

it. Our scientists have demonstrated that among persons with diabetes for 11 years or more, diabetic retinopathy is present in 64 percent.

Among those with diabetes for 15 to 20 years, diabetic retinopathy is present in as high as 93 percent. When we consider that there are at least 4 million diabetics in this country today, it is obvious that we must have vastly more knowledge of retinopathy than we have now, and we must learn quickly or suffer the terrible consequences.

Your constituents are not totally unaware of the situation, and many of them are frightened by it. Our Gallup survey revealed that the American people fear blindness more than any other physical affliction with the single exception of cancer. More than twice as many feared blindness as feared heart disease. And we will learn to fear it even more as the population of the blind and the near blind continues to increase.

That our Congress recognizes the catastrophic nature of blindness is evident in our income tax laws, which permit a special \$600 tax deduction for blind taxpayers, more than 106,000 exemptions were taken for blindness by blind persons with reportable income during the tax year 1964—resulting in deductions of nearly \$64 million. No other physical ailment receives such consideration.

If it were not for our antiquated concepts of blindness, an Eye Institute would have been among the first and most important of those established when the National Institutes of Health were inaugurated. Yet even today, when eye patients constitute 10 percent of all patients seen at your hospitals, the argument is offered that the creation of a separate Eye Institute would be a "fragmentation" of effort.

Gentlemen, we have been minimizing the needs of a major health problem for the purpose of administrative expediency. When I last visited Bethesda, it was interesting to see the 60 beds of the National Institute of Neurological Diseases and Blindness divided equally: 30 for ophthalmology; 30 for neurological diseases. But the equality cannot be sustained in practice, because the dominating interest of the Institute lies in the field of neurology. And it is impossible to achieve balance, because the two disciplines were never meant to live together.

There is no more reason for eye research to be joined with neurology in the National Institutes of Health than there has been in our outdated concept of the eye, ear, nose and throat hospital, a relationship based only upon the medically irrelevant fact that these organs are all located in the head.

We have moved out of the horse-and-buggy era and the potential of our ophthalmic researchers today far exceeds the resources available to them. But there will be no substantial progress while ophthalmology is forced to tag along as a medical subspecialty, without self-direction and subject to the narrower leadership of those whose major interests lie in other fields.

Only through the establishment of a separate National Eye Institute can we place this critical health problem in its proper perspective. It is in the hands of this Congress to open a whole new era in the preservation of sight by recognizing and giving priority to diseases of the eye. Science and technology have created the means of accomplishing what could not be accomplished a few short decades ago. It is time to put this enormous potential to work. It is time to "zero in" on specific problems of vision, bringing the Nation's nearly 8,000 practicing ophthalmologists into direct and continuing contact with the accomplish-