George W. Weinstein, MD (1935-2007)

The ophthalmology community has lost one of its leaders. George W. Weinstein, MD, died on May 12, 2007, of prostate cancer and complications of Pick disease, a frontotemporal lobe dementia.

Dr Weinstein completed his medical school and ophthalmology residency at the State University of New York Downstate Medical Center, Brooklyn, in 1963. He then served in the US Public Health Service as a commissioned officer and as executive secretary of the Vision Research Training Committee of the National Institutes of Health. In 1965 he joined the faculty of the Wilmer Eye Institute in Baltimore, Maryland, on a fellowship where his focus was on retinal physiology research. Post fellowship he was invited to join the faculty, leaving in 1970 to become the first head of the ophthalmology program at the University of Texas Health Science Center at San Antonio. There he was instrumental in helping the program evolve into a recognized department rather than remain a division of the department of surgery.

In 1980 he became the chairman of the Department of Ophthalmology at West Virginia University in Morgantown; this was a young department where he was only the second chairman. Under his leadership and administrative talents the department quadrupled in size, the residency program expanded, fellowship training was added, and research flourished. Over the next 15 years he simultaneously worked on the national forefront to create policies that govern ophthalmologic practice to this day.

During his career, Dr Weinstein served on essentially every prominent American ophthalmologic organization as an officer, including his election as president of the American Academy of Ophthalmology in 1991. During his presidency, he championed the highest ethical and practical standards for ophthalmologists across the nation at a time when clinicians and educators faced the challenge of balancing the educational demands and costs of technologic advances against diminishing reimbursement. In addition, he served on the board of directors of the American Board of Ophthalmology, chaired the Ophthalmology Residency Review Committee, was elected secretary-treasurer then president of the Association of University Professors of Ophthalmology, and chaired the council governing the American Ophthalmological Society. He led the nation-wide charge that ensured consistent high standards of clinical care and training of resident ophthalmologists in up-to-date techniques. He also served as regent of the American College of Surgeons helping to ensure that ophthalmology would be considered an integral part of health care rather than a stand-alone specialty.

Despite his lofty credentials, Dr Weinstein was a humble man who valued clinical service and research over bricks and mortar. He prioritized expending available resources on faculty positions and personnel while his own administrative office was located in a doublewide trailer. He dreamed that his department would have facilities that matched the level of services offered and during his tenure developed a strategic plan for a freestanding Eye Institute, working to procure endowed funds and governmental assistance. His dream came to fruition in 2001 with the opening of the West Virginia University Eye Institute. Unfortunately, Dr Weinstein was suffering from advanced Pick disease by this time and was not able to reap the rewards of his efforts. His portrait is prominently displayed in the lobby to commemorate his initiative and devotion to making the Eye Institute a reality.

Through his many editorials and dedicated work for national organizations he challenged the ophthalmology community to examine itself on issues such as high volume vs high-quality care, conflict of interest, marketing, and the relationship with optometry. He believed that the practice of ophthalmology should be patient centered. While these seem to be self-evident principles worthy of being upheld, he encountered and overcame many obstacles in keeping these flagship ideals upright.

George Weinstein was the consummate comprehensive ophthalmologist. He had a tremendous intellect and could spontaneously give lectures to residents on topics from optics to retinal physiology to modern surgical techniques. He was editor in chief of the journal, Ophthalmic Surgery (1971-1982), series editor of Contemporary Issues in Ophthalmology (1984-1988), and editor in chief of Current Opinion in Ophthalmology (1989-1999). Patients who traveled far to seek second opinions often returned and regaled the residents with stories as to how shocked other doctors were that patients traveled to them when a world authority like Dr Weinstein was in their own backyard.

Dr Weinstein was progressive in his thinking and in the execution of his ideas. At a time when women made up only 10% of medical school classes, Dr Weinstein built a faculty at West Virginia University that was equally composed of men and women. He also had foresight regarding the uses of available technology. Long before personal computers, Webcams, and cell
phones existed, he helped to create an audiovisual monitoring system between the clinic, operating room, and his office. Residents could experience Dr Weinstein's omnipresence when his voice resounded over the speaker suggesting a variation of surgical technique or an alternative diagnosis.

In terms of his avocation, Dr Weinstein was a bit of a paradox. With his elegant and genteel demeanor, it was easy to predict that he would enjoy classical music. It was surprising, however, that his favorite stringed instrument to play was not the violin, but the banjo. He became enough of a banjo virtuoso that he was invited to play on several occasions at Preservation Hall in New Orleans. Another paradox was his choice of physical exercise. Golf, tennis, or jogging might be expected choices for this proper gentleman, but instead he chose basketball, particularly street pickup games. He kept a basketball in his car trunk and would join in games wherever he found them, including with the West Virginia University basketball team who affectionately called him, “Doc.” Reportedly his signature move was a hook shot about 3 steps in from the foul shoot line.

After a 20-year career in academia, Dr Weinstein began a private practice in Florida. He was required to take and pass a national standardized examination in order to be licensed to practice medicine in Florida. Despite having been out of medical school for approximately 38 years, he passed the test on his first attempt, a testament to his intellect. Sadly, within a few years he was diagnosed with dementia and his long career of service to his beloved practice of ophthalmology came to an end.

Current opinion in academic ophthalmology is that the traditional “triple-threat” faculty member with excellence in clinical care, research, and education is no longer a reality because there is too much to know and too little time. But George Weinstein had those qualifications and added leadership and administrative skills. The ophthalmologic community will continue to be influenced and inspired by his example.

Dr Weinstein leaves his family who are grateful for the gift of his inspiring and loving presence in their lives: Sheila, his wife of 50 years, their son and daughter-in-law, Bruce and Kristen, 2 daughters, Elizabeth and Rachel, 2 grandchildren, Carlee and Sammy, and a sister Barbara.

Judie Charlton, MD

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Dr A. Schapring presented a case of amblyopia from inhaling the fumes of wood alcohol, with the following history . . . He noticed that the substance placed at his disposal at this time had a disagreeable, sickening smell. This was due to the fact that the shellac was dissolved in methyl, or wood alcohol. . . .

Dr David Webster read a paper on sclerotomy anterior and posterior, its indication in glaucoma, and the method of operating. . . . Still there seems to be a general impression among his colleagues that the operation of anterior sclerotomy has come to stay; that it has a place in ophthalmic surgery, and that it should be resorted to in hemorrhagic glaucoma especially. . . .

Dr H. H. Tyson read a report of a case of embolism of the arteria centralis retinae, with the exception of a small branch supplying the macula. . . .

Dr H. Knapp said that integrity of the macular branches in embolism of the central retinal artery was not so rare, but his attention for many years had been directed to the observation of isolated embolism of the macular arteries.