Personal Paper

On being an albino: a personal account

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After thirty-three years it is impossible for me to separate those influences on my developing life style that resulted directly from being an albino from those that must naturally have come from the life styles of my parents. I am conscious, however, that from an early age I was told that I could not do particular things—that is, someone made that assumption for me when I was too young to evaluate my own ability and communicate coherently.

Accepting limitations

Ever since I could read I have had a keen appetite for books and have had no particular difficulty with normal print sizes, faltering only when reading, for instance, small bibles, dictionaries, etc, and this is easily remedied by using a small magnifying glass.

I started to play the violin when I was 7, attaining membership of the Scottish Youth Orchestra and an O level in music for good measure when I was 17. Thus, in the two main recreational areas where family influence was applied, I have fared no worse than anyone else, and with little additional effort. Certainly, I could not share a music stand, but had to have one adapted to allow me to sit close to it, and I had to memorise some passages because of the large number of notes crammed into a few bars; but these are not obstacles that should deter anyone. Again, because of family influence I was encouraged to attain a reasonable standard of education, with four higher-level passes and a diploma in international finance and economics from the London School of Economics, while I am now a certified underwriter of government credit insurances. This is not an attempt to show what a wonderful person I am, far from it. It is simply intended to demonstrate that, in my case at least, being an albino did not significantly restrict my activities in those areas that pure chance dictated would be my parents' choice for me.

As a young child I played normal games and cannot recall, for instance, falling off walls or my bicycle any more than anyone else. As I grew older, an intolerant games master (and again the assumption that I couldn't do it anyway) precluded my participation in organised school sports such as rugby. I did, however, play "casual" games of rugby and football with my friends, but became discouraged when their skills improved by tuition that was denied to me. I now play a form of football with my children and find no particular difficulty in doing so. I cannot cope with faster games such as squash and tennis, since the ball is too small for me to spot consistently. Had I been

encouraged to play some sport therefore, I am quite confident that I could have put up an average performance, if no more.

Traffic presents few problems. I do not drive because I cannot read a number plate at 25 yards. I can tell the colour of a vehicle at about 100 yards and the make at about 50. Traffic lights and signs are identifiable by shape and colour at about the same distances. I would not drive if given (legally) the chance, but I have cycled for many years, including three years of cycling to and from work in London rush-hour traffic. I have had no accidents on a bicycle, other than as a child when simply not paying attention or just fooling about. I tend to use a combination of sight, sound, and logic when judging speed and size of vehicles. Rear-engined buses caused a few sprints to safety when they first appeared, because the sound was 30 feet behind the speeding vehicle; but I have worked in London for 15 years and regularly cross some of the busiest streets in the country and remain unscathed. I do not make a point of avoiding busy streets, other than to breathe fresher air, and I am as guilty as most of "ignoring" pedestrian subways, etc.

I enjoy watching rugby. I try so far as possible to stand on the half-way line and usually manage to see most of the game. While I cannot actually see the play at or around the goal-line, I can distinguish referees' and linesmen's flag signals, and again with a lot of logic and a knowledge of the rules of the game, make assumptions about kicks, penalties, and so on, in these areas. Normally, of course, I would attend games with friends who can keep me right, but I have gone alone and would rather do so than miss a particular game completely. I used to play darts by memorising the scores. The divisions on the board are easily distinguishable by their differing colours at the regulation 10 feet. The position of thrown darts on the board is similarly no problem. Chess, card games, and the like, which I played a lot at home as a child, constitute no problem either.

False assumptions

Because I have no idea whatsoever what "normal" vision is like, I have no basis for arguing that I could or couldn't do things that I have not had the inclination to try. My vision can be quantified in medical terms, but with respect, I do not spend much time reading cards of letters stuck on walls! I lead a normal life working at a normal job, gardening, decorating, maintaining my wife's car, and grumbling about the government the same as anyone else, but I do suffer from station timetables 30 feet off the ground printed in letters an inch high and bus destination boards, though not route numbers.

On reflection, I seem to have used the term "no problem" rather often, and I think in many ways this sums up my attitude to being an albino. I have reached normal standards in most things I have tried, and while accepting the obvious limitations do not accept that the many avenues down which I have not so far had the inclination to travel are necessarily closed to me.

The danger, to my mind, is to restrict an albino's activities, on the basis of assumptions made by people who are not albinos

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themselves, and have no experience of how we cope with day-to-day events. It is all very well to say we cannot read letters on a chart, but if we can do proper jobs and lead normal lives, does that really matter? The work now being carried out to establish the cause, and, I hope, a remedy, will benefit those who follow us immensely. It is surely equally important to give advice and encouragement to young albinos and their families and to ensure that their chance to follow pursuits that they are quite capable of is not denied to them through the application of erroneous assumptions.

Clinical details of the author*

Date of birth: 24 December 1944. Tyrosinase-negative oculocutaneous albino.

Complaint—Dazzling in the light and strabismus from birth. Nystagmus.

Family history—An only child, with no definite history of albinism in the family; own two children normally pigmented.

Present condition—Skin: milk-white and pink, folded, rough, hyperkeratotic. Hair: snow white. Irides: translucent. Fundi: "albinotic." Colour vision: red deviation.¹ Visual-evoked response: responses over right hemisphere seem to be deficient in their early components when compared with responses measured over the left hemisphere.²

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Refraction—Right: +3.25 D sphere +2.75 D cylinder 85° = 6/60+; left: +3.00 D sphere +3.00 D cylinder 85° = 6/60+.

Correction—Wore tinted glasses, at first blue, then brownish. In 1961 he was referred to contact-lens clinic at Moorfields and fitted with haptic painted occlusive lenses, but since there was "no substantial improvement in vision," these were abandoned. Nevertheless, in 1966 a further attempt was made, and some success obtained with blue-tinted haptic lenses, particularly for reading—presumably by slowing down the rate of nystagmus. Now, however, he prefers to use corrective photochromic lenses, which particularly help his photophobia.—W O G TAYLOR (senior consultant ophthalmologist, retired, Ayr).

The author would be very pleased to discuss this subject with anyone who cared to contact him at 20 Woolfield, Sandy, Bedfordshire, telephone number Sandy 80138.

Requests for reprints should be addressed to Dr W O G Taylor, 16 Ronaldshaw Park, Ayr, Scotland.

References

- ¹ Pickford, R W, and Taylor, W O G, *British Journal of Ophthalmology*, 1968, **52**, 640.
- ² Creel, D, Witkop, C J, jun, and King, R A, *Investigative Ophthalmology*, 1974, **13**, 430.

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General Practice Observed

Management and outcome of winter upper respiratory tract infections in children aged 0-9 years

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Summary and conclusions

Age-specific incidences for upper respiratory tract infections in children from a new-town population during 1975-7 were studied, and 965 consecutive upper respiratory tract infections in children aged under 10 during two winters were analysed in detail. Significantly different management plans made by seven doctors did not correlate with the clinical outcome as judged by complications, recall rates, and demand for treatment for similar episodes in the future. Two hundred and thirty-two children (24%) returned for another consultation for the same episode of upper respiratory tract infection. The main reason for these repeat consultations

seemed to be that parental expectations about the natural history of the illness were not fulfilled.

More realistic parental expectations might be set and safer clinical standards maintained if doctors warned parents about symptoms such as cough and occasional diarrhoea or vomiting that are commonly associated with upper respiratory tract infections in children.

Introduction

The relation between the management of acute upper respiratory tract infection and the clinical outcome continues to be controversial,¹ despite several controlled trials in recent years.²⁻⁵ Nevertheless, few family doctors seem to be aware of complication rates or recall rates in their patients after an upper respiratory tract infection, perhaps because it is commonly assumed that they all get better without mishap. Even Fry, in his classical description of the catarrhal child,⁶ failed to measure the immediate outcome of the various syndromes because he was most concerned with their natural history over a longer time scale.

I aimed at relating the outcome of acute upper respiratory tract infections in children to the management plans made by seven family doctors based in a health centre who attended to patients from the same new estate.

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