

## Editorial: Are their spectacles really necessary?

In a study described in this issue Dr Jane Stewart-Brown reports that 11% of a group of 13 800 children born in one week in 1970 had been prescribed spectacles by the time they were 10 years old—about 1475 in all. Of these children 20% had no impairment of visual acuity, and a further 15% showed only minimal visual deficit. Thus about 516 children appeared to have been prescribed spectacles for no apparent reason. If these figures are extrapolated to 1 year, we have a total of 25 900.

It is easy to jump to the conclusion that many of the prescriptions had been unnecessary, but this would be unfair without more information than is provided by figures indicating visual acuities only. We need to know especially how many of these children were squinters, and the study does not tell us this, though squinting is alluded to. However, if we assume that the incidence of strabismus with an accommodative basis was, say, 2% in the whole population studied, and if we assume that half of such children had normal or near normal acuity, we arrive at a figure of 138 children, leaving 378 still with unexplained spectacles. If we make a generous allowance of, say, another 100 cases in which the measurement of visual acuity was inexpertly done or wrongly recorded, we are still left with 278 children or 14 456 per annum in the 'Why spectacles?' category.

Now if these children had normal visual acuities and were not squinters, they must have been given spectacles because of some other sign or symptom. The first symptom that springs to mind is headache, and indeed there is evidence in the report that a considerable number of children had been prescribed spectacles for that reason. There are of course many other reasons why a parent or teacher might think the child under his or her care could need spectacles, for example, peering closely at print or the TV, screwing the eyes up or blinking excessively, styes or blepharitis, failure to make good academic progress, and so forth.

With these points in mind it might be appropriate to consider the medical implications. With the possible exception of squint, there is little evidence that spectacles are of any use except to improve visual acuity: that is their function par excellence. One hears and reads a good deal about 'eye care' and the like, as though spectacles conferred some sort of benison on our eyes—but this of course is fanciful. The fact of the matter is that if we have the right glasses we get the best vision but if we have the wrong

ones our acuity is impaired. There is really little more to it than that.

However, if glasses are to be used for what are apparently medical reasons, for example for the relief of headaches, is it desirable that they should be prescribed for this purpose outside medical supervision? It is true that we have no information from the present paper about the identity of the prescribers, but if we assume that the proportions conform to the national average, it would be likely that 80 to 90% of the prescriptions have been issued by non-medically qualified persons.

Opticians are under an obligation to refer persons to a registered medical practitioner if it 'appears' that they are suffering from a disease of the eye. The wording of the Act is vague, since it does not exhort the optician to examine the eye, and this 'appearance' that the patient might be suffering from something may be seen only incidentally in the course of 'testing the sight,' which seems to mean carrying out a refraction. Furthermore the Act leaves out completely the possibility that the person might be suffering from disease of some other part of the body, for example the brain.

The practice of refraction, consisting as it does of the determination of what lenses are required for best vision, has little or no medical content in itself. However, if the person doing the refraction is also carrying out the primary consultation (as distinct from a refractionist working in, say, an outpatient team) the subject regards the consultation as something akin to a medical examination, and there is a natural inclination for the refractionist to regard the 'subject' as a 'patient.' Thus what begins as a simple task—a refraction—is converted into a pseudomedical event. It is only a short step further for prescriptions to be given for non-optical reasons, and it is this aspect of refraction work, when carried out by non-medically qualified persons, that we find a little disturbing.

There is of course nothing in law to prevent an unqualified person from giving medical advice. Paradoxically, however, there is a law against persons not appropriately registered from prescribing spectacles or even testing sight, and we would therefore hope that, if the opticians are to continue to enjoy their unusually specific measure of protection, they would reciprocate by confining their prescribing to spectacles that are required for purely optical reasons.

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