

FALL 2005 / WINTER 2006

THE WILMER EYE INSTITUTE  
AT JOHNS HOPKINS



# SIGHT LINE

Dedication of the  
Boone Pickens  
Professorship [PAGE 12](#)

Wilmer Takes Retinal Chip  
from Laboratory to  
Operating Room [PAGE 8](#)



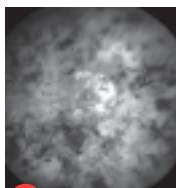
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ON THE COVER: (clock-wise from left) Julia Haller, M.D., Ava Kiser-Bittner, O.D. and Gislin Dagnelie, M.D.  
Cover photos by Eve Morra.

## The View from Wilmer Development



This issue of *Sightline* marks the 80th anniversary of the Wilmer Eye Institute. In 1925, Mrs. Aida Breckenridge, a grateful patient of Dr. William Holland Wilmer, marshaled a group of 338 like-minded individuals to help create this extraordinary Institute.

You can read more about this remarkable woman on page 5.

To give you a brief sketch of American life in 1925, Calvin Coolidge was President, a new Model T Ford cost \$290, and 11 cents bought a gallon of gas. Charlie Chaplin had a hit with his silent film comedy, *The Gold Rush*, and the Senators lost the World Series to the Pirates. The planet Pluto was discovered, and Earl Wise invented the potato chip.

In the midst of all of this, the first ophthalmological institute to focus on research, patient care, and teaching was founded in Baltimore, Maryland, as part of the prestigious Johns Hopkins University's School of Medicine.

Over the past eight decades, much has changed in American life, as in the field of ophthalmology. However, two critical factors have remained the same throughout these 80 years: Wilmer's clinician/scientists, nurses, and staff remain staunchly dedicated to helping people who suffer from eye diseases, *and Wilmer's grateful patients—through their enlightened philanthropy—still make all the difference in what is possible.* Together, we will approach the next 80 years with the goal of ending blindness throughout the world.

Laurette L. Hankins  
Director of Development  
[lhankin2@jhmi.edu](mailto:lhankin2@jhmi.edu)

# FROM THE DIRECTOR

## 80 Years and Still Going Strong!

When a human being turns 80, we might expect to observe some degree of slowing down and, perhaps, a touch of creakiness in a few joints. I am pleased to assure you that such is not the case at Wilmer in its 80th year; the halls of this Institute are infused with energy, positive change, and a firm belief that we can help improve the vision and lives of millions of people throughout the world.



We did get a facelift this year. Wilmer's original building, with its signature dome, was showing its age. Along with the other historic landmark buildings along Broadway, our historic structure was enshrouded for a few months in scaffolds, and emerged even more attractive than ever.

But the unique vitality of Wilmer is not a facade, nor is it purely cosmetic. This year, our clinical practice grew by 15 percent, as patients from Maryland, the other 49 states and 73 countries came to Wilmer for help. The number of surgeries performed by our doctors increased by a similar percentage. Clinical programs for management of challenging ophthalmic disorders, including ocular surface disease, keratoprosthesis surgery, retinal degenerative diseases and Fuchs' dystrophy have been established or enhanced. In addition, we are proud to provide a disproportionate share of ophthalmic care for the indigent population in our community.

Our founder, Dr. William Holland Wilmer, achieved many firsts in his career (the first clear lens extraction and the first publications on the effects of flight on vision, among others). Our research pro-

grams have continued as centers of innovation. We garner more NIH funding than any other department of ophthalmology. Today we are implementing and developing dramatic new therapies that would surely have astounded Dr. Wilmer.

One component that keeps The Wilmer Institute continually dynamic is our tremendous residency program. Each year we attract the best and brightest medical students from around the country and select a small number to join Wilmer. They come asking questions, challenging our assumptions, and pushing all of us to do better on behalf of our patients. The consensus among our faculty is that we have never had a more brilliant and "solid" crop of Wilmer residents. Dr. Wilmer saw, 80 years ago, that this Institute would be a special place if it attracted and trained those residents who could lead ophthalmology into the future. If Dr. Wilmer were still with us, he would feel very much at home amongst our stellar young residents.

Today, The Wilmer Eye Institute has an extraordinary opportunity to dramatically enhance its mission by expanding its world-renowned clinical care and research facilities and by modernizing and expanding its surgical arena. However, to achieve these goals, we first must address certain constraints; research output by Wilmer is now limited by the scope of our existing facilities. Expanded *[continued page 4]*

## Wilmer Eye Institute Named Top Program by *Ophthalmology Times*

For the 10th year running, the Wilmer Eye Institute at Johns Hopkins has been named the best overall ophthalmology program in the country by *Ophthalmology Times*. The publication's rankings, which appear in the Oct. 15 issue, were compiled from a poll of ophthalmology department chairs and directors of residency programs across the United States.

Wilmer also took top honors in the magazine's best research and best clinical (patient care) programs categories and is ranked number three in the best residency (teaching) programs. The Institute receives more than \$20 million annually in research funding.

"Once again, we are gratified and pleased by the show of support by the chairs of the ophthalmic departments across the country," says Peter McDonnell, M.D., and Wilmer's director. "The Wilmer Eye Institute is known throughout the world not only for research, but also for management of both common and exceptionally complex and serious eye conditions." ■



Wilmer Advisory Council Members Rick and Sandy Forsythe join Dr. Peter McDonnell as he accepts *Ophthalmology Times*' #1 rating from Mark Dlugoss, Editor-in-Chief. (from left to right: Rick Forsythe, Mark Dlugoss, Sandy Forsythe, Dr. Peter McDonnell)

[from page 3] space is critically needed for present and future researchers to promote Wilmer's mission with even greater energy and success than realized in the past.

The compelling need for such space for our highly-productive faculty is undeniably and increasingly urgent. Moreover, Wilmer has received financial commitments for several new endowed professorships to support distinguished faculty; however, we are unable to recruit these brilliant clinician/scientists and researchers, again due to space restrictions.

In addition, our current faculty cannot be physically located near fellow researchers with whom they would logically collaborate. Our researchers are scattered among six buildings around the medical school campus, a situation that we all recognize to be sub-optimal.

The Wilmer Eye Institute owes its very existence to a group of philanthropists, led by Mrs. Aida Breckenridge, who saw the potential legacy of Dr. Wilmer. There is no doubt that our recent achievements relate closely to the ongoing commitment of donors who have become our partners in prevention of blindness and the dramatic improvement of countless lives. As we look to the future, we are appreciative of the thoughtful financial support of grateful patients and friends. ■

*Peter J. McDonnell*

Peter J. McDonnell, M.D.  
William Holland Wilmer Professor  
and Director

# MARKING OUR 80th ANNIVERSARY



## Wilmer's Start Traced to a Single Patient's Vision

The Wilmer Eye Institute, circa 1929.

For the Wilmer Eye Institute, 2005 marks another milestone—the 80th anniversary of the year that the Institute first opened its doors. Since 1925, Wilmer's growth in service and reputation can be measured by the extraordinary support that the Institute has received from generations of benefactors, many of whom have been former Wilmer patients. So it should be no surprise that the very first act of philanthropy on Wilmer's behalf was championed by a patient of Dr. William Holland Wilmer himself!

Her name was Aida de Costa Root Breckenridge. A prominent socialite in 1920s New York, she had been given little hope of recovery for her failing sight by various doctors. Then by chance, she learned of the work of a Dr. William Holland Wilmer, an ophthalmologist in private practice in Washington, D.C. In 1922, Mrs. Breckenridge visited Dr. Wilmer, who diagnosed her condition as glaucoma, advising her that surgery was the only means of preserving her vision.

According to Robert B. Welch, M.D., former co-director of the Wilmer Retina Service and author of *The Wilmer Ophthalmological Institute 1925-2000*, her surgery was a success. “While Mrs. Breckenridge was recovering in the hospital with her eyes bandaged, she decided that it would be a wonderful idea if Dr. Wilmer could have his own Institute where he could do research and practice all aspects of ophthalmology,” notes Dr. Welch. “Her plan was to raise money through his patients, but when she first mentioned it to Dr. Wilmer, he opposed the whole concept at first, because he didn't want any commercial efforts associated with his name.”

Undaunted, Breckenridge persevered, canvassing opticians for the names of Dr. Wilmer's patients and even enlisting the help of a Wilmer family employee to provide names. In the end, Breckenridge put together a list of 700 patients, to each of whom she wrote personal letters. In the meantime, she also established the William Holland Wilmer Board in November 1922 to take her fundraising efforts to larger donors, including the Rockefeller Foundation, which provided a matching \$1.5 million to the campaign.

In just three years, Breckenridge succeeded in raising \$3 million and in establishing a permanent affiliation with the Institute and Johns Hopkins. At the dedication of the first Wilmer Eye Institute building, she summed up her motivation simply:

“The Institute was founded on Dr. Wilmer's service to humanity. I hope that now he will have the opportunity to guide other men in his footsteps and impart to others some knowledge of his understanding of humanity.” ■

# On The Fast Track

## “Tremendous” \$5 Million Gift by Robert H. and Clarice Smith Accelerates New Wilmer Building Plans

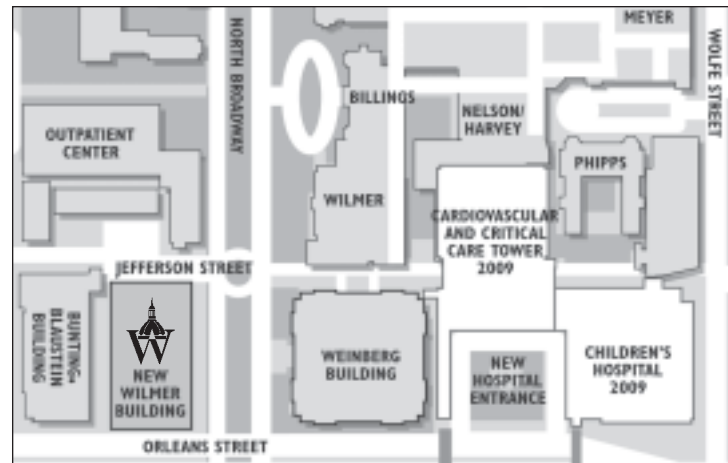
The timetable for realizing a new Wilmer Eye Institute building has now shifted into high gear, thanks to a \$5 million leadership gift by Robert H. and Clarice Smith. In announcing the Smith’s gift, Peter J. McDonnell, M.D., Wilmer’s director and William Holland Wilmer Professor of Ophthalmology, says, “We see this gift as a tremendous investment in the future of the Wilmer Eye Institute, in providing us with a single center that will make our scientists much more productive. A new building will also allow us to grow our research programs, particularly in the fight against age-related macular degeneration.

“It would not be an exaggeration to say that this building, when completed, will be a transforming moment in the future of the Wilmer Eye Institute.”

According to the terms of the gift, a portion will be applied to the development of two research floors in the new building devoted to the study of age-related macular degeneration (AMD), an eye disorder that causes blurring or loss of central vision and is a major cause of sight impairment among older people. One new floor will be named the Robert H. and Clarice Smith Floor for Age-Related Macular Degeneration Research.

### An Innovative Strategy

A second segment of the Smith’s gift serves a more innovative purpose—to act as “bridge funding” that covers the new Wilmer building’s initial planning



### At A Glance: The New Wilmer Eye Institute Building

Prominently situated at the corner of Broadway and Orleans Street, the new Wilmer Eye Institute building will be a seven-floor structure that will add approximately 197,000 contiguous square feet to the Institute’s working space, increasing overall laboratory areas by 60 percent, and quadrupling the space dedicated to AMD research. The overall cost of the building is \$73.6 million. However, in order to break ground, the project will require \$64 million in support from philanthropic sources, of which more than \$50 million already has been secured.

Research output by Wilmer is now limited by the scope of Wilmer’s currently limited and dispersed facilities. In addition, current faculty cannot be physically located near fellow researchers with whom they would logically collaborate. Equipment and, more importantly, ideas are not as readily shared when scientists are unable to work side by side. Creating an environment where Wilmer’s researchers can interact instantly will spur more fruitful collaboration, which is often the key to accelerated and innovative outcomes.

To learn more about giving opportunities with the new Wilmer building, please contact Laurette Hankins, Wilmer’s Development Director, [lhankin2@jhmi.edu](mailto:lhankin2@jhmi.edu) or 410-955-2020. ■

costs, even while the final stages of fundraising for the building continue. As Mr. Smith explained it, “I understood that Hopkins felt that construction could not go forward until all funds and pledges for the new building were in hand. But, there had to be a way to cut a year-and-a-half from its timetable, because this delay could cost the project another 9 percent in inflation.”

Mr. Smith reasons that with the initial planning stages for the new building underway—from the selection of an architect and design development to working drawings and building permits—the overall process of construction could be accelerated by 18 months. “So the day you got your permit, if you had the funds raised, you could break ground the next day,” he says.

The Smiths proposed this creative strategy as a condition of their gift, which was enthusiastically accepted by Wilmer and Hopkins. As past Wilmer Director, Morton Goldberg, M.D., notes, “Mr. and Mrs. Smith are remarkably perceptive and understanding of the budgetary mechanisms utilized by institutions of higher learning. They also have an unusually well-developed sense of how major gifts can propel an institution and a specialized field of knowledge; for example, our research programs in macular degeneration. Their terrific gift is a shot in the arm for the design and development of the new building for the Wilmer Eye Institute, where a substantial amount of research space will be devoted to macular degeneration. We are most grateful to them for their pioneering and philanthropic spirit.”

### **Builder and Artist**

Of course, the Smiths are no strangers to building—or philanthropy. With 55 years experience in all phases of office and residential development, construction and management, Mr. Smith is widely recognized as the builder responsible for Crystal City in Arlington, Virginia. He is the chairman of Charles E. Smith Residential, a division of Archstone-Smith, which specializes in the development and manage-

ment of high-rise apartment buildings. In addition, Mr. Smith is chairman of Charles E. Smith Commercial Realty, a division of Vornado Realty Trust, which specializes in the development and management of office buildings. He is a 1997 Distinguished Alumnus of University of Maryland and was recently inducted into that university’s 2005 Hall of Fame.

Clarice Smith is an internationally renowned painter of portraits, landscapes, and equestrian subjects, whose work has been exhibited in New York, London, Paris, Zurich, Jerusalem, and Washington, D.C. Following studies at the University of Maryland, College Park, the Corcoran College of Art and Design, and the George Washington University, she was a member of the Art Department faculty at George Washington for seven years. She is vice president and secretary of the Robert H. Smith Family Foundation and the Charles E. Smith Family Foundation.

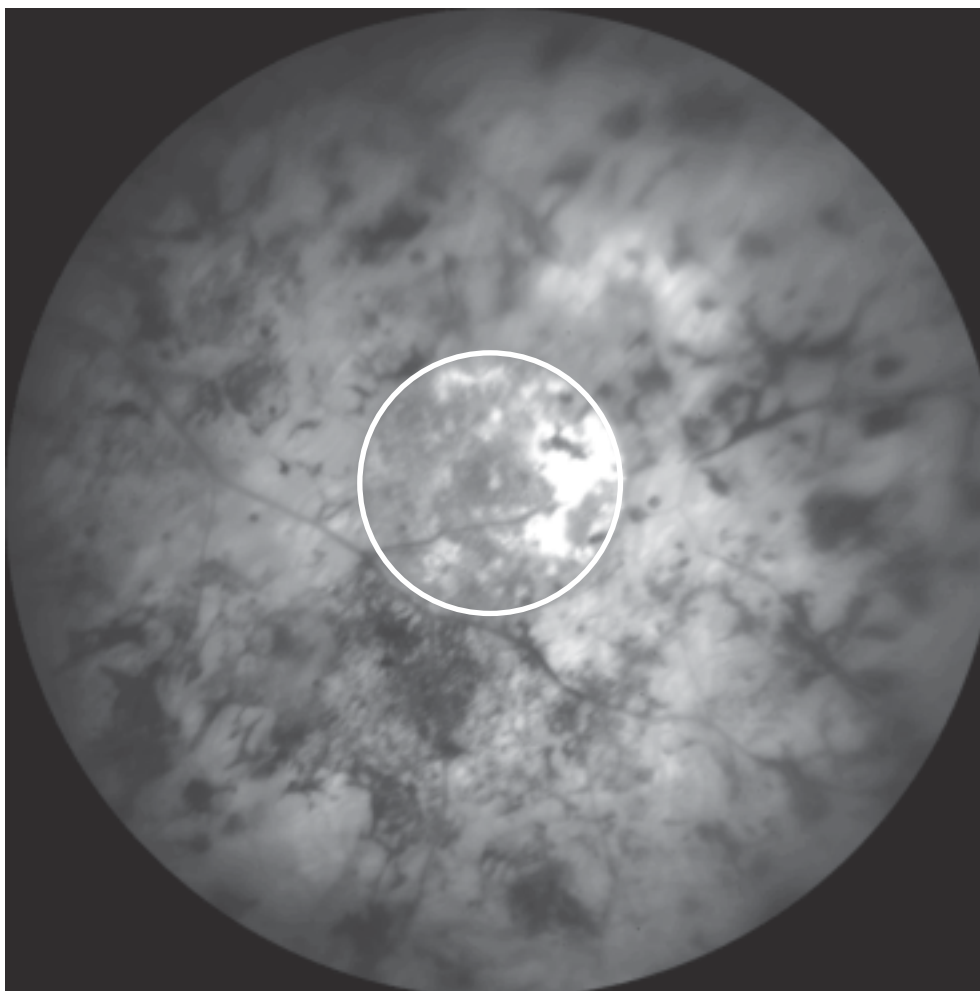
Together, the Smiths continue to be involved in a range of civic and charitable activities. In particular, they have made several gifts to Wilmer in the recent past, including endowments to the Clarice and Robert H. Smith Fund for Bioinformatics and the Ventana Discovery System and Cellomics Array Scan HCS System Fund.

### **Continuing To Dream**

Mr. Smith feels that such philanthropy is essential to a life well lived. “As someone who has had some success, I truly believe that financial success is not a destination,” he says. “We all know it’s important to know how to make a living, but it is also important to know how to make a life. We make a living by what we get, but we make a life by what we give. That’s what my family believes.

“We understand that there’s a lot of work to be done at Wilmer in terms of research and analysis to make real progress in macular degeneration. But the bottom line is, when you cease to dream, you cease to live. My wife and I will always continue to dream.” ■

# WILMER-BASED RETINAL CHIP STUDY STIMULATES HOPE



It is only two millimeters in diameter and 25 microns thick, less than the width of a human hair. Yet it contains 5,000 microscopic solar cells, each designed to convert light energy from the outside world into tiny electrical currents—currents that may extend the sight of patients with advanced retinal degeneration.

**Powered by light, the ASR microchip implant is just 25 microns wide, less than the thickness of a sheet of paper.**

“It” is the Artificial Silicon Retina™ (ASR) microchip, designed to stimulate damaged retinal cells, allowing them to keep functioning despite retinal degeneration. Developed by Alan Chow, M.D., and Vincent Chow of Optobionics Corporation of Naperville, Illinois, the ASR microchip is a wonder of minute design. It is powered solely by the light that enters the eye and does not require the use of external wires, cameras or batteries. Now, with the help of researchers and clinicians at the Lions Vision Research and Rehabilitation Center (LVC) of the Johns Hopkins Wilmer Eye Institute, the ASR chip is being put to the test against a group of diseases that has so far eluded medical and surgical treatment options.

## **Positioned for Research**

The current study is part of a national, multi-center clinical trial to evaluate the effect of the ASR microchip when it is implanted in patients with retinitis pigmentosa (RP), a hereditary degenerative disease of the retina that causes narrowing of vision and eventual blindness. Wilmer’s LVC is well-positioned for this research—as part

of its mission is to combine research results with modern technology in order to help patients gain the best possible use of their remaining vision. According to Dr. Gislin Dagnelie, principal investigator for the research project at the LVC, “The Center’s research seeks to understand what it is that people can and cannot see with reduced vision, and then how we can compensate for that, by using electronic devices or other means. Electronic implants like the ASR chip are a natural extension of this research.”

Key to the LVC study is the implanting of the ASR microchip. During this surgical procedure, the chip is placed under the retina in a location known as “subretinal space.” When activated by light, the chip’s currents, either directly or through the help of chemical messengers released by neighboring cells, seek to stimulate the remaining light-sensing rod and cone cells of the retina. It is hoped that it will enhance sight by inducing biological visual signals that may be processed and sent via the optic nerve to the brain. “In other words, the ASR chip does not itself produce vision,” says Dr. Dagnelie, “but it may help the remaining retinal cells to work better, and possibly longer, than they would without the device.”

### **A New Surgical Approach**

The study, which recently passed its one-year mark, has completed implant surgeries on eight patients so far, all performed by surgeon Dr. Julia Haller, director of the Vitreoretinal Surgical Fellowship Training Program at Wilmer and Katharine Graham Professor of Ophthalmology.

“No one has ever implanted chips intentionally under the retina before, so it’s a new surgical approach,” she notes. To prepare for the procedure, Dr. Haller, who also is an expert in retinal diseases, reviewed videos of 10 previous operations conducted

**“The Center’s research seeks to understand what it is that people can and cannot see with reduced vision, and then how we can compensate for that, by using electronic devices or other means.”**

— DR. GISLIN DAGNELIE

during earlier trials, while practicing with an insertion device that was developed specifically for the operation.

“Part of this early phase of the study is to make sure that the implantation surgery is actually feasible and that there are no complications associ-

ated with it,” says Dr. Haller. “At this point, we feel very comfortable that this surgery is possible.”

### **“Sooner Than Later”**

Dr. Dagnelie acknowledges that the ASR microchip study will require several more years of follow-up testing to evaluate possible visual and ocular changes that may occur in patients who undergo this implant surgery. To verify the chip’s safety and efficacy, his team’s research includes a large number of tests and visits, both before and following implantation. These study visits typically last up to a full day, and the tests range from familiar letter charts, photography, and eye exams to special imaging and scanning techniques. Patients also undergo several tests that have been especially designed for this study.

In addition, says Dr. Dagnelie, “We will need to request supplementary patients to add sufficient statistical strength to our data. We simply need a larger sample.” Nonetheless, he is pleased with the investigation’s progress to date. “We are definitely encouraged by the direction of the study,” he notes.

Both he and Dr. Haller are optimistic that the ASR chip and other implantable devices are the wave of the future. “I definitely think that there will be additional approaches to visual replacement, whether it’s this kind of chip or other artificial vision devices that are being developed,” says Dr. Haller. “I just hope it’s sooner rather than later.” ■

THE MORTON F. GOLDBERG, M.D. DIRECTOR'S DISCOVERY FUND

# PURSUING A HEALING PROTEIN



**Ashley Behrens, M.D.**

Think of it as the proverbial needle in a haystack, but on the molecular level. However, for Ashley Behrens, M.D., a surgeon and researcher in the Corneal Service at the Wilmer Eye Institute, the protein he is seeking could hold the cure for a rare but previously untreatable eye infection that mysteriously occurs after cataract surgery.

This post-operative condition is called endophthalmitis, a severe infection that attacks the jelly-like vitreous fluid inside the eye, causing an inflammation of the surrounding tissue responsible for vision.

Endophthalmitis usually is very difficult to treat even when recognized, since available antibiotics cannot penetrate well inside of the eye to destroy the infection. As a result, the affected eye can suffer irreversible loss of vision or even blindness.

“Fortunately,” says Dr. Behrens, “these cases occur rarely after cataract surgery, perhaps only one case in about 500 cataract operations.” Still, with cataract surgery being the most common surgical procedure performed in the U.S., with around 2.5 million cases a year, Dr. Behrens believes that the occurrence of endophthalmitis merits concern—and a cure.

## Applying Proteomics

By applying the science of proteomics, the study of proteins produced by a cell and their functions, Dr. Behrens and his fellow researchers are attempting to identify the specific proteins that he feels may be responsible for keeping the rate of infective endophthalmitis relatively low. “We think that there are some special proteins inside of the eye that might help to control and destroy infection,” he says. “However, we are not able to measure them with our present technology.

“In researching different types of ocular immunity, we found that there are some proteins on the surface of the eye called defensins that act as a mechanism to destroy bacteria on the surface of the eye,” he continues. “We hypothesize that some substances may be released in the aqueous fluid that may act as natural antibacterial components to destroy incoming bacteria. These components may be special proteins with antimicrobial properties.”

To find out, Dr. Behrens and his group have launched a two-year study in collaboration with researchers at the Johns Hopkins Bayview Proteomics

**“Receiving this award is very important, as it will allow us to fund our preliminary stages of testing.”**

—ASHLEY BEHRENS, M.D.

Center. By comparing the protein content of the eye’s vitreous fluid both before and after two types of cataract surgeries, they are attempting to identify one specific protein that is involved in a protective mechanism. If the group can isolate this protein, their intent is to eventually produce them commercially as a means of preventing endophthalmitis.

#### **Support Where It’s Needed Most**

To provide the needed start-up support for their study, Dr. Behrens and his team recently received an award from the Morton F. Goldberg, M.D. Director’s Discovery Fund. The Fund, created in 2003 by the friends and colleagues of Wilmer’s former director, enables the current director to provide critical funding to a select number of research projects at Wilmer where pioneering breakthroughs are most likely.

According to Dr. Peter J. McDonnell, Wilmer’s current director, “The Director’s Discovery Fund is an important source of seed money to help brilliant young faculty with an exciting (but “high risk”) idea for research into blinding eye disease. Even if the idea does not “strike oil,” we will learn more about the eye and vision. And, if the idea works out, Wilmer might have its third Lasker Award winner (after Arnall Patz and Al Sommer). Either way, these funds move the field forward, and allow new research to be accomplished.”

“Receiving this award is very important, as it will allow us to fund our preliminary stages of testing,” agrees Dr. Behrens. “Of course, any study involving proteomics is very complex and expensive. So our intention is to seek additional funding once we have preliminary data that supports our theory. So this initial grant is absolutely the starting point for everything that follows.” ■

### **Morton F. Goldberg, M.D. Director’s Discovery Fund Contributors**

To date, leading contributors to the Morton F. Goldberg, M.D. Director’s Discovery Fund have committed more than \$2.14 million toward a goal of \$3 million. As of 11/01/05, commitments of \$5,000 and greater include:

#### **\$500,000 AND ABOVE**

Abraham\* and Virginia Weiss

#### **\$250,000 TO \$499,999**

Ms. Helen E. Day\*

Mr. and Mrs. William T. Young, Sr.\*

#### **\$100,000 TO \$249,999**

Alcon Foundation, Inc.

Paula and William Bell

Mr.\* and Mrs. Leonard L. Greif, Jr.

#### **\$50,000 TO \$99,999**

Patricia and David Bernstein

Charles J. Blair, M.D.

Mr. and Mrs. Howard Brownstein

Lee\* and Albert H. Halff

Mr. and Mrs. Charles Krasne

Mr.\* and Mrs. Donald Levinson

Mr. and Mrs.\* Leonard Newman

#### **\$25,000 TO \$49,999**

Michael Elman, M.D.

Dr. and Mrs. James Gills, Jr.

Mr. and Mrs. Robert Katz

Beatrice C. Mayer Fund

Dr. Arnall and Ellen Patz

Norman Raab Foundation

#### **\$10,000 TO \$24,999**

Edmund F. and Virginia B. Ball\* Foundation

George and Dolores Eccles Foundation

The Fungler Foundation, Inc.

The Hultquist Foundation

Arlene S. and Robert P. Kogod

Alicia and Robert Kunisch, Sr.

Jean M. and Edward B. Lipkin

Maureen A. and Albert T. Robinson

Robert H. Smith Family Foundation

Jennifer S. and William J. Wood, M.D.

#### **\$5,000 TO \$9,999**

William Finglass

James H. Gray, M.D., P.A.

Susan B. and Sanford D. Greenberg, Ph.D.

Mr. and Mrs. Raymond Kwok

Harriet and Jeffrey Legum

Drs. Peter J. and Jan M. McDonnell

Mr. and Mrs. Kenneth Merlau

Dr. and Mrs. Albert T. Milauskas

Mrs. Robert H. Nixon

Boone Pickens

Dr. and Mrs. Louis Slesin

Stephanie and Marshall Wishnack

\*deceased

# New Pickens Professorship Extends Entrepreneur's Legacy



**Boone Pickens**

“He’s an entrepreneur, a businessman, and an optimist, who has often said that the harder you work, the luckier you are. Because of that work ethic, he’s been extremely successful. And with that success, he has determined to help others through philanthropy.”

Walter J. Stark, M.D., Distinguished Professor of Ophthalmology at the Wilmer Eye Institute, is describing his good friend, Boone Pickens, chairman of the popular billion-dollar hedge fund, BP Capital Management. The two men, who both hail from Oklahoma, have known each other for 25 years.

On Friday, October 28, their long association took on a new dimension. At a ceremony held in Wilmer’s

## Famed Business Leader Creates New Chair in Ophthalmology

Patz Lecture Hall, the two friends stood side by side at the formal dedication of the Boone Pickens Professorship in Ophthalmology, and the naming of Dr. Stark as the inaugural Pickens Professor. Mr. Pickens and Dr. Stark were joined by distinguished speakers Edward D. Miller, M.D., chief executive officer of Johns Hopkins Medicine and the Frances Watt Baker, M.D. and Lenox D. Baker Jr., M.D., dean of the medical faculty; William R. Brody, M.D., Ph.D., president of the Johns Hopkins University; and Peter J. McDonnell, M.D., Wilmer’s director and William Holland Wilmer Professor of Ophthalmology. Also in attendance were members of Mr. Pickens’ and Dr. Stark’s families, as well as members of the Wilmer Advisory Council.

### Larger Than Life

Mr. Pickens’ endowment of the \$2.3 million Pickens Professorship is the latest in a series of philanthropic gifts made by this legendary oilman and entrepreneur. In the past, recipients of Mr. Pickens’ patronage have included Oklahoma State University, M.D. Anderson, Texas A&M, and the Reagan Library. More recently, Pickens made a \$6 million contribution to the Red Cross in support of the victims of Hurricane Katrina.

Such acts of generosity go hand-in-hand with his larger-than-life career. Mr. Pickens grew up in east-



**1. Dr. Walter Stark, Madeleine Pickens, Boone Pickens, Polly Stark**  
**2. Dean Edward Miller, Madeleine Pickens, Boone Pickens, Dr. Peter McDonnell, Polly Stark, Dr. William Brody, Dr. Walter Stark, Wendy Brody**



**3. Dr. Walter Stark, Boone Pickens, Dr. Peter McDonnell**  
**4. Wilmer Advisory Council members Bob and Maureen Feduniak, Dr. David Guyton, Jan Guyton**  
**5. Laurette Hankins, Wilmer Advisory Council members Dr. Robert and Betty Welch**

ern Oklahoma, where his father was in the oil business and his mother ran the Office of Price Administration during World War II, rationing gasoline and other goods for four counties. Graduating as a geologist from Oklahoma State University in 1951, Pickens started work with Phillips Petroleum Co. in Bartlesville, Oklahoma. After three and a half years, he struck out on his own as an independent geologist.

In 1956, Pickens founded Mesa Petroleum Co. with no oil and gas production and only \$2,500 in capital. Over the subsequent 40 years that Pickens served as its CEO, Mesa became one of the world's largest independent oil and gas companies, producing more than 3 trillion cubic feet of gas and 150 million barrels of oil.

After leaving Mesa in 1996, Pickens founded a fund management company, BP Capital, and in early 1997 launched BP Capital Commodities Fund. The Commodities Fund began with \$37 million and has generated cumulative profits of nearly \$2 billion. The BP Capital Energy Equity Fund was launched with \$90 million in 2001 to invest in public energy companies. An investment of \$1 million in that fund at inception had returned value of nearly \$5 million as of August 2005. Speaking to the motives behind his decision to endow a professorial chair, Mr. Pickens, who is a member of the Wilmer Advisory Council, recently stated, "I would like to make an impact in a number of areas, and medical research is high on the list. I have been fortunate over the years to have an



**1. Madeleine and Boone Pickens**

**2. Chris Muller, Dr. Jan McDonnell, Dr. Peter McDonnell, Wilmer Advisory Council members Kate and Bob Butchofsky**

**3. Dr. Walter Stark**

**4. Jay Stark, Melissa Stark Lilley**

**5. Becky Gorham, Trustee Emeritus Ralph O'Connor, Dr. Walter Stark, Polly Stark**

opportunity to support some of the greatest medical facilities in the country, and Johns Hopkins and the Wilmer Eye Institute are in that category. Walter Stark is a dedicated professional who will have a lasting impact on eye care in America, and that's why I'm so pleased to be associated with him through the Boone Pickens Professorship of Ophthalmology at the Wilmer Eye Institute."

### **A Distinguished Career**

Dr. Stark's own distinguished professional career spans more than 30 years of service and accomplishment. Dr. Stark is an internationally recognized leader in the area of corneal transplantation, use of the excimer laser, and intraocular lens implantation for rehabilitation of patients with visual disability. In 2004, Dr. Stark was honored at the dedication and

naming of the Walter J. Stark, M.D. and Margaret C. Mosher Center for Cataract and Corneal Diseases, of which he is currently the director. The Center was made possible through the generous donation of his long-time friend and former patient, the late Margaret C. Mosher.

Responding to the new Pickens Professorship in Ophthalmology, Dr. Stark says, "Boone wisely wanted to make a gift that would be the most meaningful to all of us at Wilmer, which this professorship certainly is. Endowment funds are crucial to the Wilmer Eye Institute and Hopkins, so that the clinicians, scientists, and educators here can carry out their mission to reduce the chances of blindness and suffering and to improve the quality of life of our patients." ■

## Edward L. Donegan Establishes \$1.25 Million Fund for AION Research at Wilmer



**Edward L. Donegan**

Behind every gift lies a story. In the case of Edward “Ted” Donegan’s recent creation of the \$1.25 million Donegan Fund for AION Research at the Wilmer Eye Institute, the story is one of a man who wouldn’t take “no” for an answer.

It began when Donegan woke up one morning six years ago to discover that the sight in one of his eyes suddenly had dimmed. But for the retired chairman and partner emeritus of Blake, Cassels & Graydon LLP, one of the largest corporate law firms in Canada, a greater shock awaited him in his neurologist’s office. Donegan was informed by the consulting physician that his condition, anterior ischemic optic neuropathy (AION), was not curable.

Commonly referred to as a stroke to the optic nerve, AION can strike without warning, potentially causing a variable degree of vision loss in one eye. The stroke itself is caused by a restriction of blood circulation to the front area of the optic nerve. When the optic nerve, a complex braiding of 1.2 million nerve fibers that transmit sight to the brain, does not receive sufficient oxygen or nutrients from an adequate blood supply, nerve tissue is damaged or lost.

### Referred to the Best

However, despite this setback, Donegan was not about to give up. “I told my neurologist that I wanted a second opinion,” he recalls. “I was willing to travel anywhere to meet with the person who is best in the world in this area of medicine. She told me that I should see Dr. Neil Miller at Johns Hopkins’ Wilmer Eye Institute.”

Donegan’s interest in consulting with the Wilmer physician and researcher was understandable. Director of the Neuro-Ophthalmology Division at the Wilmer Eye Institute, Dr. Miller currently leads a team that is exploring a number of avenues, all leading to a single goal once thought impossible—the repair of damaged optic nerves. Specifically, his research program seeks to stabilize visual function and to replace retinal nerve cells injured by AION. To do so, Dr. Miller is testing novel neuroprotective drugs, gene therapies, and progenitor cell replacement in animal models, in preparation for testing them in humans.

### Making a Difference

In the first of several consultations with Dr. Miller, Donegan was struck by the physician’s interest in his condition and the thoroughness of his response. “When I first met with him, we went through a full day of tests and discussions,” he recalls, “including an impromptu seminar at the end of the day where Dr. Miller used questions from my letter to him as talking points.”

Based on his burgeoning interest and belief in Dr. Miller’s work, Donegan made his decision in July 2005, making a \$1.25 million gift to set up the Donegan Fund in support of Dr. Miller’s research efforts. “Individuals still make a great difference when it comes to basic research,” he says. “You cannot expect government to step in at the beginning of a program. In the case of Dr. Miller, I feel that his research efforts are critical to addressing a potential cure for AION.”

Wilmer’s director Dr. Peter J. McDonnell agrees. “Dr. Miller, whose work is supported by this gift, literally wrote the textbook used around the world on this and related neuro-ophthalmic diseases, and we are grateful that Mr. Donegan has seen fit to help in such a generous manner,” he says. ■

## Ten-Year-Old Is Wilmer's Youngest Benefactor



Sarah Hill and Dr. Douglas Jabs

She may be just ten years old, but Sarah Hill is determined to make a difference in the support of ophthalmological research. In doing so, she has become the Wilmer Eye Institute's youngest benefactor to date.

Sarah's motivation is personal—she has juvenile rheumatoid arthritis (JRA) along with its potentially blinding complication, chronic anterior uveitis. Uveitis refers to several diseases characterized by inflammation inside the eye, one of which is associated with JRA. At first, chronic anterior uveitis has no symptoms, but over time the inflammation can cause damage leading to loss of vision. However, because the condition is uncommon, research into its treatment or prevention is limited.

In July 2005, with help from her parents and her physician, Wilmer ophthalmologist Douglas Jabs, M.D., Sarah set up the Kids' Uveitis Research and Education (K.U.R.E.) Fund at Wilmer. Through a let-

**“I decided to start the Kids' Uveitis Research and Education (K.U.R.E.) Fund at Wilmer since I know this is where many families bring their kids to get better.”**

—SARAH HILL

ter-writing campaign to family and friends as far away as New Zealand, Sarah has raised more than \$30,000 in the first few months. The goal of the K.U.R.E. Fund is to support research into the causes of uveitis—and a possible cure.

Leading this effort at Wilmer is Dr. Jabs, director of the Division of Ocular Immunology and an expert in uveitis and related immune-mediated eye conditions. “We've been able to demonstrate certain treatment approaches to some of uveitis disorders that get better results in the long run,” says Jabs. “Now, with this support from the K.U.R.E. Fund, we've begun to evaluate treatment approaches for chronic anterior uveitis in terms of which one produces the best results.”

Sarah is confident that her fund is well placed. “I decided to start the fund at Wilmer since I know this is where many families bring their kids to get better,” she says. “Maybe

one day children won't have to worry about this, and they won't need to take medicine or have surgery to make them well.”

For his part, Dr. Jabs admires the efforts of his young patient and sponsor. “Certainly there are patients who will donate money towards research related to the disease that they possess,” he says. “What's unusual is that one would start a foundation at Wilmer for such an activity, and even more unusual that it's being done by a ten-year-old girl.” ■

## FOCUS ON PHILANTHROPY

# LEAVING A LEGACY

## Thomas Orton Jones Fellowship Celebration and Legacy Society Lunch

On September 14, 2005, members of Wilmer's Legacy Society and other friends of Wilmer in the Washington, D.C., area gathered at the Congressional Country Club to honor Thomas Orton Jones. Mr. Jones was a generous supporter of macular degeneration research at Wilmer during his lifetime and through his estate. When he passed away in Decem-



1. Carl Gerber (back row right) and Kathleen Shea (front row left), executors of the estate of Thomas Orton Jones, with Dr. Peter McDonnell (back row left) and Dr. James Handa (front row right)
2. From left to right: Carol Veronda, Helen Ossofsky Iliff, Dr. Peter McDonnell, Charles Fallor and Jean Fallor

### THE WILMER LEGACY SOCIETY

The Wilmer Legacy Society recognizes and honors the commitment of its members who have provided for the Wilmer Eye Institute under their estate or financial plan.

ber 2004, he left an important legacy at the Wilmer Eye Institute—a bequest of \$1 million to endow the Thomas O. Jones Fellowship for training in research and treatment of age-related macular degeneration (AMD). Dr. James Handa, the inaugural Thomas O. Jones Fellow, gave a presentation titled Understanding Dry Macular Degeneration, which described current approaches to AMD research. A question and answer session focused on the genetic, environmental and lifestyle factors that may promote the disease. Dr. Peter McDonnell also gave a brief update on exciting developments at the Wilmer Eye Institute. ■

### Wilmer Researchers Receive Knights Templar Eye Foundation Awards

On August 1, 2005, James Coker, grand commander of the Knights Templar of Maryland, and Richard Baldwin, vice president of the Knights Templar Eye Foundation, presented annual Knights Templar Eye Foundation awards in the amount of \$30,000 to Drs. Hu Huang and Jennifer Sung. Dr. Peter J. McDonnell thanked the Knights Templar Eye Foundation for more than two decades of support for research at the Wilmer Eye Institute, totaling over \$945,000.

Dr. Huang's project is focused on discovering the molecules that control the transformation of stem cells into rods and cones during normal embryonic development. This discovery could provide new strategies for photoreceptor replacement through stem cell transplantation. Dr. Sung will study the role of Heme Oxygenase, a [continued on page. 18]

## KATRINA RELIEF CONTINUES

### *This Time for You!*

In late September 2005, President Bush signed the very broad Katrina Emergency Tax Relief Act (KETRA) into law. The law provides an incentive for individuals with large "cash" positions to make significant gifts to charity—not just to Katrina Relief Efforts.

In essence, outright cash gifts by individuals to any public charity (other than supporting organizations and donor advised funds) for any purpose made between August 28 and December 31, 2005, will not be subject to the 50 percent annual charitable deduction limitation.

Previously, the deductibility of outright cash gifts to qualified charities was subject to a ceiling of 50 percent of Adjusted Gross Income (AGI) annually. KETRA does not require that charities receiving gifts from individuals be engaged in providing direct relief to Katrina victims.

This may be a good time to review your financial situation with your financial and legal advisors in light of this limited opportunity. Please note, however, that this favorable tax treatment only applies to charitable gifts—not to all itemized deductions.

Our Gift Planning Advisors are always available to help as you consider charitable strategies, this year or for the long term. Please call Kathleen McNally or Kathy Shelton at 1-800-548-1268 for more information.



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**From left to right: James Coker, Grand Commander of the Knights Templar of Maryland; Richard Baldwin, Vice President of the Knights Templar Eye Foundation; Wilmer Researchers Drs. Hu Huang and Jennifer Sung and Wilmer Director, Dr. Peter McDonnell.**

*[from page 17]* human protein, in retinal degenerations. Understanding how this enzyme contributes to retinal degeneration will allow scientists to develop new treatments for diseases such as macular degeneration.

The Knights Templar were a monastic military order formed at the end of the First Crusade with the mandate of protecting christian pilgrims on route to the Holy Land. Today it is a christian-oriented fraternal organization part of the Masonic Fraternity. The Knights Templar Eye Foundation provides support for patients throughout the country in need of ophthalmic surgery and for senior citizens who need eye exams, but who cannot afford the cost. Approximately \$5 million is expended annually in this endeavor. The Foundation also awards approximately \$600,000 in research grants annually. To date, the Knights Templar Eye Foundation has provided nearly \$5.5 million to research institutions throughout the nation. ■

# WILMERNEWS

## A Wilmer “Visionary Leader” Honored with 2005 Lions Humanitarian Award

Dr. Arnall Patz, director emeritus of the Johns Hopkins Wilmer Eye Institute and winner of the Presidential Medal of Freedom, had just one word to describe his reaction to the news that he had been named the recipient of the 2005 Lions Humanitarian Award—“overwhelmed.”

“I was overwhelmed by the news of the award, having worked with the Lions for more than 20 years, and having such a wonderful relationship with their leaders during that time,” says Dr. Patz. “It means a great deal to me personally, and also to my family.”

Given for “substantial humanitarian accomplishment” to such past recipients as Mother Teresa, Danny Kaye, and Jimmy Carter, the Humanitarian Award was presented to Dr. Patz by Clem Kusiak, president of The Lions Clubs International. A special ceremony was held at the Wilmer Eye Institute on August 4, 2005, which was attended by Wilmer faculty, staff, and more than 80 members of the Lions, including famed author and philanthropist Tom Clancy.

The award is the highest honor of the Lions Clubs International, which with 1.35 million members in 46,000 clubs in 194 countries, is the world’s largest service club organization. The award includes a \$200,000 grant for continuing humanitarian activities from The Lions Clubs International Foundation. Dr. Patz will use this grant to support the Lions Vision Research and Rehabilitation Center at the Wilmer Eye Institute, which serves nearly 1,200 patients annually.

Dr. Patz’s distinguished medical career as a researcher and clinician began when he was only 32 years old, when he proved, despite considerable opposition from the medical establishment, that the practice of giving high levels of oxygen to premature infants was causing an epidemic of blindness in those



Clement Kusiak and Dr. Arnall Patz

babies. For this discovery, he was given the Albert Lasker Medical Research Award, one of the most prestigious honors in American medicine. Helen Keller, who presented him with the award in 1956, was the first to urge him to begin working with the Lions.

“One of the most gratifying things for me about working with the Lions is that they referred to me as their ‘visionary leader,’” smiles Dr. Patz. “For an ophthalmologist, that’s a compliment! But in fact, I’m just one in a series of such individuals here at Wilmer. The sterling leadership of our past director, Dr. Morton Goldberg, as well as that of his successor, Dr. Peter McDonnell, has greatly advanced the Lions program at Wilmer.” ■

## Dr. Alfred Sommer Named Helen Keller Laureate



Dr. Alfred Sommer

In assessing Dr. Alfred Sommer’s long and distinguished career, one must begin with “A”—specifically Vitamin A.

While working in Indonesia during the 1970s, Dr. Sommer was the first to determine that vitamin A deficiency, a common cause of blindness in the developing world, also contributed to childhood mortality from infectious diseases, particularly measles and diarrhea. Despite widespread criticism of his discoveries from the scientific community, Dr. Sommer [continued on page 20]

## Academic Offerings

Continuing Medical Education and Lectures  
sponsored by the Wilmer Eye Institute

### Current Concepts in Ophthalmology

December 1-3, 2005

Turner Auditorium

The Johns Hopkins University School of Medicine

Contact CME: 410-955-5880

### Current Concepts in Ophthalmology

February 10-13, 2006

Hyatt Dorado Beach Resort

Dorado, Puerto Rico

Contact CME: 410-955-5880

### Current Concepts in Ophthalmology

March 13-17, 2006

Vail Marriott

Vail, Colorado

Contact CME: 410-955-5880

### Wilmer Resident Association

May 12-13, 2006

Turner Auditorium

The Johns Hopkins University School of Medicine

Contact CME: 410-955-5880

### Faculty Lecture Series

Monday through Friday, 7:30 - 9:30 a.m.

The Johns Hopkins University School of Medicine

Open to Health Care Professionals

### Uveitis Conference

First Friday of each month, 10:00 a.m. - 12 noon

550 N. Broadway, 7th Floor conference room

The Johns Hopkins University School of Medicine

Call 410-955-1966 to confirm dates

### Patient-Oriented Research Seminar and Friday Afternoon Research Meeting

Each Friday, 4:30 - 6:30 p.m.

Patz Lecture Hall, Wilmer Eye Institute

The Johns Hopkins University School of Medicine

Call 410-502-3494 to confirm dates

*[from page 19]* continued to research his theories and later documented that a large oral dose of vitamin A, costing a few pennies, was a more effective and affordable means of treating vitamin A deficiency than injections. His groundbreaking discoveries led to the widespread use of inexpensive vitamin A supplements that reduced childhood mortality by 34 percent in the developing world and saved the lives of millions of children worldwide. The World Bank now ranks vitamin A supplementation among the most cost-effective health interventions in all of medicine.

For this and a lifelong record of other extraordinary professional achievements, including the 1980 establishment of the Dana Center for Preventive Ophthalmology at the Wilmer Eye Institute, Dr. Sommer, professor of Ophthalmology at Wilmer and former dean of the Johns Hopkins Bloomberg School of Public Health, was recently named the 2005 recipient of the prestigious Helen Keller Prize for Vision Research. Awarded annually by the Helen Keller Foundation for Research and Education, the prize recognizes scientists whose research has made a significant contribution to blindness prevention. Helen Keller Laureates are selected by an international panel of biomedical researchers and physicians.

Dr. Sommer was presented with the Helen Keller Prize on May 2, 2005, at the annual conference of the Association for Research in Vision and Ophthalmology (ARVO) in Fort Lauderdale, Florida. "The life of Helen Keller was always an inspiration for me personally. It is a great honor to receive this award," says Dr. Sommer, "and wonderful to receive this recognition." ■

## Dr. David Guyton Receives RPB Disney Award for Amblyopia Research



Dr. David Guyton

He's not only a clinician, but also an inventor. Over the past 14 years, Dr. David Guyton has focused on building an instrument that can provide successful early detection of a common childhood eye disease. This past summer, in recognition of this groundbreaking work, Dr. Guyton was awarded the Research to Prevent Blindness—Walt and Lilly Disney Award for Amblyopia Research. Created exclusively to stimulate and promote research to improve the diagnosis and treatment of amblyopia,

the RPB Disney Award provides a \$100,000 grant to those ophthalmic scientists who are pursuing amblyopia research of unusual significance.

The disease, amblyopia (or “lazy eye”), is the leading treatable cause of vision loss in childhood, affecting upwards to 5 percent of the population. However, due to inadequate screening methods, amblyopia often escapes detection in patients younger than five years of age—ironically, those who are most likely to benefit from treatment. Dr. Guyton, the Zanvyl Krieger Professor of Ophthalmology and Director of the Zanvyl Krieger Children’s Eye Center, believes he is close to completing a hand-held device, the Pediatric Vision Screener, that can accurately detect the two causes of amblyopia—strabismus (misaligned eyes) and anisometropia (defocused eyes)—for the first time, and in just seconds.

Dr. Guyton intends to apply his funds from the RPB Disney Award (which he is sharing with collaborating researcher Dr. David Hunter in Boston) to the cost of completing his research and to build additional prototypes for testing.

“Most granting agencies are not used to giving funds for instrument development to academic types, because they assume that such work will be done in industry, which has not happened,” he notes. So we need to appeal to private donors who realize the value of this research, as the Disney family most generously has.” ■

### Wilmer Nurse Joins Hopkins Relief Team in New Orleans

When Lauren Baker got the call, she had only 12 hours before an Air National Guard C-130 cargo plane would whisk her right to the center of flood-ravaged New Orleans. But this Wilmer emergency room and inpatient nurse, who deals with ocular emergencies every day, was ready.

Baker was among 13 Hopkins physicians and nurses, all volunteers, who had been carefully hand-picked by the Office of Critical Event Preparedness (CEPAR), an Office of the Hopkins Institutions that is



**At the airport, September 5, before taking off for New Orleans. From left, standing, Sue Bailey (JHBMC), Lou Ann Rau (JHHCG), Lauren Baker (JHH/Wilmer), Amy Herbert (HCGH), Jennifer Roos (HCGH), Michelle Whitfield (JHH), Paula Murphy (JHH), Donna Hawley (BMC), Mitch Brittain (BMC). Sitting, Mike Millin (JHH), Maggie Neely (JHHCG), Sherry Holland (HCGH). Not pictured: Steve Sisson (JHH).**

responsible for coordinating enterprise-wide, interagency efforts to address Homeland Security and other potential disasters. The Hopkins group, dubbed “Team Echo,” left with other Maryland workers from Martin State Airport early on Labor Day, September 5, 2005, with the intention of providing medical support in the Jefferson Parish area of the stricken city.

“I didn’t know anyone on the team when we left,” reports Baker, “but we really became close through this experience.” On their arrival, the team joined other emergency workers, including the military, in taking over an abandoned local hospital as their medical base of operations and living quarters. Baker and her team then established a field clinic at a nearby elementary school to serve a steady stream of 150 patients a day. “It worked out really well,” says Baker. “We had a triage treatment area and provided emergency meds for people who had run out of their prescriptions.”

After nearly two weeks of 17-hour days, Team Echo was relieved by a fresh Hopkins CEPAR team. Though exhausted by her return, Baker says that she wouldn’t have missed the experience for anything. “The overall attitude of the New Orleanians was amazing,” she recalls. They had nothing left, but still would bring us small gifts of Mardi Gras beads or candy. They were just so grateful that we were there.” ■

# ALUMNINEWS

## **Dr. Stephen J. Ryan Provides Leadership Gift for ACS Endowment**

Stephen J. Ryan, M.D., '65, believes that the most critical component of a Wilmer resident's experience can be summed up in three letters—ACS.

Selected by Wilmer's director, the sole purpose of the assistant chief of service (ACS) at Wilmer is to train and educate the residents, and toward that end spends an extraordinary amount of time working side-by-side with the residents throughout their training. In contrast to the "chief resident" position at most other programs, the Wilmer ACS is both a former Wilmer resident and a board-certified faculty member who has completed subspecialty fellowship training.

"Wilmer's ACS has a particularly important responsibility as it relates to first-year residents who don't have experience in ophthalmology when they come out of internships and medical school, so that part of their training is a vital part of their education," says Dr. Ryan. "It's clear to me that next to the director, the ACS is the key person from whom Wilmer's residents learn ophthalmology. Their commitment to excellence is what makes Wilmer such an outstanding center."

Because of this conviction, Dr. Ryan, currently the president of the Doheny Eye Institute and the Grace and Emery Beardsley Professor of Ophthalmology at the University of Southern California, has established a leadership gift for a permanent endowment of Wilmer's ACS position. "It's a very important role," says Dr. Ryan, "so when Peter McDonnell offered me the opportunity to play a part in endowing this position at my alma mater, I said yes right away."

"Dr. Stephen Ryan exemplifies the goal of the Wilmer Residency program: producing outstanding clinician-scientists who become leaders in their fields—from patient care and research to education

and national service organizations," says Dr. Peter J. McDonnell, Wilmer's director and William Holland Wilmer Professor of Ophthalmology. "His generous gift and his leadership by example will support and serve as a role model for current and future generations of Wilmer residents and chief residents who will become the department chairs and leaders in the coming decades." ■

## **AMO Head James Mazzo Pledges \$100,000 to Ryan ACS Endowment**

In his recent pledge of \$100,000 to the Stephen J. Ryan Assistant Chief of Service (ACS) Endowment, Jim Mazzo feels he was making more than a gift—it was a smart business investment.

"I started my career at Allergan in the 1980s under the mentorship of Gavin Herbert, who is credited with founding the company," says Mazzo. "Gavin taught me the saying, 'Invest in your future today.' I believe that the future of ophthalmology is with the residents, such as those at the Wilmer Eye Institute."

Mazzo, a Wilmer Advisory Council member, is the CEO of Advanced Medical Optics (AMO), a global medical device leader focused on the discovery and delivery of innovative vision technologies that optimize the quality of life for people of all ages. AMO, which is based in Santa Ana, California, employs approximately 3,500 globally, with operations in 24 countries and a presence in more than 60 countries.

Mazzo says that his company is actively involved in philanthropic efforts "to support the future of innovation in ophthalmology." In the case of his gift to the Ryan ACS Endowment, he points out that his decision was tied to a strong regard for the value of Wilmer's residency program.

"We have always supported residency programs because the ophthalmic innovators of tomorrow will come from leading institutions such as Wilmer," says

Mazzo. “These innovators will advance the industry beyond anything we could ever imagine today. If we can be a part of that development and help bring better vision care to millions of people around the world, then I feel it is my responsibility to do whatever I can to help.”

“Mr. Mazzo is the dynamic CEO of probably the most rapidly growing ophthalmic healthcare company in the nation, with a priority on the importance of education and training the next generation of leaders in ophthalmology,” notes Dr. Peter J. McDonnell, Wilmer’s director and William Holland Wilmer Professor of Ophthalmology. “His gift for the Ryan ACS endowment will help ensure, in perpetuity, support for our residency training program and the young physician leaders who return to Wilmer after fellowship training to lead the residency.” ■

### Four Former Chief Residents Honored at 2005 Biennial

An educational conference, celebration, and medical school alumni reunion all combined into one three-day event—that’s the Hopkins Biennial Medical Symposium. From its start in the early 1900s, the Biennial, sponsored by Hopkins’ Medical and Surgical Association, has covered every aspect of the evolving world of Hopkins medicine.

Out of eight physicians honored on July 3, 2005, from all of Johns Hopkins Medicine, four of them were former Wilmer chief residents.\*

The four recipients were:

- David Paton, M.D., class of ‘56 and 40th Wilmer chief resident, who received a 2005 Distinguished Medical Alumnus Award from the Hopkins School of Medicine;



left to right: Dr. Stephen J. Ryan, Dr. David Paton, Dr. Peter J. McDonnell, Dr. Allan D. Jensen, Dr. William Jarrett, II

- William Jarrett, M.D., class of ‘58 and 41st Wilmer chief resident, who received the 2004 Heritage Award from Johns Hopkins University;
- Stephen J. Ryan, M.D., class of ‘65 and 47th Wilmer chief resident, who received a 2005 Distinguished Medical Alumnus Award from the Hopkins School of Medicine; and
- Dr. Allan Jensen, M.D., class of ‘68 and 51st Wilmer chief resident, who received the 2004 Distinguished Alumnus Award from Johns Hopkins University.

In keeping with the spirit of the Biennial, each of the four Wilmer alums also was invited to deliver a lecture on a topic of their choosing. Among those in attendance for these talks was Wilmer’s director, Peter J. McDonnell, M.D. “What was obvious from their presentations was not only how much these speakers thought they learned while at Wilmer, but how much they enjoyed being part of a group of brilliant, challenging, and dedicated ophthalmologists,” McDonnell notes. Whether taking on leadership roles as department chairs, leaders of state or national ophthalmological associations, or consummate clinicians in their communities, these individuals continue to embody the highest levels of integrity and dedication.” ■

*\*The Wilmer Chief Resident post is formally known as the Assistant Chief of Service.*



This newsletter is published by:  
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**The Johns Hopkins University**  
**School of Medicine**

**Peter J. McDonnell, M.D.**  
*William Holland Wilmer Professor*  
*and Director*

**Laurette L. Hankins**  
*Director of Development*



PHOTO BY L. HANKINS

**ABOUT WILMER**

The Wilmer Eye Institute provides diagnostic, medical, and surgical care for adults and children and is a referral center for all eye problems. Wilmer provides routine preventative care, and evaluates and treats patients with specific complaints or those with a family history of eye disease. Treatment for eye emergencies is available 24 hours a day through Wilmer’s Eye Emergency Service, a designated Maryland eye trauma center.

**Wilmer Services and Locations:**

General Information and Referrals	410-955-5080
Emergency Services	410-955-5347
Bayview Medical Center	410-550-2360
Columbia (Charter Drive)	410-910-2330
Frederick	301-620-9268
Green Spring Station	410-583-2800
Wilmer Laser Vision Center	410-583-2802
Odenton	410-519-2425
White Marsh	443-442-2020
Wyman Park	410-338-3169
Toll-Free Directions	877-477-9519

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**MISSION STATEMENT**

*The mission of The Wilmer Eye Institute is to contribute to ophthalmic knowledge and to continue to reduce suffering from blindness and loss of vision at home and around the world, through leadership and excellence in research, education, and patient care.*



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