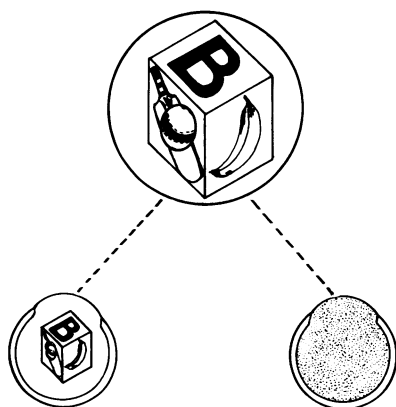


ABC of Ophthalmology

P A GARDINER

BLINDNESS AND PARTIAL SIGHT

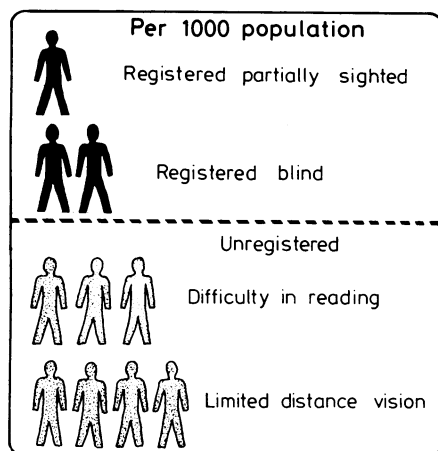
Loss of sight in one eye



Losing the sight in one eye causes a handicap only to those who had good binocular vision or whose better eye is affected. The handicap in the previously binocular is difficulty with depth perception, which may preclude them from driving. Also, the loss of their accustomed field of vision may cause them to bump into things on one side.

Younger people usually adapt quickly to such difficulties. Those who have had sight in only one eye since infancy suffer no significant disability if the remaining eye is normal. Such people are not eligible for registration as partially sighted.

Difficulty in reading



Difficulty in reading is obviously a handicap in education—more so than indifferent distance vision. But the criteria for establishing that someone is registrable as partially sighted and therefore has educational difficulties include no reference to near vision.

A survey carried out on the population of one English country town showed that 2 per 1000 people were registered as blind and a further 1 per 1000 registered as partially sighted. These figures corresponded to the numbers registered nationally but greatly underestimated the numbers of handicapped. A further 4 per 1000 had severely limited distance vision and 3 per 1000 had difficulty in reading. (T Cullinan, Health Services Research Unit Report No 28. Canterbury, University of Kent, 1977.)

Improved lighting is one major way of helping those with visual handicaps, and large-print books are available from public libraries. Unfortunately, government and other official forms do not come in large-print versions and the partially sighted often have to rely on others to fill them in.

Blindness and partial sight

Blind registration
Income tax allowance
Reduced-price TV licence
Free postage on items for blind
Parking concessions
Travel concessions
Special supplementary benefits

The visually handicapped are those whose sight with glasses is imperfect. The largest group is the elderly, but all age groups include people whose vision is limited because of congenital conditions, general or ophthalmic disease, or trauma.

These people receive social benefits if registered and are divided into two groups: the partially sighted and the blind. Most of those registered as blind can see, though not very well. Distance acuity of 3/60 or worse is the basic requirement, but field loss is also taken into account. Partial sight requires a visual acuity of 6/60 or less, but, again, field loss allows some flexibility.

LARGE PRINT BOOKS:

Public libraries and National Library for the Blind, 35 Great Smith Street, London SW1; 5 St John Street, Manchester.

TALKING BOOKS:

British Talking Book Service for the Blind, Nuffield Library, Mount Pleasant, Wembley, Middlesex.

BRAILLE BOOKS:

National Library for the Blind (for loans); Royal National Institute for the Blind, 224 Great Portland Street, London W1. Scottish Braille Press, Graigmillar Park, Edinburgh (publishers).

RADIOS:

British Wireless for the Blind Fund gives radios on permanent free loan to registered blind people (apply through social services department).

TELEPHONES:

Telephones for the Blind Fund, Mynthurst, Leigh, Nr Reigate, Surrey, may give help with installation or rental.

The benefits of registration as a blind person are a small pension, a reduced TV licence fee, limited travel concessions, and access to talking books on tape. The Royal National Institute for the Blind will advise on aids such as guide dogs, long canes, etc. One survey of the registered blind showed that only half of them had received a visit from a social worker, this being no longer statutory.

An anomaly of the system is that those on the blind register pay a reduced TV licence fee, whereas those registered as partially sighted, who can usually see television but cannot see to read, do not qualify for this reduction. Special certification from an ophthalmologist is necessary for the partially sighted to receive talking books.

Registration is effected through the director of social services and requires a consultant's signature. It is not statutory but voluntary and can be a difficult topic to introduce to a patient if the word "blind" is used. Whenever possible the term "handicapped" should be used, which will avoid unnecessary fears of deterioration. This applies equally to infants and the elderly.

Anyone can paint a stick white and use it as a sensible precaution in busy streets and while crossing roads. All those with visual handicaps or concerned with the visually handicapped will be greatly helped by the BBC's "In Touch" programme and its booklet.

Educating partially sighted children



Closed circuit television at a school for the partially sighted

Historically the partially sighted came to be recognised only because they were assumed to be on their way to blindness. Their registration was not to enable them to obtain benefits but to mark them out for special education or retraining if their occupation became impossible. Therefore only in the younger age groups is registration for partial sight worth while. There are special schools for these children, where their inability to read is catered for by the use of magnifiers and audiovisual techniques.

The difficulties for the partially sighted child in ordinary schools usually occur at about the age of 7, when the fluent reading of fairly small print is demanded. Special schools usually have a higher staff-pupil ratio than usual, have specialised equipment, and provide a more secure atmosphere for children who might feel self-conscious about their visual difficulties. Furthermore, most special schools have a visiting ophthalmologist who can help and support both children and staff. This is not the case when a visually handicapped child attends normal school. A disadvantage of special schools, especially when children board, is that they rarely mix with other children. The decision whether to send a child to a special school is usually best decided on the basis of an individual child's need rather than by reference to set visual standards. The present system for registering children leaves the final decision on schooling to the education authorities, and ophthalmic and medical statements are only one part of the total picture of the child's needs.

The risk to future generations: genetic counselling



Retinitis pigmentosa

By school-leaving age children with a visual handicap should have been told whether they are likely to pass it on to future generations. This information should be totally reassuring to those with no hereditary condition, but children who have hereditary conditions should not be unduly alarmed. In many cases offspring will be affected only if both parents carry the gene responsible.

Sufferers from hereditary conditions—even such a well-publicised one as retinitis pigmentosa—cannot be advised except on an individual basis within a given family. In some there is a negligible risk of transmission, in others a very likely risk.

The photograph of closed-circuit television was reproduced by kind permission of Mr Bignall, headmaster of John Aird School, London; that of retinitis pigmentosa by permission of the Institute of Ophthalmology.