



Report of the Committee appointed
by the Minister of Health and the
Secretary of State for Scotland
on the Optical Practitioners'
(Registration) Bill, 1927.

*Presented by the Minister of Health to
Parliament by Command of His Majesty.
December, 1927.*

LONDON:

PRINTED AND PUBLISHED BY HIS MAJESTY'S STATIONERY OFFICE.
To be purchased directly from H.M. STATIONERY OFFICE at the following addresses:
Adastral House, Kingsway, London, W.C.2; 120, George Street, Edinburgh;
York Street, Manchester; 1, St. Andrew's Crescent, Cardiff;
15, Donegall Square West, Belfast;
or through any Bookseller.

1927.

Price 6d. net

Cmd. 2999.

MINUTE OF APPOINTMENT OF THE COMMITTEE.

We hereby appoint:—

Mr. F. B. Merriman, O.B.E., K.C., M.P.,
Mr. O. Aves,
Mr. W. B. Barker,
Dr. H. B. Brackenbury, M.R.C.S., L.R.C.P.,
Mr. L. G. Brock, C.B.,
Mr. E. Treacher Collins, F.R.C.S., L.R.C.P.,
Mrs. W. L. Courtney, O.B.E.,
Lord Cozens-Hardy,
Mr. R. J. Davies, M.P.,
Mr. H. L. F. Fraser, M.A, LL.B.,
Dr. C. O. Hawthorne, M.D., C.M., F.R.C.P.,
Mr. G. E. Houghton,
Sir Henry Keith,

to be a Committee to consider the Optical Practitioners' (Registration) Bill and to make recommendations.

We further appoint Mr. F. B. Merriman to be Chairman and Mr. J. S. Henderson of the Ministry of Health to be Secretary of the Committee.

(Sgd.) N. CHAMBERLAIN.

(Sgd.) JOHN GILMOUR.

31st March, 1927.

NOTE.

The estimated cost of the preparation of this Report (including the expenses of the Committee) is £494 6s. 6d., of which £22 1s. 3d. represents the gross cost of the printing and publishing of this Report.

DEPARTMENTAL COMMITTEE ON THE OPTICAL PRACTITIONERS' (REGISTRATION) BILL.

REPORT.

To the Rt. Hon. NEVILLE CHAMBERLAIN, M.P.,
Minister of Health, and the

Rt. Hon. Lt.-Col. Sir JOHN GILMOUR, Bart., D.S.O., M.P.,
Secretary of State for Scotland.

WE, the Committee appointed by your Minute of 31st March, 1927, to consider the Optical Practitioners' (Registration) Bill and to make recommendations, have the honour to submit the following report:—

INTRODUCTION.

1. We have held 14 meetings, at 10 of which we have taken oral evidence. In order to expedite the inquiry as much as possible, however, we heard several sets of witnesses at each sitting at which we took oral evidence. At our first meeting on 12th April, 1927, we considered it advisable to conduct our proceedings in private and not to make any reports to the Press.

Types of Evidence.

2. We have taken evidence from various organisations formed in the interests of opticians and for the purpose of training and examining opticians, also from the General Medical Council and various medical and ophthalmological organisations. In addition, we received evidence of the training which is given to students who make a theoretical and practical study of optics at such institutions as the Northampton Polytechnic Institute, London, and the Manchester College of Technology. Evidence relating to the registration of opticians in other parts of the British Empire and in certain of the United States of America, has also been submitted to us.

3. Further, in view of the important connection between the subject of our inquiry and the administration of ophthalmic benefit under the National Health Insurance Act, we considered it advisable to hear the views of certain organisations representative of approved societies.

4. A list of the organisations and persons who submitted evidence to us and of the 55 witnesses who appeared before us is given in an Appendix. As the written and oral evidence is very voluminous, we have not thought it desirable to have it printed.

Arrangement of the Report.

5. At the outset we interpreted our terms of reference as in no sense restricting us to a consideration of the registration of opticians under the provisions of the particular Bill referred to us, and we have thought it advisable to examine in a comprehensive manner the problems which the subject appeared to us to raise. In Part I of our Report we refer briefly to the consideration which these problems have already received in this country; to the chief factors which have contributed in recent years to the necessity for our inquiry; to the provisions for registration in other countries; and to the nature and promotion of the Bill under consideration.

In Part II we refer in greater detail to the main problems involved, and set out the conclusions which our consideration of these problems has led us to adopt.

PART I.

Previous Inquiries.

6. Although a "Sight Testing Opticians Bill" was introduced in the House of Lords in 1906, and Acts were passed in the following years for the purpose of regulating the practice of sight-testing in Canada, Australia and the United States of America, the demand for State registration of opticians does not appear to have been pressed strongly in this country until after the War. In recent years the question has become one of increasing controversy and was examined by the Departmental Committee on the Causes and Prevention of Blindness and the Royal Commission on National Health Insurance, which reported in 1922 and 1926, respectively. The Departmental Committee reported in decided terms against the claim for registration, and we consider it advisable in the first place to refer in some detail to the evidence which they took and to their views on the subject with which we ourselves have been engaged.

The Technical Optics Committee.

7. The Departmental Committee took evidence regarding the training of opticians from Sir Alfred Keogh, Chairman of the Technical Optics Committee of the Imperial College of Science and Technology, which had, as one of its functions, the duty of advising the London County Council on all matters connected with optical engineering and applied optics. Questions affecting the training of opticians had thus come under the consideration of the Technical Optics Committee, and at the end of 1919 they appointed a Sub-Committee to inquire into this subject.

The Sub-Committee reported that many untrained and incompetent persons were holding themselves out as opticians and were misleading the public by their unfounded claims, and that it

was advisable that some kind of legal standing should be given to properly trained opticians, which would at the same time afford the public some criterion as to their qualifications.

Views of the Committee on the Causes and Prevention of Blindness.

8. The Committee on the Causes and Prevention of Blindness having considered the report of the Sub-Committee of the Technical Optics Committee, which was brought to their notice by Sir Alfred Keogh, expressed the opinion "that it would be undesirable and a positive danger to the public for Parliament to pass any measure which might convey the idea that an optician, who is a person qualified to provide glasses prescribed by medical men, is further himself competent to examine the eyes of patients and to prescribe glasses for the correction of errors of refraction." Further, by practising ophthalmoscopy and prescribing glasses for patients who consulted them directly, opticians were claiming a degree of medical knowledge which they did not possess, and positive harm might be done by prescribing glasses for cases in which an error of refraction was accompanied by some disease which they could not detect. The Committee considered that if a register, as suggested by the Sub-Committee of the Technical Optics Committee, were established, it would probably be difficult to prevent unscrupulous persons who might succeed in obtaining admission to the register from posing and advertising themselves as experts competent to treat diseases of the eye, and the danger to the public would be increased as they "would regard the register as an official guarantee that those whose names were included in it were competent not only to provide but to prescribe glasses, and generally to deal with defects of vision from whatever cause arising." For these reasons the Committee made a strong recommendation against any register of opticians being set up.*

9. The report of the Departmental Committee has been subjected to strong criticism by witnesses who appeared before us on behalf of various optical organisations on the grounds that it was biased and contained conclusions unsupported by evidence. These witnesses have pointed out to us that no practising optician or representative of the various organisations concerned in the training of opticians was included in the personnel of the Committee; that a large number of the members of the Committee were medical practitioners; and that the Committee refused to hear any evidence from optical organisations.

The Royal Commission on National Health Insurance.

10. The Royal Commission on National Health Insurance had the question of the State registration of opticians before them in connection with their examination of the problems arising

* Final Report of the Departmental Committee on the Causes and Prevention of Blindness, 1922, pp. 105-9.

out of the provision of ophthalmic benefit which is an additional benefit that may be adopted by approved societies. Without expressing any opinion on the subject, the Royal Commission called attention to the fact that an ophthalmic service was only part of a general service of specialists and consultants and to the difficulties which were encountered when the State found it necessary to limit the practice of dentistry and midwifery to those possessing the requisite professional qualifications, and said that it was a matter for consideration whether similar problems were not being engendered in the case of the opticians. They pointed out that the difficulties became greater as the volume of unqualified practice increased and suggested that if it became necessary to regulate the practice of opticians much was to be gained by taking the necessary step while the problem was still manageable.*

Arrangements for Ophthalmic Benefit under the National Health Insurance Act.

11. We understand that it is within the discretion of an approved society to decide whether a member, who has been recommended for ophthalmic benefit by his insurance doctor, should be sent for examination to an oculist (by which we mean a qualified medical practitioner who has made a special study of the treatment of the eye) or to an optician. If it is decided that the member should be examined by an oculist, the society would normally send him to one of the doctors on a list prepared by the British Medical Association with the approval of the Minister of Health and the Scottish Board of Health. That list contains the names of about 800 oculists practising at some 1,000 addresses throughout Great Britain, who are willing to make examinations for approved societies at the special fee of £1 1s. It has been reported to us, however, that in the case of one group of approved societies, representing a total of about 6,000,000 insured persons, only a very small percentage of their members recommended for ophthalmic benefit are sent either in the first place or after examination by opticians to oculists, and that this group is satisfied with the services rendered by the selected opticians.

12. These societies make it a condition of grant that their members should go to an optician on the register prepared by the Joint Council of Qualified Opticians, to which we refer in paragraph 22. The fee for examination by one of these opticians in an insurance case is 5s. We have been told also that while some other societies require or recommend their members to go to opticians on the Joint Council register, arrangements have been made by certain other societies for the examination of their members by opticians belonging to other organisations and holding other qualifications.

* Report of the Royal Commission on National Health Insurance, 1926. Cmd. 2596, p. 45.

Expenditure on Ophthalmic Benefit.

13. In 1924, the sum of about £30,000 was spent in England on ophthalmic benefit,* and in 1926 the Joint Council of Qualified Opticians received, for distribution amongst opticians on their register, a total sum of £82,257 out of the funds available for ophthalmic benefit, while during the first part of the year 1927, the corresponding payments to these opticians have been at the annual rate of about £178,000. The figures quoted in this paragraph include both the fees paid for examination and the charges incurred in the provision of spectacles in so far as they were met from this source.

Confusion caused by the variety of titles used by opticians.

14. The increasing number of grants for ophthalmic benefit under the National Health Insurance Act has led to an insistence in certain quarters on the confusion caused to the public by the variety of titles which opticians display, and while it may be a matter of opinion as to how far the public are in a position to recognise the more efficient opticians, we have no doubt, having had the opportunity of examining the representatives of most of the existing optical organisations, that the standards of efficiency required by these organisations vary in a marked degree. Further, we are of opinion that some of the diplomas granted to opticians are of little value as an indication of the qualifications of the holders. We refer to this aspect of the matter again in paragraph 28.

The Sale of Cheap Spectacles.

15. Another factor which has been brought to our notice is the large number of cheap spectacles which are sold to people without any attempt being made to test their sight beyond the mere trial of a number of spectacles by the purchaser himself. Apart from the sale of these spectacles by itinerant and street vendors, which we have no doubt has long existed in this country, we have been informed that the sale of spectacles at 6d. per pair has been greatly developed during recent years by a well-known firm with numerous branches throughout the country, and that the annual sale of such spectacles now amounts to considerably more than one million pairs. We have had no means of ascertaining the quality of these spectacles or the effect, beneficial or detrimental, which may result to the public from their use. Moreover, in view of the conclusions which we have reached as to the nature of any register which could be established in this country we have not thought it necessary to inquire further into this aspect of the problem before us.

* Report of the Royal Commission on National Health Insurance, 1926. Cmd. 2596, p. 43.

Registration in Other Countries.

16. Provision is made by law for the registration of opticians in eight of the provinces of Canada, in three of the States of Australia, in Jamaica, and in the great majority of the United States of America. So far as we have been able to ascertain no such legislation is in force in any other country.

17. In all the cases about which we have had evidence, with one or two exceptions, the practice of sight testing is restricted to medical practitioners and to persons whose names appear on the official register, and in addition, in some States, the mere selling of spectacles by unregistered persons is also prohibited. Further, in most cases one of the objects of legislation has been to prohibit the selling of spectacles by itinerant vendors.

18. Generally speaking, opticians in these countries are restricted in their practice to the measurement of errors of refraction, and are prohibited from using drugs or from attempting the treatment of any disease of the eye.

19. From the evidence which we have received it seems to be agreed that this legislation has been effective in putting down the unregulated sale of spectacles, and has had the effect of raising the standard of qualification of opticians, and from this point of view we may conclude that the Acts have had a beneficial effect. We have not, however, been able to obtain any very clear evidence as to whether this legislation has resulted in an increased reference to medical practitioners of cases of defective sight which require treatment by medical means rather than by the provision of glasses. In any event, we are not satisfied that the conditions are comparable.

The Present Bill.

20. At this point we think it advisable to refer to the nature of the Bill at present under consideration and to its promotion.

21. The Bill is not prohibitive in the sense that it would exclude unregistered opticians from continuing to practise, as is the case in most of the other countries to which our attention has been called. It proposes to leave to a board the duty of deciding the qualifications which would entitle an optician to be placed on the register, and, theoretically at least, it would be possible for a great number of existing opticians to be refused admission to any register which might be set up under the Bill. To distinguish this kind of Bill from one which would suppress unregistered practice we propose in this Report to refer to it as a non-prohibitive Bill.

22. We understand that the Bill has been promoted by the Joint Council of Qualified Opticians, which is an association with limited liability registered under the Companies Acts, and governed by a small committee, the members of which are partly appointed by two other associations and partly elected by the

opticians whose names appear on the register of the Council. Before an optician can be accepted for inclusion in the register, he must have obtained the diploma either of the Spectacle Makers Company or of the British Optical Association.

PART II.

Introductory.

23. In this part of the Report we proceed to a consideration of the main problems which appear to us to be involved in the claim by opticians for State registration. In Section I we set out the relationship between the public on the one hand, and oculists and opticians on the other, and the kind of register which could be set up. In Section II we consider the limitations which would have to be placed on the practice of opticians who would be included in any such register, and in Section III we proceed to our final conclusion on the main issue.

SECTION I.

Functions of Opticians as recognised by the Bill.

24. In the Bill which has been submitted for our consideration, optometry is the word chosen to describe the practice of an optician. It is defined as meaning "the practice of optometry, refraction or sight-testing, or the examination of the human eye for the purpose of ascertaining any departure from the normal state of vision, measuring its functional powers and adapting or prescribing mechanical means for the aid thereof." The claim of opticians is therefore limited to treatment of the eye by the prescription of glasses, and in the evidence before us it was made perfectly clear that any right to adopt any other form of curative treatment was expressly disclaimed. As it is generally recognised, however, that there are defects of vision and diseases of the eye which cannot properly be treated by the prescription of glasses alone, it is claimed by some of the bodies of opticians who appeared before us that it is possible to train opticians, not indeed to diagnose or treat disease, but to recognise the presence of any abnormal conditions which may require treatment other than the prescription of glasses, and, further, it is claimed that the examinations which opticians are required to pass in order to secure the diplomas given by these bodies ensure that they are so trained.

The Ideal Form of Treatment.

25. It is generally agreed, however, that in the best interests of the patient the examination of his eyes should if at all possible be carried out by an oculist. So far as refraction is concerned the same resources are available to the oculist as to the skilled optician, and, in addition, the oculist can bring to bear the

whole of his medical experience either in deciding that it is possible to exclude the existence of disease or in diagnosing and treating any diseased condition should this be present. But in practice recourse to an oculist is not always possible. Leaving aside for the moment the question of ophthalmic benefit through approved societies, the classes of the population to whom, speaking broadly, the services of an oculist are available, are (1) hospital patients, (2) elementary school children for whom the services of an oculist are supplied by the local Education Authority, and (3) private patients who can afford to pay the oculist's fees. As regards insured persons, we have referred in paragraphs 11 and 12 to the arrangements which have been made for the provision of ophthalmic benefit in those cases in which it has been made available and in which the insurance doctor has furnished the necessary recommendation. It appears, however, that in a very considerable number of cases, insurance doctors, recognising their own limitations in diagnosing accurately refractive errors and diseases of the interior of the eye, make a habit of recommending all cases involving such errors or diseases for reference to an oculist. Thus, approved societies have incurred a fee of £1 1s. in cases where, in fact, nothing but simple refractive treatment is required, and it has been found that this entails too severe a strain upon their funds. As a result, the group of approved societies referred to in paragraph 11 have adopted the practice of sending all cases recommended for ophthalmic benefit direct to an optician, except where they are satisfied by some evidence other than a bare recommendation that reference to an oculist is necessary, while the optician recommends such a reference in those cases in which it appears to him that something more than the provision of glasses is required.

The Case for a State Register.

26. An important section of the community thus may be said to recognise the optician as the natural person to be consulted in cases of eye trouble and to regard the oculist as, so to speak, a luxury, and we have every reason to believe that of that section of the community who have their sight attended to privately, large numbers adopt the same attitude. It is only natural, therefore, that there should arise a demand that a register should be set up whereby both approved societies and individual members of the public may be enabled to differentiate between one class of optician and another, and be safeguarded from imposition.

27. We are satisfied that the demand for the services of opticians has produced, on the one hand, a definite effort on the part of those who have the interests of the craft at heart to raise the standard of optical practice (and here we refer particularly to the Spectacle Makers Company and the British Optical Association, whose members are admitted to the register of the Joint Council of Qualified Opticians, and to the work of the

Institute of Ophthalmic Opticians); and, on the other hand, has brought into existence a considerable number of practitioners the reality of whose qualifications does not always correspond with the high sounding titles which they assume. We have examined the problem with a view to seeing whether, in our opinion, the manifest advantage to the public of producing some sort of order out of the present chaos outweighs the disadvantage of affording State recognition to what, at best, can be only a partial service. In truth, the solution which many approved societies have adopted from economic necessity exemplifies a problem which is at the root of the whole matter, namely, whether it is either right or necessary that the State should encourage the public to have recourse to any form of treatment which is not the best attainable.

The Composition of a State Register.

28. The composition of any register which could be set up by the State must, in our view, in the earlier years at least, be determined by the qualifications of existing opticians, and with this in mind we closely examined the representatives of the optical bodies who appeared before us, with a view to forming a correct appreciation of their different standards of attainment.

In the first place we have had to consider whether it would be possible in the present state of affairs to set up anything in the nature of a prohibitive register. So far as the titles granted by some optical organisations are concerned we are not satisfied that they are in any way indicative of any real standard of skill or that the members of such organisations possess qualifications that would justify their admission to a register. Many of these persons have, however, been conducting *bona fide* sight-testing businesses for many years, and we do not think that Parliament would be prepared to deprive them of what may be the whole or main part of their means of livelihood merely because they failed to qualify for admission to a register set up years after they commenced to conduct a lawful business.

29. This view is confirmed by the experience of other professions and callings for which State registers have been instituted in recent years, and we are, therefore, forced to the conclusion that the setting up of a register with a statutory prohibition of unregistered practice would involve the admission to the register of substantially all existing opticians. This, upon the evidence before us, we should not be prepared to recommend in the public interest, and it remains for us to discuss the question of setting up a non-prohibitive register such as the Bill itself contemplates. We think it right to point out, however, that such a register would do little to reduce the multiplicity of titles and qualifications which at present exists, except in so far as the public learns to recognise the statutory description of registered opticians and to ignore the advertisement and claims of those who are not upon the register. Further, the composition of the initial register

would probably be the subject of strong political pressure at the instance of those whom it was thought necessary to exclude.

Admission to a State Register.

30. The first and by far the most difficult question connected with such a register would be the standard of admission to the original register. For example, should aspirants for admission be compelled to satisfy the Board either individually or with reference to a diploma already granted, that they have the capacity not necessarily to diagnose but to detect the existence of any condition of the eye which would render the prescription of glasses at best a mere palliative, and at the worst a positive danger?

Recognition of Disease by Opticians.

31. It is common ground that disease for which the provision of spectacles by themselves affords no relief can exist in the eye itself or can exist in other parts of the body and be detected through the eye, while at the same time an error of refraction may or may not be present. We do not need to consider cases in which neither defect of vision nor refractive error is present, since such cases would not normally be seen either by an optician or by an oculist, but we are satisfied that the cases in which there exists together with a refractive error either disease of the eye, or some other disease evidence of which can be detected in the eye, are too numerous to be regarded as negligible.

32. It is impossible to quantify by percentages or otherwise the number of cases in which refractive error is associated with disease. We may mention, however, that a belief has gained credence in many quarters that such cases amount to not more than 5 per cent. of the whole number of cases in which persons with defects of vision seek relief by the aid of spectacles. This belief seems to have arisen from a remark made in the Report of the Royal Commission on National Health Insurance to the effect that the proportion of such cases may be no higher than 5 per cent., this remark apparently being founded on the use of that figure merely by way of argument by various witnesses who appeared before the Commission.* Numerous statistics compiled from the records of ophthalmic hospitals and oculists have been submitted to us in this connection, but we do not think it necessary to refer to more than one set of these statistics. This showed that of 2,000 cases received in an ophthalmic hospital, after eliminating some 66 per cent. which were clearly cases requiring treatment for some condition other than a mere error of refraction, no less than 63 per cent. of the remaining 664 which appeared in the first instance to be simple refraction cases, were discovered to have complications which in the in-

* Report of the Royal Commission on National Health Insurance, 1926. Cmd. 2596, p. 44.

terests of the patients required treatment by an oculist. It would not be fair to draw any general deduction from these figures or to determine therefrom the proportion of cases presenting themselves to an optician or to an oculist which are simple uncomplicated refraction cases. At the same time we are satisfied that the number of cases in which the patient may miss the opportunity of remedial treatment if the case is not handled by an oculist is by no means negligible.

33. It would, perhaps, be unsafe to found any conclusion upon the mere wording of the definition of optometry quoted in paragraph 24, which is neither final nor binding, or to draw from that alone the inference that the very act of prescribing mechanical means for the correction of any departure from the normal state of vision of the human eye involves explicitly or implicitly the decision that the possibility of the existence of disease affecting the eye and requiring other treatment has been eliminated. But a great deal of the evidence on the part of the opticians was directed to showing that the more highly qualified modern optician is given such a training as will enable him to recognise the presence of such disease and will ensure that, in doubtful cases, the patient shall be advised to consult an oculist. Moreover, we were informed that the Joint Council of Qualified Opticians, recognising that such training was not universal amongst those on their register, requested the British Optical Association to institute a voluntary examination to be held periodically with the object of ascertaining whether those who had not previously passed any similar test, were in fact fully qualified in this respect, and that the result of such examinations has been very satisfactory. In these circumstances it seems to us impossible to escape from the conclusion that State recognition of sight-testing or optometry as above defined must carry with it the implication of ability to exclude the possibility of the existence of disease before prescribing glasses. A register of sight-testing opticians which did not carry this implication would be of very limited utility, and, unless it did so, there would be no justification for excluding any existing opticians provided that they could prove themselves able to measure errors of refraction.

34. In so far as the ability to detect disease would be implied by admission to the register, we feel obliged to say that we are not satisfied that there is any training for opticians sufficiently thorough to avoid the danger which is involved in the possession of a little medical learning. We have heard evidence regarding the curricula of various bodies, and we have seen in progress the examination of one of the bodies whose members are qualified for admission to the register of the Joint Council of Qualified Opticians. We have also considered very carefully evidence regarding post-diploma teaching which is given at the "Refraction Hospital," but for our present purpose this latter teaching

is hardly relevant, since it admittedly applies only to a comparatively small number of opticians who for the most part already hold diplomas. We are satisfied, however, that none of the teaching provides anything in the way not merely of general medical training, but of specialised medical training pertaining to the eye which is comparable to the training required of a medical practitioner.

35. Moreover, a practical and immediate difficulty presents itself in this connection. Of the two bodies whose members are qualified for admission to the existing register maintained by the Joint Council of Qualified Opticians, and which, as we have already indicated, we regard as representing the highest standard at present attained, the British Optical Association examine their candidates in the detection of disease of the eye and the Spectacle Makers Company do not. Thus at the very inception of the register the Board would be confronted with the necessity either of requiring a considerable number of persons who have already been admitted to the register of the Joint Council of Qualified Opticians to undergo a qualifying examination in the detection of disease, or of admitting the principle that opticians could be registered without any evidence of training in this respect. If the latter alternative were adopted, it is difficult to see how the Board would be able to resist the claims for registration, without examination, of the members of other bodies who at least profess to teach their candidates the elements of this subject.

Dispensing Opticians.

36. In considering the nature of any possible register for sight-testing opticians we feel bound to pay attention to the effect it might have on the trade of opticians who only dispense prescriptions issued by oculists and abstain from sight-testing. We have been informed that oculists generally test the work of the opticians to whom they recommend their patients to go for the purpose of having spectacles made up, and we are not aware of any demand for a register of dispensing opticians by itself. If a register of sight-testing opticians were set up, however, the dispensing opticians would undoubtedly be prejudiced by a lowering of their status in the public estimation, and for this reason, if for no other, we should consider a concurrent register of dispensing opticians necessary.

SECTION II.

NECESSARY LIMITATIONS ON THE PRACTICE OF REGISTERED OPTICIANS.

The Use of Drugs.

37. We proceed to consider the limitations which it would be necessary to impose upon opticians should a State register be established. The first question, and one which has been

the subject of a considerable body of evidence, concerns the application of drugs to the eye for the purpose of securing a satisfactory examination. It is generally admitted that the drugs which are used for this purpose involve certain risks to the patient, and that to meet these risks a medical judgment and experience are advisable. The Spectacle Makers Company, whose diploma-holders, as we have already mentioned, are qualified for admission to the register of the Joint Council of Qualified Opticians, have for many years exacted as a condition of granting their diploma an undertaking against the use of drugs in any form. We were informed that they require this undertaking because they recognise that the use of drugs except in the hands of a qualified medical practitioner may, in individual instances, result in danger to the sight or to the general health of the patient. Moreover, we were satisfied by medical evidence, some of it given on behalf of the promoters of the Bill, that this danger is very real. If, therefore, we were prepared to recommend the setting up of a register at all we should feel obliged to recommend that there should be a statutory prohibition against the use of drugs for sight-testing. But it is generally recognised, though it is not possible to say that this was not the subject of some controversy, that the use of drugs is, if not essential, at least very desirable for the purposes of estimating the refractive condition of the eyes of children, while, in the case of many adult patients, and especially where the pupil is small, a complete ophthalmoscopic view of the interior of the eye, such as is necessary for the recognition or exclusion of the possibility of the existence of disease, is impossible unless the pupil is artificially dilated. It will be seen, therefore, that this question of the use of drugs affords not merely an instance of a serious limitation which we should think it necessary to establish, but also shows clearly how far the properly conducted practice of an optician must fall short of the services which can be rendered by an oculist. In our view the optician's functions would have to be circumscribed both as to the resources at his disposal, and as to the class of patients with whom he could effectually deal.

Treatment by Opticians.

38. In addition, it would be necessary in our opinion to impose a positive restriction upon any treatment otherwise than by glasses, and it would be advisable in this connection to prohibit the use of any title which would confuse or mislead the public as to the functions of the registered persons.

Advertising.

39. A more controversial topic, however, would be the limitation, if any, to be imposed upon advertisement. In the nature of things an optician is not merely a practitioner of his craft, but also a vendor of a particular article. We pass over any

suggestion that in practising his craft he may be unduly influenced by the fact that a prescription of glasses involves a sale of his own goods, since that temptation only differs in degree from that which necessarily operates in almost all professions. But it is generally recognised that the establishment of a register on a professional basis involves abstention from advertising, and we would point out that the difficulties which would still confront the public in discriminating between the registered and the unregistered optician would not be diminished by the fact that the field of advertisement would still be open to the unregistered person.

SECTION III.

Summary of the Conclusions reached in Sections I and II.

40. At this point we think it advisable to sum up the conclusions which we have reached in the two preceding sections. We have seen that the functions of even the best qualified opticians should be restricted to the use of mechanical means for the correction of errors of vision, and that in the best interests of the patient the responsibility for any examination of the eyes should be upon an oculist, who, in addition to having access to all the resources of the skilled optician, can bring to bear the whole of his medical experience either in deciding that it is possible to determine the absence of disease or, on the other hand, to recognise and to treat any diseased condition that may be present. Opticians cannot, therefore, provide more than at best a partial service, but in view of the fact that large sections of the community in present circumstances do not avail themselves of the services of oculists and of the fact that the public are not in a position to recognise which are the most competent opticians, there is a *prima facie* case for setting up a State register in order to produce some sort of order out of the present chaos (paragraphs 24-27).

41. As, however, a considerable proportion of cases of defective vision are not cases of mere refractive error but require treatment other than, or in addition to, the provision of spectacles, it follows that the very prescription of spectacles involves an implied decision that no other treatment is required; and we think that this consideration must necessarily govern the standard to be set for admission to any register. After a careful review of the facts regarding the training of opticians as a whole, we have been forced to the conclusion that it would not be in the public interest to set up a prohibitive register which would involve the admission of practically all opticians who were able to show that they have been conducting *bona fide* businesses. At the same time the setting up of a non-prohibitive register would be useless if not dangerous unless it were made a condition of entry that every candidate should prove to the satisfaction of the Board his ability to exclude the possibility of the existence of disease before

prescribing spectacles. We are not satisfied that even those opticians who are most highly qualified in all other respects are sufficiently trained in this respect (paragraphs 28-35).

42. Further, the setting up of a register of sight-testing opticians would necessitate the separate registration of opticians who undertake dispensing only (paragraph 36).

43. In Section II we find that it would be necessary not only to impose restrictions on registered opticians in the way of treatment, of advertising, and of using confusing or misleading titles, but that it is imperative that they should be prohibited from using drugs. Such a restriction would in effect severely limit the classes of patients whom the opticians would be capable of treating (paragraphs 37-39).

Final Conclusions.

44. In view of all these conclusions we are convinced that the setting up of a State register of sight-testing opticians is not in itself a desirable policy. There remains, however, the question whether it is nevertheless necessary, having regard to existing circumstances, to adopt this expedient in the public interest. In our opinion the answer to this question depends on how far the medical profession is likely to be able to make the services of oculists available for persons in those sections of the community for whom at present they are, for economic reasons, not available, as we have shown in paragraph 25.

Prospect of the extension of the services of Oculists.

45. Whether it is as the result of the establishment by approved societies of ophthalmic benefit, or of the question of registration becoming acute, or of the increasing competition of better trained opticians, or merely of the greater public recognition of the importance of defects of vision, we are satisfied that there exists a movement on the part of the medical profession to provide treatment by oculists on terms which will make that treatment much more readily accessible to the public. We are assured, for example, that so far as insured persons are concerned, negotiations are at present being conducted by the British Medical Association with a view to the establishment in all the more populous districts of clinics or other schemes by which the services of oculists would be made available at fees within the reach of approved societies, having regard to the limited funds available for ophthalmic benefit.

Number of Oculists available.

46. Moreover, we are satisfied that in recent years an increasing number of medical men, and particularly the younger men, have been making a special study of ophthalmology; also, that there is good reason to believe that a supply of oculists, sufficiently well distributed to meet reasonable demands, will be forthcoming. The setting up of a State register of opticians would not encourage and might indeed retard these movements. We feel that it would be a retrograde step on the part of the

State to do anything to discourage the provision of the best form of treatment for the greatest possible number of patients.

Future of Opticians.

47. It has been claimed, probably with truth, that the setting up of a State register would incite those responsible for the training of opticians to raise the standard of qualifications, but we see no reason why the improvement in methods of training which has been made in the last 10 or 15 years should not be maintained, though no register is set up. Whether the register is set up or not we feel sure that numbers of the population will resort to opticians in the future, as they have done in the past, and we think that the natural competition which will be engendered by the movement on the part of the medical profession to which we have referred will have the effect of raising the standard in both classes of practice. Further, in view of the large numbers of opticians who are undoubtedly capable refractionists, we consider it would be beneficial in the public interest if use could be made of their services in that capacity in collaboration with and under the control of oculists, and we commend this view for consideration in connection with the negotiations referred to in paragraph 45.

48. While we have been forced to conclude that it is not in the public interest that a State register of opticians should be set up, we desire to emphasise that one of the principal reasons on which we base this opinion is our view that it is possible and probable that the medical profession will be able to provide insured persons entitled to ophthalmic benefit with the services of oculists at an early date, and at fees within the limit of the funds from time to time available to approved societies for this purpose. We hope, also, that such a service will be extended to the non-insured population. If, however, for any reason, these hopes are not fulfilled within a reasonable time we do not wish our Report to preclude the possibility of a reconsideration of the question in the light of the circumstances then existing.

Finally, we wish to record our grateful appreciation of the services of our Secretary, Mr. J. S. Henderson, whose zeal and efficiency have greatly lightened our task.

(Signed) F. B. MERRIMAN (*Chairman*).

H. B. BRACKENBURY.

E. TREACHER COLLINS.

COZENS-HARDY.

C. O. HAWTHORNE.

L. G. BROCK.

JANET E. COURTNEY.

H. L. F. FRASER.

HENRY S. KEITH.

J. S. HENDERSON (*Secretary*).

17th December, 1927.

FIRST MINORITY REPORT.

To the Right Hon. NEVILLE CHAMBERLAIN, M.P.,
Minister of Health, and

The Right Hon. Lt.-Col. Sir JOHN GILMOUR, Bart.,
D.S.O., M.P., Secretary of State for Scotland.

WE, the undersigned, regret our inability to sign a Report which is being made to you by the majority of our colleagues.

We think it therefore incumbent on us to present our views to you in the form of a separate report which, by redistributing the emphasis on certain material points, may serve to focus attention upon the major issue which we consider is in grave danger of being obscured.

1. According to our reading of the terms of reference, the main issue we have to determine is whether some form of State registration of sight-testing opticians is necessary for the protection of the public.

2. From the public point of view the case for State intervention springs from the unfortunate prevalence of ignorant and incompetent opticians. All the evidence before us has tended to confirm the danger arising from the activities of incompetent persons setting themselves up to prescribe for defects of vision. There seem to be but two ways of dealing with this evil. One is to prohibit entirely any unregulated practice; the other is to provide some form of identification whereby the public may distinguish between regulated and unregulated practice.

3. This necessity is both urgent and obvious, yet we find a decision evaded on the plea that the service even of the qualified sight-testing optician is "at best only a partial service" and that the State should not encourage the public to have recourse to any form of treatment which is "not the best attainable." Such a deduction appears illogical, since it is based on a utopian service which is purely hypothetical, as opposed to the present adequate and admittedly efficient organisation.

4. If there had been a plentiful supply of oculists easily accessible to the public on terms the public could afford to pay there would not have been room for the growth of a large body of sight-testing opticians, but in the circumstances sufficiently clearly outlined in the Majority Report the profession of the optician has developed to meet an extensive public need, and there is ample evidence that, without any State encouragement, a movement has grown for the encouragement of competence of a high order in this profession.

5. Evidence has been submitted to the Committee that an optician who has passed the examination entitling him to have his name placed on the register of the Joint Council of Qualified Opticians is competent to test sight and to supply glasses for the correction of errors of refraction, and further, that such optician recognises his obligation to refer cases of abnormality to the proper quarter.

6. There has been exceptional opportunity to test the validity of the claims of the "qualified" optician owing to the recent wide development of insurance work, and evidence has shown that many, including the largest of the approved societies, have adjudged the qualified optician to be fully capable of carrying out refraction service while observing the proper precautions in regard to cases of abnormality. We have explicit evidence of one witness, representing a group of societies responsible for one-seventh of the whole population, that the service of the opticians has been eminently safe and satisfactory.

The National Conference of Industrial Assurance Approved Societies stated in their evidence that:—

"Some of the Societies comprised in the Association, which represents nearly six million insured persons, have for some five to six years included ophthalmic treatment in their scheme of additional benefits. They have, therefore, had an opportunity of gaining wide experience of the needs and wishes of their members with regard to this treatment.

"When the scheme first came into operation the societies giving optical treatment entered into negotiation with the Joint Council of Qualified Opticians for sight testing and the supply of optical appliances to their members.

"Where the optician is of opinion that the condition of the eyes discloses some trouble other than an error of refraction, he is required to communicate with the society informing them of the facts. The society thereupon arrange for an examination by an ophthalmic surgeon. A fee of 5s. is paid to the optician in every case in which a sight test has been made whether glasses are supplied or not. It is, therefore, in the interests of the optician that he should exercise the greatest care and not prescribe for any case in which he has the slightest doubt.

"So far as is known no case of difficulty or wrong diagnosis has occurred, certainly no dissatisfaction has been expressed. The scheme has worked exceedingly well, and the societies comprised within the group believe that their members have obtained satisfactory treatment.

"The Conference is of opinion that the registration of competent opticians would be in the best interests of the insured population and the public generally."

The witness stated that one society alone issued over 84,000 treatment letters in one year, yet he had seen no case, in which the insurance doctor or the ophthalmic surgeon has been in dispute with the society, where there has been established an instance of wrong treatment or diagnosis or anything of a harmful character arising out of the examination conducted by an optician, and that as regards complaints from individual members, these were practically non-existent.

7. The allegation made by some of the medical witnesses against the members of the register of the Joint Council of Qualified Opticians is that many of them are not really qualified to diagnose the existence of disease, and the further suggestion is added that disease of the eye is far more prevalent than has generally been supposed. We desire to state briefly our conviction that the evidence which we have heard does not justify these contentions. The Committee, like the Royal Commission on National Health Insurance, has received from ophthalmic surgeons impressive testimony as to the trained ability of opticians to detect the presence of ocular disease; and, speaking generally, the capacity of the qualified optician in this direction is established. With regard to the second suggestion, the statistics cited from the records of one particular hospital afford no reliable index of the conditions generally prevailing, being entirely based on a number of self-classified members of the public. The figures with regard to the prevalence of disease of the eye, submitted from medical sources, are obviously in no degree representative of the general public which makes use of the service of an optician.

8. Evidence was submitted by medical witnesses that the numbers and distribution of members of the medical profession specially trained to deal with the eyes are quite inadequate for the needs of the public, even supposing the public could pay the requisite fees. The service at the hospitals in these matters is obviously limited through shortage of skilled professional assistance. The large numbers of cases dealt with each year by the sight-testing opticians is conclusive evidence that such opticians are a public necessity. Evidence given as to the dangers of unqualified treatment only serves to emphasise the urgent need which exists for regulating the practice of sight-testing and establishing the disciplinary control of a State register.

9. We do not consider that the establishment of clinics, staffed by medical practitioners along the lines indicated by medical witnesses, is likely to afford any practical solution of the main problem before us, even on the favourable (though, in our judgment, unjustifiable) assumption that any considerable proportion of insured persons might be induced to patronise such a service. The Majority Report specially stresses the fact (see para. 48) that this fresh proposal from medical organisations has largely

determined its opinion that a State register would not be, at the present time, in the public interest; we submit that the whole idea of these potential clinics has received an entirely false emphasis, since it must be appreciated that even if such a scheme materialised, it could only hope to affect a small proportion of the population, viz. : those insured persons whose interests in the matter of ophthalmic benefit are administered by the approved societies. These societies are already fully alive to the dangers of unqualified practice in sight-testing, and they exercise a discretion of their own in referring their members for optical treatment. The non-insured population offers the most fruitful field for the activities of the unskilled and unscrupulous optician.

10. We consider it, therefore, unreasonable for the Majority Report to conclude that a State register is almost inevitable, and then to ride off from this conclusion on the strength of an unexplored promise from one of the interested parties (traditionally jealous of subsidiary professions bordering upon its own)—a promise that, even if taken at its face value, does not hold out any prospect which in the light of the accumulated evidence before us can be regarded as giving substantial relief to the serious needs of the situation.

11. We do not underrate the practical difficulties of instituting a first register. The logic of the situation may appear to demand a prohibitive Bill, but we appreciate the force of the criticism that this might mean the acceptance of an unduly low standard amongst the first members of the register in order to minimise hardship. We do not think a non-prohibitive Bill is open to all the objections propounded except on the hypothesis that the public might place a false value on registration. Even this hypothesis requires for its completion the further one that the registered optician, when resorted to, will usurp functions he is not qualified to fulfil—which is a presumption contrary to all the evidence we have heard. It has indeed been argued that the public would not avail itself of the facilities afforded by the register for identifying the qualified man: we think this assumption gratuitous. The public at present is denied the opportunity of such identification, since it seems to be agreed that letters implying diplomas are not in themselves of necessity intelligible to the public, whereas membership of a State register is a very definite hall-mark.

12. We conclude therefore that the case for the regulation of the practice of optometry by means of a State register is well supported, and that the Committee incurs a serious responsibility in making an indeterminate report.

If this issue is shelved at this juncture through reluctance to tackle the problem we foresee as a consequence:—

(a) the creation of further vested interests which will complicate the problem on the inevitable re-opening of the question;

(b) the creation of an unfair prejudice against the case of the qualified opticians whose past voluntary efforts have earned the praise of the whole Committee that has heard the evidence; and above all

(c) an encouragement to the pretensions of incompetent persons whose activities constitute the most serious and obvious danger to the public.

A *non possumus* conclusion now that the issue has been thus prominently raised will certainly give countenance to the idea that there is no intention whatever to interfere with undisciplined practice, and this in itself would be little short of a public disaster.

We would desire to associate ourselves closely with the expression of appreciation of the services rendered by the Secretary, Mr. J. S. Henderson, to the Committee.

(Signed) OWEN AVES.
W. B. BARKER.
G. E. HOUGHTON.

17th December, 1927.

SECOND MINORITY REPORT.

To the Rt. Hon. NEVILLE CHAMBERLAIN, M.P.,
Minister of Health, and the
Rt. Hon. Lieut.-Col. Sir JOHN GILMOUR, Bart., D.S.O., M.P.,
Secretary of State for Scotland.

I have listened to most of the evidence submitted by individual witnesses and representatives of the several organisations and societies interested in the Optical Practitioners' (Registration) Bill; but as I shall be abroad when the Committee's Report is drafted, I venture to submit this separate statement on the important problem as to whether optical practitioners should be registered or not.

(1) The business and practice of optometry in this country is undoubtedly in a state of chaos. No general standard of qualification is attained. Whilst a large number of opticians are well qualified to do sight-testing and provide spectacles, there is a considerable proportion of persons performing this very delicate and important task without any semblance of qualification. In fact, in some cases spectacles are bought like ordinary merchandise, sold over shop counters and in the market places, without any regard whatsoever from the vendors' point of view as to whether they meet the requirements of the customer or not. In these extreme instances the only safeguard is the judgment of the purchaser, and that judgment in the majority of cases cannot possibly be considered of much value. I am convinced that the interests of the community as a whole would be served if this condition of things were removed. The poor suffer most from the present state of affairs.

(2) It has been stated on good authority that when registration in other professions has taken place, fees, costs, and charges in general have increased almost automatically. There is no reason to believe that if opticians were registered the same results would not ensue in their case, unless definite precautions were made to prevent the imposition of exorbitant charges for sight-testing and appliances.

(3) There is much to say in favour of laying down the principle that all persons suffering from any affliction of the eyes should proceed direct to an ophthalmic surgeon, the surgeon to make out the prescription, which the patient would then take to the optical practitioner, who would simply carry out the instructions of the surgeon, and supply the appliance. That, however, is an ideal which cannot possibly be achieved for many years to come. The present number of ophthalmic surgeons is totally inadequate, and there is no doubt that there are optical practitioners already in practice whose experience undoubtedly gives them as good a title to perform ordinary sight-testing as many general medical practitioners.

(4) The optician should provide spectacles only in cases where no disease exists. Where the optician finds that the eye is

diseased, he should send the case forthwith to the ophthalmic surgeon for treatment. That practice prevails already among a large number of the most qualified optical practitioners.

(5) I am satisfied that optical practitioners, even with the best qualifications, should not be allowed to use drugs for sight-testing purposes. The use of drugs for the eyes should be a matter entirely for the ophthalmic surgeon.

(6) Steps should be taken to guide, co-ordinate, and develop educational facilities for the training of optical practitioners so that a proper standard should be set, and the public safeguarded against quackery of all kinds.

I am of opinion that optical practitioners should be registered on the general lines of the provisions of the Bill submitted to Parliament; but the following reservations should be made:—

(a) As a great deal of the work of optical practitioners is now performed in connection with the supply of appliances to members of approved societies, there ought to be at least two representatives on the Registration Board representing what may be termed the consumers, to safeguard the interests of insured persons against any tendency to excessive charges by optical practitioners.

(b) The entry of young persons into the profession should not be confined in all cases to those who have passed the matriculation certificate, so that suitable young aspirants whose means have precluded a matriculation standard of education should be enabled (with maintenance allowances) to train and qualify for the profession.

(8) The register on its first compilation should include, in addition to those of undoubted qualification and training, a limited number of those with a wide experience of sight-testing and the sale of appliances, but who are now without other qualifications. There should, however, be a time limit to the operation of this principle; and, say as from 1st January, 1930, a universal standard should be set before further names are added to the register.

(Sgd.) RHYS J. DAVIES.

October 7th, 1927.

APPENDIX

List of bodies and persons who submitted Statements of Evidence to the Committee.

PART I.

Bodies with names of witnesses and persons from whom oral evidence was taken.

Joint Council of Qualified Opticians.

Mr. J. H. Sutcliffe, O.B.E., F.Inst.P.
Mr. F. T. Gregg, M.A.

Supported by:—

Mr. R. J. Meller, M.P.
Mr. Herbert Williams, M.P.

Institute of Ophthalmic Opticians.

Mr. F. T. Gregg, M.A.
Mr. T. Leigh Bennett.
Mr. H. A. Boatman.
Mr. F. Cherry.
Mr. F. Kilner.
Mr. A. Upson, J.P.

British Optical Association.

Mr. J. H. Sutcliffe, O.B.E., F.Inst.P.
Dr. H. G. Parker, F.R.C.S. (Edin.).
Prof. F. J. Cheshire, C.B.E., A.R.C.S., F.Inst.P.
Dr. R. S. Clay, D.Sc. (Lond.), B.A. (Cantab.).
Mr. J. Harwood.
Dr. L. S. Palmer, D.Sc., Ph.D. (Bristol).

Association of Dispensing Opticians.

Mr. A. G. Freeman.
Mr. J. B. Reiner.
Mr. E. G. Harwood.

National Association of Opticians.

Mr. T. Beardsall.
Mr. A. Hershberg.
Mr. L. Moreton Parry.

The Worshipful Company of Spectacle Makers.

Lt.-Col. E. F. Lawson, D.S.O., M.O.
Dr. H. C. Critchley, M.A., M.S.
Mr. W. H. Champness, C.C.

Institute of Chemist Opticians.

Mr. J. J. Laws.
Mr. Percy Barrs.
Mr. R. W. Lindsey.
Mr. Gwilym R. Evans.

The Association of the College of Optics.

Mr. T. S. Baird.
Mr. J. Dunn.
Mr. H. B. Liversedge.

Northampton Polytechnic Institute.

Mr. S. C. Laws, M.A., M.Sc.
Mr. H. H. Emsley, B.Sc.
Mr. O. L. Redding.

General Medical Council.

Sir Donald MacAlister, Bart., K.C.B., M.D.
Mr. H. L. Eason, O.B., C.M.G., M.S.

British Medical Association.

Mr. N. Bishop Harman, F.R.C.S.
Dr. R. Wallace Henry, M.D.
Dr. Alfred Cox, O.B.E., M.B., B.S.

Council of British Ophthalmologists.

Mr. J. Herbert Fisher, M.B., B.S., F.R.C.S.
Mr. M. S. Mayou, F.R.C.S.
Mr. P. E. H. Adams, M.B., B.Ch., F.R.C.S., D.O.
Mr. A. L. Whitehead, M.B., B.S., F.R.C.S.
Mr. C. H. Walker, M.B., F.R.C.S.
Dr. John Gray Clegg, M.D., F.R.C.S.

Medical Practitioners Union.

Dr. E. A. Gregg.
Dr. Gordon Ward.
Dr. A. Welply.

Ophthalmic Benefit Committee.

Dr. G. W. Kendall, M.D.
Dr. Ernest C. Arnold, M.B.

National Conference of Industrial Assurance Approved Societies.

Mr. R. J. Meller, M.P.

National Conference of Friendly Societies.

Mr. G. L. Lingstrom.

Parliamentary Committee of the Co-operative Congress.

Mr. A. V. Alexander, M.P.

Mr. J. P. Fry, J.P.

A member of the Queensland Parliament.

PART II.

List of Bodies and persons from whom written but not oral evidence was received.

Ministry of Health (Memoranda regarding optical laws in other parts of the British Empire and in the United States of America.)

Advisory Committee on the Welfare of the Blind.

Hearts of Oak Benefit Society.

National Association of Goldsmiths.

Messrs. C. W. Dixey & Son.

Messrs. Bruce Green & Co., Ltd.

Messrs. C. H. Collins & Sons, Ltd.

Mr. E. Elliott.

Mr. J. A. Deans.

Dr. A. Hill Griffith, M.D.

Dr. M. D. Thakore, D.Sc., M.B., Ch.B. (Edin.), D.O. (Oxon), D.O.M.S. (Lond.).

国立公衆衛生院附属図書館	
受入先	
受入日	
登録番号	
所 在	
Library, National Institute of Public Health	