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EDITORIAL



Lacrimal History – Part 42: Doyens of Dacryology Series – François Codère (1952-) Jane Madeleine Olver (1954-), and David Irving Silbert (1962-)

In the forty-second part of the series on the fascinating history of Dacryology, we will evaluate the lacrimal drainage contributions of three Doyens – François Codère (1952-), Jane Olver (1954-), and David Irving Silbert (1962-). While this paper will include a few biographical details of the Doyens, their specific contributions to lacrimal drainage sciences will remain in the spotlight. Each lacrimal paper has its merit, and most, if not all, contribute to science incrementally or exponentially. However, if there are several research works and treatises, as is the case with our subjects, discussing each would not do justice to the central theme of this series, which is to highlight those that have made significant contributions to the progress or development of lacrimal drainage sciences. Hence, those that are more notable and crucial will be discussed.

FRANÇOIS CODÈRE (1952-)

François Codère (Figure 1) was born on May 29, 1952, in Sherbrooke, Québec, Canada. He went to college at Cégep de Sherbrooke from 1972 to 1974. He joined the University of Sherbrooke's Medical School in 1972 and obtained his MD in 1976. Codère completed his Ophthalmology Residency in 1979 from the same University. He then pursued an 'Ocular Pathology Fellowship' at McGill (1979–1980) with Seymour Brownstein and a second 'Fellowship in Oculoplastic Surgery' (1981) with Richard L. Anderson at the University of Iowa.

Codère returned to Canada and joined McGill University as an Assistant Professor in 1982 and at the University of Montreal in 1984. He steadily rose in rank to become the Director of Oculoplastic Service and Ophthalmologist-in-Chief at the University of Montreal Eye Center.

Codère is a founding member and past President of the Canadian Oculoplastic Society and has served on the Board of the Canadian Ophthalmological Society (COS) as secretary and as President. He was also the President of the COS Foundation. He was Treasurer and President of the Québec Association of Ophthalmologists. He is an active member of several international societies, including the 'Orbital Society', the 'European Society of Ophthalmic Plastics and Reconstructive Surgery', and the 'American Society of Ophthalmic Plastics and Reconstructive Surgery'. He won several awards, including the American Academy of Ophthalmology (AAO) Senior Achievement Award and the University of Montreal's career recognition Awards. He delivered more than 300 lectures at various international platforms.

Codère trained more than 40 fellows and successfully ran a popular course on Endoscopic DCR at the AAO for more than 20 years. He published more than 75 papers, of which 10 were related to the lacrimal drainage system.^{1–10} Codère was the first to demonstrate the influence of the volume of fluorescein dye on tear



Figure 1. François Codère (1952-).

transit times from the punctum to the opening of the nasolacrimal duct (NLD).⁵ It was noted that the median dye transit time was 8 minutes when a single drop of fluorescein was used, compared to 1.4 minutes when multiple drops were used.⁵ This concept laid the foundations much later for further understanding the tear flow dynamics using MRDCG.¹¹

Another landmark work was the validation of Wormald's technique of 360° mucosa-mucosa approximation. Codère and colleagues were among the earliest outside Australia to demonstrate the usefulness of this modification while performing endoscopic DCRs, showing the high success, it can deliver.¹ This study provided additional support to this technique five years before the Wormald group published their long-term outcomes and the influence of 360° mucosa-to-mucosa approximation on ostium healing.^{12–14} Codère's group also added evidence to the evolving concept of the 1990s that routine lacrimal biopsy may not be warranted in every case of DCR.⁸ Codère and Anderson were the first to report how lacrimal sacs can act as reservoirs of microorganisms, causing recurrent facial cellulitis.³

An interesting innovation from Codère was the non-surgical retrieval of retained foreign bodies lodged within the lacrimal drainage system.² This was achieved by performing Crawford silicone intubation (both arms) through the superior punctum, which would form a loop to retrieve the retained foreign body through the nose.²

François Codère was at the forefront of lacrimal science progress for several decades. Beyond his yeoman service to Canadian Ophthalmology, his contributions to the popularization and propagation of endoscopic lacrimal surgeries in Canada have

significantly advanced the development of lacrimal sciences in North America. His teachings and innovations have further influenced large parts of the scientific world.

JANE MADELEINE OLVER (1954-)

Jane Madeleine Olver (Figure 2) was born on May 23, 1954, in London to Irene Mary Olver and Cecil Paul Olver. Her father was a chartered accountant, and her mother was the mother of three children, and highly valued their education. Unfortunately, her father died when Jane was one year old. She was sent to the Royal Masonic School for Girls at the age of 8, first in Weybridge and then in Rickmansworth. However, at the age of 14, she was sent to Cheltenham Ladies College in Gloucestershire.

Olver earned a Bachelor of Science with second-class honours, upper division, graduating on August 1, 1974, in Nutrition and Biochemistry from Queen Elizabeth College, University of London. She completed her medical studies, MB, BS in 1979, graduating from St Thomas' Hospital, University of London, and then returned to the West Country to undertake her house jobs. In 1983, she gained the Diploma of Ophthalmology, and in 1984 the Fellowship of the Royal College of Surgeons. Olver then joined Moorfields Eye Hospital in 1985, where she remained for nine years as registrar, Francis Rennie-Hock research fellow, senior registrar, paediatric ophthalmology and strabismus Fellow and then Adnexal fellow. She was awarded the Fellowship of the Royal College of Ophthalmologists in 1989, and the Specialist Register Ophthalmology in 1992.

She moved to London's Western Eye Hospital and Charing Cross Hospitals, part of Imperial College NHS Trust in 1994, where she set up the oculoplastic, endonasal endo-lacrimal service and orbital clinic and for several years ran a fellowship program

1994 to 2014 training numerous surgeons in lacrimal surgery and lectured extensively and globally on oculoplastic and lacrimal topics. She regularly ran the Lacrimal Course in London and Oxford, which was a great success. She led the NICE report in 2005 on endonasal lacrimal surgery, which enabled ophthalmologists to be equally trained with ENT specialists in endoscopic endonasal surgery. In 2012, she took a sabbatical to establish the Private Clinic, 'Clinica London'. She ultimately left the National Health Service (NHS) in 2014 to pursue her dream of a high-quality, full-time private practice with an academic component. She continues to do lacrimal surgery at the time of this writing.

Olver received several awards, including the prestigious Francis Rennie Hock Fellowship at Moorfields Eye Hospital and the Oxford Ophthalmological Congress Founders Cup in 1989 for her remarkable work on human orbital vascular casting. She also held important positions in several societies, including being the Founder Secretary of the British Oculoplastic Surgery Society (BOPSS) in 2000 and President of the International Society of Dacryology and Dry Eye (ISD-DE) in 2025 – 2026.

Olver's interest in lacrimal surgery was present since the days of her residency. Interestingly, the first ever case that she performed was a three-snip punctoplasty. Hence, it is not surprising that, of her nearly 100 publications, 20 focused on various aspects of lacrimal drainage disorders.^{15–34} Besides these, her classic treatise, 'Colour Atlas of Lacrimal Surgery' was published in 2002 (Figure 3) and quickly became very popular and inspired several students, including the author of this paper. Several of her research papers were landmark publications. For example, in the 1990s, when rigid endoscopy was still in its infancy, she was among the earliest to conduct robust research, proposing the significance of endoscopy in placing Jones tubes, post-operative evaluation of DCR ostia, and addressing complications such as tube prolapse.^{18,21,24}

Another landmark work was her technique of placing a mini-monoka stent after simple punctal dilatation without a snip procedure.²⁰ This has stood the test of time and is now a standard of care for acquired punctal stenosis. Her other surgical innovation has been in the immediate management of a lacrimal pneumatocele using the technique of punctal plug occlusive canaliculoplasty.²⁹ Her proposal of performing a dacryocystectomy as a treatment for chronic dacryocystitis in frail and elderly patients is quite relevant in clinical practice.³⁴

A major contribution of Olver has been the development of the diagrammatic representation of lacrimal disorders and their management.²⁸ The dye test, syringing, and nasal findings were represented with standard and easily interpretable symbols.²⁸ This provided a sound basis for planning and monitoring lacrimal surgeries. This innovation, too, has stood the test of time and is currently used in major lacrimal practices worldwide.³⁵

Jane Olver's contribution to the lacrimal sciences has several dimensions. One, she advanced the clinical and surgical aspects through her teachings and popularized lacrimal surgery. Two, several of her research papers can be considered landmark publications in the development of lacrimal sciences. Three, her resourceful treatise on lacrimal surgery helped generations of students to understand concepts of lacrimal diseases and their management in a simple manner.



Figure 2. Jane Madeleine Olver (1954-).

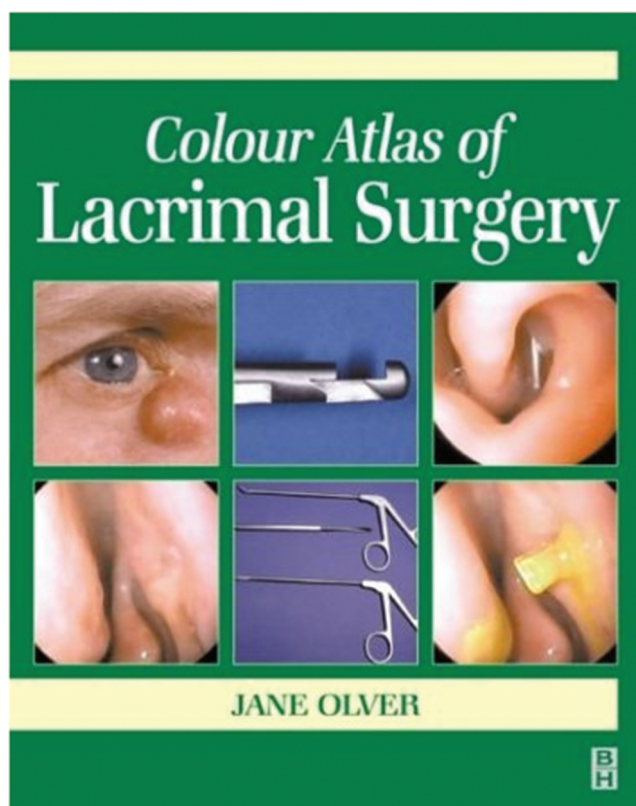


Figure 3. Cover of Olver's famous text, 'colour atlas of lacrimal surgery', published in 2002.

Four, her efforts in advocacy helped ophthalmologists to be equally trained with ENT in endoscopic lacrimal surgeries. Jane remains actively involved in both the scientific and administrative aspects of lacrimal sciences. Her second major treatise, 'Lacrimal and Dry Eye Disorders: The Complete Guide', of which she is the first editor, will be released next year (March 2026). Hence, it would be wise to expect several more useful contributions from her desk, and the lacrimal world would continue to benefit from her wisdom.

DAVID IRVING SILBERT (1962-)

David Irving Silbert ([Figure 4](#)) was born in Boston, United States on April 29, 1962. He completed his undergraduate studies in Chemistry in 1984 at Wesleyan University in Connecticut. He obtained his MD in 1989 from Case Western Reserve University School of Medicine, followed by an ophthalmology residency at Georgetown University Hospital from 1990 to 1993. He subsequently completed two fellowships from 1993 to 1995 ophthalmic Plastic Surgery at the Wills Eye Hospital, and Pediatric Ophthalmology at Holy Redeemer Hospital, Wills Eye Hospital and St. Christopher's Hospital, Philadelphia. He obtained his diploma of the American Board of Ophthalmology (ABO) in 1995.

Silbert is a member of several societies where he has also played various key roles in the scientific and administrative aspects. For example, the American Association for Pediatric Ophthalmology and Strabismus (AAPOS), the European Strabismological



Figure 4. David Irving Silbert (1962-).

Association, International Strabismological Association, and the World Society of Pediatric Ophthalmology and Strabismus. Silbert has several awards to his credit, including the Senior Honor Awards from the AAO and AAPOS, the Pediatric Eye Disease Investigator Group (PEDIG) Performance Awards, the Distinguished Service Award from the Lancaster Medical Society, and the Citation of Service Award from the Senate of Pennsylvania, United States.

Silbert held several leadership positions in various organizations. He was the President of the Pennsylvania Academy of Ophthalmology, the Founder of KinderSee, a school-based eye care program, and a member of the Health Policy committee of the AAO, as well as several committees of AAPOS and ABO. His multiple volunteer missions to Tianjin, China, Honduras, and Ecuador reflect his commitment to surgical education and humanitarianism.

Silbert has made significant contributions to the advancement of lacrimal sciences. He led the PEDIG trials that assessed several aspects of the management of congenital nasolacrimal duct obstructions (CNLDO). Of nearly 100 publications by him, 13 are on the lacrimal drainage disorders.³⁶⁻⁴⁸ His major innovation has been the design and development of the 9 mm endonasal balloon used in balloon-assisted dacryocystorhinostomy.^{36,46} His group was one of the earliest to draw attention to the risks of refractive amblyopia in preverbal children with CNLDO.^{47,48}

The PEDIG trials largely guided the management of CNLDO since their publications in 2008.³⁸⁻⁴⁴ Silbert had co-chaired these trials. Several critical aspects were found that improved the surgical outcomes. They found that probing as primary treatment for CNLDO was successful in three-fourths of the patients under four years of age, and there was no decrease in the success rates with increasing age in their cohort of 6-36 months.³⁹ They also demonstrated that office probing can show good success.⁴⁰ This was a significant finding that challenged the prevailing and general

belief of the time that the success of probing decreases with age. Another landmark work demonstrated that those children who failed probing and were younger than 4 years, balloon dacryoplasty and intubation were both effective in further management.³⁸ This gave the lacrimal surgeons considerable room to choose either modality wisely, based on patient and surgeon factors. Silbert also contributed to the development and validation of a quality-of-life questionnaire specific to patients with CNLDO.⁴⁴

A review of Silbert's contributions reveals that he is an astute clinician and an innovator. While several individuals have historically contributed to the understanding of lacrimal drainage sciences,^{49–55} Silbert steered the PEDIG trials on CNLDO to provide the standard guidelines for managing simple and complex CNLDOs. His contributions to the management of CNLDO have stood the test of time and are relevant in clinical practice nearly two decades after their publication. Silbert is active, and it is only logical for the lacrimal world to expect him to contribute further to the development of lacrimal drainage sciences.

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