

ELIMINATING SOME EFFECTS OF AGE ON VISION

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There are several abnormal conditions of vision that may be classed as due to age. Senile cataract and senile degeneration of the central fiber of the optic nerve are two which our group have widely discussed. The latter we dealt with in a paper presented last year.

Presbyopia is a condition, not recognized as abnormal, but nevertheless recognized as due to the effects of age, a physiological change. It appears to me our treatment of presbyopia is faulty. From Donders' time, we have been taught, an addition for reading is necessary, beginning at the age of 45 years. Many eye specialists seem to prescribe presbyopic additions merely on the fact that the patient is 45 years of age or older. Many prescribe on the basis of the retinoscopic near point findings.

It is generally recognized all people are not physiologically the same age as their years indicate. For years we have in our practice, regardless of age, prescribed presbyopic additions according to the "push up" method at the near point and considering the natural reading or working position of the patient.

We believe it is recognized today the retinoscopic near point findings and the push up method do not always agree.

Bifocals are a nuisance and we probably all recognized that women in particular are not happy to put on their first pair. An add of +1.00 for a bookkeeper is frequently so inconvenient that he goes through considerable mental strain to become accustomed to them.

Four years ago I decided to see what could be done with a case of early presbyopia. A lady bookkeeper, age 44, presented herself, wearing a pair of +1.00 +1.00, add +0.75, which had recently been prescribed for her. She stated it was practically impossible for her to continue with her job using those glasses.

Our examination indicated a condition of faulty elimination. The distance Rx was practically correct and the near point indicated the need of the add for close as had been prescribed. She was referred for correction of the constipation, and visual neuro-muscular exercises were given at our office. At the completion of these exercises she had a near point of eight inches with the distance correction only.

In 1937 her Rx was changed to B +1.25 +1.00

August 1938 her near point was 10 ½ inches, December it was 11 inches, and in April 1939 it was 11 ½ inches.

These cases of early presbyopia, found in conjunction with some toxemia are not uncommon, but to prescribe presbyopic additions seems like crude Optometry. Most of them need attention to the ocular dysfunction as well as attention to the toxic condition. This type of case is cited simply because we wish to draw attention to the fact that the treatment is the same as for the real presbyopia.

Referring back to the outline given of the first case cited, you will recall the patient in 1938 was a real presbyope according to her age, 46 ½ years. Syntonizations were then given with good response. In 1939 the patient again presented herself and remarked she was now “resigned to bifocals, she did not suppose it possible to do anything more”. Examination showed a near point of 12 inches, No. 1 Jaeger, with a reading distance of 14 inches. The fact that she was now resigned to bifocals and the finding of a 12 inch near point, and age now 48, made it easy for me to agree. But we had brought that near point back in 1938 so I advised her to try syntonizations again. One month later, after three syntonizations a week, the push up near point was 8 inches. The syntonic frequency was $\mu\theta$ (Mu Theta) – 10’, and θ (Theta) – 10’, combined with prisms base out. The distance prescription reduced to -.50 sphere each eye, during the treatment.

Case 2.

August 1937 near point 9 ½ inches. Distance Rx B +1.00 +.25 x 180. Exo 2, red glass, exo 2. For close 3 exo. Positive reserve fusion 18 degree, and negative reserve fusion 9 degrees. Chronic constipation.

December 1937 near point	9 ½ inches
July 1938 near point	10 inches’
December 1938 near point	11 inches
July 1939 near point	12 inches

At the July 1939 check up the patient was advised it would be necessary to prescribe the usual presbyopic correction or we could try treatment, hoping to make it unnecessary to prescribe the glasses for near. Treatments were given each day for twelve days, with the result up completion we found a near point of 8 1/2 inches. As in the previous case $\mu\theta$ (Mu Theta) – 10’, and θ (Theta) – 10’ were used combined with minus lenses and prisms. It was found that when the Syntonic Rx was changed to $\mu\theta$ – 5’, and θ – 15 with no change in treatment lenses that the greatest response was made. Whether the same results would have been obtained without the minus lenses and prisms we do not know. We are simply reporting the cases as handled.