eyeglasses. Such a provision serves no useful purpose and would work hardships on visitors and commuters to the District.

The so called non-discrimination portion of these bills as stated in Section 14 which makes it unlawful for any employee of the District of Columbia to advise an individual as to the proper place to obtain eye care is certainly not in the best interest of the citizens of this city. To illustrate, suppose the school physician or school nurse is confronted with a child who sustained an injury to his eye or who had a severe infection of his eyes which is obviously a medical problem and beyond the purview of optometry. This bill would prevent the nurse, school physician, or even the child's teacher from sending the child directly to a physician, regardless of his speciality of medicine, for immediate and definitive treatment. By allowing this child to go to an optometrist under the parent's impression that the optometrist is an "Eye Specialist" and is capable of rendering such treatment will at best act as an unfortunate delay and unnecessary expense in obtaining proper medical care and, at worst, could result in the child going blind.

The Medical Society of the District of Columbia is not prepared to accept the claim of the American Optometric Association that optometrists are capable of identifying and diagnosing diseases and of referring for proper medical care? Practicing physicians in all humility state that the most difficult diagnosis for a physician to make is that no disease is present.

Our present law enacted by Congress clearly and properly defines optometry and has served the public interest of this community well over the past forty-three years. Under the Reorganization Act authority is properly given to the Board of Commissioners to regulate optometry in the best interest of the public. In fact the Commissioners have regulated optometry as late as 1951. Individual optometrists, the local optometric society, and the D.C. Board of Optometry have all the procedure tools necessary to recommend any justified changes in the practice of optometry under existing law. Any deficiencies under the present law can be corrected through the Board of Commissioners.

The Medical Society of the District of Columbia recognizes the fact that optometry plays a role in the vision care needs of this community. It takes no issue with optometry's effort to improve their educational standards or to discipline its members. In fact, the Medical Society stands ready to support these laudable pursuits. However, one must not lose sight of the fact that optometry's role is, of necessity, a limited one and any proposed legislation dealing with this subject must be kept in proper perspective if the public interest is to be served.

The Healing Arts Practice Act for the District of Columbia requires a much higher level of training of the physician than it does of the optometrist. In keeping with this the law grants a much broader authority to the physician, than to the optometrist. It is in the public interest that this distinction be well known. The public has an inherent right to know that there is a difference if they are to procure the services they need. This distinction of licensing qualifications is true of all physcians. In addition, the opthalmologist (eye physician) is required by the self-imposed standards of the medical profession and the standards maintained by the medical staffs and lay governing boards of local hospitals to have in addition several years training in the eye and related structures of the brain.

PROPOSED AMENDMENTS

The Medical Society of the District of Columbia does not believe that new legislation is necessary to regulate optometry in the District of Columbia. However, after due consideration of the foregoing facts, if Congress in its wisdom still feels that legislation in this field is necessary the Medical Society submits for the committee's consideration recommended changes in the bill. These changes were made after many hours of deliberation and study by the District Medical Society, medical educators representing the three local medical schools, staff members of local hospitals, and by allied organizations concerned with the public health. The Medical Society changes are shown on a copy of H.R. 1283 which is attached to this statement and are summarized briefly as follows:

Section 2 on pages 1 and 2 of the bill should be amended as indicated to define optometry correctly. Optometry is a skilled mechanical art involving human vision. It is not a learned profession. The last sentence in Section 1 should be amended by deleting therefrom the words "admitted to the practice of optometry in the District of Columbia under the provisions of this act." This should