

**Doubling the reading power in amblyopia by the crossed-cylinder 'reader' /
by George M. Gould.**

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DOUBLING THE READING POWER IN AM- BLYOPIA BY THE CROSSED-CYLINDER "READER."

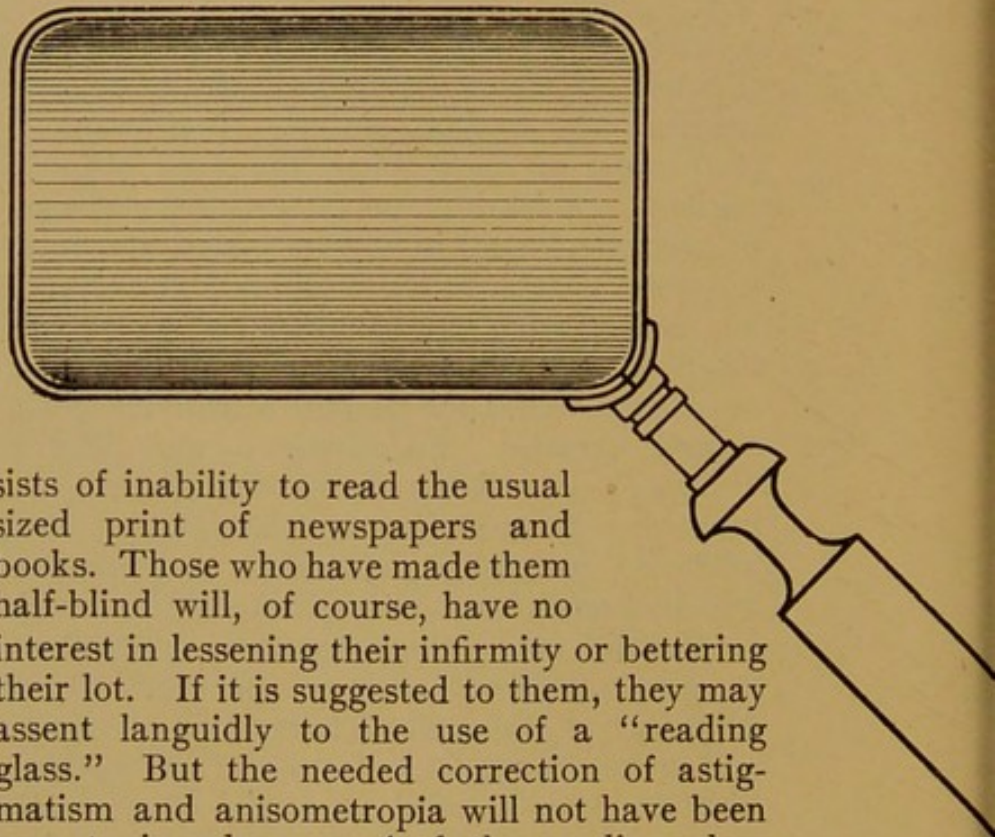
BY
GEORGE M. GOULD, M. D.,
of Philadelphia.

It is painful and astonishing to learn how great is the number of patients with incurable dimness of vision handed down to us by a medical generation sinfully indifferent to life's most precious thing, the good vision of patients. Scientific spectacles were necessary to preserve the all-important visual acuteness, but such spectacles were sneered at as proofs of exaggeration and faddism. Eyes were allowed to become strabismic and thus half or wholly blind; the retinal sensitiveness was ruined because "astigmatism, too little to correct," was ignored; ocular disease was permitted because it was not thought worth while to prevent it; corneas were clouded with leukomas because keratitis, conjunctivitis, blepharitis, etc., were without causes and not to be prevented—and so on, and so on. All this time the great leaders said ametropia and eyestrain caused no ocular or systemic diseases, and that the only need of correcting the ametropia was to secure better vision; and all this time these leaders did not better vision but worsened it in millions of patients treated, mistreated, and not treated. In a great "civilized" nation thousands of patients today are made to sit while hot steam is blown upon their eyes, first inflamed because of uncorrected ametropia. The ametropia is ignored, the hot steam cannot cure. In another less "civilized" country the great little leaders of little great ophthalmologic societies, and

the little editors of ophthalmic and other journals enter into a conspiracy of silence to increase the ocular diseases they are officially supposed to cure, and to prevent.

So the past is the present, because the amblyopia of these patients is being created to hand down to the coming generation.

The greater part of the affliction of these pitiful victims of prejudice and unscience con-



sists of inability to read the usual sized print of newspapers and books. Those who have made them half-blind will, of course, have no interest in lessening their infirmity or bettering their lot. If it is suggested to them, they may assent languidly to the use of a "reading glass." But the needed correction of astigmatism and anisometropia will not have been seen to in advance. And the reading glass will be a huge or a tiny biconvex lens which, while it magnifies a little the sizes of the letters, will much more distort the images, thus adding to the ocular strain.

For some years I have been in the habit of giving amblyopic patients, when their deficient acuteness is not too great, a much-increased ease and length of time of reading by means of a rectangular crossed-cylinder lens about 3×4 inches. This device, the product of the

French workshops, magnifies uniformly the entire line of type, and without distortion. It is so light that it may be held for a considerable time in the hand without fatigue, and is placed between the eyes and page at the proper focal distance. It is most helpful to those having a visual acuteness of from 20/50 to 10/200, enabling them to do at least two or three times more reading and in many cases to read print before indecipherable.

Plans are also under way to place the lens in a stationary holder adjusted to the position of the head or body chosen, and without holding it with the hand. This device may be attached to the chair, or fixed in a stand upon the floor by the chair. In this way even sewing might be made possible.

The usual method of constructing these lenses is with the handle inserted in the center of the longer side at right angles to it; but this compels a cramped and fatiguing position of the grasping hand. I have asked the opticians, Messrs. Wall and Ochs, of Philadelphia, to have a supply so made that the handle is inserted as shown in the annexed cut, whereby it is held in the proper position more easily and longer. The frame enclosing the lens, as well as the handle, is dull black, differing in this respect from the bright metal commonly employed. The handle is octagonal so that it is held more easily in the hand than if it were made round. It has proved to be a most helpful instrument for those in the plight described.

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