

The Foundation of the American Academy of Ophthalmology
Museum of Vision & Ophthalmic Heritage

Conversation Between Melvin Rubin, MD and Stanley M. Truhlsen, MD
In Partnership with StoryCorps, San Francisco CA, October 25, 2009

Drs. Melvin Rubin and Stanley Truhlsen recorded this conversation on October 25, 2009 during the Annual Meeting of the American Academy of Ophthalmology, in San Francisco CA.

Dr. Rubin is a retina specialist from Florida and Dr. Truhlsen is an ophthalmologist living in Nebraska.

You are invited now to listen to excerpts and read the complete transcript below.



In this [excerpt](#), Dr. Rubin describes the beginnings of the Ophthalmic Knowledge Assessment Program (OKAP) and the Clinical Education Secretariat of AAO.

In this [audio excerpt](#), Dr. Truhlsen discusses how he came to be involved with the American Academy of Ophthalmology and his first annual meeting in 1949.



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In Partnership with StoryCorps, Chicago IL, October 25, 2009

DR. MELVIN RUBIN: My name is Melvin Rubin. I am age 77, and today's date is October 25th, 2009. Location is here in San Francisco. And as to my relationship to my partner, we've been friends and colleagues for 40 years.

My colleague is Stan Truhlsen, and I'll call him Stan during the interview. Welcome Stan. Can you tell us a little bit about yourself, where you started, where you grew up, and how you got interested in ophthalmology?

DR. STANLEY TRUHLSEN: I'm a native Nebraskan. I graduated from University of Nebraska with an AB degree and from the Nebraska College of Medicine. I had an internship Albany Hospital, Albany New York and then had a residency in pathology in Albany. After service in the Air Force for two years, I had a residency in ophthalmology at Washington University in St. Louis. Following that I returned to Omaha, joined the faculty of the University of Nebraska, College of Medicine, and became associated in private practice with Dr. W. Howard Morrison, who was then Associate Editor of *The Transactions of the American Academy of Ophthalmology and Otolaryngology*.

DR. RUBIN: Tell us a little about the Transactions.

DR. TRUHLSEN: *The Transactions of the American Academy of Ophthalmology and Otolaryngology* was the official journal of the Academy dating back to the late 1800s. All of the papers that were presented either in ophthalmology or otolaryngology at the first meeting in 1896 were published in the American Journal of Ophthalmology (Series II) which was owned by Dr. Adolph Alt who was the first president of the Academy. They were printed in six issues a year, after which they were incorporated into a paper bound volume and sent to all members. That was later changed. In 1903 the papers were incorporated in a cloth bound volume and designated the TRANSACTIONS.

DR RUBIN: When did the journal actually become a full journal and separate into one for ophthalmology and otolaryngology?

DR. TRUHLESEN: Over the years as the Academy became larger the number of papers read in each specialty increased but were still published in 12 monthly issues of the Transactions. In 1973 we began printing all the ophthalmology papers in one monthly journal and all the otolaryngology papers in another monthly journal and then printed them in bound annual volumes, one for each specialty.

DR. RUBIN: They were separate but were they still the *Transactions*?

DR. TRUHLESEN: At that time they were still called the *Transactions*. I had been associate editor of *The Transactions*, and then I became Associate Editor in charge of the volume for *Ophthalmology*, and we continued in that way until 1975. We started putting 'Ophthalmology' across the masthead of the monthly issue of the journal, although it was legally still *The Transactions of the Academy*. In 1977, as editor, I instituted a change, whereby *The Transactions of Ophthalmology* would receive free papers and appointed an advisory editorial committee who, in effect, refereed the papers that were submitted.

DR. RUBIN: In other words, these were papers that were not necessarily presented at the Academy's meeting.

DR. TRUHLESEN: That's right. We published Academy papers read at the meeting and then we moved on to publish the free papers, and we continued that throughout the rest of my editorship, which ended at the time the Academy separated into two separate Academies.

DR. RUBIN: Okay. Well, let's go back a little bit about you. How did you get interested in ophthalmology?

DR. TRUHLESEN: As a resident in pathology we had an active Ophthalmology Department and an excellent pathology technician, and she was making excellent celloidin sections, which were beautiful to read. I became interested in reading eye pathology sections, which caused me to read more about them, study ophthalmology in the library, and read more

about ophthalmology in the journals. On the completion of my residency, I went into the Service as a laboratory officer. The lab officers are not too busy in a military hospital. I was at two hospitals, one at Camp Polk, Louisiana, and one later in the Air Force at Scott Field in Illinois. So because of my spare time I signed up for the Academy Home Study Courses, which were well established as an open book type of examination on different subjects in ophthalmology over a period of 12 months.

DR. RUBIN: When did you take that Home Study Course? About what year?

DR. TRUHLSEN: That was in 1947, while I was at Scott Field Hospital. I also self taught myself refraction out of textbook. Interestingly enough, I later became part of the faculty for the Home Study Courses in motility, and I enjoyed that, too.

DR. RUBIN: How did you get associated with the Academy aside from what you already mentioned about being the Associate Editor. Were there other activities that you did with the Academy while you were Editor?

DR. TRUHLSEN: I became associated with the Academy as a result of becoming associated with Dr. Morrison. Dr. Morrison was an associate of W. P. Wherry, who was one of the driving forces with the Academy hierarchy and the first Executive Secretary-Treasurer of the Academy back in the 1920s and 30s and until his death in '42, when Dr. William Benedict became Executive Secretary-Treasurer. So when I joined Dr. Morrison, he was reading proofs that were submitted to him on all the papers—eye, ear, nose and throat. On occasions when he was out of town I read the proofs that were sent him, although I had no official designation by the Academy. As a result of filling in and reading proof for a while, I was later made an associate editor, and as a result, got to meet with Dr. Benedict on the occasion of this so-called editorial board. It was not much of a board because he just told us what he wanted us to do. He was an autocratic sort of person.

So that was my beginning involvement in the Academy and I then continued to be involved in the functions and publishing of *The Transactions* until the Academy separated from the ear, nose and throat Academy, and I was also involved in many other Academy activities.

DR. RUBIN: Well, weren't you involved with some of the courses, the instruction courses that were given at the annual meeting?

DR. TRUHLSEN: During 1960s I gave a course on home orthoptics for 10 years. Dr. Ken Roper, who was the Secretary for Ophthalmology (Program), was also Chairman of the Academy insurance programs. The Academy, for many years, sponsored about nine different insurance programs in which members as well as staff could buy disability, medical liability, and a whole broad spectrum of insurance. I was on the board of directors of Blue Cross/Blue Shield of Nebraska at that time, and Ken took note of that and appointed me to the Academy Insurance Committee. When he left the Insurance Committee, when he was elected President of the Academy, I moved up to be Chairman of the Insurance Committee and served until I was nominated for President of the Academy. Since I was involved with the Insurance Committee, I was also asked to serve on the Board of Trustees for the Academy Pension Plan, which was a whole separate area, and I served on that for many years until just a few years ago.

DR. RUBIN: Is there anything that you want to say about the structure of the Academy? Remember where we used to have our annual meetings in the Palmer House in Chicago?

DR. TRUHLSEN: When I was a resident an opportunity came up that I was fortunate to take advantage of; the chief resident was unable to go to Chicago to the Academy meeting. I was offered the chance to go to the Palmer House for my first Academy meeting in 1949. (I have not missed an annual Academy meeting since.) It was a thrill, as a young ophthalmologist in training to see the names and put faces on the people whose papers and books I was reading. As has been expressed before, the Palmer House housed the entire Academy meeting. They had an exhibit hall that would fit into one small corner of what we have now for an exhibit hall. There was a ballroom where the scientific papers were presented by ophthalmology during the morning for example and simultaneously the otolaryngologists met on the 7th floor of the Palmer House and used small rooms to conduct their instruction courses. The instruction courses (first devised by the Academy in the 1920s and later copied by other societies) were very popular. They were somewhat limited in size. It cost \$2 a ticket to take an hour course. The Academy back in those days was fairly tightly run by a

small group. Dr. A.D. Ruedemann was Secretary for Instruction for many years. There was no time limitation, no term limits, and he made the rounds on each instruction course, picked up the tickets and took a count to see if the course was popular and well attended. If there were very few attending, the course was not given the following year, and he would add another one, so this was a very popular part of the Academy. I was sitting in the Academy office talking to somebody one day and Dr Ruedemann came in and said, "You want to give a course?" And I said, "I'll be glad to give one." So I started, and gave an instruction course for about 10 years.

DR. RUBIN: After Ruedemann, David Shoch took over as the Secretary for Instruction, and I was appointed to follow him in about 1977 or '78. Before then, as you've said, if the eye scientific papers were offered in the morning, the eye instruction courses were given in the afternoon, and vice versa for the otolaryngologists. This made the room utilization very efficient. The course rooms, which were mostly just hotel rooms, were small and would house between 10 and 15 people, and that was the size of the course. But after 1978, I and my Instruction Committee implemented the idea that courses and papers should be offered concurrently, which allowed for a major expansion of the courses.

DR. TRUHLSSEN: Before you reconstituted the course programs, if somebody like Ed Maumenee and McLean were giving a talk on cataracts and sutures, they were not held to a small room but might be given in a larger room that would hold even 30 or 40 people. Their lectures were very popular.

DR. RUBIN: Then tell us a little bit about the structure of the Academy Council (later, the Board of Directors and now, the Board of Trustees) at the time that you were on it, because at that time the Academy was in the process of splitting, separating into ophthalmology and otolaryngology.

DR. TRUHLSSEN: When I became the Associate Editor, Clair Kos, who was the AAOO Executive Secretary-Treasurer, invited me to attend all the Council meetings.

DR. RUBIN: Kos took over for William Benedict?

DR. TRUHLSEN: Benedict became ill in 1967. Although I didn't sit in on all of the business meetings of the Council, I was there to see what was going on, and we traveled to various places to investigate the possibility of changing the location of the annual Academy meeting because the Palmer House was not large enough accommodate the Academy. We went to New Orleans, for instance, we went to Dallas, we went to Las Vegas. In Dallas they were very cooperative and built a new convention center almost to the Academy's specifications, so that we could have a large lecture auditorium and have an adequate number of smaller rooms available for instruction courses, and so, we went to Dallas for several years. Likewise, we did the same thing in Las Vegas with their first convention center. And then the Academy grew, and as you know, we went to New Orleans and Atlanta and back to Chicago, which was then and still is a favorite place. As a matter of fact, I was fortunate to be President of the Academy at the Chicago meeting in 1983.

DR. RUBIN: So we got back home again, basically, because that's where almost all of the meetings used to be in the, quote, olden days.

DR. TRUHLSEN: Yes, so we went back home to Chicago, except that we held our meetings in the huge McCormick Place instead of at the Palmer House Hotel.

DR. RUBIN: Tell us what officers constituted the Council in those days.

DR. TRUHLSEN: The Council in the 1950s was composed of the President, the President-Elect, three Vice Presidents, three Past Presidents, the Executive Secretary, the Secretaries for Ophthalmology and Otolaryngology (program), the Secretaries for Instruction for both specialties, the Secretary for Home Study Courses, the Secretary for Public Relations and 4 Councillors at large.

DR. RUBIN: A Secretary for Program is for the program of the annual meeting...

DR. TRUHLSEN: Yes, and that was Ken Roper. Interestingly enough, Ken held it for years and years, and the talk became, 'How are they going to terminate Ken's tenure on this?' And somebody said, 'Well, I know how, we'll just elect him president.' And they did, and he became President, in

1973. So Ken, interestingly enough, at Council meetings, sort of ran things. For instance, if we were in Las Vegas, Ken would come around and say, 'Well, you want to go to a show tonight?' The Academy footed the bill out of the billfold that Ken carried in his pocket for Academy activities and expenses.

DR. RUBIN: The [Council] structure at that time, we said that there was a Secretary for Program (called the Secretary for Ophthalmology or Otolaryngology) and a Secretary for Instruction for each, for otolaryngology and for ophthalmology, so that was four people.

DR. TRUHLSEN: Yes. Also, in 1943, after Dr. Harry Gradle was President, he proposed and started the Home Study Courses and became Secretary for them. There was also another person on the Council, a Secretary for Public Relations. That one was discontinued, but it was brought back later in the 70s but not for PR but as Secretary of Continuing Education.

Interestingly enough, in those Council meetings *The Transactions* reported a shorthand record of all the conversations verbatim. Who said what and what their point was. These were published in *The Transactions*, so there was transparency except when Dr. Benedict ran the Academy. He ran the Academy with what you might say was an iron fist. He edited the minutes so that they echoed what his interpretation of them was. And that went on for as long as he was Executive Secretary.

Later on we continued to print the Council minutes of the Academy, and then for legal purposes we had to discontinue recording and publishing all of the intercourse of the board of directors and the board of trustees. It was a shame. I objected, and said we were losing part of our history when we do that; however, we had to stop the recordings, because the Academy had gone through a some legal problems and lawsuits, and they said, 'We don't want to have any more of those tapes that could be used for evidence or in lawsuits if we can help it.'

DR. RUBIN: Tell me about the year of your presidency, who was on the board at that time?

DR. TRUHLSEN: The AAO Board of Directors consisted of 19 members the year I was President and for historical completeness I will list them:

Stanley M. Truhlsen, MD	President
Whitney G. Sampson, MD	President-Elect
David Paton, MD	First Vice-President
Stephen M. Drance, MD	Second Vice-President
Ralph E. Kirsch, MD	Third Vice-President
Bruce E. Spivey, MD	Executive Vice-President
William H. Spencer, MD	Secretary for Continuing Education
Robert D. Reineke, MD	Secretary for Governmental Relations
Edward W. D. Norton, MD	Past President
David Shoch, MD	Past President
Marshall Parks, MD	Past President
Paul Henkind, MD	Editor
Theodore Steinberg, MD	Director at Large
George W Weinstein, MD	Director at Large
Thomas P. Kearns, MD	Director at Large
William Tasman, MD	Director at Large
George E. Garcia, MD	Chairman Board of Councillors
B. Thomas Hutchinson, MD	Vice-Chairman Board of Councillors

I followed Marshall Parks, who was president the year before I was.

DR. RUBIN: He was President in '82.

DR. TRUHLSEN: Yes, 1982, and I was President in 1983.

DR. RUBIN: Marshall Parks was President during the year of the International Congress, which was in San Francisco.

DR. TRUHLSEN: That's right. And at that International Congress Ed Maumenee played a very important part as a member of the International Council. Anyway, on the Board we had Tom Hutchinson who first suggested the idea for the Academy's National Eye Care Project. Thomas Hutchinson became deeply involved with it and has overseen its development and guided it over the years. And as good fortune would have it, the National Eye Care Project was projected to have a trial run in three different states, a so-called kickoff. Through David Paton and a friend of his in the White

House, several of us on the board went to Washington DC and were entertained by President Reagan in the Roosevelt Room of the White House where he gave the program his blessing. I gave a short talk. President Reagan called Thomas Hutchinson up to the podium to acknowledge his work on the Eye Care Project. We have it recorded on tape.

DR. RUBIN: That was wonderful, Stan. The NECP was indeed Tom's brainchild. Of course he was helped to implement it by David Paton, who was then First Vice-President. David happened to be close friends with James Baker, who was his roommate at Princeton many years before. Baker at this time was either chief of staff to President Reagan or his Secretary of State, or certainly one of his close advisors.

DR. TRUHLSEN: There was also a blind intern at the White House who was a friend of David's, who also worked with Tom to arrange it.

DR. RUBIN: Tell us about some of the other roles you've played with the Academy, like your work in setting up the Museum for the Foundation of the Academy.

DR. TRUHLSEN: Well, as you know, following the Presidency, at that time, you continued on the Board of Directors for three years and you also became Chairman of the Academy Foundation, kind of an automatic thing—the immediate Past President moved into that position. They had three Past Presidents on the Board of Directors at that time.

DR. RUBIN: During my year as President in 1988, a new AAO by-laws was voted in. One of the changes was a reduction in the length of the Past President's term from three years to one year. Since I was elected under the old by-laws, I served the old past presidential term—that is, for three years.

DR. TRUHLSEN: So I, just as you, was involved with the Board for several years after presidency. And then, along in the late 1980s, we started looking forward to the Centennial and I was chosen, along with David Cogan and Byron Demorest and several others, to be on the Centennial Committee to help make plans for the Centennial in 1996. You were on that Committee, too, as I recall. Anyway, about that time, along with Bill Spencer and in conjunction with the Museum of Vision we initiated a new venture, the Oral History Project. We hired a professional interviewer, Sally Hughes from the

University of California, Berkeley and published seven separate paper bound books on people of prominence in ophthalmology -- Ed Norton, David Cogan, Ed Maumane, Dupont Guerry, Harold Scheie, Paul Boeder and Tom Duane.

DR. RUBIN: Thygeson, too?

DR. TRUHLSEN: Yes Thygeson little bit later. Unfortunately, this entire Oral History venture was an expensive endeavor and we weren't able to continue it as we would have liked. I was involved with the Oral History Program and that kind of transferred into Ophthalmic Heritage, and I've been working with Ophthalmic Heritage and the Museum of Vision since the 80s. Most Academy committees have term limits, but the people who are interested in history are so involved and limited in numbers, we seem to go from year to year with almost the same number and the same people staying on the Museum Committee. The Archives Committee, which I've been serving on and Chaired for several years, includes programs that we're developing to preserve the history of ophthalmology and the Academy including documents, oral histories (we now have about 37) Past President's essays, photographs, films and many other items. Interestingly enough, we will soon be opening up a brand new website in which all the artifacts and all of the material that we have in the museum and the archives, the files, the history of the AAOO and the AAO, will be digitized and at your fingertips. You'll be able to look up almost anybody, including past presidents' essays, such as you did, Mel. So this will be a wonderful opportunity to allow people to go back and find out what they want to find out about the history of the Academy. It will be a marvelous thing. We also had Sally Hughes do short oral histories in the 1990s which included—Wendell L. Hughes, W. Howard Morrison, Daniel Syndacker, Clair M. Kos, Frederick C. Blodi, David J. Noonan, Lawrence A. Zupan, Bradley R Straatsma, Bruce E. Spivey, H. Dunbar Hoskins Jr. and myself.

DR. RUBIN: I just learned that the Oral History that I did last Fall on Bill Spencer, who worked out the original Oral History Program with you for the Academy, will also appear on the new website to which you refer.

DR. TRUHLSEN: That will be wonderful. I worked with Bill on several things and they were exciting things for us, and he always did a great job.

DR. RUBIN: When you get the opportunity to hear him give his personal description of his interests and how they led to his career in ophthalmology, I'm sure you'll find his oral history quite fascinating.

DR. TRUHLSEN: You have done his oral history, and Bill has been a great force in the Academy and contributed greatly over the years in many ways.

I might add one other thing that I was involved in, and that was the Senior Ophthalmology Interest Group called SOIG, later changed and now called Academy Seniors. Dunbar Hoskins wrote George Garcia a note in 1995 saying, 'This might be a thing you could pursue to involve the senior members of the Academy, those over 60.' A committee was appointed, including George Garcia, Tom Hutchinson, Arnall Patz and me. We initiated the first planning and developed the structure of 'SOIG,' as we called it, to try and provide a liaison between those ophthalmologists over 60 with the Academy, to represent them, to provide some benefits for them and also to see if we could develop some things that they could do to assist or aid the Academy. For instance, we created an annual program during the annual meeting which is followed by a social reception for members. Actually, it's open to all Academy members. SOIG also has had a cruise to Alaska. We've investigated other areas of entertainment such as golf in Scotland or a safari. We've even had a golf outing.

DR. RUBIN: And the papers and discussions by the individuals who present the SOIG program at the Academy meetings are unusually varied and stimulating. I particularly remember the talk on fly fishing a few years ago.

DR. TRUHLSEN: The programs are nonmedical. They're not ophthalmological, and they are quite interesting. This year we're going to have one on earthquakes in California, for instance. We've had one on space, and we had one in New Orleans on jazz and the D-Day Museum. Over the years we've had some very interesting programs.

DR. RUBIN: Now, with your perspective, looking back over the years, what the Academy was like in the 60s, even... in the 50s and 60s compared with what it is now, what kind of comments can you make about that?

DR. TRUHLESEN: First of all, it's a lot larger. At the time when I was President, we did not have a very large international membership. I think George Garcia was one of the initiators of increasing the size and membership of the Academy by inviting more and more international member to join. You may have been involved in some of that, Mel.

DR. RUBIN: I was. It began in earnest during the time George was President in 1990.

DR. TRUHLESEN: And so now, I don't know the numbers, but we have a sizable percent of our annual meeting attended by people from all over the world.

DR. RUBIN: I think that the numbers presented to us earlier today indicated that around 35% of our membership was international.

DR. TRUHLESEN: Yeah, so this has become a wonderful thing to help ophthalmology unite globally— worldwide. And of course, with the joint meeting, why, we even cemented our associations a bit more.

DR. RUBIN: We've had a lot of joint meetings, starting with that International Congress in...

DR. TRUHLESEN: 1982.

DR. RUBIN: Yes, 1982. For the three prior years, I was a member of the AAO-IOC meeting planning committee for that monumental meeting in San Francisco, when Marshall Parks was President.

DR. TRUHLESEN: Yes.

DR. RUBIN: But we've had several joint meetings with the Europeans...

DR. TRUHLESEN: Not only with the Europeans, we've had them with the Japanese, too.

DR. RUBIN: Asian.

DR. TRUHLESEN: Yes Asian...

DR. RUBIN: And then there's the joint meeting with the Pan American, like right now in San Francisco. And it's not just having a meeting forum together. It's worked into ongoing collaborations with the international groups of members both ways, and the Academy has been involved in the education and management and helping to carry treatment to places all over the world.

DR. TRUHLSEN: Let me give you my opinion. I think that my friend and yours, Bruce Spivey, has had a great deal to do with the globalization of ophthalmology. As secretary and president of the International Council he's helped bring together ophthalmologists from all around the world. He travels to ophthalmological meetings in Africa and Europe and Asia and so forth, and is a major presence in this area, and I think we owe a debt to Bruce for his contributions.

DR. RUBIN: Without doubt. Actually, I'll talk some more about Bruce when we get further into my participation in the Academy. But I think he started the international relationships even when he was Executive Vice President of the Academy, and now even more so, now that he's moved into a position as the Executive Director of the International Council.

DR. TRUHLSEN: He had one leader of that kind that preceded him. That was Ed Maumanee. But you asked me to compare the Academy with old days and I think one of the most important changes that has taken place in the Academy is the addition of advocacy to our traditional emphasis on education. Through the creation of the Foundation as a 501(c)(3) organization that pursues our mission of education and service, the Academy can divert some of its efforts to maintaining a Washington office and representing ophthalmology on the national scene.

DR. RUBIN: Yes. Do you have any other comments that you would like to make about anything that we've talked about so far. . .any further comments?

DR. TRUHLSEN: Well, the Academy has been an organization that we can all be proud of. It represents ophthalmology scientifically, and, you know, in the early years its only focus was on education. If you mentioned advocacy or government or politics back in the days of Bill Benedict, for

instance, or back even in the 60s and 70s, they would shut you up. As I mentioned, advocacy became very important for ophthalmology. The Association. . .that is, The American Association of Ophthalmology, was developed in 1967, and became the arm, the political arm, so to speak, of ophthalmology and represented ophthalmology to our representatives and to our government. Shortly after we had the separation of ophthalmology and otolaryngology, we entered into a merger of the Association and the Academy. I happened to be on that merger committee. Brad Straatsma did a magnificent job of chairing it and Ted Steinberg was chair of the group representing the Association. It was not a smooth discussion. In fact, it was a bumpy ride, and at times it was doubtful if it was going to happen, because if you were a member of the Academy, you had first to have your boards, and the Association had members who were not ABO certified. Any merger necessitated a change in the Constitution of the Academy to enable the presence of two categories of membership: Fellows and Members.

DR. RUBIN: Fellows being individuals who have already been certified by the American Board of Ophthalmology; Members, who haven't.

DR. TRUHLSEN: Yes. Those already in the Academy were Fellows, and those that were in the Association but were not ABO certified, were brought in as Members after changes were made in the constitution and by-laws. Later some Members took their boards and became Fellows. The issue of membership generated a lot of heat in the merger discussions. These kinds of problems put the groups at loggerheads until Ted Steinberg and Brad Straatsma got in a room, a hotel room, and thrashed it out, and nobody knows what was exactly said. I've been trying to get Brad to write the story for our archives of how the merger was achieved. Certainly, we can look back and say that the merger has been very successful.

DR. RUBIN: There were a lot of other problems encountered, legally and professionally, to merge the two groups.

DR. TRUHLSEN: Oh, yes.

DR. RUBIN: And the American Association of Ophthalmology, which actually had started as a group called the National Medical Foundation for Eye Care, was a group of vocal firebrands, including Ralph Rychener and Charlie Jaeckel.

DR. TRUHLSEN: And Jimmy Allen from New Orleans. . .

DR. RUBIN: . . . and Larry Zupan, their attorney. These individuals formed a group primarily out of Ohio and gradually grew. Their main purpose was aimed along socioeconomic lines. It was in furthering socioeconomic issues, such as the one dealing with aggressive optometry, that the Academy was not interested in, at least at the time. As you mentioned, the AAOO of that time was exclusively an educational organization, where its activities revolved around the presentation of scientific papers, giving instruction courses, and providing a Home Study Course—all of which are obviously steeped in education and learning.

DR. TRUHLSEN: And publications. It was quite a transition. And of course now we cover the waterfront. For example, the Academy has people to represent its members in Washington, with a tremendously active Washington office. Our Academy also continues to carry out a growing educational program, including the International ONE Program, which is a computerized method of connecting ophthalmologists around the world and helping to spread the knowledge and resources that we have available in the Academy.

Speaking of changing the Academy, the merger was only one issue. Another was when we tried to separate the Academy into eye and ear, nose and throat groups. That brought its own stumbling blocks. One was, we weren't a corporation. We were an association registered in Minnesota, and we had to go through a process that was difficult to create a legal and corporate structure for the Academy before we could legally separate. And we also had the problem of apportioning the treasury money. The AAOO had several hundred thousand dollars, but we had twice as many ophthalmologists as we did otolaryngologists—how were we going to divide that? Interestingly enough, when Ken Roper was president in 1973, at the annual meeting a motion was made to take a vote or a poll of the Academy, whether we favored separating. This is for the whole Academy—eye, and ear, nose and throat—and the vote came back positive. Still, the process of splitting took about seven years...

DR. RUBIN: I well remember that auspicious beginning. I was at the annual Academy business meeting sitting right next to J. Lawton Smith

when he got up and made the original proposal to split. Actually, he made the motion for an investigation, a study as to whether or not a split was feasible.

DR. TRUHLEN: Yes.

DR. RUBIN: But the reasons for doing it were strong—very good for both specialties.

DR. TRUHLEN: At that meeting, Roper didn't know Smith's motion was coming and was flustered. But anyway, that was the start, and it wasn't until about six years later before it was accomplished. In the meantime, in the middle of the '70s, we had a real uprising in the Academy about the election of members of the Council and the officers of the Academy. Our friend Whitney Sampson led an uprising to bring in a new group to oppose the Council nominees, and this was a rather difficult time, as it had never occurred before. Whitney did succeed in getting Al Ruedemann Jr. elected as a member of the Council. However, their presidential candidate, Joe Dixon, after a somewhat stormy election campaign, was defeated by Brad Straatsma.

DR. RUBIN: That was the only contested election for the presidency that the Academy has ever had.

DR. TRUHLEN: Yes and it was quite a tumultuous thing.

DR. RUBIN: Anything more?

DR. TRUHLEN: Well, the Academy has been a wonderful part of my life. I joined the Academy the year I finished my residency. I took the boards in January while I was still a resident and joined the Academy in the fall of 1951.

DR. RUBIN: You couldn't do that in later years.

DR. TRUHLEN: No, you can't do that now. Little did I know the extent of involvement I would have in the Academy, but it's been a wonderful experience to be associated with this great organization, so well run, so

aware of the needs of ophthalmology, not only educationally but also as an advocate for its members.

DR. RUBIN: . . .and as an advocate for the public.

DR. TRUHLSEN: For our patients, at the state level, and also in Washington. The Academy has done a tremendous job, and I'm just proud to have been associated with it. The Academy has been a significant part of my professional life.

DR. RUBIN: Stan, we're proud of you and your many contributions! On behalf of the Academy, I thank you for all the years you've been so productively involved with us all. . .and for being such a nice guy, to boot.

[Part 2 of 2]

DR. TRUHLSEN: My name is Stanley Truhlsen, age 88. Today's date is October 25th, 2009. We're in San Francisco. My relationship to my conversational partner is a long-time association in the American Academy of Ophthalmology. My partner is Dr. Melvin Rubin of Gainesville, Florida.

I'd like to start off, Mel, with asking you to look back over your long and illustrious career in the Academy and tell us how it all started, what your first thoughts were when you were young about vision or art or science, medicine, and bring us up to date.

DR. RUBIN: Well, thanks, Stan. I hope what follows is not more than you want to know. I guess my first exposure to anything to do with ophthalmology started with the fact that, when I was a small youngster, my parents noted that I had a very noticeable head-turn, maybe 15 to 20-degrees or so. It was especially evident when I wanted to look at anything, close up or distant. They took me to several orthopedists, but no one could find anything wrong with my neck. But I did have relatively poor distance vision, so I was referred to an ophthalmologist (Dr. Rodin) in San Francisco, who identified my congenital nystagmus. I was turning my head into a position where the nystagmus was minimal, thus allowing me better vision. In retrospect, we found that early pictures of me always showed that head

turn. Even now, I still turn my head periodically, whenever I want to see more clearly.

In any case, by the time I was 10, I became interested in photography. It started when I found an old Baby Brownie camera sitting on the ground in Golden Gate Park. Since no one claimed it from the lost and found, it was given to me to keep. I started taking pictures then, and I'm still doing it now, though not with that Brownie! I was interested in basic photography and optics and vision back then, but the main impetus came from a contact in high school with one of my math teachers, who was a serious student of stereoscopic photography. He hooked me. I started with one of the early cameras then available, a Busch Verascope, in the mid '40s, and then a Stereo Realist when it came out a few years later. I loved stereo photos and started a number of experiments varying the stereo separations. Based on that science project in high school, I submitted a paper on it as part of that year's Westinghouse Science Talent Search and won a scholarship to the University of California. I guess the die was cast for me in the direction of science and binocular vision and provided my initial contact with Gordon Walls, a professor in Berkeley who I'll mention later.

When I graduated high school and entered the University of California in Berkeley, I was interested in anything dealing with visual physiology. Walls, who I had met the prior year, thought I would get the best training in vision science if I took the academic route through the Optometry School there, since they offered a PhD program in physiological optics. Walls suggested that, first, I might begin by working in a program that provided some practical use of my interest in stereo photography, and that was in photogrammetry, which happened to be in the College of Forestry. They created aerial stereo-photographs for the purpose of constructing contour maps of the countryside. And so, concurrent with my freshman year at UC, I worked with the staff of the Forestry School. Eventually, I did go into optometry, where I was constantly under the wing of Gordon Walls, an absolutely brilliant man with a gruff personality. He was a world authority on the vertebrate eye and visual physiology and directed much of my work and guided my studies of the physiology of sight.

When I was going through optometry school, I realized that optometry was too confining as a profession. Though I was really interested in the science of vision, Walls thought that I should at least explore going into medicine,

with its expanded opportunities for science. But I wasn't sure what to do. I couldn't really afford to go to medical school, and I couldn't even afford to apply to the number that might raise my chances for admission. Anyway, he sent me to talk to one of his previous students, one who had finished optometry but was now a junior student at UC medical school. That was Bill Spencer.

DR. TRUHLSEN: Who became one of your lifelong friends.

DR. RUBIN: Absolutely. In any case, the talk with Bill Spencer convinced me to go ahead and try to get into medical school. I applied to only one school, the University of California in San Francisco, and I got in and began in 1953. Though I didn't learn this until many years later, Walls was angry with Bill Spencer and even stopped talking to him for about a year. He thought that Bill would have convinced me to stay on and get a Ph.D. in physiological optics, but Bill instead convinced me otherwise. All through med school, the knowledge of vision and the eye that I gained in optometry certainly helped me. I became the eye consultant to my classmates. Even though I didn't know a lot, when you know even a little about a field and it's more than what others know, you become their consultant... in the land of the blind, the one-eyed man is king. I was happy to go through medical school with a decided interest in ophthalmology, although I must admit that I was occasionally distracted by other specialty fields that were also instrument-oriented, had fairly clean-cut diagnoses and treatments—such as urology; however, I certainly leaned toward ophthalmology from the beginning.

During the time I was in medical school I worked with Mike Hogan at the Proctor Foundation. He was not departmental chair yet, but he was the Director of Proctor. Most people think that Phil Thygeson was the first Director, but he wasn't, though he became the Director later. He had arranged the original Proctor endowment for the Proctor Foundation, a visual sciences and microbiologically-oriented laboratory within the UC Department of Ophthalmology. Anyway, Hogan was the original Director, and I worked with him on several topics, but especially on toxoplasmosis and the Sabin-Feldman dye test. He was the one who urged me to take the AAO Home Study Course, while I was in medical school.

DR. TRUHLSEN: So that was your first association with the Academy.

DR. RUBIN: It was the first time that I learned that there was an Academy. The Course was a major influence on my life. Actually, it was a tough course, even though I already knew quite a bit about the eye. If you remember when you took yours, the amount of book and library research that was necessary took a lot of time. And, remember, I was still going to medical school, had a family, and was also trying to support my way through school with small jobs. I found it hard to get all the way through the Course, but I did finish it, and was very grateful to Hogan for pushing me to do it.

He then directed me to take my residency in another place, and since I had a Berry Plan deferment, I was free to get a residency. I went to Iowa for my eye training.

DR. TRUHLSEN: Who were your professors at Iowa?

DR. RUBIN: Alson Braley was the professor and chair. I'm sure you knew the others there, too. Fred Blodi, professor of pathology, Herman Burian in pediatric ophthalmology, Placedus Leinfelder, Mansour Armaly, Paul Boeder, Bob Watzke, and several others. When I got to the residency, I thoroughly enjoyed everything dealing with ophthalmology. It was only then, after being exposed to how deep the pool of eye disease and treatment information really was, that I understood how limited my prior optometric training was for clinical problems related to the eye. In other words, how little I knew. However, I did have a bit of a head start among my peer group of residents because of my background in optometry, particularly in optics, and...

DR. TRUHLSEN: Having taken the Academy's Home Study Course.

DR. RUBIN: ... the Home Study Course, yes, but it was optometry that deserves the credit for my optics. . optometry and Paul Boeder, who helped me refine that knowledge and my interest in teaching its clinical aspects. He took me under his wing and also led me to some basic work with him, which led to a masters degree in physiology while I was a resident.

As I was completing residency, it came time for me to decide on how to satisfy my military service obligation. Under the Berry Plan, I was assigned to go into the Army for service, but it turned out that the Army didn't need

any ophthalmologists at that particular time; however, they weren't quite willing to release me completely from service, but I was allowed to substitute a public health service appointment, and that led me to NIH. I had reservations about the job I was offered, since I really wasn't eager to spend my two years at some desk job for the federal government. However, Braley strongly encouraged me to take the position, which was at NIH's Neurological Diseases and Blindness, NINDB. (He was then serving on the NINDB Council and was very familiar with the position I was being offered; In fact, I was suspicious that he may have arranged it!) NINDB was just then looking to fill the position of Executive Secretary of their Training Grants Committee with a trained ophthalmologist. I yielded to Braley's push and accepted the job, especially when I learned that the chair of that committee was Bernie Becker, who I already knew from work with the Midwestern section of the ARO. Even back then he was a prominent leader in clinical and research ophthalmology. And as you well know, Becker just this year received the AAO's highest honor, its Laureate Award.

DR. TRUHLSEN: Were you still under the supervision of the Army?

DR. RUBIN: No. Actually, I first had to get discharged from the Army and then get a commission in the Public Health Service, and all that took a little time. Anyway, I spent my two years at NIH as an administrator, but working with the Training Committee turned out to be an enormous benefit to me and my career: it put me in a close working relationship with people who were or were to become leaders in ophthalmology. The other members of the committee were people you well know or knew: Ed Norton, Brad Straatsma, Dick Troutman, Fred Blodi, Jim O'Rourke, Dud Breinin, Ken Ogle, and George Smelser. This was 1961 to 1963, when I was there. Many of those individuals had roles, most were major ones, in the Academy then and in the years following.

During my tenure at NIH, I was able to get a clinical appointment at Georgetown, so I was able to maintain some clinical skills. I was also able, even encouraged to attend weekly eye rounds at the NIH Clinical Center, led by Ludwig von Sallmann. But as I completed my service obligation, I began looking for a position in academic medicine, and identified one that needed someone, in a place where I could actually feel useful. Yes, I could have easily gone back home to California or I could have taken positions to work with some people on the Training Committee who were also offering me a

job, but I decided to accept one in Florida, which was just beginning--an absolute start-up program led by Herb Kaufman. I felt that his was a position where my skills could be usefully complementary, one where I might truly be helpful clinically and could grow with the program. Each of the other possible positions had great people already there; they knew a lot more than I did and had much more experience. In Florida, at least I felt I could contribute and help build a program, essentially from scratch.

DR. TRUHLSEN: So you started at what position?

DR. RUBIN: I started as Assistant Professor at the University of Florida. Aside from my being in charge of the Retinal Service, I was given a major responsibility for residency training. There, as part of that responsibility, I developed an exam in general ophthalmic knowledge to help guide their progress. Beginning in 1965, I gave it annually, but only to our residents. It was a serious educational effort, not an exam to judge or penalize the residents but one they could learn from. Plus, it gave our faculty some guidance as to content that needed to be included in our curriculum. The exam helped us learn what areas to stress, but much more importantly, it served as a stimulus for their learning and prompted their self-education. During the first years of doing this for our residents, I learned a lot about how to refine the exam and how to construct good questions to make them good educational prods. I even went up to Philadelphia, to the National Board of Medical Examiners, to learn how they built their exams, and they provided some guidelines to help me in designing an in-service exam that might be offered nationally—to all residents.

DR. TRUHLSEN: So it started for only for your own residents.

DR. RUBIN: Yes, initially only for our own training program in Florida. However, it seemed to be such a useful educational idea, I decided that I should at least try to see if I could arrange for it to be used on a broader scale, strongly urging to all I talked to, that it was only an educational tool, never anything that should be used to penalize a resident. The fact was, ophthalmology was not unique in having such an in-service exam, since both neurosurgery and orthopedics had just implemented such national programs for their residents. So, to get our exam program off the ground, I had to first sell the idea to other academic eye programs and then find some source of funding for it. For neuro and for othopedics, their sponsors happened to

be their specialty boards. So I thought that the first thing to do would go to our American Board of Ophthalmology and ask them for support so that we could foster this program nationally. I did so, and I still can't believe how fast a turndown I received. Francis Adler, the ABO executive, told me that he had no interest whatsoever in doing anything for residents as what I asked for was not an ABO mission. The ABO role was for evaluation of knowledge of board candidates and not for the education of anyone.

DR. TRUHLSSEN: Evaluation?

DR. RUBIN: Yes, for evaluations of individuals and certification for people who were finished with training. I was truly discouraged by his negative reception. Further, he offered no words of encouragement for me. However, there was a serendipitous event occurring at that time. Another ophthalmological organization was just then getting off the ground--the Association of University Professors of Ophthalmology, comprised of the chairs of all academic eye training programs. The head of that organization that first year was Ed Maumenee. I went to him directly. He liked my idea of a nationwide exam and asked me to present it to their organization at their annual meeting.

DR. TRUHLSSEN: You were not a member.

DR. RUBIN: No, only departmental chairs were members. Remember that I was merely a junior professor in the department. Even my chief, Herbert Kaufman, who thought my idea was a reasonable one, wasn't overly enthusiastic about spreading it nationally. Still, he encouraged me to present it to the AUPO. Most there thought the idea could be useful, but I did have to suffer the indignation from some: "What makes you think you're qualified to examine my residents in anything?" Aside from those kinds of barbs, and because it didn't hurt to have orthopedics and neuro-surgery resident exams already taking place, the group seemed relatively sold. But after listening to me, the AUPO still wanted to look at the idea more closely, appointing a subcommittee to study it. Eventually, they approved it, but presented me with two stipulations: They wanted the program to be voluntary. I could agree that the exam be voluntary, but only for the program directors, who could decide whether or not to participate. But if they did choose to join, I felt that they would need to obligate all of their residents to take the exam. Thus, for the residents in those programs, participation would be mandatory.

That would preclude their self-selection, which would only distort the statistical comparisons of resident performance nationwide. The second AUPO stipulation regarded funding. They had no available funds, so if we wanted to proceed with this trial exam venture, we ourselves would have to agree to cover all its expenses. I talked Herb into paying for creating and administering this exam for the first and second years, about \$6,000 or \$7,000 for each year. I formed a small committee to join me in creating all the questions (Froncie Gutman, Gunter von Noorden, and Bruce Spivey) and we began planning in 1966. The first program went national in 1968.

DR. TRUHLESEN: National.

DR. RUBIN: Yes. And even though it took a lot of promotional work and urging, we wound up with an amazing response. Even in its first year, we had an 80% participation of all training programs in the United States and Canada, and since then, even as early as in the second year, every training program, (with only one holding out for two more years) has been participating continuously.

Stan, please excuse my being so long winded, but I'm just about to get to the Academy and its role in this tale.

Because our department didn't want to keep supporting this national exam forever, and the AUPO still chose not to fund it, we kept searching for outside long term support. Though we could have begun charging each program for participating, as we did later, those early years were critical and we didn't want anything to discourage anyone. So, hat in hand, I approached the AAOO and presented the whole idea to Mike Kos. Surprise! He was enthusiastic, and with the consent of the Academy Council, he agreed to support it, at least for one year, but for anything more, he said that the exam would have to become part of the Academy's formal activities. Just where it might go was problematic since it didn't seem to fit in anywhere. But just then, another serendipitous event was occurring. That same year the Academy Council had just agreed to create a new Committee on Continuing Education, with its new Secretary, Brad Straatsma, so our exam seemed to have a possible parking spot within the Academy. Moreover, Brad was amenable as he recognized its potential usefulness. As an aside, at that time the AAOO bylaws had no designated position for continuing education, so Brad was temporarily appointed to the position then

available, Secretary for Public Relations. Later, the bylaws were changed to include a Secretary for Continuing Education, Brad's new title.

So, Brad asked me to join him so that the National In-Service Resident Exam would be funded and incorporated into the AAOO's new continuing education program. (Perhaps the invitation came because we had known one another from working together on the NINDB Grants Committee.) Anyway, I accepted his invitation, and he then asked if I had any suggestions for other people who might be invited to join us for that first CE Committee in 1970.

DR. TRUHLESEN: Do you want to mention who else was on Brad's committee?

DR. RUBIN: Though I was asked for suggestions, I'm sure he had his own list of possibilities. Still, I did know some young people who I felt were rising in ophthalmology and were also seriously interested in education. The two people that I suggested to him were Bruce Spivey, who was a resident with me at Iowa and who had a masters degree in medical education (and who was on my first exam committee), and Bob Reinecke, who I had known over the years and had just written a book using programmed instruction, a promising educational technique.

So those people were invited and incorporated into the Academy's first Continuing Education Committee, which also included Rob Harley, who was in charge of the Home Study Course previously. We now had five members: Brad as secretary; the four of us as associate secretaries.

Each of us, no matter what specific projects we were individually responsible for under the umbrella of continuing ophthalmic education, worked closely together as a whole group, especially on the Basic and Clinical Sciences Course. That was Brad's idea, to be a successor program to the Home Study Course. It would not be hyperbole to credit much of what was accomplished by the CE Committee as originating with Brad. In fact, few of the Academy programs would have evolved where they are now without Brad's steady and innovative guidance and input. He was and is an amazing character with amazing foresight. As an example, the original budget of our CE Committee was something like \$35,000 during its first year, and that was for the entire continuing education program. In planning, Brad projected our budget in five-years would be as much as \$300,000 a year. How could we possibly get such rapid growth to that point? We were

there in only three years—sporting several newly developed educational programs!

Anyway, each of the CE associate secretaries was encouraged to develop their own areas of expertise and run with them, though all our activities were always moderated by general deliberations and overall committee discussions that were sometimes quite heated. Many of our projects were brand new ones. Always innovative, Bruce Spivey established a Practitioners Advisory Committee of eight clinically practicing but non-academic ophthalmologists. Their job, among others, was to review the content of the BCSC as it was being created by their faculties. The practitioners were to point out (by green-lining) just which specific topics and coverages in each of the BSCS courses were especially pertinent to the practitioner. Bruce later succeeded Brad to become the Secretary of Continuing Education and still later became the Academy's top administrator, its Executive Vice-President, where he provided his expertise and “magical touch” for about twenty years. And like the Energizer bunny, Bruce keeps going and going--now in international ophthalmology.

Early in his CE activities, Bob Reinecke established and organized a major program of video education and also created an advisory group of residents and young ophthalmologists. One of the original members of that group was David Parke II, who is the Academy's current Executive V-P.

It's hard to believe now, but back then the AAOO had absolutely no presence on the exhibition floor of its own annual meeting. Bob answered that lack by creating the first Academy exhibit for the exhibition hall—a pair of 4 by 8 ft. free-standing panels, which described the then four CE projects. From that very modest start, the exhibit was soon expanded by Paul Lichter when he joined the CEC, and it has grown to reach the immense presence that exists now at the annual meeting and occupies several thousand square feet of space. That beautiful exhibit now, the Academy's Resource Center, covers much more than just CE activities; it contains essentially all of the AAO projects, books and products, and the Museum as well.

Bob later became Secretary for Program, then the first Secretary for Governmental Relations, and eventually, Academy President in 1989. I was in charge of the In-Service Training Program, whose name was changed to the Ophthalmic Knowledge Assessment Program, the OKAP,

and established a committee that continues to rotate its membership. We can talk that about that another time. I went on to be Secretary of Instruction, and later, President in 1988.

Let me move back to Brad and his efforts as Secretary of CE to replace the old Home Study Course with one much more in keeping with the growing educational needs of the AAOO, much more rigorous than merely having a couple of pages with a list of topics and specific references, as existed in the existing HSC. He suggested the development of a series of books containing much more information. Those books were not supposed to be full texts. They were supposed to be detailed outlines of the material in each of eight areas, the eight areas of the original Home Study Course. They have now been greatly expanded, not only in content, but, I think, into 12 or maybe even 13 sections.

DR. TRUHLSEN: I think it's 13 right now.

DR. RUBIN: Brad urged that the content of each was to be assigned to a respected leader and faculty. Brad asked absolutely top people in the fields to help in that initial organization of each subject. I remember Fred Blodi was to be in charge of pathology and Ed Norton was in charge of retina, et cetera. Those individuals could then appoint people to help them and they all would help create the course from the ground up. In two years we had a major book course in those eight topics of ophthalmology. Rob Harley retired after two years and the first appointed formal chair of that new Basic and Clinical Sciences Course, the BCSC, was David Paton.

DR. TRUHLSEN: And what year was that?

DR. RUBIN: That was a couple years after we started, I think, probably 1972. Dave took over that position. Further, several new people were added to the CE Committee--Paul Lichter and Paul Henkind, and later, Bill Spencer. Each associate secretary developed his own subcommittees of people to work with him. The CE activities were rapidly multiplying in breadth and depth.

As far as the OKAP is concerned, we created a new exam every year and had to teach every new individual coming onto the subcommittee how to construct questions that were fair and probing. All took courses on how to

make up questions, just as I did originally with the American Board of Medical Examiners. The best training, of course, came by actually working to make up questions and having them critiqued by the more experienced members of the committee as a group. The OKAP Committee worked on questions all year but met together annually to go over, polish or discard all the potential questions newly submitted--some created by the BCSC committees, but most by the OKAP Committee members. Exam construction is still a major function of the Academy along with the ABO, and it's evolved into several different kinds of self-programming activities within the Academy.

DR. TRUHLSEN: It's one of the major educational thrusts of the Academy, for residents in training.

DR. RUBIN: Yes, but actually it's for more than only residents; it's also for all our Academy members. There were a lot of other reasons for this, but one is that most other specialty boards, but not ophthalmology, had long ago instituted a recertification process. At that time, when you were certified by the ABO, the certificate was perpetual. . .good indefinitely. Other boards had long ago decided that knowledge in their specialties changed too radically over the years and required additional education to assure the public that the physician was keeping up with that knowledge. In ophthalmology, there was no established method of monitoring that knowledge after you already had your boards. So the Academy, again, with a lot of argument, decided to ask the question, is the world of American ophthalmology ready for some sort of a recertification process?

We decided that --this was back in 1978--a group of the Continuing Education Committee members and the AAOO president at that time, David Shoch--four of us in all--would present a panel presentation on this topic to the Academy membership at the AAO annual meeting -- subject to open discussion, proposing some palatable alternatives for consideration of some sort of a recertification/educational program, based on sub-specialty knowledge, meeting attendance, everything to have sub-specialty group input. And we sat a front-positioned table to present our views to a large audience ... the panel included Brad, David Paton, myself, and David Shoch, in 1978 in Kansas City. None of us could have ever imagined the poor reception our proposed program encountered. Actually, people would have thrown tomatoes at us if they had them...

DR. TRUHLSEN: Yes, the reception was much worse than poor.

DR. RUBIN: I guess our suggestions were just a few decades ahead of their time. The vocality of irritation, of annoyance, of anger from the members, particularly Larry Winograd and Whitney Sampson, at that time... from the audience, and from a parade of others, I mean, there were long lines of people waiting at the microphones to comment, registering vehement complaints about our even discussing this third-rail issue. We were definitely intimidated by the negative reception, to say the least. Now, however, as we look back on what we suggested, it was an extremely modest proposal, much less than what we actually have now, but, as I said, it came too early. It took over twenty years after that melee for a recertification program to come to pass. This time, there was a great deal of preparation. It was very carefully designed by the ABO and the AAO with a vast input from many sources. So, now we have a program in place, but it took until 1992 for the clock to start. It is now ongoing.

DR. TRUHLSEN: It did have a grandfather clause.

DR. RUBIN: Yes, it has a grandfather clause so that no one holding one of the pre-1992 ABO certificates is forced to be recertified; however, you can always volunteer if you want to.

DR. TRUHLSEN: The grandfathering was prior to a certain date.

DR. RUBIN: Prior to that 1992 time. Now, the boards have stopped issuing lifetime certificates and instead are awarding only 10-year certificates. And so the first people to come up for recertification were the people 10 years after 1992, which is 2002. From that date on, the process progressed in earnest. What's amazing to me is how many 'grandfathered' AAO members have chosen to go ahead and complete the recertifying process, even though they don't have to.

I again should apologize for this prolonged discussion, but please indulge me for making a few more points.

Back to the OKAP. In 1978, after about ten years of growth and working with our national test advisors, the American College Testing Program in

Iowa City, we began a process to merge the OKAP with the American Board of Ophthalmology's Written Qualifying Test. In actuality, the two exams were quite similar, in content, style, and coverage. Merging them into one exam would reduce much of the duplication in costs for development and management and would reduce the time and effort for constructing two separate exams. After two years of rigorous testing to determine precisely the exams' comparability (1978 and 1979) we proved their high correlation, which led us to fully merge them in 1980, and they continued in their amalgamation for the following five years. However, for several reasons that I'll not detail here, the two exams were again split up, though their construction is still a shared responsibility of committees from the ABO and the AAO.

DR. TRUHLSEN: At the time of amalgamation, weren't you were serving on the ABO?

DR. RUBIN: Yes. Actually, I was chair of the WQT, but by that time I had relinquished any responsibility for developing and running the OKAP, a job I held for eight years. I gave up that position in 1977, when I was appointed as AAO Secretary for Instruction.

DR. TRUHLSEN: What year did you join the Academy?

DR. RUBIN: I completed my residency in '61. In '63, I took the boards and became an Academy member right afterward. I did teach a couple of courses at the annual meeting between 1964 and 1969, but I became really involved in 1970, when I joined Brad's committee as an associate secretary of CE; again, that was forty years ago!

DR. TRUHLSEN: Continuing Education was certainly a very stimulating focus for members of the Academy to improve their education, not only residents but members. They could also buy the BCSC books and review associated materials, like Focal Points, and so forth.

DR. RUBIN: Also, all along, we wanted to make the OKAP more relevant to the educational material in the courses by tying the questions to the... BCSC. I know better, but even after forty years, I still slip and refer to the BCSC as the Home Study Course! Habits do die hard!

Anyway, we wanted the faculty who created the wonderful educational material for each course, as part of their responsibilities, to also provide the questions in their subject area for the OKAP. Originally, they had problems constructing meaningful questions, but eventually they got good at this art, and now many of their questions do enter the OKAP pool.

DR. TRUHLSEN: Now, your career goes back in optics, actually from optometry school, and you served for years as an Academy liaison to the now dissolved, American Committee of Optics and Physiology. Would you care to tell us about that committee?

DR. RUBIN: That was an interesting committee. That was already in existence in the 50s, years prior to my joining that group. In those days, even before the 1970s, when things really started to change at the Academy in continuing education, a lot of different national committees related to education regularly met, for convenience, at the annual Academy meeting. The AAOO even provided some of them with a small annual budget, \$100 or \$200 or so, for phone, paper, and postage. The members of the American Committee in Optics and Physiology were: Louise Sloane, Art Keeney, Dud Breinin, Ken Ogle, Arthur Linksz, and a few others, I think. I was asked to join the group in the mid 60s. They adopted as their theme, 'Bring Helmholtz back into Ophthalmology.' Helmholtz, as you know, back in 1850 was a great physician and scientist. Among many contributions, he developed the direct and the indirect ophthalmoscopes, but primarily, he was a major visual physiologist, and the idea of our Committee was to bring the study of physiologic processes back into ophthalmology. That study had always been too much neglected from the education of clinicians, and I must admit we never were very successful in doing so.

I already mentioned that visual physiology was my early scientific interest, even back when I was in high school. My first two books were entitled, *Studies in Physiological Optics*; and the second, *Fundamentals of Visual Science*.

DR. TRUHLSEN: Let's comment on your books. Would you tell us about the evolution of your literary career?

DR. RUBIN: Back when I was in optometry school, I was very influenced by Gordon Walls, who was an articulate scientist and wrote papers and

monographs dealing with the vertebrate eye and with visual physiology, some for his courses there. And for one of them... he asked me to help him because I was interested in how to explain some simple visual phenomena to students. He obviously needed no help from me for any writing task but was merely giving me the opportunity to improve my own skills. That was back in 1952. I finished optometry the next year and went on to medicine and ophthalmology. Walls died in '62 when I was at NIH. A few years later, when I was given the responsibility of teaching the vision segment in the physiology lab course to our UF med students, I decided to put some of my material together from the notes I had helped Walls write more than 15 years earlier. Eventually, I had enough content for a lab manual that I titled *Studies in Physiological Optics*. Since Walls was a significant resource, even though posthumously, I credited him as co-author. (Besides, he was not in any position to object.) The book was picked up by Jim Lebensohn and Arthur Linksz, who then learned of my interest in physiology and asked me to join their Committee on Optics and Visual Physiology.

After that I wrote another, more basic book called *Fundamentals of Visual Science*, also crediting Walls as co-author, since it was based on some old (1952) course notes of his, but ones that needed significant updating to make it current in 1969. That book covered the basics of color vision and visual acuity, space perception--subjects that I really enjoyed. I then used it as a text for teaching at the Lancaster Course in Maine each summer for almost a decade. My third book has turned out to be the most popular. It was specifically written to help in teaching optics to our Florida residents. As I travelled around the country, I was often asked to teach some optics to assorted groups, and found it odd that hardly any resident or even practicing ophthalmologist, Florida or elsewhere, really knew much about practically-useful optics. Yes, there were other books available at the time, but somehow their message hadn't gotten across. Perhaps that was because almost all had presented optics by treating the subject mathematically, and ophthalmologists I guess were not particularly fond of mathematics. My book, *Optics for Clinicians*, talked directly to the readers, walking them through simple, clinical optics to cover the basic elements of optics of lenses and clinical instruments, but used an approach that minimized the use of math. It became a standard text and is now, almost forty years later, still being used around the country. Later (in 1978), I did another book, this one with Benjamin Milder, a wonderful ophthalmologist and teacher from Washington University in St. Louis. We called it *The Fine Art of*

Prescribing Glasses without Making a Spectacle of Yourself. (The 3rd edition was published in 2004.) I've also done several other books, some dealing with general eye care and one, now in its 5th edition, *The Dictionary of Eye Terminology*, a popular book written for ophthalmic technologists, secretaries, and transcriptionists. But the books with the longest use-lives are those two on optics and refraction. I guess they'll probably stand as my legacy since they're still being used.

DR. TRUHLSEN: Still.

DR. RUBIN: And the Academy has found them useful by incorporating them as references for the BCSC course in visual optics and physiology.

DR. TRUHLSEN: You were President of the Academy in what year, and who was on the Board with you?

DR. RUBIN: In 1988. I followed Arnall Patz and preceded Bob Reinecke. For completeness, here's the list of our entire 1988 Board of Directors:

Melvin L. Rubin, MD	President
Robert D. Reinecke, MD	President-Elect
Robert B. Welch, MD	Vice President
Robert E. Christensen, MD	Vice President
H. Dunbar Hoskins, Jr, MD	Secretary for Annual Meeting
William H. Spencer, MD	Secretary for Instruction
Ronald E. Smith, MD	Secretary for Continuing Education
Hunter R. Stokes, MD	Secretary for Representation
George Weinstein, MD	Secretary for Public and Professional Information
Arnall Patz, MD	Past President
Thomas P. Kearns, MD	Past President
Byron H. Demorest, MD	Past President
Bruce E. Spivey, MD	Executive Vice President
Paul R. Lichter, MD	Editor
W. Banks Anderson, Jr, MD	Director-at-Large
B. Thomas Hutchinson, MD	Director-at-Large
Froncie A. Gutman, MD	Director-at-Large
Richard S. Ruiz, MD	Director-at-Large
Thomas Frey, MD	Council Chairman
Allan D. Jensen, MD	Council Vice-Chairman

DR. TRUHLSEN: Do you have any particular memories of things that were good, bad or problems for you during your presidential year?

DR. RUBIN: I'm trying to... you know, you tend to forget the specific issues, since they include many that were spread out over so many years. The theme of my presidential address was to 'take a physician to lunch,' which emphasized the need to improve our specialty's relation to the rest of medicine. I urged our members to get involved. That's still a good and needed message.

Oh yes, how could I forget this? There were challenges at that time and over the few prior years to the structure of the AAO. It was a time of discontent, with an insurrection of sorts going on involving the Council, the AAO's representative body. Working things out there took a lot of time during my year, as did travelling around the country to visit with many of the state societies of ophthalmology and working out some of their own issues, primarily in dealing with the federal government.

Anyway, there were a lot of things that I was involved with that were in process when I was President but had been begun a few years earlier. One was dealing with the birth pangs of new Office of Governmental Relations, a key area for the Academy then and now. You were President when that office was created. Bob Reinecke, who, earlier, was Secretary for Program and doing a fine job in that role. He also had had a lot of experience working with governmental policies through his connections with the AMA. The AAO Board felt his skills could be particularly helpful in creating an OGR, so he was invited to switch over to that brand new Secretariat. With his organizational skills, he got it off to a terrific start. During my year as President, Hunter Stokes took on that Secretariat and he was also superb there. Through those early OGR years, all of us on the Board were faced with dealing with the compromises in philosophy that had to take place as the Academy shifted to enhance its influence over the socioeconomic issues, for example, by our developing and promoting our PAC. Sometimes the demands to address those issues became unrelenting, and we had to constantly stay alert to keep them from overwhelming us and diluting the AAO's educational mission. Perhaps amazingly, the Board was always able to maintain a reasonable balance to its overall activities.

As you've already heard, my main work with the Academy has been in its educational domain. Before my role as President, I was Secretary for Instruction, responsible for the educational courses that took place at the Academy's annual meeting. I followed David Shoch as that Secretary. During my tenure, we were able to double the number of courses given. Some of this was accomplished by broadening the number of hours available for courses by instituting a competitive situation between the courses and the scientific program. This forced the members attending the annual meeting to plan their activities carefully, like selecting courses from a college catalog, where there are many choices to make. If you wanted to go listen to papers or symposia or take courses—not only lecture courses, but hands-on courses, too—you could pick from a great number of possibilities. Also, to stimulate the addition of more and novel courses, we set a time limit of two years for how many times a given course could be presented. In prior times, as you, Stan, have told us, some Secretaries allowed many courses to continue on endlessly. By having a pre-set time limit, you forced an automatic turnover and avoided hurt feelings when a course was cut off.

DR. TRUHLSEN: The Academy provided a huge number of activities to choose from.

DR. RUBIN: That was a blessing of magnitude, but certainly placed a burden on the individual member, who was now forced to make choices. Some members complained, as they actually liked not having to make choices!

DR. TRUHLSEN: I've advised residents and young people, the Academy is so large and so diverse that when they come they should maybe pick one subject and go to a symposium on glaucoma or take courses on glaucoma, and then the next year they could do it in squint or whatever their interests were.

DR. RUBIN: Also, different people learn in different ways—some learn best by reading, some by listening, some by doing, and some by going directly to the web-- a miraculous boon to education. But the beauty of the AAO is that so much is offered in so many different ways, people can pick and choose. You try your best to fit things in that you want to take or need to take.

DR. TRUHLESEN: I asked you about highlights... I must go back to my presidential term. I think the highlight of my year as the president was the adoption of the Code of Ethics. Now I didn't have anything to do with writing it, but it was a major step for the Academy, and we were the only medical group to develop it with the oversight of the Federal Trade Commission.

DR. RUBIN: Exactly, and as I recall, it was a real challenge to get it through the FTC, but our ethics committee worked closely with the government, and got it done, and passed by our Board.

DR. TRUHLESEN: Bruce and I met with the Secretary of the Federal Trade Commission in Washington regarding it. I forgot, who was the individual that was the chairman of our ethics committee back then?

DR. RUBIN: I believe it was Jerry Bettman.

DR. TRUHLESEN: Yes, Jerry Bettman was the driving force, and supervised that whole development of the Code. I remember that a member or two tried to amend it during the business meeting but I insisted that we vote on it as presented by the committee.

DR. RUBIN: A great accomplishment, Stan. It set a wonderful standard not only for us but for other specialties that now have it.

DR. TRUHLESEN: A real step forward.

DR. RUBIN: You know, our Academy has been innovative in so many different ways.

DR. TRUHLESEN: Well, going back to 1921, Harry Gradle and William P. Wherry instituted the instruction courses. There wasn't any society that had instruction courses or anything like them. Others later adopted theirs, which were based on our Academy's original plan for instruction.

DR. RUBIN: The Academy is now a formal member-driven organization. It probably is one of the most democratic organizations that I've ever seen, and it runs well.

DR. TRUHLSEN: It has a huge number of volunteers.

DR. RUBIN: . . .helped, we can't forget, by a wonderful and supportive Academy staff, but it does run on its volunteers.

DR. TRUHLSEN: Active volunteers that want to get on committees to help. The Academy has a whole book listing people who have requested committee appointments, and I think that's a wonderful thing.

Do you have any other things about your Academy career that you would like to mention?

DR. RUBIN: Well, only to say that the Academy's been our lifeblood, and has given us the opportunity to meet so many that have become lifelong friends. We have been fortunate indeed to be able to spend almost our entire academic careers working with the Academy and so many individuals who are stars. . . individuals who could succeed in almost any field that they might go into, and we were lucky enough to keep them in ophthalmology. What a culturally and historically rich organization we have!

DR. TRUHLSEN: The Academy has always had the stars. When I was a resident and attended my first academy meeting, there were people that were the leaders of ophthalmology from all over the country, professors, and I got starry eyed looking at and meeting all these famous ophthalmologists, and they've always been there.

DR. RUBIN: And they'll continue to be there.

DR. TRUHLSEN: Phil Knapp was a friend of yours and mine. We used to talk about them and call them the first team.

DR. RUBIN: Again, I'm so grateful for the Academy and the opportunity I've had to work with so many wonderful people.

DR. TRUHLSEN: It's amazing to me how many of those super people are out there, continuing to work for the Academy today, really the cream of the crop in our specialty.

DR. RUBIN: We're certainly very proud of being Academy members.

DR. TRUHLESEN: We're both very happy to be members and proud.