



WHAT'S IN A NAME?

Names are very important

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Throughout history, your name reflected what you did: Carpenter was a woodworker, Mason a stonemason and builder, Wagner (Wegener, Wagoner) was one who either made or dealt with wagons and animals, and so on.

A man was what his name was. If he changed in intrinsic ways, his name would change. In scriptures, Abram became Abraham, the father of many nations. Jacob became Israel, because he overcame; and Saul became Paul when he changed from persecutor to evangelist.

Persons still change their names today, mostly because of a perceived change in their nature or life direction.

Even organizations get into the act. Companies will change their names to reflect a new image or description of what they are doing or how they have changed course. Here in the Pittsburgh area, for example, Allegheny-Ludlam Steel, a specialties steel company, changed its name to Allegheny Industries when they diversified their interests and investments. They did not fare well, however. After a period of time, the company was bought from Allegheny Industries, changed their name back, and it is a thriving entity once again. They went back to their roots.

Optometrists who practice in a functional *cum* developmental *cum* behavioral modality are carrying a burden projecting to the world "just what in Sam Hill we do." The editor of this Journal recently expounded on the dilemma in his piece "A Rose is a Rose".¹ Perhaps reconsidering our roots would provide us some foundational basis for a more effective description of our brand of practice.

In the handbook, "Differential Diagnoses in Ocular Examination," the author introduced his topic with the statement,

Every phase of thought here presented is considered entirely from the neurological viewpoint. It is necessary that the refractionist understand that his work has its bearing, not on the eye itself as an optical instrument, but entirely on the motivations from the brain, utilizing the functions of the eye to secure single binocular vision to the individual with the maximum of comfort and a minimum expenditure of energy and disturbance in the central nervous system. (Emphasis added.)

The year was 1931, and the author was A.M. Skeffington. Some years later in an address to the Middle Atlantic Congress in Pittsburgh, he stated.... "The value of a plus quarter lens is *neural*, not optical." The concepts he offered were new, foreign-sounding, and conceptually difficult for many optometrists. Dr. Skeffington was unbending and relentless in his presentation: vision was not an eyeball process, it was a central nervous system process.

Skeffington contended that space was most important as the individual perceived it and restructured it via his/her input mechanisms and prior experience. It was then reconstituted as the individual projected the data back out along this unique construction of a personal spatial matrix. The factors that could distort that matrix were many: learning, posture, environment, personality, and time, among others. Most importantly, lenses, prisms, and therapies could alter, enhance, or prevent adverse adaptations.

What do we label that process that he spoke of, so that the public and other

health care providers might understand the nature of our work and our calling to minister to the individual? Is it functional? Surely it is, but the pupil also "functions," and so does the blink reflex. Is it developmental? Well that's part of the process too, but so is the tonic neck reflex, crossing of the midline, and walking and talking. Of course, it must be behavioral — yes, that's the ticket! But so is survival of the self a behavioral phenomenon and so is cognitive development, and psychosomatic disorders, and so many others.

Neuro-optometry, another possible term is just a more anatomical "take," face it, than "behavioral optometry." Beside which, it might be somewhat misleading, since it conjures up MRI, PET, and other electro-physiological clinical probes that we do not extensively use.

The fact that vision is learned is well established. The care of vision in its fullest sense must blend both the neurological and developmental/learned aspects.

We must minimize neither the neural aspects nor the developmental aspects. Anatomically, the globe itself is a given, but without the central nervous system, the eye is merely a grand, puzzling, and elegantly curious structure. It is no better, no worse than an ear, a kidney, or a thumb. All are elegant, all are essential, all are parts of an integrated whole. But vision is significantly more than anatomy. How can we adequately express this?

Neural and developmental: Neuro-developmental optometry. Is that the ticket? Now there is an integration of the parts that makes the whole an understandable, elegant new/old identity.

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Neuro-developmental optometry: the brain, learning, and the science of the eye and vision. All wrapped up in a compound concept that drips what it is that we do.

What is in a new name? Identity. A return to optometry's conceptual roots, to Skeffington's vision of what we can best contribute to humanity.

Perhaps with the neuro-developmental description of ourselves and our work, we can better describe and communicate what it is that we actually offer to those who most need our services.

Reference

1. Suchoff IB. A rose is a rose. *J Behav Optom* 1997;8(5):114.

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