

**THE A B C OF FITTING
GLASSES. A MANUAL
FOR THE OPTICIAN**

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The A B C of Fitting Glasses. A Manual for the Optician by Edmund T. Allen

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EDMUND T. ALLEN

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BY

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THE FITTING OF GLASSES.

To be successful in any undertaking in life we should be methodical and painstaking in every detail of our work. From the experience of years I have found that many things seemingly of little importance are after all valuable. These as well as the major ideas will be noted as we pass along.

First.—*Keep a record book.* Do not trust your memory, however good it may be. You cannot show your memory to others, neither can you always retain in mind the various points of interest regarding your patrons. One page should be devoted to each case, and your book at its close should be so indexed that you can refer in a moment to anything it contains.

Second.—*Record the date, name, age, address, sponsor and origin* of each case. The date of each treatment is necessary so that if any question arises as to any item of your bill by turning to your book you can show the very time at which it was incurred. The writing of the name in your book gives you an opportunity to ask it of a stranger and thus aid you in forming his acquaintance. The age is of value in helping you to determine how full a prescription to make for hypermetropia or presbyopia. It will also assist you in recalling the case of any person who writes you after a year's absence regarding his glasses. Very few people will

object to giving you their age, and even if they should you can approximate it, but always guess over rather than under if required to resort to speculation on the subject.

The address is required in case you need to send the glasses or present a bill, and the sponsor, in case the patient is under age. It is always a satisfaction to know how you got a case, and it is a polite thing to acknowledge the courtesy if the patient is sent by some physician or business friend.

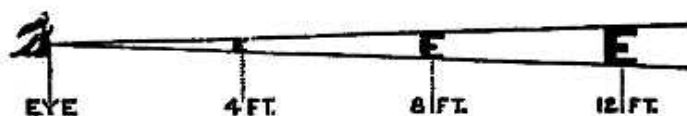
Third.—*Write a full history of the case.* By doing this the first time he comes you can note any improvement in the symptoms after the patient has worn the glasses. Sometimes you will have patients who are always complaining. No matter what you do for them they are "no better." By referring to their history you ask regarding each specific symptom, many of which have probably disappeared and been forgotten by the patient. You will thus be enabled to convince them that they are better, and mental suggestions of this variety are a great aid in really curing your cases.

Fourth.—*Note all peculiar or diseased appearances as you look the case over,* you will thus have a criterion of improvement or the reverse as the result of your work.

Fifth.—*Test the vision of each eye separately, the other being covered.* To do this you should have your test type hung in a good light twenty feet from your patient who is seated in a comfortable chair protected from sun and drafts and from the curious gaze of bystanders. The record of each eye should be kept, for often there is a marked disparity in the visual power of the two eyes. Again, unless you keep an accurate record of the vision at the time you begin to treat the case you

will have nothing to answer those complaining individuals of whom we have before spoken. Near-sighted people, as a rule, think they have excellent vision, and after they have worn glasses for a time they come to realize that without glasses they do not see well, hence they frequently aver that the glasses have ruined their former good sight. By retesting them without glasses you can demonstrate that their vision is the same or even better than it was when you commenced treatment.

Sixth.—*Record vision* by a common fraction of which the numerator is the number of feet from the patient to the test type, and the denominator is the line of type read. The distance should be, if possible, 20 feet. If at this point they cannot see the line marked "D—200" have them approach the type card until they can see the line "D—200." The distance, in feet becomes the numerator and 200 the denominator of the fraction. No matter if they declare that they only want reading glasses, test for distance first and explain to the patient that in order to fit accurately for the near point and to give the best permanent satisfaction it is necessary to find what their distant vision is first. The letters on Snellen's test cards are made on such



a scale that when seen at a distance indicated above the line each letter subtends an angle of five minutes (5') the average of normal eyes. If the letters which should be seen at 40 feet can only be read at 20 feet, the vision is but one-half as acute as it should be.

Seventh.—Record the best vision you can give to each eye and the strength and nature of the glass with which this result is attained. The intermediate step by which you arrive at your decision need not be set down.

Eighth.—*Record the results of your ophthalmoscopic examination.* This should always be made if you would be a scientific observer. By it you may detect the presence of cataract, corneal opacity, mobility of the pupil, diseases of the fundus (back) of the eye, and even in some cases the presence of disease of the brain and kidneys.

Ninth.—*Record the absolute refraction.* This may be arrived at by means of atropine instilled into the eye or by the ophthalmoscope, or by higher prisms as explained later.

Tenth.—*Record your prescription* in all its details, both as to lenses and frames, so that if the patient loses his glasses and writes to you to duplicate them you will have no trouble in doing so.

Eleventh.—*Record what you think it will be best to prescribe at the patient's next visit* For example, if you are developing a latent heterophoria along any given line, while the case is fresh in your mind, or after you have studied it carefully, if you



fail to write down your conclusions you may be compelled to go all over your work again, and this saving of time is often valuable.

Twelfth.—*Test carefully for manifest heterophoria and record the results.* True, the error may be a reverse manifestation, but it should be recorded for the sake of future reference and comparison, so that you can note the changes produced by your treatment. Also record the *fusion power* of the two eyes at a distance.

Thirteenth.—*Keep an exact record of all charges, receipts, cost, etc.* The latter should be in cypher, so that you can show the account to the patient if any dispute arises. Having all this on a single page enables you at a glance to refresh your memory, and to decide from past experience whether you can afford to trust a case with further credits.