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THE AMERICAN OPHTHALMOLOGICAL SOCIETY 2009

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May 14-17, 2009

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Verhoeff Lecturers

FREDERICK H. VERHOEFF LECTURERS

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<td>1964</td>
<td>Sir Stewart Duke-Edler</td>
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<td>1969</td>
<td>Dr. David G. Cogan</td>
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<td>1971</td>
<td>Dr. Lorenz E. Zimmerman</td>
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<td>Dr. Irving H. Leopold</td>
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<td>Dr. Arthur Gerard Devoe</td>
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<td>1977</td>
<td>Professor Jules Francois</td>
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<td>Dr. Saiichi Mishima</td>
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<td>Dr. Richard W. Young</td>
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<td>Dr. Frederick C. Blodi</td>
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<td>Dr. Joram Piatigorsky</td>
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Alfonso, Eduardo C.
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Alvarado, Jorge A.
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Asbell, Penny A.
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Azar, Dimitri T.
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Batesman, J. Bronwyn
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Benson, William E.
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Frayer, William C.
Freeman, H. MacKenzie
Frueh, Bartley R.
Glew, William B.
Goldberg, Morton F.
Grayson, Merril
Green, W. Richard
Gutman, Fronica A.
Hagler, William S.
Hamilton, Ralph S.
Hedges Jr., Thomas R.
Helveston, Eugene M.
Henderson, John Woodworth
Hiatt, Roger L.
Hull, David S.
Hyndiuk, Robert A.
Irvine, Alexander R.
Jaeger, Edward A.
Jakobiec, Frederick A.
Jarrett II, William H.
Jones, Ira S.
Kearns, Thomas P.
Kennedy, Robert E.
Knox, David L.
Kolker, Allan E.
Kupfer, Carl
Laibson, Peter R.
Landers III, Maurice B.
Lates, Alan M.
Lawwill, Theodore
Levene, Ralph Z.
Little, Hunter L.
Macdonald Jr., Roderick
Manchester Jr., P. Thomas
McDonald, James E.
Metz, Henry S.
Meyer, Roger F.

Weiss, Jayne S.
Wilensky, Jacob T.
Wilhelmus, Kirk R.
Wilkinson, Charles P.
Wilson, David J.
Wilson Jr., M. Edward
Wilson, M. Roy
Wilson, Steven E.
Woog, John
Wright, Kenneth W.
Yannuzzi, Lawrence A.
Yeatts, R. Patrick
Yee, Robert D.
Young, Terri L.
Younge, Brian R.
Zacks, David N.
Zarbin, Marco A.

Miranda Jr., Manuel N.
O'Rourke, James
Okun, Edward
Owens, William C.
Patz, Arnall
Payne, John W.
Pico Sr., Guillermo
Pollack, Irvin P.
Regan, Ellen F.
Rich, Larry F.
Richards, Richard D.
Robb, Richard M.
Robertson, Dennis M.
Rubin, Melvin L.
Schocket, Stanley S.
Schultz, Richard O.
Sears, Marvin L.
Sherman, Arthur E.
Small, Robert G.
Snell, Albert C.
Spalter, Harold F.
Spaulding, Abbot G.
Spencer, William H.
Spivey, Bruce E.
Straatsma, Bradley R.
Stark, Walter J.
Streeten, Barbara W.
Tasman, William S.
Taylor, Daniel M.
Thompson, H. Stanley
Troutman, Richard C.
Truhlsen, Stanley M.
Tso, Mark O. M.
Van Buskirk, E. Michael
Veronneau-Troutman, Suzanne
Vine, Andrew K.
von Noorden, Gunter K.
Wall, Robert R.
Watzke, Robert C.
Welch, Robert B.
Wilson Sr., Fred M.
Wilson II, Fred M.
Wilson, R. Sloan
Wolff, Stewart M.
Wong, Vernon G.
Wood, Thomas O.
Yanoff, Myron

HONORARY MEMBERS
Zimmerman, Lorenz E.

Members 235
Emeritus Members 128
Honorary Members 1

Total Membership 364
NECROLOGY

In Memorium
ARTHUR GERARD DEVOE, MD, ELECTED 1947
RUFUS HOWARD, MD, PhD, ELECTED 1977
ARIAH SCHWARTZ, MD, ELECTED 1971
Arthur Gerard DeVoe, former chairman of the department of Ophthalmology, Columbia University and former Director of the Edward S Harkness Eye Institute passed away after a brief illness on Sept. 19, 2007 at the age of 98.

The only son of a career Army physician Gerry DeVoe was born in Seattle, Washington. Although his early years were spent on several army bases young DeVoe graduated from Phillips Exeter Academy in 1927 and obtained his B.S. from Yale University where he excelled as a track star and captained the track team.

He went on to Cornell Medical School and received his MD degree in 1935 and completed his eye training at the Columbia’s Eye Institute in 1940. During the Second World War Dr. DeVoe was sent by the Army to Halloran hospital in Staten Island, NY. The four years he spent here was sufficient for him to hone his excellent skills in orbit and plastic surgery. Discharged in 1946 he joined the office of John Dunnington who was now Chairman of the department of Ophthalmology at Columbia University.

Dr. DeVoe was elected to membership in the American Ophthalmological Society in 1947. His AOS thesis was titled “Fractures of the Orbital Floor”. In 1950 Dr. DeVoe became Professor and Chairman of the Ophthalmology department at New York University occupying the post vacated by Dr. Alson Braley. The nine years spent at NYU proved invaluable. Many of his excellent administrative skills and experience in running a department as well as a residency program were refined here and put to good use subsequently at Columbia where he replaced Dunnington as Chairman in 1959.

Under Dr. DeVoe’s leadership the Edward S. Harkness Eye Institute underwent a major transformation. Because of his abiding commitment to basic research several young excellent scientists were recruited to join the department. A very unique Corneal Center was created in 1966 for basic and clinical research on the Cornea. With Dr. Hernando Cardona Dr. DeVoe pioneered the use of the Keratoprosthesis for severely scarred corneas not suitable for successful corneal transplant surgery. A new Eye Research facility was built in 1969 contiguous with the Harkness Eye Institute to house eye research laboratories previously spread throughout the Medical Center. The clinical staff was expanded to cover the major sub-specialties of Ophthalmology and many of his appointees have made
Necrology

significant contributions to their respective areas of expertise. Those of us who were privileged to work with him benefited immensely from observing his great compassion for patients with problems, his astute clinical judgment and superb surgical skills, qualities that led him to the important discovery that Jacob-Creutzfeldt disease was transmitted to a patient who received a corneal graft from a donor with the same disease.

Academic groups in national Ophthalmology were held in high regard by Dr. DeVoe. He was a major supporter of the American Board of Ophthalmology and was President of the ABO from 1964-1966 and an active member of the Board for 8 years. He was also a strong advocate for the American Ophthalmological Society and encouraged many staff members to aspire to membership in the AOS. He was President of the AOS in 1973 and was awarded the prestigious Howe medal in 1984 in recognition of his contributions to Ophthalmology. Other academic involvement included a stint as a section Editor of the Archives of Ophthalmology, membership in the Heed Foundation, Vice-President of the American Academy of Ophthalmology, membership in several NIH committees and several foreign Ophthalmological societies.

The entire world of Ophthalmology will miss this great and gentle leader and we take comfort in knowing that he will be in the hearts and minds of those who knew him.

Our deepest condolences go to his 3 sons and 5 grandchildren.
The poet Sophocles wrote, “One must wait until the evening to see how splendid the day has been.” Such a reflection fittingly characterizes the life of Rufus O. Howard, M.D. He was a man of significant accomplishments in both his professional and personal life, and yet his gentle, unassuming nature was such that his true contributions to our society and the lives he touched are not fully appreciated until we look back on them as a whole.

After earning his BS jointly from William and Mary and MIT in 1949 and his Ph.D. in physical chemistry at MIT, Dr Howard served in the US Army Chemical Corps and worked as a chemist at DuPont, before deciding on a career in Medicine. His only barrier to entering the Medical College of Virginia was a biology credit, so the Dean suggested that he spend the summer reading a biology text and dissecting a frog and a bird. He did as advised, passed on oral exam and launched his medical career in 1957.

In 1962, Dr. Howard began his Ophthalmology training at Yale University, where he was the first resident to study under Dr. Marvin L. Sears. He served on the Yale faculty as an Assistant and Associate Professor from 1966 to 1976, during which time he took a sabbatical at Guy’s Hospital and The Hospital for Sick Children in London to study genetic syndromes. He became a Clinical Professor at Yale in 1976. His primary interest was ophthalmic genetics, and he published over 80 papers, many of which dealt with the ocular findings in diseases such as Trisomy 21, Werner’s syndrome, retinoblastoma, Leigh’s syndrome and optic nerve aplasia.

Generations of Yale alumni, who were fortunate to have studied under Dr. Howard, still comment on his wonderful sense of humor and his natural teaching ability. He established the Genetics Clinic at Yale, where residents had the opportunity to study unusual genetic disorders including Wilson’s disease, the mucopolysaccharidoses, Marfan’s syndrome and homocystinuria. He not only taught them in his clinic, but assisted them in surgery and helped many a nervous resident through their first operation with his kind, supportive, reassuring manner.

Dr. Howard was also a devoted family man and humanitarian. He and his wife of 52 years, Martha, had seven children and ten grandchildren. Rufus and Martha enjoyed cooking, baking, music, hiking and many other outdoor activities with their family. One of his children, Martha Howard, has followed in her father’s footsteps and is now a pediatric ophthalmologist on the community faculty at Yale.

As a humanitarian, Dr. Howard provided eye care to mentally retarded children in Southbury, Connecticut, for many years, and also took his family to the Albert Schweitzer Hospital in Haiti, when it was affiliated with the Yale program. He taught his children that “to whom much is given, much is expected.” Rufus Howard truly lived by this admonition and left the world a better place for all who were touched by the life of this exceptional person.
ARIAH SCHWARTZ, MD  
BY Alexander R. Irvine MD

Ariah Schwartz died Aug. 7, 2008 at age 89. Ariah was a man of great, yet quiet character whose example set the tone for all retinal surgeons in Northern California. His was a tone of cooperation between retinal surgeons, rather than competition.

Ariah completed his medical school and internship just before the U.S. entered World War II. Immediately following internship, he went into the service, where he was the only physician at a naval base in Greenland, caring for both the military personnel and the indigenous Eskimo population. Following the service and a difficult recovery from tuberculosis, Ariah spent two years in an ENT residency and then three years in an ophthalmology residency at the University of California San Francisco. Following residency, he received a Heed Fellowship, which enabled him to be one of the early fellows to train with Charles Schepins at Harvard. He then brought Schepens' indirect ophthalmoscopy back to Northern California, where he established the Retinal Surgery Unit at the University of California in 1955. This was not easy, for Dorman Pischel had an excellent reputation for work on retinal detachments with the direct ophthalmoscope at that time, and the Chairman of the eye department sent detachment patients to Dorman, rather than to Ariah in his own department. Nonetheless, Ariah and Dorman were able to work together, rather than in conflict, each teaching the other. Ariah directed the retinal surgery unit at UCSF full time until 1966, when he went into private practice, but he continued teaching at the retinal service at UCSF.

Ariah's influence prevailed when a man who had just trained in Miami joined the faculty and brought one of the first of Bob Machemer's vitrectomy instruments. Ariah made sure that the problems which he had faced in bringing a new retinal technique were not repeated. Patients were presented to Ariah, and he would agree on those which could not be successfully treated with the standard buckling procedures, but which might benefit from vitrectomy.

At that time, the retinal service held a monthly dinner, wherein members would present problems they had and ask each other for advice. This sort of cooperation was possible only because of the spirit Ariah instilled as former chief of the retinal service and as the leading retinal surgeon in San Francisco. Ariah set the tone of honest and unselfish cooperation.

Ariah Schwartz was elected President of the American Retina Society in 1979-1981. He was President of the Fred Cordes Society 1977-1978, and of the San Francisco Ophthalmologic Round Table in 1977. He is known for the "Schwartz Syndrome"---a form of glaucoma associated with unrecognized peripheral retinal detachment. He established a retinal surgical unit in Tel Aviv, and was honored with the Dr. Landau Award for his work in Israel. Most of all, however, Ariah will be remembered by those who knew him as a strong man of unselfish and giving principle.
MINUTES OF THE PROCEEDINGS
One Hundred and Forty-fifth Annual Meeting
May 14-17, 2009

The ONE HUNDRED AND FORTY-FIFTH ANNUAL MEETING of the American Ophthalmological Society (AOS) was held at The Ritz Carlton Hotel, Half Moon Bay, California, on May 14-17, 2009. There was a “Spotlight Session” on the Thursday afternoon May 14 prior to the start of the meeting to introduce all the new members elected to the AOS the prior year. Each new member presented a 10-minute summary of their thesis project and comments on their personal and professional life.

President Susan H. Day MD called the opening session to order on Friday, May 15. The program began with the AOS-Knapp Symposium on Friday, May 15, as follows:

SYMPOSIUM: ADVANCED IMAGING IN OPHTHALMOLOGY
1. “Introduction” Marco A. Zarbin, MD, PhD
2. “Adaptive Optics” Edward N. Pugh, JR., PhD and Jacque L. Duncan, MD
3. “Motion-Sensitive OCT” Daniel M. Schwartz, MD
4. “Spectral Domain OCT” Carmen A. Puliafito, MD, MBA
5. “Glaucoma Imaging” Robert N. Weinreb, MD
6. “Neuroimaging” Andrew G. Lee, MD

The Meeting was continued with the following scientific program:

1. “Spectral-Domain Optical Coherence Tomography and Adaptive Optics may detect hydroxychloroquine retinal toxicity before symptomatic vision loss”, Kimberly E. Stepien MD*, Dennis P. Han MD, Jonathan Schell MD, Pooja Godara MD, Jungtae Rha PhD, and Joseph Carroll PhD
2. “Advanced fundus imaging of vitreo-macularpathies with optical coherence tomography and scanning laser ophthalmoscopy”, J. Sebag MD FRCophth*, Michelle Y. Wang MD, Dieuthu Nguyen MD, and Alfredo A. Sadun MD PhD
4. “Mysteries regarding the surgically reattached retina”, C. P. Wilkinson, MD*
5. “Mini drug pump for ophthalmic use”, Saloomeh Saati MD, Ronalee Lo MS, Po-Ying Li MS, Ellis Meng PhD, Rohit Varma MD MPH, Mark S. Humayun MD PhD

*=Presenting

BOLD = AOS Member

EXECUTIVE SESSION, SATURDAY, MAY 16

SUSAN H. DAY MD:
Good morning all. I have asked Dr. Bradley Straatsma to serve as the parliamentarian. No degree is required and he does not have one, but I am sure that he qualifies. I would like to ask for a motion to accept the minutes of the Executive Session of May 17, 2008, as printed in the Transactions. Is there a motion please? All in favor? Aye? Opposed? The motion carries. Tom, if you would give the EVP report, I would appreciate it.

REPORT OF THE EXECUTIVE VICE PRESIDENT
THOMAS J. LIESEGANG MD: The Society suffered financial losses over the past year reflecting the present financial markets but remains in a strong financial condition. The Council has been monitoring the investments and accounts closely and has actively engaged with the Society’s financial managers at Vanguard, including direct dialog during the Council meetings. The AOS Council has recommended a modest increase in dues next year for the first time in over a decade.

The three sources of income for the AOS are membership dues, annual meeting registration fees, and investment income. The AOS continues to subsidize the meeting and the Transactions, although the expenses of the Transactions have declined significantly now that it is published only online. The Knapp symposium during the Annual Meeting is funded by the Knapp Fund.

There are now 234 active members and 126 emeritus members. New members that have been accepted for membership were featured in the spotlight session during the Annual Meeting on Thursday afternoon and they will be introduced at the banquet. The AOS website continues to be refreshed each year with information on new members, Council and Officers, as well as past and present members. There is information about the history of the Society, membership requirements, and a calendar of activities for the year. There is linkage to the full text of each article in each Transactions volume since 1864. All members are encouraged to submit a biosketch and photo for the Website. The bylaws have been altered over the past few years as discussed in Executive session, with recent changes related to a clarification of the status of international members and the elimination of the President-elect position. This year the Society will address bylaw changes that relate to the meeting and the Transactions during the Executive Session in an attempt to make the Society more contemporary and competitive with other ophthalmology meetings.
Minutes of the Proceedings

AOS PRESIDENT SUSAN H. DAY, MD

REPORT OF THE CHAIR OF THE COUNCIL

LEE M. JAMPOL MD: This is my swan song for serving the AOS Council and I want to express my gratitude for having had that opportunity. I was on the Thesis Committee, then the Membership Committee, and later served for 5 years on the Council. It has been a great experience and I want to thank Tom Liesegang, his predecessor Pat Wilkinson, and Lisa Brown and her staff. It has been a delight to work with them.

Tom mentioned that last year’s symposium on ethics has been posted on our website: AOSonline.org. If you click on Annual Meeting tab, then you can select the 2008 Knapp Symposium. My dean listened to it and it is a good idea to share this information. After the symposium we wrote a white paper on the topic of ethics and the pharmaceutical and device industries. We had a terrific writing committee whose contributions are summarized in the newsletter. The white paper has been accepted by the *Archives of Ophthalmology* and will be published in September. Unfortunately, it remains embargoed until the date of publication. We will put it on the AOS website, as well. We would like to solicit suggestions for future white papers. This one focused on an incredibly timely topic and has been in tremendous demand. I am sure there are other topics that you have in mind and I suggest that you contact the Chair of the Council to discuss future possibilities.

One change in our functioning (however, it is not really a change because it does not require a bylaws change), is to encourage you to nominate international members. This organization has always had a few international members and I believe that we currently have one. Nothing in the bylaws comments upon or prevents this practice. I am certain it is apparent to all of you that ophthalmology has become globalized. When you attend ARVO or the AAO, or any of the subspecialty meetings, many of the major players are from overseas. It is ridiculous for us not to have some of those people, the best of them, in our society. It will be difficult at first, because many of them do not know about our Society. I hope in the years to come that we would have an increasing international presence at the meeting. The Council is unanimously in favor of that goal.

I would also like to discuss the issue of single authored theses that was brought forward by both the Thesis Committee and the Program Committee. This has always been the policy of our organization. What has happened, of course, is that research is much more collaborative now than in the past. It is not unusual for someone to be work with many other individuals. In the past we have permitted only a single author on the thesis. What will not change is that the applicant, must conceive, oversee, and do the work, as previously required. We will accept multiple authors and will develop a form that attests to the fact that this work is the conception and work of the applicant. This proposal was accepted by the Thesis Committee and Program Committee.

The topic of CME was mentioned. Meeting the standards of the ACCME is a real problem as the rules have changed and are changing everyday. After reading the rules and wanting to interpret them properly, we believed that we could not offer CME this year. The changes occurred in the last few months and we could not, even by scurrying around, accomplish that this year. If we do wish to have CME for the meeting, we need someone in our organization with expertise in the modern guidelines for CME, not the old
and then disappear. I confess to you that when I first joined the Society that was my behavior, as well. How can we address that? We
lights in ophthalmology. Many members were attending the minimum number of times, once every three years, or would just registe r
papers submitted for the rest of the program has continued to drop so much so that in the last two years the Program Committee has
comparison has been a notch lower, or I might say, a log unit lower. There are many fine papers, but the quality and the number of
surveyed the membership to determ ine why they are not presenting their best papers at this meeting. We have some of the greate st
quality of some of those papers. The Council has discussed this issue for the last three years, and the Program Committee has
referred to the microphone as we do in the scientific session.

The three criticisms of publishing papers in our Transactions are the perception of double publication, which is inexcusable; the
quality of the papers being not what they could be, which is true, but it is not as bad as what has been suggested, in my opinion; and
lastly, a questionable peer review process. I would like to comment on all three of those points. First, none of us would advocate
double publication of finished studies, but I would like to bring to everyone’s attention the purgatory of “approved and not funded”
grants. This has become epidemic over this last ten years. The number of approved NIH grants at times has been so small and the
number of excellent submissions has been so great that it has become a lottery system. This meeting the perfect setting to present a
paper that reflects an “approved, but not funded grant” in order to document the existence of those ideas and to provide an opportunity
for the researcher who needs to publish his findings. Secondly, all of the grants these days require pilot studies. In my own personal
experience, nothing was more painful than putting together a pilot study on topically applied carbonic anhydrase inhibitors when it had not been mentioned in the literature for over 25 years and presenting the information at ARVO hoping to have it published subsequently. It took me two years to get that pilot study published and this happened only after experts in the area had confirmed my results. This is not an individual experience. I have spoken to more than a dozen members of our Society who have had comparable experiences, particularly in their early careers. If I had had the opportunity to present that data at this meeting and to generate a formal published document, then I might have taken more seriously the suggestion to file a law suit over the activity that occurred thereafter. Thirdly, our peer review system is unique. If you submit a manuscript to any major journals in ophthalmology, and by that I mean the Journal of Cataract and Refractive Surgery, Ophthalmology, Archives of Ophthalmology, Investigative Ophthalmology and Visual Science, and the AJO, then the peer review system usually includes experts in the area. This Society peer reviews with experts in all areas. The reason our peer review system does not work very well is not because it is not a good idea, but rather because we do not demand attendance at every year. There are those of us in the Society who feel so strongly about our peer review system that we would suggest members who are either so disinterested or apathetic and do not wish to attend every year should perhaps not be members. Fourthly, we have members of our Society who are in private practice. They are clinical professors who do not have the tools of the university, and yet they are doing very fine research. Often they represent individuals who for one reason or another did not have the opportunity to spend their lives in an ivory tower. The Society offers them an opportunity to prepare, assemble, and publish information to achieve the recognition that they deserve. Now, I can pick out specific people in this audience who have benefited in that way and have received the recognition they deserve based on those published papers.

Mentoring. What a better way to mentor a medical student than to include them, make them a co-author, and punctuate their efforts, with a publication, rather than just a poster at ARVO? Whether we like it or not, even within this Society there are individuals who bully young researchers. In other words, they send the message that if you are going to work in that area, then you darn well better collaborate with me. This is a perfect place for those young researchers to present their findings and we can recognize what they do by themselves. Finally the quality of this meeting is shown in this year’s program. Excluding my paper on floppy iris syndrome, not that important perhaps to many of you, but the papers presented this time are excellent papers, and yesterday I thought they were fantastic. The quality could be better though if we had full attendance. Finally I would like to punctuate my talks. If Dr. Carl Camras, God bless him, had been permitted to present his prostaglandin material at this meeting and a formal record had been made of that, not only would he have been a long time well deserved member of this Society, but he would have had the recognition he deserved in print. I am in favor of keeping the current publications.
C. P. WILKINSON MD: I speak in support of what I interpret to be the motion and just want to remind everyone that this organization is based on attracting the very best and the brightest in ophthalmology. Once we do that we want them to participate and to attend a meeting, which should not be missed because of its scientific content. The Council has been wrestling with this issue for at least a decade and there is no doubt that we are not seeing the best material from the best people in this country that they have to offer. I think that this will improve things. I would like to make a couple of points. One: it is my understanding that the abstract would be published, so this would be like an ARVO poster. There would be some documentation of the fact that this material was presented. Secondly, I understood that it would be possible for an author to have his or her article published if that were their wish.

LEE M. JAMPOL MD: One possibility would be to give the author the choice of opting out of the system and having the paper published elsewhere or publishing in the Transactions. If that were the case, we believe that the Transactions would include what was left behind. These would likely be papers that would not be acceptable to the other 42 journals in ophthalmology. We would be left with a hodgepodge of papers that for various reasons would be published in our Transactions and that all the better works would be published elsewhere. We did not feel that this is acceptable. The other possibility would be to establish a peer review system and to review these submissions. The organization is not in a position to have a peer review system like the AJO or Archives of Ophthalmology, which requires money, time, and effort. For those two reasons, I think the optional approach to publication is really not feasible.

DAVID J. WILSON MD: I very much agree and want to voice my support for the multi-author thesis. I believe that it is really important to do this. For the potential applicants whom I have been wished to nominate since joining this society, this has been an issue for all of them. I believe that this is going to improve the nomination of new members. Regarding the issue of the presenting the theses, if we review the submissions earlier in the year, then it might be easier to facilitate presenting some of them at the meeting. If you knew earlier that things were approved then the process could move forward faster. I do not know if it would be that difficult to conduct the process a little bit earlier. That is just a suggestion.

ROBERT L. STAMPER MD: I am sure that I have lots of conflicts. I would also like to speak in favor of the proposed change. I believe that all the reasons are well founded. This discussion has been going on for ten years. There have been no improvements in keeping the old system. With all due respect to my colleague and friend, Allan, I believe that all the points he made were actually good. I am convinced that we need to keep those concerns in mind, but we need to move forward into 21st century.

IRENE H. LUDWIG MD: I believe that the idea of not being allowed to publish in Transactions would be a disaster. For me this has been an outlet where I can publish my work at the length I need. The journals to which I can submit my work have very short length requirements, and I basically would not publish in them anymore. Maybe I will publish my work free on line for interested readers and post it on my website. As a person in private practice doing innovative creative strabismus, I do not have the time or resources to deal with 10 or 20 rewrites that are generally requested. Peer review has become a means to maintain quality, but unfortunately also keeps out new ideas. Many peer reviewers’ comments are basically, “I don’t agree with your findings”, which is not the point of peer review. It is, unfortunately, the abuse that is prevalent. My reviews tend to be longer than my papers and I cannot wade through them. I do not have the time and I do not have an editor. I do not have help, so my ideas will basically become quiet. I will put them on my list serve group that I belong to, and post them on-line. I will write a book and make it free, but the information will not be presented at meetings because I cannot do it. If you would allow the possibility of permitting of optional papers, then you would not necessarily need to establish a formal peer review process. You can certainly put it through a committee, like the Thesis Committee, to have it read for quality and to ask to have it rewritten if it is not of proper quality, but there is no option now in this new format. You will continue to receive pretty much just mainstream material. It may be what you think is cutting edge research, but much of the best research comes from outside the academic ivory towers, and you understand that. The intraocular implant would never make it through the system nowadays. We lack the resources and the money to get through FDA and the IRBs. This cannot be done anymore, so we are going to kill creativity in this country with this kind of system.

KENNETH W. WRIGHT MD: Ken Wright, I would like to give my support to having the thesis presented by the new members. This would be a great way for us to meet the new members. I think it is very important. I presented my thesis and I really enjoyed that and it really got me into the organization. Secondly, I have a question, if the abstract is published is that citable?

THOMAS J. LIESEGANG MD: Some journals permit abstracts to be cited as references, but most journals require abstract citation to be included only parenthetically in the text.

KENNETH W. WRIGHT MD: I agree with the idea that we should be able to publish. It is a big benefit to the members that they can publish and it is a nice way to publish perhaps new and innovative ideas that may not be published as readily in the standard journals. As long as it is citable I think that is probably ok, but to get rid of that option for us would be a loss of a very important benefit.

It is a great benefit for us that we can publish and then you can cite the work so much in advance before the classic journals will publish it. Fluorescein angiography was published in something like Ophthalmology Times because nobody thought it was worth it. It would enhance our journal.

PAUL R. LICHTER MD: As a long time member of the organization and as a past journal editor, listening to these arguments has been quite interesting. I come out on the side of the Council. I think that the Transactions are wonderful and the Council knows that I really am kind of a stodgy one. I loved and still love my books from this organization, those green bound books with all the papers and athletic events. I loved the Transactions the way it was, but I have been convinced that going to an on-line type of version is fine. I am also convinced also that not having papers from this meeting published is fine. The reason is that it really should not be the
Minutes of the Proceedings

decision of the author to determine if their paper is published in the peer review literature. The system today is that we submit a manuscript and then it undergoes peer review by experts. Now, sometimes the decisions of the experts are bad and they are wrong. The experts are not really experts and they may have biases, but that is the current system. Studies to evaluate the effect of changing the system have not been able to find a better one. It is a matter of keeping the best that we can do, not that it is the best we could imagine, but it is the best we can do. I believe that it is only fair that those who present papers are members. If their paper is worthy of getting into the hands of anyone in the world, then it must go through a proper peer review process to be published in a respected journal. I come out on the side of the Council, although I certainly understand all of the other arguments that have been made. I thank the Council for considering it so carefully.

STEVEN A. NEWMAN MD: The evolution is very interesting and there are some innovations that have not been discussed here that are going to change everything. For example, a prominent trend is the manner by which our younger members access literature. They do not pick up the journals anymore, but go directly to the internet. I would agree with the evolution here as proposed by the Council. There is one issue; however, which I would like to not see lost and that is the discussions at the Annual Meeting. As we are setting this up right now, the discussions that have been part of the Transactions would be lost. I would move to simply allow those discussions to be printed in the abstracts, because otherwise that sort of insight into what goes on at this meeting would be lost. The real advantage of this meeting is the multidisciplinary nature of where we have comments not just from the experts in that field, but also from people in other fields. I saw that lost in Ophthalmology, having been on that editorial board and I would not like to see it lost in the Transactions. I do not believe that would take very much effort to include the discussions in the Transactions, as long as we are going to be publishing the abstract. I would append the motion to allow that to be done.

PAUL L. KAUFMAN MD: I have been a member for about 20 years and I am the editor of IOVS. You know it is interesting; you hear all of these discussions, and the truth is somewhere in between with all of these things. You can not have a respectable journal without a peer review system. It just does not have any cache and there is no control over what to publish. On the other hand, points that have been made about manuscripts that would not get into other journals because of the peer review system, but that are worthwhile, such as the new ideas, the new hypothesis, and the compendia of important issues are actually of great interest. You hate to lose those. Maybe the abstracts are a good way of doing that and I agree with the comments about the discussions. I find the discussions here much more enlightening and interesting than that at other meetings, probably because there is much more time allocated to them. So I do not know what the right answer is, but I suspect that the right answer is not at the extremes.

ROBERT C. DREWS MD: I would like to make two points. First, would it be possible, although unfortunately it would need updating, to retrospectively include a reference with the abstract to cite where the paper has been published? A person could then find the full paper and if it is not published in one of the 42 journals, then a new system coming along on the web called Open Access may be helpful. The Becker Library, for instance in St. Louis, has an Open Access site and papers can be published there.

SUSAN H. DAY MD: It is clear that there is one individual area in the EVP and Council Chair reports that is more controversial, so I will entertain an amendment to the motion, such that we accept the reports and then take a separate vote on this issue about publication. Is that all ok with everyone? With the exception of the issue about publishing of the papers in Transactions, would all in favor of the EVP and Council Chair Report please vote by saying, aye? Opposed? Thank you. Is there a motion then, or I will make a motion that this controversial issue be voted upon as a separate issue. Is there a motion? Second? Motion carries.

SUSAN H. DAY MD: I will pose a question as such. All in favor doing what the Council has recommended, that is not publishing in the Transactions any of the papers that are presented, please raise your hand?

RICHARD K. FORSTER MD; Susan, we have a question. As far as the timing again, let us assume that we publish a paper this summer, and I chose to submit it for presentation at this meeting next year would that be acceptable, or what would the timing be?

THOMAS J. LIESEGANG MD: It has to be presented at the meeting before it is published.

RICHARD K. FORSTER MD: That would still hold?

THOMAS J. LIESEGANG MD: Yes, that would still hold. You can have it published the next month after the meeting but it cannot be published before the presentation of the meeting.

ROBERT L. STAMPER MD: There was a suggestion for an amendment, and I would personally support the amendment about publication of the discussions, but I think that under the Rules of Order voting on the amendment that would take precedence before you vote on the main motion.

LEE M. JAMPOL MD: We have a parliamentarian, Dr. Straatsma., who states that the motion is in order and can be voted upon at this time. Susan bought forward the proposal. Let me just summarize again. The plan is to present the abstracts in the Transactions and to video the symposium which will appear on the website. The topic of publishing the discussions will be taken under advisement by the Council. There are consequences and issues that should be discussed, but I think we have heard that there is interest in that possibility and we will look into that.

SUSAN H. DAY MD: Mr. Parliamentarian do I need to do anything else? Thank you. All in favor of this amendment? All opposed? I believe the motion does carry. I thank you all for the discussion. We will move on to the report on the Committee on Theses and Dr. Mills will give this report.
REPORT OF THE COMMITTEE ON THESES

RICHARD P. MILLS MD: For those who are expecting Susan Elner, I do apologize. Susan was at the Council meeting and did present the Committee on Theses report personally, but could not be here, so I am doing it by proxy. The Committee on Theses consisted of Susan Elner, Donald Minckler, and James Chodosh. Thirteen (13) theses were submitted for review this cycle: 8 first time submissions, 4 first revisions, and 1 second revision. The committee actions were the 6 of 13 theses were returned for minor revision. Assuming those revisions will be made in a timely way; these 6 these will appear in the Transactions this year, 7 theses were recommended for major revision. Of the 8 first time submitted theses, half were sent back for minor revision and half for major revision. Of the first time revised thesis, 2 were recommended for minor review, and 2 were recommended for a second major revision, and the sole thesis submitted as a second revision was still judged to have enough problems that it would require again major revisions. Since that is not allowed under our rules the thesis was rejected. The Committee was very impressed overall with the quality of the submissions and anticipates that with proper revision these works will continue to represent the quality work that the AOS is capable of producing.

SUSAN H. DAY MD: Dr. Liesegang will now read the name of the thesis.

THOMAS J. LIESEGANG MD: There are 6 new members. As Richard Mills stated, these all have minor revisions and we anticipate that they can make the minimal revisions and corrections within the next month so their membership is provisional to that being done.

Dr. Peter K. Kaiser, Prospective evaluation of visual acuity assessment: a comparison of Snellen versus ETDRS in charts and clinical practice;
Dr. David N. Zacks, Gene transcription profile of the detached retina
Dr. Erich R. Holz, Refractive outcomes of the three-port lens-sparring vitrectomy for retinopathy of prematurity
Dr. Elisabeth J Cohen, Keratoconus and normal tension glaucoma: A study of the possible association with abnormal biomechanical properties as measured by corneal hysteresis
Dr. Peter A. Netland, The Ahmed glaucoma valve and neovascular glaucoma
Dr. Teresa C. Chen, Spectral domain optical coherence tomography and glaucoma: qualitative and quantitative analysis of the optic nerve head and retinal nerve fiber layer.

SUSAN H. DAY MD: All in favor of accepting these as new members? Opposed? Congratulations to the new members. We will now here from Rich Parrish, the Editor’s report for Transactions.

REPORT OF THE EDITOR OF THE TRANSACTIONS OF THE AMERICAN OPHTHALMOLOGICAL SOCIETY

RICHARD K. PARRISH MD: The 2008 106th volume of the Transactions of the American Ophthalmological Society marked the fourth year of online only publication. Twelve theses, 19 papers, and 5 poster abstracts were included. On July 1, 2009, 4795 scanned articles, 262 non-scanned articles from previous Transactions were available online through the PubMed Central (PMC). A total of 5191 items were listed in the database, including scanned journal cover images, scanned table of contents, corrections, and administrative pages.

Between 16535 and 26327 unique computers (IPs) requested information from the PMC site regarding the TAOS during each month of 2008 and 2009. In July 2009, when 4795 articles were available, 6786 HTML full text articles, 7337 full-text article PDFs, and 15498 scanned summaries of the abstract of the scanned articles were requested. In 2008-2009, between 34 and 64 requests each month were directed from PubMed Central to the publisher site from the journal banner in PMC

During July 1, 2008 - July 1,2009, the most frequently requested articles were “Perifoveal vitreous detachment and its macular complications”, by Mark W. Johnson, MD (612); “Macular holes and macular pucker: the role of vitreoschisis as imaged by optical coherence tomography”, by Jerry Sebag (587); Pterygium surgery with mitomycin and tarsorrhaphy”, by Thomas O. Wood, et al, (446), “Optic disc imaging in perimetrically normal eyes of glaucoma patients with unilateral field loss” by Joseph Caprioli et al., and “Association between thyroid-stimulating immunoglobin levels and ocular findings in pediatric patients with Graves disease , by Olga M. Acuna et al.(338).

Audio recordings of all papers, primary discussions, and discussions from the floor are also been available through the AOS Home website.

SUSAN H. DAY MD: I will now call on Marco Zarbin A current chair of the Program Committee.

REPORT OF THE COMMITTEE ON PROGRAMS

MARCO ZARBIN MD: I am presenting the report on behalf the members of the Program Committee, which includes Dr. Ronald Gross, Dr. Stephen Feldon, and Dr. Richard Abbott.

We thought there were important programmatic issues confronting the AOS, some of which you have already addressed. First, I will discuss the requirement for publication of presentations at the Annual Meeting in the Transactions. The committee believed that the quality of the presentations could probably be improved by eliminating this requirement. We believe that the member should have the option of publishing if accepted and presented, but that it should not be a requirement. We have already resolved this issue by vote, so I will not go into it further. The second point was that we thought the requirement for single author thesis should be reconsidered. We believe that modern scientific work is conducted by teams. Single author thesis generally involve PhD dissertations, review articles, or clinical observations, but translational research, basic research, and many types of clinical research are almost all the result of multiple, often interdisciplinary collaborations. We believe that the best work in ophthalmology and the leaders of such work may
be missed as a result of the single author requirement. The third point which is of some importance is the issue of whether AOS should provide continuing medical education credits (CME) as part of the meeting. This is a complex issue. We do not propose to have the solution, but some arguments in favor of providing CME credits are the following: first, hospital credentialing increasingly requires rigorous documentation of CME activity, as I am sure you are all discovering. This condition creates an increased demand for CME credits that will meet regulatory requirements and, in fact, withstand the scrutiny of auditors. The second reason one might offer CME credits relates to the increased cost constraints on attending meetings that include not only the cost of staying in the hotel and so forth, but the cost of the lost wages as result of being at the meeting. These are going to compel physicians, especially successful ones and members with many travel obligations, to consider carefully the value of attending any given meeting. Providing CME credits might be one component of value to our members.

We discerned three arguments against providing CME. First, the requirements for providing CME are becoming increasingly complex and in fact now demand a process with professional educational oversight. Although we do educate people for a living, we are not professional educators generally speaking. This situation will create increased costs for CME and increase complexity in providing it. Second, the current regulatory requirements may actually require a change in the format of Annual Meeting, if we are going to provide CME. The reason is that in order to provide CME credit one must document a “knowledge gap”. For example, the way we document that gap now is that I would say, “Based on my knowledge as an ophthalmologist I think this is an important subject”. This approach will not be acceptable in the future. There must be a literature review and a documentation of the knowledge gap. The second kind of documentation required is the demonstration of an improved outcome as a result of the CME activity. Currently one fills out a little form that asks if one liked the meeting and what was the most important thing one learned. That is not going to be acceptable in the future. The third component against having CME credit is more of a question than a statement. The question: what is the purpose of the AOS? The Program Committee believed that the purpose of the AOS was not to provide CME, but rather to provide the opportunity for scientific exchange of the highest caliber with the goal of promoting the development of innovation in ophthalmic clinical care, and scientific understanding of vision in health and disease. It also facilitates political and social interactions that enable leaders of ophthalmology to move the field forward aggressively on behalf of patients, rather than allowing the field to be directed exclusively by external political and business forces. Our recommendation to you and to the Council is three fold. First, if there is a debate about whether we should provide CME, then the cost of providing CME in the current regulatory environment should be analyzed professionally. The results should be shared with the membership. We could restructure the meeting so that part of it would be conducted for CME credit and the non-CME portion would allow the more recent innovations to continue to be presented. To educate ourselves about the issues in the way that we are accustomed to educating ourselves about anything that is really important to us, we might consider devoting part of a future AOS meeting to discussing professional educational theory and practice in the 21st century. We could review the regulatory requirements for professional education. (I have mentioned a couple.)

What is the future of education in medicine? The problem we are confronting now as a society for postgraduate education credits is really just another side of the professionalization of education in medicine at the level of medical students, residents, fellows, and now postgraduates. It is probably not unreasonable for me to speculate that many of us are not nearly as knowledgeable about educational process as we are about ophthalmology. If we are going to educate the residents and fellows in this new much more complex regulatory environment, we probably need to learn more about it. The purpose of the forum, were we to have it, is to provide the membership with an opportunity to consider the goals of the AOS carefully and to give us an opportunity to consider whether we are actually now providing education optimally for our residents and fellows as well as for ourselves. The second recommendation is that after such an educational experience we would then have an opportunity to consider in a survey what our collective opinion is. For example, if after due consideration we conclude that we want to provide CME and if the meeting costs were required to rise by a certain amount, and if the meeting structure were to change in a certain way, then would we, in fact be in favor of providing CME credits? A yes or no decision based on that kind of a survey would make this a more representative process. The third recommendation is that after this sort of due process experience we come to closure as a group on whether we want to continue to provide CME. That is my report. Thank you for your attention.

SUSAN H. DAY MD: Thank you Marco. David Wilson will now give the Membership Committees report. As you can tell all these committees are working pretty hard between May and May. David.

REPORT OF THE COMMITTEE ON MEMBERS

DAVID WILSON MD: Thanks, I would like to thank the other members of the committee: Penny Asbell, Jose Pulido and Louis Cantor. In 2008 there were 23 candidates nominated and presented to the Council for consideration for thesis writing and this year there were 17 nominations and seconding letters for people to be considered. This is a robust number, but we need to keep those numbers coming. I want to thank all of the members who have nominated prospective candidates. The best way to learn about this process is to visit the AOS website. When you nominate potential candidates, it is really important to use the structured letter format that is very clearly described on the website. Please keep those nominations comings. It is what makes this society work. Thanks.

SUSAN H. DAY MD: Thanks so much. One of our favorite reports is always the Photographer Archivist report, Dr. Eagle.

RALPH EAGLE JR, MD: I just have one question for Dr. Zarbin. Does that mean the Academy is not going to present CME, because our CME came from the AAO? I do not know how the Academy can do this.

THOMAS J. LIESEGANG MD: The American Academy of Ophthalmology will continue to provide CME for the AOS if the AOS seeks to continue with CME and they are working with us through all these hurdles.
REPORT OF THE PHOTOGRAPHER ARCHIVIST

RALPH C. EAGLE, JR MD: I am also involved in CME and this is unbelievable. On a lighter note hopefully, I took greater than 600 pictures last year at The Broadmoor at Colorado Springs and I believe that we have about 180 good ones. They included pictures of President Dan Jones, Dan and his wife, Marilyn, and a lot of nice pictures of Dan’s lovely family here at the reception. His grandson is all made up in his little tux and President’s Medal there, and some more attractive members of the family. We also had 8 of the pictures included on the online Transactions, including this picture of the officers and a group photo of the new members, a big group last year. I had a lot of work to do last year. Here is Dr. David Parke, a new member, and his wife. We also had pictures of the Howe Medal presentation and the Howe Medalist, Paul Lichter. We had a new category that we started last year, the Worst Photo of the meeting. That is Jayne Weiss who looks unhappy and we do have a Runner Up. I decided I would have a Runner Up Worse Photo of the Year here, and that was actually a posed photo of Bob Ritch. Essentially my digital archives now contain more of 4,000 photos, and as Tom Liesegang said many are posted on the AOS website. I cannot believe that I have been doing this for so long now. Dick Green asked if I would attend the meeting and take a couple of photos, and that is how this position started. This is the AOS website. Remember to get into the Members Only Section you must use the special ID and password. That is my report.

SUSAN H. DAY MD: You always make us smile and that is a lot of fun. I will entertain a motion to accept the reports we just heard. Second? Favor? Opposed? The motion carries. Thank you. Tom Liesegang is not an emeritus member, but Banks Anderson could not attend so Tom is substituting.

REPORT OF THE COMMITTEE ON EMERITI

THOMAS J. LIESEGANG MD: Banks would have reported the names of members that the Society became aware had died during the past year. I do remind you we do not have a Nexus Lexus review system for identifying deceased members, so the only way we know that a member has died is if someone contacts us. Please certainly keep that in mind and forward that information to the President. During the past year we have been notified of three deaths: Drs. Gerald A. Devoe, Ariah Schwartz, and Rufus Howard. Could I please ask that all of us stand for a moment of silence? Thank you. There were 5 members who requested emeritus status: Dr. William Bourne, Lindsay Farris, Larry Rich, Dennis Robertson, and Andrew Vine. We need a vote to approve their status as emeritus members.

SUSAN H. DAY MD: All in favor? Opposed? Motion carries. There will be a luncheon today for emeritus members at noontime. Dr. Liesegang will now read the names and the sponsors of individuals who are being proposed for membership.

THOMAS J. LIESEGANG MD: Here are new candidates, along with the nominator and seconder:

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<tr>
<th>Candidate</th>
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<td>Michael Belin</td>
<td>Jayne Weiss</td>
<td>Thomas Liesegang</td>
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<td>Swarag Bose</td>
<td>Roger Steinert</td>
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<td>Monte DelMonte</td>
<td>Marilyn Mets</td>
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<td>Deepak Edward</td>
<td>Marilyn Miller</td>
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<td>Bita Eshmaeli</td>
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<td>Sid Mandelbaum</td>
<td>Woodford VanMeter</td>
<td>Thomas Liesegang</td>
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<td>Arun Singh</td>
<td>Carol Shields</td>
<td>Froncie Gutman, Ralph Eagle</td>
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<td>Stephen Tsang</td>
<td>John Flynn</td>
<td>Bradley Straatsma</td>
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<td>Russell VanGelder</td>
<td>James Chodosh</td>
<td>David Wilson</td>
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<td>Ronald Warwar</td>
<td>John Bullock</td>
<td>Paul Lichter</td>
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SUSAN H. DAY MD: There is no vote on these individuals. These names will be circulated to you and if any member has any concern about these individuals, then please submit them to the Council before the fall meeting. There will be reports from the Committee on Prizes this evening at the banquet, and we look forward to hearing that later. If there are any other reports that you are missing in terms of wanting more information, they will be posted in the Transactions.

REPORT OF THE AOS REPRESENTATIVE TO THE INTERNATIONAL COUNCIL OF OPHTHALMOLOGY

BRUCE E. SPIVEY MD: Since the last meeting of the AOS, the International Council of Ophthalmology (ICO) has completed a very successful World Ophthalmology Congress in Hong Kong early July 2008 and strengthened its numerous programs while introducing several new.

It was the largest International Congress/WOC ever, with total registration on more than 13,000, from 105 countries and territories. There was a superb scientific program featuring 1100 internationally recognized speakers in 319 scientific sessions, many organized by 40 international, supranational, national and subspecialty ophthalmologic societies. The first World Ophthalmic Education
Minutes of the Proceedings

Colloquium (WOEC), with more than 100 speakers on educational initiatives in 18 symposia was held. Our next WOC will be in Berlin in June 2010, and we are all looking forward to the World Ophthalmology Congress in Abu Dhabi in February 2012.

Tragically, the ICO lost its Treasurer, Yasuo Tano of Osaka, on January 31, 2009.

The annual Ophthalmic Basic and Clinical Sciences Assessments now have administered exams to more than 17,000 candidates. In 2009, 1,874 individuals from 65 countries will take the Basic and Clinical Sciences Examinations at 95 test sites. This year’s exam is April 2, and next year’s exam will be given on April 16, 2010.

The ICO has now awarded 347 fellowships through 2008 to worthy recipients from developing countries who have received their training in 60 ophthalmology departments in 27 countries.

Ten (10) Residency Program Directors Courses have been held since 2004. They have been held in 9 countries. Two more are scheduled for 2009: one in China and a second Indonesia. The Clinical Guidelines are being constantly updated and the first evidence-based clinical guideline published on HIV/AIDS in the eye has just been issued.

With its primary commitment to developing countries, the ICO has worked with the AAO in making the new O.N.E. program available without charge in these countries. With a particular focus on Africa, the ICO formed an “Advisory Leadership Group for Sub-Saharan Africa” with MEACO in March 2007, and the Group just met for the fifth time in Bahrain, with three days of leadership training.

A major Diabetic Care and Education Center in Beijing and outlying regions has been created. A new program, a regional subspecialty training center in Ljubljana, Slovenia, has also been created.

The ICO has initiated an exciting new program to allow sharing of residency training materials throughout the world called “W.O.R.D.”, and is progressing in plans to develop an Ophthalmology Regional Care and Training Program in at least two sites in Sub-Saharan Africa. They are beginning a new CME program activity with world experts traveling to developing countries.

Finally, a pilot project is being mounted to address uncorrected refractive error in two sites—Pakistan and Nigeria.

REPORT OF THE AOS REPRESENTATIVE TO THE COUNCIL OF THE AMERICAN ACADEMY OF OPHTHALMOLOGY

THOMAS J. LIESEGANG MD: The Council of the American Academy of Ophthalmology (AAO) continues to meet in formal session twice yearly, first during the annual Academy meeting in the fall and then jointly at the Mid-Year Forum in Washington in April. The Council was established to provide liaison between the AAO Board of Trustees and the numerous member societies involved with socioeconomic, governmental, and public service issues. The current Council consists of voting representatives of all fifty states and includes Puerto Rico and the District of Columbia. Twenty-four Sub-Specialty societies have equal representation; however, the five “Special Interest Societies” which include the AOS, ARVO, ABO, EBAA (Eye Bank Association) and the Canadian Ophthalmological Society have Associate Non-voting Councilors. Each representative, including the AOS representative, provides a semi-annual report to the AAO Council each year summarizing the activities of the individual states and societies.

Since its founding in 1864 the objective of the AOS has been “the advancement of ophthalmic science and art”, and its activities are primarily for the academic, educational and collegial benefit of its members. Although the AOS maintains no political or economic agenda, participation in the Council reflects its broad support for the Academy’s mission.

As in previous years, the AAO has sponsored and promoted a Congressional Advocacy Day at the Mid-Year Forum during which a significant number of Councilors or alternatives were briefed on the Academy’s top legislative priorities and counseled on relationship building with their congressional representatives before proceeding to Capitol Hill and the offices of their personal representatives in the House and Senate.

During the Mid-Year Forum and Council meeting, several recurring problems continue to take precedence. Hearings included a symposium on Medicare physician reimbursement reform initiatives, the electronic medical record, the ethics of physician relationships with industry, internet and other forms of current social networking and communications, and an overview of advocacy issues at the state and national level. A luncheon featured presentations on how to integrate eye care with a team approach led by the ophthalmologist that might include optometrists and technicians at more efficient levels of interaction. There are additional meetings held at the MYF, including meetings of different regions of the USA, meetings of state society representatives, and meetings of Subspecialty Societies. The AOS meets with Subspecialty Society group and the AOS Councilor, Thomas J Liesegang, was elected to the leadership role as Deputy Section Leader for 2010.

Both the AOS and the AAO continue to receive benefit in the forum provided by the MYF and the AAO Council activities. The next Council meeting is at the Fall Annual Meeting of the American Academy of Ophthalmology.

REPORT OF THE AOS REPRESENTATIVE TO THE AMERICAN COLLEGE OF SURGEONS

MALCOLM L. MAZOW MD: The ACS had its annual meeting in October in San Francisco. The major discussion at the board of governors meeting entered around communication between the regents, governors and the general. There is some concern about the lack of subspecialty society members, as to attracting new members as well as retaining the present members. The American College Investment service for members has closed its doors and ceased operations as of the first of March. There have been two papers published related to competency, health and burnout of the surgeon. The annual meeting in October 2009 will address these issues with a Panel session entitled, “Burnout and Medical Errors among American Surgeons”.

The ophthalmic surgery section has met twice during the past year. We now are approaching a full complement of members on this committee. The entire committee is listed on a separate page. As you can see your representative is chair of the ophthalmic surgery
We continue to strive to gain more membership in the AOS from the ophthalmic community but with very little success. Today this may even more of an issue with the economic problems facing the medical community.

REPORT OF THE AOS REPRESENTATIVE TO THE AMERICAN ORTHOPTIC COUNCIL

EDWARD L. RAAB MD: The American Orthoptic Council accredits orthoptic training programs, examines and certifies graduates of these programs, and oversees the practice of certified orthoptists. Our Society’s representatives during the past year were again Drs. Thomas France, Edward Raab, and David Weakley. Their long years of service provide valuable continuity that does much to further the Council’s mission. In addition to serving over several years as officers of the Council, our representatives are active on Council committees and as examiners of candidates for certification. Dr. France and Dr. Raab are Past Presidents, and Dr. Weakley is the current Council President. One of us is designated annually to serve on the Nominating Committee for officers and new Council members. Dr. France chairs the Accreditation and International Committee, serves on the Editorial, Finance, Program, and Public Relations Committees, and is the representative to the Canadian Orthoptic Council. Dr. Raab is Chair of the Bylaws Committee and a member of the Ethics, International, and Program Support Committees. Dr. Weakley, in addition to his Presidential duties, serves as a member of the Accreditation, Editorial, Examination, Program, and Finance Committees.

The Council is beginning a project to codify policy and procedures, which will help implement its bylaws and give broader guidance on Council activities and processes. As a substantial change from long-standing policy, the Council approved, after vigorous debate, a resolution to include the President of the American Association of Certified Orthoptists as a full voting member of the Council Executive Committee. This requires corresponding alterations of the Bylaws to accommodate this innovation.

There are currently ten active accredited orthoptic training programs in the United States, and two new programs are currently under development. Six graduating students are expected to take their certifying examinations in 2009, possibly joined by advanced standing graduates and foreign-certified orthoptists. A Canadian program at Dalhousie University incorporates clinical work at two sites in the United States, and its graduates are under consideration as additional examination candidates.

A revised Syllabus of Orthoptic Instruction, which embraces the curriculum to be mastered by orthoptic students, was approved and has been distributed to all programs. Newly required student logs of their patient encounters help insure compliance with Council requirements for eligibility to take the certifying examinations. The Continuing Education Committee conducts ongoing reviews of its core offerings to insure that they track the content of the Syllabus.

The Council continues to work toward recognition of the American Orthoptic Journal by Medline. A proposal that would have merged the AOJ into the Journal of AAPOS as an annual supplement was declined for reasons that prevailed although it would have accomplished the recognition goal.

Orthoptist and orthoptist members of the Council present a workshop at the Annual Meeting of the American Association for Pediatric Ophthalmology and Strabismus in San Francisco. This regular feature of the AAPOS meeting program demonstrates the value of orthoptists as members of an orthoptometry practice or department.

The 2008 Academy meeting included a symposium co-sponsored by the Academy, the Council, and the American Association of Certified Orthoptists entitled “Drifting Apart: from Birth to Adulthood, How to Manage Exotropia.” Manuscripts from these presentations are published in the American Orthoptic Journal by permission of the Academy. The Symposium for 2009 is entitled “What Do We Really Know About Evidence Based Medicine?”

America Orthoptic Council members serve out of commitment to the profession of orthoptics and its practitioners, and we recommend that the Society continue its representation and support of this important eye care component.

REPORT OF THE AOS REPRESENTATIVE TO THE JOINT COMMISSION ON ALLIED HEALTH PERSONNEL IN OPHTHALMOLOGY

M. EDWARD WILSON JR, MD: JCAHPO’s Purpose/Mission is to enhance the quality and availability of ophthalmic patient care by promoting the value of qualified allied health personnel and by providing certification and education. JCAHPO has a membership of 19 ophthalmology and allied health organizations (AOS is one member) and has 34 representatives who are JCAHPO Commissioners. I am the AOS appointed representative to JCAHPO, a Past President of JCAHPO, and am actively involved in JCAHPO’s mission and programs. I serve as a Commissioner with voting privileges and am involved as a committee member on several committees. I am also an invited speaker for many of JCAHPO’s educational programs, such as its Annual Meeting.

Important accomplishments in the last year include the following: JCAHPO received final approval for official listing of Ophthalmic Medical Technician in the U.S. Department of Labor’s Standard Occupational Classification (SOC) directory. JCAHPO is changing its name to the “International Joint Commission on Allied Health Personnel in Ophthalmology,” (IJCAHPO®). Canadian Society of Ophthalmic Medical Personnel (CSOMP) membership was approved. Bylaws were amended to reduce the number of Commissioners from two representatives to one per member organization.

Certification Initiatives include: Over 17,000 individuals have been certified - an all-time high. New B-scan certification, Certified Diagnostic Ophthalmic Sonographer (CDOS) is being offered. COMT Performance Test computer simulation will launch in 2009.

Communication Initiatives: Certification Value and Productivity Comparative Study article published in Eye and Contact Lens Journal. Web site (www.jcahpo.org) redesign was launched, including new logo and improved navigation.

Education Initiatives: Phase I of international ophthalmic assisting curriculum for academic and on-the-job training has been
completed. Contact Lens Certificate of Completion has been launched. Online distance education Web site, MyJCAHPOCE, offered twenty-five (25) courses. Partnership with Ophthalmic Mutual Insurance Company (OMIC) launched (3) risk management courses available on MyJCAHPOCE.

International Initiatives: International Certification examinations are now being offered in Fiji and China. International Congress of Ophthalmology (ICO) symposium in Hong Kong provided three (3) allied health symposiums developed by JCAHPO.

The AOS involvement fosters a positive relationship and communications between the two organizations. I recommend that AOS strongly support and endorse JCAHPO’s certification and continuing education to the AOS membership by educating its membership on the value and productivity of certified ophthalmic technical staff. The relationship between the two organizations is important to ophthalmologists and I recommend that this continue to be strengthened.

SUSAN H. DAY MD: I will now call on Lee Jampol who will provide the Council’s appointments for the following year.

LEE M. JAMPOL MD: These are Council appointments: Membership on the Council, David Wilson; President, Pat Wilkinson. I remind you that we no longer have a President-elect position; Executive Vice President, Tom Liesegang to continue, Editor of the Transactions, Richard Parrish to continue, Committee on Theses, Robert Weinreb and Tim Stout; Committee on Programs, Mark Johnson; Committee on Membership, Malcolm Ing; Committee on New Members, taking over for Jay Erie, Emily Chew; Committee of Prizes, Paul Lichter; Emeritus Committee, Banks Anderson continuing; Committee on Athletics, Woody Van Meter to continue, and of course, Dr. Ralph Eagle will continue as our Archivist - Photographer. A new committee, the Audit Committee, will be formulated and the members will consist of John Clarkson, Doug Koch, and Tom Liesegang.

These are Council appointments to the other ophthalmic organizations: Representative to the AAO Council, Tom Liesegang with an alternate Richard Mills; Representative to the International Council of Ophthalmology, Marilyn Miller; Representative to the American College of Surgeons, Malcolm Mazow and alternate Ed Raab; Representative to the Pan American Association of Ophthalmology, Susan Verrenoux-Troutman continuing; Representative to the American Orthoptic Council, Tom France, Ed Raab, David Weekly continuing, and Representative to JCAHPO, David Wallace.

SUSAN H. DAY MD: Could we vote please to accept these appointments as read. All in favor? Opposed? The motion carries. Dr. Jampol, could you present the new business items.

LEE M. JAMPOL MD: We have two changes in the Bylaws. We will increase our membership limit from 250 to 275. We currently have 235 active members. We are expanding the active membership in anticipation of some international new members and to give us flexibility, if excellent candidates are brought forward. We are also going to be changing the Bylaws to conform to the vote that was taken earlier so that papers presented at the Annual Meeting will not be published in the Transactions. These Bylaw changes were sent out to you as part of the AOS Newsletter.

SUSAN H. DAY MD: We do need to vote on these two changes to the Bylaws. All in favor please? Opposed? Motion carries. Is there new business from the members? Hearing none, I declare the 145th Executive Session of the AOS closed.

SATURDAY MAY 16

The meeting was continued with the following scientific session:

6. “Inferior oblique surgery for restrictive strabismus in patients with thyroid orbitopathy”, Steven A. Newman, MD*
7. “Wright mini-tenotomy to treat diplopia associated with small angle strabismus”, Kenneth W. Wright, MD*
8. “Treating strabismus by injecting the agonist muscle with bupivacaine and the antagonist with botulinum toxin”, Alan B. Scott, MD*, Joel M. Miller, PhD, Kevin R. Shieh, BS
11. “Comparative outcomes between newer and older surgeries for glaucoma”, Sameh Mosaed, MD*, Laurie Dustin, MS, Don Minckler, MD
12. “Patterns of glaucomatous visual field loss in SITA fields automatically identified using independent component analysis”. Michael H. Goldbaum, MD*, Gil-Jin Jang, PhD, Chris Bowd, PhD, Jiucang Hao, PhD, Linda M Zangwill, PhD, Jeffrey Liebmann, MD, Christopher Girkin, MD, Tzuy-Ping Jung, PhD, Robert Weinreb, MD, Pamela A. Sample, PhD
13. “Effect of the AGE crosslink breaker alagebrium on anterior segment physiology, morphology and ocular AGE and RAGE”, Julie A. Kiland, MS, B’Ann T. Gabelt, MS, Gülgün Tezel, MD, Elke Lütjen-Drecoll, MD, Paul L. Kaufman, MD*
14. “Thioredoxins 1 and 2 protect retinal ganglion cells from the pharmacologically induced oxidative stress, optic nerve transection, and ocular hypertension”. Joseph Caprioli, MD*, Yasunari Munemasa, MD, Jacky M.K. Kwong, PhD, and Natik Piri, PhD
15. “From the bedside to the bench and back again: predicting and improving the outcomes of SLT glaucoma therapy ”, Jorge A. Alvarado MD*, Rumiko Iguchi MS, Richard Juster PhD, and Julie A. Chen MD
16. “Endothelial keratoplasty: a comparison of complication rates and endothelial survival between pre-cut tissue and surgeon cut tissue by a single DSAEK surgeon”, Mark A. Terry, MD*
17. “Root cause analysis for the Fusarium keratitis epidemic of 2004-2006 and prescription for preventing future epidemics”, John D. Bullock, MD*
**Minutes of the Proceedings**

18. “Ophthalmologist Perceptions Regarding Treatment of Moderate to Severe Dry Eye: Results of a Physician Survey”, **Penny A Asbell, MD, MBA**, Scott Spiegel, PhD

19. “Hydroxypropyl cellulose ophthalmic inserts (LACRISERT®) reduce the signs and symptoms of dry eye syndrome (DES) and improve patient quality of life”, **Marguerite McDonald, MD**, Gerard D’Aversa, MD, Henry D Perry, MD, John R Wittpenn, MD, Eric D Donnenfeld, MD

*=Presenting

**BOLD = AOS Member**

**SATURDAY EVENING BANQUET MAY 16**

LEE M. JAMPOL MD: Good evening. Could I please ask you to find your way to your tables? Thank you. I would have to say that getting you into your chairs was the hardest part of the meeting for me. I am Lee Jampol, Chair of the Council this year and I want to welcome you to our annual banquet. We have a fine evening in store for you. Please go ahead and have dinner and the business meeting will be reconvened at the end of dinner. Please enjoy yourself this evening.

**INTRODUCTION OF THE PRESIDENT**

LEE M. JAMPOL MD: Good evening. Hello, could I please have your attention again? It is time to undertake our business program. My job as Council of the Chair is to introduce the President of the AOS and our President with whom I have worked for, I believe five years is a remarkable person. Susan Day has been the president of almost every organization in ophthalmology. It is almost unprecedented in the modern era. I was thinking this afternoon about what traits have allowed her to rise to that position. I would say it is her intelligence and her incredible energy. She also manages to get along with everyone and everything and to always have the ability to say the right things and have the judgment to make the right decisions. In working with her on the Council for several years and during her presidency, I have developed a tremendous admiration for her skills. The AOS has been very fortunate to have her in a leadership role for a long period of time and the culmination is tonight during her presidency. I introduce to you, Susan Day.

SUSAN H. DAY MD: Dr. Jampol, you are always too kind. I can tell you that being President of this wonderful organization is a distinct honor for me and yet, to be truthful, it is probably the easiest presidency out there. The worker bees are the members of the Council. I would ask the members of the Council, as well as Tom Liesegang the EVP and Rich Parrish, the Editor of Transactions to stand for our applause. Were it not for my scrutiny of time and the three minute limits on applause that expression of gratitude would have been much longer, you certainly deserve it. Lisa Brown and Stephen Moss are extraordinary staff. The AOS, as all organizations, has its backbone of the staff that carries out the whims of the leadership. Lisa and Stephen, thank you very much. In essence, this event tonight reconvenes some of what we started at the Executive Session and it is my privilege to continue with the Committee reports. Our first committee report from Dr. Jay Erie will discuss the new members. This is the group that really deserves our attention and admiration. Dr. Erie.

**REPORT OF THE COMMITTEE ON NEW MEMBERS**

JAY C. ERIE MD: Thank you, Susan. It is my great privilege to introduce 12 exciting new members to the AOS this year. Our new members represent 11 different states and this year’s class of 12 is the slightly larger than the average class size of 9 over the last 27 years. When I introduce the members, I am going to ask them and their spouses to stand and remain standing until everybody is introduced. Then I will ask the audience to hold their applause until we introduce everybody and at the end we will give them the welcome they deserve. It has been a tradition over the last two years to show a picture of the family members when I introduce the new members, so our 2009 new members begin with:

- Eddie Alfonso and his wife Molly from Miami, Florida
- Rand Allingham and his wife Anna from Durham, North Carolina
- Don Budenz and his wife Susan from Miami, Florida
- Gary Fish and his wife Nancy Jo from Dallas, Texas
- Rick Fraunfelder and his wife Wendy from Portland, Oregon
- Jim Kinyoun and his wife Jane from Seattle, Washington
- Marian Macsai and her husband Jack Kaplan from Glenview, Illinois
- Joan Miller and her husband John from Boston, Massachusetts (She could not attend tonight, but Joan sends her regrets and looks forward to attending next years’ new members’ activities)
- Tim Olsen and his wife Virginia from Atlanta, Georgia
- Jim Ravin and his wife Nancy from Toledo, Ohio
- Joel Schuman and his wife Carol from Pittsburgh, Pennsylvania (Joel was here for the meeting, but left early to attend his daughters’ college graduation tonight) and finally
- Jim Tsai and his wife Tracy from New Haven, Connecticut

Help me welcome the 2009 new members.
NEW MEMBERS (FROM LEFT). EDUARDO C. ALFONSO MD, JAMES C. TSAI MD, GARY E. FISH MD, JAMES L. KINYOUN MD, R. RAND ALLINGHAM MD, MARIAN S. MACSAI MD, JOEL S. SCHUMAN MD, DONALD L. BUDENZ MD MPH, FREDERICK W. FRAUNFELDER MD, JAMES G. RAVIN, MD TIMOTHY W. OLSEN MD

SUSAN H. DAY MD: Thank you I call upon Woody Van Meter to give the Athletics Committee Report. Woody.

REPORT OF THE ATHLETICS AWARDS COMMITTEE

WOODFORD S. VAN METER MD: Thank you, Susan. I have been sitting this evening next to Tom Liesegang this evening, exchanging ideas for the last three hours, and now my mind is blank.

The athletics participants, I believe, have had a pleasant weekend. Thank you all for participating in the AOS sports competition. The athletic events are a rare opportunity for new members to mix with older members on the tennis court and the golf course in a casual and informal setting. The trophies, with names engraved on them dating back to the 1950s, really connect us with an illustrious past. Some of the trophies are now in their third generation, having been retired and replaced in the past There was a period of time fifty years ago in the heyday of these athletic events when gold and silver medals were awarded to participants for first and second place in golf and tennis, in addition to the perpetual trophies. I hope those of you who participated have enjoyed mixing with other members on the playing fields and I hope you appreciate the heritage of this organization.

I will do the golf trophies first. Please hold your applause until we have gone through the entire list and then you can applaud for everyone at the end. The Mishima-Michaels Trophy, which is awarded for men’s low gross score, goes to David Wallace. I think we are witnessing a paradigm shift in the men’s golf competition here, because David shot one under par on the front nine. That sort of performance will carry the banner for men’s golf scores in the AOS group for some time to come! The Canada McCullough Cup for the men’s low net score goes to Rick Ferris. Rick had to leave to travel to the east coast because his son is graduating from high school tomorrow. The Truhlson Trophy, which goes to the men’s senior low gross score, was won by Doug Hershey. We have a special award for gentleman over 65 because protests have been made over the past by older members over having to compete with younger members. Those of you who protested know who you are, Paul. Actually, many of the men over 65 win the trophies for the “open” division. The Knapp Memorial Trophy, which goes to the men’s low net team, blind draw of partners, I love that term, goes to Ed Wilson and Lawrence Tychsen.

The lady golfers did not have a quorum and so the ladies trophies will not be awarded this year, because Only 2 people signed up, and only one of them is here now. Ladies, I hope you do better next year.

We had some dubious awards to call attention to exceptional performance on the golf course. The award for longest drive was won by Doug Hershey, and the closest to the pin awards were claimed by Jim Ravin and Mylan Van Newkirk. Their gift certificates have already been awarded.
In the tennis, there was also a paradigm shift as the youngsters have taken over. Rick Fraunfelder and Jim Tsai today waxed Dennis Han and me to win the EVL Brown Bowl for Men’s Doubles, but it took them 5 set points to do it. Dennis and I will enjoy the men’s doubles runner up tray for this year until we can give it back to them next year. The Wilkinson Trophy goes to Steve Klyce, who won the most games in the over 65 category.

In ladies tennis, the Perera Bowl for ladies doubles winners was won by Susan Budenz and Wendy Fraunfelder, again showing that our youth are our future. The Hughes Bowl for ladies doubles runners up goes to Marguerite McDonald and Alice Wilkinson.

The Wong-McDonald Trophy for tennis mixed doubles was won by Rick Fraunfelder and Susan Budenz. Steve Klyce and Wendy Fraunfelder won the Wilson Trophy for the mixed doubles runners up. The tennis mix this year was exceptional for the new and old members that played together, demonstrating the uniqueness of this organization.

There was no fly fishing this year, there was no skeet shooting trophy awarded. These activities are only offered where available.

A couple of words about the AOS trophies are in order here. All of the trophies, as you probably know, have been sent to the AOS office for permanent retirement. All of these trophies, including three of which are handmade sterling silver bowls, are now on display in the AOS office. These trophies will be photographed and pictures of the trophies, along with their AOS history and a list of past winners, will be made part of the permanent AOS web site. Winners of the athletics events in the future will receive recognition of their event and have their names presented with a picture of the trophy at the annual banquet, where their name will be added to the long list of previous winners.

Thank you.

SUSAN H. DAY MD: We now have one of the best parts of the evening and that is the presentation from the Awards Committee. I call upon Doug Anderson to share this committee’s work.
Minutes of the Proceedings

REPORT OF THE AWARDS COMMITTEE

Committee Members: Douglas R. Anderson, J. Brooks Crawford, Daniel Albert

Presentation of the Howe Medal

DOUGLAS R. ANDERSON MD: Last year Dan Albert presented a history of the Howe Medal as a prelude to the introduction of the Howe Medalist. It can be found on the website of the American Ophthalmological Society in the History Section.

I would like to place in context and highlight in a similar way the lasting impact of the accomplishments of this year’s Howe Medalist on the evolution of ophthalmology and its future, and how they fit into the foundation for establishing the American Ophthalmological Society. To do this, permit me to review some history.

AMERICAN MEDICINE

The practice of medicine in American until 100 years ago was hampered by lack of uniform capabilities of practitioners. To quote from the history of the first 75 years of the American Board of Ophthalmology written by Robert Shaffer [Source: Shaffer RN. The History of the American Board of Ophthalmology, 1916-1991, Bala Cynwyd, Pennsylvania, American Board of Ophthalmology, 75th anniversary, 1991].

“…men of other vocations, such as clergymen and school masters who had deliberately acquired some minor medical skills in Europe to prepare themselves to be of use in the primitive life of the colonies. To earn a living they farmed, taught school, and dispensed medical advice on the side.”

Shaffer also notes that the first medical school opened in 1765, and by the early 1800s there were schools, in some major cities like Philadelphia, Boston, New York, Baltimore, and Chicago, but “most…felt no obligation to teach any of the specialties.” Moreover, few students were admitted, so perhaps most physicians received their education as apprentices, receiving “inadequate training as assistants to clinicians [who themselves were] of modest ability.”

As Shaffer notes, three professional societies were founded to address this state of affairs. In 1847, the American Medical Association was established by “enlightened members of the medical profession concerned with the poor quality of medical care…” In 1864, the American Ophthalmological Society was founded from “similar worries over the quality of eye care.” In 1903, the precursor of American Academy of Ophthalmology and Otolaryngology was formed. “All three…were interested in…knowledge and skill of their members, but… had little effect on…standards in medical schools…”

This brings us to the impact of Abraham Flexner. In 1905 the Carnegie Foundation was established, dedicated to advancing the
profession of teaching. They commissioned Flexner to survey 155 medical schools. His good friend Henry Pritchett had expected a glowing report about the otherwise excellent Washington University, but the Board Director Robert Brookings may not have been surprised after the April 1909 visit that Flexner reported that Washington University’s School of Medicine: “a little better than the worse I have seen.” Fortunately, Brookings requested to be shown in detail the flaws, which became so obvious to him that he promptly undertook, as advised by Flexner, to abolish the school and start a new one with proper facilities, faculty, and endowment. It ultimately became the excellent medical school I was privileged to attend half a century later. (Source, “100 years after the Flexner visit” In the alumni publication, *Washington University Outlook*, Spring 2009.)

The point is not simply one particular school that considered itself adequate, but that medical education was not uniform or standardized, and was generally substandard. Within the report are found statements like: “Chicago is the plague spot of the country.” and “Kentucky is one of the largest producers of low-grade doctors of the country.” Only Harvard, Johns Hopkins, and Western Reserve received clean bills of health. Half or more of the medical schools in the country closed after the report was made public. It is written that “America owes to Flexner…the rapid implementation of full time medical schools, allied to a teaching hospital, and integrated into a university.” [Bonner TN. *Iconoclast: Abraham Flexner and Life in Learning*. Baltimore, The Johns Hopkins University Press, 2002.]

Of particular relevance to us tonight is that because of Flexner’s report, minimal standards for a person to be permitted to practice medicine were established, and the concept of requiring a license to be allowed to practice medicine developed when the federal government organized a Federation of State Medical Boards for uniform licensing after training of specified length and content.

**FORMAL MEDICAL SPECIALTIES IN THE UNITED STATES**

While some physicians in some large European cities began to specialize in eye diseases in the mid-1700s, centers for specialization of medical practice began in the United States of America only after medicine itself became an established profession. Ophthalmology emerged with establishment of 4 eye and ear hospitals between 1820 and 1858. Probably the first physician to become an ophthalmic specialist was Henry Williams who limited his practice to eye disease in 1850.

At that time, it was possible to examine the eyelids and the anterior portions of the eye, such as the cornea, iris and lens. However, diseases that caused visual dysfunction or pain from more posterior parts of the eye or visual system had to be lumped into a single disease category of amaurosis until the ophthalmoscope was invented mid-19th century. Because illumination had to be provided along with visualization of the posterior segment, cumbersome methods to use sources such as candles were used until electricity as harnessed and the light bulb invented. Around 1900 it became possible to place a light bulb into an ophthalmoscope and power it through wires connected to a wet-cell battery in the days before buildings were wired to receive electricity from a central source.

Meanwhile, however, in 1863 the AMA recognized ophthalmology as a distinct specialty in medicine. At its June 1864 meeting, 8 eye specialists met to discuss ophthalmology as a specialty in the USA. The American Ophthalmological Society was formed in that year. In an account of the early history of the AOS (Wheeler, Maynard C. *The American Ophthalmological Society, the First Hundred Years*. Toronto, University of Toronto Press, 1964. Copy posted on website [www.aosonline.org](http://www.aosonline.org), Wheeler wrote:

> “In the years just prior to 1864, specialization in medicine was in low repute in the United States. Many men of even questionable medical credentials were setting themselves up as “specialists” with little or not special training. To make matters worse, those self-styled specialists had no compunctions about advertising their special skills to the public. Diseases of the eye offered a particularly fertile field for charlatans.”

Henry D. Noyes took the entire evening (longer than my presentation tonight) of the second annual AOS meeting in 1865 to give an address entitled “Specialties in Medicine.” He mentioned in particular two major needs for ophthalmology and other specialties: Education and Professionalism.:

**On education:**

...should master “all the preliminary studies which every physician pursues when he sets forth in his career, and then let him add to the preparation the further labors of his chosen department, cultivated with ardor, and to a degree which puts him... visibly above the attainments of his fellows.”

**On professionalism:**

“...the specialist must govern himself by the rules which all medical men observe in holding consultations with each other.” He mentions two rules in particular. First, that “the specialist may not advertise beyond a simple announcement of his name, address and specialty to his professional brethren. How this is to be done will depend on the ‘local etiquette.’ ” Second, that specialists should not bait or allure patients from those in general practice. “There need be no difficulties between specialists and general practitioners, any more than among gentlemen on social relations.”

The general tenets of these principles and other goals, such as educational and scientific exchange of information, motivated the formation of the American Ophthalmological Society. They are of particular note tonight as this year’s Howe Medalist has shown a special emphasis on education and professionalism, as well as compassionate competence, as prime movers in his own life and as issues to be vigorously promoted within our profession and specialty.
OPHTHALMOLOGY CREDENTIALS AND THE AMERICAN BOARD OF OPHTHALMOLOGY

The specialty of ophthalmology continued to develop. A few decades later, in 1908, Derrick Vail stated at the Academy meeting:

“I hope to see the time when ophthalmology will be taught...as it should be taught...[to all physicians, and to see the time] when we will demand [that for ophthalmic specialists] a certain amount of [additional] education and training be enforced [before] he be permitted to appear before a proper examining board, and if...competent...be permitted to practice ophthalmology.”

Myles Standish, at the 1913 AOS meeting, proposed a doctorate level degree in ophthalmology. G. E. Schweinitz at the Academy meeting, also in 1913, proposed that there might be established something like a Doctor of Ophthalmology, Master in Ophthalmology, or Ph. D. in Ophthalmology

Edward Jackson, in 1913 at the AMA Section on Ophthalmology, Committee on Education noted that “experience [with] medical diplomas...shows...[they are] of extremely variable significance.” He also noted that the “Royal Colleges” of England examined those entering the profession, and he proposed an “examining board to determine fitness for ophthalmic practice in America.” There was of course opposition to any kind of control over individuals in a profession and questions about the need to determine the fitness of individuals who had been in specialty practice for years, or perhaps fear by some of being found unfit. Medicine had already come under state-controlled licensure, and Jackson stated, “Any remedy for the present state of affairs with...ophthalmology must be found entirely outside of legal requirements and inside the profession.”

In prompt follow-up, the Ophthalmology Section of the AMA, the Academy, and the AOS each appointed 3 members to the first Board of Directors of the American Board of Ophthalmology (ABO), who met in 1915 and a year later issued their first certificates. Even though in the late 1970s the ABO gradually moved away from appointments or required approval of new Directors by the three originating parent organizations, a great many of the Directors and Executive Directors (formerly called Secretary/Treasurer) have been members of the American Ophthalmological Society even to the present day. In fact, all the Executive Directors for the last 50 years have been members of AOS. The complex and varied tasks of the ABO are understood by those who have served as Directors, a great number of whom are from among our ranks and are here tonight. The contributions of each are too numerous to mention.

LUCIEN HOWE AND THE HOWE MEDAL

Without repeating the detailed history of the Howe Medal given by Dan Albert last year (which is posted in the history section of the AOS website), I will summarize that Lucien Howe graduated from Harvard Medical School, and took the advice to study under Lister, returning to practice in the small growing community of Buffalo, New York. Later when a University opened, he became professor of ophthalmology. Among his last accomplishments was that he convinced the New York legislature to pass “Howe Bill”, which required prophylaxis for ophthalmia neonatorum, a law that was later implemented by other states. After many years, he moved his practice to Boston, and the Howe laboratory at Massachusetts Eye and Ear Infirmary is named for him.

He believed that scientific and clinical contributions might be encouraged by the awarding of Medals, and he endowed three that later became known as Howe Medals, one each at the New York State Medical Society, the AMA Section of Ophthalmology, and the American Ophthalmological Society. The Buffalo Ophthalmological Society later also established a Medal in his honor as a fourth “Howe Medal”.

The Howe Medal of the AOS is considered the most prestigious and is the highest honor that this society can bestow. The recipient need not be a member of the AOS, and has been given to noteworthy ophthalmologists from other countries, as is the case tonight. When our medalist came to this country, his vocabulary and accent (as well as that of his wife) made communication difficult. I remember that my wife had to go along on shopping trips to translate, and even today, because of his accent, the medalist’s patients sometimes do not understand what he has told them and turn to the resident working with him for a translation and explanation.

Before enumerating the contributions he has made to ophthalmology, which will have lasting effects for generations, it is traditional to mention personal traits that often go with such achievements. Listen to comments I received: “It continues to amaze me that a man who...[accomplishes enumerated]...is so humble. [He must be reminded to] make sure that his current titles are used when he sends out correspondence. He may not think that everyone needs to know who he is, but...”, I infer that he feels the content of his letter is of importance to the reader, not his string of titles. He “is probably the fairest person I know – it is not in his character to make quick judgments.” He has taught me to be aware of both sides in any story or argument and to be equally compassionate when making decisions.” “I can go into his office at any time to get advice and I cannot tell you how many times he has told me ‘don’t let them see the smoke coming out of your ear’ if I’m dealing with a difficult situation.” He “leads us all by example.” “His love for his family and especially his wife Ann goes without saying – it reminds all of us to remember exactly what in our lives is most important.” “Above all, he is a wonderful friend.” “I have witnessed his imitation of one of his golden retrievers howling and heard many stories about how handy he is at home – often deciding to remodel on the spur of the moment by knocking down a wall. He claims to be a wizard with a bag of cement and he even engineered a system of pulleys and levers to open his attic door (which Ann still cannot reach).”

I can attest to his “handy-man” stature. I first met the medalist when he arrived in this country. As residents, we lived in cozy apartments, and he configured the top drawer of the bedroom bureau to serve as a crib for his firstborn infant. A pesky door was removed and converted into a table, further reducing the need to buy much furniture, for which there wasn’t adequate room anyway.
Those attending the award ceremony saw his application of construction skills to help build the Visitation Clinic and Hospital in Haiti, a project of compassion to which he is very committed. “Recently, to raise money for this cause, he served as Guest Chef at a fundraising dinner – I am happy to report no one was rushed to the emergency room for food poisoning!” Also shown at the evening presentation were photographs of the completed building and the numerous patients surrounding the entrance to gain admission.

In 2002, when he stepped down after serving for 10 years as chairman of the Department of Ophthalmology and Visual Sciences at Vanderbilt, despite having the opportunity to “take a break from administrative duties, he agreed to direct...the most administratively challenging courses in the medical school. The Emphasis Program, [which]... allows all our students to perform a mentored scholarly project in one of nine areas related to medicine, ranging from laboratory based research to medical humanities to global health [to patient-oriented research to biomedical informatics]...” He “oversees the individual activities of about 200 students at any given time... [He] is a wonderful mentor, and a truly kind and generous human being and it is an honor to work with him.”

I am told he has a secret (no longer, as of today) off-site “laboratory” to which his staff sometimes retreats to organize and plan their research. One anecdote has it that a staff member came to him to explain that in the afternoon meeting there was to be a major disagreement, in fact a fight, over the conduct of one of the investigations. The medalist took out a credit card, gave it to his son (who by chance was working in the lab for a while) and told him to take the two individuals to lunch. The afternoon session had a civilized discussion of the issues at hand and friendly resolution. However, the staff learned they could get a free lunch if they came to the medalist and claimed to have a problem that would lead to a major confrontation at an upcoming session.

Those not attending the award ceremony tonight will have missed seeing childhood pictures, as well as pictures of the medalist as he grew older with grey hair, while his wife retained her appearance as a teenager. His recreation while boating and skiing was also illustrated.

I have saved for last mention of the work that acts as an excuse for the historical introduction. While the medical facility in Haiti and the direct involvement in education of students at Vanderbilt will surely have lasting effects for years to come, perhaps even more so will be the time he spent as Executive Director of the American Board of Ophthalmology from 1996 to 2006. As did the staff at Vanderbilt, the staff of the ABO stood in respect, awe, and admiration – but especially absolute adoration.

His direct involvement and attention to detail made for numerous, seemingly hourly, phone calls to individual members of the ABO staff, and daily conference calls with the assembled staff. He always saw an important enhancement of the Board activities that should be undertaken, and before the staff could complete that, he had another – always, they had to admit, something of considerable importance that had not been considered before. While one of the Directors responsible for the Written Qualifying Examination, he already had noted a need to improve the psychometric validity of the examination, requested hiring of an independent psychometrician, and imposed major new tasks on the Board Directors to ensure that the soundness of the procedure for testing and certification could be defended publicly with pride. It wasn’t long before the Oral Examination was tested for validity and greatly modified to achieve its purpose through the tedious process of Angoff rating. A major challenge was that time-limited certificates had been issued and the time approached that a renewal process needed to be in place. Opposition to time-limited certification, based on the notion that it would devalue lifetime certificates, dissipated as the rationale was realized and some states started to require recertification by a state-run examination or by a recognized specialty Board. How similar it was to the initial opposition to certification in the first place, that it infringed on the status of established practitioners, and especially those who might not be qualified.

This was not all that was instituted while our medalist was Executive Director of the ABO. Members of the public were added to the Board of Directors. All Board members had to record any associations with industry, lectures, or other activities that could be interpreted as a conflict of interest with the goals of the Board. A co-operative but arms-length relationship with the Academy was re-enforced, so that the Board could maintain its posture as a direct advocate for the public good, while the Academy served the needs of the profession, and by so doing, indirectly also served the needs of the public. Education and standards set by the profession through the Academy guided the ABO, which remained however independent in determining its standards and methods for granting certification. He began a 5-year study for Residency Review. Satisfactory completion of residency include specific attributes and ethical standards, and tracking of individuals while still in residency training anticipates the progress toward becoming a certified ophthalmologist. Certificate renewal and Maintenance of Competency procedures required considerable planning and execution. Various sub-specialties requested fellowship accreditation and certification of individuals, and was under constant discussion, but without any sub-specialty demonstrating that it is ready to be recognized. Not only was he active in the ABO, but also in the umbrella organization for all certifying boards, the American Board of Medical Specialties. He challenged residency programs to have directors with a background in education in addition to ophthalmology. He has laid the groundwork to include competency in surgery as part of certification and renewed certification. Surely this decade has seen major changes that should impact the quality of ophthalmic care for years to come, indeed the specialty has been impacted forever. Other details are simply too numerous to mention. When stepping down from his position as Executive Director, he asked that he not be given the traditional expensive gift of a crystal bowl, but that the money that would have been spent be donated to the Visitation Clinic and Hospital in Haiti.

I recall a time when I was tempted not to continue as one of the Directors of the ABO, and Dr. Edward Norton urged me to persevere, saying that nothing I would ever do in my career would be as important as serving as a Director of the ABO. It must be even more true that this year’s Howe Medalist will prove to have raised the standards of our profession more than any of the rest of us can ever hope to claim, not only through his work with the ABO, but in his teaching, as well as his compassion for the unfortunate and his efforts to help at least a few of them. It is a great honor to be the one to present the 2009 Howe Medal to Dr. Denis O’Day. Will Drs. Crawford and Lichter please escort him forward, and his wife, Ann O’Day, is invited to come forward as well if she wishes.
Minutes of the Proceedings

SUSAN H. DAY MD: Indeed tonight is a celebration. It is a celebration of individuals. Each of you out there looks beautiful tonight and all of you do wonderful things at your homebase. It is a celebration of history with the richness of being part of an organization.
that stems back this far. It’s a celebration of mission, the mission of science and art of helping people see. Yet, with every celebration, whether it is a graduation or the birth of a baby or an event like this comes the deep responsibility that occurs when we go back to our places - to our patients, to the science and the truth, to the profession of medicine, and to each other. Nothing could make me happier than knowing that my day will go on tomorrow like it usually does and that there will be a new President of the AOS who will serve you very well. Charles Patton Wilkinson was born on 18th of August 19, of whatever year, and we were going to show his baby pictures with a lot of hair but we could not find them. Pat was out west as undergraduate at Stanford University and then returned to Baltimore where he spent much of his professional career. He serves as the Chair of Greater Baltimore Medical Center. He has won many awards and served in many leadership positions including past President of the American Academy of Ophthalmology, Chairman of the Board for the American Board of Ophthalmology and most notably Secretary Treasurer for the AOS. Probably Pat’s most valuable attribute is his wife Alice. I can promise you that Pat will have one of the most elegant, charming, thoughtful, witty, first ladies who has ever graced the AOS. With that I invite Pat to the stage and introduce him as your next President. Dr. Wilkinson.

CHARLES P. WILKINSON MD: Susan, thank you, this is an immense honor for me. I cannot tell you how proud I am because this represents a tribute to the worker ants of the Society and America. You know where else can a guy just grinding away become President of the Society. So to all the young members: join the committees, work hard and maybe if you grind hard enough you can ultimately become president, because that is what I did. I have no special skills. It is just a matter of showing up as Woody said and trying to do your very best.

Susan, what a fantastic president! Susan brings joy to almost all occasions. There are occasions when joy is inappropriate and in those occasions she brings a smile. She always brings optimism to any meeting that you ever may have. If you just show up and realize that this is really serious, Susan brings the ability to organize and to administrate a good session. We have been very lucky to have Susan not only as our president but in many roles. She really has literally changed this organization.

At the heart of this organization are young people. As members, we must continue to bring in young people and I believe that we have done a great job this year. We have a great group and I congratulate all of the new members. I want to congratulate Denis on winning the Howe Medal. He is an impeccable individual who has insisted on excellence and quality in everything he has ever done. We have worked through some difficult times together on the Board. Denis and Ann, I am so very happy for you and I want you to know how much I believe you deserved this wonderful honor. Finally, I just want to say, thanks. I look forward to serving you and I will do my very best. I hope that all of you will communicate with me about your concerns and tell me if there is anything I can do to improve the Society. I certainly will do my best. Thank you.

SUSAN H. DAY MD: One small order of business remains. In the center of each table are some lovely flowers. Please do take them home, but please do not take the vases. With that, flowers to you all, safe journeys home, see you tomorrow at the meeting, and have a wonderful banquet.

SUNDAY MAY 17

The meeting concluded with the scientific session as follows:

20. “Infiltrative T Regulatory Cells in Enucleated Uveal Melanomas”, Evan Lagouros, Diva Salomao, Erik Thorland, David Hodge, Richard Vile, Jose S. Pulido, MD*
21. “Liquid nitrogen cryotherapy of conjunctival lymphangiectasia”, Frederick W. Fraunfelder, MD*
22. “Intraoperative floppy iris syndrome: pathophysiology, prevention, and treatment”, Allan J. Flach, MD, PharmD*
23. “Long-term safety and visual outcomes of transscleral sutured posterior chamber IOL and combined penetrating keratoplasty with transscleral sutured posterior chamber IOL”, Jennifer Marie Nottage, MD*, Vikram Bhasin, MS, Verinder S Nirankari, MD

* = Presenting

BOLD = Member

Members registered for the 2009 meeting. Twelve professional guests are at the end of the list.

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**Professional Guests**

- Bhasin, Vikram: Professional Guest
- Duncan, Jacque: Professional Guest
- Foster, R. Scott: Professional Guest
- Horn, Erich: Professional Guest
- Lee, Andrew: Professional Guest
- Mosaed, Sameh: Professional Guest
- Nottage, Jennifer: Professional Guest
- Pugh, Jr., Edward: Professional Guest
- Puliafito, Carmen: Professional Guest
- Ridley Ferris, Miriam: Professional Guest
- Saati, Saloomeh: Professional Guest
- Stepens, Kimberly: Professional Guest