toward accomplishing something in this field toward further study of blindness and doing something about it. It is a serious proposition particularly to those many, many people who have these diseases.

How many ophthalmologists did you say you have in the present National Institute of Neurological Diseases?

Dr. MASLAND. Within our own staff we have four.

Mr. CARTER. That seems an unreasonably small number to do research for a country of 200 million people having 40,000 blind and 400,000 practically blind people.

Dr. MASLAND. Dr. Carter, the direct research program of the Institute represents a very small portion of the total Institute's program. This is true in each of our areas. We have a very strong ophthalic research program within our intramural program, but the other 22 scientists represent other specialities than ophthalmology.

At a recent international congress, people came from all over the world, because of their accomplishments in research, and one-half of these outstanding investigators were supported by the NINDB. And out of some 50 who were there, three of them were members of our own staff, so we have a very significant eye research program. Naturally, it could always be better.

Mr. CARTER. That is what we are looking to. We want to do our best to get rid of blindness and we feel that our efforts should be concentrated on this.

How many people outside your NINDB are receiving NINDB grants for eye research?

Dr. MASLAND. We have approximately 700 principal investigators receiving vision research grants.

Mr. CARTER. What does your advisory committee recommend as to the establishment of a National Institute? What is the recommendation of that committee?

Dr. MASLAND. The Council of the Institute has not made a recommendation.

Mr. CARTER. It would be interesting to find out what that might be.

Certainly I appreciate the testimony you gentlemen have given.

Mr. JARMAN. Dr. Stewart, since a major emphasis on everything these days here on Capitol Hill and elsewhere in the Government is on cost and what we can afford to do, considering other financial obligations which the Government has, I think it would be helpful for the committee if you could submit to us for the record a breakdown on this conclusion you have reached that a new Institute would cost approximately $800,000 more in administrative costs.

Dr. STEWART. I would be very happy to, Mr. Chairman.

(The information requested follows:)

PUBLIC HEALTH SERVICE STATEMENT ON FUNDING AND POSITIONS REQUIRED FOR NEW INSTITUTE, INCLUDING TRANSFERS FROM NINDB

It is estimated that a new Institute would require an *administrative* structure of approximately 54 positions and $1,095,000. Approximately 17 existing positions and $295,000 could be transferred from the NINDB. The net additional cost of the new Institute thus would be 37 new positions and approximately $800,000.

The following is a functional and cost breakdown: