

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

**Conversation Between Byron Demorest, MD and Robert Reinecke, MD**  
Chicago IL, October 17, 2010

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Drs. Byron Demorest and Robert Reinecke recorded this conversation on October 17, 2010 during the Annual Meeting of the American Academy of Ophthalmology, in Chicago, IL.

Dr. Demorest is from California and Dr. Reinecke is from Pennsylvania, both are retired ophthalmologists.

**You are invited now to listen to an excerpt and read the complete transcript below.**

[Here](#) Dr. Demorest describes attending meetings of the American Academy of Ophthalmology and Otolaryngology.



In this [excerpt](#), Dr. Reinecke describes basic science courses and their role in training physicians.

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BYRON DEMOREST: This is Byron Demorest and the date is 10/17/2010. My age is 85 and I'm visiting with Dr. Robert Reinecke.

ROBERT REINECKE: My name is Dr. Robert D. Reinecke. Today is the 17<sup>th</sup> of October in 2010. And my age is 82 and I am visiting with Byron Demorest. Byron, it's a pleasure to be with you this morning.

**EARLY YEARS**

BYRON: Well, I would like to know how you got into medicine. How did it all develop?

ROBERT: Well, it was sort of nothing to do with my family. I'm from a small mid-western town in Kansas. My father was a flour miller, and we lived in this little town. And one day I had a person come out of his watch-making store and said, 'Would you like to learn watch-making?' I thought a while and I said, 'Well, I guess so.' And so I took on an apprenticeship in watch-making and that continued... clock work, jewelry, the usual span of interest things for a watch maker or jeweler. So anyway, that stopped for a bit when I went into the Army at about age 17. And I was a teacher in the Army for a couple of years.

BYRON: What did you teach?

ROBERT: I taught West Pointers how to fire anti-aircraft guns. And so that was kind of an interesting thing. And then the chap that taught me watch-making was also an optometrist. Those were the days which they didn't require much training for that.

BYRON: Right.

ROBERT: But, anyway, when I was through with my Army stint and had been to college for a year or two, I decided I'd probably do something more specific and more professional. So I thought, well, why not get training in optometry because that's what I had been exposed to pretty thoroughly. And so I went to optometry school here in Chicago.

BYRON: Oh, in Chicago.

ROBERT: Here in Chicago. And last night we were looking down from the 18<sup>th</sup> floor of a building, and I could see the exact place where I was an undertaker's assistant. Being the undertaker's assistant supplied me with some revenue, and I finished that and went back to the same little town in Kansas to practice optometry, and I owned a jewelry store there, too. But this got to be very old very quickly and so, Mary... Mary is my deceased wife, she said, 'You keep talking about possibly going to medical school. If you're going to go, I think you better get started.' So I went to the University of Kansas and took some chemistry and other backup courses, and went to medical school at the University of Kansas, and then an internship there. And then back to Boston for a residency training, and I stayed on with Dave Cogan for a while, about seven years there. And then was in Albany for a bit, and Philadelphia, and I'm still in Philadelphia, although I'm retired as of three or four years ago. So that gives you probably more than you wanted to know.

BYRON: No, I want to know it all.

ROBERT: What about you?

BYRON: Well, you know, it's interesting. My mother, I think, wanted me to become a doctor. I'm not sure of it because it was sort of subliminal, but when I finished high school, my mother thought I was smarter than I really am, and she pushed me ahead in grade school and in high school so that I was 16 when I graduated from high school and went on to the University of Nebraska, which fortunately had a scholarship for those who did well in high school. They gave Regent Scholarships for one year just to get you started at Nebraska. So I went to the University of Nebraska in Lincoln and then transferred to Omaha University, which is now the University of Nebraska at Omaha. In a short period of time I had completed the course requirements to

become a doctor in the medical school. It really gives you pause for thought because things happen, as you go along, that shape your life a great deal and you don't really understand it. I was going to go into engineering. I was a whiz at math and I just thought that would be terrific. As it turned out it would have been awful because engineers don't talk as much as I do. But... being with a patient was far more important to me than building things.

So George Skolnick, who was in my class in high school, and I went to the University of Nebraska. We were taking an examination that a professor by the name of Deming gave. Every year he would give a final with four different topics—you could be an engineer, you could be a doctor, you could be whatever. And so George and I were studying together one night before the exam, and he said, "Why don't you take the pre-med exam?" He said, "I'm taking that. You know more about that than engineering." So I did. And I thought 'Gee, if this is medicine, this is kind of fun.'

It's interesting because I think that many, many people who are doctors are there because they had the inquisitiveness and ability, I guess, to go on. They were smart enough to do that, most students were, and that's the way it was with me.

### **MEDICAL SCHOOL**

BYRON: So all of a sudden, I'm taking pre-med and I then went into medical school. During World War II we had a speeded-up medical training when I was there at the University of Nebraska. Did you have that at all?

ROBERT: No, I think I just escaped from it. You were just a couple years [ahead of me]...

BYRON: We went all year around. During the war, they wanted doctors. So the curriculum was speeded up.

ROBERT: We had recovered from that way of doing things.

BYRON: Yeah.

ROBERT: But it was laid out the same way. Did you get any special training? Did you end up with a bachelor's degree or an MD degree?

BYRON: I did get both. The MD degree was given at the same time, because I had five credits missing from my transcript to get a bachelor's degree. So they said, 'Oh, we'll take some from medical school.' And so I got it that way.

ROBERT: I was in sort of the same position, and finishing up the degree and I got everything but just a few classes. So I didn't have anything to do the next year really, so I really started taking philosophy courses. And in the long-run, they were probably very pivotal in a lot of my training and jobs in universities by helping people to understand what ethics were all about and that sort of thing. But it was because of really nothing to do that I did that for the year I spent treading water, getting ready to go to medical school.

BYRON: Well, they didn't have that requirement. They just took a few credits from my medical school curriculum and popped them all together so I didn't have to wait... it would have been a whole year of waiting around getting into medical school, as you did. I was fortunate not to have that happen.

ROBERT: Well, I was sort of fortunate in having it happen. It put me off on a diagonal that was very entertaining and pleasant to be in.

BYRON: I always liked ethics courses, too. We had one course, a 5-credit course that was ethically oriented, and we studied for that course.

ROBERT: And we both ended up with being in ophthalmology. Did you feel that you were outside of medicine, or did you feel like this was just a divergence for a little while and you were going to come back in...

BYRON: No, I didn't, and I'll tell you why. When I went to medical school the only professors that were left—everybody else left for the war—were older people (our current age) and being kind, they weren't the best instructors in the world. When I got through with my medical school training I really felt that I had been cheated a little bit because we hadn't had all of the medical school training that we needed. So I took some courses

such as philosophy of science, which were really great, and other things just to catch up. I felt that I learned more with everything such as chemistry and other basic science courses in my residency than I had in medical school. So there were just a lot of holes in my training, and they were filled up.

ROBERT: So you really kind of went back and patched up the deficiencies?

BYRON: Right. Well, I had to.

ROBERT: And was that a way of training, as you went along, the home study course?

BYRON: I made it a way of training...But, you know, you get through medical school, and go on. I took my internship at Charles T. Miller Hospital in St. Paul, Minnesota. It was a branch of the University of Minnesota.

I went into the Navy after that. They would not take me for any of the government programs such as ASTP. They had all these programs that you could take when you were in medical school, and they would fund medical school for you. Well, I had an amblyopic eye and they wouldn't do it for me until I graduated and then they said, "You're a Lieutenant in the Navy." And I said, "Well, you didn't help me, at all, to get here." Anyway, I was in the Navy for a year and a half. We were in China Lake, California where I was a family practice MD.

ROBERT: There was also a very special interest in medicine for the veterans coming back from the war. And you've mentioned several of your various activities that were sort of forced on you, in a way, by having voids there that you tried to help fill either for yourself or for others.

BYRON: Well, and I was able to take a course with Zimmerman at the Armed Forces Institute.

ROBERT: And that went on for many years.

BYRON: Right, and I learned more in the two weeks that I spent with him than with any other pathologist.

ROBERT: And that was another home study course.

BYRON: That's right.

ROBERT: Only that everybody went to Bethesda, Maryland to have their home study, so to speak.

BYRON: But it is interesting to think back of the people that have had a tremendous influence on your life. The old saying, "as we stand on the shoulders of the previous generation," which is true. They pass it on to us and they do it in a very complete way, at least they did for me.

### **RESIDENCY**

BYRON: Anyway, [after the Navy] I was then able to get a residency. And Doyle Ghent was somebody who... I don't know him, I never met him in my life, but he quit the residency at Washington University. They needed a resident real fast. I had taken the home study course in China Lake, California, and I was working with Howard Morrison who at that time was the editor of the *AAOO Journal*. So Doyle Ghent quit and I praise him for all of my life. I don't know him, I never met him, but he was the one who got me into ophthalmology, and I got a good residency.

Dr. Lawrence Post was the head of our eye department, at that time, in St. Louis, at Washington University. And then Bernie Becker came to Washington U. He needed someone to work on his rabbits and do his research. He taught me a lot about how to do research. And he taught me a little bit about how to administrate. He wanted me to administrate the whole residency program a la, I guess, like Hopkins, you know where you have three years and then one becomes the top of the pyramid senior resident.

ROBERT: There must have been a small cadre of people that you really felt were pivotal in directing you to a certain extent. Can you name us some names?

BYRON DEMOREST: Well, we had a very interesting group of people in St. Louis in the residency program, as I had mentioned, Dr. Lawrence Post,

who was there for years and his brother Hayward. Hayward had a tremendous tremor, and we had to hold his hands while he extracted the lens. He would wiggle the lens out because he had such a severe tremor.

ROBERT: He had his own emulsifier.

BRYRON: He did. Anyway, those people were very influential. Dan Bisno was a good instructor for us. Dr. Hildreth who did the Hildreth coagulating machine, you know, and Ben Milder. Ben Milder really taught me a great deal, and took me under his wing and allowed me to do research with him and show our efforts, with others such as Dick Scobee, Paul Cibis and Ted Sanders, at the Academy meetings. So there have been a number of people who had a startling influence on my life and particularly in ophthalmology.

ROBERT: Yes, and the people that I remember so well were rather colorful. Ed Maumenee certainly fell into that category of being able to charm an audience rather easily, and was always quick to jump in and help out if he thought he could in any measure. I mentioned David Cogan, and I was just told that his name came up repeatedly in discussions and certainly several of his skills were constantly revisited. And he was always such a gentleman and had such a wide knowledge. He never forgot anything, or so it seemed to me, and he was just marvelous on that score.

BYRON: Well, look at Irv Leopold. He was the teacher. He could stand up in front of an audience and talk without notes. We all were impressed with him.

ROBERT: And he was in another one of these home study courses—wasn't he?—

BYRON: Yeah, that's right—in pharmacology.

ROBERT: ...at the University of Pennsylvania, and he was at Wills during that stint as well, but really did that. It might be well to mention, not only Dr. Leopold, but Verhoef. Verhoef was the first eye pathologist in the world and he got his interest by being a general pathologist. You were an ENT person, typically, if you were a pathologist, they had a lot of deaths from sinus disease, and so Dr. Verhoef was hired as a pathologist to help discuss

the etiology of the sinus disease. And then he got interested in ophthalmology because he was there all the time and he liked everything pathological. And so he became the pathologist at the Mass Eye and Ear Infirmary full-time. And then they created a spot for him.

### **FIRST YEARS IN PRACTICE**

ROBERT: And what got you to the West Coast instead of being in the Midwest which is where you started?

BYRON: My wife Phyllis didn't want to stay in St. Louis. In those days, we didn't have much air-conditioning, in fact, the big clinic was the only place we would go at night to be able to study without dripping water on your text. And so Phyllis said, 'I want to go to California.' We had been in the Navy in California and she said, 'I found out I was a California girl and I want to go there.' So we did.

We came out, and I joined practice with a man whose name I well know, but I'm not going to mention it because he made life miserable for me. So we started out our practice in California, and I was part-time over at Stanford and part-time in the East Bay, in practice. So that's how it all began.

ROBERT: I took a different direction. From the Midwest I went east.

BYRON: Oh that's right, to Albany.

ROBERT: And my moving in that direction was because of Al Amoin [?], who was an ophthalmologist at the University of Kansas. And he was aware of my optometry training. And when he learned, on quizzing me, much as we are doing today, that I wanted to do research in the long run, and so he called David Cogan in Boston. And I started spending my summers in Boston and eventually worked with David Cogan, who I spent several fruitful years with him and with the Mass Eye and Ear Infirmary.

BYRON: And you learned how to do research, or they helped you with that? David Cogan certainly was one of the greatest people in ophthalmology.

ROBERT: Yeah, it was a real pleasure. And everyone was a pleasure to be with, I must admit.

BYRON: Tell us what your first years of practice were, Robert.

ROBERT: Well, I sort of eased into the practice because I went from being a resident to teaching residents at Mass Eye and Ear Infirmary. And so I didn't have a... really distinct movement. I was a fellow for a while, and my practice evolved into pediatrics and strabismus, and that sort of thing. And I worked in neuro-ophthalmology with David Cogan, so it was a much defused and sort of redundant training in many instances that I had. So I had a practice that was largely referral even though I really hadn't had formalized training. And there were very few people that had formalized training when you and I went through, because the residencies were set up for a very small number of people. And then gradually people like you and I clustered in those and we got more and more people so they had to be formalized...

BYRON: Yeah.

ROBERT: ...and had a really an itinerary, if you will, or...

BYRON: But you were full-time, weren't you, when you went to Albany?

ROBERT: Yes, I went to Albany to run the department there, and I remained full-time in Albany. And then did the same thing at Wills in Philadelphia.

### **ABOUT THE ACADEMY**

BYRON: [While in my residency I] got involved in the Academy. [Dr. Lawrence Post, our department chair] wanted us all to go to the Academy. Here we are in St. Louis and the Academy, all the time in those years, was at the Palmer House—much more comfortable to get around than our present Academy. We used to get on the Wabash train for Chicago in Clayton, Missouri, which is just a little west of, you know, St. Louis. We would go

down to the Delmar Street stop, and catch the train there. And we would get on in the evening, sleep in coach, you know, like you do in airplanes now, until you got to Chicago, go to the Academy during the day and then, turn around and go back on the train to the clinic because we were needed there. Senior residents could spend two or three days there. But I'll never forget, you know, getting on the Wabash train for Chicago on Delmar Street. And that's how we got our entrance into the Academy.

[Over the years] I...developed a closeness to the Academy. As the speaker this morning mentioned, it really draws you in, the Academy does, and if you're teaching courses even more so... I've taught courses with Ben Milder in lacrimal disease; I've taught courses with Jerry Bettman in ethics; and I've given lectures on public and professional education for a number of years.

There were a number of things that happened in the Academy that made my membership a very important thing to me. But as I said, I gave a number of courses ... we didn't have posters; we had exhibits in those days. They didn't have posters. And the Academy just tends to draw you in. You get involved in one thing and then they say, "Okay now will you do something else?" And my one thing was public and professional education. I had done radio work to work my way through medical school, much to my dean's disgust, but I needed the money or I never would have been able to afford to go to medical school. Now thirty years later they put me to work with Larry Boston and Bill Felch, and a few great people who were in the business of, more or less, disseminating information. I did that for about four or five years with the Academy and sort of set up what then became a secretariat. George Weinstein was the first person to be in charge of the secretariat for public and professional education. But I had knowledge from my radio school days and it really fit in very well. I never would have dreamed that I would have needed or used it.

[In 1985 I was President of the Academy when the meeting was in San Francisco.] We had the most sumptuous rooms available at the top of the Fairmont Hotel. This was a suite that had been occupied by the owners and it was absolutely wonderful to be able to entertain people there. We had a butler who helped Phyllis during luncheons that she served, and we had a young lady who followed us around picking up every Kleenex. Her name

was Virginia and she was a delightful maid. But being unaccustomed to having attention like this all the time, became a little bit of a problem. However, it was wonderful to be able to entertain people from the Academy that we designated. I had one evening where we invited no one but the staff and they were similarly impressed.

In the meantime, we made an effort to invite certain groups to our spacious quarters on top of the hotel, and we also had two dinners in a large dining room on the first floor. A few more people were invited than the Academy might have wanted but because we lived in Sacramento and there were so many of our friends who were only 70 miles away, There were close to 50 people at each dinner, and I was very grateful to the Academy folks for allowing us to entertain these people.

One new aspect of the program was there. To my knowledge, no one used the teleprompters until Bruce Spivey and I used them to give our speeches. Bruce had the Jackson Memorial lecture and I had the Presidential Address. It certainly made things go smoothly and impressed all of us. At the same time, there was a picture taken so we could follow the speakers as they presented their talks.

I had planned to make a big effort during my Academy year, to make a big issue of integrity of ophthalmologists. Jerry Bettman had developed his code of ethics. As they were applied to some members, those who were cited just dropped their membership from outside of the the Academy and went on practicing the way they wanted. I remember one day that Bruce and I spent in an office in San Francisco going over records of a doctor who lived in Ohio. The records were different from most ophthalmologists because this ophthalmologist was interested only in glaucoma, and after we had spent most of the afternoon there it became obvious that we were not giving the government what they expected so they dropped that issue. Most physicians are ethical and it was impressive that we could see and take care of so many of our members.

We also were soliciting money for the eye program (NECP) from various people in the industries. I knew Ed Schollmaier quite well, as he was President and CEO of Alcon. We were friends from a long time ago since he was a detail man in my office when both of us were starting out. I asked

Ed for money from Alcon and told him that this would be the most important grant that we could get and that we probably wouldn't solicit much more. Ed smiled and said, "This is only the beginning." And he was right.

As president, I had five honorees who were feted by the Academy for their contributions to ophthalmology. The first was August Colenbrander, the next was Jerome Bettman and the next was Marshall Parks. Two others, Dr. Fred Blodi and Mr. Lew Wasserman were also honored. Mr. Wasserman was chairman of the board and executive officer of MCA, Inc. The Academy and the public at large were fortunate that he had a deep commitment to the prevention of blindness.

And so with all this activity, the NECP was started. That was the National Eye Care Project. We followed complaints to the ethics committee. In fact, that year more than 50 complaints regarding false or misleading advertisement had been received by Dr. Bettman and his group. Similarly, the Inspector General's Office of the Department of Health and Human Services approached the Academy's leadership with evidence that some ophthalmologists were practicing aberrantly. The work of the Ethics Committee was profound. There may have been a number of reasons to help explain ethical problems, but one stood out. During the year I was president we saw an entrepreneurial approach to healthcare with aggressive marketing techniques change and become better controlled.

It truly was a wonderful year for me in ophthalmology. And, as I said, Phyllis and I enjoyed living in our sumptuous suite above the Fairmont Hotel. In fact, we were teased by people on the Board who said that we would have to stop off in some little town between San Francisco and Sacramento where we could register at the Motel 6 and decompress, from all the excitement.

### **AMERICAN ASSOCIATION OF OPHTHALMOLOGY**

ROBERT: The home study course triggers quite a few memories [for me] because it was a time when there were some sub-groups within ophthalmology that were getting restless. They wanted to change but they didn't know quite how to do it or where to go because we didn't have formalized training courses worked out. I was drawn into it because of my past experience in optometry. And the physicians usually have a rather

smattering of optic training, and so it was a need that most everybody recognized. And the fact that I had been an optometrist was sort of overlooked and we didn't talk about that very much.

BYRON: Well, Mel Ruben and you, and there were quite a few who came...

ROBERT: Yeah, there were about 45 or so that had dual training in the United States. And I did the grading of these home study papers that we talked about. And then, as a background of what was going on in our content of our training, was this unrest politically. And we had some people, and you were affiliated, and I was, with some of the people that really almost had a battle cry to weed out the optometrists.

BYRON: That's right.

ROBERT: And the Academy of Ophthalmology didn't really know quite what to do with this situation because there was an unwritten rule that you didn't get involved with politics, they were dirty.

BYRON: Right.

ROBERT: And if you did that, why, no good could come of it. It was a bad thing. So I sort of overlooked that because of my various interests, and got some other people, Whitney Sampson, to help out with the revision of the home study course. He had a penchant for political action.

BYRON: And he was good at that.

ROBERT: And he was clever and good. And so for a while, though, it was a very divisive thing.

BYRON: Yes, it was.

ROBERT: And then we said, 'We can't tolerate this division. We've got to not fight among ourselves, at least.' And so we started working towards each other getting a little more tolerant of each others' groups activities, and that eventually settled down. And the yearly Academy is always fun to look

at because you can contrast it so much back to the way we were trained and our feelings about our colleagues having different ideas than we had, politically.

BYRON: Right. Well, enter the American Association of Ophthalmology...

ROBERT: That's what I was talking about.

BYRON: Right. Both of us were in that organization. A merger was needed because the Academy refused to do anything politically. And Larry Zupan was our man in Washington, and he really did a tremendous job, just all by himself, darn near, except for his secretary, Mary McCumbridge. They were the two people who ran the association and then it helped us get in. And I'm trying to think of the prime movers of this who were Brad Straatsma and Ted Steinberg who had his 100<sup>th</sup> birthday party about six months ago. He was very instrumental in getting the association and the Academy together. And there were others. I happened to be president of the association so I was able to look over their shoulders while they did all this. It took about three or four years for it to finalize. And you were very active in the association as well as in the Academy. In fact, I thought you had been president of the association. You said no, but you were president of the Academy.

ROBERT: And I sort of didn't take quite as polarizing an attitude as would have been easy to take.

BYRON: Right.

ROBERT: So I stayed a little bit at arm's length so that we wouldn't crystallize people's thinking about the divergent skills and knowledge needed to be a good ophthalmologist and we saw that happen.

BYRON: Right. So we were both there when the two organizations finally merged and that was a very happy time. I think that a number of us came up into the Academy hierarchy through the fact that we had been so active within the association.

ROBERT: Did you get involved and license your battles within ophthalmology/optometry where the optometrist often wanted to do surgery, and still do to some extent, or did you kind of stay out of that fight?

BYRON: Well, I stayed out of it. I really felt that optometrists deserved to be where they are now, working in doctors' offices. And I think the Academy has had a great deal to do with that. At one time there were a whole bunch of optometrists who decided they were going to come to the Academy. They did for a while until we felt that it was not particularly helpful for them or for us.

### **ACADEMIC MEDICINE**

BYRON: I was fortunate to be able to start an eye department. That was really a rush as I put it together... the University of California at Davis had a medical school. It was, about 40 years ago when it was begun. The eye department needed a full-time person which they didn't get. So they used me, paid me nothing, and I ran the department out of my hip pocket. So in the school we were the first residency to be approved as a fully accredited program. I was really happy to see that. And we now have some outstanding people there such as John Keltner and Mark Mannis. But being able to put together an eye program from the very beginning is a privilege. I really enjoyed that a lot. My administrative skills were better than my scientific skills, but that just fit in very, very well. I could always hire scientists...

ROBERT: What pulled you away from that relationship of having a rather informal director of a residency program? You could have stayed on...

BYRON: Right. Had I been younger, I would have stayed on, headed the department...

ROBERT: How old were you at that time?

BYRON: Oh my goodness, I guess I was about... well, it was 40 years ago, so I was in my forties.

ROBERT: Did you have a sense that this was just the terrific specialized area that you were going into or did that kind of evolve? You obviously love ophthalmology and have had a great life in it, but was it kind of... did that training come about by accident or you said, 'I want to be the best trained...'

BYRON: Well, I think we all want to be the best trained, I think so, as do most of the people that I've known and met. I don't know, as we said, things sort of fell together. Who would have dreamed that I would put together an eye department when I was in practice? Who would dream that? Well, the university started a medical school so they needed someone to help. And the first dean happened to be a very good friend. His wife and he hosted Phyllis and me for our first date years ago at the University of Nebraska. So we knew John Tupper very, very well and he expected me to contribute to his medical school without charging him for anything.

ROBERT: Do you think the extreme regimentation that we see in all educational fields, or most of them anyway, is a detriment to running the training program?

BYRON: I don't know. Not for me. What do you think?

ROBERT: I often see it as a real detriment. I think I've gotten better training when it was informal, so to speak. And feel the need, rather than creating an artificial need, that was satisfied by further training.

I don't know... do you think the Academy still holds a central role in the educational planning of its trainees, namely the residents there, or is the Academy beginning to back off and say, 'Well, this is X-Y-Z University and we'll hire teachers and they'll decide what's taught'? How is that discussion going?

BYRON: Well, I don't think I know enough about it. I've been retired now for about 10 years and things have changed.

ROBERT: We don't see the rather rabid discussions going on that we used to have.

BYRON: That's correct. And it's been more centralized as we worked together.

ROBERT: If you had been given an opportunity to move ophthalmology more into medicine, as opposed to more into optics, would that have made much difference, do you think?

BYRON: I don't think so. As I said, I learned medicine during my residency. I learned a lot about medicine as a whole. I had not had proper exposure to bacteriology, for example, and all of the basic sciences. It was very difficult to have graduated into a stepped-up system, you know, when you're making us work harder and going to a little bit beyond three years for our residencies. So I don't think so.

ROBERT: Well, a lot of the universities still want to incorporate ophthalmology into their training program, and so that creates certain battles that are going to be inherent when universities take over residencies who are not affiliated with the training programs.

BYRON: I haven't seen that. We set up a training program at Stanford. I had my first resident at Davis, and I needed to have him get a basic science course. So they gave one at Colby College.

ROBERT: Basic science was really those things that were left out of medical school ...that pertained to ophthalmology.

BYRON: Exactly.

ROBERT: So as you said, we even had a special summer training course to handle the veterans that came back and didn't have good training in chemistry, biochemistry, genetics...

BYRON: Right.

ROBERT: ...and the whole schmear of things that were not medicine and were just barely ophthalmology in the widest effort definition.

BYRON: Right.

ROBERT: So this basic science course were in two forms—one, the home study course, which you stayed home and did some work; and the other you went to... well Boston had its own. I taught in that for quite a few years...

BYRON: Right.

ROBERT: ...where we went over to a basement of a building and had lectures everyday for nine months, and that was our basic science course. The other was up in Waterville, Maine, and they had a basic science course mainly for the veterans who didn't have much time to get up to speed and really get trained in ophthalmology. So they went up to Waterville, Maine and spent a rather pleasant summer learning optics and the rest of the things that they thought they needed to do. And it was very pleasant...

BYRON: Oh, it was.

ROBERT: ...of course. And when people realized that these were no longer needed because the residents had to start taking their training at their institution because the people at accredited residency programs said, 'We can't be sending you off to resorts to learn medicine. We ought to be able to do that in every medical school.'

BYRON: But it went on for quite a while. As a matter of fact, I was trying to get my first resident into that course at Colby College, and Henry Allen said, "Okay, if you start one on the west coast then I'll let you have the residency for one year here." And that's how the Stanford course began. Jerry Bettman was the person who put that together and ran it. Do you know who goes to this basic science course, still? Veterinarians. They have more veterinarians at the basic science course in San Francisco or Stanford than they have anything else.

ROBERT: Well, they used to call us in—us, being ophthalmologists—to help them treat animals.

BYRON: Oh, yes. Well, we had that at Davis all the time.

ROBERT: And that's pretty well diminished, but it's certainly still there as you just said.

BYRON: I had a chart in my office for Fifi-something-or-other. And Fifi had developed a cataract. And so I would have people bring their animals in either far into the night or sometimes during the lunch hour.

ROBERT: That was quite a divergence from what was actually going on.

BYRON: They didn't have ophthalmology residencies in the veterinary schools until maybe about 30 years ago, I would say.

ROBERT: In fact, it was against the law for a... it eventually became against the law to treat animals if you were a human doctor, so to speak.

BYRON: I didn't know that. And neither did Fifi.

ROBERT: Do you think there's a group now that are formalizing teaching in ophthalmology, or has that kind of gone the way of amalgamation of everything into a training program?

BYRON: Many of the training programs, because of financial need, are now seeing more and more patients in their offices, and are not worried as much about teaching basic sciences as they once were. Some are clinging to their departments by their fingernails just to try to keep abreast of all the expensive equipment needs and everything else they have to buy.

ROBERT: Do you think the Academy that we are witnessing today is fulfilling this need particularly well or are there real problems other than the ones you've mentioned?

BYRON: It used to be you didn't find anything on the program that had to do with money. That was bad. Now we have office manuals, we have all sorts of good things that were missed by ophthalmologists years ago. They perhaps didn't need it as much as we do now. But if we didn't offer our residents and everybody else courses like this they would be really at a tremendous disadvantage when they enter practice, even though most of

them are entering group practice rather than solo practice. I don't know what the solo practice ratio is anymore, do you?

ROBERT: Well, it's... no.

BYRON: Well, can you guess?

ROBERT: It's very hard to because of the job descriptions of an ophthalmologist. He usually ends up as he finishes his ophthalmology training in a hired position rather than solo practice, because so many things are so expensive, as you pointed out, that it's hard to know where to go and where to put those valued monies. And so many people have large debts that they are trying to pay off, as well.

BYRON: That's very bad. Many students have almost a million dollars in debt. I was asked by the dean of the medical school at UC Davis to give lectures to the students that would cover some of this and warn them that if they got into debt it was not going to be an easy thing to get out of. Many of them thought that doctors were very wealthy and there was no problem, you know.

ROBERT: Did you have a debt when you finished your training?

BYRON: I had a minor debt. It was with an uncle who was kind enough to lend me money to finish my residency. That would have been very, very hard for me, otherwise, and I would have had to borrow. But they didn't have the programs available.

ROBERT: What were the salaries that the residents received during their training?

BYRON: Ten dollars a month.

ROBERT: Mine was \$15 a month, I think...

BYRON: Right, until you became a senior resident. Then you got \$25 a month.

ROBERT: If you could dictate what was going to happen in the next 10 years in training of ophthalmologists, how would you answer such a question?

BYRON: Well, because the whole concept of who our future doctors are going to be has changed. At Davis, we have more women than men in every medical school class. And I've looked to the future—we will probably be filling most of the jobs for the Academy with women. It's difficult for women who want to be with their children, as well as practice ophthalmology. It's been a tremendous pull, and some of the people who have children just had to drop out. Andrea Tongue was a wonderful person, and still is, but they used her for many committees in the Academy for a while because she was one of the few who would do that. And of course Susan Day was there, but she had no children so she could zip along and practice full-time. But it's hard for a woman to practice full-time. Many of the people, as you perhaps know, split a job.

[When I was President of the Academy] I helped with the establishment of women in ophthalmology. Sue Brown, who worked in the office of Bruce Spivey, was also interested in this and she helped me get things started so that eventually we ended up with what became Women in Ophthalmology. Now it seems like we were probably not doing anything too important, and yet, in those days, in 1985, women were just beginning to establish themselves.

It's hard, though. I'm very sympathetic to that. I feel empathy for them.

ROBERT: Well, that's affecting all of the doctors because they are now incurring these large debts upon finishing medical school...

BYRON: Right.

ROBERT: ...and so they're going into their residencies, often working long hours in private practices to get out of debt a little bit...

BYRON: Yeah.

ROBERT: ...and not incur further debt. So we're sort of going back, if you will, to the same setup we had before, with people being hired by ophthalmologists and getting training at the same time.

BYRON: Well, for a number of years the residents would come to me and say, "How can I get into practice? How can I practice the way you do?" And I would tell them it's very difficult to practice in a solo practice, particularly if you are traveling for the Academy, as you have to do when you are president. I feel concern for the women who want to do this as they have family needs.

ROBERT: Isn't the same true, though, of the male ophthalmologists? They're on strict budget, in debt, the same series of things.

BYRON: That's right. Some don't come to the Academy. They come to a part of the Academy that could make money for them. They look toward financial aspects rather than patient care. But if you go down on the exhibit floor and look at the new equipment that you're supposed to buy to maintain practice, you really can't easily go do it solo. It's very difficult and expensive.