Volume 11, No. 2
December 1947 Issue

College of Syntonic Optometry

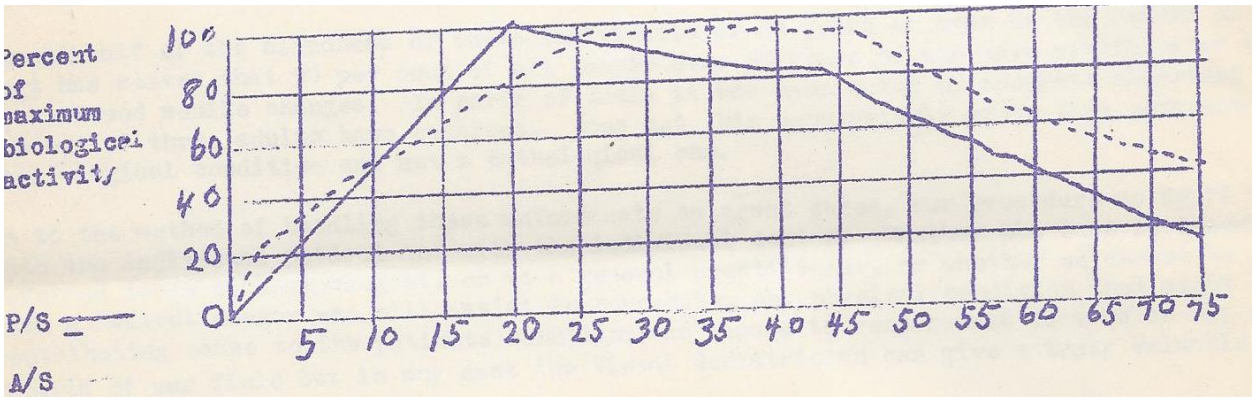
DIMINISHED VISUAL ACUITY AS A PROBLEM OF VISUAL GERIATRICS

Preston Kline Caye, Ph.D. F.C.S.O.

"And one man in his time plays many parts,
His acts being seven ages ……...
The sixth age shifts
Into the lean and slippered pantaloon,
With spectacles on nose, and pouch on side;
His youthful hose, well saved, a world to wide
From his shrunk shank; and his big many voice,
Turning again toward childish treble, pipes
And whistles in his scund. Last scene of all,
That ends this strange, eventful history,
In second childishness, and mere oblivion, ----
Sans teeth, sans eyes, sans taste, sans everything"
Shakespeare, "As you like it."

It is more convenient for our purpose, ere, to consider an individual's life as consisting of three stages: childhood, middle age, and senescence. Our good friend, Dr. Riley Spitler, told us that the dominant motivating drives of these three periods were: (1) Activity, (2) Sexual gratification, and (3) Comfort and Security. Let us consider a little diagram here:

Let us consider little diagram here:



Age in years

There may be a slight difference of opinion as to the location of the various reference points but that does not matter as the graph still holds true to form. First in the childhood or preadolescent period there is an increase and growth of all form of biological activity; in middle age there is a leveling off with a slight decrease in physical functioning; while in the third or senescent period there is a general decrease of all forms of physiological activity. Physical activity in the pre-adolescent age is a safety valve which prevents the individual from blowing up; in the second period mental or emotional takes its place and in

the third period the reduction of physical activity enables the individual to conserve his energy and permits physiological activity to continue under a much greater effort, thus preserving life. In the middle period, much of the difficulty that follows in later life has its beginnings. Note further that in the first period all glandular activity is on the increase, in the middle period there is a stabilizing or balancing off, or a period of adjustment or compensation, while in the period of senescence there is a diminishing of all forms of glandular activity leading to the period mentioned by Shakespeare ---" sans teeth, sans eyes, sans taste, sans everything."

Much more could be said concerning this chart and its possibilities. It could be used for charting the physiological age, emotional or mental ages of life. It could graphically illustrate the physiological age of the eyes as compared with any of the other senses of the body or the growth and decline of the endocrine system. Truly a chart of many uses. There is an old Chinese saying that comes to mind: "On seeing is worth one hundred hearings."

Time does not permit a further elaboration of this introduction to the main thesis. Nor is it possib le to discuss in detail the subject to follow. If there is sufficient interest aroused, each topic cn be discussed in detail at some further date.

Diminished visual acuity in senescence may result from many and varied causes. These may be considered under the following headings: 1. Refractive. 2. Physiologic – cataract. 3. Nutritional – toxic, circulatory, neurologic. 4. Circulatory – anemic, hyperemic, hemorrhagic. 5. Neurologic – within the eyes. 6. Acute conditions. 7. Trauma. These eye conditions resulting from general systemic conditions may be considered under the following headings:

Diseases of 1. Nervous System; 2. Metabolism; 3. Urinary Organs; 4. Circulatory Organs: and Respiratory Organs: 6. Constitutional diseases; 7. Poisons and Infectious Diseases; 8. Endocrine Gland Disorders; and 9. Emotional Disorders. No attempt is made at completeness in this outline.

If the diminished visual acuity of the patient is the result of incorrect auxiliary ocular appendages, or glasses, the correct lenticular assistance should be given. However, if the refractive case is within the period of senescence the Visual Geriatrician operating within the field of Optometry may render a service to his patient the value of which transcends any price that might be paid for optical aids. The fee charges should be commensurate with the service rendered.

There has been considerable discussion at various times in the past in regard to the etiology of cataract: whether it was pathological or physiological. It is the opinion of the writer after years of observation and study that with the exception of those cases resulting from trauma or a diabetic condition, cataract found in anyone over fifty years of age is due to a physiological condition. There may be other

general physical conditions which might tend to accelerate the development and formation of cataract is not pathological but physiological concomitant with increasing years. However, I am sure everyone is of the same opinion.

Almost half of the blindness of those individuals of 64 years or over is the result of cataract. Vogt has stated that 90 per cent of all people over 60 years of age have opacities or their eyes showed senile changes. In parts of India it has been noted by accurate observers that two out of here adults have cataract. Does not this conclusively prove that cataract is a physiological condition and not a pathological one.

As to the method of handling these unfortunate cataract cases, our procedure no doubt varies with the individual patient and with the individual doctor. Whether the case is immediately referred to an ophthalmologist, or to a general practitioner, or whether we choose to work with a Medical doctor who will assist in correcting any physical condition that might be a contributing cause to the patient's condition, or choose to render what service we may within the limits of our field but in any case the Visual Geriatrician can give a truly valuable service to his patient.

Acute conditions may result from mechanical, functional or pathological causes. If the case falls within the field of our work, we should take care of it: if not, it should be referred to the proper practitioner, that is, one who is capable and professionally honest. Unfortunately, there are many oculists who are very unethical in their relations with practitioners in fields other than their own. A traumatic case is not for us to handle as there is always the possibility of a lawsuit, so the sooner it is referred, the better it is for us. This conclude a very brief review f some of the local eye conditions found that interfere with the normal perception of vision.

It might be well at this point to discuss the major premise upon which all Optometry laws are founded.

Discussion Followed

The question of diagnosis is another point which seems to trouble many Optometrists. Let us consider this drawing:

3. Comfort

2. Diagnosis

1. Discomfort

The patient 1. Comes to us with discomfort, we 2. Made a diagnosis for which we are rained and receive our fee therefrom 3. And the patient is made comfortable. There may be some Optometrists that did not properly study while attending their college training, or after graduating did not keep up with the advances in their profession and they are not able to render the service of step two so they sell glasses as a commercial commodity. However it is our professional obligation to the patient that we make a careful and accurate diagnosis of his condition and the possible causes insofar as our training and knowledge permits us to go. Whether we inform him of his condition is a matter of judgment. Within the period of

senescence, probably 80% of all the patients in our offices for refractive and ocular relief have some physiological or pathological general condition along with their eye condition and unless our training qualifies us to recognize these conditions, we should leave that part of the diagnosis for those properly trained. There is an old Greek saying that every man stands in his own light. So let us not be blinded by our own stupidity following leaders of the blind.

Continued in next issue.

-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-

Note; An Apology and a Notice

Thru oversight we failed to credit the paper in the preceding Syntonogram to the Visual; Geriatric Society, a group of Syntonists working on the problems of vision in the aged. Also, the paper in this issue, and those until further notice were received from the same group – The Visual Geriatric Society.

Kathy