This understanding, and the basic eye knowledge from which it flows, can be developed only by an institute director highly skilled and specifically trained in ophthalmology.

One of the aspects of the Eye Institute to which an ophthalmic director would devote himself would be the training of a much larger number of eye specialists than we have today.

Eye specialists are needed in the academic fields of teaching and research, as well as in the practice of clinical ophthalmology.

There is no lack of interest in ophthalmology among medical students who must make a decision on the field of medicine to which they are to devote their lives.

For the past 5 years, between 95 and 98 percent of the approved residencies in ophthalmology in this country have been filled. This is in contrast to other medical specialties in which only about 60 percent of the residencies have been staffed.

It is clear from these figures that we need to have more residencies available, and we need to have more qualified young men coming out of the medical schools to fill them.

Not only is there the shortage in the academic areas of ophthalmology, there is an even greater shortage of eye specialists in practice to take care of the patients who need their ministrations.

Right now, there are so many more patients in need of specialized eye treatment than there are ophthalmologists to give it that there is often a waiting period of from 2 to 4 months between the time a patient feels the need for seeing an eye specialist and the time he can get an appointment with one.

Such a person's well-being—and in the case of ocular malignancies, even his life—may be involved.

Moreover, this shortage of practitioners compounds the research and teaching problem in ophthalmology because men in clinical practice are able to earn large sums of money.

There is such a great need for their services that many men are drawn toward ophthalmological practice and away from teaching and research largely because of financial considerations.

This imbalance between practitioners and academicians, and the overall shortage of both, will require the full resources of a highly qualified doctor with ophthalmological orientation as director of a separate eye institute.

Only if we place these problems in the proper setting of ophthalmologic medicine can we hope for a reasonable solution.

Even then the solution will not come easily; but the first necessary steps will have been taken, without which we can hardly expect a solution.

In addition to addressing himself to insuring a larger flow of qualified ophthalmologists, a specialist director of a national eye institute would be able to devote himself to an intensive drive on the various ophthalmological disease problems which need concentrated and continuing attention.

These areas can be recognized by other medical men, but they can be appreciated in their true context and in their full significance only by an ophthalmologist who has had full exposure and training in them.

These are such areas as corneal opacification, glaucoma, cataract, retinal detachment, uveitis, strabismus, myopia, et cetera.