The bulk of disabling eye disease with which ophthalmology must contend comprises uveitis, glaucoma, cataracts, detachment of the retina, and tumors. These have only tenuous connections with neurology. Uveitis is an inflammatory disease often linked to rheumatoid arthritis or other systemic diseases properly pertaining to the domain of medicine.

Diabetes, which has loomed recently as such a prolific cause of blindness, is similarly of primarily medical and biochemical concern. Glaucoma and cataracts, on the other hand, are, from the treatment point of view, chiefly surgical problems. So are detachment of the retina and tumors of the eye. With rare exception, these have little or no neurologic connection.

Ophthalomolgy is generally included in medical school as one of the surgical specialties. This was more justified in the past then in the present. Surgery and surgical training are still the prime preoccupation of ophthalmologists, but it is probably fair to say that the major advances of the specialty in the past 50 years have been in medical ophthalmology and in the diagnosis and recognition of disease.

In glaucoma, for instance, although significant improvements have been made in the technique of surgery, the greatest advances have been made in the diagnostic selection of cases for surgery and in the medical management of glaucoma. Similarly, with detachment, the increasing use of photocoagulation and laser radiation has progressively advanced the noncutting aspects of detachment treatment.

Ophthalmology is in the ambiguous position of being neither clearly a surgical nor medical specialty. It has equal contacts with both major disciplines, to say nothing of its commitment to optics which sets it outside the realm of either. Its linkage to ear, nose, and throat was a marriage of economic convenience and is even more ambivalent. It is now an anachronism.

All of this points up the uniqueness of ophthalmology. While some of us have a prime interest in neuro-ophthalmology, we must acknowledge that this is a small facet of ophthalmology. To expect an Institute which is primarily concerned with neurology to oversee the needs of ophthalmology is as illogical as it would be to subordinate ophthalmology in the neurologic sciences or other major disciplines in medical school curriculums. NINDB has wisely urged that ophthalmology have separate departmental status for its grantee institutions in medical schools, and this has been accomplished as the schools have sufficiently matured.

We now feel that NIH has developed to a comparable stage of maturity when it is appropriate to establish a separate and peer status for ophthalmology among the Institutes.

Had the institute concept been born full grown from the head of NIH, an Eye Institute would logically have been one of the first categorical units to be established. Ophthalmology is the oldest of the clinical specialties with practical aspects that set it apart from the mainstream of medicine.

One of its major preoccupations, for instance, is optics, which has no parallel in general medicine; ophthalmic surgery is so minute and delicate as to have little in common with general surgery; and its methods of examination are a specialty unto themselves.