

EDITORIAL

Amblyopia

In recent years the advances in the surgical treatment of cataract, glaucoma and retinal detachment, and the spectacular technological advances in lasers (even though the results of treatment do not always justify the emphasis placed on them), have tended to overshadow the considerable advances in the understanding of the visual system and the application of this knowledge to the investigation and treatment of amblyopia.

Peter Fells, in the scholarly Richardson Cross Lecture published in this issue, has done much to redress the balance, even though he has, as yet, been unable to answer the questions that he has set himself of whether amblyopia can be prevented, and what is the optimal therapy for the condition.

Amblyopia is a serious cause of poor vision, albeit in one eye only, as it affects about 2.5% of the population in this country; almost the same percentage who have poor vision from glaucoma. Its early detection and the initiation of treatment must therefore be actively pursued by all ophthalmologists. However it is clear that amblyopia does not have one single cause but is the culmination of a series of interrelated events in the development of a particular child. It is likely therefore that there will eventually be many different ways of treating these children. Unfortunately in many instances we have no way of knowing what initiated the process or what part of the visual system requires to be stimulated or even suppressed in order to reverse the process. It behoves us therefore to use all the available methods of treatment available to us because it is quite clear that whilst most children, if detected within the sensitive period of visual development, will respond to the standard methods of early correction of hypermetropia and intermittent short term occlusion of the better eye, some will require more intensive stimulation or occlusion and even admission to hospital for a period to ensure that the treatment is undertaken satisfactorily.

At present treatment fails to give a satisfactory response in a large proportion of children, this is unfortunate because it is hard for parents to carry out satisfactory treatment. Small children can overwhelm even the most orderly and best regulated household; it is important therefore that parents must not only have a clear understanding of what is behind the methods of treatment being given, but that they be given a great deal of sympathy and support during the therapy. All ophthalmologists should read this article with care in order to be able to give our little patients the care they deserve and to try to further our understanding of this intellectually demanding problem.

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