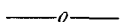


CLINICAL ARTICLES.



A CASE OF STRABISMUS (SQUINT).

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THIS condition appears to be a rare one in the domesticated animals, and it therefore receives but scant attention in veterinary literature.

The subject of this note was a four-year-old black country-bred mule (gelding). The case was first brought to my notice about two months ago by the overseer in charge, who reported at that time that he had a mule which was almost blind; that he had tested it by waving an object in front of its eyes but it took no notice; that he had also asked the salootri to examine it and the latter had reported that he could see nothing amiss.

On approaching the mule the first thing noticeable was its extreme nervousness of any sound, immediately turning its head in the direction whence it supposed the sound to come. Another noticeable feature was the position in which the animal held its head when looking towards an object, viz., with its muzzle slightly depressed towards the breast, or, in other words, as if it contemplated butting the intruder.

On closer inspection it was at once seen that neither of the pupils was in its normal position, *i.e.*, about the centre of the palpebral fissure, but that the inner half of each was hidden from view beneath the lower lid just below the angle of the inner canthus. The eyeballs were therefore turned downwards and inwards, the case being one of convergent squint affecting both eyes.

On testing the mule's sight by striking him and then threatening to strike, it was found that he could only see, and then very imperfectly, when the striking object was directly in front of his face, but appeared to be quite blind to any object approached towards the eye from either side.

Both eyeballs were less prominent than normally—an appearance suggestive of an attack of ophthalmia—but there was no other sign of weakness, such as excessive lachrymation, etc. To the naked eye the eyeballs themselves appeared normal and the pupils responded to light and darkness.

Ophthalmoscopic examination revealed no macroscopic lesions in the interior of the eyeballs, although the examination was rendered very difficult owing to the squint. To discuss whether the case was one of paralytic or spasmodic squint, etc., would be unprofitable, since it was impossible to determine the offending muscular or nervous lesion. I merely record the case on account of its rarity, it being the first that has come under my observation.