

Do you take the position that ophthalmologists could take care of eye care to the exclusion of optometrists

Dr. ALBERT. No, I surely don't think that we could take care of that.

Dr. ALPER. The point is that in your earlier statement you alluded to the diagnosis of disease and anomalies and abnormalities of the eye and its appendages. The eye is actually embryologically an outgrowth of the brain. We feel that by training, by education, the optometrist is not capable of making the diagnoses which are required to properly differentiate abnormalities from the normal. We feel——

Mr. SISK. Doctors, did you expect the optometrist to make the cure? I believe that you are advocating a law.

Dr. ALPER. We do.

Mr. SISK. How can an optometrist make a referral if he is not permitted to make a determination of the departure from the norm? Isn't this one of the questions raised by the medical profession?

Dr. ALPER. This is why Dr. Albert advocated the 20/30 clause. Because as he stated previously, most disease of the eye will reflect itself in the visual acuity. So, if an optometrist who is trained to measure rays of light as they enter and emerge from the eye and change wave lengths by mechanical means, if he is unable by these means to bring the visual acuity to a certain level, then there must be something wrong with the eye, with the ocular structure.

We feel that by his training he is not equipped to make a proper diagnosis. If and when he reaches this level of 20/30, or can not get better than that acuity, the patient should be referred. We have any number of examples that we could cite where this has not been done where eyeglasses have been changed and errors have been made to the detriment of the public welfare.

That is all that Dr. Albert is talking about.

Yesterday Dr. Hofstadter made the statement that medicine has—I am going to paraphrase him now, but as I understand him he said medicine has abrogated the field of diagnoses because of the screening tests, X-rays of the chest, diabetic screening tests, et cetera. This is not true. This is in the field of public health where we know that early detection is the best medicine, the best prevention for disease, early detection. So Dr. Albert's statement falls into early detection of disease.

If an eye cannot be corrected to better than 20/30, then you better look for another cause than eyeglasses, which is what the optometrist does. He measures rays and light as they come in and out of the eye and changes them by means of lenses, optical means. If he cannot get to a certain visual acuity he should seek other reasons for the failure of this vision.

Mr. SISK. You will agree with me, will you not, that an optometrist does that referral?

Dr. ALPER. He does.

Mr. SISK. May I ask you a question? Am I correct in understanding from your statement that you are not critical of this committee's desire to upgrade eye care?

Dr. ALPER. No, sir, we are not. We are very much in favor of what you are attempting to do, and we think it is a wonderful work.

Mr. SISK. Do you have any record of the referrals by local optometrists here in the District to ophthalmologists?