

## CAECANOMETRIC PRACTICE

By  
Guy Fenton, O.D.

One of the greatest gifts to professional Optometry was laid in our laps at our Syntonic College assembly held in Kansas City, about six years ago. I, personally, could not forget about it, yet did nothing about it until a chain of circumstances brought me into the office of the same Syntonist, as a patient. My wife was also a patient, and having even more trouble. The help that Mrs. Fenton and I received and the manner in which the correct diagnosis was made seemed unbelievable at the time, but results are the proof of the pudding.

I could never again be happy in my office practicing without this diagnostic instrument which has proven to be almost infallible. You and I can use an ophthalmoscope and apprehend the presence of a drainage type infection in severe conditions, not all - - but here is a procedure that proves or disproves my suspicions, and also is a yardstick showing the amount of drainage infection manifested by the presence of restriction of the blind spot.

One point of great importance which must be remembered is that only a drainage type infection can be apprehended. Common sense reasoning tells us if it was not a drainage type, then no measurable toxemia at the nerve head; thus, no blind spot restriction. Yes, this instrument takes on where the X-ray leaves off, because the X-ray picture shows only densities or shadows if the infection is blocked or partially blocked, and will not detect a drainage type infection.

All credit for the research work and perfection of this diagnostic procedure and instrument called the "Caecanometer" belongs to Doctor Ingwald Davidsen, of California. I can only feel fortunate that the previously mentioned circumstances brought me to his office, which I believe was a good thing for me because the second opportunity gave me the time to observe and study Dr. Davidsen's method of taking the fields, target movement, patient control, etc., which I now know is more important than owning a Caecanometer.

We know there are a few odd men in this world who seem to get a bang out of obtaining a new diagnostic instrument for the sole purpose of discrediting the research work of the author or the accuracy of the instrument, thereby setting themselves up in the optometric world as the Big Smart Critic. It happens every time, and always in the same manner. Their method, intentional or through ignorance, is not to use the technique developed in the laboratory during the research.

When my Caecanometer arrived, I then discussed the new idea of apprehending the presence of drainage type of infections above the shoulders with four other professional friends; two physicians, one oral surgeon, and one dentist. They were all eager to serve and share.

Controls are as follows:

(1) All patients' blind spots were to be charted during early morning office hours under basal metabolism conditions except eating. They were permitted to eat breakfast, but advised not to bathe; drive to office; walk fast; get excited or do anything that would cause an increase in their circulation.

(2) The physicians agreed to use only Upjohn's "Depocillin" which has a ninety-six-hour retention, and to give the injections twenty-four hours apart, or as close to that time as possible.

- (3) The patients' fields were again charted twenty-four hours after the minimum therapy was given to determine progress and if the maximum was required.
- (4) A complete and thorough oral exam, including complete X-rays and vitality tests.
- (5) An examination of tonsils or stubs of tonsils.

So, with the common knowledge that the three principal areas above the shoulders that could be infected and of the drainage type are, all sinus areas, dental areas and tonsils, we began the process of elimination and the degree of the B/S restriction.

## CASE HISTORIES

Mr. W. L.      Age 61      Case # 1.

History: Had to quit job account of health and pains in R occipital lobe. Wearing dentures. Has been under physician's care two years.

10/12/51      2:30 P.M.    BS              OD – 51% Restriction  
OS – 48% Restriction

His Physician agreed to give Depocillin Therapy.

10/18/51      4:30 P.M.              OD – 18% Restriction  
OS – 16% Restriction

48 hours after 4<sup>th</sup> Depocillin,  
Patient missed one last night.

I have requested a 600,000 unit Potenn tonight and a 300,000 tomorrow night, then rechart Saturday, 10/20/51.

10/20/51      1:30 P.M.              OD – Norm. 18 ½ x 27  
OS – Norm. 19 x 27

24 hours after sixth shot of Depocillin.

10.27/51      Patient reports complete relief from the pain that started back of R eye. Extending to R occipital lobe and neck. His new lens Rx was ordered and patient's vision brought to normal, and he is back to work.

## CASE # 2

Mrs. N. V.    Age 23  
Complaint:    Severe headaches.

8/9/51      4:30 P.M.      BS              OD – 38%  
OS - 12% Advised another chart under basal conditions.

8/11/51	9:30 A.M.	BS	OD – 42% OS – 12% Referred for Depocillin Therapy.
8/17/51	11:45 A.M.	BS	OD – Normal OS – 4% Advised one more Depocillin, or a total of five.
8/23/51	11:40 A.M.		OD – Normal OS – Normal  No More headaches and her lens Rx never changed account of slight difference.

## CASE # 3

Mrs. F. V. D. Age 67

Wearing dentures 10 years.

Can see better without glasses. R eye aches and hurts. Takes chiropractic treatments every two weeks.

5/18/51	11:30 A.M.	BS	OD – 87% Restriction OS – 94% Restriction Referred for 6 to 9 injections of Depocillin.
5/24/51	10:15 A.M.	BS	OD – 45% Restriction OS – 51% Restriction  24 hours after 6 <sup>th</sup> Depocillin. Advised 3 more.
5/28/51	10:00 A.M.	BS	OD Normal OS – 12% Restriction  Referred for X-rays of gums.
6/4/51	10:10 A.M.	BS	OD – 40% Restriction OS – 51% Restriction  Eight days after last of Depocillin shots.

X-rays revealed a median cyst that should be removed.

6/13/51	11:00 A.M.	BS	OD – 47% Restriction OS – 60% Restriction  Ten minutes before oral surgery. (Removal of Cyst)
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6/14/51	10:00 A.M.	BS	OD – 17% Restriction OS – 18% Restriction
			23 hours after removal of cyst.
6/21/51	10:00 A.M.	BS	OD – Normal OS – 10% Restriction
			Eight days after removal of cyst.
7/9/51	10:00 A.M.	BS	OD – 20% Restriction OS – Normal
			On way to Dr. M. to have post-surgery in upper right area (so called “tender” spot”).
8/13/51	10:00 A.M.	BS	OD – Normal OS – Normal
9/15/51	Patient reported by phone, feeling fine and no more pains, and no need for any chiropractic treatments.		

## CASE # 4

Mrs. H. B. S. Age 39

History: Complains of severe headaches.

I found no difference in Rx of 8/22/45 which was a plus 0.50 OH for reading.

1/31/52	2:00 P.M		OD – 17% Restriction OS – 18% Restriction
			Advised another charting under basal conditions before further action.
2/15/52	9:00 A.M.		OD – 26% Restriction OS – 33% Restriction
			Referred for Depocillin 3 to 5 and recheck after third.
2/22/52	9:00 A.M.	BS	OD – Normal OS – Normal
			Headaches are gone, no change in lens Rx could be given. I advised another charting in 30 days.

5/22/52      Phones patient, because she did not return within the thirty-day check-up period. She reported that she was very happy, feeling fine, no headaches, and was telling all her friends about her wonderful relief

## CASE # 5

Miss E. S.      Age 23

History: Has been having headaches over left eye, has allergy rash on hands and taking treatment for it. Teeth were examined four years ago, but no X-rays were taken.

9/22/51      10:00 A.M.      OD – 44% Restriction  
OS – 25% Restriction

Referred to oral surgeon.

9/24/51      Oral surgeon reports all teeth should be removed and an alveolectomy be done.

11/24/51      11:45 A.M.      BS      OD – 4 % Restriction  
OS – 4% Restriction

Six weeks after a complete alveolectomy was done.

2/23/52      10:10 A.M.      BS      OD – Normal  
OS. – Normal

Patient reports feeling better than she has for years. No lens change was made in this case.

Dr. Guy Fenton

Waldeim Bldg.  
Kansas City, Mo.

