

# A Century of Service

The City of Dublin Skin and Cancer Hospital  
1911–2011



EOIN O'BRIEN

# A Century of Service





ANDREW CHARLES  
1879-1933

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1911–2011

Eoin O'Brien

The Anniversary Press, Dublin, Ireland



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### BOOKS BY EOIN O'BRIEN:

*Conscience and Conflict. A Biography of Sir Dominic Corrigan (1802–1880).*  
The Glendale Press. Dublin 1983.

*A Portrait of Irish Medicine: An Illustrated History of Medicine in Ireland.*  
With A. Crookshank and G. Wolstenholme. Ward River Press, Dublin 1984.

*A.J. Leventhal 1896–1979: Dublin Scholar: wit and man of letters.* The Glendale Press. Dublin 1984.  
*Messiah.* The Black Cat Press. Dublin 1986.

*The Beckett Country. Samuel Beckett's Ireland.*  
The Black Cat Press, Dublin, and Faber and Faber, London and Boston. 1986.

*The Charitable Infirmary, Jervis Street 1718–1987: A Farewell Tribute.*  
The Anniversary Press. Dublin. 1987.

*The House of Industry Hospitals 1772–1987. The Richmond, Whitworth and Hardwicke Hospitals. A Closing Memoir.*  
With L. Browne and K O'Malley. The Anniversary Press. Dublin. 1988.

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# Contents

<b>Acknowledgements</b>	viii
<b>Centenary Tributes</b>	
Peter O’Flanagan, Chairman of the Hospital Board	ix
Matthew O’Brien, Chairman of the Hospital Board 2004–2007	xi
Hugh Brady, President of University College Dublin	xiii
Desmond Fitzgerald, Vice-President for Research, University College Dublin	xiv
<b>Introduction</b>	xv
<b>Chapter 1    The Voluntary Hospital Movement and the Dublin School</b>	1
<b>Chapter 2    Hume Street and times past</b>	45
<b>Chapter 3    A Hospital struggles to succeed (1911–1945)</b>	67
<b>Chapter 4    Stability and service (1946–1976)</b>	109
<b>Chapter 5    A hospital in decline (1976–2006)</b>	147
<b>Chapter 6    A new vision: bringing science to society (2006–2011)</b>	169
<b>Appendices</b>	
1. Medical staff memoirs	195
2. Board of Management memoirs	217
3. Dr. Wallace and Dublin’s first Skin Hospital. Frank Powell	229
4. Miscellaneous documents	235
5. The Charter of the City of Dublin Skin and Cancer Hospital 2007	257
6. Articles and Memorandum of the Irish Skin Foundation	275
7. Hospital personnel	295
<b>List of illustrations</b>	301
<b>References</b>	304
<b>Index</b>	315



## Acknowledgements

I am grateful to many people for their assistance in writing this history of the City of Dublin Skin and Cancer Hospital. Without Matt O'Brien's diligent research the history would be sadly deficient. Whereas I was in possession of most of the Annual Reports from 1939 onwards, I had no records whatever relating to the Hospital from its foundation in 1911 to the nineteen-thirties. Matt filled this void for me by assiduously researching the archives of the *Irish Times* where he was able to obtain not only most of the Annual Reports for the period but also the weekly reports of the monthly meetings of the Board together with other items that had attracted interest. Dame Beulah Bewley, Thomas Bewley and Norma Futers, relatives of Andrew Charles, provided personal details about the Charles family, which were invaluable and their contributions are included in the appendices. Peter O'Flanagan and Seamus Kennedy read the book and made many useful suggestions. Present and past members of the Board, and relatives of deceased members provided material and personal memoirs for which I am most grateful – Jim Lovegrove, Brian Crawford, Gerard Lawler, Tom Brennan, Peter Johnson, Mairin McDonagh-Byrne, Oonagh Manning, Feargal Quinn and Karen Erwin. Relatives of deceased members of the Hospital staff provided personal memoirs, obituary notices and photographs, which are presented in the appendices. I am particularly grateful to Denis O'Sullivan and his sister Helen Stapleton for details on their aunt Joan O'Sullivan, to David Mooney, Michael Brady, John Gilmartin, Denise Curtin, Hugh and Berna O'Brien and Simon Walker for documents and personal tributes to their parents. Mary O'Doherty, Assistant Librarian, Special Collections and Archives, Royal College of Surgeons in Ireland, provided me with important documentation relating to Andrew Charles, and, as always, valuable advice. Carmel McKenna, former Senior Administrative Officer, gave me useful documents for which I am grateful. Ulick O'Connor provided the photograph of the garden party in Gogarty's house in Ely Place and Ronan Webster, Director, CB Richard Ellis gave me the photographs of the Hospital prior to its sale. Professor Frank Powell contributed an important essay on Dr. William Wallace, whose wonderful collection of paintings were executed in Dublin's first hospital for treatment of skin diseases. I acknowledge with gratitude the permission of the publishers to reproduce textual and illustrative material from a number of books of which I have been an author.

I owe much to a number of people who gave their time and expertise in the publication and production of *A Century of Service*; to Ted and Ursula O'Brien, who not only advised on the design of the book but also meticulously proof-read the text; to David and Edwin Davison for their photographic skill; to Aphria O'Brien for her secretarial assistance; to Robert South and Don Hawthorn from Nicholson & Bass for their patience in allowing me to set a book as it was written, a rather unusual approach, but the only one that was possible given the constraints of time and material; and finally to Tona for her patience, advice and sensitivity in designing the special edition, which has been so beautifully bound by Des Breen of Antiquarian Bookcrafts.

## Peter O’Flanagan, Chairman of the Board of the City of Dublin Skin and Cancer Hospital

On behalf of the Board of the Charity (the City of Dublin Skin and Cancer Hospital) it gives me great pleasure to pay tribute to a hospital, which has served the people of Dublin for just over a century.



If this book had merely recorded the history of the Hospital up to its closure in October 2006 it would have been worth the writing but the sale of the Hospital buildings on Hume Street for over €30 million, the successful and potentially hazardous modification of the 1916 Charter to permit the Hospital Board to not only protect its legacy, but to direct its attention to funding research into skin disease, opened broader vistas that have allowed the recording of a new life, a second coming, for the Hospital under the aegis of the newly established Charter-governed charity.

But none of this would have happened were it not for the foundation of the Hospital without which there would have been no tale to tell. We were very fortunate to have the services of Professor Eoin O’Brien to research and write this book. Quite simply Eoin is steeped in the history of the City of Dublin Skin and Cancer Hospital; his father Dr. Gerard T. O’Brien worked in the Hospital as visiting physician for over 30 years and Eoin succeeded his father in this capacity. Couple this intimate knowledge of an institution with Eoin’s reputation as an author and we have a book that is eminently readable as well as being highly informative. Not alone does *A Century of Service* tell the history of the Hospital but it relates the story in the context of time and place; a hospital in the centre of Georgian Dublin, struggling often in turbulent times, but destined to survive because of the determination of those who served it in the true voluntary spirit – great characters of their time.

However, above all *A Century of Service* is a testament to the vision of Andrew Charles and those founding figures, both medical and lay, who served either on the Board or at the bedside in the true voluntary spirit mostly without fee or reward to sustain an ethos in which they believed.

My hope is that this book will also provide inspiration to future researchers, to nurses, doctors and scientists who will work in the years ahead in the Charles Institute and the hospitals specialising in skin disease to which the benefits of scientific research will be brought in the true spirit of translational medicine.



## A CENTURY OF SERVICE

The foresight and commitment of the Board of the Charity under its new Charter has sought to establish three platforms so as to improve the management and treatment of patients with skin disease in keeping with the principles of translational medicine. Firstly, it has collaborated with University College Dublin and, resulting from the shared vision and ambition for the future as outlined by Des Fitzgerald, Vice-President for Research, has provided two-thirds of the cost of the Charles Institute as well as €2 million to initiate research funding in the Charles Institute so that scientific enquiry and endeavour can change the future of dermatology; secondly, it is providing substantial funding for the creation of a clinical centre of excellence, to be named The Charles Clinic, in St. Vincent's University Hospital, where patients in need of specialised care can benefit from the latest scientific advances and thirdly, it has undertaken to underwrite the initial operational costs of the newly founded Irish Skin Foundation so as to engage with the public to bring the knowledge of scientific advances to society.

These initiatives pave the way, I believe, for a very meaningful improvement in the care, treatment and hopefully the cure of skin disease in the future. The planning and implementation of what I have briefly outlined took place between October 2006 and September 2011. The commitment and energy of every member of the Board during this brief period made the creation of the Charles Institute, the Charles Clinic and the Irish Skin Foundation the realities that they are today and I would like personally to thank each member: Thomas Brennan, Patrick K. Cunneen, John Gallagher, Peter Johnson, Gerard Lawler, Elma Lynch, Mairin McDonagh-Byrne, Oonagh Manning, Eoin O'Brien, Matthew O'Brien, Pdraig O'Cearbhall, Patrick Ormond, Margaret Ramsay, Ciaran Ryan, Stephen Walsh and our vigilant secretary Seamus Kennedy. I have little doubt but that the founding fathers of the City of Dublin Skin and Cancer Hospital would approve of their endeavours.

## Matthew O'Brien, Chairman of the Hospital Board 2004–2007

When I joined the Board in 1999 with the hope that I might be able to help with new building plans, I had no idea of what else I was getting myself into or of the history or circumstances of the Hospital. I soon became aware of the difficulties under which the Board was struggling to maintain the dermatology service. The eighteenth century houses were not suitable to accommodate a modern Hospital and significant structural alterations were not possible in these listed buildings. When I read the 1988 Comhairle na nOspideal Report on the future of dermatology services, which was updated in 2003, it became obvious that sooner or later the dermatology service at Hume Street would be discontinued.



In the late nineteen-nineties and prior to my involvement, the Board had explored the terms under which the transfer of the dermatology service to a new site could be achieved. However, when it became clear that the proposed transfer of the service to St. Vincent's University Hospital would also involve the transfer of the assets and the end of any role for the Charity as a voluntary hospital, the Board demurred.

Subsequently the lack of any timetable for the proposed transfer of the service, the uncertainty about the future role of the Charity in public health care, budget constraints and personnel issues gave rise to many difficulties for the Board. However one bright aspect of the situation was the enthusiasm, competence and dedication of the hospital staff and the excellent care which they provided to patients.

In early 2004 representatives of the Hospital Board met the Minister of Health and Children and informed him that the Board would not object to the transfer of the service to St. Vincent's University Hospital if that was the Government's strategy. The Minister was also informed that the Board of the Hospital would welcome discussions on a new role within public health care following the transfer of the service.

When it was realised that the adverse fire report received in 2005 would force the closure of the Hospital, the Board appointed a committee to consider its future in public health care and to maximise the value of the property. Professor Eoin O'Brien had advocated a future for the Hospital in research at the AGM in 2001 and he was invited to talk to the committee about the latest possibilities; his enthusiasm for dermatology research made a deep impression on the committee.



## A CENTURY OF SERVICE

A formal analysis of all the options, which included professional and legal advice, concluded that dermatology research was the best way forward and this recommendation was accepted by the Board and at the following AGM. Subsequently, during the re-drafting of the Charter, this objective was broadened to include most activities concerned with skin disease.

What has struck me about the difficult and emotionally charged period leading up to the closure of the Hospital was the transforming power of a timely new idea. This changed the focus of the Board from continuing with the original charitable impulse of providing voluntary medical care in the context of a hospital, to the hope for a new and exciting direction in dermatology research proposed by Eoin O'Brien. This new direction and the initiatives already taken, holds out the promise of a greater influence by the Charity on the care of those suffering from skin disease and I have no doubt that this would be welcomed by the founders and all who contributed to Hume Street Hospital over the last one hundred years.

It is truism that every crisis also presents an opportunity and the forced closure of the Hospital was just such a moment – an opportunity which a prescient Board was prepared to seize; to quote Seamus Heaney “it was a time when hope and history rhyme”.

## Hugh Brady, President of University College Dublin

It is a great honour for me to be invited to contribute to *A Century of Service*. I would like to take the opportunity to applaud the Board of the City of Dublin Skin and Cancer Hospital for its foresight, vision and ambition to create a world-leading Centre of Excellence in dermatology research and training with the proceeds of the sale of the Hospital buildings on Hume Street. I should also thank the Board for choosing UCD as its partner in this endeavour. Working together with other stakeholders we have a unique opportunity to integrate dermatology research, training and clinical care in a manner that will have significant and tangible benefits to the well-being of future generations of patients.



More than ever before high quality healthcare must be underpinned by a strong foundation of education, research and innovation. Furthermore, the latter are increasingly intertwined. Students of medicine, nursing and other health professions must not only graduate with the appropriate level of knowledge and technical skill in their discipline and a capacity to work in multidisciplinary teams but should also have a sense of the limits of current knowledge and an appreciation for the importance of research in pushing back the frontiers of knowledge. There has never been a more exciting time to be working in health research. Week by week researchers in Ireland and around the world are making discoveries that shed light on the causation of both common and rare diseases that point to new diagnostic approaches and new therapies; and that question and advance the manner in which we configure and deliver our healthcare services. Furthermore strong and multipronged collaborations between academia and pharmaceutical, food and medical devices industries are ensuring that the discoveries made in the research lab are converted into products and services that directly benefit our patients. The strategic positioning of the new Charles Institute between UCD's Health Sciences Centre and the Conway Institute for Biomedical Research within the heart of UCD's larger Science District, will ensure that the Institute is not only embedded in UCD's health education and research programmes but also benefits from UCD's wider network of academic and industry collaborations on the Belfield campus and beyond.

I am confident that we can, given our collective ambition, resources and determination establish an Institute that is a national flagship with global impact within a short period of time. I suggest that our predecessors in Hume Street and UCD would expect and indeed deserve nothing less.

## Desmond Fitzgerald, Vice-President for Research, University College Dublin

It is important to record and recognize the work of the men and women who created the voluntary hospitals in Ireland if for no other reason than to foster a new generation of philanthropists. This ad hoc system of care predated and was the basis of the modern state-supported health system. While in earlier times the state focused on institutions for mental illness, these early philanthropists long foresaw the need for large general hospitals that housed medical schools and the specialized centres that exist today. Many of our hospitals began as charitable endeavours and as the state took responsibility for healthcare, the role of the volunteer diminished and in many cases disappeared altogether. Yet there is one glaring hole in today's state-run system of healthcare and that is medical research. There is an implicit assumption in our current system that medicine and healthcare are at a standstill, that we can simply promulgate learnt practice or at best assume the knowledge created by others. The absurdity of creating a healthcare system based on current knowledge has not gone unnoticed by the same men and women who have inherited that glorious tradition of voluntary responsibility for the sick and dying. Throughout the world, philanthropists, who in former centuries built hospitals have stepped in, and now substantially fund the research that will discover new drugs for what today we assume is incurable. In some countries, this is virtually the only funding available, as state-supported research becomes the first casualty of economic crises. Whereas the coda for the City of Dublin Skin and Cancer Hospital may have been some art to decorate the walls of clinics, the men and women who inherited the ethos that created the hospital in the first place have taken a bold step in building the Charles Institute and Clinic. In this history of the first hundred years of what was popularly called the Hume Street Hospital, the Trust is merely marking a point in time, an inflection point, where the tradition of voluntary care gathers renewed energy. In asking Eoin O'Brien to write this history, they have shown the same care and insight that has guided their guardianship of the Hospital. Eoin is the only person who could write this history. He is an amalgamation of physician, historian, archivist and writer; he and his parents attended as physicians to the hospital and he has assiduously worked alongside the members of the Board to shape the future of the Charity.



The Board of the hospital was entrusted with what even today is a startlingly unique mission. Rather than let time and circumstance destroy that vision, they have chosen to celebrate it not just with this history but by re-imagining what the founder of the City of Dublin Skin and Cancer Hospital set out to achieve.



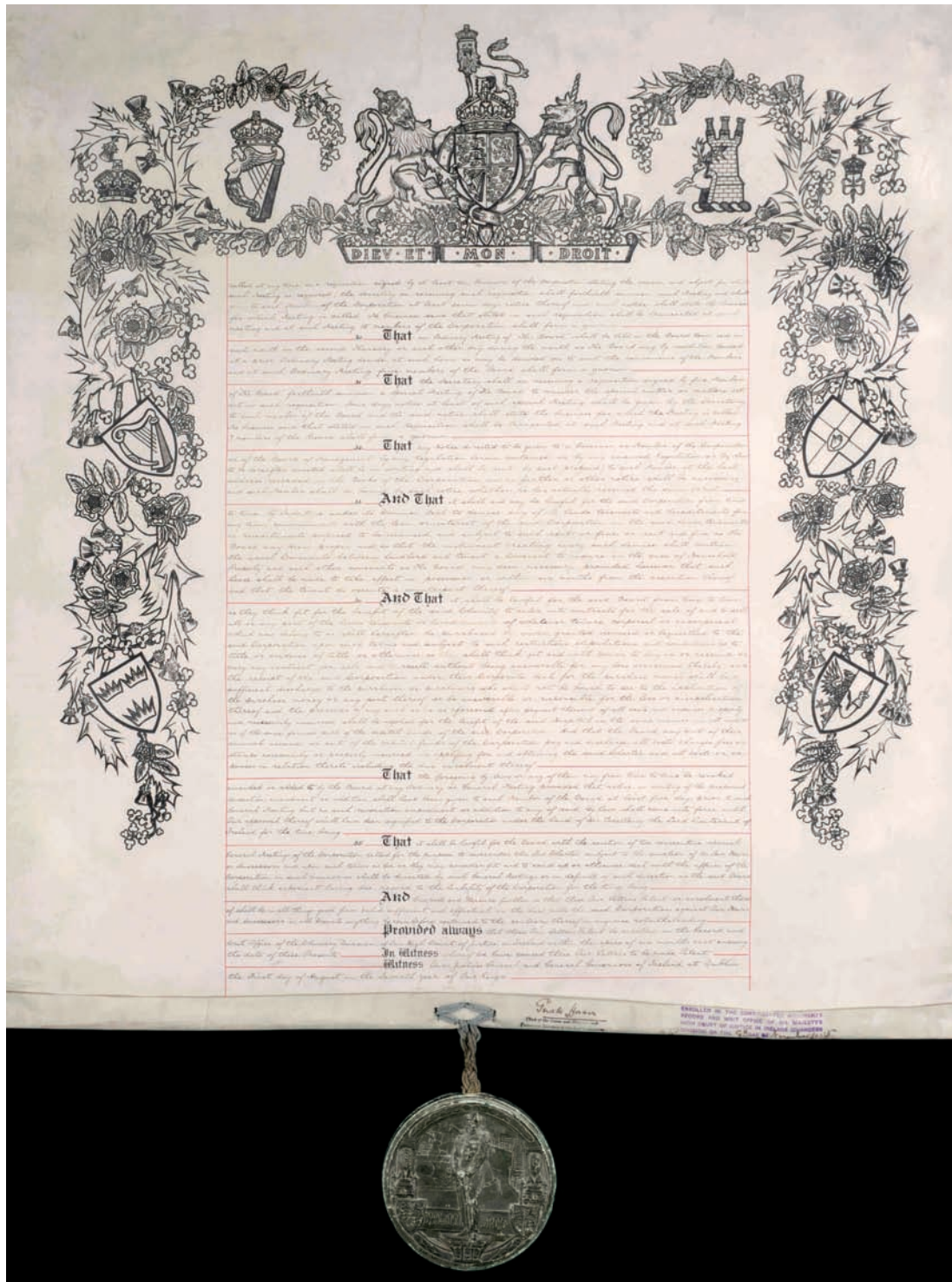
## Introduction

It is some twenty years since I last wrote on medical history and my decision to depart the subject was based on the belief that I had said what I had to say and that there was little to be gained by my pursuing the subject further. Why then I have asked myself repeatedly over the last year did I reverse this decision to write a history of a small hospital that would have little if any appeal outside of the small readership of those who had been associated with the Hospital? Perhaps, first and foremost I felt dutybound to write about an institution that had been so much a part of my life. I had not only worked in the Hospital, as had my mother and father before me, but much of my childhood had been spent there in one form or another. It was as Brian O'Doherty has so aptly put it "an act of filial piety". But I think there is more, much more, to it than just that. Had the City of Dublin Skin and Cancer Hospital closed, been sold and the monies dispensed to charity in whatever way seemed appropriate I would certainly not have written this history. It owes its existence to the fact that I see the Hospital on Hume Street as being merely a developmental step in a greater future, a future that has seen the establishment of the Charles Institute on the campus of University College Dublin, the Charles Clinic at St. Vincent's University Hospital and the Irish Skin Foundation with the mission of bringing science to society. It is this example of achievement that motivated me to record what may be just the first of many chapters in a history of endeavour that had its origins in the voluntary hospital movement in Ireland that dates from the early eighteenth century. *A Century of Service* is not a literary work, nor is it a work of historiography; rather it is a statement of endeavour, an account of a struggle against the odds – a story illustrating that success is a matter of simply having the courage to dare to fail.

*A Century of Service* is a tribute, therefore, to those of the past who sacrificed so much for a better future for the many; it is also a tribute to those of the present who had a vision for the future.

Eoin O'Brien  
Clifton Terrace,  
Monkstown,  
Co. Dublin  
6th June 2011

## THE HOSPITAL CHARTER AND SEAL 1916



Photograph: David Davison

## CHAPTER ONE

### The Voluntary Hospital Movement and the Dublin School

*T*he voluntary hospital movement in Dublin has a proud history dating from 1718 until the closing years of the twentieth century. Almost invariably these hospitals, which were supported by voluntary subscription from the public and to which doctors gave of their expertise without fee or reward, were protected by royal charters. The governing charters were carefully composed instruments that ensured the survival of the hospitals over centuries and even when contemporaneous events decreed that the institutes had outlived their usefulness, the charters conferred protection of assets so as to ensure that for those imaginative enough to revert to the dictates of their founding fathers, an existence beyond simply providing the hospital services for which they had been established, was not only possible but indeed might offer a greater altruistic fulfilment. The closure of the City of Dublin Skin and Cancer Hospital is an example of how the voluntary ethos may be perpetuated in a new era.

#### Health Care in Dublin before the Voluntary Hospitals

Ailred le Palmer founded the first hospital in Dublin in 1188. Known as The Hospital of St. John the Baptist it was situated in St. Thomas Street ‘without the west, or new gate of the City, for Sick’. The Augustinian Friars took over the management of the hospital, probably on the death of Ailred le Palmer. This hospital provided care for over one hundred in-patients and for many years was the only hospital in the city. Henry de Loundres, Archbishop of Dublin, founded a hospital, known as the Steyne Hospital in 1220, and in 1344 a Lazar House ‘for the relief of poor and impotent Lazars’ was founded near St. Stephen’s Green on the site later occupied by



Mercer's Hospital. Then in 1505 John Alleyn, Dean of St. Patrick's Cathedral, founded a hospital which was named after him for the care of the poor men who were required to be 'good Catholics, of honest conversation without reproach, of the English nation ...'<sup>1</sup>

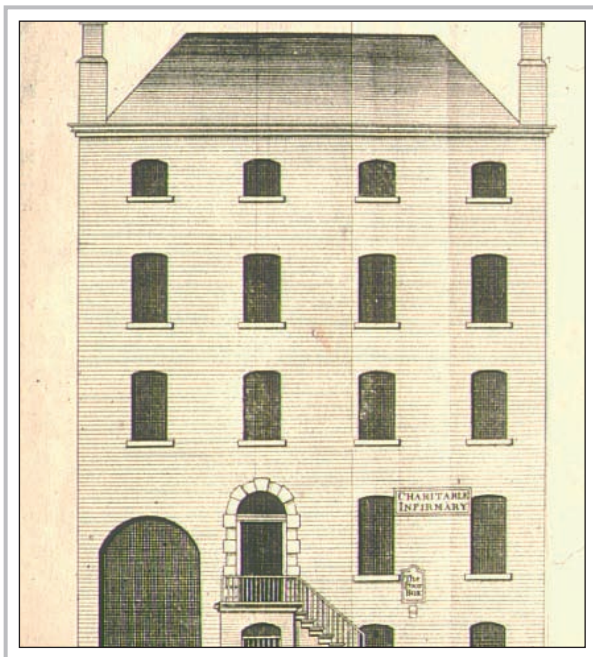
These small hospitals provided medical care for the citizens of Dublin, and elsewhere in the country the monasteries were the main source of health care. This state of affairs was not to last long. In 1542 Henry VIII applied his act for the suppression of monasteries to Ireland. In return for the peaceful surrender of all priors and abbots, this misguided monarch offered 'of his most excellent charity to provide to every chief head and governor of every such religious house during their lives, such yearly pension or benefice as to their degree and quality shall be reasonable and convenient'. One consequence of Henry's 'most excellent charity' was the eviction of 155 unfortunate inmates of the Hospital of St. John the Baptist, who were turned out helpless to beg or starve on the streets of the city. Henry VIII sold off the priory and the lands of the Augustinian Friars for £114. 13s. 4d. A similar fate befell the other hospitals in Dublin and the many Lazar houses throughout the country.<sup>1,2</sup> The suppression also closed monastic hospitals in England, but St. Bartholomew's and St. Thomas's in London were re-granted their buildings and endowments shortly afterwards. No such good fortune was extended to the Hospital of St. John the Baptist, and Dublin effectively remained without a hospital for almost two centuries. There were two abortive efforts to found hospitals for the sick and poor, but the only institutions to be established as hospitals were for the army. A Military Hospital was founded in Back-lane for the relief of maimed soldiers and members of their families, and in 1684 the Royal Hospital of King Charles II was established at Kilmainham for the care of disabled soldiers.<sup>2,3</sup>

### The Georgian era

The standards of medicine in Georgian Ireland were deplorable, both in practice and within the organisations responsible for the regulation of the profession. The overall impression of the period must be, that with a few magnificent exceptions, the Georgian doctors of Dublin concentrated mostly on their own welfare, and did little to advance the practice of medicine. Such of course, was the mood of a selfish age. The College of Physicians and the University of Dublin must bear censure for failing to introduce the reforms that were so obviously needed, though were it not for a few outstanding individuals in both institutes what little progress was made

might not have happened. The surgeons stand exempted to some extent from this criticism in that they did found their own college in 1784, which soon became an effective force in medical education and in the practice of surgery. Outside of the establishment bodies there were doctors of altruistic temperament who could stand no longer the disgraceful sufferings of the sick-poor of the city, and together with benevolently-minded citizens they gave to Dublin its Georgian hospitals, some of which survive to this day.

Dr. Richard Steevens, a wealthy physician, died in 1710 and bequeathed monies for the foundation of a hospital for the relief and maintenance of curable poor persons. Although the opening of Dr. Steevens' Hospital post-dated that of the Charitable Infirmary by fifteen years he must be credited with the first successful attempt to found a voluntary hospital. He entrusted the execution of his will to his twin sister Griselda, who diligently applied herself to the task of building the hospital which now bears her brother's name.<sup>1,3</sup> In 1718 six surgeons determined to provide for the medical needs of the sick-poor, and The Charitable Infirmary was opened in Cook Street.<sup>1,3</sup> This was followed by Dr. Steevens' Hospital in 1733, Mercer's Hospital in 1734, the Hospital for Incurables, in 1744, the Rotunda Lying-In Hospital in 1745, the Meath Hospital in 1753, St Patrick's Hospital in 1757, the Cork Street Fever Hospital and House of Recovery in 1804, Sir Patrick Dun's Hospital in 1818, and the Coombe Lying-In Hospital in 1823.<sup>4</sup> In 1729 the notorious Foundling Hospital was opened by the government,<sup>5</sup> and in 1773 the House of Industry



*The Charitable Infirmary.  
The first hospital was opened  
in Inns Quay in 1718.*

## A CENTURY OF SERVICE

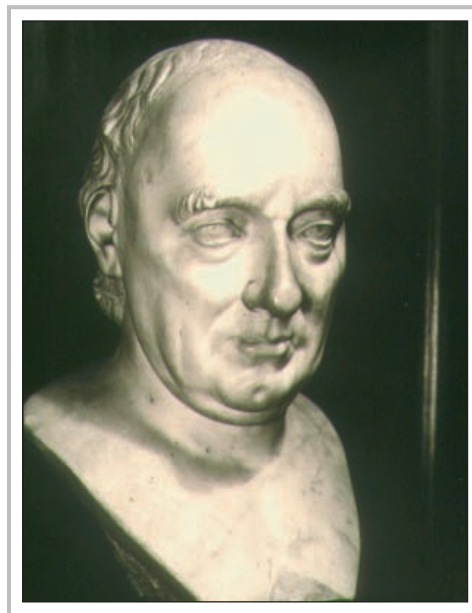
Hospitals were founded from which developed the Hardwicke Fever Hospital (1803), the Richmond Surgical Hospital (1810) and the Whitworth Medical Hospital (1818).<sup>6</sup> The background story to each of these hospitals is one of individual and corporate endeavour. Dr. Richard Steevens bequeathed his considerable wealth to the erection of the hospital now bearing his name, but it was the tireless energy of his sister Griselda that carried his wishes to fulfilment.<sup>7</sup> The most remarkable philanthropic doctor of the Georgian period was Bartholomew Mosse, who by personal denial, selfless dedication, and a vision both classical and practical, raised sufficient money to build the Rotunda Hospital, a memorial to the architectural beauty of the age, which continues today to care for the lying-in women of the city.<sup>8</sup>

Jonathan Swift, Dean of St Patrick's Cathedral, believed that the city of Dublin had a need every bit as compelling, if somewhat at variance to that which had motivated Mosse:

*He gave the little wealth he had  
To build a house for fools and mad;  
And showed by one Satiric touch  
No nation wanted it so much.*<sup>9</sup>



*Bartholomew Mosse (1712–1759).  
Artist unknown, oil on canvas, Rotunda Hospital.*



*Jonathan Swift (1667–1745).  
Bust by Patrick Cunningham, St. Patrick's Hospital.*

## **Medical Education**

The regulation of the practice of medicine lay with the College of Physicians, founded in 1654, which together with the University of Dublin, granted degrees in medicine. Many aspiring doctors chose to go abroad for medical training to Edinburgh, London, Paris, Vienna, or to Leyden where the mighty Boerhaave influenced generations of European doctors.<sup>10</sup>

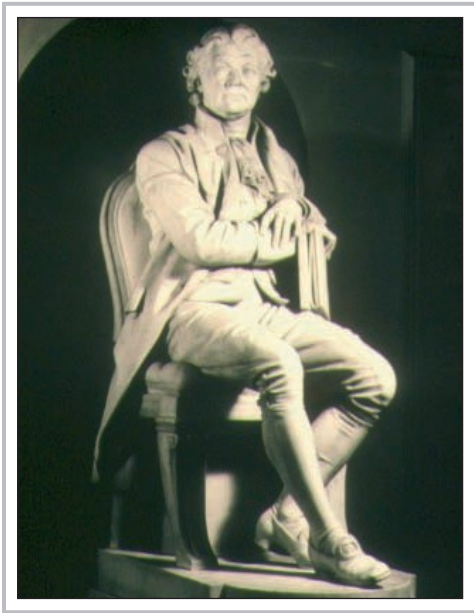
The medical school at the University of Dublin was established in 1711, but it did not become an effective force in medical education until the early nineteenth century under the influence of men of the calibre of James Macartney, Whitley Stokes and Robert Perceval. Perceval had the vision to realise that without a hospital for the teaching of clinical medicine, Irish students would continue to go abroad for medical training, and he was largely responsible for the Physic Act of 1800 which brought about the building of Sir Patrick Dun's Hospital.<sup>11</sup>

In the hierarchy of medicine, the physicians ruled supreme, and blind to the benefits of future development of the profession they protected their privileged position with an intense chauvinism. The midwives, apothecaries and surgeons remained much the inferior members of the profession.<sup>12</sup> Before the founding of the College of Surgeons, surgery was treated as a trade and the surgeons were incorporated by charter in a body with the apothecaries, the barbers and periwig-makers. Training for surgery was through apprenticeship to an established surgeon, a practice that persisted until 1844.<sup>13</sup>

The first sign of revolt in Irish surgery is attributed to Sylvester O'Halloran, a Limerick surgeon, who, in 1765, made proposals for "the Advancement of Surgery in Ireland."<sup>14</sup> Shortly afterwards William Dease, a Dublin surgeon, criticised the University of Dublin for failing to teach surgery and applauded the French surgeons who "by procuring a total separation from that preposterous union with the company of barbers" had been enabled to raise the standard of surgery.<sup>15</sup> Samuel Croker-King, surgeon to Dr Steevens' hospital was instrumental in petitioning parliament for a charter for a College of Surgeons, which was granted on February 11, 1784. Croker-King was elected first president of the Royal College of Surgeons in Ireland, which met for the first time in the boardroom of the Rotunda Hospital on March 2, 1784.<sup>16</sup> The rise of this institute when compared to the apathetic performance of its elders the Royal College of Physicians and the University of Dublin, is quite remarkable. It was fortunate in having on its early



## A CENTURY OF SERVICE



*William Dease (1752–1798).  
Sculpture by Thomas Farrell.  
Royal College of Surgeons in Ireland.*

staff men of considerable talent and energy among whom were Whitley Stokes, Arthur Jacob and John Timothy Kirby.

An early president of the Royal College of Surgeons was Philip Crampton (in 1811, 1820, 1844 and 1855) a leading surgeon and anatomist, who was also a keen zoologist and founder member of the Royal Dublin Zoological Gardens.<sup>17</sup> Fastidious in dress and elegant in appearance he did not escape the attention of the satirical *Erinensis*:



*The Royal College of Surgeons in Ireland, 1810.*

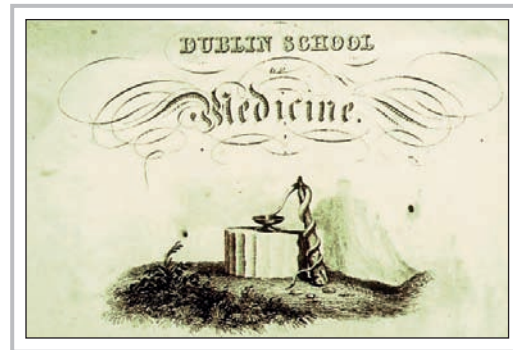


*Sir Philip Crampton (1777–1858).  
Bust, College Green.*

“About six feet in height, slightly framed, elegantly proportioned, and elastic as cork wood; and if instead of the Gothic fabrics, by which his graceful figure was distorted, he had been habited in Lincoln’s Green, he might doubtless have posed as the model of James Fitzjames. A blue coat, with scarcely anything deserving the name of skirts; a pair of doe-skin breeches, that did every justice to the ingenious maker; top boots, spurs of imposing longitude, and a whip, called a “blazer” in his country, completed the costume of this dandy nimrod.”<sup>18</sup> Crampton was created a baronet by Queen Victoria in 1839 and was commemorated until recently by the rather strange bronze fountain, backed by a leafy phallus that stood at College Street, and bore an inscription even odder than its design: “This fountain has been placed here – a type of health and usefulness – by the friends and admirers of Sir Philip Crampton, Bart., Surgeon-General to her Majesty’s Forces.”<sup>19</sup> He lived at number fourteen Merrion Square, a house famous for the pear tree planted in the year of Waterloo. He died in 1858, at the age of 81 years, and according to his wish, his body encased in Roman cement was interred in the cemetery at Mount Jerome, a mode of burial that must have caused some distress to his pall bearers.<sup>20</sup> Crampton was not the only doctor to perpetuate the eccentricities of life in death; Jonathan Osborne of Mercer’s hospital had been incapacitated by severe rheumatism and was buried standing, so that he might be first out on judgement day, and Swift’s physician Robert Helsham had directed “that before my coffin be nailed up, my head be severed from my body and that my corps be carried to the place of burial by the light of one taper only at the dead of night without hearse or pomp attended by my domesticks only.”<sup>21</sup>

## The Dublin School

Ireland holds a position of esteem in the annals of nineteenth century medical history for the remarkable contributions to clinical medicine emanating from a movement that came to be known simply as the “Dublin school.” This title, correct in denoting the origins of the school and its role in the reformation in clinical medicine does not, however, convey the dynamic idealism and iconoclasm, which gave to this renaissance international recognition and the approbation of posterity. The “school” has been decked with many garlands, not least being the romantic title “the golden age of Irish medicine,” a tribute not undeserved, for at no time previously, nor at any time since, has Dublin had so great an influence in medicine.



Three “giants” stand out from a galaxy of lesser, though by no means insignificant, luminaries who created the “school” – Robert Graves, Dominic Corrigan and William Stokes. If we seek qualities common to these three Irishmen, we may discern two outstanding talents: a compelling desire to observe the pattern and effect of illness with impartiality even when their studies refuted conventional practice, and the ability to describe their observations with elegance and authority. Their courage in assailing the doctrines of established medicine was sustained by a clarity of vision cultivated in no small measure by their frequent travels abroad; they insisted on maintaining and fostering contact with their continental and American colleagues, realising as they did so clearly, that if Irish medicine was deprived of exposure to an active intellectual environment it would sink to mediocrity and flounder. Indeed, it was the complacency arising from insularity, together with a dearth of talent to replace the founders of the “school,” that brought about its ultimate dissolution with Corrigan’s death in 1880. The personalities of the founders may fade into the shadows of time, but their contributions to medicine have been immortalised by eponyms with which medical students across the globe are familiar – “Graves’ disease,” “Cheyne-Stokes respirations,” “Stokes-Adams’ attacks,” “Corrigan’s disease,” and “Corrigan’s pulse.” To appreciate the achievement of the “Dublin school” we need to look back to the Georgian doctors who laid the foundations on which these Victorians could build their temple to Aesculapius and to examine the state of medicine in Ireland in the mid-nineteenth century.

## **John Cheyne**

John Cheyne, first professor of medicine in the Royal College of Surgeons (1813–1819) was not Irish, but such has been his association with Dublin that his Scottish origins are often overlooked. After graduating from Edinburgh he joined the Royal Regiment of Artillery at Woolwich, and then accompanied a brigade of horse artillery to Ireland and was present at the abortive insurrection at Vinegar Hill in 1798. He did not regard his career in the army as altogether satisfactory, “much of his time being spent in shooting, playing billiards, reading such books as the circulating library supplied, and in complete dissipation of time.” In fact, so successful was he in the pursuit of pleasure that he “learned nothing but ease and propriety of behaviour.”<sup>22</sup> Principled, and idealistic, as indeed are most young doctors, he sought an opening that would give him the opportunity of distinguishing himself rather than “securing a large income.” He was given his chance in 1811 when he was appointed physician to the Meath hospital, and two years later he became professor of medicine at the Royal College of Surgeons. Four years later he was appointed Physician to the House of Industry Hospitals, where by virtue of “experience and of well-trained sick nurses, who allowed nothing to escape their observation,” he was able to complete his daily visit in “little more than an hour.” Before long he had a flourishing private practice, and the principles that originally motivated him to leave the army and seek a more altruistic career appear to have suffered a reverse: “I therefore felt it necessary to resign my professorship at the College of Surgeons, as well as my charge at the Meath Hospital, that my private



*John Cheyne (1777–1836).  
Portrait possibly by William Deey, Royal College of  
Physicians in Ireland.*

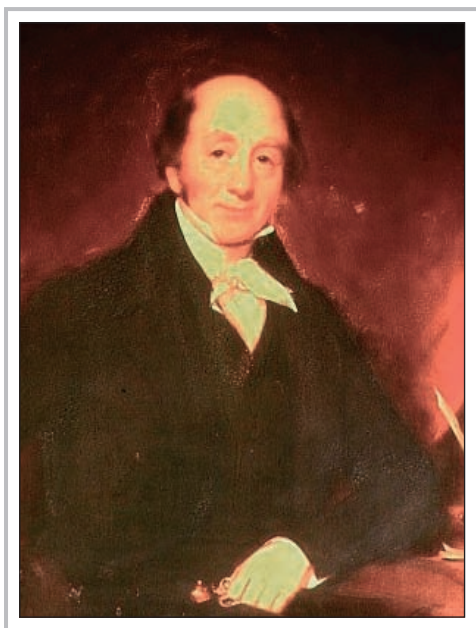


practice, which in 1916 yielded me £1,710 might not suffer by the extent of my official duties.” Indeed he appears to have become rather obsessed by money and when he was appointed physician-general to the army he assessed his achievements in purely monetary terms: “As my practice yielded £5,000, which was about its annual average during the next ten years, I felt that I had fully attained the object of my ambition . . . I am convinced had my health permitted me, that I could have added £1,500 a year to my income.”<sup>22</sup>

John Cheyne would not be of great interest to us were it not for the fact that in 1846 William Stokes in describing a peculiar form of respiration commonly found in terminal illness recalled an earlier description by Cheyne<sup>24</sup> and the condition is now known as “Cheyne-Stokes respiration.”

### Abraham Colles

The most illustrious member of the new College of Surgeons, and one who could, at least in terms of eponymous recognition, be counted part of the Dublin school was Abraham Colles. Born in Millmount in Kilkenny in 1773, he graduated like so many of his contemporaries at Edinburgh.<sup>25</sup> Colles returned to Dr Steevens’ hospital in 1799 at a salary of fifty-five pounds per annum, with five pounds in lieu of furniture. In his first year he earned £8 10s 7½d, but this rose to £6,128 in 1826. He was by nature thrifty, and kept a meticulous accounts book in which we may detect a humorous lack of scruple: “For giving ineffectual advice for deafness, £1 2s 9d;



*Abraham Colles (1773–1843).  
Portrait by Martin Cregan,  
Royal College of Surgeons in Ireland.*

another fee for I know not what service, unless he may have thought the last fee too small.”<sup>25</sup> Though his publications are fewer than those of his later contemporaries, the quality and content are exceptional. “Colles’s fracture” was described in 1814, and in his work on *Venereal Disease* he challenged the well-established Hunterian view that secondary syphilis was not contagious, by stating what was once known as Colles’s law – “One fact well-deserving our attention is this; that a child born of a mother without any obvious venereal symptoms, and which without being exposed to any infection subsequent to its birth, shows the disease within a few weeks old; this child will infect the most healthy nurse whether she suckle it or merely handle it; and yet this child is never known to infect its own mother, even though she suckle it while it has venereal ulcers of the lips and tongue.”<sup>26</sup> What Colles did not realise was that the mother had previously been infected, but nonetheless his deductions were for the time prescient. Dr Steevens’ hospital then as now had a reputation for the treatment of venereal disease. In the “fluxing” or “salivating” wards patients were given under special nursing care courses of mercury, which is highly poisonous if given in excess. It was administered either as a medicine by mouth, or was applied to the skin as an ointment. To improve absorption of mercury by the skin the patient was placed in front of a good fire and the area for application was rubbed with a dry hand until red; then the ointment, often containing turpentine and fresh hog’s lard in addition to mercury, was applied. An alternative treatment was the inhalation of mercury vapour by stoving or fumigation, a technique regarded as quite hazardous. Patients were prepared for mercury treatment by bleeding, purging and the administration of emetics to induce vomiting. One of the effects of mercury is to stimulate the production of saliva, and the efficacy of treatment was judged by the quantity of saliva produced each day; each patient had a pewter mug in which the saliva could be collected and measured. A satisfactory response or “ptyalism”, as it was known, was three to six pints of saliva in the twenty-four hours and a course of salivation generally lasted about one month.<sup>27</sup>

Colles was a skilled surgeon but surgery in these early days before anaesthesia and antisepsis was to say the least, primitive and often terrifying. In one of his papers there is a vivid description of an operation in which he attempts to tie off one of the main arteries in the chest to cure an aneurysm or swelling of the artery: “And now it was found that the aneurismal tumour had extended so close to the trunk of the carotid as to leave it uncertain whether any portion of subclavian artery was free from the disease ... the majority (of assistants) appeared disposed to abandon the operation altogether. Prior to tightening the noose (around the artery) the breathing

of the patient had become more laboured and he complained of much oppression of his heart ... his countenance grew pale and indicative of instant dissolution ... some of the assistants were so strongly impressed with the idea of his danger that they quitted the room lest he should expire before their eyes.” Such hopeless efforts at heroic surgery were not uncommon and the outcome was almost invariably fatal.

Colles was a magnificent teacher, and in his lectures he attempted to inspire integrity as well as knowledge in his students: “Be assured that in this, more than in any other walk of life, public benefit and private advantage are so blended together that the most certain means of advancing your private interest is to promote the public good.”<sup>25</sup> He was devoid of political ambition and in 1839 he declined a baronetcy. In 1841 anticipating his death, he requested his friend Robert Harrison to have his body examined “carefully and early ... to ascertain by examination the exact seat and nature of my last disease.” When he died, William Stokes in accordance with his last wishes published *Observations on the case of the late Abraham Colles* in which the cause of death was attributed to a weakened and dilated heart, chronic bronchitis and emphysema of the lungs, as well as congestion of the liver, all occurring under the influence of a gouty constitution.<sup>28</sup>

It is difficult, indeed almost impossible for us today to appreciate the barbarism of surgery, and the paucity of medical remedies in the nineteenth century. Many accounts of surgery in contemporary journals bear testimony to the cruelty of the operations attempted without anaesthesia, but none convey the hopelessness as vividly as the drawing by a student who was present at an operation for the removal of a malignant tumour from the left breast and armpit of one named Richard Power in a Dublin drawing room on July 20, 1817. The surgeon performing the operation is Rawdon Macnamara (president of the Royal College of Surgeons in 1813),<sup>29</sup> who was at the time only two years qualified and most probably apprenticed to Sir Philip Crampton depicted in blue coat and hunting boots. Even if patients survived the pain and calamity associated with major surgery, infection almost certainly claimed the victim, as it did the unfortunate Power within days.

To appreciate further the state of surgical practice we can do no better than turn to one whose claim to have read every surgical paper published in Dublin between 1808 and 1848 qualifies him as no other to portray this period. William Doolin in a delightful essay *Dublin's Surgery 100 Years Ago* describes practical surgery as the cinderella of the healing art. “In the absence of anaesthesia these men had developed



*An operation in a Dublin drawing room on July 20th 1817.*

a manual dexterity swift as a sword in the juggler's hand ... one searches in vain through their writings for any hint of 'principles' on which they based their surgical treatment: such as appeared to guide them were derived from the accumulated experience of individuals through the centuries that had gone before."<sup>30</sup> And yet the accumulated experience of the ages restricted them but little in their attempts to perform the impossible. Overwhelming evidence pointing to the inevitable mortality of an operation served more often to encourage the surgeon to enhance his reputation on the slim chance of being successful than to desist from hopeless intervention. He was ready to treat all forms of injury, such as fractures and dislocation, and he would have had a go at removing any lump or bump be it a tumour, malignant or innocent. There were a number of "capital operations" which were almost invariably fatal. These included the release of the strangulated hernia, major amputations, ligation of the larger arteries for aneurism, and removal of kidney stones known as lithotomy.<sup>30</sup> Surgical skill was often judged by the speed with which a stone could be removed, and William Dease was reputed to carry a stone in his pocket ready to slip into the bladder should none be found there.<sup>31</sup> Another "capital operation" terrible to even contemplate was the use of the trephine for head



injury. This consisted of boring a hole in the skull and was as William Porter declared “a dread ordeal, cruel and fearful to behold” in the conscious patient. It generally took place with the unfortunate victim sitting in a chair with two or more assistants holding him down. Undoubtedly the most distressing account of surgery in nineteenth century Dublin was that submitted to the *Lancet* by a “pupil of the College of Surgeons in Ireland:”<sup>32</sup>

On Tuesday last hearing that the operation of removing a portion of the lower jaw, on account of an osteosarcomatous disease, was to be performed at the Richmond Surgical Hospital, I made my way with many others, uninvited into the operating theatre of that institution. This room, though larger than any of the theatres of the London hospitals, was nearly filled with pupils and surgeons; the former seated on the benches, the latter standing on what may be termed the stage, and obstructing and mobbishly closing up its whole area. The patient was a boy about fourteen – the operator, Mr Carmichael. The patient was placed on the lap of an able assistant, but on the first incision screamed and struggled with so much violence that it required much more than the strength, applied as it was, of the many broad-shouldered gentlemen surrounding him to keep him on his seat, but as to securing his head, the more hands that attempted it the worse they succeeded. A regular confusion now ensued; the operator supplicated for light, air, and room; his privileged brethren thronged but the more intensely about him, the pupils lost altogether a sight of the patient, the operation, and even of the operator. The patient was shifted to a table but still remained invisible; his continued screams, however, and the repeated remonstrances of Mr Carmichael insisting for elbow room, assured us that the operation was still going on ... This scene ... continued for upwards of half an hour, when at length the pupils were gratified with a view of the piece of the jaw-bone which had been removed, and which exhibited an interesting specimen of this disease ... We also saw the boy walk stoutly out of the operating room, notwithstanding his sufferings and loss of blood, without deigning to avail himself of the assistance which was proffered to him on all sides.

If such was the state of surgery, the practice of medicine was little better. The actions of such drugs as were available were poorly understood, and most therapeutic remedies were directed towards counteracting the effects of inflammation, both general and local. With fever and suppuration accounting for the great majority of illnesses, the antiphlogistic methods of treatment had an almost universal application. These remedies consisted of bleeding, purging and starvation, and were often combined with techniques of counter-irritation, such as blistering, and the application of heat and cold.<sup>33</sup>

The oldest of these techniques was blood-letting, which has been practised in one form or another by almost all cultures and societies.<sup>34</sup> One method employed was phlebotomy or venesection whereby a vein was opened with a lancet or fleam, the blood then being collected in a bowl; alternative techniques were the local removal of blood by means of scarification, cupping, or the use of leeches. Large quantities of blood can be removed from a vein and the practice was often carried to extremes causing the death of the patient. This was hardly surprising if the advice to “bleed to syncope” was taken literally, or if credence was placed in the dictate: “as long as blood-letting is required, it can be born; and as long as it can be born, it is required.”<sup>35</sup> The rationale of the technique was based on the fallacious belief that by turning the circulation of the blood from the centre of the body to the surface, the patient’s illness would be dissipated.<sup>36</sup> The physician’s reputation depended not only on his dexterity and grace in employing the lancet, but also on his judgement in determining the amount of blood to remove. Quite apart from the dangers to the patient, Robert Graves was aware of the damage injudicious bleeding might do a doctor’s reputation. In his Lectures he recounts his treatment of a patient with a stroke: “the face was flushed, his temporal arteries were dilated and pulsated violently, and his pulse was hard, while the heart pulsated with great strength. This attack came on during our visit, and I ordered a vein to be opened immediately. The blood flowed freely. When about fourteen ounces were taken the pulse flagged and grew extremely weak, and never again rose. He died in about two hours, and an ignorant person would have ascribed his death to the bleeding.”<sup>37</sup> Leeches were used as an alternative to phlebotomy for blood-letting. The species used for bleeding was *Hirundo medicinalis*, found in the streams and swamps of Central and Northern Europe. The leech was usually between two to thirty centimetres long with a dull olive-green back and four yellow longitudinal lines.<sup>38</sup> A large sucker at one end of its worm-like body was used for anchorage and at the other end a smaller sucker with a mouth was used to puncture the skin. Leeches were gathered in the spring months with a net, or leech fishers themselves waded into the water allowing the leeches to fasten onto their legs. Alternately cattle and horses were used as bait for the leeches. Leeches could be applied to almost any area of the body, including the eyes, the mouth, nose, ear, vagina and even the rectum. In preparation for the procedure the leech was dried with a piece of linen, and the skin was washed and shaved.<sup>39</sup> The leech was often confined to the area for bleeding by an inverted small wine glass. Sometimes the leech had to be enticed to feed with a little milk or blood. Leeches generally fed until satisfied for an hour or so when they would drop off; sometimes the tail was cut off so that it would continue to suck. A good leech could be expected to remove about an ounce of blood. Once

used a leech could not be reused for several months, unless it was made to disgorge its meal in salt water or weak vinegar. The number of leeches used varied according to the illness, the size of the patient, the whims of prevailing practice and the availability of leeches. For small children only one or two might be necessary, whereas in adults twenty or even fifty leeches might be applied at once. Graves preferred to use “relays” of six or eight leeches at a time, a practice which permitted him to maintain “a constant oozing of blood from the integuments over an inflamed organ for twenty-four, or even thirty-six hours.”<sup>40</sup>

Of all the skills employed by the physician, that of cupping called for the greatest show of dexterity and professional aplomb. Cupping is one of the oldest medical procedures, and one that is not yet extinct even in Britain.<sup>41</sup> The technique is performed by heating a glass cup to exhaust it of air, and then placing the cup on the skin which is sucked into the mouth of the glass and after about 10 minutes the capillaries in the skin burst giving a painless bruise. This procedure is called dry-cupping, which may, if indicated, be supplemented by wet-cupping whereby the bruised area is scarified by several incisions (made with a special scarificator containing several small blades), and the cups are then reapplied to draw off blood. One glass could extract as much as four ounces of blood and it was common practice to place four or six cups on the back or abdomen, though most areas of the body capable of supporting a glass were cupped by practitioners of this art.<sup>42</sup> The area selected was first fomented with hot water, then a torch dipped in alcohol was lit and inserted in the cup for a few seconds, after which it was placed on the skin and allowed to sink under its own weight. While the skin was tumefying under the cup the scarificator was warmed in the palm of the hand in preparation for the most difficult part of the operation. The skilled cupper could, with grace and dexterity lift the cup, scarify the chosen area, reheat the cup and reapply it before the tumefaction had subsided and without spilling blood on the bed-linen. However, even in the most experienced hands the procedure could be unsuccessful. When Baron Larrey, Napoleon’s surgeon, visited Dublin in 1826, he was conducted to Mercer’s Hospital to exhibit his mode of cupping:

His method has at least the merit of being extremely simple. He first marked out the place of the operation by burning some tow under a glass, and taking an instrument out of his pocket, resembling a horse phlebotomy, scarified the part within the circle, with a lightness of touch and velocity of movement that indicated great manual dexterity. The blood, however, not coming freely on the reapplication of the ignited tow and receiver, he observed, that the subject of the experiment was too fat.<sup>43</sup>

Other methods of inducing counter-irritation included the use of rubefacients (such as linaments or mustard poultices), setons (the placing of silk thread under the skin to maintain a free discharge from an incision), moxas (a most painful technique whereby an impregnated wick was allowed to burn slowly down to the skin to produce a sore), pustulants (the application of croton oil or nitrate of silver to induce an infected sore on the skin), and issues (the production of chronic suppuration by placing a pea in a sore induced by caustic potash).<sup>44</sup> The most popular methods of counter-irritation were dry-cupping and blistering, whereas the one causing the least pain and injury was the method described by Corrigan in which a small flat iron was heated and applied to the skin until redness was produced; the instrument used for this form of counter-irritation was known as “Corrigan’s button”<sup>45</sup> and was popular until the early part of the twentieth century.<sup>46</sup> Other antiphlogistic measures consisted of blistering, purging with laxatives or emetics sometimes given to maintain a state of continuous nausea, and finally starvation.<sup>48</sup>

The drugs available were few and their actions poorly understood. Digoxin, morphine and quinine, which are still in clinical use, were available in the nineteenth century, but so also were strychnine and mercury, and there is evidence that all were used to excess.<sup>49</sup> Doctors had not yet considered the concept of assessing the efficacy of treatment by controlled studies.

### **Robert Graves**

It was from this state of medical practice that the “Dublin school” was to arise. Is it possible for us from this distance in time to detect its origins? A surprising feature of the school is that its appearance was anticipated. Erinensis wrote of the beginnings of a school as early as 1827.<sup>50</sup> He castigated the College of Physicians and the University School of Physic for failing to establish a “national school of medicine” by the joining together of medical and surgical interests. However, on reflection, he despaired of any good coming from this ideal:

Scarcely less ridiculous is the idea of assisting by the new regulations the progress of Dublin into a great school of medicine, with which they have at least been associated in conversation. If by a multitude of pupils, cheap licences obtained without qualifications, dear pathology and consequent ignorance, it is meant to establish a great school of medicine, then, indeed, these measures are admirably adapted to produce such a happy combination of circumstances; but such a great school would undoubtedly be, like a great book, a very great evil. Dublin possesses some reputation in medical science; but if it be contemplated to extend its fame, by converting it into a mart for the sale of diplomas, like London and Edinburgh, then let Dublin remain as it is at present.



However by 1834 Robert Graves was in no doubt but that there was a movement of some consequence under way. Talking to his students, he lamented the fact that Ireland did not have a place on the international stage of medicine:

It is not unusual to find the publications of France, Germany, Italy and England, simultaneously announcing the same discovery, and each zealously claiming for their respective countrymen an honour which belongs equally to all. I am sorry to say that, with some splendid exceptions, this interesting and innocent controversy has been carried on by other countries, while Ireland has put no claim for a share of the literary honours awarded to the efforts of industry or genius.<sup>51</sup>

Graves in assuring his students that recent years have seen the names of many members of the Irish profession “spread abroad,” makes special mention of two of his younger colleagues: Corrigan and Stokes; of the former he writes:

Neither have we, at present leisure to enter into the no less interesting field of investigation which Dr Corrigan has opened, by the publication of his experiments on the sounds and motions of the heart – experiments leading to conclusions so novel, that most physiologists were at first incredulous and many even ventured boldly to call into question their accuracy. Without, at present, venturing to decide whether Dr Corrigan’s opinions be in every respect correct, I may assert that his paper is written in the true spirit of philosophical enquiry, and that he deserves opponents of a far higher grade than those who have endeavoured to refute his arguments in the English periodicals.<sup>52</sup>

Of his junior colleague at the Meath Hospital, he has this to say: “Concerning ... my colleague, Dr William Stokes, I shall impose upon myself-an unwilling and constrained silence, partly because his merits claim a warmer and longer eulogy than would suit this time and place, but chiefly because his labours have placed him in a position, as far elevated above the necessity of praise, as above the fear of censure.” Having thus, diplomatically singled out at this early stage his most dynamic colleagues in the creation of the “Dublin school,” he closes his lecture with prophetic accuracy: “They all rank high among the successful cultivators of some of the most useful departments connected with our art; their names ... form a catalogue the subject of congratulation for the present, of happy augury for the future ...”<sup>53</sup>

The international reputation of the “Dublin school” can fairly be stated to have had its very foundations in Robert Graves. He was born in Dublin in 1796 to a family



*Robert Graves (1796–1853).  
Marble statue by Albert Bruce Joy.  
Royal College of Physicians in Ireland.*

whose antecedents had come to Ireland with the Cromwellian army.<sup>54</sup> His father Richard, a scholar and divine, was twice Donellan lecturer, Archbishop King's professor of divinity, professor of laws and regius professor of Greek and divinity at Trinity College, and Dean of Ardagh. Having spent sometime at Edinburgh, Graves graduated from Trinity in 1818 at the age of twenty-two, and promptly set off to study at the famous European centres of Berlin, Göttingen, Vienna, Copenhagen, Paris and Italy. His travels were not without interest and excitement. A facility for foreign languages landed him in an Austrian prison for ten days on the suspicion of being a German spy. While travelling through the Mont Cenis pass in the Alps in the autumn of 1819 he met a young artist and the pair travelled together for some time neither seeking the other's name. Graves and his companion, who he described as looking like "the mate of a trading vessel," had a common interest – sketching; together they painted and sketched as they travelled through Turin, Milan, Florence, and Rome. "I used to work away," Graves later recalled to Stokes, "for an hour or more, and put down as well as I could every object in the scene before me, copying form and colour, perhaps as faithfully as possible in the time. When our work was done, and we compared drawings, the difference was strange; I assure you there was not a single stroke in Turner's drawing that I could see like nature; not a line nor an object, and yet my work was worthless in comparison with his. The whole glory of the scene was there."<sup>54</sup>

Graves sailed from Genoa for Sicily on a poorly-manned and unseaworthy vessel which soon ran into difficulties in a storm. The Sicilian crew promptly prepared to



Passage of  
Mont Cenis by  
J.M.W. Turner.  
Birmingham  
Museums and  
Art Gallery.  
(E. O'Brien,  
Conscience and  
Conflict).

abandon ship, leaving Graves and his one fellow-passenger, a Spaniard, to their fate. Graves was lying “suffering from a painful malady” on his bunk when the terrified Spaniard brought him the news. He rose, and with an axe concealed under his cloak rushed on to the deck where he pleaded unsuccessfully with the captain who continued the preparations to abandon the ship. Graves then stove in the only lifeboat with the axe declaring to the captain and the crew: “Let us all be drowned together. It is a pity to part good company.” The irate sailors seeing little wisdom in throwing Graves overboard, and perhaps being afraid to advance on him because of the axe instead permitted him to help them reach safety. He repaired the leaking pump valves with the leather from his boots, restored general morale, and happily for medicine the vessel eventually reached land.

Graves was appointed physician to the Meath hospital in 1821 at the age of twenty-five years. His opening lecture did little to endear him to his seniors. He claimed that many fatalities resulted from indifferent treatment, and he deplored the attitude of medical students who walked the wards in pursuit of entertainment rather than medical knowledge. Graves had been impressed by the method of bedside clinical teaching on the continent, especially in Germany. He praised the gentleness and humanity of the German physicians, who unlike their Irish and English colleagues, did not have “one language for the rich, and one for the poor,” and whose practice it was to put unpleasant diagnoses into the Latin, rather than upset their unfortunate patients.

Graves introduced a system of teaching to Dublin that was unique to Ireland and Britain; it had its origins in the German schools as Graves acknowledged:

Each school has three distinct medical clinics attached to it, by which means the labour of teaching is divided among the professors, and the number of students attending each is diminished ... when a patient is admitted, his case is assigned to one of the practising pupils, who, when the physician is visiting the ward, reads out the notes he has taken of the patient's disease, including its origin, progress, and the present state. This is done at the bedside of the patient, and before he leaves the ward, the physician satisfies himself whether all the necessary particulars have been accurately reported by the pupil. After all the patients have thus been accurately examined, the professor and his class proceed to the lecture room ... the cases admitted that day are first enquired into, and the pupils are examined as to the nature of their diseases, their probable termination, and the most appropriate method of treatment, – each student answering only concerning the patients entrusted to his special care. During their examination the pupil's diagnosis and proposed remedies are submitted to the consideration of the professor, who corrects whatever appears to be erroneous in either, and the student retires to write his prescription while the next of the cases and pupils undergo similar examination.<sup>55</sup>

A feature common to the personalities of Graves and Corrigan was a willingness to claim credit for their contributions to medicine. Graves was in no doubt as to the value of his reforms in clinical medicine:

It is extremely satisfactory to me to find that the mode of clinical instruction which I introduced at this hospital in 1822, has been adopted in most of the Dublin hospitals, and in many of the medical institutions of Great Britain ... It is recommended at once by its simplicity, and by its admirable fitness for fulfilling the purposes which it is intended to accomplish. A card is suspended over each patient's bed on which is recorded the date of his admission, the history of his case and the daily treatment, dietetic as well as medical. These cards remain in the wards until the patient leaves the hospital, and in this way any gentleman who wishes to observe the progress and termination of any particular case, can easily make himself master of its principal features and the different remedial agents employed for its alleviation or removal.<sup>56</sup>

He was determined to reform the teaching system then practised in Dublin and Edinburgh, whereby students could qualify without ever examining a patient. Clinical teaching was often little more than an interrogation of the patient by the



physician, with the results of the interchange delivered in poor Latin by a clerk to a crowd of students, most of who could not even see the patient. “The impassable gulf which in that aristocratic era lay between the student and his so-called teacher, was by Graves made to disappear and for the first time in these countries was the pupil brought into a full and friendly contact with a mind so richly stored that it might be taken as an exponent of the actual state of medicine at all time.”<sup>57</sup> Together Graves and Stokes taught Auenbrugger’s method of percussion, and both were experts with the stethoscope. They encouraged the student to take a history directly from the patient, then to examine the patient, to make notes and finally to discuss the diagnosis, pathology and treatment. Graves never forgot the patient: “Often have I regretted that, under the present system, experience is only to be acquired at the considerable expense of human life ... The victims selected for this sacrifice at the shrine of experience generally belong to the poorer classes of society.”

These revolutionary methods caused some resentment, but it is to the credit of the Meath hospital that it permitted its young physicians to introduce their reforms. It was not long before Graves and Stokes had an international reputation that was later acknowledged by the great William Osler, who said: “I owe my start in the profession to James Bovell, kinsman and devoted pupil of Graves, while my teacher in Montreal, Palmer Howard, lived, moved and had his being in his old masters, Graves and Stokes.”<sup>58</sup>

In 1843, Graves published his famous *Clinical Lectures on the Practice of Medicine*, which was subsequently translated into French, German and Italian.<sup>59</sup> In this book we find evidence of the gift that was common to these Victorian masters of clinical expression – the ability to describe their observations in clear and lively prose. Hale-White put it rather nicely: “The lectures are unlike a modern textbook in that they can be read with enjoyment in front of the fire.”<sup>60</sup> The famous French physician Armand Trousseau regarded Graves’s book as a masterpiece: “For many years I have spoken well of Graves in my clinical lectures. I recommend the perusal of his work; I entreat those of my pupils who understand English to consider it as their breviary; I say and repeat that of all the practical works published in our time, I am acquainted with none more useful, more intellectual.” In his preface to the French edition he wrote: “I have become inspired with it in my teaching ... when he (Graves) inculcated the necessity of giving nourishment in long continued pyrexia, the Dublin physician single-handed assailed an opinion which appeared to be justified by the practice of ages.” Here he was referring to Graves’s revolutionary treatment of patients with fever, in whom he advocated supportive therapy rather than starvation,

bleeding and blistering. The story goes that one day on his rounds, he was struck by the healthy appearance of a patient recently recovered from severe typhus fever and said to his students: "This is the effect of our good feeding, and gentlemen, lest when I am gone, you may be at a loss for an epitaph for me, let me give you one in three words: 'He fed fevers'." Graves had made the logical observation that a healthy man starved for weeks became weakened, but that oddly the medical profession expected a man ill with fever to improve when denied food and continuously bled. He attributed many fatalities to this form of therapy and advocated frequent meals of steak, mutton or fowl, washed down with wine and porter.<sup>61</sup>

Though he did practice bleeding, cupping and blistering, he called for moderation in the application of these techniques and, horrified by the excesses of blistering, he introduced what he called "flying blisters,"<sup>62</sup> whereby rather than protract the blister he kept up "a succession of blisters along the inside of the legs, and over the anterior and inner parts of the thighs."<sup>63</sup> He was quite proud of the acceptance of this modified technique: "If I have done nothing better, I think I deserve some merit for being the first to reprobate the practice of keeping on blisters for twelve, eighteen and twenty-four hours, and for having shown by numerous experiments that a much shorter period of time was required to ensure the full effect of these remedies."<sup>64</sup>

Corrigan was preaching a similar philosophy on the north side of the city. He disapproved strongly of treatment that weakened and depleted the patient. Discussing a child suffering from episodes of palpitation he commented: "In some of those cases there is a disposition to bleed from the nose, and the haemorrhage is occasionally very profuse, and this, coupled with pain of the side, which is occasionally present, leads to treatment not calculated to amend the symptoms. The boy is denied animal food. He is sent to the infirmary of the school, and given tartar emetic and bled, or lowered in other ways by purgative or nauseating medicine."<sup>65</sup> Corrigan's alternative was sea air, sea-bathing, a full diet, wine and iron. On another occasion he took the French physician Bouillaud to task for his treatment of acute rheumatism. "A patient treated on Bouillaud's plan has to recover from what is worse than the disease, the debility, which is the necessary result of the frequent bleedings *coup sur coup*, of cupping, tight bandaging, blisters and mercurial cerates, for he uses all those adjuvants as he calls them."<sup>66</sup> Corrigan advocated opiates in generous dosage together with local measures to relieve the pain and swelling of the inflamed joints. Whether or not this resulted in much opium addiction is debatable, but at least "the patient cured by opium has neither bleeding, blistering, nor mercury, to recover from

in his convalescence.” An interesting account of the effect of this treatment has been left to us by one of Corrigan’s patients, a Dr J. Aldridge who was wary of his physician’s liberal prescription:

I confess that I was somewhat afraid of what appeared to me very large doses of this powerful drug, especially as my head always had a tendency to be affected whenever I had fever of any kind. It was therefore with some misgiving I obeyed you, but soon had reason to congratulate myself on the effects of your advice, for during the remainder of my illness, i.e., from the second day after being forced to succumb, the pains, although they visited me occasionally, were by no means so intolerable; I slept much, my intellect remained clear, except when occasionally I took an overdose of the opium, (for as soon as I began to experience its good effects, I became quite enamoured of it) and, in time, I was enabled to walk down stairs the fourteenth day after taking to bed. During another week I rubbed such joints as were occasionally painful with a linament made with sulphur and camphorated oil, and took internally quinine and guaiacum; but since then, now during a period of four months, I have not had the slightest return of the disease. As nearly as I can recollect, I swallowed during my illness about two hundred grains of opium.<sup>67</sup>

Corrigan’s fever reports are characteristic of his style, he holds his readers attention by referring now to one case, then to another: “You remember the case of Toner. He was admitted on 25<sup>th</sup> February, on the eighth day of maculated fever, with suffused eyes and dark maculae, his pulse 108, very weak. He was put on wine. Now what was the result? That under the administration of wine, in very large quantities, on the thirteenth day the suffusion of the eyes began to disappear, and, on the sixteenth day, he was convalescent ... But in the case of Matthews in whom the maculae were very dark in colour, and his eyes, too, were congested sixteen ounces of wine was without effect and blistering had to be resorted to.”<sup>68</sup>

Dissection of the human body had been used for centuries as the principal means of providing practical instruction for medical students and anatomy was the cornerstone of medical education. Pathology was demonstrated also by dissection of cadavers but this was done without reference to the terminal illness and often long after death by which time post-mortem changes rendered it only a crude guide to the disease process during life. One of the major contributions of the “Dublin school” was the study of disease during life and after death. Stokes, Corrigan and Graves observed carefully the signs of illness in life, and then performed detailed

post-mortem examinations (often lasting four hours or more observing the changes that had been induced on the affected organ by the disease.<sup>69</sup>

One of Graves's students has left a touching memoir of the master in the dead room:

There were few of us who like to be inhaling the emanations from a body recently dead from fever, or other such ailments on empty stomachs, and often I have been busy for hours, until the afternoon, and alone, when he (Graves) would return to the dead room where I had been making careful dissections of the diseased parts. Graves would say, 'This is the true way to study pathology. Here we see the changes which caused the symptoms we watched at the bed-side with so much anxiety, and which are still fresh in our memory; and we can mentally follow each in its progress, until death resulted. This is infinitely more instructive than what we occasionally see in the dissecting room. There we know nothing of the patient, his calling, or his disease. The body has been dead (buried possibly) for some days, and of his symptoms or sufferings we are in total ignorance; whereas here we know all we require of the poor fellow ... Now run home and take your breakfast.' <sup>70</sup>

We may detect in this anecdote the same kindness that was shown by Graves to his patients. He warned against early discharge of patients from hospital after a serious illness, a practice that might improve the hospital returns but at a cruel price: "How injurious to persons so debilitated the change from the warmth and comfort of a hospital to the cold and desolation of a damp garret or cellar!"<sup>71</sup>

It was Trousseau who proposed that the illness exophthalmic goitre, described in the *Lectures* be named "Graves' Disease." The original description is masterly:

I have lately seen three cases of violent and long continued palpitations in females, in each of which the same peculiarity presented itself, viz enlargement of the thyroid gland; the size of this gland, at all times considerably greater than natural, was subject to remarkable variations in every one of these patients ... The palpitations have in all lasted considerably more than a year and with such violence as to be at times exceedingly distressing, and yet there seems no certain grounds for concluding that organic disease of the heart exists ... She next complained of weakness on exertion, and began to look pale and thin ... It was now observed that the eyes assumed a singular appearance, for the eyeballs were apparently enlarged, so that when she slept or tried to shut her eyes, the lids were incapable of closing. When the eyes were open, the white sclerotic could be seen, to a breadth of several lines, all around the cornea.<sup>72</sup>



Graves was King's professor in Trinity College from 1827, until he was elected president of the Royal College of Physicians of Ireland in 1843, and in 1849 he was elected fellow of the Royal Society of London. During his professional career he received many honours, including an honorary membership of the medical societies of Berlin, Vienna, Hamburg, Tübingen, Bruges and Montreal. He died in 1853 from cancer of the liver at the age of 57. In the following year, Stokes in a discourse on the life and works of "his teacher, colleague and friend" wrote thus: "His active mind was ever seeking for and finding analogies, and this led him to the discrimination of things similar, and to the assimilation of things dissimilar in a degree seldom surpassed by any medical teacher."<sup>73</sup>

### William Stokes

William Stokes (1804–1878) differed from other members of the school, in being not only an astute and successful clinician, but also a man of learning with a deep appreciation for the arts. When he returned from Edinburgh to join Graves at the Meath hospital he brought with him the stethoscope, which caused quite a stir: "There was much surprise and no little incredulity, with a shade of opposition, shown by sneering, or as we say now, 'chaffing' in its first introduction. The juniors looked at it with amazement, as a thing to gain information by – it so put them in mind of the pop-gun of their school-boy days; the seniors with incredulity ... the first instrument of the kind I saw was a piece of timber (elm, I think) three inches in diameter from twelve to fourteen inches long,



*William Stokes (1804–1878).  
Marble statue by John Henry Foley.  
Royal College of Physicians of Ireland.*

having a hole drilled through it from top to bottom, no ear-piece, and no attempt at ornamentation. It was amusing to watch the shakes of the head as this bludgeon was passed from hand to hand among the pupils, and to listen to the comments made by them.”<sup>74</sup>

Stokes published two papers that earned him eponymous fame. As we have seen he described a form of breathing often seen in terminal illness, which had been previously described by John Cheyne.<sup>24</sup> Stokes’s description of this condition now known as “Cheyne Stokes respiration” is word perfect: “The inspirations become each one less deep than the preceeding until they are all but imperceptible, and then the state of apparent apnoea (no breathing) occurs. This is at last broken by the faintest possible inspiration, the next effect is a little stronger, until, so to speak, the paroxysm of breathing is at its height, again to subside by a descending scale.”<sup>23</sup> Few could rival him with the stethoscope, but the wise patient having received his diagnostic deliberations, might do best to decline his advice on treatment. In bronchitic children he advocated that the gums should be “freely and completely divided to allow the teeth to appear.” He supported the common practice of bleeding in most illnesses, but he found that the application of leeches “applied to the mucous membrane, as near as possible to the epiglottis” was particularly efficacious: “The child’s breathing becomes easier, the face less swelled, and the skin cooler.” Emetics were also considered advantageous: “I would advise that the medicine should be so exhibited as to produce free vomiting, at least once every three-quarters of an hour,” but he later modified this form of treatment so that it was possible “to keep up a state of permanent nausea, without vomiting.”<sup>75</sup>

As William Stokes had rescued from obscurity the work of John Cheyne, so too was he to do for his colleague Robert Adams (1796–1875) another member of the “Dublin school.” In 1846 Stokes published a paper describing how a slow heart could interfere with consciousness,<sup>76</sup> and he drew attention to an earlier paper by Adams in which he had suggested that “apoplexy must be considered less a disease in itself than symptomatic of one, the organic seat of which was in the heart.”<sup>77</sup> The disease is today known as “Stokes-Adams’ disease” and the loss of consciousness resulting from the slow heart as “Stokes-Adams attacks”. Adams became surgeon-in-ordinary to Her Majesty Queen Victoria, regius professor of surgery in Trinity College, president of the Royal College of Surgeons in Ireland and a member of the senate of the Queen’s University.<sup>78</sup>

In medical education Stokes was ahead of his time: “The chief, the long-existing, and I grieve to say it, the still prominent evils among us are the neglect of general education, the confounding of instruction with education, and the giving of greater importance to the special training than to the general culture of the student ... Let us emancipate the student, and give him time and opportunity for the cultivation of his mind, so that in his pupilage he shall not be a puppet in the hands of others, but rather a self-relying and reflecting being.” He would be saddened by medical training today, and in particular he would deplore the neglect of the humanities, and the suppression of cultural development with the emergence of the narrow-minded super-specialist: “Do not be misled by the opinion that a university education will do nothing more than give you a certain proficiency in classical literature, in the study of logics and ethics, or in mathematical or physical science. If it does these things for you, you will be great gainers, for there is no one branch of professional life in which these studies will not prove the most signal help to you.”<sup>79</sup>

### **Dominic Corrigan**

Dominic Corrigan was born in 1802 in his father's hardware shop in the Liberties of Dublin, and was educated at the catholic Lay College in Maynooth. He studied medicine in Dublin and Edinburgh where he graduated with his famous contemporary William Stokes in 1825. He returned to Dublin, then in the grip of a devastating fever epidemic, and worked among the sick poor. Lacking those social and political advantages with which Stokes was so heavily endowed, Corrigan's ambition to obtain a hospital appointment in pre-emancipation Dublin was not one to be given much



*Dominic Corrigan (1802–1880).  
Marble statue by John Henry Foley.  
Royal College of Physicians of Ireland.*

chance of success. However, he not only achieved his ambition but also went on to become one of the outstanding medical figures of his time. Much had to do with the character that was the man: ambitious and hardworking, he was a striking mixture of charm and gaucheness, gentleness and ruthlessness, astuteness and naivety, equanimity and petulance, but it was a tenaciousness of purpose and tireless energy that made it possible for him not only to overcome the obstacles that barred his advancement but also to absorb the reverses that would have chastened a meeker temperament. But, as with many successes, close scrutiny reveals the subtle hand of, shall we call it, destiny at some crucial juncture. The course of Corrigan's career was to be influenced significantly when *The Lancet*, under the editorship of the irascible Thomas Wakley, befriended him, and took a deep and lasting interest in his progress.

In a vast laboratory of human misery and suffering that was the Liberties of Dublin, Corrigan studied carefully the manifestations of fever and heart disease, and in 1828 *The Lancet* introduced him to the medical fraternity with a paper on "Aneurism of the Aorta: Singular Pulsation of the Arteries, Necessity of the Employment of the Stethoscope." In the same year, he wrote a major work on epidemic fever in which he warned the authorities that unless the Irish peasant was made less dependent on the potato for survival there would be a blight, followed by pestilence and devastation. The authorities paid little heed and the potato blight of 1845 was followed by famine and fever epidemics that claimed over one and a half million lives. Corrigan's most famous paper on aortic regurgitation, which earned him eponymous immortality, was published in 1832.

Thanks to his seminal publications Dr Corrigan of Dublin was now a familiar, even colourful, medical personality. When he applied for the post of physician to the Charitable Infirmary in Jervis Street, he was successful in the face of strong competition. However as a member of the Government appointed Central Board of Health, which had been party to what was regarded as a derisory five-shilling-a-day award to doctors working in the famine areas, he was black-beaned for honorary fellowship of the Kings and Queens College of Physicians, an ignominious redress that hurt him deeply – but not for too long. He entered the College as a humble licentiate, which made him eligible for fellowship and then went on to be its president on five occasions – a feat not since equalled, and he built for it that which it had hitherto lacked, a college hall. The Government showed its appreciation for his services in famine relief by making him physician-in-ordinary to Queen Victoria, and later a baronet of the Empire.<sup>80</sup>

The “Dublin school’s” greatest achievement in medical education was the introduction of bedside teaching in the instruction of doctors. Graves and Stokes inculcated this method to generations of their own students and to many from Europe and America, while Dominic Corrigan did likewise with no less enthusiasm in the wards of the Hardwicke hospital. In one of his lectures Corrigan said: “Let me earnestly impress upon you the absolute necessity of accustoming yourselves to the practical investigation and note-taking of cases ... Is not one glance worth pages of description? Numerous associations fix in your mind, and for ever, the appearance and symptoms of a living case of disease which you have examined, and on which you brought your senses of sight, touch, and hearing, to bear ...” To emphasise this he was fond of quoting the famous French teacher Bichat to his sometimes none too eager students: “‘You ask me,’ said he (Bichat), ‘how I have learnt so much. It is because I have read so little. Books are but copies – why have recourse to copies when the originals are before me? My books are the living and the dead: I study these.’”<sup>81</sup>

His advice to students on the art of observation in clinical medicine cannot be improved, and though he was speaking of fever of a type not often seen today, his words capture, as few have ever done, the art of clinical observation:<sup>82</sup>

Let me suppose you now at the bedside of a fever case; stand there quietly, don’t disturb the patient, don’t at once proceed to examine pulse, or chest, or abdomen, or to put questions. If you do, you may be greatly deceived, for under a sharp or abrupt question a patient may suddenly rouse himself in reply, answer your questions collectedly, and yet die within three hours. Look at your patient as he lies when you enter the ward or sick room; his very posture speaks a language understood by the experienced eye. It is not unusual for the anxious and young resident to draw the earliest attention of the physician in his morning round to some patient who had appeared to him to be in a most dangerous state all night, and for the physician to take a single glance at the patient, and say in reply, ‘Never mind him, he is all right; come to the next case, it is a bad one.’ What is the difference between the two? Merely that of posture. The first patient, or apparently very bad case, had gone through the agitation of crisis during the night, but at morning visit was asleep, lying three-quarters on his side or half on his face, in the posture instinctively chosen to relieve the diaphragm from abdominal pressure, and with muscular strength enough to retain that posture; while beside him lies the serious case, the man who gave no disturbance during the night, who did not complain, but lies on his back without the preservative instinct and without the strength to change it, and with the abdominal viscera like a nightmare on the diaphragm.



He was aware of the student's irresistible urge to examine the patient, and his desire to use the stethoscope all too precipitously: "In reference to the examination of the system of circulation, on the sustainment of which so much depends in the treatment of fever, I would impress on you in judging of the strength of the heart's action, to depend on the pulse, radial or carotid, not on the examination of the heart's sounds or impulse by the stethoscope."

Corrigan realised from his own student days that it was possible to study and learn the theory of medicine from textbooks and lectures. He knew that an intelligent student could pass his final examinations without being skilled in clinical technique, without in effect having examined many patients. At this time the final examination comprised an oral exam and usually a written paper. Corrigan saw the deficiency in this assessment of competence. In 1840 he announced a new form of examination for the students of the Richmond: "We trust to no verbal examination; but for the last four months of the session, commencing at any time after the 1st January, we shall, without any previous notice, select cases as we shall deem proper for our purpose on admission into hospital, and require the candidates for our prizes to take those cases, writing down the symptoms, diagnosis, prognosis, and principle treatment, and giving to each candidate from a quarter to half an hour for his examination of the case; requiring his notes, however, to be written on the spot."<sup>85</sup>

Later even this competitive clinical examination was not in itself enough to satisfy the Richmond teachers as to the quality of their trainees, and Corrigan instigated a term of apprenticeship during which the student would be permitted the opportunity of showing his worth, while at the same time his teachers could assess his development as a doctor.<sup>85</sup>

In the Meath hospital Stokes was stating the same policy but was prepared to go further; he thought it might be possible to dispense altogether with a final examination, "by simply affording to students full opportunity for every branch of medical study and observation coupled with tutorial teaching."<sup>84</sup> These Victorian teachers were more than a century ahead of their time in advocating continuous assessment rather than examination alone in evaluating medical students.

Corrigan was ever aware of the value of distinction in one's chosen career, and he urged his students to strive for excellence that would elevate them above mediocrity.

His carefully chosen words to his students at a prize-giving could be delivered today without revision:

From my heart I say, that were I a student, were I one of you, there is not an honour I know of, which I should so ardently seek for, and so proudly boast of, as the winning of one of those prizes. The possession of a mere professional degree, sinks into comparative insignificance compared with the achievement of such a distinction. The common routine industry of all suffices to obtain the mere professional diploma, and all having obtained it, are equal, but to win a prize in a society like this, requires far more than ordinary industry, and confers more than ordinary distinction. When in after years a selection is to be made, either to fill the high office of lecturer, or to promote to the charge of public institutions, which in our profession constitute the arena for the display of talent, believe me there will be no recommendation more likely to be attended to, than the possession of a prize ...<sup>85</sup>

He had tasted the elation of success, the satisfaction of achievement; he was also only too well aware of the depression and lassitude of spirit that may come after the routine of years of caring for the ill, and he saw the medical student as having an important role in preventing this all too frequent development:

The physician or surgeon who has under his charge the poor in an hospital, may tire or grow cold in the exercise of his duty, and active diligence in the care of the sick, might, after a time, unconsciously degenerate into the mere listless routine of going the round of the wards: but surrounded by intelligent pupils his attention to the sick, and his treatment the subject of observation; his opinions and the grounds of his opinions closely scrutinised, his skill tested by the measure of his success on curable cases, by the examination of the dead in incurable affection, the physician or surgeon can never flag in the discharge of his duty; his pride is kept awake, his character is at stake, and the result is, constantly increasing knowledge to himself, the undeviating exercise of humanity and skill towards the poor, and the benefit to society of the diffusion of professional information.<sup>86</sup>

In the Meath hospital where his colleagues Stokes and Graves were preaching similar sentiments, the system of medical education was undergoing rapid change. A dominant theme of Stokes's many discourses on medical education was the importance of providing a cultural as well as a competent doctor. He believed medicine to be derived from knowledge of many kinds: "Medicine is not any single science: it is an art depending on all sciences." He maintained that the tendency towards specialisation, evident even in his day, would "at the best, produce a crowd of mediocrities with no chance, or but a little one, of the development of the larger man."<sup>87</sup>

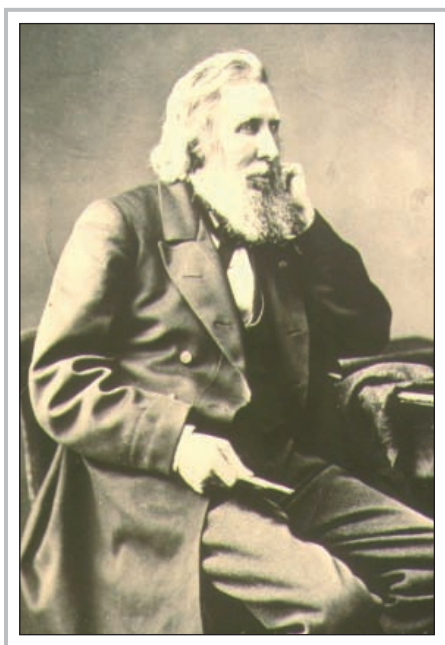
Corrigan would not have disagreed with Stokes's views but his outlook was more pragmatic. He saw the priorities of the nation more clearly than Stokes, and realised that the development of the individual was a luxury which Ireland could not yet afford:

I would not decry the terse poetry of Horace and the rounded periods of Homer; but neither will teach a man to measure his field or to drain it; neither the one nor the other will teach him chemistry, or the application of science to manufactures; neither the one nor the other will teach him natural history; and I would, if I could, divert the mind of the country into those branches which have a practical bearing on every hour of our existence and the prosperity of our country ... The mind of the country – and the sooner we learn it the better – is as uncultivated as the barren soil of our bogs ... The education of the middle classes – and the sooner it is known the better – is on the lowest par in Europe, and when a few men come forward and attempt to give us information it is thrown on soil which is not productive, and men who do not understand it undervalue it.<sup>88</sup>

### **William Wilde**

To many it may come as a surprise to find William Wilde included as a member of the “Dublin school.” But then, unfortunately this great Victorian is often remembered only as the father of Oscar, or he is ridiculed and lampooned for his eccentricities and illicit amours. Too often it is forgotten that he was an innovative doctor, an accomplished archaeologist and author of some very fine books on Ireland. Moreover, he and his wife Speranza were Victorian Dublin's most colourful couple. However, let us first put his medical achievements into perspective. None is better qualified to do so than his biographer, T.G. Wilson, an ear, nose and throat surgeon (or as he would now be known, an otorhinolaryngologist) of repute.<sup>89</sup> He ranked Wilde as “one of the two greatest English-speaking aurists of his time,” the other referred to being Toynbee. He considered Wilde to be “almost as brilliant an oculist as he was an aurist.” The science of otology (disease of the ear) when Wilde entered the speciality was in the hands of quacks, and as Wilde developed new techniques, so did he invent suitable instruments including “Wilde's snare.”<sup>90</sup>

William Wilde, the youngest of five children was born in 1815 in the village of Kilkievin in the west of Ireland. His father was a doctor and the son decided to follow in his footsteps. In 1832 “a dark ferrety looking young man below the average size, with retreating chin and a bright roving eye, boarded the coach for Dublin.”<sup>91</sup> He was apprenticed to Abraham Colles and spent four years at Dr Steevens' hospital, and then went to the Rotunda. After his final exam he collapsed, and Dr Graves was

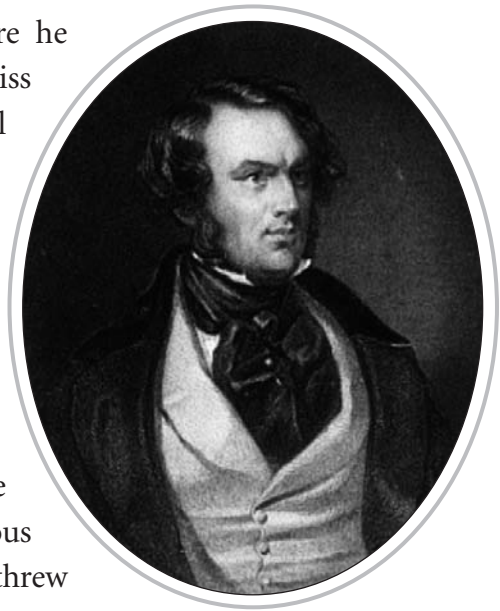


*William Wilde (1813–1876).  
Photograph.  
Royal College of Physicians of Ireland.*

sent for. The astute physician prescribed a glass of strong ale to be taken every hour, and the following morning the dying student was much revived and Graves found him sleeping comfortably. Collapse after finals, particularly in the somewhat rabelaisian ambiance of the Rotunda Hospital might be attributable to many causes but Wilson was of the opinion that Wilde had contracted typhus fever. Whatever the cause, he recovered and received his Letters Testimonial from the Royal College of Surgeons in the year of Victoria's accession to the throne, and in the same year we find him the father of his first illegitimate child. The mother was reputedly a Dublin beauty with the unlikely name of Miss Crummles.<sup>92</sup> Sir Henry Marsh and Robert Graves decided that the young surgeon had best leave Dublin for a time, whether for health or social reasons is not clear, and on September 24, 1837 William Wilde sailed down the Solent on the ship *Crusader*, in his charge a patient with consumption on his way to the Holy Land. During his travels, he developed a keen interest in archaeology, and after witnessing the devastating effects of the eye disease trachoma, so common in Egypt, he decided to specialise in ophthalmology. He published an interesting and successful book of his experiences, and with the profits was able to spend some time on the Continent.<sup>93</sup> In London he was introduced to society by Sir James Clark and Maria Edgeworth. The latter needs no introduction, but Clark is worthy of further mention. "Poor Clark" as Queen Victoria was later to call him had an unfortunate career. He misdiagnosed pregnancy in Lady Flora Hastings, one of the Queen's maids of honour when in fact the poor lady was virginal and unfortunately suffering from a malignant abdominal tumour, which later proved

fatal. This was a considerable setback to a promising career, but he was retained as the royal physician. When he failed to diagnose typhoid fever as the cause of the Prince Consort's fatal illness, one would have thought his career was at an end. However, Victoria had a deep affection for her physician, and believed that he was more a victim of misfortune than actual incompetence. Whatever his professional shortcomings he must be judged kindly and with some admiration for the compassion and kindness he showed to the young poet Keats during his last days in Rome. Here Clark found pleasant apartments for the dying poet and cared for him without expecting or receiving reward. When we remember that there were few at that time who recognised the genius of Keats, least of all the reviewers of the day, we must respect Clark's assessment: "After all, his expenses will be simple, and he is too noble an animal to be allowed to sink without some sacrifice being made to save him. I wish I were rich enough, his living here should cost him nothing ... I fear there is something operating on his mind ... I feel very much interested in him."<sup>94</sup> Indeed, there was much troubling the young poet; his mental anguish was if anything greater than his physical suffering – his unfulfilled poetical ambitions and his love for Fanny Brawne.

From London Wilde went to Vienna where he became friendly with the young Semmelweiss who was later to discover the cure for puerperal fever. Wilde was particularly impressed by the maternity system in this city, whereby pregnant ladies could have their infants in absolute secrecy – a facility not without appeal to him. From Vienna he went to Germany, and then onwards to Brussels to meet up with his old friend Charles Lever, who on qualifying had deserted the scalpel for the pen, and was at this time completing his famous novel *Charles O'Malley*. The proofs of this he threw at Wilde, who we are told rocked an enormous four-poster bed with insuppressible laughter as he read of O'Malley's exploits.<sup>96</sup>



*Charles Lever (1806–1872).  
Engraving of portrait by Phiz,  
Our Mess, Volume 1, 1843.*

Returning to Dublin Wilde began practice at No.15 Westland Row and he converted an old stable at number eleven Molesworth Street into a dispensary. In 1844 he



opened St. Mark's Ophthalmic Hospital and Dispensary for Diseases of the Eye and Ear in Mark Street off Great Brunswick Street (now Pearse Street), and for many years this was the only hospital in the British Isles teaching both aural surgery and ophthalmology. It was the predecessor of what is today the Royal Victoria Eye and Ear Hospital. He was successful in private practice and his reputation was enhanced with the publication of his book on *Aural Surgery*.<sup>98</sup> George Bernard Shaw, however, did not hold his surgical skill in high regard; he recalled many years later that in dealing with his father's squint Wilde "overdid the correction so much that" his father squinted "the other way all the rest of his life."<sup>99</sup>

In the 1840s a young lady, Jane Francesca Elgee, was writing spirited, many would say seditious, prose and poetry for the *Nation*: "You have never felt the pride, the dignity, the majesty of independence. You could never lift up your head to heaven and glory in the name of Irishmen, for all Europe read the brand of 'slavery' upon your brow." Her poetry smacked of much the same passion and banality:

*Hark! the onward heavy thread –  
Hark! the voice rude –  
Tis, the famished cry for bread  
From a wildered multitude.*<sup>100</sup>

Wilde was fascinated by all this, and in 1851 they were married; a year later William Charles Kinsbury Wills Wilde was born and in 1854 Oscar Fingal O'Flahertie Wills Wilde was introduced to the world.

Wilde like so many of his contemporaries, was a prodigious worker. Apart from his practice and the running of his hospital, he was editor of the *Dublin Journal of Medicine and Chemical Science*.<sup>101</sup> In 1841 he was appointed assistant census commissioner, a post that involved a vast amount of work which was rewarded with a knighthood in 1864 when he was aged forty-nine. Sir Peter Froggatt has put Wilde's mammoth work as census commissioner into perspective: "This was one of the greatest national censuses ever conducted. The results were published in ten foolscap volumes totalling 4,503 pages; two of these volumes containing 710 pages, were written solely by Wilde."<sup>102</sup>

In middle life, Wilde devoted immense energy to cataloguing the Irish Antiquities – a prodigious task, which he performed single-handed, and for which the Royal Academy elected him vice-president and presented to him its highest award, the

Cunningham gold medal. He also devoted much time to medical biography<sup>103</sup> and he wrote a fascinating book on *The Closing Years of Dean Swift's Life*.<sup>104</sup>

An unfortunate incident was to blight Wilde's career. Sometime in 1854 William Stokes referred a Miss Mary Josephine Travers to Wilde with an ear complaint. This twenty-nine year-old woman was not beautiful, but she was of ample proportions and Wilde found her attractive. We do not know how intimate the relationship became, and can only assume that being a hot-blooded fellow, Wilde's intentions, whatever his actions, might not have been altogether platonic. After some years the relationship ended in acrimony. She began a campaign of harassment to both Wilde and his wife, and she invited libel action. The bait was eventually taken and the case became a Victorian scandal of sumptuous proportions. In essence the case was not so much one of libel against Lady Wilde, but rather a trial of Sir William for rape. A thrilled public heard with delight declarations such as: "I will only say that 'she went in a maid but out a maid she never departed.'"<sup>105</sup> In the end Speranza was found guilty of libel and fined a farthing, but the costs were substantial. Wisely Wilde had declined to appear as witness (Lady Wilde being the actual defendant), but his colleague Arthur Jacob, also an ophthalmic surgeon of repute, castigated him for failing to do so in the Dublin Medical Press: "He owed it to his profession, which must now endure the onus of the disgrace – he owed it to the public, who have confided, and are still expected to confide themselves to his honour – he owed it to Her Majesty's representative who had conferred an unusual mark of distinction on him, to purge himself of the suspicion which at this moment lies heavily on his name."<sup>106</sup> In fairness Jacob's criticism has validity, and it is possible that in a later age Wilde might have had his name erased from the medical register. In any event his career was damaged irreparably and he was a broken man. He retired to his country retreat, Moytura House at Cong in Connemara, where he produced his best known books – *Lough Corrib* and *Lough Mask*.<sup>107</sup> He delegated his professional duties to his natural son Dr Henry Wilson, also an ophthalmologist. He became careless in dress and unkempt in appearance as George Bernard Shaw was to later recall – "Wilde was dressed in snuffy brown and as he had the sort of skin that never looks clean he produced a dramatic effect beside Lady Wilde (in full fig) of being like Frederick the Great beyond soap and water, as his Nietzschean son was beyond good and evil."<sup>108</sup> Three years after the trial the Wilde's lost their beloved daughter Isola, and four years later Wilde's two illegitimate daughters died tragically in a fire, an event that affected him greatly. Any happiness in life was now derived from archaeology, and watching the progress of Oscar and Willy through school and university.

Sir William died on April 19, 1876 after a long illness. Of his last days we have Oscar's account, which is really a tribute to his mother:

Before my father died in 1876, he lay ill in bed for many days. And every morning a woman dressed in black and closely veiled used to come to our house in Merrion Square, and unhindered by my mother, or anyone else used to walk straight up stairs to Sir William's bedroom and sit down at the head of his bed and to sit there all day, without ever speaking a word or once raising her veil. She took no notice of anybody in the room; and nobody paid any attention to her. Not one woman in a thousand would have tolerated her presence, but my mother allowed it because she knew that my father loved the woman and felt that it must be a joy and comfort to have her there by his dying bed. And I am sure that she did right not to grudge that last happiness to a man who was about to die, and I am sure that my father understood her indifference, understood that it was not because she did not love him that she permitted her rival's presence, but because she loved him very much, and died with his heart full of gratitude and affection for her.<sup>109</sup>

There were many tributes after his death, including an elegy by Samuel Ferguson, but perhaps Speranza's verse so full of Victorian poignancy and nostalgia is the most fitting:

*Read till the warm tears fall my love,  
With thy voice so soft and low,  
And the Saviour's merits will plead above  
For the soul that prayeth below.*<sup>110</sup>

### **Decline of the 'Dublin school'**

There were many other doctors in this "Dublin school," whose lives followed a less hectic course and whose contributions, though more modest, were nonetheless significant. Among these was Arthur Jacob, the ophthalmologist who discovered the neural layer of the retina known as *membrane Jacobi*, and was founder and editor of the *Dublin Medical Press* and one of the founders of the Irish Medical Association.<sup>111</sup> Not all the achievements of the "Dublin school" can be attributed to the physicians of the period. There were many active and enterprising surgeons but surgery was barred from further advancement by the limitations imposed on its practice for want of a means of overcoming pain and infection, and also by blood loss. The first of these barriers was overcome by a Richmond surgeon in 1847 when John MacDonnell (whose son Robert was destined to give the first transfusion of human blood in The Charitable Infirmary eighteen years later<sup>112</sup> performed surgery under anaesthesia.

Eleven days previously ether had been used by Liston at University College, London for the first time in Europe. MacDonnell read a report of the operation in the *British and Foreign Medical Review* and decided to operate with ether to amputate the arm of a young country girl named Mary Kane, who had tripped and fallen several weeks before while carrying some hawthorn branches.<sup>113</sup> The elbow joint had been penetrated by a thorn and subsequently became infected. Instead of seeing a qualified doctor “she had been advised by one of those persons who tamper with human health and life.” When she was sent to the Richmond two weeks later, “she was suffering severe pain in the joint, the outer part of which presented a large ulcer, with spongy flabby granulations, and having an opening from which a profuse discharge took place, and by which a probe could be passed into the joint.” In spite of all treatment, “she gradually, during the next four weeks, lost flesh to great emaciation, became decidedly hectic, had several times severe bowel complaint, and at length a slough formed over the sacrum, as she could only lie supine.” MacDonnell postponed surgery for one day, so that he could make an apparatus for inhaling the vapour of ether, and having tried this on himself to the stage of senselessness, from which he recovered without ill-effect he proceeded to operate on Friday morning, New Year’s Day 1847, in the presence of a large gathering of eminent physicians and surgeons:

There was slight evidence of pain at the moment of finishing the division of the muscles, and again at the time of tying one of the arteries, but the patient declared that she had no unpleasant sensation from the inhalation.” MacDonnell regarded ether as one of the major advances in medicine: “I am sanguine respecting the safety, the great utility, and the manageableness of this singular agent ... I anticipate that we shall be enabled to prolong insensibility with safety, for a considerable time, by skilful alternation of vapour and atmospheric air ... I regard this discovery as one of the most important of this century. It will rank with vaccination, and other of the greatest benefits that medical science has bestowed on man.”<sup>113</sup>

Admirable though the introduction of anaesthesia was, the mortality from surgery remained high because of infection. Joseph Lister, alert to the researches of Louis Pasteur in Paris, was able to reduce the mortality after amputation from 45.7 per cent to 15 per cent by using carbolic acid to kill the organisms causing infection. “Listerism” was readily adopted on the continent, but it was only accepted slowly in Ireland.<sup>114</sup>

Francis Rynd, a less well-known figure of the school was the inventor of the hypodermic syringe which allowed doctors for the first time to give morphine by injection rather than by mouth, for the relief of pain.<sup>115</sup> There was also that towering

example of the Victorian polymath, the Reverend Dr Samuel Haughton, divine, scientist, and physician. His scientific publications were diverse and at times brilliant, but he is possibly best known for “Haughton’s drop,” a calculation giving the length of the drop needed to dislocate the cervical spine and so cause instantaneous death in hanging, rather than slow strangulation.<sup>116</sup>

These talented and flamboyant Victorians of the “Dublin school” needed a forum in which to express themselves and present their work. Towards this end William Stokes and Robert William Smith founded the Pathological Society of Dublin in 1838. Corrigan was an active participant from the start and was later its secretary and president. The first meeting was held on December 1, 1838 with Robert Graves in the chair.<sup>117</sup> The physicians and surgeons of the “Dublin school” were, as we have seen, astute observers of the signs and symptoms of disease, but they were not satisfied with merely making a diagnosis. It was their practice to confirm the accuracy or otherwise of their conclusions by careful dissection at post-mortem examination, an event that occurred all too frequently. One of the main aims of the Pathological Society was the study of pathological anatomy, that is the structural changes that occur in the body in response to disease. The balance between the disciplines of clinical medicine and pathology was carefully maintained as Corrigan emphasised to the students of the Society: “But, while I would impress upon you the great value of learning pathology, that is, the study of the results of those destructive actions which terminate life, or cause loss or injury of limb, I at the same time feel it to be my duty to impress on you that the study of pathology alone will not make you physicians or surgeons. It is to the combination of pathology with clinical research, that you must look for the acquirement of skill and knowledge that will cause you to be looked up to with confidence in our professional stations.”<sup>118</sup> The meetings of the society were organised well so that a variety of disease was presented: “This society,” Corrigan said, “possesses a feature which is peculiar to it, and to which, I believe, its success is in a great measure due: I mean the exclusion of mere theoretical disquisitions and disputations ... Another advantage of this arrangement of the society is, that no valuable time is lost; so that in each week of the session, short as is the time of meeting, a large amount of practical information is collected, and mutually communicated.” But there was another function to be served by the society, and this Corrigan held in high regard:

The Irish School of Medicine owes to it (the society), I think I may say, the very high status which it holds at present throughout Europe and America. To it are paid the first visits of distinguished foreigners belonging to our profession, who



come amongst us; and thus it has become the means of extending the fame of the Irish school of medicine to every part of the civilised world. I believe I am not wrong when I state, that scarcely a meeting, since the commencement of the society, has been held, that has not been attended by foreigners of eminence from one part or another of the globe. At our last two meetings we have had visitors from classic Italy and majestic Greece.

Legendary names in medicine were conferred with the Honorary Diploma of Membership – Sir Astley Cooper, Sir Benjamin Brodie, Richard Bright, J. Cruveillier, J.L. Schönlein and Karl Rokitansky. When the Royal Academy of Medicine in Ireland (which is still in existence) was founded in 1883, the Pathological Society was incorporated in it as the Section of Pathology.<sup>119</sup>

The life of the “Dublin school” was brief, but its light had burned so brightly that it reached across the world. Corrigan was not unaware of the rise of the “school”: “The Irish school of medicine and surgery is, if I am not mistaken, exerting a silent but deeply spreading influence upon society, an influence which is beneficial, and which will I hope be lasting.”<sup>121</sup> He was proud especially of its international influence: “Until lately this country may be said to have been unknown, or known only to be misrepresented. Latterly foreigners from all parts of Europe of high mental acquirements have visited us, and their numbers each year are increasing; ... and if the beacon of knowledge is once more to burn as pre-eminently brightly in my native country, as tradition says it once did, the honour of re-lighting will assuredly belong to my own profession.”<sup>121</sup> Its success was due, in Corrigan’s opinion to a willingness to examine critically any doctrine however sacred, and a tolerance that would permit change in scientific thought:

To train the mind in such habits of patient observation, cool reasoning, and steady deduction, which are the only sure foundations for professional skill, I believe no school in Europe excels our own. If we turn to some of the other schools of Europe, we too often see their professors, ambitious of forming a sect, stimulated by the desire of hastily acquiring practice, or grasping at a short-lived notoriety, distorting fact to suit their purposes, and thus justifying the bitter sarcasm of Cullen, that there are in medicine ‘more false facts than false theories.’ Dublin is I trust, free from such imputation, and while all that is really valuable is retained all that is idle or empty is discarded. There is no blind adherence to what is old, nor narrow minded opposition to what is new: while we admit all that will bear test of observation, while we revere the reasoning of Harvey and the truths of Hunter, we are not deluded by the fooleries of homeopathy, or the knaveries of animal magnetism.”<sup>121</sup>

And on another occasion he remarked: “Having no theory or hypothesis to support, it accepts information, and is ready to test alleged improvements, come from where they may. It tests them cautiously and carefully in its hospitals, adopts them if worthy of being adopted, or rejects them if found erroneous.”<sup>122</sup>

The “Dublin school” began somewhere around 1830 and lasted scarcely fifty years. Its success was dependent foremost on the extraordinary energies and talents of its main progenitors, Graves, Stokes and Corrigan. Others of ability were to follow but they failed to sustain the spirit of the “school.” We may well wonder why so vibrant a movement was permitted to decay. The conditions in which subsequent generations practised were not substantially different to those of the mid-nineteenth century; there were the same hospitals, with the addition of some new ones; there were more doctors and nursing improved greatly; a limited amount of money for research became available whereas there had been no provision for research funding in Victorian Ireland; the government participated in health care not always acting in the best interests of the sick, but nonetheless, augmenting greatly the voluntary support on which mid-nineteenth century medicine depended. And yet the “school” disappeared. The *raison d’être* of the “Dublin school” was its iconoclasm, which was fuelled from without rather than within Ireland. The members of the “school” competed with and enjoyed the company of the European leaders of medicine; their ideals and their standards were pitched well above the mediocrity to which Ireland, through complacency and an insular philosophy is prepared often from unawareness of anything better, to tolerate. Had later generations been prepared to seek and absorb the influence of European and American medicine, the school might have survived, and Irish medicine might have been saved from a period of stagnation and apathy from which it only now shows some feeble signs of emerging. If today’s medical profession is to be enriched from a study of the rise and rapid decline of the “Dublin school,” it will be by the realisation that its future lies not within the narrow confines of the island that is Ireland, but beyond in the broader intellectualism of international science.

### **The last voluntary hospital to be granted a Charter**

The founding of the Charitable Infirmary in 1718 marked the beginning of what might be described as the age of the voluntary hospital. A remarkable feature common to many of these institutions is that the founding stimulus, and sometimes largesse, came from medical families, the altruism of which should not be allowed to pass unforgotten – Dr. Richard Steevens and his devoted sister; Mary, daughter

of Dr. George Mercer; Dr. Bartholomew Mosse, the founder of the Rotunda, the first maternity hospital in these islands, and Sir Patrick Dun, whose hospital also served for many years as the meeting hall for the Royal College of Physicians. Andrew Charles as the founder of the City of Dublin Skin and Cancer Hospital now joins these medical luminaries in having had the vision to provide care for the citizens of Ireland afflicted by disease of the skin and cancer. All of these voluntary hospitals were funded by public subscription and monies raised at charities. The surgeons and physicians gave of their time without charge, and their boards of management were composed of members drawn from the professional and business ranks of society, who gave freely of their time and expertise to oversee the governance of the hospitals in their charge according to the dictates of their Royal charters. Though the voluntary nature of these hospitals was to alter over time, the ethos of the voluntary hospital movement survived until state control of the hospitals at the end of the twentieth century abolished an altruistic movement that had served the nation so well for three centuries and one which government would have been well advised to incorporate within the contemporary health care system.



*Gustavus Hume (1730–1812).  
Engraving by John Comerford. Royal College of Surgeons in Ireland*

## CHAPTER TWO

### Hume Street and times past

*H*ume Street has a long and interesting history, which was made none the less eventful by having a hospital arise at first modestly from one of its Georgian houses and later developing to occupy no less than eight houses on the street and also some properties on adjoining Ely Place. The official name of the hospital, The City of Dublin Skin and Cancer Hospital, was more often than not referred to simply as ‘Hume Street Hospital’, which though chronologically and historically incorrect did at least honour the memory of a respected doctor from earlier times.

#### Gustavus Hume (1730–1812)

The Humes came to Ireland from Scotland in the seventeenth century and settled in Dublin, Wicklow, and Cavan. Gustavus Hume was elected Surgeon to Mercer’s Hospital in 1758. He was appointed censor of the newly founded Royal College of Surgeons in Ireland and was present at the first historic meeting of the College, which was held in the boardroom of the Rotunda Hospital on 2nd March, 1734. He became president of the College in 1795.<sup>1</sup>

He appears to have had a good practice and to have given special attention to the diseases of children. Perhaps it was for this reason that he espoused the medical virtues of oatmeal porridge for which he earned the sobriquet ‘Stirabout Gusty’<sup>1</sup>

*Hume, twice as ancient as the College Charter,  
Scours Death with Stir-a-bout from ev’ry quarter.*





*St. Stephen's Green in 1796 by James Malton*

He also favoured breast-feeding for reasons that are novel if not scientifically proven:

When the upper classes of women undertake suckling, they become more domestic, consequently less likely to enter into the incorrectness of the present age, finding themselves more closely attached to both husband and infant: besides after the period of weaning, the constitution experiences all the sensations of a new marriage. And they who nurse seldom miscarry.<sup>2</sup>

However, though he published a number of treatises on medical topics, the mists of time cannot cloud the dominating interest in his life – building and architecture. His architectural endeavours were given due tribute in a form of verse fashionable at that time:

*Gustavus Hume in Surgery Excels,  
Yet Pride of Merit Ne'er His Bosom Swells.  
He gives to Dublin every Year a Street  
Where Citizens converse and friendly meet.*<sup>1</sup>

We might note in passing that Gustavus also did his best to give the city a citizen every year, begetting some twenty-one children.

A love and appreciation for building and architecture seems to have been a family trait. It was a predecessor, Sir Gustavus Hume, High Sheriff of Co. Fermanagh, who brought the German architect Richard Castle to Ireland to build his country seat, Castle Hume, on the western peninsula of Lower Lough Erne in 1728. Castle, who was to become one of the principal protagonists of Irish Palladian architecture in Ireland, designed many buildings among them being The Rotunda Hospital, founded by Dr. Bartholomew Mosse.

Hume constructed most of the houses on Hume Street, which was laid out in 1768, and Ely (formerly Hume) Place, and also many fine houses in other streets of the city, an example being No. 63 Dawson Street, which he built for his own use, and in which he died in 1812.<sup>1</sup> Indeed the houses that were later to form the City of Dublin Skin and Cancer Hospital were all built by Hume. However, his greatest architectural achievement in the locality owes its presence to the Ely influence in the Hume family. The two families having intermarried were left



*The staircase of Ely House*

with a vast inheritance that was to be the cause of acrimonious litigation. In 1736, the 1st Earl of Ely, then simply Nicholas Loftus, had married Mary, elder daughter and heiress of the Right Hon. Sir Gustavus Hume, 3rd Bt, of Castle Hume, Co. Fermanagh, who had died in 1731. Under a Hume family settlement and the terms of Sir Gustavus's will, Mary, the elder daughter, inherited the entire landed estates of the family and Sir Gustavus's personal estate. Nicholas Loftus, now Hume Loftus, also known as 'Nicholas the Idiot', thus came into immediate enjoyment of the Hume estates. Because of his alleged mental incapacity the Humes took legal proceedings to have him declared a lunatic, and had they been successful the Hume estates would have been returned to the Hume family. However, one of the most celebrated of all Irish lawsuits decided ultimately in 1767 in favour of Henry, Earl of Ely who soon spent his inheritance on lavish building enterprises in Dublin. Firstly, he re-modelled Rathfarnham Castle and commissioned Angelica Kaufmann to adorn the walls with decorative painting as well as painting some family portraits.<sup>3</sup> In 1771

he commissioned Gustavus Hume to build the first house on Ely Place, Ely House (now Nos 7/8) a large and magnificent town-house, which he occupied. John La Touche, of the banking family, and Frances Monroe, the Countess of Ely, subsequently occupied this house, with splendid plasterwork by the stuccadore Michael Stapleton. Sir William Thornley Stoker, brother of Bram Stoker, later occupied it and the house has been the headquarters of the Order of the Knights of Saint Columbanus since 1922.

Perhaps the most celebrated personality of these early days was the society beauty Dolly Monroe who lived with her aunt in Hume Street. Dolly was wooed by the nobility of the day and her beauty is even commemorated by Oliver Goldsmith in 'The Haunch of Venison':

*Of the neck and breast I had still to dispose  
'Twas a neck and breast that would rival Monroe's.*<sup>4</sup>

Angelica Kauffman was sufficiently impressed by Dolly's striking looks to paint two portraits of her, which are in the possession of the National Gallery of Ireland.

Other illustrious personalities who graced Ely Place were John Philpot Curran, who defended the United Irishmen and whose daughter became enamoured of the ill-



*The Earl of Ely, his wife, Dolly Monroe and Angelica Kauffman*

fated Robert Emmet, and the Countess of Clare (Anne Whaley, wife of John Fitzgibbon, Lord Chancellor of Ireland, who lived at No. 6. The two houses at Nos. 5 and 6 were taken into Government service in 1859, when they became the Offices of the General Valuation and Boundary Survey of Ireland. It was here that Sir Richard John Griffith, Bart., the renowned geologist and mining engineer completed the first comprehensive geological map of valuation of Ireland known ever since as “Griffith’s Valuation”. These houses, like Ely House, are richly decorated with elaborate plasterwork.<sup>5</sup> Ely Place Upper is a continuation on the south end of Ely Place where a terrace of five houses were built in 1828.

One of the most remarkable institutions to grace Hume Street was the famous school of the Reverend R.H. Wall at No. 6 Hume Street, later to become one of the Hospital buildings. This establishment, the official name of which was the “Seminary for General Education”, catered for both day and boarding pupils. The school flourished in the Victorian era, listing among its alumni the mathematician Gabriel Stokes, the engineer William Thomas Mulvaney (and most likely his brother the architect John Skipton Mulvaney), and the colourful Dr. Kevin Izod O’Doherty, convict, patriot and doctor.<sup>6</sup>

At the turn of the nineteenth century Frederick and Annie Dick occupied No. 3 Ely Place Upper where they hosted the Irish Theosophical Society that was attended by W. B. Yeats, Maud Gonne and George Russell among others.

### **Literary associations**

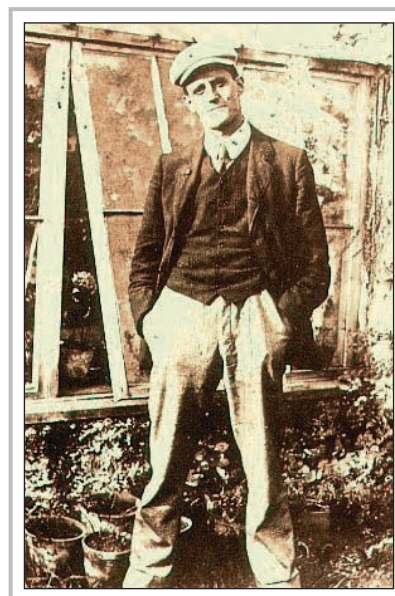
In the twentieth century we find the area gaining quite a literary reputation, which was given commencement with mention of Hume Street in *Finnegans Wake*:

This, more krectly lubeen or fellow — me — lieder was first poured forth where Riau Liviau riots and col de Houdo humps, under the shadow of the monument of the shouldhavebeen legislator (Eleutheriodendron! Spare, woodmann, spare!) to an over-flow meeting of all the nations in Lenster fullyfilling the visional area and, as a single-minded supercrowd, easily representative, what with masks, whet with faces, of all sections and cross sections (wineshop and cocoahouse poured out to brim up the broaching) of our liffeyside people (to omit to mention of the mainland minority and such as had wayfared via Watling, Ernín, Icknild and Stane, in chief a halted cockney car with its quotal of Hardmuth’s hacks, a northern tory, a southern whig, an eastanglian chronicler and a landwester guardian) ranging from slips of young dublinos from Cutpurse Row having nothing better to do than



walk about with their hands in their kneepants, sucking airwhackers, weedulicet, jumbobricks, side by side with truant officers, three woollen balls and poplin in search of a croust of pawn to busy professional gentlemen, a brace of palesmen with dundrearies, nooning toward Daly's, fresh from snipehitting and mallardmissing on Rutland heath, exchanging cold sneers, mass-going ladies from Hume Street in their chairs, the bearers baited, some wandering hamalags out of the adjacent cloverfields of Mosse's Gardens...<sup>7</sup>

Whether the wealthy ladies of Hume Street were ever carried to Mass in sedan chairs is a matter for historical research but their disdain for the louts who have strayed from entertainment in the Rotunda Gardens to taunt their bearers must be imaginative conjecture that is the essence of good literature. Joyce's association with the locality was to live on in his close association with one of the neighbourhood's most distinguished residents. Dr. Oliver St. John Gogarty was never to forgive his onetime friend Joyce for immortalising him in literature by casting him as Buck Mulligan in the opening lines of *Ulysses*:



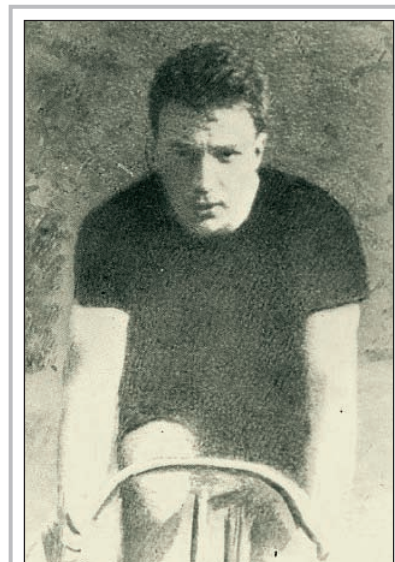
*James Joyce in youth*

Stately, plump Buck Mulligan came from the stairhead, bearing a bowl of lather on which a mirror and a razor lay crossed. A yellow dressing-gown, ungirdled, was sustained gently behind him by the mild morning air. He held the bowl aloft and intoned:

– *Introibo ad altare Dei*.<sup>8</sup>

### **Oliver St. John Gogarty (1878–1957)**

Dr. Oliver St. John Gogarty lived at No.15 Ely Place, which he bought from the architect Thomas Manly Deane in 1931.<sup>9</sup> Here he saw his private patients and lived in comfort surrounded by influential and thought-provoking neighbours. The Royal Hibernian Academy later purchased the house, and had it demolished in 1972 to make way for a purpose-built gallery that took many years to reach completion.



*Oliver St. John Gogarty aged 20*





*Gogarty's house. 15 Ely Place. Watercolour by Flora Mitchell*

Gogarty entertained many of the literary figures of Dublin.<sup>10</sup> We can picture Moore and Yeats after dinner one evening discussing animatedly the composition of the last line of a Gogartian limerick:

*There was a young man from St. Johns  
Who wanted to roger the swans  
'Oh no!' said the porter,  
'Oblige with my daughter,  
The birds are reserved for the dons.'*

Was 'birds' or 'swans' preferable? Dublin literary lore would have it that bard and savant after lengthy discourse agreed to settle for the former by virtue of its more generic appeal.<sup>11</sup>

Another facet of Dublin life in the nineteen-thirties was the meeting of the artistic personalities in a well-known public house for an evening drink and exchange of wit and repartee. Dublin's skyline in the thirties was marred by only two large electrical signs: one for BOVRIL in College Green cast its iridescent message towards Westmorland and O'Connell Street and the other, for OXO, commanded the attention of the denizens of Nassau Street. The latter celestial sign was situated on a tall building beside Fanning's Pub – until recently the Lincoln Inn – but then owned



*A gathering in the garden of 15 Ely Place: standing from left: G. K. Chesterton, James Stephens, Lenox Robinson; seated from left: W. B. Years, Compton McKenzie, Augustus John and Sir Edwin Lutyens.*

by Senator Fanning. One day the first O in OXO failed to light, and an electrician named Joe, known not only for his professional prowess but also well-liked for his wit and geniality, was summoned to rectify the fault. But having dallied perhaps a little too long in the convivial bar of Fanning's, he slipped from the rooftop and was killed instantly. That evening there was a general air of gloom as Brinsley MacNamara, Austin Clarke, Fred Higgins and Seamus O'Sullivan among others in the gathering heard the tragic news. Gogarty joined the company and the bartending senator, to mark the sad occasion, stood a free drink on the house. Raising his glass to the proprietor, Gogarty bowed and, adroitly misquoting Milton, intoned: "They alas stand who only serve and wait." It was duly suggested that Gogarty should write an epitaph for the late electrician. The senator provided a pencil and a brown paper bag – of the type designed to carry half-a-dozen Guinness – and after some thought Gogarty wrote:

*Here is my ode to engineer Joe,  
Who fell to his death through the O in OXO,  
He's gone to a land which is far far better,  
He went, as he came, through a hole in a letter.<sup>12</sup>*

When Gogarty died in New York in 1957, Dublin medicine lost one of its most colourful and talented personalities.<sup>13</sup> Ulick O'Connor, in his masterful biography of Gogarty, puts his diverse achievements thus:

W B Yeats in his preface to the Oxford Book of Modern Verse, refers to Oliver St. John Gogarty as 'one of the great lyric poets of the age'. Asquith called Gogarty the wittiest man in London. Edward Shanks thought his conversation had the flavour of Wilde's. Gogarty was also a skilful surgeon, an aviator, a senator, a playwright, a champion athlete and swimmer. When Professor Mario Rossi, an Italian authority on Swift and Berkeley, met Gogarty in the 'thirties he felt he was in the presence of a figure out of the Renaissance, L'uomo universale, the 'all-sided man'.<sup>14</sup>

One may quibble perhaps about Gogarty's skill as a surgeon but when he is judged in the context of his time he is seen as a competent, if not brilliant, ear, nose and throat surgeon with innovative flair, who introduced Bruning's bronchoscope to Dublin from Vienna. However, as will be seen later, his knowledge of scientific developments internationally were seriously wanting when he chose to pass judgement on the hospital that was developing around the corner from his home.

His literary achievements, obviously more substantial than his medical ones, are not so easily assessed. Gogarty once wrote of Browning: "He does not write poetry, but his prose pulsates." One might state exactly the opposite for Gogarty; he wrote some perfect poetry but his prose, of which there is much, was often turgid, clumsy and lacking the form that could have given to the content the discipline which he applied so successfully to his poetry. This said, his autobiographical prose works do give an interesting insight into the social life of Dublin in the early twentieth century.

Gogarty had chosen medicine for a career, like so many before and after him, simply because there was 'doctoring' in the family. His grandfather and father had both been doctors. His mother wished to have him registered in the Catholic Medical School in Cecilia Street, but a lack of gentlemanly courtesy by the registrar Ambrose Birmingham made her take her young charge across the river to Trinity College, where the Provost, Dr. Anthony Traill, made a much more favourable impression. She admonished her son after this experience: "Now that you are entered among gentlemen I hope you never forget to behave like one."<sup>15</sup>

Though Gogarty may never have let his mother down by being ungentlemanly, he did throw himself into student life with an ardour of which mamma could hardly have approved. Poetry and literature vied with medicine for his intellectual attention,

with women, cycling and the congenial ambience of literary Dublin being distractions that he found difficult to resist. His medical apprenticeship occupied ten leisurely years during which time he became renowned for his wit and genial company. Though not successful in passing his medical exams, he was developing his intellect in other ways, not least in poetry – at Oxford he came second to his friend George Bell in the Newdigate prize. Drinking in these past days was not always confined to Dublin's pubs with the medical student's preference often being for the cosier atmosphere of the Kips of Nighttown, situated in the vicinity of Railway Street and Tyrone Street. Here, as O'Connor explains with what may be a naivety born out of respect for his subject, a tired student could drink all night without having to absent himself on the felicity upstairs.<sup>15</sup> Gogarty has recorded the activities of the Kips, the only licensed brothel area in the then United Kingdom, in the poem *The Hay Hotel*:

*There is a window stuffed with hay  
Like Herbage in an oven cast;  
And there we came at break of day  
To soothe ourselves with light repast:  
And men who worked before the mast  
And drunken girls delectable;  
A future symbol of our past  
You'll maybe, find the Hay Hotel.*

*Where are the great Kip Bullies gone,  
The Bookies and outrageous whores  
Whom we so gaily rode upon  
When youth was mine and youth was yours:  
Tyrone Street of the crowded doors  
And Faithful Place so infidel?  
It matters little who explores  
He'll only find the Hay Hotel.*

*Where is Piano Mary say,  
Who dwelt where Hell's Gates leave the street,  
And all the tunes she used to play  
Along your spine beneath the sheet?*

*She was a morsel passing sweet  
And warmer than the gates of hell  
Who tunes her now between the feet  
Go ask them at the Hay Hotel.*<sup>16</sup>

O'Connor makes what is probably a valid statement in his biography of Gogarty: "The spectacle of suffering humanity brought out in him a kindness that those who knew only the forked-tongue Gogarty of the dining table and salon could never have suspected."<sup>17</sup> In support of this view we may merely note that if Gogarty had not felt the compassion for suffering that is a prerequisite to being a good doctor, he would have failed to record such sentiments, much less write a drama, *Blight*, which opened in the Abbey Theatre in 1917. This play, described as "the tragedy of Dublin – the horrible, terrible, creeping crawling spectre that haunts the slumdom of the capital of Ireland",<sup>18</sup> was important not only as a social statement, but as a landmark in dramatic literature that marked the advent of the 'slum play' that was later to be developed by O'Casey. Gogarty's compassion is also reflected in his poetry. One poem, *All the Pictures*, which may not be perfect in its composition, does convey the sadness that confronts the doctor in the face of hopelessness and the admiration inspired by the stoicism of a patient. The poem was written as a tribute to a patient who, hearing the news that there was no hope for him, replied: 'I have seen all the pictures':<sup>19</sup>

*I told him he would soon be dead.  
'I have seen all the pictures,' said  
My patient. 'And I do not care.'  
What could a doctor do but stare  
In admiration half amused  
Because the fearless fellow used  
'The pictures' as a metaphor,  
And was the first to use it for  
Life which he could no longer feel  
But only see it as a reel?  
Was he not right to be resigned  
To the sad wisdom of his mind?  
Who wants to live when Life's a sight  
Shut from the inner senses quite;*



## A CENTURY OF SERVICE

*When listless heart and cynic mind  
Are closed within a callous rind;  
When April with its secret green  
Is felt no more but only seen,  
And Summer with its dusky meadows  
Is no more than a play of shadows;  
And Autumn's garish oriflamme  
Fades like a flickering skiagram,  
And all one's friends are gone, or seem  
Shadows of dream beyond a dream?  
And woman's love not any mo,  
Oh, surely then 'tis time to go  
And join the shades that make the Show!*

After qualifying in 1907 and a short period in Vienna, Gogarty was soon on his way to a successful career in otorhinolaryngology. According to Gogarty, Sir Thornley



*Oliver St John Gogarty. Portrait by William Orpen. Royal College of Surgeons in Ireland.*

Stoker and Robert Woods had a disagreement, the basis of which was the latter out-bidding his senior colleague at an antique auction, after which Woods's existence in the Richmond became intolerable and he resigned, leaving a vacancy which Gogarty filled as visiting surgeon. With rooms at Ely Place, he was soon succeeding in his endeavour "to make people pay through their noses."<sup>20</sup> In 1922 he was appointed a member of the Senate by President Cosgrave. His political involvement in these early years of an emerging state were to cost him much, including a serious threat to his life and the burning of his home, papers and possessions at Renvyle in Connemara.

Gogarty does not appear to have allowed his position in medical society to inhibit his poetic utterances. He may have drawn assurance from the fact that his colleagues by and large did not read poetry, but a more likely explanation is that he cared but little for their opinion and besides his practice was likely to benefit from a little notoriety:

RINGSEND

(After Reading Tolstoi)

*I will live in Ringsend  
With a red-headed whore,  
And the fanlight gone in  
Where it lights the hall-door;  
And listen each night  
For her querulous shout,  
As at last she streels in  
And the pubs empty out.  
To soothe that wild breast  
With my old-fashioned songs,  
Till she feels it redressed  
From inordinate wrongs,  
Imagined, outrageous,  
Preposterous wrongs,  
Till peace at last comes,  
Shall be all I will do,  
Where the little lamp blooms  
Like a rose in the stew;  
And up the back garden  
The sound comes to me  
Of the lapsing, unsoilable,  
Whispering sea.*<sup>21</sup>

The vicissitudes of Oliver Gogarty's life are not permitted treatment here. However, the question may and should be asked: was Gogarty, whose posthumous reputation is necessarily literary rather than medical, a failure or a success because of a career in medicine? The former seems more likely. Had Gogarty, like Joyce, devoted himself to literature, he might have become (as Yeats indeed claimed he was) the finest lyric poet of the age, but the personal price, the sublimation of self to art, is a high sacrifice that few are prepared to make. Gogarty gave to literature a few poems that are near perfect. He has left an autobiographical account of life in Dublin in the early twentieth century that is not without merit, but perhaps most importantly, at least for the medical profession, he wrote with the zest of youth and an honesty of expression in a city not renowned for permitting such expression; and he survived as one of a profession, which though eager to claim an eccentric from the past, does not permit the presence of any such contemporaneous dissidents within its ranks. Let Gogarty have the last word:

O BOYS! O BOYS!  
O BOYS, *the times I've seen!*  
*The things I've done and known!*  
*If you knew where I have been*  
*Or half the joys I've had*  
*You never would leave me alone;*  
*But pester me to tell*  
*Swearing to keep it dark,*  
*What . . . but I know quite well*  
*Every solicitor's clerk*  
*Would break out and go mad;*  
*And all the dogs would bark!*<sup>22</sup>

### **Sir William Thornley Stoker (1845–1912)**

Abraham Stoker from Dublin married the feminist, Charlotte Mathilda Blake Thornley who came from Ballyshannon, County Donegal and they had seven children of whom William was the eldest; one of his brothers was the writer Bram Stoker, the author of *Count Dracula*. He was educated at a private school in England and studied medicine at the Royal College of Surgeons in Dublin, and Queen's College, Galway, where he obtained his M. D. degree in 1866.<sup>23,24</sup> He purchased Ely House, which was an ideal location for him to indulge his love of the arts and to entertain and be entertained by the artists and literati of the day.

He became a very successful surgeon being first appointed to the Royal City of Dublin hospital and then to the Richmond Hospital in 1873, and he was also surgeon to St. Patrick's Hospital. He was appointed to the chair of Anatomy at the Royal College of Surgeons in Ireland in 1876. Gogarty attributed Stoker's collection of fine art to the maladies he treated: "The Aubusson carpet in the drawing-room represents a hernia, the Ming Cloisonné a floating kidney, the Buhl cabinet his opinion of an enlarged liver, the Renaissance bronze on the landing, a set of gall-stones."<sup>25</sup>



*Sir Thornley Stoker. Bronze relief by Joseph S. M. Carre, formerly in the Richmond Hospital, now in Beaumont Hospital. (Photograph by David Davidson).*

He wrote many papers on medical topics and his interest in neurosurgery may have influenced his younger colleague Adams McConnell to found what is today the national centre for neurosurgery at Beaumont Hospital.

Stoker was President of the Royal College of Surgeons in Ireland in 1896 and President of the Royal Academy of Medicine from 1903 to 1906. His life-long interest in art was acknowledged by his appointment as Professor of Anatomy at the Royal Hibernian Academy and as a governor of the National Gallery of Ireland. He was created Baronet, of Hatch Street in the City of Dublin and died in June 1912, aged 67, when the baronetcy became extinct.<sup>24</sup>

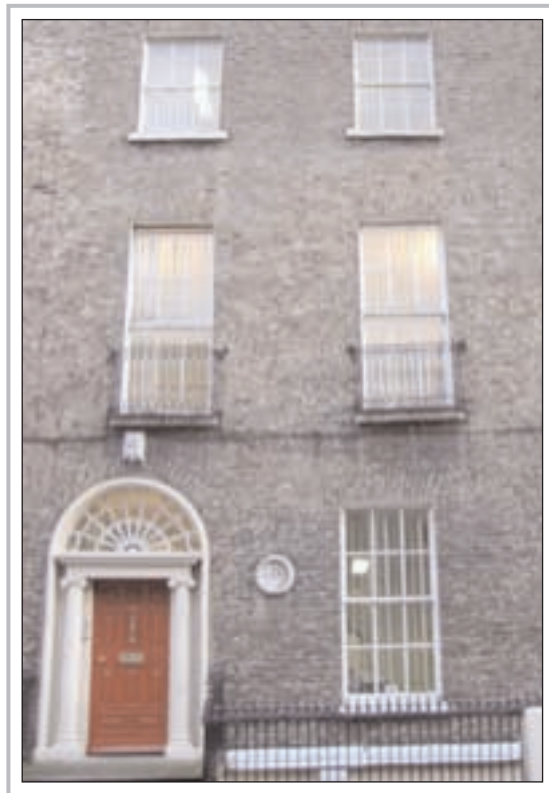
### **George Augustus Moore (1852–1933)**

George Moore, novelist, poet, art critic, memoirist and dramatist, was one of the most flamboyant and successful inhabitants of Ely Place, where he occupied No. 4. Moore came from a Roman Catholic landed family that resided at Moore Hall in Carra, County Mayo. He originally set out to be a painter, and studied art in Paris during the 1870s. There, he befriended many of the leading French artists and writers of the day including Pissarro, Degas, Renoir, Monet, Daudet, Turgenev and, above all, Zola, who was to prove an influential figure in Moore's subsequent development

as a writer.<sup>26</sup> Moore lived for twenty-one years in London but he became disenchanted with the British attitude during the Boer War and when his cousin and playwright Edward Martyn suggested to him that great things, artistically, were happening at home, he returned in 1901 to Ireland to join what he rightly believed was a literary revival.<sup>27</sup> He occupied No. 4 Ely Place and was immediately at odds with his neighbours over the colour of his hall door. Yeats, who was to become a close friend of Moore, has left this description of the disagreement:

When he arrived in Dublin, all the doors in Upper Ely Place had been painted white by an agreement between the landlord and the tenants.

Moore had his door painted green, and three Miss Beams – no, I have not got the name quite right – who lived next door protested to the landlord. Then began a correspondence between Moore and the landlord wherein Moore insisted on his position as an art critic, that the whole decoration of his house required a green door – I imagine that he had but wrapped the green flag around him – then the indignant young women bought a copy of Esther Waters, tore it up, put the fragments into a large envelope, wrote thereon: ‘Too filthy to keep in the house,’ dropped it into his letter-box.<sup>28</sup>



*George Moore's house, No. 4 Ely Place*

Moore's place in literary history is summed up with customary mastery by Derek Mahon:

Although not to the same extent as Wilde, Yeats, Joyce and the other famous faces immortalised on pub walls and household linen, George Moore is one of those authors whose appearance has been often described, whose likeness often reproduced. To his contemporaries he was a singular figure, if not in the heroic mould. Dublin gossip compared him variously to an over-ripe gooseberry, an intoxicated baby and a boiled ghost. Yeats, whom Moore famously likened to an umbrella left behind after a picnic, said in retaliation that Moore was 'a man carved



from a turnip, looking out of astonished eyes'; while the poet and critic Susan Mitchell described him as 'a man of middle height with an egg-shaped face and head, light yellow hair in perpetual revolt against the brush: a somewhat thick, ungainly figure, but he moved with a grace which is not of Dublin drawing-rooms. He wore an opera hat. Nobody in Dublin wears an opera hat'. He had, she said, 'a face dear to the caricaturist'; and sure enough Max Beerbohm, among others, had a go at him. Serious portraitists (Manet, Sickert, Tonks) did him too – also John Butler Yeats, who got most of the Revival crowd; and William Orpen.... He lives on in this pictorial afterlife, when most of his books have long been out of print, as an iconic figure of his period. Moore was for much of his lifetime



George Moore (1852–1933).  
Portrait by Édouard Manet.

one of the most widely read authors in the English-speaking world. There was a time too, towards the end of the last century, when he was considered a shocking and scandalous writer – a reputation of which he was proud. His first novel, *A Modern Lover* (1883), about the artistic life in London and Paris, was banned as immoral by the British 'circulating libraries', a fate accorded to each of his subsequent books until the success of *Esther Waters* (1894), praised by the prime minister, Gladstone, obliged them to rethink their attitude. Moore shot to the top of the best-seller lists, where he remained for years.<sup>29</sup>

Roger McHugh provides an amusing anecdote that was related to him:

A relative of the Somervilles told me that his aunt had the unpleasant duty of announcing to George Moore that his friend Violet Martin, the 'Martin Ross' of 'Somerville and Ross' fame, was dead. As she entered Moore's study to break the sad news to him, Moore looked up from his writing. 'I have sad news for you, Mr. Moore,' she said. 'I regret to inform you that your friend Martin Ross is dead.' Moore clasped his head. 'How sad,' he said, 'how very sad.' He rose and paced his study agitatedly. 'How sad,' he repeated. 'Here am I in the midst of this,' and he waved his hand dramatically at the books around him, 'alive and my friend, my

dear friend, Edmund Gosse, dead.’ The lady interrupted gently: ‘I beg your pardon, Mr. Moore,’ she said, ‘it is Martin Ross who is dead, not Edmund Gosse.’ Moore drew himself up and looked at her in an indignant fashion: ‘My dear woman,’ he said, ‘surely you don’t expect me to go through all that again?’<sup>30</sup>

Moore remained in Dublin for ten years until 1911 and then returned to London where he wrote a three-volume memoir of his time in the city. *Hail and Farewell*, entertained its readers but infuriated former friends which led Moore to make the pithy comment: “Dublin is now divided into two sets; one half is afraid it will be in the book, and the other is afraid that it won’t”.<sup>31</sup>

Moore died in London in 1933 and an urn containing his ashes was interred on Castle Island (now referred to locally as Moore’s Island) in Lough Carra in view of the burnt-out ruins of Moore Hall. AE penned an ambiguous but graceful epitaph, inscribed on the granite plinth. ‘He forsook family and friends for his art; but because he was faithful to his art his family and friends reclaimed his ashes for Ireland’.<sup>32</sup>

### Samuel Beckett (1906–1989)

The Reverend Wall’s ‘Seminary’ was not the only school in the Hume Street/Ely neighbourhood. In a later age we find Samuel Beckett receiving Italian lessons from the Esposito sisters, Vera and Bianca, at No. 21 Ely Place. He composed a delightful vignette around one of these lessons in “Dante and the Lobster” in *More Pricks than Kicks*, in which the layout and atmosphere of the hall floor are captured with humour and poignancy:

Signorina Adriana Ottolenghi was waiting in the little front room of the hall, which Belacqua was naturally inclined to think of rather as the vestibule. That was her room, the Italian room. On the same side, but at the back, was the French room. God knows where the German room was. Who cared about the German room anyway?<sup>33</sup>



Samuel Beckett

### **Hume Street notoriety**

The nineteen fifties and sixties were to bring a certain notoriety to Hume Street. Firstly, there was the unfortunate death of a young woman after undergoing an abortion in a house on Hume Street and then there was the destruction of a number of Georgian houses that led to a vigorous protest dubbed the “Battle of Hume Street”.

#### *Mary Anne Cadden (1891–1959)*

In the 1950s a small one-room flat in No. 19 Hume Street served as the workplace of the abortionist Maime Cadden.

Cadden was born in America to Irish parents from County Mayo and the family returned to Ireland in 1895 after her father inherited his father’s farm. She trained as a midwife at the National Maternity Hospital, Holles Street and in 1931 she opened a maternity nursing



*Maime Cadden*

home in Rathmines, such establishments not being uncommon in Dublin at that time. Apparently Maime Cadden in addition to delivering the infants of pregnant women also performed abortions and when this option was not acceptable or not possible, she would secure homes for unwanted babies born to unmarried women for a fee. She was one of Dublin’s colourful personalities well known among the drinking socialites in the Shelbourne Hotel and further afield as she drove her red MG sports car through the city, her blonde hair flowing in the wind. In 1939 she abandoned a new-born infant on the side of a country road and was sentenced to a year’s hard labour in Mountjoy Prison. On her release she was banned from practising midwifery and set up in business providing abortions and dispensing cures for ailments such as constipation, dandruff, venereal disease and skin disease. In 1945 a pregnant girl was hospitalised after a failed abortion and Cadden was tried and convicted of procuring an abortion and sentenced to five years penal servitude in Mountjoy Prison. This conviction was one of many that were seen as the successful implementation of catholic conservatism led by Éamon de Valera and the Archbishop of Dublin, John Charles McQuaid, that was to influence academics, the legal and medical professions and the law enforcement structures of Irish society to

adopt a holier-than-thou attitude that ignored the reality of human sexuality and left women to face the social and physical consequences of pregnancy without resource to either contraception or abortion.

Having served the full term Cadden once again established herself as an abortionist in a dingy one-roomed flat in No. 19 Hume Street. In 1951 one of her patients died but there was insufficient evidence to convict her and she carried on as before until in 1956 Helen O'Reilly died from an air embolism during an unsuccessful abortion attempt in the fifth month of pregnancy. Cadden enlisted the help of a friend and between them they left the body on the pavement of Hume Street. She was duly tried, convicted for murder and sentenced to death by hanging. This sentence was later commuted to life imprisonment after public appeals for clemency and due to the unintentional nature of Helen O'Reilly's death. Cadden began serving her term in Mountjoy Prison, but was moved to Dundrum Criminal Lunatic asylum when she was declared insane; she died there from a heart attack in 1959.<sup>34</sup>

Maime Cadden has been the subject of two television documentaries and a book that presents her not as an evil back-street abortionist but rather as a figure who saved hundreds of single and multiparous women, both married and unmarried, from the unacceptable social and medical consequences of unwanted pregnancies.<sup>35</sup>

### The Battle of Hume Street

In 1969 the corner of Hume Street opening on to St. Stephen's Green was to mark one of the earliest battles to preserve Georgian Dublin, in what became known as the *Battle of Hume Street*. Green Property, a development company, began demolition work on eight Georgian houses with plans to replace them with an office block. The Minister for Local Government, Kevin Boland, had overridden the decision of Dublin Corporation, and given permission for the demolition. However, the demolition work stopped almost immediately when a group of students, led by, among others, then students Marian Finucane and Ruairi Quinn, occupied the houses to begin months of street protests and sit-ins with sympathisers from all around the country joining in. The event hit the national headlines to become a *cause célèbre*. However, a crew of demolition men entered the buildings at 4 a.m. on the first Sunday morning in June 1969, beat up the four protesting occupiers and destroyed the roofs and interiors. That afternoon 1,000 protesters were joined by Dr. Garret FitzGerald, Senator Mary Bourke (later Mary Robinson), Dr. Noel Browne and Justin Keating among others to prevent the destruction. Though the original



buildings were lost, the developer ended up building Georgian pastiche buildings on the site, but further destruction of the street was prevented.<sup>36</sup>

Looking back on this historic moment some thirty years on, the *Irish Times* under the heading “Hume Street marked turning point” acknowledged that although the development company had won the battle, the protest “marked a turning point in the attitude of people towards the behaviour of developers.”<sup>37</sup> As guardians of the Georgian buildings that housed the City of Dublin Skin and Cancer Hospital on Hume Street for nearly a century, we can only now hope that the buildings will be sympathetically modified for whatever purpose is considered appropriate.



*The Battle of Hume Street. Irish Times photograph*





*Oriental stall to raise funds for Hume Street Skin and Cancer Hospital.  
Centre first row and third person is Elizabeth (Betty) Charles, Matron.  
Far right between two men is Andrew Charles sister, Ina Charles (mother of Beulah Bewley)  
and to her right is Andrew Charles*

## CHAPTER THREE

### A Hospital struggles to succeed (1911–1945)

On 24th June, 1911 the *Irish Times* reported that the first meeting of the Management Committee of the Dublin Skin, Cancer, and Urinary Hospital, under the Chairmanship of Mr. J. T. Wood-Latimer, had been held in the Hospital.<sup>1</sup> It had not been planned to open the Hospital immediately but on 5th July it was reported that:

The Committee has decided to open the out-patient department of the above hospital (Dublin Skin and Cancer Hospital) to-day in order to meet the needs of the patients who are applying for treatment. This decision has been arrived at pending the formal opening of the hospital, which will take place at an early date.<sup>2</sup>

On 20th July the *Irish Times* duly reported the official opening under the heading ‘New Dublin Hospital for Treatment of Skin and Cancer’: “A number of gentlemen yesterday made an announcement of the new Dublin Skin and Cancer Hospital, which has been opened at 3 Hume Street. It has been founded by a committee for the purpose of replacing the Skin and Cancer Hospital, which was closed a few months ago.”<sup>3,4</sup>

A hospital for the treatment of skin disease and cancer had operated for eleven years in Great Brunswick Street (now Pearse Street) but for reasons that are not clear this institute had been closed by order of the Right Hon. Mr. Justice Ross early in 1911. It is recorded that some 15,000 patients who attended the extern department from all parts of Ireland were now left without the specialised treatment to which they

had been accustomed.<sup>4</sup> In the true spirit of charity that so exemplified the voluntary hospital movement, a number of citizens on seeing the plight of these poor patients came together and resolved “to found a new hospital, which would not only supply the want of the old institution, but would also extend the benefits to the poor by adding an additional department for the treatment of diseases of the bladder and kidneys.”<sup>4</sup> However a subsequent notice in the *British Medical Journal* took grave exception to the original announcement, pointing out that “since the closing of the City Hospital for Diseases of the Skin and Cancer, Great Brunswick Street, on February 14th, 1911 the work of that institution has been carried on uninterruptedly ever since at 3, Holles Street, where the Dublin poor has had free admission, not only to a well-equipped Finsen light department, including Finsen lamps, radium, x-rays, high-frequency currents, etc., but also to an out-patient department with free medicine and medical attendance.”<sup>5</sup>

### **The Board of Management**

The success of the Hospital was dependent, of course, on the dedication and quality of its nursing and medical staff, but it is equally true to state that it could not have embarked on its altruistic course or continued to prosper were it not for the philanthropic generosity of the members of its Board of Management. Not alone did the medical staff work without fee or reward but the members of the Board of management gave of their time, energy and skill to administer the Hospital and to fight the constant battle for the funding that was necessary to sustain the provision of medical care without charge to a poor populace that could not afford to pay for even the most basic needs. The Board of Management of the City of Dublin Skin and Cancer Hospital epitomised this voluntary hospital ethos. Its composition over the years has remained basically unchanged until the recent modifications to the Charter. Membership, which was all male, was drawn from all strands of business and political life and half had to be Roman Catholic and half of other denominations. Looking back through the Annual Reports, one of the most impressive features is how much time and effort the members of the Board were prepared to give to running the business of the Hospital, especially when there was a crisis. This aspect of the voluntary hospital movement is often overlooked and it is salutary to contemplate how much altruistic goodwill was lost to the health service of the country when government disbanded the boards of the voluntary hospitals in recent times. This voluntary spirit, which was to sustain the Hospital over the century of its existence, was extolled on many occasions; but perhaps it was put best by a British ambassador, Sir Geofroy Tory:

The extent to which people have, and act upon, a sense of social obligation is a measure of their civilisation. I have been constantly amazed in Dublin at the number of busy people, business men or housewives, who find time and energy to serve causes like this. Your Board of Management comprises a group of people distinguished in their own walks of life, combining their skills to solve problems – like building a new wing with insufficient money! Hume Street Hospital is lucky to have such people as these who have experience and knowledge of affairs, which they are prepared to use for its benefit.<sup>6</sup>

From the outset the Board ensured that the Hospital was completely non-sectarian receiving and treating patients of all creeds, “the only criterion being the need of medical help and sympathy.”<sup>7</sup>

### **Hospital premises**

The altruism of these caring citizens brought into being a new institution named the Dublin Skin and Cancer Hospital at No. 3 Hume Street for the purpose of the specialized treatment of cancer and diseases of the skin and kidneys.<sup>4</sup> The premises were refurbished throughout, and thoroughly equipped with the most up-to-date appliances and apparatus. The Corporation of Dublin, which had previously paid an annual grant of £50 to the hospital in Great Brunswick Street, transferred this to the new hospital. It was duly noted in the *British Medical Journal* that as this was the only fixed income of the hospital and that although it was “true that since the recent closing of the Brunswick Street Hospital, Dublin has been without a special skin, cancer, and urinary hospital, yet, as most of the clinical hospitals contain well-managed and largely attended departments and dispensaries for the treatment of these special diseases, it is not at all clear that this addition to the already large number of hospitals in Dublin was a wise proceeding.”<sup>4</sup> History was to prove otherwise and the monthly report in October 1911 recorded:

The Finance Committee submitted a report, and accounts were submitted amounting to £52 2s. 6d. The medical staff reported that there were four hundred and seventy attendances at the extern department of the hospital and there were ten intern patients. Contributions to the hospital are earnestly requested, and the committee appeals to the charitable public to assist them to carry on the work for the necessitous poor, who are treated absolutely free. Contributions will be gratefully received by the Hon. Treasurer, 3 Hume Street.<sup>8</sup>

Within three months of opening, 470 patients had attended the extern department with the bed compliment of 10 beds being fully occupied.<sup>8</sup> The demand from the

public was such that the Hospital was soon forced to resort to extreme measures to provide more beds for its patients:

The Committee return their best thanks to: Mr. F. R. Anderson and the Matron for the sum of £12 10s (proceeds of “Whist drive” in aid of the funds of the hospital.) ...The Committee unanimously decided to add eight extra beds to the Hospital, and to give the Boardroom as an additional ward, owing to the increasing demand for accommodation for intern patients in the Institution.<sup>9</sup>

The Hospital began life in rented premises in No. 3 Hume Street, but a year later this house was purchased for £450.<sup>10</sup> Three years later with extern attendances running at 1,045 at the extern department and with 18 patients requiring admission monthly<sup>11</sup> it was necessary to inaugurate a Saturday evening dispensary<sup>12</sup> and the Board after some deliberation purchased the adjoining house, No. 4 Hume Street:

The astonishing increase in the number both of external and internal patients rendered extension of the premises acutely essential. Prominent in the category of achievements was the acquisition of No. 4 Hume street, the adjoining premises. The Committee was confronted with the alternative of either minimising the size of the hospital and disappointing the suffering applicants or acquiring and equipping additional premises and increasing the financial indebtedness of the institution. Humanitarian sensitiveness prevailed over commercial instinct and now No. 4 Hume street was incorporated with No. 3 Hume street.<sup>13</sup>

By 1921 the Hospital was able to accommodate 150 patients annually.<sup>14</sup>

Major expansion was undertaken in 1923 with ambitious plans for the Hospital to become the national centre for cancer treatment:

It stated that the existing hospital buildings were found to be too small for accommodation of an ever-increasing number of patients and for the housing of their new X-ray plant and their research department. A big extension scheme, therefore, had been contemplated. They had acquired the remaining premises of the whole frontage block extending from No. 3 to 8 Hume street, and they aimed at a building commensurate in appearance and equipment with the important function they had in mind – a specialised cancer hospital for the whole of Ireland. Already part of the extension and the erection of a research department were nearing completion.<sup>15</sup>

Dr. Charles announced that when the extension was completed the Hospital would possess the most up-to-date institution for the treatment of cancer in the British





*Nos 3 and 4 Hume Street*



*Ely Place properties*

Isles. This was endorsed by Professor W.J. Lyons, President of the Radio Association of Ireland, who said that there was room for only one centralised cancer institution, and they had the basis of it in Hume Street.<sup>15</sup>

Further properties were acquired over the years until by 1935 it had acquired all the rest of the South side of Hume Street towards Ely Place, and then took in two houses around the corner.<sup>7</sup> In 1925 the rendered classical entrance front at Nos. 3-4 was added to the design of the architect Aubrey V. O'Rourke.<sup>16</sup> In 1928 the Hospital embarked on a new initiative, namely the foundation of a private Nursing Home.<sup>17</sup> In 1935 the Board purchased No. 16 Ely Place for a Nurses' Home. This enabled the rooms occupied previously by the nursing staff to be converted into a Skin Wing, containing two wards and a new ward kitchen, food lift, heating apparatus and three new bathrooms, fitted with all modern conveniences all at a cost of £2,000, in addition to the purchase price of the new Nurses' Home.<sup>7</sup> The adjoining house No. 17 Ely Place was acquired in 1944 and allowed provision of a further 12-14 beds in the main Hospital,<sup>8</sup> and in 1973 No. 18 was acquired.<sup>19</sup>

These property purchases were to beset the Board with difficulties for many years. First, the Board expended much energy in trying to raise the monies to refurbish

the newly acquired houses, being constrained by preservation orders and a genuine desire to preserve the Georgian features of the houses. For many years acquired properties lay idle for want of funds to refurbish them but nonetheless monies had to be found to maintain them. However, what the Boards of the early twentieth century could not have foreseen was that the purchase of these properties was to provide the legacy that would allow the Hospital to live on into a new century as *The Charles Institute* at University College Dublin.

As the Hospital acquired these Georgian houses it converted them to suitable use but always in sympathy with the architectural features and niceties that the buildings offered. The result was “many little wards that might be bedrooms at home ... with pleasant and intelligent colour scheming, and, in nearly all the wards, good lighting ... There were fireplaces in the rooms in all the private houses, which were taken over, and now there are fires in them – a pleasant and comforting sight in a hospital.”<sup>7</sup> This spirit of conservation was acknowledged by Senator E. A. McGuire in his address to the Board in 1964:

I was rather interested in looking over the new wing to see how these Georgian houses have been put to such good use. I was delighted to see the wonderful work that has been done to preserve these old houses to such good advantage. It is a pity that in some other quarters not far from here those similar buildings could not



*A male ward in the nineteen-thirties*

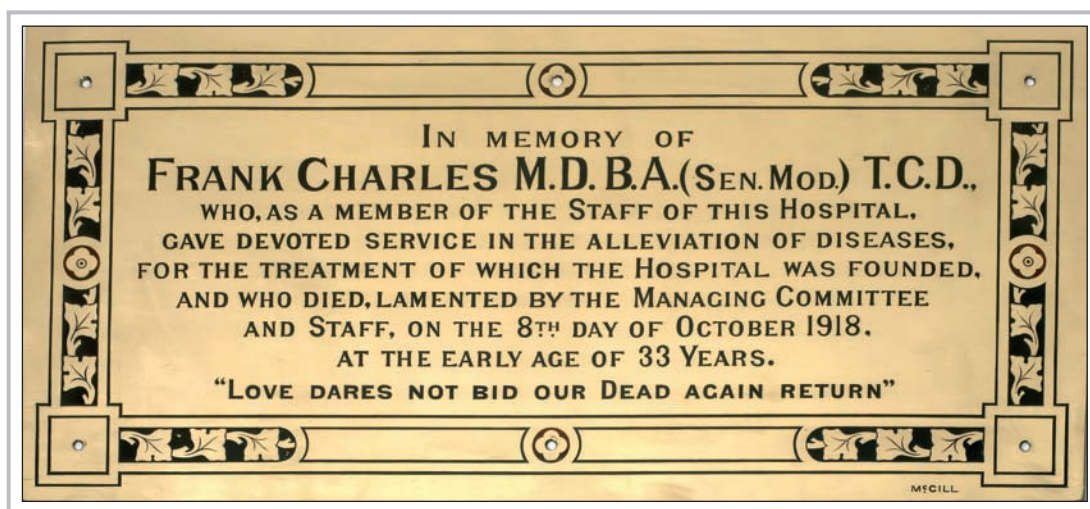
have been preserved in such an intelligent and civilised manner. That may be beside the point, but I think that some word of commendation should be uttered to the Board of Management in turning these houses into what they are today, and showing what can be done, when treated in this modern manner, to provide clean, efficient, up-to-date accommodation in a classical setting.<sup>20</sup>

### **Hospital staff**

Apart from Andrew Charles none of the medical staff appointed to the Hospital on its opening are remembered today with the possible exception of the surgeon Conway Dwyer.<sup>21</sup> However, the latter did not remain long on the staff and his obituary in the *British Medical Journal* in 1935 apart from listing his various appointments that included the Presidency of the Royal College of Surgeons (but not his appointment to the City of Dublin Skin and Cancer Hospital) closes with the somewhat disparaging observation that “Sir Conway Dwyer’s life was a full one, and the numerous appointments he held left him little time for writing on professional topics.”<sup>22</sup>

Dr. Frank Charles joined the staff to assist his older brother but died in the influenza epidemic of 1918.<sup>23</sup>

The first matron of the Hospital was none other than the sister of Andrew Charles. Elizabeth, known as Betty, had wanted to study medicine but was not allowed to do so and she trained at the Middlesex Hospital in London before returning to Dublin to become Matron of the new Hospital.<sup>24</sup> Her importance to the new institute was acknowledged by the Board as early as 1916, which, given that women were rarely



*Hospital plaque to Dr. Frank Charles*

given credit for their contributions in these times, makes the tribute to her all the more remarkable:

The Committee again placed on record its keen appreciation of the work accomplished by the Medical Staff. The Matron (Miss Charles) and her skilled staff had earnestly aided the work of the Medical Staff, and the spotless condition of the hospital and the comfort of the patients was a tribute to the Medical and Nursing staff. (Applause).<sup>25</sup>

In the early years of the twentieth century anaesthesia was an emerging speciality in medicine. The first anaesthetic in Ireland had been administered in 1847 in the Richmond Hospital.<sup>26</sup> In keeping with contemporary advances the City of Dublin Skin and Cancer Hospital appointed Dr. Percy Harrison as the first anaesthetist in 1916.<sup>27</sup>

In addition to his position as surgeon to the Hospital Andrew Charles was appointed Honorary Secretary in 1919.<sup>28</sup> History does not record if Andrew Charles was the driving force behind the charitable initiative that founded the Hospital but it soon becomes apparent that the survival of the endeavour was due to his indomitable energy and devotion to making the Hospital succeed. Who then was this idealistic young doctor?

### Andrew Charles (1879–1933)

The Charles family came to Ireland in 1604 and became reasonably wealthy with a number of members achieving the status of seneschal.<sup>29</sup> Descendants included a canon at Westminster Abbey and a consultant at St. Thomas's Hospital. Indeed medicine seems to have been a career choice for many members of the family as can be seen from the tablet at the Charles Pew in Derryloran Parish Church, in Cookstown, Co. Tyrone.<sup>30</sup>

Richard Charles, a successful businessman, who had made his money in Chicago, was quite elderly when he married eighteen-year old Eleanor Eagleson with whom he had eleven children. Andrew Charles, the eldest, was born in Cookstown in 1879 and educated at Cookstown Academy<sup>30, 31</sup> There were four sons, three of whom became doctors – Andrew, Frank who was to later assist his older brother in the Hospital, and Richard who became a consultant Royal Army Medical Corps surgeon in the East Suffolk Hospital at Ipswich, and David studied law and took a keen interest in philosophy.<sup>23</sup> Andrew had four sisters. Elizabeth, known as Betty, became, as we have seen, Matron of the new Hospital.



Andrew Charles received his medical education at the Royal College of Surgeons in Ireland and the Carmichael School Dublin and qualified at the age of 21 years in 1902 with a licentiate of the Royal College of Physicians and Surgeons, having received a medal in anatomy and the prestigious Stoney Memorial Gold medal.<sup>24</sup> He practised for a short time in his hometown, Cookstown, before moving to Dublin where he is registered as being in practice in 1906 at 64 Harcourt Street. In 1907 he obtained his fellowship of the Royal College of Surgeons in Ireland and was appointed Demonstrator in Anatomy and Surgery, and in 1910 he became a member of the British Association of Radiology and Physiology and a Member of the Royal Academy of Medicine. In 1911 he became a Licentiate of Apothecaries Hall, Dublin where he later became an examiner in anatomy. He was appointed as naval surgeon to the Port of Dublin. He was a member of the Masonic Order and a founder of the Dublin Lodge.<sup>31</sup> Private practice seems to have flourished and in 1931 he had moved to the prosperous environs of 28 Merrion Square, and it seems that he also practised from Lisburn Road in Belfast.<sup>24</sup>

Charles had an enquiring mind, which inevitably drew him to medical research. In 1915 he founded a Radium Fund to support research into this developing field of cancer therapy.<sup>32</sup> He was supported by the Board in this endeavour:

When this Hospital was opened the electric department was perfect and modern, but the rapidity with which improvements are introduced rendered an outlay of nearly £200 recently imperative, to bring the department up to date. The efficacy of radium in the treatment of cancer is generally admitted and they wanted a supply of this costly article. To procure it they had invited their friends to contribute.<sup>33</sup>

He published extensively and founded *The Journal of Cancer* in 1924, which only ran to a few editions.<sup>34</sup> Short lived though this journal was, it is none-the-less unique in being the first journal devoted solely to the speciality of cancer. Introducing the journal, Charles wrote in the inaugural editorial:

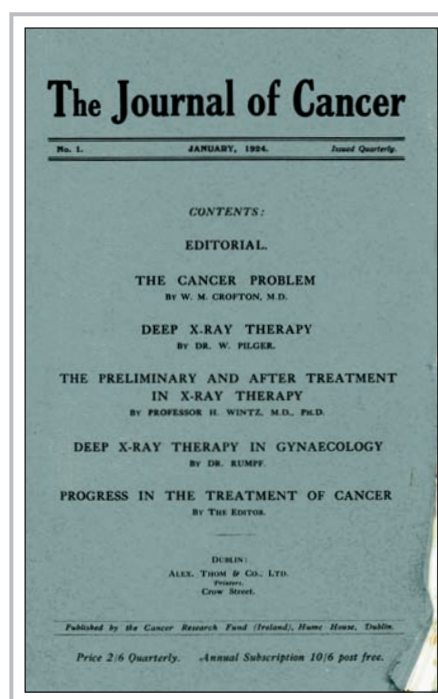
The problem of cancer which has for ages vexed and perplexed the greatest surgical and scientific minds is now beginning to be regarded less as a purely medical matter and more as a public question of the utmost national importance. By reason of its general character, the difficulty of diagnosis and the tedious and troublesome nature of its treatment, cancer has generally been left to the specialist and the hospital. But cancer can no longer be restricted in this way. Every general practitioner, every dental surgeon and indeed every specialist in other departments



of medical and surgical work must become a specialist in cancer. That is to say, he must devote some particular attention to the disease in its various forms and keep himself constantly in touch with the most recent developments with regard to its treatment.<sup>35</sup>

The articles in the first and subsequent editions of the journal are interesting and merit a scholarly review in the light of contemporary therapeutic treatment of cancer. However, perhaps of more interest from a non-specialist viewpoint is Charles's review of the history of cancer, which he delivered to the Annual General Meeting of the Hospital in 1928:

The disease was first mentioned by the ancient physician, Hippocrates (in the fifth century B.C.), who knew of it as an incurable and fatal cutaneous disease. From his time on, and for several centuries afterwards, it was confused with all sorts of chronic infectious ulcers, and it was Celsus (in the first century of our own era) who first differentiated between them. Galen (in the second century) was the first to realise that cancer was a disease with internal, as well as external, manifestations, but he made the mistake of attributing those manifestations to derangement of bile. He, therefore, prescribed internal remedies with mild local applications, and only advocated surgery with cauterisation as a last resort. The Arab physicians during the early Middle Ages showed a considerable knowledge of the pathology of the disease, but the net result of their studies was to characterise it as hopeless.<sup>36</sup>



*The Journal of Cancer cover*

Charles rightly regards the introduction of microscopy as a major advance in the diagnosis and understanding of cancer:

Up to the eighteenth century cancer was considered a constitutional disease, but from this period a systematic investigation into the nature of malignant tumours was commenced, and the introduction of the microscope into medicine in the early part of the 19<sup>th</sup> century considerably added to medical knowledge by enabling it to differentiate between cancer, tuberculosis, melanotic and other growths. Muller was the first to realise the distinction between the various classes of tumours and to treat them in a scientific basis. By the middle of the 19<sup>th</sup> century

the different types of cancer were clearly differentiated, and since then innumerable theories have been propounded as to the causation of the disease, but it had to be admitted that up to the present none of them had given a satisfactory insight into the true nature of the origin of the malignant growths.<sup>36</sup>

The next milestone was the discovery of radiation and the prospect of being able to treat malignant disease:

The introduction of the X-ray, into the field of medicine dated back to 1895 when Roentgen discovered that the rays emanating from a Crook's table were capable of affecting a properly sensitised photographic plate, and after a short period of experimentation it was found that these rays produced erythema of the skin, dermatitis and even chronic ulcers. Hence their use in therapy was suggested. It was soon found that these rays had a beneficial effect on epithelioma, but this was soon followed by the discovery of the dangers of radiation, and little by little they had been learning and they were still learning the true value of the X-rays. Following the discovery of the X-ray, Becquerel in 1901, found that the new element, radium, discovered by Curie three years previously, produced similar effects of the Roentgen rays. However due to the greater expense and difficulty of procuring it, radio-therapy advanced more slowly until about 1918, when this field of study received a great stimulus.<sup>36</sup>

Charles then went on to describe how the City of Dublin Skin and Cancer Hospital having observed the development of these therapeutic advances, and being aware that novel therapies are often accompanied by controversy, cautiously adopted the new remedies to alleviate the suffering of cancer:

The City of Dublin Skin and Cancer Hospital had maintained the number of Erlangen treatments during the year, and could claim to have had several notable results. There was a tendency in certain quarters to belittle Deep X-Ray Therapy treatment, and to assert that it did not justify the result claimed for it. They, however, had never claimed that it was a universal panacea for all types and conditions of cancer. What they did claim, and what they asserted without fear of refutation was that in all cases it gave relief from pain which was no small matter, that in many types of cancer it stayed the progress of the disease and gave increased life without suffering, and that in certain conditions of cases not too advanced it effected what they believed to be a permanent cure. In cases of cancer of the larynx and pharynx and mouth, Deep X-Ray Therapy, combined with Diathermy, gave relief with extended life and freedom from pain, even in the most advanced cases, and in early cases a possible cure. In many early cases of cancer they had also found that a slight surgical operation, followed by Deep X-Ray Therapy, prevented extension of the disease, and rendered subsequent surgical operations unnecessary.

The experience with Deep X-Ray Therapy, ranging now over a period of six years, briefly was that in cases of incurable cancers the treatment gave a large amount of relief, freedom from the pain, and prevention of haemorrhage, while rendering existence more bearable to the sufferers and less distressing to their friends. While in early cases of cancer the treatment exercised a controlling effect upon the disease, the symptoms disappeared, and the health of the patient was restored so that he could resume his ordinary occupation. They could point to several cases so treated without recurrence over five years.<sup>36</sup>

Andrew Charles, always alert to the need for funds, never let an opportunity pass without making an impassioned plea for support:

The X-Ray department of the hospital was one of the largest and best equipped in the British Isles, and every year endeavours were being made for improvements in technique and equipment. At present they were desirous of spending about £3,000 (which they had not got) in equipping a radium department - £1,500 for the purchase of radium and £1,500 for the construction of the annexe. One gramme of radium, roughly the size of a threepenny piece, cost £12,000, and he believed that there were only 50 grammes in the world. About 12 milligrammes were required for cancer of the tongue, 70 for cancer of the brain and about 140 for cancer of the breast, a milligramme costing £11 10s.<sup>36</sup>

The on-going family support for the Hospital to which Andrew Charles and his sister devoted themselves in these early years is evident from a Board minute of 1919:

A letter was read from D.H. Charles, Esq., L.L.B. Solicitor, 32 Nassau Street, Dublin, wherein it was stated that he had been instructed by Mrs. Eleanor Charles, "Lay Hill," Cookstown to communicate with the Committee of the Hospital her wish that the monies bequeathed to her for charitable purposes, over which she was given complete discretion by her son, the late Dr. Frank Charles, should be devoted to the objects of the City of Dublin Skin and Cancer Hospital, and asking the Committee to make suggestions as to the disposal of the funds. It was resolved by the Committee to leave the matter to Mrs Charles and family.<sup>37</sup>

Andrew Charles and his wife Lucy had one daughter, Lucy, who trained in Paris as a painter and later became Professor of Arts at National College of Arts, and two sons Havelock and Harry both of whom became doctors. Havelock worked in the Hospital for many years.

One of the striking features of Andrew Charles's dedication is readily apparent from the Monthly Reports that were published regularly in the *Irish Times*, which shows

that he never missed a meeting between the founding of the Hospital and his premature death from influenza 22 years later at the age of 54 years.

### **Granting of a Royal Charter by George V in 1916**

The decision of the Board to make submission for the granting of a Charter can now be seen as one of the most prescient undertakings ever made on behalf of the Hospital, and yet the event does not seem to have been viewed as such by the Board of the time, which only made brief mention of the event: “In view of the actual and prospective extension and expansion of the hospital, the Committee of Management considered a Charter almost essential.”<sup>25</sup> This summary comment is perhaps surprising in view of the fact that the Committee must have had to devote considerable effort in providing the necessary documentation to satisfy the requirements for the granting of a Charter. However the members of the Board of the time may have viewed the Charter, their contemporary successors were in no doubt as to its value in protecting the Hospital assets, which without such protection might have been successfully claimed by the State. It is also of interest to note that the granting of a Charter to the City of Dublin Skin and Cancer Hospital was the last of many that had been granted to Dublin’s voluntary hospitals over two centuries.<sup>38</sup>

The Charter begins by listing the petitioners and clearly indicating a change of name from the *Dublin Skin and Cancer Hospital, Hume Street, Dublin* to *The City of Dublin Skin and Cancer Hospital*:<sup>39</sup>

George the Fifth. By the Grace of God, of the United Kingdom, of Great Britain and Ireland and of the British Dominions beyond the Seas, King, Defender of the Faith. To all unto whom THESE PRESENTS SHALL COME, Greeting.

Whereas John Thomas Wood Latimer, Esquire, J.P.; Lieutenant Patrick Walsh, K.C.; Alderman David Augustin Quaid; William Ernest Cooke, Esquire; Herbert Wilson, Esquire; John Landy, Esquire; Andrew Smith, Esquire, J.P.; Andrew Charles, Esquire, F.R.C.S.I.; Edwin Matthew Lloyd, Esquire, B.A.; John Davys, Esquire, L.R.C.P., L.R.C.S.I.; Louis O’Connor, Esquire; William Findlater, Esquire; Edward Nue Richardson, Esquire, J.P.; George Birney, Esquire; Richard Cronin, Esquire, and Lorcan G. Sherlock, Esquire, LL.D. (the then Lord Mayor of the City of Dublin) did, on behalf of themselves and other Governors of the Hospital, then known under the style and title of the Dublin Skin and Cancer Hospital, Hume Street, Dublin, but now styled The City of Dublin Skin and Cancer Hospital, by their humble petition to Our Lieutenant and General Governor of that part of the United Kingdom of Great Britain and Ireland called Ireland, represent and set forth –

The Charter then clearly stipulates the illnesses, which the Hospital will manage and treat. It is interesting to note that although the treatment of cancer is given priority, the treatment of skin disease is given specific and unambiguous mention; the treatment of urinary diseases which was part of the Hospital's original remit is no longer specifically mentioned:

That the said Hospital was founded in the year 1911 for the purpose of providing for the treatment of diseases of the skin, cancer, rodent ulcer, lupus, scrofula, kidney, bladder and other urinary disorders and diseases of associated organs in those who are proper objects of charity, such relief to be administered in accordance with voluntary principles. That the necessity for the existence of such a specialised Hospital was shown by the following considerations: (a) The classes of diseases treated as already enumerated; (b) The method of treatment; (c) The economic benefits resulting therefrom, namely: (1) The cure of disfiguring skin diseases whereby sufferers are enabled to earn a living which otherwise they would be unable to do, and would possibly have to be supported by some charitable organisation. (2) The providing of comfort and relief in cases of advanced cancer not admitted to general hospitals, and for which, though incurable, much can be done to alleviate suffering. (3) The use of the most recent and scientific methods for the treatment of cancer.

The Charter also notes that the Hospital in its short life had been able to equip itself to provide the most modern treatment facilities:

That the Hospital has been fully equipped with the most modern appliances and apparatus, comprising Finsen and Lupus Lamps, X-Rays, High Frequency, Electrolysis, Galvanism, Electric Baths, Radium.

The national role of the Hospital is clearly stated:

That the work of the Hospital has extended throughout Ireland, and that increasingly large numbers of persons had been treated in the Hospital both in the intern and extern departments.

With remarkable foresight the Charter provides for teaching and research and the Charles Institute can be seen as the embodiment of this aspiration a century later:

And whereas it is considered desirable to provide and maintain a School of Clinical Instruction in connection with the treatment of the diseases above mentioned, and to encourage and promote the investigation of such diseases by means of lectures and demonstrations delivered in the Hospital or elsewhere, and by the preparation and publication of records and reports, or otherwise, as may seem necessary.



The Charter became effective on 14th June, 1916 and not only empowered the existing petitioners with power of administration but importantly also conferred on their successors the power of administration and governance in accordance with the dictates of the Charter, thus ensuring that all assets and properties remained under the control of the Board of the Hospital:

Know ye therefore, that We of Our special grace, certain knowledge and mere motion, by and with the advice and consent of Our Lieutenant General and General Governor of that part of our United Kingdom of Great Britain, and Ireland called Ireland, and according to the tenor and effect of Our Letter under Our Privy Signet and Royal Sign Manual bearing date at Our Court at Saint James's, the Fourteenth day of June, 1916, in the Seventh year of Our Reign, and now enrolled in the Record and Writ Office of the Chancery Division of Our High Court of Justice in that part of Our said United Kingdom of Great Britain and Ireland called Ireland, do hereby for Us Our Heirs and Successors ordain, declare, constitute and appoint [the previously listed] and such others as shall from time to time become or be elected Trustees, Governors, or Members of the Committee or Board of Management of the said Hospital in the manner hereinafter directed to be a Body Politic and Corporate in deed, fact, and name, which shall have perpetual succession, and be called "THE CITY OF DUBLIN SKIN AND CANCER HOSPITAL," and that by the aforesaid name they and their successors for ever shall plead, and be impleaded, sue, and be sued, before all manner of Justices in all the Courts of Us, Our Heirs and Successors, and shall and may have and use a Common Seal which they may alter and make new from time to time.

Though the Charter was admirable in many respects, an example being its non-sectarian ethos, the exclusion of women from governance of the Hospital, though perhaps reasonable from a historic perspective at the time of granting the Charter, became an issue of concern as the century advanced and women associated with the Hospital rightly regarded their exclusion as unacceptable:

That the management of the affairs of the Hospital, and also of the proposed School of Clinical Instruction and Convalescent Home, when established, shall be vested in a Committee of 22 Members (half of whom shall be of the Roman Catholic and half of other Denominations) to be called the Board of Management (hereinafter referred to as "The Board"), and shall consist of five *ex-officio* Members, namely: – The Chairman, the Honorary Secretary, and the Honorary Treasurer for the time being of the Corporation, and two Members of the acting Medical Staff, and seventeen other Male Governors.

The first officers, lay and medical, were all honorary. The first two medical appointments by Charter were Andrew Charles and John Davys.<sup>39</sup>

### Finance and Fund raising

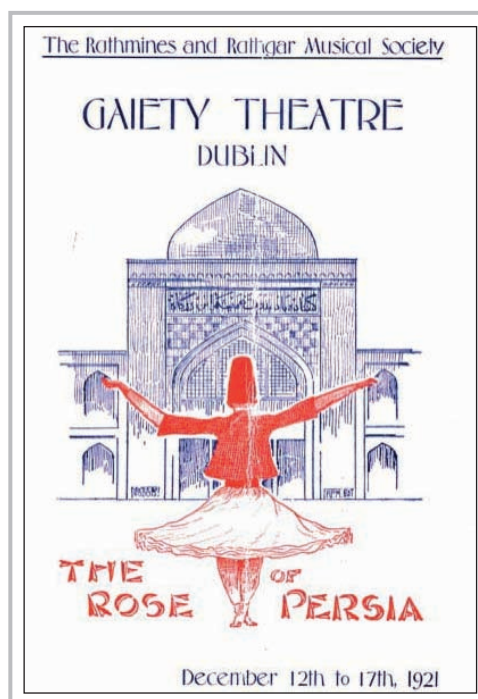
Fund raising events that were to become a recurring feature throughout the Hospital's history were initiated in 1912 with a performance of *The Golden Amulet* by Clementine Ward in aid of the Hospital in the Abbey Theatre by "a very clever lot of children" among whom were two of the Chairman's children.<sup>10, 40</sup> This venture raised £34 1s 9d.<sup>10</sup> Later in 1912 the Hospital was approved under the Insurance Act and a Ladies Committee was formed to create a Linen Guild to assist fund-raising.<sup>41</sup> The naming of beds by subscription was introduced in 1916. The St. Patrick's Ambulance Association "forwarded £10 10s for the naming of two beds, one to be called 'James MacDonald' the other 'St. Patrick's Bed'".<sup>42</sup>

In 1920 an interesting revival of a once popular play was staged at the Theatre Royal on behalf of the Hospital:

'The Passing of the Third Floor Back' to be presented at the Theatre Royal for one matinee only by Mr. Raymond Browne-Lecky and Company in aid of Hume Street Cancer Hospital. It is some 14 years since 'The Passing of the Third Floor Back' was staged in Dublin. The performance was exempted from Entertainment Tax so that the entire proceeds go to the Hospital.<sup>43,44</sup>

In 1921 the Rathmines and Rathgar Musical Society performed *The Rose of Persia* with music by Arthur Sullivan and a libretto by Basil Hood with the proceeds in aid a Cancer research Fund for Ireland. The programme is particularly revealing in that it carries a portrait photograph of Andrew Charles and a three-page article on cancer (Appendix 4). In this article he clearly states the alarming risks of cancer, an approach that was not without criticism as will become evident.

Unfortunately the title of the painting donated by Sir John Lavery in aid of the Cancer Fund in 1923 is not recorded but he was elected an



*Rose of Persia programme cover*

Honorary Life Governor in appreciation.<sup>45</sup> Novel schemes were continuously devised for raising funds and in the same year the help of Bovril was enlisted:

The public is requested to help the hospital by purchasing tickets in the “Bovril Poster Competition,” for which prizes valuing £30 are guaranteed by Messrs Bovril, Ltd. By special arrangement with the British Charities Association, the proceeds of all tickets sold will go to the hospital without deduction.<sup>46</sup>

In 1926 *Messiah* was performed in the Metropolitan Hall, Lower Abbey Street.<sup>47</sup> In 1928 a novel appeal, at least by today’s standards, was made:

The public are urgently requested not to throw away empty toothpaste and other lead tubes, but to send same to the hospital where they will be disposed of for the benefit of poor cancer patients.<sup>48</sup>

Being almost totally dependent on voluntary donations, the need for funds was a constant refrain and innovative approaches were needed from time to time. In 1944 the bed endowment scheme was updated: “A donor of £1,200 enjoys all the privileges of a life Governor, and may name an ENDOWED BED, which shall be set apart for the reception of patients nominated by the donor. This right may be transferred during life.”<sup>49</sup>

Regular appeals through newspaper and magazine advertising were also made and advertisements in the Annual Reports, which often give a nostalgic insight into bygone days, were a further source of income. Support in kind was also sought and acknowledged: “Gratitude was expressed in particular to Messrs Arthur Guinness, Son and Co., Ltd., which with their well-known generosity, have placed at our disposal a weekly supply of their products for the use of our patients.”<sup>50</sup> A meagre source of revenue, that was compensated for by the weight of influence, was annual and life governorship subscriptions: “A Donation of Ten Guineas and upwards qualifies for a Life Governorship and a Subscription of One Guinea per annum for an Annual Governorship.” Examples of influential personalities in the nineteen-thirties who subscribed in this way were Sir Ernest Cecil Cochrane, William Findlater, Major D. McCalmont and Sir John Lavery.<sup>50</sup>

### **State support**

None of the voluntary hospitals could survive, however, on charitable contributions alone but the Hospital was constantly frustrated in its efforts to obtain support from

state funded initiatives, most notably the Hospital Sweepstake. In 1936 The Honorary Treasurer expressed his frustration at the lack of central funding:

I cannot understand why a hospital that is here for the benefit of the public, and whose services are so highly appreciated throughout the whole country, has not yet been recognised or got any benefit from the Hospitals' Trust authorities. I hope and trust this will soon be remedied, and that we of the Committee can take steps to render still greater services to unfortunate sufferers.<sup>50</sup>

Senator D. Healy later returned to this point remarking that:

It surprised him to hear that, with all the money being raked in by the Hospitals' Sweepstakes, there should be a load of debt on the shoulders of any hospital board, and he asked himself, might some of the blame not rest on the shoulders of those carrying the debt by not making sufficiently early application to see that the hospital received its just share.<sup>50</sup>

The chronic lack of financial support soon made it necessary to impose charges on patients:

During the year we were compelled to increase our charges for maintenance, but they are still far below the actual cost shown by our Auditors, viz., £6 1s. 0d. per week for 1944, as compared with £5 6s. 4d. per week for 1943. At the same time I would like to emphasize that no patients are refused admittance to the hospital through lack of means; 30 patients, totalling 460 bed-days, were admitted free.<sup>49</sup>

The war years were very difficult for the Hospital financially and in 1944 the accounts were in arrears by £4,616 0s. 6d. but it seems that some state support was obtained the following year with a considerable improvement in the financial returns:

For the year 1945 the total ordinary income of the Hospital was £9,856 which is greater by £1,038 than the income for the year 1944. The total ordinary expenditure amounted to £17,962 as compared with £16,221 for the year 1944, an increase of £1,741. The excess of ordinary income over ordinary expenditure was £8,105, as compared with £7,402 for the year 1944. There was no extraordinary expenditure incurred during the year, and the only extraordinary income was a grant of £7,402 out of the Hospitals Trust Fund to meet the working deficit for the year 1944. The total expenditure for the year exceeded the total income by £403.<sup>49</sup>

Much of the Hospital's difficulty in obtaining state support was attributed to the fact that the meagre state funding available in the war years was devoted to the eradication of tuberculosis at the cost of cancer funding:

From statistics that I have had an opportunity of examining, I wish to refer to what is familiar to you all, and that is the campaign that has been waged in the past twelve months in connection with tuberculosis, culminating in a very excellent Bill recently in the Dail which was welcomed by all parties. The provisions of that Bill, when we are in a position to implement them, will, it is hoped, have the effect of eliminating the effects so far as that dread disease is concerned. I find from an examination of the statistics that tuberculosis and cancer are very closely related. One has only to glance at the return of the Registrar-General for 1944 to find that the number of deaths from tuberculosis was 3,758 as against 3,949 from cancer, or 1.3 per 1000 of the population in each case. Now, it has been said of tuberculosis that the disease is very largely occasioned by social and economic conditions, but in the case of cancer we find that it is no respecter of persons. Again commenting on the tuberculosis campaign, it may be that the efforts that are now being made in connection with that problem are probably helped by the fact, which is being driven home for the first time, that it is a curable disease, and has not been handed down, and there is a glorious prospect of saving thousands of valuable young lives. Cancer is in a different category as you know, and it affects men and women in the upper reaches of their lives, particularly from the middle stage of life onwards. Having regard to the effects of that disease, it was a surprise to me that so little attention, at least outside the walls of this Hospital, had been given to cancer as such, and it would appear to me that side by side with the very excellent campaign that is being waged against tuberculosis, the time has arrived for a parallel crusade so far as cancer is concerned in this country.<sup>50</sup>

### **Hospital activity**

Out-patient attendances at the Hospital in 1911 were 600 with accommodation available for 15 in-patients.<sup>8</sup> By 1914 out-patient attendances had risen to 1045.<sup>11</sup> In 1915 the Hospital made a remarkable altruistic gesture in providing accommodation and medical care for soldiers wounded in the Great War, thereby fulfilling what it saw as a patriotic duty that may possibly have been influenced by Andrew Charles's appointment as naval surgeon to the Port of Dublin:

The medical staff reported to the Management Committee that 12 wounded soldiers from the front had been admitted for treatment ... The Matron begs to acknowledge the following with thanks for the wounded soldiers; included cigarettes, food, walking sticks, flowers, magazines, gramophone, sweets and cigars.<sup>51</sup>

Soon the Hospital found itself having to provide no less than 30 beds for military use which made it necessary to incur an overdraft of £1,781 5s 1d,<sup>52</sup> an action that was clearly supported by those present at the 1916 Annual General Meeting:



## A CENTURY OF SERVICE

The adjoining house acquired some time ago, had been placed at the disposal of the military and naval authorities and men of both service have been treated as intern and extern patients (Hear, hear)... Despite a considerable loss entailed the Committee kept those beds at the disposal of the Government, feeling that it was a patriotic duty to do so. (Applause).<sup>25</sup>

Despite having to accommodate and treat the wounded soldiers, the Hospital continued to provide treatment to an ever-increasing number of patients as reported by Andrew Charles to the AGM in 1915:

The work of the Hospital shows a large increase in the number of patients attending both the extern and intern departments, which proves the utility of a specialised institution. The number of patients during the year were: Intern 150: the number of attendances at extern department: 12,684: Light department 4,765 attendances. These figures compared with the year 1913-14 show a marked increase - Intern 108: extern department: 10,473: Light department 3,500 attendances.<sup>52</sup>



*Wounded soldiers in a hospital ward in 1915*

The patriotic sentiments of the Board were not politically biased and in 1922 the following resolution was passed:

We, the members of the Committee of the Dublin Skin and Cancer Hospital desire to place on record our deep sense of the national loss which has been sustained by

the melancholy and untimely deaths of President Griffith and General Collins, and to convey our deepest sympathy to the relatives of both and to their colleagues in Government.<sup>53</sup>

In the post-war years attendances at the Hospital continued to grow:

The hospital, purely by its work, was carving a place for itself among other hospitals which are in far more favourable circumstances ... There were 15,176 out-patients in 1919, as against 14,563 in 1918, and 13,846 in 1917. In the Finsen Light Department, the number treated was 5,942, as against 5,521 and 5,316 in 1916 and 1917 respectively. In 1919, the in-patients numbered 375, the figures for 1918 and 1917 being 257 and 225 respectively. Since the opening of the hospital, in 1911, the total number of attendances was 92,598. Owing to limited accommodation, a large number of urgent cases had to be refused admission.<sup>54</sup>

The Lord Chancellor, Sir J.H. Campbell in his address to the AGM in 1919 endorsed the remarkable success of the Hospital by stating (to rapturous applause) that “he doubted if any institution in the Kingdom – indeed, the Empire – could show such a splendid record in the alleviation and cure of human distress.”<sup>54</sup> He went on in his address to stress the Hospital’s resistance to state funding, an attitude which may explain, at least in some part, the negative attitude of the government to providing state finance to the Hospital:

They could not expect the State to display the same interest in that and like institutions, unless it had a voice – a substantial voice – in the control of them; and for his part he was not satisfied that the hospitals, generally speaking, would have anything like the same benefits for the sick and poor and afflicted, were they controlled by the State. In the UK the speakers were all unanimous in declaring that so long as it was possible to depend upon the public for support they would prefer rather than have their institutions nationalised because they felt that it would kill the spirit of energy and self-sacrifice that one found in such institutions, that the character and the work generally of the staff, the doctors and nurses, would become stereotyped, and that under a nationalised system there would be little or none of that healthy incentive to activity and to increasing the value of the work done; and that in short, the staff would become machines ... The time was approaching, if it had not already come, when such institutions were entitled to make a demand on their patients. They always would have the poor among them, and who in the very best conditions of society would always be dependent on them for nursing and treatment in sickness, but, having regard to existing economic conditions, to the system of State insurance, to old age pensions, and other matters, coupled with the substantial increases in wages now being paid to the workers in

the different industries, he did not think that it was too much – in fact, it was essential – that those who benefit should realise that they should in all fairness contribute something. There were 14,000 attendances at the hospital last year – he did not suppose that they represented 14,000 different individuals – but if on an average each person paid sixpence on each visit, it would add an annual sum of about £400 a year to the general funds, and he could conceive no reason why the demand should not be made upon them, and he believed that if it were made it would be met by the industrial and artisan classes in every individual instance in which the managing committee were satisfied that the patient was able to pay...<sup>54</sup>

The continuing success of the Hospital was summarised by Dr. Charles, in his report as Medical Superintendent to the 1928 AGM:

During the past year 13,652 out-patients were treated. There were 4,628 attendances for light treatment. The intern patients numbered 312, and there were 357 Erlangen treatments. It would thus be seen that there was an average number of patients of all classes. There was an increasing attendance at the night dispensary, which was provided for those Dublin patients who could not attend in the daytime.<sup>36</sup>

The national role of the Hospital was emphasised in the annual report of 1935:

As proof of the general appreciation of the hospital and the recognition of our usefulness I may mention that applications for admission of patients are now received from all parts of the country, not only from the Free State, but from Northern Ireland local authorities. We have also maintained a steady average of free cases from all parts of the country.<sup>50,55</sup>

By 1939 the number of out-patients attending the Hospital was shown to be increasing steadily:

Meanwhile, looking back on the past six years, the following figures speak for themselves: – The Number of Intern Patients in 1934 was 337. In 1939 it was 547. The Number of Extern Patients in 1934 was 7,583. In 1939 it was 14,867, while the various X-ray treatments, which in 1934 totalled 809, in 1939 reached the high figure of 4,509.<sup>56</sup>

The opening of the private Nursing Home (in 1928) provided six beds in addition to the 50 general beds and “there is still room to provide 5 more public beds should circumstances justify any further increase.”<sup>50</sup>

The Hospital managed to contend well with deprivation of the war years and by implementing efficiencies was able to increase the average bed occupancy from 52.8

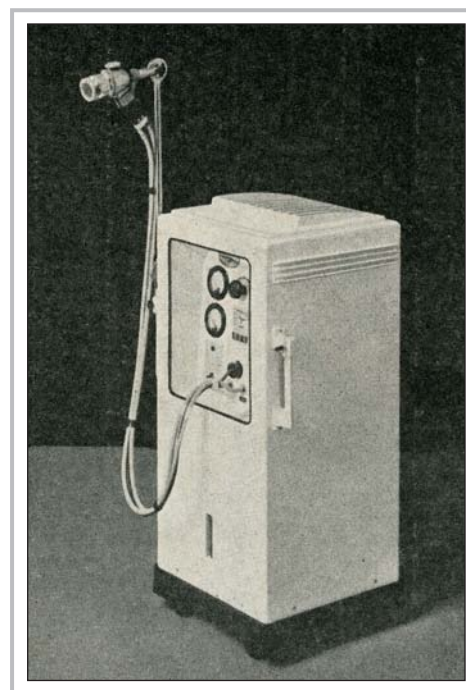
per cent in 1939<sup>56</sup> to a remarkable 91.6 per cent in 1944.<sup>49,57</sup> However, the shortage of materials clearly restricted diagnostic and therapeutic options as is acknowledged by Dr. Brady in his report for 1939.<sup>56</sup>

It could not be expected that the present conditions on the Continent would leave us altogether untouched, and one result of the present hostilities is the rise in cost of practically everything required for the working of Hospitals. During the year we were faced with the necessity of purchasing considerable stocks against rising prices and possible shortages, and, in particular, a large supply of necessary linen was bought. Further, we were directed to take precautions for the protection of our patients in the event of Air Raids, and a large sum was expended on “Black Out” preparations and materials.

However, Dr. Brady was able to acknowledge progress in these dark days:

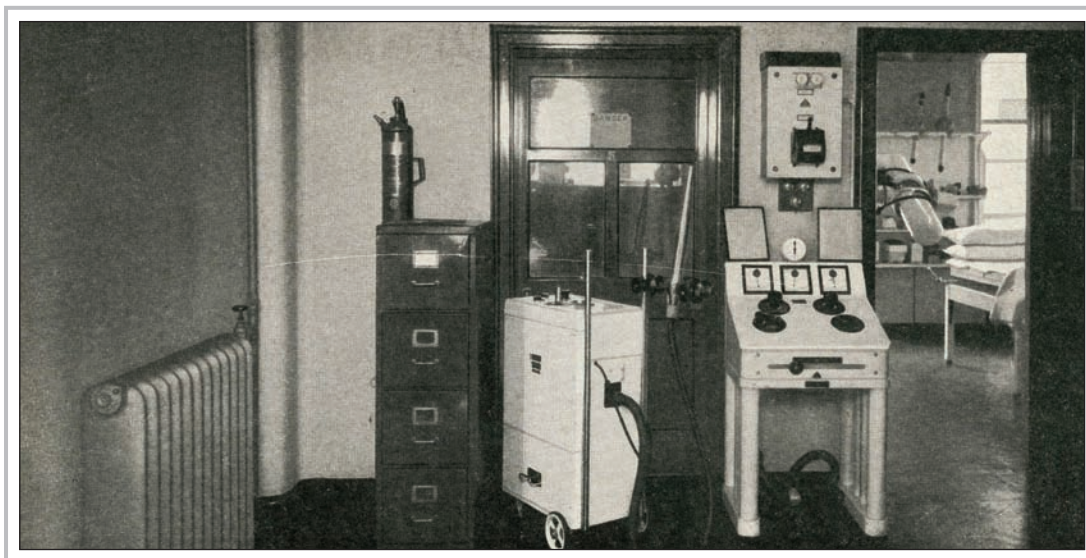
Our warm thanks are due and are hereby tendered to the Minister for Local Government for his sanction for the payment of our overdraft for the year 1938, and also for the modern Kromayer Lamp, which was urgently needed, and which has proved most efficacious in many cases. Also to Viscount Nuffield who has extended his good work to Eire, by presenting us with a Both Respirator. However, a piece of equipment without the necessary materials to make it function is of no benefit to patients and the War made it impossible to make use of these scientific improvements, ... because even now it is impossible to procure the replacement of Deep X-ray Tubes, Plant parts, etc., for most of the Deep X-ray installations at present in use in Dublin. It is deplorable that the exportation of articles necessary for the alleviation of human suffering have been considered contraband.<sup>56</sup>

The Both Respirator mentioned by Dr. Brady is more commonly known as an iron lung for use by those patients with poliomyelitis who developed the dreaded complication of paralysis of the respiratory muscles. What use a hospital for the treatment of cancer and diseases of the skin might have for such a piece of equipment is not stated but it is clear from an altercation with the customs officials of the United Kingdom that the machine was eventually sent to the City and County Hospital in Londonderry.<sup>58</sup>



*Kromayer Lamp*





*Deep X-ray Department*

### **Cancer research and treatment**

Scientific research was clearly an ambition that Andrew Charles espoused. In his report to the Annual General Meeting in 1916 he stated:

The staff had earnestly endeavoured to correspond with the objects to achieve what the City of Dublin Skin and Cancer Hospital was founded for – namely, the scientific study of cancer, and of skin and kidney and bladder diseases, and their treatment medically and surgically. From time to time remedies for cancer were suggested and it became the duty of the Medical Staff to inquire carefully into the alleged scientific basis for any new methods of treatment.<sup>25</sup>

In 1921 Charles established a Research Committee with clearly stated objectives among which was the raising of funds for cancer research:

Cancer is a national question, and should be regarded by the Legislature, and provided for in the same way as consumption. Cancer research is a very wide subject involving almost every kind of research possible, microscopic, chemical, experimental, physical and statistical. It is impossible to carry on this work without a large specialised staff and special equipment. These are the reasons why the hospital had opened 'The Cancer Research Fund, Ireland.' To do this we would require £5,000, and we ask the public to subscribe it. <sup>IT 1921.12.16,p8</sup>

The fund was to prove very successful and soon enabled the purchase of Professor Wintz's apparatus for cancer treatment – the only installation of its kind in Ireland<sup>14</sup> and in 1922 the *Irish Times* carried the following announcement under the headline "Interesting Apparatus in Dublin":



A marked advance in the treatment of cancer has been made by the Dublin Skin and Cancer Hospital, Hume Street. The hospital has installed two sets of X-Ray apparatus... One set is designed to give a lethal dose to a cancer cell. This dose must be applied without injury to the intervening skin and tissue, which may be quite healthy. To ensure this, the rays are extremely penetrative. They are caused to pass through a filter of zinc, which means that the X-rays will be absorbed at the depth where the cancer is, the skin and intervening tissue being protected. In order to get the X-rays down to a suitable depth on the patient's body, a very high voltage, approximately 200,000, has to be used on the X-ray's tube. The volume of X-rays applied to cancer has to be very precise. If it falls below the quantity required to kill the cancer, it may stimulate the growth; while if the required point is exceeded it may be dangerous to the patient... The treatment usually lasts from six to eight hours, according to the depth to which the rays must penetrate... This is the whole object of the apparatus designed by Professor Wintz, and used with some noteworthy results at Erlangen.

The second apparatus is not so restricted in its use but is not so powerful. The two sets of apparatus had been established by the Middlesex Hospital Cancer Research Association, and one set had been established in the Cancer Hospital, Fulham, and the method had also been accepted by fourteen other hospital in the British Isles. The only hospital in Ireland to install it so far is the Dublin Skin and Cancer Hospital.<sup>59</sup>

However, the Hospital's publicity campaigns for funding were not without criticism that was shortly to erupt into a *cause célèbre*. These public misgivings were inferred in the address by Sir Walter Buchanan to the AGM in 1922, which was reported in the Irish Times under the banner headline – CANCER PERIL. ALARMING SPREAD IN IRELAND:

The Research Fund was inaugurated last year, and marked the first organised attempt to stem the ravages of the disease of cancer in this country. The necessity for some such organisation was an urgent one, seeing that the disease was accountable for the deaths of 4,000 persons in Ireland every year and that it was steadily increasing. All other civilised countries besides our own had started organisations of a similar nature. Some were State-aided; others, like ours, had to rely on popular support; but all were directed to two special objects – viz., public education as to the early symptoms of the disease and research for the discovery of a certain remedy and a certain prophylactic. The utility of the first of these objects might be readily apparent, and they had been criticised in certain quarters for the dissemination of literature, which had been considered to have been in bad taste; but these critics could hardly be aware of the results which had been obtained by public education in other countries and by inducing the public to face the facts.

They had accordingly endeavoured to educate the public by means of literature and lectures, and they hoped to do more of that in the future. They had not yet been provided with funds sufficient to equip and staff a special research department, but they had installed in the hospital, at great cost, the Erlangen apparatus, which embodies the latest developments in X-ray technique, and is giving results that would have been impossible previously. The expenses of the Erlangen plant were extremely heavy. They calculated that each application cost them on average £32 – and hitherto they had been giving it free to those who needed it and could not afford to pay. This might, perhaps, be an answer to those who objected to their methods of collection.<sup>60</sup>

Charles was cautious about making excessive claims for the new treatment of cancer being provided in the Hospital, which was attracting the attention of the British Ministry of Health:

We have reason to be satisfied with the results obtained from the new Fluorescein Ray treatment, which we introduced last year with the co-operation of Dr. Monckton Copeman, of the British Ministry of Health, and a report will be published to the medical profession in due course. We have reason to be satisfied with the results which we have obtained in the treatment of cancer of the uterus by the combined methods of radium and deep X-rays. These are cases in which the most careful diagnosis is necessary on account of the great difference in the structural constitution of malignant growths which have to be classified according to their radio-resistance or radio-sensitivity, and each requiring modifications in treatment, which a careful diagnosis can alone disclose and experience dictate. For instance, we have found that in certain malignant conditions of cancer of the cervix, radium treatment is not suitable, as pelvic infection is liable to occur, although in another type of case it will give excellent results, especially as it can be applied without the use of an anaesthetic, which is of vital importance in some cases, and, furthermore, there is the advantage that it can be placed in direct contact with the growth, thus getting the full dosage at the site where it is needed. On examining our results of tabulated cases over a period of 10 years, we find that the result with radium treatment has been obtained at the expense of a very small primary mortality (due to sepsis or peritonitis); that in a considerable number of inoperable cases clinical healing has resulted, and this has persisted, and that about 25 per cent of the remaining cases have been free from all symptoms for at least three years. In nearly all cases a more or less lasting improvement has been obtained, with a corresponding benefit to the patient.<sup>61</sup>

A diagnostic radiological facility was established in the nineteen-forties following the appointment of Dr. G.T. O'Brien, who had a special interest in pulmonary tuberculosis, which was dependent on X-rays of the chest for diagnosis and to

monitor the effect of therapy. He was ably assisted by Nell Sheridan, a well-qualified radiographer. The Board of Management was not always able to acquiesce with the requests of medical staff for additional equipment: “At the urgent request of the medical staff the Board decided to purchase the latest design of X-Ray table, a Teledantoscope X-Ray diagnostic table, at a cost of £600.” However the request of the newly arrived radiologists for additional space was met with an apologetic negative response: “The Board, while approving of these recommendations, hesitated to undertake further financial responsibilities in view of the present state of the funds.”<sup>50</sup> However In 1945 radiological facilities in the Hospital were greatly improved:

Thanks to the Minister for Local Government and Public Health, grants out of Hospital Trust funds were sanctioned for the purchase of a much-needed Short Wave Diathermy Apparatus and Sinus stand. We have also constructed a new dark room, which is being equipped with the most modern appliance for the developing of X-ray films.<sup>49</sup>

The X-ray Department continued to prosper:

The work in the X-ray Department has been steadily maintained – 4,513 applications as compared with 4,507 for the previous year. X-ray examinations numbered 758 as against 769, and in this respect I may add that owing to the rationing of films, we have had to reduce this valuable work to a minimum. The “Follow-Up” system by which we keep in touch with out-patients and arrange for the periodical return to Hospital for examination and treatment if necessary continues to show most satisfactory results.<sup>49</sup>

### **Treatment of skin disease**

In the early years the attention of the Hospital focussed on cancer rather than dermatology largely because the former was the major interest of Andrew Charles and dermatologists were not appointed to the Hospital until 1934. However following the appointment of Dr. Frank O'Donnell and later, Andrew Charles's son, Havelock, the treatment of skin disease became firmly established:

Our best thanks are due to the Hospitals Commission for facilities to purchase the most modern type of Kromayer Lamp to replace the model installed several years ago. The Lamp is primarily used for the treatment of Lupus Vulgaris. The results from its use, especially in early cases, should be correspondingly better and more permanent than in the past.<sup>56</sup>

In 1944 detailed reports on the variety of dermatological illnesses being treated began and became a regular feature of annual reports thereafter:

The number in the Out Patient's Department are the same as last year. The fall in the number of patients suffering from Scabies continues, which is satisfactory, and shows that the serious state of affairs existing regarding this disease a few years ago is now under satisfactory control. The incidence of Septic conditions of the skin, Impetigo, Furunculosis, etc., continues to show a steady increase, while the incidence of Pediculosis also remains high, There was also an increase in cases of Ringworm of the scalp. The number attending with Varicose Ulcers has considerably increased in recent years, and has added greatly to the work of the Department. The admissions included two rather rare conditions – a case of Adenoma sebaceum (Pringle) and a case of Sarcoid, with extensive skin lesions with abnormal x-ray chest findings without any demonstrable lesions in the bone of hands or feet. A case of Rhinophyma was satisfactorily dealt with by plastic operation by Mr. Curtin with a very good cosmetic result. We wish to thank Professor M. O'Connor, Pathologist to the Hospital.<sup>49</sup>

The severity and rarity of some dermatological disorders is evident from a number of annual reports, the following being a representative example:

There was little change in the number of admissions to the Intern Department compared with the previous year. The case of Acanthosis Nigricans reported in 1943 was readmitted, with little alteration in his skin condition, but unfortunately with a primary lesion in the lung, for which he was transferred to a Sanatorium. Two unusual cases admitted were (a) Cylondroma ("Turban Tumour") of the scalp in an old lady and (b) Pemphigus Foliaceus. The latter cleared up very well, to remain so for over a year, when a very crippling relapse ensued.<sup>49</sup>

### Claims to historical priority

In 1939 the Chairman claimed priority for the Hospital in deep X-Ray therapy: "It is interesting to note that ours was the first Hospital in Ireland to install a Deep X-ray Plant."<sup>56</sup>

In an address to the Board in 1980, Professor T. J. Gilmartin claimed priority for the first removal of a lung (pneumonectomy) presumably for cancer:

Hume Street Hospital has much to be proud of past and present. Indeed in this context, I could say it is a Hospital which has given a lead in what now have become very specialised disciplines. It was here in our operating theatre that the first successful pneumonectomy was performed in Ireland by the late Mr. J. H. Coolican in the early thirties. A momentous and pioneering achievement in Thoracic Surgery which I mention because as a young Doctor, I had the privilege of administering the anaesthetic for the procedure.<sup>62</sup>

### **An unfortunate debacle: Gogarty versus the Hospital**

The Hospital was not without its adversaries in these early years. In 1919 Andrew Charles had to go to court to defend himself against slander:

In the King's Bench Division in the case of Charles v West, Mr. Lardner (instructed by Mr.D.A.Quaid) applied on behalf of the plaintiff for leave to administer interrogatories to the defendant. The action was brought to recover damages for slander, the plaintiff being Dr. Andrew Charles, and the defendant Miss Emilline West, who resides in St. Stephen's Green. Counsel said that the plaintiff was a licentiate of the Royal College of Surgeons, surgeon to the City of Dublin Skin and Cancer Hospital, and surgeon agent to the Admiralty in the port of Dublin. The defendant stated that she was an accredited agent of the Red Cross Society, and what the plaintiff complained of was what she spoke to one of the patients of a naval rating in the Skin and Cancer Hospital, saying – "I don't mind telling you as a secret that Dr. Charles and the Matron are Sinn Feiners. They formed an ambulance for the rebels at the time of the Sinn Fein rising." That was, counsel said, a serious charge to make against an Admiralty doctor in Dublin.<sup>28</sup>

We can infer from a reference in the address of the Lord Chancellor, Sir J.H. Campbell to the AGM later that year that Dr. Charles was successful in his action:

He could not conclude without a special word of congratulation to the distinguished medical officer, Dr. Charles, upon his recent experience in another atmosphere, which was more familiar to his lordship than to him (applause) and which probably he would never visit again if he could help doing so. (Laughter) They all congratulated him on the honourable vindication that he had received, and he wished to express to him his own admiration and appreciation of the very chivalrous and magnanimous manner in which he had dealt with the matter. His action was a credit to the profession and to the man. (Applause)<sup>54</sup>

However, the greatest challenge to the Hospital's reputation and integrity was to come from a doctor and next-door neighbour, Dr. Oliver St. John Gogarty who resided at No. 15 Ely Place. Gogarty, as we have seen, was a colourful character in Dublin's literary circle.<sup>63</sup> He was also a distinguished Ear Nose and Throat surgeon, though his caustic wit and outspoken views placed him at some distance from his medical colleagues who preferred to avoid becoming the focus of his acerbic wit. We do not know how well acquainted Gogarty and Charles were. Their respective specialities should have provided mutual cause for them to consult together professionally. After all, cancer of the throat and pharynx is common and Charles refers to the effectiveness of radium treatment in alleviating some of the suffering that can result from the disease. I recall my father telling me a story, which if not



apocryphal certainly points to a relationship that was far from harmonious. Gogarty often hosted strawberry breakfast gatherings for the literati of Dublin in the garden of his house on Ely Place for which occasions Charles would line up his patients with the most deforming facial cancers along the roof-top recreation area of the hospital to gaze from above upon the strawberry-guzzling intellectuals below. Whether this gesture of neighbourliness pre-dated or followed the public altercation between Charles and Gogarty is a matter for conjecture.

To understand how the controversy began we need to heed the sentiments expressed in the address of the Chairman of the Hospital, Mr. D. H. Charles, LL.B., a brother of Andrew Charles, to the 1930 AGM, in which he criticises the funding of hospitals by the Hospital Sweepstakes:

The Committee of this hospital are constrained to express the opinion that the raising of money by means of the sweepstakes is not by any means the most desirable, economic, or efficient [means] but in the absence of any alternative we must be thankful for such assistance as we may receive from such a source. We think, however, that the whole administration in Saorstát Éireann should be given the earnest consideration of the Government. As we see the position at the present time, we have come to the conclusion that the voluntary, or partially voluntary, system has proved a complete failure. Among its chief defects were: absence of unified control and coordinated effort; absence of initiative and a totally wrong view of medical and hospital services. The old idea that the primary function of a hospital being to cure must be supplanted by the new one of preventing disease.<sup>64</sup>

He went on to add more cogent reasons why government should reconsider the whole process:

The system is wasteful. The financial basis is not dependable. From a sociological point of view, the idea of vast numbers of poor citizens being dependent for treatment and cure and the alleviation of pain upon voluntary subscriptions is utterly indefensible.<sup>64</sup>

Indeed, it is interesting to note that the Irish Hospitals Sweepstakes has come in for critical censure in recent years. “The Irish Sweeps, touted around the world as a charity launched to help a nascent health care system, has long been exposed as one of the country’s greatest scandals. Of the millions that poured in, it has been estimated that less than one tenth went to hospitals. The remainder turned rich men into multimillionaires, and created law enforcement problems on both sides of the Atlantic.”<sup>65</sup>

For the next stage in the controversy we must move to Seanad Éireann on 1st July, 1931 when the Public Charitable Hospitals Bill was being debated.<sup>66</sup> Opening the debate Sir John Keane remarked:

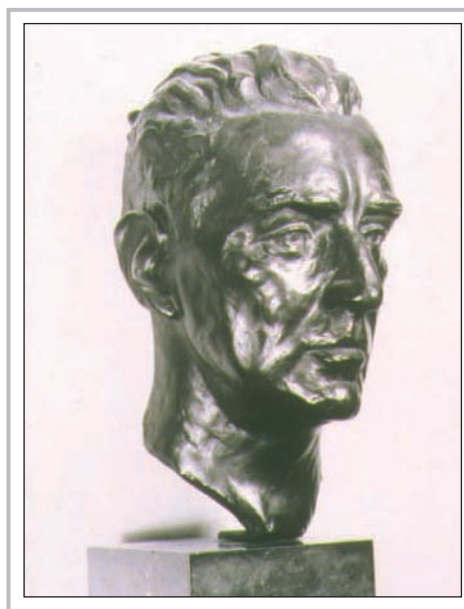
I am perfectly aware from what I have heard outside that I am doing what those who are in the know describe as an unpopular thing. I am not deterred on that account. As far as I have been able I have looked into the facts of this case and I do not think justice is being done. I know there are a great many things stated in private that cannot be stated in public. It would be a revelation to some people if they heard stated here to-day what was stated to me privately about this institution. I can assure the Seanad that I know nothing first-hand about this institution or its management. I really did not know it existed until the other day. On the facts as placed before me I do not think it has received fair treatment. It has tried all along to be a participator in these sweepstakes schemes. In the case of the first sweep it was approached and asked if it wanted to participate. It said it did, but it heard nothing further. In the case of the Derby Sweep it was asked on the 22nd June to put forward its accounts and certain statements necessary to prove that it was qualified and on the 28th June it was told it was too late. A period of only six days elapsed... This hospital claims that it is qualified and it has submitted figures to that effect. Will the Minister say whether the application to be included went forward and if the necessary particulars also went forward? In point of fact this hospital has been denied participation without any reason being stated.

It is common knowledge that there is objection to this hospital in professional quarters. What the objection is I do not care. I say that in a public measure of this kind any body that is turned down should be heard and given definite reasons why it has been turned down. It is not sufficient to say that there are good reasons which cannot be stated. I do not think that is right. I think the Minister should now indicate for what reason this hospital was excluded. He might also tell the House whether the name of this hospital went up to him and whether he considers the hospital is qualified. If this hospital is not qualified why should it not be allowed in on the border-line like other institutions? There is a cancer hospital here that will now be included in a scheme. I am informed that St. Anne's Hospital at Northbrook Road is a cancer hospital, and it is included. Why should not this particular hospital be included? <sup>66</sup>



Senator Dr. Gogarty was the first to respond to this challenge. He began by outlining the origins of the Hospital:

I suppose I should preface my remarks by pointing out that it is a distasteful duty to say certain things or to discuss this place that is calling itself a cancer hospital. It had its origin in something of the nature of a throat hospital house in Hume Street, and then it changed hands and was called the Skin, Cancer and Urinary Hospital. It originated under a Dr. Swan, and it gradually fell out of use. It then was acquired by a medical man in Dublin, and at last it was called the Skin and Cancer Hospital. It got an endowment of £60 a year from the Corporation. Those who could prove that they were poor, or who resisted the charges, were treated in this place, but the facilities were no better than those given in other hospitals in Dublin. The Corporation of Dublin gave poor patients a sum of £6, and they presented themselves in due course to the Cancer Hospital. They were subjected to the x-ray therapy we hear so much about. After a period of two years, when the Corporation took a register of the patients they endowed at £6 a head for the Skin and Cancer Hospital there was not one of them living.<sup>66</sup>



*Oliver St. John Gogarty.  
Bronze bust by Fife Waters*

Gogarty then went on to draw attention to the fact that some of the early staff appointed to the Hospital had resigned for reasons that are not stated:

Senator Sir John Keane stated that he did not care what the professional objections were to this hospital. It is a significant thing that when Sir William Taylor, Sir Conway Dwyer and Sir James Craig were connected with that hospital they resigned and walked straight out of it. This was because of professional etiquette to some extent. Let us discuss professional etiquette. It is not a mysterious thing; it is merely a barrier against quackery or chicanery. If a lady patient is susceptible to fear, a doctor will not increase her apprehensions by suggesting that she may be suffering from cancer. He will not, in other words, use spiritual terrors which are far greater than the physical discomforts to which nature is subject.<sup>66</sup>

Gogarty then expounded on the issue that had been raised in earlier days, namely the efforts made by the Hospital to publicise facts about cancer. He stops short, but only just, of associating this practice with quackery and then belittles the Hospital

for its financial governance and Charles in particular, who he claims had to establish the Hospital so as to have an appointment having failed to be appointed to a recognised hospital:

This country has been circularised by the proprietor of this Cancer Hospital with pamphlets which purport to show the devastating effects of certain diseases, the suggestion being that they are all cancerous. In the heart of the residential part of the city you will see men with their noses in bandages walking about and drinking out of the public fountains such as there are in Stephen's Green. All these persons are patients from the proprietary Cancer Hospital in Hume Street. The country was circularised all in the interest of a one-man show, a show out of which Sir James Craig, Sir William Taylor and Sir Conway Dwyer walked. They dissociated themselves completely from it. They found incompetence, and they realised that an attempt was being made to make a corner in cancer in Ireland. It is not without significance that the profession is unanimously against this hospital. It is charitable to suggest that the only reason it is a one-man show is that its owner wished, like other men, to be attached to an hospital. If I were to put in a house of mine a couple of beds, got an electric torch and treated house patients – if they did not give me £100 I would send them to the Dublin Corporation in order to get £6 – and if they all died without exception, even I myself would begin to think that it was a quack show. I do not say that this Cancer Hospital is necessarily a quack show, but I say that it is a proprietary show, a self-appointed one-man hospital seeking to be supported by public moneys – a superfluous, unnecessary hospital. This hospital is in this respect different from any other hospital.<sup>66</sup>

Gogarty concluded by warning that if the Dublin Skin and Cancer Hospital was supported by the Hospital Sweepstake the credibility of that body would be damaged:

If the efforts now being made by this hospital to benefit by the sweepstakes are permitted to succeed, it is enough, in my opinion, to make the whole structure of the sweepstakes scheme unsound. It is distasteful to me to have to say all this, but the facts are there. This particular institution is not what is known as a public charity. It is a cancer farm. I think this whole thing is socially injurious to the State, and if this private institution were allowed to benefit, the whole purpose and structure of the sweepstakes scheme would be seriously invalidated.<sup>66</sup>

A number of Senators contributed to a lengthy debate but only one, a Mr. Foran, was persuaded that the Hospital had not been given a fair hearing:

I am not satisfied that we have sufficient evidence to refuse to include this hospital. I know a great number of people who attend the dispensary there, and I hear a great deal of praise about the treatment and attention they get. Of course, there

are always people dissatisfied with the treatment they get in any hospital, but until some valid reason is given for excluding this hospital, I am going to support Senator Sir John Keane, though I do not often do that.<sup>66</sup>

The Minister for Justice (Mr. Fitzgerald-Kenney) defended his decision to decline approving the Hospital for funding. In particular he questions the audited accounts of the Hospital:

The Hospitals Committee did not include the name of that hospital. When I received a letter from the Cancer Hospital, I spoke to the Committee about it. They satisfied me that they had grounds for refusing the application. I do not wish to express my view about this hospital. I am extremely loath to make charges, the grounds of which are not within my own knowledge. From what I have seen, this is a hospital which I would not recommend the House to include. In this Bill I have heard statements made about it, but, on the accounts handed in, I am satisfied that it is not a voluntary hospital. The accounts which they handed in, and which I had the advantage of seeing, were very unsatisfactory. Ordinarily, an auditor certifies that accounts are correct. In the case of the 1931 accounts of this hospital, the auditor merely stated that he had compared the accounts with the books, and believed them to be correct. That is not a definite certificate at all. There were some other items that I did not like. In 1928-29 salaries were £863, and in 1930-31 they had sprung up to £2,067. Those are things that make one suspicious, and I am rather inclined to think that when the Hospitals' Committee refused to be associated with this hospital they had good justification for their decision. In the year 1928-29, according to the accounts, the patients paid £5,038, and the total expenditure was considerably less— £4,727. It is very hard to believe that 25 per cent of the patients were paying less than 10/- per week when the receipts of the hospital exceeded its expenditure.<sup>66</sup>

Indeed another Senator, a Mr. O'Doherty was of the opinion that the Hospital should be the subject of a public enquiry:

I think a sufficient case has been made for excluding this institution—indeed, after the statement made by Senator Dr. Gogarty, it is questionable whether it should be allowed to masquerade as a hospital. It should be the subject of inquiry, not merely by the medical profession, but by the State. I understand that it is the very poorest in the city who go to this place, and when a very prominent member of the medical profession stands up in this House and says that it is born in chicanery and quackery it is time for the layman to sit up and take notice.<sup>66</sup>

Sir John Keane in acknowledging that the majority of the Seanad had been persuaded by Senator Gogarty's contribution to the debate and that the application for



recognition for inclusion in the Hospital Sweepstake would not succeed let it be known that he was not fully convinced:

I do not for a moment regret having raised this matter. I hold no brief for this hospital. I am not a partisan of any hospital and if, following upon the debate to-day, the Government see fit to order an inquiry into the affairs of this hospital, I shall support their action, and I am sure the hospital itself would welcome such inquiry. If half of what Senator Dr. Gogarty said has substance, such inquiry should be held. The medical profession would, I think, have power within themselves to take action in view of the fact that all the professional people associated with this hospital are qualified men. You have heard the issues discussed openly, and I think that has done good. We know where we stand. I am not going to press this amendment. It seems that it would have no chance of passing.<sup>66</sup>

As Gogarty's accusations were made under privilege, the Hospital could do little except wait for an opportunity to respond and the first opportunity was the AGM in December 1931. The Chairman Mr. M.J.A. Purtill opened the meeting by thanking those present for their support:

This year has been signalised by an unjustifiable attack upon the institution and its management, under cover of Senatorial privilege, on the occasion of a debate in the Senate on an amendment to include this hospital within the terms of the Public Charitable Hospitals (Amendment) Bill, when, having been excluded from the benefits of the previous sweepstakes without being given any reason or justification, we sought to have the Amending Bill extended...The Senator who has made the attack has been invited, but has not accepted the invitation to make his allegation under circumstances which would enable us to challenge these in the courts. I, therefore, feel it is incumbent on me now to refute these charges in such a way that the same amount of publicity will be given to the allegations. No other course seems open, as the individual in question declines to come into the open, and as the Government, which was requested by us on two occasions to hold an enquiry into the charges, has up to the present done nothing in the matter.<sup>67</sup>

The Chairman then answered the allegations made by Gogarty taking the accusations as follows:

1. *That the hospital is not a public charitable institution but a one-man show – the private property of an individual by whom it was originally purchased.*

That this accusation was made either in blind ignorance of the facts or in indifference to them is proved not only by the complete absence of any accompanying attempt at justification, but also by the facts themselves, which were, and are available to every citizen in the State. The hospital was incorporated by Royal Charter in the year 1916, on petition of 16 well-known citizens of Dublin,

as a hospital which was “founded in the year 1911 for the purpose of providing for the treatment of diseases of the skin, cancer, rodent ulcer, etc., in those who are proper objects of charity, such as relief to be administered in accordance with voluntary principles.” Under this Charter the hospital is administered by a committee of 22, of whom half are Catholics and half other denominations. The staff comprises 12 medical men, all specialists in their particular branch, of whom one is the Medical Superintendent. Since the foundation of the hospital it has given free treatment to something like 1,500 intern and 200,000 extern patients. Furthermore, all the property of the hospital, which consists of buildings, plant and furniture was purchased by and in the name of the Committee, and is under their joint disposition. The funds of the hospital are administered by the Committee, the accounts are annually audited, and published with the annual report...We will prove that every item of revenue and of expenditure is properly and accurately accounted for, and that no individual proprietary interest is in the remotest degree recognised. If charges are made to patients financially able to bear them – and such charges are made in this as in numerous other hospitals – it is only that we may render more abundantly gratuitous treatment to the poor suffering from the most dreaded malady of mankind.

2. *That the treatment given in the hospital is valueless and mere quackery: that certain eminent medical men left the hospital on account of the incompetence of the methods of treatment: and that when the Corporation took a census of the patients which they had sent for treatment during the previous two years they were all found to be dead.*

The allegation of medical inefficiency is made by this certain Senator, who has never been inside the hospital since its foundation. The net effect of his suggestions was to cast ridicule upon the modern practice of deep X-ray therapy, and to suggest that the medical practitioners in this institution were guilty of quackery in practising this method of treatment... As a medical man, he ought to be aware that deep X-ray therapy is the chief form of treatment, which is practised in almost every cancer hospital in the world. We were the first to introduce it into this country... So, if according to this Senator, we are cranks and quacks, we share this distinction with an ever-increasing number of medical men, both in this country and throughout the world.

The said Senator then, as the only evidence adduced by him in support of allegations which he will not make outside the protection of the Senate, refers to the resignations of certain medical gentlemen from the honorary medical staff. My Committee regret very much that this matter has been referred to, and particularly in such a direct, though privileged, manner and feel that no good purpose would now be served by reopening a controversy which is long since dead, and hence I must confine myself to the statement that these gentlemen resigned from the staff for personal reasons, having no relation to the management policy or efficiency of the institution.

The statement that when the Corporation took a census of patients, which they had sent us during the previous two years, they found them all dead is as absurd as it is ludicrous. It is, however, a good index to the inaccuracy of his other statements. We have no information as to when this mythical census was taken, and, as far as we know, no such census ever was taken; in fact, the first time we heard of it was when the statement was made in the Senate, but we have since had a census made ourselves, and find that out of 222 intern Corporation patients admitted during the eight years 1923-30, 51 are still alive (of whom 20 were treated over 5 years ago), 88 are dead and 83 could not be traced. Without taking into account, therefore, any of the untraced patients (some of whom may be alive), the result shows 23 per cent of cures among these patients. When it is remembered that the majority of patients sent to us by the Corporation are what is generally described as hopeless cases – often in the last stages of cancer – the above criticism taken in connection with the above figures is in the nature of a handsome testimonial to the efficacy of the treatment given in this hospital, as is also the fact that the Corporation continues to send us patients.

3. *That the circularisation of the public by the hospital is with a view to terrorising the community.*

Here again, though a medical man, he does not seem to have kept abreast of the medical times. If he had done so, he would have been aware that in every cancer campaign which has been started during the past twelve years public education has been in the forefront of the propaganda on the same lines as were applied to tuberculosis. The public has been circularised, not with a view to terrorising them, but with the objects, firstly, of showing them what cancer-provoking irritants to avoid, and, secondly, to teach them the premonitory signs of cancer, so as to induce them to take medical advice when in the pre-cancerous and curable stage.<sup>67</sup>

Andrew Charles in presenting the medical report did not once refer to Gogarty but by drawing on medical evidence and the statistics of treatment in the Hospital, he presented a very cogent response to Gogarty's accusations, which were completely lacking in fact. First, he detailed the numbers of patients that had been and were being treated by the Hospital:

The number of patients treated in the year under review [1930] were: out-patient attendances 11,520, light treatments 4,414, intern patients 283, Erlangen treatments 837. Since the foundation of the hospital 21 years ago nearly half a million people have been treated, with about a quarter of the intern and the majority of the extern patients being treated free. As the name of the hospital implies, we are chiefly concerned with cancer cases, and we also treat every form of skin disease.<sup>67</sup>

He went on to describe the different forms of treatment for cancer provided by the Hospital:

Deep X-ray Therapy (also called the Erlangen treatment) was introduced by Professor Wintz some years ago, and has since been adopted by almost every cancer clinic in the world ... We were the first to introduce it into this country, and members of our staff were specially trained in Erlangen. The department has been in charge of specialists from the clinics of Professor Wintz in Erlangen and of Professor Holzknecht in Vienna, and we have now secured the services of a specialist from Professor Holdfelder's Clinic in Frankfurt; so I can say with confidence that we are as well qualified to carry out this treatment as any other institution in the British Isles. Our radium treatment is carried out by (a) pure radium, (b) radon or radium emanations which we obtain from the Royal Dublin Society, and (c) radium emanations which we obtain from a special radonater which we have installed in the hospital. The third method of treatment, which we have lately introduced, is known as the Fluorescein Ray treatment. This new method of treatment has deeply interested the British Board of Health, which took the trouble to send to our hospital a few months ago Dr. S. Monckton Copeman, M.D., F.R.C.P. (Lond), F.R.S., to examine the cases which we had treated by this method, and to report on them.<sup>68</sup> When here, he inspected the whole hospital and the various methods of treatment which we employ. On his return he sent us the following letter [from the Ministry of Health, Whitehall] "Dear Dr. Charles. I write to express to you and your colleagues my thanks for the trouble you took to help me on the occasion of my recent visit to the City of Dublin Skin and Cancer hospital, at the instance of the Ministry of Health, for the purpose of investigating the results obtained by you in the treatment of superficial cancer by means of activated fluorescein."<sup>67</sup>

This controversy must have been damaging to the Hospital. There is little doubt that it had to be personally hurtful to Charles and probably damaging to his reputation. A critical examination of the official transcripts of the Seanad Éireann debate shows that Gogarty's assessment of the Hospital and its founder was particularly vindictive and that he was not alert to the scientific advances in cancer treatment. It is striking that he had not bothered to acquaint himself with the work being done in the Hospital next door to where he lived. His attack on Charles was vituperative and he used all his powers of oratory and his medical knowledge to influence the lay members of the Senate to find against the Hospital. Had Gogarty chosen to make his allegations outside of the privileged protection of the Senate there is little doubt but that he would have been sued for libel and slander and to judge from the cogent defence given by the Hospital and Andrew Charles at the Annual General Meeting of 1931, he would have been found guilty of defamation.

### **Death of Andrew Charles**

On March 2nd 1933, Dr. Andrew Charles died in the hospital he had founded from influenza at the early age of 54 years. He was buried at Mount Jerome Cemetery. This was a calamitous event for the Hospital, which left the Board of Management stunned. Suddenly the Hospital had lost not only the person who was the expert in providing cancer treatment on which the Hospital largely depended, but in his dual role as Medical Superintendent and Honorary Secretary he also provided the administrative and business acumen that sustained the Hospital in both governance and finance. Indeed the Cancer Fund, which he had initiated and managed, had become one of the main sources of financial support for the Hospital:

At a special meeting of the Board of the City of Dublin Skin and Cancer Hospital, Hume Street, Dublin, which was held at Hume Street yesterday, the following resolution was passed unanimously: – The Committee of Management of the City of Dublin Skin and Cancer Hospital desire to place on record their deep sense of the loss which the hospital has sustained by the death of its Medical Superintendent, Dr. Andrew Charles, F.R.C.S.I., to whose great professional skill and business ability the success of the hospital is largely due; and to convey the expression of their sincere sympathy to his relatives in their bereavement.<sup>31</sup>

The Chairman of the Board, Mr. E.M. Lloyd paid tribute to him at the AGM in December, 1933 in what he described as “a trying period of the hospital’s history”:

He spoke of the incalculable loss, which the hospital has suffered by the premature death of Dr. Andrew Charles, who was responsible for the founding of the hospital, and who for 22 years devoted himself entirely to its interests. He alluded to his forethought in purchasing the block in Hume street on behalf of the hospital, which ensured the possibility of economical expansion as soon as funds became available.<sup>69</sup>

His obituary notice in the *British Medical Journal* commented:

He was a born organizer, and his successful enterprises included the foundation in 1911 of the Skin and Cancer Hospital, Hume Street, Dublin, of which he was medical superintendent, and which is now a fully equipped hospital with all the most recent scientific apparatus for the treatment of cancer, including x ray, Finsen light, and radium, and the Erlangen symmetry apparatus.<sup>70</sup>

Shocked though the Hospital was by his death, the main concern of the Board of Management was to ensure the survival of the institute. The Board acted quickly and decisively by appointing new members to both its staff and to the Board of



Management. First, it appointed a number of colourful and influential personalities to the Board of Management. These included Brinsley McNamara, the well-known and controversial author,<sup>71</sup> Bethel Solomons, the Master of the Rotunda Hospital<sup>72</sup> and Leonard Abrahamson, a well-known physician and future Professor of Medicine in the Royal College of Surgeons in Ireland.<sup>73</sup>

The late Andrew Charles's son Dr. R. Havelock Charles was appointed temporarily as Medical Superintendent and also as Assistant Deep X-Ray and Radium Therapist and Mr. J. H. Coolican, Dr. G.T. O'Brien, Dr. F. O'Donnell, and Dr. T. J. Gilmartin were appointed to specialist positions so as to give the Hospital the expertise of a number of specialities relating to cancer and skin disease.<sup>74</sup>

A year later Dr. F.C. Stewart succeeded Dr. Garret Hardiman as Radiologist and a Secretary and Registrar was appointed.<sup>50</sup> In 1939 Dr. R.H. Charles, previously noted as Assistant Deep X-Ray and Radium Therapist joined Dr. F.J. O'Donnell as Dermatologist.<sup>56</sup> In 1944 Dr. H.C. Mooney's son, Alan J. Mooney, succeeded his father and Miss N. Sheridan joined the staff as Radiographer.<sup>49</sup> In 1945 the Board extended its sincere thanks and congratulations to Dr. Curtin and Dr. Myles Keogh, both of whom had completed this year 35 years of voluntary service to the hospital.<sup>49</sup>

In 1939 Dr. F. J. O'Donnell and Dr. G. T. O'Brien were added to the Committee of Management as "Medical Members" as is stipulated in the Charter to advise the Board of Management on the day-to-day running of the Hospital.<sup>56</sup> The two were not always in agreement. In the minutes of the Medical Board dated 5<sup>th</sup> July, 1935, there is the following entry:

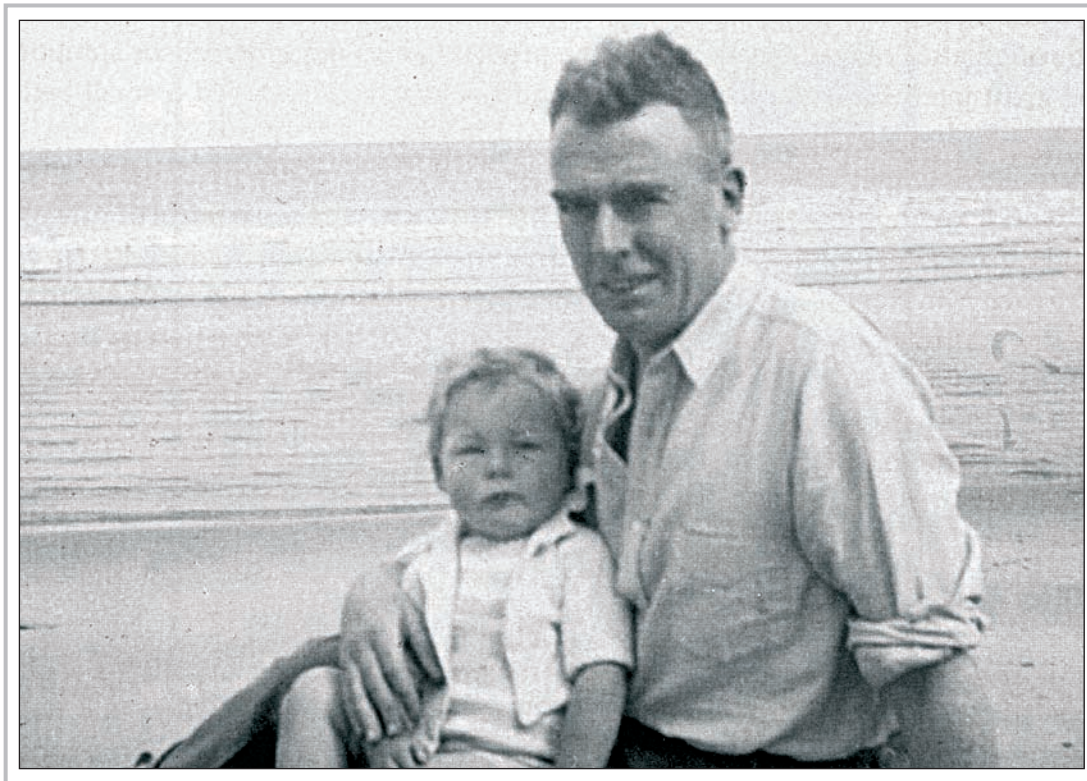
It was proposed by Dr. O'Donnell and seconded by Mr. Coolican that Dr. Muriel Smiddy be appointed as House Surgeon.<sup>75</sup>

The Board responded by declining the recommendation:

Having been informed yesterday by Dr. Charles of the recommendation the secretary stated that the appointment of a lady HS would be unacceptable to the Governors and that this appointment is not in accordance with the terms of the advertisement.<sup>75</sup>

However after much disagreement during which the Medical Board threatened to dissolve itself the Board of Management withdrew its objection and by November 1935, Dr. Muriel Smiddy was firmly in office. In 1936 she resigned her post,

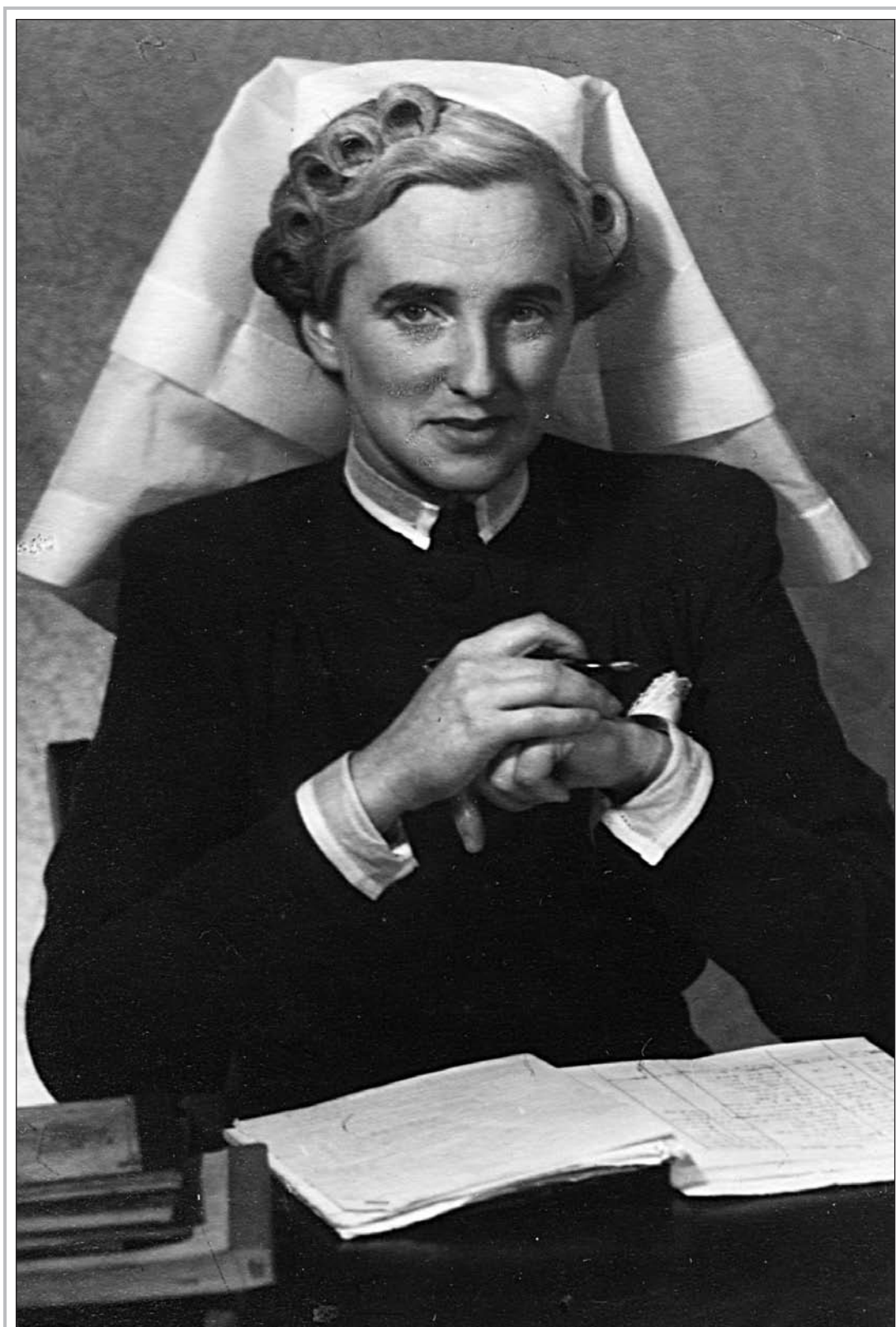
presumably in preparation for her marriage to my father; and as a consequence I was first introduced to the Hospital staff by my father in January 1940 and, I have been told, was received with general approbation.<sup>76</sup>



*Gerard T. O'Brien with his son Eoin at Brittas Bay*

The end of this era may be best summarised by the much-loved Lord Major of Dublin, Alfie Byrne, who proposing the adoption of the Chairman's report in 1936, said:

It was a splendid record of achievement, but it was an extraordinary thing to hear that an hospital such as this should have to have an overdraft. I have been here during the year on several occasions, I have visited the wards, and I feel it is an institution worthy of the support of our people. I have known people who came in here for treatment, and came out cured, full of praise for the manner in which they were treated by the medical and nursing staffs. One item in the report gave him great pleasure, because it was a matter that he and Senator Healy were very anxious about, and that item was that a certain number of free beds were reserved in the hospital for patients who could not afford to pay.”<sup>50</sup>



*Matron Joan O'Sullivan*

## CHAPTER FOUR

### Stability and service (1946–1976)

*T*he Hospital entered the post-war period with what seemed like little chance of survival. It had lost its charismatic and devoted founder, Andrew Charles; Ireland was struggling to survive financially as a nation and the government did not have the money necessary to sustain the voluntary hospitals. However, one may question the morality and ethics of the Hospital Sweepstakes, its mismanagement and the corruption that allowed a few to amass enormous wealth, the reality is that in the 57 years of its existence the enterprise raised £170 million from overseas to provide hospitals across the nation.<sup>1</sup> Some hospitals, as we have seen, were excluded from the largesse of the Sweepstake among which was the City of Dublin Skin and Cancer Hospital, which had to turn for its financial survival to an impoverished public.

#### The Hospital

The demand on the Hospital from the sick and needy continued unabated providing testimony to the need for the services being provided but putting the management and staff under constant pressure to find the financial resources to sustain the endeavour. Demand always exceeded the facilities available. In 1948 the Chairman reported:

The number of patients admitted during the year was 740 as compared with 723 in the previous year and 598 in the year before that. The number of free patients admitted was 54. I mention this fact merely to record that no patient for whom a bed is available is refused admittance because of inability to pay for treatment. In the Out-Patients Department, the number of attendances during the year was 14,350 which included the attendances of 2,794 new patients. These figures show



a slight increase on the previous year, which is contrary to what might have been expected in view of the extremely bad weather, which prevailed in the early part of 1947 and the transport strike later in the year... As you are probably aware, we have only sixty beds in both the Hospital and the Private Nursing Home, on which there was 100 per cent demand throughout the year. In fact, I am sorry to say we have a continuous waiting list, which is not only regrettable but deplorable, in view of the necessity for immediate treatment in cases of this kind. The Out-Patients Department is housed in the basement of the Hospital, which in itself is an undesirable place with limited accommodation, causing congestion and rendering medical attention difficult. Some years ago, we prepared plans for the erection of a new Out-Patients Department on modern and up-to-date lines but unfortunately the Hospital Commission deemed it advisable to postpone consideration of these plans for some time. I am pleased, however, to be able to inform you that the Minister for Health has recently approved plans for some alterations in this Department which will provide better arrangements for the dispensing of medicines and better toilet facilities for the patients – alterations which were very necessary and long overdue, and you will be glad to know that this work is now in progress and should be completed within the next few weeks.<sup>2</sup>

Indeed the lack of accommodation was emphasised by Dr. Havelock Charles at an inquest into the tragic suicide of a poor woman who could no longer tolerate the suffering from disease of the skin:

The inadequacy of hospital accommodation for people in Dublin suffering from skin diseases was mentioned at the resumed inquest in Londonbridge Road morgue yesterday on Mrs. Ellen Mary Byrne (39), Castle Lodge, Rathfarnham Castle, who was found dead with her head in the gas oven of her home on July 13th. Dr. Havelock Charles, Hume Street Hospital, said that the deceased woman had reached an acute stage of the skin disease from which she was suffering a fortnight before her death. Hume Street Hospital was over-crowded, but Mrs. Byrne's name was put at the top of the waiting list. The Coroner asked: "Is there sufficient accommodation for the proper treatment of people suffering from such a malady in Dublin?" Dr. Charles replied: "The answer is 'No' considering the growth of the city. I have not got adequate accommodation for my patients."<sup>3</sup>

The Honorary Treasurer's lot was never a happy one, as the Hospital fought to acquire and maintain properties that cost much in maintenance and for which there was never the wherewithal to capitalise on their potential. Mr. Finlay Mulligan, who served in the capacity of Honorary Treasurer for many decades, as always, put forward as optimistic a report as was possible in 1948 while characteristically pleading for caution:



The Accounts for the year ending 31st December, 1947, show that the Total Ordinary Expenditure for the year amounted to £26,173, against normal income of £12,700, resulting in a working deficit of £13,473 which is an increase of £3,624 on the previous year. This is due to an increase of £5,714 in the expenditure less an increase of £2,090 in the income for the year. The increase of £5,714 in the expenditure is reflected mainly in the following items: Provisions £900; Salaries and Wages (Maintenance) £1,394; Administration £479; Repairs, Renewals and Painting, £2,180. Every effort is being made to keep down expenditure to the minimum consistent with the efficient administration of the Hospital but you will no doubt appreciate that the general upward trend in prices is something outside our control. Our grateful thanks are due to the Hospitals' Commission for a grant of £8,959 towards the working deficit for the year 1946. <sup>2</sup>

The Hospital was not wanting in space – in fact it had much more than it could use; the problem was a lack of funds to develop the properties in its ownership:

It was intended to exchange two of their houses in Ely Place for No. 6 Hume Street. This would enable them to reorganise the entire hospital, and it would give an additional 48 beds.... A longer-term plan was an extension of the foregoing scheme and to have a complete hospital of sufficient capacity to give all cancer sufferers the invaluable benefit of immediate attention. They would have to take possession of Nos. 7 and 8 Hume street. These two houses were at present let to the Board of Works, and their inclusion in the hospital premises would provide a further 40 beds bringing the total bed accommodation up to 150. <sup>4</sup>

A request for funds from the Sweepstake to purchase No. 6 Hume Street was denied even though this would have allowed provision of a further 23 beds:

Twelve months ago the hospital authority was given an opportunity to purchase No. 6 Hume street, which adjoins the premises. The house is the property of the Board of Works and the purchase price was £7,250. An application to the Minister for Health for a grant from Hospital Trust funds for this purpose was turned down. <sup>5</sup>

Characteristically the Hospital was not put off by such rebuffs and the Board decided to raise the £7,250 required to purchase the premises:

When the Lord Mayor of Dublin, Ald. J. Belton, T.D. drew back the folds of a red curtain concealing a doorway in the City of Dublin Skin and Cancer Hospital, Hume street, yesterday 14 more beds became available to cancer sufferers. The beds have been provided in an extension to the hospital, which acquired adjoining

## A CENTURY OF SERVICE

premises. Tributes were paid to the Board of Management, whose economies had resulted in provision of the beds at a cost of £625 each. <sup>6</sup>

The Hospital's continuing success in the face of obduracy from government was also largely due to the remarkable tenacity of purpose of the members of its Board of Management and the skill and dedication of its medical staff.



*Numbers 3-8 Hume Street*

The acquisition of adjoining properties was to prove a remarkable investment that would ensure the ultimate survival of the founding ethos in the Charles Institute but their maintenance proved a constant drain on scarce resources and the lack of finance prevented them being put to good use:

As I mentioned to you last year the adjoining premises Nos. 7 and 8 Hume Street, are our property. They have lain idle for the past five years while we lived in the hope that the Minister would see his way to give us a grant to incorporate these premises, and fit them for various purposes, such as rehousing our domestic staff to provide a recreation and dining hall for our ambulatory patients, and to remake and fit a new out-patients department, which we sorely need. We have paid rates on these premises of approximately £400 per year, and although we have a claim for a refund of portion of these payments, we cannot expect to get a substantial

sum. But, we have now learned that if we occupy these premises we would, due to a recent decision of the Supreme Court, be free of rates. We have decided to occupy these premises to a limited degree, but our hopes are that the Minister will see his way to give us permission and a grant to carry out our major plan.<sup>7</sup>

This fiscal conundrum was all the more disheartening as the Hospital was run with consummate efficiency as reported by the Chairman, Eamon Quinn in 1959: “To put things in their right perspective, I want to give a comparison. I have taken the average hospital that would compare with Hume Street in Britain, with its free medical services and Ireland. The cost per patient per week is Britain £24, Ireland £16 and Hume Street £13.”<sup>7</sup> But improvements were made continuously. “We installed fluorescent lighting in the approach to, and, in the waiting hall of the Out-Patients Department, and also in the Doctor’s examination room, which it is hoped will enable the examination of patients to be carried out under almost daylight conditions.”<sup>8</sup> Lack of funds can sometimes be the stimulus for greater efficiency:

We have in these three short years eliminated waste and at the same time increased efficiency and services. New installations of an important nature, including a new Deep Therapy apparatus, and new diagnostic X-Ray apparatus, have been made. There is modern Ward equipment, modern Kitchen equipment, and transformation of the general appearance of the Hospital both inside and out, which I have no doubt has been an obvious and most pleasant improvement to anyone visiting the Hospital.<sup>9</sup>

In 1953 a disturbing item appeared in the Irish Times:

HOSPITAL SECRETARY GETS SIX YEARS FOR EMBEZZLEMENT. John Benedict O’Meara (36), 164 Howth road, Dublin, was sentenced yesterday in the circuit Criminal Court to six years penal servitude after he had pleaded guilty to 36 counts of embezzlement of £7,227 from the funds of the Dublin Skin and Cancer Hospital, Hume street, between 1951 and 1953. He admitted that he had



taken £16,127 from the hospital. Judge McCarthy said that it was the worst case of its kind to come before the court in 20 years.<sup>10</sup>

The Annual Reports showed a constant increase in activity:

In opening, I would like to give a general statement for the year ending 31st of December, 1950. The number of patients admitted was 910, and the total for the Out-Patients Department was 15,846. Superficial treatments numbered 33; Deep X-ray Treatments 7,560; Light Treatments 908, and Radium Treatments 79. All these figures are considerably up on last year, which in itself was a record for the Hospital. The average daily bed occupation was 93.50% and the deficit at £7,129 shows a reduction of £2,295. The cost per patient per week last year was £9.0.2 as against £9.12.3 the previous year and £10.5.0 in 1948 – a reduction of over 10 per cent in two years. I am very happy to report that Hume Street Hospital during the year has provided an additional 30 beds, making 90 in all, and the first increase for more than a quarter of a century. In this one year we have increased the bed complement by 50 per cent, and though it is not at all sufficient for our needs, it is an indication that continuance of our efforts will result in sufficient bed accommodation being quickly achieved.<sup>11</sup>

A decade later, however, the accommodation for patients and staff had become critical:

I now come to the question of Nos. 7 and 8 Hume Street. As our friends know, we have had possession of these houses for the past five years but have so far been unsuccessful in our efforts to obtain a Grant to enable us to carry out the reconstruction and improvements which are necessary. The Board recently decided to modify its original plans. It is now proposed to have the Out-Patients Department on the ground floor and to use the first and second floors as a new Skin Unit. Our domestic staff will then be accommodated in the present Skin Wards which, we are advised, can be made suitable for this purpose at comparatively small cost. The housing of the present Out-Patients Department is entirely unsatisfactory and the conditions under which our domestic staff are at present living are deplorable, thus making it extremely difficult for the Matron to recruit and retain them. I am pleased to inform you that a deputation from the Hospital was recently received by Officials of the Department of Health, when the whole position was explained to them and rough Plans and Estimates submitted by our Architects. The Deputation was received very sympathetically, and I would like to pay tribute to the Minister and to his Officials for their courtesy. We are hopeful that at long last we are in sight of something being done to provide a proper Out-Patients department and to improve the living conditions of our domestic staff.<sup>12</sup>

And yet the Hospital continued to acquire and improve its properties when finance permitted:

In furtherance of its policy the Board has expended considerable sums in necessary additions, alterations and improvements. The most important of these was the purchase of No. 16 Ely Place for a Nurses Home. This house was purchased, repaired, decorated, furnished and opened for occupation by the nursing staff of the Hospital in July of this year. The acquisition of these premises has enabled us to convert the sections of the Hospital hitherto occupied by the nursing staff into a Skin Wing, containing two wards and a new ward kitchen, food lift, heating apparatus and three new bathrooms, fitted with all modern conveniences. This fulfils a long-recognised want, and it now affords complete segregation for skin sufferers, and I might mention new light apparatus has been installed, which increases facilities for treatment. These improvements alone have cost approximately £2,000, in addition to the purchase price of the new nurses' home. Further, the operating theatre of the hospital has been re-roofed, and re-floored and a central heating installation improved, and the hospital wards, staircase and the halls have just been re-papered and re-decorated.<sup>12</sup>

In this way the Hospital continued what had been so successfully achieved in the first quarter of its existence, namely the acquisition of extensive property assets that were to secure its future. In the short term, these premises allowed for expansion and innovation, albeit much restrained by the financial realities of the time. The Hospital, which had begun life humbly with one house – No. 3 Hume Street, which was purchased in 1912 for £450, gradually acquired all the houses from No. 3 Hume Street to Ely Place, as well as two houses in Ely Place.<sup>12</sup>

The Jubilee Year was seen as an opportunity to raise funds for the Hospital and to put into perspective the massive increases in the cost of providing facilities for the treatment of cancer and diseases of the skin. When the Hospital opened in 1911 the total ordinary income of the Hospital was £828 and the total ordinary expenditure, £646, whereas 50 years later the total ordinary expenditure amounted to £60,500, whilst ordinary income was £39,400:<sup>12</sup>

The Board of Governors has decided that this Jubilee Year offers them a unique opportunity to endeavour to alleviate the financial position. They have, therefore, decided to set up a Fund to be known as “Hume Street Hospital Jubilee Fund” and to invite subscriptions thereto. This Fund will be kept separately from the general Accounts of the Hospital, and will be used for purposes connected with the Hospital which are very necessary but the expense of which is not recoverable



from the Hospitals Commission. It will also be used for the furtherance of research in the causes and cure of cancer.<sup>12</sup>

It is unlikely that the Jubilee fund made any substantial difference but then, unexpectedly, in 1963 a benefactor, Louis Spiro, provided the necessary finance to the Hospital to refurbish part of its extensive property holding:

Under consideration for a long time – the utilisation of the vacant premises, Nos. 7 and 8 Hume Street. At that time, despite our pressing need for more living space for the betterment and comfort of patients, nurses and staff, our application for an adequate grant could not be entertained. Consequently, a drastic revision of plan became necessary. As time passed, our anxieties and problems became more acute. Then unexpectedly, a silver lining appeared – a gold lining would be a more appropriate way of putting it – as, under a Trust Deed, of Mr. Louis Spiro, the hospital received the magnificent sum of £10,000, to be applied in the main towards the scheme originally visualised. In spite, however, of this windfall, the financial resources at our disposal – or lack of resources – means that our needs, our most essential needs, to provide normal comfort for patients and rational accommodation for nurses and staff, falls short of our requirements, to the extent of approximately £8,000. It was decided (a) to transfer the Out-Patients Department from its present unsuitable location to the ground floor of the premises Nos. 7 and 8 Hume Street; (b) to provide a new Skin Wing above the new Out-Patients Department; (c) to remove a number of the nurses from their present over-crowded quarters to the top floors of Nos. 7 and 8 Hume Street; (d) to transfer the domestic staff to the present Skin Wing. We should be able to give effect to most of these changes by the close of June.<sup>13</sup>

A year later the Spiro Wing of the Hospital was opened by Senator McGuire, who was introduced by the energetic chairman of the day, Philip Walker.<sup>14</sup> Desirable and convenient though centre city properties may be, they are not without problems:

I am sorry to have to report that the Hospital Board found it necessary to oppose the renewal of a liquor licence for a club situated nearby. As you know, we won our point in the District Court, but lost on appeal to the Circuit Court. I am glad to say that the Committee of that club have been most friendly with our matron, and are most anxious to co-operate with her in every way. It is hoped that those responsible, whoever they may be, for late night and early morning rowdiness, will bear in mind less fortunate people and come and go about their revelry in a quieter manner.<sup>15</sup>

The cost of maintenance of the hospital premises was further increased when the buildings were designated for preservation:

The hospital buildings consist of Nos. 3 to 8 Hume Street and Nos. 16/17 Ely Place. As I have already said these buildings are all subject to a government preservation order and our Board is doing its best to keep them in first class condition. I think it is reasonable to say that this has been carried out. Buildings of this age will always require continuous attention and we have to be most economical in any sums we spend on repairs and renewals.<sup>16</sup>

In 1974 the Chairman of the Board, Feargal Quinn, praised a feature of Dublin hospitals that was all too soon destined for extinction – the intimacy associated with smallness of size:

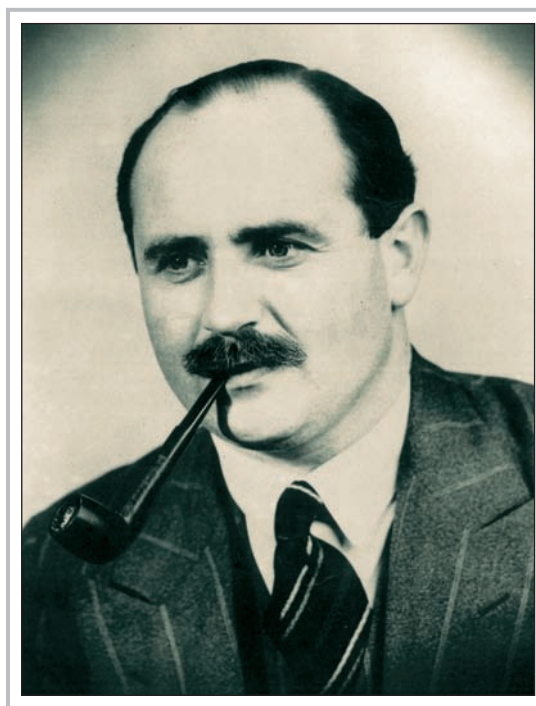
May I just talk, for one small moment, about a book “Small is Beautiful” written two years ago by a man called Schumacher, which pointed out the dangers of the developing trends right round the world in regard to growth and size and that the dangers presented by this development were such that we often overlooked them. I think it makes a lot of sense when we look around the world to-day, from an economic point of view, to see how growth is necessary in regard to buildings, factories, shops, equipment, nations getting together and to see the benefits that are to be derived from size, but in the book, “Small is Beautiful” we are brought home to realise the inherent dangers behind size itself and I think if that one point has not been brought home already – this is in regard to Hospitals – I think it has been brought home to us to-day when we hear of some of the work that is being done in Hume Street. Hume Street is small and because it is small it is a highly personal Hospital, yet you heard the Parliamentary Secretary refer to 20,000 out-patients going through Hume Street in the past year and you, therefore, realise the immense work that is being done by Hume Street Hospital. In spite of its size it is able to do this sort of work because it is in the centre of the city and is admirably situated and ideally suited to anybody in the city.<sup>17</sup>

During his Chairmanship and afterwards as first President of the Hospital, Philip Walker had an immense influence on the development of the Hospital to which he gave so generously of his time and, importantly, through his many connections he brought people from all spheres of Dublin life to the Hospital so that they might see the work being done and in due course influence others who might act in the interests of the Hospital. One such example is exemplified in the address in 1962 by the then famous broadcaster and television personality, Eamonn Andrews, who was introduced by Philip Walker to address the Annual General Meeting:

I feel we have been exceedingly fortunate in persuading Mr. Eamonn Andrews to cross the Irish Sea specially to attend this meeting to-day. He travelled across this morning from London and when this meeting concludes he will have very little

time to catch the plane on his return journey. It is indeed a great compliment to the Board of Governors and to the hospital that Mr. Andrews should make the journey specially and at great inconvenience and at no small personal expense to join us. I am very much indebted to him for this gesture of goodwill and sympathy for our cause, and needing no introduction I will now call upon him to propose the resolution.<sup>18</sup>

In his address Mr. Andrews reiterated the national role of the Hospital in providing cancer services to Ireland but he also touched upon many of the attributes so necessary in an institute dealing with human suffering:



*Philip Walker (1916–1982)*

Proposing this resolution is like proposing that we all stay alive as long as we can: that we should have sunrise to-morrow, that the cause of peace should have our support! In other words we don't have a choice. I am stating the obvious. Not only is Hume Street Hospital worthy of our support . . . it has a right to that support!... Nothing can repay the men and women, both here and elsewhere, who minister to the sick and the hurt and the frightened. But if the unselfish people, the Governors, the doctors, the nurses and the Ladies Guild, who keep this great hospital alive, ask us, as they do, to repay some part of that debt by pledging for its future, then we must honour our obligations. It is not a duty we can sweep under the carpet of our consciences, and pretend it's someone else's responsibility. And no matter where you come from or where you live, don't imagine for one moment that Hume Street is a local hospital. There is not a single county in the Republic of Ireland that has not produced patients who needed, and received, treatment from this hospital. My neighbour is all mankind: and all mankind can come here if only you will open its doors wide enough, and build its rooms deep enough by your generosity. State aid is not enough. The Hospitals Commission is not enough. The work cannot be done fully without your individual help. It would be a tragedy if you refused it.<sup>18</sup>

In 1973 the Chairman, Mr. Early, announced an unusual departure from previous hospital policy with expansion in the services being provided by the Hospital:

I think within the last three years there has been a very quiet revolution taking place within the Hospital. We have become very much more open about the general subject of cancer and of skin. We have expanded and improved services to patients. We have developed with the Eye and Ear Hospital a new service. We have recently introduced a Well Women clinic with the National Maternity Hospital (Comerford and Jackson) and we have cemented our relations with other Hospitals, the Eastern Health Board and the College of Surgeons.<sup>19</sup>

The original Charter granted in 1916 appears to have been mislaid but was located in 1957 and was thereafter lodged in the Bank of Ireland. It will now be mounted for display in the foyer of the Charles Institute in University College Dublin:

Another internal matter which may be of interest to our friends is that we have now acquired our original Charter bearing the Great Seal of Ireland. It was recovered for us through the good offices of Mr. C. S. Campbell, S.C., and Mr. Paul Tighe, Solicitor. We have it at this meeting and those who may be interested are quite welcome to examine it at the close of our business.<sup>20</sup>

In 1950 the Board was able to recognise “the genius of our Founder, Dr. Andrew Charles,” in a permanent way with the unveiling of a low-relief bust by Donal Ó Murchú in the Main Hall of the Hospital.<sup>9</sup>



*Andrew Charles. Bust by Donal Ó Murchú*

### **National policy on cancer**

Reading through the scarce records that are available and without having access to the Board of Management correspondence it is possible nonetheless to trace the development of governmental policy on the provision of cancer services for the country. Although the treatment of skin disease was prominent in the service provided by the Hospital, and despite being one of the commonest afflictions affecting the population, it has never featured (and still does not) as a priority in health care provision. In the nineteen-forties the hospital reports highlight how governmental financial support for the eradication of tuberculosis was to be at the cost of neglecting cancer:

There is a very serious matter, which I wish to bring to your notice with all the emphasis at my command. It is also a matter of grave public concern. ... I refer to

the utter inadequacy of the bed accommodation in the Hospitals specialising in the treatment of cancer. This will be made alarmingly clear by a comparison of the number of deaths resulting from cancer and from tuberculosis and the number of beds available in each case for treatment of patients in the specialised Institutions. I have taken the following mortality figures from the Annual Report of the Registrar General, which covers the period 1911 to 1939 – which, unfortunately, is the latest available publication on the matter. It will be observed that the number of deaths resulting from tuberculosis decreased by approximately 50 per cent between the year 1911 and the year 1939, whilst the number of deaths resulting from Cancer have increased by approximately 50 per cent over the same period. Cancer, as a single cause of death, has for many years past been taking a heavier toll of life than tuberculosis. Nevertheless the Government White Paper published early in 1946 showed the bed accommodation available for cases of tuberculosis to be 3,011 with a further 2,264 planned or under construction, making the total 5,275 against a meagre 146 beds in the Hospitals specialising in the treatment of cancer. The White Paper also revealed that the amount spent on treatment of tuberculosis patients by the State and Local Authorities had risen from £40,000 in 1922-23 to £360,000 in 1944-45, whereas the amount spent on treatment of cancer patients in the year 1944-45 was only £33,000. Surely these figures display an extraordinary concentration on the one disease and a complete lack of public interest in the other... It is high time that adequate funds were made available, and a campaign on similar lines was inaugurated to enable us to cope with the fierce and unequal battle which rages in our midst between man and cancer, resulting in a holocaust of approximately 4,000 human beings every year.<sup>8</sup>

The Minister for Health, Dr. Noel Browne, was invited to attend the Annual General Meeting of the Hospital in 1948 but was unable to do so; instead he wrote a letter to the Hospital addressing its concerns:

Dear Mr. Chairman, please convey to the Board of Governors my regret that, owing to the pressure of Departmental and parliamentary business, I cannot be with you at your meeting on the 27th inst. The diagnosis, treatment, and cure of cancer are of primary concern to those in charge of the health of the community. Cancer as a cause of death ranks higher even than tuberculosis. The need for widening the facilities for the treatment of this disease and for continued research into its nature and development is, therefore, obvious. As in the case of tuberculosis, one of the main difficulties from the public health point of view in dealing with cancer is that so few come for early treatment. If it could be borne in upon the public that early treatment will save many who have developed Cancer, there would speedily be a marked reduction in the suffering and in the number of deaths caused by it. It is one of the subjects of the health publicity campaign now begun under the auspices of the Department of Health to enlighten the public mind on this matter.



Meanwhile, the work done by the Hume Street Hospital is of vital importance, and I should like to pay my tribute to the Board of Governors and to the Medical and Nursing staffs through whom so much relief has been brought to those who sought their ministrations. The fight against cancer is a major struggle in the campaign against disease, and we all look with hope to the progress being made through our own Consultative Cancer Council and through the other similar institutions elsewhere. International cooperation in this struggle has already brought great benefits to the peoples of many lands, and it is the prayer of all of us that the search for a cure for an increasing number of the forms in which this disease manifests itself will soon be blessed by success. Yours sincerely, Noel V. Browne.<sup>2</sup>

True to his word Dr. Browne opened the new X-Ray Therapy Department in the following year:

“The new plant will be an invaluable weapon in the campaign against cancer, which has recently been initiated by the Department of Health.” Dr. Browne said: “They had had serious preoccupations in regard to tuberculosis, but he felt that they must now turn their energies toward the provision of efficient and effective diagnostic and treatment facilities for cancer. In spite of what may be believed to the contrary” said Dr. Browne with a smile, “I have a profound faith in the ability of voluntary effort to deal with many problems, particularly those related to medicine and health, and consequently I have entrusted this serious task to this group of extremely able business and medical men, who have voluntarily agreed to carry out this important work.”<sup>21</sup>

Dr. Browne had regard for the work of my father, Gerard O’Brien, in the diagnosis and treatment of tuberculosis and I remember my father expressing considerable annoyance when he invited Noel Browne to be his guest speaker on the occasion of his inauguration as President of the Biological Society of the Royal College of Surgeons and Browne instead of replying to the theme of the occasion used it as one to deliver a lengthy and inappropriate political speech. He also believed that Browne’s apparent support for the City of Dublin Skin and Cancer Hospital would not be translated into official government policy. The Minister’s attention to Hume Street was not appreciated by the Royal City of Dublin Hospital, Baggot Street, and the secretary of the Medical Board, R. Atkinson Stoney and the Radiotherapist, Dr. Desmond J. Riordan wrote rather indignantly to the *Irish Times* informing the Minister that a very efficient department for the treatment of cancer was operative in their hospital since 1927 treating over 3,000 patients annually from all parts of the country and that 12 beds were reserved in the hospital for cancer patients.<sup>22</sup>

It is evident that whatever skill and dedication the Hospital may have had on its Board of Management, it seems to have lacked the political nous to impress the government as to the merits of a centre city hospital for the treatment of cancer and diseases of the skin. Whether this was due to an inability to influence the political process, disillusionment with the political *modus operandi*, or simply naivety is difficult to determine; certainly evidence for all explanations can be found at different points in the Hospital's history. What is clear from a historical perspective, though not necessarily discernable to those engaged in the contemporaneous governance of the Hospital, is that the ultimate closure of the Hospital was signalled as far back as 1950. The Cancer Association of Ireland, which had been formed to



Mr. T. R. Gibson  
Chairman 1948-50



Professor C. J. O'Reilly  
Chairman 1951-52



Mr. F. A. Lovegrove  
Chairman 1954-55



Mr. J. F. McEnerney  
Chairman 1955-56

advise the Department of Health on the provision of cancer services nationally, decided firmly against providing funding for the City of Dublin Skin and Cancer Hospital, recommending “the building of a modern hospital at Oaklands, Rathgar, (for completion in 3 years)” which was also “intended to accommodate all sufferers from skin diseases in the country.”<sup>23</sup> Rather than even temporarily support the existing facilities on Hume Street by the provision of £7,200 for the purchase of No. 6 Hume Street, the Cancer Association recommended instead the purchase of a “large residence in a fashionable Dublin Suburb for £20,000 where patients will be accommodated as in a rest camp until hospital beds become available.”<sup>24</sup>

Two years later members of the Board attended the opening of St. Luke’s Hospital:

Recently members of your Board were invited to attend the opening by the Minister for Health of the new Cancer Hospital, St. Luke’s at Rathgar. It is a magnificent job and in fact made us green with envy. During the ceremony we were informed that no preferential financial treatment would be accorded to that or any other institution operating in the field of work in which we are engaged. I do, therefore, pray that this policy will be followed by the new Minister, and that he will hasten to make us the small grants for the additions here which are so urgently needed. I am also informed that with the new bed accommodation now available it is proposed to start a nation-wide propaganda campaign on the cure of Cancer. This is long overdue, and we can assure the Minister and the Cancer Association of our closest collaboration in this great work, the ultimate aim of which is the eradication of this dreadful scourge from the land.<sup>25</sup>

Notwithstanding this development the Hospital continued to provide a national service for cancer patients ignoring, or failing to discern, the political impetus by declaring that Hume Street “is a national and not merely a Dublin hospital. Patients come from every one of the counties under the jurisdiction of the Oireachtas, and if that does not make it a national hospital nothing does.”<sup>26</sup> And the same note was struck again two years later: “Hume Street, situated in the centre of the City, draws its patients not only from Dublin but from every county in Ireland. It is a national hospital in every sense.”<sup>20</sup>

The first expression of concern for the future of the Hospital was made in 1950 when the report of the Annual General Meeting in the *Irish Times* appeared under the heading “HUME STREET HOSPITAL NOT CLOSING”:

There was no foundation for the rumour that the City of Dublin Skin and Cancer Hospital, Hume Street, was going to be closed down, or that its present



*A male ward in the nineteen-fifties*

constitution under its Charter was going to be thrown overboard, Mr. T. R. Gibson, Chairman told yesterday's 39th annual general meeting of the Hospital. "This is the most important institution in the country for the treatment of cancer and has a fine record of service since its foundation. There can be no question of the management of the hospital passing into other hands since the Board of Management is the Trustee of the hospital under its Charter and has no right as trustee to hand over authority to the Minister for Health's Cancer Company. The Cancer Company, he added, had never made any formal request insinuating such a transfer of control, and when asked if they contemplated any acquisition against the Board's wishes had replied with an emphatic no. We see no reason at all to doubt the word of these gentlemen, and since it would seem that in future they would influence the purse strings, we are confident that their assurance of non-interference naturally implies no hindrance with plans for progress." <sup>27</sup>

By 1969, however, the Chairman of the Board, Major McDowell left the governors in no doubt but that the Board was looking seriously at the prospect of at least having to contemplate the possibility of closure:

A deputation consisting of Mr. J. J. Jennings, our Vice-Chairman, Mr. P. R. Walker, Mr. E. Quinn, who as longest serving lay member, is the doyen of our Board, and myself, met the Minister. To say we were welcomed is a gross understatement. It is

only right, even if I digress, to put on record, that Mr. Childers in his approach to our problems, as in his whole approach to the exceptionally difficult matter of rationalisation of the health services, expressed complete understanding. He put to us for our consideration certain suggestions. I will not trouble you with the details except to say that basically they were that we should get together with St. Luke's Hospital, not in any form of merging, or in any way losing our identity, but recognising the work that our hospital had done in the past, seek a way to develop this, possibly in new, or in slightly different fields, but still along the lines we have followed since we were founded nearly 60 years ago... This, therefore, today is a rather epoch-making meeting. When we received the letter from the Department setting forth its proposals we decided that we would accept the suggestions made by the Minister, subject to certain safeguards relating to our staff. While we recognised as always that our first concern and duty as a Board was to the patients, we asked that in following up these suggestions no senior or long serving member of the staff, who had served Hume Street so loyally, would suffer any disadvantages. This assurance was given to us without qualification. A meeting has been arranged with the Department of Health for the discussions with St. Luke's. Mr. Walker has already paid tribute to the medical staff. I think it is right for me to say, most particularly, to them and to matron how grateful the Board is for the co-operation they showed. Our decision however vital it is in the interests of the hospital and patients, must necessarily mean change, and none of us like change.<sup>16</sup>

These fears were further emphasised when the Minister for Health and An Tánaiste, Mr. Erskine Childers, addressed the Annual General Meeting in 1969:

Hume Street was, in fact, at one time the only hospital specialising in cancer treatment in Dublin. That again is a tribute to the work of the pioneers down through the decades. The existing radiotherapeutic treatment facilities for cancer are based mainly on the three cancer hospitals in Hume Street, St. Anne's and St. Luke's in Dublin and St. Agatha's unit in Cork. It has been accepted for a long time that a fairly high degree of centralisation of radiotherapeutic facilities are desirable but decentralisation in regard to patient clinics... Our existing In-Patient facilities in the three cancer hospitals here in Dublin provides a total of 299 beds with a percentage bed occupancy of 78.5. This must be regarded as adequate accommodation in relation to the total demand. In the light of modern developments however it would be wise to consider carefully how far we might introduce a higher degree of co-operation between the three hospitals and a drawing together of the services in a practical way... Some useful research has been done by Dr. Thornes and Dr. O'Meara and we are all hoping for a break through. I read with interest their report and they seemed to be almost on the verge of that break through in the treatment of leukaemia though more work was needed before



this was certain. Hume Street Hospital has given great service to the community. In a rapidly changing world I am sure the challenge of new ideas will be considered constructively. I realise from your Chairman's remarks that you are examining the ideas from my Department in a helpful way. I can assure you, as I have already done in writing, no senior member of the staff will suffer through the administrative and technical changes by the operation of this hospital in conjunction with St. Luke's and St. Anne's.<sup>16</sup>

### Hospital staff

The 35-year period dating from the war to the nineteen-seventies was one of remarkable stability within the medical staff. Indeed the constancy of medical, nursing and domestic staff was a feature that was readily palpable in the hospital and this sense of togetherness engendered in all who worked there a common purpose, a selfless dedication to what should be the ethos of all hospitals, namely the caring for and giving to, those who are ill. Three categories of staff were of paramount importance – the doctors who provided radiotherapy for patients with cancer and the dermatologists who provided treatment for patients with skin disease, and the Matron and her nursing staff who provided the around-the-clock care for patients admitted to the hospital for treatment. However, supporting staff to provide specialised expertise for patients attending the Hospital were also needed. A visiting surgeon had to be available to perform surgery, mostly for cancer patients, and a visiting physician had to be available to diagnose and treat the many medical complications that were common in both patients with cancer and dermatological disease. A visiting anaesthetist had to be on-hand for all surgical procedures and because cancer affects so many organs of the body, visiting experts in ophthalmology, gynaecology, ear, nose and throat disease, and dentistry were also essential members of the medical staff. A resident medical officer was required to be on duty to attend to in-patient medical problems and supporting paramedical staff consisted of a physicist, a radiographer, a pharmacist and a masseuse, though these positions were not always filled.

The medical staff over the years are listed in the Appendix but the dominant figures in the pre-war years and up until the nineteen-seventies were Dr. Havelock Charles initially as Assistant Deep X-Ray and Radium Therapist and later Dermatologist with Dr. Frank O'Donnell, Dr. Michael Brady as Radiotherapist, Mr. J. H. Coolican as Visiting Surgeon, Dr. G. T. O'Brien as Visiting Physician, Dr. T. J. Gilmartin as Visiting Anaesthetist, Mr. J. Macauliffe Curtin as E.N.T. surgeon (whose father had served the Hospital for 35 years) and Dr. A. Mooney as Visiting

Ophthalmologist. Miss Joan O’Sullivan and Miss Mary Darmody as Matron and Assistant Matron respectively, and Nell Sheridan, a character of great personality and charm, as Radiographer, dominate the history of this period.

However, there were changes to the medical staff. In 1964 Mr. J. H. Coolican, Visiting Surgeon to the hospital for 33 years, died and his son Mr. J. E. Coolican, was appointed to succeed him.<sup>14</sup> In the same year, Mr. David Charles, a brother of Andrew Charles and one of the original founders of the Hospital died,<sup>14</sup> and in November 1968, his sister Elizabeth Charles, the first Matron of the Hospital died.<sup>28</sup>

In 1972 Dr. Michael Brady died suddenly leaving a void in the provision of specialised radiotherapy to cancer patients.<sup>28</sup> His replacement proved difficult because the Department of Health, though not stating its intentions too loudly was quite clearly determined to move the cancer services from Hume Street to St. Luke’s Hospital. The Board, under the Chairmanship of Major Tom McDowall, appealed to the Northern Ireland Radio-therapy Service for help and appointed Dr. George Edelstyn on a sessional basis with very beneficial results for the Hospital:

This is definitely the first hospital to gain approval in Dublin of one who is famed throughout Ireland coming to join our already famous team. In addition to that, you have heard of Dr. Edelstyn’s Out-Patients Clinic, and the beds occupied by cancer patients are increasingly occupied. This is a matter of record following what has happened in previous years, we were greatly concerned that there would be no long-term effects in the period following Dr. Brady’s death, and I think it is right that we should record that we have been able to present the reports to-day in relation to the radio-therapy side purely as a result of the co-operation of the Northern Ireland Radio-therapy Service, and I think that it is particularly beautiful that we don’t let politics interfere and I know that they responded to a call for help last year and they have responded again by allowing Dr. Edelstyn to continue with us and I know at some disruption of their own activities, and remembering he is stationed in Belfast with their service and travels down to us every week by arrangement with them.<sup>28</sup>

In the same year Count Dr. Harry Viani was appointed to the dermatology service with a resultant increase of 50% in the attendance of patients with skin disease, and Dr. Brian Hourihane was appointed as radiologist.<sup>29</sup>

However reliant the Hospital was on the medical staff during this difficult period in the Hospital’s history, the dominant figure shining through the mists of time is the Matron Joan O’Sullivan, who with remarkable tact and decorum instilled in the

doctors, the members of the Board, the nurses and the domestic staff the principle that the patients were the *raison d'être* of their existences and that they must be served at all times with kindness, respect and understanding. The extraordinary dedication of this woman was acknowledged by successive Chairmen in their annual addresses:

We are to be envied in our having such a charming Matron in Miss O'Sullivan, and her sterling gifts must be infectious, because our whole staff are noted for their courtesy and their good humour... The Governors have frequently attributed the happy atmosphere of the Hospital to the Matron and Nursing Staff, with good reason. The nursing system employs a Matron, four Sisters, seventeen trained Nurses and twelve Probationers. The Hospital is not a recognised training Hospital for Nurses, as the experience it gives is too specialised. Notwithstanding this, the Probationers learn a good deal in a practical way, which is an advantage in their later studies. They are chosen carefully for their personal qualities, and there is never any shortage of candidates. They must not only be healthy and intelligent but they must have, or be able to acquire, such powers of self-control as not to betray the sense of repulsion they must sometimes feel at the horrifying cases of advanced cancerous diseases. The regular nursing staff is recruited from trained nurses, but with similar requirements in mind. The Matron, Miss O'Sullivan, has devoted the greater part of her life to the work of the Hospital, which is indeed fortunate in having her services.<sup>7,12</sup>

And in 1963, twenty-five years of service to the Hospital was acknowledged fulsomely:

At the latter end of the year, Matron celebrated her 25 years of splendid service to the hospital, and if she had any doubt as to esteem in which she is held by all associated with Hume Street, it should have been dispelled by the tokens of esteem she received from the Ladies' Guild, Nursing and Clerical Staffs and the General Staff, in addition to the Governors. At a well-represented gathering in the Board Room the various presentations were made to mark the occasion.<sup>13</sup>



*Mr T. R. Gibson, Matron Joan O'Sullivan and  
Mrs Hill-Tulloch at the event to mark  
25 years as Matron*

Philip Walker, himself a man of abundant kindness, clearly recognised Joan O’Sullivan’s unique qualities and her importance in sustaining the Hospital:

It is a great tribute to our Matron that those difficulties are not much greater, and I attribute that fact to her wonderful personality and human touch with all under her charge (applause). In my years as Chairman, I have always been struck by the wonderful loyalty and respect every member of the staff has for our Matron, and I must add, that as far as I am concerned, she is the last person to pass on any of her worries to me or to any member of the Board, and seems to be able to run the hospital harmoniously without bothering the Board... Our nursing staff consists of five sisters, 22 staff nurses and twelve student nurses, who are here on a pre-general training course. I am happy to say that Matron does not encounter any difficulty in engaging general trained nursing staff, except in the case of staff possessing theatre experience. I am told that in the not too far distant future, operating theatres will be staffed by technicians and nursing auxiliaries in place of general trained nurses. Ireland appears to be the only country with an excellent supply of suitable candidates for nursing training and it seems there is a waiting list of two years in some of our training hospitals here. Irish girls seem to be ideally suited to the nursing profession and it seems, indeed, a pity that so many have to go abroad to train.<sup>15</sup>

A tribute from Victor Bewley, a sensitive visitor to the Hospital, captures the essence of Joan O’Sullivan’s ability to affect all around her with the ethos of caring:

Recently Stephen MacKenzie brought me to visit Hume Street and Matron took me around. At every turn I felt the personal touch, the feeling that there was someone who really mattered. It was a place of cheerfulness, and this must be of tremendous importance to the patients and their relatives who come to see them. I noticed the majority had come from the country, and as they had left friends, relatives and familiar places behind them, it must have meant a tremendous lot on their arrival. I felt that this very valuable human touch, perhaps had to do with Matron but she said no, that it had to do with the Board. I felt that this little remark revealed the happy relationship between the Board and the people working in the hospital. Such a happy team spirit was of the greatest value in an organisation of this kind... Beforehand I had wondered what it would be like to visit this hospital which I had never visited before, and whether it would be sad. Not at all. Everyone was friendly whether they were staff or patients. I think this had to do with Matron but this time Matron said it was the patients themselves and suggested: “If you are ever feeling down, come around and chat with the patients, they will cheer you up! “ But I still have the feeling if Matron and staff were not cheerful, the patients would not be either. I feel that this hospital, with its medical skill and wonderful atmosphere, is in an ideal situation to meet and overcome individual difficulties. For those patients whose days are numbered it is good to know that if their relatives

cannot give them the care and attention they need at home, they may, if they so wish, spend the rest of their days here.<sup>30</sup>

And from one who knows more about management of people than most, Senator Feargal Quinn had this to say:

A basic ingredient for cure is a happy mind. We have attempted here in the Hospital to create the right atmosphere and conditions by the bright and cheerful decoration of the Hospital – you may have noticed that the outside of the building has had a facelift since last year – but above all, the responsibility for the creation of a happier atmosphere rests with the staff, the medical staff, the nursing staff and the domestic staff. The members of the Staff of Hume Street Hospital have accepted this responsibility with enthusiasm and with energy. In fact the comments from our patients which come back to us most often concern the friendliness and warmth of affection they have experienced during their stay with us from our nursing staff, under the expert leadership of Miss O’Sullivan, our Matron.<sup>19</sup>

Should a future Minister for Health and Children have taken more heed of her experience in a small caring hospital?

During the past year a member of my family was a patient at this hospital. I must say, from talking to him about not just the treatment he got, which was obviously of the highest standard, but the friendship and the community way the hospital is run, made me certainly convinced that this is a hospital that is run perhaps in a different way than traditionally we are accustomed to hospitals being administered and run.<sup>19</sup>



*A staff Christmas dinner*



In keeping with the sense of togetherness that characterised the Hospital, the members of the domestic staff, who formed such an integral part of the family that was the Hospital, were remembered both in text and photography. The kindly Chairman and later first President of the Hospital, Philip Walker paid tribute to these members of staff in his address to the Annual General Meeting in 1964:

By moving our skin wards to the new location in Nos.7 and 8, we have at long last been able to accommodate our domestic staff in better and human accommodation. Few people realise the conditions under which our domestic staff, many of whom have given up to 25 years' loyal service, have had to live. Those conscious of the situation were deeply ashamed of what we had to offer these people in return for their service to this institution, and for their performance of so necessary functions. I, personally, feel a sense of relief now that we are able to let them have good accommodation. We all should be grateful for their loyal services over those years. <sup>14</sup>

Other loyal members of staff received mention in different addresses: porters Noel, Tommy Byrne, John and Tom Allen, and the loyal servers of tea and sandwiches, Winnie and Gertie. <sup>31,32</sup>

Hume Street was in those times very much a family hospital, and happenings in the families of members of staff were of importance to the hospital as a whole. Christmases, for example, were big affairs. A large Christmas tree graced the front



*Members of the Board, the Ladies Guild, Matron and Sister Costello and Winnie (far right)*

hall, where John and Noel would welcome all and sundry; there were gatherings of staff and their spouses and children, Governors, and members of the Board in the hospitable office of the Matron, Joan O'Sullivan, in which a large fire always set off the Adams fireplace; early in the New Year a dance was held in the male ward from which the patients miraculously disappeared for the occasion, and then throughout the year hospitality in Matron's office, where lemonade was liberally dispensed in childhood and more potent nostrums in the manly years.<sup>33</sup>

Staff, however senior, appreciated the service and friendliness of the domestic staff and porters as was expressed by T.J. Gilmartin, long-serving anaesthetist to the hospital:

Hume Street Hospital is a small but very well situated Hospital in the centre of the city. Its architecture and elegance is redolent of everything which makes Dublin the great Georgian city it is. There is no forbidding cement monstrosity to intimidate the anxious and fearful or offend the aesthete. In fact, the atmosphere of friendliness engendered by John or Tommy when the patients enter the Hospital is, I am told, most reassuring, and the whole staff contributes to an intimacy and informality which transcends the clinical atmosphere projected in so many Hospitals.<sup>34</sup>

### Hospital Departments

The Department of Radiotherapy, under the direction of Dr. Michael J. Brady, was as crucial to the survival of the Hospital in post-war years, as had been the Department of Radiotherapeutics under the direction of Andrew Charles in earlier years. Dr. Brady put the importance of cancer as a cause of morbidity in perspective in 1948 when he quoted the latest statistics from America. Whereas average life expectancy in 1900 was 49 years with tuberculosis, heart disease and cancer being ranked first, third and seventh respectively as the causes of death, in 1948 life expectancy had risen to 66 years with heart disease and cancer now ranked as the first and second most common causes of death. He concluded that "as the population is growing older it is becoming more ripe for Cancer."<sup>2</sup> In 1948 his department performed 5,107 Deep X-Ray Therapy Applications, 1,343 X-Ray Examinations and 1,984 Light Treatments.<sup>2</sup>

In his report to the Annual General Meeting in 1954 Dr. Brady stated his views on the necessity for providing dedicated hospitals for the treatment of cancer and acknowledged the developing collaboration between the three cancer hospitals in Dublin:

Since January, 1947, a free Cancer Clinic has been carried on each week in this Hospital. At the Clinic a constant follow-up of all cases treated is carried out. The

facilities available for the care of the indigent advanced Cancer cases are completely inadequate. An institution for such cases is urgently needed. The chronic Cancer case is “Nobody’s Baby” and the demands on the beds in Cancer Hospitals for cases requiring treatment are so great that the incurable cases must be discharged, to suffer for the rest of their days under very undesirable circumstances. To admit that Cancer is non-infectious is no excuse for precluding such cases from the attention to which they have a right and justly deserve. A reserved ward in a general institution is no answer to this problem. The overloading of Cancer Hospital beds from General Hospitals with obviously incurable cases is a practice which should not be allowed and alternative accommodation should be made available elsewhere. Finally, I am very happy to say that in association with St. Luke’s and St. Anne’s we have been in contact with the I.M.A., with a view to getting a nation-wide campaign organised to deal with this terrible disease. We are convinced that given intelligent handling, the mortality rate can be considerably reduced. Cancer can be cured, that is our motto.<sup>35</sup>



*Matron Joan O’Sullivan and Dr. Michael Brady  
having a tête-à-tête*

A significant addition to the staff was made in 1955 with the appointment of the physicist Mr. W.S. Lowry to oversee the increasing use of radioactive isotopes in place of deep X-Ray and radium therapy:

Our hospital, realising the immense importance of his work has secured the services of a brilliant graduate of Queen’s University, Mr. Lowry, who has worked on this aspect of radiological study in a specialised team in Britain and we are glad that he has come to us to carry on his work. This young physicist is, I understand, capable of advising our staff on the teething problems encountered in what is known as a teletherapy bomb, envisaged as possible here due to the great strides made in the peaceful application of nuclear fission. It is part of some great plans being prepared by our staff in biophysical research. I would like to refer to another welcome sign – that a number of young doctors are coming to Hume Street to learn all they can about these modern methods of dealing with skin disease and cancer and I would like to point out that our own staffs voluntarily and untiringly devote themselves to the teaching of these enthusiastic young medical people.<sup>15</sup>

The issue of public awareness for breast cancer was raised by Dr. Brady in 1957:

Cancer of the Breast which can be dealt with by Surgery, Radiotherapy or a combination of both methods, is one Disease characterised by a long delay before Medical advice is first sought. In a recent survey by the Registrar General in England the average delay for Cancer of the Breast is 6.2 months and 17.3% do not consult any medical opinion until over two years have elapsed. It is really just as bad in this country and it is one of the strongest arguments for general education of the public on this subject. If people knew more about the early symptoms and signs of this disease, the chance of a successful cure at an early stage would be reflected by better results and would obviate the necessity of trying to treat patients who are already beyond any curative measures and are being treated solely from a palliative or psychological viewpoint.<sup>20</sup>

In 1958 the Hospital established clinics in Cavan and Mullingar in conjunction with St. Anne's and St. Luke's Hospitals, each taking turns in operating a monthly Clinic.<sup>36</sup>

In 1961 the seminal report on the association between lung cancer and smoking first reported by Bradford and Hill in 1950<sup>37</sup> was referred to by the Chairman, Mr. Hollinger in his report to the Annual General Meeting:

You will have seen the recent report of the Royal College of Physicians in England regarding the connection between cigarette smoking and lung cancer. Although the evidence is not conclusive, it appears to be reasonably clear that those who smoke cigarettes excessively are more liable to develop lung cancer than are those who either do not smoke or who smoke in moderation. I would appeal to those who smoke cigarettes either to give up the habit or, if this is not possible, to reduce their consumption as much as they can. I would strongly advise those who do not smoke not to acquire the habit. This applies in particular to the younger generation. The Minister for Health recently set up a Cancer Consultation Council to advise him on various aspects of the cancer problem. He invited Dr. Brady, our Radium Therapist, and myself to act as members of this Council. We both agreed to accept the Minister's invitation and a first meeting was recently held, at which the Minister presided. It is hoped that this Council, which is representative of the leading medical and public life of the country, will be of assistance to the Minister in his effort to promote and coordinate research into the prevention and treatment of this disease.<sup>38</sup>

In 1972 Dr. Brady died suddenly and was succeeded by Dr. George Edelstyn, who as a newcomer to Dublin's medical stage, gave his view on the role of the Hospital as he saw it in 1973:

The remarkable standing which Hume Street established in the field of cancer radiotherapy goes back arguably as far as any other Irish centre and indeed much longer than that of the State Cancer Hospitals, North or South. Indeed there can be few Hospitals in Europe with a longer tradition. The efforts, energies and dedication of Dr. Charles, Founder of the Hospital, and the successful generations of doctors, including my predecessor, the late and much missed Dr. Brady, have all contributed in no small part to the present pre-eminent position which Hume Street has in the past enjoyed and which it is confidently expected to maintain in the future. Firstly, Radiotherapy: By the nature of things here, this is much concerned with skin cancer; the tradition of the Hospital dictates it. Skin cancer is a rewarding field in which to use radiotherapy. Through the efforts of your Radiographers, under the meticulous guidance of Miss Sheridan, the number of these skin cancer treatments has risen from 1,100 in 1971 to 1,700 in 1974, which represents an increase of 50%. Good relationships have been established with many doctors in the Dublin area and indeed throughout the country. These facts are reflected in the growing number of out-patient attendances. These have risen from 52 on average in September 1971 to 214 in the month of September 1974. This represents a healthy figure of 200%.<sup>17</sup>

Although the Hospital had been founded to treat cancer and diseases of the skin it is clear from the Hospital records that the former dominated in terms of funding



*The Annual Hospital Concert*



and support. Whether this was due to the more reticent personalities of the dermatologists, Dr. Havelock Charles and Dr. Frank O'Donnell, is difficult to determine but what is not in doubt is the enormous number of patients who were treated for skin disease over the years. The first mention of provision of equipment for the Dermatological Department seems to have been in 1979:

We have managed during the past year to obtain and have installed in the Hospital a Diagnostic X-Ray Unit at a cost of about £23,000 and a Waldmann Puva Unit for the treatment of skin diseases at a cost of over £9,000. These figures include the costs of installation but, unfortunately, as far as the latter machine is concerned, the Department have not got the money to pay us and we have to wait until next year to get it out of them.<sup>39</sup>

The Department of Dermatology kept itself alert to new treatments:

The number of extern and intern patients treated [in 1946] remained practically the same as last year, and both sections of the Department have been worked to full capacity during the year in which a very notable advance in Dermatology was made by the publication by Dowling and Thomas of their results with Calciferol in the treatment of Lupus. Immediate steps were taken to adopt this treatment in the considerable number of cases of Lupus attending the hospital and to date the results are most encouraging and exceed, even in the short period which has elapsed since its introduction, the best results obtainable by the methods formerly available.<sup>8</sup>

The dermatological activities of the Hospital, however dominant in the day-to-day activities of the Hospital rarely received mention in the reports of the Chairman to the Annual General Meeting, but in the nineteen-fifties dermatology begins to establish its place albeit slowly:

Our Skin Department is a most important section of our work too and the need for specialised treatment of such complaints will be demonstrated in the figures I shall submit. In many cases the treatment is long and difficult, and it is only through the devotion of our staff that suffering is alleviated, and cure so often effected in those who attend here with painful and distressing skin troubles... Diseases of the skin are very often obstinate and distressing for the suffering and require constant treatment and attention. Dr. O'Donnell and Dr. Charles have built up a reputation for Hume Street with their kindly personality that is reflected in the constantly-increasing attendance.<sup>25,35</sup>

The dermatologists provided a walk-in service for patients with skin disease, which in effect meant that they stayed at their clinics until the last patient had departed. However in 1957 the Health Act was modified so that patients had to be referred to

specialists by their general practitioners and this resulted in a “slight fall in the number of attendances”: <sup>20</sup>

Sometimes there are up to 120 patients herded into the basement to be interviewed and examined in most insanitary circumstances by our hard-pressed Drs. Brady, O'Donnell and Charles who are forced to work in these uncongenial circumstances, dealing with 23,395 out-patients per annum, an increase of 3,503 over the previous year. We have made representations to the Department of Health to help us, but owing to the present financial stringency they are precluded from granting any help towards our capital expenditure. <sup>20</sup>

The figures continued to grow year by year with nearly 20,000 attendances yearly <sup>14</sup> with a great variety of skin disease being treated.

In 1972 with the increasing likelihood of cancer services for Ireland being provided solely by St. Luke's Hospital, the Dermatological Department starts to gain greater mention in the Annual Report, even if the cancer services still take pride of place:

Now we come to the main events concerning our Medical Staff. In the past year Dr. Edelstyn has been a vital figure who in addition to carrying on the country clinics has looked after the patients in the Hospital and at the same time has developed a big Out-Patients clinic. Further he has availed of our statutory facilities in St. Luke's and has been using the equipment there to treat some of our patients. A link has been established with the Royal Victoria Eye and Ear Hospital in that an Out-Patients clinic is jointly run by one of their Ear, Nose and Throat Surgeons and our Radiotherapist.

The Dermatological turnover has increased remarkably both as regards out-patients and in-patients. The bed occupancy figures have risen and indeed the finding of beds is again becoming a problem. The number of patients treated surgically has also increased quite strikingly. It is with great pride and pleasure that I announce to you the appointment of Dr. Viani to the Medical Staff of this Hospital. His skill and knowledge in the field of Dermatology will further enhance the outstanding good name that Hume Street Hospital enjoys for the treatment of skin diseases. <sup>29</sup>

Although the need for a pathologist had been recognised for many years with the appointment of Dr. Matt O'Connor as first pathologist to the Hospital, the speciality is not given official mention until 1965 with a brief report from Dr. Joan Mullaney, Pathologist, at the Annual General Meeting, who noted that the number of laboratory examinations increased by 10% in 1965 and that 'dermatohistopathology' cases were exhibited at dermatological clinical meetings throughout the year. <sup>15</sup>



*The Annual Hospital Dance. Seated L to R: Kitty Cross, Dr. Michael Brady, Cissy O'Sullivan, Dr. Vincent Ellis, Mrs Richard King. Standing L to R: Richard King (stain-glass artist), unidentified woman, Dr. Brendan McEntee, Marjorie Ellis, Ernest Cross, Rose Brady and Matron Joan O'Sullivan.*

## Research

A hospital that is preoccupied with the provision of a service in the face of increasing demand and lack of funding can rarely find the time for the intellectual pursuit of knowledge. There are, of course, many exceptions and the great discoveries of Semmelweiss, Pasteur, Fleming and closer to home Dominic Corrigan, were made in the face of busy service demands. Indeed it might be argued that an abundance of disease and the consequent demand on doctors, so too provides a laboratory of opportunity provided the mind is prepared and prescient enough to avail of the opportunity for observation. The appointment of the physicist Mr. W.S. Lowry in 1955 provided a glimmer of research hope to the Hospital not dissimilar to what had flowered briefly with Andrew Charles some thirty years earlier. Lowry reported on his endeavours to the Annual General Meeting in 1957:

The important event of the year was the recognition by the Medical Research Council of Ireland of our radiobiological research project on the effects of

radiation on cells, mentioned in my previous report, I am most grateful to the Council for a grant-in-aid of the equipment required for this work. A delicately controlled experimental room has now been set up and the experiments are running continuously day and night. The first results are coming through and these will be published shortly. The other highlight of the year was my visit to the University Hospital of Virginia in the United States and I am indebted to the Hospital Board for the necessary leave of absence. Whilst in Virginia, I worked with the Medical Director, Professor George Cooper, on the “teething” problems of a Cobalt 60 Teletherapy Unit housed in a special building for Cancer therapy. In an exhaustive programme we covered a vast canvas of problems. In the meantime the radiation measurements and calculations at Hume Street continue; particular attention is given to the insidious problem of staff and patient protection after the International Recommendations. It is evident that the hospital will require substantial grants before it can make the transition to million-volt teletherapy. I believe it is our responsibility to campaign at once for the necessary funds to do this, and to approach without delay such Foundations as Rockefeller, Nuffield and Marie Curie. Research publications continue and with Dr. Brady’s encouragement four more have been added this year. Counting general scientific articles this brings the total to fifteen publications in my three years at Hume Street.<sup>20,40</sup>

In 1959 Lowry resigned from the Hospital.<sup>7</sup>

### **The Ladies Guild**

As in the earlier years the Ladies Guild continued to raise monies for the Hospital. Two women steered the activities of the Ladies Guild, Mrs. G. Hill-Tulloch from 1950 until her death in 1967 and Mrs Peggy Gilmartin, wife of the anaesthetist to the Hospital, Dr. Tommy Gilmartin, who succeeded Mrs. Hill-Tulloch. The former guild was reconstituted under the chairmanship of Mrs. Hill-Tulloch in 1950 with the backing of the wife of the President of Ireland Mrs. Sean T. O’Kelly.<sup>41</sup> The work of the Ladies Guild was first acknowledged by Board in 1953:

I must pay tribute to our energetic and hard working Ladies’ Guild, which has done sterling work in providing those amenities for patients and staff, which are not normally covered by the grants from the Hospital Trust. Since the Guild was started in 1950 it has collected over £1,026. It has provided funds for entertainment and refreshments for patients at Christmas, Easter and Halloween; for the Nurses’ Dances, for the equipment required by the Occupational Therapist; tobacco and cigarettes for patients; and a host of other benefits too numerous to detail, to say nothing of providing the Hospital with bed-tables, chairs, shawls and rugs, and urgently needed clothing to many of our poorer patients.<sup>25</sup>



## A CENTURY OF SERVICE

In 1959 the work of the Ladies Guild was given further recognition by the Board of Management when a report from the Guild became a regular feature of the Annual Report:

Last year the Ladies' Guild continued its good work under the inspiring leadership of our Chairman, Mrs. Hill-Tulloch, who with the enthusiastic support of all the members of the Committee organised many successful functions throughout the year. Through the funds raised at these functions it has been found possible for the Guild to help the patients in many ways, such as supplying them with rugs, bed-jackets, foot-rests, vests, bed spreads, and material for ward furnishing, etc. Throughout the year we supply a certain sum of money each month to be spent on any small luxuries they may require, cigarettes, playing cards, money for the cinema (for those who are well enough to go) etc., and at Halloween and Christmas we give them a party and decorate the wards. We have also presented all the nursing staff with out-door capes and contributed to their Christmas dinner and dance.<sup>7</sup>

The organisation of social fund-raising functions became a regular activity:

We have been offered the proceeds of the first night at the Gaiety on 1st May of the Show "Nuts in May" starring Maureen Potter. The arrangements for this function



*The Ladies Guild 1949: Seated L to R; Mrs Gibson, Mr T. R. Gibson, Mrs Hill-Tulloch, Mrs Peggy Gilmartin, Matron Joan O'Sullivan. Standing L to R; Mrs Peppard, Mrs Iris Charles, Mrs Kee, Mrs O'Donnell, Mrs Barniville, Mrs Muriel O'Brien, Mr John O'Meara.*



are in the hands of the Ladies Guild and a small Committee of the Board. I would like to take this opportunity of thanking Mr. Elliman and the Management of the Gaiety for placing the Theatre at our disposal on that night and for their co-operation in helping to make it a success. I understand that the Ladies Guild are organising a Fashion Show which we hope will bring in some further money.<sup>12</sup>

The introduction of flag-days and social events in the houses of members of the Guild became regular and lucrative sources of funding:

Each year we find we have different calls on our resources, but there is always the day-to-day needs which we believe it is our duty and privilege to provide for; for example, we help in the purchase of such things as cigarettes, bed-room slippers, and other small necessities, and provide pocket money for the real needy. We also pay the rental for the patients' television set which we have provided for them. Mindful of the tremendous part the nursing staff play in maintaining the morale, and relieving the suffering of the particular type of patient in Hume Street, we have tried to show our appreciation by presenting theatre, or dance tickets to the nurses at Christmas. Out of the proceeds of last year's phenomenally successful flag days, we made a donation to cancer research and have placed £1,000 at the disposal of the Board of Governors, to spend as they think will best help in the work of the hospital... This amount is being provided from the funds raised during the past year by means of a Bring-and-Buy Sale at my own house (Mrs Gilmartin) which was, through the generosity and help of the friends of the Guild, a great success, and by our flag days.<sup>13</sup>

It is interesting to note that Tess O'Sullivan the sister of Joan O'Sullivan, the Matron of Hume Street, who was Matron of the very successful Potabello Nursing Home, also contributed to the financial events organised by the Ladies Guild:

We also organised, during the year, a jumble sale and two very successful bring-and-buy sales. One was held in the hospital and the second at the home of Dr. and Mrs Gerard O'Brien, who kindly put their delightful home at our disposal. At this the satisfactory sum of £130 was realised. The Guild too is most indebted to the Matron of Portobello Nursing Home, Miss O'Sullivan, for her consistent help, and especially for a cheque for £50, which was the result of a raffle she organised for us.<sup>15</sup>

The provision of facilities for patients was always a major objective of the Ladies Guild:

Finally, we have had installed in the Out-Patients' Department the latest Fisholow Beverage Vending Machine, which costs £406 12s. 6d; this has proved a great success. It means that patients may now have, if they wish, for the nominal sum of 6d., tea, coffee, or hot chocolate, while they are waiting in the dispensaries. The service is presided over by two members of the Guild on each occasion.<sup>30</sup>

**Envoi: a personal memoir**

My memories of the City of Dublin Skin and Cancer Hospital dates from childhood but my professional association did not begin until the nineteen-fifties when I began to work in an unpaid capacity assisting Nell Sheridan, the radiographer, to develop films in the X-Ray darkroom. This association came about, I think, because of my interest in photography. My hitherto feeble attempts at developing my own films at home were greatly enhanced by being able develop and 'fix' my films in the Hospital darkroom tanks and then enlarge and print the negatives. The quid pro quo for this entitlement was to assist Nell in the whole business of radiography. I would take the exposed X-Ray films from the X-Ray room where Dr. Brady and Nell had made the necessary exposure and as I became experienced in the development of the films I was able to do what had previously necessitated Nell's departure to the dark room;



*Nell Sheridan and Eoin O'Brien on the Hospital roof in 1958*

as a result more patients were X-Rayed though I never remember queues or any crowding of patients.

Then in an adjoining room my father had his screening apparatus where he could screen the patient's chest and heart, and then take an X-Ray film of whatever part he wished to examine, and I would take the film and develop it for him often with Nell watching over my technique, but often I was trusted on my own. When I started studying medicine my father spent much time showing me the anatomy of the thorax and then explaining the disease process magically revealed on the X-Ray screen – an enlarged irregularly pulsating heart the early signs of heart failure denoted by Kerley B lines, or more overt failure when the costophrenic angles became opaque with fluid and the picture of severe failure with congestion of the pulmonary



*Pneumothorax device*

veins and pleural effusions sometimes with fluid in the pericardium; in such cases the examination had of necessity to be conducted quickly because of the patient's severe breathlessness and on these occasions my father's instruction to me was much curtailed. The scatter of radiation from the screening machine must have been considerable as my father's shoes used to disintegrate so often that my mother had a discount arrangement with a local cobbler to repair and eventually replace his footwear.

Then there were the all too tragic signs of pulmonary tuberculosis with cavitation in one or both apices of the lungs or the dramatic radiological signs of a previous thoracoplasty of artificial pneumothorax. He would then demonstrate to me signs happily not seen nowadays – the displacement of the heart and the tracheal shift that spoke much and then with his stethoscope he would mimic the sounds he heard



*ECG Recorder*

and interpret them for me – sibilant and sonorous ronchi, whispering pectoriloquy, aegophony and with his percussing fingers he would play the sounds of stony dullness and shifting dullness of underlying fluid in the pleural cavity. I recall my father showing me how to induce a pneumothorax so as to ‘rest’ the diseased lung. During my clinical years I was promoted to the position of ‘electrocardiographer’ and in this capacity was able to combine my growing clinical knowledge with my darkroom skills to develop the ECG tracing, which was recoded on photosensitive film that had to be developed. This period had a marked influence on me and may have guided me towards cardiology. Perhaps it was my love of times and things past that made me keep my father’s pneumothorax apparatus and ECG machine until now when I can show them as items from a time long past; items overtaken by a technological age that must now marvel at their lack of sophistication, but which should not forget that these devices paved the way for those of today just as surely as those of today will do likewise for the innovative technology of tomorrow.

When I qualified in 1963 I was given my first job in the Hospital as locum house physician. It lasted, I think, for some three weeks. I slept in a back room at the top of the stairs opposite a door to the basement from whence Winnie and Gertie would emerge by day bearing treats of many kinds, but which was bolted firmly by night to keep the ghost of Andrew Charles confined below stairs, as I was informed on taking up duty, and indeed strange nocturnal sounds used to disturb my sleep betimes. Another disturbance to sleep, not always unwelcome, was the knock on the door from an errant nurse sent from one of the wards to fetch morphine or a sleeping draught for a patient, for among my duties was that of custodian of the dangerous drugs locked in a safe in my room, and only released after many lines had been signed and counter-signed – the prettier the nurse the more the lines! <sup>31</sup>



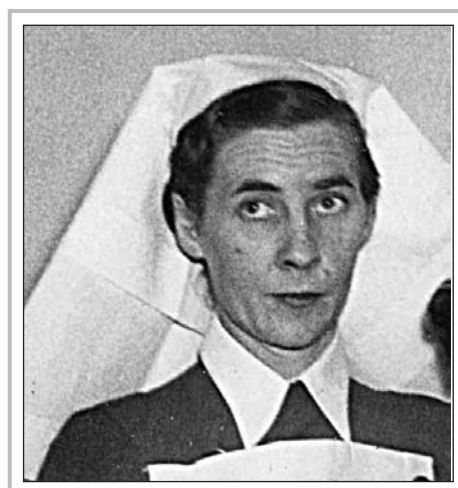


*The City of Dublin Skin and Cancer Hospital.  
Watercolour by Muriel Morgan, 2006.*

## CHAPTER FIVE

### A hospital in decline (1976–2006)

The history of the City of Dublin Skin and Cancer Hospital entered the penultimate phase of its century of service in 1976, when its survival was once again threatened by the unexpected deaths of a number of staff on which the Hospital depended for the provision of its specialised services. Difficult though the Hospital found it to replace dedicated members who had served the institute loyally it did succeed in doing so and with new faces came new ideas and vitality – a vitality imbued with the spirit of dedication and loyalty that had been such dominant characteristics of the Hospital in the first 60 years of its existence. The long-serving matron Joan O’Sullivan died suddenly on duty in her office on 25th May, 1975 and Dr. G. T. O’Brien died in Hume Street Nursing Home in the same year. Dr. George Edelstyn died in 1979 at an early age from cancer, the disease he had treated and alleviated or cured in countless patients. Joan O’Sullivan was replaced for a short time by the Assistant Matron, Mary Darmody, who retired and was replaced in 1979 by Maeve Dwyer. In the same year Sarah Rogers, was appointed as dermatologist and Medical Director<sup>1</sup> and I succeeded my late father as Visiting Physician in 1976. However unsettling the staff changes were for the Hospital more ominous clouds were gathering on the medico-political horizon. We have seen that the Board had recognised this threat as far back as 1950 when



*Sister Mary Darmody*

the report of the 39th Annual General Meeting in the *Irish Times* appeared under the heading “HUME STREET HOSPITAL NOT CLOSING” and the Chairman of the time, Mr. T. R. Gibson, stated unequivocally: “This is the most important institution in the country for the treatment of cancer and has a fine record of service since its foundation. There can be no question of the management of the hospital passing into other hands ...”<sup>2</sup> However laudable such rhetoric may have sounded, the reality was that during the nineteen-sixties the Government made clear its intention to have all cancer services for the country centred in one location at St. Luke’s Hospital.<sup>3</sup> Circumstances were to facilitate this ambition.

### End of cancer services at the Hospital

Dr. Edelstyn’s unexpected death allowed the Department of Health to move one step closer to transferring the cancer services to St. Luke’s Hospital, as was acknowledged by the Chairman, Victor Crawford in his address to the Annual General Meeting in 1979:

I would like, at this stage, to pay tribute to the late Dr. George Edelstyn, and it was a very sad day for this Hospital when he died last May. George had put in a tremendous lot of work here but, as a result of his death, we had to have a great re-think on the future of the Hospital on the cancer side and I suppose that is the main reason why we have had this new co-operative system now coming into operation with St. Luke’s because we would not have been able to get anybody of the same calibre as George and we had to arrive at a position whereby treatment of cancer in this Hospital could be carried on in the best way possible. This joint appointment will mean that we will have the presence of a doctor of Radiotherapy in this Hospital for five days of the week and I think this will ultimately prove of benefit to the Hospital, and I think the co-operation of St. Luke’s will also result in the bed occupancy of this Hospital being increased so that we will, in fact, have no vacancies in the Hospital.<sup>1</sup>

A year later the Chairman, Mr. J. J. Bourke reported with what can only be interpreted as a note of despondency:

We are having difficulty regarding the appointment of a Radiotherapist. If we are to continue as a Cancer Unit, we will have to link up with some other Hospital...The Board is fully conscious of two things – service to patients and the employment and security of the staff... I would only like to say that naturally we are all very sentimental about the situation, but we have come to a cross-roads here in the Hospital and we have to do something. We all understand the building is an old building and at the moment we have a commitment to equipping a new kitchen costing in the region of £40,000 and it is felt that we cannot continue in this trend.<sup>4</sup>

The Minister of State, Sean Moore, reiterated to the Board of the Hospital the Government's policy of establishing cancer services for the nation at St. Luke's Hospital:

While Hume Street Hospital and the other cancer hospitals in the Dublin area are not directly concerned in the general plan for the development of the Dublin general hospital service, care and consideration are being given to the service to be provided in these hospitals in the future. Over the years the Department's views have been that the interests of cancer patients can best be served by closer co-operation with Hume Street, St. Anne's and St. Luke's. To this end, over the past year, discussions have taken place between the Department and representatives of Hume Street Hospital, St. Luke's Hospital, and St. Anne's Hospital, with a view to providing closer liaison by way of joint consultative appointments. However, the Minister is aware that the Hume Street Hospital authorities recently submitted a proposal to the Beaumont Hospital that Hume street should link with Beaumont Hospital and transfer to that site. The Beaumont Hospital Board has recently written to the Minister in the matter following their consideration of the proposals. The issue is not as straightforward as it may appear and the Minister has asked me to assure you that he will give the matter very careful consideration in conjunction with the other bodies concerned.<sup>4</sup>

These platitudinous meanderings by the Department did not please the President of the Hospital, Philip Walker:

It is not for me at this meeting to comment on what the Minister has said about Beaumont and the Hospital re-organisation in the City of Dublin. I take this attitude because it has been inferred that I have the habit sometimes of speaking out of turn, and I don't want to do that here, but I would like to say to Sean Moore – and I am calling him by that name, because he is a very old friend of mine – that whatever the Minister does, let him keep in mind that he has a unit here which has a soul in it and a live soul. That has been brought home to me in the last month when I received such comfort and sympathy from all sections of the staff here.<sup>4</sup>

In 1981 serious consideration was being given to selling the Hospital in its entirety:

At the Meeting last year, I told you the Board was considering several possibilities regarding the future of the Hospital and that there were several avenues open to us. During the year discussions took place between your Board, the Board of Beaumont Hospital and the Board of St. Luke's Hospital. We were faced with selling out, lock, stock and barrel to the former or carrying on our Hospital as formerly and sharing a Radiotherapist with the latter. The majority of the Board feel that the proposition

of sharing a Radiotherapist with St. Luke's is the most preferable option. Many members are of the opinion that we can carry on as usual and still make a worthwhile contribution to the care of skin and cancer patients. We assure you that we will retain our autonomy with no interference in this new situation. It may be for the future to decide that conditions outside our control will compel us to sell the premises in Hume Street and transfer our medical facilities to another Hospital. After all, St. Laurence's Hospital approved in principle the idea to move as far back as 1940 so we must thread carefully and slowly.<sup>5</sup>

As always the properties acquired by the hospital over the years were to continue draining its now dwindling financial resources:

The Board, however, attaches considerable importance to the development of the cancer side and we certainly do not intend to neglect our cancer services. The Board has given consideration to possible ways and means of raising funds. We have decided to sell 16, 17 and 18 Ely Place, which are at present not being fully utilised effectively for hospital purposes. It is not possible to say how much the sale of these properties will realise. For some time we have been tackling a serious attack of wet rot in 3, Hume Street. We intend, as quickly as possible, to move services from Ely Place to 3, Hume Street and to the top of other buildings in Hume Street.<sup>6</sup>

Then quite suddenly the Hospital had to succumb to the inevitable and the cancer services were transferred at a stroke to St. Luke's Hospital:

In January 1985, we received a communication from the Department of Health. They suggested a change in activity from Radiotherapy to Dermatology; to the sole treatment of Dermatology including skin cancer and this necessitated the transfer of medical and nursing staff to other hospitals which was effected without loss of grade, salary or pensions to those involved. The patient transfer went very smoothly.<sup>7</sup>

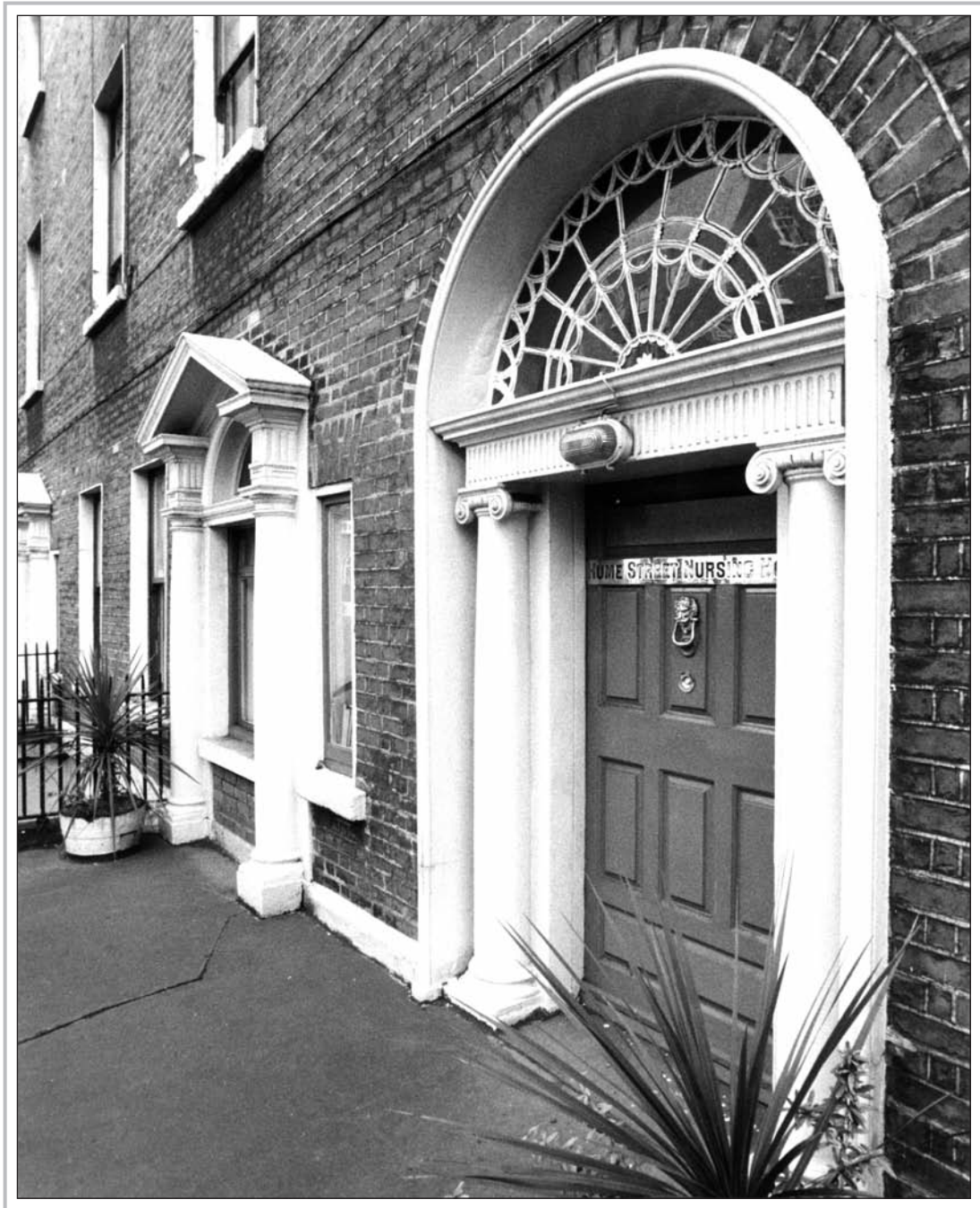
The Government finally closed St. Anne's Hospital in 1997 and its cancer services were transferred to St. Luke's Hospital.<sup>8</sup> The cancer services at St. Luke's Hospital were themselves relatively short-lived and are being transferred to St. James's Hospital and Beaumont Hospital in keeping with the reorganisation of cancer services in eight designated hospitals throughout the country.<sup>9</sup>

### **A hospital for the treatment of skin diseases**

Up to this moment in its history it is fair to say that the Board of Management of the Hospital was obsessed with the provision of cancer services and that it had not as yet directed its attention, as it would now be forced to do, to the quiet serving



discipline that constituted the duality in its name – skin disease. So it was that after just 75 years of providing treatment for diseases of both skin and cancer for the citizens of Ireland, the City of Dublin Skin and Cancer Hospital became effectively a hospital solely for the treatment of diseases of the skin. The Hospital's future was now vested in the weaker partner in the Hospital's hitherto duality of purpose.



*Hume Street Nursing Home*

Of course, cancer of the skin remained within the remit of providing a comprehensive dermatological service:

We are extending the range of services which we offer for the treatment of skin cancers. We have a long tradition in this area and we intend to build on it. A major emphasis in the hospital is the provision of out-patient treatment of skin diseases. The first two phases of the new day care centre which is initially specialising in the treatment of psoriasis has been successfully completed and we are now planning and about to implement the third and final phase. We are pleased that Mr. Barry Desmond, T.D. the Minister for Health will open the centre on Monday the 6th of January which is not too far away.<sup>7</sup>

Other changes were afoot. The Hospital was now forced to change from providing full in-patient services for patients with cancer and skin disease to becoming a five-day skin hospital.<sup>7</sup> It also expanded its services to include a Women's Cancer Screening Clinic, conducted by Dr. Ceannt.<sup>7</sup> Rather oddly the Private Nursing Home is rarely mentioned and no records of its financial transactions are available. In 1983 it was modernised so as to provide "comfortable and well appointed accommodation."<sup>10</sup> The benefit of this investment was readily apparent with "a significant increase in income from £33,882 in 1982 to £82,764 in 1983."<sup>6</sup>

The staff availed of courses to acquaint them with the new demands:

During the year we sent two nurses abroad for specific training in connection with the new treatment which we are offering in the Day Care Centre. We have organised jointly with UCD a special course for all nurses. An international seminar was organised on the theme of Day Treatment of Psoriasis in the Royal College of Surgeons with the aim of launching to the Irish Medical Profession the new Hume Street.<sup>7</sup>

The dermatology services and associated activities thrived under the directorship of Dr. Sarah Rogers. Study Days were held in the Hospital, nurses from the Hospital visited the Royal Victoria Hospital Belfast, and nurses and medical students from St. Vincent's Hospital visited Hume Street to learn about the management of skin disease. Patient education groups were established. Increasing numbers of patients attended for the newly established P.U.V.A. treatment for psoriasis at an average cost of approximately £250 per week for in-patient versus £150 for a course of out-patient treatment. Total attendances from January to June in 1979 were 5,542 as compared to 8,051 (an increase of approximately 45 per cent) in 1982. This increase was made possible by innovative out-patient management of a variety of skin diseases.<sup>4</sup>

As always in Hume Street, nursing was fundamental to success and Dr. Rogers was supported in all her innovative dermatological initiatives by Maeve Dwyer, who as Matron from 1979 until 1991 gave enthusiastically of her expertise and organizational ability to provide the nursing skill that has become so much a part of contemporary dermatological practice. Maeve Dwyer was succeeded as Matron by Mary Kelly in 1992.<sup>11</sup>

During the eighties and nineties a number of notable dermatologists served on the staff including Dr. Frank Powell, Dr. Louise Barnes (who succeeded Dr. Rogers as Medical Director in 1994), Dr. Rosemary Watson, Dr. Paul Collins and Dr. Patrick Ormond. They were all faced with the task of satisfying an increasing demand without an expansion in the number of dermatologists in the country as is frustratingly recorded by Dr. Rogers in 1993:

I don't want to go on about waiting lists again but despite the continued hard work of Dr. Barnes, Dr. Watson and myself, the waiting lists have increased. This reflects the fact that in Ireland we have the lowest number of consultant dermatologists per head of population of any country in Europe. The majority of the consultants that we have in Ireland are in Dublin and there are only two, one from Munster and one for Connaught, outside Dublin, so we therefore have to see patients not only from our catchment area but also from the country. This sad state of affairs will only be rectified when the total number of dermatologists has increased from the existing eleven to the seventeen to twenty suggested by the 1988 Comhairle na nOspidéal report on Dermatology Services.<sup>12</sup>

Apart from providing a service for patients the Hospital also conducted research into dermatological disorders that included the systemic treatment of chronic dermatophyte infections, treatment of chronic plaque psoriasis with a modified dithranol preparation, clearing of chronic plaque psoriasis with photochemotherapy in an Irish population, and a study on setting up a clinic for the treatment of contact dermatitis.<sup>4</sup> Papers and posters were presented at the International Congress of Dermatology, The British Association of Dermatologists, The British Society for Investigative Dermatology, The European Society of Contact Dermatitis, The Irish Association of Dermatologists and The American Academy of Dermatology with papers being duly published in international journals on both clinical and research work carried out in Hume Street, St. James's and St. Vincent's Hospitals on non-melanoma skin cancer, psoriasis and atopic eczema.<sup>11</sup> In 2003 the international meeting of the British Society of Paediatric Dermatology was held for the first time

in Dublin and was hosted at the Hospital.<sup>13</sup> Dermatological services provided at St. Luke's and St. Anne's Hospitals were gradually transferred to Hume Street.<sup>14</sup>

### Denial of reality

In 1985 I was invited to propose that *The Hospital is worthy of support* at the Annual General Meeting. In doing so I warned of the inevitable closure of the Hospital and the need to face this reality while looking to ways to perpetuate the ideals of those who had founded the Hospital:

I do not believe, and many will share this belief with me, that there is a future in the long term for specialist hospitals. Why is skin disease any different to heart disease, lung disease or any other organ disease of the body? The skin is merely an organ. We cannot, I think, sustain the argument in 1985 that specialist hospitals are going to survive in the future. That is not to say specialist institutes will not be needed. Dermatology is a very specialised disease and the management of dermatology is difficult, it calls for an expertise.... Now why is it not possible for hospitals, voluntary hospitals such as ours, to look to association with general hospitals in the future? I think there is a very real role for the institute. We can carry forward our voluntary tradition. We can carry our speciality forward. We are loyal to our Charter. All we do is we merely move. Some day this is going to have to be faced. I would prefer that it is faced when the Hospital is strong rather than when it is weak.<sup>7</sup>

Although these sentiments were received with apparent approbation as “a message that the public wish to hear and that they need to hear and that we wish to have them hear” and one that should make the Hospital “think very hard and long about what we are going to do in the future”,<sup>7</sup> the reality was somewhat different. Two years later the Chairman, Maurice Seymour had “great pleasure” commencing his address “by advising you that this Hospital is NOT FOR CLOSURE.”<sup>15</sup>

And this in spite of the fact that £46,000 had been cut from the annual allocation necessitating a reduction in “five day” beds from 38 to 25 and a corresponding reduction in staff.<sup>15</sup> Medical opinion was of little avail. Dr. Sarah Roger's plaintive appeal that “we do not exist in isolation, we can't as a small State Hospital, we have to work with other hospitals”<sup>15</sup> fell on deaf ears:

We have seen various other hospitals go to the wall in the last few years. Hume Street has not gone to the wall and will not go to the wall. We will continue on no matter what our difficulties may be and I think we are really getting over the difficulties now and we hope, please God, we will continue to do so.<sup>16</sup>

The refusal of the Board to face reality was perpetuated by chairman after chairman: “You will find us arguing very strongly for it and you will see that the Minister, in recent times, has confirmed – as the Deputy Lord Mayor has said – that while some hospitals are closing, this is one hospital that is not.”<sup>17</sup> All of this rhetorical posturing was taking place against a very obvious policy of restrictive funding by the Department of Health that had been applied relentlessly over many years:

In 1991 and 1992 I reported on a survey carried out by the Board of Governors to up-grade electrical and mechanical systems in the hospital with the intention of compartmentalising all activities in Nos. 3/6 Hume Street and to provide the most modern up-to-date equipment and facilities for both patients and staff. As our Chairman, Mr. Jim Lovegrove, has informed you, the projected cost to implement this work is in the region of approximately £650,000. Despite numerous meetings, correspondence and telephone calls, we have been unable to get any commitment, except in principle, from the Department of Health. Should this project be implemented, it would result in the Board of Governors having their properties at nos. 7/8 Hume Street vacated and enable the Board to utilise these two houses through office letting or some other use to supplement the shortfall in the Department of Health allocation for the up-keep of the hospital.<sup>12</sup>

Funds raised through private philanthropy were used to improve the teaching of dermatology and in 1997 the Taoiseach, Mr. Bertie Ahern opened the Crawford Lecture Room:

An Taoiseach, Mr. Bertie Ahern, TD. opened a state-of-the-art lecture theatre and launched the Irish Dermatology Training and Education Programme for Nurses at Hume Street’s City of Dublin Skin and Cancer Hospital today (22.7.97). Hume Street Hospital is the National Centre for the treatment of patients with skin conditions in Ireland and is almost one hundred years old. The Crawford Lecture Room named after the late Victor Crawford, long-time board member and hospital benefactor, will be used as a venue for general dermatology education and training and for support services. The room was developed through the fund raising efforts of the hospital staff with pharmaceutical companies sponsoring the state-of-the-art audio visual equipment.<sup>18</sup>

This at least allowed dermatological training to continue in the Hospital:

Representatives of the Royal College of Physicians in London inspected the facilities at Hume Street Hospital with a view to approving, or otherwise, our Registrar’s post for higher medical training, and I am delighted to report that this was approved. Arising therefrom, this position is recognised as a Dermatology



training post and, with St. Vincent's Hospital, we are now one of the two such posts in the Republic of Ireland recognised by the Royal College of Physicians in London.<sup>19</sup>

As the dermatologists in the Hospital had joint appointments with St. Vincent's Hospital it was logical – and inevitable – that closer collaboration between the two hospitals would be forged.<sup>20</sup> But year by year as the staff struggled to provide a reasonable level of care to patients with skin disease the Board lived in a world of idealistic make-belief tinged betimes with a waft of reality, a sense of the inevitable: “We all want to see Hume Street continue and flourish but we cannot stick our heads in the sand and if we are inflexible and impractical we could, rather than ensure the future of Hume Street, be responsible for its demise. None of us wish to see that.”<sup>19</sup>

The views of the Board were not shared, however, by the dermatologists who had to struggle to provide a service under very difficult circumstances. In an unusual move Dr. Sarah Rogers, Dr. Louise Barnes and Dr. Paul Collins wrote to the Chairman of the Board, Mr. Ken Gregory, on 23rd March, 1998 strongly expressing their disapproval of the Board's decision not to transfer dermatological services to St. Vincent's Hospital:

We, the Senior Medical Staff and Consultants of this Hospital, having just learned that the Hospital Board voted on Thursday last to remain on site at Hume Street rather than transfer the service to St. Vincent's Hospital, are writing to express our dismay and regret at this ill-founded decision.

There is no point in reiterating all the reasons why the decision you have made is so unwise, we have given you all the cogent reasons for being part of a state-of-the-art Dermatology Department at St. Vincent's. This opportunity will not come our way again. St. Vincent's great building project will not be repeated in our working lifetime and probably not in the first half of the second millennium.<sup>21</sup>

They go on to suggest that the procedures following the sale of the Charitable Infirmary at Jervis Street might be applied to Hume Street:

One can see why a Hospital Board would not wish to vote itself out of existence, but if the aim of the Board is to ensure that the best quality of service is provided, it is impossible to understand why it would take a decision to do quite the opposite. The proposed service at St. Vincent's would be excellent in every way. The Hume Street Board could decide to form a charitable trust similar to that established by the Jervis Street Hospital Board when their hospital amalgamated with the

Richmond Hospital to form Beaumont Hospital. The Board could then choose to fund the first Chair of Dermatology in the Country and to set up much-needed funds for academic research in the field. It would not be the demise of the Board but rather the beginning of a new and exciting era.<sup>21</sup>

These experienced dermatologists then painted a picture of the future of the Hospital – and a depressing canvas it was:

The alternative is bleak. Up to twelve years ago, Hume Street had sixty-seven beds, seven-day beds, a radiotherapy department, a radiology department and both oncology and dermatology services. The present set up here is 28 five-day beds, a psoriasis day care unit and some out-patient clinics. It cannot strictly claim the title ‘hospital’ as it cannot cater for those who need anything other than basic skin care and clinical diagnosis. Management of complicated cases is already transferred to our respective teaching hospitals. The Hospital has been pared down to the very bone. What are the next twelve years likely to bring? With the establishment of modern dermatology departments in general/teaching Hospitals in Dublin and other cities, referrals are likely to fall. Certainly the trend of banal referrals will continue while the previous general case mix will go to the general hospitals. Already we have seen an almost halving in our bed occupancy. Expansion of day-care services for Dublin patients contribute to this, but also the provision of dermatology services closer to the homes of our erstwhile country patients.<sup>21</sup>

The letter closes with a stark reminder to the Board that sick patients come to see doctors and not administrators, and that they have expressed their lack of confidence in the Board to the Department of Health:

Patients come to see us, the Consultants, because of our expertise and reputation. It is with regret that we have decided to express in the strongest terms our lack of confidence in the Board of Hume street Hospital to the Department of Health.<sup>21</sup>

Even this missive seems to have had little, if any, effect. The Micawberish belief by the members of the Board that somehow the Hospital could be saved seemed to become reality when that hybrid monster of avarice and achievement to be known as the *Celtic Tiger* suddenly strode the land. The dawning sense of realism that had gathered over a decade was dispatched with relief to past moments of weakness and a new era of promise and belief in a future that was as unrealistic as everything else in the Celtic Tiger era was ushered in:

I will now move away from the broader picture of healthcare and speak about Hume Street Hospital. We wish to and we intend to redevelop the Hospital...

Originally the suggestion was that we should amalgamate with a major teaching hospital, St. Vincent's University Hospital was mentioned... However our decision was to redevelop the Hospital on the site. Hume Street Hospital has been here for nearly a hundred years and I think that it has a lot to contribute to the Health Services. We can do this in a number of ways. Hume Street Hospital is one of the last remaining valuable sites on St. Stephen's Green. As a Board we are not speculators or developers. We are in the business of running a Hospital and it is in this role that we wish to continue on this site. How can we achieve this? There are developers and builders who would like to be involved in the development of the site. We could end up with a state-of-the-art hospital. Another possibility is to approach the Bank Managers and they may provide finance to develop the Hospital and in time we could repay them. Another alternative is that the Eastern Regional Health Authority would support the development. The site, subject to planning permission, would be in the region of eighty thousand square feet of development. For dermatology we would need about twenty-five to thirty thousand square feet and whatever remains can be used for a purpose complimentary to our core speciality of dermatology. The new speciality would provide a service which is needed by the Eastern Regional Health Authority – a speciality that would fulfil some of their critical needs.<sup>22</sup>

Members of the Dail even joined in a chorus of approval. At the Annual General Meeting in 2000, Liz McManus encouraged the Board to persist in its ambitions:

Hume Street Hospital has provided high quality care in a low profile way for decades to the people of Dublin and, indeed, for the country generally. Now the Hospital is looking to the future with further development and the provision of an additional speciality and I read with interest your position paper on the development of a pain centre at Hume Street and I must say I found it convincing in its arguments while being ambitious in its objectives and I wish everybody very well in the discussions that you are going to have... It all sounds very positive.<sup>22</sup>

The Department of Health even showed uncustomary generosity with The Minister for Health, Mr. Micheál Martin, not only deigning to visit the Hospital but bringing IR£360,000 with him to renovate the theatre.<sup>23</sup> It was hardly surprising, therefore, that the Board embarked on even more ambitious plans for the future:

The second project that the Board is heavily involved with is a feasibility study which our Architects have been requested to carry out in relation to the future development on this site and, after much soul searching and due, mainly to the very high cost to have the new building to the rear, it was agreed to shelve the project. It wasn't an easy decision but we are now looking at the existing buildings





*Hospital staircase*

with a view to upgrading these substantially. I believe now is the time for imagination and expansion. Hume Street Hospital must now invest in its own future. The way to do this, I believe, is the full reinstatement of all the buildings on this site, bringing them back to use, with rooms for public and private consultants, to provide a synergy with one another, incorporating operating theatres and treatment rooms on this site. Also we should provide other facilities such as physiotherapy, x-ray and blood testing.<sup>23</sup>

### Humour, variety and altruism

Looking back at the vicissitudes of the Hospital in this period one is left marvelling at the stoicism of the members of the Board. Indeed much of their dedicated service against what were insurmountable obstacles was sustained through the tradition and ethos of family associations with the Hospital, as was acknowledged by Feargal Quinn in 2002:

The voluntary Board Members ... put their heart, soul and enthusiasm into this Hospital and your presence here today shows how much we appreciate it, and the people of Dublin appreciate it, as the Lord Mayor has said. I know that that commitment and that dedication would not happen without a huge degree of enthusiasm and it is that degree of enthusiasm that has existed since this Hospital started... The Chairman who is stepping down today, Brian Crawford, has put a huge amount of effort into his term of office and I know that it is a tradition that has been in his family. It is also a tradition, I am pleased to say, that has been in my family – I took over my father's place on his death – and I know that in Mr. Lawler's case, he took the place of his father, who has been on this Board.<sup>24</sup>

The family allegiance to the Hospital and the voluntary ethos was again emphasized by Gerard Lawler:

As I mentioned, my father Tom was a member of the Board, which he joined in the 1940s. I remember a conversation that a brother of his had with him. My uncle asked him if he could afford to leave his business to attend meetings, that his No. 1 responsibility was to make money in order to provide for his family, that if he was to be on the Board, at least be on one that earned you money, not on a voluntary one. I don't remember my father's answer; I think I agreed with my uncle at the time. My sisters and brother will tell you that all was repaid in 1977. Father was diagnosed as having cancer in February of that year. His doctor was Eoin O'Brien, our guest speaker last year. We were told that he had three months to live. After the first month the family thought he had less. However, he was able to manage, with a lot of help from mother, until June... My mother, Eithne, had joined the Ladies Guild while father was a Board member and continued, after his



death, to serve the hospital as a member of the Guild. That reminds me of all the years I stood with flag boxes for the hospital, an annual event organised by the Guild. I even remember, and I would say it was over forty years ago, that the Flag Day was on Christmas Eve. I was sent out with a collection box.<sup>24</sup>

And yet another family of service was acknowledged in 2005 by Jim Lovegrove:

My own associations with Hume Street Hospital go back a long time. My father was on the Board. Doctor and Mrs. Charles were friends of the family. Indeed I, as a child myself, benefited from the care that this Hospital offers, when I had my appendix taken out here, so I know the staff of this Hospital have always had the special magic that only a team spirit and a personal touch can give.<sup>25</sup>

In the midst of days of gloom and doom and unrealistic ambition the Hospital remained a warm and friendly place, with the irrepressible Irish characteristic of humour occasionally bubbling forth. In 1984 Alderman Gay Mitchell must have raised a few eyebrows if not laughs at the Annual General Meeting:

Did you ever hear the story about a man who was walking down a street – maybe it was Hume Street – leading a horse and a lady put her head out the window and said to the man: “Have you the time?” and he said: “I have but who’ll mind the horse?”<sup>26</sup>

And Feargal Quinn, never one to take life too seriously, often imbued his comments to the Annual General Meetings with humorous anecdote:

There is a little story that I heard recently of a British Admiral in charge of a battleship who was out on manoeuvres on a very rough, tough, murky night and while he was on the bridge of the battleship he was told there was another light in the distance, so he said: “Issue instructions to change directions at 32 degrees” and word came back from the light in the distance: “you change directions at 32 degrees”. The battleship Commander got quite incensed, so he said: “Send along a message, I’m a Five-Star Commander, you change directions 32 degrees” and the word came back: “I’m a second-rate seaman, you change directions.” So he got quite uptight and he said: “Send out the message – this is a Battleship, you change direction” and the word came back “This is a LIGHTHOUSE” – and he changed direction!<sup>26</sup>

Under the Chairmanship of Gerard Lawler the Hospital was honoured by visits from a number of titled dignitaries who addressed the Annual General Meetings; these included His Royal Highness, Prince Carlo of Bourbon Two Sicilies, Duke of Calabria, His Eminence Mario Cardinal Pompedda, Grand Prior of the Sacred Military Constantinian Order of Saint George, His Imperial Highness Prince

Ermias, President of the Crown Council of Ethiopia and grandson of the late Emperor Haile Selassie, and His Excellency Mr. Witold Sobkow, Ambassador of Poland. <sup>27</sup>

As in previous years the Ladies Guild contributed handsomely and selflessly to the Hospital, raising around £13,000 annually: <sup>6</sup>

With these funds we continue to defray the expenses of a Social Worker [Mrs. Josephine Litchfield] and we consider this our most important contribution to the welfare of the patients, and we also provide each month a sum of money for her to use as required for the patients' needs. We provided plants for the window boxes and plants and flowers for the hospital. We pay £500 for the rental of television sets for the wards and the staff. We paid £732 for blinds for the windows at the front of the Hospital. We paid £600 for a shower and painting and decorating a changing room for the nurses. We paid £312 for twenty lockers for the Dermatology Ward. We purchased two 'Kingsfund' special beds for very ill patients, one for a Female Ward and one for a Male Ward. These cost £1,400 and we dedicated one of these beds to the memory of our Founder Members Mrs. Hill-Tulloch, and Mrs. Marjorie Ellis, as both these members of the guild were completely devoted to assisting this hospital. We have provided two brass plaques to be erected over the beds. £300 was spent on extra fare for Christmas, Easter and Halloween. Our total expenditure on these and many other minor items for the past year was £5,933. I would like to congratulate our Vice-Chairperson, Mrs. Charles, on her nomination as one of the Twelve People of the Year for her contribution and concern for her fellow citizens. <sup>4</sup>

In 1984 Peggy Gilmartin paid tribute to my mother – they had been close friends all of their lives:

I would like to say a few words about Mrs. Muriel O'Brien, whose death occurred during the past year. Muriel was one of the founder members of our Guild. She was a House Surgeon in this Hospital where she met her husband the late Dr. Gerard O'Brien, who was a Consultant here at the time. The O'Brien connection with the Hospital continues with their son, Eoin. Muriel was an enthusiastic and untiring worker for the Guild before her illness, and several times gave her home for



*Muriel O'Brien (back right) and Peggy Gilmartin (front left)*

Guild functions. She is sadly missed by all of us and again we extend our most sincere sympathy to her family.<sup>6</sup>

The long-serving Chairman of the Guild, Peggy Gilmartin, who retired in 1984 was one of the pivotal figures in sustaining the Hospital over many lean years.<sup>7</sup> In 1988 the Vice-President of the Guild, Iris Charles, wife of Havelock Charles who was the son of Andrew Charles, was honoured with a South City Millennium Award in recognition of her dedication to various charities.<sup>16</sup> During the closing years the Ladies Guild was chaired by Mairin MacDonagh-Byrne and latterly Oonagh Manning, both of whom are now members of the Board of the Charity of the City of Dublin Skin and Cancer Hospital under the modified Charter that permits women to be Board members.

### **Acceptance of reality**

At the Annual General Meeting in 2001 I was invited to propose “That this Hospital is worthy of support”. I did so aware that my comments might cause offence to the many who were hoping that the Hospital could continue to prosper as before on Hume Street given the new-found prosperity of the nation, but I had just been through the closure of one hospital, The Charitable Infirmary at Jervis Street, and I was more alert than most to the realities that faced the City of Dublin Skin and Cancer Hospital. Firstly, I warned against surrendering the Hospital Charter because this protected the hospital assets from being claimed by the government, and I then outlined a future that could transcend the closure of the Hospital:

Hume Street Hospital can, as I see it, take one of two courses. The first, which many of us would favour on emotional and nostalgic grounds, is for the Hospital to remain here and to develop within its walls a centre of excellence for the treatment of skin diseases. This was, in fact, the position that faced the staff of the Charitable Infirmary in 1986. Like you the ‘Jerv’, as it was so affectionately known to Dubliners, had its Charter and centre-city properties, which like yours were deemed to be of considerable value. The ‘Jerv’ had to develop, but to do so called for major investment, which the Department of Health was not prepared to make and, which the Hospital, despite its considerable property assets, did not have the wherewithal to provide. Hume Street Hospital, has an additional problem to those that faced ‘The Jerv’; to succeed it would have to develop a centre of excellence in isolation from the back-up services so necessary to medical care in any speciality to-day. Establishing such a centre without pathology, biochemistry, haematology, radiology and imaging, social welfare and physiotherapy services, just to name the more obvious, regrettably, is simply not feasible. To return to the dilemma facing the

Charitable Infirmary; the Board reluctantly made the decision to move to the new complex at Beaumont to join its sister hospital St. Laurence's, but it had then to consider how to manage its charter-protected properties. Various proposals were made, one such being to put the monies to building a private hospital, which I, among others, opposed vehemently, as it would have been anathema to the wishes of the founding fathers, who in their Charter, as in yours, had espoused the principles of a voluntary hospital namely to provide care for the 'sick and needy'. The solution arrived at by the Board was unique and may provide a model that you might wish to examine closely. To avoid a protracted legal wrangle with the Department of Health (which was of the view that because if it had invested substantially in keeping the Hospital going it had a claim on its assets) a substantial proportion of the monies deriving from the sale of the Jervis Street properties was given to providing the Drug Treatment Centre (in Pearse Street) because this had been one of the Hospital's centre-city activities. This satisfied the Department and the remainder of the proceeds of the sale (the greater proportion) was then freed to be invested to provide funding for medical research at Beaumont Hospital (over £2 million has been provided in the first decade) and to support certain city charities. The interesting feature of the arrangement was that this fund, known as The Charitable Infirmary Charitable Trust by direction of the Charities Commission (which took a very keen interest in the proceedings), is administered under the original Charter by the Board of Management, which is elected each year and which holds regular meetings throughout the year, assisted by the equivalent of the Medical Board, now named the Scientific Committee, which advises on the distribution of funding to research. In short the Charter lives on administered in perpetuity by its elected Board of Management. If you were to follow a similar course to the Charitable Infirmary, you might provide a centre for dermatology on the campus of a major teaching hospital, thereby fulfilling the requirement of your Charter, but in addition you might invest under the auspices of a charitable trust to promote research into dermatology in this centre thereby ensuring that your centre became one of excellence with an international reputation second to none.<sup>23</sup>

In 2004, when Matt O'Brien became Chairman of the Board, he was faced with a Hospital in decay. The Department would not provide the funding necessary for the maintenance of the extensive premises much of which were unoccupied. He set about making decisions for the future:

Last August the Board appointed a committee to consider the future of the Hospital. In particular this committee has concentrated on the best way to maximise the value of the property, assuming that we will not be required to provide public health care on the Hume Street site. Professional advice has and is being sought and assessed. A special thanks to Professor Eoin O'Brien, who is a Life Governor of the

Hospital, who outlined his experiences with the closure of Jervis Street Hospital. His advocacy of the great possibilities in the Charity involving itself in research in dermatology made a deep impression on the members of the committee. Recently the Board has written to the HSE and indicated that it would welcome the early re-opening of discussions on a future role for the Charity within the public health care system. The imminent closure of Hume Street Hospital, which has served the people of Dublin for nearly 100 years and which has played such a significant part in the delivery of dermatology services nationally, will be a sad occasion. But it is also an occasion to celebrate the spirit of voluntary service which animated the founders to provide a service for the poor of the City. We can also acknowledge the dedication of the doctors, nurses and other staff who gave of their best in the interest of thousands of patients who came to Hume Street Hospital. It is also an opportunity to re-invent a role for the Charity and to continue to deliver public health care into the 21st century inspired by the voluntary service example of the founding fathers. I am sure that I speak for the Board when I say that we are looking forward to the challenge of playing our part, in cooperation with the Health Service Executive, in such a new enterprise.<sup>25</sup>

In his role as Chairman, Matt O'Brien, was to be faced not only with managing the inevitable closure of the Hospital but he now had to do so with added urgency because of the newly identified hazard of fire:<sup>28</sup>

In the past years Boards of the Hospital have spent what money they could in making this Hospital a safe place. There are fire escapes at the back of the building and fire doors and emergency lighting have been installed, but our houses were built in the nineteenth century when standards were different and, in common with about 90% of the houses in Dublin, we had wooden staircases. These had not necessarily been regarded as a problem in the past but today we must accept the fact that they could possibly be a fire risk.<sup>25</sup>

The work undertaken by the Board in finally closing the Hospital without disruption to patient services was a feat of considerable magnitude that called for great skill and diplomacy, but suddenly the City of Dublin Skin and Cancer Hospital on Hume Street was no more, as was summarised by the Chairman, Matt O'Brien in his report to the Annual General Meeting in 2006:

As I reported last year, the closure of the Hospital was inevitable and the only question was when. We had expected that the closure would take place earlier in the current year but, in the interest of continued patient care, closure was postponed until the 31st October last. This postponement allowed more time for St. Vincent's University Hospital to make the necessary accommodation available



for the transfer of the dermatology service and for the negotiations with the staff on the terms under which the transfer could take place. When the dermatology service was transferred to St. Vincent's University Hospital on the 1st November, 2006, fourteen of our hospital staff transferred with the service. The remainder of the staff chose to take other options and these included transferring to other healthcare organisations, leaving the employ of the Health Service, taking voluntary redundancy or retiring. The success of the above transition was brought about by the skill and commitment of Ms. Janet Hughes, who acted as Facilitator, and to the close working relationship that evolved over the last ten months between our management team and a number of key stakeholders. These included the Health Service Executive, the HSE Employers Agency, St. Vincent's University Hospital, and the Unions and staff representative bodies, namely, the INO, IMPACT, SIPTU, and the IHCA.<sup>29</sup>

The Hospital equipment and furniture was donated to deserving causes:

The Hospital has also donated medical equipment, which included state-of-the-art operating equipment, to St. Vincent's University Hospital. Our dining room furniture went to the James Connolly Memorial Hospital in Blanchardstown and I am delighted to report that the Hospital beds were donated to Dr. T. Hickey, who works tirelessly for the people of Cuba.<sup>29</sup>

The Hospital memorabilia were removed until a future use for them became apparent:

Some of you may be wondering what is going to happen to the paintings, antique furniture, commemorative plaques etc., which were left behind following the removal of equipment to other hospitals. I am glad to report that the management of the Hospital carried out a detailed inventory of all assets and it was agreed by the Board that the furniture which could not be donated to other hospitals would be sold by auction and that the plaques and two pictures would be removed for safe-keeping. The pictures include a recent painting of the Hospital by Ms. Muriel Morgan, which was purchased by the Board. Mr. Wilf Fitzsimmons ... wrote to the Chief Executive in August 2005 regarding the plaques commemorating the great contribution made by the Charles family to the Hospital, and we will ensure that these will be held in safekeeping for the time being until we decide on our future direction. I have also recently received correspondence from Dame Beulah Bewley, who is a niece of the Founder, Dr. Andrew Charles, and from Mrs. Norma Futers, daughter of Dr. Havelock Charles, about this matter, and I have assured them that all of the plaques will be preserved.<sup>29</sup>

The Hospital premises was put up for sale without delay and, unbeknownst to all, on what history would later show to be the eve of the recession:

You will be aware of the recent advertising campaign organised by our property advisers, CB Richard Ellis. The Board has met to consider the tenders received for the Hume Street property and has decided to accept a tender for a price deemed to be satisfactory by the Board's professional advisors. We expect that the sale will be concluded within the next few weeks. The price achieved is in accordance with recent publicity surrounding the sale of the property.<sup>29</sup>

The Board was already looking to the future application of the finance that would accrue from the sale of the extensive Hospital premises:

We have already indicated that dermatology research and hospital step-down provision are among the options which will be considered. We intend to engage with the Health Service Executive and with other possible partners in the New Year to explore all possibilities. I wish to acknowledge the help of Professor Eoin O'Brien in this matter. I am sure you will appreciate that this process will take some time and will also involve updating the Charter to meet the new challenges ahead.<sup>29</sup>

Dr. Sarah Rogers was able to report positively on the transfer of the dermatological services from Hume Street to St. Vincent's University Hospital:

Now to the future. I feel assured that it is bright. Not only is there a little bit of Dublin 2 grafted on and doing nicely in Dublin 4 but, thanks to the Board of Hume Street and the Trustees of the Board, the seeds that Professor Eoin O'Brien sowed last May at the Hospital General Meeting are beginning to blossom. I don't know the mechanism by which it will all happen but I understand that we can hope for a Charitable Trust for Dermatology being set up and administered under a Hospital Charter, perhaps by one of the 1916 ones. Just think of the grants for worthy research projects which could be made available to Irish Dermatology; perhaps there might be the endowment of a Chair in Dermatology, something that does not exist in Ireland, either North or South of the Border. The Charity could also support Patient Education and patient self-help care groups, who are always needing support. What a wonderful dream to be fulfilled.<sup>29</sup>



*The Charles Institute at University College Dublin*

## CHAPTER SIX

### A new vision: bringing science to society (2006–2011)

*T*he City of Dublin Skin and Cancer Hospital, which had served the people of Ireland from its premises in Hume Street for nearly a century since its foundation in 1911, was offered for sale in 2006. Numbers 3 to 8 Hume Street “comprising 2,600 square metres and occupying 0.16 hectares or 0.4 acres in the very heart of fashionable Dublin”<sup>1</sup> was sold by tender that closed at 12 noon on Wednesday 1st November, 2006 to Mr. Michael Kelly for the sum of €31,625,000.<sup>2</sup>

The advertisement is a rectangular graphic with a grey top section, a red middle section, and a blue bottom section. The grey section contains the text 'HUME STREET HOSPITAL' in large white capital letters, with 'Outstanding Development Opportunity in Dublin 2' in smaller white text below it. The red section features 'For Sale By Tender' in large white capital letters, followed by '(unless previously sold)' in smaller white text, and 'Friday 1st November 2006' in large white capital letters. The blue section contains 'Hume Street Hospital No.s 3-8 Hume Street, Dublin 2' in small white text, followed by 'Prime Redevelopment Opportunity' in small white text, and 'Approximately 2,600 sq m of Georgian Buildings on a site of approx. 0.16 Hectares (0.40 Acres)' in small white text. At the bottom of the blue section, it displays '01-618 5500' and 'www.cbre.ie' in white, with the 'CBRE' logo and 'CB RICHARD ELLIS' in small white text to the right.

As you were informed at the last AGM, the sale of the buildings was advertised before the closure of the Hospital. The tenders were received and opened at the offices of Matheson Ormsby Prentice on the 1st November of last year in the presence of some Board members, our legal and estate agent advisors. The Board met on the 9th of that month and Paraic Madigan of Matheson Ormsby Prentice joined the meeting and recommended the acceptance of an unconditional tender of €31,625,000 for the buildings at 3-8 Hume Street. The Board unanimously accepted this recommendation, which had a closing date of the 8th December, 2006.<sup>3</sup>



**First Meeting of the Board of the City of Dublin Skin and Cancer Hospital  
in the Charles Institute on Thursday 10th March, 2011**



*Standing from left to right: Seamus Kennedy, Peter Johnson, Ciaran Ryan, John Gallagher, Margaret Ramsay, Gerard Lawler, Oonagh Manning, Matthew O'Brien, Patrick K. Cunneen, Mairin McDonagh-Byrne.*

*Seated left to right: Thomas Brennan, Pdraig O'Cearbhall, Elma Lynch, Peter O'Flanagan, Stephen Walsh, Eoin O'Brien. Inset: Patrick Ormond.*



*Oonagh Manning, Ciaran Ryan, Gerard Lawler, Patrick Cunneen and Margaret Ramsay.*



*Mairin McDonagh-Byrne, Eoin O'Brien, Elma Lynch and Stephen Walsh.*



The smooth transition of the staff and patients from Hume Street to St. Vincent's University Hospital, the delicate negotiations with serving staff, the complexity of maintaining dialogue with the Health Service Executive in dealing with the insurance hazards that faced the Hospital in its closing days among many other issues and the successful sale of the Hospital in the last days of the Celtic Tiger era on the eve of the worst recession ever to affect the country was due to the diligent and prescient leadership of the Chairman, Mr. Matt O'Brien, supported by an astute Board of Management as was acknowledged by Peter O'Flanagan, when taking office as Chairman:

So it is only fair that we acknowledge Matt (O'Brien), and he did do a third year – I am not sure that any other Chairman did a third year. I am coming in, ladies and gentlemen, as Chairman and I want you to remember that in any errors I made or any failings I have, I made one great decision and that was in the middle of last year where I said to the Board, given that we were in the middle of all these discussions, that we should ask Matt to continue for a third year. I want you to remember that.<sup>3</sup>



*An aerial photograph of the Hospital and the surrounding area*

As a result of the sale of the Hospital the Board of Management was able for only the second time ever in its near 100 years of existence to report a surplus in its accounts, and what a surplus it was:

## A CENTURY OF SERVICE

Page 13 of the booklet sets out the Income and Expenditure Account for the year up to the 31st December, 2007 and you will see that by far the most important feature of these accounts is the proceeds from the sale of the Hospital, which realised €30,598,000. That was, by far, the most important thing that happened during the year. We also had income of €1.46 million from Deposit Interest.<sup>4</sup>

The result alas was not so advantageous for Mr. Michael Kelly, who purchased the Hospital premises when the property cycle was at its peak. Mr. Kelly planned to convert the property at a cost around €20 million into a business centre, that would be the showcase for his family owned company, Glandore Business Centres, a serviced office provider with outlets in Dublin and Belfast. However a series of planning applications failed and the properties may be taken over by the National Asset Management Agency.<sup>5</sup>



*The City of Dublin Skin and Cancer Hospital. Numbers 3 to 8 Hume Street.*

### Charter modification

The 1916 Royal Charter, although sound in many respects, was restrictive in others, most notably in the exclusion of women from membership of the Board of Management.<sup>6</sup> In 2000 the Board had plans to extend the remit of the Hospital from

specialising in skin diseases to becoming a general hospital. This change in the vision of the founding fathers would have necessitated, of course, a radical change in the Charter, which was acknowledged by the Chairman, Brian Crawford:

As I mentioned earlier, under the 1916 Charter, the Hospital is very limited in the work that it is permitted to do and our expansion plans require a second new Charter, by which it is proposed to extend the objectives of this Hospital to become a general hospital though still specialising in the area of dermatology. This second Charter will have to be the subject of a cy-pres application to the Courts, which, regrettably, may delay implementation. Again our Solicitors will be instructed to proceed with this as soon as possible.<sup>7</sup>

This attempt to revise the Charter was unsuccessful but following the sale of the Hospital the Chairman, Matt O'Brien was able to outline his approach to up-dating the Charter:

Back in 2005 when I became Chairman I made a promise to members of the Ladies Guild who attend Board meetings that I would appeal to Miss Mary Harney to delete the one word 'male' from the Charter, which meant that all Board members had to be male, because it referred to officers and then, at the end, 'and sixteen other male members'. This one word excluded the honour and, I believe, better half of the human race from participating as full members of the Board of the Hospital... It was decided to retain and revise the Charter rather than adopt a more modern corporate body structure... Given that the running of a quality dermatology hospital is no longer an option, the revised Charter attempts to identify all possible other ways in which the Charity can improve the treatment and condition of dermatology patients... The original Charter also required that one half of the Board Members should be Roman Catholic with the second half from other denominations. The revised Charter shall continue to adhere to the distinct ethos of the Charity and its traditional voluntary service to the community while proposing to draw Board Members from all parts of society with a focus of attracting Board Members of the required stature and experience to fulfil the main objectives of the Charity without restriction or discrimination... The Board has a clear vision for the future of the Charity which honours its original objectives by continuing to support dermatology patients and with the exciting prospect of reaching an agreement with UCD to establish a world-class research and training institute... At this time the revision of the Charter was being discussed by the Charter committee with Paraic Madigan, Matheson Ormsby Prentice, in the context of pursuing dermatology research with UCD. He expressed the view that while the 1916 Charter provided for research and training it did so in the context of the operation of the Hospital and that this could present some difficulties now



that the service had ceased. This view was conveyed to the UCD representatives together with the Charter. That is the old Charter of course. However, the legal advice provided to UCD by Arthur Cox took the opposite view...The Board subsequently decided that the research proposal was in accordance with the spirit of the Charter and UCD was requested to indemnify the Charity and the Board against any possible challenges, which was readily agreed.<sup>3</sup>

At the Annual General Meeting in 2008 Mr. Seamus Kennedy was able to announce: “This is the 97th Annual General Meeting under the old Charter but the first under the new Charter, so we will be saying goodbye to old friends and bringing in a new era.”<sup>4</sup> The Chairman, Mr. Peter O’Flanagan provided the following details:

The new charter for the City of Dublin Skin and Cancer Hospital (the Charity) was formally signed and sealed by the Charity Commissioners on the 17th June, 2008. It is, I believe, worth stating here the main objectives of the new Charter and I quote: “The main objects of the Charity are to endow and support, on a national and international level, research into diseases of the skin and their treatments, all aspects of the development and improvement of therapies and treatments of such diseases, including the training of healthcare staff in the provision of such therapies and treatments, the promotion of awareness of diseases of the skin and their treatments, all programmes or projects supporting those suffering from diseases of the skin and their carers, and to endow and support organisations and individuals on a national and international level promoting these or similar objects.”<sup>4</sup>



*Members of the Charity Board with UCD officers. Standing from left: Stephen Walsh, Eoin O’Brien, Matt O’Brien, Gerard Lawler, Thomas Brennan, Seamus Kennedy, Bill Powderly, Ciaran Ryan. Seated from left: Oonagh Manning, Des Fitzgerald, Peter O’Flanagan, Hugh Brady, Mairin McDonagh-Byrne and Paul Collins.*

The Chairman was then able to lay to rest the restriction in the Charter that prevented women bring members of the Board:

It is, with delight, that we can now, under the new Charter, finally welcome as full Board Members, Oonagh Manning and Mairin McDonagh-Byrne.

As everybody in this room knows, both ladies have made huge contributions in the past and it is great just to regularise it all. Thank you.”<sup>4</sup>

### **A new vision – bringing science to society**

The Board of the Hospital having performed three essential and complex tasks was now able to contemplate the future. Firstly, the staff and patients had been transferred smoothly to St. Vincent’s University Hospital; secondly, the Hospital premises had been successfully sold and the proceeds had been wisely invested and finally the Charter had been modified without compromising the protective right of governance that now rested in the Board of Management of the Board of the City of Dublin Skin and Cancer Hospital (which will now be referred to as ‘The City of Dublin Skin and Cancer Charity’ or more simply ‘The Charity’).

The Board was able, therefore, to turn its collective skill and energy to embark on three further initiatives, which although distinct individually, were linked intricately into an overriding concept, namely that of translational medicine. The principle of translational medicine is that the benefits of medical research, whether emanating from scientific laboratories or from clinical observation and study, should be brought to the patient as expeditiously as possible – the ‘bench-to-bedside’ maxim. This principle governed the first two objectives of the Charity, the foundation of a centre of research excellence – the Charles Institute on the campus of University College Dublin and the provision of superlative facilities for the treatment of patients with skin disease – the Charles Clinic at St. Vincent’s University Hospital. But the Charity extended the ‘bench-to-bedside’ concept of translational medicine by anticipating the need to bring scientific and clinical research a step further than the hospital patient by reaching to the public in general through the creation of the Irish Skin Foundation, which will endeavour to bring ‘science to society’. Each of these initiatives merits consideration.

### **The Charles Institute – a centre of international excellence**

The Charles Institute began as a flickering vision that I first suggested at the Annual General Meeting in 1985, when as physician to the Hospital I was invited to propose



the motion that “The Hospital is Worthy of Support.” In this address I proposed that serious consideration be given to joining with a teaching hospital to provide dermatological services:

I think there comes a time in the history of every institute when one must analyse where the institute stands and particularly where it is going to go in the future... Our Charter ... should be cherished and guarded very, very, carefully... We effectively no longer have cancer care in the Hospital though some cancer patients will be treated here – those with cancer of the skin... We must try to ascertain if, in fact, the move towards having a five-day Hospital is really in the long-term interests of the institute, because the next step can be to make this merely an out-patients facility and with that could disappear the Hospital as such. It will become then really a clinic in the City centre rather than a Hospital... There is also the aspect of academic fulfilment for staff in any specialist unit and that is another weakness that I perceive in our present establishment. You might argue, and many will argue, that Hume Street is exceptional; that Hume Street has a centre City location; that it is ideally placed; that it has a long tradition and a long history. All of that I will accept but I do not believe it is enough for the future... I want to turn now to what I consider to be the positive viewpoint... Now why is it not possible for hospitals, voluntary hospitals such as ours, to look to association with a general hospital in the future? <sup>8</sup>

The experience I had gained in living through the sale of Jervis Street Hospital and its transfer to Beaumont Hospital allowed me to put a more positive proposal to the Board when I again proposed that the Hospital was Worthy of Support at the Annual General Meeting in 2001:

Your Board of Management has taken moves to modernise the Charter, so as to facilitate change in the future. Your Board has not, in its wisdom, surrendered your Charter – that would be an act of extreme folly, because the Charter gives you protection and allows you to remain masters of your own destiny. But what of that destiny? ... You might provide a centre for dermatology on the campus of a major teaching hospital, thereby fulfilling the requirement of your Charter, but in addition you might invest under the auspices of a charitable trust to promote research into dermatology in this centre thereby ensuring that your centre became one of excellence with an international reputation second to none... Mr. Chairman, I know that I need not remind you, the members of your Board, and the Governors that should you embark on a course such as I have outlined, like the members of the Board of the Charitable Infirmary just over a decade ago, you will be then vested with the guardianship of considerable wealth and this brings with it the moral responsibility to ensure that the wishes of your Charter are honoured in the spirit as in the letter. <sup>9</sup>

The bringing of the vision from concept to reality was dependent on two driving personalities – Mr. Matthew O’Brien, Chairman of the Board of the Charity for a three-year term from 2004 to 2007 and Professor Desmond Fitzgerald, Vice-President for Research at University College Dublin. Matt O’Brien summarised the culmination of events in his address to the Annual General Meeting in 2007:

After the drama of the previous two years, which were dominated by fire safety issues and the transfer of the service to St. Vincent’s University Hospital, the past year has been comparatively quiet. This enabled the Board to give its undivided attention to completing the sale of the Hume Street buildings, the revision of the Charter and exploring and determining a new role for the Charity. I can – and this is an echo of what Professor O’Brien has said – recall him at the 2001 AGM addressing the proposal that ‘This Hospital is Worthy of Support’. In the course of his very entertaining speech he outlined his long personal association with Hume Street Hospital and his experiences with the former Jervis Street Hospital following the transfer of its services to Beaumont, he encouraged the Board to consider involving the Charity in research in the event of the transfer of the service to St. Vincent’s University Hospital as recommended by the Comhairle na nOspideal Report in 1988. In October 2005 he was again invited to speak to the committee examining future options and he again advocated and in more detail a new and interesting role for the Charity in dermatology research... In order to strengthen the Board, which lacked medical advice since the transfer of the service, towards the end of last year it was decided to invite Professor Eoin O’Brien to join, to which he readily agreed. Later in the spring, because of the need to obtain additional guidance on investment strategy following the sale of the Hospital, it was also decided to invite Stephen Walsh to join the Board. Stephen has extensive banking experience at a high level, particularly in relation to the setting up and managing of trusts... With this background in mind the Board decided to invite dermatology research proposals from both Trinity College and University College Dublin... Following the receipt of proposals from both parties the committee again met the representatives of the universities, including Dr. John Hegarty, Provost of Trinity College and Dr. Hugh Brady, President of UCD, and sought additional details and clarifications on the submissions... Final proposals were received from the universities during February of this year... The Board decided that the proposal submitted by UCD was more attractive than the one submitted by Trinity College. UCD proposed a stand-alone, state-of-the-art research and training facility located on the UCD Campus and integrated with the Clinical Dermatology Unit and the Clinical Research Centre at St Vincent’s University Hospital, where it would be of direct benefit to our former patients. .. At the April Board Meeting following a visit to the UCD Campus, the Board endorsed its approval of the preferred proposal... This is a very exciting proposal, which you have already heard of, which

I believe will have a major impact on the treatment of dermatology patients throughout the country. It involves the establishment of the first Chair of Dermatology in Ireland, which will be occupied by the Director of the proposed Research Institute. The new research building will be located between the Conway Biomolecular and Biomedical Research Institute and the Health Sciences Centre... It is proposed that the Charity will part fund the construction of this building and it will have representation on the Board of the Institute. It is also proposed, as you already know, that it will be called the Charles Institute for Dermatology in honour of the Charles family members who were so involved in the Hospital. These include Andrew, who was the founding medical director, Havelock, who continued in his father's footsteps for many years and, of course, Havelock's wife, Iris, who I am sure some of the Ladies' Guild will remember as a leading light in that organisation for many years. The new Institute will also provide for dermatology training at all levels and will obviate the need for medical and nursing professionals to go abroad for specialist training... Looking to the future, the Board proposes to invest the balance of the capital realised from the sale of the property to provide an income, which will continue to fund the proposed revised objectives of the Charity.<sup>3</sup>

Professor Desmond Fitzgerald, proposing the resolution that *This Charity is Worthy of Support* at the Annual General Meeting in 2007, gave his vision as to how the Charles Institute might become a centre of international excellence in dermatological research:

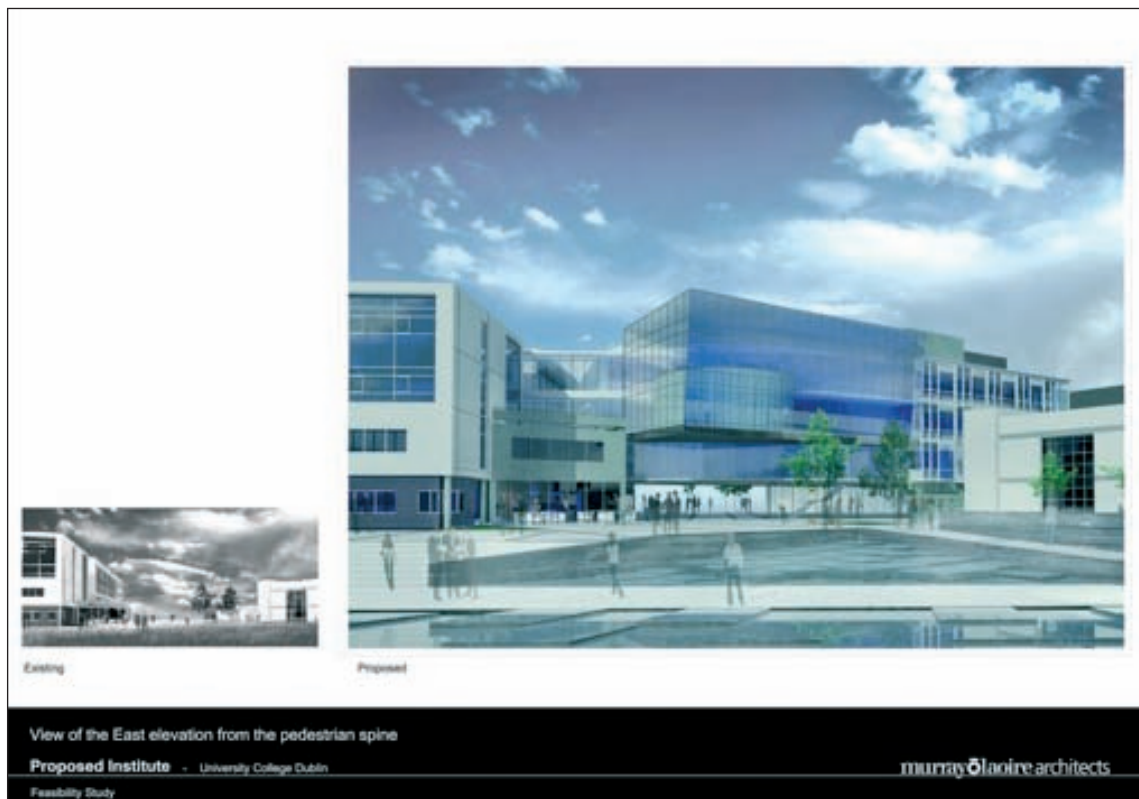
I am delighted to be here this afternoon and, firstly, I will just give you my background: I am the Vice-President of Research at University College Dublin and also a community scientist and at one stage a Consultant at Beaumont Hospital and also the Mater Hospital... The Board of Management of Hume Street Hospital has shown an outstanding commitment to Irish healthcare for almost one hundred years. The proposal today is an opportunity for the Board and for the Charity to build on its achievement and develop a lasting legacy as the steward of dermatology and the advocate of patients with skin disease in Ireland. The proposal for your consideration is the establishment of the Charles Institute, an Institute of Dermatology Research and Training, in partnership with UCD. With the advances in biomedical research that UCD has achieved in recent years,



*Professor Des Fitzgerald*

UCD is ideally placed to partner with the charity to deliver an Institute of Research and Training in Dermatology that will attract world-class researchers and clinicians and advance the understanding and treatment of skin disease. The Institute will be positioned at the centre of the Health Science Complex at University College Dublin... This building provides facilities for education but also laboratories for research. It has both a School of Nursing and a Medical School in the one building and in the centre of this complex is a new iconic building that will house the medical library. Next to the Health Sciences Centre is the Conway Institute.

The Conway Institute is Ireland's leading biomedical research institute and has over 420 researchers, over 200 of those being graduate students and has 90 principal investigators, both clinicians and non-clinician scientists, and in addition to the Conway Institute is in a position to provide state-of-the-art technology for researchers... The proposal is to establish a new Institute for research and training in dermatology that will act as a bridge between these two buildings. So the Institute will have access to the Medical School and the Nursing School within the Health Sciences Centre and, in addition, have access to the technology part of research within the Conway Institute... So the Charles Institute has a number of objectives: It will build research programmes that have the potential to transform the care of patients with skin disease. It will partner with UCD in order to provide



*Architectural impression of the Charles Institute*

academic oversight, state-of-the-art technology platforms, and a commitment to long-term appointments of senior staff. It will harness its close proximity to the UCD Health Sciences Centre to provide specialist training to allied healthcare professionals, and by that I mean not just medical students but also nurses in training. The Charles Institute will provide a state-of-the-art research and training facility. It will have a linkage and help develop an outstanding dermatology service at St. Vincent's Hospital. It will have Ireland's First Chair in Clinical Dermatology. It will have a national impact through continuing medical education of physicians and training of specialist nurses. It will have a social and health impact as the leading *advocate* of the management of patients with skin disease... To support the Charles Institute and to develop its reputation, UCD has committed to establish a Chair in Clinical Dermatology and this individual will act as a Director of the Institute. This I think is a key development for Ireland and for the development of dermatology training and research in Ireland and is unique as we have no Chair in Dermatology in this country at present... The Institute will be overseen by a Board consisting of a number of representatives from the Charity and from University College Dublin as well as external representation and the Director will report to the Board. The purpose of the Board is to oversee the strategic direction and management of the Charles Institute. There will also be an international advisory group, which will advise on the direction and research excellence within the Institute.<sup>3</sup>

Further progress was reported by Mr. Peter O'Flanagan at the AGM in 2008:

The board of the Charles Institute, which includes Professor Eoin O'Brien and me, on behalf of the charity, signed off the final Architects plans on the 31st October. Full planning application will be made in December and, with a favourable decision by spring, it is hoped to have a contractor on site by mid-year and actual occupation of the building by October, 2010.<sup>4</sup>

A press release summarised the collaboration between the Charity and UCD:

The Members of the Board of the City of Dublin Skin and Cancer Hospital (known more generally as Hume Street Hospital), are delighted to announce a partnership with University College Dublin to establish the first academic unit devoted to dermatology in Ireland.

The Board will make a contribution of €12 million and UCD will contribute €6 million and the site on the UCD campus for the erection of a 2000 square metre building, which will be linked via walkways to the Conway Institute of Biomolecular and Biomedical Research and the Health Sciences Centre.



This institute, to be known as the Charles Institute (called after Andrew Charles, the founder of The City of Dublin Skin and Cancer Hospital in 1911 and his son Havelock Charles who worked as a consultant dermatologist in the Hospital throughout his life), will be a stand alone, state-of-the-art facility dedicated to DERMATOLOGY RESEARCH, TREATMENT and TRAINING.

The objectives of the Charles Institute will be:

1. To build on the legacy of The City of Dublin Skin and Cancer Hospital by creating a centre of excellence of international repute.
2. To initiate and conduct research programs for the advancement of the understanding and treatment of dermatological disease in close association with the Conway Institute and Health Sciences Centre.
3. To provide the facilities necessary for the future training of all healthcare professionals dedicated to curing skin disease.
4. To structure a National programme that supports Ireland's community of dermatologists through continued medical education and patient advocacy.
5. To develop the translational model of bench-to-bedside research through close collaboration between the existing dermatological services in St. Vincent's University Hospital and the Charles Institute.
6. To ensure ultimately that these objectives will result in the betterment of dermatological treatment for the many thousands of patients in Ireland who suffer from skin disease and its many manifestations.

In reaching the decision to support this ambitious partnership with UCD, which has the ultimate goal of seeing the Charles Institute established as a world class centre of excellence, the Board of The City of Dublin Skin and Cancer Hospital is confident that in so doing it is honouring the vision and the commitment of the founding fathers and all of the dedicated staff who worked in the Hospital from its foundation in 1911 to its closure in 2006.

Professor Desmond Fitzgerald, Vice-President for Research at UCD said that the university was excited about the potential of the new Institute to transform dermatology research and training in Ireland. 'The scientists and clinicians at UCD and St. Vincent's University Hospital will create a world-leading centre for research and education of skin disease'. The ambition, he said, was to create a national facility that would work with dermatologists throughout Ireland and that would improve the well being of patients. He added that the Charles Institute would be built between and linked to the UCD Conway Institute and the new Health Sciences Centre. 'This will create a unique health and biomedical sciences complex with the Charles Institute at its heart'.

## A CENTURY OF SERVICE

Peter O Flanagan, Chairman of the Board of the City of Dublin Skin and Cancer Hospital, said the Board were delighted to finalize the contribution of 12 million Euros towards the funding of the Charles Institute. The objectives of the Institute match the Boards vision for the future of the Charity, the main objectives of which are to endow and support research into diseases of the skin and their treatment, all aspects of the development and improvement of therapies of such diseases and the training of health care staff. The commitment to the Charles Institute gives expression to achieving, in a very meaningful way, to some of these objectives.

The Charles Institute was officially launched by the Minister for Health and Children, Ms. Mary Harney at University College Dublin on Friday, June 13th 2009. The occasion was attended by Mrs. Norma Futers, granddaughter and Dame Beulah Bewley, niece of Andrew Charles. Ms. Harney stated:

I am delighted to launch this important research initiative in the area of skin disease. Skin conditions affect so many people, in so many ways and for some, all through their lives. I am confident that the Charles Institute will contribute significantly to the successful treatment of skin conditions resulting from research initiated at the Institute.<sup>10</sup>



*Ms Mary Harney, Professor Des Fitzgerald and Mr. Peter O'Flanagan.*

Mr. Peter O’Flanagan, Chair of the Board of the City of Dublin Skin and Cancer Hospital, said:

The Charles Institute will provide for the future training of all healthcare professionals dedicated to curing skin disease. It will coordinate a national programme of continued medical education and patient advocacy to improve the well-being of patients suffering from dermatological conditions.<sup>10</sup>

Professor Desmond Fitzgerald, Vice-President for Research, said:

Working in collaboration with dermatological services in our affiliated hospitals, the Mater Misericordiae University and St Vincent’s University Hospitals, and with other dermatological services nationally, the Charles Institute will enhance bench-to-bedside research ensuring that new discoveries in the field are readily available to patients suffering from dermatological conditions.<sup>10</sup>

Further progress on the Charles Institute was reported by Mr. Peter O’Flanagan the following year:

In my address at last year’s AGM I referred to the launch of the Institute by the Minister for Health and Children, Ms. Mary Harney, and to the special significance of the day because of the attendance of Dame Beulah Bewley and Mrs. Norma Futers, direct descendants of the founder, Andrew Charles. You could say that that



*Mrs Norma Futers, Ms Mary Harney and Dame Beulah Bewley.*

was the first milestone in the physical history of the Charles Institute. I am delighted to advise you that the actual contract for building the Institute has just been awarded to Walls Construction Limited and that work will shortly commence on site. The next physical milestone will be the laying of the foundation stone by the Minister for Health and Children on the 8th February, 2010, and we can look forward to the next milestone – the opening of the Institute in late 2010 or very early in 2011. Our thanks are due to Stephen Walsh and Peter Johnson, who have been hugely involved with the UCD building team in looking after the Board and charity's interests. Stephen and Peter, with the help of Professor Eoin O'Brien, are now engaged with the architects to see how the history of Hume Street can be best displayed for posterity in the foyer of the new building.<sup>11</sup>



*Eoin O'Brien and Hugh Brady.*

The Chairman went on to describe the process that would be used to identify a suitable director for the new institute:

A team of academics, which includes our own Professor Eoin O'Brien and Professor Desmond Fitzgerald of UCD (who I am delighted to see here today), together with a team of international experts that include Dr. Stephen Katz, Director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases in Bethesda, Professor James Kruger, Director of the Laboratory of Investigative Dermatology at the Rockefeller Institute, Dr Roderick Hay, Chairman of the International Foundation for Dermatology at St. John's in London, Professor Jean Hilaire Saurat, Chairman of the Western Switzerland Department of Dermatology in Geneva are inviting candidates of international repute to deliver the Charles Institute Seminar Series at UCD with a view to assessing their potential for the actual Directorship of the Institute. The first two seminars delivered by Dr. Edel O'Toole and Dr. Vincent Piquet were credible demonstrations of the remarkable potential that dermatology research has for the future of patients with skin disease and how translational "bench-to-bedside" research can be served.<sup>11</sup>



The Chairman added that the Board of the Charles Institute had “broadened its expertise’ with the addition of Dr. Laurent Perret, Mr. John Lynch, Mr. Michael Griffith and Dr. Frank Powell who will join Dr. Risteard O’Laoide, Professor Eoin O’Brien, Professor Des Fitzgerald, Professor Bill Powderly, Mr. Peter O’Flanagan and Dr. Paul Collins.<sup>11</sup>

The office of the City of Dublin Skin and Cancer Hospital (Charity) is located in the Charles Institute thereby providing a historic link with the past and a commitment to an enduring collaboration in the future.



*Members of the Board of the Charles Institute: from left front; Eoin O’Brien, Bill Powderly, Frank Powell, Peter O’Flanagan. From left back; John Lynch, Des Fitzgerald, Risteard O’Laoide and Michael Griffith.*



## The Charles Institute 2011



*Photograph: Donal Murphy*

*The Charles Institute (centre) with the Health Sciences building (left) and the Conway Institute (right).*

The elegant Charles Institute was designed by RKD Architects led by Denis Brereton. Linking the Health Sciences Building with the Conway Institute, the Charles Institute fronted by glass offset with black stone makes a vibrant statement on the campus of University College Dublin. Entering the building, the visitor is greeted by bright and attractive spaces, which enjoy beautiful natural light and pristine finishes. Movement through the building is encouraged by the provision of special points of interest, including a historical display of memorabilia and illustrative material from the City of Dublin Skin and Cancer Hospital, the display of nineteenth century water-colours from the Wallace collection in the Royal College of Surgeons in Ireland, and the Kevin Barry stained glass window (crafted in the Harry Clarke Studios in the early 1930s). The laboratories have been designed jointly by RKD Architects and the Boston-based Wilson Laboratory Planners to highest international standards.

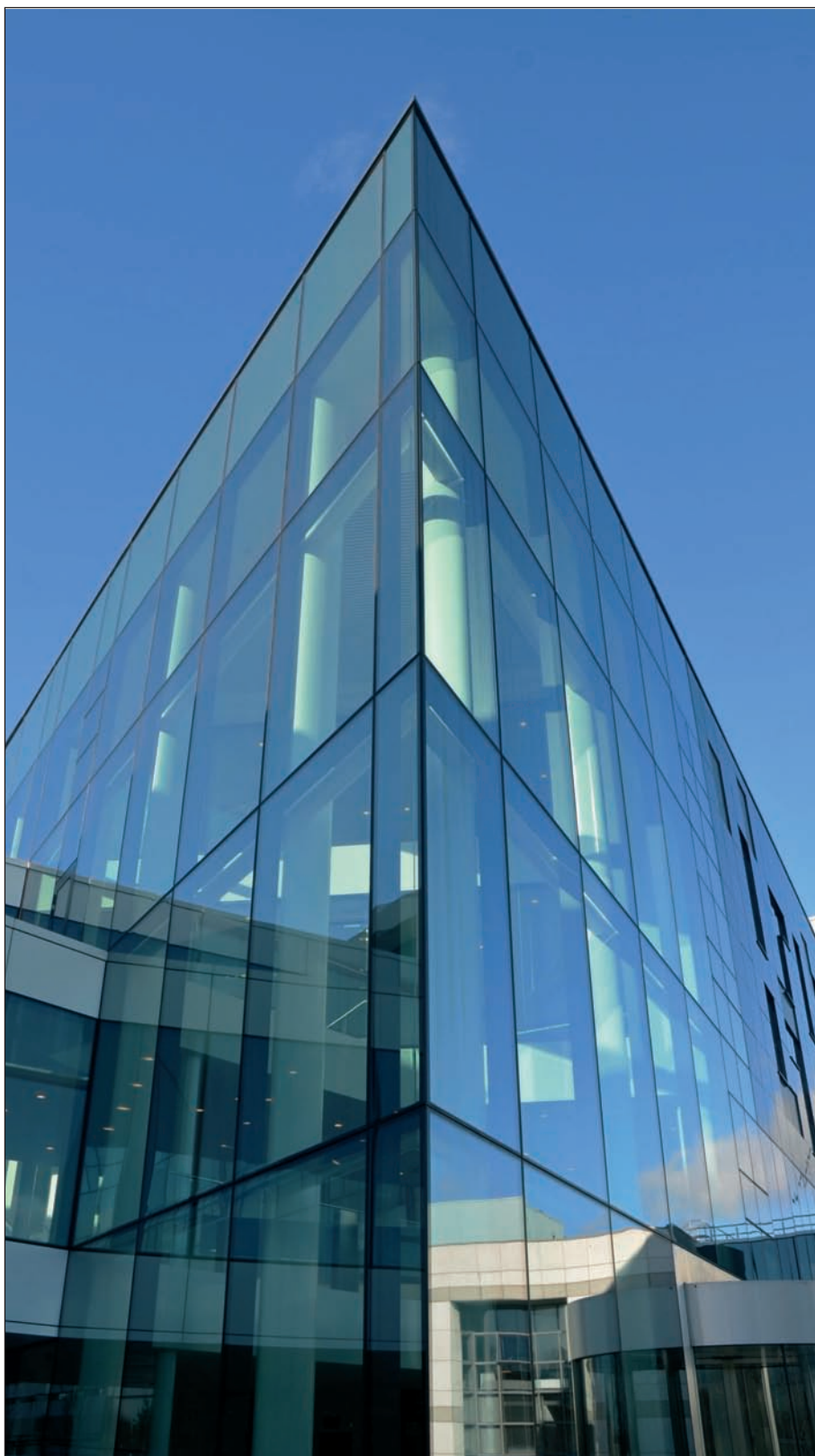
The building provides a selection of animated interaction areas interspersed with write-up rooms, seminar and comfortable seating areas closely allied to the research laboratories so as to promote discourse, collaboration and social engagement in an ambience that is both attractive and functional.

The strategic positioning of the Charles Institute, while providing dedicated training and research facilities for dermatology, also permits utilisation of the resources available in the adjacent research flagship, the Conway Institute with full access to the library, lecture theatres and associated teaching facilities available in the Health Sciences Centre. The use of solar panels, high performance façades, heat recovery systems, rain water harvesting, maximum use of day-lighting, natural ventilation and environmentally sensitive materials is in accord with the eco-friendly policy of the University.<sup>12</sup>

The glazed prow of the Charles Institute and the inviting space traversing three floors that was created within the building seemed to me to be crying for fulfilment. I knew none better for this challenging task than Brian O'Doherty; and the Board of the Charity responded to my request to commission what has now become the unique creation entitled "The Arrow of Curiosity, the Curve of Conciliation, and the Line of Inquiry".<sup>13</sup>



*Eoin O'Brien with the artist Brian O'Doherty (right) during the installation of 'The Arrow of Curiosity, the Curve of Conciliation, and the Line of Inquiry'.*



*The Charles Institute*





*Photograph: Donal Murphy*

*A laboratory in the Charles Institute*



*Photograph: Donal Murphy*

*Interior looking towards 'The Arrow of Curiosity, the Curve of Conciliation, and the Line of Inquiry'.*



*Photograph: Donal Murphy*

*Interior with Kevin Barry Window*

### **The Charles Clinic – a hospital facility for treatment of patients**

From the outset, the Board of the Charity had made clear its view that support for dermatological initiatives would be dependent on fulfilling the principles of translational medicine, namely bringing science from the research laboratories to society. Towards this end the Board, having established the principles that would underline the foundation of the Charles Institute turned its attention to improving the clinical facilities for patients with skin disease in St. Vincent's University Hospital to which the services provided by the City of Dublin Skin and Cancer Hospital had been moved on its closure in 2006.

The Chairman of the Board of the Charity, Peter O'Flanagan, announced this ambition in 2008:

In the vital context of bench-to-bed research and the successful collaboration between the researchers and the consultants in St. Vincent's University Hospital and for the long term good of patients it is essential, in our belief, that this Clinical Facility is world class. We have already indicated to the Minister our willingness to contribute 50% towards any such new facility, and we are hoping that there is going to be real action on that front, and we are awaiting developments.<sup>4</sup>

Following meetings with the Board of St. Vincent's University Hospital and consideration of planning proposals in consultation with dermatologists in St. Vincent's University Hospital (led by Dr. Paul Collins) a detailed plan was deemed acceptable by all parties in early 2011. The final plan, which retained the dermatological services provided in the Hospital, incorporated additional space that effectively doubled the area for the provision of diagnostic and therapeutic facilities for patients with skin disease, while also providing easy direct access for patients. It was agreed this building would be named The Charles Clinic, which in conjunction with The Charles Institute in University College Dublin provides a translational duality that fulfils the aspirations of the City of Dublin Skin and Cancer Charity. Funding for The Charles Clinic, which will open in 2011, will be provided by the Charity.

### **The Irish Skin Foundation – serving society**

The concept of a skin foundation that would seek to involve the public in supporting the management of skin disease in much the same manner as the Irish Heart Foundation did for cardiovascular disease was mooted in 2007:



Apart from considering funding dermatology research and training, it is proposed to explore the possibility of setting up a national dermatology support organisation ... to inform, support, fund-raise and advocate on behalf of dermatology patients.<sup>3</sup>

Two years later this initiative was well under way and was outlined in detail by the Chairman, Peter O’Flanagan in his address to the Annual General Meeting:

In my address last year I referred to the “Foundation” sub-committee and indicated that it would be postponed because of a number of reasons. However, during the year we had meetings with various bodies involved with skin disease that made it obvious to us as a Board that we should move ahead with the creation of an Irish Skin Foundation and not wait for other projects to be completed. The foundation committee is chaired by Matt O’Brien and he has the able support of Professor Eoin O’Brien and Ms. Oonagh Manning.<sup>11</sup>

Mr. O’Flanagan went on to summarise the extensive negotiations that had taken place with the Irish Association of Dermatologists, the Irish Dermatology Nurses Association, the UK Skin Care Campaign, the Psoriasis Association of Ireland, represented by Caroline Irwin, the Irish Eczema Society, represented by Jeannette Brazel, DEBRA, represented by Margaret Webb, and the Melanoma and Skin Cancers (MASC) charity composed of dermatologists, plastic surgeons, histopathologists, and general practitioners represented by Dr. Patrick Ormond:

The committee is already in the process of drafting a Memorandum and Articles of Association. This document will incorporate the objectives of the charity under the new charter and provide for representation of the various voluntary bodies which wish to take part in the proposed Irish Skin Foundation. When this document has been approved by the Board it will form the basis for discussions with the other interested parties already mentioned. Subject to the approval of the Board it will be the intention of the charity to fund the administration of the Foundation during its start-up phase. The committee believes that it will be possible to have concrete proposals in place before next year’s AGM. We have recently secured the domain name, Irish Skin Foundation.<sup>11</sup>

The main objectives of the Irish Skin Foundation are stated in the Memorandum of Association of the Irish Skin Foundation (Foras Craiceann na hÉireann):

- (a) To undertake, promote, protect and encourage all programmes or projects supporting those suffering from diseases of the skin and their carers, the

promotion of awareness of diseases of the skin and their treatments, including the training of healthcare staff in the provision of therapies and treatments.

- (b) To promote, endow, support and advance on a national and international level, medical and scientific research, especially in the area of community research, into diseases of the skin and their treatments and all aspects of the development and improvement of therapies and treatments of such diseases, by creating fellowships, establishing scholarships, by making grants and other benefactions and providing equipment and other facilities for research and training in dermatology in established dermatological centres.
- (c) To advocate at government and all other appropriate levels on behalf of patients suffering from diseases of the skin for greater support for and improvements in, their care.
- (d) To promote health education in subjects relating to the skin and the rehabilitation and relief of those who suffer from diseases of the skin.
- (e) To act as a representative body in dermatological matters in relation to other bodies concerned with raising and distributing money for similar or allied purposes in Ireland or elsewhere.

The inaugural meeting of the Board took place in the Stillorgan Park Hotel on 19th January 2011 at 10 a.m. attended by Jeannette Brazel, as the representative of the Irish Eczema Society, Caroline Irwin as the representative of the Psoriasis Association of Ireland, Patrick Ormond as the representative of the Melanoma and Skin Cancers (MASC) Charity, Alan Irvine and Marina O’Kane as representatives of the Irish Association of Dermatologists and Eoin O’Brien and Matthew O’Brien as representatives of the Charity. Mr. Seamus Kennedy was in attendance.

Taking the Chair Matt O’Brien welcomed those present and provided a background of the establishment of the Irish Skin Foundation. It was proposed by Matt O’Brien and seconded by Caroline Irwin that Eoin O’Brien be elected chairperson; it was proposed by Eoin O’Brien and seconded by Jeanette Brazel that Matt O’Brien be appointed secretary and it was proposed by Eoin O’Brien and seconded by Patrick Ormond that Seamus Kennedy be appointed treasurer. It was agreed that representatives should be invited to join the Board from the Irish College of General

Practitioners, the Irish Dermatology Nurses Association, the Pharmaceutical Union of Ireland and the Charles Institute. It was further agreed that the Foundation should proceed with drawing up a business plan, a job specification for the appointments of a full-time Chief Executive Officer and a part-time Medical Director, and that the location of rented premises should be investigated.



*The inaugural meeting of the Irish Skin Foundation. From left: Caroline Irwin, Jeanette Brazel, Marina O'Kane, Matt O'Brien, Eoin O'Brien, Seamus Kennedy, Patrick Ormond and Alan Irvine.*



*Michael Brady, Noel Browne and Gerard T. O'Brien*

## APPENDIX 1

### Medical Staff Memoirs

#### THE CHARLES FAMILY

*The following notes on the Charles family were written by Dame Beulah Bewley, a niece of Andrew Charles, who was the eldest brother of Beulah's mother.*

*The Charles family:* The Charles family came to Ireland in 1604. Relatives included a Canon at Westminster Abbey and a consultant at St. Thomas's Hospital. There is no mention of Irish or English politics. They came from a reasonably wealthy background as Ulster Protestants and had been senechals. There were a number of Charles families and some married cousins. My mother talked about having double relatives with cousins marrying cousins. Medicine seemed to be in the family and it was probably encouraged.

*Parents of Andrew Charles:* Andrew's father Richard was quite elderly when he married. He had made his money in Chicago USA and returned to Cookstown. Eleanor (nee Eagleson) was about 18 years old when she married.

*Brothers of Andrew Charles:* There were four sons (3 doctors and 1 solicitor). Frank Charles, a TCD graduate who assisted Andrew, was in the RAMC and died of complications following surgery for appendicitis. Richard Charles, FRCSI, qualified at the College of Surgeons and was in World War I as a consultant RAMC surgeon and later in East Suffolk Hospital Ipswich. Another brother David Charles (Old Royal) was a solicitor in Clare Street, Dublin.

*Sisters of Andrew Charles:* My mother, Ina Eagleson, was the youngest of the family. She was born in 1896 and married my father John B Knox and they had three daughters Eleanor Burman, Beulah Bewley and Maureen Nuttall. Eleanor has two children – Tara is a GP in Southampton, and one



grandchild training to be a doctor at Oxford. Beulah married Thomas Bewley (both qualified TCD – Beulah qualified in Medicine in 1953) had five children – one daughter is a Professor in obstetrics at St. Thomas's Hospital London (MB qualified at Oxford) and one grandchild. Maureen Nuttall had two children and five grandchildren. Mina (Minnie) Thompson was married and had four children (one son Walter qualified at TCD and became a surgeon in the Royal Navy and later a GP. Elizabeth known as Betty was unmarried. She wanted to do medicine but was not encouraged; part trained at the Middlesex Hospital London and came to Dublin as first matron of Hume Street Hospital and later went to live with her mother in Cookstown.

*Andrew Charles's own family:* He married Lucy who was older than he. They had one daughter Lucy who trained in Paris as a painter and became Professor of Arts at the National College of Arts. When she retired she married Wilf Fitzsimmons. Andrew and Lucy had two sons Havelock (Hal) and Harry both of whom were doctors. Hal married Iris Aston and they had two girls Norma Futers and Heather DeLeon.

***The following letter was written by Brian Charles in 1979:***

Quebec,  
Canada.  
25th January 1979

The attached Family Tree\* of the CHARLES, stretching from the year 1603 to the early twentieth century, has been compiled principally from information given to my mother Naomi by my great-uncle Havelock, sometime during the 1920s, at which time his secretary was busy gathering what data she could and had prepared a tentative chart up to and including the generation born in the late 1800s.

When mother died I found a copy of this chart amongst her effects but not then being much interested in family history, I merely scanned it, noticing that one or two of the early forbears had been Seneschals of Tyrone, a term I took to mean "Enforcers for the British Masters" and was not too favourably impressed. I did however keep the chart.

Recently, feeling it might be of interest to my children to have some record of family history, I started to revise the chart and to bring it up to date. The attached is the first instalment. No doubt there are omissions and errors since the information I have is incomplete; but there is enough to make one realize that the accomplishments of many members were substantial, and praiseworthy.

On a recent visit to Ireland I went to Cookstown, Co. Tyrone and visited the Derryloran Parish Church, formerly attended by the family of David Hughes Charles, my great-grandfather. There is a Tablet on the wall at the end of the former "Charles Pew" which reads:

\* Unfortunately the family tree is not available.

TO  
THE GREATER GLORY OF GOD  
and  
In the loving memory of  
DAVID HUGHES CHARLES and ANNIE ELIZABETH CHARLES (née ALLEN)

This tablet is placed here by their children whose indebtedness and love  
are beyond expression.

J. J. CHARLES M.A., D.Sc. M.D.  
Professor of Anat. & Phys. R.U.I.,

The Ven R.H.CHARLES D.D., D.Lit, L.L.D  
Archdeacon of Westminster.  
Fellow of British Academy

T. CRANSTOUN CHARLES M.D., M.R.C.P;  
Lecturer. St.Thomas's Hosp. London.

Maj. Gen. Sir HAVELOCK CHARLES  
C.G.V.O., K.C.S.I., L.L.D., M.D., F.R.C.S.,  
Kt. of Justice, order of St.John, I.M.S. (R).  
Sergeant Surgeon of King George

D. ALLEN CHARLES M.D., M.Ch.

D. HUGHES CHARLES

MARIE ELIZABETH CHARLES (GIVEN)

FREDERICK LINDSAY CHARLES

There do not appear to be many descendants of the family living in Northern Ireland. Since my visit there in late September 1978 the two hotels I stayed in, one in Omagh and one in Dungannon have been destroyed or severely damaged by I.R.A. bombs.

### **Career of Andrew Charles**

***The following notes on the career of Andrew Charles family were compiled by Dame Beulah Bewley:***

*Andrew Charles:* Born 1879 in Cookstown, Co. Tyrone. Died 1933 aged 54 years and is buried in Mount Jerome Cemetery, Dublin. He was the eldest of 11 children. His mother was Eleanor, née Eagleson, who had nine pregnancies with two lots of twins.

*Education:* Carmichael School, Dublin. Qualified 1902 Nov 8. RCP Ireland LLM 1902 RCS Ireland LRCPI & LM 1902.

*Addresses:* 1903 registered address: 8 James Street, Cookstown. 1905 registered address: 103 Dunore Tce, South Circular Road, Dublin. 1906 GMC Registered address: 64 Harcourt Tce; 1931 Andrew Charles lived initially at 11 Merrion Square and later at 28 Merrion Square. He also did some private practice in N. Ireland at Lisburn Road, Belfast.

*Distinctions:* Medals junior and senior anatomy 2nd & 3rd year Practical Anatomy; Principals and Practice of Surgery and Pathology; Stoney Memorial Gold medal. 1907 FRCSI Demonstrator Anatomy and Surgery; [Factual information from GMC Irish Register]. 1906 FRCSI; 1911 LAH.

*Appointments:* City of Dublin Skin and Cancer Hospital; Examiner in anatomy Apothecary Hall, Ireland. Surgeon, St. Patrick's Ambulance; Court of Directors, Apothecaries Hall of Ireland.

*Societies:* 1910 Member of the BMA; Member of the Royal Academy Medicine Ireland. Council & Fellow London Dermatology; Member IMA; British Association of Radiology & Physiology.

### **Obituary for Andrew Charles**

We have to announce the death, at the comparatively early age of 53, of Mr. ANDREW CHARLES, which took place in a Dublin nursing home. Born at Cookstown, Co. Tyrone, he qualified in medicine at the age of 21, and four years later became a Fellow of the Royal College of Surgeons in Ireland. He specialized in diseases of the skin, and gave particular attention to the treatment of cancer. His intensive study of the latter ultimately undermined his constitution. He was a born organizer, and his successful enterprises included the foundation in 1911 of the Skin and Cancer Hospital, Hume Street, Dublin, of which he was medical superintendent, and which is now a fully equipped hospital with all the most recent scientific apparatus for the treatment of cancer, including x-ray, Finsen light, and radium, and the Erlangen symmetry apparatus. Mr. Charles was a Fellow of the London Dermatological Society. He leaves two sons, one of whom is Dr. R. C. Havelock Charles, and one daughter. His brother is Mr. Richard Charles, surgeon to the East Suffolk and Ipswich Hospital. [*British Medical Journal* 1933; April 1. p.594]

***The following letter was written by Norma Futers, who is a grandchild of Andrew Charles:***

30th September 2010

Dear Eoin,

Thank you for your letter – it is so encouraging to hear that things seem to be moving forward and that the history of the hospital is being committed to paper too. I feel rather helpless and wish I had paid more heed to the day-to-day bits of information which came my way in my younger days! However here goes; though it is rather disjointed.

Clearly I recollect some of the immediate nursing staff – Gerry O'Brien, Tommy Gilmartin and John Coolican also Matron Joan O'Sullivan and Nell Sheridan from the X-ray department (which I attended on a regular basis to have my chest x-rayed as a precaution against the dreaded T.B.)

I knew about the energy and zeal that went into the fundraising by the dedicated Ladies' Guild, which included Muriel O'Brien, Peggy Gilmartin and my mother Iris Charles. They were keen and very successful workers.

Members of the Board that I knew were Fred Lovegrove (whose son Jim was on the Board till recently) and Wilfred Fitzsimmons, who died this August, aged 98.

These were among those who contributed the financial knowledge from their experience in the business world, as well as their wisdom in forming policies.

There was a wonderful family atmosphere. We, as children and young people were welcomed and so felt very much at home in the building when we called in to meet up with our parents – or to be x-rayed! My parents regularly entertained Matron and sisters for dinner and Christmas presents were always given.

My father used to begin work before 9.00 a.m. and his clinics continued through into the afternoon and frequently through lunchtime – to the despair of the nursing staff. He worked till every patient had been seen because he knew that they had come from all over Ireland to see him. My father was born in 1905 and died in 1980. He continued to work in the hospital right up to the time of his death from pneumonia incurred after a broken hip, from a fall caused by a shop girl in Merrion Row throwing a mat into the street. It hit him forcibly and he later died in Hume Street.

My grandfather, Andrew died when I was five; so I have hardly any direct knowledge of him, but he came from a large family (8 or 9) in Cookstown, Co. Tyrone. His parents were in business, which appears to have been very successful which leads me to suspect that it was the business acumen gained within his family, which he used in the setting up of Hume Street Hospital. He was reputed to be ambitious and hardworking; there is clearly much evidence to support this opinion.

During the times of the Black and Tans, he, my grandmother and their three children lived in Harcourt Street. It is fair to say that they found him to be a difficult man but they have spoken to me of his courage in rushing out to attend a wounded soldier shot down in the street below. History does not relate which side the victim was from, but the courage is not in dispute.

With every good wish,  
Norma.

### **Charles of Hume Street**

***This interesting essay, which was published in a newspaper (probably the Irish Times) on the occasion of the unveiling of the plaque to Andrew Charles in 1950, was provided by Dame Beulah Bewley :***

There was an interesting little ceremony in Hume Street Hospital on Thursday, when a memorial bust in *bas relief* was unveiled in memory of the late Dr. Andrew Charles, who was the prime mover in the hospital's foundation nearly forty years ago. The sculpture was done by the young Cork artist, Donal Murphy, who is connected with the Dublin School of Art.

Andrew Charles, who was a man of uncommon ability, came from an old County Tyrone family, many members of which have been prominent in the medical profession. He was a kinsman of

the famous Sir Havelock Charles, after whom one of his children was called. One of four brothers: three, Andrew himself, Frank who was also attached to Hume Street Hospital, and Richard who is one of the leading surgeons in the East of England, adopted the medical profession. The fourth, David took to law, and is practising in Dublin. He is a better lawyer than he is a golfer, although he can be sticky enough on the links when he is in the mood.



*Memorial bust of Andrew Charles  
by Donal Murphy*

*Father's Footsteps:* Andrew Charles's two sons, Havelock and Andrew (better known as Harry) also are doctors; Havelock, who is attached to the Hume Street establishment, is a dermatologist as well as an expert on deep X-ray therapy, and Harry, on the staff of Mercer's, is a physician. To complete the family record, one of Andrew's nephews, Walter Thompson, from Cookstown, served as a naval doctor throughout the war and is now in practice in Wales, while David's daughter Brenda, having served her time as house surgeon in Sir Patrick Dun's, is on the staff of a big hospital in Ipswich. The two family defaulters, as it were, are Andrew's daughter, Miss Lulie who is a painter – and a good one – and David's son, Rupert who has taken to architecture.

*Young Architect:* I did not know that my young friend, Rupert Charles, was entering for the Irish Shell's architectural competition; still less did I ever dream for a moment that he would win it. Yet he had won it – in a big way. Apparently the Irish Shell Company organised the contest to secure the best design for a rural petrol station. The prize was £200 – no chicken feed in even these extravagant days, and Rupert walked off with it, although he was competing against fully qualified professional architects and he as yet is only a student. When quite a little boy Rupert Charles used to amuse himself by the designing boats of various kinds. He is a skilled yachtsman, having spent most of his spare time for many years now at his family's country retreat at Portrane.



*David Charles, Miss Charles, Havelock Charles and  
Dr L. J. Curtin at the unveiling of the Andrew  
Charles memorial plaque in 1950.*

*The Charles Family:* He is the only son of the well-known Dublin lawyer. Mr. David Charles and a nephew of the late Dr. Andrew Charles, founder of Hume Street Hospital, and of Dr. Richard Charles, the surgeon who runs a big hospital in Ipswich. His first cousin is Miss Lulie Charles, a highly competent painter,



who teaches in the School in of Art in Dublin. His sister Dr. Brenda Charles, has followed the family tradition of medicine, and is practising in England.

Rupert Charles has always been determined to become an architect; it may be said that he has now arrived. For some time he worked in the office of Mr. Vincent Kelly, who has done so much to promote the interests of the younger members of his craft. The only time I ever see “V.K.” now is on a golfing course, where he still has as vicious a hankering after his friends’ half-crowns as ever he had – and unfortunately for them, generally seems to manage to get away with it.

### Havelock Charles

*The following facts are recorded from the Annual Reports:*

The Board unanimously decided to ask Dr. Havelock Charles to succeed Philip Walker [as President of the Hospital]. [1983]

In June Dr. Hal. Charles retired after a lifetime’s service to this Hospital. Fortunately we did not have to say goodbye to Hal as he still comes into the Hospital every day to look after his patients. [1984]

I refer to the passing on of our dear friend and President, Dr. Hal Charles. A plaque to his memory now hangs in our Main Hall. [1985]

I would like to welcome Mrs. Iris Charles here today. I think it is remarkable that a member of the Charles family has been involved in Hume Street since its foundation eighty-one years ago. [1992]

Death of Iris Charles. [1999]



*Iris Charles*

## JOAN O’SULLIVAN

*Dr. Denis O’Sullivan, a nephew of Joan O’Sullivan, wrote this letter on 16th August 2010:*

Dear Eoin,

It was lovely talking to you after so many years. Auntie Joan was better than a mother to me and without her help I feel I would not have qualified as a doctor in 1972. I’m not a religious person but I pray for Auntie Joan every night. She used to rattle her keys when doing her rounds so that she would not surprise any nurses not doing their duty. She really does deserve to be remembered as do all the brilliant medical and nursing staff.



*Joan O’Sullivan and her neice Helen (standing) and Mossie Sullivan with his son Denis (seated)*



I found these old black and white photographs – one showing me with my first girlfriend Nurse Arthurs and my older brother Kerry, and another with my bandaged knee which Auntie Joan used a fire screen to keep the bedclothes from irritating it and finally a photograph of Auntie Joan nursing us both when we were recovering from pneumonia.

Thanks again, Denis

***The following Appreciation, written by Eoin O'Brien in 1975, was submitted to the Irish Times, but was not published:***

Miss. Joan O'Sullivan, Matron of the City of Dublin Skin and Cancer Hospital, Hume Street, for over 25 years died suddenly on Sunday, May 25th 1975.

Educated at St. Ita's High School, Cork, she received her nursing training at the Bristol Royal Infirmary and shortly after qualifying with distinction returned to Dublin where after a short time as Assistant Matron to Hume Street Hospital, she was appointed Matron in 1948. She with her sister the late Mary Teresa (Tess) O'Sullivan for many years Matron of Portabello Nursing Home gave to Dublin medicine a unique form of nursing and hospital care – an era in Dublin medicine, which with the passing of Joan has sadly come to a close.

To her nursing colleagues both senior and junior, her outstanding quality was integrity – a characteristic she regarded as essential to the medical aspirant. She deplored the materialism so prevalent in the profession today, believing that to be successful in medicine one had to be motivated by higher ideals.

A believer in the medical profession looking after matters medical, she resented modern bureaucratic interference and viewed with grave displeasure and scepticism the results of centralisation, firmly believing that in medicine and particularly in the treatment of patients with cancer, the small institute capable of giving personal attention and kindness was what the ill patient craved for. To all who worked in the hospital, her concern for and kindness to her patients, particularly those with terminal cancer, will always be remembered.

Doctors who met her briefly could not but be impressed by her authoritative and somewhat austere appearance – an appearance somewhat reminiscent of the Victorian era (she would not have resented this description having a greater regard for bygone principles than for modern mores) but those fortunate enough to become her friend soon felt the sensitivity and kindness of her personality.



She had little time for the personal comforts and luxuries of life and always alert to the poverty and unhappiness, which passed close to her, she was to many a source of profound kindness and generosity. Her personal pleasures were few and simple; a recluse she rarely visited or dined out; a wide reader she could talk freely on most subjects and had a keen interest in all forms of art but she had a particular affection for early twentieth century Irish painters, many of whom had been her friends. Her hobby was gardening and there remains within the grounds of Hume Street Hospital a small garden, beautiful in its simplicity in which evergreens – for such rather than flowers, were her delight – provide a shelter for the birds of the area and in which the nurses and patients may sit and enjoy the seasons pleasures. It is to be hoped that this small memory of Joan O'Sullivan will survive the ravages of modern progress and serve to remind us of one who gave so much to the hospital.

To her sister Kitty, her brother, niece and nephews we offer our sincerest sympathy.

### MICHAEL JAMES BRADY

*The following memoir was written by Dr. Brady's son Professor Michael Brady:*

Dr. Michael James Brady was born in Middleton, Co. Cork in 1900. His father was a local publican and member of the Urban Council who was selected to attend the funeral of Charles Stewart Parnell. Michael was educated at the local Christian Brothers School and played on the senior hurling team. He studied medicine at University College, Cork and graduated in 1924.



After graduation his first appointment was locum tenens in Killeagh, Co. Cork for a period of six months. He then travelled to South Wales and spent a year as medical officer to the local mines and often attended to severely injured miners at the coalface.

His next appointment was as assistant in general practice in Portsmouth and after two years, and marriage to Rose, he purchased his own practice in Accrington, Lancashire where I, the first of six children, was born. His next move was to Preston, Lancashire where he developed a large single-handed practice which included dispensing medicines and a good deal of domiciliary midwifery.

In 1936, while continuing to run his practice, he commenced the study of the relatively new disciplines of Radiology combined with Radiotherapy as it was then. The theoretical side was taught at Liverpool University and he travelled to Blackburn Royal Infirmary for the practical aspects. A great deal of travelling and late night study was involved while continuing to run a busy general practice.

In 1938 he came to Dublin as radiotherapist and radiologist to Hume Street Hospital and served this hospital until he died, in harness, in 1970 while returning from Mass in Haddington Road church on St. Patrick's Day.

Hume Street Hospital was, by charter, designated for the treatment of patients with cancer and diseases of the skin. The hospital had an operating theatre and a nursing home as part of the complex and a variety of other patients were treated on the recommendation of the attending staff. My own diseased vermiform appendix was removed in Hume Street Hospital by Mr. John Coolican and, many years later, on my appointment to the nearby St. Vincent's Hospital I operated on several cases in Hume Street. In the 1960s all prospective emigrants to Canada came to the hospital at the behest of the Canadian Embassy for screening, including chest X-rays and physical examination, before qualifying for a visa. The queue for these examinations often extended as far as the corner with Stephen's Green. Dr. Brady lectured the radiography students in UCD on therapy and held weekly clinics for the final year medical students of UCD.

In Dublin before the 1950s, two hospitals specialised in Cancer treatment, St Anne's in Northbrook Road and Hume Street Hospital. The minister for health established a Cancer Consultative Council in 1949-50, which resulted in the purchase of the Oaklands estate in Rathgar and the building of St. Luke's Hospital. Dr. Brady was a member of that council and fought a lone battle, which affected his health, against the establishment of St. Luke's Hospital. His recommendation was that cancer treatment should be multidisciplinary and situated in a large general hospital setting. He had a completely open mind as to which general hospital should be selected for the construction of the modern cancer unit and it is ironic that now, many years later this is precisely what is proposed.

My own memories of the hospital go back to the days when, as a schoolboy attending Belvedere College, I cycled daily along Merrion Row. I often called in to see my father and always appreciated the warm welcome from all the staff including the porter in the front hall and Mr. Cullen the general factotum and maintenance man at the rear. Every morning Matron O'Sullivan and Sister Darmody hosted morning coffee in the matron's office for the visiting medical staff. No visit to the X-ray department was complete without a few words with Radiographer, Nell Sheridan, and the working day in that department was enlivened by the banter between Nell and my father.

My mother was also a native of Midleton and studied pharmacy, as an apprentice, in McSweeney's pharmacy in Cork city. She had five children and served on the Ladies Committee of the hospital. She and my father had two social groups – hospital staff and their families and expatriate Corkonians!

My father was deeply religious in an unobtrusive way and was a lifelong member of the St. Vincent De Paul society in Westland Row parish. Down the years many young doctors filled the role of RMO in the hospital and retain fond memories of their time in Hume St. Dr. Patrick Hillery, who became President of Ireland, told me how much he enjoyed his year in the hospital and Dr. Finbarr Cross, who later became a member of the staff of St. Luke's Hospital which led to a career in Radiotherapy by his experience of working there as a young graduate. After my father's death Dr. George Edelstyn from Belfast acted as radiotherapist until his early demise and thereafter the role of the hospital was confined to dermatology only.

### GERARD THOMAS (G.T.) O'BRIEN

*The following obituary was written by the late Dr. Harry Counihan:*

Gerard O'Brien was born in 1905 in Co. Clare and had his early education at Terenure College, Synge St. School, and Clongowes Wood College. He entered the Royal College of Surgeons and completed his medical education in 1927. He joined the R.A.F. on a short-term commission and on his return to Dublin did resident posts in the Richmond and Peamount following these with post-graduate study in London. He became a M.R.C.P.I. in 1932, being elected a Fellow in 1937. He took the D.P.H.(N.U.I.) in 1933. In 1933 he was appointed an Assistant Physician to the Richmond, Whitworth and Hardwicke Hospitals and later consultant physician to Hume Street Hospital in 1940.



*Gerard T. O'Brien in R.A.F. uniform*

He specialised in diseases of the chest and became an expert in the treatment of pulmonary tuberculosis. Tuberculosis was a tremendous challenge to a physician when Gerry O'Brien made it his chosen field of endeavour. Its ravages were accepted with fatalistic indifference and the facilities for treatment were virtually non-existent. O'Brien had at his disposal beds in wooden huts some so primitive as to be called 'horse boxes' and there must be some ex-patients still alive who can recall brushing the snow from their counterpanes. Gerry O'Brien soon attracted an enormous number of patients with tuberculosis. Apart from rest the only therapeutic tool was artificial pneumothorax, and this he used with skill and determination despite the all too common disappointments and complications.



As each new advance in collapse therapy for tuberculosis was published he quickly introduced it for his patients and was one of the very few physicians who encouraged his surgical colleagues to operate on patients with pulmonary tuberculosis and other chest conditions where surgery is now taken for granted. Gerry O'Brien was a great personality both for patients and for students. For patients he had that charisma that is given to so few, which made them accept his advice to endure the hardships of treatment; his sympathy for their plight flashed across with electric intensity and a complete lack of verbal communication. He had a deep well of rage for the total failure of the medical and political systems to cope with the problems he saw daily, and this could cause a thunderous atmosphere that made many a resident quail.

In general medicine he had an extraordinarily retentive memory both for patients and for details of textbooks. He became an excellent diagnostician. His clinical experience was enormous as he spent all his hours with patients and this allowed him to make intuitive diagnoses where more logical, and indeed more learned, physicians had failed. As a teacher he was a great believer in the time-honoured methods of bedside instruction and yet his understanding of the social evils responsible for disease gave new insights to many. His great exertions and patent sincerity commanded respect among his residents and beneath his gruff castigations and devastating sarcasms they could divine the shy boy who wanted to have fun with them.

Times changed and the driving force of Noel Browne put into operation the reforms necessary to remove T.B. as the health problem. Gerry O'Brien applauded the changes but his past efforts were ignored, and he was offered no recognition or recompense for his earlier services. It was a bitter blow and although it was accepted without a single word of complaint somehow the fire was dampened. Although he was in indifferent health he continued to practise up to the time of his death.

Gerry O'Brien had a poet's heart and had a deep and abiding love of poetry and music, which he cultivated to his dying day. His knowledge of steeplechasing was encyclopaedic and he dearly loved a small wager. Physicians with tender hearts are pearls worth treasuring.

He was greatly loved. To his widow Muriel, and family (one of whom, Eoin, is a doctor) We extend our sympathy. [H.E.C. *Journal of the Irish Medical Association*. 1973;66:145]

### **Anonymous appreciation**

The recent death of Dr. G.T. O'Brien at the early age of 67 has removed from the Dublin scene one of its most distinguished practitioners. Qualified in 1927 when

still in his early twenties, he joined the R.A.F. (Medical Section) and became involved in a specialised study of tropical diseases. On his return to Dublin he was appointed, in 1930, RMO at Peamount Sanatorium and subsequently physician to the Richmond Hospital and Consulting Physician to Hume Street Hospital.



*Inaugural Meeting of the RCSI Biological Society 1948: (from left); Leonard Abrahamson, Michael Brady, Noel Browne, Gerard O'Brien, Morgan Crowe and P. O'Reilly.*

As a background to a rapidly growing general practice, he developed a keen interest in the clinical manifestations and treatment of tuberculosis which was to become the subject of his most fruitful work in subsequent years. Dr. O'Brien's experience and capacity for shrewd and accurate appraisal of the human as well as scientific factors involved in the diagnosis and treatment of disease gained for him a high reputation amongst his colleagues, who frequently enlisted his services as a Consultant.

Quiet and unassuming in manner, he treated his patients with gentleness and sympathy, particularly the poor whom he served with singular skill. Peace to his gentle soul.

***The following memoir of the Hospital was written by Hugh O'Brien, a son of G.T. O'Brien, who spent many days in the Hospital with asthma:***

My father, in whose thoughts music and poetry were ever present, when asked to address the Annual General Meeting began: "It is now just over 30 years since I first came to the staff. There have been many changes and this brings to my mind the words of that satirical but human gentleman, W. S. Gilbert. "Oh! what transmutations have been conjured by the silent alchemy of 30 years." [54th

Annual General Meeting 1965]. Of course I never knew of such happenings but I would accompany him occasionally on his visits to the Hospital or sometimes with my mother who attended meetings of the Ladies' Guild. While waiting to be taken home I would be left in Matron's office. It seemed that there was always a big blazing fire regardless of the weather. Lemonade by siphon and cake and biscuits were served by little Winnie. Matron Joan O'Sullivan was a woman for whom the word 'matronly' does not seem appropriate. Magisterial would be better. She was a commanding figure, always in blue uniform and starched wimple-like cap. She always struck me as like the captain on the bridge, not overtly doing much but attended by those who earnestly did. Beneath that exterior was a warm-hearted woman who was the centre of a small community of patients, nurses, medical staff and others. This community would be crystallised by the annual Christmas Concert when the male ward was transformed into a stage by beds being rammed together to make space for an audience of patients from other wards, staff and visitors for a thoroughly professional entertainment put on by staff and friends of the hospital.



*Annual Christmas Concert*

Childhood asthma meant that I was a frequent visitor to the nursing home as a patient. I spent a lot of time being x-rayed by the ebullient Nell Sheridan. My father would also be there wearing, like a heavy horse blanket, a lead apron. An abiding memory is the touch of cold steel of the large plates against my chest and thrust forward shoulders.

A measure of how friendly and comforting Hume Street was is illustrated by how they treated me during a convalescence stay following a major operation that I'd had

in a hospital in England. Realising that I'd spent my 12th birthday away from home, Matron and her assistant, Sister Mary Darmody, arranged for me to have a belated birthday party in the nursing home. It was a thoughtful end to my association with the hospital as a patient.

Even in that cocoon of care the outside world could intrude in unexpected ways. My time of convalescence was one of great boredom satisfied only partially by standing at the window looking out at the activity on Hume Street. One night when, to my subsequent morbid chagrin, I was not so occupied, a dead body was deposited on the pavement on Hume Street setting in process the prosecution, and conviction for murder, of Mamie Cadden. The excitement of my vicarious association with this news-worthy event was tempered only by the obvious reluctance of my parents to explain the full background and furore caused by this crime. A little bit of Irish social history thus passed me by.



*The birthday party: Geraldine and Berna O'Brien, Brian O'Flanagan, Fergal Shaughnessy and Hugh O'Brien (standing; Mark and Marie-Josephine O'Brien (seated))*

From patient to employee. My next association with Hume Street had me doing summer jobs as a messenger ferrying samples to various pathology labs, helping the office to make up wages and anything else that needed doing that could be entrusted to a schoolboy. Later, when a university student, I worked there as a night telephonist. These were the days before direct extension dialling so that all calls were routed through this single point. My stint ended conveniently at 10:30 allowing me to hare off to O'Donoghues in nearby Merrion Row before the call of 'time'. This job is memorable for how close it brought me to the night nurses. They were dependent upon me to make their calls home and elsewhere, all of which were scrupulously paid for in person at my hatch while I logged up the details. Arva 19, the number still resonates. Is this because of the poetic place name or the lovely nurse who nightly asked me to make those calls?

### JOHN MACAULIFFE CURTIN

***The following obituary was written by Dr. Andrew Maguire:***

John McAuliffe Curtin "Mac" to his family and friends – the doyen of Irish ear, nose and throat surgeons, and past President of the Royal College of Surgeons in Ireland, died peacefully at home last month after a brief illness, aged 80.

Born during the Great War, he was educated at Presentation College Bray, and graduated with distinction from the RCSI in 1940. He proceeded to FRCSI in 1945

and followed his father Larry into otorhinolaryngology. His long career spanned the major surgical advances beginning with the antibiotic era. With great personal charm and drive Mac enhanced the development of his chosen specialty in this country.

An early interest in amateur dramatics at the Abbey Theatre enabled him to project his ideas and innovations to a larger audience as an excellent public speaker. A keen medical historian, Mac had a long and wise perspective that benefited the hospitals and postgraduates with whom he was associated.

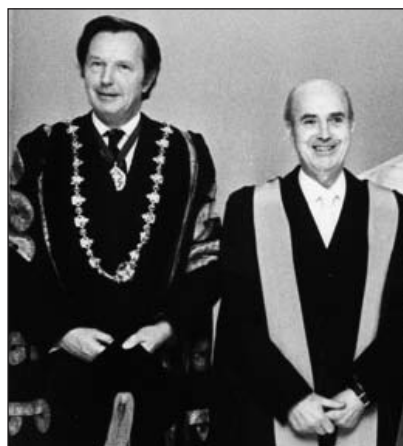
He became the youngest member of council at the RCSI and served for 35 years, and also had long experience on the finance committee. He was president of the college for two terms (1974-76). It is fitting that his name is commemorated on the foundation stone of the new extension, which was opened during his presidency and the registrarship of Dr Harry O'Flanagan. The college was the only medical school to expand in those recessive times in these islands.

Long before the modern requirement of consultant participation in hospital management, Mac was well versed in the financial implications of health care planning. His main hospitals, St Laurence's (the "Richmond"), the Eye & Ear, and Temple Street all benefited from his expertise.

He was a founder member and past president of the Irish Otolaryngological Society, an all-Ireland example of North-South friendship and scientific exchange, now thriving in its 37th year. He helped develop the School of Speech Therapy (now Speech & Language Studies) and the audiological departments at the Eye and Ear, Temple Street and Beaumont Hospitals. Other major achievements were in bringing a most successful British Academic Conference to Dublin in 1991, and establishing the chair in otolaryngology/head and neck Surgery at RCSI.

Many honours came Mac's way, including governor of the American College of Surgeons, council membership of the Royal Society of Medicine, London, member of the Collegium ORLAS, and fellow of the Trilogical Society. An expert in facial nerve surgery he lectured widely in the US, the Middle East and Japan. He was adviser both at home and abroad on the development of ENT services.

International in outlook, Mac invited the most outstanding otolaryngologists to lecture here, and together with his wife Maeve, an anaesthetist (who predeceased



*John McAuliffe Curtin, President of RCSI and Cearbhall Ó Dálaigh, President of Ireland.*



him two years ago) entertained their visitors and Irish colleagues in their home with wonderful warmth and hospitality. Their large family of six daughters were a great source of joy to Mac and Maeve, and their careers include nursing, dentistry, administration, law and medicine.

Mac will be remembered with affection for his warm personality, sense of humour, and interest in people, by his friends and patients, together with the many postgraduates he encouraged and trained. Though retired from surgery, he continued in medico-legal practice, and on the council of the Eye and Ear Hospital. Happily Mac lived to celebrate the centenary of that hospital, where his daughter Denise is a consultant ophthalmologist. One of the last meetings he attended was the annual meeting of the Eye and Ear held at the Mansion House, to commemorate the first one held there in 1897.

An English colleague who sat beside him on the plane to London remarked afterwards: "What a delightful travelling companion!" He was that indeed, and a great example of someone who loved life, lived it to the full and right to the end. Deepest sympathy to his family. A.J.M. [Appreciation. *Irish Times* 28.05.1997]

### ALAN J. MOONEY

*The following obituary was written by the late Dr. Gearoid Crookes:*

By the death of Alan J. Mooney, which occurred on March 27th 1999, Irish Ophthalmology stands deprived of one of its most eminent practitioners. Bearing the name of a dynasty held in continuous respect by the specialty for over a hundred years, he was that dynasty's main standard-bearer in the twentieth century. While he was thus carrying on a tradition established by his father in the nineteenth century, he was at the same time underwriting a promise of its continuation by his son in the century ahead.



He was born in 1902, and graduated in medicine from Trinity College in 1924. After a period as resident in the Eye and Ear Hospital in Dublin, his journeyman years were spent at Oxford and Edinburgh. In the latter place, studying under the renowned Prof. Traquair, he acquired the facility in perimetry that became a notable skill, and later would point his professional steps in the direction of neuro-ophthalmology. Such was his dedication to this exacting technique that his regular attendance at his private consulting rooms on Sunday mornings was renowned; in that subdued ambience he would conduct on hospital patients the precise field studies essential to neurological diagnosis. On his becoming consultant to the Eye and Ear, and to the old Richmond Hospital, the neurological aspect of his work was a fulcrum on which all else pivoted. This important fact was clearly shown on

his retirement, such difficulty then being found in replacing him that for a long period the hiatus was filled by the regular visits of a locum from Belfast!

His publications centred largely on neuro-ophthalmological topics, among the most notable being two papers on the ocular sequelae of tuberculous meningitis (AJO, 1956 and 1959) wherein he brought to notice some important implications of that recently prevalent disease, then waning. Another interest was in chiasmal lesions, resultant on the many cases of pituitary tumour seen at the Richmond Hospital; typically, when he was selected to deliver the Montgomery Lecture in 1938, his chosen theme was 'Lesions of the Visual Pathway and their Relationship to Neuro-surgery'.

Alan's most pronounced characteristic was probably his single-mindedness, evident in the vigour with which he conducted a term in office or pursued any chosen objective. In 1957, when made President of the Irish Ophthalmological Society, he organised a Joint meeting of that body and the Society of British Neurological Surgeons resulting in a galactic display of talent, and much kudos for this country. Several years later when his youngest son was diagnosed as suffering from diabetes, this was the trigger for Alan to mount an all-out effort to highlight its ophthalmic complications. Mindful of previous success, he proposed another Joint Congress, this time between the IOS and the British Diabetic Association, an event carried off in great style with him as its prime mover.

This success had the effect of turning his mind to other ways of promoting knowledge of diabetes and its management. Thus there germinated the idea of founding a Research Institute based at the Eye and Ear Hospital, a foundation around which his life had rotated since childhood. From first concept to ultimate realisation the Research Institute was Alan's creation, and following his retirement from hospital practice it became the receptacle into which he poured most of his abundant energy. Few philanthropists have the satisfaction of seeing their life work so crowned as he did, and it is only appropriate that his portrait adorns the Institute's entrance as the Founding Father. Too humble to apply the verse to himself, it was ancient Horace who uttered Alan's epitaph in the line: 'Monumentum exegi aere perennius.'

Outside of Ophthalmology, in which he had an impressive list of publications, Alan showed a talent for business, and in his prime served with success as a company director. He could be reserved in personal relationships, but to those who, as the present writer, grew to know the inner man, his reserve concealed a kind and caring human being of essential modesty. He seemed to have been at his happiest as an outdoors man, taking great interest in horse racing and having a talent for rose growing, which was rewarded by multiple prizes. And always of course there was his family to whom he was as devoted as they to him. To them

the admiring sympathy of his ophthalmic family is extended. [GPC. Appreciation. *Irish Times* April 1999]

## GEORGE EDELSTYN

*The following excerpts are from the Annual Reports:*

It gives me the greatest possible pleasure to introduce Dr. Edelstyn to you. For the past three years the continuing and progressive treatment of cancer in this Hospital has been in his hands. How fortunate we are to have the brilliant and distinguished doctor to keep our Hospital in the forefront of cancer treatment. Dr. Edelstyn travels to Dublin from Belfast twice weekly. He is a man of great energy and enthusiasm for his work, which includes the holding of clinics in Cavan and Longford on behalf of the Hospital. He is Consultant Radiotherapist to Montgomery House, Belfast, and Medical Advisor to “Action Cancer”, which is a Charitable Organisation. He is Chairman of the Irish and British National Breast Trial Chemotherapy Committee. Now this is a position of great international importance and indicates the high regard in which Dr. Edelstyn is held internationally. [1973]

It is nigh on three years since your former Chairman, Major McDowell, telephoned me in Belfast to ask my help in a temporary crisis following the lamented death of Dr. Brady and the difficulties encountered in filling the post. Major McDowell then held discussions with my employers, the Northern Ireland Hospital Authority. [1973]

I would like, at this stage, to pay tribute to the late Dr. George Edelstyn, and it was a very sad day for this Hospital when he died last May. [1979]

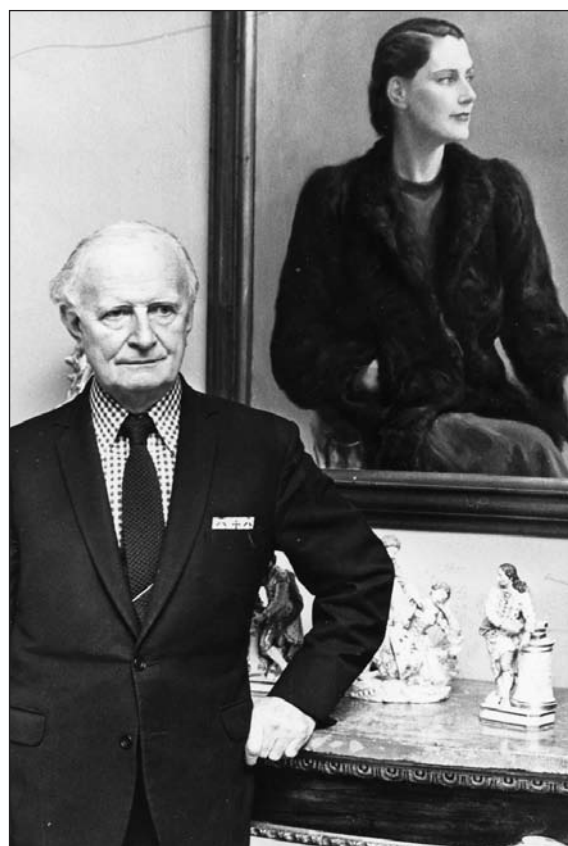
## THOMAS JAMES GILMARTIN (1905-86)

*The following biographical note and photograph were provided by John Maiben Gilmartin:*

Thomas James Gilmartin, anaesthetist, was born 29 June, 1905 in Ballymote, Co. Sligo, eldest son of James Gilmartin, J.P., a merchant associated in politics and business with the Home Rule Leader John Dillon and his family. An uncle, the Rev. Thomas Gilmartin was Professor of Ecclesiastical History, Maynooth College, and author of a noted History of The Church. Another uncle, Dr. John V. Gilmartin was a medical practitioner who inspired his choice of medicine as a profession. He was the only surviving child of the first marriage of James Gilmartin. His mother was Margaret (Rita) Gilmartin (nee Coghlan). He was educated at Summerhill College, Sligo, Belvedere College, Dublin, and RCSI, before being admitted LRCPI & SI (1929); he was awarded a diploma in anaesthetics RCPSI (1943), and fellowships from the Faculty of Anaesthetics RCS, England (1949), and RCSI (1960). After gaining clinical experience in English hospitals,

(Birkenhead General Hospital, the Royal Southern Hospital, Liverpool, Paddington Infirmary, London) he was appointed assistant anaesthetist (1932), subsequently consultant anaesthetist (1946) at Mercer's Hospital, Dublin. He was invited to join the medical board (1969), formerly the preserve of the honorary medical staff, and was elected as a non-voting member of the board of governors. He resigned (1983) on the closure of the hospital.

As early as the 1930s he appreciated the necessity of developing anaesthetics as a scientific speciality; the first doctor in Ireland to use curare, he was a major influence in raising standards and spearheaded the movement in Ireland for the use of fully trained, full-time anaesthetists in operating theatres. He was chairman of the IMA Anaesthetists' Group, which produced the seminal *Report on the anaesthetic services* (1950), and a chairman of a steering committee, he played a critical role in the founding of the Faculty of Anaesthetists of the RCSI (1959), of which he was the first dean, examiner, and the first to occupy a chair of anaesthetics in Ireland on his appointment as associate professor in 1965. President of the Biological Society of RCPSI (1950), and of the Graduates Association RCSI (1961 and 1962).



*Tommy Gilmartin with the portrait of his wife, Peggy  
by Ernest Hayes*

He was elected hon. FRCSI (1974), and further honoured by the RCSI with the inauguration of the annual Gilmartin Lecture in 1985. He was consultant to the Dublin Dental Hospital, the City of Dublin Skin and Cancer Hospital, and Peamount Sanatorium, Newcastle, Co. Dublin. He was also associated with Grangegorman and Portrane Hospitals. He contributed articles to medical journals. A founder member (1932), council member and vice-president of the Association of Anaesthetists of Great Britain and Ireland, he was awarded the highest honour, of the Association, the John Snow silver medal (1985); FRAMI and president of the anaesthetics section, he was elected president of the London Irish Hospitals Graduates Association, and of the association of Dental Anaesthetists of Great Britain and Ireland.

He married Margaret (Peggy) Motherwell Maiben (died 31st May, 1998) of an old linen merchant Dublin family established there in the eighteenth century. She was a kinswoman of Samuel Beckett. Widely admired for her good looks and elegance, she greatly assisted him in his career as well as working indefatigably for Hume Street Hospital and as a Governor of the National Maternity Hospital. She was one of the first to collect and appreciate 18th century Irish furniture and painting.

Known as Tommy he had a wide and eclectic circle of friends. A man of great charm, conviviality and style he could be formidable upon occasion. He was deeply read and was an art collector and lived at 32 Lower Baggot Street, Dublin. This he made a notable Georgian house by restoring its 18th century character with the help of his wife and son. He was an honorary member of Portmarnock Golf Club. He was also a member of the Royal Irish Yacht Club. He died 22 June, 1986 in Dublin. They had one son John Maiben Gilmartin, an art historian.

## NELL SHERIDAN

*The following excerpts are from the Annual Reports:*

Nell Sheridan joined the staff around 1944.

Miss J. Haslam has joined N. Sheridan as Radiographer.  
[1969]

Another loyal (the other being Hal Charles) and long serving member of the staff retired this year. Everybody who is associated with Hume Street will, I'm sure, join with me in wishing Nell Sheridan, our radiographer for over forty years, a long, healthy and happy retirement.  
[1984]

Nell Sheridan died in 1986.







*Fred and Margot Lovegrove at the marriage of their son, Jim, in 1955.  
The boy in the background is Brian Crawford.*

## APPENDIX 2

### Board of Management Memoirs

#### FAMILY CHAIRMEN

*A remarkable feature of the Hospital was the strong family influences that motivated sons to follow in their father's footsteps to work in the Hospital or serve on its Board of Management. On the medical front fathers and sons served on the staff of the Hospital from the Coolican, Mooney, O'Brien and Curtin families for periods spanning more than fifty years of its existence. This family influence was also apparent on the Board of Management where two generations of the Lovegrove, Quinn, Lawler and Crawford families not only served on the Board but also occupied the position of Chairman of the Board. The material for the following memoirs have been provided by the latest serving chairmen from each of these families.*

#### FREDERICK LOVEGROVE 1900–1960

##### Chairman 1954–55

*The following letters and details on the Lovegrove family were written by Jim Lovegrove, who was Chairman of the Board in 1992-93:*

15th October 2010

Dear Eoin,

Thank you very much for your letter of September 13th. I was very interested to read that you have been asked to write a history of the hospital for the centenary. This should be very interesting, and I wish you every success with it.

My brother, Richard, has forwarded to me the enclosed photograph of my father and mother, which was taken at my wedding to Margot in 1955. At first I was a bit

doubtful about sending this to you, but as Richard said “This is a very suitable photograph as it includes the Chairperson of the Ladies’ Guild and two Chairmen of the Board (the small boy wearing short trousers in the background of the picture is Brian Crawford) on the occasion of the marriage of a third Chairman.” You also asked if I could give you a summary of my father’s life. It is now fifty years since he died, so my memory may be a bit faulty, so I will send a copy of this letter to Richard, who is much younger than I am and who may have a better memory!

In 1914 my father joined The Port Line as a cadet. This company was a part of the Cunard Group, and ran a regular cargo service between England and Australia and New Zealand. Some of their ships had accommodation for about a dozen passengers. I think it was in 1916 that my father’s ship was sunk by a German mine off the North coast of Australia. I believe that this was the furthest South for a ship to be sunk. Anyway, all the crew were saved, and I believe that they were given an enthusiastic welcome by the Australians.

I am not quite sure when my father gave up his career at sea, but it was before 1925 when he married my mother. At this time he was the first officer of his ship, and he had obtained his master’s certificate. However, while he was on watch-keeping duty he got the duodenal ulcer, which was to plague him for the rest of his life. My mother worked as a secretary in Vickers London office. He then joined the family business in London, who were agents selling woollen cloth, with his father and elder brother. They then expanded to become woollen merchants supplying cloth to department stores throughout the country and also to clothing manufacturers. By 1939 my uncle had opened branches in Paris and Glasgow, and in 1935 my father opened a company in Dublin. During this time he had serious problems with his ulcer. After he left the sea he had an operation at the Miller Hospital in London to cut out this ulcer. We now know that this is the wrong treatment, and the ulcers came back again.

In 1939 when war came again the French and Scottish companies closed down, and I believe that my uncle was on the last plane out of Paris before the German occupation! In the meantime they had bought a large amount of merino wool in South Africa, and they had arranged for this to be woven into cloth in Italy. But, it was now impossible to get this cloth into the U.K. so my father arranged for it to be transhipped to Dublin. This meant that he and his family had to move to Ireland. The arrangement was that they would have Christmas in England, and then they would fly with my brother (aged 7) and me (aged 9) from Liverpool to Dublin. However, fog delayed us for a few days, and we actually arrived in Dublin on January the first 1940 on what was meant to be a six-month visit. During the “Blitz” the London offices and warehouse were burnt to the ground. And, with

these air raids continuing there was no point in returning to London. However, my father did want to go back to sea, but his doctor told him that this would be impossible with his ulcers. He bought a large van that had previously carried Fyffes bananas, and had it converted to turn coke into the gas, which propelled it. With this fearsome machine he toured the Irish woollen mills in order to get cloth to sell. My youngest brother, Richard was born in Ireland in 1944.

My father became a very energetic chairman of the hospital board. Among other things he checked through all the books, and found that the secretary of hospital had been embezzling funds on quite a large scale! He had the lift installed, and he used to go through the wards talking to the patients to find out if they were satisfied with their treatment. However, the duodenal ulcers continually gained in strength, and after the war he gradually became very frail and bent. Also, business became more difficult. Home dressmaking became a thing of the past, and ladies preferred to buy readymade. Consequently the stores closed their fabric departments. They were still able to supply some of the garment manufacturers, but the larger firms were able to buy their cloth directly from the mills. Finally, the ulcers won, and he died at the comparatively young age of sixty.

With best regards,  
Jim Lovegrove

8th November 2010

Dear Eoin,

Thank you very much for your e-mail message. I apologise for bothering you again, but since I wrote to you I was spurred to search the web to see what I could find about my father's shipwreck. Surprisingly, there was quite a lot, and it seems that some of the information that I gave to you was not correct. I know that there was too much to put into your history of the hospital, but I will give it all to you, and also take this opportunity to send it to my two brothers.



*Jim Lovegrove receiving a presentation from  
Matt O'Brien in 2005*

It would seem that in 1917 my father would have been 17 years old, and he was sailing on the Port Line ship, S.S. Port Kembla. This ship was built in 1910. She had a length of 121 metres, a beam of 16 metres, and she drew 8 metres of water.

She was coal powered, but she also had sails. On 18/09/1917 she had a full cargo, and she was carrying 1,200 tons of lead (for munitions), a large number of frozen rabbits, jam, red-cross parcels and mail. She was on her way back to London from Melbourne via Wellington, New Zealand. She was sailing off the North coast of the South Island of New Zealand, and she was on a course to enter the Cook Strait to Wellington when she hit a German mine. All aboard survived and took to the lifeboats. The ship went down within 30 minutes, and sank in about 100 metres of water. The crew were eventually picked up by the S.S. *Regulus*, and brought to Nelson in New Zealand. The mine was laid by the S.M.S. *Wolf*, which was a German surface raider. The S.S. *Port Kembla* was the only ship that was sunk by these mines, although several of them were washed ashore on the South Island. The *Wolf* was much too small to carry sufficient coal to sail from Kiel to New Zealand and back to Kiel again. However, they overcame this problem by capturing an allied ship when they ran short of coal, and transferring their coal to the *Wolf* before sinking the captured ship. Nonetheless, they were written of as being lost by the Germans when they did not return. Eventually, though, they did get back to Kiel after a very successful trip.

With best regards,  
Jim

### EAMONN QUINN 1902–1972

#### Chairman 1959–60

*The following details on the Quinn family were written by Senator Feargal Quinn, who was Chairman of the Board in 1994-95:*

Eamonn Quinn was born in 1902 and grew up in Newry, Co. Down. He ran away to America at the age of 17 but returned 5 years later, influenced by a determination to bring back to Ireland the spirit of enterprise that had impressed him in the United States. Eamonn married Maureen Donnelly in 1931 and their daughter Eilagh and son Feargal were born in Dublin in the 1930s. Eamonn developed a chain of grocery shops called Payantake in Dublin in 1936 but left the grocery business to open Red Island Holiday Camp in Skerries in 1947. In 1946 he bought the Eagles Nest in Bray and built the chairlift, which went to a height of 450 feet above sea level. The carrying capacity was 300 people per hour each day. Among his varied interests Eamonn became a governor of Hume Street Hospital, was chairman of the Board in 1959 and continued to serve on the Board until his death in 1972.



*Feargal and Eamonn Quinn at Red Island*



***Eamonn Quinn was succeeded on the Board by his son Feargal in 1972, who became Chairman in 1994–1995. Feargal, who became a member of the Senate in 1993, has written the following memoir of the Hospital:***

I don't remember a time when Hume Street Hospital was not part of the Quinn family conversation. My father, Eamonn, joined the Board of the Hospital in the 1940s and with his friend Tom Lawler were two of the Catholics on the Board. The founders of the Hospital back in 1911, in an effort to make sure it was not going to be biased to one religion, decreed that there should be an equal number of Catholics and non-Catholics on board. I remember in later years asking a potential Board member what was his religion to be answered with a 'what would you like it to be?'

My first memory of visiting the Hospital was with a concern of my mother's that I had some spots on my face that were not going away. Dr. Havelock Charles told me that the solution was not going to be easy for a 12 year old. I was to abstain from sweets and fries for the next 6 weeks – and you know it worked, the spots went away!

I joined the Board upon my father's death in 1972 and was impressed at the commitment and dedication of the existing members. Later as Chairman, I was asked by the medical team to help solve a problem – that of the doctors visiting the hospital being fined for parking on the street – this was before the time of parking meters or clamping! My solution was to supply a sticker for the windscreen of the doctors' cars, which read 'City of Dublin Skin and Cancer Hospital OFFICIAL PARKING'. However, only the City of Dublin OFFICIAL PARKING was in big letters – the Skin and Cancer Hospital in tiny print. However, it worked although I was a little embarrassed at letters to the Evening Herald accusing the City officials of pampering themselves!

### **TOM LAWLER** **Chairman 1968–69**

***The following appreciation of Tom Lawler, written in December 1977, was provided by his son, Gerard Lawler, who was Chairman of the Board in 2002–3, and who continues to serve on the Board of Management. He is member of the Order of the Knights of St Columbanus, the Order of The Holy Sepulchre of Jerusalem and the Sacred Military Constantinian Order of St George:***

Trade friends and colleagues were saddened to learn of the passing last month of Tom Lawler after a lengthy illness. Tom, an old style and intimate family grocer, who had been a member of RGDATA since its inception almost 35 years ago worked conscientiously on behalf of the Association down the years.

A friend of all and an enemy of none he was an active and dedicated Executive Committee member, known the length and breadth of the country in pursuance of the interests of the organisation. His congenial, pleasant and infectious personality guaranteed him a warm welcome on every grocer's doorstep and indeed in trade circles generally. His loss will be greatly felt among all who knew him and his ready wit and good humour will long be treasured. Such was the character of the man. Indeed, his ability and appetite for work earned him the respect of many and, consequently, it was no surprise that his services were sought-after by a number of bodies and institutions.



*Tom Lawler*

He will be remembered greatly for his dedicated work in Council 60 of the Knights of St. Columbanus as a member of the board of Governors of Hume Street Hospital, a Committee Member and former Honorary Secretary of the Irish Branch of the National Grocers Benevolent Fund, a founder member of MNC and as a member of the Dublin Milk Board. Despite these preoccupations Tom was a devoted family man, and himself and his wife Eithne were blessed with 8 children, 6 daughters and 2 sons and, strangely, his family instincts seemed to rub off to some extent on his natural way of life – for his motto was “lets all work together as a family”; this was his passport in life. We feel sure that all will join with us in extending to Eithne and her family deep sympathy in their sad bereavement. May he Rest In Peace.

### **VICTOR CRAWFORD** **Chairman 1976-77**

*The following memoir of the Crawford family was written by Brian Crawford, who was Chairman of the Board in 2000-1:*

The legal practice of Joynt and Crawford and the City of Dublin, Skin and Cancer Hospital, Hume St. are linked almost from the beginning. Joynt and Crawford was set up in 1913, and the Hospital was granted its Charter three years later.

Sam Crawford was born in 1880. A bit of family lore has it that while he was in TCD he bowled out the famous cricketer, WG Grace; Sam seems to have been far more interested in sport than his legal practice. There are no great legal cases or precedents with his name on them and he is far better remembered for his attachment to Clontarf Rugby



*Sam Crawford*

Club and Malahide Cricket Club (in fact any rugby or cricket club). In October 1902 aged only 22, and presumably a very recently qualified and struggling solicitor, he and a number of others founded the Leinster Branch Irish Rugby Football Union, Society of Referees. The Society appointed referees for all senior matches in the province, and by 1911 appointed referees for all provincial and international matches. Sam was an international referee before and after the Great War. Among the matches he refereed were the England v Wales international in 1913, and the Scotland v Wales international in February 1920. Corporate memory does confirm that Sam worked for Hume Street. Sam died in 1941 and the practice was taken over by Victor, who had to leave the Irish Army where he was serving in the Regiment of Pearse and to return to Trinity to complete his law degree.



*Victor Crawford*

Victor was mad about sport, especially rugby, cricket and golf; it is reported that he played rugby with great enthusiasm, though not much skill. Victor took up refereeing and was, like his father, elected President of the Leinster Branch Society of Referees in 1971. The height of his refereeing career was the Army/Navy game in Twickenham. Fred Lovegrove, who knew Victor well, and lived across the road in Foxrock invited him to join the Board of Governors, and when I joined Joynt & Crawford as an apprentice in 1965, Victor was heavily involved with the Hospital and was part of the negotiating team when Hume Street changed from being a seven-day to a five-day Hospital. The negotiations were hard, not helped by the fact that Charles Haughey was Minister for Health. Victor recalled that when the negotiations started Haughey was in good health and on top of his brief, but later he became very difficult to deal with. Victor also was proud of his girls, as he called them, the first hospital in Dublin to have only female consultants and a female CEO, Ita Leahy. Victor served on the Board for many years and was Chairman in 1976-77. He was instrumental in bringing Feargal Quinn on to the Board. By 1990 he was quite ill and was unable to continue working and I was nominated to the Board to take his place. Victor died on the 26th December 1993.

From about 1990, Hume Street was a depressing place; the buildings were in poor condition with little cash available for maintenance or upgrading. The Hospital funding was continuously being reduced, staff morale was low. Despite what they said, it was quite obvious that the Department of Health wanted the Hospital to close, but would not say so publicly. The Board looked at many ways to keep the place going, including the sale or redevelopment of the properties, the possibility of entering into a public-private health partnership and many other schemes; but unfortunately despite the best efforts of the Board none of these came to fruition and the life seemed to go out of the place. It was in this atmosphere that I was

elected Chairman of the Board in 2000-1. Probably the most long lasting thing that I did during my period on the Board and as Chairman was to help prepare the new draft charter, which with variations was later accepted as the basis for the new Trust. After my period as Chairman, I remained as a member of the Board but seldom attended the meetings and I resigned from the Board about 2005 after the decision to close the hospital had been made; but I am honoured to remain as a Life Governor.



*Brian Crawford, Sarah Rogers and  
Micheál Martin, 2000*

### **PHILIP ROBINSON WALKER 1916–1982** **Chairman 1965–67 and President 1979–1982**

***The following memoir of Philip Walker, one of the most influential, respected and loved Chairmen of the Board was written by his son Simon:***

The Walkers were farmers from Ballygar, Co. Galway who bought the freehold to the land from the Bagot family under the Victorian Land Acts. Philip's father Joseph was born here and having qualified as a dentist, moved to Dublin where he established a successful practice in Harcourt St. For health reasons, following the Spanish Flu epidemic in 1919, he abandoned dentistry for business, a calling for which he exhibited considerable flair and which was to culminate in his appointment to the Presidency of the Dublin Chamber of Commerce, a position Philip was also to occupy. Walkers Prams was one of Joseph's most prominent but less successful ventures. The products were never exported and faced tough competition from British imports. Many years after production ceased the Walkers buggy model could be seen transporting stacks of orange crates six feet high in Moore St., a testament to the robust quality of the product and by no means an ignominious end. *Honi soit qui mal y pense.*



*Philip Walker*

Family holidays were spent in Ballygar and for several years before acquiring the Fernhill Estate the family lived in Rathgar House on Orwell Rd., which was to become the Bethany Home for single mothers. Joseph's sister Hettie devoted her working life to this institution, which was mostly privately funded and did a commendable job with very limited means.

Philip was the youngest of four sons. Norman became a farmer in Enniskerry, Desmond qualified as a doctor and dentist and served in Stoke Mandeville

Hospital during the war. Ralph was Senior Partner in Hayes and Sons and Philip attended TCD before qualifying as an accountant. On the outbreak of war he joined the Inniskilling Fusiliers and spent time in India before moving up to Burma for what was to become one of the most brutal campaigns of the war. He held the rank of Captain and one of his jobs was supervising a train of mules, which were needed for transporting equipment in the inhospitable terrain. For the rest of his life Phillip's favourite reading material was about India (a country for which he formed a deep affection), and the lives of famous military commanders of all ages and nations.

On his return to Dublin he married Ruth Nicholson from Dundrum and with friends Bertie Watchorn and Robin Chillingworth he established Sound Systems, a telephone installation company. He also managed Walkers Ltd. of Liffey St., which distributed toys, boats, chainsaws, outboard engines, lawnmowers etc., to name a few. Together with his brother Ralph he sat on the board of the *Irish Times* before it was established as a Trust under the control of the Bank of Ireland.

Philip's real passion was horticulture, an interest he shared with Ruth and his family. Family holidays were spent near Parknasilla in Kerry surrounded by a collection of subtropical plants. However, it was while on holiday here that he had a severe heart attack in 1972 caused largely by a diabetic condition and the stresses of business life. After an ambulance journey that took several hours he was nursed back to health by the nuns of Bon Secours Hospital, Cork and he was to enjoy another ten years of very active life before succumbing to a second and fatal attack while on holiday in Scotland.

Philip had a liberal outlook on life but his mother's people, the Robinsons from Rathgar, were very straight-laced Methodists with an Ulster Scots background. An ancestor, the Rev. John Greer was one of the founders of Wesley School in Dublin. Philip learned early in life that wrongdoers always get caught out eventually. He once attended a race meeting in Punchestown with friends but was horrified to discover that his disapproving father had identified him from a photo in the newspaper.

Philip enjoyed Rugby in his youth and was captain of the Boy's Brigade team but did not succeed in getting on to the TCD side, which was a difficult feat at that time. However, an uncle, Trevor Robinson played for Ireland and was on the team which beat England in Cork in the early 1900s. When the final whistle blew on that occasion the Cork crowd spilled on to the pitch and Uncle Trevor was seized by a lady who exclaimed – "they'll have to give us our independence now!" Philip took an active interest in the TCD Rugby Club and accompanied the team on a trip to the USA. He enjoyed America but always politely stonewalled in his unique way when confronted with the American habit of asking complete strangers their age on the very first meeting!



Philip was loved by many, respected by all and feared by none. His easy-going manner, good-humoured patience, interest in other people and generous spirit endeared him to people of all backgrounds. He had no time for snobbery in its manifold guises, nor for tribalism and he made time for anyone who wanted to see him. Everyone's concerns were taken seriously. No one was ignored.

### ***An Appreciation of Philip Walker***

There was a huge gathering at the funeral of Philip Walker yesterday, covering so many aspects of Philip's life. Businesses of many kinds with which he had been associated; hospital boards and other social services; schoolfellows like Robin Chillingworth whose friendship dated back to the '20s; rugby men, horticultural folk. And they came from all quarters. Father Murphy, the parish priest from Sneem, probably had the longest road to make, but there were many from other ends of the island. Philip's mock-gruffness and mock-scepticism fooled nobody; he was the softest touch in Ireland; for money, for help of any kind, for time, for sympathy. Like his brother Ralph, he lived for trees and plants. Many learned from Philip the special satisfactions of growing trees from seed. As I walked up the drive of his family home, Fernhill, after we had laid the old Inniskilling to rest, I stopped under an oak, picked up two acorns; they were sprouting. DG

## **MAJOR THOMAS McDOWELL**

### **Chairman 1969–70**

***The following citation for an honorary doctorate for Tom McDowell was provided by Major McDowell's daughter Karen Erwin:***

Vice Chancellor. Distinguished Guests, Ladies and Gentlemen, Major Thomas McDowell is currently Chairman of the Irish Times Trust Limited and is former Chairman and Chief Executive of the Irish Times Ltd.

Major McDowell was born in Northern Ireland and was educated at the Royal Belfast Academical Institution. He volunteered for the Royal Inniskilling Fusiliers and was commissioned in 1943, becoming a regular officer in the Royal Ulster Rifles in 1946. He studied Law at Queen's University, obtained an LLB degree in 1948 and was called to the Bar by Gray's Inn in 1951. Major McDowell retired from the Army in 1955 and after a number of industrial appointments in Dublin became Chief Executive of the Irish Times Ltd in 1962 until he retired in 1997.

The *Irish Times* was established in 1859 and since that time it has been at the centre of Irish life. It is recognized internationally as one of the leading newspapers in the English speaking world with a commitment to the highest standards of accuracy



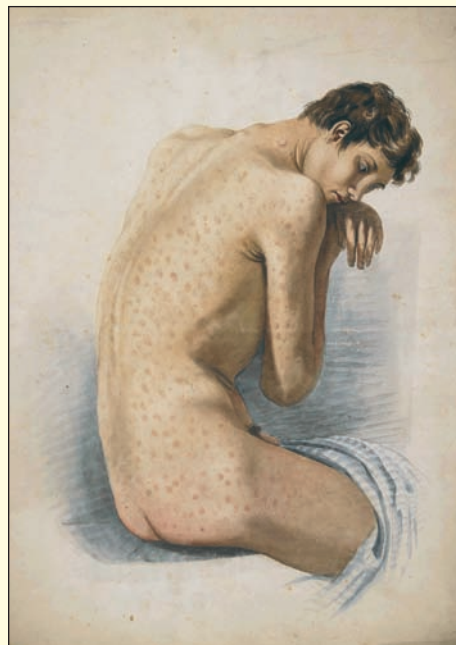
*Major T. McDowell*

and content throughout its history and like so many other newspapers the *Irish Times* has faced periods of difficulty. The economic constraints of the 1960s and the oil crisis of the 1970s brought the threat of closure to the door of the *Irish Times* and at these troubled times it was Major McDowell who played the leading role in averting this; he provided the resources to successive Editors of the *Irish Times* enabling them to develop the newspaper for the whole of the island of Ireland. This they have done with great success. Through Major McDowell's establishment and leadership of an independent Irish Times trust in 1974 he ensured that the *Irish Times* was published as an independent news paper primarily concerned with serious issues for the benefit of the community throughout the whole of Ireland, free from any form of personal or of party political, commercial, religious or other sectional control, and he has guaranteed that the *Irish Times*, in its coverage of both North and South, will continue to represent fairly and even-handedly the various traditions of Ireland. The trust is unique within Ireland, and worldwide only a tiny minority of newspapers are protected in this way. Consequently, the Irish Times has become a national institution, renowned for high journalistic standards, and acknowledged as Ireland's leading journal of opinion and information while at the same time including quality foreign news through a network of its own correspondents.

The *Irish Times* has always been swift to respond to the changing operational environment of the modern print media. It was in the lead in modernising its production methods and embracing new media. According to an independent media commentator *The IrishTimes* is 'the most well established Irish newspaper online', and the success of the *Irish Times* website is believed to have contributed directly to an increase in sales of the printed version of the paper. Within the Trust environment established by Major McDowell such sales have grown by 25,655 copies per day since 1993 – an impressive increase of 28.31% during that period. Perhaps most importantly of all to the continued success of the *Irish Times* and reflecting the personal philosophy of Major McDowell is the emphasis placed on the 'people' who work to create, produce and deliver the paper. The 'well being' of staff is a priority for *The Irish Times*. In a 'hard-nosed' corporate world *The Irish Times* has shown how sensitivity to the needs and role of staff contributes directly to the maintenance of standards as well as increased sales and profitability.

Major McDowell is a man of great leadership skills and personal attributes but he prefers to keep a low profile. However, those who know him or who have been privileged to be in his company for even a short time speak of a man of keen intelligence, sharp wit, and a man who is a model of sensitivity to the needs and concerns of others. The university is proud today to honour Major McDowell for his work for the *Irish Times* with its contribution to journalism and reportage, and for his outstanding contribution to the newspaper industry in Ireland.

Vice Chancellor, in the name of the Senate, I present to you Major Thomas McDowell for the Honorary Degree of Doctor of Letters.



Photograph: David Davison

*A selection of paintings of skin ailments from the collection of Dr. William Wallace, which are reproduced for the first time by kind permission of the Royal College of Surgeons in Ireland.*

## APPENDIX 3

### Dr. Wallace and Dublin's first Skin Hospital

*Professor Frank Powell, who is writing a biography of Dr. William Wallace with Mary O'Doherty archivist in the Royal College of Surgeons in Ireland, has kindly written this essay on The Dublin Infirmary for the treatment of Diseases of the Skin. The Wallace collection of illustrations of skin ailments was purchased by the Royal College of Surgeons in Ireland in 1838 for £50<sup>1</sup> and the illustrations are reproduced from the collection with permission.*

Dr. William Wallace opened a hospital for the treatment of diseases of the skin at No. 20 Moore Street, Dublin in 1818. This was, according to Wallace, not only the first such establishment solely dedicated to the treatment of skin diseases in Ireland but also in the vast British Empire of the time.

Wallace was a graduate of the Royal College of Surgeons in Ireland and can be said to have been Ireland's first specialist in the treatment of skin disorders. He was a prominent figure in Dublin medicine of his time and had an international reputation due to his many publications. He was a Fellow of the Royal Irish Academy, received an MD degree from Edinburgh University, and was an Honorary Member of the Medical Society of New York. Wallace had spent three postgraduate years studying skin diseases under the famous Bateman at the Carey Street Clinic in London where Robert Willan, the great English dermatologist, had earlier worked and developed the classification of cutaneous diseases that is in use to this day.

## A CENTURY OF SERVICE

When Wallace returned to Dublin in 1818 the population was increasing at an alarming rate. The poor migrated from the countryside into the city in the hope of employment and shelter. Families were often crowded into the large former entertaining rooms in the previously gracious dwellings in the inner city that had been vacated by the aristocrats after the Act of Union of 1800. There were little or no sanitation facilities available and these squalid conditions gave rise to frequent disease.

Wallace recorded that skin diseases were particularly prevalent at that time:

...when it is considered how extremely frequent these affectations are in Dublin, for poverty and uncleanness are the causes of a large proportion of cutaneous diseases, and the lower orders of this city are unfortunately the victims of both. <sup>2</sup>

In the same publication Wallace explains the logic of setting up an establishment dedicated specifically to the treatments skin diseases:

In the infancy of establishments for the reception of invalids, patients laboring under every form of disease were indiscriminately admitted into the same hospital. As medical science advanced, it was observed, that important advantages would be likely to arise to society from the foundation of institutions limited to particular infirmities; Hence the establishment of distinct Medical and Surgical Hospitals, Fever Hospitals, Lunatic Asylums, Lying-in (Obstetric) hospitals, Lock (Venereal Diseases) Hospitals, Eye Infirmary etc., etc. in Dublin. <sup>2</sup>

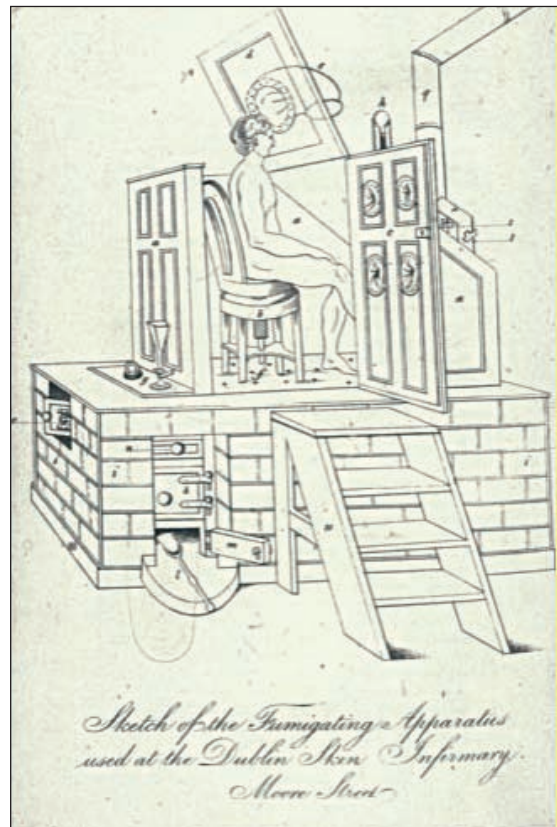
He goes on to explain why patients who suffered from skin diseases particularly required the establishment of a separate Hospital:

Of all the diseases there are none ...which call more imperiously for a particular institution than those of the skin....Their peculiar nature and mode of treatment demand arrangements which cannot be made in a general hospital; and when we reflect that there are no diseases involved in greater obscurity, and therefore none more in need of investigation, the advantages are evident ...from a hospital...limited ...to diseases of the skin. <sup>2</sup>

As was the custom of the time he raised money for the running costs of the hospital by soliciting contributions from his colleagues, neighbours, friends, relatives and wealthy benefactors. Contributors included Sir James Bond, eight medical colleagues, two pastors and various other individuals. To entice individuals to subscribe and to recognize their generosity, the title of Governor of the Hospital for one year was conferred on those who had subscribed one guinea, while a person who subscribed 10 guineas became a Life Governor of the Hospital. The Governors could refer patients to the hospital or individual patients could present themselves to the hospital if they felt they needed treatment for a skin condition.



The hospital, which was named *The Dublin Infirmary for the treatment of Diseases of the Skin*, was situated at No. 20 Moore Street. The street, then as now, was a commercial hub close to the centre of the city. No. 19 Moore Street was active as a printing office, while an upholsterer occupied No. 21. The Hospital was open to receive patients every morning at eleven o'clock and all were seen free of charge. Advice and medicines were given as needed. On Mondays, Wednesdays, and Fridays medicated baths were administered. On Tuesdays, Thursdays and Saturdays patients were treated in the "Fumigation Apparatus", one of Wallace's main innovations in the *Dublin Infirmary*. This machine (in which patients sat for 30 minutes or longer) used a special heating mechanism to saturate the skin with a vapor of sulphur, the most effective treatment available at the time for many skin diseases.



In its first year of operation 1,775 patients attended *The Dublin Infirmary for Diseases of the Skin* in Moore Street. An analysis of the medical problems afflicting attending patients is given in the first Annual Report.<sup>3</sup> Scabies, a contagious and extremely itchy skin disease, was the commonest diagnosis with 249 patients receiving treatment for this complaint. However patients had a wide variety of other diseases, the majority of which were infectious in nature. There were 27 cases of leprosy, 47 cases of measles, 39 cases of scarlet fever and 13 cases of smallpox seen that first year, which gives a sense of the wide spectrum of problems that a physician like Wallace had to deal with in the pre-antibiotic era. Ringworm, lice infestation, anthrax, tuberculosis of the skin and impetigo (called "running tetter" by the patients) were other common skin complaints. At the end of the year Wallace reported that 1400 patients had been "cured", 96 were still under the care of the Charity, 185 had absented themselves, 57 were "relieved" (improved), 28 were incurable and 9 were dismissed for misconduct. This represented a considerable amount of work and a very high success rate in treating such diseases for that period. A colleague, Dr Robert Read MD, described as a "physician to the hospital" joined Wallace at the Infirmary and an Anatomy School for medical students was opened at the rear of the building. Wallace also admitted pupils from the School of Art of the Royal Dublin Society to attend a selection of the lectures on anatomy free of charge. This not only provided excellent experience for the budding artists, but also gave Wallace the opportunity to have interaction with medical artists, an important aspect of his grand plan to produce an illustrated guide or atlas on the cutaneous manifestations of the venereal diseases. This was a work that Wallace felt

would have an impact as great as the publications of Willan and Bateman had some years earlier on the general classification of skin diseases. Over the next 18 years Wallace put together a remarkable collection of illustrations of skin diseases (particularly those caused by syphilis) and carefully documented the various treatments and experiments he carried out.

The hospital Treasurer, George Thompson of Temple Lane, took in the subscriptions and drew up the accounts. An apothecary, Thomas Stoker, was employed to make up the various medications and fee-paying medical students and postgraduates were allowed to attend lectures and see patients. By 1837 it was recorded that 25,000 cases had been dealt with in the *Dublin Infirmary*.<sup>4</sup>

Wallace became internationally recognized for his innovative treatments and astute clinical observations and publications. He had completed and published several monographs on different medical conditions and treatments including a work on the uses of Moxa, a traditional Japanese treatment, for muscle and nerve disease.<sup>5</sup> In particular he became recognized for his innovative use of potassium iodide in the treatment of certain types of venereal diseases. His technique of regulating the dosage levels of iodine was innovative. Iodine and chlorine were considered agents of interest at the time and investigators were trying to determine if they could be used in the treatment of various diseases. Finding that iodine caused violent gastric irritation when given to dogs, Wallace experimented until he found that iodine, when altered to potassium iodide was well tolerated by the animals. He then made up a mixture of potassium iodide diluted in water and administered a tablespoon three times daily to his patients. He collected the urine of the patients who were treated and was able to find if the iodide had been absorbed into the body by its presence in the excreted urine. He devised a biochemical test to check for the presence of iodine by adding sulphuric acid, chlorine and a starch indicator to it. When urine from his patients was analysed in this way and turned as “black as ink” he knew that a sufficient dosage had been both given and absorbed by his patient.<sup>6</sup> He used this unique test to detect the presence of the iodine in his patient’s saliva, tears and even in the milk of nursing mothers. He then treated 142 patients with secondary syphilis with potassium iodide. According to his report on the results his success was “of no ordinary kind”. An unusual aspect of syphilis transmission from nursing mothers to suckling infants was defined by him and referred to as “Wallace’s Law”.<sup>7</sup> In 1833 he published a volume on *Venereal Disease and its Varieties*, that was to be the forerunner of a more extensive work he was planning later.<sup>8</sup> The fact that this volume, which ran to 383 pages, dealt only with primary syphilis gives an indication of the scale of the undertaking that Wallace had embarked upon. However, he was to be denied the time to develop this work to fruition.



Dr. W. A. Wallace

On December 2nd 1837, Wallace attended his duties at The Charitable Infirmary on Jervis Street where he had been a senior consultant for almost 20 years. On the following Friday at the age of 47 years he was dead. It was thought that he had acquired typhus from a patient under his care, a not uncommon risk for doctors of that time. He was buried in Mount Jerome cemetery in Dublin. Wallace's short obituary was published in the *Lancet* early the next year.<sup>9</sup>

The Dublin Infirmary for Diseases of the Skin in Moore Street did not survive the demise of Wallace and closed down within months. The lease was taken over by a butcher, who one imagines made good use of the anatomy facilities that Wallace had instituted at the rear of the building. A few years later a fishmonger moved into 20 Moore Street and this business lasted far longer than the Dublin Infirmary. This was the rather ignoble demise of the laudable endeavour that gave Dublin its first specialist hospital for the treatment of diseases of the skin.

Other institutions also catered for patients with skin diseases (in addition to other ailments) in Dublin in the early nineteenth century. A charitable Institution for the Treatment of Diseases of the Skin and Eye was established in Kildare Street on the south side of the city in 1818 with the eminent surgeon and oculist Arthur Jacob listed as staff member together with a Dr. James Macartney who apparently looked after patients with skin complaints. However by 1822 it was listed as being available for treatments of patients with eye disorders only and Dr. Macartney was no longer a staff member.<sup>10</sup> A *Maison de Santé* or Asylum for Recovery of Health and Cure of Diseases of the Skin existed on Dorset Street. Sir Arthur Clarke, Richard Carmichael and a Dr. Jackson are listed as staff members in 1826. It is stated that the asylum was founded in 1816, two years before Wallace established his hospital in Moore Street.<sup>10</sup> However the exact status of this institution is unclear and it is unlikely that it served only to treat patients with diseases of the skin. None of these institutions appears to have had as high a profile or the expertise to provide the sophisticated treatments that were available at the Dublin Infirmary in Moore Street under the direction of Dr Wallace.

Wallace's contribution was significant if somewhat short-lived. He established the necessity of an institution dedicated to the treatment of skin diseases and raised the quality of treatment being offered to patients at that time. A contemporary of Graves, Colles, Cheyne and a colleague of Adams and Corrigan at the Charitable Infirmary, his name deserves better recognition than it has been heretofore given.

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## A CENTURY OF SERVICE

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## APPENDIX 4

### Miscellaneous Documents

#### NEW DUBLIN HOSPITAL 1911

On July 20th a new hospital for the treatment of skin, cancer, and urinary diseases was opened; it has been founded by a committee of citizens for the purpose of replacing the Skin and Cancer Hospital which was closed a few months ago. The staff of the hospital is constituted as follows:

<i>Honorary Consulting Surgeon:</i>	Professor F. Conway Dwyer, F.R.C.S.
<i>Honorary Consulting Physician:</i>	Professor James Craig, M.D.
<i>Urologist:</i>	Mr. Andrew W Charles, F.R.C.S.
<i>Dermatologists:</i>	Dr. John Davys and Dr. G. Burbidge White, F.R.C.S.
<i>Electro-Therapeutist:</i>	Dr. H. Mason
<i>Pathologist:</i>	Dr. R. M. Bronte
<i>Anesthetist:</i>	Dr. W. Healy
<i>Apothecary:</i>	Mr. F. Anderson, M.P.S.I.

At a meeting held in the board room before the inspection of the hospital, an account of the foundation was read. In the course of this it was stated that the closing a few months ago, by order of the Right Hon. Mr. Justice Ross, of the Skin and Cancer Hospital, Brunswick Street, Dublin, which had existed for eleven years, and had of late years been attended in the extern department alone by patients to the number of about 15,000, left the poor of Dublin, and indeed of Ireland, without the benefits previously conferred upon them by the specialized treatment given in such a hospital. A number of citizens of charitable mind resolved to found a new hospital, which would not only supply the want of the old institution, but would also extend



the benefits to the poor by adding an additional department for the treatment of diseases of the bladder and kidneys. The result was that a new institution called the Dublin Skin and Cancer Hospital had been established at 3, Hume Street for the purpose of the specialized treatment of such diseases. The premises had been remodelled throughout, and thoroughly equipped in each department with the most up-to-date appliances and apparatus. The Corporation of Dublin had transferred the annual grant of £50 formerly given to the Brunswick Street Hospital. This formed at present the only fixed income of the hospital. Though it is true that since the recent closing of the Brunswick Street Hospital, Dublin has been without a special skin, cancer, and urinary hospital, yet, as most of the clinical hospitals contain well-managed and largely attended departments and dispensaries for the treatment of these special diseases, it is not at all clear that this addition to the already large number of hospitals in Dublin was a wise proceeding. [*British Medical Journal* Aug 5th 1911. p. 310]

#### NEW CANCER JOURNAL

A NEW quarterly periodical, entitled the *Journal of Cancer* has been published by the Cancer Research Fund (Ireland). It contains the following articles: "The cancer problem," by Dr. W. M. Crofton; "Deep x-ray therapy," by Dr. W. Pilger; "The preliminary and after treatment in x-ray therapy," by Professor H. Wintz; "Deep x-ray therapy in gynaecology," by Dr. Rumpf; and an article by the editor on "Progress in the treatment of cancer." The aim of this journal is to present, so far as possible, a complete and accurate record of recent discoveries in connection with the cause and treatment of the disease. The price is 2s & 6d. quarterly, or by annual subscription 10s. 6d., post, free. The offices of the Fund are at Hume House, Dublin. [*British Medical Journal* March 22nd 1924. p. 557]

#### WAR ON CANCER BY ANDREW CHARLES.

##### A RESEARCH FUND FOR IRELAND.

We are acutely sensible that the time has arrived in Ireland, when we can no longer overlook the growing peril of Cancer~ We feel too, that the Irish public must be made aware of the lurking danger in its midst. For years Surgeons and Physicians have been silently fighting this most repulsive of diseases; they have made noble and inspiring sacrifices which have never been recognised. The spirit of human charity, somewhat conservative in its character, does not seem to have been intrigued by this agony, and the consequence is that no thoroughly organised attempt has been made to stem its ravages. We must, therefore, set out some important facts in this pamphlet, which is addressed to the public, with the appeal for money to support a particular scheme, by which it is believed good work can be done in the prevention and cure of Cancer.

- (a) Is Cancer so rampant in this country as to require immediate organised effort to deal with it, and the expenditure of a considerable sum of public money to effectuate such organization?

Generally it may be said that statistics prove that in every country in the world the recorded death-rate from Cancer is increasing. Whether, it is something peculiar to our social life or diet or other psycho-physical reasons, we have not yet ascertained. Research has yet to

learn. It is important to know that ONE OUT OF EVERY TEN PERSONS OVER FORTY YEARS OF AGE DIES FROM THIS DISEASE— about one in eight among women and one in fourteen among men of this age.

In the year 1918 the Cancer Mortality for England alone was 41,227; Ireland, 3,864 and increasing.

If our knowledge of the causes of Cancer was more advanced, the insidious growth, which extends over many years, could possibly be stopped before it reaches the stage which has surgical treatment as its only means of remedy.

It is stated by competent authorities that this dread malady is overtaking consumption in the number of its victims. The reason of this is easily to be sought in the fact that consumption has for the past number of years been taken seriously by the public and the Legislature, with the result that a stupendous national organization for its treatment in every stage has been set up, provision being made not only for cure but for clinical and therapeutical research, whilst, alas! Cancer, more malignant and repulsive, not to say infinitely more painful, has been utterly neglected. England, Scotland and Wales have within recent years begun to recognise the alarming dissemination of this disease, and have attempted scientific investigation in an organised manner in the study, leaving Ireland, where the death-rate is greater from Cancer than in any of the other countries mentioned, without any institution to deal specially with research, and only one hospital in all Ireland having for its object the specialist treatment of Cancer and Lupus patients. We think, from the above facts, that the necessity for tackling the inroads in our national health has been amply proved, leaving it to us, to decide the next question in logical sequence, viz: —

- (b) It having been proved that the question of Cancer must be regarded as a national danger, and hence requires immediate systematic treatment and investigation, what is the best possible manner in which this can be effected?

There are two issues arising here; one the accommodation and treatment of those who suffer from the disease, the provision of every available comfort, and means of alleviating pain, whilst all the best medical and surgical remedies may be applied in the hope of effecting a cure; the other, and not less important, point is the establishment of an institution for the sole purpose of carrying out research in all the many fields of interest associated with physiological, hygienic, and therapeutic investigation of such a malady as Cancer, which, indeed, is not one malady alone, but a host of such, having ten primary kinds, and at least twenty secondary varieties.

It is the purpose of the Committee of the CITY OF DUBLIN SKIN AND CANCER HOSPITAL to build an Annexe to its existing building, in accordance with the specification attached thereto, which will at once make adequate provision for both these sections of the problem by, on the

one hand, increasing the ward and nursing accommodation of the Hospital for Cancer patients, and effecting necessary isolation, and, on the other hand, having a section devoted exclusively to Scientific Research work.

The average reader may recognise the urgency of extending the facilities for the accommodation, nursing and medical treatment of such patients, but may fail to regard it as his immediate duty to participate in the establishment of a Research Department. It is but human, indeed all too human, that he should adopt this attitude; the awful presence of the thing hurts; he naturally feels for his fellow-man when he sees him in the agony of dreadful suffering and disfigurement. Without being less sensitive to the picture of pain, he could approach the aspect more nobly by thinking not only of the present generation, but of the countless generations of the future by regarding it as an evil root that must be finally eradicated.

Persistent and self-sacrificing efforts have been made by scientific men during the past twenty years to arrive at some definite conclusions regarding the causation and cure, resulting only in a wide diversity of opinion, proving that some elusive element or elements have escaped the microscopic examination. Investigations have been conducted into the dietetic, atmospheric, geological, occupational, and other social and physical conditions prevailing in communities immune from the disease and in communities seriously affected. Valuable facts have been ascertained. Many serums have been discovered, and applied with varying success. Vivisectional experiments have been conducted on animals, also resulting in some enlightenment. In this connection it may interest the reader to know that a short time ago Prof. Fibiger, of Copenhagen, discovered a Cancer-producing worm – the “*Spiroptera neoplastica*.”

We mention the above matters to give the mere suggestion of the great field of work open to the Scientific Discoverer, and to impress upon the public the paramount duty imposed upon them to do whatever is possible to circumscribe the area of affliction caused by this disease, and to assist in the erection of the proposed building, which is so emphatically required in this island of ours.

[Andrew Charles. Programme. *The Rose of Persia*. Gaiety Theatre. Dublin. December 12th to 17th, 1921]

### THE PROGRESS IN THE TREATMENT OF CANCER

BY ANDREW CHARLES

The ideal aim of medicine is to investigate the nature and cause of disease, and to derive from the result of these investigations the means of avoidance and cure in due regard to the physiological and pathological conditions-so-called causal therapy. Thus the discovery of Streptococcus and Staphylococcus resulted in the establishment of and introduction of aseptic and antiseptic methods. The discovery of the spirochaete pallida as the cause of syphilis was followed by the discovery of salvarsan as a specific means against the spirochaete pallida.

Similarly the recognition of the bacillus diphtheriæ and its products brought us to the use of the specific diphtheria serum. Thus in studying the nature and peculiarities of the micro-organisms responsible for the disease, we found specific means against it.

When we look at the cancer problem from this point of view we must confess that even the fiercest attempts with the many ingenious methods for research of modern science left us for years at a complete standstill, whilst in other parts of medicine discovery followed discovery. Yet there are in latter years some facts which brought new life into this most dark and terrible part of medicine; new hope arose stimulating a new era of increased research work and scientific discussion all over the world.

Let us in short state what was the general opinion as to the cause and nature of cancer up to ten years ago. Three theories stood as more or less equal rivals against one another:-

- (1) The irritation theory (Virchow), saying that the increased proliferation and cell activity caused by chronic irritations may result in the development of cells with autonomous and independent growing capacities falling out of the masterly ordered state of normal cells and going their own way.
- (2) The infection theory, that believed in a specific cancer bacillus.
- (3) Cohnheim's theory of the scattered embryonal cells which were not differentiated and latently preserve their capacity of autonomous growing and under certain influences develop into malignancy.

The only means to prove these theories would be the artificial production of cancer in the experiment either – (1) by any chronic irritation, (2) by inoculation, or (3) by implantation of embryonic cells.

This remained quite impossible until quite recently, some sensation was caused by the experiments of Fibiger, Yamagiwa, Ichikawa, Askanacy, and Peyton Roux, who all were able to produce neoplasms artificially in animals. But, curiously enough, they could produce neoplasms by every one of the above-mentioned causes. Fibiger produced in the stomach of rats cancer in 53 per cent by means of a nematode (*sciraptera neoplastea*) which caused by its presence chronic mechanical irritation in the stomach. It was real cancer that produced metastases and could be transplanted. In the metastases no organisms were discovered. It therefore must be assumed that irritation and not infection was the cause. Yamagiwa and Ichikawa similarly were able to produce cancer by long continued brushing with tar at the ear of a rabbit (for a period of 103-565 days). On the other side Roux produced sarcoma in fowl by injection of filtrated (Berkfeld) serum which he gained from another fowl's sarcoma.

Finally, Askanacy succeeded in producing artificially, teratoids by injections of embryonal pulp into the peritoneal cavity which three times resulted in malignancy.

What are the conclusions we are able to draw out of these facts? Firstly, in doing so, we must consider that all these experiments apply only to animals, and we must take precautions in transferring these results literally to man. Secondly, these experiments were all only successful in a certain percentage of cases (amongst which the growths produced by irritation show by far the highest rate). They therefore prove only the possibility of causing cancer by certain means which then are the seeming cause, but there must be some other circumstance, some other reason which permits cancer to develop only in that certain percentage.

We speak, therefore, of a predisposition to cancer which enables one of the above causes to produce malignancy, and it means that there is not one cause but that several circumstances must act together. We can distinguish between a local and a general predisposition. A local disposition is probably set up by an under differentiation of certain cells. In general we know that age, sex, race, family, climate, diet, and profession are of importance. A predisposition, moreover, need not be inbred; it can also be acquired. Without entering too closely into detail at this point, we see at any rate that the question of the real causes of cancer remains still more or less problematic, and that there is not yet the possibility of building up a complete theory of *causal* therapy.

Nevertheless, during the last ten years there has been a great revolutionary development in the possibilities of a cancer cure. Besides the use of knife and cautery – means that prove only our incapacity to recognize the real nature of this frequent and terrible disease – there have been found new methods that probably at the same time may help us in return to come nearer to the right conception of what cancer is.

How it was possible to get at these methods without direct causal deduction can be best understood when we remember our experiences in ordinary infectious diseases. We find there that soon after the invasion the body reacts with a mobilisation and production of latent immunisatory forces that result in producing antitoxins and more resisting tissue. Generally it ends in complete recovery. Our task as doctors, is, in the first instance, to help and stimulate the body in its natural struggle against the disease. Now we may ask: Are there in cancer any signs that the body has means of its own as defence? We must answer: Yes, though they are mostly insufficient. We often find round cancer a tendency to healing by the enormous development of connective tissue. Also some toxic influences caused by the autolysis of aggregated white blood corpuscles (chiefly lymphocytes) are directed against cancer. "These natural effects are often associated with or follow an inflammatory reaction in the tissue adjacent to the tumour.

In consideration of this fact Teilhaber (Munich), suggested the use of high frequency current, especially after operation, and X-ray treatment in order to produce an hyperaemia and increased inflammatory reaction. The effect of treatment with intensive X-rays (modern deep therapy), is in great part due to similar processes, for besides the direct destructive action on the tumour



cells, intensive X-rays cause a specific inflammatory condition in which aggregation and autolysis of white blood cells play an important role, and which ends in the production of connective tissue. Thus X-rays, besides destroying cancer cells owing to their higher susceptibility to radiation, also produce an inflammatory reaction in the surrounding tissue by means of irritation. It was Opitz in Freiburg who drew attention to this important point. Thus by means of application of a given dose we kill at first the cancer cells or diminish their vitality, whereupon the reaction produced in the surrounding tissue by the same quantity of rays may help to complete the cure by formation of connective tissue. Similar effects can be produced by radium, yet the possibility of application of radium is limited. The treatment by rays means a new era in the battle against cancer.

Much less effective were the attempts to cure cancer by means of injections of serum extracted from cancer cells, with the object of getting a kind of active immunisation against cancer cells – e.g. *Antimeristem*.

Another new weapon against cancer is diathermy, or cold-coagulation, chiefly in combination with X-rays. Further on we must mention the correlation that has been found existing between the function of certain internal glands and the growth of tumours. We know the favourable influence of castration in prostatic tumours and in cancers of the mamma.

In short we see that new methods are now open to fight cancer, and it is a duty of mankind to improve these methods in every possible way. Still cancer and its cure remains a problem, the cardinal problem of medicine. It is urgently necessary that the attention of every responsible person should be kept awake. There is no other branch of medicine that would require in so high a degree the collaboration of all. The experience in the laboratories and theatres of special Institutes must be united with those of the general practitioner, who on his side often is able to see things that cannot be seen in the hospital: and it may be remembered that some important discoveries in medicine have been made by ordinary practitioners. On the other hand the practitioner must be kept in touch with the progress of research work so that he will be a useful observer. The problem of cancer is essentially a problem for collaboration.

[*The Journal of Cancer*. [Under the auspices of the Cancer Research Fund (Ireland)] 1924;1:2-8]

#### PROPOSALS FOR THE HOSPITAL AFTER CLOSURE

The following proposals for the future of the Hospital were made by Eoin O'Brien to the Annual General Meetings in 1985 and 2001 in support of the resolution "That this Hospital is Worthy of Support"

I would like to thank you firstly for the honour you have bestowed upon me in asking me to propose the Resolution THAT THIS HOSPITAL IS WORTHY OF SUPPORT.

There are two approaches that I might take to this. One is that I might simply stand up and propose a resolution and then perhaps please everybody by sitting down again. Secondly, I might voice pleasing platitudes and this would be an approach that could easily suffice, but I am not going to follow either course. I think there comes a time in the history of every institute when one must analyse where the institute stands and particularly where it is going to go in the future.

In 1911 the City of Dublin Skin and Cancer Hospital was founded here, very much due to the instigation of one Andrew Charles and of course we are all familiar with the great family tradition that persists and I am glad to hear right up to this day his successors are involved in the working of this Institute. Now these hospitals, these voluntary hospitals, all had a few factors in common. If I could just bring us back to what these factors are. They were all founded by voluntary subscription and so they all had a Board of Governors. This allows me an opportunity to pay tribute to what these Boards of Management or Boards of Governors do for Institutes such as this by giving so freely of their time and service. Out of this voluntary movement springs such voluntary effort as we have just heard about in the Ladies' Guild Report and then there are the very many friends of the institute who give so much by voluntary subscription. This is a great tradition and it is one that this City is renowned for and which we should not relinquish too easily. The second point is that all of these voluntary hospitals, including this, our own Hospital, were founded to cater for a particular need. The community was being neglected in some way and so it was that this need was supplied by people who perceived this need. First we had a general hospital, then came the maternity hospital, then the hospitals to cater for lunatics to be followed by hospitals to cater for skin diseases and cancer. In founding these institutes to cater for a need that was very real, it was not envisaged in their foundation that those hospitals must necessarily cater for that need in any particular location. They should be flexible enough to move with changing times and I would just again cite to you that the Charitable Infirmary is moving for the fifth time in its history. Another common factor was that all of these institutes had Charters, very astute documents, drawn up with great care, mostly in the Georgian period but later on, as in our Charter here, in the Victorian period, and they are documents which, in my opinion, should be cherished and guarded very, very, carefully. They bestow rights on an institute and these should not be surrendered without very careful thought. It is salutary sometimes to look back to them just to see what it was that the founding fathers had in mind when they founded the hospital. This Hospital, as I said, was founded in the year 1911. The Charter was granted in 1916 for the purpose of providing treatment of diseases of the skin, cancers etc. lupus, scrofula, kidney, bladder and other urinary disorders and diseases of associated organs in those who are proper objects of charity, such relief to be administered in accordance with voluntary principles, and the Charter then goes on to enumerate how this can best be done.

Another point in common to all of these voluntary hospitals, and remember that almost all of them still exist today – Mercers Hospital is the one exception to that, having just recently closed but, at least, it is going to carry on in considerably modified form in its association with the

Royal College of Surgeons – they are all threatened by change. Perhaps the word threatened is wrong – they are all faced with change – and perhaps they should face up to this change and yet try to preserve that which is best in the voluntary movement and bring it forward. One other point that we might just note in passing and that is that many of these hospitals were founded by doctors or by families of doctors. This is not all that strange when you consider that doctors were perhaps best placed to perceive the needs of the community. It is a point, nonetheless, that the Department of Health might like to make note of in this day when they tend to berate rather than to praise the medical profession.

Now if I leave history for a moment and come to the present. Perhaps we should ask ourselves what has happened to this institute in relation to the founding Charter and in relation to the past? Where do we stand today? Some very significant changes have taken place and I think we should be realistic in our assessment of what exactly these changes mean. We effectively no longer have cancer care in the Hospital though some cancer patients will be treated here – those with cancer of the skin – but effectively the cancer therapy, which we used to apply, no longer exists in the Hospital. It is indeed, debatable as to whether we are, because of that, still The City of Dublin Skin and Cancer Hospital as was the name chosen by our founders in their Charter. I don't propose to go into the wisdom or not of having lost the cancer facility to the Hospital. This is not the time, nor the place for that, but we must recognize what has happened. The second point is that we have changed from being a comprehensive hospital with, perhaps not a very large staff, but a staff that had a fairly comprehensive range; we have changed from that to become a five-day institute, which is working very successfully, and I think great tribute must be paid to the medical staff, to the nursing staff under Miss Dwyer and to the administrative staff under Miss Leahy for how this change has been effected. Having said that I think we must look at it very carefully and try to ascertain if, in fact, this move towards having a five-day Hospital is really in the long-term interests of the institute, because the next step – and it disturbs me to hear that the Department of Health are not providing adequately for this transformation – the next step can be to make this merely an out-patients facility and with that could disappear the Hospital as such. The Hospital will become merely a clinic in the city centre rather than a functioning hospital. We have lost cancer and we would want to be very careful that we don't lose much more. The institute is now dependent on a very singular speciality – a very important speciality – but it is totally dependent on it. Not only is it totally dependent upon it but I think it is fair to say that it is almost dependent upon one person. Now this leaves the institute in a very vulnerable position and not one that I think we should look upon with any complacency. Now let me move from the present and look boldly at the future. I do not believe, and many will share this belief with me, that there is a future in the long term for specialist hospitals. Why is skin disease any different to heart disease, lung disease or any other organ disease of the body? The skin is merely an organ. We cannot, I think, sustain the argument in 1985 that specialist hospitals are going to survive in the future. That is not to say specialist facilities will not be needed. The management of skin disease calls for specialised expertise. I think this is shown very, very, clearly by the new centre that has been set up here just how much one can achieve with

specialist nursing care, specialist medical care and specialist administration awareness of what the needs for a human like this are. There is also the aspect of academic fulfilment for staff in any specialist unit and that is another weakness that I perceive in our present establishment. You might argue, and many will argue, that Hume Street is exceptional; that Hume Street has a centre City location; that it is ideally placed; that it has a long tradition and a long history. All of that I will accept but I do not believe it is enough for the future. Now you might say that my approach to this is nihilistic, that in fact when one is proposing a resolution “That the Hospital is worthy of support” that I am taking a negative viewpoint. I am not. I want to turn now to what I consider to be the positive viewpoint. That is, that we have a very fine institute with a very high tradition; that we have a speciality that is very important and anybody with a skin disease will realise that there is very much to be said for being able to enter a specialist unit where everybody knows what is needed; where you can mix with other people who have the same problems, because there is something about the stigma of skin disease that tends to separate one out in the community more than, say, heart disease which is hidden or is a disease which is not necessarily apparent. Skin disease – we have only to think of blushing – becomes so readily apparent that it is, I think, a very important aspect of its management to have a unit where people can come together. Now why is it not possible for hospitals, voluntary hospitals such as ours, to look to association with general hospitals in the future? I think there is a very real role for the institute. We can carry forward our voluntary tradition. We can carry our speciality forward. We are loyal to our Charter. All we do is we merely move. Some day this is going to have to be faced. I would prefer that it is faced when the Hospital is strong rather than when it is weak. If the Hospital deteriorates or is permitted to deteriorate, and there are people who would like to see the Hospital disappear, and if that is permitted to happen then we lose everything. Our Charter becomes meaningless; the tradition becomes meaningless. If, on the other hand, we believe that the treatment of skin disease and the way Hume Street is now treating it has a great future, then that future is not as a specialist hospital but rather associated with a general hospital. This is not without precedent – St. John’s Hospital in Leicester Square, a skin hospital – is now going to join with St. Thomas’s Hospital. It will not lose its identity. It will go forward as a specialist dermatological unit with its own staff, its own expertise and that is the way I would suggest that this Hospital should at least contemplate the future. It may decide against it but we must be prepared to look at that. I know that this institute and the members who look after the present and future of the institute are men and women prepared to look bravely at the future and to make iconoclastic decisions. Aware of that I am happy to propose THAT THIS HOSPITAL IS WORTHY OF SUPPORT.

[City of Dublin Skin and Cancer Hospital. 74th Annual General Meeting. 5th December 1986]



Lord Mayor, Mr. Chairman, Governors, Ladies and Gentlemen, I am honoured and proud to be invited to propose the resolution “That this Hospital is worthy of Support”; honoured,

because I am aware of how carefully you select your speaker to deliver this address; proud, because, as I will hopefully demonstrate to you, I see myself, or more correctly my family, as having contributed to the illustrious history of this institution, and I therefore feel a sense of togetherness in representing them, and their colleagues, with many of whom I worked.

The City of Dublin Skin and Cancer Hospital was founded in 1911 by Andrew Charles, and was incorporated under Royal Charter by George V in 1916. Andrew Charles oversaw the running of the Hospital in its early days and his son Hal, a dermatologist, served the Hospital loyally for many years.

The street on which the hospital stands has famous medical and literary associations. Perhaps I will refer to just one to remind us that not alone was the Hospital founded by a doctor, but the street itself owes its presence to one. The splendid vista of Stephen's Green attracted the Georgian surgeon, Gustavus Hume, who though he rose to the office of President of the Royal College of Surgeons in 1795, devoted more time to architectural pursuits than to wielding the lancet. He oversaw the building of the houses on this street, and in Ely (formerly Hume) Place, indeed the very houses in which the Hospital now resides, and is given due tribute in a form of verse fashionable at that time:

*Gustavus Hume in Surgery Excels,  
Yet Pride of Merit Ne'er His Bosom Swells.  
He gives to Dublin every Year a Street  
Where Citizens converse and friendly meet.*

I do not remember my first contact with your Hospital, Mr. Chairman, but I am sure you will forgive this lapse as I was only one month old when I was brought here on the Christmas of 1939, where the storey goes I was passed around the medical and nursing staff under the watchful eye of the Visiting Physician, Gerard O'Brien, and received general approbation. Hume Street was in those times very much a family hospital, and happenings in the families of members of staff were of importance to the hospital as a whole. Christmases, for example, were big affairs. A large Christmas tree graced the front hall, where John and Noel would welcome all and sundry; there were gatherings of staff and their spouses and children, Governors, and members of the Board in the hospitable office of the Matron, Joan O'Sullivan, in which a large fire always set off the Adams fireplace; early in the New Year a dance was held in the male ward from which the patients miraculously disappeared for the occasion, and then throughout the year hospitality in Matron's office, where lemonade was liberally dispensed in childhood and more potent nostrums in the manly years. I have less pleasant memories of having a dual tonsillectomy with my sister and recovering in a room at the top of the Nursing Home, where we lay in dread of the painful penicillin injections administered by Mary Darmody. I can recall as a child visiting my mother, who nearly died here and the anguish of those days. Yes, and there are sad memories of my grandmother, Lilian Smiddy, my father-in-law, John O'Sullivan and my father dying in this hospital, but all lovingly cared for in their last illnesses.



Then there was my professional association with the institution – first as a student when I performed ECGs under the supervision of Nell Sheridan, thereby receiving my first taste of cardiology, which was to be my avocation. After qualifying in 1963 I had my first job here as locum house physician. I slept in a back room at the top of the stairs opposite a door to the basement from whence Winnie and Gertie would emerge by day bearing treats of many kinds, but which was bolted firmly by night to keep the ghost of Andrew Charles confined below stairs, as I was informed on taking up duty, and indeed strange nocturnal sounds used to disturb my sleep betimes. Another disturbance to sleep, not always unwelcome, was the knock on the door from an errant nurse sent from one of the wards to fetch morphine or a sleeping draught for a patient, for among my duties was that of custodian of the dangerous drugs locked in a safe in my room, and only released after many lines had been signed and counter-signed – the prettier the nurse the more the lines! Then when I returned from England in 1973, Philip Walker, kindly Chairman of the Board, whose interest in the hospital was truly phenomenal, sought me out and invited me to apply for the post of Visiting Physician, in succession to my father, and he then encouraged me to take rooms in Ely Place, where I practised for many years. So for me this Hospital glows with warm memories, of medical colleagues going back to Mick Brady, Hal Charles, Frank O'Donnell, Jack Coolican, Mac Curtin, Tommy Gilmartin, and their wives, who all served loyally and generously on the Ladies Guild, and of course, an exemplary matron, Joan O'Sullivan, who with her sister, Tess O'Sullivan, between them supervised two of the best private nursing homes in Ireland, the one here in Hume Street, and the other, the Protobello Nursing Home. My latter years as Visiting Physician brought me into close contact with Maeve Dwyer, Ita Leahy and Sarah Rogers, all of whom became close friends and colleagues. And of course, a host of nurses led by Mary Darmody, Stasia Moloney and Rose Hanney, all renowned for their kindness, as I have no doubt are the present nursing staff of the Hospital. And how one could go on!

You have today put forward a resolution to modernise your Charter, and I note that among many prudent reasons for this, one is to allow women become members of your Board. Let me take you back a little in history to show you that there is nothing new under the sun. In the minutes of the Medical Board dated 5<sup>th</sup> July 1935, there is the following entry:

*It was proposed by Dr. O'Donnell and seconded by Mr. Coolican that Dr. Muriel Smiddy be appointed as House Surgeon.*

The Board of Governors, however, was not impressed and on 27th June 1935 wrote to the Medical Board:

*Having been informed yesterday by Dr. Charles of the recommendation the secretary stated that the appointment of a lady HS would be unacceptable to the Governors and that this appointment is not in accordance with the terms of the advertisement.*

A hullabaloo of major proportions followed in which the Medical Board almost dissolved itself, but it appears to have carried the day on this first sexist issue. By November 1935, Dr. Muriel Smiddy was firmly in office, and in 1936 when she resigned her post, presumably in preparation

for her marriage to my father, we find the issue of the advertisement raised again; the Board of Governors asked that it read:

*Wanted March 1936, House Surgeon, Male – salary £80 with board, residence and laundry.*

But again the Medical Committee had its way and the advertisement appeared without the sex being stipulated.

So much for history. The objective in looking back is to be able all the better to see the way forward, and what is clear to me is that times have changed, changed quite drastically in all aspects of health care, and things will never be as they were once for the City of Dublin Skin and Cancer Hospital. Your Board of Management has taken moves, therefore to modernise the Charter, so as to facilitate change in the future. Your Board has not, in its wisdom, surrendered your Charter – that would be an act of extreme folly, because the Charter gives you protection and allows you to remain masters of your own destiny. But what of that destiny? I was asked to speak to you to-day with out any stipulations – to talk freely as it were from the heart and I am going to do just that. I will indeed speak from the heart, Mr Chairman, not because I wish to appear meddlesome nor from any desire to deliver a polemic, but rather because, I consider myself unusually qualified in having been once so closely associated with this Hospital, and yet now being able to see from afar the difficulties that beset your institution, and perhaps of equal importance during the transfer of the Charitable Infirmary from Jervis Street to Beaumont Hospital, I experienced what I suspect you are about to have to endure, namely an alteration of the *status quo*, which though painful in many respects, can ultimately be turned to the benefit of those we are here to serve patients with illnesses in need of treatment and hopefully cure.

Hume Street Hospital can, as I see it, take one of two courses. The first, which many of us would favour on emotional and nostalgic grounds, is for the Hospital to remain here and to develop within its walls a centre of excellence for the treatment of skin diseases. This was, in fact, the position the faced the staff of the Charitable Infirmary in 1986. Like you the ‘Jerv’, as it was so affectionately known to Dubliners, had its Charter and centre-city properties, which like yours were deemed to be of considerable value. The ‘Jerv’ had to develop, but to do so called for major investment, which the Department of Health was not prepared to make and, which the Hospital, despite its considerable property assets, did not have the wherewithal to provide. Hume Street Hospital has an additional problem to those that faced ‘The Jerv’; to succeed it would have to develop a centre of excellence in isolation from the back-up services so necessary to medical care in any speciality to-day. Establishing such a centre without pathology, biochemistry, haematology, radiology and imaging, social welfare and physiotherapy services, just to name the more obvious, regrettably, is simply not feasible.

To return to the dilemma facing the Charitable Infirmary; the Board reluctantly made the decision to move to the new complex at Beaumont to join its sister hospital St. Laurence’s, but it had then to consider how to manage its charter-protected properties. Various proposals were

made, one such being to put the monies to building a private hospital, which I, among others, opposed vehemently, as it would have been anathema to the wishes of the founding fathers, who in their Charter, as in yours, had espoused the principles of a voluntary hospital namely to provide care for the 'sick and needy'. The solution arrived at by the Board was unique and may provide a model that you might wish to examine closely. To avoid a protracted legal wrangle with the Department of Health (which was of the view that because if it had invested substantially in keeping the Hospital going it had a claim on its assets) a substantial proportion of the monies deriving from the sale of the Jervis Street properties was given to providing the Drug Treatment Centre (in Pearse Street) because this had been one of the Hospitals centre-city activities. This satisfied the Department and the remainder of the proceeds of the sale (the greater proportion) was then freed to be invested to provide funding for medical research at Beaumont Hospital (over £2 million has been provided in the first decade) and to support certain city charities. The interesting feature of the arrangement was that this fund, known as The Charitable Infirmary Charitable Trust by direction of the Charities Commission (which took a very keen interest in the proceedings), is administered under the original Charter by the Board of Management, which is elected each year and which holds regular meetings throughout the year, assisted by the equivalent of the Medical Board, now named the Scientific Committee, which advises on the distribution of funding to research. In short the Charter lives on administered in perpetuity by its elected Board of Management.

If you were to follow a similar course to the Charitable Infirmary, you might provide a centre for dermatology on the campus of a major teaching hospital, thereby fulfilling the requirement of your Charter, but in addition you might invest under the auspices of a charitable trust to promote research into dermatology in this centre thereby ensuring that your centre became one of excellence with an international reputation second to none. This has happened with a number of the departments supported by the Charitable Infirmary Charitable Trust.

In closing, Mr Chairman, I know that I need not remind you, the members of your Board, and the Governors that should you embark on a course such as I have outlined, like the members of the Board of the Charitable Infirmary just over a decade ago, you will be the vested with the guardianship of considerable wealth and this brings with it the moral responsibility to ensure that the wishes of your Charter are honoured in the spirit as in the letter.

Thank you for giving me this opportunity to return to my *Alma Mater* and to be able to participate once again in the happenings of this warm institution. It is with pleasure that I herald the ultimate decade in a proud century of endeavour, and regardless of whatever the changes in the future may be, I propose with confidence "That this hospital is worthy of support".

[City of Dublin Skin and Cancer Hospital. 90th Annual General Meeting. 22nd November 2001]



These proposals were summarised in a letter written to Mr. Matt O'Brien, Chairman of the Board on 6th May 2006.

EOIN O'BRIEN  
Professor of Cardiovascular Pharmacology

Telephone: +353-1-2803 865  
Facsimile: +353-1-280 3688  
E-mail: eobrien@iol.ie

9 CLIFTON TERRACE  
MONKSTOWN  
CO. DUBLIN  
IRELAND

Mr. Matt O'Brien,  
Chairman of the Board,  
City of Dublin Skin & Cancer Hospital,  
Hume Street,  
Dublin 2

6<sup>th</sup> May 2006

Dear Mr. O'Brien,

Thank you for your invitation to attend the Special General Meeting on 11<sup>th</sup> May 2006. My wife and I will attend this meeting.

As you are aware I have previously expressed to you and members of your Board a proposal for the future of the Hospital arising from my involvement with the Charitable Infirmary in Jervis Street. For the record I will briefly reiterate the principles of this proposal:

- The proceeds of the sale of the Hume Street premises would be placed in a charitable trust that might be named the City of Dublin Skin & Cancer Charitable Trust
- The Trust would be administered under the original Charter of the Hospital
- The Board of Management would be elected according to the dictates of the Charter
- The Board of Management would meet as previously according to the dictates of the Charter
- The Board of Management would hold Annual Meetings at which the governors would attend in keeping with the dictates of the Charter
- The Board of Management would appoint advisors to invest the capital from the sale of the hospital premises
- The Board of Management might consider endowing a Dermatological centre of excellence perhaps in St. Vincent's University Hospital with part of the proceeds from the sale of the Hospital premises; such a unit should be named appropriately to perpetuate the ethos of the original Hospital in Hume Street
- The Board of Management would be administered from the centre and would hold the memorabilia from the Hume Street Hospital in such a centre
- The Board of Management would decide how best to apply the interest accruing from investment to improve the management of and research into skin disease and the training of doctors and nurses for the management and treatment of skin disease in Ireland

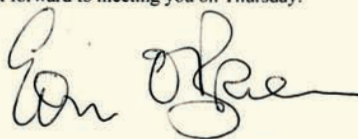
The proposal I have outlined has worked remarkably well for the Charitable Infirmary Charitable Trust, which under the prudent control of a Board of Management operating under the original Charter, has donated over €5 million from interest earned on investment to research and charity since the Hospital's closure in 1987.

The major advantage of the proposal is that the objective of Andrew Charles, namely to improve the management of skin disease, is perpetuated, and importantly the wonderful ethos of the Hospital at Hume Street, which depended so much on dedicated devotion from so many staff for over a century, will live on in perpetuity.

I hope these comments may be of help and I look forward to meeting you on Thursday.

With kind regards,

Yours sincerely,



**Launch of The Charles Institute on Friday 13th June 2008 at UCD, Belfield. Address by Peter O’Flanagan, Chairman of the Board of the City of Dublin Skin and Cancer Charity**

Minister, Distinguished Guests,

Today marks a very special occasion for The City of Dublin Skin and Cancer Hospital. It defines the future for a noble endeavour that began in 1911 with the establishment of a voluntary Hospital in Hume Street to provide “for the treatment of diseases of the skin, cancer, rodent ulcer, lupus, kidney and other urinary diseases”.

Founded by Andrew Charles F.R.C.S.I. and a Board of Governors the Hospital received a Royal Charter from George V in 1916. Since its foundation, through the efforts of its Boards of Governors, outstanding staff and Consultants, the Hospital built a reputation and ethos for the delivery of superlative care and attention for its patients. However, after 94 years of service, it became obvious that, as a small hospital, survival into the 21st century was not going to be possible and that the service would have to be transferred. The Board made the decision very early on to co-operate in every way possible for the efficient transfer of the service when required to do so by the HSE. This led to the very smooth transfer of the patient dermatology service to St. Vincent’s Hospital in October 2006. At the AGM of 2005 we told the Life Governors of the pending transfer of the service and closure of the Hospital. The Life Governors were aware that the Board had been considering different options for the future and would be looking for guidance.

Professor Eoin O Brien, a long time Life Governor, and a former Consultant to the Hospital, spoke from the floor. He outlined the history of the Hospital from its earliest days and made a very strong case that Dermatology Research was a much needed and logical alternative to running a Hospital. Dermatology Research was receiving very little funding, a huge number of people suffered acutely from it and skin cancer was by far the biggest cancer disease. As a further example of its poor standing there was not a single professor of dermatology on the whole island. Professor O Brien then went on to outline the impact such a development would have in the immediate term in the whole area of training by the creation of an academic research environment for all involved in the management of skin diseases in Ireland. Further contributions were made from the floor and the outcome was a very strong direction to the Board that, whilst other options could continue to be looked at, dermatology research should receive our major focus.

During this time we also had discussions with Louise McMahon, Program Manager, HSE, who highlighted the need for dermatology research and suggested it would be a very worthwhile and appropriate role for the future. We met with the Irish Association of Dermatologists, which made it obvious that funding research and the appointment of a professor would have a major impact in the improvement of patient care.



In October 2006 we set up a sub-committee to seek proposals from academic institutions for dermatology research. After several meetings the Board decided on the outstanding proposal from U.C.D. It was ambitious in seeking to make the Institute a world centre of excellence and intent on attracting the very best people. At the heart of its proposal was the absolute need to have a stand-alone state of the art research institute dedicated to dermatology. And this Ladies and Gentlemen brings us to the name THE CHARLES INSTITUTE In our discussions with U.C.D. we suggested the most appropriate title for the Institute was to name it after the driving force behind the establishment of The City of Dublin Skin and Cancer Hospital, Andrew Charles and this was readily agreed.

The Charles Institute will be a 2,000 square metre, purpose built research centre on a site close to the Conway Institute. It will cost 18 million euros to build and equip. The City of Dublin Skin and Cancer Hospital is providing 12 million euros with U.C.D. providing the site and 6 million euros. This remarkable collaborative partnership motivated the Board to accept the U.C.D. proposal and we are DELIGHTED TO ANNOUNCE IT.

At the start of my address I welcomed the Minister and you Ladies and Gentlemen as distinguished guests. I purposely did not mention two most special guests. Ladies and Gentlemen I would like to welcome most especially two direct descendants of Andrew Charles, his granddaughter Mrs. Norma Futers (whose father Havelock Charles carried on the good work of Andrew Charles by serving on the staff as a dedicated dermatologist for many decades) and his grandniece Dame Beulah Bewley. It adds hugely to the significance of today that you have both made the effort to be with us and we welcome you most sincerely.

For us, as The City of Dublin Skin Cancer Hospital, today marks a new and exciting beginning. It is important however to acknowledge where we have come from. Since the reality of facing closure as a Hospital this Board and the Life Governors have had the responsibility of deciding the future of the Charity. Under the outstanding chairmanship of Matt O'Brien sub-committees were set up to deal with transfer of service, the disposal of Hume Street, modernisation of the Charter and the future role for the Hospital and proposals for dermatology research. The sub-committees reported back to the Board and I want to acknowledge the huge commitment and responsibility of every member of the Board who had to analyse and parse every proposal to arrive at the decision that best represented the inherited ethos of the Hospital and the correct vision for the future. I hope that our commitment would have been reciprocated by every Board of Governors since 1911 and that today's announcement would meet with their approval and that of the original founding fathers.

I would like to thank the President of U.C.D., Hugh Brady, for his courtesy and input during our discussions and a particular thank you to Des Fitzgerald for his patience and expertise in answering all our questions. I would like to thank him also for the contributions made by the various members of his team and the personnel of the University who were willing to meet with

## A CENTURY OF SERVICE

the Board and show us the facilities available on the UCD campus. At this point I would like to acknowledge the very professional work done by our solicitors Matheson Ormsby and Prentice, both in framing the necessary legal agreement with UCD and progressing our new Charter to a point where it has been approved in principle and should be executed this month.

In conclusion, for us, the Board of The City of Dublin Skin and Cancer Hospital, the establishment of The Charles Institute will result in a huge step forward in research, training and patient care. It will enhance and continue for many years into the future the noble endeavour that began in 1911. We are delighted to be associated with UCD in the establishment of The Charles Institute.

### HOSPITAL APPEALS

#### *City of Dublin Skin and Cancer Hospital. Annual Report 1935*

The Hospital is dependent for its maintenance upon voluntary contributions.

Its present resources are taxed to the utmost and there is continuing demand for increased accommodation.

Attention is called to the following as evidence of the extensive work carried on in the Hospital.

- (1) The cure of disfiguring skin diseases whereby sufferers are enabled to earn a living which otherwise they would be unable to do, and would possibly have to be supported by some charitable organisation.
- (2) The treatment of Cancer according to the most recent and scientific methods, in itself a most extensive and exacting field of labour.
- (3) The providing of comfort and relief in cases of advanced cases of Cancer not admitted to general hospitals, and for which, though incurable, much can be done to alleviate suffering.
- (4) The sphere of the Hospital's work is not confined to Dublin, as patients are admitted from all parts of Ireland for treatment.

#### *City of Dublin Skin and Cancer Hospital. Annual Report 1948*

##### **What are your chances of getting Cancer?**

Statistics quoted elsewhere in this Booklet show that if you live to the age of 45 (a most likely circumstance, by the way) your chances are about one in six.

##### **What are your chances of being cured?**

Very promising we say without hesitation, but this is providing your condition is diagnosed early and that expert treatment is carried out promptly.

**If we had immediate accommodation your chances would be greater**

Yes, money to provide more beds and the latest equipment is needed at once. You can see what, is happening many curable Cancer cases are missed regularly purely because of lack of funds.

**Help us to save thousands of lives**

Please send us a regular subscription. Your help will cure many, alleviate the suffering of many a man. And if you unfortunately fall a victim to Cancer, your present support may have financed your own eventual cure.

*Address your subscriptions to the Secretary of the Hospital*

*City of Dublin Skin and Cancer Hospital. Annual Report 1968*

WAYS OF HELPING THE HOSPITAL

ANNUAL SUBSCRIPTION

The qualification of an Annual Governor shall *be the payment of an Annual Subscription of not less than one guinea, and of a Life Governor the payment of a donation of not less than ten guineas.*

MEMORIAL BED

*A donor of £1,200 enjoys the privileges of a Life Governor, and may name an Endowed Bed which shall be set apart for the reception of patients nominated by the donor. This right may be transferred during life.*

GIFT BY WILL

*One of the most effective ways of supporting the hospital. All such donations are recorded permanently with the name of the Donor on a special plaque in the public hall of the hospital.*

*The following form of Gift is recommended to those charitable persons who may feel disposed to assist that hospital by will: I give to the Treasurer for the time being of the City of Dublin Skin and Cancer Hospital, Hume Street, Dublin, upon his receipt, the sum of £ (or any other description of property, as the case may be), Duty Free, for the general purposes of that Institution.*

## SOME SUPPORTERS OF THE HOSPITAL

A selection of advertisements from the Annual Reports

**CLERY'S**

*Dublin's Great Centre of Interest*



*Shopping Centre • Bargain Centre  
Gift Centre • Meeting Centre  
Social Centre*

41 Departments • 3 Floor Restaurant fully licensed  
Sgdg Fountain • Ladies Hairdressing Salon  
CLERY & CO (1941) LIMITED, DENIS SUMLEY, Managing Director

**A Word to the Public**

★ Post war developments have not so far enabled us to reintroduce all those delightful confections associated with the name of Clarnico-Murray, but many of our most popular lines are still available and no effort is being spared to maintain the standard of quality.

**ASK FOR CLARNICO-MURRAY GOODS**

*Manufacturers of High Grade  
Confectionery and Chocolates.*

**CLARNICO-MURRAY LTD.**  
ST. PANCRAS WORKS, TERENURE, DUBLIN.

**MANIPULATORS OF RADIUM AND SUPPLIERS  
OF ALL TYPES OF CONTAINERS.**

.....

Tubes, Seeds, Needles, Cells, Iridio-Platinum Containers, Applicators for Needles or Tubes in Silver, Monel Metal or Brass. Repairs to containers and redistribution of Radium in containers.

.....


**JOHNSON, MATTHEY & CO., LIMITED.**  
Hatton Garden, London, E.C.1.

**Audio-Therapy**

BY S. G. BROWN LTD.

Hospital Radio Equipment has been the concern of our Company for very many years, and constant review of designs over this period has produced the current models of our Hospital type Headphones and Pillowphones.

Every consideration has been given in design, to the comfort of the wearer, to the facilities essential to the Hospital Engineer for servicing, and to the general construction, which is sufficiently robust to withstand the very heavy wear experienced in Hospitals and similar Institutions. Careful design promotes economy, it reduces manufacturing costs, and keeps after-sales servicing expenses to a minimum. We should be pleased to quote by return of post for your installation.



**HOSPITAL TYPE HEADPHONES**

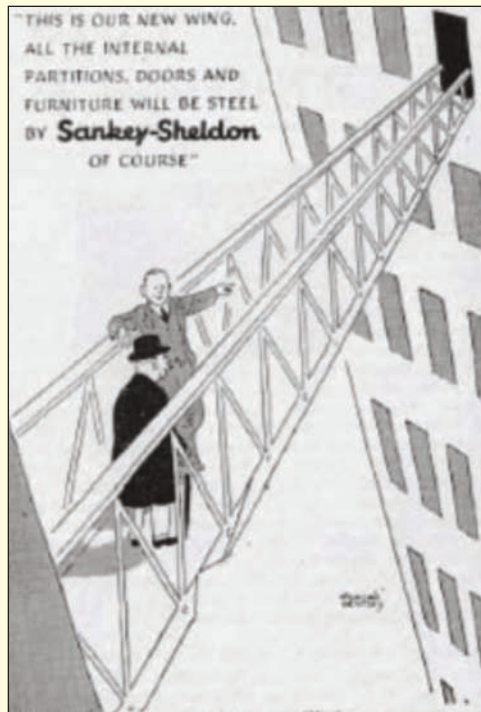
In addition to being efficient, reliable and inexpensive, they are fitted with cords which do not kink and there are no straws to catch in the hair. They are light in weight and most comfortable to wear. Available with dermatitis-proof earpads and rubber cords if required.

**MOVING COIL PILLOWPHONES**

These incorporate one of our moving-coil units mounted in thick sponge rubber and with a miniature matching transformer, making it suitable for operation on a 4,000 ohm line. The unit is enclosed in a washable linen bag complete with a moulded rubber cord. See illustration.

**S.G. Brown**  
LIMITED  
SHAKESPEARE STREET — WATFORD — HERTS.  
Telephone: Watford 7241 (6 Lines)





**After-dark snaps**  
as easy as sunshine snaps



Now you can take pictures any time—anywhere. Parties—baby in the bath—the family round the fireside. It's easy when you have a camera fitted with a 'Kodak' Flashholder. Just click the shutter and the bulb flashes automatically to light up the subject. With 'Kodak' Film in your camera you get lovely clear snaps every time.

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PLANTS and RHODODENDRONS

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Free Plans for Rhododendron  
and Herbaceous Borders at Special Prices*

Address Orders to  
THE MANAGER, HOWTH DEMESNE GARDENS  
CO. DUBLIN. Telephone: Howth 26

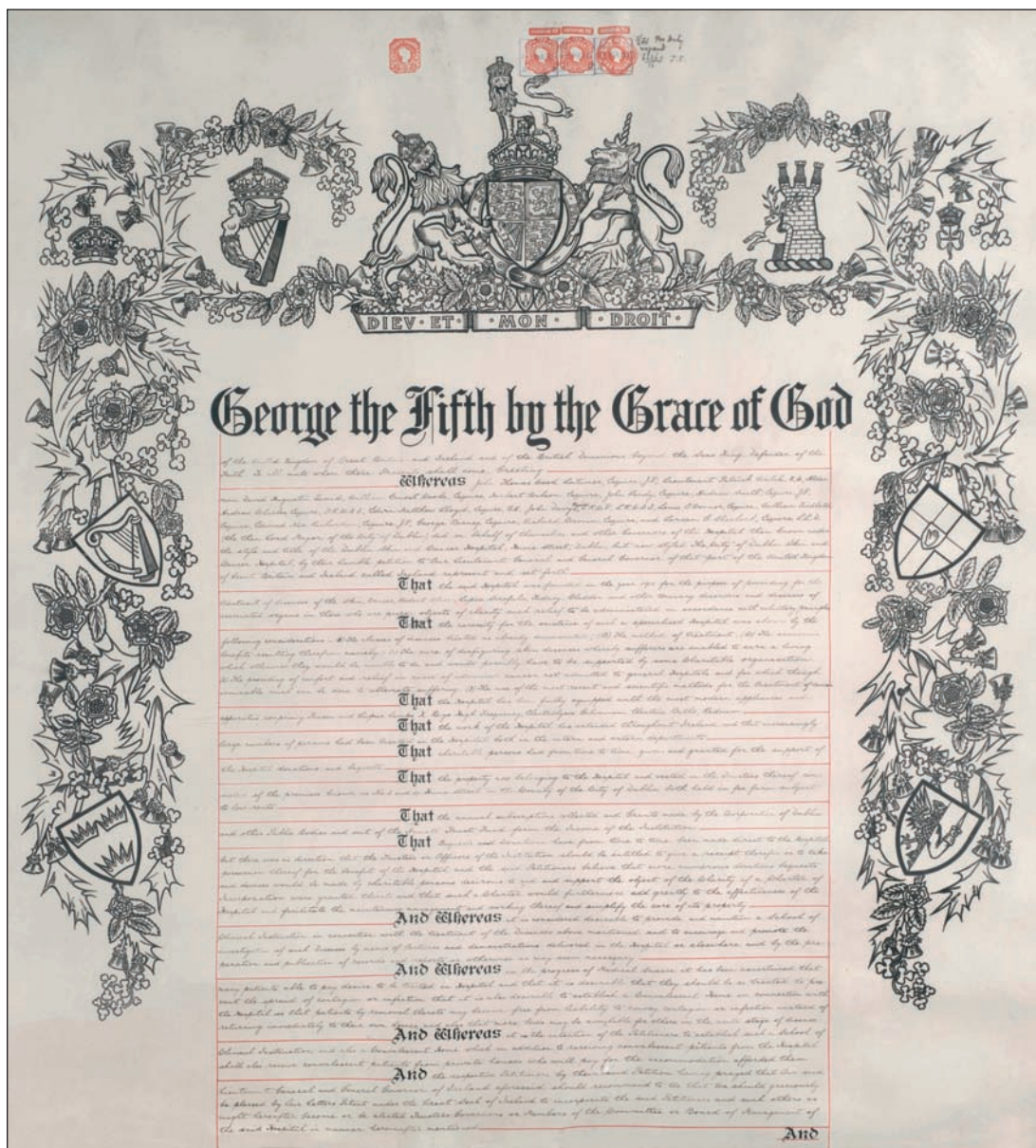
**HORTICULTURAL INSTRUCTION**

Learners taken on easy terms. Practical instruction given in  
Commercial Gardening and Horticulture.  
Application for particulars should be made to the Manager,  
Howth Demesne Gardens, Co. Dublin.

**HOWTH DEMESNE MILK**  
HIGHEST GRADE  
TUBERCLE FREE  
ALL MILK IS PRODUCED  
& BOTTLED ON THE FARM

Daily Delivery in  
Fairview, Clontarf, Raheny, Sutton and Howth.  
Apply to  
The Manager, Howth Demesne Dairy, Co. Dublin.  
TELEPHONE HOWTH 73.





## APPENDIX 5

### City of Dublin Skin and Cancer Hospital Charter 2007

#### **THE CHARTER OF THE CITY OF DUBLIN SKIN AND CANCER HOSPITAL 2007**

Whereas

- (1) By the charter of George V signed on 1 August 1916 a body corporate entitled **THE CITY OF DUBLIN SKIN AND CANCER HOSPITAL (THE “CHARTER”)** was promulgated.
- (2) The main objects of the Charter were to “provide for the treatment of diseases of the skin, cancer, rodent ulcer, lupus, scrofula, kidney, bladder and other urinary disorders and diseases of associated organs in those who are proper objects of charity, such relief to be administered in accordance with voluntary principles”.
- (3) The activities of the Charter were since its grant carried out at its premises at Hume Street, Dublin 2, until the cessation of the provision of medical services on 31 October 2006 and the subsequent sale of the premises. As its function as a hospital is no longer possible nor intended, it is desired to broaden and amend the objects of the Charter to include the endowment of research, development of treatments and therapies, and care and support for those suffering from dermatological diseases and their carers.
- (4) The Charter includes a requirement for its management that one half of the board Members “should be Roman Catholic with the second half from the other Denominations”. The revised Charter shall continue to adhere to the distinct ethos of the Charity and its tradition of voluntary service to the community by drawing Board Members from all parts of society, with a focus on attracting Board Members of the

required stature and experience to fulfil the main objects of the Charity without restriction or discrimination.

- (5) It is the desire of the Charter to promote an inclusive scheme for the management of the activities of the Charter which is consistent with its main objects and the retention of charitable status.
- (6) The Board of the Charter desires to amend the Charter, in the manner set out below, to put in place a modern management structure to facilitate the activities of the Charter and has placed this draft before the Board and Members for approval.
- (7) The Board then intends to have these presents formally adopted, upon approval from the Minister for Health and Children, pursuant to section 76 of the Health Act 1970 (as amended).

## **1. DEFINITIONS**

- 1.1 The “Charity” shall mean the Charity known as The City of Dublin Skin and Cancer Hospital established as a body corporate on 1 August 1916 and amended by these presents.
- 1.2 “Member” or “Members” shall mean a member or members as the case may be of the Charity, and shall be construed accordingly.
- 1.3 The “Property of the Charity” shall mean and include the monies mentioned in the Schedule hereto, and all income thereof due and accruing, and all other property (if any) real and personal at the date of this scheme held or possessed by any person or persons in trust for or applicable to all or any of the proposes of the Charity, and shall also include all or any other property real or personal which shall at any time hereinafter become or be vested in the Charity for all or any of the purposes of the Charity and all rents interest dividends and income thereof due and accruing.
- 1.4 The “Board” shall mean the body regulated by clause 5 of these amended regulations of the Charity.
- 1.5 The “Officers” shall mean the Chairperson, Vice-Chairperson, Treasurer and Secretary appointed pursuant to clause 5 of these amended regulations of the Charity.

## **2. INTERPRETATION**

In this Agreement unless the context otherwise requires or unless otherwise specified:

- 2.1 any reference to any statute, statutory provision, or to any order or regulation shall be construed as a reference to that provision, order or regulation as extended, modified, replaced or re-enacted from time to time (whether before or after the date of the adoption of these rules of the Charity) and all statutory instruments, regulations and orders from time to time made thereunder or deriving validity therefrom (whether before or after the date of the adoption of these rules of the Charity);

- 2.2 words denoting any gender include all genders and words denoting the singular include the plural and vice versa;
- 2.3 all references to recitals and clauses are to recitals in and clauses of these rules of the Charity;
- 2.4 headings are for convenience only and shall not affect the construction or interpretation of these rules of the Charity;
- 2.5 words such as “hereunder”, “hereto”, “hereof” and “herein” and other words commencing with “here” shall unless the context clearly indicates to the contrary refer to the whole of these rules of the Charity and not to any particular section or clause hereof;
- 2.6 in construing these rules of the Charity general words introduced by the word “other” shall not be given a restrictive meaning by reason of the fact that they are preceded by words indicating a particular class of acts, matters or things and general words shall not be given a restrictive meaning by reason of the fact that they are followed by particular examples intended to be embraced by the general words and any reference to the word “include” or “including” is to be construed without limitation;
- 2.7 any reference to a person shall be construed as a reference to any individual, firm, company, corporation, government, state or agency of a state or any association or partnership (whether or not having separate legal personality) of two or more of the foregoing;
- 2.8 any reference to a person includes his successors, personal representatives and permitted assigns;
- 2.9 “writing” or any similar expression includes transmission by facsimile or email.

### **3. MAIN OBJECTS**

The main objects of the Charity are to endow and support, on a national and international level, research into diseases of the skin and their treatments, all aspects of the development and improvement of therapies and treatments of such diseases, the promotion of awareness of diseases of the skin and their treatments, all programmes or projects supporting those suffering from diseases of the skin and their carers, and to endow and support organisations on a national and international level promoting these or similar objects.

### **4. ADMINISTRATIVE POWERS**

In furtherance of the above objects but not otherwise the Charity shall have the following powers:

- 4.1 To establish, support or aid in the establishment and support of any charitable associations or institutions established for similar purposes as the Charity, including but not limited to researching dermatological diseases and their treatments, developing treatments and therapies to enhance patient care, and supporting medical staff, patients and carers of those suffering from dermatological diseases, whose

activities are carried out anywhere in the world, and to subscribe monies for charitable purposes in any way connected with the purposes of the Charity or calculated to further its objects, whether by gifts of income or capital or otherwise.

- 4.2 To consult, co-operate and enter into arrangements with any authorities, organisations or bodies, international, national, local or otherwise and to obtain from any such authorities, organisations or bodies any rights, privileges and concessions.
- 4.3 To provide advisory services and centres for information and documentation for the use of persons interested in the objects of the Charity.
- 4.4 To promote, arrange, organise and conduct seminars, conferences, lectures, meetings and discussions, and to establish and maintain an internet-based information resource, and to foster and undertake research into any aspect of the objects of the Charity and its work and to disseminate the results of any such research.
- 4.5 To make grants by way of scholarships, bursaries or otherwise to students and others engaged in academic or other study or research whether or not at institutes of learning.
- 4.6 To establish national or local branches (whether autonomous or not).
- 4.7 To prepare, edit, print, publish, issue, acquire, circulate, and distribute books, pamphlets, papers, periodicals and other literary material, pictures, prints, photography, films, sound recordings and mechanical and other models and equipment, and to establish, form, promote, conduct, and maintain public collection, displays and exhibitions of literature, statistics, charts, information and other material.
- 4.8 To solicit, receive and accept subscriptions, including subscription fees from its Members, financial assistance, donations, endowments, gifts (both inter vivos and testamentary) and loans of money, rents and other property whatsoever, real or personal, whether subject or not to any specific charitable trusts or conditions.
- 4.9 To promote and incorporate or to join in the promotion or incorporation of any charitable companies with limited or unlimited liability for the purpose of carrying out any object which the Charity itself could carry out and to subscribe for or otherwise acquire the shares, stock or other securities of such companies or to lend money or transfer any property or activities of the Charity including the general operations of the Charity without restriction to such companies on such terms as may be thought fit.
- 4.10 Subject to such consents as may be required by law to purchase, take on lease or in exchange, hire or otherwise acquire and to hold, manage, develop, sell, dispose of, lease, give guarantees in respect of, or deal in any way with any real or personal property and any interest therein.
- 4.11 Subject to such consents as may be required by law to borrow and raise money and secure or discharge any debt or obligation of or binding on the Charity in such manner and on such terms and conditions as may be thought fit and in particular by mortgages of or charges upon the undertaking and all or any of the real and personal property (present and future) of the Charity.



- 4.12 To undertake, execute and perform any charitable trusts or conditions affecting any property of any description of the Charity whether acquired by gift or otherwise.
- 4.13 To grant, continue and pay such salaries, pensions, gratuities or other sums in respect of services rendered to the Charity as may from time to time be thought proper, and to establish pension funds or charitable arrangements of any kind whatsoever for persons employed at any time by the Charity and their spouses and dependants.
- 4.14 Subject to such consents as may be required by law to construct, erect, alter, improve, demolish and maintain any buildings which may from time to time be required for the purposes of or surplus to the current or anticipated requirements of the Charity, and to manage, develop, sell, lease, let, mortgage, dispose of or otherwise deal with all or any part of the same.
- 4.15 To draw, make, accept, endorse, discount, execute and issue promissory notes, bills of exchange and other negotiable or transferable instruments.
- 4.16 To pay all expenses, preliminary or incidental, to the formation of the Charity and its registration.
- 4.17 To do all such other lawful things as are incidental to the attainment or furtherance of the said objects or any of them.

## **5. MANAGEMENT**

- 5.1 The overall management of the activities of the Charity shall be vested in the Board. The number of Board Members shall not be less than nine or more than seventeen.
- 5.2 The first Board Members shall be determined at a general meeting of the Members to be held after the adoption of these rules of the Charity, provided that the Lord Mayor of Dublin for the time being, or a nominee of the Lord Mayor being a member of Dublin City Council for the time being, shall be a Member on the same terms as ordinary Board Members.
- 5.3 The Board Members shall serve for a term of four years, provided that in the case of the first Board, the term shall be for a period which expires at the next annual general meeting arising after the first Board has served for a period of four years.
- 5.4 The general meeting shall first select Officers called the Chairperson, Vice-Chairperson, Treasurer and Secretary.
  - 5.4.1 The Chairperson and Vice-Chairperson shall hold their positions for a term of two years and the Treasurer and Secretary shall hold their positions for a term of four years provided that in the case of any officers who are elected to positions which they have previously held shall have their term of office reduced by the length of time during which they have occupied their position prior to election by general meeting.

## A CENTURY OF SERVICE

- 5.4.2 After the retirement of any of the officers, their replacements shall be appointed by the Board in secret ballot for a term as set out above. The general meeting shall then fill the remaining vacancies on the Board.
- 5.4.3 Any Board Member who shall be elected as an officer during his term on the Board shall continue to be a Board Member for the duration of his term as an Officer plus one year.
- 5.5 Without prejudice to the generality of Clause 5.1, the duties and functions of the Board include the following:
  - 5.5.1 to ensure that the activities of the Charity adhere to its main objects and are carried out within the scope of the Charity's powers.
  - 5.5.2 to develop policies which promote and achieve the main objects of the Charity;
  - 5.5.3 to oversee the effective operation of the Charity and to ensure that sufficient authority is delegated to committees to enable the work of the Charity to be carried out effectively between Board Meetings; and
  - 5.5.4 to take all reasonable steps to protect the Property of the Charity.
- 5.6 The Chairperson of the Board shall convene and chair all Board Meetings which he can reasonably attend and shall organise and oversee the effective operation of the Board in fulfilling the main objects of the Charity.
- 5.7 The Board Members shall make all reasonable efforts to attend Board Meetings and shall attend to such duties as may be assigned to them by the Chairperson, either at Board or committee level.

## 6. POWERS OF BOARD MEMBERS

- 6.1 The strategic business of the Charity shall be managed by the Board who may exercise all the powers of the Charity.
- 6.2 The Board shall meet at least on a quarterly basis and subject thereto the Board shall determine the intervals between meetings.
- 6.3 No alteration of the Charity and no such direction shall invalidate any prior act of the Board which would have been valid if that alteration had not been made or that direction had not been given.
- 6.4 The powers given by this clause shall not be limited by any special power given to the Board by the Charity and a meeting of Board Members at which a quorum is present may exercise all powers exercisable by the Board.
- 6.5 The Board may, by power of attorney or otherwise, appoint any person to be the agent of the Charity for such purposes and on such conditions as they determine, including authority for the agent to delegate all or any of his powers, and without prejudice to the generality of the foregoing, the Board may nominate any Board Member to represent the Charity on board(s) or committee(s) of any such composition of any group or body which the Charity supports, endows or intends to support or endow.

## **7. INVESTMENT POWERS**

- 7.1 The Board may apply or invest the Property of the Charity in the purchase of or at interest upon the security of such stocks funds securities or other investments or property of whatever nature and wheresoever situate and whether involving liabilities or not or upon such personal credit with or without security.
- 7.2 Such investments may be held either in the name of the Charity or in the name or names of any nominee or nominees of the Charity.
- 7.3 In exercising any power of investment, the Board shall have due regard for the suitability to the Charity of the investment and the need for diversification of investments of the Charity.
- 7.4 The Board shall appoint a competent agent or agents to advise on and oversee its investment decisions, being a person or body of persons who is or are reasonably believed by the Board to be qualified to give it, taking into account his or their ability in and practical experience of financial and other matters relating to the proposed investment.
  - 7.4.1 Before exercising any power of investment the Board shall seek the advice of the agent. The only exception to this requirement is that the Board need not obtain such advice if they reasonably conclude that in all circumstances it is unnecessary or inappropriate to do so.
  - 7.4.2 While the agent acts for the Charity, the Board must keep under review on a periodic basis the arrangements under which the agent acts and how those arrangements are being put into effect.
  - 7.4.3 If circumstances make it appropriate to do so, the Board must consider whether there is a need to intervene by either giving directions to the agent or revoking his or their authorisation or appointment, and must exercise such power if they consider there is a need to do so.

## **8. INDEMNITY**

- 8.1 Provided the Board Members comply with the obligations set out herein, no Board Member (being an individual) shall be liable for any loss to the Charity arising by reason of any act, mistake or omission done or made in good faith by a Board Member or for the negligence or fraud of any agent employed by him or by any other Board Members hereof although the employment of such agent was not strictly necessary or expedient or by reason of any other matter or thing except gross negligence, wilful and individual fraud or wrong-doing on the part of the Board Member who is sought to be made liable.

## **9. DELEGATION OF THE BOARD'S POWERS**

- 9.1 The Board may delegate any of their powers to any committees established by the Board, each consisting of not more than seven Board Members and/or such other

persons upon such terms and subject to periodic review and variation as they think fit.

- 9.2 The Board or any committee may delegate to any employee of the Charity such of their powers as they consider desirable to be exercised by him.
- 9.3 Any such delegation may be made subject to any conditions the Board or any of the committees may impose and either collaterally with or to the exclusion of their own powers and may be revoked or altered. Subject to any such conditions, the proceedings of a committee with two or more Members shall be governed by the articles regulating the proceedings of Board so far as they are capable of applying. The acts and proceedings of any committee shall be reported to the Board as soon as possible.

## **10. APPOINTMENT OF BOARD MEMBERS**

### **10.1 Appointment by the Members of the Charity at the annual general meeting:**

- 10.1.1 The Charity may by ordinary resolution at an annual general meeting and in accordance with the procedure set out in clause 10.4 below, appoint a person who is willing to act to be a Board Member either to fill a vacancy or as an additional Board Member.
- 10.1.2 Should any person seeking to be appointed as a Board Member not be a Member of the Charity prior to his appointment to the Board, that person shall firstly be appointed as a Member of the Charity in accordance with the procedure set out in clause 18 below and then proceed to be appointed as a Board Member.

### **10.2 Appointment by the Board of the Charity:**

- 10.2.1 The Board may appoint a person who is willing to act to be a Board Member at any time other than at the annual general meeting, either to fill a vacancy or as an additional Board Member, provided that the appointment does not cause the number of Board Members to exceed seventeen.
- 10.2.2 A Board Member so appointed shall hold office only until the next following annual general meeting, at which he will be eligible to be appointed as a Board Member in accordance with the procedure set out in Clause 10.1 above, save that he shall not require the nomination of three Members nor shall he be required to give notice of his willingness to be elected in order to be eligible for election.
- 10.2.3 If not re-appointed at such annual general meeting or should he choose to not seek appointment, he shall vacate office at the conclusion of the annual general meeting.

- 10.3 Subject as aforesaid, the Secretary shall give notice in writing to each Board Member not less than thirty-five days before their term expires on the date of the next annual general meeting. Each Board Member who confirms in writing their agreement to act as a Board Member not less than seven days before their term expires at the annual general meeting

shall be deemed to be re-elected to the Board for a further term. A Board Member not electing to continue shall retain office until the end of the annual general meeting.

- 10.4 Subject as aforesaid, every person who gives notice to the Secretary not less than seven or more than twenty-eight days before the date appointed for the annual general meeting in writing signed by three Members entitled to attend and vote at a general meeting for which such notice is given, of their intention to propose such a person for election, and also notice in writing signed by the person of his willingness to be elected, shall be eligible to be elected as a Board Member. An election shall take place at the annual general meeting to fill any vacancies to the Board which have arisen following the seeking of confirmation from existing Board Members of their intention to continue in that capacity.

## **11. DISQUALIFICATION AND REMOVAL OF BOARD MEMBERS**

- 11.1 The office of a Board Member shall be vacated if –

- 11.1.1 he ceases to be eligible to be a director of a company by virtue of any provision of the Companies Acts of 1963–2006 or he becomes prohibited by law from being a Board Member; or
- 11.1.2 he becomes bankrupt or makes any arrangement or composition with his creditors generally; or
- 11.1.3 he is convicted on indictment of an offence or is sentenced to a term of imprisonment by a court of competent jurisdiction;
- 11.1.4 he is removed from the position of Board Member by an order of the High Court;
- 11.1.5 he is, or may be, mentally incapable as that term is defined in section 4 of the Powers of Attorney Act 1996 of Ireland or an order is made by a competent body having jurisdiction in Ireland or elsewhere in matters concerning incapacity in terms equivalent to section 4; or
- 11.1.6 he resigns his office by notice to the Charity; or
- 11.1.7 he shall for more than two consecutive meetings have been absent without permission of the Board from meetings of the Board and the Board resolve that his office be vacated.

## **12. NON-REMUNERATION OF BOARD MEMBERS**

- 12.1 No Board Member shall be remunerated in any way for his service to the Charity as a Board Member.

## **13. PROCEEDINGS OF THE BOARD**

- 13.1 Subject to these provisions, the Board may regulate their proceedings as they think fit.



## A CENTURY OF SERVICE

- 13.2 A Board Member may, and the secretary at the request of a Board Member shall, call a meeting of the Board. It shall not be necessary to give notice of a meeting to a Board Member who is absent from Ireland or the United Kingdom.
- 13.3 Questions arising at a meeting shall be decided by a majority of votes. In the case of an equality of votes, the chairperson shall have a second or casting vote.
- 13.4 Any Board Member may participate in a Board meeting by means of a conference telephone or other telecommunications equipment by means of which all persons participating in the meeting can hear each other speak and such participation in a meeting shall constitute presence in person at the meeting and such meeting shall be deemed to have been convened in the place from which the conference telephone call or similar telecommunication is initiated provided always that the quorum must be constituted in accordance with the rules of the Charity.
- 13.5 The quorum for the transaction of the business of the Board may be fixed by the Board and unless so fixed at any other number shall be thirty percent of the number of Board Members for the time being rounded up to the next whole number.
- 13.6 Continuing Board Members or a sole continuing Board Member may act notwithstanding any vacancies in their number, but, if the number of Board Members is less than the number fixed as the quorum, the continuing Board Members or Board Member may act only for the purpose of filling vacancies or of calling a general meeting.
- 13.7 The Chairperson so appointed shall preside at every meeting of the Board at which he is present. But if there is no person holding that office, or if the Chairperson holding it is unwilling to preside or is not present within five minutes after the time appointed for the meeting, the Board Members present may appoint one of their number to be chairperson of the meeting.
- 13.8 All acts done by a meeting of the Board, or of a committee of the Board, or by a person acting as a Board Member shall, notwithstanding that it be afterwards discovered that there was a defect in the appointment of any Board Member or that any of them were disqualified from holding office, or had vacated office, or were not entitled to vote, be as valid as if every such person had been duly appointed and was qualified and had continued to be a Board Member and had been entitled to vote.
- 13.9 A Board Member shall not vote at a meeting of the Board or of a committee of the Board on any resolution concerning a matter in which he has, directly or indirectly, an interest or duty which is material and which conflicts or may conflict with the interests of the Charity (which must be disclosed to the Board at the earliest opportunity) unless his interest or duty arises only because the case falls within one or more of the following paragraphs -
- 13.9.1 the resolution relates to the giving to him of a guarantee, security, or indemnity in respect of money lent to, or an obligation incurred by him for the benefit of, the Charity;

13.9.2 the resolution relates to the giving to a third party of a guarantee, security, or indemnity in respect of an obligation of the Charity for which the Board Member has assumed responsibility in whole or part and whether alone or jointly with others under a guarantee or indemnity or by the giving of security.

13.10 For the purposes of this regulation, an interest of a person who is, (excluding any statutory modification thereof not in force when this regulation becomes binding on the Charity) connected with a Board Member shall be treated as an interest of the Board Member.

13.11 A Board Member shall not be counted in the quorum present at a meeting in relation to a resolution on which he is not entitled to vote.

#### **14. MINUTES**

14.1 The Board shall cause minutes to be made in books kept for the purpose of all appointments made by the Board and of all proceedings at meetings of the Charity, and of the Board, and of committees of the Board, including the names of the Board Members present at each such meeting.

#### **15. THE SEAL**

15.1 The seal shall only be used by the authority of the Board or of a committee of Board Members authorised by the Board. The Board may determine who shall sign any instrument to which the seal is affixed and unless otherwise so determined it shall be signed by a Board Member and by the secretary or by a second Board Member.

#### **16. ACCOUNTS**

16.1 No Member shall (as such) have any right of inspecting any accounting records or other book or document of the Charity except as authorised by the Board or by ordinary resolution of the Charity.

16.2 Annual audited accounts shall be kept and made available to the Revenue Commissioners on request.

#### **17. NOTICES**

17.1 Any notice to be given to or by any person pursuant to the articles shall be in writing or by electronic mail except that a notice calling an emergency meeting of the Board need not be in writing or by electronic mail.

17.2 The Charity may give any notice to a Member either personally or by sending it by electronic mail, by post in a prepaid envelope addressed to the Member at his registered address or by leaving it at that address. A Member whose registered address is not within Ireland or the United Kingdom and who gives to the Charity an address within the Ireland or the United Kingdom or an e-mail address at which notices may be given to him shall be entitled to have notices given to him at that address, but otherwise no such Member shall be entitled to receive any notice from the Charity.

## A CENTURY OF SERVICE

- 17.3 A Member present, either in person or by proxy, at any meeting of the Charity shall be deemed to have received notice of the meeting and, where requisite, of the purposes for which it was called.
- 17.4 Proof that an envelope containing a notice was properly addressed, prepaid and posted shall be conclusive evidence that the notice was given. A notice shall be deemed to be given at the expiration of 48 hours after the envelope containing it was posted.

## 18. MEMBERSHIP

- 18.1 The first Members of the Charity shall be all persons entitled as patron, president, vice president, trustee, member of visiting committee, governor, life governor, annual governor and any other member at the date of adoption of these rules who elect to continue their membership of the Charity after adoption of these rules of the Charity. The sitting Chairperson shall write to each person holding any of the above titles inviting them to elect for membership and to attend the first general meeting of the Charity.
- 18.2 Individuals may elect to be Members of the Charity by one of the following means, that is to say, attending the first general meeting, appointing a proxy to attend the meeting on their behalf, accepting the invitation to Membership made by the Chairperson within a period of three months from the date when the Chairperson shall write to the Member. Such invitations by the Chairperson shall be deemed to be properly served on any individual provided that it is served by ordinary post in accordance with the previous clause.
- 18.3 New Members may be appointed by ordinary resolution of the Members at an annual general meeting or at a special general meeting of the Charity provided that they shall have been proposed and seconded for Membership by at least two existing Members of the Charity in sufficient time to enable such proposed persons to be listed in any notice circulated by the Secretary of the Charity prior to the next forthcoming annual general or special general meeting.
- 18.4 No Member of the Charity may nominate or second for appointment more than one prospective member of the Charity per annum.
- 18.5 A Member may at any time withdraw from the Charity by giving at least seven clear days' notice to the Charity. Membership shall not be transferable and shall cease on death.
- 18.6 No firm or other unincorporated association may as such become a Member of the Charity.
- 18.7 Every person so applying for membership shall be subject to the same bye-laws, rules and regulations concerning admission and otherwise as any person not so nominated and shall, if admitted to membership, have the same rights and be subject to the same liabilities as any person not so nominated.

18.8 A firm or other unincorporated association which has nominated as its representative one of its Members as aforesaid may from time to time revoke the nomination of such Member and, subject to the consent of the Board, nominate another representative in his place.

18.8.1 Upon receipt by the Board of any such revocation such Member shall at once cease to be a Member of the Charity or to act or be entitled to act or be recognised as a representative of such firm or association and any person nominated in his place shall, if duly approved by the Board, be and become a Member of the Charity and the representative of such firm or association in the place of the representative whose nomination has been revoked as aforesaid.

18.8.2 All nominations and revocations shall be in writing signed by all the Members of the firm or other unincorporated association.

18.9 The Secretary shall keep an accurate Register of Members.

18.10 A Member shall forthwith cease to be a Member if:

18.10.1 being an individual or being the representative of an unincorporated body, he becomes bankrupt or commits an act of bankruptcy, or he or that body makes any arrangement with or compounds with his or its creditors generally or, being a corporation, becomes insolvent or ceases to carry on business;

18.10.2 he is convicted on indictment of an offence or is sentenced to a term of imprisonment by a court of competent jurisdiction;

18.10.3 he is removed as a Member by an order of the High Court;

18.10.4 he is, or may be, mentally incapable as that term is defined in section 4 of the Powers of Attorney Act 1996 of Ireland or an order is made by a competent body having jurisdiction in Ireland or elsewhere in matters concerning incapacity in terms equivalent to section 4;

18.10.5 the Board resolves that the Member's membership be terminated; or

18.10.6 he fails to pay any entrance fee or subscription or other contribution for which he becomes liable whilst he is a Member within the period laid down by the Board for any such payment.

## **19. GENERAL MEETINGS**

19.1 All general meetings other than annual general meetings shall be called special general meetings.

19.2 The Board may call general meetings and, on the requisition of ten percent of the Members being not less than ten in number shall forthwith proceed to convene a special general meeting for a date not later than eight weeks after receipt of the requisition. If there are not within the Ireland sufficient Board Members to call a general meeting, any Board Member or any Members of the Charity may call a general meeting.

## A CENTURY OF SERVICE

- 19.3 An annual general meeting and a special general meeting called for the passing of a special resolution or a resolution appointing a person as a Board Member shall be called by at least twenty-one clear days' notice. All other special general meetings shall be called by at least fourteen days' notice but a general meeting may be called by shorter notice if it is so agreed-
- 19.3.1 in the case of an annual general meeting, by all the Members entitled to attend and vote thereat; and in the case of any other meeting by a majority in number of the Members having a right to attend and vote being a majority together holding not less than ninety-five per cent of the total voting rights at the meeting of all the Members.
- 19.3.2 the notice shall specify the time and place of the meeting and the general nature of the business to be transacted and, in the case of an annual general meeting, shall specify the meeting as such.
- 19.3.3 the notice shall be given to all the Members and to the Board Members and auditors.
- 19.4 The accidental omission to give notice of a meeting to, or the non-receipt of notice of a meeting by, any person entitled to receive notice shall not invalidate the proceedings at that meeting.
- 19.5 The following matters shall be tabled on the agenda of each annual general meeting, and approval of each shall require an ordinary resolution of the Members, being a resolution passed by a majority of the total number of votes of those Members present either in person or by proxy:
- 19.5.1 approval of the annual accounts of the Charity;
- 19.5.2 the appointment of new Members;
- 19.5.3 the appointment and re-appointment of Board Members;
- 19.5.4 approval of the Charity's auditor.
- [Any other business requiring a special resolution shall then follow.]
- 19.6 The following matters shall be determined at either the annual general meeting or a special general meeting by special resolution, being a resolution passed by seventy-five percent of the total number of votes of those Members present either in person or by proxy:
- 19.6.1 amendments to the Charter;
- 19.6.2 approval of proposals to endow, support or fund projects which commit thirty-five percent or more, for the time being, of the Charity's capital;
- 19.6.3 the approval of a cy-près scheme of application of the Charity's assets; and
- 19.6.4 the winding up of the Charity.
- 19.7 For the avoidance of doubt, any matters not requiring approval by an ordinary resolution or special resolution of the Members may be transacted by the Board in a quorate meeting.



## **20. PROCEEDINGS AT GENERAL MEETINGS**

- 20.1 No business shall be transacted at any meeting unless a quorum is present. Seven persons entitled to vote upon the business to be transacted, each being a Member or a proxy for a Member shall be a quorum.
- 20.2 Any Member may participate in a General Meeting by means of a conference telephone or other telecommunications equipment by means of which all persons participating in the meeting can hear each other speak and such participation in a meeting shall constitute presence in person at the meeting shall be deemed to have been convened in the place from which the conference telephone call or similar telecommunication is initiated provided always that the quorum must be constituted in accordance with these rules.
- 20.3 If such a quorum is not present within half an hour from the time appointed for the meeting, or if during a meeting such a quorum ceases to be present, the meeting shall stand adjourned to the same day in the next week at the same time and place or to such time and place as the Board may determine and if at the adjourned meeting a quorum is not present within half an hour from the time appointed for the meeting the Members present shall be a quorum.
- 20.4 The chairperson, if any, of the Board or in his absence some other Board Member nominated by the Board shall preside as chairperson of the meeting, but if neither the chairperson nor such other Board Member (if any) be present within fifteen minutes after the time appointed for holding the meeting and willing to act, the Board Members present shall elect one of their number to be chairperson and, if there is only one Board Member present and willing to act, he shall be chairperson.
- 20.5 If no Board Member is willing to act as chairperson, or if no Board Member is present within fifteen minutes after the time appointed for holding the meeting, the Members present and entitled to vote shall choose one of their number to be chairperson.
- 20.6 A Board Member shall, notwithstanding that he is not a Member, be entitled to attend and speak at any general meeting.
- 20.7 The chairperson may, with the consent of a meeting at which a quorum is present (and shall if so directed by the meeting), adjourn the meeting from time to time and from place to place, but no business shall be transacted at an adjourned meeting other than business which might properly have been transacted at the meeting had the adjournment not taken place. When a meeting is adjourned for fourteen days or more, at least seven clear days' notice shall be given specifying the time and place of the adjourned meeting and the general nature of the business to be transacted. Otherwise it shall not be necessary to give any such notice.
- 20.8 A resolution put to the vote of a meeting shall be decided on a show of hands unless before, or on the declaration of the result of, the show of hands a poll is duly demanded. A poll may be demanded -

## A CENTURY OF SERVICE

- 20.8.1 by the chairperson; or
  - 20.8.2 by at least two Members having the right to vote at the meeting; or
  - 20.8.3 by a Member or Members representing not less than one-tenth of the total voting rights of all the Members having the right to vote at the meeting; and a demand by a person as proxy for a Member shall be the same as a demand by the Member.
- 20.9 Unless a poll is duly demanded a declaration by the chairperson that a resolution has been carried or carried unanimously, or by a particular majority, or lost, or not carried by a particular majority and an entry to that effect in the minutes of the meeting shall be conclusive evidence of the fact without proof of the number or proportion of the votes recorded in favour of or against the resolution.
- 20.10 The demand for a poll may, before the poll is taken, be withdrawn but only with the consent of the chairperson and a demand so withdrawn shall not be taken to have invalidated the result of a show of hands declared before the demand was made.
- 20.11 A poll shall be taken as the chairperson directs and he may appoint scrutineers (who need not be Members) and fix a time and place for declaring the result of the poll. The result of the poll shall be deemed to be the resolution of the meeting at which the poll was demanded.
- 20.12 In the case of an equality of votes, whether on a show of hands or on a poll, the chairperson shall be entitled to a casting vote in addition to any other vote he may have.
- 20.13 A poll demanded on the election of a chairperson or on a question of adjournment shall be taken forthwith. A poll demanded on any other question shall be taken either forthwith or at such time and place as the chairperson directs not being more than thirty days after the poll is demanded. The demand for a poll shall not prevent the continuance of a meeting for the transaction of any business other than the question on which the poll was demanded. If a poll is demanded before the declaration of the result of a show of hands and the demand is duly withdrawn, the meeting shall continue as if the demand had not been made.
- 20.14 No notice need be given of a poll not taken forthwith if the time and place at which it is to be taken are announced at the meeting at which it is demanded. In any other case at least seven clear days' notice shall be given specifying the time and place at which the poll is to be taken.
- 20.15 A resolution in writing executed by or on behalf of each Member who would have been entitled to vote upon it if it had been proposed at a general meeting at which he was present shall be as effectual as if it had been passed at a general meeting duly convened and held and may consist of several instruments in the like form each executed by or on behalf of one or more Members.

## **21. VOTES OF MEMBERS**

- 21.1 On a show of hands every Member present in person shall have one vote. On a poll every Member present in person or by proxy shall have one vote. A proxy for a corporation may vote on a show of hands.
- 21.2 No objection shall be raised to the qualification of any voter except at the meeting or adjourned meeting at which the vote objected to is tendered, and every vote not disallowed at the meeting shall be valid. Any objection made in due time shall be referred to the chairperson whose decision shall be final and conclusive.

## **22. GENERAL**

- 22.1 No additions, alterations or amendments shall be made to this charter or the provisions of the Charity for the time being in force unless the same shall have been previously submitted to and approved in writing by the Revenue Commissioners or such other statutory regulatory body charged with the responsibility of granting such approval.
- 22.2 If upon the winding up or dissolution of the Charity there remains, after the satisfaction of all its debts and liabilities, any Property whatsoever, the same shall not be paid to or distributed among the Members of the Charity, but shall be given or transferred to such other charitable institution or institutions having objects similar to the objects of the Charity, and which shall prohibit the distribution of its or their income and property among its or their Members to an extent at least as great as is imposed on the Charity under or by virtue of clause four hereof, such institution or institutions to be determined by the Members of the Charity at or before the time of dissolution, and if and so far as effect cannot be given to such provision, then to some charitable object.
- 22.3 The income and property of the Charity shall be applied solely towards the promotion of its main objects as set forth in clause 2 of the rules. No portion of the Charity's income and property shall be paid or transferred directly or indirectly by way of dividend, bonus or otherwise howsoever by way of profit to Members of the Charity. No Charity Member shall be appointed to any office of the Charity paid by salary or fees, or receive any remuneration or other benefit in money or in moneys worth from the Charity, nothing shall prevent any payment in good faith by the Charity of:
  - 22.3.1 reasonable and proper remuneration to any Member, officer or servant of the Charity (not being a Board Member) for any services rendered to the Charity,
  - 22.3.2 interest at a rate not exceeding 5% per annum on money lent by Board Member or other Members of the Charity to the Charity,
  - 22.3.3 reasonable and proper rent for premises demised and let by any Member of the Charity (including any Board Member) to the Charity,

## A CENTURY OF SERVICE

- 22.3.4 reasonable and proper out of pocket expenses incurred by any Board Member or Member in connection with their attendance at any matter effecting the Charity;
- 22.3.5 fees, or remuneration or other benefit in money or monies worth to any company of which a Board Member or Member may be a Member holding not more than one hundredth part of the issued share capital of such a company.

## APPENDIX 6

### Articles and Memorandum of the Irish Skin Foundation

Company Limited by Guarantee  
and not having a Share Capital

#### MEMORANDUM OF ASSOCIATION

#### OF

#### IRISH SKIN FOUNDATION

(Foras Craiceann na hÉireann)

1. The name of the Company (hereinafter called the “foundation”) is Irish Skin Foundation. (Foras Craiceann na hÉireann).
2. (1) The Foundation is established for the following **main** objects so far and so far only as the same are legally charitable:–
  - (a) To undertake, promote, protect and encourage all programmes or projects supporting those suffering from diseases of the skin and their carers, the promotion of awareness of diseases of the skin and their treatments, including the training of healthcare staff in the provision of therapies and treatments.
  - (b) To promote, endow, support and advance on a national and international level, medical and scientific research, especially in the area of community research, into diseases of the skin and their treatments and all aspects of the development and



improvement of therapies and treatments of such diseases, by creating fellowships, establishing scholarships, by making grants and other benefactions and providing equipment and other facilities for research and training in dermatology in established dermatological centres.

- (c) To advocate at government and all other appropriate levels on behalf of patients suffering from diseases of the skin for greater support for and improvements in, their care.
  - (d) To promote health education in subjects relating to the skin and the rehabilitation and relief of those who suffer from diseases of the skin.
  - (e) To act as a representative body in dermatological matters in relation to other bodies concerned with raising and distributing money for similar or allied purposes in Ireland or elsewhere.
- (2) Subsidiary and ancillary to the foregoing and for the purposes aforesaid:—
- (a) To carry or support the carrying on of any lawful campaign or publicity which may be calculated to prevent or cure or lessen or relieve diseases of the skin.
  - (b) To establish, subsidise, promote, amalgamate, co-operate or federate with, affiliate or become affiliated to, act as trustee or agent for or manage or lend money or assistance to any association, society, company or other body, whether or not incorporated, whose objects are wholly of a charitable nature, but so that none of the funds of the Foundation shall be paid to any federated, affiliated or co-operative association, society or other body which does not prohibit the distribution of its income and property among its members to an extent at least as great as is imposed on the Foundation by Clause 3 of this Memorandum of Association.
  - (c) To assist financially or in kind, either directly or through hospitals, clinics or other institutions, the needy sufferers from diseases of the skin and the needy dependants and the kin of victims of diseases of the skin.
  - (d) To provide for the delivery and holding of lectures, courses, exhibitions, public meetings, classes and conferences and the organisation of study groups and seminars calculated directly or indirectly to advance scientific technical or general knowledge in dermatology and allied subjects and to organise, sponsor, provide for and encourage attendance at and participation in such lectures, courses, exhibitions, public meetings, classes, conferences, study groups and seminars wheresoever held and by whomsoever provided or organised.
  - (e) To found, subsidise, and assist any charitable funds, associations or institutions calculated to promote or assist the Foundation's objects or any of them.
  - (f) To solicit and procure by any lawful means and to accept and receive any donation of property of any nature and any devise, legacy or annuity, subscription, contribution or fund including (but so as not to restrict the generality of the foregoing) the holding of lotteries in accordance with the law for the purpose of

promoting the Foundation's objects or any of them, and to apply to such purpose the capital as well as the income of any such legacy, donation or fund. All such funding received for a specific purpose must be applied to promote such purpose.

- (g) To undertake, accept, execute and administer, without remuneration, any charitable trusts.
- (h) To establish and support or aid in the establishment and support of any charitable association or institution, trust or fund, and to subscribe or guarantee money for any charitable purpose which the Foundation shall consider calculated to promote its objects or any of them.
- (i) To purchase, take on lease or in exchange, hire or otherwise acquire any real or personal property, patents, copyrights, licences, rights and privileges or any estate or interest whatsoever and any rights, privileges and easements over or in respect of any property which may be considered necessary for the purposes of the Foundation.
- (j) To sell, manage, lease, mortgage, exchange or dispose of all or any part of the property of the Foundation with a view to the promotion, protection or encouragement of its objects or any of them.
- (k) To borrow and raise money in such manner as may be considered expedient, and to issue debentures, debenture stock and other securities, and for the purpose of securing any debt or other obligation of the Foundation to mortgage or charge all or any part of the property of the Foundation.
- (l) To administer all and any bequests, comprising money and properties of all kinds, and other monies and properties of any kind, and to invest and reinvest same in the purchase or acquisition of such stocks, funds, shares, securities, property or other investments of whatever nature and wherever situated as the Foundation in its absolute discretion thinks fit to the extent that the Foundation shall have the same full and unrestricted powers of investing and transposing investments as if it were beneficially entitled to such bequests, monies and property with a value in excess of such amount as shall be agreed between the Foundation and the Revenue Commissioners from time to time, prior notification shall be given to the Revenue Commissioners and PROVIDED FURTHER THAT at all times the income from any such investments or reinvestment shall be applied solely and directly towards the promotion or assistance of the Foundation's main objects or any of them.
- (m) To invest in such ways as shall seem desirable to the Board any moneys of the Foundation not immediately required for the use in connection with any of its objects and to place any such moneys on deposit with bankers and others; subject nevertheless as regards the making of investments to such conditions (if any) and such consents (if any) as may for the time being be imposed or required by law and subject also as hereinafter provided.
- (n) For the purposes aforesaid, to draw, accept, make, endorse, issue and negotiate bills of exchange, promissory notes and other negotiable instruments.

## A CENTURY OF SERVICE

- (o) To apply for and obtain any legislative, municipal or other Acts or authorisations for the purpose of enabling the Foundation to carry any of its objects into effect.
  - (p) To procure the registration or incorporation of the Foundation in or under the laws of any place outside Ireland.
  - (q) To pay all expenses of and incidental to the incorporation and establishment of the Foundation.
  - (r) To do all such other lawful things as shall be incidental to the foregoing objects or any of them.
  - (s) To do all or any of the things and matters aforesaid in any part of the world.
  - (t) To confer honorary fellowships on persons in such manner and subject to such conditions as the Foundation may deem appropriate.
  - (u) To grant pensions, gratuities, allowances or charitable aid to any person who may have served the Company as an employee, or to the wives, husbands, children or other dependants of such person provided that such pensions, gratuities, allowances or charitable aid shall be no more than that provided by an occupational pension scheme and provided that such occupational pension scheme has been operated by the Company and the beneficiary of the pensions, gratuities, allowances or charitable aid, or their spouse or parent, has been a member of the occupational pension scheme while employed by the Company; and to make payments towards insurance and to form and contribute to provident and benefit funds for the benefit of any persons employed by the Company and to subscribe or guarantee money for charitable objects.
3. The income and property of the Foundation, shall be applied solely towards the promotion of its main objects as set forth in this Memorandum of Association. No portion of the Foundation's income and property shall be paid or transferred directly or indirectly, by way of dividend, bonus, or otherwise howsoever by way of profit to the Members of the Foundation. No Director shall be appointed to any office of the Foundation paid by salary or fees or receive any remuneration or other benefit in money or money's worth from the Foundation. However, nothing shall prevent any payment in good faith by the Foundation of:
- (a) reasonable and proper remuneration to any Member, officer or servant of the Foundation (not being a Director) for any services rendered to the Foundation;
  - (b) interest at a rate not exceeding 5% per annum on money lent by Directors or other Members of the Foundation to the Foundation;
  - (c) reasonable and proper rent for premises demised or let by any Member to the Foundation (including any Director) to the Foundation;
  - (d) reasonable and proper out-of-pocket expenses incurred by any Director in connection with their attendance to any matter affecting the Foundation;

- (e) fees, remuneration or other benefit in money or money's worth to any company of which a Director may be a member holding not more than one-hundredth part of the issued capital of such company.
- 4. No addition, alteration or amendment shall be made to or in the Memorandum and Articles of Association for the time being in force, unless the same have been previously submitted to and approved by the Minister for Enterprise and Employment and the office of the Revenue Commissioners provided that in respect of Clauses 3 and 7 of the Memorandum of Association, such approval shall be given only after consultation with the Minister for Finance.
- 5. The liability of the Members is limited.
- 6. Every Member of the Foundation undertakes to contribute to the assets of the Foundation, in the event of its being wound up while he is a Member, or within one year afterwards, for payment of the debts and liabilities of the Foundation contracted before he ceases to be a Member, and the costs, charges and expenses of winding up, and for the adjustment of the rights of contributories among themselves, such amount as may be required not exceeding One Euro.
- 7. If upon the winding up or dissolution of the Foundation there remains, after the satisfaction of all its debts and liabilities, any property whatsoever, the same shall not be paid to or distributed among the Members of the Foundation, but shall be given or transferred to some other charitable institution or institutions having main objects similar to the main objects of the Foundation, and which shall prohibit the distribution of its or their income and property amongst its or their members to an extent at least as great as is imposed on the Foundation under or by virtue of Clause 3 hereof, such institution or institutions to be determined by the Members of the Foundation at or before the time of dissolution, and if and so far as effect cannot be given to the aforesaid provision then to some charitable object.
- 8. The third and fourth paragraphs of this Memorandum contain conditions to which a licence granted by the Minister for Enterprise and Employment to the Foundation in pursuance of Section 24 of the Companies Act, 1963, is subject.
- 9. True accounts shall be kept of the sums of money received and expended by the Foundation, and of the matters in respect of which such receipts and expenditure take place, and of all sales and purchases of goods by the Foundation, and of the property, credits and liabilities of the Foundation, and, subject to any reasonable restrictions as to the time and manner of inspecting the same for the time being in force, shall be open to the inspection of the Members. Once at least in every year the accounts of the Foundation shall be examined and the correctness of the balance sheet ascertained by one or more properly qualified auditor or auditors.
- 10. The accounts of the Foundation shall be made available to the Revenue Commissioners on request.

11. (a) In case the Foundation will take or hold any property, subject to the jurisdiction of the Commissioners of Charitable Donations and Bequests for Ireland (or any statutory successor to the Commissioners), the Foundation shall not sell, mortgage, charge or lease the same without such authority, approval or consent as may be required by law.
- (b) In case the Foundation shall take or hold any property which may be subject to any trusts, the Foundation shall only deal with or invest the same in such manner as allowed by law having regard to such trusts.
- (c) The Foundation shall not support with its funds any object or endeavour to impose on or procure to be observed by its Members or others any regulation, restriction or condition which if an object of the Foundation would make it a Trade Union.
- (d) Nothing hereinbefore contained shall be construed as including in the purposes for which the Foundation has been established any purposes which are not charitable according to law.

**ARTICLES OF ASSOCIATION  
OF  
IRISH SKIN FOUNDATION**

**PRELIMINARY**

1. In these presents, if not inconsistent with the subject or context, the words set out in the first column of the table below shall bear the meanings set opposite to them respectively in the second column thereof.

the "Foundation"	shall mean this Company;
the "Acts"	shall mean the Companies Acts, 1963 to 2009 (as amended) and every other Act for the time being in force concerning companies and affecting the Foundation;
"these presents"	shall mean these Articles of Association, as originally framed, or as from time to time altered by Special Resolution;
the "Board"	shall mean the Directors of the Foundation acting at a meeting convened pursuant to these articles;
"Directors"	shall mean the persons appointed to the Board pursuant to these Articles;
"Office"	shall mean the registered office for the time being of the Foundation;
"Seal"	shall mean the Common Seal of the Foundation;
"Chairman"	shall mean any person elected to perform the duties of the Chairman of the Board of the Foundation:



“Secretary”	shall mean any person appointed to perform the duties of the Secretary of the Foundation and shall include any temporary assistant or temporary secretary;
“Treasurer”	shall mean any person appointed to perform the duties of the Treasurer of the Foundation and shall include any temporary assistant or acting Treasurer;
“Ireland”	shall mean the territory of the Republic of Ireland;
“Month”	shall mean calendar month;
“Year”	shall mean calendar year;
“in writing”	shall mean written or produced by any substitute for writing, or partly one and partly another.

Expressions referring to writing shall, unless the contrary intention appears, be construed as including references to printing, lithography, photography and any other modes of representing or reproducing words in a visible form.

Words importing the singular number only shall include the plural number and vice versa.

Words importing the masculine gender shall include the feminine gender.

Words importing persons shall include corporations.

Save as aforesaid, any words or expressions defined in the Acts shall, if not inconsistent with the subject or context, bear the same meaning in these presents.

Reference herein to any provision of the Acts shall be a reference to such provision as modified by any statute for the time being in force.

2. The Foundation is established for the purposes expressed in its Memorandum of Association.
3. Any branch or kind of activity which the Foundation is either expressly or by implication authorised to undertake may be undertaken by the Board at such time or times as it may consider expedient and further may be suffered by it to be in abeyance, whether such branch or kind of activity may have been actually commenced or not, so long as the Board may consider it expedient not to commence or proceed with the same.
4. The Office shall be at such place in Ireland as the Board shall from time to time appoint.

## **MEMBERS**

5. The new Foundation initiated by the City of Dublin Skin and Cancer Hospital Corporation (the “Charity”) will be formed initially by the amalgamation of the Irish Eczema Society, the Melanoma and Skin Cancer Society and the Psoriasis Association of Ireland. The first Members and Directors will include one nominee from each of the above three bodies, two nominees from the Irish Association of Dermatologists (Southern Branch), one nominee from the Irish Dermatology Nurses Association and two nominees from the Charity which will provide the initial start-up funding. One nominee from the Irish Association of General

Practitioners, one nominee from the Charles Institute as established by agreement between the Charity and University College Dublin, and one nominee from the Irish Pharmacy Union will be invited to join the Board.

6. On amalgamation with the Foundation the board of the Foundation shall appoint the officers of the Irish Eczema Society, the Melanoma and Skin Cancer Society and the Psoriasis Association of Ireland together with one or more Directors of the Foundation to form corresponding Councils which will represent their specific interest in accordance with Article 57. Each Council will continue to have the right to nominate one person to be a Member of the Foundation, subject to the decision of the Members in accordance with Company Law. The other bodies referred to in Article 5 will also continue to have the right to nominate a Member(s) in accordance with that Article. The Board may recruit additional Members to strengthen and widen its experience in accordance with Article 8.
7. The subscribers to the Memorandum of Association and such other persons as shall be admitted to membership in accordance with these presents, and none others, shall be Members of the Foundation and shall be entered in the Register of Members accordingly.
8. The number of Members of the Foundation shall be fifteen but the Members may from time to time decide to increase or reduce (but not below seven) that number.
9. No person shall be admitted to Membership of the Foundation unless:
  - (1) he has signed and sent to the Secretary an application for admission framed in such terms as the Board shall from time to time prescribe; and
  - (2) he has also agreed to be a Director; and
  - (3) he has been elected to membership by the Board, and has paid such subscriptions as may be determined by the Board from time to time.
10. The decision of the Board as to whether or not any application for admission to membership of the Foundation shall be admitted shall be final and conclusive, and the Board shall be entitled in its absolute discretion to refuse to admit to membership any applicant without giving any reason for such refusal.
11. Every Member shall use his best endeavours to promote the objects and interests of the Foundation and shall observe all the Foundation's regulations affecting him contained in or effective pursuant to these presents.
12. The rights of every Member shall be personal to himself and shall not be transferable, transmissible or changeable by his own act, by operation of law or otherwise.
13. A Member shall immediately cease to be a Member upon the happening of any one of the events following, namely:-
  - (1) If he shall resign membership by writing under his hand left at the Office.
  - (2) If he shall cease to be a Director pursuant to Article 51.
  - (3) If the Member shall die or become lunatic or bankrupt or compound with his creditors.

- (4) If he shall fail to perform any obligation binding upon him under these presents for one month after notice in writing requiring him to do so shall have been served upon him by the Foundation or if in the opinion of the Board his conduct shall be calculated in any respect to be prejudicial to the interests of the Foundation and he shall fail to remedy such conduct to the satisfaction of the Board for one month after notice in writing requiring him to do so shall have been served upon him by the Foundation and if also in either of such cases the Board by resolution passed by a majority of not less than three-fourths of the Directors present at a meeting of the Board of which notice specifying the intention to propose the resolution has been given and at which the Member concerned shall have been given reasonable opportunity to attend and speak on his own behalf, shall resolve that his membership be terminated.
  - (5) If, in the absolute discretion of the Board, it is of the opinion that such Member by reasons of any position which he holds or otherwise is in conflict with the aims or interests of the Foundation, or if such Member has been guilty of conduct which would tend to bring the Foundation into disrepute.
- 14. A Register shall be kept by the Foundation containing the names and addresses of all the Members, together with such other particulars as may be required by the Acts.
  - 15. Any Member who for any cause whatsoever shall cease to be a Member shall remain liable for and shall pay to the Foundation all moneys which may become payable by him by virtue of his liability under the Memorandum of Association.

#### **GENERAL MEETINGS**

- 16. An Annual General Meeting shall be held not more than eighteen months after the incorporation of the Foundation and subsequently once in every year, at such time (within a period of not more than fifteen months after the holding of the last preceding Annual General Meeting) and place as may be determined by the Board. All other General Meetings shall be called Extraordinary General Meetings.

#### **NOTICE OF GENERAL MEETINGS**

- 17. The Board may, whenever it thinks fit, convene an Extraordinary General Meeting, and Extraordinary General Meetings may also be convened by not less than 10% of the Members of the Foundation.
- 18. All General Meetings of the Foundation shall be held in Ireland.
- 19. An Annual General Meeting and a meeting called for the passing of a special resolution shall be called by twenty-one days' notice in writing at the least and a meeting of the Foundation (other than an Annual General Meeting) shall be called by 14 days' notice in writing at the least, exclusive of the day on which the notice is served or deemed to be served and of the day for which it is given. Provided that a General Meeting shall, notwithstanding that it is called by shorter notice than as aforesaid, be deemed to have been duly called if it is so agreed:
  - (a) In the case of an Annual or Extraordinary General Meeting, by the Auditors and all the Members entitled to attend and vote thereat; and

## A CENTURY OF SERVICE

- (b) In the case of an Extraordinary General Meeting being convened for the passing of a Special Resolution, by a majority in number of the Members having a right to attend and vote at the meeting, being a majority together representing not less than 90 per cent of the total voting rights at that meeting of all the Members.

The accidental omission to give notice to, or the non-receipt of notice by, any person entitled to receive notice shall not invalidate the proceedings at any General Meeting.

- 20. Every notice calling a General Meeting shall specify the place and the day and hour of the meeting and in the case of an Annual General Meeting shall also specify the meeting as such. If other than routine business is to be transacted, the notice shall specify the nature of such business; and, if any resolution is to be proposed as a Special Resolution, the notice shall contain a statement of that effect.
- 21. Routine business shall mean and include only business transacted at an Annual General Meeting of the following classes, that is to say:-
  - (a) Reading and considering the accounts and balance sheets, the ordinary reports of the Board and the Auditors and other accounts and documents required to be annexed to the balance sheet.
  - (b) The re-appointment of the retiring Auditors and fixing their remuneration or determining the manner in which such remuneration is to be fixed.

### PROCEEDINGS AT GENERAL MEETING

- 22. No business shall be transacted at any general meeting unless a quorum is present when the meeting proceeds to business. Not less than 63% of the Members of the Foundation for the time being present in person or by proxy shall be quorum for all purposes, save as hereinafter provided.
- 23. If within half an hour from the time appointed for the meeting a quorum is not present the meeting shall stand adjourned to the same day in the next week at the same time and place, or to such other day and at such other time and place as the Board may determine, and if at the adjourned meeting a quorum is not present within half an hour from the time appointed for the meeting the Members present shall be a quorum.
- 24. The Chairman of the Board shall preside as Chairman at every General Meeting but, if there be no such Chairman or if at any meeting the Chairman be not present within five minutes after the time appointed for holding the same or if he be unwilling to preside, the Directors present shall choose one of their number to preside. If at any time no Director is present and willing to preside, the Members present shall choose one of their number so to do.
- 25. The Chairman may with the consent of any meeting at which a quorum is present (and shall if so directed by the meeting) adjourn the meeting from time to time and from place to place, but no business shall be transacted at any adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place. It shall not

be necessary to give any notice of an adjournment or of the business to be transacted at an adjourned meeting.

26. At any General Meeting a resolution put to the vote of the meeting shall be decided on a show of hands unless a poll is (before or on the declaration of the result of the show of hands) demanded by:-
- (a) the Chairman; or
  - (b) less than three Members present in person or by proxy and entitled to vote; or
  - (c) any Member or Members present in person or by proxy and representing not less than one-tenth of the total voting rights of all the Members having the right to vote at the meeting.

A demand for a poll may be withdrawn. Unless a poll be so demanded (and the demand be not withdrawn) a declaration by the Chairman that a resolution has been carried, or carried unanimously, or by a particular majority, or lost, and an entry to that effect in the Minute Book shall be conclusive evidence of the fact without proof of the number or proportion of the votes recorded for or against such resolution.

27. If any votes shall be counted which ought not to have been counted, or might have been rejected, the error shall not vitiate the resolution unless it be pointed out at the same meeting, or at an adjournment thereof, and not in that case unless it shall in the opinion of the Chairman be of sufficient magnitude to vitiate the resolution.
28. If a poll is duly demanded (and the demand is not withdrawn) it shall be taken in such manner as the Chairman may direct, and the result of a poll shall be deemed to be the resolution of the meeting at which the poll was demanded. The Chairman may appoint scrutineers and may adjourn the meeting to some place and time fixed by him for the purpose of declaring the result of the poll.
29. In the case of an equality of votes, whether on a show of hands or on a poll, the Chairman of the meeting at which the show of hands takes place or at which the poll is demanded shall be entitled to a second or casting vote.
30. A poll demanded on the election of a Chairman or on a question of adjournment shall be taken forthwith. A poll demanded on any other question shall be taken either immediately or at such time and place as the Chairman of the meeting directs, and any business other than that upon which the poll has been demanded may be proceeded with pending the taking of the poll. No notice need be given of a poll not taken immediately.
31. Subject to section 141 of the Act, a resolution in writing signed by all the Members for the time being entitled to attend and vote on such resolution at a general meeting shall be as valid and effective for all purposes as if the resolution had been passed at a general meeting of the Company duly convened and held, and if described as a special resolution shall be deemed to be a special resolution within the meaning of the Acts. Such a resolution in writing may consist of several documents in like form, each signed by one or more of the Members.



## **VOTES OF MEMBERS**

32. No Member shall, unless the Chairman otherwise determines, be entitled to vote at any General Meeting either personally or by proxy unless all moneys presently payable by him to the Foundation have been paid. Subject as aforesaid every Member shall have one vote.
33. No objection shall be raised to the qualification of any voter at the meeting or adjourned meeting at which the vote objected to is given or tendered, and every vote not disallowed at such meeting shall be valid for all purposes. Any such objection made in due time shall be referred to the Chairman of the meeting whose decision shall be final and conclusive.
34. On a poll votes may be given either personally or by proxy. No person other than a Member may be appointed to act as proxy.
35. An instrument appointing a proxy shall be in writing and shall be signed by the appointor or his attorney. The Chairman may, but shall not be bound to, require evidence of the authority of any such attorney.
36. An instrument appointing a proxy must be left at the Office or such other place (if any) as is specified for that purpose in the notice convening the meeting not less than forty-eight hours before the time for holding the meeting or adjourned meeting (or, in the case of a poll, before the time appointed for the taking of the poll) at which it is to be used and in default shall not be treated as valid.
37. An instrument appointing a proxy shall be in the following form or a form as near thereto as circumstances permit or in such other or usual or common form as the Members may approve:-

## **FORM OF PROXY**

### **IRISH SKIN FOUNDATION**

(Foras Craiceann na hÉireann)

I/We  
of  
in the County of  
being a Member/Members of the above-named Company, hereby appoint

of  
or failing him  
of  
as my/our proxy to vote for me/us on my/our behalf at the (Annual or Extraordinary, as the case may be) General Meeting of the Company to be held on the day of 20  
and at any adjournment thereof.

Signed this       day of       20

This form is to be used in favour of or against the resolution. Unless otherwise instructed, the proxy will vote as he thinks fit.

Strike out whichever is not desired.

38. The instrument appointing a proxy shall be deemed to confer authority to demand or join in demanding a poll.
39. A vote given by proxy shall be valid notwithstanding the previous death or insanity of the principal or revocation of the proxy or of the authority under which the instrument of proxy was executed, provided that no intimation in writing of such death, insanity or revocation shall have been received at the Office before the commencement of the meeting or adjourned meeting or poll at which the vote is given.

#### **THE CHAIRMAN AND VICE CHAIRMAN**

40. The Board may elect a Chairman and one or more Vice-Chairmen from their number and determine the period for which they are to hold office.

#### **THE BOARD**

41. The affairs of the Foundation shall be managed by a Board to be constituted initially by the first Members as provided for in Article 5. Such Members of the Board shall (subject to Article 42) be Directors for a period of three years from the date of their appointment and thereafter shall be eligible for reappointment for a further period of three years. Any such Director may, after the expiration of such six year term, be subsequently re-appointed for one further, but not consecutive, term of three years.
42. At the first Annual General Meeting of the Foundation following the adoption of these Articles one-third of the Directors shall retire from office, and at the equivalent Annual General Meeting in every subsequent year one-third of the Directors for the time being, or, if their number is not three or a multiple of three, then the number nearest one-third, shall retire from office.
43. The Directors to retire in every year shall be those who have been longest in office since the last election, but as between persons who become Directors on the same day, those to retire shall (unless they otherwise agree amongst themselves) be determined by lot.
44. The Foundation, at the meeting at which a Director retires in manner aforesaid, may fill the vacated office by electing a person thereto in accordance with Article 8 and in default the retiring Director shall, if offering himself for re-election be deemed to have been re-elected, unless at such meeting it is expressly resolved not to fill such vacated office or unless a resolution for the re-election of such Director has been put to the meeting and lost.

## A CENTURY OF SERVICE

45. The Board shall have power at any time, and from time to time, to appoint any person to be a Director in accordance with Article 9, either to fill a casual vacancy or as an addition to the existing Directors, but so that the total number of Directors shall not at any time exceed the number fixed in accordance with these Articles. Any Director so appointed shall hold office only until the next following Annual General Meeting, and shall then be eligible for re-election, but shall not be taken into account in determining the Directors who are to retire by rotation at such meeting.
46. The Foundation may by ordinary resolution of which extended notice has been given in accordance with the provisions of the Acts, remove any Director before the expiration of his period of office, notwithstanding anything in these Articles or in any agreement between the Foundation and such Director.
47. The Foundation may by ordinary resolution in accordance with Article 8 appoint another person in place of a Director removed from office under Article 51. Without prejudice to the powers of the Board under Article 45, the Foundation in general meeting may in accordance with Article 9 appoint any person to be a Director, either to fill a casual vacancy or as an additional Director. A person appointed in place of a Director so removed or to fill such a vacancy shall be subject to retirement at the same time as if he had become a Director on the day on which the Director in whose place he is appointed was last elected a Director.
48. The Directors shall not be entitled to any remuneration for their services, but the Board may authorise the payment by the Foundation to any such Director of any reasonable and proper out-of-pocket expenses incurred by him in the performance of his duties or otherwise in connection with the affairs of the Foundation.
49. A Director who is in any way, whether directly or indirectly, interested in a contract or proposed contract with the Foundation shall declare the nature of his interest at a meeting of the Board in accordance with the provisions of the Acts.
  - (1) Subject to the provisions of the Companies Acts, 1963 to 2009 and provided that he has disclosed to the Board the nature and extent of any material interest of his, a Director:
    - (a) may be a party to, or otherwise interested in, any transaction or arrangement with the Foundation or any subsidiary or associated company thereof or in which the Foundation or any subsidiary or associated company thereof is otherwise interested; or
    - (b) may be a director or other officer, or employed by, or a party to any transaction or arrangement with, or otherwise interested in any body corporate promoted by the Foundation or in which the Foundation or any subsidiary or associated company thereof is otherwise interested.
50. Save as otherwise provided by these Articles, a Director shall not vote at a meeting of the Board on any resolution concerning a matter in which he has, directly or indirectly, an

interest which is material or a duty which conflicts or may conflict with the interests of the Foundation. Such Director shall not be counted in the quorum present at a meeting in relation to a resolution on which he is not entitled to vote.

#### **RETIREMENT OF DIRECTORS**

51. The office of a Director shall be vacated in any of the following events, namely:-

- (a) If he resigns by writing under his hand left at the Office.
- (b) If he is adjudicated a bankrupt in Ireland or in Northern Ireland or Great Britain or if he compounds with his creditors generally.
- (c) If he becomes of unsound mind.
- (d) If he ceases to be a member of the Foundation.
- (e) If he is removed or retires under any of the provisions of the Acts.
- (f) Is convicted of an indictable offence unless the Board otherwise determines.
- (g) If he is directly or indirectly interested in any contract with the Foundation and fails to declare the nature of his interest in the manner required by Article 49 or under the Acts.

#### **PROCEEDINGS OF THE BOARD**

52. The Board may meet together for the despatch of business, and may adjourn and otherwise regulate their meetings as they think fit but in any event shall meet on not less than four occasions in any calendar year and so that no longer than 120 days shall elapse between Board meetings. Questions arising at any meeting shall be determined by a majority of votes, and in the case of an equality of votes the Chairman shall have a second or casting vote. The Secretary on the requisition of five Directors shall at any time summon a meeting of the Board. Twenty-one days' notice at the least or such other length of notice as the Board may from time to time think fit (inclusive of the day on which the notice is served or deemed to be served but exclusive of the day for which the notice is given) specifying the place, the day and hour of meeting and enclosing the agenda, shall be given of every meeting of the Board. It shall not be necessary to give notice of a meeting of the Board to any Director thereof for the time being absent from Ireland.

53. No business not mentioned in the agenda referred to in Article 52 shall be transacted at any meeting of the Board unless in the opinion of the Chairman of the meeting supported by a majority of the other Directors present at the meeting such business arises directly out of an item included in the agenda or out of the minutes of the last preceding meeting or is a matter of urgency.

54. The quorum necessary for the transaction of the business of the Board may be fixed by the Board and unless so fixed shall be not less than 63% of the Board membership for the time being, A meeting of the Board for the time being at which a quorum is present shall be

competent to exercise all powers and discretions for the time being exercisable by the Board. The Board may act notwithstanding any vacancies in its body, but if at any time their number shall be less than the quorum fixed by or in accordance with these presents they may act only for the purpose of admitting persons to membership of the Foundation, filling up vacancies in the Directors, or summoning a General Meeting.

55. If, pursuant to Article 40, no Chairman or Vice-Chairmen shall have been appointed, or if at any meeting no one of them be present within five minutes after the time appointed for holding the same, the Directors present may choose one of their number to be Chairman of the meeting.
56. A resolution in writing signed by all the Directors for the time being in Ireland shall be as effective as a resolution passed at a meeting of the Board duly convened and held, and may consist of several documents in the like form, each signed by one or more of the Directors.
57. The Board may delegate any of their powers to Committees (and vary such delegation), whether consisting of a Director or Directors of the Board or not, as they think fit and for a term to be specified. Initially three special committees (Councils) shall be established to represent the separate interests of those suffering from eczema, psoriasis and skin cancer in accordance with article 6. Any Council so formed shall in the exercise of the powers delegated conform to any regulations that may be imposed on them by the Board. The Board shall have the power to remove any person(s) from Committee membership by ordinary resolution. A Council shall report to the Board on its activities as requested and shall in the course of such report make recommendation. The meetings and proceedings of any such Council shall be governed by the provisions of these presents regulating the meetings and proceedings of the Board so far as the same are applicable and are not superseded by any regulations so made by the Board. The Board shall consult with each Council in advance of any delegation of their powers to a successor Council, concerning the powers of the Council and its membership. Provided that no resolution of a meeting of a Council shall be of any validity or effect unless the resolution is confirmed by the Board.
58. The members of any committee appointed under Article 56 shall not be entitled to any remuneration for their services, but the Board may authorise the payment by the Foundation to any such member of any reasonable and proper out-of-pocket expenses incurred by him in the performance of his duties or otherwise in connection with the affairs of the Foundation.
59. All acts done by any meeting of the Board or a Committee, or by any person acting as a Director, shall as regards all persons dealing in good faith with the Foundation, notwithstanding that there was some defect in the appointment of any Director or person acting as such or that any such Director or person acting as such or that any such Director or person was disqualified or had vacated office or was not entitled to vote, be as valid as if every such person had been duly appointed and was qualified and had continued to be a Director and had been entitled to vote.



60. For the purpose of these Articles, the contemporaneous linking together by telephone or other means of audio or visual communication of a number of directors not less than the quorum shall be deemed to constitute a meeting of the directors, and all the provisions in these Articles as to meetings of the directors shall apply to such meetings.

Each of the directors taking part in the meeting must be able to hear each of the other directors taking part.

At the commencement of the meeting each director must acknowledge his presence and that he accepts that the conversation shall be deemed to be a meeting of the directors.

A director may not cease to take part in the meeting by disconnecting his telephone or other means of communication unless he has previously obtained the express consent of the chairman of the meeting, and a director shall be conclusively presumed to have been present and to have formed part of the quorum at all times during the meeting unless he has previously obtained the express consent of the chairman of the meeting to leave the meeting as aforesaid.

A minute of the proceedings at such meeting by telephone or other means of communication shall be sufficient evidence of such proceedings and of the observance of all necessary formalities if certified as a correct minute by the chairman of the meeting.

#### **BORROWING POWERS**

61. The Board may exercise all the powers of the Foundation to borrow money, and to mortgage or charge its undertaking and property, or any part thereof, and to issue debentures, debenture stock and other securities, whether outright or as security for any debt, liability or obligation of the Foundation.

#### **POWERS OF THE BOARD**

62. The business of the Foundation shall be managed by the Board who may pay all expenses incurred in forming and registering the Foundation and may exercise all such powers of the Foundation as are not by the Acts or by these presents required to be exercised by the Foundation in General Meeting, subject nevertheless to any regulations of these presents, to the provisions of the Acts, and to such regulations (not inconsistent with the aforesaid regulations or provisions) as may be prescribed by the Foundation in General Meeting, but no regulation so made by the Foundation shall invalidate any prior act of the Board which would have been valid if such regulation had not been made. The general powers given by this Article shall not be limited or restricted by any special authority or power given to the Board by any other Article.

#### **MINUTES**

63. The Board shall cause minutes to be made in books provided for the purpose:-
- (1) of all appointments of officers made by the Board, and
  - (2) of the names of the Directors present at every meeting of the Board and of the members of any Committee of the Board, and

## A CENTURY OF SERVICE

- (3) of all resolutions and proceedings at all meetings of the Foundation and of the Board and of all Committees of the Board.

Every Director present at any meeting of the Board or of any Committee shall sign his name in a book to be kept for that purpose.

### THE SEAL

65. The Board shall provide for the safe custody of the Seal, which shall not be affixed to any instrument except by the authority of a resolution of the Board and shall be so affixed in the presence of at least two Directors or by one Director and the Secretary, or some other person approved by the Board, both of whom shall sign every instrument to which the Seal is so affixed in their presence.

### CHIEF EXECUTIVE, MEDICAL DIRECTOR AND SECRETARY

66. Subject to the provisions of the Acts, the Board shall appoint a Chief Executive, Medical Director and Secretary, to the Foundation on such terms and conditions as the Board shall determine. The Chief Executive, Medical Director and Secretary shall not be Directors but shall be entitled to receive notice of and attend meetings of the Board but shall not be entitled to vote on any matters at such meetings of the Board.

### SCIENTIFIC COMMITTEE

66. The Board shall appoint a Committee (to be called “the Scientific Committee”) from suitably qualified scientists who are not Members of the Foundation. Directors shall not be eligible for appointment to the Scientific Committee. The Committee so appointed shall be such number as the Board shall determine from time to time and shall have absolute control over, and discretion as to the application of, such part of the funds of the Foundation specifically made available for the purpose of medical research in accordance with the Memorandum of Association as the Board may allot to the Scientific Committee. The members of the Scientific Committee shall hold office for three years and shall be eligible for re-appointment.
67. The members of any committee appointed under Article 65 shall not be entitled to any remuneration for their services, but the Board may authorise the payment by the Foundation to any such member of any reasonable and proper out-of-pocket expenses incurred by him in the performance of his duties or otherwise in connection with the affairs of the Foundation.

### ACCOUNTS

68. The Board shall cause to be kept at the Office or subject to the provisions of the Acts at such other place within Ireland as the Board think fit, proper books of account with respect to:-
- (a) all sums of money received and expended by the Foundation and the matters in respect of which the receipt and expenditure takes place;
  - (b) all sales and purchases of goods by the Foundation;

- (c) the assets and liabilities of the Foundation.

Proper books shall not be deemed to be kept if there are not kept such books of account as are necessary to give a true and fair view of the state of the Foundation's affairs and to explain its transactions.

- 69. The Board shall from time to time in accordance with sections 148, 150 and 158 of the Companies Act, 1963 cause to be prepared and to be laid before the Foundation in General Meeting such income and expenditure accounts, balance sheets, group accounts (if any) and reports as are referred to in those sections.
- 70. A copy of every balance sheet (including every document required by law to be annexed thereto) which is to be laid before the Foundation in General Meeting, together with a copy of the Auditor's report, shall not less than twenty-one days before the date of the Meeting be sent to every Member of, and holder of debentures of, the Foundation; Provided that this Article shall not require a copy of these documents to be sent to any person of whose address the Foundation is not aware or to more than one of the joint holders of any debentures.

#### **AUDIT**

- 71. Auditors shall be appointed and their duties regulated in accordance with the provisions of the Acts.

#### **NOTICES**

- 72. Any notice or document may be served by the Foundation on any Member either personally or by sending it through the post in a prepaid letter addressed to such Member at the registered address as appearing in the register of Members or to such other address as he may supply to the Foundation for the giving of notice to him, and any notice so served by post shall be deemed to have been duly served notwithstanding that such Member be then dead or bankrupt and whether or not the Foundation have notice of his death or bankruptcy
- 73. A Member described in the register of Members by an address not within Ireland who has not supplied to the Foundation an address within Ireland for the giving of notices to him shall not be entitled to receive any notice from the Foundation.
- 74. Any notice or document served by post shall be deemed to have been served at the time when the letter containing the same is posted, and in proving such service it shall be sufficient to show that the letter containing the notice or document was properly addressed, stamped and posted.
- 75. Notice of every General Meeting shall be given in any manner herein before authorised to:-
  - (a) every Member and;
  - (b) the Auditor for the time being of the Foundation.

No other person shall be entitled to receive notices of General Meetings.

**WINDING UP**

76. If the Foundation shall be wound up the provisions contained in Clause 7 of the Memorandum of Association shall be performed and have effect in all respects as if the same were repeated in these presents.

**INDEMNITY**

77. Subject to the provisions of the Acts and of Clause 3 of the Memorandum of Association every Director or member of a Committee appointed by it, Auditor, Secretary and other officer for the time being of the Foundation shall be indemnified out of the assets of the Foundation against any liability incurred by him in defending any proceedings whether civil or criminal in relation to his acts while acting in such capacity in which judgment is given in his favour or in which he is acquitted or in connection with any application under Section 391 of the Companies Act, 1963 in which relief is granted to him by the Court.

## APPENDIX 7

The following details are incomplete because hospital records are missing and many Annual Reports are lacking. Furthermore, the year to which the Annual Reports refer changes from time to time, making it difficult to be sure of the accuracy of some dates.

### Hospital Personnel

#### Chairmen of Board of Management

1911/19	J T Wood-Latimer	1956/57	H M Hughes ESQ., P.C.
1919/19	E N Richardson	1957/58	E Quinn ESQ.
1919/20	Alderman David A Quaid	1959/60	J D Hollinger ESQ.
1920/21	Andrew Smith	1961/63	J W Gallagher ESQ.
1921/22	William Findlater	1964/66	P R Walker ESQ., B. Comm., A.C.A
1922/23	A E Cairns	1967/68	T P Lawler, P.C.
1923/24	M R Lalor	1969/70	Major T B McDowell
1924/25	George Birney	1971/72	J J Jennings
1925/26	A V Browne	1973/74	W F Fitzsimmons
1929/30	E M Lloyd	1975/76	P J Burke
1930/31	D H Charles	1977/78	S V Crawford
1931/32	M J A Purtell	1979/80	P J Burke
1932/33	E M Lloyd	1980/81	J J Bourke
1934/35	E M Lloyd	1982/83	A H L Archer
1935/36	Unknown	1983/84	M D Seymour
1936/37	Unknown	1985/86	H B Early
1938/39	Unknown	1986/87	M D Seymour
1939/40	Judge R J Doyle Q.C	1988/89	W A Rogers
1940/41	F S Veltom ESQ.	1989/90	M W Taylor
1942/43	Unknown	1990/93	T F Brennan
1944/45	Capt. J H Webb O.B.E., R.N.R.	1993/94	J W Lovegrove
1946/47	Unknown	1994/95	Senator F Quinn
1947/48	G. Finlay-Mulligan, ESQ., B.A., F.C.A	1996/97	K A Gregory
1949/50	T R Gibson ESQ.	1998/99	W Ahern
1950/51	Professor C J O'Reilly M.A.	2000/01	B V Crawford
1952/53	Mr T G Aston	2002/03	G M Lawler
1954/55	F A Lovegrove ESQ.	2004/07	M O'Brien
1955/56	J F McEnerney ESQ., P.C.	2008/11	P O'Flanagan



## A CENTURY OF SERVICE

### President of the Hospital

1973/1982	Philip Walker
1983/1985	Havelock Charles
1986/1992	S V Crawford
1993/2002	W A Rodgers
2003/2005	H B Early
2005	Thomas Brennan

### Secretary of the Hospital

1916/19	Mr. Andrew Smith J.P.
1934/45	Major M J O'Brien-Twohig
1945/47	J Freeman
1948/49	A Smith
1950/52	J B O'Meara
1953/59	T D Phelan O.B.E., M.B.
1960/62	Bridget B Doyle
1963	Mrs J V Corcoran
1964/98	Miss CI Leahy
1998/99	Miss Carmel McKenna (Administrative Assistant)
2002/07	R M Martin

### Matron of the Hospital

1911/?1933	Miss Elizabeth Charles
?1934-1949	Miss M Hanarahan
1950-1975	Miss Joan O'Sullivan
1976-1979	Miss Mary Darmody
1980-1991	Miss Maeve Dwyer
1991-2004	Miss Mary C Kelly (Director of Nursing)
2005-2006	Miss Maura Wrynne (Assistant Director of Nursing)

**Members of the Ladies Guild**

Mrs. F Lovegrove	Mrs. T C Andrews
Mrs. B Lovegrove	Mrs. M Baldwin (Chairman)
Mrs. M Lovegrove	Mrs. C Baker
Mrs. J Lockington	Mrs. H Barniville
Mrs. E Lawler (Chairman)	Mrs. C Barnardo
Mrs. T Leavy	Mrs. D Bedford
Mrs. K MacDonagh-Byrne (Chairman)	Mrs. J Bourke
Mrs. O Manning (Chairman)	Mrs. M Bowe
Mrs. N C Martin	Mrs. M J Brady
Mrs. V McGovern	Mrs. T Brennan
Mrs. A McGrath	Mrs. N Brennan
Mrs. A McShane	Mrs. J Cassidy
Mrs. M Ffrench O'Carroll	Mrs. N Carroll
Mrs. D Mayne	Mrs. Chanmey
Mrs. Moynihan	Mrs. E M Carley
Mrs. M Morrissey	Mrs. J M Curtin
Mrs. U Morrissey	Mrs. J E Coolican
Mrs. D Mulcahy	Mrs. T J Courtney
Mrs. D Neligan	Mrs. R E Cross
Mrs. O'Sheil	Mrs. R A Crawford
Mrs. G T O'Brien	Mrs. S Crawford
Mrs. A O'Connor	Mrs. J Carroll
Mrs. F J O'Donnell	Mrs. H Charles
Mrs. M Peppard	Mrs. J Crosbie
Mrs. M Priest	Mrs. J Colligan
Mrs. Roughneen (Chairman)	Mrs. A Donnelly
Mrs. J Ryan	Mrs. V Ellis
Mrs. M Seymour	Mrs. V Freeman
Mrs. Scott	Mrs. K Galligan
Dr. M Sheppard	Mrs. J Gibson
Mrs. H Staunton	Mrs. T R Gibson
Mrs. M Scully	Mrs. J Gallagher
Mrs. H Taylor	Mrs. R Gilbourne
Mrs. Thornton	Mrs. T Gilmartin (Chairman)
Mrs. E Hill Tulloch (Chairman)	Mrs. J Hanlon
Mrs. P R Walker	Mrs. J D. Hollinger
Countess H Viani	Mrs. E Healy
Mrs. P Wallace	Miss Hynes (Chairman)
Mrs. I Woodcock	Mrs. D Hudson
Mrs. M White	Mrs. J W Huet
Mrs. M Anderson	

## A CENTURY OF SERVICE

### DUBLIN SKIN, CANCER AND URINARY HOSPITAL

#### Committee of Management 1911

Edgar Anderson  
W R Brown  
Andrew Charles  
W E Cooke  
John Davys  
Charles H Ewing  
Henry Gandy  
John Landy  
Edwin M Lloyd  
J H North  
Louis O'Connor  
David A Quaid  
Andrew Smith (Honorary Secretary)  
P Walsh (Vice-Chairman)  
Herbert Wilson  
J T Wood-Latimer (Chairman)

### THE CHARLES INSTITUTE

#### Board 2011

Paul Collins  
William Hall  
Desmond Fitzgerald  
Michael Griffith  
John Lynch  
Eoin O'Brien  
Peter O'Flanagan  
Risteard O'Laoide  
Laurent Perret  
William Powderly  
Frank Powell (Chairman)

### CITY OF DUBLIN SKIN AND CANCER HOSPITAL

#### Board of Management 2011

Thomas Brennan  
Patrick Cunneen  
John Gallagher  
Peter Johnson  
Gerard Lawler  
Elma Lynch (Honorary Secretary)  
Oonagh Manning  
Mairin McDonagh-Burne  
Eoin O'Brien  
Matthew O'Brien  
Padraig O'Cearbhall (Honorary Treasurer)  
Peter O'Flanagan (Chairperson)  
Patrick Ormond  
Margaret Ramsay  
Ciaran Ryan  
Stephen Walsh (Deputy Chairperson)  
Seamus Kennedy (Secretary to the Board)

### IRISH SKIN FOUNDATION

#### Board 2011

Jeannette Brazel  
Paul Collins  
Alan Irvine  
Caroline Irwin  
Eoin O'Brien (Chairman)  
Matt O'Brien  
Marina O'Kane  
Patrick Ormond  
Seamus Kennedy (in attendance)

## MEDICAL STAFF

### X-Ray Therapist/Radiologist

1934/?	Robert Stumpf
1934/?	F O Pilkington
1934/39	F G Stewart
1934/85	R H Charles
1939/72	M J Brady
1939/?52	T. Eustace
1970/78	G A Edelsyn
1972/89	J B Hourihane
1979/?	J R Condon
1981/83	N P Corcoran

### Dermatologists

1934/76	F J O'Donnell
1939/85	R H Charles
1972/85	H Viani
1977/1995	F O Meenan
1979/2006	S F Rogers
1983/85	F Powell
1986/2001	L Barnes
1996/2006	R Watson
1996/2006	P Collins

### Assistant/Visiting Physicians

1922	C McDonogh
1922	E J Keenan
1934/74	G T O'Brien
1976/92	E T O'Brien

### Assistant/Visiting Surgeons

1922	F McAuley
1934/61	J H Coolican
1961/81	J E Coolican
1982/83	JB Prendeville
1983/1992	S O'Riain
1989/92	M Earley
1992/2004	T J O'Reilly

### Hon Consulting Ophthalmic Surgeon

1934/40	H C Mooney
1940/71	A J Mooney
1977/97	D J Mooney

### Honorary Consulting Throat Surgeon

1934/74	L J Curtin
1974/92	J MacAuliffe Curtin

### Honorary Consulting Gynaecologist

1934/44	T M Smith
1934/?	F W Doyle
1976/?	J Comerford
1976/?	R J Jackson

### Anaesthetist

1934/82	T J Gilmartin
1934/?40	B Burke Kennedy

### Consulting Medical Electrician

1934/45	H W Mason
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### Honorary Dental Surgeons

1934/52	M Keogh
1934/61	T O'Rourke Clancy
1962/86	N C Martin
1986/2006	B McCartan

### Physicist

1934/47	D V Lindsay
1954/57	W S Lowry
1970/73	P A Coughlan

### Resident Medical Officer

1922	K M Hiram
1936	J L O'Ferrell
1939	J Malin
1944	M Walsh
1946	P J Horan
1950	K Quinn
1953	Noelle Gibney
1954	J Fehily
1955	J Murphy
1956	C Smith
1957	N G O'Brien
1959	S Grimley

## A CENTURY OF SERVICE

1960	F Carney
1961	P Kent
1962	F Clune
1967	P Lowe
1968	T McGill
1970/71	A Desouza
1976	J Duffy
1977	P Danaswamy
1979	F G McNestry
1980	A Sullivan
1981	S Mulholland
1982	D Valentine
1983	B Ramsey
1983	M Maher
1984	D Maguire
1984	S Mulvey
1985	D Buckley
1985	P Daly
1986	M Mullally
1987	T Delap
1989	T Maher
1992	R McDermott
1993	G Thomas
1994	T Duffy
1995	L Cosgrove
1996	M Horan
1997	P Holloway
1998	D Doyle
1999	C Ryan
2000	S Bobart
2001	C Carney
2001	H McDermott
2001	C Murtagh
2002	M Alrawi
2003	L Brewer
2004	A Cotter
2005	N Clendennen

### **Masseuse**

1936/39	Miss Cusack
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### **Radiographer**

1939/40	Miss Milne
1944/72	Miss N Sheridan
1968/73	Miss J Haslam
1966	Miss C Kelly

### **Pharmacist**

1953/73	Miss M Sheridan
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### **Clinical Research Assistant**

1982/92	S Cooke
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### **Consulting Psychiatrist**

1956/89	J N P Moore
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### **Consulting Pathologist**

1957/62	M H O'Connor
1962/82	J Mullaney

### **Visiting oncologist**

1976/77	R D Thornes
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### **Registrars in Dermatology**

1986/89	N Ni Scannlain
1989/92	P Collins
1992/94	D A Buckley
1994/96	B Kirby
1996/97	A Caird
1997/99	T Markham
1999/2002	P Ormond
2001/04	M O'Kane
2002/04	R Barry
2003/06	K Ahmed
2005/06	S Field



## List of Illustrations

Andrew Charles (1879–1933)	frontispiece
The Hospital Charter and Seal 1916	xvi
The Charitable Infirmary, Inns Quay 1718	3
Bartholomew Moss (1712–1759)	4
Jonathan Swift (1667–1745)	4
William Dease (1752–1798)	6
The Royal College of Surgeons in Ireland 1810	6
Sir Philip Crampton (1777–1858)	7
Dublin Medical School	8
John Cheyne (1777–1836)	9
Abraham Colles (1773–1843)	10
An operation in a Dublin drawing room 1817	13
Robert Graves (1796–1853)	19
<i>Passage of Mont Cenis</i> by J.M.W. Turner	20
William Stokes (1804–1878)	26
Dominic Corrigan (1802–1880)	28
William Wilde (1813–1876)	34
Charles Lever (1806–1872)	35
Gustavus Hume (1730–1812)	44
St. Stephen's Green in 1796 by James Malton	46
The staircase of Ely House	47
The Earl of Ely, his wife, Dolly Monroe and Angelica Kauffman	48
James Joyce in youth	50
Oliver St. John Gogarty aged 20	50
Gogarty's House. 15 Ely Place. By Flora Mitchell	51
A gathering in the garden of 15 Ely Place	52
Oliver St. John Gogarty by Wiliam Orpen	56
Sir Thornley Stoker by Joseph S.M. Carre	59
George Moore's House. No. 4 Ely Place	60

## A CENTURY OF SERVICE

George Moore (1852–1933) by Edouard Manet	61
Samuel Beckett (1906–1989)	62
Maime Cadden	63
The Battle of Hume Street	65
Oriental Stall	66
Nos 3 and 4 Hume Street	71
Ely Place properties	71
A male ward in the nineteen-thirties	72
Hospital plaque to Dr. Frank Charles	73
The Journal of Cancer cover	76
Rose of Persia programme cover	82
Wounded soldiers in a hospital ward in 1915	86
Kromayer Lamp	89
Deep X-ray Department	90
Sweepstakes cartoon	97
Oliver St. John Gogarty. Bronze bust by Fife Waters	98
Gerard T. O'Brien with his son Eoin at Brittas Bay	107
Matron Joan O'Sullivan	108
Numbers 3-8 Hume Street	112
The Schall Cardiac Screening Stand	113
Philip Walker (1916–1982)	118
Andrew Charles bust by Donal Ó Murchú	119
T R Gibson, Chairman (1948–50)	122
C J O'Reilly, Chairman (1951–52)	122
F A Lovegrove, Chairman (1954–55)	122
J F McEnerney, Chairman (1955–56)	122
A male ward in the nineteen-fifties	124
Mr. T.R. Gibson, Matron Joan O'Sullivan and Mrs Hill-Tulloch	128
A staff Christmas dinner	130
Members of the Board, the Ladies Guild, Matron and Sister Costello and Winnie	131
Matron Joan O'Sullivan and Dr. Michael Brady	133
The Annual Hospital Concert	135
The Annual Hospital Dance	138
The Ladies Guild 1949	140
Nell Sheridan and Eoin O'Brien on the Hospital roof in 1958	142
Pneumothorax device	143
ECG machine	144
The City of Dublin Skin and Cancer Hospital. Watercolour by Muriel Morgan	146
Sister Mary Darmody	147
Hume Street Nursing Home	151
Hospital staircase	159
Muriel O'Brien and Peggy Gilmartin	162
The Charles Institute at University College Dublin	168
For sale by tender notice	169
First meeting of the Board of the City of Dublin Skin and Cancer Hospital in the Charles Institute 2011	170

An aerial photograph of the Hospital and the surrounding area	171
The City of Dublin Skin and Cancer Hospital. Numbers 3 to 8 Hume Street	172
Members of the Charity Board with UCD officers	174
Professor Des Fitzgerald	178
Architectural impression of the Charles Institute	179
Ms Mary Harney, Professor Des Fitzgerald and Mr. Peter O’Flanagan	182
Mrs Norma Futers, Ms Mary Harney and Dame Beulah Bewley	183
Eoin O’Brien and Hugh Brady	184
Members of the Board of the Charles Institute	185
Selection of Charles Institute photographs	186-9
The Inaugural meeting of the Irish Skin Foundation	193
Michael Brady, Noel Browne and Gerard T O’Brien	194
Memorial bust of Andrew Charles by Donal Murphy	200
David Charles, Miss Charles, Havelock Charles and Dr L. J. Curtin at the unveiling of the Andrew Charles memorial plaque in 1950	200
Iris Charles	201
Joan O’Sullivan and her niece Helen (standing) and Mossie O’Sullivan with his son Denis (seated)	201
Nurse and O’Sullivan family	202
Joan O’Sullivan and her nephews	202
Joan O’Sullivan in her office	203
Michael Brady	203
Gerard T. O’Brien in RAF uniform	205
Inaugural Meeting of the RCSI Biological Society 1948: (From left) Leonard Abrahamson, Michael Brady, Noel Browne, Gerard O’Brien, Morgan Crowe and P. O’Reilly.	207
A hospital concert	208
A birthday party in the hospital	209
John McAuliffe Curtin, President of RCSI and Cearbhall Ó Dálaigh, President of Ireland.	210
Alan Mooney	211
Tommy Gilmartin with the portrait of his wife, Peggy by Ernest Hayes	214
Nell Sheridan	215
Fred and Margot Lovegrove at the marriage of their son in 1955	216
Jim Lovegrove receiving a presentation from Matt O’Brien in 2005	219
Feargal and Eamonn Quinn at Red Island	220
Tom Lawler	222
Sam Crawford	222
Victor Crawford	223
Brian Crawford, Sarah Rogers and Micheál Martin, 2000	224
Philip Walker	224
Major T. McDowell	226
Illustrations from the Wallace collection.	228
Dr. Wallace’s Fumigating Apparatus.	231
Dr. W. A. Wallace	232
Supporters of the Hospital	254-5
The Hospital Charter 1911	256

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### Chapter 1. The Voluntary Hospital Movement and the Dublin School

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## A CENTURY OF SERVICE

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### Chapter 3. A Hospital struggles to succeed (1911-1945)

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9. *Irish Times* 1912.02.15.p.3.
10. *Irish Times* 1912.08.13.p.3.
11. *Irish Times* 1914.11.18.p.2.
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16. Casey Hume Street. Architectural note. Casey. Nos. 4-7 are of standard two-room plan. No. 3 is an irregular L-shape with a transverse stair and No. 8 on the corner with Ely Place is a substantial four-bay house with a transverse stair. All are red brick, of four storeys over a basement, and most have pedimented Pain-style doorcases. Hume built the last corner house in 1768 and the rest were built c. 1770 by *Timothy Turner*, ironmaster (Nos. 3, 5, 6); *John Ensor*, architect (Nos. 7 and 8); Nicholas Tench, developer (No. 2); and George Meares, resident (No. 4). Some original glazing, joinery and plasterwork remain. The last is somewhat idiosyncratic, with quatrefoils mingling with the standard Late Rococo repertoire. The most elaborate ceilings are in the first-floor rooms of No. 7. On No. 8, a handsome limestone plaque by *Michael Biggs* records the birthplace of the geologist Sir Richard Griffith who made the first large-scale geological map of Ireland in 1839.
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19. *City of Dublin Skin And Cancer Hospital Annual Report* 1973.
20. *City of Dublin Skin And Cancer Hospital Annual Report* 1964.
21. *British Medical Journal* 1911. Aug. p. 310. Staff: The staff of the hospital is constituted as follows: Honorary Consulting Surgeon, Professor F. Conway Dwyer, F.R.C.S.; Honorary Consulting Physician, Professor James Craig, M.D.; Urologist, Mr. Andrew W Charles, F.R.C.S.; Dermatologists, Dr. John Davys and Dr. G. Burbidge White, F.R.C.S.; Electro-Theraeutist, Dr. H. Mason; Pathologist, Dr. R. M. Bronte; Anaesthetist, Dr. W. Healy; Apothecary, Mr. F. Anderson', M.P.S.I.
22. Obituary Sir F. Conway Dwyer. *British Medical Journal* 1935.Oct.p.765.
23. *Irish Times* cutting 1948.
24. I am grateful to Dame Beulah Bewley for providing me with details on her uncle, who was her mother's eldest brother. Beulah qualified in Medicine at TCD in 1953 and married Thomas Bewley.
25. *Irish Times* 1916.12.15.p.8.
26. MacDonnell, J., "Amputation of the arm, performed at the Richmond Hospital, without pain", *Dublin Medical Press*, 1847: 17: pp. 3-4.
27. *Irish Times* 1916.09.18.p.2.
28. *Irish Times* 1919.03.31.p.2.
29. The most basic function of a seneschal was to supervise feasts and domestic ceremonies; in this respect, they were equivalent to stewards and majordomos. Sometimes, seneschals were given additional responsibilities, including the dispensing of justice and high military command.
30. Information from Brian W. Charles, Canada who sent this information to Beulah Bewley. See also Appendix 1.
31. *Irish Times* 1933.03.07.p.11.
32. *Irish Times* 1915.02.13.p.3.
33. *Irish Times* 1915.12.03.p.9.
34. It appears that Andrew Charles wrote a number of articles on cancer. He had an enquiring mind, kept abreast of the literature and he wrote well on scientific issues. He contributed a number of articles to the *Journal of Cancer*, which he founded and of which he was editor. For example, in the first issue he wrote an editorial and a six-page article entitled "The Progress in the Treatment of Cancer." And in the second issue he contributed an article entitled "Treatment of Malignant Growth by Combined Deep X-Ray Therapy and Diathermy" and other articles are listed bearing the titles "Cancer and diet", "Treatment of malignant disease by radium and deep x ray comparison" and "Is cancer infectious or contagious". It would make an interesting project for a doctor with knowledge in cancer treatment to research his scientific contributions and to assess them in the light of contemporary science. See Appendix 4.
35. Charles A. Editorial. *Journal of Cancer* 1924;1:1-2.
36. *Irish Times* 1928.12.20.p.11.
37. *Irish Times* 1919.12.24.p.6.
38. O'Brien, E., "The Georgian Era, 1714-1835", in *A Portrait of Irish Medicine*, Ed., O'Brien, E., Crookshank, A., with Wolstenholme, G., Dublin: Ward River Press, 1983: Pp. 75-113.
39. The original Charter on parchment consists of 5 pages measuring 37" in length and 35" in width. The parchment bears stamp imprints showing that a 'fee duty' of £30 was paid and apparently £21 was refunded. The parchment binding is stamped "Enrolled in the Consolidated Judgements Record Office of his Majesty's High Court of

## A CENTURY OF SERVICE

Justice in Ireland (Chancery Division) on the 8th day of November 1916. A seal with a diameter of just over 6" is attached by platted cord and the scrolled charter is encased in cardboard cylinder measuring just over 35" with diameter 5" with a cut-away slot that allows the attached seal to remain outside the cylinder containing the Charter.

40. *Princess Ju-Ju* or *The Golden Amulet* (O Mamori) was a Japanese Operetta in 3 Acts with music and lyrics by Clementine Ward
41. *Irish Times* 1912.12.17.p.3.
42. *Irish Times* 1916.06.14.p.2.
43. *Irish Times* 1920.03.31.p.6.
44. *The Passing of the Third Floor Back*: The unhappy residents of a Bloomsbury Square boarding house in London are constantly at odds with one another. One day, a mysterious stranger appears and becomes the occupant of the room at the back of the third floor. While the bickering residents are jealous, resentful and angry, the stranger is kind and sees only the best in everyone. Gradually, the residents begin to change, and when love replaces hatred in the boarding house, the stranger disappears as mysteriously as he arrived.
45. *Irish Times* 1923 06 05.p.4.
46. *Irish Times* 1923 11 09.p.5.
47. *Irish Times* 1926.03.25.p.6.
48. *Irish Times* 1928.05.17.p.4.
49. *City of Dublin Skin And Cancer Hospital Annual Report* 1944-45.
50. *City of Dublin Skin And Cancer Hospital Annual Report* 1935-36.
51. *Irish Times* 1915.04.10.p.10.
52. *Irish Times* 1915.12.10.p.9.
53. *Irish Times* 1922.09.18.p.2.
54. *Irish Times* 1919.12.19.p.6.
55. Table of geographical distribution for 1939. *City of Dublin Skin And Cancer Hospital Annual Report* 1939.

County	Patients treated	Bed days
Carlow	11	300
Cavan	1	53
Clare	14	604
Cork City	18	656
Cork County	57	1,812
Dublin City North	61	2,074
Dublin City South	63	1,975
Dublin County	27	987
Kerry	6	211
Kildare	20	565
Kilkenny	13	512
Leitrim	10	498
Leix	5	94
Limerick City	6	608
Limerick County	10	604
Longford	24	956
Louth	18	482
Mayo	22	473
Monaghan	2	68
Offaly	13	417
Roscommon	15	653
Sligo	28	892
Tipperary	41	1,286
Waterford	15	637
Westmeath	6	212
Wexford	5	192
Wicklow	12	637
Antrim	1	24
Down	2	97
Fermanagh	12	382
Tyrone	1	34



56. *City of Dublin Skin And Cancer Hospital Annual Report 1939.*
57. Summary admission and treatment statistics fro 1944. *City of Dublin Skin And Cancer Hospital Annual Report 1944.*

Total bed complement	56
Average number of beds available	56
Average number of patients resident during year	51.3
Total number of bed days	18,766
Percentage bed occupancy	91.6
Total number of patients in Hospital during year	668
Number of Deep X-Ray treatments	4,684
Number of Light -treatments	2,384
Number of X-Ray examinations	766
Number of Radium treatments	49
Total number of out patients attendances	15,383
Total number of new out patients attendances	3,633
58. House of Commons debates, 1 December 1953. Captain William Wellwood (County Londonderry) asked the Chancellor of the Exchequer if he is aware that an iron lung, being imported to the City and County Hospital, Londonderry, from the City of Dublin Skin and Cancer Hospital, was held up for six weeks at the border by the United Kingdom Customs authorities, pending payment of duty by tine hospitals authority; and whether he will take steps to permit urgent medical supplies consigned to hospitals to be admitted immediately, and for payment to be settled later. Mr R.A. Butler (Saffron Walden) stated that the hospital authorities did not furnish full particulars of the goods for Customs entry and clearance when they arrived on 26th October. On inquiry of the Customs a day or so later, they were told that immediate clearance could be obtained by paying a deposit sufficient to cover any possible duty due, this deposit being adjusted later when full particulars came to hand. The authorities at no time indicated that clearance was required urgently, and advantage was not taken of the deposit facilities until 25th November, when the goods were cleared out of Customs charge.
59. *Irish Times* 1922.04.12.p.7.
60. *Irish Times* 1922.12.22.p.8.
61. *Irish Times* 1932.12.23.p.11.
62. *City of Dublin Skin And Cancer Hospital Annual Report 1980.*
63. See Lyons JB. Oliver St. John Gogarty. The man of many talents. A Biography. Blackwater. Dublin.1980. and O'Connor U. *Oliver St. John Gogarty: A Poet and his Times*. Granada. London. Toronto. Sydney. New York. 1981. Gogarty's acerbic wit was often turned relentlessly on his medical colleagues. He had said of one ENT colleague named Keogh: "I look up one nostril and I say 'Oh'; I look up the other and I say 'Keogh'. Of a surgical colleague who had become the centre of a scandalous illicit affair, Gogarty commented: "What he made with his knife, he lost with his fork".
64. *Irish Times* 1930.12.19.p.7.
65. Dodd S. Review Coleman on Sweepstakes. Irish Sweepstake scandal remains a lesson to us all. *Sunday Independent*. 2003.12.7.
66. Seanad Éireann - Volume 14 - 01 July, 1931 Public Charitable Hospitals (Amendment) Bill, 1931 – Committee Stage. "(vii). The City of Dublin Skin and Cancer Hospital, Hume Street, Dublin."
67. *Irish Times* 1931.12.18.p11
68. Sydney Arthur Monckton Copeman. A much respected British doctor who served as a senior medical officer of the Ministry of Health where he paid special attention to the problem of cancer. He was familiar with cancer treatment and the research problems associated with the disease. His advice and experience proved of great value to the Ministry of Health's Departmental Committee on Cancer.
69. *Irish Times* 1933.12.22.p.2.
70. Obituary. Andrew Charles. *British Medical Journal* 1933;April 1.p.594.
71. Brinsley MacNamara (1890-1963) was born near Delvin in County Westmeath as John Weldon. His controversial novel *Valley of the Squinting Windows* (1918), which exposed the narrow-mindedness and religious orthodoxy of a rural village community, was burned in Delvin and castigated from pulpits throughout Ireland. Later works include *The Glorious Uncertainty* (1923) and *Look at the Heffernans* (1926). He was present the funeral of Andrew Charles with whom he was presumably acquainted and as a result joined the Board of the Hospital.
72. Bethel Solomons (1885-1905), a Jewish obstetrician who became Master of the Rotunda Hospital and President of the Royal College of Physicians in Ireland, wrote his autobiography *One Doctor in his Time*. He was capped ten times for Ireland, and was the first Jew to play for his country. There is the delightful mot of the Dublin wag who being asked what he thought of Ireland's chances replied - "Ireland - you call that Ireland, fourteen Protestants and one bloody Jew."

## A CENTURY OF SERVICE

73. Leonard Abrahamson (1897-1961) was born in Russia and the family then emigrated to Ireland and settled in Newry where he was sent to the Christian Brothers school. He entered Trinity College in 1912 with an entrance prize in Hebrew and modern Irish, and was awarded a Sizarship in Irish. He was an active member of the Dublin Union Gaelic Society and represented Trinity in the Intervarsity Debates that were held in Irish. Appointed to Mercers Hospital in 1922 he was the first doctor in this country to study electrocardiography then a new technique. He was appointed to the Chair of Pharmacology in 1926, became a member of the Richmond Hospital Staff in 1932, and a Professor of Medicine in The Royal College of Surgeons in 1934. He was President of the Royal College of Physicians of Ireland for three years, President of the Section of Medicine of the Royal Irish Academy, President of the Biological Society of Trinity College and the College of Surgeons, and a founder member of the British Cardiac Society.

74. The medical staff in appointed in 1934 were:

Position	Name
Consulting Deep X-Ray Therapist	Robt. Stumpf
Deep X-Ray and Radium Therapist	F. O. Pilkington
Assistant Deep X-Ray and Radium Therapist	Dr R. H. Charles
Radiologist	F. G. Stewart
Visiting Surgeon	J. H. Coolican
Visiting Physician	G. T. O'Brien
Dermatologist	F. J. O'Donnell
Hon. Consulting Ophthalmic Surgeon	H. C. Mooney
Hon. Consulting Gynaecologists	Trevor M. Smith and F. W. Doyle
Hon. Consulting Throat Surgeon	L. J. Curtin
Hon. Dental Surgeons	Myles Keogh and T. O'Rourke Clancy
Physicist	D. V. Lindsay
Hon. Consulting Medical Electrician	Henry W. Mason
Hon. Anaesthetist	B. Burke Kennedy
Anaesthetist	T. J. Gilmartin
Resident Medical Officer	J. L. O'Ferrall
Masseuse	Miss Cusack
Matron	Miss M. Hanrahan

75. Medical Board Minutes. This handwritten volume records the minutes of the Medical Board meetings from 22.04.1934 to 09.11.1953. It was among the papers of Dr. G.T.O'Brien, who appears to have been secretary of the Medical Board for most of the period covered and it the only original minute book that has survived from the Hospital records.
76. Address by Eoin O'Brien to Annual General Meeting of the Hospital on 22.11.2001.

### Chapter 4. Stability and service (1946-1976)

1. Coleman M. The Irish Sweep. A History of the Irish Hospitals Sweepstake 1930-1987. University College Dublin Press. 2009.
2. *City of Dublin Skin And Cancer Hospital Annual Report* 1948.
3. *Irish Times* 1950.07.21.p.3.
4. *Irish Times* 1949.04.08.p.1.
5. *Irish Times* 1950.08.02.p.3.
6. *Irish Times* 1951.02.23. p.4.
7. *City of Dublin Skin And Cancer Hospital Annual Report* 1959.
8. *City of Dublin Skin And Cancer Hospital Annual Report* 1946.
9. *City of Dublin Skin And Cancer Hospital Annual Report* 1950.
10. *Irish Times* 1953.12.12. p.10.
11. *City of Dublin Skin And Cancer Hospital Annual Report* 1952.
12. *City of Dublin Skin And Cancer Hospital Annual Report* 1960.
13. *City of Dublin Skin And Cancer Hospital Annual Report* 1963.
14. *City of Dublin Skin And Cancer Hospital Annual Report* 1964.
15. *City of Dublin Skin And Cancer Hospital Annual Report* 1965.
16. *City of Dublin Skin And Cancer Hospital Annual Report* 1969.
17. *City of Dublin Skin And Cancer Hospital Annual Report* 1974.
18. *City of Dublin Skin And Cancer Hospital Annual Report* 1962.
19. *City of Dublin Skin And Cancer Hospital Annual Report* 1973.

20. *City of Dublin Skin And Cancer Hospital Annual Report 1957.*
21. *Irish Times* 1949.10.25.p.3.
22. *Irish Times* 1949.10.27.p.5.
23. *Irish Times* 1950.07.21.p.3.
24. *Irish Times* 1950.08.05.p.4.
25. *City of Dublin Skin And Cancer Hospital Annual Report 1953.*
26. *City of Dublin Skin And Cancer Hospital Annual Report 1955.*
27. *Irish Times* 1950.03.31.p.5.
28. *City of Dublin Skin And Cancer Hospital Annual Report 1968.*
29. *City of Dublin Skin And Cancer Hospital Annual Report 1972.*
30. *City of Dublin Skin And Cancer Hospital Annual Report 1966.*
31. *City of Dublin Skin And Cancer Hospital Annual Report 2001.*
32. *City of Dublin Skin And Cancer Hospital Annual Report 2006.*
33. Address by Eoin O'Brien to Annual General Meeting of the Hospital on 22.11.2001.
34. *City of Dublin Skin And Cancer Hospital Annual Report 1980.*
35. *City of Dublin Skin And Cancer Hospital Annual Report 1954.*
36. *City of Dublin Skin And Cancer Hospital Annual Report 1958.*
37. Doll, R., B. Hill, Smoking and carcinoma of the lung: a preliminary report, *British Medical Journal*, 1950;2:739-748.
38. *City of Dublin Skin And Cancer Hospital Annual Report 1961.*
39. *City of Dublin Skin And Cancer Hospital Annual Report 1979.*
40. List of publications and communications by W.S.Lowry during two years attachment to the Hospital:  
 "The Pressure Correction in X-Ray Dosimetry." Bull. Assn. Hosp. Phys. (London) 1957.Vol. IV. No. 3  
 "Roentgens, Rads, and R.B.E." Univ. Hosp. Va. Discourse. (Charlottesville U.S.A.) 1957.  
 "The High Pressure Oxygen Effect in Radiotherapy." Univ. Hosp. Va. Discourse (Charlottesville U.S.A.) 1957.  
 "Survey of Radiation Correction Factors throughout the World." Amer. Jour. Roentgenology (Springfield, Ill.) 1958.Vol. 79, No. 1.  
 "The influence of temperature and water content on the X-ray sensitivity of seeds." Physics in Biology and Medicine (London). 1958. Vol. 111. No. 2 .  
 "The general effects of X-rays, moisture content and temperature on growth parameters." (Dublin) proofs in press. (1958.)
41. *Irish Times* 1950.01.21.p.4.

#### **Chapter 5. A hospital in decline (1976-2006)**

1. *City of Dublin Skin And Cancer Hospital Annual Report 1979.*
2. *Irish Times* 1950.03.31.p.5.
3. *City of Dublin Skin And Cancer Hospital Annual Report 1969.*
4. *City of Dublin Skin And Cancer Hospital Annual Report 1980.*
5. *City of Dublin Skin And Cancer Hospital Annual Report 1981.*
6. *City of Dublin Skin And Cancer Hospital Annual Report 1984.*
7. *City of Dublin Skin And Cancer Hospital Annual Report 1985.*
8. *Irish Medical News* 1997.12.08.
9. Eilish O'Regan. *Irish Independent* 2010.06.25.
10. *City of Dublin Skin And Cancer Hospital Annual Report 1983.*
11. *City of Dublin Skin And Cancer Hospital Annual Report 1992.*
12. *City of Dublin Skin And Cancer Hospital Annual Report 1993.*
13. *City of Dublin Skin And Cancer Hospital Annual Report 2003.*
14. *Irish Medical Times* 1995.09.21.
15. *City of Dublin Skin And Cancer Hospital Annual Report 1987.*
16. *City of Dublin Skin And Cancer Hospital Annual Report 1988.*
17. *City of Dublin Skin And Cancer Hospital Annual Report 1995.*
18. *City of Dublin Skin And Cancer Hospital Annual Report 1997.*
19. *City of Dublin Skin And Cancer Hospital Annual Report 1998.*
20. *City of Dublin Skin And Cancer Hospital Annual Report 1990.*
21. Letter to Mr. Gregory from Doctors Rogers, Barnes and Collins. 1998.03.23 [Hospital files].
22. *City of Dublin Skin And Cancer Hospital Annual Report 2000.*
23. *City of Dublin Skin And Cancer Hospital Annual Report 2001.*
24. *City of Dublin Skin And Cancer Hospital Annual Report 2002.*
25. *City of Dublin Skin And Cancer Hospital Annual Report 2005.*

## A CENTURY OF SERVICE

26. *City of Dublin Skin And Cancer Hospital Annual Report* 1994.
27. *City of Dublin Skin And Cancer Hospital Annual Report* 2004.
28. Eithne Donnellan. *Irish Times* 2005.08.16.
29. *City of Dublin Skin And Cancer Hospital Annual Report* 2006.

### Chapter 6. Chapter 6: A new vision: bringing science to society (2006–2010)

1. Sale brochure for the City of Dublin Skin and Cancer Hospital. CBRE CB Richard Ellis. November 2006.
2. It is of interest to note that in 1999 the Hospital was valued at £8-12 million. *Irish Times* 1999.03.19.
3. *City of Dublin Skin And Cancer Hospital Annual Report* 2007.
4. *City of Dublin Skin And Cancer Hospital Annual Report* 2008.
5. *Irish Times*. 2010.08.09.
6. *City of Dublin Skin And Cancer Hospital Annual Report* 1990.
7. *City of Dublin Skin And Cancer Hospital Annual Report* 2000.
8. *City of Dublin Skin And Cancer Hospital Annual Report* 1986.
9. *City of Dublin Skin And Cancer Hospital Annual Report* 2002.
10. *University College Dublin News*. 2008.06.13.
11. *City of Dublin Skin And Cancer Hospital Annual Report* 2009.
12. *City of Dublin Skin And Cancer Hospital Annual Report* 2010.
13. **The following introduction to “The Arrow of Curiosity, the Curve of Conciliation, and the Line of Inquiry” has been written by Brian O’Doherty.**

The rope installation, “The Arrow of Curiosity, the Curve of Conciliation, and the Line of Inquiry”, is site-specific, that is, designed to marry the architectural space in which it is suspended in mid-air.

The glass “prow” of the new Charles Institute building has an energetic thrust, making the artist’s job more challenging. The problem was how to energise and describe the triangular interior void, a wedge of space that calls for sophisticated intervention.

The power of lines to describe space are confirmed in our everyday experience. Telegraph wires relay our attention along the road we drive, sagging in a graceful curve until brought to attention by the next telegraph pole. Lines have velocity and direction. As I wrote in a 1970s notebook “Time in lines dawdles and flashes”.

I have demonstrated in several outdoor works (e.g. Dartmouth College, Wright State University,) how a few lines, strategically deployed, can have rich, complex results - stimulating perceptions, changing vistas and punctuating the space with moments of convergence and expansion - a series of make-and-break gestalts.

The Charles Institute building, an architectural gem, provides numerous ways of encountering the “rope drawing”, the category in which the work resides. (I have done some 115 rope drawings in museums and galleries in Europe and the US, using the means I invented to “draw in space” - 3/8th inch rope, suspended and rendered taut by woven nylon cord, so that the rope appear to hover with no visible means of support).

From the outside, as darkness gathers, the ropes will be visible within. From the floor, on entry, the lines fly overhead, to be seen from each balcony in changing configurations. Where three lines intersect, spurts of energy invigorate the space as lines spray out from this node or ‘synapse’. The curious viewer, responding to the work’s invitation, will find these viewing positions easily. It is in the nature of the work to conduct itself with discretion, to minimize its intervention, and to reveal itself slowly over time to the sympathetic viewer. With time, it becomes as intrinsic to the building as its architecture.

It will help workers in the building if they become aware of the decisions involved in making the drawing - each decision always modified by the next. Where should the leading arrow point? Where should it stop in space in relation to the architecture? How deep should the curve be? Where should the single line start and finish? And how should each of the three component’s lines relate to the other? (i.e. the straight line threads the arrow, etc.).

I have found the Charles Institute project among the most rewarding of my career.

B. O’D.  
21.06.2011

Among other permanent rope installations is one at the Getty Research Institute in Los Angeles, where the artist and his wife were in residence last year. O'Doherty's work has been seen in the international exhibitions, Documenta, Venice Biennale and Rosc (Dublin). He has had several retrospectives of his work (including the Hugh Lane Gallery in 2006). Most recently he has shown in the United Arab Emirates, Krakow, Barcelona and Valencia. A stone labyrinth of his design was opened this June in the Falls Road, Belfast, as a symbol of peace. His work is in the collections of the National Gallery (Washington D.C.), the Museum of Modern Art, NY, the National Gallery of Ireland, the Smithsonian American Art Museum etc.

O'Doherty qualified at UCD as a medical doctor (1952) and took a D.P.H (1955). He began his career as an artist when still a medical student. He showed at the RHA and the Living Art exhibitions, and paintings he did as a young doctor are now in the Irish Museum of Modern Art. He worked on perception at Cambridge University (Nuffield Foundation Grant) and took a M.Sc. at Harvard (1958) on a Smith-Mundt Fellowship. He has retained a strong interest in Medical History. He was made a Hon. Fellow of the Royal College of Physicians, and received a Hon. D. Litt. from UCD this year. He recently lectured to the medical faculty of UCC on convergences between art and medicine.



## Index

- Abrahamson, Leonard 106, 207  
 Adams Robert 27, 233  
 Ahern, Bertie 155  
 Aldridge, J 24  
 Allen, John 131, 132  
 Allen, Tom 131  
 Alleyn, John 2  
 Anderson, F. R. 70, 235  
 Andrews, Eamonn 117, 118  
 Atkinson Stoney, R. 122  
 Augustinian Friars 1, 2  
 Auenbrubrugger 22  
 Archbishop of Dublin 1  
 Barnes, Louise 153, 156  
 Barniville, Mrs 140  
 Beckett, Samuel 62, 214  
 Beerbohm, Max 61  
 Bell, George 54  
 Belton, Ald.J 111  
 Bewley, Beulah 66, 166, 182, 183, 195, 196, 198, 251  
 Bewley, Thomas 196  
 Bewley, Victor 129  
 Blistering, cupping and bleeding 14, 23, 24  
 Boland, Kevin 64  
 Bond, James 230  
 Bouillard 23  
 Bourke, Mary 64  
 Bourke, J.J. 148  
 Bovril 51, 83  
 Brady, Hugh 174, 251  
 Brady, Michael 89, 126, 127, 132, 134, 135, 136, 138, 139, 142, 203, 204, 207, 213, 246  
 Brady, Rose 138  
 Brawne, Fanny 35  
 Brazel, Jeannette 192, 193  
 Brennan, Thomas 174  
 Bright, Richard 41  
 Brodie, Benjamin 41  
 Bronte, R.M. 235  
 Browne-Lecky, Raymond 82  
 Browne, Noel 64, 120, 121, 122, 206  
 Burman, Eelanor 195  
 Byrne, Mary Ellen 110  
 Byrne-McDonagh, Mairin 174, 175  
 Byrne, Noel 131, 132  
 Byrne, Tommy 131, 132  
 Cadden, Mary Anne (Maime) 63, 64, 209  
 Campbell, J.H. 95  
 Campbell, C.S. 119  
 Carmichael, Mr 14  
 Carmichael, Richard 233  
 Carre, Joseph 59  
 Castle, Richard 47  
 Ceannt, Dr. 152  
 Charles, Andrew 43, 66, 67, 73, 74, 75, 76, 77, 78, 82, 85, 86, 88, 90, 92, 93, 95, 99, 103, 104, 105, 106, 109, 119, 127, 132, 135, 136, 138, 145, 161, 163, 166, 180, 182, 183, 195, 196, 197, 198, 199, 235, 238, 242, 245, 246, 249, 250, 251  
 Charles, Brenda 200, 201  
 Charles, D. Allen 197  
 Charles, D. Hughes 197,  
 Charles, David 74, 78, 96, 127, 195, 197, 200  
 Charles, Elizabeth (Beth/Betty) 66, 73, 74, 127, 197  
 Charles, Eleanor 78, 195, 197  
 Charles, Frank 73, 74, 78, 195, 200  
 Charles, Frederick Lindsay 197  
 Charles, Harry 78, 196,  
 Charles, Havelock (Hal) 78, 93, 106, 110, 126, 136, 163, 166, 196, 198, 200, 207, 214, 221, 246, 251  
 Charles, Havelock Sir 197, 200  
 Charles, Ina 66, 195  
 Charles Institute 72, 80, 112, 119, 152, 168, 175, 178, 180, 181, 182, 184, 185, 186, 190, 251, 252

- Charles, Iris 140, 161, 162, 163, 196, 201  
 Charles, JJ 197  
 Charles, Lucy 78, 196, 200  
 Charles, Marie Elizabeth 197  
 Charles, Lucy (Mrs) 78  
 Charles, RH 197  
 Charles, Richard 74, 106, 195, 198, 200  
 Charles, Rupert 200, 201  
 Charles, T. Cranstoun 197  
 Chesterton, G.K. 52  
 Cheyne, John 9, 10, 233  
 Cheyne-Stokes respirations 8, 10, 27  
 Childers, Erskine 125  
 Chillingworth, Robin 225  
 Clark, James 34, 35  
 Clarke, Arthur 233,  
 Clarke, Austin 52  
 Cochrane, Ernest Cecil 83  
 Colles, Abraham 10, 12, 33, 233  
 Colles's fracture 11  
 Collins, Paul 153, 156, 174, 185, 190  
 Collins, Michael 87  
 Comerford, John 44  
 Consort, Prince 35  
 Conway Institute 179, 181, 251  
 Copeman, Monckton 92, 104  
 Coolican, J.E. 127  
 Coolican, J.H. 94, 106, 126, 127, 198, 204, 246  
 Cooper, Astley 41  
 Cooper, George 139  
 Corrigan, Dominic 8, 17, 18, 21, 23, 24, 27, 28, 30,  
 31, 32, 33, 40, 41, 42, 138, 233  
 Cosgrave, President 57  
 Costello, Sister 131  
 Craig, James 235  
 Cross, Ernest 138  
 Cross, Finbarr 205  
 Cross, Kitty 138  
 Craig, James 98, 99  
 Crampton, Philip 6, 7, 12  
 Crawford, Brian 160, 173, 216, 218, 224  
 Crawford, Eithne 160  
 Crawford, Sam 222  
 Crawford, Victor 148, 155, 222, 223  
 Cregan, Martin 10  
 Crofton, W. M. 236  
 Croker-King, Samuel 5  
 Crookes, Gearoid 211  
 Crowe, Morgan 207  
 Crummles, Miss 34  
 Cruveillier, J. 41  
 Cupping 16  
 Cullen, Mr 204  
 Cunningham, Patrick 4  
 Curtin, Macauliffe, John 106, 126, 209, 210, 246  
 Curtin, MacCauliffe, Maeve 210  
 Curtin, L.J. 200, 209  
 Darmody, Mary 127, 147, 204, 208, 245, 246  
 Davys, John 82, 235  
 DeLeon, Heather 196  
 De Loundres, Henry 1  
 De Valera, Eamon 63  
 Deane, Thomas Manly 50  
 Dease, William 5, 6, 13  
 Desmond, Barry 152  
 Dick, Frederick and Anne 49  
 Dillon, John 213  
 Doolin, William 12  
 Dwyer, Conway 73, 98, 99, 235  
 Dwyer, Maeve 147, 153, 243, 246  
 Earl of Ely, Henry 47  
 Early, Barry 118  
 Edelstyn, George 127, 134, 137, 147, 148, 205, 212,  
 213  
 Edgeworth, Maria 34  
 Elgee, Francesca Jane 36  
 Elliman, Mr 141  
 Ellis, Marjorie 138, 162  
 Ellis, Richard CB 167  
 Ellis, Vincent 138  
 Emmet, Robert 49  
 Erinensis 17  
 Erwin, Karen 226  
 Fanning, Senator 52  
 Farrell, Thomas 6  
 Ferguson, Samuel 37  
 Findlater, William 83  
 Finucane, Marian 64  
 Fitzgerald, Desmond 174, 177, 178, 180, 182, 183,  
 184, 185, 251  
 FitzGerald, Garret 64  
 Fitzgerald-Kennedy, Mr 100  
 Fitzgibbon, John 49  
 Fitzsimmons, Wilf 166, 196, 198  
 Foley, John Henry 26, 28  
 Foran, Mr 99  
 Froggatt, Peter 36  
 Futers, Norma 166, 182, 183, 196, 198, 199, 251  
 Gibson, T.R. 122, 124, 128, 140, 148  
 Gibson, Mrs 140  
 Gilbert, W. S. 207  
 Gilmartin, James 213  
 Gilmartin, John 213  
 Gilmartin, John Maiben 214  
 Gilmartin, Peggy 138, 139, 140, 162, 163, 198, 213  
 Gilmartin, T.J. 94, 106, 126, 132, 139, 140, 198, 213,  
 246  
 Gladstone, William Ewart 61  
 Gogarty, Oliver St. John 50, 51, 52, 53, 54, 55, 56,  
 57, 58, 59, 95, 96, 98, 100, 101, 103  
 Gonne, Maud 49  
 Goldsmith, Oliver 48  
 Gosse, Edmund 62  
 Graves disease 8, 25  
 Graves, Robert 8, 15, 16, 17, 18, 19, 20, 21, 22, 25,  
 26, 30, 32, 34, 42, 233  
 Greer, John 225  
 Gregory, Ken 156  
 Griffith, Michael 185  
 Griffith, Richard John 49  
 Griffith, President 87  
 Guinness, Arthur 83

## A CENTURY OF SERVICE

- Hanney, Rose 246  
 Hardiman, Garret 106  
 Harney, Mary 173, 182, 183  
 Harrison, Percy 74  
 Harrison, Robert 12  
 Haslam, J 214  
 Hastings, Flora 34  
 Haughton, Samuel 40  
 Haughey, Charles 223  
 Hay, Roderick 184  
 Healy, D 84  
 Healy, W 235  
 Helsham, Robert 7  
 Henry VIII 2  
 Hickey, T 166  
 Higgins, Fred 52  
 Hillery, Patrick 205  
 Holdfelder, Professor 104  
 Hollinger, Mr 134  
 Holz knecht, Professor 104  
 Hood, Basil 82  
 Hospital, St. Anne's 97, 125, 133, 134, 149  
 Hospital, Beaumont 59, 149, 150, 176, 177, 178  
 Hospital, Great Brunswick Street 67, 69, 236  
 Hospital, City of Dublin 43, 45, 74, 214  
 Hospital, Connolly James Memorial 166  
 Hospital, Coombe 3  
 Hospital, Cork St. Fever 3  
 Hospital, Charitable Infirmary 3, 29, 42, 163, 164, 231, 232, 233, 246, 248, 249  
 Hospital, Dublin Skin and Cancer 47, 65, 67, 69, 73, 77, 79, 91, 95, 98, 104, 109, 122, 123, 142, 146, 147, 151, 155, 163, 164, 169, 175, 180, 181, 183, 185, 190, 235, 236, 237, 242, 243, 244, 249, 250, 251, 252, 253  
 Hospital, Hardwicke Fever 4, 30, 205  
 Hospital, Holles Street 68  
 Hospital, House of Industry 3, 9  
 Hospital, Hume St. 45, 65, 66, 79, 114, 115, 123, 125, 127, 128, 130, 132, 135, 139, 141, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 160, 163, 164, 165, 167, 177, 180, 198, 199, 200, 204, 208, 209, 214, 215, 221, 222, 223, 236, 244, 247, 250, 251  
 Hospital, Foundling 3  
 Hospital, Grangegorman 214  
 Hospital, Incuables for 3  
 Hospital, James St. 150, 153  
 Hospital, Jervis St. 29, 165, 176, 177, 247, 248, 249  
 Hospital, Laurence's St. 150, 164, 210, 247  
 Hospital, Luke's St. 123, 125, 127, 133, 134, 137, 148, 149, 150, 154, 205  
 Hospital, Mark's St. Ophthalmic 36  
 Hospital, Mater 178, 183  
 Hospital, Meath 3, 9, 18, 20, 22, 31, 32  
 Hospital, Mercer's 3, 7, 16, 45, 213, 242  
 Hospital, Middlesex 73, 91  
 Hospital, Peamount 205  
 Hospital, Portrane 214  
 Hospital, Richmond Surgical 4, 14, 31, 39, 57, 59, 74, 157, 205, 210, 211  
 Hospital, Rotunda 3, 4, 33, 34, 43, 47  
 Hospital, Royal City of Dublin 59, 122  
 Hospital, Royal of Charles II 2  
 Hospital, Royal Victoria Eye and Ear 36, 152  
 Hospital, Patrick's Dun's Sir 3, 43  
 Hospital, Patrick's St. 3, 5, 59  
 Hospital, St. Bartholomew's 2  
 Hospital, St. Thomas's 2, 74, 195  
 Hospital, Steeven's Dr. 3, 5, 10, 11, 33  
 Hospital, Steyne 1  
 Hospital, Temple Street 210  
 Hospital, Vincent's St. 152, 153, 156, 158, 165, 166, 167, 171, 175, 177, 180, 181, 183, 190, 250  
 Hospital, Whitworth 4, 205  
 Hourihane, Brian 127  
 Hughes, Janet 166  
 Hume, Gustavus 44, 45, 46, 47, 48  
 Irish Heart Foundation 191  
 Irvine, Alan 193  
 Irwin, Caroline 192, 193  
 Jacob, Arthur 6, 37, 38  
 Jennings, J.J. 124  
 John, Augustus 52  
 Johnson, Peter 184  
 Joy Bruce, Albert 19  
 Joyce, James 50, 58, 60  
 Kane, Mary 39  
 Katz, Stephen 184  
 Kaufmann, Angelica 47, 48  
 Keane, John 97, 98, 100  
 Keats, 35  
 Kelly, Mary 153  
 Kelly, Michael 169, 172  
 Kelly, Vincent 201  
 Kennedy, Seamus 174, 192, 193  
 Keogh, Myles 106  
 King, Richard Mrs. 138  
 King, Richard 138  
 Kirby, John Timothy 6  
 Knox, John 195  
 Kruger, James 184  
 Lardner, Mr 95  
 Larrey, Baron 16  
 La Touche, John 48  
 Lavery, John 82, 83  
 Lawler, Gerard 160, 161, 174, 221, 224  
 Lawler, Tom 160, 221, 222  
 Leeches 15, 16  
 Le Palmer, Ailred 1  
 Leahy, Ita 243, 246  
 Lever, Charles 35  
 Litchfield, Josephine 162  
 Lister, Joseph 39  
 Lloyd, E.M. 105  
 Loftus, Nicholas 47  
 Loftus, Mary 47  
 Lovegrove, F.A. 122, 198, 216, 217, 223  
 Lovegrove, Jim 155, 198, 216, 217, 219, 220  
 Lovegrove, Margot 216  
 Lovegrove, Richard 217, 218, 219  
 Lowry, W.S. 133, 138, 139

- Lutyens, Edwin 52  
 Lynch, John 185  
 Lyons, W. J. 71  
 McCalmont, D. 83  
 McCarthy, Judge 114  
 Macartney, James 5  
 McConnell, Adams 59  
 McDowell, Tom 124, 127, 213, 226, 227, 228  
 McEnerney, J.F. 122  
 McEntee, Brendan 138  
 McGuire, E.A. 72, 116  
 McHugh, Roger 61  
 McKenzie, Compton 52  
 McManus, Liz 158  
 McMahon, Louise 250  
 McQuaid, John Charles 63, 95  
 MacDonagh-Byrne, Mairin 163  
 MacDonald, James 82  
 MacDonnell, John 38, 39  
 MacDonnell, Robert 38  
 MacKenzie, Stephen 129  
 MacNamara, Brinsley 52, 106  
 Macnamara, Rawdon 12  
 Madigan, Paraic 169, 173  
 Maguire, Andrew 209  
 Mahon, Derek 60  
 Maloney, Stasia 246  
 Malton, James 46  
 Manning, Oonagh 163, 174, 175, 190  
 Martin, Micheál 158  
 Martin, Violet 61  
 Martyn, Edward 60  
 Marsh, Henry 34  
 Matheson Ormsby Prentice 169, 173  
 Mason, H 235  
 Mercer, George 43  
 Mitchell, Fiona 51  
 Monroe, Dolly 48  
 Monroe, Frances 48  
 Mooney, Alan 106, 126, 211, 212  
 Mooney, H.C. 106  
 Moore, George Augustus 59, 60, 61, 62  
 Moore, Sean 149  
 Morgan, Muriel 146, 166  
 Mosse, Bartholomew 4, 43  
 Mullaney, Joan 137  
 Mulligan, Buck 50  
 Mulligan, Finaly 110  
 Mulvaney, John Skipton 49  
 Mulvaney, William Thomas 49  
 Murphy, Donal 199, 200  
 Murphy, Father 26  
 Napoleon 16  
 National Asset Management Agency (NAMA) 172  
 Nicholson, Ruth 225  
 Nuttall, Maureen 195  
 Nuttall, Tara 195  
 O'Brien, Berna 208  
 O'Brien, Eoin 142, 160, 162, 164, 167, 174, 177, 180, 184, 185, 191, 192, 193, 224, 241, 249, 250  
 O'Brien, G.T. 92, 106, 107, 122, 126, 141, 147, 162, 198, 205, 206, 207, 245  
 O'Brien, Hugh 207, 208  
 O'Brien, Marie-Josephine 208  
 O'Brien, Mark 208  
 O'Brien, Matt 164, 165, 171, 173, 174, 177, 191, 192, 193, 249, 251  
 O'Brien, Muriel 140, 141, 162, 198, 207  
 O'Casey, Sean 55  
 O'Connor, Matthew 94, 137  
 O'Connor, Ulick 53, 54, 55  
 ÓDálaigh, Cearbhall 209  
 O'Doherty, Brian 187  
 O'Donerty, Kevin Izod 49  
 O'Doherty, Mary 229  
 O'Donnell, Frank 93, 106, 126, 136, 137, 246  
 O'Doherty, Senator 100  
 O'Donnell, Mrs 140  
 O'Flanagan, Brian 208  
 O'Flanagan, Harry 210  
 O'Flanagan, Peter 171, 174, 180, 182, 183, 185, 190, 191, 250  
 O'Hara, John 140  
 O'Halloran Sylvester 5  
 O'Kane, Marina 192, 193  
 O'Kelly, Sean T. Mrs 139  
 O'Laoide, Risteard 185  
 O'Malley, Charles 35  
 O'Meara, Benidict 113, 125  
 Ó Murchú, Donal 119  
 Orpen, William 61  
 O'Reilly, CJ 122  
 O'Reilly, Helen 64  
 O'Reilly, P 207  
 O'Rourke, Aubrey 71  
 Ormond, Patrick 153, 191, 192, 193  
 Osbourne, Jonathan 7  
 Osler, William 22  
 O'Sullivan, Cissy 138  
 O'Sullivan, Denis 201, 202  
 O'Sullivan, Joan 52, 127, 128, 129, 130, 132, 133, 138, 140, 141, 147, 198, 201, 202, 204, 208, 245, 246  
 O'Sullivan, John 245  
 O'Sullivan, Kerry 201  
 O'Sullivan, Kitty 203  
 O'Sullivan, Mossie 202  
 O'Sullivan, Seamus 52  
 O'Sullivan, Tess 141, 202, 246  
 O'Toole, Edel 184  
 Perceval, Robert 5  
 Peppard, Mrs 140  
 Perret, Laurent 185  
 Phiz 35  
 Pilger, W. 236  
 Piquet, Vincent 184  
 Potter, Maureen 140  
 Porter, William 14  
 Powell, Frank 153, 185, 229  
 Powderly, Bill 174, 185  
 Power, Richard 12

## A CENTURY OF SERVICE

- Purtil, M.J.A 101  
 Queen Victoria 7, 27, 29  
 Quinn, Eamonn 113, 124, 220, 221  
 Quinn, Eiiagh 220  
 Quinn, Feargal 117, 130, 160, 161, 220, 221, 223  
 Quinn, Maureen 220  
 Quinn, Ruairi 64  
 Read, Robert 231  
 Riordan, Desmond. J 122  
 Robinson, Lenox 52  
 Robinson, Mary 64  
 Robinson, Trevor 225  
 Rogers, Sarah 147, 152, 153, 154, 155, 167, 246  
 Rokitansky, Karl 41  
 Ross, Justice 67, 235  
 Ross, Martin 62  
 Rossi, Mario 53  
 Royal Academy 36  
 Royal Academy of Medicine 59  
 Royal Dublin Zoological Gardens 6  
 Royal College of Physcians 2, 5, 17, 26, 29, 34, 43, 75, 134, 156  
 Royal College of Surgeons 5, 6, 9, 10, 14, 27, 34, 45, 58, 59, 73, 75, 122, 152, 198, 205, 209, 210, 213, 229, 243, 245  
 Rumpf, Dr. 236  
 Russell, George 49  
 Ryan, Ciaran 174  
 Rynd, Francis 39  
 Saurat, Jean Hilaire 184  
 Schoenlein, J.L. 41  
 School, Carmichael 75  
 School, Dublin 8  
 Schumacher E.F. 117  
 Semmelweiss 35  
 Seymour, Maurice 154  
 Shanks, Edward 53  
 Shaughnessy, Fergal 208  
 Shaw, George Bernard 36, 37  
 Sheridan, Nell 93, 106, 127, 142, 143, 198, 205, 208, 214, 215, 246  
 Smiddy, Lilian 245  
 Smiddy, Muriel 106, 246  
 Smith, Robert William 40  
 Solomoms, Bethel 106  
 Spiro, Louis 116  
 Staleton, Michael 48  
 Stephen's, James 52  
 Steevens, Griselda 3, 4  
 Steevens, Mary 42  
 Steevens, Richard, Dr. 3, 4, 42  
 Stewart, F.C. 106  
 Stokes-Adams attacks / disease 8, 27  
 Stokes, Gabriel 49  
 Stokes, Whitely 5, 6  
 Stokes, William 8, 10, 18, 19, 22, 26, 27, 28, 30, 36, 40, 42  
 Stoker, Bram 48, 58  
 Stoker, Abraham 58  
 Stoker, Thomas 232  
 Stoker, William Thornley 48, 56, 58, 59  
 St. Patrick's Bed 82  
 St. Patrick's Cathedral, Dean of 4  
 St. John the Baptist 1, 2  
 St. Thomas's 2  
 Sullivan, Arthur 82  
 Swan, Dr. 98  
 Swift, Jonathan 4, 7  
 Taylor, William 98, 99  
 Thompson, Betty 196  
 Thompson, George 232  
 Thompson, Mina 196  
 Thompson, Walter 196, 200  
 Thornes, R D 125  
 Thornley, Charlotte Mathilda Blake 58  
 Tighe, Paul 119  
 Tory, Geofroy 68  
 Toynbee 33  
 Traill, Anthony 53  
 Traquair, Prof 211  
 Travers, Josephine 37  
 Trinity College Dublin 26, 53, 177, 211, 224  
 Trousseau, Armand 22, 25  
 Tulloch-Hill Mrs. 128, 139, 140, 162  
 Turner, J.M.W 20, 139, 140  
 Typhus fever 23  
 University College Dublin 2, 5, 168, 174, 177, 180, 184, 190, 204, 251, 252  
 Viani, Harry 127, 137  
 Wakley, Thomas 29  
 Walker, Desmond 224  
 Walker, Hettie 224  
 Walker, Joseph 224  
 Walker, Norman 224  
 Walker, Philip 116, 117, 118, 124, 129, 131, 149, 201, 224, 225, 226, 246  
 Walker, Ralph 226  
 Walker, Simon 224  
 Wallace, William 229, 230, 231, 232, 233, 234  
 Walsh, Stephen 174, 177, 184  
 Watchorn, Bertie 225  
 Waters, Esther 60, 61  
 Watson, Rosemary 153  
 West, Emiline 95  
 Whaley, Anne 49  
 White, Burbridge G 235  
 Wilde, Isola 37  
 Wilde, Oscar Fingal O'Flahertie Wills 33, 36, 60  
 Wilde, Speranza 33, 38  
 Wilde, William Charles Kinsbury Wills 36  
 Wilde, William 33, 34, 53  
 Willan, Robert 229  
 Wilson, Henry 37  
 Wilson, T.G. 33, 34  
 Winnie & Gertie tea servers 131  
 Wintz, H. 91, 104, 236  
 Wood-Latimer, J.T. 67  
 Woods, Robert 57  
 Yeats, W. B 49, 52, 53, 58, 60, 61