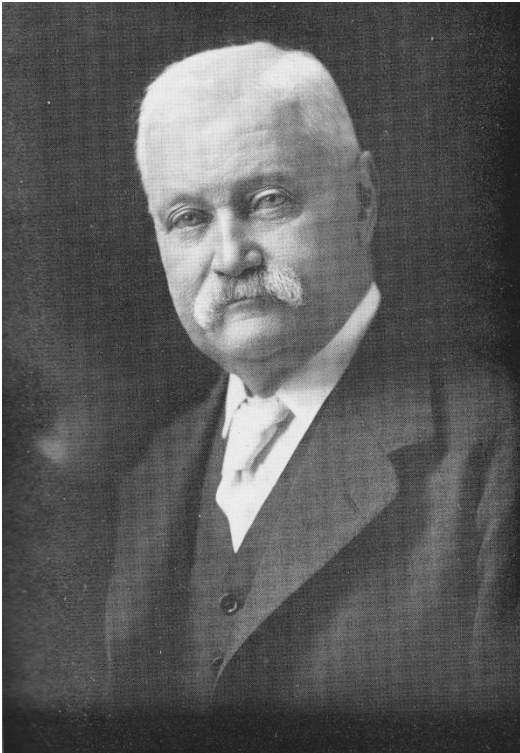


## Henry Lindo Ferguson (1858-1948)



During the winter of 1882-83 in Dublin, Ferguson was working at nights to obtain photographs of the retina utilising his own eyes with the pupils dilated. After so doing, he found that he required glasses for hypermetropia. He also had some “chest trouble”. There was a possibility of tuberculosis which fortunately did not eventuate. Ferguson went to his old teacher, who ordered a “complete change”, so he selected New Zealand because its climate was very like the British. His mother and brother accompanied him, the latter very likely having tuberculosis. Ferguson arrived at Port Chalmers on October the 12<sup>th</sup> 1883, by which time he was feeling well and his ocular accommodation was restored, allowing him to dispense with his glasses. It is possible, but nowhere mentioned, that he had been instilling atropine eye drops to dilate his pupils for the photographs. Atropine paralyzes the eye’s accommodation, an effect which may take three weeks to wear off, and occasionally longer.

Ferguson arrived in Dunedin in 1883. He was appointed to the Dunedin Hospital staff as an ophthalmologist in 1884, and was appointed as a lecturer in ophthalmology by the Council of the University of Otago in 1887. Ferguson became Professor of Ophthalmology in 1909, the same year that the medical school appointed its first professors in medicine, surgery, pathology, and midwifery and diseases of women, which was an attestation of both Ferguson’s status and ophthalmology’s importance.

Ferguson initially practiced both ophthalmology and otolaryngology, but later relinquished otolaryngology. In this era, the range of ophthalmic surgery was cataract, iridectomy, strabismus, and some lacrimal and orbital surgery. There were many shipwrecks in New Zealand in the 1800s, and Ferguson knew that the captain of one had poor eyesight. He successfully campaigned the government to introduce eyesight tests for deck officers, the forerunner of many more visual standards for occupations.

Ferguson is traditionally reputed to be the first true ophthalmologist in Australasia. This originates in part from the president’s medallion which was presented to the Ophthalmological Society of New Zealand by the Ferguson family in 1970. On its reverse side is engraved “Sir Henry Lindo Ferguson, CMG, FRCSI, 1858-1948. The first ophthalmologist in Australasia”. However, in Dunedin there already was William McStravick Stenhouse, and in Christchurch Llewellyn Powell, but probably they were generalists with an interest in ophthalmology. In Melbourne there were James Rudall, Andrew Sexton Gray, and Aubrey Bowen. Gray and Rudall are the acknowledged founders of the Royal Victorian Eye and Ear Hospital in 1863. In Sydney Sir Henry Normand MacLaurin, appointed to Saint Vincent’s Hospital as an ophthalmic surgeon in 1873, and Thomas Evans appointed to Sydney Hospital as an ophthalmic surgeon

in 1882. Charles Gosse was trained at Moorfields Eye Hospital and was appointed to the Adelaide Hospital in 1881 as its first ophthalmic surgeon. Rudall of Melbourne is regarded as the first true ophthalmologist in Australia. It is well documented by Lowe that Gray, the founder of the Royal Victorian Eye and Ear Hospital in Melbourne in 1871, formally trained in ophthalmology with Dr William Wilde at the St Mark's Ophthalmic Hospital in Dublin. Aubrey Bowen trained at the Birmingham and Midland Eye Hospital, and then did further training at St Mark's Ophthalmic Hospital in Dublin and attended eye clinics at Moorfields Eye Hospital in London, before emigrating to Melbourne. Sir Henry Normand MacLaurin of Sydney was more of a generalist. Although appointed to St Vincent's Hospital as an ophthalmic surgeon to the outpatients, he was later appointed as honorary physician.

Whether the first ophthalmologist or not, Sir Lindo Ferguson was the first to have a university academic appointment, and was Australasia's first professor of ophthalmology. Sir Lindo was hugely influential in both Australia and New Zealand, and his reputation attracted many patients from Australia a not inconsiderable journey in the late nineteenth century.

Dr Ferguson became the second Dean of the Otago Medical School in 1914. Ferguson retired in 1937, and to date is New Zealand's longest serving Medical Dean. Ferguson's legacies include his enormous achievements as Dean of New Zealand's only medical school at that time. The Otago Medical School grew in size, stature and facilities under his leadership. He was extremely successful in persuading the politicians and university leaders that for the medical school to achieve high standards it needed adequate funding. The neo-classical Lindo Ferguson building is named in his honour.

From every account, Ferguson was a commanding and inspiring leader. Honours were bestowed upon him. He was a foundation member of the Ophthalmological Society of Great Britain, and of the Royal Academy of Medicine of Ireland. With Sir Hugh Devine of Melbourne and Sir James Elliott of Wellington, he was involved in the founding of the Royal Australasian College of Surgeons. In 1927-28 the three travelled together to the United States to learn how the American College of Surgeons functioned, and to take advice from that body before establishing the Australasian College of Surgeons. As a result, Ferguson was also made an honorary fellow of the American College of Surgeons. The University of Melbourne conferred on him an honorary Doctor of Medicine. These significant contributions to New Zealand medicine were recognized by His Majesty King George the Fifth, who knighted him (KCMG) in 1924.

Sir Lindo also found time for some private ophthalmology practice. Sir Lindo charged fees commensurate with his high reputation. A solicitor called Mondy refused to pay his fee, and Sir Lindo took him to court, which received wide publicity, an example of public service and good business practice not being mutually exclusive. Sir Lindo operated for cataract on Sir Logan Campbell, the acknowledged founder of Auckland. Sir Logan was a medical practitioner, but after his arrival in New Zealand he did not practice medicine, as previously noted. Despite his wealth, Sir Logan complained to Sir Lindo about being sent an account for the surgery, as he had expected that professional courtesy would have applied! Sir Lindo had private means, and he did not insist on a Dean's salary until the age of seventy, and only to ensure that his successors were paid. And that salary went back into the School. He was quoted as saying that "I was able to do much for the School that a salaried whole time man could not have done. I was absolutely independent and could say what I liked and the [University] Council took it cheerfully."

Sir Lindo and Lady Ferguson personally donated generously to the Otago Medical School, thus founding the Dean's Fund, which was later re-named the Ferguson Fund.

The depression of 1929 affected even Sir Lindo. He dispensed with his chauffeur, but then had to drive the bull-nosed Morris Cowley himself. He disliked reversing, a manoeuvre he avoided by creating doors at both ends of his garage and a circular driveway.

Sir Lindo's wide interests included stamp collecting, gold mining, and wines. He had a large underground wine cellar at his home, Wychwood, in Anderson's Bay, Dunedin. After his medical training in Ireland he obtained a certificate in mining from Trinity College in Dublin. In Dunedin he became chairman of an alluvial mining operation, where it seems the dredge was always in some trouble or other. Sadly, but probably to the benefit of ophthalmology, their golden dreams never eventuated.

Sir Lindo died on January 22<sup>nd</sup>, 1948. He and Lady (Mary Emmeline) Ferguson (1864-1944) had a son Gerald, and a daughter who died during childhood. Their two grandchildren by Gerald are Mrs Marjorie Macdonald, wife of ophthalmologist the late Gair Macdonald, and Richard Henry Lindo Ferguson, CBE, ophthalmologist in Auckland.