

TIME OPH

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A Resident's Lament

As I study now to be an eye MD,
I ask what kind of doc I want to be.
It is a rather daunting question
That raises fear and apprehension,
As each eye part has its own specialty!

Should retina be the field in which I train
To find a tear or subtle new membrane?
But I seem to give my patients aches
When I indent to find their breaks
And that just makes for too much mental
strain.

Perhaps it should be neuro-ophthalmology:
The optic nerve, its path, and its pathology.
But when there's pallor, one asks Why?
With CT, PET, and MRI ...
So why not just go into radiology?

My surgery could be limited to refractive.
I'd soon build up a practice, very active.
Though YAGs and excimers do magic
The odd myopic surprise is tragic:
On balance this may not be so attractive.

Then how about procedures oculoplastic
On skin that is no longer so elastic?
But operative hours are long (a pain),
And patients they are, oh, so vain.
It's hard not to say something too sarcastic.

Perhaps glaucoma is the field to choose,
Though pressures, fields, and angles do
confuse:
Does pressure cause the nerves to die,
Or sick nerves yield when pressure's high?
I'd like a field where fewer patients lose.

Strabismus is another possibility,
To repair defects in the eye's motility.
But waiting rooms with children crying
Would, in time, become quite trying
(From residency right through to my senility).

With so much then to learn, is it reality
To limit oneself to only one modality?
The eye is wondrous and diverse!
I think I'll embrace, for better or worse,
The field of ophthalmology in totality.

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