CJO 47(2) 41-96, 1985
ISSN 0045-5075

The Canadian Journal of Optometry

La Revue Canadienne d'Optométrie

VOL. 47 NO. 2

JUNE/JUIN 1985

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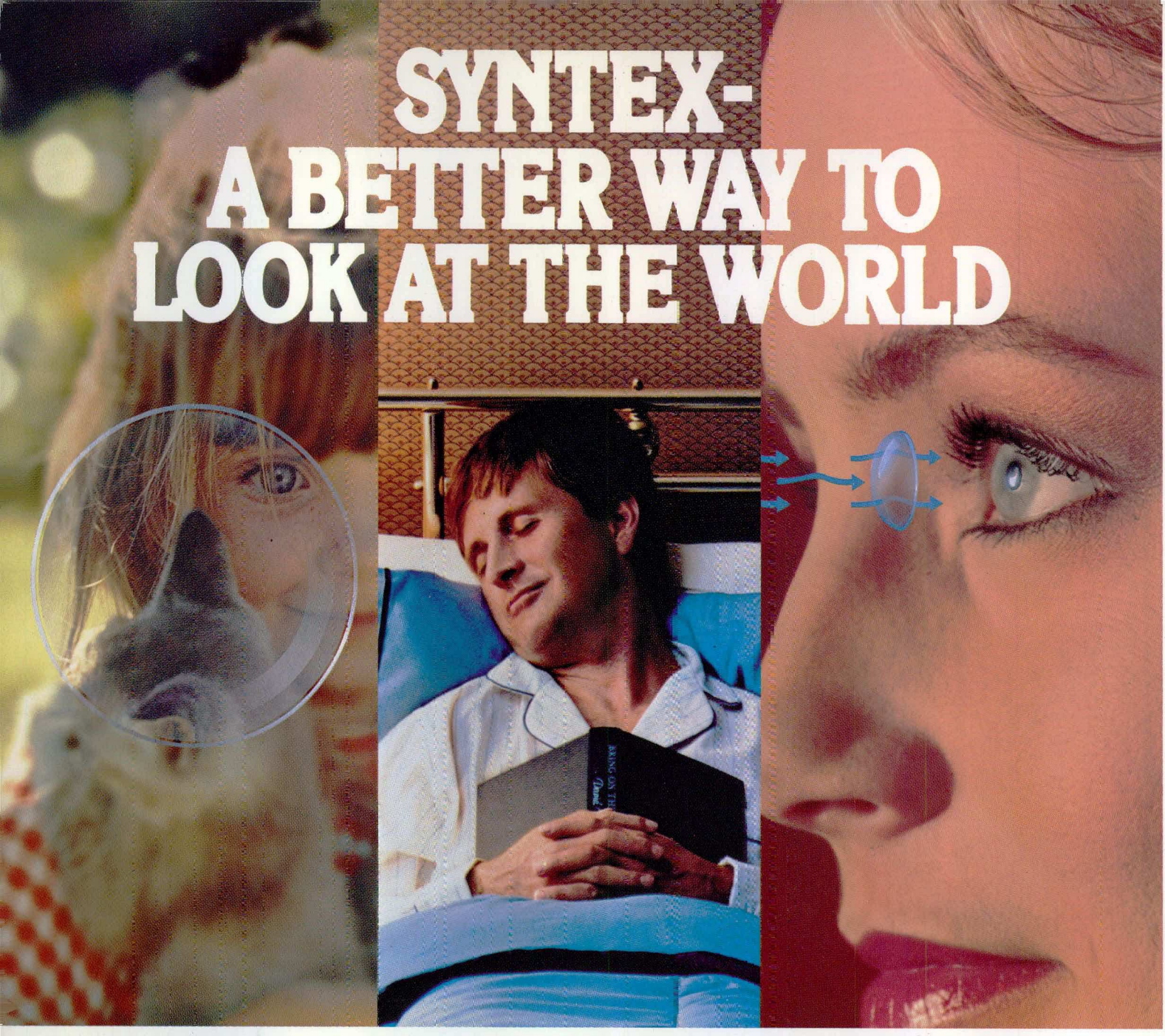

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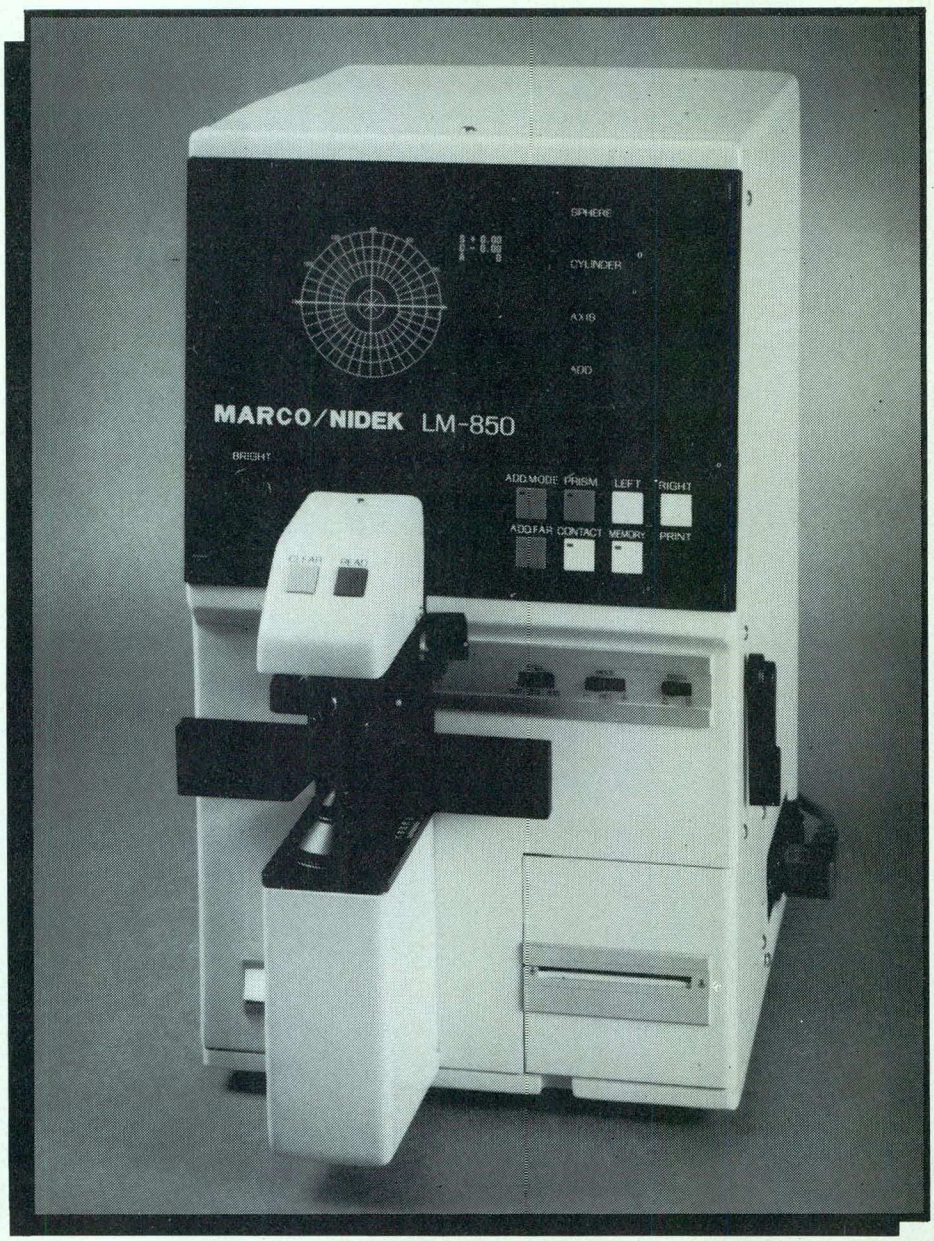

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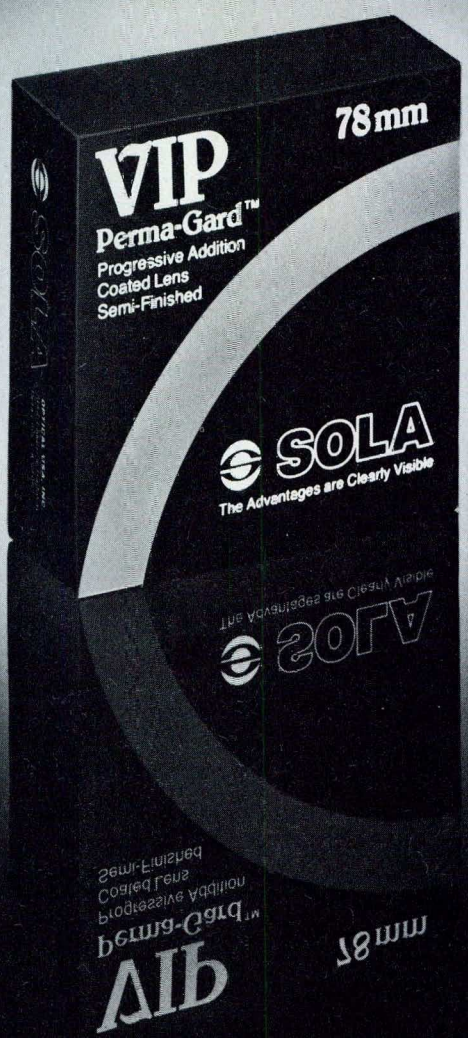

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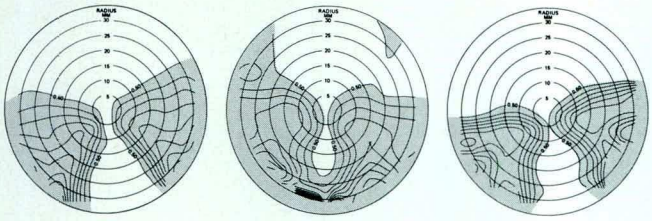

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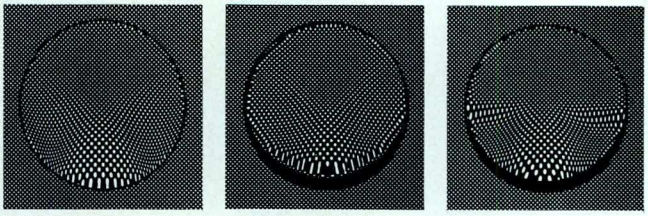

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Dr Louis Catania o.d. Pennsylvania
Dr Brian Levy o.d. Ontario
Dr Sven Erik Nilson m.d., Ph.D. Sweden
Jean Pierre Guillon Ph.D. England
Dr. Lorne Grinstein o.d. Montréal, (Québec)
Robert Sacks Ph.D. New York
Dr Michel Laflamme m.d. Québec
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Canadian Journal of Optometry

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The CJO is a quarterly publication with offices in Ottawa at the Canadian Association of Optometrists, Ste. 207-77 Metcalfe St., Ottawa, Ontario K1P 5L6. Telephone (613) 238-2006.

Layout, Design,
Typesetting and Printing:
Love Printing Service Ltd.

COVER

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EDITORIAL

More than Just a Jubilee

It becomes more than an anniversary when an educational institution in Optometry can celebrate, in the same year, a 60th *and* a 75th anniversary. It becomes an historical event in which all those associated with that institution can take pride, from those first visionary founders to all those others who, over the years, have guided that institution to its high level of achievement and respect.

It is a matter of great professional pride and personal joy to congratulate the School of Optometry, University of Montreal, on this double anniversary: the 75th anniversary of its founding in 1910, and the 60th anniversary of its affiliation with the University of Montreal in 1925.

The School became the first Optometry school in the British Commonwealth to become associated with a University. In fact, only two other Optometry schools have a longer term of association with a university — Ohio State (1914) and Berkeley (1922). Indeed, it should also be pointed out that only four other institutions have a longer continuous existence: Illinois College (founded in 1872); Massachusetts, now the New England College of Optometry (founded in 1894); Los Angeles College (founded in 1904) and the Northhampton Polyclinic, now the City University in London, England (founded in 1908).

Although as an affiliated institution, the School had financial and administrative autonomy, without public funding it was not always an easy task to progress as it did. When it became a fully integrated School, it lost its autonomy. But when control passed to the University what little the School might have given up in academic, financial and administrative matters, it gained in status in the academic and optometric worlds.

All optometrists in Canada, whether they be graduates of Montreal or not, owe it to themselves to be aware of all aspects of our optometric heritage. The School of Optometry, University of Montreal, forms a large part of that heritage. Its accompanying history, written by retiring Director Dr. Claude Beaulne, will not only inform many of our readers, but should also fortify our faith and pride in our profession.

GMB

Introducing Dr. Daniel Forthomme, New Director of the School of Optometry, University of Montreal

Born in Belgium, Daniel Forthomme exhibited an early interest in optics. As a youth, he explored photography and its techniques. It was this interest which led him to l'Institut Optique de Bruxelles (Institut d'Optique Raymond Thibault), from which he was graduated in 1960.

It was here that the foundations of his career in Optometry were first established and, for this new exploration, he chose Canada, obtaining his L.Sc.O. from the School of Optometry, University of Montreal in 1963. He has remained with the School ever since, eventually becoming Director of the Laboratory of Physiological Optics and responsible for the School's Contact Lens program. He has continued to apply his photographic skills in biomicroscopic segment photography.

In 1973, he received his M.Sc. and, in 1981, his Ph.D. in Pathology from the University's Faculty of Medicine. Returning full-time to the School of Optometry in 1980, he was appointed Director of their Contact Lens Program, a role which included responsibility for both theory and clinical work.

Dr. Forthomme was also appointed as a Fellow in the American Academy of Optometry (F.A.A.O.) in 1968 and has served in several senior capacities in l'Ordre des Optométristes du Québec (OOQ) until 1981 when he chose to concentrate his administrative energies in the School programs.

As a representative of the School, Dr. Forthomme has been a frequent participant at meetings of the Association of Optometric Contact Lens Educators (AOCLE) since 1982. He is also continuing his personal research on the effects of the Atrial Natriuretic Factor (ANF) in collaboration with his former thesis advisor, Dr. Marc Cantin, at the Montreal Institute of Clinical Research (Institut de Recherches cliniques de Montréal).

Dr. Forthomme and his wife, Anne-Marie, have two children: Yves, 9 and Eric, 15.

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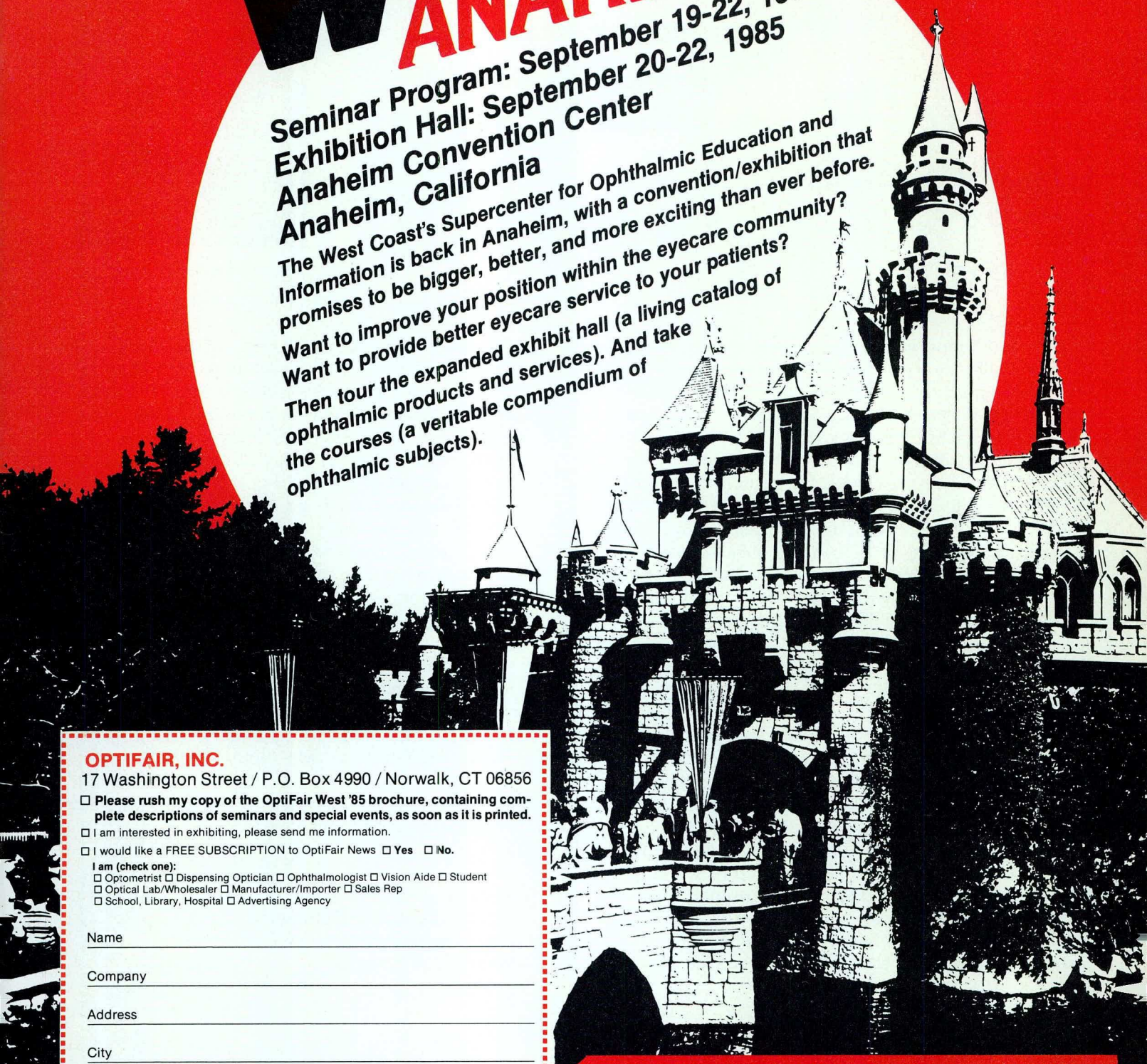

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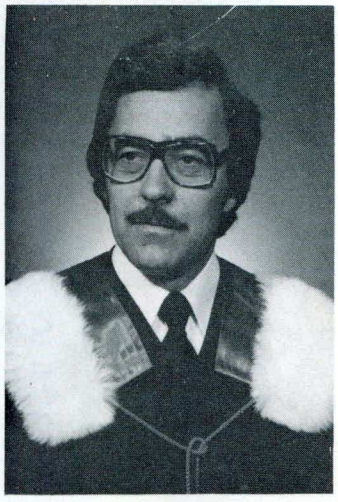
GUEST EDITORIAL

Dr. Daniel Forthomme

Ecole d'Optométrie
Université de Montréal
— Passing the Torch —



Dr. Claude Beaulne

I am honoured to have been asked to help commemorate two important milestones in the development of optometric education in Quebec. The first is that 1985 is the 75th anniversary of the founding of l'Ecole d'Optométrie (1910) and the 60th anniversary of its affiliation with the Université de Montréal (1925). Few optometrists outside Quebec are aware that l'Ecole d'Optométrie is one of the oldest continuously running optometric educational institutions in the world. The only ones that are older are Illinois (1872), Massachusetts (NECO; 1894), Los Angeles (SCCO; 1904) and Northampton Polytechnic (City University; 1908).

In addition, the Université de Montréal was one of the first universities to grant optometric degrees, the first one being a Bachelor in Optometric Science.

On behalf of all of the faculty of the School of Optometry, University of Waterloo, I extend my warm greetings and congratulations to our sister institution in Montreal. May the future be as successful and productive as the past.

In June, 1985, Professor Claude Beaulne stepped down as Director of l'Ecole d'Optométrie. Dr. Beaulne will have completed three eventful and very successful terms as Director. It is indeed a personal pleasure to have the opportunity to comment on Dr. Beaulne's accomplishments, both because I myself am a graduate of l'Ecole d'Optométrie and because Claude Beaulne was one of my professors. I have fond and pleasant memories of clear and methodically presented lectures on a variety of topics including; geometrical optics, statistics, and clinical screening procedures. Optometry is a fortunate profession to have educators of the calibre of Dr. Beaulne.

Dr. Beaulne's term as Director witnessed a number of important developments at l'Ecole d'Optométrie, premier among which was the development of the four year O.D. programme. Claude continued to teach and carry out research while being Director. I am sure he is looking forward to spending more time attending to these pursuits.

Claude Beaulne's successor will be Professor Daniel Forthomme. I have known him for the same length of time as Dr. Beaulne, for he too was one of my professors at l'Ecole d'Optométrie. I am sure that l'Ecole d'Optométrie will flourish and develop further under his guidance. I know I speak for the whole profession of optometry in Canada in wishing him great success in his new job.

Jacob G. Sivak, Professor
Director, School of Optometry
Associate Dean of Science for Optometry
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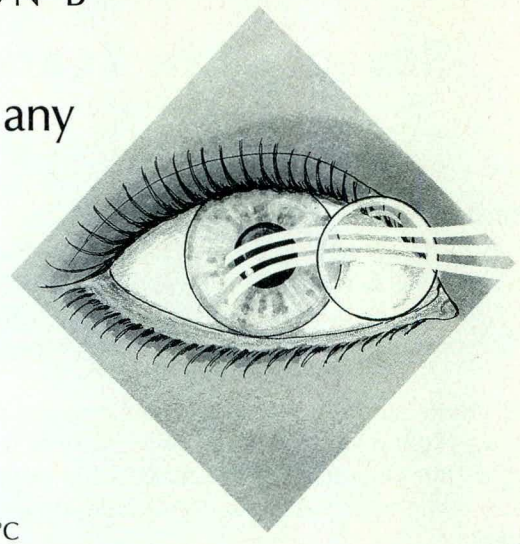

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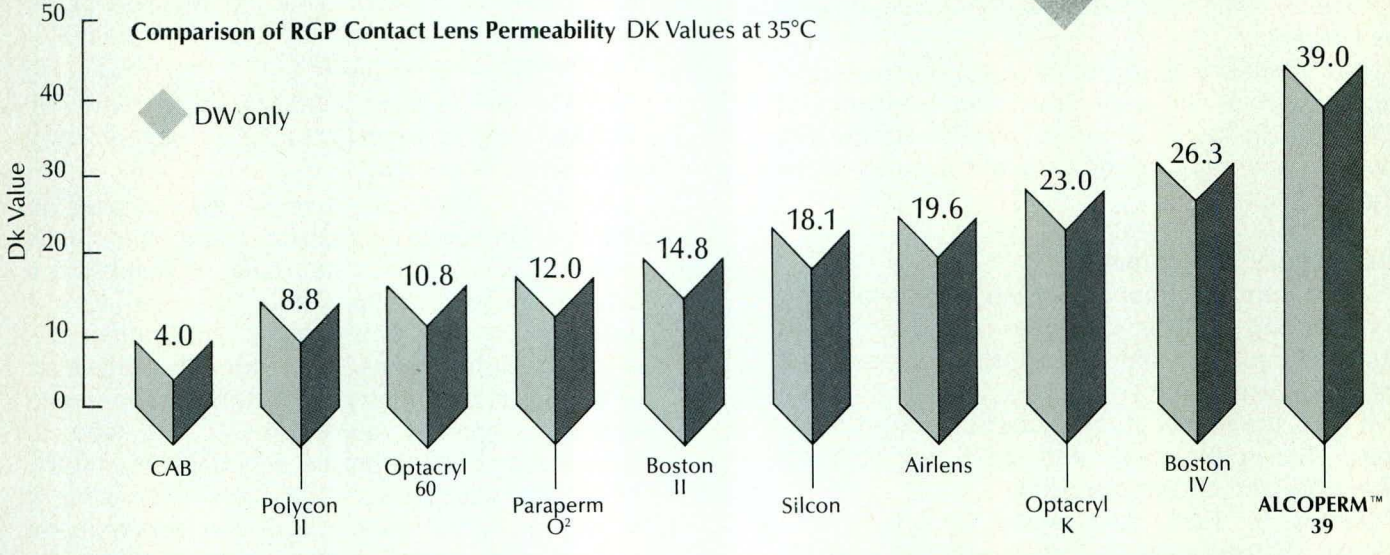

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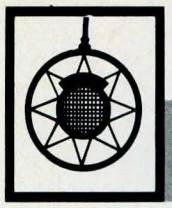

PROFILES IN HISTORY

Seventy-five Years of Optometry Training

C. Beaulne*

Introduction

"Seventy-five years of Optometry Training — It's a Celebration". This was the title of my editorial in Vol. 6, No. 4 of *"L'Optométriste" ("The Optometrist")*, the publication of the Quebec Association of Optometrists.

In fact, 1985 marks a milestone that should be highlighted. It's the seventy-fifth anniversary of the founding of the University of Montreal's School of Optometry, and the sixtieth year of its affiliation with the University.

I am therefore going to give a brief historical background of the only Francophone school of optometry in North America, discuss its current situation and its future projects at the dawn of the 21st century.

Historical Background

The Montreal School of Optometry was founded in the spring of 1910. One year later, its first ten students graduated after having night courses for an entire academic year.

In 1915, the school purchased a building at 393 St. André St. in Montreal, and gave lectures and laboratory and clinical sessions.

Starting in 1920, discussions were held with officials of the University of Montreal in order to affiliate the School of Optometry with the University. Discussions ended on April 8, 1925, or sixty years ago this year. Following this event, the School of Optometry, placed under the jurisdiction of the Association of Optometrists, became the University's School of Optometry. This affiliation thus established the high level of scientific training and academic value of the teaching provided by the school. During these years, conditions for admission to the school were: the junior matric, Arts-Science Diploma or 1st year Arts College or equivalent education, determined by the University's Registration Office that has since become the Office of the Registrar.

At that time, all applicants had to finish one preparatory year of scientific studies including subjects such as: biology, physics, mathematics and philosophy at the Faculty of Science. Success in this first year meant awarding of a certificate by the Faculty that was in fact a "passport" for admission to optometry studies that lasted a year and were taken in the St. André Street building. The curriculum that basically included three subjects — optics, optometry and ocular pathology — had been developed jointly with the Faculty of Science and had received the approval of university officials. Success in the examinations provided candidates with a Bachelor of Optometry Degree (Ba.O.).

In 1934, the level of academic instruction was increased and the length of studies in optometry was upgraded to two years.

Starting in 1944, proceedings were started to completely integrate the School of Optometry to the institution with which it had been affiliated since 1925. In order to attain this objective, it was necessary for the professional corporation, the College of Optometrists, to abandon its rights over the School of Optometry so that the school could become completely autonomous. This lead to incorporation of the Montreal school of Optometry. This greatly assisted with the eventual housing of the school in the buildings of the University of Montreal, and starting in September, 1945, academic activities were offered at the University with the exception of the clinic, which remained in the St. André Street building. In the fall of 1946, following the invaluable cooperation of Dr. Georges Baril of the Faculty of Science, the school was located in the East Wing, 7th floor of what is known today as the Main Building, in a 1200 square foot area.

In 1949, complete integration had not yet been carried out, and new discussions were begun to finally end with the complete reorganization of the school (with new requirements for graduation) when the University's new charter was granted. Following discussions with the twelve schools of optometry in North America, the school's program was extended to three years professional studies following obtention of a B.A. (Bachelor of Arts Degree). As before, this project was submitted to the authorities and completely approved by the University's Studies Committee and Board of Governors

* Outgoing Director,
School of Optometry,
University of Montreal.

who then began to award to new graduates the *"Licence ès-sciences/Optométrie — (L.Sc.O)"* Degree.

In 1954, following twenty-nine years of dedicated service to the School of Optometry, its Dean, Alfred Mignot, announced his retirement. He was succeeded by Mr. J. Armand Messier, a member of the faculty since 1926. Mr. Mignot was Director of the school from 1925 to 1954, and Mr. Armand Messier's Directorship lasted 15 years — from 1954 to 1969, the year the school was integrated to the University.

In 1957, the school moved again into D Wing, 2nd floor, of the Main Building and had 5000 square feet of space, more than four times the amount it had up until then. The academic structure was reorganized to create six teaching sectors, namely, biological sciences, visual sciences, optic sciences, administrative sciences, the clinics and laboratories with heads of all six reporting to management.

Later, an Advisory Board on Teaching was formed. The Board included the University Rector, Mgr. Irénée Lussier, and representatives from the College of Optometrists and the School of Optometry. Following a study of the various training programs in Optometry in the USA and Canada, the Advisory Board announced several recommendations, among others: the integration of the School of Optometry into the University of Montreal; recruitment of young professors with graduate and eventually postgraduate degrees; the improvement of resources to encourage teaching and research.

It should be remembered that up until then, the school had succeeded in its development with very limited resources. Fortunately, the 1961 Education Act lead to introduction of subsidies for universities, and starting in 1963, the School of Optometry received its share — $40,000. Following yearly progressions, the subsidy was tripled to $130,000 in 1967. The improvement in its financial situation therefore allowed the school to pursue the objectives set earlier and to develop a five-year plan (1964-1969) to make the necessary administrative changes, to hire full-time teaching and non-teaching staff, to increase the number of papers and publications in the Library as well as the amount of equipment for clinics and labs, to revise the program, etc. . . .

The hiring of full-time teaching staff with the required academic qualifications was vital in carrying through the teaching program for integration purposes.

It was also at this time that the Parent Commission was set up to make the necessary studies on all levels of primary, secondary and university education, and to make the suggestions and recommendations that would provide better teaching coordination. In order to properly define and publicize its orientation, the School of Optometry had tabled a brief with the Commission, whose final report contained the recommendation to integrate the School of Optometry with the University of Montreal.

In 1967, the school was moved into much larger premises at 3333 Queen Mary Road. It is still located at this address, and has undergone several space additions since then.

Integration finally occurred in 1969 with the institution with which it had been affiliated for forty-five years.

In 1974, the training program was expanded from six to seven semesters. Four years later, in 1978, four years of schooling were required to complete the program, and since then, graduates have received the degree of Doctor of Optometry (O.D.). In June, 1983, the program received the approval of the Council on Optometric Education of the American Optometric Association.

The University of Montreal's School of Optometry in 1985

Its Objectives:

The school is the only Francophone school of optometry in North America. In fact, it is probably the only Francophone school in the world with a curriculum related to those of all other North American schools.

With this in mind, we defined a certain number of objectives.

First of all, we must — within the four-year program — train professionals to use scientific clinical methods thereby providing primary optometric care. These future professionals are also well aware of the necessity of self-discipline and self-training, in particular, following the initial training period.

It is the duty of the school to promote and develop the entire range of visual care knowledge through research. This also applies to the clinical sciences.

Another objective is to offer graduate programs. The School currently provides a Master of Science program (Physiological Optics), that helps to train future professors, at both the research and academic/clinical levels. The school must also get involved in continuing education to help its graduates maintain and improve their knowledge and skills and remain up-to-date in visual science development.

These general objectives lead to the following secondary objectives that deal more specifically with clinical training.

Firstly, we must provide students with all the assets that will ensure optometric care for patients according to the highest standards recognized in professional practice, the most recent visual science knowledge and technology, but also according to available resources that are unfortunately becoming more and more difficult to obtain.

We must also inform students, graduates, other health care practitioners and the general public of the true definition of optometric practice and its standards, in order to meet all the individual and collective needs for visual care.

The orientation and activities of the clinical program must be — to the greatest extent possible — based on epidemiological studies. They also must make sure that students receive a satisfactory and sufficient number of clinical cases. In addition, the program must give students the opportunity to develop and improve their knowledge and skills in patient care.

This expertise, offered according to the best standards recognized, must apply to all fields, such as: low vision, orthoptics, aniseikonia, electrophysiological diagnosis, vision of children and the elderly, contact lenses, industrial vision, and care for the mentally retarded and the hearing impaired, etc. . . .

We must also train the students to provide the patient with the required care by orienting them — if need be — towards specialization. They must therefore receive the clinical knowledge and training which will allow them to discover ocular and systematic problems through the gathering of the pertinent data.

During the clinical program, we emphasize the following points when there is student/patient communication:

i) the integration, synthesis, evaluation and application of all theoretical concepts;

ii) development of communication skills and interpersonal relationships, as well as the capacity to observe, measure, analyze and decide after the precise information and data have been obtained;

iii) having the capacity to make optometric care as personalized as possible and to accept the responsibilities that go with quality care directed towards the patient's well-being.

Clinical Activities

On campus, the School of Optometry's clinics provide services four and a half days per week, year round, including the summer months, except for two weeks in April, August and December. Optometry services offered are the following: general clinic, special clinic (especially for ocular pathological cases), and aniseikonia, orthoptics, and contact lens clinics. A few years ago, a "specialized" services program was set up in cooperation with the Montreal Institute for the Deaf, for the hearing impaired, and then with nurseries in the Montreal Region for children up to 6 years old.

Off campus, the School of Optometry signed a contract with the Institut Nazareth et Louis-Braille located in Longueuil on the south shore of Montreal. Third and fourth year students give the necessary care to patients with low vision within a multidisciplinary context. The Head of the clinic and the Trainee Coordinator are both optometrists. Students also handle these types of patients in a training course given at the Montreal Association for the Blind where certain of the School's professors and those responsible for clinics provide eye care.

Students are also involved in visual screening programs at the school and industrial levels.

Research

Even with reduced financing and resources, members of the faculty have succeeded in becoming involved in research, thereby satisfactorily adhering to the University's policy and the agreements made with the Syndicat Général des Professeurs that stipulate that research activities are an integral part of every professor's workload.

It is interesting to note that investors are becoming increasingly interested in financing optometrical research in the Province of Quebec. Research projects include various aspects of basic and clinical sciences. In particular, the University's Research Department assists professors with the various administrative elements of their research work.

As part of the school's objectives, research funds were made available for our professors by various bodies including the University's Research Development Fund, the Quebec Health Research Fund, the Canadian Department of Health and Welfare, the Canadian Optometric Education Trust Fund — COETF, the Order of Optometrists of Quebec, The Association of Optometrists of Quebec, and by various ophthalmic product companies.

The Students

The University of Montreal now awards the Doctor of Optometry degree (O.D.) following the successful completion of a four-year program with two years collegial studies in health sciences as a prerequisite. Every year, about forty graduates receive their O.D. degree.

Registrations for the 1984-1985 year

1st year:	30 women	19 men
2nd year:	27 women	10 men
3rd year:	29 women	12 men
4th year:	25 women	17 men

This represents quite a change in the student body over the last ten years. From no representation at all, women have now become the majority of the students. This does not only apply to the School of Optometry, but is also occurring throughout the entire University and mainly in the École Polytechnique, and other faculties such as medicine and dentistry.

The number of candidates remains very high compared to the number of people admitted with a ratio about 1/10 or 1/11 every year.

For several months now, numerous discussions have been held at senior levels in the University to establish a policy of participation for students in various departmental committees, namely in a study committee (advisory) where discussions on the various aspects of the program will be held. The overall policy would take effect in September, 1985.

Student activities include the Health Festival, an annual event organized by all health sciences students, and Save Your Vision Week, organized every year by students in optometry.

The Future

It is a humbling experience when faced with the future, in particular when we have priorities for an institution, priorities that are not necessarily those of a successor.

I personally took on heading the University of Montreal's School of Optometry from 1969 to 1973, and then from 1977 to 1985. My second mandate has now ended.

My successor is Dr. Daniel Forthomme, L.Sc.O, Ph.D. who has been a professor of the School since 1963. In 1978, he completed Master's and Ph.D. degrees in pathology at the Department of Pathology of the Faculty of Medicine of the University of Montreal.

Over the next months, the School of Optometry must concentrate its efforts and priorities in developing a research program and, as part of this, start discussions as soon as possible with the Vice-Rector, Professoral Affairs, to obtain the financing for another professor's position in research. Obtaining this type of resource has become difficult, if not impossible, due to major budget cuts that universities have had to undergo since 1980.

This thrust could undoubtedly help the introduction of a Ph.D. program.

We must also think about developing a residence program in various fields. These programs would lead to graduate diplomas (master's).

Finally, because of its unique situation in the Francophone world, the School of Optometry must consider developing, in the next few years, means of ensuring international cooperation with all Francophone countries in the areas of research and clinical teaching.

Conclusion

We have succinctly tried to look back over the seventy-five years of existence of the University of Montreal's School of Optometry and its major historical milestones. We also stated its current situation and what we project for the future as, with anything, we must continue.

However, we must all be very aware of the collective effort that has to be made to ensure — over the short and long-term — high calibre recruits to continue the work and to perfect it. This seed must be sown starting now. This is one of the main objectives we must pursue — among so many others — in spite of the growing restrictions that are blocking us in many areas.

We must continue to meet the needs and the requirements for excellence in training our students, future health care practitioners and future practitioners of primary oculo-visual care.

But we must not deceive ourselves. We must remain realistic. Within the current context (in particular these last three or four years), very often academic decisions have a budgetary, financial or administrative impact that is impossible to ignore. Therefore, in spite of a fierce desire and a sincere effort to move ahead, at times we all see our bright future frustrated faced with achievements that appear beyond our grasp due to lack of funds. We therefore must start looking towards the twenty-first century with strength and hope, but also with realism that wisdom gives us over the decades that inexorably pass.

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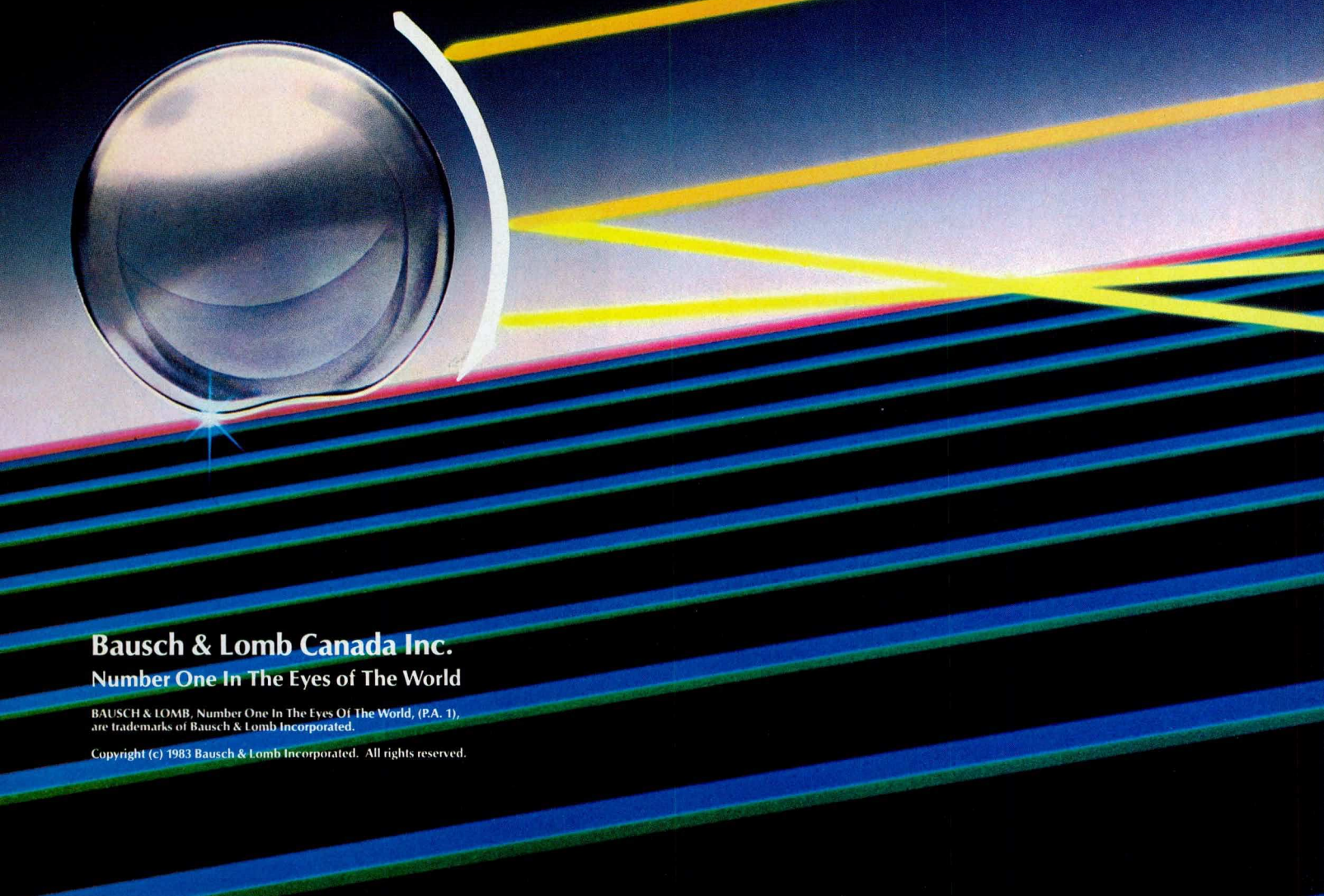

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Number One In The Eyes of The World

Soixante-quinze Ans de Formation Optométrique

C. Beaulne*

Introduction

"Soixante-quinze ans de formation en optométrie: ça se fête" voilà le titre de l'éditorial que je signais dans Vol. 6 - no. 4 de la revue de l'Association des optométristes du Québec, *"L'optométriste"*.

En effet, l'année 1985 marque une étape qu'il convient de souligner: le soixante-quinzième anniversaire de la fondation de l'Ecole d'optométrie de l'Université de Montréal et les soixante-ans de son "affiliation" à cette Université.

Nous allons donc faire un bref rappel historique de la seule école francophone d'optométrie en Amérique du Nord, considérer sa situation actuelle et ses projets d'avenir, à l'aube du 21e siècle.

Historique

La fondation de l'Ecole d'optométrie de Montréal remonte au printemps 1910; un an plus tard, ses dix premiers étudiants graduaient après avoir suivi des cours du soir pendant une année académique.

En 1915, l'Ecole faisait l'acquisition d'un immeuble au 393 de la rue St-André à Montréal pour y donner les cours théoriques de même que les séances de laboratoire et de clinique.

Ce fut dès 1920 que des discussions furent entamées avec la direction de l'Université de Montréal en vue de l'affiliation du Collège d'optométrie à cette institution; ces pourparlers aboutirent finalement le 8 avril 1925, il y a donc 60 ans cette année. A la suite de cet évènement, le Collège d'optométrie placé sous la juridiction de l'Association des Optométristes devenait, pour l'Université de Montréal, l'Ecole d'optométrie. Cette affiliation consacrait le niveau de la formation scientifique et la valeur académique de l'enseignement dispensé par l'Ecole. Au cours de ces années, les conditions d'admission étaient le certificat de versification, ou certificat de lettres-sciences ou "1st year Arts College" ou encore une équivalence définie par le Bureau d'Immatriculation de l'Université, devenu depuis le Bureau du Registraire.

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A cette époque, tous les candidats devaient compléter, à la Faculté des sciences, une année préparatoire d'études scientifiques incluant des matières telles que biologie, physique, mathématiques et philosophie. La réussite de cette année assurait l'octroi, par la Faculté, d'un certificat qui était en quelque sorte le "passeport" pour l'admission aux études proprement dites en optométrie, études d'une durée d'un an et qui étaient suivies dans l'immeuble situé rue St-André. Le programme qui comprenait essentiellement trois sujets — optique, optométrie et pathologie oculaire — avait été élaboré en collaboration avec la Faculté de Sciences et avait reçu l'approbation des autorités universitaires. La réussite des examens assurait aux candidats le grade de "Bachelier en Optometrie" (Ba.O.).

C'est en 1934 que les exigences sont accrues et que la durée des études en optométrie est augmentée à deux ans.

Dès 1944, les démarches débutent en vue de l'intégration complète de l'Ecole d'optométrie à l'institution à laquelle elle était affiliée depuis 1925; afin de réaliser un tel objectif, il était nécessaire que la corporation professionnelle, le "Collège des Optométristes" abandonne ses droits sur l'Ecole d'optométrie afin que celle-ci puisse posséder une complète autonomie ce qui conduisit à l'incorporation de l'Ecole d'optométrie de Montréal. Cette nouvelle situation facilita grandement les démarches permettant à l'Ecole de pouvoir se loger dans les immeubles de l'Université de Montréal et dès septembre 1945, les activités pédagogiques y furent présentées à l'exception de la clinique qui restait localisée dans l'immeuble de la rue St-André. Ce sera à l'autonome 1946, suite à la collaboration du Dr. Georges Baril, de la Faculté des Sciences, que l'Ecole pourra s'installer dans l'aile Est, au 7e étage, de ce que l'on nomme aujourd'hui l'Immeuble Principal, dans l'espace d'une surface de 1200 pieds carrés.

L'objectif d'intégration n'est pas encore réalisé en 1949 et de nouveaux pourparlers s'engagent qui aboutiront, à l'occasion de la nouvelle charte de l'Université de Montréal, à une réorganisation complète de l'Ecole assortie de nouvelles conditions

d'immatriculation des étudiants. Le programme est porté à trois années d'études professionnelles après l'obtention du B.A. (Baccalauréat-es-Arts) à la suite d'une concertation entre les douze écoles d'optométrie du continent nord-américain. Comme toujours, ce projet fut soumis aux autorités et approuvé intégralement par la Commission des Etudes et le Bureau des Gouverneurs de l'Université de Montréal qui octroyait dorénavant aux nouveaux diplômés le grade de "Licence es-Sciences/Optométrie" (L.Sc.O.) que détient maintenant un bon nombre des optométristes du Québec.

En 1954, après vingt-neuf ans de services dévoués à la cause de l'Ecole d'optométrie, le doyen Alfred Mignot annonce sa retraite. Il sera succédé par M. J. Armand Messier, membre du corps professoral depuis 1926. M. Mignot aura donc été directeur de 1925 à 1954. Le directorat de J. Armand Messier aura duré 15 ans soit de 1954 à 1969, année de l'intégration de l'Ecole à l'Université.

En 1957, l'Ecole réaménage dans l'aile D du 2ème étage de l'Immeuble principal avec 5.000 pieds carrés de surface, plus que le quadruple de l'espace qu'elle avait occupé jusque là. La structure pédagogique est réorganisée pour créer six secteurs d'enseignement, notamment les sciences biologiques, les sciences visuelles, les sciences optiques, les sciences administratives, les cliniques et les laboratoires avec des responsables se rapportant à la direction.

Plus tard fut formé un "Comité Consultatif sur l'enseignement" qui comprenait, outre le Recteur de l'Université, Mgr Irénée Lussier, des représentants du Collège des Optométristes et de l'Ecole d'optométrie. Après une étude des divers programmes de formation en optométrie, au Canada et aux Etats-Unis, le Comité annonça plusieurs recommandations dont, entre autres, l'intégration de l'Ecole d'optométrie à l'Université de Montréal, le recrutement de jeunes professeurs possédant des grades académiques de deuxième et éventuellement de troisième cycle, l'amélioration des ressources pour favoriser l'enseignement et la recherche.

Il peut être utile de se remémorer que l'Ecole avait jusque-là réussi son développement avec des ressources très limitées; mais heureusement, la loi sur l'éducation de 1961 allait instituer un régime de subventions aux universités et dès 1963 l'Ecole d'optométrie recevait sa part, soit 40 000 $. Après des progressions annuelles, la subvention était triplée en 1967 alors qu'elle fut de 130 000 $. L'amélioration des conditions financières allait donc permettre à l'Ecole de poursuivre les objectifs fixés plus tôt et mettre au point une planification quinquennale (1964 à 1969) pour faire les changements administratifs nécessaires, engager du personnel-enseignant et non-enseignant plein-temps, augmenter les monographies et périodiques en bibliothèque de même que l'équipement pour les cliniques et les laboratoires, réviser le programme etc. . .

L'engagement du personnel-enseignant plein-temps possédant des grades académiques, était primordial pour réaliser les améliorations nécessaires au programme d'enseignement en vue de l'intégration.

C'est aussi à cette époque qu'était mise sur pied la Commission Parent qui avait pour mandat de faire les études requises sur tous les niveaux d'enseignement primaire, secondaire et universitaire, et d'apporter les suggestions permettant une meilleure coordination de l'enseignement. Afin de bien définir et faire connaître ses orientations, l'Ecole d'optométrie avait alors présenté un mémoire devant cette commission qui finalisa un rapport dont l'une des recommandations fut l'intégration de l'Ecole d'optométrie à l'Université de Montréal.

En 1967, l'Ecole dut être réaménagée dans des locaux plus vastes situés au 3333, du chemin de la Reine-Marie; c'est là qu'elle est encore sise, mais elle a subi plusieurs additions d'espace depuis.

Ce fut en 1969 que se réalisa finalement cette intégration à l'institution à laquelle elle était déjà affiliée depuis quarante-cinq ans.

En 1974, le programme de formation fut porté de six à sept trimestres; quatre ans plus tard, en 1978, il fut porté à quatres années de scolarité et les diplômés depuis ce temps reçoivent le grade de docteur en optométrie (O.D.). En juin 1983, le programme reçut l'agrément du Council on Optometric Education de l'American Optometric Association.

L'ecole d'Optométrie de l'Université de Montréal en 1985

Ses objectifs:

Cette école est la seule école d'optométrie francophone en Amérique du Nord; de fait, il s'agit peut-être de la seule école francophone dans le monde dont le curriculum est apparanté à celui de toutes les autres écoles nord-américaines.

Avec cette notion à l'esprit, nous avons défini un certain nombre d'objectifs.

En tout premier lieu, nous devons — à l'intérieur du programme de quatre ans — former des professionnels capables d'utiliser des méthodes cliniques scientifiques assurant des soins optométriques de première ligne sont aussi bien sensibilisés à la nécessité de l'auto-discipline et de l'auto-formation, en particulier, après la période initiale de formation.

C'est le devoir de l'Ecole de promouvoir et améliorer l'ensemble des connaissances en soins visuels grâce à la recherche; et cela s'applique aussi aux sciences cliniques.

Un autre objectif est d'offrir des programmes d'études supérieures: L'Ecole offre présentement un programme de deuxième cycle, la Maîtrise es-Sciences (Optique Physiologique) qui aide à la

formation de futurs professeurs, tant au niveau de la recherche qu'au niveau de l'enseignement théorique et clinique. L'Ecole doit aussi s'impliquer dans la formation continue pour aider ses diplômés à maintenir et améliorer leurs connaissances et habiletés et à rester à la fine pointe de l'évolution de la science visuelle.

Voila les objectifs généraux dont découlent les objectifs spécifiques qui suivent et qui touchent plus particulièrement la formation clinique.

En premier lieu, nous devons pourvoir les étudiants des disponibilités assurant tous les soins optométriques aux patients selon les plus hauts standards reconnus de l'exercice professionnel, les connaissances et la technologie les plus récentes de la science visuelle, mais selon aussi les ressources disponibles qui deviennent de plus en plus difficiles à obtenir.

Nous devons aussi informer les étudiants, les diplômés, les autres professionnels de la santé et le public de la vraie définition de la pratique optométrique et de ses standards en vue de rencontrer tous les besoins individuels et collectifs en soins visuels.

Dans la mesure du possible, l'orientation et les activités du programme clinique doivent être basées sur des études épidémiologiques: elles doivent aussi assurer aux étudiants un nombre suffisant et une variété satisfaisante de cas cliniques. En plus de cela, le programme doit donner aux étudiants l'occasion de développer et améliorer leurs connaissances et habiletés dans le soin des patients.

Cette expertise, offerte selon les meilleures normes reconnues, doit s'appliquer dans tous les domaines, tels la basse-vision, l'orthoptique, l'aniséikonie, le diagnostic électrophysiologique, la vision des enfants et des personnes âgées, des lentilles cornéennes, la vision industrielle et les soins aux malentendants et déficients mentaux . . . etc.

Nous devons aussi former l'étudiant à assurer aux patients la protection requise en les orientant, au besoin, vers des soins spécialisés. Il doit donc recevoir les connaissances et l'entraînement clinique lui permettant de déceler les problèmes oculaires et systémiques, par la cueillette des données cliniques pertinentes.

Dans le programme clinique, lors des communications étudiant/patient, nous insistons davantage sur les points suivants:

i) l'intégration, la synthèse, l'évaluation et l'application de tous les concepts théoriques
ii) de développement de l'habileté de communication et de relations interpersonnelles, de même que la capacité d'observer, de mesurer, d'analyser et décider, après la cueillette des données précises.
iii) l'acquisition de la capacité à rendre des soins optométriques personnalisés et à accepter les responsabilités qui vont de pair avec des soins de qualité orientés vers le mieux-être du patient.

Activités cliniques

Sur le campus, les cliniques de l'Ecole d'optométrie offrent des services quatre jours et demi par semaine y incluant l'été, donc l'année durant, sauf pour les deux semaines de relâche en avril, août et décembre. On y retrouve donc les services optométriques de la clinique générale, de la clinique spéciale (notamment pour les cas de pathologie oculaire), des cliniques d'aniseikonie, d'orthoptique et de lentilles cornéennes. Il y a quelques années, nous avons mis sur pied un programme de services "spécialisés", d'abord en collaboration avec l'Institut des Sourds de Montréal pour les malentendants et ensuite avec des garderies de la région de Montréal, pour les enfants jusqu'à l'âge de 6 ans.

Hors campus, l'Ecole d'optométrie a signé un contrat de service avec l'Institut Nazareth et Louis-Braille situé à Longueuil, au sud de Montréal: les étudiants de troisième et de quatrième année donnent les soins appropriés aux patients de basse-vision dans un contexte multi-disciplinaire. Le responsable de cette clinique est un optométriste de même que le coordonnateur des stages. Les étudiants ont aussi la possibilité de voir plus de ce type de patients lors d'un stage du Montreal Association for the Blind (MAB) où oeuvrent certains professeurs et chargés de clinique de l'Ecole d'optométrie.

Les étudiants sont aussi impliqués dans des programmes de dépistage visuel au niveau scolaire et au niveau industriel.

La recherche

Même avec des ressources et un financement réduits, les membres du corps professoral ont réussi à s'impliquer dans la recherche, satisfaisant ainsi à la politique de l'Université de Montréal et aux ententes survenues avec le Syndicat Général des Professeurs voulant que les activités de recherche soient partie intégrante de la charge de travail de tout professeur.

Il est intéressant de noter que les "bailleurs" de fonds deviennent graduellement plus intéressés à financer la recherche en optométrie au Québec. Les projets de recherche touchent divers aspects des sciences fondamentales et cliniques. Le Service de la Recherche de l'Université aide les professeurs en particulier dans les divers éléments administratifs de leurs travaux de recherche.

Dans le contexte des objectifs fixés, des fonds de recherche ont été rendus disponibles à nos professeurs par divers organismes dont le Fonds de Développement de la Recherche (F.D.R.) de l'Université de Montréal, le Fonds de Recherche en Santé du Québec (FRSQ), le Ministère canadien de la Santé et du Bien-être Social, le Fonds de Fiducie des optométristes canadiens (Canadian Optometric

Education Trust Fund - COETF), l'Ordre des Optométristes du Québec (O.O.Q.), l'Association des Optométristes du Québec (A.O.Q.) et diverses compagnies de produits ophtalmiques.

Les étudiants

L'Université de Montréal décerne maintenant le grade de Docteur en Optométrie (O.D.) après la réussite d'un programme professionnel de quatre ans auquel on a accès à la suite d'études collégiales de deux ans dans les sciences de la santé; à chaque année, une quarantaine de nouveaux et nouvelles diplômées reçoivent leur doctorat.

Les inscriptions pour l'année 1984-85

1ère année:	30 femmes	19 hommes
2ème année:	27 femmes	10 hommes
3ème année:	29 femmes	12 hommes
4ème année:	25 femmes	17 hommes

Ceci représente un changement considérable dans le groupe d'étudiants depuis les dix dernières années: d'une absence presque totale, l'élément féminin est devenu majorité. Et il n'y a pas que l'Ecole d'optométrie qui présente cette nouvelle image: elle est aussi pour l'ensemble de l'Université de Montréal et touche autant l'Ecole Polytechnique que plusieurs facultés dont la médecine et la médecine dentaire.

Le nombre de candidatures demeure très élevé proportionnellement au nombre de sujets admis avec un ratio se situant à chaque année à 1/10 ou 1/11.

Depuis plusieurs mois, il y a eu de nombreuses discussions dans les instances supérieures de l'Université dans le but d'établir une politique de participation des étudiants à divers comités départementaux, notamment un comité des études (consultatif) où auront lieu les discussions relatives aux divers aspects du programme. L'ensemble de la politique deviendrait applicable en septembre 1985.

Parmi les activités étudiantes, on note le Festival de la Santé, évènement annuel organisé par tous les étudiants en Sciences de la santé; un autre évènement annuel, la Semaine de la Vision, est mis sur pied par les étudiants en optométrie.

L'avenir

On se sent toujours plus démuni quand il faut aborder l'avenir, en particulier lorsque ce sont les priorités qu'on a soi-même pour l'institution, priorités qui ne sont pas nécessairement celles d'un successeur.

J'ai personnellement assumé la direction de l'Ecole d'optométrie de l'Université de Montréal de 1969 à 1973, puis de 1977 à 1985; mon deuxième mandat est maintenant terminé.

Mon successeur est le Dr. Daniel Forthomme, L.Sc.O., Ph.D. qui est professeur à l'Ecole depuis 1963. Il a complété en 1978 une maîtrise et un Ph.D. en pathologie au Département de Pathologie de la Faculté de médecine de l'Université de Montréal.

Dans les prochains mois, l'Ecole d'optométrie doit accorder sa priorité au développement du programme de recherche et, dans de contexte, ouvrir au plus tôt les discussions avec le Vice-recteur aux affaires professorales pour obtenir le financement d'un autre poste de professeur dont l'intérêt principal sera la recherche. L'obtention de ce type de ressources est devenu difficile sinon impossible à cause des coupures importantes de budget que le niveau universitaire a dû subir depuis 1980.

Cet élan pourrait sans doute aider à la mise sur pied d'un programme d'études de troisième cycle (Ph.D.).

Nous devons songer aussi au développement de programmes de résidence dans divers domaines; ces programmes conduiraient à l'obtention de certificats de deuxième cycle.

Enfin, à cause de sa situation unique dans la francophonie, l'Ecole d'optométrie doit envisager de développer dans les prochaines années les moyens d'établir une collaboration internationale avec tous les pays francophones dans les secteurs de la recherche et de l'enseignement clinique.

Conclusion

Nous avons tenté, très succinctement, de faire le tour des soixante-quinze ans de l'Ecole d'optométrie de l'Université de Montréal et de ses étapes historiques majeures. Nous avons également fait état de sa situation présente et de ce que l'on pourrait envisager pour l'avenir, car il nous faut continuer.

Mais nous devons tous être très conscients de l'effort collectif à consentir en vue d'assurer, à plus ou moins longue échéance, une excellente relève, une relève du plus haut calibre pour continuer l'oeuvre entreprise et la parfaire. Ce germe doit être semé dès maintenant: voilà un des objectifs principaux que nous devons poursuivre parmi tant d'autres, malgré les contraintes grandissantes qui nous freinent de toute part.

Nous devons continuer à répondre aux besoins et à la nécessité d'excellence dans la formation de nos étudiants, futurs professionnels de la santé et futurs professionnels de première ligne des soins oculo-visuels.

Mais il ne faut pas nous leurrer, il faut rester réaliste: très souvent, pour ne pas dire toujours, dans le contexte actuel (et en particulier ces trois ou quatre dernières années), les décisions d'ordre académique ont un impact budgétaire, financier et administratif qu'il nous est impossible d'ignorer. Donc, parfois, malgré un ardent désir et un effort sincère d'aller de l'avant, tous, nous voyons notre belle motivation frustrée devant des réalisations qui s'avèrent hors de portée, faute des fonds nécessaires. Nous devons donc regarder vers le vingt-et-unième siècle, qui approche très vite, avec vigueur et espoir, mais aussi avec le réalisme que nous impose la sagesse façonnée en nous par les décades qui défilent inexorablement.

LETTERS

Editor, Canadian Journal of Optometry

I would like to alert your readers to an apparent solution-induced complication for wearers of gas permeable contact lenses.

In the past several weeks, a number of my patients have presented with histories of recent onset of symptoms of burning, lacrimation and discomfort, either immediately on insertion of lenses, or after a few hours' wear. All wore gas permeable contact lenses; all were long time users of Soaclens soaking and wetting solution.

Examination revealed some or all of the following signs: superficial punctate keratitis, edema and spectacle blur. In a number of cases, the lenses showed rough and coated surfaces not of the type usually due to wear.

Polishing of lens surfaces and a change of the lens hygiene system appears to have resolved the problems.

Common to all cases were (i) wearing gas permeable lenses and (ii) a recent change to the new formulation of Soaclens soaking and wetting solution from the previous Soaclens formula. The major change in formula appears to be a change from the use of thimerosal 0.004% to the use of benzalkonium chloride 0.01% as part of the preservative system. There has been discussion in the past suggesting that benzalkonium chloride might, at times, produce changes in gas permeable lenses, or possibly in the cornea. [1,2,3,4]

The purpose of this communication is to alert practitioners to a possible adverse effect of the use of this new formulation with gas permeable lenses. The incidence of this effect is not known, since this report involves only a small sample of patients who presented with problems. Practitioners, however, would be well-advised to monitor patients for such adverse effects and to report them to the *Canadian Journal of Optometry* if such do occur.

It would seem advisable that a study of the new Soaclens be undertaken using animal corneas and, if negative, that a prospective study then be initiated.

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Marvin Langer, M.Sc., O.D., F.A.A.A.S.
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M5S 1S4

Editor, Canadian Journal of Optometry

Thank you for the opportunity to respond to Dr. Langer's letter related to the new Soacleans formulation. Dr. Langer had discussed this matter personally with me stating he had written a letter to the Canadian Journal of Optometry.

The experience of Dr. Langer is puzzling and we are currently thoroughly evaluating the possible cause of this problem. The product has undergone careful clinical evaluations with more than 500 patients using various types of silicone-acrylate gas permeable lenses. Many of the patients in the trials used the product for up to one year. During these clinical trials, we did not encounter any of the problems described by Dr. Langer. In addition, the product is presently marketed successfully in several European countries and has been used with all available hard gas permeable lenses.

Our investigation related to this anomalous finding of Dr. Langer is not complete and, as yet, we can not make any definitive statements. However, sufficient preclinical and clinical studies have been conducted to assure the safety and efficacy of the product.

Kiran J. Randeri, Ph.D.
Senior Director
Optical Products R&D
Alcon Laboratories Inc.

Advisory on the Use of Salt Tablet Saline

The rising costs of hydrogel lens care solutions and the adverse ocular responses of some patients to preservatives in saline solutions have caused many practitioners to prescribe patient-prepared salt tablet saline.

This is considered an appropriate saline for thermal disinfection, simple rinsing of surfactant cleaners or preparation of enzyme tablets. However, it constitutes a potential risk when used in other fashions in room temperature care systems. *Any* use of salt tablet saline after the disinfection step is totally inappropriate as the solution is not sterile.

In the author's experience, home-prepared saline has been most often misused with the Septicon system when it is substituted for preserved or sterile non-preserved salines for overnight storage. Based on the research of Pitts,[1] Morgan,[2] Milauskas,[3] and Wilson,[4] it is clear that this constitutes a risk of lens contamination and the possible result of infection. The distilled water used in the preparation of these salines may not be sterile when purchased and is likely to become contaminated as it stands for weeks or months with no preservative protection. The tiny mixing bottles are equally susceptible to contamination and/or continuation of microbial growth. If salt tablet saline is used for storage, the patient will take the time to clean and disinfect the lenses, and then store them in a contaminated environment prior to insertion. There is nothing to break the cycle of contamination in this situation unless the prepared saline is made and boiled daily and the lens storage case is boiled regularly.

Fortunately, the incidence of serious ocular infections associated with hydrogel lens wear is low. However, in those cases where significant damage to vision has occurred the infective organism was usually found growing in the lens storage solution.

As protectors of our patients' ocular health, it is our duty to minimize the risk of infection. Therefore, we conclude that it is not appropriate to prescribe the use of home-prepared salt tablet saline with the Septicon System or with any room temperature care system after the disinfection cycle.

If non-preserved salines must be used, the appropriate solutions are sterile unit dose salines or pressurized aerosal saline.

J.E. Josephson

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Editor's Note: The following exchange of correspondence was forwarded to the CJO by one of the correspondents, Dr. Howard Backman of Pierrefonds, Québec.

Dear Sir:

I am a practising Optometrist and would like to file a complaint with the Health Protection Branch concerning a health hazard.

Contact lenses and, in particular, soft contact lenses have become very popular. It is common that patients are dispensed used lenses rather than new sterile lenses. Manufacturers, such as Bausch & Lomb, encourage the dispensing of lenses from "inventory". This means that an Optometrist, Optician or Ophthalmologist could provide the lens to the patient on his or her first visit. These lenses are used for the initial examination and then dispensed. If the patient has problems, the lenses are exchanged or returned with a refund. What usually happens to the lenses that the patient has used? The manufacturer will *not* take them back at no charge, therefore they are often dispensed again. What about the patient who is dissatisfied? Are the lenses destroyed or dispensed again to someone else? Manufacturers such as Coopervision have even stated publicly that some practitioners will permit their patients to try out lenses.

I am concerned that there is a strict law concerning the resale of used medications, undergarments, swim suits, and cosmetics. That is, the consumer may not return these products once they have been used. I believe that your agency should protect the public by regulating contact lenses in the same manner. Only sealed, sterile, new lenses provided by the manufacturer could be dispensed. The public should be informed as to the common practice of receiving worn, used and sometimes non-sterile contact lenses. Lenses should be in the original container with the specifications written on it as received from the manufacturer. Too often the patient is not even informed as to the *name* of the product he or she is using and this presents problems to other practitioners when the patient decides to see another practitioner.

I hope that you will investigate this problem. It is not with the manufacturers of the lenses but rather with the dispensers. The dispensers often provide used lenses and do not provide the patients with the brand name of their lenses. This applies to all three groups mentioned above.

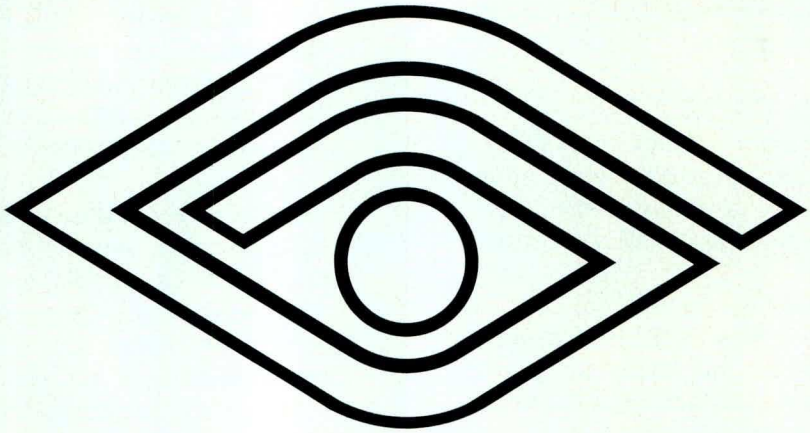
Thank you for your attention to this important matter.

Dr. H.A. Backman
Optometrist
Pierrefonds, Qué.

Continued on P. 88

CANADIAN ASSOCIATION OF OPTOMETRISTS

ASSOCIATION CANADIENNE DES OPTOMÉTRISTES



Rapport annuel 1984 Annual Report

As presented to the attendees at the CAO 19th Biennial Congress Wednesday, July 3, 1985

Présenté aux participants au 19e Congrès biennal de l'ACO le mercredi 3 juillet 1985

Introduction

In 1984, Canada underwent a substantial transformation at the federal political level. Early in the New Year, (then) Prime Minister Pierre Trudeau announced his retirement as leader of the governing Liberal Party. In what seemed like fairly quick succession, the country saw a summer Liberal leadership convention followed by a late summer national election campaign and the vote itself on September 4.

CAO activities in 1984 also assumed a strong political focus as the year developed. CAO Council deemed a Political Action Program to be an immediate priority of the national Association. The result was the development and compilation of the Phase I and II Political Action questionnaires which reached members before and during the federal election campaign.

Earlier in the year, CAO had honed its political skills in another type of national campaign, one to ensure optometric inclusion in (or, more correctly,

Introduction

L'année 1984 a apporté une grande transformation au niveau de la scène politique fédérale du Canada. Au début de l'année, le premier ministre Pierre Trudeau annonçait sa démission en tant que chef du Parti libéral (alors) au pouvoir. Ensuite, et, semblait-il, presque coup sur coup, se sont succédé le congrès du Parti libéral à l'été, la campagne électorale nationale à la fin de l'été et les élections elles-mêmes le 4 septembre.

Les activités de l'ACO ont aussi pris une orientation nettement politique au cours de l'année. Le Conseil de l'ACO a décidé d'inscrire un Programme d'action politique à la tête de la liste des priorités de l'association nationale. L'ACO a donc mis au point les questionnaires de la phase I et de la phase II, qui ont été envoyés aux membres avant et pendant la campagne électorale fédérale.

Auparavant, l'ACO avait aiguisé ses griffes politiques dans une autre sorte de campagne nationale, qui avait pour but d'assurer que

to prevent our *exclusion* from) the list of insurable services under the Canada Health Act.

A number of high priority public relations programs were also instituted with the goal of bringing the public at large and, more importantly, our own membership, more precisely into the Association's professional picture. "Who are we?" and "Where are we going?" became two of the most immediate questions behind much of the national Association activity during 1984.

Summary — What is CAO?

The Canadian Association of Optometrists is a federation of ten provincial Optometric Associations and continues to act as the recognized voice of Canadian Optometry in all areas of national concern to the profession.

The Association strives to improve not only the Science of Optometry but, as well, the level of vision care services available to the Canadian public. CAO closely monitors and provides input to existing and proposed government programs which deal, directly or indirectly, with optometric vision care, The Association also promotes regular ongoing Continuing Education programs, and active participation in them, among its members.

In addition to annual dues payments received from all member optometrists in Canada through their provincial Optometric Associations, CAO benefits from the commitment and active involvement of more than 100 optometrists from all across the country who serve in various Executive, Council and Committee roles in order to ensure the smooth functioning of annual Association activities.

CAO Council

At the 1984 Interaction meeting held in Ottawa, CAO President-elect Dr. Ralph Rosere, of Dartmouth, Nova Scotia, formally assumed the office of President as Dr. Roland des Groseilliers of Ottawa, Ontario, became Past-President. The balance of the national Council Executive was made up of President-elect Dr. Bruce Rosner of Winnipeg, Manitoba and Secretary-Treasurer Dr. Scott Brisbin of Edmonton, Alberta.

Councillors from the other provinces during 1984 were as follows: Dr. James Patriquin (Newfoundland); Dr. Rainer Zenner (Prince Edward Island); Dr. Ron Haines (Nova Scotia, serving as provincial delegate during Dr. Rosere's term of office); Dr. Les Clements (New Brunswick); Dr. Jean-Marie Rodrigue (Quebec); Dr. James Krueger (Saskatchewan) and Dr. Tom Adamack (British Columbia).

CAO Political Action Program

Two specific political goals in 1984 thrust CAO into a program of political action to a depth unequalled since the original Medicare Act was first introduced in Canada: the inclusion of optometric services under the new Canada Health Act and,

l'optométrie soit incluse dans la liste des services admissibles à l'assurance en vertu de la Loi canadienne sur la santé (ou, plus exactement, d'éviter qu'elle en soit *exclue*).

Nous avons lancé un certain nombre de programmes de relations publiques hautement prioritaires, afin de renseigner plus précisément le grand public et, tout particulièrement, nos propres membres, sur les activités professionnelles de l'Association. "Qui sommes-nous?" et "Où allons-nous?" sont devenues deux des questions les plus pressantes auxquelles s'est adressée une bonne partie de l'activité de l'association nationale en 1984.

Sommaire — Qu'est-ce que l'ACO?

L'Association canadienne des optométristes est une fédération de dix associations provinciales d'optométristes, qui demeure le porte-parole officiel des optométristes du Canada dans tous les domaines d'intérêt national pour la profession.

L'Association s'efforce d'améliorer non seulement la science de l'optométrie, mais aussi le niveau des services de soins de la vue offerts au public canadien. L'ACO suit de près les programmes gouvernementaux, existants et proposés, qui touchent, directement ou indirectement, aux soins optométriques de santé, et y contribue. L'Association fait aussi la promotion de programmes réguliers d'éducation permanente et encourage ses membres à y participer activement.

L'ACO reçoit des cotisations annuelles de tous les optométristes membres du Canada, par le biais de leurs associations provinciales d'optométristes, et bénéficie aussi de l'engagement et de la participation active de plus de cent optométristes de tous les coins du pays, qui exercent des fonctions de direction ou qui siègent au Conseil ou aux comités afin d'assurer la bonne marche des activités annuelles de l'Association.

Le Conseil de l'ACO

À l'assemblée Interaction 1984 tenue à Ottawa, le président élu de l'ACO, le Dr Ralph Rosere, de Dartmouth (Nouvelle-Écosse), a accédé officiellement à la présidence et le Dr Roland des Groseilliers, d'Ottawa (Ontario), est devenu président sortant. Les autres membres du Comité administratif du Conseil sont le Dr Bruce Rosner, de Winnipeg (Manitoba), président élu, et le Dr Scott Brisbin, d'Edmonton (Alberta), secrétaire-trésorier.

Les conseillers des autres provinces en 1984 étaient les suivants: le Dr James Patriquin (Terre-Neuve); le Dr Rainer Zenner (Île-du-Prince-Édouard); le Dr Ron Haines (Nouvelle-Écosse, siégeant à titre de délégué provincial pendant le mandat du Dr Rosere); le Dr Les Clements (Nouveau-Brunswick); le Dr Jean-Marie Rodrigue (Québec); le Dr James Krueger (Saskatchewan) et le Dr Tom Adamack (Colombie-Britannique).

In October, 1984, CAO Council met in Saint John, New Brunswick with the Council for the New Brunswick Association of Optometrists. CAO Councillors in the photo are (seated, right) Dr. Ralph Rosere, President; (Standing) Dr. Jim Patriquin, Newfoundland (2nd from left); Dr. Les Clements, New Brunswick (3rd from left); Dr. Roland des Groseilliers, past-President, Ontario (4th from left); Dr. Tom Adamack, British Columbia (7th from left); Dr. Jim Krueger, Saskatchewan (8th from left); Dr. Rainer Zenner, Prince Edward Island (2nd from right); Dr. Ron Haines, Nova Scotia (5th from right); Dr. Bruce Rosner, Manitoba, President-elect (6th from right); Dr. Scott Brisbin, Alberta, Secretary-Treasurer (7th from right). Mr. Gérard Lambert, CAO Executive Director, is standing centre. Seated left is Dr. Keith Fullarton, President of the NBAO and directly behind him is Ms. Noella Lebrun, Executive Director of the Provincial Association.

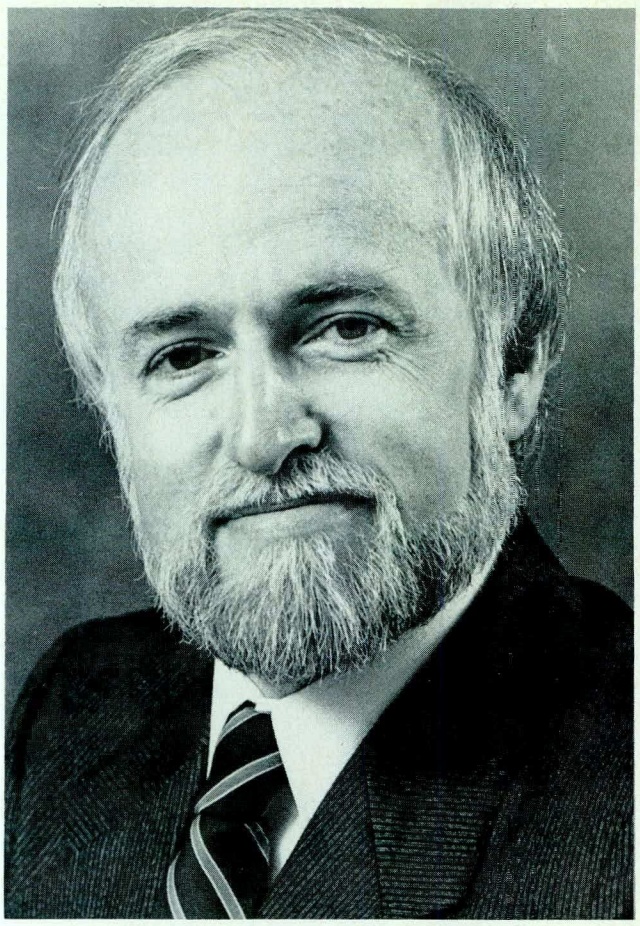
secondly, the identification and encouragement of optometric involvement in the 1984 Federal election campaign.

The Canada Health Act

CAO focussed most of its administrative and executive energies during the first three months of 1984 on the House of Commons Standing Committee on Health, Welfare and Social Affairs.

In a two-part program, a national *President's Committee* (made up largely of the existing Interprofessional Relations Committee) researched and prepared an extensive Brief for submission to the House of Commons Committee, the full text of which appeared as a special supplement to the March, 1984 issue of the *Canadian Journal of Optometry*. Secondly, CAO Executive Director Gerard Lambert and (then) President Dr. Roland des Groseilliers spent many long hours in the Committee Room during the actual hearings in a concentrated lobbying and monitoring program to ensure the preservation of optometric services as insurable under the new Federal Act. Throughout the negotiations, provincial Associations were kept closely apprised of each development through a series of Conference call link-ups with the national office that included not only the CAO Councillor for each province, but also the provincial Association President.

It was only at the last half-hour of the last day of the Committee hearings that the Standing Committee



D^R Ralph Rosere

Le Programme d'action politique de l'ACO

En 1984, l'ACO a lancé un programme d'action politique d'une intensité inégalée depuis l'introduction au Canada de la première Loi sur les soins médicaux, en vue d'atteindre deux objectifs politiques particuliers: faire inclure les services optométriques dans le cadre de la nouvelle Loi canadienne sur la santé et définir et promouvoir la participation des optométristes à la campagne électorale fédérale de 1984.

La Loi canadienne sur la santé

Au cours des trois premiers mois de 1984, l'ACO a orienté la plus grande partie des efforts de son administration et de sa direction vers le Comité permanent de la santé, du bien-être et des affaires sociales de la Chambre des communes.

Dans un premier temps, un *Comité national du président* (composé en grande partie des membres du Comité des relations interprofessionnelles) a fait des recherches et rédigé un mémoire détaillé à l'intention du Comité de la Chambre des communes; ce mémoire a été publié intégralement dans un supplément au numéro de mars 1984 de la *Revue canadienne d'optométrie.*En deuxième lieu, Gérard Lambert, directeur général de l'ACO, et le D^r Roland des Groseilliers, qui était alors président, ont passé de longues heures dans la salle du Comité au cours

voted unanimously to entrench in the Canada Health Act services provided by "health" (rather than solely by "medical") practitioners as insurable under the various Provincial Health Insurance programs. To an outsider, it may seem at first that not much was really won, particularly since CAO's preferred goal was the specific inclusion of optometric services under the Canada Health Act. But in the budget-conscious economy currently forcing provincial governments to consider *all* of their programs, an open door such as was presented by the draft version of the Canada Health Act might have proved to be the beginning of the end for Optometry as an independent health care profession in Canada. As it was passed, the Canada Health Act legitimately and legally recognizes the validity and public benefit of existing non-medical health services.

The 1984 Federal Election Campaign

CAO first recognized the merits of optometric involvement in federal politics when it voted to move the national Association office from Toronto to Ottawa in the mid 1960's. In 1984, Council identified the election campaign as an opportunity to establish an optometric political action program as never before.

Under Political Action Committee Chairman Dr. Scott Brisbin, CAO developed Phases I and II of an extensive Political Action Program. The role of the national office was essentially one of co-ordination and information processing. The real success of the Program occurred at the constituency level across the country.

In Phase I of the program, which began with the announcement of an impending change in leadership of the federal Liberal party, CAO sent out a brief questionnaire to all member optometrists in Canada requesting information on current political contacts at the House of Commons level. The information was compiled at the national office on a riding by riding basis and returned to the Councillor for each province for forwarding to their respective Political Action Committees.

Phase II of the Program took Phase I as its foundation and, as the date of the 1984 federal election campaign was announced, a second questionnaire was circulated to not only the respondents of Phase I, but also the membership at large, requesting identification of *candidate* contact. Again, the information was assembled at the national office on a riding by riding basis and returned to the provinces through their CAO Councillors.

By the time the election results were in, CAO, an Association of 2,300 Canadian members, was able to identify an optometric link with nearly every elected Member of Parliament in the federal House of Commons. In addition, as Prime Minister Brian Mulroney announced his cabinet appointments,

des audiences, dans le cadre d'un programme intensif d'intervention et de suivi visant à assurer que les services optométriques demeurent admissibles à l'assurance selon la nouvelle loi fédérale. Pendant toute la durée des négociations, le bureau national a informé les associations provinciales de chaque fait nouveau par le biais d'une série d'appels-conférences auxquels ont participé non seulement le conseiller de l'ACO pour chaque province, mais aussi le président de l'association provinciale.

Ce n'est qu'à la dernière demi-heure de la dernière journée d'audiences que le Comité permanent a décidé à l'unanimité d'ajouter à la Loi canadienne sur la santé une disposition prévoyant l'admissibilité des services dispensés par les "professionnels de la santé" (plutôt que par les "médecins" seulement) dans le cadre des divers programmes provinciaux d'assurance-santé. Cette victoire pourrait d'abord sembler minime à une personne de l'extérieur, surtout que l'ACO aurait préféré que les services optométriques soient spécifiés aux termes de la Loi canadienne sur la santé. Mais dans le contexte économique axé sur le budget qui oblige actuellement les gouvernements provinciaux à évaluer *tous* leurs programmes, le projet de loi canadienne sur la santé laissait une porte ouverte qui aurait pu conduire à la fin de l'optométrie en tant que profession indépendante des soins de santé au Canada. Dans sa version finale, la Loi canadienne sur la santé reconnaît légitimement et légalement la validité des services de santé paramédicaux actuels et les bénéfices qu'ils offrent au public.

La campagne électorale fédérale de 1984

L'ACO a d'abord reconnu qu'il était important que les optométristes interviennent sur la scène politique fédérale lorsqu'elle a décidé, au milieu des années 1960, d'installer à Ottawa son bureau national, qui était alors à Toronto. En 1984, le Conseil a vu dans la campagne électorale une occasion d'établir un programme d'action politique d'une portée sans précédent.

Sous la direction du président du Comité d'action politique, le Dr Scott Brisbin, l'ACO a mis au point les phases I et II d'un vaste Programme d'action politique. Le rôle du bureau national était essentiellement d'assurer la coordination et le traitement des données. C'est au niveau des circonscriptions que le programme a vraiment réussi.

À la phase I du programme, qui a démarré à l'annonce d'un changement imminent dans la direction du Parti libéral fédéral, l'ACO a envoyé un bref questionnaire à tous les optométristes membres du Canada, leur demandant des renseignements sur leurs contacts politiques actuels au niveau de la Chambre des communes. Le bureau national a compilé les renseignements par circonscription et les a retournés aux conseillers des provinces, qui les

optometric contacts were identified for virtually the entire slate of Ministers.

CAO is continuing to build its information file of optometrists who maintain links with their elected representatives and, as part of its Political Action Program, maintains an ongoing file of biographical information on Members of the Senate, the House of Commons and key public servants.

Interaction '84

Interaction '84's program was assembled as the Canadian Health Act battle passed into Association history and the federal election campaign loomed. So it was only natural that Political Action be the theme and subject for the 1984 Annual meeting of national and provincial optometric Association executive representatives.

To develop an Optometry-focussed seminar on lobbying and government relations, CAO contracted with a firm of politically oriented public relations consultants. They, in turn, used their experience to assemble three specific optometric case studies, from Alberta, New Brunswick and Quebec, to illustrate a number of guidelines on developing and maintaining an effective political action program at the provincial level.

The program was the first in Interaction's eight-year history to be turned over exclusively to an outside consultant for development and co-ordination. Under Interaction Chairman Dr. Ralph Rosere, the government affairs firm was advised of CAO's goals and capabilities in a series of pre-Interaction meetings at the national office in Ottawa. Early on, they recommended the case study route as the best way to cover political action and lobbying in an optometric context.

At the conclusion of the meeting, attendees were unanimous in expressing their satisfaction with the program. As it turned out, each selected case study proved the benefit of planning (as shown by Quebec's thorough strategic plan), committed members (evidenced by the success of the New Brunswick Mobile Vision Screening Program), follow through and personal contact (as Alberta illustrated with their annual MLA dinner) as essential ingredients to a successful political action program.

CAO Logo

At its Spring, 1984 meeting, CAO Council approved the adoption by the national Association of a new logo to represent the Canadian Association of Optometrists. The decision brought to an end a long debate on the merits and suitability of the previously-adopted symbol, which had proven to have some problems being accepted by a number of the corporate members. The new logo was one of four submitted to the full national membership of the Association in a Canada-wide opinion poll conducted late in 1983. Designed by a prominent Ottawa graphic artist, the symbol incorporates a stylization

ont fait parvenir à leurs comités respectifs d'action politique.

La phase II du programme était fondée sur la phase I et, lorsqu'on a annoncé la date de la campagne électorale, un deuxième questionnaire a été envoyé non seulement aux membres qui ont répondu au premier questionnaire, mais à tous les membres, leur demandant de nommer les *candidats* qu'ils connaissaient. Encore une fois, le bureau national a compilé les renseignements par circonscription et les a retournés aux provinces par l'entremise de leurs conseillers de l'ACO.

Au moment où elle a appris les résultats des élections, l'ACO, association qui compte 2 300 membres canadiens, a pu constater qu'elle avait, par le biais de ses membres, un lien avec presque tous les députés élus de la Chambre des communes. De plus, quand le premier ministre Brian Mulroney a nommé les membres de son Cabinet, l'ACO a établi qu'elle avait des contacts avec presque tous les ministres.

L'ACO continue à ajouter à son fichier de renseignements sur les optométristes qui demeurent en contact avec leur représentant élu et, dans le cadre de son Programme d'action politique, elle maintient un fichier permanent de renseignements biographiques sur les membres du Sénat et de la Chambre des communes et sur les hauts fonctionnaires.

Interaction 84

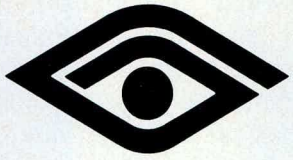
Comme le programme d'Interaction 84 a été mis au point au moment où la bataille concernant la Loi canadienne sur la santé passait dans l'histoire de l'Association et à la veille des élections fédérales, il n'est pas étonnant que l'action politique ait constitué, en 1984, le thème de l'Assemblée annuelle des représentants des comités administratifs des associations nationale et provinciales.

En vue d'élaborer un colloque traitant du lobbying et des relations avec les gouvernements du point de vue de l'optométrie, l'ACO a retenu les services d'une société d'experts-conseils en relations publiques d'orientation politique. À partir de leur expérience, ceux-ci ont préparé trois études de cas se rapportant spécifiquement à l'optométrie et provenant de l'Alberta, du Nouveau-Brunswick et du Québec, afin d'illustrer un certain nombre de lignes directrices sur la façon d'établir et de maintenir un programme efficace d'action politique au niveau provincial.

Depuis la création d'Interaction, il y a huit ans, c'était la première fois qu'on confiait entièrement à un expert-conseil de l'extérieur la préparation et la coordination d'un programme. Sous la direction du président d'Interaction, le Dr Ralph Rosere, l'ACO a fait connaître ses objectifs et ses capacités à la société d'affaires gouvernementales lors d'une série de réunions tenues au bureau national d'Ottawa

of the initials C-A-O (or A-C-O, for l'Association Canadienne des Optométristes) in such a way as to produce a graphic rendering of the human eye.

The logo translates exceptionally well over a wide range of sizes and is readily recognizable on a wall banner, or on a business card.



As the year drew to a close, the national office was well into the process of formally registering the symbol, under current Canadian trademark legislation, through a Patent and Trademarks lawyer in Ottawa.

CAO Data Base

For several years, CAO information on optometric manpower, as provided by the provincial optometric Associations, has been at small percentage variances to the information available through federal government statistics. The differences in numbers were previously never great enough to cause any real concern, but the fact that the differences existed at all finally led to a serious attempt in 1984 to assemble a definitive national statistical data base of information on the profession in Canada.

An independent statistical research consultant was employed by the Association and the result, published in December, was Database 1984, an 80-page report on "the existing situation in terms of optometric manpower, expenditures on optometry and optometric earnings, as well as historical data to illustrate trends that are emerging" (quoted from the report's Forward).

The compilation is more extensive, up to date and accurate than any previous manpower information files utilized by the national Association. In addition to statistically profiling the Canadian Association of Optometrists, the report provides a wide range of information on the whole spectrum of vision care services in Canada.

CAO Committee Structure

One of the first priorities of newly-elected President Dr. Ralph Rosere was to co-ordinate the revision of the CAO Committee Structure to reflect current Association priorities. As a result, a number of new Committees were instituted, and several inactive ones officially phased out. By year's end, Council had approved the Terms of Reference for all 28 Committees under the revised structure. Reflecting particularly the emphasis on Political Action and Statistics, two new Committees with just those mandates were struck, among others.

Added to the CAO Committee structure during 1984 were the following:

avant l'assemblée Interaction. Les experts ont recommandé dès le début la méthode des études de cas, qui leur semblait la meilleure façon d'étudier l'action politique et le lobbying dans le contexte de l'optométrie.

Après l'assemblée, tous les participants se sont déclarés satisfaits du programme. Chaque étude de cas a prouvé que la planification (comme l'a démontré le plan stratégique minutieux du Québec), l'engagement des membres (qu'illustre le succès du Programme mobile d'examen de la vue du Nouveau-Brunswick), le suivi et les contacts personnels (à l'exemple de l'Alberta, qui donne un dîner annuel pour les membres de l'Assemblée législative) constituent les éléments essentiels d'un programme réussi d'action politique.

Le logo de l'ACO

À sa réunion du printemps 1984, le Conseil de l'ACO a approuvé d'adoption d'un nouveau logo pour représenter l'Association canadienne des optométristes. Cette décision a mis fin à un long débat sur la valeur et la pertinence du symbole qui avait été adopté auparavant, et qu'un certain nombre d'associations membres avaient contesté. Le nouveau logo est l'un des quatre symboles qui avaient été proposés à tous les membres de l'Association au Canada lors d'un sondage d'opinion vers la fin de 1983. L'oeuvre d'un graphiste renommé d'Ottawa, le symbole est formé des initiales stylisées A-C-O (ou C-A-O, pour Canadian Association of Optometrists) dessiné de façon à produire une représentation graphique de l'oeil humain.

Le logo se reproduit exceptionnellement bien dans une vaste gamme de formats et est facilement reconnaissable sur une affiche ou une carte professionnelle.

Vers la fin de l'année, le bureau national était bien engagé dans le processus d'enregistrement du symbole, conformément à la législation canadienne actuelle sur les marques de commerce, par l'entremise d'un avocat d'Ottawa spécialisé en brevets et marques de commerce.

Base de données de l'ACO

Depuis plusieurs années, les renseignements sur la main-d'oeuvre optométrique transmis à l'ACO par les associations provinciales d'optométristes diffèrent quelque peu des pourcentages donnés par les statistiques du gouvernement fédéral. Les différences numériques n'ont jamais été assez importantes pour qu'on s'en inquiète vraiment mais, parce qu'il y avait des différences, l'ACO a essayé sérieusement, en 1984, d'établir une base nationale définitive de données statistiques sur la profession au Canada.

L'ACO a retenu les services d'un expert-conseil indépendant en recherche statistique et, en décembre, a publié Base de données 1984, un rapport de 80 pages sur "la situation actuelle concernant la main-

(i) Optometric Manpower, under Chairman Dr. Jack Huber. The Committee's mandate also embraces the Terms of Reference of the former New Academic Facilities Committee;

(ii) Statistics and Research, under Chairman Dr. Tom Adamack. This Committee's mandate will overlap to a degree with the Optometric Manpower Committee as Statistics are assembled and tabulated to address the issue of Canadian optometric manpower needs in the years ahead;

(iii) CAO Sections, also under Chairman Dr. Tom Adamack. The Sections Committee will oversee the chartering and by-law approval for any proposed CAO Section. It is expected that the first of these Sections, whose creation was officially incorporated into the CAO by-laws, will be inaugurated at the Association's 19th Biennial Congress in Regina, July, 1985;

(iv) Political Action and National Keyman Program, under Chairman Dr. Scott Brisbin;

(v) Federal/Provincial Legislation Review, under Chairman Dr. Jean-Marie Rodrigue, whose mandate picks up a portion of the responsibility identified for the former National Committee on Vision Care Legislation;

(vi) Strategy and Planning, under Chairman Dr. Bruce Rosner.

Manpower Surveys

As part of the process of developing the CAO 1984 Database, each provincial Association in 1984 was requested to survey its *complete* provincial membership. The goal of this survey was to enable CAO to develop a national profile of the profession's manpower needs in both the immediate and longer term future.

For some provinces, the experience of identifying and cataloguing projected manpower needs proved to be a sobering one indeed. Given the total annual graduate output of both Canadian Schools of Optometry, and the present and projected role of the optometrist in Canada, it was quickly made all too apparent that a good deal of provincial needs will go unmet, beginning almost immediately.

As 1984 ended, a good deal of the political activity of the national Association office began to be channelled towards exploring ways and means of resolving the dilemma. Several provincial Associations had also instituted independent projects to clarify and confirm the statistics initially uncovered in their respective surveys.

CAO Policy Statement Register

As part of its increased activity on the national political scene, CAO and the national Council realized in 1984 that a detailed appraisal of the registered policies of the Association had to be

d'oeuvre optométrique, les dépenses relatives à l'optométrie et les gains réalisés dans ce domaine, et des données chronologiques pour illustrer les tendances qui se manifestent" (tiré de l'avant-propos du rapport).

La base de données est plus vaste, plus à jour et plus précise que tous les fichiers d'information sur la main-d'oeuvre utilisés auparavant par l'association nationale. Le rapport fait le profil statistique de l'Association canadienne des optométristes, et donne aussi un vaste éventail de renseignements sur toute la gamme des services de soins de la vue au Canada.

Les comités de l'ACO

L'une des tâches prioritaires dont s'est chargé le nouveau président de l'ACO, le Dr Ralph Rosere, a été de coordonner la révision de la structure des comités, afin de traduire les priorités actuelles de l'Association. Cette révision a donné lieu à la création d'un certain nombre de nouveaux comités, et à l'élimination officielle de plusieurs comités inactifs. À la fin de l'année, le Conseil avait approuvé le mandat des 28 comités établis selon la structure révisée. Pour traduire l'importance qu'on accorde actuellement à l'action politique et à la statistique, on a créé notamment deux nouveaux comités auxquels on a confié justement ces mandats.

Les comités ajoutés en 1984 sont les suivants:

(i) Main-d'oeuvre optométrique, sous la présidence du Dr Jack Huber. Le mandat de ce Comité englobe aussi celui de l'ancien Comité des nouveaux établissements d'enseignement;

(ii) Statistique et recherche, sous la présidence du Dr Tom Adamack. Le mandat de ce Comité empiétera jusqu'à un certain point sur celui du Comité de la main-d'oeuvre optométrique pendant l'établissement des statistiques au sujet des besoins futurs de main-d'oeuvre optométrique au Canada;

(iii) Sections de l'ACO, aussi sous la présidence du Dr Tom Adamack. Le Comité des sections est chargé d'approuver la constitution et les règlements de toute section proposée. La première de ces sections, dont la création a été officiellement incorporée dans les règlements de l'ACO, devrait être inaugurée au 19e Congrès biennal de l'Association à Regina, en juillet 1985;

(iv) Action politique et Programme national des hommes clés, sous la présidence du Dr Scott Brisbin;

(v) Révision de la législation fédérale et provinciale, sous la présidence du Dr Jean-Marie Rodrigue, dont le mandat englobe une partie des responsabilités confiées à l'ancien Comité national sur la législation des soins de la vue;

(vi) Stratégie et planification, sous la présidence du Dr Bruce Rosner.

undertaken to ensure their consistency with the public position of the profession on a number of federal and provincial issues.

Council therefore appointed New Brunswick Councillor Dr. Les Clements to Chair a Policy Statement Register Committee whose mandate would be the examination and recommendation of revision of any passages in the Policy Statement Register which were, in the opinion of the Committee, outdated or incomplete.

By year's end, Dr. Clements was able to report that, first, an extensive revision of the format of the Register would be recommended and, secondly, changes to a number of existing policies would likely be suggested, the formal presentation to be submitted to Council at its Spring, 1985 meeting.

Canadian Optometric Education Trust Fund

In 1984, the COETF embarked upon the planning stage of its largest single campaign undertaken since the Fund's inception: the appeal to the ophthalmic industry.

Late in the year, the Trustees met, under Chairman Dr. Scott Brisbin, and requested the national office undertake an evaluation of a number of potential fundraising and communications consultants' proposals. The goal will be to develop and sustain a long-term appeal whose final objective is the raising of $1,000,000 to supplement a similar pledge level achieved by the members of CAO.

For the 1984 Awards program, the Trustees were pleased to announce the granting of a total of $61,375, from applications totalling over $350,000.

National Council of Optometric Education

The NCOE in 1984 continued to work towards developing a national Syllabus of Examination that would satisfy the requirements for licensure in all ten provinces. Once adopted, such a standard will greatly assist a newly graduated optometrist, or a new arrival in Canada with optometric certification in another country, in locating in the province of his or her choice.

By year's end, the Council, under President Dr. Ron Haines, had finalized a draft Syllabus and submitted it for review to appointed representatives of provincial examining boards and both Schools of Optometry in Canada. In addition, a working paper on the implementation and administration of the Syllabus had also been prepared.

Ahead are perhaps the Council's most challenging goals: completing the syllabus review and approving it; reviewing and approving the working papers on the proposed national examination process and designating sub-Committees to negotiate with the provincial licensing bodies ways and means of implementing the working paper recommendations.

Enquêtes sur la main-d'oeuvre

Dans le cadre du processus de mise au point de sa base de données 1984, l'ACO a demandé à chaque association provinciale de faire le relevé de *tous* ses membres. Cette enquête avait pour but de permettre à l'ACO d'élaborer un profil national des besoins de main-d'oeuvre optométrique à court terme et à long terme.

Dans certaines provinces, le fait de définir et de classer les besoins prévus de main-d'oeuvre a constitué une expérience révélatrice. Compte tenu du nombre total d'étudiants diplômés chaque année par les deux écoles canadiennes d'optométrie, et du rôle actuel et prévu de l'optométriste au Canada, il est rapidement devenu évident que les provinces ne pourront répondre à un bon nombre de leurs besoins, à partir de presque tout de suite.

À la fin de 1984, le bureau national de l'Association avait commencé à orienter une bonne partie de ses activités politiques vers la recherche de façons de résoudre le problème. Plusieurs associations provinciales avaient aussi mis sur pied des études indépendantes visant à clarifier et à confirmer les statistiques qui sont ressorties initialement de leurs enquêtes respectives.

Registre des énoncés de principe de l'ACO

Dans le cadre du rôle plus actif de l'Association sur la scène politique nationale, l'ACO et le Conseil national ont constaté, en 1984, qu'il fallait procéder à une évaluation détaillée des politiques enregistrées par l'Association, pour assurer qu'elles soient conformes à la position prise publiquement par la profession au sujet d'un certain nombre de questions fédérales et provinciales.

Le Conseil a donc nommé le Dr Les Clements, conseiller du Nouveau-Brunswick, président du Comité du Registre des énoncés de principe, chargé d'examiner le Registre et de recommander la révision de tout passage qui lui semble périmé ou incomplet.

À la fin de l'année, le Dr Clements a fait savoir que le Comité allait, premièrement, recommander une grande révision de la présentation du Registre et, deuxièmement, probablement proposer des changements à un bon nombre des politiques existantes, et qu'il présenterait son rapport officiel au Conseil à sa réunion du printemps 1985.

Le Fonds de fiducie des optométristes canadiens pour l'éducation

En 1984, le FFOCE a commencé à planifier la plus grande campagne lancée depuis sa création: l'appel à l'industrie ophtalmique.

Vers la fin de l'année, les fiduciaires se sont réunis, sous la présidence du Dr Scott Brisbin, et ont demandé au bureau national d'évaluer un certain nombre de propositions de programmes de souscrip-

National Advisory Committee on Vision Care Plans

When originally assembled at the request of the Presidents of the provincial optometric Associations, the fundamental goal of the NACVCP was to develop a national program that retained treatment service and expanded the occupational aspects of its proposed vision care plan(s).

A national Occupational Vision Programme was reported, by Committee Chairman Dr. Brian Cox at the November, 1984 meeting of the provincial Association Presidents in Winnipeg, as having been achieved. A slide show illustrating the programme, as well as directed pamphlets dealing with VDT's and Vision Service Plans had also been developed by the Committee.

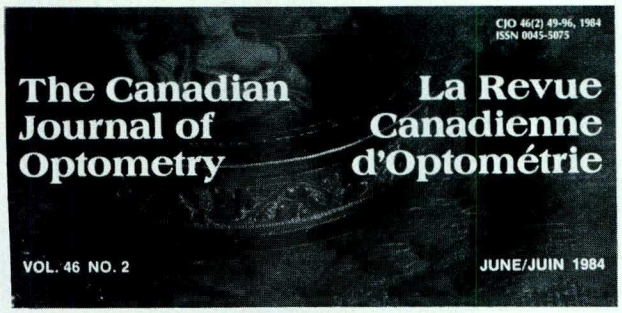
Also as part of the discussion at this meeting, considerable time was spent on the issue of continuing the development of a *national* VSP program. Ontario and Quebec both reported that, although seriously pursuing VSP's, their respective Associations were doing so at a provincial level and that, for the time being, would not continue any further exploration of a possible national program. The Committee, however, is expected to continue to co-ordinate any requested information exchanges between provincial Association VSP Chairpersons when, and if, necessary.

But for 1985, the priorities of the Committee are expected to be redirected exclusively in the direction of developing occupational vision programs.

CAO Publications

(i) Canadian Journal of Optometry

Under Editor-in-Chief Dr. Maurice Belanger, the CJO continued to serve the national Association membership throughout 1984.



The Journal was the vehicle through which the membership as a whole was first introduced to the CAO Brief to the House of Commons Standing Committee on Health and Welfare. The March issue carried the full text as a special supplement and, as a result, a number of optometrists contacted their Members of Parliament in support of the position put forward by CAO in the paper.

(ii) CAO Communiqué

In January, 1984, CAO introduced a new

Canadian Optometric Education Trust Fund
Fonds de Fiducie des Optométristes Canadiens pour l'Éducation
Suite 207, 77, rue Metcalfe St., Ottawa, Ontario, K1P 5L6

tion et de communications soumises par des experts-conseils. Le but est de mettre sur pied et de maintenir une campagne à long terme visant à recueillir 1 million de dollars, en contrepartie d'engagements correspondants de la part des membres de l'ACO.

Dans le cadre du Programme de prix de 1984, les fiduciaires étaient heureux d'annoncer qu'une somme totale de 61 375 $ avait été accordée; les demandes de subventions atteignaient un total de plus de 350 000 $.

Le Conseil national d'éducation en optométrie

En 1984, le CNEO a continué ses travaux en vue d'élaborer un syllabus national d'examen satisfaisant aux exigences de toutes les provinces relativement aux licences. Une fois adoptée, cette norme aidera grandement l'optométriste nouvellement diplômé, ou le nouvel immigrant qui détient un diplôme d'un autre pays, à s'installer dans la province de son choix.

À la fin de l'année, le Conseil, sous la présidence du Dr Ron Haines, avait terminé un projet de syllabus et l'avait soumis à l'étude des représentants désignés des jurys d'examen provinciaux et des deux écoles d'optométrie du Canada. Il avait aussi préparé un document de travail sur la mise en oeuvre et l'administration du syllabus.

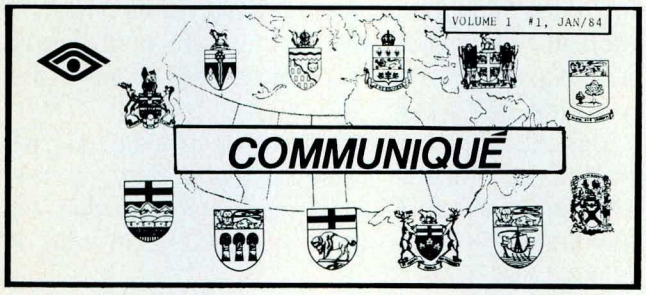
Le Conseil doit encore atteindre des objectifs importants: terminer l'étude du syllabus et l'approuver; étudier et approuver les documents de travail sur le projet de processus national d'examen et charger des sous-comités de négocier avec les organismes provinciaux de réglementation professionnelle les façons de mettre en oeuvre les recommandations du document de travail.

Le Comité consultatif national sur les régimes de soins de la vue

Lorsque le CCNRSV a été formé, à la demande des présidents des associations provinciales d'optométristes, son but fondamental était d'élaborer un programme national comprenant les services de traitement et élargissant les aspects professionnels de ses régimes proposés de soins de la vue.

Le président du Comité, le Dr Brian Cox, a fait rapport, à la réunion de 1984 des présidents des associations provinciales à Winnipeg, que le Comité avait établi un Programme national de vision professionnelle, ainsi qu'un diaporama expliquant le programme et des dépliants traitant des écrans cathodiques et des régimes de soins de la vue.

publication, the CAO *Communiqué*. Originally directed to CAO Council, Provincial Presidents and Executive Directors, the *Communiqué* was perceived by them to be so informative that the mailing list was enlarged almost immediately to include the complete slate of Council members for every provincial optometric Association.



As reported in its inaugural issue, *Communiqué*'s objectives are to keep provincial optometric Associations informed about items of national importance, with potential value at the provincial level. It was also planned as an information exchange vehicle through which provincial Associations would be updated on each other's activities. Regular features in the bulletin cover the Canadian federal political scene, news from in and around the profession of Optometry, as well from a multitude of peripherally related health care groups, news from the provincial optometric Associations and Optometry/health care clippings culled from newspapers and magazines published all across Canada.

(iii) 1984 Roster of Canadian Optometrists and Agenda

In 1984, a revival of the regular publication of a Roster of members of the national Association was undertaken. A national published roster was attempted first in 1975 and again in 1978. In both cases, although complete, there were some failings and a number of clear indications that the publication was not being used to the hoped-for extent by members of the Association.

Therefore, the 1984 version was a radically different publication in terms of its design and format. In addition to the expected roster of member addresses, there was an extensive day-book section that served the purpose of making the publication a daily reference for those members who chose to use it as such.

(iv) Federal Issues Pocket Reference Guide

In the Spring, subsequent to the announcement of Pierre Trudeau's resignation, but before the September election was announced, CAO developed and forwarded to all member optometrists in Canada a pocket summary of the issues being faced nationally by the profession in Canada: Passports, Certification of Blindness, A Third Canadian School of Optometry and Ophthalmic Technicians. In

Les participants à cette réunion ont aussi délibéré longuement sur la question de la mise au point d'un programme *national* de régimes de soins de la vue. Les représentants de l'Ontario et du Québec ont tous deux remarqué que, bien que leurs associations respectives poursuivent sérieusement leurs démarches concernant les régimes de soins de la vue, elles le font au niveau provincial et, pour le moment, elles ne songent plus à la possibilité d'un programme national. Cependant, le Comité doit, au besoin, continuer à coordonner tous les échanges de renseignements demandés par les présidents des comités sur les régimes de soins de la vue des associations provinciales.

Mais pour 1985, on s'attend que le Comité réoriente ses activités uniquement vers l'élaboration de programmes de vision professionnelle.

Les publications de l'ACO

(i) La Revue canadienne d'optométrie

Sous la direction du rédacteur en chef, le Dr Maurice Bélanger, la RCO a continué à rendre service aux membres de l'association nationale en 1984.

C'est par la revue que l'ensemble des membres a pris connaissance du mémoire présenté par l'ACO au Comité permanent de la santé et du bien-être social de la Chambre des communes. Le texte intégral du mémoire a été publié dans un supplément au numéro de mars et, par la suite, un bon nombre d'optométristes ont communiqué avec leur député pour appuyer la position mise de l'avant par l'ACO.

(ii) Le Communiqué de l'ACO

En janvier 1984, l'ACO a présenté une nouvelle publication, le *Communiqué* de l'ACO. Le *Communiqué* n'a d'abord été envoyé qu'au Conseil de l'ACO, aux présidents et aux directeurs généraux des provinces, mais ceux-ci l'ont trouvé si informatif que l'ACO a presque immédiatement ajouté à sa liste de diffusion postale toute la liste des membres du conseil des associations provinciales.

Comme on l'a indiqué au premier numéro, le *Communiqué* vise à tenir les associations provinciales au courant des questions d'importance nationale qui pourraient intéresser les provinces. Il doit aussi servir de véhicule d'échange d'information permettant aux associations provinciales de se renseigner sur les activités des autres provinces. Le *Communiqué* donne régulièrement des nouvelles de la scène politique fédérale, de la profession de l'optométrie ou de sujets qui s'y rapportent, d'une multitude de groupes de soins de santé reliés de quelque façon à l'optométrie et des associations provinciales d'optométristes, et comprend aussi des articles sur l'optométrie et (ou) les soins de santé publiées dans divers journaux et revues de tout le Canada.

addition, the pocket summary contained a concise summary of current, key optometric statistics which might prove relevant to any of the issues identified in the folder.

The purpose of the folder was effectively to arm each member with the essential facts behind these issues so as to ensure that, if and when he/she was able to speak to his/her Member of Parliament, the facts would be readily available to answer any concerns or questions posed by the MP.

(v) The Role of the Optometrist in Health Care Delivery

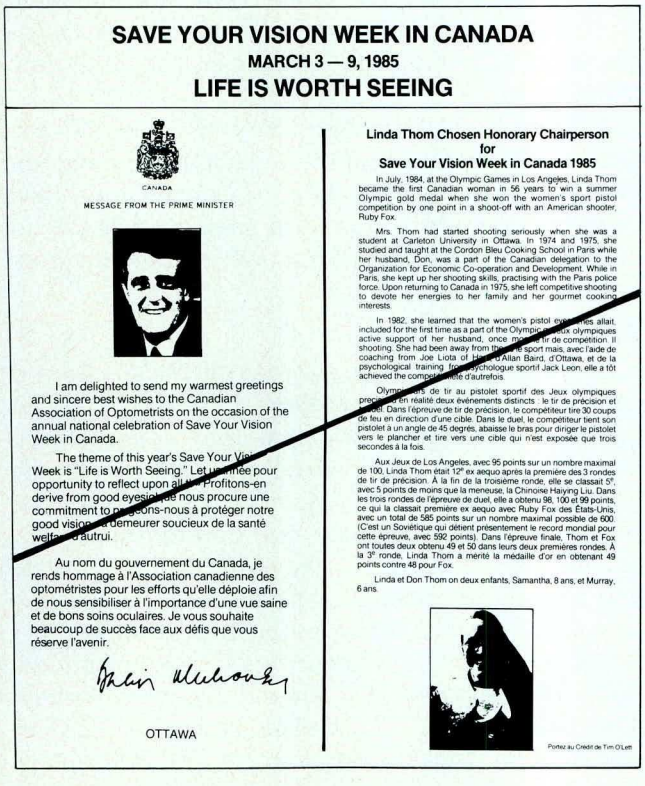
Long a project of the Association's Committee on Interprofessional Relations, the drafting of a revised version of the CAO "Role Document" for submission to the national Council was finally completed by the time of the Fall, 1984 Council meeting.

One goal in developing the revised version of the document was to avoid "painting the optometrist into a professional corner" by too rigidly defining the scope of practice of the practitioner in the mid-1980's. Optometry's role in the health care field of the 1990's and beyond is something that, if not wholly anticipated, then at least is accommodated by any new version of the Role Document.

As the year came to an end, the draft version of the Document was in the hands of Councillors for discussion among their provincial colleagues with the hoped-for goal of being accepted and passed at the Spring, 1985 Council meeting.

Save Your Vision Week

Although the inauguration of Save Your Vision Week in Canada would not occur until the first week



SAVE YOUR VISION WEEK IN CANADA
MARCH 3 — 9, 1985
LIFE IS WORTH SEEING

CANADA

MESSAGE FROM THE PRIME MINISTER

I am delighted to send my warmest greetings and sincere best wishes to the Canadian Association of Optometrists on the occasion of the annual national celebration of Save Your Vision Week in Canada.

The theme of this year's Save Your Vision Week is "Life is Worth Seeing." Let us take this opportunity to reflect upon all the profitons-en derive from good eyesight and nous procure une commitment to protect ons-nous à protéger notre good vision and demeurer soucieux de la santé welfare d'autrui.

Au nom du gouvernement du Canada, je rends hommage à l'Association canadienne des optométristes pour les efforts qu'elle déploie afin de nous sensibiliser à l'importance d'une vue saine et de bons soins oculaires. Je vous souhaite beaucoup de succès face aux défis que vous réserve l'avenir.

OTTAWA

Linda Thom Chosen Honorary Chairperson for Save Your Vision Week in Canada 1985

In July, 1984, at the Olympic Games in Los Angeles, Linda Thom became the first Canadian woman in 56 years to win a summer Olympic gold medal when she won the women's sport pistol competition by one point in a shoot-off with an American shooter, Ruby Fox.

Mrs. Thom had started shooting seriously when she was a student at Carleton University in Ottawa. In 1974 and 1975, she studied and taught at the Cordon Bleu Cooking School in Paris while her husband, Don, was a part of the Canadian delegation to the Organization for Economic Co-operation and Development. While in Paris, she kept up her shooting skills, practising with the Paris police force. Upon returning to Canada in 1975, she left competitive shooting to devote her energies to her family and her gourmet cooking interests.

In 1982, she learned that the women's pistol event was to be added, included for the first time as a part of the Olympic Games. With the active support of her husband, once more at her de compétition. Il shooting. She had been away from the sport mais, avec l'aide de coaching from Joe Liota of Hamilton, Allan Baird, d'Ottawa, et de la psychological training from psychologue sportif Jack Leon, elle a tôt achieved the competitive d'autrefois.

Olympic events de tir au pistolet sportif des Jeux olympiques present in réalité deux événements distincts : le tir de précision et duel. Dans l'épreuve de tir de précision, le compétiteur tire 30 coups de feu en direction d'une cible. Dans le duel, le compétiteur tient son pistolet à un angle de 45 degrés, abaisse le bras pour diriger le pistolet vers le plancher et tire vers une cible qui n'est exposée que trois secondes à la fois.

Aux Jeux de Los Angeles, avec 95 points sur un nombre maximal de 100, Linda Thom était 12e ex aequo après la première des 3 rondes de tir de précision. À la fin de la troisième ronde, elle se classait 5e, avec 5 points de moins que la meneuse, la Chinoise Haiying Liu. Dans les trois rondes de l'épreuve de duel, elle a obtenu 98, 100 et 99 points, ce qui la classait première ex aequo avec Ruby Fox des États-Unis, avec un total de 585 points sur un nombre maximal possible de 600. (C'est un Soviétique qui détient présentement le record mondial pour cette épreuve, avec 592 points). Dans l'épreuve finale, Thom et Fox ont toutes deux obtenu 49 et 50 dans leurs deux premières rondes. À la 3e ronde, Linda Thom a mérité la médaille d'or en obtenant 49 points contre 48 pour Fox.

Linda et Don Thom on deux enfants, Samantha, 8 ans, et Murray, 6 ans.

Portez au Crédit de Tim O'Lett

(iii) Agenda/Liste 1984 des optométristes canadiens

En 1984, l'ACO a entrepris de nouveau de publier régulièrement une Liste des membres de l'association nationale. Elle en avait d'abord publié une en 1975, et ensuite en 1978. Chacune de ces publications, bien que complète, avait des imperfections et il était évident que les membres de l'Association ne l'utilisaient pas dans la mesure espérée.

Par conséquent, la version de 1984 était complètement différente des deux premières quant à sa conception et à sa présentation. À la liste attendue des adresses des membres, on avait ajouté un ample agenda, qui faisait de la publication un livre de référence quotidienne pour les membres qui décidaient de s'en servir de cette façon.

(iv) Le guide de poche sur les affaires fédérales

Au printemps, après l'annonce de la démission de Pierre Trudeau, mais avant qu'on eut annoncé les élections de septembre, l'ACO a mis au point et envoyé à tous les optométristes membres du Canada un petit sommaire des questions qui se posent à la profession au Canada, soit les passeports, la certification de cécité, une troisième école canadienne d'optométrie et les techniciens ophtalmiques. De plus, le sommaire résumait brièvement les principales statistiques courantes de l'optométrie pouvant se rapporter aux questions abordées dans le guide.

Le guide avait pour but de munir effectivement chaque membre des faits essentiels reliés à ces questions pour assurer que, lors d'une conversation avec son député, le membre, ayant ces faits à sa disposition, puisse répondre à toutes les questions du député.

(v) Le rôle de l'optométriste dans les services de soins de santé

Le Comité des relations interprofessionnelles de l'Association a finalement terminé son projet de longue date, la révision du "Document sur le rôle de l'optométriste", qu'il a soumis à l'approbation du Conseil national lors de sa réunion de l'automne 1984.

L'élaboration d'une version révisée avait pour but notamment d'éviter de "coincer l'optométriste du point de vue professionnel", en définissant de façon trop rigide le cadre de sa pratique au milieu des années 1980. Toute nouvelle version du document tient compte du rôle que jouera l'optométrie dans le domaine des soins de santé au cours des années 1990 et au-delà, même si elle ne le prévoit pas complètement.

À la fin de l'année, les conseillers avaient reçu la version proposée du document et devaient en discuter avec leurs collègues provinciaux; on espère que la version révisée sera acceptée et adoptée par le Conseil à sa réunion du printemps 1985.

Semaine de la vue

Bien que la Semaine de la vue au Canada n'ait été

of March, 1985, late 1984 produced two landmark endorsements of the goals and objectives of the proposed campaign:

(i) In a letter to the national Association, Prime Minister Brian Mulroney requested that all members of CAO "take this opportunity to reflect upon all the pleasures we derive from good eyesight and make the commitment to preserve and protect our own good vision and to be concerned about the visual welfare of others." He concluded his letter with a commendation to CAO for its efforts in improving Canadians' awareness of the importance of good vision and proper eye care.

(ii) CAO was delighted to announce, in December, that Linda Thom, Canadian gold medalist at the 1984 Summer Olympic Games in Los Angeles, had accepted the designation of Honorary Chairperson for the 1985 celebration of Save Your Vision Week in Canada. Given that Mrs. Thom's golden performance was in the women's sport pistol event, she was a perfect representative of the association between good vision and achievement.

Coupled with the information and organizational Save Your Vision Week material from the American Optometric Association that had been forwarded to each of the provincial optometric Associations in November, the stage was being well prepared in 1984 for a successful Spring inauguration of the event in Canada.

International Optometry

In April, (then) President Dr. Roland des Groseilliers headed a sizeable contingent of Canadian representatives to the joint meetings of the British College of Ophthalmic Opticians (Optometrists) and the International Optometric and Optical League, held in London, England.

As CAO representative to the IOOL, Dr. des Groseilliers reported to the League on the Association's behalf and, at the Council meeting subsequent to this international gathering, delivered a report on the status of Optometry in other countries to CAO.

CAO Personnel

In 1984, CAO Executive Director Gerard Lambert completed his first full year in the Association's senior administrative capacity. The increased political scope of Association activity, coupled with the growing range of public information programs requested of CAO, proved to be a demanding introduction to national optometric administration and a test of the administrative capabilities of the national office.

Director of Communications Michael DiCola, Office Manager Ruth Wilcox, COETF Administrator and CAO Secretary Deanna Verhey and CAO Secretary/Receptionist Annette MacDonald completed the roster of CAO staff — almost.

prévue que pour le début de mars 1985, vers la fin de 1984, deux personnages distingués ont donné leur appui aux buts et aux objectifs de la campagne proposée:

(i) Dans une lettre à l'association nationale, le premier ministre Brian Mulroney invitait tous les membres de l'ACO à profiter de l'occasion "pour songer aux plaisirs que nous procure une bonne vue", et à s'engager "à protéger notre propre vue et à demeurer soucieux de la santé visuelle d'autrui". En terminant sa lettre, il rendait hommage à l'ACO pour les efforts qu'elle déploie pour sensibiliser les Canadiens à l'importance d'une vue saine et de bons soins occulaires.

(ii) L'ACO était enchantée d'annoncer, en décembre, que Linda Thom, médaillée d'or du Canada aux Jeux olympiques d'été de 1984 à Los Angeles, avait accepté le titre de présidente honoraire des célébrations de la Semaine de la vue au Canada en 1985. Comme M^me^ Thom a gagné sa médaille d'or à l'épreuve de tir au pistolet sportif pour femmes, elle représente parfaitement le rapport entre la bonne vue et la réussite.

Avec la documentation d'information et d'organisation relative à la Semaine de la vue que l'ACO avait reçue de l'American Optometric Association et envoyée à chaque association provinciale d'optométristes en novembre, les préparatifs allaient bon train en 1984 pour assurer le succès du lancement de la Semaine de la vue au Canada au printemps.

L'optométrie de par le monde

En avril, le D^r^ Roland des Groseilliers, qui était alors président, s'est rendu, à la tête d'un groupe assez considérable de représentants canadiens, à la réunion conjointe du British College of Ophthalmic Opticians (Optometrists) et de l'International Optometric and Optical League, qui a eu lieu à Londres (Angleterre).

À titre de représentant de l'ACO, le D^r^ des Groseilliers a fait rapport à l'IOOL au nom de l'Association et, à la réunion du Conseil qui a suivi cette réunion internationale, a présenté à l'ACO un rapport sur le statut de l'optométrie dans d'autres pays.

Personnel de l'ACO

En 1984, le directeur général de l'ACO, Gérard Lambert, a terminé sa première année complète au poste administratif principal de l'Association. L'activité accrue de l'Association sur la scène politique, associée au nombre grandissant de programmes d'information que doit fournir l'ACO, ont fait de ses débuts à l'administration nationale une période fort occupée et ont mis à l'épreuve les capacités administratives du bureau national.

Michael DiCola, directeur des Communications, Ruth Wilcox, chef de bureau, Deanna Verhey, administratrice du FFOCE et secrétaire de l'ACO, et Annette MacDonald, secrétaire de l'ACO et récep-

A word on the Zenith Z-100 must also be included. One of the busiest CAO acquisitions during 1984, the Zenith Z-100, once loaded with its accompanying word processing, mailing list management and general ledger programs was proving to be one of the national Association's greatest time-saving assets. The Political Action Phase I and II summaries, as well as a myriad of communication drafts, were among the first tasks assigned to the computer. Although an early discovery, that the "Format" command obliterated the machine's operating systems and memory, caused some initial frustration, the Z-100's benefits very quickly outpaced the time taken to familiarize the staff with the programs.

Summary

1984 was a year cited in literature and music as being synonymous with the dehumanization of man (and woman!) as an individual. George Orwell's horrifying glimpse of the future (as was first published in 1948), fortunately, was not to be the status quo of the real world in 1984.

Although some might argue that Big Brother is very much alive in the models of present-day government and industrial management organizations, the suppression of creativity and initiative that ruled Orwell's world are *not* conditions under which individuals and professions carry forward their goals and ambitions in the reality of 1984 as we lived it in Canada.

On the contrary, as this year's Annual Report reveals, Optometry in Canada has created and seized the initiative on several occasions; we have continued to move forward, and we have added to the foundation, started in previous years, that will ensure the growth and development of a strong, independent and *informed* profession, and professional Association.

Professional Optometry in this country is a living, growing, thriving entity. One need not look far beyond our borders to discover practical and professional conditions which, to Canadian practitioners, are part of our distant history, part of our developmental stage. As we move forward, perhaps we should also consider looking back. Our roots and our professional past is, in some countries, an ideal towards which the practice of Optometry is still reaching! We continue to face challenges, of that there can be no question. But we are also solidly established as the primary vision care profession in Canada, and recognized as such by Government, by sister professions and by the public we serve.

tionniste, complètent la liste du personnel de l'ACO — ou presque.

Il faut parler un peu aussi du Zenith Z-100. Peut-être la plus utilisée des acquisitions de l'ACO en 1984, le Zenith Z-100, avec ses programmes de traitement de textes, de gestion des listes de diffusion et de comptabilité générale, s'est révélé l'un des meilleurs moyens d'économiser du temps que l'association nationale ait jamais eu. On a d'abord confié à l'ordinateur le soin de préparer notamment les sommaires d'action politique de la phase I et de la phase II, ainsi que d'innombrables projets de communications. Malgré quelques déboires initiaux, lorsqu'on a découvert que la commande "format" annulait les systèmes d'exploitation et la mémoire de la machine, les avantages du Zenith Z-100 ont rapidement compensé le temps que le personnel a dû prendre pour se familiariser avec les programmes.

Sommaire

La littérature et la musique avaient fait de l'année 1984 un synonyme de la déshumanisation de l'homme (et de la femme!) en tant qu'individu. Heureusement, la vision horrible de l'avenir publiée par George Orwell en 1948 ne devait pas constituer l'état actuel des choses dans le monde réel de 1984.

Bien que certains puissent voir la présence du Grand Frère dans les modèles actuels d'organisation administrative des gouvernements et de l'industrie, la suppression de la créativité et de l'initiative qui caractérisait le monde d'Orwell n'était *pas* le régime sous lequel les individus et les professions devaient poursuivre leurs buts et leurs ambitions dans la réalité canadienne de 1984.

Au contraire, comme le démontre le Rapport annuel de cette année, l'optométrie canadienne a créé et saisi l'initiative à plusieurs reprises; nous avons continué à aller de l'avant, et nous avons ajouté aux bases, jetées les années précédentes, qui assureront la croissance et le développement d'une profession, ainsi que d'une association professionnelle, forte, autonome et *informée*.

Dans notre pays, l'optométrie professionnelle est une entité vivante, grandissante et florissante. Nous n'avons pas besoin de regarder très loin au-delà de nos frontières pour observer des conditions pratiques et professionnelles qui, pour les praticiens canadiens, appartiennent à l'histoire ancienne, à notre stade de développement. Tout en allant de l'avant, nous devrions peut-être songer à regarder en arrière. Dans certains pays, nos racines et notre passé professionnel constituent l'idéal que l'optométrie cherche encore à atteindre! Sans aucun doute, nous faisons face encore à des défis. Mais nous sommes aussi bien établis en tant que profession des soins primaires de la vue au Canada, et reconnus comme tel par le gouvernement, par nos professions soeurs et par le public que nous servons.

Appendix — Financial Statements for the year ended December 31, 1984 and Auditors' Report to the Members

Annexe — Etats Financiers de l'exercice terminé le 31 décembre 1984 et Rapport des Vérificateurs aux membres

To the Members of the
Canadian Association of Optometrists:

We have examined the balance sheet of the Canadian Association of Optometrists as at December 31, 1984 and the statements of income and surplus and of changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Association as at December 31, 1984 and the results of its operations for the year then ended in accordance with accounting principles as set out in the notes to the financial statements applied on a basis consistent with that of the preceding year.

Deloitte, Haskins & Sells
Auditors

February 12, 1985

Aux membres de
L'Association Canadienne des Optométristes:

Nous avons vérifié le bilan de L'Association Canadienne des Optométristes au 31 décembre 1984 ainsi que l'état des resultats et de l'excédent cumulatif et l'état de l'évolution de la situation financière de l'exercice terminé à cette date. Notre vérification a été effectuée conformément aux normes de vérification généralement reconnues, et a comporté par conséquent les sondages et autres procédés que nous avons jugés nécessaires dans les circonstances.

A notre avis, ces états financiers présentent fidèlement la situation financière de l'association au 31 décembre 1984 ainsi que les résultats de son exploitation pour l'exercice terminé à cette date selon les principes comptables généralement reconnus, appliqués de la même manière qu'au cours de l'exercice précédent.

Deloitte, Haskins & Sells
Vérificateurs

le 12 février 1985

CANADIAN ASSOCIATION OF OPTOMETRISTS
STATEMENT OF INCOME AND SURPLUS
YEAR ENDED DECEMBER 31, 1984

L'ASSOCIATION CANADIENNE DES OPTOMETRISTES
ETAT DES RESULTATS ET DE L'EXCEDENT CUMULATIF
DE L'EXERCICE TERMINE LE 31 DECEMBRE 1984

	1984		1983		
	Actual	Budget	Actual	Budget	
REVENUE					**REVENUS**
Membership contributions - Schedule 1	$257,569	$252,350	$227,723	$220,418	Contributions des membres - Annexe 1
Literature sales	7,721	4,000	23,042	3,400	Ventes littéraires
Investment income	5,878	2,000	3,636	2,000	Revenu d'investissement
1983 congress (net of expenses)	—	—	23,352	—	Congrès de 1983 (net)
Canadian Journal of Optometry - Net income - Schedule 2	25,100	12,000	9,141	8,000	La Revue Canadienne d'optométrie - Bénéfice net - Annexe 2
Agenda 1984 roster	16,775	—	—	—	Agenda 1984 liste
	313,043	**270,350**	**286,894**	**233,818**	

EXPENSES					FRAIS
Bank charges and interest	868	500	2,096	75	Frais bancaires et intérêt
Committee travel and administration	4,216	14,500	11,693	19,149	Déplacements du comité et administration
Depreciation	1,776	2,000	2,381	2,000	Amortissement
Equipment rental	5,160	7,000	3,610	4,621	Location de matériel
Employee benefits	8,262	8,000	7,560	6,925	Charges sociales
Executive Director and Assistants					Haute direction et assistants
General	4,862	2,000	1,295	1,359	Général
Travel	6,151	2,000	10,520	3,535	Déplacements
Insurance	374	400	57	330	Assurances
Agenda 1984 roster	19,650	—	—	—	Agenda 1984 liste
Loss on disposal of fixed assets	2,078	—	—	—	Perte sur l'aliénation d'immobilisation
Maintenance and repairs	786	3,250	1,401	3,250	Entretien et réparations
Meetings	32,999	37,000	31,355	40,000	Réunions
Miscellaneous	2,472	2,000	2,231	300	Divers
Postage	7,001	3,200	3,354	3,450	Poste
President					Président
Office	5,000	5,000	5,000	5,000	Bureau
Travel	8,975	5,000	11,244	7,250	Déplacements
Printing and office supplies	10,443	6,000	8,738	4,950	Imprimerie et fournitures de bureau
Professional fees	9,976	24,000	3,000	2,400	Honoraires professionnels
Public information	15,263	18,750	36,791	17,113	Information publique
Rent, light and cleaning	11,485	12,500	9,238	9,891	Loyer, éclairage et nettoyage
Salaries	88,756	103,600	103,144	101,842	Salaires
Telephone and telegraph	3,985	6,100	4,889	5,409	Téléphone et télégraphe
Recruiting	—	—	6,616	—	Recrutement
	250,538	**262,800**	**266,213**	**238,849**	
NET INCOME (LOSS)	62,505	$ 7,550	20,681	$ (5,031)	**BENEFICE NET (PERTE NETTE)**
SURPLUS (DEFICIT), BEGINNING OF YEAR	123		(20,558)		**EXCEDENT CUMULATIF (DEFICIT), DEBUT DE L'EXERCICE**
APPROPRIATION TO RESERVE FOR WORKING CAPITAL	60,000		—		**AFFECTATION A LA RÉSERVE POUR FONDS DE ROULEMENT**
SURPLUS, END OF YEAR	**$ 2,628**		**$ 123**		**EXCEDENT CUMULATIF, FIN DE L'EXERCICE**

CANADIAN ASSOCIATION OF OPTOMETRISTS

BALANCE SHEET
DECEMBER 31, 1984

L'ASSOCIATION CANADIENNE DES OPTOMETRISTES
BILAN
AU 31 DECEMBRE 1984

ASSETS	1984	1983	ACTIF
CURRENT ASSETS			**ACTIF A COURT TERME**
Cash	$ 12,363	$ 20,823	Encaisse
Deposit certificates	30,342	—	Dépôt à terme
Accounts receivable	17,074	17,353	Débiteurs
Due from related organizations	4,352	1,717	Avances à des organismes liés
Due from employee	1,981	—	Avance à un employé
	66,112	39,893	
FEDERAL GOVERNMENT RELATIONS FUND	28,290	53,168	FONDS DES RELATIONS AVEC LE GOUVERNEMENT FEDERAL
FURNITURE AND FIXTURES	3,984	3,651	IMMOBILISATIONS
EQUIPMENT UNDER CAPITAL LEASE	2,015	7,412	MATERIEL LOUE EN VERTU D'UN CONTRAT DE LOCATION - ACQUISITION
	$100,401	**$104,124**	
LIABILITIES			**PASSIF**
CURRENT LIABILITIES			**PASSIF A COURT TERME**
Accounts payable and accrued charges	$ 8,275	$ 10,898	Créditeurs et frais courus
Deferred revenue	—	3,825	Revenus reportés
Obligation under capital lease - current portion	1,208	3,281	Obligation découlant d'un contrat de location - acquisition - tranche à court terme
	9,483	18,004	
OBLIGATION UNDER CAPITAL LEASE	—	2,829	OBLIGATION DECOULANT D'UN CONTRAT DE LOCATION - ACQUISITION
LOAN FROM FEDERAL GOVERNMENT RELATIONS FUND	—	30,000	EMPRUNT DU FONDS DES RELATIONS AVEC LE GOUVERNEMENT FEDERAL
	9,483	**50,833**	

MEMBERS' EQUITY			AVOIR DES MEMBRES
FEDERAL GOVERNMENT RELATIONS FUND	28,290	53,168	**FONDS DES RELATIONS AVEC LE GOUVERNEMENT FEDERAL**
RESERVE FOR WORKING CAPITAL	60,000	—	**RESERVE POUR FOND DE ROULEMENT**
SURPLUS	2,628	123	**EXCEDENT CUMULATIF**
	90,918	**53,291**	
	$100,401	**$104,124**	

CANADIAN ASSOCIATION OF OPTOMETRISTS

STATEMENT OF CHANGES IN FINANCIAL POSITION
YEAR ENDED DECEMBER 31, 1984

L'ASSOCIATION CANADIENNE DES OPTOMETRISTES
ETAT DE L'EVOLUTION DE LA SITUATION FINANCIERE
DE L'EXERCICE TERMINE LE 31 DECEMBRE 1984

SOURCE OF CASH	1984	1983	PROVENANCE DE L'ENCAISSE
Operations			De l'exploitation
Net income	$62,505	$20,681	Bénéfice net
Add non cash outlays:			Postes n'affectant pas l'encaisse:
Depreciation	1,776	2,381	Amortissement
Loss on disposal of fixed assets	2,078	—	Perte sur l'aliénation d'immobilisation
	66,359	23,062	
Increase in:			Augmentation de:
Loan from federal government relations fund	—	30,000	Emprunt du fonds des relations avec le gouvernement fédéral
Decrease in:			Diminution de:
Accounts receivable	279	5,005	Débiteurs
Amount due from related organizations	—	9,797	Avances à des organismes liés
Proceeds of disposal of fixed assets	2,902	—	Produit de l'aliénation d'immobilisation
	69,540	**67,864**	
USES OF CASH			**UTILISATION DE L'ENCAISSE**
Increase in:			Augmentation de:
Due from employee	1,981	—	Avance à un employé
Deposit certificates	30,342	—	Dépot à terme
Due from related organizations	2,635	—	Avances à des organismes liés
Furniture and fixtures	1,692	250	Immobilisations
Decrease in:			Diminution de:
Bank indebtedness	—	19,367	Dette bancaire
Accounts payable	2,623	13,895	Créditeurs
Deferred revenue	3,825	16,175	Revenus reportés
Obligation under capital lease	4,902	2,736	Obligation découlant d'un contrat de location - acquisition
Loan from federal government relations fund	30,000	—	Emprunt du fonds des relations avec le gouvernement fédéral
	78,000	**52,423**	
(DECREASE) INCREASE IN CASH	(8,460)	15,441	**(DIMINUTION) AUGMENTATION DE L'ENCAISSE**
CASH ON HAND, BEGINNING OF YEAR	**20,823**	**5,382**	**ENCAISSE, DEBUT DE L'EXERCICE**
CASH ON HAND, END OF YEAR	**$12,363**	**$20,823**	**ENCAISSE, FIN DE L'EXERCICE**

Spectral Characteristics of Sports and Occupational Tinted Lenses

B.R. Chou*
A.P. Cullen†

Introduction

Tinted spectacle lenses are used for a variety of reasons including comfort, reduction of glare, enhanced vision under certain conditions, cosmesis, status for the wearer, and protection from radiation and/or impact. The selection of tints for protection from hazardous levels of optical radiation in industry and other work environments is well documented[1,2] and governed by various standards [3-7]. However, the selection of tinted lenses for other uses is usually arbitrary and made without professional advice. The purchaser often chooses tinted lenses on the basis of advertising material provided by the manufacturer. Few manufacturers provide accurate lens transmittance data, and some make claims which cannot be substantiated.

We have previously reported on tinted prescription spectacle lenses[8] and contact lens materials[9]. However, the majority of tinted lenses worn for sports and occupational purposes do not fall into these categories. Thus, the object of this study was to evaluate the absorptive characteristics of a variety of special-purpose non-prescription tinted lenses.

Materials and Methods

The lenses used in this study were randomly selected samples either supplied by the manufacturer or distributors, or taken from sample lenses used in the Clinic of the School of Optometry, University of Waterloo. The type of lenses used are listed in Table 1.

Spectral transmittance measurements were made with a Zeiss (Oberkochen) DMR-21 dual-beam recording spectrophotometer, following the procedure reported elsewhere[8], and transmittance curves traced from the chart record.

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School of Optometry
University of Waterloo

Table I

Lenses Tested In Study

Lens Tint	Substrate	Intended Use	Figure
Norton 180 Clear	Polycarbonate	Industrial protector	1
Norton 180 Grey	Polycarbonate	Industrial protector	1
Norton 180 Yellow	Polycarbonate	Industrial protector	1
Norton 180 Green	Polycarbonate	Industrial protector	1
Eyeguard 2000 Grey	Polycarbonate	Industrial protector	2
AO CNTS Poly 17	Polycarbonate	Industrial protector	2
Wilson Green	Polycarbonate	Industrial protector	2
Uvex 810 016	Polycarbonate	Industrial protector	2
BPI Tennis	CR-39	Sport tint	3
BPI Skeet	CR-39	Sport tint	3
BPI Ski	CR-39	Sport tint	3
BPI Golf	CR-39	Sport tint	3
BPI Sport	CR-39	Sport tint	3
Ski Optics All-Weather	Polycarbonate Gradient mirror	Ski Sunglass	4
Ski Optics High altitude	Polycarbonate	Ski Sunglass	4
Ski Optics Nautilux	Glass	Ski Sunglass	4
Vuarnet	Glass	Ski Sunglass	5
Vuarnet Orlux	Glass	Ski Sunglass	5
Vuarnet Nautilux	Glass	Ski Sunglass	5
Vuarnet PX5000	Glass	Ski Sunglass	5
Suncloud	Glass	Ski Sunglass	5,6
Haida	Glass	Ski Sunglass	6
Central Optical Vuarnet Type	Glass	Ski Sunglass	6
Nite Site	Glass	Contrast enhancer	6
CPF 511	Glass	Glare reduction vision enhancer	7
CPF 527	Glass	Glare reduction vision enhancer	8
CPF 550	Glass	Glare reduction vision enhancer	9
Guardian	CR-39	Dental protective lens	10
DDL	CR-39	Dental protective lens	10
Liteshield 520	CR-39	Dental protective lens	10
Noir 650E	CR-39	Experimental cut-off filter	10

Results

Spectral transmittance curves over the waveband 200 to 2500 nm are presented in Figures 1 to 10. In each figure the ultraviolet (UV) region (wavelength less than 400 nm) is marked off from the rest of the spectrum by a vertical line at 400 nm. The scale of the figures is changed at 700 nm.

Fig. 1

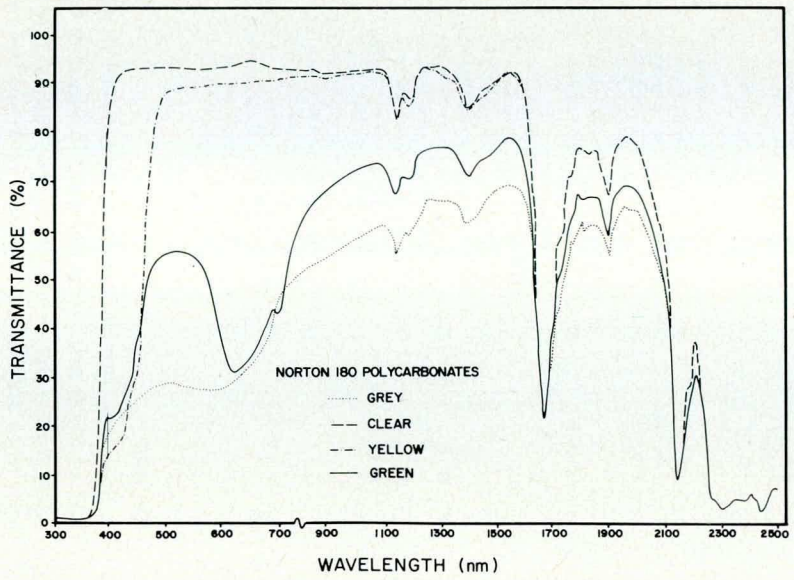


Fig. 2

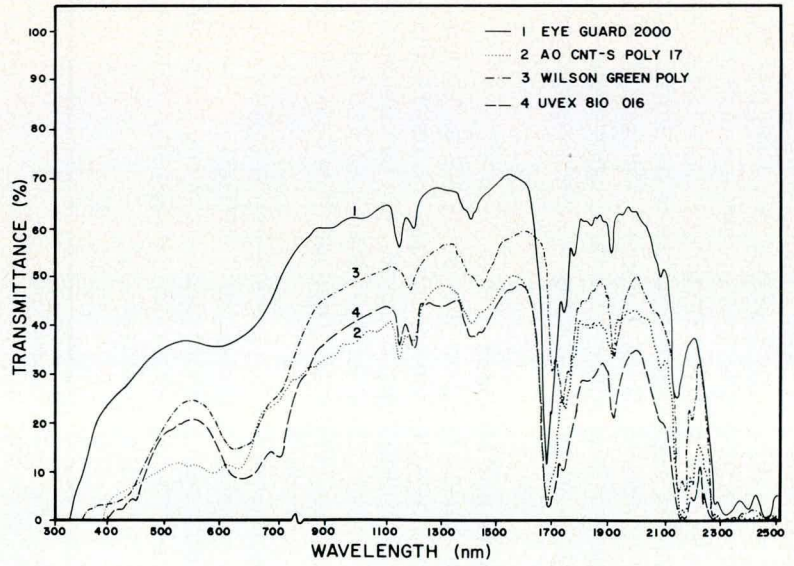


Fig. 3

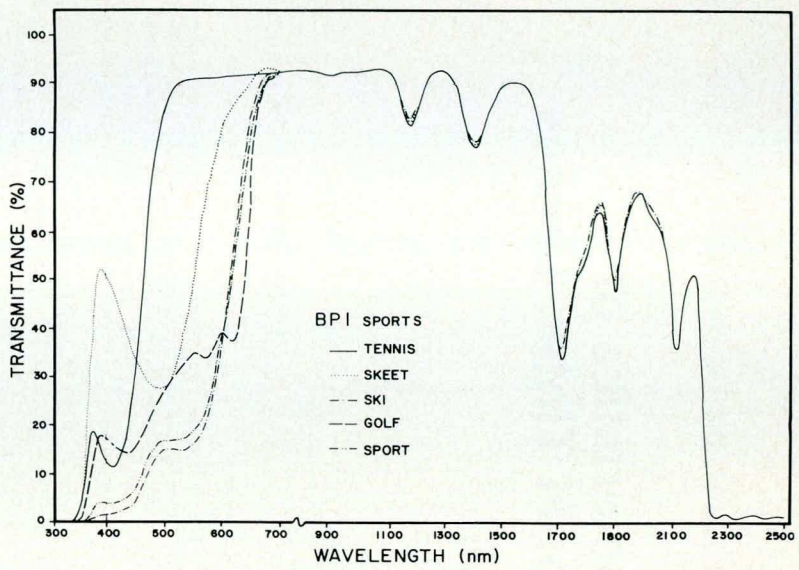


Fig. 4

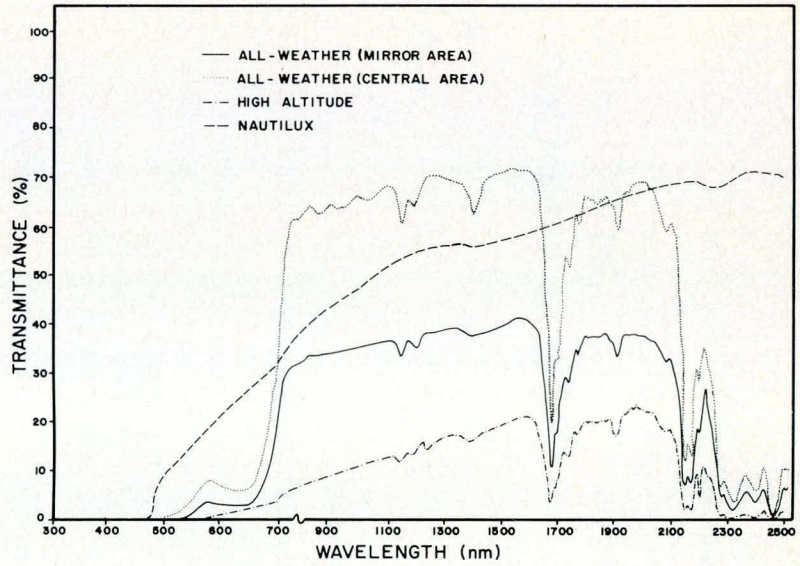


Fig. 5

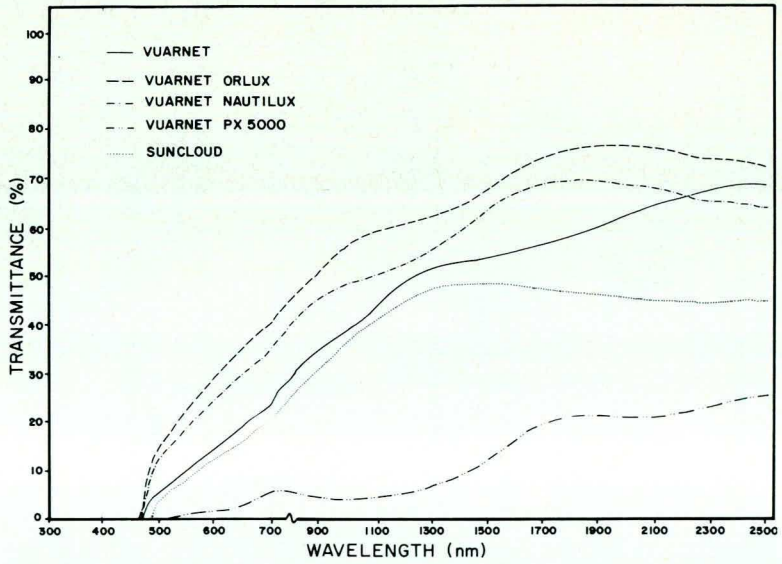


Fig. 6

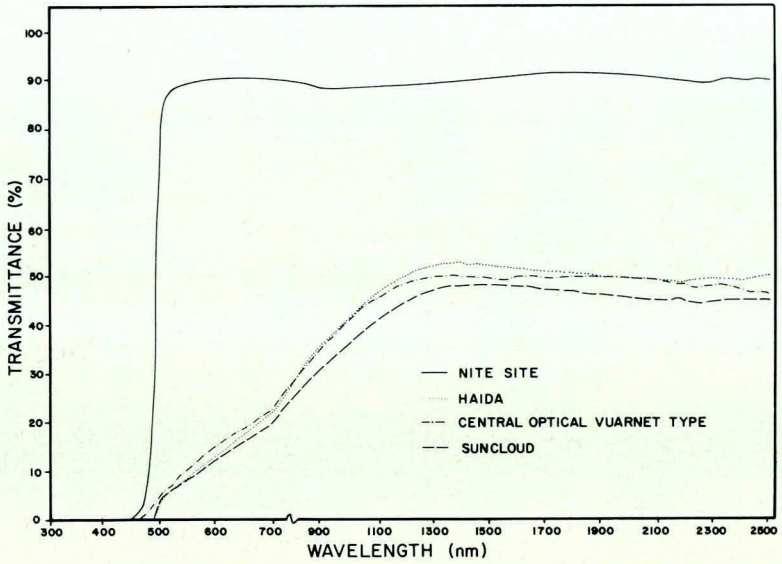


Fig. 7

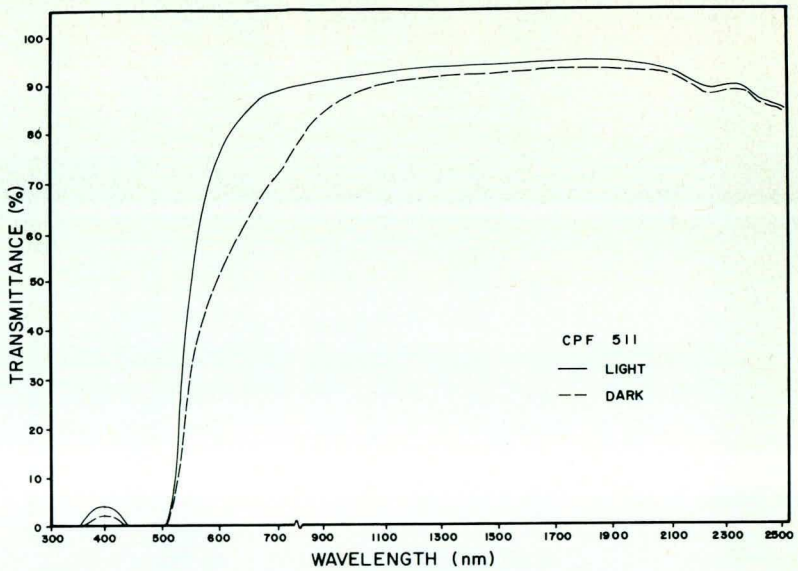
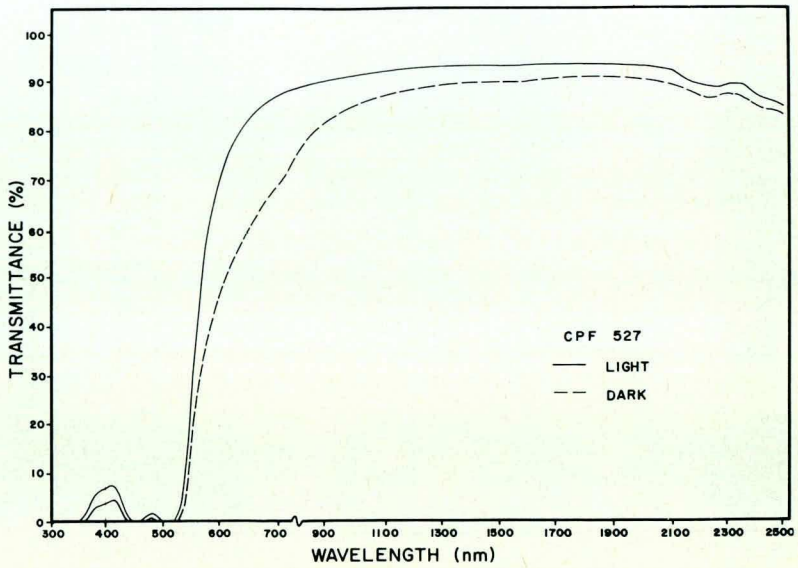


Fig. 8



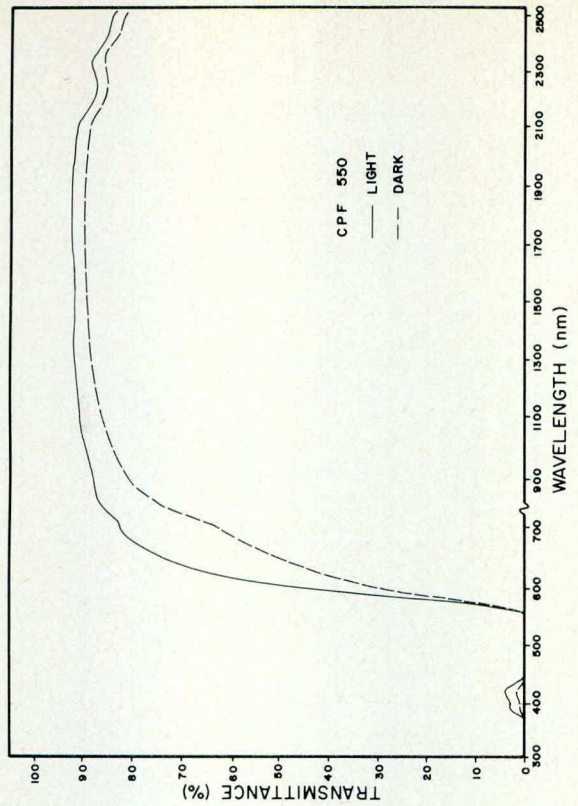


Fig. 9

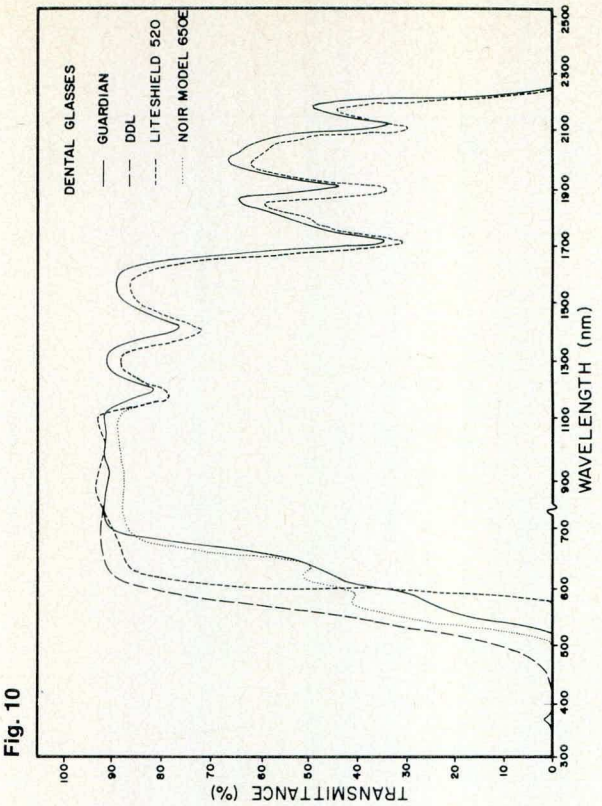


Fig. 10

Calendar concluded from P. 92

1986

January

11-12 Pan Pacific Contact Lens Conference
Sheraton Royal Waikaloa Hotel, Hawaii
12 hours CE
Information: Dr. Stanley J. Yamane, Chairman
Pan Pacific Contact Lens Conference
94-748 Hikimoe Street, Suite C
Waipahu, Hawaii
96797
USA

March

23-26 OptiFair International '86
Hilton and Sheraton Center Hotels
New York
Information: Program Director, OptiFair
17 Washington Street
Norwalk, CT
06854, USA
Telephone (203) 852-0500

April

26-29 Optica '86
International Trade Fair for Ophthalmic Optics
and 38th Annual Congress of the WVAO
Cologne, Germany
Information: KolnMesse
Messe- und Ausstellungs-Ges.m.b.H.
Koln
D-5000, Koln 21 Messeplatz
Germany
Telephone:
Willi Julich
221/821-2912
Telex: 8 873 426 mua d

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Contact Lenses

There Are Two Sides To The Story

The Anterior Side

- Spincasting creates an exceptionally comfortable lens. And spincast reproducibility means that each lens performs just as you expect it to.

The Posterior Side

- The posterior surface is lathed. This contributes to easy patient handling and crisp, stable visual acuity.

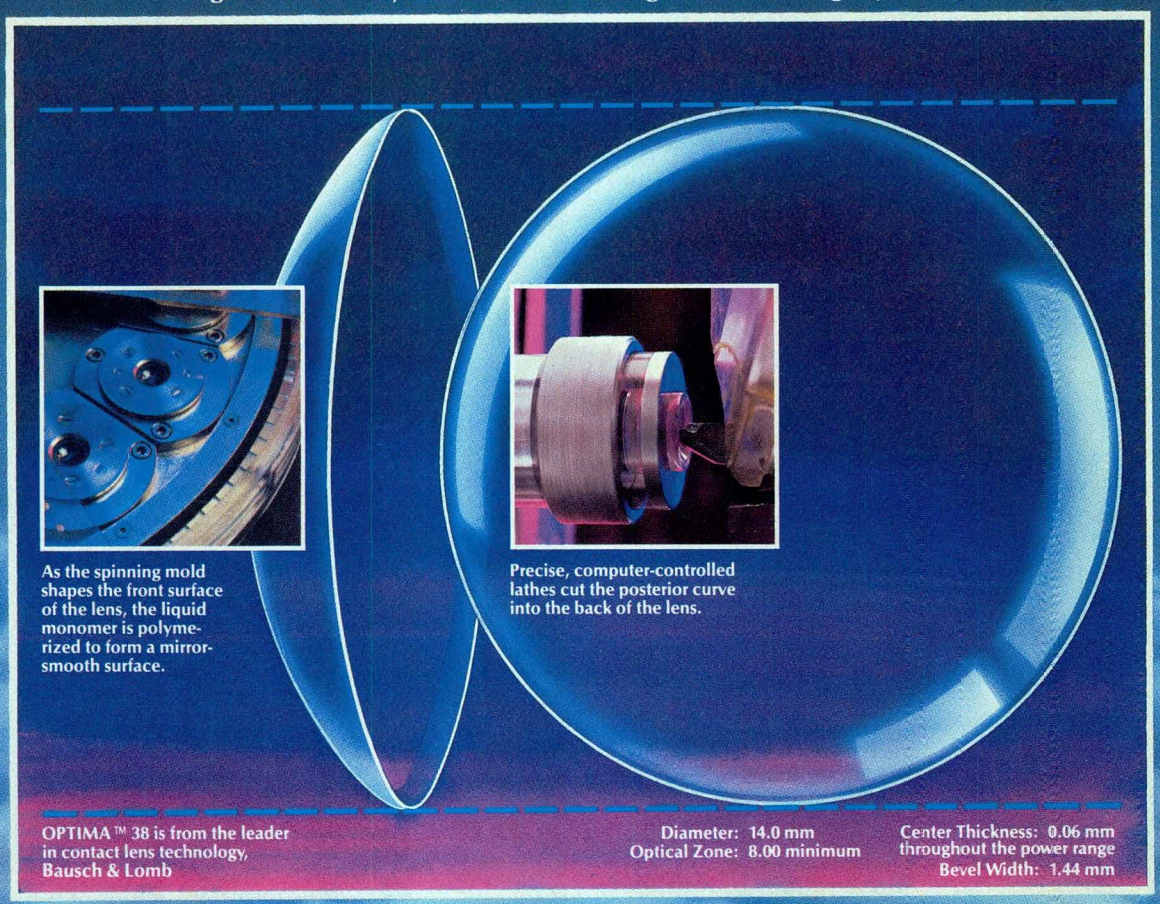
Now, for the first time, the benefits of spincasting and lathing are combined in one unique lens.

Put Technological Innovation On Your Side

Prescribe OPTIMA 38 when you want a unique lens for your patients.

- The proven stability of its poly-HEMA material provides consistent lens performance.
- One diameter and two sagittal depths make the OPTIMA 38 lens easy to inventory and easy to fit.
- The posterior surface is lathed with two different sagittal depths, so you can optimize lens movement, patient comfort and visual acuity.

- Offered for daily wear use in sphere powers from -0.25D to -6.00D.
- Light blue visibility tint for easier handling—will not change eye colour.



As the spinning mold shapes the front surface of the lens, the liquid monomer is polymerized to form a mirror-smooth surface.

Precise, computer-controlled lathes cut the posterior curve into the back of the lens.

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Diameter: 14.0 mm
Optical Zone: 8.00 minimum

Center Thickness: 0.06 mm throughout the power range
Bevel Width: 1.44 mm

It can readily be seen that almost all of the industrial protectors transmit some UV-A (320-400 nm) but none transmits UV-B (290-320 nm).

Among the sports tints, it was surprising to note the relatively high blue transmittance of the "skeet tint", which is used in activity which requires enhanced contrast of a target against a blue background (the sky). All of the BPI Sports Tints are aqueous dye mixtures for use on CR-39 lenses. All transmit some UV-A, but only the "Skeet" tint transmits a significant level of this waveband.

The special purpose sunglasses by Ski Optics (Fig. 4), Vuarnet (Fig. 5), Suncloud (Fig. 5 and 6), Central Optical and Haida Optical (Fig. 5) do not transmit measurable amounts of energy below 470 nm. Thus they protect very well against both UV and blue-light. However, like the bright yellow lenses (e.g. Nite Site, Fig. 5) these lenses suffer from the lack of blue transmittance. Colour perception is greatly distorted; indeed, it is almost impossible to discriminate blue from green.

The CPF photochromic glass series (Fig. 7 to 9) show some insignificant leaks of blue light and UV. The short wave cut-offs in the visible region are very sharp for all of these lenses. They are excellent contrast enhancers, but induce a loss of blue sensitivity.

Recently, several tinted lenses have been developed for use by dentists, dental hygienists and assistants when working with units for light-curing resin filling materials. The resin is cured by an exposure of up to 15 seconds to blue-rich visible light conducted through a fibre optic from a tungsten-halogen source. All three varieties of tint (Guardian, DDL and Liteshield 520) provide adequate protection, as does the Noir 650E, however there is a significant loss of colour discrimination due to the relatively sharp spectral cut-offs of these tints.

Manufacturers of some of the lenses evaluated claim that their lenses absorb all infrared radiation. It is clear from the figures that while some lenses have significant infrared absorption, no lens prevents *all* infrared energy from reaching the eye.

Discussion

Chronic exposure to shortwavelength non-ionising radiation has been implicated in the development of changes in both the anterior eye[10] and the retina[2,11,12]. High levels of environmental UV and blue light (less than 500 nm) are found in industry[1,13,15], reflected from the surface of snow or water, and at high altitudes. Thus protective filters against direct and combined direct and reflected UV and blue wavelengths should be used when mountaineering, skiing, gliding, or participating in outdoor water sports. The goal should be to bring the exposure level of blue light and UV to levels at or below the threshold limit values[17] which have been adopted for industry.

Reduction of glare and scatter to enhance vision is often cited as the reason to use a tinted lens. In daylight discomfort glare is produced when the luminance of the field of view exceeds 10 $cd.cm^{-2}$ with shorter wavelengths producing slightly more discomfort than the longer wavelengths.

A common misconception is that much veiling glare arises from Rayleigh scattering in the ocular media and that the sensation of glare is due to the combination of greater scattering of short i.e. blue wavelengths and the relatively higher sensitivity of the photoreceptors at these wavelengths. In fact, Mie scattering predominates in ocular media, and is not as strongly wavelength-dependent. Thus glare is not necessarily a consequence of preferential scattering of short wave light in the eye, and the subjective reports of reduced glare with selective filters may have other explanations.

Elimination of UV-A (320-400 nm) by an absorptive lens would eliminate biofluorescence of the ocular tissues and media which degrades the retinal image. Tints which absorb strongly in the shortwave visible waveband reduce chromatic aberration of the eye: approximately 0.75 D of chromatic aberration in the eye is due to the waveband between 400 and 480 nm [18,19].

The sport tints are designed to enhance visual perception through the selective reduction of certain regions of the visible spectrum. The wavebands to be reduced should vary with the visual task of the sporting activity. The BPI sport tints appear to be appropriate with the exception of, "Skeet" tint for the reason described above.

Yellow lenses (e.g. Nite Lite) have long been advocated for "sharpening" vision for such activities as target shooting, and driving in fog or haze. This is primarily due to reduction of chromatic aberration in the retinal image. However, the loss of colour discrimination in the blue/green due to the sharp cut-off at about 460 nm reduces the visibility of green traffic signals. The fashion sports sunglasses (e.g. Vuarnet, Suncloud, Haida etc.) which are based on yellow glass suffer from the same disadvantage. Furthermore, these tints use gradient mirror coatings to reduce retinal illuminance still further. Such lenses should never be worn at dusk or at night, and are less than ideal for use as regular sunglasses for non-sports wear.

All industrial protectors tested had adequate absorption characteristics. It is important that any fit-over type sideshields used with these lenses have the same or greater absorption in the shortwave band below 480 nm as the lenses themselves.

"Red" lenses such as the CPF series were developed primarily for the retardation of retinal pigmentary degenerative disease such as retinitis pigmentosa (RP). There is some confusion in the literature over this point; Adrian and Schmidt reported on the successful treatment of a patient

with a specific red filter[20], whereas Lederer[21] advocated the use of a blue lens for the same type of condition. Berson[22], in order to test the hypothesis that light deprivation helps to retain visual function in RP, fitted one eye of each patient with an opaque scleral contact lens and compared the progression of the disease in the occluded eyes with that in their fellow eyes. After five years there was no difference in the rates of progression supporting the findings in light deprivation studies of pigmented rodents with retinal degenerations[23]. However, while emphasizing that there is no evidence that any type of sunglass retards the progression of RP, Berson advocated the use of "dark" sunglasses by RP patients when outdoors since sudden increases in illumination may aggravate the course of the disease. Well controlled clinical trials have yet to be completed.

The introduction of dental restorative resins cured by high intensity visible light and near-UV has led to concerns regarding eye safety for the patient, dentist and dental assistants exposed to the light source. While the patient hazard is minimal, the dentist and assistant *may* be at risk of retinal damage. Ham et al[24] have demonstrated that frequently repeated subthreshold or near-threshold exposures are additive. The lenses tested (Fig. 10) provide adequate protection for users of light-curing units. The shortwave leak of the DDL lens is insignificant when the radiant output of typical light-curing units is considered.[25].

We have addressed the spectral characteristics of special-purpose tinted lenses in this report. However other factors must also be considered in determining the suitability of a given filter.

The type of lens material will determine how the lens is tinted. The quality of lens fabrication (surface quality, uniformity of tint, edge quality) should be comparable to that of a prescription optically worked lens. The quality of the frame and security of the lens when mounted in the frame should be inspected also.

In general, minor optical imperfections do not present a problem. As in the case of non-prescription sunglasses[26], we have found that cost is NOT a good indicator of performance of a given protective filter.

Conclusions

1. Lenses which are claimed to block all or most UV perform as advertised.
2. No lens tested in this study was a complete infra-red blocker.
3. Sharp shortwave cut-off filters provide effective UV and blue light protection at the expense of blue-green colour detection and discrimination.

Acknowledgements

We thank the following for supplying sample lenses for this study: BPI, British Columbia Optometric Association, Raymond Lanctôt (1982) Ltée, Specase Limited, Central Optical Ltd., Haida Optical Ltd., Imperial Optical Ltd., K&W Optical Co. Ltd., Safety Supply Canada, Buffalo Dental Manufacturing Co. (Canada), Denco, Ski Optics.

We also thank S. Jany and M.G. Hall for making the spectrophotometric measurements, A. Weber for the drawings and G. Smith for typing the manuscript. This study was supported in part by grants from the Natural Sciences and Engineering Research Council of Canada (to APC) and the Canadian Optometric Education Trust Fund (to BRC).

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Continued on P. 88

Let's clear up a few things about anti-reflection coatings.

Anti-reflection coatings on CR-39 provide very valuable properties you may not be aware of.

First, they *do* reduce reflections.

Second, by doing so, they allow up to 5% more light through the lens for an image with more contrast. They actually boost light transmission from 91% to 96%.

Third, they do form a protective surface on the lens. And, if the lens has been tinted, coatings seal the tint coat in, providing protection against fading.

An anti-reflection coating on CR-39 should be recommended where glare and false images caused by light reflections on the lens can lead to eyestrain and headache. People who have to drive at night, work in rooms with fluorescent light, or with computers, are exposed to these problems.

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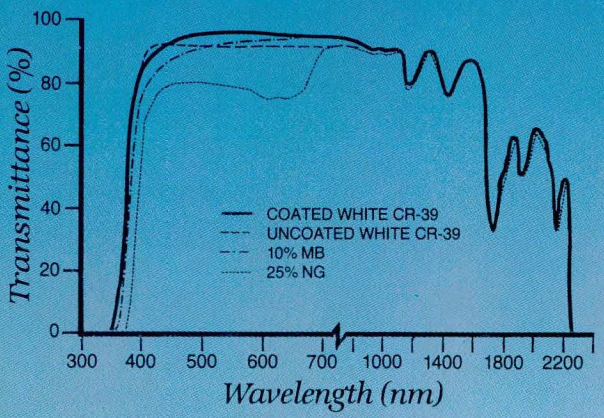

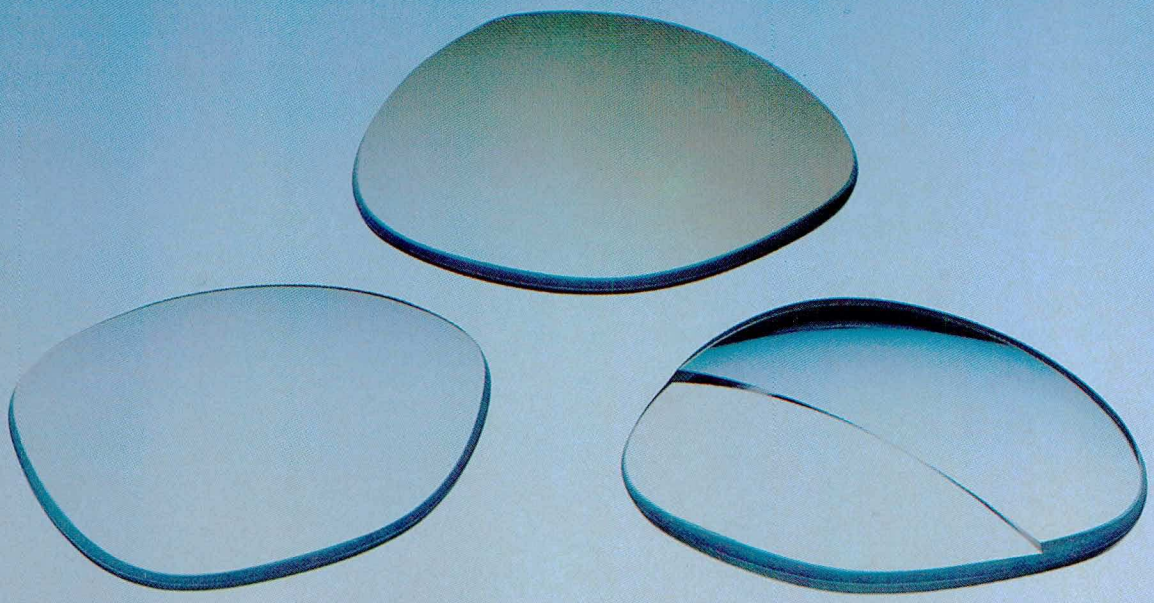

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PROFILES IN HISTORY

An Interview with Dr. Clifford Palmer*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CJO: For example . . .?

CP: Well, equal contributions based on the optometric population in each province; the elimination of regional priorities in attempting to create a national *esprit de corps*; the need to convince the larger provinces that progress in the profession requires the cooperation of all groups, large or small.

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

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

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

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

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

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

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

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

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

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

CJO: Looking across the country, who in your

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

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

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

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

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

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

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

When I went to College, I took my violin with me and became a member of the University symphony. I played with them for the two years that I was in Toronto. When I returned to Lethbridge, there wasn't too much happening musically, and I did not want to start back to solo playing. Then a gentleman from Winnipeg, Albert Radmunsky, arrived and he elected to try and organize a symphony orchestra in Lethbridge. He was also qualified to teach and I was the first person to whom he was referred as a consultant for help in organizing it. It became very successful and very popular in the city. We had large crowds and a lot of season ticket holders, and I was made concert master.

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

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

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

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

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

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

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

References Concluded from P. 83

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

Letters Concluded from P. 60

Dear Dr. Backman:

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

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

M.T. Cooper, M.D.
Chief
Division of Clinical Assessment
Bureau of Medical Devices
Health Protection Branch
Health and Welfare Canada

OPINION

Inaugural Comments from Dr. June Robertson, President, Ontario Association of Optometrists

I must tell you how proud I am to stand here, as my predecessors for 75 years have stood, to pledge my devotion to you, the Ontario Association of Optometrists.

As my first official act, I intend to jog your memories with some gentle reminders.

This is, you know (in your heart of hearts), a most happy profession. Optometry as a career is the best choice you could have made. What other profession can apply its knowledge so easily and painlessly with the assurance of such a high success rate? The benefits you give your patients extend throughout every facet of their lives. What more can one desire in terms of job satisfaction?

There have always been malcontents and renegades within Optometry — certainly there still are and will continue to be. But view these as signs of a living, changing profession. Discontent with conditions in Optometry has ultimately resulted in advancement.

There have always been assaults on us from without the profession. Surely, that's an indication of our stature — we are a profession to be reckoned with.

We, who have been around long enough to remember how it used to be, can sometimes be heard to complain about the attitudes of our young graduates — their supreme self-assurance and high expectations. But is this attitude not a reflection of their high regard for, and faith in, their chosen profession?

Yesterday, one of our guest speakers advised his listeners to "get back to their basic strengths". Our strengths have been, and will continue to be, our people and the services they provide. I believe we will, in the near future, focus these strengths in two areas.

In the next twenty years, according to the Ministry of Treasury and Economics, the elderly population will increase by 63%. In some areas of the province, such as my own region of Halton, the increase is expected to reach 300%! The emphasis on Low Vision Services, and on Geriatric Vision is timely and must be pursued.

The guest speaker at the College meeting told us that Consumerism is here to stay. Listen to what the Father of Consumerism told the New England Council of Optometrists. I quote Ralph Nader.

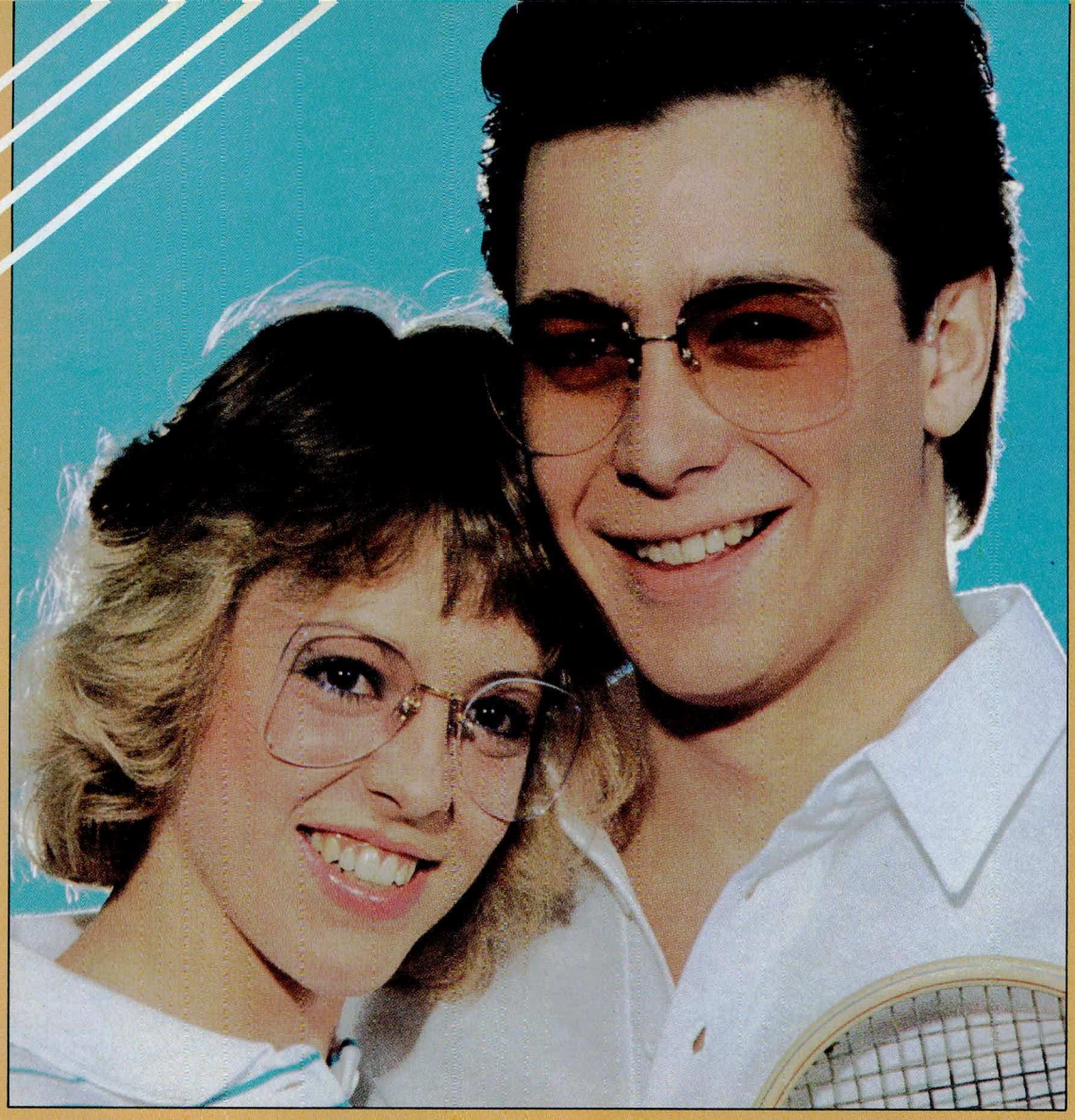
> I think the increasing trend toward looking at the eye through the medical model may be taking some of the profession's orientation away from what it can be doing best, and that is working on visual training, vision education and, above all, learning disorders with children.
>
> How many optometrists are working with children, and if there is not very much money in it, how can the system be changed so that it can be attractive? So many children and their parents don't know why their children aren't learning. They have all kinds of theories, of course, but certainly the visual health status of the student has been shown repeatedly, in case after case, to be extraordinarily critical. This is something you optometrists are better suited for than ophthalmologists who look at eye problems more genetically.
>
> This is a great and very much needed area, working with children, and it's something which I think you may have a lot of other groups in the country who are dealing with the *end* results of learning disorders to work with. They're not particularly focused on the visual problems — that's not where their training is — but they're very worried about youngsters who cannot learn how to read and who cannot learn when all other signs indicate that they *should* be able to.

A number of you (too few!) are just venturing into this sphere of practice. I urge you to continue, and promise you undreamed-of satisfaction in the service of children.

Why don't we aim for one optometrist in *each* of these special interest practices within referring distance throughout the province? Those who do not develop a special service will, I know, lend support by their referrals.

The final reminders fall under the category of "ation". For the time being, I ask you to consider the personal applications of "obligation", "participation" and "communication".

Editor's note: Dr. Robertson then concluded her address by, as she put it, "setting an example of communication" and introducing to the Members present their new Executive, Board and Chairpersons of the province's Standing Committees.



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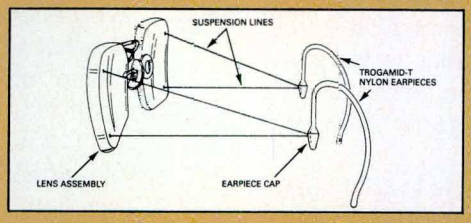

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VISION CARE NEWS

SOA Hires New Executive Director

Mr. Donald Sauer has been hired by the Saskatchewan Optometric Association as its new Executive Director.

Born and raised in Fox Valley, Saskatchewan, Mr. Sauer is a qualified teacher and taught for several years in the province. He served for several years with IAC Ltd. and, most recently, retired from a management position with the Continental Bank of Canada.

He continues to be active in the Lions Club at the District level and, at the Division level, with the Canadian Diabetes Association.

Mr. Sauer is married with two grown daughters and a son.

No doubt the activities surrounding the 19th Biennial Congress in Regina are proving to be a more than sufficient introduction to the Association's activities. CAO extends a hearty welcome to Mr. Sauer to the national optometric family and wishes him only the best in his future endeavours on behalf of the Saskatchewan Association.

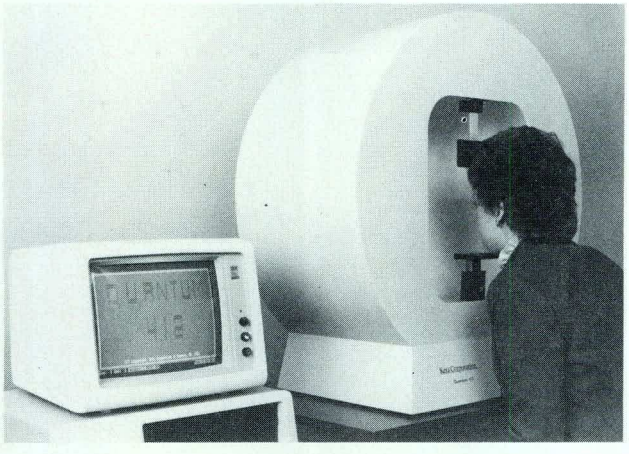
Computerized Full-Field Perimeter from Keta

The Keta Corporation has produced a new computerized full-field perimeter that has been upgraded to provide a variety of testing logic.

The Keta Quantum 412 Perimeter allows operators to perform 28 standard screening and full threshold test programs, custom routines and quantitative visual field analyses. The unit features a specially developed bowl with 412 LED targets concealed behind a washable, scratch-resistant viewing surface.

Designed for use with an IBM PC, the Keta Quantum 412 Perimeter is priced at $7,000.00 or, if including the IBM PC, $11,995.00 (US funds).

Further information:
C. Walter Hardy
Customer Service Manager
Keta Corporation
9 Canal Street
Danvers, MA
01923, USA
Telephone (617) 777-4660



NERF Assembling Worldwide Contact Lens History

The National Eye Research Foundation has embarked on a project that involves tracing the development and improvement of contact lenses and their fitting techniques in many countries around the world.

Any readers who can supply information about Canadians who have contributed in any way in this field are invited to forward details including, if possible, names, dates, technical data, etc.

Interesting stories about the early days of contact lenses in Canada would also be appreciated. NERF will be most grateful for any and all information received.

Please forward letters to NERF, c/o Dr. Ned Paige, Suite 817, 2 Carlton Street, Toronto, Ontario, M5B 1J3.

AO Introduces All-in-one System

"One Solution. One Cup. One Step." is the fanfare being used by the American Optical Corporation to introduce the AOSEPT catalytic disinfection system. Preservative-free, with a 3% hydrogen peroxide content, AOSEPT is designed for hydrophilic and rigid gas permeable contact lenses.

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CALENDAR

NOTE

The International Library, Archives and Museum of Optometry (ILAMO) publishes a "Calendar of Meetings" on a quarterly basis. The list gives *full descriptions* of current-year and future optometric and Optometry-related meetings (Their current issue includes gatherings sponsored by 108 organizations). The annual subscription is $15.00 (US) for AOA members, $20.00 (US) for non-members. Cheques should be made payable to ILAMO, and mailed to them, c/o the American Optometric Association, 243 North Lindbergh Blvd., St. Louis, MO, 63141, USA.

1985

August

3-5 B and L 12th National Research Symposium on Contact Lenses
Harbour Castle Hilton
Toronto, Ontario
Information: Bausch and Lomb Canada
480 Denison Street
Markham, Ontario
L3R 1B9
Telephone (416) 475-1866

September

19-22 OptiFair West
Anaheim Convention Centre
Anaheim, California
Information: OptiFair, Inc.
17 Washington Street
Norwalk, CT
06854, USA
Telephone (203) 852-0500

27-29 Nova Scotia Association of Optometrists
Continuing Education Seminars (separate Spouses' Program)
The Pines Resort
Digby, NS

— CE Sessions include Harvey Sturgess of Polymer Technology on Gas Permeable CL's; Fred Kahn on Office Design; Drs Tim Winslade and Paul Gray conducting a Low Vision workshop; Dr. Paul Koch, a Rhode Island ophthalmologist on Glaucoma, Intraocular Lens Implants and Radial Keratotomy; Drs. Judy Martin and Henry Smit on Spectacle Design and Materials, and Dr. Arnold Sherman on Sports Vision.
— Social Activities include a golf tourney and banquet.

Registration before August 31 — $150.00
after August 31 — $175.00

Information/Registration:
Dr. Toby Mandelman
Suite 301, Bedford Professional Centre
2 Dartmouth Road
Bedford, NS
B4A 2K7
(902) 835-2100

October

12-13 7th Montreal International Symposium on Contact Lenses
Le Centre Sheraton Hotel
Montreal, Quebec

Information: Association des Optométristes du Québec
465 rue St-Jean, bur. 1003
Montreal, Quebec
H2Y 2R6
Telephone (514) 849-8051

* SEE ALSO THE FULL-PAGE AD ELSEWHERE IN THIS ISSUE *

18-20 School of Optometry 21st Anniversary Conference
New Zealand Optometrical Association Annual Conference
Conference Centre
University of Auckland
Auckland, NZ
Information: Ms. R. Dealy
Conference Secretary
School of Optometry
University of Auckland
Private Bag
Auckland
New Zealand

November

2-3 AOA Contact Lens Section's
Third Annual Contact Lens Symposium
Sheraton Hotel
Boston, Massachusetts
Information: AOA Contact Lens Section
600 Maryland Avenue SW, Suite 400
Washington, DC
20024
USA
Telephone (202) 484-9400

2-4 European Society of Optometry
1985 World Congress
Farah Sofitel Hotel
Marrakech, Morocco
Full simultaneous translation (English, French, German, Spanish, Italian)
Information: Congress Organizing Committee
European Society of Optometry
PO Box 569
Bruxelles I
B-1000 Bruxelles
Belgium

December

26-January 8
The Israeli Experience (Optometric Institute-sponsored) CE Program and tour of Israel
Information: The Optometric Institute
Suite 301 - 815 Danforth Avenue
Toronto, Ontario
M4J 1L2
Telephone (416) 461-6222

Continued on P. 80

REPRINT

Contact Lenses in Aphakia
Aphakic Surgery and its Implications for Contact Lens Fitting*

C.M. Ruben (U.K.)

This paper discusses complications deriving from cataract extraction which are relevant to the fitting of contact lenses.

Ptosis, possibly associated with upper fornix oedema, and papillary tarsal conjunctivitis, may occur for several months; if there is concurrent infection, contact lens fitting must be delayed.

In unilateral aphakia, weakness of the superior rectus has been reported as inducing vertical tropia, thus impeding the achievement of binocular single vision with a contact lens.

Deep sutures may cause corneal distortion, while superficial ones may bring about mucus accumulation. In either case the contact lens fitter encounters difficulties. However, a contact lens may have a soothing effect if it covers an irritating suture.

Sections made behind the limbus usually produce astigmatism against the rule, the cornea becoming flatter in the vertical meridian. Corneal sections tend to produce astigmatism with the rule, and the cornea becomes flatter in the horizontal meridian. The contact lens fitter has to decide on the best way to correct astigmatism. Its reduction is helped by the central rigidity of contact lenses. For highly astigmatic corneas, hard lenses with toric back peripheral surfaces often provide the best solution. Alternatively, overcorrection with spectacles can be tried, or soft toric lenses can be used.

Following traumatic cataract it may be desirable to use hard or even scleral lenses.

Sensation in the cornea tends to decline, and contact lens tolerance to improve, as the size of the section increases. With phacoemulsification, however, corneal sensation may be almost normal, and the eye may not tolerate hard, large contact lenses. Furthermore, an irritable eye syndrome after surgery may make the wearing of contact lenses impossible.

Conjunctival blebs may present problems. In the case of filtering blebs, contact lenses should not be fitted because of the risk of infection and endophthalmitis.

Nor should contact lenses be given to a patient with a leaking section. If loss of the anterior chamber has occurred, a bandage soft lens can be used.

High intraocular pressure may persist after cataract extraction. The associated effects confronting the contact lens fitter include corneal oedema. In the aphakic eye, large thick soft lenses have caused a rise in intraocular pressure. Where glaucoma is treated surgically, the contact lens fitter has to contend with the danger of infection or disruption of filtering mechanisms.

In the event of photophobia associated with pupil abnormality, tinting the contact lens may be beneficial. The use of atropine where pupil dilation persists can cause dryness, which makes the wearing of contact lenses difficult. A gradual development of very fine posterior capsule opacities in a central position many weeks after surgery may confuse the contact lens fitter.

If there is adhesion of vitreous to the epithelium, the latter may become loose and cystic spaces may develop. In this event the bandage lens can provide interim treatment. The endothelium should be carefully examined before lens fitting if there is even a suspicion of endothelial decompensation.

Vitreous traction can produce retinal detachment. In elderly patients there is a possibility that maculopathy is caused by the fitting of contact lenses.

Hypopyon has been reported as a consequence of the wearing of soft lenses. Contact lens wear can cause anoxia, leading to increased lactate levels in the anterior chamber and, possibly, to anterior uveitis.

An understanding of the problems considered in this paper is essential if the contact lens practitioner is to achieve good management of patients after cataract extraction.

*Reprinted from The Contact Lens Journal (UK), March, 1985, by permission and courtesy of the Editor.

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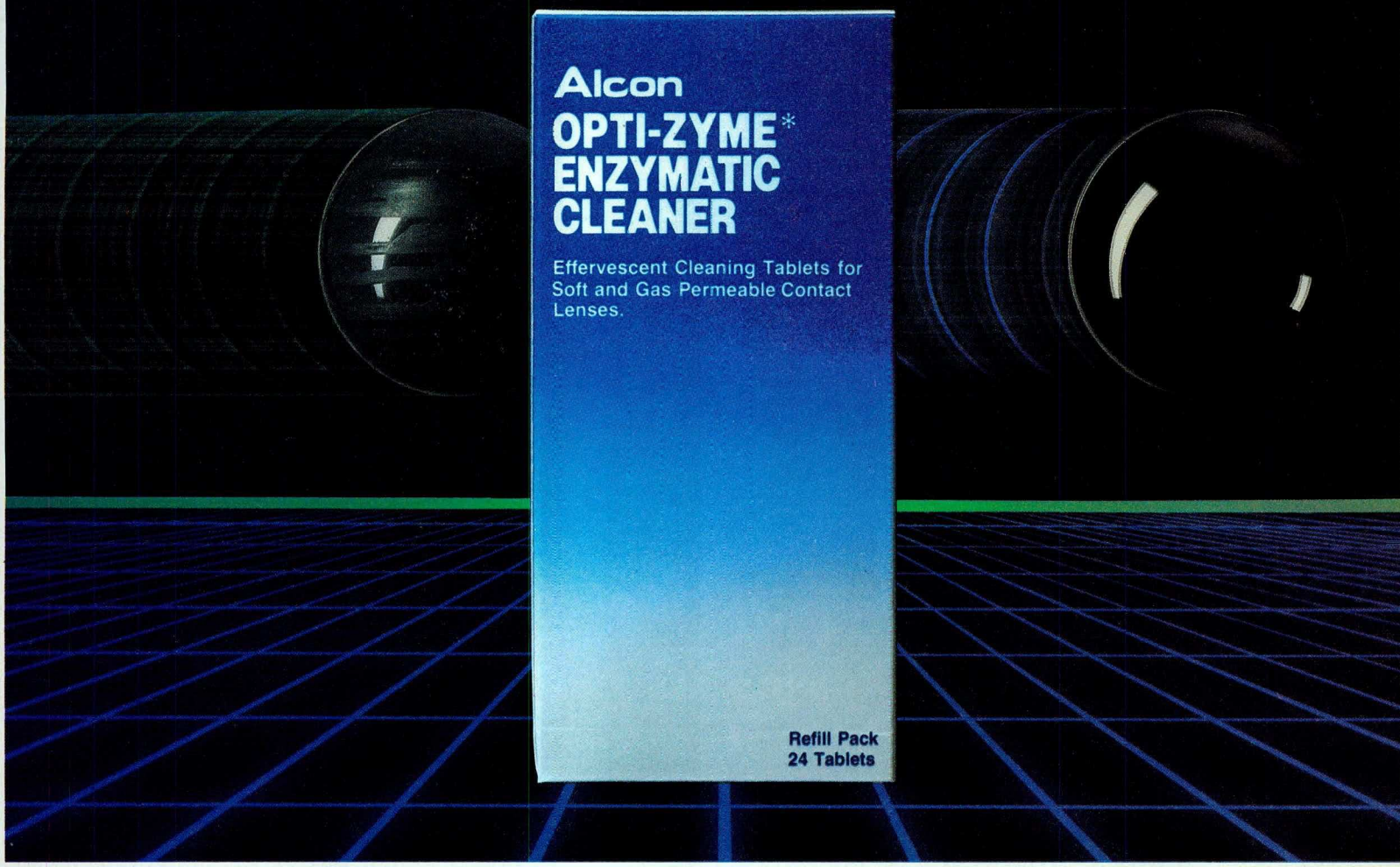

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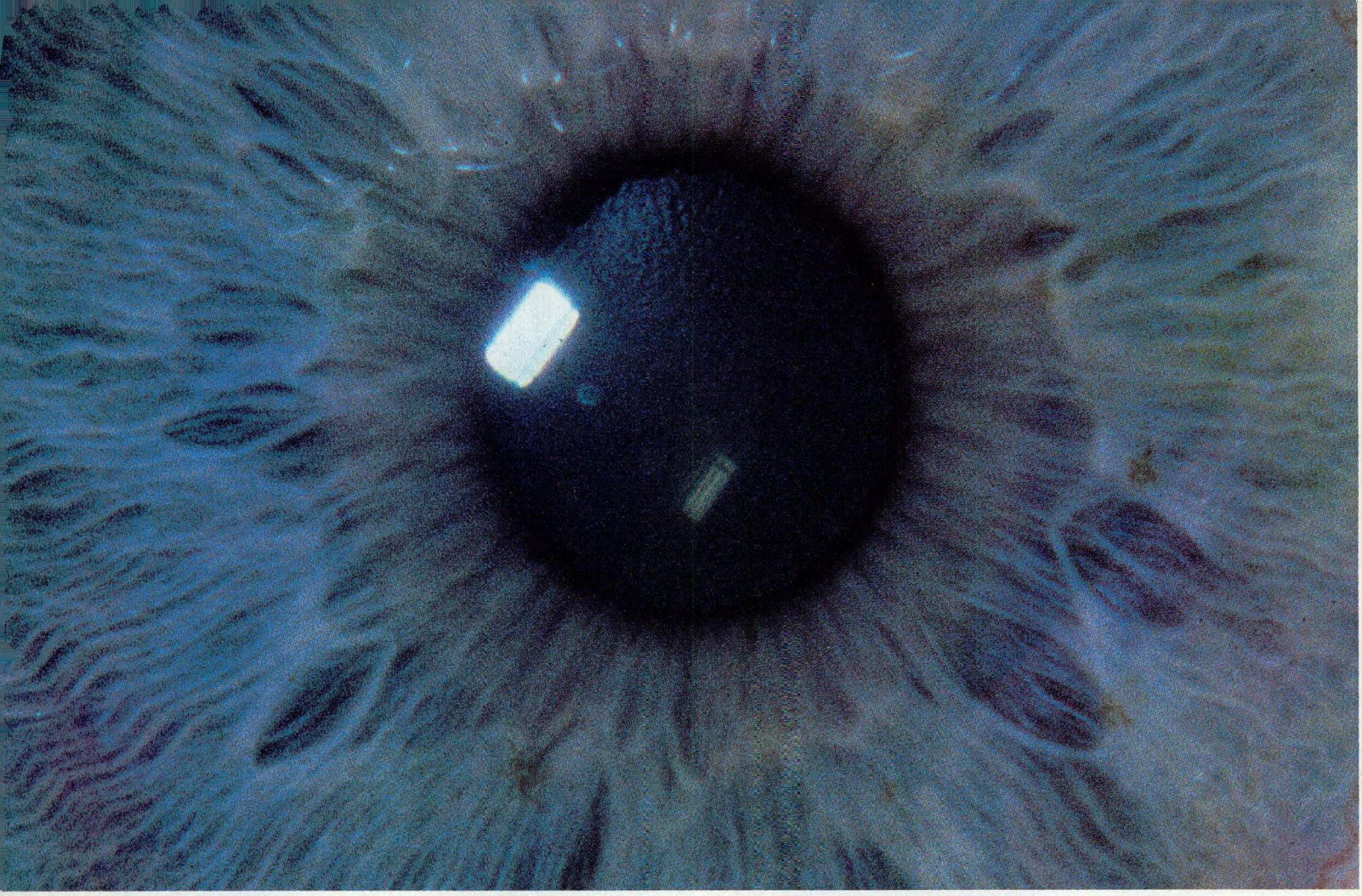

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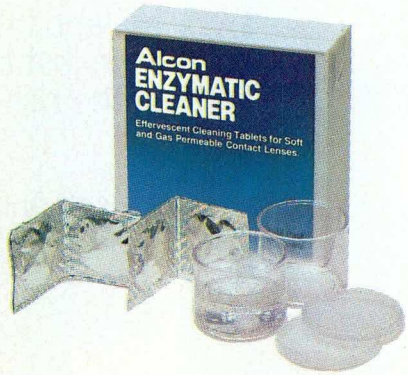

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1. Stein, J.M.: Clinical evaluation of Alcon's Enzyme Cleaner with daily wear soft, hydrophilic contact lenses. June, 1982.
2. Randeri, K.J. et al: A new broad spectrum enzymatic cleaner for contact lenses, Alcon Report Series: 107, Alcon Laboratories, Inc. Fort Worth, Texas 76101, July, 1982.

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