

WHAT'S WHAT

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We are asked: "Is tobacco harmful to the eyes?" I am not intending to debate that question nor am I prepared to argue for or against the use of tobacco. I will attempt to present proof that tobacco may indirectly cause "Ocular Fatigue".

The case I am presenting is a young man, age 19, University student. History: Health good, tonsils out, teeth excellent, measles, whooping cough, and influenza when a child, athletic itch, and he thinks he has heart trouble. Smokes one to two packs of cigarettes a day. Symptoms: Frontal, temporal, occipital headaches in class rooms and when studying, of recent origin. Print blurs, nausea after meals, doesn't sleep well.

Type: Asthenic

Confined to class work and home studies, without any athletic inclination or outdoors avocations his vision had become very jerky. Cover test showed deviation of the eyes.

Iridology: Indigestion.

Ophthalmoscopy: Crescents around optic disc, that is small black areas encircle the disc, slight inflammation of macula.

Campimetry: Constricted and slightly interlaced color field blind spot irregular and enlarged from 3 to 7 degrees. Complete 22 point optometric examination revealed high exophoria in the distance and near vision out of balance.

Prescribed as follows: Eliminate use of tobacco, give orthoptics and syntonics.

The orthoptic Rx consisted of Rotary training on the Rotoscope, using a stereoscopic target set at zero. (No prismatic power before the eyes, but as he was 4Δ diopters exophoric in the distance it equaled 4 base out.) Excursion dial set on the first visit at 20 and speed at medium. Each day the excursion and speed was increased until on the 8th visit the excursion and speed dials were set at its highest limit. On the first visit we kept him on the Rotoscope for five minutes increasing a minute and a half each day until the eighth visit when we reached 15 minutes. We continued giving him 15 minutes of Rotary training for the balance of the two weeks.

The Syntonic Rx used was N/L- μδ, alternating the red in the nascentizing scope. There are several reasons why I selected μδ. The three principal reasons are: Indigestion, insomnia, and the

Campimetry field chart. The Syntonic Rx was given for 15 minutes the first day gradually increasing until on the eighth visit we gave the Syntonic Rx for 25 minutes and continued doing so on the following four visits.

Here is a case representing the type of student whose only recreation consists of being a lounge lizard, no particular aim in life, attends a school of higher learning because his parents insist on “educating their son”, and there was nothing to do but try to put his visual apparatus in comfort in the quickest time possible.

In two weeks we reconditioned him to such extent that all symptoms disappeared, he slept well, appetite returned, nausea disappeared, complete optometric examination negative, Ophthalmoscopic findings negative, campimeter revealed a field chart almost 100 percent increase in size, but slightly interlaced green and red, blind spot normal. At this time we dismissed him for two weeks.

These are the field charts before and after:

June 5, 1936

Meridan	Green	Red	Blue	Meridan	Green	Red	Blue
0	7	6	12	0	9	8	9
45	11	12	12	45	9	8	11
90	9	8	10	90	8	9	10
135	7	8	9	135	7	10	9
180	8	9	9	180	9	12	10
225	8	9	9	225	8	10	9
270	10	7	8	270	8	9	10
315	7	6	8	315	7	9	10

June 19, 1937

Meridan	Green	Red	Blue	Meridan	Green	Red	Blue
0	20	22	25	0	0	9	10
45	15	17	21	45	12	14	15
90	12	11	19	90	16	19	20
135	12	13	16	135	18	21	21
180	8	9	10	180	20	25	27
225	10	11	16	225	18	20	22
270	14	15	19	270	14	17	18
315	15	17	22	315	10	8	17

Returned in two weeks and reported that he slept well, good appetite, no headaches.

Reexamination: All findings negative, allowed him 3 to 5 cigarettes a day. Reported six months later, no return of symptoms, and perfectly comfortable. All findings negative.

I realize that some may reason that Syntonics without the orthoptics or orthoptics without syntonics, or eliminate the cigarettes without either orthoptics or syntonics, or allow him to continue using cigarettes and use either syntonics or orthoptics would have given the desired result. Some may argue that it was psycho, well, be it what it may, result was what we wanted and result was what we accomplished. Furthermore, there was a strong influence to bear upon all concerned to have this young man sent to a sanitarium or an all summer camp instead of receiving optometric service. Optometry won out and Syntonics impressed the parents favorably.

SO THAT'S THAT!