Finally, in order to raise the standards of practice, American ophthalmology organized the American Board of Ophthalmic Examinations in 1918—the first medical specialty to establish scientific qualifying examinations for eye practitioners.

Medical schools soon became very much aware of the importance of this specialty, and a number of outstanding schools, therefore, established separate departments of ophthalmology by detaching them from the department of surgery.

There still existed a large group of individuals in medical schools who were opposed to the idea of splitting the various specialties in medicine from the main departments of medicine and surgery, principally because of supposed administrative efficiency.

These individuals did not wish to have too many competing departments in the medical school. It was established, however, that this attitude was not the best for teaching, research, and patient care, and in recent years more and more schools have created separate departments of ophthalmology, dermatology, otolaryngology, orthopedics, urology, neurology, and neurological surgery.

Along with the establishment for many separate eye departments in medical schools during this century, there has been a unique development of eye training and research in institutes of ophthalmology, especially in the United States.

These include the Howe Laboratory at Harvard, Wilmer at Johns Hopkins; Institute of Ophthalmology of Columbia in New York City; Proctor Foundation at the University of California in San Francisco; Jules Stein Institute at the University of California at Los Angeles; Doheny at the University of Southern California, Weeks at the University of Oregon; Oscar Johnson at Washington University; Institute of Ophthalmology at the University of London; Bishop at the University of Washington; and the Institute for Vision Research at Ohio State.

These eye institutes have been created mostly within the administrative area of the eye department. Their existence makes it possible to provide proper guidance and support for the solution of the problems of blindness.

The fact that these institutes and laboratories were formed testifies to the importance of eye diseases in the minds of private individuals who support them.

The idea for the creation of a separate National Eye Institute, therefore, has strong scientific precedents. Separate departments of ophthalmology can plan teaching facilities, budgets for teaching and research, and patient care, unhampered by a department of surgery and its tendency to lump all personnel, funds, and teaching activities as well as to curtail special programs.

My knowledge of departments of ophthalmology in this and other countries is based on 30 years of administration, teaching, and research, on 4 years of observation as a member of the NINDB Training Grant Committee; on 10 years as an examiner for the American Board of Ophthalmologic Examinations; and on 20 years of lecturing and study of schools of medicine and departments of ophthalmology.

I am convinced that ophthalmology is more effective in those schools where it is separated from surgery. I am also convinced that this would be true if a separate National Eye Institute were established in the National Institutes of Health, separate from neurology.