

Eye to Eye

Fall 1996

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Living With Glaucoma

If there is one thing I want people to learn from my story, it is the importance of having regular eye examinations for glaucoma. There are no signs or symptoms of this disease. You may not experience any health problems. In fact, your vision may seem entirely normal. But, glaucoma can rob you of your eyesight. It almost happened to me.

A couple of years ago, I noticed an increase in floaters in my eye, and that my vision was becoming increasingly blurry. I realized something was wrong, so I went to see my eye doctor. He diagnosed a detached retina, and referred me to a retina specialist for emergency surgery to correct the condition. My vision was impaired, but I was very lucky. I didn't lose all the sight in my eye.

In order to keep my condition in check, I visited the retina specialist every six months. It was during one of these visits that he noticed that my optic nerve was "cupping." Although my intraocular pressure was not elevated, the doctor referred me back to my ophthalmologist to be treated for glaucoma.

This new threat to my eyesight had shown up so quietly. I remember how happy I was that my vision was saved by catching the detached retina in time. Now, I had to deal with another problem. It was emotionally trying. Unlike the detached retina which exhibited symptoms, glaucoma had none. I felt fine and my vision seemed normal. It was terrifying to think that I could go blind from a disease that had no signs. I became increasingly concerned. And I became obsessed with finding answers before it was too late. My instincts told me that I needed to find a doctor who would control my glaucoma and ease my fear of losing my vision.

Through a recommendation, I found just such a doctor. He is a man who gave me hope. He told me from the start that he considers no situation hopeless. He said, "I never give up. I have a thousand methods up my sleeve. We'll find the right treatment for you." It was exactly what I needed to hear. And, it was exactly what he did.

He told me that surgery would probably not help my condition--and could actually make it worse. Instead, he gave me a new drug that was in the testing stages. He had access to the most recent treatments for glaucoma. In all, I used four eye medications. The medications had to be changed periodically as their effectiveness diminished. Because my case wasn't always easy to deal with, it was important that I had a doctor who was willing to hold my hand through the rough times.

Glaucoma has not been easy on me or my family. In the beginning, I was very worried about losing my vision. I was upset all the time. As a result of my experience, I tend to preach to my friends and family about how precious sight is, and that they should not take it for granted. I tell them how it is important to see an eye doctor on a regular basis.

In a way, my experience has been a special gift. I am more compassionate towards others and I have a different perspective on life. I know what's really important now. I feel that I

have experienced two miracles in my life--my eyesight was saved once after my detached retina and then it was saved again from the disease of glaucoma.

Today, I hope to educate others about glaucoma. It's my way of giving something back. I want to convince people to have regular eye exams to determine if they have glaucoma. It's a simple and worthwhile goal and one that I plan to pursue for a long time to come.

Doctor, I Have a Question

Q: I am 67 years old and have had glaucoma for 20 years. I am still losing ground (my cup size is over 90%) and I can barely see to read. My doctor does not recommend cataract operations for my cataract because of the possibility of a pressure spike. Is there anything that can be done to improve my situation?

A: If you have glaucoma and are losing visual field, then you need surgery for the glaucoma if medications and/or laser surgery do not control the problem. If a cataract is removed as the only operation in a patient with glaucoma, particularly a patient who has uncontrolled glaucoma, a pressure spike definitely can occur. However, it is routine at the present time to do a combined cataract extraction and glaucoma operation with an adjunctive antimetabolite, such as 5-fluorouracil or mitomycin C. If you have a progressive cataract and decreasing vision and your glaucoma is not controlled, then you should certainly consider having this operation.--R.R.

Q: I have open-angle glaucoma in both eyes and am presently being treated with Ocupress 1% and Pilocarpine 2%. I have recently been diagnosed with Hashimoto's disease, a thyroid condition, and will be taking Synthroid 0.1, probably for life. Does the Synthroid have any effect on my eye condition, and if so, how serious could this side effect be? Could my glaucoma be in any way related, or made worse, by the Hashimoto's disease?

A: The relationship between thyroid disease and glaucoma is very complex. Patients with hypothyroidism have a high incidence of elevated pressure. Patients with Hashimoto's thyroiditis and hyperthyroidism can get thyroid problems but these are related to thickening of the muscles which control the eye movements and deposition of increased connective tissue in the eye socket. Synthroid itself, used to correct hypothyroidism, probably has a beneficial effect on intraocular pressure.--R.R.

Q: Glaucoma means that the fluid in the eye does not drain properly or that too much fluid is produced. Do some people with glaucoma produce too much fluid and also have a drainage problem or can it only be one or the other of these problems? Can a doctor tell if patient only has one problem or two? Can having both problems mean that the patient will not respond easily to medications? You may not have any definite information on this question, but anything would be helpful to understanding glaucoma a little bit more.

A: Fluid is constantly produced within the eye by a small gland called the ciliary body. This clear fluid, known as aqueous humor, supplies the internal structures of the eye with nutrients and oxygen. The fluid then exits the eye through the drainage angle, which is called the trabecular meshwork. Increased resistance within the trabecular meshwork decreases the rate of flow across it and causes a build up of fluid within the eye, resulting in elevated eye pressure. This is invariably a result of poor drainage function, rather than an increase in aqueous humor production by the ciliary body.

Essentially, elevated eye pressure in glaucoma occurs because the rate of fluid production exceeds the eye's ability to drain it. The degree of this resistance to outflow varies from individual to individual. This situation is analogous to your kitchen sink. The faucet is always on and water goes down the drain. Imagine that you pour coffee grinds into the sink. What happens? The water level slowly rises and then overflows. In the eye, the fluid can't overflow, so the pressure goes up.

Glaucoma medications lower intraocular pressure by either decreasing fluid production (turning down the faucet) or increasing fluid outflow from the eye (improving the function of the drain).--J.M.L.

Q: Can you explain why some people with glaucoma and high pressure will respond to as little as one eye drop when another person with a lower pressure needs to take three or four drops? Does this mean that the person who has to take multiple drops has more serious glaucoma or does it mean that their body fights the effects of the eye drops?

A: The extent or seriousness of glaucoma damage to the eye cannot not be judged by the intraocular pressure alone or the number of glaucoma medications required to control it, but rather should be defined by the amount of damage to the optic nerve and visual field. This is an important point. Glaucoma is a disease characterized by progressive injury to the nerve; this results in loss of vision which can be detected on a visual field test.

The response to antiglaucoma medications varies among individuals. Some individuals respond nicely to a single agent; others may require multiple medications to control their disease and prevent further vision damage. The desired or "target" intraocular pressure is chosen by the treating physician and based upon the extent of the glaucoma damage, the intraocular pressure at which the damage occurred, and other factors.--J.M.L.

Q: Is there a time when laser or traditional surgery for glaucoma will replace taking eye drops and medication to control eye pressure? For a person who only has to take one eye drop and who responds

well, surgery may not be an option, or at least a necessary option. However for a person who needs three or more eye drops or who has multiple side-effects (headaches, dim vision, upset stomach), surgery seems to be a better option.

A: Over the past decade, doctors have become more interested in laser and surgical approaches to early glaucomatous damage. The National Eye Institute/National Institutes of Health have been involved in nationwide research projects to assess the role of early laser or filtering surgery in the management of glaucoma. The Glaucoma Foundation can provide information regarding these study locations for you. The Glaucoma Laser Trial documented the safety and efficacy of laser surgery as a treatment for open angle glaucoma and has contributed to its widespread use. The Collaborative Initial Glaucoma Treatment Study randomizes patients to surgery or medication as the initial therapy for open angle glaucoma. This project is still enrolling patients.

Since glaucoma surgery is relatively safe and effective, it can be used for those people who have to take multiple medications or are intolerant of them. Glaucoma therapy needs to be individualized for each patient and alterations in medical therapy should be discussed with your doctor.--J.M.L.

Major League Baseball Honors Kirby Puckett

Minnesota Twins all star outfielder, Kirby Puckett, was honored at the Metrodome on September 7th during a special pre-game ceremony. A capacity crowd of 55,000 fans packed the stadium to participate in the tribute to one of baseball's finest players.

Mr. Puckett was forced to retire from baseball after it was determined that he has permanent damage to the retina of his right eye and glaucoma in both eyes. The 10-time All-Star, whose life-time batting average is .318, was overwhelmed by the support of the fans at the stadium and across the country. Mr. Puckett, who is 35, was diagnosed with glaucoma last spring, after reporting to his ophthalmologist that he was experiencing blurred vision.

From the Desk of the Executive Director

Thanks to you, our supporters, we have been growing by leaps and bounds. Our 1992 Annual Report described a \$400,000 organization; today, our budget approaches \$1.5 million. In the same period, readership of Eye to Eye has tripled, and reaches every state in the Union and more than 40 countries around the world. Our research budget is triple last year's research budget!

All this has been made possible by the remarkable partnership between the dedicated staff and Board of The Foundation and all of you. We are helping each other to spread the word that regular eye exams are crucial to detecting glaucoma and preserving sight, and to find a cure for the world's leading cause of preventable blindness.

Spreading the word, even in the era of mass, instantaneous communications, is no easy task. The idea is simple, but reaching millions of people is not. Here are some of the many ways we tell the story, followed by some suggestions about how you can help us to do it more effectively.

HOW WE TELL THE STORY

FREE LITERATURE Ask us for our illustrated 16-page color brochure, entitled *Doctor, I Have A Question.....*, which explains glaucoma in plain English.

FREE REFERRAL ASSISTANCE If you don't know where to turn for an eye exam, we can give you some choices.

TOLL-FREE HOTLINE If you've got a question about glaucoma, give us a call at 1-800-GLAUCOMA. If we don't know the answer to your question right off the bat, we'll find out and get back to you.

INTERNET If you're hooked up, visit our Web site at www.glaucoma-foundation.org/info. You'll find a lot of information there, and you can also send us your comments or questions via email.

PUBLIC SERVICE ANNOUNCEMENTS We are developing a new round of radio spots which will be broadcast throughout the United States beginning in January.

MEDIA COVERAGE Our educational and research activities have been the subject of articles in print and on radio and television, locally and nationally.

HOW YOU CAN HELP US

WORKPLACE If you work for a large company that circulates an in-house newsletter, the company may be interested in carrying an article about glaucoma and the ease and importance of preventive exams. We can supply the text.

RELIGIOUS GROUPS If you are a member of a church or synagogue, you may find that there is an interest in disseminating information about glaucoma, either in written bulletins or at actual places of worship. We can supply as much literature as you can distribute.

OTHER LARGE ORGANIZATIONS Are you a member of a professional association, a union, a retirees group? Such organizations often have annual meetings, monthly magazines, perhaps even a site on the World Wide Web. These channels can help us reach large audiences efficiently.

CELEBRITIES Are you famous? Do you know someone who is famous? A well-known spokesperson can help to raise public awareness and encourage more people to have regular eye exams.

MEDIA If you work for a radio or television station, newspaper, or magazine, or know someone who does, you may be able to help us inspire news, feature, or health-oriented articles about glaucoma.

LETTERS Write us a letter (see the new feature in this issue, "The Readers' Corner"). Tell us about your experience with glaucoma. Our readers love to read about others with first-hand knowledge and insights about the disease. With your permission, we may use your story (anonymously) in our regular front-page column, "Living With Glaucoma."

What have I left out? What other ways can you think of to alert millions of people that they can prevent blindness through a simple, quick and painless test for glaucoma? Let us know. Your original idea could save someone's eyesight--and bring us one step closer to our vision of a world without blindness.

The Glaucoma Foundation Welcomes Two New Board Members

Peter J. Crowley
Managing Director, Oppenheimer & Co., Inc.

Peter Crowley is Managing Director in charge of the Healthcare Investment Banking Group at Oppenheimer & Co., Inc. Oppenheimer & Co. is a private company whose investment banking department focuses on healthcare, information technology, environmental, consumer products and financial services. Mr. Crowley is responsible for private placements, public offerings and financial advisory for healthcare companies including biotechnology, pharmaceuticals, medical devices and healthcare services. Mr. Crowley received his B.A. from Harvard University and an M.B.A. from Columbia University. Mr. Crowley resides in Westchester County with his wife, Gretchen, and their child, Matthew.

Ian Kerr
Chairman, Emmanuel Kerr Kilsby

Ian Kerr was born and educated in Great Britain. He began his career as a journalist in London working as a reporter with trade papers, national dailies and wire services. Mr. Kerr entered the public relations field with BOAC (now British Airways) in its North American public relations department, rising to senior press officer. During his corporate career Mr. Kerr has been part of several senior managements, counseling on a broad range of domestic and international public relations matters at several international firms including the Hambro Automotive Corporation, Fuller & Smith & Ross, Renault, and the Parker Pen Company. In 1977, Mr. Kerr founded the public relations agency, Press Relations Services, later known as Kerr Kelly Thompson. He became a joint founder and Chairman of Emmanuel, Kerr, Kilsby, a national public relations firm in 1996. Since becoming part of the public relations agency business, he has been responsible for developing new business, counseling client managements on public relations goals and strategies, and creating blueprints for public relations programs. Mr. Kerr is a member of the Public Relations Society of America, past president of the Connecticut Press Club, twice past president of the Fairfield County Public Relations Association and, in 1995, was named "Outstanding Communicator" by the Fairfield County Chapter of Women in Communications.

Let's Get Acquainted with the Medical Support Network

Alon Harris, Ph.D.
Member of the Scientific Advisory Board,
The Glaucoma Foundation Director,
Glaucoma Research & Diagnostic Laboratory
Indiana University School of Medicine

Dr. Harris completed his undergraduate training in Israel and his masters and Ph.D. at Indiana University. Currently, Dr. Harris has a dual appointment in the departments of ophthalmology and physiology where he is an associate professor of both. Dr. Harris focuses his research and laboratory work at the basic and applied level on ocular vascular physiology. Specifically, he is supported by the NIH to study physiochemical factors involved in the regulation of blood flow to the optic nerve head in healthy individuals as well as in disease states such as glaucoma and diabetic retinopathy. Dr. Harris' research is unique in that it possesses all the cutting edge technologies that are designed to image both optic nerve head topography and hemodynamics. Dr. Harris has published extensively in his field and has applied his background as a vascular physiologist to glaucoma. Recently, Dr. Harris was named the Mary Greve International Scholar for his outstanding work in glaucoma research, given by Research to Prevent Blindness. In addition to his interest in glaucoma research, Dr. Harris participates in and performs work that relates to medical ethics in research. He is an author and co-author of many abstracts and papers on glaucoma, specifically the vascular etiology as well as the effects of various ophthalmic preparations on optic nerve head circulation.

Theodore Krupin, M.D.
Member of the Scientific Advisory Board,
The Glaucoma Foundation
Professor of Ophthalmology & Associate Chairman for Research
Northwestern University Medical School

Dr. Krupin is the David E. Shoch Professor and Associate Chairman for Research at Northwestern University Medical School, Chicago Illinois. Dr. Krupin is a glaucoma specialist who has co-authored over 175 scientific publications dealing with various laboratory studies dealing with ocular fluid dynamics, in particular fluid production within the eye, and clinically related glaucoma topics. Dr. Krupin is principal investigator of a National Eye Institute sponsored grant to study ciliary epithelial transport processes. He has co-authored seven texts on glaucoma or ophthalmic surgery. Recent books include *Atlas of Complications in Ophthalmic Surgery*, co-authored with A.E. Kolker (London, England, Mosby-Year Book Europe, 1993) and the second edition of *The Glaucomas*, co-edited with Robert Ritch and M. Bruce Shields (St. Louis, Missouri, CV Mosby Co, 1995). Dr. Krupin is the inventor of a valve-containing drainage implant for the surgical management of recalcitrant types of glaucoma.

New Directions in Glaucoma Treatment

By David S. Greenfield, M.D.

Clinical Assistant Professor of Ophthalmology and Neurology

New York Eye & Ear Infirmary

A variety of underlying causes can result in glaucomatous damage to the optic nerve. The most well recognized of these is damage to the trabecular meshwork, the drainage system of the eye. Fluid (aqueous humor) is produced in the eye at a continuous rate, so that blockage of the drainage system results in elevated intraocular pressure (IOP). Therefore, most research and antiglaucoma therapy have been directed at reducing IOP by increasing the rate of drainage or reducing the rate at which the eye produces aqueous humor (turning down the faucet).

Elevated IOP is clearly not responsible for all types of glaucoma. About 33% of patients have IOP which is considered to be "normal." Recent advances in high resolution ocular imaging have demonstrated abnormalities in ocular blood flow in some of these patients. We have begun to evaluate the role of anti-hypertensive medications known as calcium channel blockers in patients thought to have arterial spasm. In addition, 24 hour ambulatory blood pressure monitoring devices have revealed abnormal dips in blood pressure during sleep that may contribute to poor ocular circulation.

Another recent area of interest is the possible role of "excitatory" neurotoxic amino acids, such as glutamate, in producing damage to retinal ganglion cells. These are the cells which transmit visual information to the brain. The axons of these cells travel within the optic nerve and are damaged in glaucoma. Glutamate normally functions as a neurotransmitter, but in higher concentrations, can cause damage and death of neurons. It is released in large quantities from dying cells and may then damage neighboring cells, creating in essence a chain reaction. In animal studies, chronic elevation of glutamate was toxic to retinal ganglion cells after 3 months. As abnormally elevated levels of glutamate have been demonstrated in human eyes of some patients with glaucoma, investigators have begun to focus on medications that can protect undamaged cells from glutamate. This new class of drugs is referred to as neuroprotectants. One such drug which appears promising is memantine.

Memantine has been used in Europe for the past decade to treat Parkinson's disease. It is an analog of an anti-Parkinsonian medication, amantadine, used in the United States for more than 20 years. Memantine binds to the receptor molecule for glutamate on the cell surface, blocking it and preventing glutamate from attaching to the cell. In animal studies, memantine has recently been shown to be an effective agent in reducing the neurotoxic effects of glutamate on retinal ganglion cells. Further studies are needed to determine if this medication may play a role in protecting the human eye from damage associated with glaucoma.

In the future, neuroprotective drugs may help delay or prevent the toxicity associated with excitatory amino acids such as glutamate. Indeed, our ultimate goal is to identify agents that will facilitate the regeneration, in addition to the protection, of these critical neurons damaged by glaucoma.

Making Progress Toward A World Without Blindness

by Michele M. Burnett
Director of Development,
The Glaucoma Foundation

In the last several issues of *Eye to Eye*, we have reported on the many donation options that are available to our supporters. These options, which are always available, are listed to the right of this column in a handy chart form that can be clipped and saved for future reference. However, in this issue we want to highlight a new donation program that not only helps support The Foundation but also guarantees that your assets are distributed to your loved ones according to your wishes.

Announcing The Legacy Society

Future and long-term support from our readers in the form of bequests, charitable trusts, and other "planned gifts" are vital to the financial strength of The Glaucoma Foundation into the next century. To recognize those individuals who have included a gift to The Foundation in their estate planning, we are pleased to announce the establishment of The Legacy Society. The Foundation and those suffering with glaucoma applaud these individuals for their foresight and generosity.

As a member of The Legacy Society you will receive the personal satisfaction of knowing that the search for a cure for glaucoma will continue until it is found. New members will be announced in the newsletter immediately following our receiving notice of your commitment. The entire membership will be listed in the Winter edition of *Eye to Eye* and in The Foundation's annual report. Other benefits for members are being developed and will be announced in the next newsletter. No minimum gift amount is required to join The Legacy Society, the amount of your gift would not be disclosed, and requests for anonymity will be honored.

There are many creative ways to become a member of The Legacy Society. For more information, please call me at (212) 651-2510 or check the box on the clip-out donation coupon and return it to The Foundation. All inquiries are confidential and without obligation.

The Glaucoma Foundation pays special tribute to Martin J. Feely. His gift of \$66,450 is among the largest legacy gifts ever received by The Foundation.

Six Ways to Make Charitable Donations

1. **Direct Gifts** a contribution at any time by simply writing a check
2. **Stewardship Gifts** a pledge of a pre-set amount with payments made over a series of months
3. **Corporate Matching Gifts** a contribution from the donor's employer based on the amount of the employee's original gift
4. **Tribute Gift Program** a gift in honor or memory of a family member, friend or colleague
5. **Credit Card Gifts** a contribution by mail, by phone or by email
6. **The Legacy Society** a will or any other planned gift that provides future support for The Glaucoma Foundation

Please clip and use this coupon to make your contribution or to receive more information about our donations' programs.

The Second Annual Glaucoma Golf Classic

Wednesday, October 8, 1996

After being rained out twice, first on a severely inclement June Monday and then on a September Wednesday, participants in the Second Annual Glaucoma Golf Classic marked their calendars to tee-off at the Marriott WindWatch Golf Club in Hauppauge, New York on Tuesday, October 8th (or, in the event of still more rain, on Monday, October 21st). This event combines effective fundraising with great fun for everyone.

The event attracts new supporters for The Glaucoma Foundation and, although golf is the primary focus of the day, several non-golfers participate in the auxiliary event, "The Long Island Adventure," a trip to the Tanger Outlet center for shopping and a tour of a Long Island winery. The afternoon begins with a box lunch at the WindWatch and, following their activity of choice, all participants attend a spectacular buffet reception at the end of the day. Highlighting the reception is the "Celebrity Sports Auction," a new addition to The Classic, which features an autographed football from Boomer Esiason, an autographed baseball from Whitey Ford, and game equipment from New York Islanders Mick Vukota and Darius Kasparaitis. PGA Charities also provides an officially sanctioned item for the Auction.

Many individuals and organizations donate awards and gifts for the attendees. For example, the individual golfer who makes a "Hole-in-One" receives a four-day Florida vacation including round trip airfare provided by Continental Airlines. The golfer with the "Best Net Score" is awarded The Breitling Aerospace watch courtesy of Breitling USA.

PRIZE WINNERS

to be announced in the winter issue

- **Individual Prizes**
 - Hole-in-One
 - Best Net Score
 - Longest Drive
 - Closest to the Hole
- **Team Prizes**
 - Best Net Score
 - Second Prize
 - Third Prize
 - Fourth Prize
 - Most Honest Team
- **Other Prizes**
 - Most Successful Wine Taster
 - Most Productive Shopper

- Auction Prizes**
- Boomer Esiason Football
- Whitey Ford Baseball
- Mick Vukota Game-Used Hockey Stick
- PGA Tour Tiled Box
- Darius Kasparaitis Hockey Puck

The Glaucoma Foundation gratefully acknowledges the following individuals and organizations for their support of The Second Annual Glaucoma Golf Classic:

Continental Airlines
 The Official Airline of The Glaucoma Golf Classic
 Breitling USA
 Marriott WindWatch
 Abrams & Co.
 Alamo
 Len Bernardo / Data Communiqu'
 Budget Rent-A-Car
 Conrad Hilton Hotel Group
 Peter & Mary Jane DaPuzzo
 Bebe G. Doyle
 Boomer Esiason
 Charles Fino / Plaza Construction
 Four Seasons Boston
 Four Seasons New York
 Golf Magazine
 Harper Collins
 Hertz Corporation
 La Mode Sportswear
 Joseph M. La Motta
 Leading Hotels of the World
 Mancini-Duffy
 Marriott
 Marriott Eastside
 Jolene P. Mirena
 Susan A. Murphy
 New York Hilton
 New York Islanders
 The Official All Star Cafe
 PGA Charities
 Pinehurst Resort & Country Club
 Regent Beverly Wilshire
 P.C. Richard & Son
 Tony Racioppo

Len & Ray Sikorski
The Hotel Westbury New York

Tournament Committee

George F. Aquila
Leonard N. Bernardo
Bruce Boillotat
Garrett R. Bowden
Michele M. Burnett
John W. Corwin
Arthur J. Cramés
Mary Jane DaPuzzo
Peter DaPuzzo
Bebe G. Doyle
Charles Fino
Fred Klinghoffer
Joseph M. La Motta
Ralph Mancini
Patrick McHugh
Dana Meyer
Jolene P. Mirena
Sheldon M. Siegel
Victor M. Silverman
Paul Stevens
Bruce Ventimiglia

The Third Annual Glaucoma Golf Classic will be held on Monday, August 11, 1997 at the Nassau Country Club in Glen Cove, Long Island, thanks to the efforts of Joe Collins of Collins Building Services. Details will be announced in the next issue of "Eye to Eye."

A Thank You to Our Donors

The Glaucoma Foundation gratefully acknowledges the following individuals, corporations, and foundations who have made a substantial contribution to support our many programs since June 1, 1996. We appreciate the support of all of our donors and will continue to acknowledge their support in each issue of *Eye to Eye*.

Contributions

Deutsche Morgan Grenfell/C.M. Lawrence
Martin J. Feely Trust
Lehman Brothers
Morgan Stanley & Co.
The Plaza Hotel
The Estate of Pauline Steinberg
Samuel Taylor Fund

Donations of Goods and Services

Data Communiq'
Graham & James LLP
Merrill New York Corporation
Oppenheimer Capital
Peckolick, Inc.
Rosenman & Colin LLP
U.S. Lynx

The Readers' Corner

Dear Mr. Corwin,

Like many individuals who are fortunate to enjoy good health, I avoided for too long the wisdom of your Foundation, as well as that of my family. Because "nothing was wrong" I ignored the need to have my eyes checked. It wasn't my lack of knowledge of the need for a check-up; it was simply easier not to take the time to have it done.

Fortunately, this story has a happy ending. Your latest edition of the newsletter arrived in the mail. I'm not sure if it forced me to feel the pangs of guilt or reinforced my knowing that that the time for check-up was long past. I can report that upon its receipt I made the appointment and had it done. Everything was fine.

If you ever wonder about the value of your newsletter, I can attest that it sends a valuable message. It will, in the future, serve as my reminder to make an appointment. Keep up the good work!

Richard Rifkin
Delmar, New York

The Tenth Annual Black and White Ball

You are cordially invited to attend

A Masked Ball to benefit

The Glaucoma Foundation

Thursday, December 12, 1996

WORLD FINANCIAL CENTER WINTER GARDEN

Cocktails

6:30 p.m. in the American Express Lobby

200 Vesey Street

Dinner

8:00 p.m. in the Winter Garden

SILENT AUCTION / RAFFLE

Preferred Attire Black Tie: Black, White, or Black & White Only

Masks will be provided.

Catering by The Plaza

Music by The Ric Mango Orchestra

Complimentary Valet Parking

For additional information, please call Michele Burnett, Director of Development at
(212) 504 -1902.

1996 Tribute Gift Program

The Glaucoma Foundation is pleased to acknowledge the following Tribute Gifts that were received since June 1, 1996. These gifts not only provide valuable financial support for The Foundation's many projects, but also recognize the special individuals in the lives of our donors.

Honoring

From

Ms. Janet Feinstein
on the occasion of her
90th birthday

Ms. Ida Feinstein
Arlene & Richard Sherman

Dr. & Mrs. Maurice Luntz
on the occasion of their
40th wedding anniversary

Dr. & Mrs. Warren Appleman
Mr. & Mrs. Syd Levy

Gifts in Memory of Those Who Have Passed Away

Honoring

From

Ms. Pauline Rosenbaum Hill
Ms. Mary Hoffer
Mr. John Jencks
Ms. Kathryn Lane
Mr. Paul Lenzi

Ms. Marie T. Prass
Ms. Bydra Prize

Mr. Roy Rubio
Mr. Harry Schiller

Ms. Marion Hatton Worth

Mr. & Mrs. Patrick McKnight
Mr. & Mrs. Sheldon M. Siegel
Georgetown County, South Carolina
Ms. Mildred Reilly
Ms. Liz Fisher
Mr. George Peters & Family
Mr. Phil Tullman & Family
Mrs. Natalie T. Friedlander
Employees of Empire Medicare Services
Telephone Customer Service Division
Terry Conner, Sears Roebuck & Co.
Alison & Dean Burckhardt
Joan, Geoffrey & Heidi Clements
Mr. & Mrs. Martin Dembitz
Belle Fried, Ph.D.
Ms. Lois R. Gold
Sheila & Don Leventhal
Mr. & Mrs. Vernon V. Scholar
Ms. Wendy Tannenbaum
Diane & Dan Tietelbaum
Ms. Sharyn Ferretti