

A **O**NE-EYED VIEW OF LIFE

An Insight into the Problems
of Monocular **Vision**

TERRY SPRING B.Pharm MPS

Cartoons by Eliza Hamilton

A ONE-EYED VIEW OF LIFE

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By

Terry Spring

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Foreword

On the evening of Friday 28th June 1991, a small group of people met to start a self-help group. They had all suffered the loss of an eye. I approached this meeting with some apprehension but the group had no reservations, barriers fell and a warm supportive atmosphere nurtured at this initial meeting continued through subsequent meetings.

This book is an expression of the efforts of the group and of individuals like Terry Spring within it, to offer help to others who are in need. This book is 'user friendly' and covers all aspects of eye loss; the whimsical humour helps to get the message across without too much pain. A book such as this should be in all hospital eye clinics and ophthalmologists' surgeries.

May the good work continue unabated.

Edit Gillott

Taylor & Trefrey (Sales)
Artificial Eye Laboratory
Sydney Hospital

In Appreciation

Although the idea of producing this book came to me about two years ago, it took the prompting and encouragement of the founders of the **CYCLOPS CIRCLE** to get me to the point of organising my thoughts and actually pounding the keyboard.

The information presented below is a collection of the problems experienced by a group of people who have all lost an eye and who were willing to discuss these problems openly and honestly, with a long-range view of helping others similarly afflicted.

This group, the **CYCLOPS CIRCLE**, was initially brought together in early 1991 by Edit Gillott of the Artificial Eye Laboratory at Sydney Hospital, and has now advanced to operational status.

To Edit and the other founding members of the group I would like to offer my sincere thanks for their individual contributions and assistance.

I would also like to mention ophthalmologist, Dr. Justin Playfair, who has given of his time and knowledge to the group and has been a valuable supporter.

Eliza Hamilton, a family friend, very kindly illustrated the misadventures of our cuddly cartoon character — Mr. I. Ball. Many thanks, Liza for your contribution of artistic talent and time.

Finally, a huge thank you to the doyen of Australian sports broadcasters, Mr. Norman May, who generously and without hesitation agreed to write some encouraging words for the book. Mr. May lost an eye at the age of six, yet managed to achieve top level participation in cricket, football and swimming — then proceeded to conquer the world of radio and TV sports commentating. He remains to this day without peer in this field.

Surely there can be no better example to those who have lost an eye than this man, whose triumphs over monocular difficulties both in and away from the sporting arena are inspirational.

Terry Spring

Some 'Golden' Words from Mr. Norman May

I lost my right eye at the age of 6 playing 'bows and arrows'. I am now approaching my 65th birthday which means that I have worn an artificial eye for more than 90% of my life so far.

In my childhood days well-meaning people would tell me that I was just the same as everyone else, but I knew immediately that this wasn't true. How could it be? Other people had two eyes and I had one! I was different but that did not mean that I was inferior. As the years went by it became apparent that it was possible to be as good as, or even better than, the other person, provided that I was prepared to work harder to achieve the same result.

It wasn't a great physical handicap — the effect was more subtle and insidious. It affected my appearance and, therefore, my personality. It undermined my confidence and self-assurance causing inhibitions, particularly in personal relationships. As I grew older, I learned to accept a situation that could not be altered. Then I tried to present myself both privately and publicly in the best possible way, at times forcing myself to communicate when my first reaction was to run away and hide in a corner. I realised that other people's perception of me was influenced more by my personality than by any slight flaw in my appearance.

I believe now that the problem has been completely overcome. The real battle here is with yourself, not with anyone else, and it is a battle that can and should be won.

My present reaction — I have one eye — SO WHAT!

Norman May
Sydney
September 1992

Timetable — from Operating Theatre to Final New Eye Fitting

This timetable can only be a very approximate guide to the following 3 to 4 months. Even if all enucleations (surgical eye removals) were identical (which is not the case), no two people have the same rate of tissue healing nor the same powers of recovery after surgery — therefore, we stress the ‘approximate’. Your surgeon will keep you well informed regarding your progress and when you can expect the following sequence to occur.

AFTER ENUCLEATION

1. Time in hospital — 2 to 7 days — mainly 2 to 3 days.
2. Convalescence — from 3 to 8 weeks.
3. First visit to artificial eye maker — fitting of ‘conformer’* if oedema (swelling) has subsided to an acceptable level. ‘Conformer’ may be in place for several weeks — usually at least one week.
4. Second visit to eye maker — measurements for new prosthesis taken — ‘painting’ of prosthesis may also commence during this visit.
5. Time required to make prosthesis — from 5 to 14 days.
6. Third visit to eye maker — trial fitting of prosthesis — adjustments usually made for size, comfort and colour if necessary — 4 to 7 days.
7. Fourth visit to eye maker — may be final fitting. Some very minor adjustments may be made — almost ‘while you wait’.
8. A further visit may be required if the prosthesis is not comfortable or the alignment has altered due to a reduction in swelling of the socket.
 - What is a ‘conformer’? — It is a clear plastic device that has approximately the same shape as your soon to be made and fitted prosthesis. It is worn until your socket is showing reduced swelling and allows the socket to attain the correct shape for the fitting of the new artificial eye. The conformer is only approximately your size and may be easily dislodged — don’t panic — after a good wash and dry with a soft tissue it can be replaced, with no damage to you or itself.
 - If you are concerned about any aspect of this particular phase, contact your eye maker who can explain to you what is actually happening with your new conformer and your eye socket. Professional counseling may also be sought if depression is getting the better of you.

CHAPTER 1

Questions, Questions, Questions

AFTER I LOSE MY EYE ... ?????????????

Will I be able to	Work at my previous job? Drive a car again? Play my favourite sports? Pursue my hobbies? Enjoy the theatre, films, concerts? Relax in cafes and restaurants?
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Will I	Still be loved? Frighten my young children? Embarrass my teenage children? Be disadvantaged in the workplace? Be shunned by friends? Be ridiculed by the ignorant? Be a social disaster?
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My intention in the following pages is to provide answers, answers, answers. I have tried to include all the most frequently asked questions and, wherever possible, to furnish sensible, down to earth replies. Many other topics are also covered to help you avoid the pitfalls that we (as one-eyed) have stumbled into unexpectedly through lack of knowledge of monocular sight and its consequences.

If, after reading this book, you are worried about any other aspect of one-eyed vision not mentioned, contact the **CYCLOPS CIRCLE** where every effort will be made to assist you.

MOURNING THE LOSS OF A 'FRIEND'

Losing part of one's body, such as a limb, is a physical deprivation that affects the manner in which we perform the usual tasks involved in everyday living. Losing an eye is more than just a physical jolt to the system, because it involves an emotional element that is very difficult for all of us to accept. Our eyes are our 'windows on the world', our 'mirror of the soul', and historically have been regarded as possessing magical and mystical powers. Small wonder then that losing an eye causes such grief and depression. If at this moment these are your feelings, don't be despondent. All of us succumbed to episodes of despair as we lay in a hospital bed wondering what the future would hold.

You have just been separated from an 'old friend', a part of your body that has most probably served you faithfully and well up until a short time ago. Allow yourself a period of mourning for this old friend — but don't let the parting lower your spirits for too long.

There is now much to learn and understand about one-eyed living and by reading these pages you are taking the first step forward.

The human eye is one of Nature's greatest creations and one of the few parts of the body that is in constant use during all our waking hours — thankfully we are blessed with two so the loss of one does not mean the end of a normal existence. Certainly there are adjustments and accommodations to be discovered and made, but you will find that after a relatively short time life is not quite as bad as you had imagined.

Right at this moment you may feel that Fate has dealt you a cruel blow, but your life and your enjoyment of it, will continue almost unchanged. Nearly every activity, both occupational and recreational, that formed part of your life up to this moment will remain within your capabilities.

Family and friends will not find you a 'changed person' (unless you allow depression to get the better of you) and will be highly supportive in your recuperation. In many instances your immediate circle will take great interest in the total process of the making and fitting of your new eye.

To the best of our knowledge no one has lost a husband, wife, fiancé or lover due to enforced enlistment in the one-eyed ranks nor has anyone reported any harmful effects to his or her love life! (What a relief).

While older children can adapt to and accept your new situation quite readily, the younger ones take slightly longer and you will have to let your common sense and understanding guide you on the correct path with them.

There is absolutely NO REASON why your appreciation of TV, films, theatre, concerts, etc. will be lessened — (with the exception of 3-D movies which definitely require two eyes!)

PUTTING ON A GOOD FACE

The advances in prosthetic eye technology now make it possible to reproduce an amazingly accurate copy of your remaining good eye — beautifully colour matched, even down to the correct proportion of minor blood vessels.

The final result depends on a host of factors, with one of the most significant being the degree of damage to the socket and surrounding tissues caused by injury or disease. Whatever the extent of the damage, your plastic surgeon and eye maker (ocularist) will still produce remarkable results in the restoration of your former appearance.

The ocularist determines the correct shape, size, colour, etc. of your new prosthesis and will ensure that the fit is comfortable and the final look is as natural as possible.

It is most essential that you do not allow your new monocular status to become an alibi or excuse for not getting on with life. One of the greatest entertainers of modern times, Sammy Davis Jr., lost an eye during his career, but was able to go on to even bigger and better

things. There are many similar examples of people in public life who simply refused to let the loss of an eye affect their determination or drive to reach their goals.

RELAX AND ENJOY IT!

Immediately following enucleation (the surgical removal of an eye) a strange phenomenon occurs that may cause a degree of concern unless you are forewarned — this is the ‘laser light show’ or ‘the fireworks display’.

When the optic nerve is severed, it still transmits impulses to the brain as if the eye were still functioning normally. The brain, of course, is not receiving the signals which it expects and instead of producing the images that we know as ‘sight’, it generates a spectacular display of shooting stars. This happens mostly at night when both eyes are closed (shortly before sleep) and the body is in a relaxed state. If or when you experience the ‘fireworks’ don’t be alarmed or worried — it is not unusual or the sign of anything sinister, merely the reaction of a confused brain! In a relatively short time the show finishes its run and its season ends. Meanwhile — **JUST RELAX AND ENJOY THE SHOW!**



Author’s note

Even though many years have passed since my own eye loss, I still see a brief ‘light show’ at night if I am disturbed by a loud noise during that twilight period just before sleep.

USE PROTECTION FOR ‘SAFE SIGHT’



When you have only one eye, it is of paramount importance that you protect and safeguard it to the best of your ability. Monocular (one-eyed) vision has several problems — one of the most vital being, in the early stages, the loss of the ability to judge distance.

In practical terms this means that you are more likely to walk into any number of objects that were not quite where you thought they were. If any of those objects happens to be pointed or sharp and at eye level, a serious mishap could destroy the sight in your ‘good’ eye — no further comment is needed.

Nearly all professional people concerned with the maintenance of eye health advise the permanent use of spectacles, whether you need them for corrective purposes or not. Many monocular people wear spectacles that have no distance correction, but are fitted with clear, hardened lenses. Use them all the time — the only exceptions being those occasions when even more protection is required; that is, any activity that involves objects that may fly unexpectedly toward the face. Examples — hammering nails or any handyman activity, mowing lawns, household repairs (esp. overhead) or playing a fast moving small ball sport like squash. This particular sport rates a special mention because it produces a significant number of eye loss

accidents every year. **EVERYONE WHO PLAYS SQUASH WHETHER ONE OR TWO EYED SHOULD ALWAYS WEAR PROTECTIVE GOGGLES.** This rates in importance with the need to wear goggles in certain workplace, workshop or handyman situations.

SELECTION OF SUITABLE SPECTACLES



You may at first find it hard to believe that the loss of an eye (or the sight in one eye) only reduces your total field of vision by approximately 20% *(see note below). With both eyes functioning, there is a large section of 'overlap' so that even when the sight is removed from one side it does not result in a loss of 50%.



The 20% loss of field varies in direct proportion to the size of the nose! The flatter the nose the better, but please leave considerations of plastic surgery till a later date..

This 20% reduction still represents a very significant loss of field and any further barriers are, therefore, not desirable. For this reason when choosing spectacles it is advisable to ignore the dictates of fashion and select thin frames with large, slightly wrap-around lenses. The 'Dame Edna' look is not recommended.

CONTACT LENSES

A contact lens (for vision correction) may be worn, but although causing minimal interference to the sight, its protection factor for the eye is ZERO.

PHOTOCHROMATIC LENSES

Most currently used 'light sensitive' lenses react slowly to changes in light intensity. If some low-light conditions adversely affect your vision, these lenses may not be particularly suitable, therefore, be sure to 'try before you buy'.

THE NOSES HAVE IT



Your nose forms the boundary on one side of the arc of vision that your sighted eye covers. On awakening immediately following your operation, you will suddenly 'see' your nose and continue to be aware of it for some time. As your brain adjusts to the new signals that it receives from your active eye, it learns to ignore the nose and eventually disregards it completely. This event is a sign that all is well and you are on the comeback trail.

LEAD WITH YOUR CHIN

One of the greatest worries facing a new 'monocular' is that his or her appearance will no longer be 'normal', or more precisely, that any alteration in

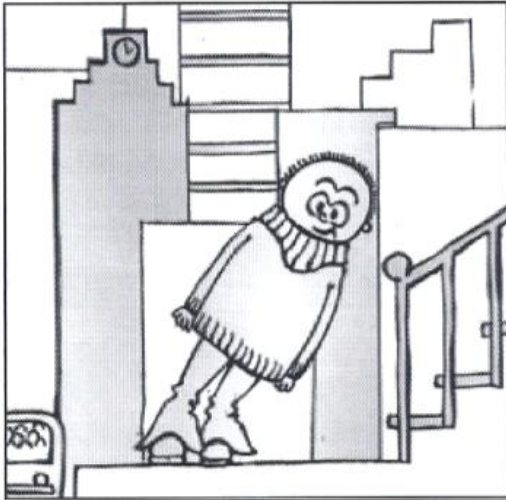
appearance will be immediately noticed by others. Without exception, all of us harbour this feeling to some extent, and it is only natural to want to minimize any changes to our pre-monocular looks.

One of the most obvious changes to occur once your new artificial eye (prosthesis) is in place, is the restricted movement (in all directions) of the new eye. It is physically impossible for the prosthesis to have the same mobility as your natural eye, but there are several ways of overcoming this problem.

1. Start by training yourself to look directly at the person to whom you are speaking — **DON'T TURN YOUR EYES — TURN YOUR HEAD.**
2. Point either your nose or chin straight at the person to whom you are talking to ensure that any loss of movement in your artificial eye is less obvious.
3. When sitting, always raise the head not just the eyes, because most prosthesis have little vertical movement.

It takes only a short period of time to learn these 'rules' and, once mastered, your confidence in facing others will improve dramatically.

KEEP A LEVEL HEAD

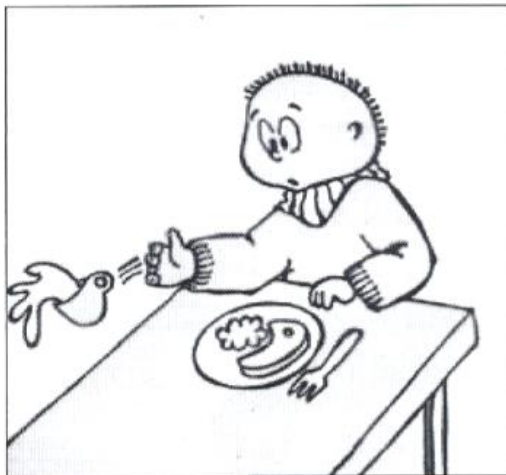


After eye loss the brain receives nerve impulses from only one source instead of two, and this may initially affect the way in which the brain 'sees' your body in relation to the ground. This often results in 'monoculars' holding their heads at a somewhat strange angle (instead of a 90 degree angle with the shoulders) giving a 'leaning tower of Pisa' look to the head and neck!

How to keep a 'level head'?

1. Whenever facing a mirror check that your head is sitting squarely on the shoulders so that the brain can re-learn how it feels.
2. Use any reflective surface to check your head position when not near a mirror. Shop windows, car windows, etc. may be useful.

DON'T BE A KNOCKER



As mentioned earlier, you will experience at least some difficulty in judging distance — this will be more apparent with objects that are closer to, rather than further away from the body.

All of the following (and many others also) will create irritating mishaps:

1. Knocking things over when attempting to pick them up, e.g. glasses of drink, cups of coffee, bottles, jugs, vases of flowers, in fact anything that will topple over if bumped!

SOLUTION



When reaching out to pick up a cup of coffee or tea, for example, move your hand towards the cup but stop at a point where you are sure that you can't possibly touch it. Then move your hand forward again slowly until your fingers touch the cup and you can then take a firm hold without spilling a drop. This method will work in all similar situations — just be slow and steady.

2. **Pouring liquids from any container into glasses or cups.** It is amazingly easy to miss the cup or glass completely and deposit the coffee, tea or champagne all over your good dining room table.

SOLUTION



Place the lip of the bottle or the pouring spout directly on to the rim of the cup or glass. Don't pour until you are sure that everything is lined up correctly. Again, move slowly and steadily, particularly if there is a chance that you may smash an expensive crystal wine glass!

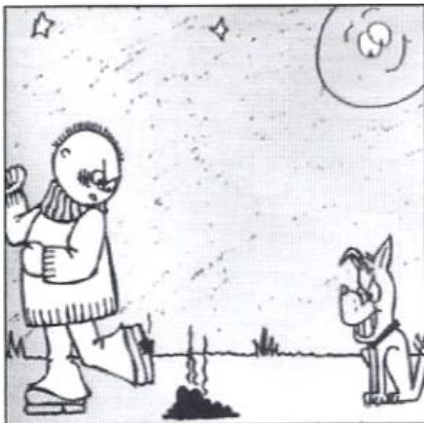
3. **Over-filling when pouring liquids.** With loss of perspective it can be quite hard to judge exactly how full (or empty) any container may be, especially when you are standing over or looking down on the container.

SOLUTION



Stand slightly back and this will allow you to see more of the inside of the container and thus the level to which it has been filled. Play safe — better to give your guests half a cup than a cup and a half!

BEWARE OF THE SHADOW



Shadows cast by objects illuminated by artificial light at night can be a worry! The object and its shadow will often appear (to us monoculars) to be a complete unit and this can make identification surprisingly difficult. Use the same method as above to help overcome this difficulty — view from a different angle.

A CHANGE OF COLOUR

Several members of our group have noticed that in low light, the ability to distinguish between certain colours may be difficult, e.g. green/blue, blue/purple, red/orange.

Obviously if the need to ascertain the correct colour is important, use some form of artificial light, or move the object into a brighter area (if possible).

DON'T GET YOUR FINGERS BURN'T

When slaving over a hot stove or barbecue it may be advisable to wear protective gloves — at least until you feel more confident about handling hot utensils, etc. Bumping or touching an extremely hot surface is not a very pleasant experience — use gloves or an oven mitt.

DON'T LET A 'FLOATER' SINK YOU

The jelly-like substance inside the eye often contains small pieces of 'matter', called 'floaters', that can cast a shadow on the retina. When both eyes are operative these shadows are rarely detectable, but may make their presence more noticeable if one eye is lost. They appear as small grey spots that seem to float across your vision especially when looking at a white surface like the page of a book. Unless these 'floaters' appear very suddenly or in large numbers (when medical advice must be sought urgently) they should not be an inconvenience and can be ignored.

THINGS THAT GO BUMP IN THE NIGHT

From now on special care must be exercised at night. You will soon discover that the loss of perspective is even more in evidence in low light conditions and at its worst during complete darkness. Objects that are familiar in daylight may suddenly take on weird and wonderful shapes during the night and cause some confusion.



SOLUTION

Whenever possible, try to obtain a view of the object from a different angle. This will usually produce a change in the perceived shape or contour and thus allow the brain to consider other alternatives. However, don't be unduly alarmed if your brain tells you that you are seeing something that isn't logical — this happens to all of us and in time you will learn to adjust to the situation and can live with it quite easily.

It is essential to understand that monocular vision is at its lowest level of performance when very little light is present, and extreme care should be taken when moving around under these conditions. At night, if you are outside the house, especially where plants, trees or shrubs are growing it is only too easy to walk into a thin outer branch and damage your good eye.



N.B.

TAKE CARE OF YOUR GOOD EYE — WEAR SPECTACLES

EATING, DRINKING AND MAKING MERRY

Or

MANY A SLIP 'TWIXT CUP AND LIP



My first attempt to consume a meal following the enucleation came as quite a shock, resulting in a minor perforation of the left cheek! This was rapidly followed by half a glass of orange juice dribbling off my chin on to the pristine white hospital sheets. Before you start to panic, let me assure you that this difficulty is quickly overcome and normal eating/drinking dexterity returns in a few days.

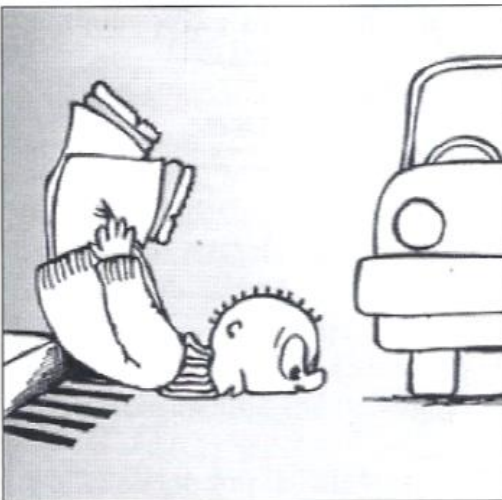
Periodically you may make the odd error of judgment, but thankfully there is no danger of dying of hunger or thirst.

MIRROR, MIRROR ON THE WALL

Several 'monoculars' have mentioned that they have almost come to grief with large ceiling-to-floor mirrors — as sometimes found in larger shops or showrooms. If the location is unfamiliar, with dim lighting, it is surprisingly easy to 'see' a large mirror as an extension of the area where you happen to be. Any attempt to do an Alice in Wonderland and continue walking 'through the looking glass', will have a disastrous effect on the mirror, your head and possibly your good fortune for the next seven years.

When next you visit an establishment — as described above — and a good looking person of the same sex appears to be walking straight towards you, look carefully to make sure that it isn't your good self, otherwise a 'smashing time' will be seconds away!

LOOK BEFORE YOU LEAP



One of the most common problems that you will face involves the negotiation of steps, stairs and gutters. You will find that looking down on objects plays tricks with perception, so that great care needs to be taken when walking down stairs (much more difficult than going up). Wherever possible, make use of handrails and banisters or any other helpful objects that may prevent a dangerously rapid descent.

Gutters present the same problem except that the distance of your fall is not as great!



SOLUTION

Keep glancing down as you move towards the kerb so that your brain receives a number of different images of the angles involved. It will take a little time for the brain to re-learn its automatic calculations for gutter heights but this will happen — be patient.

Even with great awareness of this problem, I can guarantee that shortly after reading this paragraph you will deliver a sharp jolt to your back or spine by missing a step and stamping heavily on the ground unexpectedly.



WARNING

When descending stairs always tread warily when approaching the bottom step. The final step often 'merges' into the floor and you may cause injury to yourself or great surprise to someone nearby if you dive headlong across the floor. At the last step, particularly when lighting is poor, test the step with a pointed toe to avoid embarrassment or broken bones.

CHAPTER 2

Be a Good Sport

Unfortunately, many sports that you have enjoyed playing in the past, will now be quite difficult for you as a participant. Because your distance perception has been severely affected, nearly any sport that involves a ‘moving ball’ will need a large amount of concentration and practice. The following list is not exhaustive but will give you an idea of what to expect:

- **THE HARD**

Basketball, netball, tennis, badminton, squash, cricket, softball, baseball, volleyball, rugby, rugby league, soccer, Australian rules, American football etc.

All ‘moving ball’ sports will require adaptation and adjustment within the general rule of — the smaller the ball, the greater the effort — e.g. basketball will be easier than tennis. From our discussions it appears that if you have been an active participant in a fast moving ball sport your chances of continuing are good, but if that particular sport is new to you it may be wiser to try something different.

- **THE NOT SO HARD**

Swimming, surfing (all aspects), rowing, canoeing, rifle shooting, pistol shooting, clay pigeon shooting, archery, gymnastics (mostly OK), mountain climbing and abseiling (need some adjustments), many athletic events still possible, table tennis (to a certain degree), and GOLF (with a few added difficulties, e.g. bunkers, hazards and ‘reading greens’), tenpin bowling, lawn bowls, croquet, snooker and billiards, darts, etc. etc.



Author’s note

I have heard of several instances of people with monocular sight playing ‘moving ball sports’, but mainly in the large ball areas. People who are born monocular or become so at an early age can often overcome the problems involved and play sport at the highest competitive levels. As with most monocular inconveniences, the younger you are, the better your chances.

HOW TO COPE WITH FAST MOVING BALL SPORTS



If it is possible to place yourself in a position where the ball is moving to one side of, rather than directly at, your body, it is far easier for the brain to compute the location of the ball and its direction. This increases the chance of connecting with the ball by a huge factor.

GOLF

My favourite sporting activity being golf, I would like to add a few words for the benefit of those who spend countless hours in the pursuit of the little white ball.

About six months after losing my eye I ventured on to the course to determine whether my golfing career was indeed finished, or merely on 'hold'. I encountered several hiccoughs during that round, but found (as with other problems) that ways and means could be found to overcome them.

1. **Is the 'lie' good?** — Stand 3 metres away from the ball and view from the side.
2. **How far to the pin?** — Use the 150-metre markers found on most courses these days — or ask your partner — or estimate the distance and add about one third to that amount. Be extravagant — buy a golfing GPS; it's worth its weight in gold!
3. **How far is the sand wedge above the sand in the bunker if I can't ground the club?** — Place the club on the toe of your shoe to gain a rough indication then move the club across behind the ball (not perfect but seems to work some of the time!)
4. **How do I 'read the green'?** — Can be quite hard with two eyes at times and even harder with only one — look at the overall slope of the green — if practicable view ball from all sides of the green - ask your partner or if playing singles, watch your opponent's ball — if you have to putt first, hope for the best!
5. **How do I cope with my 'short game' very close to the green?** — Chipping and pitching can be managed reasonably well if contact is made on the down swing, (not at the bottom of the swing) with ALL very short shots — needs a bit of practice.



ALL THE BEST TO YOU ONE-EYED GOLFING FANATICS !

WATER SPORTS — GENERAL

If your prosthesis, due to the shape of your eye socket and eyelids, is easily bumped out, it may be necessary to either:

- remove it before engaging in any form of water sport (may terrify someone close by)
- wear swimming goggles. It would be most unfortunate (and expensive) to see your artificial eye gently sinking towards a watery grave!

In theory, if your eyelids are closed under water, it should be impossible for the prosthesis to remove itself from the socket — however, it would be unwise to take chances, especially in a rough surf.

While taking care to observe these guidelines in order to prevent mishaps, you are perfectly capable of enjoying all forms of water sports including swimming, surfing, water skiing, scuba diving and springboard diving. Naturally, diving from any height will cause impact pressure on the face and, therefore, the eyes, but this is easily handled with use of strong underwater goggles.

SHOOTING — PISTOLS, REVOLVERS, RIFLES, SHOTGUNS

PISTOLS

Traditionally the world's best pistol shooters use both eyes when aiming, but reports indicate that after a relatively short transition stage, losing an eye is not a huge disadvantage. It will require more practice if you are right-handed and lose the sight in the right eye rather than the left.

RIFLES AND SHOTGUNS

Most people shoot from the right shoulder and are not affected at all by losing the left eye, but do have problems if the right eye (sight) is lost. It is possible to re-position the stock on to the opposite shoulder, and this has been done with success, but beware of flying spent cartridge cases when using a self loading, pump action or automatic weapon.



FISHING

All forms of this relaxing pastime can be enjoyed, but be aware that misdirected 'casts' may hook your eye instead of a fish. Ensure adequate eye protection.

SKIING

Our resident expert skier, Rosalie, was delighted to find that her participation in, and her enjoyment of, this exhilarating sport were unaffected by the loss of an eye. However, she does recommend the following changes in technique –

- The first time out, let someone guide you down the run.
- Learn to look well ahead so that early preparation can be made for turns, etc.
- Lean well forward and adopt 'tuck' position very quickly.
- Maintain flexibility in the legs at all times.
- Concentrate on 'feeling' the contours through your skis, feet and legs.
- In the event of a 'white-out' — GET OFF THE MOUNTAIN IMMEDIATELY!

CHAPTER 3

Keep on the Straight and Narrow

DRIVING AND/OR RIDING

One of the first questions asked by a prospective or new ‘monocular’ is without fail — ‘CAN I STILL DRIVE?’

Thankfully for most of us the answer is a resounding YES, but there are several aspects of controlling a vehicle that require special care.

THE FIRST STEP

GET ‘ON THE ROAD AGAIN’ AS SOON AS POSSIBLE

- Advice varies as to when you should resume driving, but as a general rule it takes from four to eight weeks before you feel up to it. Ease yourself back into the task by driving sedately around quiet local streets. When your confidence starts to build, add busier streets to your itinerary until you consider yourself capable of tackling the major arterial roads and highways. Some states require a 3 month wait - check with your Road Traffic Authority.

AIDS TO MONOCULAR DRIVERS

- Side (wing) mirrors — make sure that your vehicle is fitted with mirrors ON BOTH SIDES.
- Convex mirrors — small mirrors of this type should be fixed to both wing mirrors. Use one large (10cm) and one small (5cm) as follows — if your ‘good’ eye is the right, use the larger mirror on the left hand wing mirror and vice versa.

WARNING

All convex mirrors will distort distance. Learn how to judge the true distance properly before relying on this type of mirror. A vehicle which is approaching from the rear will appear to be much further away than it is. A good rule of thumb is — if it looks close in a convex mirror it is just off your rear bumper bar.

- Rear vision mirror — purchase a wider clip-on type so that the best possible angles can be gained. DO NOT USE A CONVEX REAR VISION MIRROR as they can be very dangerously distorting and for this reason have been banned in some countries.
- ‘Parking feelers’ can be handy aids if you find that judging the distance between the car and the kerb is a worry.

- Effective wet weather aids — front AND rear wipers, washers and de-misters.

SUMMARY — You should have on your vehicle the following –

1. Side or wing mirrors on both sides of the car.
2. Convex mirrors fitted to both wing mirrors.
3. A wide clip-on rear vision mirror.
4. Parking ‘feelers’.
5. Windscreen wipers and washers and de-misters — both front and rear, ALL IN EXCELLENT WORKING ORDER.

DON'T BE SHY ABOUT USING ALL THE HELP YOU CAN GET !

THE SECOND STEP

So far so good — you have managed to drive around the block without mishap — you haven't run into anyone, you have negotiated the front gateposts without removing any paint and now you feel ready to tackle the heavy traffic!

HIGHWAYS AND MULTI-LANE ROADS

Problem 1. Staying within the lane. Many ‘monoculars’ find that this particular driving skill has deserted them — temporarily at least, and must be learned again. If your good eye is the right side, you have an advantage because we drive on the left hand side of the road in Australia. If you are in the other group, i.e. the ‘lefties’, you will have a slightly longer learning period ahead of you. (This reversed for Europe, USA etc)



SOLUTION

There is no simple answer — it is almost a case of ‘trial and error’, e.g. if you hear your wheels rattling over the ‘cats eyes’ between lanes, you know the car is too far to one side of the lane!

Problem 2. Keeping your distance. Judging the distance between your vehicle and the one immediately in front may be a bit of a problem initially. You may suddenly find yourself much closer to the car in front if the driver of that car applies the brake unexpectedly.



SOLUTION

ALWAYS give yourself more room than you think you need so that if your reaction time is a little slow, you won't disappear up someone's exhaust pipe. Never forget that the faster your speed, the greater the stopping distance required.

Problem 3. Changing lanes. This can be quite a hazardous manoeuvre if you possess two eyes — exercise great care!



SOLUTION

Use your newly fitted wide rear vision mirror and your specially adapted side mirrors to check the traffic — if possible turn your head and take a quick direct look. This gives a definite advantage to the 'LEFTIES' when checking the lane on your LEFT hand side which usually has a more pronounced blind spot. If you are not a 'LEFTIE' do not attempt to turn your head too quickly to the RIGHT if you want to avoid hefty physiotherapy bills for treatment on a very sore neck.

NIGHT DRIVING

This is the facet of driving that may cause more disturbance than any other. Several members of the **CYCLOPS CIRCLE** have found night driving too harrowing and are unable to get behind the wheel after dark. Others do drive at night but are not very enthusiastic about it, and some lucky ones report no difficulty whatsoever. There is no way of predicting the category to which you will belong until you attempt night driving. Many 'monoculars' experience an increased reaction to strong light and glare and find that headlights of oncoming traffic affect their night vision adversely. Generally, at night, you will find that familiar roads do not present problems, but do take great care with the unfamiliar.



N.B.

Check that the vehicle is fitted with halogen headlights — this type of lamp gives maximum light and visibility.

Reflection free coating. For the cost of about \$70.00 per lens your optometrist will apply this coating, often know as 'multi-coat', to your spectacles. Although allowing more light transmission through the lenses (up to 90%), this 'magic coat' reduces reflection enormously and makes night driving far easier. If you do drive regularly at night, the cost is worth every cent.

LIFE IN THE FAST LANE

There will be times when motoring on freeways, etc. that you may wish to drive at reasonably high speeds. Always keep in mind that you do have impaired judgment of distance and that a small error at 60km/hour will translate to a large error at 120km/hour. **GIVE YOURSELF PLENTY OF SPACE.** If you are moving in the fast lane and maintaining the same speed as the general traffic flow at 100km/hour, remember that you do NOT have to travel 3 yards behind the car ahead — keep your distance and allow yourself plenty of time to react when required.

MOTOR SPORTS — RACES AND RALLIES

If you have been actively engaged in this pursuit prior to losing an eye and wish to continue, you will probably have to accept a reduction in fine judgment and reaction time. Obviously this must affect your previous capabilities, but it is up to you to discover whether any alterations in technique might allow you to continue these highly skilled activities.

THE TERRORS OF TWO WHEELS

Being a born and bred 'city slicker' and both a pushbike and motor scooter rider for a number of years, I am well aware of the dangers of bike riding. Drivers of four-wheel vehicles treat you as a positive nuisance on the road, tend to ignore your road rights and go out of their way to make life miserable for you. Although many of the difficulties of monocular car control do not apply with bikes, distance perception is still a trap. I feel even greater care must be exercised by riders because of their 'blind side' and the inevitable scant respect from other road users.

PARKING

This section is concerned with manoeuvring your vehicle into the correct kerbside position, or car space in a parking station — not your activities in secluded spots after dark.

Parking Stations — Easier to get in than out! The skill required to park a vehicle between the marked lines is not beyond most of us, but when reversing out, the task becomes more exacting. It will be harder now (as a 'monocular') to judge the distance from your rear bumper bar to the car (or wall or pole) behind you, and you will have a tendency to leave more clearance than you need.

Because most car parks are constructed with the aim of cramming as many vehicles as possible into the smallest possible space, you need to use every available inch (or centimeter) to escape without backing and filling 15 times. Various suggestions have been offered to avoid this rather humiliating experience, but I have found on several occasions that it was easier to actually get out of the car, dash back and look at the amount of space available. In spite of the odd looks that were cast my way, I felt happier

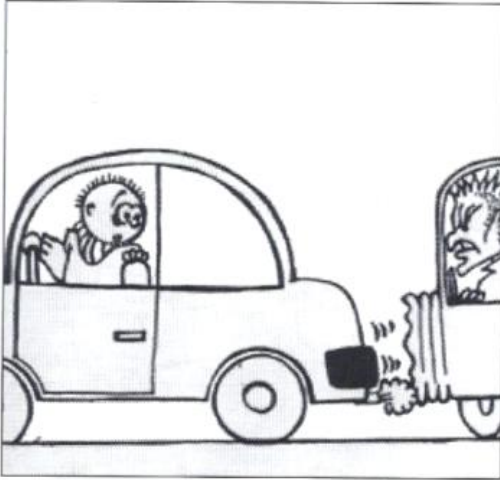
- not crunching someone else's car and
- taking far less time to get moving.

Reverse Parking — The same principle applies to reverse parking. 'How close am I to that car?' No easy answers for this one, except that practice improves performance. Keep trying, use all your aids (mirrors, etc.) but make sure that all your insurance premiums have been paid.

GOOD NEWS AT LAST!

A 'radar' device is now available which measures the distance of objects from your rear bumper bar and tells you by voice, or 'beep', the amount of space available. Many new vehicles with restricted rear vision e.g. 4WDs and SUVs now have rear vision video cameras installed — a huge plus for one-eyed drivers and an excellent safety measure as well! This is great news for one-eyed drivers (and probably many two eyed drivers) and I would think an absolutely essential purchase. Several types are on the market with varying degrees of sophistication — prices vary accordingly — **DON'T LEAVE HOME WITHOUT ONE!**

USEFUL AIDS FOR PARKING



- Passengers — ask them to watch for side and/or rear clearance when in difficult spots.
- Head and taillights — when driving into a garage or car space with a wall directly to your front, watch the pattern formed by your headlights on the wall. When you become familiar with this pattern and its configuration at various distances you will have no difficulty in stopping on the right spot. In the same way the taillights can be used when reversing. Don't forget that these lights can also be used during the day if you require a parking aid.

• Permanent markers — on your own garage it is easy to paint or mark the wall beside the driver's side door at a predetermined spot. Drive the car forward until your head is aligned with the marker and you are then parked perfectly.

WHEELS WITHIN WHEELS

WHICH CAR IS MOST SUITABLE?

The criteria for selecting a suitable, comfortable and convenient vehicle are now different. My own opinion is that your primary consideration should be safety.

However, safety doesn't have the same meaning for everyone and any feature of the vehicle that provides confidence should not be discounted. The following list should be of help when you are next in the fortunate situation of buying a new car.

1. AUTOMATIC TRANSMISSION — keeps hands free and reduces the number of things that you need to think about.
2. MAXIMUM ALL ROUND VISIBILITY — look for vehicles with narrow 'posts' at the side of the windscreen and good rear vision.
3. CLEARLY DEFINED FRONT AND REAR EXTREMITIES — this helps parking and general distance judgment. Unfortunately, most modern cars are designed for minimum wind resistance and are, therefore, wedge shaped at the front with 'rounded' corners — possibly the worst combination for one-eyed drivers!
4. MAXIMUM WET WEATHER FEATURES — front and rear wipers, washers and demisters will enhance visibility and safety.
5. POWERFUL HEADLIGHTS — night driving is difficult. Check that strong halogen lamps are standard.

6. SIZE — if you have been driving a medium or large car you will find it much easier to handle and park a smaller model. If you don't really need a large car, think seriously of dropping down a size or two — it will reduce the strain on your driving and your bank balance.

HORSE RIDING

Equestrians will encounter very few problems but must use caution when riding in heavily wooded areas where low branches may be located at just the right height to deliver a poke in the eye with a sharp stick. Wear suitable protective glasses or goggles.

Show Jumping

If you are very experienced in this sport, you should be able to continue without problems, but for novices the inability to judge distances very finely may place the rider and/or mount in a vulnerable situation. Proceed with extreme care!

CHAPTER 4

Work May Not Be All 'Plane' Sailing

If you have earned or inherited a fortune or won a lottery, working for your living is not of prime importance, but the rest of us have to keep the wolf from the door and venture back into the workforce to earn our daily bread. Obviously there are occupations where the loss of an eye will require dramatic adjustments and others where the inconvenience is minimal. The following section is an attempt to cover general groups rather than specific jobs, although references are made to some occupations as particular examples.

As the heading above suggests, almost all of your difficult moments will involve placing your hands (or something held in your hand) in the correct 'plane'.

CLERICAL/TYPING/KEYBOARD, etc.

Fortunately, being a pharmacist, I am able to draw on some personal experience for this group, seeing that I am anchored to a computer keyboard and screen for a large part of each working day. The adjustment period required was insignificant in most respects and the long-term outlook certainly presents very few problems. However, beware of any alteration to the relative position of your body to the keyboard. Any change in the height of your keyboard (e.g. a new desk or table or chair) can quickly convince you that something has happened to your co-ordination! Apart from the odd missed key, no lasting damage will result from this experience — as soon as your brain starts to register the 'feel' of the new distance, your skill will return.

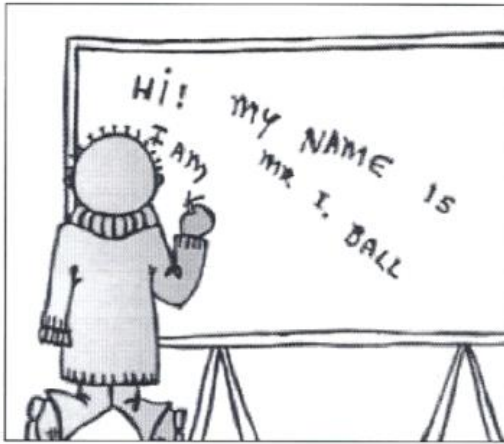
Many jobs fall into this category — typing, computer and cash register operation or any task requiring data entry.

If you are one of the lucky ones in this classification be very thankful — you will be able to resume work without worry and perform to your previous level of competence.

TEACHING/LECTURING/INSTRUCTING, etc.

The greatest problem I am reliably informed, is the loss of the ability to write across a black/white board in a straight line! In itself this is not a problem of huge consequence except that your students will be given the opportunity to have some fun at your expense. If you are doing most of your teaching in one specific room, it is possible to mark almost 'invisible' horizontal lines across the board to guide your wavering hand.

It was also suggested that spaced 'dots' down each side of the board could be used to some advantage, although this method is not as effective as lightly scored lines.



If you are returning to the same class or group that was under your 'tender loving care' before your eye loss and if you are conscious of a noticeable difference in your appearance, 'honesty may be the best policy'. Tell your charges the how, where, when and why of your lost eye — they will appreciate your openness and candour.

Demonstrations of practical work, e.g. Chemistry, Physics, etc. will require particular care. Your Principal will not be overly impressed by the effects of concentrated acids on laboratory bench tops and your students may take extreme delight in your

mishaps. Refer to the previous section on pouring liquids and handling items that are easily overturned.

BUILDING AND CONSTRUCTION WORK, CARPENTRY, PLUMBING, ELECTRICAL



Mr. I Ball — Where are your protective goggles?

The following list of problems with attached solutions is drawn from my own handyman experiences and from builders and carpenters from the CYCLOPS CIRCLE. Where possible I have carried the general principles through to plumbing and electrical work so that if you work in these areas, you will understand what you are likely to come up against.

1. Judging parallel lines — much harder than you think!



SOLUTION

Always be sure and check by measuring.

2. Judging relative lengths (timber, wire, etc.) — very difficult if looking over your head.



SOLUTION

As for No. 1 — measure to be sure.

3. Judging horizontal and vertical — your old skill in this area may now have departed.



SOLUTION

Always use a 'level' for both.

4. **Hammering nails** — take this activity very steadily.

SOLUTION



Try to get your head directly above the head of the nail, don't try to hit too hard to start, keep your fingers well clear and have more nails than you think you need! Skill will definitely return with practice but your performance will always be better when your head, the hammer and the nail are all in the same plane.

5. **Cutting, sawing, planing, etc.** — this can be an expensive trap.

SOLUTION



When sawing a simple vertical cut through a piece of timber, draw horizontal and vertical guidelines whenever possible. Stop frequently to check the line of the cut — this will save time and money and avoid frustration and bad language! A similar method can be used for planing — however, plenty of practice will produce an even better result.

6. **Electrical wiring, etc.** — extreme care will be required when handling 'live' wiring. Disconnect all wiring from the power source whenever possible to avoid a 'shocking' experience (sorry).

SOLUTION



Try to develop techniques that will prevent accidental contact with 'hot' wires, cables, etc. You don't need me to tell how many 'lives' you are permitted when handling 120 or 240 volts.

7. **Plumbing, gas fitting, etc.** — the same principles apply here as in the notes above. After a period of trial and error you will discover your own solutions and should be able to perform quite satisfactorily.

MECHANICAL MAINTENANCE AND REPAIRS, FITTING AND TURNING, MACHINING

1. **Nuts, screws, washers and bolts** — these simple tasks are simple no longer! Familiarity will return with practice and you will quickly learn how to handle the more difficult angles.

SOLUTION



As with hammering — keep your eye looking directly at the top of the screw, bolt, etc. and life will be a little easier.

2. **Fitting and turning** — when using any type of fixed machining device you will need to take extra care to avoid 'parallax errors'. These errors are caused by viewing from the wrong angle and can occur with 100% eyesight, but are accentuated by monocular vision.



SOLUTION

Be prepared to move around your workspace and view the item on which you are working from several different angles — you will be amazed at the number of mistakes you will avoid making.

3. **Engines and motors** — one of the **CYCLOPS CIRCLE** members runs his own motor repair business. He was able to return to the workshop and to carry on where he had left off only 2 to 3 weeks after leaving hospital! He reports some problems but regards them as minor inconveniences and feels fully capable of working as well as ever.

SUPERFINE PRECISION WORK

1. **Mechanical** — examples: watch making, precision machining. Reduced depth perception will again create problems, but practice and experimentation will produce results. Stick with it!
2. **Surgery (human/veterinary) and dentistry** — after extensive enquiries, no one has been able to identify a practitioner in these areas. Unfortunately there is very little scope for experimentation when dealing with living human tissue. A very small slip could result in a very large lawsuit. Seek help and advice from your professional associations.

TRANSPORT

1. **Small vehicles, light trucks, taxicabs, etc.** — refer to the section on general driving. In NSW at present there is no restriction for cars, bikes or any light vehicle with respect to monocular drivers, nor is there any 'waiting period' in force preventing you from driving as early as you wish after losing an eye.
2. **Larger trucks, semi trailers, large passenger vehicles, etc.** — it is advisable to check with your state Department of Motor Transport for any special restrictions for these vehicles. Some states require a 3-month 'waiting period', or in some cases a driving test. It is not worth risking a large fine or possible cancellation of your licence — check before driving.
3. **Heavy earth moving equipment** — this specialized field is, surprisingly, one of the most difficult of all occupations to resume after losing an eye or the sight of an eye. My informant, a highly experienced and capable operator, found that 'rough' work required negligible adjustment but fine grading on flat or sloping ground proved to be a frustrating nightmare. Unfortunately, even the new 'laser' guided machinery did not provide much help and at the time of writing any sort of solution was beyond us.



Please note

Information about driving restrictions for monoculars is available in all states and territories. Remember it is your responsibility to know what the rules are in your own state.

FLYING HIGH

For those ‘magnificent men (and women) in their flying machines’ the news is either good or bad. If you are a private or recreational pilot the regulations allow you to continue flying as usual but your licence will require special endorsement, as is the case with the loss of a limb. However, if you are a commercial/professional pilot the news is not so good — you will not be allowed to continue in that capacity after losing either the sight or use of an eye. This is NOT in line with several states in the USA where eye loss does not preclude commercial flying, but at the time of writing there are no changes to the regulations in the pipeline in this country.

If you are not a holder of a pilot’s licence but do wish to learn flying, the loss of an eye will not prevent you doing so. As with a standard vehicle driver’s licence, you must be able to pass knowledge and practical tests, but as long as the examiner is satisfied on both counts you will be up, up and away.

GENERAL NOTES

It is not possible to mention all of the many thousands of occupations in this book. Hopefully these notes will provide some guidance for you in your particular area of work.

If you are worried about your working future please contact the **CYCLOPS CIRCLE** where every effort will be made to provide information and/or a meeting with someone who is directly involved in the same or similar occupation.

BEWARE ! ACHTUNG ! ATTENZIONE ! CUIDADO!

If you are an operator of any type of machine that cuts, saws, dices, squeezes, compresses, rolls, etc., you must take extra care if you return to your old job. Do NOT operate any machine that is capable of removing part of your anatomy unless:

- all safety guards are in place.
- you are wearing every possible item of protective gear for the face/eyes.
- you have done several ‘dry runs’ before operating your machine.
- your fingers and hands are well clear of any dangerous blades, etc. before commencing work.

HELP MAY BE HIDING IN THE SHADOWS

Although the modern trend in lighting is for an even distribution throughout the work area, this is of no advantage to the one-eyed worker. By careful positioning of a strong light source to the side and slightly above your operating position, a shadow will be formed that is of great value in determining the relative positions of machine parts or tools. For

example, when working with an electric drill in a press, a shadow will help you to see how close the end of the drill bit is to the surface to be drilled.

This principle is valid for hundreds of tasks. In strong light conditions use the shadow to make the job easier.

BEWARE OF YOUR GREEN FINGER

Many people derive great enjoyment from the cultivation and care of their gardens, spending many hours weeding, digging, pruning, fertilizing, spraying, etc. If you are one of those so afflicted, the loss of an eye will not reduce the pleasure of gardening but it will introduce an element of risk to this gentle activity. Kneeling or bending down to perform the above tasks may put you in such a position that small branches on shrubs or trees are at eye level and are thus very capable of injuring your good eye. Please give great consideration to protective goggles.

CHAPTER 5

Care of the Prosthesis and Socket

GENERAL NOTES

YOUR GREATEST SOURCE OF INFORMATION AND GUIDANCE WILL BE YOUR ARTIFICIAL EYE MAKER. These talented people have had years of experience in the making and fitting of prostheses and are aware of the problems and difficulties that will confront you from now on. Make good use of their knowledge and ask questions about anything and everything that YOU feel is important.

In most cases, the **CYCLOPS CIRCLE** members report that a very 'special' relationship forms early with their eye maker and continues for many years.

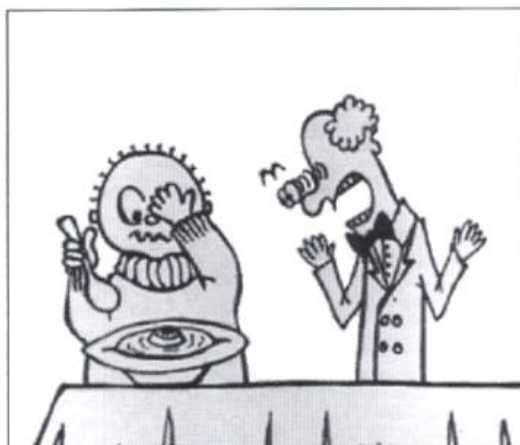
CARE OF YOUR 'NEW EYE'

Your eye maker (ocularist) will advise you fully on this task, but to set your mind at rest, an artificial eye is far less trouble than contact lenses. Cleaning is quick and simple, there is no need for overnight soaking, cleansing, protein removing, special storage conditions, etc.

Obviously care must be taken to maintain the prosthesis in good condition — it is yours and yours alone — but you will be pleasantly surprised at how easy it all is.

'SOCKET TO ME'

CARE OF THE SOCKET



Waiter! There's an eye in my soup!

For most people the 'empty' socket will be trouble free, but like any other part of the body it can become infected, damaged, irritated, etc., by many external agents. Here again your eye maker is an excellent source of information as to the possible causes of any problem and will advise you to obtain a medical opinion whenever necessary.

In the first 12 months following enucleation, the socket may shrink or retract. This is generally caused by the tissues in and around the socket shedding excess fluid that is associated with trauma (accidental damage and/or surgery). You will not be aware of this change taking place and the first sign

will probably be a feeling that your prosthesis is not fitting as well or that it has become 'loose'. This is quite normal — you may now require a new eye, but, all going well, the second one will last for many years.

'HERE'S MUCK IN YOUR EYE!'

With varying degrees of frequency and quantity, all of us suffer from the formation of mucous by the socket. This mucous (muck) is not the result of infection, but the rejection of a 'foreign body' by the tissues of the socket. It is one of the most annoying aspects of using a prosthesis, and although it is not painful or even visible to others, we would all prefer that it didn't occur. Many 'monoculars' are not inconvenienced by this problem, but the rest of us have to learn to live with it. There are several factors that appear to make the socket produce more mucous than usual:

1. Congested nasal passages or sinuses.
2. Too many late nights, e.g. studying, partying, etc.
3. Windy weather, excessive dust or airborne pollens.
4. Irritation or infection of the 'good' eye.

On most occasions the prosthesis can be cleaned quickly and easily (without removing it) with a soft tissue. We have all learned to cope reasonably well with this sticky problem, especially during social events when you may not want those around you to witness your 'cleaning operation'.

HANDY HINT — if the surface of your artificial eye needs cleaning (and you will quickly become aware of this sensation) be careful to wipe **towards the nose**. If you wipe away from the nose you may move the prosthesis out of alignment or, even worse, completely out of the socket! Imagine the dramatic effect of your artificial eye diving into a plate of soup at a dinner party, or the inconvenience of it disappearing down a drainpipe, all because of a casual 'wipe in the wrong direction'!

WARNING



If at any time you are not happy with a 'mucky' eye consult your physician without delay. With experience you will quickly learn to differentiate between the 'normal' tissue rejection exudate and a possible infection. But if you have the slightest doubt about the cause of the problem consult your regular physician or ophthalmologist.

CHAPTER 6

Handy 'Blind Side' Hints for New Players

Keyholes	Hold the key back towards the palm, locate keyhole with the tip of a finger, then insert the key.
Underarm shaving	Avoid loss of blood by practising first. Harder than you think!
Crossing roads	Look both ways twice, carefully but quickly, learn to detect unsighted spots.
Restaurants and theatres	Choose a seat that gives maximum field of view, don't have your good side facing a wall.
Waiters and servers	Avoid any rapid movements if waiters are lurking nearby about to serve a new course. They always seem to pick the moment just when you are flinging up an expressive arm on your bad side!
Crowded footpaths, etc.	Don't make sharp left/right turns across the pedestrian traffic
Trouble down below	Keep a sharp eye out for small objects, animals, people, fences, etc. close to ground level. Very easy to cause some damage, particularly to yourself.
Handypersons	Always measure before cutting, drilling, etc. — saves time, effort and money.
Bushwalking	Carry a long stick — helps avoid tumbles on uneven ground.
Shaking hands	Move your hand forward but let the other person position his/her hand in the correct spot. May be awkward if you are both one-eyed!
Driving	Move upper body and head into slightly different positions while behind the wheel. This is a good aid for distance judgment.
Tea for two	When sharing coffee, a drink or meal with one other person endeavour to sit opposite not beside him/her.
Three or more is a crowd	If seated in a row always place yourself on the opposite end to your good eye, i.e. left end if right eye is good.
Shattering mistakes	Take care with full length glass doors. Don't mistake clear glass for clear space.
Hot spots	Stoves, ovens, barbecues, irons are easily bumped — take more care than usual.
Straight and true	Always use a ruler if you need to draw a really straight line.
Writing	Rest your hand on the page before writing — vastly improves results.

Reading	Don't read for extended periods immediately after your operation. This tires your good eye unnecessarily — take frequent breaks.
Typing/Key Boards	Keep your chair and keyboard in the same relative position.
Sweet enough	When sugaring tea/coffee hold the sugar spoon so that your little finger is free to touch the edge of the cup for guidance.
Electric drilling	Stop every few seconds to check the direction and alignment of drill hole.
Threading a needle	Save time — buy a 'needle threader'.
Benchmarks	This is what you will get on your hips if you don't move carefully around tables and benches.

THE UPSIDE OF BEING DOWN ONE EYE

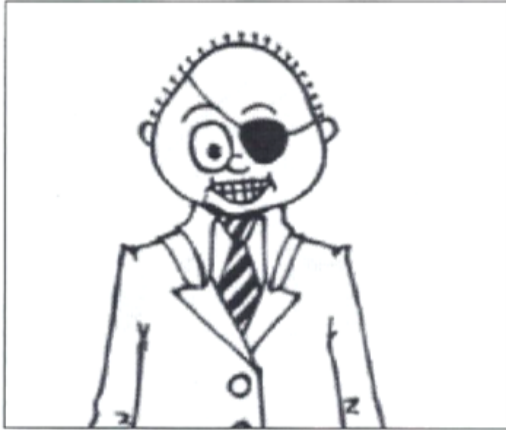
You can now –

- Wink at someone without disturbing your field of vision (use artificial eye, silly!)
- Fire a gun, look through a microscope, use a telescope without having to close one eye.
- Have a night out on the town and only get one bloodshot eye instead of two.
- Save money on prescription glasses through having to pay for only one corrective lens.
- Buy one contact lens at a time.
- Peel onions without having both eyes watering.
- Be one-eyed but still hold an unbiased opinion.
- Never see 'double' again. You may have trouble focusing but there will still be only one image.

'HI THERE — MY NAME IS WHITMONT'

After your enucleation, there will be a period of recovery during which your socket will be covered by a white eye-patch dressing until you are considered to be no longer at risk from infection. As soon as this stage is reached I strongly recommend using a black (pirate) eye-patch for the following reasons:

1. With a white dressing you look like a recent victim/patient and will have every second person you meet asking 'what happened?'.
2. With a black patch you give the onlooker the impression that your accident/surgery is over and done with and that this black patch is the result. People are less inclined



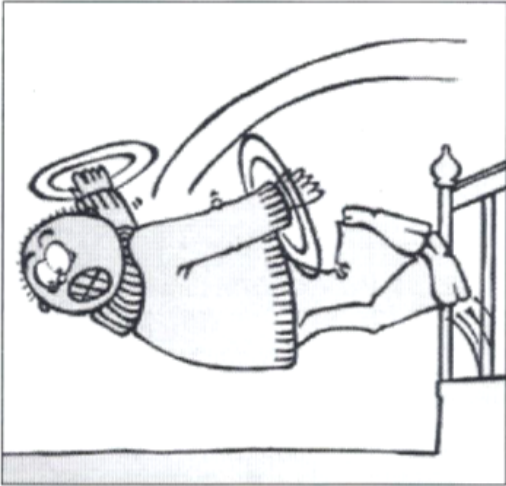
to ask questions and you will save huge amounts of time on lengthy explanations.

If you find that wearing a black patch attracts mild teasing, i.e. being called Mr. or Mrs. Whitmont or Long John Silver, get in first and introduce yourself by that name — it really deflates the name-callers!

LAUGHTER REALLY IS THE BEST MEDICINE

Several months after you have recovered from your operation, loafed through convalescence and finally had your new eye satisfactorily fitted, life will regain much of its former sparkle.

You may even be able to raise a strained chuckle at 'one-eyed' jokes, and if you can manage a smile you are well on the way to total recovery.



When members of the **CYCLOPS CIRCLE** get together there is a constant stream of 'tall tales but true' of mishaps and accidents, all attributable to being monocular, that we now find hilarious and can't wait to share with the group. There is no better therapy for the mind and body than laughter.

Many of us have performed the following trick — or have at least come very close to executing the perfect swallow dive off the bottom stair ...

CHAPTER 7

Some Theoretical Considerations

If it requires two eyes working in concert to provide three dimensional vision, how can monocular people judge distance and why don't they see everything as a flat two dimensional image?

The explanation lies in the relationship between the images registered by the eyes and the interpretation made by the brain on receiving those images.

Perspective, or the ability to judge relative distances and positions of objects within our visual field, is very much a 'learned process' that begins from our earliest years. For example we 'learn' that when railway tracks appear to join in the distance this represents great length, or that the apparent size of a person 'diminishes' the further away they are. We recognize that an object loses sharpness of outline or fading of colour with increasing distance.

As our brain absorbs these lessons over a number of years, it can then utilise the 'photographic' images captured by the eyes and make an interpretation of what we are seeing. Unless this learning process takes place we could not make any sense from viewing any two dimensional representation, e.g. a photographic print, a painting, a TV screen or even a mirror. If you observe your family pets' reaction when confronted with any of these items it is easy to see that no 'learning' has occurred and, therefore, the two dimensional images have no meaning for them. We humans, on the other hand, have been 'taught' the manner in which perspective is shown on a flat surface and our brains convert these images to 3-D.

Fortunately for the one-eyed, the brain doesn't forget how to interpret these 'camera' images even if one 'camera' ceases to function. The TV screen looks exactly the same with one eye as it did with two — and our reflection in the mirror remains as good or bad as before.

The problems that do arise for monoculars are brought about directly by the removal of one of the photographic images — i.e. working with one camera instead of two. If you place two cameras side by side and take an identical aimed shot with each, there will always be a slight difference detectable in the two images. This is the same variation that gives the brain the ability to measure distances and discern shapes accurately, and the lack of it that gives rise to monocular mis-interpretations.

Monoculars can compensate for this deficiency with small movements of the head in order to provide the brain with non-identical images, i.e. a synthetic binocular effect. This does not mean that you need to wander around with your head on a permanent swivel — but it can be a handy aid when needed.

It is widely believed that we have a 'dominant' eye. Logically, if we have a dominant side (left/right handed) it is not hard to accept that our eyes are governed by the same rules. This fact explains why a slightly longer period of adjustment is necessary if, for example, a 'right hander' is forced to switch to left eye (only) sight. Luckily, changing from left to right-eyed

sight is vastly easier than having to ‘change hands’ — try using a pen with your ‘wrong’ hand!

Although, in theory, the judgment of distance cannot be regained, nearly everyone who has lost the use of one eye will describe an ‘improvement’ taking place after several months. What is actually taking place is the gradual learning of new means of recognition of distance by the brain. In the same way that a person without any sight can use a fork to transport food to the mouth without mishap, a monocular person’s brain learns to perceive relative distances without actually using images from the eye as its only source of information. Thus, in a situation or activity that becomes familiar through repetition, we may feel that our perspective cognition is returning, but we are really misleading ourselves. Thankfully improvement does occur with the help of the brain rather than the eye, and once again the performance of simple everyday tasks becomes almost automatic. It must be noted that if you are placed in an altered home environment, for example, you will experience temporary problems until re-adjustment takes place.

Anecdotal evidence seems to suggest that people with higher than average hand/eye co-ordination will experience more prolonged periods of adjustment than those at the other end of the scale. However, even though it takes longer, their powers of co-ordination will eventually reach higher levels than those of their monocular peers. Here again, it appears that the brain is capable of re-learning ‘feelings’ of distance more accurately in some than others, i.e. those with better co-ordination.

In the same way that a blind person develops heightened awareness to sound or noise, a mono-visual person quickly learns how to use other means of sight perception, usually without conscious effort. It does require increased concentration to begin with, but rapidly becomes ‘second nature’ and allows us to live an almost ‘normal’ life.

Knowledge of the facts presented above may not directly bring about remarkable improvement in mono-vision, but often an understanding of the reasons behind difficulties makes overcoming them more meaningful and satisfying.

A FINAL (BORROWED) THOUGHT

God grant me serenity to accept the things I cannot change

Courage to change the things I can

And wisdom to know the difference.

This book attempts to provide down to earth practical advice for those who have recently become one-eyed and need to return to a normal life as soon as possible.

The book discusses a range of issues from using a knife and fork to making a successful return to work, as well as personal relationships, coping with stairs and footpaths, sporting activities, hobbies, home chores, driving cars and bikes, the care and maintenance of your new prosthetic eye with its associated problems and other difficulties that may afflict you.

Wherever possible, I have tried to supply answers and solutions to the above problems and trust that you will derive some benefit from my research and considerations.

Other topics

- Mourning the loss of your eye
- Coping with the change
- Playing sport
- Driving
- Returning to work
- Care of the prosthesis and socket
- Handy hints for new monocular players
- Other theoretical considerations

Knowledge of the facts presented in this book may not directly bring about remarkable improvement in mono-vision, but often an understanding of the reasons behind difficulties makes overcoming them more meaningful and satisfying.

