



The impact of ophthalmic surgery on the public image of psychiatry

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The public image of psychiatry could be better. Just three of the perceptions held by the community are that psychiatrists are loopy, that their treatments are ineffectual, and that the profession is too removed from mainstream medicine. Turning around such strong public opinion is no easy task, and possibly unachievable. Or so I thought until earlier this year.

Saturday 21 May dawned a crisp and clear day, albeit a little breezy. A quick shower and breakfast, then I was out the door with my son Adam for his Under 8 soccer match. After a wind squall midway through the first half of a gripping encounter, one of Adam's team mates, Brad, suddenly clutched his right eye and began to scream, then ran towards his mother on the sideline. The match was temporarily suspended, and parents from both sides formed a huddle around Brad and his distraught mum, the sense of helplessness profound. Little did anyone know that, over 20 years ago and before commencing psychiatry training, I had spent a term at Sydney Eye Hospital and that, despite limited opportunities since, I still fancied my skills in this area over the next person. I decided to intervene.

Brad's right eye was swollen and watering profusely.

"Is the pain worse when you blink?" I enquired.

Brad nodded, sobbing. Without further ado, I gently pulled his right upper eyelid towards me by its lashes and slowly everted it. The sight of the lid's inflamed inner conjunctival surface caused some parents to step back, others to look away and many to wince, but my focus was now on a speck of dirt, trapped under the lid, that beckoned, seductively, "Garry, I'm yours". Without averting my gaze, I requested a clean tissue and an onlooker obliged by inserting one into my free outstretched hand. A deft dab saw the foreign body gone and Brad once more a "happy camper".

For the hero, of course, the trick on such occasions is to give the impression that these actions are all in a day's work by making no fuss, by politely shrugging off backslappers, and by quickly



resuming one's previous activities. Accordingly, when the game restarted, I was the first to recommence barracking: "In there, Adam!", "Defence! Defence!", "Nice tackle Kevin!", and so on. At the same time, I was very mindful of the sorts of conversation taking place nearby:

"They say he's a psychiatrist."

"Surely not?"

"Yep, a shrink."

"You don't say . . . Wow!"

Now a psychiatrist's self-esteem and the public image of a profession should never hinge on a fortunate turn of events, as occurred during Round 7 of the 2005 Under 8 Ku-ring-gai District Soccer Competition. Nevertheless, while I do not pray that a gale blows during every soccer game in which my son plays, I confess to now following the weather forecast more closely and to not minding the occasional stiff breeze on match days. I even keep a box of tissues handy. I have also recently reminded myself how to reduce a dislocated shoulder. Just in case.

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