

WHITHER OPHTHALMOLOGY ?*

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I have chosen as the title of this paper 'Whither ophthalmology?', because I feel that we have reached a stage here in Johannesburg, and possibly in other centres of the Union, where some reorganization is necessary if we are to face the future with a definite plan.

This facet of medicine, although only concerning a small part of the body, has become so vast that it is impossible for anyone to be expert in all its ramifications, and has led to what one might call 'specialists within a specialty'. It has therefore become advisable for these 'specialists' to practise as a team, and I am of the opinion, and I know that many of you are too, that the best way in which such an effort could be organized is by having a central eye hospital. Thus the ophthalmologists who are already concerning themselves with one particular branch of this specialty could unite their efforts. This hospital should have at its head an ophthalmologist-director.

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A teaching school should be established, where first of all the general practitioner of ophthalmology could be trained to give a service to the people in the outlying districts which they are not getting now, nor will get in the foreseeable future, unless some plan is made to increase the number of ophthalmologists.

Before starting on such a hospital, one has, of course, to consider what accommodation would be required. At the moment about 30 beds are being occupied at the General Hospital, approximately 10-15 at the Childrens' Hospital, and about 50 beds in nursing homes. Therefore, a hospital having about 100 beds would probably be a minimum requirement, with provision for extension at any time. It would, of course, cater for patients of all income brackets. Apart from the bed accommodation, many other departments would have to be accommodated, such as:

1. A *detachment unit*, where all detachments could be referred for further investigation and adequate treatment. It is obvious that a doctor treating detachments daily would be more expert than one who only occasionally saw and treated

such cases. There should be proper equipment to investigate, treat, and record, so that the types and results could be classified.

2. A *glaucoma section*, where the different varieties could be thoroughly investigated, treated, and again recorded for research and teaching purposes, the equipment to include all methods of investigation, i.e. tonometers of all types, field charting apparatus, gonioscopes, etc.

3. A *uveitis clinic*. No one, as yet, has discovered the true aetiology of uveitis, and as there is considerable material in South Africa for research purposes, I should like to see such a clinic set up. It is certain that without facilities for investigation we shall never even have a chance of being the first to discover the cause.

4. A *genetic department*, where all hereditary conditions could be investigated and recorded. In order to investigate, a trained social worker would be necessary to trace the family connections of any such cases, and arrange for them to attend for examination and recording. This department should also be in touch with any similar organization in the General Hospital. Electoretinography could be included in this section.

5. A *squint department*, where all cases could be investigated and treated. Here an *orthoptic department* would be essential, and a close touch would be kept with the genetic department.

6. A *grafting department*, where all the necessary tissues could be kept in the bank and thorough research be carried out on methods of preserving. The tissues would be at the disposal of all departments.

7. A *traumatic department*, where all injured cases could be seen and dealt with at the earliest opportunity, this department to have its own theatre, which should be available 24 hours in the day.

8. A *general department*, where all cases not requiring the services of the special departments could be dealt with adequately and recorded. Refraction might be considered a separate part of this general department.

9. A *pathological department*, for all the necessary investigations. It might be more practical to maintain a close contact with the South African Institute for Medical Research, or a firm of clinical pathologists, one member of whom is especially interested in eye pathology.

10. A *photographic section*, with facilities for taking black and white, colour, and ciné pictures. This section should, of course, be in close touch with all the other sections.

11. *Theatres*. An eye hospital would require at least 4 theatres to fill the needs of all sections. There should also be a special theatre for the light coagulator.

12. A *general recording department*, where the records of all the cases could be maintained, and where, in addition, a pathological library could be kept, which would make it easy to turn up records of past cases. In this department a statis-

tician would be invaluable. In addition to all these sections, there should be a lecture hall for the demonstration of cases and for teaching, and where ophthalmologists could meet generally to discuss their difficulties.

We are very proud of our present reference library, for which we are indebted to Dr. A. Jokl, but I should like to see this housed at the proposed eye hospital. It would be a good suggestion to ask all ophthalmologists to contribute to a fund for the purpose of subscribing to journals and books which are not already available in this library.

Those are my general ideas. St. John's Hospital, which was intended for Europeans and non-Europeans, may have had such ideas in view, but it has not developed along these lines, mainly, I should think, because of its great distance from Johannesburg and its situation in the non-European area. It is now functioning for non-Europeans entirely and, as we all know, the follow-up of non-European cases is, in most instances, impossible. I have envisaged the establishment of a European hospital, which would facilitate research as well as cater for the needs of Europeans.

It may be argued that an organization of this nature could never function amicably, since the present trend is individualistic, but I am of the opinion that medical practice is slowly but surely becoming State-controlled, and we must make provision for this by planning such a hospital.

It will also be doubted whether funds could ever be raised to establish such an institution, but I think it would be worth placing these ideas, or similar ones, before the proper authority for, if our case is stated well enough, we might get a sympathetic hearing. Once the Provincial authorities could be brought to our way of thinking—that is, that such a hospital would be of tremendous help to the community—financial assistance might be forthcoming, not only from the Province, but from employers of labour, such as the railways, and mines and industry in general.

In most cities in Europe there are eye hospitals functioning as units, and from these have emanated some of the world's foremost authorities on ophthalmology. Even so, these European institutions lack many features which could add to research and teaching, if the different branches were more coordinated. In effect, I feel that we could learn from their experience and perhaps start where they have left off.

In these troubled times, this may appear to be a pipe-dream, but I feel that its need to the community, both European and non-European, is so great, that, if this country continues to thrive, such a plan will become essential and will be a source of great satisfaction to the whole populace and to the medical profession in particular. You will, of course, appreciate that the ideas I have placed before you are only my very tenuous thoughts on this subject, and if we ever see a possibility of such a hospital materializing I know that among us we will have many more, different and better suggestions.