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Successes in Myopia Control

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ONE of those who practice myopia control according to principles and techniques I have advocated for many years has supplied me with data on his work in Northern and Midland practices. His covering letters reveal how he decided to proceed:

"It is with the greatest feeling that I express my appreciation of the lecture you gave at the Midland Hotel, Manchester, some years ago—your sincerity impressed me and I felt it my duty to investigate your ideas. A few of the results you have with my previous letter were based on your suggestions, and there are many people walking about today who can thank you for having normal distance vision."

In another note he mentions that a colleague "has also treated about 20 cases, and they are all turning out satisfactorily, even though in varying degrees of speed of recovery."

Like other colleagues working the system, he became so indignant at the relentless prescribing of full minus corrections for constant wear that he treated numerous cases free. His report reads:

"During the last few years many prescriptions have been brought to me from clinics, hospitals, specialists, etc., for dispensing. In conversation with the patients to enquire how they arrived at these establishments, it appears they were advised by persons who have 'inside information' as to which are the best places to visit.

Stress of Near Work

"Most of the cases appear to be patients whose chief occupational stress is at near vision, such as clerks, draughtsmen, school children doing intensive study, and who have forced themselves to become used to this close work but cannot relax to satisfactory distance vision.

"With this information before me, prescriptions have been found and supplied, without payment by State or patients where paperwork has been involved, to relieve the condition causing this trouble by giving the necessary lenses for their near vision work, permitting binocular and stereoscopic vision with physiological exophoria at near taken into account.

"Frequent visits of weekly, monthly or varying periods, for exercises and checking have been arranged, and the visual acuity for distance vision gradually improved to more or less normal without using lenses except for near vision work."

Illustrative Case Histories

My correspondent was concerned about the regulations, but patients were not asked to pay and still retained the original dispensing forms and were at liberty at any time to have them dispensed elsewhere. He gave a few of the case histories to illustrate his procedure:

"Mr. F.; Typesetter. Specialist's prescription supplied and changed a few times. Had accident to right eye and received compensation. Could only see light and shade with this eye. The prescription was: R.E. Plano; L.E. $-3.25\bigcirc+1.50 \times 80$.

"I refused to give this so-called correction and (following test) gave: R.E. +0.50; L.E. $+0.75\bigcirc+1.00 \times 100$.

"After wearing for 12 months for all near work, he can still see J.1 with ease, as he could when he first put them on. His v/a for distance without lenses is now R.E. 6/36; L.E. 6/9. Hope to make lens change shortly to improve for d.v. without a lens.

"Mr. D. W.; Schoolboy. V/a without lenses 6/60. Specialist Rx: O.U. −3. D. Refused to supply. Tested and supplied for near vision: R.E. +1.25; L.E. +1.50. After using these for six months and with suitable exercises, his v/a for distance without lenses is 6/9 plus.

"Miss H.; Typist. Had few changes of lenses, gradually increasing in power, the last one being:

R.E. −4.50◯+0.75 x 90;
L.E. −4.75◯+1.25 x 90.

"Her v/a for distance without lenses 6/24; with lenses 6/9. I refused to give such a prescription, and prescribed R.E. +1.50; L.E. +1.25, to be used for all close work. After three months her v/a without lenses for distance is 6/12. Change of lenses now due and expect 6/6 within six months.

"Miss P.; Teacher. Brought Rx for O.U. −1.50, which I refused to give. Have prescribed for near +1.25 with suitable exercises. In three months her distance vision without lenses was normal.

"Miss E.; Schoolgirl. I would not give prescription for R.E. −3.00; L.E. −2.75. Gave her O.U. +3.50. After three months her v/a for distance without lenses is normal.

"Female (age not stated). Subjective was found to be R.E. −4.50; L.E. −4.75◯+1.50- x 15. I prescribed: R.E. +1.50; L.E. +1.50-◯+1.00 x 15.

"Progress slow, but after three months distance v/a 'four times better', and she can read comfortably with this correction, although for years had never been able to look at anything close, because it made her 'irritable.'"

The report gives a further list with the same general histories but gives the actual subjective findings and my colleague's prescriptions only in "before and after" as shown at the top of the next column.

My correspondent's second letter says: "You may use the information sent you as you consider suitable. The examples sent were only a few, but they give a fair cross-section of patients; there is no object in sending you a long list. Best wishes, and I trust we live to see the day when opticians [optometrists] are opticians [optometrists]."

My colleague in review adds: "To give 6/6, 6/9, and 6/12 distance vision without using lenses (except to relieve the convergence at near, etc.) is considered by various patients as perfect, and largely depends on how low their v/a was before. As one dear lady, on being asked why her son never came in now to let me see how his vision had progressed, remarked: 'Well, what is the use of wasting any more time on him? The miracle has happened; he can see better than ever before in his life, and much better than the other boys; but, of course, he always uses his spectacles for reading . . .'"

BEFORE	AFTER
R.E.—1.75◯+0.75 x 180	+1.25◯+0.75 x 180
L.E.—2.00◯+0.50 x 180	+1.00◯+0.50 x 180
R.E.—0.25◯—1.00 x 90	+1.50◯+1.00 x 90
L.E. Plano—1.25 x 90	+1.75◯+1.25 x 90
R.E. —1.00	+1.50
L.E. —1.25	+1.25
R.E. —1.00	+1.25
L.E. —1.00	+1.25
R.E.—1.75◯+0.50 x 90	+1.25
L.E.—1.75◯+0.50 x 90	+1.25
R.E. —1.75	+1.25
L.E. —1.25	+1.75
R.E. —0.50	+1.00
L.E. —0.50	+1.00
R.E. —4.00	+1.50
L.E. —4.00	+0.75
R.E. —0.75	+1.50
L.E. —0.50	+1.50
R.E. —0.25	+1.00
L.E. —0.25	+1.00

Notes on above: **The minus 4.D. case came back only twice; was content to have comfort at reading, which was his hobby. The others became normal within from three to six months.**

A summary I made of all his cases shows an average myopic error of 2.33 D. and an average plus correction of +1.43, a plus *addition* averaging about +3.75, which in my theses is a most significant figure.

Sight and Growth

Nearsighted children grow faster than children with normal sight, the *London Daily Express reports.*

A British eye specialist, Dr. Peter Gardiner, examined 800 children and found that at the age of 14 nearsighted boys on the average were two inches taller and fourteen pounds heavier than children with normal sight. Nearsighted girls were also found to be advanced in development for their age.

The weaker a child's sight, it seemed, the faster he grew. The study also revealed that boys who became myopic had been growing faster than average. Doctor Gardiner said a gland secretion that promotes fast body growth might also affect the eyes.