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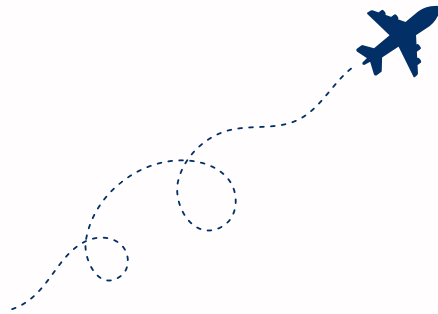
UNIVERSITY

Keeping my options open for a career in medicine, I took the required pre-med courses as an undergraduate at Amherst College. However, I consciously sought to explore other vocational options, majoring in English with a concentration in film studies/production. Ultimately, a life-changing trip to Haiti as a medical volunteer with my father, a general surgeon, encouraged me to apply to medical school.



HIGH SCHOOL

At Berwick Academy in South Berwick, Maine, while enjoying the breadth of education that a small prep school can provide, I found particular interest and aptitude in the sciences, earning the Biology Award and the Rensselaer Medal.



MEDICAL SCHOOL

I always knew I wanted to work with my hands, and I had great exposure to ophthalmology at McGill during a required 2-week rotation as a second-year med student. There, I had the chance to learn the basics of the slit lamp examination and indirect ophthalmoscopy. The world that these microscopes revealed to me was instantly fascinating. I remember being floored that I could see individual red blood cells as they coursed through small capillaries in the conjunctiva! When I scrubbed in for microsurgeries, I realized how fascinating they are, and it was really this exposure that compelled me to



pursue an ophthalmology residency.

RESIDENCY

During my first year of ophthalmology residency, I was exhilarated by how much the eye exam could reveal about disease processes going on elsewhere in the body. I loved rotating in internal medicine and wasn't ready to stop utilizing my knowledge about the rest of the body. I soon discovered uveitis, a subspecialty that emphasizes the connection between the eye and the body. Despite uveitis being a niche field, I was pleased to find that it intersects and dovetails with almost every other subspecialty within ophthalmology requiring me to maintain a strong foundation of knowledge and expertise in all aspects of comprehensive ophthalmology.

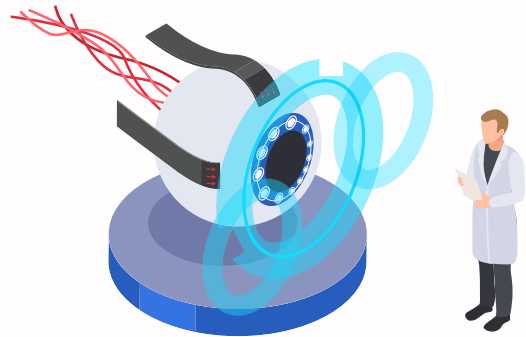


MEDICAL VOLUNTEER

In my final year of ophthalmology residency, my wife received a public health fellowship opportunity that would take her to rural southern India for the coming year. Fortunately, in the same small town that my wife would be located, Gudalur, Tamil Nadu, a solo ophthalmologist was running a non-profit eye hospital, providing clinical and surgical eye care to underserved populations in the surrounding areas and states. I was able to volunteer with him, Samuel Paul, MBBS, for 6 months, learning the fine art of manual small-incision cataract surgery and the provision of high-level eye care in a resource-limited setting.

FELLOWSHIP

Uveitis has very few training programs, and I had the privilege to train at Casey Eye Institute in Portland, Oregon, with Eric Suhler, MD, MPH, Justine Smith, MBBS, PHD, and Jim Rosenbaum, MD. As a practicing rheumatologist, whose serendipitous discovery of experimental autoimmune uveitis (EAU)-- the first animal model for the study of intraocular inflammation--paved the way for a storied career in ophthalmology and basic science uveitis research, Dr. Rosenbaum provided a unique perspective and knowledge base at the intersection of rheumatology and ophthalmology.



JOBS

Working at a large academic eye center (Wilmer Eye Institute at Johns Hopkins) for the first three years of my career was invaluable. You learn a lot during fellowship, but it doesn't stop there. Having the opportunity to interact with brilliant colleagues in a collaborative environment really helped me continue that learning process at this critical early-career phase. In 2014, as my wife and I anticipated the arrival of our second daughter, we sought job opportunities in Boston to be closer to family. Currently, I am Chief of Ophthalmology at the VA in Boston and work part time at the Massachusetts Eye and Ear Infirmary.