Ophthalmology in New Zealand: Its development and professionalization

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Abstract:
This thesis examines the development and professionalization of ophthalmology in New Zealand/Aotearoa from its first practitioners in the nineteenth century to the twenty-first century. Developments and professionalization in New Zealand are compared to those in overseas countries. The development of ophthalmology in New Zealand started before Europeans arrived. Maori suffered in particular from conjunctivitis and corneal infections, which were treated with extracts from plants, with human milk or urine, and sometimes with fish oils. The first European medical practitioner to record any interest in the eye was Dr David Monro, who arrived in New Zealand in 1842. He recorded seeing corneal ulcers in Maori. Practice in hospitals was the first step in professionalization in New Zealand. Dr Silas Stedman, described as an ophthalmologist, was appointed superintendent of Christchurch Hospital in 1862. By contrast, in 1877 Dr John Wilkins arrived in Christchurch and was one of a group of itinerant practitioners who advertised and travelled around both New Zealand and Australia. Ophthalmology significantly advanced when Dr Henry Lindo Ferguson arrived in Dunedin in 1883, as New Zealand’s first fully trained ophthalmologist, rather than a generalist with an interest in ophthalmology. Further progress was made with the first publication by a New Zealand ophthalmologist, which appeared in the first issue of the New Zealand Medical Journal in 1887. Subsequently, the first meeting of New Zealand ophthalmologists was at the Intercolonial Medical Congress in Melbourne in 1889. Ophthalmology’s first effective medical agents were atropine, pilocarpine, and eserine all of which became available in the late 1800s. Cocaine as a local anaesthetic was first used in 1885. There was no further major medical advance until antibiotics in the 1940s and steroids in the 1950s. These developments continued with the arrival of antivirals in the 1960s. From the 1980s new anti-glaucoma medications and new antibiotics were introduced. The major advance in medical ophthalmology in the present century has been the introduction of anti-vascular endothelial growth factor drugs, commonly known as anti-VEGFs. Ophthalmic surgery in the 1800s was confined to cataract, iridectomy for glaucoma, pterygium surgery, strabismus surgery, and various eyelid and lacrimal procedures. In the 1920s and 30s glaucoma drainage and retinal detachment surgery were developed. Surgery progressed rapidly in the mid-twentieth century, with the first successful corneal transplants in New Zealand in 1949. The introduction of antibiotics, corticosteroids, and ophthalmic sutures in the early 1950s all increased the success rate of surgery. Vitreous surgery was introduced in 1977, intra-ocular lenses in the early 1980s, and laser refractive surgery in the 1990s. Dedicated day-stay ophthalmic surgery centres opened in the 1990s. Ophthalmic medical and surgical advances always followed very soon after their introduction overseas, but none originated in New Zealand. Professor Anthony Molteno of Dunedin was a world pioneer of glaucoma drainage setons, but his original work on these devices was completed before he emigrated from South Africa. Nevertheless, New Zealand ophthalmic practice is of a very high standard, partly because its practitioners have always acknowledged that New Zealand is too small to sustain the specialty without cross-fertilization of ideas and techniques, and so must have frequently travelled overseas to keep up with advances. The practice pattern of New Zealand ophthalmology largely followed that in Britain because many early ophthalmologists emigrated from Britain, many New Zealanders did their postgraduate training in Britain, and during their careers Britain was the usual destination for attachments to keep abreast of developments in the specialty. However, the beginnings of successful surgery for retinal detachment in the 1930s stemmed from pioneering work principally in Europe, rather than Britain. Since the late 1970s, the practice pattern in New Zealand has been increasingly steered by the influence of the United States, in particular with vitreo-retinal surgery, intra-ocular lenses, refractive surgery, and ophthalmic anaesthesia. From 1972 New Zealanders began to complete their general ophthalmology training at home, prior to further ophthalmic sub-specialty training overseas. From the 1970s, New Zealanders began to seek their postgraduate sub-specialty education in the United States and Canada, although the majority still travelled to Britain. From the early 2000s sub-specialty and postgraduate fellowships became available in New Zealand. Professionalization commenced with operations being performed in hospitals, the earliest recorded being in Dunedin Hospital in 1884. The first formal ophthalmology teaching was also in 1884, medical registration was introduced in 1867, the first conference was in 1889, and the first visual standards for occupations were adopted in 1896. The most significant leap in professionalization was the founding of the Ophthalmological Society of New Zealand in 1946. Visiting experts from overseas presented at its annual scientific meetings. The Society’s publication “Transactions of the Ophthalmological Society of New Zealand” was the first medical specialist publication in the country, and gave ophthalmologists an
The development of PPTs, as discussed in the previous sections, implies that shared knowledge and collective norms, values and beliefs of a professional domain are internalised into an individual's PPT through a process of socialisation from the domain's Collective Professional Theory (CPT). A CPT consists of shared knowledge and collective norms, values and beliefs of professionals working in a certain occupational domain (de Bruijn and Nieuwenhuis 1994; Wilensky 1964) and distinguishes one occupational domain from another (Guile and Griffiths 2003; Shulman 2006; Wilensky 1964). Academic public relations in Australia appears to be entering a new phase in its relatively short history. It thereby de-essentializes talk of professions and professionalization. As a representative body, the Society was more effective than individuals in promoting public health initiatives in eye care, and vision standards for occupations. The first academic department of ophthalmology was founded in Dunedin in 1947 at the University of Otago. The medical specialists register commenced in 1971. Professionalization further progressed with the introduction of continuing professional development including clinical audit in the 1990s. In 1997 the Ophthalmological Society of New Zealand amalgamated with the Royal Australian College of Ophthalmologists to form the Royal Australian and New Zealand College of Ophthalmologists (RANZCO). This gave New Zealand ophthalmologists secure access to the College's educational programmes, scientific conferences, training programmes, examinations, its qualification, and its continuing professional development programme. Academic ophthalmology became more securely established with the appointment of Professor Charles McGhee as the first professorial head of an academic ophthalmology department in 1999 at the University of Auckland, and Professor Colin Green as Professor of Ophthalmology and Translational Vision Research in 2007. The Department in Auckland has hugely increased the quantity and quality of ophthalmic research in New Zealand, as well as the standard of clinical practice. Compared to other westernized countries, professionalization in New Zealand was behind in the nineteenth century because European settlement commenced only in around 1840, and thereafter the number of ophthalmology practitioners was comparatively few, indeed only nine by the end of the century. However, in the twentieth and twenty-first centuries, New Zealand ophthalmology, to its credit, developed largely in parallel with Australia, the United States, and the United Kingdom. Contemporary New Zealand ophthalmology has evolved over two centuries to become a profession largely independent of major external influence and is a fully mature sub-specialty. It now encompasses training to specialist level, with post-graduate sub-specialty fellowships and university academic departments which engage ophthalmologists and scientists in ophthalmic basic science and clinical research. Thus New Zealand has significantly contributed in recent decades to the global knowledge base of ophthalmology and visual sciences and has become a provider, as well as a recipient, of advanced, international, clinical and research training opportunities.
in Ophthalmic Basic Sciences (PGDipOphthBS) and wish to extend their understanding of the subject by completing a research project. It also aims to assist those seeking a position in the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) approved training scheme. Contact Details. New Zealand retirement villages: A critical-rhetorical and discursive analysis. Discourse and Communication, 1(2), 191-222. Snyder, M. (2001). This research evaluates the influence of professionalization and partnering with firms on nonprofit productivity. Professionalization is measured in terms of the ratio of paid employees to volunteers, and productivity is measured through the ratio of total assets to number of beneficiaries, and the ratio of total revenues to number of paid employees and volunteers. Empirical analysis combines a survey to a representative sample of Spanish nonprofits, with information available from public sources.