here, and you are in such sharp difference with the men who run the NIH and the Surgeon General and you still feel it should be done through the NINDB, then why would you not think you would get the same grants from the Government but you would be in control?

I am perplexed to see doctors coming to the Government and saying you want another Government program.

Dr. COGAN. Mr. Kyros, I think maybe we have failed to get across our respect for what NINDB has actually done.

These are not sugared statements when we say we appreciate what they have done. We think in the natural course of growth for NINDB and NIH this is a natural splintering off.

I served on the original training grant committee. When I sat with neurologists I had to decide on scholarships in the neurological field and the neurologists had to decide them in the ophthalmic field.

We had such small projects that we had to pass on one another's projects.

It soon became apparent that this was undesirable to exert authorities in fields with which we were not really acquainted so there were formed separate divisions.

There was formed a separate ophthalmic training committee and a separate neurological training committee. Then in the original setup of the scientific advisory committees they were simply conjoined but they developed separately.

They developed separate vision sections and neurologic sections and they now operate separately.

Recommending an Eye Institute is an extrapolation of this sort of trend which has been continuously developing since the two were formed.

It is not that we are decrying what NINDB has been doing. We earnestly think they have done an excellent job but now in order to get the supervision that is necessary at this stage, it would be better for the country and for the ideas for which we strive to have this separate Eye Institute.

It is the same thing that medical schools have gone through. Departments of ophthalmology all began as part of a department of surgery.

As one of my colleagues pointed out, the process of growth, the evolution of separate eye departments have resulted in better direction and better results on their own responsibility.

I don't know if this answers your question but it expresses what we think is one of the main reasons for having a separate institute at this time.

Mr. KYROS. Speaking to what you explained, sir, why was it not possible then for you gentlemen with your credentials and your backgrounds in the light of this very excellent and exacting analysis you have made here of the problem, to go to the Surgeon General and simply have him set up a separate department of ophthalmology which would have been separated from the neurological sciences.

Why could you not have approached it in that manner for the last 15 years?

You say the colleges have made these separations. I remember when I was a youngster it was always eye, ear, nose, and throat departments.