

Michael was referred back to the Outpatients Department, where the ophthalmologist found

visual acuity 6/5, 6/9 (no improvement with pinhole)

pallor of the left disc

headaches always present in the morning, growing worse during the day,

youthful appearance for a 14-year-old,

left temporal hemianopia.

A pituitary tumor was suspected. This was confirmed by skull X-rays, and Michael was referred to the neurologist.

This case was a reminder that if a patient complains of headaches, one should note when and where they occur, and bear in mind that although there may be evidence of convergence insufficiency, it is not necessarily the only cause. Particularly, vision should be tested to 6/5; any deterioration, no matter how slight, may indicate a neurological or ophthalmological problem.

CASE HISTORY : INDUCED HYPO ACCOMMODATIVE SQUINT

Maree Sullivan

Presented in Sydney, April 1975.

Miss H.P. aged 25 years, was referred for an orthoptic examination, complaining of blurred vision for near work during the past 6 weeks. She had found that her mother's glasses (+3.00 D. sphere R and L) enabled her to see print clearly and to read quite comfortably. Her history revealed that she was schizophrenic, and had been prescribed two drugs, Cogentin (a depressant with a cycloplegic agent) and Melleril (a tranquiliser).

Clinical examination revealed a small left convergent squint for near, and approximate orthophoria for distance. Both binocular and monocular accommodation were grossly defective and at her convergence near point (6 cms.) there was no constriction of the pupils. The Maddox rod reading was esophoria 4^A, while the Maddox wing showed esophoria 15^A. Miss H.P. could bar read N48 with an effort.

A week later, having suspended the Cogentin on her doctor's advice, this patient presented with a small esophoria for near and distance. Her accommodation was no longer defective, and there was normal constriction of the pupils on convergence. She could bar read N5 easily without the use of her mother's glasses, and was symptom free.

It was interesting to find that a squint could be induced in this way. If there had not been an underlying esophoria, would the result have been the same?

I would like to thank Dr. David Benjamin for allowing me to present this case history.