Both scientific and practical administrative objections can be raised to the creation of a new National Eye Institute.

The problem of blindness and disorders of vision is broader than ophthalmology and the eye. The eye is a sense organ—an integral part of the nervous system. Its function can be studied and understood only in terms of nervous activity. The complex problems of the nature of the visual processes in the retina, dyslexia, and the control of the eye movement, myopia and the process of accommodation, and disorders of perception and cognition require a multidisciplinary approach. In the past, eye research, often carried on in separate eye and ear infirmaries, has suffered through isolation from the mainstream of medical science. Within the NINDB, there have been developed integrated, multidisciplinary programs to deal with the varied aspects of these problems. These programs are designed to draw into eye research scientists from diverse disciplines who have much to contribute. To make, at this time, an arbitrary separation of eye research from other aspects of vision and nervous function would be highly disrupting, both to neurology and to blindness programs.

The establishment of a separate National Eye Institute would require an unnecessary—and costly—duplication of the existing administrative structure. A considerable financial waste would be involved.

Equally important would be the need to duplicate the experienced administrative staff of the NINDB. Members of this group have had 5 to 10 years of experience in the field of neurology and blindness. Assuming that additional personnel can be recruited, there will be inevitable dilution of both programs during this period of transition and, at best, a continuing unnecessary expense in terms of both dollars and personnel.

The problem of recruitment and staffing would be a serious handicap to the effectiveness of a new Institute. The median annual salary for ophthalmologists in the United States is $37,720. The leaders earn more than $50,000. To accept the maximum allowable salary at NIH, $25,800 would be a serious and probably impossible sacrifice for most.

At the time of the creation of NINDB, the question of establishing separate Institutes for blindness, for deafness, for cerebral palsy, for multiple sclerosis, for epilepsy, and for muscle disorders received serious consideration. Although each disease area has unique problems, it was recognized that each involves damage or dysfunction of a portion of the nervous system, and that to create a separate Institute for each would lead to a damaging fractionation of effort. The points advanced now for the establishment of a separate National Eye Institute still relate almost equally well to these other forms of neurosensory disorders, and similar arguments can be made for individual program elements of a number of other Institutes of the National Institutes of Health.

For example, reference has been made to 40,000 blind individuals in this country. An equally cogent case could be made for an equal number of persons with congenital deafness, and almost a million whose lives are blighted by the social isolation resulting from inability to hear or understand the spoken word. Similarly, over 200,000 people die each year from stroke, and there are estimated to be over 2 million persons crippled by stroke in the population. Do their unique needs also require the establishment of a separate administrative struc-