

Mr. GUDE. On page 11 of the new bill, H.R. 12276, it says, "with the exception of the nonprescription of sun glasses or nonprescription of protective eyewear, to advertise or cause to be advertised to the public any optometric or ophthalmic material of any character which includes or contains any price cost or any reference thereto," and so on. Should that not be rephrased? Is that not ambiguous? I do not believe that is what is intended. If it does not include the price, then you could advertise. That appears on page 11, subsection (4). It is unlawful only if the advertising includes or contains the price. The inference would be if it does not include or contain the price, then you could advertise the things referred to.

Mr. SISK. As I understand his concern, interprets the language to say that if it does not contain the price then it could be advertised.

Mr. GUDE. "To advertise or cause to be advertised to the public any material of any character," is the language. I think it is just a matter of wording.

Mr. SISK. In other words, you feel it should be more restrictive.

Mr. HARSHA. I think what he is trying to get at is that you do not include the price in the advertising. Is that not what he wants?

Mr. SISK. We will have to study this language. I agree with the gentleman, it should be studied if that is a loophole.

Dr. CHAPMAN. That is probably the type of amendment that I had reference to that might come up.

Mr. GUDE. You made the statement that the recognition of symptoms of illness was something that is farmed out by the professions of medicine and dentistry. Could you give examples of that?

Dr. CHAPMAN. I believe Dr. Hofstetter made reference to the farming out. I do not believe I said that.

Dr. HOFSTETTER. I do not understand the question.

Mr. GUDE. You made reference that recognition of symptoms of disease is something that is farmed out by the professions, and very often it does not take a professional man to recognize the symptoms of disease.

Dr. HOFSTETTER. I was referring to screening programs that are often done on the detection side, the work that is done in detection in T.B. screening, and that sort of thing, where the work is done by technical people without a physician being present. I made the remark that it is almost anybody's business. The fact remains that most of us detect our own illness before we call a physician. One does not have the privilege, particularly. A mother, neighbor, someone makes the assumption or the detection that all is not well. That is quite different from the recognition of the specific disease.

Mr. GUDE. A dental hygienist, a person who cleans teeth, does not have to practice under a dentist.

Dr. HOFSTETTER. I do not know. I would have to guess. I just don't know precisely. In the case of a nurse, the nurse frequently is called upon to make judgments which require the calling of a physician, who leaves the hospital or the nurse with the patient and says, "Call me if and when."

This is what I mean by farming out the decision to detect anomalies or variations which call for medical attention. This detection of variations I think is almost a class of skill in itself as distinct from making diagnoses appurtenant to the treatment and care.