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Some of My Unusual Cases

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If one is faint hearted or weak-kneed, he should never have taken up Syntonics to begin with. Iridiagnosis is an invaluable aid in analyzing the patient. It is extremely accurate. Never let a query go unanswered. During the first few sessions drop occasional suggestions for conversation to unravel the patient's vital history from childhood. These will usually verify Dr. Spitler's facial analysis.

First patient

Mr. Hall- Diagnosis: Post operative for cataract five years previously. For one year previous partially blind. Accentuated pyknic type, weight 221, height 5 feet 3 inches, conversation excited, prognosis poor. He was very industrious, very awkward, ignorant, excitable, and groping but not frantic.

Treatment: Three times weekly. Alternately nascentized L and N/L. Syntonized $\mu\theta$ and $\alpha\delta$ and occasionally $\mu\nu$.

Results: Fair, vision increasing from hazy lights to distinct outlines; this, form vision became dependable. Patient resumed walking alone to neighbors and doing odd jobs about the house, previously had sat all day nursing his troubles.

Second Patient

Mr. Lynch -9-12. Diagnosis: Small in stature, underweight, asthenic, mental type, excellent in school, very large head, narrow chin, feelings easily hurt. First two years orthoptic treatments with only partial success. Alternate squint at age of two; Rx +5.50 U... U., 55 degree angle to fuse on Keratometer.

Treatment: Nascentized N/L. Alternated μ with ω twice weekly.

Results: Last year with Syntonic treatments we had complete success.