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Museum of Vision & Ophthalmic Heritage

Oral History of Robert B. Welch, MD

Baltimore MD, July 29, 2008

Robert B. Welch, MD recorded this interview with Dr. Allan D. Jensen on July 29, 2008.

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Interviewed by Allan Jensen, MD, July 29, 2008

Created for the Academy Archives of the Museum of Vision

DR. ALLAN JENSEN: Hello, this is Allan Jensen. This is July 29th, 2008. We're talking with Dr. Robert Welch for the oral histories of the Academy of Ophthalmology. The interview is taking place in my house. We are creating this for the archives of the Museum of Vision.

Bob, you have a long and distinguished career in ophthalmology in patient care, teaching, and research. Tell us briefly about your training and professional positions.

DR. ROBERT WELCH: Well, I guess, Allan, I'd have to start off in medical school because that's when I first got an introduction to ophthalmology. Interestingly enough, I was really interested in medical school in going into internal medicine. But I liked ophthalmology, and, of course, with the background of my dad being an ophthalmologist, I had been exposed to it all my life. So I was naturally interested in it, and I enjoyed the rotation. Dr. Woods was a very dynamic lecturer and I can even, to this day, remember exactly where I sat in the lecture room listening to him.

I had a chance to re-meet people I had already met before I ever came to medical school, such as Elliott Randolph. He was one of my teachers in the rotation, and I remember to this day the patient he showed us. It was a patient with retinitis pigmentosa. So I still remember well all those years in medical school, especially Howard Naquin who was on the full-time staff at that point and gave me my final exam in ophthalmology. I remember the question he asked me, 'What is an Argyle Robertson pupil?' And knowing Howard, he followed it up with, 'Was it named for Dr. Argyle or Dr. Robertson or… what was it named for?' Well, I liked ophthalmology. I like history, so I remember getting that right. And I told him who it was. It was—and I can remember to this day—Douglas Argyle Robertson. But years later, I learned that Argyle Robertson had five given names, and I don't know if I can remember them all, but it was Douglas Moray Cooper Lamb Argyle Robertson. And I think that's pretty remarkable for somebody to have five given names.

Anyhow, I had that as the background, but I was red-hot for internal medicine. That was in the days prior to the match and we signed up for three choices. I picked Hopkins, Duke, and Barnes Hospital. And back then before the match, the heads of all those departments got together, I'm told, shuffled the papers and decided where you were going. And I went to Duke with Dr. Eugene Stead. He was a very dynamic person, and one of the interesting things about Dr. Stead is that he loved ophthalmoscopy, and was always bringing ophthalmology into internal medicine.

During this internship year at Duke, I had a lot of patients die, and I decided that it might be worth trying a specialty where you didn't have such an outcome so often, and since I had liked ophthalmology, I said to my wife, Betty, 'I think I'm going to write Dr. Woods back at Wilmer and see if he'll take me as an intern.' It was intern in those days. And I went to Dr. Stead and I said, 'Dr. Stead, I think I might like to try ophthalmology.' And he was very kind and said, 'Go ahead and do it.' So I wrote Dr. Woods, and he accepted me. And so that's the way I happened to get into ophthalmology.

I started off with Dr. Woods as professor in 1954 in my first year. And we loved Dr. Woods. He was noted for a very gruff exterior, but he had a heart of gold. He was very supportive of his house staff and a very… actually, a very kind individual. And those were the days of bedside rounds, and they were absolutely terrific. And he would ask us all kind of questions at bedside rounds, and we used to dread this, but he always would come up with some interesting comment. And something I will always remember is one of the residents, who Dr. Woods asked a question, and he said, 'I don't know, sir.' And Dr. Woods asked him another question and he said, 'I don't know.' And he asked him a third time. He said, 'I don't know.' Finally, Dr. Woods looked at him and he smiled a little bit. And he said, 'Dr. X, how many eyes are there?' And Dr. X said 'Two.' And Dr. Woods said, 'At last, we've reached the lowest common denominator.' So that's the kind of thing Dr. Woods would do and it made the rounds exciting for us.

In fact, one time he asked me… or asked everybody surrounding the bedside what was a cruller? And I was the only one that knew what a cruller was, which was the old-fashioned name for the doughnut. So I got it right and the only reason I got it right is because my uncle—a physician in Baltimore—always called them crullers. Anyhow, that pleased Dr. Woods. It pleased me too.

Then during that first year, Dr. Woods announced he was going to retire, so the search went on for a new chairman. One day Dr. Maumenee from Stanford, California came on rounds. And that was fascinating to us because he argued with Dr. Woods at the bedside rounds, and Dr. Woods, took it all very nicely. Eventually Dr. Maumenee became our new chairman.

During my residency days, we had great training. We trained with a lot of the part-time staff helping them in surgery. We got exposure to people like Charlie Iliff, Elliott Randolph, Angus McLean and a whole raft of people. We had a very valuable experience working with Dr. Frank Walsh in neuro-ophthalmology. We also had an opportunity to work with Dr. Harrell Pierce in the Retina Clinic that Dr. Woods had built for him when he returned from a fellowship with Dr. Charles Schepens in the early 1950s.

We also had resident rotations at other hospitals in the area. I had a rotation at City Hospital (now Bayview) and at Crownsville State Hospital. Indeed, we had a very varied experience and good training.

In my third year, Dr. Maumenee asked if I'd like to be chief resident and said, 'What do you want to do?' I told him I'd like either neuro-ophthalmology or retina. And he said, 'Well, they're both fine things to do, but the nice thing about retina is that it includes surgery also. So I said, 'Fine, I'll do… I'll do retina.' Then he asked me where I wanted to go. And I said I wanted to go to Dr. Pischel in San Francisco and Dr. Schepens in Boston. And he said, 'Well, that sounds all right.' He said, 'Why don't you also spend three months with Dr. Arruga in Spain.' And I said, 'That sounds fine.' Well, it turned out that Dr. Arruga was away at that time, so instead I filled in my three months in Houston on the Baylor Service. Dr. Everett Gore invited me to come down there as Acting Chief Resident of their VA Hospital, so I had that valuable experience.

Following this I went to Boston, where I spent a year with Dr. Schepens, then came back to Hopkins and was Chief Resident in January of 1959 until July of 1959, and then stayed at Wilmer the rest of my career. And so I guess that covers my training pretty well.

DR. JENSEN: Now, your father was a very prominent EENT doctor in Annapolis. I still hear folks talk about him. What influence has he had on you deciding about your profession, professional career?

DR. WELCH: Well, I'd say that my father had great… a great effect on my decisions, although it was an indirect effect, because he never said, 'I want you to go into medicine or ophthalmology,' or any specific thing. But we were very close. I did everything with him. I used to go on rounds to the hospital with him and to see patients. I didn't see the patients but I went everywhere with him. He had his office in our home. For the first six years of my life, it was in our front parlor or living room. And then in 1933, he built an office onto the house. But, still, I grew up in a medical household. My grandfather had been a physician. He was a horse and buggy doctor and delivered a lot of babies. And my uncle in Baltimore was a physician. On my mother's side, my great-great uncle was Thomas Bond, who went to Philadelphia and started the first hospital with Ben Franklin, the Pennsylvania Hospital. So I had a lot of background of physicians.

But, nevertheless, nothing was ever said about my going into medicine. I used to love the diagrams in my dad's books and I would read *Grey's Anatomy*. I used to get a big kick out of that. I probably didn't know what I was looking at, but I was pretty interested in medicine.

DR. WELCH: So, anyhow, I think that's the sort of indirect effect of growing up in a medical household. And then I remember at age 14, I announced to the family that I was going to study medicine, or I'd like to study medicine. Also, at one point, I remember… because my dad had been the head of the leper colony in St. Croix, I announced one day I thought I might be going into tropical medicine. But, anyhow, it was about age 14 that I said, 'I'm going to go into medicine.'

DR. JENSEN: Now, you talked about your fellowships. When you were training, how many ophthalmologists took fellowships? And was it unusual for people to go to different places? You obviously trained with some the greatest people around. Was that an unusual thing?

DR. WELCH: Well, as you know, fellowships had been around at Hopkins for years. In fact, at the dedication of the Wilmer Institute in 1929, Mr. Herbert Satterlee, President of the Wilmer Foundation, announced that there were four new fellowships at Wilmer. So fellowships had been around a long time. I guess they date back to the old days of Oxford and Cambridge in England. But at the time that I was taking fellowships… in Woods' time there were a lot of informal fellowships. In other words, the head of a department would call up somebody and say, 'I'd like so-and-so to come and observe for a while.' So formal fellowships really started off in the basic sciences, like Dr. William Welch. He had some great fellows back, way back when.

DR. JENSEN: In pathology.

DR. WELCH: In pathology, yes. And Wilmer was interesting because it was a specialty and, yet, Dr. Wilmer wanted fellows to be there.

I think it's true that in many programs early on, the residents acted as what we call today post-doctoral fellows, so they didn't have so many fellowships. But one of the well-known fellowships that started back in the 40s was the Heed Fellowship, and that was a traveling fellowship and residents did have multiple people that they trained with. A good example before me was Stewart Woolf, who trained with a number of people in pediatric ophthalmology, but it wasn't the rule. You're quite right. There wasn't a lot of that.

But I, actually, only trained with two people in retina. I trained with Dohrmann Pischel in San Francisco for three months and then with Charles Schepens in Boston for a year. So that interim period, which I told you about when I went to Houston was really to use the time I would have been with Arruga, so I was planning originally to go with three, but ended up with Schepens and Pischel.

DR. JENSEN: Now, Bob, your career obviously spans a virtual evolution in ophthalmology, especially in retina. Tell us briefly who has been the most impressive retinal doctors you've seen, what they invented, and what were the most difficult things for them to have accepted?

DR. WELCH: Well, there's been a huge evolution in retina, as you say. And I guess it boils down to examination techniques, technology, and surgical techniques. In examination techniques, it really dates back to Gonin, who in 1919 was the only person to realize that closing the retinal break was the way to cure a retinal detachment. Before that, there were practically zero, or less than 1%, cures.

Dr. Pischel, who I call the grandfather of retinal detachment work in this country, was born in San Francisco where his father had emigrated to from Austria. Dr. Pischel went back to Vienna where his dad had trained for two years, in 1926 and '27, and then came back to San Francisco where he started his practice of ophthalmology and was very interested in retina from the very beginning. In 1933, I think, he was the first one to present a little series in this country where he had a remarkable success rate at that time of 50-some-percent. Dr. Pischel introduced very careful examination with a direct ophthalmoscope. He could find holes that I had trouble finding with indirect when I worked as a Fellow with him. But he also did the pioneer work on sclera resection in this country.

Charles Schepens, who I call the father of retinal detachment, came from Belgium, via England, to Boston. He'd been with the Resistance during the War under an assumed name, Jacques Peŕot, down in Mendive, France. Here he got people across the border into Spain during the war and slipped out of the hands of the Gestapo and came to England. He introduced indirect ophthalmoscopy and the binocular indirect ophthalmoscope. This, then, let people see the entire retina through a condensing lens. He introduced, or reintroduced, scleral depression, and this was probably the biggest advance in examination technique that we've seen. He also continued to work on ways to put the retina back with scleral buckling.

After that, we had the introduction of light coagulation or photo coagulation by Meyer-Schwickerath in Germany, we had the development of lasers with early work by L'Esperance. Arnall Patz developed the Argon laser. We had the reintroduction of cryosurgery. Interestingly enough, cryosurgery had been used back in the 30s for retinal detachments by Bietti and others. They used carbon dioxide snow. But when Krawawitz introduced cryo to extract cataracts, this was looked into again and Lincoff and others, Kelman and Cooper, brought cryosurgery back into use. I can remember at an Academy meeting hearing Ed Norton say cryosurgery will replace diathermy. Diathermy was the standard and that had been started in the 30s by Dr. Weve. But we've had a lot of… a lot of advances. We, then, had Bob Machemer learn how to remove vitreous, and they developed the vitrectomy machines. Back to the examination techniques, we used to look at the retina with a ruby lens and contact lenses, and then we had the development of the pre-cornea lenses used at the Slit Lamp, the Volk lenses, for example. So there've been many, many, many advances in retina during my span.

DR. JENSEN: Now, Bob, you've been very active in organizations including the American Board of Ophthalmology and the American Ophthalmological Society. They have evolved, and you've been able to meet lots of wonderful people during your stay there. Can you tell us a little bit of your experience in the ABO and the AOS?

DR. WELCH: Well, the ABO. I was on the ABO as a director from 1977 to 1985, two four-year terms. The whole purpose of the ABO, as you know, was to give the public assurance, as well as the profession, that people were being properly trained or competent to practice ophthalmology. And I think the… it was an outgrowth from several things. I

think originally back a long time ago, in the early 1900s, Derrick Vail, Sr., at the American Academy, made a plea for getting ophthalmology up and running through its proper place, and proper training.

But another thing that came along about this time was the Abraham Flexner Report, which for the first time looked at hospitals, trying to weed-out the poor training that so many of our medical schools gave. As I remember, Flexner said that back in 1910, there were about 150 medical schools, and as I remember only three of them in this country got a passing grade, and that was Harvard, Hopkins, and Western Reserve, and all the rest flunked. And he made a comment at the time of the worst doctors came out of Kentucky. I always remember that.

But, anyhow, this set the stage for people to want to get their specialties competent and their doctors competent. So the AMA section on ophthalmology, the AOS, and the Academy all pushed for the development of an independent Board to really test people so the public could have something that they could fall back on. And it was they, those three organizations that started the Board. And, originally, they each elected three members to the Board—from AMA, from the AOS, and from the American Academy. So it started off with 9 members. And ours was the oldest Board, 1916. And I remember that the first people that they certified were at an examination in Tennessee. Only a few but this was the start.

DR. JENSEN: How can you remember that? You weren't there.

DR. WELCH: No, but I can remember hearing about it. No, I wasn't there. I'm not that old, but I can remember being on the Board, and several things happened during my stay on the Board. Number one, they put back that you had to have a PGY one year before you could go into ophthalmology if you wanted to take your Boards. And I think this was good, because at one point you could go right from medical school into your ophthalmology residency.

One of the things I didn't like during my tenure on the Board was that they did away with pathology as a separate section. Now, I know they put it into all the other sections, but it's been shown that if you take something out, the people don't… they stop studying it. And I think that was a big mistake. But, anyhow, they did it, so be it.

When I took my Boards, we still saw patients in the orals. During my time on the Board, we didn't see patients any longer. We had books with photographs. One of my jobs on the Board was to create the retina section for the orals, which was interesting, because I was able to use my own cases that I'd seen at the retina clinic at Hopkins.

So, today… oh, and once you took your Board exam in the old days, you were boarded for life. But in 1992, that was it. From then on, they put in the time-limited exam every 10 years. They've increased the number of directors from those original nine all the way up to 17 now.

DR. JENSEN: Are you grandfathered in?

DR. WELCH: Yes, I am grandfathered in.

DR. JENSEN: Good.

DR. WELCH: You know, they didn't make the other people do it, but they are encouraged.

Now, what they do now is they have an interesting system. They have a continuing education, a continuing competency test, and they have a maintenance of certification, so-called MOC. They have chart review. They do that on the computer. You do everything on the computer now. There's no fail or pass. Then they have a… oh, they call it a PORT. It's Periodic Ophthalmic Knowledge Test. That's open book. That's on the computer. And then, just before your 10 years is up, you've got to go sit for a computerized exam called DOC, and that's your cognitive knowledge. So there are the big changes.

They also have public members now. They've got one public member now. Next year, they're going to have a second one. All of this to help our profession and the public have confidence in ophthalmology.

DR. JENSEN: And I'd take it when you say 'public,' you mean non-physician members?

DR. WELCH: Yes, exactly.

[END PART 1]

DR. JENSEN: Now, Bob, we also talked about the American Ophthalmological Society. It's been around for a long time. It's a wonderful organization, and you've been involved in that, too. Tell us about your involvement.

DR. WELCH: Well, as you said, the AOS is the oldest specialty society in this country, starting in 1864, and still going strong. Actually, I think, the only older organization is the German Ophthalmological Society.

I think two things stand out about the AOS—the requirement of a thesis to get in, and the other thing is its *Transactions* which prints all the discussions of a paper. These are the two things that are unique about that organization. In the early days of the AOS, it was the premier society, met for many, many years at the Homestead in Virginia, and all the giants of ophthalmology were members, and loved the AOS.

I can remember Dr. Woods, my first professor, and Dr. Maumenee, who wouldn't miss the AOS. And they always came back and talked about what's been going on there, and what they'd learn there, and the new things that had been brought up.

So it was not only an educational event, but one of great camaraderie. They had sporting events, tennis, and golf, and it was a chance for people in multiple subspecialties to get together and discuss ophthalmology from all viewpoints. And I think it served a very, very good purpose.

I was president of the AOS and editor of *The Transactions* for years. And do I have any comments about what they've done? Yes, I do. They've done away with *The Transactions*. It's now electronic and on the computer. I think this is very disappointing and I'm not alone in not wanting to sit down at a computer and read papers and theses, etc. In fact, I've talked to a lot of people of a younger generation, who are really computer-literate and computer-savvy, and even they admit they like to sit down with a book. So, anyhow, they did it, and I think it's too bad.

At any rate, we have a wonderful history recorded in *The Transactions*, not only the papers and theses, but the necrology section is valuable because of the obituaries that were prepared by a member who knew the individual with an accompanying photograph.

I think the AOS is still a very vibrant organization. It's changed. They now have symposiums. That's good. They have posters, which I guess is good. They've evolved, and still a good organization, but I think their one failure was doing away with *The Transactions.*

DR. JENSEN: Now, Bob, we're reaching the end, but there are more important things you've done. I happen to know you've been a consultant to Bethesda Naval Center and Walter Reed Army Hospital for 40 years, and you came there every month and brought wisdom about retinal diseases and taught their residents-in-training. And, also, you've obviously had the chance to meet a lot of luminaries there. Can you tell us a little bit what's happened there? And I'd like, personally, to hear more about the luminaries you met and their foibles.

DR. WELCH: Well, I can remember a number of luminaries. I was at Walter Reed for 42 years. I started in 1961, and went over there every month, and would take the residents from Wilmer. We had a conference, which was very valuable to Wilmer residents, the Walter Reed residents, the staff at Walter Reed and especially to me, because one of the things that people don't realize in all specialties, and especially retina, is that you're always seeing something you never saw before.

I can always remember, if I can take two seconds to make a little comment. I remember working with Dr. Frank Walsh at Wilmer, and a patient would come in with something strange, and I said, 'Dr. Walsh, what is that?' And he said, 'I don't know what it is.'

And I thought to myself, 'Here's the smartest man in ophthalmology and he doesn't know what it is.' Well, I've learned that there's plenty you don't know.

So we all learned. And it was a wonderful conference. And it's very important because Hopkins, especially, has always had a close association with the military. The Hopkins Hospital and Medical School was started and designed by John Shaw Billings, who was an Army surgeon in the Civil War. Then he went on to work in the Surgeon General's Office. A brilliant man. He started the New York Public Library. We've had all kinds of people like Arnall Patz, who started off at Walter Reed. Everybody knows Arnall Patz and what he did with ROP. He started off his training there with Colonel Lowery. We've had multiple people from Hopkins—Maumenee, Walsh—all consultants at Walter Reed, so we have a very close relationship.

I didn't do Bethesda as long because they discontinued their residency program. I did it for 25 years. Then they moved their residency program to San Diego, so I stopped going there. It finally stopped in 2003 at Walter Reed. At that time they presented me with the highest civilian award from the Army, which was very, very nice, and it brings back a lot of wonderful memories. They're all good people, very well-trained. And many of them have gone on, left the Army, gone on to important positions throughout the country.

DR. JENSEN: And, obviously, the award's well-deserved.

Now, just a couple more things. Now, you've become famous for some more unusual things that a lot of people don't realize or have not been aware of. You were one of the experts in von Hippel Lindau Disease and actually described many of the things going on in that condition. And, also, about sickle cell retinopathy and I think pars planitis. Can you tell us a little bit about how you became aware of these things, what you did to become involved, and how other people responded, and how it affected the profession and our patients' good health?

DR. WELCH: Well, I would say, number one, the thing that let me really gain insight into all of these situations—pars planitis, von Hippel Lindau Disease, sickle cell disease, toxocariasis, a lot of different things, is the ability to see the retina, and that goes back to the indirect ophthalmoscope. And there's also the truism that if you're interested in something, the cases will come to you. And, actually, all the diseases I have studied resulted from cases referred to me on the Retina Service.

I remember the first case of von Hippel Lindau Disease. Now I'd seen cases of von Hippel Lindau before I actually started my study. So I was aware of the entity. But the case was sent to me by a physician, who had followed a young girl for several years, and didn't know what she had. She finally had a vitreous hemorrhage and was referred to me.

Same thing with sickle cell disease. I had a patient referred with a hemorrhage in the vitreous to the Retina Service and then got interested in that case, and looked into it and

noted new things, new findings. In sickle cell disease, it was finding the sea fans of SC disease.

In von Hippel Lindau Disease, it was finding minute angiomas that had been overlooked previously. So very, very minute, it took extreme scrutiny to find them.

So, I think, the answer is seeing patients on the Retina Service and having people referring you things that they want the answer to. So what I loved about retina is that it's a challenge, a diagnostic challenge. And I guess that's why I liked internal medicine also, because they really… they challenge you to go find out what's going on.

DR. JENSEN: It is the window of the body, isn't it?

DR. WELCH: Yes.

DR. JENSEN: And when you talked about the Retina Service, of course you were talking about the Wilmer Ophthalmological Retina Service.

DR. WELCH: Right.

DR. JENSEN: And you spent most of your professional career there?

DR. WELCH: Yes.

DR. JENSEN: Indeed, you're the historian at Wilmer.

Now, in your time at Wilmer, you've seen a lot of famous folks—Dr. Woods, Dr. Maumenee, Dr. Patz, Dr. Goldberg, and you've seen a lot of stuff happen. You've seen, also, a lot of resistance to advancement sometime. And, again, I know you're the unofficial historian… or the official historian of the Institute. Tell us a little about your experience and what changes you've seen, and your interchange with the leaders of Wilmer?

DR. WELCH: Well, it's always amazing how there is resistance to new ideas. I think there's always general resistance, because people don't like change. But even with things that come along that proved to be very valuable there was resistance. And one of the things that I can remember historically, now, because I wasn't there, but I always remember in reading Gonin's work on the finding the retinal hole; that you had to seal the hole. The first instrument that he used to treat that was an ignipuncture. It was a wood-burning instrument that he went to the toy store and bought, things that you did wood-burning with. He'd heat it up, localized the tear, and jam it through the sclera. Well, there was uproar all over the world. Here was absolutely the worst thing that could happen to a person, but he was right on. And so that's a big example.

Well, now, another thing that was very valuable was indirect ophthalmoscopy. But when Schepens introduced it, there was all kinds of resistance to it in this country from a lot of our leaders. Probably, they… it was hard to learn to use, and, yet, Maumenee taught himself to use it. So you could learn it. But I can remember—and names will not be mentioned—where I was advised when I took my Boards, 'Do not bring up indirect ophthalmoscopy.' There was a lot of resistance to that.

There was a lot of resistance to pan-retinal photocoagulation for diabetic retinopathy when that started. People said it didn't make sense. So they did studies and found out that it did make sense.

So those are the things that stand out in my mind of resistance to things that were very valuable, and the general ophthalmology people at first didn't like them. It's hard to believe today, because we all accept them as standard practice. But those are some of the examples.

Dr. Woods was an excellent chairman. He was really the backbone of a lot of the research at Wilmer. He brought people into the Wilmer basement like Steve Kuffler, the great neurophysiologist from Australia. He found places for all of these people, including Hubel and Wiesel.

DR. JENSEN: Nobel.

DR. WELCH: …Nobel Prize winner's work for Steve Kuffler.

DR. JENSEN: In the basement?

DR. WELCH: In the basement. Dr. Woods had a great sense of humor. There was a guy who worked down there with Kuffler for a long time named Gilbert Ling, who was Chinese. And Dr. Woods, with a twinkle in his eye, called the Wilmer basement, 'The Chinese Garden.' And, today, they would say, 'My goodness, in this day and age of politically-correct, how dare anybody say that.' But everybody got a kick out of it, including Steve Kuffler and Gilbert Ling.

But Maumenee was the great innovator. He knew everything about everything, and, as I said, trained himself in indirect ophthalmoscopy. But he knew pathology, he studied all types of diseases.

Dr. Patz, of course, nothing more to say about him except his wonderful work in retinopathy of prematurity over in Washington at Gallinger Hospital. Got his start at Walter Reed. Mort Goldberg, a great chairman … He was my resident when we did the study on sickle cell. He studied that for many more years. He was a very excellent chairman and very interested in the history of Wilmer. Has a wonderful, historical area on Wilmer-3. And so each one had their own style, their own way of presenting things.

We went from bedside rounds to the Monday morning conference of Dr. Maumenee, which is still in effect today.

And so I've seen a lot of changes, and Wilmer's still going strong. It was very small when I started there. You could count it on two hands. Today, there are over 800 people, so it's a big… big...institute.

DR. JENSEN: Bob, thank you very much. Thanks for all you've done for Wilmer and the profession. And thanks for contributing to the Museum of Vision. Thanks.