Sydney Eye Hospital

LENNOX PRICE

From Sydney Eye Hospital, Sir John Young Crescent, Woolloomooloo 2011, New South Wales, Australia

SUMMARY This year, 1982, marks the centenary of the Sydney Eye Hospital, originally the ophthalmic department of the old Sydney Infirmary, which was founded with the settlement of the Colony in 1788. Established in 1882, the hospital was transferred to its present site 60 years ago, and it still provides ward accommodation. After alternating periods of stagnation and progress the new hospital (stage 1) was completed in 1974, with modern clinic and research facilities. It is now the largest eye hospital in the southern hemisphere and is a first-class referral centre with an annual attendance of 75 000. The Department of Ophthalmology, University of Sydney, is based at the hospital, providing undergraduate instruction and a comprehensive postgraduate training programme for Australian ophthalmologists and others in more distant continents.

This year the Sydney Eye Hospital celebrates its centenary. The early history of the hospital is closely linked to that of its parent institution, the old Sydney Infirmary, which was founded by Governor Philip, who set foot on the shores of Sydney Cove on 26 January 1788, and proceeded to establish a convict settlement 'in the reign of his most sacred majesty George the Third' (Fig. 1).

By 1796 the Sydney Infirmary was housed in a series of one-storeyed buildings surrounded by rough picket fences (Fig. 2), and it so remained until 1816, during the governorship of Lachlan Macquarie, when a move was made to a new site in Macquarie Street. In 1877 the buildings on that site were demolished and replaced by the present Sydney Hospital, which was officially opened in 1894.

First eye department

In 1877 the Board of the Sydney Infirmary decided to establish a separate ophthalmic department, and this concept was realised in 1882 when the ophthalmic branch of the hospital was opened in Moorcliff on the harbour foreshore close to the original site (Fig. 3). This was but 2 years after the foundation of the Ophthalmological Society of the United Kingdom by Sir William Bowman. The first eye department was most successful, 'being a great boon to the poor afflicted with diseases of the eye . . . its good reputation has attracted patients from all parts of

New South Wales and even neighbouring colonies' (Sydney Hospital Annual Report, 1877). Forty years later (1922) the population of Sydney had increased to over three-quarters of a million. The original buildings of the Eye Hospital had become dilapidated, and the board determined that it should be moved to a fresh site a short distance across parkland adjoining the main hospital.

The building selected was a solid 4-storeyed stone edifice (built in 1885) with a colourful history. Being at first a coffee palace, then a private hotel, it is believed it later achieved notoriety as a 'house of

*The Foundation Stone
of this Building
Was LAID by the Projector
His Excellency
LACHLAN MACQUARIE ESQ.
Governor in Chief
of the British Territories in
NEW SOUTH WALES
in the Fiftysecond Year of the Reign
OF HIS
MOST SACRED MAJESTY
GEORGE III
October 30th AD. 1811.*

Fig. 1 Inscription on the foundation stone of the old Sydney Hospital.

Fig. 2 *The first Sydney Hospital, 1796.*

ill-fame.' The building was altered and converted to an ophthalmic hospital in 1922 (Fig. 4). It has thus remained practically unchanged for 60 years, providing ward accommodation in conditions which can at best be described as substandard. Despite this the medical and nursing staffs have continued to give loyal service at a first-class level.

In its first 40 years the clinical practice of the hospital underwent considerable changes. In 1890 patients suffering from trachoma represented 37% of the total, dropping to only 7% in 1930. During the

same period the figures for cataract increased from 14% to 36% of the total. It is interesting to note that at the turn of the century operations for trachoma and its sequelae were 17% of the total number of operations as compared with only 2% for British hospitals in the same era.¹ The trachoma patients would remain in the hospital for months on end, and some were actually employed there while undergoing treatment. Forty-five years ago (1937), when the writer was the sole registrar, cases of active trachoma were treated by anaesthetising the tarsal plates with

Fig. 3 *Sydney Eye Hospital (Moorcliff), 1882.*

Fig. 4 Sydney Eye Hospital, 1922.

solid cocaine and crushing the follicles with roller-forceps, followed by rubbing with a blue-stone stick or silver-nitrate pencil. This treatment, barbarous as it may sound, appeared effectively to prevent some of the blinding complications of the disease. Patients suffering from acute iritis and congestive glaucoma had their pain partially relieved by live leeches applied to the outer orbital margins. The leeches would bite, suck blood until engorged, and then release their hold, leaving a gory field in their wake. A side effect was the lucrative trade plied by small boys who would arrive at the hospital clutching jars of leeches caught in the neighbouring swamp-land.

As with all old institutions there have been many anecdotes relating to some of the colourful personalities who served the hospital in bygone days. One such person was a matron of yesteryear (Sister M), known unofficially as 'Auntie'. Being something of a martinet she managed the wards and theatre almost single-handed with the assistance of a small number of trainee nurses from the main hospital. Going off duty, it was her custom to leave the theatre securely locked, but one evening there was considerable con-

sternation when a patient was admitted needing urgent surgery. The night porter solved the problem by whispering to the surgeon, 'Sister M has gone out, Sir, and has taken the key with her, but if the matter is really urgent you can find it under her pillow.'

In a more serious vein, it is of historical interest to record that the fine nursing tradition of Sydney Hospital and Sydney Eye Hospital dates from 1869, when the first matron (Miss Lucy Osburn) and 5 nurses trained by Florence Nightingale arrived from St Thomas's Hospital, London. The nurses were subsequently in residence in the Nightingale Wing (the first nursing school in Australia) constructed to a design approved by the lady herself (Fig. 5).

Unique identity

Thus the Sydney Eye Hospital, perhaps through its geographical location, but certainly through the quality of its services, developed a unique identity and role in the eyes of the community and the medical profession. In 1922, the first year on the site, 3000 attendances were registered at the casualty department. This figure had doubled by the year 1930, with continuing increases to 75 000 in 1981. The present figure has to be seen in the context of a city population of only 3½ millions, and a State population of 5 millions.

The 40 years from 1933 to 1962 saw worldwide epoch-making advances in ophthalmology. Towards the end of this period the Sydney Hospital board and the consultant staff of the Eye Hospital realised that it was essential to expand their hospital and to follow

Fig. 5 Sydney Hospital Nightingale Wing, circa 1900.

Fig. 6 Sydney Eye Hospital, 1974.

the pattern of overseas countries by the establishment of special units requiring both sophisticated equipment and expertise.

Accordingly in 1963, owing to the initiative and tenacity of the senior surgeon (and his successor) a public meeting was held in the Sydney Town Hall presided over by the lord mayor and in the presence of the governor, following which a public appeal was launched with a magnificent response. A frustrating delay ensued for several years while factions wrangled over the most suitable location for the new hospital. Finally in 1970 the State Government generously stepped in and made a matching grant. This, together with monies for the housing of the university department, was sufficient to allow stage 1 of the new hospital to be started on the existing site, but the building did not include the renewal of inpatient facilities. The stage 1 came to reality in 1974, when new building consisted of 3 storeys and a service basement (Fig. 6). The ground floor contains the administrative offices and 12 consulting rooms for casualty and the general clinics, together with facilities for minor surgery, a pharmacy, an optical dispensary, and orthoptic department. On the first floor special clinics are located, with equipment for all sophisticated procedures. Teaching facilities on this floor include a lecture hall (seating 90), fully equipped for projection, and a seminar room with closed-circuit television. On the same floor the University of Sydney's Department of Clinical Ophthalmology and Eye Health is located together with a well-stocked library staffed by a trained librarian. On the second floor is the theatre block, laser, anaesthetic, and recovery rooms, pathology and research laboratories, electron microscope, and eye-bank service. The third floor has a fully equipped animal laboratory.

Stage II is to comprise a 14-storey tower block, and

it is envisaged that when this is built it will provide new ward accommodation and expand the facilities for special clinics and the university department. With this objective the Sydney Eye Hospital Foundation has been formed and an appeal launched.

The Health Commission report on planning for the development of ophthalmic services in the State of New South Wales indicated that more than half of the complicated eye surgery in the State was carried out at the Sydney Eye Hospital, including two-thirds of the retinal detachment surgery and two-thirds of the corneal surgery. Special clinics have developed for diabetic retinopathy, retinal dystrophy, retinal and vitreoretinal surgery, cornea, orbit, and plastic surgery, uveitis, neuro-ophthalmology, and low vision. The hospital has the additional rotation of general resident medical officers assisting in the care of inpatients together with appointments to the staff of specialists in endocrinology, neurology, and immunology.

The Eye Hospital is a centre for training of nurses for the ophthalmic nurses diploma, and is involved in programmes of preventive eye care and rehabilitation of the visually disabled.

Teaching and research

It is one of the teaching hospitals of the University of Sydney, and in 1964 a chair in clinical ophthalmology and eye health was endowed by a magnificent benefaction from an anonymous donor in the commercial community. The department was at first administered by part-time directors (members of the consultant staff), who rendered important service to undergraduate and postgraduate teaching in addition to excellent contributions to clinical ophthalmology. A full-time foundation professor was appointed in

1977. The university department is responsible for providing undergraduate instruction at all the teaching hospitals within the University of Sydney, and it co-ordinates registrar training in ophthalmology in association with the Registrar Training Committee of Sydney Eye Hospital. Currently 19 registrars are co-ordinated in a programme that involves rotation to other hospitals, both teaching and peripheral. In addition the rotations include centres as far flung as Darwin and Alice Springs in the Northern Territory.

The department also has a programme of basic research supported by national funding and continues to establish close ties with other areas in Sydney concerned with basic research in vision.

The staff of the University Department is closely integrated with the staff of the Sydney Eye Hospital. The university has access to the research laboratories and all other hospital facilities. In return the university department is available to the staff of the hospital both for research and for patient management, including the special investigation techniques of clinical photography, fluorescein angiography, electrophysiology, and ultrasonography.

The University of Sydney favoured the physical location of the Department of Ophthalmology at Sydney Eye Hospital because of the unique clinical load which formed an appropriate base for such a department, and this decision has set the seal on the

hospital as a major teaching centre. Being the largest eye hospital in the southern hemisphere it serves the whole of New South Wales, receiving complicated cases from other institutions and practising ophthalmologists. It has become a State resource, an important focal point for the continuing education of ophthalmologists in New South Wales, and is a recognised training centre for young ophthalmologists from all Australian states and from other countries including India, Africa, South-east Asia, America, and Britain.

The history of the first century of Sydney Eye Hospital thus parallels that of other similar institutions—a gradual growth, sometimes painfully slow, yet with a progressive onward march. It is hoped that the achievements of the past will inspire those who now labour as they advance to meet the exciting challenges of the future.

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