THE purpose of this variable prism spectacle is to determine the prism necessary for the comfort of the patient and to do so by overcoming two difficulties inherent in prism prescription.

The first is the difficulty of knowing to what extent a vertical or horizontal phoria should be neutralised. Some oculists prescribe the full vertical error divided between both eyes, while others prescribe empirically only a fraction of the error, likewise with exophoria for reading distance. Some oculists have no definite ruling by which they prescribe, while others prescribe up to two-thirds of the negative duction at reading distance. The correction for muscular imbalance, in its very nature, cannot have the precise predetermination of the correction for astigmatism.

The second difficulty is that with muscle-imbalance we are not dealing with a static defect measurable with reasonable error at any time, but with a changing defect, the amount of which varies not only with the initial defect and duction power but with the behaviour of these during the constant use of the eyes as in reading. No a priori consideration can inform us of the rate of
tiredness of the duction powers of the eyes. Because of the failure
to recognise these inherent difficulties the prescription of prisms
has in many cases, especially with horizontal prisms, been one
of trial or error; with the results that comfort is more often given
to the patient by the removal rather than by the prescription of
the prism and the oculist becomes more hardened in his opinion
that prisms do no good.

This spectacle obviates the necessity of determining before-
hand the amount of the phoria to be neutralised, and is a means
of measuring the changing prismatic needs, which are dependent
on the variations in phoria and muscle duction power during the
constant and natural use of the eyes.

Each cell of the frame contains a $4^\Delta$ prism and both prisms
can be simultaneously rotated by the screw so as to give a max-
imum of $8^\Delta$ between both eyes, base in, or base out. A prism
can easily be removed and replaced so that a vertical prismatic
power up to $8^\Delta$ can be used. The frame is so light that it can
be borne without any discomfort over the patient's usual spec-
tacles containing his presbyopic or other correction. The
suspicion that a prism may be required is usually aroused when
the patient complains that no relief of his symptoms followed the
use of his glasses. This, and the type of prism likely to be
needed, is confirmed by testing the phorias and duction powers
for both distance and near. The patient is given the spectacle
to take home and is informed beforehand in which direction to
turn the screw and is told to do so when the symptom arises for
which prismatic correction is considered to be possibly advisable.
This is usually asthenopia and it is not unusual to find a patient
who despite the most careful correction of his refraction error
cannot read for more than half an hour at a time. He is told to
turn the screw about 1 dioptre or so at a time and to continue
reading for some time after each change of the prism, until he has
reached a point where the maximum comfort seems to have been
obtained. This is repeated for several evenings and the result
reported at the end of that time to the oculist. The latter has then
definite evidence on which to prescribe prisms and knows not to
do so should the patient inform him that no help was obtained in
any position.

I have not used the instrument yet in treating symptoms due to
vertical phorias but many exophorias with low negative duction
at reading distance have been treated successfully, and with the
confidence its simplicity permits.

The instrument can be used for measuring most of the vertical
phorias likely to be met with in practice, and low degrees of
horizontal phoria. (The spectacle is supplied by Messrs. Curry
and Paxton, Ltd.)
A TRIAL SPECTACLE FOR PRISM PRESCRIPTION

I. C. Michaelson

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