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 Echothiophate 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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REFERENCE


BOOK REVIEWS


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
believe that the horizontal recti have great importance. The clinical characteristics and treatment are discussed. The third essay concerns vertical strabismus, with notes on diagnosis, classification, and treatment. Finally, there is a brief discussion of the principles and methods of plooptics.

The rest of the volume consists of abstracts of papers selected from the world literature, and maintains the usual high standard of the Year Book of Ophthalmology.


In reading articles on squint which were written only 10 years ago, one realizes the change that has taken place. This monograph deals with the pathology of squint on the Pavlovian reflex theory: the role of cone-rod localization, binocular functions, and the importance in localization of the kinaesthetic centres from the skeletal muscles of the hands, feet, and neck. The author suggests that squint should be renamed "squint-disease", thereby suggesting that it takes a long time for the pathological reflex paths to develop and also that it takes some time after operation for the normal reflex paths to take over again. He is in favour of early operation, and is against synoptophore (instrumental) or classical orthoptics as this treatment excites only the central retina whereas peripheral fusion is equally important, and it also neglects the part of muscular localization in building up the normal reflex paths. Classical orthoptics has only a modest place. The author describes his methods, instruments, and criteria for treatment and cure. The schematic illustrations of the pathological reflexes and their reversal during treatment are clear.


This book purports to be a short guide for the ophthalmologist in the uses of psychology in the treatment of elderly people. It cannot, however, be recommended. The ophthalmology is at a very simple level and the psychology is naive in the extreme. Thus we are told that women when young often like to look pretty, that harsh words should be avoided in speaking to the elderly patient, and that the ophthalmologist should leave out his own psychological problems when treating patients [we are not told how this is done]. The use of suggestion and strengthening the will are his recommendations for psychological treatment.

NOTES

SYMPOSIUM ON THE DIAGNOSTIC APPLICATION OF ULTRASOUND IN OPHTHALMOLOGY

Berlin, June, 1964

The diagnostic application of ultrasound in ophthalmology is a discipline which up to the present has not found widespread acceptance. Some of the reasons for this became evident at the meeting devoted to this subject, which was organized by W. Buschmann in East Berlin on June 3–5, 1964. Papers on the technical aspects of ultrasound showed a marked variability in the design and performance of transducers and their components. To the ophthalmologist these contributions were frankly difficult to understand, in spite of excellent simultaneous interpretation in three languages, including English. The papers from clinicians showed varying mixtures of optimism and realism in regard to the diagnostic value of ultrasound. The optimism seemed most evident when claims were made which the physicists and engineers seemed to regard sceptically; Oksala's paper on the measurement of scleral thickness by ultrasound was one such contribution. Realism was the note struck by Novysek and Preisova on the disappointing value of ultrasound in the diagnosis and location of intra-ocular foreign bodies. Good papers were given by Gernet (Hamburg)