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THE Optometric HISTORICAL SOCIETY

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News

NOMINATIONS TO OHS ADVISORY COMMITTEE 2017

The Optometric Historical Society is seeking nominations to the 2017 OHS Advisory Committee. The terms of Dr. Irving Bennett and Dr. Charles Haine will expire on December 31, 2016, leaving two vacancies on the Advisory Committee as of January 1, 2017.

Any member of the Society in good standing may nominate another member or themselves to the OHS Advisory Committee. Nominees should be willing to serve a four-year term and participate in regular Committee meetings, ongoing discussions, and reporting to the Optometry Cares Board of Directors. Members of the Advisory Committee will take responsibility for conducting the regular business of the Society and for the planning, coordination and promotion of the Society's special events and programs.

All nominations forms must be submitted by **5:00 p.m. on Sunday, November 20, 2016. You may self-nominate. A member in good standing may serve as many four-year terms to which he is elected.**

Please use the nomination form found here:

https://amopt.wufoo.com/forms/q6hzj2d07ud5xf/

to submit your nominee. The form is also accessible through the OHS webpage at www.aoa.foundation.org. You must attach a short biography for each nominee and written confirmation that the nominee(s) is aware of the nomination (unless self-nominating). The submission should be a single file in PDF, MS Word (.doc or .odf) format.

If you have questions or are experiencing difficulty using the form, please feel free to email Erica Hayes, Administrative Assistant for the Optometric Historical Society at amo@aoa.org.

From the Editor: Learning from Our History

David A. Goss, O.D, Ph.D.
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In this issue Janolyn LoVecchio writes about early twentieth century optometrist Clara Schell. Schell's story is an interesting one in itself, but in telling that story, LoVecchio also makes the point that optometry appears to have been more welcoming to women as colleagues than medicine.

As I read LoVecchio's point about early women in optometry, I found myself pondering in what other areas optometry has done a better job than medicine. Two things came to mind. First, while ophthalmology has, of course, had the leadership role in eye care over the years, optometry has traditionally taken the leadership role in vision care. Optometry has excelled in refraction, contact lenses, binocular vision, and vision therapy.

Secondly, I think that, in general, optometry has done a better job of spending time with patients. For example, a few months ago, I had the opportunity to visit with a good friend from undergraduate school who went to medical school and became a primary care physician. He mentioned that he referred his diabetic patients to optometrists rather than ophthalmologists because the optometrists spent more time with his patients.

In recent years, as optometry has expanded its scope, the profession has taken on more and more attributes of a medical model of practice and in so doing, optometry has emulated the medical profession in many aspects of practice philosophy, modes of practice, and analytical approaches. While we should rightfully admire our colleagues from the medical profession and continue to learn from them, we should remember the areas in which optometrists have excelled and continue to build on those strengths.

We can once again quote the words of Henry Hofstetter to remind us that optometry has "a truly proud history" and is "a discipline with as noble and pervasive a heritage as any."[1] In this era of rapid change, it becomes even more important that we celebrate, try to understand, and learn from optometry history.

David A. Goss
Editor

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The History of Ethics and Professionalism within Optometry in the United States of America 1898-2015, Part 4

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Continued from Volume 47, Number 3

A NEW CENTURY DAWNS

As the decade of the 1990s was coming to a close, the Ethics and Values Committee developed a proposal in 1997 to produce a textbook addressing the ethical issues that a doctor of optometry may face in clinical practice. As the result of obtaining subsequent funding to write and print the text, *An Optometrist's Guide to Clinical Ethics* was published in 2000.[107] The text was edited by committee chair, R. Norman Bailey, OD, and bioethicist, Elizabeth Heitman, PhD. There were sixteen contributing authors.[108]

This text was one of a planned series of projects for the Ethics Education Program for Optometric Practitioners. Funds allowed every doctor of optometry member of the AOA, as well as every third year and graduating optometry student in 2000 to receive a free copy of this text. Complimentary copies were sent to the libraries and to the ethics educators of the schools and colleges of optometry throughout the world. Distribution of the text was also made available to attendees of a presentation by the text's optometrist editor to the 13th Asia-Pacific Optometric Congress held in Coolum Beach, Australia in 2001. It is worthy to note that during this period of time, committee members encouraged state and regional continuing education administrators to place ethics courses/lectures into their programs.[103, 107, 109-112]

In December 2000, an Ethics Workshop with David Ozar, PhD, Department of Philosophy and Center for Ethics, Loyola University of Chicago was held in Chicago for the purpose of assessing the ethical values that influence contemporary optometric practice. The Committee was expanding discussions on how the profession could more fully express to the public and to the membership those principles that guide professional behavior as individual primary eye care providers.[111, 112]

During the January 2001 AOA Mid-year Planning Conference, the Committee recommended that the Standards of Conduct be continued as written until such time as the document could be incorporated into a more comprehensive statement by the House of Delegates regarding the ethical obligations of doctors of optometry.[111] The Committee had begun discussions on the need to develop new versions of the Code of Ethics and Standards of Conduct.

A new Ethics and Values Committee determined in 2002 that many of the standards in the 1976 Standards of Conduct were considered dated and not consistent with current thinking in biomedical ethics. The Committee recommended that the Board

of Trustees retire the 1976 Standards of Conduct to the Historical Archives, which the Board did.[113] It is noted that the Board of Trustees could take this action with subsequent approval of the House of Delegates as this document had been approved as a Board Policy Statement.

The Code of Ethics was minimally modified in June 2005 to make the language more inclusive in three of its stated principles. This historical event occurred during the American Optometric Association's Annual Congress held in Grapevine, Texas. For the first time in 61 years, the House of Delegates voted to make changes to the Code of Ethics as recommended by the Ethics and Values Committee under the leadership of Chair N. Scott Gorman. While some may not consider the few modification of language of much significance, others would see the wording changes as timely. (See Appendix I)

Subsequently, in 2006, with the AOA Board of Trustees encouragement; the Ethics and Values Committee reviewed all AOA related documents and concluded the Code of Ethics needed to be updated to (1) address patient autonomy, (2) to expand the vision-only language to include both general and eye health language, and (3) to recognize the limited exceptions to confidentiality resulting from legislation. The Ethics and Values Committee also concluded that a new supporting document should be created to address a broad range of ethical issues in support of the Code of Ethics. This would be a working document that could also replace many of the resolutions and board policy statements and be more easily modified over time. A goal would be that periodic modifications of this document could embrace changing circumstances in the profession or society.[114] The Ethics and Values Committee set out to complete the monumental task of drafting new and updated documents to replace the 1944/2005 Code of Ethics and the now archived 1976 Standards of Conduct.

In 2007, the House of Delegates in Boston, Massachusetts adopted the current Code of Ethics[115] that incorporated the three changes identified in 2006. This new document was drafted by the Ethics and Values Committee under the leadership of Chair N. Scott Gorman.[116] The adopting resolution resolved that the Code of Ethics adopted as Substantive Motion 1 in 1944 and modified in 2005 be repealed and the following be adopted:[115]

Code of Ethics of the American Optometric Association
(adopted 2007)

It shall be the ideal, resolve, and duty of all optometrists:

TO KEEP their patients' eye, vision, and general health paramount at all times;
TO RESPECT the rights and dignity of patients regarding their health care decisions;
TO ADVISE their patients whenever consultation with, or referral to another optometrist or other health professional is appropriate;
TO ENSURE confidentiality and privacy of patients' protected health and other personal information;
TO STRIVE to ensure that all persons have access to eye, vision, and general health care;
TO ADVANCE their professional knowledge and proficiency to maintain and expand competence to benefit their patients;

TO MAINTAIN their practices in accordance with professional health care standards;
TO PROMOTE ethical and cordial relationships with all members of the health care community;
TO RECOGNIZE their obligation to protect the health and welfare of society; and
TO CONDUCT themselves as exemplary citizens and professionals with honesty, integrity, fairness, kindness and compassion.

An online course, Ethical Issues in Contact Lens Practice, was developed and produced in 2007. The course was authored by Elizabeth Heitman, PhD, a bioethicist at Vanderbilt University and R. Norman Bailey, OD, past-chair of the Ethics and Values Committee and a clinical professor at the University of Houston College of Optometry. The course, sponsored by the Ethics and Values Committee under the leadership of Chair N. Scott Gorman, was posted on the American Optometric Association's website in 2008 for the benefit of the membership. Nova Southeastern University in Florida provided media production facilities and education technology staff for the production of the course.[116-120]

Between 2007 and 2009, the Ethics and Values Committee developed a working draft of the Standards of Professional Conduct document.[118, 120-123] Modifications were made to the first draft based on numerous comments and suggestions received from the profession. The final draft of the Standards of Professional Conduct from the Ethics and Values Committee under the leadership of Chair James E. Paramore was adopted as Motion 2011-M-2 by the House of Delegates in June 2011, in Salt Lake City, Utah.[124] While the Code of Ethics refers to the ethical principles that guide the profession as it serves the public, the Standards of Professional Conduct spell out in more detail how these principles may be applied in practice from day to day. The 2011 Standards of Professional Conduct read as follows:[124]

Standards of Professional Conduct
(adopted 2011)

Background:
The profession of optometry is privileged to serve the eye care needs of the public and is entrusted by society to do so in a professional and ethical manner. The placement of the patient's interests above self-interest is referred to as fiduciary duty and is the primary ethical responsibility of all health care professionals. Specifically, optometrists have the duty to look after the best interests of their patients with regard to the patient's eye, vision and general health. Additionally, the ethical optometrist strives to protect and enhance the health and welfare of the public in general.

The American Optometric Association (AOA) has adopted a Code of Ethics and Standards of Professional Conduct to guide optometrists in their professional and ethical duties. These documents are supplemented by The Optometric Oath, and certain AOA House of Delegates' resolutions and Board of Trustees' policy statements. The content of these ethical documents and pronouncements is the result of a continually evolving relationship between the profession of optometry

and the society it serves. While the Code of Ethics of the American Optometric Association sets forth the basic tenets of ethical behavior for optometrists, the Standards of Professional Conduct is a more evolving document that amplifies the Code of Ethics and describes appropriate ethical and professional behaviors in greater detail. It is the intent of the American Optometric Association that the Code of Ethics and the Standards of Professional Conduct be written expressions of and a continuing commitment to professional and ethical behavior for all optometrists.

Discussions of biomedical ethics traditionally identify four categories or fundamental principles of ethical behavior: patient autonomy, non-maleficence, beneficence, and justice. These principles provide the underlying support for specific ethical behaviors within the health care professions. Each of the topic areas within the AOA Standards of Professional Conduct is arranged under one of these principles. While each topic area can be identified and justified under several if not all of the principles, they are arranged here under what could be considered the most compelling principle for each. A fifth category, Non-patient Professional Relationships, is added to complete the content of the AOA Standards of Professional Conduct. It should be noted that these ethical documents and pronouncements are expressions of many but not all of the ethical ideals of the profession and are not necessarily expressions of legal obligations.

Ethics and the law are two different entities, although many times these may overlap. The law sets minimum standards for societal behavior that all persons must comply with. Ethics generally sets higher than minimum standards for behavior that people should strive for as the ideal.

Standards of Professional Conduct

A – Patient Autonomy ("self-determination")

The optometrist has the duty to involve the patient in care and treatment decisions in a meaningful way, with due consideration of the patient's needs, desires, abilities and understanding, while safeguarding the patient's privacy.

1. **Patient Participation**: Optometrists have a duty to respect the right of their patients to be active participants in decisions affecting their health care. This duty should be reinforced and supported through patient education and effective communication.
2. **Confidentiality:** Optometrists and their staff should hold in confidence all protected health and other personal information. This is an essential element of the doctor-patient relationship that is necessary to build and maintain trust. The optometrist may reveal protected health and other personal information only with the written consent of the patient as defined under the Health Insurance Portability and Accountability Act (HIPAA). However, exceptions to confidentiality do exist that are ethically justified. These exceptions occur either when it is necessary to protect the welfare of the patient or others when faced with a significant threat, or

when the release of information is required by law. It should be noted that an ethical imperative of an optometrist to release information to protect the welfare of the patient or others without the patient's consent may have legal considerations**.**

3. **Truthfulness:** Telling the truth is a necessary component of a trusting optometrist-patient relationship. From an ethical standpoint, there are two levels of truthfulness, veracity and candor. Simply put, veracity is "telling the truth" and candor is "telling the whole truth." Optometrists should always practice veracity and strive to tell the truth. While candor is usually required from an ethical standpoint, exceptions are only justifiable out of kindness to the patient or to protect the overall best interests of the patient. Since breaching candor would be a violation of the basic principle of patient autonomy, it should only be considered after careful reflection and weighing the alternatives.
4. **Informed Consent**: Optometrists have a duty to inform patients or their legal guardian about the patient's health care and health care options. The process of informed consent requires the optometrist to make a reasonable determination of the patient's ability to reason and make informed decisions free of external coercion. Additionally, optometrists should explain to the patient or their legal guardian the patient's health care status, what appropriate procedures are available, and the risks and benefits of each procedure. Finally, optometrists should make the effort to ensure that the patient or guardian has a reasonable understanding of the information presented.
5. **Patient Records:** The optometrist is responsible for maintaining appropriate and accurate records on every patient encounter. Upon written request and in accordance with applicable federal and state laws, patients or their legal guardian have a right to obtain or have sent copies or summaries of their medical records.

B – Nonmaleficence ("do no harm")

The optometrist has the duty to avoid acts of omission or commission that would harm the patient.

1. **Standards of Care:** Optometrists should strive to provide care that is consistent with established clinical practice guidelines such as those adopted by the American Optometric Association that are based on the latest scientific knowledge and procedures and utilize the opinions of authoritative experts and is in accordance with existing laws.
2. **Professional Competence:** Optometrists have an obligation to strive to stay current with the prevailing scope of practice and standards of care to benefit their patients. Additionally, optometrists should employ only those clinical procedures and treatment regimens for which they are educated and competent to perform.
3. **Delegation of Services:** Optometrists may delegate services to office staff as permitted by law. For any services performed on patients by office staff, the optometrist must ensure that they are adequately trained and/or certified. Additionally, the staff member's level of training or designation

(technician, assistant, etc.) must be clearly communicated to the patient receiving care.

4. **Conflict of Interest:** The care of a patient should never be influenced by the self-interests of the provider. Optometrists should avoid and/or remove themselves from any situation that presents the potential for a conflict of interest where the optometrist's self-interests are in conflict with the best interests of the patient. Disclosure of all existing or potential conflicts of interest is the responsibility of the optometrist and should be appropriately communicated to the patient.
5. **Referral:** An optometrist should refer a patient whenever the optometrist believes this may benefit the patient. The provider and/or facility to which the patient is referred should be based primarily on what is in the best interest of the patient. When a patient is referred to another health care provider, the referring optometrist should remain involved in co-managing the patient's overall care. An optometrist should not offer or accept payment of any kind, in any form, from any source, for referring a patient. Payment between health providers, or from a health service industry, solely for the referral of a patient, is considered fee splitting and is unethical.
6. **Relationships with Patients:** Optometrists should avoid intimate relationships with patients as such relationships could compromise professional judgment or exploit the confidence and trust placed in the optometrist by the patient. If such a relationship does inadvertently develop, the professional care of this patient should be transferred to another optometrist.
7. **Impaired Optometrist:** Optometrists who are impaired because of the use of controlled substances, alcohol, or other chemical agents must remove themselves from patient care activity. In an effort to protect patients and encourage help for impaired providers, optometrists should assist impaired colleagues in seeking professional help and/or identify impaired colleagues to appropriate state agencies or licensing boards. Optometrists who have physical or cognitive limitations should not provide professional care if the condition limits their ability to provide the highest level of care to their patients.

C. - Beneficence ("do good")

The optometrist has the duty to proactively serve the needs of the patient and the public at large regarding eye, vision and general health.

1. **Character:** Optometrists should conduct themselves with good character in all of their actions to build trust and respect with patients, the public, and colleagues. Good character includes but is not limited to honesty, integrity, fairness, kindness, and compassion.
2. **Respect for the Law:** Optometrists should comply with all applicable state and federal laws and should remove themselves from any situation which prevents them from fulfilling their legal and professional responsibilities. It should also be noted that ethical duties may sometimes exceed legal obligations.

3. **Protected Populations:** Optometrists have the responsibility to identify signs of abuse and neglect in children, dependent adults and elders and to report suspected cases to the appropriate agencies, consistent with state law.
4. **Public Health:** Optometrists have an ethical obligation primarily to their patients but also to society in general. As primary health care providers, optometrists should participate actively in professional organizations and other efforts that enhance the eye, vision, and general health of their patients and the public. Optometrists should also strive to ensure that all persons have access to eye, vision, and general health care.
5. **Clinical Research and Trials:** It is the ethical responsibility of an optometrist to maintain integrity and independent judgment in all research endeavors to advance the best interests of patients, the public welfare, and the profession. Optometrists who conduct research should adhere to accepted scientific conduct guidelines and respect all ethical tenets that protect patients' rights. When collaborating with industry, optometrists should encourage and support the timely and accurate publication of all scientifically relevant findings. Optometrists who present scientific information shall fully disclose any financial and/or other relationship that exists with a company when its product or services are discussed in the presentation.

D – Justice ("fairness")

The optometrist has the duty to treat patients, colleagues, and society fairly and without prejudice.

1. **Patient Selection:** Optometrists, in serving the public, may exercise reasonable discretion in selecting patients for their practices. However, services should not be denied to patients presenting with emergent conditions. Optometrists must not refuse to accept patients into their practice or deny services to patients because of the patient's race, religion, ethnicity, gender, sexual orientation, disability, socioeconomic status, or health status.
2. **Patient Abandonment:** Once the optometrist has undertaken a course of treatment, the optometrist should not discontinue treatment without giving the patient adequate notice and the opportunity to obtain the services of another eye care provider. Optometrists are responsible for ensuring appropriate follow-up care when not available to render such care.
3. **Advertising:** Advertising by optometrists should be truthful and in accordance with prevailing federal and state laws and regulations. Optometrists who advertise should identify their professional degree and/or their profession in all forms of advertising and should never mislead the public regarding their expertise or competency. Optometrists should not hold themselves as having superior knowledge or credentials other than their earned degrees, certifications or license types**.**
4. **Economic Interests:** Fees for optometric services must be reasonable and accurately reflect the care delivered to the patient.

E – Non - patient Professional Relationships

Optometrists have an obligation to conduct themselves with integrity and without conflicts of interest in all of their professional relationships.

1. **Relationships with Industry:** In their interactions with industry, optometrists are expected to maintain the highest level of ethical conduct in order to retain their professional autonomy and clinical integrity. Optometrists have a responsibility to provide the best care possible for their patients and to continuously advance their clinical and scientific knowledge. Industry can be a valuable resource in these endeavors. However, optometrists must avoid situations and activities that would not be in the best interest of their patients. Any financial and/or material incentive offered by industry that has the appearance of, or could be an inappropriate influence on an optometrist's clinical judgment should be avoided.
2. **Employer-Employee Relationships:** Optometrists should avoid or terminate any employment situation where the employer interferes with or attempts to control the independent professional judgment of the employed optometrist within the scope of optometric practice. Relations between optometrists, and between optometrists and staff, must be conducted in a manner that advances the best interests of patients, including the sharing of relevant information. An optometrist's clinical judgment and practice should not be compromised by economic interest in, commitment to, or benefit from professionally-related commercial enterprises.
3. **Harassment and Relationships with Subordinates:** An optometrist should not engage in any acts of emotional abuse, physical abuse, or sexual misconduct/ exploitation related to the optometrist's position as a health care professional. Intimate relationships, even when consensual, between an optometric supervisor and a colleague, student, office trainee, or staff member raise concerns because of inherent inequalities in the status and power of the individuals and are therefore inappropriate.
4. **Expert Testimony:** When optometrists provide expert testimony within a judicial or administrative action, the testimony should be balanced, fair, and truthful based on scientific and clinical knowledge. A reasonable fee, which is not contingent upon the outcome, may be accepted.

Article V. Section 2. F. of the AOA Bylaws[125] provides that: "The Judicial Council shall also, in appropriate cases, render advisory opinions interpreting the Code of Ethics of the Association, The Optometric Oath, and the AOA Standards of Professional Conduct."

In 2012 Carolyn Carman and Douglas Totten, a subcommittee of the Ethics and Values Committee, reviewed the potential ethical considerations of optometrists using social media. An article by Carman and Totten, Social Media Recommendations was published in November 2012. In that article, James E. Paramore, immediate past-chair, stated that, "Optometrists need to be aware of how to uphold the same professional and ethical standards in their social media participation as they do in the rest of their practice."[126, 127]

In 2014, 128 the Ethics and Values Committee developed plans for an online forum to present a monthly case study with an ethical challenge. The Ethics Forum was launched in April 2015 on the AOA website under the Ethics and Values link to "foster ethical practices for the optometric community by providing a vehicle for education and discussion."[129] The forum is setup to solicit opinions from practitioners on how they would handle each ethical challenge.

This concludes a description of the history of ethics and professionalism within optometry in the USA as revealed through the history of the American Optometric Association during its first 117 years (1898-2015). More detail of this history can be obtained by carefully reviewing the references and appendices.

Acknowledgements

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My greatest gratitude and thanks go to Sherry L. Cooper and Thomas E. Eichhorst, JD, both longtime AOA staff and now retired. Both contributed much time and advice to the successful completion of this paper. I am especially grateful for Mr. Eichhorst's efforts in providing research for and editing of the final drafts of the text. Ms. Cooper was the AOA Associate Director of State Government Relations from 1990 until her retirement in 2013. She also has served as staff for the AOA Resolutions Committee from 1998 to the present time. Mr. Eichhorst was the AOA Counsel from 1965 through 2002, when he retired. He has served as a legal consultant to the AOA since 2008.

Special thanks and acknowledgement is given to Elizabeth Heitman, PhD of the Center for Biomedical Ethics and Society at Vanderbilt University Medical Center and David T. Ozar, PhD of the Graduate Program in Health Care Ethics and Department of Philosophy at Loyola University of Chicago. Their consultations, writings, and other assistance during the development of projects of the Ethics Education Program for Optometric Practitioners were invaluable.

Special gratitude is extended to the former CIBA Vision Corporation and Richard E. Weisbarth, OD, then CIBA's Executive Director of Professional Services for North America, for the unrestricted grant support essential during the development and distribution phases of the *Recommended Curriculum For The Teaching of Professionalism and Ethics in Optometry, An Optometrists Guide to Clinical Ethics,* and *Ethical Issues in Contact Lens Practice*. These Ethics Education Program for Optometric Practitioner projects could not have been successful without this generous support. Dr. Weisbarth, a past president of the American Academy of Optometry, is currently the Vice President of Professional Affairs at Alcon, Inc., which subsequently merged together with CIBA Vision Corporation in 2011.

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Additional Readings: (to further appreciate the setting in which the discussed history occurs)

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Past issues of HINDSIGHT: Journal of Optometry History, Official Publication of the Optometric Historical Society

Author's Notes

I have been interested in the professional practice of optometry since my days in optometry school at Indiana University in the 1960s. I had the privilege of serving my profession both as a private practitioner in Charlotte, North Carolina for ten years during the 1970s and as an educator and member of the faculty at the University of Houston College of Optometry for almost thirty years. I was particularly honored to be asked to serve on the AOA Ethics and Values Committee for ten years beginning in 1991. I am currently serving a third term on the Judicial Council of the AOA.

As you may recall from the paper, the AOA launched the Professional Advancement Program in 1942. The Professional Advancement Program was part of the continuing effort by the AOA to particularly address the challenges highlighted by the Reader's Digest articles in 1937 and the lack of respect by the military for the profession during World War II. At that time, James A. Palmer of Charlotte, North Carolina was appointed National Director of the Office of Ethics and Economics. In 1970, upon my entering practice in Charlotte, I had the opportunity to meet Dr. Palmer at one of our local professional society meetings; however, I was unaware at the time of the impact he had made on the professional practice of optometry in North Carolina and nationally. For me, this point highlights the importance of today's optometry student and practitioner alike knowing and appreciating the history of our profession, in all its aspects.

Organized optometry in North Carolina (N.C.) was quite progressive during my practice in that state in the 1970s, which led to the state becoming the second state to pass legislation allowing for the prescribing of therapeutic pharmaceuticals by optometrists. I was a member of the initial therapeutics licensed group in N.C. This was also a period when there were many rules of practice required by the regulations of the optometry practice act of N.C., largely reflecting those promoted by the AOA. While it may be difficult to believe in today's environment, one N.C. regulation in my practice years did not allow for eyewear frames to be visible from the reception area of the office. In addition, I also followed the recommended guidelines for charging professional service fees plus material

costs for eyewear rather than using a "mark-up of materials" system, which was a common practice in most commercial optical businesses and some optometric practices. I followed this system throughout my ten years in private practice, attempting constantly to promote a professional image rather than a merchant image. It was not always easy.

While one can appreciate the arguments that it should be easier for members of the public to make purchasing decisions if they have all of the information regarding optometrists' professional services and fees, the practitioner needs to realize that promotion of optical goods may make it more difficult, as a professional, to manage the more commercial/product aspects of an optometric practice that both prescribes and dispenses. The nature of product promotions has the potential to lead the public to view some optometrists more as merchants than as professionals. Some would say that the U. S. Supreme Court's decision, allowing for the professions to advertise in ways that were historically considered unprofessional and illegal in most states, places an additional challenge on today's Doctors of Optometry and other professionals to maintain a professional image.

The optometric practitioner should be ever mindful of the potential for conflicts of interest in all areas of practice, especially when dispensing materials or any professional services that the optometrist prescribes. This requires one to take additional care in order to maintain the highest professional behavior. As noted in the paper, professional ethics demands more than just adhering to the letter of the law, but sets obligations that are greater than the law. Following ethical principles and standards has become increasingly complex as optometry has expanded its scope of practice into medical eye care. The 2007 Code of Ethics and 2011 Standards of Professional Conduct clearly guide the optometrist in the obligations that should enable the practitioner to serve as the patient's fiduciary.

It is very difficult to include all the nuances reflecting the profession's efforts to establish its ethical basis and to advance the public's image of the profession through legal and association endeavors. The author encourages the reader to review the references, read the appendices carefully, and to complete additional readings where an expanded understanding of events, and the times in which they occurred, is desired. I especially want to acknowledge the monumental task of my colleague and professional friend, John G. Classé, in researching and authoring his text, Legal Aspects of Optometry. I personally refer the reader to its contents for greater detail of the discussed subject matter, including his three chapters devoted to the topic of ethics.

The views expressed in these Author's Notes and throughout this paper to which it is attached, The History of Ethics and Professionalism within Optometry in the United States of America 1898-2015, are those of the author and do not necessarily reflect the views of the American Optometric Association.

I hope this paper on the history of ethics and professionalism within optometry in the USA has been of interest to the practitioner and student alike, and that it will serve as a useful reference in the future.

R. Norman Bailey, MA, OD, MBA, MPH, FAAO Emeritus
Clinical Professor, Retired
University of Houston College of Optometry
Member, Judicial Council
Past-chair, Ethics and Values Committee
American Optometric Association

Past-chair, Vision Care Section
American Public Health Association

Dedication:

I would like to dedicate this paper to all who helped me to become the Doctor of Optometry I became; regrettably knowing I will miss some important individuals in the list below.
Parents and Siblings: Clyde H. and Ruby Dell Bailey and my four siblings, Betty, Larry, William, and Margaret
Public Schools and Community: Chattanooga, Tennessee
Faculty at the University of Chattanooga (University of Tennessee at Chattanooga): (1959) BA, Comb. Science
Faculty at Peabody College of Vanderbilt University: (1960) MA, Psychology*
Faculty and Graduate Students at Indiana University: (1969) O.D., Optometry
Especially,

Faculty (alphabetical):	Graduate students:
Merrill J. Allen	Anthony J. Adams
Irvin M. Borish	T. David Williams
Gordon G. Heath	George C.S. Woo
Henry W. Hofstetter, Dean	
John R. Pierce	
Jerald W. Strickland	

Distinguished Staff at the Gesell Institute of Child Development: (1969-70) Optometric Fellowship**
Many others after beginning optometric practice in Charlotte, North Carolina in 1970.

*This degree led to my subsequent employment as a masters-level school psychologist for the Chattanooga, Tennessee Public Schools where I examined children with learning problems. While there are many reasons why children do not succeed in school, it was during this time I became acutely aware that vision difficulties (not just refractive) could contribute to the learning difficulties of some children. In 1964, while in this position, I had the opportunity to attend a School Readiness Workshop at the Gesell Institute of Child Development in New Haven, Connecticut where I met Richard J. Apell, OD and John W. Streff, OD and began investigating optometry as a calling for a way to assist others to a better life.

**Upon graduation from Indiana University, I was awarded the Gesell Institute's Optometric Fellowship and benefited from the instruction and experience of Drs. Apell and Streff. The co-founders of the Gesell Institute of Child Development, Francis L. Ilg, MD, and Louise Bates Ames, PhD, taught me the relationship between visual development and the other areas of child development.

Appendix H: Currently Active (Extant) Ethics Resolutions and Substantive Motions as of July 2015 (*not shown in the order they were adopted*)

Ethics

Code of Ethics	#1969
The Optometric Oath	#1847
Standards of Professional Conduct	#M-2011-2
VISION USA	#1865
Standing Committee Dealing with Ethics and Values of Optometric Care and Services	#1883
HIV and AIDS Research	#1852
Ethics Committee	#1913
Study of Ethics Integral Part of Optometric Education	#1904
State Board Credit for Continuing Education Courses in Ethics	#1938
Practice with Other Health Care Professions and Disciplines	#1534
Abuse against Individuals Unable to Protect Themselves	#1916
Doctor/Patient Communications in Managed Health Care Plans	#1920
Protecting Against Potential Bias in Patient Care	#1939
Patients Benefit from Optometric Professionalism	#1960
Billing to Third Party Insurance Plans	#1844
Restrictions on Certain Activities of Trustees, Officers and Volunteers of the American Optometric Association	#392
Disclosure of Conflicts of Interest	#1910

#1969(4 of 2007)

CODE OF ETHICS

RESOLVED, that the Code of Ethics adopted as Substantive Motion 1 in 1944 and modified in 2005 be repealed and the following be adopted.

CODE OF ETHICS

(see the body of the paper for the text of the 2007 Code of Ethics)

#1847 (4 of 1986)

THE OPTOMETRIC OATH

WHEREAS, over the years numerous optometric organizations and the schools and colleges of optometry have developed and utilized an optometric oath; and

WHEREAS, the American Optometric Association has always supported and endorsed the highest standards, ethics and ideals for the profession of optometry; now therefore be it

RESOLVED, that the following statement be adopted as the oath of the optometric profession, to wit:

THE OPTOMETRIC OATH

(see the body of the paper for the text of The Optometric Oath)

and be it further

RESOLVED, that the American Optometric Association encourages all state and local optometric associations and the schools and colleges of optometry to endorse and to employ the Optometric Oath whenever appropriate.

#M-2011-2 (2011)

STANDARDS OF PROFESSIONAL CONDUCT
(see the body of the paper for the text of the 2011 Standards of Professional Conduct)

1865 (8 of 1989)(Mod. 2005)

VISION USA

WHEREAS, most Americans recognize the importance of good vision; and

WHEREAS, some people are unable to obtain needed eye care services due to their lack of financial ability, or their inability to secure private health insurance, or their inability to qualify for government health care programs; and

WHEREAS, the Code of Ethics of the American Optometric Association states that "it shall be the ideal, the resolve and the duty of its members to see that no person shall lack for visual care regardless of his financial status"; and

WHEREAS, the American Optometric Association has developed a national optometric charity entitled VISION USA which provides needed vision care services to the working poor throughout this nation; now therefore be it

RESOLVED, that all members of the American Optometric Association be urged to participate in the VISION USA National Optometric Charity Project and to donate at least 8 hours of their services each year to individuals who are unable to obtain needed eye care services due to their lack of financial ability, their inability to secure private health insurance, or their inability to qualify for government health care programs.

#1883 (2 of 1991)(Mod. 2010)

STANDING COMMITTEE DEALING WITH ETHICS AND VALUES OF OPTOMETRIC CARE AND SERVICES
(see the body of the paper for the full text of the original resolution as adopted in 1991)

RESOLVED, that the American Optometric Association Board of Trustees establish a standing committee dealing with ethics and values of optometric care and services with a broad mission and focus to address a variety of circumstances and problems which now exist in the health care arena that affect the practices and services of Doctors of Optometry; and be it further

RESOLVED, that the standing committee dealing with ethics and values of optometric care and services make an annual report to the American Optometric Association House of Delegates.

#1852 (5 of 1987) (Combined in 2015 with 1890 (9 of 1991) and continued as 1852)

HIV AND AIDS RESEARCH

WHEREAS, it is incumbent upon optometrists, as primary health care providers, to be knowledgeable and to counsel patients about Acquired Immune Deficiency Syndrome (AIDS), since the disease has ocular manifestations and the Human Immunodeficiency Virus (HIV) antibody has been isolated in tears but not found to be transmissible; and

WHEREAS, it is important to educate the public to take precautionary measures to prevent AIDS transmission; now therefore be it

RESOLVED, that the American Optometric Association strongly recommends that it be the responsibility of all practicing optometrists to acquire background and knowledge, through continuing professional education of HIV infections, appropriate infection control and related public health and patient care issues; and be it further

RESOLVED, that the American Optometric Association supports private and government funding of educational programs to inform the general public accurately with scientific facts, to reduce unfounded fear of infection in the general population, and to prevent further infection in populations at risk of contracting AIDS; supports confidentiality in voluntary testing for the HIV antibody; supports increased private and federal funding for AIDS research; and supports continual efforts to assess potential improvement of treatment in order to provide the most efficacious cost-effective care.

#1913 (3 of 1995) (Mod. 2015)

ETHICS COMMITTEE

RESOLVED, that the affiliated associations of the American Optometric Association be encouraged to make efforts to raise the level of consciousness about issues of ethical behavior; to identify and address ethical concerns that relate to clinical practice; and to identify and address ethical concerns that relate to organizations' behavior; and be it further

RESOLVED, that the affiliated associations of the American Optometric Association be encouraged, with advice and guidance from their legal counsel, to activate committees on ethics and values which would address concerns as they may arise related to issues of ethical behavior in accordance with applicable federal and state laws.

#1904 (1 of 1994)(Mod. 2000)

EDUCATION IN ETHICS

WHEREAS, a comprehensive understanding of ethics is essential for the humanitarian delivery of health care; and

WHEREAS, the practice of optometry must be firmly based on professional and moral ethics; and

WHEREAS, ethics education should be included within the formal optometric curricula of the schools and colleges of optometry; and

WHEREAS, optometric educators have formulated a curriculum model on ethics; now therefore be it

RESOLVED, that the American Optometric Association endorses the study of ethics as an integral part of optometric education; and be it further

RESOLVED, that the American Optometric Association urges the schools and college of optometry, as well as its affiliate associations providing continuing education, to adopt structured curricula and programs in ethics.

#1938 (3 of 2001)

STATE BOARD CREDIT FOR CONTINUING EDUCATION COURSES IN ETHICS

WHEREAS, the present complexity of health care practice has created a variety of new ethical issues, concerns, and dilemmas; now therefore be it

RESOLVED, that the American Optometric Association supports the inclusion of presentations on ethics in national, regional, and state continuing education programs; and be it further

RESOLVED, that the American Optometric Association encourages all State Boards of Optometry to accept courses in ethics toward fulfillment of continuing education requirements for license renewal.

#1534 (7 of 1964)(Mod. 1995)

PRACTICE WITH OTHER HEALTH CARE PROFESSIONS AND DISCIPLINES

WHEREAS, optometrists and state associations have sought guidance from the American Optometric Association concerning the ethical relationship of optometrists with other health care professions and disciplines in the joint practice of their professions; and

WHEREAS, it is against the public interest if the public cannot readily identify and distinguish the profession or discipline practiced by each individual in a joint practice; now therefore be it

RESOLVED, that the American Optometric Association declares that it is ethical for optometrists, as permitted by law, to be associated with, to be partners with, to employ or be employed by other health care professions and disciplines, so long as each practitioner is clearly identified by designation and title of the profession or discipline for which he or she is licensed.

#1916 (1 of 1996)

ABUSE AGAINST INDIVIDUALS UNABLE TO PROTECT THEMSELVES

WHEREAS, the awareness of abuse against individuals unable to protect themselves has been elevated to a level where society has taken increased steps to curtail the exploitation of these persons; and

WHEREAS, the profession of optometry has an ethical and societal responsibility to be advocates for those suffering abuse; now therefore be it

RESOLVED, that the American Optometric Association and affiliated state associations be encouraged to provide members with educational resources to aid in the recognition of abuse against individuals unable to protect themselves; and be it further

RESOLVED, that the American Optometric Association encourages the National Board of Examiners in Optometry to include questions on the subject of abuse against individuals unable to protect themselves as a portion of their examination, making future practitioners more aware of these problems; and be it further

RESOLVED, that individual doctors of optometry be encouraged to report cases of suspected abuse to the appropriate authorities in accordance with current laws; and be it further

RESOLVED, that the American Optometric Association encourage all affiliated state associations to adopt a similar resolution.

#1920 (5 of 1996) (Mod. 2015)

DOCTOR/PATIENT COMMUNICATIONS IN MANAGED HEALTH CARE PLANS

WHEREAS, there is concern that some managed health care contracts may limit doctors' ability to communicate with patients; and

WHEREAS, it is the ethical duty of doctors of optometry, as a fundamental element of the doctor-patient relationship, to act as advocates on behalf of the patient; and

WHEREAS, it is a doctor's obligation to discuss necessary and appropriate treatment alternatives and in good faith to fully inform the patient of all treatment options; and

WHEREAS, the failure to communicate specific information may limit the patient's access to timely, relevant and quality health care services; now therefore be it

RESOLVED, that the American Optometric Association strongly encourages the adoption of federal legislation prohibiting managed health care organizations from using restrictive contract clauses that may serve to limit a doctor's ability to communicate openly and freely with patients about their care options; and be it further

RESOLVED, that the American Optometric Association strongly encourages the affiliated state associations to seek the adoption of similar state legislation.

#1939 (4 of 2001) (Mod. 2015)

PROTECTING AGAINST POTENTIAL BIAS IN PATIENT CARE

RESOLVED, that the American Optometric Association reiterates its time-honored principle of appropriate professional care for all patients; and be it further

RESOLVED, that the American Optometric Association, as a matter of ethical concern, strongly encourages all practicing optometrists to be cognizant of the potential for bias in patient care based upon health, gender, age, ethnicity, race, financial status or any other patient characteristic.

#1960 (7 of 2004)

PATIENTS BENEFIT FROM OPTOMETRIC PROFESSIONALISM

WHEREAS, the American Academy of Ophthalmology has adopted a policy excluding optometrists from all educational courses offered at American Academy of Ophthalmology meetings; and

WHEREAS, the new exclusionary policy of the American Academy of Ophthalmology is offensive to the principles of scientific professionalism, the free exchange of medical knowledge for the benefit of the public, and the ethics of collegiality among all health care professionals that helps to ensure the best care for patients; now therefore be it

RESOLVED, that the American Optometric Association shall continue unchanged its long-standing policy of opening all educational courses offered at American Optometric Association meetings to ophthalmologists to attend; and be it further

RESOLVED, that, in all educational relationships with ophthalmologists, the American Optometric Association shall, for the benefit of patients, adhere to the principles of scientific professionalism, the free exchange of medical knowledge, and the ethics of collegiality among health care professionals.

#1844 (1 of 1986)(Mod. 1990)(Mod. 1995)(Mod. 2000)

BILLING TO THIRD PARTY INSURANCE PLANS

RESOLVED, that the American Optometric Association considers the excess billing of benefit plans, whether in the public or private sector, to be unethical and to be contrary to the behavior of a professional practitioner of a learned health care profession.

#392 (4 of 1938)(Mod. 1990)(Mod. 1995)(Mod. 1997)(Mod. 2005)(Mod. 2012)

RESTRICTIONS ON CERTAIN ACTIVITIES OF TRUSTEES, OFFICERS AND VOLUNTEERS OF THE AMERICAN OPTOMETRIC ASSOCIATION

WHEREAS, the American Optometric Association, with an established code of ethics, is a membership organization of optometrists and others devoted to improving the visual welfare of the public; and

WHEREAS, the participation of trustees, officers and volunteers of the American Optometric Association on boards, advisory boards, councils, or committees of other entities may be beneficial to the advancement of the objectives of the Association; and

WHEREAS, the individuals serving as trustees and officers of the American Optometric Association, a non-profit corporation organized and governed by the laws of the State of Ohio, are obligated, both legally and ethically, to maintain faithfully their duty of loyalty to the American Optometric Association and to protect the integrity of their positions as fiduciaries of the Association by promptly disclosing any actual or potential conflicts of interest, and in appropriate circumstances, recusing themselves from participating in deliberations and/or voting on any matter involving a conflict of interest that may come before the Board of Trustees in the course of their duties; and

WHEREAS, all individuals serving as volunteers and elected officials of the American Optometric Association, including members of the Board of Trustees, as recognized leaders of the optometric profession and representatives of the AOA and its membership must, as a condition of service, comply with and adhere to the Association's established policy and procedures requiring the disclosure of all personal professional and financial interests and activities which may cause a conflict of interest; and

WHEREAS, any meaningful and effective policy intended to guard against the potential for conflicts of interest, whether actual or perceived, must necessarily be an evolving policy, adaptable and flexible enough to address unforeseeable situations in which potential conflicts may arise; and

WHEREAS, under such a policy, questions regarding the interpretation and application of the policy can be expected to arise; and

WHEREAS, it is in the best interest of the Association, its members, and its elected leaders on the Board of Trustees, to maintain fair and effective procedures to protect against potential conflicts of interest, whether actual or perceived; now therefore be it

RESOLVED, that the current AOA board policy, that imposes a duty on a board member of the American Optometric Association to recuse himself or herself from discussion and voting on any matter in which they may have a conflict of interest, is hereby affirmed; and that the Board of Trustees, consistent with governing law, is empowered to temporarily suspend from any discussion or vote a Board member whom they determine to have a conflict of interest and who refuses to recuse himself or herself from discussion and voting on the matter in which he or she has a conflict of interest; and that the Board of Trustees shall develop and implement policies to carry out the principles of this Resolution, including the reporting of matters by the Board of Trustees to the Judicial Council for its review when necessary; and be it further

RESOLVED, that the policy expressed in Resolution 1910, requiring each member of the Board of Trustees and each volunteer of the American Optometric Association to properly disclose any potential conflict of interest, along with a description of any personal business interests, affiliations, or activities with any entity active in the health care field, is hereby affirmed; and be it further

RESOLVED, that a member of the Board of Trustees of the American Optometric Association may not serve as a member of a board, advisory board, or as a principal, agent, or employee of, or have any other active personal affiliation with, any other entity, if such affiliation would conflict with the objectives and policies of the American Optometric Association; and be it further

RESOLVED, that, prior to election, a candidate for the American Optometric Association Board of Trustees shall publicly disclose any potential conflict of interest and provide to the House of Delegates a description of any personal business interest, affiliation or activity with any entity that, whether or not active in the health care field, may have the potential to give rise to a conflict of interest with the Association or its objectives and policies; and be it further

RESOLVED, that in no case shall the House of Delegates elect a candidate who has, nor shall a candidate or member of the Board of Trustees develop, a personal interest of such a nature that it would compromise that individual's ability to perform his or her responsibilities as a member of the American Optometric Association Board of Trustees; and be it further

RESOLVED, that all members of the American Optometric Association Board of Trustees shall, on an annual basis, disclose any potential conflict of interest by providing to the House of Delegates a description of any personal business interest, affiliation or activity with any entity that, whether or not active in the health care field, may have the potential to give rise to a conflict of interest with the Association or its objectives and policies; and be it further

RESOLVED, that elected officials of the American Optometric Association shall not allow their names, photographs, titles and/or positions with the Association to be used improperly by any other entity-to advance that entity's business interests, and/or for the official's own personal financial gain; and be it further

RESOLVED, that the American Optometric Association Counsel shall be responsible for ensuring: that the information provided in accordance with the Association's conflict of interest and disclosure policies is properly collected, reviewed, and maintained at the Association's main office; that, upon request, such information is provided to any delegates, officers, and trustees at the House of Delegates each year at the annual congress; that any interim disclosures of information submitted in accordance with these policies in between annual congresses is promptly redistributed to all members of the Board of Trustees and to all members of the Judicial Council for their review; and that such information be made available for inspection, upon the written request of any member, by appointment with the Association Counsel, during regular business hours; and be it further

RESOLVED, that the Judicial Council shall be responsible for overseeing the administration of the Association's conflict of interest and disclosure policies, and shall make recommendations, where appropriate, to the House of Delegates as to the sufficiency and appropriateness of these policies and the procedures established to implement them; and be it further

RESOLVED, that the Judicial Council shall be responsible for rendering final decisions on any questions arising under the Association's conflict of interest and disclosure policies. Complaints against any member elected or appointed to a position in the Association related to conflicts of interest or failure to disclose any conflict of interest shall be made in writing to the Judicial Council setting forth the details of the complaint with specificity. The Judicial Council shall initially screen such complaint, with assistance from Counsel, and determine if it merits further review. If further review is determined to be warranted, the Judicial Council shall conduct a hearing at which the party making the complaint and the party against whom the complaint is being made shall have the right to be heard, be represented by an attorney, give evidence, and present and cross-examine witnesses. The Judicial Council, by majority vote, shall then render a written decision on the complaint, including any recommendations thereon. Such decision shall be forwarded to the Board of Trustees for final action on any recommendations.

#1910 (Combination in 1995 of 1903 (8 of 1993) and 1905 (2 of 1994) into new 1910) (Mod. 2015)

DISCLOSURE OF CONFLICTS OF INTEREST

WHEREAS, the American Optometric Association continues to recognize the necessity that individuals holding elected or appointed positions within the American Optometric Association embrace the principles of integrity and trust; and

WHEREAS, the American Optometric Association continues to recognize that officers, trustees and other volunteers of the American Optometric Association and of its affiliated associations bear a special responsibility to avoid conflicts of interest or the appearance thereof between their association responsibilities and their private business interests; and

WHEREAS, the American Optometric Association has adopted a process to identify potential conflicts of interest for volunteers and staff; now therefore be it

RESOLVED, that all elected officials of the American Optometric Association, including the American Optometric Association Board of Trustees and Section Officers, all appointed volunteers and staff of the American Optometric Association should disclose any conflict of interest when engaged or about to engage in activities on behalf of the American Optometric Association, provided that an American Optometric Association entity may adopt stricter guidelines; and be it further

RESOLVED, that all elected and appointed volunteers and staff of the American Optometric Association shall annually execute a statement that they will reveal personal business interests relating to any activities in which the American Optometric Association is engaged; and be it further

RESOLVED, that no person shall hold an elected or appointed position within the American Optometric Association volunteer structure, without having executed the disclosure statement within 30 days of appointment or election to the volunteer structure and then annually thereafter; and be it further

RESOLVED, that the affiliated associations are urged to develop conflict of interest disclosure requirements comparable to those of the American Optometric Association.

Appendix I: 2005 Modification of the 1944 Code of Ethics

(M-1-1944) showing the modifications adopted in 2005; NOTE: deleted wording is indicated by ~~strikethrough~~; added language is indicated by <u>underscore</u> (a new Code of Ethics replacing M-1-1944 was later adopted as Resolution #1969 in 2007):

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~~ <u>humankind</u>;

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;

<u>TO STRIVE</u> TO SEE THAT no person shall lack for visual care~~, regardless of his financial status~~;

TO ADVISE the patent 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~~ humankind.

A History of Some Optometry Periodicals, Part 2

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Continued from Volume 46, Number 4

One of the signs of the maturity of a profession is the publication of scholarly journals. For many years, the leading scholarly optometric journals in the United States were those published by the American Academy of Optometry (AAO) and the American Optometric Association (AOA). This part of this article will briefly review the history of the journals published by the AAO, which continues to today, and the AOA, which was discontinued a few years ago.

AMERICAN JOURNAL OF OPTOMETRY/OPTOMETRY AND VISION SCIENCE

The journal known today as *Optometry and Vision Science* had its origin in January, 1924 as the *Northwest Journal of Optometry*, a publication of the Minnesota, North Dakota, and South Dakota state optometric associations.[1] In August, 1925, the journal was renamed the *American Journal of Optometry,* and it was also representing the Nebraska, Iowa, and Oklahoma state optometric associations.[2] By 1928, it was the official journal of eleven state optometric associations. Starting May, 1928, the journal became a news outlet of the American Academy of Optometry. In 1934, the journal no longer represented individual state associations, and it was associated only with the American Academy of Optometry.

The Academy also separately published volumes of the papers presented at its fourth through eighteenth annual meetings starting in 1927.[3] The thirteenth such volume, *Transactions of the 18th Annual Meeting of the American Academy of Optometry*, was published in 1939. In 1940, an Academy committee decided to merge its publications. The first issue of the merged publication, the *American Journal of Optometry and Archives of the American Academy of Optometry*, appeared in January, 1941 (volume 18, number 1). The journal became a leading journal for clinical optometry and vision science, and it had several thousand subscribers.[1]

The founder of the journal, its editor from 1924 to 1968, and the owner of the company that published it from 1924 to 1973 was Carel C. Koch (1896-1973). Koch attended Washington University in St. Louis and then the DeMars School of Optometry in Minneapolis. His optometric education was interrupted by service in the United States Army, but he returned to the DeMars School and graduated in 1919. The unusual instructional organization of the DeMars School made such an interruption manageable. Two years of study were required for completion. The complete course of lectures was only six months, but each student was required to attend the complete set of lectures four times.[4] Advanced students also did work in clinic. Koch completed optometry school in 1919 and set up practice in Minneapolis. Koch and Jack I. Kurtz, who shared practice

space with him, were among the first optometrists in Minnesota to practice in professional offices.[4]

Koch was a charter member of the American Academy of Optometry and was secretary of the Academy from 1922 to 1925 and from 1944 to 1973. He was Chairman of the American Academy of Optometry in 1929. He was on the American Optometric Association's Committee on Interprofessional Relations and Long Range Planning Committee. He also served on several boards and commissions of civic and community organizations in Minneapolis. Among various awards and recognitions he received were honorary degrees from Chicago College of Optometry and Pennsylvania College of Optometry.[5,6] Writing in 1968, Hirsch and Weiner said that: "The *Journal* and its editor have been vital forces influencing the transition [of optometry] from a trade to a profession."[4] An obituary notice said that Koch was "a great man whose intelligence, charm, love and dedication to his profession permeated everything he did.…He inspired us to a life of scientific professional service through optometry, of dedication to the visual welfare of mankind, and of contribution to our fellow practitioners."[5]

In 1968, Monroe J. Hirsch, who had been Associate Editor since 1953, became the Editor, and he served as Editor through 1976. Merton Flom was an interim Editor in 1977 and 1978. In 1974, the title of the journal was changed to *American Journal of Optometry and Physiological Optics*.[7] The company publishing the journal was Professional Press in 1974 and 1975, and then starting in 1976, Williams & Wilkins.

William M. Lyle was Editor of the journal from 1979 to 1996. Newcomb and Eger stated that he "had served with distinction as the Journal's fourth Editor" and "he had substantially improved the quality of the Journal in many ways…"[8] The most visible changes in the journal during Lyle's tenure occurred in 1989 when the title of the journal changed to *Optometry and Vison Science*, and there was an increase in the page size and a change in color of the cover to optometry's sea-foam green.

William Lyle was born in Canada and graduated from the College of Optometry of Ontario in Toronto in 1938. After practicing in Kirkland Lake, Ontario and Winnipeg, he entered the Canadian military in 1940. He left the military at the rank of Captain in 1946 after serving in Europe during World War II.[9] He then returned to practice in Winnipeg, and while there, served as president of the Canadian Association of Optometrists and took additional courses in biochemistry, microbiology, genetics, and statistics at the University of Manitoba. In 1960, Lyle enrolled in the physiological optics graduate program at Indiana University. He completed an M.S. degree in 1962 and his Ph.D. in 1965. In 1965, Lyle joined the faculty of the College of Optometry of Ontario. Then in 1967, he became one of the first five faculty members in the University of Waterloo School of Optometry, where he taught for many years.

A tribute to William Lyle for his service as the *Optometry and Vision Science* editor noted: "Typically, upon accepting the responsibility or the editorship, Bill Lyle took a series of courses about editing from the American Medical Writers Association and a 6-month leave of absence from his teaching duties so he could put all his time and energy into the task.…Throughout his career, as his history reveals, Bill has never hesitated to sacrifice his time, effort, and even his realm, toward consistently elevating his capacity to meet his accepted obligations – toward his own education, toward the profession's status, toward meeting his own sense of responsibilities.…To anyone who reviews the publications of the academy as they have matured throughout the years, the development of the Journal during his editorial tenure is obvious – in physical format, in the type of

articles published, in its increasing degree of scientific involvement, in circulation, and in the growing coalition of respected investigators."[9]

Editors following William Lyle have included Mark Bullimore (1996-2004), Anthony Adams (2004-2015), and Michael Twa (2016). Throughout its history, the *American Journal of Optometry* and *Optometry and Vision Science* has been an outlet for some of American optometry's best writing and research and it has matured into a leading international journal of clinical optometry and vision science. A cumulative index for volumes 1 through 44 (issues published in 1924 to 1967), compiled by Grace Weiner, was published in 1968, and a second cumulative index for volumes 45 to 60 (1968 to 1983), prepared by Alison Howard and Grace Weiner, was published in 1985. A diskette with an index for volumes 45 to 70 (1968 to 1993), prepared by T. David Williams, was produced in 1994.

JOURNAL OF THE AMERICAN OPTOMETRIC ASSOCIATION / OPTOMETRY

The origins of the *Journal of the American Optometric Association* can be traced to the bulletin titled *The AOA Messenger*, which was first published in 1926.[10] In 1929, the AOA's official publication was the *Organizer*. The first issue of the *Journal of the American Optometric Association* was published in 1930 as volume 2, number 1 in bibliographic continuity with the *Organizer*.

The force behind the beginning of that publication was Minnesota optometrist Ernest H. Kiekenapp (1889-1973).[10-12] Kiekenapp became secretary of the AOA in 1922, a position he held for 35 years. Kiekenapp had wanted to start a journal after becoming secretary of the AOA, but due to opposition to the publication of a journal, he had started with the *Messenger* and the *Organizer* until he had the support to start a journal.[11] Kiekenapp was editor of the *Messenger* and the *Organizer*. He then served as editor of the *Journal* from its beginning in 1930 until his retirement in 1957. In the early years of the journal, Kiekenapp solicited papers from optometry school faculty members and leading optometrists. He estimated that he wrote over 300 editorials for the AOA publications.[13] Occasionally he wrote under the pen name of Douglas Lincoln Young because if readers "saw nothing but the name Kiekenapp, they might be scared away."[13]

Kiekenapp graduated in 1912 from the Stone School of Optometry.[13] He practiced optometry until he served with the U.S. Army overseas during World War I. After the war he attended DeMars School of Optometry for a year, and then reentered private practice in 1920. Many optometrists were quoted in a tribute article after his death that he was extremely important in the activities and functions of the AOA during his years as Secretary.[12] He also was a member of the Minnesota state optometry board and wrote their handbook and directory, and was a secretary of the International Association of Boards of Examiners in Optometry.[13] He received two honorary degrees from Northern Illinois College of Optometry and was given the AOA Distinguished Service Award at his retirement.[13,14]

Editors of the AOA's journal after Kiekenapp were Irving Bennett (1957-1964), Charles Margach (1964-1965), Milton J. Eger (1965-1985), Jimmy D. Bartlett (1985-1990), John W. Potter (1990-1995), John G. Classé (1995-1997), Anthony A. Cavallerano (1997-1999), and Paul B. Freeman (1999-2012).[10,15]

In its first year, the *Journal* published articles based on educational presentations at the annual AOA meeting. Educational articles remained an important component of

Journal content throughout its history.[10] Topical issues were common starting in the 1950s, with issues devoted to topics such as contact lenses, pediatric optometry, ocular pharmacology, sports vision, diabetes, and low vision. Starting in 1958, there was an annual contact lens theme issue for over 25 years. In 1978, a journal review board was formed, and subsequently papers submitted for publication were refereed. In 2000, the title of the journal was changed from *Journal of the American Optometric Association* to simply *Optometry*. In 2003, the AOA could boast that its journal was "the most widely circulated scholarly journal in the world."[16] However, only nine years later, the journal was discontinued. The AOA president Dori Carlson cited "the realities of publishing costs and financial priorities" as a major reason for its discontinuance.[17] The last print issue was published in January, 2012 (volume 83, number 1). A few more issues were published online, with the last online being the June, 2012 issue (volume 83, number 6).

One indication of the significance of these two journals in recent years may be the results of a citation analysis done on the second edition of *Borish's Clinical Refraction*. The most cited optometry journal by a wide margin was *Optometry and Vision Science* and the second most frequently cited optometry journal was *Optometry*.[18] Out of curiosity, I also checked to see what journals I cited most often in the third edition my book *Ocular Accommodation, Convergence, and Fixation Disparity*. I cited *Optometry and Vision Science* more often than all other journals combined. The second most frequently cited journal was the AOA's journal, with twice as many citations as third place *Ophthalmic and Physiological Optics*.

In a recent editorial in the British optometry journal *Ophthalmic and Physiological Optics*, Elliott and Handley[19] traced some of the history of optometry journals and noted their importance for education, research, and support of clinical practice. They stated that even though the AOA decided to discontinue its journal, several foreign journals may help to keep the future of optometry journals bright. They mentioned as examples the *Canadian Journal of Optometry*, relatively new journals such as the Spanish *Journal of Optometry* (2008) and the *Scandinavian Journal of Optometry and Visual Science* (2008), and the renamed *African Vision and Eye Health* (2015).

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Dr. Clara Schell: Pioneer Arizona Territory Optometrist, Suffragist, and Community Leader

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Optometry, women's rights, and animal rights all contributed equally in shaping the life of Dr. Clara Schell. She was born in Chicago, Illinois on June 27, 1872, the daughter of Charles and Catherine Kaub.[1] At age 19 Clara married Henry A. Schell on February 20, 1891 in Chicago, Illinois. Due to Henry's asthma, they moved to the small mining town of Morenci in the Arizona Territory where he worked at the Detroit Copper Mining Company store as a bookkeeper and optometrist.[2] Henry quickly became active in community and professional organizations and was elected as a delegate to the Territorial Democratic Convention in Phoenix.[3] In 1898, he attended the organizational meeting of the American Association of Opticians in New York City and became one of 183 charter members.[4] The Schells built a house in Morenci, furnished it with a piano shipped into town by train, and advertised for a housemaid in the Phoenix newspaper.[5]

Figure 1:Clara Schell (1872-1955) and Henry Schell. (photos courtesy of Aileen Schell McCurnin)

Henry Schell expanded his optometry practice outside Morenci and traveled by train and car to towns throughout southern Arizona and Sonora, Mexico to provide optometric care. He advertised his travel schedule in local newspapers and stayed at hotels where he gave eye examinations and prescribed glasses in his hotel room.[6] In 1900, Henry moved his optometry practice to Tucson to provide a centralized base for his trips to visit patients.

After the Schells moved to Tucson, Clara returned to Chicago to attend the Northern Illinois College of Ophthalmology and Otology. After graduating in 1902 at age 30, Clara returned to Arizona and joined her husband in his optometry practice in Tucson. She was the first woman optometrist in the Arizona Territory and one of the first women optometrists in the United States.[7]

Clara became a partner in her husband's optometry practice and frequently traveled with him in southern Arizona and Sonora, Mexico to visit patients as well as friends. The office of Schell and Schell was located at 38 N. Stone Avenue.[8] An *Arizona Weekly Citizen* article described Schell and Schell as "Arizona's oldest exclusive optical house with the first lens grinding plant in the state" well known "for accurately fitting glasses, good services and reasonable prices" by "Arizona's leading optometrists and opticians."[9]

Without legislation establishing standards for practicing optometry and licensing procedures for optometrists, at the beginning of the twentieth century anyone could practice optometry, a situation which was exploited by charlatans. Spectacle peddlers traveled throughout the rural United States with ready-made eyeglasses while other men gained optical experience as apprentices in watchmaker or jewelry stores or studied the limited available books on optics and eye physiology. The first optometry law was passed by a state legislature in Minnesota in 1901, and the American Association of Opticians was founded in 1898. This organization was later re-named the American Optical Association in 1910 and then the American Optometric Association in 1919.[10]

One of the key issues in the development of optometry and for professional recognition of optometrists by medical physicians was the creation of state optometry licensing boards to regulate the practice of optometry. When the Arizona territorial legislators approved a bill to create an Arizona optometry board in 1905, Governor Joseph Kibbey vetoed the bill on March 22.[11] Two years later in March 1907, the Arizona Territorial Board of Optometry was established, and Arizona joined 13 states with optometry boards.[12] Governor Kibbey appointed two optometrists, Henry Schell of Tucson and Ernest Munson of Phoenix, and physician H. T. Southworth of Prescott as the initial board members.[13] The Territorial Board of Optometry members continued to be composed of two optometrists and a physician until 1918 when Dr. Southworth joined the military during World War I and the vacant board position was filled by optometrist D.D. Northrup of Phoenix.[14]

During the territorial optometry board's first meeting on April 6, 1907, Henry Schell was elected president. The new board created state licensing examinations, conducted licensing examinations and established $5 dues. During a six month enrollment period for current Arizona opticians to register for licensure, 37 applications were received and processed by the board in 1907. On April 13, 1907, Henry issued Licenses No. 1 and 2 to himself and Clara. The first licensing examination was held on July 1, 1907 and one of three applicants (A.S. Green of Denver) successfully passed the examination with a grade of 83. In 1908 Henry Schell was re-elected president of the

territorial optometry board. During this year, the territorial optometry board approved a motion to publish lists of licensed optometrists in Arizona newspapers along with a $25 reward for the arrest and conviction of illegal unlicensed optometry practitioners. During the next 16 years, Henry served as president or secretary of the Arizona Board of Optometry.[15]

In May 1908, after meeting with an American Association of Opticians representative Dr. William Houston, 70 Arizona opticians organized an Arizona Optical Society. Henry and Clara Schell were charter members of the Arizona Optical Society and regularly attended state meetings.[16] On April 30, 1909, Henry Schell was elected vice president of the Arizona Optical Society. In 1921 the Arizona Optical Society re-organized as the Arizona Association of Optometrists with a constitution and bylaws[17] and by 1923 there were two women optometrist members: Clara Schell of Tucson and Donna Fleming of Bisbee.[18] Clara was the Arizona delegate for the 1922 American Optometric Association national convention.[19] On June 26, 1926, Clara was elected president of the Arizona Association of Optometrists in San Francisco, California at their annual meeting one day before the American Optometric Association national convention.[20]

Despite her busy professional schedule, Clara was a Tucson community leader and activist for women's rights. She served as the commander of the Old Pueblo Hive, Women's Benefit Association of the Maccabees and helped organize the Equal Suffrage Club of Pima County with Dr. Rosa Goodrich Boido, Josephine Brawley Hughes, Abbie Haskin, and Ruth May Nowell.[21] Clara gave the first women's suffrage speech at the Old Pima Theater on West Congress Street, and was one of the Tucson suffrage leaders.[22]

In 1891 Josephine Brawley Hughes, wife of the *Arizona Daily Star* newspaper owner, worked with Laura Johns, a National American Women's Suffrage field organizer from Kansas to organize an Arizona suffrage association. Governor Alexander Brodie vetoed a woman's suffrage bill passed by the 1903 territorial legislature. When territorial legislators prepared a draft state constitution for President William Taft's approval 1910, they did not include a clause for women's suffrage because they believed President Taft would veto a state constitution allowing women to vote. After Arizona became a state on February 14, 1912, Arizona Equal Suffrage Association President Francis Willard Munds circulated a suffrage initiative petition for the November ballot state-wide when the state legislature failed to pass a bill for women's suffrage.[23]

During 1912, the Equal Suffrage Club of Pima County worked with the Arizona Equal Suffrage Association to organize mass meetings in Tucson and southern Arizona to support passage of the suffrage initiative on the November ballot. On March 6, 1912 the Equal Suffrage Club of Pima County organized a mass meeting at the Clifton Theater in Clifton with Dr. Rosa Goodrich Boido, Selim Franklin, Clara Schell, Rena Matthews, and Adele Fields as speakers.[24] In her speech, Clara Schell declared:

> I have been asked to tell why I believe in Equal Suffrage. I know of no good reason why any fair minded person should not believe in it. Any intelligent person, regardless of sex, should have a voice in the making and maintenance of state laws under which he or she must live…You and I, my dear woman, have home, school, and property interests. We have the best interests of the community and our fellow man at heart. Hoodlums – the worst type of men are allowed to vote. You, my dear fellow woman, you and I have not. Is it right? Would you neglect your husband, children, and home for politics? No, not any more than your husband, brother, or

son would jeopardize his business interest because he is interested in politics and has a voice in the making and maintenance of the laws and affairs. I believe when women have the franchise, qualifications will be necessary for those seeking office other than being just a good fellow. Let us prepare ourselves for the proper use of the franchise which will surely be ours soon. Let us use it for the best interest of our fellow women, to the betterment of our homes, and to the purification of our politics.[25]

In November 1912, Arizona voters approved the suffrage initiative to give women the right to vote but they were unable to register to vote until the following spring. One of the first women in Tucson to do so was Clara Schell who registered to vote on April 9, 1913.[26]

In March 1917, the Tucson Business Women's Club was founded to create an organization for Tucson's working women, and Clara Schell became a charter member of the new organization. During the same year, Tucson Business Women's Club members raised $1,000 and founded the YWCA organization in Tucson. When the Arizona Federation of Business and Professional Women's Clubs (Arizona BPW) was founded in 1921, the Tucson Business Women's Club was one of six charter clubs of the new organization which was affiliated with the National Federation of Business and Professional Women's Clubs. At that time, the club name was changed to the Tucson Business and Professional Women's Club (Tucson BPW). The goals of Arizona BPW and Tucson BPW were to promote opportunities for women to advance in the workforce, provide networking for working women, provide scholarships for women, and address legislative issues affecting working women such as equal pay.[27]

In 1922 Clara Schell was elected vice president of Tucson BPW and succeeded Agnes Biddle as club president when Biddle resigned in June 1922. Her interim presidency was so successful that she was quickly elected president in her own right the following year. During Clara Schell's presidency from 1922-1924, Tucson BPW membership grew to over 170 members.

As club president, Clara also worked to promote women's issues. In January 1924, the club organized a public meeting with a national speaker to discuss passage of the Equal Rights Amendment.[28] Another legislative issue which Clara addressed was the Arizona minimum wage law for women. As women began working at the beginning of the twentieth century, a series of what became known as protective laws were created to "protect" women workers.[29] One such law was the 1917 Arizona minimum wage law which established a minimum wage of $10 weekly for women except women agriculture workers and housemaids. In 1917, although Tucson BPW did not officially oppose passage of the Arizona minimum wage law for women, many club members circulated a petition of opposition to the law.[30]

When Representative Rosa McKay introduced a bill in the 1923 state legislature to increase the minimum wage for women from the $12 wage approved by the state legislature in 1919 to $16 per week, Clara discussed the issue at a Tucson BPW executive board meeting of nine members and they voted to officially oppose passage of the proposed McKay bill and authorized Clara to travel to Phoenix to lobby state legislators. Tucson BPW opposed the McKay bill because members believed it would result in young girls losing their jobs, increase consumer prices, and cause loss of business from Arizona

to other states with lower prices. An *Arizona Star* article about the board meeting reported:

> So long as women are competing with men in the business world, give them an equal chance is the opinion of the (Tucson BPW) board. If a minimum wage law is found necessary, let it apply to both men and women then there will be no discrimination shown when it comes to employment of either. [31]

Clara spent several days in Phoenix discussing the issue with state legislators and when she returned to Tucson, she reported to Tucson BPW members at a club meeting: "I may have done some good but I should have been there a week ago" and stated most of the state senators opposed amending the minimum wage law for women.[32] However, state legislators voted unanimously to amend the minimum wage law for women, and Governor George Hunt signed the McKay bill into law on February 13, 1923.[33] A Tucson newspaper article about the February 15 Tucson BPW meeting stated:

> (Clara) had been censored and commended for her action at the suggestion of the board of the club…but was first, last, and always for the working girl and her interest, but that after a complete study of the bill she felt it would do more harm than good to the working girl. (Clara stated) It is the young girl who is just starting out to work that will be most seriously affected for without experience the employer will not want to pay her $16 a week. Whereas if she worked for sometime (sic) obtaining experience at ten or twelve dollars she, with the aid of her family, would be able to get along. The bill has been passed and the only action which can now be taken is to get a certain number of names on a petition and to have the bill voted upon by the public in general.[34]

However, the Arizona minimum wage law for women did not end until 1925 when the United States Supreme Court ruled the Arizona minimum wage law for women unconstitutional.[35]

In 1923 Clara organized a three car caravan of 15 women who drove over rugged, unpaved roads to the Arizona BPW state convention in Prescott, Arizona. At the convention, Clara promoted Tucson as the site for the next state convention and the club members worked together for the election of Tucson postmistress Allie Dickerman Brainard as state president.[36] During the second year of Clara Schell's presidency when Allie Dickerman Brainard was Arizona BPW president, they worked together to organize the 3rd state convention in Tucson. The convention was held at the Tucson BPW clubrooms from April 11-12, 1924 and was attended by over 100 club delegates from throughout Arizona. [37]

Following her presidency, she continued to be an active member of Tucson BPW and served as chair of several committees. In 1932 she was part of a Tucson BPW delegation to greet First Lady Lou Hoover when President Herbert Hoover's train traveled from California through Tucson to Washington DC.[38] In 1936 as Tucson BPW public relations chair, Clara organized the National Business Women's celebration in Tucson from March 15-21, which featured a hotel banquet and daily radio broadcasts by club members.[39]

In 1905, Clara also helped re-organize the Arizona Humane Society which was based in Tucson and served as the secretary for the next 17 years. In this capacity, she traveled to Clifton, Globe, Bisbee, and Nogales and founded Arizona Humane Society chapters in those cities. Clara also organized Be Kind to Animal Weeks in Arizona, distributed information to newspapers about animal right issues, and prepared annual state reports to the National Humane Society. In recognition of her work for animal rights, she was awarded a life membership.[40]

During these busy years of medical and community activities Clara and Henry adopted two young children: William and Helen. After 34 years of marriage, the Schells separated in 1925 and divorced by 1929. Clara continued working in Tucson while Henry moved to Phoenix in 1939 where he worked until his death in 1946.[41] When William Schell graduated from Los Angeles College of Optometry in 1929, Clara and her son practiced optometry together as Schell and Schell until 1936 when William opened his own optometry office.[42] Clara continued to work in a solo optometry practice until her retirement in 1946 at age 76. Two years later, the Arizona State Association of Optometrists awarded Clara a life membership in recognition of her contributions to Arizona optometry.[43]

A woman who enjoyed life, Clara enjoyed traveling with her husband on fishing and hunting trips. In 1917, the Schells bought a Studebaker and she kept a detailed log of their trips throughout southern Arizona in their new car.[44] Clara and Henry also enjoyed traveling in Mexico. During 1909 they traveled by train, steamer, and stagecoach to Culiacan, Mazatlan and other towns.[45] Henry and Clara built a 2-bedroom cabin on Mt. Lemmon for weekend visits and bought a house in the desert which they named Alta Vista. She also enjoyed playing bridge and frequently organized card parties for community clubs.[46] After she retired, Clara lived briefly in Chicago, Illinois and then returned to Tucson where she died at age 83 on April 24, 1955.[47] She will be inducted into the Arizona Women's Hall of Fame in spring 2017 in recognition of her achievements as a pioneer optometrist and community leader in Arizona.[a]

Although Clara Schell's professional accomplishments may seem unique, she practiced optometry during an era when women optometrists received professional recognition by their male peers earlier than women physicians or women lawyers. When the American Association of Opticians (later re-named the American Optometric Association) was founded in 1898, two women optometrists, Mrs. William C.C. Ball of Connecticut and Annie Starr of Canada were charter members.[48] Elva Cooper was elected second vice president of the American Optometric Association in 1910, and she presided at the organization's national convention in 1911.[49] By 1912 there were approximately 500 women optometrists, and an issue of *The Optical Journal and Review* featured articles and letters from 18 women optometrists in Minnesota, Pennsylvania, Kansas, Oklahoma, Ohio, Kentucky, Maine, Wisconsin, Massachusetts, Nebraska, Colorado, Indiana, Illinois, Louisiana, and New York describing their experiences as optometrists along with their recommendations for women seeking to enter the field of optometry.[50] In 1917, Mildred Winslow was elected fourth vice president of the American Optometric Association. During 1920 Dr. Mae Booth-Jones was the first woman president of an optometry school, Washington School of Optometry in Spokane, Washington.[51] Women and men students attended and graduated together from optometry schools and there were no separate optometry colleges founded for women students.

By contrast, when the American Medical Association was founded in 1849 there were no women members for 27 years until Sarah Hacket Stevenson of Maryland joined the national organization in 1876. The first woman vice president of the American Medical Association (Lillian South of Kentucky) served in 1913 but the first woman president of the American Medical Association (Nancy Dickey of Maryland) did not serve until 1989.[52] Because women were an under-represented minority in their profession, women physicians formed the American Medical Women's Association in 1915 for professional support. Similarly, because it was difficult for women to enter medical schools during the 1800's, medical schools were founded for women students such as the Woman's Medical College in Pennsylvania in 1850[53] and the New York Medical College and Hospital for Women in 1863.[54]

Early women lawyers encountered similar obstacles. The American Bar Association was founded in 1878 by 75 male lawyers but the first two women lawyers were not elected to membership until 1918 (Mary Florence Lathrop of Denver and Mary Grossman of Cleveland). In 1995, Roberta Cooper Ramo of New Mexico was the first woman to serve as president of the American Bar Association.[55] Since they were unable to join the American Bar Association, in 1899 eighteen women lawyers in New York City formed The Women's Lawyer Club which re-organized in 1923 as the National Association of Women Lawyers.[56] The first law college established for women students was the Washington College of Law in the District of Columbia (now known as American University Washington College of Law) in 1896.[57]

Another successful woman optometrist whose career closely paralleled that of Clara Schell during the same time period in the West is Texas optometrist Mollie Wood. She obtained an optometry degree in 1898 and became the first woman optometrist in Texas, was appointed by Governor Miriam Ferguson to the first Texas optometry board, elected president of the Texas Optometry Association in 1923, elected to the national American Optometric Association board of trustees in 1928, published an optometry journal *The Texas Optometrist*, and organized Brownwood Business and Professional Women's Club.[58]

Clara Schell was a pioneering woman optometrist in the Arizona Territory who traveled widely throughout southern Arizona and Mexico to provide optometric care and created a lasting legacy in Tucson for women's rights, and animal rights, and optometry.

Notes

a. The Arizona Women's Hall of Fame "honors posthumously women who played a significant role in the history of Arizona." It is a very competitive nomination process and only four women are admitted into the Hall of Fame bi-yearly. Schell is the first woman optometrist to be admitted to the Arizona Women's Hall of Fame and one of very few women in the Hall of Fame in the optometric field.

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About Heart Disease: A Conversation with Morey X. Powell

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Readers will have to be at least 75 years old to remember when heart disease, and heart attacks, were much more prevalent than they are today. And readers will have be at least that old to recall when the median amount of years that people lived was dramatically fewer than it is today. Three-quarters of a century ago, the word "cholesterol" was not in the vocabulary of the average adult; and "breaking" cholesterol down into HDL and LDL, was totally off the radar screen of even many physicians.

Morey Powell has a mind and a memory nearly as sharp as it was during his 70 years practicing optometry. In the late 1940s he was a leader among a relatively few professionals in health care who felt that there were hidden secrets in human blood that directly affected how people lived and how long they lived. Dr. Powell had his office in Middletown, PA and was well respected in that community, not only by his peers but also by his patients and the community at large.

Wanting to be sure that he would not become a victim of heart disease like his father who died at age 42, Dr. Powell became addicted to learning more about how some folks get heart disease at an early age and others do not. He read medical literature that came from France and from Italy. He became a disciple of Dr. John Gosman of the University of California in Berkeley. He embraced the Swedish Swenberg Index, dealing with arthrosclerosis. He made personal and thorough studies of fatty diets and fatty foods that he suspected might trigger higher cholesterol numbers, essentially in the HDLs. In the 1950s, hardly any of the medical practitioners in mid-Pennsylvania provided detailed blood analyses services like he needed. So he urged his friends to get blood samples and send them, via airmail, to a California lab for analysis. I say "via airmail" since that was not the mailing method of choice a half century ago.

Those friends included former AOA presidents Mel Wolfberg and Al Levin; PCO faculty member Harry Kaplan; and me. He arranged for all of us to get samples of our blood and he sent those samples to California for examination and analysis. And from the results of our blood analyses he created diets for us to follow. Remember, if you will, that this was in the early 1950s before Dr. Wolfberg, Levin, Kaplan and I were *really* active in optometric organizations. There were others.

The diets Dr. Powell created were simple: low on fatty foods, moderate on carbohydrates, regular exercise, and absolutely no smoking. This is commonplace information that physicians give their patients today. But 60 years ago it was revolutionary.

To put things into a proper perspective, those were the days long before cell phones were developed and it was commonplace to have party lines (that is, when more than one

family not living together shared one telephone line!) Here is a little story about telephoning in those days as Morey tells it:

> People did not dial or press keys to make a telephone call in my early practice days. Instead, once you picked up the phone from its cradle, a female voice of an operator said 'number please' and the callers gave the numbers that they wished to call. There were no telephone messaging machines. It is hard to believe but when patients wanted to call my office and I was on vacation, the local telephone operator told callers that I was away and when I would be back. She recorded the names of the callers and gave me a list of those names when I returned!

Morey Powell was athletic and he took chances with his life. He raced cars; he flew his own airplane; he parachuted; he played semi-pro baseball. He vowed that he might die young because of his activities, but he would not die young because he had a heart attack. Although Dr. Wolfberg passed away a couple of years ago - well into his 80s - the other three of us - Levin, Kaplan and I - are still going strong. Dr. Powell had his 100th birthday earlier this year.

Although his passion was for general good health, he devoted much of his free time to his optometric involvement to association work. His activities included going through the chairs of the Pennsylvania Optometric Association ending with being POA president. He also served as president of the alumni association of the Pennsylvania State College of Optometry. (Putting the word "State" in the name of Dr. Powell's alma mater is no mistake; the college had "State" as part of its name until the early 1940s when it made an agreement to drop it to accommodate Penn State University that complained about a conflict in the similarity of names. I wonder how many PSCO grads are still living today.)

Powell was active civically, too. And he was well known in his community. Where else in these United States would you find a telephone operator to keep a record of calls for a vacationing doctor?

I shall share a secret why: Dr. Morey Powell was a gem and a conversation with him was and is a delightful experience.

OHS Membership 2016

Individuals

Jerome Abrams, OD

Michael Aitken, LOSc

John F. Amos, OD, MS*

Arol Augsburger, OD, PhD

R. Norman Bailey, OD, MS

Allan Barker, OD

Felix Barker, OD

Irving Bennett, OD*

Cheryl Bergin, OD

Lynn Brandes, OD*

Abraham Bromberg, OD

Albert Bucar, OD, DOS

Alan Bugg, OD

Gary Campbell, OD

Lester Caplan, OD

Linda Casser, OD

Tony Cavallerano, OD

Tony Chahine, OD

Richard Chong, OD

John G. Classé, OD, JD

Judith A. Clay, OD

Barry Cole, OD

Melanie Crandall, OD

Viktoria L. Davis, OD

Thomas Eichhorst, JD

Paul Farkas, OD

Ronald Ferrucci, OD*

Gregory Ferrucci, OD

Barry Fisch, OD

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George E. Foster, OD

Matthew Garston, OD

Fred Goldberg, OD

David Goss, OD, PhD (editor, *Hindsight*)

Gary Gray, Jr., OD

Morton Greenspoon, OD

Rahul Gupta, OD

Charles Haine, OD, MS*

Stanely Hallock, OD

Richard Hopping, OD

Walter King, OD

Robert Kocembo, OD

Ernest Loewenstein, OD, PhD

Stacey Meier, OD

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Pamela Miller, OD, JD

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THE Optometric HISTORICAL SOCIETY

2016 Membership Application

Our members support the enrichment of the scholarship in optometry history and the preservation of and access to the archival and museum collections that make this research possible. It is because of the vital support provided by the American Optometric Association and Optometry Cares® - The AOA Foundation that the Archives and Museum of Optometry can maintain collections that have taken more than a century to build. It is because of the support of members of the OHS that these materials remain viable resources for the education of future generations.

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THE Optometric HISTORICAL SOCIETY

Advisory Committee Nomination Form

We have **two seats** that will come vacant in January 2017. All nomination forms must be submitted by **5:00 p.m. on Sunday, November 20, 2016.** You may submit your form online at http://www.aoafoundation.org/ohs/.

If you have any questions or your contact information changes, please contact Erica Hayes, Administrative Assistant, at amo@aoa.org.

Advisory Committee Nomination Process

1. Short biography for each nominee;
2. A written confirmation that the nominee(s) is aware of the nomination (unless self-nominated)

Please attach a single document or file containing both the (1) biographical paragraph noting your expertise in the subject matter and (2) written confirmation of consent from the nominee (if not self-nominating). You may fax to Erica Hayes at (314) 991-4101:

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Phone:	
Date:	
Nominee Name:	
Nominee Email:	
Nominee Phone:	
Nominee Address:	
Nominee City, State ZIP:	