

## A Plea for the Family Physician.

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Possibly 75 per cent. of the cases Optometrists are accustomed to refer to the oculist for "Specialist" attention really require only ordinary skilled medical attention, such as is within the scope of the average family doctor. I refer to not only conjunctivitis and other minor inflammations of the eye, but also the larger number of cases that come under notice showing deficient accommodation (paræsis), scotomas, amblyopias, etc. These are frequently due to causes within the domain of the family doctor, and, moreover, knowing the previous health history of the patient he is often better informed to diagnose the cause than the outside specialist.

Referring to paræsis in the otherwise apparently normal eye, it is frequently the aftermath of diphtheria or influenza, sometimes due to anaemia, but, possibly, most frequently due to defective tonsils or sore throat, or dental infection, disease of the accessory sinuses (nasal) or intestinal toxæmia. Scotomas and amblyopias are often due to high blood pressure, kidney disease and other general unhealthy conditions. Iritis may be rheumatic, autotoxic, or due to dental infection, in addition to many other causes, apart from the purely ocular.

Even in cataract where the skill of the specialist has not discovered any certain cure, the general practitioner may, by relieving the inciting cause, such as gout, rheumatism, diabetes, indigestion, toxæmia, etc., retain useful vision for a longer period than if special attention had not been given to the general health. Often during the course of examination it is possible by observation or inquiry to locate, or, at any rate, suspect the pathologic condition militating against eye health and comfort. It is better then, instead of recommending your client to the so-called eye specialist, to ask your client's permission to consult with his medical adviser as his eye comfort is linked up with his general health. Most family doctors are only too pleased to co-operate with mutual benefit to all concerned.

The writer has at some time or other referred patients to almost every doctor in Northern Tasmania with high blood pressure, and similar troubles, which in most of the cases would not have come under medical attention until probably too late to receive the benefit

of proper treatment. The diagnosis is certainly based on visual and general symptoms, particularly on fundus changes as shown by the ophthalmoscope, and the effect of such condition is going to seriously affect visual functions, but the case is one for the general practitioner, not the oculist.

In sending such cases to the oculist you are directly and indirectly depreciating your status as a visual specialist. As the oculist generally ends by prescribing spectacles your client naturally assumes you are not qualified or not competent to deal with his case, in fact, your action practically suggests that.

In the opinion of the writer, the present reputation of the oculist as "refractionist specialists" has been made by the cases referred to them by the optometrists. As a matter of fact, the average oculist probably is less highly skilled as a refractionist than the average optometrist. If, instead of elevating a formidable and relentless opponent, optometrists had co-operated more strongly with the general practitioners, the status of optometry would be on a higher plane to-day.

Every high blood pressure, kidney, anaemia and such like general medical case we refer to the oculist on account of the insidious eye conditions in benefiting our opponents, the oculists, and tendings to alienate our friends, the general practitioners, by diverting their legitimate patients from their family physicians. Every such case in which we co-operate with the family physician, our professional status as visual specialists is maintained because the general practitioner not claiming to be a visual expert will merely attend to the health and leave the visual needs of the patient under our advice—that is, provided we prove ourselves worthy of that confidence.

Even in many of the more serious eye affections, in which the skill of the specialist is required, it would probably be wiser for us to refer the patient to his medical adviser as a matter of courtesy instead of ourselves sending the patient direct to the oculist. Who is to determine the family physician is not himself competent to treat the case successfully; and surely it is his right to have the opportunity to attend his patients when they require medical attention.