

HINDSIGHT

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Jay Enoch's Column:

**The Death of Charles Schepens, M.D., March 28, 2006:
Charles Was A Very Distinguished Ophthalmologist,
A Freedom Fighter,
and A Champion in Behalf of Low Vision Care!
*An Obituary and Reminiscences***

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On March 28, 2006, a number of us lost a very good friend. And optometry and the ophthalmic community, in general, will very much miss the presence of a very meaningful and active participant who was a major contributor to eye and retinal care. Not too long before his death, Charles Schepens, M.D., celebrated his 94th birthday with his family and close friends. He later died shortly after slipping into unconsciousness following a massive stroke. In the days just prior to his death, he planned next steps directed towards strengthening/improving The Schepens Eye Institute in Boston (associated with Harvard University), he worked on details of preserving his legacy at that Center, and helped a friend with the translation of a complex French manuscript to English (source, Schepens' long-term close friend and associate, Frans J. Van de Velde, M.D.). His very creative and wide-ranging mind had endured to the very end of his life! This was a special blessing for him and for us all. Our sincerest condolences are extended to his wife of 69 years, Marie Germaine (Vander-Eecken), known by many as Cete, and to his extended family.

A week before Charles' death, on March 21, 2006, at the home of M. François Gauthier, the French Consul General in Boston, he had conferred upon him the insignia of Knight of the Legion Honor of France. This very high honor recognized *both* his very ample contributions as a World War II resistance fighter in behalf of the Belgian underground against the Nazis (mainly) on assignment in the Pyrenees in southern France, *and* his many meaningful discoveries and contributions to retinal disorders,

retinal surgery, and eye care over a long and highly distinguished career! This is but one of *many distinguished recognitions* he received during his lengthy career. *Here, I additionally document some of his very special contributions to low vision care!*

Background:

To address this task properly, I must first describe events which (to my knowledge) came to the fore in the early-mid 1960s. I also had opportunity to play a role in a number of these events, and I speak as one who “was there.” This is a somewhat unusual history. While *this is not about me*, one has to have a feel for the time and those active in somewhat related affairs. In 1965, I was appointed as the Executive Secretary of the Subcommittee on Vision and Its Disorders of the National Advisory Neurological Diseases and Blindness Council of the then National Institute of Neurological Diseases and Blindness Institute (NINDB) of the of the NIH. This Subcommittee was Chaired by Professor Bernard Becker, M.D., of Washington University of St. Louis. Prof. Becker was then a member of the NINDB Council, and he was also my employer.

Over a period of some critical years, the eye and vision care communities had not received a fair share of NIH funding allocated to the NINDB for research and training. Our Committee’s collective task was to document the then current status of the many facets of vision and eye research and to consider future opportunities for advancement of ophthalmic and vision science; to report fiscal support received in support of eye and vision research in the past and projected into the future (based largely upon NIH and NINDB budgetary projections), to define better the perceived needs of the eye care R&D community, and to offer a plan for enhancement of existing eye/vision research nationally within the NIH in general, and specifically within NINDB. Although never mentioned in Subcommittee actions, in time, it became quite evident to all of us on the Subcommittee that the future of eye and vision research lay in establishing a separate identity in the form of a National Eye Institute (NEI). This latter topic can be fruitfully explored in future columns. Optometry played a meaningful role in this activity.

Another member of the NINDB Council at that time was the Reverend Thomas J. Carroll, who served as Executive Director of Boston’s Catholic Guild for All of The Blind. Although he and I often spoke on the telephone, I never met this absolutely dedicated and charming gentleman. The late Father Carroll’s interests were the care, welfare and rehabilitation of the “substantially visually impaired” population. As they say, “he fought the good fight,” and, in truth, through his efforts to educate me, I came to understand that this area of our concerns had far greater needs than I had previously appreciated. That is, he led me to understand the immensity of the problem and its numerous complexities. Many of these problems are still with us, and given current demographics (e.g., growth of populations, aging of populations, increases in numbers of individuals with eye and vision disorders associated with increasing age) both nationally and worldwide, there are clear signs that in spite of best efforts made, these issues will not be resolved in the near term.

Not very long after our Committee Report was submitted, and encouraged by a number of able people and related events, there followed enabling Congressional legislation (remarkably brief in length) which led to formation of the National Eye Institute (NEI). That legislation called for research directed towards both (1) prevention of blinding diseases and disorders, and (2) efforts to ameliorate the conditions encountered by the visually impaired, and enhancement of residual visual and other sensory functions. The words employed in the legislation were similar to some phrases used in our Subcommittee Report. Even with this legislative mandate in hand, research in behalf of significantly visually impaired populations failed to prosper.

Indeed, the then newly-formed NEI had many problems to address! I certainly was aware of this. However, since virtually all emphasis at the time was placed on *prevention of blinding diseases and disorders*, the low vision care and research community, over a period of years, failed to receive encouragement. That is, by not having the resources and leadership then provided to the large and rapidly expanding bio-medical research community, and made available (even if not equally shared by them) to the eye/vision care researchers and educators *during* the remarkable and rapid growth spurt of NIH (during the so-called *halcyon years* and the still-impressive growth phase occurring following this time period), the second area of interest/responsibility assigned to the NEI failed to expand, to grow, or to prosper. Thus, support for research, research groups, products of research, training of researchers, and effective new approaches applied to vision and rehabilitative care of the visually impaired populations did not really flourish, nor did this area of endeavor develop as it should have done. I do *not* suggest that individual worthy contributors such as the late Louise Sloan, Richard Feinbloom, Ian Bailey, Randy Jose, Eleanor Faye, Gus Colenbrander, etc., failed in their efforts to address these problems.

Charles Schepens (1912, Born: Mouscron, Belgium – 2006, Nahant, MA, USA):

Charles Schepens very-much cared about people and their welfare throughout his multiple careers. He served (1) as a medical practitioner; (2) as a resistance fighter (*nom de guerre*, Jacque Perot!) who helped well over 100 people to escape from the Nazis over the Pyrenees Mountains into Northern Spain while posing as a manager of a lumber mill who developed and utilized a large ski-lift-like transporter of lumber (a “transportation pipeline” for lumber [and people]) over these mountains – one suspects this operation is better described as something like the one shown in the movie “Zorba the Greek” – only better, it worked much of the time(!); (3) ophthalmologist, the father of, or at least a premier contributor(!) to modern retinal surgery – he contributed the binocular indirect ophthalmoscope (initially built in the United Kingdom, the first working model is now in the Smithsonian Institute collection in Washington, DC), led in scleral-buckling techniques, micro-scissors for intraocular surgery, the coherent scanning laser ophthalmoscope (C-SLO), the scanning laser coagulator, “open-sky” vitrectomy, very wide-field retinal camera development, etc., and he very greatly enhanced retinal re-attachment success rates following retinal detachments; (4) academic ophthalmologist (teacher, researcher, clinician); (5) creator of a major and forward-looking private eye research institute (The Schepens Eye Institute), The Retina Foundation, and The Retina Associates (a nearby and very distinguished clinical group in downtown Boston) in

addition to his initiation of the retinal service (a first!) at the Howe laboratories at the Massachusetts Eye and Ear Infirmary, his affiliation with Harvard Medical School, etc. He had a very long connection with a Russian emigrant family for much of his life including the time he spent in Belgium, in the WWII underground movements, and at The Schepens Eye Institute. One member of that Russian family was the kindly and talented Dr. Oleg Pomeranzeff, an engineer who worked with Charles from before WW II until his own death many years later while employed at The Schepens Eye Institute. Another fine employee of the Institute is the very creative Prof./Dr. Robert Webb who played a major role in the design of C-SLO devices, etc.

Schepens' fascinating wartime experiences were recently detailed in an excellent book which I thoroughly enjoyed! It was written by Meg Ostrum, "The Surgeon and the Shepherd", University of Nebraska Press, 2004. The surgeon, of course, was Charles, here portrayed in his role as Jacques Perot, manager of a forestry business and transport-system. This was remarkable!

I am not sure when I first met Charles, but it was many years ago. I visited him and the Institute a number of times, and often stayed for some days at The Institute located at 20 Staniford St. in downtown Boston. Throughout the time I knew him, he had been interested in low vision and rehabilitative vision care, and always encouraged "an arm" of the Retina Associates which offered low vision services for those who could not be otherwise helped. This care was dispensed by a very able optometrist attached to that service, or as an adjunct to their medical and surgical care. He also encouraged staff researchers working with scanning laser ophthalmoscopic devices to plot patients' residual visual fields, to assess their visual capabilities, and to determine the loci of non-central fixation of those with foveal disorders, and to teach these patients how to utilize/optimize their remaining vision. More recently, he encouraged the research of Dr. Eli Peli, an Israeli optometrist by training, in his wide-ranging investigations of numerous creative devices in behalf of the low vision patient community. Thus, Charles Schepens truly appreciated the large problems associated with care and rehabilitation of visually impaired populations.

For some years, Charles and I jointly served a term on the National Advisory Eye Council. I think this occurred during the time period 1980-1984. He, I, and the late Julian Morris, an able administrator associated with the National Eye Institute (NEI), jointly urged prompt action on creation of a meaningful program of research and training in support of the visually impaired. We were successful in advancing this cause, and as a first step, it was agreed to hold a symposium at NEI on the general topic of low vision care, training, rehabilitation services, etc. Sadly, this gathering proved to be a great disappointment. The long-standing weak support for this set of topics had greatly limited research in this field. As noted, there had been little growth in this sub-specialty in the intervening years, and there were few individuals active in the enterprise either as practitioners, or researchers, and there were only a very modest number of training programs in existence.

As a next step, Charles and I urged, and received support from the National Advisory Eye Council to establish this endeavor as one with *high program relevance*, an almost unheard of action! Even with this action, there were only limited responses from the academic and research community. Not too long thereafter, the National Advisory Eye Council voted to not designate *any area* as having high program relevance. This was not because they opposed this particular program, rather other programs were pressing to be included in this very special category. Dr. Constance Atwell, then a senior administrator at the NEI, kindly took it upon herself, with support of Dr. Carl Kupfer, the Director of NEI, to further activity in low vision over a period of some years. Sadly, in spite of collective efforts, research and training in low vision did not flourish as had been hoped by us; there were just too few individuals participating in this work. One suspects a critical mass of investigators and educators (however defined) had not developed within the group.

This did not slow down Charles! Charles then established an organization called the Friends of Eye Research (I served on its Board) with Marvin Brotman as the leader. One role of this body was to support the NEI's budgetary efforts before Congress, and another was to develop further low vision programs. Marvin Brotman, a blind gentleman, sought to advance this cause for a number of years with urging from Charles. This effort also was not met with great success at least from this point of view. However, there is no denying that Charles Schepens tried!

A few years later, I served as a member of the Pisart Award Committee of the Lighthouse, International, in New York City. The year I was Chair of that Committee, Charles Schepens was granted the Pisart Award – in response to his seeming-never-ending efforts in behalf of the low vision population. This recognition was very well deserved! Cete, his wife, was pleased that he received this recognition, but stated to me privately on that occasion that it was a pity that it came so late in his career, that is, after he had left active leadership of The Schepens Eye Institute.

I can only wish that this fighter for good causes has found peace. I greatly valued the years I had opportunity to know him. He made a real difference in this World!

J.M.E.

A nineteenth century version of orthokeratology:

The First Ortho-K in 1865

by Byron Y. Newman, OD

Dr. Dale Freeberg, SCCO 1951, received a collection of *Harper's Weekly* newspapers from around 1865, all bound, from one of his relatives, left to him in a will. Dale frequently thumbed through the pages, reviewing history as it was lived at the time, since lots was happening. One day he ran across the advertisement reproduced below and thought about it awhile.

He thought about it a lot. It was the first time anyone ever discussed improving eyesight by flattening the cornea, at least in this country as far as he knew. The more he thought about it, the more excited he got. One day, he called me up, and told me about the ad. I went over to look at it. He said to me, "Did you notice that it says the item has a patent on it?" And, sure enough there it was announcing it was patented, but without a number.

We talked about it briefly, and he asked, "Do you think we could do a search on this, and find the original patent information?" I told him that my daughter-in-law worked for a patent attorney, and perhaps she could prevail upon him to search it at some reasonable cost, which he agreed to do. And in a few weeks, we had the information in hand.

The picture and the explanation of its use were clear and concise, but I can see there was no way to control the effect you wanted or needed, and no way to determine if it would last more than a few hours upon waking. There was also little control for an active sleeper to keep them centered on the eye lids.

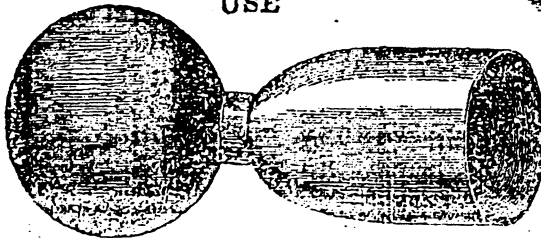
Reproduced on the following pages are the advertisement from the September 30, 1865 issue of *Harper's Weekly*, and the 1851 patent (including accompanying diagram) of Jonathan Ball.

Author biographical notes: OHS member Byron Y. Newman, OD, is a graduate of SCCO, 1954. He practiced for many years in Van Nuys, CA., sold his practice and moved to the City of Orange, where he opened a practice for another 10 years. He sold that office at the age of 71 in 2001, and retired to San Diego. Byron (By) has been an active writer, having edited the California Optometry Magazine for 6 years in the 1970s, a Kiwanis District newsletter for 6 years, and many society and Kiwanis newsletters, and having served as a columnist in *Optometry*, *Journal of the AOA*, for the past 35 years. By has received many awards, including being voted the California "Optometrist

of the Year" for 1980. He remembers having Charles Sheard as an instructor in college, as well as Ernest Hutchinson, two names well known in optometric circles. He recalls one day when a 16 year old boy was sitting in his office getting his eyes examined, and the kid asked what year Dr. Newman graduated from optometry school. When told in 1954, the kid got excited, and exclaimed, "Wow, you must have seen a lot of history." Byron observed that what was history for the boy was current events for himself.

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UNITED STATES PATENT OFFICE.

JONATHAN BALL, OF NEW YORK, N. Y.

MEANS OF RENOVATING AND CORRECTING SIGHT.

Specification of Letters Patent No. 8,049, dated April 22, 1851.

To all whom it may concern:

Be it known that I, JONATHAN BALL, of the city and county of New York, in the State of New York, have invented a new and improved mode of renovating the sight where it is lost by age or where the convexity of the pupil or cornea is flattened, but not diseased or distorted, and also of correcting the sight where the convexity is too great, producing near-sightedness; and I do hereby declare the following to be a full and exact description.

The nature of my invention consists in forming for each eye, a cup large enough in diameter to set upon the base of the ball of the eye, the edge of which is smoothly rounded which by being worn at intervals of two or three days, for an hour or two at each time will gradually and surely bring the pupil or cornea to its original convexity and the sight to its youthful clearness and strength. This cup may be circular or elliptical. In case of nearsightedness the action is reversed. I form a cap with the inside concave sufficiently when placed upon the closed eye to press lightly upon the center of the ball, which by being worn as the cups above described, will gradually lessen the convexity and correct the sight.

To enable others skilled in the art to make and use my invention, I will proceed to describe its construction and operation.

I form a cup for each eye of ivory, wood, glass, metal or any hard substance that can be made smooth. The length five eighths of an inch more or less, and the diameter one inch more or less, to set upon the base of the ball of the eye, through this I make a hollow five eighths of an inch more or less in diameter which forms a tube, the inner side, next to the eye is formed out to fit the proper convexity of the eye, leaving the edge thin but smoothly rounded—see letter A in the accompanying drawings.

On the outer side of the cups and near the

outer end I form a groove, or projections to hold the bindings which fasten them in their places upon the eyes—see letter B. I cut a strip of soft leather, through which I make slits to draw on to the cups into the groove or between the projections, these slits are just distant from each other far enough to bring the cups centrally over the eyes—see letter C. I prefer this mode of holding them, although they may be held by springs, or otherwise.

For near sight I form caps of the same materials as the cups sufficiently concave on the innerside, so as to rest heaviest upon the center of the ball of the eye (the lids being closed)—see letter D. These caps may be made one inch in diameter more or less, and are held in their place by the same means and worn in the same manner of the cups.

By applying the above invention two or three times each week, on retiring to rest, and before sleep, turning or rolling the eyes gently in them a few moments, the pupil or cornea will gradually resume its proper and original convexity, and the sight its youthful clearness and strength. When the eyes begin to fail an occasional application will restore and preserve them through life. By the application of the caps in the same manner by those afflicted with near sight the convexity will gradually lessen and the sight be corrected.

What I claim as my invention and wish to secure by Letters Patent, is—

The cups and caps to produce a pressure upon the periphery, in case of old age, or front of the eye in case of near sight, which will increase or diminish its convexity as the nature of the case may require.

JONATHAN BALL.

Witnesses:

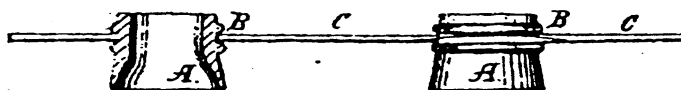
JOSEPH STEPHENS,
JONATHAN MASON.

J. Ball,

Correcting Sight.

N^o 8,049.

Patented Apr. 22, 1851.



Text of Bob Boynton's AAO Presentation in 1997:

Editor's Note: The following is adapted from the text of a speech given by Bob Boynton on December 14, 1997, in San Antonio, Texas, following his receipt of the Prentice Medal of the American Academy of Optometry. Although I had heard of Bob Boynton from his distinguished work in vision, it was at a meeting of the Society for American Baseball Research that I first met him. This is the first publication of his AAO talk in an optometric publication. A somewhat different version was published previously in Joe Wayman's Grandstand Baseball Annual. This is Bob's third contribution to *Hindsight*.

Keeping an Eye on Baseball

by Robert M. (Bob) Boynton

To receive this year's Prentice Award is a great honor and I am very pleased and happy to accept it despite the requirement that I should give a speech. Figuring out what to talk about has presented a problem for me, because I am now well launched into my seventh year of retirement, and I have no new vision research to discuss. Instead, in a very significant departure from recent Prentice Award talks, I am going to tell you about my passion for the great American game of baseball, with special emphasis on how that interest has interacted with, and sometimes actually threatened, my career as a student, university professor, and visual scientist.

This passion may be hard for some of you to understand, or even to believe. The noted sportswriter Roger Angell explained it this way:

"...belonging and caring is what our games are all about; this is what we come for. It is foolish and childish, on the face of it, to affiliate ourselves with anything so insignificant and patently contrived and commercially exploitative as a professional sports team, and the amused superiority and icy scorn that the non-fan directs at the sports nut (I know this look -- I know it by heart) is understandable. Almost. What is left out of this calculation, it seems to me, is the business of caring -- caring deeply and passionately, really caring -- which is a capacity or an emotion that has almost gone out of our lives. And so it seems possible that we have come to a time when it is no longer matters so much what the caring is about, how frail or foolish is the object of that concern, as long as the feeling itself can be saved. Naivete -- the infantile and ignoble joy that sends a grown man or woman to dancing and shouting with joy in the middle of the night over the haphazardous flight of a distant ball -- seems a small price to pay for such a gift."

You will not be surprised to learn that my interest in baseball began long before I had any thoughts of doing research in vision. I was a kid

of ten when my father took me to old League Park in Cleveland on opening day in 1935, and I became hooked for life. I saw a three-run homer by the home team, the Indians, in the very first inning. I watched as the Indians scored two runs in the last of the ninth inning to beat the St. Louis Browns, 7-6. I experienced visual hallucinations that night -- images of baseball players gliding around in my head. A beautiful sport to watch, especially when the home team comes from behind to win.

On Pearl Harbor Day in 1941, I had just turned 17 and after graduating from high school the following June, after a year at Antioch College, I was lucky to be admitted into the Navy's V-12 program, in which I spent two years studying electrical engineering at the University of Illinois. During the summer semester of 1944, I took an elective course in psychology which convinced me that I wanted to study experimental psychology after the war. Electrical engineering subsequently lost much of its interest for me, and my grades suffered as I began to spend more time than I could afford hitch-hiking to St. Louis or Chicago to watch the wartime version of major-league baseball. The most memorable of these trips was to St. Louis on October 1, 1944 when, in Sportsman's Park, I watched as the St. Louis Browns, the only major-league team ever to field a one-armed outfielder, won their only American League pennant.

I was released from the Navy in May of 1946, and despite some poor grades at Illinois, I was accepted that autumn as a junior transfer student at Amherst College in Massachusetts. (The fact that my father, grandfather, and great grandfather were Amherst graduates undoubtedly helped my chances of being admitted.) A Smith College girl, Alice Neiley, came suddenly into my life and we were married the following April.

Amherst is not too far from Boston and upon occasion it was possible to see a game at Fenway Park or Braves Field. But my interest in sports mostly took a different form. I wrote for the college newspaper and during my senior year became its sports editor. When it came time to consider graduate work, I applied to four or five schools, including the University of Michigan, which I selected partly because of its proximity to Briggs Stadium. I also favored Columbia because it was conveniently located near three major league ballparks.

I was invited down to Providence for mutual scrutiny at Brown University. I was offered, and accepted, a research assistantship with a young vision scientist named Lorrin Riggs, supported by funds provided by the Office of Naval Research.

Following graduation from Amherst in 1948, Allie and I lived that summer with my parents in the Cleveland area. I was beginning to get cold feet about graduate work. I was aware of the intense degree of

specialization that a Ph.D. program entails, where you run the risk of learning more and more about less and less until you know everything about nothing. Meanwhile, there was the exciting world of sports out there, and I thought maybe I should become a sportswriter. One day I screwed up my courage and phoned the Cleveland Plain Dealer and asked to talk with Gordon Cobbledick, the sports editor. He graciously agreed to meet with me, and the interchange in his office lasted about half an hour. His advice was, basically, "continue your education, young man. If it doesn't work out, you can always try sportswriting later. Besides," he added, "sportswriting is not as glamorous as you may think, and the pay isn't all that great." Cobbledick, who had a degree in mining engineering, once had to make a similar decision. This interview was very helpful and I decided to stick with my graduate-school plan.

About two weeks after Allie and I arrived in Providence, something happened that might have ended my career in visual science even before it began. On the afternoon of Monday, October 4, I was scheduled to go into the lab for the very first time to begin learning my trade. After Saturday's American League action two days earlier, my first-place Indians held a one-game lead on the Red Sox. On Sunday I listened as the Red Sox beat the Yankees, while reports from Cleveland indicated that Cleveland's star pitcher, Bob Feller, had lost to Detroit. The result was a dead heat, one that by American League rules required a single playoff game to decide the pennant. And wouldn't you know, that playoff was scheduled at Fenway Park to begin, as the kids say today, at the "exact same time" I supposed to meet with Lorrin Riggs in the lab.

Allie and I had happily contributed to the major-league attendance record that had been set that season in Cleveland. I had been following the Indians for fourteen seasons by then, and this could be their first pennant and World Series appearance since 1920. I had no choice. I walked up to Riggs's office, knocked at his open door, and announced "Dr. Riggs, I can't come to the lab this afternoon because I have to listen to a baseball game." Perhaps I would have been smarter to have feigned illness, given that I didn't really know Lorrin very well yet; an advisor of a different ilk might have told me to pack my bags and go home. But somehow Lorrin, despite having no interest whatever in baseball, understood my plight and never held it against me. The Indians won that game 8-3, which was great, although it meant that I had to begin graduate work while distracted by a daytime World Series in which my team was playing. Somehow I managed to get through it, as the Indians beat the Boston Braves in six games to become World Champions.

Once the Indians won the 1948 World Series, I was able to keep my nose to the grindstone pretty well during the four years I spent as a graduate student in experimental psychology at Brown. Allie and I did venture into

Boston once in a while to see a ball game.

Throughout this period, I continued to keep an eye on the progress of the Cleveland Indians, and my attendance at ball games picked up after moving to Rochester where I became an assistant professor in 1952. For the most part I would be watching minor league baseball, which I found less addicting than the major-league variety. Still, I watched a lot of minor league baseball for the next 22 years, much of it excellent, as the Red Wings in Rochester stocked future stars for the Baltimore Orioles. Major league baseball was not ignored, however. I made several baseball trips with various members of my family, and I would sneak out of scientific conventions whenever possible to catch a game. By now I have seen the game played in more than 40 major-league venues.

In the years before the major leagues split into two divisions in 1969, no baseball fan could afford to ignore the World Series. The season would end on a Sunday and the Series would begin only three days later. All of the games were played in the early afternoon. My memories include sneaking a bulky portable radio into high school, cutting afternoon labs at Amherst, and feelings of utter frustration, in those days before tape recorders of any kind. Sometimes, although rarely, I would miss the action altogether because of real-world obligations that I was forced to meet.

A serious conflict occurred almost every year because the Fall meeting of the Optical Society of America, which had become my principal scientific home, always coincided with the World Series. Consequently I saw many televised games, or at least pieces of them, in hotel rooms all over the country. In 1992 in Tucson, my mentor Lorrin Riggs was presented with the Ives Medal of the Optical Society of America during the seventh game of the World Series. I reluctantly left the telecast before the end of the game in time to see the award bestowed.

If one lives long enough, retirement is something that must be dealt with sooner or later, even if the decision is not to retire. Of course a university researcher may, as Lorrin Riggs did (and many do) retire in name only and keep an active lab. By the summer of 1991, approaching 65 years of age, I still had not lost my interest in baseball. I continued to fanaticize about what my life might have been had I become a sportswriter. And, frankly, I was getting a little tired of what I had been doing during forty years split between Rochester and the University of California at San Diego. So I made the decision to retire --really retire -- and write a book about ballparks, those places that had fascinated me ever since that first game, more than a half-century earlier, in Old League Park in Cleveland.

About a week after I had made my retirement decision, the New Yorker magazine of September 18, 1989 included an article which began:

"Shortly before embarking on a week-long tour by rental car this summer of a few favorite Midwestern baseball landmarks ... we made a phone call to the Osborn Engineering Company, of Cleveland, and asked for an appointment. We'd been aware for years ... that the Bronx's own Yankee Stadium was designed by Osborn, and, in the spirit of our tour, we felt that a visit to Osborn was almost obligatory.

"Dale Swearingen, the company's vice-president and its director of architecture, received us, in a resolutely unassuming reception area ... and ushered us into a comfortable but hardly ornate office. We couldn't resist asking him if the plans from the Yankee Stadium job were still around somewhere.

"Right here," he said, and pulled open a long document drawer marked "Yankee Stadium: American League Baseball." There were five Yankee Stadium drawers, all told -- drawers brimming with exquisite drawings of the architectural details that were also indelibly familiar: the great twin eagle emblems that once graced the main stadium gate; the stadium's huge outer cathedral windows; the ubiquitous Art Deco copper frieze that encircled the old roof."

After reading this, I was almost drooling at the mouth, wishing that I could share the experience of the anonymous New Yorker reporter. As it turned out, I could, and did. I telephoned Cleveland and talked with Swearingen, telling him that I was planning a trip east (which I was) and could I please visit with him much as the New Yorker reporter had? He acquiesced, and added, seemingly as an afterthought: "By the way, SABR is meeting here in Cleveland at about the time you're coming through." "SABR? What is that?" was my reply. He explained that the acronym stands for Society for American Baseball Research, an organization of more than 5,000 members, organized by committees, one of which is concerned with ballparks.

I joined SABR immediately, and in June I visited at Osborn Engineering, and I also attended the 20th annual convention of SABR. I have been very active in the Society ever since.

I never wrote that book on ballparks because, in the two years following my decision to retire, about a half-dozen books on the subject were published. So I decided just to write articles on various topics instead. These have appeared in journals that are no less obscure than those that contain scientific publications. I have been interested to note that the organization of SABR is very similar to that of scientific societies. The large number of college and university faculty who write

for baseball journals came as a surprise to me.

In my second year of retirement, I agreed to participate in a scientific conference to be held at the Asilomar Conference Center, which is operated by the State of California on the Monterey Peninsula. The scheduled dates ran from October 24-28, 1992. I recalled that only twice had a final game of the World Series been played as late as October 28th -- most recently in 1989, the year the earth shook in San Francisco. Thinking it safe, I agreed to participate. I should have checked more closely.

In the sixty-two years since I had started following the game, there had been twenty-two World Series that featured a seventh game. I consider the seventh game to be the ultimate sporting event. I have already mentioned the one that I partly missed in Tucson. Otherwise, since following my first such game by radio in 1940, only once had I missed hearing on the radio, or watching on TV, a seventh game of the World Series. That was in 1960, and it happened because the British lack concern for American baseball. I was on sabbatical leave in England and was lucky if I could find the scores, which were set in agate type in an obscure corner of an inside page of the London Times.

At Asilomar, arrangements had been made for most of the conferees to assemble at a motel in San Francisco on Saturday the 24th, from which we would drive to the conference center the next morning. As it turned out, Saturday featured the sixth game of the World Series between the Toronto Blue Jays and Atlanta Braves, and I arrived in time to watch the game in my motel room. However, the first session of the Asilomar conference was scheduled to take place in total conflict with the seventh game, a conflict which would occur only if the Braves were to win game 6 and tie the Series at three games apiece. I therefore rooted passionately for Toronto, whose victory would resolve my conflict.

I thought I was home safely with the Blue Jays leading by a run going into the last half of the ninth inning. With two outs, Braves runners on first and second, and two strikes on Otis Nixon, he bounced a single between short and third that scored the tying run. My heart sank when the inept leftfielder, Candy Maldonado (who had already misjudged a fly ball earlier in the inning) fired the ball half way up the backstop screen trying to keep the winning run from scoring. A lucky bounce brought the ball back toward the catcher and kept the runner on third.

It was ironic that, in the eleventh inning, Nixon -- with a chance to drive home the tying run with two outs for the second time -- bunted and was thrown out to end the game and the Series. First-baseman Joe Carter's joyful leap after making the final putout was mirrored by my own.

Even had I bolted from the meeting in an effort to see a seventh game, it probably wouldn't have done me any good, because I doubt that there is a TV set anywhere in the Conference Center. So my thanks go out to Dave Winfield for his two-run double in the eleventh that gave the Blue Jays a lead, and to Otis Nixon for his curious decision to bunt.

For many years now, all World Series games have been played at night. Yet, in October of 1997, as the Indians were playing against the Marlins, I enjoyed watching the seventh game of the World Series while the sun was shining. How is this possible? The answer: Retire and spend the last half of October in Hawaii, six time zones west of Cleveland and Miami. I recommend it.

Originators of patching therapy in amblyopia:

An article by Sjoukje E. Loudon in the journal *Strabismus* (2005, volume 13, pages 143-144) discusses Charles de Saint-Yves (1677-1736) and the earliest descriptions of occlusion therapy. Credit for the first description of patching therapy usually goes to the French naturalist and botanist George-Louis Leclerc, Comte de Buffon (1707-1788), who wrote about it in 1743. But earlier European descriptions of patching for amblyopia were written by John Allen (1730) and by De Saint-Yves (1722). The Frenchman De Saint-Yves started his education in general surgery at the age of 17, and began specializing in eye diseases at 22 years of age. His 1722 textbook was entitled *Nouveau traité des maladies des yeux*. Loudon notes that in chapter 24 of that book, De Saint-Yves "wrote that one was sometimes obliged to fully cover the non-strabismic eye while encouraging the child to do handicrafts and read fine print." However, the earliest discussion of occlusion therapy found so far was in the book *Vision and Perception* by Thabit ibn Qurrah ibn Marwan al-Harrani, who lived from about 836 to about 901.

D.A.G.

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