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1983
c.2



REFLECTIONS 1983

New England College Of Optometry

Editor: Deborah Lynn Wayne
Asst. Editor: Ivy Hopp Spears
Business Manager, Edward Kaplan



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DEDICATION

IT IS WITH FULL REALIZATION OF THE INADEQUACY OF WORDS, THAT THE CLASS OF 1983 DEDICATES THIS ISSUE OF REFLECTIONS TO OUR PARENTS. THROUGH WHOSE UN-SELFISH DEVOTION WE WERE ENABLED TO ACQUIRE OUR EDUCATION.

WE UNDERSTAND AND WE FEEL THAT THEY UNDERSTAND, THAT THEIR LABOR WILL NOT BE REPAID. LABORS OF LOVE ARE NEVER REPAID. THEY ARE THEIR OWN REWARD.

WE DO KNOW THEIR EFFORTS ARE APPRECIATED AND THAT WITH THIS APPRECIATION, THERE HAS BEEN BORN A DETERMINATION TO SO USE OUR MEAGER TALENTS, THAT WE WILL BRING HONOR TO THOSE WHO WILLINGLY ACCEPTED THE CHALLENGE. — "EDUCATION IS A DEBT ONE GENERATION OWES TO THE NEXT."

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CREDITS

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Typists: Michele Engber, Patti Augeri, Ivy Spears, and Debby Wayne

Special thanks to Bill Fine for all the hours of help and support.

Dear Member of the Class of '83,

The excitement of graduation will be over by the time this yearbook reaches you. In most cases, You'll probably have the results of your state boards, and even be well underway toward becoming established in your first professional position. And while a few months hardly justifies "nostalgia," you'll page through this book and evoke many memories as you find yourself already "looking back" on your NEWENCO years.

Yet in every other way you will be looking forward, toward your future in optometry. You and your classmates, perhaps as much as any recent graduates, will be leading the way into a profession of continuing change. New forms of practice, drug legislation, the expanding ophthalmic industry, the high rate of practitioner retirement, the aging population, and new technology are among many factors which are changing the face of optometry. But challenge represents opportunity. I am confident that optometry will emerge with even greater strength than it has today and that you will play key roles in bringing that about.

We've done our best to help you prepare for these demands. We've provided a thorough theoretical background, a deep clinical exposure and introductions to public health issues and practice management techniques. Now the challenge is yours to take these skills and training and use them to reach your goal, whether it's a small private practice in a rural town, or a group or institutional setting in a major metropolitan area.

Now, as alumna or alumnus, you will assume a new relationship with your College. We'll be here, a resource which you can use in many ways. As the years go by you will have the opportunity to help students who succeed you with your knowledge and commitment. On our part at the College, we pledge to play our part in working with you toward the strength and future of the profession whose interest we proudly share.

Sincerely,

A handwritten signature in cursive script, appearing to read "F. Dow Smith".

F. Dow Smith, Ph.D.
President

Dear Classmates,

The Foreword contined in the 1936 yearbook expresses the sentiments of the 1983 Reflec-
tions:

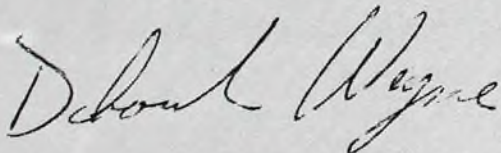
"It has not been the intention of the staff of this Yearbook to edit a volume which will
withstand the prying eye of the technical reviewer.

Rather has it been our desire to so relate the events of our school life, which we would not
forget, that in years to come, when forgetfulness has dulled the now keen edge of memory,
we will be able to relive the days of our youth, by a leisurely perusal of this book."

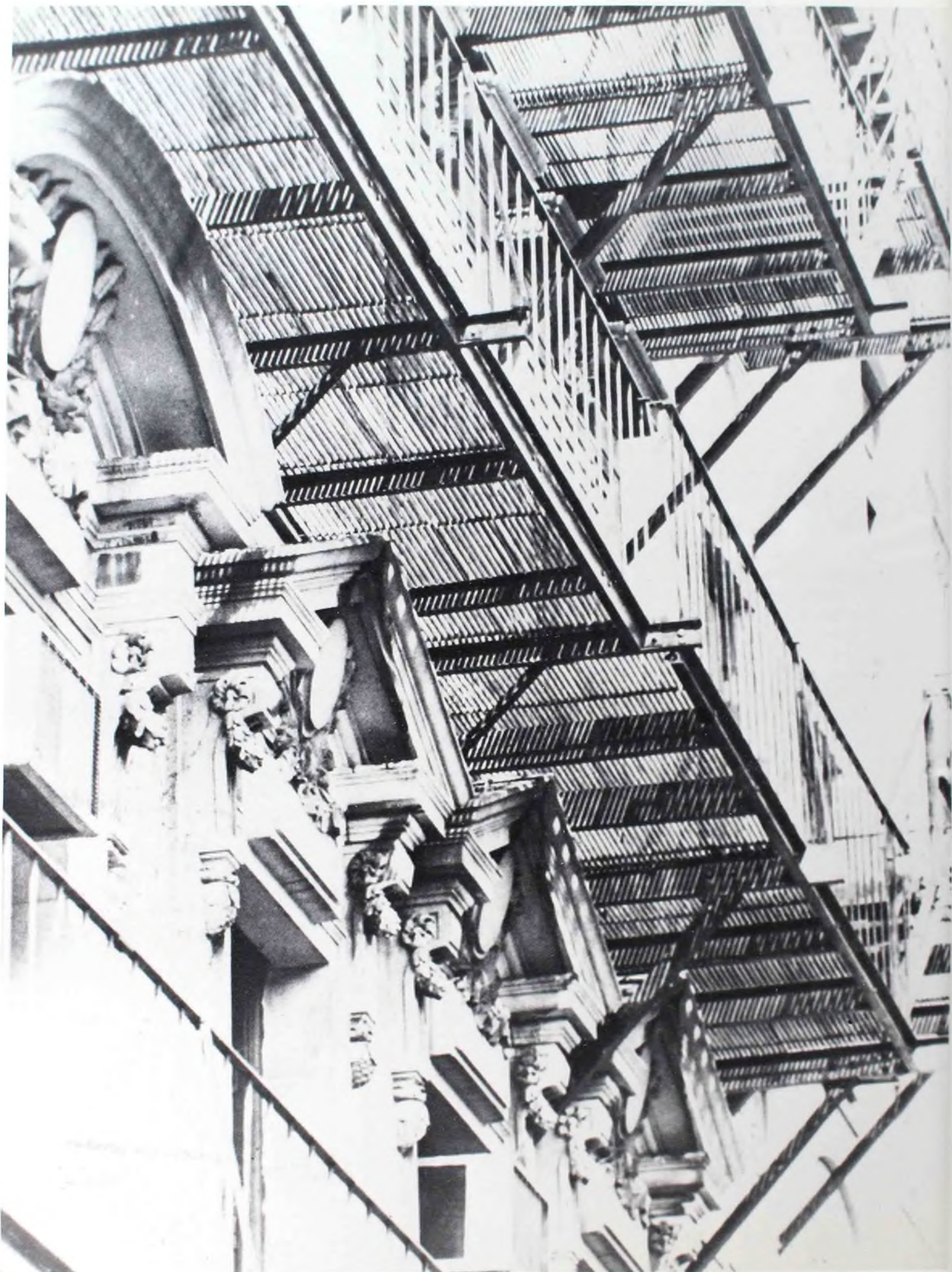
I'm taking this opportunity to thank each of you for making my years at NEWENCO an
enjoyable experience. I only hope that I was able to do the same for many of you.

In regards to the yearbook, I thank all those that contributed pictures, thoughts, time, and
support. Special thanks go to Ed Kaplan, Ivy Spears, and Bill Fine for working many long hard
hours raising money and working to formulate a well rounded yearbook to be enjoyed by all.

In closing, I wish you all health, happiness, and success in all you do during the years to come.

A handwritten signature in cursive script that reads "Deborah Wayne". The signature is fluid and elegant, with the first name "Deborah" being larger and more prominent than the last name "Wayne".

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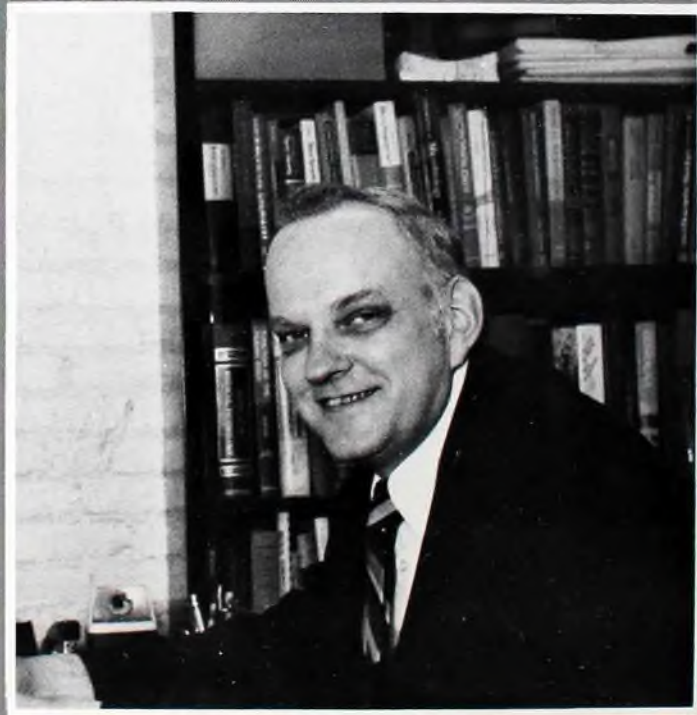
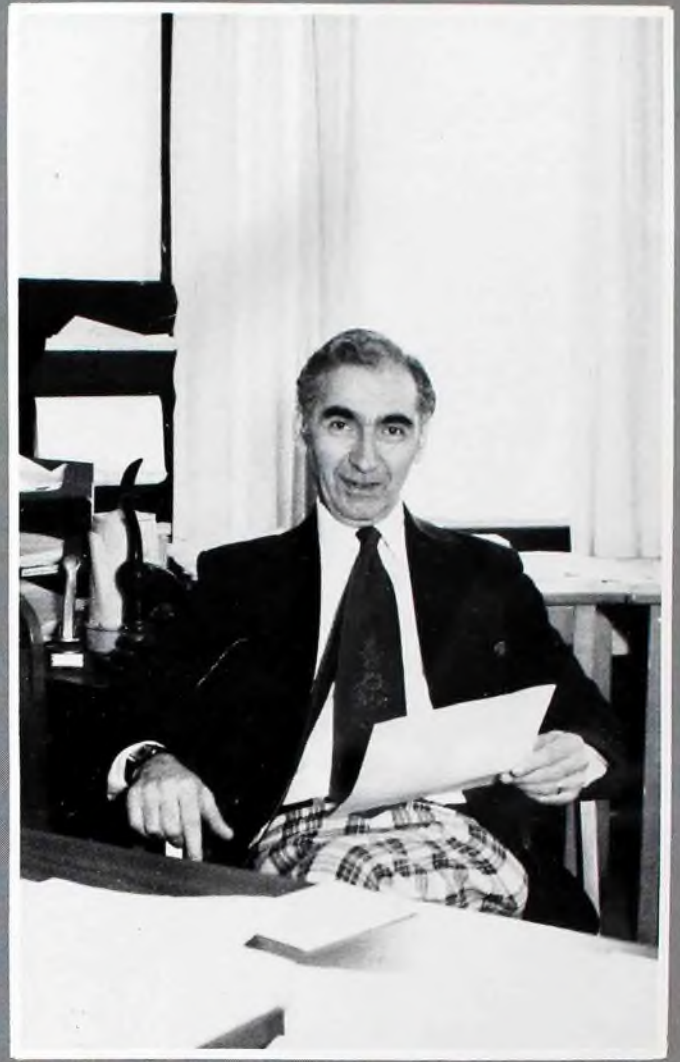
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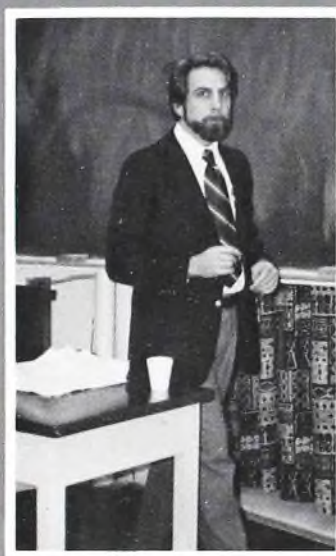
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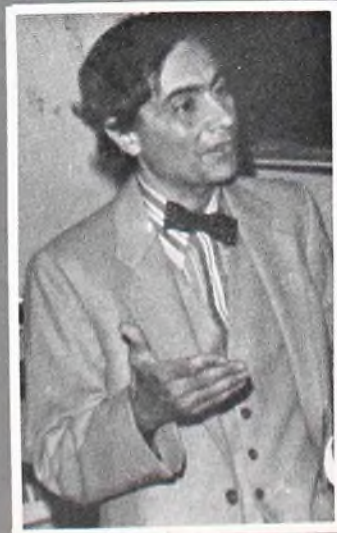
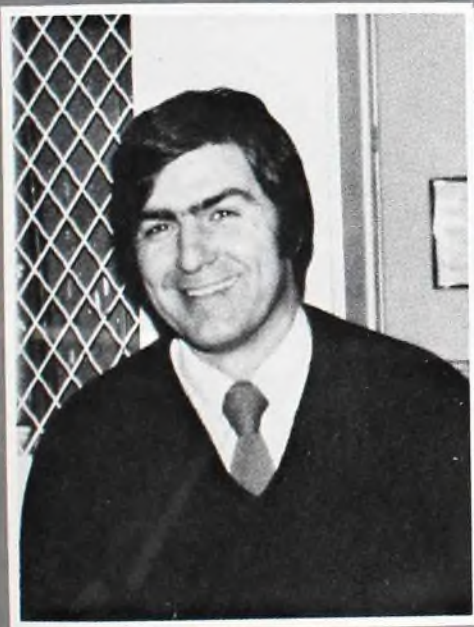
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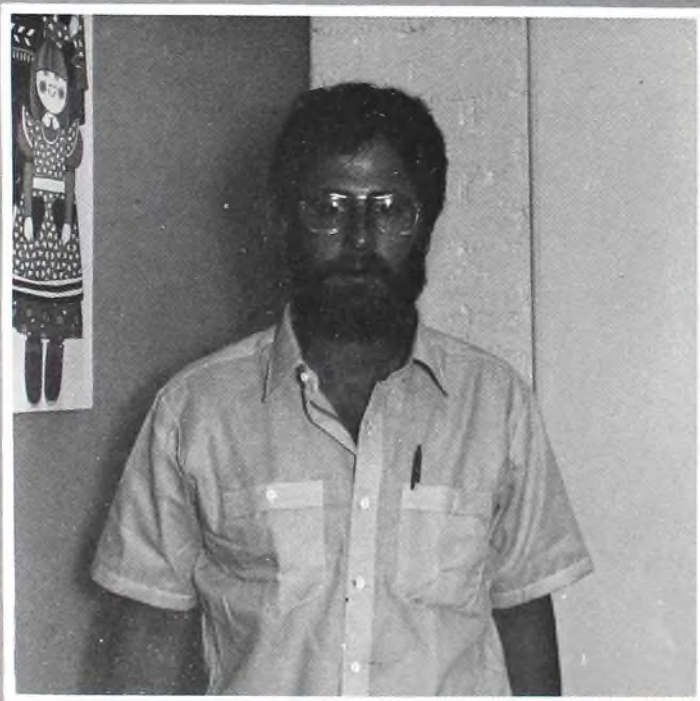
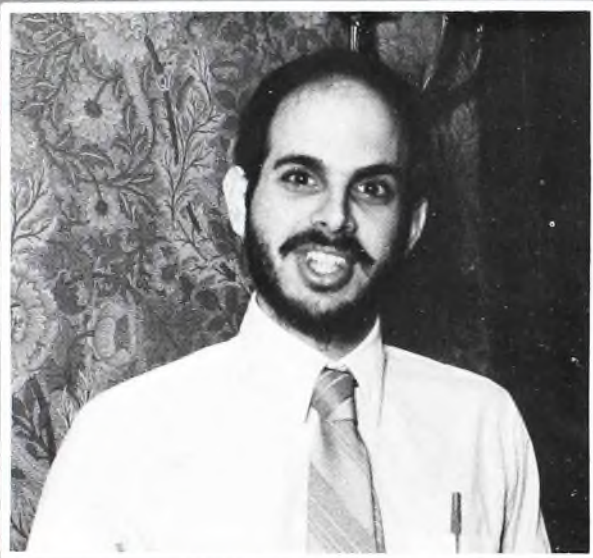
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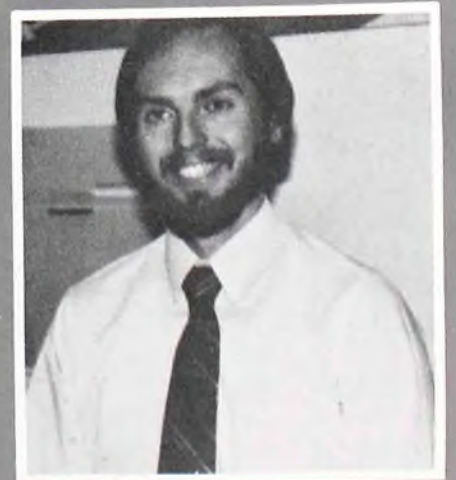
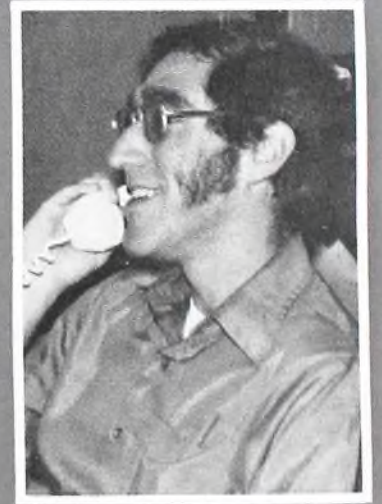








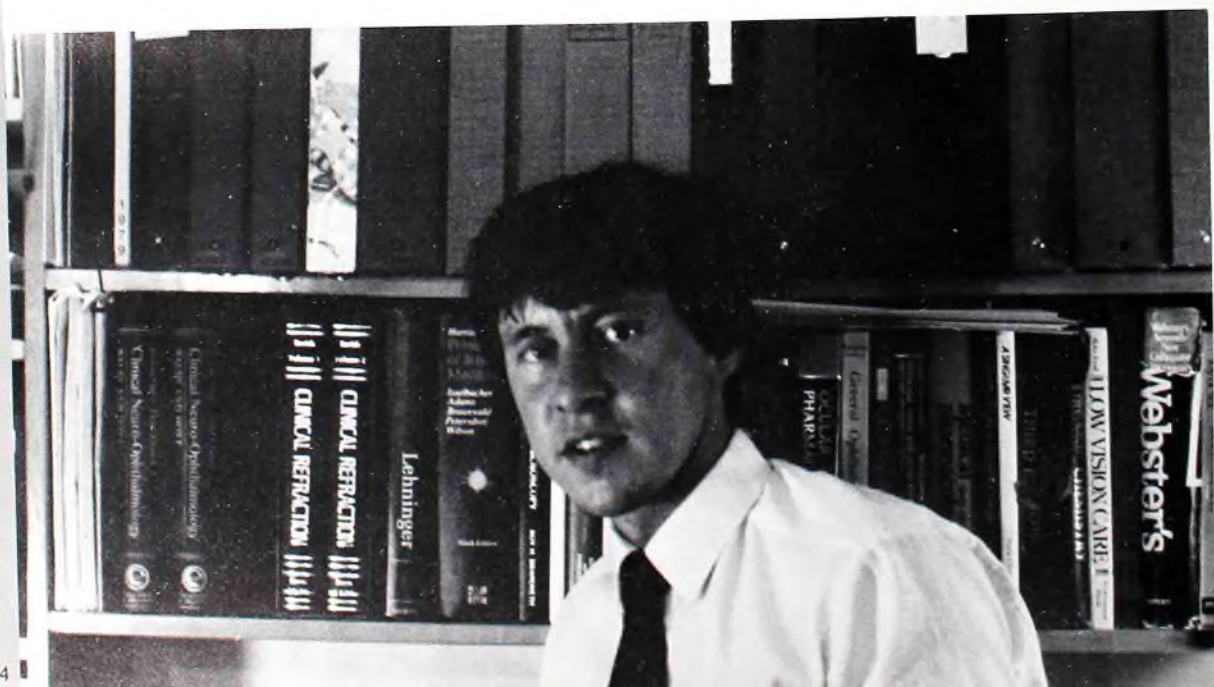




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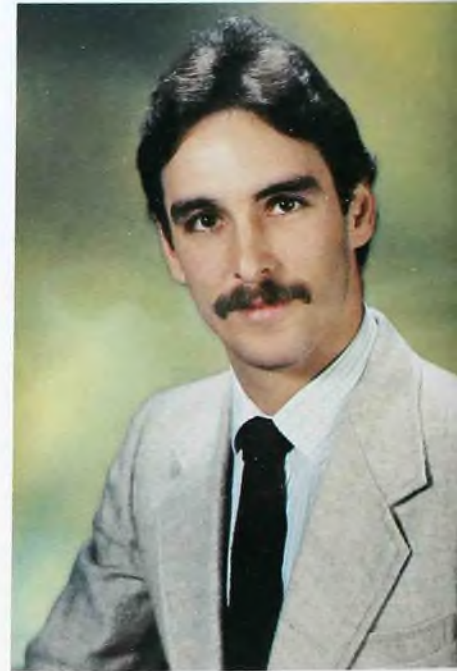
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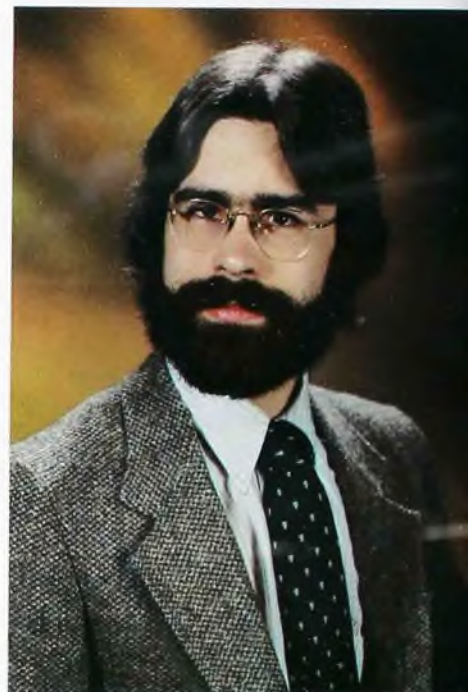
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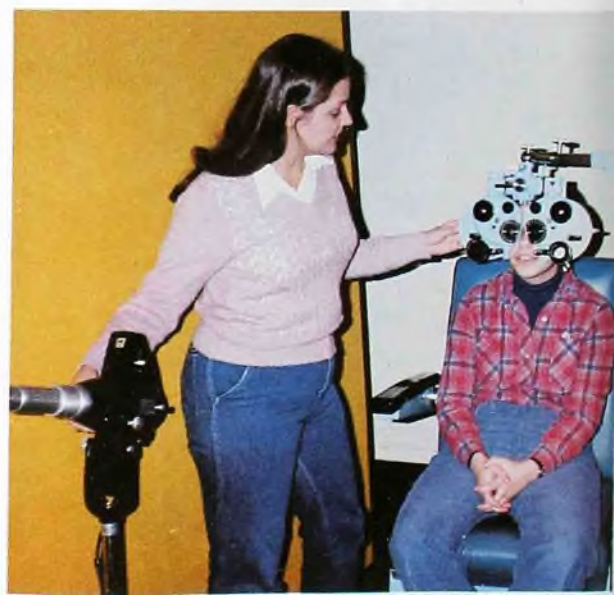
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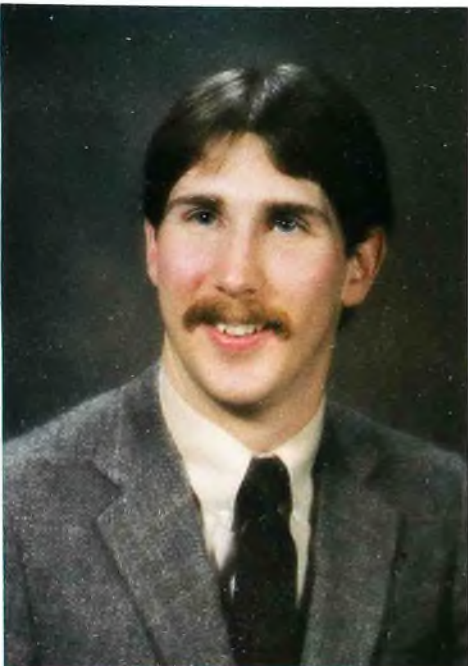
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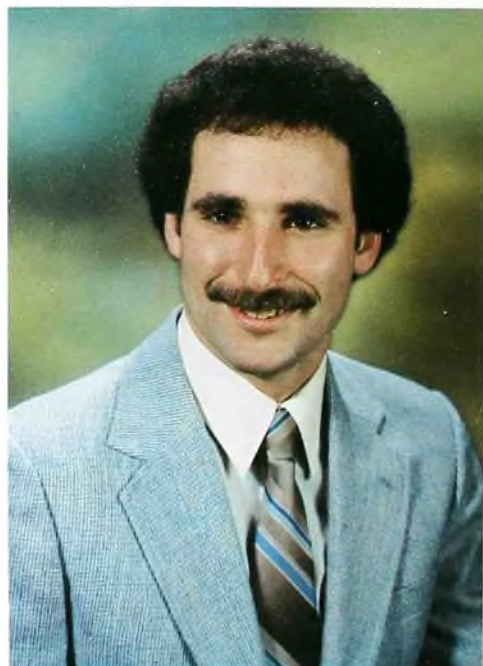
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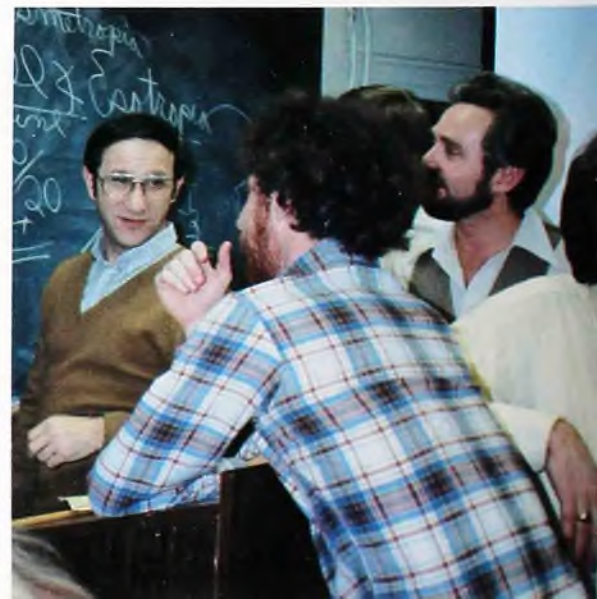
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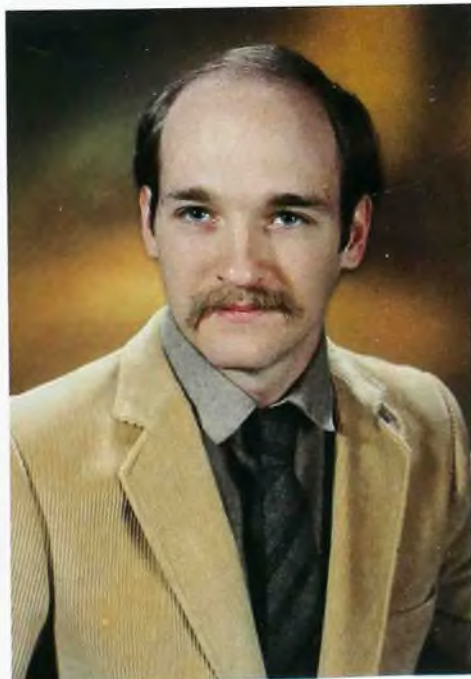
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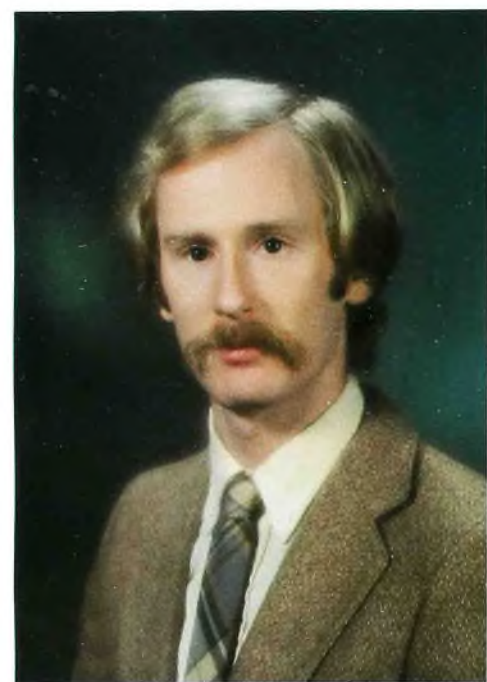
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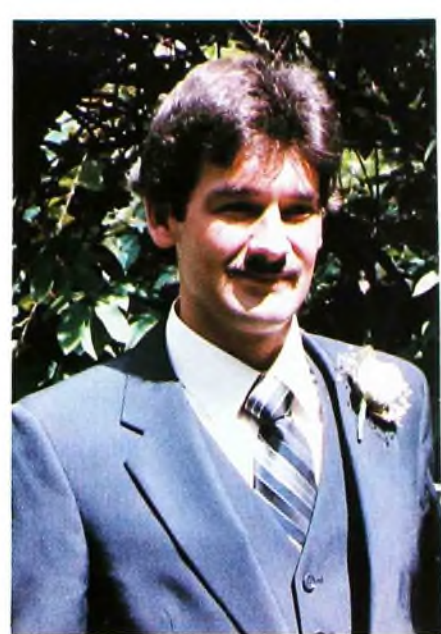
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CLASS OF 1984





CLASS OF 1985





CLASS OF 1986





Optometry in the 1980's is a profession facing substantial change. Use of Diagnostic agents and therapeutics in some areas; Changes in demographics and patterns of consumption, competition from big business and organised medicine; rising costs of materials, education, and equipment all contribute to the difficulty in predicting the future of the profession.

In NEWENCO classrooms and clinics we learned to measure visual fields with occluder and wand. We took histories and kept records in longhand, measured K's, performed retinoscopy and other techniques in time honored ways.

But current optometry is beginning to use automated equipment. Computers and micro-processors, lasers and other "high-tech" items are finding their way into optometric practices. New plastics, new manufacturing methods, new lens designs, new drugs, and new surgical techniques all have their impact on optometry.

On the following pages a couple optometrists and educators with vision present their ideas and feeling on the impact of new technology on optometry.

Dr. John H. Carter is well known to NEWENCO students where he has been a Professor of Physiological Optics since 1970. He is a fellow in the American Academy of Optometry, and the American Association for the Advancement of Science. Dr. Carter received his O.D. from the Pennsylvania State College of Optometry in 1953 and his Ph.D. from Indiana University in 1962. He has written numerous Scientific, technical, and professional papers, and has been active in various organizations and committes.

Dr. Ernest V. Loewenstein is a 1977 graduate of the Two-hear accelerated O.D. program at NEWENCO. He received his Ph.D. in physics from John Hopkins University in 1960. He is a member of the American Optometric Association, a clinical associate of the Optometric Extension Program, and a fellow of the Optical Society of America.

SOME COMMENTS ON AUTOMATED REFRACTION

John H. Carter, OD,Ph.D.

Recent developments in high technology in the United States have led to the widespread availability at resonable of a variety of miniature electronic devices. It is not surprising that these developments are beginning to find their way into instrumentation of interest to eye-care practitioners. Examples include non-contact tonometers, visually-evoked potential apparatus, alpha and beta-scan ultrasonographs, video display units for acuity and spatial modulation transfer function testing, automated visual field plotters, and automated refractors. Some brief comments concerning the status of automated refraction in optometry follow.

Contemporary automated refraction instruments include both objective and subjective devices. With but a few exceptions, these provide little clinically-useful information other than monocular refractive data. Despite an initially high level of practitioner interest, optometrists are now adopting these instruments only at a modest rate. Factors contributing to this apparent decline in practitioner interest presumably include the following:

1. High cost

Automated refractors together with needed accessories range in cost from around ten to upwards of forty thousand dollars. And, the practitioner who invests in an automated refractor cannot expect to reduce substantially his investment in traditional refracting equipment.

2. Unrealistic Past Expectations

Many optometrists at first believed that automated refractor data could be prescribed directly. Good optometry depends upon the exercise of sound professional judgement. While computer-based judgemental systems have been utilized experimentally in certain other health professions, no existing automated refractor attempts to simulate professional judgement so the professional remains directly involved in the prescription process.

3. Lack of Compelling Need

Automated refractors neither allow the optometrist to obtain clinically-useful information that is not otherwise obtainable nor do they permit him to derive more accurate information than is possible using traditional equipment.

4. Lack of Appropriate Utilization Systems

Use of an automated refractor by the technician can be cost-effective because it allows technical time to be substituted for the professional time. This, however, demands an in-office system which allows efficient time-utilization by optometrist and technician alike. Such systems rarely are encountered in existing optometric practices.

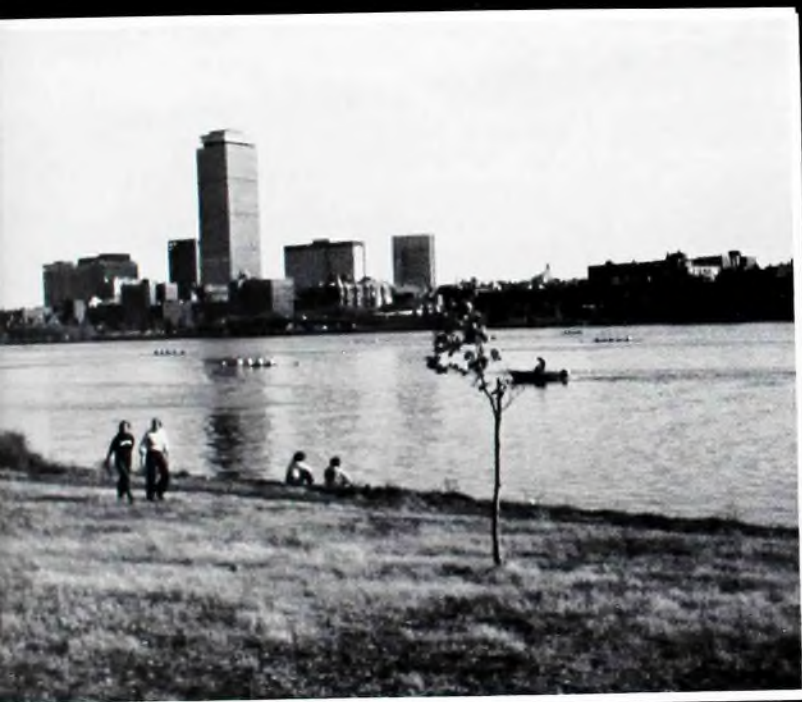
What is the future for automated refraction? It seems reasonable to believe that optometrists eventually will come to depend heavily upon automated instrumentation. Acceptance of this change in character of optometric practice will depend, however, not only upon instrumentation available at reasonable cost but also upon the emergence of extrinsic factors that influence mode of practice. To the extent that optometric workloads remain light and optometrists fearful of "competition" offered by automated devices, these instruments are not likely to gain widespread acceptance. Should individual optometric workloads increase and should requirements for enhanced cost effectiveness emerge, the optometrist can be expected to become increasingly willing to allow technical assistants to perform those functions which he now tends to regard as his professional prerogative. Then, automated devices will become readily accepted by optometry.

Two distinct types of invisible bifocals have come into the market in recent years. One type is the blended bifocal, where the dividing line between the seg and the main lens is "tapered" or blended so as to be nearly invisible. In optics only sharp discontinuities are readily seen, so a taper instead of a sharp change in contour conceals the presence of the seg. This procedure is possible only in plastic or one piece glass bifocals where the seg addition is provided by a different curve rather than as a fused bifocal where the addition is provided by a higher index of refraction.

The other type is the progressive addition lens, in which the power increases smoothly and gradually from the distance power to the prescribed near power, usually some 12 to 14 mm. below the distance center. The original impetus for the development of these lenses came from France, where the Varilux lens was developed. Other optical companies have followed suit with the Ultraview, Super No-Line, and Unison lenses. All have in common a highly aspheric front surface, again with no discontinuities, which presents the wearer with a gradual change in power. By an appropriate adjustment of the head the wearer can bring into focus objects at any distance. These lenses are available in glass, plastic, and photochromic materials. The design compromises that must be made to achieve the progressive addition come at a price: the lenses have significant astigmatism at points a millimeter or so removed from the center of the progressive addition "corridor." Away from the corridor in the lower half of the lens, there is distortion of straight lines causing objects to appear to "swim" when the head is turned. In spite of vigorous marketing efforts by manufacturers of progressive addition lenses, they have not had the acceptance in the United States that they are said to have in Europe.

As new optical materials are developed we can expect to see additional invisible bifocals introduced. There are already so-called gradient index materials (going by the acronym GRIN) which are formulated so that the index of refraction varies smoothly from point to point in the lens. Thus by suitably modifying the index at various points, the manufacturer can build in any desired change in lens power in any configuration that seems desirable. It remains to be seen what limitations, if any, are ultimately placed on the freedom of the designer by these materials.

Further in the future, we can envision the time when the refractive index of the glass can be varied at will by the wearer by changing an electric field, for instance. We could then be wired to our glasses and could see clearly at any distance merely by turning a knob. The ultimate refinement would be to have a device that controls the electric field from a quantity measured from the wearers brain, such as the alpha rhythm. The spectacles would then have achieved the ultimate, in that their control would be very like that of the crystalline lens.

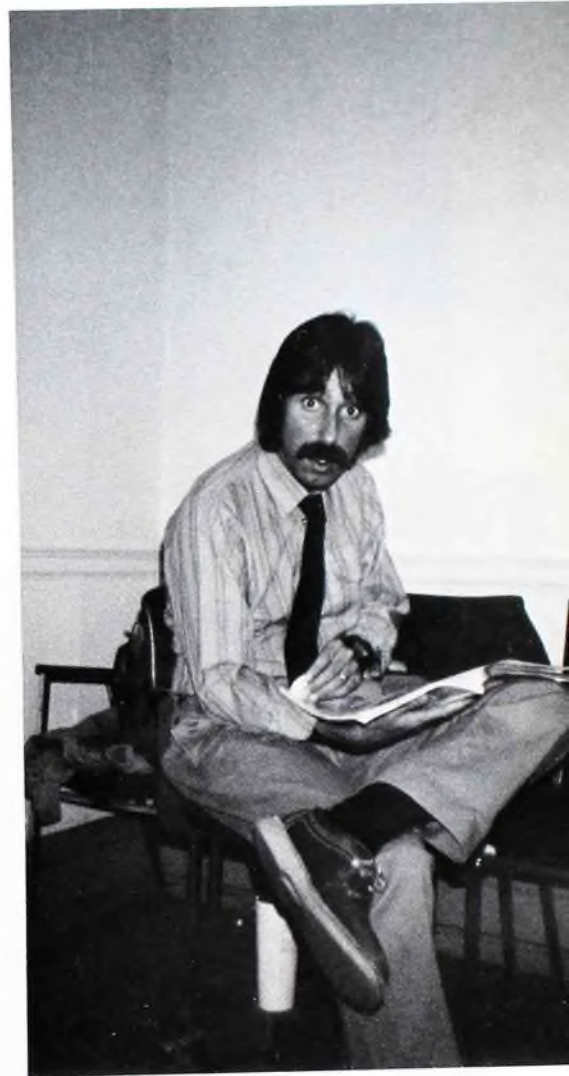




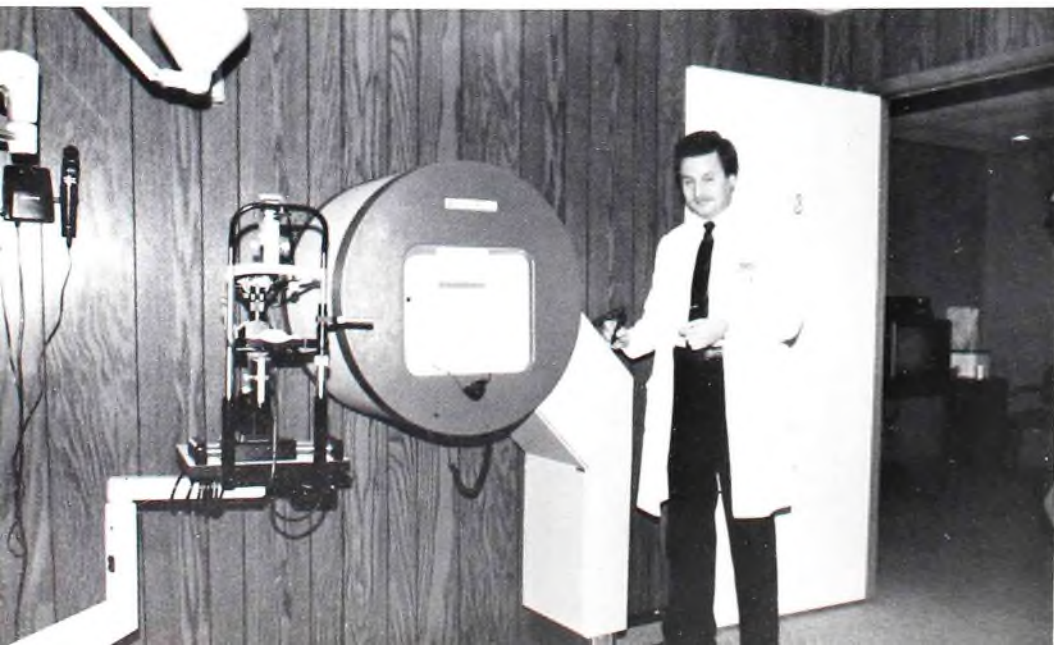
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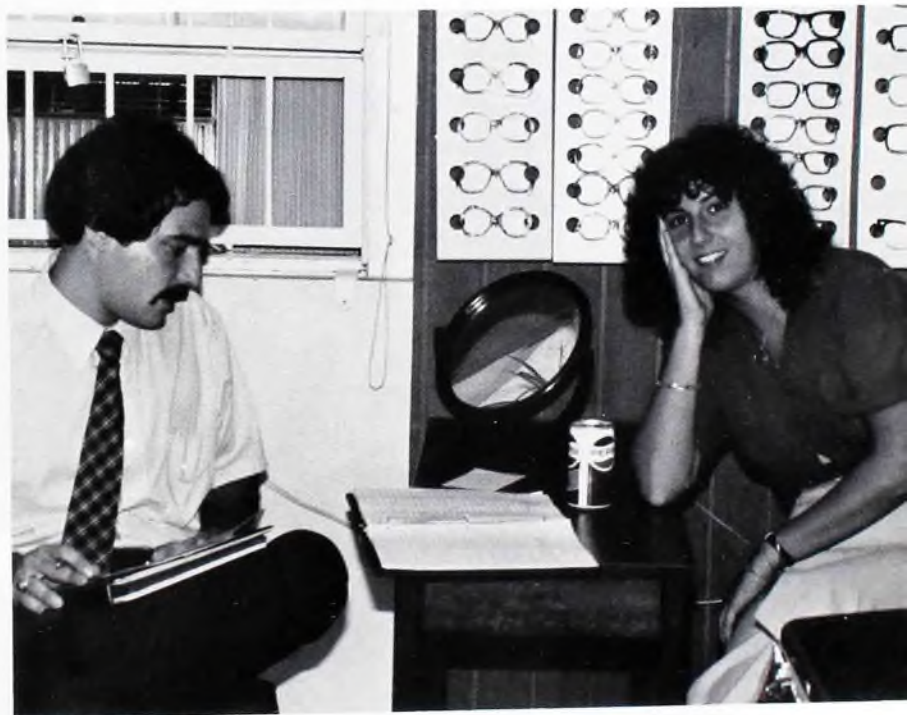
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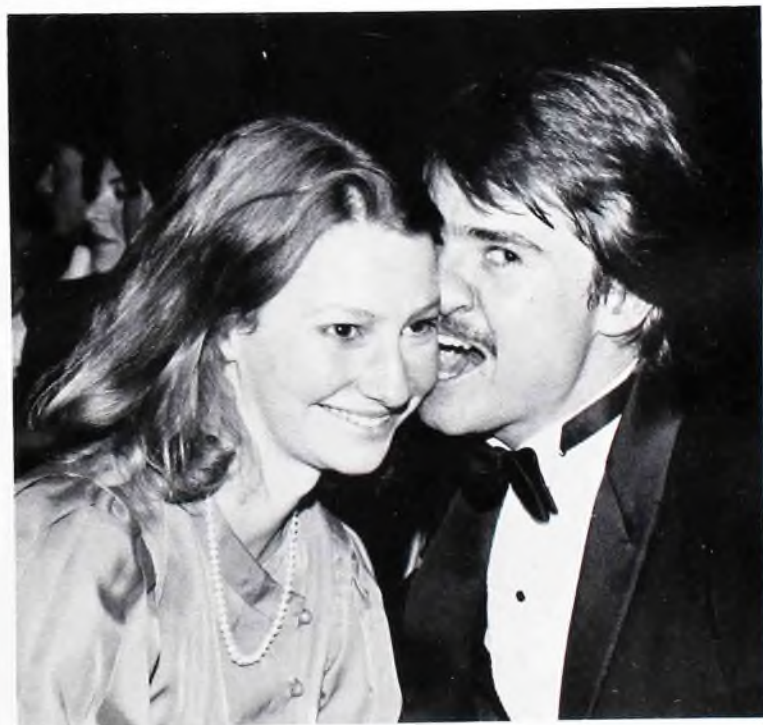


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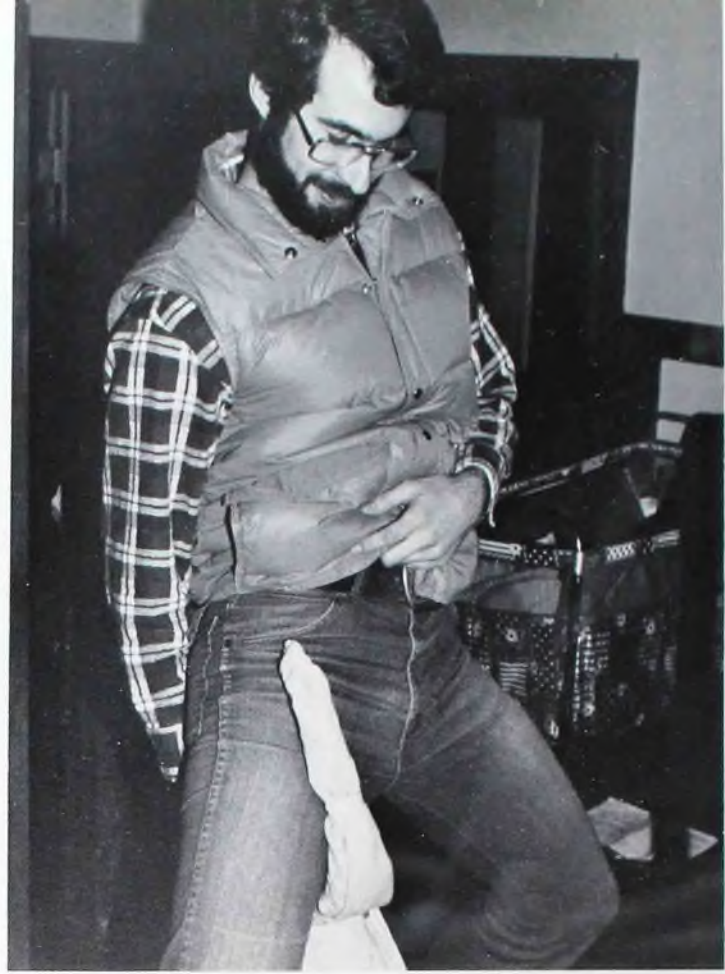


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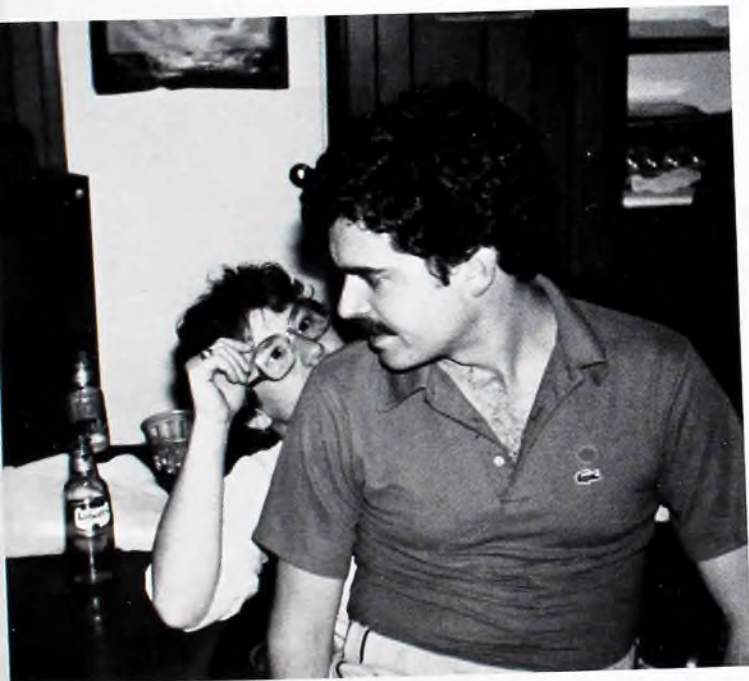




XMAS CONCERT







VALEDICTORY ADDRESS

Fellow graduates, distinguished faculty, families, friendships- welcome.

Sometime ago now, upon my acceptance to the New England College of Optometry, a friend told me not to despair about leaving family and friends behind to go on to professional school because the time would pass rapidly. At that time I found little consolation in his words, because four more years seemed an interminable eternity to me- as it probably did to most of my classmates.

Now, in retrospect, with four years of my life having somehow evaporated without my knowing it, I am hard pressed to believe this ordeal is finally coming to a close. For it seems only yesterday when Dr. Dow Smith and a veritable horde of NEWENCO faculty and upper classmen welcomed our class to the college, each extolling the virtues of the optometric profession and the challenges that lay ahead for us. Unfortunately, none of them could have prepared us for the wild and wacky world we were about to enter: the world of the Nonius horopter, siamese cats, snowballing, flash phorias, baring of the blindspot and the Miller-Fisher-Gubler one and a half. It was also the world of such memorable mnemonics as COWS, CUWD, SILO, SOLI, BIM and BOP. If most of you in the audience found those terms confusing and strange, don't despair, most of us still do. And they are just a few of the more memorable. I do refuse, however, on the fear of being removed from this podium, to recite the two X-rated mnemonics for the motor and sensory aspects of the cranial nerves- even though they were by far the easiest and most interesting to learn.

Though the past four years have passed rapidly, they were years of great change and personal growth for each and every one of us. Coming from such diverse backgrounds as pharmacy, nursing, engineering, business, psychology and the biological and physical sciences, we have all individually and collectively endured this vigil- the days without end in classroom IV; the endless barrage of tests and practical exams; and the ever-present threat of National Boards- all in pursuit of a common goal, to graduate as Doctors of Optometry. It was also a time during which many of us experienced great personal achievement; and it was also a time during which some of us weathered the storm of great sorrow, the death of parents or loved ones. It was also a time for accumulating the vast amount of knowledge required to competently practice our future profession.

Nonetheless, some one hundred plus exams, approximately twenty clinical and laboratory practical exams and three sets of National Boards later, we are the proud survivors of a rigorous and gruelling academic and clinical program. We have many people to thank for it.

First, to our instructors, without whose knowledge, guidance and teachings, none of us would be here today. Teachers such as Drs. Mack and Nathanson, who taught us optometry; Dr. White, who shared with us his disarming manner, his Kermit the frog coffee mug, and his encyclopedic knowledge of contact lenses; Dr. Scheiman, who taught us the finer points of binocular vision; Dr. Richman, who taught us ocular disease, and whose weekly perusal of the class list in search of new victims redefined the words terror and panic in us all; Dr. Ladenson, who taught us clinical medicine and proved bi-weekly that the English language is still alive and well and eloquent in those who still know how to use it; Dr. Samuels, who spiced his superb neuro-ophthalmology lectures with a stand-up comedy routine worthy of an HBO special; Dr. Kozol, who taught us ophthalmic dispensing and who demonstrated to us every day in the rotunda why he chose a career in optometry rather than the opera; Dr. Carter, whose rapid-fire presentations and knowledge of all things optometric simply defies description; and Dr. Klein, who had the unenviable task of enduring and grading our fourth year oral presentations- may I please pass this one.

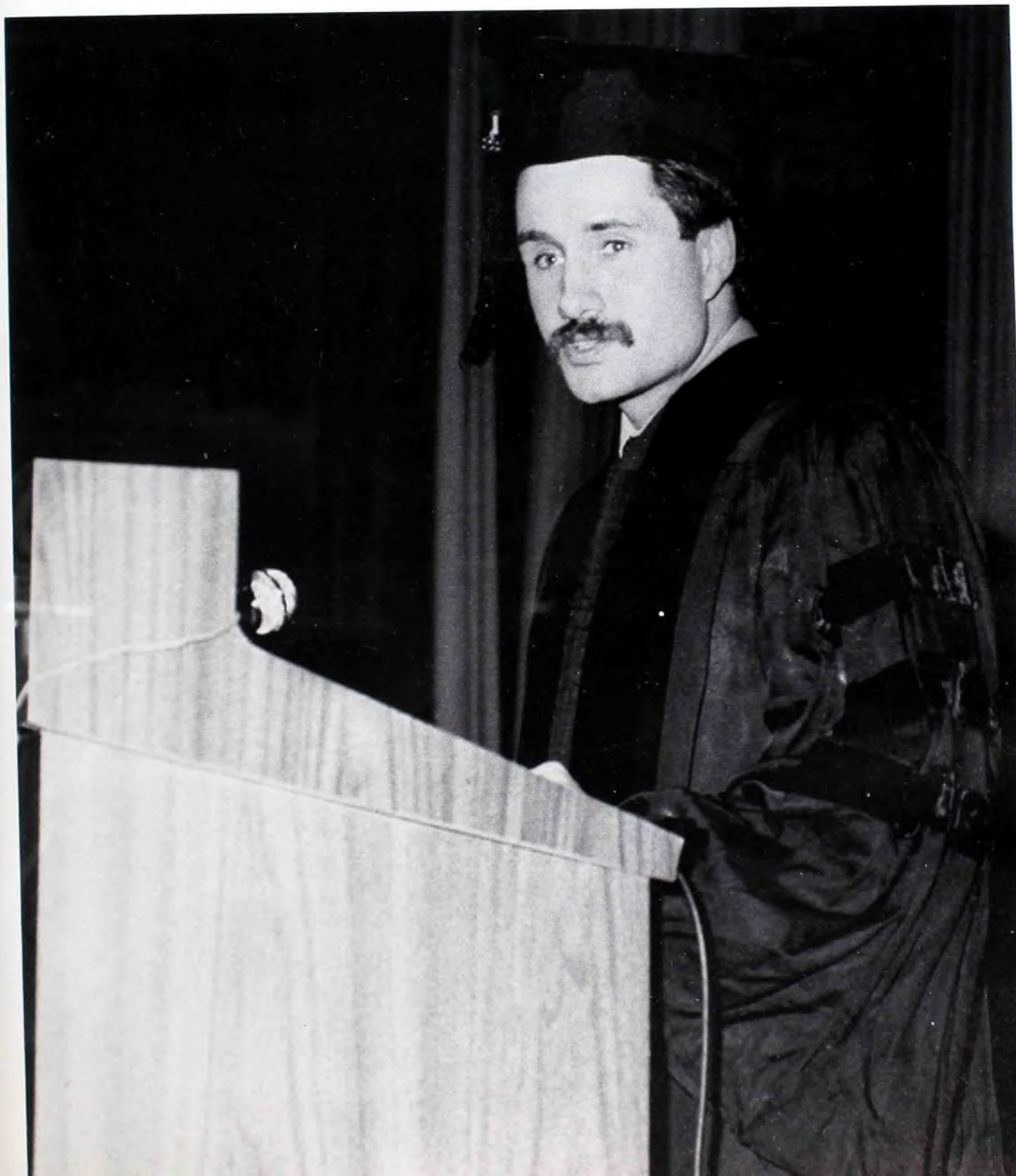
To all of you, and to the countless others who contributed to, and helped shape our growth as professionals- we as a class thank you.

But the greatest thanks of all goes to you, our families and loved ones without whose continual love, support and understanding this day would have never materialized. To our parents who nurtured and guided us; to our spouses who supported us, both emotionally and financially; and to our children who spent many long and lonely hours without us- we love and thank you all. For this day is your day, and you are all as much or more a part of the degree conferred upon us today as we are.

And thank you my fellow graduates, for enriching my life over the past four years as friends, classmates, and future optometric colleagues. May you achieve your every wish in your lives and future careers.

And, in closing, I would like to take one last moment to pay tribute to a very special classmate, someone whom I have inwardly marvelled at over the last four years and someone we have all taken for granted. To Andy Baker, an individual who has had to overcome a profound hearing impairment since birth, and through his own effort and dedication is graduating with us today. God bless you, Andy, for showing us the real meaning of courage. And may God bless you all my fellow Doctors of Optometry.

Frank J. Myska, O.D.

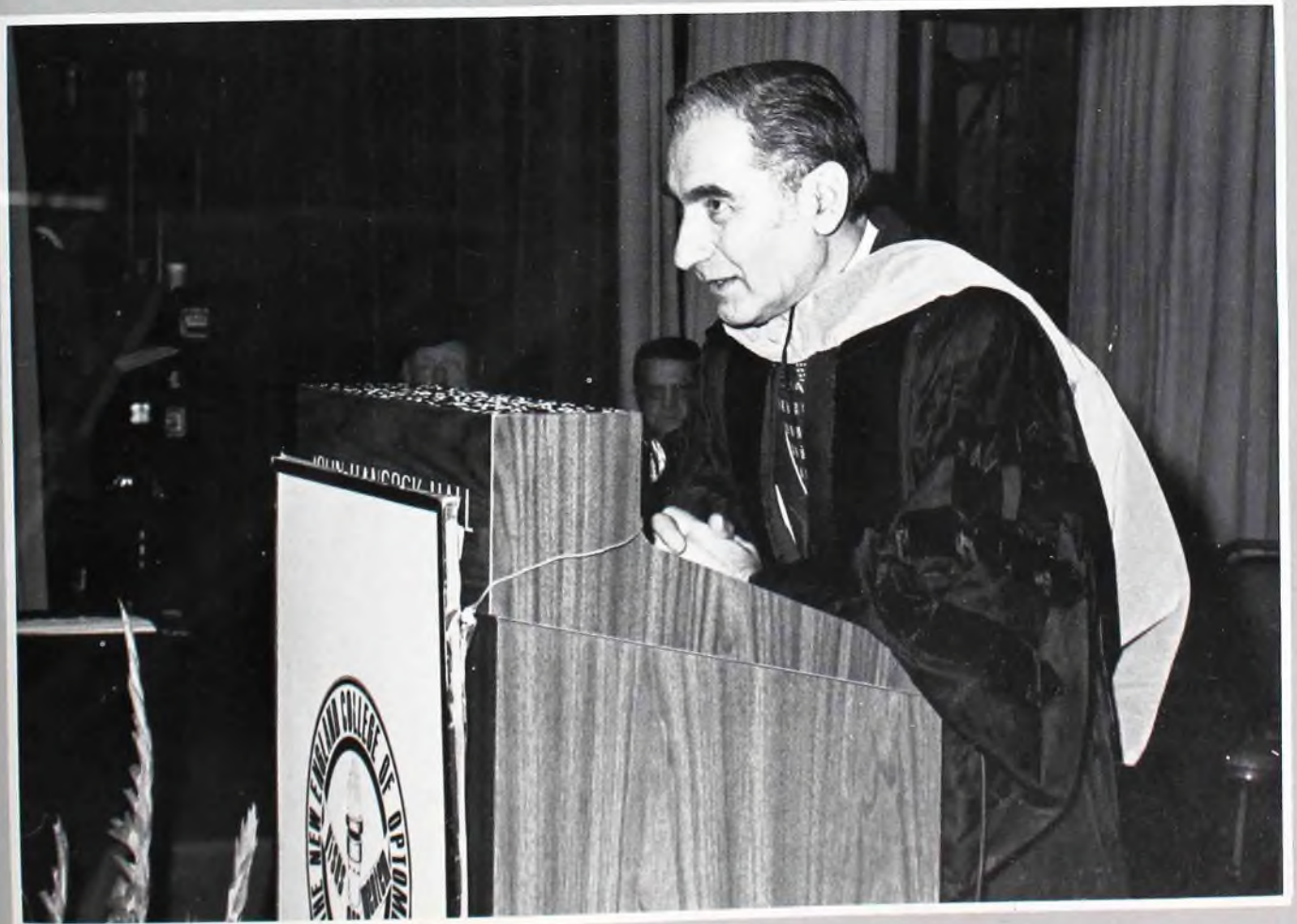




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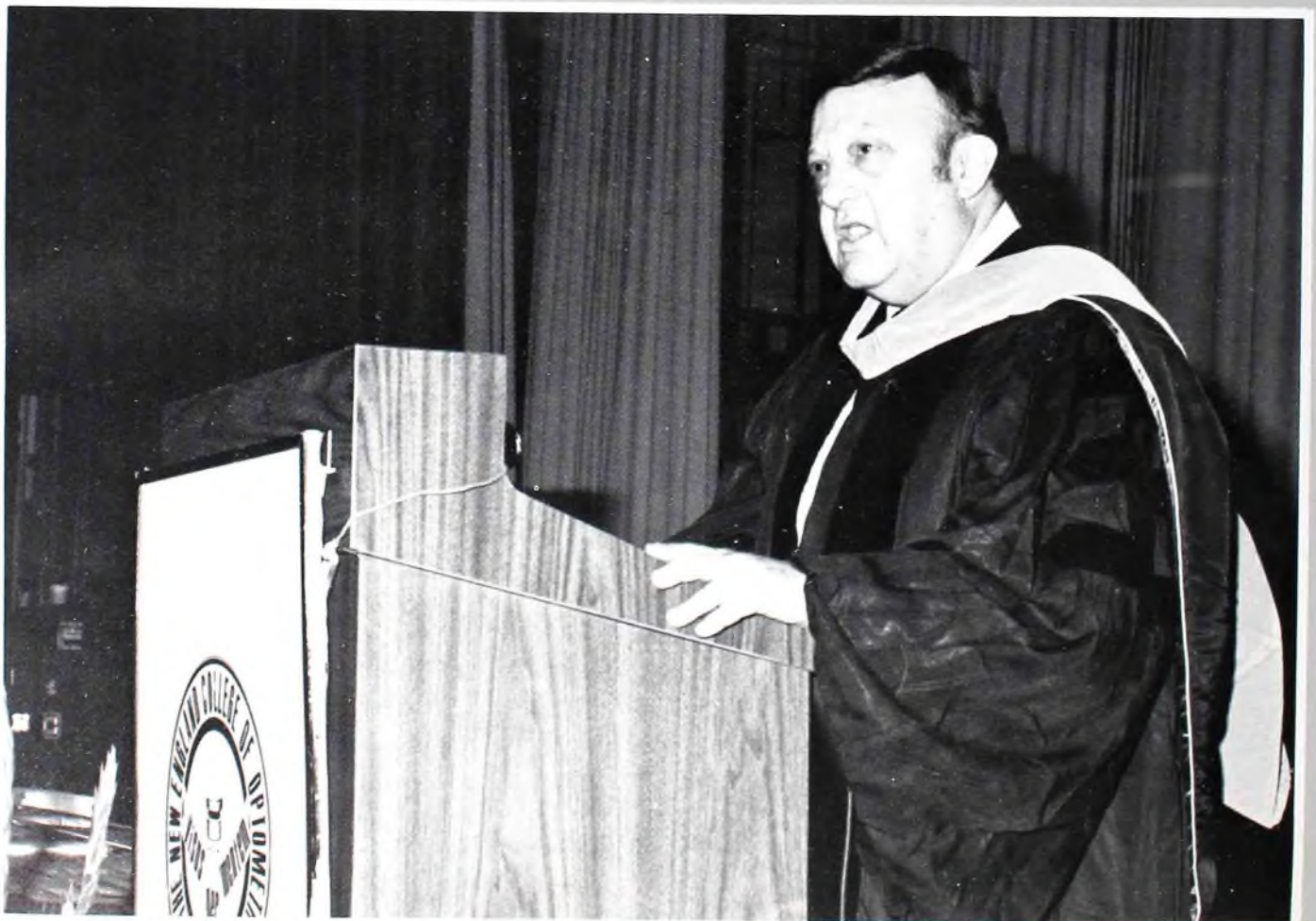
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FUTURE

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CLASS WILL

We Leave:

Susie Ackerman, a skirt and a wrestling trophy
Stephen Adelstein, a simple answer
George Adrian, a pan of Patti's Lasagna
Patti Augeri, a shopping spree on 5th Avenue
Andy Baker, a TTY with at WATTS line
Steven Baker, new roomates
Douglas Benoit, the bookstore
Michael Billig, a kilo of sense
Mary Booth, a prairy dog dictionary
William Callahan, BCP's
Elise Ciner, an accomodative rock rattle
Scott Clark, a car that lasts
David Conway, the vision development club
Terry Czelusniak, an easier name to pronounce
Marguerit Cote, a new coffee thermos
Rick Crolla, 1st prize in the Frank Zappa look alike contest
John Davis, a thought that begins with something other than "maybe I'm wrong but here's what I think"
Marc Denigris, a dead zone franchise
Ellen DiLibero, a cookbook
Earl Dowding, No-Doz
Ken Duda, contact lenses that fit
Lisa Feldman good wine and a French conversationalist
Norman K. Ferguson III, a safe basketball court
William Fine, a life supply of quarters and a joy stick
Scott Fontana, a new set of lungs
John Fusselman, a ski trip
Steven Goldstein, a GM auto dealership
Michael Grennan, a complete video library of the Star Wars Trilogy and a fool proof car
Nancy Gresham, foreign films with larger subtitles
Charles Griffen, 1st place in the Boston Marathon
Camille Guzek, Pierogis for lunch
Ira Hanlon, Barl
Clyde Haworth, A lifetime supply of Blinx
Michael Haynes, a fishing boat that seconds as a practice
David Heath, a laboratory to reinvent neuroanatomy
Martin Hellman, The ethical practice of optometry
Joseph Jordan, party ptosis
Matthew Kaim, an extra pair of hands
Edward Kaplan, directions to classroom five
David Kielty, a bicycle route without potholes

Steve Kreiger, Lynne
Jeffery Kublin, a lifetime pass to Celtics Games
Paul Limberg, A flasher unit and a years supply of L'oreal
Robert Lucivero, video tapes of the first two yars of classes
David McDonald, D. Wayne's Brownies
Neil Malkin, Yankee-Redsox tickets
Stephen Masone, licit and illicit pharmaceuticals and the perfect wave
Brian McHugh, an anti anti-gravity device
Traudi Miller, a lifetime subscription to Cosmopolitan Magazine
John Molinario, a surprise party
David B. Morrison, Large Cups O.U.
Frank Myska, a night off from studying
Robert (Elton) Neveloff, Ned and board questions
Thomas Noonan, a keg of beer
Joseph Papandea, an alarm clock
Eliezer Peli, a copy of Borish that reads from right to left
Lynne Porreca, a new pair of running shoes
David Quartz, a practice located in a safe area
Armando Rafael, a dead zone shirt with a new name on the back
Roseanne Ricciardi, the Golden Banana and a feather
Nicholas Ricciuti, a collater
Robert Rosa, father-son outfits
Marie Salvas, a party
Scott Saunders, a manual entitled "Everything you always wanted to Know about
Glaucoma"
Randy Sawyer, White water rafting in Colorado
Bruce Seifert, the nude optometrist
Gary Shepard, a 10,000 watt marshal amp
Robin Shorrock, a flying practice
Richard Smart, a ski chalet in New Hampshire
Alan Soll, a life supply of Reeses Pieces
Ivy Spears, directions for a crocheted phoroceptor cover and a story that nobody has ever
heard
Andrea Turchi, a party with a band she doesn't have to sing in unless she wants to
Deborah Wayne, a good man and everyone's attention
Janet Wilamowski, courage
Ned Witkin, a weekend at Vidal Sassoon
David Woll, Classroom six plus stock
Michael Woronick, a spare bicycle pump
Cynthia Zehr, Barn's mother's butter cake
Steven Zeldes, green dye
The Wingers, Classroom five
The Dead Zone, Bruce





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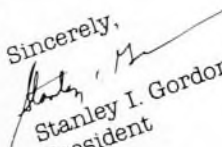
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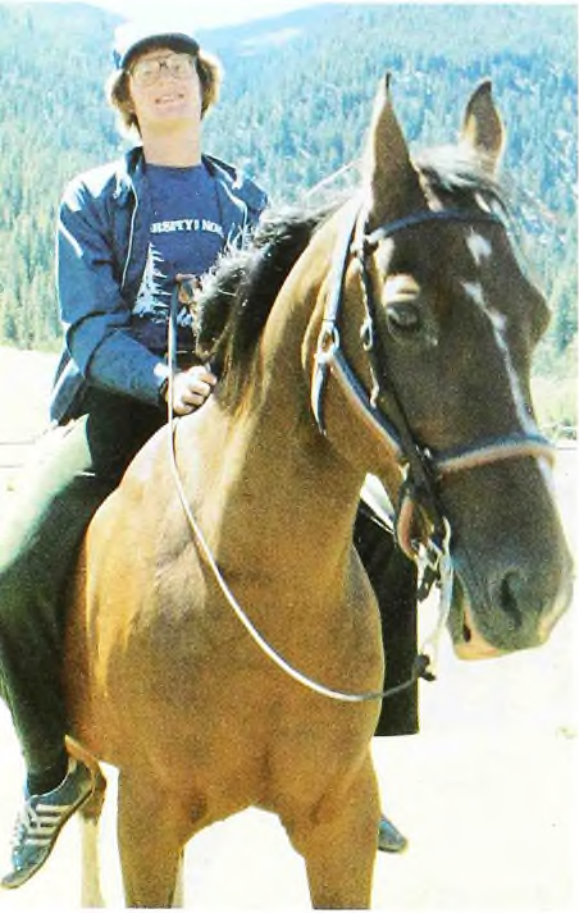
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For several years, Dow Corning Ophthalmics has **SILCON**[®] been quietly building an arsenal of products and expertise to attack the problems your practice faces.

Decades of experience with silicones have been combined with the craftsmanship of our labs to offer you a contact lens for virtually every patient indication.

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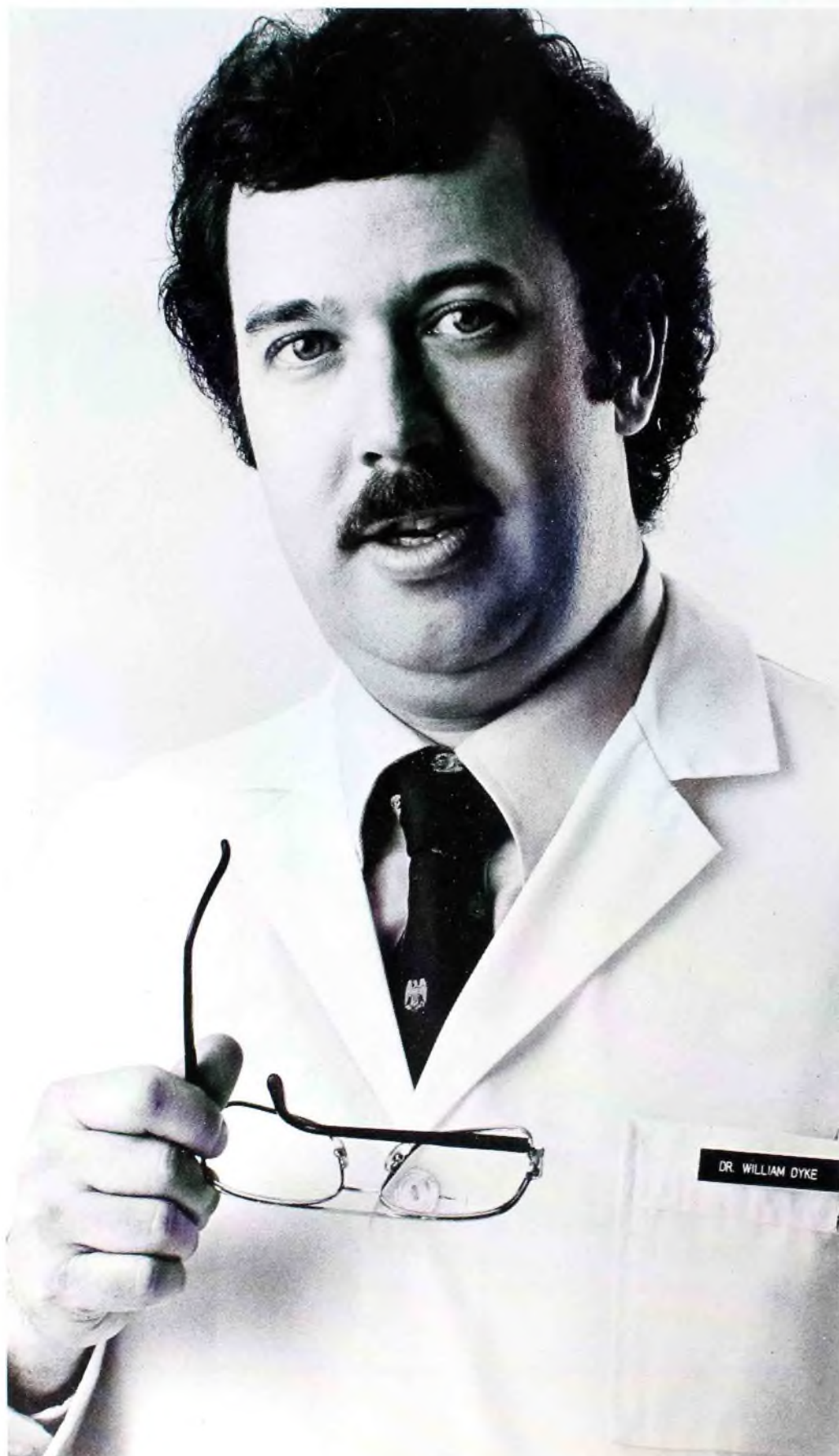
OPTICS, INC.

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"WE HAVE IT ALL!"

“With Pearle on my side, I set up shop without setting up a thing.”

William Dyke, O.D., P.C.



“When I graduated from the New England College of Optometry, I was eager to start practicing what I had spent so many years learning. But I knew setting up my own private practice would take a lot of time—time I could be spending attracting and caring for patients.

“That’s why I looked into Pearle’s leasing opportunities. After learning about the company’s high standards and the trust they’ve built up over the years, I leased an office from Pearle next to a Pearle Vision Center.

“What a great feeling to walk into my first office knowing the only thing I had to concentrate on was giving my patients the best care I possibly could.

“I had the advantage of being in a well-thought-out location, of having my office furnished by Pearle with the most up-to-date equipment, and of having a built-in base of patients right next door.

“Pearle also assured me that I was the boss. That my patients, my records and my fees were my personal property and were in no way connected with Pearle.

“Because I left the business of ‘setting up shop’ to Pearle, I was able to get down to the business of being an eye doctor right away.

“And it sure didn’t hurt having such a trusted name in eye care—next to my own.”

For more information about Pearle’s leasing opportunities contact Dr. Robert Browning, 2534 Royal Lane, Dallas, TX 75229. (214) 241-3381.



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**Nobody cares for eyes
more than Pearle.**

