

THE GARGOYLES OF WASHINGTON NATIONAL CATHEDRAL: OCULAR ABNORMALITIES

Alice (“Wendy”) T. Gasch, MS, MD

When viewing the gargoyles of Washington National Cathedral, it became apparent that these whimsical creatures manifest a high prevalence of eye and ocular adnexal abnormalities. Thus a survey of the frequency of these abnormalities was undertaken.

Gargoyles are grotesques with drainage conduits. Whereas grotesques include all creatures associated with the structure of a building, only gargoyles were evaluated.

Washington National Cathedral is English Gothic in style and has 112 gargoyles. These gargoyles were carved from about 1960 through 1987, and their designs were determined by their donors, their carvers, and professional and amateur artists.

(Continued on page 2)



Fig. 1: Hands gripping a golf-club shaft that comprises the gargoyle’s drainpipe.



Caveman gargoyle exhibiting cornea plana



Gargoyle with iris conformation resembling iridodialysis.



Hippie gargoyle exhibiting proptosis.



Dragon gargoyle exhibiting dermatochalasis and iris coloboma.

One hundred nine (97%) of Washington National Cathedral's gargoyles were examined: 101 firsthand, seven by inspecting photographs retained at Wash-

ington National Cathedral. Three gargoyles were not evaluated because of their remote locations and lack of photographs showing eyes in sufficient detail.

Frequency of Eye and Ocular Adnexal Abnormalities Manifested by 97%¹ of the 112 Gargoyles of Washington National Cathedral (n = 109²)

Abnormality	No. (%) of Gargoyles With Abnormality ³
Proptosis	32 (29)
Cornea plana (10 with & 10 without sclerocornea)	22 (20)
Peripheral corneal excavation/thinning	18 (17)
Iris coloboma	11 (10)
Anophthalmos	10 (9)
Sclerocornea (all with cornea plana)	10 (9)
Dermatochalasis	6 (6)
Generalized corneal opacification	6 (6)
Eyelid deformity	5 (5)
Chemosis	4 (4)
Iris conformation resembling iridodialysis	2 (2)
Lacrimal system disorder (tears are present)	2 (2)
Refractive disorder (eyeglasses are present)	2 (2)
Blepharoptosis	1 (1)
Ocular prosthesis (sand dollar present in orbit instead of eye)	1 (1)
Skew deviation	1 (1)
Upper eyelid retraction (without proptosis)	1 (1)

¹ Three gargoyles were not evaluated due to their remote locations and lack of photographs showing eyes in sufficient detail.

² The design of one of the 109 gargoyles evaluated precluded incorporation of eyes.

³ Seven gargoyles have three ocular abnormalities; 32 have two; 51 have one.

The design of one gargoyle – hands gripping a golf-club shaft (the drainpipe) – precludes incorporation of eyes (Fig. 1). For the other 108 gargoyles examined, abnormalities of the eyes and ocular adnexa obvious on external exam were recorded. Human standards were used unless a gargoyle's head resembled a particular animal, in which case appropriate animal standards were used.

Of the 109 gargoyles examined 90 (83%) exhibit eye and/or ocular adnexal abnormalities. Abnormalities are bilateral except for an ocular prosthesis comprised of a sand dollar. The Table indicates the frequency of abnormalities, and the figures show some abnormalities.

In conclusion, according to human and animal standards, the gargoyles of Washington National Cathedral manifest a high prevalence of eye and ocular adnexal abnormalities. Furthermore, they can be educational by illustrating these abnormalities. Thus the gargoyles of Washington National Cathedral, which is a Gothic cathedral, uphold the educational function of the sculpture of Medieval Gothic cathedrals – an effective means to educate onlookers because illiteracy was widespread during the Middle Ages.

Lawyer gargoyle with eyeglasses consistent with a refractive disorder



2010 JOINT MEETING HIGHLIGHTS FOR ACADEMY SENIORS

We hope to see you soon in Chicago for the 2010 Joint Meeting with the Middle East Africa Council of Ophthalmology, October 16-19. The following is our list of highlights recommended by the Academy Seniors Committee.

Club Lounge

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

Open daily from 9 a.m. to 5 p.m. and on Tuesday 9 a.m. to 3 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. 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: 2:30 p.m. to 4 p.m. / Reception 4 p.m. to 5 p.m.
McCormick Place, Room S101ab

Presentations by: Ivan R. Schwab, MD: "Evolutions Witness" Jules L. Baum, MD: "American Poet, Robert Frost" and Chicago Architect and Designer of Millennium Park, Mr. Edward Uhler: "Chicago's Millennium Park, Creating a Chicago Landmark." Following the presentation of the 2010 EnergEYES Award, enjoy a complimentary reception and mingle with the speakers and members of the Academy Seniors Committee.

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

FROM THE EDITOR'S DESK

On March 23, 2010, President Obama signed the healthcare reform bill. The American Academy of Ophthalmology has monitored closely the development of the legislation from the very beginning and has been an active participant in debating the policies and practices that will impact all of us in the future; the citizens of the country, providers and insurers. Would that there had been a more united front on the part of all of medicine. Also, would that there truly had been a bipartisan approach.

It is important to understand that what has been labeled healthcare reform has focused mostly on insurance reform—how we will pay for healthcare, not how we will assure the

New health insurance exchanges will be established in states to provide coverage and rates for those who cannot access insurance through the workplace or existing government programs.

However, most of us, and many people in Washington, know that the law comes with a lot of flaws. We are concerned about the potential shift of patients, who currently are privately insured, to governmental programs like Medicaid, which have chronically under funded physicians and hospitals and consequently affected quality of care. Begin-



of health care reform has been to cover the uninsured, the new law does not provide for the large numbers of undocumented individuals who will be ineligible for insurance. Thus uncompensated care for this large number by hospitals and physicians will remain a reality. The law also opens the door for bureaucratic and individual agencies to establish rules and regulations. For example: the National Board of Medical Examiners has drafted policy stating that national standards should apply uniformly to all practitioners providing similar or same services as physicians without regard to professional or educational background. Imagine how this will further confuse the patient-public already uncertain as they try to differentiate among health care providers.

All physicians should unite to resist unwarranted changes in health care and support those changes that are in the best interests of quality medical care. Even the chairman of the Democratic National Committee, has criticized as "insulting" many deals made by some congressional leaders and by presidential advisors on healthcare reform. The Congressional Budget Office and healthcare financial advisors to the White House are far apart in estimates of the cost of healthcare reform.

In future months we must be committed to focusing, first and foremost, on reform that assures our continued provision of exceptional care. Quality cannot be compromised.

DWP



American people that they will continue to receive the best medical care in the world. The good news is that the new law will extend coverage to 32 million people who are now uninsured. Other improvements include: people with pre-existing conditions will not be denied insurance; young people may now be covered by their parents' health insurance until they are 26 years old; and Medicare prescription drug benefits will be improved.

ning in 2013-2014 cuts in Medicare funding will impact patients, particularly the elderly, as well as physicians and hospitals. Although most of us are committed to providing excellent care, some hospitals may not be able to stay afloat and many physicians will be forced to opt out of the Medicare program just to meet the increasing costs of practice overhead.

Although one of the "goals"

TRENDS AND TIDBITS

The Hair Dryer

A distinguished young woman on a flight from Ireland asked the Priest beside her, "Father, may I ask a favor?"

"Of course, my child. What can I do for you?"

"Well, I bought a very expensive woman's electric hair dryer for my mother's birthday that is unopened and I'm afraid it is well over the Customs' limit. I'm afraid they will either charge me a great deal or even confiscate it. Is there any way you could carry it through Customs for me? Under your robe, perhaps? The priest answered, "I would love to help you, dear, but I must warn you, I will not lie."

"With your honest face,
Father,
no one
will question you."

When they got to Customs, she let the priest go ahead of her. The official asked, "Father, do you have anything to declare?"

"From the top of my head down to my waist I have nothing to declare."

The official thought the answer was strange, so asked, "And what do you have to declare from your waist down to the floor?"

"I have a marvelous instrument designed to be used by a woman but which is, to date, unused." Roaring with laughter, the official said, Go ahead, Father. NEXT!"

Success

At age 4 success is...
not peeing in your pants.

At age 12 success is...
having friends.

At age 17 success is...
having a driver's license.

At age 35 success is...
having money.

At age 55 success is...
having money.

At age 75 success is...
having a driver's license.

At age 80 success is...
having friends.

At age 85 success is...
not peeing in your pants.

You Know It's 2010 When:

1. You accidentally enter your password on the microwave.
2. You haven't played solitaire with real cards in years.
3. You have a list of 16 phone numbers to reach your family of 4.
4. You e-mail the person who lives next door.
5. Every commercial on TV has a web site at the bottom of the screen.
6. You go on line in the morning before you have your coffee.
8. You start tilting your head sideways to smile. :)
9. You are too busy to notice there is no #7 on this list.
10. You actually scroll back to check.

And now you're laughing at yourself.

Dogs and Cats are Better Than Kids Because They:

Eat less.
Don't ask for money all the time.



Are easier to train.
Never ask to drive the car.
Don't smoke or drink.
Don't need a gazillion dollars for college.
If they get pregnant you can sell their children.

There's a Difference if You Marry a California Girl

Three friends married women from different parts of the USA.

The first married a woman from NEW YORK. He ordered her to do all the cooking and cleaning. It took a couple of days, but on the third day he came home to a clean house, the dishes were washed and put away, and there was a huge dinner on the table.

The second married a woman from TEXAS. He ordered her to do all the cooking and cleaning. By the third day, the house was pretty clean, and the dishes were washed and put away. They ordered in for dinner.

The third man married a woman from CALIFORNIA. He ordered her to do all the cooking and cleaning. He said on the first day he didn't see anything. The second day he didn't see anything. By the third day some of the swelling had gone down and he could see a little out of his left eye, and his arm was healed enough so that he could fix himself a sandwich and load the dishwasher.



OUR DESTINY

David W. Parke, M.D.

In the summer, 2010 issue of SCOPE, Dr. William Tasman presented a fine overview of the life of Sir William Osler. Dr. Tasman's article brought back memories of receiving a copy of Osler's *Aequanimitas* from the Eli Lilly Corporation when I graduated from medical school. I can't say that I've read all of the essays in that classic, but I do remember how "belief and faith" were veiled messages in many of them. This probably stemmed from Osler's growing up in Canada as the son of a minister.

... one and all of you will have to face the ordeal of every student in this generation who sooner or later tries to mix the waters of science with the oil of faith. You can have a great deal of both if you only keep them separate.

— Osler in *The Master-word in Medicine*, from *Aequanimitas*.

There's no doubt that Osler had a lot of both in his inner self, and for the most part kept them separate. His essays and lectures are rich in

Biblical quotations and religious references. In the Ingersoll lecture of 1904, *Science and Immortality*, he came close (some of his colleagues thought, too close) but, in the end, did keep them separate.

Fifteen years ago, the New York Academy of Science published the opinions of a group of its members, *The Flight from Science and Reason*. This referred primarily to medicine's succumbing to the will of HMOs paying only seventy cents of the premium dollar on patient care. It accused medicine of giving up both its science and art as well as its "unique and professional ethic, ... and the doctor will measure his/her life in degrees of compliance with cost-driven algorithms and will hone skills to reduce time spent in office visits."

Actually, the NYAS Annals warned that not only medicine and biomedical sciences were losing the fight against unreason, but also science in general and politics, religion, the humanities and education were failing in the battle. Scientific illiteracy, political incompetence, pseudoscience and romanticism along with big doses of "alternative therapy", often bordering on quackery, would result in New Age sentimentalism. Was this warning merely a broad and sweeping generalization or has it been prophetic?

There now is a journal, *Alternative Therapies*, and the NIH has an office of Alternative Medicine which costs taxpayers many millions of dollars annually. Its advisory committee is nonmedical and the journal's editor has said that double-blind studies should not be used to test these alternative therapies because their actions cannot be "specified, quantified and controlled in double-blind designs. ... Such studies strip them of intrinsic qualities that are part of their power." That's catchy phrasing, and don't forget for a minute that it, and similar self-interest sound bites, sounds "good" to some in political hearings where medicine's

future will be decided.

We are now deeply involved in Health Care Reform. We have legislation that deals largely in generalities, many of which are laudable on the surface. We all know that despite good input from those who actually are involved in "healthcare," political ignorance, game-playing and money will enter into the development of rules and regulations. Lobbyists for paramedical and alternative therapists will be ever-active and well financed in the political arena. Can the voice of medicine ever be raised in unity and with realistic goals for the good of the public as well as the profession? Medical politics and sound policies depend upon the unwavering support, both personal and financial, of every one of us. To date the percentage of physicians who support medical PACs or individual legislators has been pathetic. Healthcare is important to all of us, probably even more so to seniors.

Medical students and residents often ask about what is in store for them and their future. Their faith in us, in themselves and in our government is being tested. They know it takes more than such faith to survive; it takes compliance with a set of realistic goals.

Just a few weeks ago, a resident in ophthalmology and I were seeing a 35 year-old man who was virtually totally blind as the result of prolonged hypoxia suffered when a wall he was helping construct collapsed and buried him completely in debris and concrete for over twenty minutes. After several weeks in a coma he awakened but could not see. During extensive rehabilitation efforts aimed at functional improvement from numerous fractures, his neurologist sent him for low vision evaluation. He knew that the future for visual improvement was grim, but there had been no concerted effort to provide aids and devices for visual impairment during his convalescence.





After evaluating the patient, there was a long discussion about available social services, vocational rehabilitation, computer use, about mobility training and the possible help of a guide dog. It was pointed out that many blind people started new careers. We discussed a number of aids and devices that might help in activities of daily living. He was most attentive, but I felt that somehow we had overlooked a silent concern. He reached out and grasped my hand and asked if he could have a moment to pray. At first I felt awkward and then I sensed the warmth of friendship as we sat together. Soon he raised his head and said, "I was just thanking God that He had sent me here. Now I can see that there may really be a future for me."

This brings us back to "the flight from common sense" and to Osler's personal belief in faith and science. Regardless of personal beliefs, all religions advocate that we abide by the Golden Rule: "Do unto others as you would have them do unto you." We have to strive to assure that the future of excellent medicine is largely a responsibility that all of us share for our patients, for our profession and for a brighter future. We have to consider that faith and science can coexist and that, for some, it may complement medical care.

BAMBI'S REVENGE

W. Banks Anderson, Jr.

Watch for Bambi. November and December are the peak months for motor vehicles colliding with deer. We are not talking trivia here. The Insurance Institute for Highway Safety reports that in 2007 there were about 1.5 million reported deer/vehicle collisions resulting in 150 human deaths and about 1.1 billion in property damage. But consider that in Wisconsin in 2005 there were 17,555 collisions reported but 36,900 deer carcasses had to be removed from their roads. Doubtless there were many other injured deer that staggered off the road. This would suggest that only half of deer/vehicle collisions actually get reported.

In my home state of North Carolina as a licensed driver I have about a 1/144 risk of being involved in a reportable deer vehicle collision this year while in West Virginia the risk is 1 in 45. Safest is Arizona with a 1 in 1,733 risk per year. What this means is that most of you living outside the center of major cities are well aware of the possibility of hitting a deer and many



have had a personal encounter. When Bambi is in your headlights remember that swerving into the oncoming lane can result in your death from a head-on with another car. Remember that braking too hard too quickly can result in your death from a rear-ender by the truck traveling behind you. Remember to warn your front seat passenger to go low to avoid Bambi coming through the windshield. And remember that the only thing predictable about deer behavior is that if you see one, there are more. Good luck and support your local hunters.



DIRECTIONAL GEOGRAPHY

Banks Anderson, Jr., M.D.

Every traveler should learn basic words used in the country visited. For example, it is helpful to be able to understand a request to please take one's cases from the boot and bring them to the lift. Translation is easy in the United Kingdom where knowing which direction to travel between Norfolk and Suffolk, even though you are now east, is quite obvious. But on a visit to the Middle Kingdom, such directional names may be incomprehensible to us provincials.

My education on this subject began when we flew into Beijing, known when I was studying geography in school as Peiking or Peking. Kings live in capitals and the "king/jing" part of the word means "capital."

Now if you know that the "Bei'Pei" part means "north" you should have no difficulty in knowing the direction from there to Nanjing/Nanking, "Nan" meaning south as in "south capital."

And if you want to see

the Emperor Qin's old capital and his terracotta warriors you would travel "Xi", west to Xi'an. If altitude doesn't bother you, you might go higher and farther west to Xi bet (Xizang Zizhiqu, or old Tibet).

Going in the opposite direction you would travel "dong," or east, and might end up in Guangdong province with a name once manglicized as Canton although the westerners were actually referring to the city of Guanzhou and not the province. So what direction would Guangxi province be from there? Thus knowing your Chinese directions, north, south, east and west can help you become geographically sophisticated.

北

This knowledge can also help when traveling in Japan. "To," as in "toe," means east. When their capital moved from Kyoto to Edo, Edo was named To kyo. To get to Tokyo from Kyoto you travel east toward the rising sun.

Which brings us back to that Middle Kingdom. Buddhism migrating north across the Himalayas brought along the subcontinent word "Cin" for the area over the mountains.

中

The Emperor Qin (pronounced "chin") who, in 221 BCE, unified the area's coinage, weights, measures and laws is probably responsible. Sophisticated travelers, like Marco Polo, took the designation west, where this area became known as China.

After the Sino-Japanese wars, the Japanese use of Romanized transliterations of the symbols

南

as Shina, Zhina, or Sina came to be construed as racial epithets by most Chinese. They consider themselves citizens of the Middle Kingdom (Zhongguo') and not of Shina. The concept of Middle Kingdom probably referred to the favored position between heaven and that below. The Middle Kingdom's celestial rulers governed under a mandate from heaven unrelated to their heredity. Their mandate could be lost for reasons such as famine, cruelty, and natural disasters like severe storms and earthquakes. Well aware of both the destructive physical and political consequences of disasters, they held elaborate yearly rituals to placate, propitiate and evince their concerns.

Two thousand years later in this realm, our leaders also hold elaborate rituals after every disaster to placate, propitiate and to evince their concerns. But the directions that concern our leaders now are not so much north and south or east and west, but left and right. What we need are those who know how to find the middle.

Characters – Top: North; Left: West; Center: Middle; Right: East; Bottom: South.



Cogan Ophthalmologic History Society

The 24th 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. or please contact George Bohigian for details bohigian@att.net.

SHARPEN YOUR INTERNET SKILLS

by Andrew P. Doan, M.D., PhD

Do you know how to create and publish your photos, video, and written work on the internet? Are you familiar with how to buy and even sell things to people around the world using free and inexpensive tools available on the web? My courses at the 2010 AAO Joint Meeting in Chicago will help people learn how to publish internet content, and buy & sell on the internet.

Without sounding too much like an infomercial, I will provide a brief background about my expertise so that you can be assured that you will have the opportunity to learn much in my courses and that I am the right person for this task. During medical school, I started an electronic commerce business that generated over \$500,000 in yearly sales on eBay and internet shopping websites working a few hours each day before classes and clinic rotations. As an ophthalmology resident, I co-founded a case report and clinical information website (www.eyerounds.org) for the Department of Ophthalmology at the University of Iowa. This website has received over 2 million visitors and offers hundreds of clinical cases and articles about ophthalmology. I also co-founded a book publishing company (www.fepint.org and www.medrounds.org) that utilizes internet publishing methods as well as traditional bound paper books. With more than ten years of expertise in e-commerce, publishing, and web marketing strategies, I created courses to share my knowledge and experiences with Academy friends and colleagues.

Course Descriptions

Selling and Purchasing on eBay, Craigslist and other Mediums:



AAO x MEACO
CHICAGO
2010
OCTOBER 16-19

How to clean your office or attic with profit!

During medical school, I had a colleague who used an old, broken microscope as a book end for his textbooks. There was no use for the microscope as it did not have a functioning light and objectives were missing. I asked if I could sell the microscope on eBay. He did not object as it was simply a heavy paper weight on his desk. I took photos of the microscope and posted a complete description on eBay, including that this microscope was non-functioning. I started the seven-day auction at a starting bid of one dollar, without a reserve price, and added a \$25 fee for shipping and handling. The microscope received a few bids during the first few days. By the sixth day, the bidding was at a respectfully profitable \$150. The exhilarating part was the final 30 minutes of bidding on the seventh day. Each time I hit the “reload” button on my internet browser, the bidding war was like watching the numbers increase on the jackpot meter in Vegas! The bidding increased from \$150 to a final price of over \$600 within 30 minutes. While I cannot promise you that every transaction will allow you to walk away with \$600 from free “junk”, I can promise that by the end of this course you will learn how to shop, sell, and make money on the internet.

My course on e-commerce will also help you recognize phishing schemes and teach you how to protect yourself from fraud. Additionally, this course will help you understand how to purchase goods and services online safely, increase your knowledge of how to sell personal or professional goods and services on the internet, and demonstrate how to receive money safely from buyers.

Internet Blogging and Publishing Services

The written word can be a powerful tool. With the invention of mass publishing methods, such as the Gutenberg Press, cultures, countries, and people have been greatly influenced through education and awareness. The internet is a faster and more powerful form of publishing medium that can transmit not only words, but sounds, pictures, and videos.

This course will offer an overview of how to blog, publish, and share your ideas on the internet. The course also covers how to package your content into traditional books for distribution. This instruction provides a hands-on, step-by-step construction of an Internet blog. To achieve maximum benefit from this course, I recommend that people create an account on www.blogger.com, www.facebook.com, and www.youtube.com.

Conclusion

If any or all of these course offerings interest you, then I encourage you to attend my courses on Saturday at the AAO 2010 Joint Meeting in Chicago. The lessons in these courses will help you publish and share your ideas, views, and knowledge on the internet. With some luck, my e-commerce course will help you make money from the “junk” in your office, home, and attic.

AS I REMEMBER IT

When I began practice 40 years ago with Dohrmann Pischel in San Francisco, the Elks club near our office welcomed permanent tenants. One of them was a 90 plus year old with aggressively red hair who had been married seven times. She was the grandmother of one of the hospital surgical nurses and she had dry macular degeneration. Despite her grand daughter's recommendation, she considered me a poor specimen since all of her friends had had cataract surgery and I wouldn't offer that to her. However, I was close by and she came often to see if I would reconsider. One day she said, "You're not going to do anything, are you? If you don't do something soon I may have to get a seeing-eye man." "You mean a dog?", I asked. "Oh, no, I'd worry about a dog," she said, "I've never worried about a man."

Roger Atkins, M.D.

Kids Tell the Darndest Tales

During my four years in medical school, my wife taught third grade in an elementary school in an affluent suburb. Although trained to teach medieval history, she was very glad to have a job. Teaching positions were not readily available, and money was tight. She learned to love teaching kids.

After taking attendance in the morning, she began with a "Show and Tell" session during which the children often brought favorite toys to show to the other students or told about

camping, games and other activities in which they were involved. Sometimes they told tales of things that happened at home with siblings and parents. My wife kept a little journal of some of the more unusual or hilarious episodes.

One morning, Jane, the daughter of the room mother was most anxious to tell her tale:

"Something very sad happened last night. My mommy was getting dinner when she dropped a pan and hurried to her bedroom. Daddy soon came home, heard mommy call and went to her. He soon rushed to the phone to ask the lady next door to come right away and then mommy and daddy left in their car. Later that night daddy came home and told us that mommy had lost our new baby brother; placenta previa, you know."

My wife almost fell off her chair and then hurriedly tried to interrupt a vivid description of the problem as Jane went on. My wife said that all in the class were sorry about her little brother. She added that in a little while

mommy could have another baby and everyone would be happy. To this, Jane said "Oh, I don't know about that, daddy's not a very good sport about things like that."

That night at dinner my wife

couldn't wait to tell me the story. She was laughing, but at the same time wondering whether she had handled the problem appropriately. The marvelous part of the story, to me, was that "daddy" was a professor of internal medicine at the medical school and I was on his service at the time. He was a very calm and caring person and a wonderful mentor. I couldn't imagine him discussing placenta previa with his eight year old daughter.

Because Jane's "mommy" was the room mother, my wife wrote her a note expressing her sorrow for the loss of the baby. A few days later Dr. Jones (not his real name) took me aside and asked how my wife knew about the loss of the baby. When I told him that it had been a major subject in "show and tell" and that Jane had said he wasn't a very good sport about having babies, I thought he'd have a coronary he laughed so hard. And then he asked, "What other stories has Jane been telling in school about her family?" I then added the bit about placenta previa and he closed his eyes and hit his forehead. "She must have overheard me telling my physician brother-in-law what had happened."

Show and tell can be most revealing!

William Crampton, M.D.

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@ao.org



NEWS

from the
Academy Foundation

THE ACADEMY CREATES THE H. DUNBAR HOSKINS JR., MD CENTER FOR QUALITY EYE CARE

Quality of care has long been a core value of the American Academy of Ophthalmology. Over the past several decades, the Academy has led the way for medical specialty societies with practice guidelines, technology assessments and outcomes data collection.

To further respond to that need and to better serve its mission, the Academy has created the H. Dunbar Hoskins Jr., MD Center for Quality Eye Care (Hoskins Center), an evidence-based quality of care and health policy research center committed to advancing the highest standards of patient care.

With guidance from an Advisory Board of distinguished clinical scientists and health policy experts, the Hoskins Center addresses a broad range of eye health-related issues. In-depth quality of care research is based on issues analysis, scholarly study and the creation of evidenced-based resources and outcomes measurement.

The contributions of the Hoskins Center already have made a significant impact and many more initiatives are underway. A \$4 million, three-year grant from the Agency for Healthcare Research and Quality was awarded to Outcomes Sciences, Inc., with the Hoskins Center as a subcontractor, to study the comparative effectiveness of glaucoma treatments. This work

has the potential to improve the standard of care for patients diagnosed with open-angle glaucoma, especially within underserved populations.

In July, the Hoskins Center conducted its first EyeSmart™ EyeCheck vision screening. The program was created to combat undetected eye disease and visual impairment among at-risk populations in the United States and was done in partnership with Eye-Care America and the Academy.

Twenty-nine volunteer ophthalmologists screened 499 patients at the Family Health Fair hosted by Lady Queen of Angels Church in Los Angeles. The physicians discovered that more than 50 percent of the patients were afflicted by some type of visual impairment and 70 percent needed follow up care. There are plans for more EyeSmart Eye-Check screenings to be scheduled throughout the upcoming year.

“The EyeSmart EyeCheck program is an important first step in addressing preventable vision loss in highly-affected communities,” said Anne L. Coleman, MD, PhD, director of the H. Dunbar Hoskins Jr., MD, Center for Quality Eye Care, and the Fran and Ray Stark Professor of Ophthalmology and Professor of Epidemiology at the UCLA Jules Stein Eye Institute. “We were thrilled to be a part of an event that was able to give back so much to so many.”

The Hoskins Center further builds on the Academy’s long-standing legacy by enhancing access to appropriate eye care. Contributions to the Hoskins Center fund critically needed research that impacts health



Anne L. Coleman, MD, PhD, director of the H. Dunbar Hoskins Jr., MD, Center for Quality Eye Care

policy and advances the highest standards of eye care and treatment for all patients are needed. To help us continue this important work, please make a gift today at www.hoskinscenter.org or contact Janice Di Natale, Director of Development, at 415-561-8518. More information on the Hoskins Center can be found at hoskinscenter.org.



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P.O. Box 7424
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TRENDS AND TIDBITS

Keeping Cool

A woman in a supermarket is observing a grandfather and his badly behaved three-year-old grandson. It's obvious that he has his hands full, what with the child screaming at the top of his lungs for candy in the candy aisle, cookies in the cookie aisle, and fruit, cereal, and soda pop in the other aisles. Meanwhile Grandpa is working his way around the store, saying in a calm, controlled voice, "Easy William, we won't be much longer... easy, boy."

There's another outburst and she hears Grandpa calmly say, "It's okay, William, just a few more minutes and we'll be out of here. Hang on there, boy."

At the checkout, the little terror



is throwing things out of the cart, and Grandpa says again in a controlled voice, "William, William, relax buddy, don't get upset. We'll be home in five minutes. Stay cool, William."

Very impressed, the woman went outside where the grandfather was loading his groceries and putting the boy in his car seat. She said to the gentleman, "It's none of my business, but you were amazing in there. I don't know how you kept your composure, and no matter how loud and disruptive he got, you just calmly kept saying things would be okay. William is very lucky to have you as his grandfather."

"Thanks, lady," said the grandfather, "but I'm William...the little bastard's name is Charlie."

The Bible – Fully Explained

A parochial elementary school nun was grinning as she graded sixth graders' tests on Old and New Testament writings. (spelling and all)

In the first book, Guinness, God got tired of creating the world so he took the sabbath day off.

Noah's wife was Joan of Ark. Noah built the ark and the animals came in pears.

Lots wife was a pillar of salt during the day but a ball of fire during the night.