



**The Royal Victorian  
Eye & Ear Hospital**  
caring in every sense



**The Eye and Ear through the decades 1863–2013**  
150 years of caring in every sense



# Foreword

## Message from the Minister for Health



For 150 years, the Royal Victorian Eye and Ear Hospital has consistently provided the highest possible standards of patient care to the Victorian community and it is my pleasure to acknowledge and celebrate this significant milestone in the hospital's history.

It is often said that we cannot know where we are going until we understand where we have been, and it is only in looking back at the rich and changing history of this remarkable hospital that we begin to understand its place in the Victorian community today.

In addition to the tremendous strides we have taken as a nation with medicine and health care, the Eye and Ear has been at the forefront of research, teaching and innovative clinical care for 16 decades; each of these decades marking an important milestone of its own in the hospital's ongoing progress and growth.

As this publication clearly demonstrates, Victorians have benefited greatly from access to Australia's only specialist eye, ear, nose and throat hospital. From starting out with '£5 and one bed', today the Eye and Ear cares for over 250,000 patients a year.

It was my great pleasure recently to announce that the State government will be fully funding the hospital's redevelopment, in recognition of the hospital's contribution to our community and the need to maintain this momentum well into the future. I look forward to the next 150 years of innovation and service from this iconic Victorian institution.

**The Hon. David Davis**  
Victorian Minister for Health



# 1860s

## Australia's first specialist eye and ear hospital

When Dr Andrew Sexton Gray disembarked his ship at the end of an arduous five-month journey from Dublin in Ireland, the city of Melbourne was still reeling from the 1850s gold rush. Thousands of fortune hunters had poured into rural Victoria from all over the world, but by the time Dr Gray arrived, the gold had petered out. Unemployment levels were high and with miners and their families leaving the goldfields to find work in Melbourne, there were severe housing shortages and widespread poverty.

### A city of contrasts

A boom in the construction and manufacturing industries meant accidents among workers were common. Added to this, while running water was available there was no sewerage which led to a rapid spread of infectious diseases.

### Dr Andrew Sexton Gray

Dr Gray studied medicine, surgery and midwifery in Dublin and before his departure, worked for several years at Dublin's St Mark's Ophthalmic Hospital and Dispensary for Diseases of the Eye and Ear, founded by Dr William Wilde.

Initially working for several years as a general surgeon, Dr Gray moved to Melbourne in 1859 and began practice as a surgeon and oculist.

### Dr Gray's infirmary opens with '£5 and one bed'

Dr Gray encountered large numbers of poor people with serious conditions like trachoma, mastoiditis and penetrating eye injuries unable to pay for medical treatment. In 1863 he decided to open an infirmary for diseases of the eye and ear where patients paid what they could afford. He later stated that it was opened with '£5 and one bed' to the Royal Commission and the early hospital accounts show that he often paid for equipment or unmet expenses himself.

### Restoring sight in the 1860s

The infirmary was in high demand and the 1865 hospital records show that Dr Gray saw 2060 patients and had 60 inpatients that year. In contrast to today's quick surgical techniques, patients in the 1860s often had to undergo several operations and endure long recovery periods. This meant they could be in the hospital for up to a year.

Dr Ronald Lowe's 1985 article about Dr Gray states that he: 'recorded the details of a desperate blind bricklayer who had only one hopeful eye with a central cornea scar, total occlusion of the pupil by updrawn iris, and cataract. He obtained useful vision after four operations, which necessitated accommodation in hospital for five months'.

### Melbourne's third public hospital

By 1866, the number of patients was increasing and Dr Gray could no longer afford to subsidise the infirmary. With the help of a committee of management it became a public institution named the Melbourne Institution for Diseases of the Eye and Ear; one of only three public hospitals in Melbourne at the time. Dr Gray, however, remained the sole surgeon until 1870.



“Patients in the 1860s often had to undergo several operations and endure long recovery periods.”

### 1860

The city of Melbourne reaches its final form following the years of planning and building since 1835

### 1861

As a result of the goldrush that started in the 1850s Melbourne's population almost doubles to reach 140,000

### 1862

Herman Snellen develops the first eye chart to test visual acuity

### 1863

Irish-born surgeon Andrew Sexton Gray opens the first specialist eye and ear hospital in East Melbourne

### 1867

Joseph Lister develops antiseptic surgical methods and deaths from infection in hospital decrease dramatically



# 1870s

## A 'movable institution'

In 1870 the number of eye operations carried out by Dr Gray far exceeded the number of ear operations, as it does today at the Eye and Ear hospital. The institution's Fourth Annual Report published in 1871 states that 173 eye operations and 11 ear operations were carried out and the 19 types of eye operations included 49 for artificial pupil (due to penetrating eye injury), 26 for cataract and 26 for squint.

### Merging with a like-minded surgeon

That year the Melbourne Institution for Diseases of the Eye and Ear merged with a nearby institution founded in 1869 by Dr Aubrey Bowen. Dr Bowen who trained as an ophthalmologist in Birmingham, England had a similar experience to Dr Gray following his migration to Melbourne.

After opening his ophthalmology practice in Spring Street he was overwhelmed by the number of poor patients seeking eye and ear treatment and he wanted to help. Dr Bowen formed the Ophthalmic and Orthopodic Institution with orthopaedic surgeon, Dr EM James to provide free or low cost treatment.

However, it faced the same issues as Dr Gray's institution; lack of funding, lack of staff and lack of a permanent home. Joining forces seemed to be the best solution for the two institutions.

### Serving the Victorian community

The newly amalgamated organisation was initially called the Melbourne Eye and Ear Institution but on 29 July 1873, the name was changed to The Victorian Eye and Ear Hospital, to better reflect its status as a non-profit organisation. For several years the hospital was a 'movable institution', shifting from Albert Street to two different sites on Spring Street and even to Russell Street for a short period.

### The search for a permanent site

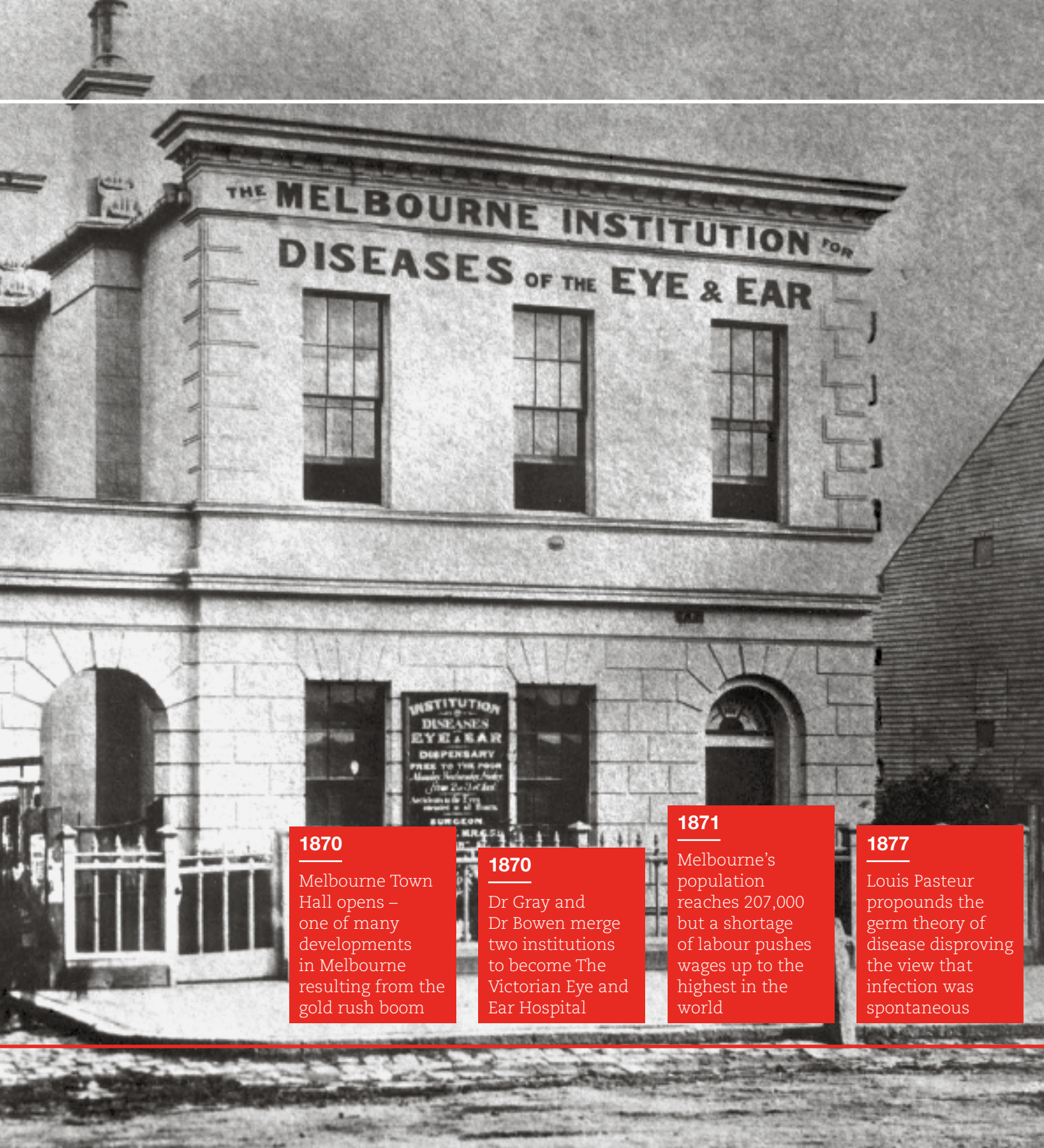
Now a larger organisation with three surgeons, a newly recruited matron called Harriet Wylie, ten inpatient beds and three outpatient clinics a week, the hospital's committee of management set up a Building Fund and intensified the search for a permanent site.

Melbourne's *The Argus* newspaper reported on the Annual General Meeting of The Victorian Eye and Ear Hospital on 6 February 1875. It said that despite 'a long series of efforts extending over more than seven years' to obtain a suitable site from the Government, the committee had concluded that a suitable site would have to be purchased.

### Early philanthropic support

*The Argus* also described how the hospital had raised nearly £1300 in the previous year through 'subscriptions', the term then used for annual donations from individuals, mercantile firms and corporate bodies. Despite this welcome funding, the hospital had been forced to take a loan from its Building Fund to meet increasing expenditure and the report remarks on the special efforts required to realise the dream of building a permanent home for the hospital.





### 1870

Melbourne Town Hall opens – one of many developments in Melbourne resulting from the gold rush boom

### 1870

Dr Gray and Dr Bowen merge two institutions to become The Victorian Eye and Ear Hospital

### 1871

Melbourne's population reaches 207,000 but a shortage of labour pushes wages up to the highest in the world

### 1877

Louis Pasteur propounds the germ theory of disease disproving the view that infection was spontaneous



# 1880s

## Settling into a permanent home

At the end of 1880, the hospital proudly announced that, over the past 14 years, its staff had treated a total of 265,000 outpatients and 2,015 inpatients from all over Australia. The hospital had a reputation throughout the colony, which prompted the famous Australian writer, Henry Lawson to travel from Sydney to consult with Dr Gray about his long-standing ear condition.

### Stage 1 of a purpose-built Eye and Ear hospital opens

In August 1881, The Victorian Eye and Ear Hospital opened on its current site – on the corner of Victoria Parade and what was then Brunswick Street, despite the fact that only a small part of the hospital had been built. After prolonged negotiations, the Government had granted a site to the hospital on what was known as the Eastern Hill Tank Reserve and £1500 towards building costs.

### Appeal to fund completion of the hospital

Appeals for donations from the public featured in *The Argus* newspaper during 1881 to raise the £3500 needed to complete the building. At this stage there were still only ten beds across two wards, an operating room, a kitchen



and bathrooms. By 1883, however, the building was completed with an outpatient department on the ground floor, wards and operating rooms on the first floor and bedrooms on the top floor for staff.

### New era as a teaching and training hospital

The role of the Eye and Ear as a teaching hospital was evident as early as 1882 when the hospital began admitting medical students. Senior medical staff still donated their time but the hospital entered a new era in 1886 when the first paid Resident Surgeon was appointed, Dr Augustus Leo Kenny who was later to feature prominently in Australian ophthalmology.

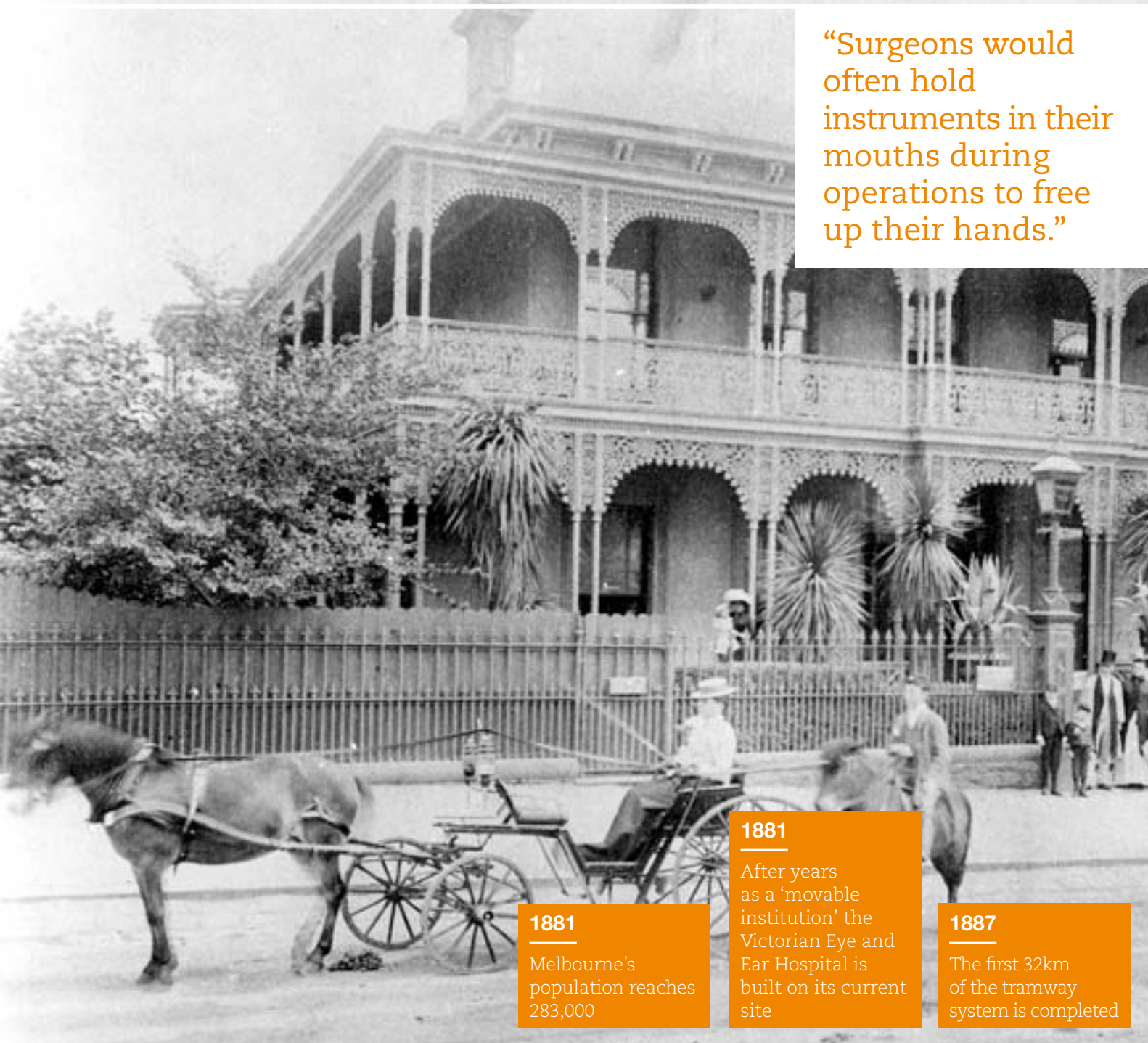
### Surgical techniques in the 1880s

In 1878, German scientist Robert Koch discovered that infection-causing microbes were not airborne as was previously thought, but transferred from one surface to another by contact. However, it was not common practice for surgeons to wash their hands, wear gloves or sterilise instruments until the 1890s. Until then, surgeons at the Eye and Ear would often hold instruments in their mouths during operations to free up their hands. And, William Orr recalls Dr Gray's 'unclean thumb' pressed against an eyeball during surgery when cataract removal techniques included applying pressure after making an incision to push the affected lens out.





“Surgeons would often hold instruments in their mouths during operations to free up their hands.”



**1881**

Melbourne's population reaches 283,000

**1881**

After years as a 'movable institution' the Victorian Eye and Ear Hospital is built on its current site

**1887**

The first 32km of the tramway system is completed





“Ethel Leslie succeeded Mrs Wylie as Matron in 1891, bringing with her a strict Victorian morality to the role.”



**1891**

Melbourne's population reaches 491,000

**1891**

A spectacular economic crash in Melbourne brings a period of boom to an abrupt end

**1894**

Melbourne streets are lit by electric lighting for the first time

**1895**

Discovery of X-ray technology by William Roentgen



# 1890s

## A period of expansion

Throughout the 1880s Melbourne had experienced a land boom that saw huge sums of money poured into opulent new office buildings and suburban estates. Development was spread along the expanding rail and tram lines that went out to Box Hill in the east; Northcote in the north; Footscray in the west; and Mentone in the south. Melbourne's population had more than doubled since the hospital's founder Dr Gray had migrated to Melbourne in 1858.

### Economic crash and recession

Melbourne's land boom era came to an abrupt end in 1891 with a spectacular economic crash. Banks and businesses failed, thousands of shareholders lost their money, tens of thousands became unemployed and Melbourne was in recession throughout the 1890s.



Hospital exterior

### Expansion into a new wing

With its dependence on charitable donations, the recession may have spelt trouble for the Eye and Ear but in 1893 Dr Aubrey Bowen died, after more than 20 years of dedicated service, leaving a large bequest to the hospital. A small portion of the bequest was used to build a new wing to complete the original architectural design of the hospital and provide two new wards with ten beds each, an operating theatre and extra accommodation for staff.

### Nursing in Australia

Ethel Leslie succeeded Mrs Wylie as Matron in 1891, bringing with her a strict Victorian morality to the role. In 1862 the Melbourne Lying-In Hospital had become the first institution in Australia to offer formal training to women employed to



Staff including Dr Andrew Sexton Gray, centre

nurse. By the 1890s training programs were widespread and nursing practice improved dramatically alongside advancements in surgical techniques, treatments and infection control.

### The first Ophthalmological Society

In 1899, the hospital's former Resident Surgeon, Dr Kenny returned to Melbourne after studying in England and founded the Ophthalmological Society of Melbourne. Bi-monthly meetings were held at the Eye and Ear to present and discuss interesting cases. Medical societies provided the only vehicle for doctors at the time to meet and exchange professional ideas with the aim of advancing medical practice. Aged 73, Dr Gray was unanimously elected the first president of the society.



Group of hospital inpatients 1895



# 1900s

## Pioneers and legacies

At the turn of the century, Australia was in the middle of a long recession. Melbourne had a population of 491,000 in 1890 and this scarcely changed for more than 15 years. However, Melbourne's position as Australia's largest city had lasted long enough for it to become the seat of the new Commonwealth of Australia. The Federal parliament met in Spring Street, very close to the hospital and remained there until it moved to Canberra in 1927.



Certificate of training, ophthalmic and aural nursing completed at the hospital 1908

### Life as a patient in 1901

By 1901, the average length of a patient's stay at the Eye and Ear was 22 days for men and 26 days for women. Patients were subject to a strict code of conduct enforced by the matron and those who were physically able were expected to assist with light duties around the hospital. Visitors wanting to see patients outside normal hours were charged six pence, a cost later extended to all visitors as a way of generating funds for the hospital during difficult economic times.

### Improving patient care

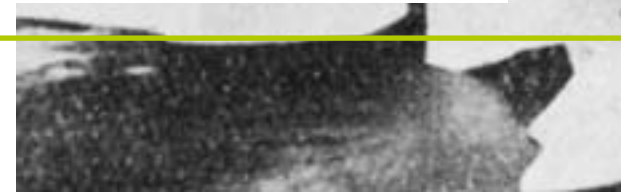
Patient care continued to improve throughout the 1900s. With the help of a bequest from the Edward Wilson Estate, the Eye and Ear acquired a Haab Electro Magnet in 1903. The machine was the only one of its kind in the southern hemisphere and ensured that extraction of metal fragments from the eye became a relatively painless operation. Five years later, the Board of Health recommended that all patient clothing should be removed upon admission and cleaned at the hospital's expense, and the wards were to be properly ventilated 'in order to maintain cleanliness'.

### Pioneering women in medicine

In 1891, Clara Stone had been one of the first women to graduate in medicine from the University of Melbourne. Despite opposition from their male counterparts in Melbourne, several women who graduated after Clara were appointed to the Eye and Ear in the late 1900s. Dr Mary Henderson and Dr Ethel Good were appointed as Senior Resident Surgeons and Dr Eileen Fitzgerald as Junior Surgeon.

### Eye and Ear founder dies leaving a lasting legacy

Dr Gray attended The Victorian Eye and Ear Hospital until two weeks before he died, aged 81, at his home in Collins Street on 10 July 1907. He was survived by his wife and 11 children; one son and ten daughters. Despite his long years of public service he received no civil honours but is now viewed by many as the founder of Australian ophthalmology.







Nursing staff including Matron Jones, centre



### 1901

Commonwealth of Australia is formed and Melbourne becomes the seat of the Federal Government

### 1901

Melbourne's population reaches 494,000

### 1907

World's first successful blood transfusion



# 1910s

## A world at war



Outdoor patient group

In 1914, a year after it reached its 50th anniversary, the Eye and Ear was overshadowed by the start of World War I. Ten beds were committed to returning soldiers with eye and ear complaints but many senior medical staff volunteered for military duty leaving the hospital short staffed. In addition, the recently opened Pathology Department, containing x-ray facilities and a laboratory for studying specimens, had to close.

### Surgeons deployed at the front

One of the surgeons who left at this time was Dr James Barrett who had held the appointments of Assistant Surgeon and then Surgeon at the Eye and Ear for 20 years. During World War I he served



Patients and nursing staff 1914

as Lieutenant-Colonel in the Australian army, deployed to Egypt as a Consultant Oculist and Aurist. Many years later, in 1931, he succeeded Sir John Monash as Vice Chancellor of the University of Melbourne.

### Focusing on hygiene

In a report written in 1915, Matron Lucy Jones notes that an incinerator was desperately needed at the hospital to burn soiled dressings and swabs, which, during hot weather would create an offensive smell. There were, however, some improvements in other areas. The hospital installed its first pan and utensil steriliser, which reduced the likelihood of cross-contamination between patients



Interior T.S Davey Ward 1913

and staff and also built its first isolation block to house injured soldiers. This was later used during infectious disease outbreaks.

### Hospital stays too long for some

Matron Jones did not only have to contend with infection control and nursing, but also patients who were bored with hospital life during the long stays needed to recover from surgery. Many would attempt to meet friends and family by jumping over the fence and through the hedge. She tried to prevent their escape by installing barbed wire around the perimeter but patients persisted in leaving the hospital to find entertainment.



J.R MacPherson Ward 1915

### Lasting changes

When the war ended in 1918, many aspects of the hospital and Melbourne had changed forever. Before the war it had been difficult for female doctors to progress their careers in a male dominated profession. The loss of many long-standing surgeons to the armed forces meant that recently qualified surgeons like Dr Mary Glowery, who had previously been unable to gain a position in a Melbourne hospital, were appointed as medical officers.

### Simple improvements

In 1914, the hospital had obtained funding for a trolley, which was used to transport patients to and from theatre more comfortably. However, by the end of World War II, when the trolley wore out and there were no funds to replace it, patients were again transported between theatre and wards in canvas slings attached to poles.

“Patients were transported between theatre and wards in canvas slings attached to poles.”

**1911**

Economic growth resumes and Victoria's population reaches 593,000

**1914**

World War I begins

**1918**

World War I ends with the loss of more than 16,000 Victorian lives





# 1920s

## Volunteers become integral to the hospital

A rapidly expanding population in the 1920s saw a large growth in patient numbers and overcrowding became a persistent problem with beds placed on verandahs and children sharing beds. There were 12 honorary surgeons and three resident doctors on the staff, a number that had remained unchanged since 1900, despite increasing demand.

### **Staff under pressure as patient numbers increase**

In 1926, 2000 patients were admitted to the hospital and 17,000 outpatients attended clinics, often multiple times, during the year. The issue of overcrowding meant that many patients, such as children undergoing tonsillectomies, were sent home just hours after surgery when they should have stayed at the hospital. Tramways, the tram system operators, wrote to complain that children were regularly being sick on their way home in the tram.

### **Nursing in the 1920s**

A great deal was expected from the hospital's nurses, who worked 60 hours a week with one day off for just £26 a year. However, conditions improved in 1929 when the working week was reduced to 48 hours and the hospital purchased Dodgshun House in Fitzroy for use as nurse quarters. With the increasing numbers of patients and no change in the number of staff, the hospital sought help from volunteers. During an influenza epidemic in 1923 the hospital relied on volunteer staff, many of them retired nurses, to continue to operate.

### **First volunteers and Auxiliaries**

The first official volunteers were the wives of the hospital's Committee of Management members who started helping in the hospital in 1922. They would read to blind patients to pass the time or take young patients on visits to Fitzroy Gardens. The first hospital Auxiliaries were established at the same time, founded by women from Olinda, Sassafras and the Dandenong Ranges.

The funding and patient support they provided became increasingly important to the hospital. Matron Jones and medical officer, Dr Jean Littlejohn were instrumental in establishing new Auxiliaries around the state and liaising with them on behalf of the hospital. The first patient canteen was established by the Auxiliaries, fully-funded and staffed by volunteers.

### **Hospital's first optician**

In 1929, the year that the Wall Street Crash sparked a decade-long depression around the world, the Eye and Ear employed its first optician, JK Cumberland who dispensed spectacles and bifocals to patients. Those who were unable to pay for their prescriptions could apply to the Melbourne Charities Organisation for funding or Cumberland would pay out of his own pocket. Despite this, the profit generated by the service provided enough funds to pay staff wages throughout the depression when the bank would advance no more cash to the hospital.



“During the influenza epidemic the hospital relied on volunteer staff, to continue to operate.”

**1922**

Frederick Banting extracts the hormone insulin to develop a treatment for diabetes

**1922**

First hospital Auxiliaries raise funds for the hospital

**1927**

Federal Parliament moves to Canberra

**1929**

The Wall Street Crash sparks the Great Depression around the world



# 1930s

## Era of the Great Depression



During the Great Depression, high unemployment meant that less people were working in hazardous jobs and patient numbers fell. The hospital had to cut staff numbers and those lucky enough to retain their position were asked to take a pay cut. Many people could not afford the tram fare to get to outpatient appointments and were forced to walk from suburbs as far away as Coburg or South Melbourne. Some staff members were known to give money to poorer patients so they could get a meal during their visit.

### **Auxiliaries make a difference to patients**

In 1935, the Auxiliaries provided Matron Jones with a Luxury Fund so that she could supply needy patients with extra food such as fruit, eggs and chocolate to supplement their diet. Each Christmas during the Depression, a treat was provided by the Auxiliaries such as a band to entertain patients or poultry. Their work also paid to equip a small emergency ward, provide a new diathermy machine and establish an Orthoptic Department, pioneered by Dr Archie Anderson to help treat a condition known as 'lazy eye'.



### **Trachoma treatment**

A major cause of blindness in the early 1900s was trachoma, or 'sandy blight', an infectious disease spread and exacerbated by poor hygiene. Up until the 1930s, the only treatment was to paint silver nitrate or copper sulphate onto the eyelid to form thickened eye tissue where the bacteria would not survive. The extremely painful procedure was later replaced by antibiotic treatment.

### **Hospital recognised for excellence in specialist training**

The University of Melbourne began offering diplomas of Otolaryngology and Ophthalmology in 1930 to doctors wishing to specialise in ear, nose and throat or eyes, respectively. Prior to this training was undertaken overseas or through on-site training under surgical staff. Just five years later, the Medical Superintendent, Alan Cunningham praised the hospital for its contribution to clinical teaching and high standard of teaching for medical students. The reputation for excellent teaching brought trainees from across the country and New Zealand to join the hospital's teaching program.





**1930**

Melbourne's population reaches one million

**1932**

The Great Depression ends but with unemployment at 32% the effects last for a decade

**1939**

World War II begins



# 1940s

## World War II and the 'magic bullet'



Staff including Secretary John Millar, centre

During World War II all renovations and improvements to the hospital were suspended. Once again the hospital left beds open for the war wounded and in 1944 it became a training centre for medical personnel from the armed forces requiring specialist training. One of these trainees, Captain Ronald Lowe on a six-month secondment from the armed services, took up a post at the Eye and Ear after the war. He was later to become director of the hospital's first Glaucoma Research Unit and Emeritus Ophthalmic Surgeon in 1973.

### The 'magic bullet'

While the war brought hardship to patients and staff, the introduction of penicillin, dubbed the 'magic bullet' transformed healthcare in the 1940s. Previously conditions such as sinusitis, meningitis, pneumonia and mastoiditis had caused long, drawn-out illnesses that often led to death or disablement. With the advent of penicillin, the hospital eradicated the strong smell of infection and decay that lingered as a result of chronic infections. In 1943 penicillin nitrate was created in the Pathology Department and used throughout the hospital, and later the country, at the request of the Commonwealth Serum Laboratories.

### Expansion

Following the end of the war the hospital again began to expand its workforce and research efforts. In 1948 the Deafness Investigation Clinic was established and the following year the first Almoner, or medical social worker, became a regular member of hospital staff.

### Philanthropy over generations

Victor Smorgon was elected Life Governor of the hospital in 1944 in recognition of his philanthropic donations. His descendants have carried on his tradition of supporting the Eye and Ear into the 21st century.



“The hospital left beds open for war wounded and in 1944 became a training centre for armed forces medical personnel.”



**1940**

Melbourne's population reaches 1.1m

**1941**

Howard Florey and Ernst Chain extract and purify penicillin to make the first antibiotic

**1945**

World War II ends and postwar migration from Europe begins

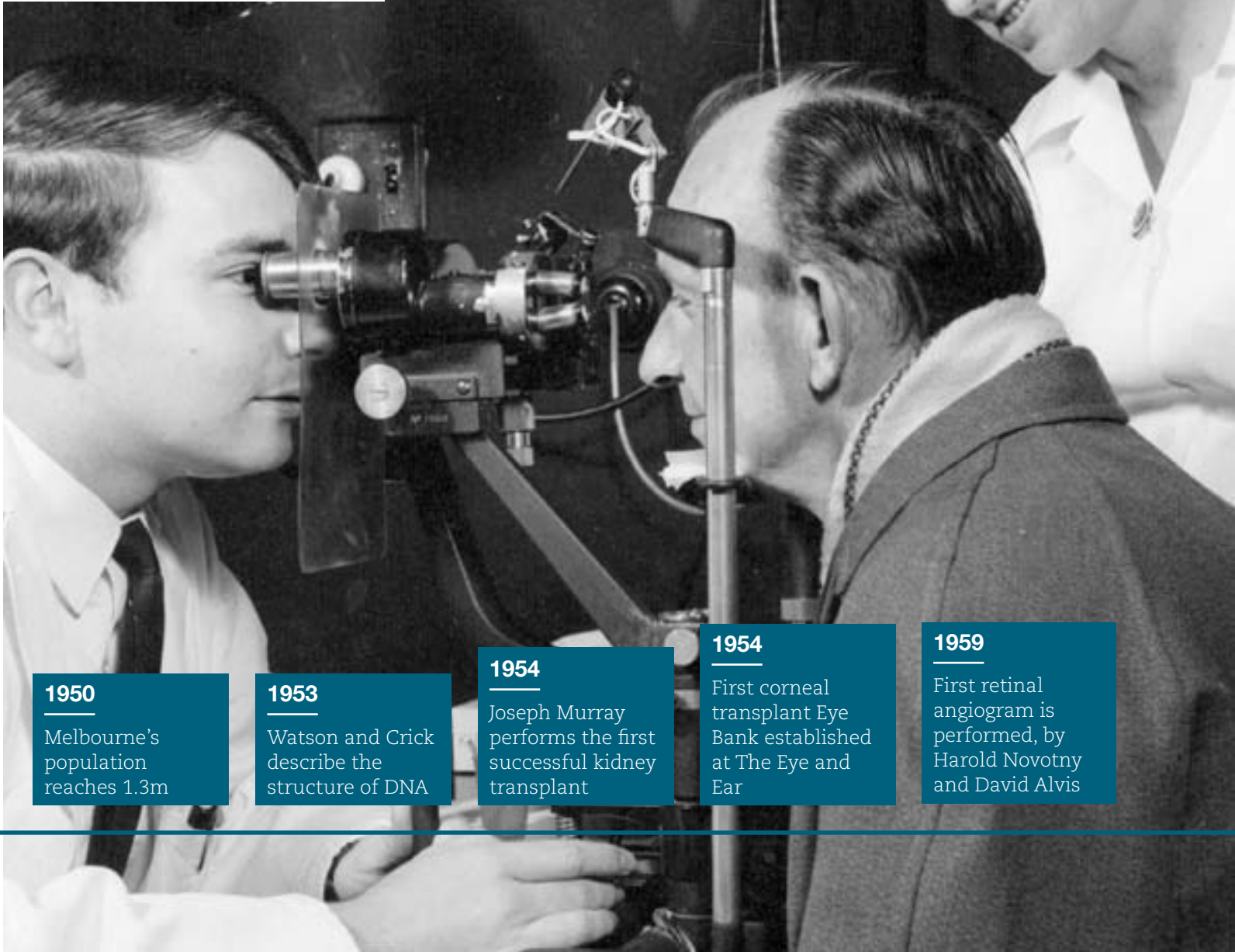
**1949**

Harold Ridley implants the first intraocular lens to treat cataract





“The Eye and Ear began coordinating and expanding on individual research undertaken in previous decades.”



**1950**

Melbourne's population reaches 1.3m

**1953**

Watson and Crick describe the structure of DNA

**1954**

Joseph Murray performs the first successful kidney transplant

**1954**

First corneal transplant Eye Bank established at The Eye and Ear

**1959**

First retinal angiogram is performed, by Harold Novotny and David Alvis

# 1950s

## Post-war Melbourne

Like the rest of the world, Melbourne saw many changes in the post-war years. Buildings grew taller, traffic got thicker and new suburbs sprang up to house migrants from Italy, Greece and the Netherlands. The pace of medical research was no different. In 1953 Watson and Crick first described the structure of DNA and just a year later Joseph Murray performed the first successful kidney transplant. In ophthalmology, Harold Ridley had implanted the first intraocular lens to treat cataract in 1949, and the first retinal angiogram was carried out in 1959, by Harold Novotny and David Alvis.

### Research at the Eye and Ear

At the urging of Dr Ronald Lowe, the 1950s saw the development of the Eye and Ear as a research facility; coordinating and expanding on the research that individual staff members had undertaken for many years. This came to fruition in 1957 when firstly, the Lions International Research Unit, based in the Pathology Department, was opened. The same year the Deafness Investigation Clinic was renamed the Jean Littlejohn Deafness Investigation and Research Unit.



Paediatric hearing test

Dr Littlejohn worked there as an otologist until 1974, researching the causes of infantile deafness and the care of paediatric patients. Dr Lowe was appointed director of the new Glaucoma Investigation and Research Unit and oversaw the establishment of a new library to support research staff. Much of this work would not have been possible without the help of the Auxiliaries who partially funded the library and several vital pieces of equipment.

### First Eye Bank

Transplanting the cornea or front layer of the eye was, and still is today, a very effective treatment for damage caused to the cornea by injury or disease.



Nurses receiving instruction

In 1941, the first corneal transplant took place in Australia but for the next decade there were ethical issues surrounding organ donation. The hospital lobbied the Government for some time and in 1954 the Corneal Grafting Act was passed allowing it to collect eyes from patients wishing to donate organs after their death. The first Eye Bank was then established to store eyes for potential corneal grafting, which today enables more than 300 transplants to take place in Victoria every year.



Nurse instructing cadets 1962

The Eye and Ear through the decades  
150 years of caring in every sense



**1960**

Melbourne's population reaches 1.8m

**1961**

The 'Royal' prefix is added to the Victorian Eye and Ear Hospital title

**1962**

Vietnam war begins

**1963**

The University of Melbourne Department of Ophthalmology is established at the hospital

**1969**

The University of Melbourne Department of Otolaryngology is established at the hospital



# 1960s

## Teaching, healing, research



Orthoptists receiving instruction 1962

By the mid 1960s, the Eye and Ear's inpatient numbers had grown to 4000, and 30,000 people were seen in the Outpatients Department annually. A Royal Charter was obtained with permission from the Queen in 1961 and the hospital's name was changed to the Royal Victorian Eye and Ear Hospital. A new coat of arms was granted to the hospital, inscribed with the motto 'Teaching Healing Research', which is still relevant today.

### Research links to the University of Melbourne

At the urging of Dr Ken Howsam, who played a leading role in the development of the hospital and ophthalmology teaching, Melbourne



Pathology lab early 1960s

University established the Department of Ophthalmology at the Eye and Ear in 1963, with the appointment of Dr Gerard Crock as the first Professor of Ophthalmology. Two years later the Retina Investigation Unit was established. The hospital had undertaken a number of research projects in previous years. These included: Dr Bill Gillies' study into amblyopia or 'lazy eye'; Dr Ronald Lowe's investigation into acute glaucoma; and Dr Ken Howsam's design of a new intraocular foreign body localiser. In 1963 Professor Graeme Clark, creator of the bionic ear was appointed as an ear, nose and throat surgeon at the Eye and Ear, and appointed the first Professor of Otolaryngology at the University of Melbourne in 1969.



Peter Howson accepts a cheque from Auxiliaries President Alma Pederson during the centenary appeal 1968

### Philanthropy a key to success

The Lions Clubs of Australia funded two research scholarships in 1961, one awarded to Geoffrey Howsam and one to John Colvin, who initiated an ophthalmology lecture series that is still running today. The same year Maud Gibson donated £30,000 to fund a corresponding ENT lecture series, named after her father William Gibson. The Auxiliaries donated £5,000 per year for hospital equipment alone, while also providing funds to the hospital's social worker to assist low-income patients with transport or overnight accommodation.



# 1970s

## A fresh start



Hospital social worker meets with a patient

In the 1960s the Eye and Ear was a very old, shabby building with no lift and patients had to be carried upstairs by strong staff members. Medical Superintendent of the hospital, Dr Ken Howsam went overseas to find out more about modern hospital designs and equipment for the new field of microsurgery. When he returned he was heavily involved in the detailed planning of the hospital redevelopment, which came to fruition in 1974 when the Premier, Rupert Hamer, opened the Peter Howson Wing. The hospital could now accommodate 151 inpatients, all in one building, including a dedicated children's ward and the first computers were installed.



Post-operative recovery 1971

### Specialisation increases

Throughout the 1960s and 1970s, the hospital moved towards the current model of specialisation. Specialist units ensured the best possible care was provided while enabling focused research and the rotation of trainees through each unit to gain experience in every field. With several units already up and running, the 1970s saw the establishment of the Orbito Plastic and Lacrimal Unit to treat diseases affecting eyelids, tear ducts and orbits. This was later renamed the Charles McGrath Unit following a \$25,000 donation from Repco. The Corneal Diseases Unit was established and in 1979 a corneal punch was developed in the unit, enabling easier corneal grafting, and an Ocular Motility



Postgraduate students undergoing training

and Binocular Vision Clinic was also established. In 1974, Professor Graeme Clark established the first Australian post-graduate training course in the field of audiology.

### World's first bionic ear

For a decade Professor Graeme Clark worked towards the development of an electronic, implantable hearing device that bypassed damaged parts of the ear. Professor Clark carried out the world's first cochlear implant operation at the Eye and Ear in 1978. Rod Saunders was the first ever recipient of the device. His success story was the catalyst for development of the bionic ear, which was to restore hearing to thousands of people around the world.



Premier Rupert Hamer and wife April visit children's ward  
after officially opening Peter Howson Wing 1974

"The hospital  
could now  
accommodate  
151 inpatients,  
all in the one  
building."



**1970**

Melbourne's  
population  
reaches 2.3m

**1975**

Vietnam war  
ends

**1975**

Peter Howson  
Wing completed  
in an initial  
expansion of the  
hospital

**1978**

The first baby  
to be conceived  
through IVF is  
born in England

**1978**

The world's first  
cochlear implant  
is carried out by  
Professor Graeme  
Clark at the Eye  
and Ear





# 1980s

## Expansion and development



Minister for Health Bill Borthwick lays foundation stone for Smorgon Family Wing 1981

In 1982, the Eye and Ear received its first Accreditation Certificate from the Australian Council of Healthcare Standards. And in 1983, a tunnel linking the hospital with St Vincent's Hospital, 10 metres below Victoria Parade was officially opened to ease patient transportation. Expansion and development of the hospital was also given a boost with the donation of \$1.4 million by the Smorgon Family, which funded the building of a new wing opened by Minister of Health, David White in 1987. A year later, a new day surgery facility was opened with three operating theatres and an 11-bed recovery room, designed to reduce patient waiting lists.



*The Sun*, 30 October 1980

### Auxiliaries fund refurbishment

Aline Darke was elected President of the hospital's Executive Council of Auxiliaries after ten years of service in 1980. During her time as President, the Auxiliaries raised more than \$3 million for the hospital, including \$1 million to equip the new Smorgon Family Wing. These funds were also used to refurbish the Operating Theatre Suite; equip the new Day Surgery Unit; and renovate the Eighth Floor wards.

Volunteers from the Auxiliaries also worked in the hospital during the Hospital Employees Federation Strike in 1981 to help care for patients.



Richmond footballer Desmond Boyle visits the children's ward, 1981

### Football off the field

Footballers and other athletes would often need to visit the Eye and Ear after sustaining eye injuries. Collingwood ruckman, Peter Moore took time out during his stay in the early 1980s to visit the children's ward. Footscray ruck-over, Ken Newland and Hawthorn Captain, Don Scott were also inpatients after sustaining injuries on the field.

### Growing impact of the Cochlear implant

The hospital established the world's first, publicly-funded Cochlear Implant Clinic in 1985. The following year the device was implanted in the first paediatric recipients, ten year old Scott Smith and five year old Bryn Davies.



Auxiliary members take a tour of the tunnel beneath Victoria Parade during construction

“In 1983 the tunnel 10 metres below Victoria Parade, linking the hospital with St Vincent’s, was officially opened.”



**1980**

Melbourne’s population reaches 2.7m

**1983**

A tunnel linking the Eye and Ear with St Vincent’s Hospital is opened

**1987**

First use of excimer laser to correct vision impairment

**1987**

The new Smorgon Family Wing of the hospital is officially opened



# 1990s

## A decade of research milestones

The end of the 20th century at the Eye and Ear saw a number of developments in both eye and ear research, including the establishment of the Hearing Cooperative Research Centre (Hearing CRC) in 1993. Set up to conduct bionic ear, speech and hearing research, the Hearing CRC has become an internationally unique consortium of research, clinical and industry organisations, of which the Eye and Ear is a key member. By this time, around 18 profoundly deaf patients were receiving cochlear implants each year, 15 of which were children. Then in 1996, Professor Hugh Taylor established the Centre for Eye Research Australia (CERA). Together with the University of Melbourne Department of Ophthalmology, CERA went on to become one of the top five eye research groups in the world, conducting research into the leading causes of blindness in collaboration with the Eye and Ear.



Patient undergoing eye exam 1998

### Hub and spoke model of care

In 1996, the Eye and Ear initiated a new hub and spoke model of care. Specialists travelled to regional clinics to treat patients outside Melbourne, bringing treatment closer to home. Making specialist care more accessible for all Victorians, the initiative also ensured that more patients were seen more quickly. An Ocular Oncology service was established in the early 1990s, designed to interrelate the management of patients with intra-ocular, orbital and adnexal tumours. And the hospital's first Balance Disorders Clinic started operating in 1997. There was a breakthrough in hearing screening in 1991 when the hospital's Human Communication Research Centre



Accreditation 1997

developed an early detection hearing test, adopted by maternity units as a routine test for newborns.

### 1000th corneal transplant

In 1991, the Lions Eye Bank was officially opened by Governor Dr Davis McCaughey in the Smorgon Wing, funded with \$1 million raised by the Lions Club of Victoria. The new Eye Bank conducted research into corneal grafting techniques to improve outcomes, which increased the success of corneal grafts as well as raising awareness for organ donation. Since the advent of corneal transplants in the 1950s, the Eye and Ear had performed 1000 of these procedures by 1995.





**1990**

Victoria's  
population  
reaches 3m

**1993**

Hearing CRC  
established to  
conduct bionic  
ear, speech and  
hearing research

**1995**

Hospital  
celebrates its  
1000th corneal  
transplant

**1996**

Professor Hugh  
Taylor establishes  
the Centre for  
Eye Research  
Australia based in  
the Eye and Ear





“In 2007, the first simultaneous, dual cochlear implant operation in Victoria was successfully performed.”

**2000**

Melbourne's population reaches 3.8m

**2001**

Melbourne celebrates 175th birthday

**2006**

First use of an injectable drug revolutionising treatment of macular degeneration

**2009**

Eye and Ear receives Silver Award in the Improving Access-Providing Timely and Accessible Health Services category

# 2000s

## Improving patient care



Staff and patient 2003

The focus of the Eye and Ear at the turn of the new century was on service improvement. Having employed outside interpreters since the 1950s, an in-house interpreter service was launched in 2004, providing more efficient services to people speaking Greek, Italian, Vietnamese, Cantonese and Mandarin. In 2009, the Fast-track Cataract Clinic received a Silver Award in the Improving Access – Providing Timely and Accessible Health Services category at the Victorian Public Healthcare Awards. The opening of this clinic was closely followed by the development of a new Glaucoma Monitoring Clinic, which improved access to outpatient clinics for patients with stable glaucoma.



Auxiliaries raise money for new theatre lights 2005

### A decade of Australian innovation

The hospital established an innovative Fast-track Cataract Clinic in 2007, in response to increasing public demand for cataract surgery. Under the service, patients requiring surgery presented only once at the Eye and Ear before undergoing their procedure.

The hospital also set up a partnership with the Royal Children's Hospital to share specialist paediatric anaesthetics and equipment in 2004 and also acquired a new digital angiography system, IMAGEnet, allowing faster recommendations for treatment of eye conditions.



After cataract surgery 2003

In 2007, the first simultaneous, dual cochlear implant operation in Victoria was successfully performed on 20-month-old Hayley Walsh at the Eye and Ear. In the same year, the hospital also performed the first paediatric, auditory brain stem implant in the southern hemisphere. In 2008, senior ENT surgeon, Professor Stephen O'Leary was appointed to the William Gibson Chair of Otolaryngology in acknowledgement of his lead in the development of a virtual reality simulator for temporal bone surgery, the first of its kind in Australia.





# 2010-2013

## Preparing for the next 150 years



Dr Penny Allen examines first pre-bionic eye recipient Dianne Ashworth, 2012

The Royal Victorian Eye and Ear Hospital has become a world leader in specialist eye and ear care, research and teaching, 150 years on from the one-bed infirmary opened by Dr Andrew Sexton Gray to help Melbourne's poor. In 2012, the hospital treated 192,000 patients in specialist outpatient clinics; carried out 14,500 operations; and helped 45,000 people in the Emergency Department. As a sought-after training ground for the next generation of eye and ear specialists, nurses, audiologists and optometrists, the hospital was also a hub for more than 360 research projects.



Board Chair, Jan Boxall greets Premier Ted Baillieu following the funding announcement, 2012

### Reaching out

As well as celebrating its 2000th Cochlear implant in 2010, the hospital launched its first Telemedicine service, providing ophthalmology equipment and telecommunication advice links between specialists at the Eye and Ear and healthcare providers in remote communities. This service not only brought specialist care to the doorstep of everyone in Victoria, it also brought education and support to remote healthcare providers.

### Developing the bionic eye

Bionic eye surgical team leader, Dr Penny Allen carried out the first pre-bionic eye operation at the hospital on Dianne Ashworth in 2012.



The bionic eye surgical team

The culmination of years of research and collaboration between engineers, neuroscientists, circuit designers and clinicians, it is hoped the bionic eye will one day restore vision to people with retinitis pigmentosa and age-related macular degeneration.

### Building for the future

The State Government announced it would fully fund a comprehensive hospital redevelopment in 2012. Once the redevelopment is complete, the Eye and Ear will have purpose-built treatment and consulting areas designed for today's fast and technologically advanced methods of treatment.





Dr Penny Allen performs the world's first 24  
electrode pre-bionic eye implant

“As a sought-after  
training ground for  
the next generation  
of specialists, the  
hospital was also  
a hub for more  
than 360 research  
projects.”

#### **2010**

Hospital  
celebrates its  
2000th Cochlear  
implant

#### **2012**

A new, pre-bionic  
eye is successfully  
implanted at the  
Eye and Ear

#### **2012**

Comprehensive  
redevelopment  
of the hospital  
is announced  
to expand and  
improve facilities  
for patients









“Now a fixture in Melbourne’s changing landscape, the Royal Victorian Eye and Ear Hospital looks to the future and another 150 years of caring for the senses.”



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### **Disclaimer**

The purpose of this publication is to recognise and celebrate a significant milestone in the Eye and Ear's history.

We have used a variety of images to assist in meeting this objective and to better portray the hospital's progress during this time. This necessarily involved the use of images featuring members of staff and patients. We have wherever possible sought permission from relevant parties to use these images, we apologise in advance if there are any images used that cause any offence.

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