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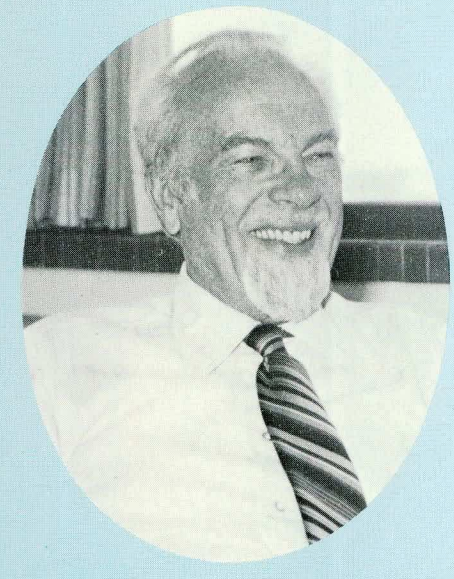
# THE CANADIAN JOURNAL OF Optometry

## Honouring 126 Years of Service and Dedication



# LA REVUE CANADIENNE d'OPTOMÉTRIE

SEPTEMBER/SEPTEMBRE 1982 VOL. 44 NO. 3

# What removes protein? Simply... Conveniently... Effectively.

# Barnes-Hind Weekly Cleaning Solution.

## The premixed protein remover.

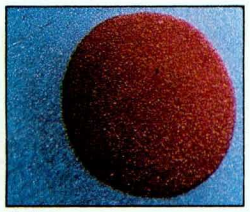
*Laboratory evidence.**

**Before** **After**

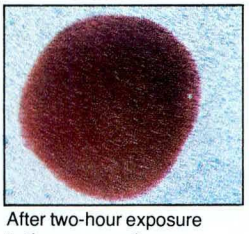
Stained protein with Lipid Coating

Enzyme Cleaner

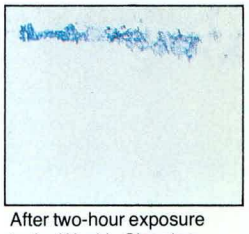
Weekly Cleaning Solution



Before



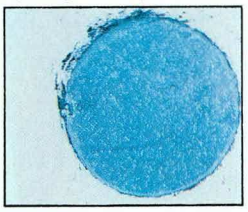
After two-hour exposure to the enzyme cleaner



After two-hour exposure to the Weekly Cleaning Solution

"Weekly Cleaning Solution effectively removed protein."

Lysozyme/Lipid Mixture



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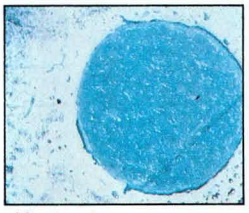
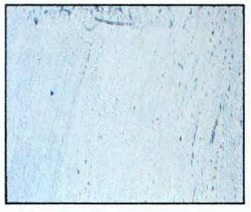


After two-hour exposure to the enzyme cleaner



After two-hour exposure to the Weekly Cleaning Solution

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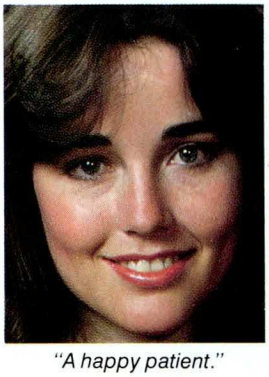
Barnes-Hind Weekly Cleaning Solution ... the easy-to-use, effective premixed protein remover.



*"A happy patient."*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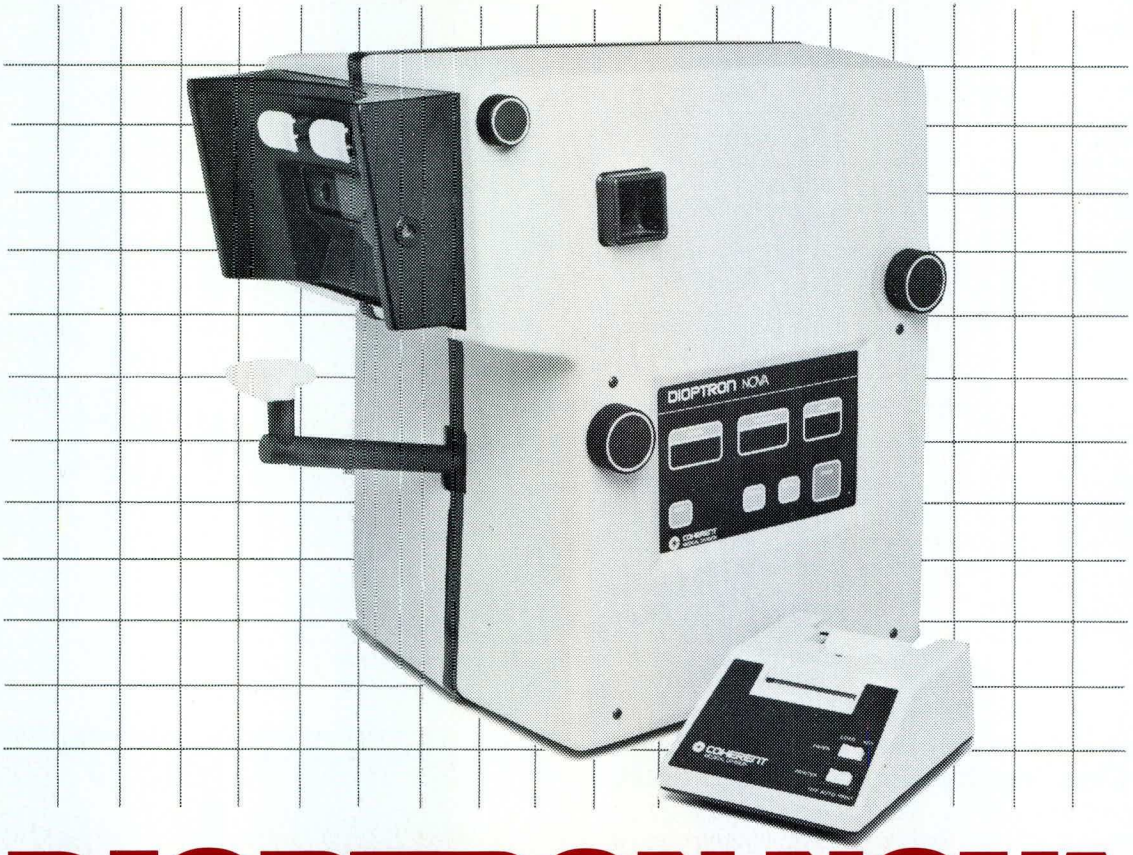
*Artificial debris deposited on slides, stained then subjected to cleaning. Data on file, Barnes-Hind Canada.

NEW

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# THE CANADIAN JOURNAL OF OPTOMETRY

# LA REVUE CANADIENNE D'OPTOMETRIE

Vol. 44 OTTAWA, ONTARIO, SEPTEMBER 1982 No. 3




## A Message from the Trustees on the 1982 COETF Campaign Theme

The Trust Fund campaign this year will pay tribute to Doctors Ted Fisher, Clair Bobier and William Lyle whose careers as professors of optometry have officially ended this year. Their collective careers represent over 100 years of service to the profession of optometry. They have undoubtedly influenced the lives of every optometrist across Canada. Our message to you, the contributors to the fund is that there is no better way for an optometrist to pay tribute to these individuals than to make a pledge to the COETF.

It should be obvious, as evidenced by the grants awarded this year and in the past, that the COETF program will continue to build the educational base of optometry to which these three outstanding educators have contributed so much in the last 30 years who also serve as honorary Chairmen of the 1982 Campaign.

This edition of the CJO has been developed as a tribute to these educators. It contains basic information about our pledge program and a summary of the financial picture. It features an interview with the educators and focusses on the past, present and future of optometric education in Canada.
Our 1982 Theme is:

**Educational Excellence for Optometry**
**Professors Bobier, Fisher, Lyle**
**They have shown us their commitment . . .**
**Now it is your turn.**
**COETF**
**A way to thank those who have given so much**

### In This Issue — Honouring 126 Years of Dedication






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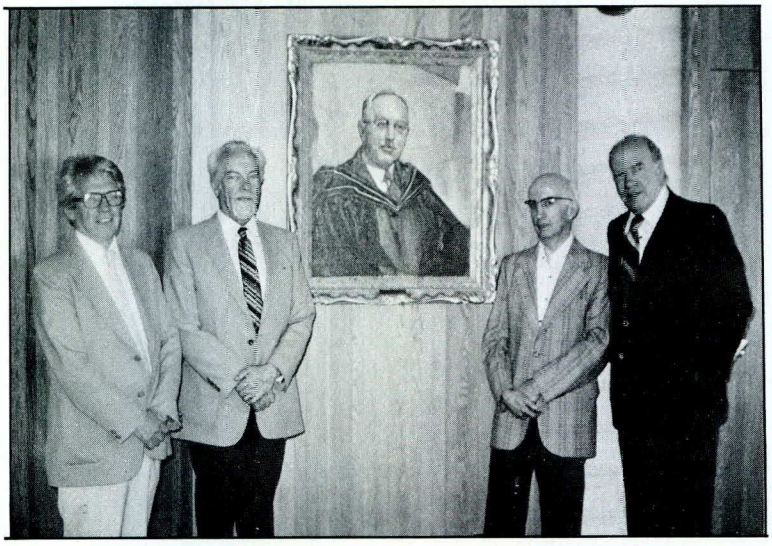
# A Pause in the Long Road of Progress



Optometry, the profession, is a very young profession as an organized discipline, even though its roots go back to near antiquity. Its progenitors are to be found among the old optical instrument makers, astronomers, mathematicians and natural philosophers over the centuries.

One must recall that, 75 years ago, teaching institutions were just coming into existence, and the profession as an organized group was in its formative stage, particularly in England and the United States.

In Canada, apart from preceptorship training (ranging in length from one to six months, given either by optician-optometrists, a few suppliers of ophthalmic goods or a few oculists), no formal training existed.

Unless one is familiar with the evolution of the profession and its educational development, one cannot fully appreciate and evaluate adequately the contributions of any one individual, or group of individuals, to the development of optometric education. At any one stage of development, contributions are relative and are built upon the efforts of one's predecessors. But when the contributions of three people are compressed into the span of less than a lifetime, a mere 40 years, such an event merits more than passing mention. It merits that all people concerned with the profession rise to do homage to Ted Fisher, Clair Bobier and Bill Lyle.

In truth, it is a unique privilege for The Canadian Journal of Optometry to dedicate this issue in honour of these three colleagues whose self-sacrifice and devotion have helped shape the destinies of optometric education and its social orientation as a primary health care discipline.

One must wonder what attracted these three young men to optometry, how did they first conceive of the profession in those bygone years? What future were they expecting for themselves and for the profession? They certainly would not have surmised the effect of their efforts and their dedication on the destinies of the profession. For they have helped raise it from near obscurity to its present level as a primary health care discipline. One must not forget that progress in any profession depends upon the quality of education dispensed to its aspiring students.

The development of optometric education was not an overnight phenomenon. It evolved slowly over the years, as revealed by the following chronological table of events since the turn of the century:

1902 - Empire College of Ophthalmology, later to become the Royal College of Science in 1912. A major competitor to the Department of Optometry and the College of Optometry, it had expected to become the official optometric institution and, failing this, became an obstacle to the recognition of the profession.

1910 - The Quebec Optical Association opens its "Collège d'Optique".

1913 - The Quebec Association purchases a building to house the school, and extends its facilities to include a clinic.

1917 - Justice Hodgins' Report on Medical Education in Ontario recognises Optometry "as a career distinct from medicine" and implies the need for adequate educational facilities.

1921 - 1925 - Department of Optometry in the Central Technical High School offers a two-year course as an option for students.

1925 - The College of Optometry of Ontario is founded, offering a

two-year course and requiring high school graduation for admission.

1925 - Collège d'Optique becomes affiliated with l'Université de Montréal and changes its name to l'Ecole d'Optométrie de l'Université de Montréal.

1934 - Montreal school extends its professional course to two years.

1936 - College of Optometry of Ontario extends its course to three years. Admission requirements raised to Senior H.S. graduation with mandatory courses in science and mathematics.

1945 - Montreal school moves to the university campus. Course requirements are raised to two years' science and the professional course is extended to three years with the granting of the degree Licentiate in Optometric Science (L.Sc.O.).

1952 - University of Toronto ceases to offer courses for optometry students. College of Optometry assumes full responsibility for teaching pre-optometry and professional courses. Course is extended to four years with a Doctor of Optometry degree being offered.

1956 - Doctor of Optometry degrees are conferred for the first time by the College of Optometry of Ontario.

1962 - Brief to the Royal Commission on Health Services in Canada — the Hall Commission — a co-operative effort, but one which resulted in three different briefs being presented by The Canadian Association of Optometrists, The Ontario Association of Optometrists and The College of Optometry of Ontario, offering three different aspects on optometric care in Canada. Preparation of these briefs forced leaders and educators in Optometry to do an in-depth study of the profession, its educational structures and its social responsibilities. Although these documents presented the profession in very good perspective, the real value was the soul-searching and the synthesis of ideas they forced upon the profession. The main recommendations for Optometry — university courses and the use of diagnostic drugs.

1964 - Brief to the Medical Services Insurance Enquiry in Ontario, the Hagey Commission, reiterates the policy that Optometry is not medicine and is worthy to participate in health care insurance plans, and the need for university training.

1967 - Report of the Senate Committee, University of Waterloo, on optometric education in the University offers the opinion that optometry is a discipline worthy to be taught in a university.

1967 - July 1 — College of Optometry of Ontario officially becomes the School of Optometry, Faculty of Science, University of Waterloo. College leaves its campus at 138-140 St. George Street, Toronto, and moves all its equipment and belongings to Waterloo for September.

1969 - School of Optometry, University of Montreal, becomes a fully integrated school in the university, giving up its status as an affiliated institution.

1974 - Official opening and dedication of the Optometry Building on the north campus, University of Waterloo.

1974 - First M.Sc. in Optometry, a graduate degree, awarded to Dr. Bruce Young.

1980 - First Ph.D. awarded, to Dr. John Lovasik.

1981 - Ecole d'Optométrie, Université de Montréal awards its first graduate degree.

So with the above sketchy background of our evolution, we turn to our friends, colleagues and professional idols, having invited them to share their thoughts with us on a wide variety of subjects including where the profession is headed in the years ahead. In this interview, we sit down with an accumulation of 126 years of experience and wisdom, of devotion and self-sacrifice. The profession must not, and indeed, cannot lightly pass over this treasure trove. We hope our readers gain, as we did, from listening to them.

# Unseen but not Unsung

"A tribute to Clair Bobier, Ted Fisher and Bill Lyle would be incomplete without the recognition and acknowledgement of the contributions made by Lois Bobier, Eleanor Fisher and Lorena Lyle.

They have become part of Optometric history. Theirs were the ears to listen, the words to encourage, the thoughts to suggest, the eyes to see beyond the immediate curtailment of some personal activities. They were given the opportunity to serve and, in their typical fashion, accepted a challenge not a burden.

These loyal, steadfast, good humoured, charming, supportive women, whose warm and willing hospitality will be remembered by so many, are the unsung heroes of Optometry, for they welcomed Optometry into their lives and made it a part of the family.

One might well wonder where Optometry would be today had it not been for Lois Bobier, Eleanor Fisher and Lorena Lyle."*

**Lois Bobier** "is a cheery, genuine partner. She has given Clair great support in every way, even financial. I don't believe anyone could feel discouraged living with such wit and breeziness of manner. She has served the Auxiliary in every official capacity, including President."*

Born and raised in Toronto, Lois Bobier graduated the University of Toronto with a B.A. in 1942, majoring in history and physical education. She later acquired a specialist's certificate in Phys. Ed. In 1947, she married Clair, a union which produced two sons, William, born in 1950, and Paul, born in 1954. In addition to actively serving in the Auxiliary to the Ontario Association of Optometrists, Lois has participated in the Dames Club, University of Waterloo, the Women's Committee of the Kitchener Waterloo Symphony Orchestra, has been teaching English to new Canadians a half day a week since 1978, is a member of the Trinity United Church and the Kitchener Waterloo Art Gallery. Her hobbies include swimming, canoeing, camping, Scottish country dancing, theatre, travel, and British Cathedrals.

**Eleanor Fisher** "has lent immeasurable support over the years, serving as a most gracious hostess at many, many optometric functions. Her presence has always added dignity — opening her home to national and international students, especially during the Christmas season, has proven her warmth and love of people. She joined the Auxiliary in 1936, and has been a staunch supporter ever since. A few years ago she was made a life member."*

Born in Georgetown, Ontario, Eleanor received her high school education at Lindsay Collegiate, where she was a "keen athlete" and Head Girl of the school. She has been active in a variety of church and community activities in Lindsay, Toronto and Kitchener Waterloo. The mother of three children, Margaret, Gordon and Barbara, Eleanor is also a grandmother six times over.

**Lorena Lyle** "has always exemplified sterling standards in her roles as wife and mother. She was also instrumental in establishing the Dames Club for wives of Optometry students at Waterloo (prospective auxiliary members)."* Lorena was born in Saskatchewan, and moved several times while growing up as her father, a bank manager, relocated through the course of his career. She attended business college in Winnipeg, and worked for a brief period for General Motors. She and Bill were married in 1956 and now have three daughters, Lesley, Joan and Barbara.

There can be no doubt that much of the credit for the achievements of Drs. Bobier, Fisher and Lyle must be directed towards the vast pools of understanding and support personified by each of their wives. At any time in the past thirty years, a less understanding partner could have justifiably demanded an end to the intensity of her spouse's commitment to the profession — one too many late nights in Committee, one too many weekends in practice, one too many shop-talk sessions at the table. But rather than barriers, Lois, Eleanor and Lorena have given their husbands nothing but support in their efforts. In that, we who support this profession so strenuously offer our thanks and, through this small tribute, our admiration to each of the ladies behind the Doctors to whom this issue is devoted.

***Editor's Note**. With some modesty, the author of the quoted comments has requested anonymity.

# Builders They Were All

Ladies and Gentlemen

Tonight we gather together at this Testimonial Dinner to give expressions of our gratitude for the services given by Professors Bobier, Fisher and Lyle as teachers, practitioners and sages: and to pay tribute to them and to express the esteem in which we hold them for their achievements.

In so doing I wish to avoid a common pitfall that attends such occasions. I do not wish to leave any impressions with them or with you that, in some way, this Testimonial Dinner foreshadows the end of their careers. Knowing each one of these men as I do and, by reason of their temperment, health and knowledge, and our recognition of their capabilities, I know that this is not to be the case.

It may well be that their careers as professors at the School of Optometry of the University of Waterloo will officially end this year, their careers — and I choose to use the word 'career' in this context to mean their achievements and advancements in optometry — will not end.

In the preparation of these remarks, I was struck with the tremendous impact these three have had upon us individually and collectively, and how their influences have affected each one of us as health care practitioners and our profession in general.

How then to say what should be said and then, how to say it?

I think I solved the question when I recalled the title of The Right Honourable Vincent Massey's book, "What's Past is Prologue". For here was a clear case of past achievement foreshadowing future events for them, for us and for our profession.

Our honoured guests tonight began life in different parts of our Country: Clair in Moosomin, Saskatchewan, Bill in Summerside, Prince Edward Island and Ted in Winnipeg, Manitoba.

While their beginnings were different their careers are interestingly parallel and similar, and liberally salted with "firsts".

In each case they graduated from the College of Optometry of Ontario and initially entered private practice, Ted and Clair in Toronto and Bill in Winnipeg.

They established successful and busy practices, and even in those earlier days, began to show their interests and inclinations in areas of their practices in which they later became acknowledged as experts.

Clair's practice offered and provided orthoptic care, Ted was pioneering contact lens therapy (and, those were the days of the moulding technique) and Bill was avidly reading the scientific literature, and using and disseminating information regarding pathology as manifested in the eye.

Each, on his own, subsequently chose to follow a career of teaching. Whatever their reasons were, there is little doubt that their personal decisions were to our everlasting benefit.

Ted became a full-time faculty member of the College of Optometry of Ontario on the 1st day of January, 1946 and became the second Dean of the College on the 21st day of September, 1948, and became the first Director of the School of Optometry of the University of Waterloo in the Fall of Canada's Centennial Year, 1967. During this time he earned his M.A. Degree ('48) from the University of Toronto and was awarded the honourary degree Doctor of Science in 1969 from the Pennsylvania College of Optometry.

Clair joined the part-time faculty of the College soon after he graduated in 1948 and, subsequently, became a full-time faculty member. During that time he took leave from the College and earned his M.Sc. ('56) degree in physiological optics from The Ohio State University.

And Bill, before becoming a full-time member of the faculty of the College, completed his Ph.D. at Indiana University in 1965.

During World War II, Bill served for four years with the Winnipeg Rifles and later with the Regina Rifles and was severely wounded. Clair served with the R.C.A.F. in Africa for 43 months, and Ted not only was director of clinics at the College during this time but also was responsible for organizing and providing optometrical services for men entering into the armed services.

All are Fellows of the American Academy of Optometry and Ted was the first (and only) non-American to serve as its President; and, Bill is presently serving as the Editor of The American Journal of Optometry and Physiological Optics. This Journal, for those who are not optometrists, has been and is to-day, among the most prestigious and eminent scientific journals in the field of vision.

Not only have these three rather remarkable people "paid their dues" in the world of academia, but also they have paid them, and are paying them, in the wonderful world of optometrical politics. Whether the organization is a Provincial or National Association or a Provincial Governing Body they have been there, and they continue to make their talents freely available to them. I have personally never known them to turn down a reasonable request to serve. They have dutifully and enthusiastically served in many elected and appointed offices and have represented optometry's position with candor, integrity and distinction.

It may be seen from my few remarks, and undoubtably from your own personal experiences with them, that they have not led normal lives. That is, unlike most of us, they have not simply worked from nine to five nor failed to research, detail and prepare, nor failed to share with others their delight when they fully understood a subject or unravelled a problem.

In other words they have found the key to success and accomplishment and earned the right to be listened to. Sir William Osler has stated it more eloquently when he expressed it this way —"There is an old folklore legend that there is some mystic word which will open barred gates. There is, in fact, such a mystic word. It is the open sesame of every portal. The great equalizer in the world, the true philosopher's stone, which transmutes all the baser metal of humanity into gold. The stupid man it will make bright, the bright, brilliant — and the brilliant steady. With the mystic word all things are possible. And the mystic word is work." Benjamin Franklin stated it more tersely when he said "Never was one glorious who was not also laborious".

In my eagerness to impress upon you the achievements and character of these three real human beings and, knowing our fondness, as vision scientists and practitioners, for formulae to describe principles and phenomena, I would respectfully submit a formula — for your consideration — which describes, in a rather over-simplified way, the elements which make up these three men and account for their success.

The Fisher-Bobier-Lyle formula (and which may be suitably applied by others) is —

large L is the amount of labour expended,
large S is the amount of available stamina,
large D the amount of determination applied, and
large A is the index of achievement; therefore
the formula may be stated as — $L^2 + S + D = A$.

It is apparent to all that their A indices (achievements) are very high, and that they have reached this level of achievement by extremely hard labour, and sustained stamina and determination.

**Concluded on P. 151**

# A Reminiscence of Three Wise Men

Chapter Two of the Gospel according to St. Matthew tells the story of the birth of Christ and how three wise men followed His star so that they might worship Him and bring Him gifts. This wonderful story, which is the basis for our festival of Christmas, has given inspiration to mankind for 2,000 years. Its lessons motivate our lives and actions.

In this issue of the Canadian Journal of Optometry, our profession honours three wise men who have also followed a star — Optometry. They have, throughout their careers, imparted their gift of knowledge to students of Optometry and members of the profession. Their influence permeates Optometry in Canada.

Of the three, Ted Fisher, second Dean of the College of Ontario and first Director of the School of Optometry, University of Waterloo, has given of his time and talent unstintingly for the longest period. He was my teacher of both theoretical and clinical subjects in Optometry during my undergraduate years; and near the end of my first year, he assumed the Deanship. The entertainment of undergraduates by Ted and Eleanor Fisher in their home provided many of us with our introduction to the family side of the profession. After eight years in a successful and growing practice (post-graduation), I was incensed when the College of Optometry announced that, in order to gain a Doctorate in Optometry, I would require two more years of undergraduate education. I felt strongly, as did the majority of colleagues of the Essex, Kent, Lambton Optometrical Society, that we should be given the degree on the basis of our previous undergraduate work, and our subsequent practical experience. As the Chairman of the Society, I asked Ted to appear at a meeting in Windsor to explain the program and the reasons we should not be given the degree. Like Daniel in the lions' den, he faced a hostile group of his peers and, with quiet, reasoned argument, convinced us that the advances in knowledge in the area of vision science mandated further education if we were to merit the degree Doctor of Optometry. He was so convincing that the majority of the Society enrolled, and completed the degree program over the next few years. Ted taught in the O.D. program and succeeded, for the first time, in bringing to me a true understanding of geometric optics, a gift for which I have been exceedingly grateful.

During the period of optometrical self-study occasioned by the Royal Commission on Health Services in Canada (1960), I had numerous conversations with Ted which assisted in the preparation of the Ontario Association of Optometrists' Brief to the Commission. With the insight gained in this endeavour, I began to think of graduate study. Ted assisted me in examining the pros and cons of such a step. After the die was cast, he further assisted in obtaining fiscal support from the Maybee Fund. Of equal importance was the interest and continuing support he gave, during my graduate studies, through the medium of correspondence, and during personal visits.

Ted Fisher was the Chairman of the Committee that hired me in 1967 as an Associate Professor at the University of Waterloo. He subsequently appointed me the School's first Director of Clinics and gave me relatively free rein to originate and develop the clinical program. Without Ted, I would never have had that gift of opportunity. During our work together, we had many good arguments and occasional differences; but always Ted was, and is, ever a gentleman, patient teacher, friend and colleague. During his leadership, the faculty became a team, and the School progressed to an institution in the first rank.

I met Clair Bobier first as a teacher in continuing education programs held by the College of Optometry of Ontario, and later in the same capacity in the O.D. program. In his courses, he made Physiological Optics come alive as a science fundamental to the practice of Optometry. He was the agent who made Ted Fisher's statement on the burgeoning extent of new knowledge in visual science emerge as a reality. He taught with humour and insight, thereby permitting his students to share his joy in the discovery of knowledge. He gave us the gift of thinking as vision scientists. He succeeded in instilling in a number of us the desire to undertake graduate study and research. He, too, was a counsellor and advisor in my travail of decision-making towards leaving optometric practice to undertake graduate study.

When I returned to Waterloo in 1967, his counsel, collaboration and willingness to share knowledge made my entry into optometrical academia both pleasant and constructive. The necessity of working in close co-operation on many of the political and academic problems which faced the new school deepened our friendship and mutual respect. The development of graduate studies and research has been the star that Clair has followed. He knew intuitively that the profession's continuing growth and development is dependent on its strengths in creating and applying new knowledge of vision science. It is fortunate that he is to continue to involve himself in research activity post-retirement.

In their home, Clair and Lois Bobier have provided generations of optometrists with a social vocal point. Their home reflects their mutual interest in art and intellectual pursuits. Their friendship and hospitality has been enjoyed by their optometrical friends, especially their faculty colleagues. Doris and I have been enriched by their companionship.

When I began to think of graduate study in 1962, I read of Bill Lyle, a past President of C.A.O., leaving a well-established practice to enter graduate school. His action was an inspiring precedent. Though I had not known Bill personally, his activities on behalf of the profession were a matter of record. I first met Bill as a good Samaritan on a bitterly cold night in January, 1963. My car had stalled with a clogged gasline eight miles north of Bloomington, Indiana. In desperation, I phoned Bill, since he was the only contact I knew of in the area. Without a murmur, he came to my rescue and took me to his home where he and Lorena were my gracious hosts for the next three days. Subsequently, Bill introduced me to graduate school, easing my way by his experience and the record of scholarship he had set within the university's graduate program. He established a standard to which all subsequent Canadian students aspired. There is no need to re-iterate Bill's achievements as a teacher, scholar and clinician. His leadership in pharmacology, pathology and more recently, his exemplary activities as Editor of the Journal of the American Academy of Optometry and Physiological Optics puts him in a class by himself.

During our mutual attendance at Indiana University, we and our families established an enduring friendship. At that time, Bill and I frequently discussed what we might hope to accomplish were we to be fortunate enough to be associated with the operation of a School of Optometry at a Canadian university. This opportunity did occur at the University of Waterloo, beginning July 1, 1967. Bill has since fulfilled most of the objectives that he had set, plus a few other objectives which we could not have foreseen from a graduate school base. He remains a professional resource of unparalleled knowledge, a continuing gift to his faculty colleagues, his students and the profession. One of Bill's stated wishes was to play a part in building an institution where vision research and graduate study would flourish. His personal contribution in this sphere is but a small part of the gift he has so generously provided in pursuit of the optometric star.

What can we, to whom these three wise men now pass the torch, do to thank them in an enduring way for their gifts, to which they have devoted their lives? Typically, Bill Lyle has already answered this question. He did so when, in 1980, he assumed the task of leading the fund-raising efforts for the Canadian Optometric Education Trust Fund. Our greatest gift to our own Three Wise Men can be to actively support the Trust Fund.

Ted, Clair and Bill shared common objectives in building educational strength for Optometry. They played major roles in setting the goals of the School of Optometry, University of Waterloo. They put equal primacy under graduate study, graduate education, research and optometrical service. Our individual gifts, too, and continuing support of the Trust Fund will demonstrate the profession's deep appreciation for their lives of service to Optometry and to their fellow man. They can be given no greater reward, since the advancement of knowledge and the progress of Optometry has been the bright star they followed with distinction.

**M. Emerson Woodruff**
**former Director, School of Optometry**
**University of Waterloo**

CANADA

MESSAGE FROM THE PRIME MINISTER MESSAGE DU PREMIER MINISTRE

I am pleased to extend my congratulations to Dr. E. J. Fisher, Dr. C. W. Bobier and Dr. W. M. Lyle on the occasion of their retirement from the active faculty of the School of Optometry of the University of Waterloo.

Seldom is there an opportunity to give appropriate recognition to pioneers in any field. This year we are privileged to honour three of the persons whose names are most closely identified with the development of optometry as a profession in Canada.

Good vision is one of our most precious gifts. The years of teaching service of Dr. Lyle, Bobier and Fisher have seen the maturing of optometry's role in the protection, preservation and improvement of eyesight. Countless Canadians who benefit from the care of optometrists are in their debt.

Pierre Elliott Trudeau

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CANADA

MINISTER OF NATIONAL HEALTH AND WELFARE

MINISTRE DE LA SANTÉ NATIONALE ET DU BIEN-ÊTRE SOCIAL

OTTAWA, K1A 0K9

14 VI 1982

Editor,
Canadian Journal of Optometry,
210 Gladstone Avenue,
Suite 2001,
OTTAWA, Ontario.
K2P 0Y6

Thank you for your letter of May 3, 1982, concerning the imminent retirement of Dr. E.J. Fisher, Dr. C.W. Bobier and Dr. W.M. Lyle from the School of Optometry, University of Waterloo. I am pleased at this opportunity to personally thank Dr. Fisher, Dr. Bobier and Dr. Lyle for the outstanding contribution they have made to the health of Canadians through the field of optometry. They who have devoted a lifetime to the arduous task of teaching are due our highest esteem.

Optometry combines the science of optics with the art of compensating impairment in the precious gift of sight, an intrinsic concern in the total health of Canadians. In particular is the concern for the visually handicapped and the elderly who must utilize the knowledge of ophthalmologists, optometrists, and opticians.

The Department of National Health and Welfare acknowledges and appreciates this role of the optometrists. During the tenure of Drs. Fisher, Bobier and Lyle at the University of Waterloo, our Department, through a substantial contribution from our Health Resources Fund, assisted with the construction of the School of Optometry and the purchasing of its equipment. It was approved in March 1974 and completed by the end of 1979. We are pleased that these funds were well spent, and we hope that the impetus provided by these fine teachers and their colleagues will further benefit Canadians.

I wish Drs. Fisher, Bobier, and Lyle great satisfaction in the coming period of their life, and contentment in the knowledge that their teaching and insight will continue to affect the field of optometry.

Yours truly,

Monique Bégin

Monique Bégin

Ontario

The Premier
of Ontario

Parliament Buildings
Queen's Park
Toronto Ontario

1982

On the occasion of your retirement as Professors of the School of Optometry at the University of Waterloo, the people and the Government of Ontario join in honouring Dr. E. J. Fisher, Dr. C. W. Bobier and Dr. W. M. Lyle.

Educators who have dedicated their lives to the integrity, advancement and future of the profession of optometry, the scope of your contribution to the health care field in Canada and the well-being of its people would be difficult to measure.

Through an era of advances in the field of optometry your professional commitment and teaching excellence have fostered within many of the practising optometrists of today the ethics, knowledge and expertise that are fundamentally important to the provision of expert primary vision care services to the Canadian public.

It is with gratitude and respect that I acknowledge your outstanding achievements during your decades of service which represent a total of 103 years, and express to each one of you my warmest good wishes for a happy and fulfilling retirement.

William G. Davis

Ontario

Office of the Minister / Bureau du Ministre

Ministry of Health / Ministère de la Santé

Hepburn Block, Queen's Park, Toronto, Ontario M7A 2C4, 416/965-2421

Edifice Hepburn, Queen's Park, Toronto, Ontario M7A 2C4, 416/965-2421

June 7, 1982

Dr. E.J. Fisher
Professor of the School of Optometry
University of Waterloo
Waterloo, Ontario
N2L 3G1

Dear Dr. Fisher

I would like to extend my sincere congratulations on the occasion of your retirement after a most distinguished career in Canadian optometry. No less than three-quarters of the 2,200 optometrists practising in Canada owe at least some part of their education to you.

During your many years of devoted service to the School of Optometry at the University of Waterloo, you have been directly involved in the evolution of optometry to its present role as an exacting science, offering the highest possible standard of primary vision care services to the Canadian public.

Your lifelong commitment to optometry has had a permanent and profound effect on the overall health care field in Canada.

My best wishes for a happy and prosperous retirement.

Yours very truly,

Larry Grossman
Minister.

Ontario

Office of the Minister / Bureau du Ministre

Ministry of Health / Ministère de la Santé

Hepburn Block, Queen's Park, Toronto, Ontario M7A 2C4, 416/965-2421

Edifice Hepburn, Queen's Park, Toronto, Ontario M7A 2C4, 416/965-2421

June 7, 1982

Dr. C.W. Bobier
Professor of the School of Optometry
University of Waterloo
Waterloo, Ontario
N2L 3G1

Dear Dr. Bobier

I would like to extend my sincere congratulations on the occasion of your retirement after a most distinguished career in Canadian optometry. No less than three-quarters of the 2,200 optometrists practising in Canada owe at least some part of their education to you.

During your many years of devoted service to the School of Optometry at the University of Waterloo, you have been directly involved in the evolution of optometry to its present role as an exacting science, offering the highest possible standard of primary vision care services to the Canadian public.

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Yours very truly,

Larry Grossman
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Edifice Hepburn, Queen's Park, Toronto, Ontario M7A 2C4, 416/965-2421

June 7, 1982

Dr. W.M. Lyle
Professor of the School of Optometry
University of Waterloo
Waterloo, Ontario
N2L 3G1

Dear Dr. Lyle

I would like to extend my sincere congratulations on the occasion of your retirement after a most distinguished career in Canadian optometry. No less than three-quarters of the 2,200 optometrists practising in Canada owe at least some part of their education to you.

During your many years of devoted service to the School of Optometry at the University of Waterloo, you have been directly involved in the evolution of optometry to its present role as an exacting science, offering the highest possible standard of primary vision care services to the Canadian public.

Your lifelong commitment to optometry has had a permanent and profound effect on the overall health care field in Canada.

My best wishes for a happy and prosperous retirement.

Yours very truly,

Larry Grossman
Minister.

# Many Tributes from Their Many Peers

A kind of triumvirate they were, and are, and we hope long will be even after formal retirement from the institution which they helped to build. Their being of my vintage, all three, Clair Bobier, Ted Fisher, and Bill Lyle, have been known to me throughout virtually all of my own academic career. During my semester at the University of Waterloo in the fall of 1980 I was able to confirm what I had long suspected. These three, without collusion, probably unwittingly, have long constituted the academic core of a beneficent power structure in Canadian optometry that has prevailed for well over three decades. Significantly out of their efforts, and keenly supported by their privately practicing friends throughout most of Canada, has emerged a School of Optometry which takes second place to none other in the world.

The administrative genius, the scientist and author, the teacher and mediator, each identifiable by his forte, but each also talented in the other avenues of service, provided a formidable strength of character to the school. Even now, for whatever unimaginable reason, and with the cooperation of continued good health and longevity, it would seem that if they chose to do so they could establish a viable new optometry school just about anywhere in Canada, rally the necessary support, and continue the production of highly qualified graduates anew. This they would surely never choose to do, basically because they probably never got together for the purpose of making a junta-like decision. They seek, understand, and respect each other's opinions but probably have never jointly engineered any kind of coup or intrigue. They simply share the same love for their profession, the same appreciation of the noblest goals of the practitioner, and the same dedication to quality education. They are now retired only because there are dates on the calendar.

Their simultaneous careers spanned what may well have been the most glorious era in North American optometry. The three of them, however quietly and gently, provided the kind of leadership that made the era glorious.

**Henry W. Hofstetter**
**Rudy Professor Emeritus of Optometry**
**Indiana University**

This issue of the Canadian Journal of Optometry is dedicated to three men whom I have known for many more years than I do care to remember. The happy, joyous times have been far longer than the unhappy ones. Elsewhere in this issue you will find biographies and details of their contributions and so I wish to write a few personal words from my heart rather than reiterate what others have written.

As one of the brethren, I am proud and pleased to welcome Ted, Clair, and Bill to the brotherhood of the emeritii because each, through his accomplishments, will add to the distinction of our small but worthy group.

You each played an important role in the metamorphosis of optometeric education from that characteristic of a skilled craft to that of a learned profession. Each contributed in his own way to the development of the educational program of material substance and importance so that any student completing it would be worthy of a professional doctoral degree recognized by major universities, by governments, and by society. This was no mean task since you helped create something you did not initially have yourselves. You each transformed yourself from a clinician who taught part-time to a full-time professor with a deep continuing concern for the practice of optometry, and its scientific and clinical bases.

Anyone with eyes to see can see the Optometry Building on the Waterloo Campus, can read about the professional and academic programs in the catalog, and can watch patients come and go through the clinic. These physical facts are not the most important aspects of your accomplishments; they are only the outward manifestation of a deeper, driving force which you helped to fashion. It is this creative spirit which is important.

In your work together you have not lost your individuality and your special interests and particular skills within and without optometry and optometric (Ted and Bill and I know that it's really optometrical) education. To me you are three different individuals with different weaknesses and strengths. Here are my caricatures in words. Ted, your musicianship and your courteous, thoughtful and considerate manner have led me to picture you as a "gentleman and scholar". Clair, your slightly unpredictable and sometimes maddening absent-mindedness associated with flashes of deep insight have led me to picture you as "the professor". Bill, your penchant for every last detail but which does not fortunately cause you to lose sight of the whole has led me to picture you as "the editor" (If only you smoked a pipe and wore an eyeshade.)

I am pleased to have each of you as a friend and colleague. I am certain that this new occupation of emeritus will give you the time and opportunity to do something more rather than to retire in peace and quiet. Remember that you have built so well that things will continue to grow and expand even if you do take a little rest now and then. Congratulations and best wishes. May your hopes become realities and your faith visible.

**Meridith A. Morgan**
**former Director**
**University of California at Berkeley**

Ted Fisher, Clair Bobier and Bill Lyle . . . not part of optometry's passing scene . . . dammit, they *were* the scene.

Ted and Clair and Bill were there long before it (Waterloo) happened, they made it happen, and then they made sure that it kept on happening. Memorable and special people, and every optometrist in Canada owes them.

They leave a living monument, and I wish each of them happy success in their challenge. It was my pleasure to know them.

**Jim Gilmore**
**Executive Director,**
**CAO, 1964-68.**

The retirement of Drs. E. Fisher, C. Bobier and W. Lyle marks a stage in the history of the School of Optometry that is worthy of note.

I say this mainly for two reasons:

(1) because the School, under their leadership, has gained a world-wide reputation for excellence; and

(2) because of their great dedication to the work of the School, they have attracted faculty, staff and students of a caliber that guarantees a continuance of its fine reputation for teaching, research and public service.

To Drs. Fisher, Bobier and Lyle I extend congratulations for a job well done and I pray that they may live as long as they wish and have what they wish as long as they live.

**J.G. Hagey**
**President Emeritus**
**University of Waterloo**

While it is easy to establish that the contributions to optometry and optometric education of these three men extend over a combined period of almost 100 years, it is difficult to assess and express their contributions in terms of accomplishment, inspiration and dedication. While each is articulate and forceful and a person of eminent good sense and humour, their strengths and interests have been diverse. Clair Bobier's academic and clinical interests lay in the science of vision, and the strength of the physiological optics division at the School is largely due to his energy and persistence; Ted Fisher's interests have been in the field of contact lenses and optometrical optics, but at the same time his organizational abilities came to the fore during his long terms as dean of the College of Optometry and director of the School of Optometry, University of Waterloo; Bill Lyle has been attracted to the disciplines of ocular and general pathology, pharmacology and genetics and recently, as editor of the American Journal of Optometry, he has been able to direct his organizational abilities towards disseminating knowledge throughout the vision care professions. Throughout their careers their interests in academic and clinical optometry have been balanced by a vigorous concern for the organizations of optometric education and the welfare of the optometric profession. When I think back, it is amazing how they have both complemented each other and at the same time supported common ideals through their varied talents. Fortunately, we are not being deprived of their experience and skill, and the School looks forward to their continued support albeit in a different relationship.

**Walwyn S. Long**
**Professor and Director**
**School of Optometry**
**University of Waterloo**

It was exactly 50 years ago when an eager young man presented himself, fresh out of high school, to enter the Profession of Optometry. No one at that time could foretell the influence this man would have on others in his chosen field. Edward J. Fisher — always affectionately known to his friends as Ted — armed with a brilliant mind, endless energy, and a sincere desire to help his fellow men immediately demonstrated his leadership and administrative ability.

In 1937 he was invited to join the clinical staff of the College of Optometry and soon became head of that department. Being an excellent musician he is widely known as an organist and choirmaster.

With the untimely loss of Dean Thompson in 1948 Ted was made Dean of the school and it was under his able guidance that the faculty and course content were prepared for the day when the College of Optometry would become part of the University of Waterloo and he would become the first director of the school.

During those years of preparation Ted managed to attract two unusually capable young Optometrists in the persons of Clair Bobier and Bill Lyle to join him. These men, both gifted teachers completed their work on their PhD's and since joining the faculty Optometrists on this continent and beyond have felt the strong sound stabilizing influence of these fine gentlemen.

In a short article of this kind it is impossible to relate in detail the contribution Professors Fisher, Bobier and Lyle have made through their profession of Optometry to mankind.

The retirement of these three Professors will leave a deep hole in the faculty at the school in Waterloo, which of necessity must be filled by younger capable Professors but the mark these men have made will always be remembered.

It is with sincere gratitude that I say thank you Gentlemen and all the best for years to come.

**E. F. Attridge, O.D.**
**former Chairman of the Board**
**College of Optometry of Ontario**

The profession of optometry will be sorely tried to replace the above three mentioned gentlemen who will be retiring from the School of Optometry at Waterloo University in June of this year. As one who has known all of them since the early thirties, who, in fact, went to school with them and in the rough years of 1935 to 1980, tried to build a legally recognized profession throughout the whole of Canada, it is not easy to marshal and express one's thoughts regarding their retirement. Probably this is one occasion when one should let his heart rule his thoughts rather than his mind.

Ted Fisher graduated one year ahead of me in the old College of Optometry on College Street in Toronto. I recall many of his classmates, the hazing they gave us as newcomers, the rather horrible conditions under which we received lectures and attended labs and yet, far outweighing the bad, the many good, wholesome times we had together. The true character of the man in those days was plain to see but I think many of us missed it. He was a dedicated student; a leader, not by force but by example; his musical talents, an asset then and I know an asset throughout his whole life, were shared freely with those of us who were in the College orchestra. I don't think there was ever any doubt in his mind that optometry was his chosen goal and, though I never heard him say so, teaching optometry was his way of achieving that goal.

As a Westerner I have always been somewhat ashamed of the fact that I and my cohorts did not give greater support to Ted's efforts to build a better College of Optometry and finally having the College accepted as a part of the University of Waterloo. On the other hand my shame dwindles when I consider our contribution to the Profession was more political and sociological. We cannot all make the same contribution! I have been everlastingly grateful that Ted Fisher, with great wisdom, never imposed this comparison or tried to use it as a lever to gain support for the ideals which were dearest to him.

He was a true friend, ever willing to give his time and talents to the betterment of the profession, well liked by all of us and I must add, was a

really good sport. For myself and my wife we wish him and his family many happy years of retirement.

What can I say about Bill Lyle? I think I first met him at the CAO Meeting in Saskatoon in 1954. I call that meeting the "Ed Higgins" meeting because it was then that we decided to follow the ideas and recommendations arising out of his study and report on Canadian Optometry. Bill Lyle, newly out of the Armed Forces and the College of Optometry, hard pressed financially and with serious sickness in his family had consented to become President of the CAO. Despite all of his personal difficulties he carried on as President during an almost revolutionary period of restructuring and rebuilding of the CAO. In those vital years the financial structure of the CAO was established, the role of the national organization was developed, committees with terms of reference formed, provincial delegates and provincial meetings coordinated and a broad national plan devised. Bill Lyle was a leader in all these heady plans. Probably most of those who know him now would never suspect that he would be involved in these types of activities and I hasten to say, they are right. Why? Because we all know that Bill Lyle's first love was to learn, to study, and when he was satisfied, to teach. And this he did. In a way Bill Lyle epitomizes those ideals which are most essential to all of us, be we optometrists or plain Joes. I think he pursued knowledge for the sheer joy of learning and having accomplished that, his main concern and satisfaction was to pass it on to his fellow man. Where would we be without men like Bill Lyle? And supporting him, his wife and his family.

And now, Clair Bobier. A brother of Tom Bobier, an optometrist who used to practise in Weyburn, Saskatchewan and later moved to Ontario. If you haven't met both, you have suffered a great loss. Sharing the friendship of both quadruples the pleasures of knowing each.

Clair Bobier must surely be considered the finely tuned scholar, the philosopher, the deliberate reasoner, searching for truth and meaning, looking for how it can be applied to everyday living. In my sphere of activities in optometry I did not encounter Clair Bobier very often. However I seemed to gravitate to him whenever I was in Toronto or elsewhere on CAO business and on such occasions we enjoyed quiet meaningful discussions about the role of optometry in society, what constituted "eyecare", how to best deliver it, what we are ultimately going to be doing as optometrists and what are the best plans for optometrical education? He was fond of quoting Don Quixote and other writers. He had a unique ability to use aphorism and similes which were most pertinent to whatever we were talking about. I always had a vague feeling that he should have been teaching philosophy! He may correct me on that. Nevertheless, he, like Bill Lyle and Ted Fisher, decided that optometry was to be his chosen calling and it is my opinion that Canadian society is the better for that decision.

Those who decided to do what these three have done, to spend a lifetime in education, to commit themselves to the pursuit of disseminating knowledge, to sacrifice personal gain which others of us found more satisfying, and finally, to now find some measure of satisfaction in retirement, deserve our gratitude, our best wishes and above all our respect.

I am most happy to add these words to the many which I am sure will be forthcoming.

Sincerely,

**Harold Coape-Arnold**
**CAO Past President**

The University of Waterloo has enjoyed 25 years of growth and development, beginning with a dream and a cornfield and leading to a major university with 20,000 students, 730 teaching faculty, 2,500 staff and a beautiful campus. A better measure of achievement is in the calibre of our students, the quality of our programs and the intense activity in research and other scholarly activity.

This year as we celebrate our 25th Anniversary we are paying tribute to our founders and others who joined the University in its early years. The chances of success of a new university are never all that good, so all of these people were taking a considerable risk in making a commitment to Waterloo. When asked why, the common response is that from the first, Waterloo seemed to encourage daring and innovation in all its functions and operations.

The School of Optometry is a good example of risk-taking and success at Waterloo. The move to Waterloo in 1967 raised serious doubts in both parties. The School was not well known to us and surely the University of Waterloo could not have looked like the ideal home for the executives of the School. Nevertheless the move was made. Both sides accepted the risk. The outcome has been another success of which we all are immensely proud. The professional optometric organizations at both the Provincial and National Levels have every right to be proud as well, for their support has been a very important element in the success of the School.

But, as in all other successful ventures at Waterloo, the major element in the success of the School of Optometry must be attributed to the people who make the place run. Three of the members of the faculty of the School who contributed in a major way to every achievement of the School are (officially) retiring on June 30th of this year. Clair Bobier, Ted Fisher and Bill Lyle have our deep respect and sincere admiration for their dedication, unending efforts, judgement and firm leadership, in moving the school to the prestigious status it enjoys today.

Excellent students compete each year for the 60 openings in the professional program. The Optometry clinic serves 24,000 patients a year on the campus and many others in other institutions. This provides excellent training and experience to advanced students. The research activity is growing fast and provides the essential element of scholarship and a means of preparing young optometrists for academic positions. And of course the School, and particularly Dr. Bobier, Dr. Fisher and Dr. Lyle have served faithfully in professional and community affairs.

The School of Optometry at Waterloo is now recognized as one of the best in the whole of the Western World. Standards in every area are very high; the commitment is strong; the achievement makes Waterloo a better University.

These three gentlemen have contributed a total of one hundred and twenty-six years of service to the profession of Optometry. The School of Optometry at Waterloo is a monument to this service and we are proud to acknowledge our debt to Professor Bobier, Professor Fisher and Professor Lyle.

**Douglas Wright**
**President**
**University of Waterloo**

On the occasion of the retirement of Drs. Bobier, Fisher and Lyle from active duty at the University of Waterloo, I should like to wish them very many years of happiness and good health and to make a few comments.

I have known all three of them for more than 20 years, both as one of their students and for many years now, as a colleague. They are obviously of about the same age, but they have a good deal more in common. All three became optometrists and all three practised for some time. All three also felt the need, both to fulfil a personal ambition and to improve the academic aspect of our discipline. Thus they lectured at the Toronto College and realised that a University Higher Degree was indispensable, which all three acquired. They then devoted themselves to an academic career, not only full time, but body and soul to the only English speaking optometric training institution in Canada.

Many of the dreams which eventually became reality were of their making. They complemented one another. And what an achievement. The College of Ontario was integrated into an important University. A four-year course was established. A University Doctorate in Optometry was granted. A graduate course leading to Higher Degrees was set up. And to their glory and to that of the profession, they are leaving behind a monument as the magnificent optometry building at the University of Waterloo can be aptly described.

To those not familiar with University matters, I should say that the above achievements are truly remarkable. Those people who have been trying to establish a third school of Optometry, will attest to it. Moreover, it must also be remembered that it is people who make a School and not buildings and facilities. To that end, all three spared no time or energy encouraging young people to envisage an academic career, to help young optometrists to pursue a course leading to Higher Degree and finally to recruit the superb Faculty that there is at Waterloo today.

Their enthusiasm, for academic optometry, and professional optometry as well, has never ceased to amaze me. I cannot see how we shall emulate their example in future, since all three, although of such diverse temperament, succeeded in making a working unit of tremendous power.

I can only hope that retirement is only from University duties and that they will still play a role in helping us confront the problems which optometry is facing today. Nevertheless, I wish them plenty of happiness and time to rest, to ponder, to fish, to paint, to play the organ, to travel, to deliver occasional lectures, to edit Journals, to write, etc., for many years to come.

**Michel Millodot O.D., PhD,**
**Professor and Head of**
**Department of Optometry,**
**UWIST, Cardiff. UK.**

Readers might well circle June 30, 1982 on their calendars as marking a watershed in the history of optometrical education in Canada. On that date three men whose combined service to the training of men and women for the profession totalled 126 years retired from professorial appointments at the University of Waterloo. These appointments were preceded by many years of service at the College of Optometry in Toronto. One of the three, E. J. Fisher, served as dean of the College from 1948 until 1967 and director of the new School of Optometry from 1967 to 1973. A recognized expert in optometrical optics, Ted Fisher has devoted something close to 40 per cent of his life to managing the affairs of that educational facility. Clair Bobier has an enviable expertise in physiological optics, and has left as a lasting landmark at Waterloo the Optometry building for which he was chairman of the building committee. Bill Lyle's reputation is based on his authoritative knowledge of ocular pathology and pharmacology, and of late he has served as editor of the American Journal of Optometry and Physiological Optics.

These three men comprised three-quarters of the teaching staff transferred from Toronto to Waterloo in 1967. Incidentally, the other quarter, Dr. W. S. Long, now serves as Director of the School at Waterloo. It was the writer's good fortune to have a very close working relationship with these four men during the feasibility studies which preceded the transfer of the College of Optometry to Waterloo, and subsequently with setting the school in place within the Faculty of Science there. It would be no exaggeration to state that their integrity and immediate readiness to adapt to the style and practice of the University of Waterloo quickly won for them the position of good friends and respected colleagues. On behalf of their associates in many departments of the University it is a privilege to thank them and to wish each the satisfaction of a well-earned retirement.

**W.A.E. McBryde**
**Department of Chemistry**
**University of Waterloo**

There are two principal sources of data on which one must depend if one is to evaluate properly the contributions of Drs. Bobier, Fisher, and Lyle, to Canadian Optometry. The first of these sources is the pool of scientific knowledge from which our profession draws its life blood, and the second is the sociological evolution of the optometrist as a health care professional.

Thanks to the influence of my optometrist father, I have been an interested observer of the eye care scene for almost fifty years, and since I did not do my undergraduate work at the Ontario College, I can claim a lack of bias when it comes to evaluating the impact that the careers of these three men has had on our profession.

Apart from its obvious demands on intelligence and curiosity, Dame Science requires of her followers a degree of intellectual integrity and perseverance that not all can attain. The greatness of spirit that is reflected in the lives of Bobier, Fisher and Lyle, is a measure of their willingness to accept these requirements. As they laboured under the physical and financial restrictions of the St. George Street campus, they must often have been tempted to accept the choice of second best. Excellence is more often a goal than an achievement, but dedication to its pursuit is the mark of a great teacher. Seldom have three such different men been so unanimous in the display of that dedication. In an era when the woods were full of "how-to-do-it" lecturers, Ted Fisher and his staff always seemed to be able to implant a little of the "why" into their graduates.

As a boy I remember feelings of embarrassment when people asked about my father's occupation: first I would have to teach the enquirer how to spell 'optometrist', and then try to explain what the word meant.

Surely the evolution of optometrists to their present position in the community is a living monument to the teachers who have shared their dreams with their students. There may be some difficult choices ahead. But considering the obstacles that Clair Bobier and Ted Fisher and Bill Lyle have overcome on our behalf, today's practitioners should have nothing to fear but their inability to repay the debt that they owe to such men.

**Austin Forsyth**
**Saskatoon, Saskatchewan**
**former C.A.O. Councillor**

Il me fait plaisir de rendre un témoignage de respect et d'amitié aux Drs Ted Fisher, Clair Bobier et Bill Lyle, trois précurseurs de l'optométrie canadienne aujourd'hui à la retraite. Une génération d'éducateurs est en voie de disparaître et j'en éprouve une certaine peine. Toutefois, une grande joie se mêle à cette tristesse, joie de me relier à ceux qui ont rendu des services aussi éminents à la profession d'optométrie.

Les Drs Fisher, Bobier et Lyle ont représenté pour tous les optométristes un symbole de continuité dans l'histoire et d'espoir dans l'avenir. Ils se sont manifesté comme des hommes de travail constamment dévoués pour toutes les causes qui leur ont été soumises. Ces hommes au dévouement inlassable ont prêté leur concours à toutes les personnes et à tous les organismes qui ont oeuvré pour l'avancement de l'optométrie.

Universalistes reconnus pour leurs préoccupations des problèmes humains de notre société, ils ont su s'engager à fond et vivre pleinement la réalité optométrique et j'estime que nous pouvons les citer comme un idéal à poursuivre et un modèle à imiter dans l'action.

Cet hommage à trois personnalités qui vivent, qui ont vécu toute leur carrière intensivement au sein de la cité universitaire, c'est aussi un témoignage rendu par tous les optométristes québécois et canadiens qui ressentent envers eux des sentiments de gratitude et d'affection pour l'exemple infatigable de dévouement désintéressé qu'ils ont donné au service de leur profession.

L'époque qu'ils ont traversée en se signalant de façon remarquable a vu éclater la somme de nos connaissances des racines et des fondements de la science optométrique et pendant plusieurs décennies, ils ont été au coeur même de l'évolution de notre profession.

Ils furent largement responsables de l'établissement et de l'épanouissement de l'Ecole d'Optométrie de l'Université de Waterloo et ceux qui ont bénéficié de leurs précieux enseignements les ont considérés comme des "maitres" dans le domaine optométrique.

Les Drs Fisher, Bobier et Lyle ont été une source d'inspiration constante pour la profession d'optométrie en montrant quels résultats peuvent être obtenus lorsque la science est appliquée à l'habileté clinique pour le plus grand bien de la population.

Je les remercie d'avoir toujours été attentifs à leur milieu, d'avoir été des guides professionnels dont le leadership et la sagesse ont inspiré plusieurs générations d'optométristes.

D'où la conviction que malgré ce repos bien mérité, ils demeureront actifs et disponibles pour notre communauté.

**Dr Claude Gareau, optométriste**
**Secrétaire et Directeur général de**
**l'Ordre des optométristes du Québec**

When the history of Canadian Optometry is written, three of its outstanding leaders will be remembered not only for their contribution to their profession, but also to their dedicated leadership at a particularly difficult time when Optometry was achieving the recognition it really deserves.

Dean Ted Fisher and Professors Clair Bobier and Bill Lyle of the staff of the School of Optometry at the University of Waterloo have served a total of one hundred and twenty-six years in guiding and developing the curriculum of the College.

Now that they are retiring it is fitting that we who knew them and respected them for their qualities of leadership should pause and in some small way record what they and their wives have done.

That Optometry has reached a new standard of academic excellence and public and governmental recognition is due in no small measure to the work of these three optometrists who gave of themselves and their skills so unselfishly that their profession might prosper.

Ted Fisher, Clair Bobier and Bill Lyle in their retirement years can look back upon a life of service to Optometry with a quiet but rightfully earned sense of satisfaction.

Optometry salutes these men and acknowledges with gratitude what they have done. Optometry will always be better for the leadership they provided.

**Ed Higgins**
**CAO Executive Director — 1952-1963**

Optometrists, like other independent professionals, tend to have an aversion to compulsory retirement.

We may practice our profession until it suits us to phase out our involvement. We may even continue actively until claimed by ill health or the undertaker. For some of our colleagues, whose calling is to teach, an arbitrary time arrives when they are required to turn in their chalk and clean out their desk. This is what happened to three of our very good friends Ted, Clair, and Bill. Doctors Fisher, Bobier and Lyle have been accorded the honourable heave-ho, and we who are observers can only lament. They have been builders, pillars, mainstays, makers, and shakers of our profession, yet such is the scheme of things that for some to receive deserved promotions and advancement, others must be set aside. Their accomplishments are too numerous to mention in this item, and they have not necessarily been equal in prominence or recognition, yet all three have demonstrated an involvement and dedication to the profession which has been total.

They have been our friends, confidantes, sparring partners, reservoirs of wisdom and knowledge. These attributes will be undiminished by their retirements. We presume that with fewer demands on their time from the school, they will turn their energies to the pursuits which interest them most. We hope this will include the writing of fatherly (or scholarly) articles in the journal to pass along their knowledge and insights. We especially hope they will find their retirement years stimulating, productive, healthful and happy.

**Donald R. Price, O.D.**
**C.A.O. President 1955-57.**

Le milieu de l'éducation et, en particulier, celui de la formation professionnelle ont été en constante évolution depuis le début du siècle. Et cette évolution a été très rapide, fulgurante même, compte tenu des changements apportés par la technologie, les découvertes scientifiques et des nouveaux besoins sociaux auxquels ont dû faire face les professions.

Dans le domaine de la formation en optométrie, trois de nos collègues méritent aujourd'hui notre admiration et notre gratitude: les Docteurs Ted Fisher, Clair Bobier et William Lyle de l'Ecole d'optométrie de l'Université de Waterloo. Ils ont été, tous trois, piliers de cette formation professionnelle avec beaucoup de courage, une compétence indiscutable et une confiance en l'avenir malgré la "révolution" qui grondait dans le monde scientifique. Ils ont d'ailleurs participé à ces nombreux changements survenus dans les programmes de formation en optométrie pour améliorer sans cesse la qualité des diplômés se destinant à la pratique de cette profession. Chacun, dans son domaine, a réalisé une grande oeuvre, soit celle de former des professionnels de la santé possédant, à leur image, les connaissances nécessaires à leur bonne intervention auprès de leurs patients et le souci de bien répondre aux exigences de ceux-ci.

Le Dr Ted Fisher, a dirigé les destinées de l'Ecole d'optométrie de l'Université de Waterloo pendant de nombreuses années et son dévouement à la cause et son dynamisme ont permis cet essor vers une grande réussite. Les Drs Clair Bobier et William Lyle ont aussi fait partie de l'équipe du début. Et ils ont aussi, en tant que professeurs et administrateurs, rendu des services inestimables à leur école d'optométrie, à leur université, à leurs collègues et à leur profession.

Aujourd'hui, ils doivent quitter . . . après avoir accompli leur devoir comme il le faut et comme il se doit. Pour cela, nous leur disons sincèrement: Merci! Ils doivent laisser leur place à d'autres . . . mais ils seront difficiles à remplacer; il ne faudrait pas croire que les collègues plus jeunes n'ont pas aussi une grande compétence et un aussi grand désir de travailler à la formation de leurs futurs collègues de s'intéresser aux travaux de recherche; les Fisher, Bobier et Lyle leur auront bien indiqué le chemin.

Toutefois, même s'ils partent . . . je sais qu'ils restent. Ils seront toujours là, à l'affût, pour rendre service, pour aider leurs collègues, pour servir la profession avec la même fougue et le même intérêt qui les ont caractérisés pendant de nombreuses années. Je connais trop bien ces hommes et je sais qu'il ne leur sera pas possible de faire autrement . . . c'est l'essence même de leur vie . . . Oh! ils ralentiront sans doute un peu le rythme et ce sera bien mérité . . . mais il ne fait aucun doute que nous pourrons toujours compter sur Ted, Clair et Bill . . . Ils resteront nos conseillers et nos amis.

Je joins ma voix à celle de tous les optométristes canadiens pour présenter aux Docteurs Fisher, Bobier et Lyle, des remerciements sincères pour leur apport incommensurable à la formation et à la recherche en optométrie ainsi qu'à leur profession.

**Claude Beaulne**
**Directeur, Ecole d'Optométrie**
**Université de Montréal**

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# A C.J.O. Interview: Sharing 1¼ Centuries of Experience!

**CJO:** What do you consider to have been the most important event to have occurred in optometry during your career? Is there any major event which stands out in your mind?

**TF:** For me personally, there are several which come immediately to mind. One of the biggest was when the course was increased to four years in length. Another was when we were doing the work for the Royal Commission on Health Sciences. I'm sure that, with that, even the briefs were important; in fact, I'm not sure whether the study itself and our resultant self-examination as a profession which accompanied it weren't even more important, at least to those of us who were on the Committee. Coming to Waterloo was also tremendously important, as was our inclusion under OHIP. These are all highlights, and to single out one as most important is very difficult. I believe they are all crucial to our development.

**CB:** I agree with Ted that the most important changes have taken place within ourselves; when it became necessary for us to put together rational and believable arguments as to why optometry in Ontario should be taught in the university and why optometrists should be included in the Ontario Hospital Insurance Program. Up to this time, optometry's story had not been told to the Federal and Provincial governments, or to anyone for that matter, least of all ourselves. Our case had never been put together. No one, or so it seemed at the time, was keenly aware of the problems facing us and the Committee, which was made up of members of the Council of the College of Optometrists and the Faculty of the School, had to start from scratch. For example, I can remember how painfully slow the Committee's progress was in arriving at a consensus as to what made up optometrical services. It seems laughable now, but at the time we had to struggle with such concepts. Fortunately, we succeeded and managed to produce clear statements of what these services were and what the public's need for such services was. I believe they were well-stated in our briefs at the time. They still stand, I think. *In fact, I often wish that some of the newcomers to optometry, both in this country and elsewhere would reread those briefs.**

Of course, I can't help but add how important I think the new optometry building and its equipment and research facilities were to our profession. Until that time, the school had never had a building designed expressly for the purpose of optometric education and, of course, our research facilities had been practically zero in Ontario. This was a major achievement and did so much to boost our spirits.

**BL:** Just recalling what you said about the exercise of assembling those briefs, Clair, I think that what you're saying is that the answers we gave were more important to us than they were to the people to whom they were given.

**TF:** To qualify the "importance" of an event really depends on the circumstances of the time at which it is judged. As an example, I'm sure that putting up that front on the building in Toronto was, at that time, very important to us. And there have been many other examples of that. I think that another, more recent, event of significance is the development of our graduate program. It is, and will continue to be slow and I suspect will never play the part that it does in, say, a Physics Department, but I think it will be tremendously important for Optometry. We could go on and on with a lot of other things — the development of our library resources has been vital —

**BL:** But I don't think these small aspects, however necessary, fall into the same category as turning points. I would consider getting Dr. Balfour Sparks to come and stay with us for forty years as a very important point. We tend to forget these things and he had more influence than we generally recognize, a tremendous influence on faculty and students alike.

**CJO:** The full story behind our move to Waterloo is known to only a handful of optometrists. Since all of you were involved in the event, perhaps you could provide some of the background.

**CB:** I think Waterloo was right for the time. I really believe that it was a good choice and I think we were fortunate. It was actually Ted who started the wheels rolling some ten years prior to our actual move to Waterloo.

**TF:** Well, by way of background, the university actually started here in 1957 and was called at that time the Associated Faculties of Waterloo University. The Associated Faculties was started in order to provide engineering training. The Lutheran Church didn't feel that it wanted to pay for that kind of training because it was very costly. You needed a lot of expensive equipment and the science background was costly. As a result, the Associated Faculties ultimately became a separate institution about a year-and-a-half later. The story is well-written elsewhere.** When it became a separate institution, of course it would not do just to offer an Engineering faculty. As a matter of fact, the government had made a very

*(Editor's Italics)

**Of Mud and Dreams: University of Waterloo 1957-1967, by James Scott. Published 1967 by Ryerson Press, Toronto.

clear pronouncement — and we ran into this in Toronto — that it would never provide financial assistance to a one-faculty institution. It would only fund multi-faculty places. It wasn't very long before they said that if we were going to teach engineering, then it's obvious we have to have a science faculty. And from science it went to arts — we ought to have some "cultural" subjects in here as well. And that was how the University of Waterloo developed.

Well, in 1957, I had already taken over Dr. George Keevil's practice and it had been my custom to work a couple evenings a week rather than work on Saturdays, and to take the weekend for my holidays. One evening a chap brought his daughter into my office from Waterloo for contact lenses. A contact lens fitting in 1957 is something that would take quite a bit of time. You would see the patient eight or ten times and not think much of it, at one week intervals. At any rate, in the course of the conversation with this gentleman, on the very first visit, I said, "What do you do in Waterloo? It's a foreign country for me." And he said, "Oh, I'm the Dean of Sciences for the new university out there." I said, "You're the Dean of Science. Isn't that interesting? Have you ever thought of teaching optometry?" About three days later, I got a letter from Dr. Hagey who suggested I come up and talk with him sometime, so I decided to take him up on it. They were in their first building at that time and had just moved into it — the Chemical Engineering Building. I talked to him and a couple other people and was quite impressed with the enthusiasm I found. I also met the Dean of the Associated Faculty over at Waterloo Lutheran. Well, one thing led to another — we made several trips down and the Board even held a meeting here. We stayed at the Conestoga Motel, held a meeting and also met with Dr. Hagey.

There was some reluctance on the part of our Board, however, to make any move because this university was just starting up and nobody at the time knew what it would become. It could turn out to be just a small, insignificant institution. Perhaps we just didn't have the vision to see that it was going to go ahead. At any rate, this went on for about four years, and it wasn't until 1961 or 62 that our Board decided, we'll stop this nonsense. We won't even consider a move up there. Period. We had briefs to prepare for the Royal Commission on Health Services, which took a lot of extra energy and work. Drs. Baker, Langer, Bobier and myself met week after week from seven at night until one in the morning getting this brief ready, and the Waterloo talks just sort of crept onto the back burner. They weren't really revived until 1965, when the University of Toronto told us they wanted the property we were occupying.

**"If what we are doing and giving is good for people, they'll come to optometry for vision care . . . What's good for the public is good for optometry."**

In the meantime, university affiliation had remained a dream of mine. When I was first made Dean, in October of 1948, I was the speaker at the student banquet that year, and there were about 300 in attendance. We had a lot of students, faculty and friends. It was at the Club Top Hat in Toronto and it had just been announced that night that I was now to be the official Dean. I had set out four goals: to extend the course to four years; to grant the O.D. degree; to improve the existing building facilities; and to become affiliated with, or part of, the university system within the province. So I had been given the O.K. by the Board to visit some of the heads of the universities just to talk to them. I talked to President Hall at Western and he was the first one to give me a lot of encouragement. I talked to the President of McMaster, to the heads of the University of Ottawa and Carleton. None of them seemed to be interested in expanding. McMaster, for example, had said that if we wanted to, we could set up across the street but as a completely separate institution. And our one concrete opportunity at Waterloo was turned down initially by our Board because we weren't sure, in 1962.

To get back to 1965, it was abruptly revived very strenuously when we were told by Toronto that we had to move. At that time, we had to clear any move with the Ministry of Health, because the Optometry Act fell under that Ministry, and the Minister of Education had already said, "Obviously we should try and find a place for you people." The U of T had clearly said in a letter they had no interest in undergraduate optometric training, and that was really the incentive for the Board to authorize us to proceed. We came to Waterloo and a committee† was established to look into the worthiness of optometry as an academic discipline within a university. The report was actually for any university in Ontario. The government actually gave us a grant to set up this committee and conduct a study. There were two briefs prepared, the first to show that it was a worthy discipline for university inclusion. As part of their research, the committee actually went to Ohio State and Indiana. They were well-received by both and were shown how worthy optometry really was. A very good brief resulted from it, which the Ontario government accepted and approved. Waterloo was then asked

†The committee was an ideal amalgam of backgrounds to investigate the worthiness of optometry. It consisted of Chairman W.A.E. McBryde, Dean of Science; Professor C.H. Fernando, Biology; Professor H.M. Morrison, Physics; and Professor G.E. MacKinnon, Psychology, all from the University of Waterloo. Representing Ontario's College of Optometry were Drs. I. Baker, C.W. Bobier, W.L. Lyle and W.S. Long.

if, having participated in the committee which did the study, would they accept a School at Waterloo? At the time, we had met some opposition to the idea of a separate school. The feeling was that, yes, optometry should be taught at a university, but in a health science centre. So the government approached all five health science centres, none of which expressed any degree of interest. We had already felt that such a setting was undesirable because, in competition with medicine and other professions we could see budget constraints and restrictions, so we put together a position stating that, although we would be willing to go to such a place, what we really needed was physics, biology, chemistry, psychology and mathematics, all of which are found at the University of Waterloo.

Again, having been asked by the government, the Senate set up a local committee to look into it, and it happened to have the same Waterloo members who had examined the worthiness of the profession for academic inclusion. They reported back that yes, Waterloo could teach optometry. No action whatsoever came from the government. We thought it might have been put aside and we got no response to our further inquiries. At the end of June that year, I was at the AOA meeting in Portland, Oregon. On the second or third morning, I got a phone call from Irving (Dr. Irving Baker, C.O.O. registrar — ed.) which suggested I'd better get back to Toronto for a meeting scheduled with the government the next day. Well, the only plane out of Portland that would get me back left about an hour after that phone call, and I was on it. Dr. Douglas Wright, who is now the University of Waterloo President, was in the Department of University Affairs, and had just been appointed literally a couple days earlier, had arranged a meeting. A group from the University of Waterloo, a group from optometry and three government representatives met at 9:00 a.m. about the 28th of June and it was finally decided that, as of the first of July, we'd be part of the University of Waterloo. It was an exciting time, a very vigorous summer, and we did a lot of work —1967.

**"I think we have begun to lose our sense of dependency on one another. Perhaps we have lost some of that tightly knit community spirit which served us so well . . ."**

**CB:** Ted stated that there were several advantages to the University in having a School of Optometry. These were listed in the Senate Committee's report but I would like to point out one advantage that, at the time of the report (1966) wasn't known. Inadvertently perhaps, the School has had a tremendous effect on the overall calibre of science student found at the University of Waterloo. Since roughly 1970, optometry has been recognized by Canadian students as a highly desirable career. The total annual admissions are limited to 60 students and the competition in academic achievement is fierce, since it is understood that high academic standing is the main criterion for acceptance into the program. Also, for one reason or another, students believe that their chances for getting into the program are enhanced when they take their science training at Waterloo. As a result, science enrollment at Waterloo increased. Even more importantly, because of the competition generated by the limited enrollment in optometry, many of the students entering have high academic standing. Those who do not get into optometry tend to remain in science, so the university has received this additional benefit.

**TF:** I think, too, one of the slogans our committee worked on is that we must not forget that what is good for people in general is going to be good for optometry and I feel this must be put as our first goal. If what we are doing and giving is good for people, they'll come to optometry for vision care, and there'll be no problem, we won't have any difficulty. What's good for the public is good for optometry.

**CJO:** What do you consider were the most important benefits to derive from the integration of the Ontario College into the University for a) the university, and b) the profession?

**CB:** I think that, even with the clear advantages, one of the problems we have had in the past 15 years, and to some extent still face today is that once we had achieved our goals of being included in the university system and the health insurance program, we no longer had the stiff winds of opposition to rise against. In our relatively becalmed situation we had become less anxious about our future. We felt more comfortable and individual goals tended to replace those of the group. I think we have begun to lose our sense of dependency on one another. Perhaps we have lost some of that tightly knit community spirit which served us so well during the years 1950 - 1970. *If so, we do so at our peril**. In saying this, I certainly am not detracting from the recent advances that the school has made under the leadership of Directors Fisher, Woodruff and Long. The school's development in its clinics and graduate programs has been exceptional and has a bright future. And in a similar vein, the work of Dr. Baker and his colleagues on the C.O.O. Council in formulating the Ontario Health Disciplines Act must rank high in any record of professional achievement. I would just caution against letting our guard down because of what we have accomplished in the past.

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*(Editor's Italics)

**TF:** Well, by way of a distinct advantage, there is the fact that, because of the school's location, the University of Waterloo is known worldwide in places it wouldn't otherwise be known. For example, we are very well known in Australia, and the English Universities, because of the School of Optometry. More locally, we've had very good public relations; in fact, I heard the previous President, Dr. Mathews say very definitely that optometry has the kind of public relations in this community that the rest of the university ought to have.

**BL:** I can recall a statement made the first year we were here, when the then head of biology said to me, "I can easily tell the optometry students; they are the bottom 30 students in the biology class." Now optometry students are among the very top science students, and many of the top students in science have come into optometry.

**CB:** Because of the desire to register in optometry, they worked hard in order to fulfill the qualifications.

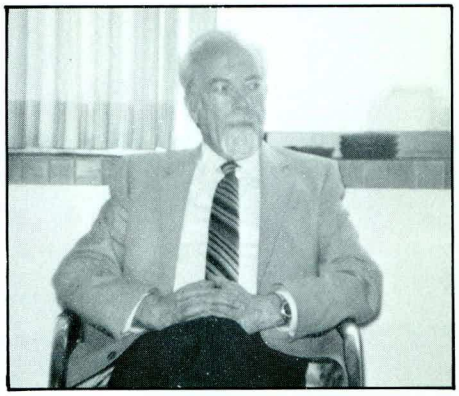
**TF:** I know each year we draw some of the top science faculty students into optometry.

**BL:** Science has about four or five hundred students. At least 150 of those are here because of optometry.

**CB:** When we first came here, the people in the other university departments treated us very well. They bent over backwards to help us, and we received real benefits from them. Because they weren't aware of just how an optometry program operated as opposed to, say, a chemistry program, they gave us the benefit of the doubt so that we had a great deal more freedom in the university than would be expected in other departments. And we shouldn't forget that.

**BL:** It helps that the university physician Dr. Don Andrew has given us 100% cooperation. He has spoken publicly and in legislature hearings for optometry. He wrote an article in the Canadian Journal of Public Health, too. I'm only echoing what Clair is saying; but everybody on campus, even when we made mistakes, said, "Well, they're new. Let's give them a chance to learn the system. Maybe that's the way things are done in optometry."

**CB:** Now it's only natural that they're expecting us to balance our budgets, and do things like every other department. In the long run, I think that's a good thing.



**"I have found that in the last two or three years, I've had to raise the level of my approach to the class by several notches."**

**CJO:** Do you feel that student recruitment problems were solved by coming to Waterloo?

**CB:** Our recruitment problems have been resolved, but I don't know if it's necessarily because we're in Waterloo. We likely would have the same kind of demand had we remained an independent institution. I think that with the recognition of our services by OHIP, there was an increase in the demand for our services and a resulting higher income for the optometrist. I think that as soon as you get higher incomes, whether you're in a university setting or not, there is a tendency for people to be attracted, which puts an economic "supply and demand" element into our consideration.

**BL:** But all health care personnel, whether they're lab technicians, or whatever, have seen a huge explosion in the number of people involved in some aspect or another of the whole field.

**CJO:** Are academic records the sole criteria that should be used in selecting students? Do the best academic records necessarily lead to the best practitioners?

**BL:** It's not the sole criterion, and it's not an easy question to answer, in any case. The main advantage of marks is that they provide a relatively objective criterion. As soon as you start making the other kind of decisions, you enter a subjective area. You could be accused of not liking slanted eyes, religion, the length of the hair cut, or something like that. You are into a highly subjective area.

**TF:** Of course, I think it should be recognized too, that we do supplement this with an interview. Perhaps that doesn't exclude very many people, but it does rule out those people who would be considered to be totally unacceptable in the health professional field. It's a difficult thing. I may not like people who wear beards, but that can't be a criterion. The fact is, as Bill said, marks are objective. If we could have some objective measurement of what makes a good optometrist, or physician, or dentist, or whatever, —if there were some good objective measurement to recognize them —but there seems to be none. Some of the most unexpected people turn out to be the best practitioners. There is no gauge that you can apply regarding a successful, useful practitioner on any scale, not necessarily the most wealthy, but on a successful, professional scale.

**CJO:** . . . personality test? . . .

**TF:** They don't seem to work very well. Psychometrists use them as a guide, but not for absolute decisions.

**CB:** Besides, students don't put up with it any more. The only way we can select students without getting into trouble with them and the law, etc. is on the basis of academic standing. Now sometimes, sometimes an interview will indicate where someone is totally unfit for the work of meeting the public. Occasionally, there are those kinds of people, in which case the interviews are likely very worthwhile; but on the whole,

Dispensing Report

# ONE CLINIC'S EXPERIENCE WITH VARILUX 2-THE FIRST 400 PATIENTS

Doral T. Chapman, O.D.

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Dion R. Ehrlich, M.D., Richard H. Keates, M.D., Columbus, Ohio

From the Corneal Service, Department of Ophthalmology, School of Medicine, Ohio State University.
This study was partially supported by a grant from the Ohio Lions Research Foundation.

Send reprint requests to: Richard H. Keates, M.D., 456 Clinic Drive, Columbus, Ohio 43210.

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## Patient preference for a progressive addition multifocal lens (Varilux$_2$) vs a standard multifocal lens design (ST-25)

DONALD H. SPAULDING, O.D.

*ABSTRACT—Patient preference for the Varilux$_2$ lens, a progressive addition multifocal lens, was compared to that of a standard straight-top 25 multifocal. Forty-eight first-time ...*

...duced in numerous widths, lenses with blended segment lines are available and lenses with ... sive addition ...

Perhaps the early ... with ...

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James Tsujimura, M.D., and R.L. Moore

...nts with aphakia are ...ventional multifocal lenses ...ng the most difficult that ... for such patients, we pre- ... (not to ... scribed Varilux 2® lenses in ... combination with contact ... aphakic ...

... postoperative correc... while 2 had received ... 2 lenses as part of th... stabilized correction.

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*Take time to explain...*

Curiosity over this differ... Dr. Irvin Borish of Indiana... sity to conduct a study ... receptivity to progressiv... lenses. Fifty-four random... 36 of them previous bifoc... were fitted with two ty... gressive lenses. They t... choice of either receivin... dard bifocal or trifocal ... a progressive lens. Fi... chose one of the two ... gressive lenses! How... looked that the publ... receptive to these len... to use this to our ad...

PROGRESS... WITH BETT...

Success with ... viewed in our o... Everywhere the ... use and work ...

## Double masked study of progressive addition lenses

IRVIN M. BORISH, O.D., LL.D.
STEVEN A. HITZEMAN, O.D.
KENNETH E. BROOKMAN, O.D.

*ABSTRACT — Fifty-four patients, selected to encompass the full range of bifocal additions were involved in a double masked study of Varilux II and Ultravue progressive addition lenses in which neither patient nor examiner knew the type of lens prescribed at a given trial. Measurements of width of near field were taken with each type prior to and following wearing periods of one month each. Subjects had complete freedom to se... substitute a form of bifocal of*

...28,[8] Younger 10/30[9] and Varilux 2.[7,8] The design of each lens determined the extent of uniformly powered area suitable for distant and near vision, the length and width of the channel providing for intermediate vision plus the rate of power change within the channel, and the degree and breadth of aberration surrounding those portions of the lens suitable for usable ... With the exception of the

...when the ... from one ... lens (Fig. ... tween le... choice o... curves, a...

The n... descripti... construc... lux 2.[8] ... spherica... far to n...

Numerous studies and tests* have been conducted by professionals in North America. The results show that **VARILUX 2** is THE solution to the modern living requirements of presbyopic patients.

* Test results available on request.

An Original Article

# A Study of 250 Varilux 2 Prescriptions

André Bétournay, O.D.

**Various characteristics of the patients are studied in relation to successful fit of Varilux 2® lenses.**

This study summarizes the re
obtained by Varilux 2® lens we
and defines a policy for correctio
presbyopia in future patients. A metho
presenting the Varilux 2 lenses to pati
and a clinical procedure were develop
The cases were chosen randomly fr
from each month of the ye
the patient's age, sex, occu
of glasses (if any), type
for, power of the Varilux 2 c
its obtained, and the type
action needed.
cases studied, 10 patients
not able to successfully we

OPTICAL INDEX, (Volume 56, Number 2, February 1981), Copyright by The Professional Press, 101 East Ontario Street, Chicago, Illinois 60611.

# PREFERRED PROGRESSIVE ADDITION LENSES

Harry O. House, OD

Although progressive addition lenses have been popular in Europe for years, they are new in the United States. This article reports a clinical study of 20 patients that was conducted to learn more about the effectiveness and patient reception of these new multifocal lenses.

out the sample population. Eac
scription had to be compatible
manufacturer's limitations in all
of the progressive lenses.
Patients were told that after
had tried each pair of lenses,
could either retain the type of len
they preferred for regular wear or
turn all three sets in exchange for
standard bifocal or reading prescri
tion.

**PATIENT INFORMATION**—Th
study population was comprised of 20
patients with the following distribution:
14 women, 6 men, 14 professional
workers, six nonprofessional workers.
Their previous prescription type was
as follows: six emmetropic, one myop-
ic, seven hyperopic and six were al-
ready wearing reading glasses. Pre-
scription types dispensed were as fol-
lows: five emmetropic prescriptions,
six hyperopic prescriptions, seven low
myopic (0 to −3.00) and two high
myopic (above −3.00) prescriptions.
The following prescription add powers
were noted (Note: No previous bifo-
cals): Seven, +1.00 add; five, +1.25
add; five, +1.50 add; three, +2.00
add.

This patient cross-section also in-
cluded five patients who were receiv-
ing hormone therapy, four who had
hypertension and were taking medica-
tions and three who had glycemic
problems. In addition, one patient had
chronic open angle glaucoma and was
taking Valium, and another had ar-
thritis on the clinical level.

**FITTING PROCEDUR**
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REVIEW of optometry

# CHANGING A 'HAPPY' TRIFOCAL WEARER TO PROGRESSIVE ADDITION LENSES

R. Michael Daley, F.N.A.O.

*Many practitioners hesitate to prescribe progressive addition lenses for patients who have been wearing bifocals or trifocals without complaint. They don't want to present satisfied wearers too closely for details because they worry that the patient will express some dissatisfaction with his prescription. The fact is that many patients aren't truly satisfied with their multifocal glasses. While progressive lenses might greatly*

copy to the typewriter to check what she had written. Finally, she said large areas of her vision were blurred because of the lines separating the segments.

Margaret said
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DIAGNOSTI
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Reprinted from OPTICAL INDEX, Volume 56, Number 11, November 1981. Published and copyright by The Professional Press, 101 East Ontario Street, Chicago, Illinois 60611. Printed in U.S.A.

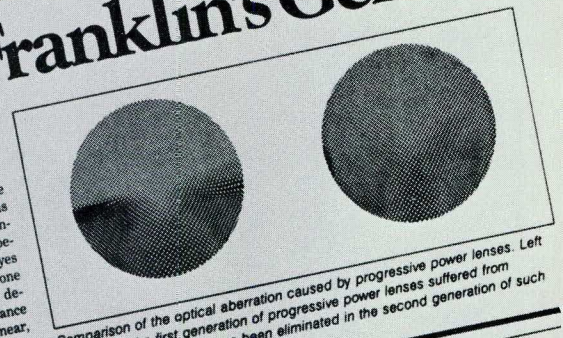
# The Varifocal Extension of Ben Franklin's Genius

By Philip Mullins

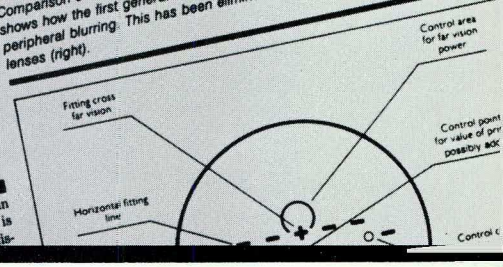
Benjamin Franklin gained a place in optical history by applying his practical genius to the problems encountered by those in middle age experiencing difficulty focusing their eyes on near objects. By combining in one lens the two halves of a lens designed to correct vision at distance and a lens to correct vision at near, he is widely acknowledged as the inventor of the bifocal.

Ametropes of middle age and over have universally come to rely on bifocal, trifocal or varifocal corrections for their everyday visual needs.

## ACCOMMODATION IS THE KEY



Comparison of the optical aberration caused by progressive power lenses. Left shows how the first generation of progressive power lenses suffered from peripheral blurring. This has been eliminated in the second generation of such lenses (right).




# Fitting Varilux 2 into your practice

's new, it's different. And
atients will want the lens if
y know you have it.

ichard S. Hubler, O.D.

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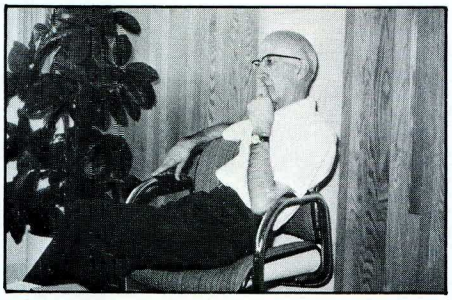
since human nature is very complex and unpredictable, formulae do not work. Academic ability is likely our best index. I think that if you have good students who are capable academically, at least you can provide a demanding program, and I would think that there would be just as many people who would turn out well as in any other group.

**TF:** There's another thing that happens, and that is that in the four years of university from age 22 to 26, people change. I know I changed even in the last four years — four years ago, I thought it would be great to retire, and now I hate the thought. So you can judge someone on any basis at age 21, and see later, that at age 26, that person has changed, has matured, and is a competent, thoughtful, conscientious individual. Looking at them at 21, you'd have said, "Oh, boy, these people are scatterbrains." People do change in four years, and we hope that some of the change is induced by our teaching, some of it by association with their peers, and some due simply to maturation. Someone once said that even a bad teacher can hardly spoil a good student.

**CJO:** Even though this could be a delicate situation, I'm going to ask it nonetheless. What about the presence of women in optometry?

**TF:** Well, when I graduated, women in the classroom was the exception. Women's lib has changed the whole status of women in society, and the perceived position of women in society. I think we're in line with what is happening in other professions and vocations. I think women have a great contribution to make; women have skills, women have patience. Let me tell you this, ten years ago, few men would have tolerated a woman who was a barber, — I don't need one very much now —but nevertheless it's now an accepted thing and they do just as well as the men who have been at it for a lot longer. I think our concepts have changed. I think that something good has, and will, come from it. There are some very fine women in optometry who have taken executive leads in some directions, and I could name a few. There's the other problem, of course, and that's the woman who is married with a husband working in Timbuktu and she's got to work in Smithville. What do they do?



**CJO:** Are males likely to be outnumbered by females? It has happened, for example, in Montreal. 2/3 of the students are female and 1/3 or less are male.

**TF:** Could be, could be. It happened in The City University, London, too, about sixty - forty.

**CB:** Particularly in a situation where you're selecting on the basis of academic records. Let's face it, female students tend to have better grades. I think that women also have a quality that makes them ideal health care people. I really think that's true.

**TF:** I do see a tendency, perhaps a possibility for more females seeking employment with some optometrist rather than establishing their own practices, because of the circumstances of the husband's occupation, or his need to move elsewhere, and I'm concerned about that aspect. But professionally, women do a conscientious job, maybe even a superior job, taking care of difficult patients, spending more time, this sort of thing.

**CB:** I don't want to overwork this. I don't think I'm convinced that if our profession were 75% made up of women, that it would necessarily be the better for it. I think women do have a better presence in the sick room; they are less aggressive, less hostile, less arrogant, all of which some men tend to be. Of course, just as many will argue that all these disagreeable male characteristics are necessary to spin the heavy world around.

**BL:** Well, as a man with three daughters, I have to be very careful what I say. I see the concern here that if you total up the number of years of service that a woman puts in, it's likely a little bit less than the male average. So that one sees the expensive training, the total amount spent by the taxpayers, as being slightly less reimbursed. I am also a little concerned, though I know of some notable exceptions, of whether or not a woman will undertake the political fight and do the hard work chores that so many people have done for years. Will women make that necessary commitment, to sacrifice their practice and their time and their evenings to fight the wars of the association for the good of the profession? On the other hand, I echo what both Clair and Ted have already said — that in no way should a woman be denied an opportunity because she is a woman. Optometry is pretty well-suited for women. It's clean; there's no heavy lifting; it's indoors and it's safe. It requires precision and skill, and I certainly echo what was said about the caring aspect. There's certainly never been any question about which is the stronger sex. Women are stronger, and they outlive us men by several years on the average. They're going to be seven years a widow on the average, and they succumb less often to illness.

**TF:** All I can say is let's not eliminate them.

**BL:** I want to say something that is quite apart from the male/female question. I have found that in the last two or three years, I've had to raise the level of my approach to the class by several notches. Students are so much more sophisticated that if you don't you find yourself teaching

below their level, and they let you know pretty fast. They'll say, "We've already had that stuff."

**CJO:** So this is influencing the teachers rather than the profession?

**BL:** Oh, very much. The teachers have to run to stay ahead of these bright people.

**CJO:** Optometry describes itself as a primary health care profession. Does this mean that we will forsake our optical heritage in order to incorporate a number of other practices and procedures that might even be considered non-optometric? And is our education going to follow this trend, or should we restrict ourselves more or less to the visual aspects only?

**CB:** I think we must carry out those functions as optometrists that our curriculum sets out. As yet, there isn't any indication that the curriculum in optometry has changed to the point where the actual work of optometrists will be different in the future. As for any thought of treating disease, it is obvious that the optometrist hasn't had training of that sort. If we were to proceed to include more of that kind of training, it would only be to the detriment of those things that the curriculum now includes, all of which makes us suited to the work that society expects of us, and that we have provided for so long. I think that it is a great mistake for optometrists to entertain any ideas whatsoever of providing drug and/or surgical care. We mustn't surrender our role. I have no objection to courses in pharmacology, — they're very useful because it's not just a matter of treatment; you have to understand the effect on the vision apparatus, and how the visual functions are affected by drugs. However, I think when we get to defining optometric practice in terms of using drugs, treatment drugs, then we are not being true to ourselves or to anyone else. No one has asked for treatment drugs in Canada, but there are such programs in a few isolated states in the U.S: and I think that's a great mistake.

**TF:** It's possible to be trained as a Doctor of Optometric medicine in one of the American colleges, and I'm disgusted with the thought!

**BL:** You may be surprised, Ted, that I spoke the same way earlier. I said that as far as I was concerned, a knowledge of pathology is a necessary defensive action; we do it to protect the patient and we do it to defend ourselves. But I say to the students, do not make the mistake of thinking that this is what optometry is about. Optometry is about binocular vision and physiological optics.

**CB:** I think I'd like to see optometrical educators designing and carrying out a strong program in optometry, and people in medicine doing the same thing with medicine. That is what is best for the public.

**CJO:** Health care planners, usually well-meaning bureaucrats, talk a great deal about productivity. They are pushing practitioners to use assistants, human or otherwise (such as automated refractors or other instruments). Is the use of assistants, or assistance, the answer to productivity and adequate eye care, or does it become an assembly line?

**TF:** This may be an answer to productivity, but I'm not sure it's an answer to really adequate eye care. There's a lot of this in the United States, of course, but by and large, my impression of the use of assistants is simply that you can crank through more people and make more money. I think that this is the general tendency. Personally, I resent having a dental hygienist work on my gums, because I know very well I'm paying dentist's fees for her services. Sometimes I do resent that, but it's a debatable thing of course. I think that as long as there are enough optometrists to do the work, we should oppose the use of assistants. Wouldn't you prefer to see optometrists fully employed, than to see untrained people doing optometric procedures? What I'm concerned about is that the assistant will use an automatic refractor, obtain an automatic lensometer and then this person will start up across the street and hang out a shingle. They take readings on two instruments and there's nothing else to be done. Then you've got the computerized result, and not the human result.

**BL:** You will have something like 85% of the patients satisfied with a less than adequate job, simply because they can see better when they come out of the office.

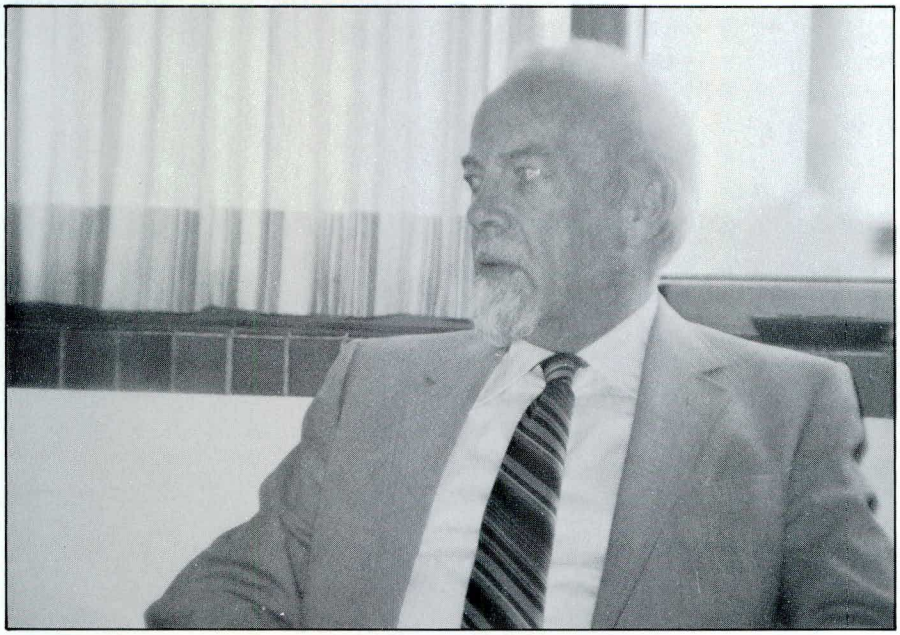
**TF:** There are good grounds for that comment. It seems to me that I read of a U.S. Army study done where they used only half dioptres in spheres, neglecting cylinder, rather than in quarters or eighths with cylinders. They found that 80% of the men could tolerate it. Whether it was a quarter off either way, it didn't matter, as long as it was plus 50, plus 1, plus 1½, plus 2, plus 2½ sphere. I'm unhappy about this and its possible implications here in Canada.

**BL:** We have to be careful in this sense, and I hope you'll agree with me, that we are biased by what we've been through in our own training and background; and maybe what we're thinking, what we're fearing, is that the solo practitioner is fading away. When I was at the peak of my private practice, I was seeing at the most eight patients a day, and usually seven, not eight. I did three in the morning, and four in the afternoon, one an hour. The rest of the time, I had the interruptions for fittings, adjustments, phone calls and so on. But I realize that optometrists need to be as efficient as they can. And maybe the use of more assistants, maybe the use of some automated gadgetry will enable a careful, conscientious and thorough optometrist to see a few more people each day, and still give them what we would all judge to be a thorough and careful assessment. We have to be careful not to be overly biased by our own training and thinking.

**TF:** I realize that is possible, and I realize that perhaps an assistant can assist, but let's not have him take over.

**CB:** I don't think one can really argue that an assistant trained to do certain procedures and techniques wouldn't be efficient. Under certain conditions, mostly having to do with numbers of patients, you might have a strong argument that services could actually be better provided with the use of assistants. However, it's altogether a different matter to say that all optometrists who practice in Canada need assistants to improve their practice, as some people would have you believe. I don't think that is true.

**TF:** I'd be in favour of assistants to a limited extent. But I can remember one time, for example, going to a radiologist, and I never saw him. A technologist took the findings and put the things on his desk. And a report went back to my physician. I never saw the radiologist, but I got a big bill, — for the radiologist's services. He probably spent ten minutes looking at the negatives and writing a report. And I think that's my big complaint with the idea of assistants. As long as their service is controlled, fine. But when it comes to the stage where the assistant is going to do a Humphrey analysis, is going to put the lenses in an automatic lensometer, is going to use an automatic tension screen, an automatic perimeter, and then put the findings on the optometrist's desk so that he or she can write a prescription, I think that's where the danger comes in, when you remove the practitioner from the process of actually listening to the patient, interpreting the patient's answers, the general appearance and deportment during the testing, etc.



**BL:** There is another aspect that we haven't touched on in this. At one time, the cost of training an optometrist was $5,000.00 or some such figure. Now the cost of training an optometrist must be $20 to $30 thousand. It means studying for six

years at thirty thousand dollars. The cost of the rent and everything else is very high. Maybe what we have to do is to put everything in purely economic terms. Can we afford to have a $30 thousand person doing a test, which a $10 thousand one can do, if it's done as well?

**CJO:** We realize that you have spent most of your day with us, and we deeply appreciate it, but before we end, can you possibly offer some sort of closing summary on the future of optometry, based on what you see now, and what you have seen in your long careers; are there any incidents that stand out which you'd like to share?

**TF:** About 1939, we offered a continuing education course. At that time, we made a point of bringing in ten patients with different types of ocular pathology conditions. We would bring in these ten patients, and we had a lecture on ocular pathology, with the lecturer covering each of them in turn. Then we also had ten optometrists — I was one of them —one with each patient to help the optometrists in attendance see the condition being described. One poor old gentleman, who had what could be called a financially successful practice not more than fifty miles from here, came in. I handed him the ophthalmoscope, and he leaned over the patient with the light shining in his own eye. He said, "Well, it's a little difficult to see, but I think I see it." So I leaned over, tapped him on the shoulder, and said, "It will work a little better if you do this", and I turned the instrument around so the light was in the patient's eye. Today you'd never get that kind of thing from any optometrist — they all know how to use the ophthalmoscope.

**BL:** I guess the comment I would have is really more one of concern. At this point in time, if you go to a good optometrist and say "Why do you take base in and base out measurements and what's the norm for you?", there is really very little hard data to support the limits that we choose for those findings. Most of them are empirical and may be right, but there isn't any proven scientific data to say whether we're right or wrong. It must be developed, and that's why we need Ph.D people, and that's why we need both clinical and basic research. Not so much that what we are doing is in any way wrong, but simply that it's not yet well-documented or proven that what we're doing is right or that it can be done better some other way. I have some fears as well about the utilization of contact lenses in some ways, because people are getting, and accepting a very sloppy kind of vision care. Any lens is acceptable as long as the patient isn't hurting or the eye isn't red. As a result, patients are allowed to accept reduced vision, poor binocularity and retained hyperphoria. I actually think that we have lowered the standards of optometry to accommodate the contact lens fitter. There is a real danger that the dollar will become the dominant factor in the field, and in that sense I'm a little bit depressed about what I see down the road.

**CB:** Well, there isn't any doubt that optometric education and practice have shown a remarkable evolution over the last two hundred years, even the last one hundred years. The great difference is that formerly optometrists approached vision care the same way that physicians approached other branches of health care. It was done on a strictly pragmatic basis. You did what you were taught to do, and that was what was done traditionally, whether it helped or made matters worse. Now, vision care has much more of a scientific base. Optometrists' knowledge has been extended in all branches of optics, anatomy, physiology and psychology. Professional judgement is now no longer a matter of traditional practice. The optometrist is expected to exercise a professional judgement that is, for the most part, established in fact and if he doesn't, he is expected to have to defend his position in a rational way. In our lifetime, we have experienced a great deal of these changes. In my own case, I was taught much that was merely of a recipe nature. In a way, it was simpler. One didn't have to think or be responsible for his patient's care. Now, however, that has changed. Naturally, we still don't know all the answers, but we know we must strive to learn all that the science teaches and for which we are held responsible. This, of course, is excellent from the patient's point of view, and it makes the optometrist's work much more interesting and challenging. In the next fifty years, it is obvious that we must extend our knowledge of vision in every way possible. We must also develop and keep up with an improved technology so that our new knowledge can be applied in practice. All of this is exciting for us to contemplate, and it is certainly going to be different.

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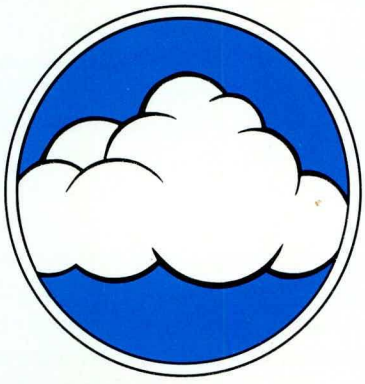
**Editor's Note**

The editor and the CJO Business Manager visited Waterloo in June, 1982, expressly to interview Drs. Clair Bobier, Ted Fisher and Bill Lyle. We interviewed each separately, and then held a general session at which all were present. Some six and a half hours of taped conversation was recorded. We apologize to our interviewees that we cannot, for reason of lack of space, print all four interviews in this issue. We begin, therefore, with the common interview in this issue, and will continue the series in subsequent issues of the Journal.

# From PCL of course!



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# The Binocular Status of Two Mono-Vision Patients — Case Report

**Jacques Sévigny***

**Abstract:**

*Two presbyopic patients were fitted with contact lenses, using the mono-vision technique. The results were evaluated considering the binocular status of the patients, fusion, stereopsis, distance and near acuity and subjective perception of vision.*

**Abrégé**

*Deux personnes presbytes ont été ajustées avec des lentilles cornéenes par voie de la technique (vision monoculaire alternante). Les résultats ont été evalués en marge des effets sur leur statut binoculaire, soit, la fusion, la stéréoscopie, l'acuité, à distance et de près ainsi de leurs impressions subjectives de ce genre de correction visuel.*

**Introduction:**

The aim of the mono-vision technique is to alternate the vision of both eyes, one fitted for near and the other for distance in an effort to achieve acceptable distance and near vision in a presbyopic patient.[1, 2, 3]

The chief advantage of the technique is the opportunity to fit conventional non-bifocal lenses.[4]

The following is an evaluation of the binocular status of two patients wearing mono-vision lenses.

**Patient Selection and Method**

Two patients were selected:

One myopic, the other hyperopic; both had a normal binocular vision with fusion and stereopsis (refer to table 1)

Patient 1 - Age 54 - secretary, an advanced presbyope:

Rx: o.d. + 1.75 Add: + 2.00
o.s. + 2.00

K: o.d. 43.00/44.00 at 90°
o.s. 43.00/44.00 at 90°

The other, patient 2, an early presbyope:

Patient 2 - Age 42 - teacher:

Rx: o.d. - 1.00 - 1.00 x 180°
o.s. - 0.75 - 0.75 x 180°

K: o.d. 43.00/44.00 at 90°
o.s. 43.00/44.00 at 90°

The dominant eye was fitted for distance and the other for near[4]. Dominance was established using the aiming eye and prefered image as criteria[5].

Both patients were fitted with Boston® lenses*.

Patient 1

| | Bc | Dia. | PWR |
|---|---|---|---|
| o.d. | 7.85 | 8.60 | + 2.00 |
| o.s. | 7.85 | 8.60 | + 2.00 |
| M/V left | 7.85 | 8.60 | + 4.00 |

Patient 2

| | | | |
|---|---|---|---|
| o.d. | 7.67 | 8.80 | - 1.50 |
| o.s. | 7.62 | 8.80 | - 1.25 |
| M/V left | 7.62 | 8.80 | Plano |

A keystone stereoscope was used and patients were tested for:

a) distance and near visual acuity
b) fusion
c) stereopsis.

Two tests were performed, one wearing the distance Rx and the other wearing the mono-vision lenses.

Visual skill tests nos: DB-1D, DB-2D, DB-3D, DB-15, DB-16, DB-17, were used to quantify distance and near acuities.

Angular visual acuity was tested as a mean to avoid the subjective responses associated with snellen letters[6].

Fusion far and near were tested with visual skills cards DB-4K, DB-5K.

Stereopsis was tested using card serial 5131 DC: Aviator Short Stereo Test.

**Results and comments:**

All the results are summarised in table - 1.

A) Acuity at distance:

A drop of vision was expected and found at far with the mono-vision lenses: with patient 1 — a monocular and binocular loss was observed, with patient 2 only a monocular loss was observed, obviously related to instrumentation limitation.

B) Acuity at near:

With patient 1, a monocular and binocular increase at near was observed, while patient 2 had only a very slight increase in near vision.

C) Fusion:

The fusion pattern did not seem to vary with either patient even though a no answer response was issued by both patients in the acuity test.

D) Stereopsis:

The greatest loss was expected and found at this level.

Subjective patient impressions:

Patient 1: complained of her loss of depth perception which impaired, according to her, her ability to drive.

Patient 2: complained of loss of distance and near acuity and stereopsis.

Both were displeased with the results of the experiment and both

*B.Sc., L.Sc.O., F.A.A.O.

*Acknowledgement: the author wishes to thank Veracon Co., Sherbrooke, Québec. — for their support of this study.

eventually discontinued at the conclusion of the clinical investigation.

Patient 1 tried to visually adapt, but this was to no result, even after three months of trial.

**Conclusion**

A general conclusion is impossible due to the small number of patients present in the study. The hypothesis that the binocular status would be impaired was confirmed.

A more general investigation may be necessary to help predict successful wearers. Such an investigation would help establish acceptable criteria of impairment for different visual tasks, thereby permitting a better selection of patients who could benefit from the technique.

**TABLE 1**

Visual performance using the keystone stereoscope

| | Distance Rx | VS | Monovision lens |
|---|---|---|---|
| Acuity at far | Patient 1<br>o.d. 88%<br>o.s. 84%<br>o.u. 96% | | Patient 1<br>o.d. 84%<br>o.s. no answer<br>o.u. 84% |
| | Patient 2<br>o.d. 105%<br>o.s. 98%<br>o.u. 105% | | Patient 2<br>o.d. 105%<br>o.s. no answer<br>o.u. 105% |
| Acuity at near | Patient 1<br>o.d. 20%<br>o.s. 40%<br>o.u. 50% | | Patient 1<br>o.d. 40%<br>o.s. 70%<br>o.u. 80% |
| | Patient 2<br>o.d. 80%<br>o.s. 90%<br>o.u. 100% | | Patient 2<br>o.d. 102%<br>o.s. no answer<br>o.u. 103% |
| Fusion | Patient 1<br>no change | | P1 |
| | Patient 2<br>no change | | |
| Stereopsis | Patient 1<br>30% | | Patient 1<br>20% |
| | Patient 2<br>60% | | Patient 2<br>30% |

## Notes


[1]HERSH, D. A novel modality for management of presbyopia contact lens patient. *Opt. J. Rev. Optom.* 106 (6) 35-40, 1969.

[2]FLEISCHMAN, WE. The single vision reading contact lens, *Am. J. Optom.*, 45 (6) 408-409, 1968.

[3]MANDELL, RB. Contact lens practice — Hard and flexible lenses — monovision contact lenses. P. 651. C.C. Thomas — 1974.

[4]BIER, LOWTHER, contact lens correction — Monovision technique — P. 318 — Butterworths — 1977.

[5]BORISH-I-M, Clinical Refraction — P. 440 — Professional Press Chicago — 1975.

[6]Idem, Ibid — P. 347.

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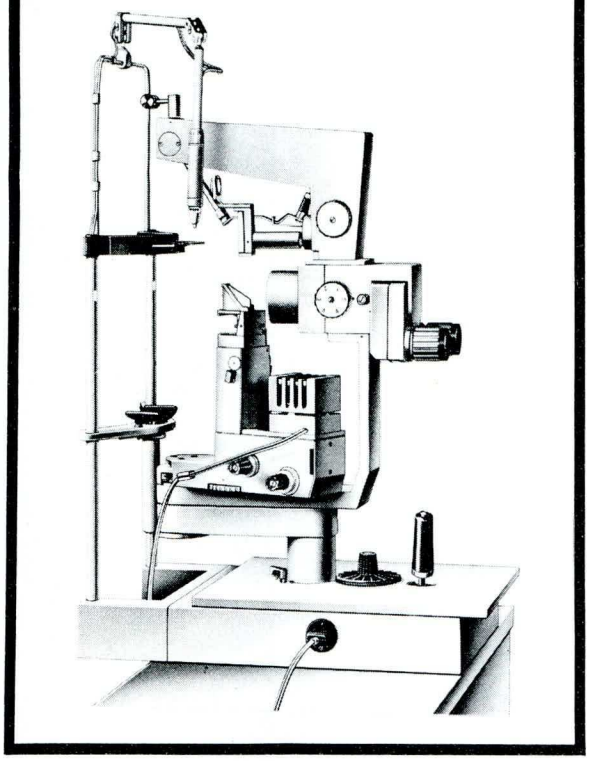
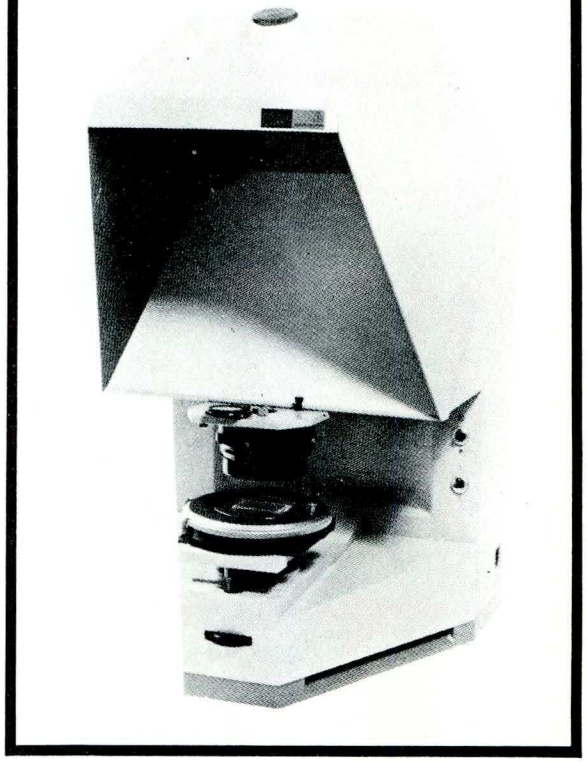
JENA



**Slit Lamp 110**



**Contact Lens Viewer DL2**

*EXCLUSIVE CANADIAN AGENTS FOR VEB CARL ZEISS JENA GDR*

---

CARL ZEISS
JENA

# Jena Instruments Ltd.


199 Ashtonbee Rd., Scarborough, Ont. M1L 2P1
(416) 751-3648 Telex: 06-963736
13668 Hilton Rd., Surrey, B.C. V3R 5J7
(604) 584-0206


*Please send further details about*

☐ **SLIT LAMP 110** ☐ **CONTACT LENS VIEWER DL2**

NAME: _____ ADDRESS: _____

_____ PHONE: _____


**We are pleased to join the many who have honoured Professors Clair Bobier, Edward Fisher and William Lyle. Their skill and dedication to optometry has enriched everyone that has been associated with them.**

*K&W Optical Co. Limited*

151 Weber Street South, Waterloo, Ontario, Canada N2J 4C3

# Vision Care Products

**Walters Monoculars**

Walters Monoculars are a series of telescopic lenses which have a wide variety of application for the low vision patients. They are lightweight, sturdy and well-constructed.

A complete catalogue of Walters products is available from:

Samuel Harris Baker
Foundation
Ste. 900 - 500 University Avenue
Toronto, Ontario
M5G 1V7

---

**The Tele-Patient System**

This communications system has a choice of 19 audio-visual programs in its Optometry series. These audio-visual aids are useful as a teaching method to help patients understand their problems and the treatment plans provided.

The projections and tapes are available through:

Trainex Corporation
12601 Industry Street
Garden Grove, California
U.S.A.

---

**Corlon Lenses**

Corlon Lenses are made of a material developed by Corning. It is lighter in weight, scratch resistant, tintable and also available in photochromic or white.

Further information will be forthcoming from Corning Glass Works, Optical Products, Corning, N.Y. 14831.

**CW 79**

This is an addition to the Bausch & Lomb Soflens products. It is a high water content (79%) lenticular lens developed as an extended wear lens for aphakic patients. It has only three base curves, but the interesting feature of this lens is that it has a larger optical zone than most of the other extended wear aphakic lenses.

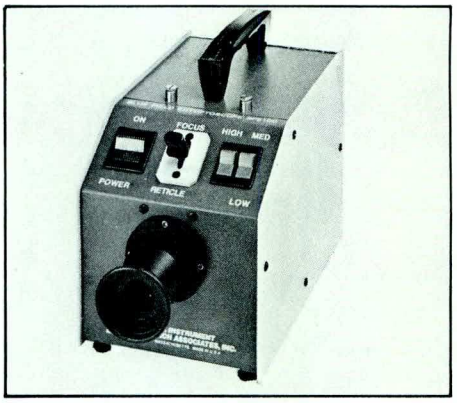
Complete information is available from Bausch & Lomb Soflens Division.

**Blue Field Entoptoscope BFE 100**

The Blue Field Entoptoscope is a new instrument designed for evaluation of macular circulation and function. It is a non-invasive and relatively inexpensive method of providing information on perifoveal retinal circulation and in diseases affecting the macula. The test is especially useful when a direct view of the fundus is obscured.

Specifications and complete data are available from:

Medical Instrument Research
Associates Inc.
87 Rumford Avenue
Waltham, Massachusetts
02154 U.S.A.

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**New Mirasol**

New Mirasol is a two-in-one solution which can be used to clean, rinse and store soft contact lenses. It has agent 407 in it, which is poloxamer 407 in a concentration of 1%. For patients using the thermal lens care system, this eliminates the rinsing after cleaning step. It is manufactured by CooperVision Pharmaceuticals Inc.

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**EyeDentifier**

This futuristic automatic identification machine, invented by Robert B. Hill of Oregon, consists of a micro-processor-controlled box that contains a light source and an optical scanner. The scanner automatically scans and records the subject's retinal blood vessel pattern, and compares it to an "eyeprint" already stored in the bank or credit card records. By matching the live eye print with the stored one, the EyeDentifier verifies identity.

# CANADIAN OPTOMETRIC EDUCATION TRUST FUND 1982 AWARDS TOTAL $60,000!

***1982 was an unprecedented year for applications to the COETF. With the spring publication of the news that nearly $60,000 was to be awarded this year, applications for over $300,000 of worthy research and study projects were received.***

***The task faced by the Trustees at their June Awards Meeting in Boston was a difficult combination of the pleasure of having so many quality proposals from which to select, tempered by the awareness that, however beneficial, some would have to be turned down.***

For 1982, the COETF Trustees are pleased to extend the following awards to these research and development projects:

**Doctoral Study Program**

To pursue a Ph.D. in photorefraction research under Dr. Oliver J. Braddick at the Psychological Laboratory, Cambridge University, London, England, Dr. William R. Bobier, son of retiring University of Waterloo School of Optometry Professor Dr. Clair Bobier, will receive $10,000 per year to a maximum of three years for investigating a recently-developed technique to determine the refractive errors of infants, using photography.

**Publication Review and Bibliography**

The Canadian Optometrist was the first and oldest publication devoted to Optometry in Canada. $4,000 is awarded to Dr. E.J. Fisher, retiring Professor of Optometry and Curator of the Optometry Museum at the University of Waterloo, for the purpose of conducting a thorough review and analysis of the journal's contents covering its publication span from 1919-1936, the crucial formative years for our profession. A formal summary and full bibliography will result from this review.

**Non-Prescription Ophthalmic Preparations Study**

To assist the profession in responding to public questions regarding over-the-counter products for dry eyes etc. $1,200 is awarded to Dr. William M. Lyle, also retiring this year as a Professor of Optometry, University of Waterloo.

**Clinical Equipment**

The newly established Optometric Institute of Toronto receives a grant of $7,500 to acquire and set up the equipment necessary to establish a functional Low Vision Clinic at the Institute's east Toronto location.

**Pre-School Vision Screening**

To conduct a screening program of some 1,500 Saskatoon pre-school and daycare children under the age of 5, a program including parent workshops and information meetings, the COETF awards $7,500 to Dr. Cydney Hayes of Saskatoon, Saskatchewan.

**Clinical Investigation**

To systematically document statistical and photographic evidence of corneal vascularization occurring in soft contact lens patients, particularly those not receiving total and continuing optometric care, $4,000 is awarded to Dr. John D. Jantzi, of Surrey, B.C.

**Clinical Equipment**

For the purchase and set-up of a computerized data-acquisition system at the University of Montreal's School of Optometry for the purpose of programming a four-step process of motivational orthoptics training that would focus the attention span of children particularly, in the clinical situation, the COETF awards $6,950 to Drs. J.E. Letourneau and R. Giroux at the School.

**Research for the Visually Handicapped**

Dr. Pierre Simonet, of the School of Optometry, University of Montreal, will be conducting research into the prospects of utilizing or training eccentric viewing to improve the overall visual function of those people with some degree of residual vision. The COETF has awarded $3,430 to Dr. Simonet for this purpose, to be carried out with the assistance of patients provided by two Montreal Low Vision Institutes.

**Study of Visual Indicators of Diabetes**

To conduct an evaluation of various visual and ocular functions as early indicators of Diabetes Mellitus in juveniles $12,583 is awarded to Dr. J.V. Lovasik at the School of Optometry, University of Waterloo. The project is expected to yield a good deal of new knowledge on the relevance and nature of diabetes' effects on several visual functions.

**Clinical Research**

Working with a research assistant through the summer, Dr. T.D. Williams of the School of Optometry, University of Waterloo, will be undertaking to establish age-related norms for the area of perimetric visual field. The method, which will be made available to practitioners, will establish useful working norms for the range of visual field data for as wide a range of age groups as possible. The COETF has awarded $2,250 for this purpose.

In one year, the Trust Fund has almost tripled its awards program. The Trustees were unanimous in their agreement that this year's projects represent an immediate and lasting benefit not only to our profession, but also to the public requiring primary vision care.

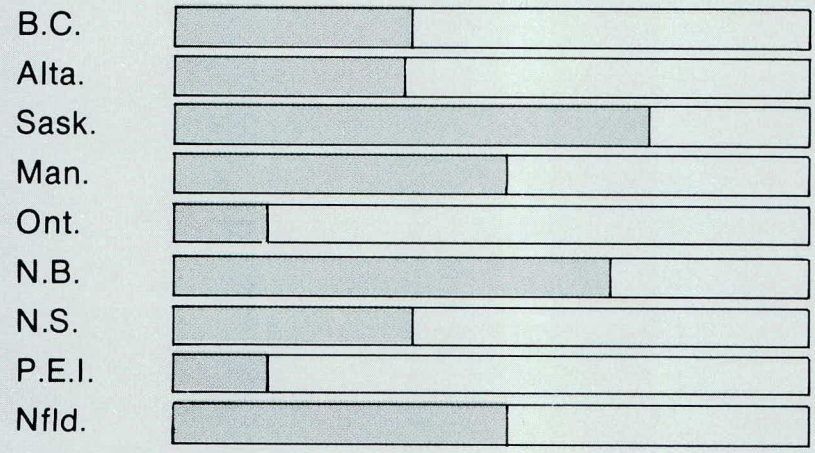
The profession, however, must continue to support the Trust Fund, for only through such support can programs like these be regularly carried out. Pledge now, with a self-supporting grant!

*prepared by Michael J. DiCola*
*Administrative Program Co-ordinator*

# COETF TARGET — $3,000,000

## BASED ON AVERAGE $2,215 pledge per member

### Target Percentage Achieved July 30/82




| | | |
|---|---|---|
| 36.3% | $409,896. |
| 35% | 409,896. |
| 74% | 197,192. |
| 53% | 161,742. |
| 15% | 1,522,151. |
| 69% | 126,292. |
| 38% | 99,704. |
| 16% | 13,293. |
| 57% | 59,822. |
| | **$3,000,000** |

### Provincial Performance

| | No. of Pledges | Amount Pledged | Amount Received | Per Member Average Pledge |
|---|---|---|---|---|
| B.C. | 70 | 148,700.00 | 100,892.00 | 2124.00 |
| Alta. | 49 | 142,950.00 | 67,975.00 | 2917.00 |
| Sask. | 54 | 145,680.00 | 71,430.00 | 2697.00 |
| Man. | 40 | 86,180.00 | 54,780.00 | 2154.00 |
| Ont. | 192 | 223,030.00 | 112,760.00 | 1161.00 |
| N.B. | 45 | 87,150.00 | 29,732.59 | 1936.00 |
| N.S. | 26 | 38,220.00 | 20,720.00 | 1470.00 |
| P.E.I. | 1 | 2,100.00 | 2,100.00 | 2100.00 |
| Nfld. | 18 | 34,050.00 | 14,450.00 | 1891.00 |
| | **495** | **$908,060.00** | **$474,839.50** | |

**HONOURARY FUND RAISING CAMPAIGN CHAIRMEN — 1982**
**DRS. CLAIR BOBIER, TED FISHER, BILL LYLE**

and

**COETF BOARD OF TRUSTEES**

**Dr. Roland des Groseilliers — Ont. Chairman**
**Dr. Scott Brisbin — Alta.**
**Dr. Herve Landry — N.B.,**
**Mr. Donald Schaefer — General Manager**

**WISH TO ACKNOWLEDGE THE DEDICATED SUPPORT AND SERVICE OF THE PROVINCIAL FUND RAISING CAMPAIGN CHAIRMEN**

| | | | |
|---|---|---|---|
| **Dr. John Gansner** | **B.C.** | **Dr. Ronald Harding** | |
| **Dr. Ronald Moore** | **Alta.** | **Dr. Ray Corbin** | **N.B.** |
| **Dr. John Seale** | **Sask.** | **Dr. Jack McLeod** | **N.S.** |
| **Dr. E.J. Spearman** | **Man.** | **Dr. Jim Patriquin** | **Nfld.** |
| **Dr. Betty Fretz** | **Ont.** | **Dr. Rainer Zenner** | **P.E.I.** |

# The Canadian Optometric Education Trust Fund Invites Applications for Funding under the awards schedule for the 1983 Grant Program

## Purpose of the COETF

Recognizing the need to support the continuing growth and development of the profession of Optometry, the COETF is prepared to financially assist the educational, research and manpower programs deemed by the Trustees to be more important to achieving these goals.

Suitably trained optometric manpower, and the profession's continued access to that manpower is vital to our academic evolution. *The COETF supports* faculty development in our schools of optometry, graduate students in specialized educational programs and investigative research by undergraduate students.

Ongoing research undertaken by the optometrist in private practice is just one type of professional development program which optometry must continue to initiate. *The COETF supports* projects established in a clinical environment to assist the visually handicapped and to assist other optometrists through preparation and publication of the details of these clinical research studies.

A third Canadian school of optometry is of vital concern to the profession. The ongoing activities of our two existing schools are just as important. *The COETF supports* needed alterations and renovations at both schools presently operating and stands ready to substantially assist in the operating cost support of a new school of optometry in Canada.

Continuing education in the 80s must be regular and structured as technology sweeps the profession forward into new methods and discoveries in the delivery of complete vision care. *The COETF supports* the development of an academic Chair of Physiological Optics and Continuing Education to meet these ongoing needs.

The Canadian Optometric Education Trust Fund invites your support in this "Vision of the Future". If you are (or know of) an optometric practitioner, student, educational institution, service organization or member of the general public who is presently involved in, or planning a program that meets any of the goals outlined above, then assistance might be available to achieve the project's objectives. Write to us, using the application in this issue by February 15, 1983. The Trustees assure that all projects meeting the purposes of the Fund will be given serious consideration.

The COETF supports!

**CANADIAN OPTOMETRIC EDUCATION TRUST FUND CAMPAIGN**
**CAMPAGNE DE FINANCEMENT FONDS DE FIDUCIE DES OPTOMÉTRISTES CANADIENS**

NAME/NOM _____

ADDRESS/ADRESSE _____

I/WE PLEDGE TO CANADIAN OPTOMETRIC EDUCATION TRUST FUND CAMPAIGN
JE M'ENGAGE/NOUS NOUS ENGAGEONS À VERSER AUX FONDS DE FIDUCIE DES OPTOMÉTRISTES CANADIENS POUR L'ÉDUCATION

| ANNUALLY/ANNUELLEMENT | SEMI-ANNUALLY/BI-ANNUELLEMENT | QUARTERLY/TRIMESTRIELLEMENT | TOTAL GIFT/DON TOTAL |
|---|---|---|---|
| $ | $ | $ | $ |

FOR 5 YRS / PENDANT 5 ANS ☐ 4 YRS / 4 ANS ☐ 3 YRS / 3 ANS ☐ 2 YRS / 2 ANS ☐ 1 YR / 1 AN ☐

PAID NOW/SOMME VERSÉE $

BALANCE/SOLDE $

DATE _____ 19__

**This contribution is to be: (please indicate)**
**Cet argent soit être (indiquez votre choix)**

☐ Assigned at the discretion of the Trustees of the Fund
Utilsé par les commissaires à leur discrétion

☐ Assigned as follows*
Utilise à telles fins

SIGNATURE _____

**NOTE:** Please make cheques payable to: Canadian Optometric Educcation Trust Fund
All gifts are deductible for income tax purposes under Department of National Revenue Registration No. 0474601-25-10. Official receipt will be mailed on receipt of gift.

**NOTE:** Nous vous demandons d'établir vos chèques comme suit: Fonds de Fiducie des Optométristes Canadiens pour l'Education Enregistré auprès du Ministère du Revenu National sous le No. 0474601-25-10, tous les dons sont exempts d'impôts. Dès réception de votre contribution, un reçu officiel vous sera envoyé.

*Although efforts are being made to create a third school of optometry in the west, the location is by no means certain. For administrative reasons we urge that all donations for a third school therefore not specify location.

# Canadian Optometric Education Trust Fund
# 1983 Grant Program — Application for Funding

**Complete and forward (we require 5 copies) no later than February 15, 1983, to:**

**COETF Grant Program,**
**Ste 2001-210 Gladstone Ave.,**
**OTTAWA, Ontario**
**K2P 0Y6**

---

FULL NAME _____ Tel. ( )

MAILING ADDRESS _____

FUNDING CATEGORY ..... ☑
Post Doctoral Study ..... ☐
Clinical Research ..... ☐
Undergraduate Research ..... ☐
Public Vision Care
(conducted by non-academic
or non-practitioner) ..... ☐

Title, nature and description of project _____

Expected date of completion _____

Expected benefit from project _____

Estimated Budget

| Personal Services | Salaries | Equipment | Supply Mtl. | Travel | Tuition | Other (specify) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | Total Grant Requested $ | | |

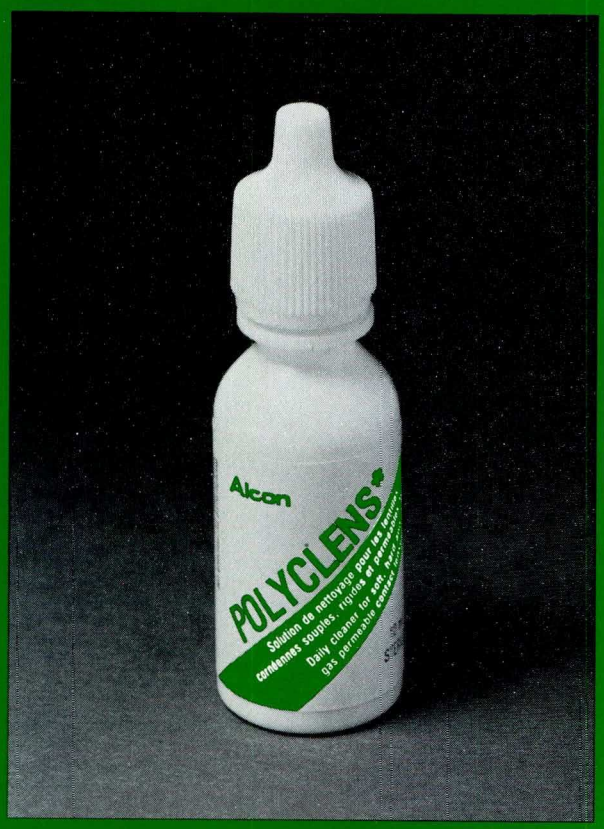
A formal written report will ☐ will not ☐ be a part of this study. (If yes, a copy must be submitted to the Trustees of the Fund and will be considered for publication in the Canadian Journal of Optometry. If no, a final summary and evaluation of the results of the project must be submitted to the Trustees of the Fund within 60 days of the completion of the project.)

SIGNED _____ DATE _____

INTRODUCING OPAQUE

# Polyclens*

with unique dual action




A new generation cleaner for all contact lenses, with a money-back guarantee.

## Cleans lenses two ways

Combines a surfactant cleansing agent with microscopic polymeric beads that break up and remove tenacious protein deposits.

## Simplifies lens cleaning

The only contact lens cleaner required for most patients. In a multi-centre study, 40.5% of patients tested previously used both a surfactant and an enzymatic cleaner. No one needed any additional cleaner during the three-month trial of Polyclens.[1]

## Promotes thorough rinsing

Polyclens is milky white and slightly textured. When the patient cannot see or feel any solution on the lens, it's properly rinsed.

Clinical trials showed that patients favoured this unique texture. All agreed that it was the best cleaner that they ever used.[1]

## Keeps new lenses like new longer

In two separate three-month clinical evaluations, 95.4% of soft lenses and 89% of hard and gas permeable lenses, which were classified as clean at the beginning of the trial, remained clean following the use of Polyclens, even though no enzymatic cleaner was used.[1,2]

## Cleans all types of contact lenses

Clinical trials have proven Polyclens to be an effective cleaner for all types of contact lenses including PMMA, Gas Permeable and soft lenses.

## Helps restore worn lenses

Significant improvement was noted even in lenses which had visible deposits when the study began. A decrease in deposits was visually apparent; improved lens comfort and visual acuity were noted by patients.[1]

## Increases comfort during wear

99.7% of patients rated Polyclens "Very comfortable" or "Comfortable" during clinical trials.[1]

## The Polyclens Guarantee

To find out about our money-back guarantee, talk to your Alcon representative or contact us at: Polyclens Marketing Department, Alcon Canada Inc., 6500 Kitimat Road, Mississauga, Ontario L5N 2B8. (416) 826-6700.

# Polyclens*

**Unique dual action Polyclens, the only lens cleaner most patients will ever need.**

*For Soft Lenses the Polyclens/Flex-Care* Regimen*


*For Hard and Gas Permeable Lenses the Polyclens/Soaclens* Regimen*

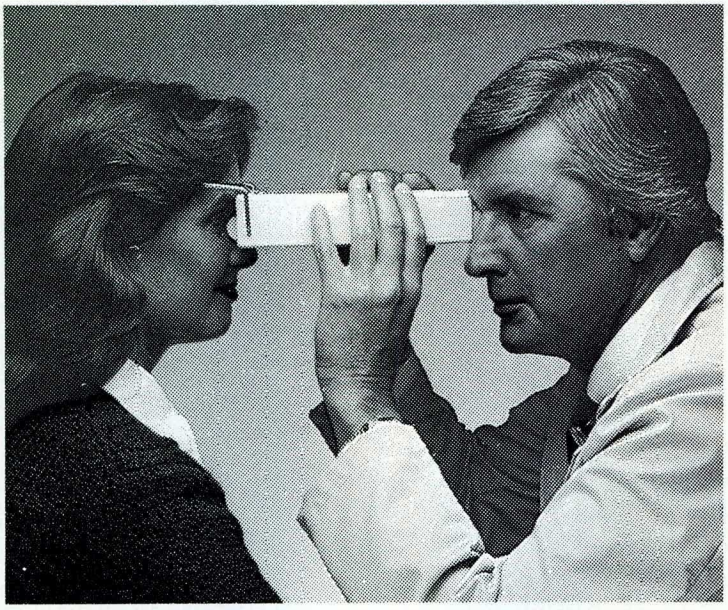

Alcon

Alcon Canada Inc.
Toronto, Canada L5N 2B8

**References:** 1. Haber, R., Stein, H. and Trinaistich, M.: Summary of Canadian Clinical Evaluation of the Daily Use of Cleaner LC 1323 with Hydrophilic Soft Contact Lenses in Conjunction with Both Thermal and Chemical Disinfection Regimens, August, 1981, on file, Alcon Laboratories Inc. 2. Josephson, J., Winter, B. and Morgan, J.: Summary of Canadian Clinical Evaluation of the Daily Use of Cleaner LC 1323 with Hard Contact Lens Materials, October, 1981, on file, Alcon Laboratories.

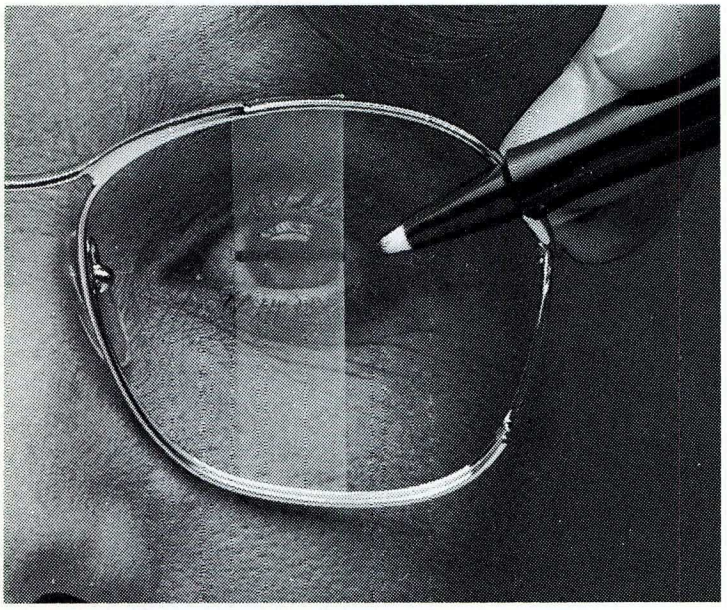
# VARILUX 2

## IT'S SIMPLE



Measure monocular pupilary variation easily and with precision.

## IT'S EASY



Determine height of adjustment for each eye.

Over 30 million **VARILUX** wearers prove that **VARILUX** is the easy and simple solution to presbyopic persons' requirements.

EACH VARILUX LENS IS ENGRAVED «V2»

**VARILUX 2** the only aspherical progressive lens

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Beckner, J.E.
Blay, P.
Bosdet, J.D.
Bowman, I.L.
Bradley, L.
Burgoyne, D.
Chatten, R.E.
Chow, J.K.
Clarke, R.H.
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Danielson, G.L.
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Dodd, H.L.
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Dumka, E.W.
Dunkin, G.E.
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Evans, G.E.
Fraser, F.W.
Frewin, D.
Gansner, J.W.
Graham, G.R.
Grundison, R.J.
Hailstone, J.S.
Hantelman, N.
(Normag. Mgmt.)
Hunter, D.E.
Irwin, D.E.
Jackson, W.E.
Jervis, D.
Jervis, H.W.
Kemp, J.L.
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Knowlton, W.E.
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(Emerson Optical)
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Zackowski, G.

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Robinson, L.
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Letts, G.K.
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MacDonald, K.E.
McCaughey, N.R.
McQueen, J.D.
Moore, H.W.
North, C.A.L.
Oakley, D.R.
Perkins, G.
Porter, D.
Rae, P.
Rosner, B.
Rosner, Bruce N.
Small, D.C.
Small, R.
Smiley, S.F.
Solomon, M.M.
Soloway, C.J.
Soloway, O.
Spearman, E.J.
Stanners, R.J.
West, R.P.
Williamson, D.J.

## ONTARIO

Aceti, P.F.
Akande, I.A.
Albright, S.
Arseneault, S.A.
Astles, J.C.
Attridge, E.F.
Attridge, J.G.
Barbour, J.E.
Beauchamp, K.A.
Beaulne, D.L.
Belanger, G.M.
Benoit, R.A.
Benson, G.T.
Beuglet, G.E.
Bock, R.R.
Bonney, T.J.
Booth, W.A.
Brisson, J.A.
Brokenshire, A.
Bruce, D.A.
Buchner, E.L.
Burton, G.R.
Carr, D.W.
Carr, L.S.
Chantry, J.E.
Chen, R.
Chhatwal, K.S.
Chisholm, J.A. &
Passmore D.K.
Chow, M.
Church, T.H.
Clancy, G.B.
Coates, P.H.
Cobean, E.J.
Conron, B.T.
Coughlan, P.J.
Coward, L.A.
desGroseilliers, R. & M.
Devenny, P.A.
D'Hondt, R.
Dickie, W.I.
Dietrich, T.A.
DiPasquale, A.
Dubuc, J.J.
Dutchak, J.A.
Edmison, I.G.
Feeley, H.
Feldman, I.W.
Ferguson, R.A.
Fisher, E.J.
Folz, R.J.
Forristal, D.L.
Fournier, J.G.
Franklin, E.J.D.
Freeman, D.B.
Freeman, W.T.
Fretz, B.
Garrett, S.
Gaulin, J.B.
Girard, M.J.
Goodwin, G.L.
Goren, R.
Grant, G.A.
Gray, G.V.
Grubin, E.A.
Gualtieri, G.E.
Hadley, J.W.
Hadley, K.G.
Hamilton, P.D.
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Hansford, R.R.
Henderson, J.R.

Hirano, L.
Hoffman, F.A.
Hohner, J.E.
Holmes, J.A.
Homuth, C.E.
Homuth, H.V.
Hunter, J.C.
Ingle, H.G.
Ivan, J.J.
Jaggard, F.C.
Kay, L.
King, W.C.
Klein, D.J.
Kniaziew, R.
Knight, M.I.
Kogon, D.I.
Korn, D.
Kovacs, S.
Kozior, J.P.
Kronick, S.J.
Lafreniere, J.A.L.
Lam, E.
LeVasseur, P.E.
Lapienis, R.
Leake, R.B.
LeBlanc, B.R.
Lidkea, R.E.
Locke, R.A.
Long, M.
Longstaff, J.E.
Lyle, W.M.
Lynch, F.E.
MacKenzie, K.S.
Macpherson, R.W.
Madill, L.D.
Mancini, J.T.
Marsden, B.R.
Martin, N.L.
Matthews, D.V.
McCann, J.J.
McCreery, P.A.
McCreery, S.A.
McDade, W.D.
McDonald, G.W.B.
McLean, C.S.
Millar, G.F.
Miller, R.E.
Milne, D.L.
Mittelman, J.
Modesto, D.H.
Moles, J.
Monk, A.P.
Morrison, L.E.
Morrow, D.R.
Mustaler, K.L.
Neff, D.
Newell, L.M.
Newhouse, R.J.
Nisker, H.N.
O'Grady, M.W.
Orr, R.K.
Pace, R.J.
Parc, J.
Parr, J.
Passmore, C.
Patterson, R.W.
Peloso, M.
Penwarden, G.D.
Peppler, C.E.
Perkins, R.
Peta, S.
Petrachenko, W.
Powers, G.A.
Price, D.R.
Price, J.D.
Pridham, W.H.
Pym, W.H.
Radford, D.H.
Rhynd, J.
Robertson, J.G.
Robinson, D.J.
Roche, W.M.
Rowe, J.M.
Rowe, W.M. Jr. & Sr.
Sassi, J.
Scanlon, J.J.
Schaefer, D. & M.
Scheid, R.J.
Schumacher, R.W.
Shanfield, H.
Smith, Baldock & Pickard
Salsberg, S.A.
Springer, G.
Stephenson, N.G.
Stevenson, J.M.
Tait, S.
Tenenbaum, N.
Thompson, H.C.
Thompson, R.
Thomson, R.
Town, F.W.
Ulrichsen, B.J.
Vachon, M.P.
Wasserman, H.
Waters, D.J.
Watson, R.B.
Weinryb, C.I.
Weldon, M.G.
Whitfield, D.E.
Wigston, D.H.
Williams, G.A.
Williams, L.
Wilcox, D.L.
Wilson, N.M.
Winter, B.
Wolf, M.
Wonnacott, G.S.
Woodruff, S.E.
Woolner, W.R.
Wootten, P.B.
Young, R.

## QUEBEC

Saint-Amour, U.

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Albert, G.
Beaulieu, J. & Laurin, J.
Bell, B.S.
Bell, R.B.H.
Blanchard, M.
Boudreau, L.J.
Brown, A.I.
Caissie, G.E.
Clements, L.
Corbin, R., Proulx, A. & Morin, J.L.
Cormier, J.
Daigle, J.
Desjardins, J.G.
Desjardins, L.
Desjardins, Leo.
Duguay, R.
Fullarton, K.
Gagne, J.
Gautreau, T.E.
Giasson, H.S.
Gionet, R.
Goddard, O.T.
Goldfeather, B.
Groom, L.B.
Hache, M.
Harding, J.R.
Hickey, T.F.
Lagace, G.M.
Landry, H.
LeBlanc, U.
Lenehan, T.W.
Marcantonio, P.
McCue, T.
Nagaraj, S.
Ouellette, L.J.
Pitre, C.
Pottle, T.
Prince, W.M.
Roach, N.P.
Ross, C.G.
Savaria, G.
Smith, C.M.
Soicher, M.
Stewart, J.B.
White, J.G.

## NOVA SCOTIA

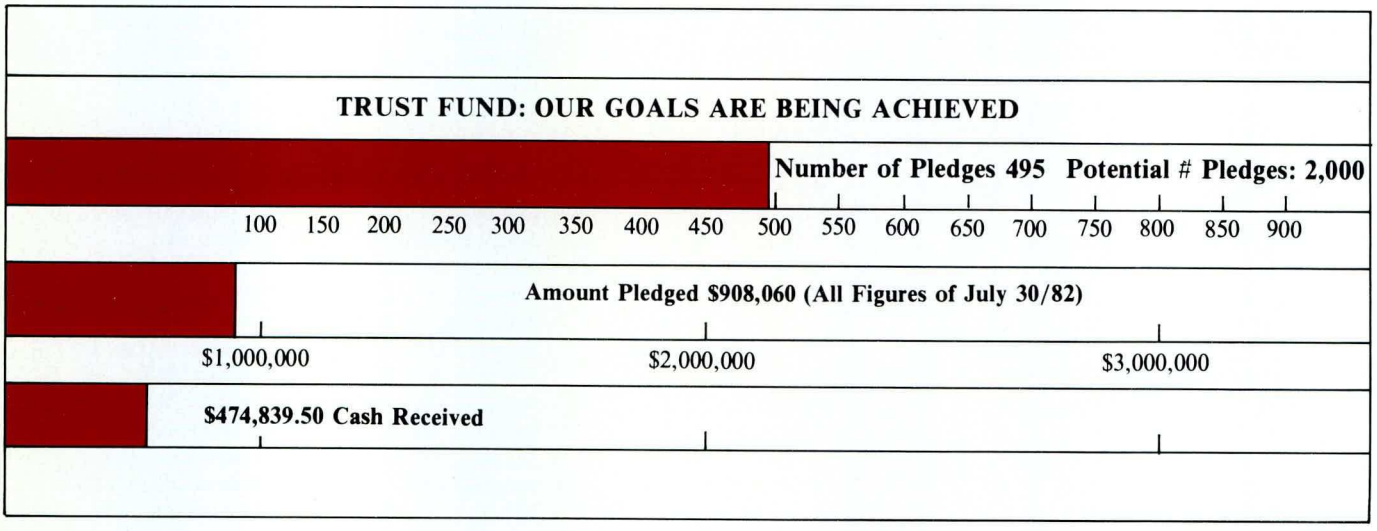
Buckley, W.G.
Campbell, P.D.
Comeau, R.
Comstock, P.
Comstock, F.L.
Dobbelsteyn, D.M.
Duffey, M.P.
Fleming, J.
Gray, P.J.
Grimms, S.E.
Haines, R.S.
Lawrence, T. & Isabelle, G.
Livingston, R.F.
Lecker, G.
MacArthur, D.C.S.
MacLeod, J.G.
MacLeod, W.H.
Marney, C.E.
Martin, J.A.
Mendleson, I.A.
Ray, J.E.
Robichaud, B.
Rosere, R.A.
Wagg, R.P.
Wile, R.S.
Winslade, T.

## P.E.I.

Hunter, B.F.

## NEWFOUNDLAND

Boulay, L.
Buchanan, R.
Cashin, J.M.
Christopher, E.J.
Coté, D.J.
Duncan, C.J.
Halleran, D.P.
Halleran, K.F.
MacDuff, R.
Nichols, J.
Patriquin, J.L.
Richardson, A.N.
Richardson, D.F.
Snow, J.A.
Richler, A.
(Superior Optical)
Taylor, S.J.
Wheeler, W.
White, P.



**continued from Page 115**

Our honoured guests tonight represent a total of 126 years of service to, in and for our profession. Such an occasion should not go by without suitable and lasting recognition. I am pleased and honoured to announce that the Ontario Association of Optometrists and the College of Optometrists has established the Fisher-Bobier-Lyle Library at the Toronto Institute of Optometry and has created a capital fund of $10,000, the revenue from which will be used for the purchase of books and journals.

The practising profession in Ontario, as represented by the College and Association, believed that it could not pay higher tribute to Professors Lyle, Fisher and Bobier in a more symbolic and commemorative fashion than to link their names with a significant new venture which will serve the public and serve the clinical requirements of the practising optometrist. The Fisher-Bobier-Lyle Library will be a valuable resource to the Institute and a continuing resource to all who have an interest in vision.

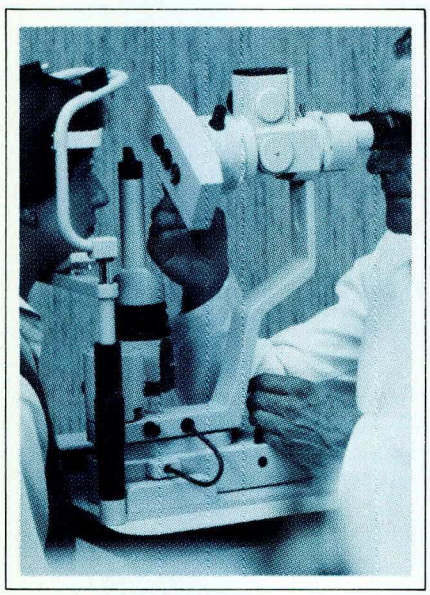
When I began, a few minutes ago, I made reference to a title of a book "What's Past is Prologue". Much of what I have said tonight may be viewed as history — that is, the past — but in so doing we are left with a clearer understanding and a better view of the future. They have set examples for all of us and I am sure that nothing would please them more than to know that those examples are recognized and will be followed.

**Irving Baker**
**Registrar**
**College of Optometrists of Ontario**

**(delivered March, 1982 Ontario mid-winter Congress)**

# Your Contact Lens Fitting Centre

## Zeiss offers a choice of manual and fully automated instrumentation to meet your total contact lens fitting and measurement needs.



### Keratometer 10SL/0

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### Auto-Keratomer 410

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### Contact lens analyzer 316

Innovative optics designed specifically for contact lenses makes this fully automated microprocessor-based objective lens analyzer the ideal instrument for contact lens measurement.

Simple to operate by even unskilled operators, the 316 provides a reject indication for out-of-spec lenses in addition to a complete digital readout and hard copy printout.

To learn more about these and other advanced eye care instruments or to arrange for a demonstration, contact your nearest Carl Zeiss Eye Care Specialist.

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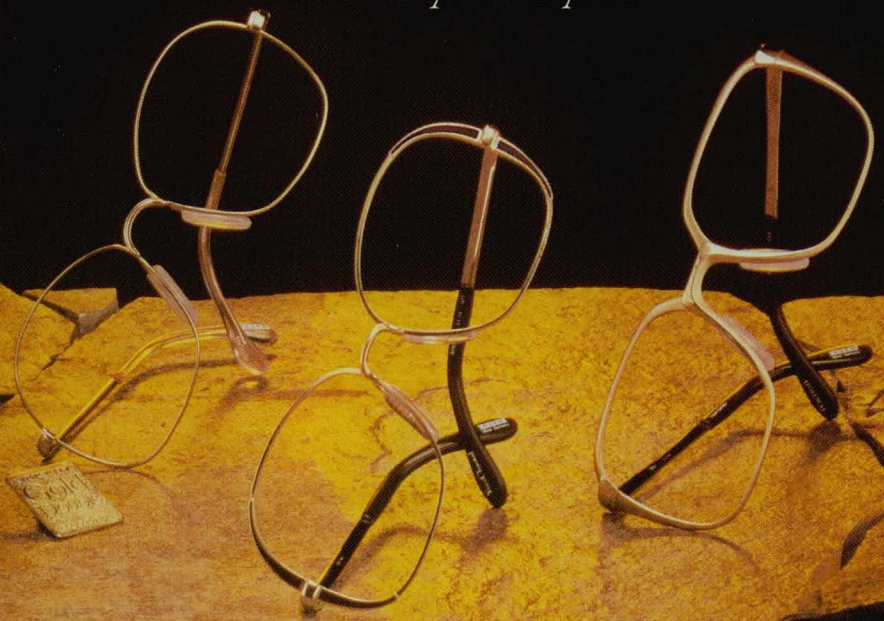

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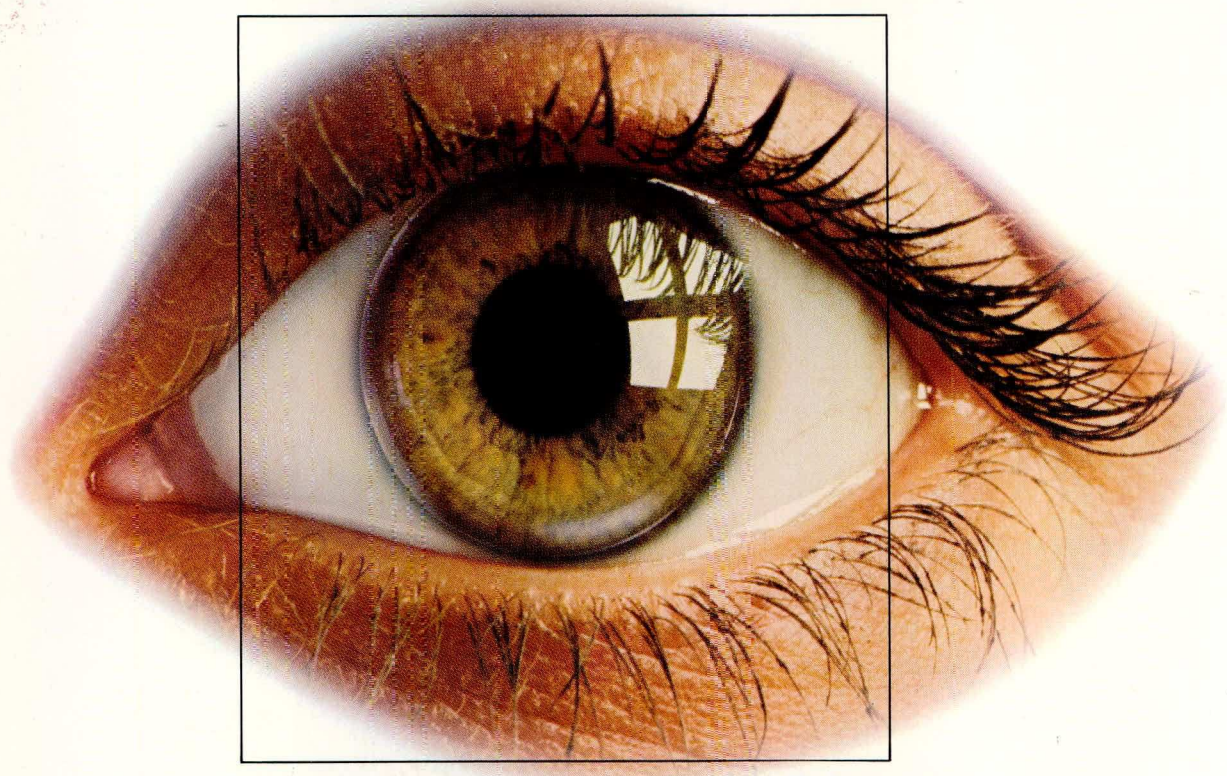

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### Hydrocare® Protein Remover Tablets

Weekly use of these tablets containing stabilized papain removes and prevents build-up of protein and diminishes the frequency of inorganic films. Starter Pack: 12 tablets with mixing vials. Refill Pack: 24 tablets.

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