

values that makes blindness, next to cancer, the disorder most feared by the people of the United States.

With this enormous incidence and resulting disability, vision disorders and blindness merit more attention than they have received in the past and, without question, deserve a scientific attack specifically designed to be as effective as possible. Unfortunately, mounting of this attack in the present National Institute of Neurological Diseases and Blindness is handicapped by an organizational structure that clusters vision disorders and blindness with the diffuse field of neurology, neurosurgery, and otolaryngology. During the early years of the Institute of Neurological Diseases and Blindness, this grouping of medical sciences served a useful purpose and enabled programs to get started in each of these fields. At this time, however, this organization should, in my judgment, be changed because (1) it is based on the incorrect belief that there is a special, overriding relationship among these disciplines; (2) it forces the leaders of the Institute of Neurological Diseases and Blindness to divide their attention among disparate fields of medicine; and (3) it does not provide an optimum framework for a scientific attack on vision disorders and blindness.

The statutory grouping of ophthalmology and the entire field of vision science with neurology, neurosurgery, and otolaryngology presumes that these fields belong together because they have a special and essential relationship to each other. A review of the facts, however, indicates that these fields are not closely related to each other but, on the contrary, are associated in only a general and rather limited way.

In research, for example, only a modicum of ophthalmic investigations relate to neurology, neurosurgery, or otolaryngology. In the education and training of ophthalmologists, there is no special rotation of these future specialists through the neurological or otolaryngological services and, in actuality, contacts with these disciplines are made through lectures, conferences and consultations just as with other fields of medicine.

Finally, in the care of patients with visual disorders, only a very small number of the people who require eye care have conditions related to neurological or otolaryngological disorders. Thus, in research, in training, and in patient care, vision science has no special or overriding relationship with neurology, neurosurgery, or otolaryngology.

Indicative of this, no university or group of medical practitioners is organized so that it lumps these separate and distinct medical specialties into a single administrative whole.

The effect of this unnatural grouping of vision science with neurology and other disciplines in the Institute of Neurological Diseases and Blindness is to force the Director of the Institute, the National Advisory Council, and the Institute staff to divide their attention among disparate fields of medicine.

Moreover, as a reflection of the Institute's organization, the National Advisory Council is virtually forced to give primary consideration to neurological activity and secondary consideration to ophthalmological endeavor. In fact, the makeup of the Council shows that it would be almost impossible, on the basis of the training and professional responsibilities of the individuals involved to do otherwise.