

patient care and if new instrumentation can be demonstrated to be effective, we should welcome it.

In conclusion, I would propose that we should not be prepared to discount the advantages afforded to us by technology, particularly when clinical evidence is supportive, because our "seat of the pants" impression is that professional intuition or an "element of luck" will somehow solve the problem. If optometry is not prepared to acknowledge the fact that new instrumentation can provide the tools to assist us in

providing "state of the art" vision care, then we may find ourselves delivering the "Model-T" of eye care.

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References

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2. Greve, E.L. Verduin, W.M. Mass Visual Field Investigation in 1834. Persons with Supposedly Normal Eyes, *Albrecht v*

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4. Gutteridge, I.F. A Clinical Comparison of the Friedmann Visual Field Analyser and Tangent Screen Perimetry, *Am J Optom & Physiol Optics* 59:184-194, 1982.
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Standards for Protective Eyewear

The standards for protective eyewear recently published by the Canadian Standards Association apparently have given some optometrists cause for concern. A number of associations are questioning what would appear to be a serious omission from the standards, namely the thickness of lenses required to meet CSA approval.

No thickness was stipulated by CSA; as long as the lenses will withstand what has been set out for

non-fracture, they are acceptable. It should be pointed out also, that with new products becoming available, and new techniques for tempering, the day may come when a lens but 1.0 mm thick, or even less, may withstand breakage by the means set forth in the standards.

It should be remembered that when prescription protective eyewear is required, the eye care practitioner is the final authority, and if she/he wishes to stipulate lens thickness, it

must be provided by the laboratory as an essential of the prescription.

It is hoped that this will serve to provide optometrists and associations with an interpretation of what CSA sought to accomplish for both the present technology and that of the future, while recognizing that changes in the standards can be made should the need arise.

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Editor, C.J.O.

Thank you for your most interesting case report in the June CJO (Vol. 44, #2).

I believe I may have the answer as to why patient L.C.'s near vision blurred.

You corrected her right eye with a truncated soft toric lens (I presume there was some prism present in the lens although this was not stated.)

In a lens of this design, orientation of the lens on the cornea is critical if good acuity is to be achieved. If proper orientation is not maintained, the cylinder of the lens if off axis and hence, vision will blur.

I suggest that, when L.C. is looking at distance, the truncation and prism keeps the truncation parallel with the lower lid; the cylinder is on axis and acuity is good. However, when she looks at the near point, the eyes converge and look down (as well as some torsion but this is a lesser factor) causing the truncation and prism to come in contact with the nasal portion of the lower lid which in turn causes the lens to rotate counter-clockwise (to the observer); hence, the cylinder moves off axis and vision blurs. Careful observation of lens movement while asking the patient to read will confirm my suggestion.

Using a conventionally-designed rigid contact lens should solve this problem since the astigmatism is corrected by the contact lens-tear lens-cornea interface and lens rotation is then no longer a factor to contend with.

J.M. Stevenson, O.D.

NOTICE OF GENERAL BUSINESS MEETING THE CANADIAN ASSOCIATION OF OPTOMETRISTS

Wednesday, July 6, 1983, 1:30-5:30 p.m.

Thursday, July 7, 1983, 1:30-5:30 p.m.

BAYSHORE INN, VANCOUVER, BRITISH COLUMBIA

Notice is given pursuant to By-Law 34

CALL FOR RESOLUTIONS

Each Resolution by an ordinary member (individual optometrist) shall be signed by a proposer and five ordinary members, and if by a corporate member (provincial optometric association) shall be signed by its representative, and resolutions shall be filed with the Executive Director before the opening day of the Biennial Congress, July 6, 1983.

AVIS DE LA RÉUNION DES AFFAIRES GÉNÉRALES L'ASSOCIATION CANADIENNE DES OPTOMÉTRISTES

Mercredi, 6 Juillet, 1983, 1330h-1730h

Jeudi, 7 Juillet, 1983, 1330h-1730h

BAYSHORE INN, VANCOUVER, COLOMBIE-BRITANNIQUE

Avis donné conformément au Règlement 34

APPEL DES RÉOLUTIONS

Chaque résolution proposée par un membre ordinaire (optométriste privé) sera signée par celui qui la propose et par cinq membres ordinaires, et si proposée par un membre constitué en société (association provinciale d'optométrie) sera signée par son représentant, et les résolutions seront déposées auprès du directeur exécutif avant le jour d'ouverture du congrès biennal le 6 juillet 1983.