## STRAIGHTENNG EXES.

New Theory Explalned and Proven by Dr, Seymour to Many Patients.
I make the stacement that nine out of every ten persons who are cross eyed can trace this condition to a defect in their sight. It is very rare that chily is born cross-eyed. In the maat instances the eyes become ority of instances the eyes become rossed betweed the ages of one and five years, and almost any mother wack tell you that this condition dates back
to a fall, a sudden tright or some sickaess.
But the real cause dates farther back than this. The child was born with defective vision, and until weakened by sickness or nervous shock they were not obliged to cross them in order to see. As a small child the eyes aer to see, ds a my length of time. are selaom crossed any is apt to leave But repentile time them a little more crossed each time until even ually the child is crosseyed.
You are apt to neglect this state of You are apt to neglect this state of
affairs, feeling certain that as they grow older the eyes will straighten themselves, or that an operation may be performed which will restore the eyes to their normal condition; but here is where you make a very grave mistake. In the first place the sight of the eye which becomes crossed is more than Hkely to depreciate in power more than wist, if persistently neglected, and in fact, if persistently neglected is almost sure to become entirely useless. Yon are not aware of this fact for the eye does not change in appearance in the least, and you only wait for a conventent time to have it straightened by the use of the knife, never dreaming that the operation is very apt to be ontively useless it the kigm has left the sye, for there is nothing then to keep the eye fixed on the same object that the other eye ses. And it the operation is successful in improv Ing the appearance, it does not restore the sight to the long-neglected cross eye.
How often do we hear parents say that they do not wish to take the responsibility of having their chflaren's eyes straightened uritl the child is old enough to express a wish in the mat ter himself, for fear the operation might injure the sight. This view of the matter is wholly unbecoming to-d parent who has the real welfare of the child at heart, for the chlld is sure to learn in later years that this neglect thas been the means of his losing the sight of an eye.
The tamily physician has been to blame for many a sightless eye, as be

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his advised the parents to let the-mat ter go and perhaps the eye will suraighten itself in time. This coes happen sometimes, but the occasions are very rare, and it asually goes from bad to worse.
ot conrse young people-and often imes middleaged persons-are not to yond the reach of optical science, as I have had in the past, and still hare many patients who have passed the age of childhood long ago, and whosn ge of chindood long ago, and whos eyes have
straightened.
You ask why all these explanations and what is the proper course to take when a tendency to cross-eyes is first noticed in children? It is simply this: Take them at once to a thoroughlv competent specialist and have their eyes examined with regard to the condition of their sight, and I promise you you have done the correct thing, for almost invariably the eyes can be very much relleved by che proper walfuet ment of lenses, whith will relleve the strainea condition of the sight. To be sure, it is only within recent years that it has been possible to fit years fild with sieseen, but with the meth hild with glasses, but with the meth ods now employed children, even as oung as three years of age, can as accurately fitted as a grown per on, although the means used are very ifferent from the customary test given by the average oculist or optician.
I have given particular attention to this feature of my specialty sind have spent ycars of study in becoming proficient in it I assure you; and children brought to me for treatment are always given special attention DR. SEYMOUR.

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