Except possibly for dentistry, ophthalmology is the specialty most requiring an Institute administered and advised by persons who have had intimate experience with its problems and possibilities.

No more than one or two ophthalmologists have been on the Council at any one time. The sheer bulk of applications to be processed and policies to be discussed have precluded adequate consideration of the pressing ophthalmic needs. But more importantly, the Council and administration already taxed to their capacity with predominantly neurologic affairs cannot be expected to take the initiative in developing new and imaginative approaches to the problems of eye disease and blindness.

We have major problems in ophthalmology which must have a vigorous and undivided leadership at the national level. In the first place there are so few ophthalmologists across the country that patients commonly cannot get an appointment for weeks and sometimes months in advance. To say that emergency care is always available is meaningless for the patient is put in the anomalous position of having to decide whether or not he is an emergency.

We have all seen the disastrous consequences of this impossible situation. In the second place we have a problem in training since medicare and medicaid are directing the patients to the private physicians. We are, therefore, faced with an acute shortage of patients at the training centers. We may subscribe to the general principle that each institution must solve its own problems but we are now faced with a nationwide emergency in surgical training which affects ophthalmology more than any other specialty because of the nature of its surgery.

We need strong support from leadership which only those can give who have intimate knowledge of ophthalmology. And then there is the problem of ophthalmic assistanceship, how best to integrate optometry into opthalmology, for the overall good of the patient. These are some of ophthalmology's prime problems, the answers for which cannot be expected to come from an Institute dedicated primarily to neurology.

Size is also a not inconsiderable factor in recommending separate institutional status for ophthalmology. In my hospital, for instances, 25 percent of the total outpatient visits are eye patients, whereas no more than 3 percent are neurologic patients.

Or, across the country the number of broad-certified ophthalmologists in 1966 is listed as 6,397, whereas the number of board-certified neurologists is only 753. At NINDB the representation is reversed. Is it fair to expect the present Institute to care for the problems of such an oversize division or fair to that division to depend on a predominantly nonophthalmic Institute?

The wonder is that it has worked as well as it has but the chance of it continuing to do so lessens with our increasing need for national leadership. We should make long-range plans before the crises get out of hand.

In an Eye Institute we would envisage an entire Council drawn from persons concerned with vision and an administration dedicated exclusively to this field. When the Council met we would expect them to address themselves entirely to problems of eye diseases, training of medical and paramedical personnel for visual care in this country,