medical school, and our best recruitment device is to have within every medical school a focal point to attract those people who have the natural bent, the interest, and capability to engage in vision research. If we don't have such a focal point we won't attract them.

We now have 53 research training centers in the universities and as our program expands, when a university gains the requisite capability, we establish a new training center there.

Mr. NELSEN. Without question, this legislation has a good deal of appeal—even the name of it—which would indicate stimulated activity in the field of eye research and attention to the problem.

However, I think this committee is interested in the type of a plan that will do the most effective job. I was interested, Dr. Stewart, in your statement that there are areas where you feel more could be done. I am very much interested in your suggestions as to where we should direct more of our attention in order to do a better job with the facilities we have.

I think that is what we are interested in, in this committee and sometimes it becomes attractive to move for labels. There is a lot of that in the Congress at times, but we want results and I am sure you will find this committee interested in your suggestions. Thank you, Mr. Chairman.

Mr. KYROS. First, I would like to say that I am remarkably impressed that you come here today and you really oppose this bill in the face of the fact that 51 Members of the Senate have sponsored a bill for an Eye Institute and many Members of the House.

I think this indicates the depth of your commitment to the fact that the program should remain within this neurological concept that you have.

I am not clear precisely what adverse effects would occur if you did remove the eye research from the National Institutes of Neurological Disease.

Dr. STEWART. Let me first say our opposition is not based on the objective of getting important research in the eye field or doing something about all of the visual problems in the country. The feeling is the administrative mechanism proposed would not per se increase this research that everybody wants.

At the present time, we are very interested in developing multidisciplinary approaches to eye research in the universities and that is what Dr. Masland pointed out.

The etiology of eye diseases relates to a multiplicity of systemic diseases. For example, we could do a lot for the eye if we could find a cure for hypertension, if we could prevent diabetes, and so on. We have already made material advances in preventing blindness due to the use of oxygen in newborns and through the study of toxoplasmosis to which Dr. Jacobs has contributed.

You have infectious, metabolic, congenital defects, neurological disease, and eye disease all being manifested as disorders of this one end organ of a sensory nerve, the eye. It seems to us if you really want to tackle the visual problems you must bring in a variety of skills including those of ophthalmologists. Our objective is to encourage collaboration between the ophthalmologists and these other clinical and laboratory specialists.

We fear the isolation of eye research in one clinical specialty rather than the broad multidisciplinary approach which is required. Narrow