

Opinion

Greatest Unsolved Mysteries: Optical Division?

As a resident, I quickly realized that two hands are insufficient to examine some patients at the slit lamp. The most vexatious problem is being able to vary simultaneously the angle of view through the biomicroscope and the angle of illumination with the slit beam. After some trial and error, I learned that I could use my furrowed eyebrows as a substitute hand to clench the microscope oculars and steer them. That worked really well for 15 years. Well, that is, until the heartbreak of presbyopia set in. I needed a near correction to see the chart notes, but with glasses in place, I could no longer reach the oculars with my eyebrows. So I started taking the glasses off for each and every patient exam, then putting them back on to do the charting. (I'm a real testament to the durability of modern spectacle frames.) Of course, to be examined, patients also have to remove their glasses and deposit them on the desk near the examining chair, while I place mine on the desk adjacent to the doctor's stool. Once in a while, the carefully choreographed location of the respective glasses gets shuffled, and I attempt to put the patient's glasses on. Then I can't see well, so immediately take them off, much to the amusement of everyone else in the room.

Having learned through nausea not to refract myself, last fall I had my partner do an eye exam on me, and I filled the prescription for a conventional trifocal. (I must be the only ophthalmolo-

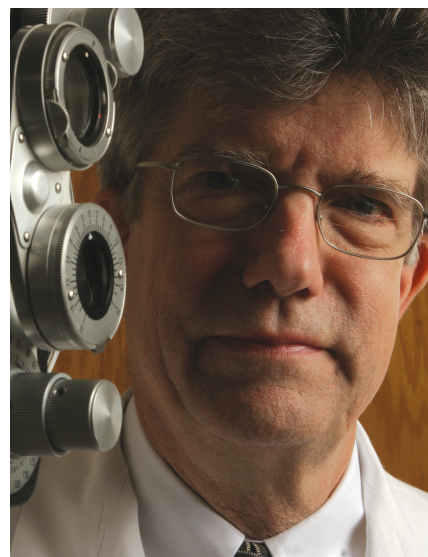
gist on the planet who hasn't been able to adapt to a progressive lens.) In that first week, I had some symptoms related to the new lenses, and after another couple of weeks, I determined that the frame fit seemed to be the problem. Imagine my surprise when a return trip to the optician for an adjustment was greeted with, "Doctor, these aren't the glasses I sold you. They're pretty close to your prescription, but they are from a different frame manufacturer and I don't carry that line."

It was obvious that I had switched my glasses with a patient's during the spectacle samba in the examining room, but whose? There aren't too many people running around with conventional trifocals in a pewter frame, let alone those with nearly my prescription. The trouble was that I was unsure when it had happened. My techs spent quite a bit of time combing the appointment books, pulling likely charts, but to no avail. We kept hoping the patient would call. Well, it turns out the patient's wife did call, but mistakenly said her husband had been in to see my partner and had returned home with the wrong glasses. "Could they have been switched with the doctor's glasses?" she said. "Impossible," said his tech, "because the doctor [my partner] doesn't wear glasses." Another couple of weeks passed before the two techs compared notes, but by then the identity of the caller had been lost.

I waited another month before

replacing the wrong glasses with my correct prescription. Then last week a kindly 70-year-old with Parkinson's came back to see me in routine follow-up, maintaining he had somebody else's glasses. "Probably mine," I admitted, and told him the saga of our search for him.

It was a pretty improbable set of circumstances. Yet, it is exactly this sort of alignment of unrelated errors by more than one person that results in surgical misadventures, not unlike how wrong side surgery or wrong power of a lens implant play out. Mostly, I worry that my prolonged failure to notice I had the wrong glasses might be . . . uh, the first sign of, um . . . what was I talking about?



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