

Celebrating the Pioneers

An anniversary reflection on a remarkable transformation.

BY PRISCILLA PERRY ARNOLD, MD

When I received an invitation to write about my personal career for this column of *Cataract & Refractive Surgery Today*, I was immediately struck by two thoughts. The first was that I had never regarded myself old enough to be a part of any history, and the second was that my particular story was not of great interest. I then considered what I might say, however, that would reflect the experience and privilege of practicing during the most exciting time in the history of ophthalmology. During my years of practice, technology has progressed to the refinement of phacoemulsification and the continued perfection of IOL implants. Advances in methods of measurement and formulas now afford amazing levels of accuracy in lens power calculations. Corneal refractive surgery has come of age as regards mapping and correcting complex aberrations of the human optical system, and we transplant individual layers of corneal tissue. Surgeons regularly peel membranes from the macula without causing devastating damage. The future seems to promise pharmacologic and genetic treatments for several eye diseases previously considered hopeless. Pioneers are all around us!

The ground-breaking transition I would like to address in this article, however, is the leadership by women in organized ophthalmology. It happens that this article will be published during my 30th year in practice, which I suppose is a special kind of anniversary gift. This period represents a significant change in the position of women in our field. Those of us who are older celebrate this fact, and younger physicians should be aware of the changes. This is my opportunity to share the story and to honor a few trailblazers.

THE 1970s

When I first entered practice in 1979, the single internationally recognized female ophthalmic surgeon whom I knew about was Alice McPherson, MD, in Houston. Her career successfully combined a large retinal surgical practice, clinical research, and a commitment to altruistic causes. Although we have since become good friends, unknown to me in 1978, Danièle Aron-Rosa, MD, of Paris dramatically



Figure 1. Pictured from left to right at an ASCRS symposium are the author; Elizabeth Davis, MD; Marguerite McDonald, MD; and Danièle Aron-Rosa, MD.

changed ophthalmic surgery by introducing the clinical application of the YAG laser. In the ensuing years, the world sat up and noticed this remarkable physicist/physician who has also contributed greatly to the development of laser refractive surgery. Her work has since been honored by both the ASCRS and the AAO with her election to their respective halls of fame. Both Dr. McPherson and Dr. Aron-Rosa are wonderful role models for ophthalmologists of any gender, and I am glad to start my history with their names.

Many others have enriched our profession with clinical advancements in the intervening years. The move of women into organizational leadership, however, was somewhat more elusive. Women in Ophthalmology (WIO) was founded in the mid-1970s to provide its members with a place to meet, share information, and form friendships with other female physicians. At first rather casual in organization, the early leadership soon moved to encourage women to take a more active role in our profession. In the WIO's first years, Marjorie Mosier, MD; Penny Asbell, MD; Bernice Brown, MD; and Ruth Goodell, MD, in particular devoted a great deal of effort to this project. Others have followed their example. Of them, I would single out Barbara Arnold, MD (also a leader in California's medical society and a delegate to the AMA), and Mildred Olivier, MD (who per-

formed WIO duties while serving as a delegate to the AMA, who is actively involved with missionary work in Haiti, and who practices medicine in Illinois). What began as a social get-together has evolved to include an annual independent scientific meeting as well as regular events at the AAO's and ASCRS' annual meetings and a seat on the AAO Council.

THE 1990s AND BEYOND

Two sister organizations, both highly focused on surgical practice, really set the pace for elevating women to leadership positions nationally. The American Board of Eye Surgery developed a comprehensive cataract surgical certifying assessment examination in 1990 that includes onsite videotaping and peer review. The American College of Eye Surgeons presents an annual meeting featuring the latest surgical advances and serves as the educational arm of the team. From 1995 to 1997, I served as the president of the American Board of Eye Surgery. Following my term, Lisa Arbisser, MD, of Davenport, Iowa, served as the president of the American College of Eye Surgeons from 2002 to 2004. Dr. Arbisser's abilities were evident in that position, and she continues to be an outstanding teacher, innovator, and leader in all regards for our profession. I am proud that she and I were given this opportunity for leadership at a time of transition for women into organizational office.

Importantly, Marguerite McDonald, MD, served as the president of the ASCRS from 2002 to 2003. That she was the first woman to hold this office was a fitting tribute to her remarkable career and skills, and her tenure certainly marks a turning point for our profession. Dr. McDonald made history by presiding over a major international ophthalmic organization. Her leadership in ophthalmology continues today, and she is recognized worldwide with a variety of honors and positions of responsibility. Additionally, she has performed groundbreaking corneal research and surgery.

From 2004 to 2005, I had the honor of serving as the president of the ASCRS (Figure 1). It was my good fortune to share the banner year of 2005 with two other remarkable women. A specialist in pediatric ophthalmology in California, Susan Day, MD, became the first female president of the AAO, and Marie-Jose Tassignon, MD, of Antwerp, Belgium, assumed the presidency of the ESCRS. Both of these women are outstanding ophthalmologists, as demonstrated by their elevation to these high-ranking offices. A special occasion for me was when Dr. Tassignon and I had the opportunity to congratulate each other officially during the 2005 ESCRS meeting in Paris.

The leadership of any large organization requires a great deal of dedication to the project, a significant commitment of time, and usually years of hard work. We are fortunate that, today, many talented women fill several key

positions of responsibility. Cynthia Bradford, MD, recently became the AAO's senior secretary for advocacy. Elizabeth Davis, MD, has chaired two committees for the ASCRS and serves on others as a member. Christie Morse, MD, is the past president of WIO and is a councilor of the AAO. Ruth Williams, MD, has served as the chair of the AMA delegation of the AAO, and she is now the secretary of member services. Anne Coleman, MD, PhD, serves on the AAO's board of trustees.

During the past decade, women have assumed roles of academic administrative leadership as well. In 2006, Eve Higginbotham, MD, a glaucoma specialist, became the dean and senior vice president for academic affairs at the Morehouse School of Medicine in Atlanta. In 2008, retina specialist Julia Haller, MD, was appointed professor and chair of the Department of Ophthalmology for the Jefferson Medical College at Thomas Jefferson University in Philadelphia. A leader in the medical and surgical management of strabismus and pediatric eye diseases, J. Bronwyn Bateman, MD, became the chair of the Department of Ophthalmology at the University of Colorado in Aurora.

CONCLUSION

As this article is a personal reflection and not a detailed, researched report, it is certainly missing some names that should be included. Nevertheless, I will risk identifying several women to watch in the next decade who are already becoming recognized organizational movers and shakers. They are Helen Wu, MD, and Bonnie An Henderson, MD, in Boston; Laurie Barber, MD, of Little Rock, Arkansas; Tamara Fountain, MD, of Deerfield, Illinois; Laura King, MD, in Atlanta; and Jennifer Smith, MD, in Chicago.

In addition to WIO, I am happy to include kudos for the organization Ophthalmic Women Leaders, which brings together both female physicians and the businesswomen of ophthalmology for regular programs at organized ophthalmology's annual meetings.

A fitting way to close this article is to mention the results of the 2007 demographic survey of the AAO. Although the organization's overall US membership is 16% female, the membership in practice for 5 years or less is 26% female. For those of us who date back to well before even the 16% point, these past 30 years have brought enormous changes in ophthalmology as in many other professional options available to women. The candidates in the recent US presidential election emphasized that point, and the coming years will no doubt be as exciting as the past 3 decades! ■

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