In 1966, the *Journal of the American Medical Women’s Association* published an essay by Bertha Offenbach describing the current status of women ophthalmologists at the Massachusetts Eye and Ear Infirmary. In the 150-year history of the Infirmary, a total of only 4 women had been on the ophthalmology staff, and none had been accepted for residency training. Dr Offenbach, the sole woman at the time, was the fourth member of the group.

Maud Carvill, the first woman on the staff of the Infirmary, graduated from Tufts Medical School (Boston) in 1905, completed ophthalmology training in Europe, and subsequently set up practices in Boston and in her home in neighboring Somerville, Mass. She was appointed to the Infirmary staff in 1914. Dr Carvill’s areas of expertise included phlyctenular keratitis in children and trachoma. She remained on the staff until 1933, the year before her death.

Edith Ives Cogan completed medical training at Woman’s Medical College of Pennsylvania (Philadelphia) in 1892. Dr Cogan initially practiced with her sister in Middletown, Conn. She married a Wesleyan theology student whom she met when he came to see her as a patient. They had 2 children. An example of an early-20th century working mother, Dr Cogan managed to intertwine her ophthalmic practice with her roles as mother and minister’s wife. She served at the Infirmary from 1928 until 1940.

Juanita Johns received her medical education at Boston University School of Medicine and her ophthalmology training at the Massachusetts Memorial Hospitals. Dr Johns was on staff at the Infirmary from 1929 until 1940. Not much information is available about Dr Johns, but she was known to be a private person who was devoted to her work.

Bertha Offenbach was raised in Massachusetts. Her father disagreed with her desire to seek medical training, having decided that Bertha should be a musician. She defied him and supported her own medical education, a challenging endeavor during the Great Depression. With the help of faculty mentors, she was allowed to attend the Harvard basic eye course at a time when Harvard Medical School did not admit women. Her sponsor suggested, however, that she make herself as inconspicuous as possible and not call attention to her presence in class by asking a question. Dr Offenbach joined the Infirmary staff in 1940, with a special interest in pediatric ophthalmology. By the time Dr Offenbach arrived at the Infirmary, Drs Johns and Cogan were finishing their tenures, leaving her as the sole woman. She ends her essay with the hope that the number of women ophthalmologists at the Infirmary will multiply in the future, and, as a postscript, adds that by the time her article was ready for publication a woman had been accepted for training at the Infirmary.

As we examine the progress we have made in the last 36 years, it seems fitting to pick up the story where Dr Offenbach left off. As many readers may know, the fifth woman to whom Dr Offenbach referred was Deborah Pavan-Langston. Dr Pavan-Langston was admitted to the residency while David Cogan, the son of Edith Cogan, was the Chief of Ophthalmology at the Infirmary. There was concern at the time about whether training a woman ophthalmologist was a worthwhile use of resources. There is no doubt that Dr Cogan made a wise investment,
as Dr Pavan-Langston has had an impressive career. She is an internationally recognized expert on ocular herpetic infections. Her Manual of Ocular Diagnosis and Therapy is the most widely read ophthalmology text in the world, now in its fifth edition and translated into 5 languages. She is an outstanding clinician and role model for those of us who have followed in her footsteps.

Dr Pavan-Langston recently described to me what life was like during her early days at the Infirmary. She arrived in 1968, following medical school at Cornell (New York, NY) and a 2-year uveitis fellowship in John Enders' virology laboratory at Children's Hospital in Boston. Although she was accepted by her peer group of residents, there was general shock and amazement at her arrival—especially at the fact that she would be doing surgery! Where would she sleep and what bathroom would she use? Some of the more senior residents were less accepting of her presence, but Dr Pavan-Langston encountered no frank hostility at the Infirmary, the way she had as one of 3 women medical students in her class at Cornell. She was a productive ophthalmology resident, running the Infirmary virology laboratory while she was training. Following the residency, she continued her studies with Claes Dohlman as his first woman cornea fellow. In the years that followed, Dr Pavan-Langston became the director of the Cornea Service, while running her own laboratory and a private practice and being the mother of 2 young children.

What was the hardest thing about being the first woman to train in ophthalmology at the Infirmary? Dr Pavan-Langston says it was the lack of a peer group. Training was exciting, but lonely. Women were scarce in all fields of medicine.

There was a 6-year gap before any other women were admitted for residency, and then 2 started at the same time. In 1974, Dr Dohlman became the chief of ophthalmology. During his tenure as chief (1974-1989), 25 women (22% of 112 total residents) were admitted for residency.

World events may have been a factor in promoting the training of women ophthalmologists at the Infirmary. The Vietnam War reduced the number of men applying for residency, thus opening opportunities for women. Events of the previous decade, including the Civil Rights Act of 1963, also played a role by increasing the number of women attending medical school.

Under the leadership of Frederick Jakobiec, who became the chief of ophthalmology in 1989, the number of women at the Infirmary continued to grow. Of the last 8 classes of graduating residents, 37% (22/60) have been women. A woman has been chosen to serve as the chief resident of ophthalmology in 3 of the last 6 years. This position, an extra year of teaching, administration, and patient care following the 3-year residency, was instituted by Dr Dohlman in 1979. Of the first 17 chief residents, only one, Mariana Mead, was a woman. The Infirmary community mourns Dr Mead’s recent death after her long, heroic struggle with pancreatic cancer.

What is the status of women at the Infirmary in 2002? There is no doubt that there has been significant progress since 1966. There are currently 33 women ophthalmologists at the Infirmary. Fifteen of us (42%) are attending physicians, out of a total complement of 36 full-time clinical staff. Women head 4 of our 15 services (Pediatrics, Eye Trauma, Epidemiology, and Emergency Ophthalmology). The codirector of the Glaucoma Service is a woman. I am the director of the Joint Clinical Research Center, a collaborative effort between the Infirmary and The Schepens Eye Research Institute. This year, 10 (48%) of our 21 residents and 8 (31%) of our 26 clinical fellows are women. This compares favorably with data generated by the National Graduate Medical Education Census, which shows that in 2000 women accounted for 29% (368/1265) of ophthalmology residents in Accreditation Council on Graduate Medical Education–accredited programs nationwide.

Have we achieved all that we can as women ophthalmologists at the Infirmary? I think not. Although we have increased in number, women are still underrepresented at the highest academic ranks. Of the 16 full professors of ophthalmology at Harvard Medical School, currently only 3 (19%) are women, all of whom are PhD scientists. This is still better than the national average, however, data from the American Association of Medical Colleges (AAMC) show that as of the end of 2001, only 47 (9%) of 504 full professors of ophthalmology were women. Joan Miller, the first woman ophthalmologist to achieve the rank of full professor, is scheduled to be promoted in September 2002.

Women currently comprise 30% of associate professors, 36% of assistant professors, and 48% of instructors of ophthalmology at Harvard Medical School. The Harvard Department of Ophthalmology includes not only the Infirmary, but also the ophthalmology units of the affiliated institutions (Children's Hospital, Beth Israel–Deaconess Medical Center, Joslin Diabetes Center, and The Schepens Eye Research Institute). These percentages compare favorably with national data. The AAMC reports that women represented 21% of associate professors, 32% of assistant professors, and 43% of instructors of ophthalmology in 2001.

The lag in promotion of women to higher academic ranks is a complex, multifactorial issue that is unique to neither Harvard nor ophthalmology. We, as women physicians, mothers, wives, daughters, sisters, and friends, are many things to many people. Demands on our time are plentiful, and the activities that lead to academic advancement (research and publishing) can be difficult to accomplish in the setting of all of our other commitments, both personal and professional. Lack of effective mentorship also plays a role.

A comprehensive discussion of this important issue is beyond the scope of this article. Interested readers are encouraged to review the report from the AAMC Project Implementation Committee on Increasing Women's Leadership in Academic Medicine. This is available on the AAMC Web site (www.aamc.org) and is scheduled for publication in Academic Medicine in October 2002.

Harvard Medical School and its affiliated institutions have instituted several programs to increase...
the representation of women in the higher academic ranks. One of these, the 50th Anniversary Program for Scholars in Medicine, is designed to encourage scholarly pursuits by providing financial support to junior faculty during the vulnerable early stages of their academic careers. These efforts are commendable, as a problem must be recognized before it can be solved. Of the 40 Scholars in Medicine last year, 2 were women ophthalmologists.

In 1675, Isaac Newton wrote, “If I have seen further, it is by standing upon the shoulders of giants.” Our opportunities and experiences today are as good as they are because of the efforts of our predecessors. We now have a peer group and women mentors. It is still exciting to be a woman ophthalmologist at the Massachusetts Eye and Ear Infirmary, but it is no longer quite so lonely. Now there are 33 of us, and I trust that this number will continue to grow.

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REFERENCES


Answer: Veni, Vidi, Vici
Richard D. Key, MD

This is the answer to the November crossword puzzle (Arch Ophthalmol. 2002; 120:1605). Answers are also available at www.archophthalmol.com.

Answer to Crossword Puzzle

SPAS SCAB ASAP SOMA LAMP PUNY SHRUG MIMIC ETUI URGE TEMPO ALONE DISC RIO SEED AMYLOID OEIL ALBERT ALSO EEE AO AEDIT MISS CORNEA ORB DIE PANTA MHZ SLAB AUGE VULCAN CROP TOOT NNE YIN ATE APNEA HINDI AIDS TEENS FRAU TIC UP END TYPO GLISCH SOLAR TWO LAX ALS YEUX TIME HIPPOS LISA WRIT DEW ALARM REM WHO NIECES IDLE WIFE ERG IRE WEPT MURINE MIME BEHCETS PESO AVE LURK AMOUR UNITE OWED ICON RINSE PETER REND NODE IIRKS WARS ARTY GREW