

First Trust Fund Award Granted

Trustees of the Trust Fund have awarded the fund's first grant, a research assistantship, to Miss Karen Smith, 22, an optometry student at the University of Waterloo who will be entering Third Year this fall.

Miss Smith has received \$2400 to serve as research assistant to Dr. J.S. Lovasik in his investigation of the neural mechanisms controlling ocular accommodation. The award falls under Section C of the Optometric Manpower Development section of the Trust Fund: Undergraduate Programs. This provides students showing a special interest and aptitude in investigative studies an opportunity to engage in research early in the educational process. Not only is this useful in guiding students toward a career in research but it also provides valuable assistance to research programs.

Miss Smith spent last summer with the Occupational Health and Safety Branch of the Ontario Ministry of Labour writing and compiling

abstracts of current Canadian research in the field. Of particular interest to her was the research associated with visual health and safety and this sparked her desire to enter the field of research.

Describing her return to Waterloo last fall, Miss Smith said, "Dr. Lovasik's work fascinated me the most. We spent many hours discussing his research. I share his enthusiasm and his excitement in his work . . . through Dr. Lovasik's research, and the work of others in related areas, I am confident that optometrists and other vision care practitioners will have a better understanding of accommodation and accommodative anomalies in humans."

Miss Smith wants to enter graduate research after receiving her O.D. degree in 1982. Dr. Lovasik, who directs the Electro-Diagnostic Clinic at the School of Optometry, is introducing her to electro-retinography, visually-evoked cortical potentials,

and electro-oculography.

"I find these tests particularly interesting since they combine basic neurophysiology with clinical applications. This extra training will be an invaluable clinical diagnostic tool . . . Through my participation in the Trust Fund research program I hope to develop skills in research and specialized clinical procedures based on electro-physiological techniques."

Miss Smith grew up in Toronto where she developed a wide range of interests. In high school, as chairperson of the Welfare Committee, she worked on numerous projects for the Red Cross, Cancer Society, United Way and did volunteer work at Doctor's Hospital. She is an accomplished swimming and scuba diving instructor, and enjoys jogging, squash, calisthenics, cycling and skiing. She has also learned piano and violin and enjoys sculpture, ballet and jazz dancing and has danced with Toronto's Joan Kohal Dance Company.

Clinical Note*

The following report is taken from the results of an investigation carried out by the "Nederlandse nie voor Opticiens" at the Christian Huygens School in Rotterdam on two auto-refractors: the Dioptron and the Acuity Systems Model 6600.

The investigation was requested by the Netherlands Public Health Ministry and made by the faculty of the Huygens School, optics section.

The original report will be found in Oculus, August 1979 issue, the official publication of the Union of Netherlands Opticians.

The two instruments, the Dioptron and the Model 6600, perform

the same function and provide the same information obtained by retinoscopy. Their operation is relatively simple and they provide print-outs of the results thereby permitting office assistants to operate them.

However, it is incorrect to consider the results provided by these auto-refractors as the correct lens formula to be prescribed. In this respect, the following objections must be put forward:

1. Spherical power, cylinder power and axis orientation are not exact.
2. These instruments are strictly monocular and provide no information on the binocular status of the subject. Heterophorias,

cyclophorias possible suppressions and other binocular anomalies cannot be measured. Finally the maximum correction is frequently too uncomfortable for clinical wear.

3. Although these instruments will apprise the operator that a measurement cannot be taken they do not inform as to the cause of the non-measurement. They do not provide any information on the status of the eye which has been measured.
4. Near point corrections cannot be measured.

* Translation from the original French text by CJO staff.