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2009

# An Interview with Dr. John Shepherd

An Oral History Conducted by Lisa Gioia-Acres

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Heart to Heart Oral History Project

Oral History Research Center at UNLV  
University Libraries  
University of Nevada Las Vegas

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All transcripts received minimal editing that included the elimination of fragments, false starts and repetitions in order to enhance the researcher's understanding of the material. All measures have been taken to preserve the style and language of the narrator. In several cases, photographic images accompany the collection and have been included in the bound edition of the interview.

Claytee D. White, Project Director  
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# Table of Contents

Growing up in Harrisburg, Illinois; father and grandfather's occupations; extensive educational background; grandfather's history; internship at Illinois Central Hospital; three years at Northwestern Program of Ophthalmology; two years in the Army; describing grandfather's work compared to his; background on coming to Las Vegas (1968).....1-3

Setting up practice next to Sunrise Hospital; mention of Von Tobel's Lumberyard, Wonder World, and Boulevard Mall; meeting Nate Adelson; recalling expenses involved in purchasing equipment; discussion of revolutionary changes in ophthalmology; description of Dr. Kelman's techniques in cataract surgery; studying phacoemulsification and intraocular lens implantation with Dr. Shearing; description of method of inserting silicone lenses.....4-8

Short history of doctoring in Las Vegas; mention of construction of Hilton Hotel and foreign bodies in workers' eyes; discussion of laser surgery, radial keratotomy, and LASIK; learning from Dr. Fyodorov in Russia; conducting Operation Cataract every spring in Las Vegas; anecdotes about patients and colleagues.....9-13

Travel as a consultant; teaching surgery on a converted DC-9 with Project Orbis in Cuba, Syria, and Jamaica; meeting Fidel Castro; successes and failures over the years; discussion of awards and recognitions, including the Yahn Wurst Medal; mention of working on stars like Andy Williams and Cher; opinions on the future of eye care and having insurance pay for LASIK.....14-18

Recalling fees in early days of practice; anecdote regarding Joe Gerschio and overcharge; mention of colleagues Jose Videll, Dr. Simon (first retinal surgeon in Las Vegas), and Dr. Leslie Sulper; brief referral to children and their accomplishments; retiring and selling practice in 2006; earning master of arts in military history; joining the Historical Society, writing, and spending time in Sun Valley, Idaho; one last anecdote concerning early practice, the Yellow Pages, and Elko, Nevada.....19-23

## Preface

Dr. John Richard Shepherd shares the background of his early life in southern Illinois, his father's and grandfather's occupations, and his educational journey through college and medical school. His army experiences in Chicago and Alabama convinced him and his wife to look for a warm dry climate in which to live, and they relocated to Las Vegas in 1968.

Dr. Shepherd recalls the businesses and housing surrounding Sunrise Hospital, the difficulties getting his specialty listed in the phone book, and renting his first office space from Nate Adelson. He also describes taking out a loan to install ophthalmology equipment, hiring an office manager with medical accounting experience, and doing cataract surgery in a way that basically hadn't changed for decades.

The passing of the Medicare bill back in 1966 caused Dr. Shepherd's practice to build up quickly. He details the many ways eye surgery changed, including the invention of the intraocular lens and the phacoemulsification procedure. He mentions his and Dr. Shearing's contributions to ophthalmology -- better designed lenses and surgical techniques -- which they taught to other doctors from all over the country.

Dr. Shepherd discusses radial keratotomy, which was a precursor to laser and later LASIK surgery, and describes a lens implant technique he learned in Russia from Dr. Fyodorov. He goes on to share anecdotes and stories of his interactions with patients, his travels as a consultant and as a surgical teacher for Project Orbis, and meeting Fidel Castro. He speaks candidly about his successes and his failures as well.

Dr. Shepherd retired in 2006 and immediately enrolled in a Master's program and earned a degree in military history. After a long and distinguished career, after receiving many accolades and awards, he and his wife are enjoying life, splitting their time between Sun Valley, Idaho, and Las Vegas.

**This is Lisa Gioia-Acres. Today is November 21st, 2008. I'm here in the home of Dr. John Shepherd conducting an oral history interview for the Heart to Heart project at the university.**

**Hi, Dr. Shepherd. Thank you so much for having me here.**

You're welcome.

**We're going to kind of start out talking about your early life, but before you begin I have two questions. First, could you tell me what your full name is and spell your last name for me?**

It's John Richard Shepherd, S-H-E-P-H-E-R-D.

**Dr. Shepherd, what kind of a doctor are you?**

I'm an ophthalmologist. I do eye surgery.

**Will you tell me a little bit about your early life, where you grew up and maybe a little bit about your parental history?**

I grew up in a small town in southern Illinois, Harrisburg, Illinois. My father was the manager of a coal company. My grandfather had been an optometrist. I went to school at the University of Illinois and Southern Illinois University. I graduated in '58 with a major in chemistry. And then I went to University of Illinois Medical School and I graduated in '62. I interned in Chicago, did my residency in ophthalmology there and then spent two years in the army.

**Can you tell me a little bit about your grandfather's life as a doctor of ophthalmology?**

Well, my grandfather was a really interesting character. My grandfather was born in 1866 and education probably was not beyond the eighth grade. He worked as a section hand on a railroad. He worked as a lumberman and he worked in a coal mine. In the coal mine he was what's called a blaster. Back in the early days, black powder days, the miners would all dig into the face of the coal and then they'd set the charges. All the miners would leave except the blaster, who would set off the charge. And it was very dangerous. His pay was double time plus funeral expenses. So one day he set off a charge and the roof caved in and broke his ankle, crushed his ankle. And in those days you had to spend a lot of time in traction, you know, on your back. And while he was recuperating from that, his brother, who was a gunsmith of all things, taught him how to fit eyeglasses. So he became a fitter of eyeglasses back at the turn of the century.

**How did his brother know how to do that?**

I don't know how he learned. At any rate, when they licensed optometry in Illinois around 1910 or something, he took an examination and passed. So he was an optometrist. He never had an office. He would practice in rural parts of the state. It was like Appalachia down there, very mountainous and hilly, mostly populated by refugees from the South after the Civil War. He would leave town on Monday and stay at somebody's farmhouse and he'd fit them with the glasses. Then he would travel to the next place, and on Friday or Saturday he'd come home and spend the weekend at home. So he did that right up until he died at age 82.

**What was your grandfather's name?**

Daniel Shepherd.

**As a child how influenced were you by the work that he did?**

Actually, I wasn't. I knew he fitted eyeglasses. But I really had no particular desire to do that or even be a doctor at an early age. I remember him doing it and everybody knew Doc Shepherd. With rural people he was sort of legendary where everybody knew him. He also did real estate. He sold real estate. You know, in a situation like that he knew all that was happening, what the farm prices were doing and all. So he also sold real estate. He had really quite an empire of different farms and homes and all when the Depression hit and then he really lost everything in 1929. But he continued working and he did fine. But he lost all of his property and all. He was an interesting man.

**Did you go with him at all on any of his house calls or anything like that?**

No, I never went with him on his house calls. He used to take me out in the country to go fishing. You know, he knew everybody. So we'd stop at gas stations and meet the people and all.

**So where did you go to high school?**

In Harrisburg, Illinois.

**And at that time what did you think that you were going to do with your life after graduation?**

I really had no idea. My father wanted me to be a doctor. So I signed up for premed when I went to University of Illinois. I toyed with the idea of going into law, but I never did. When I got accepted to medical school, I went ahead -- medical school I didn't particularly -- I didn't like

medical school. I decided I had probably made a mistake, but I decided to finish it anyway and then do something else. After my junior year -- we had to take an elective and go to school in the summer. That was the first time we had to go year-round. And I took ophthalmology since I didn't like anything else. It turned out I really liked ophthalmology, so I decided to specialize in that.

**How long did you stay in Illinois after graduation?**

I didn't. As soon as -- well, I interned there. I graduated in '62. I interned there one year at the Illinois Central Hospital. Then I spent three years at the Northwestern Program of Ophthalmology, which was at the Hines Illinois Veterans' Administration.

And as soon as I finished there I went into the army for two years, '66, right when Vietnam was starting. I spent two years in the service in Alabama the whole time. It was a good experience. I went to a base that had never had an ophthalmologist. So I actually built the ophthalmology and optometry center there. The optometrist worked under me and I did surgery there.

**At this particular time in your life did you see any differences or comparisons between the kind of medicine that you were practicing versus what your grandfather did?**

Oh, yeah. My grandfather just fitted eyeglasses. He didn't do any medical work. I had a great uncle who was a doctor. He was 90 when I was a child. In fact, those are his drug cases in there. He said he retired because the pharmacists couldn't fill his prescriptions anymore. He was trying such old chemicals that no one knew what they were. So I could tell it had changed a heck of a lot since then.

**Interesting. Well then, let's talk about how you got yourself to Las Vegas.**

Well, when I was in the army -- first of all, I trained in Chicago, which was 400 miles north of where I grew up. And it was the coldest place in the world. My wife also grew up in Illinois. We got married right after my internship, but neither one of us wanted to stay in a cold climate. So I thought we might like the South better. But I spent two years in Alabama and I didn't like the humidity. So we started looking around. I picked out two places that I thought would be great to live. One was Las Vegas and the other was Portland, Oregon. I just had to go to Portland first. So six months before I got out of the service I flew out to Oregon and spent a week out there. It



was dreary weather and cold and I decided I would be suicidal if I stayed there. So I flew down here.

I had previously met Dr. Joe Videll. I don't know if you've interviewed Jose Videll or not, but he's been here longer than I have. He was a wonderful man. He had approached me about working for him, but since I told him I was going to Portland, he had hired someone else. When I got down here he encouraged me to stay anyway on my own, so I did. I set up practice just on my own here.

**What year did you get here?**

Sixty-eight. So when I set up practice, of course the town was really small. The county was a little over 200,000. The town was about 170,000 then. One of the optical companies told me that they'd built a new hospital here. He said, well, not many people use it now, but ultimately it will be busy. And that was Sunrise Hospital. So when I came I opened an office right next door to Sunrise. As you know -- I'm sure you go by it a hundred times a day -- at that time it was four stories high. The building next to it that I was in is still standing but it's two stories higher now. It's right on the south side. And there wasn't anything between there and where this sports center is up here now on Karen. That was Von Tobel's Lumberyard. Other than that there wasn't a thing south of there on that side of the street until you got right across from where the Boulevard Mall is now. And there was a Wonder World grocery store there. They were building the Boulevard Mall, but they hadn't opened it yet. So I rented a house behind the hospital, which we lived in for a short time.

One thing that was really nice when we got here, we'd been shopping in the PX at the army post for a couple of years. And we went in Wonder World and saw that they had like ten different kinds of peanut butter and we thought we were in heaven. We couldn't believe all the different goods they had.

**Were your first couple of years shaky just because it was a small town and you were in such a specialized field?**

Well, not really. There were some problems. When I set up practice, the phone company screwed up and didn't put my specialty under my name in the phone book. Not only did I not get calls as an ophthalmologist, but I also got calls at night to deliver babies and all sorts of weird things. So

it took six months to get that name changed. But being next to the hospital there, doctors referred cases to me. And we had really a fast start. We did very well there. I had a very tiny office.

When I came out here to visit I had to take my boards right before I got out of the army. I had to go to San Francisco and take my specialty boards. My wife met me here. We went around and I rented an office space next to Sunrise. The man at Sunrise was Nate Adelson. He was a wonderful man. He was one of the big owners. Teamsters I think had put up most of the money for the hospital. But Nate was a wonderful guy to deal with. And he rented me this really tiny space. It was about 600 feet. I mean it was the smallest office I had ever seen. When we drove out here from Alabama it was supposed to be ready. I got out here with about two months' worth of money to live on and they hadn't even started the office. I got in there and there was still nothing in it. So I was really panicked. I went to the manager and he was sort of, oh, yeah, we'll do it. Then I went to Mr. Adelson and he was just adamant. He said get on it right away. And they had it done within about a week. It was just incredible. So I got a real favorable impression of the way people did business out here then. We were in that office for a couple of years and then I expanded. They built a third and fourth floor on the medical building. So I moved up there and took a much larger space.

**What kind of equipment did you come with? Was it expensive for you to get started?**

Yes, it was expensive. My ophthalmology equipment -- it's very expensive to set up an office. I mean in those days it was about \$15,000 a room and I set up two rooms. Nowadays it would be more like a hundred thousand. So I had to borrow I think about \$30,000. And I ordered the equipment. It was delivered here and installed once the office was open. I hired -- I had one girl that worked for me, and that was it. Like most of us I had no idea how to run a medical practice. Luckily the lady I hired had worked in one before. So she brought some accounting systems and showed me and handled it all right. But I was in there up until 1989.

In the meantime, ophthalmology had undergone a complete revolution. I don't think there's been a change like it since the world began. But when I trained we were doing cataract operations as the most common operation in ophthalmology. There were only about 160,000 of those operations done a year. Now days there are over two million done. But in that time there were only about 160,000. We were using the same procedure that had been described in about

1903, which was really a knockoff of one that had been described in 1750. So nothing had changed much except that we could suture the wound closed. But other than that, it really hadn't changed. And a couple of changes took place. I don't know if you want all this or not.

**Absolutely.**

The biggest change was the instigation or the passing of the Medicare bill. Medicare was passed in '65. It took effect in '66. All of a sudden people that had cataracts could afford to get them done. And we weren't aware of that. I don't think a doctor that I knew of was in favor of Medicare. Almost all of them said we don't need this. You know, we had big charity hospitals and people who didn't have any money could go to the charity hospital. Well, when that law was passed, people came out of the woodwork. They had cataracts. So the practice started building up really fast. And when it did people started doing research on ways to improve the technique.

I had started in '68. Around the early 70s a doctor by the name of Kelman from New York invented a technique that removed the cataract with an ultrasound by making a very small incision. Instead of taking the whole cataract, which is about the size of an M&M candy, he broke it up into pieces and could take it out through a very small incision. And that way the people could be ambulatory immediately. Prior to that, we used to keep people in bed for five to seven days. They couldn't move. They had to be real still, and then about three months later you fitted them with a real thick eyeglass that made them really look bug-eyed and restricted their side vision. So he came out with this technique called phacoemulsification. Dr. Kelman was sort of a self-promoter and made a lot of people mad, particularly very conservative people back east.

And, luckily, Dr. Shearing had come to Las Vegas about six months after I did. I don't know if you've interviewed him. I think you're going to interview him if you haven't. He's a very interesting fellow. He and I took a course in phacoemulsification.

**Could you pronounce that a little slower?**

Yeah. I'll spell it for you. It's P-H-A-C-O -- emulsification -- E-M-U-L-S-I-T-I-O-N (sic).

So he and I took the course. And generally what happened in those days is a guy would take the course and then he'd come back and advertise it, which would make everybody mad in the community. So it would cause all sorts of fighting. But Shearing and I decided -- and there were a couple of other guys who took the thing, too, at the same time -- we decided we'd have no

publicity. We'd just do it, you know. We wouldn't advertise it. We wouldn't tell anybody and try to toot our own horn or anything. And that worked really well. We didn't have any friction here. We were able to do it slowly, learn how to do it without upsetting a lot of people.

Then about a year later, the second shoe fell. And that was the invention of intraocular lens. Instead of having to fit people with this big thick glass, we could put a lens inside the eye, which is what we've done ever since. Well, that was another big thing. A lot of people, conservative groups, universities, they all said that it -- they referred to it as a time bomb. They're going to lose their eyes, horrible.

Well, again, Shearing and I got interested in it. So we went to Europe, which is where they were doing them. We spent a week in Holland -- actually, two weeks in Holland with two different surgeons. And then we came back and started doing that. So the town was wonderful. We couldn't have done this anywhere else, or if we had we would have been sort of outcast. But here everybody supported it. The other ophthalmologists learned to do it. So we did it as a group. The lenses weren't the best in the world. And Shearing designed a lens that was really better than anybody else's back in '77. That was one of the most important things that happened in ophthalmology I think because it not only was a better lens, but also because you could put it through a smaller incision. It gave a big advantage to this phacoemulsification technique. So the two things sort of went along together.

It took a long time. We were doing this back in the 70s. As late as '85 or '86, only 25 percent of the people in the country were doing this. So it took a long time to get it going. Now it's virtually -- no one does anything but that. But at that time it was really new.

**How did you and Dr. Shearing fit research into your practice as well?**

Well, basically that way. Shearing got -- I don't know how he got the idea to do it. But I think he got it from seeing some work that had been done in Europe prior to that time.

But a little later than that, a company came to me and wanted to know if I'd be interested in testing out a lens that they had, which was a silicone lens. No one seemed to be able to get this thing to work. The advantage of it was you could fold it and you could put it through even a smaller incision. The same size that you used to make a phacoemulsification, which was three millimeters, you could put this lens in. But no one seemed to be able to get it to stay because it

would break and float around in the eye. And, basically, they were just about to close the company.

So I got started working. And I picked up a technique -- this is a technical thing. I don't know if you're interested in this. But it was a technique where we'd tear the anterior capsule in a circle. And when you did that you could stretch it. It was like Saran Wrap. You could stretch it and it wouldn't break. If you cut it, which is the way people had been doing, it would rip. But if you did this circular tear, which I had picked up I forget where -- I didn't invent it; I was just one of the earliest guys to use it -- we could hold that soft lens in place. So that sort of was the second revolution that really helped. With that we had a course here in Las Vegas where people would come from all over the country and we taught them how to use this lens.

A little later I devised a technique, which is still the preferred technique for removing the cataract, which was a method of making a couple of grooves in the lens and rotating them and breaking it into four pieces like a pizza pie and then removing each of those pieces rather than trying to do the whole thing. And that technique is still -- I was honored last year at the American Cataract and Refractive Society. I was an honored guest there in recognition of that. So I was proud of that. But, again, all these things that Shearing did and I did and other people, it was facilitated by being in a town like Las Vegas.

**That raises a question. Why in Las Vegas was it so accepted? And why do you think it happened here and might not have been able to happen somewhere else?**

Well, you know, this was a wild town. One of the great things I liked about this town is that there wasn't any fixed society. Back in Chicago, for instance, when we still did cases in the hospital, you'd have to be able to get -- the lowest guy on the totem pole would have to wait in line to get a patient in. And if you wanted to do something differently, the powers that be would just shut it down and say, oh, you can't, you're doing something that's unethical or we don't -- it's unproven, you can't do it. None of that was true here. If you could do it, you could do it here.

**If you could imagine it, you could do it.**

Exactly. And we had a fairly -- of course, this happened when the town was much smaller. So everybody knew all the doctors. Ultimately some infighting occurred as the town got larger and larger. We had the same disadvantage other cities did when it started getting large, you know.

But when it was small, everybody worked together well.

**When you first came to town, about how many ophthalmologists were there in town?**

I think there were about six. I think I was the seventh. Shearing was the eighth I believe. That's how big it was.

And when I came to town -- you know, now the doctors -- there's been a lot of terrible publicity about doctors in the paper in the last year for various things. That's sort of the way it was in Las Vegas in those days. Most of the doctors when I came here, the older doctors -- there was some really fine ones. I mean there were some superior doctors here. But a large number of them had come here either to get a divorce or because they'd gotten in trouble back where they were from. The level of training was not real high here. And people would -- there was a place called the Sansum Clinic, which I had never heard of. It was down in Santa Barbara. I mean I'm from the Midwest. I had heard of the eastern clinics and the Mayos. But around here everybody went to the Sansum Clinic whenever they got sick because they didn't trust the doctors here.

There was one doctor I know that they had talked into coming down from Tonopah. It was I think during the war or before the war. And it was rumored that he really wasn't a medical doctor. He was a veterinarian. Now, it wasn't true. But the fact is that all the doctors thought it was true. I mean that's how funny it was in those days.

But the year I came all of us were getting out of the army. The war was starting to wind down in Vietnam. And guys that served in Nellis all came here. You know, a lot of people right out of training. So it became really a high-class group of people here when I started.

**What kind of eye problems did you see that were peculiar to Las Vegas and perhaps differed from what you saw back east?**

Well, the only thing I can say is I think I made a living the first year on taking foreign bodies out of people's eyes that worked on the Hilton hotel. They were building the International. And everybody got a speck of steel in their eye and they'd come over to the hospital. I mean I had never removed so many foreign bodies in my life. In fact, the builder there kids me. He says that he kept me in business all those years.

There wasn't anything unique to this area, but there were things that we didn't see here. We did not see conditions called uveitis, or histoplasmosis, which was a very common condition

back in the Midwest. We never saw that.

**Can you describe those?**

Well, this was a disease that's prevalent in the Ohio and Mississippi River basin there. There are different types of bacteria and fungal diseases that flourish where the humidity is high. But you didn't have that out here. So unless someone moved here from somewhere, you wouldn't notice it. That was about it. I didn't see anything really unusual.

**What about the desert climate, the dry heat?**

You see people with dry eyes. People will complain of that a lot, but that's true everywhere. It's probably a little worse here. It's tougher on people who wear contact lenses out here, which may be one of the reasons we were able to use implants a lot. Prior to that, you'd fit cataract patients sometimes with contact lenses. But they had trouble wearing them here.

**So implants are different than, obviously, the laser surgery.**

Oh, yeah.

**Were implants kind of like the stepping-stone to laser surgery?**

No. They are not related, actually. The laser surgery came about -- laser surgery changes the shape of the cornea, the clear part of the outside of the eye, which is the refracting lens. So it's like grinding a lens to fit.

The precursor to that was a procedure called radial keratotomy. That was invented by a Russian named Fyodorov. He would make incisions around the eye, not right in the eye but radiating out, almost all the way through the cornea. And that would flatten the cornea. The early ones were done with a broken razor blade -- in this country, too -- which sounds weird. But a razor blade -- the old Gillette blue blade was the sharpest. No one could make a knife as sharp as that. So we had blade breakers we would attach and snap it off to make a sharp knife. And then you would put a stop on it to control how deep it went. That was a pretty crude procedure. And it's pretty well been abandoned, not so much in Russia but in most places.

So they started trying to find a way to shape the eye without doing all this destruction. That's what the laser did. It would tend to carve almost a cell at a time to change the shape of it. And we originally did that on the front of the eye. We'd shape the front and then take a week or two to heal up. Then with LASIK you'd make an incision halfway through the cornea, lift the flap

up like that, you'd grind the lens on the inside, lay the flap back down. A couple of hours later the patient felt fine. That's what LASIK is on that.

**So did you participate in all these different changes and evolutions?**

Yes. We did.

**Did all doctors do that?**

Not all doctors. Particularly refractive surgery, a lot of people didn't do refractive surgery at all. But we did. We got started doing that a lot. Then I also tested a lens -- first of all, I was a consultant for Star Surgical after I had done this work with the soft lens. So I traveled all over the world for Star looking at technology and teaching and just looking at different technology in different countries. I spent some time in Russia and with Fyodorov. And he had another invention there, which just got approved actually about two years ago. And that was a lens that you put inside the eye, but you don't take the cataract out. This is for people that don't have a cataract, but they're too nearsighted to do LASIK on. You can open the eye and slip this lens. And it could be right on. And they can see with that. So I was the first one to do that in the country. And we tested that out for a number of years. It was just approved recently.

**I know this is a silly question. But with laser surgery, how come you still wear glasses?**

Oh well, that's a good question. To all my patients I always say, What do I want to see? But when you get old, if you've got perfect eyes, perfect vision, by the time you're 45 you can't see to read anymore. You've got to wear reading glasses. If you're nearsighted, which I am, you need glass for distance, but you can take them off and see up close without them. And to me that's more convenient. If I had my eyes fixed so that I could see distance without glasses, I didn't need them to read with. So the choice if I was 20 or 25 years old I'm sure I would have had it. But this thing came about when I was already wearing bifocals and they're just more convenient.

**So it wasn't fear?**

No. I did my daughter -- one of my daughters. The other daughter is too nearsighted to do it. But I did her. And my son subsequently had it done. So it's a good procedure. It's a safe procedure I think.

**The patients that you saw throughout your career here, how did insurance impact their ability to get a procedure done? Like in the early days was insurance available?**



Well, for cataracts, yes, because most people that have cataracts are over 65. So they have Medicare, which is one of the reasons why there's so many cases done. If people could have it done, we'd develop better ways of doing it. More people wanted it done. As a matter of fact now, it's not unusual to take the cataract operation -- the cataract being the lens of the eye which has gotten cloudy -- is if they don't have a cataract, but they want to see and they're not a good candidate for this implantable contact lens or LASIK, you can just do the same operation and put a lens in there. So that's a fact that almost everybody had insurance for that.

For a number of years my office had a thing called Operation Cataract in the spring when we would advertise in the paper and on the radio for people that had no money that we'd do it free. We would get the companies to donate the lenses and the materials and we would do the operation. It was interesting that we had -- until the last few years when the town got so big, we had difficulty finding 20 people a year that didn't have any insurance to do it for. I mean we actually -- I remember having a guy come down from Elko once to do it. And we had plenty of openings because we just couldn't find the patients.

**So you don't offer that service anymore?**

Yeah. We do it every year.

**Still do it. That's interesting. So insurance is pretty good for eyes now.**

Sure. Now, it doesn't cover refractive surgery, which is what LASIK is. Insurance doesn't cover that.

**Do you think that's something that maybe insurance companies should consider doing?**

No. I think it's a lot better if they don't do it. It's like plastic surgery. It's not really something that's needed. Basically, it's a cosmetic procedure. And we have enough trouble paying for the health care for people who really need surgery to do that.

**Very interesting. How has eye health been affected by, say, the gaming industry since we live in Las Vegas? Is there any correlation at all?**

No. I can't think of any. People that work in casinos, even now, have to put up with a lot of smoke. So, you know, that doesn't do any permanent damage, but they have a lot of burning and tearing and irritation of the eyes for that. Of course, until they outlawed it in bars and restaurants, smoking was all over the place. So that was a problem combined with the dry air and all.

**So that was a complaint people would come in with. What would you recommend to them?**

Generally just artificial tears. They just have to lubricate their eyes. Sometimes they're really severe. We'd seal off the outflow of the tears in the eye so that what tears they produce wouldn't drain out. They'd stay in there. But that's about all you can do for it.

**During your tenure from when you first got here, were there any specific epidemics that involved the eye health at all?**

No. No, nothing. Nothing bad at all.

Oh, there was some occupation -- I was going to describe one of the funny things I did when I came to town and had plenty of time and not a lot of patients. I had a patient that I did cataract surgery on. He was in the hospital. So I started to examine him and I saw these bullet wounds in his leg. And I said did you get that in the war, you know? And he said, no, the Shelton Gang shot me up. Well, turns out this guy was from very close to my hometown in Southern Illinois. We had gang warfare back there with two groups, one called the Berger Gang and one was the Shelton Gang. Well, this guy worked for the Shelton Gang and the Bergers had shot him up. But anyway, he was a real character at that time. His name was Sundown Wells. He was a real character around town. He was head of gaming intelligence when Paul Laxalt was the governor.

But anyway, we became very good friends. He was working as a boxman at one of the crap tables down at the Desert Inn. I did cataract surgery on him. And in those days we'd fit him so he could see far away and he could see up close, but he couldn't see anything in between. And he couldn't see to work as a boxman. I didn't know how big a crap table was, so I went down there one day and we measured it. We sat him down there and measured with a tape measure where he had to see and all. All these old dealers were really impressed that some doctor would really actually come down there and do that. So I got a lot of patients from that.

**That's called personal service, isn't it?**

Yeah. That's right. It's better than a house call.

**Did you ever receive calls in the middle of the night for anything like that? Your practice probably didn't.**

Well, you'd get calls. You'd get some emergency calls at night, car accidents and all. But one

night I had -- I had a partner for a short time. Well, I had a lot of partners when I retired. We had a ten-man group when I retired two years ago. But in the early days a young man joined me for a very short time. He had a lot of psychiatric problems. He ended up committing suicide. But one time I got a call from a striptease dancer that we had been taking care of in the office. It was at the old Silver Slipper, which was across from the Desert Inn. She said the star stripper has had a contact lens abrasion. She had pain in her eye. Could I come down and see her? And I said, well, no, I can't do anything down there. I said if you want to bring her to the office, I'll see her. So she said, ah, no, she can't leave; she's due to go on. So I said you might call my partner. He lives down there, which she did. And he went down to see her. And my wife said you are getting old if you refuse to go down there, which evidently from what he told me was quite an experience. He went into the dressing room and no one had any clothes on. So I thought maybe I should've gone. But that was one call I didn't take.

**How interesting. Are there any stories that you can recall like that, some more that you might be able to share?**

Well, some of my travels were pretty interesting. As I said I traveled a lot as a consultant. But I also taught surgery in different countries on a project called Project Orbis, O-R-B-I-S. They had an airplane that was outfitted with an operating room on it. And it had an auditorium in it. We started out with a DC-9. Then the last airplane was a DC-10, which was quite luxurious, you know, doublewide. It had a nice OR in it. And so I got a call one day and they said we've got permission to go to Cuba and they don't do phacoemulsification down there. And people recommend that you're the guy to teach it to them. Would you be interested in going? And I said, sure, I'll go. So we got permission from the State Department. We flew down there.

**What year was this?**

This was '91 I think. So I went down, flew to Miami. They had flights to Cuba, but they were all generally relatives of Cubans and so on. I arrive at the airport and go to the end of this enormous line. And people that would go over there would take big bags of food and drugs to their relatives over there. I thought I'm never going to get on this airplane. Well, they announce Dr. Shepherd, come to the front of the line. So I came up there and they had places. There were two doctors. I was there teaching cataract surgery and a doctor from Indiana teaching strabismus or cross-eye

surgery for children, pediatric surgery.

So we flew over there. We spent a week. We parked on the tarmac at Havana airfield. It was an army base there. And we had closed-circuit television to the army barracks, which was full of doctors from all over Cuba. Plus we had about 20 doctors on the plane watching and assisting us. So the last day on Friday I was operating. And I had picked a really tough case to do. It was really a tough operation. In fact, it was the first time I had ever done anything like that. It was a partially dislocated lens. And in the midst of it I notice that these Cuban nurses were getting all nervous. I said what's going on? And the guy said El Commandante is on the airplane.

So then pretty soon a guy from Orbis came back and said Fidel is on the plane and he's going to come back here. When you finish the operation, you know, don't make any sudden moves and don't touch this person. Well, you know, I had heard this, but I was really concentrating on this case. So when I finished I get up and Fidel is standing behind me, something like that. And I said, hey, how are you? Well, I saw these guards tense up. I thought, oh, God, you know. But he was very nice. We shook hands and talked to him for a while.

**Did he express gratitude to you for coming?**

Yes. He was very gracious. He had an interpreter, which was fantastic. He evidently understands English and can speak it, but he acts like he can't. So she would translate both ways. And she was really excellent. I saw him when he was on TV before he had that stroke. He had the same interpreter. She had aged quite a bit, but she was still there. But anyway, that was quite an experience and I enjoyed that.

I also spent time in Jamaica and in Syria. I went to Syria. Since I'm interested in military history I stayed in Syria for a few days after. I hired a guide and went over and saw all the old castles and everything. It was really spectacular.

**Did you ever think as a child, when you didn't know what you wanted to do, that being an eye doctor would give you such experience?**

No. When I look back over the career I've had, I could never believe the things that happened to me. It was just fortuitous that I happened to be on the cusp of this real revolution in eye surgery.

**Did your grandfather get to see you become an eye doctor?**

No. He died when I was a child. He was an old man at 82. I think it was '47 or '48 when he died.

I remember him quite well. But I was about ten or 12 years old, something like that.

**Can you recall some of your successes and failures over your tenure as an eye doctor?**

Well, you know, there are a lot of successes. You expected cataract to be a success and most of them are.

Yeah, I remember the worst case I ever had. We used to give an injection behind the eye to numb the eye. We didn't put the patient to sleep. We'd give them a shot, which sounds horrible, but actually was painless. We could numb the outside and block it. It would block the sight. And there was a retired minister that I had been in the Lions Club with. He had since moved to Arizona. He was a wonderful old man. I always liked him. And he came up and I operated on him. The case was perfect. And he came in the next day and couldn't see out of the eye at all. He was blind. And, man, those things happen occasionally. No one seems to know why. One theory is there may be increased pressure in the eye from operating on it and then it gets high and blocks the artery and then it goes down to normal. So when you find out the next day, everything's normal, but you can't see. So he never got any better at all out of that eye.

So a couple of years go by and he comes in with the same thing in the other eye. He's got a cataract. He can't see to drive. He can't see to do anything. And so I said, well, you know, I think this probably was pressure. So if we do this eye, I want to keep you around for a while to make sure the pressure is normal and have you come back. So I did the same thing. I did the operation. Everything went perfect. Had him come in -- I did it in the morning and kept him for an hour. The pressure was normal. He came back at three in the afternoon and checked him. The pressure was normal. He came back the next day he was blind. I blinded the guy in both eyes.

No one could explain why. I have no idea to this day what caused it. You talk to people and there are other cases that are reported, but no one seems to know what it is. Anyway, after that we didn't use that technique of blocking. I think it must have been something to do with the anesthesia because we don't use that technique anymore. We use just eye drops and never have any problem with that. So it probably had something to do with the anesthesia. But what, we don't know.

**Wow. Very interesting.**

But, you know, you don't get over things like that. You forget a thousand successes. But the ones

that are your failures, you never forget those.

**Speaking of your successes, what kind of awards and recognition have you received?**

Well, back in '86 they had a contest -- it was kind of interesting -- in New York. They sent out coded VCR film. And you had to film one of your operations. There were hundreds of them sent in. And I won the prize for the best operation. It was called The Golden Hands Award in New York City.

Then a couple of years ago I was elected to a group called the Intraocular Lens Implant Club. It was an old organization. The guy that invented the implants -- in fact, I do have a picture of that. This picture here. That's Sir Harold Ridley. He's the one that invented the intraocular lens. And he was knighted. He endured a lifetime of persecution because in London they all thought he was a quack. But he's the one that actually invented it. Then in the years just before he died -- he was 90-some-odd -- our implant club had a party for him. That's where that picture was taken.

But anyway, the implant club awarded me a medal called the Yahn Wurst Medal. Yahn Wurst was one of the other pioneers. I got the Yahn Wurst Medal a couple of years ago.

Then just last year I was guest of honor at the Cataract Refractive Surgical Society. There were two of us, a Dr. Jacobi from Germany and I were honored for that. So those are really the --

**Wonderful. Do you feel that the work that you did and, perhaps, like Dr. Shearing -- and don't be modest here -- put Las Vegas on the map for --**

Yeah, it did. Shearing more than me because when he came out with that lens, that was early here.

That was in '77, '78, I think, and was really a revolutionary thing. It wasn't so much the lens.

They've changed the lenses a lot since then. But that particular lens changed things enormously.

Steve gave a lot of talks around and people knew who he was. It probably helped me a lot because

then, you know, when I started, they said, well, they're from Las Vegas. In fact, a lot of times they would say what do you guys do over there anyway?

**What is it about Las Vegas?**

Yeah. What is it? But it was great.

**Did you have a lot of high profile Las Vegas patients?**

Yeah, we did. I never liked taking care of celebrities, but a took care of a fair number of them in

town.

**Did they expect different type of treatment versus the regular Joe off the street?**

No. Some of them were the nicest people in the world. I remember Andy Williams was one of the nicest people I ever met. And I enjoyed talking to him a lot. I took care of Cher when she was just -- you know how she looks on stage. When she came in she looked like a college coed. She was very young. I think Sonny had hit her in the eye, actually. You don't have to put that in there. I forget now why. But I had to call him and get her excused. But some of them were -- actually, a lot of those people get the worst medical care. They latch onto the doctor and the doctor latches onto them and they just really get lousy care. And I ran across that several times.

**Were you ever worried or nervous about taking care of anybody?**

No. No, not really. I mean I just treated them like anybody else. I didn't make a habit of seeing them. I didn't particularly want to see them. But I ended up with a number of them like that. I've operated on some ophthalmologists. I was really more proud of that. Some ophthalmologists from back east came out when they needed cataract and they chose me to do it. So I really felt better about that.

**That's wonderful. What do you see in the future of eye care? Any other revolutions right around the corner?**

Well, it depends on a lot of different factors. The thing that drives change is money. I don't mean money to give to the doctors, but money to allow the people to pay for it. You know, you come up with all these things. And some of them, frankly, shouldn't be paid for because sometimes they aren't really advancement. They're just an excuse. But if you come up with something, it's nice that people can afford to have it done. You mentioned LASIK and I'm not in favor of paying for LASIK. But if insurance paid for LASIK, you can imagine you'd be doing ten times as many cases as you do now.

So a lot is going to happen if they put in a nationalized health care, which I'm pretty sure they're going to do, a universal insurance. That's going to increase the volume, and when you increase the volume, you know, more cases are going to be done and people are going to look for better ways of doing it.

**So that's a good thing?**

I think it's a good thing and it's a bad thing. It's a good thing in that without Medicare most of the advances that we have today wouldn't have happened. But, on the other hand, the cost goes out of sight and the government can't pay it. So what happened with Medicare was the first thing they do is cut the doctors' fees drastically. The year I retired we were getting paid 20 percent of what we charged in 1985 for a cataract. You know, you don't have any choice. Otherwise, they'd be broke right away or your premiums would be sky high. So there are pros and cons. But I think the more people that are taken care of -- it's going to be like Medicare -- they're going to come out of the woodwork. People that you never realized had conditions are going to find they do have them.

**Speaking of the way things are charged, do you recall what you used to charge when you first started in your practice?**

Yeah, I do. First of all, when I was in Chicago in '66, the last year I worked every Saturday in an ophthalmology office and I got paid half of what I collected. And all I did was check for glasses, do eye exams. And we charged \$20. And that was a high price. This is a high-priced practice I was working for. You've got to charge \$20 to do a refraction. So I spent two years in the army and came out here and asked the doctors what are you charging? Thirty-five dollars! I said that's astronomical, you know. Nah, he said, you've got to do it. So the first patient I had was Joe Gerschio.

**I know Joe Gerschio because I just did a jazz project.**

Yeah. You talk to Joe and remember this because I laugh about it until today. He comes in the office and I did an eye exam on him. I charged him \$35. And he leaves. And I'm so ridden with guilt -- I can't believe I charged this guy \$35. So I sent him a refund. I told him it was a mistake and I sent him a refund for ten dollars. Isn't that funny?

So I was charging less than anybody else. Nixon got in office. In the meantime, inflation was going up by leaps and bounds. But I hated to raise my fees. But other guys were getting 45, \$50. I'm charging 25. And then I'm all set to raise my fees and Nixon puts in price and wage supports -- price supports and I can't raise them for two years. I'm locked in at this ridiculous rate.

**Did any of the other ophthalmologists in town get mad at you?**

No. They didn't care. They thought I was stupid, which I was.

**Oh, my goodness. Can you give me the name of some of the colleagues that you most admire**



**that you've worked with? You mentioned Dr. Shearing and Jose.**

Jose Videll. Later on Dr. Simon was the first retinal surgeon that came to town. He came to town around 1980. And he was a superb addition to the community. And, of course, now they have a huge group of retinal people. They're all good. But Roger was great because no one did retinal cases in town. And so if we got one, we'd have to send them to San Francisco or L.A. or someplace. That was really great.

There were some young doctors. My anesthesiologist was a superb doctor, Dr. Leslie Sulper. He passed away two years ago. And he did some world important projects that he did here. He did some work on the potassium metabolism in anesthesia that I think is known throughout the United States. But so many of them are dead now. Most of the people that were practicing then are gone.

**So how many children did you raise?**

Three.

**Any of them go into the same field as you?**

No. None of them. My son's an attorney. He and his wife are both attorneys and live in Newport Beach. My oldest daughter went to Duke and then she got an MBA at Berkeley. She's vice president of an online reservation service called Open Tables. I don't know if you've ever heard of it. But you can get online and reserve a table somewhere. It's also an accounting system for the restaurants. And then my other daughter, she's a homemaker. Her husband owns a software computer-type service, entrepreneur over in Palo Alto.

**So what happened to your practice?**

Well, I retired. I have a ten-man practice and I sold it to them over a number of years. So when I was 70, which was two years ago, I retired. They're carrying on. They've got three eye centers.

**Do they still call it Shepherd?**

Yes. We have one where we have our own surgery center. So we do all our surgery there. And then a laser center at one and a third one in Green Valley.

**And it's just located here in Nevada. Any of them outside of the state?**

No. There's a Shepherd Eye Center over in Santa Maria -- he's a friend of mine -- but we're not related at all.

**So you retired two years ago. Before I turn down the recorder, you said something about receiving a degree recently.**

Yeah. As soon as I retired -- I've always been interested in history, particularly military history. And I found an advertisement in a journal, a military history journal about an online course in Vermont. So I checked it out. It's a good little university. So I signed up for it. It took a year and a half and I finished in June.

**And you received?**

I got a master of arts in military history.

**So what are you going to do with the next 20-something years of your life?**

Just kick back I think. I don't know what I'll do. I've built a ship model up here. I like to do things with my hands like I liked to do surgery. I've joined the Historical Society. So I've considered, you know, maybe giving a talk at this OSHA institute or something here or I've thought about giving talks on cruise ships, which would be nice. But the thought of coming up with another PowerPoint presentation -- it's something I always farmed out to my staff although they'd still do it for me I know. But I just hated doing that. So I said here's my talk and they'd come up with it.

**So do you still dabble in any way or keep up with eye --**

I don't. I don't own any part of it. I loved it till the day I quit. I really thought I'd miss surgery because that's all I really did. I'd cut out routine exams. I just did surgical cases for the last several years. But I really didn't miss it. I got enrolled in this history course and I was really fascinated with that and a lot of writing. And I enjoy writing, but I didn't -- you know, I was still using the old Q and A word processor or system on DOS. I mean that's how old it is. So I had to learn Word here, which was great. And I had to brush up on the Internet skills. And that was really terrific.

**Good for you. Very good.**

I enjoyed that.

**And are you happy that you made the move to Las Vegas?**

Oh, yeah. I really am. You know, I was unhappy the first year. When I first moved here this town was really ugly. And the desert still is the ugliest desert in the southwest. You can go

anywhere else -- you go to Red Rock and it's nice. But right around here, you know, it looks like -- a nurse used to say it looks like 30 miles of kitty litter. And I miss seeing trees. But my wife loved it from day one. She just loved it. After the first year I'd go back to Illinois for a meeting and Illinois would look colder than I remember it and then it looked better back here. After about two or three years I thought, you know, I really love it back here. And I do. I have a home in Sun Valley, Idaho. We live up there about four months a year in the summer. But I would never leave here. It's still a great place.

**Well, thank you very much. Is there anything that I haven't covered that you'd like to share?**

No, not that I can think of.

**Anything that I forgot to mention?**

You know what I might do is give you my CV. It's got things listed on it.

**That would be great. You know what else I would like? Do you happen to have any paperwork on the Operation Cataract? Any of the things that you've done like that would be terrific for the file.**

Yeah. I can probably find some stuff on that. Orbis and things like that.

**Yeah. I would like that. That would be great. Well, thank you very much, Dr. Shepherd.**

**This was terrific.**

Well, you're welcome.

**One last story.**

I didn't know anything about the geography of Nevada. I knew where Reno was, but that was it. So after we were in town -- I don't know, about a couple of years, a guy comes in. He says you need an ad in the Yellow Pages so people can find you. So I said yeah. I knew that after the problem I had that was a good idea. And he said, now, do you want this listed in Henderson? I said yeah, list me in Henderson. And he said we can also put one in Elko. I said, oh, okay, good. I had no idea where Elko was. So I put that in there. And the bill comes through every year and we pay it, pay it. Maybe ten years go by. And my wife and I are up in Idaho. When we drive back we ended up going through Elko and spending the night. So I said I wonder if there are any ophthalmologists in town. So I look in the phone book and there's my name.

**You're the only one.**

Only one. Jeez, I can't believe it. It's like 400, 500 miles from here. I never saw a patient from Elko except for that Operation Cataract thing. So I got back and canceled that.

And about a year later or maybe it was that year they got a new ophthalmologist in Elko. He went all over the state meeting people, so he came in to see me. And he said I see that you're listed in the Elko phone book. And I thought, well, I'm going to jerk his chain a little bit. I said yeah. He said do you get many patients from there? I said, oh, God, we're just swamped. We get cataract patients all the time from Elko. And he just turned white as a sheet. And I said, no, I'm just joking. I've never seen a patient from Elko. It was sort of weird that I was paying for that all that time.

**And never got a patient. That's great.**