

GUEST EDITORIAL

True Confessions: A Medical Doctor's Eye-Opening View of Optometry

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What do future physicians learn about the profession of optometry in medical school? Little that prepares them for the scope of optometric expertise, according to a recent book by family practice physician, O.T. Bonnett.¹ In medical school he was led to believe that optometrists were an unskilled and untrained minority. But it was obvious from the national ratio of optometrists to ophthalmologists that the majority of eye care patients were being seen by optometrists.

Bonnett writes extensively about his collaboration with an optometrist in Illinois, Dr. Phil Kessler. The two gentlemen met at a party and the neophyte physician was immediately impressed with the optometrist's intelligence and honesty. Kessler exposed Bonnett to the concept of vision development and the effectiveness of vision therapy. "These new concepts—of which I had never heard so much as a hint during my medical training—sent me to the library," states Bonnett, as he embarked on a collaborative journey that would shape his medical career.

By his own admission, Bonnett was an unconventional physician who had the courage to challenge the dogma he was fed in medical school. It was the late 1950s and 1960s when Bonnett bucked the system to work with an optometrist. Together, they formulated a highly successful developmental program for children who had visual-motor-perceptual problems. Their success in facilitating the transition of significant numbers of children from special education services into regular classes did not come without its costs: "As a result, I came under the attack of the County

Medical Society—primarily the ophthalmologists. I wasn't surprised, for the doctors were following an age-old historical pattern of opposing anything not fitting into their belief system."

What did surprise Bonnett was the fact that the school system was disturbed by the success of his collaboration with an optometrist. He suspected that the teachers knew little more than his medical colleagues regarding child development and educational psychology. He also suspected that the success of the developmental program with children who were consigned to special education was an embarrassment to the educators. Few non-optometric professionals appreciated vision development as elaborated by Bonnett: "The eye does not work like a reflex camera. When you look at a horse, there is not an image of a horse cast upside down on the retina of your eye, as we are all taught. For every point of light in space, there is a pattern of light cast on the retina. We have to learn to interpret what that pattern represents. We do this by feeling, touching, reaching, and manipulating what we see with our fingers until a tactile-motor-visual match is constructed in our brains."

Bonnett didn't just talk a good game. He dispensed professional advice and guidance to the parents in his family practice, emphasizing the role of early motor skills and spatial concepts in the development of strabismus and amblyopia. He actively probed the history of each child for evidence that parents were providing a rich visual environment and freedom for movement. Insightfully, he comments that: "The image, which is a function of the brain,

not the eye, is projected in space, and the accuracy with which this is done depends upon the concept of space within ourselves. To repeat, the only way this is achieved is through the process of crawling, creeping, and feeling our way about during those early critical months."

Neuroscientists and many ophthalmic practitioners today speak of critical periods for visual development, but they do so from the perspective of a primary misalignment of the visual axes or structural impediments within the ocular components. Bonnett sprinkles his chapter on neurological development with instances where primary *motor* deprivation resulted in visual disorders. He notes that the vast majority of Bolivian Indians are cross-eyed and traces this to their custom of carrying babies in slings on their mothers' backs until 18 months of age. At that point they are held by the hands and taught to walk without ever being put on the ground to crawl and creep. Anthropologists speculated that the strabismus was due to the extremely high altitude. Much of Bolivia is close to 12,000 feet in elevation. The anthropologists, however, were overlooking the obvious.

Although his collaborator, Phil Kessler, met an untimely death in the 1960s, one can tell that Bonnett continued to read and contemplate about appropriate visual care. On the subjects of pseudomyopia and progressive myopia, where children have apparent difficulty with distance visual acuity, Bonnett comments: "What happens to most children is they are taken to an M.D. who tests their vision, does not understand visual development and, finding them 'near-

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sighted,' prescribes minus lenses for them." He cites the monkey studies which have demonstrated that overloading with nearpoint tasks induces nearsightedness.

When Bonnett, himself, began school, he had some difficulty seeing the chalkboard clearly. His mother took him to an old optometrist by the name of Dr. Sheib, who gave him plus lenses for near, rather than the conventional nearsighted glasses to sharpen the chalkboard. He wore these glasses, primarily for deskwork, for two years. His uncle, a renowned obstetrician in Kansas, once observed Bonnett putting on his glasses to read. "When he forced my mother to admit that she had taken me to an optometrist, he threw up his hands in disgust, mumbled something about quacks, snatched the glasses off my face, broke them, and threw them into the trash. My poor uncle, in the ignorance that went along with being a physician, was a self-proclaimed authority on everything. Thanks to Dr. Sheib and the two years I did wear my plus prescription, I ended up OK."

Virtually all of the information on optometry is subsumed under Bonnett's chapter on neurological development. From the picture on the book's cover to the clinical intuition between its covers, Bonnett evokes comparison with Oliver Sacks. A physician who has written copiously on insights into the human condition gleaned from neurological abnormalities,² Sacks has been critically acclaimed by the public while being maligned by some of his colleagues for being too unconventional. Many of his colleagues, no doubt, will perceive Bonnett harshly. Some of his critique lifts the carpet highly for a peek at the dirt. Yet Bonnet is careful to note that there are winners and losers in any profession, and that patients must begin to take a more active role in their own welfare. This delightful book is a wide-ranging treatise not only on conditions ranging from ecologically induced disease to temporal mandibular joint syndrome (TMJ), but a challenge to patients to actively participate in their healing process.

Doctors are human and can succumb to negative pressure. Bonnett confesses that there were times when he did not have the energy to present the alternative plan, to answer all the questions, de-

fend the position, and listen to all the doubts. So he gave in and prescribed medication because that is what the patient expected. As one who has dared to listen to a different drummer, he speaks for many in the vision therapy community. Defending one's position can be tiring and discouraging. "Invariably, upon being offered an alternative therapy, most patients go off to seek a second opinion. Chances are that the other doctor, steeped in conventional wisdom and not having a clue about what has been proposed, is not really in a position to give a valid second opinion. For a second opinion to be of any real value the physician should at least be familiar with the subject or the method, even if she or he does not choose to practice that way."

Were Bonnet's closing words on optometry written by one of us, it would be perceived as self-serving. Some of his concepts, particularly in regard to eye disease, are outdated, though nonetheless revealing. After briefly reviewing the evolution of the Optometric Extension Program, he concludes:

"These are the doctors, these optometrists, who are qualified to straighten out your kid's crossed eyes. These are the doctors to whom you should take your child if he holds his head a couple of inches from his coloring book or is having trouble in school. The psychologist may be needed somewhere along the way, but before you and the teacher decide that your kid's mind is screwed up, it makes sense to find out if he can see and process information visually. If your child has a stick run into his eyeball, develops an infection, or has a tumor in his eye, then, by all means, see a medical doctor. If Grandma develops a cataract, the (medical) doctor can fix that, but then take her to an optometrist to fit her glasses. Anyone who has a visual problem should see an optometrist, and if there is one who is a member of OEP, choose that one."

How are successful optometric relationships forged with medical doctors? They do not typically come through the hallowed halls of medical school, nor through the hazing process of residencies and hospital-based training. The belief systems of these closed clubs will not easily accommodate the philosophies of those outside the system. Bonnett would find it ironic that in today's

emerging era of refractive surgery and more stringent third party criteria and reimbursement policies for cataract surgery, optometrists are being courted by many ophthalmologists because these optometric practices contain numbers of potential surgical patients. Ophthalmologists, who for years accused those in vision therapy of being opportunistic, are tripping over one another in the race to bid for optometric feeder networks. Claims about the success and stability of refractive surgery (paradoxically without the rigorous prospective, double blind studies demanded of non-surgical procedures), and resultant advertisements to the public, cast vision therapy in an altruistic and scientifically based light by comparison.

Bonnett's book is refreshing because it reminds us that cooperative relationships can evolve through the impact that an optometrist had on a child who later becomes a physician, or through a friendship that persists as two friends become professionals, or by the chance meeting of two professionals at a party where mutual respect ensues. One of his caveats is that attempts to legislate or dictate new ideas to physicians or the public usually meets with resistance. If organized medicine opposes a therapeutic modality, no amount or quality of research will ever be acknowledged as satisfactory. The studies which most need to be done on alternative approaches are the ones least likely to be funded. Rather, it is the individual encounter between professionals, and between professionals and their patients, that engender trust and respect.

Successful practices are replete with anecdotal evidence because individual patients are less interested in statistics and probabilities than they are in solutions. Even if it takes more years than we would like, alternative ideas with substance ultimately evolve into mainstream thought.

References*

1. Bonnett OT. Confessions of a healer: the truth from an unconventional family doctor. Aspen: MacMurray and Beck, 1994.
 2. Sachs O. An anthropologist on Mars. New York: Alfred A. Knopf, 1995.
- *Both books available from OEP (See Page 66)

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