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NEWSLETTER OF THE

OPTOMETRIC HISTORICAL SOCIETY

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Nominatory unanimity:

Unprecedented in this Society was the number of written and mailed nominations in behalf of an encumbent. Six members wrote letters in nomination of James Leeds to run again for a five year term on the Executive Board. Two others also did so in oral conversation. None other was nominated. Nevertheless, to exercise that ever tenuous privilege called democracy we enclose a ballot with a space for a write-in as well as for Leeds's name. Surely, any elected person is likely to work more vigorously if he or she knows that the choice was even a bit overwhelming.

A faithful responder:

Following the distribution of almost every issue of the N.O.H.S. I look forward to a brief comment or two from member D.G. Hummel, O.D., whose long memory gets prodded by one or another therein included item. This time he recalls that one of his bacteriology professors made a serum out of the pus of acne and re-injected it with good results, adding, "I can't recall his name or the lab partner he so well improved."

Further, "RE: The Readers' Digest reports. This was in the heyday of opticians referring patients to optometrists. We were really kept busy and did not worry about something we felt would die anyway." [But he remembered!]

Then a P.S. on Orthokeratology History: "Nupuf of Canton, Ohio, reported all the characteristics of orthokeratology at the AAO [American Academy of Optometry] meeting in Toronto prior to 1950. At the time we were unfamiliar with the term."

An American optometrist in Paris in 1900:

On the following four pages is reproduced an interesting historical article from pages 2-5 of the now rare April 1933 issue of the <u>Journal of the American Optometric Association</u>, Vol. 4, No. 9, available at the International Library, Archives, and Museum of Optometry, Inc. The reminiscing article was by J.C. Bloom, O.D., who apparently was a very young man when he undertook to devote most of the year 1900 to the management of an ophthalmic optical exhibit at the World's Fair in Paris. Read it. You will enjoy it.

MY TRIP TO PARIS IN 1900 AND MY IMPRESSION AND EXPERIENCE WITH ROYALTY

By DR. J. C. BLOOM,

Secretary of the Colorado State Optometrical Association Colorado State Board of Examiners in Optometry

Serve Serve

EDITOR'S NOTE:— In the January 23rd, 1933, issue of THE ROCKY MOUNTAIN NEWS of Denver, Colorado, we observed a cartoon by Gus Brake, entitled, "DIDJA KNOW?" It gave some very interesting data regarding our fellow Optometrist, Dr. J. C. Bloom and his experiences refracting the eyes of many noted people including the Royalty of several countries in Europe. Also that Dr. Bloom was awarded two gold medals in France at the Paris Exposition, December 29th, 1900. It occurred to the Editor that an account given in the first person by Dr. Bloom himself would be of interest to the readers of the JOURNAL and, at our request, Dr. Bloom furnished us with the cartoon and an account of his experience with the Royalty during the Paris Exposition in 1900. We herewith present Dr. Bloom's own account of a memorable episode in his Optometric career.

N 1898, I got the notion in my head that I would like to come in contact with some of the optical men of Europe and learn their methods and get a line on the advances made over there, having heard of the many things done in the research fields on the other side; so, I got busy and made arrangements to take an exhibit to the World's Fair to be held in Paris, France, in 1900.

I immediately got in touch with some of the manufacturers of optical goods in the East. None of them seemed to care to take the proposition on until I took the matter up with the Bay State Optical Company of Attleboro, Massachusetts, and the American Wire Company of Connecticut. Both concerns were willing that I take displays for them to that Exposition and, incidentally, place their tines in the European markets in a wholesale way. There was a wonderful chance to get in touch with the whole of Continental Europe and the rest of the world, as Paris is "the playground of the world" (or it was at that time). We had interpreters for every known language used by civilized nations, therefore we had no trouble to get along in doing business with any prospective customers and we were very successful in placing our lines with the dealers in the important points of the commercial world.

We had the necessary equipment made up for our particular purpose and for the space that we had for our display and fitting rooms. We did our frame work and a great deal of our surfacing right on the grounds. After we arrived we discovered their work in the matter of lenses was not the kind that we were accustomed to nor would it satisfy us nor our American patients, so we were prepared for the emergency.

We had taken a large line of frames and surfaced lenses and revolutionized the field by having very large lenses, for the times. Our lenses were OO eye, and were considered "monsters" at that period, as we were still fitting one and O eye lenses in this country, while there nothing but one eye was used. We had also made the mistake of taking

with us principally plus lenses, while the greatest part of our patients whom we fitted were myopes; so, it behooved us to grind the greater part of our lenses which we prescribed.

We had always understood and had been told a number of times that the Europeans gave us credit for excelling in the care of the eyes and the teeth and it was proven to us by the persons who came to us for attention.

The building in which most of the American exhibits were displayed and in which space had been alloted to us, was on the river Seine, in one of the suburbs called Passy. The specific part of the grounds was known as Des Invalides. It was a very large building and accommodated a great many concerns who had large displays. We had a very prominent corner in this particular section and the building and location were regarded as among the most prominent on the grounds. On the aisle next to us was the exhibit of Tiffany and Company of New York and Paris; adjoining them was the display of the Gorham Company; and on the aisle opposite to them was the exhibit of the International Silver Company—all very large and prominent American concerns. We had very good company and lots of it.

We had left for Europe on January 20th, 1900 and had proceeded to London where we were very successful in establishing an agency for the Bay State Optical Company. That was our starter. After having finished our work in England, we went on to our destination which was, of course, Paris. Here we found that the exposition was nowhere near completion. We made a trip to the grounds each day and watched its progress. On one of these visits we had our first contact with Royalty.

One morning while I was in our allotted space in the building, a couple approached me and asked what we intended to exhibit. We informed them that we were going to exhibit a line of American Optical merchandise which we were endeavoring to place in European markets and we were also prepared to prescribe glasses for the correction of visual defects of persons presenting themselves for examination. The lady spoke up and said, "Isn't that fine! I have always wanted my eyes fitted by an American Optician." I told her I would be glad to serve her after the Exposition and our exhibit was opened. She then introduced herself to me as Madame Countess Ferdinand de Rouge and introduced the gentleman as her husband, Count Ferdinand de Rouge. She said she would like to have me talk to her in English and she would answer me in French and in that way we might both be benefitted in our knowledge of the languages. She said that if I cared to have her help me in the French language, we could help each other. This we agreed to and became well acquainted by the time the Exposition was ready to be opened. We had also done very well in our linguistic instructions. Now came the time for the examination of the eyes of the Countess and her husband, which seemed to

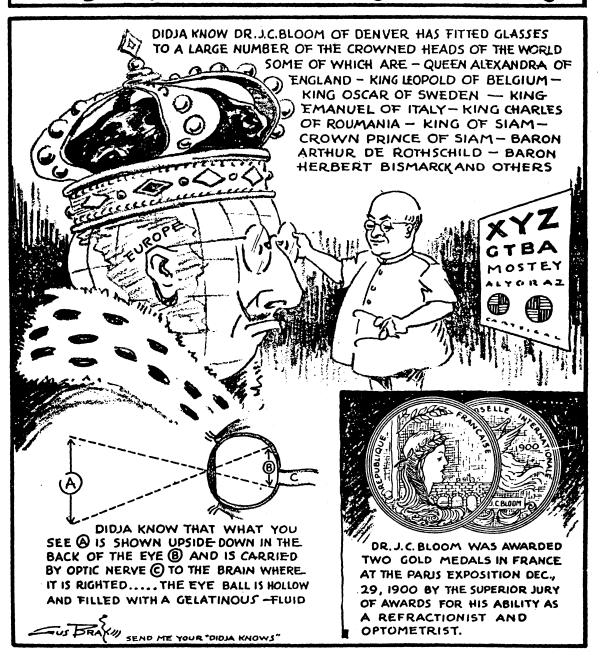
please them. They said that they would help me get in touch with some of the visitors and their royal friends, she and her husband belonging to former royalty of France. She was a very agreeable person and a wonderful "booster," she either bringing or directing her friends and acquaintances to me—and there were many of them.

My next experience in the way of getting in touch with Royalty was through a Spaniard who happened to visit with the Countess and spoke to

her about needing glasses and asked her advice. She immediately told him to visit our exhibit and consult us. He came to us for an examination and seemed greatly pleased with our service and brought with him, within the next few days, six or more of his family. He then told me that he had a son of sixteen years of age who had, through an injury, developed two cataracts which had been removed but since then he was unable to find anyone who could prescribe glasses that were satis-

Dídja know?"

by Gus Brake



factory. He then asked if I could do anything for him. I explained that it would be impossible to say what I or anyone else could do for the boy until I had examined his eyes and knew the case and the conditions. He said that his name was Senor Morales and that he lived in Barcelona, that he was going home and would bring the boy back with him for my attention. Incidentally he said he had a friend by the name of Marquis Portugulite who was related to the King of Spain and had a great deal of trouble with his eyes, that he lived in Madrid and on the Senor's trip home, he intended stopping in Madrid to tell his friend about me and advise him to come to see me. He stated that this particular Marquis had been to almost all of the large cities of Europe seeking advice and treatment which would give him comfortable vision but that he had been unsuccessful in finding any relief from his distress.

Senor Morales and son arrived and upon examination found that we could be of service to the young man and we took care of him to the satisfaction of all concerned. The Senor reported that he had seen his friend, the Marquis, and that he

was coming to Paris to consult me.

The day the Marquis arrived, he informed me of the advice he had received from his friend and that because of the service rendered to Senor Morales and his family, I had been highly recommended and that he too wished to receive this same service. He immediately asked if I could do any-thing for him. I told him, as I had told the oth-ers, that no man could tell what he could accomplish until after he had made an examination. I made a preliminary examination and reported that I felt I could help him and fit him with glasses that would be of help to him. He then insisted that I proceed at once which I did not agree to. Finally, after getting the preliminary arrangements made, I took up his case. With the glasses he was wearing when he came to me, he had 20-300 vision. After I finally fitted him with a minus 16.00 with a minus 13.00 axis 30 in the right eye and a minus 18.00 with a minus 14.00 axis 120 in the left eye, we gave him 20.60 vision. He was so well pleased with his correction that he purchased six pairs of glasses with this correction. He then told me he would be pleased to recommend me very highly and he then became a "live booster" and a good one.

The first patient referred by him was Lady Masse Mainwaring of England. She said that her husband was an M.P. (Member of Parliament). She was brought in on a wheelchair one evening about fivethirty and asked for Dr. Bloom. She informed me that the Marquis had told her so much about my satisfactory services that she had hurried down immediately. She was a strange sort of person—she would not leave her wheelchair, not because of inability nor any affliction, but just eccentricity. She insisted upon being taken care of before she left the grounds that day and even after the lights were turned out. It was necessary for us to go outside of the building to complete the transaction as it was still quite light on the outside. She sent her husband and a number of others in the next few

days immediately following her visit.

The next person of note that came to us through the Marquis was King Emmanuel of Italy. He was a stern sort of a fellow, very democratic and short in his conversation. His secretary who remained after the King and his body guard had left, arranged for the balance of the transaction. He said that His Highness was pleased with the services received and asked if we delivered. When informed

that we did so, he requested that twelve pairs be made up and sent with our bill to the Palais Champs Elysees, this being the palace where the Royalty were entertained and remained during their visit in Paris. No price was asked nor mentioned. When the glasses were ready, they were sent with the bill by a messenger who was paid without question. This was my first experience of coming in contact with a King.

My next contact was with King Leopold of Belgium who came through the building arm in arm with Mr. Thomas Walsh, a Colorado mining man and from my own State. Tho I had never met him, I had heard of him and knew him to be a very wealthy man. He was very close to the King, in wealthy man. He was very close to the King, in fact, they were associated in the Congo in the ruber industry and in other enterprises. They were very democratic and good fellows. The King did not have an "army" or "body guard" around him—they went about their way as did any ordinary citizen. In this particular case, Mr. Walsh was a very good booster and did much to help the mater along although the King did not need any ter along, although the King did not need any urging. He also ordered twelve pair of glasses sent to the palace. Then came King Charles of Roumania who had his entire body guard with him. They never got very far away and he appeared to be very fidgety and nervous. He walked away when I started to talk about a suitable mountinghe was not at all interested in that part of the transaction and it was his secretary who finally ordered twelve pair of glasses to be sent to the palace.

Then came another "army" headed direct for our exhibit. The spokesman of the party asked for me and when informed that I was the person he was looking for, he said that His Highness wanted to be fitted with glasses as King Leopold had told him about me. This party consisted of the King of Siam and his son, the Crown Prince. They tran-sacted part of their own business and left the rest to their secretary, who, as in the other cases, or-dered twelve pair of glasses for each, same to be sent to the Palais Champs Elysees which is located on Boulevard Bois de Boulogne. As soon as they had made up their minds to depart, the "army guards that accompanied them, walked fore and aft and went off in a sort of military formation, surrounding their "chief."

One day there appeared a group of women who, evidently from the final outcome, were headed for our exhibit. One of the ladies of the party asked for Dr. Bloom. She was informed that I was busy at the time and was asked to wait, which she consented to do. I was informed that a lady was waiting to see me and when I had completed the case I was on, I greeted the party and was told that her Highness, Princess Alexandria of Wales de-sired to have her eyes examined (she afterwards became Queen Alexandria of England). Here I came in contact with a very fine lady, pleasant, agreeable and not at all as one ordinarily would suppose, that the Royalty were above having anything to do with "the common folks," she was very unassuming and likeable. When we had finished our examination, she arose and said, "Very good, my dear Doctor; I am well pleased." She then took her leave and, again the secretary was the ruling or contracting party and again requested that twelve pairs of glasses be delivered to the Palace on Boulevard Bois de Boulogne. We were given to understand that the Marquis had spoken so highly and mentioned so often the satisfaction that he had received that the Princess was determined to see the man who had done so much for My next, and one of the most pleasant experiences with Royalty, was when a very fine appearing gentleman (about six feet two inches tall, well proportioned, with a very well groomed, long white beard, immaculately dressed, accompanied by two other gentlemen—not a large crowd of body guards or other display) came to the exhibit and asked for the doctor. I was called and the gentleman told me that he was King Oscar of Sweden and wanted to be fitted with glasses. He incidentally mentioned that the Princess had referred him to me. Here I want to say that I met one of the most polished, democratic gentlemen that it has ever been my pleasure to meet in my entire life time. He spoke wonderful English, was very businesslike, enjoyed a joke as well as to tell one. He made you feel as though he was a member of your own family and he was "just a regular fellow." He handled his own transaction and there were no questions asked about price nor when they would be ready. He gave his order for what he wanted, directed that they be delivered to the Palais Champs Elysees when ready, and that the invoice be sent with the messenger. This gentleman gave me the thrill of my life and of my whole trip—it was more than a pleasure to have had the opportunity and privilege of coming in contact with such a very wonderful personage.

My next noted patient was Baron Arthur de Rothschild of the banking house of Rothschild Brothers. He was in charge of the Paris Bank and was a man whom I judge to weight about two hundred fifty pounds, not very tall, and not talkative. When he came to the exhibit, he asked for Dr. Bloom. He would not disclose his identity until the entire transaction was closed. He ignored by inquiries as to his name and all the information I could get from him was that he thought he needed glasses and would like to have me fit him with glasses if I thought that I could. After the examination and after he had selected the style of frame he desired, he asked the price, which was immediately given him. He said, "Very well, make up twelve pair and send them to the Rothschild Bank." Again I asked his name or a card. He took a card from his pocket, "pinched" a corner off of it, handed it to me—it read, Baron Arthur de Rothschild, Banker, and the address. He then told me that he had been referred to me by that polished gentleman, King Oscar of Sweden.

My next experience was when a gentleman of German descent came in. He had a very "soldier-like" appearance, wore a Kaiser Wilhelm mustache. He spoke German, which I understood. He told me he was Baron Herbert Bismarck, that he had been referred to me by the Marquis who told him how much I had done for him and how greatly pleased he was with the glasses I had supplied. The Baron said he thought he too needed glasses and hoped that I could do as well for him as I had done for the Marquis. He requested immediate attention, which I gave him. He was apparently ill at ease, he had very little patience and did not want to sit still for long. After due time, I finished with the examination. He ordered what he wanted and directed that the glasses be delivered to the Palais Champs Elysees. He was the son of the Iron Chancellor of Germany.

Now, after having had so many persons order twelve pairs of glasses, that being something quite out of the ordinary, I asked Baron Rothschild if he would mind my asking a personal question. He said, "Why no, go right ahead." I put the question to him and added that if he did not feel that he wanted to answer it or thought I was getting per-

sonal, not to answer. I asked, "Why is it that so many persons whom I have fitted since I came to Paris, ordered twelve pairs of glasses?" He answered, "I do not know about any of the others, but in my case, you know that I am a very busy man and sometimes a delay of five minutes might mean the loss of several million dollars in some deal; therefore, I cannot afford to have to look for my glasses, nor wait for the return of a messenger from my home where I might have left them: so, I have a pair on every desk that I use, some scattered here or there, and a pair in my pocket, so that I always have them handy." Well, that explained to me the reason for these orders. We might think that these Europeans are slow—but we are greatly mistaken.

During my stay in Paris, I had the pleasure of serving six hundred seventy-two of the Royalty, in addition to an "army" of laymen from every section of the world. It was an experience that one gets, perhaps once "in several lifetimes."

I have been asked, "How does it feel to serve Royalty?" Well, to me—one person is as good as another as long as they behave themselves. My experience is that these people are only human beings. They have money to spend and they spend it. They act just as any other human beings would. There are some more pleasant than others—some more commonplace or congenial, but, as a whole, they are only human.

I left Paris about December 1st, 1900, and after stopping in New York a day or two, I proceeded to my home in Denver, Colorado. On December 29th, 1900, I received a cable announcing that I had been awarded a gold medal for my ability as an Optician or Refractionist. This was a complete surprise to me as I had no intimation about such a thing before I left Paris for the United States. What made it more thrilling than ever—there were four hundred thirty-four Opticians at this Exposition, yet, I was the only one recognized at that show.

We had with us a surfacing plant for our lenses—not as complete as one would have in his home shop, but enough to do most anything that we needed. We could also draw on the lens plants in Paris. We had stones for edging, drill, lathe, polishing equipment, wire drawing machines, stamps and dies for some kinds of frame work. This was a novelty to the majority and attracted much attention. We did most of our work before noon, as the Exposition did not open until noon. The slogan in France was "Day never begins until noon, and night never ends."

When the Exposition was about to close, some fellow from Greece came to our exhibit and asked if we wanted to sell our machinery. We said we did, and we closed a deal with him. He had it packed and shipped it to Athens, Greece, where, I suppose, it is still doing service after thirty-three years.

Fear not that thy life shall come to an end, but rather fear that it shall never have a beginning.

—Cardinal Newman

On famous eyes:

Andrew Gasson, in a very brief article entitled "The eyes of Wilkie Collins" tells us that the novelist (1824-1889) had some very serious eye problems, including severe myopia. The article appeared in the May 8, 1982, issue of the Ophthalmic Optician, Vol. 22, No. 10, p. 337.

Collins is best known for <u>The Woman in White</u> which is currently being serialized on television, and <u>The Moonstone</u>. Blind or visually handicapped characters appear in several of Collins's novels.

200 year old nascency?

Under the subheading "Double Vision," part of a feature article titled "An Illustrated Compendium of Commonplace Objects" on pages XIII-XIV of the Alumni Magazine Consortium section of the April 1982 issue of Johns Hopkins Magazine, vol. 33, no. 2, is a brief account of the historical development of multifocals. Credit is given to Hertel for suggesting the idea in 1716 and to subsequent experimentation in London in 1760 followed by Ben Franklin's assemblage of two half pair of lenses for "the first pair of bifocals." Illustrated is a pair of "Franklin-type bifocals, brass, ca. 1820" from the Division of Medical Sciences, National Museum of American History, Smithsonian Institution.

"In the 1800s" states the article, "the lenses' popularity contributed to developing vision examination procedures in the nascent field of optometry."

Apparently the Smithsonian lacks a copy of Daca de Valdes' l623 book on optometric procedure.

Stereopsis in the film industry:

In his 1979 book, "Heyday: An Autobiography", Little, Brown & Company, Dore Schary gives his appraisal of the role of 3-D in movies in the following excerpts:

p. 248 [Early in 1952]: "... we had cut the average cost of a film from about \$2,200,000 to \$1,400,000 and were averaging forty films a year. But there were things blowing in the wind. They didn't reach us until 1953. They were Cinema Scope, 3-D, and television."

"Unaware of the havoc they would wreak, we went about our business and our diversions."

- p. 256: "As 1952 drew to a close and we gained some satisfaction from film grosses, there were signs of new events that would throw the industry into turmoil."
- p. 257: "Forces were being brought into play to combat the drain of movie grosses because of TV. The industry challenged television with Cinerama, 3-D, Cinema Scope, a lessening of motion picture code restrictions, and a drift toward multistar pictures with higher risks."
- p. 261: "The production of <u>Kiss Me</u>, <u>Kate</u> came during the climax attendant to the introduction of 3-D. Years before Pete Smith had narrated an MGM release of an independently made series of comedy shorts that introduced the red and green plastic glasses to audiences who would soon find themselves feeling walleyed from their use. The experiment died. However, because of the looming and ever-growing might of television, the picture business was grasping at any device that appeared to be the white knight who would slay the dragon. When <u>Bwana Devil</u> revived 3-D in its old form and was a hit, the stampede was on.

"We made one picture, Arena, which I loathed watching with the glasses. The damn things gave me a frightful eye ache and headache. When I went to my eye doctor, he said, 'If you people keep up that 3-D menace you will be sued for millions. It is a device of the devil to give eyestrain, pain, and upset stomachs. What I'm saying, Dore, is you are all crazy'. While I had not yet reached all of those conclusions posed by Dr. Robert Hare, I had determined that 3-D was a freak entertainment, . . . and that it was marked for extinction."

p. 264 [at a meeting on May 1, 1953]: "Next I dealt with 3-D, which they knew I loathed. Joe Vogel, head of sales, had invested \$500,000 in the purchase of the plastic eyeglasses. In summing up my arguments against 3-D, I said, 'We are opposed to 3-D except for a very special, a unique or freaky film.'

"(During a rather heated discussion following my presentation, I foolheartedly predicted that before long we would be advertising pictures 'You Can See Without Glasses.' Lucky me. That's exactly what we did after first exhibiting <u>Kiss Me, Kate</u> in 3-D, which succeeded in keeping audiences away in angry droves. We got them to come in by plugging the fact that the picture was <u>not</u> in 3-D. We had prepared for the contingency by making two screen dimensions during production. We were struck with a massive load of red and green eyeglasses, but we made up for it in final grosses.)"

Unfinished business:

Among the numerous optometricana received by the Indiana University School of Optometry following the death of John P. Davey, O.D., more than 25 years ago was a small packet quite ignored until very recently.

It consists of a paper carton containing a stack of about 700 small, file size (7.6 x 12.7 cm), cards printed as shown here.

			Employed by			
			A	geAss'n. S	Ass'n. Status	
1	Location	I-A-B	2	3	4	
11	Ethics	1	2-A-B-C	3-A-B-G-D	4-A-B	
Ш	Ability	1	2		3	
Classification		A	В	С	D	
Rem	narks					

The package had been mailed to Dr. Davey, 405 Kahn Bldg., Indianapolis 4, Indiana, by C.W. Morris, O.D., 116 E. Wayne St., Fort Wayne, Indiana, at a time when it required only 12¢ postage, probably about the middle '40s. About 150 of the cards included in the upper left areas the addressographed names and addresses of Indiana optometrists. Perhaps the addressographing was done in the office of the Indiana Optometric Association or even in the office of the Indiana State Board of Optometry, both of which were conveniently accessible to Davey, a very active member of both. list certainly included less than half of the registered optometrists of the state of Indiana, so it must have been selective in design. It is conceivable that these were nominated by someone, perhaps by Davey himself, as potential candidates for Academy fellowship.

Several cards, less than a dozen, were filled out, with certain numerals and letters circled. These were variously dated in June and July, 1946. Also a good many of the cards had blue and/or red pencil checks and asterisks in the upper left corner, undoubtedly a code known only to the marker who preferred that his marginal ratings not be public knowledge.

Folded and jammed into the carton were three letter-size sheets of typewritten material. One was a carboned copy entitled INSTRUCTIONS FOR SURVEY CLASSIFICATION CARD which read as follows:

Fill in the date (month and year), Self-employed or Name of employer, approximate age.

Encircle the appropriate code number and small letter for each section and subsection as follows:

I-LOCATION

1-Upstairs office.

a-Private office.

b-Shares space with another profession or business. 2-Ethical downstairs office in a locality where ethical

physicians and dentists have similar offices.

3-Ethical downstairs office in a locality where ethical physicians and dentists do not have similar offices. (Briefly describe office front under Remarks).

4-Commercial store, or associated with jewelry, drug,

department store, etc.

II-ETHICS

1-Ethical and professional--no violation of the following:

2-May need minor changes:

a-Stationery, calling cards, etc. not in good taste.

b-External signs are large, blatant, illuminated, etc.

c-Office lacks professional dignity (posters, etc.)

3-May need greater changes:

a-Frames are displayed or laboratory is conspicuous.

b-Display advertising used in newspapers, telephone directory, road signs, handbills, etc.

c-Merchandising of optical accessories, earphones, etc.

d-Physical therapy, chiropractic, etc. are combined with optometric practice.

4-Probably hopeless prospect:

a-Entire aspect of location is commercial.

b-Unlawful practice of medicine or ophthalmology.

III-ABILITY

1-Ably representative of the best in the profession. 2-Little interested in new technique, education, etc. 3-Inferior ability, or subjective refraction only.

If the classifying circles all fall above A or B, then the prospect can immediately or with minor changes qualify for fellowship, and should be approached and urged to make application. Notify the secretary if he desires an application and it will be forwarded.

Please return the cards to the secretary as soon as you have had opportunity to complete them properly. Bear in mind that the sole purpose of these cards is to increase the Indiana Fellowship as rapidly as possible.

The other two sheets were letterheads of the American Academy of Optometry, Indiana Chapter, on the back sides of which were typed, one original and the other a carboned copy, almost the identical legend, but in the format of explanatory rating sheets rather than as procedural instructions.

The letterheads listed the Executive Council as Dr. Irvin M. Borish, Pres., Kokomo; Dr. R.W. Tubesing, Pres.-Elect, Richmond; Dr. Robert Ledig, V.-Pres., Indianapolis; Dr. J.R. Shreve, Sec.-Treas., Indianapolis; Dr. J.P. Davey, Indianapolis; and Dr. N.A. Bixler, Decatur, all in Indiana of course.

It is my guess that some of our younger readers may wonder why this brief account of an unfinished project has historical significance. How do we older ones explain that it does?

An educator-historian's view of optometry in 1957:

Uncovered in the recent cleaning-out of the "attic" of the Indiana University optometry building was a single copy of a mimeographed transcript of a talk by Clanton Ware Williams, 1904-1975. The talk was given at Atlanta, Georgia, at the Southern Conference on Optometric Education and Southeastern Educational Congress of Optometry, June 2, 1957.

At that time Dr. Williams was President of the University of Houston. He had advanced to that position from the academic ranks of the university's department of history, having previously qualified himself in history with an A.B. degree from Davidson College, an A.M. from the University of Alabama, and the Ph.D. degree from Vanderbilt University. Subsequent to his services as President he successively held positions of national and international import, such as Chief Educational Advisor, AID, India; Resident Coordinator of the Institute of International Education, Pakistan; and Executive Director of the Alabama Commission on Higher Education until retirement in 1973. He received numerous honors, commendations, and decorations for his historical and administrative contributions.

The following was his talk, apparently unpublished, under the title, EDUCATION: KEY TO A PROFESSION'S FUTURE.

When I began my career as an educator some thirty-five years ago, optometry was not a profession. Why, the very term was only twenty years old. Many optometrists had not even graduated from high school. Most of them simply had gone to a trade school for a six- or eight-months "quickie" course, after which they had begun to ply their trade on the human eye, one of God's grandest gifts to Man.

I remember when the father of a friend of mine, a jeweler, one day put out a sign calling himself a doctor. Vast numbers of his acquaintances knew that he was no doctor, and so did his son, who was considerably embarrassed by this new money-making act on the part of his dad--this relatively uneducated jewelry salesman. Needless to say, the highly respected eye, ear, nose and throat specialists in town were incensed at his hoax on the public.

Why, he hadn't been to college a day in his life!

Thirty-five years have passed since then and many changes have occurred. The practice of optometry became legally regulated in every state in the Union and D.C. by 1925. By 1936 it took four years of training beyond high school to earn an O.D. degree. By 1949 every College of Optometry had gone to five years. But no university or college recognized by a regional accrediting association yet granted the doctor's degree in optometry. Some granted the master's degree, but there simply was no such thing as a university-granted O.D., certainly not in five years of study which did not even require a bachelor's degree as prerequisite.

Then in 1955 the accredited University of Houston did grant the O.D. It was a fairly respectable degree, but it was still a five-year degree. It ranked about even with the five-year Bachelor of Architecture degree or the five-year Bachelor of Laws degree or perhaps the Master of Science degree. In the graduation exercises, of course, there was no hooding ceremony for the recipients of the O.D. as there was for those who received the seven-year Ed.D. and the seven- to eight-year Ph.D. degree. Stewart did not ask for the hooding ceremony, nor did he last year. Nor would the University have granted such a request had his college had the audacity to make it. Nor will there be any hooding ceremony this University commencement next Tuesday, for the 0.D. does not yet rate that dignity. Not until the six-year program is culminated can the academic world recognize the O.D. as a fully respectable professional doctorate. And not until their degree is so recognized may our graduates go forth with heads high knowing that they fully deserve to be called doctor.

Now I know that my remarks to this point have stirred some resentment among those of you who have not learned that I am your friend, fighting your battles for you and needing far more support from you than I am getting.

Shortly after I assumed my duties [as President] at the University of Houston in 1955, I sought answers to a series of the burning questions in my mind: "What in the world is this University doing in the business of training optometrists? This is vocational training, isn't it? This field belongs purely and simply to trade schools, doesn't it? Aren't optometrists artisans pursuing a lucrative trade, passing themselves off as doctors in order to attract the gullible public?"

Then I met the faculty, as dedicated a group of educators as I ever met. And I looked to see what degrees these professors hold. Here's what the 1956-57 catalog showed, and in exactly this order (and they will all be back next year): (1) B.S., M.S., Ph.D.; (2) A.B., M.S., Ph.D.; (3) B.A., M.Ed., Ph.D.; (4) B.A., M.B.A., Ph.D., C.P.A.; (5) A.B., M.A., Ph.D., O.D.; (6) B.S., O.D., A.B., M.S., Ph.D.; (7) B.S., M.Opt.; (8) B.S., Ph.D.; (9) B.S., M.S., Ph.D. There are also five other lecturers and technicians all highly qualified in their specialties.

Could such a group of dedicated educators be party to a hoax on the public? Could such people be engaged in turning out money-making artisans rather than well-educated professionals of highest ethical standards, determined to give the people of our Southland the highly skilled eye care they deserved?

Could it be that my old impressions of optometry must be completely discarded?

Then I studied the catalog to see what the requirements for an O.D. were. I found, of course, that the general University admission requirements must be met; then there was a two-year pre-optometry course which was basic to any B.S. degree. This course was taught in the College of Arts and Sciences, which has extremely high standards. No one would be permitted to attend the College of Optometry who could not maintain at least a "C" average. In the College itself there were offered three tough years of professional study which so prepares the student that he can pass his state and national board examinations with flying colors.

Well and good, I concluded. But this is no more than what is required in those programs leading to the bachelor degrees in pharmacy, architecture, law, and engineering. And druggists, lawyers, architects, and engineers don't call themselves doctor--not unless they pursue at least two years more of professional work and have that degree conferred by a fully accredited university.

Needless to state, the fine faculty of our College of Optometry was well aware of this fact. They knew, too, that there was much more to be learned in the field of optometry than what they were able to teach in three years. For one thing, it was impossible to schedule enough clinical training in three years. Our graduates must not only be well-educated doctors, they must be highly versed in practical things.

But they also knew these facts:

- l. The profession of optometry, which had started as a trade, for economic reasons primarily, had awarded its members the doctor's title. In its growth from a trade to a profession it had deliberately violated ethical standards of various kinds, plus academic standards.
- 2. In that the doctor's title had come into being for one reason or another, and the O.D. degree was being awarded by private institutions, if then the University of Houston were going to have students attending a high-class College of Optometry, then it would have to award the O.D. degree. It was either the O.D. granted by a high-ranking university or not enough students to justify the College's existence.

And they knew something else:

If Optometry ever were to get the horse before the cart, then some university with the guts to do it—with the determination to stick its neck out for the good of the profession and the millions of patients it serves—was going to have to take the lead. That lead was not going to come from anywhere else.

Late in 1955 the University of Houston announced that it was going to a six-year program for the O.D. degree. It would still continue the five-year program which satisfies current state licensing requirements, but this would not entitle the graduate to the O.D. degree. At about this same time two of the other ten Colleges of Optometry were following suit.

Suddenly, in January 1956, I found myself the focal point of attack on the part of the Committee of Ophthalmo-Optometric Relations of the American Medical Association. They had helped to give the coup de grace to Columbia University's program. Now here was a challenge from the South--this time a real challenge. Could they scare me into backing down? Well, we were a young University even though already the second largest in the South. And we were sorely pressed financially. From that latter standpoint we really had no business giving any kind or optometric program, much less an expensive six-year degree.

But I did not scare easily. I wrote back as follows:

As you know, I have raised some basic questions relative to the University's program in optometric training, a program being undertaken at considerable financial sacrifice on our part. There are still more questions which need to be answered...before any final decision may be reached as to the future of our College of Optometry. Here are those questions:

- 1. Does the medical profession want to see optometry as a whole abolished?
- 2. If optometry is eliminated, will ophthalmologists undertake fitting lenses for the scores of millions of people who have no disease of the eye, but who need glasses to compensate for simple refractive conditions or because of age?
- 3. If such is programmed, when may the public expect the number of ophthalmologists to be great enough to do this job?
- 4. In that it takes twelve expensive years to become an ophthalmologist,
- a. Would not the work of fitting glasses for the masses involve a terrible squandering of professional talent and time?

b. Would the public be able to pay for this service? And if not, what would be the results, both to the physical well-being of the public, and to the medical profession politically?

If the answers to the above questions lead the medical profession to conclude that optometry simply may not be abolished (and those questions would be raised by all legislative committees entertaining bills to abolish optometry), then another set of questions must be answered.

- l. What must be done to raise professional and ethical standards of optometry, including the assurance that diseases may be discovered and the diseased sent to physicians for treatment?
- 2. Who or what institutions may be expected to take the lead in raising those standards?
- 3. May that lead come from private colleges of optometry, some of which are operated in the manner of profit-making institutions?
- 4. Or should that lead come from fully accredited universities, at least one of which is earnestly striving (a) to give its students the knowledge necessary to insure a recognition of disease when it is indicated, (b) to instill into them the active urge to send those who need medical treatment to physicians, and (c) to graduate only those who will actively champion highest ethical standards, including the rejection of the temptation to accept relatively high-salaried jobs with non-ethical firms.
- 5. And if the answer is the latter, of which the University of Houston is one, then should the medical profession help or hamper such universities? Should it deny to such high type institutions essential medical knowledge which may best be imparted by experienced M.D.'s? Or should it share in furthering that cause?

Those questions need answers—answers from the public and answers from the medical profession as a whole—not just answers from a few whose personal interests may blunt objectivity.

There remains, of course, the question of whether or not the graduates of a high type university's College of Optometry should be awarded the O.D. degree. Here I do not raise questions, rather I record what I believe to be facts.

1. There was originally the Ph.D. degree, still the highest ranking degree conferred. Then came the M.D. After those came scores of other doctor's degrees.

- 2. As in the case of the M.D.'s, each of those which followed the Ph.D. went through a period of relatively low academic prestige. Many have not yet received high prestige and some probably never will. Even within the past few years some American institutions granted the M.D. for five years of academic work. Many holders of the Ph.D. do not yet consider that the M.D. degree should be conferred until after internship. Most holders of the Ph.D. and even some who hold the M.D. abhor the granting of doctor's degrees to any who have done less than seven years of university work, plus the production of the results of high quality research.
- 3. The University of Houston shares the view that a doctor's degree should comply with the highest concept of academic standards, but the facts of life are that one must crawl before he walks.
- 4. In that crawling stage it should be noted that it has been announced that next year six instead of five years will be required for the O.D. degree. At least two other institutions are following a similar program. The five-year program will prepare a man to pass the current licensing examinations, but does not carry the doctorate.
- 5. But this additional year is going to cost us students—students who will go to private colleges of optometry which grant the 0.D. in five years. Suddenly to step up to a full walk would kill off our student body and defeat the whole program, which because of our already stiff requirements is moving on very thin financial ice.
- 6. Please know that while I appreciate the fact that there is quite a difference between a professional doctorate and an academic doctorate, I am not convinced that optometrists should be called "Doctor" any more than I am convinced that dentists and veterinarians should be called "Doctor" unless they have met the minimum academic standards set forth in (2) above. But optometrists are called "Doctor," and until all state legislatures abolish the practice (which in all likelihood never will be done), we live with the fact that they are so called.
- 7. Living with that fact, and in recognition of the further fact that a skilled optometrist (as contrasted with a dispensing optician) must have the capacity to do elementary diagnosing of disease (but not to treat), this University has undertaken to lead the way toward high professional and ethical standards. It is our full hope that the O.D. degree shall not be only a respectable doctorate, but one which is at least as difficult to acquire as is the D.D.S.

But either of two things may lead to the University of Houston's abandonment of the whole program: one, the logic of the answers which I hope our critics or AMA as a whole will provide to all of the questions raised in this memorandum; the other is an inability

to carry the financial burden involved as we try to scale heights in competition with private colleges of optometry which will not or cannot raise their standards and with opposition of those medical agencies and individuals who might advisedly assist us in serving our fellowmen.

I won't bother you with the details of what followed. I shall only say that the answers that I received as a whole were evasive, or they were the type that indicated to me that the Committee on Ophthalmo-Optometric Relations hadn't even come to grips with the real problem. The conclusion reached, considering all factors—academic, sociological, economic and ethical—was that the University of Houston should continue its College of Optometry, not only as a high-class academic undertaking, but as a necessary lever in the raising of standards of Optometry for the good of the millions of Southerners who needed high-class eye care.

Shortly after this I put our case before the Oklahoma Optometric Association at their 1956 convention in Tulsa. They voted to assess each of their members \$5 per year of practice to support the University of Houston in its determination to give the leadership the profession wanted. Unfortunately, their good intentions were not translated into follow-up action.

A few months later in Dallas the Texas Optometric Association rose in unanimous endorsement of the University's program. Already they had been giving the College of Optometry \$20,000 a year. They not only voted to continue this, but more. Their Ladies Auxiliary, for instance, just completed a drive to gather old gold frames. These were melted down, the gold was sold, and the University of Houston was richer by \$1,000.

Dr. James F. Loomis, in his invitation that I appear here tonight, informed me the Ladies Auxiliary of the Florida Optometric Association has raised \$500 for a scholarship program to send a student to the University of Houston next year.

I here offer our sincerest appreciation to all who have contributed.

Well, what happened to our enrollment this year? We knew we were taking a gamble, but we did not know just how critical were going to be the results. Instead of the seventy-odd students we need and for whom we have provided expensive facilities—equipment and valuable space standing idle—ten students entered last fall; whereas the enrollment of at least one College of Optometry skyrocketed. We did receive one graduate of that five-year private college who had failed to pass the State Board exam. We have found him to be so poorly prepared that we have suggested that he ought to start all over with his clinical work. He, mind you, is a doctor.

Instead of seventy students we received ten. Think of all that expensive equipment standing idle, to say nothing of the deep disappointment of that superb faculty which is second to none, either at Ohio State or the University of California, neither of which institution is granting the 0.D. degree at all. If their optometry students want the doctorate, they must go for the Ph.D.

Now I must give you some other sad figures:

During the first five years, our College of Optometry has cost the University \$304,000 and there has been no extravagance anywhere. The gallant Texas Optometric Association when it raised this year's pledged amount has contributed \$100,000. This leaves \$204,000 which has been paid out of funds which otherwise would have gone into professors' salaries. In other terms, our underpaid professors of history, English, physics, engineering and philosophy have each literally made a non-tax deductible contribution of about \$150 per year to keep this College of Optometry in being. Can anyone here tell me what the average annual contribution of optometrists is to optometric education? My professors know that theirs is the only first-class university College of Optometry in the South trying to produce first-class optometrists for the whole South, trying to raise the standards of your profession, and they have not once grumbled at the price they personally are paying keep this torch burning.

But it is not fair. And I think you agree. Something must be done about it. And you in this room have got to help decide what that something is. I know you are not men of wealth, but then neither are our history professors.

Now before closing let me tell you something good--two things:

Ten days ago Governor Daniel of Texas signed into law an act which had received only three dissenting votes and which had been jointly sponsored by the Texas Opticians Association, the Texas Optometric Association, and the Texas Medical Association. The act recognizes physicians and optometrists as professional groups whose prescriptions may be filled by opticians, but only in accordance with specific directions of the prescribing physician or optometrist. It also makes illegal any advertising which "tends to create a misleading impression, including statements or advertisements of bait, discount, premiums, prices, gifts or any statement or advertisements of a similar nature, import or meaning."

Five days ago the Texas Supreme Court handed down a decision upholding the power of the Texas State Board of Examiners in Optometry to make rules "regulating" this "professional group," just as does the Texas Board of Medical Examiners in regulating its "professional group."

The import of these actions is that the State of Texas recognizes opticians, optometrists, and ophthalmologists all as having a legal position in the varied business of eye care. Even though ophthalmologists have working business arrangements with opticians which are of mutual advantage, even though costly to the patient, optometrists may not try to drive opticians out of business by unethical price advertising. On the other hand, neither may the ophthalmologist in collaboration with the optician try to drive the optometrist out of business by maintaining that optometry is not a respectable profession. Indeed, despite the ophthalmologists' objections, optometry is given the right to regulate its own "professional group" and non-professional opticians must fill prescriptions under direction of either a professional ophthalmologist or a professional prescription-writing optometrist. But, of course, it still stands as standard that only ophthalmologists may treat disease.

Thus Texas has settled a long-running, three-cornered controversy and the people are the benefactor of a series of wise decisions. What is significant to us here is to point out that these things would not have been possible had not the optometrists in Texas gained large stature. And these rhetorical questions follow:

Would these things have been possible without the concerted effort of the optometrists of Texas to raise the standards of optometric education? Would legislators and judges acknowledge optometry's claim to the word profession if its educational requirements had not recently been set on a professional plane by some leading institution of highest learning? Would the ophthalmologists have been at least temporarily silenced and would the Texas Medical Association have joined in concert with the Texas Optometric Association had they not become convinced that optometrists were no longer unethical competitors bent upon perpetrating a hoax on the gullible public, but on the other hand were honorable professional men determined that their young followers should merit fully the term doctor?

Oh, the fight is by no means over. You have come a long way since the uneducated jeweler hung out his "doctor's" sign. You have made great strides. The day may be close at hand when graduates of Colleges of Optometry across the land may go forth with not one iota of shame in being called doctor.

But I must say positively that if you want my University to carry that battle flag for you, then you must rally quickly about that battle flag. You must send to us ambitious, high-class students in considerable volume. You should provide some of them with scholarships and provide our College of Optometry with essential matching funds for all of them. You will take every possible measure, political and otherwise, to help this

non-tax-supported University--your university--the Southland's university--as it struggles to keep this torch burning even brighter against the strong winds which even now are about to extinguish it.

Don't let it be extinguished, doctors. Tell me you won't. Show me you won't.

Bennett suggests lectures:

The following is a letter from Irving Bennett, O.D., President of Advisory Enterprises, Inc.:

"Reading the last issue of the fine newsletter of the Optometric Historical Society, I recalled that I had planned to tell you last year that we have consistently scheduled in New York at OptiFair a lecture on 'Collecting Antique Eyeglasses'. OHS member, Alan York, has always been the leader of this seminar which has been only moderately attended—but those that have attended have had considerable interest. We are asking Alan to do the same thing in 1983.

"The thought occurred to me that this idea could be extended to the OptiFair MidWest (Chicago in June) and OptiFair West (Anaheim in September). This would tie together a group of historical buffs who could form the nucleus of increased interest in the Historical Society.

"The seminars are of no financial import to OptiFair but they serve to round out the program. We have charged a regular fee for attendance so that the attendees' names can be placed on a computer; the seminar was treated as a 'regular' seminar. In this way, we also pay the seminar instructor a lecture fee. What do you think of the idea?"

Quite predictably I told him the idea is great. Indeed, with all the emphasis on variety in the hundreds of continuing education lectures being offered throughout the country, why not a few on optometric or visual science history? Surely a lecture on the life of Helmholtz, the origins of ophthalmometry, or the folklore of itinerant optometrists could be of as much clinical enlightenment and inspiration as slide shows on the reliability coefficients of recording optometers, the psychophysics of perimetry, or the ocular pharmacology of weight-reducing drugs. This is not to question the merits of the latter, but rather to emphasize the fundamentally educational value of relevant history. I suspect, for example, that the optometrist who is intimately familiar with the history of the development of the retinoscope may well do better retinoscopy.

Whether or not you agree, do tell Irv Bennett.

A nonoptometrist views our heritage:

(A highly qualified staff person who devotes much of her time to the archival section of a major library and who has thereby become thoroughly acquainted with the literature of visual science, and with many optometrists, expressed the following inspirational thoughts to me, but not for publication, back in 1974. For very legitimate reasons of her own she asked not to be given credit in print for these observations, though she has expressed these and similar views refreshingly and candidly to many of us in ordinary conversation. Having saved these paragraphs now for more than eight years, and having reread them often, I share them here for their reflective value.)

Looking over the first ten years of optometry one can clearly see that there is hardly anything to justify the so often repeated expression "the humble origins of optometry." A serious study of the archives of optometry reveals just the opposite. The leaders of optometry were indeed powerful men within their community. The early optical houses where there were always refracting rooms, schools of refraction, and high caliber refractionists, were in many cases powerful institutions, economically and scientifically speaking. One certainly will not think that 50¢ membership would bring AOA to the degree of effectiveness and accomplishments of its formative years.

It is also well to remember that because of early opticians the U.S. became self sufficient and soon began to export optical products, thus giving birth to the U.S. optical industry, definitely an economic asset to the young country.

The tools of the chemist, their ancestry and American evolution, by Earnest Child, 1940, is an interesting book on early American chemical education. The book is a study of the development of chemical apparatus in the United States. Opticians, helping the establishment of another profession, introduced these apparatus, also called "philosophical instruments", to the market and in many instances, as in the case of Robert B. Tolles, designed and patented apparatus. The early optical houses such as those of Pike, Spencer, and McAllister were places of rendezvous for scientists.

The writings of the early optometric leaders indicate that they were conversant with their classes. Their English is correct, style clear, and elegant. Technical drawings such as those of Prentice and Eberhardt are masterpieces. In fact Prentice illustrated (and this is the best in the book) a work of Swan Burnett, an ophthalmologist. Charles Sheard, the famous physicist of Mayo Clinic, confessed that he learned refraction from Eberhardt.

Early opticians who as a rule immigrated to this country often sent their sons to Europe to acquire an optical education. "Optometric families" is quite a tradition. Sometimes the young man was put in charge of the optometric office.

There was no meekness among these men. Prentice defied the ophthalmologists with the pride of a scientist. One certainly does not think that a poor little man with a frayed suit left his office to propose before their legislators the optometric laws. Very likely, he, the mayor, and the legislators were part of the town's clique of successful and wealthy men. Just think of Cook of Tennessee, Eberhardt of Ohio, Ellis of Indiana, Marshutz of New York and California, Meyrowitz and Spencer of New York, B.B. Clark of Rochester, Ryer of New York.

Ryer and Hotaling gave \$1,000.00 to keep Columbia School of Optometry operating.

When the Empire State Building was ready for occupancy an early leader opened an office there.

Ryer had oriental rugs and always the most up-to-date equipment at his office, some of his own invention. When the U.S. Government classed optometry as "trade", including it in the Optical Code, Ryer defied the Government.

Something to think about: who were the clients of the early optometrists? Well, several Presidents of the United States, legislators, high dignitaries of church and state, and members of royalty. Here is how an early optometrist answered the question, "How does it feel to serve royalty?" "Well, to me, one person is as good as another as long as they behave themselves."

The study of optics, mathematics, and physics, which were the foundation of optometry, made it possible for the early optician to join other disciplines. As highly skilled men, their interests were wide, and at times amazing. Perhaps there would not be Metro-Goldwyn-Mayer studios in America if it were not for the discoveries and technical skills of an optometrist, Lubin, who was a member of the Pennsylvania Optometric (Optical) Association. The early optometrists were envolved in safety. They planned streets (zoning and traffic marking), were interested in aeronautics, mathematics, cinematography, astronomy, and physics.

It is often forgotten that the early optometrists dealt with applied and scientific optics. They had technical competence. A craft or a vocation in which the business end was a necessity, to the group and to the client.

The major requirement for professionalization is superior technical competence applicable to a particular field of knowledge and skill, from which derives the exercise of authority.

Having the essential attributes of professionals, they formed their professional organization, which is another requirement of professionalization. The pioneers dedicated the first ten

years of their organized work to professionalize optometry. Although they possessed superior knowledge of optometry, they realized that a formal education was necessary for the optometrist of the future.

None of the characteristics most commonly regarded as attributes of "learned professions" were overlooked. These people had the inner makeup of professionals, or they could not have done it. Reading Carr-Saunders and other writers of the sociology of the professions, as well as works on the sociological approach to modern professional associations, one finds it amazing to compare these more recent theories with what perhaps by sheer foresight was accomplished in the first ten years of organized optometry.

The following are excerpts from Occupational careers, a sociological perspective by Walter L. Slocum, 1974:

"The occupations at the professional end of the continuum . . . are characterized by possession of a greater degree of the following five attributes:

- 1. A system of theoretical knowledge which serves as the basis for the professional skill.
- Professional authority: the power to prescribe a course of action for a client because of superior knowledge, for example, doctor's orders.
- 3. Approval of authority claims by the community.
- 4. A code of ethics designed to protect the client, provide service to the community, and provide a basis of elimination of unethical practitioners.
- 5. Professional culture patterns consisting of values (for example, the conviction that the professional service is valuable to the community), norms which provide guides for behavior in professional practice, symbols of professional status such as the title 'Doctor' and the concept of a professional career."

"Many writers on the professions have stressed service to clients and devotion to the welfare of the community as a distinguishing characteristic of the professions, contrasting this with the self-seeking approach alleged to be characteristic of the business ethic. Because only the trained professionals in a particular field are presumed to have knowledge sufficient to evaluate the merit of the services rendered, special steps are required to keep out the unscrupulous and to keep others on the 'straight and narrow' path. This is the function of codes of ethics and licensing. The relevant code of ethics is administered exclusively by each professional association. Licensing, although legally a governmental function, is actually in the hands of professional colleagues who are members of the licensing boards."

The leaders of optometry realized that they should change their manner of work. Many opened "professional" offices, and ran "professional practices", charging a fee for professional services. "Eyes examined free" became the slogan of "non-professionals."

The distinction was therefore made between "professional", and "unprofessional" modes of practice, which unfortunately still remains in the profession's vocabulary. For anyone graduated from a recognized school of optometry, having passed Board examinations, having a license to practice, and rendering optometric service is a "professional" man inasmuch as he is a member of an established profession. This also applies to those who are unethical. To his dying day, he is, if he practices, a professional man. His profession is optometry.

A catholic priest who breaks the rules of priesthood is nevertheless a priest if he exercises the ministry and performs the rituals of his church. He does not become "unsacerdote." He is one with feet of clay, to be sure, but still by virtue of his ordination, a sacerdote.

Even the angels remain "angels" after they sin. We get around this incongruency by calling them "fallen" angels.

At this point we should reappraise our vocabularly and not refer to those in unethical practice as "unprofessional" optometrists. Or better, teach the young people entering the profession their duties and privileges within the profession and the society at large, so there will be, someday, no need for the distinction. A few individual cases of deviants which always appear in any fully professionalized occupation will always exist in optometry, human nature being what it is. Yet it will hardly affect a fully professionalized profession.

Brazelton discovers OHS:

The following paragraphs are excerpted from a recent letter from Professor Frank A. Brazelton, O.D., of the Southern California College of Optometry:

"I read with delight the recent piece in the April '82' O.H.S. Newsletter on TYPHLOS, a term completely new to me. Consulting my compact edition of the O.E.D., magnifier in hand, I found most references were to its connection with anomalies of the vermiform appendix and crevices between the rugae of the large intestine. Do you suppose our gastroenterologist friends would cavil at optometry's appropriating such a beautifully opaque yet erudite word? The possibilities are fascinating: low vision specialists could become "typhlometrists". We might found a National Society for the Prevention of Typhlosis (NSPT) or start raising money for

the Fight against Typhlosis (FAT) in which case our contributors could, appropriately, be called fat cats. Carriers of the gene for R.P. could be called "Typhloid Marys". An epidemic of blindness would be a Typhloon and a person with one blind eye would be Typhlops. The mind reels.

"Pat Carlson, our lovely and thoughtful librarian here at SCCO, has generously provided me with an almost complete set of back copies of the newsletter which I am currently mining for more such ore. They are unfailingly interesting, frequently entertaining and, on occasion, horizon-expanding. I found the recent exchanges on the origins of the Academy and certain relations between OEP and AOA particularly so.

"All this has twinged my conscience, particularly so because I'm a closet history buff, and how I could have been unaware for so long of the only group devoted to the history of optometry is a mystery. At any rate I should like to rectify the omission, and so my check is enclosed. I have no idea what your dues are so if this is insufficient let me know and, if excessive, consider the balance a contribution to a most worthy effort. Keep up the good work."

Dr. Brazelton's enclosure was for \$50.00, duly forwarded to our treasurer as a combination of dues payment and tax-deductible contribution.

Beware of the smelter:

OHS member Irv Bennett called our attention to an interesting article entitled "Collecting Optical History" by Eric P. Muth in the August 1982 issue of Optical Index, Vol. 57, No. 8, pp. 50-55. Mr. Muth is Technical Editor of the journal and owner of Park Lane Opticians, Inc., in Milford, Connecticut. He describes having organized an exhibition of early eyewear at the Barnum Museum in Brideport, Connecticut, which was displayed from February to August, 1982, and which elicited much public interest.

Describing his own brief involvement in collecting he comments, "Recently I was honored with the ultimate experience that any optical antiquarian would have: a tour through the historical catacombs of the 149-year-old American Optical Co. in Southbridge."

He includes some technical pointers for collectors, several ingeniously arranged illustrations, and the advice that, "The United States needs an opticians' museum, and the sooner the better since many of our most prized frames from long ago are being melted into history."

Hirsch memorialized:

Much optometric history is contained in the memorial tributes to the late Dr. Monroe J. Hirsch in the March/April 1982 issue of Optometry Forum, Vol. 18, No. 2, pages 1-3, published by the University of California Optometry Alumni Association. One is by Professor Emeritus Meredith Morgan and the other by Michael Jauregul, O.D. Also listed in the same issue are the contributors to the Monroe J. Hirsch Library Fund established at the University of California, Berkeley, in support of the extensive collection of books given to the library by Dean Hirsch.

Memorialized in trees:

The Illinois College of Optometry Alumni Association announced the planting of five trees in Israel to commemorate Professor Paul F. Shulman, 0.D., who died July 13, 1982.

To be or not to be a proxy:

Each year when 0.H.S. election ballots go out, two or three members, whom I know very well personally, return their ballots to me with a message like "Dear Hank, I give you my proxy to vote as you think best", or something similar. So far I have refrained from exercising this flattering privilege, but to no account, as no election has been close enough to let me untie the vote.

Now I really do not know what I would do if the opportunity to decide the winner by means of a proxy vote or two presented itself. I think it involves a question of ethics, but I am not sure whether it is more unethical to deny the kindly member's vote by refusing to vote my choice as his or hers, or to exercise my circumstantial advantage as the scrutineer or ballot counter.

To be or not to be on leave:

Erstwhile co-editor Doug Penisten dropped by for a brief visit a few weeks ago. He was making a hasty visit home from his temporary teaching assignment at University of the North in South Africa. He expressed his embarrassment over being listed as a co-editor, or even a co-editor-on-leave, during such a long sojourn in which he had virtually no opportunity to contribute anything to the NOHS. Therefore, in compliance with his wishes his name does not appear below.

H.W Hofstetter, Editor

THE OPTOMETRIC HISTORICAL SOCIETY

243 NORTH LINDBERGH BOULEVARD SAINT LOUIS , MISSOURI 63141

IS YOUR BEST FRIEND AN OHS MEMBER?

Why not!!

He or she probably does not know about the Optometric Historical Society. Most people don't. But whether or not your friend is an optometrist, he or she may well be curious about your professional heritage. We all enjoy the history of other people, of strange creatures, and of odd things, of the Kallikaks, centipedes, and grave markers, so why shouldn't your friend be enlightened or amused by your otherwise hidden optometric roots.

A copy of this newsletter left on the table in your reception room may well be the only document that your next visitor may peruse from cover to cover. Think about that.

ANYONE MAY BELONG!

Providing he or she, or you, can spare \$5.00 per year. If one prefers to leave the five dollars in a money market fund, free membership for the rest of one's life is obtainable merely by amending one's will to provide for a \$1,000 (or larger) legacy to the Society and so informing our Secretary-Treasurer. Think about that, too.

INCIDENTALLY

Contributions to the Society are tax deductible in the U.S.A.