



# SCOPE

## What We Are Doing Today Harry A. Zink, MD: A Man of Visual Science and Visual Art

M. Bruce Shields, MD

Ophthalmology, as we all know, is a visual science, both in terms of the anatomy and physiology with which we deal, but also in the sense that our diagnostic techniques primarily involve visualization of those anatomic structures and their function.

As a result, ophthalmologists are especially interested in all aspects of vision, including the visual arts. For some of us, this has led to rewarding avocations during our professional careers and, in particular, during our retirement. A prime example is our friend and colleague, Harry A. Zink, MD.

It seems appropriate to begin this new series with Dr. Zink, since he served for several years as chair of the Senior Ophthalmologist Committee, with which *Scope* is affiliated. Dr. Zink is well-known to most of us as a leader in our American Academy of Ophthalmology, which culminated in his tenure as president in 2006. He gradu-

ated Phi Beta Kappa from Ohio Wesleyan University, earned his medical degree at the University of Pennsylvania and completed both his residency and glaucoma research fellowship at Washington University in St. Louis.

In addition to his excellence as a clinician in private practice in Wooster, Ohio, and an educator on the clinical faculty of

Case Western Reserve University, where he received the Outstanding Clinical Attending Award, Dr. Zink has played an active role in the governance of our profession. He served as president of the Cleveland and Ohio Ophthalmological Societies as well working up through the ranks to the top position in our Academy.

With such a distinguished career, he could be excused for sitting back on his laurels in retirement. But, true to his character, Dr. Zink found another calling at which he has excelled. His interest in painting began when he was a child, but at age 11 he quit and did not take it up again until his retirement, when he took three months of lessons at a studio in San Francisco. Most of his classmates were in a four-year course, but he was a fast learner, and the quality of his work attests to that fact.

Today, Dr. Zink paints periodically and, as he puts it, for his own enjoyment. Sometimes he works for six hours a day for a week or so and then takes a break for a month or more. "When I am engaged," (Continued on page 2)



## Harry A. Zink, MD

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he says “it is a consuming experience, similar to surgery in that you are concentrating completely on something and indifferent to time. It involves some problem-solving, is tactile, visual and, when it works out well, is very satisfying.”

Dr. Zink also notes that, “Since I have resumed painting, I am much more aware of my visual environment. I notice the shadows and colors around me; the details of things. Just as ophthalmologists become so sensitive to small variations when examining patients, I just seem to

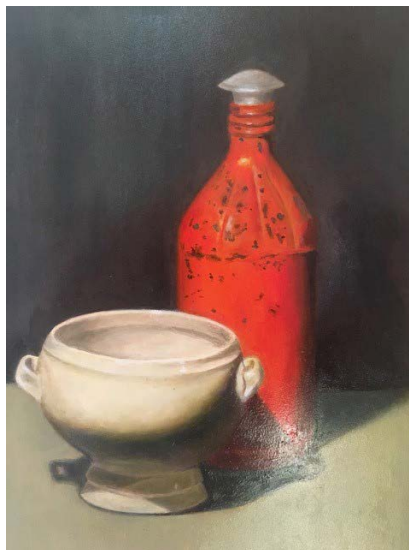
see more or be aware of more things visually.”

A look at a small sample

of his paintings in this issue of *Scope* testifies to the keen and sensitive eye with which he sees the world around us and the skill with which he can reproduce those images



Harry A. Zink, MD



on his canvas, not only for his enjoyment, but also for ours.

**Editor's note:** This is the first in a new series of columns for *Scope* in which we will share with you, our readers, what some of our colleagues are doing in the latest chapter of their lives. We hope you enjoy the column and that you participate by letting us hear about what you, or someone you know, are doing today.

*If you have an interesting hobby that you would like to share with your colleagues, or know of someone who does, please contact Scope at [scope@aaao.org](mailto:scope@aaao.org).*



## Unique SO programming at AAO 2018

### SO Lounge

**Open Daily | Grand Concourse, Level 3**

The SO Lounge provides the ideal meeting spot to connect with colleagues, access Wi-Fi, and take a break between courses.

### Stem Cells, Hope for the Future

*Sunday, Oct. 28 | 2 p.m.-3:30 p.m. | Room E350*

Learn about recent advances in stem cells that might apply to their use in ophthalmology as well as limitations and dangers that may accompany their use.

*Sponsored by the SO Committee*

### Editorial Comments from Across the Pond: Best Papers from the Royal College of Ophthalmologists

*Monday, Oct. 29 | 8:30 a.m.-9:30 a.m. | Room E350*

Review leading papers and discuss differences in management and treatment between the UK and the US. *Cosponsored by the Committee on Aging and the SO Committee*

### Private Equity Partnership: A Good Thing?

*Monday, Oct. 29 | 11 a.m. – 12 p.m. | Learning Lounge, Hall A, Booth 126*

Listen to experts discuss Private Equity Partnerships and determine whether it's a good or bad thing.

*Cosponsored by the American Academy of Ophthalmic Executives and the SO Committee*

### SO Special Program and Reception

*Monday, Oct. 29 | 2:30 p.m. – 5 p.m. | Room S406B*

This year, two dynamic speakers will take the stage: Kirk H. Packo, MD, will discuss the “SO Hall of Fame” and art historian Giovanni Aloï, PhD from the Chicago Art Institute. After the program, enjoy a reception from 4 p.m. to 5 p.m., hosted by the American Academy of Ophthalmology Foundation.

For more information, visit: [aaao.org/senior-ophthalmologists/annual-meeting](http://aaao.org/senior-ophthalmologists/annual-meeting)

## From the Editor's Desk



### Loss and Gain

M. Bruce Shields, MD

In the Winter 2017 issue of *Scope* in Tom Harbin's book review section, I shared with you the tragic memoir of a young neurosurgeon Dr. Paul Kalanithi, who describes in "*When Breath Becomes Air*" his courageous battle with terminal lung cancer.

Kalanithi's wife Lucy wrote the final chapter, in which she shares not only the pain of her loss, but the comfort of her baby daughter who was conceived after the diagnosis of her husband's cancer. More recently, I read another book with a painfully similar theme by the poet Nina Riggs, who tells of her unsuccessful battle with metastatic breast cancer in "*The Bright Hour, A Memoir of Living and Dying.*"

In that book, her husband John Duberstein, wrote an afterward about his wife's final hours. Although the two books complement each other and are

both heartbreakingly beautiful, I would not advise reading them back-to-back. You need to take a deep breath and read something light between the two.

Although these two deaths involved young people, you and I have entered that time of our life when we are attending more and more funerals of family and friends. For me (and many of you), it has been an especially difficult year with the loss of three friends and colleagues for whom I have held the highest respect and the deepest affection: Drs. R. Rand Allingham, Glen O. Brindley and B. Thomas Hutchinson. Sadly, I'm sure that each of you could add to this list. And indeed this is a time in our lives when we must face increasing loss. But it can also be a time of surprises and joy. The

two books just mentioned provide an example of unforeseen gain in the face of great loss.

Lucy Kalanithi wrote a brief encomium in Nina Riggs' book, which led to her meeting John Duberstein and their two children. They obviously had much in common and may have

found consolation in sharing each others' loss. But one thing apparently led to another. Lucy and John eventually fell in love, and their darkest hours have led

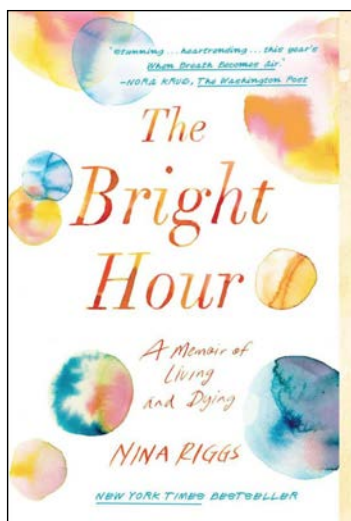
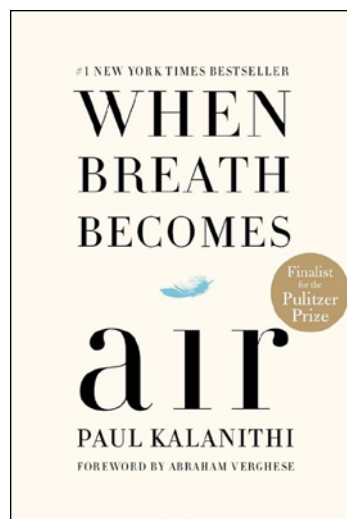
to a bright future. That got me thinking about the future that you and I may have in this chapter of our lives.

It is easy for us to become discouraged as we enter retirement and the "golden years" of life. Most of us have already given up our profession of ophthalmology, which was so important to who we are. Physical limitations have caused many of us to give up tennis, golf, jogging and other activities that once gave us such pleasure. As already noted, we are at

that age when we must invariably say goodbye to loved ones and dear friends, and yet this time in our life, obviously, need not be all about loss.

There is still so much to gain. In fact, some may argue convincingly that it truly is the golden years. We are finally able to enjoy more time with family and friends and especially watch our children, grandchildren and great-grandchildren blossom in their worlds. It is a time when we can travel to places we have always wanted to see and read books that have been waiting for us. Some of us have moved to retirement areas where we have made new friends and many of us have found fulfilling hobbies and avocations.

It is a time of loss and gain, and we must face both with acceptance and gratitude. My hope for each of us is that we can find that balance in our lives, with peace in the former and renewed joy in the latter.





## Dr. Frank B. “Pappy” Walsh: A Remembrance

Steven A. Newman, MD

**O**n Nov. 27, 1978, Dr. Frank B. “Pappy” Walsh, emeritus professor at the Wilmer Eye Institute, passed away from oat cell carcinoma. He was 83 years old. In a memorial service, Robert Welch, also a fixture at Wilmer and unofficial historian, described him as an academician, teacher, and gentleman: “He was a father of neuro-ophthalmology, a steady influence, and the backbone of the Wilmer Institute.”

Welch was not exaggerating. Dr. Walsh was connected to the Wilmer Eye Institute from 1930 until his death 48 years later. His work at Wilmer spanned nearly five decades, a time when the institute was chaired by William Holland Wilmer, Alan Woods, A. Edward Maumenee and Arnold Patz. Dr. Walsh truly was a part of the foundation of the Wilmer Institute, having helped to formulate an essential component of its educational mission.

Dr. Walsh’s family was Irish in origin. He was born on Oct. 18, 1895 in Oxbow, Saskatchewan. His grandfather was a trapper and prospector, and his father was a printer, farmer and small businessman. Early on, he learned to play the piano, clarinet and organ. Growing up in the wilds of rural Canada, he not surprisingly became interested in Canadian football, baseball and hockey while attending a local school. The original source of his equanimity possibly came from his postgraduate work as a schoolteacher.

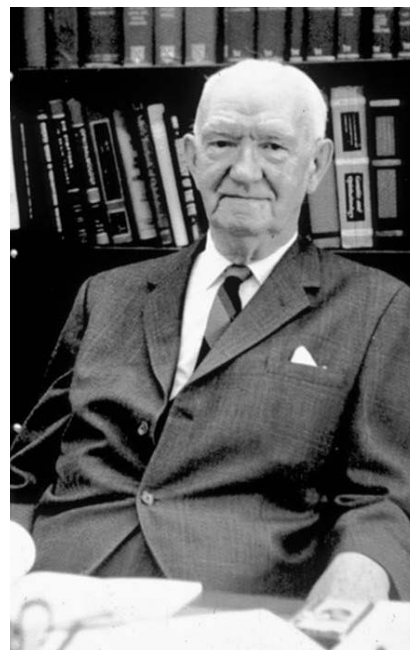
Dr. Walsh enrolled at Queen’s University in Canada in 1913 but resigned in 1915 to enlist in the Canadian Army Medical Corps. He was stationed in England, sent to Egypt and later returned to England for officer training before being sent to France as a lieutenant. He

was wounded at the Battle of Ypres when a piece of shrapnel pierced his lung. He had complications after his injury and was discharged from the Army after apparently having been diagnosed with tuberculosis. Afterwards, Dr. Walsh returned to Canada and entered medical school at the University of Manitoba, graduating in 1921.

Following an internship at Winnipeg General Hospital, he entered general private practice in Estevan, Saskatchewan, a town of 5,000. His practice was truly general and included appendectomies. Tullos Coston (later chairman of ophthalmology at the Dean McGee Eye Institute in Oklahoma) liked to tell the story of Dr. Walsh’s catheterization of an elderly patient experiencing urinary retention. Later, long after he had entered ophthalmology, he found a catheter in his luggage.

Dr. Walsh traveled to Scotland twice in the 1920s, where he met Norman Dott, one of the founders of British neurosurgery. In 1928, Dr. Walsh received the FRCS degree from the Royal College of Scotland in Edinburgh.

It is often difficult to determine how individuals became interested in a subspecialty. Writing in his text, *“Clinical Neuro-Ophthalmology,”* Dr. Walsh states that “F.B.W. had been sitting in a lecture room for an hour and feeling well. On arising at the termination of the lecture, there was a sudden sensation of the visual fields closing in from the periphery, and within a few seconds everything appeared dark. Assistance was obtained in walking from the third-floor lecture room to the ground floor and along a long hall. When outdoors was reached, there was a sudden expansion of the visual fields with, for a few seconds, a sensation of dazzling white light immediately in front of the eyes. During the follow-



Dr. Frank Walsh

ing 20 years he suffered occasional attacks of blurred vision and scintillating scotomas in rare instances followed by mild headache lasting not more than a half-hour.”

This personal experience Dr. Walsh had with ocular symptoms of migraine headaches was influential in his decision to pursue further training in ophthalmology and eventually in neuro-ophthalmology. Unlike Osler, who wrote to Bowman and was informed that Bowman had taken his “one Canadian” for the year, Dr. Walsh chose to write to William Wilmer, who had recently opened an institute at the still-young Johns Hopkins University. In spite of the fact that Dr. Walsh was married (not acceptable to Osler as a house officer), had children and was substantially older than other trainees (35), Wilmer accepted him as a resident, impressed by Dr. Walsh’s level of maturity and forthright personality.

When Dr. Walsh arrived at Johns Hopkins, his chief resident was Ben Rones and fellow residents were R. Townley Paton, George Heideleman, William Rowland, Milton Little, and Rowland Merrill (subsequently professor of neu-

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## Dr. Frank B. “Pappy” Walsh

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rology at Columbia University). It must have been a challenge for Dr. Walsh on a salary of \$25 a month (although his meals and uniforms were supplied). Apparently, he showed outstanding aptitude during his residency, was invited to become senior resident in 1933 and completed his chief residency in 1934. During that time, he introduced the use of rubber gloves to ophthalmology (originally used by Halsted and made thinner by Walter Dandy, chairman of neurosurgery). Likely aware of Jules Gonin’s work, he advocated diathermy for retinal detachment.

Although Dr. Walsh was generally considered an excellent surgeon, he began to explore the idea of specializing in neuro-ophthalmology despite being warned by his junior resident Tullos Coston that he would “starve to death.” Even as a resident, he produced a huge model of the brain with all the tracts and blood vessels properly in place.

In 1934, he was appointed assistant professor on the Wilmer faculty. It was at this time that Dr. Walsh also became associated with Frank Ford, a neurologist with an interest in pediatrics (who was preparing his book, *Neurology of Infancy and Childhood*). The two Franks spent a great deal of time at Baltimore City Hospital studying neurological cases of every description and finding many with eye signs. Even as a resident, he had close contact with Walter Dandy, who would often request visual fields to be done on the night immediately preceding surgery. It was said that no craniotomy was decided on without first asking for Dr. Walsh’s opinion. This continued even after A. Earl Walker took over the neurosurgery unit from Dr. Dandy. Dr. Walker, who succeeded Dandy as professor of neurosurgery, expected his neurosurgery residents to attend Dr. Walsh’s Saturday morning conference. Although Drs.

Walker and Walsh could disagree, they were not infrequently found out on a golf course together.

As a faculty member, Dr. Walsh arranged for Saturday morning conferences. He approached Dr. Ford for joint research and began to collect cases that would demonstrate the importance of ophthalmologic observations in diseases related to the central nervous system. These case vignettes would provide the backbone to his later writing in neuro-ophthalmology and would appear in his text as well as in subsequent collaboration with Dr. Richard Lindenberg and later Dr. Joel Sacks. An early paper on clinical neuro-ophthalmology was published in 1936. He also helped to organize the Wilmer Residents Association to give former residents and Wilmer’s staff the opportunity to present meaningful research.

In 1937, Dr. Walsh was appointed associate professor, a rank which he retained until 1958. Although Canadian by birth, he became a naturalized U.S. citizen in 1941. In 1945, he continued to head up the neuro-ophthalmology service at Wilmer, and in 1947 published his first text titled *Clinical Neuro-ophthalmology*. But in 1949, reportedly for financial reasons, he joined Charlie Iliff in private practice. This occurred shortly after Marian, his wife, became disabled following bilateral resection of frontal lobes for a brain tumor.

In 1958, Dr. Walsh was named full professor at Johns Hopkins, reportedly the first nonchairman so elevated. Following Marian’s death in 1960, he returned to the full-time staff. Later, he married a longtime acquaintance, Josephine Morgan, the former head surgical nurse at the Winnipeg General Hospital.

While I was at Wilmer, I was told that during the time he was working on his first textbook in neuro-ophthalmology, Dr. Walsh took one of the chapters he had written to Alan Woods, his chairman, to



Dr. & Mrs. Frank Walsh

find out what Alan thought. When he did not hear from Alan for a month, Dr. Walsh went to ask him whether he had had a chance to look at the chapter. Reportedly, Woods’ comments were “Frank, half of this stuff isn’t even ophthalmology.” This would certainly seem consistent with Dr. Walsh’s view of neuro-ophthalmology as an inclusive specialty that broached the boundaries, not just those of all of ophthalmology, but also of those encompassing neurology, neurosurgery and internal medicine.

A unique feature of the Dr. Walsh’s first text, *Clinical Neuro-ophthalmology*, was his incorporation of small vignettes of clinical material that he had seen. These vignettes remained throughout the second and third editions. Subsequent to the third edition, which was rewritten with his former fellow William Hoyt, the vignettes unfortunately were removed for space considerations. I always like to think that Dr. Walsh realized that in education, people remember individual cases, and so he picked cases that had heuristic value.

Dr. Walsh expressed his appreciation to the institution when he emphasized that “for many years I have enjoyed the privilege of working on clini- (Continued on page 6)

## Dr. Frank B. “Pappy” Walsh

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cal diagnoses with colleagues in several departments of the Johns Hopkins Hospital and the Baltimore city hospitals. This book has been written through a period of 10 years with this experience as a background. It has been written on the basis of a firm conviction that ophthalmologic diagnosis and other than ‘pure’ ophthalmologic cases must be based on a general knowledge of disease processes and detailed knowledge regarding the ophthalmic features of disease. Neuro-ophthalmologic diagnosis commands much more than the capacity to outline complicated pathways and devious reflexes.” Dr. Walsh goes on to credit Frank Ford for the arrangement with “anatomic, physiologic, neurologic and other basic information.”

“During my association with the Johns Hopkins Hospital, at first under the direction of the late Dr. W. H. Wilmer and now under Dr. Alan C. Woods, I have been given complete freedom to pursue my studies according to my interests. I am indebted to them for this opportunity.”

In 1973, Dr. Walsh’s textbook titled *“Neuropathology of Vision: An Atlas”* was published. His coauthors included Richard Lindenberg, a lecturer in forensic pathology and director of neuropathology and legal medicine at the Maryland State Department of Health and Mental Hygiene, and Joel Sacks, associate Professor of Ophthalmology and Neurology and subsequently Professor of Ophthalmology and Neurology at Northwestern University Medical School in Chicago. The first part of the textbook contains descriptions of the anatomy, the second part is concerned with descriptions of the arrangement of the visual fibers from the retina to the visual cortex and the third part deals with topical diagnosis of lesions situated at various levels.

During his time as a fellow with David Cogan at the Massachusetts Eye and Ear Infirmary, David Knox began a series of conferences regarding the pathologic basis of neuro-ophthalmic manifestations in various patients. In 1969, with the advantageous appearance of David Cogan as a visiting professor at the Wilmer Eye Institute, David Knox, Joel Sacks and others joined Dr. Walsh to form the first Neuro-Ophthalmic Pathology Symposium. The symposium has continued. In 1978, after Dr. Walsh passed away, it was renamed “The Frank Walsh Society” which was subsequently incorporated into the North American Neuro-Ophthalmology Society (NANOS).

The society continues to utilize individual cases of outstanding heuristic value to explain mechanisms of disease in patients from across the country and around the world. Perhaps the society is also channeling Harvey Cushing, who as a faculty member at Johns Hopkins, emphasized the importance of the ophthalmic evaluation. Cushing’s approach, which initially involved the use of the ophthalmoscope to view the optic disc and later incorporated visual fields technologies,

expanded to include the evaluation of patients with neurologic disease and those that were determined to have neurosurgical pathology.

In the early 1950s, besides having migraine headaches, Dr. Walsh developed intermittent peripheral claudication. He was diagnosed as having peripheral vascular disease and underwent femoral bypass by Denton Cooley. He also had a mature reaction to his diagnosis of lung cancer in 1978 when he developed shortness of breath. Those who knew him felt he never lost his sense of humor, despite these challenges.

Dr. Walsh’s contributions were well recognized during his lifetime. He received honorary degrees from the University of Western Australia (ScD 1948), University of Manitoba (ScV 1958), Queens University Kingston Ontario (LLV 1962) and Johns Hopkins University (LLD 1972). He was also named an honorary fellow of the Royal College of Physicians and Surgeons, Winnipeg-Manitoba Canada (1975), and as already mentioned, had been a Fellow of the Royal College of Surgeons of Edinburgh since 1928.

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Dr. Frank Walsh (R) with his co-author Dr. William Hoyt (L)





## Dr. Frank B. “Pappy” Walsh

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Individual awards included an American Medical Association prize in ophthalmology and the Howe Medal – both from the American Ophthalmological Society and the Buffalo Ophthalmology Society. He was also awarded the first Jules Stein Award from Research to Prevent Blindness, the AMA’s Proctor Award, the Karl-Leidrecht prize from the German Ophthalmological Society and the Proctor Medal from the Association for Research in Vision and Ophthalmology (ARVO).

Dr. Walsh was a human being. As one who knew him well, Tullios Coston pointed out that when irritated, Dr. Walsh would develop a “deep pink flush in the shape of a butterfly that would appear in the center of his brow.” This was subsequently often referred to as “Walsh’s sign of mad.” Dr. Walsh could express displeasure when his advice was not adopted.

As described in his induction to the American Society of Cataract and Refractive Surgery Hall of Fame, “Dr. Walsh developed a body of knowledge, recorded that knowledge, and shared it in an organized and systemic fashion which had not been improved upon, even to this day.”

Probably the most important tribute to Dr. Walsh was the establishment of the Frank Walsh Chair in Neuro-ophthalmology at the Wilmer Eye Institute, the first of its kind. Coston, in summarizing his personal observations of Frank Walsh quoted Shakespeare’s words in Julius Caesar:

*“His life was gentle, and the  
Elements  
So mixt in him, that Nature might  
stand up,  
And say to all the world; This was  
a man.”*

Ophthalmic History Editors: Daniel M. Albert, MD, MS, and Donald L. Blanchard, MD

## Historical Excerpts and Quotations Corner

Ophthalmic History Editors: Daniel M. Albert, MD, MS, and Donald L. Blanchard, MD

“For indeed it is well said, ‘in every object there is inexhaustible meaning; the eye sees in it what the eye brings means of seeing.’ To Newton and to Newton’s dog Diamond, what a different pair of Universes; while the painting on the optical retina of both was, most likely, the same!”

— Thomas Carlyle, *“The French Revolution, 1837”*

“There has never been a wise man who hasn’t failed to prefer the lie invented by himself to the truth discovered by someone else.”

— Rousseau quoted by Santiago Ramón y Cajal in *“Advice to a Young Investigator”*

### Gunn’s Dots



Note the tiny white dots on the superficial retina.

“On examining now with the ophthalmoscope by the direct method the following condition is found. In the right eye there are very minute, yellowish white, shining dots in the retina for some distance around the disc, especially to the nasal side and below; in distribution these dots are remarkably equidistant from one another, and are situated anteriorly to the largest retinal blood-vessels, each being less than one fifth of the diameter of a large vessel; the outline of the disc is rather indistinct, the large vessels full and somewhat tortuous. The left eye shows a similar condition, the disc outline is more blurred than in the right. This appearance is most easily seen when the light is thrown somewhat obliquely on the part of the retina to be examined; the dots will then be seen to stand out well near the border of the image of the flame.”

— Marcus Gunn, 1883

These dots are currently felt to be harmless and not associated with any retinal disease but studies are inconclusive what they are. They are located in the area of the most superficial part of the retina and decrease with age. Are they Muller cells from the retina, or hyalocytes from the vitreous?

## Part III: The Evolution of Governance and Outreach

Susan H. Day, MD

In the previous installment, the formation of the American Academy of Ophthalmology as a separate entity, the expansion of its mission and its clarification of governance all occurred while Dr. Bruce E. Spivey was its executive vice president.

The transition to the leadership of H. Dunbar Hoskins Jr., MD, as executive vice president occurred in 1993, with new challenges and new directions consequent to both internal as well as external sources.

In searching for the new EVP, the Academy board underwent a membership-wide search. This choice was all the easier because Dr. Hoskins was a known quantity in the Academy's interests. He chaired the media committee, served as secretary for instruction, secretary for the annual meeting, chair of the long-range planning group and, in a life outside of the Academy, was active in the Pan-American Association of Ophthalmology.

Dr. Hoskins served as chair of the board of a hospital which provided a major turnaround to that organization. He was also active in the speaking circuit, so he was well-known among academic departments. In short, he had experience in organizational management, was fully vetted in the Academy, served as a communicator with business savvy and valued the educational basis of the Academy's existence. On top of all this, he was a Southern gentleman who lived 17 miles away from the offices of the Academy.



H. Dunbar Hoskins Jr., MD, Academy Executive Vice President, 1993 to 2009 pictured with former US Representative Dick Gephardt.

One of Dr. Hoskins' early conclusions was that the breadth of the Academy's activities was such that the right and the left hand were occasionally at conflict in interests and messaging. Using the reorganization report, he initially created four divisions: advocacy, education, ophthalmic practice and organizational services. He later added divisions for membership and the annual meeting.

At the staff level, each division was assigned a vice president, and he quickly made it clear that at the vice president level, Dr. Hoskins expected professional leadership with clearly defined goals and results. Included in those results was an informational flow across the organization, including physician leadership.

This organizational design plan suggested the inclusion of non-physician positions on the Board of Trustees. These board positions do not vote on clinical matters or dispositions of the Ethics Committee. As a matter of fact, they do not speak a great deal unless the board loses a big-picture focus on any issue. When they do speak, it has a big impact. You should know that this model has worked so well that other national medical organizations have included non-physicians to their boards.

Shortly after his tenure began, Dr. Hoskins looked into the financial structure of the Academy's building lease (the Academy was a tenant). We had an equity participation lease and learned that we had a lot of participation, but no equity. When he uncovered a shell game by the owner, Dr. Hoskins took him to court and purchased the building for \$19 million. The current value of the building is estimated at more than \$40 million.

In addition to securing ownership of this prime real estate, Dr. Hoskins was busy with other new projects:

The Mid-Year Forum allows the organization to report and assess issues more rapidly. The communication at this meeting serves as a great sounding board. The march on Capitol Hill provides a powerful voice for the profession and a training ground for younger members whose career are impacted by Washington, D.C. events.

By increasing resources to the office of Governmental Affairs, there was a radical revision of the D.C. office in (Continued on page 9)



## The Evolution of Governance

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this era. Cathy Cohen came home as vice president, and Dr. Bill Rich became medical director for Health Policy. The dark years of decline in Medicare coverage for cataract surgery finally stopped. Dr. Rich provided leadership with the Relative Value Update committee; even the American Medical Association told me he was superb.

When it came to planning, Dr. Hoskins recognized that the term “long-range planning” generally ended up becoming a “200-page doorstop” that everyone ignored. He saw that the basic problem with long-range planning is that it is out of date within two years. He clearly understood the importance of mission-values-goal-and functions, and he preferred to refine the planning process around proactive-reactive and resiliency.

### Dr. Hoskins’ embrace of technology

Did you know that Dr. Hoskins was once involved in a computer company? Did you know that he could write code?

The first Academy computer was a word processor, and it was used to compile the Annual Meeting in 1983. In 1984, it found a home on the desk of the Annual Meeting director. It was the size of a Buick.

Dr. Hoskins understood the power of computers as a partner in all of our lives. He recognized its value as an organizational management tool. We even explored the possibility of becoming a paperless association. But the complexities of the organization were too great.

When asked in 1997 if he thought that outcomes-data could be used to improve patient care,



Academy's headquarters in San Francisco, CA.

Dr. Hoskins said yes, but only if a functioning electronic medical record could be developed.

The power of the internet was so prominent in Dunbar's thinking that he pressed to rename the news magazine to *EyeNet* as we began to establish a full Academy website. The first iteration of the site was very simple. It worked because we'd only begun to unlock its potential. It quickly changed as members and the public began to find the site a trusted source of membership information and support.

Dr. Hoskins' real dream was to leverage the internet to encompass the educational format of the Academy and organized ophthalmology. He organized an effort to collate the immense resources of ophthalmology's basic and clinical information to form what you know today as the ONE® Network.

The ONE Network is accessed from all over the world. Its content is derived from an international pallet of contributors. Other national and international societies are scrambling to follow

the lead set by the ONE Network. It took bold imagination, a sizable amount of dollars, hours of time and broad collaboration, but Dr. Hoskins has changed the face of ophthalmic knowledge dissemination forever to the benefit of ophthalmologists and the patients they serve.

Finally, in my opinion the membership of the Academy has been blessed by broad inclusion in its programs and policies; by a board of trustees that develops direction as colleagues, not as combatants; by retaining executive vice presidents who invest the authority to get the job done. Those EVPs have evolved a culture within the Academy staff that allows for broad inclusion, freedom to criticize and a true partnership with the physician leadership.

I try to end each new staff member orientation with the statement that if they can go home every night having assisted just one ophthalmologist in the care of one patient, they should be proud of where they work. I know I am proud to have been included.

# Thoughts on Slowing Down

Paul N. Orloff, MD

**T**o only slightly paraphrase Hamlet: “To retire or not to retire: THAT is the question.”

For the majority of Americans, this is, in fact, not a question at all. You work 30 or 35 years, you have a 401(k), you can afford to quit working, and so you stop.

As ophthalmologists, we know in our hearts that we have been granted a rare privilege: restoring and preserving sight. Our very identity as a physician, as a surgeon and as a friend to many patients whom we have known for decades, prevents us from simply closing the door and walking away. Our profession is not an all-or-nothing proposition. At some level, we all believe in the adage that if you love what you do, you will never work a day in your life.

As we get older, however, it is legitimate to think about slowing down. A little less work, a little less stress, a little more time with family, friends and personal interests is a legitimate goal. We need to participate in a natural progression of scaling back while still providing meaningful health care and continuing with a sense of purpose and accomplishment. Although it may seem obvious, it is extremely difficult to take a first step and begin to plan emotionally, financially and intellectually for a new, but still significant and important role.

The psychological barriers are formidable. We must get past the denial and acknowledge that we are getting older, that our skills may not be as sharp, that health issues arise and that we don’t want to change our identity as a healer. In addition, we are now faced with a world of social change including health care reform, a hostile legal environment, Dr. Google, increasing government demands, the end of solo practice and the rise of large groups and

hospital-based employment. How do you transition to being an employee after 35 to 40 years of running your own office and being in charge of your decisions?

On the other hand, we have some positive motivations for slowing down. After practicing for several generations, enough of the fulltime pace and stress. We have always said that we want more time for family,

but it would have less impact on your income). You may want to see fewer patients a day, take off a day or two a week. This way, every weekend becomes a three-day weekend. If you realize that you have an invaluable, experienced skill set, you may want to explore different work environments (i.e. working for a Veterans Affairs or other hospital or part time for other physicians), consult and even teach.

Finally, and this is no small part of the resistance to slowing down, think about what you



hobbies, travel and for approaching this new phase of our lives with a sense of adventure. Now is the time to find balance between using your skills, experience and the value that you bring to patient care with a need to acknowledge that you have made a huge difference in thousands of lives. But to everything there is a season, and it is now time to wind down – not stop – and enjoy the fruits of a lifetime of labor.

The first step is to realize that the process of slowing down can take time as you liquidate your assets (office, equipment, etc.), sell your practice, deal with contractual obligations and prepare to step away from your current pace. Your approach can include stop operating (you can still do minor office procedures), stop taking insurance (this would mean fewer patients,

will do with your free time. The essential point here is that we are not quitting cold turkey, closing the office and walking away. LESS patient care is not the same as NO patient care. However, a little more tennis, a little more golf, a little more bridge, a little more reading, a lot more family and travel, a few courses, new and old friends, long-delayed hobbies and interests and whatever else you can think of represent not just a challenge, but a new and exciting world.

After almost 40 years of working nonstop at a formidable pace, accepting staggering responsibility and functioning with a considerable level of stress, you have earned the right to slow down, not stop, and be kind to yourself.

Good luck. Let the journey continue!

## News From the Chair of the Academy Foundation Advisory Board

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

### Join Us in Chicago at the 2018 Orbital Gala

I hope you've already planned to join the American Academy of Ophthalmology Foundation for a groovy evening at our '60s-themed [Orbital Gala](#) on Sunday, Oct. 28. This 15th annual fundraiser will be *the* social event of AAO 2018. Dine, dance, and enjoy live entertainment under the Chicago Cultural Center's stunning Tiffany stained-glass dome. Even if you can't join us this year, keep reading below for other ways you can get involved.

Learn more about the Orbital Gala and our auction at [aao.org/gala](http://aao.org/gala).

### Celebrate Our New Museum of Vision and Honor Our Champions

This year at the Orbital Gala, we are excited to celebrate our newest project, the new Museum of Vision. We launched a \$12 million campaign to build a permanent space for the Museum of Vision on the ground floor of Academy headquarters in San Francisco. Until now, most of our 38,000-piece collection has only been accessible online. Previously a 3,548-square-foot art gallery, this space will be transformed into a beautiful, interactive ophthalmic museum and education center, free for all to enjoy. The museum will include state-of-the-art digital displays and exhibits, and it will be San Francisco's first medical museum!

The foundation profusely thanks our Museum of Vision Champions: Stanley M. Truhlsen, MD, and the Museum Program Committee: Michael F. Marmor, MD, co-chair Norman B. Medow, MD, co-chair Jay M. Galst, MD Andrzej Grzybowski, MD Jacqueline A. Leavitt, MD James G. Ravin, MD Richard B. Rosen, MD

These generous doctors have dedicated significant time and/or financial resources to our beloved museum, and we will honor them at the Orbital Gala. If you would like to make a gift to support the museum, please visit [aao.org/donate](http://aao.org/donate). And be sure to check out our new Museum of Vision in person during AAO 2019 in San Francisco.

### Bid in Our Silent Auction

Get great silent auction deals on fine wine, vacations, ophthalmic equipment and more. We'll have an Optos California ultra-widefield retinal imaging device, a Nidek Retinal Functional Analyzer MP-1S, a tropical escape to Costa Rica, Marion Parke gift certificates, a stay at the Langham Chicago, front row-center court tickets to a Chicago Bulls game and much more. If you can't be at the Gala in person, you can still bid online. Also look for an email on Oct. 30 to learn how you can purchase items that did not receive winning bids at the live event. Proceeds will support the Academy's educational, quality of care and service programs.



To learn more, visit [aao.org/gala](http://aao.org/gala).  
(Continued on page 12)

The Academy expects to draw 30,000 visitors a year to our new Museum of Vision.





# Results From an Academy Survey on Membership Value

Brad H. Feldman, MD

**L**ike many other organizations, the Academy relies on data to inform its education, advocacy and member services activities. We value the direct feedback we receive from members through surveys and focus groups to measure awareness and utilization of Academy member benefits and services and determine the key drivers of member satisfaction and value perceptions.

A member-engagement survey was conducted in May 2018 to learn about U.S. practicing ophthalmologists' general attitudes toward the Academy, measure their awareness and utilization of member benefits and services and determine the key drivers of member satisfaction and value perceptions. The primary objective of the research is to reassess the state of member engagement and gain a better understanding of member needs. The findings will enable the Academy to continue to deliver solutions for the full spectrum of challenges and needs faced by ophthalmologists in practice, develop and enhance programs and services that are truly responsive and relevant to our members.

The data below are from the 2018 survey conducted by Loyalty Research Center (LRC) with a confidence interval of 95 percent (plus or minus 3.3 percent). Results are based on 782 responses collected from a representative sample of the Academy's membership in terms of gender, age, tenure, practice modality and clinical focus. Forty percent of the survey respondents are senior ophthalmologists (SOs) active in clinical practice.

The Academy surpassed LRC's benchmarks for engagement, necessitating a fourth segment

— those who are considered strongest engaged. U.S. members exhibited attitudes and behaviors that are considerably stronger than their cohorts in the strongly engaged segment. The survey found that 84 percent of members are likely to recommend membership, and 93 percent are likely to renew membership. The membership renewal scores are high compared with LRC's typical response of 90 percent from medical associations.

In the U.S., SOs in active practice have the most favorable perceptions of the Academy and are significantly more engaged than young and mid-career ophthalmologists. This is reflective of the value the Academy has provided throughout the course of their careers. Your fellow SOs regard the Academy as an organization that offers year-round value and is a trusted voice for eye care to the public. Among the strengths that SOs attribute to the Academy are the following:

- 86 percent believe the Academy helps them to be better ophthalmologists
- Nine out of 10 see the Academy as the leading source for reliable ophthalmic information and education
- 88 percent consider the Academy as the leading legislative and regulatory advocate for ophthalmologists

Yet, a key part of the Academy's reputation for this career stage is being forward-thinking/planning for the future. As SOs consider the transition to retirement, they expect that the Academy is promoting a favorable environment for them to exit the profession.

*(Continued on page 13)*

## Academy Foundation Update

*(Continued from page 11)*

### Join Us at the SO Program and Reception

Monday, Oct. 29  
SO Special Program,  
2:30 – 4 p.m.  
Reception, 4 – 5 p.m.  
Room S406B

The SO Special Program highlights features of our dynamic host city.

This year, two engaging speakers will take the stage. Kirk H. Packo, MD, a retina specialist from Chicago, will talk about the SO Hall of Fame, high points in ophthalmic medical history and why it's important to remember the ophthalmic "giants" on whose shoulders we now stand. Art historian Giovanni Aloï, PhD, from the Chicago Art Institute, will discuss the evolution of the internationally recognized museum and its 300,000 featured works.

The program will conclude with the presentation of the Academy's EnergyEYES Award to an outstanding senior ophthalmologist who has mentored young ophthalmologists, served as a strong role model and displayed high energy that motivates YOs to get involved.

It all ends with a reception provided by the Academy Foundation. Bring your guests to this entertaining and free annual event.

### Giving Tuesday

Finally, I hope you'll remember the Academy Foundation on Giving Tuesday, Nov. 27. This global day of philanthropy involves thousands of charitable organizations and kicks off the year-end giving season. Your generosity helps support the Academy's quest to protect sight and empower lives.

Thank you for supporting the Academy Foundation. See you in Chicago!

## Results From an Academy Survey on Membership

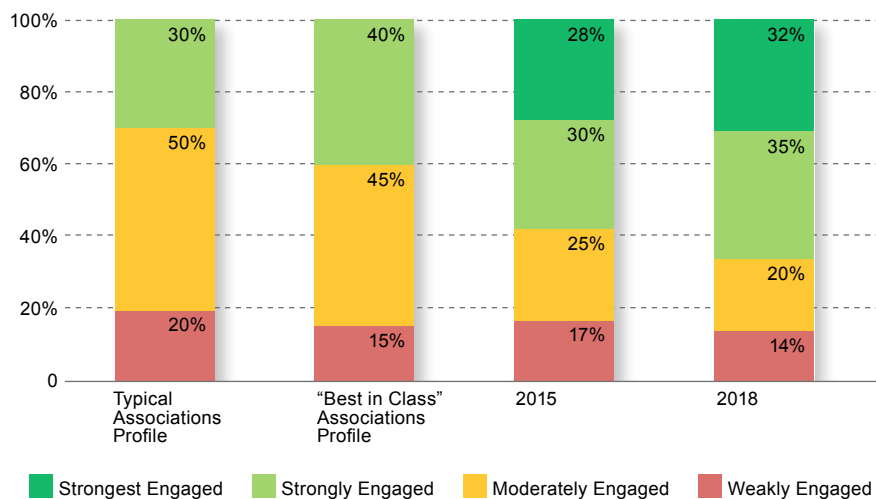
(Continued from page 12)

The survey finds SOs to be significantly more likely than other Academy members to consider closing a practice location, leaving their clinical practice (but not retiring), selling their practice to another ophthalmologist or to a private equity firm and/or retirement. For these reasons, SOs see the Academy's most important role as an advocate — promoting and protecting the profession not just for their exit, but for future generations of ophthalmologists.

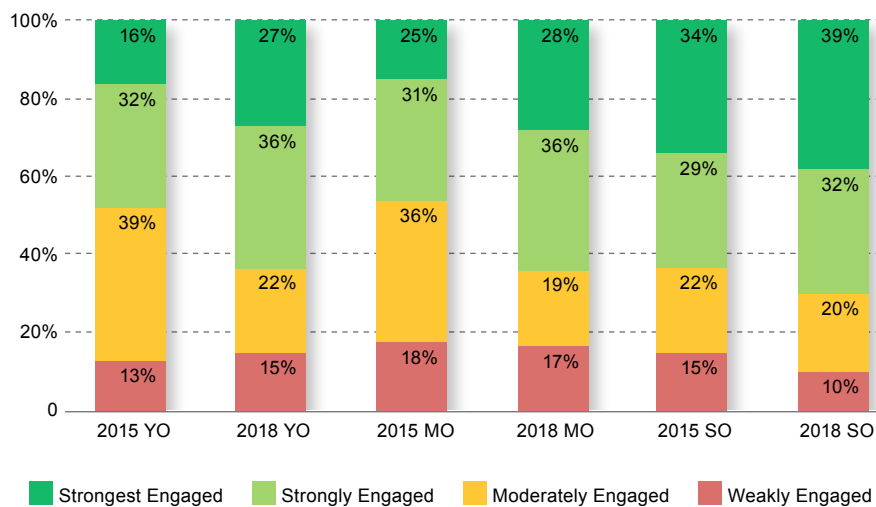
Members say that the most critical issues affecting ophthalmology are reimbursement, optometry scope of practice and legislation/regulation. The concerns remain unchanged from the 2015 survey findings. Members reinforced the need for the Academy to continue championing fair physician reimbursement, stopping the expansion of optometrists' scope of practice and advocating for regulatory relief. Most rate the effectiveness of the Academy's advocacy efforts as excellent or very good. Two-thirds of SOs felt the Academy provides a collective voice for the profession at the national level and is extremely or very effective in advocating for federal regulatory and/or legislative issues important to ophthalmology.

SOs strongly agree with the statement that the Academy is the leading advocate for the profession on legislative and regulatory issues. There is also an element of consumer advocacy, with the expectation for the Academy to be a trusted voice for eye care to the public as a unique driver of the Academy's reputation among SOs.

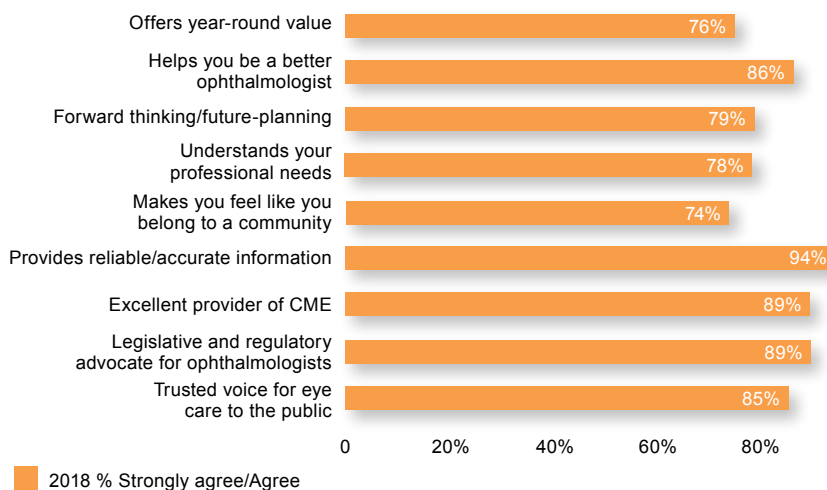
Engagement profile: 2015 and 2018 domestic members with LRC benchmarks



Engagement profile: By career stage – domestic members



Academy reputation: Image perceptions – domestic members



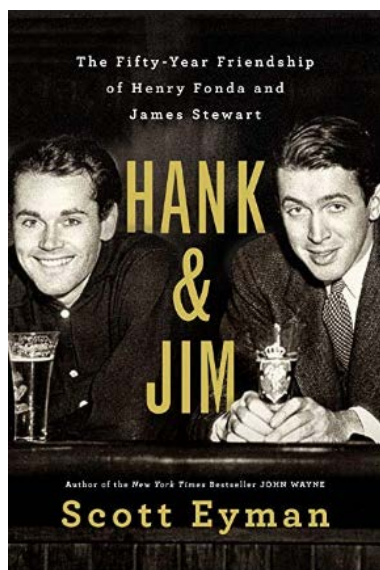
## What You're Reading This Fall

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

Senior ophthalmologists share the best of what they're reading this fall. Share what you're reading and send your review to [scope@aao.org](mailto:scope@aao.org).

***Hank and Jim: The Fifty-Year Friendship of Henry Fonda and James Stewart*** by Scott Eyman. Simon & Shuster

Reviewed by J. Kemper Campbell, M.D.



During the middle decades of the 20th century, the movie theater became the center of American social life. Even the smallest hamlet had its own cinema house where popcorn and dreams were served nightly, and Hollywood productions were changed three times each week. The actors, actresses, and moguls of this uniquely American industry became the nation's de facto royal family.

Scott Eyman's book describes the lifelong friendship between Henry Fonda and Jimmy Stewart, two of the most beloved and iconic members of Hollywood's golden age.

Readers not old enough to have

settled into a plush seat as the lights dimmed awaiting the projection of Fonda or Stewart's familiar images upon a 40-foot-tall screen may not understand the affection and respect which connected each man to the audience. Both men were decorated World War II veterans, and each acted with the honesty and simplicity that American audiences felt mirrored the country's values.

Remarkably, despite obvious differences in temperament, approach to acting and social priorities and the egomaniacal milieu of Hollywood, Stewart and Fonda were able to maintain their steadfast friendship to the end. In the truest sense, this book describes the love story which can develop between people who have known one another for decades.

Fonda was born in Grand Island, Neb., where his boyhood home still stands as part of the Stuhr Museum site. His family later moved to Omaha where, as a schoolboy, he was introduced to the stage by Marlon Brando's mother. He joined the remarkable number of Nebraskans who became major Hollywood stars, including Brando, Fred Astaire, Robert Taylor and Dorothy McGuire.

Fonda later met Stewart, another small-town boy from Pennsylvania, as a member of an Ivy League acting troupe known as the University Players. The two became roommates in New York and California as they struggled to succeed as destitute actors.

Both were taciturn and laconic by nature, but shared similar interests in kites, model airplanes, practical jokes and gardening. By mutual consent each man avoided topics which would have destroyed the comfort they felt when together. Stewart, whose marine

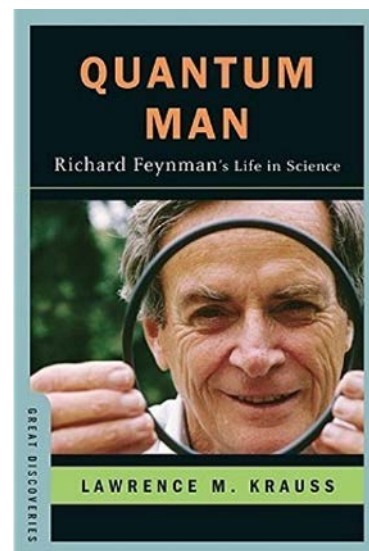
stepson was killed in Vietnam, became a staunch conservative, while Fonda's daughter, Jane, became the spokesperson for the anti-war movement. Stewart remained married to the same woman for 45 years while Fonda was married five times. These subjects were simply ignored.

Eyman, a film historian with access to both actors' adult children and living peers, has provided a remarkable portrait of the intertwining lives of two men who through the passing years remained faithful to their personal moral codes and to each other.

J. Kemper Campbell M.D. is a retired ophthalmologist from Lincoln, Neb. who often finds himself tuning to the Turner Classic Movie channel.

***Quantum Man: Richard Feynman's Life in Science (Great Discoveries)*** by Lawrence M. Krauss, W. W. Norton & Co.

Reviewed by Alfredo A. Sadun, MD, PhD



Some men are freaks of nature. LeBron James might be such a man in the physical sense. It sometimes seems like he is a man playing amongst boys.

The same thing (Continued on page 15)



## What You're Reading

(Continued from page 14)

could be said of Richard Feynman. In his case, however, the freak of nature is how well his mind worked. Feynman could do things quickly that other great physicists could never imagine doing.

Feynman's definitive biography was probably by James Gleick and simply titled, "Genius: The Life and Science of Richard Feynman" (Vintage, 1993). Not to be disrespectful to Gleick – perhaps the greatest science writer of our time (try both "Genius" and "Chaos Theory") – but he was not a physicist. Lawrence Krauss is a first-rate physicist and also a great writer. Krauss tells us more about the amazing universe that Feynman opened up to mere mortals. But don't be intimidated. Krauss remains well-grounded in the English language, and his physics comes in bite-sized chunks.

Feynman was well known as a prankster and often displayed both irreverence and an impish sense of humor. This became lore after his book, "Surely You're Joking, Mr. Feynman: Adventures of a Curious Character" (W. W. Norton & Co.) came out this year. But from this and other sources (I knew Feynman personally), it must be clear that Feynman was also a showman. There is the danger of writing him off as more style than substance. Nothing could be further from the truth.

In 1965, Feynman won the Nobel Prize for elucidating quantum electrodynamics. This largely combined the theories of quantum mechanics and special relativity and provided a wonderful tool for solving quantum mechanics problems that has been used by thousands of physicists in solving all sorts of engineering problems in quantum mechanics. Feynman's "sum over paths" approach, expressed in squiggles known as

Feynman diagrams, not only proved extremely powerful, but opened up an intuitive understanding of the tiny world of subatomic particles. With Krauss' help, it can be understood by the nonphysicist.

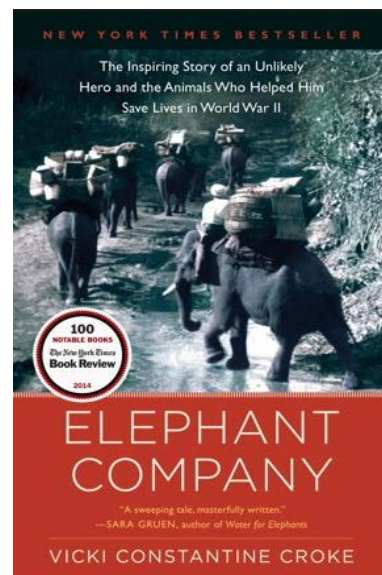
At the end of his career, Feynman gave a famous lecture called, "There's Plenty of Room at the Bottom." By this, he meant that very small things could take advantage of the quirks of quantum mechanics and strange and wonderful machines could be built if they were very, very small. Unfortunately, Feynman's language has been hijacked in pedestrian ways (Consider, as an example, the common misuse of the term "nanoparticle.") But Feynman's predictions of how wonderful small things could be, is now the inspiration for lots of new technology, including the aspiration for the building of a quantum computer that can keep track of what quantum nanotechnology can do.

It is interesting to speculate about Feynman's personality. He was deeply affected by the tragedies of losing his wife in her early 20s, and of seeing his magnificent leadership in Los Alamos on the Manhattan project lead to the deaths of hundreds of thousands of people at Hiroshima and Nagasaki. Feynman reacted by disappearing both literally (into the streets of Rio de Janeiro) and figuratively. Feynman was both very grounded and approachable, but at the same time a little detached emotionally. He famously avoided leading from the front and preferred stimulating other scientists.

Feynman made many breakthroughs in physics. He was the giant in a world of giants. He remains a man of mythical proportions, especially in the cultures of MIT and Caltech and amongst theoretical physicists. Krauss made this accessible to us mortals, and for this, I remain grateful.

***Elephant Company: The Inspiring Story of an Unlikely Hero and the Animals Who Helped Him Save Lives in World War II*** by Vicki Croke, Random House (Paperback)

Reviewed by Thomas S. Harbin, MD



Before World War II in Burma, now Myanmar, elephants once transported teak logs through the jungle in preparation for delivery by river to market. In 1920, James Williams, later known as "Elephant Bill," entered the forests of Burma and began a lifelong love affair with elephants. He worked with them, trained them and treated their illnesses, eventually knowing more about them than any other Caucasian man.

When war came, he formed his Elephant Company which built bridges and roads for Allied troops. He went behind the lines, rescuing elephants and saving the lives of countless refugees, winning him the Order of the British Empire for his courage and great results.

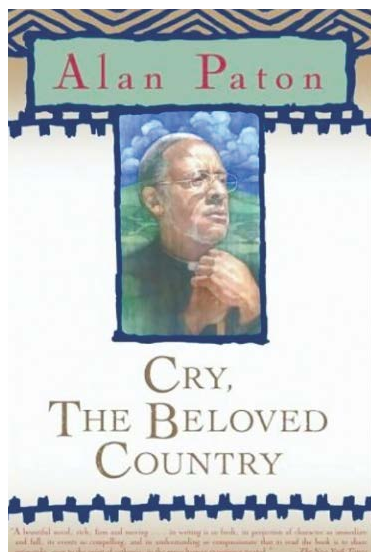
It's a charming and well-documented story. You will know more than you ever thought possible about these wonderful animals and be reminded of the rigors of jungle life as well as the horror of war. (Continued on page 16)

## What You're Reading

(Continued from page 15)

**Cry, The Beloved Country** by Alan Paton, Scribner (Paperback)

Reviewed by M. Bruce Shields, MD



Every so many books, I like to intersperse one of the classics. I recently read a book that clearly deserves to be included in that genre. Many of you have undoubtedly read “Cry, The Beloved Country,” written by Alan Paton and first released in 1948. It is the story of a Zulu pastor and a white land owner in South Africa, who both lose their sons and find peaceful reconciliation through grace and understanding of each other. It is a compelling tale, but the greatest strength is the beautiful prose in which it is written (Paton has been described as one of South Africa’s greatest writers). It is short and a quick read and, if you have not already read it, I would highly recommend that you intersperse it in your stack of reading.

**Astrophysics for People in a Hurry** by Neil deGrasse Tyson, W. W. Norton & Co.

Reviewed by Samuel Masket, MD

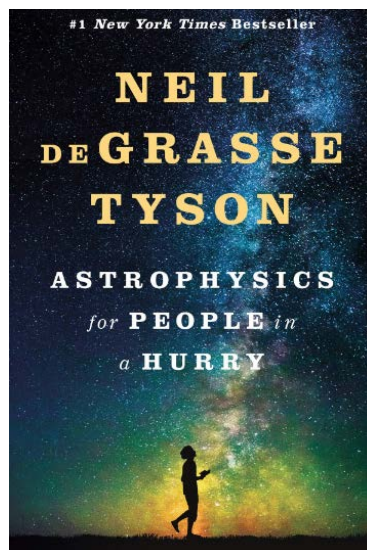
For many septuagenarians, astrophysics left us in cosmic dust

when we completed our undergraduate education – unless we were so inclined or so fascinated as to continue learning new terms and the nuances of space, time, matter, and energy.

But science progressed without us while we were busy learning other disciplines, and things such as dark matter, dark energy, quasars, etc. and a host of sub-atomic particles became common jargon for those studying or otherwise interested in the cosmos. For the uninitiated, however, those words can be mysterious and perhaps somewhat frightening.

Fortunately, along came Neil deGrasse Tyson to offer a primer that explains those terms in usable language and how they all fit together in the dimensions of space. Tyson intersperses wit, wisdom and gentle political commentary to soften the subject matter and makes it entertaining as well as educational.

Admittedly, I am less than a novice when it comes to the cosmos. But I sense that I now have a modicum of understanding of the terms, a better grasp of the “big bang” theory and the confidence to learn more, should I choose to do so. Tyson deserves great thanks for bringing this long-term bestseller to us in an attempt to have us expand our knowledge base along with the universe.



## SCOPE

The Senior Ophthalmologist Newsletter

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