EDITORIAL

Here is a short story with a happy ending. Twenty-two years ago a visiting British orthoptist attended a meeting of our association, and read a paper on "accommodative squint with convergence excess" in which she touched on the possibility that the syndrome might often be due to weakness of a superior oblique muscle. She became our first honorary orthoptic member, and our good friend. Eighteen years later she read in this journal an account of sagittalisation of the superior oblique muscle, in cases of acquired palsy. Five years later again she has returned with a paper here published, to tell us of recent successful use of this operation in Birmingham, on the type of case she described to us long ago, and which she was the first to interpret.

This little story tells, in a roundabout way, why we seek to widen our horizons, why we rejoiced to welcome the council members of the International Orthoptic Association to our conference of 1980, and why we are happy to publish their papers in this journal.

Another horizon, not geographical but metaphorical, has also been extended. Appropriately in this International Year of Disabled Persons, papers from home and abroad tell us of rewarding work for orthoptists in improving or assessing the sight of handicapped people. Some of the equipment is sophisticated, some very simple. Adaptability, empathy, and patience, essential to all orthoptists, are perhaps needed most of all by workers in this field.

Diana Craig

Miss Emmie Russell presents Miss Sandra Tait (left), winner of "The Emmie Russell Prize" for 1980, with her award watched by the President, Miss Mary Carter (right), at the 37th Annual Scientific Conference of the Orthoptic Association of Australia, Sydney, October 1980.

ORTHOPTIC ASSOCIATION OF AUSTRALIA 37th ANNUAL CONGRESS SYDNEY OCTOBER 1980

Presidential Address

The Honourable, Mr. Kevin Stewart, N.S.W. Minister of Health, Dr. Geoffrey Harley, President of the Royal Australian College of Ophthalmologists, and Patron of the Orthoptic Association of Australia, Dr. W. E. Gillies, Secretary of the Orthoptic Board of Australia, Miss Mirelle Loully, President, Miss Barbara Lee, Secretary-General and Miss Mary Wesson, Treasurer of the International Orthoptic Association, distinguished guests, fellow members.

I would like to welcome you all to the opening of the Orthoptic Association of Australia's 37th Annual Conference.

Mr. Minister, we are indeed pleased to have you join us to-day, in what appears to be becoming an annual event. As one of the smaller para-medical groups, we, orthoptists recognise the honour you have given us in performing our opening ceremony.

Dr. Harley, you have interrupted a busy schedule en-route to the Royal Australian College of Ophthalmologists and Ophthalmic Society of New Zealand Conjoint Congress in Christchurch. We extend our good wishes for a successful meeting.

It was with pride that I heard Miss Loully announce in Berne last year, that the 1980 Meeting of the Council of Management of the International Orthoptic Association would be held in Sydney, Australia. Our Association is a founder and full member of the International Orthoptic Association and we are privileged to have the Association's Annual General Meeting held for the first time in the Southern Hemisphere. A number of us have attended the conferences in London, Amsterdam, Boston and Berne, and look forward to visiting Cannes in 1983. We have been ably represented on the Council of Management by Patricia Lance and Shayne Brown, and on the Permanent Scientific Committee by Anne-Marie Mahoney and Patricia Lance.

Members recognise the importance and necessity of interchange of ideas and techniques with their international colleagues.

With this in mind, our Association, in 1978, held its Annual Conference in Singapore. This was the first para-medical "off-shore" conference in the Republic of Singapore. The conference took as its theme, "The Eyes of Three Cultures". Guest speakers included ophthalmologists, orthoptists and members of the medical profession from Singapore, Argentina, United Kingdom and Australia. We ourselves have reciprocity of qualifications with Great Britain. This international interchange of qualifications is also recognised by Canada and France, the United States of America and Canada.

Some of our members have worked overseas in countries including the United Kingdom, Canada, Italy and Nepal.

In Australia, with our large migrant population, orthoptists are conscious of the need to assist with the eye care of different ethnic groups, and have adapted their methods to cope with non-English speaking patients. Some of our members, with the advantage of at least a second language are called upon to act as interpreters in various clinical situations.

The orthoptic training schools in New South Wales and Victoria have accepted overseas students from various Asian countries, to train in Australia. Many of these will return to their own countries to practise their chosen profession.

Our I.O.A. representative Shayne Brown, our able conference convenor Jeanette Yap, and the organising committee have arranged a stimulating scientific programme and a social programme in which I hope you will all enjoy meeting your international and Australian colleagues informally.

In the October 1979 issue of "Conference" an article on "Rules of Planning the Right Meeting" defines a conference as "usually general sessions and face-to-face groups with a high participation to plan, get facts, solve organisation and member problems". If we can achieve a little of this during our time together in Sydney, we may well feel we have achieved some success.

Mary Carter, D.O.B.A.
President, Orthoptic Association
of Australia, 1979-1980

PATRON'S ADDRESS TO THE ORTHOPTIC ASSOCIATION OF AUSTRALIA – OCTOBER 1980

Madam President, Mr. Minister, Distinguished Guests and Members of the Orthoptic Association of Australia.

When you did me the honour of inviting me to be your Patron for this year I was indeed quite excited. I expected this to be the first year in which we would hold a close, combined meeting of the College and the Association with many of the orthoptists attending as Associate Members of the College.

It is a personal disappointment for me that this has not come about; but I fully understand that your commitments to the International Meeting and your overseas guests would not allow you to continue to accommodate to the uncertainties and rapid changes which took place in the Christchurch arrangements.

Be that as it may; we will certainly welcome those of you and those other orthoptists who may not be here today, who will be coming on to New Zealand. We certainly hope that arrangements will be better for the Queensland Meeting in 1981 – as good as they were for the Neuro-Ophthalmology Symposium held in Brisbane earlier this year.

Some sixty years ago when Mary Maddox played a big part in the foundation of British Orthoptics there was certainly a place for an ophthalmologist in a paternal role. In her case it was her own father.

I wonder now, what is the paternal role of the ophthalmologists towards the orthoptists – if any.

I am quite sure that you have come so far in your educational achievements and professional development, that the continued appointment of an ophthalmologist as a Patron might be anachronistic.

There is still real advantage for you remaining allied to the medical profession, in spite of the many ills that beset our profession and the multiple factors which tend to lower our professional morale.

We have been forced into ill-conceived health schemes by governments against our advice; then made the scapegoats for the failure of these schemes, with incessant doctor bashing in the media.

There is always something feeding fuel into these media attacks and the farce of the drawn out proceedings of the N.S.W. Prices Commission in this State is a prime example.

Combating these and many other threats tend to occupy intellect and energy and detract from the real job of the profession in getting on with medical practice and teaching the art. Despite all this, as long as our basic principles hold, I am sure medicine will win out in the long run.

Others who would challenge it by the development of alternative health care systems, either base their appeal on cultism rather than on scientific methods or have some scientific training and offer advice with the provision of remedies or appliances. For their support they rely on those who rightly or wrongly are disillusioned by the discredited medical profession and its scientific methods; those who in desperation seek alternative help when scientific methods have failed; those who by manipulation of the law have been directed their way; and those who by advertisement have been led to believe that they are offered a service which is comparable, or superior, to that offered by the medical profession. Perhaps they expect to gain true professional status in this way.

Those who practice in medicine traditionally shed all these devices many years ago, and I hope current threats will not tempt them to lower the professional standards which have served them so well.

Orthoptists, like ophthalmologists, have nothing to sell except their time and skill. They don't sell goods, they don't advertise, they don't tout for business. I am confident that if together we continue in this fashion we need fear no challenge in the long term.

The other area where you may need a little paternalistic help from the ophthalmologist is to protect you from those within our profession who do not fully understand your role.

It is over twenty years now, since I did my resident training at the Royal Victorian Eye and Ear Hospital. During that period, I remember well that I did over 120 squint operations. In those days, we had a peculiar system of training in our final year – one resident would be in outpatients, one looking after the wards for pre and post-operative care of patients, and the third one doing all the surgery. Thus, I would arrive at the hospital and find a large surgical list of squint operation patients completely unknown to me, booked for certain muscle operations, and never to be seen again. In those training days, all squints looked

dull and routine, orthoptists looked old, and orthoptic reports seemed quite incomprehensible.

It was only after a long period in private practice and in public hospitals, with the experience gained from prolonged care of patients that I came to appreciate the consequences, good or bad, of my intervention in their management, whether it was surgical or otherwise.

Recently, Dr. Graham Pittar wrote an article which was widely distributed. It appeared to be a direct frontal attack on orthoptics and orthoptists. I tackled him about this and we had a long and frank discussion. I really believe that he was trying to draw attention to the deficiencies in our own training which I have just mentioned. These persisted for some time after that. We also had our concept of the role of the orthoptist as we saw her at that time.

Hopefully, our modern Fellows graduating in ophthalmology will have a much better understanding of ocular motility problems and visual development and, hopefully, they will not have a concept of the orthoptist's role which is twenty years out of date.

The role of the orthoptist has rapidly changed over the last few years and has been the subject of several addresses by Patrons and Presidents. There is no need for me to labour specific points again. I would at this stage warn however, against a change of identity, to call orthoptists something else, whatever term might be dreamed up.

I think the ophthalmologist of 1980 is different perhaps from the ophthalmologist of 1960, but seeks still to be known as an ophthalmologist. I would stress that there are good reasons for you to continue to be known as orthoptists and retain your identity within the ophthalmic community, at the same time realising that others recognise your changing role.

All one has to do is to draw attention to the breadth and depth of your scientific programme planned for the next few days. This, itself, bears testimony to this change and your contribution to the ophthalmic community and its scientific basis.

Finally, I wish you all well for a happy and successful conference.

Geoffrey Harley, F.R.A.C.O.