

## THE SQUINTING CHILD.

Many national Red Cross Societies take an active part in combating disorders of the eye, and as squint is one of the most common of them there are many parents who would like to know what can be done for it.

There are many forms of squint, and the most common are the convergent and divergent forms with which this study is concerned. It does not deal with other forms such as the paralytic squint which may develop at any age.

It is most unfortunate that there is a general impression that squint is a sign of degeneration. It is true enough that squinting is somewhat more common among mentally defective children than others, but this difference is certainly not so great that it warrants any sweeping conclusion as to the health, mental and bodily, of the squinting child in other respects. Indeed, most squinting children are mentally well equipped, and the intelligence of many of them is much above the average.

The handicaps from which the squinting child suffers are enormous. In the first place he is apt to become shy and retiring because his schoolfellows look askance at his deformity. The importance of this psychic factor cannot be overrated. In the second place he will, when he grows up, and his squinting has not been corrected, be disqualified from all the many occupations requiring double vision. Thirdly, the person with only one effective eye is more likely to lose its vision than is the person whose double vision equips him better to avoid injuries to the eye.

Quite early in childhood the vision of the squinting eye is practically as good as that of its fellow, and it is only by the time the child is 6 or 7 years old that partial blindness of the squinting eye begins to be serious. When once a squinting eye has become blind, no treatment can restore its sight. It is obvious, therefore, that treatment must be started early if it is to be effective.

How common is squinting in children? Hungarian statistics suggest that about 4 per cent. of all school-children suffer from squint. The higher the social class, the more likely are the parents to detect a squint, even if it is quite slight. This class difference is so great that one observer has found 2.7 per cent. of his hospital patients to squint, whereas the corresponding proportion among his private patients was 6.3 per cent. These figures prove that if every case of squint in early childhood is to be discovered and successfully treated, it is not enough to wait till the parents bring their child to an oculist; a systematic examination must be undertaken of all children by a doctor on the look-out for this deformity.

What usually brings the squinting child to the oculist? His appearance in the first place, parents or playmates having noticed the squint. In the second place, the vision of the squinting eye may have been found to be defective. It is remarkable, however, that defective sight on the one side is so often overlooked provided that the other side is good.

To what extent does squinting impair the sight of the squinting eye? Much depends on whether the squint is convergent or divergent; the frequency of blindness of the squinting eye is much higher among children with a convergent than a divergent squint because the former usually begins earlier. If both convergent and divergent squints are taken together, it may be said that the vision of the affected eye is reduced by one half or more in approximately 50 per cent.

The success of treatment largely depends on the intelligence and patience shown by the parents. They must be taught exactly what to do when the treatment is not operative but consists of re-educating the child's vision. This is effected by covering up the healthy eye for a certain period and exercising the other eye according to definite

rules. If the child is treated early enough and the parents are willing to take all the necessary trouble, complete restoration of normal double vision can be promised almost with certainty. Operative treatment may be only the last link in the chain of treatment.

The squinting child should receive skilled treatment before attaining school age. This requirement implies the creation of a pre-school system of inspection of children who, if found to suffer from squint, should be given skilled treatment at once. Even at the age of 5 a child is as a rule intelligent enough to respond satisfactorily to eye tests and questions asked about objects seen by him. It would, of course, be desirable if a squint could be recognised and treated even before the age of 5. Such early medical inspection of children would also enable those who suffer from other abnormalities of the eyes such as errors of refraction to receive skilled treatment.

The squinting child whose normal double vision has been restored must be kept under medical supervision throughout school years so that any tendency to relapse may be discovered early and successfully corrected. Were the pre-school inspection of the eyes of all children to be universally adopted, it is safe to prophesy that a vast amount of suffering and disablement would be avoided in later years.

(Communicated by the Secretariat of the League of Red Cross Societies.)

## THE PASSING BELL.

On Saturday, June 17th, the death took place of Miss Mary J. Bramwell at her residence, 19, Gambier Terrace, Liverpool, at the age of eighty-four.

Miss Bramwell received her training at the Liverpool Royal Infirmary, and later became Matron of the Liverpool Eye and Ear Infirmary, which post she held for fifty years. She had a fine and outstanding record of service in the Nursing Profession.

She took the keenest interest in all questions relating to Nursing and especially in upholding its dignity and prestige. Her long experience made her a valued friend, and her wise judgment and guidance were frequently sought and so kindly given. The remembrance of her will be a fragrant one. The Lady Chapel of Liverpool Cathedral was filled by friends, mostly of the medical and nursing profession, at a beautiful and simple funeral service (prior to the interment) which was choral and conducted by Canon Soulby, assisted by Canon Cambell Baugh.

M. J.

## THE DEAR ANIMALS.

Sir Frederick Hobday, the great veterinary surgeon is dead. His splendid services to the animal world earned him honours well deserved. During the war he served in France, Flanders, Italy and Albania.

Sir Frederick recently asserted that animals could think and reason the same as humans, and that they did not act simply by instinct. He expressed the opinion that the future would see great developments in intelligent communication between man and his animal friends.

## WORDS FOR THE MONTH.

I beg you to think often about eternity so that the hope of possessing its roses may console you amidst the thorns of this life.

It is not enough to avoid the things that kill our soul, but we must avoid those that wound it.

Do not let us lose heart if our enemy has been victorious over us for a short time. Let us take up our arms courageously and drive him out.—*Blessed Louise de Marillac.*

[previous page](#)

[next page](#)