

Correspondence

Depth perception in strabismus

SIR, In reply to the letter by Cooper and Feldman¹ I must first of all apologise for not referencing all their papers and in particular the Cooper and Warshowsky² paper, which was especially relevant to our comment about the Titmus test.

Our only excuse is that the research was specifically aimed at establishing whether squinters are able to use the disparity cue in the normal environment. The Howard-Dolman apparatus allowed us to test this. The measurements taken with the Titmus test and the Frisby test were added to give some clinical relevance to the experimental findings. We did not use any random dot stereograms and made no comments in the paper about them. Their statement at the beginning of the second paragraph is therefore incorrect.

Small-angled strabismic are indeed extremely difficult to find. In order to find the sample reported in this paper we went through the past records of the University's Orthoptics Clinic, and also those of 3 local hospitals. Patients diagnosed as small-angled strabismic were then invited to act as subjects in the research project. All subjects were

paid and had their previously diagnosed defect confirmed just prior to the experiment. We are therefore as confident as one ever can be that the diagnoses were correct.

I have looked carefully through all 4 of the Cooper and Feldman articles referenced in their letter, and while I have been able to find a statement in the discussion section of reference 4, pertaining to the existence of line stereopsis in squinters,³ I can find no reported experimental evidence to support it.

In conclusion, our findings are in agreement with theirs.
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References

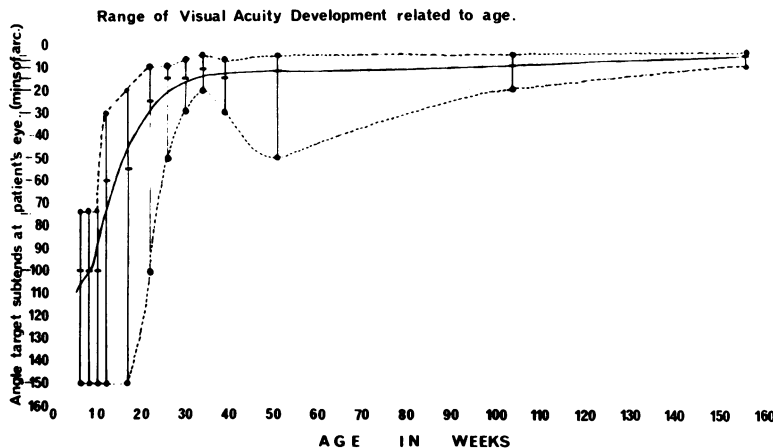
- 1 Cooper J, Feldman J. Depth perception in strabismus. *Br J Ophthalmol* 1981; **65**: 510.
- 2 Cooper J, Warshowsky J. Lateral displacement as a response cue in the Titmus stereo test. *Am J Optom Physiol Opt* 1977; **54**: 538-41.
- 3 Cooper J, Feldman J. Random dot stereogram performances by strabismic, amblyopic and ocular pathology patients in an operant discrimination task. *Am J Optom Physiol Opt* 1978; **55**: 599-609.

Catford drum

SIR, It is now over 10 years since the original prototype drum was produced to give some guide to visual responses in young babies, and I am delighted that Atkinson *et al.*¹ have been able to use their research facilities for more accurate studies of responses in adults. The original design was for use in the handicapped and very young, where objective

merits further elucidation. However, the values of below 6/60 in later tables do not give specific detail as would be required to equate with visually disabled children (PL to 6/24), and the Keystone may produce an error of involuntary accommodation, especially in healthy young adult subjects.

Obviously, there is much to be done, and co-operative



results may be the only possible assessment. It was because these results had to be tabulated for the use of paediatricians and for educational school requirements that Snellen equivalents were introduced.

In the article it is interesting to note that the dynamic drum target is compared with a static Landolt C target, and that the ratio of inconsistency is very constant (Table 1) and

work with the present authors would be welcomed in order to produce an improved clinical tool for the benefit of assessment of visually handicapped children. The original Development Scale (Fig. 1), in minutes of arc relative to age, may be of interest to readers.

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