

The Foundation of the American Academy of Ophthalmology
Museum of Vision & Ophthalmic Heritage

EXCERPT: Dr. Ralph Riffenburgh

Transcription of audio tape housed within the Academy Archives of the Museum of Vision

This is Ralph Riffenburgh with my experience as an ophthalmologist during the Korean War. I will start with my background of getting my ophthalmology training, briefly.

Shortly after World War II, many new residencies started and a lot of them didn't have much didactic training. To remedy this, Pennsylvania University and Washington University in St. Louis each organized one academic year courses in basic ophthalmology. During internship I was turned down on all my resident applications, but was accepted for the course in St. Louis. I spent the summer doing locums tenens in the coal fields of West Virginia to earn my tuition and then started the course in St. Louis in September.

The course was well planned and excellently taught. We had two hours of lecture each morning and then went to clinical rotations. We did essentially what the first-year residents at Barnes Hospital [did], except for the night call. The residents also took the morning classes with us.

Partway through the course, we applied for residencies. I was accepted at Wills Eye, but they took one resident each two months and I wouldn't start for nearly a year. And I was offered a job in Dr. Post's office in St. Louis in the meantime. There were five other doctors in that office. Dr. Lawrence Post was halftime head of ophthalmology at Washington U, and president of the Academy of Ophthalmology and Otolaryngology, as this was before the split into two academies. Dr. Hayward Post, for whom I would be working, was Dr. Lawrence's two-year older brother and was the senior member of the Board of Ophthalmology and a past-president of the American Ophthalmological Society. Dr. Sheehan was one of the senior attendings at Washington U, and his son, Phil, was the glaucoma clinic director. The fifth had just completed the residency and was assisting Dr. Lawrence Post.

I saw all patients before Dr. Post, did the refraction, and the basic workup. He was very patient and would explain any case that I didn't know. I also had time to go to grand rounds at the university in the half-day to teach refraction to the next year's class each week. It was a very excellent office with many interesting and important patients.

Just before I was to go to Wills, Dr. Post decided to take two month's trip to Europe and asked me to postpone my residency for a couple of residency periods to run his practice at a considerable increase in salary. The director at Wills was one of his oldest, closest friends. So that posed no problem. As Wills paid nothing and we were expecting our first child, I decided to stay and have the baby in St. Louis and make a little nest egg. The time went well and the other doctors helped me as needed and did any surgery required.

I left the first of September 1950 for Wills, but the Korean War had just started. I had been in a Navy Reserve unit at the naval air station. Of the other nine doctors in the reserve there, eight had already gone.

When I got home to Virginia, I went to Washington and asked the Navy if I should start the training at Wills. They advised me I would go [into active duty] within a couple of months and they were saving me for an eye position. They suggested that I volunteer [right] then and I would get an extra \$100 a month, and I would know where I was going. I did this and they gave me orders to Mare Island Naval Hospital at Vallejo on San Francisco Bay.

I looked forward to going to a big naval hospital, where I would have a chance to learn surgery under an experienced surgeon. However, when I arrived at Mare Island, the executive officer greeted me with open arms and said I was Chief of Eye, Ear, Nose, & Throat. Most of the young lieutenant junior grades spent six to eight weeks at the hospital and then went to the Marines or to a destroyer. I was only one of four out of the 80 that went through there that spent the whole two years at Mare Island. I had a ward, a clinic, a nurse, and several corpsmen, and an operating room. I started running the clinic and decided that I would try surgery when it came up.

My first session as junior officer of the day, we received a call from the dispensary at this shipyard telling me they had a sailor who had scratched his cornea with a screwdriver. I told them to patch it and send him over. He walked half a mile up to the hospital, and when I took the patch off there was penetrating injury with vitreous hanging out. It took me a day of reading to get my courage up, but I finally repaired it under local. He had missed both the lens and the retina. He had a bad astigmatism but was correctable to 20/40 when healed. I then tried a patient with a wondering eye and it went okay, so I kept on trying new procedures. In two years, I never had a doctor or nurse assist me in surgery, only corpsmen. I finished my time with 40 muscles, eight cataracts, two detachments, 100 or so pterygia, and a fair amount of trauma work.

Dr. Post had told me when I got to the San Francisco area to go down to San Francisco and meet Fred Cordes, one of his best friends. Dr. Cordes was head of Eye at the University of California, San Francisco, and also president of the Board of Ophthalmology. Dr. Cordes suggest I might get board credit for my navy time if I took the joint training course for Cal and Stanford residents. So I drove the 30 miles to San Francisco two nights a week for a year. It also was an excellent course with Drs. Cordes, Ed Maumanee, who was then the young head at Stanford, Max Fine, the corneal transplant pioneer, Mike Hogan in pathology, [Arthur] Jampolsky in muscles, and several other top people.

Also, when I first went to Mare Island, I met Dr. Madeley, the leading ophthalmologist at Vallejo. A month or so later, he had pneumonia and I went to his office for an hour after my Navy duty three days a week for a month, taking care of his emergencies and post-ops. He was very grateful and offered to sign as having supervised my surgeries.

So my second year in the Navy, I applied to take the Boards. My Washington year was, of course, approved. And my second year in St. Louis was approved as a preceptorship. They still allowed this at that time, but rarely. The fact that my preceptor was on the Board and wrote one of my letters of recommendation just might have helped. The third letter was Dr. Cordes, and

the Board decided to give me credit for a year of Navy time, since the president of the Board recommended this. So I took the Board in January of 1952. This was the first time they had used any objective testing, and three of the 10 sections were objective. This was hard for all of us, as it takes a different type of studying from an essay test. However, I had passed and was approved for the oral in Chicago in September just a few weeks before I would complete my Navy time. I studied hard, [although I had problems] including having mumps and being placed in isolation for a week with all my books, but I had no complications.

The exam at Illinois Eye and Ear still had us examine a patient in each area. Several sections stand out. I had Dr. Adler from muscles, and all he wanted to discuss was the definition of retinal correspondence. He kept finding my definitions not conclusive enough, and I was sure I had failed. Others had the same material and the same feeling. It seems he was doing research for an article on the understanding of trainees in this area.

I had Georgiana Theobald for pathology. She gave me five slides and told me to look at them and pick three to discuss. While I was doing this, she was examining someone else about six feet away. He was a foreign trainee and didn't know much. She was surely asking him, "Didn't you even study eye anatomy anywhere?!" I was terrified but did okay for two slides. The third wasn't so good, so she gave me another and asked what I made of it. It was a huge, blue tumor but appeared inflammatory. I took a wild guess and said it looked like a solitary tubercle. She smiled, asked where I trained, complemented Dr. Sanders, the Washington U pathologist, and let me go.

For retina, I had a patient with a long scar of UU with a rupture in one eye and an eclipse burn in the other. I got the solar injury and was trying to relate the other to it. Dr. Falls from Michigan said, 'But what could cause that eye not to show the solar injury?' and hit his fist in the other hand a couple of times. I finally realized and suggested that he was hit in the eye. Later, one of the other examinees told me he had asked the patient to whisper what had happened.

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