## SYNTONIC TREATMENT IN SECONDARY ESOTROPIA Russell E. Simpson O.D. Pasadena, Calif.

These cases are generally seen in Geriatric patients. They are not uncommon. The patient may develop double vision over-night, or it may be an insidious condition, varying from day to day, gradually becoming more frequent. Suspenopsia may take place. To some patients it is very annoying, causing dizziness. It has become routine for eye specialists to advise covering one eye with a blinder; in some cases prisms base out have been employed, generally requiring increasing strengths of prism, until such time as no prism will suffice and then order the blinder.

I have followed this procedure and have continued using it until three years ago. Up to such time I had used orthodox Syntonics with varying success, always with the feeling, that I was only doing the best I knew how, but of a negative approach. The treatment, I shall outline has now become routine, and, I believe is the first real answer to these cases.

Let us discuss a woman patient age 65.

History: New glasses one year previous, but results unsatisfactory. She hoped I could do better. Vision blurred and she felt uncertain in walking. Occasionally sees double with R. E. Has not worn glasses constantly because double vision was more noticeable.

The Rx she was wearing was not far from adequate.

The distance phoria was 11 eso. With slight hyperphoria; with the red disc it was the same. Binocularly it required 4 degree Prism base out to fuse the large E.

Syntonic treatments (Mu-Delta, Alpha Omega) were instituted without nascentation. To the distance Rx, add both plus one was used in a trial frame for several treatments. The patient was instructed to concentrate on a dot in the center of the columnating disc, endeavoring to keep it single. As the treatments progressed more plus was added to the distance Rx until at the close of the treatments we were using add plus three. The final findings when the patient was released were 5 degrees eso. No hyper, red disc 4 eso; with fusion at distance, without any prism.

Had the case been followed further, I would have added to the plus lenses used, prism base in. The patient was happy and I felt conditions were adequate.