

A DIRECT APPROACH TO SOME GERIATRIC AND
PREGERIATRIC VISUAL PROBLEMS

By A. R. Voigt

“The ill-effects of distorted visual behavior on the human organism and personality are far more disastrous than we, even in Optometry generally realize. The public in general is not aware of this fact. The medical profession, which assumes the responsibility of public health, is quite generally ignorant of it. Those of the medical profession who consider eyes their special domain are only wildly interested in the functional importance of seeing, and still treat such problems as a sideline”

Only in the last few years has much attention been given to the convergence reflex, it more or less being taken for granted that a pair of eyes did what they were supposed to do, namely to point exactly at the object of regard, lenses were fitted only to take care of the focus reflex, no attention being given to the possibility that this was being affected by the convergence, when stopping to consider that a malfunctioning convergence had practiced its mistakes over a long period of time, and has learned to get along with the focus reflex, we have many times a wedding of rank misbehavior.

This paper will deal with that part of the convergence reflex as demonstrated by the push-up.

The eyes in youth as all other parts of the body are taken for granted bouncing around like a rubber ball, but as age creeps up these misbehavior patterns begin to work havoc. Note the peculiar body postures, which are practiced habits, what of the eye postures that are not seeable to an observer, and the allowances the owner must make to get along with himself.

Should there be a total deviation or alternation, the possessor will have solved his problem in a different way. But for those more numerous who are able to achieve a degree of singleness at the expense of comfort, exhibiting itself in man manners and places, not the least of these being the orbit on the side of the head where the eye refuses to follow the target also temporal region and back over the ear to the neck. Sometimes this takes out over the top of the head on that side and down into the occipital region. These are sometimes miscalled migraine, but they are differentially (Different) not one and the same. Sick headache, sick stomach, care sickness, train sickness, neuralgia, and worse. Some of these cases are treated for everything, take your choice, as a direct approach some have suggested cutting the nerve, some injection of alcohol to achieve the same end, and possible removal of the eye. It must be evident that an eye being unable to come into the act of seeing must of necessity do something, in these cases it finally diverges further and if carried far enough will eventually suppress at the near point continuously, sometimes it is helped along in its mal progress by being closed consciously or unconsciously, if this be pursued far enough, it then can be opened and will not perceive, carrying the analogy along suppose a broken arm is carried in a sling, after healing the arm is not used, while still an arm the circulation will be poor and degree of withering will take place. Clinically this is exactly what happens to a non-used eye, later in life resulting in poor circulation and an opacity on that side, considerable in advance of the other eye, should this apparently good eye be operated a chain of circumstances is started that might lead to such confusion that the grave is preferable to some of these people. The least that can be said for these cases is a ground glass before one eye may bring some

relief in a helpless case. It should also be borne in mind that by the time this has taken place there has been an interim of dependency for advice from others, and in a misadvised, there is a loss of confidence in everything, and an absolute degree of helplessness. With the use of a so simple device as a red glass before one eye and blue glass before the other eye, diplopia is demonstrated. Routinely if these cases are taken in the primary stage, there is no need of the arm in the sling stages. Definitely base in prisms are not indicated, because the eye that is deviated will then deviate further and hasten the process. Instructions to keep the eye open and the proper procedure will many times result in the use of the eye and a restoration of its uses, and a clearing of the lens equally to that in the functioning eye, and sometimes a further clearing of both. Other side effects will be a sense of well being and a defiant ability to work better, and a greater confidence in their own sureness to cope with the rest of their days.

John, Dr. Paul H. "Quotes A.O.A. Jour. July 1951

Schuler, Dr. Neville "Some Aspects of Abnormal Psychology," Optometric Weekly, Dec. 1942

Syntonic Principle Pg. 82, 82, 198 and others.

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