June 2016 marks the 50th anniversary of the graduation of the first Rhode Island Hospital Ophthalmology Residency.

The Rhode Island Hospital Ophthalmology Residency Program was established in 1963, nine years before Brown University’s Program in Medicine was created. **Dr. Anthony Broccoli** was recruited as its first ophthalmology resident. When the first medical school class enrolled at Brown in 1972, ophthalmology resident education was provided by a cohort of community-based physicians including **Dr. H. Frederick Stephens** (Ophthalmologist-in-Chief at RIH), **Alexander Calenda**, **Charles Does**, **Joseph Dowling**, **John MacIver**, **Raymond Mckendall**, **Leo Pranikoff**, **Nathaniel Robinson**, and **Lionel Sheehan**, all dedicated to teaching the next generation of ophthalmologists. The program, one resident per year, continued to graduate well-trained ophthalmologists and the number of voluntary faculty continued to grow under the leadership of **Dr. Robert Kinder**, who became Ophthalmologist-in-Chief in 1978.

**Dr. William Tsiaras** became Ophthalmologist-in-Chief in 1989, and in 1993, the ophthalmology resident complement was increased to two residents per year. Voluntary faculty continued to provide resident education and supervision.

By 2004, RIH had five part-time ophthalmology faculty members who, along with several voluntary community-based faculty members, provided the didactic education and clinical supervision for the residents. Didactics and teaching conferences at RIH were supplemented by the addition of teaching conferences at the Providence VA Medical Center (PVAMC) in 2006. In 2007, to manage the continued growth of the patient care and the educational missions at the PVAMC, **Dr. Paul Greenberg**, the Chief of Ophthalmology, became the first full-time Brown ophthalmology faculty member.

In 2013, RIH hired its first full-time faculty member, **Wendy Chen**, MD, PhD, a pediatric ophthalmologist, followed shortly thereafter by **Lenworth Johnson**, MD, a full-time neuro-ophthalmologist and Deputy Chief, and **Michael Migliori**, MD, full-time Chief of Ophthalmology. **Kimberly Miller**, MD, joined as a full-time glaucoma specialist and Residency Program Director in August 2015. This increase in faculty complement was accompanied by an ACGME-approved increase in the training program to three residents per year.

The current ophthalmology faculty now numbers 45, with five full-time, 15 part-time, and 26 voluntary clinical faculty, as well as one basic science faculty member. This dedicated group of clinicians continues to turn out outstanding residents. Some of our faculty have been with the program for nearly 40 years, and a number of our graduates not only set up practice in Rhode Island, many of them continue to teach the next generation of ophthalmologists.

Over the last 50 years, ophthalmology as a specialty has evolved as well. The advances in technology with diagnostic imaging, lasers, and surgical instrumentation have made ophthalmic surgery extremely safe and effective. Almost all ophthalmic surgery is now performed as outpatient procedures, and most often under local anesthesia with sedation. Our understanding of ocular diseases has also evolved.

In this issue, **Dr. Lenworth Johnson** explores a novel concept in the evolution of understanding the pathophysiology of glaucoma. **Dr. Laith Kadasi**, **Dr. Safa Wagdi**, and **Dr. Kimberly Miller** discuss a newer paradigm of laser therapy as initial therapy to treat open-angle glaucoma. **Dr. Anna Ginter** and I assess the current research on the mechanisms and targeted therapy of thyroid eye disease. **Dr. Jae Young You** and **Dr. Paul Botelho** describe corneal in vivo confocal microscopy, a new technology for the in vivo assessment of corneal pathology at the cellular level.

Ophthalmology is a fascinating specialty that combines medicine and surgery, old and new technology, and is constantly changing. It has been a joy to be a part of this training program for the last three decades, and the next 50 years looks even brighter.

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