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 strabismics 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 strabismics 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.

Department of Optometry

David B. Henson

UWIST,

Arlbee House,

Greyfriars Road,

Cardiff CF1 3AE

References


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.

1 Devonshire Place,

London W1N 1PB.

G. V. CATFORD
Obituary

N. W. Gardener, MRCS, LRCP, DOMS

N. W. Gardener, who was consultant ophthalmic surgeon at Watford and Hemel Hempstead, died on 18 October 1981 at his home at Boxted at the age of 74.

Norman William Gardener was born on 16 September 1907 the eldest of 6 children. He qualified at Guy’s Hospital in 1933. After a post as ophthalmic house surgeon at Chesterfield Royal Hospital he became ophthalmic registrar at the Wolverhampton and Midland Counties Eye Infirmary and later ophthalmic registrar at Guy’s Hospital. He obtained the DOMS in 1935 and was out-patient officer at Moorfields Hospital prior to his appointment as ophthalmic consultant to Watford General Hospital and West Herts Hospital, Hemel Hempstead. An excellent surgeon who took infinite pains over his patients’ problems, both medical and social, he developed a large practice in the Watford area and will be sadly missed. Apart from his ophthalmic work he took a great interest in his farm at Boxted, Hemel Hempstead. Over the last 20 years he was dogged by ill health and had to retire early from his hospital work. However, he did continue for a time working in the practice at Watford as long as he was able. The sad loss of his wife Joan in 1972 was a blow from which he never really recovered, and his active life the last few years had been very limited.

Norman Gardener leaves 4 surviving sons and one daughter and 17 grandchildren, and to them we extend our deepest sympathy.

R. S. E. B.

Notes

Retinal vascular and macular disorders

The Retinal Vascular Center of the Wilmer Institute will hold its 12th anniversary meeting at Sun Valley, Idaho, on 12–16 July 1982. The conference is entitled ‘Diagnosis and Management of Retinal Vascular and Macular Disorders.’ Topics will include treatable vascular disorders, argon and krypton laser photocoagulation, pigmentary retinopathies, diabetic retinopathy, vitrectomy, macular degeneration, toxoplasmosis, lupus retinopathy, immunology and ocular inflammation, cystoid macular oedema, uveitis syndromes, and complications of cataract surgery. The format will include lectures, free papers, and open discussion between faculty and course participants. Sessions daily from 8.00 to 12.30 pm. Registration fee $425.00. For further information: Program Co-ordinator, Office of Continuing Education, Johns Hopkins University, 720 Rutland Avenue, Turner 22, Baltimore, Maryland 21205, USA.

Glucoma group travel fellowship

This fellowship, sponsored by Merck Sharp and Dohme, is available to medical graduates and nonmedical scientists resident in the United Kingdom or Eire. It will assist a visit to a hospital or research centre during the academic year starting 1 October 1982 and will be equivalent to £1500. Its purpose is to enable the successful applicant to gain experience and knowledge in pursuit of a specific research project related to glaucoma. It may be held concurrently with other awards. Applicants should send a curriculum vitae with information on their research project and details of their proposed visit (preferably with confirmation from the centre(s) to be visited) to: Dr S. Nagasubramanian, Glaucoma Group Secretary, Glaucoma Unit, Moorfields Eye Hospital, City Road, London EC1. The closing date for applications is 31 May 1982, and the successful candidate will be informed by 31 July 1982.

Cosmetic surgery

The Department of Ophthalmology and the Page and William Black Postgraduate School of Medicine of the Mount Sinai School of Medicine will hold a postgraduate course on ‘Cosmetic surgery of the aging eye’ on 18–19 June 1982. Further details from The Director, Page and William Black Postgraduate School of Medicine, Mount Sinai School of Medicine, 1 Gustave L. Levy Place, New York, NY 10029, USA.

Lacrimal surgery course

The eighth annual Boston lacrimal surgery course will be held at the Colonnade Hotel, Boston, Mass, USA, on 3–4 June 1982. Further details from the Boston Eye Research Institute, 20 Hope Avenue, Suite 106, Waltham, Mass 02154, USA.

The Treacher Collins prize essay

Under this title the Council of the Ophthalmological Society of the United Kingdom has instituted a prize of £200 awarded triennially for the best essay submitted on a subject selected by the council. The prize is open to qualified medical practitioners of any nationality. The essay must be written in the English language. The subject for the next award of the prize is ‘Developments in the Treatment of Cataract.’ The winning essay may be published in the Transactions of the Ophthalmological Society of the United Kingdom if the Council so desires. The closing date for sending in essays for this award is 31 July 1982. Essays should be submitted in triplicate to the Honorary Secretary, Ophthalmological Society of the United Kingdom, Royal College of Surgeons, 35/43 Lincoln’s Inn Fields, London WC2A 3PN. No name should be on any essay, but a distinguishing pseudonym or quotation on a sealed envelope containing the candidate’s name and address should accompany the essay.