

#### EDITORIAL COMMENT

We are privileged to present the first paper written by our President, Dr. Hagenah, to be published in the SYNTONOGRAM. The case reports are those of routine run-of-the-mill type to Syntonists - - Nothing out of the ordinary to us. We are also asking all other syntonists for their case reports and papers for publication. While many of our results are spectacular to the average optometrist, we are asking only for the usual types of cases that we have been able to help. Dr. Hagenah's paper brings up an interesting question regarding astigmatism. It is nothing unusual for us to find the astigmatism changing - - both the amounts and the axis - - under syntonic treatment. This can happen with other means too; but with what other means available are we able to find the astigmatism disappear? that word was not an error - - it is disappear. 0.50 D amounts are usual; 1.00 D are even run-of-the-mill; My patient with the greatest amount was +2.25 D. cyl on one eye, +4.00 D on the other, with amblyopia OU, 20/200 corrected, first binocular, and then monocular - - with a constantly returning monocular amblyopia that responded to the usual treatment or training procedure through a period of 5 years. In 1937, seven years after the youngster had had his first Rx for astigmatism prescribed under cycloplegics, we started to use the syntonizer on him as an adjunct to the other methods. For the first time I was surprised to find a reduction in the astigmatism, both objectively and subjectively. We concentrated on syntonics, and eventually all traces of the astigmatism disappeared, with no Rx needed, and acuity of 20/20 in each eye. We had to give a few more weeks of syntonizations a year afterwards, and none at all through the years until we rechecked him a year ago. At that time he had concluded several years service in the navy as a radio and radar technician, and was a college student in the school of engineering. The acuity had dimmed slightly, but by means of perimetric studies, we were able to locate the trouble as due to tobacco; with the cessation of tobacco, his acuity responded, and it has remained at 20/20, still without glasses. It was not surprising to us that the acuity would be affected by the tobacco, nor the fact that responses were elicited by the use of syntonics, nor does it surprise others who are also conversant with the effect of alpha-omega. In all of the cases of astigmatism helped, the patients were young. The oldest patients who have had changes of a considerable extent either in amount or axis (oblique to 90-180°) were close to thirty years of age. Besides the removal of toxic agents, endogenous or exogenous, what means other than syntonics are there available that would eliminate refractive astigmatism?

We are also publishing Part III of the paper by Dr. Caye. This is a conclusion of his paper on Diminished Visual Acuity as a Problem of Visual Geriatrics. I know you will agree with me that it has been a most enlightening series. Part III of Dr. Leonard's paper on Subnormal Vision and Syntonics, includes a tremendously interesting case of impaired vision. His handling of the case is most fascinating, and the results were outstanding - truly a fine paper. We are also publishing the conclusion of Dr. Mayer's paper on Disorders of the Alimentary System Relative to Visual Geriatrics. After reading this paper you will not be surprised at the tremendous number and varied conditions of visual disabilities that the aged are afflicted with. An excellent paper. We hope to have more papers from the California and West Coast section of Syntonists. I verily believe that they are the most active of the lot. I wish that the East Coast men would learn from them what help they can really be capable of giving.

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