

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

**Conversation Between David W. Parke, Sr. MD and David W. Parke II, MD**  
Chicago IL, November 10, 2012

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Drs. David Park, Sr. and David Parke II recorded this conversation on November 10, 2012 during the Annual Meeting of the American Academy of Ophthalmology, in Chicago, IL.

Together this father and son discuss their family history and experiences, building on the museum's

[Legacy Project](#) which celebrates families with multiple generations of ophthalmologists.



In this excerpt [Dr. Parke, Sr.](#) describes his first cataract surgery. (.mp3 file)

Here, [The Parkes](#) reminisce about making house calls. (.mp3 file)

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DAVID W. PARKE SR.: Good afternoon, this is November 10, 2012. I'm David William Parke. I'm the geezer of the two Parkes over here today!

DAVID W. PARKE, II: And same day. I'm David Wilkin Parke, II, far and away the younger but the more mature of the two!

DAVID: That's right. You're now my father, you know! It's amazing how when you get old, your children become your parents.

DAVID II: Somehow, I have a tough time figuring out how Will, my son, is going to take that role. We'll see what happens.

DAVID: Time will tell!

DAVID II: So, dad, why don't you start by telling how you ended up in medicine, number one, and then how you ended up on ophthalmology, number two.

DAVID: All right. I think it should be said the outset that I never wanted to be a physician. I never intended to be a physician. I went to college majoring in English and Mathematics and had hoped to be a school teacher. But World War II came along and I enlisted in the Army. Very shortly thereafter I was sent to the Air Force for basic training and was then going to go into Air Force administration. However, one night, I was told that I was to pack my bags and be ready to go to the North Carolina State College of Agriculture and Engineering the next day to study civil engineering. And this was not my preferred track, but at any rate, I went there. And after about seven or eight months at North Carolina State, my name was called out at reveille and I was told that I was going to go to Emory University to take a medical aptitude exam, and I just couldn't imagine being involved in that. I went to Emory and I remember sitting in the library with a number of people who were very eager to be able to go to medical school or to pre-

med, and it was the last thing I wanted to do. I hated blood – I was afraid to even look at it. But at any rate, the application stated on the front, ‘(a) I would rather be a physician; (b) I would rather be a dentist.’ I raised my hand and the moderator said, ‘What’s wrong?’ I said, ‘I don’t want to be either one.’ He said, ‘You’re in the Army. Sign (a) or (b).’ And I couldn’t imagine putting my fingers in people’s mouths, not realizing where else physicians put their fingers, and so I put down ‘(a) physician.’ About two months later, I went before the Surgeon General in Washington, along with a group who had been selected from this medical aptitude exam, and was assigned to the University of Kentucky for a nine-month course in pre-med.

So I went to the University of Kentucky, had some marvelous teachers there, and at the end of that session, one day I went out and on the bulletin board it said, ‘You have been assigned to Ohio State University College of Medicine.’ So I had no choice as to where I went or when I went. There was 13 months before I was to go to Ohio State, so they sent me to Fletcher General Hospital in Cambridge, Ohio, where I worked on the immediate post-ops surgical ward. And that’s where I first saw blood and the first time I ever saw guts. The very first assignment they gave me was changing a colostomy and, ugh, that wasn’t very pleasant! But I learned to enjoy working with the surgeons on the floor and the nurses, and I became really hooked. When I went to medical school the following September, there was no question in my mind that medicine was the pathway that I wanted to follow.

I was at Ohio State just a few months when the War ended. They gave me a choice of going back to the troops or taking a discharge and continuing my medical education. I had married your mother, my wife, Joyce, one week before starting medical school and she was teaching school at the time. She literally put me through medical school because I could not get any financial help from home. I owe so much to her for that. I went through Ohio State and enjoyed every bit of it.

DAVID II: You know, I always thought that one of the more interesting stories you tell was what happened to the people that were enrolled in that engineering class, and who didn’t go to medical school.

DAVID: Well, the engineering class... unfortunately, the Army doesn't always use the greatest wisdom... most of the people at North Carolina State were the cream of the crop as far as intellect was concerned. They had done well on the Army General Classification test, but they suddenly closed the program and sent – I think there were probably 500 or 600 of us at NC State – they sent all of them to Fort Leonard Wood, Missouri. Within two weeks they were in the South Pacific and a great number of them were killed. And I just thought this was a terrible destruction of good minds by the Army. But those are the things that happen during war. Is that the story you were referring to?

DAVID II: Yes. It always struck me as the same waste as you did, but I look at it, obviously, without the personal contact and relationships that you had.

DAVID: Well, the same thing happened actually, when I enlisted in the Army. In college 17 of us enlisted on the same day. 16 received orders to go to an induction center in Illinois and my name didn't show up. Two days later, I got my instructions to go to Massachusetts for induction. The 16 who went from my college class into the Army also end up in the South Pacific, two of them were killed and the others were all injured or involved in terrible infectious diseases and so forth. And, I know, I've just been very fortunate to escape these things.

DAVID II: In keeping with that same theme of escaping, you ought to tell the story of when you went out for your Boards, your ABO exams. That was another escape, on the way back.

DAVID: Oh, you mean in the airplane?

DAVID II: Yeah!

DAVID: Oh, I thought you meant I escaped the judgment of the ABO!

DAVID II: I'm not going there!

DAVID: Well, your mother and I... it was the first time we had ever had a vacation, if you would call it that. I went to San Francisco from Connecticut

to take my orals; they were not being given elsewhere that year. In those days, the orals were three days long. Your mother went down to Los Angeles to stay with her college roommate while I was taking the Boards and then I went down to be with her for three or four days in Los Angeles. We had reservations to return to Connecticut – you and your younger sister were in the care of your aunt and we were supposed to go out on a TWA flight on a specific day. Now your mother's roommate asked us to stay an extra day and we called the airline and were able to do so. The flight that we were to have gone out on crashed in mid-air with a United Airlines flight over the Grand Canyon and everybody on both planes was lost. That was an amazing save. And then the very next day, we took the same numbered flight out of Los Angeles to New York. That was the old TWA...it was a propeller...

DAVID II: Constellation...

DAVID: Constellation propeller planes. It was a long flight, I'll tell you!

DAVID II: Another story I remember is how you ended up in ophthalmology, because then you didn't want to be an ophthalmologist.

DAVID: When I graduated from medical school, I was fortunate enough to be one of the top people in the class, scholastically. I only tell you that because I decided that I could go anywhere. I wanted to be an internist and I'd been told that - 'You'll get in anywhere.' The hospital that I chose was in the East. The day of the selection, I didn't hear from that hospital. The dean of the medical school at Ohio State, with whom I had been doing a research project, called me in about 5 o'clock that afternoon and said, 'You have not reported where you're going for your internship.' And I said, 'I have not heard.' So he got on the phone and he called, and they said, 'We have never accepted an applicant from west of the Alleghenies.' And he was so angry that he said, 'You're staying here.'

So I then became an intern at University Hospital and Health Center at Columbus, Ohio. I went into internal medicine and in my second year there, we had an ophthalmologist who was very interested in systemic ophthalmology, and we used to call him when we had people with severe eye problems related to diabetes or other systemic diseases. He was such an

enthusiastic person. When he'd see something, he'd say, 'Come and look at this!' Pretty soon he had me hooked on looking into the eye and really being able to master the old direct ophthalmoscope. One day he invited me to attend a surgical procedure – I had never seen eye surgery. When I went in there and saw what he did, I decided, 'This is for me.' So I left internal medicine, and, fortunately, was able to get a residency at Wilmer and the rest is history. I went into ophthalmology and have never regretted it one bit.

DAVID II: Serendipity at work.

DAVID: Serendipity, absolutely. My residency at Wilmer was an interesting one. I was assigned to Fort Howard Veterans Hospital, which was then under the aegis of Wilmer. I had a mentor at the Veterans Hospital by the name of Elliott Randolph. And Elliott Randolph had been the Chief of Ophthalmology in the American Theater during World War II, and he knew everybody who was anybody in ophthalmology at that time. Having that close relationship with Elliott was marvelous because he often invited your mother and me to his home, and we met some of the most prominent ophthalmologists in America at his home at dinners and so forth. Other residents never had an opportunity to do that, so Elliott Randolph was a real force for me and a marvelous mentor. He was a marvelous surgeon and I learned an awful lot from him.

My days at Wilmer were great. Those were the days when even Wilmer only had about four or five, at the most, full-time faculty. Most of the faculty was people who practiced in the Baltimore area and were courtesy or clinical staff at Wilmer. It was from many of these people that I learned an awful lot about life and practice, and it was a great experience.

We had some marvelous people at Wilmer. I think of Jack Guyton. Jack would be David Guyton's uncle, I believe. Jack was, perhaps, the only person I really knew who had a photographic memory, if you can believe in such a thing. We would make rounds every morning and a new case would come in, so he was not prepared, and he would always expound on the problem and he would say, 'On page 33 of the AJO of such-and-such an issue in the upper right-hand corner, you will find this.' We never could find him to be wrong! He was so excited when we would make rounds that he perspired profusely and had to take a shower every morning after rounds.

He ended up as the head of ophthalmology at Henry Ford in Detroit, and he was just a great influence in ophthalmology.

Jonas Friedenwald was primarily a research ophthalmologist at Wilmer, and Jonas was a marvelous person to work with. He was very kind to residents and very willing to explain things to them. He was the person who, on rounds one morning, stated that he had been reading about Diamox. As you know, that is a carbonic anhydrase inhibitor. Friedenwald was the person who had discovered the secretion of carbonic anhydrase from the ciliary body and the production of aqueous. He found out in the literature that this Diamox had been developed as a diuretic, but because it was a carbonic anhydrase inhibitor he thought that possibly this might decrease the formation of aqueous. So on rounds one morning, he said, 'The first person who has a patient with an acute narrow angle glaucoma, give me a call.' That very day I had a Black woman come in whose tension was off the scale. In those days, we used a Schiotz tonometer—that was the only thing we had—and it was off the scale. I called Dr. Friedenwald and he came down and examined the woman, and we gave her a gram of Diamox – we had no idea as to how much to give her. We gave her a gram of Diamox and then two hours or so later we gave her about a half-gram. It taught me two things: number one, that Diamox did reduce intraocular pressure, because her pressure came down precipitously. Number two, that one of the side effects of Diamox is paresthesia in your fingers. This poor woman's fingers were dancing. She was so upset with the amount of Diamox we had given her, which proved to be a great overdose, but that was the first known case of a person who had received Diamox for an acute narrow angle glaucoma.

Now, Morton Grant at Mass Eye & Ear had done an awful lot of work with carbonic anhydrase inhibitors, so Jonas never tried to take any credit away from the people at Massachusetts Eye & Ear. Most of the real work was done there on the development of carbonic anhydrase inhibitors, but it's fun to have been a part of a real historical episode in ophthalmology, and we had several of them at Wilmer.

Howard Necan [?] was a tremendously bright young man and he was particularly an expert in syphilis. In those days, we did see syphilis in the eye. In fact Alan Woods, who was the chairman at Wilmer at that time, was considered the world's prominent authority in uveitis. He thoroughly

believed that 90% of all granulomatous uveitis was caused either by syphilis or tuberculosis. So that was how we were trained – to believe that granulomatous disease was all syphilitic or tubercular. Howard Necan [?] was working on that aspect of syphilis. Penicillin was brand-new, and we were just starting to use penicillin to treat syphilis. That was very interesting in those days.

It turned out, of course, that most of the granulomatous uveitis was toxoplasmosis. Alan Woods had saved blood from all of his granulomatous uveitis patients starting in the mid-30s. When Helenor Campbell Wilder [Foerster] at the Armed Forces Institute of Pathology first came up with the idea of toxoplasmosis being the primary suspect in granulomatous uveitis, Alan Woods sent her all of the blood that he had collected in those years that had been frozen. It turned out that about 90% of all of them were positive for toxoplasmosis and not for syphilis or tuberculosis. So those were interesting days.

DAVID II: So then what? You finished your residency? My grandfather, your father, was an optometrist – what did he think about you going into ophthalmology?

DAVID: Well, actually, this was fulfilling a dream of his. You probably know that your grandfather graduated from Trinity College in Dublin, Ireland. He had a degree of Ph.C., pharmaceutical chemist. In those days, pharmacists also dispensed glasses. You've seen his little chemist shop in Clonmel, County Tipperary, because it's now a landmark in the Irish Republic. It's preserved with a plaque that says, 'D.W. Parke, Chemist Optician.' He went to school in London for six weeks, to the Anglo-American School of Optics, and that was the extent of his training in optometry, if you will, or optics. So he combined that with his pharmaceutical capabilities and then became a Licentiate of the Royal College of Physicians, by virtue of being a student of a physician by the name of Patty O'Brien.

DAVID II: Good Irish name!

DAVID: Good name! In those days, in Ireland and England, if you served an eight-year apprenticeship with a registered physician, you could become a



Licentiate if you passed the exam. So your grandfather became a Licentiate and he combined general practice, if you will, with pharmacy and opticianry. He used a skiascopic rack, which was a group of lenses, to find out what power lens the people could see best with and then prescribed glasses accordingly.

Then in 1918, the Irish free-state was established. My father was an Irish Protestant in a predominantly Catholic community—Clonmel was over 90% Catholic. At that time the Bishop of the Catholic Church, in retribution in a way for all the harm that the English had poured on the Irish Catholics over a number of years, he served an edict that henceforth it was a mortal sin for any Catholic to support a Protestant. So the pastor of the local Catholic Church came to my father—they were good friends—and he said, ‘David, on Sunday I have to read these edicts from the Bishop.’ And he said, ‘I just want you to know about it.’ My father at that time had three children and a fourth on the way and he was forced out of practice, out of his chemist shop, out of being a Licentiate and being an optician.

Through the good graces of a man in New York City, who was a Methodist minister and the Protestant chaplain of the New York City Fire Department, he got my father to come to this country. His name was Hamilton Nesbitt and I don’t really know the relationship between my father and Uncle Ham... we called him Uncle Ham... but he was the one. Now the Flexner Report had just taken hold in this country and Licentiates to the Royal College of Physicians were not accepted as physicians in America. So my father could not practice medicine. He got a job working in an optometric practice. In those days there were no State Boards in optometry and he just became an optometrist. In Connecticut the first State Boards in optometry, I believe, were in 1922, so he was grandfathered in. And that’s how he became an optometrist in this country.

He always had a medical background, which was sparse, and even his pharmaceutical background was sparse because he studied pharmacy before the theory of ionization had even been suggested! But I remember my father talking about treating people’s eyes back in the days when he was a Licentiate, putting leeches on their eyes and treating people primarily with nostrums, really – eye drops that, really, we didn’t know what they did.

DAVID II: Did they teach you how to use leeches at Wilmer?

DAVID: No leeches at Wilmer! It was very interesting that Sir Stewart Duke-Elder, in one of his books, mentioned his use of leeches in the early days of infectious diseases of the eyelids and the pariorbital area. So it wasn't unheard of.

Bringing up the name of Sir Stewart Duke-Elder, I was just today in conversation with some people here at the Academy, and I told them that I had met Sir Stewart when I was a resident at Wilmer. He came, I think, for almost a month because he was there quite a while. He made rounds with us every morning. And, of course, he was a fountain of knowledge, but his knowledge was all on paper, in a way. He really wasn't terribly practical. When we presented a real problem to him, he could recite the literature, but his ability to really put two and two together and make a good differential diagnosis was not the greatest. And, also, with all due respect to him because he was a great man, he was a terrible surgeon. We watched him operate and I assisted him on a number of operations. He remembered my name, unbelievably, and several years after I was in practice I received a letter from Sir Stewart from London, and he referred one of his patients to me because he remembered me from Wilmer days. She happened to be a woman from Hartford, Connecticut, who had actually had an acute narrow angle glaucoma in London while she was there and he had treated her, and he referred her to me. I value that letter from him very much.

DAVID II: Interesting! When you finished at Wilmer, you spent a little time with Frank Walsh, didn't you?

DAVID: No, I spent time with Frank Walsh as a resident.

DAVID II: As a resident?

DAVID: As a resident. We were assigned to neuro-ophthalmology and Frank was just one of the most marvelous people in the world – a great teacher, very patient and very good with patients. I just loved working with Frank Walsh. In my senior year as a resident, he had a coronary and Dr. Woods was very worried about Dr. Walsh. Now, in those days, you know, they used to put them to bed for two weeks with a coronary, and there

wasn't much they could do for them that was really very substantive. But Frank was not one to lie down and he had had several speaking engagements and refused to cancel them. So Dr. Woods assigned me to be his guardian and to take him to his speaking engagements in Philadelphia. We also went down to Richmond, Virginia one time or other. So I had to go with Frank Walsh, which was a great thing to be close to the man, you know, 24-hours-a-day for two or three days at a time. He drank a very specific kind of rye whiskey, so I had to scour these places to find his particular rye. I had strict instructions from Dr. Woods to make sure that he had no more than one ounce a day. Well, one ounce a day was probably more like one bottle a day! No, it wasn't really, he wasn't an alcoholic, but he did love his rye whiskey and he had more than an ounce! He was really a marvelous man, and he is, I'm sure, the grandfather of neuro-ophthalmology in this world so it was a great privilege to have trained under people like Frank Walsh.

DAVID II: Well, you got to know a number of people. I remember the story of how you got to know Ed Norton a little bit. And had it not been for some vagaries of timing, I could have been raised in Miami. Why don't you tell that one?

DAVID: You're absolutely right. Ed Norton was one of the first fellows in neuro-ophthalmology at Wilmer. I think a fellowship at that time was three months. I don't think it was much longer. He had come down from Boston and I happened to be on service at the time so I worked very closely with Ed Norton. After I went into practice... and I can't remember, it was two or three years after I was in practice... I received a call from Ed Norton and he asked me if I would come down to Miami. He was setting up a new ophthalmology program to be called the Bascom Palmer Institute and he wanted me to run the outpatient department. Now I was in debt, I had three children by that time. My parents weren't well. My wife's parents weren't well. It just didn't make sense to make the move, but so often I've wondered, 'What if? What if I had gone to Bascom Palmer at its inception?' So that's one of those things. You know, just like buying stock, 'What if I had taken advice and bought McDonald's when it was a dollar a share?'

DAVID II: Well, these kinds of decisions are scattered throughout our lives.

DAVID: Well, and you're right. This is what life is made up of – the chance things. My becoming an ophthalmologist, that was certainly serendipity in a way. I'm one of the few people that can say that World War II was good to me, because I never would be an ophthalmologist today if I hadn't been in the Army.

DAVID II: Well, you're still a frustrated English teacher at times.

DAVID: Well, I love...

DAVID II: Grammar Nazi!

DAVID: You and your sister say that mealtimes were 'sit up straight and watch your grammar!'

The very first cataract I ever did, Elliott Randolph didn't tell me ahead of time that he had chosen this patient. He felt it was going to be one of those real easy patients to do and that it would be a good one for your first cataract. While I was in the process of doing the surgery, Phinizy Calhoun walked into the operating room. Now, he was the... I believe, the Professor and Chairman at Emory at that time. I didn't know Phinizy Calhoun, but he'd come into the operating room and he was a good friend of Elliott Randolph's, so Elliott introduced him and so forth. I went ahead and did my cataract surgery with a dignitary standing over my shoulder. We used to do intracapsular lenses and we tumbled them out, that is, intracapsular cataracts and we tumbled the lens. I had just tumbled the lens and was pulling out my sutures when Dr. Calhoun said, 'If all of your cataracts go that well, you're going to be a great ophthalmologist!' The patient heard this, because the patient was under local, and thought I was all through and sat up. And with that, the bar that was holding the draperies off his face went into his eye, and we had vitreous and everything all over the place! It was my first cataract.

Now to lose vitreous in those days was a no-no because there was no such thing as a vitrectomy. Detachments and everything else were so common after a loss of vitreous that this was just a sin, really, to lose vitreous. But, at any rate, Elliott said to me, 'Just pull up your sutures and fill the eye with saline,' and we did that. Phinizy Calhoun couldn't get over telling me how sorry he was for having said that, you know, that this was a good surgical

procedure, and he was very gracious. But, at any rate, the long and short of the story is the patient did very well and got 20/20 vision. I've never understood that! But that was an interesting case.

DAVID II: So how did you get involved with the Academy?

DAVID: Actually, I got involved with the Academy with Elliott Randolph. I came to the Academy with Elliott. He gave a talk on glaucoma and the two of us were the presenters. It was a talk that surgery should not be done on people who had great loss of visual field because it was felt that this added to the trauma and greater loss of vision. We didn't realize in those days that patients were getting macular edema, or other things, and it was that that contributed to the visual loss as much as that we were doing anything to the glaucoma, per se. We also know now that intraocular pressure post-operatively often rises. At any rate, the thesis was that, 'do not do surgery on people with advanced glaucoma.' And that was my introduction to the Academy.

DAVID II: What year was that?

DAVID: That would have been 1954 or '55. I was not a member of the Academy at that time. That was at the Palmer House. And then in 1956, I came as a guest of Elliott Randolph. I had just started practice, and I came to my first Academy meeting and became a member in 1956 after I passed my Boards, and the rest is history. I've been here ever since.

DAVID II: So how many Academy meetings have you missed between 1956 and 2012?

DAVID: I believe only one.

DAVID II: Why was that?

DAVID: I don't remember! Well, it was obviously something at home that I just couldn't make it. But, other than that, I've always come to the Academy. And I always felt it was the most important part of my post-graduate education to come to the Academy. And then I became very involved in the Academy in the early 80s.

DAVID II: Why?

DAVID: Well, I have to go back a bit. In 1957, I was just...

DAVID II: That is a bit!

DAVID: That is a bit! In 1957, I was just in practice a year or a little over a year, when the Section on Ophthalmology of the Connecticut State Medical Society nominated me to be the ophthalmology member of Connecticut Medical Services, CMS, which has nothing to do with Medicare. And that was the State Medical Society's involvement, first, in insurance for surgery. So I was the ophthalmology representative. Then there was internal strife in the State Society and Blue Shield came along and took over CMS. So I, then, became a member of the Board of Blue Shield in 1959. So my involvement in extracurricular activities, if you will, started early on. Then I became very active in the State Eye Society and also very active in the State Medical Society, because I was representing them on Blue Shield.

1962 was the first time that we heard of an optometry bill. The optometrists wanted the right to use atropine, topical anesthetic and pilocarpine. They said that they needed pilocarpine as a diagnostic tool. If they used pilocarpine on a patient and the pressure went down, then they had a positive diagnosis of glaucoma, and they would then refer it to an ophthalmologist. If they were allowed to dilate the eye, they could better see the fundus and better refer to ophthalmologists. And they needed the topical anesthetic to be able to take intraocular pressures with the Schiotz tonometer. Those were the three bases, but they were all veiled with the idea that they could do better in referral to ophthalmology. We felt that this was just a rouse and not really what they were after. So I became involved very strongly in the medical-political arena at that time and been active ever since. They lost that fight in Connecticut. It didn't pass, but it became a national phenomenon to see incursions into scope of practice way back then.

There was a group of ophthalmologists who became very concerned about the scope of practice issues and they were led primarily by Dr. Jimmy Allen, who was the Chief of Ophthalmology in New Orleans at Tulane, and Dr. Hyatt at the University of Tennessee. They formed an organization called,

PEN, the Physicians Education Network. One day, a man came to my office and invited me to join the Physician Education Network, and I became involved along with a number of others including Roland Houle from Mass Eye & Ear, Abe Schlossman from New York, and so forth. We tried very much to educate ophthalmologists generally about the dangers of increasing incursions into the field of ophthalmology by optometry. Of course, at that time, the American Academy of Ophthalmology did not exist. It was the double A, double O – otolaryngology and ophthalmology. I think, they were involved in the decision to separate and so forth. And I think the Academy was, to some extent, oblivious to the goings-on in the political arena.

There was a marvelous fellow by the name of Larry Zupan who was working for the Academy...

DAVID NOONAN: In the Association.

DAVID: Pardon?

DAVID NOONAN: He worked for the American Association of Ophthalmology.

DAVID: Right, in the Association. They tried to educate ophthalmologists about the scope of practice issues, but they didn't really make a great impact. The Academy finally became concerned about the incursions when the President of the American Optometric Association made a statement that by the year 2000, optometry and ophthalmology would be parallel professions.

So then the Academy did finally decide to establish a committee on state affairs. There was a bright, young man by the name of Hunter Stokes from South Carolina, who became very much involved in the development of the State Affairs Committee at the Academy. He wrote a letter, and I really can't remember now why I objected to it so strongly, but he had written some rather nasty things about Jimmy Allen and Dr. Hyatt, and so forth, and some of the people in PEN, and I thought that he was way off base. So I wrote a letter to Bruce Spivey and to Bob Reinecke, who was then Secretary for Government Relations, objecting to Hunter Stokes' attacks on, particularly, Dr. Jimmy Allen. As a result I was invited to come to a

meeting of the Board of Trustees of the Academy, and that was held in Washington, D.C. at that time.

DAVID II: What year was that?

DAVID: That would be in 1982, I believe, or '81... '81 or '82, I'm not sure. But at any rate, I went down and they interviewed me and asked me why I was so upset with Hunter Stokes and I told them why. Then they said they wanted to discuss this and would I go up to my room and they would call me back. While I was up in my room, there was a knock at the door and there was Hunter Stokes. I had never met Hunter, and they had sent him up to talk to me. And you couldn't help but like Hunter. As soon as you met the guy, he was... you kind of liked him. And yet I thought he had done terrible things. Then we went back down... the two of us were called together in front of Bob Reinecke, Bruce and obviously others. In front of Hunter, they asked me what I would advise the Board of Trustees to do and I told them to fire Hunter Stokes! And they said, 'No, we're going to ask you to become a member of the State Affairs Committee.' So the rest was history! I dropped PEN and I became a member of the State Affairs Committee. When Hunter left, I took over as chair.

DAVID II: And you and Hunter became pretty good friends.

DAVID: We were great friends. Hunter was very eloquent and a good speaker. I had a lot of respect for Hunter. Unfortunately, he had some physical problems that took him out of the foray, if you will, in the scope of practice issues. But I always feel that I owe a great debt to Hunter.

DAVID II: Then you went on in State Affairs and a number of the people that you brought on the Committee ended up being Academy presidents.

DAVID: Yes, there were a number of great people. I just had lunch with one of them today, Ken Tuck. Ken was a person that I brought on the State Affairs Committee. Elliott Finkelstein was a person, Mike Redmond, Randy Johnston—these were all people that were members of the State Affairs Committee with me. I recognized their capabilities either as members of the Council or from things that I picked up on a national basis – things they were doing in their state societies. And these turned out to be great people.



DAVID II: So when you look back on your career in ophthalmology, what do you think are your greatest accomplishments?

DAVID: My greatest accomplishments in ophthalmology were: being successful in helping to stave off scope of practice issues; to have been privileged to practice... to be an ophthalmologist and to take care of people; to have people trust you to take care of them. These are, as far as I'm concerned, far and away, the most important parts of practice for me.

I did some interesting things. I was the first person in Connecticut to ever do an intraocular lens implant. I was the first person to have an argon laser that the hospital bought for me. Also, our hospital was the first hospital to have a vitrector. And in those days, you know, I did everything. I did corneal transplants. I did retinal detachments. I did all my muscle surgery. And all of that has changed. General ophthalmology in those days was general ophthalmology. Now, of course, we have so many marvelous subspecialties. With the increase in the problems of insurance and malpractice programs, you just had to drop things like corneal transplants and so forth. When people became fellowship-trained and far better than you, you just dropped doing those things.

DAVID II: Well, the thing I remember more than anything else about growing up... had nothing to do with that. It had to do with the fact that you would make house calls and sometimes you got paid in dandelion wine and tomatoes and things like this.

DAVID: Well, that was part of it. Now, I just felt that was part of practice. When I first started in practice, though, before the days of Medicare, when you were on the hospital staff, you agreed to take care of the indigent. And, to me, that was just part of the deal, and it was part of my job. And I never looked at people like they had dollar bills coming out of their eyes. It was just to try to help them, whether they were rich or poor.

I loved making house calls and taking you kids along with me. I could remember you... one day, sending you ahead of me to the hospital on a Sunday morning, and you took my little black bag and you went into a patient's room and you said, 'I'm here to change your dressing.' Do you

remember doing that? You were about 6! The patient was hysterical, laughing about it. I loved bringing you and your sisters on rounds. In those days, of course, everybody wore an eye patch for 10 or 12 days, and some of these people had nobody to care for them at home. So I changed their dressings every day, and went and made house calls. I learned to speak Polish and Yiddish and Italian and Spanish, enough to get along, making house calls. The people loved having me come, loved having you kids come, and they used to feed us, if you remember.

DAVID II: Oh, I remember very well getting... and, you know, living in an Italian town, had some of the world's best pasta and spaghetti, going to their homes on Sunday.

DAVID: And then when we'd go home for dinner, your mother would be angry because you were all full!

Well, we should really talk about you and a little bit about your background, and what I recall as to the greatest surprise of my life when you told me you were going to go to medical school.

DAVID II: What do you recall about it?

DAVID: Well, you went off to Stanford University with the avowed intention of becoming the first president of the world federation. And you were going to study the Chinese White Papers and Far Asian Affairs. You had no idea that you were going to go into medicine. That summer you worked in Washington in the State...

DAVID II: State Department.

DAVID: ...State Department. And when you went off to Stanford, I certainly expected you to be taking Mandarin and a few other things. Then you said to me the day you got there, 'I just registered and I'm going to major in Human Biology and go to medical school.' And I almost fell over!

DAVID II: I have absolutely no understanding of how or why I made that decision. Like a lot of other decisions, I probably didn't have particularly good reasons, but I did it. You're absolutely correct, I thought I was going

to go into the Foreign Service, and that was my goal in life. I still took quite a bit of East Asian history and things like this as an undergrad, but decided that I really did want to go to medical school. The funniest thing was the medical school application process, understanding, of course, that this was the very early 70s. I had very long hair, full beard, rode a motorcycle and I'm not going to comment as to whether I inhaled or not, but you know, I basically had a pretty full head of steam. I applied to Hopkins because you had gone there, and I applied to the University of California San Francisco, because I had a girlfriend who was probably going to be living in San Francisco. My advisor told me I needed a "safety", and so he said, 'You ought to consider Baylor,' in Houston, which I had never heard of. And he said, 'You know, it's an easier school to get into.'

So I got an interview at Baylor, it was the first weekend in September and I thought Houston was all very exciting--Mike DeBakey, biggest medical center in the world, etc. Then I interviewed at UC San Francisco and the head of the Admissions Committee took me aside and he said, 'We'll take you, but I wouldn't recommend you go here, because this place is going to the dogs.' And so that was not encouraging. Then I had an interview for Hopkins at Stanford, and the chairman of the Orthopaedics Department interviewed me. He said, 'Well, do you have what it takes to be a Hopkins man?' And I said, 'I have absolutely no idea of what a Hopkins man is, so I have no idea what it takes to be one.' So he said, 'I see you live off campus. Do you live alone?' I said, 'No, I live in a house with six other people.' He said, 'All boys?' I said, 'No, there's three girls.' So he said, 'Well, that leaves one man out in the cold, doesn't it?' I thought that was a fairly arrogant comment so I had gotten my dander fully up at that point. He said, 'Well, what would one of your friends say if I went up to him on campus and asked him what they thought of you, what would they say?' And I said, 'They'd say he likes to drive fast cars,' and I walked out. That was in October, and a week later, I got my acceptance to Hopkins. I never have quite understood how that happened!

I then told you that I needed to go see Baylor again. So I went... I called the Dean's Office and told them that I wanted to come down and take a look at it. When the plane arrived in Houston, there was a medical student standing there waving a credit card and he had a picture of me. He came up and he said, 'You're David Parke, aren't you?' I said, 'Yes.' He said, 'Look what

I've got. The Dean gave me his credit card and we should have fun.' He had the Dean's American Express card and we never went to the Medical Center. We basically partied for an entire weekend, ended up down in Galveston at like 6 in the morning on the beach, and I decided this is where I wanted to go to medical school! It had all the major inducements fully in place, and, clearly it fit with my idea of what medical school should be. So I went down there, and like every good medical student, fell in love with just about everything that I did, including one of my classmates – whom I ended up marrying.

But you know, when it came to ophthalmology, I wasn't sure what I wanted to do. I came across David Paton, who was then the chairman of the Department, and Dan Jones, who at that point was a young faculty member. And Danny, quite frankly, was a little bit frightening at that time because he was known to throw charts. But David Paton was one of these incredibly charismatic individuals. As my wife told me at one point, she said, 'Every female medical student wants to have his baby.' He was just as charismatic, sort of, selling me on ophthalmology. So between your experience, Dad, and what I'd learned from you and David Paton, it sort of proved what I learned later in my own academic career – that there's nothing like role models to really motivate a decision. So I ended up there. Baylor offered Julie, my wife, a position in pediatrics and me a position in ophthalmology, and so that's how we ended up there.

But I almost ended up in oculoplastics because David Paton came to me one day when I was a first-year resident and said, 'You know, we need an oculoplastics surgeon, so here's what I want you to do. After your second year of residency, I want you to go take an oculoplastics fellowship, and then I want you to come back and finish this. And then we're going to open an outpatient surgery center – an oculoplastics center.' Now, David Paton always thought ahead of his time. At this point, we're talking late 1978, 1979. So I said, 'That sounds great to me, Dr. Paton, whatever works for you, works for me.' So David Paton arranged for an oculoplastics fellowship for me without my ever having decided what program I wanted to do or who to do it with. Along the way, I fell in love with retina, and I dreaded this meeting with David Paton to tell him I really was not going to be the future of his oculoplastics program. I went in and told him that, and he said, 'Well, that's okay. I was going to tell you anyway, but the lady that

was going to donate the money for the center won't do it, and so this works out for the best anyway.'

So then I went away and did fellowship training. Danny Jones had taken the chairmanship of the department and asked me to come back as the program director, the residency training program director. There's sort of an apocryphal story, which I can't personally validate, but all of my friends at Baylor at the time insist it's true. When David Paton announced to the department that he was stepping down as chair and said there was going to be a search for the new chair, he did this in grand rounds, and apparently I raised my hand and volunteered for the job. Several people, Doug Koch and others who were in the room at the time, still remember, but I have no recollection of it. But, at any rate, I came back and worked with Danny.

Danny Jones, to me, was one of the single most incisive thinkers. He had an algorithmic approach to problems and he really taught me how to dissect problems, both clinical and non-clinical problems. He, Tom Aaberg and a few others are sort of in my personal pantheon of heroes. Then, after nine years on faculty there, I went on and took the chairmanship at University of Oklahoma. Stayed there 17 years, and then ended up where I am right now. Thus, endeth the lesson!

DAVID: Well, you inspired your son, who went to Princeton, and then decided to go to medical school, and he went to Baylor. So I'm not sure he was interested in what was going on in Galveston! Maybe he was, but I never knew that until today. Fathers don't know everything, you know, and that's great. I didn't know you rode a motorcycle either. But you got your nickname, Parnelli, for driving fast cars. People should know that you have three names. Your mother and I called you 'Bill,' because your grandfather was David, I was David, and her father was David, and you had two uncles who were David, and we just decided too many Davids, so we called you, 'Bill.' You were always Bill until you went off to Exeter. I think that's where they started calling you David. Then at Stanford, because you did some damned-fool things with an automobile, they called you Parnelli Jones, and you even had a vanity plate on your car that said, 'Parn,' so your sisters call you Parn, and now, I've even gotten to calling you, Parn. Your nieces and your nephew call you, Uncle Parn. So you have three names: Bill, Parn, and Dave!

DAVID II: Yes. I think, Will, my son's interest in ophthalmology came organically the way it should have come, in that he, like me, liked everything in medical school. And that to a certain extent, I think that although I may have played a role, as you did with me, I think that the department at Baylor, and, again, Danny Jones... you know some of these things keep coming full circle. I'm just a firm believer in the role of role modeling for young people. You never know the impact it's going to have long-term. One thing that you, Dad, gave me early on, and Mom too, Mom just as much, was the sense of trying to, if you will, leave the world a better place and not be a bystander in the process. And that's, I think, what motivated me when I had my first opportunity to get involved in the Academy. To basically try to do a good enough job that I'd be asked to do the next job. You know, I hope in my son's career that he has the same opportunities and the same desire to, if you will, give back. I think he will. He's done a chief residency at Bascom Palmer and has really, I think, done a good job there and really loves teaching. And so who knows? Time will tell.

DAVID: Will went to Ethiopia and did some work there. That's always been an area that I think all of us have been interested in, global medicine and medicine in the developing nations. So it is a matter of giving back.

DAVID II: But it is fun to have three generations, though.

DAVID: It is.

DAVID II: I must admit, I enjoy walking through the hall with all three of us!

DAVID: Likewise, very much!