

an eye, ear, nose and throat physician or a person treating some other area, some other specialty.

Dr. CHAPMAN. Not really, at all, because optometry is fully intending to stay independent and a coordinate profession along with the other health care fields, particularly because the whole emphasis of all of our training is dealing with the eye and vision. The systems and the methods and design of how we proceed with this thing are purely optometric in scope. It has been developed that way, and we are proud of where we are with it. It has gained the right to maintain itself as an independent, coordinate profession. We have no desire whatsoever to be a part of the medical team, because it is not in that sense that we operate.

Mr. GUDE. Is not the eye so much a part of the body that you cannot separate it and treat it independently, any more than a person treating the throat? I cannot see why it should not be a branch of medicine.

Dr. CHAPMAN. You do not see why it cannot be a branch of medicine?

Mr. GUDE. Why it should not be branch of medicine.

Dr. CHAPMAN. Do you want to amplify that?

Mr. GUDE. It seems to me there are professional requirements.

Dr. HOFSTETTER. I think the answer lies in the economy of education in the sense that visual science contains in it a core of knowledge that is not in the standard medical curriculum and requires a different emphasis. So, for the physician to become familiar with visual science, he would have to take a great many courses, materials, and topics that are now included in the optometry curriculum but are not in the medical curriculum. For this to be a branch of medicine, which is a perfectly reasonable question, would mean that on top of the medical education, he would have to introduce a whole body of knowledge which he does not now have, the whole area of mechanical optics, ophthalmic optics, physical optics, environmental optics, and so forth, which are not included in the medical curriculum but are the heart of the optometry curriculum.

To oversimplify it just a little bit, let me say that the medical treatment of the eye can proceed without knowing what the eye sees. That is, the treatment of the eye may take place and the information on how well the eye sees or the visual skill of the person may be quite incidental to the treatment or the surgery involved in the care of the eye as an organism or as a tissue complex.

The optometrist is concerned with the visual function, color vision, dark adaptation, image formation, diopters, and so forth, as a performance of the eye which can be affected by pathological deviations. In that sense the optometrist must know incidentally the visual phenomena related to pathological deviations.

The physician, on the other hand, may be concerned with the visual phenomena incidental to the pathological deviations.

Mr. GUDE. You were mentioning the specialty. Is it not true of every particular specialty in the medical profession that it takes additional training and work to accumulate knowledge which pertains to, for example, allergy, or a person who specializes in ear, throat or chest specialties? It requires additional training and additional knowledge.