

Ophthalmology in Malta

A Historical Outline

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Ophthalmic disease is one of the earliest documented diseases in Maltese history receiving specific mention by Jean Quintin d'Autun in 1536 who wrote that *"the wind..., bringing with it dust, which is very noxious to the eyes. The sun's blaze, reflected into the eyes from the dazzling whiteness of the rocks, at times hurts the eyes very much, causing a misty and distorted vision"*¹. Sun-glasses were being used by individual knights in 1655 and by the Maltese populace in the 18th century *"for such is the excessive heat occasioned by the reverberation of the rays of the sun from the stones and the white tufa that, notwithstanding this precaution there are many blind people; indeed the greatest number have weak eyes"*².

Ophthalmic problems similarly occupied the attention of medical practitioners. The 1592 pharmacy inventory included the preparation *Pilutae sine quious* compounded of aloe, rhubarb, agaric, scammony, etc. which was believed to be efficacious in cataract, earache and melancholy³.

Michel'Angelo Grima recognised the possibility of infections of the eyeball following firearm injury of the orbit. The primary management was the application of leeches to the temple on the injured side to reduce inflammation. When this failed and purulent ophthalmitis occurred, then the eyeball was opened and the pus drained through a cruciate incision. The complication of sympathetic ophthalmitis was recognised, being believed to occur along the optic nerve and chiasma⁴. Cataract removal was also regularly practised and in June 1770 Dr. Giuseppe Antonio Creni was asked by his

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assessors to perform three surgical procedures including "*la cateratta per depressione e per estrazione, la fistula lacrimalis e l'aneurisma del cubito*". These he performed with "*destrezza, maestria e industria*"⁵. Lachrymal fistulae were also operated.

The therapeutic facilities available for the management of ophthalmic disorders were limited thus opening the field to charlatans. In 1783, the theory of magnetism had reached Malta and a Commission of six medical persons was appointed to investigate the claimed efficacy of this therapy as practised by Monsieur D'Amic in several forms of illness including eye disease. The case described included: "*R.C., aged six years and of a sanguine temperament, suffered from an inflammation of the right cornea following a malignant fever three years previously. The cornea was opaque, hard and protuberant. Hopes of a cure were entertained but no promises were made by Monseieur D'Amic.*" At the end of the therapy, the Commissioners recorded "*We have noted that the eyeball has diminished in size. The girl's mother told us that the patient could see sideways. To verify this statement the healthy eye was covered and the girl asked to find Monsieur D'Amic after he had called her name. We then told her to identify the Protomedicus, who happened to be her family doctor, but without his calling her name. She was unable to do so. We showed her various objects such as handkerchiefs, scissors etc., but she could not recognise any of them*". The Commissioners generally concluded that they could observe no particular medical benefits from the technique. D'Amic continued to practice mesmerism and was subsequently in 1784 to be accused by the Italian physician Dr. D. Calogero Vinazzo of precipitating eye disease and other medical conditions⁶.

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Ophthalmic disease became a particular concern for the French troops during the Maltese insurrection of 1798. The blockade of the Grand Harbour cities/towns resulted in severe food shortages that led to vitamin deficiencies. One deficiency was that of Vitamin A causing night blindness. While not fatal, this disorder precluded those affected from performing night guard duties, since they could not distinguish objects in the dark. The French Physician responsible for the troops - Dr. Robert - associated this disorder, which he termed "catarrh of the retina", with undernourishment and tried to cure it using fumigations with animal liver and aromatic plants. He apparently obtained good but temporary results with this management ⁷.

The Egyptian campaigns at the turn of the century (1801) augmented the prevalence of ophthalmic problems, probably trachoma infection, in the British troops. The infection continued to recur and spread to units that had never been present in the campaign. In the Malta garrison there were 514 cases, and these were so severe that no fewer than 107 became totally blind, while 102 others lost the sight in one eye ⁸. Between 1816-1823, ophthalmia accounted for 1463 admissions or 7.6% of all admissions to the Military Hospitals ⁹.

Concern towards the increasing prevalence of ocular disease in the garrison and the general population in the early decades of the 19th century in 1817 prompted the Permanent Committee responsible for the Charitable Institutions to propose the setting up of an ad hoc Ophthalmic Ward in the Civil Hospital for Men at Valletta. This was approved and in 1826 a separate ward in the Valletta Station Hospital

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(formerly the *Sacra Infermeria*) accommodating eighty patients was appropriated for ophthalmic patients under the directorship of Mr. Charles Tucker ¹⁰. This ophthalmic unit was subsequently transferred in 1858 to the new hospital opened at Vilhena Palace at Mdina ¹¹.

By 1837, it was recognised that ophthalmia or trachoma was one of the most important complaints in the Maltese Islands, even though no more than 324 cases presented for treatment at the Civil Hospital during 1821-33. The reason for this low proportion of cases seeking treatment was attributed to the fact *"that the natives who are subject to ophthalmia treat it but lightly; they are often seen walking about the streets with the disease upon them; and except it arises to a very aggravated pitch, they do not deem it of sufficient consequence to warrant an application at the hospital, but treat it with the domestic remedies within their reaches.....The number of blind that are daily met with in the streets seems to countenance the idea, that the success in treating the disease does not bear a very flattering proportion to its frequency"* ¹².

Cataract surgery was during 1823-47 being performed by Dr. Giuseppe Camenzuli of Cospicua though this form of surgery was considered *"a most rare, almost fabulous"* intervention and a patient with bilateral cataracts petitioned the Civil Administration successfully for assistance to enable him seek treatment overseas ¹³. In January 1836, a Sicilian oculist Dr. Emmanuel Casorio demonstrated to experienced doctors and medical students the intervention for cataract extraction ¹⁴. The use of the ophthalmoscope was being advocated by 1843 by Dr. Giuseppe Clinquant. He continued

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promoting its use for the subsequent decade when he submitted a paper on ophthalmoscopy to the Imperial Society of Medicine of Marseilles ¹⁵.

Squint surgery was being performed by 1840 by Dr. Charles Galland, Professor of Anatomy and Surgery ¹⁶. Squint surgery was also performed by foreign doctors such as the Frenchman Dr. Weylandt d'Hettanges and the British Naval Surgeon Dr. Thomas Spencer Wells. Dr. Weylandt demonstrated his surgical technique to a medical audience. He carried out his surgery without anaesthesia or physical restraint, but used galvano-puncture in cases of "amaurosis" ¹⁷.

During his stay on the Island, Thomas Spencer Wells was consulted to treat the local population, particularly in ophthalmology and obstetrics. Wells was thus reported in 1847 to have operated on a least four cases of squint on Maltese inhabitants, under the influence of ether anaesthesia, who referred to him by local practitioners including Dr. Adami who practised in one of the towns around the Grand Harbour. Two corrections of squint, one on a boy aged 13 and the other a lady aged 17 years were carried out on the 15th March: and another in April. The regard for his surgical expertise by the local medical community is reflected by the fact that another patient operated in July 1847 was in fact the daughter of a local practitioner (Dr. C. Vassallo) ¹⁸.

Another French ophthalmologic surgeon Chev. Dr. de Bressy demonstrated his techniques in 1856. His demonstrations were described by the contemporary press which stated that "*In a few*

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seconds we have seen the expert and ambidextrous surgeon depressing double cataracts constructing artificial pupils, correcting squints etc. His clinic is continually crowded with persons of all ages and of all classes seeking the benefits of his work" ¹⁹. Another ophthalmic surgeon from Rome who worked in Malta during the summers of the seven years prior to 1899 was Dr. Giuseppe Norsa. Dr. Norsa recommended the establishment of an Ophthalmic Outpatients Department, free of charge for poor patients in the main centres of the island, along with Medical and Ophthalmic Boards to supervise crowded places such as schools, workshops and homes for the aged. He also suggested that public talks should be held on ocular hygiene and prophylaxis; that more water should be made available especially during the summer months; that the planting of trees and vegetation should be encouraged; and that laws should be enacted to check abuses in the consumption of alcoholic drinks ²⁰.

Ophthalmology in Malta was to take a new dimension after the creation of the Chair of Ophthalmology at the University of Malta in 1888, with the new incumbent to the post being Dr. Lorenzo Manche who was also appointed Ophthalmic Surgeon at the Central Civil Hospital. Dr. Manche was encouraged by Professor Luigi Pisani, then Professor of Anatomy, Histology, Obstetrics and Gynaecology, to pursue postgraduate studies in ophthalmology after his graduation in 1868. Manche proceeded to Paris and London where he received ophthalmic training from world-renowned specialists like Profs. Meyer, Liebreich and Wecker. After his return to Malta he was subsequently in 1875 commissioned a Surgeon in the Royal Malta Fencible Artillery with the responsibility of managing the Garrison

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Eye Ward at the Station Hospital at Valletta, a responsibility retained until 1883. In the meantime, Dr. Lorenzo Manche gratuitously gave his professional services in the Central Civil Hospital at Floriana and lectured on ophthalmology to medical students at the University. Prof. L. Manche was to become a world authority in ophthalmology by his publication of the medical textbook "*L'Ottalmologia in Quadri Sinottici*"; while he promoted ocular hygiene in schools in an attempt to decrease the incidence of trachoma. Dr. Lorenzo Manche retired in 1907, but subsequently joined his son Dr. Charles Manche in setting up a philanthropic Ophthalmic Institute at Hamrun in 1908²¹. Prof. Lorenzo Manche undertook the initiative to set up an Ophthalmic Department in the Central Hospital with 8 beds for male and 7 beds for female patients. Only very serious cases were admitted and patients were discharged as soon as they improved to make room for others. Ignorance, prejudice and carelessness, and a low standard of living contributed to the spread of ocular trachoma infection. Medical practitioners were furthermore not conversant with the correct management of these disorders and were to otherwise occupied to furnish prolonged care.

Following in his father's footsteps, Dr. Charles Manche had specialised in ophthalmology after his graduation in 1897. On his return to Malta, he was gazetted surgeon to the Royal Malta Militia and managed the Eye Ward at the Station Hospital at Valletta. He also lectured and examined in ophthalmology at the University. Acutely aware of the deficiencies in ophthalmology at the Central Civil Hospital at Floriana, Charles Manche proposed the setting up of an

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Ophthalmic Establishment to cater for the gratuitous management of ophthalmic disease particularly trachoma in the Maltese population ²².

A licence "*to keep an Ophthalmic Establishment*" was granted, and the Ophthalmic Institute of Malta was inaugurated at 535 Strada Reale in Hamrun on the 22nd July 1908. While not luxurious in appearance, the Institute contained all the latest appliances, and was furnished with every comfort conformable with hygienic principles. The Institute was open every day excluding Sundays and Public Holidays from 9.00 a.m. to noon. "*The object of the Institute amongst us is not to realise profit; it is in no way a business concern, its founders animated solely by a charitable and humanitarian spirit towards their fellow-citizens. Their sole object in view is the relief of those suffering from eye disease particularly from Trachoma, giving instructions at the same time by the circulation of leaflets, as a means of checking the spread of the disease, and treating the patients free of charge when poor and needy, leaving it to the generosity of those who can afford it, to contribute their mite towards the maintenance of the Institute. In other words, the Institute is being set for Charitable purposes, for the benefit of those who cannot afford the expense of proceeding abroad for consulting and seeking the advice of specialists, at the same time freeing them from the treatment of practitioners, who have not made eye disease the object of special study and cultivation*"²³.

The Ophthalmic Institute closed its doors on 1st April 1921 after the death of Prof. Lorenzo Manche. During its existence, the Institute treated thousands of individuals with ophthalmic disease particularly sufferers of Trachoma. While this infectious disease was only

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controlled in the 1940s after the advent of antibiotics, the treatment given at the Institute helped alleviate the suffering of a large number of individuals. The Institute also provided a preventive policy by informing sufferers of basic essential hygienic rules to avoid communicating the disease to others ²⁴.

Period	Number of patients attended to at Ophthalmic Institute
July 1908-July 1909 ²⁵	1251 persons [of which 780 cases of trachoma]
July 1909- July 1911 ²⁶	1176 persons [of which 295 cases of trachoma in 1909-10]

The Institute also published an Annual Report for the work done during the first year of its existence entitled *Annual Statistical Report of the Eye Diseases treated at the "Ophthalmic Institute" of Malta, From July 1908 to July 1909* [G. Muscat, Malta, 1909]; while a second report for the subsequent two years exists in manuscript form *Annual Statistical Report of the Eye Diseases treated at the "Ophthalmic Institute" of Malta, From July 1909 to July 1911* [unpublished, 1911]. These reports augment the previous reports on ophthalmic disease prevalent in the Maltese population at the turn of the century. The other reports included (1) L. Manche: *Rendiconto degli ammalati ammessi aurante il Biennio 1890-91 (per il Dottor Salvatore Cassar) nel Comparto Ottalmico dell' Ospedale Centrale di Malta*; and (2) G. Norsa: *Le Malattie Oculari in Malta: Appunti Clinici e Statistici 1899* ²⁷.

The above reports furnish a detailed profile of ophthalmic disease at the turn of the twentieth century. Lorenzo Manche in 1890-91 was

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treating trachoma conjunctivitis by means of light touches with a silver nitrate stick and the instillation of glycerine and tannic acid. Simple Trichiasis was managed by Gaillard's operation, while plastic operations were undertaken in cases of entropion. Kerato-Hypopyon was managed by the instillation of 2% eserine sulphate drops while interstitial keratitis was treated using mercurials and atropine. Cataracts were removed using Leibreich's operation. Anaesthesia for surgery was obtained using 2% cocaine solution while antisepsis was achieved using irrigation with 1:2000 corrosive sublimate solution²⁸.

Giuseppe Norsa had been coming during the summer months for the seven years prior to 1899. He had been a frequent visitor to North Africa besides practising in Rome. In Malta, he saw a total of 499 individuals, the greater proportion being male [297:202]. Norsa reported that the commonest cause for ophthalmic disease was Trachoma [Glandular Conjunctivitis] accounting for the larger proportion of diseases of the conjunctiva [24.7%], lids [6.8%] and cornea [10.8%]. Lens changes [cataract] accounted for 11.0% of cases seen. Disease of the uvea, the majority caused by syphilis, accounted for 4.0%. Syphilis also contributed to disease of the optic nerve. Glaucoma accounted for 4.2% of the cases, while disorders of the ocular muscles attributed to by refraction errors and trachomatous corneal opacities accounted for 6.2% of cases. Squint accounted for a further 6.8%. Toxic amblyopia, caused by alcohol and tobacco abuse, was noted to be common. Pterygium was also rather frequent. Ophthalmia neonatorum [1 case] and phlyctenular conjunctivitis [4 cases] were relatively rare conditions.

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Norsa managed Trachoma managed by irrigation of the eyes using a sublimate solution and introduced the use of copper sulphate crystals in lieu of silver nitrate. Optic nerve disease caused by syphilis was managed by the application of an electric current administered directly to the eyeball or to the vertebral column. Norsa deprecated the use of potassium iodide and mercurials for the treatment of syphilis. Glaucoma was managed by Graefe iridectomy. Norsa performed a total of 59 operations, a third [20 cases] being cataract surgery. Norsa performed both the extracapsular [Leibreich's technique] and intracapsular [Gradenigo's technique] cataract removal. He also advocated the old operation of couching in select cases. The remaining surgery was undertaken for trachoma complications on the lids conjunctiva and iris. In two children with congenital cataract, surgery was performed under chloroform anaesthesia. Disease of the lachrymal apparatus was generally managed by the use of faradic or galvanic electrical current. Surgical procedures were limited to incision of the lachrymal canaliculi and sac. He also corrected some cases with squint²⁹.

In his reports, Charles Manche records trachoma as the prevailing cause for ophthalmic disease. The treatment administered consisted of conjunctival scraping twice weekly supplemented by the copious irrigation with corrosive sublimate solution, protargol drops, yellow oxide of mercury and picric acid. The use of silver nitrate cautery seems to have fallen in disuse. C. Manche also performed surgery for cataract [7 cases]. Squint was managed by the use of glasses. Penetrating injuries of the eye were managed by preventing infection, wound cleaning and excision of iris prolapse when present. Retinal

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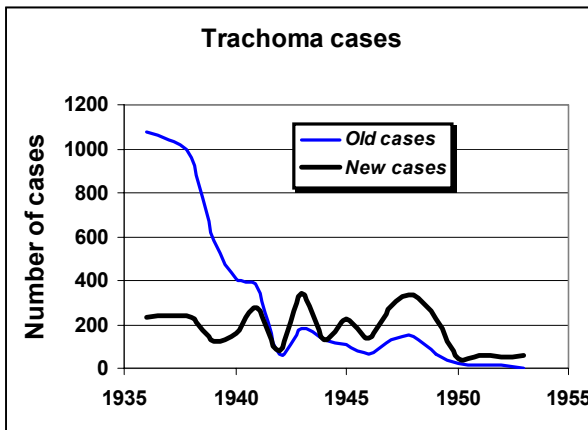
detachment was treated by bed rest and subconjunctival injection of sodium chloride solution and oral administration of potassium iodide³⁰.

In spite of the efforts to combat the ravages of Trachoma, the infection and its sequelae remained prevalent well into the first half of the twentieth century. The eventual breakthrough in the management of trachoma, both on a local and international level, was made by Dr. V. Tabone [later President of Malta].

In an attempt at reducing the incidence of trachoma, Medical officers in 1935 were asked to report each year all the cases under their treatment and to distinguish between fresh and old cases. The measures relied upon to reduce the incidence of trachoma were based on the early detection and treatment of cases among schoolchildren and the continuous treatment of all known patients by the Health Visitors at the Government Dispensaries under the supervision of the District Medical Officers. Similar arrangements were in force for children in orphanages. The treatment until 1947 consisted chiefly in the cauterisation of the conjunctiva with corrosive sublimate solution. In April 1948, a special meeting of the Trachoma Board agreed to place a request to the authorities for funds to send an eye specialist weekly to Gozo to supervise the treatment of trachoma cases using sulphacetamide tablets and drops³¹. The funds and facilities were made available, and Dr. V. Tabone was entrusted with the project. The assistance of the schoolteachers was obtained thus facilitating the administration of the treatment. The necessary medications were supplied free until the patients were declared cured by the specialist.

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The results of this campaign proved to be far superior than expected and within two years only six cases out of a total of 721 cases remained under treatment. The results of the Trachoma campaign in Gozo were presented by Dr. Tabone in 1950 to the meeting of the Organisation Against Trachoma held in London as part of the International Ophthalmological Congress. The paper was poorly received at the meeting, however Dr. Tabone persisted with his work and published his paper in the British Medical Journal in 1951. Hereafter, the results obtained in Gozo were confirmed by other workers. Dr. Tabono's contribution was recognised when the World Health Organisation requested his help to initiate the project in Taiwan. He was subsequently asked to assist in other anti-trachoma campaigns in Hong Kong, Singapore, the Philippines, Indonesia, North Borneo, Sarawak Brunei Iraq and Egypt. In later years [1991], Tabone was to be awarded a Medical Doctorate [*honoris causa*] by the Beijing Medical College for the work done in Taiwan³².



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With the control of trachoma and its complications, the pattern of ophthalmological disease patterns changed with increasing importance being given to complications from diabetes³³.

Ophthalmologic problems - loss of vision and cataract formation - were only specifically associated with diabetes in Malta in 1873, the association being mentioned by Dr. P. Sammut and later repeated by Dr. Gavino Gulia in 1874³⁴. It has been suggested that at the beginning of the twentieth century, ophthalmic complications of diabetes may have not been as common as one would expect. The reports by three ophthalmologists working in Malta at the turn of the century make no mention of diabetes in the cases seen. There did appear to be a higher incidence of cataract formation [11.02%] when compared to Rome [5.14%]³⁵. In a 1958 survey conducted on 638 blind individuals, diabetes was found to be the aetiological cause in 92 [15.9%] persons³⁶. Diabetic retinopathy remains a significant morbidity in Maltese diabetics³⁷.

Biographies

Several Maltese physicians have made a name in the discipline of ophthalmology having the honour of occupying the first European chair in ophthalmology set up in Vienna in 1774, and the post of first W.H.O. Consultant Ophthalmologist appointed in 1952. Maltese ophthalmologists have also contributed significantly to surgical techniques in ophthalmology and also in the medical therapeutics of trachoma.

Barth Joseph

b. Valletta (Malta) 28/10/1746 d. Vienna (Austria) 07/04/1818; **Education:** Anatomical & Surgical School at Sacra Infermeria, Valletta (Malta), Santo Spirito Hospital in Rome (Italy), University of Vienna (Austria). Qualified 1772. **Career:** appointed Public Teacher in Ophthalmology and Anatomy (1773), Professor of Ophthalmology and Anatomy (1774) and Oculist and Professor of Physiology (1786) at University of Vienna; nominated Royal Counsellor (1774) and appointed oculist to Emperor Joseph II (1776); retired 1791 but maintained post of personal imperial physician and ophthalmologist until his death. **Achievements:** Joseph Barth was to gain renown in ophthalmologic practice and to occupy the first Chair of Ophthalmology in Europe. His appointment to the post by the Empress Maria Theresa of Austria was made in consideration of his "special skill in eye diseases as well as his aptitude in finer anatomy". The professorship occupied by Barth remained the leader in ophthalmology with the subsequent professorship being instituted in Berlin only in 1866. In Malta the professorship in ophthalmology was only established in 1880 being incumbent by Professor Lawrence Manche'. Barth also opened a private nursing home and the first public eye clinic in the Vienna General Hospital in 1784, wherein he operated on cases of cataract. He apparently designed the original version of the "Beer's knife" that was subsequently modified and popularised by his student. His clinical renown led to his appointment as Imperial Oculist after he successfully treated Kaiser Joseph II of a stubborn "ophthalmitis". Barth was very much a clinical teacher and was responsible for the training of several renowned physicians, notably Joseph Ehrenritter, Johann Adam Schmidt, Georg Joseph

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Beer, Georg Prochaska, Jacob Santerelli, G.B. Quadri, and Pietro Magistretti. He also established an Anatomical Museum that housed an assembly of 1576 specimens, some prepared by Barth himself. He also founded a medical library that contained 1500 volumes. Barth did not publish extensively preferring clinical teaching. His publications included an anatomical work on myology *Anfangsgrunde der Muskellehre* (Vienna, 1786, 2nd ed. 1819) and an operative text on cataract removal *Etwas uber die Ausziehung des graven Staars fur den genubten Operateur* (Vienna, 1797, Salzburg, 1797). In 1827, Dr. Stefano Zerafa described Joseph Barth as "...a man of great merits, Maltese citizen, Chief Physician and Counsellor to Her Sacred Majesty, Professor of Sublime Anatomy and Physiology in the Academy of Vienna, undoubtedly the first among ophthalmologists...."³⁸.

Coleiro Joseph Anthony

b. Malta 06/06/1944; **Education:** St. Aloysius College, B'kara (Malta), University of Malta, postgraduate studies in the UK. Qualified M.D. 1967, D.O. (RCPS) 1971, FRCS (Edin) 1973, FRCOphth (Lond) 1988. **Career:** Awarded the British Council Commonwealth Scholarship (1970); appointed Consultant Ophthalmologist and Hon. Senior Lecturer at Ninewells Hospital and the University of Dundee (Scotland, U.K.). Served as examiner for various British postgraduate colleges and as chairman to the Dundee division of the British Medical Association (1983-85). **Achievements:** Coleiro is the author of a number of specialist papers in international journals. He is currently member of the editorial board of the *Journal of the Royal College of Surgeons of Edinburgh*, and referee of the

Scottish Medical Journal, the *Maltese Medical Journal*, and *Reviewer Eye News* (Edinburgh). He is also a member on the International Advisory Board and the American Academy of Ophthalmology (1990)³⁹.

Damato Francis Joseph

b. Paola (Malta) 02/02/1914 d. Malta 13.06.1986; **Education:** St. Paul's School, Valletta (Malta), University of Malta, Valletta (Malta), postgraduate studies in the UK. Qualified M.D. 1937, D.O. (Oxon), DOMS (Lond), FRCS (U.K.). **Career:** Medical Officer in Maltese Government Service (1937-1944); awarded the British Council Scholarship (1944); House Surgeon at Central London Ophthalmic Hospital (1944-45), and the Western Ophthalmic Hospital, London (U.K.) (1946-47), Senior Government Ophthalmic Surgeon and lecturer at University of Malta (1950); retired 1976. **Achievements:** Damato was a member of a number of national ophthalmologic societies including those in the U.K., Spain, Italy and France. He contributed a number of specialist papers in international journals including *Incidence and Causes of Blindness in Malta* and *The fight against trachoma in Malta*.⁴⁰

Manche` Charles

b. Floriana (Malta) 19/11/1874 d. Malta 17/02/1936; **Education:** University of Malta, Valletta (Malta), Royal London Ophthalmic Hospital (Moorfields, U.K.), diploma course on trachoma at Royal Ophthalmic Clinique (Naples, 1908); Qualified M.D. 1897. **Career:** appointed Assistant to Ophthalmic Surgeon Mr. Warren Fay at Royal

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London Ophthalmic Hospital (1898); Surgeon to the Royal Malta Militia (1901) managing the Eye Ward at the Station Hospital, Valletta (Malta). Served as examiner in ophthalmology at University of Malta. **Achievements:** Charles Manche published numerous medical papers and articles in international journals. Elected Life member of the ophthalmic Society (U.K.) (1898); appointed correspondent to the leading journal *The Ophthalmoscope* published in the U.K. and the U.S.A. (1904). In collaboration with his father Lorenzo Manche, he set up the philanthropic Ophthalmic Institute of Malta in 1908 with the aim of furnishing trachoma sufferers with gratuitous therapy.⁴¹

Manche` Lorenzo

b. Floriana (Malta) 26/11/1846 d. Malta 16/02/1921; **Education:** University of Malta, Valletta (Malta), postgraduate studies in Ophthalmology in Paris (France) and London (UK). Qualified M.D. 1868. **Career:** Commissioned Surgeon of the Royal Malta Fencible Artillery responsible for the Garrison Eye Ward, Station Hospital, Valletta (Malta) (1875-1883); appointed Ophthalmic Surgeon, Central Civil Hospital, Floriana (Malta) and first Professor in Ophthalmology at University of Malta (1888); retired from Army 1901 and from clinical active practice in 1907, but collaborated subsequently with his son to set up the philanthropic *Ophthalmic Institute of Malta* until his death. **Achievements:** Lorenzo Manche published numerous medical papers and articles in international journals. Published the textbook *Ottalmologia in Quadri Sinottici* (A. Pugliesevich, Malta, 1885) that presented information on causes, symptomatology and therapeutics of eye disease in tabular format. The book received international acclaim

and was used by medical students in many European Universities for a great number of years. Through public education, advocated personal hygiene for disease prevention and published for this purpose *Istruzioni popolari per difendersi dal Trachoma* (Malta, 1907); *It-Trobbija tat-Tfal jeu tuissijet għall ommijiet* (ProInfantia, Malta, 1907) and *Mard l Ghajnejn fit-Trabi* (Moghdija taz-Zmien series No. 110, Malta, 1911). Lorenzo Manche represented Great Britain at the VIth International Congress of Ophthalmology (Milan, September 1800) where he was nominated to serve as secretary and read a paper entitled *Commotion Retinique*. He was awarded the PEP by Pope Pius XI. ⁴²

Preziosi Luigi, Sir Count

b. Sliema (Malta) 29/07/1888 d. Malta 30.07.1965; **Education:** Flores College (Malta), Royal University of Malta, Valletta (Malta), postgraduate studies in Oxford and Rome. Qualified B.Sc. 1907, M.D. 1910, D.O. (Oxon) 1920. **Career:** During World War I served as medical officer in the RAMC and consultant to the services. Assistant Medical Officer in Maltese Government Service, subsequently appointed ophthalmic surgeon and professor of ophthalmology at the Central Civil Hospital, Floriana (Malta) and the University of Malta (1924). **Achievements:** Preziosi described his famous ophthalmic operation for glaucoma published in the *British Journal of Ophthalmology* in September 1924, and had the opportunity to discuss the surgical technique in several international medical for a including the Italian Society of Ophthalmology (Rome, Italy, 1924), the Florence Congress (1939), and the International Congresses of Ophthalmology held in Amsterdam (1929), London (1950) and New

York (1954). The operation was also discussed at the Irish Ophthalmological Society (1956). He represented the Faculty of Medicine in the University Council and served as President of the Camera Medica. He was also actively involved in Maltese Politics until 1949. In 1948 was created Knight Bachelor and in 1956 Knight of Magistral Grace of the Sovereign Military Order of Malta.⁴³

Tabone Mario

b. Victoria (Gozo) 24/11/1938; **Education:** University of Malta, Valletta (Malta), postgraduate studies in the UK. Qualified M.D. 1965, D.O. (U.K.). **Career:** Ophthalmologist in Private Practice.⁴⁴

Tabone Vincent, President of Republic

b. Victoria (Gozo) 30/03/1913; **Education:** Gozo Seminary, St. Aloysius College, B'kara (Malta), Royal University of Malta, Valletta (Malta), postgraduate studies in the UK. Qualified:- PhC 1933, M.D. 1937, D.O. (Oxon) 1946, DOMS (Lond) 1947, DMJ (SA Lond) 1963, FRCS (Edin) 1949, M.D. (Hon. Causa; Beijing) 1991. **Career:** House Surgeon Central Hospital (Malta) and Victoria Hospital (UK), Clinical Assistant Moorfields Hospital and Royal Eye Hospital (London, U.K.), Ophthalmic Registrar Addenbrooke's Hospital (Cambridge, U.K.), Consultant Ophthalmologist - Victoria and King George V Hospitals, Senior Ophthalmic Surgeon St. Luke's Hospital. Also served as Medical Officer with Armed Forces during World War II. In 1948 was entrusted by government to carry out an intensive anti-trachoma campaign in Gozo. Served as consultant with WHO in Geneva, Taiwan, the Philippines, Hong Kong, Malaysia, Laos, Cambodia, Singapore, Vietnam, Iraq, Indonesia, North Borneo,

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Brunei, Sarawak, Iraq, Alexandria (Egypt) and Tunisia. **Achievements:** Tabone was instrumental in describing the definitive treatment for trachoma through the use of antibiotics thus helping to eradicate the disease in Malta and elsewhere. The findings of the original study conducted in Gozo were first presented to the International Ophthalmological Congress held together with the Organisation Against Trachoma and were received dubiously. He however published in the *British Medical Journal* in 1951. Because of his contribution to the treatment of trachoma, Tabone was engaged as the first Consultant Ophthalmologist for the W.H.O. in 1952. He was also active in Medical Trade Unionism being founding president of the Medical Officers Union and also had a long active career in politics reaching a peak by serving as President of the Republic of Malta 1989-1994. He served also as member of the University Council.⁴⁵

Vassallo Alfredo

b. Malta 1866; **Education:** University of Malta, Valletta (Malta). Qualified M.A. (1889), M.D. 1892. **Career:** Appointed Ophthalmic Surgeon and Professor of Ophthalmology at the Civil Hospital, Floriana (Malta) and the University of Malta (1907).⁴⁶

ENDNOTES

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