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OPHTHALMOLOGY

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Spotlight:
Urology

Special Feature:
Immunotherapy Research
for Leukemia and BMT

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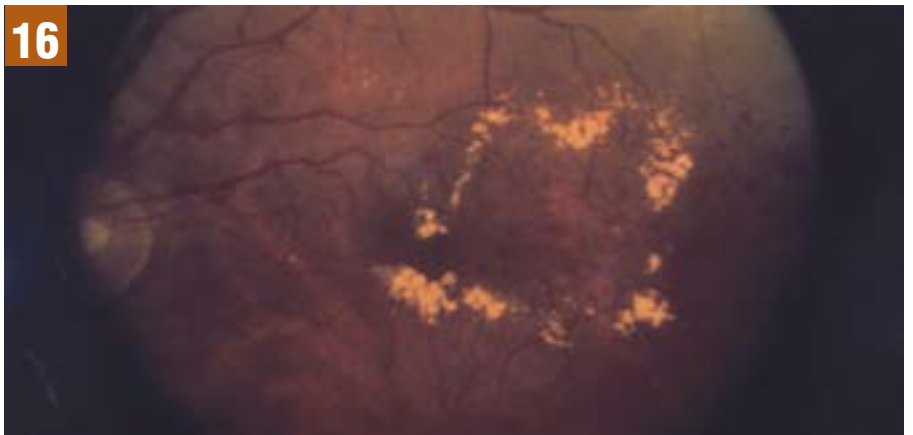
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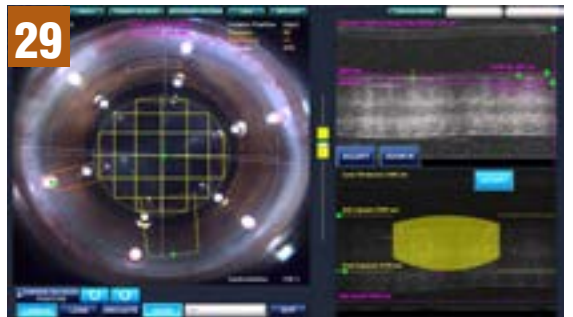
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Cover photo: The cover photo is a fluorescein angiogram image of a 40 year old male diabetic with Proliferative Diabetic Retinopathy who has had diabetes for 18 years and also has hyperlipidemia and hypertension. A vegetable based dye (no iodine) is injected into the subject's arm and within 20 seconds the dye is visible in the retinal circulation. When subjected to a specific wavelength of light, the dye fluoresces at another wavelength. The use of filters allows us to only

capture the fluorescent light. This allows the crisp visualization and contrast that you see in this image. No X-rays are required. The image reveals valuable information. The visible tiny white dots are microaneurysms. The cloudy leakage areas are retinal neovascularization. The black "paint swatches" are vitreous hemorrhage and the other subtle dark areas are ischemic zones of non-perfusion. This Georgia Retina photograph was acquired using an Optos wide field camera.

GUEST EDITOR



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Dr. Jacobson graduated from Dartmouth College and the University of Connecticut School of Medicine. He completed his residency at the University of Maryland and his fellowship at the University of Illinois. A cofounder of Georgia Retina, he has been a principal investigator of numerous clinical trials and a speaker at state, national and international meetings. He has authored a textbook chapter and published numerous articles, abstracts and papers in peer-reviewed journals.



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“Yes, I am a **DOCTOR** and I Can Help.”

By David F. Rodriguez, M.D., FACP, Sandy Springs Internal Medicine, PC Atlanta

My father was a naturalized American medical trailblazer who used his surgical expertise to impact countless lives. After his death, I learned from his handwritten autobiography (inspired by my niece – a Boston University graduate) many details of his life and medical training that remind us that medicine is a calling.

He was born in 1931 in Monterrey, Mexico. When he was in elementary school, his mother would tell friends, relatives and acquaintances that he was going to be a doctor. When he was in high school, in the summers he would

travel to San Antonio, Texas, with his parents to deliver milk at 5 a.m. Each summer his cousins would tease him asking, “Are you a doctor, yet?”

The 1930s in Mexico brought the great economic depression with unprecedented factory closings, bankrupt railroads and failed businesses. The casualties included my grandfather’s car repair shop. My father and his family lost their home and moved to an apartment.

During this time, two infant siblings died of pneumonia related to poor nutrition and inability to pay for medications. Not surprisingly, my father’s mother contracted tuberculosis. Early in her illness, she remained strong and was able to board the bus to the city where she would sell fruits and vegetables to supplement the family income.

Gold shots were tried as treatment for his mother’s condition but they were ineffective. Isoniazid (INH) had not yet been discovered, and effective treatment for tuberculosis was unavailable in Mexico at that time. Unfortunately, his mother’s illness progressed. She was terminally ill with the family at her bedside during his high school graduation. It should have been a time of shared joy and celebration, not sadness and death. I can only imagine the intense pride that he felt years later when he and my mother attended my graduation from Emory University School of Medicine.

My father was always a good student and spent many hours reading into the late hours of the night, frequently by candlelight since they could not always afford electricity. Following the European model, he was accepted to medical school upon graduation from high school. One week later, his mother died from “consumption” (tuberculosis) after a relentless pulmonary progression, as if waiting to be sure that her son was on the right track and her dream would be fulfilled before she left this world.

Shortly before beginning medical school, Dad began working with a plastic surgeon



who directed a burn unit. This physician taught him to use scalpels and sutures and how to harvest and place skin grafts. Dad was 19 years old, and as he wrote in his own hand, “I performed all those things very well.” Dad continued, “I became the surgeon’s assistant in private practice. We would operate at the largest private hospital in Monterey. He would give me money after each surgery and would drive me home when we finished the hospital work.”

After medical school, he took extra classes in English and wrote to many U.S. hospitals requesting internship applications.

He arrived for internship in January (the middle of winter from sunny Mexico) to Camden Clark Hospital in Parkersburg, W.Va. He met a nurse (my mother) in the emergency room. They courted, fell in love and later married. After internship, they moved to Ohio Valley General Hospital in Wheeling, W.Va., for his general surgery residency.

As fate would have it, his U.S. visa was scheduled to expire prior to full completion of his final surgical year. He contacted a congressman in Wheeling whom he had met when he performed a tracheotomy on the congressman’s son in the course of caring for the child after an auto accident. At the time he was the Chief Surgical Resident, and the congressman had read about him in the local paper after he took care of two indigent boys who had suffered 3rd degree burns and required extensive skin grafting. The congressman had Dad’s U.S. visa extended.

Eventually, the U.S. visa expired, and Dad, his wife and two young boys (my older brother and I) moved back to Mexico where he found a job in a local clinic. He reapplied for a U.S. visa but needed a U.S. job for it to be granted. He found an ER position in Wilmington, Del., at a Catholic hospital.

After working there for 8 months, he received a call from the West Virginia congressman that he had met in Wheeling. The congressman was now running for Governor of West Virginia, and he was looking for a physician to relocate to Grantsville, W.Va., a medically underserved area of the state. The soon-to-be Governor mentioned the U.S. visa and the possibility of naturalization to U.S. citizenship. My parents decided to move immediately.

Dad was the only surgeon in town and quickly became very busy, performing four to six major surgeries per day in addition to daily office hours performing primary, secondary and tertiary care. There were two nurses and one general practitioner that assisted in the operating room. Mom was his office manager, nurse, bookkeeper, scheduler and problem solver.

In the summers, I would help out in the office doing odd jobs. One summer I organized his bookshelves, and I was amazed to see the variety of medical and surgical journals. Only after I went through medical school did I realize that

the American College of Surgery has 14 recognized surgical specialties; Dad handled all but Ophthalmology.

Dad placed the first cardiac pacemaker in Calhoun County, W.Va, in the 1960s. He organized a “walking blood bank” in which all townspeople were asked to come to the hospital to have their blood typed and logged. When blood

My father was a naturalized American medical trailblazer who used his surgical expertise to impact countless lives.

was needed, these people were contacted (by land lines – no cell phones in those days – or by sending a 4-wheel drive vehicle to their home) and asked to come to the hospital.

While practicing medicine and surgery in Grantsville, W.Va., in the 1960s, Dad would travel to Massachusetts General Hospital periodically to attend surgical conferences. He learned new surgical techniques there including flexible, fiber-optic endoscopy/colonoscopy. He was present when Japanese-born Hiromi Shinya became the first physician in the world to reach the cecum during a colonoscopy. In addition, he was one of the first in West Virginia to learn percutaneous insertion of central venous catheters via the subclavian vein.

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My father was always a good student and spent many hours reading into the late hours of the night, frequently by candlelight since they could not always afford electricity.

Going to Harvard continuing education programs stimulated his interest in cancer screening and treatment. He organized free breast and cervical cancer screening programs and convinced the state of West Virginia (it's good to know the Governor) to provide a trailer with a laboratory and examination table. He subsequently organized the first Calhoun County Cancer Society. During this time, Dad became a naturalized United States citizen; there was no prouder patriot.

After vacationing in Florida on several occasions, my mother (a native West Virginian) had grown weary of the winters and we moved to St. Cloud, Fla. (just south of Orlando). Disney World had just opened (1972), and the area was ripe for extensive growth. Doctors were in short supply

in Osceola County, and Dad was a doctor; he could help.

Once again, Dad organized free cancer screenings. Now, however, he became concerned about end-stage, terminal cancer patients who could not be cured, were in pain and did not have financial resources. He learned about hospice care and its origins in England. He formed a volunteer group and treated people at home for no cost.

In 1976 he started Hospice of Osceola County, the first hospice group in Central Florida. A few years later, the neighboring counties of Orange and Seminole counties requested assistance and joined Osceola to form Hospice of Central Florida.

This became a large institution with more than 1,000 active patients, a large board of directors of prominent business people, numerous departments, nurses, therapists, administrative staff, clergy and volunteers. All care, medications and services were donated and were provided without cost to the patients. Dad performed surgeries on patients who could not pay and was happy to donate his time, energy and expertise.

During this time, Dad was elected to Fellowship in the American College of Surgeons (FACS) after submitting the requisite surgical case histories. This would not have happened without Mom's dedicated and detail-oriented administrative skills. This represented a crowning achievement in his proud, surgical career.

Subsequently, Hospice of Central Florida was sold to Vitas Hospice. Dad retired from general surgery in 2000 after practicing for more than 35 years. He then became the Inpatient Hospice Director for Vitas Hospice of Central Florida in Orlando, Fla., where he served for 8 years teaching palliative care to physicians and residents.

He retired again in August 2008 to help care for my mother, who had paroxysmal atrial fibrillation, but she ended up caring for him when he developed Alzheimer's dementia.

Dad's life came full circle in the end when he was cared for by a Hospice physician from the same Vitas Hospice program that he founded.

I am privileged to have been inspired by my father's life, and thanks to him I can say, "Yes, I, too, am a doctor, and I can help." ■

