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Division of Services for the Blind

Maine Department of Health and Welfare

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State Of Maine

Department of Health and Welfare

Division Of Services For The Blind

DEAN P. MORRISON*

Although the Division of Services for the Blind which was established within the Department in 1942 has several programs, the one of the most interest to the medical profession is probably that of medical services for eye conditions. This is defined as "eye care to prevent blindness and to restore vision." It is available for those individuals who do not have adequate funds to pay for private care. A determination is made by a member of a State-wide panel of ophthalmologists and if the individual in question consents and is accepted by the Division (on the basis of medical-social information), he may be eligible for surgery, medication or whatever treatment is indicated by the ophthalmologists.

The Division** has a current projected case load (at the end of the present fiscal year) of 5,000 persons in the medical eye care program. This is contrasted with the total of 1,941 persons in the same program as of June 30, 1955. Hospitalization for patients under the Services for the Blind program totaled 572 days for 88 patients at a total annual cost of \$7,439.70 for the last fiscal year for which such statistics are available, namely 1958-59. From July 1 of last year to April 17, 1960, there were 438 hospital days for 74 persons at a cost for that period of \$5,996.30. A small number of cases are hospitalized out of state, but by far the larger number receive service in Maine hospitals.

The attention of the medical profession is specifically directed to one problem in the prevention of blindness and vocational rehabilitation. Statistics indicate that four million Americans, including 109,000 children,

are suffering from some degree of amblyopia which could have been prevented. Some of the children will suffer loss of their only good eye through injury or disease, or this loss may come after one has a family and result in loss of job and economic dependence in addition to blindness. Few people ever prepare themselves for blindness.

Why is it so difficult to discover children's eye problems? Since a good eye covers up for its faulty fellow and the presence of side vision in the poor eye keeps the child from bumping into things, it is assumed that both eyes are functioning well. As each eye receives its own impression or image, and as the sensation of "seeing double" is intolerable, nature has provided a mechanism by which the mind blends these two images into one. This results in binocular vision and is the principle on which 3-D pictures are based.

If something upsets the delicate balance and close cooperation between the two eyes, there is the danger that one eye may do all the work of seeing while the central image of the other eye is ignored. The most common cause of this condition is faulty alignment of the eyes; that is, one eye is turned inward or outward with respect to the other. Since the eyes are looking in two different directions, the child can escape the annoyance of seeing double only by mentally shutting out the image of one eye. Unless treatment is started at once, this eye will never learn clear vision. Treatment can be started as early as the first year of life, or as soon as the need for it is discovered. Patching must be constant and complete until vision has been brought to a near normal level in the poorer eye; only then is it permissible to omit the patch for a part of each day. Supervision by the eye specialist is essential, but the responsibility for carrying out the program rests with the parents.

The first few days are the most difficult; as soon as clear vision starts to develop in the faulty eye, the patch is increasingly well-tolerated. The older the child, the slower is the response to treatment and an eye that has not developed clear vision before seven is

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**Not to be confused with Aid for the Blind, one of four categorical programs in the Division of Public Assistance which provides financial aid in the form of money grants for eligible needy blind persons. Although these two divisions within the Department differ in their major objectives, there is continuing cooperation between staff members working on cases in which medical services or vocational rehabilitation are indicated.

unlikely to do so thereafter. Failure to achieve any improvement at all may be due to eye disease, advanced age of the child, improper glasses, or half-hearted inadequate attempts at patching.

Children who are obviously cross-eyed or wall-eyed are usually brought under treatment at an early age. In many others, however, the deviation or cast may be so slight as to escape detection by all but a trained examiner.

Another group are those whose eyes are straight but who have an optical imperfection of one eye. Since the distorted picture received by this eye cannot be reconciled with the clear image of the normal eye, the natural tendency is to shut out the blurred image entirely. In many cases, the prescription of suitable glasses at an early age is sufficient to insure normal development of both eyes instead of only one.

The general practitioner and the pediatrician can test vision in children too young to read letters by means of picture charts. The essential thing is that each eye must be tested separately. Unequal vision in a child's eye is a red flag of danger. Vision testing should be done as early as possible and at intervals until the family physician and the parents are satisfied that the child has equally good vision in both eyes.

Vocational rehabilitation of legally-blind persons and vocational rehabilitation of the visually handicapped are responsibilities of this division.

A legally-blind person is one who has visual acuity of 20/200 or less in the better eye with correcting glasses or with a field defect in which the peripheral field has contracted to such an extent that the widest diameter of the visual field subtends to an angular distance of no greater than 20°. A visually handicapped person is one whose vision in the better eye with correcting glasses is 20/70 or less or is greater than 20/200.

The State-Federal program of vocational rehabilitation is set up by law to provide persons of employable age (age 15 or over) who are legally blind or who have a visual impairment which seriously threatens their job performance or is a severe handicap to their obtaining job skills. Complete information on this program may be secured by writing the Division of Services for the Blind, State House, Augusta, Maine.

Other services offered by the Division include a program for pre-school blind children. This provides counseling and guidance services to both children and parents. Assistance is given to parents with their

problems of medical eye care and counseling provided in the areas of growth and development of their blind children. Psychological and psychiatric study is provided and educational plans are made for the child according to his individual need and the wishes of the parents. Education for the blind funds can be used to provide nursery school experience in sighted groups to help evaluate the child's abilities to function in a group situation. As of April 1, 1960, there were 32 children in this program as compared to 43 for the entire year of 1955.

Four types of educational plans are available for the education of blind children based on the belief that each blind child should receive an education at least equal to that which he would receive had he not been blind. These are: (1) education in a public or private residential school for the blind; (2) education with the sighted in public or private school with resources provided such as large print books and other special sight saving equipment and materials; (3) education with the sighted in public or private schools with itinerant teaching services available as needed and (4) education at home with a special instructional program to meet the needs of the individual child. As of April 10, 1960, there were 79 children in this program as compared to 60 for the entire year of 1959.

The Division provides home teaching services to the extent that properly trained personnel is available. At present there is one full-time home teacher and one part-time. The home teacher's function is to teach the blind individual how to live with his blindness, that is how to do the necessary activities of daily living in the home and elsewhere. Braille instruction in reading, writing and typing are some of the tools used to accomplish this goal. The home teacher provides intensive services for vocational rehabilitation clients in their preparation for productive employment.

Federally-owned phonographs called "talking book machines" are distributed and maintained in good repair as another service to the legally blind at no charge to the reader. This serves as the library for blind persons in the State. Currently, there are 380 persons taking advantage of this service.

In conclusion, this Division is the Federal licensing agency for vending stands located in Federal buildings. Operators are trained and assisted in the operation of these vending stands as a means to become self-supporting.