furnished. All of us would look with disgust on the advertiser were we to see a half-page newspaper ad offering "One Time Special on Electrocardiograms, just $5.98, this offer good through Friday only."

For several years many of us optometrists here in the District saved local newspaper ads offering specials, discount prices and other "bargains" on eyeglasses and examinations in the hope that the Board of Optometry could do something to prohibit them. We finally stopped collecting those ads after being told repeatedly that the present law in no way regulates such practices. At this point I refer you to our attached document number 3, which illustrates the type of advertising to which I refer.

The advertisements in the classified telephone directory "Yellow Pages" are equally unbefitting health care services, and I ask that you note the content of ads shown in our attachment number 4. Such statements as "Moderate Prices—We keep our costs low by volume—Eyes Examined—Prescriptions Filled—Lenses Duplicated—Contact Lenses—Children's Eyes Examined—2-Hour Service," or "Eyes Examined—Glasses Fitted—Budget Terms Available—Discounts to Government Employees, Union Members, Diplomatic and Military Personnel and Families," confuse and frequently mislead the public.

The companies which place such quarter-page directory ads, the largest size sold, sell eyeglasses. Their term "Eyes Examined" pertains only vaguely to the term "Vision Care". The so-called examinations they make are called "quickies" and rarely take more than 15 minutes, sometimes as few as five minutes; a complete professional vision examination requires at least 45 minutes.

Mr. Chairman, this business of the quickie eye examination from the unethical optometrist in the employ of a corporation doing extensive price advertising deserves special attention.

Let us assume that you, or any member of the Subcommittee or members of their families might go to one of these establishments. What would you encounter? What meaningful lessons might you draw from such an experience?

First, you would be dealt with not as a patient but as a customer, usually a poor-cousin customer. None of the amenities we routinely expect from the physician, dentist, or ethical optometrist will you receive.

Second, there is little or no attempt, really no time in this horribly hurried environment, to take a case history—a history that may be vitally significant to the prescription written or referral of the patient who might have eye disease or other problems.

Third, there is no effort, again for lack of time, to examine the exterior of the eye for evidence of such common, often serious diseases as conjunctivitis (a common form is the contagious pink eye) or for the pterygium, a growth on the outer surface of the eye that can, in extreme case, actually obscure vision.

Fourth, and this is the most monstrous omission of all in the "quickie" eye exam—it is unlikely on ophthalmoscopy will be performed. This is the instrument most frequently used by optometrists and allied health professionals to examine the interior of the eye for evidence of eye or systemic disease. This one omission is enough to make a mockery of modern eye care.

Fifth, the use of the retinoscope, an instrument for the objective measurement of refractive error, is usually slighted if not scorned completely. Again, the procedure takes time. Time is one thing the employed "quickie" optometrist cannot give to the person asking for his services. Such an optometrist is forced, by his employed status, to ignore the classic instruments of the eye examination. Nor can he utilize such primitive though still often valuable procedures involving trial lenses and the trial frame. All these, for precision, confirmation of initial judgments, efficiency and validity of the ordered prescription, are not available to the optometrist who must be in a hurry, in order to make a profit by selling more eyeglasses.

Sixth, a survey in April 1967 by the office of the Northern Virginia and District of Columbia Optometric Societies disclosed that only 12 optometrists of 140 in Metropolitan Washington . . . or less than 10% . . . are in the category of the unethical. Of these 12 unethical practitioners, whom your bill would touch and change in their mode of practice, none were using up-to-date, sophisticated and reliable instrumentation for the measurement of intraocular pressure within the eye, associated with dread eye disease glaucoma. Still again, Mr. Chairman, by virtue of how they practice optometry, where they practice optometry and for whom they practice optometry—not for the patient, but for the employer—they simply do not have time to apply these procedures which are essential for continued good vision and healthy eyes of their patients.