

ENLARGING VISUAL FIELD AND REDUCING BLIND SPOTS, Continuation

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CASE REPORT III

B. H. female, age 30, telephone operator. When first seen in 1934 had been wearing minus on minus and most uncomfortable, needing about +1.00. When seen again in 1937, all ductions were low; both ovaries had been removed, although a small part of one had been left, and the uterus had been removed. Upon informing her that the low ductions showed that there was still something wrong with her, she returned to her physician, who told her that she was also syphilitic. The first stereocampimetric chart was then run. Note the enlarged blind spot. Ordinarily, I would have attributed that to the syphilis, and said that that was probably an optic nerve atrophy; when her Wasserman reaction was negative, the next chart shows a reduced blind spot. I can see now that it is quite possible that in the interim the blind spot could have been down to normal or considerably enlarged, and still have had nothing to do with her luetic condition. She needed a +1.00 and some base-in treatments about three years ago, which she received, and was quite comfortable until recently. She returned in April, with the complaint that she was very nervous, had been transferred to the information exchange, and she had not worn her glasses for the last year as they were broken, and she could see well without them. Routine examination disclosed no need for a lens correction, but her field charts indicated enlarged blind spots for both $1/2^0$ white and color both morning and evening. She was given syntonizations of $\mu\upsilon$, (mu upsilon), $\upsilon\omega$ (upsilon omega) and $\alpha\upsilon$, (alpha upsilon) with the indicated improvement. Not the interlacing on the 28th of May when she disobeyed instructions and had a half cup of coffee before she came up for examination. Of course, it indicates that she should not have coffee. June 5 shows that she is normal. Now, if the enlarged blind spot had been caused by lues, which in this case I doubt, would the blind spot have been reduce to normal? I do not know. There is no ophthalmoscopic evidence that would lead me to believe that she had an optic atrophy, which I would have suspected. No lenses were prescribed and became less nervous. When we first started syntonizations she had been feeling so low that she talked about giving up her job completely, and also had talked of suicide. We were very pleased with the effect and the syntonizations had on this patient, and the fact that now, a year later, she still feels very well.

CASE REPORT IV

Mrs. J.V.L., age 22. Unmarried at time of treatment, married after treatment. Progressive myopia, wearing -2.50 at work – stenographer with lighting of 3 foot candles- and not at distance. Notice enlargement of green field in the first chart; notice that the afternoon chart showed a similar condition.

Her mother was with her and informed me that she had started her menstrual flow about noon time; this would have accounted for the type of field. She was asked to return after her period had ceased; this she did and had drunk half a cup of coffee for breakfast. Notice that that definitely affected her. I thought that we might not have anything else to contend with and worked mainly for the reduction in the size of the blind spot. It happened that that was a pretty good assumption, as the blind spots went down to normal. She was given $\mu\nu$, $\nu\omega$, $\omega\nu$. She was then given a lens that cleared up her distance vision and a lessened amount for near. If the original optometrist had had her wear her old Rx only for distance vision and not for near, it is quite possible that when would have had quite fair vision yet.

CASE REPORT V

B.M. female, age 18. Headache, pain in eyes, studying optometry. Reading rate 286 words a minute. No lenses needed after routine examination. Given field chart. Notice effect of menstruation. Notice interlacing in perimetric charts after school and enlarged blind spot. Given treatment according to Parkins of the American Research Council of Optometry. Reading rate increased to 333 words per minute, fixations and regressions dropped, span increased, comprehension better. Final field charts shows the improvement. Syntonically she was also given $\mu\nu$, and some $\nu\omega$; this has resulted in a let down in the inhibition factors, and the beginning of sties. We are now giving her a +0.50 to wear in studying – a subject that she does not like, and inasmuch as she became engaged this week, the probability is that she will not have much difficulty shortly, and will not any lenses at all.

CASE REPORT VI

Mrs. W. O. O., age 50. Glaucoma. Tension R 25, L 35 -McL- Bad teeth which since have been extracted. Ophthalmoscope -binocular- definitely showed pushing back of disc. Her field chart as far back as 1935 showed the same condition as she did when she returned in 1939, except that in 1939 she was much worse. Squint korrektor treatments at that time had helped her feel better, probably mainly due to the stimulation furnished by that instrument. Notice her collapse of the field in the PM examination. Her blood pressure was also high, and she was under the care of a physician. He cooperated with me and was quite surprised to see the improvement – I was not-: notice the effect that the aspirin had on her, although she had taken it almost 24 hours before. Her mouth was full of pus and abscesses teeth; due to her heart condition she is having them taken out a few at a time, but she came in recently to tell me that she feels much better with her left eye; which had pained her considerably when we first saw her last fall.

CASE REPORT VII

Mrs. R. P., female, married, one child, 32 years old. Unhappily married to a man who drinks too much when he gets a chance, and she sees to it that he does not get a chance. Is asthenic, a former school teacher who at one time left her husband because of drinking. She did not tell me this, as she assured me that everything was fine at home; her aunt who helped bring her up told me this inasmuch as she would not tell me. Her complaint was a strong pain in her right eye; routine examination disclosed no need for glasses. She was told to return for field charting in the morning. That night she read and awoke with a bad headache and extreme pain in the eye. She drank coffee as a stimulant and then took aspirin to dull the pain. She did not inform me of this until after I had run the perimetric examination, and I questioned her after the indications of a toxic condition showed up. It will be noticed that there is still quite a bit of toxicity present in the evening examination. She was given syntonizations of $\mu\nu$, $\nu\omega$, and straight ν . During menstruation $\delta\omega$ was given. The improvement was noticeable in the field charts or studies. No more field studies were run after the last chart, although syntonizations were continued until all pain left and has not recurred. No glasses were required after cessation of treatment. Two weeks ago, she brought her mother to me and informed me that she has not had one bit of pain in the eye since that time. I might add that she had also had financial trouble which had helped contribute to her worry.

CASE REPORT VIII

A. R. male, age 19, co-worker of J. S. Old Rx which he could not wear was -0.50 cyl ax 90 O.U. by an optometrist. His first and eventual final prescription was RE. $+0.75$ ax 90 , left eye plano. His ophthalmometric readings coincided, too with this. His syntonizations were $\mu\nu$, with some $\nu\omega$ at first, then $\mu\nu$ and $\mu\delta$ with $\alpha\omega$, stressing the $\alpha\omega$. He is feeling fine, and has no more blood shot eyes, which had been the chief complaint.