Thank you very much.

Mr. CARTER. Mr. Chairman, certainly I want to compliment this distinguished group for their excellent presentation.

A comment about Federal involvement, we have already been involved since the establishment of NINDB for many years. What you gentlemen want is an improvement. A neurologist is head of NINDB. It is your feeling that it could be better run with an ophthalmologist to develop these programs; is that not true? Certainly I am in agreement with that. Of course this is a national problem that involves all of the States and all of the people.

The States, of course, are not able to solve all of this problem and therefore the Federal Government must come in to help them do it. That is why NINDB was established in the first place; was it not?

Dr. MAUMENEE. Yes, sir.

Mr. CARTER. Of course, I realize that you want all the discipline included in this and that would be helpful. Perhaps, since the gentleman has asked about inclusion of certain disciplines, would you explain the difference in training of an ophthalmologist and the discipline which he mentioned, sir?

Dr. MAUMENEE. Dr. Hogan, do you want to do that?

Dr. HOGAN. Yes; the ophthalmologist is a physician trained in the regular way, who, after completion of medical school takes a year of internship and then spends from 3 to 5 years after internship specializing in the field of eye diseases.

At the completion of this specialization almost all these individuals take what is called a national examination, called the American Board of Ophthalmology examination to prove that they are qualified to take care of eye patients and do surgery and test eyes for glasses and this sort of thing.

The optometrist is trained in college in biology and during the latter part of his college career, commences instruction in physiologic optics, physical optics, and eventually learns in the 5 years of his education to examine eyes and do refractions and certain other special eye procedures but most optometrists are not trained to handle disease.

In fact, most of them want to not be involved with diseases. They want to be able to recognize disease and refer the diseased patient to an ophthalmologist. So the two are not competitive. They collaborate in most States and most areas there is close collaboration between optometrists who are in practice and ophthalmologists who are in practice.

The optometrist does carry out a small part of the work that an ophthalmologist is trained to do.

Mr. KYROS. Would the gentleman yield for a question?

Mr. CARTER. I will be glad to yield.

Mr. KYROS. My impression has been, and you can correct me if I am wrong, in fact in the first instance where sometimes some disease of the eye is discovered like cataract or glaucoma, seen, not diagnosed medically is when a person visits an optometrist.

I thought perhaps that profession could play some role here, not that they should go into your field. In many instances the optometrist is the first person to see a glaucoma and the cataract and should be referred to an ophthalmologist.

Dr. HOGAN. They are instructed in their schooling that if they can improve an eye condition, by all means they are expected to do so, or if