blending, the polishing of the lens, the instruction of the patient in the care of, and in the inserting and removing of the lens, the necessary adjustments for lens lag, or apical touch, the centering of the lens, smoothing and rounding of edges, are the technical, time consuming but important functions that qualified opticians and contact lens technicians can do for us. The final phase of contact lens fitting, however, is the medical examination and approval of the contact lens fitting by the prescribing ophthalmologist and this is a continuing process periodically, as long as the patient wears contact lenses.

The term "fitting" per se has not yet been legally defined. Medically perhaps, it could be defined, as the determination of the physical characteristics of an appropriate lens and its application to the eye based on anatomical, physiological or pathological corneal or scleral-corneal findings by the physician, on prescription and direction of the physician.

The improvement in fitting technics of plastic contact lenses together with the nation-wide promotional campaigns of the manufacturers of contact lenses, have greatly increased the number of people wearing or attempting to wear contact lenses. The publicity emphasizes the comparative simplicity of the procedure, its safety, and the many satisfied patients wearing these lenses. Full page advertisements in the press have fired the imagination of the public with belief that contact lenses can be worn by anyone, replacing ordinary spectacles. May I say at this time that contact lenses are no substitute for spectacles for average uncomplicated refraction cases. Approximately 90,000,000 people are wearing spectacles to correct vision defects.

It is estimated that there have been about 6 million people fitted for contact lenses, approximately 500,000 patients are being fitted per year, the majority of these for cosmetic, psychological purposes rather than for any actual physical need.

The explosive increase in the number of people wearing contact lenses presented medicine with a challenge and a new source of potential eye disease which has resulted in some instances, not only in permanent visual loss, but in the loss of the eye itself. The contact lens is a nonsterile foreign body and when placed on the cornea can change the metabolism of the cornea and disturbs the normal C02-02 exchange. In many cases contact lens may actually traumatize corneal tissue, resulting in corneal erosion, corneal ulcers, acute secondary iritis etc.

Physicians are the guardians of the health of our nation. Ophthalmologists agree that the use of contact lenses, corneal and scleral, when indicated, are useful adjuncts in therapy of vision defects. Medicine has therefore renewed its interest in this field so that it can provide the leadership so necessary for safety in the fitting and wearing of contact lenses.

The diagnosis and treatment of untoward signs and symptoms of eye conditions, associated with the fitting or wearing of contact lenses is the responsibility of Medicine. (I would like to repeat this statement.)

The close relationship between physician and trained ancillary personnel is a very old, valued, and necessary one in the practice of medicine, if the patients' best interests are to be served.

On the subject to licensure of allied ancillary personnel, medicine has mixed feelings. I know that Mr. Ed. Holman of the A.M.A. legal department discussed this matter with you this morning. Unfortunately I had other commitments and could not be present for his address although he was kind enough to send me a copy of his comments to you, a few days ago.

The physician has the professional and legal responsibility and authority for the medical care of the patient. The medical profession, therefore, has the problem of determining the need for any allied ancillary group that would help facilitate this medical responsibility to the public. The American Association of Ophthalmology supports this position of medicine.

To render complete eye care, the ophthalmologist has historically utilized the services of trained ophthalmic ancillary personnel. In my address to the House of Delegates of the Ameri-