

## SIR WILLIAM OSLER

*William S. Tasman, M.D.*

William Osler was born in Bond Head, Canada, on July 12, 1849, the seventh child of Rev. Featherstone Lake Osler and Ellen Freed Pickton. Before emigrating to Canada and becoming a minister, Featherstone had served in Great Britain's Royal Navy. In 1830, he was aboard the HMS Victory, Lord Nelson's flagship at the Battle of Trafalgar.

William had a well-developed sense of humor that was apparent early on, and his pranks occasionally led to his suspension from school. It is not surprising, then, that the following story—which has been heard by many medical students—has been attributed to Osler. While a professor of medicine at Oxford University, Osler was lecturing to a room full of medical students and emphasizing the importance of being a good observer and picking up details, since careful

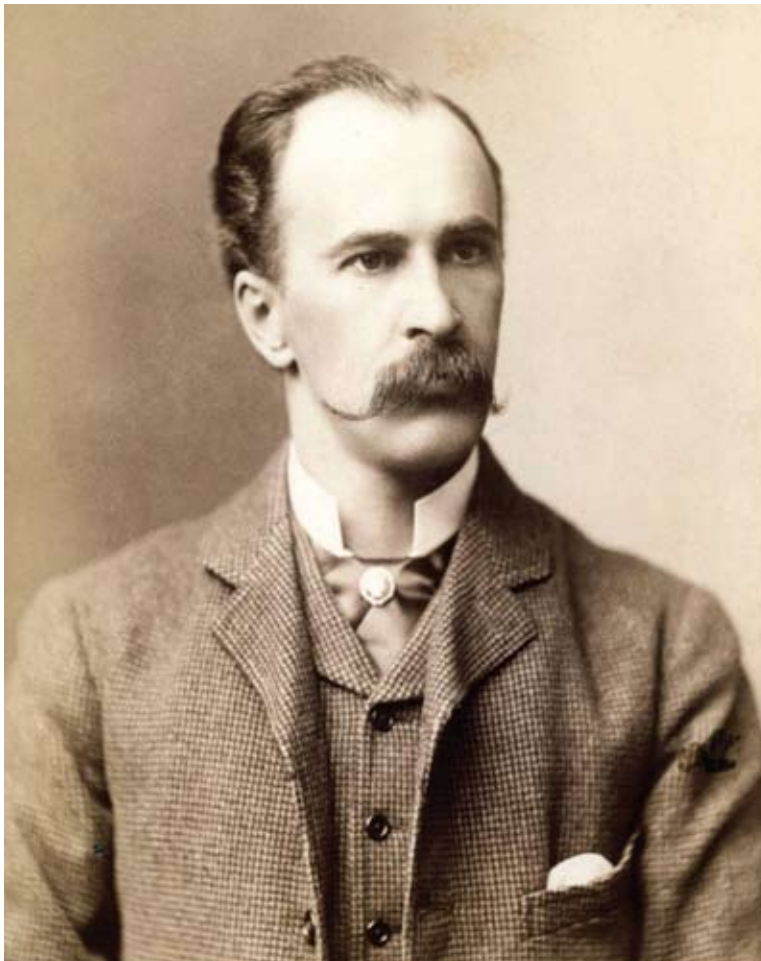
observations could frequently aid in diagnosis and thereby help the patient. Sitting in front of Osler was a bottle of urine that was to be analyzed. Pointing out that a diabetic patient's urine often had sugar in it, he reportedly put his index finger into the urine and



*Loring  
Ophthalmoscope*

brought his hand to his mouth to taste the urine. He then passed the bottle around the room and asked the students to duplicate what they had seen in order to test their attention to detail. After the bottle had made its rounds through the room, Osler said, "Now you will understand what I mean when I speak about details, because had you really been watching, you would have seen that I put my index finger into the urine, but my middle finger into my mouth."

Osler obtained his medical degree from McGill University in Montreal in 1872. As a fledgling doctor, he became interested in ophthalmology, but at that time nobody was practicing ophthalmology in Montreal. The ophthalmoscope had become quite popular, and Osler's favorite



was the Loring ophthalmoscope. Although Wills Eye Hospital had started the first eye residency program in the United States in 1839, there was little opportunity for eye specialty training in North America. Thus Osler went to Europe to study, thanks to his brother, Edmund, who advanced him a thousand dollars to finance the trip abroad. He first visited Guy's Hospital in London, and while he was there, word trickled down that two McGill graduates and one British specialist had made plans to practice ophthalmology in Montreal. Thus, Osler felt he should concentrate on general medicine. After studying abroad, he returned to McGill University as a Professor of Medicine in 1874.

Ten years later, Osler was recruited to become Professor of Medicine at the University of Pennsylvania in Philadelphia. At that time most of the patients were housed at the Philadelphia General Hospital, known as "Old Blockley." When I interned there in 1955-1956, the buildings had not changed a whole lot. The hospital had originally been an almshouse, and all that remains today is a brick wall topped by the original wrought iron fence.

While in Philadelphia, Osler was often a guest at the Ritten-



*Wrought iron fence at Philadelphia General Hospital*

house Square home of Professor Samuel D. Gross, head of surgery at Jefferson Medical College. The great American artist, Thomas Eakins portrayed Gross in the



painting *The Gross Clinic*. Gross is seen overseeing an operation on a young boy's leg. The patient's mother (who appears to have six fingers) can be seen as well as Gross's son, Samuel W. Gross (in the tunnel at top right). Samuel W. also a surgeon was married to Grace Linzee Revere, great-granddaughter of Paul Revere, famous patriot of the Revolutionary War. The silversmith business had been good to the Reveres, and Grace was a fairly wealthy woman, with an independent income of about \$5,000 a year and a butler and a maid in her employ. Samuel and Grace had one child, who unfortunately died at nine months of age. Samuel died after contacting pneumonia in 1889 at the age of 52. Grace was 20 years younger than Samuel, and after she became a widow, Osler courted her and they married quietly in Philadelphia in 1892.

By that time, Osler was living in Baltimore, having been recruited in July 1888 by Johns Hopkins. Upon moving to Baltimore in

1889, he became one of the four famous physicians at Johns Hopkins. The others were Dr. William Welch, Dean of the newly formed Johns Hopkins Medical

*Gross Clinic by Eakins*

School; Dr. William Halstead, famous surgeon who became a cocaine addict in his search for better painkillers; and Dr. Howard Kelly. All four were immortalized by John Singer Sargent in the painting, *The Four Doctors*, which hangs in the medical library at Johns Hopkins.

Interestingly, John Singer Sargent's father, FitzWilliam Sargent, had been an eye surgeon at Wills Eye Hospital. Coincidentally, David Paton, a current Academy member and former head of the ophthalmology department at Baylor, had an uncle by marriage, Lewellys Barker, who succeeded Osler as Professor of Medicine at Hopkins.

Clearly, one of Osler's greatest strengths was teaching young physicians how to relate to patients through bedside teaching and personalizing medicine. Osler was also a man of letters. Shakespeare, Shelly and Keats were among his favorites. While

living in Philadelphia, Osler travelled to Camden, NJ, to meet with poet, Walt Whitman. Osler described him as “a *fine* figure of a man... with a profusion of white hair” but commented that he “could not get much from him about his health.” Osler was not attracted to the free verse of *Leaves of Grass* however, much preferring the “Bard” and the 19<sup>th</sup> century English poets mentioned above.

In 1905 Osler left Baltimore for England to become Regius Chair of Medicine at Oxford, a position he held until his death. Because of Osler’s many contributions to medicine, he was knighted as part of the coronation honors list when George V was crowned king in 1911.

By 1914 World War I had begun. It was largely an artillery war

service but then decided to become a combatant and joined the artillery. Despite Grace and William’s worries, Revere was unscratched. Like all soldiers, Revere in some way hoped that he might get what was called a “blighty wound” that would get him back to England.

Ultimately he was sent to Ypres, Belgium, where on August 29, 1917 a German shell landed nearby. Nine men were killed, and Revere was hit by shrapnel in his chest, abdomen and thigh. He was taken by stretcher in a state of shock and suffered internal bleeding. The American surgeons manning the casualty clearing knew of the relationship between Sir William Osler and Harvey Cushing, who was

four physicians who established what is now the Cleveland Clinic. Revere was given blood transfusions, despite the primitive equipment, and around midnight two New York surgeons operated while Cushing kept track of the pulse. Although Revere appeared to do well initially, unfortunately he did not survive.

Revere was buried in Flanders, and the final irony was that the great-great-grandson of Paul Revere, an American hero of the Revolutionary War about whom every American school child knows, was buried in Bel-

gium under a British flag. His burial in Flanders was witnessed by Cushing, who cut a small button from Revere’s tunic to give to his parents.

Grace and Sir William were crushed by this tragic loss, and some believe it hastened Osler’s death. Osler contracted pneumonia in 1919 and was treated by Cushing among others. Needles were inserted to withdraw material from his lungs and pleural cavity, but the infection was relentless, and Osler died at the age of 70.



*Osler’s home in Oxford, England, now an office of the University*

characterized by trench warfare, where every few yards on either side was gained at great cost in human life. Grace and William’s only child, Revere, was a student at Oxford when the war began. He enlisted in the British Army and served first in the medical

then at a base hospital not far away. They summoned Cushing, who arrived in pouring rain and darkness. Revere had almost no pulse but was still able to mutter a few words of greeting. He was also attended by G.W.Crile, who became famous as one of the

## As I Remember It

### Vignettes of the days of training and early practice.

SCOPE solicits interesting and entertaining vignettes of readers’ days of training and early practice. Please limit your submission to less than 500 words.

Send submissions to [scope@aa.org](mailto:scope@aa.org)

### Medicine and the Mall

One Friday afternoon my waiting room at the academic eye center was filled with “walk ins” without appointments. I asked the tech what was up and she said: “You are the only faculty member in the building this afternoon.” This was startling as the other twenty plus faculty members were all younger than I. Obviously there was a lot of unused clinical space in the building that afternoon and even more on the weekend when I too would be absent. No mall manager would tolerate closing down most of the shops on Friday afternoons and all of them on the weekend.

A century ago stores were locked on Sundays because of “blue” laws but the local physicians were expected to respond to calls day and night. Now, conversely, at the mall the Lenscrafters stores are open from 9 AM to 6 PM on Saturdays *and* on Sundays while at the academic medical center patients calling are directed by voice mail to the emergency room. Comparing the Lenscrafter hours and days of service with the center’s hours of operation might indicate that 50% of the time, the latter’s space sits unnecessarily unused. I am arguing here that one way to effectively double both the clinical examination space and the parking lot size is just to keep a center’s doors open for service when the local Lenscrafters is open.

I have had personal experience with the negative baggage this idea drags along. Early in my practice I saw many post-operative patients on Saturday mornings because they seldom required any ancillary services and relatives did not have to take time off from their work to bring them. Parking was plentiful. They were in and out. They loved it. But after a few years I was told that I must stop seeing patients on Saturday mornings because it was not “cost effective.” Surgical follow-ups were included in the global fee and I was told that my Saturday billings did not support the staff expense. I argued vainly that these postops would take up weekday slots and my total billings would decrease.

taxes. Used or unused, there is deterioration of the building, the roof, and the parking lot with their depreciation costs. Because the demand for weekend services is there, his numbers say keep the mall open.

We mostly turn a blind eye to calculations of the return (in care delivered or billings) per square foot of our clinic space. But projected into the not too distant future, our nation’s costs for medical care are unsupportable. A significant part of these costs is the expense involved in building, and equipping clinical spaces. Exclusive of construction costs, to completely equip one ophthalmology exam room costs around \$43,000. But much medi-



Mall traffic indicates that customers prefer weekends for service. We assign a much lower priority to patient preferences than to staff preferences and this argument is easily overlooked. Many weekend emergency department visits become emergencies solely because the applicable outpatient area is closed. Patients much prefer to be seen in the outpatient arena rather than compete in an emergency department triage line. Down at the mall, our administrator calculates the income per square foot of space. Used or unused, there is the capital cost of the space. Used or unused, there are basic maintenance, utilities, and

cal equipment becomes obsolete before it wears out. Like computers, lasers, scanners, ultrasounds, retinal cameras, perimeters, etc. usually are replaced because they become obsolete and not because they wear out. Increased utilization of sophisticated and expensive equipment during its useful life increases the return on the investment in such equipment. More hours of availability are key to increasing utilization. Currently however a second machine is purchased instead. We work and spend to avoid staffing evenings and weekends.

Down at the mall they long ago solved the weekend and evening



staffing conundrum but our mind is set that clinic care is not to be delivered at these times. This culture has resulted in new professions such as “Emergency Medicine” and “Doc in the Box” and “Drug Store RN.” And let us not forget that other profession that often provides after hours care, “Optometrists.” The public appreciates all of these folks being around when their doc is weekendng at her place on the shore.

Some say that many emergency department visits occur because ED patients have no personal physician. What is often unsaid is that many ED patients *do* have physicians but their physicians are unavailable. From kindergarten onward we have been acculturated to relax on weekends. The number of Saturday class hours at colleges and universities has steadily declined. But changing the culture is not impossible. When two parents work, weekday time off exchanged for weekend hours reduces childcare expenses and increases a child’s contact with a parent. There is abundant evidence that weekend staffing is possible. Just visit your local mall on any Sunday afternoon. What *is* lacking is the financial incentive and the will. A part of the missing incentive is that few calculate all the *costs of remaining closed*. As long as the money continues to roll in there is little incentive for change. But our fiscal environment is getting more precarious. Full utilization of our space resources probably cannot be neglected for too much longer. Groups might begin by scheduling routine visits with staggered staffing until 6:30 PM on weekdays and then add Saturday mornings. If you have already done this, congratulations, and how is it working? I expect your billings per square foot have increased and your patients are happier

W. Banks Anderson, Jr., M.D.,  
Associate Editor

## THE APPLE IPAD IS A COOL AND HIP DEVICE!

Andrew P. Doan, MD, PhD



I purchased an Apple iPad with initial reservation. Being skeptical of the iPad’s functionality, usefulness, and power, I was ready to sell my iPad on eBay and make a small profit! Pleasantly surprised, I love my iPad, my kids fight me for our “iPad fix,” and my three year-old walks around the house saying, “I need an iPaaad daddy... a PINK one!”

What makes the iPad a significant threat to all mobile device manufacturers, such as the Kindle? First, the iPad is easy to use. I admire how my three year old effortlessly navigates the graphical user interface to find an Elmo video installed on the device. Even with video playback capability, the iPad’s eight hour battery life facilitates all day use.



With WiFi and 3G connectivity, surfing the web, checking email, and watching YouTube videos are incredibly fast and fun. Surfing the web on the iPad is faster than on my desktop! With thousands of programs, called “apps” which is short for applications, the iPad can be loaded with software ranging from word processing to reading eBooks on the iBook or Kindle app. Many of the apps are free and most are under ten dollars.

When traveling, I now favor my iPad over my heavy, cumbersome laptop. I can check and answer emails, access the web, read books, listen to music, watch movies, write papers, play pinball, prepare talks, and work on Excel spreadsheets. The iPad would be perfect if it could make lunch and prepare coffee.

Because of the power and functionality of the iPad, it offers so much more than other mobile devices limited by a few programs, similar programs that the iPad accomplishes with speed and ease. I highly recommend the iPad... if you can find one in stock!



## MILITARY MIND SET

*Banks Anderson, Jr., MD*

Relax. This is not a screed against war. It is merely another attempt to trash the caduceus as a medical symbol. Caduceus, as you know, is the name given to the winged, double serpent, herald's staff classically depicted in the left hand of Hermes.

Hermes, aka Mercury, was the cunning, mercurial, messenger of the gods (although Hera entrusted Iris with her messages).

Equipped with winged sandals, winged helmet, and a winged staff, Hermes could communicate with speed. Because he was so fleet, he was worshipped by thieves in the hope of increasing their chances of eluding pursuers. In medieval times his symbol was associated with alchemy and similar hermetic frauds. A caduceus would of course be the appropriate symbol for quacks of all descriptions but it has no place in legitimate medicine.

Many of us, myself included, wore a caduceus daily for years as members of the US Army Medical Corps. I did not con-



sider myself a merchant, a thief, nor a fraud but thanks to the incomplete education of Captain Frederick Reynolds and Surgeon General Wm. H. Forwood, all US Army physicians have been branded this way since 1902. Captain Reynolds' error in confusing the caduceus with the staff of Aesculapius (Greek: Asklepios) is still being repeated after a century, perhaps because of the mind set that the military must be right.

It was a big classical mistake. Apollo, healer, god of poetry and music and stay-er of plagues was the father of Aesculapius. The Hippocratic

oath in its earliest versions begins: "I swear by Apollo the physician..." And Apollo had no love for crafty Hermes who shortly after he was born stole his cows. Zeus was called upon to intervene. Captain Reynolds' flawed proposal of Hermes' caduceus for medical corps uniforms was summarily dismissed by General Forwood's predecessor. But when General Forwood was promoted to Surgeon General in June of 1902, the wings flew. General Forwood lasted only three months in office but that winged staff with its two entwined serpents still plagues today's medical corps uniforms.

Aesculapius' knobby staff has zero wings and but one twined serpent. Facing up to their similar error, the American Medical Association voted to delete all of the wings and one of the serpents from its logo in 1912. Here the mind set of military infallibility did not prevail. Nevertheless wings and double serpents are prominent in the logos of many other medical



*Aesculapius' temple.*

institutions today. As late as the 1950s, I can remember local AMA members craftily mounting little caduceus plates on their cars in attempts to avoid parking tickets.



If you have been among those honoring the cunning god of thieves and Apollo's enemy by using the caduceus on your pads or stationery, atonement is possible. Eliminate all wings and one snake and recall that two of Aesculapius' daughters were Panacea and Hygieia. Placate Apollo by venerating his granddaughter Hygieia with a ritual hand washing after touching every patient. Adopting this rite might prevent you from later requiring the help of Panacea and it would certainly please your patients, even the military ones.

## A SURVIVOR'S STORY

by Steven Wolfson, M.D.

She was complaining of abdominal discomfort. Our internist examined her and ordered a CT scan and there it was, five years ago, --ovarian cancer. What followed was a long, difficult, but rewarding time for us. It may have been the best years of our marriage as we focused on fighting the illness and fitting in as much good stuff as we could. We inhabited the same skin, and a lot of loving went along with the suffering.

Our son and daughter were there for us even when they weren't geographically there. Sue made it clear she wanted them to go on with their lives. She said if her illness held them back, "That would really kill me."

Several years into her illness, after two major surgeries and bouts of chemo, she developed respiratory problems and was admitted to the ICU. Her last day of work as an attorney was the day before. She officially retired only because she was desperately ill. At that point I asked her to talk with her physician about whether she wanted to be put on a respirator. So they talked alone. After he left the room, I said, "Susie, I think he's asking you if you want to keep on fighting." What followed was a long moment of silence, and then she whispered, "Keep fighting." So I



knew what my charge was.

What a fighter! She was moved to the physical rehab floor and later came home. She was on continuous oxygen. I arranged for care for her when I was not home. For a short time she did better than anyone expected, but eventually her tumor resurfaced. She developed a small bowel obstruction for which she had surgery, and during that recovery phase fell and broke her arm. The surgical oncologist spoke with her about further surgery and her response was, "How about Hospice."

What followed was incredible. She was admitted to Hospice. They really know how to handle pain, and she was kept pain free. The atmosphere was loving and caring; the staff was incredible. She had a good end of life there. We had several large parties with family and friends. In her own way she said to all of us something we needed to hear. She was ready to go and wanted to make it as easy as possible for us.

After talking with our rabbi we got a digital recorder, and she recorded hours of conversations with our son and daughter, together and separately

that they'll have for the rest of their lives

On her last evening, I helped wash her. We called our kids, Roger and Ellen, and they came to Hospice. We sang songs and read some verses from the Bible we knew she liked. At 6:00am the sun rose and Sue left.

My work on Sue's behalf during the years of her illness left me with no regrets. Her care was very complicated, and I was able to pass on to her doctors information they might have not had. I believe loved ones have to be there when important discussions take place. You can keep track of opinions of various care givers.

My children have had some difficulty, but slowly they are moving on. Because of my closeness to the years of suffering that Sue endured, and because of our open discussions about life's journey, I have found it easier as time goes by to move on with my life. A year and a half after Sue's death, I find myself engaged to a pediatrician who lost her husband to cancer two years ago. Our spouses are a part of our relationship.

*Editor's note: Dr. Wolfson, a cardiologist and long-time friend, has given me permission to publish the above. He never really intended to make it public.*



## IN PRAISE OF QUOTATIONS

Martin Duke, M.D.

---

“THE WISDOM OF THE WISE, AND THE EXPERIENCE OF AGES, MAY BE PRESERVED BY QUOTATIONS.”  
--ISAAC D’ISRAELI (1766-1848)

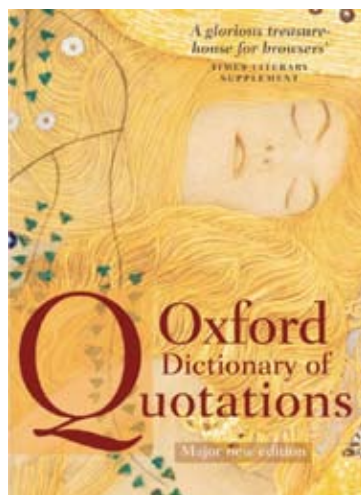
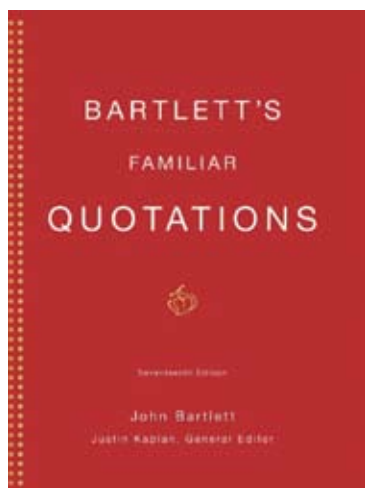
---

Over the years, many books of quotations have been published, all indexed or cross-referenced in some way to guide the reader in search of the perfect quote. Thus, the process of tracking down a particular quotation to use or verify for an article, book, talk, or perhaps even for a crossword puzzle, is now far simpler and less time-consuming than it once was.

The venerable *Bartlett’s Familiar Quotations* made its appearance in 1855, setting a standard for the future with these comments from the preface of the first edition:

*The object of this work is to show, to some extent, the obligation our language . . . owes to various authors for numerous phrases and familiar quotations which have become ‘household words’.*

*This Collection is now sent forth with the hope that it may be found a convenient book*



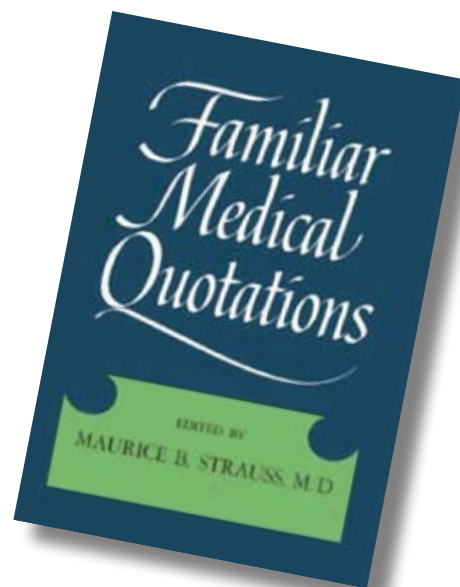
*of reference. Though perhaps imperfect in some respects, it is believed to possess the merit of accuracy, as the quotations have been taken from the original sources.*

Still going strong in its seventeenth edition published in 2003, this book has enjoyed a long and successful life. Likewise, *The Oxford Dictionary of Quotations*, now in its sixth edition, has been an equally popular volume to turn to during recent years. In addition to these general works containing quotations drawn from many different areas of interest, there are also books available in which the quotations refer only to a single subject, e.g., medicine, humor, business, law, women, history, and the military, among others. A good quote, it seems, can always be found somewhere.

Two well-organized and well-respected books of medical quotes are Strauss’s *Familiar Medical Quotations*, a favorite authority for quotes since it was published in 1968, and the more recent *Medicine in Quotations: Views of Health and Disease Through the Ages*, edited by Huth and Murray. Collections of medical quotations limited to the words of an individual physician have also appeared from time to time, usually to honor a former well-known teacher or

colleague, while yet other works have focused on a specific medical topic or theme. Additionally, a book of medically related quotations from the plays, poems and sonnets of Shakespeare by J. Foster has provided fascinating insights into the attitudes and practices of the day.

In all of the previously mentioned works, quotations cited range from the serious to the whimsical and humorous. It is therefore not surprising to find a few that make fun of or are unflattering to our profession and, indeed, should make us feel very humble given the self-importance with which we occasionally view ourselves. Of the latter quotes, one of my favorites, and one that still provides

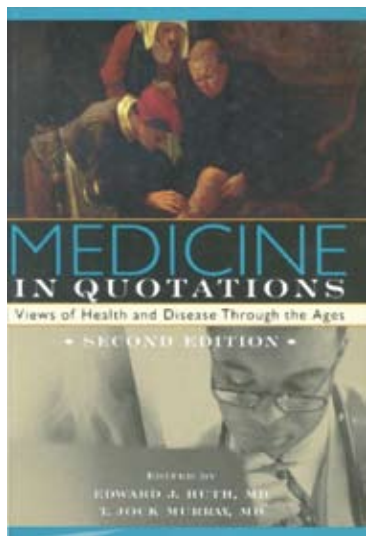


much food for thought, is from an address given in 1860 by Dr. Oliver Wendell Holmes (1809-1894):

*“I firmly believe that if the whole materia medica as now used could be sunk to the bottom of the sea, it would be all the better for mankind—and all the worse for the fishes.”*

If selected with thought and care, quotations may enhance the quality and effectiveness of a presentation, whether it is written or oral. Since we are not equally gifted with great literary ability,

it makes good sense to occasionally “borrow” words from one who is, giving full credit to the “lender” when doing so.



Browsing through a book of quotations during moments of leisure may not only be informative, but can also be relaxing, enjoyable, and uplifting, similar to the feeling experienced when meandering through a museum filled with works of art or historical records. New perceptions, words from the wise, fresh insights into our heritage, the pleasure that comes from reading a well-turned phrase, and a chuckle or two, are there for the taking. We should be ever grateful to the editors who initially sought out these passages, allowing us the benefits of always having a well-chosen selection of quotations at our fingertips for reference and for pleasure.

It seems fitting that I should conclude this article with a quotation about quotations by quoting from the writings of Ralph Waldo Emerson (1803-1882): *“By necessity, by proclivity, and by delight, we all quote.”*

*Editor’s note: Dr. Duke’s well-referenced essay was abstracted from the original which was published in Connecticut Medicine, May 2008, Vol.74, No. 5*

## TRENDS AND TIDBITS

### Feeling Guilty?

Have you ever been guilty of looking at others your own age and thinking, “Surely I can’t look that old?” Well...

My name is Alice. I was sitting in the waiting room for my first appointment with a new ophthalmologist. I noticed his diplomas on the wall which bore his full name. I remembered that a tall, handsome, dark haired boy with the same name had been in my high school class some 30 odd years ago. Could he be the same boy on whom I’d had a secret crush?

Upon seeing him I quickly dismissed any such notion. This balding, grey-haired, pot bellied man with the heavily lined face was way too old to have been my classmate.

After he examined my eyes, I asked him if he had attended Morgan Park High School. “Yes I did. I’m a Mustang!”

“When did you graduate?” I asked.

“In 1975”, he answered. “Why do you ask?”

“You were in my class!” I exclaimed.

He looked at me closely. Then that ugly, old, bald, wrinkled faced, fat-assed, grey-haired, decrepit SOB asked, “What did you teach???”

### Insulting Stuff

The following insulting tidbits are from an era before the English language was boiled down mainly to 4-letter-words:

The exchange between Churchill and Lady Astor: “If you were my husband, I’d give you poison.”

He said, “If you were my wife, I’d drink it.”

“He is a self-made man and worships his creator.”—John Bright

“Some cause happiness wherever they go; others, whenever they go.”—Oscar Wilde

“I’ve had a perfectly wonderful evening, but this wasn’t it.”  
—Groucho Marx

### For Those With High IQ’s (???)

Those who jump off a bridge in Paris are in Seine.

A man’s home is his castle, in a manor of speaking.

Practice safe eating—always use condiments.

A hangover is the wrath of grapes.

Does the name Pavlov ring a bell?

When two egotist meet it’s an I for an I.

If you don’t pay your exorcist, you get repossessed.

A boiled egg in the morning is hard to beat.

Santa’s helpers are subordinate clauses.



### Cogan Ophthalmologic History Society

The 24<sup>th</sup> annual meeting of the Cogan Society will be held in Philadelphia, PA on April 15-17, 2011. More information regarding reservations and the program is available on the Cogan Society website: [www.cogansociety.org](http://www.cogansociety.org), or please contact George Bohigian for details [bohigian@att.net](mailto:bohigian@att.net).

## 2010 ACADEMY SENIORS JOINT MEETING EVENTS

Here is a quick look at what is in store for Chicago!

### Club Lounge

Saturday, Oct. 16, to Tuesday, Oct. 19

Open daily from 9 a.m. to 5 p.m.  
**McCormick Place, Room S400C**

Lounge is free to Academy Seniors (all members 60 years and over). Get assistance with Joint Meeting details, access Wi-Fi, view the photo archive loop or just relax and enjoy free refreshments.

### Technology Courses

Instructed by Andrew P. Doan, MD, PhD

Saturday, Oct. 16

**McCormick Place, Room N227a**

Tickets: \$150 Academy Seniors (Academy members over 60)/\$175 Academy members under 60 or non-members.

9 a.m. to 12 p.m.

**Selling and Purchasing on eBay, Craigslist and Other Mediums: How to Clean Your Office or Attic with Profit** – SPE06

1 p.m. to 4 p.m.

**Internet Blogging and Publishing Services** – SPE13

#### NEW!

**Practice Transitions Symposium** – SYM06

Sunday, Oct. 17, from 12:30 p.m. to 1:30 p.m.

**McCormick Place, Grand Ballroom S100C**

Medical practices are dynamic entities that change continually. Solo practitioners do age. Groups must adapt to members altering their practice patterns and to the addition of new members to the practice group. Both individuals and groups need to plan for these inevitable changes. This

symposium will characterize such transitions and suggest strategies for successfully negotiating them. Success also must include coping with the emotional reactions that are the frequent concomitants of change.

#### NEW!

**Informed Consent Symposium**  
Co-Sponsored by the Committee on Aging, Ethics Committee and the Academy Seniors Committee – SYM20

Monday, Oct. 18 from 11:30 a.m. to 12:30 p.m.

**McCormick Place, Room S406A**

As the population ages, we will be challenged by an increased number of older patients and their families wanting the most sophisticated surgeries and treatments available. Is your patient competent to consent and do they do so voluntarily? Are the latest developments in techniques and devices appropriate? Does your evaluation include a functional and social assessment? Do you have responsibility for protecting patients from unnecessary surgery? What about therapeutic privilege? Case studies illustrating relevant ethical dilemmas and potential risks in routine care of our older patients will be presented. Resolution of these dilemmas will be demonstrated using practical applications of basic ethical principles and risk management tools. The panel will include ophthalmologists from the Academy's Ethics Committee, Academy Seniors Committee and Committee on Aging as well as members from the American Geriatrics Society.

#### FREE!

**Academy Seniors Special Program and Reception** – SPE47  
Monday, Oct. 18 from 2:30 p.m. to 4 p.m. / Reception 4 p.m. to 5 p.m.

**McCormick Place, Room S102ABC**

Presentations by: Ivan R. Schwab, MD "Evolutions Witness," Jules L. Baum, MD "American Poet, Robert Frost" and Chicago Archi-



AAO x MEACO  
**CHICAGO**  
**2010**  
OCTOBER 16-19

tect and Designer of Millennium Park, Mr. Edward Uhler, "Chicago's Millennium Park, Creating a Chicago Landmark."

After the program enjoy a complimentary reception and meet the presenters and Academy Seniors committee members.

For more information, please visit: <http://aao.org/careers/seniors/>

## CELEBRATE IN CHICAGO AT THE ORBITAL GALA



### Orbital Gala

OUR CONTINUING QUEST FOR EXCELLENCE IN EDUCATION

While you're at the Joint Meeting, come celebrate the Academy Foundation's 30th anniversary at the **Orbital Gala** on Sunday, Oct. 17 at the elegant Palmer House Hilton in Chicago. This festive annual event is a wonderful opportunity to reconnect with old friends and Academy leaders for dinner, dancing and a silent auction to benefit the Academy's educational programs. For history buffs, the Palmer House holds a special place in the Academy archives as the site of the Annual Meeting for 27 years, starting in 1937. Tickets are available at [www.fao.org](http://www.fao.org). If you have any questions or would like to donate an item for the silent auction, contact Joanne Neuman at [jneuman@aao.org](mailto:jneuman@aao.org) or 415.447.0356.

# NEWS

from the  
Academy Foundation

 THE FOUNDATION  
OF THE AMERICAN ACADEMY  
OF OPHTHALMOLOGY  
Advancing Lifelong Ophthalmic Education



## EYECARE AMERICA CELEBRATES 25 YEARS OF SAVING SIGHT

EyeCare America, a public service program of the Foundation of the American Academy of Ophthalmology, is proud to announce its 25<sup>th</sup> anniversary.

Founded by a group of dedicated ophthalmologists committed to preserving sight, the organization has grown to include nearly 7,000 volunteer ophthalmologists across the country who provide eye exams and up to one year of care at no out-of-pocket cost to qualified patients.

Formally known as the National EyeCare Project (NECP), President Reagan helped kick-off the program's original pilot project with a White House ceremony in April 1983, calling the effort "volunteerism at its finest." During the 10-week pilot, 4,100 persons called the NECP help line for information, and 2,500 referrals were made to local ophthalmologists.

It was in 1985 that the NECP was officially added to the Foundation's programming. Nationwide implementation was marked by a grand ceremony in New York City in July of 1986. By year's end, more than 179,000 calls had been received.

We are proud of our history and our work. Since its inception, the award-winning program has been recognized by every sitting U.S. president and has received the support of a bevy of celebrities including Bob Hope, Gene Kelly, Bill Cosby, Senator John Glenn, Oscar de la Hoya and most recently by TV legend Betty White.

"Volunteering to see EyeCare America patients provides me with a special way to give back to my community, said Richard P. Mills, MD, ophthalmologist and chair of EyeCare America. "I've been proud to serve my community and connect those in need with medical eye care for the last 25 years."

Thanks to the work of our volunteers and the charitable contributions made through caring individuals and organizations such as the Knights Templar Eye Foundation, EyeCare America has grown to become the largest program of its kind in American medicine and has helped more than 1 million people by raising awareness for eye disease, distributing valuable, free sight-saving information and providing access to medical eye care to the medically underserved communities.

**To help us continue our efforts we need your support.** For every \$25 raised will enable EyeCare America to provide sight-saving service or information to someone in need. Donations can be made online at [www.eyecareamerica.org](http://www.eyecareamerica.org).

If you have any questions or would like more information, call Joanne Neuman at 415.447.0356 or e-mail [jneuman@aaao.org](mailto:jneuman@aaao.org).

*We thought that you would enjoy reading a bit of our fan mail. Here is a poem written to EyeCare America from a grateful patient.*

Putting off an eye exam,  
I did year after year,  
And any talk of failing eyes,  
I didn't want to hear;

I was always short of money,  
And deep down, I guess afraid;  
So every year I put it off,  
The appointment never made;

Then came EyeCare America,  
And their Senior EyeCare plan,  
Then I met the doctor,  
A truly great eye man;

So I want to express gratitude,  
And many thanks, for on that day,  
I found peace, and a great doctor,  
All because of ECA.

Many thanks.

Sincerely,  
Wilbert F. Knittel, Age 70  
LAKEWOOD, OH



**Editor**

David W. Parke, M.D.  
North Branford, CT

**Associate Editors**

W. Banks Anderson Jr., M.D.  
Durham, NC

William S. Tasman, M.D., FACS  
Philadelphia, PA

**Assistant Editor**

Neeshah Azam  
AAO, San Francisco, CA

**Academy Seniors Committee**

Harry A. Zink, M.D. Chair  
Wooster, OH

W. Banks Anderson, M.D.  
Durham, NC

Susan H. Day, M.D.  
San Francisco, CA

H. Dunbar Hoskins, M.D.  
Belvedere, CA

Allan D. Jensen, M.D.  
Baltimore, MD

David W. Parke, M.D.  
North Branford, CT

William S. Tasman, M.D., FACS  
Philadelphia, PA

Martin Wand, M.D.  
Farmington, CT

Ruth D. Williams, M.D.  
Secretary for Member Services  
Chicago, IL

**Staff**

Gail Schmidt  
Neeshah Azam

**Design**

Lourdes Nadon

---

## AS I REMEMBER IT

*David W. Parke, M.D.*

She was twenty two or twenty three, a recent college graduate. She was gorgeous. Her face was beautiful, her hair reddish blonde, and her figure—Oh, my gosh! She wore rather tight-fitting blue sweaters and stylish skirts. What legs! She was my new German teacher and I was a junior in high school. I chose German as my foreign language not to learn, but to enjoy a daily reverie.

Our school required Latin and a foreign language of all college preparatory students. Both the French and Spanish teachers were dour old maids; they must have been at least forty! So there was no mystery as to why so many boys elected to become students of Fräulein Dorothea Schmidt. Her classroom must have reeked of adolescent hormones.

In spite of myself, I really liked German. Fräulein Schmidt made the language come alive. In addition to the rudiments of the language, we learned much about the German culture, sang German songs, and memorized German poems. My two years of German remain fond memories of my educational process.

Fräulein Schmidt left my high school the year I graduated. She became a teacher of German at a prestigious eastern college, and later professor and chair of the

department.

Fast forward thirty five years: When I got to my office I looked at the schedule of the day's patients and there was the name, "Dorothea Schmidt." It had to be the one to whom I owed my flagging ability to speak and read German. As I entered the examination room, there sat a mellower, yet still very beautiful woman in a tight blue sweater and stylish slacks. She must have sensed my pleasure at seeing her; she broke out with a friendly smile and chuckle.

I summoned up courage and welcomed her in German. Her response: "David, your accent is terrible!" But lousy accent and all we carried out the exam portion of the visit entirely (with probably more than a few prompts) in German. She obviously was pleased when I assured her that except for a semester of 'scientific German' in pre-med, it was she who taught me what I know of the language. She was especially pleased when I told her that on a recent trip up the Rhine I led the group in singing "Die Lorelei" and later a drinking song in a Munich Hofbrau Haus. She had just retired and was looking forward to travel and a life of leisure. Unfortunately, she was killed later that summer in a traffic accident in Switzerland.

Along with many others, I was lucky and fortunate to have known her.



P.O. Box 7424  
San Francisco, CA 94120-7424

**Academy Seniors** | RESOURCES  
FOR THE  
SENIOR  
OPHTHALMOLOGIST