COMMENT





Jack J. Kanski (1939–2019)—the prominent educator in ophthalmology

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Jacek Kanski is mostly remembered by his many textbooks, including Clinical Ophthalmology, known as the Ophthalmological Bible, many of them are still in use by thousands of doctors around the world., He passed away at home on the 5th of January 2019, aged 79 due to cancer. We believe that some biographical and professional aspects of his life are so interesting that they deserve to be delivered in the form of this article.

Jacek Kanski, born in Warsaw, Poland on August the 5th in 1939, was emotionally connected with his homeland during the whole of his life. His father, Jerzy Jordan Kanski, head of the defence forces of Marshal of Poland Edward Rydz-Śmigły, left Poland in September 1939, accompanying the Marshal during the evacuation of the government to Romania. During World War II he served in general Anders' army. Jacek J. Kanski spent the war with his mother-Adela Jozefa (Wroblewska) Kanski in Warsaw, and later in Siewierz, near Sosnowiec, Poland. When the war was over in 1946, he and his mother left Poland across the green border and found themselves in Great Britain. There, finally, the family was reunited. On the 3rd of September 1976 he married the love of his life, Valerie Ann Shannan, who accompanied him through his whole life. The couple did not have any children.

Jacek J. Kanski completed his medical education with two Bachelor's degrees in medicine and Science graduating from London Hospital Medical School in England in 1963. He received his doctorate from the University of London. He worked as a House Officer in London Hospital from 1963 to 1964; as a Senior House Officer in Western Ophthalmic Hospital in London during 1965; as a Registrar in Westminster Hospital in London from 1965 till 1966. Afterwards, he completed an internship at Moorfield's Eye Hospital between 1966 and 1970. From 1970 till 1973 he worked as a Senior Registrar in London Hospital. Next, in the years 1974–2000, Dr. Kanski worked as Consultant Surgeon at the Prince Charles Eye Unit in King Edward VII's Hospital in Windsor. After retiring he still served there as an honorary consultant. Thanks to him, the ophthalmology department in Windsor became a famous training place for young ophthalmologists, also from Poland.

During his many years of devoted work, he created a themed-specified system of care for ophthalmological paediatric patients, suffering from idiopathic juvenile arthritis. He focused on ocular problems of those children. He examined the topic with special care and devotion, working on the best solutions for those complexed cases. Worth mentioning is the fact that Dr. Kanski did not finish any paediatric oriented fellowship during his official medical education. He carefully examined the topic by himself, creating a multidisciplinary team focused on the development of successful protocols of treatment. In 2013, World Society of Paediatric Ophthalmology and Strabismus established the new award called the Kanski Medal. It is given every year to an exceptional physician, whose work is focused on the care of children with ocular disease, but who did not receive a training in paediatric ophthalmology. This was to honour the fact that Dr. Kanski himself contributed in a great way to the ocular care of children, especially with idiopathic juvenile arthritis, but was not a paediatric ophthalmologist by training.

Most of the scientific papers by Jack Kanski were dedicated to different aspects of uveitis in children. During the years between 1975 and 1983 he examined 346 patients with uveitis under the age of 16, and many of them he subsequently treated. This vast experience allowed him to publish papers describing the types of uveitis associated

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with systemic disorder in children, characterise the susceptibility of some children to intraocular inflammation and discuss the management of vision-threatening complications [1-4]. The most common systemic association was juvenile chronic arthritis (277 patients), moreover, juvenile ankylosing spondylitis, juvenile psoriatic arthritis, Reiter's disease, sarcoidosis, Bechet's disease and Vogt-Koyanagi-Harada syndrome. A large group of patients observed with juvenile chronic arthritis provided a firm basis for statistical evaluation and allowed the assessment of characteristic features and risk of uveitis in pauciarticular onset, polyarticular onset and systemic onset of the disease. Along with the definition of the importance of antinuclear antibody testing and the necessity for such patients to have ophthalmological supervision monthly for at least 5 years after the onset of pauciarticular disease [1], his contribution created a milestone in the care of this group of children. In most of the cases, chronic anterior uveitis was controlled with topical steroids. Nowadays, the effectiveness of modern treatment with immunosuppressive and immunomodulating improves prognosis, but the essential rule remains the same: early diagnosis and regular examination. Another important observation of Dr. Kanski was the superiority of lensectomy over needling or extracapsular extraction of secondary cataract in these children [1-3]. The paper [3]describes disappointing results of conventional filtration surgery for secondary glaucoma in children, pointing out possible reasons: increased thickness and more rapid healing of Tenon's layer, which quickly obstructs the sclerectomy site and persistent intraocular inflammation causing scarring of the fistula. Even now, with the intraoperative use of antimetabolites, the success rate of antiglaucomatous surgery in uveitic eyes is low. Dr. Kanski worked on alternative surgical procedures for the management of inflammatory childhood glaucoma. He published the results of modified goniotomy-trabeculodialisys, as a safe and relatively easy procedure, which could be combined with lensectomy in eyes with secondary cataract and secondary glaucoma [5].

He investigated the safety and effectiveness of posterior sub-Tenon's triamcinolone injections as an alternative to systemic treatment in posterior and intermediate uveitis. His observations were published as the first report in this subject in the United Kingdom [6]. In retrospective work evaluating baseline risk factors predicting the severity of chronic anterior uveitis in early childhood, authors emphasised the importance of cooperation between paediatric rheumatologists and ophthalmologists in reducing the severity of uveitis complications by early diagnosis of juvenile chronic arthritis, early referral for slit lamp examination and the administration of systemic immunosuppression in high risk patients [7].

As a keen surgeon, Dr. Kanski published many scientific papers regarding retinal detachment procedures [8–18]. He

noticed the association between the risk of retinal detachment after congenital cataract surgery with vitreous changes related to cataract needling [8]. He claimed the necessity for more sophisticated methods of treating congenital cataracts, e.g. lens aspiration using the microscope [8] or lensectomy [9]. Before the era of vitrectomy, he studied intravitreal silicone injections in retinal detachment. He reported the results obtained with liquid silicone alone or in conjunction with a scleral buckling procedure in eyes with massive vitreous retraction [10]. He emphasised, that silicon oil acts by freeing adhesions between vitreous membranes and the retina, and by tamponading the retina against choroid. This form of treatment was first used in Moorfield's Eye Hospital in 1964. Analysing the results of 36 procedures performed in 9 years, Dr. Kanski reported anatomical improvement in 50% of eyes and marginal improvement in visual function [10]. In another paper, he described the low effectiveness of intravitreal hyaluronic acid injections in persistent retinal detachments [11]. His clinical experience leads to the analysis of risk factors for retinal detachment and the classification of peripheral retinal degenerations [19]. His works were also connected with pharmacologic agents: antibiotics, miotics, osmotic agents, carbonic anhydrase inhibitors [20-23] and with the use of subconjunctival antibiotic injections in the prevention of intraocular infections after intraocular surgery [24–26].

Dr. Kanski started collecting a series of interesting cases with full documentation and graphic presentation during his residency. They were later used as the inspiration for his famous textbooks. With great help from his wife, Valerie, he recorded audiocassettes with lectures, which later became the basis for his first edition of the "Ophthalmological Bible"— *Clinical Ophthalmology* published in 1984. Repeatedly reprinted and updated by the author, it remains the source of knowledge for young doctors, who chose ophthalmology as their specialisation. It stands out as an exemplary medical book, written clearly and perspicuously, completed with an impressive collection of excellent pictures and illustrations.

Besides publishing the essence of ophthalmology in one book—*Clinical Ophthalmology*, Dr. Kanski has released many other important titles, such as *Ophthalmology in Focus* (2005), *Synopsis of Clinical Ophthalmology* (2012), *Ophthalmology: Picture Tests* (1997), *Clinical Ophthalmology: Systemic Approach* (2007), *Glaucoma*—A Colour Manual of Diagnosis and Treatment and Systemic Diseases and the eye (2001).

During his free time, he studied, with great pleasure, the history of Poland and Europe. The fruit of these interests is testified by the following books he authored: *History of Poland: a concise outline, Giants of European History, and Military Commanders of World War Two.*

Although he spent most of his adult life happily settled in Great Britain, Kanski never forgot his Polish roots. Therefore,

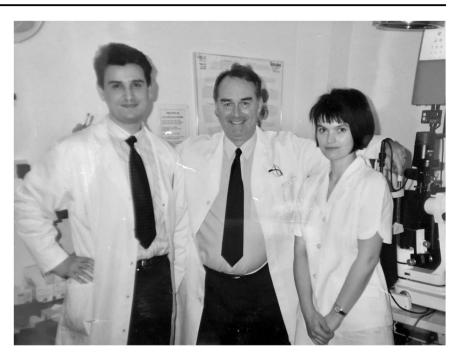


Fig. 2 Dr. Jack Kanski during the premiere of Eye diseases in children and book signing, Wrocław, October 2001.



Fig. 3 Dr. Jack Kanski and Prof. George Spaeth, IV Polish Glaucoma Symposium, Wrocław, 2004.



he often visited his fatherland, participated in conferences and symposia, founded scholarships for young ophthalmologists and initiated the co-creation of textbooks with Polish authors (Figs. 1 and 2). He actively tried to support the education development of young Polish ophthalmologists, therefore many of them had a chance to participate in the clinical fellowships at Dr. Kanski's workplace (Fig. 3). It was uniquely important to all the young polish ophthalmologists, especially after the fall of communism in Poland, when travelling and studying abroad was extremely rare. It gave them the chance to have a peak of the western method of treatment. Polish ophthalmology certainly owes him a lot.

But due to his great textbooks he contributed significantly to ophthalmology education worldwide and should be remembered as a man who cared much about sharing of knowledge.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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