Mr. HORTON. Would your Association agree to the elimination of subsections (a) and (h) under section 3 subdivision (2)? Those are the two Mr. Harsha just read.

Dr. CHAPMAN. No, sir, we couldn't, Mr. Horton. The optometrist sees approximately 70 percent of the patients who walk in his office for vision care, and he must be equipped to have at his disposal the methods that optometrists are trained in to determine the facts about the human eye.

Mr. HORTON. I am concerned that there perhaps is some confusion here between the practice of optometry as defined here and the field of ophthalmology. I am not an expert, and that is why I am asking your opinion whether or not your Association would be willing to drop those two sections.

Dr. CHAPMAN. No, sir, we couldn't possibly drop those two sections and still live up to the principles of what an optometrist is supposed to do and live up to the demands of the patient in coming to us for care. There is no intent whatsoever to use drugs for the purpose of treating the human eye. The optometrist is trained in the vision care of this patient, but he must in the original determine the health of this eye so he can then proceed with the techniques which are given to him to utilize.

Mr. HORTON. When you get into that field, then you are getting into the field of medicines, are you not?

Dr. CHAPMAN. Which field?

Mr. HORTON. What you just said.

Dr. CHAPMAN. The recognition of pathology or the detection of it?

Mr. HORTON. Yes.

Dr. CHAPMAN. No, sir, we do not consider that in the field of medicine at all.

Mr. SISK. As I recall the testimony last year, when the American Medical Association was before our committee they discussed the necessity of optometrists making referrals to doctors of medicine in cases where medical attention was required. Is that correct?

Dr. CHAPMAN. Yes, sir.

Mr. SISK. How could you make a referral without the ability to detect some departure from the normal?

Dr. CHAPMAN. There would be no way whatsoever.

Mr. SISK. I understand optometrists take care of around 70 to 75 percent of all Americans as far as their visual care is concerned. If the optometrist was not required to have the ability to detect such departure from the norm and that medical care was required, he would have no possible way of referring the patient to an ophthalmologist or a doctor of medicine.

Dr. CHAPMAN. I would like to ask Dr. Hofstetter to amplify on this for a moment, if he will.

Dr. HOFSTETTER. Traditionally, medicine has not been peculiarly concerned with the detection but, rather, with the treatment and care of disease. The detection is largely anybody's business and, in fact, it is farmed out to all sorts of programs.

The optometrist has the detection problem. If we do not permit the optometrist the legal privilege of detecting and making such tests as are necessary to detect pathology or pathological processes or inter-