

Recent Developments in Aids  
for the Visually Handicapped

J. M. Gill

Research Unit for the Blind

University of Warwick

Coventry

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There are over 120,000 registered blind in Britain, but various estimates suggest that there are about another 80,000 whose vision is such that they could be registered. The general public tends to assume that blind people are those without sight. However the registered blind population is largely one afflicted with seriously defective vision rather than blindness in the full sense of the term (see Table 1).

Table 1 The vision of those registered as blind in England and Wales (Sorsby, 1966).

Total blindness (no perception of light)	3.4%
Almost total blindness (perception of light only)	10.4%
Useful vision (hand movements and vision up to 3/60 Snellen)	58.8%
Vision more than 3/60 Snellen	27.4%

The usefulness of residual vision depends on more than the visual acuity. For instance the field of vision is very important (see Figs 1, 2 & 3).

(insert Figures 1, 2 & 3)

Most low vision aids are prescribed by ophthalmic opticians either privately or through the Hospital Eye Service. As well as recommending optical aids they can advise on lighting. Good lighting does not mean just bright lighting, but lighting which does not glare and proper design of colour schemes.

The main technological development for those with residual vision has been closed-circuit television reading aids (Fig 4). These devices usually provide variable magnification, enhanced contrast and image reversal (white letters on a black background). The disadvantages are the cost (from £650 to £3000) and the weight of the machines (typically 25 Kg). Despite these disadvantages they have proved to be very useful aids for

patients whose needs have not been met by conventional optical aids.

(insert Figure 4 here)

The blind have severe problems with mobility particularly in unknown environments. The traditional aids are the guide dog and the long cane, which have about 3000 and 10,000 users in the UK. One of the problems with the long cane is that it does not provide information about obstacles at head height eg overhanging branches or lorry wing mirrors. A number of electronic aids have been developed to provide extra information to the blind pedestrian. Unfortunately most aids have been developed by engineers who have not first systematically studied the information required by a blind pedestrian, and the optimum method of displaying this information to the human. As a result there are no electronic mobility aids in widespread use in the UK.

Aids for access to written information have either audio or tactual output for users with no useful residual vision. Probably the most useful technical aid is the cassette tape recorder. The main disadvantages are the user's inability to vary the speed, and the lack of a good indexing system. The variable speed problem will be partially solved with the increasing availability of inexpensive 'compressed speech' modules. These devices correct the pitch changes which result from increasing the speed. Blind professionals have the need for faster speeds, but many elderly blind people find the existing recordings too fast. The indexing problem is not so easily solved. What is required is an inexpensive system so that the blind user can input a number or keyword, and the machine will then automatically find the information; such systems exist but they are prohibitively expensive.

A variety of devices with speech output are now commercially available. The speech can be spelled, compiled or synthetic. Spelled speech is when the output is character by character; the advantage is the very low cost but the quality is unacceptably low for any application involving prolonged listening. With



compiled speech the machine has a limited vocabulary of whole words, and then spells out words not in the vocabulary. A vocabulary of 8000 words and their plurals copes with over 90% of most texts. Synthetic speech is where the machine approximates a human speaker. The output quality is dependent on the size of the computer program. High quality synthetic speech systems are still very expensive. A reading machine with optical character recognition and synthetic speech output costs in the region of £19,000; costed over five years, it would be cheaper to employ a sighted reader. However the cost of such machines should decrease significantly over the next few years.

The best known communication medium for the blind is braille where dots are embossed on paper or plastic. Braille utilises a six dot cell giving sixty-four possible combinations. One of the disadvantages of braille is the considerable bulk which is typically twenty times that of the print version. To reduce this bulk, a number of contractions and abbreviations are used which result in 25% saving in space. There is an acute shortage of people skilled in transcribing text to contracted braille. Therefore a number of computer-based systems have been developed to translate text to contracted braille. Such systems mean that a typist with no knowledge of braille can produce documents in both ink-print and contracted braille from a single typing operation (Fig. 5).

(insert Figure 5 here)

Computer-based systems are significantly cheaper than manual transcription for information which already exists in digital form. For instance two major banks use an automated system to produce statements of account in braille (Fig 6). Since the system is totally automated it also minimises the risk of an error in the braille version.

(insert Figure 6 here)

A recent development is that information can be directly input from the British Telecom Prestel viewdata system. This is particularly important for those who are both deaf and blind

