Eye hospitals

The origin of eye hospitals

V J Marmion

Visual recovery in the early 19th century after surgery was no mirage—the benefit was a reality and was sustained

The word “eye” has its origin in Anglo-Saxon, probably from the Baltic languages, with the Friesian “oie” the closest precursor. In Middle English it is variously spelt as ighe, eghe, eigne, and eie. It is not surprising that there is a town of Eye in Suffolk, and that eye hospitals are an Anglo-Saxon phenomenon. Their origin in the early part of the 19th century had been preceded by the recognition of the surgeon oculist as a separate entity on the 18th century medical register. After the inception of eye hospitals ophthalmology was accepted as an individual specialty.

The earliest blind asylums in Europe coincided with the crusades, in Germany at Meiningen (1173) and in France the Quinze Vingts (1266). The latter was specifically founded to treat the blind. Among the early provincial eye hospitals were slow to change. Reports such as that by Sharp (1753) to the Royal Society and the monograph by Borthwick (1794) affirm the widespread interest of these developments among practising surgeons.

Cataract

Reports from provincial eye hospitals gave clear evidence of an increasing number of operations for cataracts, artificial pupil and cataract, their acceptance by patients, and provide clear evidence of the benefit and failures—the latter were few. Detailed examination of the reports of the hospitals at Exeter, Bath, Plymouth, Manchester, and both the Bristol Eye Hospital (1810) and the Bristol Eye Dispensary (1812) shows clearly that the remedial form of blindness which attracted most attention was cataract. Bisseau, between 1704 and 1710 using couching instruments taken from an itinerant English oculist, through a number of experiments demonstrated as untenable the Galenic concept that the seat of vision was in the lens. He also demonstrated that cataract could be caused by cannon blast and that soldiers could be returned to duty following successful treatment. The next major advance was a more anterior approach to cataract removal by Daviel (1752). This received general acceptance though old practices were slow to change. Reports such as that by Sharp (1753) to the Royal Society and the monograph by Borthwick (1794) affirm the widespread interest of these developments among practising surgeons.

Cataract and its ensuing blindness became a remedial problem. It is not surprising that a significant amount of military cataract was dealt with at Greenwich, Cork Street, Kilmainham, and Selsey. There was controversy between Vetch and Adams over surgical procedures and their results, which required the intervention of the Prince Regent. Saunders’s work coupled with the reports of the provincial eye hospitals indicate a higher incidence of cataract among children than would be anticipated at present. Prescription of spectacles for aphakic correction had been established in the 18th century. All of these advances, in conjunction with predictable surgical outcome, laid the basis for blind asylums to develop into blind schools following the establishment of eye hospitals. The number of cases seen and the range of disease at any centre would have presented difficulties with accommodation in the general hospitals from which most of
the founding surgeons originated. The position in London differed socially as Saunders, Farre, and Battley discovered when founding Moorfields.

Eye hospitals had firmly established their base in society by the time of the 1861 census report. They were not without their critics. The presidents of the royal colleges supported by an editorial, and later an ophthalmologist, maintained that no part of the body should be dealt with in isolation. While the president of the Royal Society, Sir Benjamin Brodie, signed this letter, he independently suggested that eye hospitals should continue their separate existence. This many have continued to do, with distinction, over nearly 200 years. Their success, as judged by relief of blindness, lay with the acceptance of operations to form an artificial pupil and correction of ectropion, but more so with the advances in cataract surgery.


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