

## EDITORIAL

“Time to review” said our president as she opened our scientific meeting.

In a sense, it is always time for review. Reviews of case histories of one type or another have often given us a clearer picture of possible etiologies, responses to be expected, criteria for judging prognosis, profitable or unprofitable treatment.

It would probably, too, be helpful to review published papers on particular topics, from say the 1939 (first) British Orthoptic Journal, to the present—perhaps on accommodative squint, superior oblique weakness, or suppression. We might well find some forgotten but useful ideas, and learn how terminology changes.

At the moment it is easier to review what went on at that scientific meeting on the Pacific shore. Papers presented told of new instruments and of new uses for older instruments, of vision tests and screening, new facts about eso and exophoria, new needs for teaching central fixation, and of course, stereopsis, and a refresher course on the developments of the seventies for the orthoptists of the nineteen sixties. The more it changes, the more it remains the same. We still have severe critics to keep us on our toes. We still have new ideas to report, new goals appearing. In other words, our profession continues to be a developing and challenging one.

Diana Craig

**ORTHOPTIC ASSOCIATION OF AUSTRALIA**  
**38th ANNUAL CONGRESS, SURFERS PARADISE, QUEENSLAND,**  
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**PRESIDENTIAL ADDRESS**

Mr Minister, Dr Stark, Distinguished Guests, Colleagues all:

On behalf of the O.A.A., I join with Jess Kirby our Queensland President, in welcoming you to our 38th Annual Scientific Conference. The theme "Time for Review" has been set for profound reasons. It is time to examine the development of orthoptics, to take stock, and to seek clear guidelines for planning future progress.

The O.A.A. was formed in 1943 by fourteen orthoptists. Two of these pioneers are with us today. These women took on the task of establishing orthoptics as an important paramedical science, at a time when there was much scepticism about our work, and few proven facts. To win the battle, they had to extend their knowledge, to improve their systems of treatment and to be prepared to discard methods that were unsuccessful. In other words, our knowledge has come from reasoning, reading, trial and error.

Today we have 298 members, two well-established colleges equipped with the latest teaching resources, and quite an accumulation of useful knowledge despite our very short history. The orthoptic graduate today is required to know much more to prepare her for the continually changing role in the eye-health program.

The more we know, the more we know we don't know. Hence comes motivation to seek further knowledge. We must recognise orthoptics as an applied science, as part of a whole system of science with pure science and research at the top.

A single example is the C.A.M. vision stimulator. Devised as an application of concepts evolved through advanced research, this

instrument has been tested in clinical use by many of us and by many ophthalmologists, and the results have been fed back as further data for pure science.

New knowledge may also come from alert, concerned observers in the medical field. Through careful recording, noting coincidences, consulting records and questioning, Norman Gregg linked congenital cataract with rubella. Thus he showed the way to prevent such cataracts, and demonstrated for the first time that congenital malformation may be caused by uterine infection. Kate Campbell, with similar care and persistence showed that retrolental fibroplasia in premature babies developed only after high oxygen intake, and with this warning saved untold numbers of future children from blindness.

Orthoptics is a small limb of science inter-related with a whole wide field of knowledge. In our clinics we can see science applied in every department. To keep our place in this system we must be alert and we must work to help fill those gaps in knowledge with proven facts.

Our function here is simple. Here we are, 50 of us, dedicated to our profession and each of us with a variety of experiences. Perhaps we've made different assessments of a similar experience. Wouldn't it be wonderful if we could all pool and discuss our separate experiences, so that with a collective mind we can return from this conference to our corners with enhanced knowledge, and confidence in our profession.

Keren Edwards, D.O.B.A.,  
President,  
Orthoptic Association of Australia,  
1980-1981.