PERSONAL PAPER

Coping with blindness

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THIS article deals exclusively with the onset of blindness after the age of 60. It assumes that the onset may be insidious or sudden and that the person so afflicted has no sign of senility and can lead a normal existence.

A personal note is necessary at this stage. Apart from a central scotoma of the right eye, which was diagnosed early in my academic career, my peripheral vision in that eye was reasonably good. The left eye was completely normal. I suffered no ill effects from this scotoma, and pursued an academic career in pure science and medicine. In 1932 I became pathologist to the Devonshire Royal Hospital, Buxton, and undertook work as a pathologist to the Derbyshire Constabulary; after 30 years in general practice, I retired but continued as pathologist to the constabulary until 1977. When I noticed that I was suffering from failing vision and was unable to differentiate colours and make the necessary analyses essential to the work of a forensic pathologist, I consulted an ophthalmic specialist, who found that I had chronic glaucoma. As a consequence, a year later I was registered as partially sighted. In 1981 I was declared sightless.

Having accepted the verdict I realized how little I knew about blindness and its effect on the lives of those afflicted with it; their changing moods, their fits of depression and, in other moments, their ability to overcome their disability. For those who can see, it is difficult to realize what it means to be blind. The first thing I decided was not to panic and that it was necessary to sit quietly and consider the present and the future. I decided to work out a plan. The first thing was to put my house in order.

I gathered together all my scientific reports and published papers, and arranged my reference books so that I could find whatever book I needed at any time and have any information I required read to me by another person. I then arranged all personal papers (finance, insurance and so on) so that another person could obtain any essential document at any time. This exercise took me two to three months and gave me much satisfaction. I was now able to relax.

With the advent of electronics, special cassette players have been constructed which use large cassettes and provide the blind with easy access to books of all types, recorded for listening. With this arrangement and with the radio I have been able to plan my days for reading and relaxation.

Radio is an essential part of communications and I am grateful to the announcers for the way in which they announce forthcoming programmes so that I can know what to expect on the various stations each day. I am able to listen to music, political talks, scientific and medical discussions and have a good selection of excellent plays and entertainment. Apart from the daily news bulletins, talks and light musical entertainment, I can obtain very little benefit from television.

When I was registered as blind I received most helpful visits from two social workers. One explained the provisions for the blind, the other explained the relationship between the Royal National Institute for the Blind (RNIB) and the Social Services. I was accepted as a student by the RNIB and chose as my special subject eighteenth- and nineteenth-century history. Through the local authority for the blind I receive the local paper and the *Derbyshire Life,* both recorded on cassette, an additional cassette on gardening, plus a cassette of a Sunday newspaper. These are a great asset as they allow me independently to learn facts which otherwise someone else would have to read to me. I receive two further newspaper cassettes, through the kindness of the Aberystwyth Talking Newspaper Service, and, through the generosity of Winthrop Audio-Medical Service for General Practitioners, a monthly cassette which enables me to keep in touch with modern developments in medicine. My wife and friends also read to me from medical journals.

I find the visits of friends helpful in that I am able to have discussions on various subjects including current affairs, local news and what is going on generally in the town and neighbourhood. I find the visits of my col-

leagues from the Constabulary most welcome. They discuss with me points of interest in forensic science and at times I am able to give them the benefit of my experience in this field.

I continued as a lecturer to the St John Ambulance Brigade until the winter of 1980. These lectures consisted of a beginners' course and preparation classes for examination candidates for the various grades. I have also given popular lectures in medical science to various organizations. In this way I have been able to get out in the winter evenings, always collected and delivered by various friends. This has stimulated me mentally and has allowed me to help in my local community.

Home and family

Fifteen years ago, my wife and I moved into a modern bungalow which was built on a third of an acre of land, ready for my retirement from general practice.

It is important for a partially sighted person to be familiar with their rooms and especially the position of the furniture. Fortunately, having been trained as a medical student to observe carefully, to look and look again, I have had no difficulty in getting about the rooms in the bungalow. In fact, I have imposed upon myself the chore of doing the dusting so that I can remain familiar with objects and ornaments. My wife does the cooking and I do the washing up. I find this a very good idea as it makes me feel more confident about handling pots and pans. The technique is not to overload the draining board, but to do the washing up in stages: washing, drying and putting aside. I do not put away anything breakable as I do not know what is already in the cupboards.

It takes a family some time to understand and appreciate that they have a blind person in their midst, but with care, mistakes on both sides can be avoided and harmony can prevail. I find that in order to prevent embarrassment at mealtimes it is essential to have an extra cloth between the plate and the tablecloth or mat. The dinner plate itself should be seen as a clock face and always set out the same way. For example, potatoes at 12.00, vegetables at 03.00 and 09.00, meat, suitably cut up, at 06.00, and condiments on the rim of the plate at 03.00. I find a dessert spoon and fork much more easy to handle than a knife and fork. It is helpful to be told what the meal consists of, as this enables one to appreciate the smell and taste of the meal and to visualize it. Although I once used to enjoy eating out, I now find this cumbersome and unenjoyable, so I confine my visits to personal friends, who understand my circumstances and are not embarrassed by eating with me.

Buffet suppers may present difficulties. I need to be told what is on the main table and I collect my meal by description. It is advisable to have a plate placed on a table in front of a sightless person; again a spoon and fork should be used.

Telephoning

In the normal way a member of the household dials any number I require. If no one is at hand I dial 100 and the operator then dials the number I want.

Hygiene and bathing

Climbing in and out of bed is not very difficult, but I find it useful to leave the bedroom door wide open so that I can easily get to the toilet when necessary. Bathing presents no difficulty as the bath is low and I have a rail to help me get in and out. I consider it advisable to leave the bathroom door unlocked as a precaution against unforeseen eventualities. To avoid embarrassment to the visually handicapped it is advisable to perform the act of micturition in the sitting position, a suggeston I have made to male patients suffering from prostatic troubles as it ensures that the bladder is emptied, prevents dribbling and avoids unnecessary anxiety. If it is necessary to use a public convenience, again the toilet should be used, not the upright urinals, as splashing and flushing can cause much embarrassment.

Household expenses

I am fortunate in having a son-in-law who is well versed in financial matters. He looks after bank statements and other financial transactions. I can still do my own signature, providing I am shown the exact place to sign. My wife sees to any payments so that I do not have to visit the bank.

Outdoor activities

My main hobbies have always been carpentry and gardening. I have had to give up the former but the latter still gives me much satisfaction and exercise. I mix my own compost and raise flower and vegetable seedlings in a cold greenhouse. I am able to prune roses by touch, and manure and weed the rose beds by using a non-absorbent kneeling-mat and an eight-foot cane for measuring distances between the rose trees. Another measuring cane makes it possible for me to weed and plant out flower beds. I can cut the hedges by using secateurs and by starting at the bottom, and with careful measuring and working by stages, I can rake and treat the grass with lawn sand and can dig over the vegetable bed. By making a wig-wam, which presents no difficulty, I can grow runner beans. I also have a row of gooseberries and raspberries.

Social activities

I take great pleasure in attending local concerts, where I can chat to old friends during the interval, but I do not go to the Buxton Opera House as vision is necessary to make the evening worthwhile. I attend my local church

each Sunday but, although there are many social activities associated with the church, I attend only the concerts and talks where vision is not essential. I find very little use in walking about the town and surrounding area.

Holidays

I find travelling tedious and unenjoyable and therefore I prefer to stay at one of my daughters' homes, where I am used to the surroundings and can be of use in the garden, while my wife has a holiday. The disadvantage of a holiday to the totally sightless is the strangeness of the hotel and coping with flights of stairs, corridors and fire-protection doors, which of course are essential but are another disadvantage to the sightless. Sitting in lounges can be irksome and time-wasting. The tendency to go to one's bedroom and listen to the radio and cassettes can be more enjoyable in one's own home surroundings. All of this also increases the responsibility of one's companion and thus, to some degree, spoils the companion's holiday.

Sight camouflages the other four senses—hearing, smell, taste and touch. For sightless people these four senses become more acute. Acquaintances are recognized by their voices; hearing also warns of danger and helps the appreciation of nature. Whereas food is made immediately appetizing by sight, taste now becomes important. Smell enables one to appreciate the fragrance of the garden and warns the sightless of noxious gases and the close proximity of undesirable substances on the roads and pavements. Touch enables one to do the 101 necessities of day-to-day life.

To lead a full life when you are blind, you must consider your relationship to your surroundings, put yourself at ease and give others with whom you come into contact an equal sense of relaxation. Finally you should remember and appreciate Aesop's fable of the hare and the tortoise and, as a rider, remember that the tortoise, for all his slowness, arrived first.

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NHS expenditure

Where Britain spends 6 per cent of its gross national produce on the NHS, France spends 7 per cent and the USA 9 per cent on health care.

Source: Office of Health Economics. *Compendium of Health Statistics.* 4th edition. London: OHE.