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ABSTRACT

The register of research currently underway in Europe on visual impairment contains a scan-column index of approximately 60 research topics and an alphabetical list of 204 research workers. Criteria for selection are explained to have limited project inclusion to studies of conditions which have so far proved intractable to amelioration through medical intervention. Research topic descriptors include terms such as adventitious, attitudes (toward blindness), compressed speech, guide dogs, and rubella. Readers are instructed to select the descriptor best describing the area of interest and then to scan the appropriate numerical column of the index for the selected alphabetical symbol to obtain names of researchers working on that subject. The alphabetical list of researchers includes postal addresses and a brief description of their current research project. The following are examples of listed research projects: evaluation of closed circuit television aids for the partially signted, spatial organization and blindness in the course of development, and development of a program for teaching blind children to read embossed maps. (DB)



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EUROPEAN REGISTER OF RESEARCH ON VISUAL IMPAIRMENT

compiled by

J.M. Gill and M.J. Tobin

Department of Engineering

University of Warwick

Coventry

CV47AL

England

Research Centre for the Education

of the Visually Handicapped

University of Birmingham

Edgbaston

Birmingham 15

England



Foreword

This register of research, comprising listings of work under way in Europe, is the first effort of its kind. That it is a flawed masterpiece, it is true; but that it is a masterpiece is to the credit of Drs. Gill and Tobin. Our desire to point up its deficiencies is no masochistic exercise; nor will we be revealing more than any careful user will discover for himself in using this register. Our purpose in mentioning the shortcomings of the compilation is two-fold: first, to emphasize that it is a first attempt of its kind, produced at little cost, and under the several pressures of the time available; second, to underscore the fact that the compilation is the first of a series, each of which in turn should reflect greater accuracy, wider coverage, and more consistent format and rules for its content.

In a first effort, one attempts to establish a few rules for choosing the data included in a survey, without making them so restrictive that no entry passes the "rules". Such is the case for example, with medical research. The basic question that we had to answer was: where does one "cut off" the relatedness of medical, clinical, and ophthalmological research so that we preserve maximal relevance to visual impairment and blindness? It is not easy to provide an answer with a "good fit" to the data. We chose to decide what is relevant on the basis of that group of conditions which has so far proved intractable to amelioration through medical intervention (1). We also judge acceptable relevant studies that show promise of yielding answers to the problems of amelioration of diseases whose etiology and mangement are reasonably well understood, as in the case of cataracts, where some new perspective is gained in research currently under way.

I have expatiated somewhat on this issue because it is similar to the dilemmas posed in almost every one of the areas of research covered by this register: psychosocial, educational, sociological, statistical, and—last but not least—technological. One of the persistent dilemmas in our field is aroused by an attempt to delimit our scope of interest—where does one "cut off"? Surely, if one of the goals of rehabilitation is to restore a style of living, or make possible a given style of life, then almost anything relevant to the human condition is also relevant to a researcher. In this

⁽¹⁾ Scott, Alan B. "The Changing Causes of Blindness," in L.L. Clark (Ed)

Proceedings of the West Coast Regional Conference on Research Related

to Blind and Severely Visually Impaired Children. New York: American

Foundation for the Blind, December 1965, pages 29-33.



situation, one can only attempt operational definitions that define areas of interest that will of necessity shift over time. Although this bears the real danger of exposing us to "fads" in research, just as the rest of the world endures fads in fashion, we try to be sensible in our enthusiasm and in our perspective.

A further problem has to do with the level of generality of the entries. Some of the projects noted here are described very generally; others describe quite specific research undertakings. There is value in both types of description. In future editions of this register, we hope to include a general statement for each project listed, and at least one specific (project) following that general description. The first statement will set the context within which a given researcher works; the second statement will then give some sense of his current work and current interests.

Finally, the matter of completeness and of accuracy of entries. It is well understood in documentation research that it takes as much effort to achieve the last five percent of coverage of a complete "universe" of data as it does to compile the first 95 percent of coverage. Inevitably, this means that our listings are incomplete. Similar constraints on time spent and effort expended mean that the accuracy of listings depend critically on what researchers reported to us of what they are doing. Those readers familiar with work in a given area of research may well note that some projects known to them have been omitted; and some will note that incompleteness of an entry, or downright errors in one, may give a false impression of work that is now under way. We shall depend on our readers to aid us in remedying these defects

But, as I started out by emphasizing, Drs. Gill and Tobin have no reason to be shy over their considerable accomplishment in providing the research community with this magnificent first attempt to survey work related to research in visual impairment in the European community. The IRIS has been proud to assist them in their effort, and we hope that the product of all this work will find favour with the international community of research in whose interest this effort has been expended. We shall welcome comments from users of this survey; you may address your comments to Dr. Gill, to Dr. Tobin, or to IRIS.

Leslie L. Clark I.R.I.S.
New York



Introduction

This register has been divided into two parts:

- 1. Scan-column index of research topics. To use the scan-column index you select the descriptor(s) which best describe your interest. You then scan the appropriate column(s) of the index for the selected symbol(s). If your interest is specific you may have to search for two or three symbols at once.
- 2. Alphabetical list of research workers with their postal addresses and and brief description of their current research projects.

The register will be updated periodically so could you please send any alterations to J.M. Gill, Department of Engineering, University of Warwick, Coventry CV4 7AL, England

The authors are most grateful for the considerable help and encouragement they have received from Prof. Dr. W. Boldt, Dr. L.L. Clark, V. Fedorenko, Prof. Dr. Hudelmayer, J.I. Lindstrom, Dr. M.J.C. Mommers, Miss M.J. Saunders, Prof. Dr. Med. W. Starkiewicz, Prof. N. Trowald and Ir. A.N. Westland.

FURTHER INFORMATION

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- A. Raaymakers "Dutch Register of Research Related to Visual Handicap". May 1973. Copies in Dutch, available from Ir. A.N. Westland.
- K.J. Kluge "International Information Service on Research Concerning
 Special Education, Rehabilitation, and Related Fields".
 G. Schindele Verlag, 7501 Neuburgweier, Alte Rheinstr. 13a, West Germany, 1973.
- L.L. Clark (ed) "International Catalog of Aids and Appliances for Blind and Visually Impaired Persons". American Foundation for the Blind, New York, 1973, price \$2.00.

The primary purpose of the International Research Information Service (IRIS) is to supply researchers with needed information from a broad range of natural, behavioural and technological sciences, bearing on problems arising from sensory impairment, and especially visual impairment. IRIS also publishes Research Bulletin, prepares bibliographies, state-of-the-art reports, and evaluations. For more information about these services, which are available to all qualified researchers, you should write to Dr. L.L. Clark, IRIS, American Foundation for the Blind, 15 West 16th Street, New York 10011, U.S.A.



DESCRIPTORS	SYMBOL	Prequency
ACHIEVEMENT TESTS	31 a	9
ACUITY	26 A	3
ADJUSTMENT	32 G	4
ADULTS	4 0 L	2
ADVENTITIOUS	12 A	2
AGE	39 a	1
APTITUDE TESTS	8 T	2
ARCHITECTURE/ENVIRONMENT	43 a	4
ATTITUDES (TOWARDS BLINDNESS) AUDITION	18 A	6
BRAILLE	1 a 34 L	19 29
CANE	31 c	3
CHILDREN	42 C	5 0
CLASSIFICATION/DEFINITION	35 c	3
COGNITIVE/CONCEPTUAL ACTIVITY	19 c	8
COMMUNICATION	30 T	8
COMPREHENSION	36 C	ĭ
COMPRESSED SPEECH	12 R	1
COMPUTER PROGRAMS	26 P	12
CONGENITAL	11 g	5
CORTICAL STIMULATION	27 c	2
CUTANEOUS SENSES	10 C	1
DEAF-BLIND PERSONS	38 P	11
DEMOGRAPHY	22 U	1
DEVELOPMENT (IN THE EDUCATIONAL SENSE)	34 D	13
DEVICES AND EQUIPMENT	19 е	55
DISPLAYS AND DISPLAY SYSTEMS	32 D	22
DISSEMINATION OF INFORMATION	48 D	1
EDUCATION	45 e	40
EMBOSSED MATTER	14 B	14
EMBOSSING MACHINES AND SYSTEES	33 e	25
EVALUATION GUIDE DOGS	51 e 14 G	17
ILLUSTRATIONS	35 i	1 13
LARGE PRINT	21 1	2
LASER	41 1	3
LOW VISION AIDS	52 L	21
MAPS	39 m	6
MEDECINE	13 m	13
MOBILITY	29 m	17
MOBILITY DEVICES	37 m	17
MULTIPLE HANDICAPS	21 h	4
ORIENTATION	3 0 C	6
PARTIALLY-SIGHTED PERSONS	32 P	48
PHYSIOLOGY	2 0 F	1
PROGRAMMED INSTRUCTION	28 I	2
PSYCHOLOGY	17 k	5
READING .	24 R	6
READING MACHINES	7 r	22
REHABILITATION	10 R	3
RUBELLA SOCIAL ASPECTS/EFFECTS	5 r 11 s	1 16
SOUND RECORDING/REPRODUCTION, TAPE	40 S	2
SPACE PERCEPTION	40 S 14 P	4
SPEECH ANALYSIS/SYNTHESIS	16 S	1
SPEECH/LANGUAGE	27 3	5 3
TACTILE/TACTUAL SENSE	2 T	27
TESTS AND MEASUREMENTS	46 T	22
SONICS	39 u	4
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- 59 HEGINBOTHAM PROF. W.B.

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- 60 HEITMANN DR.

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- 61 HELLER PROF.DR. K.
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64 HERMELIN DR. B.

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65 HEYES DR. A.D.

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66 HILL PROF. D.W.

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74 JANSE H. J.

INTERELEKTRONIKS, POSTBUS 2035, ARNHEM, NETHERLANDS.

- 75 JANSSON PROF G.
 - DEPARTMENT OF PSYCHOLOGY, UNIVERSITY OF UPPSALA, S:T LARSGATAN 2, S-752 20 UPPSALA. SWEDEN.

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- 79 JUNKERS DRS. H.L.
 AFDELING DER VLIEGTUIGBOUWKUNDE, KLUYVERWEG 1, DELFT, NETHERLANDS.
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- 80 JONSSON A.

 HANDIKAPPINSTITUTET, FACK, S-161 03 BROMMA 3, SWEDEN.

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- 81 JUURMAA DR. J.
 UNIVERSITY OF HELSINKI, FABIANINKATU 33, HELSINKI, FINLAND.
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- 83 KAPLAN MRS. A.I.
 INSTITUTE OF DEFECTOLOGY, USSR ACADEMY OF PEDAGOGICS, 8 POGODINA STR.,
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- 84 KEMNA IR. L.J.A.J.

 DORASTRAAT 39, HENGELD, NETHERLANDS.

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 WEST GERMANY.
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- 86 KOULAGIN PROF. Y.A.

 TYPHLOPSYCHOLOGICAL LABORATORY, INSTITUTE OF DEFECTOLOGY, USSR ACADEMY OF PEDAGOGICS, 8 POGODINA STR., 119117 MOSCOW, USSR.

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RRIEGER K.H.

PAD. HOCHSCHULE HEIDELBERG, ABT. FUR BLINDEN UND SEHBEHINDERTENPADAGOGIK,

69 HEIDELBERG, ZIEGELHAUSER LANDSTR. 35, WEST GERMANY.

- 88 KRIEGER R.
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- 90 KRUGER H.
 - PAD. HOCHSCHULE HEIDELBERG, ABT. FUR BLINDEN UND SEHBEHINDERTENPADAGOGIK, 69 HEIDELBERG, ZIEGELHAUSER LANDSTR. 35, WEST GERMANY.
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- 92 KULISZEWSKI PROF.DR.ING. T.
 INSTITUTE OF TELECOMMUNICATION, TECHNICAL UNIVERSITY OF WROCLAW,
 50 372 WROCLAW, UL. JANISZEWSKIEGO 11, POLAND.
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- 93 KUOTOLA U.

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- 94 KUPPERS DR.ING. H.J.
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- 98 LAIRY DR. G.C.
 LABORATORY OF CLINICAL NEUROPHYSIOLOGY, HOPITAL HENRI ROUSSELLE, 1 RUE
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100 LEWIS DR. J.W.

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HATFIELD, HERTFORDSHIRE, ENGLAND.

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- 101 LIBMAN DR. E.S.

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- 102 LIE DR. I.
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- 103 LINDQVIST B.

 DEPARTMENT OF RESEARCH AND DEVELOPMENT, ASSOCIATION OF THE BLIND,
 GOTLANDSGATAN 46, S-116 65 STOCKHOLM, SWEDEN.

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 DEPARTMENT OF OPHTHALMIC RESEARCH, CUYS HOSPITAL, LONDON SE1, ENGLAND.

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 69 HEIDELBERG, ZIEGELHAUSER LANDSTR. 35, WEST GERMANY.

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- 115 MESCHERIAKOV PROF. A.I.

 LABORATORY FOR DEAF-BLIND CHILDREN, INSTITUTE OF DEFECTOLOGY, USSR ACADEMY
 OF PEDAGOGICS, 8 POGODINA STR., 119117 MOSCOW, USSR.

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- 116 MINEKUS N.J.

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 RESEARCH PEDAGOGICAL INSTITUTE OF UKRAIN, 10 LENIN STR., KIEV, USSR.

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- 120 MOURATOV DR. R.S.

 TYPHLOTECHNICAL LABORATORY, 3 FESTIVALNAIA STR., SVERDLOVSK, USSR.

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- 121 MULHOLLAND W.V.

 DEPARTMENT OF OPHTHALMIC RESEARCH, GUYS HOSPITAL, LONDON SE1, ENGLAND.

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- 122 MYERS S.O.
 RESEARCH CENTRE FOR THE EDUCATION OF THE VISUALLY HANDICAPPED, UNIVERSITY
 OF BIRMINGHAM, 50 WELLINGTON ROAD, EDGBASTON, BIRMINGHAM 15, ENGLAND.
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 - DEPARTMENT OF EDUCATIONAL RESEARCH, VAKSALAGATAN 30, 753 31 UPPSALA, SWEDEN.

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NEUROPHYSIOLOGICAL LABORATORY, INSTITUTE OF DEFECTOLOGY, USSR ACADEMY OF PEDAGOGICS, 3 POGODINA STR., 119117 MOSCU!, USSR. STUDY OF ELECTRICAL ACTIVITY OF THE CEREBRUM OF THE BLIND.

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MEDICAL RESEARCH COUNCIL, DEVELOPMENTAL PSYCHOLOGY UNIT, DRAYTON HOUSE, GORDON STREET, LONDON WC1H OAN, ENGLAND.

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INTERNATIONAL INSTITUTE FOR APPLIED SYSTEMS ANALYSIS, 2361 LAXENBURG, AUSTRIA.

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- 128 PALACZ DR.MED. O.

 DEPARTMENT OF OPHTHALMOLOGY, MEDECINE SCHOOL, KLINIKA OCZNA PAM,
 70-111 SZCZECIN, UL. POWSTANCOW 72, POLAND.

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- 129 PAPE PROF.DR.MED. R.
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 POSTFACH 940, WEST GERMANY.
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- 130 PECHEUX DR. M.G.

 LABORATORY OF CLINICAL NEUROPHYSIOLOGY, HOPITAL HENRI ROUSSELLE, 1 RUE
 CABANIS 75 014 PARIS, FRANCE.

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- 131 PESCINEN PROF. J.

 DEPARTMENT OF SPECIAL EDUCATION, UNIVERSITY OF JYVASKYLA, FINLAND.

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 WORCESTER COLLEGE FOR THE BLIND, WHITTINGTON ROAD, WORCESTER WR5 2JU,

 ENGLAND.

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HJEMMET FOR DOVE, GENERATORVEJ 2 A, 2730 HERLEV, DENMARK.
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WISSENSCHAFTLICHE OBELRATIN, UNIVERSITY OF HAMBURG, 2 HAMBURG 13, SEDANSTRABE 19, WEST GERMANY.

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138 REYNELL J.

THE WOLFSON CENTRE, INSTITUTE OF CHILD HEALTH, MECKLENBURGH SQUARE, LONDON WC1N 2AP, ENGLAND.

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140 ROSS DR. H.

DEPARTMENT OF PSYCHOLOGY, UNIVERSITY OF STIRLING, STIRLING FK9 4LA, SCOTLAND.

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142 SALZARULO P.

LABORATORY OF CLINICAL NEUROPHYSICLOGY, HOPITAL HENRI ROUSSELLE, 1 RUE CABANIS 75 014 PARIS, FRANCE.

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PAD. HOCHSCHULE HEIDELBERG, ABT. FUR BLINDEN UND SEHBEHINDERTENPADAGOGIK, 69 HEIDELBERG, ZIEGELHAUSER LANDSTR. 35, WEST GERMANY.
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144 SCHAUERTE DR. PHIL. H.

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SCHIEF DR.

INSTITUT FUR INFORMATIONSVERARBEITUNG DER FRAUNHOFER-GESELLSCHAFT, 75 KARLSRUHE, BRESLAUER STR. 48. BRDEUTSCHLAND.

- 146 SCHILLER H.
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VISUALLY HANDICAPPED CHILDREN IN DIFFERENT EDUCATIONAL SETTINGS: A COMPARATIVE EMPIRICAL INVESTIGATION OF THE ACADEMIC ACHIEVEMENT, SOCIAL COMPETENCY, SOCIOMETRIC STATUS AND SOCIAL ADJUSTMENT OF VISUALLY HANDICAPPED CHILDREN IN SEGREGATED AND INTEGRATED EDUCATIONAL PROGRAMMES.

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149 SCHOFIELD J.

FACULTY OF ENGINEERING, LIVERPOOL POLYTECHNIC, BYRON STREET, LIVERPOOL L3 3AF, ENGLAND.

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150 SCHONER S.

PAD. HOCHSCHULE HEIDELBERG, ABT. FUR BLINDEN UND SEHBEHINDERTENPADAGOGIK, 69 HEIDELBERG, ZIEGELHAUSER LANDSTR. 35, WEST GERMANY.
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152 SCHOPPER J.

BAYER. LANDESSCHULE FUR BLINDE, D 8000 MUNCHEN 60, WINTRICHRING 84, WEST GERMANY.

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154 SCHULZ DR. H.

FACHHOCHSCHULE, D-7743 FURTWANGEN, POSTFACH 28, WEST GERMANY.

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155 SCHUSTER H.

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ERIC EGERSTAHL PROF. B.
OULU UNIVERSITY, SYSTEMS ENGINEERING LABORATORY, KOULUKATU 32,
90100 OULU 10, FINLAND.

- 157 SERMEEV PROF. B.V.

 DEPARTMENT OF THEORY AND METHODS OF PHYSICAL EDUCATION, PEDAGOGICAL INSTITUTE, 38 PISKOUNOVA STR., GORKI, USSR.

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 JEWISH BLIND SUCIETY, S1 STAMFORD HILL, LONDON N16, ENGLAND.

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- 160 SILVER MISS J.

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- STATENS INSTITUT FOR BLINDE OG SVAGSYNEDE, RYMARKSVEJ 1, 2900 HELLERUP, DENMARK.

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 DEPARTMENT OF EDUCATIONAL RESEARCH, LFJ, OSTRA AGATAN 9, S-753 22 UPPSALA, SWEDEN.

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- 163 SMITH D.T.

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 PARKS ROAD, OXFORD, ENGLAND.

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 POSTBUS 513, EINDHOVEN, NETHERLANDS.

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 LABORATORY OF EDUCATION OF BLIND CHILDREN, INSTITUTE OF DEFECTOLOGY,
 USSR ACADEMY OF PEDAGOGICS, 8 POGODINA STR., 119117 MOSCOW, USSR.
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- 168 SPANJERSBERG H.A.

 UNIVERSITY OF TECHNOLOGY, DEPARTMENT OF ELECTRICAL ENGINEERING, LABORATORY
 FOR DATA PROCESSING, MEKELWEG 4, DELFT, NETHERLANDS.

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- 169 STARKIEWICZ PROF. DR. MED. W.
 - DEPARTMENT OF OPHTHALMOLOGY, MEDECINE SCHOOL, KLINIKA OCZNA PAM, 70-111 SZCZECIN, UL. POWSTANCOW 72, PCLAND.

WIH DR.MED. O. PALACZ, DR. ING. J. CHALECKI, MGR. ING. E. KURCZ, ING. S. WYSOCKI AND PROF. DR. ING. T. KULISZEWSKI: TACTILE SUBSTITUTE FOR VISION, MULTI-CHANNEL OPTICO-TACTILE DEVICE FOR THE BLIND: ELECTROPHTAIM.

170 STEPPICH C.

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171 STRNAD DR. M.

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172 STRNADOVA PROF. DR. M.

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173 STROHBERGER H.

PAD. HOCHSCHULE HEIDELBERG, ABT. FUR BLINDEN UND SEHBEHINDERTENPADAGOGIK, 69 HEIDELBERG, ZIEGELHAUSER LANDSTR. 35, WEST GERMANY.
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174 THIEL H.J.

D 6104 JUGENHEIM, PAUERWERG 4, WEST GERMANY. ADDITIONAL TELEX DEVICE FOR THE BLIND.

175 THIMM PROF. DR.

PAD. HOCHSCHULE HEIDELBERG, ABT. FUR BLINDEN UND SEHBEHINDERTENPADAGOGIK, 69 HEIDELBERG, ZIEGELHAUSER LANDSTR. 35, WEST GERMANY.
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176 THOMAS D.H.

NEWCASTLE UPON TYNE PCLYTECHNIC, DEPARTMENT OF ELECTRICAL AND ELECTRONIC ENGINEERING, ELLISON BUILDING, ELLISON PLACE, NEWCASTLE UPON TYNE NEI 8ST, ENGLAND.

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177 THOMPSON MISS. C.

NEUROPSYCHOLOGY UNIT, APPLIED PSYCHOLOGY DEPARTMENT, UNIVERSITY OF ASTON, GOSTA GREEN, BIRMINGHAM B4 7ET, ENGLAND.

VISUAL EVOKED RESPONSES IN NORMAL ADULTS AND CHILDREN, AND IN PATIENTS WITH KNOWN VISUAL FIELD DEFECTS: MACULAR AND PERIPHERAL RETINAL LOSS, AMBLYOPIA AND CATARACTS. SKIN ERG RECORDINGS IN NORMALS AND PATIENTS WITH ABNORMAL VISION. EVOKED RESPONSE DIAGNOSIS OF VISUAL AND AUDITORY DEFICITS IN NON-COMMUNICATING CHILDREN.



THORNTON W.

NATIONAL MOBILITY CENTRE, 22 MELVILLE ROAD, BIRMINGHAM 16, ENGLAND. WITH P.RYAN AND P.RYDING: EVALUATION OF A BINAURAL MOBILITY AID.

179 TOBIN DR. M.J.

RESEARCH CENTRE FOR THE EDUCATION OF THE VISUALLY HANDICAPPED, UNIVERSITY OF BIRMINGHAM, 50 WELLINGTON ROAD, EDGBASTON, BIRMINGHAM 15, ENGLAND. COGNITIVE GROWTH AND SCHOOL ACHIEVEMENT IN THE VISUALLY HANDICAPPED CHILD. VISUAL STIMULATION FOR REGISTERED BLIND AND PARTIALLY-SIGHTED CHILDREN. BRAILLE LEARNING AND READING. MEASUREMENT OF SHORT-TERM MEMORY IN DEAF/BLIND CHILDREN. EVALUATION OF TEACHING AIDS FOR THE VISUALLY HANDICAPPED.

180 TORBERGER A.

DEPARTMENT OF TELECOMMUNICATION NETWORKS AND SYSTEMS, THE ROYAL INSTITUTE OF TECHNOLOGY, 100 44 STOCKHOLM 70, SWEDEN.

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SCHOOL FOR BLIND CHILDREN, UL. JOMSKO SHOSSE 85, SOFIA, BULGARIA. COMPARATIVE STUDY OF THINKING IN BLIND CHILDREN IN PRIMARY SCHOOLS.

182 TROWALD PROF. N.

DEPARTMENT OF EDUCATIONAL RESEARCH, LHU, OSTRA AGATAN 9, S-753 22 UPPSALA, SWEDEN.

EDUCATIONAL RESEARCH OF LEARNING PROBLEMS FOR THE VISUALLY HANDICAPPED. PERSONAL FIELD OF RESEARCH; LEARNING STRATEGIES FOR BLIND LISTENERS.

183 URWIN C.

UNIT FOR RESEARCH INTO MEDICAL APPLICATIONS OF PSYCHOLOGY, 5 SALISBURY VILLAS, STATION ROAD, CAMBRIDGE, ENGLAND.

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184 VOYSEY M.

SOCIAL RESEARCH UNIT, BEDFORD COLLEGE ANNEXE, UNIVERSITY OF LONDON, PETO PLACE, MARYLEBONE RGAD, LONDON NWI, ENGLAND.
SOCIAL PSYCHOLOGICAL IMPLICATIONS OF DOCTOR-PATIENT INTERACTION IN THE DEVELOPMENT OF DIABETIC RETINOPATHY.

185 WARBURG DR. f.

THE COPENHA EN EYE CLINIC FOR THE MENTALLY RETARDED, SOGNEVEJ 40, DK 2820 GENTOFTE, COPENHAGEN, DENMARK.

A DANISH REGISTRATION OF NUMBER, DIAGNOSES & GEOGRAPHICAL DISTRIBUTION OF BLIND PERSONS WHO ARE ALSO MENTALLY RETARDED. IN COOPERATION WITH THE DANISH SCHOOL FOR THE BLIND: DEVELOPMENT OF A TRAINING PROGRAM FOR MULTI-HANDICAPPED BLIND CHILDREN. IN COOPERATION WITH THE DANISH JOHN F. KENNEDY INSTITUTE: INVESTIGATION OF THE FREQUENCY AND GENOTYPES OF RETINITIS PIGMENTOSA IN DENMARK. STUDY OF SELECTED PERSONS WITH METABOLIC EYE DISEASE.

186 WARD J.C.

CLARENDON LABORATORY, DEPARTMENT OF PHYSICS, UNIVERSITY OF CXFORD, PARKS ROAD, CXFORD CX1 3PU, ENGLAND.
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PAD. HOCHSCHULE HEIDELBERG, ABT. FUR BLINDEN UND SEHBEHINDERTENPADAGOGIK, 69 HEIDELBERG, ZIEGELHAUSER LANDSTR. 35, WEST GERMANY.
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188 WECKROTH J.

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- 189 WEIMANN E.
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 BESSELWEG 8, WEST GERMANY.

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 TECHNOLOGICAL UNIVERSITY DELFT, LEECHWATERSTR. 3, DELFT, NETHERLANDS.
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- 193 WHISTON T.G.

 DEPARTMENT OF PSYCHOLOGY, MANCHESTER UNIVERSITY, MANCHESTER M13 9PL,
 ENGLAND.

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 69 HEIDELBERG, ZIEGELHAUSER LANDSTR. 35, WEST GERMANY.

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 DEPARTMENT OF COMMUNICATION, UNIVERSITY OF KEELE, STAFFORDSHIRE, ENGLAND.
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 AFDELING DER ELEKTROTECHNIEK, MEKELWEG 4, DELFT, NETHERLANDS.

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- 200 ZEMTSOVA PRCF. M.I.

 DEPARTMENT OF EDUCATION FOR BLIND AND PARTIALLY-SIGHTED CHILDREN,
 INSTITUTE OF DEFECTCLOGY, USSR ACADEMY OF PEDAGOGICS, 8 POGGDINA STR.,
 119117 MOSCOW, USSR.

 STUDY AND EDUCATION OF CHILDREN WITH DEFECTS OF VISION.

PAD. HOCHSCHULE HEIDELDERG, ABT. FUR BLINDER ND SEHBEHINDERTENPADAGOGIK,

202 ZIMKINA PROF. A.M.

PHYSICLOGICAL LABORATORY, RESEARCH INSTITUTE OF LABOUR EXAMINATION AND ORGANISATION OF WORK OF THE HANDICAPPED, 4 SMOLNI, LENINGRAD, USSR. STUDY OF PHYSIOLOGICAL MECHANISMS OF COMPENSATION AT THE VISION DEFECTS.

2°3 ZINKIN P.

THE WOLFSON CENTRE, INSTITUTE OF CHILD HEALTH, MECKLENBURGH SQUARE, LONDON WC1N 2AP, ENGLAND.

WITH P.REYNELL: DEVELOPMENTAL ASSESSMENT OF BABIES AND YOUNG CHILDREN WITH SEVERE VISUAL IMPAIRMENT.

204 ZOTOV PROF. A.I.

TYPELOPEDAGOGICAL DEPARTMENT, PEDAGOGICAL INSTITUTE NAMED AFTER A.I.HERZEN 48 MOYKA EMBANKMENT, LENINGRAD, USSR.

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