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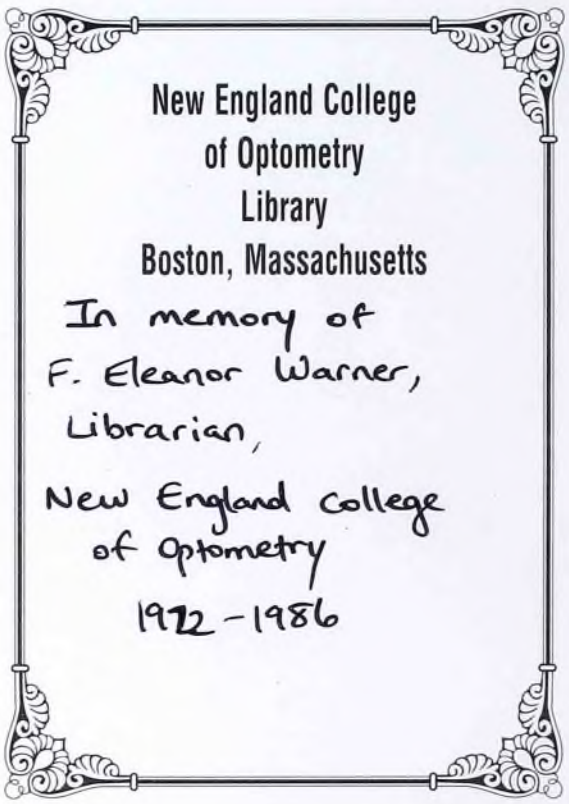
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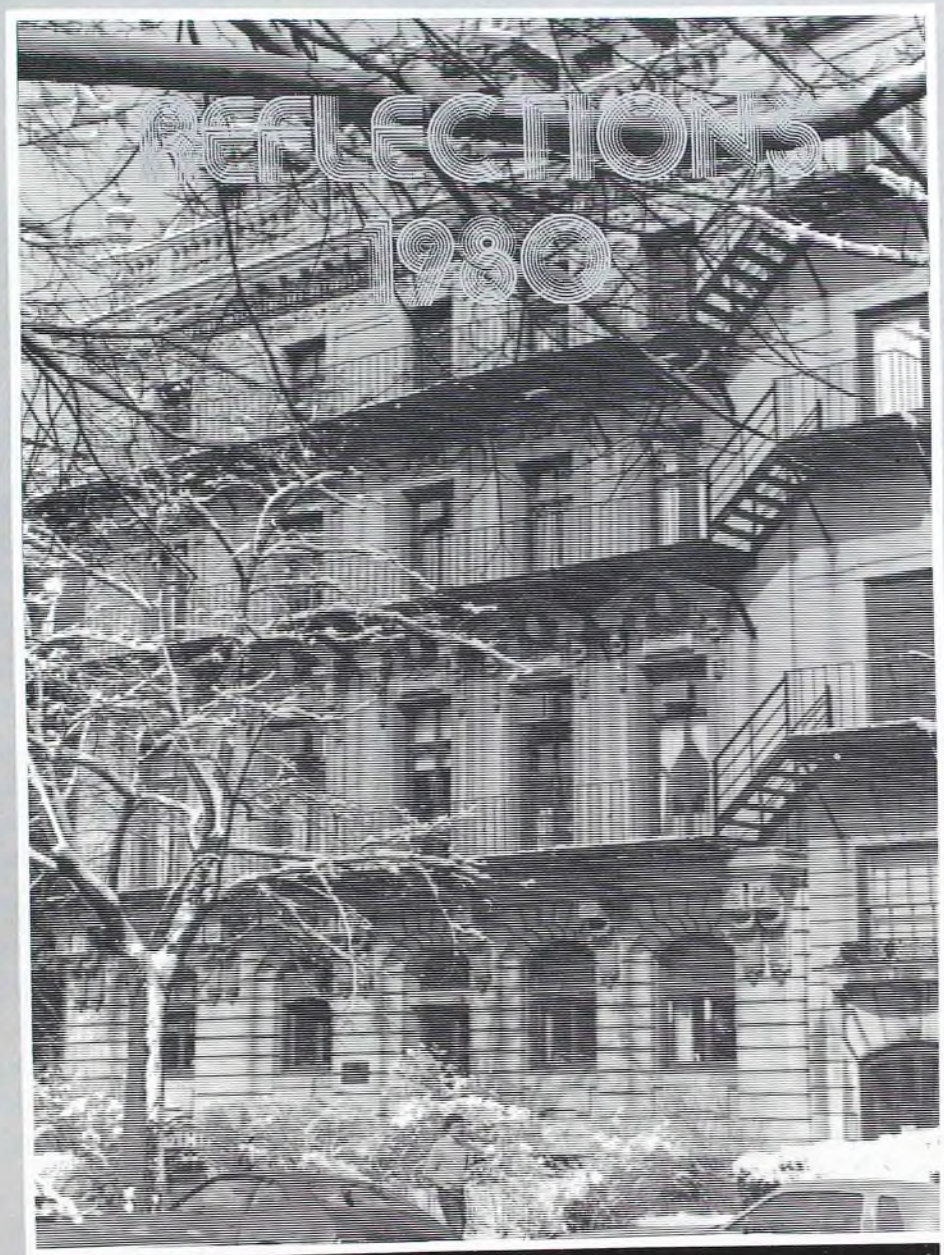

THE NEW ENGLAND COLLEGE OF OPTOMETRY BOSTON

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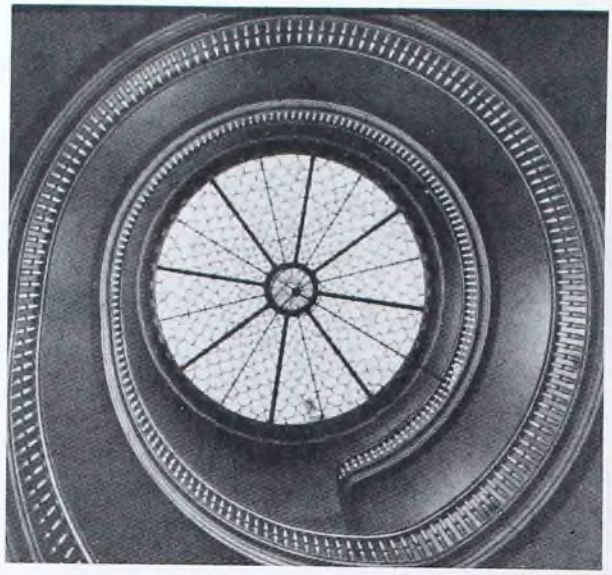

EYECATCHERS

MISCELLANEOUS CREDITS AND INFORMATION

INSIDE FRONT COVER-

Boston skyline as seen from Cambridge by Joel Kestenbaum; Lloyd Snider, Arthur Weinwurm, Jeff Palmer, Tom Schultz, Ken Foppiano, Stu Frank and Eric Colman at graduation; Denise Paquin with dessert; Linda (Bennett) and Ray Huey, Wendy and John Sienko, John and Sharon Pulaski before a toga party; drawing by Vinnie Giovannucci (also pages 34 and 46)-front row: Stanley Reiser, Joseph Svagdys; second row: Paul White, Paul Abplanalp, Raj Natrajan, Frank Kozol, Edmund Walkowiak, Hy Kamens, John Carter; third row: Matt Garston, Foster Namias, Richard Laudon, Paul Pease; standing on the Bear's head: Marc Richman.

INSIDE BACK COVER-

The Fjord at the Gulf at Eilat on the Red Seas in Israel by Jeff Palmer taken during clinical rotation there.

Pages 84 and 85-

Top row: John Pulaski; Lloyd Snider; Chris Boisse; Judy McKenna; Julie Marchetto, Margaret Clark; Denise Paquin, Bill Hutcheson, Kenny Foppiano, Christ Boisse; second row: Suzanne Harbeck; Mike McGraw; Charlie Plourde and friends (Spaceshot in background); Rhonda Greifinger; Stu Frank, Doug Johnson and Pat; third row: gentlemen of the rostrum at graduation includes some members of the Board of Trustees and Foster Namias, Hy Kamens, G. Burtt Holmes, Fumio Morie (recipient of honorary degree Doctor of Ocular Science), Dow Smith, Otto Hochstadt and Paul Lappin; Tom Schultz, Jeff Palmer, Arthur Weinwurm, Stu Frank, Doug Johnson, Lloyd Snider, Joel Kestenbaum; Sue and Wayne Levasseur; Doug Johnson; bottom row: Bob Pinkert; Ted Belhumeur; Bob Gentile; Eric Colman, Arthur Weinwurm; Greg Sokol; Debbie Budick.

Pages 88 and 89-

Column one: Dave Sobel and Cindy Zehr an the Eye Ball; Joanne Kundl and Steve Markow at the Eye Ball; Dave Mills (standing), John Sienko, Neal Kramer; Nancy "Spaceshot" Mraz; Doug Hoffman demonstrates corneal dehydration at Academy presentation; column two: Neil Elliot and Mark Seipel in Miami checking out the cataracts; Cheryl Brown; Debbie Budick and "friend"; top: Greg Sokol and Gina Libassi; Cheryl Kane; Lenny Contardo; second row: Doug Johnson, Kerry Connell's back, Kenny Foppiano and Mary Ellen Connell at the George's Island Picnic; Rich Moroff in front of Damascus Gate, Old Jerusalem, Israel; Arthur Weinwurm having jut climbed Mt. Sinai in Israel; Jeff Palmer; Julie Marchetto; Lenny Contardo's famous Christmas cake at Tom Dwelley's party; third row: Irwin Shwom pilots his dragster while contemplating ophthalmic optics; a scene from Irwin's toga party includes (front) Zbignev Zlotnikov, Arthur Weinwurm, Randy Goldman, Gina Libassi, Keiko Inouye, (middle) Jeff Palmer, Mindy, Greg Sokol, John Sienko, Joel Kestenbaum, Emperor Irwin, (top row) Mork LeOrk, Wendy Sienko, Stu "Cheesecake" Frank; bottom row: Matt Frohlich; Nadine Kramer and Linda McGraw; Stu Frank and Keiko Inouye; Liz Andrews, Sue Allen and Anita Goldberg from the library; Doug Johnson; Jeff Palmer and John Pulaski confer on whether John can get away with making another announcement in class.

Pages 92 and 93-

Column one: Doug Johnson's home cooking; Shelley Ungar, Debby Wayne, Hinda Liebeskind, Elton Neveloff, Carol Maloney and Karen Koumjian at the A.O.S.A. convention in Memphis; Julie Marchetto; column two: Gary and Coleen Wolf and family; Arthur Weinwurm and Debbie Budick stranded in the Sinai; Concetta Raciti and Keiko Inouye in the Bonnie Bell Roadrace; an aged Wayne Levasseur at a Halloween party; Tommy Schultz bought plenty of mistletoe before Chris Boisse and Judy McKenna showed up for another party; column three: "Mr. Exercise" Lloyd Snider shows where to work out; Bill Hutcheson knows someone won't forget this important conversation; Tom Dwelley, Doug Johnson, Gerry Dunn and Karen at the George's Island picnic in September; column four; Lloyd Snider exercises in Israel; Doug Johnson finds a quiet place; U.S. Invitationals champ Rich Jamara places in yet another race (luckily he and the boat finished this race together); Debbie Budick, on the Israel rotation, gets more than she expected; column five; Doug Johnson (again?) feeling a little homesick for Minnesota; Arthur Weinwurm, Jeff Palmer and Lloyd Snider before some skiing in Vermont; Arthur Weinwurm, Lenny Contardo, Lloyd Snider and Jeff Palmer discuss some yearbook business and the bill at Anthony's Pier 4 before Lloyd ended up doing the dishes; old roommates Gina Libassi and Debbie Budick discuss an old phone bill.

Page 96-

Daybreak at the oasis of Ein Gedi on the Dead Sea, Israel by Jeff Palmer.

Special thanks go to Bill Hutcheson and Denise Paquin who supplied many of the photographs for the color sections. Everyone sending presents to Ted Balhumeur on a regular basis may discontinue the habit. Although holding on to the negatives, he let us use most of his rather unusual photographs in the yearbook. Thank you, Ted, and thanks to all of the people who made contributions to this book — Jeff Palmer, Editor

THE NEW ENGLAND COLLEGE OF OPTOMETRY

REFLECTIONS 1980

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779
N357
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1980

ANNOUNCEMENTS

It's Not Good-Bye

As I sit here thinking about what I should write, I'm confronted with thoughts of the past and hopes for the future.

When I reflect back on the past four years at NEWENCO, it occurs to me that it is the people I will miss and the incidents with them that I will recall. I really do not care to predict the future, but there are some things which probably will not change in 25 years.

Arthur will be worried about something; Jeff about nothing.

Steve Graham will be looking for the bottom line; Bubba at the latest line (Jai Alai or Saratoga).

Jim Santanelli, Mike DiPerna, John Pietrantonio and Concetta Raciti will be sitting down to one of Lenny's famous home cooked Italian feasts while Casey, Thompson, Snowdon and Hutch polish off another pitcher at Father's.

Linda Shilberg will just have begun laughing at a joke she heard yesterday while Tom Dwelley continues to laugh.

And I hope Tommy and Lloyd will be in the process of planning another grand pot luck dinner.

But what will the future really be like? It's a challenge each one of us will face in our own way. Of course I hope that we will all find enjoyment, success and financial stability in whatever our mode of practice. I hope success does not lead us into complacency and apathy about the needs of our profession.

I would also hope that the unity we experienced as a class will remain intact in our professional careers. If we are to move our profession forward, we must share our ideas and work with each other to implement them.

But perhaps our most important challenge is to practice optometry the way we have been trained, in a way that provides the best possible vision care to each patient we encounter. It sounds simple, but there are many things which stand in the way. The manner in which we face this challenge will determine the future of our profession.

I hope our response to this challenge brings professionalism and respect to ourselves and optometry.

-John J. Pulaski
Class President

Office of the President

The New England College of Optometry

424 Beacon Street, Boston, Massachusetts 02115 617-261-3432

Dear Member of the Class of '80

I'm sure you've heard it before, and even felt it in many ways, but once again I'd like to remind you that yours was a class of transition and change.

It was evident when you first entered NEWENCO. Your class is the first to complete four years of a curriculum designed to meet a changing role for optometrists. For four years you were groomed to become primary care providers of eye/health care. Your coursework contained an increased concentration in medical and public health issues, and you were exposed to a broader range of clinical experiences than any previous class.

And now you're about to put all this into practice, but in a rapidly changing professional environment as well. Dynamic changes in the health care delivery system, and an increased emphasis on recognizing the total health care needs of the community, will provide new challenges to today's optometrist.

These challenges add a new dimension to the problems facing an optometrist about to enter practice, but I have full confidence that you'll be able to meet them. Please also keep in mind that the school is always here to help out in any way it can.

Best of luck. It's been a pleasure having you with us.

Sincerely,

F. Dow Smith
President

a brief but amusing
history of optometry

by Jeffrey M. Palmer

What are the roots of optometry?
Who were the first optometrists?
A number of histories of the profession of optometry have been compiled over the years. Many are quite thorough although some historians have tried to make the evolution of optometry seem as orderly as the evolution of the wheel. This is a clear example of **wrong thinking.** Over the ages, optometry, under one name or another . . . . . or none, has had to undergo major reevaluations. Over the centuries, entire areas of service were added or dropped due to changes in technology (including the discovery of technology), economics, the plague and the realities of being a merchant. While this brief but amusing history of the profession of optometry draws on many of these previous histories, extrapolations have been derived from parallel fields and historical events, and some of the juicier parts have simply been made up.

Unlike a child, an optometrist has no one to answer the eternal question, "Where did I come from?" Hopefully, the next few pages will give you an idea of the answer.

There has not always been a demand for vision care although there has been a very strong demand for good vision. Cavemen had no choice. If vision happened to be mediocre, the victim could usually live with it. They might have appreciated vision care but their visual tasks were not terribly demanding. Large animals were easy to see while small animals weren't worth chasing. Not noticing small animals with very sharp teeth, however, tended to eliminate another visual problem: **Presbyopia.**

Millenia later, when people began living in groups and villages for food, protection and security, two curious things happened: (1) Life expectancy began to exceed useful accommodation and (2) The medical healer appeared on the scene.

Presbyopia really wasn't a terrible problem. Since there was little language and no written word, what was there to miss? The healer was not so benign.

Over the millenia, the quest for knowledge led these early healers through the realms of priestly rites (religion), incantations (rhythm and blues spiritual music), medicinal herbs, roots, and waters (gourmet foods), astrology, horoscopes (syndicated newspaper columns), blood letting (phlebotomy) and even hair styling.

It wasn't until the 1600's when scientific medicine -medicine by observation- began removing some of the peripheral specialities from the physician's repetoire.

In 1745, barber/physicians were outlawed in France, no doubt due to a poor perm and blowdry on Louis XV. Medicine already has enough skeletons in its closet so let us concentrate on our own.

Plato, Aristotle, Archimedes and Ptolemy could have been considered some of the first optometrists. Some 2400 years ago, they knew virtually nothing about vision, but devised their own theories of vision and how visual disturbances could be treated . . . it was an O.E.P. philosophy, but nobody listened. They were philosophers and scientists. The combination was adventageous because whatever couldn't be attributed to science could be imagined and considered a philosophic marvel.

Early scientists were especially fascinated with optics. Ancient lenses have been dated back to 300-600 B.C. The ancient physicists had discovered and discussed spheres, cylinders and mirrors, although by the turn of the modern era, the diverging lens had hardly been noticed. Because the thought of an eye as a similar optical instrument seemed somehow to escape them, vision care had to wait another thousand years until the renaissance before some of the world's most brilliant men (and perhaps even a woman or two) returned to the age-old question, "Why can't I see up close any more?"

As the world fell into the dark ages, presbyopia diminished! Actually, wars, poor crops and very healthy bacilli managed to drop the life expectancy considerably and wipe out nearly a quarter of the population of Europe. While written language flourished in the Greek and Roman civilizations, neither the Huns nor the feudal peasants had the need for memos; there was very little good news about which to write so the written word took a long vacation as much of the known world proceeded to drop faster than flies.

By the middle ages, things were beginning to change. The peasants still couldn't read but they were living longer. An awakening of science began as physicists, mathematicians and yet more philosophers appeared on the scene. Some churchmen became heavily involved in science and the large amounts of time available for study allowed these men to deeply explore many areas of interest which had been kept alive over the centuries within the monasteries and church structure.

Sometime, early in this timeframe, glass was discovered. It had been in use in Egypt. It had probably been discovered centuries earlier when clumps of fused glass were noticed under areas used for fires in the desert. After centuries of guessing, the properties became more and more understood. With the resurgence of glassmaking, the potential for useful optical lenses and devices skyrocketed. Unfortunately, until the twelfth century, very few people had any idea what

to do with these curious objects.

During the Ming Dynasty in China, reports by Marco Polo tell of lenses being used for the correction of presbyopia by wealthy Chinese. This would mean that the technology and the understanding of the manufacturing process existed in China before it surfaced in Europe. Soon afteward, around 1285, a Franciscan monk, scientist and philosopher named Roger Bacon got credit for discovering spectacles. There was considerable controversy around the monastery just who should get credit for the discovery and when the dust and frocks settled, Roger Bacon quietly announced his discovery to the world. The secret method of manufacture remained safely intact with the monks for quite a while.

As longevity spread into the fifties, and presbyopia again caused headaches and blurring, lenses slowly started to gain acceptance by the upper class both for function and decoration. The secret manufacturing process managed to sneak its way out of the monasteries and lensmakers began to produce lenses in adequate quantities to keep the limited number of middle aged and elderly members of a wealty and literate aristocracy with some usable amount of near vision.

Things were going quite nicely until the mid-1400's when a single invention caused the entrance of perhaps the most widespread and deleterious visual problem to yet surface in the world. The malady: Myopia. The cause: Guttenberg's printing press.

Business considerations began to interfere with the production of lenses by lensmakers. It took too much time to make and sell the lens. The demand was increasing and it became more profitable to simply make the spectacles and have someone else peddle them. Spectacle Maker's Guilds began to spring up in the mid-1400's and these tradesmen became firmly established as the primary source of spectacles. In some areas, these men were granted exclusive licenses or charters which effectively removed competition. The Guild was all powerful and to a person on the outside, the only thing to do in the vision care realm was to sell the product of the spectacle makers.

We are now reaching the beginning of the seventeenth century. In the past twenty centuries or so, the rudimentary understanding of lenses has allowed the discovery of glass and its method of manufacture to aid the decreasing vision of an older, wealthy aristocracy. Spectacles are being accepted by kings and queens, religious leaders and even the lower classes when available to them. Only one major group is vehemently anti-spectacles. It will take until the beginning of the 20th century before organized medicine (who are at this point bleeding their patients to remove evil spirits) begins to accept spectacles as a treatment for any visual problem. They may be considered an acceptable crutch for presbyopia in some cases, but acceptance is painfully slow.

In Europe in the early 1600's, optical stores began appearing on the scene. The term **optical** was associated with lenses for the first time. As the state of the art advanced, lenses with fewer imperfections were successfully fabricated leading to the development of telescopes, microscopes and an early type of camera (which was of little use as film would not be invented for another couple of centuries). The camera obscura was helpful, however, in furthering the understanding of the function of the eye.

Until the mid-1600's, spectacles were primarily for presbyopia. While some healers prescribed spectacles, or peddlers or optical shops sold them, the selection of powers was generally done by age. An older person would need a stronger power . . . usually. In those cases where the accepted method failed to work, the older "try this one" method would usually prove successful. Spectacles for the correction of high hyperopia, myopia and astigmatism would have to wait a few more years until, among other things, the invention in 1666 of the cross cylinder.

The 1700's were a sort of golden age for the optical community. Spectacle makers could turn out plus and minus spheres, cylinders and mixed combinations. The understanding of optics, lenses and glass was growing in quantum leaps. Major

All of the advertisements on the following eight pages were taken from turn of the century journals. While some of the companies may sound familiar, most of them are no longer in business. The environment in which optometry functioned can be relived through its journals.

We can make you the competent optometrist you desire to be.
M. L. YUBAS, M. D., President
537 N. 13th Street, Philadelphia, Pa.

The Latest **"Stic-Tite"** *and the Best*

Easy-Fitting, Self-Adjusting Eyeglasses

¶ Guards opened by slightest pressure of thumb and finger, flat spring, uniform tension. We guarantee against breakage. No screws in guards or finger pieces. Large bearing surface on guards.

Write for samples and prices

JOHNSTON OPTICAL COMPANY - Detroit, Mich.

DR. S. W. LANE, President.

Something New!

Our practical method of optical instruction, which makes the mysteries of fitting lenses to the eyes, the adjustment of eyeglass and spectacle frames, prescription writing, straightening cross-eyes with lenses and laws of health and their application easily understood, *will in the future be demonstrated by our new system, PROJECTION* and *PHOTO - MICROGRAPHIC APPARATUS.* Reference, fifteen hundred graduates. Particulars and New Catalogue, address

The Southwestern Optical College

(Incorporated and Chartered)

—23 GRAND AVE., KANSAS CITY, MO.

HISTORY

areas of investigation included achromatic glass, optical centers, detection and correction of astigmatism (as practitioners figured out how to use the cross cylinders) and the addition of folding temples to frames. The decision to add a second lens to the monocle-type device already in use had occured centuries before.

Most of the research in the optical field had been done by opticians, who were considered scientists. The optician fabricated the lenses into the one or two available frames, generally also made by the optician, and dispensed the final product. Dispensing included figuring out which lenses to use. There were a few problems with the delivery system. Some opticians preferred to simply make the lenses while others enjoyed selecting lenses to maximize vision. A rift between the two groups would finally lead to a major break in the early twentieth century but in the interim, another merchandiser appears on the scene and keeps all of the parties happy and in business. The major problem with the distribution system is that the experienced spectacle makers work in guilds which were usually located only in the most populated areas of any country. The vast majority of the population neither had an opportunity to visit an optician nor the wealth to purchase spectacles. A distribution system to the masses was lacking. What was the answer?

Enter the peddler; the Fuller Brush man of the eighteenth and nineteenth centuries. He goes from town to town, house to house across huge areas selling whatever the public wants for whatever the market will bear. If things go well, he eeks out a living. Things don't always go well.

The peddler buys up lenses from the spectacle maker and sets off on his trek across the countryside to sell his wares. He uses the trial and error method of lens selection. In a nutshell, if he has it, it's the right lens; if not, it's the wrong lens. Lens selection is admittedly a problem but the standard plus lenses are servicing a large portion of the population who would otherwise be visually handicapped with presbyopia. The peddler was peddling vision care . . . or at least vision maintenance.

Where was medicine at this point? Don't ask. Bleeding patients was still in vogue although barbering was definitely out. When George Washington died in 1799, it was partially due to pneumonia but mainly due to lack of blood.

Here in the United States, spectacles got off to a slow start. Although worn by some early settlers, every lens had to be shipped over from England. By the late 1700's, some merchants were distributing imported lenses. A distributor of whips and canes named John McAllister, Jr. acquired a stock of ready-made spectacles and offered them to the public. His business grew as the population became aware of the new items. The concurrent development of Benjamin Franklin's bi-

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Patented

Nothing better made for day or night, electric head lights can be looked at on the road without any trouble.

Style A.C. sells at $3.50 Dozen
Style B.C. sells at 4.50 Dozen

Order of your jobber or tell us and we will tell your nearest jobber.

CHICAGO EYE SHIELD CO.

128 S. CLINTON STREET

CHICAGO, ILL.

focal lens so spurred national interest (only 13 states) that by the turn of the nineteenth century, McAllister had phased out the whip and cane part of his business. Among his early clients were George Washington and Thomas Jefferson.

Virtually all spectacles were imported from England until the War of 1812, when the British cut off imports to the United States by blockading many ports. The people who had been dispensing spectacles quickly discovered the need for a domestic manufacturing ability. Within a decade, new optical companies were appearing and by the mid-1800's, the precursors to the Bausch and Lomb and American Optical companies were securely in business, soon to be followed by what is known as the Shuron Optical Company.

An interesting diagnostic device, developed from the use of trail lenses, appeared on the market for spectacle distributors. It consisted of lenses mounted on a wheel and a target to look at. By slowly turning the wheel, the subject could determine when the target was clearest. It could be used by the patient or optician, was simple to use and most importantly, its results could quickly be translated into a pair of correctly powered spectacles. This antecedent of the early phoropter was known as an optometer and the diagnostician who administered its use came to be known as the optometrist.

The dispensing optician was now the main spectacle maker although for many years other tradesmen had begun to join the vision care profession. Initially, there was a choice of only one or two frames. After domestic frame production got off the ground, many more styles and brands were available. Due to their large gold content, it was common to buy the spectacle frame from a jeweler. Before long, jewelers were selling as many spectacles as opticians. Quite often, the watchmaker in a jewelry store was responsible for the lenses. The schools for watchmakers included spectacle making as part of the curriculum.

Peddlers were quite popular in the outlying communities, which included most of the country. They traveled, usually with optometer or trial lenses and stock, around the country servicing the visual needs of much of the population.

As the anatomy, physiology and optics of the eye became better understood, the art of retinoscopy increased in popularity. Some schools opened to formally train students in the methods of ophthalmoscopy, optometric theory and how to refract. In the 1870's, anyone could learn

KLEIN SCHOOL OF OPTICS

2 Rutland Street, Boston, Mass.

The only scientific optical school in America. Instructions in all branches of optical work, from the bending of a bridge to the grinding of the most complicated lenses. Opthalmoscopic diagnosis of errors of refraction and diseases of the eye.

Full course, $75.00; single term, $30.00. Address

THEODORE F. KLEIN,

School of Optics,

2 Rutland Street, . . . BOSTON.

An Amazingly Easy Way to Earn $10,000 a Year

This Is Your Opportunity

Do Not Let It Pass

Optical Model "THOMPSON" VIOLET RAY
Look for the name "R. A. Thompson System" on every instrument.

To the average Optometrist a $10,000 a year income is only a dream, yet there are today a surprising number of Optometrists whose incomes run into five figures. The writer of this adv., an optometrist, had an income for many years of over $10,000, and as high as $50,000.

While doing research work in the principal European capitals he saw the wonderful results obtained in treating eyestrain with the high frequency current. You have read in the Optical Journal and Review, page 36, Nov. 17, a most interesting article of what is being accomplished in this most wonderful field of humanitarian endeavor. Thousands of Optometrists have purchased a "Thompson" Violet Ray Generator and are on the road to five-figure incomes. The use of this instrument does not interfere in any way with the medical profession. Free literature.

Order through your jobber.

R. A. THOMPSON CO. 336 S. Broadway, Los Angeles, Calif.

"There's But One Thompson Violet Ray Generator—Thompson Builds It."

TO THE JOBBING TRADE—A wonderful sales opportunity is open to dealers.

the profession on an apprenticeship basis from dispensing or refracting opticians, from manufacturers or from any of the schools forming around the country. A comprehensive course generally lasted two weeks. In 1872, the Illinois College of Optometry became the first school of optometry in the country followed twelve years later by the Klein School of Optics in Boston. By 1900, some sixty private schools of optometry had been established to teach students to examine vision and prescribe corrective lenses. The educational thrust was obvious. A renaissance in optometric and ophthalmic education occured after the publication in 1864 of perhaps the major work in physiological optics of all time. **On the Anomalies of Accommodation and Refraction of the Eye,** by Frans Donders, helped to disprove the prevailing theory that wearing spectacles weakened the eyes. Donders firmly believed in the use of corrective lenses and hypothesized relationships which are now considered the backbone of modern optometry.

The peddler, meanwhile, continued to peddle with ever increasing success. The medical eye specialist, now known as the oculist, was keenly aware of the acceptance of spectacles and of the non-medical refractionists. The medical profession's belief that except for presbyopia, spectacles were bad and could lead to much more severe visual problems, was slowly being disproven empirically. Drugs were usually prescribed for patients with recurrent frontal headaches and asthenopic symptoms, keeping the pharmacists busy but not helping the patient. Some progressive oculist took refracting courses and offered spectacles to their patients as an alternative therapy, but these early ophthalmologists were ostracised by their peers. Eventually, most patients would see a refractionist, either at a shop or when a peddler came to their door. After trying the correction and having symptoms disappear, the oculist generally lost a patient. The highly profes-

OPTOMETRY

Now a Profession

Henceforth the Optometrist must pose as a professional person whose education and deportment must be of a standard that will grace—not disgrace—his calling. Nothing but the best personal instruction under the best possible conditions as to instructors, equipment and time should be considered by one who expects to deserve success. Don't think of less than six months' time for preparation. Our method will make a top-notcher in that time of a good student because he is in a constant "atmosphere of optometry" and gets the experience of a daily clinic in refraction and all forms of diseases of the eye conducted by Dr. Ketchum, an oculist of extended experience. We undoubtedly give the most comprehensive course for the Oculist and Optometrist in the United States. Post Graduate instruction given.

Hours 9 to 4 daily. Enter any time.

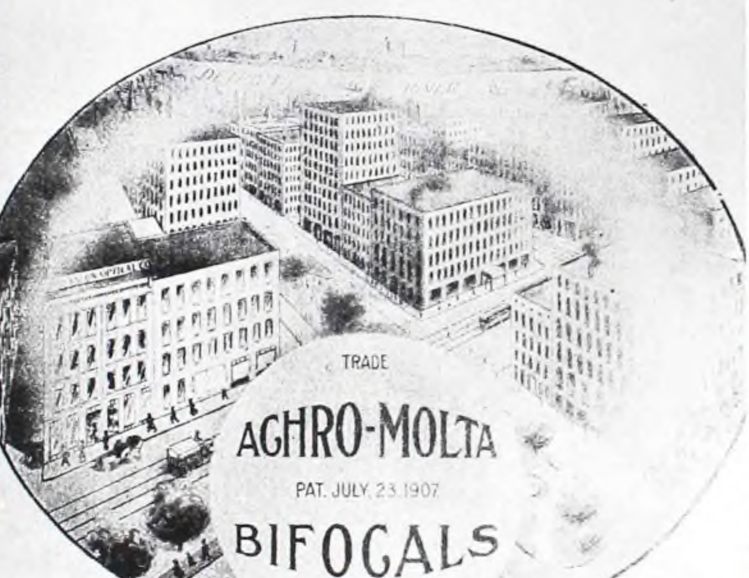
Our 1909 Announcement will interest you.

The Los Angeles Optical College
Temple Auditorium, LOS ANGELES, CAL.

"ACHRO-MOLTA"

ABSOLUTELY INVISIBLE BIFOCALS

Made in the TORIC shape



They are achromatic in construction and the distance and reading parts are united when BOTH are in a molten state.

This makes a solid piece of glass and consequently there are no defects between the distance and reading lens as is the case with all other bifocals.

In the "Achro-Molta" there is NO CEMENT, NO RIDGES, NO DISTORTION, NO "WAFERS," NO CLOUDING UP.

JOHNSTON OPTICAL COMPANY
DETROIT, MICHIGAN

sional eye doctors were not overly thrilled being discredited by these itinerant peddlers.

Who, then, was the forerunner of the optometrist of today? Actually, anyone who determined refractive errors, whether medical or non-medical, with or without an optometer, should be considered an early optometrist. Certainly the refracting opticians contributed heavily to the ranks of optometry in the 1880's, but the peddlers, the jewelers and the watchmakers, merchandisers, oculists and other professional and non-professional refractionists were practicing what would become known in a few years as optometry.

By the last quarter of the nineteenth century, the more professional and respected vision care providers were also getting fed up with the peddlers. Lately, new schools and better training programs had been turning out well-trained refractionists. These new practitioners were suddenly competing at the same level in the same profession as the peddlers. Something would have to be done.

Relationships between refracting and dispensing opticians were being strained. The lens grinding opticians had been quite satisfied with their situation. Either a refracting optician or an oculist would examine a patient and have the dispensing optician fabricate the spectacles. Competition from the peddlers was not a popular topic of conversation among oculists. There were not many popular topics of conversation. Surgery and control of pathological conditions before the days of antibiotics showed high failure rates. As the medical profession began to accept the idea of spectacles for correction of visual problems, the oculist believed that as the only true eye doctor, he should be the only person to prescribe lenses. Obviously a case of wrong thinking, the public considered the refracting optician to be the firmly established technical expert in the vision maintenance field.

Charles Prentiss was the straw that broke the camel's back. Inventor of the prism diopter, Prentiss was a brilliant New York optometrist and a shrewd businessman. In 1892, Prentiss was charging a separate fee for the exam and the spectacles. The oculists were furious. Fearing that the fee would justify the profession and increase competition, the medical community was mobilized against Prentiss and his fellow "optometrists". Initially, the referrals went down but a significant number of New York physicians approved of the optometric field and the maneuver stagnated. Ophthalmology then began to call for legal action against optometry. Because this was all happening in the state of New York, which was the strongest area for optometry in the country, American refractionists realized that they were in for hard times and many began to organize themselves into state societies.

The rift between dispensing and refracting opticians was never a vehement struggle. Both groups had been working together in an uncontrolled, unlicensed environment. In 1895, with organizers trying to establish a national organization of opticians (which was founded in 1898), both groups were willing to join. By 1898, the

Los Angeles Optical College

CHARTERED

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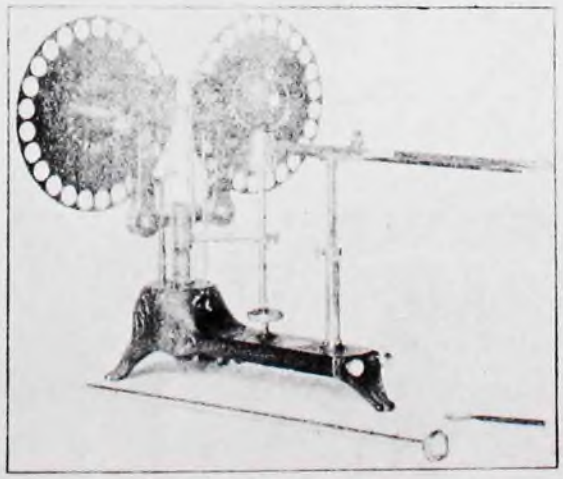

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that the California State Board of Examiners in Optometry were likely to raise the standard of their examinations. They have done so. It is now a three days' Exam. and a stiff one. Thirty-eight took it in June; only fourteen passed. Every one of our six months' course students were among the fourteen. Two of our P. G.'s from an Eastern School failed. Our students stood the supreme test without a scare. We offer this information because bluff don't go with us and if a person wants to make a success in Optometry he must be well qualified and our school we believe, is the best place to come to learn the work properly. One can enter any day. Send for announcement.

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HISTORY

small Optical Society of New York, one of the best organized at this point in time, knew that ophthalmology was heading for a legal showdown in the courts and legislatures with refracting opticians; passions were building to the levels of a witch hunt. Under a medical model, strict laws seemed in the crystal ball for dispensing opticians, along with the abolishment of the non-medical refractionist, whose profession had been termed a "cult". Ophthalmology threatened with jail anyone who joined the state society, which would later become the New York State Optometric Association. While there was no question but to continue on against this anti-optometry crusade, the vast majority of the dispensing opticians felt that they had little to gain and would rather switch than fight. The rift between the two groups grew wider as ophthalmology applied more pressure until in 1904, dispensing opticianry left the six year old American Association of Opticians to establish their own organization. After several name changes, the original American Association of Opticians became known as the American Optometric Association.

Optometry began a long struggle to gain licensure nationwide by means of state laws. Between 1901 and 1924, laws were passed in each and every state and jurisdiction across the country. Charles Prentiss led a hard and contested battle in the state of New York culminating twelve years after the struggle had begun. Optometry was finally and officially recognized as a profession. The door-to-door eyeglass peddler, a fixture in society just twenty-five years earlier, was gone by 1930.

The shift to professional optometry did not occur overnight. Attempting to be recognized as a profession, the official organization of optometry, the A.O.A., tried to clean up optometry's act. They decided that one of the best places to start was with the schools. The A.O.A., by accrediting schools, was determined to improve education, facilities and standards. Of the thirty or so schools operating in 1925, the accrediting agency gave an "A" rating to six, "B" to two, "C" to one, "Poor" to seven and deemed the remaining fourteen schools not worthy of inspection. An early version of the National Board of Examiners was established to standardize and approve procedures on a nationwide scope.

A new, dignified era for optometry began in 1915, when Columbia University in New York City opened a two year optometry program. Later expanded to three years, here was one of the nation's most prestigious educational institutions recognizing and supporting optometry. A new optometry bill was passed in New York in the mid-1950's increasing educational requirements to two years undergraduate and four years of graduate-level optometric training leading to the Doctor of Optometry degree. Columbia was concerned about possible loss of alumni support if it granted a doctorate to optometrists so, citing economics as the cause, the optometry department was terminated in 1956.

Optometry has come a long way over the past century and has had to fight for every inch and millimeter along the way. A major lobbying effort which convinced many state legislators to support optometry in their states was the drug-free aspect of optometry. "A lens is not a pill", was the battle cry to differentiate optometry from ophthalmology.

Over the years, optometry has been pressured from time to time but has responded professionally and scientifically to any challenge.

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Prescription work and repairs of all kinds of spectacles, eyeglasses, and opera glasses our exclusive specialty. All jobs sent same day as received. Nearby towns shipped two hours after arrival. Catalogue, price lists and R blanks sent free upon application.

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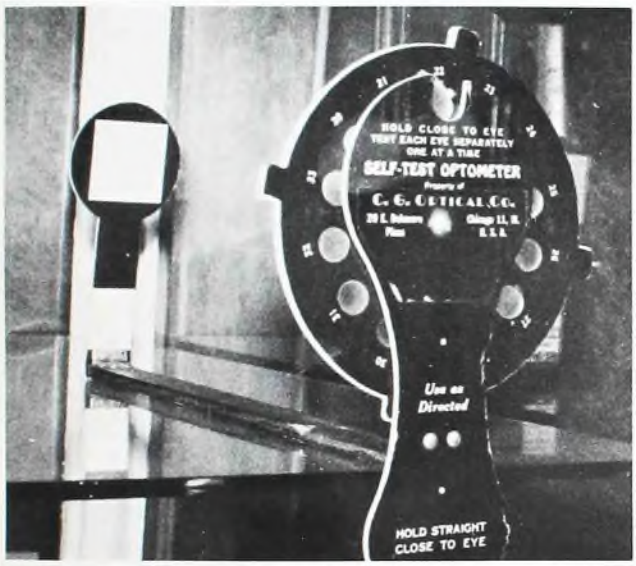

"Hardly anything that I now can recall served so much to weaken the standing and influence of physicians in any community than this absurd, ridiculous, hard-headed, stubborn, absolutely unyielding opposition to the fitting of glasses for anything whatever, excepting simply and solely the difficulty known as 'old sight'. (In terms of disrespect) next to the physician who let his name get into the newspapers was he who fitted glasses, or caused them to be fitted.

"There were certain traveling 'spec-peddlers' who went from house to house fitting glasses, and unskillful though they were, relieving many of the simpler cases of eyestrain, headache, sick stomach and nervous disorders. Such men, speaking generally, excited extreme contempt and bitterness on the part of the 'regular' profession, feelings which grew the more 'spec-peddler' beat the scientific M.D.'s at the treatment of eyestrain and its numerous results . . . .

"The M.D.'s generally would not recognize even the existance of such a thing as eyestrain. For eyestrain headache, they gave morphine, antipyrine, antifebrin and the like. Sometimes, in this way, they produced drug habitues. If there was any worse quackery than this of the regular medical profession, I do not know what it was. Yet they called "quacks' of those of us who fitted glasses to the eyes of the young."

-Thomas Hall Shastid, M.D.,
turn of the century ophthalmologist

Dr. Shastid, a second generation physician, was refused spectacles by his father and eventually was fitted by a jeweler-optician. A respected American ophthalmologist, he advocated including the refraction as an important part of the ophthalmological examination.

HISTORY

pills, but the differentiation between optometry and ophthalmology has shifted considerably. Both are operating in areas which fifty years ago would have left their respective professions aghast . . . times have changed. Imagine what will be going on in fifty years! Expect it to occur within twenty-five years as time usually moves much faster than expected.

An evaluation of the future follows. Utilizing 20/20 hindsight, it was not easy to evaluate the past. Imagine the complications of prognosticating ahead! A distinguished panel of guest guessers has volunteered to venture their opinions of the future in 2005, twenty-five years from our graduation.

As we all look back to our annual after the turn of the millenium, let us hope that our contributions to our profession have helped further the goals and scope of optometry and vision care just as our predecessors did a century before.

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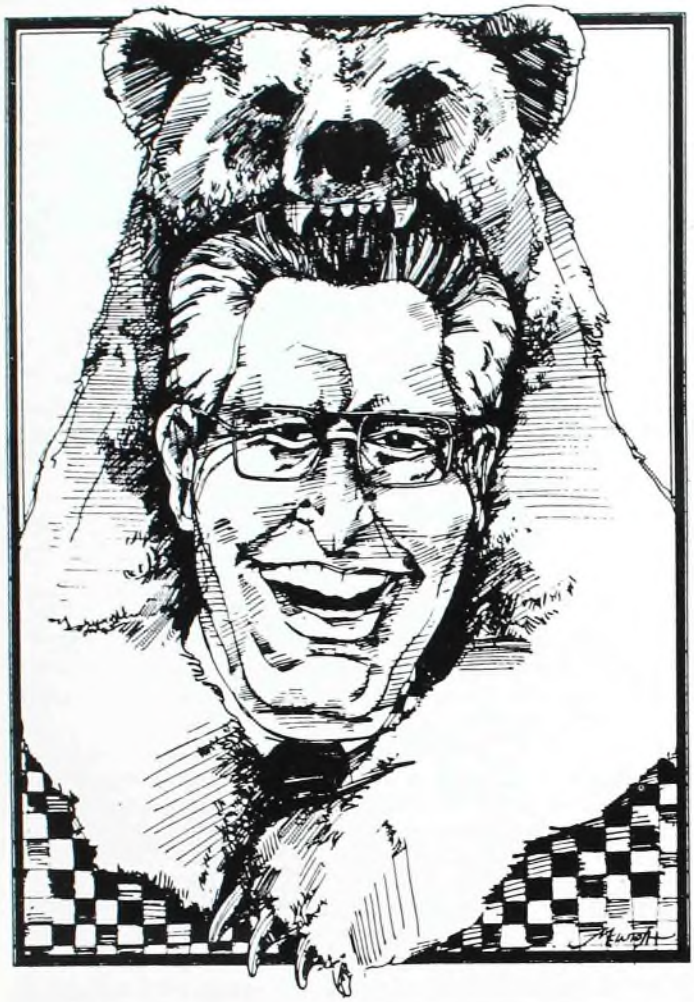

Dedication

After looking at the arduous and contested journey taken by optometry during the past hundred years, it is indeed reassuring to find a man who joined the field in the early 1930's and helped elevate it to its current professional and ethical state.

Since his graduation as Valedictorian of the 1932 Massachusetts School of Optometry graduating class, virtually every optometrist to graduate from our college for almost the past half century has been his student.

The class of 1980 was the final class to be taken through the intricacies of ophthalmic and mechanical optics by this optometric legend.

As a sign of gratitude and respect, from both our class and our predecessors, we dedicate our 1980 REFLECTIONS yearbook to

Dr. Foster Namias

Favorite Quotes

"If you wait until the night before to do your homework, the night may not be long enough!"

"When the light goes out, you go out!"

"It's all on the boards!"

"Some of you don't even know enough to be confused!"

On a note to a lab : "Show this to someone who knows what I'm talking about! "

"Some of you missed it because of wrong thinking. A few of you got it right by using wrong thinking . . . twice!"

"Just being here is too complicated for you!"

"Properly applied ophthalmic optics and dispensing skills are the keys to a successful private practice."

"For those of you who like formulas . . ."

"Some of you know nothing . . . some of you know less!"

"That will be all."

Rendezvous With Destiny Or Future Schlock?

The Future Of Optometry

by Jeffrey M. Palmer

Optometry does not exist in a vacuum. There are a multitude of factors, any of which may cause major upheavals in the profession.

Some of the factors are completely outside the control of optometry. Global economic trends and continued inflation will force optometry and every other profession and business to maximize efficiency and output. Governmental regulations, spurred by the consumer movement, will attempt to match the resources to the needs of the population. Skyrocketing health care costs will be capped by major changes in the delivery system. Third party providers will change their tune from "best health care at any cost" to "appropriate health care at reasonable cost", and impose strict ceilings for services. Exorbitant profits will be illegal.

Optometry will retain control over itself but will have to face certain realities in order to self-determine its future in the American health care system. New technology, instrumentation and computers will necessitate the incorporation of more ancillary personnel into the average practice. The solo practitioner simply will not be able to withstand the financial strain of maintaining the added equipment and personnel. The resulting shift in the mode of practice will be toward small groups operating throughout the country, especially in the less densely populated areas which used to be the stronghold of the private practice. There will be major changes and advances in technology, instrumentation and the delivery system. Just how will the scope of optometry itself change?

Meredith Morgan once said, "Optometry is what optometrists do." Unfortunately, while the redundant definition is correct, it points out one of the inadequacies of the profession. Although optometry is what optometrists do, most optometrists don't do the same thing. Many have no idea what their peers do. From the future let us glance back at what was happening to our profession during the close of the twentieth century.

Back in the eighties, optometry was a conglomeration of visual specialties centered around the refraction. The environmentalists pushed functional and developmental vision along with visual training, areas which had seen little advancement during the past decades. Availability of hard and soft contact lenses brought patients into the office as the cosmetic appeal of lenses was saturated on the public by manufacturers' mass advertising promotions. Experimental procedures such as orthokeratology were suddenly in vogue in certain areas. The economic realities of optometric practice kept the large majority of practitioners dispensing spectacles, the strongest tie to their past, although the mushrooming increase in frame distributors, fashion frame lines and prices caused many O.D.'s to reconsider just how much of a dispensing service they should offer. Some optometrists elected to concentrate on the low vision patient, matching the visually handicapped subject to a vision aid and, with lots of training and dedication on both parts, helping him to return to a more productive level of existance. Others, using the visual training model, preferred working with the "learning disabled" child, teaching the child and training the visual system to work in conjunction with each other. Working in industrial, commercial, research, medical or private environments, quite often one end of the optometric animal had no idea what was going on with the other end. Specializing in dectection of (and in some cases, treatment of) pathological conditions disrupted some relations with less established medical counterparts as other optometrists stopped practicing altogether and became teachers or administrators of health care facilities. With the advent of autorefraction, electrodiagnosis, ultrasound and the holistic model of the human entity, what was happening to optometry in the eighties?

Optometry was suffering from growing pains. As the educational and professional requirements were elevated, grandfather clauses in state laws allowed practitioners with less than required credentials to practice at their level of expertise until retirement. The situation produced an awkward dilema. Current graduates, having completed four years of graduate-level optometric training after having earned a Baccalaureate or Master's Degree, wanted to practice optometry at the theoretical level of their training. They wanted to incorporate the new technology and instrumentation, bringing optometry to its pinnacle as the model primary health care provider. Visual, perceptual and systemic problems could routinely and non-invasively be detected according to their idealistic philosophy.

The realities of the situation brought brought most of the new O.D.'s back to earth. Initial start-up costs were prohibitive. High acquisition costs and interest rates kept the newest equipment out of the reach of the very practitioners who would have put it to the best use. Older practitioners were very reluctant to open their lifetime's work to an outsider. They never realized that diversity was the key to optometry's salvation. Perhaps the greatest shock value came with the realization that a small but vocal minority of their peers were totally unconcerned with patient care. Their major preoccupation was the dollar. These practitioners were not starving. Instead, they were quite successfully operating their businesses in larger cities charging whatever the market would bear. Over prescribing using inferior materials and misleading the public, these optometrists were most visible and became the stereotype of the profession. Their eye boutiques catered to a singular clientele and the bottom line almost always involved the selling of expensive glasses. The spectacle peddler of the previous century had a more venerable reputation. Although at first glance, many observers believed that the grandfathers of the profession were

THE REALITY FACTOR
based on an article by David Higgins, O.D.,Ph.D.

Back in 1980, the evolution of medical optometry was beginning. This fledgling specialty group had its roots in the advent of the utilization of optometric education and optometry within the academic health centers around the country. The increasing level of competence and desire by practitioners was followed by the statuatory authorization, at state and federal levels, on the part of optometry for ocular diagnosis, general physical assessment, the use of medical laboratory facilities and diagnostic and therapeutic pharmocologic agents. The final step took place with the full integration of optometric education within the six year medical curriculum with optometry, like dentistry, branching off after the fourth year into various residency programs. This was affected in 1995 by a joint medical optometric resolution despite protests from the Section on Ophthalmology.

In retrospect, a number of factors were instrumental in the course of events, such as the defacto integration of the primary health care model into neighborhood health centers, hospitals and other third party clinics of the mid-1980's. The frustrated attempts of militant ophthalmology to prevent the advances of the optometric profession actually aided optometry. The wholesale lawsuits in many states to prevent the burgeoning practice of optometrists treating red eye and the like brought to public attention the facts that similar complaints were already being treated by less qualified medical practitioners over the telephone. Such economically based suits against optometry, which was now interacting with the rest of medicine in the diagnosis of brain tumors and the like, resulted in a series of favorable court decisions, catapulating the legal, authorized scope of the profession to its current levels. The real changes began in 1986 when the federal government began its moratorium on the funding of ophthalmological residencies. In a misguided attempt to compete in a primary care level by sheer numbers, doubling from 1975-1985, the quality of surgical training and practice had become hopelessly diluted. As a result, entrepreneurial, mass advertising clinics began springing up in the sunbelt reducing the cost of cataract operations almost to the level of dental extractions. Only at this point was it realized that the majority of community based eye surgeons were incompetent in performing the more specialized procedures. The preferred referral route was becoming that of optometry directly to the tertiary surgical level such as the large teaching hospital. The increased professional and economic competition in ophthalmology also provided for government recognition of an inherent evil. When a primary care specialist's (e.g. ophthalmology /gynecology) concentration doubles on the secondary level, it is necessary to maintain a large, stable supply of faithful, normal patients who are unlikely to seek any independent advice on the need for treatment, either surgical or otherwise. As a consequence, the level of cataract extractions (hysterectomies) became fifty times greater than that of countries where medicine was government controlled and physicians were paid by salary. Adding to the woes of ophthalmology were the late complications of the introcular implant and the wholesale radial keratotomy. The outcome of this turn of events was the complete reevaluation, in 1990, and modification of the Medicare laws reflecting the financial concern of third party providers, where only optometrists could be reimbursed for seeing patients at the primary level. This change in the process caused the mass shutdown of ophthalmological practitioners, forcing some ten thousand persons to either return to other residency programs or leave the United States to practice in under developed countries. By 2005, the situation had stabilized into its final pattern of the neurology-neurosurgery model where once again, the American ophthalmologist returned to practicing in the larger cities and hospitals around the country on a referral basis, mainly from optometry.

While such a scenario was envisioned in 1980, it, or course, actually did not take place. The insecure, new graduates in the profession instead rejected their community based primary care role in favor of the short term, economical advantages of commercial practice. Some worked as salaried employees of the giant corporate drug and cosmetic firms while others found themselves hopelessly self-employed competing against such enterprises 1n small boutiques making use of high powered advertising materials supplied by product manufacturers. In 2005, the last independent optometric practitioner was forced to close his doors and occupy the eye care counter at the local Searle outlet, occasionally leaving his autorefractor to help the pharmacist restock the shelves with nylon stockings and the like. As he wondered what went wrong with his dream as a 1980 Newenco graduate, he realized that the downfall of the profession could not be blamed on the commercial chains, ophthalmology or even his alma mater; no, the saddest recognition was that the profession itself was the cause of its own demise.

THE PARCHESI SYNDROME
by Harold Toy, O.D.

Asking the question about the future of optometry reminds your writer of the rejoinder of our beloved Professor Foster Namias. "If you ask a stupid question expect a stupid answer!" The class of 1941 graduated in a climate of crass, gross, blatant, deceptive commercialism and thence for thirty eight years partook in a strongly progressive forward flow of professional optometry. The increased respect derived was both pleasurable and profitable. Overnight, the ruling of one eager-beaver bureaucrat and we are back to block one; crass, gross, blatant, deceptive commercialism: the Parchesi syndrome.

Graduating optometrists have only one future responsibility. That is to make a living so as to eat and also payoff their vast educational debt to the government, banks etc. This they must do Esoteric thoughts of what is best for optometry can best be tempered by the knowledge that a non-starving optometrist is better for optometry than a starving one. If there are directions he may want to follow other than being a non-starving commercial optometrist he is better able to follow them with a little money in the bank than if broke. The tyranny of "broke-dom" will immobilize. There can be no action and no future. High thoughts are non-existant, and what are thoughts are not exciting dreams of succor but whimsical fantasies.

There is no predictable future for optometry(or ophthalmology, for that matter). There is for bureaucracy. That is for sure. Whether it be public or private, it will be the optometrist's own clever wits (certainly not his costly Optometric Association) that will give him salvation. The future optometrist must be prepared to defend himself against the bureaucrats. Know them. Usually they appear as respectable looking, grey-haired pillars of the community. Political hacks, every one of them, they have the mentality and disposition of police state gaulieters. No, they won't cremate optometrists. But sooner or later his ass will get burned. Fight them. That is the only hope of an optometric future.

Dr. Higgins, an Assistant Professor of Optometry at the New England College of Optometry, maintains a private practice in Kittery, Maine.

Dr. Toy, a practicing optometrist from Shelburne Falls, Massachusetts, is a member of the class of 1941.

OPTOMETRY IN THE YEAR 2005
by W.B. Webster

The curve of human knowledge is climbing on virtually a 90° upward vertical line. Changes in optometry from 1980 to 2005 will, no doubt, make the changes from 1955 to 1980 seem Lilliputian.

It is said that the medical staff at the Mayo Clinic in the late forties estimated that the medical community at that time knew approximately 7% of what there was to know about the human body. That covered a lot of years from Hippocrates to the Brothers Mayo. It would be difficult to guess or judge what percent of increase has been added in the last 25 or 30 years. How far have we advanced? Do we now know 10% of what there is to be known about the human body? I would doubt if it was as much as 15% — so we have a long way to go.

Many techniques in examining and measuring the eye are changing, witness the Mackay Marg tonometers, the automatic refractors and other developments. Electronics have made a tremendous difference in the speed at which examinations can be done. However, other aspects have not changed. The "human factor" is still very much present. I am convinced it will be in the year 2005 as well!

For instance, despite sophisticated automatic refracting devices, the expert and knowledgeable optometrist still prefers to do a thorough retinoscopy before refracting in order to provide the best possible care. He cannot only get the "feel" of the situation, but also can observe opacities, pathologies and other conditions which cannot be diagnosed other than by personal observation.

It is very likely that many optometrists in the 21st century will find themselves working as part of a team in ophthalmic clinics and hospitals, working in conjunction with other optometrists, paraoptometric personnel and ophthalmologists.

Nearly all instrumentation will have electronic capabilities, which will transmit diagnostic results to local and/or central computers where the patient's medical records will be stored. They will contain not only ophthalmic information, but also a complete record of his medical history. This record will literally follow him "from the cradle to the grave" and be transferable from one regional computer to another when the patient's residence changes to another part of the country.

The optometric office will have undergone fantastic changes and growth. The chairs, instrument delivery systems, instruments, patient and practitioner positioning will all have gone through evolutionary and perhaps revolutionary change. One segment affects another. It may be that in 2005 the optometric patient will lie on a couch looking at targets on the ceiling with the optometrist seated next to him.

The scope of optometric examination will be greatly broadened. Practitioners will be measuring, examining and diagnosing conditions about which little or nothing is known today.

This activity should augment and supplement the field of ophthalmology since ophthalmology will have its hands full with advanced techniques of surgery and ophthalmic treatment.

Para-optometric personnel will also find their roles changing as the entire ophthalmic diagnostic, treatment and surgical field expands and grows. These changes will come about, not only because of advanced knowledge and techniques, but also because a much greater number of people will have access to ophthalmic services.

There should be a tremendous increase in the number of people screened for visual acuity and also revolutionary techniques developed to accomplish this. An entire classroom of children could be checked for visual acuity and colorblindness by means of an ophthalmic testing television program. The pupils could sit at a prescribed distance from the screen while the assistant aided them in getting quick and accurate tests.

Similar techniques could be used in industrial medicine, flight medicine and even in the home! This would, of course, take greater patient education and cooperation.

The sky is the limit! What has been forecast here could well take place in ten or fifteen years instead of 25. One thing is certain . . . keeping pace with the great strides taken in the development of instrumentation and examining techniques for eye care will provide a challenge. The optometric practitioner, who does a thorough and efficient job providing eye care for his patients, in conjunction with the entire ophthalmic team, will be enjoying a highly successful year in 2005.

FUTURE . . .

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Most of the truly unethical optom
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Just as with an army, the profes
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not the only profession with th
type of problem, but it was one
the most visible.

Criteria for licensure was becor
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would optometry combat this pro
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The challange was met in step
By requiring continuing educati
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an initiative was taken to keep
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change the image of optometry
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their ways or, more often, red
their visibility to the public.

Standards of delivery were dif
ent from state to state. Procedu
required in some states were
bidden in others. Automation

becoming accepted in certain regions while being virtually ignored elsewhere. An effort to standardize the subspecialties nationally met with much resistance until federal pressure convinced the developmentalists, environmentalists, idealists and materialists that a workable, uniform definition of the profession and standardized modes of delivery would benefit both the public and the profession.

The new system was contoured to the changing demands of society. Exorbitant costs had priced most citizens out of affordable health care. The federal government moved in. Simply stated, the feds declared that each professional should practice at his highest level of skill in the most efficient environment. Private practice was no more, at least in theory. The consumer revolution mandated that realistic costs could only be achieved through greatly increased efficiency. The number of group and multidisciplinary practices rose. Many of these practices were prepaid vision care establishments consolidating referrals and reducing costs. Optometry, in its primary role, became a baseline diagnostic referral specialty. Laws were updated to reflect the acknowledged level of optometric competence.

In the larger cities, regional optometric diagnostic centers appeared with most educational and research institutions. Optometry was taking its place as the general practitioner of vision care in the United States.

Federal laws limiting profits caused the few remaining optometric boutiques to close their doors. The expensive specialty frames were once again handled by jewelers.

Economics, efficiency and new technology were the driving forces of the late twentieth century. The immense amount of paperwork required by third-party providers forced most offices to computerize. This initial step made complete electronic mass communication much less difficult to accept when it came on the scene in the late 1980's. Televisions had talkback capabilities thanks to a sophisticated network devised by the phone company. A major legal battle between the cable corporations and

MY PREDICTIONS by John Asarkof, O.D.

Even though I doubt that I will be available to see if my twenty-five year predictions bear fruit, I have some thoughts about what may happen in Geriatric Optometry and Low Vision in this time.

Spectacles for the correction of aphakia will be a thing of the past and their place will be taken by intra-ocular lenses and disposable contact lenses, which will be available in bifocal form.

When enough information concerning the metabolism and biochemistry of the crystalline lense is available, retardation or elimination of cataracts by medication may take place.

Senile macular degeneration when diagnosed in the early stages, may also be retarded by improving the circulation in the choroid. Experimental work has already been achieved in animals in regard to this matter.

In Low Vision, minaturization of electronic devices, making them less costly and more portable, should take the place of many optical devices, particularly for reading and close work.

To you young people entering the profession of optometry, I am sure that you will see many astounding changes take place in this time.

PEERING AHEAD by Frank Kozol, O.D.

Peering ahead twenty five years, I would assume that technicians will play a greater role in dispensing eyewear, while the optometrist will be devoting more time to diagnostic work. This is currently our plan in developing more technicians' programs across the country, and hopefully, in the future, more and more technicians will be made available to perform these highly technical services. It will, however, be essential for the practicing optometrist to be very knowledgeable in dispensing procedures so as to properly supervise the work of the technician.

I believe that enough optometric educators and National Board consultants will agree that as optometric courses become more standardized and follow a general model set up by ASCO, the examination role of the National Board of Examiners will gradually be adjusted to simply present a clinical examination and interview by the Board Examiners. This will then omit the duplication of written examinations on material the students have already been tested on at their respective schools and colleges of optometry.

Consequently, one might expect the establishment of a reciprocity program across the country with perhaps a few states abstaining, but nevertheless, having the majority of states participating.

On the other hand, as optometric education programs become more coordinated centrally by organizations such as ASCO, a student receiving a diploma from a College of Optometry may very well be eligible for licensure. One would visualize the role of the Board of Examiners to be that of insuring a rigorous program of continuing education following graduation as well as maintaining high ethical and professional standards for the entire profession.

CHANGES ON THE HORIZON by Clifford Scott, O.D.

Presently, a minority of the population of this country is eligible for pre-paid vision care by virtue of some common grouping. Vision services through HMO's, union clinics, military facilities, VA Medical Centers as well as union and government reimbursement plans for privately obtained optometric services have proliferated in the last decade. By the year 2005, almost everyone will qualify for some form of basic eye care. Patients who seek elective services, (e.g. cosmetic contact lenses) as well as those desiring a more personalized form of vision care will still be able to choose their own optometrist.

Changes in the health care marketing technique which are just beginning to appear will become the norm. The regional shopping mall will have a personal services wing where optometrists will practice alongside of dentists, lawyers, primary care physicians and other traditionally less accessible professionals. Advertising and mass marketing techniques will make services more convenient and create competition in the health services marketplace. Adequacy of services will be ensured by provider mandated peer review.

Because of material and design advances, contact lenses will most frequently be prescribed for continuous wear. Because of minimal interference with corneal physiology as well as simplicity in fitting, contact lens "fitters" will be those practitioners who specialize in treating patients with esoteric conditions and patients who do not respond to conventional care.

It is in the scope of possibility that the external correction of refractive error will be significantly replaced by surgical methods.

Corneal reshaping surgery, such as radial keratotomy may be refined to the point where myopia and myopic astigmatism can be eliminated.

Presbyopia and cataracts might be prevented by replacing the liquid contents of a youthful crystalline lens with a flexible clear material, such as silicone, which neither becomes excessively rigid at age forty nor opaque at age eighty.

Optometry will probably be a profession of many and diverse approaches to patient care. Practitioners will have to adapt to changes, both in technology and in delivery. Optometric education will have to adequately prepare students for this wide ranging field in order for them to enter the profession as your colleagues.

Dr. Asarkof is the Director of the Low Vision and Rehabilitation Clinic and an Associate Professor of Optometry at the New England College of Optometry.
Dr. Kozol is Registrar and a Professor of Optometry at the New England College of Optometry.
Dr. Scott is an Assistant Professor of Optometry at the New England College of Optometry.
Mr. Webster is the Director of Marketing for F&F Koenigkramer of Cincinnati, Ohio.

CHANGES IN PROFESSIONAL RELATIONSHIPS

by Stanley Klein, Ph.D.

Exotic computer based diagnostic tools will be common place in all aspects of health care in 2005. It is possible that this will result in even less personal oriented health care and make it more and more possible for an individual clinician to distance himself or herself from the patient.

Fortunately, current health care education is devoting more and more classroom and practicum time to the doctor patient relationship and how to enhance the positive contributions this could make to the health of the patient and the doctor. In part, I believe this new emphasis on the inter personal relationship in health care is a productive reaction to the increasing disconnectedness people are experiencing in our already highly technological society in which there is less and less need for people to interact with one another in the community. That is, if we don't have to go to the bank or supermarket or even to the movies or school — because it can be done via telephone and/or TV — our human needs for personal contact with other humans are less likely to be met. This then places a greater burden on health care providers who, even 25 years from now, will probably have to relate personally, at least a little, to their patients. I'm also optimistic that the current trends in focusing on the doctor patient relationship will be enhanced even more as more and more women enter health professions. Whether we like it or not, there are differences between men and women which are responsible for the fact that women are more likely to be empathetic and understanding of the emotional needs of other human beings. Hopefully this really is a biological difference and not something that modern environment and changing roles of men and women will destroy.

I am optimistic about the impact in the future of the consumer movement on health care. More and more children and adults are demanding to know about their bodies and how their bodies function and malfunction. Hopefully, clinicians will capitalize on these attitudes and cooperate with consumers by providing lifelong health care educational opportunities.

More and more reliance in our society and highly technological instrumentation requires good eyesight and/or good perceptional motor coordination. Thus, technology will increase the need for high quality eye care for more people.

At the same time, people with severe visual impairments are already being helped a great deal by hi-tech visual aids. In the years to come this will mean people with visual impairments will have greater opportunities to participate in community life, educationally, socially and vocationally. However, these individuals will also need to be able to adapt to the increasing visual demands of hi-tech instrumentation. Here again an exciting opportunity is available for the optometrist of the future.

CHANGES IN INSTRUMENTATION AND DRUG USE

by John Carter, O.D.,Ph.D.

Introduction

The purpose of the comments which follow is to project to the year 2005 the roles in optometric practice of

a. diagnostic and therapeutic drugs
b. computers and automation
c. electrodiagnosis

The projections which follow are intended to be conservative estimates of what may be expected twenty-five year hence.

Diagnostic and Therapeutic Drug Use

Twenty-five years from now, optometrists throughout the United States can be expected to have full use of topically-applied ophthalmic diagnostic drugs. These serve in the interest of patient well-being and improve cost-effectiveness by reducing required examination time. Other diagnostic drugs, such as those which must be delivered by injection, are not expected to become available to optometrists. Among several reasons for this is the fact that the frequency of need to use such drugs is far too low to justify their inclusion within the scope of optometric practice and the few patients having a need for tests requiring the use of such agents can readily be referred to appropriate medical facilities.

It is not expected that the use of therapeutic drugs will come to play a significant role in the practice of optometry. It does seem likely, however, that optometrists will come to have access to therapeutic drugs for use in ophthalmic emergencies, a consideration of special importance to practitioners in rural areas where access to suitably-trained medical personnel is limited. And, it appears possible that perhaps optometrists far removed from centers where medical eyecare is available may come to use drugs to treat ocular allergies and perhaps mild bacterial infections of the external eye.

Computers and Automation

Perhaps the most important use of computers by optometrists twenty-five years from now will be for various kinds of record-keeping and analysis. Computers represent an efficient means for storing and correlating information. For example, computers can be used to correlate past with present data. Data from the personal and family medical history, the H.L.A. type and other laboratory data, physical examination findings, and optometric data presumably will be machine-correlated to indicate the extent to which a patient is at risk for each of a number of diseases and conditions. This will increase the cost-effectiveness of practice since it will allow screening-type tests to be targeted specifically toward patients who are at risk.

Computers will be used more widely than now in formulating prescriptions by combining existing lens data with over-refraction data. And, certain elements of the spectacle-ordering process well may come to be computerized.

Unquestionably, the use of semi-automated and automated examination and refraction devices will continue to grow. Will their use be almost universal twenty-five years from now? Probably not, unless technicians come to be used to obtain most eye-examination data. If optometrists gather their own data, the limited time savings made possible by automatic or semi-automatic equipment must be weighed against incremental costs associated with the use of automated equipment.

Electrodiagnosis

Undoubtedly there will be considerable advancement in the application of electrodiagnostic methods to clinical practice within the next twenty-five years. This will be attributable in significant measure to refinements in high-technology devices which will provide for greater capability at lower cost and in physically-smaller and easier to operate instruments. And, the utility of electrodiagnostic methods also will be enhanced by future research related to the electrical correlates of normal and disordered visual functioning. Will the use of electrodiagnostic equipment come to play a major role in the average optometric office twenty-five years from now? Probably not. Optometrists traditionally have dealt primarily with visual problems having high statistical incidence and presumably will continue to do so. These generally can be solved satisfactorily by conventional and less complex diagnostic methods. Electrodiagnosis probably will remain principally at the major diagnostic center, for only here will sufficient numbers of unusual problems be encountered to justify the use of costly and sophisticated equipment and ensure the availability of specially-trained personnel.

OPTOMETRY IN THE FUTURE
by Srinivas Natrajan, Ph.D.

The role of optometrists in the future is in the hands of the recent graduates and those about to graduate in the near future. Your place in society as a health care professional is very vital to you and your future. The main objective should be to look higher up and go forward, instead of looking down and stepping backwards.

Optometrists in the future are going to play an important role in dealing with diagnostic and therapeutic drugs. I envision an optometrist using not only diagnostic but also therapeutic drugs, in every state of this country - depending on their educational background and competency. They will be diagnosing and referring endocrine — eye related problems, on a larger scale. The rift between an ophthalmologist and an optometrist is bound to narrow down. Acceptance of an optometrist by the medical profession will be a universal fact in the near future. For all these to happen, the educational background in basic health sciences and health related fields should be expanded and strengthened.

The future as I foresee is very bright and rests entirely in your hands.

OPTOMETRIC EDUCATION IN THE YEAR 2005
by Mary Scott, O.D.

No one would have predicted 25 years ago that tuition at an Optometry school in 1980 would be nearly $9000 a year; yet today for the class of 1984 this is reality! In the same way many untenable concepts of today may well become realities in the year 2005.

Optometry is affected by a myriad of external factors: government consumerism, advertising, commercialism, technology and inflation. All are powerful forces that will influence the mode of delivery of eye care into the 21st century. A primary mission of a professional educational institution is to prepare graduates to provide patient care in existing practice modes. These schools must respond to changes directly by adapting their curricula and instructional methods.

Students will need to be familiar with the federally administered health care system, and must be taught the marketing and managerial skills needed to run a successful practice. Changes in the state regulations will dictate the scope of services the optometrist of the future will deliver. Advances in technology will produce sophisticated instrumentation, the cost of which may be prohibitive to a solo practitioner. Added to this, skyrocketing inflation will make group or corporate practice the only affordable private mode of delivery.

Non-tax supported institutions will no longer be able to survive without external funding sources. This may be in the form of corporate industry support and/or foundation support, individual state support as we are currently witnessing the birth of today.

With the primary objective of pooling resources, I forsee the possibility of a consortium created among NEWENCO, PCO, and SUNY into the Northeast Institute of Optometry, funded by all states in the region. There will be one major campus in which students complete didactic coursework in the basic health, visual and optometric sciences before moving to a satellite campus for a year of purely clinical training in a variety of practice modes.

Residency programs in clinical optometry, hospital based optometry, corporate optometry, optometric research, optometric administration will be administered through the main campus. Joint degree programs within the regional northeast university system will enable optometry students to enroll in dual degree programs if they so desire.

Tuitions will fall within the means of the average middle class family. All students will be supported by their individual state; (the Institute will receive major funding support from corporate industry and major foundations interested in vision care and research).

The Northeast Institute of Optometry will offer educational opportunities for all ancillary professions; optometric technicians, assistants and technologists. Clinics will provide full scope of eye care services by multi-level trained personnel all practicing at their highest level of training. The objective of each clinic will be to deliver the highest quality service in the most cost effective manner.

In summary the independent, single purpose institution of today cannot continue to exist into the 21st century. Sky rocketing costs will force us to function as a corporate entity with multi-scope programs, external funding support and business like management.

Dr. Carter is a Professor of Physiological Optics and Optometry at the New England College of Optometry.
Dr. Klein, the Editor of "Exceptional Parent" magazine, is an Associate Professor of Psychology at the New England College of Optometry.
Dr. Natrajan, better known as "Raj", is an Associate Professor of Physiology and Pharmocology at the New England College of Optometry.
Dr. Scott is an Associate Professor of Optometry at the New England College of Optometry.

FUTURE ...

the telephone companies ensued and the results gave rise to sweeping changes in society.

The percentage of the population over fifty years old was increasing at an alarming rate due to demographics and increased longevity. These people were brought up with the electronic news media, especially television, and were used to regular reports of world happenings. Information turned into big business. Televisions (the name fell into disuse in the late nineties) provided instant global communications, information, and replaced the postal service, which remained in existance for six years delivering packages until it was terminated in 1996. The acceptance of these home information centers increased the near visual demands of the populace. The robot-like computers were capable of taking messages, storing data for a certain date like a calendar and performing complex computations enabling extremely high energy conservation by computer manipulation of all domestic functions and control of the generation of energy from the newly decentralized power matrix at the terminal location. (It was decided that the old centralized power generators were highly inefficient when compared to the new photovoltaic cells and storage systems. The decentralized matrix involved some power generating capacity at every terminating point in the grid with excess energy being returned to the matrix. The domestic computer regulated all of the energy functions.)

The government, as part of its effort to reduce the escallating health care costs, launched a massive campaign to teach every American to "Learn to be Healthy". It became a national past time to watch the very entertaining programs, which could be viewed at any time or date thanks to innovations in television programming distribution networks. The effort to promote good health was encouraged by the major corporations and the net result was a shift toward better nutrition, more exercise and stricter enforcement of pollution regulations. The theme of the environmental clean-up was, "If

THE ROLE OF EDUCATORS IN THE FUTURE OF OPTOMETRY

by F. Dow Smith, Ph.D.

In 1914 the Flexner Report of the Carnegie Foundation changed the course of health professional education. That report, which you can find in our library, provides a highly readable account of the chaotic state and lack of uniform standards in the nation's medical schools of that day. Out of it came the concept of voluntary accreditation and the rapid upgrading of medical education. The other health professions including optometry were not far behind.

The history of educational development in optometry is given in the Havighurst Report of 1973, prepared by the National Commission on Accrediting. Educators took the lead in this enterprise and so made a central and ongoing contribution to the profession as we know it today. These contributions are still being made through the Association of Schools and Colleges of Optometry. This association with its many activities and its publication, JOE, the Journal of Optometric Education, is a vital resource for the colleges and the profession. Close cooperation with the Council on Educaton of the AOA and with the Academy of Optometry helps to assure communication within the profession.

Yet despite this the pace of change in the mode of delivery of optometric services and in the scope of the profession poses serious problems for educators. What should be today's definition of an optometrist? Or perhaps more importantly, that of tomorrow. How should colleges respond in terms of curriculum emphasis? And in answering these questions, should education follow external trends or should it lead? I think it is clearly the latter;educators have led in the past and have a deep obligation to do so in the future as well.

But the record of this or any other profession in accurately projecting the nature and especially the timing of future developments is not very good. Certainly the predictors of doom have usually been wrong — and they will be wrong again. Optometry as a profession is gaining in strength overall. And with hard work, it can and will continue to ensure its own future.

We must recognize, too, that in some areas of interdisciplinary conflict optometry's problems stem from strengths and not weaknesses. We can predict change. We can predict that there will continue to be an increase in the number of ways in which optometric services can be delivered. It would be wrong, however, for us to fine tune our curriculum into too close a response to assumed differences in modes of practice.

What we must do is ensure that we have the most appropriate curriculum, delivered in the most effective way, to prepare our students for fully professional primary care practice. And, of course, concern for the patient must always be at the forefront of our thinking. We must also seek all possible ways to ensure that our graduates can select a mode of practice based on personal and professional grounds, and not be forced into seeking the most lucrative form of practice irrespective of those considerations.

Educators must also remember that they are training students not just for today or even for the next decade. The class of 1980 will be in practice through the first quarter of the twenty-first century. The present explosion in medical knowledge, especially that based on biochemical discoveries, is, I am quite sure, leading us into a revolution that will eclipse even the impact of antibiotics a few decades ago. And this will not be the only new technology to impact vision care. It is moreover the common experience that we go back to our concentrated years of professional and graduate training for many intellectual roots, regardless of the amount of continuing education absorbed or new knowledge acquired. Thus, at NEWENCO, we must make every reasonable effort to provide the solid base of knowledge and understanding our graduates will need to cope with those future developments as they arise.

How will optometric education change? There will be a steady increase in the number of patient experiences by students prior to graduation. The final year may become entirely clinical. This will put pressure on the program in the earlier years so that our expectations of first and second year students will increase. Prerequisites for admission will be more precisely defined so that all entering students will be able to move rapidly into the demanding program of lecture and laboratory offerings. There may also be pressures to extend the program to five years. Alternatively, we may find the majority of students entering a residential year as a way to fulfill the objective of increased patient care experience before entering full practice.

All of these changes will lead to a strengthening of the profession and the provision of the highest quality patient care. In short, as educators, we must strive to continue now for optometric education what the Flexner Report began for all health education in 1914.

Dr. Smith, the President of the New England College of Optometry, is a Professor of Optics at the institution.

FUTURE . . .

you're not part of the solution, you're part of the pollution!"

The efforts of each profession helped to insure the success of the program. Optometry's donation was in the area of proper visual hygene, visual screenings and home-style myopia control.

The computerized word processing revolution left an unexpected surprise for optometry and medicine. Research had been going on at a staggering rate. The increasing complexities and technological innovations in the field were leaving even the most diligent practitioners behind. It was impossible to maintain a state-of-the-art practice without having an expert consultant who remained constantly abreast of the newest research and discoveries. Suddenly, every practitioner had access to a wealth of information in virtually every field of health care. The new generation thinking computer, made available nationwide by a cooperative research network, could evaluate all signs and symptoms and request more data. As the new century began, the master diagnostician in every realm of health care, was a machine.

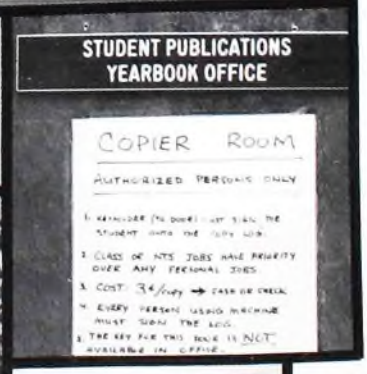
What does the future hold in store? The prohibition of private practice and fee-for-service may well end health care as we know it. The windfall in store for optometry will probably not come from the expanded scope or mode of delivery of the profession. Instead, some of those old functional vision theories have the potential to turn the entire vision care field around. If concrete, documented research substantiates to the masses what many optometrists have always believed about developmental and functional vision, we may expect some changes in the make-up of the profession, but its future can be very promising.

Current graduates will always be the future of optometry.

Memorabilia

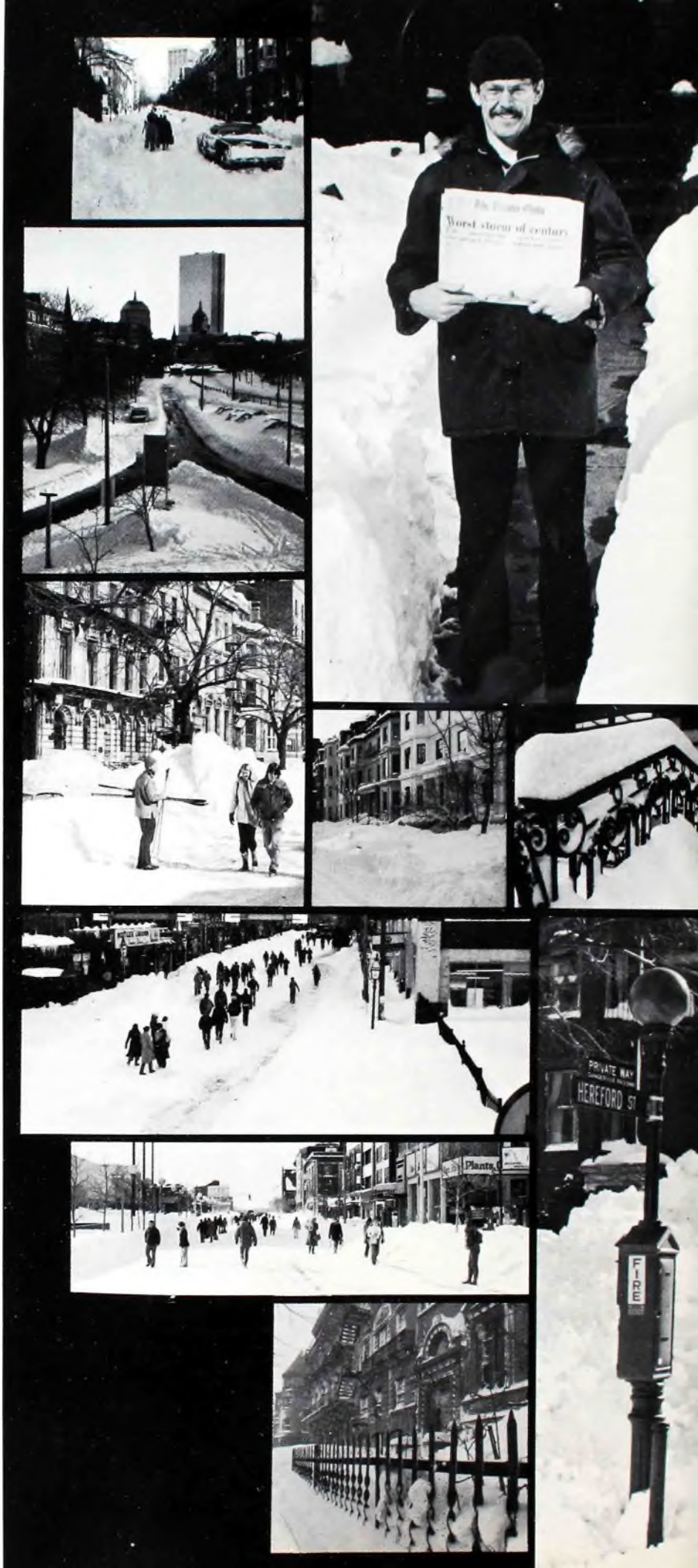
Trapped In The Icon

1353
DORCHESTER
HOUSE
MULTI SERVICE CENTER
RECREATION HEALTH ARTS
MENTAL HEALTH LOG SCHOOL
DAY CARE/PRE SCHOOL



Remember . . .

A mini-course called "Learning" by Joel Brauner.
The Kenmore Square clinic in the summer.
The paper airplanes, in and out of class.
The postage stamp parking lot for students only.
Neal's wisecracks.
The back of David's head.
The view from the roof.
The third year boards when we got to school and there was no electricity in Back Bay.
The third year boards when there was no power to run the clocks, so the people in Allston and Brighton made wakeup calls.
A class of diverse individuals and personalities who got along great, considering we had to sit together in a locker room together for three years.
Every single step we had to climb to get to classroom IV.
Changing the clock to avoid five more minutes of boredom.
The picnics, the Eye Balls and the banquets.
When Bill Barrett and Paul Ajamian won a free pinball game.
That naked man at the second year party.
When Dr. Zacharia lectured with his skicap on during first year.
The Irwin Harris memorial chair.
When Bob Bolduc came to class.
Who signed Mike DiPerna's name on Dr. Greenberg's attendance sheet.
Who signed Jeff Palmer's name on Dr. Namias' attendance sheet.
Who were all those extra names on Dr. Namias' attendance sheets.
Spaceman Glen, Boomer Bill, roommates Charlie and Bill, just super.
"That will be all."
When there were tips on the pool cues.
When Irwin Harris said anything.
When Dr. Nathanson was asked if "with-the-rule" refers to Javal's Rule.
All the missed classes.
All the money spent on ice cream, sandwiches and pizza.
All the slams on the ping-pong table.
When Steve Graham wasn't in plaster and/or sutures.
"In other words . . ."
When Judy set off the fire extinguisher in the back of the class.
1969 Knicks, Mets, Jets; 1978 blizzards.
Frisbees across Beacon Street . . . with and without cops.
"Just three things . . ."




PUSS'n
BOOTS
PUSS'n
BOOTS

REMEMBER . . .

Buying certain items for Concetta in Memphis, Tennessee in January, 1980.
Linda's "AH-CHOOO".
Tom and Lloyd's Tupperware party.
The stag party the girls crashed.
The "pot-luck" dinners.
Peggy and Donna.
The Penthouse.
Belly dancers, magicians, backgammon, TV paddle games and more at Tom and Lloyd's parties.
The greaser party.
The lunchtime bridge games with Concetta Raciti, Paul Bither, Howard Cohen, Peter Bridger, John Pulaski and Linda Bennett.
The coming of spring from the first year balcony.
Taking the keg up to the pool room after AOSA evening lectures.
Hanging out in the parking lot.
Tree climbing.
Napping in the library.
Great parties and greater friends.
The 1978 blizzard party at Rhonda and Debbie's (how far did you hike and how long did you stay?)
The gold jock straps for the boys.
The day the ceiling in Vaughan's class collapsed-rags and all.
Irwin Harris memorial study aids.
The pigeons who lived under the balcony.
The air conditioning which rarely worked.
Exam schedules in September . . . it never happened.
N.E.C.O. Conventions at the Sheraton and the hospitality suites.
Pigeons flirting on the balcony and Mr. Vaughan's comments.
Cars getting "booted".
Crossroads, the Hawk Shop, Dino's and Capone's.
Concerts at the Esplanade.
Boston in the summertime.
The take home exams of Dr. Laudon and Dr. Mulley.
The "Eyewitness".
Pooh's Pub and the Newbury Steak House.
The Hilltop Steak House.
Emack and Bolio's and Steve's Ice Cream.
Fenway Park and the Red Sox.
Boston Garden and the Bruins and Celtics.
Marty's great sports predictions.
Marty's great excuses for his predictions.
The graffiti and the graffiti master.
My first patient.

REMEMBER . . .

Skipping every Tuesday afternoon contact lens class to go to Wonderland.
Schultzy and Lloyd at Joel's Halloween party.
Chris' dancing at Schultzy's parties.
Tom and Lloyd and Stu's parties.
The rips in the screen in the third year classroom that suddenly appeared after the Christmas party.
Arthur's color vision deficiency.
The lecture series at Father's.
When Joel Brauner gave a final exam and nobody went.
When Dr. Dell found a lifesize centerfold under the projector screen and left it there.
Chuch Patorgis' lecture on "Masturbation. The Cause of Amblyopia".
Lunch at Umberto's.
Dr. Richman's personal assaults.
Pizza at Regina's.
When we were all just victims of the "wrong thinking".
Betting on "Uh's" in Dr. Comerford's class.
Frisbees during Dr. Comerford's class.
Dr. Comerford's "FLICK" illusion.
Joel Brauner and his mice.
The boycott where we all got together as a class.
The Note Taking Service.
Dr. Dell's tongue.
Dr. Reiser's lapel watch.
The way Dr. Carter buttons his jacket.
The Charles in springtime.
Drinking wine in the North End on cold winter days.
Concerts at the Orpheum.
The Arnold Arborium, any time of the year.
Cutting classes PROFUSELY and enjoying it.
The Sock Hop.
The Cape Cod Trip.
When Dr. Namias broke a frame in his adjusting class.
When Someone dropped one of Dr. Namias' sample lenses and it smashed to pieces.
Being called on in Namias' class.
Stan Glick and Francois.
Arthur's midnite trick-or-treat in Cambridge.
To Dr. Rose, "What is Diane Keaton really like?"
The meter maids of Boston.
Stolen cars and break-ins.
The Boston Marathon.
Jeff's limited edition publications.







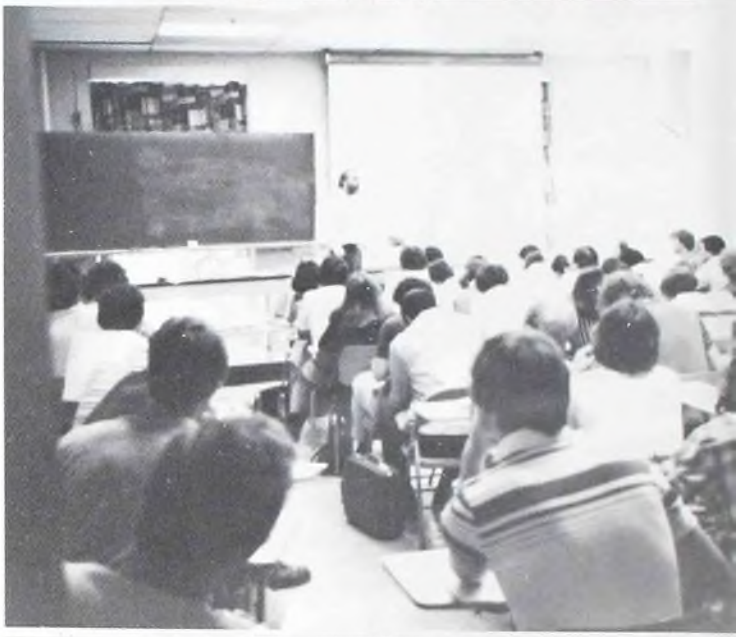



























Eye Ball

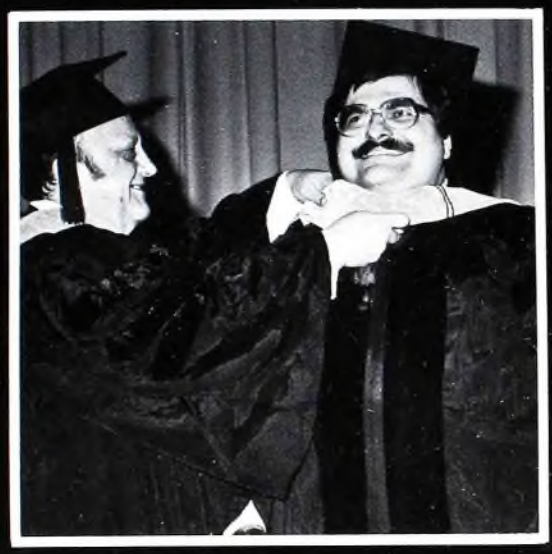
Awards Banquet

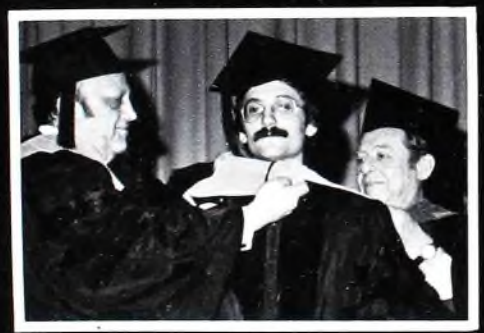
The New England College Of Optometry

1980
Awards Banquet

saturday, the eighth of march
the 57 restaurant, 200 stuart street
boston, massachusetts

The New England College of Optometry





The New England College
Of Optometry

1980
Graduation Exercises

sunday, the ninth of march
john hancock hall, boston

Program

PRELUDE
Herbert Fromm, D.H.L.

PROCESSIONAL

PRESIDING
F. Dow Smith, Ph.D., President, Interim
The New England College of Optometry

INVOCATION
Reverend John D. Erb., B.A., M.A., S.T.B., S.T.M.

CONFERRING OF HONORARY DEGREE
F. Dow Smith, Ph.D., President, Interim
The New England College of Optometry

VALEDICTORY
Concetta Anne Daurio Raciti,
Valedictorian, Class of 1980

GREETINGS
Hyman R. Kamens, O.D., Dean of Student Affairs
The New England College of Optometry

PRESENTATION OF DEGREES

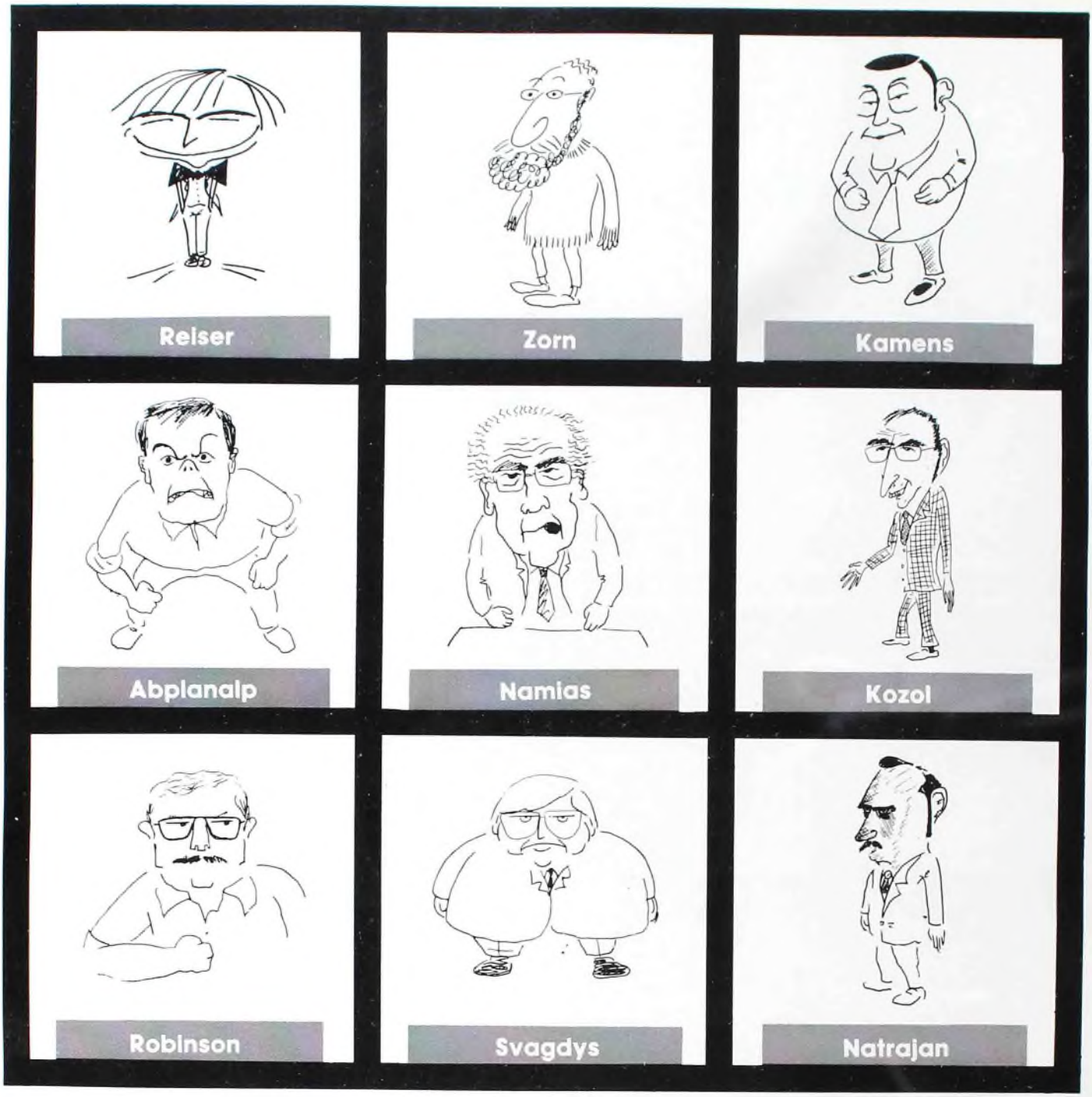
Conferring O.D. Degrees: *Maurice H. Saval, H.L.D., LL.D.*
Chairman, Board of Trustees

Hooding the Candidates: *Paul W. Lappin, O.D., Ph.D.*
Academic Dean
Hyman R. Kamens, O.D.
Dean of Student Affairs

BENEDICTION

RECESSIONAL

POSTLUDE



Newenco Squares

The Early Years

KLEIN SCHOOL OF OPTICS

2 Rutland Street, Boston, Mass.

The only scientific optical school in America. Instructions in all branches of optical work, from the bending of a bridge to the grinding of the most complicated lenses. Opthalmoscopic diagnosis of errors of refraction and diseases of the eye.

Full course, $75.00; single term, $30.00. Address

THEODORE F. KLEIN,

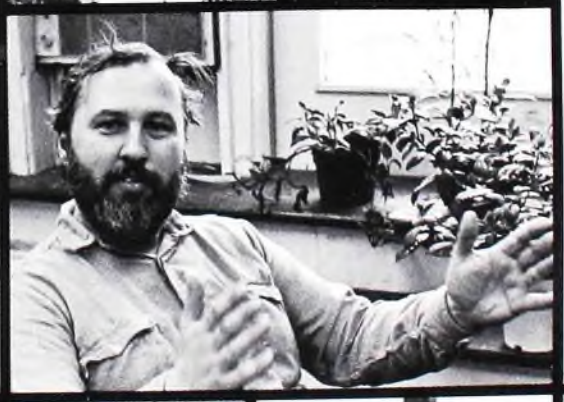
School of Optics,

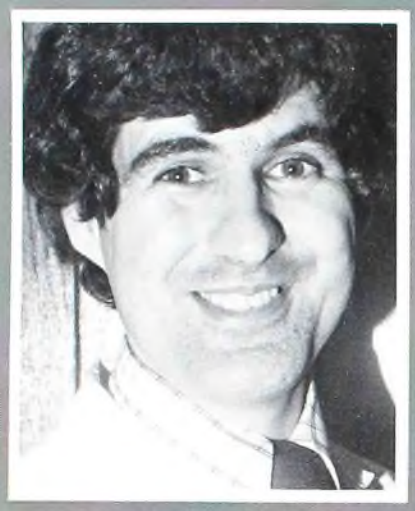
2 Rutland Street, . . . BOSTON.

The New England College of Optometry

424 Beacon Street
Boston, Massachusetts 02115

Fall 1980:
TUITION $8970.00 per year



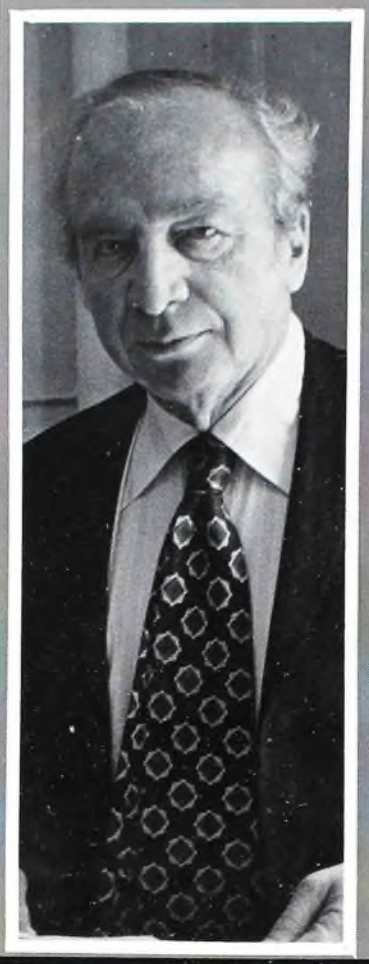


Robert Allard

Terry Chin

James P. Comerford

John E. Asarkof



Morris L. Berman

J. Andrew Billings

Margaret Costa

William Dell

Anthony Cavallerano

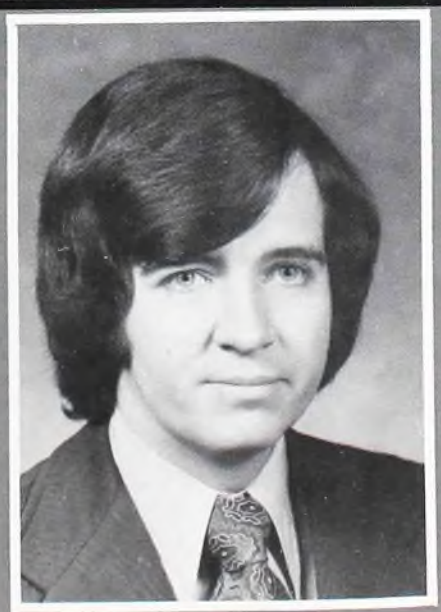
John H. Carter

James A. Casazza

Nancy Carlson

Chanel Dufour

Barry M. Fisch



Thomas Freddo

Matthew J. Garston

Randy K. Goldman

William Gleason

Ellen Gilman

Penny Gay

Celia Hinrichs

David Higgins

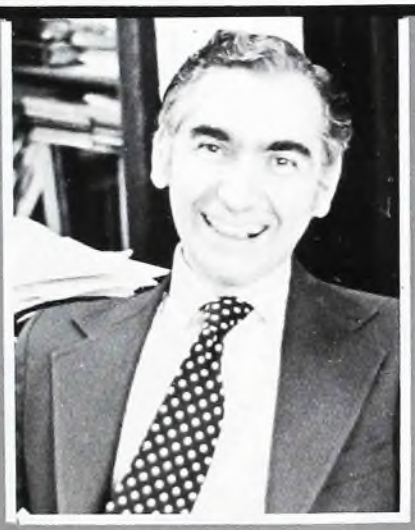
Sumner Kagan

Hyman Kamens

David Greenberg

Rodney Gutner

Stanley Klein



Frank Kozol

Paul Ladenson

Faculty & Administration

Allard, Robert
Assistant Professor of Optometry
O.D., Illinois College of Optometry

Annas, George
Visiting Lecturer
J.D., Boston University

Asarkof, John E.
Associate Professor of Optometry
O.D., Newenco

Berman, Morris L.
Alumni Secretary
O.D., Newenco

Billings, J. Andrew
Visiting Lecturer
M.D., Harvard Medical School

Bloom, Bernard
Visiting Lecturer in Pediatrics

Bloom, Irma
Instructor of Clinical Social Work
M.S.W., Simmons College

Bodrie, Gregory
Instructor of Optometry
O.D., Newenco

Carlson, Nancy
Instructor of Optometry
O.D., Newenco

Carter, John H.
Professor of Optometry & Physiological Optics
O.D., Pennsylvania College of Optometry
M.S., Indiana University
Ph.D., Indiana University

Casazza, James A.
Instructor of Optometry
O.D., Newenco

Cavallerano, Anthony
Assistant Professor of Optometry
O.D., Newenco

Chatman, Charles
Instructor of Optometry
O.D., Newenco

Chin, Terry
Instructor of Optometry
O.D., Newenco

Cohen, Elliot
Instructor of Optometry
Director, Eye Care at Great Brook Valley Health Center
O.D., Newenco

Comerford, James P.
Assistant Professor of Physiological Optics
M.A., University of California
Ph.D., University of California
O.D., Newenco

Costa, Margaret
Instructor of Clinical Optometry
O.D., Newenco

Dell, William
Assistant Professor of Optometry
Director, Division of Primary Optometry
O.D., Newenco
M.P.H., Harvard University

Dufour, Chanel
Senior Instructor of Clinical Optics

Eisenberg, David
Clinican Consultant in Ophthalmology
M.D., Albert Einstein

Fisch, Barry M.
Instructor of Optometry
O.D., Newenco

Freddo, Thomas
Instructor of Optometry
O.D., Newenco

Garston, Matthew J.
Associate Professor of Optometry
O.D., Newenco

Gay, Penny
Instructor of Optometry
O.D., Newenco

Gilman, Ellen
Instructor of Optometry
Ed.M., Boston State College
O.D., Newenco

Gleason, William
Assistant Professor of Optometry
O.D., Newenco

Goldman, Randy
Instructor of Optometry
O.D., Newenco

Greenberg, David
Assistant Professor of Optometry
Director, Division of Community Optometry
O.D., Newenco

Gutner, Rodney
Clinical Instructor of Optometry
Chief, Clinical Photographic Services
O.D., Newenco

Hinrichs, Celia
Instructor of Clinical Optometry
O.D., Newenco


Paul Lappin
Richard Laudon
Janet Lemoine
Carroll Martus
Eileen McGill
William Mack
Arthur Levinson
Glen McCormack
Foster
Namias

Higgins, David
Assistant Professor of Clinical Optometry
M.S., Ph.D., Penn. State University
O.D., Newenco

Hill, Donald
Instructor of Optometry
O.D., Newenco

Houghton, Richard
Instructor of Optometry
O.D., Newenco

Jenkins, Jon
Assistant Professor of Health Sciences
M.D., Harvard Medical School

Kagan, Sumner
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O.D., Newenco

Kamens, Hyman
Dean of Student Affairs
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O.D., Newenco
D.O.S., Newenco

Klein, Stanley
Associate Professor of Psychology
A.M., Clark University
Ph.D., Clark University

Kozol, Frank
Professor of Optometry
Registrar
O.D., Newenco

Ladenson, Paul
Assistant Professor of Clinical Medicine
M.D., Harvard Medical School

Lappin, Paul
Academic Dean
Professor of Physiological Optics
O.D., Newenco
M.S., Indiana University
Ph.D., Indiana University

Laudon, Richard
Assistant Professor of Optometry
O.D., Newenco

Lemoine, Janet
Assistant Professor of Optometry
O.D., Newenco

Levinson, Arthur
Director of Contact Lens Services
Hadassah Hospital
O.D., Illinois College of Optometry

Lieberman, Laurence
Clinical Consultant in Pediatrics
Ed.D., Columbia University

Lynch, John Jr.
Clinical Fellow in Optometry
O.D., Pennsylvania College of Optometry

Mack, William
Instructor of Optometry
O.D., Pennsylvania College of Optometry

Malatesta, Madeline
Instructor of Clinical Optics
A.S., Fisher Jr. College/Newenco

Marchessault, Martha
Financial Aid Officer
B.S., Duquesne University

Mandel, Frederick
Clinical Consultant in Pediatrics
M.D., University of Vermont

Martus, Carroll
Associate Professor of Social Optometry
M.S., Boston State College
O.D., Newenco

Mastraccio, Albert
Instructor of Optometry
M.S., Cornell University
O.D., Newenco

McBride, Debra
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O.D., University of California

McCormack, Glen
Assistant Professor of Physiological Optics and Optometry
O.D., Indiana University
Ph.D., University of California

McLellan, Sally
Assistant to the President for Development

McGill, Eileen
Instructor of Anatomy
O.D., Newenco

Morrill, Jeffrey
Instructor of Optometry
O.D., Newenco

Morrison, Rita
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Moss, Gary L.
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O.D., Newenco

Mulley, Albert
Assistant Professor of Public Health
M.D., Harvard Medical School
M.P.H., John F. Kennedy School of Government

Srinivas Natrajan

Marc W. Richman

Robert Rice

Donald Robinson

Donald Pasakarnis

Paul Pease

Stanley Reiser

Clifford Scott

Abe L. Pagoda

Walter Potaznick

Mary Scott

William Seefeld

Namias, Foster
Professor Emeritus of Optometry
O.D., Newenco
D.O.S., Newenco

Nathanson, Irwin
Assistant Professor of Optometry
O.D., Newenco

Natrajan, Srinivas
Associate Professor of Physiology and Pharmacology
D.V.M., Osmania University, India
M.S., Auburn University
Ph.D., Virginia Polytechnic Institute
M.S., Mass. College of Pharmacy

Nugent, Noel
Assistant Professor of Optometry
Ph.D., University of New Hampshire
O.D., Newenco

Pasakarnis, Donald
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Director, Eye Care at Dimock Health Center
O.D., Newenco

Pease, Paul
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Director of Vision Sciences
O.D., Pennsylvania College of Optometry
Ph.D., University of California

Pagoda, Abe L.
Assistant Professor of Optometry
M.S.E.E., Columbia University
M.S., Columbia University
O.D., Newenco

Potaznick, Walter
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O.D., Newenco

Reiser, Stanley
Visiting Lecturer
M.D., SUNY Downstate College of Medicine

Rice, Robert
Assistant Professor of Anatomy
B.S., New York Medical College
Ph.D., New York Medical College

Richman, Marc W.
Associate Professor of Clinical Pathology
M.D., Boston University

Roberts, Arthur C., Jr.
Controller
B.S., Boston College

Robinson, Donald
Associate Professor of Optometry
O.D., Newenco

Scott, Clifford
Assistant Professor of Optometry
O.D., Newenco

Scott, Mary
Associate Professor of Optometry
Coordinator of Optometric Technician Program
O.D., Newenco

Seefeld, William
Instructor of Optometry
O.D., Newenco

Smith, Dow
President
Professor of Optics
M.A., Queens University
Ph.D., University of Rochester

Stoeckle, John
Visiting Lecturer
M.D., Harvard Medical School

Svagdys, Joseph
Professor of Optometry
O.D., Newenco

Thorn, Frank
Assistant Professor of Physiological Optics
Ph.D., University of Rochester
O.D., Newenco

Turco, Paulette
Instructor of Optometry
O.D., Newenco

Vaughan, William
Associate Professor of Optics
A.B., Harvard University

Walkowiak, Edmund
Professor of Physiology
Director of Institutional Affairs
Ed.M., Boston University
Ph.D., University of Connecticut

Warner, Eleanor
Head Librarian
M.S.L.S., Simmons College

White, Paul F.
Associate Professor of Optometry
O.D., Newenco

Woodcome, Harry
Instructor of Optometry
O.D., Pennsylvania College of Optometry

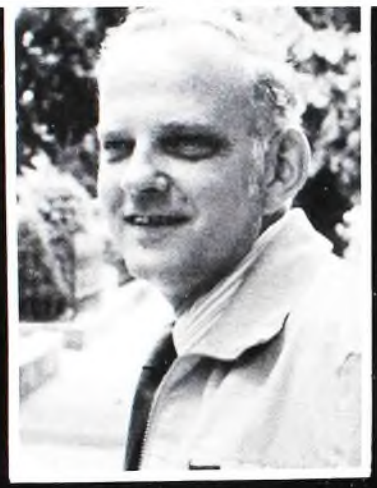
Zorn, Marc
Assistant Professor of Biology
Ph.D., Columbia University

Dow Smith

John Stoeckle

Joseph Svagdys

Frank Thorn



Edmund Walkowiak

Eleanor Warner

Paul F. White

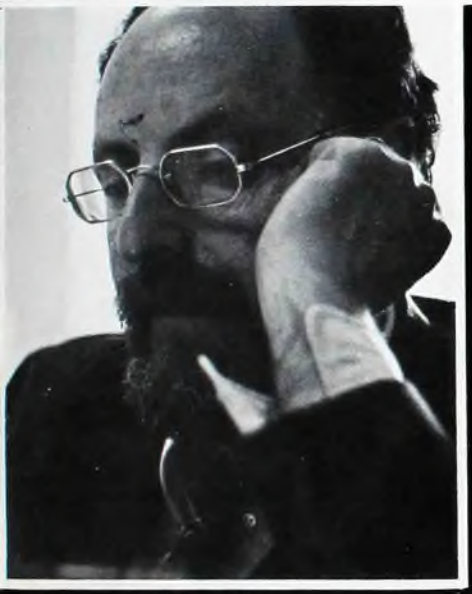
Clockwise from above: Priscilla Clark, Peggy Mancuso, Sandy Rudziak, Sandy Roth, Carol Macchia, Cliff Kittredge, Liz Andrews and Mona Caruso.

William Vaughan

Sally McLellan

Paulette Turco

Arthur C. Roberts, Jr.



Marc Zorn

SPECIAL FRIENDS

Sue Allen - Library
Liz Andrews - Library
Mary Bates - Front Office
Diane Carter - Boston Eye Clinic
Mona Caruso - Accounting
Sema Chebookjian - Div. Dir. Office
Priscilla Clark - President's Office
Donna Copman - Front Office
Mary Ellen Deeney - Accounting
Lisa Donaghey - Div. Dir. Office
Tom Goodale - Maintenance
Diane Kalafatas - Boston Eye Clinic
Cheryl Kane - Accounting
Cliff Kittredge - Bookstore
Celeste Laney - Boston Eye Clinic
Joanne Levin - Continuing Education
Harcourt Lewis - Maintenance
Carol Macchia - Boston Eye Clinic
Peggy Mancuso - Admissions
Martha Marchessault - Financial Aid
Susan Martini - Switchboard
Valerie Moreno - Front Office
Barbara Oven - Boston Eye Clinic
Maryann Picariello - Accounting
Sue Rodgin - Boston Eye Clinic
Pat Rosicky - Boston Eye Clinic
Sandy Roth - Boston Eye Clinic
Sandy Rudziak - Boston Eye Clinic
Nancy Steele - Admissions
Joanne Sullivan - Boston Eye Clinic
Kathy Sullivan - Front Office
Debra Swartz - Boston Eye Clinic
Barbara Walkowiak - Registrar's Office
Kay West - Boston Eye Clinic
Lisa Whiteside - Development Office

Clockwise from left: Sema Chebookjian with Lisa Donaghey, Pat Rosicky with Celeste Laney, Jo Levin, Barbara Walkowiak, Donna Copman, Sue Martini, Sue Allen, and Valerie Moreno.

Newenco Squares

The Later Years

friends and memories

Graduates

Class Of 1980

Barry A. Aronson

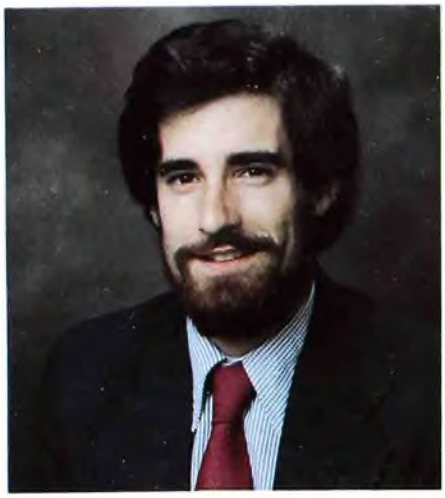
Dennis M. Chaconas

Lynne Cyert

Dennis P. Harmon

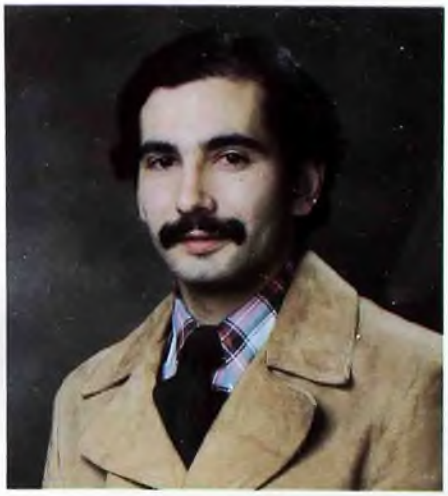
James O. LaMotte

Jack Miller



David D Agahigar

Paul C Aiamian



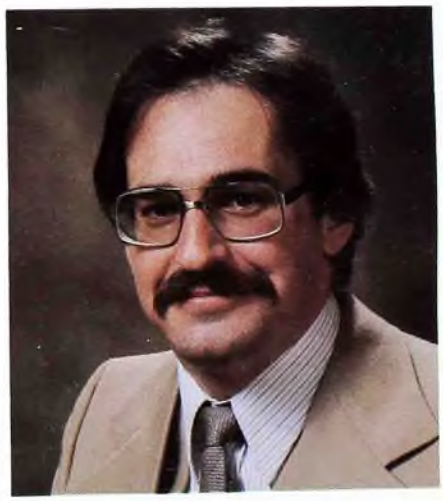
Thomas Aleo

Michael Andrade

Andrew C Anastos

Jerry Barcelow

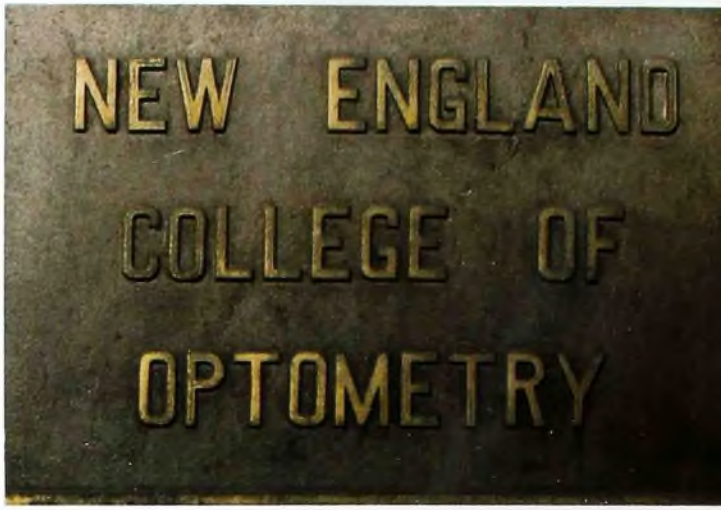
William C. Barrett

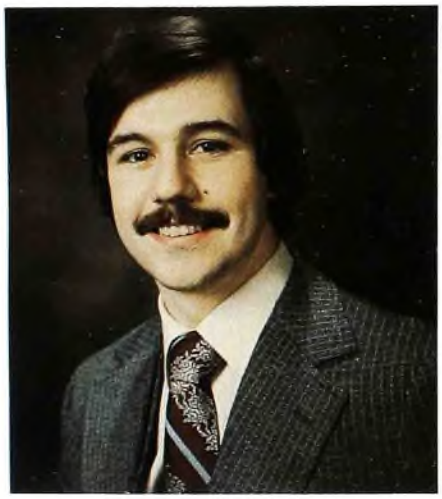


Linda Bennett

Joseph Y. Bistricer

Paul P. Bither





Robert J. Bolduc

Christine Boisse

Peter D. Bridges

Cheryl A. Brown

Debra R. Budick

James A. Casey III.

Martha D. Chickanowicz

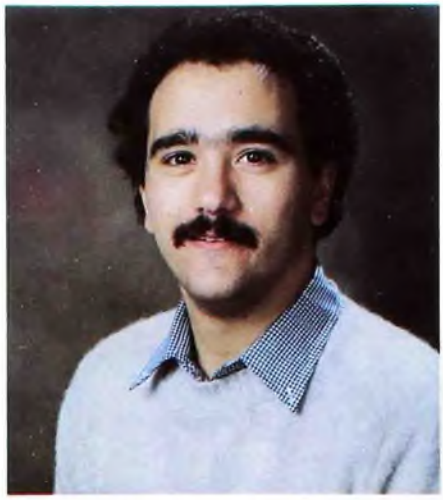
Margaret Clark

Howard B Cohen

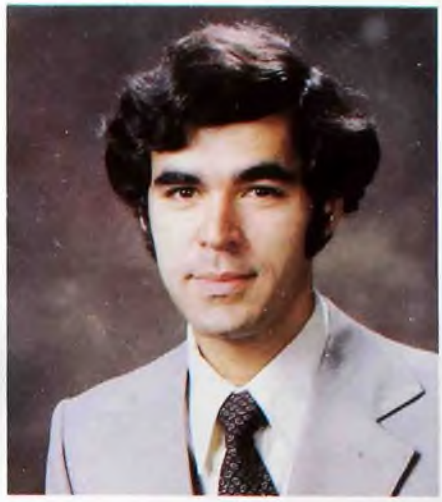
Eric S. Colman

Kerry T. Connell

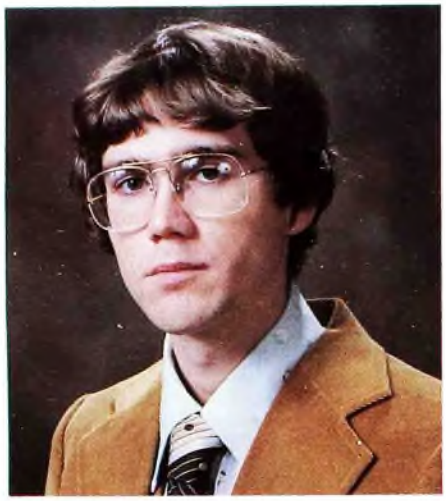
Mary Ellen Connell



Leonard Contardo



Michael S. DiPerna

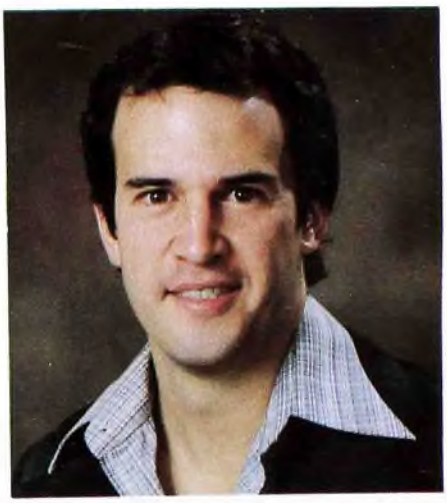


Gerard Dunn

Thomas J. Kelley

Karl Erdman

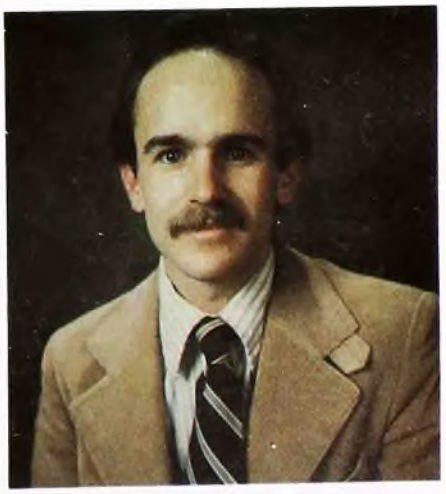
Leon Fishlyn



Ken Foppiano

Sherry Fowler

Stuart Frank

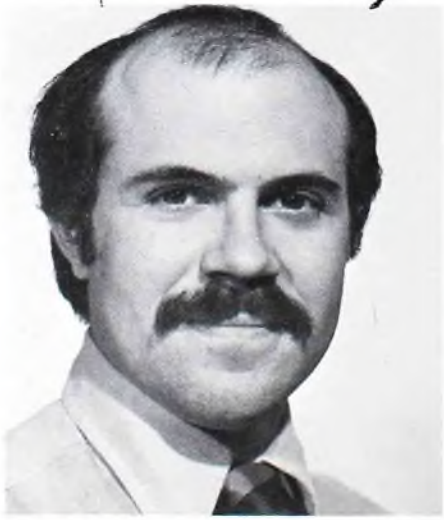


Henry Fried

Matthew Fohlich

Michael Galloway

Al Germain



Stephen J. Graham

David Greenstein

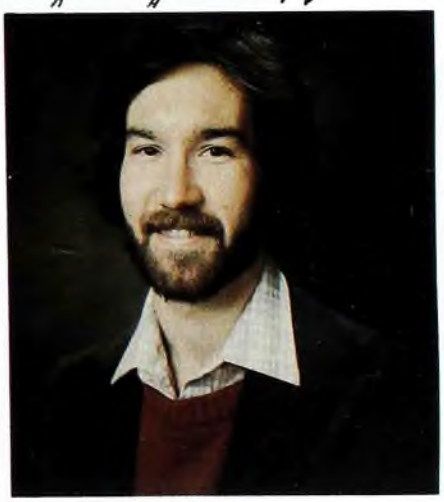
Rhonda Dearinger

Suzanne Harbeck

Douglas J. Hoffman

William B. Hutcheson

Richard J. Iannara



Douglas Johnson

Gary H. Kramer

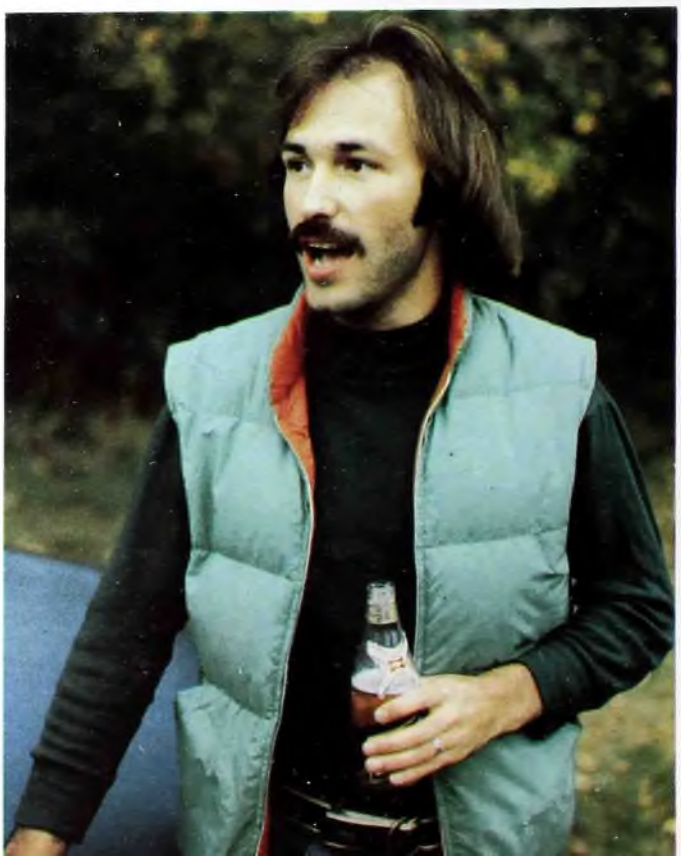
Cheryl K. Kane

Joel Gutierrez

Mark Kramer

Steve Kurleif

Wayne Levassen



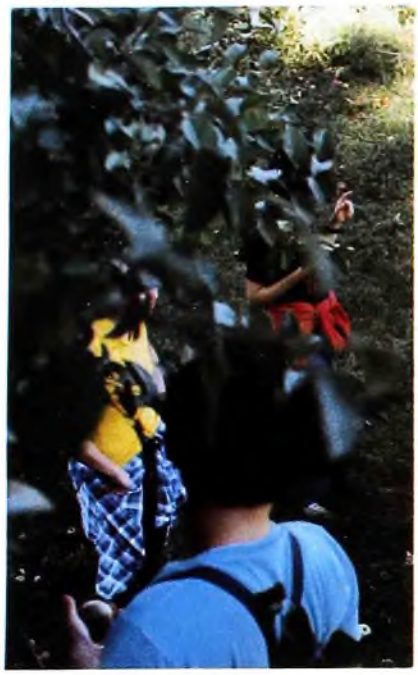
Nancy B. Lewis

Gina Libassi

Julie E. Marchetto

Lisa A. Martin

Michael McGraw



Judith McKenna

David Mc

Richard Kraft

Nancy Mraz

James Lawrence Morton

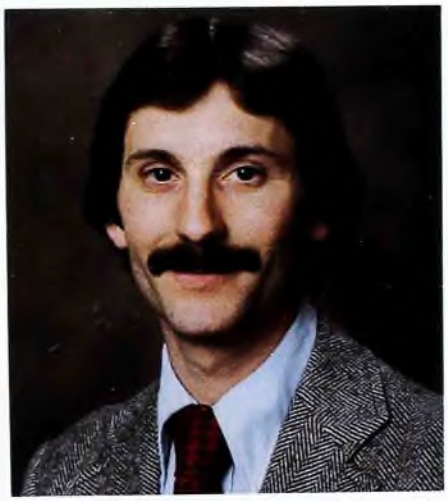
Richard Olson

Jeffrey M. Palmer

Denise L. Paquin

Charles J. Patorgis

John J. Pietrantonis



Robert B. Pinkert

Charlie Plourde

John J. Paladini

Connie D. Faust.

James P. Sartorelli

Thomas F. Scadova

Thomas A. Schultz

Arkady Selenow

Linda Shilberg

Dawn M. Dawson

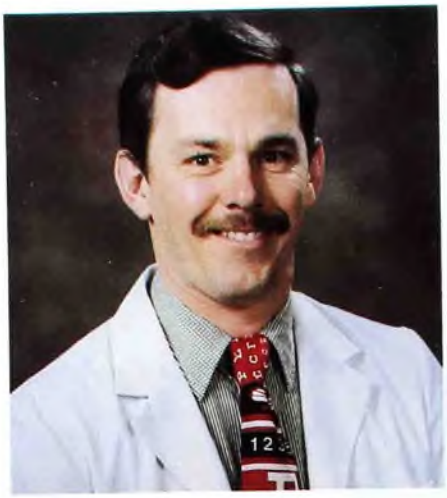
John N. Sienko

Lloyd A. Snider

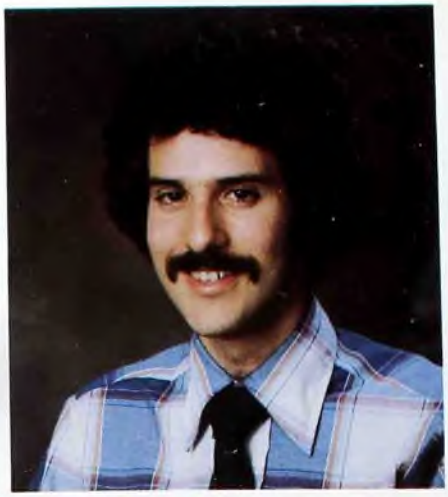
David Snowdon

Gregory J. Sokol

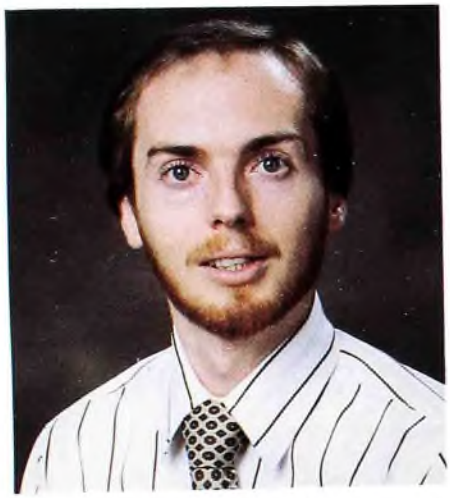
Keith Thompson



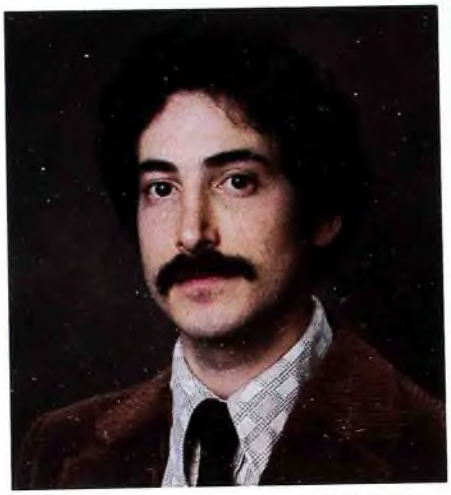
Richard Waidor



Arthur Steinmann



Roger J. Wilson



Gary Wolf

Zdenek Zak

Class Of 1980

Graduate Directory

DAVE AGAHIGIAN

DAVID D. AGAHIGIAN - Stratford, CT; Fairfield Prep., Fairfield, CT; B.S., University of Connecticut, Storrs, CT; Back of the Room Club, Malingerers Club, Base Down Club, 20/20 Brain Club, Founder of Ayatollah U., Roller Derby, Most Mispronounced Name, **"You're all geniuses . . . Am I going too fast for you?" - Frank Kozol (Lensometry)**

PAUL AJAMIAN

PAUL CHARLES AJAMIAN - Needham, MA; Needham H.S., Needham, MA; B.S., University of Vermont, Burlington, VT; Beta Sigma Kappa, Astute Observations, "Pacho", Classic Compliments, Friendliest, Pinball, Sports

TOM ALEO

THOMAS HENRY ALEO - Weymouth, MA; Xaverian Brothers H.S., Westwood, MA; B.S., Boston College, Chestnut Hill, MA; Tennis, Softball, Chemistry, Most Mistaken for Mike Andrade

MIKE ANDRADE

MICHAEL T. ANDRADE - Fall River, MA; Msgr. Prevost H.S., Fall River, MA; B.S., Stonehill College, North Easton, MA; Teacher Aide, Tennis, Biology, Most Mistaken for Tom Aleo, Silent Smoker

ANDY ARMSTRONG

ANDREW CAMPBELL GILLIES ARMSTRONG - Littleton, NH, Littleton H.S., Littleton, NH; B.S. M.E., M.S.M.E., Worcester Polytechnic Institute, Worcester, MA; Rock Climbing, NEM, Ophthalmic Equipment Technician, Most Analytical, Bausch and Lomb Contact Lens Award.

"Anything's possible . . . somethings are more probable than others. Correlation always implies causality." -Dr. Klein

BARRY ARONSON

BARRY ALLEN ARONSON - Akron, OH; Buchtel H.S., Akron, OH; B.S., Case Institute of Technology, Ph.D., Physics, University of Pittsburgh, Pittsburgh, PA; P.O.D., Physics, Mathematics

JERRY BARCELOW

JERRY ALBERT BARCELOW - South Royalton, VT; South Royalton H.S., South Royalton, VT; B.A., Atlantic Union College, South Lancaster, MA; Biology, Feinbloom Driving Award, Fastest Test Taker Once

BILL BARRETT

WILLIAM CHRISTIAN BARRETT - Steamboat Springs, CO; Steamboat Springs H.S., Steamboat Springs, CO; B.A., Duke University, Durham, NC; Political Science, Economics, "Wilbo", Pinball Wizard, Blondest Hair, Contagious Laugh

TED BELHUMEUR

TED THOMAS BELHUMEUR - Johnston, RI; Johnston Memorial H.S., Johnston, RI; B.A., University of Rhode Island, Kingston, RI; Education, Psychology, Skiing, Tennis, Photography, Most Modest, **"With this degree, I will be called 'Doctor'."**

LINDA BENNETT

LINDA MAE BENNETT Beaver Falls, PA; Beaver Falls H.S., Beaver Falls,PA; Adrian College, Adrian, MI, B.A., University of Michigan, Ann Arbor, MI; Elementary School Teacher 1969-1976, A.O.S.A. Speaker Panel Organizer, Most Pregnant, Lunchtime Bridge Games, Gold Key International Honor Society Award

JOE BISTRICER

JOSEPH YEHUDA BISTRICER - Brooklyn, NY; Franklin Delano Roosevelt H.S., Brooklyn, NY; B.S., Brooklyn College, Brooklyn, NY; Student-Faculty Committee, Best House Father, **"If the eye is white and quiet, it's not diseased."**

PAUL BITHER

PAUL PRESTON BITHER - Houlton, ME; Houlton H.S., Houlton, ME; B.A., Colby College, Waterville, ME; French, Singing in Groups, Theater Productions and Solo Recitals, Beta Sigma Kappa, Most Likely to be Late for Work, **"Ce qu'il nous faut à nous, c'est l'étude sans trêve, C'est l'effort inouï, le combat nonpareil, Cest la nuit, l'âpre nuit du travail d'où se lève. Lentement, lentement! l'Ouevre, ainsi qu'un soleil!" - P. Verlaine**

CHRIS BOISSE

CHRISTINE ANNE BOISSE - Marlboro, MA; Hudson Catholic H.S., Hudson, MA; B.A., Northeastern University, Boston, MA; Psychology, Belly Dancing, Cooking, Needlework, Mountain Climbing, Most Likely to be Found with Kenny, Best Dancer

BOB BOLDUC

ROBERT JOSEPH BOLDUC, JR. - Saco, ME; B.S., University of Maine; Beta Sigma Kappa, Most Likely to be Found Somewhere Else

CHERYL BROWN

CHERYL ANN BROWN - Worcester, MA; Burncoat Senior H.S., Worcester, MA; B.A., Clark University, Worcester, MA; Biology, Most Ivy League Appearance

PETER BRIDGER

PETER H. BRIDGER - New York, NY; Christopher Columbus H.S., Bronx, NY; B.S., Northeastern University, Boston, MA; Psychological Testing, Most Unique Perspective, Bridge for Lunch Bunch

DEBBY BUDICK

DEBRA RACHELE BUDICK - Far Rockaway, NY; Hebrew Institute of Long Island, Far Rockaway, NY; Queens College, Queens, NY, B.S., University of Massachusetts, Amherst, MA; Zoology, Poetry, Arts and Crafts, Dancing, Swimming, Waitress, National Association for the Visually Handicapped, Most Likely to Move to Israel, Most Motherly, **"When the light goes out, you go out!"**

JIM CASEY

JAMES ARTHUR CASEY, III - Malden, MA; Malden Catholic H.S., Malden, MA; B.S., Boston College, Boston, MA; Most Likely to be Found at Father's (with Thompson)

DEPEW CHAUNCEY

DEPEW M. CHAUNCEY, JR. - Shamrock, FL; Dixie County H.S., Cross City, FL; B.S., University of Florida, Gainesville, FL, M.S., University of South Florida, Tampa, FL, Ph.D., Organic Chemistry, University of California at Davis, Davis, CA; Nuclear Medicine, P.O.D.

MARTY CHICK-NAVORIAN

MARTIN DEPOIAN CHICK-NAVORIAN - Fitchburg, MA; Fitchburg H.S., Fitchburg, MA; B.A., Boston University, Boston, MA; Psychology, Sports .... Especially Golf, Music, Massachusetts Society of Optometrists, Iranians Go Home Committee, Correct the Boston Globe Sportswriters Club, Most Likely to Inspire Controversy, Most Likely to Complain, Most Optimistic, **"To receive is to be filled; to give is to be fulfilled."**

MARGARET CLARK

MARGARET GRAY CLARK - Somerset, MA; Somerset H.S., Somerset, MA; B.A., University of Massachusetts, Amherst, MA; Elementary Education, Pre-School Screenings, Fourth Year Teaching Assistant, Christmas Party, Eye Ball, Class Yenta (or Most Likely to Discuss)

KERRY CONNELL

KERRY TIMOTHY CONNELL - Dexter, ME; Dexter Regional H.S., Dexter, ME; B.A., University of Maine, Orono, ME; Best Profile, Most Laid Back

HOWIE COHEN

HOWARD B. COHEN - Queens, NY; Martin Van Buren H.S., Queens, NY; B.S., University of Maryland College Park, MD, Northeastern University, Boston, MA; Zoology, Theodore F. Klein Award, Beta Sigma Kappa, Front of the Room Club, Best Attendance Beta Sigma Kappa Silver Medal Award, Dr. Ralph H. Green Award

ERIC COLMAN

ERIC S. COLMAN - Plainview, NY; Syosset H.S., Syosset, NY; B.A., State University of New York at Binghamton, Binghamton, NY; Biology, Beta Sigma Kappa, Preschool Vision Screening Program, Fourth Year Teaching Assistant, Sanka Award (Most Likely to Decaffinate), Most Likely to Join an Optometric Cult, **"Give your children plus lenses for their next birthday."**

MARY ELLEN CONNELL

MARY ELLEN SAVAGE CONNELL - Dexter, ME; Dexter Regional H.S., Dexter, ME; Northeastern University, Boston, MA, B.A., University of Maine, Orono, ME; Most Savage, Bausch and Lomb Contact Lens Award

LENNY CONTARDO

LEONARD CONTARDO - Boston, MA; Boston Technical H.S., Boston, MA; B.A., University of Massachusetts, Boston, MA; Biology, Student Newspaper Editor, Student Council, Fourth Year Clinical Assistant, Best Cook, Best Tour Guide through North End, Most Unacknowledged School Spirit, Robert Morgan Community Health Service Award, NEWENCO Staff Award, Gold Key International Honor Society Award, **"Just being here is too complicated for you."**

LYNN CYERT

LYNN ANNE CYERT - Pittsburgh, PA; Fox Chappel Area H.S., Pittsburgh, PA; B.S., Reed College, Portland, OR, M.S., Ph.D., Psychology, Brown University, Providence, RI; P.O.D., Associate Professor of Experimental Psychology at Ithaca College

MIKE DIPERNA

MICHAEL S. DIPERNA - Arlington, MA; Arlington H.S., Arlington, MA; B.S., Northeastern University, Boston, MA; Computer Programming, Running, Bicycling, Beta Sigma Kappa, Most Serious, Most Likely to be Related to Lawrence Talbot, Daniel Kuperstein Memorial Award, **"The cure for the NEWENCO headache is running to Bunker Hill and back."**

GERRY DUNN

GERALD G. DUNN - Rumford Point, ME; Rumford, H.S., Rumford, ME; B.A., University of Maine, Orono, ME; Zoology, Sports, Beta Sigma Kappa, Best Maine Accent

KARL ERDMANN

KARL ROBERT ERDMANN - Cromwell, CT; Cromwell H.S., Cromwell, CT; B.A., University of Connecticut, Storrs, CT, M.S., Boston College, Chestnut Hill, MA; Electronmicroscopy, Beta Sigma Kappa, Nikon Scholar Competition, Theodore F. Klein Award, Best Concentration, **"See me after class." - Dr. McCormack to Steve Graham**

LEON FISHLYN

LEON I. FISHLYN - Boston, MA; Huntington School, Boston, MA; Colby College, Waterville, ME, B.A., Northeastern University, Boston, MA; Physiological Psychology, Weight Lifting Team Captain, Highest Freshman Award, Most Likely to Not Show Up, Most Likely to Take a Mental Health Break, Skin of Teeth Award, **"To paraphrase one of my mentors, 'Leon, I don't care what you do .. so long as it doesn't get back to the school' or (same person), 'Leon, I hope you at least learn that to every argument there is no pure right or wrong ... now admit you're wrong!'"**

KENNY FOPPIANO

KENNETH JOSEPH FOPPIANO - Brooklyn, NY; James Madison H.S., Brooklyn, NY; B.S., Brooklyn College, Brooklyn, N.Y., M.S., University of Massachusetts, Amherst, MA; Health and Physical Education Teacher, Running, Hiking, Climbing, Skiing, Biking, Oldsmobile 442 Convertible, Most Likely to be Found with Chris, Best Bike Rider ... also Blackest Eye, Beta Sigma Kappa

TOM DWELLEY

THOMAS H. DWELLEY - Bangor, ME; B.A., University of Maine, Orono, ME; Most Determined, Best Laugh

SHERRY FOWLER

SHERRY A. FOWLER - Petersburg, MI; B.S., M.S., University of Toledo, Toledo, OH; Most Published, Best Electronmicroscopist

EZRA FRANKEN

EZRA FRANKEN - Montreal, Quebec, Canada; L. Sci., Optometry, Université de Montreal, Montreal, Quebec; Most Orthodox

Before ..... and after!

STU FRANK

STUART BARRY FRANK - Fountain Valley, CA; James Monroe H.S., Sepulveda, CA; B.A., University of California at San Diego, San Diego, CA, M.A., California State University, Fullerton, CA; Beta Sigma Kappa, Best Smile, Biggest Worrier, Most All Nighters in a College Career

HANK FRIEDMAN

HENRY M. FRIEDMAN - Port Chester, NY; B.A., University of Rochester, Rochester, NY; Most Likely to Debate, Class Cynic, Beta Sigma Kappa

MIKE GALLAWAY

MICHAEL F. GALLAWAY - Mt. Lebanon, PA; Mt. Lebanon H.S., Pittsburgh, PA; B.S., Carnegie-Mellon University, Pittsburgh, PA; Psychology, Medium-Calibre Automatic Weapons, Ballooning, Underwater Photography, Finalist - NEWENCO Ping Pong Championships - 1979, Most Mellow, Back of the Room Club, **"I never want to leave my buddies behind." -Chuck Patorgis**

MATT FROHLICH

MATTHEW MARTIN FROHLICH - Rome, NY; Rome Free Academy, Rome, NY; B.A., University of Rochester, NY; Biology, International Folk Dancing, Guitar, School Bookstore, Beta Sigma Kappa, Walking Encyclopedia, Connoisseur of Fine Instrumentation, Food (Especially Hot Sauce), and Music, Optometric Brain Teasers, Most Likely to OD on Turkey Joints, Most Likely to Become the Next Messiah of Theoretical Optometry ... Move Over, Borish! **"Our weapons are surprise, fear, a ruthless efficiency, and an almost fanatical devotion to the Pope."**

AL GERMAIN

ALBERT EDWARD GERMAIN - Attleboro, MA; Most Pleasant Bedside Manner, Beta Sigma Kappa

STEVE GRAHAM

STEPHEN J. GRAHAM - Kingston, NY; Kingston H.S., B.S., St. Lawrence University, Canton, NY; U.S. Ski Team, Harvard University Ski Team Coach, Advisor to 1980 Winter Olympics, Bausch and Lomb Contact Lens Scholarship, Most Humble, Best Siberian Husky, Most Answers to Fewest Questions, J.L. Smith Award for Ophthalmological Excellence, **"Knowledge is good."**

RHONDA GREIFINGER

RHONDA H. GREIFINGER - Yonkers, NY; Roosevelt H.S., Yonkers, NY; B.A., State University of New York at Albany, Albany, NY; Most Efficient, Best Perspective on Pediatrics

SUZANNE HARBECK

SUZANNE HARBECK - St. Jean, Quebec, Canada; Polyvalente Armand Racicot, St. Jean, Quebec; DEC Health Sciences, College St. Jean sur Richelieu, St. Jean, Quebec, L.Sc. Optometry, Université de Montreal, Montreal, Quebec; Blondest Hair, O.E.P. Optometry, Fun in Pediatrics

DAVE GREENSTEIN

DAVID SAMUEL GREENSTEIN - Wayland, MA; Lafayette H.S., Brooklyn, NY; B.E.E., City College of New York, New York, NY; M.S.E.E., Northeastern University, Boston, MA; Electrical Engineer, Beta Sigma Kappa, Best Questions

RICHARD HEMENGER

RICHARD P. HEMENGER - Oak Ridge, TN; Ph.D., Physics, University of Michigan; P.O.D.

DOUG HOFFMAN

DOUGLAS JOEL HOFFMAN - Lowell, MA; Lowell H.S., Lowell, MA; B.S., University of Massachusetts, Amherst, MA; Psychology, Contact Lens Fabrication Specialist, Camping, Hiking, Music, Beta Sigma Kappa, Fourth Year Clinical Teaching Assistant, Most Likely to Start His Own Custom Lab

BILL HUTCHESON

WILLIAM B. HUTCHESON - Atlanta, GA; Thomas S. Woolton H.S., Rockville, MD; B.S., Muhlenberg College, Allentown, PA; Magic, Sports, Miller, Bud, Busch, Denise, Parties, "Hutch", Jack in the Beanstalk Tree Climbing Award, Life of the Picnic Award, Beta Sigma Kappa, Most Accident Prone, Allstate Insurance Award, **"Anybody want to** Frederick E. Farnum Alumni Award. **"Anybody want to go to Father's?"**

DENNIS HARRISON

DENNIS PATRICK HARRISON - Newport, KY; Covington Catholic H.S., Covington, KY; B.A., Thomas Moore College, Ft. Mitchell, KY, Ph.D., Bio-chemistry, University of Maryland, Baltimore, MD; Molecular Biology, P.O.D.

RICH JAMARA

RICHARD JOSEPH JAMARA - Oakham, MA; Quabbin Regional H.S., Barre, MA; B.S., University of Massachusetts, Amherst, MA; El-Ahwahz Christmas Pilgrimage to Bethlehem Award (For Surviving the Ordeal), Best World-Class Rower, Fourth Year Clinical Teaching Assistant, **"A ship in harbor is safe - but that is not what ships are built for."**

GARY KAMENS

GARY HIRAM KAMENS - Natick, MA; Natick H.S., Natick, MA; B.S., University of Massachusetts, Amherst, MA; Psychology, Volunteer Optometric Service to Humanity, Most Unusual Elucidation Questions, Second Soundest Sleeper, V.O.S.H. Honduras Mission

CHERYL KANE

CHERYL KOCHER KANE - Easton, PA; Easton Area H.S., Easton, PA; B.A., New York University, New York, NY; Beta Sigma Kappa, Fourth Year Teaching Assistant, Cleanest Eye Teeth, Most Considerate, Most Likely to be Found in N. Dakota with Jim

DOUG JOHNSON

DOUGLAS GORDON JOHNSON - Grand Rapids, MN; Grand Rapids H.S., Grant Rapids, MN; B.S., University of Minnesota, Duluth, MN; Beta Sigma Kappa, Least Bothered by Anything, Strongest, Most Continuous Smile, American Brewers Association Outstanding Recognition Award

JOEL KESTENBAUM

JOEL N. KESTENBAUM - Woodbury, NY; Plainview - Old Bethpage H.S., Plainview, NY; Hofstra University, Hempstead, NY, B.S., State University of New York at Albany, Albany, NY; Biology, Sports, Photography, Vision Screening, Beta Sigma Kappa, Fourth Year Teaching Assistant, Least Likely to Deviate, **"Ambition, hard work, and common sense are the keys to success."**

NEAL KRAMER

NEAL DAVID KRAMER - New Hyde Park, NY; Herricks H.S., Shelter Rock, NY; B.S., Adelphi University, Garden City, NY; Biology, Automobiles, Nadine, Pinball, Fastest Test Taker, **"A little nonsense now and then, is relished by the wisest men." -Proverb**

STEVE KURLANSIK

STEVEN JAY KURLANSIK - Morristown, NJ; Morristown H.S., Morristown, NJ; B.S., Boston University, Boston, MA; Broadcasting, Film, T-Shirts, Sports, Wonderland, Best Underhanded Compliments, Pinball, Soundest Sleeper

JIM LAMOTTE

JAMES OWEN LaMOTTE - Spokane, WA; Lewis and Clark H.S., Spokane, WA; B.A., M.A., Eastern Washington State University, Cheney, WA, Ph.D., Biology, University of Arizona, Tucson, AZ; Human Anatomy and Physiology, Photography, Tennis, P.O.D.

Location of daily seminars.

WAYNE LEVASSEUR

WAYNE MICHAEL LEVASSEUR - East Hartford, CT; Northwest Catholic H.S., West Hartford CT; B.A., University of Connecticut, Storrs, CT; Football, Baseball, Basketball, Summer C.W.S. "On the Roof", Preschool Vision Screening, Fourth Year Teaching Assistant, Most Likely to be found on the Front Line of the Pats, Sue, Parties, **"I would like to wish the class of 1980 peace and prosperity."**

NANCY LEWIS

NANCY BETH LEWIS - Silver Spring, MD; Montgomery Blair H.S., Silver Spring, MD; University of Maryland, College Park, MD, B.S., American University, Washington, DC; Biology, Dancer, Record Stores, Book Stores, Bookkeeping, Beta Sigma Kappa, Most Likely to Grab a Front Row Seat, Best Attendance, **"Wrong thinking." "When the light goes out, you go out." - Foster Namias**

GINA LIBASSI

GINA MARIA LIBASSI - Mineola, NY; Maria Regina D.H.S., Uniondale, NY; B.S., Muhlenberg College, Allentown, PA; First Year Class President, Student Council Representative, Social Committee, Beta Sigma Kappa, Most Scruples, Sweetest

JULIE MARCHETTO

JULIE E. MARCHETTO - Lee, MA; Lee H.S., Lee, MA; B.A., Holy Cross College, Worcester, MA; Sociology, Fashion Clothing Buyer, Gourmet Cooking, Antiques, Skiing, Preschool Vision Screening Program, Eye Ball, Massachusetts Society of Optometrists, Best Dressed, Best Sun Tan

LES MARTIN

LESTER ALLEN MARTIN - Tacoma, WA; Stadium H.S., Tacoma, WA; A.L.A., Tacoma Community College, Tacoma, WA, B.S., University of Puget Sound, Tacoma, WA, Washington State University, Pullman, WA; Chemistry, Pilot, Most Likely to be High . . . Best Pilot, **"Did you know ortho at near is really eso?"**

MIKE MCGRAW

MICHAEL K, McGRAW - Levittown, NY; Island Tree's High School, Levittown, NY; B.A., State University of New York at Albany, NY; "Caveman", Holiest T-Shirts, Worst Dressed, Linda, Beta Sigma Kappa

Before and . . .

. . . after boards.

DAVE MILLS

DAVID MILLS - Warwick, RI; Pilgrim H.S., Warwick, RI; B.S., Providence College, Providence, RI; Student Affairs Committee, Curriculum Committee, Neil Kozol Look Alike Award, Strongest Rhode Island Accent, **"If it ain't broke, don't fix it."**

JACK MILLER

JACK JOSEPH MILLER - Bensalem, PA; Hughes H.S., Cincinnatti, OH; B.Sc., Ohio State University, Columbus, OH, Ph.D., Chemistry, University of Cincinnati, Cincinati, OH; Agriculture, Chemistry, Most Likely to Try New Hairstyles

JUDY MCKENNA

JUDITH ANNE McKENNA - Bedford, NH; B.A., University of New Hampshire, Durham, NH; Shyest, Best Slow Dancer, Least Likely to Aggravate

RICH MOROFF

RICHARD MARK MOROFF - Howard Beach, Queens, NY; Thomas Jefferson H.S., Queens, NY; B.A., City College of New York, New York, NY, M.A., Hofstra University, Uniondale, NY; Mr. New York, Beta Sigma Kappa, Most Likely to be in Unusual Situations

NANCY MRAZ

NANCY EVA MRAZ - Fort Fairfield, ME; Fort Fairfield H.S., Fort Fairfield, ME; University of Maine at Presque Isle, Presque Isle, ME, B.A., University of Maine at Farmington, Farmington, ME; Bicycling, Climbing, Acga, Skiing, Trips, Snorkling, Kayaking, Monopoly, "Spaceshot", Most Northern, Least Analytical, Astronaut O.D., **"When in doubt, shift."**

LARRY NORTON

JAMES LAWRENCE NORTON - Bristol, RI; La Salle Academy, Providence, RI; B.A., University of Rhode Island, Kingston, RI; Tennis, Skiing, Hardest Worker

RICK OLSON

RICHARD DEWEY OLSON - Oregon, WI; B.S., University of Wisconsin, Madison, WI; "Olie", Most Outgoing, Sports, Football, Father's, Connioisseur of All Fine Beers

JEFF PALMER

JEFFREY MARK PALMER - Middletown, CT; Woodrow Wilson H.S., Middletown, CT; B.A., Adelphi University, Garden City, NY; Wesleyan University, Middletown, CT; Radio and Television Production and Broadcasting, Film Production, Studio Recording, Photography, Electronics, Student Council Representative, Student Publications Coordinator, Yearbook Editor, Student Representative to Admissions Committee, Library Audio/Visual Technical Maintenance Chief, Most Likely to Procrastinate, A.K.A. Albedo Parducci, Gold Key International Honor Society Award, **"Even a fish wouldn't get caught if he kept his mouth shut." "Murphy's Law / Palmer's Postulate: Failsafe plans and devices will inevitably destroy others."**

DENISE PAQUIN

DENISE LOUISE PAQUIN - Winthrop, MA; Mount Saint Joseph Academy, Brighton, MA; B.A., Regis College, Weston, MA; Mathematics, Best Note Taker, Best Triple Sneeze, Hutch, Father's, Beta Sigma Kappa, Most Knowledgeable, **"This is absurd!"**

JOHN PIETRANTONIO

JOHN J. PIETRANTONIO, JR. - Lynn, MA; Lynn English H.S., Lynn, MA; B.A., Merrimack College, North Andover, MA; Biology, Quietest, Beta SigmaKappa, New England College of Optometry Clinic Award

CHUCK PATORGIS

CHARLES JAMES PATORGIS - Nashua, NH; Nashua H.S., Nashua, NH; B.A., University of New Hampshire, Durham, NH; Zoology, Phi Beta Kappa, Phi Kappa Phi, Alpha Epilson Delta, Phi Sigma Honor Societies, Professional Pianist, Health Fairs, Glaucoma Screenings, Fourth Year Teaching Assistant at BECK and NEWENCO Rehab., Beta Sigma Kappa, Most Macho, Best Chest, Most Greek, William Feinbloom Low Vision Award, Robert Morgan Community Health Award, **"The future direction of our profession appears to lie quite heavily on the shoulders of the new graduate. Maybe it has always been this way, but it is my hope that optometry shall remain a separate health care entity and not be absorbed by the forces which surround it."**

BOB PINKERT

ROBERT BENJAMIN PINKERT - Greenwich, CT; Greenwich H.S., Greenwich, CT; B.A., Ithaca College, Ithaca, NY; Biology, Carpentry, Sports, Student Council Representative, Hockey Club, Loudest Voice in Back of Room Club, "Pinko", Most Humility, Most Verbose

With "My Mom".

JOHN PULASKI

JOHN JOSEPH PULASKI - Newington, CT; Xavier H.S., Middletown, CT; B.S., Fairfield University, Fairfield, CT; Medical Technologist - Blood Bank, Class Representative, Sharon, Class President 1977-1980, Student Representative to Board of Trustees, Student Council President, Student Representative to Alumni Executive Board, Human Subjects Protocol Committee, Tutoring, Scout's Honor Award, Best President, Most Listened To, Did Most for Class, Beta Sigma Kappa, Most Dedicated, Beta Sigma Kappa Silver Medal Award, Frederick E. Farnum Alumni Award, Alumni Association Award, Dr. Edward J. Troendle Jr. Award, Gold Key International Honor Society Award, **"May I have your attention please."**

TOM SCADOVA

THOMAS FRANCIS SCADOVA - Keene, NH; Keene, H.S., Keene, NH; B.A., Keene State College, Keene, NH; English, Mathematics, Technical Writer, All Season Motorcycle Rider, Most Resolute, Beta Sigma Kappa

CHARLIE PLOURDE

CHARLES MATTHEW PLOURDE - Van Buren, ME; Van Buren District Secondary School, Van Buren, ME; B.A., University of Maine, Orono, ME; Beta Sigma Kappa, Most Northern, Best Maine Walk

CONCETTA RACITI

CONCETTA DAURIO RACITI - Garden City, NY; Fontbonne Hall H.S., Brooklyn, NY; B.A., State University of New York at Stonybrook, Stonybrook, NY; Psychology, Social Work, A.O.S.A. Trustee, A.O.S.A. National Vice President - Communications, Beta Sigma Kappa, Gold Key Award, Valedictorian, Most Conscientious

TOM SCHULTZ

THOMAS ANDREW SCHULTZ - Palmer, MA; Palmer H.S., Palmer, MA; A.A., Holyoke Community College, Holyoke, MA, B.S., University of Massachusetts, Amherst, MA; Psychology, Marine Biology, Scuba Diving, Beta Sigma Kappa, Boston Teacher's Union Eye Clinic, Continuing Education Department, Mr. Tupperware, Best Dancer, Most Charismatic, Most Appreciated, **"I wish all my classmates, especially Lloyd, Stu, and Irwin, a most successful, enjoyable, and prosperous future. I will always cherish the wonderful memories of warmth, closeness, and friendship my class of '80 shared with me during those four years of my life."**

JIM SANTANELLI

JAMES P. SANTANELLI - New Haven, CT; Notre Dame H.S., West Haven, CT; B.S. Fairfield University, Fairfield, CT; Biology, Classical and Jazz Musician (Woodwinds), Instructor of Physiology, Carpentry, Cabinetmaking, Furniture Restoration, Preschool Vision Screening, Volunteer Service to East Boston and Dorchester Eye Care Clinics, Beta Sigma Kappa,

Most Likely to be Involved with Big Band Optometry, **"Congratulations to those of us who will know optometry as just one of many sources of satisfaction in our lives."**

ARKADY SELENOW

ARKADY SELENOW - Bellmore, NY; Stuyvesant H.S., New York, NY; B.A., Queens College, Queens, NY; Russian, Guitar, Volleyball, Football, "Ed", Beta Sigma Kappa, Anatomy Lab Instructor, Alumni Association Award, Best Russian Linguist, Best Name

LINDA SHILBERG

LINDA SHILBERG - Bristol, CT; B.S., Adelphi University, Garden City, NY; Slowest Test Taker, Worst Timed Sneeze

IRWIN SCHWOM

IRWIN M. SHWOM - West Roxbury, MA; Boston Technical H.S., North Dorchester, MA; B.S./B.D.I.C., University of Massachusetts, Amherst, MA; Optician, Race Car Pilot, Hockey Club President, Teaching Assistant in Mechanical Optics, Most Considerate, Fastest O.D. on Four Wheels, Soundest Sleeper on Weekdays Only, **"To err is human; to forgive ... is not school policy."**

JOHN SIENKO

JOHN NICHOLAS SIENKO - Trumbull, CT; Trumbull H.S., Trumbull, CT; B.S., Fairfield University, Fairfield, CT; Biology, Painting, Catering, Music, Published Author of Independent Research, Beta Sigma Kappa, Student Council Representative, Student Representative to Admissions Committee, Committee on the Protection of Human Subjects, Fourth Year Teaching Assistant, Wendy, Student Representative to Commecticut Optometric Society Executive Council, Most Upstanding

DAVE SNOWDON

DAVID COOPER SNOWDON, JR. - Arlington, MA; Arlington H.S., Arlington, MA; B.S., Tufts University, Medford, MA; Biology, Seat of My Pants Award, First Alert Award to Most Alert Student, Burger King Out to Lunch Award

GREG SOKOL

GREGORY JOSEPH SOKOL - Ramsey, NJ; Don Bosco H.S., Ramsey, NJ; Rutgers University, New Brunswick, NJ; Beta Sigma Kappa, Connoisseur of Fine Times, Least Likely to Get Glaucoma, New England College of Optometry Jazz and Rock Appreciation Award for the Most Non-Stop, Continuous, and Critical Evaluation of Jazz and Rock Music to be Found Anywhere in the Greater Boston Area or on its Airwaves

LLOYD SNIDER

LLOYD IRWIN SNIDER - Oak Park, MI; Oak Park H.S., Oak Park, MI; University of Michigan, Ann Arbor, MI; Beta Sigma Kappa, V.O.S.H. President, School Representative on Mission to Honduras, Fourth Year Teaching Assistant, Jimmy Durante Fan Club, Harriet, Life-of-the-Party Award, Jean Claude Killy Most Improved Skier Award, Betty Crocker Best Homemaker and Party Giver Award (tie with Tom), Most Likely to be Found in Detroit, **"I can get a great deal on the group rate purchase of Mercedes 450 SL's."**

KEITH THOMPSON

KEITH MALCOLM THOMPSON - Wakefield, MA; Wakefield Memorial H.S., Wakefield, MA; University of Massachusetts, Amherst, MA; Business, Medical Technology, Scuba Diving, Skiing, Karate, Representative to Massachusetts Society of Optometry, Chrysler Convertible, Most Likely to be Found at Father's (with Casey)

RICH WAIDO

RICHARD P. WAIDO - West Hartford, CT; St. Bernard H.S., New London, CT; B.A., Catholic University of America, Washington, DC, M.S., University of Rochester, Rochester, NY; Physics, Optics, Optical Engineering, Yearbook Photography Editor, Beta Sigma Kappa, Best Photographer

ARTHUR WEINWURM

ARTHUR ADAM WEINWURM - Flushing, NY; Jamaica H.S., Jamaica, NY; State University of New York at Binghamton, Binghamton, NY, B.S., New England College of Optometry, Boston, MA; Biology, Yearbook Sections Coordinator, Beta Sigma Kappa, A Good Partier Throughout Optometry School, Slowest Test Taker, New England Telephone Company Certificate of Appreciation for Using a Telephone to Gather Huge Amounts of Information Despite Having a

Roommate Monopolize the Line, **"May the sense of accomplishment that we have achieved remain with all of us. The best of luck to the class of 1980."**

ROGER WILSON

ROGER JAMES WILSON - Binghamton, NY; North H.S., Binghamton, NY; B.A., State University of New York at Buffalo, Buffalo, NY; Immunological Research Technician, Beta Sigma Kappa, A.O.S.A./N.B.E.O. National Liaison, A.O.S.A. National Chairman-Education Committee, Best Lobbiest, Most Political, **"Which is better .. one, or two?"**

GARY WOLF

GARY WOLF - Philadelphia, PA; Abraham Lincoln H.S., Philadelphia, PA; Westfield State College, Westfield, MA, B.S., University fo Massachusetts, Amherst, MA; Zoology, Most REformed Hippie

ZDENEK ZAK

ZDENEK ZAK - Webster, MA; Bartlett H.S., Webster, MA; B.A., Holy Cross College, Worcester, MA; Soccer, Chess, Ping Pong, Extra-Curricular Activities, Best Nomenclature Award, Wright Brothers Award (First to get Paper Plane to Storrow Drive), Most Likely to Change First Name to Zak

MARK ZORN

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Editor's Note: This paper was presented at the Canadian Contact Lens Seminar in Toronto, April 20-21, 1979.

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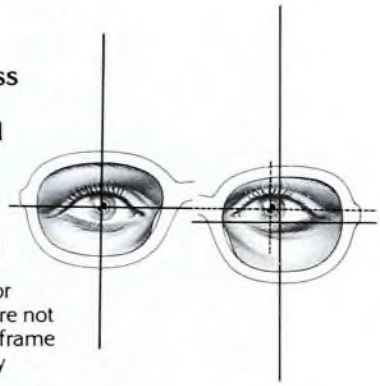

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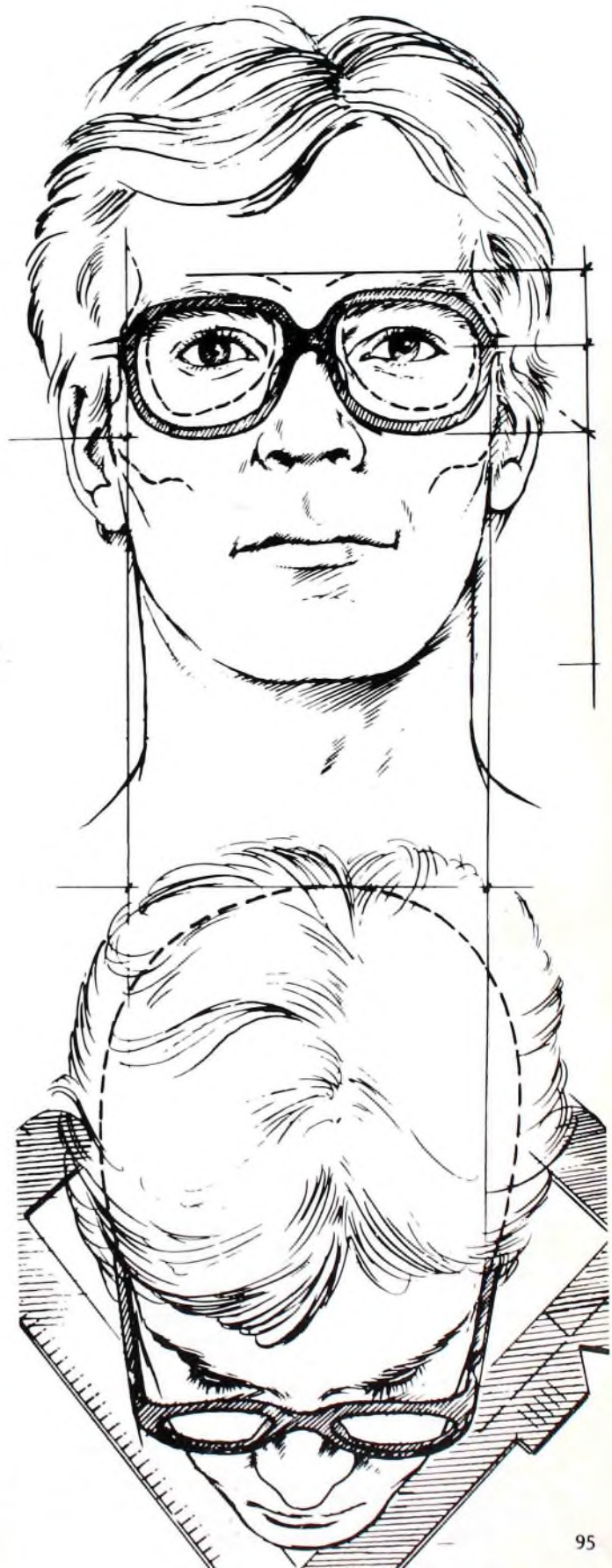

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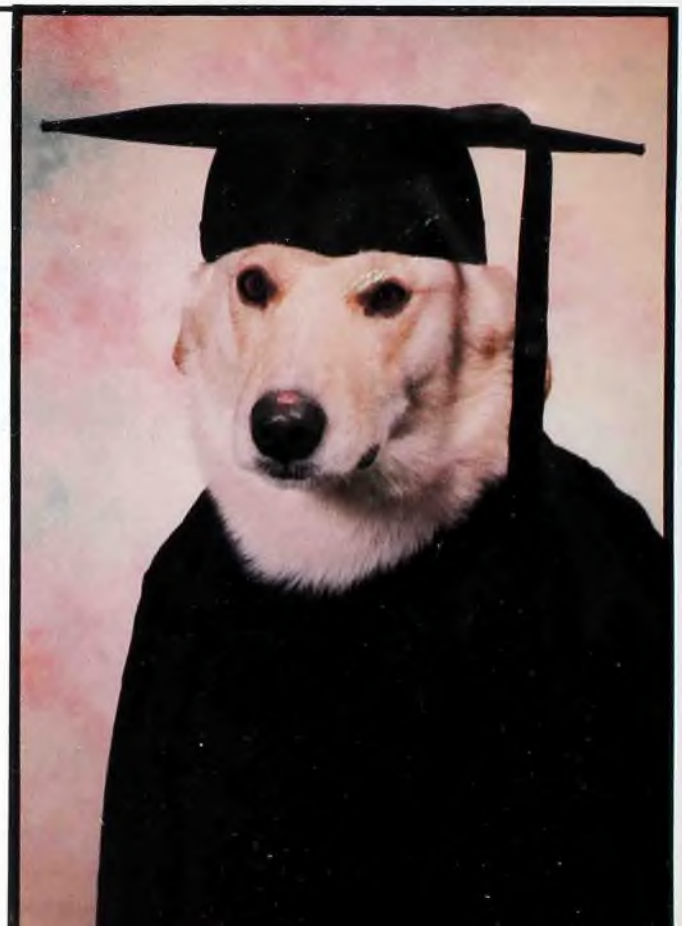

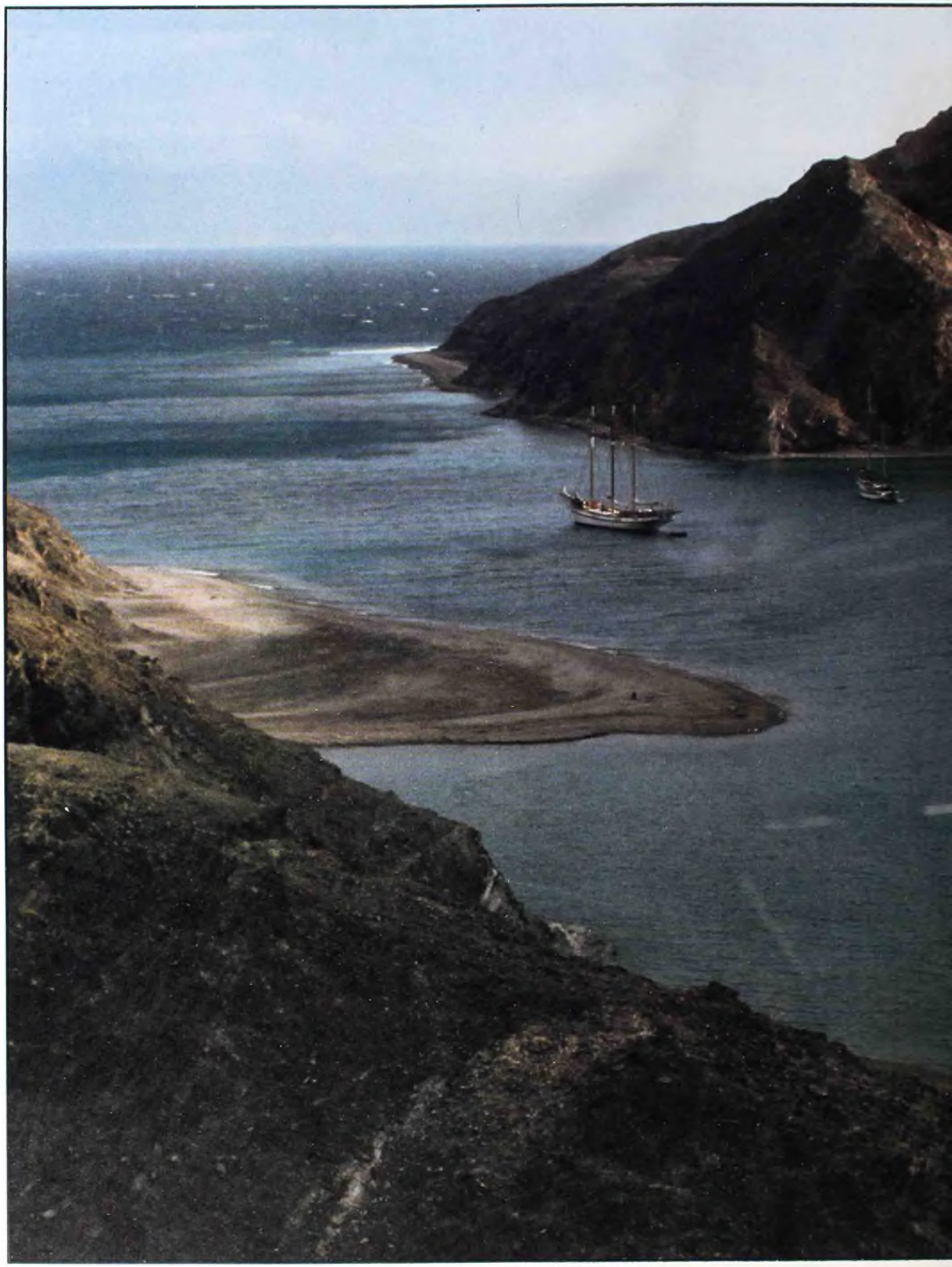

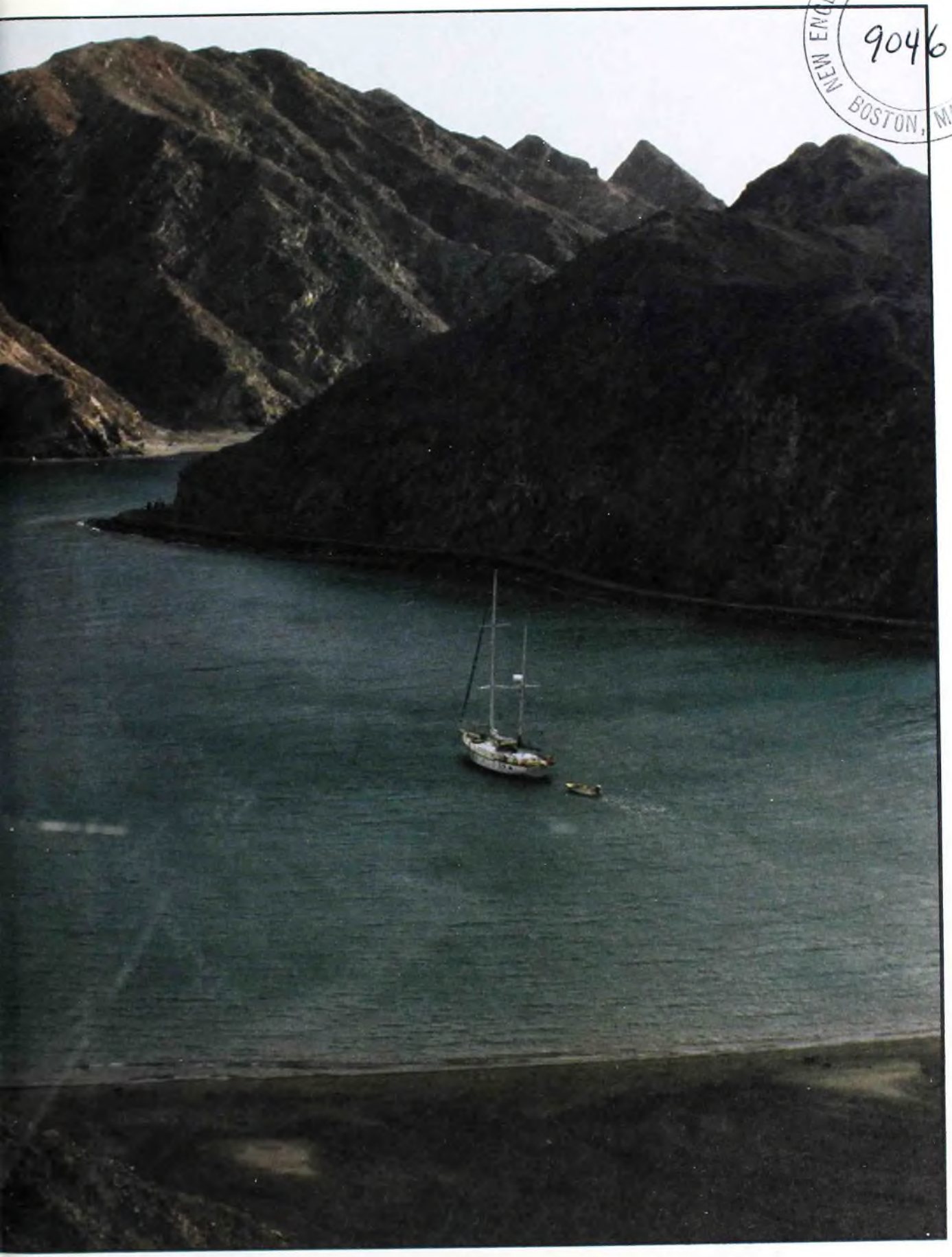

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