

CONFUSION OF COLOUR—A SIGNIFICANT SOCIAL HANDICAP

COLOUR 'blind' is not an accurate term although it is still commonly used. 'Defect' or 'abnormality' of colour vision is more correct but rather cumbersome. The importance in practice, of course, is that patients with such defects may confuse different colours. Although abnormal colour vision attracts relatively little attention, it can be very important to those who have this condition.

Sadly it sometimes is still regarded—by those whose vision is normal—as a bit of a joke. But these defects are common, permanent, incurable, and socially disabling—and therefore of importance to general practitioners.

Incidence and diagnosis

As many as one in every 12 males has some abnormality—one or two in most school classes and over 120 patients in the average sized general practice.

The diagnosis is easy. The simplest method is by using the Ishihara colour vision test cards which can conveniently be kept in the general practitioner's consulting room and easily used by the practice nurse. They cost £8.90, are a tax-allowable practice expense, can be used any number of times, and last for years.

Once the diagnosis of a significant defect has been made the information should be recorded in the data-base section of the practitioner's record. The back cover is one possible place.

Why does the diagnosis matter?

The commonest confusion, unfortunately, is between red and green—the very two colours most often used to indicate danger or safety. Furthermore, the increasing complexity of modern industrialised society means that ever more sophisticated uses are being found for colours. For these patients the choice of work is getting more limited all the time.

The commonest careers that are now affected are in electrical work, commissions in the services, the police, navigation, and radiotelegraphy. Colour vision defects may be a significant handicap in some branches of the textile industry and even teaching (Taylor 1971).

As boys are most affected and as career choices are made early, surely we ought to be establishing the diagnosis before the boy sets his heart on some inappropriate career. Why are we waiting for insurance medicals, or pre-employment medicals to diagnose a condition present since birth?

The Ishihara tests depend on the recognition of numerals. Many children can read these at school entry and virtually all can by the age of ten. If the defects could all be identified much earlier, perhaps those affected could be guided to more appropriate jobs.

The tests are quick and simple to do, the results are reliable, and the findings remain valid for life. Is there any reason why it should not now be used in general practice, including younger children, perhaps even at the pre-school developmental examination?

REFERENCE

Taylor, W. O. G. (1971). *British Journal of Ophthalmology*, **55**, 753–760.