

# The Oxford Companion to United States History

## Optometry

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By Diane D. Edwards | Jan 1, 2008

The word “optometry,” from the Greek *optos* and *metron* meaning “visible” and “measure,” was apparently first used in the 1890s to describe a profession that today encompasses doctors trained and licensed to diagnose and treat diseases and disorders of the visual system. Colonial merchants selling European-made spectacles and lenses launched what would become professional optometry in the United States. Two developments by Americans, bifocal lenses and better spectacle frames, helped move optometry from a vendor trade toward a recognized profession by making fitting and selecting eyeglasses more complicated. In 1760, Benjamin [Franklin](#) instructed a London firm to make him spectacles with two types of lenses fitted together, thus inventing bifocals. Late in the eighteenth century, American inventors, like those overseas, began patenting lighter-weight rims and springs and pads for comfort, as well as improved construction techniques.

Nineteenth-century American optometry made further advances with the growth of optical companies, the development of new diagnostic equipment, and cooperative efforts by prescriber-purveyors of spectacles to gain professional status as optometrists. Many of the diagnostic advances, such as Bausch and Lomb's 1902 retinoscope and the improved ophthalmoscopes made in 1905 by the New Jersey-based DeZeng Standard Company, extended [technology](#) developed earlier in Europe. More grounded in American soil were the optical companies, which also influenced an emergent profession of opticians. Denied traditional supplies from Europe during the [Revolutionary War](#), American manufacturers and merchants built a domestic industry. John McAllister, a [Philadelphia](#) cane and whip manufacturer who began selling spectacles in 1783, became the first U.S. optician and his firm, the first American optical company.

Several frame-making factories followed, often begun by jewelers or by European-trained immigrants. When the [Civil War](#) again disrupted glass imports from Europe, the American Optical Company and other firms began production of their own lenses. In consultation with those who sold spectacles, American Optical and Bausch and Lomb, among others, developed improved sets of trial lenses to determine patient prescriptions. By 1904 the United States was exporting lenses to Europe. With improved tools and clinical expertise, practitioners who once labeled themselves refracting or applied opticians now identified themselves as more highly trained optometrists; took steps to establish optometry's professional identity and prestige; and launched specialized periodicals such as *Johnson's Eye Echo* (1886), *The Optician* (1891), *Optical Journal* (1895), and *Optical Review* (1907). With [professionalization](#) came controversies over licensing laws and government regulations. Until the late nineteenth century, the field had no official standards of practice, education, or competency. In 1896, seeking stricter controls over who could prescribe eyeglasses, Charles F. Prentice and Andrew Jay Cross formed the Optical Society of New York. As other state societies arose, practitioners lobbied legislatures for regulatory statutes. Minnesota imposed the first regulations, in 1901, and by 1925 all the states and the District of Columbia had passed such legislation.

Inspired by the early lobbying efforts, periodical editors, officials of state organizations, and practitioners founded the American Association of Opticians in [New York City](#) in 1898. Initially, anyone

interested in optics could join, but the retail merchants soon dropped out and over the next decade stricter education and professional standards resulted in a more exclusive membership. In 1910 the organization was renamed the American Optical Association, and in 1919, the American Optometric Association. In 1929 it launched its own *AOA Organizer*, renamed the *Journal of the American Optometric Association* in 1930.

In 1915 the National Board of State Examiners in Optometry (established by the national association in 1919) set two twenty-six-week school terms as a minimum education standard for certification. This reflected a continuing emphasis on education as one guarantee of quality care. Around 1900, America had an estimated sixty optometry schools of varying quality; by 2000, fewer than twenty were accredited by the Council on Optometric Education. Four-year programs included anatomy, pharmacology, pathology, vision screening, optics, and applied lens technology. Graduates needed to pass a state board examination to practice, and nearly all states required continuing-education courses for license renewal.

The scope of optometric practice expanded in the 1970s as some states authorized optometrists to treat certain eye diseases with pharmaceuticals. By 1989 all states had authorized specifically trained optometrists to use drugs for diagnostic purposes. By 2000, changing Medicare regulations, the growth of managed-care systems, and cooperative networks with ophthalmologists and other specialists were altering optometric practices. But America's thirty thousand optometrists, 25 percent of whom were women, still performed over 60 percent of the nation's primary eye examinations. See also [Health Maintenance Organizations](#); [Medicare and Medicaid](#).

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