The cover figure for this issue highlights one of the new surgical techniques for controlling glaucoma discussed by Drs. Heckler, Dorey and Damji. It reminded me of how technology has changed all aspects of eye care today.

In many optometric practices, the autorefractor has replaced retinoscopy. Corneal mappers and topographers have supplanted keratometers, and a vast array of imaging techniques has largely consigned direct ophthalmoscopy to a very limited role in assessment of the posterior segment. Recently, liquid crystal lenses have been introduced for occlusion therapy as an alternative to eye patches. The many different types of single vision and progressive addition lenses available to us belies the belief of one of my long-departed colleagues in ophthalmic optics that "optics will never change."

Safe reliable technology that saves chair time and enhances our ability to serve our patients' needs is always a welcome addition to practice, but for it to be used effectively requires the practitioner to understand its fundamentals and its limitations. The curriculum in our Schools of Optometry evolves to accommodate new technologies but at the same time has to retain fundamental knowledge and skills that are the basis of

the new developments. It's always a matter of balance.

The Residents' Poster Session at the American Academy of Optometry's annual meeting in New Orleans showed how well the new generation of optometrists has adapted to new technologies. The report by Drs. Bitton and Dalton on the Canadian contributions to this meeting in this issue shows that our academic and research colleagues are leaders when it comes to extending the limits of the new technologies.

As 2015 draws to a close, I would like to take this opportunity on behalf of the CJO team to wish you and yours all the best for this holiday season and the New Year. Happy Christmas!



B. Ralph Chou, MSc, OD, FAAO Editor-in-Chief

