Guinness Eye Clinic, Kaduna: an Institution for the Care and Treatment of the Eyes in Nigeria

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The synopsis below was hand written by Dr Jokotoye Babalola and given to his daughter, Professor Sade Kosoko-Lasaki for editing and publication in 2009. Professor Sade Kosoko-Lasaki works as an Ophthalmologist at Creighton University, Omaha, Nebraska. USA
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Preamble

According to the report of the activities of the British Commonwealth Society for the blind in the early thirties of the century, Nigeria has the largest figure of blind individuals in the whole of the commonwealth. Major cause of blindness was attributed to Trachoma followed by (not in the real order of causes) Onchocerciasis, smallpox, glaucoma, cataract, perforation of the globe, trauma etc. By the year 1986 there were an estimated number of 400,000 to 500,000 blind people in Nigeria.

The incidence of blindness is comparatively higher in the northern parts of the country. Thus the Northern Nigerian Government in cooperation with the Northern society for the Blind, in order to reduce the incidence of blindness by providing preventative care and treatment decided to establish an out-patient ophthalmic department in the old General Hospital in Kaduna.

The Ophthalmic Department consisted of 14 feet by 12 feet room used for administrative office and store, 14 feet by 10 feet room for consulting and dressing while another 14 feet by 10 feet room was used for minor eye procedures like the removal of foreign bodies. Major operations involving the uvea, lens, retina and the globe was done in the general operating theatre in the General Hospital. A small space for 8 to 10 beds was reserved in the main General Hospital ward for post operation care.

The Ophthalmic Department was supervised by an ophthalmologist, assisted by an Ophthalmic Optician (Optometrist), Ophthalmic Nursing superintendent and a few Ophthalmic Nurses. As the department catered for curative side of the eye problems, it also catered for the preventative side. A team of ophthalmic workers were sent to the field on the trachoma and Onchocerciasis projects, especially in Bama for Trachoma and Abuja for Onchocerciasis.
The Guinness Eye Clinic, a short history

Because of the wonderful work carried out in the Ophthalmic Department and the enormous success registered, there was a need for expansion of the department. Funds for this expansion were difficult to get by. But at the wake of 1960s 43,000 pounds sterling was donated to Nigeria by Messers Arthur Guinness Sons and Co LTD London for the building and equipping of the Eye Clinic. This Clinic was eventually named after the donors: Guinness Eye Clinic. The clinic was located at a few kilometers from the old General Hospital and very near St John College (now Rimi College). The clinic is within the premises of the General Hospital. It is a single block of building near the gate of the General Hospital and adjacent to the present School of Dentistry and Hygiene.

Guinness Eye Clinic in Kaduna is at present one of the biggest eye centers in Nigeria and in Africa, at large. The constructions were made in phases. The opening of the first phase was formally performed on the 13th February 1962 jointly by the Premier of the then Northern Nigeria, the late Alhaji Sir Ahmadu Bello, K. B. E. and Benjamin Guinness, Viscount Elveden now the Earl of Iveagh

The next phase was an extension of an optical workshop which was financed through 18,000 pounds sterling raised from local Nigerian sources. The opening of this phase was performed on the 1st of May 1968 by Abba Kwari, Governor of North Central State of Nigeria.

Guinness Eye Clinic – Departmental Sections

The main sections are:
1) The Waiting Room
2) Card Issuing section
3) Sorting Room
4) Consultation Ophthalmologist Room
5) Three Refracting Rooms
6) Optical Workshop
7) Treatment Rooms
8) Stores.

There is an Eye Ward adjacent to the Eye Clinic.

Guinness Eye Clinic - Staffing

The staff of the clinic at the time of writing includes:
1) Consultant Ophthalmologist
2) Senior Registrar (Ophthalmology)
3) Four Registrars
4) Principal Nursing Superintendent
5) Two Ophthalmic Nursing Superintendents
6) Nursing Sister
7) Eight Post-Registration Nurses in Training (Ophthalmic Nurses)
8) Three Optometrists
9) Two (one male Optometrist, one female Post-Registration medical doctor) National Youth Service Corpsers

10) Junior Staff:
   a. 8 Ward Attendants
   b. 2 Ward Auxiliaries
   c. 3 Optical Attendants
   d. 4 Optical Technicians
   e. 2 Storekeepers

Guinness Eye Clinic – The Eye Ward

The Eye Ward is adjacent to the Eye Clinic. It consists of 54 beds in male, female and children wards. There are two research rooms and one Ophthalmic Operating Theatre.

The staff of the ward is made up of ophthalmic nursing superintendents, post-registration nurses and a number of students nurses-in-training.

Guinness Eye Clinic – A typical procedure followed by a patient on his first attendance

The clinic opens to the public at 7:30-8:00 a.m. The patient arrives for treatment or checkup, gets a card (free of charge) from the card issuing section. After filling and completing the card, the patient waits (or sits) in the waiting room. When it is his turn, he is called into the sorting room. Here his vision checked without aid is determined for each of the eyes, i.e., left eye and right eye. If he wears glasses his visual acuity (that is, his correct vision - vision with his glasses) are determined for his right eye and his left eye. This is usually carried out by an ophthalmic nursing superintendent or a sister. It is here the real sorting is made. If it is a case that can be handled by the nursing superintendent, the patient is attended to by him or by the nursing sister. Other cases which he cannot handle are referred to the consultant ophthalmologist.

The consultant ophthalmologist has to decide on the type of treatment required by the patient. If it is a case for treatment that cannot be handled by the nursing superintendent or a case for minor operation like removal of foreign body, the patient is referred to the treatment room. If it is a case of refractive error, the consultant ophthalmologist either does the refraction herself or she refers the patient to the optometrist who will carry out the systematic routine refraction. This involves (a) subjective refraction which is correcting the error by means of refractometer or phorometer and Snellen charts. It is good to do both objective and subjective refraction on the patients. Both the consultant ophthalmologist and the optometrist must first carry out ophthalmoscopy on the patient before refraction. This is to know whether the eye they are handling is a diseased eye or a normal eye depending upon the fundus picture as observed in the process of ophthalmoscopy. The ophthalmologist takes care of the abnormalities found.

After the refraction, the consultant ophthalmologist or the optometrist decides if the patient is malingering, if he does not require glasses or if the requires glasses to correct his visual disability.

There are four major visual disabilities requiring correction by means of lenses. These are (a) myopia, (b) hypermetropia, (c) presbyopia, (d) astigmatism either as single or combined with (a), (b) or (c). The prescription of the lenses required are written and given to the patient if he wants to procure his glasses somewhere else. But if it is one to be dispensed in the clinic, the prescription is attended to by the
optometrist. The patient is directed or taken to the optical dispensing room. The patient is shown various types of frames from which to select one he likes and he can pay for. The pair selected and the prescription are sent to the optical workshop. Here the lenses required are ground to specification and polished. The finished product are cut, edged, and glazed into the frame. This is a pair of glasses. The pair of glasses is put into a spectacle case and a piece of cleaner is provided. The pair of spectacle is delivered to the patient with special instructions as to the mode and time of wearing.

Guinness Eye Clinic – Hardship cases with abnormalities

When a patient is referred to the ophthalmologist with his card, the history of his case is reviewed with the patient. The ophthalmologist looks and checks the external fixtures of the eyes. This includes (a) eye movement and rotation, (b) color of the sclera, the cornea, the limbus, the iris and the pupil. Pupillary reaction to the three reflexes is checked. He/She then checks the fundi to know the type of abnormalities internally located. And he/she addresses himself/herself squarely to the abnormalities. Those requiring medication are given prescriptions for drugs needed including method of administration of the drugs. If it is a case requiring surgical treatment, the case is referred for admission into the ward. There are others needing no surgical treatment but are referred also to the ward either for observation or for intensive treatment. Those refusing operation are preferred for operation in the theatre. The post-operation treatment is also carried out in the ward. When a patient is considered fit enough he is discharged. A discharged patient may be called upon to report daily or occasionally for further observation or treatment. In case of post-cataract operation, when the ophthalmologist thinks fit, she can carry out by herself refraction of the patient’s eyes or she refers the patient to the optometrist for post-cataract refraction leading eventually to prescription and wearing of aphasic lenses.

Guinness Eye Clinic – A center for eye care for the whole of Nigeria and neighboring countries

With the available modern equipments many successful major operations had been performed here in the clinic. An Eye Bank, which is the first in West Africa) was established with the passing of the Corneal Graft Bill in 19678 in Nigeria. Patients are referred to Guinness Eye Clinic from neighboring countries like Chad, Niger, Republic of Berlin and Ghana. And in 1971 alone, the number of patients treated was 72,000. Of those, there were 1,500 major operations performed. These include retinal detachment, corneal grafting, and reconstructive plastic surgery. During the same year, over 60,000 minor operations were carried out.

Guinness Eye Clinic – Cooperation with other centers

Between this clinic and the Mayo Clinic in America, great and encouraging progress had been made over the years.

Special Tribute

Special tributes are made to those who have contributed in any small measure to the success of this clinic. They include the ophthalmologists of great repute like Dr. Hud; Dr. Carl Suarez, Professor Baah, and Professor (Mrs) Adenike Abiose. Energetic optometrists like Mr. Jokotoye Babalola who was the first Northern Nigerian Government ophthalmic optician, Mr. Aliyu and efficient nursing superintendents like Mr. Jas Okarafor, Mr. Ajola and others.
Conclusion
The Guinness Eye Clinic has fulfilled the purposes for which it was founded. A solid foundation has been built. This has prepared the unit for the gigantic challenge ahead squarely.
The set up of the Guinness Eye Clinic in Kaduna, Nigeria, which brings about an efficiency in the running of the clinic and “restoring one of life’s most precious gifts” – A Short Story

The Guinness Eye Clinic in Kaduna is one of the biggest eye centers in Nigeria and in Africa at large. The clinic was formally opened on the 13th of February 1962 jointly by the Premier of the then Northern Nigeria, the late Alhaji Sir Ahmadu Bello, K. B. E. and Benjamin Guinness, Viscount Elveden now the Earl of Iveagh. The building and the equipment which together cost $43,000 was a gift to the country made by Arthur Guinness Sons & Company Ltd London. On the 1st of May, 1968, the facilities offered by the Guinness Eye Clinic were further extended by the opening of an optical workshop. The finance for the project, $18,000, was raised from local services.

Prior to the establishment of the clinic at Kaduna, there had been on Ophthalmic Out Patient Department situated in a small room in the old Kaduna General Hospital. This had the support of only eight to ten beds and was supervised by an Ophthalmic Nursing Superintendent and an Ophthalmologist assisted by an ophthalmic nurse, optician and a few registered nurses.

In 1968, the Guinness Eye Clinic was absorbed into the Institute of Health ABU. With the facilities available in the Guinness Eye Clinic, that is to say:

- Modern equipments so that major operations are carried out to enable the blind to see;
- Establishment of an eye bank – the hole of West Africa with the passing of the Corneal Graft Bill in 1968;
- A modern workshop which produces all types of lenses including single vision, bifocals, trifocals, and tinted and photochromic lenses.

Prior to the establishment of the workshop, routine prescriptions had to be sent overseas for dispensing which entailed great expense and unnecessary delay to patients.

One then wonders how the single unit can cope with the patients from all over Nigeria. It is estimated that there are between 400,000-500,000 blind people in Nigeria (a large proportion of whom can be cured, provided the resources are available to undertake the operations and provide the treatment) and those referred from neighboring countries like Chad, Niger, Dahomey (now Republic of Benin) and Ghana. In 1971, the Guinness Eye Clinic treated 72,000 patients, 1,500 major operations including detachment of the retina, corneal grafting, and reconstructive plastic surgery were carried out. During the same year, over 60,000 minor operations were carried out.

A look at the set up of the clinic will make one appreciate how efficiently the members of the staff work such that whatever the number of outpatients that report to the clinic in a day, all get attended to before the outpatient department closes at 3:30 p.m. (1530 hours) and, subsequently, the emergency cases are seen in the Eye ward which is adjacent to the clinic.

The Eye Clinic is within the General Hospital premises. It is situated near the Main gate of the hospital and adjacent to the School of Dentistry and Hygiene. It is a one-story building. For proper understanding of the set up, we take a patient (A) who arrives at the clinic for treatment (See Diagram below). He gets a card at X and then sits in the waiting room until he is called in to the Sorting Room where his visual acuity is done and then he is seen usually by an Ophthalmic Nursing Superintendent or Nursing Sister who decides if the eye ailment is one they can treat or one they have to refer to the Consultant Ophthalmologist. However, any cases seen by the Nursing Superintendents without any
improvement by the third day, must be referred to the Consultant Ophthalmologist. Any medication or minor operation (the removal of a foreign body) is done in the treatment room which is adjacent to the sorting room.

There are three refraction rooms where patients are prescribed glasses. These prescriptions are taken upstairs to the optical dispensing room (see Diagram 3) where a highly subsidized pair of glasses is selected (according to patient’s choice) and the fixing of the lenses is done in the grinding room (see Diagram 2). If patient A is to see the Consultant Ophthalmologist upstairs, he goes to any of the consultation rooms (see Diagram 3) to where he is attended.

It will be incomplete to write about the set up of the clinic without mentioning the members of the staff who work hand in hand for a smooth-running clinic. There are four (4) Consultant Ophthalmologists, senior registrars, and four registrars who are training to be ophthalmologists after completing their medical school education and a year of internship. There is one Principal Nursing Superintendent, two ophthalmic Nursing Superintendents, and one Nursing Sister. Eight Post Registration Nurses in training as Ophthalmic nurses, three Optometrists and two National Service Youth Corpsers (a male optometrist and a female post registration physician). The junior staff includes eight ward attendants, two ward auxiliaries, three optical attendants, four optical technicians and two store keepers.

The eye ward is adjacent to the eye clinic. It consists of:
- 54 beds, including male, female and children wards
- 2 research rooms
- 1 Ophthalmic Operating Theatre

It is furnished with trained Ophthalmic Nursing Superintendents, Post-Registration Nursing Staff and student nurses in training.

The Guinness Eye Clinic also looks to the preventative side of eye disease. Research is being conducted into Trachoma which is prevalent in Nigeria and also Onchocerciasis (river blindness). The Guinness Eye Clinic in Kaduna has a very close relationship with the Mayo clinic in the United States of America. Great progress, therefore, has been achieved over the years but this is only the beginning. With the sure solid foundation, one can face the gigantic challenge ahead squarely.

Reference:
Adapted from the program of the official opening of the Guinness Eye Clinic on the 23rd February 1972. i.e. “Restoring on eof life’s most precious gifts... A decade of Achievement and Progress at Kaduna”

Diagram 1

**THE SET UP**

Eye Ward  
Eye Clinic  
Dental School  
Main Hospital