Life is Not a Dress Rehearsal
William S. Tasman, MD

As Irving Berlin wrote in Annie Get Your Gun “There is no business like show business,” and through the centuries there has been no greater contributor to the theater than the immortal bard, William Shakespeare. In Act II Scene VII of Shakespeare’s play, As You Like It, Jacques begins a monologue that compares the world to a stage, the people to players, and life to a play in which the seven stages of aging are portrayed. It begins as follows: “All the world is a stage,” and details life from “the infant mewling and puking” to “second childishness and mere oblivion.”

While shaving one morning, I thought about this speech because medicine measures your years in practice from the year of your graduation from medical school. For me that was 1955, so I calculated that I have been doing this in one form or another for 59 years. Just to make the math easier I rounded 59 off to 60 and then, on a whim, subtracted 60 from 1955. This put me back to 1895. Like many present-day practitioners, I tend to think of major advances coming online during my professional lifetime, but that really isn’t the case. I was astounded when I looked back to 1895 and found out that’s when Wilhelm Röntgen discovered x-rays. There were very talented people working even hundreds of years before that, Avicenna, a Persian physician before 1000 AD, Ambroise Paré in France, a barber surgeon who ministered to the wounded on the battlefields of France and realized that ligating vessels when a limb had to be amputated led to much greater comfort for the patient than boiling the stump in oil. In 1747 Jacques Daviel took a giant leap forward in cataract surgery with extracapsular extraction.

1955 itself was a pretty remarkable year. It was just one year after the first kidney transplant in 1954, which had been performed on identical twins. And I shouldn’t neglect to mention that 54 years before, Freud in 1900 was running around interpreting dreams. Of course, he had been preceded by Joseph of the Many Colored Coat in the Old Testament who had quite a career when, having been sold into slavery in Egypt by his brothers, inter-
pretend dreams for the Pharaoh.

But back to the 1950’s and the clinical trial for retinopathy of prematurity (ROP) as well as the introduction of Rauvolfia, which had reserpine serpentina in it as a treatment for hypertension. And while contemplating 1955, that was the year oral contraception came along as well as the Salk vaccine.

Since that time, we have seen major advances certainly in the field of ophthalmology with Ridley implants, which were developed during World War II. Pasteur said, “Chance favors the prepared mind,” and Harold Ridley in Great Britain certainly had been thinking about intraocular lenses for some time when he cared for Flight Lieutenant Cleaver, known as “Mouse.” The fact that Cleaver got methyl methacrylate particles intraocularly after the canopy on his Hawker Hurricane was shot up, but no inflammation or infection gave Ridley the idea that this would be a good material to consider for an intraocular lens.

Of course the next consideration is what is going to happen over the next 60 years. Technology has taken over big-time and I think the horizons are probably almost limitless. What do I mean by that? Could artificial vision be on the horizon? I think in some ways it is already here. A book that I read called “The Blind Doctor” is about one of seven children born to Polish refugees in Chicago in the late 1800’s. He is born blind as were two of his siblings. I believe they must have had Leber’s congenital amaurosis, something for which there is now the possibility of obtaining some sight.

Trying to imagine what will be coming down the pike in 60 years can be difficult. To quote Yogi Berra, “It’s tough to make predictions, especially about the future.” So rather than go further with this thought, I will quote now from a poem by Robert Browning entitled, “Rabbi Ben Ezra.” He begins that poem with these lines:

“Grow old along with me!
The best is yet to be.
The last of life for which
the first was made.”

And in keeping with that thought there is another line of Robert Browning’s from his poem on the Florentine artist Andrea del Sarto to be kept in mind. It has been applicable throughout the centuries, but perhaps not as elegantly stated.

“Ah, but a man’s reach should exceed his grasp,
Or what’s a heaven for?”

So what does all this have to do with life is not a dress rehearsal? Probably not a lot, but if you have an idea or aspiration, pursue it and don’t put it off because you don’t know when the next opportunity will come. To keep putting things off or redoing them over and over may lead to no opening night at all.

“Grow old along with me!
The best is yet to be.
The last of life for which
the first was made.”

— Robert Browning

The IRIS™ Registry (Intelligent Research in Sight) is the nation’s first comprehensive eye disease clinical registry. It is a centralized data repository and reporting tool that aggregates patient data from electronic health records (EHRs) to perform statistical analysis. It provides information that enables ophthalmologists to improve patient care, potentially reduce cost and enhance the speed of some large clinical trials, assist in monitoring resource utilization and comply with federal incentive programs.

The ophthalmology database provides the ability for clinical benchmarking at the practice, regional and national levels, enabling physicians to monitor patient care, track interventions and evaluate outcomes across different populations. It features subspecialty modules that can help analyze how different pre-existing conditions, risk factors, severity of disease and demographics affect outcomes for age-related macular degeneration, cataract surgery, diabetic retinopathy and retinal surgery.

The following has been revealed about patients seen by ophthalmologists participating in the IRIS Registry thus far:

- 2 percent of patients without comorbidities require an additional procedure for complications within 30 days after cataract surgery (not including YAG laser);
- 80 percent of patients without comorbidities have a vision of 20/30 or better within 90 days after cataract surgery;
- 10 percent of patients have age-related macular degeneration;
- 46 percent of patients with age-related macular degeneration receive counseling about antioxidants when seen

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ince 1996 SCOPE has been bringing you a reasonable balance of history, natural history, ophthalmic history, biography, science, arts, guidance on practical matters, and news about senior ophthalmologist activities and the Academy. We have emphasized subjects related to transitioning from active practice to curtailed practice and retirement. We attempt to steer clear of partisan politics and religious preferences.

This issue of SCOPE starts Volume 19. We continue to enjoy the great support of the Senior Ophthalmologist Committee and authors who have contributed much of their time and talents to the publication. Also notable is the support of our associate editors, the assistant editor and the publication designer. We encourage contributions from all senior ophthalmologists for future issues. We particularly enjoy stories of training and practice in bygone days and biographies of those great ophthalmologists and allied scientists who provided stepping stones for the evolution of our specialty. Personal remembrances of mentors who have contributed to our careers are always welcome.

This Winter Issue reports on senior activities at AAO 2014 in Chicago. There is no doubt that senior ophthalmologists are a very important group in Academy affairs. We aid in the maintenance of high educational and ethical standards in ophthalmology at a time when ethical principles often have been abandoned in government, business, and other professions.

Dr. M. Bruce Shields completes his beautifully written trilogy on the history of blindness with “A Light Shines Upon Me”. This chronicles the great story of Anne Sullivan and Helen Keller and how they forever influenced the public’s perception of blindness and the blind-deaf.

Dr. William Tasman reminds us that all of us have been on stage for many years because our lives are active plays and that “Life is Not a Dress Rehearsal.” One better understand the necessity to ‘seize the moment’ when opportunity knocks. His writing further reveals that his life has been filled with an appreciation of art and great literature.

The recent unparalleled Sony cyber attack emphasizes the potential exposure of private healthcare information which was thought to be well encrypted. Sold to the highest bidder, healthcare information can be ten times more valuable to the hacker than a person’s Social Security number. “The Computer and Healthcare” reminds us of how frequently the internet is used by professions and the public to store and retrieve health-related information.

There is much good reading in this issue of SCOPE.
A young mother sat in her Tuscumbia, Alabama home reading a book that was about to change the course of her family’s life. The book was Charles Dickens’ *American Notes*, and the chapter that filled her with hope described the author’s meeting with a young girl named Laura Bridgman (see Fall 2014 *Scope*, *The Most Famous Woman in the World*), who had accomplished remarkable things despite being deaf and blind, as was her own daughter. The mother’s name was Kate Adams Keller and her daughter’s name, of course, was Helen.

A few months later and far to the north, a letter crossed the desk of Michael Anagnos, the son-in-law of Samuel Howe and his successor at the Perkins Institute in Boston. It was Laura Bridgman who had put the institute on the map, but the fame and fortune of both the school and its star pupil had long since faded from public interest. Anagnos desperately needed a “second Laura Bridgman” to rejuvenate the reputation of his institute, and the letter from Mrs. Keller seemed to offer just that. The letter, however, was not requesting admission for Helen to the institute, but rather that the school send a tutor to their home. Thus, in 1887, Anagnos sent them his most recent star Perkins graduate, Anne Sullivan.

The fortitude and will that Anne would demonstrate in the years ahead were undoubtedly tempered in the cauldron of a wretched childhood. The oldest child of impoverished, illiterate Irish immigrants, she was nearly blind from trachoma by the age of five, lost her mother and two siblings when she was eight and was abandoned by her alcoholic father. She became a ward of the state poorhouse, where her beloved brother died. At the age of fourteen and unable to even spell her own name, she was transferred to Perkins as a charity case. Her lot did not immediately improve, as she was scorned by the other girls for her Irish heritage and shabby clothes, but her one stroke of fortune was to be assigned to the same cottage as Laura Bridgman. Anne found comfort in Laura’s company, and the years she spent observing and talking with the older woman may have prepared her better than anything else for the task that lay ahead. In any case, seven years later, with her vision partially restored by surgery, she graduated at the top of her class and was soon bound for Alabama and her destiny.

The story of Helen Keller and her intrepid teacher is well known and will forever stand as a testament to the indomitable resilience of the human spirit. Less well appreciated is the role that the Perkins Institute and especially Laura Bridgman may have played in helping to mold this remarkable life. We have seen how Laura’s fame, albeit fleeting, was responsible for Helen’s mother discovering the institute and how Anne Sullivan’s time with Laura helped prepare her for the challenge she was to face. Anne had not been in Tuscumbia long before she abandoned the rigid classroom sessions and rote memorization techniques that the institute promoted and adopted a more personal, interactive approach, which she had learned from her years with Laura. This is not to say that she was not demanding and persistent with Helen, but the results speak for themselves. Not only did Helen learn to communicate in a world without sight or sound, she mastered French, German, Latin and Greek, read Roman history, German philosophy and English literature, graduated from Radcliffe College, wrote numerous books and articles, traveled around the world and worked tirelessly for humanitarian causes.

Keller and Bridgman met only once, when Helen visited Perkins in 1888. On Anne’s initial trip to Alabama, she had taken as a gift a doll dressed in clothes made by Laura, and Helen was anxious to meet the dressmaker. But the
meeting was awkward. Laura was 59 and quite set in her ways. She was fastidious to the point of near phobia and refused to let children touch her needlework or her face. When eight-year-old Helen tried to sit on the floor beside the older woman, Laura chastised her for mussing up her clean clothes. And then, as the two were parting and Helen was attempting to kiss Laura goodbye, she stepped on the frail woman’s toes.

It is tempting to wonder why two women with similar challenges and similar talents had such different outcomes to their lives. One became the all-time poster child for overcoming adversity, and the other faded into oblivion. In deference to Laura, Helen did have several material advantages: a more supportive family, an attractive physical appearance, access to Braille (which was not widely accepted in America during Laura’s time) and especially the wisdom, drive and companionship of Anne Sullivan. But there may have been an even more important factor. Although no one could blame her, Laura always seemed to rue her lot in life and did not hesitate to express it. As she grew older, she appeared to become more bitter and withdrawn into herself. Helen, on the other hand, refused to see her physical challenges as a curse, but rather as a gift. “I thank God for my handicaps, for through them I have found myself, my work and my God,” she once wrote. She spent her life striving to be as “normal” as possible and to make the most of all the talents she was given. In another quote, she said “the doors of the bright world are flung open before me and a light shines upon me.”

And so, from Valentin Haüy’s first institute for the blind in Paris, through the Perkins Institute and other schools for the blind and deaf around the world, to all the Laura Bridgmans and Helen Kellers who paved the way, the light shines increasingly brighter for those living in the darkness of a world without sight or sound. Today, with advances in biomedical technology and increasingly remarkable computer applications, the future looks brighter than ever, especially for those who are determined to make the most of whatever life has to offer.

**References**


n America the number of people who surf the internet for information about healthcare and diseases has almost doubled to 60 million in the past decade. According to the Pew Internet and American Life Project of 2013, 72% of internet users say they went online last year for health information. The most trusted resources online are those posted by doctors (60 percent), nurses (56 percent), and hospitals (55 percent).

The internet is all about immediate, on-demand access to continuously updated information. Medical knowledge is changing so rapidly and in such complex fashion that consumer health news letters, encyclopedias and the like are not completely accurate and current by the time they are published. One cannot “search” magazines and TV specials for required information. On the other hand, the internet provides the public with the opportunity to just browse topics of interest or to focus in detailed fashion on subjects of intense personal concern.

Unfortunately, much information onsite often is not accurate and may be anecdotal. With this in mind, social media are becoming utilized more and more frequently by medical professionals and hospitals as a way to convey reliable general health information. At times, such information can be personalized. The use of the internet by physicians and patients has fundamentally altered the nature of many doctor-patient relationships. This has resulted in widespread changes in the practice of medicine.

The internet has become an irreplaceable resource for physicians as well. Complex cross-referenced searches of current medical knowledge are now performed routinely. We can obtain up-to-date information on drug interactions. Patients’ X-rays, ultrasounds, EKGs, OCTs, and similar images can be examined in real-time. Telemedical consultations are rendered routinely. We can watch live microsurgery taking place thousands of miles away and question the surgeon during the operation.

Using electronic medical records, physicians can enter patient information in a coded security-encrypted website for office record-keeping, for better transmitting information between physician offices, and between the office and the hospital.

The internet also provides a mechanism for patients to learn about a disease. Subsequently they may have more meaningful detailed conversations with a physician. Having already developed some familiarity with basic terminology and the lexicon of a disease, the patient can better ask pertinent questions of the physician. In turn, the physician can be a better source of information for the patient and provide information focused to the personal problems and issues of the individual.

A big concern about patient access to medical information on the internet, however, is validation of the content. Most patients are not in the position to best evaluate the authorship of online information. Often there is too much information available and some may have been presented with a personal agenda. Thus we should encourage patients who go on line to consider the credibility of the source and if there are commercial interests. The best sources from which patients usually can obtain reliable information are ‘gov’ websites, such as Medicine Plus and the National Institutes of Health or ‘org’ and ‘edu’ websites that belong to approved specialty organizations such as the American Academy of Ophthalmology or to nationally recognized teaching medical centers, well-known hospitals, and nationally recognized research centers.

Most physicians who welcome better-informed patients agree that the quality of care improves when patients assume an active role in the management of their own health and disease. On occasion, an intelligent patient with an uncommon medical problem makes good use of web resources
No eye is more magical than our human one primarily because of its connections to our occipital computers and memory banks. Electronic “magical” eyes are recently in the news as solid-state devices implanted on the retinal surface that send a handful of pixels from an external camera to the brains of blind retinitis pigmentosa patients. But a few older readers may remember another electronic “magic eye.” This green glowing one was invented by Allen B. DuMont in 1935 and marketed as the 6E5 Magic Eye vacuum tube by RCA.

It was called an “eye” because mounted beneath the glass top of the tube there was a phosphor screen that had a central dark “pupil.” This was the result of the cap used to hide the tube’s cathode glow. Surrounding this pupil was the green glow of its “cat’s eye iris.” The key feature of this iris was that its wedge-shaped areas of green would expand and contract in response to voltage variations. Like a micro CRT these vacuum tubes had a tiny phosphor screen mounted under their glass tops. When the tube was working but “resting,” looking at its top you would see black – a dilated pupil if you will. As the voltage on the control pin increased, a green peripheral wedge would appear and progressively encroach upon the dark peripheral zone making it smaller and smaller until the entire tube top would be bright green except for that black central pupil blocking the filament glow. Cheaper than meters, the response of these tubes to voltage changes was instantaneous without the inertia and ballistic overshoot of meter needles. This meant that this “magic eye” rapidly dilating and constricting in response to voltage changes found many applications where numbers were not important. During WWII aircraft command radio sets used the military version of this tube known as the 1629 (or VT138) by the thousands for frequency calibration. After that war broadcast receivers and tape decks used them as aids to tuning and in setting audio levels.

Inventor Allen B. DuMont’s DuMont Laboratories would later become a significant television set producer with its own network of TV stations. Antique radio and TV restorers will tell you that in the early years of TV in the late 1940’s, the DuMont’s were the best sets available. They were expensive and had furniture grade cabinets. Not only were their CRT screens small but they also were not totally rectangular. And of course their televised images were all in black and white. But these sets did flash a bit of color. A modified version of that green magic eye, the 6AL7 tube, was there on the front panel to aid in precision tuning. And that magic eye could also be shut if it disturbed Howdy Doody.
**Artemis Award Presented**

David W. Parke, MD

Almost two years ago, the Senior Ophthalmologist Committee developed an award to be presented to a Young Ophthalmologist who has demonstrated caring and service to an exemplary degree to his or her patients. Approved by the Academy’s Board of Trustees, the name Artemis Award was chosen by the committee. The Greek Goddess, Artemis, was the protector and nurturer of the vulnerable and suffering.

Nominees for the Artemis Award were solicited from ophthalmology department chairs and program directors and from state, subspecialty and specialized interest society leaders. We wanted nominations to focus on the following:

- Outreach to a population in particular need.
- Efforts to address health care disparities.
- The initiation of educational programs generated toward the patient population.
- The design of community-based programs emphasizing compassion and quality care.

Many excellent nominations were received and evaluated by the SO Committee. After thorough review by the committee, several nominations were selected for greater review. Each member then was asked to select the top three young ophthalmologists who, in his or her opinion, best exemplified an interest in ophthalmology education and the caring and nurturing of the patient and to justify the choices by a short written statement. The ultimate choice was most challenging because of the general excellence of the candidates for the award.

At AAO 2014 in Chicago, the inaugural award recipient was John M. Cropsey, MD. He had been nominated by the Wills Eye Hospital in Philadelphia. Dr. Cropsey’s dedication to serve the needs of the poor and underserved in years, places where the blind, to this very day, have no hope of seeing again. Telling someone who fully expects to die blind that they have a real chance to see again and then seeing that reality come to fruition is a truly precious thing to behold. It is something worth dedicating one’s life to. My family is blessed to have such a privilege.”

Dr. Cropsey received his MD from the University of Michigan and interned at the Albert Einstein Medical Center. He next pursued an ophthalmology residency at Wills Eye Hospital in Philadelphia where he served as co-chief resident. While at Wills, Dr. Cropsey and his wife, Jessica, helped found a small group of physicians who com-

The Cropsey family in 2014: John and Jessica with kids Elise, Micah and Samuel.

First Annual Tenwek Eye Unit CME conference with live surgical demonstrations.

Teaching basic prevention of blindness strategies to primary health care workers.
mitted their lives to advancing medicine in Sub-Saharan Africa. They were called the "McCropdrs" and now work as a medical team in Burundi.

After finishing training at Wills in 2009, Dr. Cropsey moved with his family to Tenwek Hospital in Kenya. There, he joined a small number of ophthalmologists in Western Kenya where millions of underserved people desperately needed eye care. While there, he helped train national health care providers such as medical students and nurses. He helped establish the first corneal transplant program in the region as well as training programs for community eye care. He and his coworkers provided care for more than 28,000 patients and over 4,000 surgeries in a two year period.

As time went on Dr. Cropsey felt drawn to an eye program in Burundi, a small war-torn country west of Kenya and bordered by Rwanda, Tasmanina and the Congo. With his family, he and a team of other physicians, relocated in 2013 after immersive French language study and fundraising. He works with a group of five other American medical specialists at the primary teaching hospital for the Hope African University's medical school. He trains Burundian medical students and provides clinical and surgical care for patients. Currently, Burundi has only three ophthalmic surgeons for a population of almost 10 million. All three live in the capital city of Bujumbura where, until recently, the university eye clinic had the only laser in the entire country.

Dr. Cropsey and his team look forward to transforming their small hospital into a 300+ bed teaching hospital within 20 years. They also envision starting internship and residency training programs and also a tertiary eye hospital and training programs in the Great Lakes Region of Africa.

Doctors like John Cropsey make American ophthalmologists proud and help assure that the future of global ophthalmology is in good hands. The SO Committee looks forward to reviewing the 2015 Artemis Award nominations.

**IRIS Registry**

(Continued from page 2)

by an ophthalmologist:

- 11 percent of all patients have primary open-angle glaucoma; and
- 6 percent of all patients in the IRIS Registry have diabetic retinopathy.

At this time, the IRIS Registry is available exclusively to all U.S.-based Academy members and their practices at no cost. The latest update on the clinical registry shows that as of early January, 2015, IRIS had 18.31 million patient visits, 6.64 million unique patients and 5,826 physicians from 2,215 practices contracted.
AAO 2014 was SO good!
Neeshah Azam

AAO 2014 in Chicago was a great time for all! Here is a recap of some of the events and resources that were designed with senior ophthalmologists in mind.

Senior Ophthalmologist Lounge

The SO Lounge turned out to be a great benefit for SO members who attended AAO 2014. In its seventh year of existence, the SO Lounge accommodated over 1000 visitors who made numerous visits to the central location just off the exhibitor floor. We thank everyone who stopped by over the course of the meeting and took advantage of this relaxing and comfortable environment. While in the lounge, some of you may have been visited by our ‘roving reporter’ and Academy former Deputy Executive Vice President David J. Noonan. David noted that, “the comments gleaned from those interviewed reflect the valued role the Annual Meeting has played in the lives of the SO’s.”

Senior Ophthalmologist Special Program and Reception

The Senior Ophthalmologist Special Program and Reception had two engaging speakers.

Starting off the program was a dynamic duo; Andrew P. Doan, MD, PhD, and Julie Doan, RN have been traveling around the country speaking at universities and community organizations about internet gaming addictions. Dr. Doan is a recognized expert in technology and video game addiction and is Head of Addictions & Resilience Research at the Naval Medical Center San Diego. With a doctoral degree in neuroscience, his background in molecular neuroscience adds in depth knowledge into the areas of internet addiction, video game addiction, and technology addiction. Dr. Doan is also author of the book Hooked on Games. Julie has over twenty years of expertise in dealing with video game addicts in her family, including her husband Dr. Doan. The couple discussed how they’ve learned from the many challenges and most importantly its impact on raising a healthy family. Their passion to help families thrive and to avoid destructive behaviors in the digital age was very powerful and attendees were captivated by their presentation. Session attendees were provided the opportunity to purchase signed copies of Dr. Doan’s book during the reception.

Next up was Chicago ophthalmologist and comedian, James F. McDonnell, MD. Providing both insight and levity, Dr. McDonnell discussed how comedy has helped his medical practice and interaction with patients. After attending a comedy show many years ago, he decided he wanted to pursue comedy and ended up doing 8-12 shows a week for 15 years. Dr. McDonnell directed comedy improv from ‘96-’99 and he’s now a full time cast member with a Chicago troupe.

The Academy’s EnergEYES Award

The Academy’s 2014 and 2015 YO Committee chairs, Rob Melendez, MD, MBA and Purnima Patel, MD, along with YO subcommittee members, concluded the program with their presentation of the 2014 EnergEYES award to William C. Lloyd, III, MD. “We are so honored to have the opportunity to present this award to someone as inspiring as Dr. Lloyd. He has mentored so many young ophthalmologists and has always supported us by serving as a strong role model. He has been critical to the success of our annual YO Program and is an inspiration to all of us. The YO Committee recognizes Dr. Lloyd’s lifelong contributions and commitment to improving the careers and opportunities for future eye surgeons”.

This award was created in 2009 by the YO committee to annually recognize and honor an ophthalmologist who demonstrates exemplary leadership skills by energizing others to improve ophthalmology. Dr. Lloyd follows in the footsteps of four previous distinguished recipients, H. Dunbar Hoskins,Jr., MD, Susan H. Day, MD; David W. Parke, MD; Bruce E. Spivey, MD, and Stanley M. Truhlsen, MD.

Stay tuned for what the SO Committee has in store for you at AAO 2015 in Viva Las Vegas!
A new year is the perfect time to consider new opportunities, new ways to enjoy life and meaningful ways to “pay it forward.” Support of the Foundation has a wonderful ripple effect – doctors get the education they need and patients receive the care they deserve.

A great example is the Rotary Club Host Project (RCHP), administered by the Academy’s International Outreach Program. For the past 14 years, the host project and Rotary Clubs across the United States have provided invaluable educational opportunities for ophthalmologists from developing countries. RCHP chair and past Academy president Dr. Ken Tuck is one of the program’s biggest champions – none of this would be possible without his support!

This year, the host project welcomed nine ophthalmologists from Azerbajian, Honduras, India, Paraguay, the Philippines, Thailand and Vietnam. For two weeks, this inquisitive group observed surgeries, visited ophthalmology practices and learned one-on-one from local ophthalmologists. Their visit was capped off by a trip to Chicago for AAO 2014. When RCHP participants return to their home countries, they take the knowledge gained during their stay and share it with colleagues. There’s that ripple effect!

Another great example of “paying it forward” is our flagship public service program, EyeCare America (ECA), which is celebrating 30 incredible years. More than 6,000 of your colleagues are volunteers. The sight-saving care they provide gives ECA patients independence and improved quality of life – invaluable gifts that also benefit their families.

Longtime ECA volunteer Dr. Marnix Heersink sums it up well: “Right here where we live, there are a lot of patients that need our services and can’t afford it. EyeCare America is a terrific marriage of good service and allowing me to stay home and do things locally,” said Marnix. “I think EyeCare America is a wonderful example of the best of America.”

In honor of ECA’s 30th anniversary, the program is reaching out to young ophthalmologists (those in their first five years of practice) for its “30-by-30 YO Challenge.” The goal is to get at least 30 young ophthalmologist volunteers in 2015. Know any exceptional up-and-comers? Encourage them to become an ECA volunteer – it’s never too early to start giving back, and it’s an experience they’ll treasure as their career develops.

The ripple effect of your support also reached the Museum of Vision. The museum just acquired – through a generous donation – the Spencer E. Sherman, MD Antique Ophthalmology Book Collection, which consists of more than 130 rare books and catalogs. Among these is the first text to comprehensively detail the anatomy of the eye.
as well as Georg Bartisch’s Ophthalmodoulia: Das ist Augendienst, which features famous illustrations of 16th Century surgical techniques. There will be a rotating display of the Sherman Collection in the museum’s galleries at Academy headquarters in San Francisco. Acquisitions like these are a large part of what makes ophthalmology’s museum – our museum – so special.

The Orbital Gala at AAO 2014 in Chicago was a rousing success! Nearly 400 guests stepped back into the Roaring ‘20s to hobnob with flappers and gangsters, and pose for photos with a vintage Graham-Paige car. Our guest of honor, Dr. Tom Hutchinson, was very touched by all your good wishes, and the gala was a fitting tribute to an incomparable ophthalmologist, colleague and friend. A huge thanks to those who made gifts in Tom’s honor and congratulated him in his fabulous tribute book.

And last, but certainly not least, the Foundation Advisory Board (FAB) bids a fond farewell to the delightful and distinguished Dr. Bill Tasman, who is stepping down as a board member after 15 years and assuming the role of a FAB emeritus member. Thank you, Bill, for your exceptional contributions as our annual fund chair. And I can’t express enough gratitude to you and Alice Lea for founding and chairing the Orbital Gala for 10 successful years.

I hope you’ll consider making the Foundation a part of your annual giving plans (www.faaoo.org). Here’s to a productive, healthy 2015!