

are very rare, perhaps one case in ten being due to this cause. Cases of paralytic squint, then, we will not further discuss, but concentrate our attention on strabismus produced by badly shaped eyes, or non-paralytic squint.

The vast majority of squints in children are caused by the eye being misshapen. Either it is too flat (producing hyperopia), or it is too prominent (producing myopia), or it is astigmatic. I say the vast majority,—some authorities consider that 75 per cent. are thus caused.

Assuming, then, that we have before us a case of non-paralytic squint, what advice would be given? That would probably vary according to circumstances. For instance, if the child was weakly it would be put under tonics, with the expectation of recovery from the strabismus when its strength returned. Or the advice might simply be, "Wait a while, the child will outgrow it;" or it might be, "Have the eyes examined as soon as possible."

Now, in regard to the first line of action, it is quite possible that, in a weakly child, a comparatively slight cause may unbalance the eyes, and a proper course of general medicine may restore the balance. Such cases do occur. Even in them, however, the underlying cause is likely to be faulty refraction. But in the vigorous, healthy child, at the age we are speaking of (three years), squint is almost sure to be due to faulty refraction, and it is a dangerous waste of time to adopt a purely waiting policy. It is a dangerous waste of time for the reasons stated, which may be restated and added to thus:

1. That the vast majority of cases of squint in children are due to faulty shaped eyes—in other words to faulty refraction.

2. That if due to faulty refraction, the child will not outgrow it.

3. That, by waiting, a squint may become established so that an operation is required for its cure.

4. That the waiting may result in a partially blind eye.

5. That, if due to faulty refraction, there is a probability of cure by the use of proper glasses.

Even if convinced on most of these points, Mr. President, it is right for the family adviser to ask, what success may be expected even if proper glasses are applied? I answer, the experience of specialists is, that properly fitted glasses in many cases will cure the strabismus, prevent amblyopia (blindness) which would otherwise supervene, and render an operation unnecessary. Such being the case, the family medical adviser, would in all cases of strabismus in which the cause was not perfectly plain, unhesitatingly say the child's eyes must be examined as soon as possible.