

# EDITORIAL

## A QUESTION OF LANGUAGE

**M**any optometrists have stated that a major problem with understanding the “Skeffington or OEP Method” of case analysis is language based. Scheiman and Wick compared the advantages and disadvantages of this method (Analytical Analysis) along with Graphical Analysis and several other approaches. One disadvantage of Analytical Analysis is:

*The OEP literature is written using a basic language that is often very different from the ‘classical language’ taught in optometry schools. Basic definitions of terms such as accommodation, convergence, blur, break, recovery and phoria are all significantly different.....If an optometrist wants to use Analytical Analysis, it requires a period of time learning this new language.<sup>1</sup>*

These authors listed disadvantages for all the approaches they reviewed but did not raise a language problem with any of the others. This is not an insignificant point: I believe it is indicative of a major difference between the “Skeffington Method” and the other protocols. These other methods of clinical thinking view the visual system strictly at the time of the examination. They are a “here and now” snapshot and consequently, the language stays the same. Skeffington, on

the other hand, produced a method that sought to predict where the individual’s visual system was and where it is going, in addition to where it is now. Consequently, it was always a work in progress; not only did his language change, but particular terms assumed other meanings.

On page 87 of this issue we present a remarkable article. The topic is Dr. Skeffington’s changing meanings of the terms “convergence” and “accommodation.” It was compiled by the late Dr. Robert A. Kraskin who presented it at the first annual Conference on Clinical Visual Care held in 1994 in Memphis, Tennessee, at the Southern College of Optometry. Dr. Kraskin, in his methodical and logical manner, meticulously gathered the pertinent writings of Dr. Skeffington from 1945 to 1967. He tells of Dr. Skeffington’s struggle to understand and communicate the meanings of these basic elements of the visual system. Consequently, new terms were used, and the meaning of existing terms changed because of his increasing knowledge and insights.

Dr. Greg Kitchener has previously pointed out that Skeffington did not receive credit for suggesting that convergence was the visual mechanism to determine the “where it is” and accommodation the “what it is.” Kitchener stated that credit was given to two researchers, Ungerleider and Mishkin, in

1983 who did it in terms of neuroanatomy and neurophysiology.<sup>2</sup> A reading of the Kraskin article shows that the genius of Skeffington was that he envisioned these concepts before that type of knowledge was available.

Acknowledgement and thanks are given to Dr. Kitchener, Dr. Paul Harris, and Dr. Barry Cohen for bringing the Kraskin article to my attention and pointing out its historical and present value.

### References

1. Scheiman M, Wick B. Clinical management of binocular vision. 2<sup>nd</sup> edition. Philadelphia: Lippincott Williams & Wilkins, 2002:54-7.
2. Kitchener G. Guest editorial: Centering and identification—An accommodation to converging concepts. *J Behav Optom* 1998; 9(5):114, 119. GUEST EDITORIAL

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