



SCOPE

Losing an Eye; Losing a Kingdom

Alfredo A. Sadun, MD, PhD

A swerve is an accident in history; a situation where the historical event is not based on obvious social, political or economic factors. Yet this historical swerve, due to an unforeseeable event may have led to enormous effects, remote in time and distance. Sometimes, such a swerve begins with an eye injury. We can use our understanding of eye disease to analyze the mechanisms of an eye injury that initiated such a swerve.

1066: The Battle of Hastings. Most English historians, Churchill included, consider the Battle of Hastings as the watershed moment that defined England and, by extension, the English-speaking peoples. William the Conqueror won the battle and established the Norman conquest of England. This victory would have far reaching implications for England, including language, culture, politics, economics, and most particularly, our current system of jurisprudence. Insofar as history is written by the winners, every October 14 the English celebrate this great victory by William the Conqueror, acknowledging this watershed event.

On the other side, Harold Godwinson, King of England, lost it all. But the battle almost

went very differently. Harold was a powerful earl, a member of a prominent Anglo-Saxon family, and was elected to the English Crown upon the death of Edward the Confessor. But two years earlier, Harold was shipwrecked off the coast of France and eventually found himself as the guest/prisoner of William, then Duke of Normandy and subordinate to the King of France. William released Harold, but only after exacting a promise from Harold that he would give William the rights of King of England. It was a hollow promise, unlikely to have any meaning years later, especially as Harold was not in the direct line of succession for the crown. But William proved prescient. The assembly of the kingdom's leading notables, convening after King Edward's death, chose Harold as the successor. Harold resolved to keep his kingdom. The Anglo-Saxon version of events depicts Harold as heroic.

On becoming King, Harold was challenged in two directions. William,

in France, had spent over seven months in preparing to invade England by assembling over 700 ships (most of them Viking longships) along the coast of Normandy. William used the Harold promise to gain the support of French nobles along with that of the Church, though it was probably the promises of spoil and land that increased his army of mercenaries. Harold assembled his Anglo-Saxon troops and awaited the invasion off the coast of Southern England for over six months.

Taking advantage of Harold being pinned down on the southern coast of England, another Harald (Hardrada) of Norway, invaded with over 300 larger Viking longships from the north.

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Dr. Alfredo and Debra Sadun in front of the Bayeux Cathedral, Normandy, France.

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After initial successes, Norwegian Harald was finally met, on September 25, by Harold of England, who had raced with a small army over 200 miles in a little more than four days to confront and defeat the Vikings. By coincidence, this is when William finally launched his invasion from France, striking the south of England. Harold immediately force-marched his exhausted troops back south and tried to surprise William before the latter could prepare for the attack. There are no reliable records of how many soldiers participated.

William attacked Harold on Saturday morning, October 14, and the battle continued all day. William had more cavalry, and the English had more infantry. The battle flowed, to and fro, but it was mostly a stalemate: large numbers of infantry can use a shield wall to hold off cavalry, although they are also at a loss of mobility for any complicated maneuvers. Such a stalemate, at the end of the day, would have favored Harold, for he could

expect reinforcements in the morning and thereafter. William's forces were fighting for spoils, and they would have likely returned to France if the fighting became harder. Harold's forces were fighting for survival. The battle raged for about nine hours. Although there is controversy as to how exactly Harold died, it occurred at about sunset, and his death led to the sudden disarray and defeat of the English forces.

Well-armored knights on horseback were almost invulnerable. Their heavy armor absorbed arrows, missiles and even spear thrusts from the infantry. But there were a few "chinks in the armor". One such chink was the area of the eyes that sat below the helmet or behind eye slits. Astride a horse, with his sons and other knights by his side, Harold would have struck down those who dared approach. Harold, like most of the Anglo-Saxons, favored the battle axe.

But sitting tall in the saddle, Harold attracted the attention of many archers. Most arrows would have bounced off his armor, a few sticking to his shield.

And then one penetrated into his right eye. Of course there is no definitive description of Harold's death. Guy, Bishop of Amiens, describes Harold as killed by dismemberment by four knights. Twenty years later, Amatus of Montecassino wrote that Harold was first shot in the eye with an arrow. But the best description was probably pictorial. The Bayeux Tapestry is a 230-foot-long embroidered linen cloth (technically, not a tapestry), commissioned to be made after the Battle of Hastings and now found in a museum in Bayeux, near the coast in Normandy, France. It shows the Norman conquest of England in a long series of frames. So we traveled to Bayeux and found the museum near the gothic cathedral.

The Bayeux Tapestry might be regarded as Norman propaganda. The Bayeux Tapestry emphasizes Harold's ingratitude towards William who had befriended him. This is obviously meant to provide a moral justification for William's invasion of England. The tapestry starts with depictions of how Harold was saved by William who personally paid his ransom to obtain Harold's freedom. There are delightful scenes that show Harold and William going off to fight, shoulder to shoulder at Mont Saint Michel, where Harold heroically saves William's men from quicksand. It also highlights Harold taking an oath to William. The tapestry documents how Harold left France obliged to William. But most importantly, the tapestry details illustrate the Battle of Hastings in many panels concluding after Harold pulled an arrow out of his right eye.

Taken all together, we can use the Bayeux Tapestry in conjunction with various texts to make a reasonable medical conclusion. It seems likely that Harold took an arrow to his right eye and then shortly after removing the arrow, he collapsed

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Portion of Bayeux Tapestry showing Anglo-Saxons soldiers taking arrows and falling at the feet of Norman cavalry. Lower scene depicts the stripping of chain-mail off of the dead.

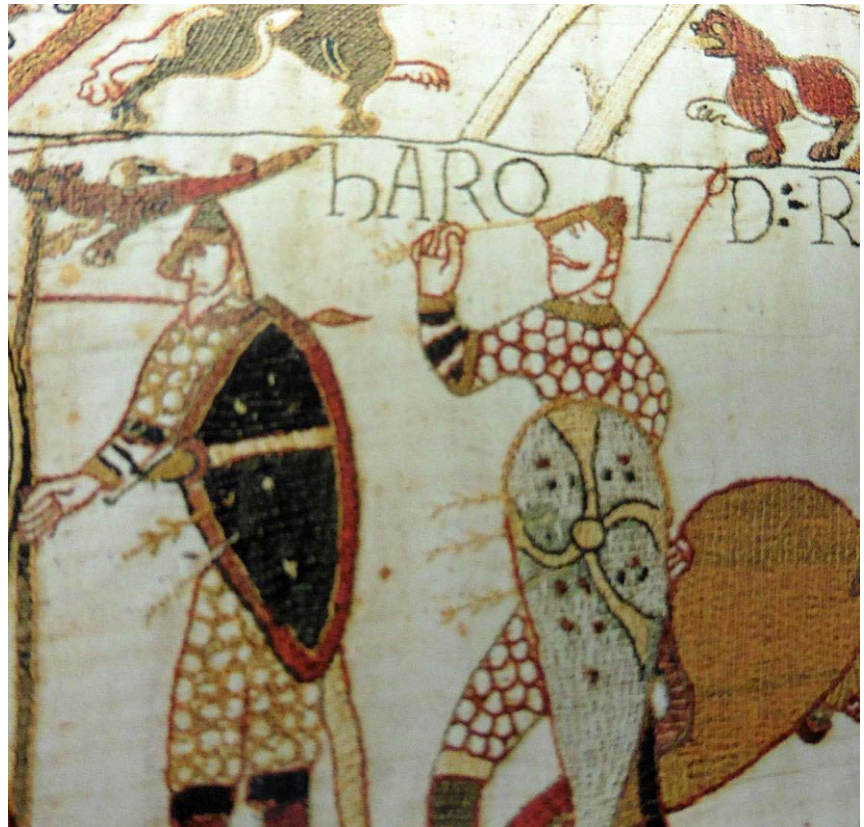
Losing an Eye; Losing a Kingdom

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and fell off his horse. The arrow struck near the eye but probably did not pierce the globe itself. Often, the cornea and sclera give enough resistance for the eye to deform and slide out of the way. But if a sharp projectile passes into the orbit on the medial or inferior sides, the walls of the orbit channel it to the orbital apex. In the case of Harold, the arrow probably traveled to the orbital apex, and continued to be funneled back through the superior orbital fissure, and into the cavernous sinus where it encountered the carotid artery. The tip of the arrow may have even lodged into the temporal lobe of the brain, but this further injury would have been of little consequence. If the initial penetration wasn't enough, pulling out the arrow would have exacerbated the extensive bleeding from the carotid artery. Harold would have hemorrhaged extensively of much of his blood supply.

A minute or two later, Harold would have fallen off his horse. Then, all the armor that had protected him throughout the day would have become the instrument of his demise. Weighing over 100 lbs, the armor would have prevented Harold from standing up, much less permitting him to parry off the blows from his foes.

As the Bayeux Tapestry shows, and consistent with both the texts of Guy and Amatus, four knights then attacked Harold from different directions and hacked at his torso and limbs. This gruesome dismemberment probably did not produce more pain, as Harold was by now unconscious from all the blood loss. With Harold dead, his sons tried to flee, and the army, already exhausted by forced marches up and down the length of England and a nine-hour



Bayeux Tapestry scene that depicts Harold pulling an arrow out of his right eye. Note the other arrows in his shield.

battle, finally broke. The sun set on Norman knights on horseback chasing and striking down remnants of the Anglo-Saxon army.

The implications are far reaching. England went from Anglo-Saxon to Norman with a new language and customs. Together with influences from the church, England was now bound to the continent, to the crusades, and to many parts of medieval culture. But, the tension between the line of Norman kings that followed and the barons of the land would create a unique governance, one that limited the King's power. The Magna Carta, written over a century later, would manifest, more than create, the concept that in England there were limitations to the King's power. This document evolved through a complex set of precedents, to laws that tried to balance the conflicting interests of different parties, leading to an entirely different legal system from the continent. Not

Roman Law, not Napoleonic Law, but English Common Law would become the basis of our complex set of laws in the US. From trial by a jury of your peers, to case law taking precedence over philosophical principles, our culture and system of jurisprudence largely dates itself to when King Harold was mortally wounded by an arrow to his right eye.

As I Remember It

Vignettes of the days of training and early practice

SCOPE solicits interesting and entertaining vignettes of readers' days of training and early practice.

Please limit your submission to about 500 words.

Send submissions by email attachment to scope@aao.org

From the Editor's Desk



Time Zones

M. Bruce Shields, M.D.

I hope everyone had a good summer and that many of you had the opportunity to do some pleasant traveling around our beautiful country and beyond. If you did, you likely passed through one or more time zones. And, if you're like me, you probably didn't think too much about it, other than to set your watch back or forward. But, of course, it has not always been so easy to travel through time.

As recently as the late nineteenth century, travelers were pretty much on their own when it came to knowing the time in any given location. Local time in those days was calibrated to the noon position of the sun, which produced a variety of time standards and considerable confusion, especially

for those going by train. Railroad companies (of which there were nearly 500 in those days) each had their own time system, typically based on the local time of one of its cities. As a result, for example, passengers traveling between Portland, Maine, and Buffalo, New York, had to traverse four different time zones.

The person credited with proposing a solution to this dilemma was Charles F. Dowd. An 1856 graduate of Yale University, he and his wife, Harriet, were co-principals of Temple Grove Ladies Seminary (now Skidmore College) in Saratoga Springs, New York. His greatest contribution, however, for which he deserves a place in history, is his proposal for standardized, multiple time zones in North America. He studied the solar times at railroad stations across the country and, converting the longitudes of some 8,000 locations, found differences of up to four hours, which led to the concept of four time zones, each spanning 15 degrees of longitude. But that was the easy part.

When Dowd presented his proposal to a group of railway superintendents in 1869, he was met with something less than enthusiasm. They were more interested in competitive rates and speed, than with cooperative time agreements. Furthermore, major cities seemed to take pride in their local times and were not anxious to compromise.

The local times in Albany, New York, and Montreal, for example, differed by only one minute, and yet the cities were unwilling to give up their own times. And so his concept languished.

But Dowd persevered and, in 1883, a plan modeled on his proposal was finally adopted. He also worked on an international standard time system, and the concept of time zones was eventually adopted around the world. Tragically, Dowd was killed at a train crossing in Saratoga Springs in 1904, but at his 50th Yale reunion, his classmates dubbed him "Father Time" for his system of standard time zones that affected the entire world.

So that is the background of the time zones you may have passed through this past summer in your travels. But we seniors know there are other zones of time. There are, for example, the time zones of our lives: the zones of childhood and formal education – the zones of our profession and family – and the zones of retirement, with all the opportunities that it has to offer. And, just as the highways are continuous, as they traverse from one physical time zone to the next, so are the paths we take through the time zones of our lives. Just as each geographic time zone has new and exciting things to enjoy, so it is with the time zones of our lives. I hope you are making the most of the present zone you are in and that you are enjoying the journey.

BOOK REVIEWS

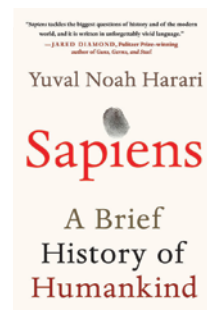
From Alfredo A. Sadun, MD, PhD

Sapiens: A Brief History of Humankind by Yuval Noah Harari

Sapiens is, by any account, an ambitious book. It's occasionally pretentious, and often overly dramatic. But it's a worthwhile read. Harari tells us the tale of mankind from what he purports to be a dispassionate scientific point of view. Of course, that's

impossible. But he cogently takes us from Man's origin, about 1 million years ago, to three critical events that shaped our culture (not our genes) and our fundamental nature and role on earth. 1) The cognitive revolution: The acquisition of stories (not just speech) and with that our ability to tell a set of agreed upon fictions.

These fictions, from myths and religions to conceptual institutions like democracy and capitalism, organized us into religions, cultures and nations that made us capable of wiping out Neanderthals and most megafauna as well as for the launching of huge armies and navies. 2) The agricultural revolution

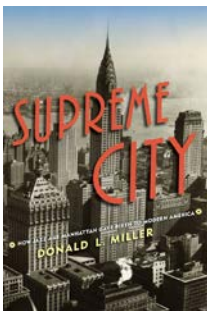


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changed our perspective from hunter/gatherer to agriculture. Harari called this a bad Faustian bargain. The added benefits of a steady and abundant food supply took us from our “natural” mental state of being aware of the here and now to worrying about conditions that we might be able to control, such as protection of farms and domesticated animals, and planning for such things as sowing and reaping. This led to our becoming oppressors over animals and other humans. 3) The scientific revolution. Harari discusses recent developments in genetic engineering and in artificial intelligence that will lead to the complete loss of our “humanness” as we integrate ourselves with our technological creations. I take issue with his conclusion that humans have chased these forms of control at the expense of our own happiness. But I appreciate Harari’s agile mind and consistency of thought.

From Sam Masket, MD

The Supreme City: How Jazz Age Manhattan Gave Birth to Modern America by Donald L Miller, John Henry MacCracken Professor of History at Lafayette College

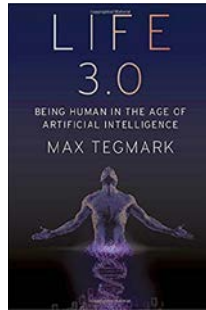


The book offers a wide spectrum of events and people that framed New York during the 1920s and helped to make the city the cul-

tural and social center of the western world. The subjects vary from the political exploits of Mayor Jimmy Walker, crime and prohibition, building of skyscrapers including the Chrysler Building, the evolution of mega-entertainment radio, Charles Lindbergh, Babe Ruth, and Duke Ellington. It is easy, informative, and very enjoyable reading; it’s a must for anyone with interest in the evolution of the Big Apple.

From Thomas S. Harbin, MD, MBA

Life 3.0: Being Human in the Age of Artificial Intelligence by Max Tegmark



Articles about Artificial Intelligence- AI- appear everywhere these days, including in Ruth Williams column in the August

issue of EyeNet. Max Tegmark, a professor at MIT has written a widely acclaimed book explaining AI in easily-understood language. First he paints a picture of how AI could take over the world and then lets us know what the experts think. Not surprisingly, there is considerable diversity among these experts on the future of AI or even if it will rise to the levels predicted by the most optimistic of them.

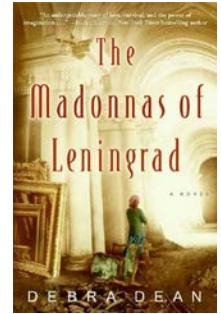
Nevertheless, AI in some form is already here and will no doubt increasingly affect our lives, even if we don’t know the ultimate outcome. If you want to begin learning about this, Life 3.0 is a great place to start.

From M. Bruce Shields, MD

The Madonnas of Leningrad by Debra Dean

During World War II, Leningrad (now back to its original name of St. Petersburg) was under siege by the Germans. Although the Nazis were never able to capture the city, they blockaded all major supply routes, leading to starvation and a staggering loss of Russian lives. The novel, *The Madonnas of Leningrad*, tells the story of a young woman who lived through the ordeal. She was a docent in the Hermitage, the ornate edifice that had been the Winter Palace of the Tzars and became a state museum housing priceless collections. Her task now was to assist in removing and pack-

ing the artifacts for safe storage during the war. As she walked through the empty halls, she could remember where each art treasure once hung and would occasionally lead tours, describing in detail the paintings (many showing Madonnas) that were no longer there.

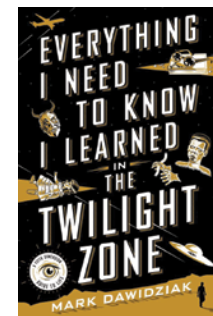


She survived the war, as did her husband who was on the front lines, and they moved to America, where they raised a family and had a happy life. But the story picks up when our heroine is in the twilight of her life and facing Alzheimer’s disease. The narrative goes back and forth between her early years in Russia and her later life, with a common theme of her ability to see the beauty around her that is sometimes only in her mind. And that is how her story ends. It is a touching little book that I highly recommend.

From: J. Kemper Campbell, MD

Everything I Need to Know I Learned in the Twilight Zone

by Mark Dawidziak, provides a wellspring of nostalgia, that wistful yearning for something past that we all treasure as the years pass.



The Twilight Zone ran for five seasons in the sixties and Rod Serling’s ironic twists and surprise endings still hold up remarkably well. With

each episode moralist Serling used the medium of fantasy to impart a lesson, usually that decency was rewarded and deceit punished. This light-hearted homage to the show will please anyone who once sat in front of a flickering screen waiting to be transported into that “land of shadow and substance”.

Stanley M. Truhlsen, MD – Life and Career

By Charles D. Fritch, MD

Stanley Marshall Truhlsen began his career in Ophthalmology in 1946 and continues to this day to love our profession and his life of philanthropy. He was born November 13, 1920, in Herman, Nebraska, a small village thirty miles north of Omaha with a population of slightly less than four hundred people at that time. During the Depression years, his father had a hardware store. Because the farmers did not have cash, they would barter in the form of dairies products, poultry, eggs, and garden produce as payment. When Stan was ten years old, he was invited by a local family practitioner and a close friend of the family to travel to Canada. This physician was highly respected for his extensive and community services which inspired Stan with the passion for making medicine as his career.

In 1937, Stan graduated from Herman High School at the age of 16. Following the advice of a local banker, Stan's father borrowed money from his insurance policy to pay for his son's college expenses. Stan's cousin had been an All-American tackle on the Nebraska football team; thus Stan was a "true Cornhuskers" and only applied to attend the University of Nebraska. In 1941, Stanley completed his

undergraduate studies at the University of Nebraska, Lincoln. He finished his medical education in an accelerated three-year program at University of Nebraska Medical Center and continued his internship in nine months as well as his nine months residency in Pathology and Bacteriology at Albany Hospital in Albany, New York.

Following his residency in Albany, New York in 1946, Stanley entered the army for two years to fulfill his military obligation following his Army Specialized Training Program (ASTP) medical school education. He was assigned as the Laboratory Officer in the U.S. Air Force in the hospital at Scott Field, IL. Upon completion of his two-year military service, Stanley received a prestigious three-year residency position in ophthalmology at Washington University/Barnes Hospital in St. Louis, Missouri.

The Heed Foundation offered the Heed fellowship, but he chose not to accept the generous offer because by then he had two children and had some financial concerns. In 1951, Stan returned to Omaha and joined the private practice of Dr. Howard Morrison, who at the time was the associate editor for the *TRANSACTIONS* of the American Academy of Ophthalmology and Otolaryngology. When Dr. Morrison would leave town on occasion, helped proofread papers submitted from the meeting even though he



Stanley M. Truhlsen, MD

had no appointment at the *TRANSACTIONS*. Following these duties, the American Academy awarded the position of the associate editor.

He joined the faculty at the University of Nebraska Medical Center, Department of Ophthalmology in 1951. He was an Instructor from 1951-55, Associate 1955-60, Assistant Professor 1960-68, Associate Professor 1968-74, Professor 1974-81, and Clinical Professor from 1981-93. He became the interim chairman of the department from 1989-1990 and progressed to be an Emeritus Clinical Professor by the time he retired. From the late 19th century through 1981, the entire faculty of the Department of Ophthalmology at UNMC served as volunteers.

In 1960, he was one of the few physicians invited to a dinner at the Hilltop House in Omaha hosted by Warren Buffett. Became a member and a partner of Emdee Investment Group which included ten doctors and Warren Buffett who was the general partner. The financial success allowed Stan to increase his philanthropic efforts in Nebraska as well as nationally as recognized by the American Academy of Ophthalmology.

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Stanley M. Truhlsen MD – Life and Career

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He became a Fellow of the American College of Surgeons in 1953. He was President of the Immanuel Hospital medical staff in Omaha in 1951 and President of the Bishop Clarkson Memorial Hospital medical staff from 1972-74. He also became the founding member and later president of the American Eye Study Club in 1962.

In 1972, he became the Editor of the ophthalmology division of the *TRANSACTIONS* of the American Academy and later became the Editor of *OPHTHALMOLOGY*, the Academy's scientific journal from 1975-79. He was the Editor of the *TRANSACTIONS* of the American Ophthalmological Society from 1979-84.

Stan was the President of the American Academy of Ophthalmology in 1983. During his presidential terms with AAO, two of



The Lucien Howe Medal.

tion. He also served on the Board of Directors and as Vice Chairman of the Board of Nebraska Blue Cross/Shield from 1970 to 1993.

In 1985, Aksarben Foundation, a philanthropic non-profit organization in Nebraska, selected Dr. Truhlsen as King of Quivira XCI, which includes yearly coronation balls and parades to honor the outstanding philanthropist each year.

In 1993, Stan retired from private practice. The American Ophthalmological Society awarded Dr. Truhlsen the prestigious Lucien Howe Medal in 2001. The American Academy of

Ophthalmology chose Stan as the Chairman of the Academy Archives Committee in 2001-10, and Senior Ophthalmologist Committee in 2002-06. In 2009, he was the first recipient of the EnergyEyes Award presented by the Academy's Young Ophthalmologist Committee. He received the Humanitarian Award in 2012 from Inclusive Communities and Philanthropists of the Year in 2013 from the Association Fundraising Professionals.



Dr. Stanley and Dorothy Truhlsen.

Stan is an Emeritus Professor and still actively involved with University of Nebraska School of Medicine as well as the Department of Ophthalmology. In 2010, Chancellor Hal Maurer encouraged Stan to begin planning the Stanley M. Truhlsen Eye Institute. After years of planning, the state-of-the-art facility was completed in December 2012 and celebrated its grand opening and dedication on May 22, 2013. Many dignitaries including the mayor, the executive vice president of AAO, benefactors, and various people in ophthalmology from across the country were in attendance. Stanley M. Truhlsen Institute is a facility designed for outpatient eye care, children's eye care center, clinical research, subspecialty ophthalmic care, and as a regional diagnostic eye center.

Stan had four children (two sons and two daughters) and is married to Dorothy Johnson, his wife for thirty-six years. Stan's son, Stanley Truhlsen, Jr. admires his father for his many accomplishments and philanthropic commitments. Stan Jr. considers his father his best friend.

Stan has served a long and illustrious career both as a physician and a philanthropist. The world owes him a debt of gratitude for his lifetime of dedication and contribution to medicine as well as to the field of ophthalmology.



Stanley M. Truhlsen Eye Institute, Omaha, NE.

his greatest achievements were the adoption of the Codes of Ethics approved by President Ronald Reagan's Administration and the creation of the National Eye Care Project, now EyeCare America for the indigent patients over 65 years of age. He became the President of the American Ophthalmological Society in 1996 and served on the Board of Directors of the Metropolitan Omaha Medical Society and the Nebraska Medical Associa-

Volunteering for Retired Ophthalmologists

Donal J. Cinotti, MD

Volunteering has been the hallmark of medicine and ophthalmology from our beginning. How many of you did volunteer work in clinics and hospitals during college and medical school? How many of you did surgical missions during residency and while in practice? How many times have you seen a patient for free or reduced his/her bill? Every one of us has done some form of volunteering.

We have all spent years in training and so many more years developing our knowledge and experience. The day you retire, that ability to care for patients doesn't just evaporate. It's still inside us. It is an honor to have learned the art and science of ophthalmology. It has been a privilege to have practiced and earned a living from our profession. We should have a desire to give something back to our communities and to patients who are unable to afford proper medical care.

We are not talking about major eye surgery, but the more routine aspects of our practices that make a difference in people's lives: refractions, helping clinics obtain free or low cost glasses, diagnosing and treating glaucoma, uveitis, amblyopia and more. We are all able to diagnose

cataracts and diabetic retinopathy, screen children for strabismus and help find fully licensed ophthalmologists or clinics to provide the more advanced care.

Many will ask about the roadblocks, like maintaining your license after retirement and the big question of malpractice insurance. More and more states have been looking at these problems because they know volunteer physicians are a wonderful resource when it comes to the problem of medical care for the uninsured. The American Medical Association has been tracking the availability of limited licenses and malpractice costs for retired physicians, and their last update in 2016 showed that 37 states have special limited licenses for retired or volunteer physicians.

Resources to consider

The Federation of State Medical Boards (http://www.fsmb.org/Media/Default/PDF/FSMB/Publications/us_medical_regulatory_trends_actions.pdf), lists the states with limited licenses (see page 91), and you can find the addresses, telephone numbers and executive directors of each state Board of Medical Examiners <http://www.fsmb.org/policy/contacts>.

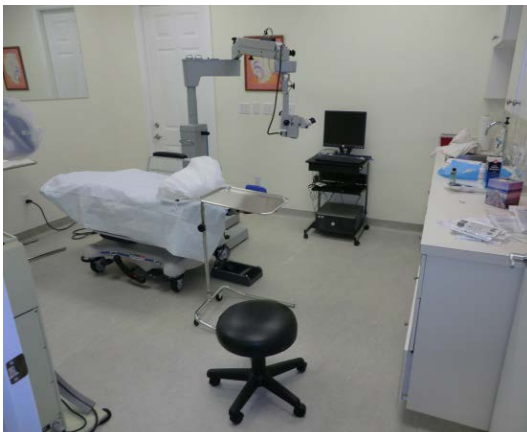
There are many stories about ophthalmologists, not all retired, who have started free or reduced fee eye clinics. Dr. Philip Rizzuto, for example, American Academy of Ophthalmology Secretary for Communications, started a volunteer eye clinic in Rhode Island. Placing sovereign immunity under the State's Good Samari-



Dr. Aouchiche doing surgery at Bonita Eye Clinic, and with patient afterwards.

tan act solved the malpractice problem in Rhode Island. Dr. Alfonse Cinotti, former Professor and Chair of the Department of Ophthalmology at Rutgers Medical School in Newark, New Jersey, now lives in Naples, Florida. He helped start a volunteer clinic providing eye care. The Naples Lions Club has been doing free eye screenings with volunteer ophthalmologists since 2006. In 2012, the Bonita Springs Lions Club built a well equipped free eye clinic where six retired ophthalmologists volunteer and serve people who were picked up at the screenings and who are within 200% of the poverty line. Retired physicians must apply through the Florida Board of Medicine and have Sovereign Immunity through the state while working in these clinics. Interestingly, the fully licensed ophthalmologists who provide the surgical care are also under the same Sovereign Immunity. Dr. Bruce Shields, Editor of *Scope*, started a free eye clinic in his hometown of Burlington, North Carolina, after his retirement. There are many private and faith-based free clinics and even a National Association of Free and Charitable Clinics, which you can find online by (Continued on page 9)

Surgery room at Bonita Eye Clinic.



Volunteering for Retired Ophthalmologists

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googling volunteer health clinics.

Volunteer eye clinics are desperately seeking your talents. Years ago, hospitals had eye clinics which were manned by volunteer ophthalmologists. Unpaid ophthalmologists in private practice mostly staffed our residency training program clinics. The residents had role models for volunteering, and now full time faculty has replaced the volunteers. It is so important to have role models in volunteerism for our residents in training and young ophthalmologists. The volunteer ophthalmologists of today are getting older and need younger physicians to step in and help with the never-ending volume of patients in free clinics.

There are still states that do not have good laws allowing retired physicians to volunteer and protect them from malpractice claims. If your state does not have a law you need to contact your state medical and ophthalmological societies and ask for their help in getting bills introduced. <https://www.ama-assn.org/practice-management/>



Autorefraction at Bonita Eye Clinic.

[state-medical-liability-reform](#). If you haven't experienced the personal rewards of having someone say, and really mean, "Thank you," it may be time to volunteer. It is a perfect way to stimulate your mind by continuing working in the field of medicine you love. http://ama.nmtvault.com/jsp/viewer.jsp?doc_id=ama_

Editor's Note:

Scope heartily endorses Dr. Cinotti's call for volunteerism

among senior ophthalmologists. It is truly a win-win situation; an opportunity for us to continue enjoying the profession we love, while providing a needed service to our community. Despite the Affordable Care Act and the expansion of Medicaid in some states, there are still those who fall between the cracks and would not have access to quality eye care if not for free and charitable clinics. And those seniors still actively practicing should be aware that the American Academy of Ophthalmology's EyeCare America program (eyecareamerica@aao.org), which provides free eye exams by volunteer ophthalmologists, is still alive and well, but needs your participation. The American Glaucoma Society (americanglaucoma-society.net) has also launched the AGS Cares program, which provides no cost surgical glaucoma care by its volunteer members, and your subspecialty may have similar programs.

Patients waiting in lobby at Bonita Eye Clinic.



Contributors: Alfonse A. Cinotti, MD, Philip R. Rizzuto, MD

Special thanks for research help: Michael Levitt, Drew Carlson, and Kristin Schleiter, JD.

Age Can Inculcate the Ordered Loveliness of the Routine

George L. Spaeth, M.D.

Silent on a Peak in Darien

As we look over the horizon, as did Cortez after a hard journey, what do we see? Do we recall the past voyage and feel the safety of having arrived, so wish not to lose that welcome site? Or are we still searching, open to still growing, with the attendant risks? Increasing age can bring the ordered loveliness and pleasant comfort of the routine. Increasing age can kill the disordered exuberance and spontaneous wonder of youth.

Aging

Apollo, every morning, bursts above
The Eastern rim to drive his stallions fast
Across the empty sky, then disappear
Below the Western border dark with fear.

Youth

Dionysus, when he chooses, looses
“Mind-forged manacles” that bind him fast,
Delights in beauty, joy and laughter, all
Aquiver at the wonder of life’s call.

M---, every morning, heats ½ cup water, ½ cup milk, adds ½ cup porridge oats, steeps her earl Grey tea, puts the butter and the jars of honey and Seville marmalade and a bowl of fresh bananas and apples on the preset table, slices her home-baked bread, carefully scrapes the heated porridge into a white Coalport bowl, and stirs in a teaspoon of honey; when the bowl is empty she puts a slice of bread into the toaster, rinses the bowl and puts it in the dishwasher, transfers the toast to a silver slotted toast holder which is put on the table, then pours a few tablespoons of milk into her flower-decorated, pre-heated teacup, adds the steeped tea, lifts the toast out of the toast-holder, slices it into two pieces on a blue and white Coalport saucer, butters both, marmalade on one and honey on the other, and relaxes into the joy of a proper breakfast.

Ah, but that rake, Dionysus, slips himself down at the same table, elegantly pours himself a crystal flagon of blood-red wine, extols the butter and marmalade he slathers on the toast he purloins, exults in placing a kiss on the nape of M---’s neck, and dances into the garden, reveling in the sun-evoked fragrances of the opening lilies.

Can we enjoy our tea with clotted cream
Yet also dance away the day, and dream?
Can we be tied to living rightly tightly
Yet be caressed by Aphrodite nightly?



Make the Most of AAO 2017

Christie L. Morse, MD
Chair, Foundation Advisory Board

For most of us, the annual meeting is the one event of the year that can't be missed. With so many interesting educational sessions, a bustling exhibit hall, and best of all, friends to see, we offer you this handy guide to help you make the most of your time at AAO 2017.

The Foundation is grateful for your support, which makes all of these Academy programs possible. See you in New Orleans!

Saturday, Nov. 11

2nd Annual Foundation Donor Reception – 4 to 5 p.m. in the Academy Resource Center (Booth 3140)

We're excited to thank our donors and share what's new. Stop

by, have a glass of wine and pick up a special gift.

Sunday, Nov. 12

Michael F. Marmor, MD Lecture in Ophthalmology and the Arts – 9:05 a.m. during the Opening Session in the Great Hall

One Man's Vision – Presented by Henry Butler, an accomplished New Orleans composer and musician blinded by glaucoma since birth. His presentation will be part lecture, part performance. Butler's music is a rich blend of jazz, Caribbean, classical, pop, blues and R&B.

Monday, Nov. 13

Dr. Allan D. and Claire S. Jensen Lecture in Professionalism and

Ethics – 2:30 to 3:30 p.m. in New Orleans Theater C

Practical Ethics in Ophthalmology – Presented by Thomas S. Harbin, MD, MBA, Eye Consultants of Atlanta

Museum of Vision History Symposium – 12:15 – 1:45 p.m. in Rooms 243-245

Historical Controversies in Cataract Surgery: From Couching to Phaco – This symposium celebrates the 50th anniversary of phacoemulsification and the achievements leading to it, with special emphasis on major shifts in surgical technique, their associated controversies and challenges for the surgeon.

C. Stephen and Frances Foster Lecture in Uveitis and Immunology 12:45 – 1:45 p.m. in La Nouvelle Orleans C

Idiopathic Ocular Inflammatory Disease: Lessons From Deep DNA Sequencing – Presented by Russell N. Van Gelder, MD, PhD, Professor and Chair, Department of Ophthalmology, University of Washington

Practice management Roundtable Discussions – 1 to 2 p.m. in the SO Lounge, Room 224

Tina McGovern, Executive Director of the Academy Foundation, will discuss planned giving opportunities that can create a lasting legacy to benefit future generations of ophthalmologists.

Additionally, when you visit the exhibit hall, remember to stop by the Museum of Vision (Booth 3047, next to the Academy Resource Center). The museum's latest exhibit, "Cataract Surgery: Couching to Phaco," (Continued on page 12)

Academy Past Presidents Brad Straatsma and Tom Hutchinson enjoyed catching up at last year's Foundation donor reception.



Academy Foundation Update

(Continued from page 11)



Traité Theorique et Pratique des Maladies des Yeux (Treatise on the Theoretical and Practical Treatment of Eye Diseases), 2nd edition by Louis A. Desmarres (1810-1882). Learn more at the museum's new exhibit at AAO 2017.

celebrates the history of cataract surgery and the 50th anniversary of phacoemulsification. It will feature the museum's newest acquisition, an original Kelman phacoemulsifier-aspirator from 1971, as well as museum favorites like our original Ridley IOLs and the spitfire airplane canopy.

Lastly, a huge thank-you to those who bought tickets for the 14th annual Orbital Gala on Sunday, Nov. 12 at Mardi Gras World. We're excited to honor the incomparable H. Dunbar Hoskins Jr., MD.

You can bid on a host of exciting items even if you can't attend

the gala. The auction opens to all U.S. members on Nov. 6, and bidding is easy on your mobile device. You can register to bid at aao.org/foundation and get great deals on the latest ophthalmic equipment, a luxury stay in Costa Rica, prime NBA tickets, fine wine, scotch and much more.

Safe travels to those of you attending AAO 2017! I hope you'll remember the Foundation on Giving Tuesday, Nov. 28. This global day of philanthropy involves thousands of charitable organizations and kicks off the year-end giving season. Learn more about the work we do at aao.org/foundation.

SCOPE

The Senior Ophthalmologist Newsletter

Ideas and opinions expressed in Scope are those of the authors and editor and do not necessarily reflect any position of the American Academy of Ophthalmology.

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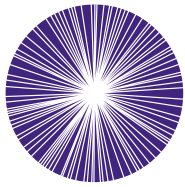
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AAO 2017
New Orleans

Senior Ophthalmologist Special Program and Reception



Monday, Nov. 13
2:30 p.m. – 4 p.m.
Reception until 5 p.m.

**The 2017 SO Program
will feature two engaging
presentations:**

Monica L. Monica, MD, PhD, MHA
“The Day Laissez Les Bon
Temps Rouler Went Away”

David J. Noonan,
**Former Deputy Executive
Vice President, American
Academy of Ophthalmology**
“A Unique Perspective:
Changes at the Academy Over
a 35-Year Career”

The afternoon will also include
the presentation of the 2017
EnergEYES Award