

of timidity when being driven with its glasses attached according to this report, but we should have thought that blinkers would have acted just as well, and most horses when we were young were always driven in blinkers.

Charles Kingsley, in *The Water Babies*, asserted that all dragon flies are very short sighted; but as the eye of the dragon fly, we believe, is a compound optical instrument like that of the blue bottle and common house fly, we must assume that he was writing with his tongue in his cheek, as indeed is apparent throughout much of that fairy tale. A dragon fly in spectacles would be a very odd sight to meet during a country walk. One's veracity might well be questioned had one the temerity to say that one had seen such a sight.

ABSTRACTS

MISCELLANEOUS

- (1) **Garden, R. Ramsay (Bristol).**—**The blind child.** *The Practitioner*, p. 180, September, 1945.

(1) In spite of the steady decrease in the number of those whose blindness dates from infancy there is still a considerable group whose sight is so seriously impaired by congenital, developmental and other defects arising during childhood that they have to be educated and taught the art of living by special methods. The object of this article is to give those not familiar with the care of the blind child some information with which they can encourage the distressed parents and to indicate the voluntary and official organizations which deal with the care and education of these unfortunate children.

The first national school for the blind was founded in Paris in 1784 by Haüy. In 1791 Liverpool opened the first institution of the kind in this country, followed soon after by Bristol, Edinburgh and London (at Southwark). Haüy was the first to emboss paper with raised characters to provide reading matter for the blind, while his pupil Braille published in 1829 the six-point system which bears his name.

In Great Britain the majority of schools for the blind are managed by voluntary associations, but the Education Authorities make the fullest use of their organizations, accepting financial responsibility for maintaining most of the pupils. This also applies to higher

education, secondary and technical, and to the workshop training of those leaving school.

The subject is discussed under three headings:—the blind infant, schools for the blind and the partially sighted child.

The blind infant. Although the education of blind children under the age of five years is not compulsory, local Education Authorities have power to provide it from the age of two years. However, the best place for an otherwise normal blind child is at home provided the conditions there are adequate and the mother sympathetic and sensible. This is not the case when the parents are ignorant or ill-housed; then the infant should be admitted to one of the Sunshine Homes maintained by the National Institute for the Blind. Here the aim is to stimulate self-reliance by excursions in the grounds, to give instruction in dressing, in caring for toys and games and in the elements of Braille reading and writing. Behind the blind eyes is the perceiving brain which with agile fingers, nimble legs and alert little noses acquires habit, forms personality and develops imagination.

Schools for the blind. Once school age is reached education is carried on in one of the schools provided by voluntary organizations or by the Ministry of Education. It is now compulsory for pupils who have no sight to be educated in a boarding school. Numerous forms of manual work are taught. Secondary education is provided for blind boys at Worcester College and for blind girls at Chorley Wood. The Royal Normal College admits pupils from the age of five to twenty-one, giving special attention to the teaching of music and stenography besides providing a sound general education. For most of the blind children who do not go to secondary schools courses of training in some form of manual work are provided at workshops recognized by the Ministry of Education.

The partially sighted child. In a number of blind schools classes for the partially sighted have been established. At the Royal School for the Blind, near Bristol, with which the author is associated all the pupils get practice in using Braille up to the age of eleven, and the partially sighted can be taught by this method should the condition of the sight require it at a later age. Also, if it is desirable that the eyes of a myope should be rested for a period it is easy to arrange for education to be carried on by oral methods, with or without Braille. It is desirable to let the educationally blind make use of any sight they may have (and some have a considerable amount) so long as no harm is likely to occur. To those and to the few whose sight shows sufficient improvement whilst at school, partially sighted methods in part or as a whole are readily available. By assistance to their blind companions the partially sighted acquire some character training unconsciously.

A. F. MACCALLAN.

- (2) **Diez, Magin A. (Buenos Aires).**—**Ophthalmological syndrome in frontal lobe tumours.** *Arch. de Oftal. de Buenos Aires*, July-August, 1945.

(2) Ten cases of frontal lobe tumours were studied. Time of evolution from beginning of subjective symptoms ranged from three months to nine years. Average time was six months to two years. Apart from headaches, the initial symptom was diminution of visual acuity, sometimes taking the form of transient amblyopia. Other symptoms were pain in the globe and optic hallucinations.

The ocular signs were the following:—1. Moderate exophthalmos, generally bilateral. 2. Widening of palpebral fissures. 3. Nystagmus on looking at extreme limits, more marked on the side of tumour. 4. Hypertension of central retinal artery. Highest readings correspond to same side as tumour. 5. Bilateral papilloedema; oedema more marked on same side as the tumour. Foster Kennedy's syndrome was not encountered. 6. Visual acuity is diminished on the same side as the tumour. It is generally unimpaired in meningiomas unless they are of long standing and compressing the visual pathways or venous trunks. 7. Visual field changes.

(a) Generally the blind spot is of greater size on the same side as the tumour.

(b) Incongruous contraction of isopters in the majority of cases. Incongruous bi-nasal hemianopias or bitemporal hemianopia may be found.

(c) Central scotomata are frequent generally on same side as the tumour. They are bilateral when the tumour is situated at the basal medial region.

FRANCIS J. DAMATO.

NOTES

Appointment MR. G. HOWARD BUCK, D.O.M.S.Eng., has been appointed ophthalmic surgeon to the East Suffolk and Ipswich Hospital.

* * * *

Corrigendum IN Mr. John Foster's letter on Lateral Orbitotomy, p. 311, line 20 should read operations in 4th, 5th and 6th case . . . in place of "operation in 4,506 cases.