

Profiles in History: An Interview with E.J. (Ted) Fisher

TF:

Before becoming personally involved in this interview, I would like to fill in some of the historical data pertaining to optometrical education and the original teaching institutions.

The Ontario Optometry Act in 1919 made it mandatory for the Board of Examiners to provide education facilities; in other words, the Board could not restrict the profession without providing for the training of newcomers to the profession. The Board started the school at the Central Technical High School. The course was a two-year option as part of the regular high school technical course — you graduated with a diploma in optometry. The instructors included some very famous names: Ivan Nott, George Keevil, Bill Fannon, J.C. Thompson (who taught physics and mathematics). This was J.C.'s first connection with Optometry. He had graduated from U. of T. with an M.A. in physics and went to Central Tech as a teacher. When the optometry program began, he was assigned to teach optics and physics to optometry students.

In 1925, the Department at Central closed for lack of funds, so the Board organized its own College. It started out as the College of Optometry of Canada, and there was an All-Canada Advisory Council, actually the forerunner to C.A.O.

I actually have a list of the people that were on that Council. There was a representative from Saskatchewan, one from Manitoba, from New Brunswick and Nova Scotia, and that was about it. They met in Toronto perhaps five times. Even back then there was talk of starting a Western School. (We have a letter on display at the moment in the museum, which says that they were trying to start the school in Winnipeg, being a central place in Canada.)



You must remember that, in those days, even train travel was rather rugged, and if a person were going to come to a C.A.O. meeting (or an All-Canada Advisory Council meeting), it would take two days to reach Toronto from Winnipeg, three from Saskatchewan, about the same from New Brunswick and Nova Scotia. As a result, meetings were not very frequent because they kept you away from the office for up to six days of just travel, let alone anything else.

When the College started in

Toronto in 1925, there was no Dean. An optometrist by the name of Wilkins was very prominent, one of the first teachers; and another, Ralph Aylesworth, from Trenton, was extremely active. He first approached Queens University and had serious discussions with Queens about starting the school there in the early 20's. It didn't materialize, but this was the first approach ever made to a university.

In the first year of the Toronto College's operation, they began

scouting around for a Dean, and got hold of Thompson from Central Technical School. He started in September, 1926 and continued until he died, April 4, 1948. This was in the school's initial stages. The teachers were all part-time, with the exception of Thompson. (In the first year, they were *all* part-time, after that, Thompson became full-time). They had Bill Fannon, a teacher of mechanical optics, and Ed Bind. These people were paid so much an hour to come in and lecture. Part of the course was arranged through the University of Toronto; that concerned the basic science part of optics, biology, some physiology, some mathematics. (The early instructors in the university included a McTaggart in optics, Bailey in biology, and a lady by the name of Krueger in mathematics). We also had a course in law, taught by a chap named Grant, I believe. All these courses, which were mostly first-year subjects, came from the university. In addition, Thompson would give lectures each year in different subjects — applied optics and theoretical optometry. Bind would teach clinical work and pathology; and Fannon, the mechanical optics course. These were the early people.

The course itself was two years in length, with an admission requirement of Grade XII, until September, 1937 when it was increased to three years, with the admission requirement of Grade XIII. (This was also the first year I started teaching). The school at this time was also moved to 243 College Street on the 4th floor of the Ash Temple building. The clinic was greatly expanded as well. It was there from 1937 until 1945, when we moved back to 140 St. George Street, next door to the earlier building.

In 1948 (the year Thompson died), we had about 300 applications from veterans, and were able to take 120 of them. This had been made possible through an expansion in the U. of T. program, where they agreed to provide labs for optics, biology and other subjects. We rented the drill hall across the street, which had been used for Officer Training Courses,

for our lecture work, and increased the number of part-time lecturers. Unfortunately, Thompson died before that first class of veterans graduated, but (Clair) Bobier was in that group. Irving Baker, Scarlatt Albright and others came in to assist. Bal Sparks, as well, was at the school from about 1937.

We also had to change our hours drastically. We had 7:30 a.m. lectures, and I had a few evening courses as well, in order to accommodate these large classes. It was at that time that I went into the school full-time (1945) and stayed from then on. I gave up practice entirely for a number of years until the big enrollment dropped. Then George Keevil died and his wife asked me to come in and help close the practice up — this would be about 1952 or 53. Well, I went in to close up the practice, and I saw this tremendous file of names. So I wondered what was going to happen to all these people. We couldn't get anyone to take it over, so I took it on as an evening and part-time practitioner.

CJO:

Going back to the post-war period, was there any concerted effort to draw the veterans to optometry?

TF:

No. They were given advice by vocational guidance counsellors. There was a shortage of optometrists at the time, and it was noticed. It's interesting, too, that a lot of our

forebears came in after the First World War with some courses that W.G. Maybee taught, before there was a school of optometry.

CJO:

Bind was one of those.

TF:

He was. In the first place, he was English, but emigrated to Canada right after the First World War. He had been in eye work over there and that's how he got interested. Incidentally, his eye work had consisted of drawing fundus pictures, before the days of the fundus camera.

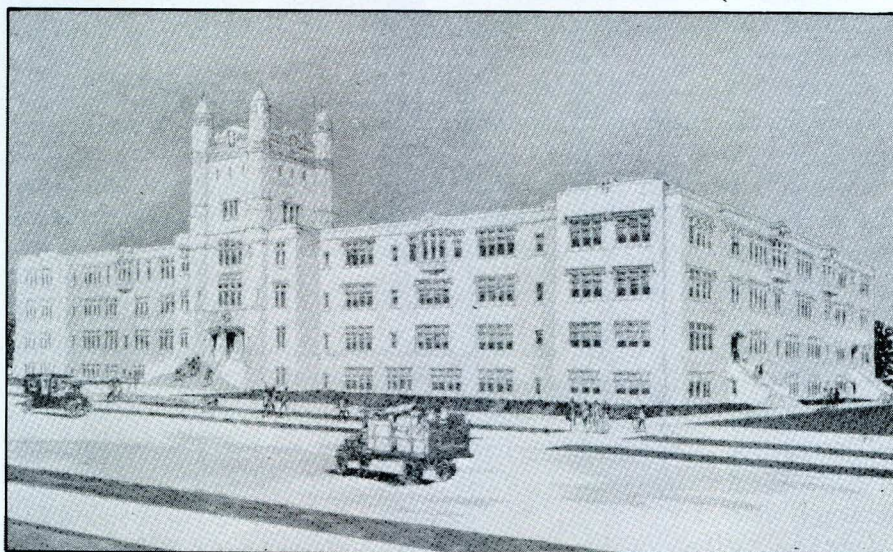
CJO:

What was the relationship of the College to the University of Toronto at that time?

TF:

It had always been that we paid a lump sum for whatever was offered, not on a basis of so much per course. I know that, when I was there, I had to sit down and negotiate it. One year, for example, it would be \$15,000.00, another it would be \$18,000.00.

Incidentally, we also got extra grants from the Federal Government at that time, because of the veterans. I think it was something on the order of \$150.00 per veteran. The Board was very conservative in its salary scales, and it ended up we had to give the government back about \$35,000.00 when all the accounting was done at the end. (It was over that



Central Technical High School, Toronto, locale for Department of Optometry, 1921-25.

issue that W.J. Dunlop resigned. He was Chairman of the Board at the time and was in favour of giving the money back. One or two of the Board members said, "Isn't there some way we could use this money? After all, we need it, and we have provided the service." Well, there was no way you could do it retroactively. If they had spent the money at the time, then no questions would have been asked, but they had to give this back. Dunlop was a little annoyed that it should even have been discussed and it was only about a month or two after that, that he tendered his resignation).

CJO:

Can you provide some clarification with respect to the College's disassociation with the U. of T.?

TF:

What really happened was that we had had no difficulties in 1948, 49, 50. But about 1950, in the Fall, when Sydney Smith was President of the University, the Board of Governors decided that they were going to eliminate all extrinsic teaching. We were not the only ones — there were other ones which I can't recall, but there were other people taking courses on a contract basis. Well, Dr. Smith invited me to lunch at the York Club. I was only about 35, and he invited me to lunch at the York Club. He said that, because of the great expansion being planned for the university, the enrollment was going to grow and they had to divest themselves of all these external programs. It was sad news — I could understand it, but it was sad. He said there was no great pressure. "We'll give you at least two years to make arrangements to do what you can."

It was at that time that the Board ultimately decided to have a four-year program. It was felt we could work it if it was one year university and three years optometry. That way, we could require a lot of the basic science as admission status. The student would have to enrol for that at a university, take one year and then come to optometry. It turned out that enrollments were dropping

and we felt that we lost a number of students that way. Those who took the first year university and were successful went on to take more, and optometry lost them. Our classes dwindled down to as few as six. The school couldn't carry on with the kind of income it had. After one year of experimenting with that, we went to a four-year professional program, which granted the O.D.

CJO:

You also had a part-time program leading to the O.D. Why was that set up?

TF:

It was felt that it wouldn't be fair to award the O.D. degree to new graduates, and not make it possible for any practitioner who wished to earn the same requirement without just assuming it. And so an updating course was offered for about five or six years. There were some 200 optometrists who took the updating course and earned the O.D. degree that way. The people teaching the course didn't take it, and if you look at the register, you'll notice we still have a few who have not got an O.D., including me. It was a good course, consisting of correspondence, with two weeks' required attendance each year, and an examination afterwards, which was arranged in the local community. The course also provided some financial assistance, but that wasn't the main aspect of it. If you only had six to ten students to teach, you had some spare time, so the faculty was put to work on writing these papers.

CJO:

So to bring the interview back to a personal level, how did you happen to come into optometry?

TF:

Well, you could say I fell into it. I think one has to realize the times, you see. We think we're having tough times these days, with the recession or some such thing. In 1929, there was a tremendous stock market crash, much worse than any year before or since. People who held

stocks would jump off buildings; their savings were gone in five minutes and they just couldn't face it. There were people out of work. There were people wandering across this country. I don't think today's unemployment rate is very bad, compared to it. There was no unemployment insurance, there was no welfare. I was graduating from high school in 1932. What's a young fellow to do in that kind of a world? No jobs, and even experienced people were out of work. Carpenters, they could get for a dime a dozen, for example. It was a very, very difficult situation. In order to eat, you'd go out and dig ditches or do anything. That's if you could get some ditches to dig. Well, my father had a hardware store on Danforth Avenue. I worked there after hours when I was going to school and on Saturdays. I didn't like hardware — and hardware in those days was hard, hard work. They didn't have all the machinery they have today to cut and thread pipe, clean up window frames and put in stove pipe. None of that for me. So I was looking around for some sort of career. At the start of the summer, I hadn't known what I was going to do, but my mother and I decided to go back to Winnipeg for a trip (Dad stayed and watched the store). I was born in Winnipeg and my parents had lived there for many years, so we motored back. We got back to Toronto somewhere around the middle of August and I still had no career, nor had I even chosen one! I was just a high school graduate. Somebody at the time remarked that my cousin, Harry Cobean, had graduated in optometry about 1929 or 1930, and he had wonderful job opportunities. He had opened his own practice. (He had been offered \$150.00 a week, which in those days was great big money, to go and work for somebody. But he had turned that down and started his own practice). So that looked like a good career — why didn't I get into this thing, Optometry? (It was new, remember. The school had only opened in 1925 and this was 1932 — seven years later). So I went down to

see the Dean, and I can well remember the visit. Gladys Wallace was the secretary and the office was in the second ground floor room at 138 St. George Street. We used it as a library later. He was there and his desk was piled higher with papers than mine has ever been — it was just a heap! He interviewed me; I was accepted into the course and started two weeks later in optometry. They were small classes — I think there were about 18 started in our class, of which 16 graduated. So I just started, largely I guess, because of my cousin, at what seemed the only thing to do. I also had the choice of going into pharmacy; a friend of ours had a pharmacy at Pape and Gerrard in Toronto. I talked to my uncle, who said, "I wouldn't recommend it to you. We have to work nights, and I'm called out on occasion on Sundays and it's a perpetual job. People steal things out of the store and everything . . . ; you'll make a living, but . . ." So I decided. It was a very fortunate accident; I was the relative of an optometrist and that's what led me into it.

CJO:

So you had no conception of what optometry was?

TF:

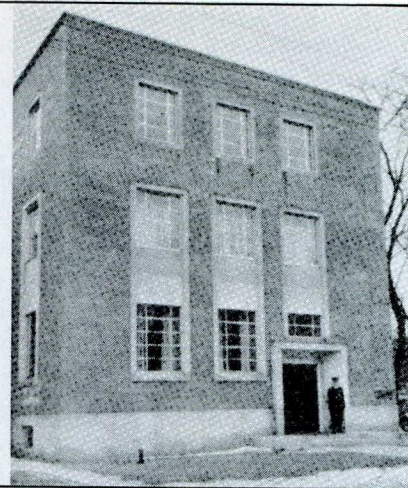
Very little. I knew it had something to do with eyes. George Bosnell had an office out near us, and it always looked very neat and tidy. He never did display glasses, and this was quite contrary to the run of the mill in those days. But he had a very professional office. I had no idea where optometry was going, or what it was going to do. I knew I had to pass the course; I knew I had to get a licence from the Board; and that's about it.

CJO:

Your impressions of the school building itself?

TF:

I honestly didn't think very much about it. It was in the university area, with some very fine homes around it of the same vintage. They were



140 St. George St., as it looked when it served as a Fraternity House, for Phi Theta Upsilon Fraternity 1938-45 and as the College prior to the building of the addition in 1953 to the front of the building.

mostly fraternity houses, but I didn't know that. I was 18 and I don't think there was much emphasis on vocational guidance in those days.

CJO:

The question of campus status didn't have any influence?

TF:

We only used 138 St. George as headquarters, and we were around the university buildings a lot. We didn't officially have Hart House privileges but we went to Hart House just the same, for lunch and that kind of thing. We were a part of the university, but not really a part of it.

CJO:

Of course, you were living at home, then?

TF:

I was living at home. I had two dollars a week to pay for my carfare, lunches and I had some spending money. Five cents to buy a chocolate bar or something, you know. Those are old times. (This sounds like my father talking. He used to tell me that he worked for a dollar a day, and I couldn't believe it. Actually, to live on forty cents a day was simple).

CJO:

What about your recollections of Dean Thompson and his influences on you as a student?

TF:

J.C. was a great chap. He had very high moral standards and I think he

instilled a lot of professionalism in us. I know our class took what was then called the Optometric Oath. I don't know if you've ever run across that, but it was very much like the Hippocratic Oath reworded for optometry . . . we would never use shoddy materials, we would give the patients the very best we could and everything of this nature. I think we had a pretty good class. He made a very great impression on us. In those days, I think the students had much more of a personal feeling for being a unit, and being a part of something that was important and good. For example, I think it was every month that a banquet was held. It cost money and you didn't have a lot in those days, but we always went. We never missed any of those affairs. Today, when the students hold a party, they are fortunate to have half the class attending. It was in 1936 that the first *Reflex* was published, just after we graduated, and if you look in there, you'll find a list of the social functions they had. Really, it was amazing. All the class would go.

When I went back to the school teaching in 1937, optometry students had the reputation among other faculties around the Toronto campus of being very lively. Optometry students worked hard and they played hard and they really had good parties.

CJO:

Of the various subjects you took as a student, did you consider some to

be more important than others?

TF:

Oh well, that is a truth, even with the students today. You feel you've come to learn optometry, to learn how to examine eyes and provide that kind of care. I can well remember one student in our class in the biology lab. He got rather annoyed, took his scalpel and threw it into the top of the desk. It was quivering there, and he said, "Damn it, I didn't come here to learn how to cut up rabbits, I came to learn how to examine eyes." There was a fair amount of that. They felt that these other subjects were unimportant. On the other hand, I think they were important and give you a good basic background on the functioning of the body. But I would say the optometry subjects were much more interesting, and useful. At least we thought they were more useful.

CJO:

How do you view the various external influences that have affected the development of our curriculum going back over the years, . . . social attitudes, medical opposition, etc.?

TF:

Undoubtedly, there has been some medical opposition, but I think that optometry is actually a bit paranoid about it. I believe that there's actually not as much as we think. Sometimes, it becomes very apparent, and seems to be almost an economic jealousy and an economic concern of medicine. But it is there. In 1940, for example, the statement was made that optometrists could not recognize disease, and I think perhaps there was some truth to that in the early days, if you look back. We stepped up the sciences related to that aspect very much about 1940. The basic curriculum grew and I think it was worthwhile that this developed.

But the other part, that you know, is that back in 1900, many *medical* people couldn't recognize ocular disease either. In 1940, we were still in the very early stages of the 62 years that optometry has been legalized in

Ontario. I think we've come a long, long distance, much more than medicine did in its first 60 years, or dentistry in its first 60 years. But I guess we've benefitted to some degree from the pressures they experienced. I regret very much that ophthalmology still has on its books the ruling that it's unethical to teach optometry. I think it's a sign that Canadian ophthalmology hasn't grown up, especially since a similar ruling has been taken off the books in the United States.

CJO:

In the earlier interview, when you were describing your initial steps in looking at various universities as potential sites for a School of Optometry, looking at the University of Toronto, for example, at the University of Waterloo, McMaster, Carleton, Ottawa University etc., you mentioned you were carrying on your own evening private practice at the same time. Do you feel that your experience in private practice has been beneficial to your career as an educator?

TF:

Oh, I definitely feel it has. When I had a practice in Toronto, it used to be the rule that all of the students had to spend one day with me on Saturdays. They would come, one at a time, and spend the entire Saturday there; that's when the classes were smaller in the 50's. Most of them said they tended to get a great deal out of just seeing how a practice would operate. For my own part, I used the practice primarily as a hobby; I used to experiment with new ideas and new techniques, and I would get new instruments that the school couldn't afford to get, simply to try them out. That happened on several occasions. Sometimes, of course, I would just borrow them, but other times I would buy them. I bought a contact lens trial set, for example, that cost about \$1200.00, a lot more at that time than it seems today. It's in our museum now. I used it on three patients and then discarded it because it didn't seem to be satisfactory. Then I went to the moulding

method of contact lenses; I bought all my own material in the office, and I'd bring it over to the school to show the students. The practice really helped in that way.

Nowadays, as a practical rule, I feel that all instructors should attempt to spend some time out in a private practice to determine what the public needs are, in terms of optometrical services, and what problems are being encountered.

CJO:

Doesn't the clinical environment at Waterloo satisfy that need?

TF:

There are many problems in managing the number of students and the number of patients, and the clinical environment presents a problem. For example, you'll see a patient in the clinic and do what you feel is required. Then he comes back on a different day with complaints and, because of scheduling problems, you never hear about it. One never even learns that there's been a problem with your prescription or diagnosis. There is also the fact that dealing with patients in the clinic is a very formalized situation. The patient comes in, is examined, the fee schedule is set. The patient doesn't like that, or something arises, and there are questions asked. Well, that's company policy, as it were, and that's it. If, on the other hand, you have to face the patient and explain it directly in your own office, it is much different. I think most students will agree with that. When they get out, it's almost a shock to them. Oh, they can do the techniques; they can do the examination much better than I ever could when I started. They can do all of that, but the actual meeting with the public in a private practice is considerably different than it is in the clinic.

Then there is the other question of not being aware of the final results of your work, of not having the patient back two weeks later to check things through, which you might want to do, which makes it very, very difficult. I realize why it happens, though; it's purely a scheduling

problem in the clinic. You cannot possibly schedule it the way you can a private office.

CJO:

How many patients is the clinic capable of handling?

TF:

I am not aware of the number today, but when we planned the building, we figured that we would be able to see 60 or 70 patients per day, in a teaching arrangement. Now a teaching arrangement takes twice, or maybe three times longer as the same procedure does in private practice, depending on the level of the student. But we had figured about 60 or 70 a day in total, during the academic year. In the summer, it's run on more of an emergency schedule and fewer patients are seen.

CJO:

When you were doing graduate work at the University of Toronto, you got your M.A. in experimental psychology and, we understand, did work with infrared . . .

TF:

Actually, that was later . . .

CJO:

But we have the impression that you were at that time investigating the principles that are involved with a lot of the automatic equipment now on the market.

TF:

Yes, and I didn't have enough knowledge or enough guidance to complete it. When I came onto the staff in 1937, I took all the extra subjects that had been added when it was made a three-year course. I went to university as an undergraduate, I took an extra year of optics, of physiology, of pathology and everything else. I did this because I wanted the knowledge for my own benefit.

By 1945, I was taking a lot of night courses too. I took what they called the pass course for teachers, for my Arts degree. I completed a B.A., had almost completed it by the time I came on as a full-time faculty member in 1945, which was part of the reason I took a full-time position at the school.

In 1946, I completed my B.A. and in September, I went to the university and found that I could continue on a part-time basis towards a Masters degree in Psychology. I took all the courses that were required, but my Master's research was oriented more towards the vocational guidance level. For that thesis, I did a survey of optometrists and found out that their scoring was on a test called the Strong Vocational Interests Test. I actually developed a scoring scale for optometrists for that test. There were already scoring scales for physicians, dentists and many other professions and vocations; I set up a scale for optometrists.

I was just in the throes of writing my thesis when Dean Thompson died, so I said to the secretary, "I guess I'll have to give it up for this year." And Anne Anderson said, "You will not. If you have to come back here nights, I'll come back here with you; I will type it; I will retype it; we'll work Saturdays; we'll work weekends, whatever it takes." She was the secretary of the school from 1937 until she died. Anne was a very conscientious young lady who had been brought up through the depression, knew what work was and really did a job on the secretarial work. I got my M.A. largely because of her.

After that (I had just suddenly been made Dean), I went to the university and said I'd like to carry on for a Ph.D. That was fine. I took the courses you had to take. I became certified in both German and French, another requirement which meant extra courses. And you had to do a research project.

I was going to do a project on Consensual Accommodation in the Dark-Adapted Eye. I was going to stimulate one eye with a light source, while the other eye would be completely dark-adapted, and work within infrared radiation for measuring. It was just before the Vietnamese war, and there had been a great deal of work done on a device called a Snooperscope, an infrared detecting device which was used on rifles, and could enable soldiers to see targets in the dark because it detected infrared

radiation. Well, I couldn't get the materials here to make the device, so I personally made about three trips to Buffalo to locate the parts. I obtained them, and got it working, but I wasn't enough of an electronics man to really make it function properly. I had a lab in the basement of university college, and the process was going to be an infrared measurement of ocular refraction. Theoretically, all the accommodation changes that took place could be measured in the dark, when the other eye was stimulated. That's what I was working on. Unfortunately, I couldn't get any help; I couldn't get any guidance from the psychology people; it was difficult to get electronics technicians to do this sort of thing, and I just fiddled. In fact, I never even took the apparatus out of the basement at university college; somebody else must have taken it out or, for all I know, perhaps it is still there!

Editor's Note:

In our next issue, we will continue with the interviews conducted with Drs. Clair Bobier and Bill Lyle.

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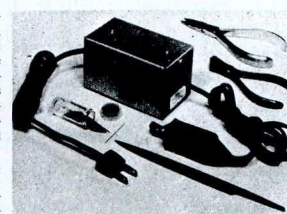
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