

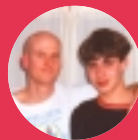
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news from the Massachusetts Eye and Ear Infirmary



Massachusetts
Eye and Ear
Infirmary

FALL 2001



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Trustee Brings 50 Years

OF WIT AND WISDOM TO BOARD

Melville Chapin, "Dean" of the MEEI Trustees with 50 years of service, and fund raiser par excellence for the Infirmary, Yale, Harvard, and many other institutions, traces it all back to a bucket of shrimp and a warm night on the Florida Gulf Coast during World War II.



A graduate of Yale and Harvard Law School, he was in the Navy when they took a ship down to Florida to be moth-balled. "I was sitting out with my wife eating shrimp from one of those boats that came by all the time," he recalled recently, "and I told her, 'I'll probably go back into the law, but I don't know if that will be enough for me'"

Raised in a family steeped in tradition (his great grandfather Herman Melville's book, *Moby Dick*, was required reading), [continues on page 3 >>>](#)

Head & Neck Service Attacks Disease

WITH LOVING CARE

State-of-the-art treatments and expert doctors draw hundreds of head and neck cancer patients to the Massachusetts Eye and Ear Infirmary each year. What these patients find in the Infirmary's Head and Neck Service, however, often surprises them. It is the warm and caring environment that treats their fears and apprehensions with as much care as their medical problems.



The largest center of its kind in New England, the Infirmary's Head and Neck Service is a powerhouse of advanced medical [continues on page 4 >>>](#)

Drs. Nathalie & Dimitri Azar:

THE INFIRMARY'S DYNAMIC DUO

Infirmary ophthalmologists Nathalie and Dimitri Azar are separated by only a wall at work. However, this husband and wife are so busy running separately the Pediatric Ophthalmology and the Cornea and Refractive Surgery Service that they are as likely to see each other on an airplane. That is where they find "quality time," traveling together to teach or attend professional conferences. When he flew to Paris to teach a course, she went along. They attended opera together in the evenings while she studied cooking during the day.



"I'm so glad I chose ophthalmology," says Nathalie, who graduated from Boston University School of Medicine. "I can still do surgery and it makes my life so much easier being in the same field as my husband."

The chief resident in ophthalmology at the Infirmary in the early 1990s, Dimitri and his wife were both at Johns Hopkins [continues on page 11 >>>](#)



MEEI and HMS Team Up

FOR SUMMER SCIENCE PROGRAM

Several high school students from PRISM (Program for Research and Investigation in Science and Math) visited the Infirmary as part of a summer science program sponsored by Harvard Medical School. The program was designed to encourage minority students to consider a career in the medical professional field. Infirmary physicians and researchers gave information sessions on subjects that the students studied that previous summer. They were also given an interactive tour at the Jenks Vestibular Diagnostic Lab, where they tested equipment used to simulate balance disorders and record eye movement. The day was made possible with the help of Conrad Wall, III, Ph.D., Steven Rauch, M.D., Richard Lewis, M.D., Lionel Zupan, Ph.D., and Daniel Merfeld, Ph.D.

The Votes are In

For the 11th consecutive year, the Massachusetts Eye and Ear Infirmary was named one of America's Best Hospitals by *U.S. News & World Report*. The Infirmary was ranked third in the category for Ear, Nose and Throat and fourth for Eyes.

High school students from PRISM (Program for Research and Investigation in Science and Math) toured the Jenks Vestibular Lab and visited with Conrad Wall, III, Ph.D.



Melville Chapin continues from page 1 >>>

he did follow his father into law — into the same firm, in fact. However, when he was asked to join the Infirmary's Trustees in 1951 at the tender age of 33, he jumped at the chance. "I wanted to do something for people," he explains. "It was a promise I'd made those many years before. And I guess they wanted some younger people on the Board."

He recalled his first assignment to the House Committee, whose chairwoman wore white gloves and checked for dust throughout the hospital. His talents and sense of commitment quickly elevated him to the Board of Managers. As a member of the Campaign Committee in 1961, he had his first taste of raising large amounts of money. "That first campaign was for \$6 million, and we thought we were raising a fortune," he said with a knowing smile. By comparison, the Infirmary's 21st Century Fund campaign recently raised \$51.3 million.

Mr. Chapin held the position of chairman of the Board of Managers from 1971 to 1983, during which time he also served as chairman of the hospital's very successful Building Campaign. The Infirmary's 15-story tower tripled the size of the hospital. While he was crisscrossing the country to convince foundations and corporations to support the Infirmary, he was also raising tens of millions of dollars for several other educational and charitable institutions. He ran a \$50 million campaign for his alma mater, Phillips Academy, where, he modestly jokes, he became president of the Board "much to the surprise of my classmates. I was not a great student," he adds. "I was 5'2" when I started and 6'2" when I left. I spent most of my time growing. It took a lot out of me."

It was in the early 1970s that an unfortunate turn of events revealed to Mr. Chapin just how great an institution the Infirmary was. The volunteer president became gravely ill, forcing Mr. Chapin to assume the duties of president and chairman of the Board and exposing him to the daily workings of the hospital. He worked closely with the Infirmary's general director and medical chiefs to shape the future of the institution and remembers the chilly March weekend when the hospital moved 200 patients into the new building. He was leading the hospital as it rapidly evolved into a world-class medical institution.

A wise voice of experience who attends almost every Board meeting, Mr. Chapin has continued to see the Infirmary through the difficult days of cost containment and mergers, managed care and government cuts. "We've got to get a handle on the cost of medicine today," he points out. "The advances in medicine are wonderful, but we are going to have to figure out who is going to pay for them. The Infirmary is holding its own, but the doctors are getting squeezed on reimbursements. Because of the high quality of our research, we do get more funding from the National Institutes of



Mel Chapin is named the "\$52 Million Man" in 1984 at a reception honoring him for his tireless work on the Building Fund Campaign (1968-1980).

Health than most institutions our size, but how long can we afford to do research and teaching in the current environment, two things that are a must for the Infirmary?

"The Infirmary is doing such a great lot of good for its size," he concludes. "I've been privileged to be part of this great institution for 50 years. I hope I can continue for many years to come."

ROUTINE EXAM SAVES A LIFE

Percival Kingsley was being fitted for a hearing aid at the Infirmary when he received some very bad news. Richard Wong, M.D., a resident in Otolaryngology, saw that something was wrong. Upon closer inspection he found a lump under Mr. Kingsley's tongue which turned out to be a malignant tumor.

Retired after 31 years as a civilian fire fighter for the Navy in Newport, R.I., Mr. Kingsley was a scuba diving enthusiast and teacher who had opened the first dive shop in the state in 1948. He had just celebrated his 50th wedding anniversary when he got the dreaded diagnosis.

"That young man and Dr. Richard Fabian, who removed the lump, saved my life," Percival declared recently. "When I woke up in the recovery room, one of the nurses told me Dr. Fabian was the best in the world. Well, as far as I'm concerned, she was right about that."

He spent two months in hospitals, had radiation and extensive speech therapy, and had a heart attack during his recuperation at a rehabilitation facility. "I never expected to survive, to tell you the truth," he said. Three years later he considers himself a cancer survivor and a very enthusiastic one.

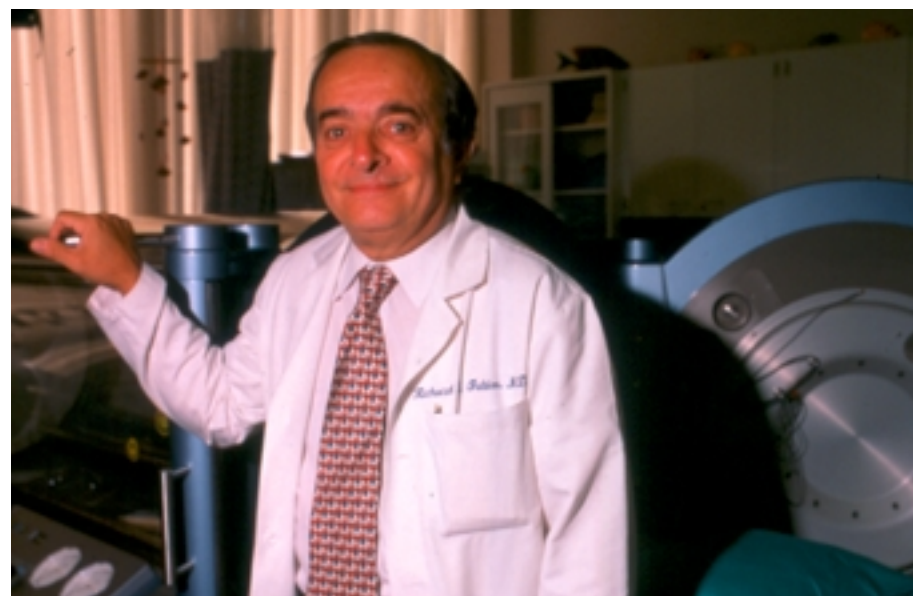
Although he lost his wife last year and needs to use a feeding pump due to swallowing problems caused by radiation treatments, he recently traveled to Minnesota to see his sister and hopes to go to Nova Scotia this fall to visit another relative. In addition, he is working on his family genealogy. A descendant of John Kingsley who came to the United States from England in 1635, he declares cheerfully, "I want to get that done in the next year or two."

[Head and Neck Service continues from page 1 >>>](#)

care and cutting-edge research. Physicians perform more than 1,000 surgeries each year in an effort to save lives and minimize post-surgical complications. But it is the carefully orchestrated care of nurses, social workers, nutritionists, and radiation, speech, physical, occupational, and chemotherapists that distinguishes the Infirmary from many other institutions in this field.

"Head and neck cancer can be devastating to the patient and the immediate family," explains Richard Fabian, M.D., director of the service. "Because of the potential for disfigurement and functional impairment such as loss of voice, smell, taste, hearing, sight, and swallowing, the problems are complex — physically, psychologically, and socially. The initial encounter includes a multidisciplinary evaluation of the head and neck cancer patient by the MEEI surgeons, as well as by James McIntyre, M.D., radiation therapist, and Philip Amrein, M.D., medical oncologist, to determine whether an organ-sparing treatment plan is optimal. Consequently, we are committed to a multidisciplinary approach that helps the patient on all of these levels. The skill and empathy of the staff here make a huge difference."

The support staff sees that difference every day. "We know we're different because we hear it from patients who have been in other hospitals," reports continuing care nurse Jeannie Joseph. The Head and Neck team swings into action



Richard Fabian, M.D., director of Head and Neck Surgery and Hyperbaric Medicine, opened the Commonwealth's first Hyperbaric Medicine Service in 1995. The Infirmary now has three hyperbaric chambers, thanks to the generosity of its patrons, Mr. Norman Knight and Ms. Dixie Reynolds Doreau.

the day of admission, starting the long process of making sure a patient is ready to leave the hospital for home or an interim rehabilitation facility. Continuing care nurses monitor the patient's medical condition, and social worker Gayl Perry introduces herself and starts discussing the impact of the surgery on their lives.

"These are complicated procedures and people don't always grasp everything at first," she relates. "For instance, we often hear patients say, '...when this hole closes,' when, in fact, it is not going to close. Frankly, they are so relieved to have survived the surgery, which is often very long and complex, that they don't focus on the problems they will face until they leave the supportive and very accepting environment of the hospital. The first time they go to the grocery store and cannot be understood, it hits them.

"I try to help them look at the emotional impact the surgery has," she continues. "Our doctors worry a great deal about these things and depend upon us to work with the patient's concerns. I feel very fortunate to provide this service."

Gayl and continuing care nurses Trudy Macdonald, Ms. Joseph and Anne Pisarri start planning the patient's departure from the hospital on day one, evaluating what they think the patient will need and arranging care — nursing care; speech, occupational, or physical therapy; equipment and training in how to use it; and community-based support networks. They search out the best interim facility when that is required, personally visiting the facilities regularly to make sure they meet the needs of our patients.

"I like to get a feel for the person behind the illness," Ms. Perry explains. "How well will they be able to take care of themselves after they leave the hospital? Will they have help from their family? Where do they live? What kind of transportation do they have? Will the patient have radiation or chemotherapy and what support will he or she need to deal with that?"

No stone is left unturned. The team even helps the patient with any insurance issues. The Infirmary's separation of the financial function of case management or what is usually called "utilization review" from the nursing/social work function of discharge planning allows the team to represent the patient's interests 100 percent of the time. "We are the patient's advocate and make sure they have exactly what they need," Ms. Joseph points out. She recalls the staff once held a bake sale to help a young husband and father who had few resources.

This patient-centered approach and close collaboration among team members results in little turnover in the Head



Head and Neck surgeons (from left to right): Drs. Rocco, Zeitels, Randolph, Fabian, Montgomery and Varvares.



Dan Deschler, M.D., Head and Neck surgeon.

and Neck Service. The length of service is impressive — 21 years for nurse manager Linda Belkner, R.N., 13 for social worker Perry, 12 for nurse Joseph. The hospital feels like home to many patients who either have very lengthy hospital stays or must return frequently for treatment. "Our emphasis is on the total care of the patient," Ms. Joseph says.

GAINING ON CANCER

Thanks to earlier diagnosis, advances in treatment and improved surgical techniques, Infirmary doctors have extended the life expectancy of their patients while reducing complications. Drs. Mark Varvares and Dan Deschler provide the latest innovations in reconstructive surgery. Their expertise in microvascular head and neck free flap procedures — the repair of the head and neck area with bone and tissue from other parts of the body — has led to more surgeries of this type at the Infirmary than at any other institution in the state.

Hyperbaric oxygen therapy (HBO) accelerates wound healing and overcomes radiation-related bone loss by delivering pure oxygen to affected tissue in a pressurized chamber. The first hospital in Massachusetts to offer HBO, the Infirmary's [continues next page >>](#)



Jeannie Joseph, R.N., (left), Gayl Perry, L.I.C.S.W. (middle), and Trudy Macdonald, R.N., M.S.N. (right), are members of the Head and Neck interdisciplinary team.

Norman Knight Hyperbaric Medicine Center now has three HBO chambers, thanks to the generosity of its patron, Mr. Knight. Head and Neck Service doctors are using HBO as a preventive measure as well as after surgery, almost completely eliminating some of the most devastating side effects of radiation treatment and greatly improving wound healing.

Dr. Richard Fabian's clinical trials of photodynamic therapy (PDT) for the treatment of precancerous lesions of the oral cavity suggest this is a promising treatment option. PDT can be given multiple times on an out-patient basis and is less damaging to healthy surrounding tissue than conventional radiation.

For almost 50 years reconstructive surgeon William Montgomery, M.D., has been helping people breathe easier, speak better and enjoy a better quality of life through his many inventions and innovative surgical techniques. Gregory Randolph, M.D., has virtually eliminated a terrible complication of thyroid surgery that affects 40,000 people a year—vocal cord paralysis.

James Rocco, M.D., Ph.D., is conducting very promising studies of the cellular and molecular genetics of head and neck cancer, with a particular focus on the roles of tumor

suppressor genes. To accelerate his efforts, he has established a tumor bank at the Infirmary in collaboration with the Harvard School of Public Health.

The Head and Neck Service also draws regularly on the expertise of Steven Zeitels, M.D., director of the Division of Laryngology, and Robert Hillman, Ph.D., director of the Voice and Speech Laboratory, for problems associated with voice rehabilitation, and on the highly regarded Radiology Department under the direction of Hugh Curtin, M.D.

Working together, this outstanding team of doctors, nurses, therapists and support staff has made significant progress toward improving the cure rate for head and neck cancers while making life more comfortable for its victims. "You know you're doing something right," continuing care nurse Macdonald concludes, "when patients and their families come back to say hello and thanks year after year. We make a real impact on people's lives," she says proudly.

Runner in Race to Cure RP



Snacks Attack the Eyes

Snacks may taste good, but they may not be good for your eyes. A recent study by Infirmity researcher Johanna Seddon, M.D., shows that people who load up on greasy, store-bought or processed snack foods may increase their chances of developing age-related macular degeneration, while those who consume fish may ward off the disease.



Johanna Seddon, M.D.

The paper, which appeared in the August issue of the *Archives of Ophthalmology*, concluded that people who ate more processed foods of any type on a daily basis – foods high in vegetable, monounsaturated and polyunsaturated fats – were at a higher risk for the eye disease. Those foods that were highest in a type of fat called linoleic acid, found primarily in snack foods like potato chips, seemed to put people at an even higher risk. However, people who ate fish high in omega-3 fatty acids, such as cod, salmon, mackerel, sardines, trout and albacore tuna, were less likely to have the eye disease, but only if they also ate very little linoleic acid-containing snack food. The bottom line: “Eat fish, not fat. Eat fish two or more times a week,” Dr. Seddon says.



Chris Mehmel, who runs with a below-knee prosthesis, has been honored by the Falmouth Road Race for his determination and courage. Recently, Mr. Mehmel has taken on a new challenge: to raise funds to find a cure for retinitis pigmentosa (RP). Last December, Mr. Mehmel’s 13-year-old son Matthew was diagnosed with RP, a genetic condition that causes the retina to atrophy and affects about one in every 4,000 people. The prognosis for people with RP can range from slight visual impairment in its early years to total blindness later in life. There is currently no cure for RP, but it is hopeful that a breakthrough in the treatment of RP will occur within a few years. Matthew is under the care of Robert Brockhurst, M.D., who works with Eliot Berson, M.D., the head of a research team at Harvard Medical School’s Berman-Gund Laboratory for the Study of Retinal Degenerations.

“Time is on our side,” said Mr. Mehmel, “but time alone won’t do the job. I’m committed to helping the Infirmity do what it needs to do in order to save my son’s eyesight and the eyesight of others with RP.” Mr. Mehmel recently ran the Falmouth Road Race to raise awareness of RP. To contribute to Mr. Mehmel’s fund-raising efforts, contact Barbara Erickson at 617-573-3303.



Chris Mehmel, (left), with son Matthew, who suffers from retinitis pigmentosa.

The Lions Help People See

The Massachusetts Lions Eye Research Fund, Inc. (MLERF), continues to be a vital supporter of the Infirmary. Over the past 40 years, the MLERF has given more than \$3 million to the Infirmary's vision research program. At the 2001 Eye Research Awards Presentation and Annual Meeting held at the Infirmary, former MLERF President Nicholas Sabatello awarded a grant of \$160,000 to the Infirmary to be used for ophthalmology research and equipment for the Retina Research Institute. Thanks to the Massachusetts Lions, significant advances have been made to help Infirmary physicians and researchers understand, diagnose and treat blinding eye diseases and disorders.



Members of the Massachusetts Lions Club (left to right): Wayne P. Smith, Ted Irvin, John MacGilvray, Nicholas Sabatello, Donald Rivest.

Scenes From the Fourteenth Annual Reynolds Society Dinner Held on Oct. 27, 2000



Paul and Ruth Donahue (left), and Bob and Joanelen Sweeney.



Left to right: Joseph B. Nadol, Jr., M.D., Georgette Boucai, Ruth Z. Nadol and Sol Boucai.



Don Perrin (left), Infirmary President F. Curtis Smith (middle), and Janie and Andrew Culbert.



John Ilg

Businessman Gives Something Back

John Ilg is a retired businessman and entrepreneur who spent his career in the medical products manufacturing industry. As a young man, Mr. Ilg recalls his father telling him, "John, if you become successful, remember to give something back to society." In 1977 his physician sent him to Claes Dohlman, M.D., for a cornea problem.

"Dr. Dohlman is a pretty clever guy," says Ilg. "I have had 25 years of vision because of him and because of my retina doctor, Dr. Don D'Amico. When you have a problem, like me, it alerts you to what is important in life and what isn't. Vision is one of the most important things."

Earlier this year, Mr. Ilg pledged his generous support for the research being done by Drs. Dohlman and D'Amico. "I gave because I want others to have the same opportunities that Dr. Dohlman and Dr. D'Amico have given me. The big thing is that my gifts will help my doctors develop new things that will help others. That's why I always earmark my gifts for my doctors."

Mr. Ilg concludes, "This isn't about only me, but also my wife. Dr. Joan Miller helped her with her macular degeneration. If others have been helped as my wife and I have been, I hope they will think about supporting their doctors at the Infirmary for their skill and their research projects."

Girl Scouts Visit Infirmiry

As part of the **Healthy, Wealthy and Wise Program** sponsored by the **Patriots' Trail Girl Scout Council**, over 200 young women of high school age, from across the nation and around the globe, traveled to Boston. Of the 200, four of them visited the Infirmiry for a morning. While here, the Girl Scouts were able to learn firsthand about the medical/health-care profession as well as the business/executive field. The Girl Scouts who visited the Infirmiry experienced a sampling of the types of careers available. The group received a tour and demonstration of devices in the Vision Rehabilitation Center; they toured the Radiology Department and the Pignoni Laboratory; and they observed refractive surgery. Thanks to Fran Annand, R.N., Carol Covell, R.N., M.S., Pat McCabe, Don Backner, Francesca Pignoni Ph.D., and Dimitri Azar, M.D., for participating in the program.



The Girl Scouts observed LASIK surgery by Dimitri Azar, M.D., (above) and toured the lab of Francesca Pignoni, Ph.D.,(below).



Volunteers Robert T. P. Storer, Jr., (left), and Dagmar B. Friedman, (right), have been instrumental in making the Joel A. Kraut Teaching and Research Fund a reality. Dr. Kraut is pictured in the middle.

Expanding a Vision

Thanks to Joel Kraut, M.D., medical director of Vision Rehabilitation, the goal has been set to raise \$1.5 million to expand the Infirmiry's teaching and research program in vision rehabilitation. For the past three decades, Dr. Kraut has worked diligently to help improve the eyesight of all patients suffering from low-vision. A surprise luncheon was held to celebrate the recently published brochure, "Rebuilding Lives through Vision Rehabilitation; The Joel A. Kraut Teaching and Research Fund." The brochure explains the need for the fund and why it is so important to the Infirmiry. Among those who showed their support were F. Curtis Smith, Infirmiry president, Frederick Jakobiec, M.D., chief of Ophthalmology, and Robert T. P. Storer, Jr., trustee. To receive more information about this fund, contact Pat McCabe at 617-573-3155.





Polly and Jerry Townsend have established an endowed fund for hearing research.

Helping Others to Hear

Polly Townsend, an Infirmary trustee, became an advocate for hearing research after watching her 91-year-old father struggle with hearing loss. “It has always made me feel sad when I notice a person is becoming deaf. They miss so much, and often they don’t realize what they are missing,” she says.

Last year, she persuaded her father to come from Pittsburgh to Boston for an evaluation. She says, “I’ve always known that the Massachusetts Eye and Ear Infirmary is the top medical hospital for hearing. Dr. Rauch was wonderful with my father, but unfortunately not much improvement to his hearing was possible.”

Eager to learn more about hearing research, Polly toured the Infirmary’s Eaton-Peabody Laboratory and met with Charles Liberman, Ph.D., the Lab’s director. “Dr. Liberman told me about research in molecular biology that aims to re-grow hearing cells and nerve fibers. I was hooked. I knew I wanted Dr. Liberman to succeed before I started losing my hearing to age-related hearing loss.”

This summer, Polly and her husband, Jerry, took their first step in helping the Infirmary cure —and perhaps prevent —sensorineural hearing loss. They established the Townsend Hearing Research Fund, an endowed fund that they hope will grow throughout their lifetimes. “Too many people withdraw from activities because of hearing loss, and we’re motivated to try to help Dr. Liberman and the Eaton-Peabody Laboratory researchers to deliver a cure. We hope that our family and friends will join us in this important cause,” she said.

For more information about the Fund, contact Melissa Paul at the Development Office at 617-573-4168.

contact

is produced by the Office of Development and Public Affairs, (617) 573-3340.
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Azars continues from page 1 >>>

when Frederick Jakobiec, M.D., chief of Ophthalmology at the Infirmary, invited them in 1996 to come to Boston. She would be director of the Pediatric Ophthalmology and Strabismus Service and he, the director of Cornea and Refractive Surgery Services. They quickly agreed and put up for sale the house they had owned in Baltimore for less than a year.

With three children at home and very busy practices, the Azars cheerfully juggle patients, research, publishing, teaching, family, ballet, piano lessons, and friends. On a day in August, as she packed for a trip to Lebanon while conducting a phone interview for this article, each of her three children — Lara, Nicholas, and Alexander, ages 7, 5, and 2, respectively — stopped by with their individual questions and needs and got Nathalie's (almost) undivided attention before she sent them back to the nanny. "I'm the master of doing two things at once," she quipped. "I get my exercise lugging gallons of milk from the supermarket."

They have so much company — 35 for Thanksgiving last year and many houseguests for a month at a time — that Nathalie distinctly remembers the last Thanksgiving holiday she and Dimitri had alone together. "It was 12 years ago," she recalls. "We ate out." Last year's guests, many of them fellows from the Infirmary, were from South America, Mexico, Japan, Taiwan, France, Singapore, and Ohio. "We like it that way," she says, "and the children love it, too."

A tireless researcher and enthusiastic teacher, Dimitri has written or edited eight books, presented a dozen lectures this year alone, and submitted a similar number of articles for publication over the last eight months. He is head of the country's oldest and arguably most highly regarded corneal service in the country. It includes top surgeons and researchers such as service founder Claes Dohlman, M.D., who is refining a keratoprosthesis for restoring sight; Deborah Pavan Langston, M.D., an internationally recognized expert on herpes infections of the eye; Anthony Adamis, M.D., a world expert on corneal and retinal neovascularization; C. Stephen Foster, M.D., perhaps the top specialist in the world on uveitis and corneal melting; Reza Dana, M.D., a world expert on corneal transplant rejection and dry eye disease; Roberto Pineda, M.D., an outstanding cataract and refractive surgeon and author of several books; and Kathryn Colby, M.D., Ph.D., a corneal surgeon who does basic research relating to mitochondrial DNA and Fuch's dystrophy and directs the Joint Clinical Research Center.



(Top) Nathalie Azar M.D., director of the Pediatric Ophthalmology and Strabismus Service, coordinates the vision screenings at the Infirmary's "adopted" school in addition to having a busy clinical and surgical practice.

(Bottom) Dimitri Azar, M.D., director of Cornea and Refractive Surgery Services, is head of the country's oldest and arguably most highly regarded corneal service in the country.

Nathalie somehow finds the time to run the vision component of the Infirmary's Community Benefits Program. She and a handful of residents, fellows, and technicians spend two days at the Neighborhood House Charter School in Dorchester, Mass., conducting vision screenings for 200 kindergarten through eighth graders. She personally reviews every screening and invites those needing follow-up care to come to the Infirmary, even if they are unable to pay.

She particularly values the rewards of her specialty, correcting strabismus or misalignment of the eyes in children and adults. She recalls two patients she operated on the same day. "I couldn't reach either of them by phone the day after the surgery. I was quite worried until I found out the gentleman, who was in his 70s, was enjoying his restored vision and depth perception so much that he had played 18 holes of golf that day. The lady, who was in her 90s, was out having tea with friends, showing them her newly corrected eyes! I have a great job," she adds. "I love it."

Become a Miracle Worker

More than 70 people have taken the wonderful step of remembering the Massachusetts Eye and Ear Infirmary when writing their will or planning their estate. Through a bequest, life income gift, or gift of life insurance, retirement plan assets or real estate, they have pledged to help the Infirmary further its mission of saving and preserving sight, hearing, speech and balance.

If you would like to explore how you may help the Infirmary through a planned gift while fulfilling your own family objectives, please call our Development Office at 617-573-3345 for a confidential discussion.

As a member of the Annie Sullivan Society, you will join others who are investing in a healthier future for people throughout the world suffering from disorders of the eyes, ears, nose, throat, head and neck. Your gift brings healing and hope to tens of thousands of patients each year, and ensures that miracles will continue to happen. If you have already made a provision for the Massachusetts Eye and Ear Infirmary in your will or estate plans, please let us know so we may personally thank you and welcome you into the Annie Sullivan Society.



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