Mr. FOGARTY. I know you have, but it took you years to get off the ground. You looked for 3 years to get a qualified ophthalmologist.

Dr. MASLAND. We still do not have an ophthalmologist in the office of the director to provide total central leadership.

I might add that even today such a person is still lacking at the National Institute of Neurological Diseases and Blindness.

One might ask, "Why do you need a specialist in eye disease to direct a program of eye research in a combined institute; and indeed, why must one be an ophthalmologist to head a separate eye institute?"

The reasons are quite clear. Would you have a specialist in obstetrics and gynecology direct programs on arthritis and broken bones?

Would you have a specialist in kidney disorders supervise heart surgery?

Would you have a pediatrician look out for the problems of the aged?

Would you have a cancer specialist organize research in diabetes?

Would you have an ophthalmologist administer brain surgery or take care of such diseases as multiple sclerosis, Parkinsonism and stroke?

Although all the specialists who have been mentioned are of course physicians, and at one time during their study and training knew something of the diseases mentioned, each field is now so highly technical that physicians have found it necessary to specialize in these areas in order to give patients the best possible care.

Therefore, in order to assure the most efficient and effective use of public funds that are appropriated for research into the causes and prevention of blindness, it is vital to have an ophthalmologist who thoroughly understands these problems to guide and administer the Government program.

Not to do so would be much like holding this present hearing before a subcommittee on rivers and harbors.

It has been said that the eye is an extension of the brain and that therefore research on blinding eye disease is closely related to neurology. There are connections, of course, although only the retinal tract itself is an extension of the brain.

The point regarding neurology is quite misleading here, however, for even a cursory review of the causes of blindness shows the following:

Corneal disease involves microbiology, virology, immunology, and the physiology of corneal transparency;

Glaucoma involves membrane transport systems, biophysics, physiology, and genetics;

Cataracts and macular disease involve a specialized study of the relation of the vitreous and its physical and chemical structure to the aging process and degeneration of the retina;

Uveitis involves virology, bacteriology, parasitology, and immunology;

Strabismus and other eye muscle problems involve refraction, orthoptics, and ophthalmic surgery;

Refraction, low vision aids and contact lenses involve the varied aspects of physiological optics and visual aids.

A detailed discussion of these and many other ocular lesions is contained in the report of the Subcommittee on Vision and Its Disorders