



SCOPE

The Most Venerable Order of the Hospital of St. John of Jerusalem: Providing Eye Care Where None Exists

Bruce E. Spivey, MD, MS, MEd, Knight of St. John and member of the St. John Ophthalmic Association (SOA)

Palestine, one of the most vulnerable and impoverished populations in the world, is getting the benefit of essential ophthalmic care from The St. John Eye Hospital Group (SJEHG).

What is surprising is that this hospital group has provided care in the Middle East for almost 140 years in an area where no universal national health service exists. The group treats all patients irrespective of race, religion or ability to pay. It has the backing of the Order of St. John Priory in the U.S. and all other priories and improves the well-being of men, women and children in this difficult part of the world.

History

The Most Venerable Order of the Hospital of St. John of Jerusalem has its origins in the early 11th century. Led by the Blessed Gerard, the holy order of Religious Hospitallers assumed responsibility for a hospice for pilgrims. It was built upon the legacy of the Amalfi traders and their Persian predecessors, who oversaw an ancient hospital on the site 200 years earlier. By the

end of the 11th century, the hospital had 1,000 beds and treated up to 2,000 male and female patients at times of conflict, irrespective of race, religion or social status.

Pope Paschal II established the order by papal charter in 1113 under the patronage of St. John the Baptist. In 1144, the British Knights of the Order of St. John established a priory in Clerkenwell, London where, despite the dissolution of the monasteries in the reign of Henry VIII, the headquarters of St. John remains to this day.

It remains a Roman Catholic institution, led by its own Prince Grand Master (with cardinal's rank) and in indirect obedience to the Holy See. The Sovereign Military Order of the Hospital of St. John of Jerusalem, of Rhodes, and of Malta, also known as SMOM or the Order

of Malta, has over 18,000 members and a few thousand non-member auxiliaries worldwide.

Despite denominational differences, the Roman Catholic order (SMOM) and the four Protestant orders (British, German, Dutch and Swedish) recognize each other as legitimate Orders of St. John and support each other's efforts.



To this day, most run hospitals, first responder or ambulance services and care for the sick and the poor. However, all reference to the order relate to the British Venerable Order of St. John, or, to give it its full title, The Most Venerable Order of the Hospital of Saint John of Jerusalem. With its global headquarters in Clerkenwell, London, it remains a royal Order of Chivalry.

In 1882, soon after its foundation, the Order of St. John established an eye hospital in Jerusalem, chiefly to deal with trachoma, previously known as the "Mesopotamian Scourge" and "Egyptian ophthalmia." Built on the road to Hebron

Order of the Hospital of St. John of Jerusalem

close to the walls of the Old City, the hospital would see and treat all patients irrespective of their background or wealth. It reflects the order's ethos born in Jerusalem some eight hundred years earlier and embodied in its new motto, "Pro Fide, Pro utilitatis hominum," which means "For the Faith, for the service of Mankind."

The order's flagship hospital was founded in Jerusalem, with the St. John Ambulance Brigade following soon thereafter in 1887. *Today, the order is an active humanitarian charity with a single mission:* To prevent and relieve sickness and injury and to act to enhance the health and well-being of people anywhere in the world.

Current Organization

St. John is a serving Order of Chivalry of the British Crown and is formed of 11 priories across the world, and numerous smaller St. John associations. Membership, bestowed by warrant of its sovereign head, Her Majesty Queen Elizabeth II, includes persons of all faiths who espouse the essential Christian principles of charity to all in need, irrespective of race, religion or political persuasion. The order's Grand Prior is His Royal Highness Prince Richard, Duke of Gloucester, a Knight of the Order of the Garter and Knight Grand Cross of the Royal Victorian Order.

Although the U.S. priory was officially established in 1996, its history began some 40 years earlier, in 1957, and has since grown to include over 1,600 members.

The order's members, known as confrères, are mostly of the Protestant faith. However, those

of other Christian denominations or other religions, including the Jewish faith, are welcomed into the order. Membership is generally by invitation only. Individuals may neither petition nor pay for admission. The organization is a constituent member of the Alliance of the Orders of St. John of Jerusalem, a registered charity under English law, and a non-profit charity in the United States.

In 2015, an academic arm was established to support the hospital group. Called the St. John Ophthalmic Association (SOA), this new body includes ophthalmologists and healthcare professionals across four continents representing all 11 priories. (Learn more at www.SOA.global).

The priory's main focus is to support the St. John of Jerusalem Eye Hospital Group. The group has evolved to meet the ever-growing demand for eye care in the region and now operates from its main hospital in Jerusalem, a clinic in the Anabta in the north of the West Bank, a hospital in Hebron in the south and the recently opened flagship hospital in Gaza. Supported by its priories and numerous donors, the hospital group treats over 135,000 patients a year suffering with eye disease and at risk of becoming blind.

Member Categories

Grades of the Order of St John:				
V	IV	III	II	I
Member	Officer	Commander	Knights/Dames of Justice or Grace	Bailiff/Dame Grand Cross
MStJ	OSTJ	CStJ	KStJ/DStJ	GCStJ

Depending on length and depth of service, members of St. John may ascend through the grades from V to I, as shown above. The statutory maximum for knights and dames is 4 per-

cent. The grade of bailiff/dame Grand Cross is reserved for the highest officers or royalty.

These promotions exist to recognize performance over and above that which might ordinarily be expected of a person in a particular role, including distinguished leadership or for a high level of specialist contribution. It requires documentation and recommendations from the prior to the queen. This is in contrast with the knighthood given directly by the queen to a British citizen, which is a state honor awarded by the queen. With St. John, the queen acts in her capacity as sovereign head of the order and not the state.

I was invested into the order in 2000. I worked my way up the ranks and became a knight in 2014. I now serve as a member of the chapter (board) of the American priory. A knight or dame of St. John are allowed their own coat of arms. I worked with the heraldry in London and created one. This allows one to move from a Knight of Grace to a Knight of Justice.

The president-elect of the Academy, Anne Coleman, is the Hospitaller of the American priory.

United States

As one of 11 priories of the Order of St. John, the priory in the

United States of America is led by a prior and a chapter (board). The priory chapter is made up of 20 members of the order from across the U.S. who serve staggered three-year terms.

Order of the Hospital of St. John of Jerusalem

The regional administration of U.S. priorities is divided into 19 geographic areas. As of 2018, these regions were Atlanta; Austin, Texas/San Antonio; Birmingham, Ala.; Charleston, S.C.; Greenwich, Conn.; Connecticut; the Gulf Coast; Houston, Texas; Massachusetts; the Mountain States; New York; North Carolina; Palm Beach, Fla.; Richmond, Va.; San Diego; San Francisco; Southwest (Dallas); St. Louis; and Washington, D.C.

Unlike many other priories and associations of the Order of St. John, the priory in the U.S. does not manage an ambulance service for first aid training and first aid cover. Thus, and to the enormous benefit of the hospital group, the chief focus of the priory has always been to raise funds for the order's eye hospitals in Jerusalem, the West Bank, and Gaza. So effective is this support that the priory's annual donation is the largest of all priories and other donors.

St. John Eye Hospital Group

The original hospital was founded by the Order of St. John in 1882 on the Bethlehem Road, and was granted a Royal Charter



The Hospital Cloisters

by Queen Victoria. Sir Edmund Lechmere, 3rd Baronet of Hanley Castle, Worcestershire, was one of the key figures in the foundation of the Venerable Order of St. John. He and his wife travelled to Jerusalem on several occasions where they witnessed first-hand the urgent need for healthcare among its citizens.

Jerusalem Hospital

The main Jerusalem hospital lies a mile north of the Old City Walls in a region of East Jerusalem called Sheik Jarrah. It was built in 1960 and is the largest of all St. John's eye units. It is ISO- and Joint



The St. John Hebron Hospital

Commission International-accredited, with several wards staffed by locally trained nurses, doctors and allied health professionals.

There are several subspecialty

outpatient departments, including dedicated paediatric, retinal and corneal clinics and care in all but one subspecialty within ophthalmology (oncology) is provided by the hospital group.

The hospital also has a research unit, primarily focused on genetics, since there

is considerable consanguinity in the Palestinian population. Diabetes is described as high as 40 percent in the population, and the hospital group is

actively engaged in population-based retinal screening programs. The hospital attracts volunteer doctors from around the world who not only help care for the patients, but also contribute towards the hospital's postgraduate activities, with significant support for these, and the SOA, coming from the priory in the US.

There is also a strong and valued partnership with colleagues in the medical genetics and ophthalmic departments of the Hadassah Hospital. Our colleagues in West Jerusalem have for decades contributed to both the ophthalmic training of the hospital group doctors and their postgraduate development.



St. John of Jerusalem Eye Hospital Group's Main Hospital in Sheik Jarrah

Order of the Hospital of St. John of Jerusalem

The Gaza Hospital

St. John Gaza Hospital has provided charitable eye care for the 1.8 million residents of Gaza since 1992. In June 2016, St. John opened a new state-of-the-art hospital in Gaza, where over 27,000 patients were treated in 2017, and 900 major operations performed. The hospital project received substantial Qatari, Norwegian, United Nations, International Medical Corps IMC and USAID support.

Hebron Hospital

In 2005, in response to the growing movement restrictions in the West Bank, the hospi-

tal group set up a hospital in Hebron. The hospital provides cataract and laser eye surgery to treat diabetic retinopathy, and serves the 640,000 people that live in and around Hebron, including the semi-nomadic Bedouins of the Negev Desert. In November 2015, the hospital group moved into a new Hebron hospital, and in 2017, the hospital treated over 12,400 patients, including performing over 420 major operations.

Anabta Clinic

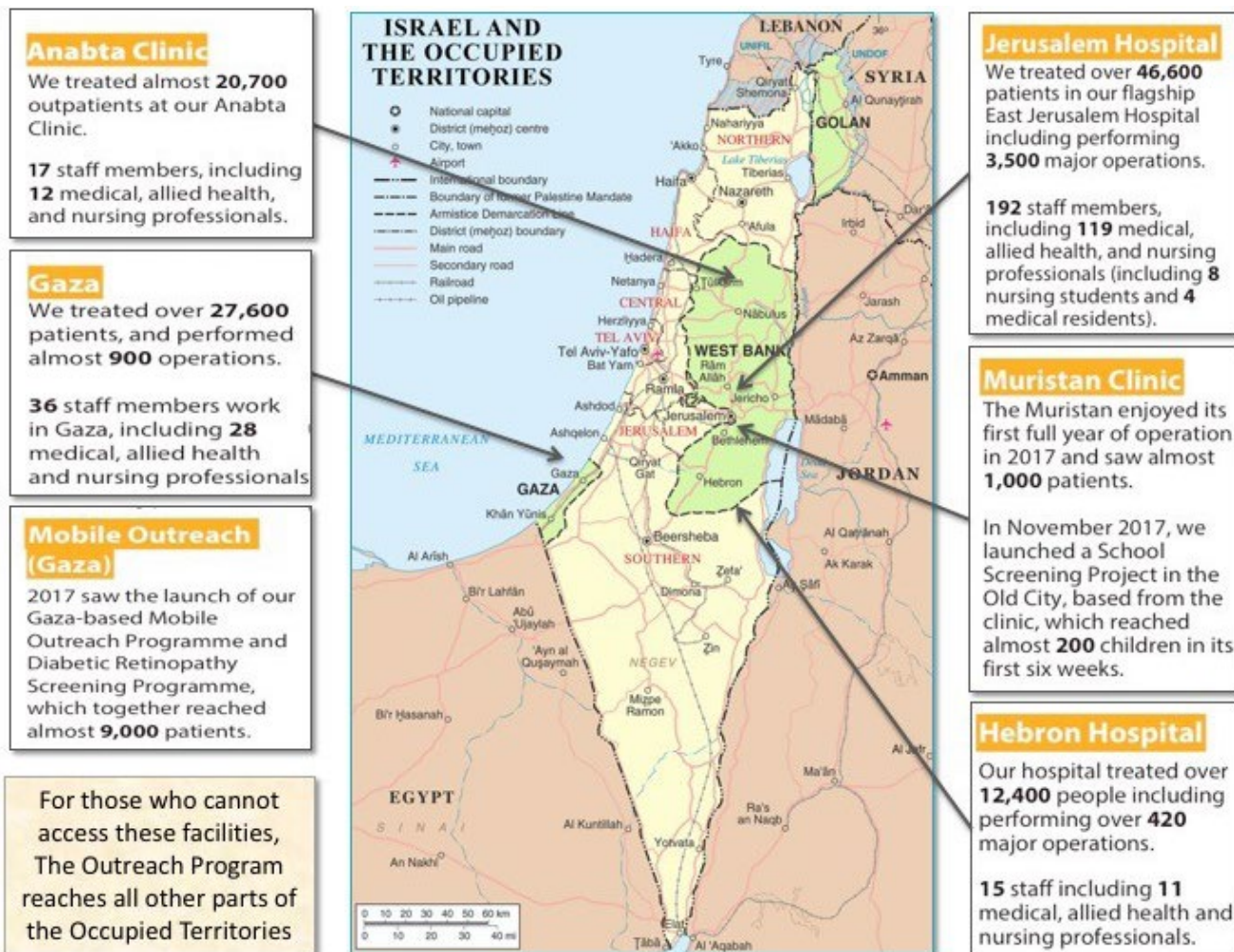
In 2007, the hospital group set up its clinic in Anabta in the north of the West Bank, where over 20,700 patients are treated each year. The clinic is easily accessible from the major areas of Nablus, Tulkarem and Jenin.

Mobile Outreach Programs

The Mobile Outreach Program was launched in 1980. It has two teams which travel across the West Bank every week. One Mobile Outreach team typically sees between 8,000 and 10,000 Palestinians each year. Over 16,000 patients were seen in 2017. Finally, a Mobile Outreach Program was launched for the first time in 2017. It went to areas within Gaza, coordinated from the new Gaza hospital.

Author's note: I want to gratefully acknowledge the advice and information provided by David Verity and James Terzian, both officers of the Order of St. John, in preparing this article.

Operational units of the St. John Eye Hospital Group



From the Editor's Desk



Our Ethical Responsibility

M. Bruce Shields, MD

One of the important changes that you and I have witnessed in the medical profession during our careers has been a better appreciation of the relationship between medicine and industry.

When we began practicing several decades ago, there wasn't a great deal of concern about how industry's promotion of medical products influenced the way we cared for our patients. We seemed to be convinced that no favor a drug company could shower on us would ever mislead us from our sacred duty of always putting our patients' best interests first. Maybe we were naive or trusted too much in the integrity of our profession. But looking back on it through the perspective of time, it is clear that we were at least putting ourselves at risk of being inappropriately influenced.

For me, it began the week I graduated from medical school, when a drug company gave all 100 of us a handsome, black leather "doctor's bag" with our names engraved in gold. Of course, lest we forget, the drug company's name was also on the bag. I still have that old bag, and I'll bet many of you have one also.

In later years, as my career was developing, the pressure intensified, as some companies seemed to think my opinions might influence those of my colleagues. This led to the dinner talks and other industry offerings that we all remember. Somewhere in the 1980s, a drug company asked the late Dr. Thom Zimmerman and me to give a series of weekend programs at resorts for which the physician attendees would have all expenses paid for themselves and their spouses. We agreed only with the caveat that our talks would not promote their product. But that hardly assuages the uncomfortable feeling I have today of participating in those events.

In 1985, the ophthalmologist and author Robin Cook published "*Mindbend*," a medical thriller that dealt, in his inimitable fashion of intrigue, with the concern about how the pharmaceutical industry may influence the practice of physicians. It was a time when our collective conscience was beginning to question the ethics of our interaction with drug and medical device companies.

Today, the landscape of our interaction with industry is far different from that described in my early experiences, as our profession, the pharmaceutical industry and government have attempted to establish ethical guidelines. And yet, the risks are still apparent.

There was, for example, a disturbing story just last year in which a prominent clinician-scientist resigned from a leading medical center after admitting to accepting millions in industry payments ("*Medicine's Financial Contamination*," *The New York Times*, Sept. 16, 2018). Few of us, of course, were ever in a position to be tempted on such a large scale, but it serves to emphasize the potential influence that drug and medical device makers may still have on our profession.

In fairness, we must acknowledge the positive role that industry plays in continuing medical education and in major philanthropic donations that benefit programs like ONE® Network and the Museum of Vision, not to mention the advances in drugs and devices that help our patients. But we must also recognize that pharmaceutical industry's inherent mission is to further its business enterprise, while ours is to serve our patients, and we must not be fooled into thinking that the actions of drug and device companies have no influence on us.

Although most of us are now retired and hopefully no longer susceptible to the influence of industry, we can't help being concerned about the future of our profession and the pressures our younger colleagues will face. So what can we do? Some of us may still be in a position to influence policy within the medical profession or in our government. The *Times* article cited above suggests several considerations for future policy change: ban paid appointments to outside boards; create uniform reporting standards; establish real consequences for violations; and build a culture of transparency, for example taking disclosure rules seriously.

For those of us who are no longer in a position to influence policy, we may still have the opportunity to interact with our younger colleagues who represent the future of our profession. Perhaps by sharing with them the experiences we have had in our careers and the concerns we have regarding the influence that the pharmaceutical industry could have on their practices, it may guide them through the ethical dilemmas that they will face. And, at a minimum, we can encourage our next generation of physicians to strive to perpetuate the venerated integrity on which our profession is founded.

E. Michael Van Buskirk, MD: A Lifetime of Looking at the Eye and With the Eye

M. Bruce Shields, MD

Photography seems to come natural for the ophthalmologist. It is highly visual, detailed and technical and can engage an ophthalmologist's passion for equipment and gadgets."

These are the words of Dr. E. Michael Van Buskirk, whose career as an ophthalmologist and as a photographer have embodied many unique forms of imaging. Few individuals have excelled as he has in two distinct careers.



Dr. Van Buskirk will go down in the annals of ophthalmic history as a leader in the field of glau-

E. Michael Van Buskirk MD

coma during the second half of the 20th century. He graduated cum laude from Harvard, where he also earned a master's degree in anthropology, obtained his medical degree and completed his ophthalmology residency at Boston University. He then returned to Harvard, where he pursued a two-year glaucoma fellowship with the late Dr. Morton Grant in the Howe Laboratory of Ophthalmology at Massachusetts Eye and Ear.

After completing his distinguished education, Dr. Van Buskirk took his first academic position at the Hershey Medical Center of Pennsylvania State University. Five years later, he moved to Portland, Ore., and joined the faculty of the Oregon Health Sciences University, where he established the glaucoma service and rose through the ranks to become professor and vice chair of the department. In 1990, he became Chief of Ophthalmology and Director of Portland's Devers Eye Institute and served in that capacity until his retirement in 2004.

At Devers, he spearheaded the establishment of Discoveries in Sight, the research arm of the institute. It now supports six principal investigators and their research staff. Dr. Van Buskirk also served as founding editor of the *Journal of Glaucoma* and was a founding member of the American Glaucoma Society, where he served as president in 1998-99. During his ophthalmology career, he published over 160 scientific papers, over 200 original articles, editorials and book chapters and five books. Dr. Van Buskirk is the recipient of numerous honors and awards. In 2001,

the Good Samaritan Foundation established the Van Buskirk Chair for Ocular Research at Devers.

Among his seminal contributions to our understanding of glaucoma is a technique for imaging ocular vessels, in which he created extremely tiny plastic tubes – as fine as the finest suture – to cannulate fine vessels on the surface of autopsy eyes and inject methacrylate into their lumens. He then removed the tissue, leaving an intra-luminal casting of vessels down to the finest capillaries, which he imaged with scanning electron microscopy. With this procedure, Dr. Van Buskirk advanced our knowledge of ocular blood flow, especially in the ciliary body with its relationship to aqueous humor production.



E. Michael Van Buskirk, MD

After retiring from Devers Eye Institute in 2004, Dr. Van Buskirk went on to teach residents and fellows until 2012. When asked what he tends to reminisce about the most in ophthalmology, his response is, "The group of residents and fellows I have trained and may have influenced." He trained well over 75 clinical and research fellows in glaucoma who have gone on to practice, study and teach on five continents and who would undoubtedly attest to the influence he has had on their careers and lives.

This retirement was in name only. It was just a transition to another chapter in his life, and the interweaving of his two lifetime interests was so seamless, it was hard to tell where one stopped and the other began. His passion for photographic printing began in 1950, when he received his first camera, an Argus 35mm, and began printing his own pictures in a basement darkroom. He continued his photographic interests through medical school, but set it aside when his commit-

ment to patient care, research and his many administrative responsibilities took precedent. With his retirement from ophthalmology, his return to photography and

techniques of photographic printing was a natural transition.

The techniques of digital imaging that Dr. Van Buskirk had learned and used in his ophthalmic career influenced the next chapter in his life. While taking courses in digital image manipulation, he discovered that he could mimic the hallowed platinum prints of the early 20th century. He set out to learn the old handcrafted technique of bygone times, now using digitally printed large scale negatives instead of the old 8x10 large format cameras. He found space in Portland's historic Union Station, where he established a photographic studio called Gallery Obscura.

"Part of the appeal of printing in platinum," Dr. Van Buskirk explained, "is that the print derives from the precipitation of elemental platinum metal into the substrate, typically a heavyweight watercolor rag paper, rather than from an emulsion on the surface." The artistic eye of the photographer combined with his background in



E. Michael Van Buskirk, MD

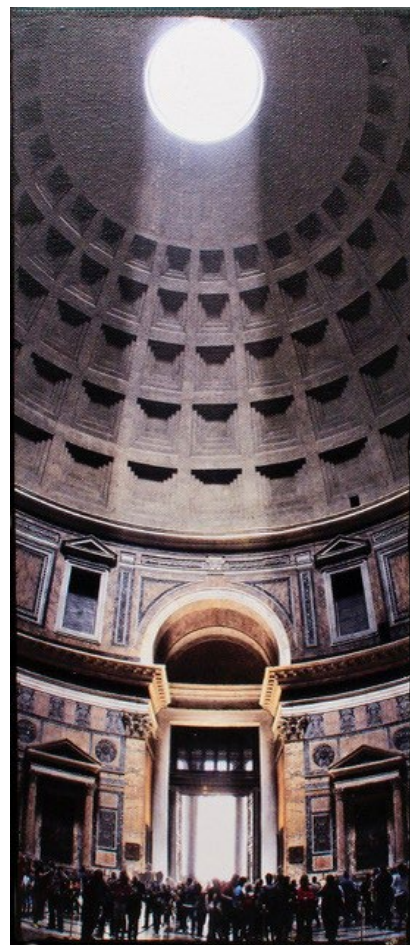
research, helped with the quantitative chemical manipulation of metallic compounds, led to unique works of art that he exhibited in



various shows and galleries around the country for the next 10 years. His work earned him many awards.

More recently, he has experimented with techniques to print in platinum on other absorbent surfaces, such as wood and canvas.

After a decade in his studio, a real estate developer bought the old building and converted it into offices and condos, leading Dr. Van Buskirk to find a new printing method that could be achieved in a makeshift closet studio of his Portland condominium, where he lives with his wife, Bette. As he describes it, "The process involves printing a digital image on a large-scale transparent transfer medium, laying it face down on stretched canvas specially treated to accept the image and carefully peeling the medium away from the thin image layer. Steady and patient hands of the eye surgeon facilitate this maneuver."



Dr. Van Buskirk's mind is far too active to be limited to even his photography. He and Bette also have a cottage in Seaview, Wash., where he enjoys his other lifelong interest in trains by trying to squeeze one more rail line to his eight or so currently running. He also enjoys lamp-building, woodworking and writing. He has recently published a book titled, *The Van Buskirks of Indiana*, which chronicles his family's western migration from the Dutch colony of New Netherlands in New York across North America. He has now completed another nonfiction narrative book, in press for 2019, about body snatching for anatomic dissection in the 19th century Midwest.

Despite his many passions and interests, Mike Van Buskirk's greatest pleasure is undoubtedly the life that he and Bette enjoy in the Northwest with the families of their three daughters, including 10 grandchildren.

Dr. Van Buskirk's photographic work can be found at www.galleryobscure.com and www.platinumprints.org.



News from the Chair

Christie L. Morse, MD, Chair,
Foundation Advisory Board

A Heartfelt Thank You to the Academy and Welcome to Dr. Greg L. Skuta

Over the past six years as Foundation Advisory Board Chair, I've had the immense pleasure of working with many of you to develop exciting new fundraising programs and create a thriving future for the Academy for the next generation.

I've deeply enjoyed supporting and interacting with such passionate, fun members of our ophthalmology community. Thank you from the bottom of my heart for allowing my time to be so pleasurable. In the next year, I will continue to serve as a member of the Advisory Board.



Greg L. Skuta, MD

Gregory L. Skuta, MD, who has accepted the task of guiding the board for the next three years. Dr. Skuta is president and CEO of the Dean McGee Eye Institute and the Edward L. Gaylord Professor and Chair of the University of Oklahoma College of Medicine's Department of Ophthalmology. He was elected

I'd like to extend a very warm welcome to our new Foundation Advisory Board Chair

2014 Academy president and has served on numerous Academy boards and committees.

A native of Illinois, Dr. Skuta and his wife, Anne, have three children and currently live in Edmond, Okla. Dr. Skuta brings his passion for ophthalmology and dedication to patient care to the foundation's board. I am so pleased to pass the gavel on to Greg!

The Museum of Vision Campaign Marks Its Progress With \$7.7 Million

During AAO 2018, the Foundation held its 15th annual Orbital Gala under the famous Tiffany Dome at the Chicago Cultural Center. More than 350 guests attended the '60s-themed party and auction, and thanks to you, it was a groovy success!

All proceeds benefited the foundation's newest fundraising



Academy CEO David W. Parke II, MD, (back) and the foundation honored Stanley M. Truhlsen, MD, (left) and Michael F. Marmor, MD, (right) at the Orbital Gala. Drs. Truhlsen and Marmor gave two of the largest gifts in foundation history to launch the Museum of Vision campaign, which will enable the Academy to build a physical space to display some of our 38,000 ophthalmic artifacts.

project: building a permanent home for the Museum of Vision at the Academy's San Francisco headquarters in the heart of tourist-rich Fisherman's Wharf.

Along with funds raised at this sensational event, the foundation has brought in \$7.7 million, with still more work to do to reach our goal of \$12 million. We are so happy to extend our deepest thanks to all our generous donors. Your kind donations from the gala brought in over \$130,000 in net revenue to benefit the museum. Be sure to visit

Academy Foundation Update

when it opens during AAO 2019.

We have many opportunities for members who would like to support the new Museum

of Vision; visit www.aao.org/museumcampaign. For more information on naming opportunities or one-time gifts, go here: www.aao.org/donate.

Questions? Contact foundation

Executive Director Tina McGovern at tmcgovern@aao.org.

All in all, it's been a great six years. I couldn't have spent it in a better way. As always, feel free to contact me at cmorse@aao.org.



Museum of Vision committee members from left to right: James G. Ravin, MD; Jay M. Galst, MD; Richard B. Rosen, MD; Norman B. Medow, MD, FACS; Jacqueline A. Leavitt, MD; Michael F. Marmor, MD; Jenny A. Benjamin, MA, museum director; and Andrzej Grzybowski, MD, were honored for their dedication and passion at the 2018 Orbital Gala.

What You're Reading This Winter 2019

Book Review Editor, Thomas S. Harbin, MD, MBA

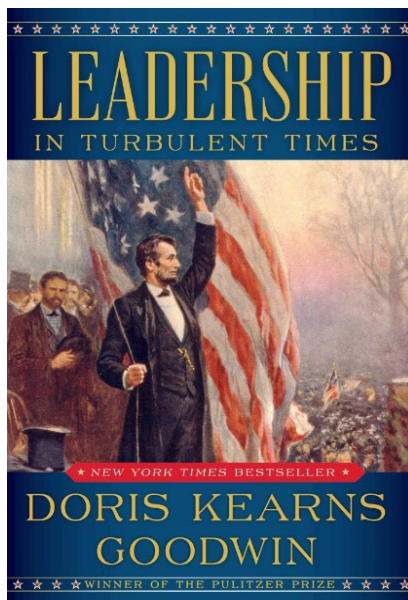
Senior ophthalmologists share the best of what they're reading this winter. Share what you're reading and send your review to scope@aao.org.

Leadership in Turbulent Times
by Doris Kearns Goodwin

Reviewed by M. Bruce Shields, MD

"Leadership in Turbulent Times" by Doris Kearns Goodwin, who is among the pre-eminent presidential biographers of our time.

Her work has focused on four of our country's most notable presidents: Abraham Lincoln, Theodore



Roosevelt, Franklin D. Roosevelt and Lyndon B. Johnson. In her latest book, she uses the lives of these four presidents to explore the backgrounds and qualities that produce effective leadership.

Goodwin notes that, among the many types of leadership, two are antithetical: transactional and transformational. The former, which is by far the more common, is influenced by self-interest of their constituency (quid pro quo), while the latter seeks to inspire their constituency to higher goals (sacrifice for the common good). She suggests that effective leaders, including all four in this book, use both to achieve their ends.

Rather than reviewing the lives of four individuals in sequence,

What You're Reading

the author breaks their lives down into three stages and discusses how each stage influenced their leadership development. Their formative years offer no clear pattern, from poverty to wealth, except that all four were ambitious and sensed their leadership destiny. In their challenging years, each faced adversity (Lincoln's political setbacks, Teddy Roosevelt's loss of mother and wife on the same day, FDR's polio, and LBJ's early political defeats). In their leadership years, they all rose to specific challenges of the times and left the country better than they found it.

Those who have enjoyed Goodwin's earlier works will find this book to be enjoyable and inspirational reading.

Enlightenment Now: The Case for Reason, Science, Humanism and Progress by Steven Pinker

Reviewed by Alfredo A. Sadun, MD, PhD

Reading the newspaper every morning has become a depressing and frightening proposition. Watching the news at night is no longer even tenable. It interferes with my blood pressure and sleep.

As some of you readers may know, I've been reading Yuval Harari's books, especially "*Sapiens*" and "*Homo Deus*," that proclaim that mankind is at a singularity. I take Harari's point that we are at the third and greatest crisis of humanity.

What does this have to do with Steven Pinker's "*Enlightenment Now*"? It is the antidote. Pinker is a scientist, philosopher and psychologist. I knew him when he was at MIT, and since moving to Harvard he has become more outspoken in speeches and with his books. His cause is to combat the prevailing pessimism that seems

to have gripped all Americans. And to fight the fear mongering that seems to fuel bipartisan Washington, D.C. politics.

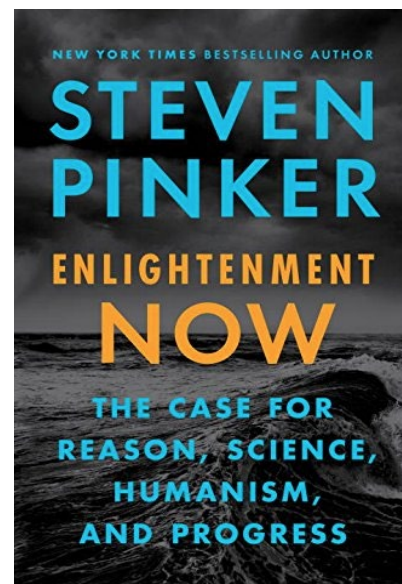
What makes Pinker wonderful though, is not his optimism or clear writing style. The book is memorable for all the data presented in tables and graphs that show that things are getting much better. In general, his data is unassailable. It shows that we in the West have become much wealthier but also safer, healthier and even happier.

There is less crime, fewer homicides, and much less violence. With a tiny downtick in the last two years, lifespans, health and most other measures of human happiness have never been higher. And these effects have trickled down to where they are needed most – to third world countries.

Sure, there has been some shift in the dangers. Where people used to die of starvation, now a much smaller number die of diseases related to obesity. Where there used to be major wars, now there are minor proxy fights and terrorism. This positive shift in numbers is staggering. There has never been a better time to avoid a violent death than the present, no matter where in the world you choose to live.

Pinker points out that fears make the news. Fears not realized don't. We were supposed to fear German reunification, run out of food and fresh water, suffer from a new horrible pandemic, run out of oil, etc. His data is unequivocal. Of his many graphs, only his "tone of the news" has a definite downslope to it. Everything else is getting better.

Most of the improvements have come from unexpected directions. New methods of food production, storage and distribution, as well as social and political changes, have stabilized the world from



chronic famine. The great powers are not directly at war with each other and medicine has made extraordinary gains around the world.

I don't doubt these facts. But I worry that they don't exactly parry Harari's claim of mankind being at a singularity. If the tradeoff is fewer world wars because weapons of mass destruction are so horrific, or that the internet has increased the power of market forces to provide wealth and distribution of materials and labor, then we may just be seeing the calm before the storm.

Pinker concludes that there has never been a better time to live other than the present. That's probably true, but I'm still worried for my kids. However, Pinker has a point. As he says, "If the hands of a clock point to two minutes to midnight for 72 years there's something wrong with the clock."

Chopin's Piano: In Search of the Instrument that Transformed Music by Paul Kildea

Reviewed by Susan H. Day, MD

Don't be intimidated by the rather academic-sounding title. Authored and beautifully writ-

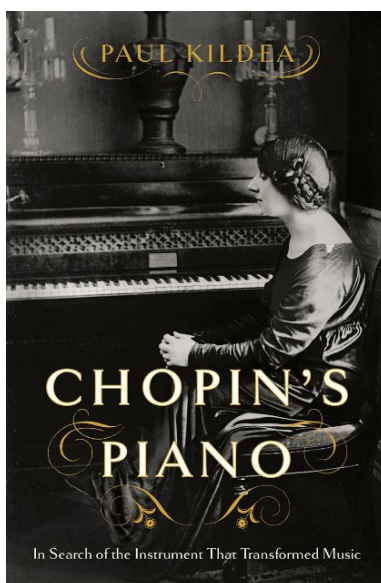
What You're Reading

ten by a professional musician, this nonfiction offering is a tapestry of the expanse of human capabilities – from sheer genius, to political forces, to persistence, to human relationships.

You need not have Frédéric Chopin as your favorite composer to appreciate this book. It helps, however, to understand how his ability to capture emotion in his creations reflects more than innate talent: Hard work, tools of his trade (consequent to evolution of keyboard capabilities), geopolitical events and eking out financial support were all essential.

This is not purely a biography. Most of the book features other central characters. Chopin's piano – a precursor of what we play on today – disappeared shortly after his death.

Artists have longed to retrieve it to recreate his music on the instrument which defined his genius. Entangled in the world of Nazi Germany, the piano – as with so much other precious art – served the purposes of the Third Reich with virtual no apparent appreciation of its value. I will



leave the reader to discover whether it was ever found.

On Desperate Ground: The Marines at the Reservoir, the Korean War's Greatest Battle by Hampton Sides

Reviewed by J. Kemper Campbell, MD

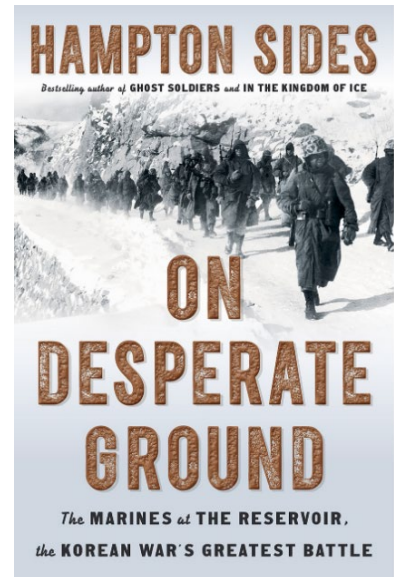
Hampton Sides is the current American master of historic nonfiction literature. The variety of his books' subjects, the depth of his research and the quality of his dramatic narratives distinguish each of his efforts. *On Desperate Ground* is no exception.

Occurring between World War II, which had the American public's universal support, and the controversial and unpopular Vietnam conflict, the origin and history of the Korean conflict is often ignored by Americans. This book should remind readers that the veterans who fought in Korea (many of whom had also fought in WWII) were equally valorous and patriotic, although the ultimate result was an unsatisfactory stalemate.

Kudos to Sides for acquainting readers with American heroes deserving overdue recognition.

Sides describes a pivotal battle in the oft-neglected Korean conflict of 1950-53 to highlight the tactical difficulties faced by the vastly outnumbered 1st Marine Division, which endured sub-freezing temperature extremes in unfamiliar terrain while surrounded by Chinese troops.

With his acute sense of character development, the author provides insight into the first black U.S. Navy fighter pilot, the first Chinese-American Marine officer, the stoic Marine general who avoided annihilation, and the vainglorious architect of the debacle, Douglas MacArthur. As in most wars, the men who



engaged in the brutal fight were pursuing nebulous goals based upon false political assumptions.

Readers desiring a more complete understanding of the entire spectrum of the Korean War should read David Halberstam's final book, *"The Coldest Winter."* Those who want a thrilling update of the deadly battle in the Chosin basin of North Korea should begin with this memorable book.

Genghis Khan and the Making of the Modern World
by Jack Weatherford

Reviewed by Thomas S. Harbin, MD, MBA

The Mongol hordes: Unspeakably cruel barbarians who killed and laid waste to all cities and civilizations in their way.

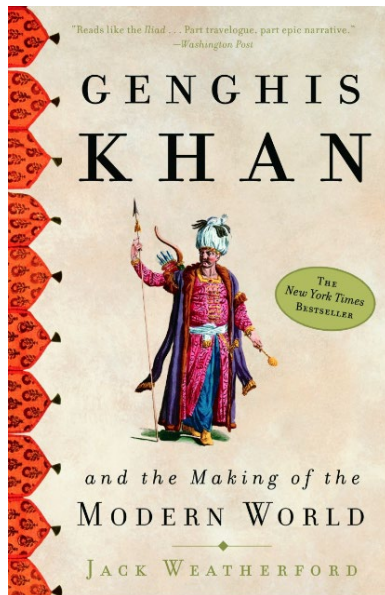
That's their reputation, according to historians from the 18th century up until the recent past, including Stalin's communist regime, which restricted access to Genghis Khan's burial ground.

Earlier in history, Geoffrey Chaucer and Francis Bacon admired Genghis Khan, and Chaucer devoted his first Canterbury Tale to him.

What You're Reading

What's the truth?

On the debit side of the ledger, it is true that Genghis Khan killed countless people from China to Persia and part of Europe, mainly soldiers who would not surrender and aristocracy. He also killed peasants who were used as advance fodder for a conquest.



On the credit side of the ledger, as Khan and his descendants had to devise ways to rule the biggest empire in history, one that eventually stretched from China to Persia to Russia and part of Eastern Europe, they instituted the following:

- Religious freedom. Christians, Muslims, Jews and Buddhists were free to worship. This was at a time when heretics were burned at the stake in many parts of Europe.
- Torture was abolished, unlike the practice of kings, sultans and emirs at the time.
- International law that applied to rulers and the upper class
- The first international postal system

- A regular census
- Free trade and commerce across the Mongol empire with paper money used to facilitate trading, resulting in history's largest free trading zone
- Construction of more bridges than under any ruler in history
- Diplomatic immunity for ambassadors and envoys, even from enemy countries
- Transplantation of technology across the empire – Chinese doctors were sent to Persia, German miners to China. Agricultural best practices and new crops were exported to suitable areas, such as lemons and carrots from Persia to China. Noodles, playing cards, tea and new fabrics for a different style of clothing came from China to the West. The author asserts that the printing, compass, abacus and firearms adopted by Europe led to the Renaissance.
- Schools for peasant children and the general promotion of literacy

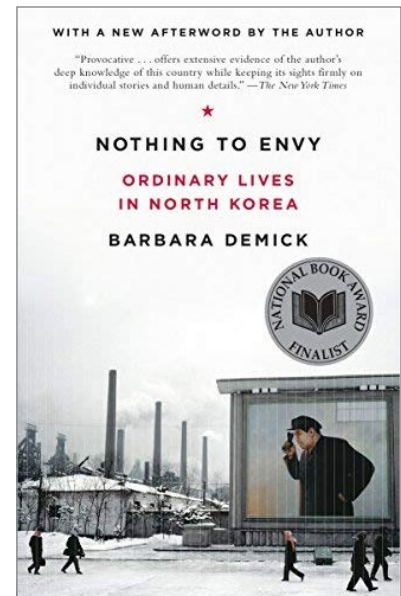
This book will provide you a very interesting history of the world from the 12th century on from a different perspective.

Nothing to Envy: Ordinary Lives in North Korea by Barbara Demick

Reviewed by Samuel Masket, MD

This eye-opening account of recent and contemporary life in North Korea is told through several individual experiences. After reading of their accounts, one comes to realize that their dreaded lives could only be known after they escaped to China or South Korea.

In the opening pages a satellite photo of northern Asia at night reveals the densely lit cities in South Korea. However, North Korea is virtually pure black, indicating life in the dark, both



literally and figuratively. People have no electricity, internet, television or other connections to the world outside.

But the book does not suggest or promote anti-Korean propaganda. Interestingly, in juxtaposition, the book's title is the slogan that North Korean leaders use to have the uninformed populace believe that their quality of life exceeds that of the West.

The individual litanies are jaw-dropping. Among the subjects is a physician who escapes to China only to find that dogs in China eat better than doctors in North Korea. A teenage couple can share romance in the evening only because they can hide in the pitch-black conditions. People survive on tea made from tree bark, until it is a vanishing commodity.

Among the ironies, however, is that one appealing character survives against great odds, escapes and settles in South Korea, is overwhelmed by electronics and other technologies, but then ultimately has elective blepharoplasty.

Given the current political climate, this book makes for important, informative and markedly entertaining reading.

A Brief History of the Association for Research in Vision and Ophthalmology (ARVO) From its Founding in 1921 until the Modern Era

Daniel M. Albert, MD, MS, Emily Y. Chew, MD and Alice R. McPherson, MD

ARVO was started in 1921 as the Association for Research in Ophthalmology (ARO) by a New York ophthalmologist named Conrad Berens, MD. It was modelled after the American Neurological Association, a society founded in 1874.

The original association was a small, rather insular group of prominent ophthalmologists at a time when ophthalmology was a descriptive field “rich in art, but somewhat short on science.” There was an awareness that ophthalmology needed scientific underpinnings. A few young ophthalmologists were working on scientific aspects of the specialty, following in the footsteps of Alvar Gullstrand and Jules Gonin. These included Drs. Frederick Herman Verhoeff, Francis Heed Adler, Sir Stewart Duke-Elder, and others, but the specialty was dominated by clinicians.

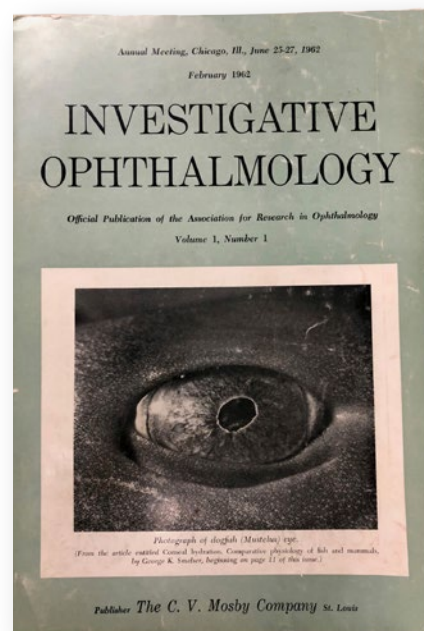
ARO was founded to exchange ideas relevant to the causes and treatment of eye diseases. Its

members were a “Who’s Who” of the leaders in early 20th-century American ophthalmology: Edward Jackson, Arnold Knapp, William Holland Wilmer, George de Schweinitz, Lucien Howe, William Benedict, Arthur Bedell and Walter Lancaster were prominent among them. Their yearly meetings were held either in association with the American Medical Association Section of Ophthalmology or the American Ophthalmological Society annual meetings. The topic for each meeting was assigned and the presenters chosen by the President. A select group designated as the “commission” asked questions of the speakers.

In 1947, Derrick Vail, recalling these early meetings wrote: “... the commission composed of nice old boys sat in rather embarrassed dignity at a long table in front of the meeting and looked as if they were suffering acutely – and they were, too.”

A single topic assigned for the meeting (e.g., uveitis, glaucoma, cataract, etc.) gradually gave way to different individual presentations on various topics of practical and general interest, and the proceedings were recorded in the *American Journal of Ophthalmology*. Membership was small, and by 1945 attendance at meetings reached about 100.

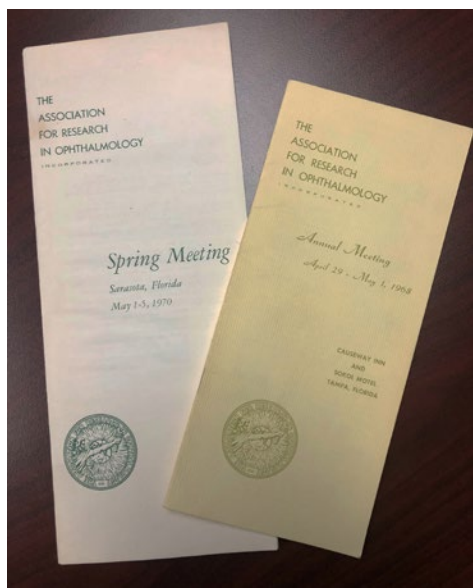
The major achievement of the society was that it had remained intact and viable, despite the Depression, World War II and the fact that very little real vision research was being done. The late



1940s and the decade of the '50s saw leadership and influence in the society passing from the senior charter members to the younger members interested in ophthalmic research who were starting to assert themselves.

Jonas Friedenwald, the first Proctor medal awardee in 1949, captured the spirit of the then-younger members – David Cogan, Morton Grant, Bernard Becker and others – when he declared in the first Proctor lecture, “Clinical investigation is not to be disparaged. It is, on the contrary, to be greatly admired, but its gleanings in the well-harvested field are few and far between. By contrast the field of basic science is rich and ripe for the harvest ... Basic research is easy, joyous and exciting. One cannot take a step in thought without discovering something new and illuminating.”

During the 1950s, the association traditionally had been holding a national meeting in June or July in conjunction with the AMA Section of Ophthalmology. But in 1959, it initiated a second mid-winter national meeting. In addition to the national organization, the association had also begun to have regional sections and meetings. These regional



A Brief History of ARVO

sections were semi-autonomous and, in some ways, competed with the national organization, leading to confusion.

By the end of the 1950s, basic scientists were beginning to discover ophthalmology. The majority of nonclinical papers presented at the ARO meeting dealt with basic laboratory studies, particularly biochemistry and physiology, but it was being done within an organization with an antiquated structure and governed in an undemocratic manner.

By the 1960s, the association was well-established with a membership close to 1,500, most of whom were ophthalmologists in clinical practice. Although its programs were increasingly scientific, it had little attraction for basic scientists and lacked a strong sense of purpose. The organization took a major step in 1962 toward declaring its commitment to research with the inception of its journal originally entitled *Investigative Ophthalmology*. Independently and simultaneously, two other journals were founded: *Experimental Eye Research* and *Vision Research*, further evidence that visual science was a field of growing interest to basic scientists.

South Florida was the catalyst which crystallized the various meetings into a single spring meeting. A 1967 meeting in Clearwater, Fla. and a 1968 meeting in Tampa, Fla. were described as delightful successes. The 1968 meeting included a further reform: In place of a single general session held in a large meeting room, the concept of concurrent separate sessions for the various specialty groups was attempted.

Dr. Paul Henkind attended the Visual Electrophysiology session



Paul Henkind, MD
(1932-1986)

and recalled that it was “held in a motel bedroom. The room was packed with perhaps a dozen members, and even the bathroom had to be used as a sitting area.” This format was so successful that specific research section meetings progressively increased, and the general sessions correspondingly reduced.

The group’s business meeting in 1968 was of monumental importance in advancing the association to the organization we know today. Separate scientific sections were formally established, the actions of the governing body – the trustees – required membership approval, the society was renamed the Association for Research in Vision and Ophthalmology (ARVO), and the journal amended to *Investigative Ophthalmology and Vision Science*. And so, 42 years after its founding, the growing number of visual scientists, now totaling about 300 members, became the dominant force.

The association as we know it today had evolved by the early 1970s. The subsequent history of the organization is well known and accessible. It has become the largest and most respected eye and vision research organization in the world. Its members include 12,000 researchers from over 75 countries, and they have been the major source of outstanding contributions to ophthalmology and vision research over the past 50 years.

Author’s note: This article about the history of the organization is drawn in part from unpublished and unreferenced notes by Dr. Henkind, which were discovered after he passed away in 1986. Dr. Henkind was a member of the original Association for Research in Ophthalmology (subsequently ARVO) from the 1950s until his death. He served on the editorial board of *Investigative Ophthalmology* and was secretary-treasurer from 1977-1981.

SCOPE

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