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NEWSLETTER
OF THE

OPTOMETRIC HISTORICAL SOCIETY

(243 North Lindbergh Boulevard, Saint Louis, Missouri, U.S.A. 63141)

INDIANA UNIVERSITY

Volume 10

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Number 4

A decade of historical notes:

This issue completes ten years of this newsletter, a total of 40 numbers. To give the full set an added value all 40 issues have been indexed together. The index is a supplement to this issue.

History is international:

While new O.H.S. members are always very special to us, the two newest ones are especially special, from lands very far apart. One is the Israel Opticians and Optometrists Association, P.O.B. 2826, Tel Aviv, Israel, and the other is Roy Brown, O.D., President of the Canadian Association of Optometrists, P.O. Box 190, Virden, Manitoba ROM 2C0, Canada.

Those fascinating irides:

The iris is fascinating not only because its plural is irides (rhymes with eye-lid-ease) and because it derives from the Greek word meaning rainbow, but also because it functions in a manner that challenges physiologists, anatomists, photometrists, artists, and poets alike, to name a few. But more.

Almost exactly a century ago, in 1880 or 1881, a Hungarian physician, Dr. Ignatz von Peczely, born either in 1822 or 1826, and died in 1911, published what may have been his only book, an alleged method of diagnosis of bodily ills and defects by examination of the patient's iris and comparison with a detailed chart of the iris. Each section of the iris was said to correlate with an organ, a component or region of the body, or a function. The methodology has been variously called "irisdiagnosis", "iridiagnosis", "iridodiagnosis", "iridology", and "diagnosis from the eye" by subsequent authors and practitioners of the cult, almost all of whom identify Dr. Peczely as the "discoverer".

The practice appears to have been introduced to the English speaking world by Henry Edward Lane in a book entitled "Diagnosis From the Eye" published simultaneously in Chicago by Kosmos Publishing Co. and in London by L. N. Fowler & Co. in 1904. A subsequent author and long time proponent of the art, J. Haskel Kritzer, M.D., whose fifth edition of "Text-book of Iridiagnosis" was published by the author in 1924 in Los Angeles, according to a sticker insert, but printed in Chicago and copyrighted in 1921, and

whose seventh edition was published in Los Angeles in 1948 by the Kritzer Educational Foundation, credited the introduction of the system into the U.S. to Henry E. Lahn, M.D., whose book had the same title and date as that of Henry Edward Lane. Kritzer also states that Henry Lindlahr, M.D., Lahn's pupil, published the book "Iridiagnosis" in 1917. The sixth edition of Lindlahr's book was published by the Lindlahr Publishing Co, Chicago, in 1924.

In 1916 a two volume book by Nils Liljequist, a homeopathic physician in Stockholm, entitled "The Diagnosis from the Eye" and translated by J. D. Larson, was published by the Iridology Publishing Company in Rockford, Illinois. The translator called Liljequist the "Discoverer of the Diagnosis from the Eye", but Liljequist himself, in words presumably translated by Larson, credited the discovery to Peczely!

In 1962 and in 1968 Theodore Kriege published the first and second editions, respectively, of his "Fundamental Basis of Irisdiagnosis" in German, the second edition of which was translated into English and published in London by L. N. Fowler and Co. in 1969, with a revised edition in 1975. Kriege's book lists 14 other authors of iridodiagnosis publications and a periodical Griskorrespondenz for the years 1931-37, all in German.

Why do I bother to mention all of these details, the credibility of much of which I cannot vouch for even though I derived it from printed pages?

I do so merely because it is ophthalmic history, apparently not involving optometrists themselves but certainly brought to individual optometrists' attention quite perennially. I recall somewhat excruciatingly having attended a dinner meeting in Los Angeles in about 1950 at which Dr. Kritzer spoke. Using Dr. Kritzer's colorful chart of the iris my dinner companion diagnosed me as having a defective organ which has yet to give me any trouble.

I conclude that all of this may well be evidence for the mythical assertion that there is a pot of gold at the end of the rainbow.

A time for culture:

The reproduction at the right is from a report of the AOA (then the American Association of Opticians) convention of 1908 in Philadelphia which appeared in the August 20 issue of The Optical Journal, Vol. 22, no. 8, p. 348.

WEDNESDAY, AUG. 12, 2.30 P. M.
SPECIAL PROGRAM, EGYPTIAN HALL, JOHN
WANAMAKER'S.

Mr. William Bourke Sullivan, Bassocantante; Miss Rhea Silberstein, Pianist; Dr. J. Lewis Browne, Organist.

1. Organ—Introduction to Act. III and Bridal Chorus "Lohengrin," (Wagner), Dr. Browne.

2. Songs with Piano—(a) "Thy Beaming Eyes" (MacDowell), (b) "Had a Horse" (Korby), Miss Silberstein.

3. Concerto for Piano in C minor, Op. 37 (Beethoven), Allegro con trio, Miss Silberstein; (orchestra score in reduction for organ).

4. Song with Piano—"This Earth Were Heaven" (Browne), new; first time.

5. (a) Gavotte from "Mignon" (Thomas); (b) Intermezzo Gentile (new), (Browne), Dr. Browne.

6. Motion Pictures—(a) "Atlantic Voyage"; (b) "Paul Revere."

Fundus photography history:

Librarian R. Hurtes wrote the 22 page chapter entitled "Evolution of Ophthalmic Photography" in the Summer 1976 issue of International Ophthalmology Clinics, Vol. 16, no. 2. This issue is entitled OPHTHALMIC PHOTOGRAPHY and is edited by Johnny Justice, Jr., as a hard cover book. The author describes early attempts to record fundus appearances by the artistic painting of ophthalmoscopic observations on canvas and identifies a 1907 publication by Dimmer as the first textbook of fundus photographs. The first human fundus photograph is said to have been made by Jackman and Webster in 1886. Fifty nine references are listed.

The expansion of the art is clearly evidenced by the founding of the Ophthalmic Photographers' Society in 1969 with a current membership in excess of 250 members.

A letter from Damien Smith:

In the July 1979 (Vol. 10, No. 3) issue of the Newsletter of the Optometric Historical Society, you referred (page 54) to a Layland article in the Australian Journal of Optometry which mentioned the AOA and the BMA. You asked the origin of the "B".

BMA was, and still is, the British Medical Association. Around 1879, medical practitioners in the various States of Australia constituted themselves as Branches of the British Medical Association, coming together to form a Federal Council of the BMA in Australia. It was not until 1962 that an autonomous Australian Medical Association, with State Branches, was formed. Consequently, the body representing organised medicine in Australia, and with whom organised optometry (Australian Optometrical Association, established 1918) fought, was the British Medical Association.

The formation of the BMA in Australia was from circumstances not different to those from which most professional associations have emerged. For instance, in Victoria, a Port Phillip Medical Association was formed in 1846, to become the Victorian Medical Association in 1852 and the Medical Society of Victoria in 1861. A statute to control medical practice was passed in 1856. In the early 1870's a handful of medical practitioners became disgruntled with the Medical Society of Victoria over such issues as - "quackery" by medical practitioners licensed through a grandfather clause in the 1856 statute, advertising of miracle cures by prominent members of the Society and disputes over the editorship of a local medical journal. One of the dissidents travelled to London and returned with a written message from the President of BMA inviting the establishment of Australian Branches of BMA. This proved timely as there was a growing realisation of 'scientific medicine' and the need for international links. Thus, in 1879 the medical profession in the various States of Australia came together as branches of the BMA, and to remain so constituted for over 80 years.

While this explanation may not excite you, it will prove that the newsletter not only reaches the antipodes, but is actually read. My congratulations on a fine newsletter.

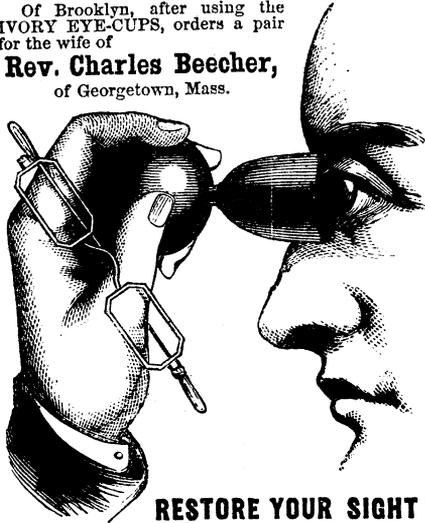
Damien P. Smith, Executive Director
Australian Optometrical Association

Three 1867 advertisements:

Mrs. Rev. Henry Ward Beecher,

Of Brooklyn, after using the
IVORY EYE-CUPS, orders a pair
for the wife of

Rev. Charles Beecher,
of Georgetown, Mass.



RESTORE YOUR SIGHT!

SPECTACLES AND SURGICAL OPERATIONS
RENDERED USELESS. THE INESTIMABLE
BLESSING OF SIGHT IS MADE PERPETUAL
BY THE USE OF THE NEW PATENT IMPROVED
IVORY EYE CUPS.

Many of our most eminent *Physicians, Oculists, Students, and Divines* have had their Sight restored and permanently cured of:

1. IMPAIRED VISION.
2. PRESBYOPIA; or, Far Sightedness.
3. ASTHENOPIA; or, Weak Eyes.
4. EPIPHORA—Running or Watery Eyes.
5. SORE EYES.
6. WEAKNESS OF THE RETINA, or Optic Nerve.
7. OPIHthalmia; or, Inflammation of the Eye.
8. PHOTOPHOBIA; or, Intolerance of Light.
9. PTOTIS; or, Falling of the Eyelids.
10. MYODESOPHA, moving specks before the Eyes.
11. AMAUROSIS; or, Obscurity of Vision.
12. CATARACTS, and Worst Disorders of the Eye.

ANY ONE can use the IVORY EYE-CUPS without the aid of DOCTOR or MEDICINE so as to receive *immediate beneficial results, and never wear spectacles*; or, if using now, to *lay them aside forever*. Over 5000 certificates of cases where a cure was previously guaranteed, may be seen at our office. We *guarantee* a cure in every case where the directions are followed, or we will *refund the money*. For sale by Druggists and Oculists. To receive our TREATISE ON THE EYE by return mail free, send your full address to

Dr. J. BALL & CO.,
Box 701, P. O. 128 Nassau St., New York.
For the worst cases of MYOPIA, or NEAR-SIGHTEDNESS, use our NEW MYOPIIC ATTACHMENTS, easily adjusted and applied to the Ivory Eye-Cups. Send for a Pamphlet.

STEREOPTICONS AND MAGIC LANTERNS,

With the latest improvements and best lenses, suitable for Schools, Public Exhibitions, and Parlor Entertainments. Priced catalogue, with list of over 2000 artistically colored Photographic Views, sent free by Mail. T. H. McALLISTER, Optician, 49 Nassau St., N. Y.



OLD EYES MADE
NEW *easily* and without doctor or medicines. Sent postpaid on receipt of 10 cents.
Dr. E. B. FOOTE,
1130 Broadway, N. Y.

The above three advertisements appeared among several others on a tearsheet said to have been removed "from an 1867 Harper's Monthly Magazine."

An interview with Dr. Chester Irion:

(The following is a December 1978 report by Paul Piekarczyk, O.D., a 1979 graduate of the Indiana University School of Optometry)

The main part of this report deals roughly with the years 1910-1935 in Dr. Irion's life. He was born in August of 1903 in Louisville, Kentucky. He now is retired and resides in Clarksville, Indiana.

It is said optometry started in the jewelry store. Dr. Irion is living proof of that statement. He first began practicing in 1925 in Jeffersonville and stayed in this city until the great depression of 1929. He practiced in a separate room in a jewelry store owned by his father, who was a combination jeweler, watch repairer, and diamond setter. His office, so to speak, consisted of a single room measuring about 8 by 15 feet (2.5 x 4.5 m) and the only access to it was through the jewelry store itself.

To say he practiced only optometry from 1925-1929 would be misleading. Rather, ninety-five percent of his working time was spent dealing with the jewelry business where he waited on customers, sold jewelry, and repaired watches. He himself admits to being a fairly good watch repairer. The main reason for spending such a small amount of time on optometry was the number of patients he had. If he saw one to two patients per day he considered himself lucky. At this time there was also another optometrist, Will J. Morris, and an eye, ear, nose, and throat specialist in the town. In 1930 he moved and opened an office in Corydon, Indiana. From then on it was to be strictly optometry. His practice became successful in this city and he found he could make more money as a full-time optometrist than as a part-time jeweler. He was the only vision care person in all of Corydon.

In Dr. Irion's first ten years of practice he very seldom examined a child. Vision care for school children as a definite goal was simply non-existent. In his grade school days he could not recall any of his fellow classmates wearing glasses and in high school only a few wore them. It was unheard of for a grade school to have the vision of its students tested. In his wife's 1921 high school graduation yearbook only five out of ninety-five students had glasses on. In the 1910's and 1920's glasses were primarily for adults. Around 1935 he first started seeing a few children. Before the mid-thirties his patients were about half men and half women, whose ages usually ranged between 40 to 70 and whose visual errors were mainly presbyopia and a few with myopia.

Today of course optometrists have a wide variety of frames for one to choose from. When Dr. Irion first began the opposite was true. Selection and color choice was quite limited. Eight out of ten of his patients ended up before 1929 with a 40 mm completely round saddle bridge lens with a black shell metal rim around it. Another popular type was a templeless pair of glasses which had a spring device in the bridge which clamped onto the nose. He recalls that "they were like hell to adjust but surprisingly would stay on a person even if he ran." The entire cost for glasses ranged from eight to twelve dollars with bifocals costing about fifteen dollars.

Some cost eighteen dollars but these were considered to be very expensive. Yet, in general, glasses were considered as an expensive item and this discouraged some people from obtaining them. Also, generally speaking, people didn't want to wear glasses and shied away from them unless they really needed them.

Indiana required in 1922 nine months of specialized schooling to become an optometrist. At the same time right across the border in Kentucky only three months were required. In the Fall of 1922 Dr. Irion first started at Northern Illinois College of Optometry. It was located in a building at State and Randolph in Chicago, across the street from Marshall Fields, and consisted of from four to six rooms on the seventh floor. There were forty other students attending while he was there. Although he can't recall the tuition cost because his father took care of it, he does remember that he roomed in Chicago for five dollars a month. Acceptance to "Illinois" was no problem and in fact was rather easy. There never was a question of being accepted. But a high school diploma was required. The college was not highly structured in that Dr. Irion would go to school for a few months, come home for a few months, and repeat this cycle. He was in no rush to graduate because a person had to be twenty-one to take the state board tests.

The concept of pure professionalism in Optometry can provide a good lesson from some events in Dr. Irion's early life. In New Albany, Indiana, there was a woman optometrist by the name of Nellie Connors. She was practicing strictly optometry in a very professional manner in a separate office with no ties whatsoever to the jewelry business during the 1910's when Dr. Irion was in grade school and high school. He recalls she had a large number of patients, and he has a very high regard for her to this day. She died in 1946 or 1947. The most important fact was that even though she was a woman and an optometrist she was strictly referred to as Doctor Connors and not Miss Connors.

When Dr. Irion first practiced in his father's jewelry shop he was referred to as Mr. Irion. But once he began his office in Corydon in 1930 exclusively as an optometrist he was referred to as Doctor. The conclusion stands out that if a person expects to be called a health professional he must act like one. Words alone won't do it.

During his first ten years of practice Dr. Irion recalls that the difference between optometry and the medical profession was great. The word ophthalmologist was not used but rather eye, ear, nose, and throat specialist (E.E.N.T. specialist). M.D.'s would have very little to do with an optometrist and didn't like optometry at all. In general the medical profession wanted to create with the public the idea that an optometrist was not the person to go to in any way, shape, or form for an eye problem because he wasn't qualified to detect eye diseases. They didn't want to make optometry a part of their profession but instead wanted to limit it. Most M.D.'s sent a patient who needed eye care to an E.E.N.T. specialist with very few referrals to an optometrist. The E.E.N.T.

doctor would say the optometrist was not qualified. Yet Dr. Irion is quick to point out that at that time any M.D. could set himself up as an E.E.N.T. practitioner with little or no extra training.

Dr. Irion's office in 1935 when he opened a part-time practice in New Albany was across the street from a Dr. Edwards, an E.E.N.T. specialist. Socially he was on fairly friendly terms with Dr. Edwards and visited him occasionally. But their talk was never on a professional basis, strictly social. Any patients Dr. Irion referred to Dr. Edwards he seldom got back. Dr. Edwards considered him as a rival. But Dr. Irion did have some good friends who were general medical practitioners who sent him patients.

When he first started out, one big name in Indiana Optometry was Jim Hammond of Vincennes. He was highly regarded throughout the state and was a brilliant optometrist. Whatever Dr. Hammond said most Indiana Optometrists believed. A couple of other old timers were Dr. Wolfe from Franklin and Dr. Grubs from Frankfort.

Throughout his beginning years in practice the newspaper was considered as a good means of advertising. He and other optometrists would place ads in the newspaper. No one thought anything about it. It was just normal. His ad was in the form of a business card stating his name, address, and the word "Optometrist." Most other optometrists did it this way also. Dr. Irion remembers that around 1935 or so the A.O.A. first started frowning on newspaper advertising. Also, during this time he heard very little if any talk about charging a separate examination fee plus a separate charge for the glasses themselves. The patient was charged just one lump sum which covered everything. Around 1940 he first started charging a separate fee for his exam.

Dr. Irion attended the 1925 A.O.A. convention in Louisville. Since 1925 he has been very active in the Indiana state and local Optometric associations especially. In 1968, due to an eye disorder, he was forced to give up his practice for good. He is now retired.

For "four eyes" or "fore eyes":

In the September 30, 1978, issue of the Ophthalmic Optician there appeared an advertisement with the slogan "They used to call him four eyes", accompanying a picture of a young spectacle wearer. According to a letter to the editor from Brian D. Scott of Glasgow, Scotland, in the January 20, 1979, issue, Vol. 19, no. 2, p. 42, the expression should have been "fore eyes" rather than "four eyes". He explains that, "This is an expression which is usually spoken and not written, the result of which is a misinterpretation of the expression." He adds:

"Having researched various languages for the equivalent of our term 'spectacles' I finally discovered that the Italian 'anti-oculari' means 'before the eyes'; so this is what the expression 'four eyes' really means"

/or did he really mean "fore eyes"?

A few weeks later, in the April 28 issue, no. 9, p. 317, his brother Thomas Scott of Burnley, England, added a further letter to the possible origin of the term "four eyes" /or did he too really mean to write "fore eyes"? as follows:

"As a keen student of golf history, it may be of interest to mention the case of a Mr. Angus Spooone of Lundin Links Golf Course, Fife /Scotland, who was notoriously myopic. In the early eighteenth century, his fellow club members, for their own protection, devised the warning cry 'Fore eyes' whenever Mr. Spooone prepared to drive."

Now, both Scotts are presumably Scots, and seemingly well versed in Scottish lexicography, but their suggestions are not supported in Oxford and Webster editions. The Oxford English Dictionary lists "four eyes", but not "fore eyes", and cites an 1874 Slang Dictionary, "Four eyes. A man or woman who habitually wears spectacles." Webster's Third International Dictionary lists "four-eyes", but not "fore eyes", with the definition, "A person who wears glasses".

Eric Partridge, in his Dictionary of Slang and Unconventional English, lists "four-eyes", but not "fore eyes", as "A bespectacled person: uncultured colloquialism from circa 1870", citing J. C. Hotten, the Slang Dictionary, 5th edition.

Obviously this is an instance when hindsight has not proven to be much better than foresight.

A half century of BVI:

"A Pictorial History of the Better Vision Institute" is the title of a 12 page 8½" by 11" (21.5 x 28 cm) brochure celebrating the 50th anniversary of the B.V.I. Illustrated celebrities who have helped disseminate B.V.I. messages include Helen Keller, Amelia Earhart, Jessica Dragonette, Floyd Gibbons, Emily Post, Hoagy Carmichael, Dave Garroway, Bill Stern, Eric Sevareid, Steve Allen, Billie Jean King, Bob Hope, and Muhammed Ali. Early photos of Boards of Directors show many leaders in the ophthalmic field.

William Lester Cheatham, Jr., O.D. 1913-1979:

(The following was submitted by Professor Chester H. Pheiffer, O.D., Ph.D., of the University of Houston)

The Mayor of Tomball, Texas, W. L. Cheatham, Jr. died Thursday, February 15, 1979 in the Tomball Community Hospital. Mayor Cheatham had served on the Tomball City Council for four years and had been mayor for three years. He also served on the Tomball School Board, was a member and past president of the Tomball Rotary Club, a member of the Arabia Shrine Temple, Houston, a member of the Reagan Masonic Lodge and the Tomball Masonic Lodge. Mayor Cheatham had practiced optometry in Tomball for 23 years. In 1973, he was honored by the Harris County Optometric Society as the Optometrist of the Decade.

Dr. Cheatham is considered to be a co-founder, with Dr. Bernard Mazow, of the University of Houston College of Optometry.

Dr. Cheatham, a graduate of Southern College of Optometry, class of 1936, went into practice with his father on the eighth floor of the Shell Building on the corner of Fannin and Texas in downtown Houston in July, 1937. Dr. Cheatham's delay in entering practice resulted from having failed his first attempt at the state board. He returned to Southern College of Optometry until the next board meeting. It is interesting to note that thirteen candidates took the state board when Dr. Cheatham made his first attempt. Taking the board were graduates from Columbia, Massachusetts, Northern Illinois, Ohio State, and Southern College. According to Dr. Cheatham, "and that state board only one man passed. This man was not a graduate of an optometry college. He was taking the examination under what was then the apprentice rule," where you could work in an optometrist's office for two years and then take the board. "So all of the college men failed and the one apprentice passed."*

Practicing on the second floor of the Shell building was a Dr. Bernard Mazow, a graduate of Columbia University. It is intriguing to note that both Drs. Cheatham and Mazow succumbed to cancer. Both served as faculty during the early days of the University of Houston College of Optometry. Dr. Mazow was one of the outstanding contact lens practitioners in the world at that time. He contributed greatly to the contact lens program. During the latter part of the 1950's, Dr. Mazow let it be known that he intended to practice in the place where he intended to retire. He knew that he had leukemia, but kept the information from his family, which knew that he had leukemia, but kept the information from him. So, (ca. 1961) he moved his family to Coral Gables, Florida.

As was to be expected, Drs. Cheatham and Mazow, being in the same building, were back and forth between each other's offices frequently discussing cases and sharing ideas. Dr. Mazow was quite interested in starting a college of optometry in this part of the country. Even though no one paid much attention to him, he continued to explore every angle he could. One day he ran into Dr. Cheatham's office exclaiming that he had just made a good contact. He had a patient who was a mathematics professor at the University of Houston, a Professor Howard Daniels. Dr. Mazow apprised Dr. Daniels how good it would be if they could start a college of Optometry at the University of Houston, and Dr. Daniels agreed that it was a good idea and agreed to look into it from the University's point of view and report back to Dr. Mazow. Approximately a week later, Dr. Mazow again ran into Dr. Cheatham's office stating that he had met with Professor Daniels, who had talked with the President of the University, Dr. W.W. Kemmerer. Dr. Kemmerer had stated that he would be most happy to look into it, that the University of Houston was organized to help people and to broaden learning. And, if the College of Optometry would help enough students, they would be willing to look into it. Arrangements were then made for Drs. Mazow and Cheatham to have an interview with Dr. Kemmerer. They found Dr. Kemmerer to be most interested, enthusiastic and very cordial. He had an assistant who was primarily a money raiser who sat in on the meeting and who immediately began to see dollars that he could raise from optometrists and other interested people to help start the college. During the meeting, Kemmerer

proceeded to set forth a series of guidelines of things which Cheatham and Mazow would have to do and bring back to him before they could proceed any further. Their discussion apparently encompassed the various optometric organizations in that Kemmerer asked them to determine whether the Harris County Optometric Society was agreeable and was willing to lend all possible help. They were also to obtain the approval of the Texas Optometric Association. If both HCOS and TOA were interested, then the proper backing of the AOA was to be obtained. As president of the Harris County Society, Cheatham obtained its approval and pledge of support rather quickly. Being a second vice-president of the TOA, he called all of the board members prior to the next board meeting and was able to obtain quick approval at the meeting for the proposed college. They then reported back to Kemmerer.

Kemmerer then arranged for a meeting with the deans and department chairpersons to determine whether there was any objection to the establishment of a college of optometry or whether there was any interest. If there was interest, they were to determine which departments might supply teaching personnel for courses such as geometrical optics. Professor Daniels was very helpful to them in this meeting as he had been in previous meetings and would continue to be until the program was established. Professor Daniels was an outstanding individual and Texas optometry as well as the University of Houston were deeply grieved when he and his family were killed in an automobile accident between Houston and Dallas (ca. 1962). With Daniels' help, Mazow and Cheatham came away from the meeting with the approval of the department heads. The issue of the new school was now ready for presentation to the Board of Regents.

It was anticipated that there might be some difficulty obtaining approval by the Board of Regents in that there was an ophthalmologist on the Board. Dr. Cheatham commented on the problem as follows, "One of the Regents was an ophthalmologist that was probably one of the worst enemies that optometry ever had. She was the type that attended every Board of Regents meeting and voiced her opinion on all the subjects. We knew that this would be a hurdle. An interesting thing to me and to our group at the time was that even though there was practically no rapport between ophthalmologists and optometrists in Houston, on an organized basis, there were some personal friendships. My father had been a friend of a very well known and respected ophthalmologist, Dr. E. L. Gore. Dr. Gore was really the dean of the ophthalmologists in Houston, Texas and a good part of the United States for many years. I happened to run into Dr. Gore in a restaurant one noon and, after exchanging pleasantries, I broached him with our project, told him all about it, and asked if he would help us by interceding with Dr. Ray K. Dailey, who was the lady who would oppose us. Dr. Gore agreed that he would intercede, but not in an official capacity; that when he would see her in the hall, on the street, in the hospital, or the like, he would point out to her that it might be a good idea to approve the college. That he would not necessarily go out of his way to help us, but he certainly would not hurt us and would encourage us to go ahead."* When the issue appeared before the Board of Regents, it was not opposed.

Now, our founders encountered a real problem, that of selling the school to the AOA. Dr. Cheatham tells it this way, "There was a big problem in selling the AOA on this thing because, number one, the leaders of the AOA at that particular time were not sure that they wanted another college of optometry. They were not sure that we had enough qualified teaching personnel. They were not sure that way down in Texas, where the Indians still roamed, and some of those people still believe that, they had never heard of the University of Houston, and just did not want to be a part of starting any kind of an optometry college in a second rate little school or teachers college or whatever it might be. So they gave us a little static and it was necessary to make trips to various conventions and meetings and conferences to really sell these guys. We took pictures and Dr. Kemmerer even went with us on several occasions to present our case. Eventually we were able to get them to send Dr. H. Ward Ewalt, who is still active in optometric educational circles, down here to view the facilities of the University and to check it out so to speak. And I assure you that he went away impressed. He received the royal treatment and he went back and told the people from AOA that we had a going jessie** here, an established university, at that time well financed, and that it would certainly be a credit to optometry to have a college here.

Following approval by the Board of Regents and the obtaining of approval by the AOA, the University let it be known in a very firm way that it would take considerable money to start the college and it was up to the profession to raise enough money to make the project worthwhile. In response, the optometrists of Texas pledged \$20,000.00 for each of the first six years of the program, or \$120,000.00 total. The tremendous work of men like Dr. Ira Woods and Dr. Nelson Greeman, Sr. in raising this money is a well known story in the state of Texas. Dr. Nelson Greeman, Sr., during certain lean years, borrowed the money in his own name when collections were short. There was great dedication to the college by both the structural and functional oriented optometrists. The college responded by establishing the philosophy of teaching "the all" of optometry. This philosophy has endured and demonstrably produced outstanding Doctors of Optometry.

As Reverend Frank Boutwell said during the final services, Dr. Cheatham was an unassuming man who made things happen. He was a facilitator who responded to the needs of people and of his community.

*From Oral History Collection, University of Houston College of Optometry Library.

**Apparently "a going jessie" is a colloquialism meaning "a successfully functioning program," comparable to "a rising star" or "a winner". - H.W.H.

Op-to-meet'-rist and 1842 asthenopia:

Richard M. Hall, O.D. formerly of Cleveland, now retired and presently living in Orlando, Florida, sent me two old tear-sheets which say something about our optometric heritage. The first is a page 22, the VIRGINIA SECTION, of what may be deduced to be the August 1940 issue of the Associated Journal of Optometry. The date deduction is based on a same page reference to a July 23rd, 1940, incident and an alert to a September 1, 1940 deadline. Here is the paragraph captioned "More About the History of Optometry":

Dr. John Buchanan tells the editor that he attended a meeting of the American Optical Association in either 1901 or 1902 at which time there were two divisions of it, the Physiological Section and the Dispensing Section. At this meeting it was moved that the members start calling themselves Optometrists; pronounced op-to-meet-rists, accent on the meet. This had to lay over for one year. Dr. Buchanan says that upon his return to his office in Virginia he had the word Optometrist put on his door and he believes he is the first one in the country to do so. He is certain that he is the first in Virginia.

The other tear-sheet is page 38 of the November 15, 1944, issue of the Optical Journal and Review of Optometry on which were reprinted several paragraphs from an article "The Story of Asthenopia: Important Part Played by Philadelphia - What of the Present and the Future?" by Walter B. Lancaster, M.D., in the August 1943 issue of Archives of Ophthalmology. The reprinted paragraphs were captioned, "How Great-Grandfather came to America," as follows:

In 1842, if one's great-grandfather, then living in England, had suffered from asthenopia, what would have been his fate? He would have consulted one of the leading ophthalmic surgeons, perhaps MacKenzie of Lawrence or Adams. The physician, after examining and questioning the patient, would have noted certain facts which he regarded as important. The patient was, say 18 years old and a student at Oxford, with good general health and a good family history. The eyes showed no signs of inflammation, present or past, and slight photophobia. There was a tendency to frown. Vision was very good for distant objects and was good for near for a short period. In reading, the print soon became blurred. A few months before, shortly after undertaking some special work involving study of old manuscripts, much of the time by candlelight, the patient noticed the blurring of vision. At first it appeared toward the end of the week after several days of steady use of the eyes. Resting the eyes over the week-end restored the sight. By degrees the blurring came on earlier in the week. A few weeks before, the patient could read for over an hour, but lately the sight failed in a few minutes, so that he found it impossible to study.

Probably no record would be made of ocular discomfort, headache or other symptoms, local or general, except loss of sight, because at that time such symptoms were not regarded as a part of the picture of asthenopia.

The important questions which the physician tried to answer were, What brought on this serious condition, and what should be done about it? He found that the occupation, study of old manuscripts, was the immediate cause. But many students were able to do this work; there must be some underlying cause and some contributing factors. There had been no acute illness to cause debility; no previous attacks of ophthalmia, especially no scrofulous inflammations of the eyes, and no cerebral symptoms (convulsions). The physician therefore fell back on the explanation commonly given in such cases, that the debility behind the ocular weakness was due to masturbation and spermatorrhea.

The prognosis given was the probable development of amblyopia and even amaurosis.

The treatment advised was 1) cauterization of the urethra (to which MacKenzie devoted considerable space in his textbook, 2) giving up of all use of the eyes for near work and 3) operation, which was mentioned as advocated by some surgeons but was not urged. Spectacles were not advised.

Some days later, while the patient was telling a friend about his sad affliction, his friend interrupted him: I know just such a case. A young woman, a seamstress who worked for my aunt, Lady T., became so blind that she could not see to thread her needle or do her sewing. She went to Lenz, the optician, who sold her some glasses, and now she is working as well as ever. You must see the optician at once. I have no doubt he can cure you.

So the patient went to the optician and was sold a pair of convex lenses, with which he found to his amazement that he could read all he wanted without the horrible blurring coming on. He resumed his work at the university with a profound feeling of relief.

A few months later, not having his glasses with him, he started to do some reading and found that he could not see a word! In a panic he went at once to the physician. The latter told him that what had happened was just what was to be expected. Wearing convex lenses inevitably led to just that loss of sight which he had suffered. It was a sure road to amblyopia. He should give up the glasses and take a prolonged rest in the country or, better still, emigrate to Australia or Canada and take up sheep raising or lumbering. His sight might then be restored. And so it was that one's great-grandfather came to America.

Tribute to Ernst Engelking (1886-):

"Die Bedeutung von Ernst Engelking für die sinnes-physiologisch - ophthalmologisch Forschung" (Ernst Engelking's contributions to sensory physiological ophthalmological research), is the title of an article by ophthalmologist W. Jaeger of the University of Heidelberg in the November 1975 issue of Klinische Monatsblätter für Augenheilkunde und Augenärztliche Fortbildung, Vol. 167, no. 5, pages 745-752. Engelking is said to have contributed to a better appreciation of the nature of color vision during the decades when the Helmholtz-Hering color theory controversy raged hottest. Thirty-three of his publications are listed. I presume that Dr. Engelking is still living.

Brief histories of intraocular lenses:

Three talks about lens implants together give a somewhat better than cursory history of this rather recent development in ophthalmology and optics. They all appear as parts of a symposium in the January/February 1976 issue of the Transactions of the American Academy of Ophthalmology and Otolaryngology, Vol. 81, No. 1

The first is an invited paper entitled "The origin and objectives of intraocular lenticular implants" by Harold Ridley, the originator of this ophthalmological development, on pages OP65-OP77, in which he credits his undertaking as a response to a student's question in 1948. The second is entitled "The history of intraocular lenses" by M. J. Roper-Hall on pages OP67-OP69, in which it is pointed out that the idea itself dates back to the time of the first intracapsular extractions, and that unsuccessful attempts were made some 200 years ago. The author traces the problems and successes of several types of implants and includes a diagrammatic chart showing the evolution of the posterior chamber, angle supported, and iris supported types. The third, entitled "Advantages and disadvantages of the types of intraocular lens available," is by Henry Hirschman on pages OP89-OP92. In spite of the title, the article is in effect a brief history simply because the recency of implants makes any accounting of their current development a recitation of history.

Lotze's theory of spatial perception:

Though a professor of philosophy at Gottinger University for 35 years, Rudolph Hermann Lotze, (1817-1881) is best known to us for his theory of spatial perception, usually called local sign theory. The theory itself is quite simple to grasp or describe, but what is more profound is the role this one fertile idea served in the development of broader concepts. It had its impact on both empiricists and nativists.

William R. Woodward describes Lotze's theory, its origins, and its transformation at the hands of psychologists of various theoretical persuasions in an article entitled, "From Association to Gestalt: The Fate of Hermann Lotze's Theory of Spatial Perception, 1846-1920" appearing in the December 1978 issue of Isis, Vol. 69, no. 249, pp. 572-582.

Honorary shelf space:

In many an organization certain members lend themselves generously to elective offices and serve their fellow members at great length without pay and of course with ever-present criticism as well as perfunctory applause. Following completion of the process of "going through the chairs" or otherwise terminating a long period of service and ceremoniously receiving a billfold, lapel pin, cuff-links, or other memento of appreciation, a feeling of abandonment often sets in. This feeling may be labeled jokingly as a "withdrawal symptom", a need for commiseration with a fellow victim. To fill this need a number of slightly unreal fraternities have come and gone, with humorous rituals, sham ceremonies, "secret" pledges, absurd codes of conduct, ridiculous penalties, and even membership privilege cards. Optometry has of course had its share.

Recently, Dan Hummel sent me a copy of a "membership" card received in 1950 from the late H. E. Pine, O.D., which reads as follows:

Royal Order
of
GOATS
LIFE MEMBER

Dr. D. G. Hummel

Having served his sentence as an ordinary GOAT in his optometric association is hereby granted the privileges of a member in the Royal Order and may now enjoy the fellowship of his brothers who served with little thanks and no pay.

Dec. 18th - 1950

H. E. Pine

CHIEF GOAT HERDER

About Mr. Touhy

O.H.S. President Henry Knoll published a brief reminiscing account of the late Kevin Touhy's involvement with contact lenses and his 1946 invention of the corneal lens in the November 1976 issue of Contact Lens Forum, Vol. 1, No. 7, pages 11-13. Dr. Knoll conferred with three other contemporaries to supplement his own memory.

A 1930 manual for board members:

A book which I do not recall ever having seen before came to my attention a few weeks ago. It is a very dignified-appearing, brown, soft-paper bound, 22 x 15 x 1 cm volume entitled "A Manual of OPTOMETRIC JURISPRUDENCE and suggested uniform standards", First Edition, 1930, published by the International

Association of Boards of Examiners in Optometry and edited by Dr. Laurence P. Folsom of South Royalton, Vermont, in which state the book was printed. Included is a photographically excellent group picture of 22 identified optometrists and a reporter attending the 1927 meeting of the International Association of Boards of Examiners in Optometry, then abbreviated "I.B.B." (for "International Board of Boards"), at Hotel Willard in Washington, D.C.

The publication, originally distributed to every state optometry board member, state Governor, and state Attorney General in the U.S., and sold at one dollar each to anyone who wanted it, has 15 very well edited chapters virtually free of split infinitives, dangling participles, and other inelegant grammatical errors. Included among the topics are such matters as visual standards in aviation, optometry curricula, optometry laws in Canada, a model optometry law, an exemplary set of examination questions, advice to state board secretaries and to newly appointed members, reciprocity, "glazed goods", and enforcement procedures.

An interesting statistic was a quotation from page 116 of the 25th annual report of the "University of State of New York," (State Dept. of Education), as follows: "Out of 100 complaints made to me as Optometry Inspector, fifty were on improper advertising. Although 90% of these were settled without Court action, it was deemed necessary by the Attorney General to bring before the Board all future complaints on illegal advertising..."

Most perspicacious of all was Editor Folsom's opening sentence in the Introduction: "To ALL who have tried in divers ways to hinder and prevent the progress of Optometry we owe much."

Three old manuscripts offered:

(The following is a letter received by James P. Leeds, O.D., in July. Dr. Leeds does not collect this type of item.)

I have noticed with interest your advertisement in the Book-Mart for things dealing with the eye and optics. I have three items that might be of interest to you. They are as follows.

Three original, unpublished handwritten essays, done in the 1850's by medical doctors, on the subject of "Ophthalmia." These manuscripts are quite readable, written in ink on legal size paper. The three essays bear evidence of disbinding on the left-hand margin and are separate from each other.

They are:

- 1) thesis of Assistant Surgeon Dr. William G. Hay, 11 pages on blue paper. Written in 1858.
- 2) thesis of Dr. D. Bloodgood, written at "the Naval Asylum, Philadelphia, March 19, 1856." 3 pages on white paper.
- 3) thesis of Dr. Stewart Kennedy and "submitted to the Medical Examining Board of the U.S. Navy." 2 pages on gray paper. 1858.

In each essay the doctors define the disease, giving its characteristics, status, and treatments. The essays are quite interesting and, I have no doubt, to an optometrist like yourself, would prove fascinating reading. They are excellent representatives of the state of medical knowledge in this field on the eve of the American Civil War.

The three are priced at \$25.00 postpaid... that is, \$25 for the three together. Check with your order please, and the items returnable within three days of receipt for any reason if unsatisfactory.

I think you would like these items. We have never offered them for sale before and got them out thinking about listing them in our fall catalog, but on seeing your ad today, I thought I would drop you a line and see if you wished to have them. I believe you would be pleased with them.

Terry Alford
P.O. Box 1151
Springfield, VA 22151

Slit-lamp microscopy history:

"On slit-lamp microscopy, a history of the development of the slit-lamp microscope" by Theodor A. F. Schmidt appears in the November 21, 1975, issue of Documenta Ophthalmologica, Vol. 39, No. 1, pp. 117-153. The article, with 23 illustrations, is based primarily on the more detailed chapter on focal illumination (Fokale Beleuchtung) by H. Goldmann in a book by Wolfgang Straub entitled "Die Ophthalmologischen Untersuchungsmethoden," Enge, Stuttgart, 1970.

Seven centuries of spectacle making:

This is my free translation of L'occhirole si diffonde dal '700'", an anonymously written article in the November 1978 issue of Ottica Italiana, Vol. 20, No. 11, pages 78-79, 81, 84-86, and 88-90, with 19 illustrations, all but two of artists' period paintings showing subjects with spectacles. The other two are schematic representations of spectacle design evolution since their invention.

Concerning color theory:

A few historical comments on color theory from Newton to the present are presented all too briefly in a report entitled "Some demonstrations on colour" by Hood, C., and W. A. H. Rushton in the Proceedings of the Physiological Society section of the December 1976 issue of the Journal of Physiology, Vol. 263, No. 1, pages 58P - 59P.

Collyria history:

A pharmaco-historical study of collyria and their components during Roman antiquity consists of well over a hundred pages of highly detailed information under the title "Ancient Ophthalmological Agents" by Harald Nielsen, translated from the Danish by Lars Mc.Bride and published by Odense University Press, Denmark, in 1974 as Vol. 31 of ACTA HISTORICA SCIENTIARUM NATURALIUM ET MEDICINALIUM Edidit Bibliotheca Universitatis Hauniensis.

The author concludes, among other things, "that eye diseases must have been very widespread in Roman times."

John J. Bausch (1830-1926):

A handsome 28 page pamphlet entitled "J. J. Bausch (1830-1926) American Pioneer" by M. Herbert Eisenhart was published in New York in 1948 by the American Branch of the Newcomen Society of England. One copy was hardboard bound, catalogued, and shelved in the Indiana University Library. It consists of the Newcomen Address given by Mr. Eisenhart at the April 15 "1948 Rochester Dinner" of the Society in Rochester, New York, at which Mr. Eisenhart, then President of Bausch & Lomb Optical Company, was guest of honor.

The address includes many details of the early development of Bausch & Lomb, Inc.

Reciprocal innervation not new:

Kenneth J. Ciuffreda and Lawrence Stark give a thorough and well documented review of Descartes' concept of reciprocal innervation of the extraocular muscles in the October 1975 issue of the American Journal of Optometry and Physiological Optics, Vol. 52, No. 10, pp. 663-673. Although a bit erroneously based on hydraulic theory, his theoretical analysis is found to be in agreement with current observations and experiments. The authors entitled their article "Descartes' law of reciprocal innervation." They included numerous drawings and 23 references.

H. W. Hofstetter, Editor

Postscript:

If you attend the meetings of the American Academy of Optometry in Anaheim in December, or live or otherwise happen to be in the Fullerton, California, area on December 8, be sure to come to the Southern California College of Optometry from 3:30 to 5:30 p.m. The date is on a Saturday, and all traffic on the lovely campus at those hours will be headed toward the annual reminisce-in of the Optometric Historical Society. Everything at the reminisce-in is special, unpredictable, fascinating, and cultural. If you have the courage to divulge a bit of optometric history yourself, something you remember, or discovered, or learned from a reliable source, you will have the opportunity there to share it with other history buffs.