

## Clinical Memorandum.

### THE AMBLYOPIA OF SQUINT.<sup>1</sup>

BY HASKET DERBY, M.D.

DR. WADSWORTH'S statistics as to the vision enjoyed by the subjects of strabismus, in the squinting eye, were to me so startling that I have employed a portion of the interval since the last meeting of the New England Ophthalmological Society, in looking over my cases of convergent strabismus in private practice.

To begin with, I rejected all cases of alternating strabismus. As Dr. Wadsworth justly observes, "the suppression is not constant and therefore amblyopia does not result." He has nevertheless followed the usual example in including these cases in his statistics. I rejected, as he did, all cases depending on or associated with opacity of the media, or visible change in the fundus oculi; as well as the large number of children too young to give intelligent answers as to the amount of vision they possessed. With these omissions I find 160 cases of convergent strabismus, in which the vision has been carefully recorded, after neutralizing the hypermetropia.

I have tabulated them as follows.

Vision slightly better in squinting eye . . . . .	10
" " equal in both eyes . . . . .	3
Squinting eye inferior to other by 0.1 . . . . .	1
" " " " " " 0.2 . . . . .	4
" " " " " " 0.3 . . . . .	10
" " " " " " 0.4 . . . . .	19
" " " " " " 0.5 . . . . .	18
" " " " " " 0.6 . . . . .	21
" " " " " " 0.7 . . . . .	16
" " " " " " 0.8 . . . . .	15
" " " " " " 0.9 . . . . .	11
Greater degrees of inferiority than above . . . . .	32

160

By comparing these results with Dr. Wadsworth's a considerable difference will be at once apparent. Deducting his cases of alternating strabismus, he found vision equal in both eyes in 20.4 per cent. and 1 in only six per cent. of the cases. Both he and Schweigger find thirty per cent. of their patients to have vision less than 1-7 (0.14) in the squinting eye. I find, however, fifty-seven per cent. to come under this category. Out of my 160, 91 had vision less than 0.14 in the eye that converged. Moreover, half of Dr. Wadsworth's cases had, in the squinting eye, vision from 14-20 to 14-30; or putting it in decimals, of very nearly 0.5. I find only eleven per cent. (18 cases out of 160) to have this amount of vision.

Both sets of figures are too limited for useful generalization. But I have seen, and see, no cause for losing faith in the commonly-accepted theory of amblyopia ex anopsia. That an explanation on this basis is not always satisfactory is evident to all. Why a child of ten, with a strabismus of three or four millimetres, noticed only within a few years and not constant, should have a vision of less than 0.1 in the converging eye; and an adult of thirty, with a convergence of double the amount, lasting, moreover, since infancy, should have a vision of 0.8 in the eye that squints, can only be explained, if at all, on the theory of occasional and even unobserved alternation; or else on the supposition that disuse does not, in all instances,

imply decay. But while either explanation may be somewhat far-fetched, it certainly makes a slighter demand on one's credulity than the assumption that a hypermetrope, who needs all his disposable accommodation for the near, who can accommodate better by squinting, who must abstract from the vision of the squinting eye to avoid diplopia, and who does all this habitually; the assumption, I say, that such a person owes his amblyopia rather to a freak of nature than to a voluntary, systematic and persistent effort to avoid the annoyance of double vision.

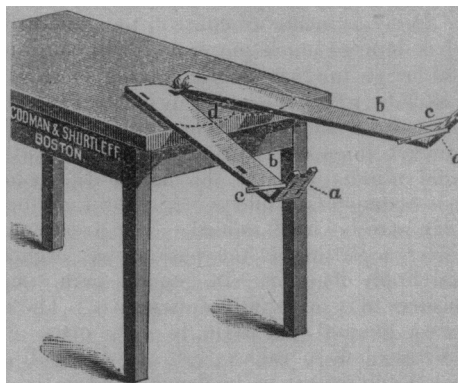
In looking over these cases I have been interested to note the effect of the operation on vision generally. Ordinarily I have seen none; but in a few cases, perhaps half a dozen in all, there has been a slight but unmistakable change for the better. Such a change as from 0.1 to 0.2, or even from 0.3 to 0.4, I have noted several times. One of these cases, however, which I had an opportunity of examining some fifteen years later, and in which the change had been from 0.1 to 0.2, had not held its improvement, but gone back to 0.1.

## New Instruments.

### A CHEAP AND PORTABLE SUBSTITUTE FOR THE GYNÆCOLOGICAL TABLE.

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The appliance herein described is by no means intended to supersede the elaborate gynæcological tables now in use, but only to occupy an humble place at their side. With it, however, about as much can be done as with any of them, and it has two advantages, cheapness and portability. There are many who feel that their pocket does not allow them to possess one of the expensive tables, yet desire something to



take its place. Again, many wish for that which can be easily taken to the house of a patient in cases of operation. To those who use the Sims' position at all times, it will be of less use than to those who use it only in some cases. There are many who choose the dorsal position when it is possible to do so. To them I think it will commend itself. The pair used by me were made by Codman & Shurtleff, who have kindly furnished the accompanying cut, as without it description would be almost impossible. It consists of two pieces of wood fifty inches long, hinged at one end to a piece eight inches long. These are loosely tied at the end which rests upon the table, and upon

<sup>1</sup> Remarks made during the discussion of Dr. Wadsworth's paper on the same subject (Boston Medical and Surgical Journal, Vol. CXVI, p. 49), at the meeting of the New England Ophthalmological Society, February 1st, 1887.