Our funds are not separately estimated, our programs do not have their own exclusive identity and our presentations have to be subordinate to the presentations of an alien and remotely related discipline. We deplore being rated as poor cousins. We ask you gentlemen for the same relief from the structure of NINDB that NINDB asked from NIH. We ask you for a separate eye institute and we contend now that our need is at least as urgent and our case is just as valid as that of the NINDB in 1952.

Thank you very much.

Mr. JARMAN. Thank you very much, Doctor, for your fine statement.

Will you introduce your next panel member?

Dr. MAUMENEE. Michael Hogan is our next witness from the panel.

## STATEMENT OF MICHAEL J. HOGAN, M.D., CHAIRMAN, DEPARTMENT OF OPHTHALMOLOGY, UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL, SAN FRANCISCO, CALIF.

Dr. HOGAN. Mr. Chairman and gentlemen, I am Michael Hogan, professor of ophthalmology and chairman of the Eye Department of the University of California in San Francisco.

I am pleased to be here today to offer to this committee and to the Congress my views on the need for a separate and independent Eye Institute in the framework of the National Institutes of Health.

I would like to discuss in particular the way in which ophthalmic research and training are carried on in the medical schools in this country and especially in my own institution and to show how the medical school experience applies to the National Institutes of Health.

To begin, I would like to indulge in a brief historical review of the administrative development of ophthalmology in the older institutions in Europe and then bring us up to date through its development in the American system.

European universities recognized in the last century that ophthalmology should have an important place in the teaching, administration, and research performed in the medical schools.

The ophthalmology departments of such universities as Vienna, Paris, Heidelberg, Prague, Rome, Berlin, London, and Edinburgh, became world famous for their research and the care of eye diseases, and for their teaching.

The recognition of ophthalmology by these universities came about because of the need of the population for eye care. For this reason many famous physicians found it important to specialize in eye diseases.

The demand for eye care was due to the prevalence of trachoma, cataract, glaucoma, retinal detachment, cancer, and inflammations of the eye.

Up to World War I, European ophthalmology dominated world thought and research in eye diseases. American physicians before this time almost had to visit famous European clinics in order to acquire the knowledge to treat eye diseases.

Early in this century, the specialty of ophthalmology was hardly recognized by most American medical schools, even though the needs of the public were great.