Our country’s yearly public expenditures on eyeglasses, including sunglasses, is about $4.5 billion. But—while spending all this money, how much do consumers actually know about the true cost and quality of eyeglasses?

Sources of Glasses

Consumers may obtain glasses in various ways. Some visit an ophthalmologist, an M.D. who specializes in medical and surgical eye care, who writes a prescription to be filled by an optician. Alternatively, the consumer may visit an optometrist, who is not an M.D. but who is trained in refraction techniques. The optometrist can prescribe spectacles and typically orders them from an optical supply house and fits them to the patient him or herself. Or, the consumer may visit one of the high-volume optical companies, who typically employ both opticians and optometrists, or, in some states, a department store
may display spectacles over the counter (OTC). The person selects the strength lenses he wishes and leaves with the eyeglasses.

Some firms supply safety glasses, usually ordered directly from a large optical supply house, if an employee has a prescription from his optometrist or ophthalmologist. In other firms, a contract entitles employees and dependents to eye examinations and a certain number of eyeglasses per year. Often, groups of either ophthalmologists or optometrists are under contract to the company to serve its employees.

**Four Myths in Buying Glasses**

The average American logically expects that higher cost means better quality, but this turns out not to be the case for glasses. The cost of spectacles from an ophthalmologist and optician is about the same as from an optometrist, but both are higher than OTC commercial sources. No rigorous studies have been done to compare relative costs and benefits. However, spectacles bought over the counter meet higher standards than those specifically ground for patients on prescription.

Further, most patients believe that only one quality lens will satisfy their need, especially for higher powered lenses. Yet, there is a spectrum of prices available to the optician or the optometrist, but not usually made available to the patient.

Third, the public has been led to believe that different lenses placed before the eye will, in some way, affect the health of the eye, even though few would even consider that the quality of glass in a window or automobile windshield would affect the eye. The fact that only in a few isolated cases will the wrong lens have any adverse effect on the eye, and these are cases where the patient would be seeing an ophthalmologist frequently anyway and the error would be quickly detected.

The public has also been misled concerning the amount of light necessary for comfortable reading. The eye is capable of adapting so effectively to extremes of illumination that tinted lenses are rarely called for. If brightness is so great that it causes discomfort, then sunglasses that absorb significant amounts of light are appropriate.

**Sunglasses and Reading Glasses**

Most “sunglasses” are tinted only for cosmetic appeal: the tint is not of sufficient density to effectively filter bright light. The federal Food and Drug Administration’s Committee for Ophthalmic Devices felt strongly that the light-transmission characteristics of sunglasses should be indicated and made suggestions to the sunglass industry about appropriate labeling. The industry indicated that it would probably not comply. The industry has noted that the lenses in a $10 pair of sunglasses are usually identical to those in a $70 pair, with price differential due to the frame.

The committee has heard testimony regarding the implied dangers of