

nineteen
seventy-eight



REFLECTIONS







REFLECTIONS

New England College Of Optometry
Boston, Massachusetts

1978

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The New England College of Optometry

424 Beacon Street, Boston, Massachusetts 02115

617-261-3432

Congratulations to all of us, the largest class yet! The trek through the past four years (two for some), though at times seeming endless, is now, quite suddenly, completed and the first stage of our optometric lives is history.

We have encountered a multitude of "transitions" at MEØ, FNBEØ, NEWENCO and have survived. I'm sure we share the hope that mere transitions do not take the place of advancement and progress.

The education we have received is not an end in itself, but provides the basic means to achieve further knowledge. We must realize that optometry is now a dynamic entity offering more than flicks of the phoropter and we must actively seek out and contribute to the development of the profession. Keeping current should be but a minimal goal. The scrawl on the stall door, "another day, another diopter", though it seemed fairly accurate at the time, suggests only resignation.

We also cannot afford to become complacent about the education of those following us. As alumni, we now bear a responsibility to voice ideas, opinions and constructive criticism to benefit the school and its students.

At any rate, we now have personal goals to attain and our lives to fulfill. I hope we can look back with good feeling to experiences we have shared. I wish all of us the very best of luck and good fortune wherever we may go.

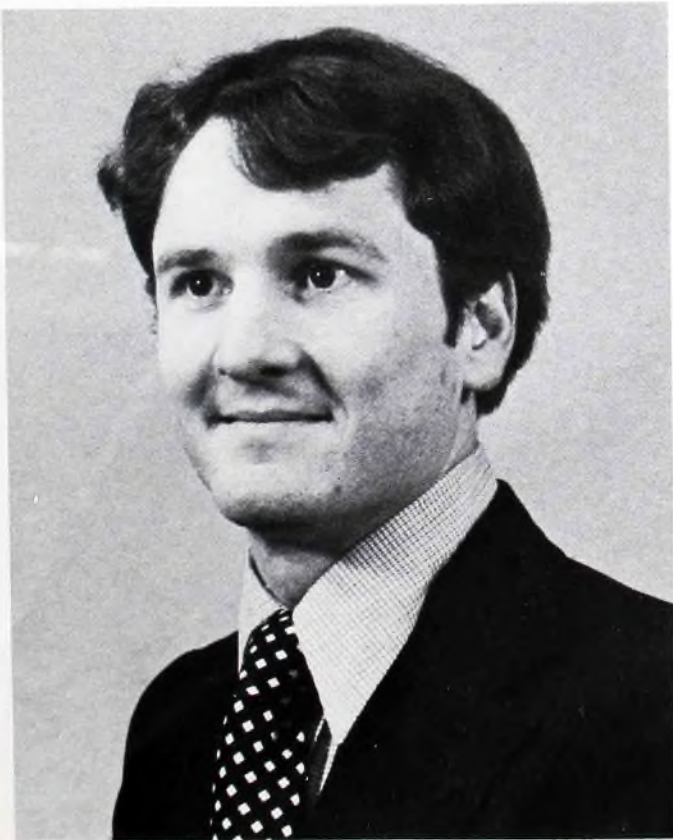
Bob Child



The Graduating Class
of The New England College of Optometry
requests the honor of your presence
at the Commencement Exercises
to be held in John Hancock Hall
Boston, Massachusetts
at two o'clock in the afternoon
on Sunday, the fifth of March
nineteen hundred and seventy-eight

The Graduating Class Of 1978

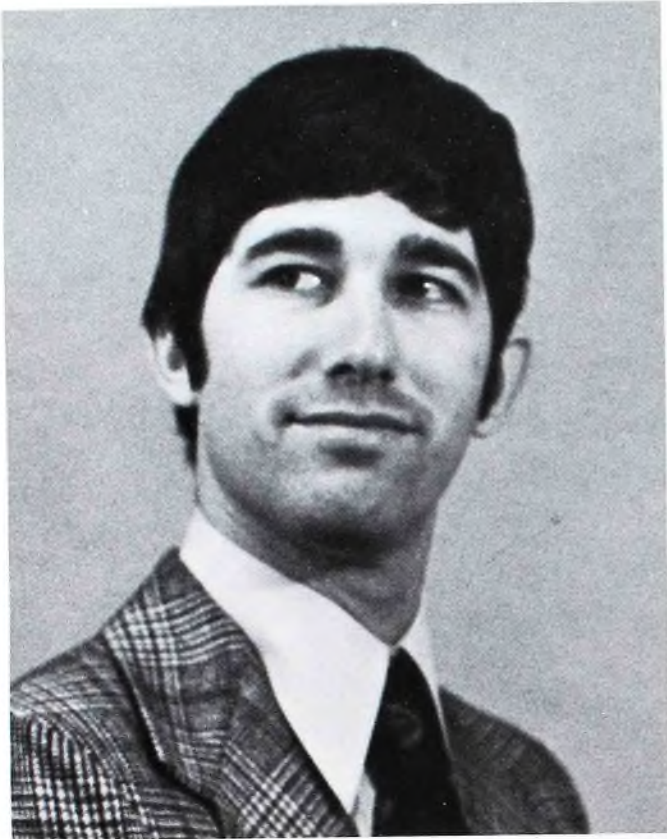
Camera Shy
David Bierbrier
James Kim-Tzong Eu
Michael G. Fendick, Jr.
Herbert Matthews
Noel A. Nugent
Bradford Dean Smith



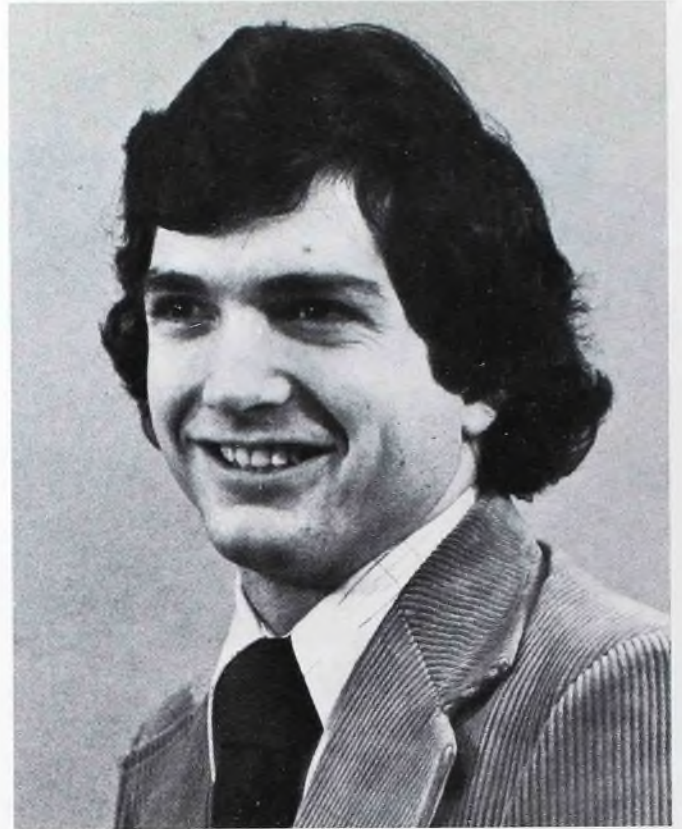
Mark Alexander



Gail Blumenthal



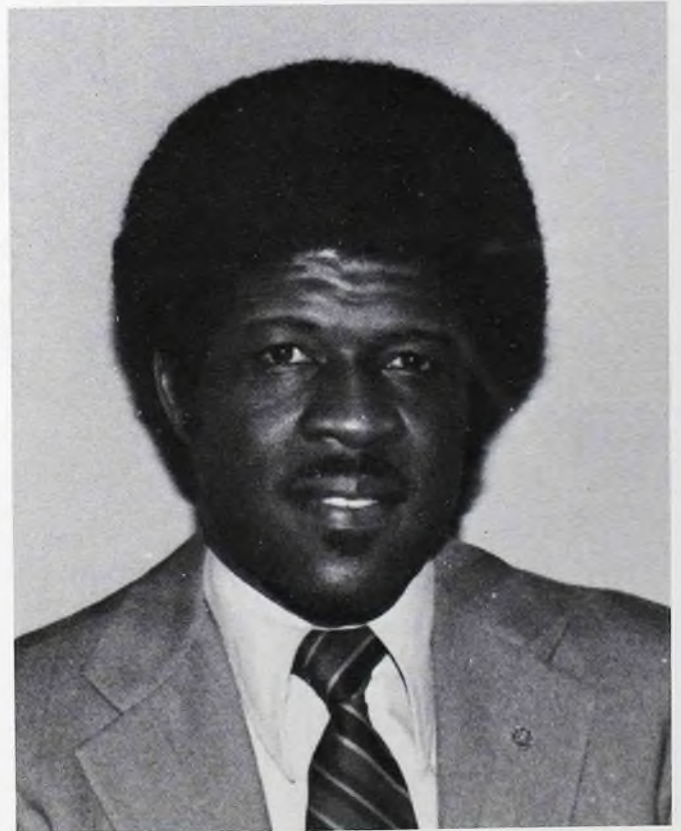
Joel David Brauner



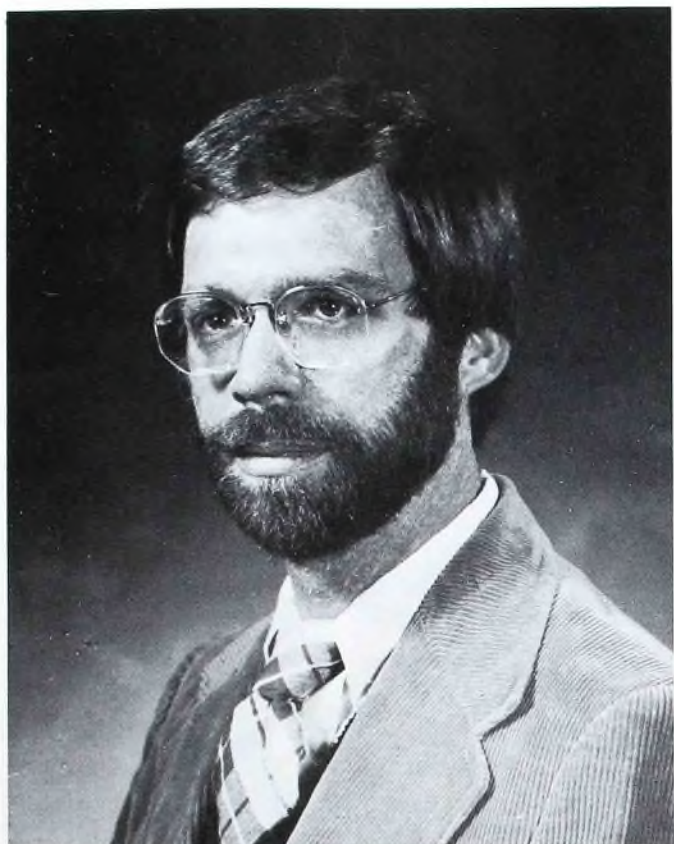
Timothy A. Briggs



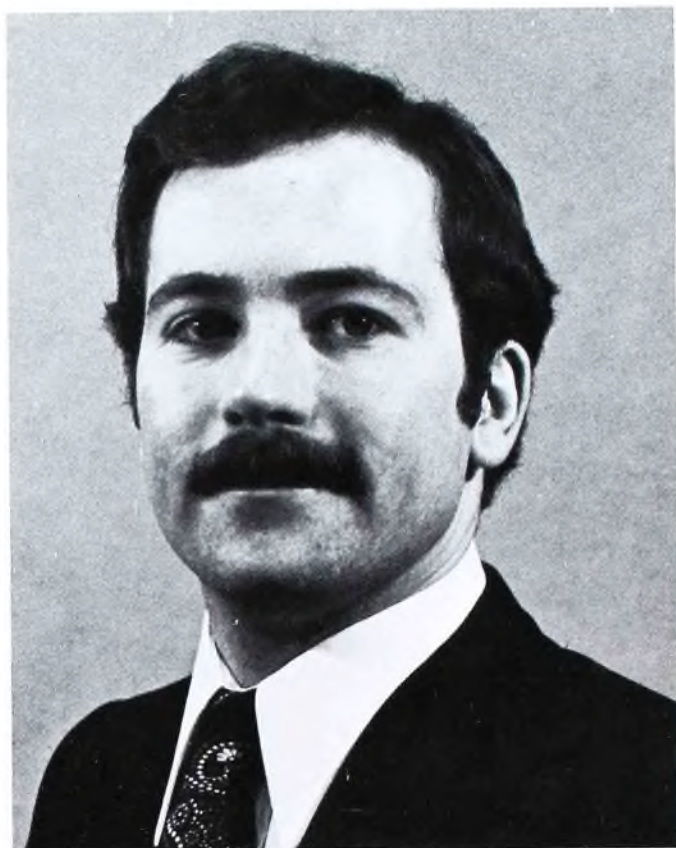
Carol Williams-Brown



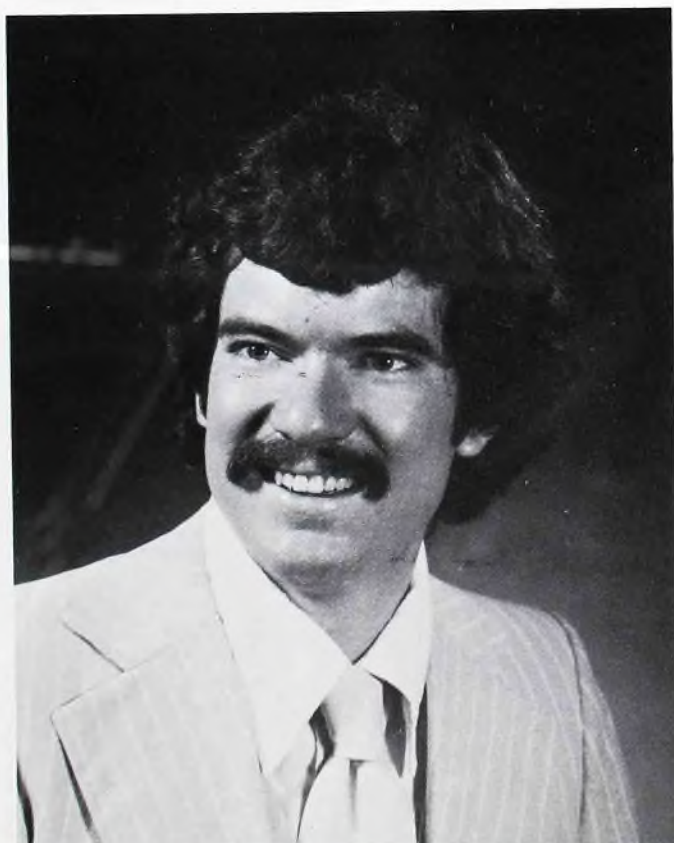
Emerson Eugene Brown



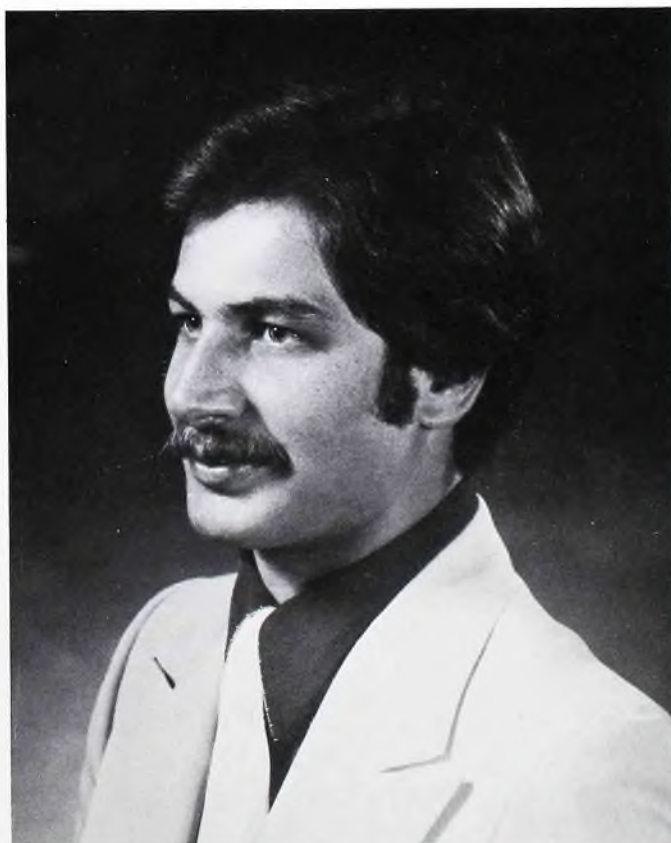
Peter Neil Brudner



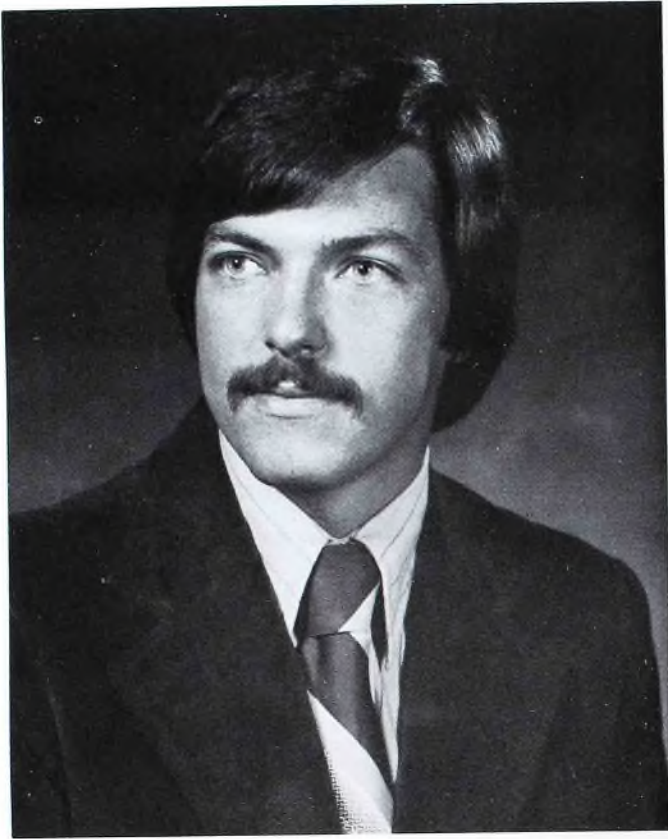
Steven Edward Bushman



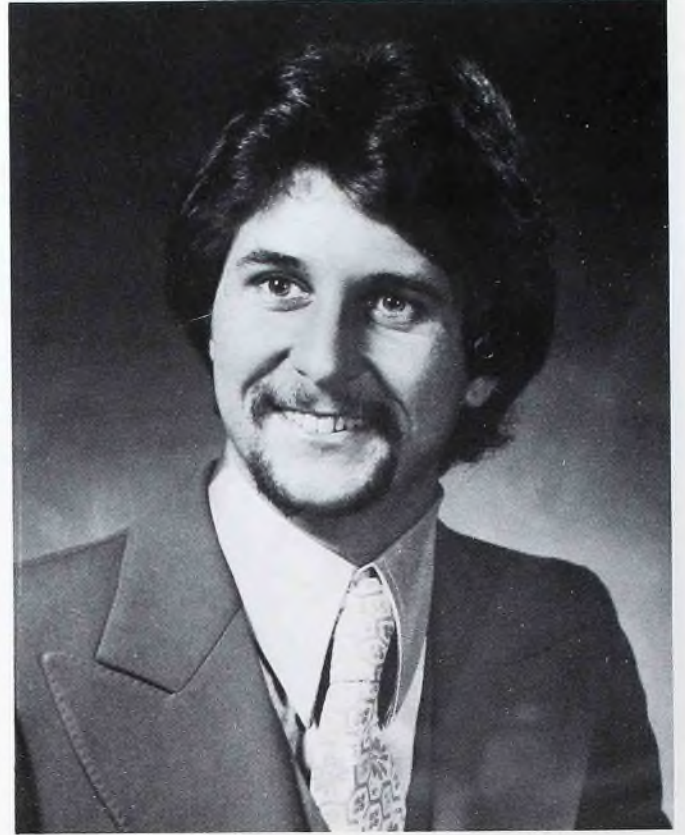
Dennis R. Cantwell



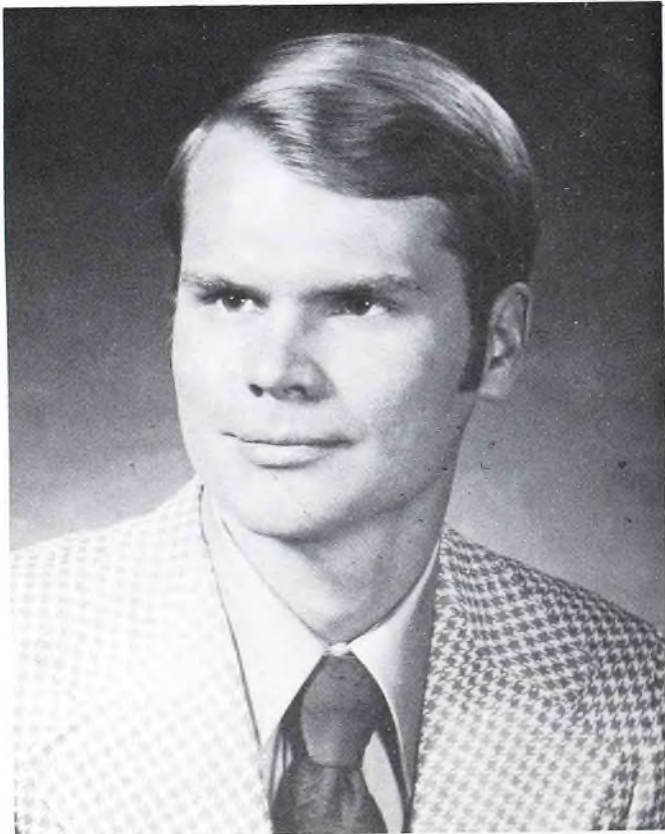
Ronald Michael Cedrone



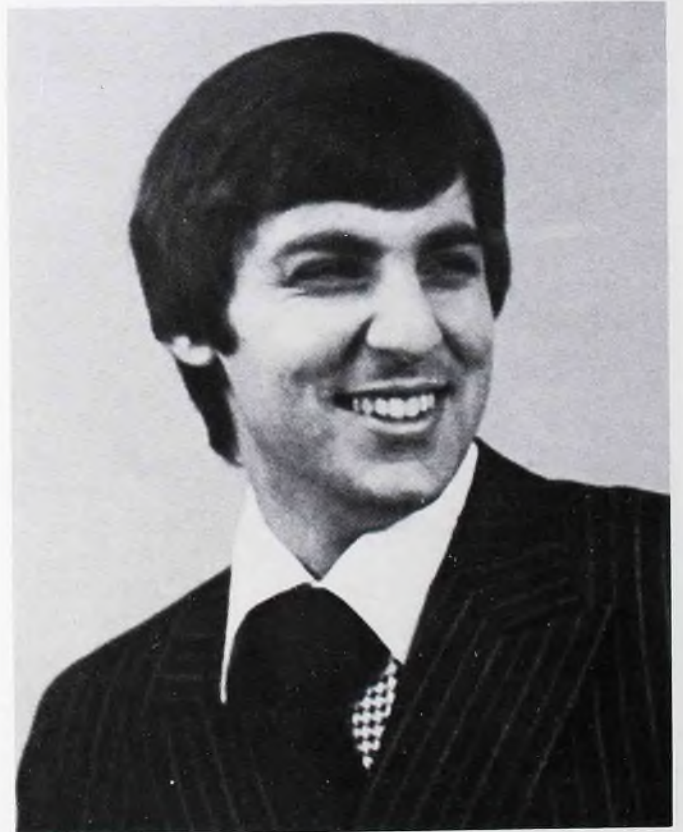
Arthur Robert Child, Jr.



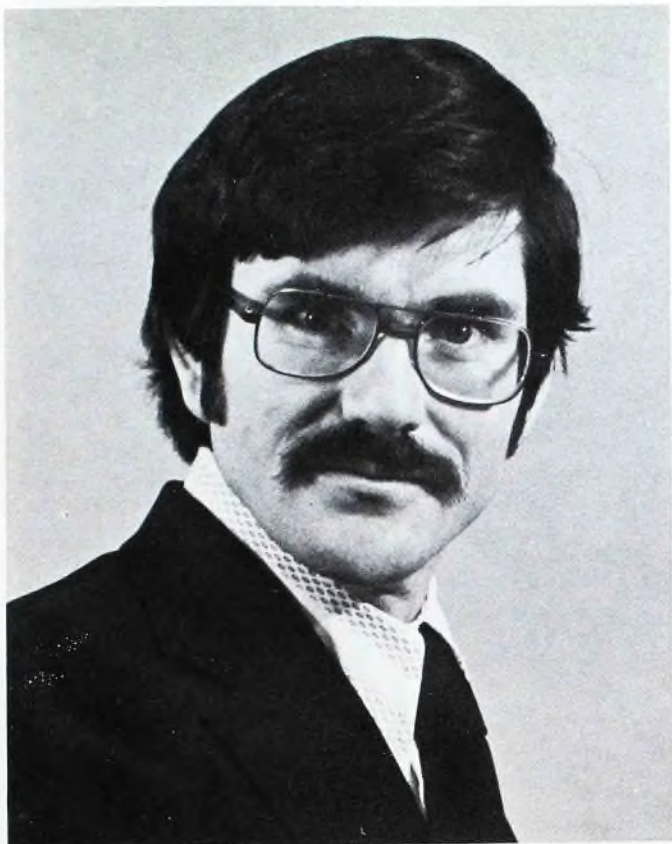
Paul Richard Ciaccio



Martin L. Cochran



Barry Cohen



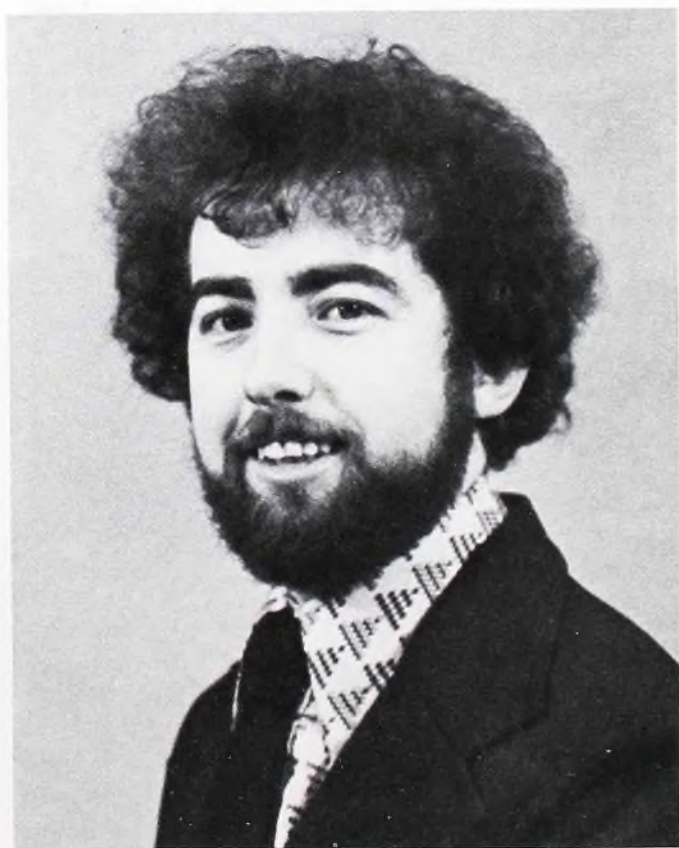
James P. Comerford



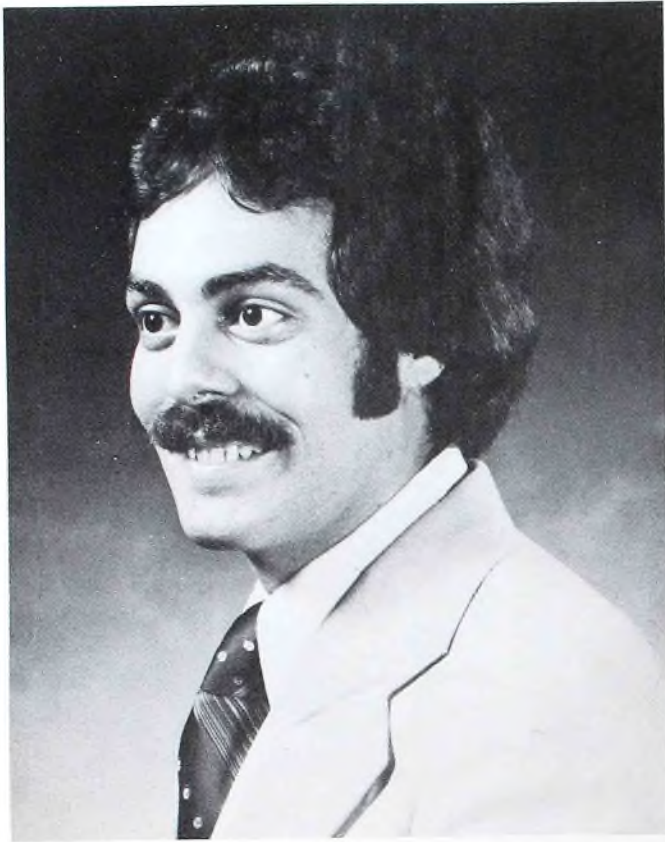
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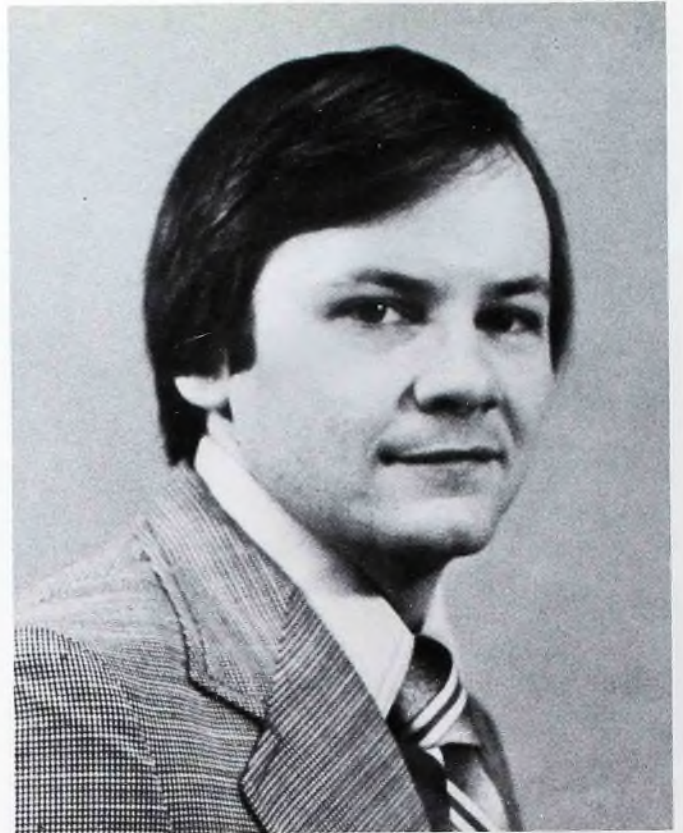
Lee U. Derosa



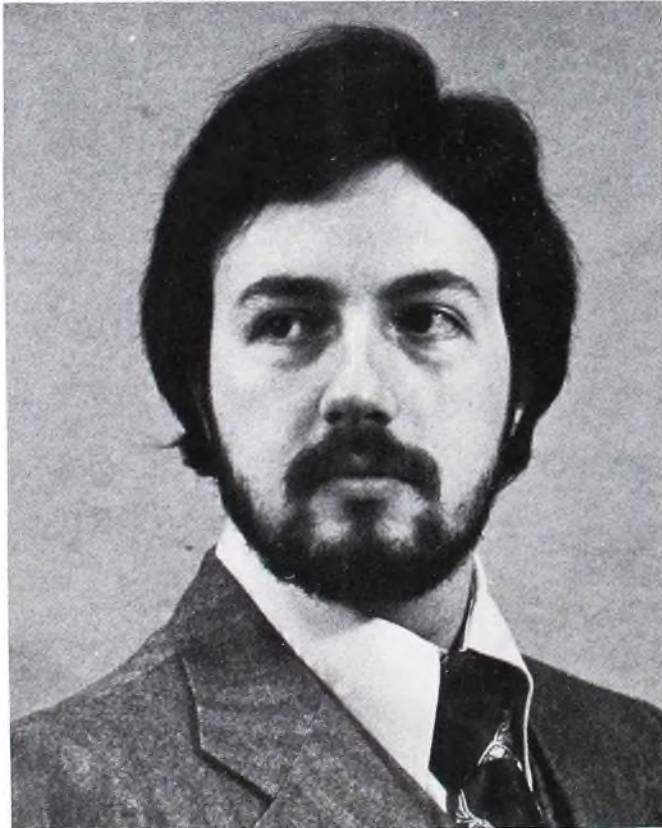
Richard J. Doiron



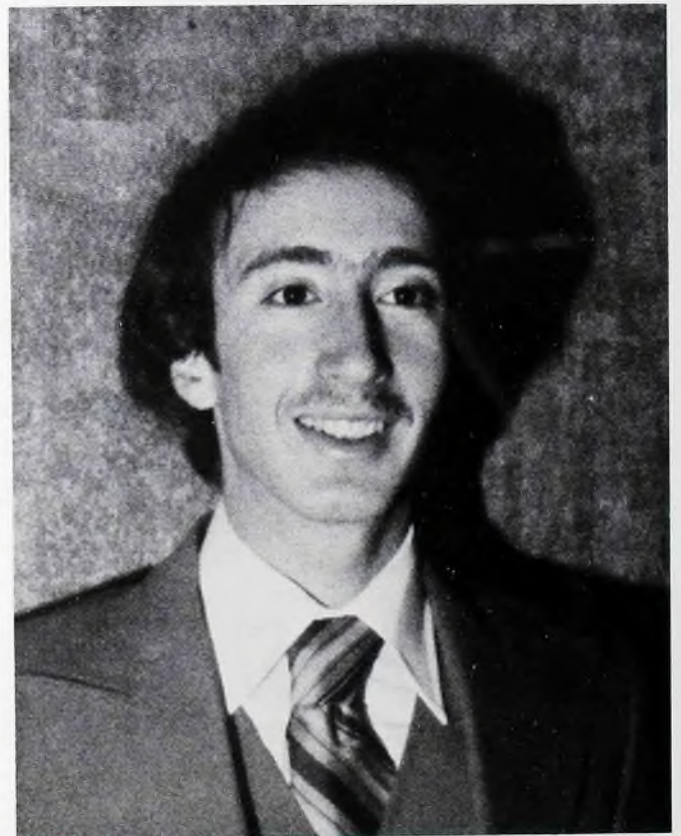
Steven Leonard Ehrlick



Jerry Wayne Ferrell



Joseph Frank Figazolo



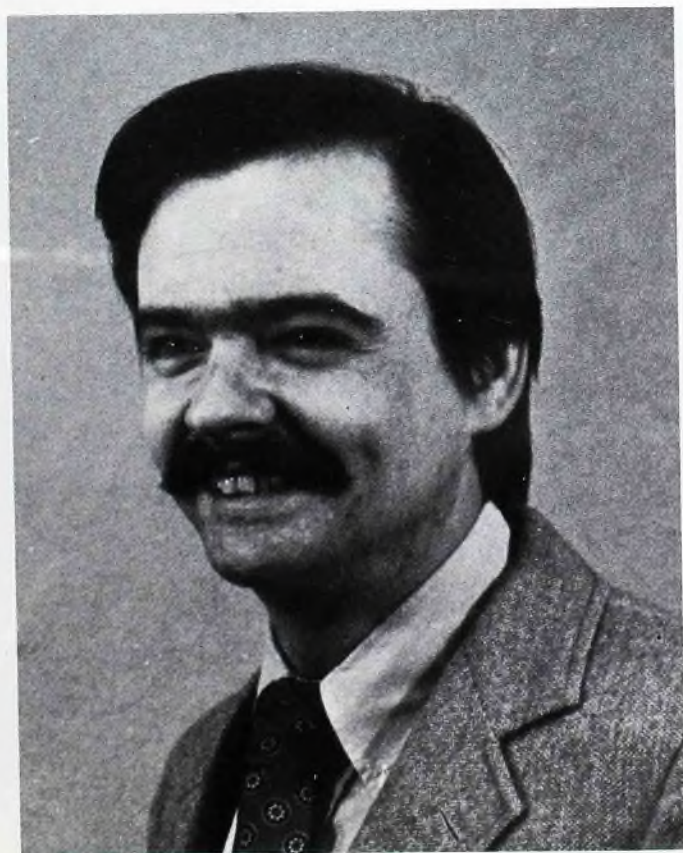
Russell D. Fradkin



Debra Ann Booton Franklin



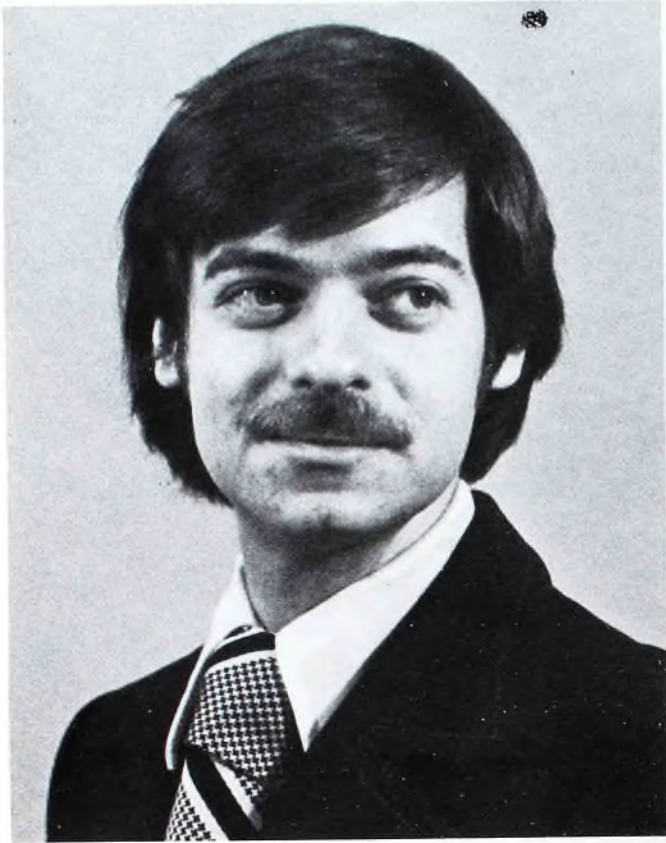
Larry Herbert Friedman



Charles P. Gilchrist, III



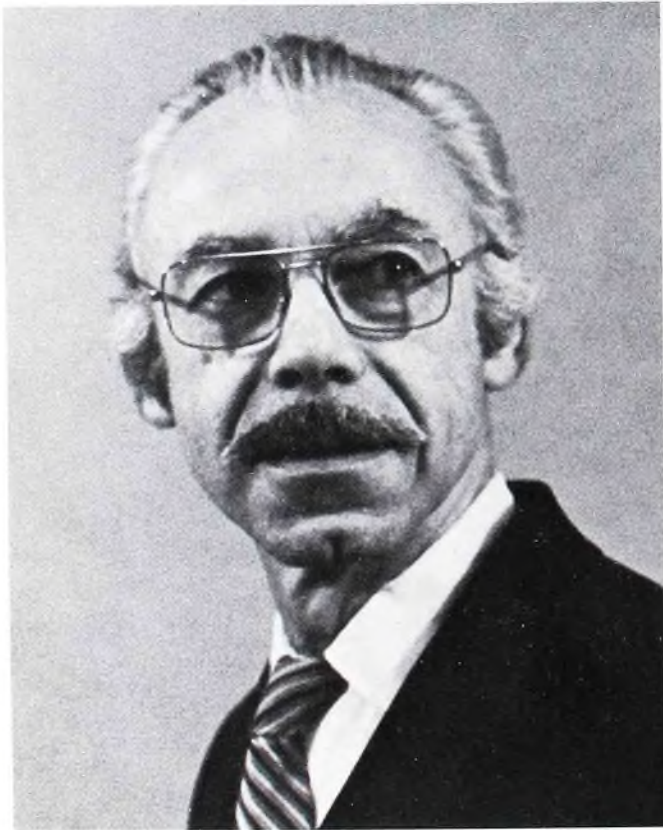
David Mitchell Goldberg



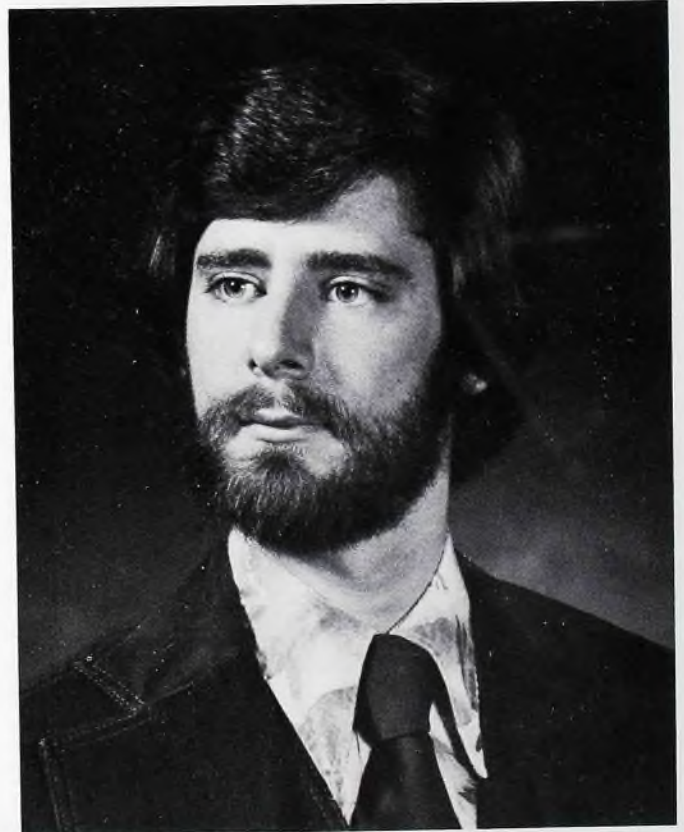
Bruce S. Goldin



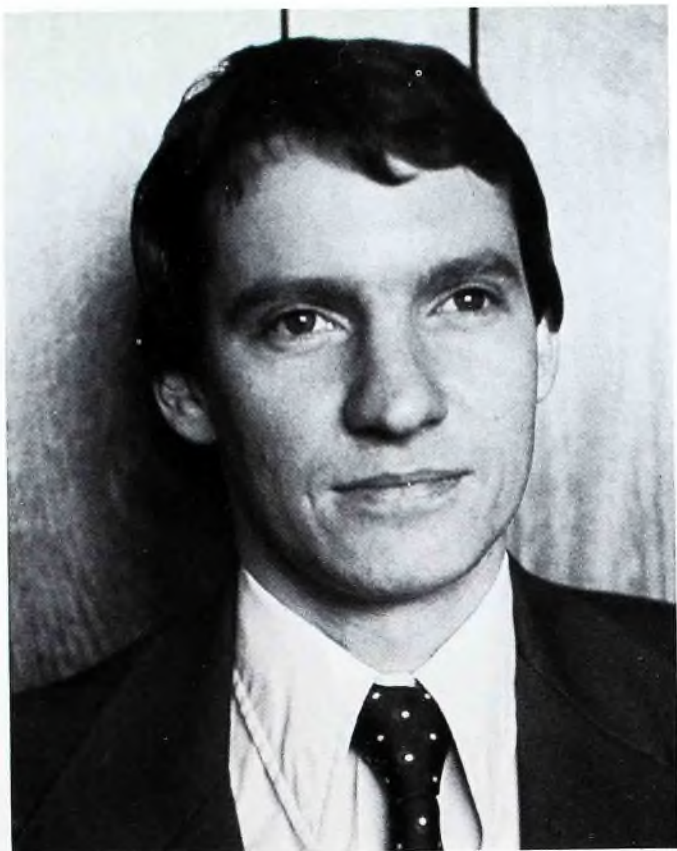
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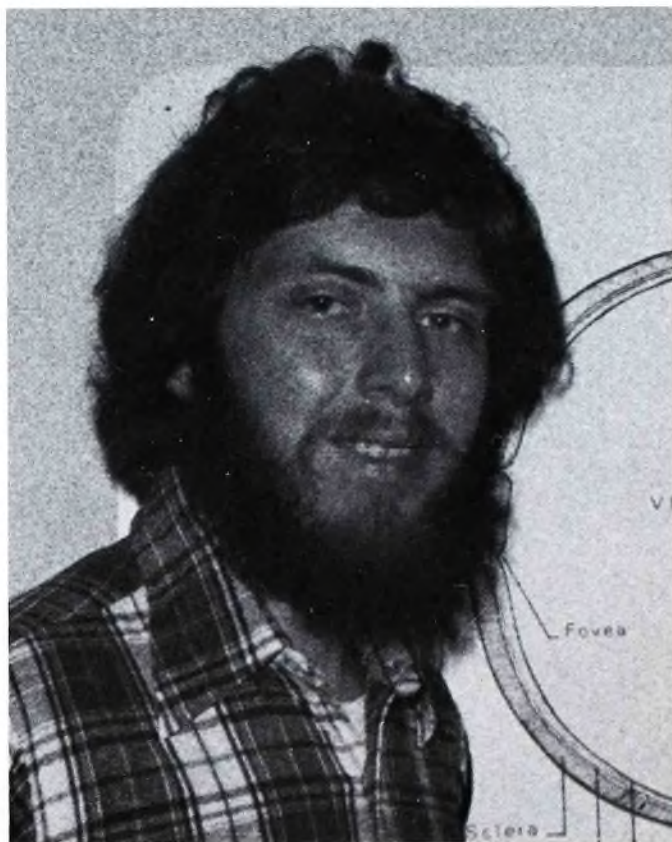
Morton Gollender



Terry B. Goodman



Richard L. Goodwin



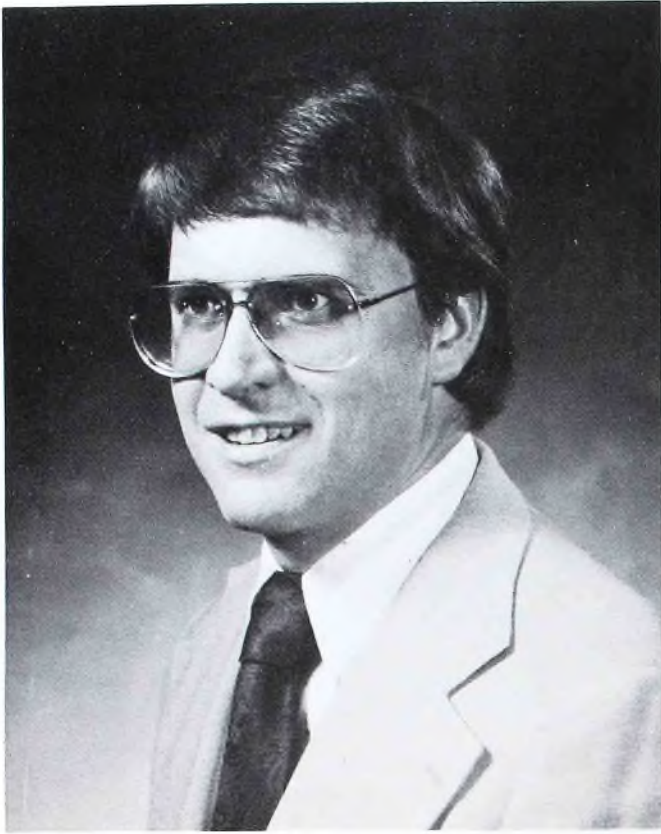
Arthur Mark Gottlieb



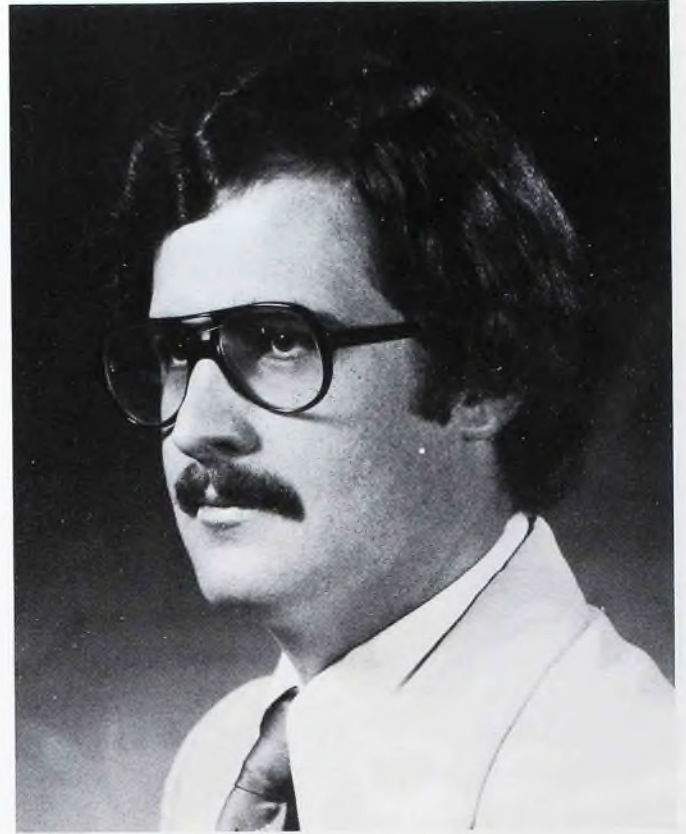
Jack Volker Greiner



Judith Ellen Guest



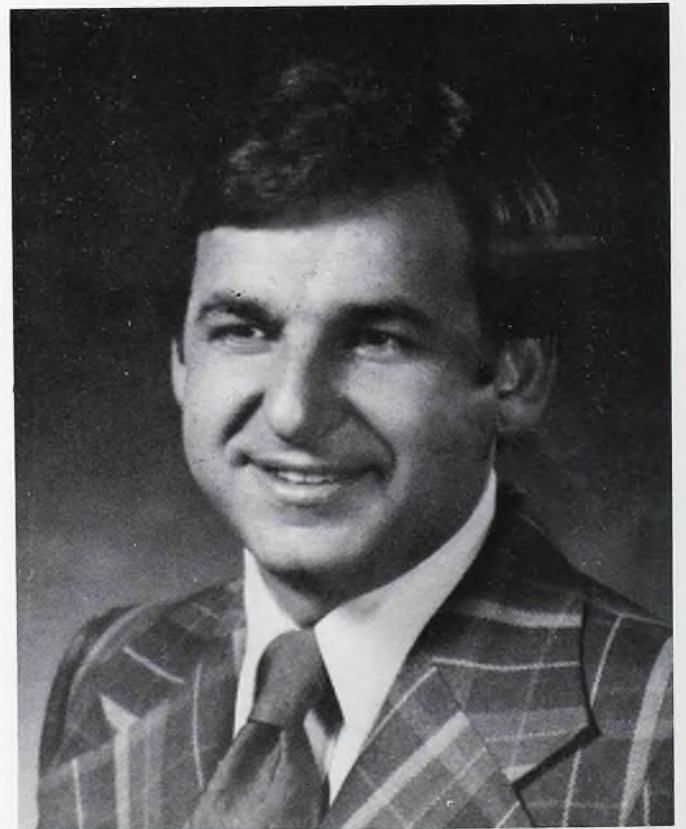
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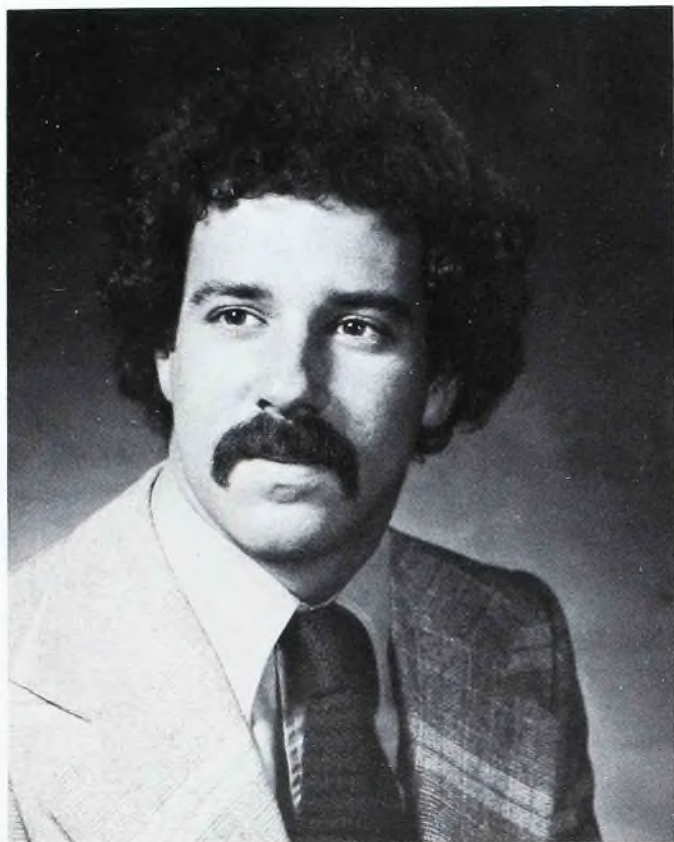
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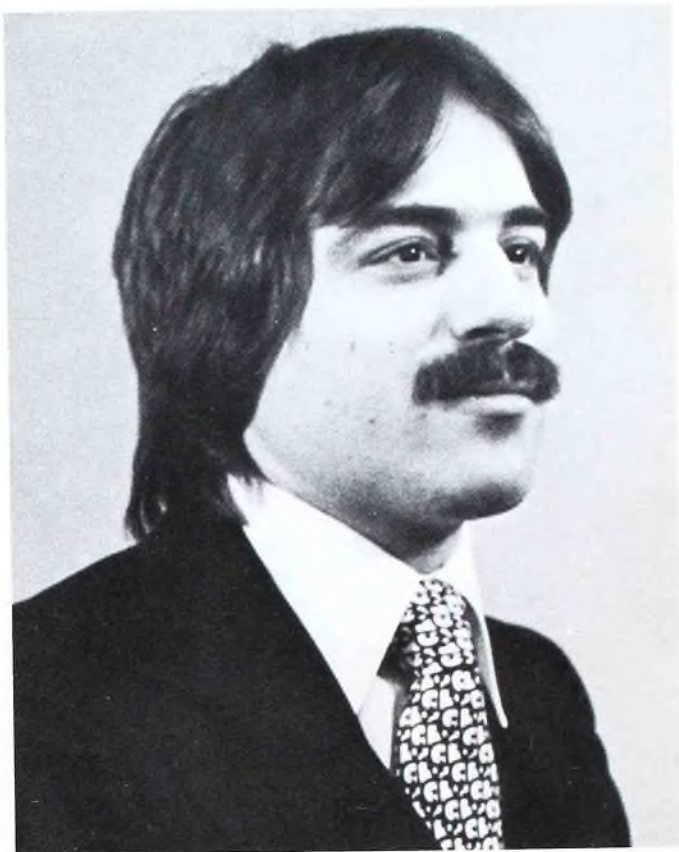
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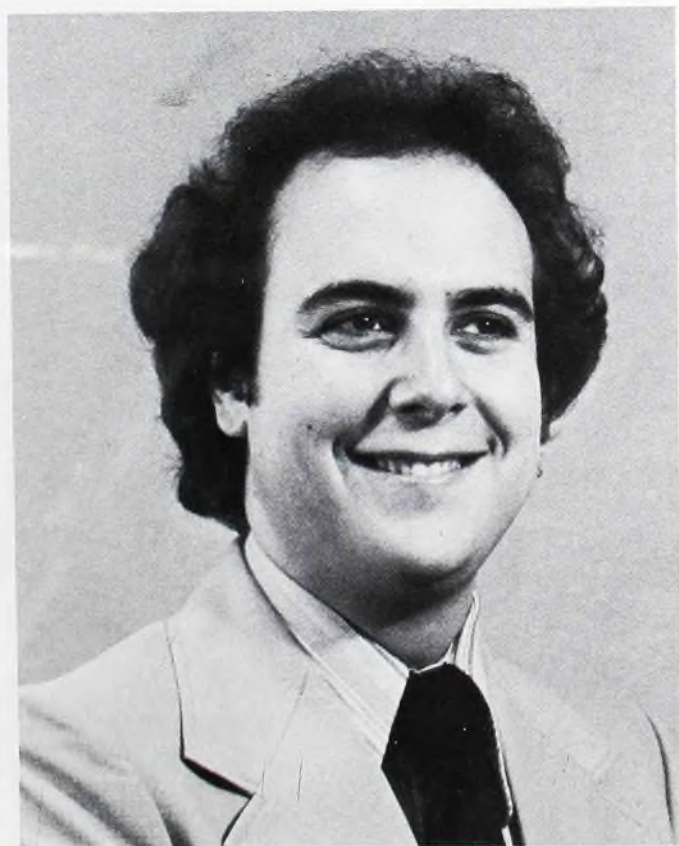
Wilhelm Jaremczuk



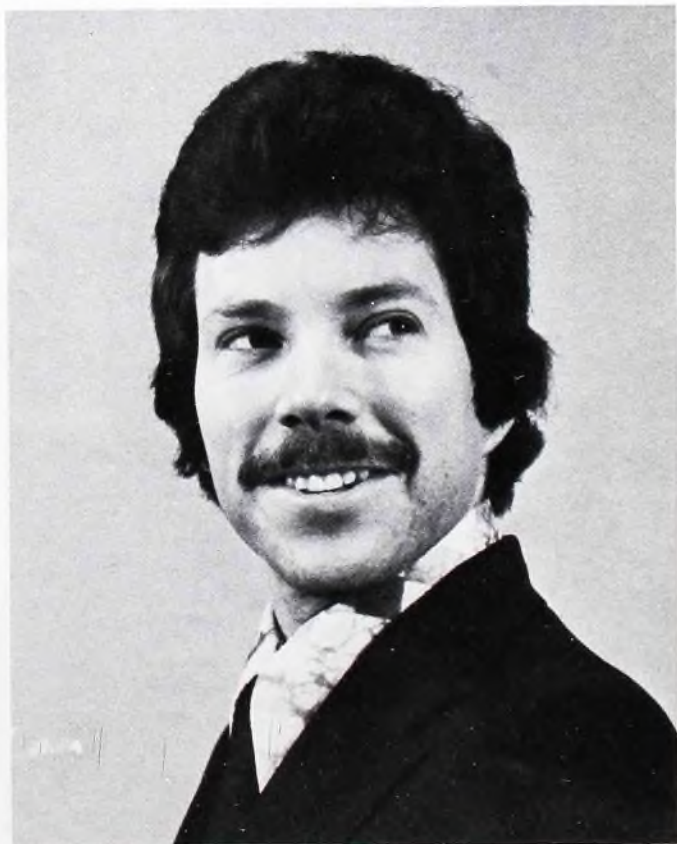
Lawrence Eliot Kaplan



Dennis Karambelas



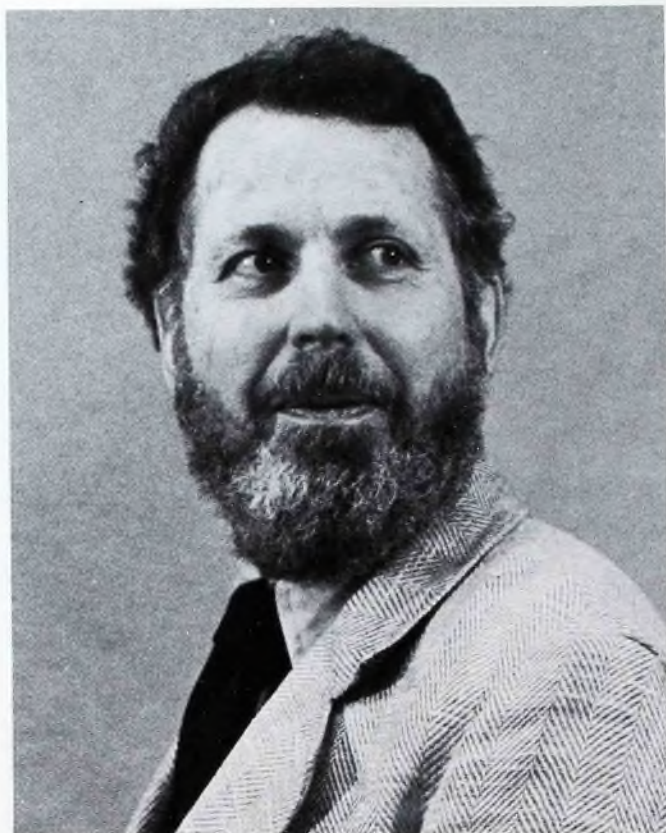
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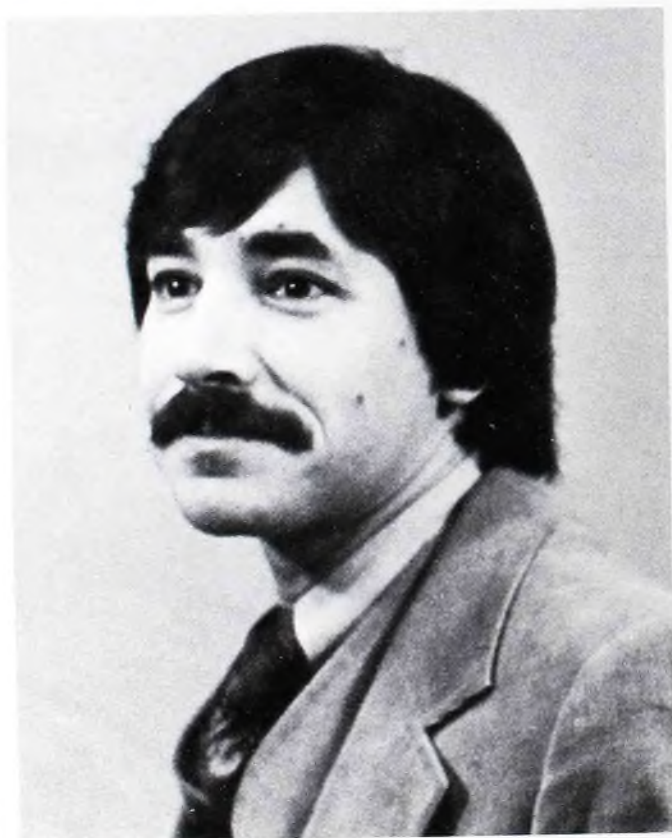
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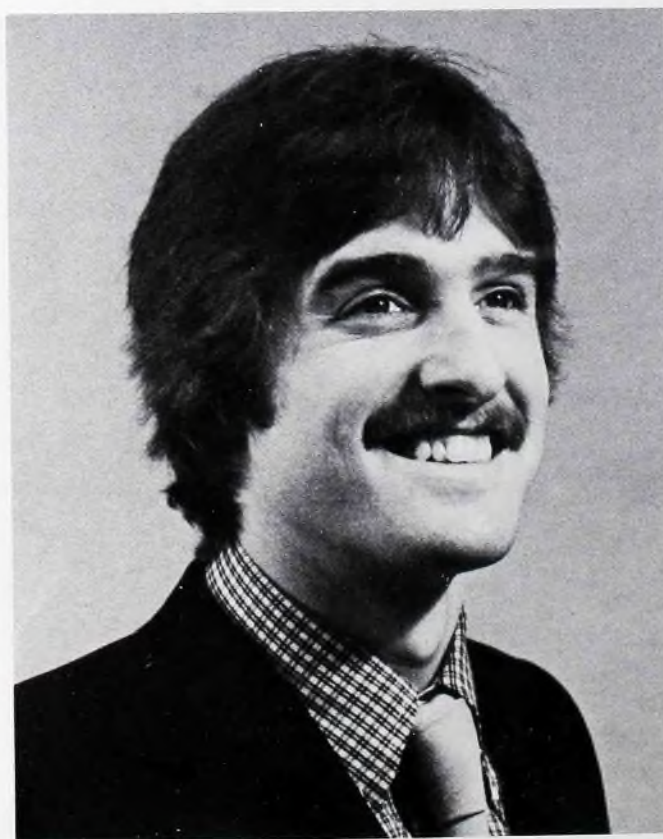
Catherine Ann Kennedy



Stanley Berns Koehler



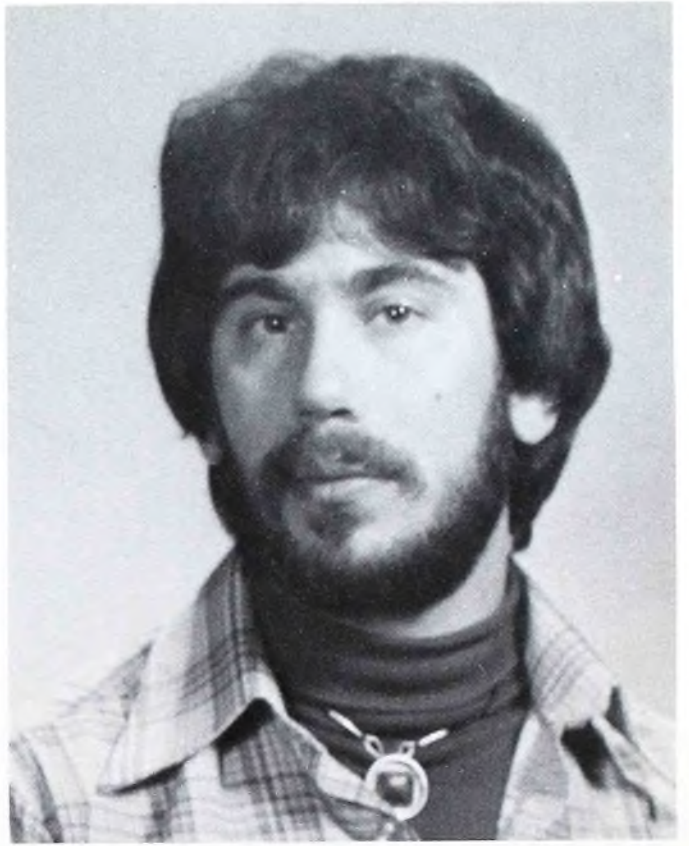
Michael A. Krasnow



Thomas A. Leavitt



Steven M. Liberfarb



Richard Fred London



Lynn Marie Malseptic



Caroline Marten-Ellis



Maureen Ann Martus



Eileen Catherine McGill



Charles Joseph McKervey



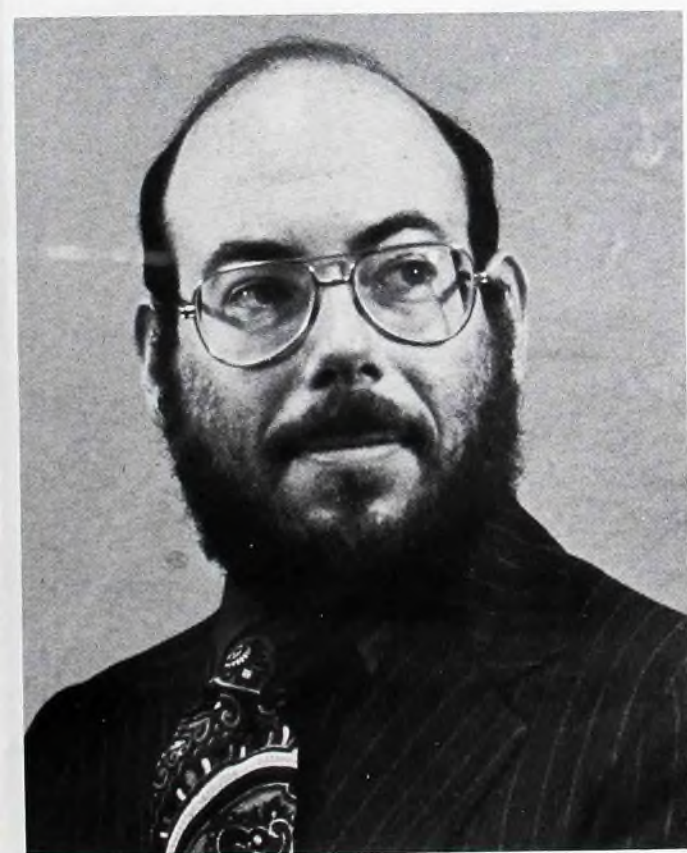
Bonnie Moidell



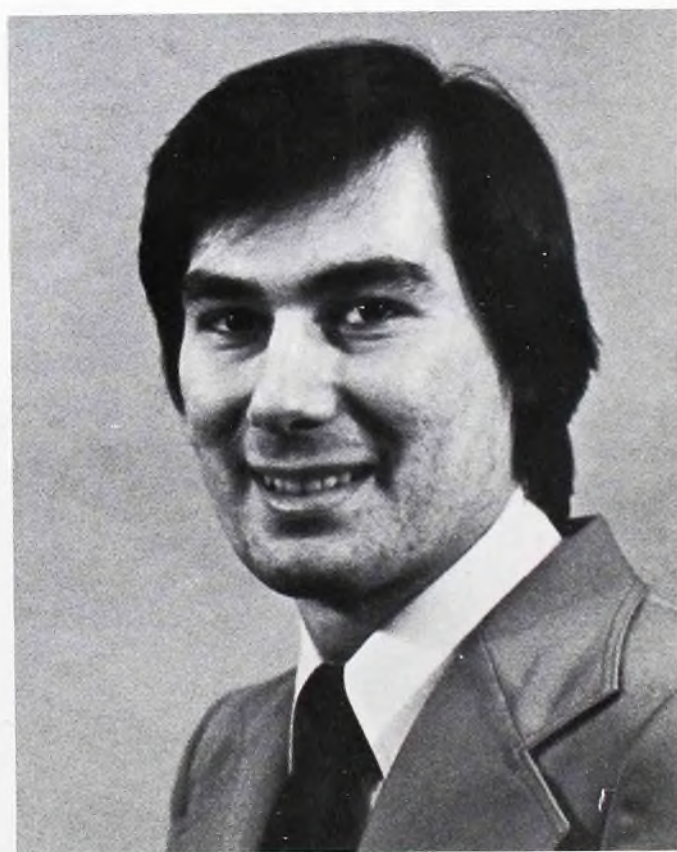
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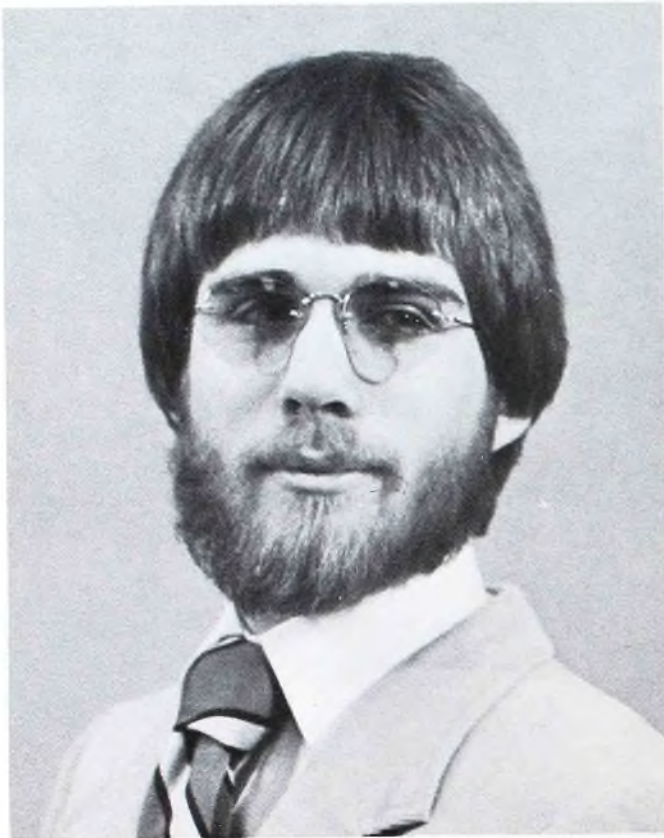
Richard Arthur Norman



Douglas S. Posner



John Robert Pugliese



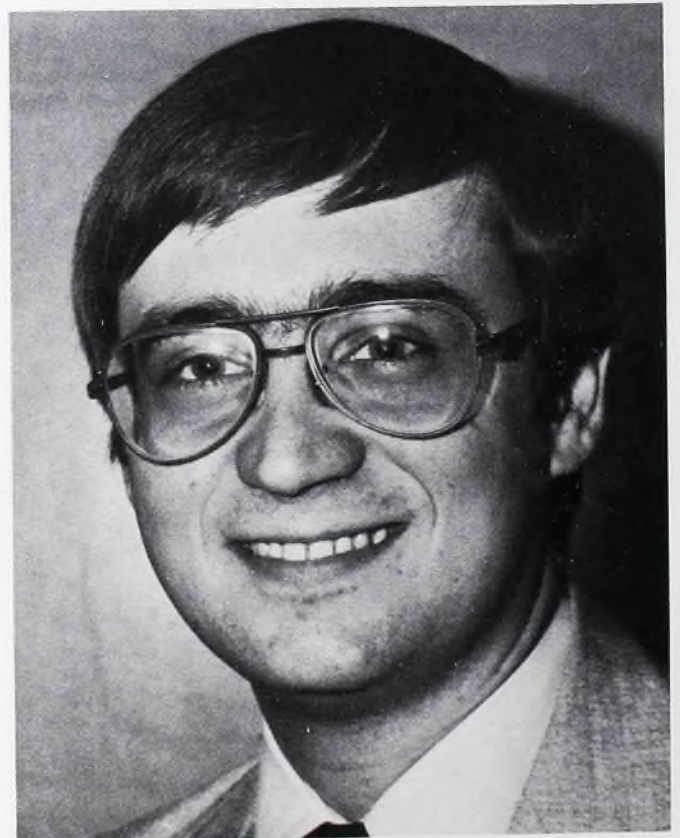
Steven M. Rapoport



Temenuga N. Razgha



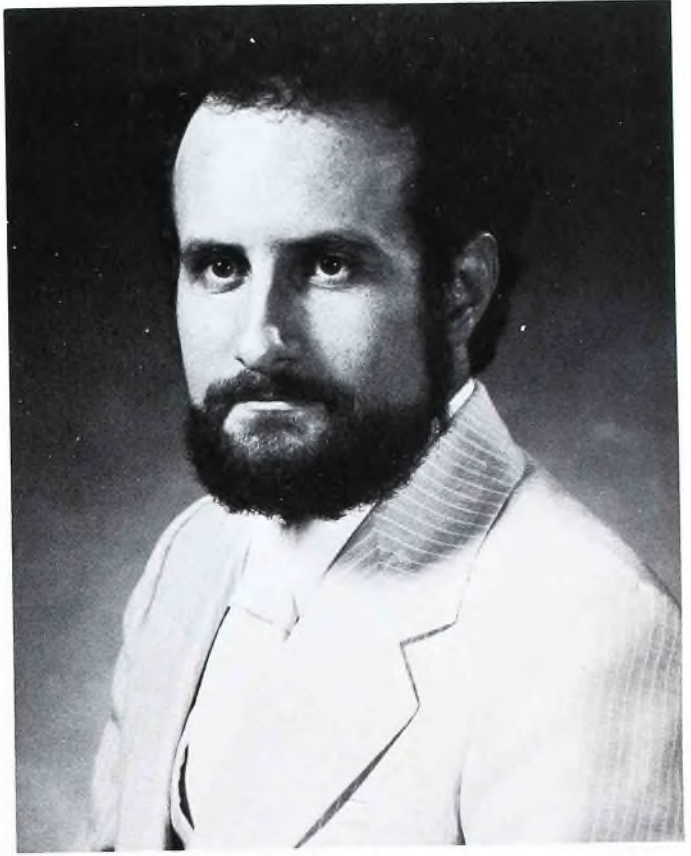
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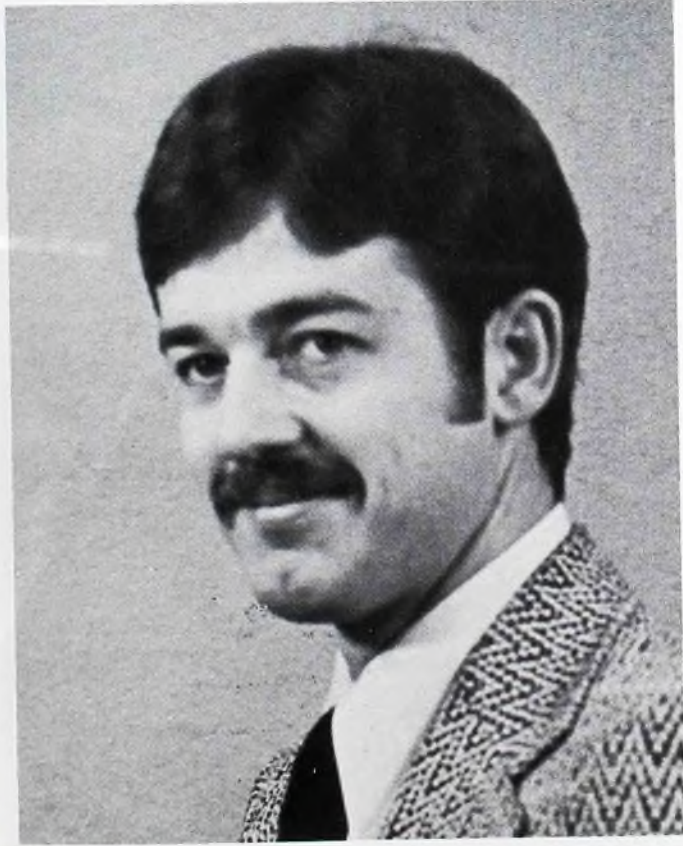
Anthony Regonini



Ellen Gilman Resnick



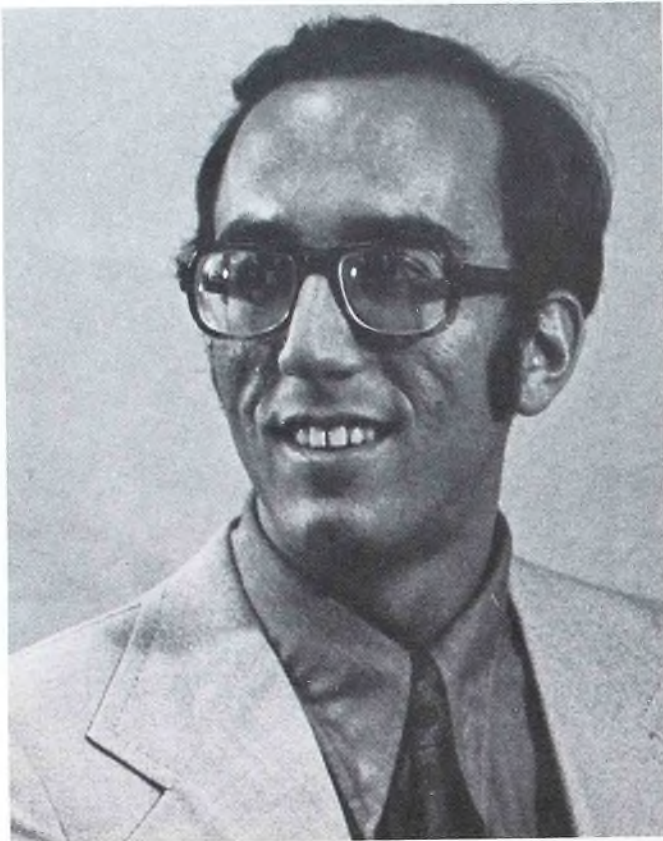
Mark S. Riaboy



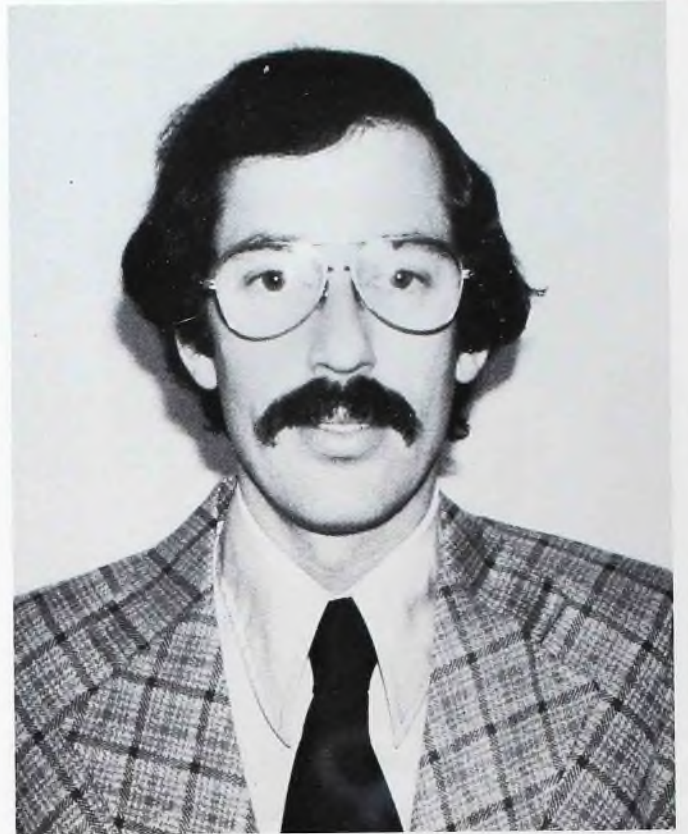
Todd L. Richardson



Margaret Beth Feinberg Ronis



Ned S. Rosenthal



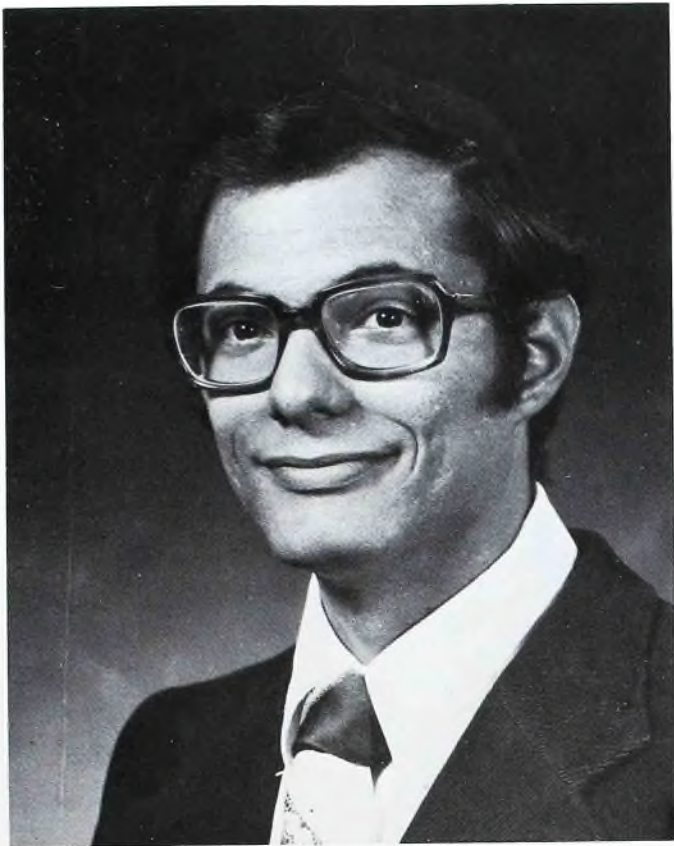
Neil M. Rubin



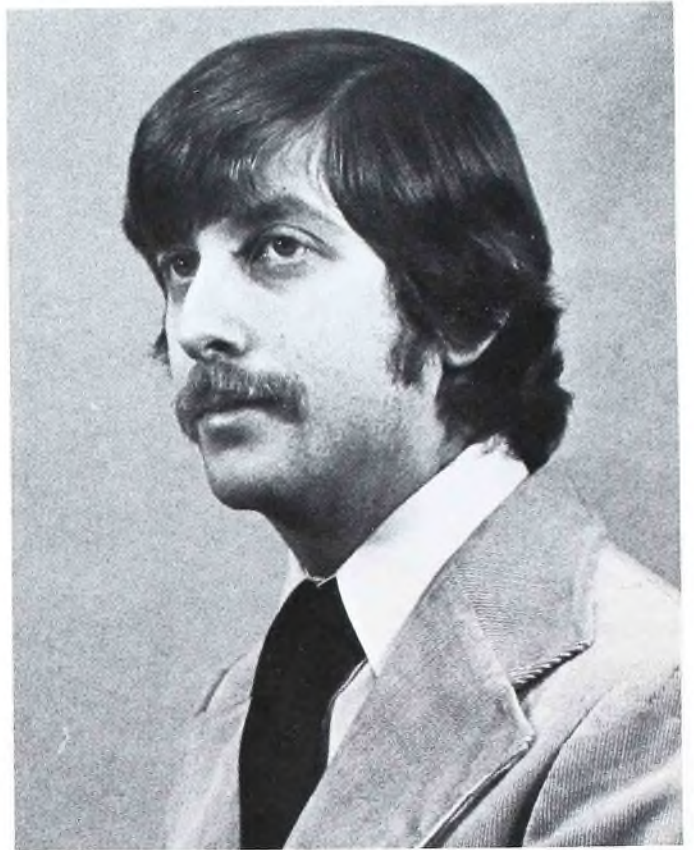
Larry D. Sampson



Randi Joan Savoy



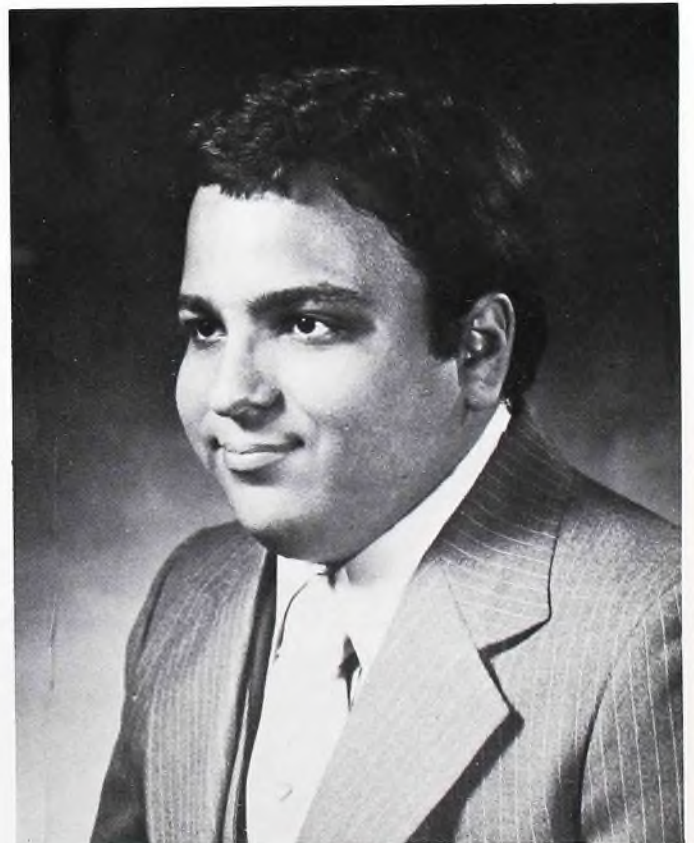
Charles Schendowich



Barry Abba Schwartz



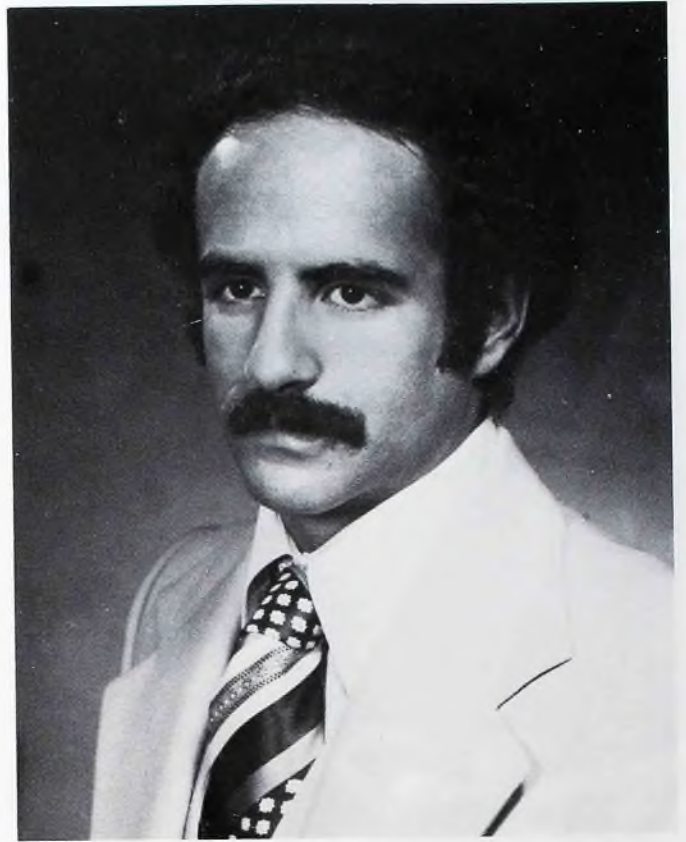
Karin Marie Seidel



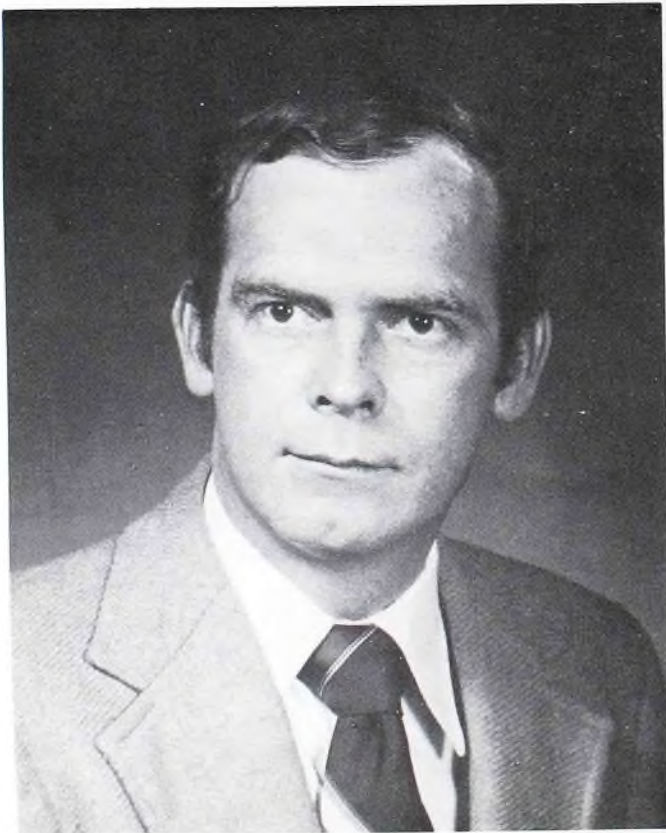
Bruce Ronald Sepowitz



Maria Francesca Serio



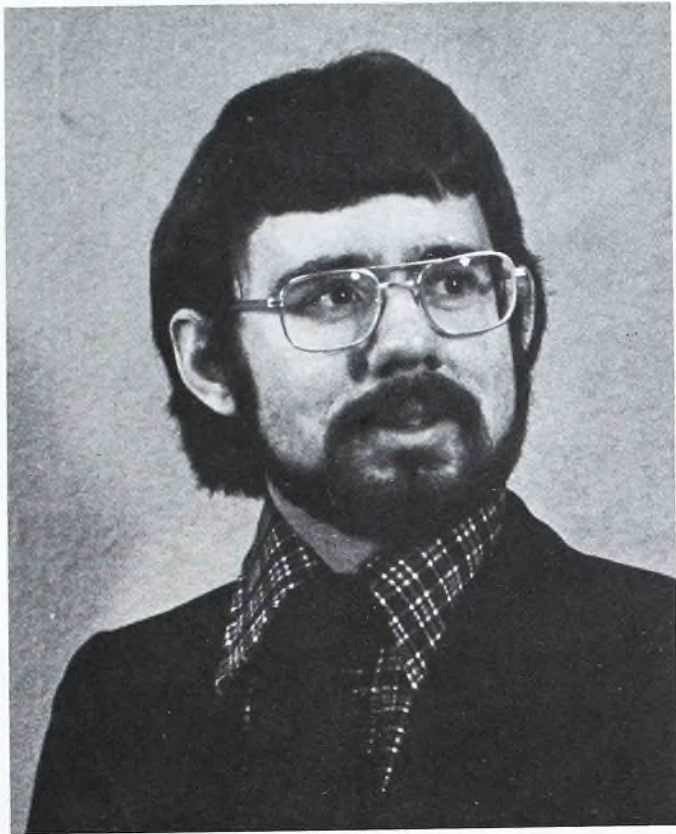
Robert Jay Silverman



John W. Southerland



Alicja Stoeger



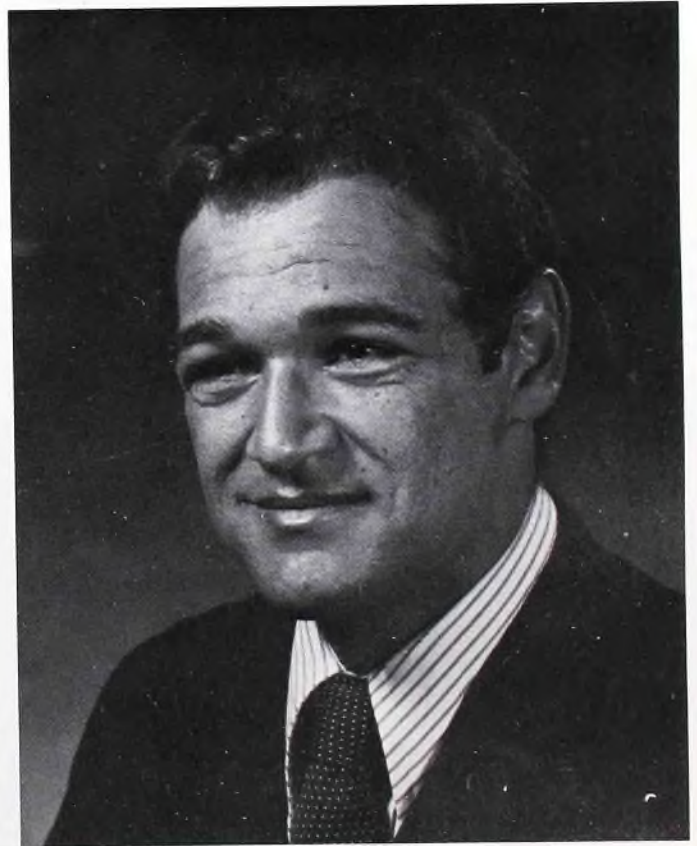
Richard Norman Stowe



Scott Henry Surdut



John W. Tierney, Jr.



Joseph Peter Wadoski



Robert Alan Waldman



Mark Bradstreet Weatherbee



Scott Weil



Jeffrey L. Weiss

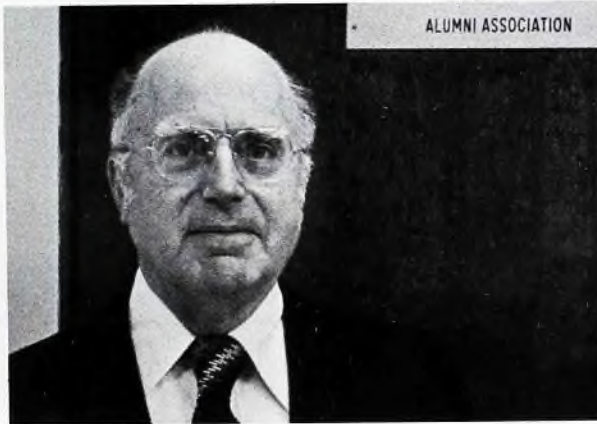


William R. Baldwin, O.D., Ph.D. President

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Robert Allard, O.D.

John E. Asarkof, O.D.

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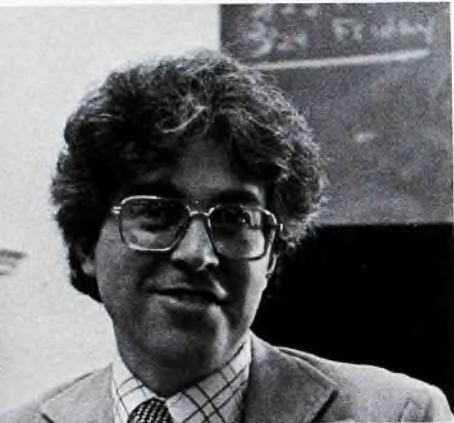
Barry M. Fisch, O.D.



Rodney Gutner, O.D.



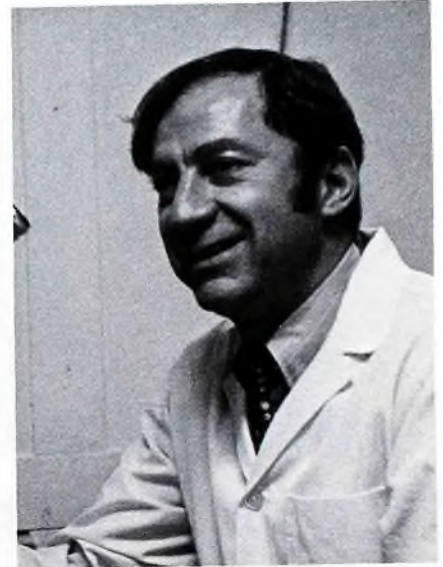
Frank Kozol, O.D.



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Donald Robinson, O.D.



Clifford Scott, O.D.
Harland Robinson, III, O.D.



Arthur Roberts, Jr.
Marc W. Richman, M.D.



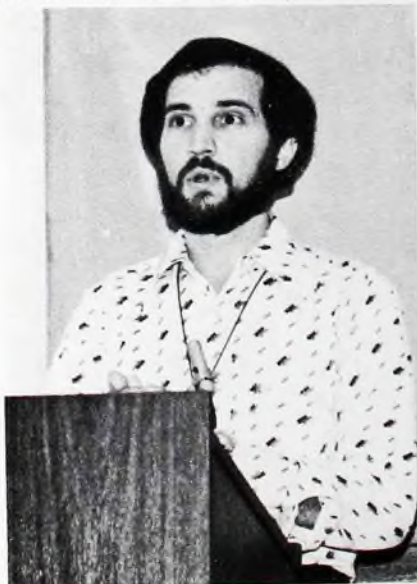
Christopher Rose, M.D.



Stanley Reiser, M.D.
Mitchell Scheiman, O.D.



William Seefeld, O.D.
Harvey Rappoport, O.D.





Marc B. Zorn, Ph.D.
Eleanor Warner, MSLS



Martin Siegel, O.D.
Frank Thorn, Ph.D.

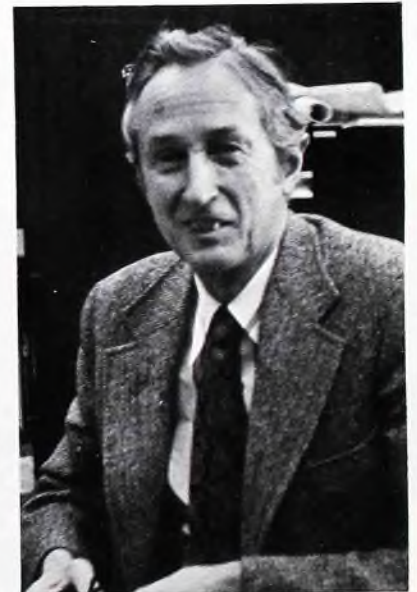
Joseph A. Svagdys, O.D.



Sidney Wittenberg, O.D.
Robert Sherrin, O.D.



John D. Stoeckle, M.D.
Edmund Walkowiak, Ph.D.

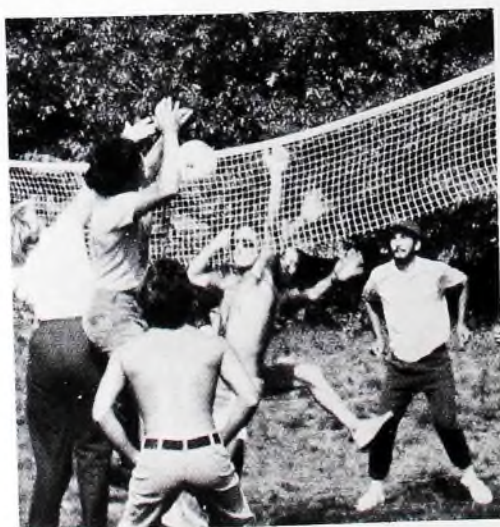


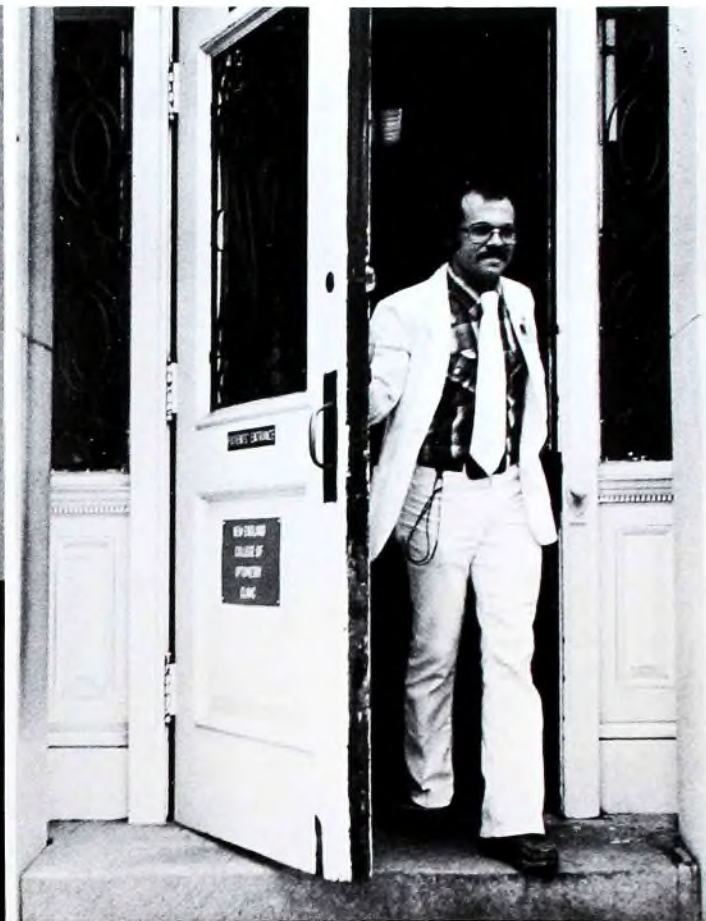
William Vaughan
Paul F. White, O.D.



MÉLANGE: A Mixture Or Medley

School Picnic

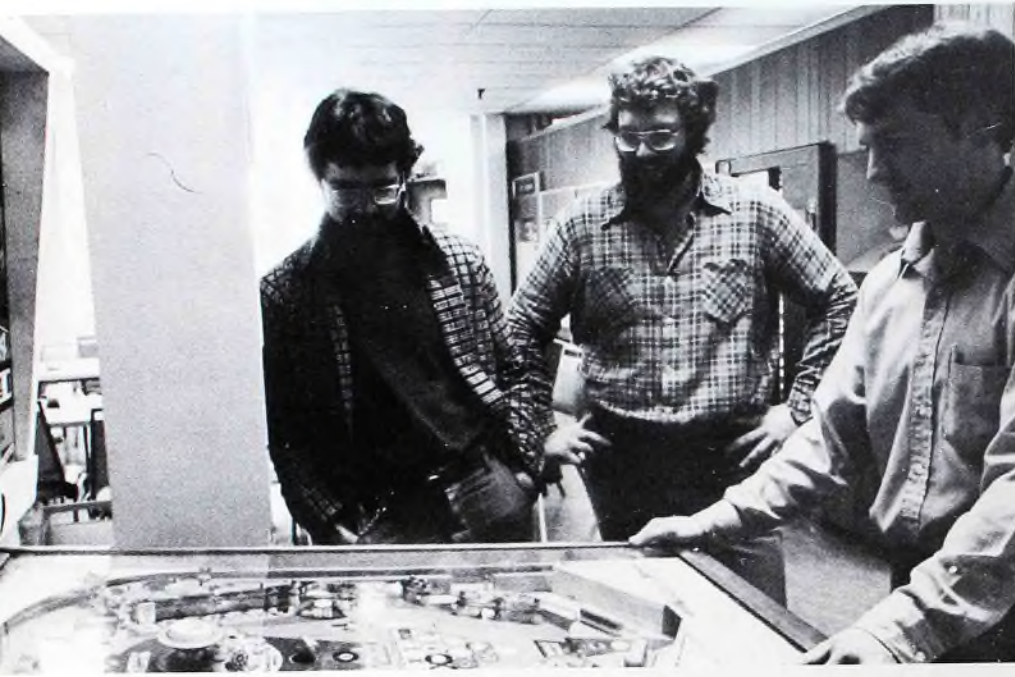


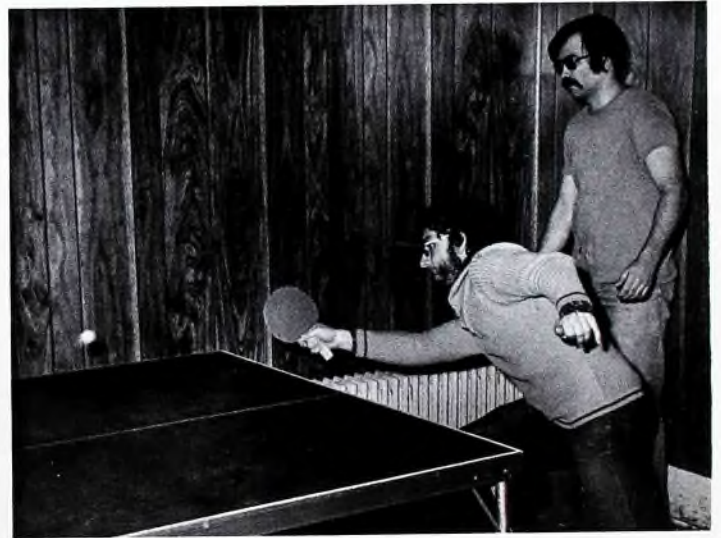
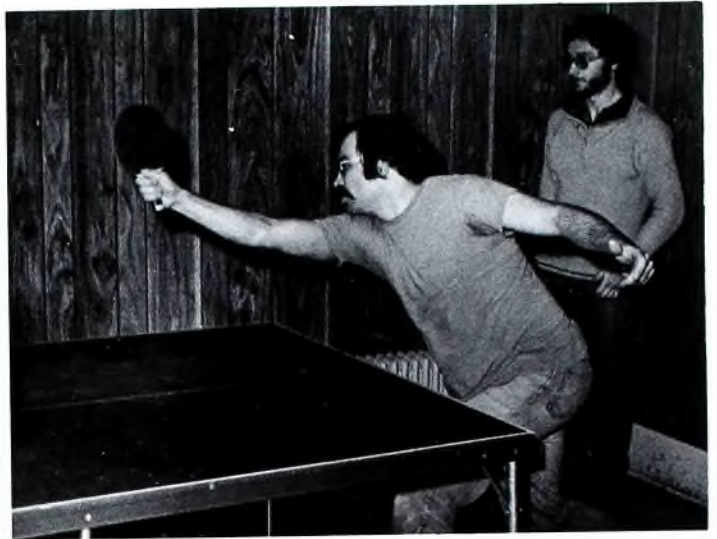


"I started as nothing.
Suddenly, I was an optometrist."



Despite a heavy workload, our class, and the school as a whole found many forms of diversion.





The more popular forms of entertainment were rather mundane...

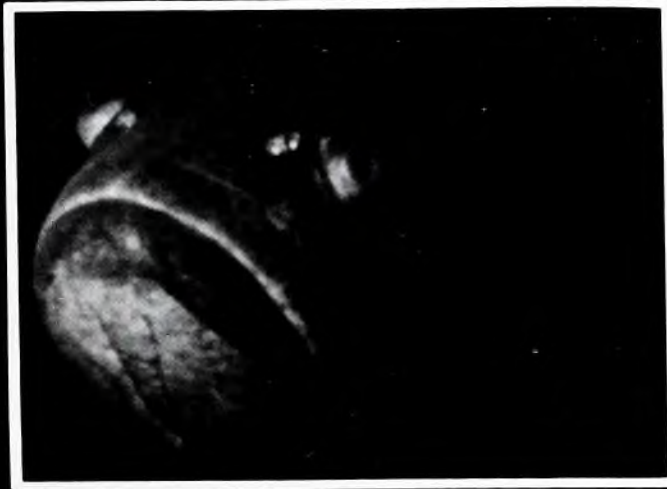


... though some unusual interests did develop.

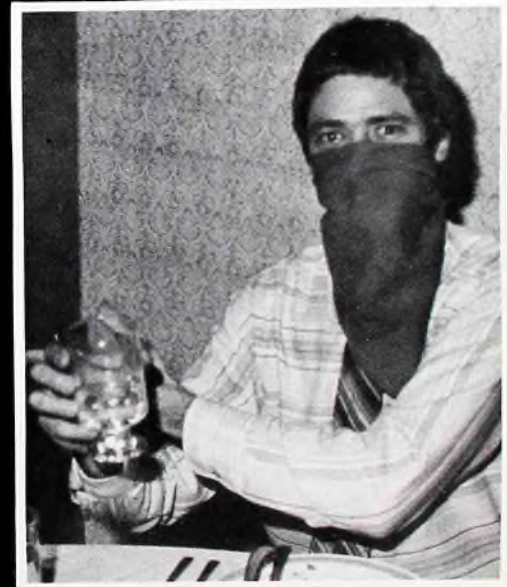




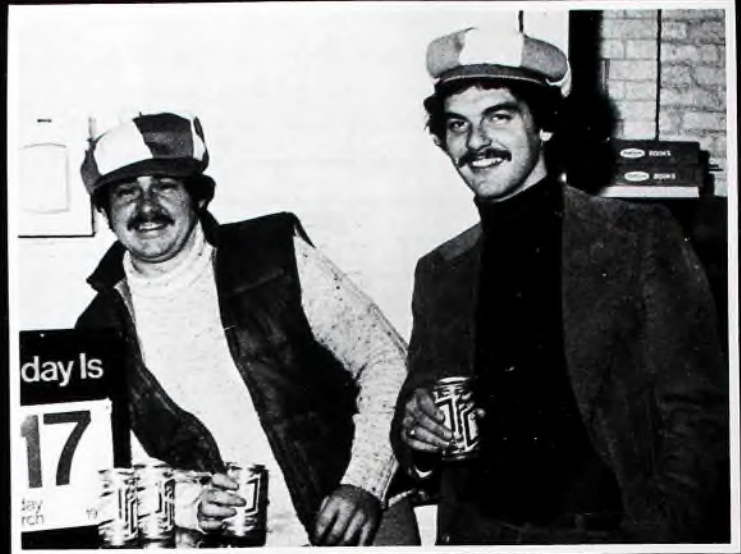
This photo dedicated to
Todd and Emerson.



"Hey, where is Emerson?"



We all knew where to find
Cantwell.

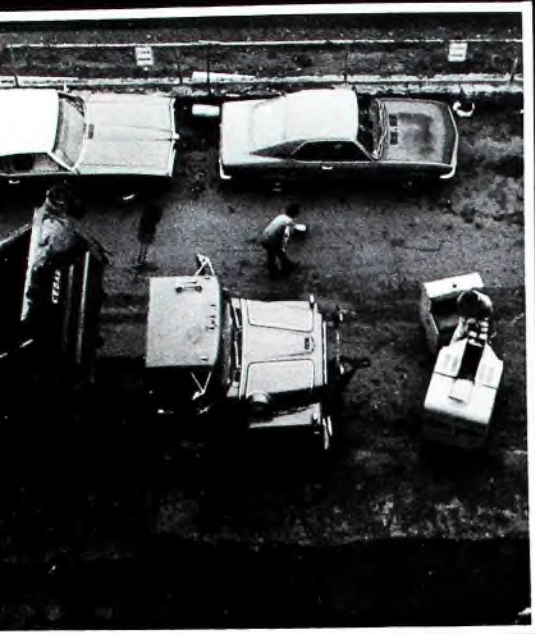


Living in a city as large as Boston was new to many of us;

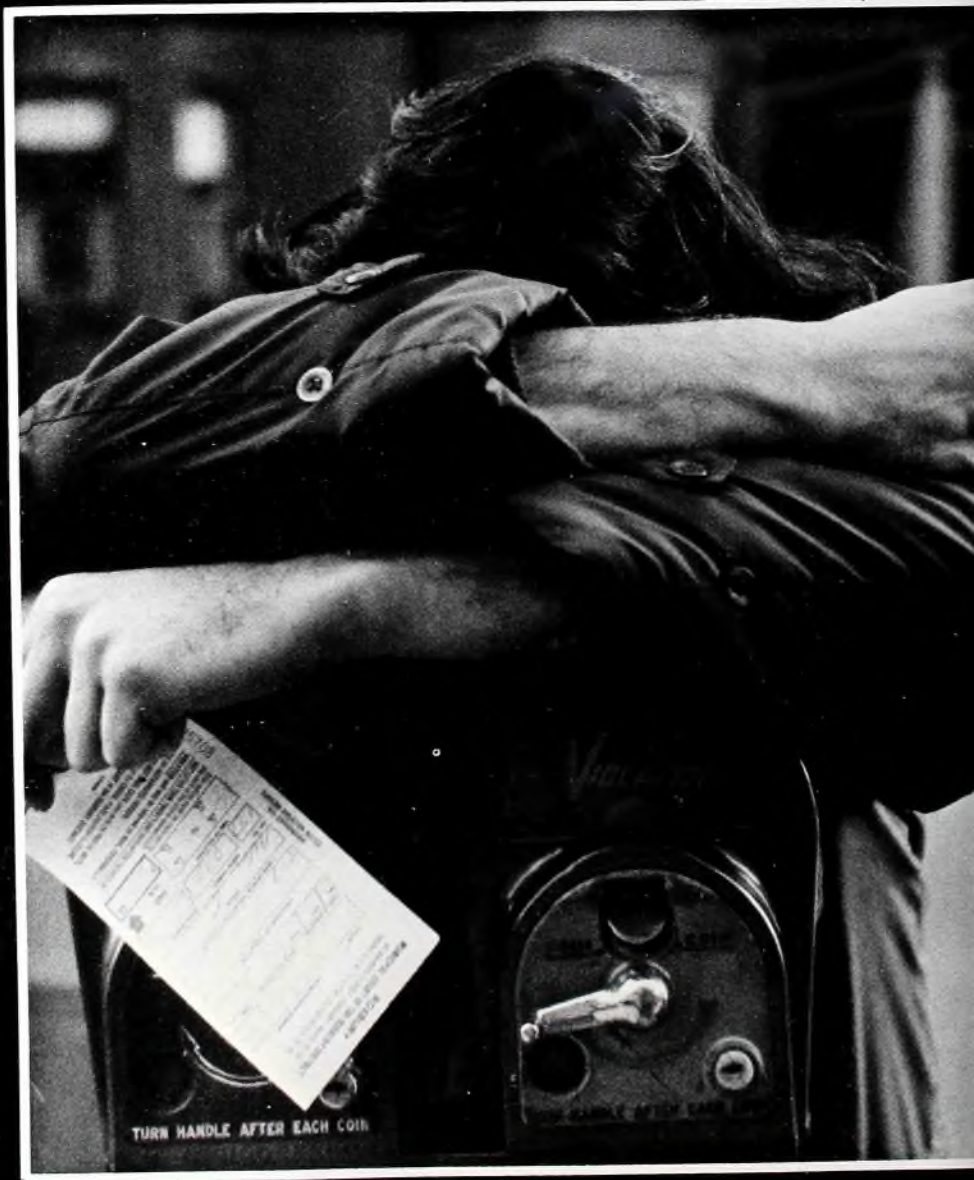
new friends,
new experiences,
new acquaintances.

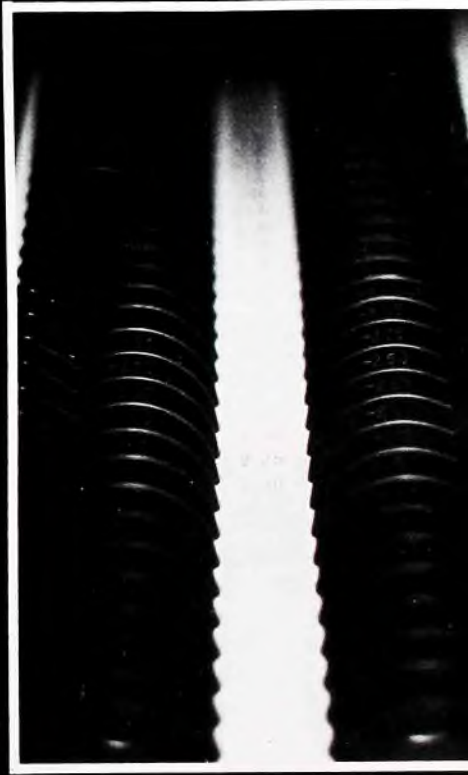
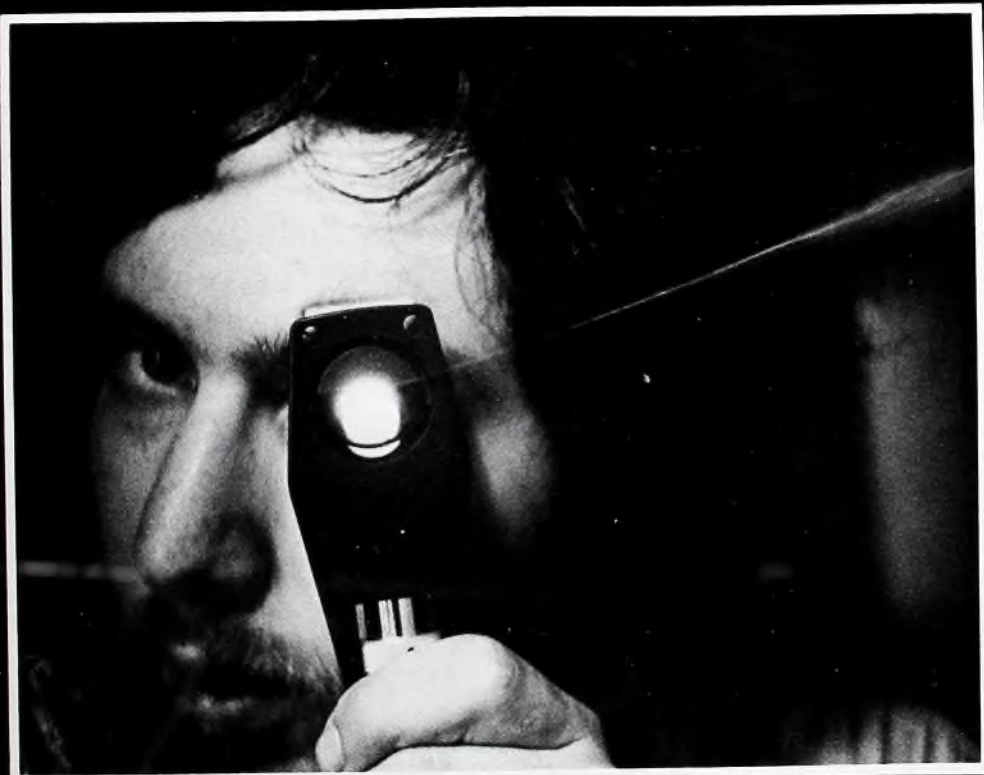






Life In And Around The Parking Lot





The educational process proceeded, and as it did, new challenges were always facing us.



The budget was tight, and at times the staff had to function on less than adequate funding.

Occasionally, we felt the faculty was being a bit picky with us . . .

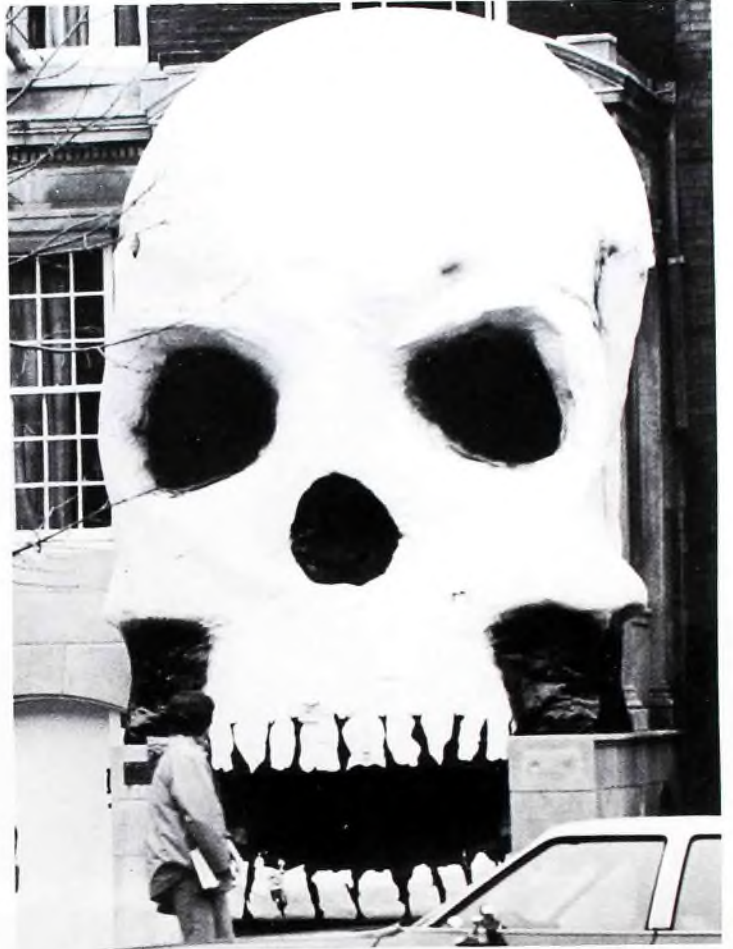


. . . **for example,**
when it was suggested that we take a clinical proficiency exam.

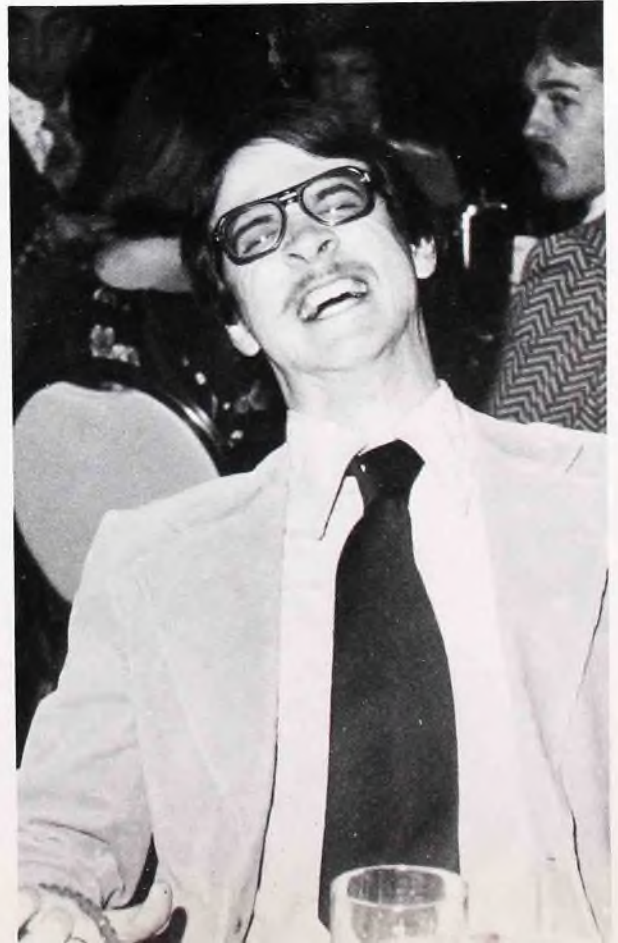


Many of us were called in to face the administration

on less than friendly
terms over this or some
other crisis.

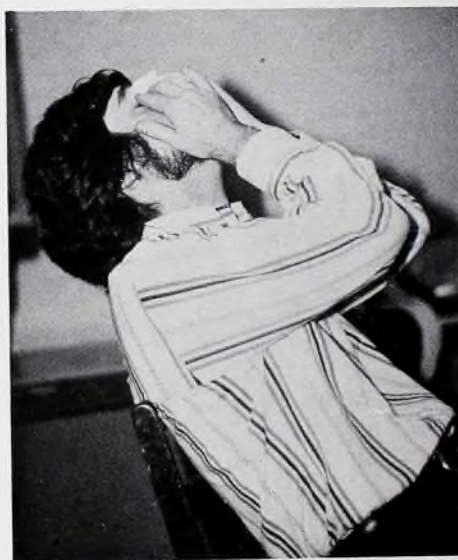
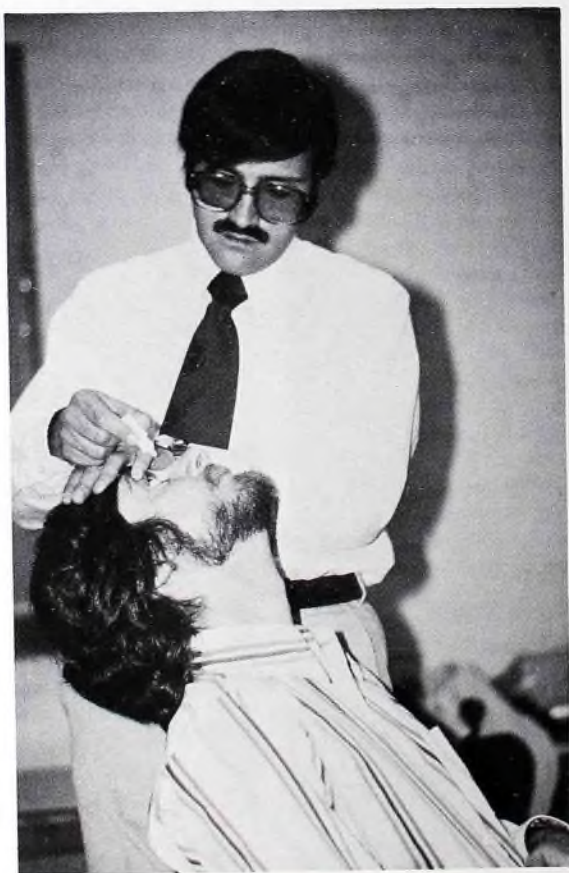
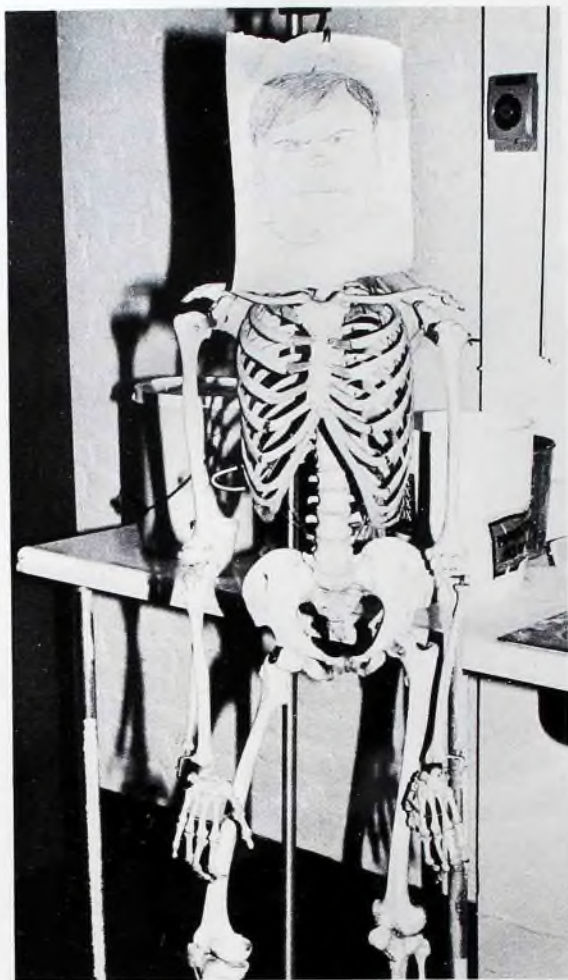


Is it any wonder that some
of us cracked under the pressure?



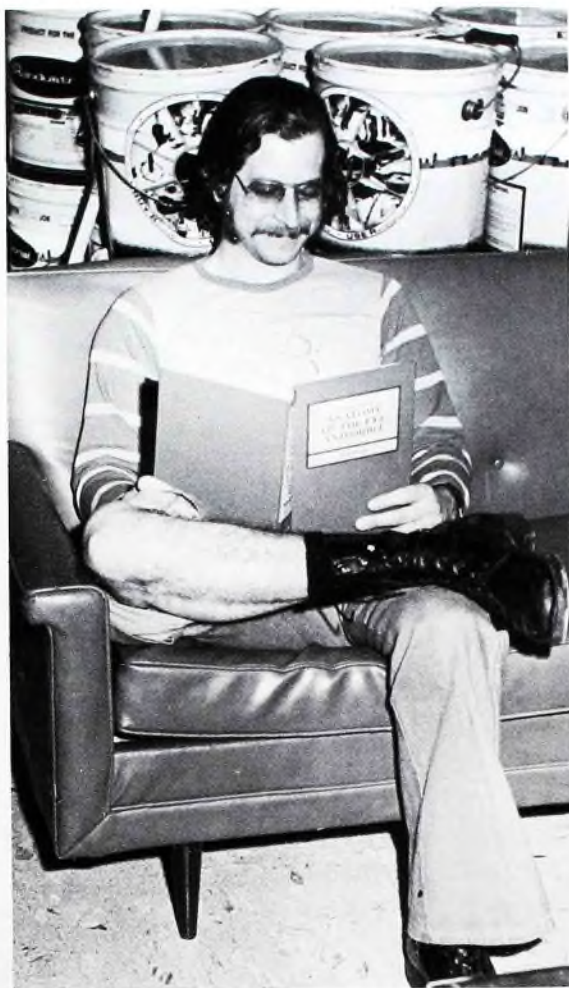
We used whatever avenues
of protest that
we could ...

... but the
faculty always
found a way
to control
our outbursts ...

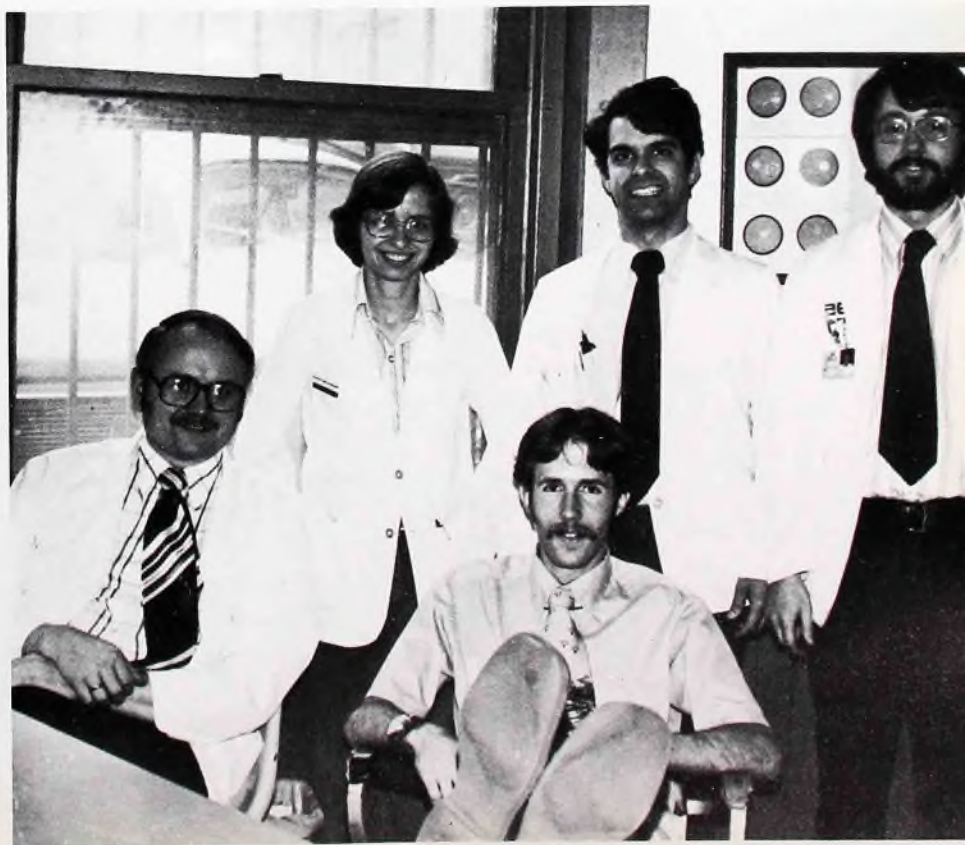


rules & regulations

- i. no tipping, [avors accepted willingly]**
- ii. inform clinician if you are pregnant, arrangements made.**
- iii. if you cannot see, turn-on lights.**
- iv. eyes examined while you wait.**



... and channel our energy into more useful directions, both didactic and clinical.

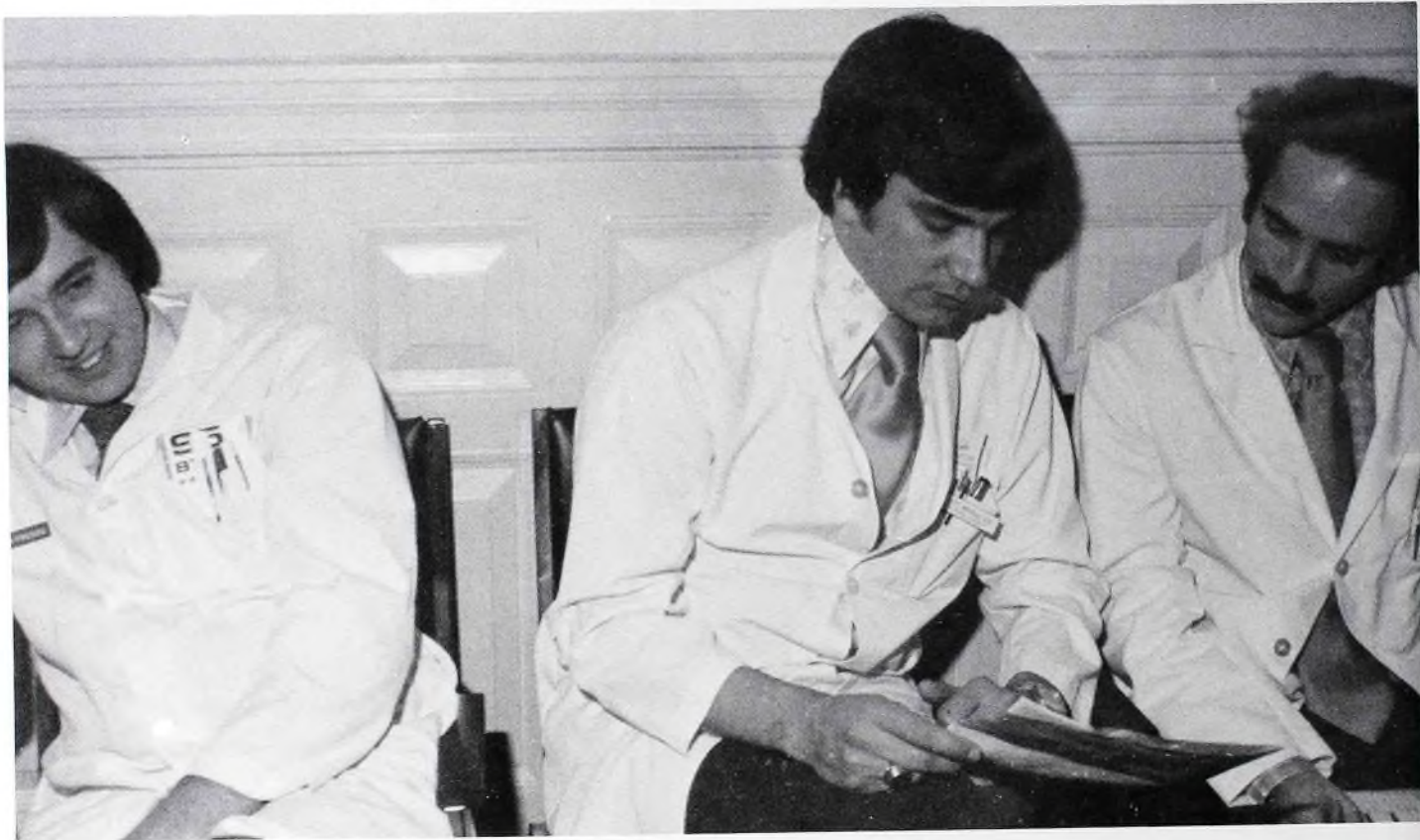


Prior to leaving for external rotations, any spare moments we found were used to examine friends, relatives and even a few brief acquaintances.





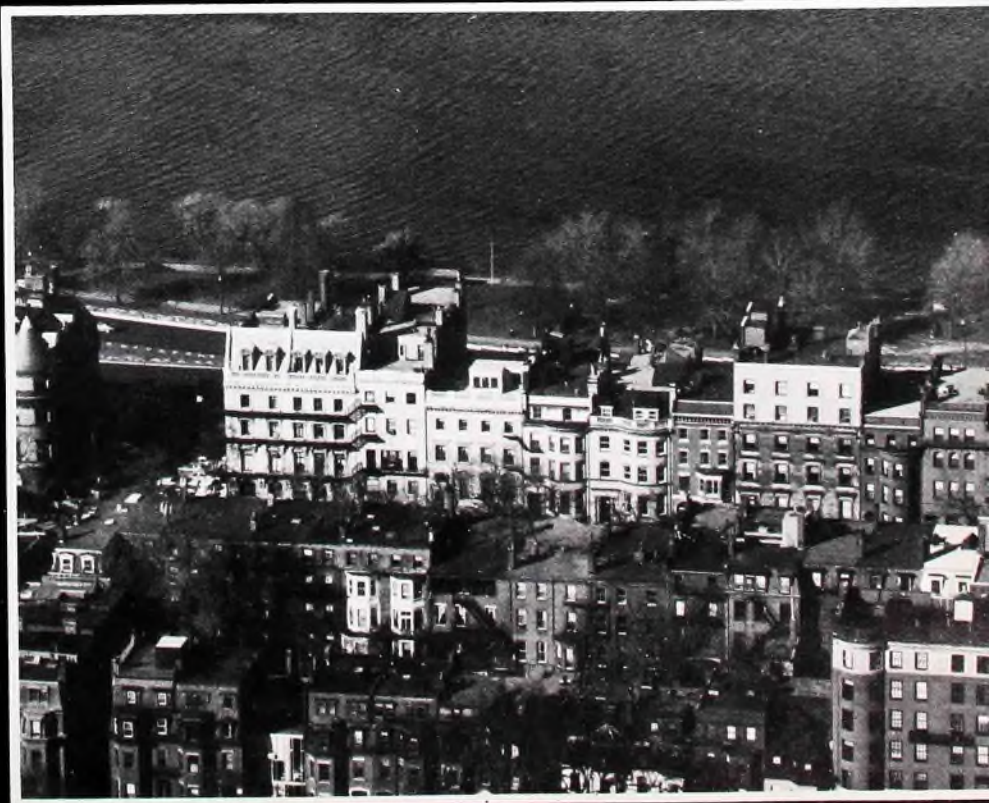
During this period, many of our evenings were spent in contact lens clinic, surrounded by instructors and immersed in Silvo.

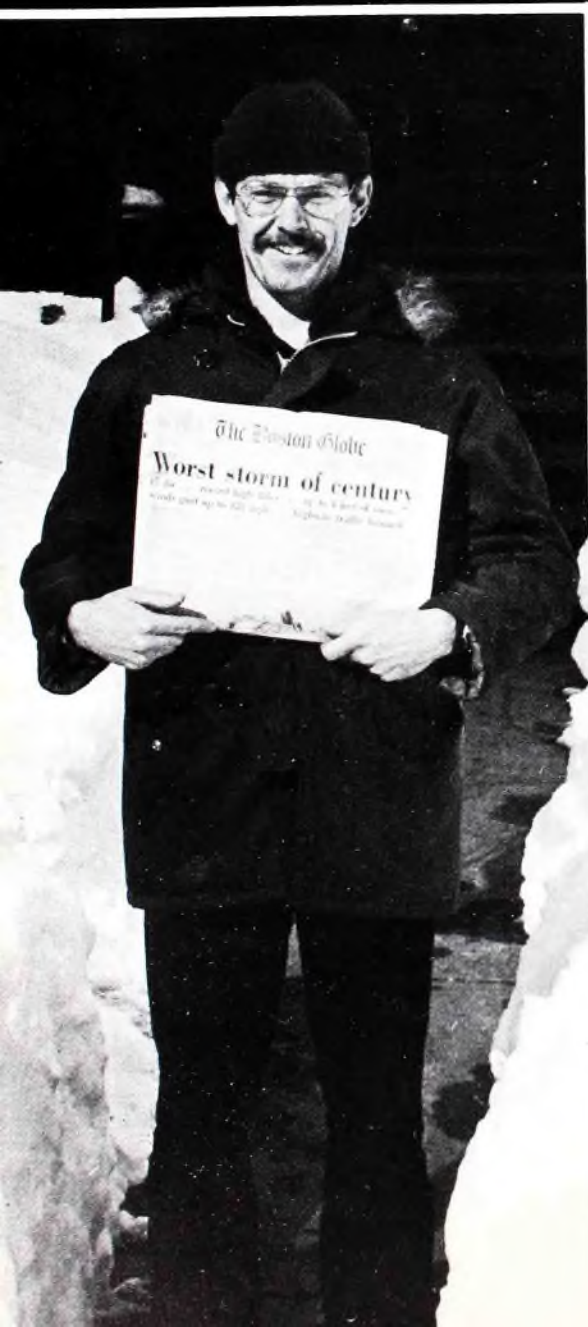






As the year progressed, seasonal changes brought new surprises and activities.



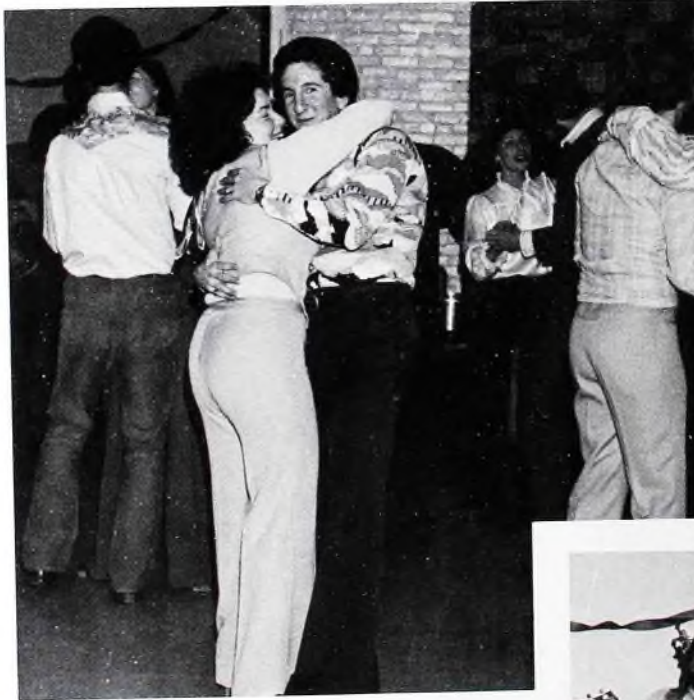




Christmas
Party



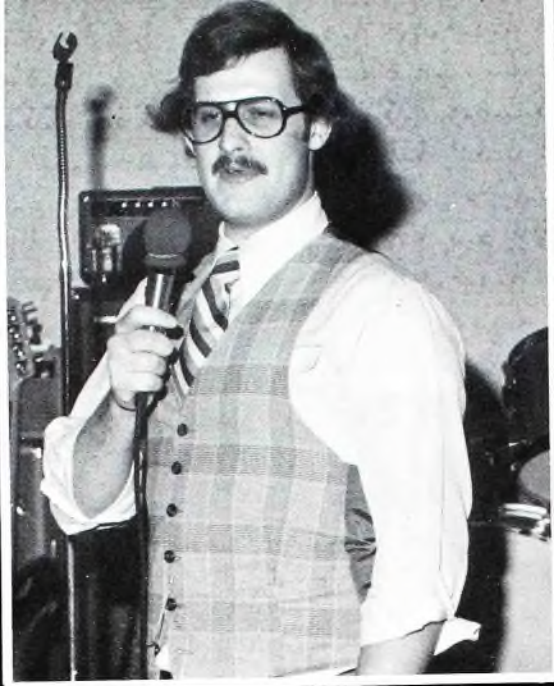
Tom Schultz looks like he's expecting a big reaction to the mistletoe. Nice try, Tom.





Hockey

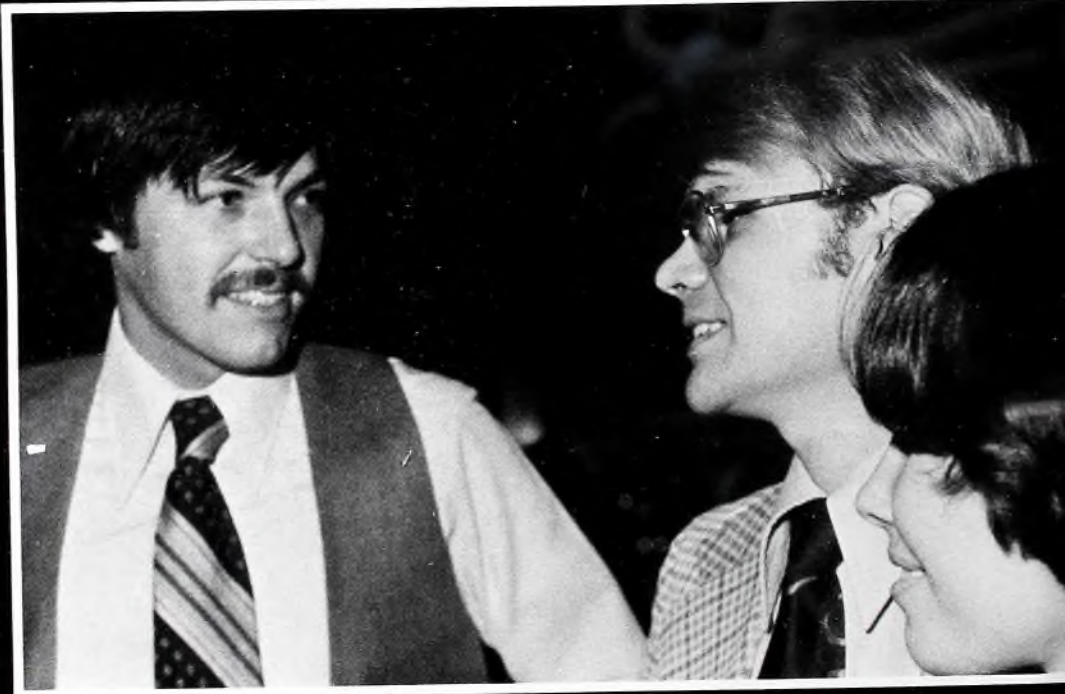


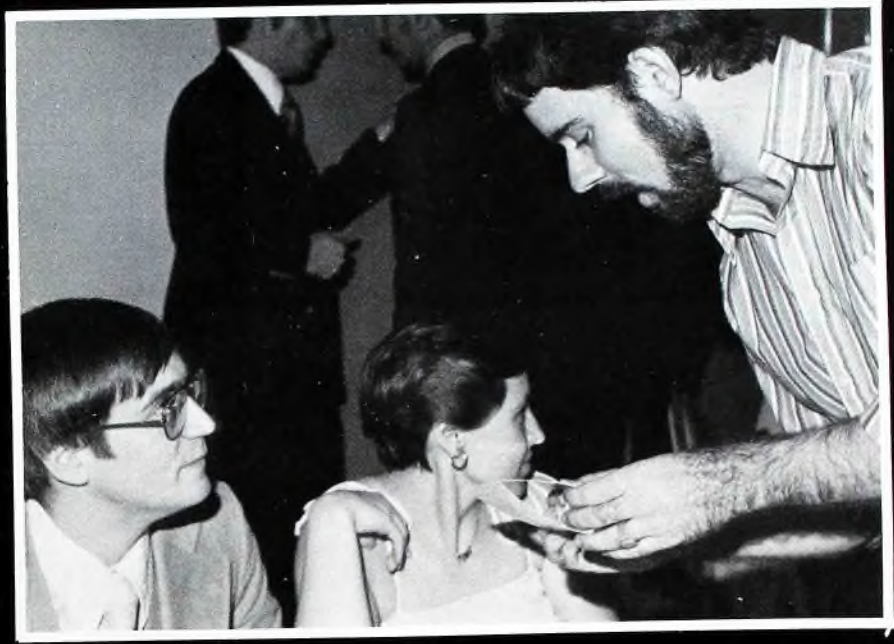


Alumni
Dinner

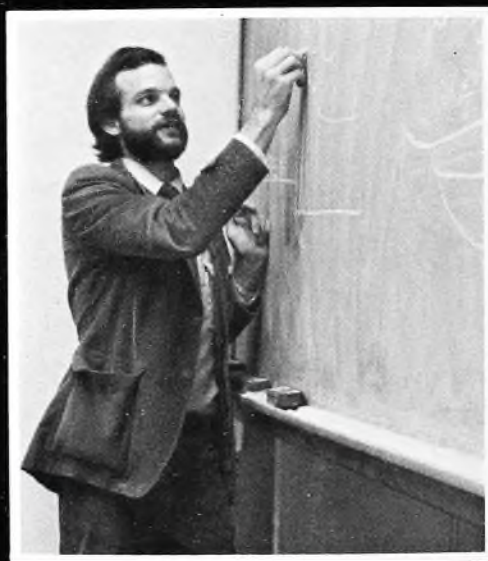


The "NEWENCO Songbird," Steve Harney, giving his rendition of "Who Put the Overalls in Mrs. Murphy's Chowder!"





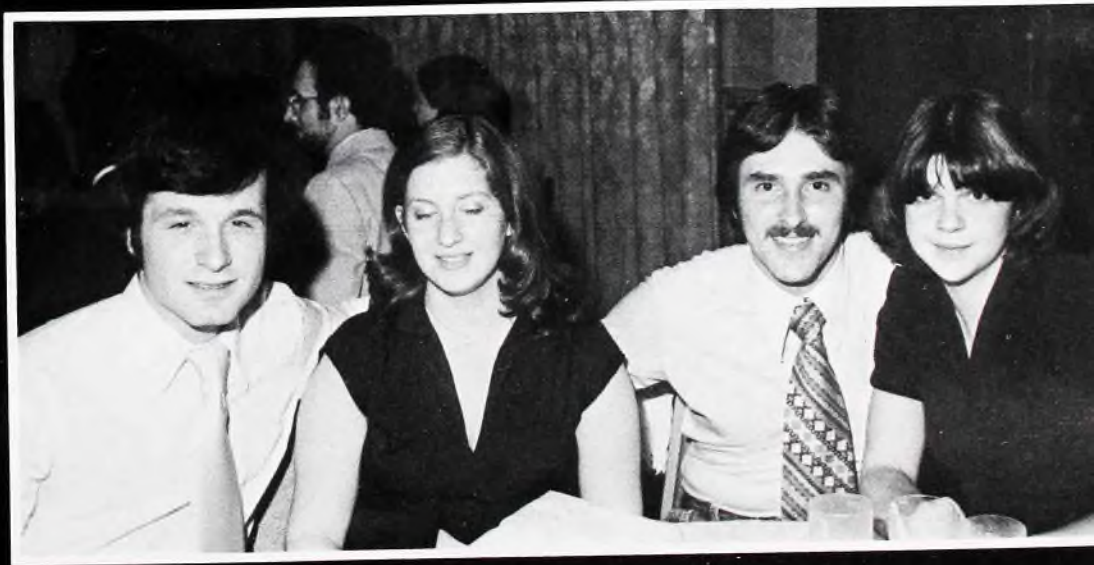
Sandwiched between
the fun however, was a healthy
portion of education.

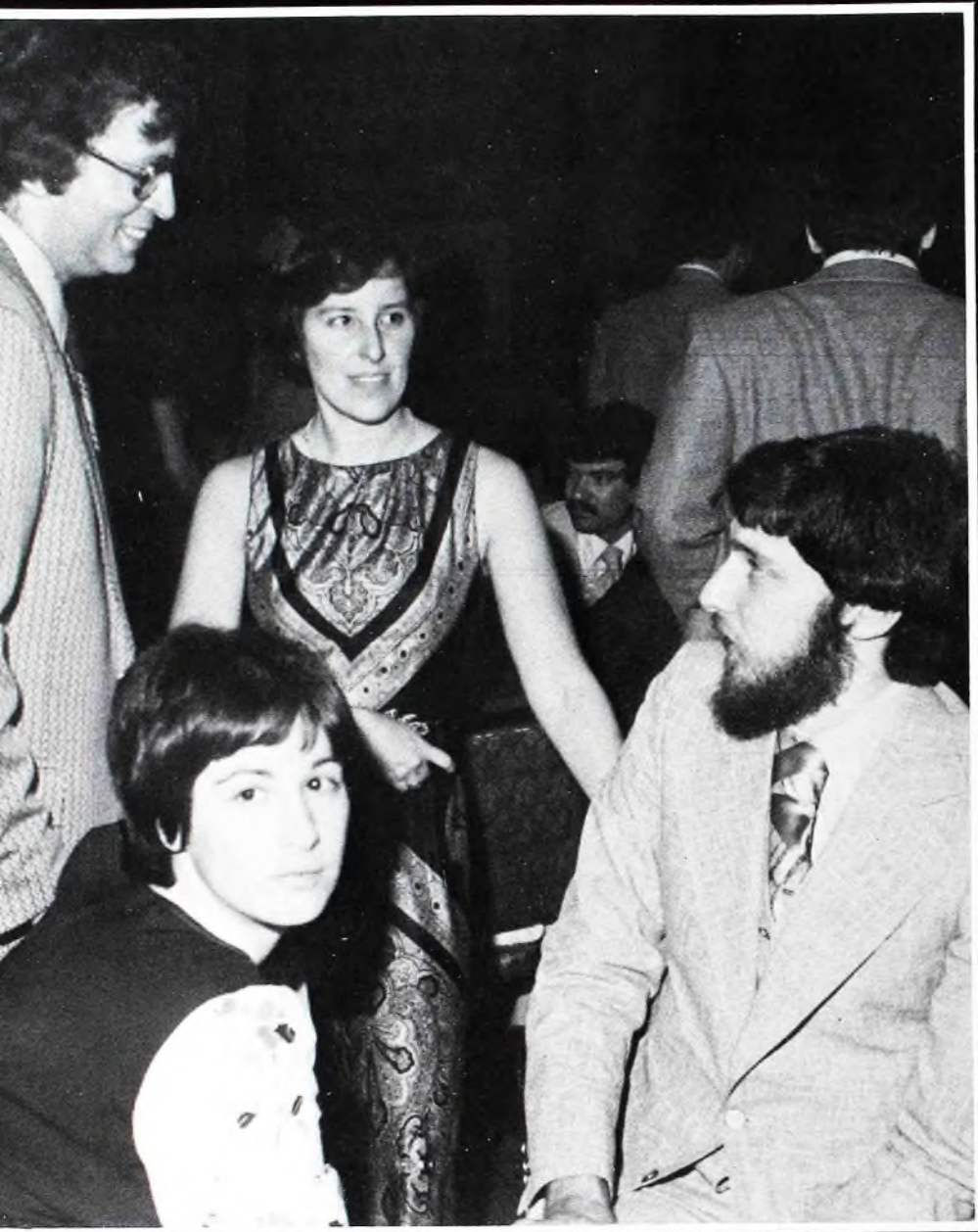


Of course, you couldn't
expect complete
austerity.

As our time in formal academia drew to a close, the number of important social events increased.

Eye Ball





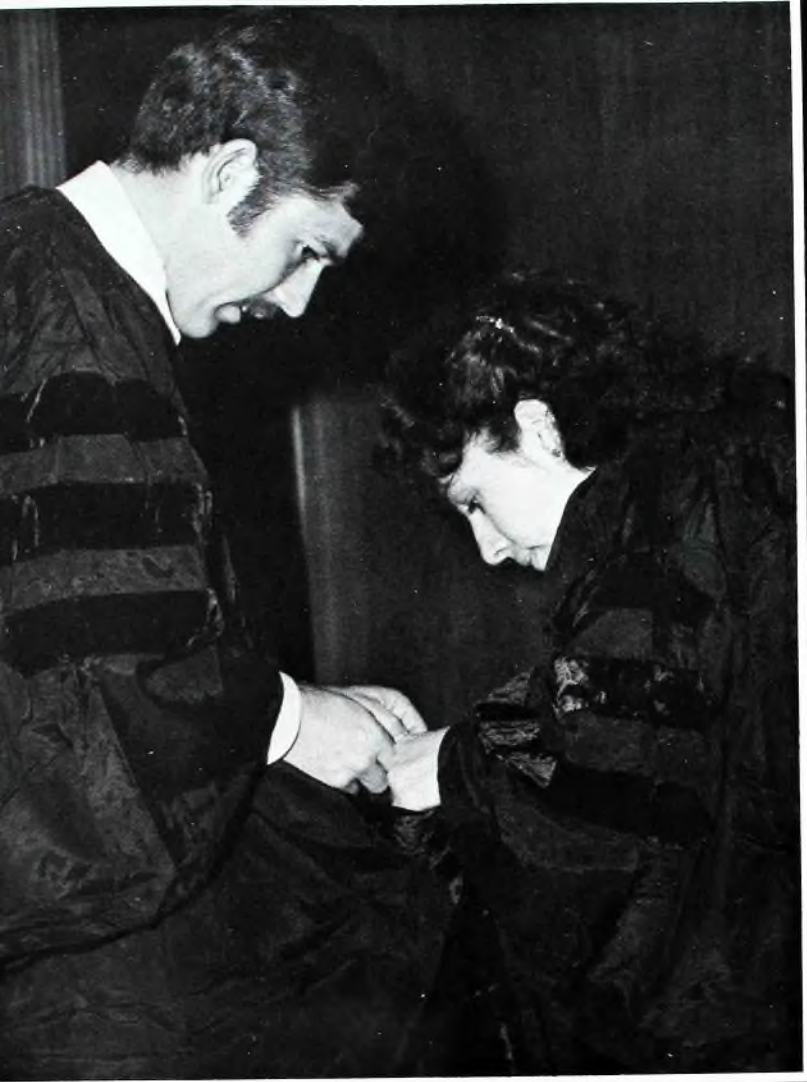


Awards
Banquet

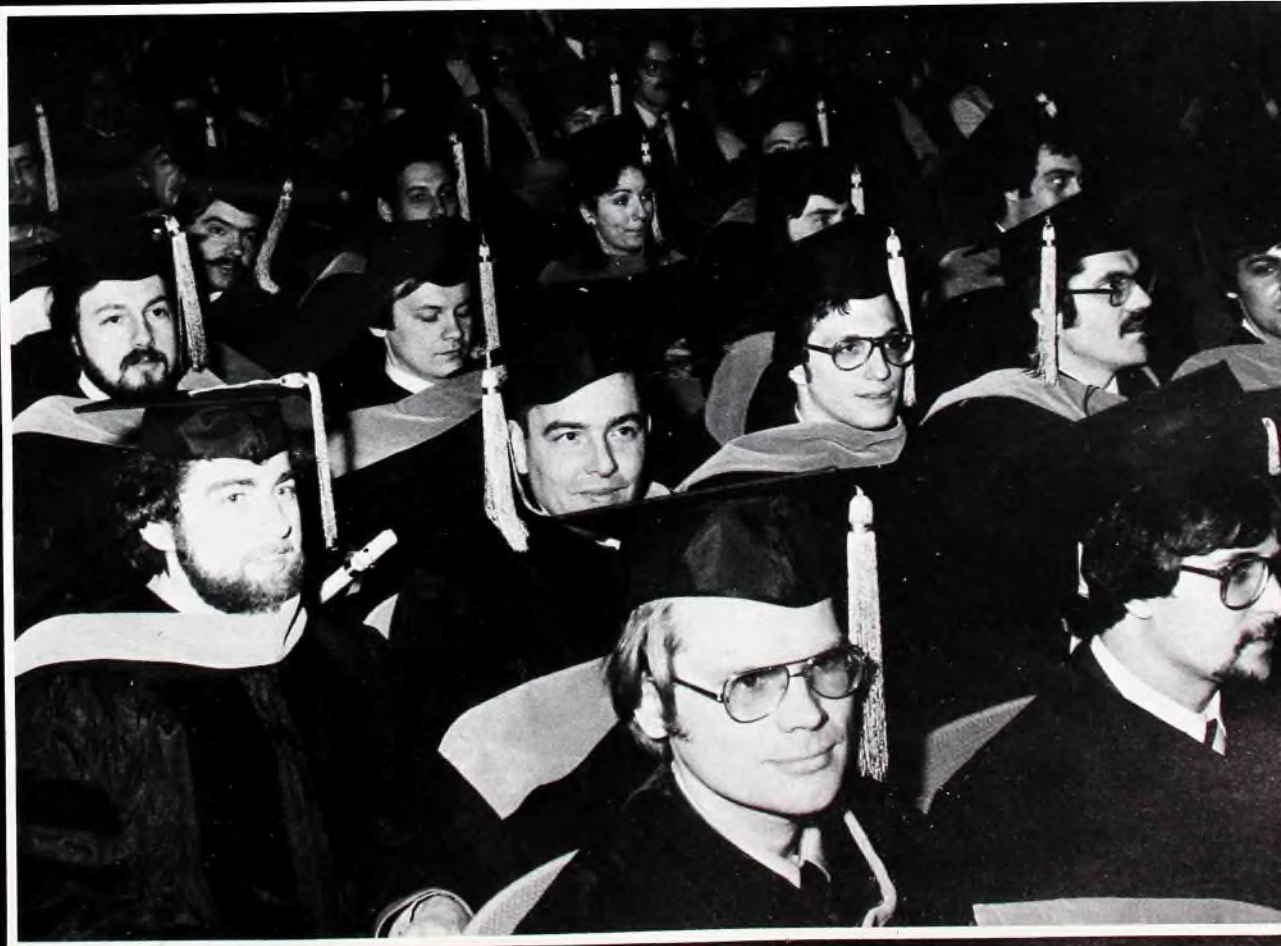


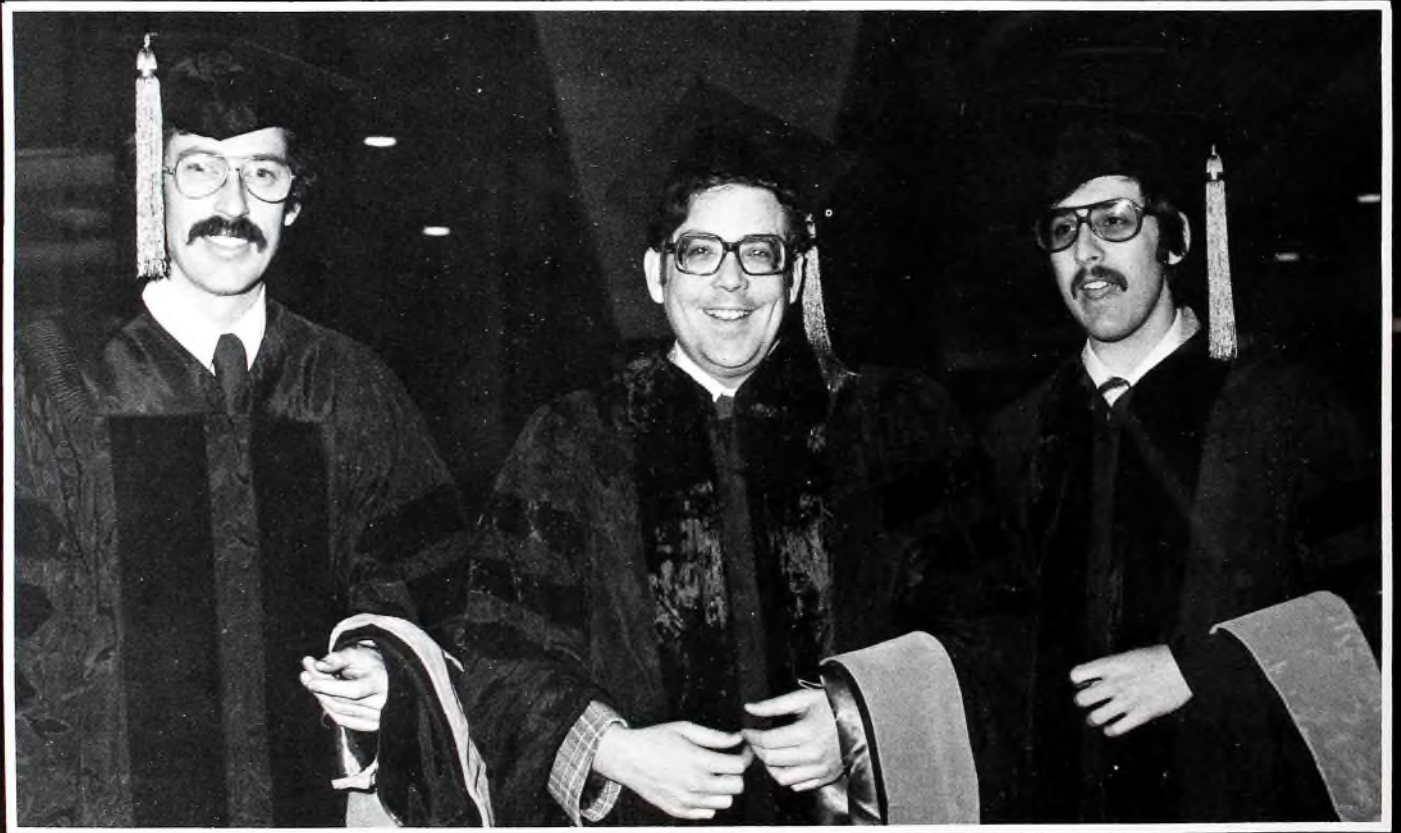
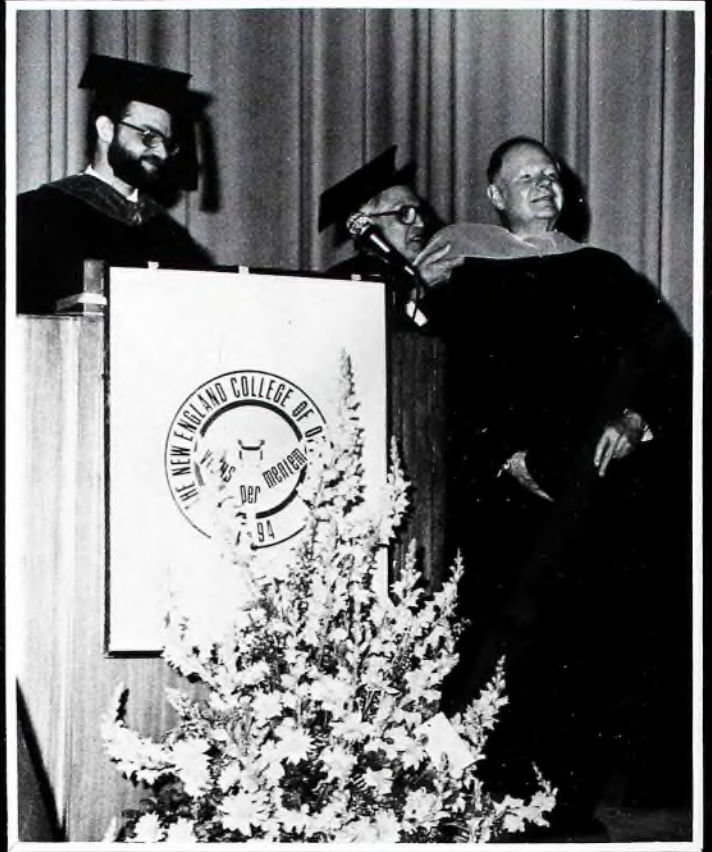
Finally . . .

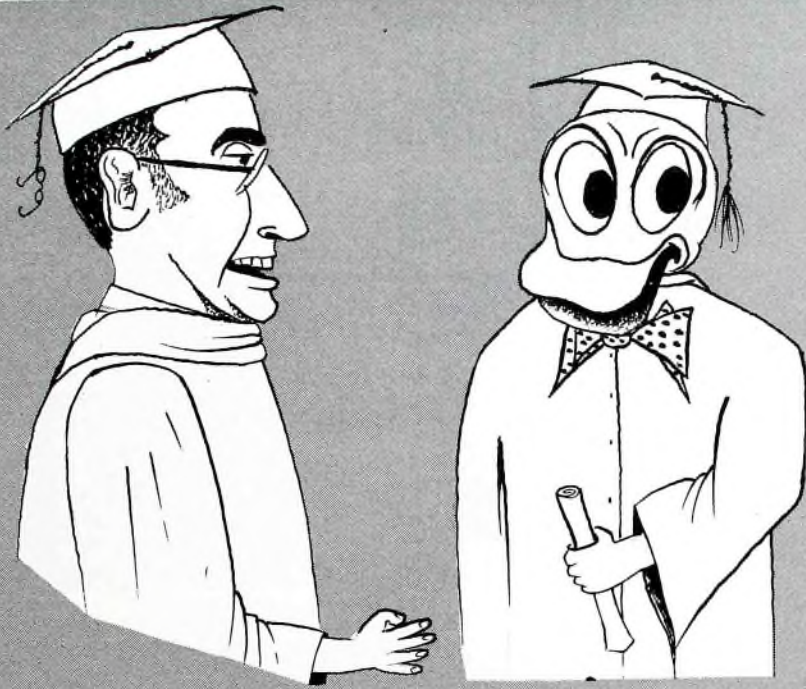




Graduation

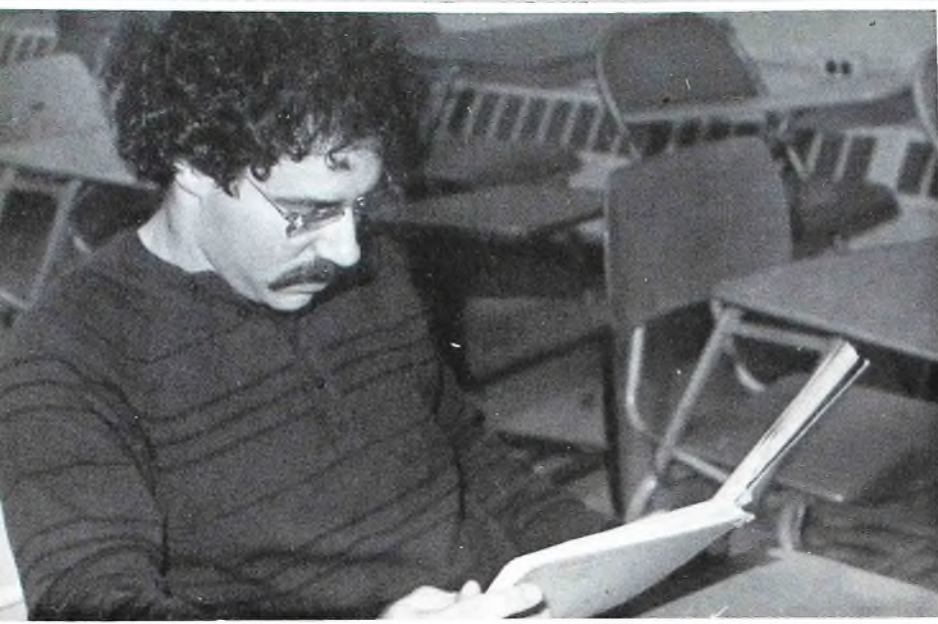




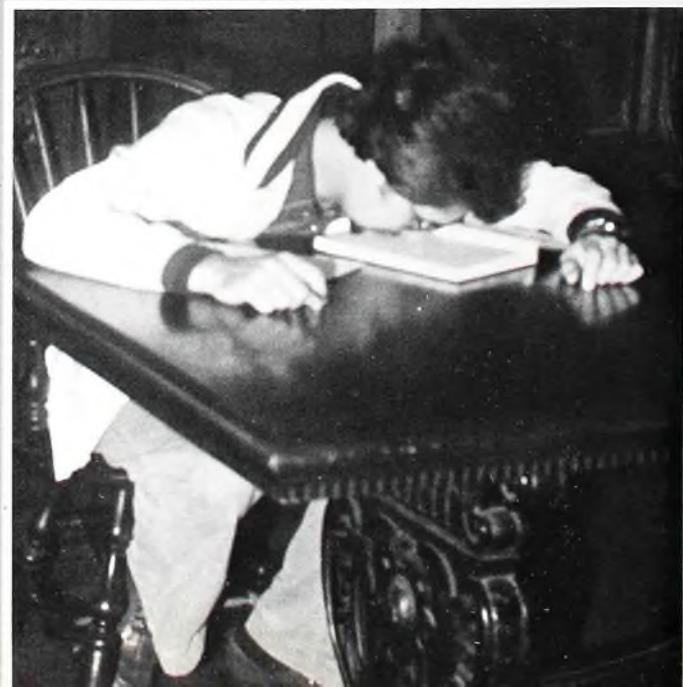
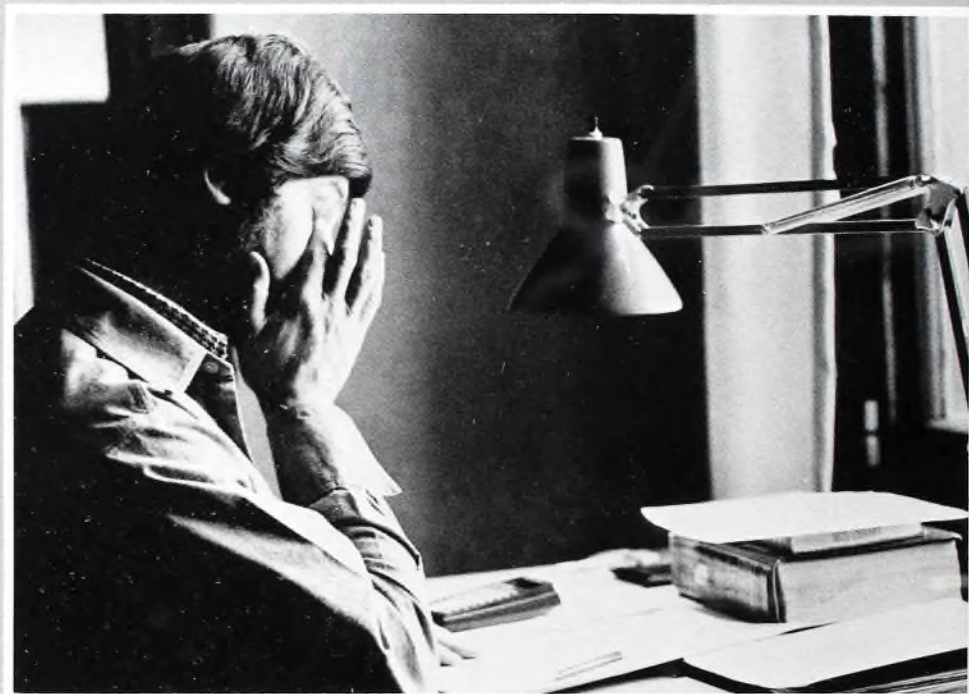


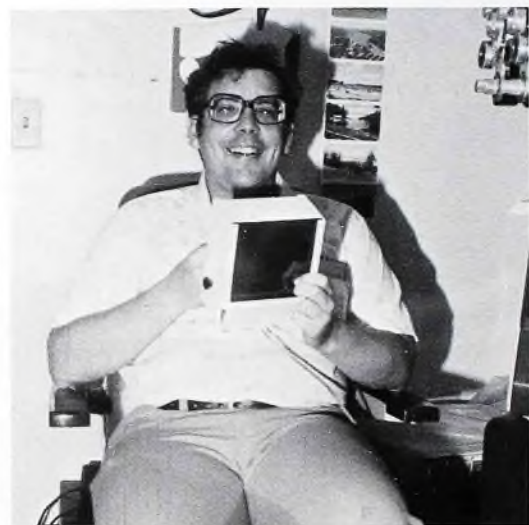
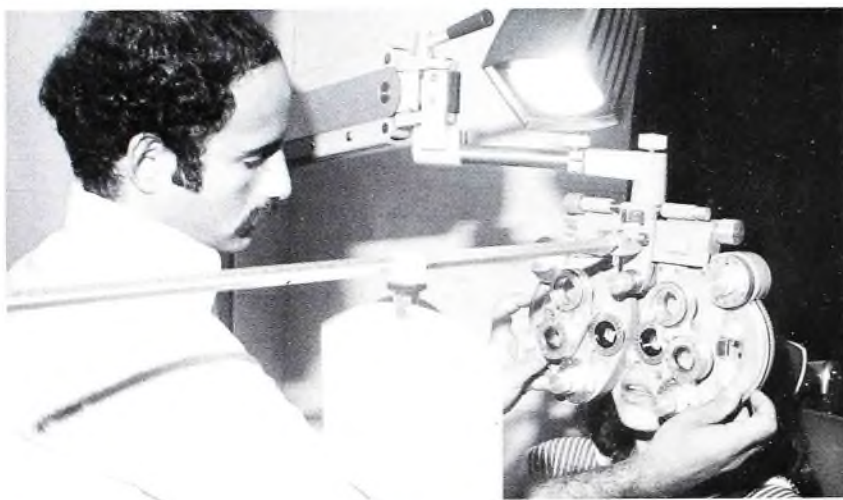
The class of 1978 welcomes Donald Duck, whose name somehow appeared on all sign-up sheets, as a fellow graduate.





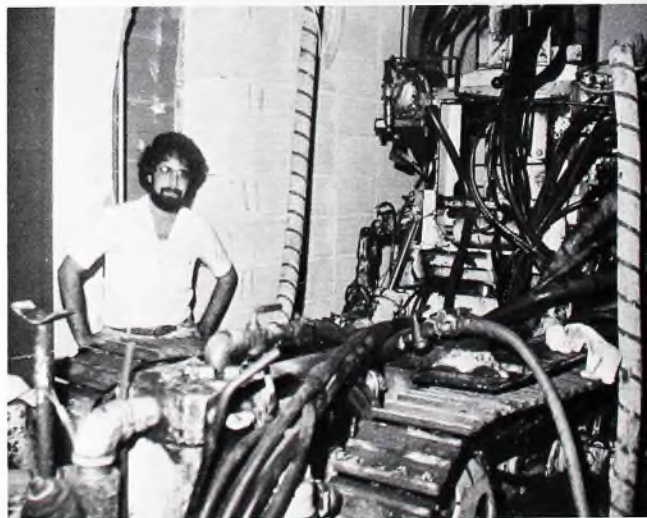
Of course there was one more big event facing us; National Boards, and all thoughts turned to studying as the Day approached.





"One of the best ... Great variety of presenting problems ... Knowledgeable instructors ... Lots of pathology ... Plenty of patients."

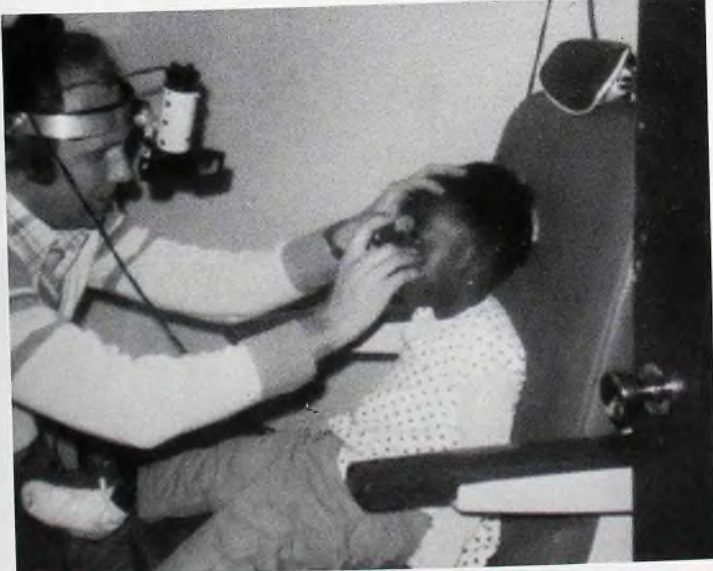
The Nyman Automatic Refractometer.



Dimock Center



"Vision; 20/20 with nose occluded."

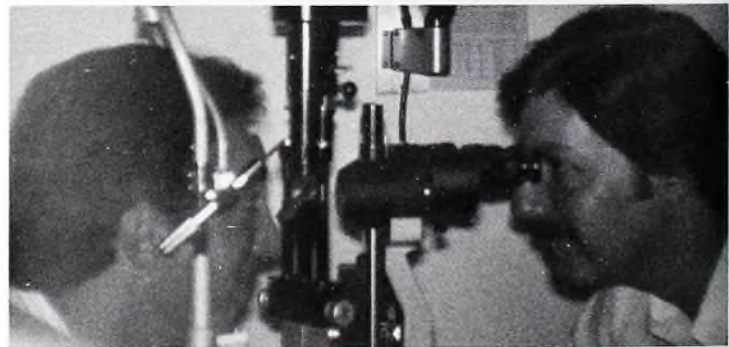
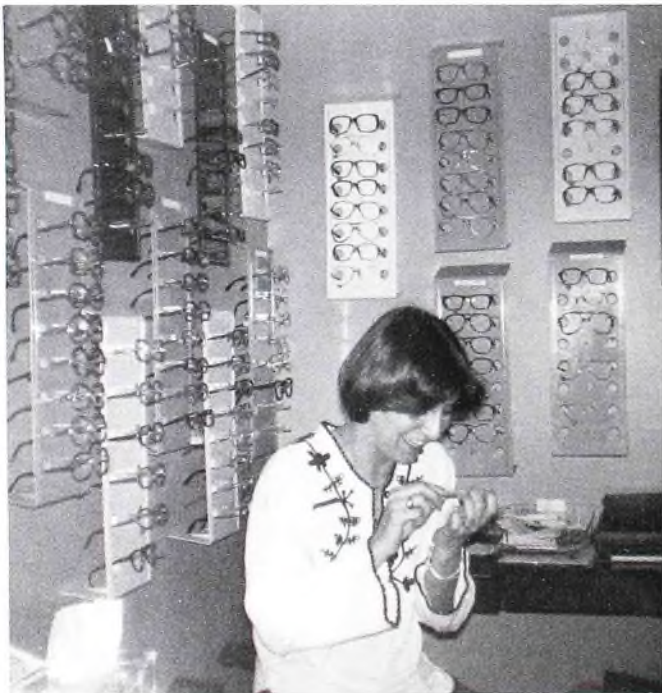


"You did WHAT??"

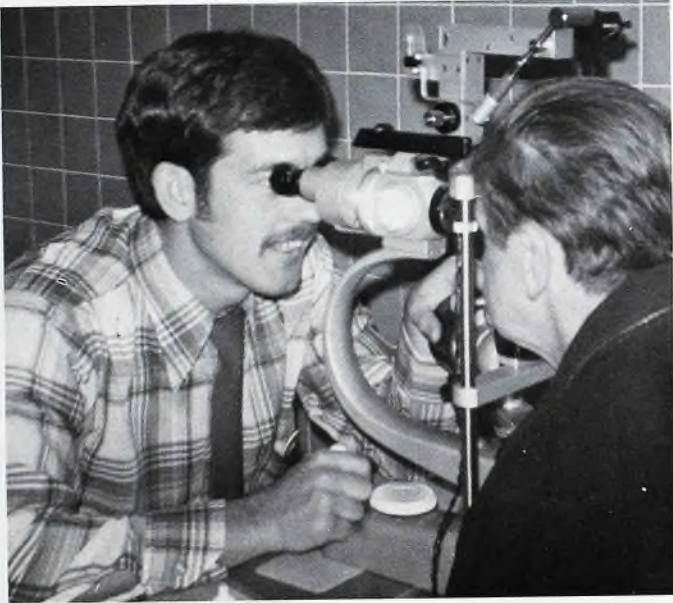
Walter Reed



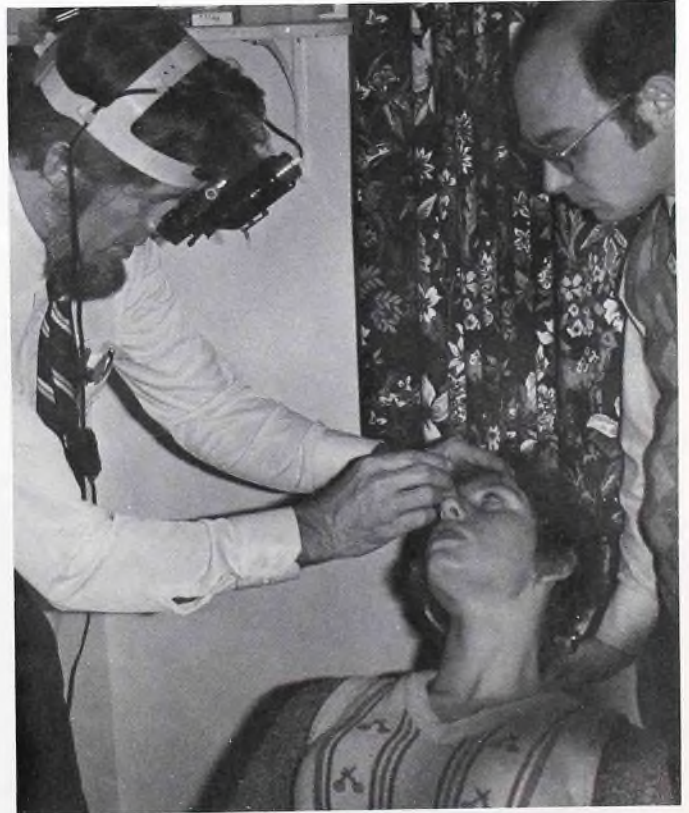
South End



Tewksbury



Tewksbury: "Excellent facilities ... Relaxed atmosphere ... Dr. Hill helps you learn ... Chronically ill patients with a variety of problems."



Westfield

Bridgeport



Israel



"Varied, exciting, and challenging ... Contact lenses, pathology, low vision exams, and orthoptic exams ... A fabulous experience."

U. Mass., Amherst

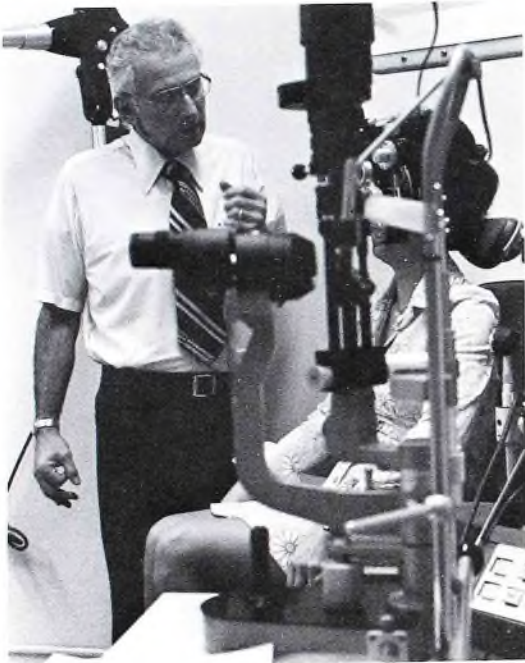


Danvers



"A new rotation nestled in 'Timmy and Lassie' country ... Provides the opportunity to polish objective testing skills ... Profoundly handi-capped patients."

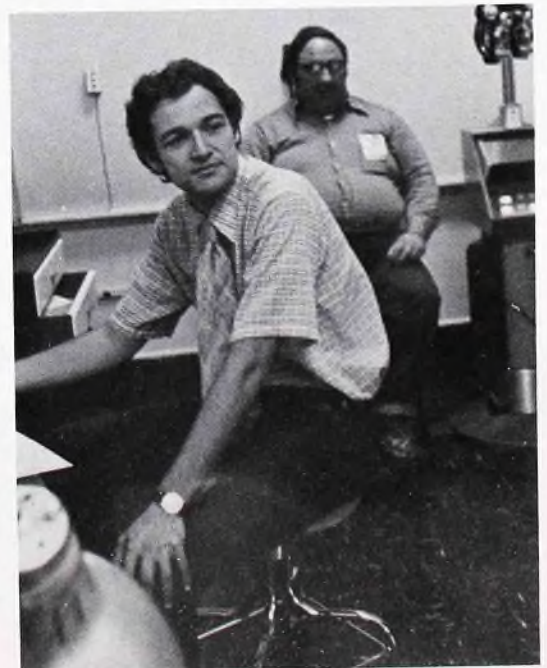
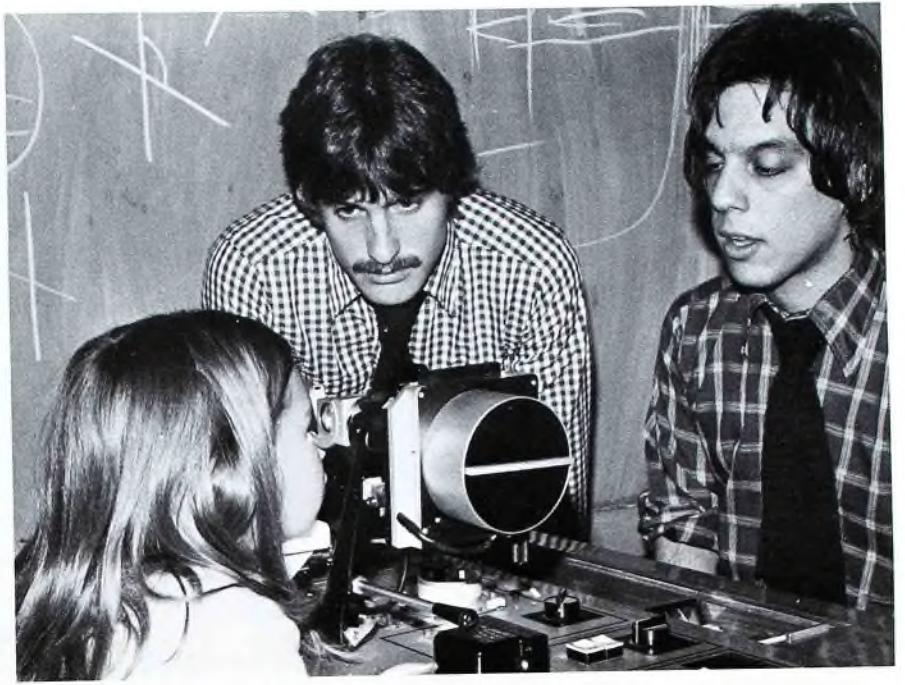
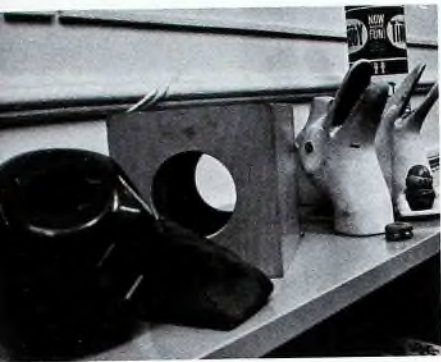
Rutland



"A three and one half hour round-trip commute from Boston to just north of Worcester ... Dr. Walter Potaznick is great with the kids ... Dr. Abe Pogoda is an expert in low vision ... Good meals provided at no cost.



Pediatrics-Low Vision



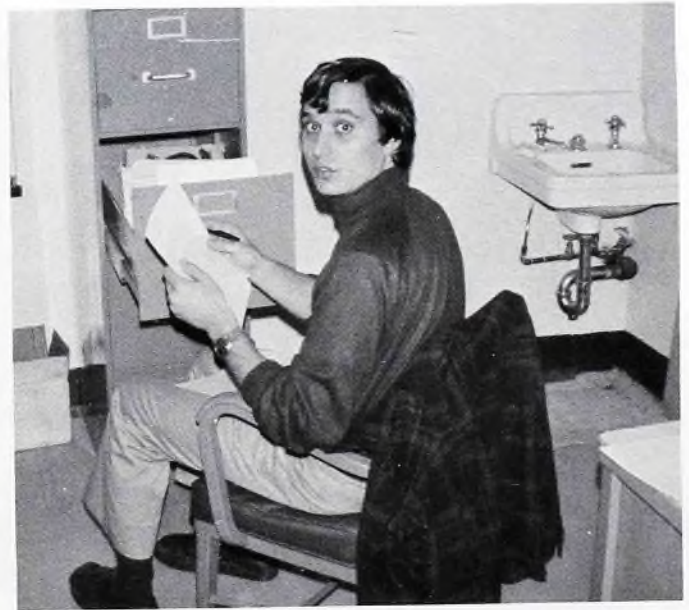
Great Brook Valley



"An interesting and satisfying rotation ... Sufficient training opportunities ... Many primary detections of pathology ... If you live to the west of the city, Great Brook has much to offer."

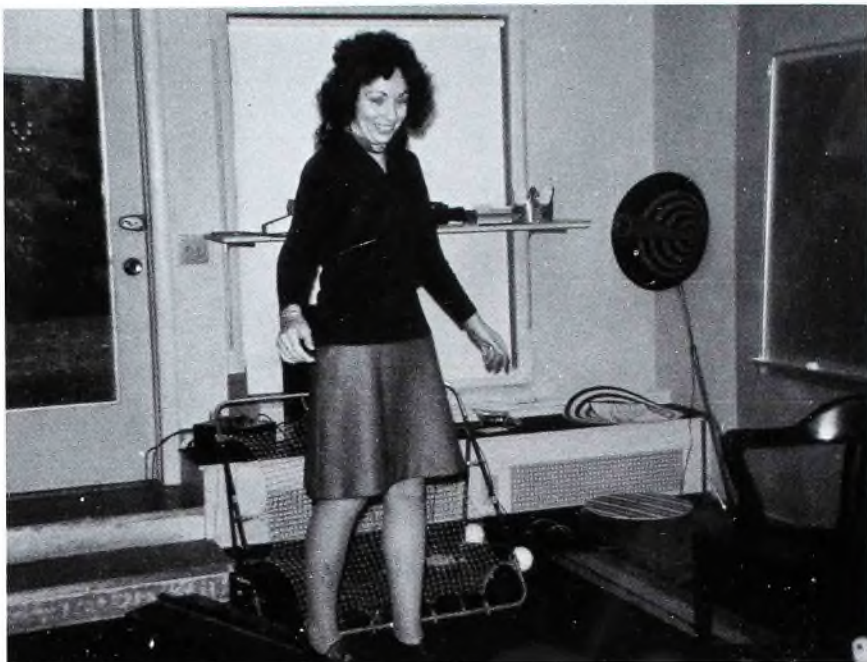


U.S. Public Health



"Learning opportunities through intra and inter-professional relationships ... As many patients as you can handle ... Instructors who are willing to instruct ... Free meals ... No nights.

Gesell-West Haven

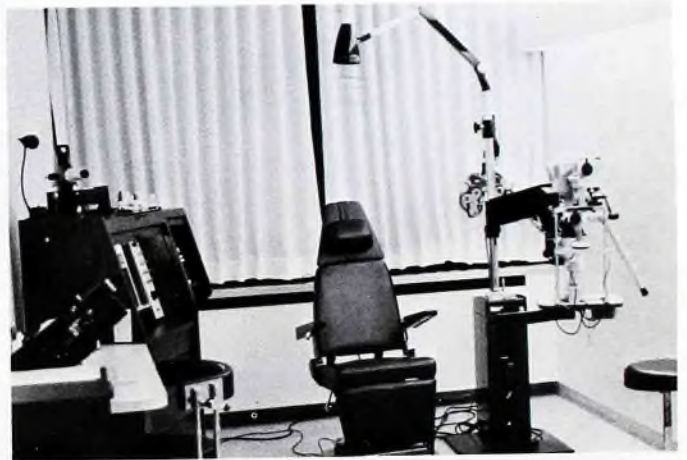
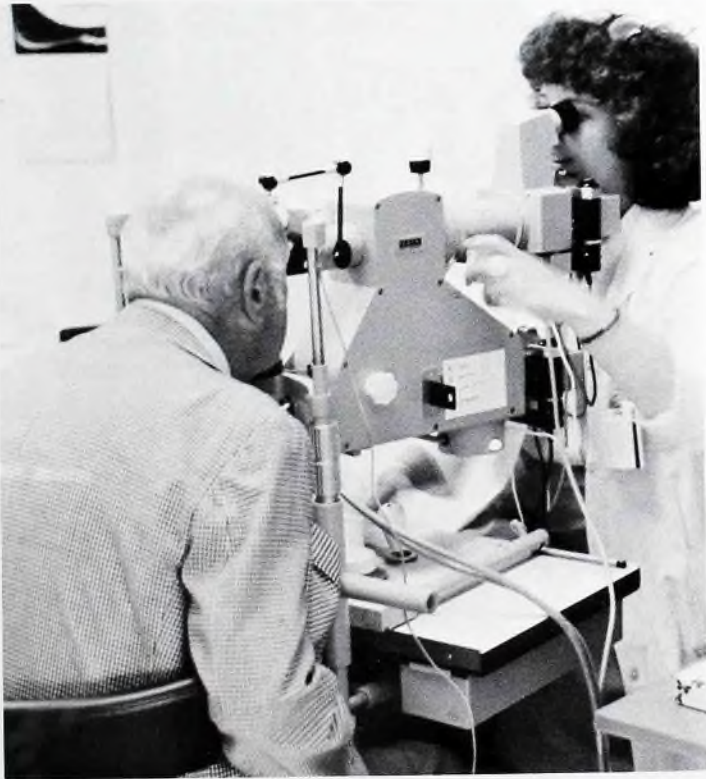


Gesell: A total child functional approach ... Visual, perceptual, or visual-motor examinations, and counselling ... One day a week at the Easter Seal Goodwill Rehabilitation Center.



West Haven: All patients are legally blind ... The low vision clinic examines each patient to determine remaining vision ... All types of low vision aids are used.

JOSLIN CLINIC >



Joslin is comprehensive ... Deals with the diabetic patient ... Students perform optometric testing and assist the ophthalmologists ... Low vision aids and contact lens fits are also very important.

Controversies

This section was designed with a dual purpose in mind. First, to remind us in twenty years of some of the burning issues facing us as we entered the profession of optometry, and secondly, to teach us something now about these issues. The views presented are those of the authors, and do not necessarily represent the views of the yearbook staff or the administration.

D.P.A's - Con

(These statements by organized ophthalmology were provided by the American Optometric Association, and were published in several newspapers.)

- 1) Optometrists are not medically trained to recognize diseases whether the patient is dilated or not.
- 2) Although optometrists are titled as doctors, they attend a six year training program and not medical school.
- 3) Short-term graduate courses are no substitute for long-term, in-depth study.
- 4) A 72 hour course in pharmacology fails to take into account all the clinical experience needed to use drugs safely, and to deal with any number of possible side effects. It does not provide sufficient clinical experience necessary to recognize and diagnose the various diseases and abnormalities of the eyes.
- 5) The public health and safety would be endangered.
- 6) The use of drops is inherently dangerous. They can produce high blood pressure, skin rash, fever, and convulsions.
- 7) The cost of eye care and eyeglasses will skyrocket and the quality of care will diminish if state legislatures allow optometrists to administer some medicines.
- 8) Individual practitioners may overstep their limits and start treating conditions they don't really understand.
- 9) The health care system will not be expanded and the rural areas will not be served by allowing non-medical people to dilate pupils to look for diseases they cannot see. In rural areas many general practitioners see people for eye problems in their offices or at hospitals.
- 10) Special machines can perform the same diagnostic operations as the drugs optometrists want to use.
- 11) Drug laws have failed in five states this year and are the subject of court suits in five more.
- 12) This bill is part of a nationwide campaign by organized optometry to expand its scope of practice into medical eye care.
- 13) An optometrist measures vision and can prescribe glasses, but may not perform surgery or use drugs.

D.P.A.'s-Pro

Optometric use of DPA's (i.e., topical anesthetics, mydriatics, and cycloplegics) is now a well established fact. Twenty some odd states presently permit DPA use, and many of the remaining states have DPA legislation pending.

The benefits from the use of DPA's far outweigh any risk of adverse effects. It may not be possible to use the presently available testing instrumentation for a specific patient. For example, the non-contact tonometer is difficult to take along on a home visit or use on a bedridden patient. Retinoscopy is difficult if not impossible with an uncooperative child, and a fundus examination in a patient with pinpoint pupils is much less than comprehensive. There can be little doubt that optometric use of DPA's as an examining tool will provide an improved way of performing an ocular examination for some of our patients.

What are the risks involved in DPA use? There can be no question that anything we do in life or more specifically any diagnostic technique that health care practitioners perform is not without risk. The use of x-ray techniques is not without potentially harmful effects. There is even some risk of a heart attack from a rectal examination. Specific treatment procedures also carry some risk; cataract surgery, for example, has a two in one thousand mortality rate. In optometric testing, there is always some risk of syncope from contact lens insertion and a remote risk of a seizure from a retinoscopic examination. All of these risks are miniscule compared with the benefits derived from performing these tests and procedures.

With DPA usage, there are two potential areas of risk to the patient, namely; acute glaucoma from mydriatic drops can be ruled out by some simple angle evaluation techniques involving the use of a penlight or a slitlamp. Even if acute glaucoma does occur from mydriatic drops, several leading ophthalmologists have stated that this would be in the patients best interest provided ophthalmological care is instituted early (within 24 to 48 hours) when permanent damage has probably not yet occurred. The great danger from acute glaucoma is that frequently the patient has the attack due to natural causes and subsequently the condition is misdiagnosed by a non-ophthalmic health care practitioner, or the patient can not or does not choose to receive immediate attention for the problem.

Systemic reactions (heart attack, convulsion, temporary disorientation) have been reported in the literature as being possibly related to the use of these agents. There appears to be about thirty of these reports in the last eighty-five years of the world's English medical literature. Considering the widespread usage of DPA's during this time the incidence of these adverse effects is in the vicinity of one in ten million. In addition, these occurrences were mostly from inappropriate drug usage. For example, proper history taking would have contraindicated the specific drug concentration applied, or considerations of dosage would have prevented multiple applications of strong concentrations in children.

In summary of the risk-benefit concept it seems apparent that proper use of these agents (i.e., screening for narrow angles and avoiding inappropriate and over administration of these agents) is without significant risk. In my opinion, the risks involved from DPA usage are so small, and the benefits to the public in terms of good eye care are so great, that I am compelled to support vigorously DPA legislation in all states. Educational requirements and not legislative restrictions, should be the only constraints placed upon optometric use of diagnostic agents.

Matthew J. Garston, O.D.
Associate Professor of Optometry
NEWENCO
Staff Optometrist
M.I.T. Medical Dept.

Advertising - Con

In 1977, the climate was right for consumer advocates, and others, to pressure the Federal Trade Commission to adopt a rule permitting the price advertising of eyewear. If you were to be completely objective, you might come to the same conclusion; that is, that the filling of ophthalmic prescriptions, or the sale of eyeglasses if you will, involves sub-professional services and these services should not be protected by advertising restrictions since these restrictions allow for excessive pricing.

Before the advent of designer frames, it was literally impossible to price-compare a pair of eyeglasses. Even though frame price comparison is but a portion of the total package, it did reveal that the price mark-up, or if you prefer the service fee, in designer frame dispensing ran the gamut of hundreds of percentage points.

Nearly every survey taken among eyecare practitioners discloses fees, or charges, for the sub-professional work of handling eyewear (service after the prescriptions have been derived) as significantly greater than the fees charged for the professional services involved in the examinations! This is a pure case of the tail wagging the dog ... its been wagging so long that it has finally attracted attention.

There is no need at this time to write an article against price advertising. It's a fait accompli. The topic at hand is what to do about price advertising of eyewear and eyecare ... how do we survive and flourish in spite of it?

The answer to that charge may be different for the new practitioner and for the established one but it boils down to two essential ingredients: 1) do a thorough job, and 2) make sure your patient knows that you did a thorough job.

Let's discuss the first ingredient. There are all types of eye examinations. There is no magic formula, no series of tests that you must do on each and every patient that will automatically give you a good result. Of course, you must do the essentials in pathology detection and in lens determination. You must be certain that the formula you derive answers the reason for the patient being in your office, and, if it does not, you must explain succinctly, and understandably, why it does not.

Which brings us to the second ingredient. Explain what you do and what you have done and demonstrate clearly the concerns (cataract, glaucoma, astigmatism, etc.) that patients have. "Don't Rest While You Test" should be your slogan on each and every case.

The price advertising of eyewear and eyecare can revert optometry back to the marketplace. It will succeed in doing that if optometrists do not get on a professional fee basis for their professional tasks and on a semi-professional charge basis for those tasks that are not completely professional. The fees for the former should be- yes, must be- significantly greater than the charge for the latter. Irving Bennett, O.D.

Advertising-Pro

How does a new optometric practice build a patient population? Word of mouth referral by satisfied patients is a great means, provided you have a pool of enough patients to recommend your services. Being active in local organizations, such as the Lions Club, is extremely helpful. Referral from other optometrists and health professionals, though infrequent, is another source; so too is being in a location that has heavy walk-by exposure.

With all the above sources tapped, conventional wisdom tells us that it takes between 5-7 years to establish a substantial patient population.

The rapid growth of commercial optical establishments into New England, which provide "next door" optometric services, makes it harder to build a successful practice. Even though their fees are not particularly low and their services are often inferior, their ease of accessibility in large shopping malls and attractive advertising has made them financially very profitable.

Commercial eyecare is in many areas hurting established practices. Many successful optometrists are feeling the economic pinch of having a "Vision Center" open near them.

How can optometrists counteract the effect of the optical chains?

One way is to do public relations work in the local newspapers and to appear on local radio and television talk shows to educate the public about eyecare. Advertising is another vehicle to make people aware of your optometric services. Once there; you can show off your expertise; if satisfied, each person becomes a walking referral to other patients.

Advertising does not have to be dishonest or commercial in its presentation. It can be done straightforwardly and in good taste. If advertising is to be effective, however, optometrists must structure their fees fairly. When given the choice between quality eyecare at reasonable fees at an eye doctor's office and services offered in a commercial setting, most people will choose the former.

I don't look at optometrists who advertise as unethical. Rather, optometrists working in collusion with optical chains, or those charging outrageous fees, are those to be frowned upon.

Advertising is an excellent practice builder. If we do not use it as a constructive tool, as well as attempting to police commercial eyecare via our state societies, optometrists may find themselves working for such places as Sears or Lechmeres. Don't laugh at this possibility. Pharmacy did and the majority of pharmacists are now or soon will be working for CVS, and other large chains. Fortunately for us, we can compete price wise with optical chains since our fees are in large part for our services. Pharmacy is in large part a product oriented business and most small pharmacies buy their goods at prices large chains often retail their items for. The pharmacist often cannot afford to lower his/her fees. We can. Advertising is a vehicle to make people aware of our competitive fees and quality service.

Nelson Wasserman, O.D.

Dispensing By O.D.s-Con

There are currently three professional practitioners within the area of eyecare — ophthalmology, optometry, and opticianry. My considered opinion is that eyewear, magnifiers, low vision aids, ptosis crutches, moisture chambers, sunglasses and related accessories should be left in the hands of retail dispensing opticians. My argument is simple, opticians are the most qualified to handle the dispensing function.

I do not mean to imply that optometrists are not qualified to dispense, but rather they are qualified to do much more — examine the eye. In 1977, House Bill 1980 was introduced to the Massachusetts State Legislature. This is an act "Authorizing the use by Optometrists of Diagnostic Pharmaceutical Agents". This is another tool to be used by optometry to better examine the eye.

Dispensing eyewear is very broad in scope. Opticianry is the science, craft and art of optics as applied to the translation, filling and adapting ophthalmic prescription products and accessories. To become a registered dispensing optician in Massachusetts one must hold an Associates Degree in ophthalmic optics or take an apprenticeship training position for three years. Also, a state administered exam must be passed to become licensed.

I like very much the idea of having eyes examined by a doctor and the prescription filled elsewhere by an optician. Prescription drugs from a doctor are not sold by him, but rather filled elsewhere by a registered pharmacist. Why not eyewear?

Recently the FTC voted 3 to 2 to require refractionists to give patients their prescriptions so they can purchase their eyeglasses wherever they wish.

Optometry, as the primary provider of eye health care, has had a minimum of six years specialized training and in most cases more. You are professionals. I can see a problem between professionalism and merchandising in the near future. Marketing techniques employed to sell eyewear are starting to include price advertising, discounts, and promotions. Is optometry willing to get involved in this type of competition? Opticians have been operating on a retail level for some time. These ideas are not foreign to opticians.

This article offers an opposing point of view. It is neither intended to offend nor challenge anyone's competency.

J. Gary Peters, B.S., registered dispensing optician

Dispensing By O.D.s-Pro

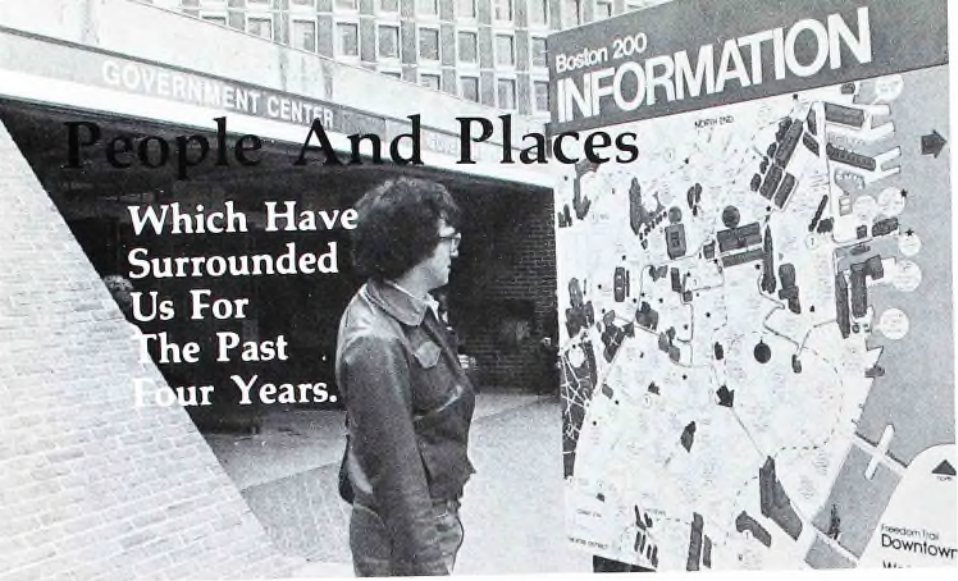
I have a good knowledge of ophthalmic and mechanical optics and dispensing. I feel that all optometrists should have adequate training in these areas. In my normal routine I do not spend any time in fabrication. I do however select frames with patients and dispense eyewear. Perhaps someday my practice will be so busy that these technical duties of frame selection and dispensing will be delegated to other personnel. I do not look forward to that time. One of the reasons that my professional type practice continues to flourish in this day and age of commercialism is the quality of care and service that we are able to deliver. The selection of frames with regard to physical and optical properties is awarded almost the same degree of importance as the examination. Prior to delivery to the patient eyeglass specifications are checked only by an optometrist. Visual performance is also re-checked at the time of delivery to the patient.

Perhaps my techniques are not progressive; perhaps these measures are not necessary; and perhaps we do not make an attempt to obtain the ultimate use of personnel. One thing is certain; our method of delivery of complete and quality vision care is very, very effective. This has been proven by a high level of practice growth in a highly competitive time and situation.

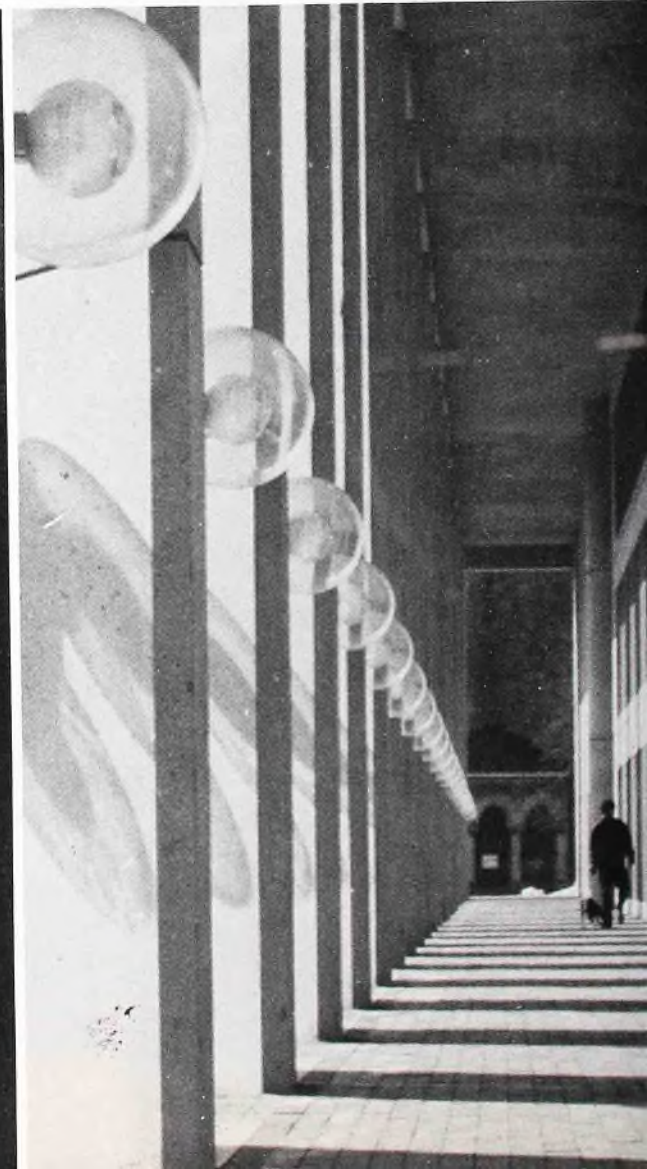
It is indeed unfortunate that many of our educators seem to believe that by eliminating adequate background and training in the field of ophthalmic optics and dispensing, that the newly graduated optometrists will not have need for these skills. The theory that optometrists need not be involved in eyewear dispensing has yet to be proven. It is a well known fact that most recently graduated optometrists lack adequate dispensing skills. I am unable to comprehend the reasons behind the lack of development of these skills. The dentist does not fabricate the denture, but he does the final adjustments to insure a comfortable fitting. The physician's assistant may take the blood pressure reading, but the physician will always rely upon his own second reading where the findings are incongruous.

The history of optometry is based in very modest beginnings. Over the years optometry has flourished and developed into a respected profession. Optometrists have always maintained that the complete visual care delivery system is the most effective. Overseeing the delivery system with full knowledge has been one of the greatest strengths of professional optometry. Premature separation of eyewear from this delivery system will result in a fragment system and in less effective patient care.

The above was abstracted from a longer article written by Arthur Janklovits, O.D.









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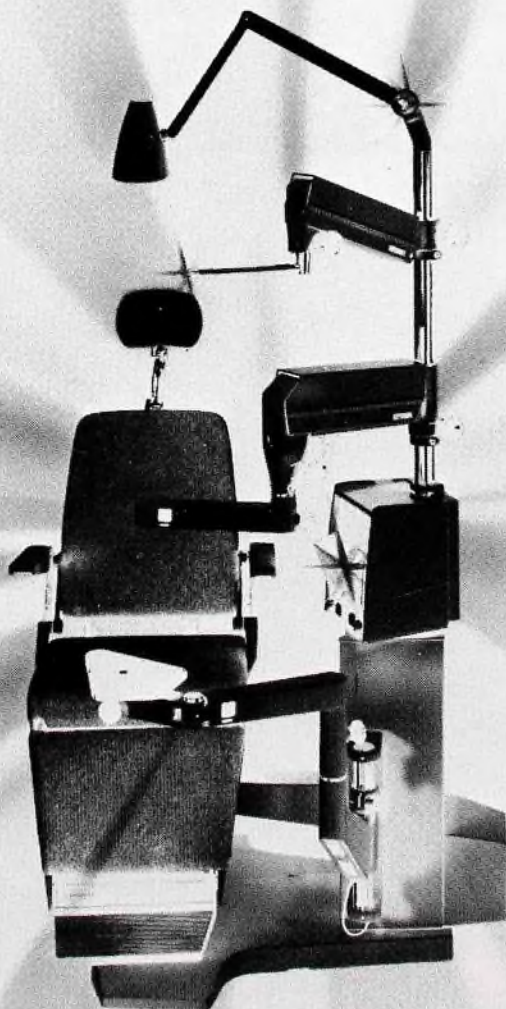
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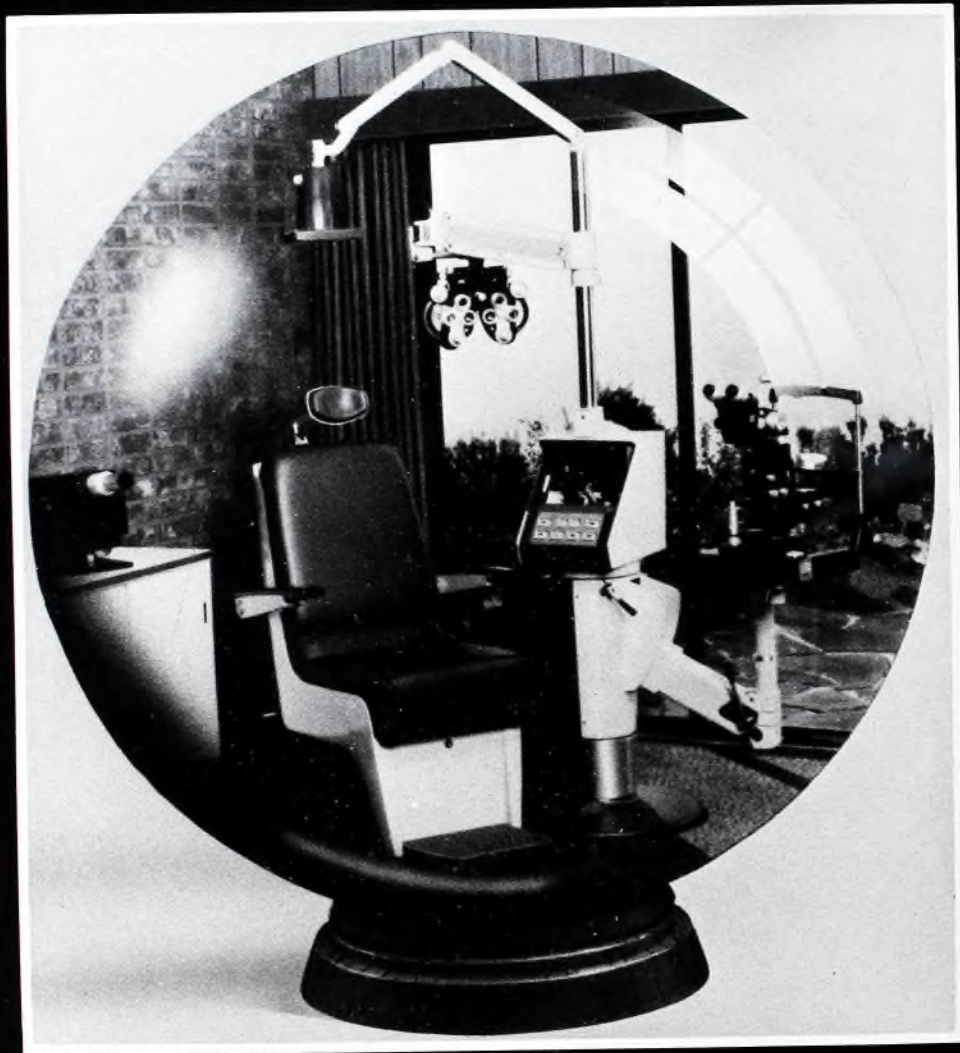
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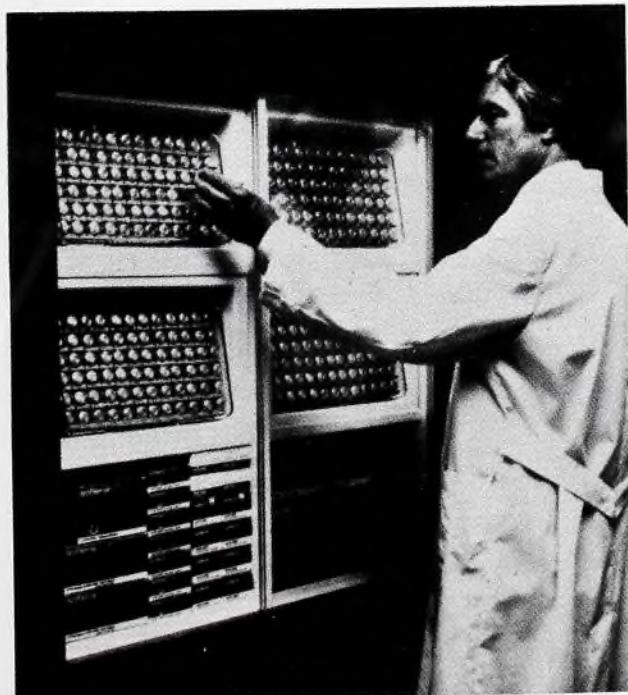
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Editor's Page

If the quality of a yearbook reflects the quality of the staff and technical people involved in it's production, then this publication deserves the Pulitzer Prize, as I was blessed with some of the hardest working, most talented individuals an editor was ever allotted. Some of these people deserve special recognition.

Our business and managing editor, Jeff Palmer came to me with an enthusiasm and competence beyond belief, not to mention a great deal of previous yearbook experience that helped guide the technical format of "Reflections 1978". His was a force we could not have done without.

Associate editor Gary D'Angelo held the fort down while I was on rotation, and did a remarkable job organizing the senior and controversy sections. Gary also produced consistently high quality photographs that drove me crazy with envy.

Photographic editor Rich Waido spent enough time in the darkroom to reach complete scopic adaptation, coming out only long enough to compete with Gary for production of the finest photographic work given me. Much that is visually pleasing in this book is his.

Karin Seidel offered her help at about the same time less dedicated members of the staff were bailing out, and gave her best on any assignment given her. Her reliability gave me the strength to go on.

Nancy Murray was with us from "day one", and was very much involved in organizational details. Her contributions, while not visible, were vital.

The secretarial staff in the front office, most notably Val, Sue, and Ginger provided talents and encouragement that kept this project moving, while Jo-Anne Levin, representing the office of continuing education gave a great deal of time and effort aiding a successful fund raising drive. Dr. Walt Potaznick supplied many photos and much support.

I would also like to thank Dr. Frank Kozol for giving me his guidance on many issues, his friendship, and his trust.

I feel that special thanks are due the friends of "Reflections 1978" listed on the sponsor page. Their generous support allowed us to produce a larger, more technically sophisticated book.

Finally, I would like to thank the class of 1978 for the photos and comments that appear in the rotation section. They give us all the chance to share in that unique portion of our fourth year.

Much of this book was organized in a "tongue in cheek" manner. The intent of this was not to belittle the profession of optometry, nor the school that provided us with an education, but rather to give us another perspective of the long and arduous road we have just completed.

I hope that as we look back on the images reflected in this book we'll be able to remember that while it was a lot of hard work and study, it was not without its pleasures.

My best wishes to all of us,
Terry B. Goodman, Editor,
"Reflections 1978"



