

ship it was possible to convince her that she could control the squint. Since she was been able to maintain binocular single vision she has become more confident and much happier.

REFERENCES

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CASE REPORT: SURGERY FOR CONVERGENCE INSUFFICIENCY

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M.L. was referred aged 18 years, suffering from severe headaches and almost constant diplopia for near. She had a small exophoria of 3° for distance with 6° for convergence, a near point of 44 cm. and an exo deviation of $14\Delta - 18\Delta$ on the Maddox wing.

She was in her final year of school and was only able to continue studying by shutting her right eye. She had recently been prescribed her first pair

of glasses, R -3.50 6/6 and L -3.25 6/6-4. With -0.50

these she was having great difficulty as she could clear N/12 binocularly for only a short time before the print blurred.

At this stage she was visiting a psychiatrist who had her on some form of "relaxing" tablets.

The usual form of treatment was commenced, eliminating suppression at her angle and trying to

improve her convergence. After some treatment, she showed little to no improvement, although with her glasses on she held at zero and her near point improved to 16 cm. at best but usually was 30 cms only. She converged on the machine to 10° .

She then decided to go overseas, having gained the Higher School Certificate, and on her return she sought further help which resulted in surgery, resection of the left medial rectus. A week later she was fusing at zero, converging to 30° and her convergence near point was 5 cms. A few visits later she was symptom free with a full convergence near point, and 50° of convergence on the synoptophore and a Maddox wing reading of exophoria 4Δ to orthophoria.

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