

"Eye movements during fixation and fusion."

"Relation between border gradients and contrast thresholds."

"Development of equipment for determining axial length of the eye by means of X-rays and for measuring the horizontal limit of the fixation field using Maxwell spot technique."

"Tracing the development of form discrimination in children."

"The utilization of ultra-sonics in mapping the structures of the eyeball."

"The nature of amblyopia: psychometric, motor, and statistical."

All of this progress is of little value unless it is disseminated to the public and put into practice by the optometrist. The AOF sponsored five 30 minute television films on increasing the public's understanding of vision, and through their central office in St. Louis the Foundation is continually publishing information to the practicing optometrists.

The results of graduate fellowships must eventually overflow into the schools which are charged with the responsibility of educating the practitioners who will serve the visual needs of the American citizen. In a time of severe shortage of teaching personnel, such as now and in the past decade, the American Optometric Foundation has attempted to develop a pool from which the various universities and colleges of optometry could draw needed personnel, both in teaching and research areas. Unfortunately, however, sufficient funds have not been available to produce the number of fellowships and, in turn, graduates to meet the rising need in optometric education. All schools of optometry today are experiencing this dilemma.

Optometric education is found in ten universities and colleges across this nation. It is commonly known as a six-year program. This, of course, refers to the minimal requirements and by no means represents the average academic years of education found among the various student bodies. As an example, the Southern College of Optometry entered 107 first year optometric students in September of 1966. The average pre-optometric academic training for this class was 3.5 years beyond high school, with one-third of the class possessing a Bachelor of Science or a Master's degree. The class which graduated in June of 1966 showed a minimal pre-professional and professional education of 7.1 years with a maximum of 9.5 years. However, a small number of these years were devoted to research training. This simply means that the young graduating Doctor of Optometry must pursue graduate education prior to becoming a high caliber researcher.

Upgrading of an instructional staff while there is such a shortage of personnel that they can be released for only a short period of time (one to two years) is a most difficult matter. The schools of optometry are constantly releasing professors for further education, as well as inter-changing professors so that new and different ideas may be brought onto each of the campuses. The establishment of training centers for postgraduate education is most laudable. One must remember, however, all of the finest discoveries through research become of no value if they are not taught in present institutions, learned by the student and put into practice by the doctor.

In the optometric curriculum, the student spends the better part of two years in clinical routines in which he will come face to face with a substantial number of patients exemplifying symptoms of diseases which may cause blindness. The highest quality of training and experience is necessary if we are going to successfully attack the agents of blindness, but one should not exclude the optical corrections and orthoptic procedures which could be applied, once a disease has left a person with subnormal vision.

Again, if I may use an example of the Southern College of Optometry, we find that last year in the outpatient clinic, 141 subnormal vision patients were examined, of which twelve had been previously pronounced legally blind and had remained that way for some period of time. Senior students working under the direct supervision of Dr. Frank Maier were able to provide the majority of these patients with a visual aid which provided the resumption of usable vision. Of the twelve patients who came into our clinic classified as legally blind, eight were provided with visual aids which would allow them to read a newspaper. All of these patients had previously been seen by medical practitioners and many by Doctors of Optometry. I personally have a saying which expresses my feelings pertaining to this type of patient, "Most blind people, unfortunately, are doctors."

Referrals of an active or preventive nature were made in 97 cases to ophthalmology, 21 to dentistry, any number to general practitioners of medicine,