The deans of the three medical schools of the District of Columbia joined their professors of ophthalmology in opposing H.R. 1283 in its earlier form and in supporting the revised form as submitted by the Medical Society of the District of Columbia. In the name of our three deans, our faculties in ophthalmology and our attending staffs at the university hospitals and all our affiliated hospitals, I thank you for your kind attention.

Mr. SISK. Thank you, Dr. King.

Dr. ALPER. Dr. Daniel Albert will read the next statement.

Dr. ALBERT. Mr. Chairman and members of the committee, I am Dr. Dan G. Albert. I have practiced ophthalmology in the greater Washington area for the past 14 years. My educational and clinical experiences have been such that I believe I am qualified to present to the committee many of the numerous features of H.R. 1283—and I am sorry I cannot apply this statement to the new bill, H.R. 12276. I haven't had a chance to peruse it—which have alarmed the medical society of the District of Columbia and practicing ophthalmologists generally in this country. We believe enactment of this bill would not be in the public interest.

In 1934 I entered one of the few schools of optometry that was associated with a recognized university and in 1938 was graduated by the Ohio State University School of Optometry, receiving a BS degree. I practiced optometry in the State of New York for the next four years. During the last year of my practice—which, I might add, was in the optical department of a jewelry store—I was careful in recording the number of patients who I saw who I felt needed medical treatment and who were therefore referred to medical services. It was the thirty percent of these people I saw that year who I felt I was incapable of servicing that added to my desire to obtain a medical degree.

In 1942 I entered the Armed Services and during my four years in the Medical Corps of the Army I became increasingly aware that the limited education I had received in optometry school did not qualify me to render eye care that I felt the public should receive. After being discharged from the service, I entered Syracuse University College of Medicine and received an M.D. degree from the university in 1950. Following a year of general internship in Rochester, New York, I took a three year residency program at the old Episcopal Eye, Ear, Nose and Throat Hospital here in Washington. There, under the excellent guidance and teaching of many of Washington's fine ophthalmologists, I obtained the education that I thought was necessary to render complete eye care to the public.

In comparing the four years spent in optometry school with the eight years that followed preparing me to be an ophthalmologist, a book could be written. Optometric training entitles one to deal with vision alone, while the ophthalmologist training enables one to provide the public with complete eye care.

In 1953 I entered private practice with Dr. Frank D. Costanbader here in Washington and in 1955 and '56 I took special examinations in ophthalmology for certification in the American Academy of Ophthalmology. Only ophthalmologists who have had similar training to mine are entitled to take this examination.