

MY TECHNIQUE

By DR. C. P. RAKUSEN, Shanghai, China

The author, with 15 years of practice and research in the "Land of Myopes," reaches surprising conclusions in regard to pseudo-myopia in youthful cases and results from use of plus repression prescriptions.

I was greatly interested in the article "Simple Myopia; Preventive Treatment" in THE JOURNAL-REVIEW's issue of March 1, 1936, in which Doctor Haberfeld comments on his "technique for lessening the tendency of myopia in children." He "feels that every optometrist should know of the basic principles involved" in what he calls his "Teleopto lens formula." Doctor Haberfeld submits the article as a synopsis of the principles of his lecture before the A.O.A. convention at Miami in June, 1935.

This subject should be brought to the attention of optometrists everywhere, and I welcomed Doctor Haberfeld's treatise as a means to this end. While editorial reference to the article stated that the newspapers referred to the "Teleopto" as the discovery of a new lens for myopic cases, I regret that the subject should have been handled thus. There is, of course, no new lens-invention involved at all; it is only the technique of handling these cases which is new.

On the technique and much of the subject matter of Doctor Haberfeld's article, I wrote in articles from 1930 onward, culminating in an article in 1933 on "Optical Prisms" and in 1935 an article entitled "Plus Lenses for Myopia." These articles were, to my knowledge, the first published to advocate plus repression lenses and (or) plus Rx, with prisms for youthful myopes.

I have been working on the subject in China ("Land of Myopes") for over 15 years, during which time, in discussions of my technique with oculists in China and with optometrists in other parts of the world, I have often been ridiculed at my "crazy ideas of plus lenses for myopes." One oculist, with whom I was corresponding, wrote to me in 1928, "your next step should be minus lenses to reduce hyperopia."

On account of this ridicule and of the radical technique involved, I hesitated to publish an article on the subject until about 1930 when, while examining several hundred school children among whom were a large percentage of myopes, I selected 10 whose age and history indicated recently acquired myopia. All had a manifest myopic spasm of one to two diopters, and naked vision of 20/200 to 20/100.

At first I had the school physician present to verify the naked vision, and then fitted all the children with plus repression lenses, with prism-base-in, to be worn constantly at all close work and, as much as possible, indoors. One week later, a recheck showed every one of the 10 had improved naked vision; three of them had normal 20/20 vision. A careful record for two years afterward showed further improvement in all cases and no retrogression, where plus lenses continued to be worn for all close work. In one case, where the glasses were later discarded, the myopic spasm returned.

More recently, in the past few years, since publication of my articles on the subject, I have received praise and commendation of my technique from medical practitioners in China, also from many well-known optometrists in America.

Illustrating the value of prescribing plus lenses in all cases of eye-strain, I may mention a child, aged 7, who was brought to me for eye-examination in January, 1930, complaining of headaches. Refraction showed entirely negative findings, except for a tendency to hold the book closer than usual, and no difficulty in reading the 20/20 line. I prescribed weak plus lenses, with weak prism base-in for school and home close work.

The child returned for periodical rechecks during the period 1930 to 1932 and when last

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IN MYOPIC CASES

in the "Land of Myopes"

seen, late in 1932, naked vision was O.U. 20/20 readily and was O.U. 20/40 with the plus lenses as worn. I next saw the patient almost three years later, in 1935, when she returned to China, when she was wearing O.U. minus 2.00, minus 0.50 axis 180.

The facts were, that after seeing me late in 1932, the parents returned to America and left the child with relatives to attend school in America. She broke her glasses and went without any for over a year when, eye-discomfort recurring, the relatives took her to an oculist who prescribed weak minus glasses. However, she continued to have headaches and visited one or two other oculists, each of whom changed the prescription, resulting in the final O.U. minus 2.00, minus 0.50 previously reported, which, I found, gave only O.U. 20/30.

I have little doubt that if the patient had continued to wear these glasses for several more years she would now be even more myopic and require stronger minus glasses.

I worked on the case for a year, and succeeded in reducing the myopic spasm by more than half, and patient is wearing my weak plus repression prisms for all close work.

Let me tell of one more interesting and very recent case:

Patient, a boy then aged 12, was brought in by his grandmother in 1931 complaining of eyestrain. Examination showed entirely negative findings, naked vision being 20/20 readily, amplitude of accommodation, etc., all normal. I advised "no glasses needed." I have not seen the patient since, but a few days ago a Rx was brought in by a local eye surgeon who does some refraction and with whom I am on very friendly terms, as he refers all his difficult cases to me. The Rx bore the patient's name, which I recalled, and reference to my files showed, by the date and age, that it was the same patient.

My oculist friend informed me that the patient, now aged 17, came to him complaining of eyestrain and wearing R. minus 1.25 sph.; L. minus 2.00 sph., fitted about two years ago by a local optician. The oculist's Rx. brought in to me, called for R. minus 2.00; L. minus 2.75.

It is interesting

to note that this Rx was arrived at after examination with "drops," proving the fallacy of the theory that paralysis of the accommodation eliminates spasm. I am quite confident that this is another example of myopic spasm, wrongly "corrected" by minus lenses.

Inquiry showed that several years after I examined the boy in 1931, he happened to visit a local optician in company with a school friend who was having his broken glasses repaired. The optician "tested" both the boys' "sight" and prescribed for the one, as the boy was "short-sighted," which information was communicated to the parent who authorized the glasses to be made.

I could quote hundreds of similar cases, all proving beyond any question that this pseudo myopia in youthful cases should be treated with plus repression Rx, to relax the accommodation-convergence spasm. I would go so far as to recommend that weak plus lenses be given to all children, even those with only very slightly lowered vision, and including even those with normal vision who complain of eyestrain or ocular discomfort.

THE BOOKSHELF

By JOSEPH I. PASCAL, O.D., M.D.

Optometric Questionnaire, by H. C. Hughes, O.D., Monroe, La.; single copy, \$1.75; in lots of 10, \$1.50 each; in lots of 25, \$1.25 each.

THIS is a mimeographed folder containing a series of about 2000 questions on practically all phases of optometry. It includes questions on the anatomy and physiology of the eye, on theoretic and practical optometry and on theoretic and practical optics. The questions are based primarily on Laurence's *Visual Optics*, though there are some supplementary questions, the answers to which will have to be sought in other books.

From the standpoint of testing one's knowledge or of prodding one on to find the answers for the questions he cannot answer, the set is quite satisfactory. It should help to set the student thinking more clearly on what he has read, as is always the case when one is asked to show one's knowledge of a subject by answering definite questions instead of merely rambling on. The questions on the whole are brief, definite and to the point.