

The periodic convergent squint of childhood, which is generally due to hypermetropia, and is observed when the eyes are engaged on near objects, can be corrected, and sometimes also prevented from becoming confirmed, by the use of atropine to annul the effects of the ciliary muscle, or by the use of convex glasses to correct the optical defect, or by both.

When, however, the squint is fully confirmed, it is desirable to restore the parallelism of the optic axes, even at an early age. The sight of a squinting eye is generally quite defective. Reasoning by analogy it is natural to attribute this amblyopia to the mal-position, and though the view is gaining ground that squint is, rather, determined by a congenital or precedent amblyopia, the practice of deferring the operation until puberty or later should not be followed. It will be seen that there is something more in the treatment of strabismus than the mere tenotomy, (indeed, the latter may be unnecessary, correcting glasses sufficing); and in all cases the refractive condition should be learned with a view to intelligent treatment.

#### MYOPIA.

It should be borne in mind that the ellipsoidal shape of the myopic eye is not due to bulging or undue convexity of the cornea as is often supposed, but to a process, more or less morbid, of thinning and extension of the posterior two-thirds of the sclera. In the very highest degree the eye is about  $8\frac{1}{2}$  mm. longer, that is, deeper than the normal, and not uncommonly it is from  $2\frac{1}{2}$  to 4 mm.

Myopia may be congenital, is frequently hereditary, and is often acquired, (generally before the age of 20). The latter fact cannot be too widely known. The most potent cause probably is prolonged or oft-repeated straining of the eye at close work, especially in those of subnormal vitality, lax fibre, &c., excessive tension or spasm of the ciliary being set up, and finally permanent organic changes developed. The popular idea that shortsighted eyes are inherently strong, is fallacious and mischievous. The myopic eye is often a weak and irritable one, prone to increase of the defect and to the development of secondary changes in the retina,

choroid, &c., which imperil the sight. Few cases in ophthalmic practice give one more anxiety than those of progressive myopia, with retino-choroidal changes and vitreous opacities (sclero-choroiditis) and tendency to detachment of the retina, of which it is the largest factor.

As myopia is so common, and is largely on the increase in civilized countries, prevailing especially in cities and towns, and amongst those at educational institutions, seats of learning, and literary centres, the importance of prophylaxis will be apparent; too early attendance at school should be interdicted, precocity should be held well in check; schooling should be, more than it is, the instructing young folk how to learn rather than the gaining from them a mass of facts which, too often, have not been really taught, but largely acquired (in some fashion) during extra hours at home. The stimulus to eye-strain as well as brain-work, offered by the systems in vogue of competition, prize-giving, promotions, &c., should be kept within more healthy bounds; a ban should be put upon undue taxing of the eye in any way, especially in young subjects; and poor light, bad and small print, 'cheap' books, and badly planned desks, &c., should be banished from our school-rooms. The early resort to suitable correcting glasses undoubtedly tends to prevent the progress of the defect, and the development of divergent squint, 60 per cent. of which are due to myopia. And, contrary to popular belief, it is often more important to adapt for ordinary wear such concave glasses as enable the very myopic to read or work at ordinary distances, use both eyes together and without stooping, than those which would afford the best far vision, but would be too strong for near work.

In the case of weakness or insufficiency of the internal recti, which generally occurs in myopia and aggravates the disability and the tendency to passive divergence, and later, to confirmed squint, electricity suffices in some instances to energize the muscles; but more often the glasses which correct the optical defect are required, or possibly prisms have also to be worn, and occasionally tenotomy of the external recti resorted to in order to restore the balance of power, even though there be no actual squint. And, lastly, in some instances, a course of systematic ocular gymnastics has to be carried out with care and perseverance.

*(To be continued.)*