Abstract

It is assumed that dyslexia is due to a brain-organic syndrome, either congenital or acquired in infancy, with specific gnostic deficiencies and faulty controlled binocular vision. The latter is expressed by an intermittent alternating central scotoma which is thought to be responsible for impaired visual perception during reading. The aim of the orthoptic treatment of dyslexia must therefore be to eliminate the alternating central scotoma by stabilizing the binocular vision, and thus to improve reading ability by achieving unimpaired visual perception.