I also do not think that the newly formed Advisory Subcommittee on Eye to the National Advisory Council of the NINDB will solve the problems of eye training and research because there still will be a lack of strong central direction by an ophthalmologist and a failure to provide the internal organization for a free director to implement the needed programs.

The administration of the NIH is opposed to a separate Eye Institute because it supposedly will contribute to the fragmentation of the Institutes.

The Director of the NIH, however, proposes to separate the National Institutes of Health from the Public Health Service and he makes out a good case for such a separation.

It does not seem logical, therefore, for him to object to a separate Eye Institute on the basis of fragmentation.

Until a separate Eye Institute is created, ophthalmologic training and research will continue to be inadequate, mainly because of a lack of adequate ophthalmic direction within the NIH.

Under the present organization program projects may be reviewed by committees which have inadequate ophthalmologic representation, in comparison with committees in other components of the NINDB and HEW.

Of the 12 members of the Advisory Council of the NINDB, only three are from the field of blindness, and until recently, one of these was a layman, one biochemist working with the eye, and the other an ophthalmologist.

A member of the present Council states that ophthalmology is not properly represented and the recently established Ophthalmic Advisory Committee to the Council is not likely to overcome the deficiencies of the NINDB in research, training, and teaching in ophthalmology.

With 30 years of experience in education, training, and research in the field of ophthalmology, I can look back and obtain a good perspective of the contributions of various organizations to this field.

I have always been hopeful that the NINDB would develop a well-directed program and provide direction toward the needs of ophthalmology.

The overburdened administration and lack of ophthalmic direction has seriously interferred with the development of strong programs in the treatment and prevention of serious blinding eye diseases.

As with those medical schools which refused to establish strong eye departments years ago, the NIH will never develop a strong program for the study of eye diseases until there is a separate Eye Institute.

I trust you gentlemen will approve the legislation before you.

Thank you very much.

Dr. MAUMENEE. Mr. Chairman, our next witness from the panel is Dr. Frank Newell.

STATEMENT OF DR. FRANK W. NEWELL, PROFESSOR AND CHAIRMAN, DIVISION OF OPHTHALMOLOGY, UNIVERSITY OF CHICAGO, CHICAGO, ILL.

Dr. NEWELL. Mr. Chairman and members of the committee, I am Frank W. Newell, professor of ophthalmology and chairman of the Division of Ophthalmology at the University of Chicago.