

RETINAL DEGENERATION

By

Guy Fenton, O.D., F.C.S.O.

Dec 1, 1956  
Mrs. Ray C. K.  
Independence, Missouri

Housewife – Age 53. History – Complete dentures since 1945. Not taking medicine of any type at present time.

Physical condition: Described by patient's own words as punk. Has arthritis in joints, knees stiff; vision worse since her gall bladder operation, April 1955. Has Frontal and occipital headaches "severe". EYES throb, burn and jump.

Visual Complaints: Can't see very well to read or at distance. Had gone to Dr. Thompson, M.D.: Dr. Moody, O.D.: Dr Green, M.D. then Dr Bennett O.D., back to Dr. Green, M.D. then referred to Dr. Lynn Moore who sent her back to Kansas City referring her to either Drs. H. Hagenah or Fenton.

Ophthalmoscope findings – Positive. There was a retinal degeneration in the para-macular fields of both eyes, more advanced in the right. My diagnosis was the same as Dr. Lynn Moore's caecanometer findings of Nov 29<sup>th</sup>, 1956 showed a restriction of OD – 28% basal 4 PM  
OS – 55%

My first caecanometer charting in Kansas City on 12/1/1956 A.M. showed a restriction of OD – 26% Restriction.  
OS – 18% Restriction.

COMMENTS:

There is still much to be learned about why such a big variation in the B/S fields within six weeks or even in a shorter period of time. I would like other opinions on this because I have found so many patients suffering much more after the restriction has apparently lessened percentagewise. My opinion resulting from observation is that during the acute state of infection the patient's resistance to the infection is much higher thereby causing a higher restriction, and when the patient's immunity is weakened the infection then becomes chronic, the resistance lowered the restriction less but from the symptoms indicated more harm is being done to the tissues of the body, which means a greater loss of vision when the eye tissues are involved.

This patient was referred to the one and only oral surgeon I know that can really determine the presence of pathological tissue known as the "alveolar process" left in the gums. His report was positive and advised a double alveolectomy which was performed Dec 6, 1956.

12/14/56: Caecanometer charting 3 P.M. OD Norm 18x26  
O.S. Norm 18x25

VA with patients RX OD 20/100 plus  
OS 20/50 -1

Mrs. K reported feeling much better and her headaches were no more, eyes were feeling much better.

I now advised syntonics for an additional improvement in her vision

Syntonics RX: #1 (Mu Delta 17" MU 7" Mu Delta 7")

12/15/56: Patient had been syntonized only twice which brought her with old Rx to OD 20/70  
OS 20/40

The results were very gratifying to the patient as well as myself so I advised Syntonic daily for the next two weeks.

The syntonic RX was changed to: # 2 (MU Delta 19" Delta 8" Mu Delta\*\*")

1/11/57: A gradual improvement in vision was recorded up to this date which was OD 20/50-2  
OS 20/30-1  
OU 25-2

Her reading acuity was Yeager 1 at eleven inches of (If you gather applies in etc.)

Her RX was: OD plus 2.00-0.75x90

OS plus 2.50-1 00x90/add plus 2.25 OU. Special reading RX Plus 4.25-0.75x90  
Plus 4.50-1 00x90

Caecanometer finding O.D. norm (191/2x27)

O.S. norm (191/2x27)

This patient is very appreciative and grateful to Dr. Moore and yours truly for the wonderful improvement to her health and vision. Thanks to caecanometry and an oral surgeon that is far ahead of his own field in dentistry.