THE 1940 YEAR BOOK OF OPTOMETRY A SEED OTTO G. HAUSSMANN Philadelphia, Pa. 313

A. O. A. Conventions has asked me so often to participate in the struggle to get into the Optometric limelight via the Year Book route that finally the spirit moves me. It is a rainy Sunday and not the time of the year when I can do any work in my garden so I might as well get busy and plant a seed in the Optometric Garden. If it's properly nursed and cultivated it will bear fruit beyond the fondest expectations; and when I say that, I know what I'm talking about, for I planted mine many years ago and it's bearing fruit every day in the year excepting Sundays and Holidays.

Lest some of my readers might think that I'm talking in cryptic language, let me tell them at once that what is to follow is about trifocals and multifocals, and nothing else. If they're not interested, let them turn to the next article or the one after that. But if they're not interested in multifocals I'll say this much for them. They're either in a rut, too confounded lazy to make an effort to help either themselves or their patients, or too chicken-hearted to try out something which is comparatively new. To be sure, a lot of pioneer work is still to be done, but the road is gradually being cleared for them by those who have the courage to cut through the underbrush of indifference and complacency. Unfortunately, these pioneers are almost all past the prime of life and in many cases did not fully realize the shortcomings of the uncomfortable bifocals they were adjusting to their unwilling patients until they themselves experienced the same discomforts. Not until they proved to themselves, by actual personal experience, the advantages of having more than one field for closer vision, did they have the fearlessness to prescribe multifocals for others. It seems to be almost a hopeless task to induce the younger men to try them out on their presbyopic patients; and if they do try them out and make a fizzle of the first or second pair they fit, they're "off them for life."

At present I'm not going to enter into any details about the advantages of multifocal lenses. There has been much written about the subject. If these advantages are not self evident to the average refractionist, nothing that I might add will make them so. The trouble is

that we start with them too late, for only when a patient begins to complain about the difficulties he is having with his bifocals do we venture to suggest, hesitatingly, that he "might try out" trifocal lenses which would give him the clearness for the distances he wants. Most of us lack the experience which gives us the confidence needed to prescribe them and it will probably take another million dollar publicity campaign on the part of some enterprising manufacturing company to put the thing over. But over it will go, for ophthalmic science, no more than any other science, can afford to stand still. I honestly think that Optometrists are again missing a golden opportunity when they postpone action in a field which is per se their own, for another generation, or until such time when their medical competitors, who are generally more alert, take the initiative.

I have said that we start with trifocals too late. Most of the writers on the subject have conveyed the erroneous impression that multifocals are only for those who find that they can no longer do their work satisfactorily with bifocals. The old saw about the old dog that can't be taught new tricks is forgotten. We expect to see men and women who, with bifocals, have bobbed their heads up and down a certain measurable distance for about a dozen years, get used to a different kind of bobbing in a day or two. Had we given them trifocals right in the beginning, when they first noticed that their near sight was failing, we would then have no such trouble, for it is easier to walk down two low steps than one high one. All we need to know is that the steps are there and while still young or in middle age it will not take us long to master them. The best time to prescribe multifocals is when the patient requires +1.00 or +1.25 added to bring out small objects clearly. In two days, I'll warrant you will not know whether his glasses have one, two, or a half dozen other fields.

The ideal multifocal lens. I grant you, would be the one in which the fields would be so gradually blended that there would be no dividing line. Over thirty years ago I prescribed such lenses, manufactured by the Gowlland Optical Company of Montreal. In weak adds they were fairly efficient and many of my patients wore them with perfect comfort. But when the additional requirements for near work exceeded more than +1.50 D the aberration became too annoying. I

used some with an add as high as +2.50 but invariably the report was that they were confusing and not at all like the old ones which I had previously prescribed.

So far I have not run into any similar difficulty with the present day multifocals. A few of my patients, after using multifocals for two or three years decided to revert to bifocals, mainly because of the difference in price. But most of them were sorry and quite a number are again wearing lenses that give them the advantage they had been enjoying. "I couldn't hold on to my job," is the way a machinist expressed himself, "if you hadn't fitted me with Quintex Lenses."

Of course, I manufacture Ouintex Lenses and sell Ouintex Lenses but I have no ax to grind. The kind of trifocal or multifocal lens you may decide to use is immaterial to me. But give them a trial—give them a fair chance. Appended are a number of sketches of trifocal lenses now available. All of them have their merits and all of them are better than bifocals. Ask your jobber to order them for you, fit them as they should be fitted and you will be surprised at the results.

I told you I worked in my garden. About the end of every May I plant about fifty Dahlia Bulbs, for I love Dahlias. Out of the fifty, one or two may not yield beautiful flowers in the fall-something goes wrong. What of it? I still have the forty-eight. Do you think I'm disheartened and not keep on planting bulbs to the end of my days, just because one or two went haywire? Not much! Why should you, then. just because your experience with trifocals was "not so hot" quit prescribing them. Perhaps the fault was with you, not with the trifocals. Ten to one, it was with you. Try again-it will pay in the end.

Explanatory Notes on Illustrations of Multifocals.

- 1 The Ultex Trifocal.
- 2 The See-step Trifocal.
- 3 Trifocal suggested by Dr. Peckham.
- 4 A modification of Fig. 3.
- 5 Used by musicians. Fig.
- 6 Designed for typists.
- 7 Designed for machinists.
- 8 Used by salesmen-does not interfere while driving an automobile.

9 For general office work.

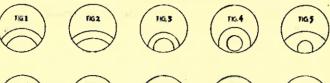
- 10 One in which the two fields are not concentric.
- 11 The Clement Trifocal. Top field monocentric.
- Fig. 12 The Widesite Trifocal.
- Fig. 13 Modification of the Clement Trifocal.
- 14 The Crescent Trifocal.
- Fig. 15 The Univis Trifocal.
- Fig. 16 Quintex Style A.
- Fig. 17 Quintex Style B-2.
- Fig. 18 Quintex Style C-1.
- Fig. 19 Quintex Style B-1.
- Fig. 20 Quintex Style C-3.
- 21 Trifocals for druggists, merchants, librarians, etc. Fig.
- 22 Trifocals suggested by the late Dr. Fay McFadden for mail distributors.
- Fig. 23 Modification of Fig. 22.
- Trifocal with elliptical segment recently patented by 24 the writer.
- Fig. 25 Elliptical trifocal with wide intermediate field patented by the writer.

The twenty-five sketches by no means exhaust the many styles of trifocals and multifocals available. In fact, just because there are so many varieties to choose from, it makes the selection of the proper one more difficult. It must be remembered that especially in all fused multifocals, both the size and focal power of the fields are not constant but can be changed at will.

Many correspondents, both from the U.S. A. and from abroad, have suggested that in many cases it would be advisable to have the lower field weaker than the middle field. In some vocational requirements this has its advantages. I have made them for loopers and toppers in hosiery mills, with excellent results.

I am thoroughly convinced that it is impossible to fit all cases with standardized trifocals or multifocals and give satisfaction. The very fact that the combinations, shape and location of the fields allow of so much variation makes the work more interesting and tests the ability and ingenuity, of the optometrist.

ILLUSTRATIONS & MULTIFOCALS











Otto G. Haussmann, 726 Chestnut St., Philadelphia, Pa. PLASTIC SURGERY OF EYELID DEFECTS

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