, the other with open angles but trabecular pathology.

Follow-up observation in Case 3 of the above paper appears to corroborate this theory. The patient had lost one eye which had become blind from angle-closure glaucoma. The remaining eye had a subacute attack of glaucoma with a tension of 60 mm. Hg (Schiötz). This was reduced to normal with pilocarpine. The angle was very narrow but open. A peripheral iridectomy was done on October 22, 1959. This controlled the tension, as observed at 3-month intervals, until March, 1962, when it was found to be 29 mm. Hg (applanation). The angle showed some post-operative adhesions but was open. The visual field showed minimal vertical elongation of the blind spot.

The patient was started on Echthiophate 0.06 per cent. twice daily, then epinephrine was added; later this was changed to Pilocarpine 2 per cent. and epinephrine, and, finally, Diamox was added. In spite of this therapy the tension measured 42 and 35, respectively, on the last two examinations. A limbo-scleral trephination was done on March 22, 1963, and the course has been completely uneventful to date. The tension has remained at 16 mm. Hg (applanation).

Thus, this appears to be an example of subacute angle-closure glaucoma in a patient with inactive interstitial keratitis in whom peripheral iridectomy was effective for 2½ years. Subsequently, an open-angle type of glaucoma developed, presumably due to the effect of trabecular damage from the old uveitic process.

Yours faithfully,

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BOOK REVIEWS

The Year Book of Ophthalmology (1963–1964 Year Book Series). Edited by W. F. HUGHES (1964). Pp. 394, 74 figs. Year Book Medical Publishers, Chicago (£3 4s. 0d.)

This edition starts with four essays concerned with strabismus. The first considers the indications for surgery in strabismus, with particular reference to the principles of secondary surgery, that is, the further surgery required to deal with under- or over-correction of the primary procedure. The second concerns the subject of A-V patterns in strabismus: a difference of 15 prism dioptres or more in the size of the horizontal deviation when looking up, as opposed to looking down, is termed an A or V phenomenon. This is said to be present in nearly a quarter of all cases of squint; the disturbance is probably due to the cyclovertical muscles, although some ophthalmologists