

The C.J.O. and C.A.O. would like to extend our thanks to Mr. Hermant for his efforts in uncovering a copy, and for his generosity in loaning it to the Association.

Now that it is once again available, we see what a milestone document The Higgins Report is. **We recommend it be read by present-day optometric leaders, few of whom have ever seen or even heard of it.**

Ed Higgins himself concluded, "I cannot help but have the feeling that optometry can and will do those things which are now essential to its future... It is their opportunity and their responsibility to

make a decision." Mr. Higgins' future is our present and his report makes for a fascinating study, then and now.

G.M.B.

Editor's Note: As per the old adage, It never rains but when it pours; as this issue was going to press, we received a short note from Dr. Austin Forsyth, newly appointed Executive Director of the Saskatchewan Optometric Association. Himself a prominent figure in Canadian optometric history, Dr. Forsyth had just uncovered a copy of The Higgins Report in a long unexplored section of his personal files.



LETTERS

Editor, C.J.O.

In the past year, I've had over 20 referrals from other doctors, mostly optometrists, but also chiropractors, M.D.'s and even an ophthalmologist (Glory be!), all for Ortho-K. At the same time, I've found myself on the receiving end of more and more phone calls asking advice about the Ortho-K treatment for various patients.

All of this leads me to believe that interest in Ortho-K is increasing rapidly. What I'd like to find out is just how many practitioners are doing orthokeratology right now. Would it be possible to ask that question in the Journal? If there are enough, it might pay to consider an Ortho-K chapter of some sort — perhaps as part of the Canadian Optometric Contact Lens Society.

I believe that getting the figure on the number of optometrists practicing Ortho-K is important to Canadian optometry as a whole.

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Editor, C.J.O.

I congratulate you for so accurately identifying the issues in your editorial "A Conflict of Interest..." (C.J.O., June, 1983). In a few paragraphs, you have exposed the medical argument for what it is — a non-sequitur. I think that a corollary of your own argument is apparent. It is that, surely, professionalism in any sphere of health care is not related to

whether or not one is involved in the treatment of one's own diagnosis. It depends, rather, on the integrity and expertise one brings to that treatment and diagnosis.

R.B. Perkins, O.D.
Wardsville, Ontario



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