

THE TREATMENT OF SQUINT (STRABISMUS) FROM THE STANDPOINT OF THE FAMILY PHYSICIAN.*

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Mr. President, Ladies and Gentlemen,—The title of my paper is "The Treatment of Squint from the Standpoint of the Family Physician." Although, sir, I am now in special work, I have spent most of my life as a general practitioner, and, therefore, I desire to consider this question from that standpoint. You will pardon me, however, if I occasionally digress into the special domain, for by this means I hope to make my subject more clear.

Since my attention has been turned to this subject, Mr. President, I have looked up a number of treatises on medicine, but only in one or two of them do I find any attempt to deal clearly with the subject, although in most of them there are long articles on strabismus, suitable, however, mainly for a specialist.

Let me make it very clear, Mr. President, that it is only on early cases of strabismus, viz., strabismus in children, that I wish to speak to-day. My excuse for speaking on this subject is the enormous importance of it, an importance which is not fully recognized by all, for strabismus has two consequences: first, it produces "cross-eye," and second it may cause blindness, more or less complete.

Now, we know that a cross-eye is a handicap in any walk of life, but what shall be said for us if by neglecting the early treatment of a squint, partial blindness results?

Supposing a child, say, of three years, be brought to the attention of the family doctor. A squint has been noticed, perhaps it is constant, or it may be only occasional. In order to give proper advice we would first remember that strabismus has two great causes:

1. It is due to paralysis of one of the ocular muscles.
2. It is due to a faulty shape of the eye, no paralysis being present. Strabismus then is: (a) Paralytic. (b) Non-paralytic.

In determining whether we have before us one of the first, or one of the second class, we have to remember two things: first, that in a paralytic squint, the cause is usually very evident (such as a history of inflammatory conditions, syphilis, diphtheria, wounds, blows, etc.), and second, that paralytic squints

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