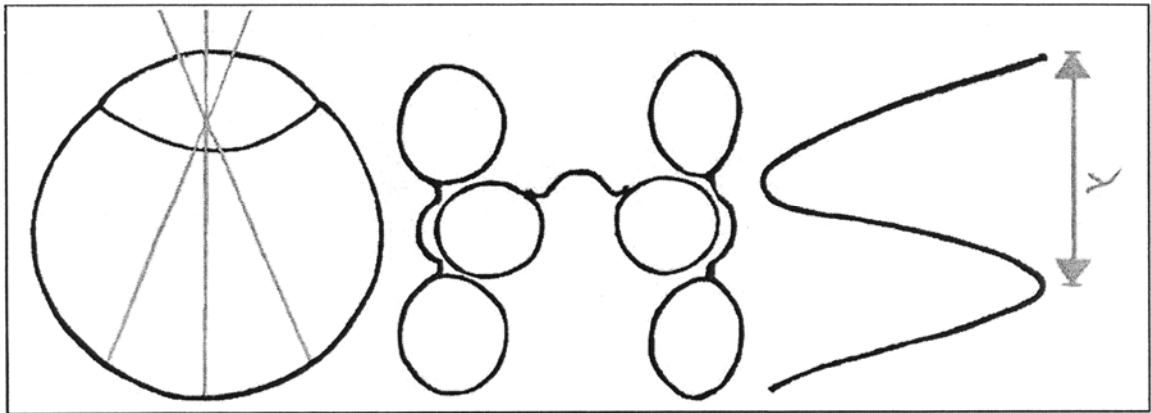


HINDSIGHT

Journal of Optometry History

January, 2011
Volume 42, Number 1



Official Publication of the Optometric Historical Society

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

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

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

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The official publication of the Optometric Historical Society, published quarterly since its beginning, was previously titled:

Newsletter of the Optometric Historical Society, 1970-1991 (volumes 1-22), and

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Hindsight: Journal of Optometry History began in 2007 with volume 38, number 1.

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

OHS website: www.opt.indiana.edu/ohs/opthohiso.html

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Journal subscriptions are registered by joining the Optometric Historical Society. The cost of an institutional or library subscription is the same as for personal membership.

Manuscripts submitted for publication should be sent to the Editor at the email or postal address above. A Word document attached to an email message is the preferred means of submission. Paper copy submissions sent by postal service will also be considered.

OHS News

Please note that there are three enclosures included with this issue of *Hindsight: Journal of Optometry History*. They are:

DUES NOTICE FOR 2011. A dues notice is always sent with the first issue of *Hindsight* each year. This volunteer organization greatly appreciates your support. The address and instructions for submitting your dues are included on the dues notice form.

BALLOT TO AMEND OPTOMETRIC HISTORICAL SOCIETY BYLAWS. Approval of the change in bylaws by this ballot will result in an increase in the number of members of the OHS Executive Board from seven to nine, as recommended by the existing Board based on their meeting of October, 2010.

CALL FOR NOMINATIONS TO THE EXECUTIVE BOARD. Doug Penisten's term on the Board will expire at the end of the 2011 calendar year, so nominations for that Board position are requested. And if the number of Board members is increased by the change in bylaws, nominations will be needed for those two positions. Please take this opportunity to make your nominations for those Board positions.

Thank you for your attention to these matters and thank you for your support of OHS!

The photograph below is of the OHS Board members who attended the Board meeting held in October, 2010. Left to right are: Jay Enoch, Chuck Haine, Irving Bennett, and Alden N. Haffner.



The Subcommittee on Vision and Its Disorders

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Introduction

Here, I refer specifically to a transmittal letter dated November 1, 1966, and addressed to Richard R. Masland, M.D., then the Director of the National Institute of Neurological Diseases and Blindness (NINDB), National Institutes of Health (NIH). I will call attention to other pertinent related documents and activities. The letter to which I refer here was signed by Prof. Bernard Becker, Chairman, Subcommittee on Vision and Its Disorders, and Prof. Jay M. Enoch, the Executive Secretary of the Subcommittee. Enclosed with that letter to designated recipients, was the two volume report of the NINDB Subcommittee on Vision and Its Disorders. The first volume addressed the essential problems then being faced relative to the organization of vision research and vision care in the USA, as well as a discussion of the then available financing of vision research during that time period. Necessary arguments and data in support of the stated Subcommittee proposals were provided. The second volume of the Subcommittee report contained detailed descriptions of vision research then being conducted in the USA and elsewhere, additional experiments being proposed in each of several areas of eye and vision research in the USA, as well as data and arguments offered in support of the Sub-Committee report. The second volume was sufficiently voluminous to be divided into two printed sections (thus, resulting, in effect, in a three volume report).

Although not overtly stated, this Subcommittee Report provided the essential argument for, and much of the data used to support, the highly coordinated and concentrated (and ultimately successful) effort to create a National Eye Institute (NEI) at the NIH. Both major ophthalmic professions, ophthalmology and optometry, supported this activity.

While Prof. Becker and I remain available, sadly, most all other members of the Subcommittee on Vision and Its Disorders have passed on. I have been urged by a number of colleagues within ophthalmology and optometry to describe the events, the then existing conditions, etc., which led to this activity, and the results of this and other actions then being taken to create the now very dynamic, well-established, and distinguished National Eye Institute.

At that time, there were three individuals associated with vision, eye-care, and vision rehabilitation of the visually impaired on the then constituted National Advisory Neurological Diseases and Blindness Council of the NIH. They were Bernard Becker, M.D., Professor and Chairman, Department of Ophthalmology, Washington University in

Saint Louis School of Medicine, Saint Louis, Missouri; V. Everett Kinsey, Ph.D., Professor and Assistant Director of Research, The Kreske Eye Institute, Wayne State University, Detroit, Michigan; and Father Thomas J. Carroll, S.J., Boston's Catholic Guild For All the Blind,* Newton, Massachusetts. The Subcommittee on Vision and Its Disorders was appointed by the NINDB Council.

* The writer never had the pleasure of meeting the late Father Carroll, although he and Prof. Enoch used to chat often on the telephone. Frankly, he was quite a lot of fun, and he certainly knew his topic (low vision care) very well indeed!

In turn, "The Subcommittee on Vision and Its Disorders, NINDB, NIH," was composed of the following appointed members:

1. Prof. Bernard Becker, M.D., Chairman, Department of Ophthalmology, Washington University Medical School, St. Louis, MO. He served as the Chairman of The Subcommittee on Vision and Its Disorders, NINDB, NIH.
2. Research Assoc. Prof. Jay M. Enoch, B.S. Optics and Optom.; Ph.D., Physiological Optics; Honorary degrees: (1) Dr. Sci. (h.c.), The Regents of New York State; and (2) Dr. Sci. (h.c.), La Universitat Politècnica de Catalunya (Barcelona, Catalunya, España). He was associated with the Department of Ophthalmology, Washington University Medical School, St. Louis, MO., and Executive Secretary and Member, of The Subcommittee on Vision and Its Disorders, NINDB, NIH.
3. Prof. Mathew Alpern, MNAS, O.D., Ph.D., Physiological Optics, Professor, Department of Ophthalmology, The U. of Michigan, Michigan Medical Center, Ann Arbor, MI.
4. Prof. Goodwin M. Breinin, M.D., Chairman, Department of Ophthalmology, New York University, School of Medicine, New York, NY.
5. Prof. V. Everett Kinsey, Ph.D., Assistant Director of Research, The Kresge Eye Institute, Wayne State University, Detroit, MI.
6. Prof. Irving H. Leopold, M.D., Professor and Director, the Department of Ophthalmology, The Mount Sinai Hospital, New York, N.Y.
7. Prof. A. Edward Maumenee, M.D., Chairman, Department of Ophthalmology, and Director, The Wilmer Institute, The Johns Hopkins University, School of Medicine, Baltimore, MD.
8. Prof. Frank W. Newell, M.D., Chairman, Section on Ophthalmology, University of Chicago, Chicago, IL.
9. Prof. George K. Smelser, Ph.D. Anatomy, Director, Ophthalmic Research, Columbia University, College of Physicians and Surgeons, New York, NY. (Note: Enoch worked his way through Columbia College, Columbia University, and the Columbia University School of Optometry, as a laboratory assistant, test subject, etc., in the laboratory of Prof. George Smelser.) Dr. Smelser also arranged for Enoch to work as a researcher at Mass. Eye and Ear Hospital in Boston with Profs./Drs. David Cogan and Everett Kinsey during the summer as an undergraduate student. The research groups at Columbia and Harvard worked on different phases of the same research program.
10. Lorenz E. Zimmerman, M.D., Chief, Ophthalmic Pathology Branch, Armed Forces Institute of Pathology, Walter Reed Army Medical Center, Washington, D.C.

As a first task, Enoch was asked to visit the individual offices, institutions, and organizations of the members of the sub-Committee for 2-3 days each. The intent was to familiarize him with the individual members, with their hopes/expectations and interests as members of the Sub-Committee, and, in so doing, to familiarize him with the status of eye and vision research and eye care provision at that time in the United States of America. As will become evident, these members were selected to provide a breadth of interests in eye and vision care, and from Enoch's point of view and assignment, for him to see the different existing research, eye-care, and organizational arrangements in the several institutions of the participating Committee members. He also sought to obtain a feel for the current status of eye and vision research in the United States, including topics of study (and strengths and weaknesses in the existing programs), availability of facilities, training regimens, service regimens, etc. He also sought to determine the perceived needs of these able individuals in the conduct of their research programs.

He was able to visit all of the offices and laboratories of the committee members except for that of Dr. L. Zimmerman. So saying, during the Korean War, Enoch had been assigned to Walter Reed Army Hospital for some period of time, and he was quite familiar with that organization (eye clinic and facility, artificial eye program, added special facilities/clinics), but not with the very distinguished Armed Forces Institute of Pathology (with which Dr. Zimmerman was affiliated) which was/is (still?) located on that Military Base (Walter Reed A.H.) in Washington, D.C.

This series of visits proved to be a very valuable experience, because Enoch developed a close relationship with each of these very capable committee members. He was most interested in their views and perceived/suggested approaches to new research developments in eye-care, and to how they felt that our overall eye research programs could be strengthened. Enoch was very much encouraged by their thoughts and individual proposals. In turn, he was assigned to take the lead in preparing the report of the Subcommittee under the supervision of Dr. Becker and in consultation with Assoc. Director of the NINDB, Dr. Eldon Eagles. This proved to be a hard-working and very capable group of researchers! Yes, there were differences in individual approaches proposed, but most all differences in approach were readily resolved, as we proceeded readily with our major reviews and developed and recommended proposals for future growth of eye and vision research.

Actually, the National Institute for Neurological Diseases and Blindness Council had established two sub-committees working separately, but in parallel: (a) one on eye and vision care, and (b) one on human communication and its disorders (the latter group dealing with a number of topics including auditory care and hearing disorders). The second committee was Chaired by Prof. Joseph Ogura. He served as Chairman of the Ear, Nose, and Throat Department at Washington University in St. Louis. Joe Ogura's program and Bernie Becker's group both shared McMillan Hospital located at the Barnes and Washington University Medical Center in St. Louis. Just as Bernard Becker was distinguished for his research program on glaucoma, Ogura's practice and lab worked on major surgical procedures for cancer of the throat and neck. For the

record, I should state, Joe Ogura also provided for the Enoch's family's ENT needs at that time.

At the time Enoch was employed at the Barnes/Washington University in St. Louis Medical Center, there was also space in McMillan Hospital for the distinguished Washington University programs in Neurology and Neurosurgery (Bishop and O'Leary, etc.). While the two subcommittees, both Becker's and Ogura's were working in parallel, in fact, we did not interact a great deal. Our program in Eye and Vision completed its work quite a bit earlier than the second group working on human communications and its disorders.

The Sub-Committee's charge was quite straight-forward:

1. To review the (then) present status of knowledge in respect to vision and its disorders.
2. To review the present status of research and training in these fields.
3. On the basis of what was learned in (1) and (2), to present to the NINDB Council recommendations with respect to the further development of the Institute's program in vision and its disorders.

This *Ad Hoc* sub-committee was further instructed to answer the following questions: What are the major causes of blindness and visual disabilities? What are the best ways of attacking these problems? What should the NINDB be doing in order to assist the scientific community in their research on these problems?

The subsequent report issued (after about two years) by the Sub-Committee was printed in three bound volumes for limited distribution to selected individuals. The first volume included a brief summary of current research and the current status of knowledge in the fields of vision and eye care. Also included were surveys of the causes of visual disorders and blindness, data on then current, past, and projected support of eye and vision research, and the subcommittee's recommendations for future program development. The second volume was presented as two separate bound documents (because of the lengths of the component chapters). It included surveys of the current status of research in each of the several areas of interest in the ophthalmic field/domain. While the report did not recommend development of a separate National Eye Institute(!), in fairness, one could not ignore this implied conclusion. Support for a separate institute was unanimous among members of the Sub-Committee. To Enoch's knowledge, this was not the originally planned conclusion of this set of endeavors. So saying, this proved to be an essentially inescapable recommended outcome of this massive effort.

While we were working on our document, the somewhat similar report of the future proposed Heart, Lung, and Cancer programs was released. It was very well written(!), and it provided the group with a good working model for organization and content of our report.

The work load of the Subcommittee grew and grew. Two typists were employed full time typing and adapting the submitted material to the desired format. They amazed me with their prodigious output with an absolute minimum of typing errors. At roughly that stage of the process, it became evident that we needed capable editorial assistance to bring the several submissions into common format and style, to correct grammatical errors, and to give some polish to the document as a whole.

Enoch had conducted studies of retinal receptor properties on more than one occasion with Prof. Barry Commoner in the Department of Biology located on the main campus of Washington University. Prof. Commoner, and his capable associate, Dr. Townsend, proved to be very able researchers. Barry also had a political side. I don't want to get into discussion of all of this here, but he also had two very able science writers in his employ, Mr. Sheldon Novick, and Mr. Lynn Mattison. Importantly, they did not insinuate their own views upon those of their employers. So saying, they were quick to note errors in a stated argument, or to recognize when they were presented with an imperfect expression of ideas.

At that time, Barry Commoner's political aspirations were somewhat on the wane, and his two able science writers were not being fully utilized. Enoch employed them to correct the grammar/spelling on all of our voluminous material, to assist in bringing the several chapters into a more common format, and to help him, as needed, to research data on funding and research resources available to the eye and vision research scientific group. Novick and Mattison proved to be very able helpers.

Then Available Data on Causes and Prevalence of Eye Diseases and Disorders

At that time, one of our collective surprises/disappointments in preparing our arguments for the NINDB was the frank sparseness of quality ophthalmic disease data then available in the USA, and the existence of only limited reliable data on the prevalence of a small sample of specific eye diseases in the United States. And, we found that many published estimates were based upon rather limited data samples, etc. Fortunately, recently published and superior modern data on a broad range of eye conditions were then available in Canada. While distribution of individuals by race, and other factors, was no doubt a bit different in Canada, the way of life and the quality of life in the two Nations, the USA and Canada, were in many ways comparable. Their published data at that time proved both to be timely and to be much better organized for thoughtful analyses. We made good use of this valuable resource.

All NIH financial and other data cited in this report were provided by the NINDB through contact with Dr. Eldon Eagles, Associate Director, NINDB. As noted, he was Enoch's designated contact at the NINDB. He was very generous with his time and his advice, and he cooperated fully in all aspects of this endeavor! When requests for data were presented to him, he cooperated fully with those requests. Thus, Enoch was surprised when the NINDB Council limited distribution/publication of the document upon completion! All printed copies were numbered. Recipients of the report were named and no exceptions were made. No copies were distributed to individuals not on the approved list. The NINDB Council accepted the document, but chose not to act on it!

One assumes this action may have been related to the inclusion of the not-overtly stated proposal for a new National Eye Institute. Apparently, subsequently, one or more of those individuals on the distribution list, to whom a copy of the Sub-Committee Report was submitted, arranged for the introduction/inclusion of the entire document in the Congressional Record. This happened more than once! Enoch does not know who made this/these entries. There was no secret (nor deceptive action) associated with any stage of the preparation of the Report of the Subcommittee on Vision and Its Disorders. I found this all to be very curious!

In particular, the late Prof. Edward Maumenee of Johns Hopkins University was very pleased with the finished document, and he stated to Prof. Enoch, "Jay, how did you know how to write such a document?" [Enoch really did not know how to do so! He simply did what seemed to be appropriate!]

Subsequently, after Congressional action relative to creation of a National Eye Institute, a copy of this lengthy report was sent to the Office of the Director, National Eye Institute (both Drs. Carl Kupfer (original Director, NEI) and Paul Sieving (current Director, NEI) have received original copies.

As an interesting side-comment, when Dr. Carl Kupfer wrote his history of the NEI, he stated to Enoch that he should have included data sources relating to the then current funding for eye research described/discussed in the Subcommittee Report. Enoch could not understand this remark, as all sources had been carefully numbered and cited!(?) That is, Enoch knew that on a page in Volume 1, these important data sources were properly identified by number! Those numbers corresponded to numbered references contained in the text in Volume 1.

Enoch checked his records. He found that the page to which Dr. Kupfer referred was indeed included in the original final draft of this report! And it was this draft copy (Enoch retains a copy) that was reproduced in the printed version of the report. Enoch then checked his copy of the printed report, and found to his amazement that this particular page had NOT been included in the printed version! How-ever did this occur? There were no games being played! At this time, Enoch can only apologize for this curious omission during printing of the final document. Copies of the page of citations can now be found in the office of the Director of the NEI, and in a limited number of ophthalmic libraries, and can be obtained by writing Enoch at his home (see introductory material). Please include a mailing address. Of course, Dr. Bernard Becker has now received a copy as well.

Once again, virtually-all fiscal data cited in the report were received (some offered without request, some requested) from Dr. Eldon Eagles, then Associate Director, NINDB. Some of these data sets were received from the then Director of the NINDB, Dr. R. Masland (as usual, though Dr. Eagles).

For further discussion of this general set of topics, but not of the recently discovered missing page of references, the writer suggests the reader refer to his article

written some years ago in the Summer, 1994 issue of the Journal of Optometric Education, and please refer to Letters to the Editor in the referenced document.¹ This letter was sent by Enoch in response to that journal's discussion presented upon the occasion of the 25th Anniversary of the National Eye Institute.

Reference

1. Enoch JM. Letter to the editor. J Optom Ed 1994;19:104-105.

Reflections on the Ups and Downs of Optometry's Relationship with Organized Medicine and Organized Ophthalmology

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In 1937, Dr. Albert Fitch, then President of the Pennsylvania College of Optometry, sought legislation in the Commonwealth of Pennsylvania to authorize optometrists to use both diagnostic and therapeutic drugs. It was 34 years before the state of Rhode Island and 30 years before the state of West Virginia enacted their statutes. Fitch's efforts were defeated by an amazing single vote. It certainly set the stage for epic battles in succeeding years.

The Court of Common Pleas in Philadelphia in 1914 decided that a statute passed the prior year (1913) that amended the powers of the Commonwealth's Bureau of Medical Education and Licensure to include the regulation of branches of medicine, did not include optometrists because optometrists did not practice surgery or diagnose diseases which were necessary to qualify optometry as constituting a branch of medicine. The importance of this case was later recognized in Ohio where efforts by the Medical Board of Ohio to classify optometry as a "minor branch of medicine," which decision was reversed when Ohio's optometrists brought suit, citing Pennsylvania. The optometrists prevailed. Other cases around the country cited the Pennsylvania and Ohio decisions.

Dr. John Classé in his wonderful book, *Legal Aspects of Optometry*, states: "...but optometry was to find these decisions judicially confining later in the century. For the courts, the word, 'Optometry' was restricted to a surgery-less, drug-less, diagnosis-less occupation that, for those reasons could not be considered a 'branch' of medicine or surgery."¹

Martin vs. Baldy et al.

On Monday, April 15, 1915, the Supreme Court of Pennsylvania handed down a decision of historic importance. The Supreme Court of Pennsylvania held conclusively that the optometrist has a priori right to examine eyes, prescribe and fit lenses and that optometry is not a branch of medicine. And it was ruled that optometry could not be regulated by the state board of medicine as a "minor branch" of medicine.

Cyrus Bass Case

In 1964, Dr. Cyrus Bass of Chicago, not an American Optometric Association (AOA) member, brought legal action against the American Medical Association (AMA) and nine practicing ophthalmologists, charging the making of a conspiracy to

monopolize the eye market of cases and the sale of ophthalmic eyewear and to restrain trade and commerce in the dispensing of eyeglasses. With much fanfare, Dr. Bass sought financial help from optometrists through the International Association of Boards of Examiners in Optometry (IAB). An explosion of debate in organized optometry followed, but, in the end, Dr. Bass *did not* achieve the financial help he sought.

With the Bass case pending, in 1966 the House of Delegates of the American Medical Association voted to rescind the anti-optometry resolution of 1955 – “the benefit of medical progress and existing opportunities for the prevention of blindness can be realized if there is no avoidable delay between the onset of abnormalities or their symptoms and the provision of medical care by qualified physicians. The improvement of educational standards of optometry is a laudable objective. Doctors of medicine may, as teachers, participate in the education of optometrists within the legitimate scope of optometric practice.”

The following year, 1967, the Bass case was “settled” (not adjudicated) with the presiding judge noting the aforementioned AMA resolution.

The Rhode Island and West Virginia Advances

In 1971, the first diagnostic drug bill was passed and signed into law in the state of Rhode Island. This legislative initiative was attacked bitterly in the courts as being unconstitutional. But the Rhode Island Supreme Court held that the ophthalmological filing on the case could not establish the injury necessary to bring such a legal challenge. The law was allowed to stand as it was enacted.

In 1976, the legislature of West Virginia enacted a statute authorizing drugs to be used by optometrists for therapeutic purposes. This was accomplished over the governor's veto. This was the very first legislatively authorized right given to optometrists to treat diseases. The constitutionality of the West Virginia statute was unsuccessfully challenged in the courts thus establishing ocular therapy as a legal part of optometric practice.

Dozens of legal skirmishes have taken place in the courts, both state and federal, since Rhode Island (diagnostic pharmaceutical agents) and West Virginia (therapeutic pharmaceutical agents) and, while they are all important, overwhelmingly the courts have held **for optometry** and against ophthalmology and medicine as plaintiffs.

Tonometry and Contact Lenses

In 1976, the Food and Drug Administration (FDA) classified contact lenses as a “drug,” thus asserting jurisdiction in the field. A case was brought by Colorado ophthalmologists seeking to prohibit the fitting of a drug, “contact lenses.” In the same legal suit, the Colorado ophthalmological establishment sought to have declared as illegal the use of tonometers by optometrists to test for ocular pressure and, thereby, glaucoma. Optometry decidedly won both the tonometry issue and the contact lens fitting issue, no matter how classified.

Lee Optical vs Williamson

The optometrists in Oklahoma had been able to secure passage of a model law regulating the physical aspects of the practice of optometry. The statute was immediately assaulted by commercial optometrists and by opticians in the Federal District Court in Tulsa. The decision of the court, upheld on appeal, favored commercial practice. In this case, ophthalmologists were defined as “pure professionals,” opticians were defined as “skilled artisans,” and optometrists were defined as “quasi-professional.” Optometry never recovered from this professional classification stance by the Federal courts giving ophthalmology an advantage.

SB 230 in West Virginia

The year 2010 signals a major new chapter for optometry and for its legal and administrative relationships with ophthalmology/medicine. This is occasioned by the passage of “SB 230” in West Virginia. It is my view that a new “landmark” for optometry has been achieved because of the new ground it breaks:

- This statute – SB 230 – provides new administrative language outlining and upgrading the powers and duties of the West Virginia State Board of Optometry.
- It codifies surgical procedures including foreign body removal (both surface and imbedded), epilation of lashes, punctum plug procedures, etc.
- It enables the use of an administrative law judge.
- It codifies contact lenses that deliver pharmaceutical agents.
- It gives the West Virginia Board of Examiners rule making authority to add “requirements for an expanded scope of practice procedures taught in at least 50 percent of the accredited optometry schools”.
- New drugs may be added to the formulary by approval of the Board.
- The statute adds laboratory tests to be ordered by optometrists to the scope of practice of optometry.
- The statute adds epinephrine by injection as needed in anaphylaxis and such other drugs as the Board may determine.
- CPR training is required for injection authority.
- The statute authorized the use of diagnostic lasers.
- The Executive Secretary of the Board may sign consent decrees and issue subpoenas.
- It codifies the Board’s use of reprimands, mandatory continuing education, supervised practice as necessary, that can be used for issues of discipline.

With the enforcement of SB 230, medical and ophthalmological challenges will assuredly occur.

Surgery by Optometrists

A provocative article, “Should Ophthalmologists Teach Surgery to Optometrists?” appeared in the October, 2008, issue of the *Archives of Ophthalmology*.² It is an editorial authored by well-known ophthalmologists and medical ethicists Samuel Packer, David W. Parke II, and Edmund D. Pellegrino. The authors’ arguments center on moral, clinical and legal grounds. They rationalize several aspects of opposition. Their

rationale is long, detailed and deliberative. In a concluding statement, they said, “the ethical permissibility and desirability of ophthalmologic surgical education of nonphysicians will depend on a careful assessment by the teacher (unbiased by considerations of personal gain) of the training and competence of the student audience with regard to the entire care process (preoperative, operative, and postoperative), the likely environment and manner in which the material will be used, and the likelihood of adverse individual outcomes arising from the teaching act.” The three authors did not state why they undertook this editorial exercise. No published optometric response has been forthcoming in the two years since publication.

Acknowledgements

This article is based on a presentation made at the Optometric Historical Society Reminisce-in in October, 2010, in San Francisco in conjunction with the annual meeting of the American Academy of Optometry. This presentation was delivered before the new Kentucky law expanding optometric scope of practice was passed.

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1. Classé JG. Legal Aspects of Optometry. Boston: Butterworths, 1989.
2. Packer S, Parke DW II, Pellegrino ED. Should ophthalmologists teach surgery to optometrists? Arch Ophthalmol 2008;126:1458-1459.

William Bohne (1827-1906), Author of Handbook for Opticians, First Textbook by an American Optometrist

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Abstract

William Bohne (1827-1906) was a teacher in Germany before emigrating to the United States in 1852. He worked as an optician (as optometrists were known at that time) in New Orleans in the second half of the nineteenth century. His book, Handbook for Opticians, which went through three editions, appears to have been the first optical care textbook written by an American optometrist. This paper gives a brief biographical sketch of Bohne and a description of the contents of the third edition of his book.

Key words: *optometry books, optometry history.*

Hand-book for Opticians by William Bohne appears to have been the first optical care textbook written by an American optometrist. The first edition appeared in 1888.¹ A similar monograph, but likely for promotional purposes, was *Fitting Glasses*, published by James Queen and Company, also in 1888.

William August Bohne was born November 16, 1827, in Melle, Germany.^{2,3} He had a number of years of college work in Germany, during which he studied languages, mathematics, physics, and other subjects. He then was a public school teacher in Germany for four years. When he started having lung problems, it was recommended that he move to a warmer climate.^{4,5}

In 1852, Bohne emigrated to New Orleans, where he learned watchmaking. He opened a store as "Watch-maker and Optician" in 1857, devoting himself mostly to optical work after 1868.⁵ In the 1870 and 1880 federal census for New Orleans his occupation was listed as optician.² In 1898, about a month before his seventy-first birthday, Bohne was the first person elected to the office of second vice-president of the American Association of Opticians, the organization that was to become the American Optometric Association.⁶ Bohne died December 19, 1906 in New Orleans.

Bohne published the first edition of *Handbook for Opticians*, a 108 page book, in 1888. The 251 page second edition followed in 1892. The third edition, composed of 276 pages, was published in 1895. Frederick Boger³ said that Bohne "...as a writer is above all things practical. Whenever he writes he takes a subject that is useful, and discusses it in an able and intelligent manner. He never attempts to write upon any subject until he has made himself thoroughly familiar with it." (p. 487) Speaking of Bohne's *Handbook for Opticians*, Boger said that Bohne "talks to his readers in an

unconventional, naïve, frank and engaging way, that is very charming in its quaint simplicity and foreign tone.” (p. 488)

I examined a copy of the third edition of *Handbook for Opticians*. The third edition is organized into 29 chapters plus an index. The first 14 chapters (pages 9-108) cover optics, characteristics of lens and of spectacle frames, and related topics. While theoretical background is provided, there is also practical technical information, such as determination of prism power, locating the optical centers of lenses, setting lenses in spectacle frames, and selecting frames. Bohne did not often use the term bifocals, but described two types of such “double focus” lenses as double focus single lenses and split glasses.

Bohne used diopters as a unit in the book, noting that “all first-class opticians” had adopted that unit by 1875 (p. 11). To emphasize the usefulness of the metric diopter, he described the confusion with the previous inch system in that the Paris inch (27.07 mm), the English inch (25.3 mm), the Austrian inch (26.34 mm), and the Prussian inch (26.15 mm) were all different lengths.

Chapters XV through XXIV (pages 109-178) dealt with characteristics of the eye and methods of examination and treatment. After a discussion of the anatomy of the eye in chapter XV, refractive conditions were covered in the next two chapters. The following chapters investigated topics such as the ophthalmoscope, “second sight” and cataract, emergency care for eye injuries (“till professional aid can be procured,” p. 155), artificial eyes, different light sources, and tears.

Bohne suggested that myopia was “artificially acquired”: “this defect of sight is not known among uncivilized nations, or in ancient times when people did not use their eyes on small objects, and in artificial light. It is more frequent since the invention of printing, and of improved lamps and lights.” (p. 127) He anticipated studies on the intermediate resting state of accommodation conducted in the second half of the twentieth century when he stated: “...let me correct the general error that the normal eye is in a state of *absolute rest* when it is adjusted to bring parallel rays to a focus on the retina. The far-point as well as the near one necessitates an effort of the accommodation, and the *point of absolute rest* lies consequently between the two.” (p. 133) However, Bohne attributed the intermediate rest position of accommodation to opposing muscular forces in the ciliary muscle whereas today’s explanations are neural.

The remainder of the book contains a variety of material. Of particular note are chapters XXVI and XXVII (pages 184-243). The first of these two chapters presented a history of the invention of spectacles and of the development of the optical trade. Chapter XXVII consists of short biographies of numerous “prominent opticians, scientists, and inventors.” Most of the entries were for persons from the eighteenth and nineteenth centuries. A number of world renowned scientists, such as Newton, Galileo, Kepler, Helmholtz, Robert Hooke, Thomas Young, etc., were included, plus many notable eighteenth and nineteenth century opticians/optometrists, such as John and Peter Dollond, J.M. Johnston, John McAllister, James Prentice, Charles Prentice, and

James Queen. Most of the 114 biographical entries were a quarter to a half of a page in length, but those for Charles Spencer (1813-1881), Robert B. Tolles (1823-1883), and Joseph Zentmayer (1826-1888) each extended for more than two pages.

Chapter XXVIII (pages 244-258) was entitled "Miscellanies," an apt description of a collection of short notes on the relation of opticians and oculists, refractive errors, accommodation, neutralization of lenses, and the nature of light. Chapter XXIX was a glossary, which was followed by endmatter including a list of abbreviations and an index. It seems likely that Bohne's authoritative writing and the broad coverage of practical optical matters made this book an important resource in its time.

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How Soft Contact Lenses Came to the USA

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Many of us who have lived during the making history do not always recall the happenings exactly, or as accurately, as they had occurred. We all agree that it becomes very important to record happenings as close to when they occur. The events described in this article are a case in point. Many of the optometrists living today were in practice when soft contact lenses debuted in the late 1960s. And most know that Robert Morrison, O.D., of Harrisburg, PA, was instrumental in getting these lenses to market. Most, however, do not know the intrigue and maneuvering that went on to get the soft lens material to Bausch and Lomb and eventually into optometric offices.

Most readers know that the gel material used in the development of soft contact lenses was developed by Chemistry Professor Otto Wichterle of Prague, Czechoslovakia in the late 1950s or early 1960s. What many readers do not know is how the patent for the material was transferred to Bausch and Lomb (B&L) in the United States. Rumor has it that Robert Morrison, O.D., pioneer contact lens specialist and optometrist to European royalty (that story must wait for another day), was the one who sold the patent rights for the gel to B&L. **Not the case.**

Harold Stein, M.D., of Toronto, Canada, an internationally respected contact lens authority who has written extensively on the history of contact lenses, noted in a recently published paper that Morrison was “not only an expert in contact lenses, but also he was an innovative, creative and astute observer who was among the first to recognize the importance of hydrogel materials to the development of soft contact lenses.”¹

Stein wrote on the beginning of Dr. Morrison’s efforts to get a material suitable for a soft contact lens that would absorb water rather than repel it: “While in Czechoslovakia, an optical firm told him (Morrison) about a new type of material that was being developed in Prague,” noted Stein. “He headed to Prague to visit with Chemist Dr. Wichterle who was then perfecting the hydrogel material. It was initially applied in the manufacturing of an artificial mandible, but Dr. Wichterle soon found that he could spin cast it into a contact lens. He felt it had excellent properties for fitting a contact lens with hydrophilic properties, unlike other contact lens materials at that time which were hydrophobic.”¹ This happened in early 1960s. Morrison had a number of meetings with the Czech professor who gave him a small sampling of the new product to take back to Harrisburg, PA for testing.

Dr. Morrison worked long and hard in his lab with the sample of the hema gel material; he knew that it was far away from a finished lens for patient use. He knew,

too, that one of the first hurdle was to get the material under a patent. Dr. Wichterle had promised, or at least inferred, that he (Morrison) would be offered the opportunity to patent the invention.

Morrison was shocked, then, when he got a telephone call shortly after his trip to Prague from Martin Pollock, a patent attorney with National Patent Company. According to the book *Man of Vision: The Story of Robert Morrison* by Rosanne Knorr and Kevin Kremer, the conversation went like this²: Pollock said, "I understand that Dr. Wichterle is going to assign the patents for his HEMA plastic to you." "That's my understanding, yes," replied Morrison. Then Pollock said "Our company, National Patent Development, represents major names in business – Westinghouse, GE – and we are experts on Eastern European patent rights. I'd like to discuss how we might work with you."

The book goes on to explain that discussions between Morrison and Pollock went absolutely nowhere; there was a real impasse. Soon Morrison learned that there were others in the USA and some abroad also trying to get involved with Professor Wichterle. The Professor did not know which way to go.

A year or so later, before any agreement was signed with anyone, Dr. Morrison and Dr. Wichterle met at Wichterle's home in Prague when Wichterle said, "Robert, I have decided that I must give patent rights to the gel to someone who can use them in the Western Hemisphere and, perhaps, in some other areas as well."³ He then told Dr. Morrison that he was "one of my top choices."⁴ As Morrison learned later, a Mr. Sroneck of Polytechna, representing the Czech Academy of Science, really wanted two groups in on the sale contract in order to prevent a payment default.

Eventually the actual patents for the soft lens hema gel for the western hemisphere and a few other countries were signed by Robert Morrison and The National Patent Development Corporation – 50:50 – as co-owners of the Flexible Contact Lens Co, formed for this purpose and registered in Delaware. They were "hostile" partners and soon Morrison sued National Patent for millions. Morrison offered to buy National Patent's half of the patent rights or he offered National Patent the opportunity to buy his half. The negotiations that followed were hairy and eventually National Patent agreed to buy the Morrison share. Getting the money to make the payments was something else; the payment schedule was often "nearly" violated.⁵

It took National Patent a little over six months to make a deal with Bausch and Lomb for it to use the patent. As it turned out that deal provided the funds to pay off Robert Morrison. And, thus, soft contact lenses came to the American marketplace.

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Some Doctors of Medicine who Published Optometry Books and Played Significant Roles in Early Twentieth Century Optometric Education

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Abstract

This paper provides brief profiles of four doctors of medicine who wrote books for optometrists and who were faculty members in, and/or directors of, optometry schools in the early twentieth century. Those studied were Thomas G. Atkinson (1870-1946), Marshall B. Ketchum (1856-1937), Joseph I. Pascal (1890-1955), and Clarence W. Talbot (1883-1958). The content of the books they wrote is also discussed.

Key words: oculists, ophthalmologists, optometric education, optometry books, optometry history.

In the last issue of *Hindsight: Journal of Optometry History* the life and work of Christian Henry Brown (1857-1933) was discussed.¹ Brown earned an M.D. degree in 1878. He operated the Philadelphia Optical College from 1889 to his death in 1933. He wrote several books, most notably *The Optician's Manual*, later re-titled *Optometrist's Manual*. This paper looks at four other doctors of medicine who wrote books for optometrists and who had important roles in early twentieth century optometric education.

Thomas G. Atkinson (1870-1946)

Atkinson was born in London, England, and received a B.S. degree from the University of London.² He came to the United States in 1893, and received an M.D. degree from the school that was become known as Loyola University.² He taught physiology and neurology at the Chicago College of Medicine and Surgery and at the Chicago College of Dental Surgery. He also served on the faculty of the Northern Illinois College of Optometry.

An obituary in the *Journal of the American Optometric Association* said that Atkinson's services as a lecturer "were much in demand by optometrists throughout the nation. His influence upon the profession and his contributions to its members across the country was keenly felt and appreciated. In 1944 he was honored when the Distinguished Service Foundation of Optometry bestowed upon him its Silver Medal..."² A reviewer of one of his books said that Atkinson was "well known to the optometric profession. He has appeared on the program at many optometric conventions and through the years has written much that is fine and of value to us all."³

Atkinson published frequently in *Optometric Weekly* and wrote a number of books that were widely used by optometrists. The books he authored covered a broad range of topics. The first book Atkinson wrote for optometrists was *Essentials of Refraction*. Editions were published in 1906 (134 pages), 1907 (235 pages), and 1914 (238 pages).⁴ I examined a copy of the 1914 edition. In the preface Atkinson said that the purpose of the book was to present the essentials of the practice of refraction. Atkinson covered some basics of optics, ocular anatomy, and ocular optics; accommodation and convergence; retinoscopy; ophthalmoscopy; correction of hyperopia, myopia, and astigmatism; examination procedures; strabismus; asthenopia; eye diseases; fitting glasses; and lighting. The emphasis of the book was practical instruction with a minimum of theoretical background.

It appears that one of Atkinson's most widely used books was *Oculo-Refractive Cyclopedia and Dictionary*. Editions were published in 1921 (432 pages), 1934 (384 pages), and 1944 (388 pages). I examined copies of each edition. In introductory matter in the 1921 edition, Atkinson stated: "Every applied science demands an encyclopedia and dictionary which crystallizes its subject-matter and standardizes its nomenclature. Ocular refraction, which in the last twenty-five years has developed inot the fullness and dignity of an independent and applied science, had no such representation."

Definitions in *Oculo-Refractive Cyclopedia and Dictionary* varied from one line to a number of pages. There were two entries by other contributors in the first edition. These were a 27 page entry on ophthalmometry by Charles Sheard and an eight page entry on frame fitting by Robert D. Pettet. The second and third editions included the material on ophthalmometry, but they did not have an entry for frame fitting. Atkinson's definition of optometry was "the science and art of measuring the refraction and muscular conditions of the eye" in the first edition and "the science and art of investigating all physiologico-optical defects of vision, including those of refraction and of the ocular muscle function, and correcting or aiding them by means of lenses, prisms, muscle training, and other physiologico-optical measures" in the second and third editions. Some of the multiple page entries included accommodation, astigmatism, blood pressure, color, convergence, heterophoria, history of optics, myopia, perimetry, physiology of vision, prism, retinoscopy, and strabismus. An 18 page entry on instruments with many illustrations can be found in the first edition but not in the second and third editions.

Atkinson's *Technic of Refraction, Trial Case and Refractive Instruments* (93 pages), published in 1922, explained how to perform various testing procedures. Included are instructions on trial case refraction, retinoscopy, ophthalmoscopy, ophthalmometry, use of a phoropter, perimetry, color tests, and other tests. *Diagnosis of Ocular Diseases* (118 pages) was published in 1926. It discussed the basics of pathological processes, infection, inflammation, degenerations, and neoplasms, followed by eye diseases, perimetry, and blood pressure.

Dynamic Skiametry: Its Theory and Practice (192 pages) appeared in 1928 with Atkinson and Frederick A. Woll, Ph.D., as authors. Woll was an optometrist and faculty member at Columbia University. On the first page of the first chapter the authors noted that they had discarded the older terms retinoscope and retinoscopy for the more modern terms skiascope and skiametry because the procedure does not view or examine the retina. The book looked at the optics and theory of skiametry, background considerations of accommodation and convergence, and theory and procedure of dynamic skiametry. Discussion of “collateral tests” and illustrative cases closed out the book.

Atkinson’s next book was *Ocular Muscles and Fusion: Physiology, Diagnosis, Technic* (1933, 192 pages). In the introduction, Atkinson stated that what was needed to help practitioners better understand this area of practice was a “physiological” approach rather than a “mechanical” or “mathematical” one. Later in chapter IV, he suggested that “muscle effort” was a more important consideration in accommodation and convergence than “the dioptric result achieved by that effort.” In the first few chapters, Atkinson wrote about muscle function; binocular fusion; accommodation and convergence theory, testing procedures, and analysis; and dynamic skiametry. Next he observed that “biologic type,” endocrine function, mental status, and toxemias could affect function of the eye and ocular muscles. The last few chapters dealt with strabismus, “age-period groups of ocular defects,” and instrumentation for “eye exercises.”

In 1935, *The Seven-Fold Stimulus-Response Manual: A Manual of Procedure in Optometric Diagnosis* (213 pages) was published. The authors were Carl Shepard and Atkinson. Shepard was an optometrist and long time instructor at Northern Illinois College of Optometry. They stated that all “visual stimulus-response reactions are for the purpose of satisfying one or other, or all, of four cardinal demands: fixation...focus...single vision...comfort.” The main emphasis of the book was description of routine tests, a routine analysis procedure, and treatment methods for accommodation and convergence. They discussed prescription of prism and use of “oculo calisthenics” and “visual training.” Some of the terms they used are in common usage today, such as negative relative accommodation (NRA), positive relative accommodation (PRA), negative relative convergence (NRC), and positive relative convergence (PRC).

Atkinson published a small booklet (48 pages) entitled *Essentials of Visual Psychology* in 1936. It included an overview of visual sensation, attention, perception, conditioning, and mental dysfunctions.

Atkinson’s 1937 book *Oculo Refractive Procedure Analysis Treatment: A Complete Work of Modern Practice* (160 pages) is similar to his first optometry book, *Essentials of Refraction*, in that it provided an overview of optometry practice methods and analysis with some theoretical background. The titles of this book’s nine chapters were Physiological Considerations; Psychological Considerations; Accommodation and Convergence; Refractive Errors; Anomalies of Coordination; Visual Field Charting;

Strabismus or Squint; Tests; and Procedure, Analysis, Disposition. A review of the book in the *American Journal of Optometry* called it “a valuable contribution to modern Ophthalmic literature” which “should find a welcome place in the office of any modern optometrist.”⁵

In 1941, *Visual Field Charting* (128 pages) was published. Atkinson covered background, indications for visual field testing, procedures, apparatus, types of field defects, diseases which affect visual fields, and interpretation of results. It included information on the Brombach perimeter, the Ferree-Rand perimeter, and the stereo-campimeter.

Atkinson also wrote a physiology book for medical students entitled *Functional Diagnosis – The Application of Physiology to Diagnosis*. The first edition was published in 1909, with several subsequent editions following.

Marshall Bidwell Ketchum (1856-1937)

M.B. Ketchum was born in Ontario, Canada, and graduated from pharmacy school in 1880 in Toronto.⁶ That same year he emigrated to the United States.⁷ In 1882, he received an medical degree from the Cincinnati Medical College. From 1896 to 1903 Ketchum taught ophthalmology, otology, and pharmacy at the Lincoln Medical College in Lincoln, Nebraska, and he ran the Lincoln Optical College.^{6,8,9} In 1904, Ketchum founded the Los Angeles School of Ophthalmology and Optometry, which after many name changes is today the Southern California College of Optometry.¹⁰ It appears that he may have been the sole instructor for a few years.¹¹ M.B. Ketchum served as president of the school until 1920, when he turned over the presidency to his nephew optometrist, William M. Ketchum.¹² William M. Ketchum was a 1913 graduate of the school.¹³

M.B. Ketchum was described by graduates of the school as “a very dignified gentleman, excellent in handling people and a capable teacher” and “truly dedicated to optometry.”¹⁴ An obituary notice in the *Journal of the American Optometric Association* said that Ketchum was a “friend of optometry...and a pioneer in our struggle to place optometry where it rightfully belongs.”⁶

Ketchum's Lessons on the Eye (89 pages) was published in 1920. On the title page Ketchum gave a dedication “to the ‘world of optometry’ and especially to those who have sacrificed their time and energy to the end that the word ‘optometrist’ may be honored by all other professions.” About two-thirds of the book is devoted to ocular anatomy, with more than twenty illustrations. A variety of other topics are also briefly considered, including accommodation, common eye diseases, floaters, nystagmus, amblyopia, pupil anomalies, and common eye terms and prefixes.

Joseph Irving Pascal (1890-1955)

Joseph I. Pascal was born in Lithuania and came to the United States in 1901.¹⁵ He completed a B.S. degree from Columbia University in 1912. Two years later he finished optometry school at Rochester School of Optometry.^{15,16} Pascal talked about

studying with Andrew Jay Cross when he stated that “Cross was an inspiring teacher and left his impress on me when I spent two years under his tutelage in the optometry department of Columbia University.”¹⁷ The optometry school started at Columbia in the fall of 1910,¹⁸ but Pascal was not listed among the first two classes of students that started in the fall of 1910 and the fall of 1911.^{19,20} Perhaps he studied independently with Cross while pursuing his B.S. degree at Columbia or later after he had finished school at the Rochester School of Optometry.

Pascal founded the American Institute of Optometry, which operated an optometry school, in 1914 and served as its director until 1927.^{21,22} The American Institute of Optometry was listed among optometry schools in the *Blue Book of Optometrists* from 1914 to 1924. The 1914 *Blue Book of Optometrists* said that its courses ranged from three months to three years.²³ The 1924 *Blue Book* mentioned a standard one thousand hour course and a standard two year course and noted that the school had “clinical and laboratory facilities” and offered “personal instruction only.”²⁴ He was a participant in the first conference to establish optometric educational standards held in the 1920s.²⁵

Pascal received an M.A. degree from Columbia in 1927. He attended the College of Physicians and Surgeons at Columbia from 1916 to 1919, and from 1927 to 1930 he continued studies in medicine at the University of Vienna where he received a medical degree.¹⁵ In 1931, he became the chief of refraction at the Beth Israel Hospital in Boston and taught at the Massachusetts College of Optometry. Later he practiced ophthalmology in New York and lectured at the New York Polyclinic Medical School.¹⁵ One obituary notice stated that due to “his contributions to the literature both here and abroad and his frequent lecture engagements, Dr. Pascal was known to optometrists in all parts of the world.”²¹ Another said that he “achieved success in both medicine and optometry, and was internationally known as an author, lecturer, and teacher...”²²

Pascal developed or improved various examination instruments, one of which was the Turville-Pascal Dynascope which was used in retinoscopy.²⁶ He wrote and spoke several languages, including Spanish, Italian, French, and German. He wrote abstracts of the Spanish ophthalmology literature for the *American Journal of Ophthalmology*.²⁷ An obituary in *Archives of Ophthalmology* noted that “Dr. Pascal’s unique place in American ophthalmology was determined by the fact that he remained an optometrist as well as an ophthalmologist all his life, proving by his own example that loyalty to one group does not mean antagonism to the other. For many ophthalmologists he will remain the symbol of the perfect teacher. With kindness, humor, and perseverance, he put life into a subject which a great many of them disliked, or at least found lacking in interest.”²⁷

Pascal published three books, *Modern Retinoscopy*, *Studies in Visual Optics*, and *The Optometrist’s Handbook of Eye Diseases*, the latter with Harold G. Noyes as co-author. *Modern Retinoscopy* (279 pages) was published in 1930. The opening chapters explained the principles and general technique of retinoscopy, along with a description of the movement of the retinoscopic reflex, and an optical explanation of

retinoscopy. The next chapters provided description of different static retinoscopy methods, effects of pupil size and aberrations in retinoscopy, and use of cylinders in retinoscopy. Then several chapters were devoted to various dynamic retinoscopy procedures, with accompanying chapters on accommodation and convergence. On pages 129 to 131, Pascal counted twelve uses of dynamic retinoscopy, which included finding and correcting “inefficiency of accommodative function...,” finding “the reading or working addition for presbyopia...,” finding “the absolute amplitude of accommodation of each eye...,” and testing for “speed or sluggishness of the accommodation.”

The last chapters in *Modern Retinoscopy* dealt with what Pascal called “velon-skiascopy, ...one of the very latest methods for subjectively determining the refractive condition of an eye.” (p. 225) Pascal suggested that it was similar to retinoscopy in that it involved observation of shadow phenomena and shadow movements by the patient while retinoscopy involved shadow movements observed by the examiner. Some of the procedures he described employed Scheiner’s disc or a thin wire moved across the area in front of the patient’s pupil while the patient was viewing a distant small spot of light. A review of the book in the *American Journal of Optometry* was very favorable, proclaiming that “the underlying principles are so clearly presented as to enable any practitioner to easily and quickly master their fundamentals.” The reviewer stated that in the section on dynamic retinoscopy “one finds a complete mastery of the subject.” The review closes with the evaluation that this book “is, without a doubt, the most comprehensive work on this subject yet produced and shows the results of diligent and successful research.”²⁸

Pascal’s *Studies in Visual Optics* (1952, 800 pages) is a remarkable book for the breadth of coverage and the depth with which some of the topics are considered. Some of the subjects examined are geometrical optics, ocular optics, ophthalmic optics, retinoscopy, refractive errors, stereoscopes, accommodation, convergence, cross cylinder tests, orthoptics, and extraocular muscle function tests. The book is also remarkable in that on the title page Pascal listed both O.D. and M.D. among the degrees he held. And listed among his various credentials and positions below his name was “Licentiate in Optometry and in Medicine.”

Pascal explained that the purpose of the book was “twofold: (1) to present some old material in a way which I have found is most easily grasped and absorbed by undergraduate and postgraduate students, and (2) to present in an orderly manner a number of new ideas, new methods, new applications, simplified formulas, memory aids for things easily forgotten, schematic and graphic presentation of things that are otherwise just nebulous ideas, and a host of other helpful hints which I have accumulated over the course of some forty years of teaching.”

One passage that particular drew my attention was three pages on the history of dynamic retinoscopy. Pascal stated that the first use of retinoscopy to examine accommodation was by R. Greef in 1895 for the purpose of determining amplitude of accommodation of a young boy blind in one eye. (p. 175) Others, such as Jackson, Axenfeld, Heine, and Hess used retinoscopy to look at accommodation, but “new and

powerful impetus to the development and spread of dynamic retinoscopy came with the work of Andrew J. Cross, an American optician (later optometrist).” (p. 176) Pascal also noted that his own work in dynamic retinoscopy was acknowledged in Atkinson and Woll’s book on the subject.

A review of *Studies in Visual Optics* said that it was “a highly practical and functional book in which the various procedures for determining and interpreting the anomalies of vision are discussed concisely and clearly.”²⁹

The Optometrist’s Handbook of Eye Diseases (300 pages) by Pascal and Noyes was published in 1954, the year before Pascal’s death. They had previously published some of the material in various optometry journals. In the preface they noted that they had “been teaching diseases of the eye to optometrists for a great many years and have incorporated here the results of their experiences in the field.” They stated that the emphasis of the book was on recognition of pathological deviations from normal, with limited information on differential diagnosis, etiology, or treatment. A review of the book said that it “covers all of the diseases of the eye and orbit the optometrist is likely to see in his daily practice and is written in such terms as to meet his every requirement” and that it would be “a useful addition to your library on eye pathology.”³⁰

Clarence Weill Talbot (1883-1958)

C.W. Talbot was born in Missouri.³¹ Talbot completed medical school at University Medical College of Kansas City in 1906.³² According to the 1910 federal census, Talbot was living in Spokane, Washington, and was an eye, ear, and nose surgeon.³³ Successive editions of the *Blue Book of Optometrists* listed Talbot as president of the Washington School of Optometry in Spokane, Washington, from 1914 to 1920. The Washington School of Optometry was in the *Blue Book* from 1914 to 1928, but Talbot was not listed among its officers from 1922 to 1928. The 1914 *Blue Book* said that the Washington School of Optometry was “Incorporated 1909” and that it “Gives resident and attendant courses, making a specialty of teaching the Talbot system.”³⁴ The 1922 entry in the *Blue Book* for the Washington School of Optometry says: “Attendance courses in the Talbot System. The course consists of approximately 987 hours in the study of straight optics. Dietetics, high blood pressure, urinalysis, and electro therapeutics are taken up in addition to the study of Optometry. Very latest clinical and laboratory facilities. A.E. Jones, O.D.S.Phy., president; Mae Both-Jones, O.D.S.Phy., secretary.”³⁵

In 1910, Talbot published *Diseases of the Eye and How Recognized* (68 pages). The sub-title was *A Series of Articles on the More Common Diseases with which the Optician Meets in His Every-Day Work – The Causes, Symptoms, Diagnosis and Outlines of Treatment*. It was a compilation of articles, previously published in the *Optical Journal*, on diseases of the eyelids and anterior segment, glaucoma, and the eyes of school children. The book included drawings of ocular conditions and some photographs of examination methods. The publisher of the book was Frederick Boger, who published *Optical Journal* and a number of other books for optometrists.

The first edition of Talbot's *Optometry Quiz Compend* (236 pages) was published in 1914. I examined a copy of the second edition (1920, 275 pages), which offered over a thousand questions (with answers) on geometrical optics, ophthalmic optics, ocular anatomy, ocular optics, refractive errors, retinoscopy, subjective refraction procedures, presbyopia, heterophoria, phorometry, and ocular disease. It contained an appendix section with several tables, lists, and conversion factors. A publisher's note in the second edition said that: "The First Edition was speedily exhausted and the prohibitive price of printing and bookbinding accompanying the rise in prices of other commodities following the Great War made it inadvisable to bring out a revised edition until this time."

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COVD: Recapitulating 40 Years of Excellence

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Introduction

This year during the week of October 11, COVD will be celebrating our 40th year anniversary. It is fitting that our Annual Meeting this year in Puerto Rico provides an international flavor that attests to the global reach of our organization, mirroring our Cancun experience in 2003.

With this backdrop it is time to revisit key elements of our history, last updated in written form by COVD's first treasurer, and former President Dr. Robert Wold.¹ Dr. Wold's paper elaborated the history of our organization, based on an article he previously co-authored with Dr. Martin Kane.² On August 6, 1965, a group of California optometrists met to form the National Society for Vision and Perception Training (NSVPT), with membership limited to optometrists undergoing a Fellowship Board Certification Process. Two similar organizations, the National Optometric Society for Developmental Vision Care (NOSDVC) and the Southwest Developmental Vision Society (SWDVS) were formed in 1969 under the guidance of Drs. Raymond Lowry in Minnesota, and Nelson Greeman, Jr. in Texas, respectively, though they were membership rather than fellowship organizations.

In this age of social media it is difficult to conceive of the fact that these three organizations were autonomous and unaware of each other. That situation was rectified in 1970 when representatives of the three groups met several times to discuss a unified national optometric organization. They reached out for support to the Institute of Behavioral Optometrists (IBO) in the Washington, D.C. area, as well as to other prominent optometrists. The NSVPT was represented principally by Drs. Wold, Donald Getz and Charles McQuarrie, Jr. Though many of our current members are familiar with the names of Drs. Getz and Wold through their ongoing involvement in our organization, Dr. McQuarrie is less of a household name though no less influential in our origins. He would go on to become President of the American Optometric Association.

Auspicious Beginnings

On the weekend of December 6, 1970, in San Antonio, Texas, representatives of the NSVPT, NOSDVC, and SWDVS met to select a unified Governing Board and

Examination Board. Each Board would have members who represented various regions of the United States: West, North Central, Southwest, Midwest Northeast, and Southeast. The first President was Dr. Amorita Treganza, aided by Governing Board members Drs. Raymond Lowry, Robert Wold, Joyce Adema, Nelson Greeman Jr., Donald Getz, Jerome Kolloski, Eleanor Reckrey, Morton Schomer, Martin Cohen, and Harvey Brown. The first Chairman of the Examination Board was Dr. Ralph Schrock, aided by Drs. Robert Zwicky, Forrest Baber, Conrad Mazeski, Sidney Cohen, Harvey T. Brown, and Stanley Brown.

COVD was officially formed in March, 1971 when the Board of Directors met for the first time in Irving, Texas, and voted to hold its first meeting in October of that year in New Orleans, Louisiana. At the first meeting the Board approved the annual presentation of the G.N. Getman Award and the A.M. Skeffington Award, named after two luminaries in the field. The first recipient of the Getman Award for outstanding performance in providing behavioral vision care to the public was Dr. Homer Hendrickson, while the first recipient of the Skeffington Award, for outstanding writing, was Dr. Martin Kane.

The mission statement, as we would call it today, consisted of five ambitious goals for the nascent organization:

1. Establishing a body of practitioners who are knowledgeable in functional and developmental concepts of vision, who will ensure that the public will receive continually improving visual care.
2. Promoting, fostering and engaging in interdisciplinary cooperation.
3. Enabling members to maintain the highest standards of professional knowledge and competency.
4. Educating and encouraging optometrists to qualify for membership and fellowship in the College.
5. Certifying optometrists as skilled in this optometric specialty.

As you glance at these goals or purposes, you'll note three current topics in the profession about which our founding COVD leaders were prescient:

- a) Board Certification
- b) Maintenance of competency
- c) Functional and developmental vision as specialty care

COVD leaders were ahead of their time in other respects as well. One observation that stands out is the diversity of the original governing board. Two of its executive members 40 years ago, Dr. Amorita Treganza serving as President and Dr. Joyce Adema serving as Treasurer, were females. After Drs. Lowry and Davis served as the second and third Presidents of the organization, Dr. Adema became COVD's fourth President in 1974.

Scholarly Growth and Organizational Networking

Aside from fellowship certification, an early centerpiece of the organization was its Journal. COVD adopted the quarterly publication of the Journal of Optometric Vision

Therapy from the NSVPT. Dr. Robert Wold served as the inaugural editor, and Dr. Martin Kane assumed the role one year later. Reflecting the broader mission of the organization, the name of the Journal was changed to the Journal of Optometric Vision Development (JOVD) in 1975. In 1976 JOVD published its first Annual Review of the Literature, which would serve as a highlight of the Journal in ensuing years, updating readership on a variety of topic areas. Subsequent to Dr. Kane, three editors have served the journal with distinction, Dr. James Bosse, Dr. Sidney Groffman and Dr. Dominick Maino. Under Dr. Maino's editorship, the name of the Journal was changed to Optometry and Vision Development (OVD) and issues beginning with the publication year 2004 are available online at www.covd.org.

In 1981, to maintain and extend the scholarly component of the journal, news and other information was jettisoned to a separate publication, VISIONS, published quarterly and containing the President's message as well as heritage and practice management pieces. The Journal continues to present its Award for Best Article of the Year at the Annual Meeting during the Awards Luncheon, a practice begun in 1989. In 1983, COVD stopped producing brochures for public education, deferring this role to its allied behavioral optometric organization, the Optometric Extension Program (OEP).

In the late 1980s COVD began to promote funding for research projects. Though not large in amount, these funds were instrumental in providing seed money for many research initiatives undertaken by optometric faculty in our field. Around this time, an association of optometric educators in vision development, led by Dr. Ira Bernstein, began to meet yearly at COVD's annual meeting. Research presentations and posters were gradually phased into the Annual Meeting program under the direction of Drs. Donald Getz, Michael Cron, and Gary Williams. In 1996 COVD joined the Partnership Foundation of ASCO (Association of Schools and Colleges of Optometry) to help invest in the future of optometric education.

Under the leadership of Drs. Robert Greenberg and Robert Wold, COVD deepened its organizational connections. COVD members held numerous appointments with the structure of the American Optometric Association, and our mid-year board meetings were held at the site of the AOA's annual meeting. The American Academy of Optometry's Diplomate Program in Binocular Vision and Perception was initiated in 1972, around the same time that COVD evolved. Select individuals were influential in the early phases of both programs, most notably Drs. Nathan Flax, Louis Hoffman, William Ludlam, and Jack Richman. COVD established and maintained liaisons with OEP and other sister organizations such as ACBO (the Australasian College of Behavioral Optometry), NORA (Neuro-Optometric Rehabilitation Association) and CSO (College of Syntonic Optometry).

Membership

Another lens, perhaps our most crucial one, through which the maturation of our organization can be viewed is our membership. The *raison d'être* of our organization remains the conferring of Fellowship. Reflecting the increased interest in developmental vision abroad, as well as the emphasis on certification, the original name

of the National Examining Board (NEB) was changed to the International Examination and Certification Board (IECB). The mission of the International Examination and Certification Board is to evaluate and certify the advanced competency of optometrists and vision therapists in providing developmental vision and vision therapy services. COVD fellowship represents our profession's first recognized board certification process. Throughout our history, the ratio of associate members to fellows has remained about 3:1, with the Fellow Emeritus category recognizing retired fellows.

As the Governing Board of COVD has been the vehicle for advancement of our organization, the IECB has been its lifeline. To present for Fellowship examination and certification, associate members must have at least 3 years of clinical practice experience in vision development and vision therapy and have been actively involved in the clinical diagnosis and management of vision therapy for at least two years. Candidates must also submit evidence of 100 hours of continuing education in developmental/behavioral vision care before taking the written examination. Graduates of accredited Residency programs in Pediatrics, Vision Therapy and Rehabilitation meet the requirement for 100 hours of CE and one year of practice. IECB has evolved under the capable leadership of Drs. Carl Gruning, Carol Marusich, John Tassinari, WC Maples, Nancy Torgerson and Celia Hinrichs. Among other areas, the work done on our written examination in consultation with the NBEO helped our certification process gain wider recognition. Significant strides were made in the 21st century in adding the category of FCOVD-A, or academic, and most recently FCOVD-I, or international.

A unique and highly valued component of our organization is the membership represented by COVTs, our Certified Optometric Vision Therapists. The name change that this segment of our membership underwent in the late 1990s was more than semantics. Originally designated as COVTTs, or therapy technicians, the esteem in which therapists are held was elevated by the work of Diana Ludlam, Linda Sanet and other influential therapists. COVTs are required to complete open book questions, a written examination, an oral interview, and are inducted yearly at our Annual Meeting Banquet alongside FCOVDs.

Student membership represents another vital category in our organization. In recognition of the fact that students are our future endowment, COVD offers a Marge and Robert Wold SAFE Fund to help defer costs of student travel to our annual meeting. With the implementation of our "Tour d'Optometry", students are increasingly exposed to COVD representatives and philosophy, stimulating them to join and come to our annual meeting. Key affiliate members round out our membership categories.

Annual Meeting

The annual meeting remains our sole membership gathering, as it has been since the inception of the organization. The Board has traditionally planned our meeting site to rotate between East Coast, West Coast and Midwest regions of the United States and contiguous areas. The formula for the annual meeting has remained similar throughout the years, with Board Meetings and Examinations conducted prior to the start of continuing education. An opening night practice management meeting jointly

sponsored with OEP is followed by a social gathering, setting the tone for a large family-like gathering. A major change occurred in the late 1990s with the addition of Applied Concepts Courses in Vision Therapy prior to the CE program, and the Annual Meeting itself was shortened by a day.

A highlight of the Annual Meeting is the Awards Luncheon, emceed for many years by the inimitable Dr. Don Getz, and more recently by Dr. Phil Bugaiski. It has retained its flavor as the pinnacle of camaraderie in our profession. Continuing education continues to be cutting edge, as Dr. Gary Williams has maintained the high standards set by Dr. Getz. Discussion groups and special interest meetings complement the more formal lecture hall presentations, as envisioned by our original meeting planners such as Dr. Arthur Heinsen.

The crown jewel of our annual meeting is our Dinner Banquet on Saturday evening. Nattily attired, our membership assembles for the Presidential address, swearing in of officers, and induction ceremonies for new FCOVDs and COVTs, followed by dancing and lots of hugs and kisses. This is a formula unchanged over the last 40 years, and one likely to endure for the next 40.

Location and Management

COVD literally began as a “Mom and Pop” operation in the garage of Marge and Bob Wold in Chula Vista, California. And what a phenomenal mom and pop they were! As the organization grew, we hired Dr. Robert Greenburg in 1990 to serve as the first Executive Director of COVD, though the office remained in Chula Vista. Dr. Greenburg helped guide Board deliberations, clarified the vision of the organization, and planned and conducted the annual meetings with aplomb. In a move to broaden inroads into the profession, COVD hired Dr. Steven Miller as our Executive Director, moving our office into the AOA building in St. Louis as the century turned. Dr. Miller turned his attention to long-range planning, and served admirably during his tenure in that position.

In the year 2006, COVD marked another milestone in our development. Recognizing the need to broaden our management structure yet at the same time increase our efficiency, COVD hired Pam Happ and moved our offices to Aurora, Ohio. Ms. Happ together with her able assistant, Jackie Cencer, have excelled in facilitating our annual meeting to new levels of growth, and in administering our burgeoning fellowship process.

Through the years, various individuals have aided COVD in public outreach. Two key individuals deserving of mention for their pivotal roles include Dr. Lynn Hellerstein and Ms. Toni Bristol. With the collective community that comprises the College of Optometrists in Vision Development, we are poised for another 40 years of excellence.

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Appendix I – COVD Presidents

Oct.-Oct.	Name
1971-72	Amorita Treganza, OD, FCOVD (deceased)
1972-73	Raymond Lowry, OD, FCOVD (deceased)
1973-74	Morton Davis, OD, FCOVD
1974-75	Joyce Adema, OD, FCOVD
1975-76	Donald J. Getz, OD, FCOVD
1976-77	Donald Heyden, OD, FCOVD
1977-78	Ralph Schrock, OD, FCOVD (deceased)
1978-79	Joseph A. Viviano, OD, FCOVD
1979-81	James A. Blumenthal, OD, FCOVD
1981-82	F. Robert Ginsberg, OD, FCOVD
1982-84	Robert M. Greenberg, OD, FCOVD
1984-85	D. Gary Thomas, OD, FCOVD
1985-87	Robert B. Sanet, OD, FCOVD
1987-88	Tom D. Rose, OD, FCOVD
1988-89	Glen T. Steele, OD, FCOVD
1989-90	Steven A. Levin, OD, FCOVD
1990-91	Gary Etting, OD, FCOVD
1991-92	Bruce May, OD, FCOVD
1992-93	Neil W. Draisin, OD, FCOVD
1993-95	Gary J. Williams, OD, FCOVD
1995-96	Donald J. Janiuk, OD, FCOVD
1996-98	W.C. Maples, OD, FCOVD
1998-00	Carl F. Gruning, OD, FCOVD
2000-01	Robert M. Wold, OD, FCOVD (deceased)
2001-02	Nancy G. Torgerson, OD, FCOVD
2002-04	Leonard J. Press, OD, FCOVD
2004-05	Lynn F. Hellerstein, OD, FCOVD
2005-07	Drusilla Grant, OD, FCOVD
2007-08	Dan Fortenbacher, OD, FCOVD
2008-09	Carol Lea Scott, OD, FCOVD
2009-10	Bradley E. Habermehl, OD, FCOVD

Appendix II – COVD Awards

G.N. Getman Award Recipients

1971 Homer Hendrickson, OD
1972 Charles McQuarrie, Sr., OD
1973 Robert Kraskin, OD
1974 George Crow, OD
1975 Amorita Treganza, OD
1976 Robert Johnson, OD
1977 Paul Lewis, OD
1978 Charles Drain, OD
1979 Bernard Saltysiak, OD
1980 Harris Prefontaine, OD
1981 John Streff, OD
1982 Richard Apell, OD
1983 David Dzik, OD
1984 Lois Bing, OD
1985 Tole Greenstein, OD
1986 Elliott Forrest, OD
1987 Harold Weiner, OD
1988 Mary Childress, OD
1989 Joyce Adema, OD
1990 Arthur C. Heinse, Jr., OD
1991 George Slade, OD
1992 Nathan Flax, OD
1993 William Ludlam, OD
1994 Albert Sutton, OD
1995 Baxter Swartwout, OD
1996 Sidney Groffman, OD
1997 Martin Birnbaum, OD
1998 Harry Wachs, OD
1999 Robert B. Sanet, OD
2000 Robert M. Wold, OD
2001 Donald Getz, OD
2002 Paul Lederer, OD
2003 Morton Davis, OD
2004 Graham Peachy, OD
2005 Glen Steele, OD
2006 W.C. Maples, OD
2007 Harold Solan, OD
2008 Carl Hillier, OD
2009 Nancy Torgerson, OD
2010 Gary Etting, OD

A.M. Skeffington Award Recipients

1971 Martin Kane, OD
1972 William Lee, OD
1973 Tole Greenstein, OD
1974 Robert M. Wold, OD
1975 Arthur Heinsen, Jr., OD
1976 Amiel Francke, OD
1977 William Ludlam, OD
1978 (not awarded)
1979 Martin Birnbaum, OD
1980 Elliot Forrest, OD
1981 Lawrence Macdonald, OD
1982 Nathan Flax, OD
1983 Gerald Getman, OD
1984 Robert Kraskin, OD
1985 Israel Greenwald, OD
1986 Amorita Treganza, OD
1987 Daniel Wolff, OD
1988 Donald J. Getz, OD
1989 Albert A. Sutton, OD
1990 Harold Solan, OD
1991 Richard Apell, OD
1992 Leonard Press, OD
1993 Lou Hoffman, OD
1994 Harry Wachs, OD
1995 Sidney Groffman, OD
1996 James Bosse, OD
1997 John Streff, OD
1998 Jack Richman, OD
1999 Arnold Sherman, OD
2000 W.C. Maples, OD
2001 Albert L. Shankman, OD
2002 Mitchell Scheiman, OD
2003 Paul A. Harris, OD
2004 Eric Borsting, OD
2005 Irwin Suchoff, OD
2006 David FitzGerald, OD
2007 Kenneth J. Ciuffreda, OD
2008 Susan Cotter, OD
2009 Dominick Maino, OD
2010 David A. Goss, OD

COVT of the Year Award

2001 Linda Sanet
2002 Diana Eastburn Ludlam
2003 Irene Wahlmeier
2004 Barbara Anderson
2005 Leeann Batten
2006 Tom Headline
2007 Lyna Dyson
2008 Diann Geisert
2009 Kathleen A. Rutland
2010 Matthew Privett

Journal Article of the Year

1988 Susan Mencarini, OD
1989 Ralph Garzia, OD
1990 Paul Lederer, OD
1991 Nathan Flax, OD
1992 W.C. Maples, OD
1993 William Ludlam, OD
1994 John Streff, OD
1995 Israel Greenwald, OD
1996 Elise Ciner, OD
1997 Kelly Frantz, OD
1998 Ralph Garzia, OD
1999 Harold Solan, OD
2000 John Searfoss, OD
2001 Kelly Frantz, OD
2002 W.C. Maples, OD
2003 David Goss, OD
2004 David Goss, OD
2005 Garth Christenson, OD
2006 Yi Pang, OD
2007 John Tassinari, OD
2008 John Tassinari, OD
2009 Chris Chase, OD

President's Award

1975 Amorita Treganza, OD
1976 Emily Lyons
1978 Frank Belgau
1980 Morton Davis, OD
1981 Martin Kane, OD
1982 Elliott Forrest, OD
1983 Martin Kane, OD
1984 Robert M. Wold, OD
1986 Donald J. Getz, OD
Donald Heyden, OD
1987 Robert Greenberg, OD
Nathan Flax, OD
1988 Ron Bateman, OD
1989 Allen Cohen, OD
1990 Robert B. Sanet, OD
1991 Steven A. Levin, OD
1992 Gary J. Williams, OD
1993 Gary Etting, OD
1994 Carl F. Gruning, OD
1995 W.C. Maples, OD
Nancy Torgerson, OD
1996 Carl F. Gruning, OD
1997 Gary Williams, OD
Dominick Maino, OD
1998 Marjie Thompson, COVT
Parents Active for Vision Education
1999 Robert M. Wold, OD
W.C. Maples, OD
2000 Carol Marusich, OD
2001 Michael Cron, OD
2002 Lynn Hellerstein, OD
2003 Toni Bristol
2004 Nancy Torgerson, OD
2005 Leonard Press, OD
2006 Lynn Hellerstein, OD
2007 Linda Sanet, COVT
2008 Toni Bristol
2009 Lynn Hellerstein, OD

Book Review: A Boy from Missouri: My Life Story

A Boy from Missouri: My Life Story. Gerry Haines. Lincoln, NE: iUniverse, 2007. 209 pages. ISBN: 978-0-595-43134-2. Paperback, \$17.95.

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A Boy from Missouri is the autobiography of optometrist Gerry Haines written after his retirement from practice. The author was born in 1940 on a farm in Missouri near the Iowa-Missouri border, and he grew up there. He went to a very small high school with limited subject selection and took every course available except home economics. After graduation from high school as the valedictorian of his class at the age of 16, he went to live with an older brother in Moline, Illinois, and got a job at Quad City Optical. While working there, he attended Moline Community College part-time.

In the fall of 1962, the author started school at Illinois College of Optometry (ICO). He and his wife, whom he had met while working in the Quad Cities, lived in an apartment at Illinois Institute of Technology, which provided housing for married students at ICO. Following graduation from optometry school, he associated with an optometrist in Freeport, Illinois. He built the practice into a four optometrist group with four locations.

The book centers on the author's family, hobbies, community activities, and travel, with little detail of his professional life. The last few chapters are short memoirs written by his wife and two daughters, one of whom also became an optometrist. While the book contains little information for the optometry historian, it does demonstrate that an intelligent, hard-working young man from humble beginnings can make a good living from optometry.

Instructions to Authors

Hindsight: Journal of Optometry History is the official publication of the Optometric Historical Society (OHS), and, as such, supports and complements the purposes and functions of OHS. The journal publishes historical research, articles, reports, book reviews, letters to the editor, and article reviews. The topics of material published in the journal include: history of optometry; history of eye and vision care; history of spectacles, contact lenses, and other corrective devices; history of vision therapy, low vision care, and other vision care modalities; history of vision science; biographical sketches of persons who have worked in or influenced optometry and/or vision science; recollections or oral histories of optometrists and persons who have worked in optometry and optometry-related fields; and related topics.

Material submitted for publication should be sent to the editor: David A. Goss, School of Optometry, Indiana University, Bloomington, IN 47405; dgoss@indiana.edu. Material may be submitted by postal service or by email, although the preferred mode of reception of submissions is a Word document in an email attachment.

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Submissions should include a title, the names, degrees, postal addresses, and email addresses of the authors. Abstracts are not recommended for short articles. Abstracts and key words are recommended but not necessary for longer articles.

Tables and figures should be numbered sequentially in the order that the mention of them appears in the text, e.g., Table 1, Table 2, Figure 1, Figure 2. Each table and figure should have mention or discussion of it in the text of the article. Each table and figure should be accompanied by an explanatory figure legend or table legend. Any article containing tables should be submitted as a Word document attachment to an email message with the tables produced through the table creating function of Word (as opposed to an Excel or comparable spreadsheet).

Extensive use of uncommon abbreviations, symbols, and acronyms is discouraged. Common abbreviations, such as D for diopters or cm for centimeters, may be used. Common symbols, such as Δ for prism diopters, may be used when the context for their use is clear. The first use of acronyms should be accompanied by the name or phrase spelled out followed by the acronym in parentheses, as for example: The Optometric Historical Society (OHS) has produced a quarterly publication since 1970.

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Journal articles:

Calvo M, Enoch JM. Early use of corrective lenses in Spanish colonies of the Americas including parts of the future United States: reference to Viceroy Luis de Velasco (the son). *Optom Vis Sci* 2003;80:681-689.

Section in a single author book:

Hofstetter HW. *Optometry: Professional, Economic, and Legal Aspects*. St. Louis: Mosby, 1948:17-35.

Chapter in a multi-author volume:

Penisten DK. Eyes and vision in North American Indian cultures: An historical perspective on traditional medicine and mythology. In: Goss DA, Edmondson LL, eds. *Eye and Vision Conditions in the American Indian*. Yukon, OK; Pueblo Publishing, 1990:186-190.

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