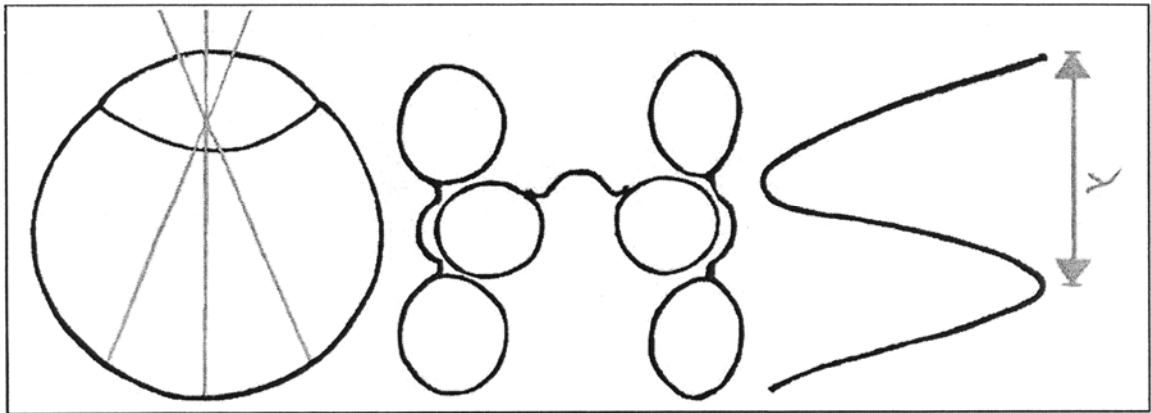


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Hindsight: Journal of Optometry History publishes material on the history of optometry and related topics. As the official publication of the Optometric Historical Society, Hindsight: Journal of Optometry History supports the purposes and functions of the Optometric Historical Society.

The purposes of the Optometric Historical Society, according to its by-laws, are:

- to encourage the collection and preservation of materials relating to the history of optometry,
- to assist in securing and documenting the recollections of those who participated in the development of optometry,
- to encourage and assist in the care of archives of optometric interest,
- to identify and mark sites, landmarks, monuments, and structures of significance in optometric development, and
- to shed honor and recognition on persons, groups, and agencies making notable contributions toward the goals of the society.

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On the cover: The drawing represents OHS for Optometric Historical Society: the O an elementary schematic of an eye, the H three intersecting pairs of spectacles, and the S a representation of a light wave with the Greek letter lambda indicating one wavelength. The drawing artist was Diane Goss.

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HINDSIGHT: Journal of Optometry History

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Volume 43, Number 1

Editor:

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

Contributing Editors:

Jay M. Enoch, 5537 106th Avenue NE, Kirkland, WA 98033-7413,
jmenoch@berkeley.edu

Irving Bennett, 5551 Dunrobin Drive, #4208, Sarasota, FL 34231, or 3307 Seventh
Avenue, Beaver Falls, PA 15010, irvbennett23@gmail.com

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The Lawsuit of Optometrist Cyrus Bass versus the AMA

Irving Bennett, O.D.

5551 Dunrobin Drive, #4208, Sarasota, FL 34231, or 3307 seventh Avenue, Beaver Falls, PA 15010, irvbennett23@gmail.com

In the last issue of *Hindsight* I discussed the American Optometric Association Resolution No. 4 adopted in June 1954 in Seattle that essentially stated that “the field of visual care is the field of optometry” and the American Medical Association’s response a year later. That response labeled optometry a “cult” and asked all medical doctors to no longer teach in optometry schools, etc.¹ This article continues the discussion of this historical, but upsetting, time with the story of the lawsuit of Cyrus Bass versus the American Medical Association (AMA).

How will history label Dr. Cyrus Bass? A hero? An idiot? Perhaps a Don Quixote. It has been nearly a half century since the name Bass became a “household name” among optometrists – well, not quite a “household name” since the optometric press was not too eager to carry the story and “offend” friends in optometry and in medicine.

Nonetheless, regardless how he may be labeled, Cyrus Bass, an author, a practicing optometrist and a practicing psychotherapist, was a daring young man who, with very little financial or other help, became the plaintiff in a lawsuit against the powerful and large AMA.² The case – one that Dr. Bass wanted to be a class action suit – was assigned to United States District Court for the Northern District of Illinois, Eastern Division.



The date was July 24, 1964, a little more than a decade after the American Optometric Association (AOA) had adopted Resolution No. 4 that claimed the field of visual care to be optometry and those unlicensed as optometrists had no right to be practicing that profession. The response from the American Medical Association (AMA) was rapid and strong. It canceled all efforts for improved inter-professional relations with optometry and declared it unethical for any physician to work with optometrists, their colleges and their organizations.

Initially the lay news media was infatuated with the lawsuit and most major newspapers and major radio and television networks reported on this activity. But as the case dwindled in the courts, and with no response by either the AOA or by ophthalmology, interest waned both within and outside the professions.

Optometry began to adjust to the new inter-professional playing field, and national and state optometric associations worked with “friendly” ophthalmologists toward some satisfactory accommodation. The virtual boycott of optometry by medicine probably affected the schools and colleges the most as medically-trained faculty resigned only to be replaced by trained non-M.D. teachers, grounded in medical subjects. At a local level most optometrists had arrangements with ophthalmologists for referral purposes.

This report is not designed to cover the Bass case completely, but some salient points and events stand out:

- In addition to the AMA, the lawsuit was filed against eight Chicago ophthalmologists charging violation of the Sherman Act.
- Initially, most in the professions thought that Bass was a “publicity-seeking crackpot” and the case would be thrown out of court before it saw the light of day. How wrong they were.
- Bass did have some legal training. His credentials included a two-year study of the law.
- There were several motions filed by the AMA to dismiss the case. All failed.
- The court asked Bass to file an “amended complaint” if he wanted the case to be a class action one. He did this in June, 1965 “in behalf of all licensed, self-employed, practicing optometrists in the United States.” Five fellow optometrists joined Dr. Bass in the amended complaint.
- In February, 1966 three officers of the International Association of Boards of Examiners in Optometry (IAB), together with two Mississippi optometrists filed a petition as “Interveners” on behalf of the plaintiffs. Briefly, the court denied the motion of the interveners to participate and also the court, three months later, denied the defendants’ motion to dismiss the class action provision of the complaint.
- Losing the motion to dismiss, the AMA became concerned with the possible financial penalty that might have resulted if it went through with this lawsuit. The court gave medicine the way out: in denying the dismissal of the class action suit, the Court “recommended that the case be settled amicably and suggested

that the plaintiffs file a bill of particulars of what they would consider grounds for a settlement.”

- On June 28, 1966, the AMA at its annual convention, which was held in Chicago, modified its anti-optometry resolution (#77) by allowing medical doctors to teach at optometry schools. The modification of the resolution was, by implications, an admission of guilt.
- The case did not die for two more years. Much of what went on sounded like a real life soap opera. The IAB, and its attorney Billups, became more involved. The American Optometric Association took no public position but worked behind the scenes to see that the case was adjudicated properly. Most optometrists were never fully aware of the Bass case or its implications even though probably no case in the history of optometry or even medicine has so many bizarre aspects.

On Thursday, May 11, 1967 the lawsuit against the AMA was concluded by stipulation between the plaintiffs and defendants based on a Memorandum of Opinion rendered by the Court.^{3,4} The Defendants (the AMA) had agreed to stop discriminating against the profession of optometry and work towards better relationship and understanding between the two professions.

It may be noted that during the 1960s, AOA Counsel Ellis Lyons and others worked with the Department of Justice on the matter of an anti-trust action involving the American Medical Association. To my knowledge, nothing on this matter has heretofore been reported.

Bass, who had reached out to his optometric colleagues for financial help to carry the case forward, was not successful raising the substantial funds he felt he required. He said, after the agreement was developed, that he was forced to accept the settlement suggested by the court and he hoped that better days were ahead.

There is one thing for sure and it is that the Bass lawsuit and the settlement agreement ending it, along with the Court's summary of dismissal, deserves recognition in optometric history.

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Biographical Notes on Two Writers on Optometric Case Analysis: Sol K. Lesser and Martin H. Birnbaum

David A. Goss, O.D., Ph.D.

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

Abstract

This paper profiles two writers of commonly used books on accommodation and convergence case analysis: Sol K. Lesser (1905-1979) and Martin Birnbaum (1937-2002). Their books are also discussed.

Key words: accommodation, convergence, Optometric Extension Program, optometry books, optometry history.

This paper presents brief profiles of two optometrists who wrote widely used material on accommodation and convergence analysis. They were from different generations and lived in different regions of the country. They are grouped here only because of the commonality of the topics they addressed in their writings.

Sol K. Lesser (1905-1979)

S.K. Lesser graduated in 1926 from Northern Illinois College of Optometry.¹ He practiced in Fort Worth, Texas, and was a member of the American Optometric Association (AOA) and the Optometric Extension Program (OEP) for decades.¹ He received the Texas Optometric Association Optometrist of the Year award in 1959 and the Beta Sigma Kappa Gold Medal Award in 1966. Because of Lesser's work in OEP, he was once described as "the right-hand man of Dr. A.M. Skeffington."² Another author said that Lesser "ably and devotedly assisted" Skeffington.³ Richard Friedman, who graduated from Northern Illinois College of Optometry in 1939 and set up practice in Texas, said that Lesser was well respected by Texas optometrists and was seen as a mentor to young optometrists such as himself.⁴

In 1933, Lesser published *Fundamentals of Procedure and Analysis in Optometric Examination*. It apparently first appeared in a typewritten version in 1933 with the first published version appearing in 1933 as the second edition (110 pages).⁵ The third edition was published in 1934.

Part One of the second edition described the first 18 numbered tests in the 21 point examination which came to be associated with OEP. In Part II, Lesser presented a sample recording form, the "expecteds," the remainder of the 21 tests, and the OEP case typing and analysis procedure. A review of the book said that it was "simply written" and that it avoided "the 'flowery language' used by Skeffington."² That review also stated that: "Part one...can be understood by the most backward optometrist, and yet, much of interest will be found in part two by the advanced thinker..."²

In my examination of a second edition of the book, I noticed, in addition to the material readily recognized as OEP testing and analysis, a presentation and brief mention of an x,y coordinate graph of accommodation and convergence. Lesser wrote: "The circular pattern in the center of the graph is the zone of comfortable vision in the average case. If the various quantities indicated by the findings and shown in the key to this brain-pattern chart...are plotted on this graph, the innervational problems of the case will at once become obvious." (p. 108) He further noted that: "The application of such charting methods will help the Optometrist to gain a more clear-cut picture as to the neurological problems existing....The writer is full aware of the fact that the application of this chart may be somewhat difficult, yet he offers it here in the hope that its presentation will in some way induce a further study of its applications." (p. 110)

It was in the late 1930s and early 1940s that Fry and Hofstetter were doing work on the application of x,y coordinate plotting of accommodation and convergence to the clinical analysis of test findings that would later frequently be referred to as "graphical analysis."^{6,7} The inclusion of a clinical accommodation and convergence graph in a book devoted to OEP analysis is somewhat surprising in that they were often portrayed as opposing schools of thought. Hofstetter observed that the use of Cartesian coordinates to show accommodation and convergence relationships dates back to Donders and MacGillavry in the mid nineteenth century, but that: "A suggestion that the graph be used by refractionists as a routine clinical aid appears to have been made initially by Lesser in 1933. He included a somewhat unique design in his textbook for practitioners,...but it suffered from inadequate explanation."⁸

Lesser was also the author of numerous editions of *Introduction to Modern Analytical Optometry*, the OEP "little black book," a small booklet designed for easy access to a summary of the OEP 21 point examination procedure and analysis. The editions in the 1930s through the early 1950s contained about 20 to 30 pages. The 1958 edition expanded to 64 pages with the inclusion of the glossary from Leo Manas's book *Visual Analysis*. The 1965, 1969, and 1974 editions included revisions made by Leonard Emery. The last edition to credit Lesser with authorship was the 1974 edition. Because of its wide dissemination over decades of the mid twentieth century, *Introduction to Modern Analytical Optometry* received multiple nominations for one of the most important optometry books of the century.⁹ This booklet was reissued in 1980, 1984, and 1989 editions with the title *The Behavioral Optometry Approach to Lens Prescribing* and with Homer Hendrickson listed as author.

Martin H. Birnbaum (1937-2002)

Martin Birnbaum attended Bucknell University and received his Doctor of Optometry degree in 1959 from Pennsylvania College of Optometry.¹⁰ Birnbaum was in private practice for a number of years, and in the 1960s, he was on the staff of the Optometric Center of New York, where he was head of the Strabismus Studies Laboratory.^{10,11} Then for many years he was a clinical professor at State College of Optometry at State University of New York, where taught subjects related to binocular vision and supervised students in the vision therapy clinic.

Birnbaum published frequently in the *Journal of the American Optometric Association*, *American Journal of Optometry and Physiological Optics*, and *Journal of Behavioral Optometry*. Topics of his publications included various aspects of accommodation, binocular vision, and myopia. He also published a paper on the history of behavioral optometry, citing 125 references and tracing its origins from the studies of Donders and the strabismus orthoptics of Javal.¹²

In a memorial appreciation of Birnbaum, Suchoff¹³ noted that Birnbaum was one of the first optometrists to achieve fellowship in both the American Academy of Optometry and the College of Optometrists in Vision Development. Suchoff described Birnbaum as “the strongest, most rational and convincing advocate of behavioral optometry I have known,” and observed that even though Birnbaum was concerned that optometry’s move into disease treatment was resulting in a de-emphasis of vision therapy, he studied for and passed the testing requirements for therapeutic pharmaceutical agent privileges.

Birnbaum’s forceful advocacy for the importance of optometry retaining its expertise in visual function can be seen in his writings. For example, he wrote: “As an optometrist whose growth over the years has been towards a greater understanding of visual function, and of how disorders of visual function adversely impact human behavior and achievement, I feel increasingly marginalized in a profession that has chosen instead to emphasize ocular disease....I am concerned that optometry is not living up to its responsibility to provide adequate care so that children particularly, and adults as well, can achieve up to their potential....As a consequence of education and continuing education that emphasize ocular disease and trivialize vision, the public is badly underserved in those areas of optometric care that impact most on school achievement and vocational performance.”¹⁴

Birnbaum amplified these points in a guest editorial in the *Journal of the American Optometric Association*. He wrote: “It is a source of serious concern...that as the scope of optometric knowledge and practice has expanded, so many colleagues have neglected to provide functional and behavioral vision care at a level consistent with today’s standard’s. As a consequence, large numbers of patients struggle with untreated vision disorders that cause discomfort, school failure, and inefficiency in the workplace....In the rush to increase optometric responsibilities to detect and treat ocular disease, the importance of functional, behavioral vision care is frequently trivialized. A colleague of mine once commented, ‘There is no way you can convince me that an accommodative problem is as important as a retinal tear!’ In my view, to argue over which is more important is to miss the point. Each anomaly is important, but on differing scales. An accommodative or vergence disorder poses little risk to sight or life, but may have major impact on an individual’s educational and vocational choices and achievements. A unilateral retinal tear, in contrast, poses significant danger to eye health, but is less likely to have major effect on an individual’s life achievement.”¹⁵ In closing the editorial, Birnbaum mentioned various possible reasons to explain why functional vision problems have been trivialized, but he argued that ultimately individual

practitioners must continue to update and expand their knowledge of functional vision and seek to offer the best vision care possible.¹⁵

Birnbaum's 416 page book *Optometric Management of Nearpoint Vision Disorders* was published by Butterworth-Heinemann in 1993. The first of four parts dealt with models of nearpoint stress. Birnbaum discussed relation of vergence findings to nearpoint vision problems, Skeffington theories of nearpoint stress, theories of the relation of myopia to near work, and potential relations of posture to vision problems. In Part II, Birnbaum covered case analysis and nearpoint lens prescribing. Here there was a review of literature on graphical analysis, fixation disparity, OEP analysis, and effects of plus lens adds on myopia progression. In this part, Birnbaum also presented some of his own views on prescribing nearpoint plus lenses using phoria, negative relative accommodation, and positive relative accommodation findings and dynamic retinoscopy.

Part III covered various visual skills tests and examined some of the literature on the relation of vision and learning. Among the tests considered in this part of the book were eye movement tests, accommodative facility, near point of convergence, stereopsis, and testing in stereoscopes. Topics in Part IV were models, general principles, procedures, and effectiveness of vision therapy for non-strabismic vision problems.

One review of the book judged it "a very thoughtful, comprehensive and generally successful test which analyses the various theories and clinical approaches for optometric management of vision problems related to near visual task demands."¹⁶ Another reviewer said that the "extensive list of references" for each chapter "combined with the author's obvious knowledge and understanding of the area of nearpoint disorders make this detailed and comprehensive book a useful addition to any optometrist's library."¹⁷ His book was one of forty receiving multiple nominations for the most important optometry books of the twentieth century.⁹

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William Cain Ruffin, M.D., and Some History of the Ruffin Family as it Pertains to the American Civil War

Jay M. Enoch, O.D., Ph.D.

Professor of the Graduate School, Dean emeritus, School of Optometry, University of California, Berkeley, CA 94720-2020; Home: 5537 106th Avenue NE, Kirkland, WA 98033-7413; jmenoch@berkeley.edu

Abstract

In the late 1970s, Prof. Herbert (“Herb”) Kaufman, M.D., a fine Harvard-trained ophthalmologist who had both developed and chaired the Department of Ophthalmology, College of Medicine, University of Florida. Gainesville, FL, chose to resign his appointment there. Prof. Kaufman had accepted the Chair in Ophthalmology at Louisiana State U. in New Orleans. The writer was a member of the Department of Ophthalmology faculty in Gainesville, FL, at the time. Following Herb Kaufman’s resignation, Professor William Cain Ruffin, M.D., a psychiatrist with academic credentials, was assigned to serve as the Interim Chairman of the Department of Ophthalmology at Gainesville for a few years by the then Dean of the Medical School at the U. of Florida. This paper addresses some interesting facts regarding Prof./Dr. Ruffin and his family history, particularly as that history relates to the American Civil War.

Introduction

After completing his residency training in ophthalmology at Harvard, Prof. Herbert (“Herb”) Kaufman was recruited to found the Department of Ophthalmology at the then relatively new Medical School of the University of Florida at Gainesville. Kaufman also played a major role in the modern development of the Association for Research in Vision and Ophthalmology (ARVO). He is indeed an outstanding ophthalmic surgeon and physician! During my years in Gainesville, in addition to my research and lectures, and serving as Head of the Campus Vision Research Group, I served in the Eye Clinic. In the latter role, among my other patients, I provided visual corrections for many members of Herb Kaufman’s very unique and often complex group of patients. That population was comprised mainly of individuals with problems associated with the anterior segment of one or both eyes. Kaufman was particularly well-known for his development of a medical treatment regimen for the Herpes simplex virus. This was truly a major breakthrough, as it proved to be an effective for this, a viral disease!

Some period of time later, Prof. Kaufman decided to leave Gainesville, FL. That is, “Herb” had accepted another academic post in New Orleans, LA. This occurred towards the end of the 1970s. As a result, there was a rather lengthy period of time with an interim chair of the Department of Ophthalmology at Gainesville. Professor William Cain Ruffin, M.D., a psychiatrist, was assigned to serve as the Interim Chairman of the Department of Ophthalmology. Dr. Ruffin has a fine sense of humor and with some visitors, he would sometimes adopt the role of “hayseed,” which he certainly was not! On one occasion, I remember hosting an *ad hoc* National Eye Institute, Study Section in Gainesville, which had assembled there to review a proposed NEI/NIH grant application

of mine. Dr. Ruffin came into the room, and literally went around the room seeking graciously to welcome each member of this Sub-Committee. He used the local North Florida vernacular, "Hey, Dr. Reinecke," "Hey, Dr. Riggs," "Hey, Dr. X," etc. Clearly these fine scientists did not quite know what to make of this introductory event. So saying, I am pleased to note, I received the grant award!

Prof./Dr. Ruffin managed to perform this none-too-easy role with some skill! A successor to Prof. Kaufman was sought, and finally, after a period of some time, an established senior ophthalmologist at the University of Florida at Gainesville, Prof. Melvin Rubin, M.D., was selected. It is not my intent here to write a history of this interregal period in Gainesville. In candor, it was not the best of times. On the one hand, the Dean of the Medical School and Dr. Ruffin sought to hold together the very fine Department of Ophthalmology which Prof. Kaufman had assembled; on the other hand, slowly, but surely, during the interim period, most all of this fine faculty dispersed.

Rather, here I will call the reader's attention to an interesting history of one member of the Ruffin family, a true forebear of Professor Ruffin. This gentleman's story seemed quite amazing indeed when we first heard this tale from him. In all truth, it was difficult to believe that story, but we later learned that the stated facts were quite true! These facts and more were verified both in the fine PBS Civil War series of television programs and in related literature since seen/read by the writer.

The First Shots Fired in the Civil War

There seems to be some competition (at least in existing print sources) as to who might have fired the first shot(s) of the American Civil War.¹⁻⁵ It is not quite clear as to exactly when "The Civil War," or "The War Between the States," actually started. In a substantial sense, the conflagration really started with the Confederate attack on Fort Sumter. Even so, earlier, on May 24, 1861, "the day after voters ratified the Virginia's State Convention's decision to secede from the Union, Col. Elmer E. Ellsworth and his troops crossed the Potomac River and (this author's clarification) they entered Alexandria, VA, to assist in the occupation of the City."¹ Apparently, by then, a large, non-standard, 8' by 14' flag had already been flying in Alexandria, VA for some weeks. By using a telescope, that flag was clearly visible from the White House.¹

Col. Elmer E. Ellsworth of New York State was a good friend of President Abraham Lincoln; he was then staying as a guest at the White House. Earlier, he had served as a clerk for Lincoln in Springfield, IL. Apparently, Col. Ellsworth and his troops crossed the Potomac River to Alexandria, VA, for the purpose of removing this large flag! There, it was flying from an inn called the Marshall House. Col. Ellsworth was killed at that site during the ensuing brief military encounter.¹ Apparently, this was/may have been the first death to be attributed to the then brewing Civil War.

A photograph of Col. Elmer E. Ellsworth, dated about 1860, was included in a special exhibit on this gentleman which recently (2011) was presented at the National Archives in Washington, DC. The Smithsonian Magazine¹ notes that upon learning of

the death of his friend Col. Ellsworth, President Lincoln was quoted as saying, "My boy! My boy! Was it necessary that this sacrifice should be made?"

The First Shots Fired at Fort Sumter

Separately, there seems to be little doubt as to who fired the first cannon at Fort Sumter. Apparently, it was none other than a true forebear of Prof. Ruffin, Volunteer Ensign Edmund Ruffin of the Palmetto Guard of South Carolina (see page 268 in reference 3). We were told this story with great pride by his descendant! This information was later confirmed in the TV productions addressing the "Civil War," presented on Public Television.

Separately, earlier, the very same Edmund Ruffin, an ardent secessionist, had been a witness to the hanging of John Brown.⁵ Because Edmund Ruffin ("who might almost be called the father of secession"³) was considered to be the leader of the South Carolina Militia, he was given the opportunity to fire the first cannon at Fort Sumter, that is, against the Union Fortifications (see reference 5 and page in reference 3). This action is now considered to be the "first shot" of the actual Civil War.

It may be noted that on page 261 of reference 3, there is mention of another cannon being fired just before this one, but apparently it was fired by a mortar as "a signal" that firing by Confederate soldiers should begin. Not mentioned in these references, after this event, Edmund Ruffin was carried from the battlefield upon the shoulders of his then cheering men. Apparently, the ensuing cannon and mortar barrage against Fort Sumter (from a number of sites) was very heavy and protracted.

As the Civil War drew to a close some years later, in 1865, the very same Edmund Ruffin was so distraught upon hearing the news of the surrender by General Robert E. Lee of the Confederate Army to General Ulysses S. Grant at Appomattox Court House (negotiated on April 9, 1865; the formal surrender occurred on April 12, 1865), that he shortly thereafter committed suicide on April 17, 1865! Ruffin was quoted as stating the following in conjunction with his action, which succeeded on his second try: "I declare my unmitigated hatred of the malignant, perfidious, and vile Yankee race"⁵ Once again this suicide was confirmed in the "Civil War" TV series on Public Television.

Thus, our temporary Chair of Ophthalmology at the University of Florida, Gainesville, that is, after Prof. Kaufman's resignation, was indeed a true son of the American South, and he was a member of a family which had been consequential during the War Between the States/the American Civil War.

Acknowledgements

This paper is being presented at the 2012 meeting of the Cogan Ophthalmic History Society.

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Miscellany

Identification and/or Information Needed

Linda Draper, Heritage Services Specialist, at the Archives and Museum of Optometry, located at the American Optometric Association headquarters in St. Louis, wrote to ask the following: "Recently we received this wonderful old set; it appears to be a small do-it-yourself trial frame with 11 lenses. It's crude and very rusty and needs cleaning up, but it's an interesting early example of the type. I know practically nothing about it and would welcome some help. Wrapped around the little lenses was a printed brochure from the company, unfortunately it is in horrible shape, crumpled, torn, missing parts, fragile and full of rust. I was able to make out the company name: Nu-Sight Spectacle Company, on West Jackson Blvd. in Chicago. That's all I was able to read, and I've not been able to find out any further information about the company or the little device. Anyone who can add to our information is encouraged to contact the Archives & Museum of Optometry."



Letter to the Editor

Dr. John Schoen, of Owatonna, MN, wrote the following: "Thank you for the article on Northern Illinois College of Optometry and the people who made it up.

"Particularly, the bit on Carl Shepard.

"Did you know that one point, late in his career, he attracted national attention, such as a lengthy article in TIME, for denigrating the Snellen chart? He devised a method of assessing acuity which corrected the faults of Snellen. I do not remember the formula, but it was based on solid science.

"Carl taught my class at N.I.C. He often diverged to tell of his experiences. One that I remember was how when he established practice in Hannibal, his father's cronies

found his waiting room ideal for their kaffee klatsches. That wasn't good P.R. for the young doctor, so Carl told how he sawed off 3/8 of an inch from the front legs of the chairs in his reception area. In just a couple days the "cronies" looked for and found a better place to meet, whereupon Carl sawed off 3/8 of an inch from the back legs. Mission accomplished!

"I want to thank you for your work on behalf of optometric history. I'm 93 and find most of the Journal fascinating. Thanks."

We appreciate this note from Dr. Schoen who is a long time member of OHS. His name can be found in a membership list as early as 1975.¹ He has had a long record of service to optometry, including being First Deputy Secretary of the American Academy of Optometry from 1966 to 1974 and Secretary-Treasurer of the Academy from 1974 to 1982.²

References

1. Directory of current members. Newsletter Optom Hist Soc 1975;6:29-35.
2. Gregg JR. History of the American Academy of Optometry 1922-1986. Washington, DC: American Academy of Optometry, 1987:181-182.

Optometric Historical Society Membership Application

Membership in the Optometric Historical Society (OHS) is open to anyone interested in the history of optometry, spectacles, vision science, or related topics. Membership includes a subscription to *Hindsight: Journal of Optometry History*.

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Members of the Board of Directors of Optometry's Cares™ – The AOA Foundation and the Optometric Historical Society (OHS) have signed a Memorandum of Understanding that places OHS under the auspices of The AOA Foundation. For more information about The AOA Foundation and the Optometric Historical Society, please visit www.optometryscharity.org and www.opt.indiana.edu/ohs/optohiso.html.