



## PROFILES IN HISTORY

### An Interview with Dr. Clifford Palmer\*



Dr. Clifford A. Palmer (r.) and his wife, Jean

**CJO:** Would you recall for us what induced you to consider Optometry as a career?

**CP:** During my high school years, our family had had a very friendly relationship with our local optometrist, Fred Nuttall. As I approached high school graduation, it was this relationship that influenced me when it came time to decide what to choose as a career — I decided I would consider Optometry. It was also about this time that a recent graduate in Optometry, Ken Henry, opened a practice in Lethbridge. I contacted him and we had a very good conversation about the profession, particularly about the details of the College of Optometry's training program. He even went so far as to assure me that I would have a position in one of their offices (owned by his uncle, an optometrist) in Calgary or Lethbridge. I registered at the Ontario College in Toronto in 1935. I was 18 years old at the time and after I graduated, I did, in fact, come back home to Lethbridge and took over that local office and he (Henry) went to Edmonton to open a new practice there.

**CJO:** How did you perceive the profession at that time?

**CP:** Very well, based on what I knew of the education and lifestyle of our family optometrist, Fred Nuttall. My own experience in practice after I graduated confirmed these first impressions, as did the fact that most of the members of my graduating class became respected and successful practitioners.

**CJO:** Can you recall something of the College and its facilities when you were a student there?

**CP:** Well, I remember it was a little disappointing when I first walked in. It struck me that here I was in a big city like Toronto, and the "College" in which I had enrolled was more or less just a house which had been converted into a school. I recall Don Graham sitting in the waiting room when I went in and, like me, I think he looked about ready to catch the next train home. But we became friends and roommates on the spot and remained as such throughout our whole stay at the College. We still are very good friends, in fact.

Facilities aside, however, we received a very good education in Optometry. I learned quickly that a good program is made by its faculty, not by the building in which it is housed.

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\* A Lethbridge, Alberta practitioner, Dr. Palmer was President of the Canadian Association of Optometrists from 1953 - 1954. He was interviewed in 1983 by CJO Editor Dr. G. Maurice Belanger.



**CJO:** You mentioned that, after returning to Lethbridge, you took over Ken Henry's practice . . .

**CP:** Not right away. I graduated in May, 1937 and immediately wrote my Alberta licensing exams. They were not processed until December of that year, however, so for eight months, from May to December, I practised in Winnipeg. In Manitoba at that time, it was necessary to serve an apprenticeship for one year before being able to write the provincial exam. In December, I was advised that I had passed my Alberta exams and received my license. So I returned home to practise in Lethbridge that same month.

I remember that my salary during those first months of practice was \$30.00 a week. It was in 1945 that I actually took over the ownership of the practice I had operated since 1937. I paid \$18,000.00 when I bought it, the equivalent of one year's gross at that time. I continued to practise at the same location until my retirement some 40 years later (in 1979).

**CJO:** What first brought on the decision to become involved in optometric politics, at either the provincial or the national level?

**CP:** It's fairly basic to my nature that, whatever I become involved in, I like to become very active and to contribute what I can. To my way of thinking, anything less is not worthwhile. I'm not claiming, by the way, that this trait is unique to me. You'll find it among all the leaders in our profession, and all of those who have contributed to its development. It's not born of any egotism, but rather of a sincere desire to help build and reinforce a strong foundation for those who follow.

So I became involved in the Alberta Optometric Association soon after I graduated. It came as a great surprise to me when, in 1947, an optometrist from Red Deer, Dr. Snell, nominated me for the office of President. As a practitioner with only ten years' experience, and relatively young (only 31 years old), I was being given a great responsibility. Whether I merited it or not, I was elected and set out to do my best to fulfill the duties of the office.

**CJO:** Who were some of the other leaders in the profession in Alberta at that time?

**CP:** Well, as one of the signing officers of the original CAO charter, Fred Nuttall must be cited, of course. In fact, he is one of three surviving members of those seven original dreamers.

Angus Miller, also of Lethbridge, acted as provincial Secretary for several years and Dave Francis from Edmonton succeeded me as Alberta's representative to CAO Council. He was also to take the office of CAO President a few years later.

**CJO:** And what were your priorities in the province at this time?

**CP:** The most important change was our evolution from a commercial to a highly respected health care profession.

When I entered practice, there was no such thing as an examination fee. If a patient did not need glasses, you said "thank you" and let him go. It wasn't until many years later that the provincial government started a medical scheme under which we got \$3.00 for an exam. Some years later, as I recall, it was raised to \$6.00.

But the concept of a fee for service was being pushed by the American Optical Company's Professional Plan. A gentleman named Greg Heather was making the rounds explaining the principle of fee for service and material at cost. I can still see him explaining things using a pile of different sized building blocks in all different colours to make his points.

Continuing education also went a long way in contributing to the evolution of the profession at this time. The Saskatchewan Optometric Association had set up its summer courses and I was fortunate in being able to attend them. I actually enjoyed going for the full week.

Then, of course, there was the expansion of our services into different areas. Orthoptics, for example, has been with us for many, many years but has never really proved to be an economical pursuit. Despite its evident value, I don't think that the public has really accepted the idea yet, although it may, in time.

Contact lenses have been a real boom economically, and a real challenge professionally.

Low vision, at least during my years in practice, was not much of an activity but I think that the gradually aging population will create a greater need for these kinds of services which I also think optometrists are best suited to provide.

**CJO:** What about you yourself? Were you ever personally involved in any of these expanded aspects of service?

**CP:** I recall that, very early on in my practice experience, I had a young male patient who developed a conical cornea. I knew that a scleral contact lens was about the only thing that would help him. So I was determined to learn all I could about the lens and its fitting. When I felt competent enough, I had him return and, with the aid of a physician to anaesthetize the eye, I set about fitting it. I had to instruct him on the correct procedures for inserting the lens without spilling the fluid.

Just as a matter of interest, that boy was about eight years old at that time. Recently, I met his sister and she told me that he was still wearing that scleral lens for his conical cornea. It was the first and only scleral lens I fitted.

In 1957, during a visit to England with my wife, Jean, it became evident to me that contact lenses were starting to become popular. When we returned, I visited PCL (Plastic Contact Lens Company (Canada) Limited) and asked them for some instruction in the fitting of hard lenses. My instructor



was George Sheridan, and he was marvelous. So, once back home, I began fitting quite a few patients and, at the risk of sounding boastful here, a number of them were still wearing the lenses when I retired. I was actually fitting the small, rigid lenses for eighteen years until 1975. But I found that, after 40 years of practice, I lacked the patience to go on with the fittings and let the younger optometrists in the office take over.

In vision training, even though I had a wide range of instruments, I found that, particularly with young people, there was a real lack of interest. Trying to do muscle training, or amblyopia — or any type of vision training was very discouraging because I found that, for the most part, they were very uncooperative. When more elaborate equipment became available later, I wasn't really interested in the field any longer.

**CJO:** What effect do you think this expansion of services has had on spectacle dispensing by optometrists?

**CP:** When I started practising, there weren't a lot of commercial laboratories; most practitioners set up their own in-office labs. There was a time when I had two opticians working for me, in fact.

But these days . . . well, if a young practitioner wants to be "ultra professional" and is sufficiently busy with refracting, I think a hands-off association with dispensing is a wonderful idea. When I sold my own practice, the two optometrists who bought it immediately hired a dispensing optician and set up a frame room. They never attended the frame selection — the patients were turned over to the optician. With the huge number of styles and colours available, dispensing is a very time-consuming process and, in the main, it appears to me to be more professional if the optometrist were to leave the frame selection to the optician.

**CJO:** What do you recall of the national scene when you became involved with CAO?

**CP:** I followed J.J. Mulrooney, of Halifax, as CAO President and took office in Montreal in 1953. It was this meeting which produced the decision to hire E.B. Higgins as Executive Director of CAO, a part-time position at the time, designed to be operated out of his management consulting firm's office.

It was also at this meeting that you were appointed CJO Editor, as I recall, succeeding Professor Long, and Mel Katzman was designated to act as Treasurer and Business Manager of the Journal.

You have to remember that CAO, at this time, was only officially five years old, having received its charter in 1948, so a good deal of our energy was being directed towards the consolidation of the Association. Oddly enough, some of the early problems we faced then still exist today.

**CJO:** For example . . . ?

**CP:** Well, equal contributions based on the optometric population in each province; the

elimination of regional priorities in attempting to create a national *esprit de corps*; the need to convince the larger provinces that progress in the profession requires the cooperation of all groups, large or small.

Talk of Medicare was coming to the fore at this time. Optometry's campaign was largely sparked by Ed Higgins, who worked hard to make sure optometrists were aware what was in the offing. It was the beginning of our years of Brief writing, which culminated in CAO's Brief to the Hall Commission when Harold Coape-Arnold was President.

**CJO:** What do you feel about the dedication of the Optometric leadership today?

**CP:** Just as strong, if not more so, than in the days of my own political activity. From what I read — and I still receive the minutes of the provincial Council meetings in Alberta — I know that my problems seem kind of minor compared to what they're dealing with today. We were working to get an Association going, to establish good relations with Medicine and today, it seems to me that, just generally, they have so much more to deal with.

Our professional *esprit de corps* today is also as good, I feel, as it was when we first started as a national Association. I know that I was working hard and had to accept spending a lot of time away from home. The same is true of our professional leaders today and, again from what I am reading, I think they are doing a fantastic job leading the profession under the same demands.

Of course, the practice of optometric politics today is a more elaborate proposition too, — more provincial management, more delegation. In our time, we did the whole thing ourselves, largely because we just couldn't afford salaried administrators or, more likely, because we felt it was a job that optometrists *should* do themselves.

At the national level, however, as I've already mentioned, Ed Higgins was definitely proving his worth. I still feel that he was an invaluable contributor to CAO; a fantastic speaker and organizer.

**CJO:** What attitudes did you perceive among other health professions with respect to Optometry?

**CP:** For the most part, — good. There was an occasional school nurse who did condemn optometry in communicating with children and their mothers; "Go to an M.D." was her advice.

With dentists, there was never a problem. Teachers, as well, were generally favorably disposed to optometrists.

Medicine has become more tolerant recently, but I feel there are still large numbers of physicians who are, to say the least, "anti" Optometry. Only time will tell whether their antagonism will ever be eliminated.

**CJO:** Looking across the country, who in your



opinion has contributed the most to the profession's progress?

**CP:** Well, I think of Austin Forsyth in Saskatoon; Harold Arnold; Ivan McNabb in Calgary has devoted a lot of time to the profession as a whole, despite operating a one-man practice. He was provincial Secretary for years and then went on to CAO Council and a term as national President.

I also think of Irving Baker, of course, who is still very active, and Emerson Woodruff in his multiple roles of administrator and teacher.

Ed Higgins, I think we have to think of in a different light. He wasn't an optometrist, of course, but from my experiences with him, I think he did a superlative job in helping the profession to organize itself on a national level.

**CJO:** I understand that you have a serious interest in music as well.

**CP:** Yes, and that actually started at six years of age. My brother was a pianist and I took up the violin. In those days, it seemed like whenever a church group was having a banquet, I was invited to come and play a violin solo — gratis, of course.

I actually kept up my training with the violin right up to the year I went to College. I can't tell you now how much my mother, in those hard times, must have sacrificed to pay for my lessons. I was active in all the trios and quartets that I could join.

When I went to College, I took my violin with me and became a member of the University symphony. I played with them for the two years that I was in Toronto. When I returned to Lethbridge, there wasn't too much happening musically, and I did not want to start back to solo playing. Then a gentleman

from Winnipeg, Albert Radmunsky, arrived and he elected to try and organize a symphony orchestra in Lethbridge. He was also qualified to teach and I was the first person to whom he was referred as a consultant for help in organizing it. It became very successful and very popular in the city. We had large crowds and a lot of season ticket holders, and I was made concert master.

I still don't know how he managed to control everything, but he also organized a symphony choir and a musical theatre. As a result, I also found myself playing in the theatre orchestra which, once a year, was for fourteen nights in a row and, occasionally, we'd do an oratorio with the choir.

I kept this up until my retirement from active optometric practice. I am still involved in a trio with another former member of the Symphony, and we perform at functions for senior citizens and others.

When I retired from active concert participation, the orchestra's executive paid me a great honour by making me "Concert Master Emeritus".

The Alberta Optometric Association has also honoured me with a life membership "in recognition of valued and devoted service to the profession of Optometry".

I consider both these honours as the highlights in my respective careers as optometrist and musician.

**CJO:** Have you any comment to make by way of concluding this interview?

**CP:** Only that I congratulate the optometrists presently holding executive positions in the provincial and national Associations. The progress being made in the profession of Optometry today is due directly to their devotion.

#### References Concluded from P. 83

22. Berson EL. Light deprivation and retinitis pigmentosa. *Vision Res* 20(12): 1179-1184, 1980.
23. LaVail MM. Interaction of environmental light and eye pigmentation with inherited retinal degenerations. *Vision Res* 20:1173-1177, 1980.
24. Ham WT Jr, Ruffolo JJ Jr, Mueller HA, Guerry D III. The nature of retinal radiation damage: dependence on wavelength, power level and exposure time. *Vision Res* 20:1105-1111, 1980.
25. Cullen AP, Chou BR. Optical radiation protection for operators of light-curing units in dental practice. In preparation.
26. Chou BR, Cullen AP. Optical radiation protection by non-prescription sunglasses. In preparation.

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#### Letters Concluded from P. 60

##### Dear Dr. Backman:

The sale of contact lenses is regulated by the Food and Drugs Act and the Medical Devices Regulations and the Health Protection Branch is responsible for their implementation. However it is the *sale* of these devices which is regulated, not the practitioner who uses them. The practitioner is subject to regulation by the provincial licensing authorities and the professional associations; I believe this is where you must go to influence the practice you mention.

If I can be of any further help please let me know.

**M.T. Cooper, M.D.**

Chief

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