Dr. Peckham

Everybody born structurally Hyperopic and Exotropic

acc & converg is an complete seperate functioning

accomdation is never relaxed while person is alive

~~Emmetropia and orthophoria~~ [illegible]
convey accom

In adult there is no such thing as relative accomdation

Convergence - accom is something we learn, not born with same

That which we are born with is an innate function

Convergence - accom is an attention reflex. developes from curiosity

our manifest vision is an correction of our habits

Convergence accom in a balance of 20 feet or beyond

Emmetropia and orthophoria is all Dynamic conditions

meaning the convergence accom has carried the two images simultaneously with a single impulse where we see clearly and singly

~~In the~~ orthophoria means that no excessive effort is being used in converg-accom.

all muscles throughout the body are arranged in antagonistic pairs of groups

manifest error is only symptom

Pupilary contraction an associate of accom - converg
Large pupil usually no latent hyperopia

Find with latent Hyperopia small pupils

Find large pupils with latent hyperopia there is usually a sign of distress in the sexual or intestinal organs.

Boys 16 - 18
complaint headaches when study. Find headaches stop when through study, sometimes see double

Young women — 20 – 30 years old
continual headaches
dilated pupil,
Rx might be slight myopia
but is Esophoric ~~[illegible]~~ ... Base in
prism will correct
(Sexual inhibition)

In the beginning Give 1/2 of
recovery for constant wear

Take near abduction (20–30) absolute
but if you find same low
(12–14) give for same segments
O.U. 2Δ Base in

If you find a little astigmatism
with this type of case, ignore
same

(Precede on Page marked ✳)

The effect of a prism is to
make the eye turn towards
its apex

Myopia with Esophoria

Rigid alkaline Diet {Raw vegetables, fruits}
in conjunction with diet specialist

Give prism base in for
Esophoria

Esophoria with latent
hyperopia

Take Distance abduction
find breaking point
Reduce slowing to recovery
and prescribe 1/3 of difference
Base in

To test if same is (✳)
latent hyperopia

Take near abduction will find
same low, put on +1.00 sph
and see if that will improve
abduction, and if same is increased
positive prove of latent hyperopia
if it don't

The case without latent hyperopia
dilated pupil

The case with latent hyperopia
large pupil

No such thing as fusional or convergence reserves

Ductions

High Ductions mean a freedom from strain or stress {They have high ductions because they are comfortable}

Low Ductions - Tension tress, discomfort

abduction at far good - 6 - 8
Low - 4 or less

" at near good 20-40
Low

Recovery should be immediate
Poor " means tension

or induction

In abduction test three essential
1- Point of break
2- " of recovery
3- relative convergence
" " is the amount of positive convergence or of convergence relaxation that you can put into effect without changing the focus or the focal point of the image.

To find positive part base out prism until blur

To find relative converg. relaxation is measured by the amount of base in prism that you can put on before blur
The amplitude of relative converg.

is the sum of the two

Take abduction at distance you will generally find that the recovery point is the same as the relative convergence with one exception the patient with migraine headaches occurring daily at some some special time

in those you will find a high abduction and the recovery is while the image is still blurred

Cross cyl test is to the extrinsic muscles what the phoria test is to the extrinsic

Can have a latent exophoria without a " Hyperopia Cannot have a latent hyperopia without latent exophoria

Myopia - Find out how much minus patient needs for clear vision

Take distance abduction to breaking Point Reduce I.D. at time to recovery point. That recovery point is strength of prism to be supplied. Take out all of minus sph. and leave

prism in. if he hasn't got 20/20 build up minus by 1/4 D. steps until you get to point of Best possible vision. If child reduce minus to 20/40 if adult reduce to 20/40. If child call school teacher and explain conditions. When patient calls for glasses give about 5 minutes base in exercises. Tell patient to expect pull in couple of days. If they report no pull increase prisms. May take one or two months for their vision to increase to

20/20, Then make same tests again, reducing minus and increasing prism. If near abduction is also poor add 2d prism segments. High abduction means prognosis very favorable to reduce minus correction

Supposing near abduction is poor, then give a plain prism segment of 2° in addition to Distance Rx

omit. -0.75, -0.50 or -0.75 cyl after tests in myopic cases you handle complete

astigmatism - Put complete ophthalmometer correction converted to + cyl in trial frame and then begin skiascopic tests

Hyperphoria

Latent Hyperopia with L.H. Right handed man Rx + lenses H. will take care of itself

Latent Hyperopia, R.H. Left Handed man Rx + lenses

Left Head Tilting L.H. Right Handed man Give a weak Base up Prism over L.E. about 1/3 of manifest error

R.H. Right head Tilting Left Handed man Base up on R.E. about 1/3 of manifest error

Exophoria with Hyperphoria

Place prism reverse for the H. usually reduces Exophoria

If H. is different at far and near, same is not true H.

after making H. test have patient tilt head from side to side if same changes H. finding H. is false

skioscope

Both static & Dynamic deduct for working Distance using Base in prism to bring out the latent hyperopia

Every case that shows with motion use base out prism until motion is reversed

Every case that shows against motion use base in prism until motion is reversed.

Large pupils and a big difference between Static and Dynamic findings means arrested development of convergence acc. function correct with prism base out.

Don't accept full correction

R.H. in R. Handed men
L.H. " L. "

Base out prism will usually correct

Squint

in + down
all the plus you can get on for reading and deduct enough for distance Rx Bifocals high segments
2Δ Base in prism on distance glasses on Eye Eye

In + up. Caused by a spasm, beware of Plus lenses, unless we are sure that same improves vision. give Base up prism of 1Δ over in + up Eye and Give Base up treatments

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Straight in squint in one Eye. Caused by spasm and latent hyperopia. Large pupil indicates spasm. Medium size pupil indicates latent hyperopia

Strong Base in prism over turning Eye. Just try 5Δ — 10Δ when Eye straightens give prism Base in over both eyes 2Δ - 3Δ over both Eyes

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out + up is due to suspension Rx ½Δ B up and you give exercises in attention

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out + down is due to paralysis Rx Base out Prism to wear and B out Exercises
2Δ — 3Δ over out + down Eye

Out. avoid + Spheres and give prism base out

Base out Exercises

A. squint is due to alternating attention in the two Hemispheres of the Brain

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On all squint Cases only supply lenses when they absolutely improve vision

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Muscle action is always in response to a sensation

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amblyopia

Red will attract attention when nothing else will

The R.E. of the right Handed person should see best the L.E. of the left handed person should see best. If they don't we must make them.