



HINDSIGHT

Journal of Optometry History
Publication of the Optometric Historical Society

Volume 47, Number 2

April 2016

THE JOURNAL
OF THE
American Optometric Association

404 WILMAC BUILDING
MINNEAPOLIS, MINNESOTA

ERNEST H. KIEKENAPP, *Editor*

L. C. CONTOIS, *Assistant Editor*

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Editorials

"The Deluge"

Letters, telegrams, telephone calls, etc., of protest regarding the article entitled, "Optometry on Trial" published in the August 1937, issue of the *Reader's Digest*, have come to us so thick and fast that we were unable to answer them individually and personally. It was necessary for us to print a mimeographed letter to keep inquirers informed of action taken by the Board of Trustees in this matter.

As is well known by those who have read the article, it reflected many deplorable things pertaining to optometry, some truths, some half-truths and, we maintain, many falsehoods. Various state and local societies as well as individuals may have felt prompted to attempt to answer some of the charges made in the article. Upon advice of Counsel, through a bulletin issued to the presidents and secretaries of affiliated societies, we asked the state officers to request the membership to refrain from attempting to answer charges contained in the article. Any answers or negotiations relative to this article must be done with due dignity and proper authority. Letters of protest by indignant individuals will gain nothing and we urge that individuals refrain from expressing their indignation in lengthy letters or articles to the editors who will, after all, deal only with authorities in charge. We assure you that your president and national officers, the Department of Public Relations and the Legal Department have the matter in hand and will call upon others in due time as the need arises. The membership will be kept informed of any action taken by this association through bulletins sent to the presidents and secretaries of the affiliated societies.

JAOA, 1937, vol. 9, no. 1, p. 12

Hindsight: Journal of Optometry History publishes material on the history of optometry and related topics. As the official publication of the Optometric Historical Society (OHS), a program of Optometry Cares®-The AOA Foundation, *Hindsight* supports the mission and purpose of the OHS.

Members and officers of the OHS Advisory Committee 2016

President: Ronald R. Ferrucci, rferrucci@juno.com (2017)*
Vice-President: Chuck Haine, chaine1@icloud.com (2016)
Secretary-Treasurer: Irving Bennett, irvbennett23@gamil.com (2016)
Members: John F. Amos, eyedoc@uab.edu (2019)
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George Woo, George.woo@polyu.edu.hk (2019)
Karla Zadnik, Zadnik.4@osu.edu (2018)

*term expires

Optometry Cares® - The AOA Foundation

T. Joel Byars, O.D., Liaison to Heritage Services, Board of Directors
jbyarsod@bellsouth.net

Rebecca Hildebrand, Director
RAHildebrand@aoa.org

Brittany Broombaugh, Development Officer
BBroombaugh@aoa.org

Kirsten Pourroy Hébert, Heritage Services Specialist
The Archives and Museum of Optometry
khebert@aoa.org

The official publication of the OHS, published quarterly since its beginning, was previously titled *Newsletter of the Optometric Historical Society*, 1970-1991 (volumes 1-22), and *Hindsight: Newsletter of the Optometric Historical Society*, 1992-2006 (volumes 22-37). Use of the current title, *Hindsight: Journal of Optometry History*, began in 2007 with volume 38, number 1. Back issues, indexes, and additional information about the journal are available at:

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Manuscripts can be submitted for publication at the journal website (<https://scholarworks.iu.edu/journals/index.php/hindsight>). Alternatively, a Word document can be submitted by email to the editor.

HINDSIGHT: Journal of Optometry History

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Editor:

David A. Goss, School of Optometry, Indiana University, Bloomington, IN 47405
dgoss@indiana.edu

Contributing Editors:

Irving Bennett, 5551 Dunrobin Drive, #4208, Sarasota, FL 34238
irvbennett23@gmail.com

Kirsten Pourroy Hébert, The Archives an Museum of Optometry, 243 North Lindbergh
Boulevard, St. Louis, MO 63141, khebert@aoa.org

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From the Editor

THEY WERE OPTOMETRISTS!

If you happen to read an article of potential interest to optometric historians, I encourage you to write a review of it and submit your review to *Hindsight*. Alternatively, you could send the article of interest to me, and we will bring it to the attention of OHS members through the pages of *Hindsight*. OHS Advisory Committee member Chuck Haine recently sent me an article entitled “Spectacles, Cheaters, and Shades,” which appeared in the March/April, 2016 issue of *Your Genealogy Today* (volume 2, number 1, pages 33-36), written by a regular contributor to that magazine, David A. Norris. Dr. Haine wrote that he found the article to be “interesting but not exactly scholarly research.”

The author of the article wrote about the history of spectacles in the last few centuries because “hints about spectacles and eyeglasses during...genealogy research...might be a good way of finding new and personal information about our ancestors.” (p. 36) One of the various interesting tidbits was that two Mayflower passengers had pairs of spectacles mentioned in the inventories of their estates after their deaths in 1659 and 1672. The author also noted that the 1781 probate file of one of his ancestors mentioned one pair of spectacles. Spectacles were imported in Colonial America, and the American spectacle making industry did not arise until after the American Revolution.

Norris noted that early newspaper advertisements can provide clues concerning where our ancestors may have obtained their eyeglasses. Watchmakers, jewelers, booksellers, druggists, and other merchants advertised the sale of spectacles. Norris gave these examples:

Torry and Company of Charleston, South Carolina advertised themselves as ‘Opticians and Print Sellers’ in the early Federal era. A Philadelphia city directory of 1819 included the firm of ‘Fisher M. and Son’, who were listed as a ‘thermometer and spectacle maker.’ In early newspaper ads, ‘opticians’ also offered telescopes, microscopes, magnifying glasses, barometers, and other optical instruments besides spectacles. (p. 36)

What I found most interesting in the article was the reproduction of two advertisements for “opticians” from the 1880 Worcester, Massachusetts city directory. This was an era before the term optometry was in common usage, and persons who were practicing optometry referred to themselves as opticians or other monikers.

Henry Hofstetter often talked about optometry’s “centuries-long existence,”¹ emphasizing that the popularization of the term optometrist, the passage of licensure laws, etc., in the early twentieth century were stages, albeit highly significant stages, in the development of optometry, rather than indications of the *de novo* birth of a new occupation. The factor that we may view as distinguishing the refracting optician or optometrist from the dispensing optician is the conduct of some form of examination, however rudimentary it may seem by today’s standards.

One of the 1880 advertisements was for “I.H. Stockwell, Optician.” Further inspection of the ad suggests that he was practicing optometry because it says: “Spectacles adapted after an examination of the Eye.” The multiple roles often filled by the nineteenth century optometrist are illustrated where the ad says: “Mathematical and Philosophical Instruments in great variety.”

The other advertisement was for “W.A. England, Watchmaker and Optician.” In fine print the ad states: “Personal attention given to Fitting the Eye for Spectacles or Eye Glasses. Improved Instruments used.” It is not as obvious whether W.A. England was also practicing optometry, but if we assume that the “improved instruments” were used in some type of examination, then we can assume he or she was also practicing optometry.

Although we can rightfully be proud of the advances in optometric knowledge and technology of the twentieth and twenty-first centuries, it would be arrogant on our part to think that optometrists of centuries past were less important to the persons they served.

Reference

1. Hofstetter HW. The OHS mission. *Hindsight* 1996;27:17-18.

David A. Goss

Editor, *Hindsight: Journal of Optometry History*

Remembrance

John F. Amos, O.D., M.S.
eyedoc@uab.edu

Larry J. Alexander, O.D. (1947-2016)

It was with great sadness the profession learned of Dr. Larry Alexander's sudden passing on April 16, 2016. It caused me to reflect on Larry's career and the many times our careers intersected. I first met Larry in 1969 when he was a third year student at Indiana University. This was in the very early years when the seeds were being sown for the evolution of the profession to expand its scope of practice. This notion took root during the years of the Vietnam Conflict when many graduating or young optometrists served as optometry officers in the military. It was apparent to me that even as a student Larry possessed a keen desire to see the profession change. He was insightful and always anxious to learn more beyond the interests of others.



Figure 1. Larry J. Alexander (from the Birmingham News, April 24, 2016)

Following graduation from the School of Optometry at Indiana University in 1971 Larry served as an optometry officer in the U. S. Navy. On his discharge from the Navy in June 1973, he practiced in Elizabeth City, North Carolina. During his time in North Carolina, I received a call from Larry expressing an interest in academic optometry. After the appropriate interviews, Larry joined the UAB School of Optometry in 1975 as an Assistant Professor in the Department of Optometry.

He was the first of many young faculty who helped transform the UAB School of Optometry into the outstanding clinical program it became. His interest and passion was in the area of ocular disease. Needless to say, he was a talented educator whom both students and practitioners enjoyed. During his 20 years at UAB he developed several courses, but his primary clinical interest was in diseases of the vitreous and retina. This eventually led to his writing a book entitled *Primary Care of the Posterior Segment*. For many years, and through three editions, this book served as the standard for the profession in this area of eye care.

On a personal note, Larry and I had the opportunity to travel together and serve the school and profession on many occasions. He was friendly, gregarious, funny, caring, possessed a quick smile, and a wonderful laugh. Sometimes just one look sent us both into gales of laughter we could not control.

After he left UAB to practice in Indiana and Kentucky he retired in McKinney, Texas but continued to serve the profession in a number of ways. Our paths continued to cross but not as frequently. I will miss Larry for many reasons but always remember our many good times together and his significant contributions to optometry.

My Recollection of How Optometry Got Into Medicare

Irving Bennett, O.D.
irvbennett23@gmail.com

Of course, memories of events get muddled with time. But for the most part this is what I recall of the efforts of optometry in those 22 years between when Medicare was adopted as the law of the land and when the Congress finally granted optometry the privilege to participate in that program. The span of years was from 1965 to 1987, a critical period in optometric history.

This version does not completely coincide with the printed versions in the *AOA NEWS* or in the *Journal of the American Optometric Association*, both of which carried detailed stores of the events leading up to the final inclusion. Even though the American Optometric Association (AOA), its affiliates, and individual optometrists all played a role in the Medicare episode, there is much more to this success story.

As I recall, in 1965, during President Lyndon Johnson's administration, the Medicare bill was framed. Optometry was a purely drugless profession then, and there was a great deal of talk among practicing optometrists that the profession needed to get the right to use diagnostic and therapeutic drug prescribing privileges. Many of the practicing optometrists had been allowed to use drugs while practicing in the Medical Corps during World War II and the Korean War and felt that they should be allowed to do the same in their civilian practices. The official stance of the elders in the profession and of the American Optometric Association, was that optometry was not a part of medicine and held a unique distinction in that it could examine eyes correctly and thoroughly without the aid of drugs.

The relationship between organized optometry and organized ophthalmology was not at all good in those days—at least on the surface. The two professions barely ever communicated with each other at the state or national levels. Every effort for optometry to expand its responsibilities was met with strong push-backs by ophthalmology. In 1965, dentistry opted out of Medicare. Officials in ophthalmology, in a rare confab with leaders in our profession, convinced our leaders that what dentistry had opted to do was a good lead to follow. Ophthalmology said that it would make sure that refractions and eyewear were not included in the Medicare legislation. Official optometry felt that this was a good bargain and signed on to it.

Only after the Medicare Bill was passed by the Congress and signed by the President in 1965 did optometry realize it had been "snookered" by ophthalmology! The "medical eye exams" (that ophthalmology said it—and only it—performed) were covered by the Medicare legislation. Medical eye exams could, of course, include refractions, but that "small" part was a non-covered Medicare service.

Ophthalmologists required patients to pay out-of-pocket for the refraction part of the visit, often \$10 or so. The rest of the exam, for which a more substantial fee was charged, was paid for by Medicare!

Suddenly, it made sense for many patients to leave their family optometrists for ophthalmologists. The thoughts then of many in private practice was that their time of

existence was numbered. Most ophthalmologists dispensed eyeglasses in their practices in 1965, so patients who came for medical eye exams stayed with their new eye care practitioners for complete care: refraction and eyeglasses!!

In the interval between 1965 and 1987 a lot of things happened. Optometry fought hard and won the battle of getting both diagnostic and therapeutic drug privileges in state after state. The battles with ophthalmology were often fierce and bloody. The AOA made effort after effort to get the Medicare bill changed to include optometry.

One optometrist, Bob Whitaker of Kansas, got elected to the Congress and made numerous efforts to get the "Optometric Leveling the Playing Field" bill adopted. And, if I recall correctly, it did pass the House once or twice only to be stopped in the Senate. Or vice versa. These were frustrating years.

The AOA did try to engage its affiliates to have their members consult with their Congressmen and Representatives. Many did but with little success. In the 1970s and 1980s I was President of Advisory Enterprises, a publishing firm that published four ophthalmic publications. I was also President of OptiFair, the popular national ophthalmic exhibition and exhibit. These two activities provided me with many good contacts with optometrists, both members and non-members of AOA.

The magazines were well read by thousands of optometrists; and more optometrists attended OptiFair than attended any other ophthalmic convention. I saw a great opportunity in the late 1970s to solicit thousands of optometrists to work for the passage of an amendment to the Medicare Act to recognize optometry and the services it rendered. It was a surprise to me that the then AOA Washington Office Director, Jim Clark, telephoned one day and bluntly asked that I not interfere with this activity. I did not. Yet, it was painful to have years go by and no action occurring.

Enter 1986. As is the case in most years, the House and Senate adopted annual budgets for the following year. Often these budgets are not completely the same. To reconcile the two budgets, a Budget Reconciliation Committee of 40 members of the Congress—some from the Senate and some from the House of Representatives—is appointed to join the two budget bills into one. In those days the members of the Reconciliation Committee "horse-traded" in order to adopt a unified budget. This is when "earmarks" were added to the budget bill. Earmarks are attachments to the bill that did not get the full vote of the House of Representatives or the Senate.

A unified budget suggested by the Reconciliation Committee is then submitted to both the House and the Senate for an up or down vote, no amendments. Once adopted it goes to the President for signature or veto. The Federal Government does not allow the President a line item veto. Generally speaking the reconciled budget is more often than not adopted into law.

In 1986 there were members of Congress strongly against optometry's amendment and it was thought then that President Ronald Reagan was not in favor of it either. To many of us, the future of our practices looked bleak. The vast majority of the patients in many of our practices consisted of senior citizens.

What goes on in Congressional Budget Reconciliation Committee meetings generally stays there. What I am reporting is the story that circulated about the famous 1986 meeting that dealt with the proposed 1987 Budget. One of the 40 members of the Committee was Representative Barbara Mikulski (D-MD), a close friend of Dr. Egon Werthamer, then a member of the AOA Board of Trustees. They were close buddies and Barbara was a relatively new Congresswoman and was eager to participate in the process.

As is true with the Reconciliation Committee meetings, the Chair asks each member what it would take for him or her to vote affirmatively on a unified budget report. When it came to Ms. Mikulski she promptly replied the "Optometry Leveling the Playing Field" amendment. "What the hell is that?" the Chair reportedly asked. "It is a stipulation that eligible Medicare recipients would be allowed to choose what kind of eye care practitioner—optometrist or ophthalmologist—they could use to get an eye exam and be covered under Medicare," Barbara responded.

"And what will this cost?" asked the Chair. "Not a penny more than what is allotted now," replied Barbara continuing, "You see qualified Medicare recipients already have the benefit; this amendment allows them the choice of to whom they go for care," "Okay," said the Chair, "You've got it!"

Thus, the Budget for 1987 contained a change in designation for optometrists as far as Medicare is concerned by including them as "physicians" and, therefore, eligible for reimbursement for the services they could legally provide. Congress on an up/down vote agreed to the budget and President Ronald Reagan signed it into law.

By April 1, 1987 when the provision took effect, there was a different optometry than the one that sat idly by as the Medicare law was enacted 22 years earlier. Optometrists had won the battles in the states to get diagnostic and therapeutic pharmaceutical privileges for the profession and now they won the war.

The History of Ethics and Professionalism within Optometry in the United States of America 1898-2015, Part 2

R. Norman Bailey, MA, OD, MBA, MPH
Clinical Professor, Retired
University of Houston College of Optometry
nbailey@uh.edu

Continued from Volume 47, Number 1

PUBLIC PERCEPTION OF OPTOMETRY

Earlier efforts had failed to dispel the unprofessional image of optometry held by many in the public and other professions. The leadership of the American Optometric Association (AOA) had been working for years to raise the ethical standards and professionalism of optometry when an article, *Optometry On Trial*, by Roger William Riis appeared in the August 1937 issue of *Reader's Digest*.³⁷ This article readily demonstrated the ongoing lack of respect for optometry by many in the public and by oculists in particular. Oculists were considered the standard of accuracy in the reported "study" in the article. In that era, oculists were the medical doctors who limited their practices to care of the eyes. Without direct access to the methods used to select specific data reported, one cannot outright refute the observations; however, the purpose of and bias in the study are quite obvious and can cause one to question many of the conclusions.

Looking at some direct quotes from the article will help the reader to understand how this article upset many of the professional optometrists of the day and motivated them to work more diligently in cleaning up the unprofessional image presented by the *Reader's Digest* article:

Wearing no glasses – and needing none – a young man went to optometrist A, who examined his eyes and sold him a pair of spectacles. He took these to optometrist B and asked him to check them. Optometrist B said they were not the correct prescription, and made up a second pair. The man proceeded with the second pair to optometrist C, who roundly denounced them and made a third pair. These were brought to optometrist D, who brushed them aside and sold him another set. When the same thing occurred again, and was becoming a fairly monotonous process, this investigator took the glasses of both A and B to four other optometrists. All four stated that neither pair was correct for his eyes!

This happened during a nation-wide inquiry into the practices of optometrists who sell the American people nearly \$75,000,000 worth of spectacles a year. Investigators visited optometrists from coast to coast and from Canada to the Gulf, in shops on avenues of great cities, in the nation's most famous department stores, in small side-street shops and optometrical chain stores. The findings of this investigation buttressed by facts and statistics from other impartial sources, revealed grave abuses in the field of optometry.

There are many conscientious and skilled optometrists; men who will frankly admit their limitations when they see that the eye conditions of their visitors are beyond their abilities and training. But there are many optometrists – far too many – who blithely undertake problems beyond their training. To consult one of these, when you have serious eye trouble, may be worse than useless.

Yet, if your eyes are troubling you, the chances are you will consult an optometrist. There are 22,000 of them in the United States. Their advertising tempts you from every side. In newspapers, in pretentious shop windows, in street cars and buses, they are appealing to you with all the wiles of sales psychology.

To begin with, let us clearly understand the difference between the optometrist and the oculist. The oculist is a graduate physician who has specialized in the study of eyes. Not only is he competent to correct defects in vision, but, as a medical man, he can detect and give you timely warning of changes in the tissues of the eye caused by diabetes, kidney trouble, brain tumors, arteriosclerosis and other diseases which frequently affect our power of vision.

The optometrist (literally ‘one who measures the eye’) is not a licensed physician; indeed he is forbidden by law to practice medicine. His acknowledged function is to examine the manner in which the eye transmits or refracts light. And even this limited function calls for skill and a strictly diagnostic attitude that many optometrists do not possess.

Yet as things stand today, the optometrist assumes a triple and somewhat mixed role: he examines your eyes, prescribes glasses and then proceeds to sell them to you. A survey of 2800 establishments showed that 88 percent charged no fee for examination; their profit came from selling glasses.

The oculist has nothing to sell but his professional skill; if he finds that you do not need glasses, he tells you so; if he finds that you do need them, he gives you a prescription for them, which you take to an optician. (An optician is a craftsman skilled in grinding lenses; he does not prescribe lenses himself, but merely fills prescriptions, much as a pharmacist compounds the prescription of a physician.) But the optometrist, depending upon the money he makes from the sale of spectacles, is necessarily tempted to sell you glasses whether you need them or not.

Both prescribing and dispensing eyewear had the potential of creating a serious ethical issue for the optometrist, if particular care was not taken in providing these separate but related services. Riis continues,

If the eye were merely a refracting apparatus – something that properly-fitted glasses could correct – the optometrists would fit far better into the scheme of things. But this complicated and delicate organ is more than an arrangement of lenses existing apart from the rest of the body. The eye is a subtle barometer of general health, and is quickly affected by systemic diseases. Competent eye examination may give you notice of some such condition in time to permit early treatment. An optometrist’s examination may, as our survey shows, equip you merely with a pair of futile glasses and leave you ignorant of a serious menace to your health.

The eye also has its own pathologic conditions, distinctly not connected with refraction....

Riis described several occasions when optometrists missed significant health issues in the *Reader's Digest* study. One such occasion follows:

But still another discovery about optometry was made. A noted oculist accompanied the writer to one optometry shop, where the title 'Dr.' appeared on the optometrist's sign and business card; no layman could be blamed for believing the proprietor to be an M.D. (The fact is that optometrists quite generally assume the title 'Dr.', basing their claim on the degree of D.O. [*sic*], given by some schools of optometry. Needless to say, no optometric course of study compares even remotely, in length or scope, with that required by a medical college.) The oculist described, not once but three times, definite symptoms of brain tumor, syphilis, and glaucoma. He mentioned the characteristic fogginess and gradual closing down of his eyesight; spoke of other impairments clinically associated with brain tumor. Whereupon the "Dr." optometrist told him he had "eyestrain," sold him a pair of glasses for \$10.50 and gave him a bottle of eyewash to dispel one of the most dangerous afflictions that can beset human life! ...

If glasses are sold to a person (especially a child) who does not need them, the consequences fluctuate between mere discomfort and grave damage. The great focusing power of young eyes frequently leads optometrists to prescribe wrong lenses for children (too weak for farsighted eyes – too strong for nearsighted ones). The fundamental wrongness of such lenses is revealed only when "drops" are used, and the eyes are relaxed. Only in this state can an accurate and trustworthy measurement of the child's eyes be made. This, the oculist does; this, the optometrist cannot do. With wrong glasses, the child's eyes are put under a constant strain, and the focusing muscles are not permitted to relax. The child may become nervous; it may actually develop cross eyes or give up trying to use the two eyes together. Commonly, the eyes become habituated to glasses that they did not originally need, and many people are thus condemned to a lifelong expense and dependence on spectacles.

In adults, the harmful effects of improper glasses are chronic headache, increased irritability, fatigue, poor muscular coordination, aversion to reading, nerve strain and digestive disorders – all of which may affect general efficiency, happiness and earning power.

Some of the charges made by Riis are difficult to believe, as "Forty optometrists in seemingly reputable shops were ignorant of the obvious fact that Mr. D. had 'alternating squint'...." Riis concluded with the following:

Is there any remedy? Clearly the standards of the optometrists – both in their education and practice – must be raised. The optometrists must clean their own shop if they expect to enjoy the continued confidence of the public. There are, within the ranks of the optometrists themselves, a considerable body of men who wish to raise the standards of their craft, to root out flagrant commercialism and unethical practices. In the high councils of optometry these men, aware of their

responsibilities, are advocating reforms which will be discussed in the succeeding article.

The following month's issue of *Reader's Digest* provided, *Optometry On Trial: An Editorial Interlude*.³⁸ This issue reported:

Telegrams, long-distance calls, pamphlets on optometry, and letters by the hundreds have reached the *Reader's Digest* following publication last month of 'Optometry On Trial,' by Roger William Riis. They come from physicians, oculists, optometrists, opticians, Better Business Bureaus, state officials, and laymen. Their quantity, the intensity of feeling they express, the information they contain and the wide divergence of their opinions all show that 'Optometry On Trial' served to bring into the open a contemporary controversy of considerable public importance that had hitherto been little mentioned outside professional circles.

Because Mr. Riis in his first article dealt with the frankly commercial side of optometry, scores of optometrists bitterly charge him and The *Reader's Digest* with unfairness. Writes one, from Pennsylvania: "...Mr. Riis's article oversteps all limits of decency and good taste. A more biased, a more slanderous article I have never as yet read. It contains numerous errors of fact, and is overloaded with half-truths. I classify it as nothing more than pure, unadulterated propaganda for a group of starving oculists, who have steadily throughout the last few years been waging a losing battle to hold the goodwill of the public in competition with the growing profession of optometry.

On the other hand, the head of the Department of Ophthalmology in a Pennsylvania hospital writes, "The facts in your article are all true and fairly stated, and should do an immense amount of good in dispelling public ignorance on a matter of primary importance..."

Several other contradictory opinions of the original article from both sides were presented with the editor pointing out that the originally planned continuation of the first article would appear in the October 1937 issue the following month. As promised, *Optometry On Trial – 2* by Roger William Riis appeared in the October 1937 issue of *Reader's Digest*.³⁹ As a summary of the first article, Riis wrote:

The more important discoveries made by the investigators at the places visited were:

That in their own special province of refraction – or correction of visual defects with lenses – many of the optometrists visited did not prescribe correctly

That many of those visited failed to take note of diseased conditions of the eyes

That their prime interest was the selling of glasses rather than providing conscientious professional service.

Riis further noted:

In their own promotional literature the optometrists say that they prescribe three fourths of the glasses used in the United States. The paths to their doors are well

marked with newspaper advertisements, neon signs, shop window displays, huge spectacles hung over the sidewalk. Our investigators followed the paths most trodden by the public.

Riis stated:

The organized optometrists are prosecuting an intensive campaign for public attention. One of their official leaflets states boldly: 'The modern optometrist is a specialist to consult about all eye conditions.' If, following that advice we go to an optometrist and get an ineffective examination, but a highly effective dose of commercial salesmanship, what are we to think of optometry?"

Riis summarized:

To this end two things seem essential – and with these demands many responsible leaders in optometry will agree:

1. A further improvement in optometric education.
2. Abandonment by optometry of the sale of spectacles as a business and the offering of professional skill, for a fee, instead.

Riis noted:

The Code of Ethics of the American Optometric Association requires a member to refrain from advertising 'except that permitted by the code of ethics of his state association.' And how about the ethics of the optical chain stores, department stores, or jewelry stores which lease to or hire optometrists? It is through the advertisements of such stores and of individual commercial optometrists that the average citizen is introduced to optometry. Their advertising is often on its face a red flag of warning. "Free examination," easy payments," "glasses on credit" abound in their copy.

Riis's insights stated in the end of his article may be viewed by the open minded as reasonable for that time; i.e.:

For the immediate future, the public, whose eyesight is at stake in all this, may fairly demand these things: That the optometrists raise their standards and drive out all commercialism from their ranks; that they and the oculists try to settle their differences, stop quarreling about jurisdiction over the human eye, and seek to cooperate in working out a program primarily for the public's good.

Rebuttals to the first *Reader's Digest* article by Riis appeared as editorials in the August 1937 issue of *The Journal of the American Optometric Association*. One editorial, titled "The Deluge," stated, "As is well known by those who have read the article [*Reader's Digest*], it reflected many deplorable things pertaining to optometry, some truths, some half-truths and, we maintain, many falsehoods."⁴⁰ The second editorial, "Objection Sustained," stated:

While some of the things cited in the article purporting to be actual experiences of the investigators may have been true, official and unadulterated optometry refuses to accept the verdict of any biased investigation based upon alleged misconduct of certain individuals arbitrarily named by the investigators as the standard bearers for optometry...The optometry statutes were enacted for the specific purpose of protecting the public. Our state boards are constantly reprimanding offenders, punishing violators and revoking licenses to practice optometry. The state societies too have adopted codes of ethics, taken oaths and pledges to better serve humanity, become more proficient and helpful and, above all, honest with its clientele...We can hardly conceive of a magazine with the reputation for truth, veracity and honesty of purpose which the *Reader's Digest* has in the past enjoyed, lending its valuable pages to any designed persecution of a well-intentioned profession, portraying to the public a story based upon evidence obtained from sources acknowledged to be without port-folio or proper authority to represent the cause.⁴¹

As reported in the August 1938 issue of *The Journal of the American Optometric Association*, discriminatory articles followed the *Reader's Digest* publication in other magazines throughout the following year. Prominent among these magazines were *McCall's*, *Saturday Evening Post*, and *Collier's*.⁴² Over a thousand type-written pages of material with additional rebuttal information was accumulated and turned over to the former Governor and Attorney General of Michigan and friend of optometry, Wilber M. Brucker, who subsequently wrote a book using this information in the support of optometry.⁴²

The *Story of Optometry*⁴³ was published in 1939 by *The Journal of the American Optometric Association*. In the first chapter of his book Brucker states:

Modern Optometry is making enormous strides to meet this overwhelming demand for better vision. In addition to applying its ordinary lens relief in adapting a far-point eye to a near-point world, Optometry is making highways safer by eliminating fatigue hazards caused by eyestrain; it is returning to usefulness and independence many near-blind through the aid of Telescopic spectacles; it is making possible careers in athletics, in aviation, on the screen, stage and platform by invisible contact lenses. It has developed orthoptics, a means whereby the brain is literally re-educated to coordinate the muscles that control movements of the eyeballs, thus making it possible to correct most cases of crossed eyes without surgery.

This continuing story of the history of ethics and professionalism in the American Optometric Association will show how the *Reader's Digest* articles and other pressures, internal and external, were driving forces in the advancement of optometric education and scope of practice in an improved professional atmosphere. We will see, however, how the consumerism movement of the 1970s subsequently reversed some efforts in the control of advertising.

THE 1940s, WORLD WAR II, AND THE OFFICE OF ETHICS AND ECONOMICS

The 1940s and World War II brought new challenges along with the old. The continuing tendency of many to view optometry as a commercial business created many problems for the profession. In 1942 the AOA launched the *Professional Advancement Program*⁴⁴ modeled to increase the professional stature of the optometrist through many avenues from organizational advancement and student recruitment to public relations and ethics and economics. E. LeRoy Ryer of New York City was named the National Director-General for the Professional Advancement Program. National directors were appointed for the Office of Public Relations, the Office of Ethics and Economics, the Office of Student Procurement, and the Office of Organizational Advancement, with an AOA officer or trustee as an advisor for each. James A. Palmer of Charlotte, North Carolina was appointed National Director of the Office of Ethics and Economics with Edmund F. Richardson, AOA trustee, as advisor.⁴⁵

Due to his absence, Dr. Ryer's *Report of the Professional Advancement Program* was read by John E. Corbett at the 1943 Annual Meeting of the AOA in Chicago, Illinois and stated in part:

He [James Palmer] cannot succeed so long as the AOA and some of the states condone the non-professional practices not only of their rank and file but of some of her state officers—leading officers practicing in pawn shops, jewelry departments and furniture stores, or in nothing better than their own 'exclusive' store. If those who thus jeopardize optometry's professional standing lack the taste to lie low, optometry must spunk up the courage to lay them low. If we continue to avoid this issue of true ethics by sham, hypocrisy and blatant disregard of public opinion, we may have to take the responsibility of causing a cleavage between the professional and unprofessional group which may spell ruin for both . . . Dr. Palmer has devised a way to change over from hidden fees for professional services in the price of glasses to properly charging for those services. Dr. Heather has traveled from one end of the country to the other demonstrating that way—that philosophy of sound economical, ethical practice. Paying lip service to these essential principles of professional conduct at meetings and ignoring them in practice is steadily leading optometry to destruction...Optometry must either kill or be killed by this canker of unprincipled, unbridled commercial exploitation that no one seems to dare to attack.⁴⁶

By the name, Office of Ethics and Economics, it is evident the efforts of this entity would encounter the professional-commercial tension. The Office of Ethics and Economics issued "Ethics and Economics, Part 1"⁴⁷ in December 1942 and "Ethics and Economics, Part 2" in March 1943.⁴⁸ James Palmer wrote:

Ethics and Economics, Part I . . . followed closely the inauguration of the AOA Professional Advancement Program. In order to quickly establish a sound foundation upon which we could complete the development of sound ethics and economics, it was necessary to cover our complete objectives in a brief and greatly abridged form.

The procedure has proven to be wise. It served as a trial balloon to determine the state of mind of the optometrists. It was necessary to know if we, as a profession, were ready to completely emerge from the field of commercialism into the field of professionalism. Our months of travel, discussion with optometrists, and careful observation have established this happy fact: Optometry is not only ready for this transaction, it is impatiently anxious to make it. The big question in the mind of the men has been: 'How can I make the necessary changes to have my practice conform to the concept presented in Ethics and Economics, Part I?

During March we developed Ethics and Economics, Part II . . . Everything we have said in Part II was developed from, and conforms strictly with the brief overall picture of Part I. ⁴⁹

Part I excluded corrective focus spectacles compounded for a predetermined individual from the commodity classification. These were considered therapeutic materials that were consumed by the optometrist in the course of his work and "material that has been consumed cannot be re-evaluated for resale." Therefore, these materials represented laboratory costs that were part of the operating expenses of the practice.⁴⁷ Part II was a more extensive document and demonstrated how the optometrist could dispense ophthalmic materials (spectacles) at laboratory cost and charge for all professional services surrounding the fitting and care of spectacles.⁴⁸

This committee saw ethics strongly tied to the way one practiced. If a profession is defined, in part, by ethical codes and standards in its provision of services to the public for a reasonable fee, then any optometric practice that sold spectacles with a mark-up for profit was a commercial enterprise and unprofessional in character. They recognized the importance of the economics of practice as seen in the following:

A profession has for its prime object the service it can render to humanity; reward or financial gain should be of subordinate consideration.

Service, as our major responsibility, is rendered completely when we look toward the end result. There can be no middle ground. Optometrists recognize that their professional responsibility must be met and discharged completely. Then the economics of the situation need consideration.

Economics for the professional man can be sound and well accepted by the public only when adequate professional income results from professional services rendered. Today the science of refraction, starting as it did closely allied with the sale of glasses as such, approaches its economic problems amidst great confusion. That confusion has spread to the public. Unethical practices have developed and still exist. Commercialism has grown strong and challenges the economics of the ophthalmic professions...

Professional men know they must render the services which the public requires. On the other hand, if they render services for which they are inadequately remunerated, the inexorable laws of economics will catch up with them. Then they must alter either their economics or their services to the public. Professional responsibility may become secondary rather than primary.

The interests of the public and of the individual practitioner demand sound professional economics. In fact, ethics and economics go hand in hand where

successful professional results are to be attained. In a professional capacity, the optometrist's income must be derived from professional services rendered, rather than from the sale of ophthalmic materials in any way, shape or form. There must be no confusion on that point. ⁴⁸

The Office of Ethics and Economics published in June 1943 the *Fifteen Components of Optometric Thinking*,⁴⁹ which every optometrist was urged to study and to put into practice for the profession to gain the degree of professional recognition that was considered merited. These components had been clearly established in Parts I and II of Ethics and Economics published earlier. The Fifteen Components of Optometric Thinking read as follows:

Fifteen Components of Optometric Thinking

1. Optometry is a profession and therefore optometrists should conduct themselves as professional men.
2. A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration.
3. The professional optometrist charges a fee for services rendered and not for materials supplied.
4. The amount of any fee charged is, generally speaking, based upon three factors:
 - a. The type and character of the optometrist charging the fee.
 - b. The character of the service and the skill and knowledge involved in rendering the service.
 - c. The value of the service to the patient and his ability to pay (refer to 9)
5. Six professional services are established, each dependent upon the other for their success and value. They are:
 - a. Examining to determine the presence or absence of pathology
 - b. Refracting and visual analysis. (Determine the procedure to be followed to re-establish visual efficiency and visual comfort).
 - c. Writing a prescription for glasses.
 - d. Consumption of the prescription materials.
 - e. Verifying, re-evaluating, and fitting.
 - f. Services incident to professional eye care for the life of the materials.
6. The optometrist is the consumer of ophthalmic material in the conduct of his professional practice.
7. A lens or a frame carries no intrinsic value to a patient, therefore cannot legitimately be dispensed upon that basis. This is equally true whether the material is supplied on original prescription or upon replacement.
8. The value of a pair of glasses to a patient is based entirely upon what they do for him.
9. All patients cannot afford the same fee for the same service. Some cases, due to economic circumstances, justify a complete service without any fee. (Refer to 4)
10. A basic fee must be established. This basic fee should be what your charges have been for your average paying patients when a complete service is rendered.
11. When prescribing for a patient, and he desires to utilize his own frame, the only legitimate adjustment in the fee is the laboratory cost of frame (average).

12. When a patient desires his prescription to obtain his glasses through a friend at "wholesale," the only legitimate adjustment in the fee is the laboratory cost of the ophthalmic materials. All other services must be rendered. They must be paid for.

13. Optometry must consider its relationship with the ophthalmologist and the ophthalmic dispenser in all its plans for future development. Any assistance rendered by either group to the other contributes to the correction of a "public misconception as to the cost of eye care." Certainly at this time, equitable consideration must be given to all.

14. Prescription glasses, lenses, frames, temples, etc., must not be dispensed as a commodity.

15. Every charge made by an optometrist in the conduct of his practice is for some professional service. Therefore, the gross income of an optometrist from his practice is for professional services rendered, represented by his professional fees, never from the sale of materials.

THE ADOPTION OF A REVISED CODE OF ETHICS

The forty-seventh AOA Congress was held in Detroit in 1944. The humiliation of optometry by not being recognized as a profession in the military services during the war years, particularly in the Army, made the profession realize that a high standard of ethics was required. The Committee on the Code of Ethics, chaired by John B. O'Shea with Edmund F. Richardson and Charles Sheard serving as committee members, had been established and given the responsibility of updating the Code of Ethics.^{50, 51}

The report of the Committee on the Code of Ethics of the American Optometric Association to the president and members of the House of Delegates in 1944 states in part:

Because the Code of Ethics which our association had formulated some years ago no longer adequately represents the ideals and practices of modern optometry, this committee was appointed to revise that Code and present for your consideration at this convention a Code more representative of our ideals and aims and conduct.

In the many and varied types of codes that were studied by your committee, many positive and negative responsibilities and restrictions had been enumerated and placed upon the members. That may be advisable in its place, but it is the considered opinion of this committee that a list of 'musts' and 'must-nots' has no place in the dignified Code of Ethics by which a profession should practice. Usually such items belong under rules of practice for members. The American Optometric Association may wish to set up such a set of rules or regulations to guide and direct its members. It seems to this committee, however, that listing and, if necessary, enforcing such specific requirements might better be done by the various state associations.

In formulating the Code of Ethics which is hereby recommended for adoption by the American Optometric Association, your committee was unanimous in feeling that our national Code should be a positive statement, honestly setting forth in general terms the sort of persons we expect our members to be and the general policy we expect them to pursue. We believe that it should be

specific enough to call attention to certain meritorious qualities and practices that as members of the American Optometric Association they are expected to demonstrate. Yet it must not be so specific that failure to mention any desirable quality or practice could be construed as neglect or disapproval of it.

The Code we adopt should be broad enough to cover all the needs of the highest type of present day practice of optometry; it should be flexible enough to meet the varying conditions of different localities; and it must allow for the inevitable changes of tomorrow.⁵¹

The AOA House of Delegates adopted the Code on June 27th, 1944, fulfilling the last objectives in Chairman O'Shea's report.⁵¹ When the 1944 Code of Ethics was adopted, it was adopted subject to refinements in language without change of meaning. The Committee to Revise the Code of Ethics, having gone over the Code carefully since its June adoption, presented it in final form at the meeting of the Board of Trustees in Washington, D.C. on December 4, 1944. With slight changes made in the wording, the Board of Trustees adopted it unanimously. The 1944 Code of Ethics read as follows:⁵²

Code of Ethics
(adopted 1944)

It Shall Be The Ideal, The Resolve And The Duty Of The Members Of The American Optometric Association:

To keep the visual welfare of the patient uppermost at all times;

To promote in every possible way, in collaboration with this Association, better care of the visual needs of mankind;

To enhance continuously their educational and technical proficiency to the end that their patients shall receive the benefits of all acknowledged improvements in visual care;

To see that no person shall lack for visual care, regardless of his financial status;

To advise the patient whenever consultation with an optometric colleague or reference for other professional care seems advisable;

To hold in professional confidence all information concerning a patient and to use such data only for the benefit of the patient;

To conduct themselves as exemplary citizens;

To maintain their offices and their practices in keeping with professional standards;

To promote and maintain cordial and unselfish relationships with members of their own profession and of other professions for the exchange of information to the advantage of mankind.

This 1944 version of the Code of Ethics remained as a set of guiding principles for 61 years until a minor modification in 2005 and a major rewrite in 2007.

DEVELOPMENT OF ADDITIONAL DOCUMENTS EXPANDING THE CODE OF ETHICS

Following the adoption of the new Code of Ethics, the 1944 AOA House of Delegates passed the following Resolution No. 13:

WHEREAS, there has now been adopted a Code of Ethics, which represents the ideals of the AOA for the conduct of its members; and

WHEREAS, there is a need for the elaboration of this Code of Ethics into a codification of policies of the AOA; and

WHEREAS, there is a fundamental need for a set of criteria for the guidance of the conduct of the individual optometrists and their organizations; now, therefore,

BE IT RESOLVED, that the Department of Ethics and Economics of the AOA be directed to explore every possible source and to prepare a body of criteria which is consistent with the Code of Ethics adopted at this convention, for the guidance of the thinking and behavior of the practitioners of optometry.⁵³

Consistent with the directive of the above resolution, the Department of Ethics and Economics, previously known as the Office of Ethics and Economics, led the development of additional documents to supplement the Code for purposes of setting up rules and regulations to guide and direct more specific "ethical" behavior of its members. The Supplements to the Code of Ethics were adopted in 1946 and the Rules of Practice were adopted in 1950. These supplementary documents covered many of the musts and must-nots related to specific practice activities, which John O'Shea wished to keep out of the wording of the Code of Ethics itself.

The Supplements and the Rules would be used to help regulate the business aspects of practice and to aid in the fight against commercialism. These documents became part of the continuing struggle to dispel the notion still held by many in the public and some of the other professions that optometry was a business venture dealing in the sale of a commodity. Some of the history leading to the development of these additional documents follows.

In October of 1944 the Department of Ethics and Economics (previously known as the Office of Ethics and Economics) reported recommendations from a recently held conference. The department now had three subdivisions under the chairmanship of James A. Palmer of Charlotte, North Carolina. A. Scott Gibson of Thomaston, Georgia was

in charge of the subdivision of Ethics, Galen F. Kintner of Wabash, Indiana was in charge of the subdivision of Economics, and Paul A. Ludeman of Chicago directed the subdivision of Professional Standards. In order to clarify their thinking, certain principles were laid down as a foundation from which to work. These included those previously reported as well as some new recommendations. Several of the more significant recommendations:

Regardless of seemingly expedient purpose, no advertising should be indulged in except for the purpose of public information and education and then only as it is representative of an optometric group affiliated with the American Optometric Association, and never by an individual or group of individuals for the purpose of discrimination...Splitting of fees and accepting of commissions, regardless of the form or the excuse thereof, are well established as inimical to the public welfare, in addition to being unethical....This department urges all optometrists and suppliers to avoid such practices.⁵⁴

Cooperation was sought from publishers as well as from suppliers of ophthalmic materials.

In 1945, the forty-eighth annual meeting of the AOA in Cincinnati, Ohio was limited to only fifty representatives, some proxies, because of wartime travel restrictions. There were no social events, exhibits, or educational lectures that year.⁵⁵ The House of Delegates appears to have taken no action that year on the above pending work of the Department of Ethics and Economics.

When the Department of Ethics and Economics presented its forty-five-page report⁵⁶ to the AOA House of Delegates in 1946 in Pittsburgh, Pennsylvania, there seemed to be some confusion about the charge given to the department by the 1944 resolution.⁵³ The following discussions centered on whether the department was to develop a new and more expansive code of ethics or just give interpretations of the 1944 Code for specific practice circumstances. These meetings pointed out that Pennsylvania, as well as some other states, needed specific 'must-nots' defining what was 'unprofessional conduct' in order to get legislation regulating some commercial practice activities. Even though the department had prepared an extensive document, it was determined more work was needed. The Board got permission from the House of Delegates to complete the task at a later date after further work by the Department of Ethics and Economics. This permission was obtained with the following Resolution No.4:

WHEREAS, pursuant to Resolution No. 13, adopted at the Detroit Congress in 1944, the Department of Ethics and Economics of the American Optometric Association was directed to explore every possible source and to prepare a body of criteria which is consistent with the Code of Ethics, which Code had been adopted at that Congress; and,

WHEREAS, the Department of Ethics and Economics prepared and submitted the draft of a treatise which from its context indicated that a great amount of study and research had already been contributed to this work; and

WHEREAS, the work of this department has not been fully completed, NOW,

THEREFORE,

BE IT RESOLVED, that the Department of Ethics and Economics continue its efforts pursuant to the provisions of Resolution No. 13, adopted at the Detroit Congress in 1944, and prepare, in collaboration with the Board of Trustees, a document which will set forth in articles supplemental to the Code of Ethics, standards of conduct for the guidance of the thinking and behavior of the practitioners of optometry, and a second document which may be used as a rule and guide for the practicing optometrist and as a text for the teaching of ethics and economics to the undergraduate; and

BE IT FURTHER RESOLVED, that the document setting forth the articles supplemental to the Code of Ethics shall be prepared with all convenient speed and that upon its completion, the Board of Trustees is authorized to issue and promulgate these articles which shall forthwith go into effect and supplement the present Code of Ethics of the American Optometric Association; and

BE IT FURTHER RESOLVED, that the American Optometric Association does hereby tender its thanks and appreciation to those members of the Department of Ethics and Economics who so laboriously and painstakingly prepared the draft which was submitted for consideration at this Congress.⁵⁷

THE ADOPTION OF SUPPLEMENTS TO THE CODE OF ETHICS

Upon instruction by the 1946 House of Delegates, the final draft of the Supplements to the 1944 Code of Ethics was adopted by the Board of Trustees in 1946.⁵⁷⁻⁵⁹ This document was revised in 1968 and 1970.⁶⁰ The document expanded on the Code of Ethics and its application to specific behaviors within the practice of optometry. The July 1946 report of the Department of Ethics and Economics⁵⁶ served as a guide. One section of the Supplements clearly prohibited the methods of advertisement which would be considered unethical and to constitute unprofessional conduct, a major concern at that time.⁵⁹ The House of Delegates passed a resolution at the 1947 Congress in Atlantic City, New Jersey urging all members "to study and comply with the Code and its Supplement."⁶¹

The great detail of the historically significant Supplements to the 1944 Code of Ethics, as last revised in 1970, follows. It is noted, when comparing the 1946 version with the 1970 version that the 1968 and 1970 revisions resulted in Sections D and E of Part II being summarized into one paragraph each with some small wording changes while retaining essentially the same meaning. The Section C of Part III revision, in describing advertising that was considered unethical and to constitute unprofessional conduct, added "in accordance with the laws and regulations of each particular state."⁶² Section Q of Part III was added addressing the need to avoid using official positions in optometric organizations for self-benefit.^{59-61, 63} The Supplements to the Code of Ethics read as follows:⁶⁰

Supplements to the Code of Ethics (as revised and adopted in 1970)

I. Basic responsibilities of an optometrist

Section A. The welfare of humanity

A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of optometry is a profession. In choosing this profession an individual assumes an obligation to conduct himself in accord with its ideals.

Section B. Self-improvement

It is the duty of every optometrist to keep himself in touch with every modern development in his profession, to enhance his knowledge and proficiency by the adoption of modern methods and scientific concepts of proven worth, and to contribute his share to the general knowledge and advancement of his profession by all means in his power. All these things he should do with that freedom of action and thought that provides first for the welfare of the public within the scope and limits of his endeavor.

Section C. Scientific attitude

An optometrist should approach all situations with a scientific attitude, weighing all that is new against the present fund of knowledge and his experience, and accepting only that which is truth as nearly as he can ascertain.

Section D. Personal deportment

An optometrist should be an upright man. Consequently he must keep himself pure in character, must conform to a high standard of morals, and must be diligent and conscientious in his studies.

Section E. Optometrists as public citizens

An optometrist should bear his full part in supporting the laws of the community and sustaining the institutions that advance the interests of humanity.

II. Relations between an optometrist and his patients

Section A. Confidential aspects of patient relations

Patience and delicacy should characterize all the acts of an optometrist. The confidence concerning individual or domestic life entrusted by a patient to an optometrist and the defects of disposition or flaws of character observed in patients during attendance should be held as a trust and should never be revealed except when imperatively required by the laws of the state.

Section B. The presence of a pathological condition should be communicated by an optometrist to his patient

An optometrist should give to the patient a timely notice of manifestations of disease. He should neither exaggerate nor minimize the gravity of the patient's condition. He should assure himself that the patient or his family has such knowledge of the patient's condition as will serve the best interests of the patient.

Section C. Patients must not be neglected

An optometrist is free to choose whom he will serve. He should respond to any request for his assistance in an emergency. Once having undertaken a case formally, an optometrist shall not abandon or neglect the patient. Frequently the immediate, prior need of the patient for the professional services of another must be recommended by the optometrist. In any event, he shall not withdraw from a

case until a sufficient notice has been given the patient or his family to make it possible to secure other professional services.

Section D. Compensations and fees

The fee charged the patient is determined by the skill, knowledge, and responsibility of the optometrist. Additional factors are the time and overhead costs, and the relative value of the service given.

Section E. The relations of services and materials

Materials utilized by the optometrist are charged to the patient on the basis of their costs to the optometrist.

Section F. Gratuitous service

The poverty of a patient and the humanitarian, professional obligations of optometrists should command the gratuitous services of an optometrist. Other individuals and endowed institutions and organizations have no claim on the optometrist for gratuitous services.

Section G. Contract practice

It is unethical for optometrists to enter into contracts which impose conditions that make it impossible to deal fairly with the public or fellow practitioners in the locality.

Section H. Interference or unrelated practices

The acts which an optometrist performs and which are outside the confines of his profession must not mislead the public as to the scope of his profession, and must not be inimical to the public welfare or to that of his fellow practitioners.

III. Responsibilities to other optometrists and to the public

Section A. Uphold the honor of the profession

The obligation assumed upon entering the profession requires the optometrist to comport himself as a gentleman, and demands that he use every honorable means to uphold the dignity and honor of his vocation, to exalt its standards and to extend its sphere of usefulness.

Section B. Optometric societies

In order that the dignity and honor of the optometric profession may be upheld, its standards exalted, its sphere of usefulness extended, and the advancement of optometric science promoted, an optometrist should associate himself with optometric societies. He should contribute his time, energy, and means to the end that these societies may represent the ideals of the profession.

Section C. Advertising

The following are deemed, among others, to be unethical and to constitute unprofessional conduct in accordance with the laws and regulations of each particular state.

--Soliciting patients directly or indirectly, individually or collectively through the guise of groups, institutions, or organizations.

--Employing solicitors, publicity agents, entertainers, lecturers, and any mechanical or electronic, visual or auditory device for the solicitation of patronage.

--Advertising professional superiority or the performance of professional services in a superior manner.

--Any advertising or conduct of a character tending to deceive or mislead the public.

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- Advertising one or more types of service to imply superiority or lower fees.
 - Holding one's self forth to the public under the name of any corporation, company, institution, clinic, association, parlor, or any other name than the name of the optometrist.
 - Holding one's self forth as possessed of or utilizing exclusive methods of practice or peculiar styles of service.
 - Displaying certificates, diplomas, or similar documents unless the same have been earned by the optometrist.
 - Guaranteeing or warranting the results of professional services.
 - Advertising of any character which includes or contains any fee whatsoever, or any reference thereto, or any reference to the cost to the patient, whether related to the examination or the cost or fee for lenses, glasses, frames, mountings, or any other optometric services, article, or device necessary for the patient.
 - Offering free examination or other gratuitous services, bonuses, premiums, discounts, or any other inducements.
 - Permitting the display of his name in any city, commercial, telephone, or other public directory; or directory in the lobby of public halls in any office or public building using any type which is in any way different from the standard size, shape, or color of the type regularly used in such medium.
 - Permitting his name to be put in any public directory under a heading other than "Optometrist."
 - Printing professional cards, billheads, letterheads and stationery with illustrations or printed materials other than his name, title, address, telephone number, office hours, and specialty, if any.
 - Displaying large, glaring or flickering signs, or any sign or other depiction containing as a part thereof the representation of an eye, eyeglasses, spectacles, or any portion of the human head.
 - Using large lettering or other devices or unusual depictions upon the office doors or windows.

Section D. Patents

It is unprofessional for an optometrist to exploit a patent for lenses, appliances, or instruments used in the practice of optometry in such a way as to deprive the public of its benefits, either through refusal to grant licenses to competent manufacturers who can assure adequate production and unimpeachable quality, or through exorbitant demands in the form of royalty; or for similar forms of monopolistic control in which the interests of the public are exploited.

Section E. Rebates

It is unprofessional and unethical to accept rebates on prescriptions, lenses, or optical appliances used in the practice of optometry.

Section F. Safeguarding the profession

An optometrist should expose without fear or favor, before the proper optometric tribunals, corrupt or dishonest conduct of members of the profession. All questions affecting the professional reputation or standing of a member or members of the optometric profession should be considered only before proper

optometric tribunals in executive sessions, or by special or duly appointed committees on ethical relations. Every optometrist should aid in safeguarding the profession against the admission to its ranks of those who are unfit or unqualified because deficient either in moral character or education.

Section G. Professional services of optometrists to each other

An optometrist should always cheerfully and gratuitously respond with his professional services to the call of any optometrist practicing in his vicinity, or of the immediate family dependents of optometrists.

Section H. Consultations of optometrists should be encouraged

In doubtful or difficult conditions where the services of another may be required, the optometrist should request consultations.

Section I. Consultant and attendant

When an optometrist has been called on a case as a consultant, it is his responsibility to ensure that the patient be returned to the original optometrist for any subsequent care that the patient requires.

Section J. Criticism to be avoided in consultation

The optometrist, in his relations with a patient under the care of another optometrist, should observe the strictest caution and reserve; should give no derogatory hints relative to the nature and care of the patient's disorder; nor should the course of conduct of the optometrist directly or indirectly tend to diminish the trust reposed in the attending optometrist. In embarrassing situations or wherever there may seem to be a possibility of misunderstanding with a colleague, the optometrist should always seek a personal interview with his fellow.

Section K. General practitioner responsible

When the general practitioner of optometry refers a patient to another optometrist, the former remains in charge of the case and is responsible for the care of the patient until properly dismissed.

Section L. Services to patient of another optometrist

An optometrist should never take charge of, or prescribe for, a patient who is under the care of another optometrist, except in an emergency, until after the other optometrist has relinquished the case or has been properly dismissed.

Section M. Criticism of a colleague to be avoided

When an optometrist succeeds another optometrist in the charge of a case, he should not make comments on, or insinuations regarding the practice of the one who preceded him. Such comments or insinuations tend to lower the esteem of the patient for the optometric profession and so react against the critic.

Section N. A colleague's patient

When an optometrist is requested by a colleague to care for a patient during his temporary absence; or when, because of an emergency, he is asked to see a patient of a colleague, the optometrist should treat the patient in the same manner and with the same delicacy as he would have one of his own patients cared for under similar circumstances. The patient should be returned to the care of the attending optometrist as soon as possible.

Section O. Arbitration of differences between optometrists

Should there arise between optometrists a difference of opinion which cannot be properly adjusted, the dispute should be referred for arbitration to an appropriate committee of impartial optometrists.

Section P. Fee splitting

When a patient is referred by an optometrist to another for consultation or for care, whether the optometrist in charge accompanies the patient or not, it is unethical to give or receive a commission or secret division of fees, by whatever term it may be called or under any guise or pretext whatsoever.

Section Q. Official position

A member holding an official position in any optometric organization shall avoid any semblance of using this position for self-aggrandizement.

IV. Relations between an optometrist and other professionals

Section A. Interprofessional relations

Dignity, propriety and a proper regard for their individual fields of service must characterize the relationship between optometrists and members of other professions.

Section B. Referring patients

Whenever, to complement the services of an optometrist, the patient's condition requires the professional services of another, every cooperative effort shall be made to the end that the patient's welfare be safeguarded.

Section C. Public health

Professional responsibility demands that the optometrist actively participate in public health measures to the end that every step be taken to safeguard the welfare of society.

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Book Reviews

David Goss, O.D., Ph.D.
School of Optometry, Indiana University
Bloomington, IN 47405
dgoss@indiana.edu

DESCARTES AND THE HYPERBLIC QUEST: LENS MAKING MACHINES AND THEIR SIGNIFICANCE IN THE SEVENTEENTH CENTURY

By D. Graham Burnett
Philadelphia: American Philosophical
Society; 2005. 152 pages.

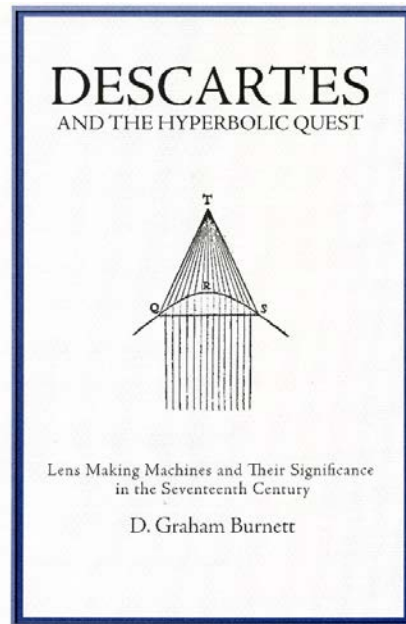
In the seventeenth century, the best lenses were being made in Italy. Although optical knowledge was improving at that time, as for example through the publications of Kepler, there was little change in lens making procedures and the improvements that did occur were more through the work of lens making artisans than through that of natural philosophers (scientists) and mathematicians.

Quality of lenses was affected by the quality of the glass and of the abrasives used in shaping and polishing the glass, as well as the skill and techniques of the lens maker. One of the best lens makers of the seventeenth century was Giuseppe Campani, who guarded his methods as trade secrets and taught them to no one except his daughter.

The market for high quality lenses was driven largely by the need for good lenses to make telescopes. Some natural philosophers also tried their hand at lens making. For example, Christiaan Huygens made good enough lenses to make a telescope with sufficient imagery to allow him in 1659 to publish a theory that rings around Saturn gave it its oblong appearance.

It was known by the early seventeenth century that the quality of lenses was limited by aberrations. By the early 1620s the mathematician Isaac Beeckman was pioneering efforts to make aspheric lenses. By the late 1620s Rene Descartes was working with a mechanical craftsman and instrument maker named Ferrier to try to design an aspheric lens making machine that was automated so that there was little work required of the lens making craftsman. His attempts to design such a machine were detailed in his 1637 book *La Dioptrique*.

Descartes' involvement in the quest to build an automated machine for hyperbolic lens grinding seems to have ended in 1640 when Florimund De Beaune, a young technically adept mathematician with whom he had been working, was injured by a piece of glass. The publication of Descartes' book *La Dioptrique* in 1637 and the high regard



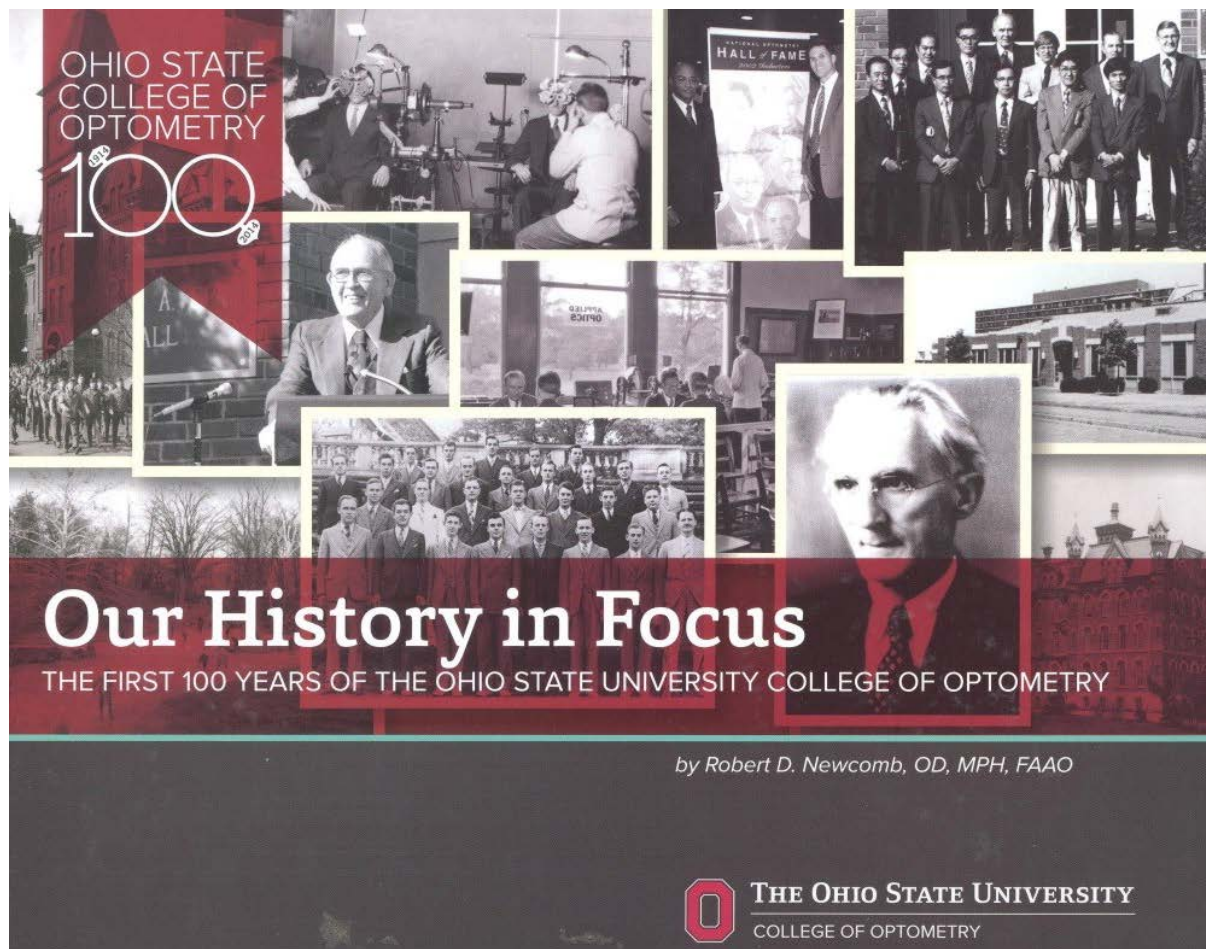
for machines in seventeenth century science seems to have spurred several natural philosophers and astronomers to try to construct mechanical systems for the production of lenses for telescopes. The author discussed the efforts of the following in the seventeenth century after Descartes: Anton de Rheita, Emmanuel Maignan, Robert Hooke, Christopher Wren, Christiaan Huygens, and Constantijn Huygens. Some of those systems were only theoretical and never constructed. None of them produced lenses equal in quality to the handcrafted lenses ground by the master Italian lens makers. By the last quarter of the seventeenth century, attention was shifting to Newtonian reflecting telescopes.

In 1671, Cherubin D'Orleans, a Capuchin friar, published *La Dioptrique Oculaire*, a treatise on lens making. He envisioned a middle ground between complete automation of lens grinding and the "vulgar artisan." He suggested a new artisan, with both theoretical grounding and practical ability, who would make use of mechanical devices designed in such a way that the artisan could guide their proper operation.

In addition to expounding on the history of attempts to automate lens making in the seventeenth century, the author also presented some philosophical musings on the relation of scientists and artisans in that time period and on Descartes' writings. The author is a history professor at Princeton University.

Descartes and the Hyperbolic Quest: Lens Making Machines and Their Significance in the Seventeenth Century (Transactions of the American Philosophical Society, volume 95, part 3). D. Graham Burnett. Philadelphia: American Philosophical Society, 2005. 152 pages. ISBN-13: 978-0-87169-953-4. Softcover, \$24.

OUR HISTORY IN FOCUS: THE FIRST 100 YEARS OF THE OHIO STATE UNIVERSITY COLLEGE OF OPTOMETRY



By Robert D. Newcomb
Columbus: The Ohio State University; 2014. 232 pages.

There are very few optometry schools that can trace their origins back 100 years, and The Ohio State University College of Optometry is the only university based optometry school that can do so. This book chronicles those 100 years at Ohio State. Columbia University was the first university to operate an optometry school, starting in 1910, but it closed in 1956.

Charles Sheard (1883-1963) joined the Ohio State faculty as a physics professor in 1907. In 1908 he gave a lecture to the Ohio State Optical Association. The optometrists in attendance were so impressed with Sheard that they encouraged him to try to start an optometry school at Ohio State. In 1914, Sheard submitted a proposal for an optometry school to the university president and by September there were 12 students registered in the two year program in Applied Optics as the optometry school was first known. Sheard was the first head of the optometry school. In the lower right area of the collage of pictures

on the front cover (see above) there is a picture of Charles Sheard. There were nine students who completed the applied optics curriculum in 1916.

The optometry program soon expanded to a four year curriculum. In 1918, the first student to receive a Bachelor of Science in Applied Optics from the Department of Physics graduated. The next graduates were eight students receiving their B.S. degrees in 1920. Sheard left Ohio State in 1919 for a research position at American Optical Company in Southbridge, Massachusetts. Howard Minchin was head of the applied optics program at Ohio State from 1920 to 1929.

In 1935, Glenn A. Fry was recruited to Ohio State to head the applied optics program. A photograph of Glenn Fry taken in 1983 is toward the left in the middle row of pictures on the front cover. In the group picture just below that, Glenn Fry and Henry Hofstetter are the first two persons standing on the left side of the bottom row.

In 1937, it was announced that the optometry degree would be changed from a B.S. in Applied Optics to a B.S. in Optometry. In the 1930s, Ohio State started a graduate program in physiological optics. Herbert Mote and Howard Haines received the first M.S. degrees in 1938 and Henry Hofstetter received the first Ph.D. in 1942. In 1964, Ohio State approved a six-year curriculum leading to the Doctor of Optometry (O.D.) degree. In 1966, Frederick W. Hebbard succeeded Glenn Fry as the director of Ohio State's optometry school. Subsequent Deans have been Richard Hill, John P. Schoessler, Melvin D. Shipp, and Karla Zadnik.

At the time of the writing of this book, Ohio State had graduated 3,628 students in applied optics and optometry and awarded 347 M.S. and Ph.D. degrees in physiological optics and vision science. This book includes a hundred page chronological history of the optometry school examining curriculum, facilities, research, leadership, and related topics; a seventy-five page section of biographical sketches of most of the faculty members in the school's history; and lists of endowments, graduates, award recipients, and persons featured in the celebrity eyewear collection created by Arol Augsburger.

This book is a fitting tribute to the optometry school at Ohio State and the many persons who have contributed to its success. The book is profusely illustrated with black-and-white and color photographs. The author is Robert D. Newcomb, a B.S. (1970) and O.D. (1971) graduate of Ohio State and former Ohio State faculty member (1997-2012). He also holds an M.P.H. degree from the University of Alabama at Birmingham (1975) and is a member of the Optometric Historical Society.

Our History in Focus: the First 100 Years of The Ohio State University College of Optometry. Robert D. Newcomb. Columbus: The Ohio State University 2014, 2014. 232 Pages. Hardcover.



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