carcinoma that is associated with high rates of recurrence, metastasis, and mortality.

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References


From trenches to trailblazers: the First World War and its influence on ophthalmology in Canada

When the First World War erupted in 1914, thousands of Canadians rushed to enlist out of patriotic fervour. Hundreds of doctors and nurses sailed overseas to attend to the masses of wounded in this war of unprecedented scale and destruction. Among these practitioners was a group of Canadian ophthalmologists.

We highlight the stories of 2 pioneering Canadian ophthalmologists (Fig. 1): Walter Walker Wright (1882–1967) and Alexander Edward MacDonald (1892–1976). Both were deeply affected by their war service. What makes their stories unique is how they called upon their military
experience to implement important advocacy initiatives at home after the war. Wright’s passion for military ophthalmology would lead him to develop what would become Canada’s first postgraduate ophthalmology residency program. MacDonald, a cofounder of the Canadian Ophthalmological Society (COS), would tactfully use his position in the military to advocate for Royal College certification of Canada’s ophthalmologists in the early days of the COS.

Wright completed ophthalmology residency in 1915. In December 1916 he embarked for England accompanied by his wife, Charlotte, and his young daughter, Anne. He served as an oculist consultant at the Bramshott Military Hospital through 1917, and in January 1918 he joined No. 11 Field Ambulance at Jenks Siding, north of Vimy Ridge. Despite his training as an ophthalmologist, all doctors in the Field Ambulance worked as generalists. Wright was shelled for several days at the beginning of the German Spring Offensive of 1918. He eventually rotated to the Corps Rest Station and worked at its eye clinic until July 1918.

While in France, Wright was deeply missed by his family, who could hear the thunder of artillery from across the English Channel. He sought a transfer to the Westcliffe Canadian Eye and Ear Hospital in England to be closer to them. At Westcliffe, he enucleated gunshot eye wounds and treated common conditions, including conjunctivitis and corneal ulcers.

After the war, Wright joined the staff of Toronto’s Hospital for Sick Children (HSC) from 1919 to 1941 and was one of the first modern ophthalmologists to focus his research primarily on pediatric topics. Wright concurrently maintained a passionate interest in military ophthalmology. He served as Chief of Ophthalmology for over 20 years at the Christie Street Veterans’ Hospital in Toronto and founded the eye unit at Sunnybrook Military Hospital in 1948.

His famous campaign on the early treatment of strabismus and amblyopia at HSC in the 1920s was inspired by his wartime experience. While performing eye examinations for recruits, he “was struck by the large number of men who had to be rejected on account of amblyopia in the right or shooting eye.” When people with amblyopia did get recruited, Wright noted that “unlike a man with two good eyes, when their good eye was injured, they became cases of . . . total disability.” He called upon his experience as a military ophthalmologist to identify and address a critical cause of blindness in the community.

During the Second World War, there was an urgent need for military ophthalmologists. As Professor and Chair of the University of Toronto’s Department of Ophthalmology (1941–1946), Wright organized a 6-month crash course in ophthalmology for medical officers in 1941. His program would form the basis of the first ophthalmology residency program in Canada. Honouring his important legacy in ophthalmology, his students established the annual Walter Wright Symposium in 1959, which continues today.

MacDonald had a different war story, spending most of his service directly at the front. In 1915, he left medical school to enlist as a medic but was ordered back to Canada the following year to complete his studies. Upon graduating, MacDonald arrived in France with the No. 1 Field Ambulance in June 1917. In the Battle of Hill 70, he attended to hundreds of wounded in ruined coal mines while artillery and gas shells rained above ground.

In November 1917, MacDonald served as the 3rd Battalion’s Medical Officer during the Battle of Passchendaele. Alone, he attended to the wounded immediately behind the front line while a constant rain turned the battlefield into an endless morass of mud, water-filled shell craters, barbed wire, and dead soldiers. In dimly lit trench dugouts or damaged farmhouses, he bandaged wounds and performed emergency surgery to stabilize critical hemorrhages.

MacDonald served with gallantry in the Hundred Days Offensive. He was gassed during this time and was awarded the Military Cross for attending to the wounded under direct shellfire while men fell around him. He was the first medical officer to enter Germany and famously marked the Franco-German border with a white bandage for General Currie’s entry into the Rhineland.

After the war, MacDonald was a Consultant and Assistant Professor at the Toronto General Hospital (1925–1953). He was an avid researcher and founded Ontario’s first ophthalmic pathology laboratory. Much of his research was driven by his passion for the wellbeing of servicemen. He developed an electromagnet that could extract intraocular shrapnel, fitted gas masks with refractive lenses, and researched the use of contact lenses for naval personnel. He advised the Royal Canadian Air Force (RCAF) on prerequisite vision requirements and invented devices to test pilots’ vestibular acuities.

MacDonald’s greatest contribution to ophthalmology was cofounding the COS in 1937. One of his first duties was to secure Royal College certification for Canadian ophthalmologists. At the time, it was unclear whether the service of many ophthalmologists as military eye specialists during the Second World War would count toward their certification. MacDonald, still a Lieutenant-Colonel in the Canadian Militia, sought the support of his contacts in the military to certify these ophthalmologists.

A letter from the RCAF expressed their wholehearted support for Canada’s ophthalmologists (Fig. 2). It read, “These ophthalmologists could easily have remained in private practice. Any distinction [based on their service] would be looked upon as discrimination.” The RCAF attached a list of all the ophthalmologists in their service whom they would support in their certification. This list included many young Canadian ophthalmologists who would later distinguish themselves in the profession, including Drs. J. S. Crawford, A. J. Elliot, J. C. McCulloch, T. J. Pasby, H. L. Ormsby, D. W. McDonald, J. V. V. Nicholls, and L. S. Kirschberg.

For a career of service to Canada, MacDonald was awarded the Canadian Centennial Medal in 1967. He was an authority in cartography and amassed a collection of over 295 rare maps of colonial Canada dating back to the 16th century. The sale of his sizeable map collection to the
Library and Archives Canada upon his death in 1976 continues to fund ophthalmology research today. These funds also maintain the ophthalmic library he built at the University of Toronto, named in his honour.

The wartime experiences of Wright and MacDonald empowered them with unique perspectives on how to better their local and professional communities through teaching, research, and advocacy. Their momentous achievements would forever change the landscape of ophthalmology in Canada. Despite this, Wright and MacDonald were ordinary physicians when they began their careers. Their attitude toward ophthalmology is what ultimately distinguished them. To Wright and MacDonald, ophthalmology was not simply a job. They were explorers and pathfinders who worked tirelessly to understand and treat the ocular diseases of their patient population. They were fervently dedicated to their work, communities, and country. Ultimately, their stories teach us to approach life and medicine with vigour and remind us of our duty as professionals to always look for new ways to do good in our communities.

Supplementary Materials
Supplementary material associated with this article can be found in the online version at doi:10.1016/j.jcjo.2020.07.013.
Access, an unintended consequence of virtual continuing medical education during COVID-19: a department’s experience at the University of Toronto

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Footnotes and Disclosure

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