

a condition is such that the patient be referred to an ophthalmologist, then the optometrist refers the patient to an ophthalmologist.

Mr. CARTER. I want to compliment this group for their excellent testimony.

Mr. ROGERS. I apologize for being late. I had to testify before a committee myself. I will certainly go over the testimony of this most distinguished panel.

Yesterday Dr. Stewart, the Surgeon General, testified that to create an eye institute would be disruptive both to work on the eye and to other functions of the NINDB.

As I understand from the testimony, you feel this is advisable to have a separate institute. It would not be harmful to eye research, but what about on the functions of the rest of the division? What effect would it have by taking the eye research out of the present administrative setup?

Dr. STRAATSMA. Congressman Rogers, we have no desire whatsoever to harm any portion of the Institute of Neurological Diseases and Blindness. In fact, we feel the arrangement recommended by this panel would be very important to all of the components of this National Institute.

There is no evidence that separating an eye institute in the present NINDB would disrupt the relationship of eye research to other disciplines. These relationships in fact would be freer to develop as the scientific context dictated rather than being joined in any legislative or preconceived fashion with the neurological diseases.

By the same token, I believe neurology and neurosurgery and otolaryngotomy would be completely free to develop their relationships in what we would hope would be a most productive institute of neurological diseases.

Mr. ROGERS. Then you don't feel a multiple discipline approach is advisable?

Dr. STRAATSMA. We strongly recommend a multidiscipline approach just as we have in our own university institutes. The multidisciplinary approach in ophthalmology can be improved on in the structure we propose and the separate institute would not in any way be disruptive of the relationships that now exist.

Mr. ROGERS. I think this was the point the Surgeon General tried to stress as I understood his testimony. He felt it was a breakup of the multidiscipline approach and more to the single where you are zeroing specifically on an eye without giving much consideration to the other disciplines.

Dr. MAUMENEE. I think in the formal testimony you will see numerous examples of multidiscipline attack on eye problems, but many of them have nothing to do with neurology. For instance cataract, retinal detachments, uveitis, glaucoma, are all out of the field of neurologists.

The whole point of our program is we need specialists in the basic sciences who are interested in ophthalmic problems, to work on the problems of blindness.

Mr. ROGERS. What about measles? Is that multidiscipline?

Dr. MAUMENEE. Yes; there will always be many, many overlapping areas with medicine. As was testified before, we have the problem of hypertensive retinopathy.