

## A PORTRAIT OF IRISH MEDICINE



*Dedicated to the Men and Women  
of Science and Art  
who Through their Endeavours  
Bequeathed to Mankind a Lasting Legacy*

# *A Portrait of* **IRISH MEDICINE**

*An Illustrated History of Medicine in Ireland*

EOIN O'BRIEN  
*and* ANNE CROOKSHANK  
*with* SIR GORDON WOLSTENHOLME

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WHEN JULES VERNE sent Phileas Fogg around the world in eighty days, he was celebrating Man's progress in coming to terms with the dimension of space. Now that Man has travelled to the moon, now that he can span the globe in hours rather than days, and place satellites in the distant universe, we can claim to have progressed still further in the domination of space. Time, however, remains the unremitting master of us all. He creeps on at his petty pace from day to day. On a personal level, we come to terms by celebrating birthdays, the attainment of twenty-one years, and wedding anniversaries. Some of us may even live to collect a presidential cheque after a century on earth!

Our institutions too have their anniversaries, and these we can celebrate without paying heed to the increasing personal burden of years. A college grows older but it can do so without senescence; it may shed a limb here or a faculty there, but it may equally well grow a new one. As we celebrate our bicentenary at the Royal College of Surgeons in Ireland, we acknowledge gratefully the health and energy of the College and its medical school, and pay homage to the ideals of our founders, whose precepts we still pursue – the liberal education of doctors, both undergraduate and postgraduate. This is a time to look back at our origins, and over the past two centuries; to analyse our present status and purpose, and to attempt to divine the future.

Without records, history can be scarcely said to exist. We are fortunate that from the period when the foundation of the College was first mooted right up to the present, there are many records which tell the story – some in print, some in paintings, sculpture, engravings, and some in public buildings. Dr Eoin O'Brien and his team of art and medical historians have collected all these records together, edited them, commented upon them and put them between the covers of one volume in the most handsome way imaginable. This beautiful book, *A Portrait of Irish Medicine*, is, of course, more than a history of Irish surgery: it is a history of Irish medicine. Beginning in the legendary times of King Nuadhat whose amputated hand was replaced by a highly satisfactory silver prosthesis, it moves on through the Brehon laws and the post-Patrician era of monastic medicine, to the turbulent seventeenth and eighteenth centuries which saw the first glimmerings of organised medicine.

Dr O'Brien continues the narrative to the end of the Georgian era, by which time the major medical institutions, the College of Physicians, the College of Surgeons, and the Trinity College School of Physic, were fully established as academic bodies; at this point the stage was set for the flowering of Dublin medicine in the Victorian era. Sir Gordon Wolstenholme, Harveian Librarian at the Royal College of Physicians in London, writes a lively and sympathetic account of that period. As he himself points out, if an Irishman wrote of the Victorian era as he has done, there could be accusations of chauvinism, for this was the unique period of the "Dublin School" when not a few giants, and many lesser but by no means insignificant practitioners, influenced the development of medicine across the globe and throughout subsequent time. More than a hundred years later, we may ask is it not time that Irish medicine cultivated the seedbed for some new giants?

## Foreword

Professor J. B. Lyons takes up the story at the turn of the century and courageously takes it on to recent times – courageously, because he is writing of near contemporaries. As a medical historian with a felicitous pen he brings us through the great divide of the 1914-18 war and the Irish revolution into modern times.

The medical history of Northern Ireland deserves its own chapter in this book, if for no other reason than to underline the success of the Queen's University of Belfast in being the first to establish a modern medical school of international standards in this island. No better person could have undertaken this study than Dr Peter Froggatt, Vice-Chancellor of the Queen's University of Belfast. Having come from Ulster to pursue his undergraduate medical studies in Dublin, and eventually returning to his present high office in Queen's, his is an unique viewpoint from which to indulge his flair for history.

This book is much more than an historical narrative. Some six years ago Eoin O'Brien and Anne Crookshank, Professor of the History of Art at Trinity College, accompanied by a master of photography, David Davison, embarked on their odyssey. They scoured the medical schools, colleges, hospitals and private collections of the country in search of medical portraiture in oils, marble or other media, and the fruits of their researches are now ours to share through this copiously illustrated book. In the first chapter Anne Crookshank, as critic and historian, presents the art of our medical institutions. While there is much work of artistic value, she notes that there is rather more which is quite pedestrian. All, however, are of historical and cultural interest. Each helps to place the history of medicine into the social background of the times. She notes, for example, that as doctors rose in the social scale over the centuries they employed more expensive artists, but always demanded the style of portrait considered fashionable by the established ranks of the time. All of which would be grist to the mill of John Berger, the art critic, who regards oil painting as a means of bolstering the establishment class against the ordinary people. Undoubtedly the main purpose of medical portraiture was to establish the sitter and his profession as something of consequence.

Noreen Casey concludes the historical narrative with a richly illustrated evaluation of the architecture of the Dublin hospitals. Among the large number of buildings listed and discussed in this chapter, some date as far back as the early eighteenth century. Many are architecturally significant, others less so. All are well known to Dubliners, and the city will be sadly the poorer for those that must close before long.

To be President of the Royal College of Surgeons in Ireland in its bicentenary year is an honour and a pleasure. To be associated in even a marginal way with the publication of this beautiful book is an extra and undeserved pleasure. I congratulate Dr Eoin O'Brien, his co-authors, and also the Ward River Press for this memorable production; it will be at once a joy to look at and to read, as well as being an indispensable source book.

EOIN O'MALLEY

*President*

*The Royal College of Surgeons in Ireland*

*St Stephen's Green*

*September 1983*

# Introduction

My reason for writing this introduction to *A Portrait of Irish Medicine* is to acknowledge the contribution of a number of people without whose assistance this work would not have been produced. I can best do this by tracing the development of the book.

When Sir Gordon Wolstenholme published *Portraits of the Royal College of Physicians of London* (the first volume in 1964, the second in 1977), I was encouraged to explore the feasibility of gathering together between boards the portraits and sculpture in Irish medical institutes. Sir Gordon's support during these early deliberations in 1978 was invaluable, and his experience in producing his own splendid volumes of portraits did much to mould the format of the present work.

It is not possible for me to express adequately my gratitude to Dr Harry O'Flanagan, then Registrar of the Royal College of Surgeons in Ireland, who advised and encouraged me with the project, and together with Mr Stanley McCollum, made the necessary representations to the Council of the College to sanction the book. To the members of the Council, and particularly to Mr J. McAuliffe Curtin and Mr Victor Lane, I express my gratitude for their courage in understanding what they knew to be a costly exercise. I am indebted to the Registrar, Professor W. A. L. MacGowan and the Academic Secretary, Mr Joseph Grace who supported the project through times of difficulty.

As *A Portrait of Irish Medicine* was to depend as much on the history of art as it would on medical history, Anne Crookshank's ready acceptance to participate in the production was essential to its success. Together we visited many institutes, often on more than one occasion, searching for, and not infrequently finding, what many did not know they possessed. We were fortunate indeed that David Davison offered his expertise in photography before he realised the daunting task that lay ahead of him. His meticulous attention to detail in composing a photograph ensures that he never does the subject a disservice. In fact, the apparently inaccessible position of a painting, or the obliterating effects of time on a canvas, often provided stimulating challenges to Mr Davison, whose mastery of the photographic art frequently gives to his work a clarity of detail no longer to be appreciated in the original. The early arts of painting and sculpture, illustrated on these pages, are indebted therefore to the more recent art of photography.

The late Jack Widdess, though busy revising his *History of the Royal College of Surgeons in Ireland*, willingly undertook the additional burden of writing a chapter on the early beginnings of medical science in Ireland, which unfortunately he was not spared to complete. I have incorporated his valuable notes in Chapter Two, and can only crave his forgiveness for its shortcomings for which I am wholly responsible. Jack Lyons, in dealing with the history of

the twentieth century, was sailing in uncharted waters, and as always he has provided an essay based on much original research.

Noreen Casey's essay on the architecture of Dublin's hospitals brings to light many original aspects of their fascinating architectural history at a time when most of the Georgian hospital legacy that has been a part of Dublin history for over two hundred years is under threat. Mercer's Hospital has just closed, and the closure of the teaching hospitals of the Royal College of Surgeons, the Charitable Infirmary and St Laurence's Hospital, is imminent. Many others may suffer a similar fate as rationalisation of the hospital services progresses throughout the country. Not only will the demise of these institutes leave an architectural void, but their art effects, records, and memorabilia – sometimes of little apparent value but of immense historical interest – may be lost to posterity. Ireland has played an interesting and important role in the history of medical development, and a library and museum devoted to the preservation of its history is long overdue. In the meantime, the gathering of our heritage as represented in the art and architecture of medicine may be seen as the beginnings of an awareness of the value of the past in directing us towards the future.

I hope, furthermore, that the visual display of the portraits and sculpture that adorn so many walls and corridors of our hospitals and academic buildings may alert the guardians of these institutes to the value of their works of art. For it must be said with sadness and regret that whereas most institutes give reasonable care to their art and historical documents, few provide the specialised attention that is needed to preserve them for future generations, and some have treated valuable works of art with a Philistine contempt scarcely credible in institutes of learning.

It had been my intention originally to incorporate the history of Northern Ireland's medicine within the chronological framework of the book, but a short acquaintance with that much neglected subject soon forced me to reconsider the wisdom of such a policy. It was at a late stage, therefore, in the book's genesis that I turned to Peter Froggatt, who not only acquiesced to my unreasonable request with an essay that abounds in original research, but also provided funding for photography, and the excellent services of Mr Reginald Watson of the Department of Photography at the Queen's University, who photographed the Northern portraits and sculpture.

The publishers, Ward River Press, have shown considerable patience in tolerating many changes and the inclusion of additional material as the book neared completion. To Cormac Ó Cuilleanáin I am especially grateful for complying with our many, and at times, exacting requirements.

*A Portrait of Irish Medicine* commemorates an event of historical and academic importance in medicine – the two hundredth anniversary of the Royal College of Surgeons in Ireland. I am joined by all who have helped to produce this book in wishing the College well for its bicentenary. It is our hope that through this illustrated history, which joins the heritage of medicine with that of art, we have produced a humble but fitting tribute to such a great occasion.

EOIN O'BRIEN

*Seapoint*

24 August 1983

# Acknowledgements

So many people in institutes throughout Ireland have assisted in the compilation of material for *A Portrait of Irish Medicine* that it would not be possible to mention everyone, nor to indicate fully our considerable debt to those listed here.

For the uniformly high standard of photography we are indebted to David Davison and Louis Pieterse, of Pieterse-Davison International Ltd., Dublin, and for the photography in Northern Ireland to Mr R. Watson, Department of Photography, The Queen's University, Belfast. We express our gratitude to the Queen's University for meeting the costs of the photography in Northern Ireland.

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To the following we are grateful for permission for reproduction:

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Without the patient secretarial assistance of Rosemary Byrne, Mary Corcoran, Joan Kennedy and Ena Doran over the past six years, this project could not have been completed.



ABRAHAM COLLES (1773-1843)  
President of the Royal College of Surgeons 1802 and 1830  
Professor of Surgery 1804-1836  
Professor of Anatomy and Physiology 1804-1827

# Chapter 1

## PORTRAITS OF IRISH MEDICINE

ANNE CROOKSHANK

Over three centuries Dublin and Belfast medical colleges and hospitals have had portraits painted of their best known doctors. Though there are gaps and several famous names are missing, these collections form the basis of this chapter on Irish medical portraits. A few examples from Cork hospitals and from private collections are also included, but in the time available, no systematic search of private collections was possible, as these are widely spread, and many are now outside the country. The portraits from these sources cover the whole modern period of medical history in Ireland, so that this chapter forms a unifying prologue to the main bulk of the book which includes essays on Irish medicine from the seventeenth century to the present day. Many of the paintings mentioned are illustrated in later chapters as they portray key figures in the history of Irish medicine. The search in the hospitals and medical institutions has been a fascinating, if at times, a daunting task, as the quantity of their possessions was far greater than one could have imagined, and of course included objects and pictures which are not mentioned, as they were not associated directly with medical history. The portraits, outside their artistic value, proved to be remarkable social documents, giving an insight into the attitudes to doctors through the centuries, reaching a peak of magisterial grandeur in the mid-nineteenth century when consultants' portraits show them as the leaders, almost the gods, of society equal in the magnificence of their portrayal with the images of the aristocracy. Perhaps sadly for them, but better for us, the twentieth century has cut them down to size, human beings again in their small canvases, our equals, even our friends.

### THE SEVENTEENTH CENTURY

Due to the troubled history of Ireland it is difficult to trace a continuous development in the arts since late medieval times. The wars and rebellions of the seventeenth century make a break because they were so destructive that few artistic objects have survived. Less than twenty paintings which can plausibly be said to have been painted in Ireland before 1660 exist and the earliest known portraits date from 1577.

From the Restoration, when the Duke of Ormonde returned as Viceroy, the situation changed. The Duke had spent the Cromwellian period on the Continent and had developed a taste for grandeur and for the arts. He filled Kilkenny Castle with splendid paintings, silver and furniture, and created an environment which encouraged others to do the same. He is said to have brought an English painter, James Gandy, over with him, and he certainly had a large number of portraits in his houses.

For the most part, portraiture was the prerogative of landed families, though

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a few of the professional classes had achieved the pride and the historical sense to have themselves painted. Thomas Maule, Surveyor General of the Customs of Ireland in 1627, had himself painted holding his seal of office. There are contemporary portraits of Archbishop Ussher and Cromwell's provost, Provost Winter, in Trinity College, which was the first Irish institution to develop a sense of the value of portraiture, as Ussher and Winter were followed by a number of other portraits in the Restoration period. Trinity was followed by the Royal College of Physicians, and in the early eighteenth century, by the newly developed hospitals. Between these institutions there is a series of portraits which illustrate the growth of painting in Ireland.

Though doctors were among the earliest professional people to value portraits, their attitude was the same as the university; they treated likenesses as documents and did not worry too much, if at all, about aesthetic qualities. As a result no portrait of a doctor or an academic survives by the finest artist resident in Ireland in the last quarter of the seventeenth century, Garret Morphey. This may in part be due to the fact that he was a Jacobite, and institutions were wary of falling foul of the authorities even in minor matters. Nonetheless the portrait of the first President of the Royal College of Physicians, John Stearne [1] is a fine study; it is painted in his presidential robes which dates the picture between the foundation of the Incorporated Society in 1667 and Stearne's death in 1669. It is by an unknown painter, but its quality illustrates that good artists were already available in Dublin. More amusing, and rather earlier, is the engraving by William Faithorne the elder, of the Waterford practitioner, Valentine Greatrakes [2].<sup>1</sup> The whole picture makes an interesting comparison with the Stearne. Greatrakes worked within the miracle tradition, curing by the laying on of hands (he was known as the 'Stroker'), and in the inset group one sees cured cripples walking away shouldering their crutches, while Stearne is robed and seated with a bust of Hippocrates beside him. His attitude has both classical and scientific overtones, suitable for the age which saw the foundation of learned societies of every kind, from the Royal Society, the College of Physicians, to the Dublin Guild of Cutlers, Painter-Steyners and Stationers founded in 1670 as a society for Irish artists.

Thomas Pooley, who was born in England but lived most of his life in Ireland, is a painter who is recorded as being employed by a large variety of patrons in Dublin, from the Lord Lieutenant to the College of Physicians, where a very badly damaged portrait of Sir Patrick Dun [85] is signed TP.<sup>2</sup> From other works by him it is apparent that he was a fine artist in the Lely manner. He is known to have painted Sir William Petty [83], who is now remembered in Ireland as a great surveyor-general, though he was trained as a doctor. Sir William describes the Pooley in a letter to his wife dated Dublin 16 February 1677/78, when he says that it was "drawn this week . . . in a beard of 31 days growth and in my own hair without a periwig and in the simplest habit imaginable".<sup>3</sup> He added that it was not to be hung in the dining room or parlour. Sadly, this work is lost and the illustrated portrait must have been done in his youth, probably before his association with Ireland as it shows him with great propriety, as a doctor, holding a skull. It is by Isaac Fuller, an English painter. Well into the nineteenth century a doctor's training was often the only

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1 JOHN STEARNE 1624-1669



2 VALENTINE GREATRAKES 1629-1683

one available, and was the basic study of many notable scholars in many different fields, even of some writers, such as Charles Smith, the great Oliver Goldsmith and the nineteenth-century novelist, Charles Lever. Smith's portrait [3] was engraved by Daniel Corbett and appears as the frontispiece to his *History of Cork* published in 1750.<sup>4</sup>

Another example is Sir Hans Sloane [84], who came from the County Down and became a great botanist, and even more memorably, the bequest of his collections triggered off the foundation of the British Museum. He sent his portrait to Trinity College, Dublin, as a gift, a fashion which seems to have been widespread at the time. As a return courtesy William King, the Archbishop of Dublin, decided to send a portrait of himself to Sloane. In a long correspondence with a friend in London, now in the manuscript library of Trinity College, King describes the sittings, how many versions he is having painted, to whom he is giving them, and even how the portrait destined for Sloane is to be packed and sent to London, but he only mentions the artist's name as an afterthought in one of the last letters. If King's attitude to a painter was commonplace, then it is not at all surprising that we should have, at this period, so few portraits which can be attributed to an artist.

### THE EIGHTEENTH CENTURY AND AFTER

Steevens' Hospital has a number of interesting pictures, including an engraving of an early Professor of Physic in Trinity College, Richard Helsham



3 CHARLES SMITH 1715-1762

[88], after a painting by Charles Jervas, showing him as a fine, fashionable gentleman as he was in fact described by his friend, Jonathan Swift.<sup>5</sup> Jervas, though Irish, lived in London but visited Dublin frequently. He became painter to George I in 1723. Edward Worth [86], whose library is still one of the outstanding features of Steevens', was perhaps more interested in size than quality when he had his portrait done; he is painted whole-length and sits bewigged and robed, rather stiff but very grand. Through the window to the left of the picture there is a view of the Royal Hospital up on the hill behind Steevens'. The large size of the painting is unusual at this date (the late 1720s), and must have been intended to fit in with the other features of the room. It is impossible to attribute Worth's portrait, but the much smaller and cruder likeness, which also hangs in the library, of Grizel Steevens [4] is by Michael Mitchell.<sup>6</sup> It is a forceful delineation of the very determined lady who founded the hospital.

But despite the riches of Steevens', until the end of the eighteenth century, oil portraits of doctors remain rare. There is a head and shoulders attributable to James Latham of Dr Clements [5], who was from 1743 for many years, the Vice-Provost of Trinity College and a member of parliament in 1761 and 1763. In fact he was painted twice, as there is another portrait of him by an unknown artist which shows him three-quarter length. Latham was the principal painter in Dublin from 1730 to his death in 1747, and he has left us pictures of bishops, municipal officials, members of parliament and other professional men, as well as the gentry and aristocracy,<sup>7</sup> so that the fact that the Clements is his only known medical portrait, indicates that except in very special circumstances, doctors were still too low in the social scale to be portrayed. Strangely enough, Rupert Barber who worked from about 1736 to 1772, mostly as an enamel miniaturist, does not seem to have painted his brother, Constantine, who became a President of the College of Physicians.<sup>8</sup>

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4 GRIZEL STEEVENS 1654-1747

*A Portrait of Irish Medicine*



5 WILLIAM CLEMENTS 1707-1782

There is an engraving in the College after a portrait by Barber of Dr Edward Smyth [6], showing him wearing a cap and not a wig, and the National Gallery of Ireland has several chalk and watercolour drawings by him of Dean Swift, the founder of St Patrick's Hospital.

An interesting portrait, now in very poor condition, of a Professor of Physic in Trinity College, Bryan Robinson [7], was painted by the English artist, Benjamin Wilson. It is now seen more clearly in the etched version in Steevens' Hospital which is dated 1750. Wilson was a close friend of Robinson whom he depicts seated leaning forward, as though he were about to talk to the artist. The Royal College of Surgeons of Ireland has an engraving of another well known Irish eighteenth-century doctor, who was trained in Ireland, but practised in London, Robert Adair [106]. He was painted by the Englishman, Lemuel Abbott. Adair rose to social heights by marrying Lady Caroline Keppel, the daughter of the Earl of Albemarle, who, during the period when her family's objection to the marriage kept the two apart, wrote the song "Sweet Robin Adair" about her fiancé.

The naive, unattributable portrait of Dr Edward Hill [97], Professor of Botany and later of Physic in Trinity and on several occasions President of the College of Physicians, is perhaps a more typical portrait of a doctor of this period. Hill was renowned as a botanist and worked during his career for the creation of a botanical gardens in Trinity College, a dream realised by his successor in the chair of Botany, Robert Scott. Hill is depicted with charming realism holding an open book and looking up over the top of his specs. Another doctor botanist, Thomas Coulter [8], is recorded in a portrait by an unknown artist in Trinity College showing him as a young man. Coulter was

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6 EDWARD SMYTH



7 BRYAN ROBINSON 1680-1754



8 THOMAS COULTER 1793-1843

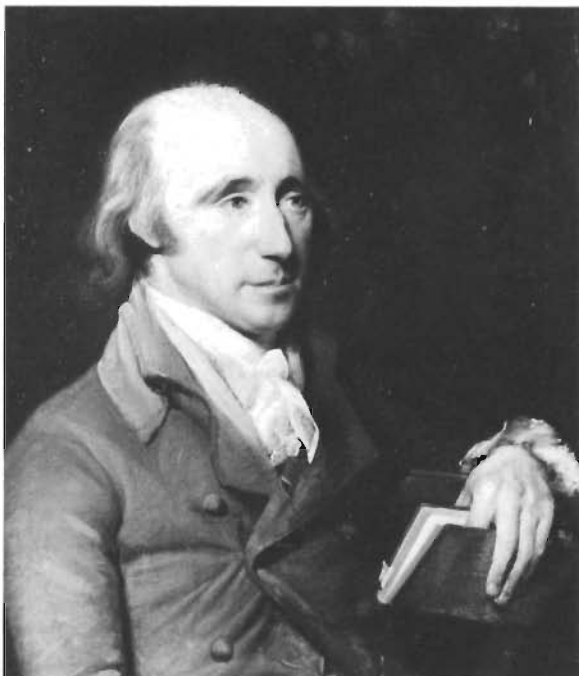


9 WILLIAM GAMBLE

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10 DAVID MCBRIDE 1726-1779



11 FRANCIS WHITE 1787-1859



12 FRANCIS LE HUNTE ? -1750

famous for the journeys he made to Mexico and California collecting and studying plants, many of which bear his name.

Both these portraits contrast with the earlier likeness of William Gamble [9], which hangs in the Ulster Museum. Gamble saw himself as a fashionable man, as did Nathaniel Barry [90], a president of the College of Physicians. He was painted by Robert Hunter, the establishment artist in Dublin for some forty years from the mid-century to about 1790.<sup>9</sup> He was a competent, eclectic painter who, no doubt at the desire of his patrons, worked in the manner of many more famous English artists. However, this portrait of Barry, a signed work, is a solid and realistic picture typical of his middle period. Another portrait of the mid-eighteenth century is that of David McBride [10], which has the added interest of showing an experiment in the background. From an engraving after it by J. T. Smith, the picture is said to be by "Reynolds, late of Dublin," an artist unknown to Strickland, and certainly not the great Sir Joshua.

A rare example of a portrait of a doctor from the country is in the College of Surgeons; Francis White [11] of Carrick-on-Suir, (later President of RCSI) was painted by John Comerford (c. 1770-1832), presumably early in his career when he worked in Kilkenny painting life size, and before he lived in Dublin, where he specialised in painting miniatures.<sup>10</sup> At this time Comerford also painted Dr Edward Walsh, a portrait which is known now only by an etched version by John Kirkwood, which was illustrated in the *Dublin University Magazine*, 1834.<sup>11</sup> A portrait which dates much later than these, but because of the old-fashioned clothes of the sitter, looks contemporary, is the portrait of Robert Percival [95] in the College of Physicians. This was painted by a very rarely found artist, William Gillard (c. 1812-76), an Englishman who

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13 FIELDING OULD 1710-1789



14 SURGEON GENERAL CUNNINGHAM



15 GEORGE DAUNT



16 ROBERT TEMPLETON 1802-1892



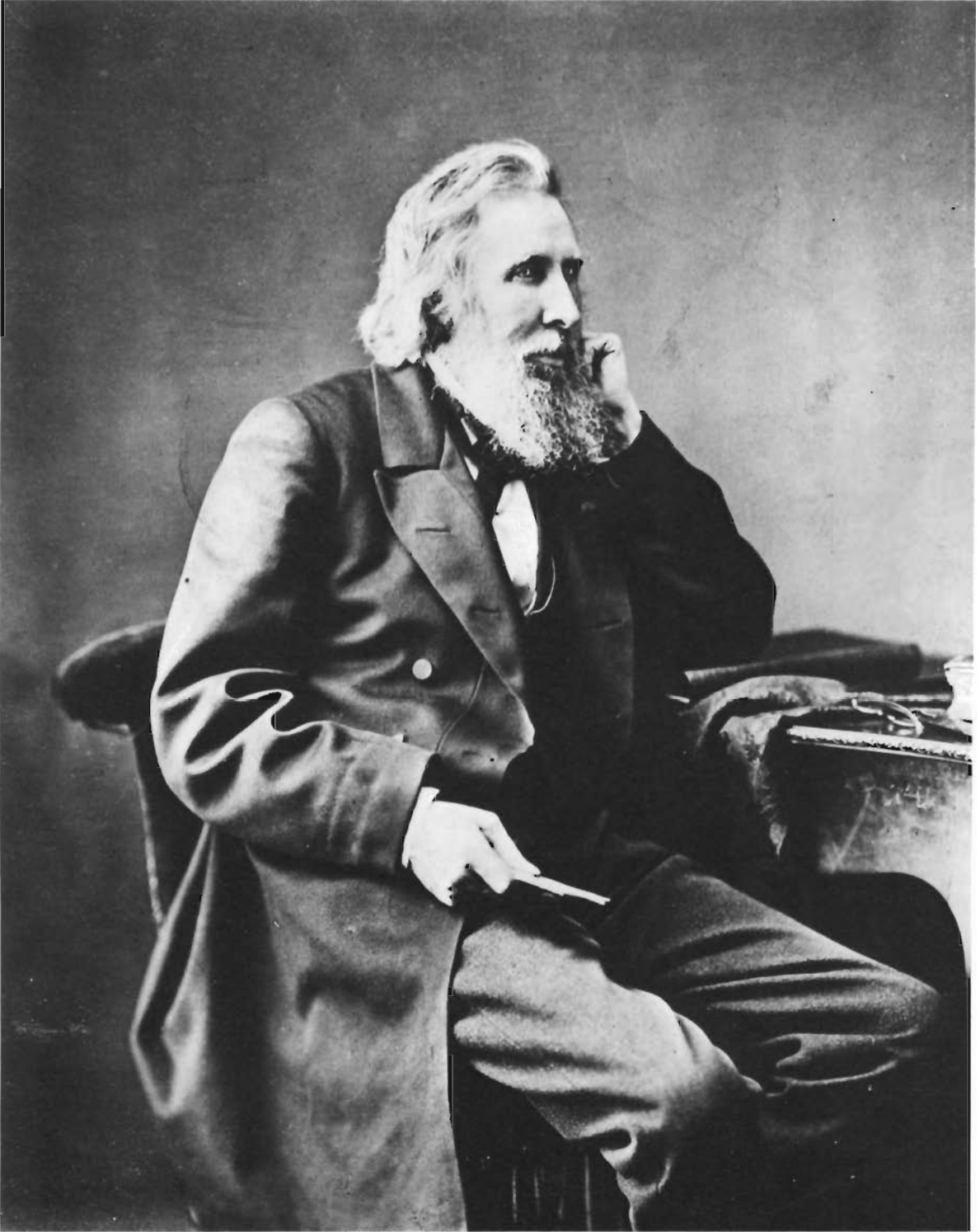
17 JAMES MOORE 1819-1883

was in Dublin on several occasions and exhibited at the Royal Hibernian Academy. Perceval must have been painted on Gillard's first visit in 1831.

Portrait drawings and miniatures were always popular, partly because they were so much cheaper. But they are a domestic form of art and until the twentieth century they are unusual in the collections of public bodies. Pastels were common in the eighteenth century in Ireland because the medium was used in the Dublin Society Schools, where most Irish artists trained from its foundation in the early 1740s. Rupert Barber's miniatures and drawings, notably of Jonathan Swift, have been mentioned. Other examples include the unidentified miniature of Francis Le Hunte [12] who died in 1750, and whose face is dominated by his huge eyes; a chalk drawing, dated 1759, of Sir Fielding Ould [13], the obstetrician, by Thomas Hickey, which is in the National Gallery of Ireland,<sup>12</sup> and a miniature of Gustavus Hume [122] by John Comerford which is only known now through an engraving, of which there is a copy in the College of Surgeons. Also known now only in engraved form is the miniature by Samuel Lover<sup>13</sup> of the novelist Charles Lever [150]. Though trained as a doctor, Lever took up writing to make money enough for his expensive tastes, and spent most of the latter part of his life as the British Consul in Trieste. The National Gallery owns a chalk drawing of Lever by Stephen Pearce which is dated 1849 and was done in Florence.

A charming pastel in a private collection depicts Surgeon-General Cunningham [14]. It is by Charles Forrest who is best known for his

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18 WILLIAM WILDE 1815-1876

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theatrical portraits.<sup>14</sup> Cunningham is shown, seated comfortably near a window, discussing with the artist the illustration in a book open on the table beside him. Such a relaxed composition was rarely found in oils. Another pastel, this time a more conventional head of George Daunt [15], hangs in the Royal Dublin Society and is by Alexander Pope (1763-1835), a Cork artist who later gave up painting to become an actor, appearing on both the London and Dublin stages.

Robert Templeton [16], a Belfast doctor and only son of John Templeton,<sup>15</sup> the celebrated natural historian, is recorded in a profile silhouette, a popular form in the early years of the nineteenth century, as were small watercolour and chalk portraits. A most engaging example of these is a portrait drawing of a Belfast surgeon, Dr James Moore [17], which was drawn in 1839 by an Italian, Felice Piccione, who worked in both Belfast and Cork. Moore, though he practised as a doctor all his life, had a second career as an extremely fine watercolour artist, who painted mostly landscape with great vivacity and technical skill. Unfortunately, he never attempted medical subjects, but his hobby has given him unexpected fame, as much of his work is now in the Ulster Museum.<sup>16</sup>

An artist who worked only in watercolour was Frederick William Burton.<sup>17</sup> He painted Dr Richard Carmichael [114], Aquilla Smith and made an informal study of his friend William Stokes [132], who like Corrigan was much portrayed. This watercolour makes a good contrast with the grand and much later sculptural study by Foley [44]. Unlike Stokes, his neighbour Sir William Wilde, the great eye specialist and father of Oscar Wilde, suffers from rather poor portraits. There is an unusually weak Erskine Nichol watercolour of him in the National Gallery,<sup>18</sup> and a blandly incompetent portrait bust by James Cahill (*d.* 1890) which was exhibited in the Royal Hibernian Academy in 1864.<sup>19</sup> A better portrait is the crayon [134], dated 1847, by T. H. Maguire which is also in the NGI<sup>20</sup> but the best likeness of Wilde is an early photograph which does do justice to this remarkable man [18]. The most lively portrayal is in a caricature group with Stokes, which is a splendidly irreverent image of the two famous and amusing friends sharing a bottle of beer [135]. Chalk drawings and watercolours die out in the later nineteenth century, when their lack of grandeur would have made them unsuitable for the image doctors had now achieved. But the medium returned in the second half of the twentieth century when a need for economy made it again a popular form.

The early nineteenth century saw the beginning of regular exhibitions in Dublin with the Royal Hibernian Academy being founded in 1822. It was a great period for portraits, often on a very large scale which suited both exhibition halls and the pride of the sitters. The principal artists included Hugh Douglas Hamilton (1739-1808), whose fine study of Surgeon Halahan [107] holding a skull hangs in the College of Surgeons.<sup>21</sup> Another important artist was William Cuming, whose whole length of George Renny [111] gave him more scope to display his talents than Hamilton had in his much smaller picture.<sup>22</sup> The portrait of Renny was painted for the College of Surgeons in 1810 and shows him holding a drawing of the building, for which he raised the money. It is a very grand picture indeed and was obviously intended to give status not only to Renny but to the College.



19, 20 RICHARD BUTCHER 1819-1891

Martin Cregan (1788-1870), who succeeded Cumming as President of the Royal Hibernian Academy in 1832, added another splendid whole length to the RCSI collection with his portrait of James Henthorn [108], painted in 1826.<sup>23</sup> He also painted Abraham Colles [109] in 1838, making several versions of this portrait, one now in Steevens' Hospital and another in the RCSI. Cregan's very considerable practice lessened towards the middle of the century as he came into competition with the elder Stephen Catterson Smith, who was a most popular portrait painter. He was succeeded by his son of the same name, which often leads to confusion in identifying which painted a specific picture. The father, an Englishman (1806-72), trained in the Royal Academy Schools in London, and later in Paris, and after a successful career in England as a portrait draughtsman, came to Ireland in 1839. He settled first in Derry, coming to Dublin in 1845. He became an RHA in 1844 and eventually succeeded to the presidency of the society in 1859. He was undoubtedly better at portraits of women, where he had the opportunity of showing in their crinolines his superb brushwork. Most of his male portraits are strong and rich in colour but, perhaps because he was much too busy, often show less feeling for the character of his sitters than they should. Examples include Arthur Jacob [140] (RHA 1867) and his masterpiece, the whole-length seated portrait of Dominic Corrigan [133] in his study, which is in the College of Physicians. Exhibited in 1865, it is a rare example of a portrait by Catterson Smith which considers the personality of the sitter as well as his outward appearance and profession. Samuel Gordon's [146] portrait, also in the College of Physicians, needs special mention, as it was Gordon who was the president responsible for admitting women to the College, and this heralded the acceptance of women in medicine in the British Isles.

Catterson Smith's son (1849-1912) never achieved the eminence of his father though he became an RHA in 1879, and was secretary to the society for many years. He was taught by his father and exhibited for the first time at the Academy in 1871, the year before his father's death. He could copy his father's manner with skill and it would be hard to tell his copy of the elder Catterson Smith's portrait of Richard G. Butcher [19] (RCSI) from the original. The sheer idealisation of Victorian portraiture is stressed when one compares this urbane figure with the rather later photograph of the sitter [20], hair ill-dressed, clothes ill-fitting, but perhaps the same serious face. He inherited his father's practice and painted innumerable portraits of Irish public figures, including many doctors, of which the portraits of Aquilla Smith [155] (RCPI) and Charles Benson [142] (RCSI) are excellent examples, competent but dull.

His most remarkable picture from the point of view of this book is his portrait in the Rotunda of Miss Sara Hampson, Matron (then called Superintendent) of the Hospital. It is a sad fact that despite the numerical superiority of women on hospital staffs, they were virtually never considered worthy, and still are not, of being portrayed. A mere handful of portraits of nurses and none, that the authors have seen, of women doctors are owned by Dublin hospitals and institutions. Miss Hampson [145] is shown seated, writing, in uniform, with, in the background, a statuette of Florence Nightingale by whom she was trained. The Rotunda did not commission it; it was presented by Sir William Smyly, who may well have had it painted as Miss Hampson was the matron who, after her appointment in 1891, modernised the nursing in the hospital and had been his protégé. It was said of her that "to her tact and judgement is largely due the great success which attended the inauguration of the new nursing system in the hospital".<sup>24</sup> The Rotunda also owns the



21 MRS. MCGRATH



22 MOTHER M. AIKENHEAD 1787-1858



23 MOTHER MARY MARTIN 1892-1975

portrait of one of the midwives, Mrs McGrath [21], who is not in uniform and is wearing clothes which date the picture earlier than that of Miss Hampson. There is a photograph of a painting of a nurse, Anne Simington, in the Eye and Ear Hospital, and a drawing by Sean O'Sullivan of Alice Reeves [198] which hangs in Steevens' Hospital where she worked for many years, improving the nursing in the hospital much as Miss Hampson had done earlier in the Rotunda.

Better served are the foundresses of Irish religious orders, most of whom have had their portraits painted. Admittedly Mother McAuley [144], the foundress of the Mercy nuns and thus of many hospitals in this country, notably the Mater, had the misfortune to be painted by a very poor artist, probably an amateur. It is interesting that though she is shown in her habit, she is painted as a domestic lady leaning on her sewing table, on which stands a small crucifix group. Mother Mary Aikenhead [22], who founded St Vincent's Hospital, was better painted. She herself stands in the background, but forms part of a very fine whole-length picture by Nicholas Crowley (1819-57) depicting Miss Jane Bellew being received into the order of the Sisters of Charity of Ireland by Archbishop Murray.<sup>25</sup> Also by Crowley are a small head and shoulders of Mother Mary Aikenhead and a portrait of her doctor in St Vincent's, Dr Joseph O'Ferrall [143], both painted at the same time, 1844.

Crowley, who was a Dubliner by birth, lived most of his adult life in London, but must have been in Dublin that year. His splendid, colourful style was well able to sustain the composition of such a large picture as the group portrait, which is notable for the telling gestures of the hands. In fact most of his work was on a fairly small scale and included a great many subject pictures. The only twentieth-century nun portrayed, Mother Mary Martin [23], founder of the Medical Missionaries of Mary, has also been lucky in her portrait. It is one of Sean O'Sullivan's best oils and shows Mother Mary Martin sitting peacefully – an undramatic and impressive work.

A rather rare artist, Charles Grey (1808-92), was employed in 1840 by William Stokes to paint his father Whitley Stokes [99], a fellow of Trinity College who had in his youth been a United Irishman. Grey, who came from Scotland, was working in Dublin from about 1837. His painting is strongly realistic and Whitley is shown as old, lined and depressed, which is accounted for as he was thought to be dying at the time, and the sitter's son William called in Grey to paint him surreptitiously when he was praying in the chapel of the non-conformist sect to which he belonged. The original picture is in rcp and there is a copy in the RCPI. The drawing Grey made of Whitley is far better, as in it his sad, contemplative expression is not overwhelmed by illness, which makes the oil portrait nearly a caricature. Another drawing by Grey, also in the NGL, is particularly important, as it is the only portrait of Robert Graves [24] which makes him look young, alive and amused. He has a shock of dark hair and is sitting with his very depressed dog, who has clearly failed to persuade him to go out.

Sir Thomas Jones (1823-93), who succeeded the elder Catterson Smith as President of the RHA, painted a number of portraits in both colleges.<sup>26</sup> He was inordinately dull as a painter, but achieves some charm in the sad face of Fleetwood Churchill [25] in the RCPI. The general standard of portraiture,

which had been declining in the mid-century, was about to improve. One of the most memorable pictures in the Rotunda is the portrait of Evory Kennedy [26], of which there is a version in the RCPI. It is by Charles Napier Kennedy, a little-known painter who died young, and worked mostly in London, painting subject pictures, but like his contemporaries born in the mid-century he spent some time studying in Paris.<sup>27</sup> This resulted in a marked change in both the type and quality of portrait painting in the late 1880s. Though the young Irish artists who studied in Antwerp or Paris all worked in the established studios, run by conservative painters, they gradually become aware of Impressionism, and soon began to introduce lively brushwork, more informal poses and finally a lighter palette into Irish art. There are numerous works by these continental trained artists in Dublin hospitals but it is sad to say that the finest artist of the period, Walter Osborne, is unrepresented. However, he painted three portraits of doctors, all now in private collections, Anthony H. Corley in 1889, Richard Theodore Stack in 1891 and Sir Thornley Stoker in 1894.

Few women have made a name as portrait painters, but Sarah Purser (1848-1943), who is best remembered by the younger generation as a collector and patron, was famous as one of the finest portraitists of her day. She trained in Paris, and shortly after her return painted the fine picture of Samuel Haughton [27] which hangs in TCD and the smaller version in the Royal Irish Academy. Haughton, who became MD while he was Professor of Geology in TCD, always had dogs, and in his portrait a terrier glares out at us, annoyed at the intrusion. She also painted Robert MacDonnell [124], of the famous Belfast dynasty, in 1891. He is the doctor remembered in Ireland as having given the first blood transfusion in this country. It hangs in the RCSI. Sarah Purser, through her social contacts, built up a large practice and is said to have remarked that "she went through the British aristocracy like the measles".<sup>28</sup> A younger contemporary of hers was Sarah Cecilia Harrison (1864-1941), whose strong portraits are not commonly found.<sup>29</sup> There is one of Andrew Horne [160] in Holles Street done in 1909, very direct, looking straight at us. Mary Swanzy (1882-1978), early in her career, before she became interested in contemporary French art, painted a splendid portrait of her father, Henry Swanzy. Dated 1906 it is an elegant and sensitive work which hangs now in the Adelaide Hospital [28].

Less popular was a painter whose style suited the domestic scenes he often painted, Richard Thomas Moynan (1856-1906). Though he won prizes for his battle scenes, he of course painted portraits for a living. His oil of Dr Arthur Wynne Foot, painted in 1894, hangs in the Meath Hospital, while his three-quarter length of Joseph M. O'Ferrall, dated 1893, hangs in St Vincent's. He studied in Antwerp and in Paris and shows his more modern approach in the quiet informality of expression in his portraits rather than in the brushwork. Dermot O'Brien (1865-1945) was also educated in Antwerp, but he travelled greatly and his style developed considerably in its use of colour and light. He became President of the RHA in 1910 and painted a fine portrait of Andrew H. Davidson [29] which hangs in the Rotunda. Though many of these artists worked on till the Second World War, their heyday was earlier, and it will be easier to discuss their younger contemporaries, the generation

who worked between the wars and who are still working as portrait painters, in a later section.

The Royal Victoria Hospital in Belfast and the Ulster Medical Society have a collection of portraits covering the last 130 years. The earliest is an anonymous oil of Surgeon McCleery who died in 1847. A portrait in private hands, however, may date earlier; it is of Dr Drennan [199], who was associated with the United Irishmen in his youth. Robert Richard Madden [149], who wrote the first account of that movement, is recorded by a portrait painted by George F. Mulvany, exhibited in 1851 in the RHA, which was engraved as the frontispiece to his book.<sup>30</sup> It is now in the Royal Irish Academy but is much easier to see in engraved form as the original has darkened considerably. Richard Hooke, (fl. 1850-87), painted a number of portraits in his native city including lord mayors of Belfast and at least one doctor, Robert Foster Dill [213]. He may also have painted Henry Murney [30]<sup>31</sup> and Thomas Andrews, whose pleasant face lights up a dark picture. The latter belongs to the Belfast Academical Institution. All of them are obscured with varnish and not especially distinguished if compared with the fine Richard Rothwell<sup>32</sup> of Andrew Marshall [31].<sup>33</sup> This unusual full face, with its sad expression and beautifully painted skin, makes a striking picture. It too has darkened considerably because the artist probably used bitumen to achieve romantic effects of light and shade. Unfortunately time intensifies dark colours where bitumen has been employed and makes them difficult to see and impossible to restore effectively. The Marshall portrait was painted posthumously in September 1877 and is presumably based on a photograph.



24 ROBERT GRAVES 1796-1853



25 FLEETWOOD CHURCHILL 1808-1879

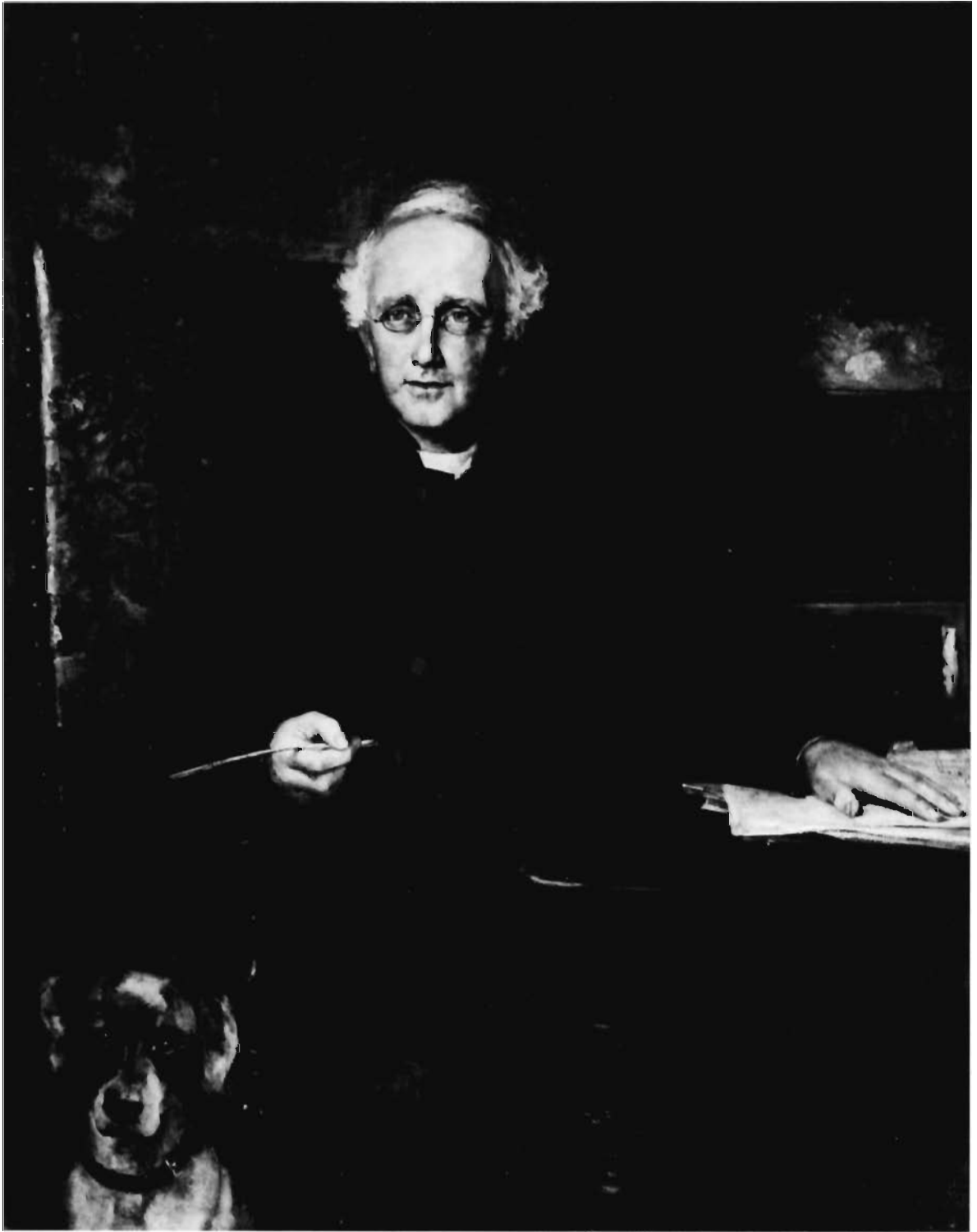


26 EVORY KENNEDY 1806-1886

The main bulk of the Belfast collection is modern and will be discussed in a later section, but one picture should be mentioned here, by Henrietta Rae (1859-1928). It is of John Byers [33], and may well date after the first war, but stylistically it has Victorian richness. She uses a thick blotchy impasto, a very personal manner indeed. She was an English visitor and is described wittily by John Hewitt in *Art in Ulster* as being able to "communicate a sense of grandeur to noblemen or confer it on lesser mortals".<sup>34</sup>

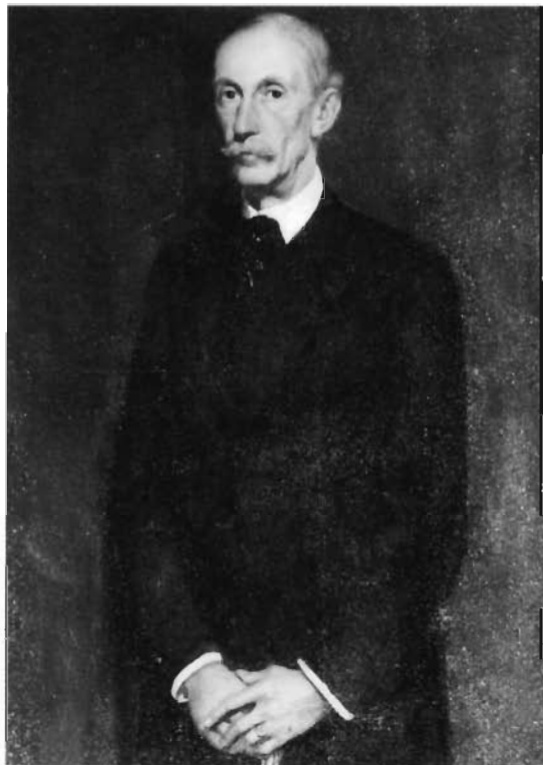
#### SCULPTURE

In the second half of the eighteenth century the highest quality in medical portraiture is usually found in sculpture. This is due to the work and influence of John Van Nost the younger (fl. 1750-87) who set a very high standard, and a fashion in portrait busts in Dublin in the 1750s. He arrived about 1750 in Dublin from London, where he was born and trained. He was immediately given work by Dubliners who needed sculpture for their gardens, their libraries, as well as for their tombs and their portraits. Among his patrons was the great Dr Mosse, the founder of the Rotunda Hospital, who funded his medical work by the assemblies he gave in the adjoining ballrooms and the festivities he held in the gardens at the rear of the hospital. These he had liberally decorated with suitable copies after antique works by Van Nost, which have all disappeared, but the wonderful portrait bust of Mosse himself remains standing above the door in the hall leading to the grand staircase up to the chapel [100]. Unfortunately, it is very difficult to see and many a visitor probably fails to notice it. Van Nost, who was famous for his realism, shows us the ageing Mosse, worn out by the worry and work of creating and maintaining his hospital. The eyes are most telling in their sense



27 SAMUEL HAUGHTON 1821-1897

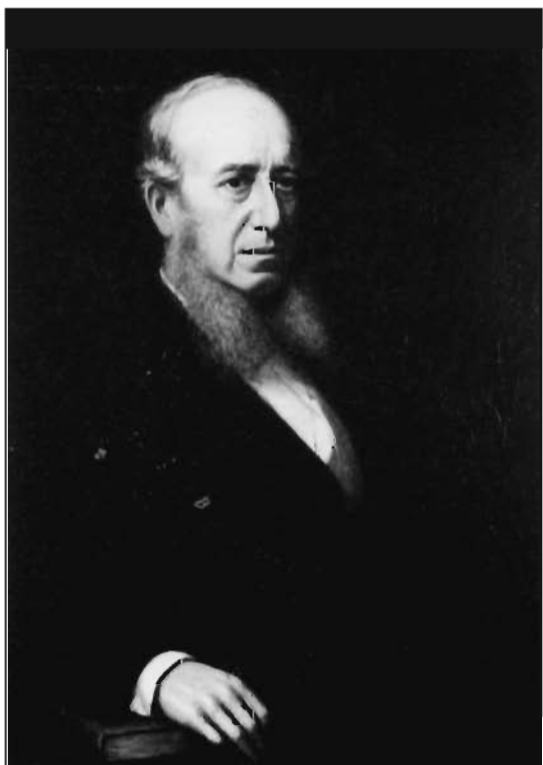
*Portraits of Irish Medicine*



28 HENRY SWANZY 1844-1913



29 ANDREW DAVIDSON



30 HENRY MURNEY 1825-1907



31 ANDREW MARSHALL 1779-1868



32 BARTHOLOMEW MOSSE 1712-1759



33 JOHN BYERS 1853-1920

of strain and compassion, a real feat of virtuosity in sculpture. This portrait compares vividly with the painting of the brilliant, youthful Mosse, probably done when he was abroad as a young man [32]. This hangs in the board room and is perhaps the finest single painting of a doctor in Ireland. It is right and proper that Mosse should be so well represented, as he was without doubt the greatest artistic patron the medical profession in Ireland has ever produced. He employed the finest available architects and stuccodores, as well as sculptors, to create his hospital and its surrounding buildings and gardens.

Another remarkable statue of a doctor is now in Armagh Cathedral, the whole-length portrait of Thomas Molyneux [34, 87], which was originally intended to stand as a family memorial in the grounds of his house, Castle Dillon, in County Armagh. Molyneux came of a Dublin family and was the brother of William Molyneux, the political writer and scientist. Thomas studied medicine in Leyden and was also interested in natural philosophy. His family had originally come from France so that it was apt that the statue was carved by the renowned sculptor, Louis François Roubiliac, (c. 1705-62), a Huguenot who settled in England around 1732. Like Van Nost, Roubiliac was a master of realism, and though Molyneux is shown robed, his face is not idealised. On the plinth is a relief which shows him visiting a patient, a very rare representation of a doctor at work at that time.

Roubiliac was also commissioned in 1745, by the final year Trinity College students, to make a bust of Dean Swift for the Long Room of the library. They paid for it with the money normally used to give an annual party. It was a posthumous work, probably based on one of the numerous portraits of Swift by Charles Jervas. It still stands in the place for which it was made. Another posthumous bust of the Dean, whose importance for Irish medicine lay in his



34 THOMAS MOLYNEUX 1661-1733

### *Portraits of Irish Medicine*

foundation of St Patrick's Hospital for the mentally ill, is by Van Nost's pupil, Patrick Cunningham.<sup>35</sup> Versions of it stand in St Patrick's Cathedral in the Swift monument, and another in St Patrick's Hospital [35]. Cunningham's head shows the Dean without a wig or even the cap he wears in the Roubilliac, and this semi-bald head gives a very forceful and lifelike quality to the sculpture. Cunningham must have been aware of the stark realism of Roman busts which are also recalled by the base, so different from the baroque sweep used by Van Nost. Cunningham, who may well have seen Swift when he was young, has learnt how to give the eyes expression, thoughtful and grave, and in Swift's double chins and prominent dimple seems to record a face he knew.



35 JONATHAN SWIFT 1667-1745

The portrait bust of Henry Quin in the College of Physicians is unsigned but it suggests the work of either Van Nost or Cunningham. Quin, who has left an interesting diary of his "Grand Tour", was, like Mosse, a patron of the arts, especially music and the theatre. He was also interested in cameos, intaglios and medals, being a patron of William Mossop, (1751-1805), the greatest Irish medallist. He was commissioned to make a medal of Quin by the sitter in 1782 [54]. There is a version of it in silver in the National Museum but it was also struck in gold, bronze and silver gilt.

Another doctor, better known as a liberal politician, Charles Lucas, had the good fortune to have the young Edward Smyth (1749-1812) carve a full-length statue of him, which is now in the main circular hall of the City Hall in Dublin [36]. Smyth, who gained fame later in his career carving for the architect, James Gandon, much of the skyline statuary and decorative work on the public buildings of Dublin including the Custom House, the Four Courts and the Parliament House (now the Bank of Ireland), was young and unknown when he carved this figure of Lucas. A model for the finished version exists in the

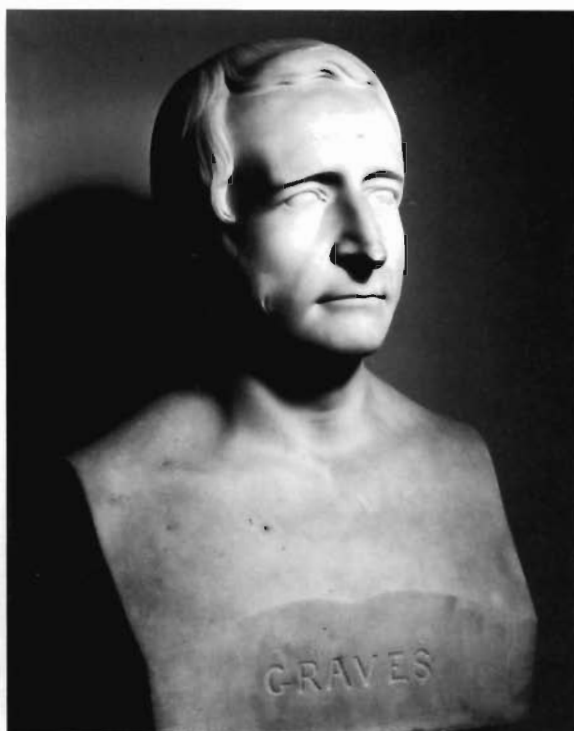
*A Portrait of Irish Medicine*



30 CHARLES LUCAS 1713-1771



37 ABRAHAM COLLES 1773-1843



38 ROBERT GRAVES 1796-1853

RCPI. It was exhibited in 1772 in the Society of Artists exhibition in Dublin, but the completed version dates several years later in 1779. It shows Lucas standing, leaning forward as though he was going to make a speech, while he holds a roll of paper in his hand. Smyth unites the figure by the sweeping cloak which partly covers Lucas's jacket and knee breeches. Lucas was renowned as a patriot and this is suggested by the delightful roundel on the base of Hibernia. The oil portrait of Lucas by Thomas Hickey [120] in the RCPI shows the same strong features as in the statue. Though Smyth was clearly much influenced by Van Nost, he was not a pupil and seems to have been an independent genius, who developed from an artisan stonemason into the field of fine art, and eventually founded in 1811, shortly before his death, a school of carving in the Dublin Society Schools. A posthumous portrait bust by him of Dr Clements [5], the much portrayed Vice-Provost of RCD, stands in the Long Room of the old library in Trinity. Strangely the bust form did not suit Smyth's art, perhaps it was too circumscribed, and his son John (1773-1840) is the better carver in this form. John, who succeeded him as head of the sculpture department in the Dublin Society Schools, carved numerous portraits of which there are several in the College of Surgeons, including a realist head of William Dease dated 1812, one of John Shekleton [119] which was exhibited at the RHA in 1826, and a head of George IV. He also carved the skyline statuary on the building of the College of Surgeons.

The College of Physicians and Surgeons commissioned, or were given, a collection of busts by nearly all the best Irish sculptors during the nineteenth century, continuing the eighteenth-century tradition. Thomas Kirk was the



39 CHARLES HAWKES TODD 1782-1860

most prolific sculptor in Dublin in the early 1800s, working in a variety of styles from the pious neo-classicism of his tomb sculpture to the more realistic manner of his portraits.<sup>36</sup> The Surgeons own two fine busts, one of John Kirby [112] exhibited at the RHA in 1834, and one of the famous and much portrayed Abraham Colles [37] exhibited in 1837. Christopher Moore, unlike Kirk, spent most of his career in London so that his rather heavy style is less often seen in Irish collections,<sup>37</sup> though both the colleges own examples done in the 1840s, and in the Royal Victoria Hospital, Belfast, there is one dated 1842 of James McDonnell [201]. John Hogan's uncompromising style based on the neo-classic art of Canova and Thorwaldsen, whom he studied during a long residence in Rome, was not surprisingly unpopular for busts, as it lacked humanity.<sup>38</sup> His portrait bust of Robert Graves [38] in the RCPI is a fine example, bestowing a heroic quality to the sitter, but giving no indication of Graves' character.

Kirk's son, Joseph Robinson Kirk (1829-94), was even more popular than his father with Dublin surgeons. There are at least five in the College of Surgeons but strangely enough the College of Physicians owns no work by either father or son. The younger Kirk was an erratic artist whose sculpture varied considerably in quality and in range, from the amusing memorial in Banbridge to Captain Crozier, RN, who is "supported" by four polar bears, to the figures on the campanile in TCD, and miniature work for the Belleek porcelain factory. His portrait busts for the College are all competent; they include, J. W. Cusack [117], W. H. Porter [118], R. Carlisle Williams [151], Charles H. Todd [39] and Sir Philip Crampton [40]. In the latter he achieved a robust image, though according to W. G. Strickland, his memorial fountain to Sir Philip was "a grotesque production . . . aptly described as resembling



40 PHILIP CRAMPTON 1777-1858



41 WILLIAM DEASE 1752-1798

an overgrown lettuce".<sup>39</sup> It has sadly been removed for some years now from the site in College Street for which it was made.

Sir Thomas Farrell's statue of Sir John Gray [156] still stands in O'Connell Street and is a typical example of his monumental work. Begun in 1876 it was erected in 1879. Farrell's masterpiece, however, is in the College of Surgeons. It is his whole-length seated figure of Surgeon William Dease [41] which was exhibited at the RHA in 1886. Farrell, (1827-1900), came of a family of sculptors and became President of the RHA in 1893. His work is usually somewhat inflated and characterless but this portrait of Dease is casual in pose and immediate in its feeling for the sitter. It is probable that the patron, Dease's grandson, who gave the College this statue, wanted a personal recollection. Farrell may in most of his public commissions have been stifled by the public image of the heroic style which dominated the nineteenth century, and he may have enjoyed this opportunity for greater informality.

The Statue Hall in the College of Physicians is dominated by four whole-length marble figures of Dominic Corrigan [42], Henry Marsh [43], William Stokes [44] and Robert Graves [45]. The first three are all by John Foley (1818-74), the most renowned of Ireland's nineteenth-century sculptors. He worked in London for most of his career and had the honour of sculpting the portrait of the Prince Consort for the Albert Memorial in London. These three whole-lengths are among his finest works. Though they are more restrained and formal in pose than Farrell's Dease, they manage to combine dignity with individuality, as can be expected of Foley's mature work. He never sank into the heavy pomposity which ruins so much contemporary sculpture. To some extent this is due to the fine detail of his carving, not only of the heads and hands of his figures, but also their costumes. Though Foley impresses us with the scholarship and greatness of these three doctors, he does not fail to see them as human beings. Albert Bruce-Joy (1842-1924), a sculptor of Ulster stock and a pupil of Foley, was commissioned for the posthumous portrait of Robert Graves. He had an intimidating task in attempting to equal his master's quality, but he succeeds remarkably well, tempering his style to fit in with Foley and creating a most magisterial statue. Foley's other famous representation of a doctor is a bronze of Goldsmith [123] which stands outside the main entrance of Trinity College. Many small versions of this statue were made, but as with its companion of Burke, these statues only really live set in an architectural background. Foley emphasised the gesture so that they might carry against the mass of the building behind, and when reduced to the scale of the version in the RCPI they are not nearly so effective.

John Hughes (1865-1941) was the most famous sculptor of the turn of the century, though he did little portrait work. However, there is a fine bronze by him of Sir John Mallet Purser in the medical school in TCD, and one of John Joly of which there are versions in the RDS and TCD. The National Museum has a marble bust of Dr William Edward Steele, who was the first Director of the Science and Art Museum in Dublin from 1878 to 1883. Though the head is finely carved, the costume, academic robes, is clumsy, and it would appear that he was a finer modeller than carver, but in comparison with, say, the bust of Maurice Colles by Joseph Watkins (Meath Hospital) dated 1871, anything by Hughes must have seemed a miracle of virtuosity.<sup>40</sup>



42 DOMINIC CORRIGAN 1802-1880



43 HENRY MARSH 1790-1860

As with painting there was a real renaissance of quality among resident Irish sculptors at the end of the century. The sculptor who was most popular with the medical confraternity was Hughes's pupil Oliver Sheppard (1864-1941), who later worked with him teaching at the Metropolitan School of Art in Dublin. He was particularly admired for his bronze low-relief portraits, often with an inscription beneath the profile likeness. These reliefs can be found in several Dublin institutions and must have been admired for their simple realism and for their convenience in being placed flat against the wall. The Eye and Ear Hospital has one of Henry Swanzy [138] and another of Arthur Benson [169]. There are three, John Banks [46], Edward Hallaran Bennett [47], and Daniel John Cunningham [48], in the medical school in RCD. The freestanding bust of R. Dancer Purefoy [168] done in 1903, which stands in the Rotunda, shows that he was as good a sculptor in three-dimensional form. In the Colleges there are examples of both types; in RCSI Thomas Myles's pugnacious face is seen to advantage in a bronze bust, and Robert Woods [167] is in marble; while in RCPI the charming James Little [49], who appears in relief, was clearly a quiet,



44 WILLIAM STOKES 1804-1878



45 ROBERT GRAVES 1796-1853

humble personality, a welcome change among so many "great" men. Sheppard, like Hughes, was enormously influenced by Italian renaissance art, and occasionally made small reliefs in the style of medals. One effective example is Edward Hallaran Bennett [47] in the RCSI, though the lettering could be criticised for imposing too much on the profile itself. In the Ulster Medical Institute there is a large medal of Robert Campbell<sup>41</sup> [50], by the Ulster sculptress, Rosamund Praeger, which is extremely well designed, the lettering most competent on both sides, on the reverse in Greek.<sup>42</sup>

A contemporary of Sheppard, who was probably influenced by him in making relief portraits, is Joseph S. M. Carré, about whom little is known. It is thought that he was French. He was in London in 1900, but certainly in Ireland by 1907, when he exhibited in the industrial exhibition of that year, and later he showed in the RHA up to 1914. Two bronze reliefs by him are in the Richmond Hospital of Sir Thornley Stoker [126] and William Thomson [51]. They are in much higher relief than Sheppard's work, bigger and less closely framed. Carré was connected with the Irish Art Companions and apparently his

name occurs in the theatricals run by the Countess Markievicz.

A sculptor whose work appears in Ulster as well as in Dublin, Kathleen Shaw, was a visiting Englishwoman. At the College of Surgeons there is a haughty bust of John Denham [52] dressed in his academic robes, and her work in the Ulster Medical Society's Museum of Sir William Whitla [210], dated 1904, is equally impressive. Whitla is remembered now for his munificence as much as his medicine, as the main hall used for concerts etc. in Queen's University bears his name.

The most amazing lacuna in our knowledge of artists is the total lack of information to be found on the artist of the full-length bronze statue of Surgeon Major Parke [53] of County Leitrim, which stands outside the Natural History Museum in Dublin, and is signed and dated 1896 by Percy Wood. Despite its prominent position and high quality, the artist does not appear in any reference book. Beneath the statue is a plaque showing Parke on one of his African explorations with Henry Stanley in 1887, which took him into equatorial Africa [157]. They lost over 500 men from disease, starvation and poisoned arrows shot by hostile tribesmen. Parke is shown saving the life of William Grant Stavio, a Canadian engineer, by sucking out poison from one of the arrows. In 1889 Parke became the first Irishman to cross Africa from coast to coast.



46 JOHN BANKS 1816-1908



47 EDWARD H. BENNETT 1837-1907

#### PORTRAIT MEDALS AND STAINED-GLASS WORK

The medals made by Sheppard were in the tradition of Irish artists going back to the great William Mossop (1751-1805), whose portrait medal of Henry Quin [54] has been mentioned. Earlier than that, there is one medal of very high quality by an English medallist, Thomas Pingo (c. 1692-1776), which is of interest to Irish medicine. It commemorates the *Dissension between Dr Charles Lucas and Dublin Corporation* [55] and was struck in 1749. Most of the other

## *Portraits of Irish Medicine*



48 DANIEL CUNNINGHAM 1850-1909    49 JAMES LITTLE 1837-1916

interesting “medical” medals are nineteenth century and were struck as prize medals for various hospitals. The Steevens’ Hospital, Cusack Prize medal of 1861 is an architectural medal showing the hospital and is by an English artist Joseph S. Wyon [56]. The others are by John Woodhouse (1835-92) whose quality varies considerably. The Haughton Maternity Medal of Sir Patrick Dun’s Hospital struck in 1869 [57] and the prize medal of the RCSI done in 1870 [58] are both dull enough, but the Charitable Infirmary Medal of 1885 is very fine [59], and the RCSI Carmichael Medal of c. 1880 is also good [60]. John was the son of a much finer medallist, William Woodhouse (1805-78), who made two medical commemorative medals, one in c. 1840 of Oliver Goldsmith which is small but exquisite [61], and another for Arthur Jacob in 1860 which is rather less fine [62]. Another byway of sculpture is architectural ornament, which reached a very high level in mid-Victorian Ireland and continued to be important well into this century. Some relics which show the remarkable quality such work could achieve, are the four beautifully modelled, terracotta heads of famous doctors which once formed part of the Medical Institute built



50 ROBERT CAMPBELL 1866-1920

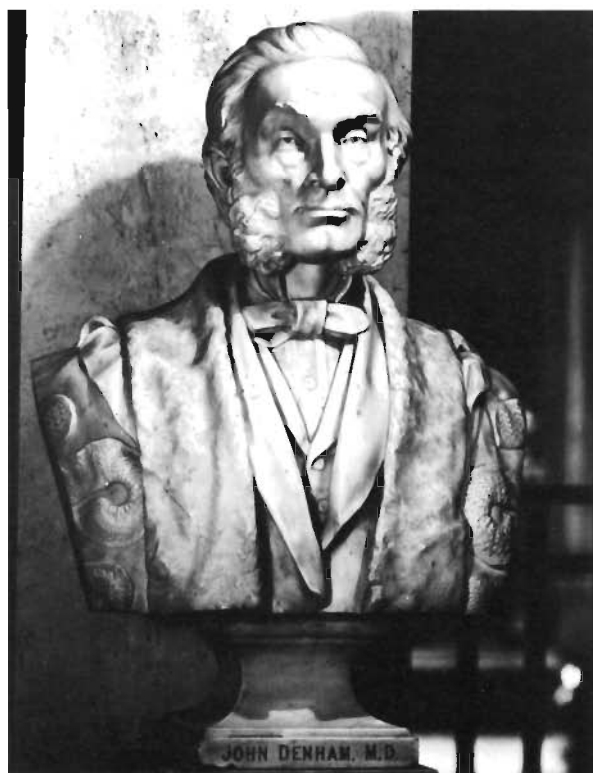


51 WILLIAM THOMSON 1843-1909

### *A Portrait of Irish Medicine*

in Belfast in 1902. They are preserved in the Ulster Medical Society's museum and are portraits of Peter Redfern [206], Thomas Andrews [204], Henry MacCormac [203] and Alexander Gordon [205].

One of the stranger facts disclosed by looking at the pictures in medical institutions is that there are so few representations of doctors at work. The two plaques on the sculpted portraits of Molyneux and Parke have no serious rivals in paint. There is a fascinating, if horrifying, amateur watercolour of an operation performed by Rawdon Macnamara in a drawing-room in 1817 [116]. This hangs in the Meath and the artist had clearly no nerves about blood of which there are literally basins full. Not surprisingly it is noted that the patient died fifteen days later. This ghastly scene is followed by two less gory prints: one is of an eye operation in a Berlin hospital which hangs in the Eye and Ear, and is notable for its informality – the patients are walking about; the other is of a painting done of an Edwardian operation in Rome [63]. This was performed during a medical congress, and two Irish doctors are shown as spectators, Professor Stokes (probably Henry) and Professor MacCormac. At least there seems to be some hope of survival for the patient in this operation, even if all but the officiating doctors are dressed in their best dark suits and stiff collars.



52 JOHN DENHAM 1806-1887



53 THOMAS H. PARKE 1857-1893

*Portraits of Irish Medicine*



54 HENRY QUIN  
1783



55 DISSENSION BETWEEN  
CHARLES LUCAS AND DUBLIN  
CORPORATION 1749



56 JAMES CUSACK  
PRIZE MEDAL  
1861



57 SAMUEL HAUGHTON  
MATERNITY PRIZE  
MEDAL 1869



58 RCSI PRIZE  
MEDAL  
1870



59 THE CHARITABLE  
INFIRMARY MEDAL  
1885



60 RICHARD CARMICHAEL  
c. 1880



61 OLIVER GOLDSMITH  
c. 1840



62 ARTHUR JACOB  
c. 1860



63 HENRY STOKES ATTENDING A NEPHRECTOMY AT A MEDICAL CONGRESS IN ROME



Even more unusual is that there are three stained-glass windows which are interesting from a medical point of view. One is purely commemorative, the window by Evie Hone<sup>43</sup> dedicated to John Francis O'Malley (who died in 1949) in the church at Kilmilken, County Galway [64]. She used a miracle by St Brendan done for the O'Malley clan as the subject.<sup>44</sup> The Kevin Barry window by Richard Kingston, done in the mid 1930s when he was working in the Harry Clarke studios, is in University College [65]. Barry was a medical student there and a member of the IRA. After an incident, he was captured and hanged in 1920, aged eighteen. Naturally the panel is composed largely of scenes depicting national heroes besides a portrait of Barry himself. At the bottom there is a scene of the wounded being nursed in the 1916 rebellion. This very beautiful window, though composed after the death of the great Harry Clarke, is very close to his style with its brilliant colour, minute detail, and flashes of light which enliven the whole composition.<sup>45</sup>

The most informative window is one in Belfast, in the Ulster Medical Institute, in memory of Dr William Smyth and Dr Brendan McCarthy whose portraits are included, but more interestingly there are roundels showing them at work in a typhus epidemic in which Dr Smyth died [66]. The heroism of Irish country doctors is really represented in this window. For a pittance they toiled and many died in their efforts to help the poor throughout the country.<sup>46</sup> There are, of course, few portraits of them. A rare example is one by James Butler Brenan,<sup>47</sup> of Dr Hadden of Skibbereen [137], who worked there throughout the famine. He made such a reputation that this portrait was later presented to him, together with a service of silver, a purse of 200 guineas, as well as a testimonial signed by many of the surviving inhabitants of the town. For a more modern example there is a self-portrait by Donagh Hurley [67], who was a general practitioner in Cork.<sup>48</sup> In his spare time he painted, both landscapes and portraits which show his knowledge of modern art. Looking at the pictures in Irish hospitals new trends in painting might well never have taken place. Dr Hurley is the only doctor who appears to have noticed them. Another example of an artist, who was also a doctor, is T. G. Wilson,<sup>49</sup> whose painting of Gibbon Fitzgibbon hangs in the Rotunda, and his painting of the courtyard of Steevens' Hospital is in RCSI [233].

The medical schools in Cork and Galway seem to have been less interested in portraiture than Dublin and Belfast. There are a few, mostly very dirty, portraits in Cork University, including one of Joshua Reuben Harvey [68] painted by J. B. Brenan in 1855, which is pleasantly informal, and a James Sleator of Bertram Windle [165]. The only one of real quality is a portrait bust in the science library of Dr Blyth [69], by Samuel Ferris Lynn (1834-76), done shortly before the artist died. Lynn, who was a pupil of both Patrick McDowell and John Foley, came from Fethard, County Tipperary, and was more employed on architectural sculpture than on portraiture. This is a fine bust, strongly though quietly characterised. George Francis Mulvany (1809-69), who became Director of the National Gallery of Ireland in 1862, painted Sir Robert Kane [152] in 1849. Kane's portrait hangs in the Royal Irish Academy, though he was President of Queen's College, Cork. Galway is represented by a fine example of Sean O'Sullivan's work, his portrait of Michael O'Malley [176] who was Professor of Surgery in the University of Galway.



64 THE O'MALLEY WINDOW



65 THE KEVIN BARRY WINDOW



66 THE SMYTH WINDOW

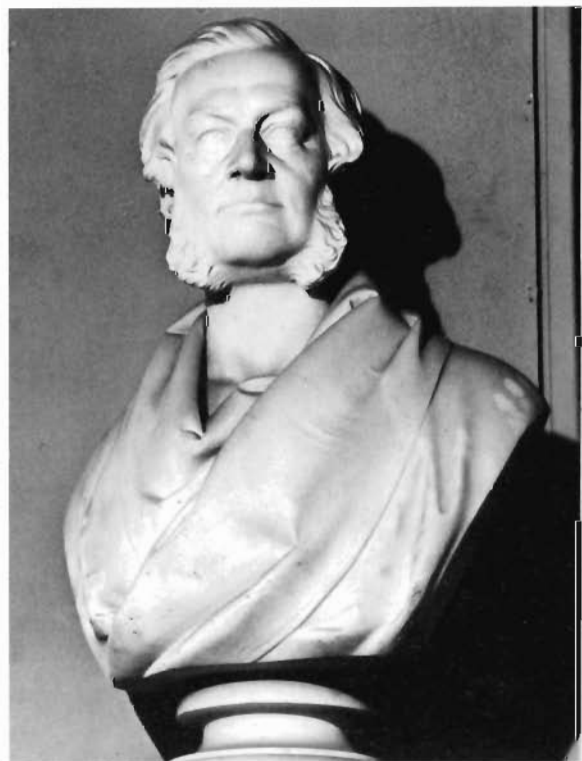
*A Portrait of Irish Medicine*



67 DONOGH HURLEY



68 JOSUA REUBEN HARVEY



69 JOHN BLYTH ?-1871



70 JOHN W. MOORE 1845-1947

## Portraits of Irish Medicine



71 ROBERT COLLIS 1900-1975



72 CHARLES FITZGERALD 1843-?

### THE MODERN ERA

Until the second half of the nineteenth century it is only luck if there is a portrait of a doctor in whom one is interested. After that period many hospitals became quite systematic in having their well-known consultants painted. Until recently the two colleges gave up adding to their collections, except by gift, so that they are now largely historic. The hospitals, however, made up for lost time, covering their corridors and boardrooms with records of every long-lived member of their staff. The result can be devastatingly boring. The problem lies in the fact that institutions practically never employ the best, and even if they do, once they have found an artist they go on employing him till death intervenes; only then is a new man sought. The best of artists cease to produce good work when it is an everyday drudge. This is sadly true of Sean O'Sullivan, some of whose excellent works have already been mentioned, and whose tasteful drawings record not just the doctors, but nearly all well-known Irishmen in the 1930s and 1940s.<sup>50</sup> Always competent, always good likenesses, O'Sullivan drawings are, *en masse*, a monotonous row of images, while individually they are often excellent character studies delicately drawn. Fine examples are the portrait of John Moore [70] in the Meath, which shows him as a tired old man, the chalk softly smudged, in contrast to the alert face of W. S. (Baldy) Haughton [162].

Sean Keating followed in his footsteps using some colour in his chalk portraits, which are again uniformly competent if more coarsely drawn than O'Sullivan's.<sup>51</sup> Some are forceful likenesses like the Thomas T. O'Farrell [180] in Earlsfort Terrace, and, perhaps best of all, the genial friendly face of P. T. O'Farrell [181] in St Vincent's Hospital gives that very rare image,

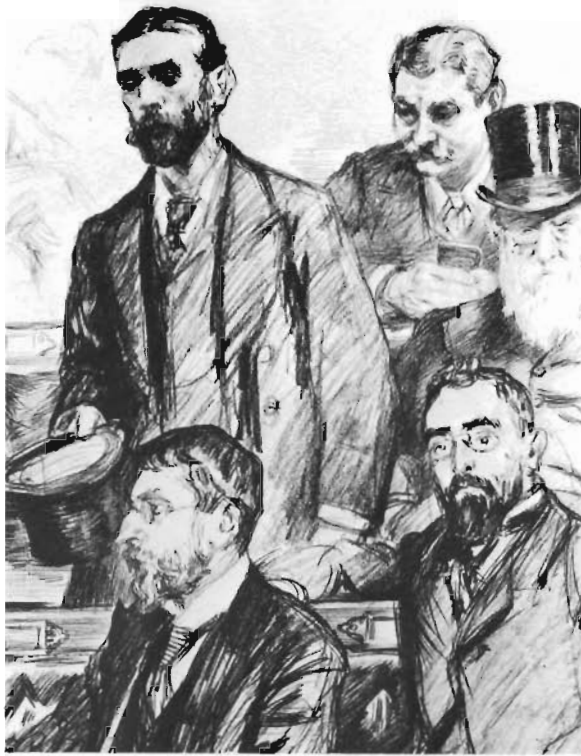


73 GEORGE SIGERSON WITH JOHN O'LEARY AND UNIDENTIFIED MAN

a kindly, sympathetic doctor. There is a rare example of a portrait drawing by George Russell (AE),<sup>52</sup> of Robert Collis [71] owned privately. It is in profile and records a very interesting doctor who was also a playwright and, even more unusually, wrote two autobiographies.

For the most part all these twentieth-century drawings are too self-conscious to be compared in quality with those of the eighteenth century. The exception is John Butler Yeats, whose sketchy, impressionistic studies have real individual character and charm.<sup>53</sup> He drew a number of doctors, though far too few hang on hospital walls. Mostly they are tucked away in the National Gallery of Ireland or the National Library. The Gallery has a drawing of "Dr Macdonell reasoning with Mr. Russell", wagging his finger while he does so. Charles Fitzgerald [72] hangs in the RCPI, and Dr Todhunter and a group portrait including Dr Sigerson [73] are in the National Library, which also has a splendid head of Sigerson [175] alone. All these have the excitement and immediacy which Yeats alone among his contemporaries gave to all his sketches. Dr Sigerson has one further claim to fame: at least two artists painted him on 18 February 1925 as he lay dead; two rather weak and precise drawings by Jack Morrow are in the NGL, while there is a splendid drawing by Estella Solomons in the RCPI.<sup>54</sup> Another unusual drawing in the NGL is by a French illustrator, Charles Paul Renouard. (1845-1925), who made a pencil sketch of five Irish MPs, William O'Brien, Thomas Sexton, Tim Healy, Justin McCarthy and, in the background, leaning over listening, is Dr Charles Keane Tanner MP [74]. The only miniature of this period is one of Adrian Stokes, the

*Portraits of Irish Medicine*



74 FIVE IRISH MEMBERS OF PARLIAMENT

distinguished grandson of William [75]. It was exhibited in the RHA in the year he died, 1927, and is by Mary Maude Ball.

Some institutions have given up the struggle and have resorted to photography, but again, never using the best photographers. It is hard to say which system is worse – at least the photographs will pack into a drawer while dull pictures merely become duller as age dims their colour and fashion their style. This is really very sad, and all the worse because among the endless trivia there are one or two works of art where artist and sitter have been in sympathy and something of the real character of the man comes through. All



75 ADRIAN STOKES 1887-1927

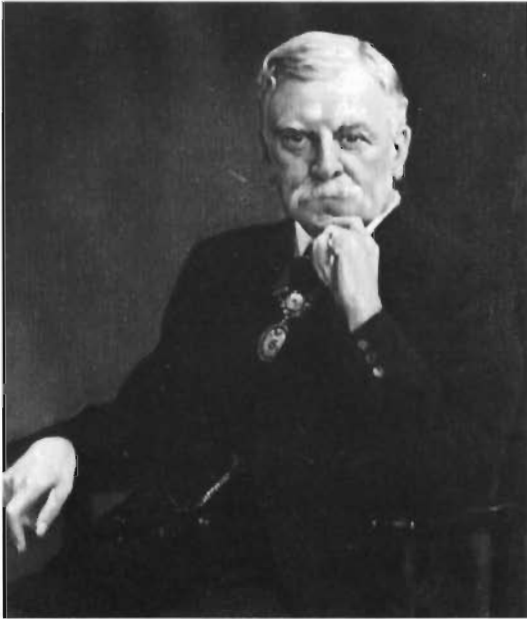


76 DENIS COFFEY 1866-1945

too often we have a pompous, official figure and wonder how he ever acquired a patient, inspired confidence or furthered science. Maybe he didn't, maybe he just could not be left out.

It must be admitted that the way these pictures are hung is often unkind beyond belief; display varies from pictures being hung with clinical regularity in a room where clearly nobody cares for anything but cleanliness, to conditions which can only be described as "slum", dirty and unloved. Of course, there are splendid exceptions: the Meath with nothing much of artistic worth has a boardroom stuffed with interesting bits and pieces, caricatures, drawings etc., which fascinate any visitor; St Patrick's has its Swift memorabilia and the Rotunda boardroom is given life by the great portrait of Dr Mosse. The Dublin universities have done a little better. The only great portrait of a twentieth-century doctor is a splendid William Orpen in ucd of Dennis Coffey [76], which has all the character and sensitive colouring one expects from this artist.<sup>55</sup> Coffey was president of ucd. One of the few doctor provosts of tcd, Anthony Traill [163], was not so lucky. His portrait by the virtually unknown J. Sydney R. Rowley, who exhibited once in the rha in 1907, is merely large and colourful. It is notable that Dr Coffey's portrait is the only Orpen hanging in an Irish university or medical institute. Trinity College has made a greater attempt to keep up its collection and in recent years has commissioned several good artists, though it has no twentieth-century masterpiece.

From the twenties onwards the two painters who, with Sean O'Sullivan, developed the largest portrait practices were Leo Whelan (1892-1956)<sup>56</sup> and James Sleator (1884-1950).<sup>57</sup> Whelan painted clear, straightforward likenesses but eschewed any element of modernity in his work. Medical examples include Dr Leeper [77], Charles John McAuley and Edward Thomas Freeman [78]. Sleator, who came from Armagh, became President of the rha in 1945 and



77 RICHARD LEEPER



78 EDWARD FREEMAN

### *A Portrait of Irish Medicine*

had a rather similar style. His portrait of Ninian Falkiner [171] hangs in the Rotunda, and University College Cork owns his Bertram Windle [165].

Recently the popular painter in Belfast was Frank McKelvey, who was equally in demand for landscapes as for portraits.<sup>58</sup> His paintings have a smooth bright surface and they show considerable variety not only with different settings, but also because McKelvey understood and displayed the character of his sitters. Cecil Calvert [226] and Thomas Houston [79]<sup>59</sup> are excellent examples of his simple if unimaginative style. William Conor, who made his name as the painter of Belfast life, is famed for his chalk studies of mill girls and dock workers.<sup>60</sup> He has left one portrait in the Royal Victoria Hospital of Sir Andrew Fullerton [221] who was the first northern surgeon to become President of the Royal College of Surgeons in Ireland. Also in Belfast, Raymond Piper's portrait of John Pritchard [228] is photographic in its realism, while the Englishman James Gunn painted a portrait of C. G. Lowry [220] which is both extremely competent and captures very tellingly the sitter's vivacious expression, and another of Dr Richard Hunter [229] enveloped in a wide-brimmed hat and large cloak. Dr Robert Woods [80] of Dublin had the good fortune to be painted by the English artist Augustus John who gives him a solemn, severe expression which may indeed have been the truth, as it appears again in the marble by Oliver Sheppard in the RCSI. John also painted Oliver St John Gogarty.

Contemporary artists whose work can be seen in several Dublin institutes include George Collie (Daniel O'Mahony in Ely House); Thomas Ryan, two of whose impressive portraits hang in ucd, James O'Connor [184] and Henry



79 THOMAS HOUSTON 1868-1949



80 ROBERT WOODS



81 BETHEL SOLOMONS 1885-1965

Barniville [173]; Robertson Craig, who painted Dr O'Donel Browne in 1953; and Edward Maguire whose hard-edge realism, so successful with writers, has not been as telling with doctors. The two portraits by him in TCD of R.A.Q. O'Meara [186] and W. J. E. Jessop [191] are very poor as character studies. This has been a particular misfortune for Jessop, whose witty and always smiling personality has been frozen in trappings of academic grandeur.

Sculpture has not been neglected; Gogarty employed the American George Fife Waters, a pupil of Rodin, for his commanding portrait bust done in 1928 [174], and Albert Power sculpted Bethel Solomons' distinctive, vivid face with skill [192]. Solomons was lucky too in the portrait by his sister Estella which has all the frankness and rich brushwork for which her best work is known [81]. Seamus Murphy made a roundel in commemoration of T. Percy Kirkpatrick which stands in the garden at the back of Steevens' Hospital. But the cost of sculpture is now so great that it will be used less and less for portrait work.

The doctors of Ireland may congratulate themselves on being the most consistent patrons of artists in this country's history. If we had had time to seek out private collections more thoroughly, there is no doubt we would have found even more medical portraits. But just keeping to the principal public institutions, we have seen many hundreds of portraits, oil paintings, sculpture, bronze, stone or marble, drawings and miniatures. Many are of high quality, especially in sculpture, where, with few exceptions, the main artists working in Ireland are represented by excellent work. In painting it is true that conservative taste has, especially in recent years, restricted choice, so that more experimental artists are never commissioned. In the past this was also true to some extent, the middle-of-the-way man, not the great artist; the younger Catterson Smith but rarely Walter Osborne. On the whole this was probably not a question of money; they will have been the same price. It is a curious reflection that men who spend their days reaching out to new, unexplored ideas, treatments and discoveries should be nervous of change in the arts, and find it so difficult to discern quality in painting. It is not that doctors in the past had not time; men like Mosse and William Stokes were always interested and active in the arts and presumably others could have been too. It is likely that Irish education has been as it is often today, not merely ignorant of the visual arts, but positively opposed to them. This is changing and there will, it is hoped, be more great doctor patrons in the future.

## Chapter 2

### THE BEGINNINGS OF MEDICAL SCIENCE

#### EOIN O'BRIEN AND THE LATE J. D. H. WIDDESS

It is generally considered that men first came to Ireland in the mesolithic period. Having crossed from Scandinavia to Britain they passed about 6000 BC over the landbridge which then connected the two islands between Scotland and Antrim. They settled along the north-eastern coast and up the river Bann to Lough Neagh. Their further progress to lakeshores and rivers as far south as Limerick may be traced by deposits of kitchen rubbish and primitive flint implements. A later invasion from the Middle East, passing along the Mediterranean coast through Spain, France and Britain, reached Ireland by sea about 3000 BC. These were neolithic farming people who settled on fertile soil, built houses with thatched roofs, and cooked food. The soil, tilled with antler picks, grew grain which the women ground by rocking a rounded boulder on a concave block of stone. Their religious beliefs have left us the massive passage graves seen at Newgrange and Knowth in County Meath. These structures, flanked by stones with elaborate engravings, are among the most impressive neolithic remains in Western Europe.

#### THE PRE-CHRISTIAN ERA

The records of medicine in pre-Christian Ireland are few, and much of our knowledge is based on a lively and fairly well-authenticated tradition.<sup>1</sup> Practitioners of the art of healing are themselves often at a loss to explain the beneficial effects of their remedies, a deficiency which they have exploited to good effect through the ages by cultivating an aura of mystique around their methods. It is hardly surprising that the more successful physicians of ancient times were given the attributes of deity by an uneducated and gullible public. Aesculapius, the son of Apollo, was worshipped by the Greeks as the god of healing, and in ancient Ireland we find a medical deity, the physician Diancecht, a translation of whose name is given by different authorities as "god of healing" or "vehement power".<sup>2</sup> Diancecht lived around the year 487 BC, and his most famous exploit was the replacement of the hand of King Nuadhat. In the battle of Magh Tuireadh (Moytura, near Cong, County Mayo) between the Tuatha dé Danann and the Firbolgs, Nuadhat, though victorious, lost a hand in battle. This injury, disabling though it must have been, was not the warrior's major concern; a deformity of this severity excluded him from kingly office and denied him the rewards of victory.<sup>3</sup> However, a viceroy was appointed for seven years during which time the physician Diancecht, ably assisted by Creidne, a renowned silversmith and metal worker, designed an articulated silver hand which was so exquisitely fashioned, and with such mobility in every joint and finger, that it was almost indistinguishable from the natural hand. Its fortunate recipient was known henceforth as "Nuadhat of the Silver Hand". This is the earliest reference in Western European literature to the

successful application of an artificial limb. In the second battle of Magh Tuireadh, fought some years later, we find Diancecht, assisted by his two sons and one daughter, healing the wounded in a bath medicated with herbs to such good effect that they were enabled to return to the fray and again bring victory to the Tuatha dé Danann.

Both Kirkpatrick and Cameron have commented on the important role of women in ancient Irish medicine. There was "Abba the female physician" who seemed to stand foremost in a medical fraternity that was dominantly male, and Diancecht's daughter, Ochtrinil, like her brothers, was skilled in the art of healing.<sup>4</sup> Cameron recounts the tale from *Morte d'Arthur* in which it is related that Sir Tristram, being wounded by a poisoned spear, was sent to Ireland, whence his antagonist had come, in search of the antidote to the venom. He was placed by King Anguysshe under the care of his daughter, who "was a noble surgeon". Another Irishwoman accomplished in medicine was one named Modwen, who was driven to England in unsettled times and achieved fame for curing Alfred, King of the West Saxons, of the "evil ficus".<sup>5</sup>

The pre-Christian physicians had a reputation that spread beyond the shores of Ireland. It is recorded in several writings that Josina, the ninth King of Scotland, was sent by his parents to Ireland to be educated among the physicians and surgeons there.<sup>6</sup> These early physicians were not only well versed in the theory of their art, they also possessed the attribute of common sense so essential to success in medicine, as is illustrated in the story of Conchobhar Mac Nessa, who was King of Ulster. The King was felled by a missile from the sling of one of his enemies and was carried helpless from the field of battle. His physician, Fingen, had an enviable reputation: "He it was that could know by the fume that arose from a house the number that was ill in the house, and every disease that prevailed in the house." After examining his fallen King he gave his prognosis:

"Good" said Fingen, "if the stone be taken out of thy head, thou shalt be dead at once, if it is not taken out of it, however, I would cure thee, but it would be a blemish upon thee." "The blemish" said the Ultonians, "is better for us than his death." His head was then healed, and it was stitched with thread of gold, because the colour of Conchobar's hair was the same as the colour of gold. And the doctor said to Conchobar that he should be cautious, that is that he should not allow his anger to come upon him, and that he should not go upon a horse, and that he should not run. He continued then in that doubtful state as long as he lived, namely, seven years, and was incapable of action but to remain sitting only.<sup>7</sup>

The good King might have survived many more years in this rather perilous state had a druid not brought him the news of Christ's death. This so greatly enraged the King that he rushed into a forest, and felling trees with his sword as he would have Christ's murderers, the wound in his skull burst open and he died.<sup>8</sup>

THE BREHON LAWS

The practice of medicine in Ireland was influenced for many centuries by the Brehon Laws, which were first promulgated in pagan times, then codified in the time of St Patrick around AD 438, and finally abolished in the reign of James I (1566-1625). However, as Fleetwood<sup>9</sup> has remarked, many of them were respected up to the middle of the seventeenth century, and indeed there is much in this ancient code that would benefit contemporary medical practice. They are, as Kirkpatrick has pointed out, reminiscent of the early code of the Hammurabi dating back to the Mesopotamian physicians of 2200 BC in which the doctor's liability is stated very clearly:

If a doctor has cured the shattered limb of a gentleman, or has cured the diseased bowel, the patient shall give five shekels of silver to the doctor. If a doctor has treated a gentleman for severe wound with a lancet of bronze and caused the gentleman to die, or has opened an abscess of the eye for a gentleman with a bronze lancet and caused the loss of the gentleman's eye, one shall cut off his hands.<sup>10</sup>

In the Brehon Laws the rights of the patient are likewise safeguarded, and it would have been a foolish doctor who commenced a course of treatment without considering carefully the potential adverse effects of his remedy. Not only did he have to pay compensation in cases of proven negligence, but he could also be liable for the patient's expenditure on food and keep during treatment. The physician was given reasonable time to effect his cure before a claim for negligence could be instituted. In return for such professional rectitude he was accorded considerable social eminence. The chief physicians sat in the Council of State, and an eminent member of each of the professions was numbered among the King's court. In exchange for these services the physician could engage in private practice according to a fixed scale of charges, and he received a generous allowance including a house and land. Another commendable feature of the Brehon Laws was a tolerance for the insane in society, and a sharing of responsibility by the tribe for the care of those of unsound mind.<sup>11</sup>

Hospitals of a sort did exist in these ancient times. As a rule houses possessed one, or at most two, doors, but the house of the Irish leech was required to have four doors, and while the ordinary householder could if he wished have a spring of water in his house, the physician was obliged to build his house over a running stream. The physician was permitted to treat patients in their own homes, or to use his house as a hospital. There were regulations pertaining to the establishment of these primitive hospitals:

For providing him with proper bed furniture, i.e., plaids and bolsters, i.e. a suitable bed. For providing him with a proper house, i.e., that it be not a dirty, snail-besmeared house; or that it be not one of the three inferior houses, i.e., that there be four doors out of it, that the sick man may be seen from every side, and water must run across the middle of it. For guarding against the things prohibited by the physician, i.e., that the sick man may not be injured, i.e., by women or dogs, i.e., that fools and female scolds be not let into the house to him, i.e., or that he may not be injured by forbidden food.<sup>12</sup>

## *A Portrait of Irish Medicine*

### THE CHRISTIAN ERA

When St Patrick brought Christianity to Ireland in AD 432 he established by example the Christian duty of caring for the sick, and it is recorded that he kept "a certain leper in his house and washes his sores with his own hands".<sup>13</sup> Leprosy was prevalent throughout Europe until the sixteenth century, and one of the great achievements of the monastic movement was to establish hospitals where the unfortunate leper, banished by society because of his affliction, could find shelter and comfort. In Scotland, and probably in Ireland, lepers warned persons of their approach by shaking a rattle. They were regarded in law as dead and could not inherit. The Church went so far as to perform burial rites over a leper on his admission to hospital, the ceremony ending with the throwing of a shovelful of earth on the unfortunate victim. Belcher, in his account of the medieval leper hospitals in Ireland, has listed seventeen establishments throughout the country, and he estimated that there were a great many more.<sup>14</sup>

Secular hospitals were also built, some of which catered only for lepers, but a few provided care for the ill and infirm. One of the oldest and most famous of these was the Hospital of St John the Baptist founded in 1188 in St Thomas Street by a Dane, Ailred Le Palmer. It served both as a priory and hospital maintaining 155 sick and poor persons, besides chaplains and converts. In 1292 it came under the Rule of St Augustine until its closure at the suppression of the monasteries by Henry VIII in 1541. There were at least three other hospitals in Dublin at this time. The Steyne Hospital was founded in 1220 by the Archbishop of Dublin, Henry de Loundres, for pilgrims intending to embark for the shrine of St James of Compostella in Spain. This hospital gave its name to the street known for many years as Lazar's hill, or Lazy-hill, and now named Townsend Street. Another Lazar House, the Hospital of St Stephen, was built in 1344 on the site now occupied by Mercer's Hospital. In 1505 John Alleyn, Dean of St Patrick's Cathedral, bequeathed his property to found a hospital which was named after him in St Kevin's Street. It was not intended for all nationalities and religious persuasions but rather for "good Catholics of honest conversation, without reproach, of the English nation".<sup>15</sup> None of these institutes survived the suppression of Henry VIII.

In 1446, on October 18, St Luke's Day, there occurred in Dublin a memorable event. Royal recognition was given for the first time in the British Isles to a medical corporation when Henry VI founded by royal charter the Dublin Guild of Barber-Surgeons, dedicated to St Mary Magdalene.<sup>16</sup> This action accorded with the medieval practice of regulating various groups of tradesmen through the medium of a guild. It happened that surgeons were grouped with barbers, and their guild remained in Ireland the sole legally recognised body representing the science and art of surgery, until the foundation of the Royal College of Surgeons in 1784. A guild was ruled by two masters, beneath whom were two wardens who controlled the brethren and sisters (for women were included). Entry was by apprenticeship, from five to seven years, after which the apprentice became a journeyman, or employee, for three years. After two more years on his own he might be admitted to membership of the guild. Apothecaries, whose duties were to stock drugs and compound prescriptions, also practised in Ireland. They had no formal organisation until 1687, when,

together with periwig makers, they were included with the barber-surgeons in a third charter granted by James II. Barber-surgeons and the apothecaries functioned as general practitioners serving the ordinary people, while the physicians, few in number by comparison, attended to the richer classes. Also administering to the people's need were the surviving nature practitioners.

There was a strong hereditary tradition in early Irish medicine, and this has persisted up to present times. Nepotism was not, in fact, confined to medicine and there were families of historians and lawyers as well as doctors;<sup>17</sup> nor was it uncommon in other countries for the medical tradition to pass from father to son. This practice was encouraged by the division of the inhabitants into tribes or clans. Each clan claimed a common ancestor and had its chief or king, who swore allegiance to a provincial king. The latter in turn paid homage to a high king, the Ard-Ri. Each tribal king had an hereditary physician, who was given a grant of land and food. The privileges, responsibilities and fees were defined, as we have seen, in the Brehon Laws. The physician was numbered among the intellectual – the *Aes Dano* or “Men of art”, together with poets, lawyers and skilled craftsmen. They taught their art through disciples or apprentices, (as they might now be called) who lived with their masters, and many of whom were their sons.<sup>18</sup>

The name of O'Lees, physicians to the O'Flaherties of Connacht, derives from *lieig* or leech. The name O'Hickey, of the family attached to the O'Briens of Thomond, comes from *icidhe* pronounced ‘eekee’, meaning healer. Other such medical families included O'Cassidys, O'Callaghans, Dunleavys and O'Maras. Pending the westward spread of English rule under Elizabeth I and her successors, members of these families for centuries carried out their duties, and indeed many continued to practise medicine after the decline and ultimate extinction of the clans whom they served. These physicians probably acquired a knowledge of their profession abroad. Kirkpatrick is of the opinion that the monastic institutes of early Christian Ireland may have had an important place in medical education. He says, “as teaching centres they may not have been very active, but they secured a home for learned men, and afforded a safe repository for the manuscripts and other accumulations of the long line of scholars”.<sup>19</sup> Campion, an English visitor to Ireland in 1571, was of the opinion that medical and legal knowledge was passed on merely by a process of learning by rote: “I have seen them where they kept schoole, ten in some one chamber, groveling upon couches of straw, their books at their noses, themselves lying flatte prostrate, and so to chaunte out their lessons by peece-meale, being for the most part lustie fellows of twenty-five years and upwards.”<sup>20</sup>

A number of medical manuscripts in the Irish language have been preserved, and though none dates further back than the thirteenth century, some are copies of earlier works. Their existence does show that the Irish physicians were fully conversant with the best medical knowledge in Europe. Dr Norman Moore<sup>21</sup> has examined some of the Irish medical manuscripts in the British Museum, one of the most celebrated being the Irish translation of the *Lilium Medicinae* of Bernardus de Gordon, a renowned professor of Montpellier who died in 1305.

The *Lilium Medicinae* was translated into several European languages and in the fourteenth and fifteenth centuries was a standard work on medical practice from Italy to Ireland. After the invention of printing it was produced in many languages, but not in English. The Irish translation was written in 1482. In the introduction the author explains the choice of title:

Moreover, in honour of the heavenly Lamb that is most shining and is the glory of God the Father, I give Lily of the Art of Healing the title to the book. For the lily has many flowers upon it, and seven white leaves and seven golden grains in each lily of them: and it is thus shall be the book; for there shall be seven parts in it, and the first part of them shall be golden, shining, lucid and it shall speak of all diseases beginning with fevers. Five shall be the other parts, and they too shall be light, pleasing, shining, and will make everything clear of which they speak.

Bernardus writes with a humility that forces him on more than one occasion to acknowledge his ignorance and leave matters with the supreme intellect to whom he dedicates his work; of epilepsy he writes:

Nevertheless, I say to you about epilepsy, that I have treated many, young, old, poor, rich, men and women, and of almost every kind of epilepsy, and yet I have not myself, nor have I seen anyone else, cure any patient who was not young, or one where the disease was due to unhealthy way of life, and had not been long established, though I did my best in every case, and though the patients were obedient. Here I am ignorant, but God has knowledge. And I say this, so that when patients come to you you may avoid disgracing yourselves by empty and untrue promises of curing epilepsy, because every epilepsy is eradicated with great difficulty, if at all.

Modern neurologists might lack the humility of their thirteenth-century predecessor, but they could not fault his masterly understanding of epilepsy.

Another treatise that influenced Irish medicine in this period was *Rosa Anglica*, written about 1314 by John of Gaddesden, and translated into Irish by O'Hickey.<sup>22</sup> It quotes many other writers including Bernardus de Gordon, and its author was influenced strongly by Galen: "Galen says, when we bleed a patient in acute fevers it is till weakness seizes him for that cools the whole body at once, quenches the fever and relaxes the bowels; the sweat breaks out, and many folk have I seen cured thereby. Therefore it is meet to bleed a sick man *usque ad syncopem*." Regrettably for many an unfortunate patient this doctrine was to persist, not only in Ireland but throughout Europe, until Robert Graves and the Dublin School of the mid-nineteenth century questioned the wisdom of ancient dogma.

#### THE SIXTEENTH CENTURY

In 1536 medical progress in Ireland suffered a setback from which it did not recover for some three centuries. In this year King Henry VIII of England became involved in a theological dispute with Rome and by an act of parliament demanded that all would acknowledge him as Supreme Head of the Church. The heads of all religious houses were obliged to take the Oath of Supremacy, the penalty for refusing to do so being high treason. This act for

the suppression of monasteries was extended to Ireland in 1541. Henry, in return for the peaceful surrender by all priors and abbots, 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, where in his Highness will have most tender respect". With the passing of this act the monastic and religious hospitals throughout the country closed. In Dublin the unfortunate inmates were turned out of the 300-year-old Hospital of St John the Baptist helpless and unprovided for on the streets of the city either to beg or starve. For a time the hospital became a poor house and it is last mentioned in this regard in 1587, after which it was demolished. The Augustinian friars might be suppressed, but as with other religious orders they lay low, or, as we are told, were to be seen "sculking" about the city as outcasts of society. About the year 1695 these friars, "who, we may venture to suppose had an insatiable yearning to dwell once more on the hallowed ground, and under the shadow of the old hospital with whom the members of their order had been so long associated" ventured to return to its precincts.<sup>23</sup> At first they established a small chapel at St John's Lane and in 1895, nearly 700 years after the foundation of the Hospital of St John the Baptist, the Church of St Augustine and St John was opened.

The suppression of the monasteries annihilated whatever meagre provision had existed for the care of the sick and destitute. A parish system of care for the poor did exist in England from 1572 onwards, but was never extended to Ireland where the ravages of war had extinguished all philanthropic effort and no attempt was made to provide a poor law system. In effect Ireland was without hospitals for two centuries and we must await the Georgian age of philanthropy (at least in so far as hospital building is concerned) before we can see any organised relief for the wretched poor of city and country. Doolin has put the devastating effect of the suppression into an European perspective:

England [by which he means the United Kingdom of Great Britain and Ireland] alone of European nations was left after the Reformation without a hospitals' corporal works of mercy. England had yet to survive, hospital-less the trials of the Great Plague, in which, as the all-observant Pepys naively noted, "ministers and even physicians and all others with the means did runne away". The very spirit of charity seemed dead: neither from Court nor from Parliament nor yet from the reformed Church nor from a nobility enriched with the spoils of the old religion, was any effort forthcoming to renew the hospitals. For two full centuries they were to bear the ruthless effects of the Tudor suppression.<sup>24</sup>

The lack of hospitals was but one major defect in the practice of medicine in these early times; for many centuries there was no organisation within the profession and little control of the standards of those practising medicine. Circumstances soon arose when necessity forced the authorities to acknowledge that some statutory form of medical appointment was needed, at least in time of epidemic. The motivation for such reform was fear rather than any compassion for the suffering masses. In 1574 an outbreak of bubonic plague devastated the city of Dublin. Anti-plague regulations were enacted in 1575, when many wealthy citizens had fled from the city under threat of being

permanently deprived of citizenship unless they returned or sent a deputy to discharge their duties. This epidemic is of special historic and social interest because it secured the first appointment in Ireland of the sixteenth-century equivalent of a medical officer of health. In July 1575 a general assembly of townsfolk decreed:

That Dennis Collier, phisician and surgien, shalbe and is admitted to the fraunches, frydomes and libertyes of the cittie of Dublin in consideration that he nowe adventures his life in this contagious tyme of plague into the citty, attendyng upon the Maire and every other that shalbe in danger or neede of phisicke or surgrye; that he shall continue during his life in service of the cittie, as well in the tyme of plague as in all other tymes, doying his duety, taking for his fee as the patient and he shall agree, or as the Maire for the tyme being shall resonnablie order or adward.<sup>25</sup>

Record also survives from fifteen years later, in 1590, of an appointment by the Dublin municipality of Nicholas Hykie, doctor of physic, as the city's physician. He was paid £10 yearly and allowed private practice, but could not be absent from the town without special licence from the mayor. By contract his fees from ordinary folk were to be "for the viewe and loking of eche passientes uryne without visitacion, the pacient being a cittezen, sixe pence sterling; for every visitacion of such passient and viewe of his water, twelve pence sterling; item, for eche visitacion without viewe of his water, twelve pence sterling . . .".<sup>26</sup>

In the same century the University of Dublin and Trinity College was founded by Elizabeth I in 1591. Its charter included provision for the granting of medical degrees, and for a medical fellowship, but during its first sixty years it remained to all intents and purposes "one poor Colledge of Divines,"<sup>27</sup> and no provision was made elsewhere for the teaching of medicine. The first Professor of Medicine was not appointed until 1662 and the first medical degree was not granted until 1674. The School of Physic where doctors might be educated was not established until 1711.

#### THE SEVENTEENTH CENTURY

First comment on the state of medical practice in Dublin came from Dermot O'Meara, who was of a family of hereditary physicians attached to the Butlers of Ormond. Born in Tipperary, and a medical graduate of Oxford, he wrote in 1619 to the Lord Deputy of Ireland, Sir Oliver St John. Very few, he stated, of the Dublin practitioners had any qualification. He described them as not only

cursed mountebanks, ignorant barbers, and shameless quack compounders, but also persons of every other craft whatsoever, loose women, and those of the dregs of humanity who are either tired of their own proper art and craft or inflamed with an unbridled passion for making money, all have free leave to profane the holy temple of Aesculapius. Here might not one justly exclaim in the words of the poet

Here are those  
Who, groping in the dark, are licensed still  
To rack the sick, and murder men at will.<sup>28</sup>

### *The Beginnings of Medical Science*

Two years before O'Meara wrote his letter, the London College of Physicians had been re-incorporated in 1617 by James I. It is probable that this prompted Dublin physicians to seek similar recognition. On 5 August 1626 a direction went from Charles I to the Lord Deputy Falkland authorising the erection in Dublin of "a colledge, society and incorporation of Physicians, according to the rule and form of the charter heretofore granted to the physicians of our city of London and the incorporation of them". This encouraging directive was not acted upon. After an unsuccessful attempt to communicate with the London College, and even after discussion with the Provost of Trinity College, the plans advanced no further.

In 1641, coincident with civil war in England, an insurrection began in Ireland. During the next ten years terrible events occurred, and some 6000 lives were lost. When Charles I was executed Charles II was proclaimed King in Ireland. In August 1649 Cromwell landed and remained until May 1650. The insurrection was finally subdued in April 1653, Parliamentary rule was established, and the Cromwellian Act of Settlement passed. Land belonging to disaffected persons was confiscated and transferred to Cromwell's soldiers as compensation for arrears of pay. The dispossessed were transported west of the Shannon.

Through this troubled period there lived an Irish physician, Thomas Arthur (1593-1675), who was highly successful. A Limerick man, he began practice there in 1619, and in 1630 moved to Dublin. It was not long before he was known through the whole of Ireland: all manner of persons high and low sought his advice, unaffected in their choice by difference of religion, politics or social class. An example of his style is presented in his management of James Ussher, Archbishop of Armagh and Primate of All Ireland, who had returned ill from England to his palace in Drogheda, whence he summoned Dr Arthur in 1626:

Then, having heard his statement, and weighed the opinions of the most eminent physicians, and seriously studied the symptoms which arose throughout the whole history of the disease, from these I thought I had explained the cause of this doubtful disease, which every day grew worse and worse, and which had hitherto escaped the observation of several very eminent men. When I felt, after making a slight experiment to try my conjecture, that I had perfectly diagnosed the disease, I confidently undertook his cure; nor did my hopes deceive me. The cure of this disease, grave and obstinate, which baffled the efforts of the physicians of England, royal and most eminent, in the case of a man so distinguished and notable on account of his learning, made me famous and acceptable among the English, to whom I had been hateful (*exosus*) on account of the Catholic religion.<sup>29</sup>

In the seventeenth century we see the beginnings of a tradition of travel by Irish doctors to medical centres of excellence abroad. This tradition was to persist through the Victorian era and was one of a number of factors contributing to the success of the "Dublin School", a mid-nineteenth century phenomenon that was to have such an influence on European and American medicine.

Owen O'Sheil, a descendant of a family of hereditary physicians, began to study medicine in the traditional fashion, and went to Paris in 1604 where he found the medical faculty "somewhat lax at and favourable in the conferring of graduation". He went next to Louvain where he graduated MD, and onwards to Padua, Rome, and Spain where in army service he achieved cures more "wondered at than imitable". He returned to Ireland and served Owen Roe O'Neill as physician.<sup>30</sup>

Another peripatetic doctor of the early seventeenth century was Nial O'Glacan, who earned fame not in Ireland but in France. Born in County Donegal, he went abroad when young, presumably to study medicine. He practised for a time in Salamanca and Valentia and treated the exiled Irish chief Hugh O'Donnell. In 1620 we find Dr Nellanus Glacanus, as he was known, treating the plague-stricken citizens of Toulouse clothed in a long leather gown with gauntlets, and wearing a leather mask with glass-protected slits for the eyes, and a long beak containing fumigants. In 1629 he published his famous *Tractatus de Peste*, for which he was rewarded by being appointed to the chair of medicine in the University of Toulouse. He later moved to Bologna and published a large text-book of medicine, *Cursus Medicus*.<sup>31</sup>

Another remarkable seventeenth-century doctor destined to achieve fame outside of his native country was one whose name is scarcely mentioned in the annals of medical history. Bernard Connor (probably originally O'Connor) was born in the county of Kerry about 1666. He was descended from an ancient Irish family and being brought up a Catholic could not receive a university education in Ireland.<sup>32</sup> When very young he went to Paris and Montpellier to study medicine, graduating with the degree of MD at Rheims in 1691. From there he travelled to Warsaw with two student friends who were the sons of the High Chancellor of Poland. His talents so impressed King John Sobieski that he appointed him physician to his court. At the King's request he went to Brussels as physician to his daughter, Princess Teresa, when she married the Elector of Bavaria. In 1695 he departed Bavaria for London where "he recanted 'the errors of Popery' and adopted the creed of the church established".<sup>33</sup> At Oxford he lectured successfully and published a series of treatises on medicine running to eight volumes. He was elected a fellow of the Royal Society in 1695, and was admitted a licentiate of the College of Physicians a year later.

In 1697 he published his *Evangelium Medici* in which he endeavoured to show "that the miraculous cures performed by our Lord and his apostles may be accounted for on natural principles". This work caused quite a sensation and cast doubt on the religious orthodoxy of the author. A year later he published *The History of Poland* which "contained much that was new and interesting, and was for a long time regarded as the best work on the subject".<sup>34</sup> Connor became seriously ill from fever in 1698 and he left little to chance in securing his spiritual future; he received the sacrament of the established church and immediately afterwards was visited by a Catholic priest who gave him absolution and the last rites before he died. When we consider that this accomplished physician was only in his thirty-second year when he died, the words of D'Arcy M'Gee are not inappropriate: "He was cut off in the dawning of his eminence, when his powers had just matured, and his name

had grown a familiar guest in public attention. Yet even in his half-constructed fame there is durability and something akin to splendour. His singular 'apprenticeship' to the world, and his early death add to its interest."<sup>35</sup>

The observations of Jonah Barrington on conditions in the early eighteenth century were true probably for centuries before: "At that time there was seldom more than one regular doctor in a circuit of twenty miles, and a farrier never came to physic a gentleman's horse that some boxes of pills were not deducted from his bills, for the general use of the ladies and gentlemen of the family; and usually succeeded vastly better than those of the apothecary." Barrington had much respect for the medical skills of the farriers and colloughs, a class of old woman who affected cure through herbal mixtures to which might be added the magical quality of a *charm*. He regretted their passing and was sceptical as to the attributes of the new order: "Each son of Galen now strikes out his own system; composes his own syllabus; and *finishes* his patients according to his own proper fancy."<sup>36</sup>

It is hardly surprising that, like the colloughs, faith-healers should find a populace receptive to their skills. The most famous of these was Valentine Greatrakes [2] who was born in Affane in County Waterford in 1629.<sup>37</sup> After serving in Cromwell's army he returned to devote his life to "the study of goodness and mortification". In pursuit of these noble ideals he discovered that he could cure the King's Evil (scrofula now known to be caused by tuberculosis) which was then believed curable by royal touch. Understandably, Valentine was not keen to compete with royalty and he kept the discovery to himself for a time "for the extraddiness of it". However, such was his success that soon he applied his skills to all illnesses and stroked away many an affliction: "He would drive the morbid matter into some extreme part, suppose the fingers, and especially the toes, or the nose and tongue into which parts he had forced it. It would make them so cold and insensible that the patient could not feel the deepest prick of a pin; but as soon as his hand should touch these parts or gently rub them, the whole distemper vanished." His reputation became such that he was obliged "to cast all worldly pleasures and delights behind his back, to run himself into the midst of all diseases . . . to run the hazard of his liberty and life by the crowds, pressings, streams and stinks of the multitudinous and ulcerous persons". He had, moreover, to tolerate adverse comment from a clergy and medical profession alarmed by this threat to their livelihood. In a ballad entitled "Rub for Rub or an Answer to a Physician's Pamphlet styled The Stroker Stroked", he is accused of many medical crimes and of taking advantage of his female patients:

Her stockings off, he strokes her lily foot;  
What then? The doctor has minde to do it.  
Her legs, her knees, her thighs, a little higher . . .

Criticism was to no avail. The Stroker's healing powers were approved of by royalty when he toured England, and by the newly formed Royal Society of Medicine which concluded that his healing powers derived from "a sanative contagion in his body which had an antipathy to some particular diseases and not to others". Some likened him to Jesus Christ much to the Church's

discomfort. He retired eventually from stroking and lived the life of a country gentleman in Affane where he died in 1683.

The turbulence of the early seventeenth century ended under the boot of Oliver Cromwell in 1641, and with the restoration of King Charles II to the throne in 1660 there came a peace and tranquillity to Ireland, one result of which was the survival of soldiers who would, in the normal pattern of events, have been killed in action. Inspired most likely by the Hotel des Invalides built by Louis XIV in Paris, the Earl of Essex, then Lord Lieutenant of Ireland, made preparatory plans for a similar institute in Ireland, the purpose of which would be to care for those soldiers unfit for the service, who would fail to survive without provision. The Duke of Ormond saw the plan realised in 1684 when the splendid Royal Hospital of King Charles II at Kilmainham was completed at a cost of £23,559 16s 11d.<sup>38</sup>

#### THE COLLEGE OF PHYSICIANS

Medical training in Ireland in the seventeenth century was casual and largely uncontrolled, especially in rural areas. A young man seeking a career in medicine would have been influenced in his choice by family circumstances. If he were fortunate enough to have been born into one of the great families of hereditary physicians, he would be expected to follow the family tradition. If his family were wealthy he might hope to travel abroad to graduate in one of the great European universities. If he were of humbler stock he might aspire towards an apprenticeship in chirurgery with the Barber-Surgeons' Guild, or study to become a lowly apothecary. Failing these options he could try his luck with reasonable impunity in rural Ireland as an unlicensed healer, or, not to put too fine a word on it, practice as a quack. He would find himself one of many.

From this distance in time the need for a regulating authority and for a medical school may seem obvious, but even to conceive of such an ideal, much less put it into effect in seventeenth century Ireland was remarkable. It was because of the wisdom and perspicacity of a group of talented doctors destined to come together in Dublin in the second-half of the seventeenth century that the foundations of medical education and practice were established, thus enabling medical reforms to be effected in the centuries ahead. John Stearne, William Petty, Patrick Dun, Richard Steevens and Thomas Molyneux contributed individually to Irish medicine and culture; collectively they established the College of Physicians as the dominant force in medical education and reform in Ireland.<sup>39</sup>

John Stearne [82], was born in 1624 at Ardraccon, County Meath, in the house of his grand-uncle, James Ussher. The Ussher family had been distinguished in Dublin life from medieval times; on his paternal side was Richard Stearne, Archbishop of York, whose great-grandson, born in Ireland in 1713, was Laurence Sterne, author of *Tristram Shandy*.<sup>35</sup> At the age of fifteen John Stearne entered Trinity College, Dublin, and was awarded a scholarship in 1641. When the rebellion began in that year, university affairs became chaotic, the provost fled to England, and Stearne left for Cambridge, where it is presumed he studied medicine. He returned to Dublin ten years later and was admitted a fellow of Trinity College.

Stearne succeeded in obtaining from the provost and fellows of Trinity College the use of premises which had been erected as a bridewell for confining and punishing vagrants and idle persons, and had been given to the College as a hall of residence or free school. Stearne proposed that if he were constituted president of the hall, and given living apartments in it, he would have it repaired at his own expense, and convert the remainder to the sole and proper use of physicians, where they could meet pending the erection of a college. Thus, in 1654, came about the foundation of a Fraternity of Physicians, under the presidency of John Stearne. Shortly afterwards Stearne resigned his fellowship, married, and lived in a portion of the repaired Trinity Hall. Negotiations for obtaining a royal charter for the Fraternity culminated successfully in 1667. The first President was, naturally, the founder, John Stearne, who lived to direct his college for little more than two years. He died on 18 November 1669, aged forty-five, and was buried in the chapel of Trinity College.

The official title of the new institution was "The College of Physicians of Dublin". Among the fellows nominated in the charter was William Petty [83] (later Sir William) who had also been a member of the Fraternity. He came to Ireland in 1652 from Oxford, where he had been Professor of Anatomy. While at Oxford Petty gained notoriety that was to benefit his subsequent career. The bodies of executed criminals were the chief source of bodies for dissection, and on 14 December 1650 Dr Petty and his assistant in the anatomy room, Dr Willis, were presented with the body of Anne Green, "being about twenty two years of age, of middle stature, strong, fleshie and of an indifferent good feature". She had been hanged for the alleged murder of her new-born child, and after about a quarter of an hour at the end of the rope, during which time the bystanders "gave her great strokes", she was cut down and brought to the dissecting room, where it was found that she showed signs of life. Petty prevented the attendants from dealing her further violence as they saw it their duty to do, and with "cordials, strong waters, rubbing, binding up of the limbs, using a candle end by the way of a suppository, and putting her to bed with a warm woman", restored her to consciousness. They pleaded her pardon successfully, made a small collection for her, and subsequently she married and became the mother of several children.<sup>41</sup>

Petty was attracted to Ireland not by prospects of medical practice, but because it was a country greatly in need of reorganisation, and likely therefore to give him an opportunity of exercising his known talents. Arriving in the office of physician to Fleetwood and to the army, he began by cutting down "the vast and needless expense of medicaments", in the end saving the state £5000 per annum and furnishing the army with adequate medicaments "without the least noise or trouble, reducing the affair to a state of easiness and plainness, which before was held a mystery". He also found that distribution of land in Ireland to Cromwellian soldiers in compensation for their services was all but impossible for want of an accurate survey. His skill in mathematics and the use of instruments resulted in his proposal that, for a payment of £7 3s 4d per 1000 acres, he would accurately survey and map twenty-two counties. The contract was signed in December 1654, and was completed within the agreed time by March 1656. Petty's profit on this efficiently executed transaction was



82 JOHN STEARNE 1624-1669



83 WILLIAM PETTY 1623-1687



84 HANS SLOANE 1660-1753

£9000. Since this was the first survey of Ireland to be set down in the form of maps, it was and still is known as the Down Survey.<sup>42</sup>

In an address to the College of Physicians in 1676 Petty advocated, as he had done many years earlier, the establishment of hospitals for the accommodation of the rich as well as the poor. He believed that in such hospitals students would learn more in one year than without them they might learn in ten. So great did he see the advantages to be, that he exclaimed: "It is not the interest of the state to leave Phisitians and Patients (as now) to their own shifts." As Kirkpatrick has commented, such a hospital was not to come into existence until well into the next century, and regular hospital attendance did not become compulsory for medical students until the nineteenth century.<sup>43</sup>

Petty was an extraordinarily versatile polymath whose interests, in addition to medicine, included mathematics, statistics, politics, philosophy and ship-building. With a view to encouraging study in science, Petty, with a number of other intellectuals, founded the Dublin Philosophical Society of which he was the first President, William Molyneux the first Secretary, and Charles Willoughby, a fellow of the College of Physicians, its Director. Modelled on its more distinguished London contemporary, the Dublin Society is, according to Hoppen, "remarkable as the first credible organisation of its kind in Ireland".<sup>44</sup> The most active member, who was curator of experiments, was Allen Mullen, another fellow of the College of Physicians. Molyneux's brother-in-law Dr John Madden, also a fellow of the Society, is notable for being the collector of the earliest surviving specimens of native Irish plants.<sup>45</sup> (Madden was also the

### *A Portrait of Irish Medicine*

first to be granted the Bachelor's degree in medicine by Trinity College in 1674.<sup>46)</sup> Irish physicians were to continue to contribute to botany, the most distinguished being Hans Sloane [84, 87a] who founded the Chelsea Botanic Garden. Petty lived a full and active life which ended in Piccadilly, where he died in 1687 of gangrene of the foot.



85 SIR PATRICK DUN 1642-1713

Patrick Dun [85] was born in Aberdeen in 1642. His arrival in Ireland was consequent upon his appointment as physician to the state and to the Duke of Ormonde, Lord Lieutenant, in 1676.<sup>47</sup>

The accession of James II in February 1685 brought unrest in Ireland, where the Stuart succession was favoured. In anticipation of the Williamite wars many prominent citizens fled from Dublin to England. When James II was driven from England by William of Orange, he fled to France, where he organised an expedition to Ireland, financed and escorted by the French. William came to Ireland in pursuit, and Dun, as a physician to the army, joined the campaign in William's camp, where he was in July 1690. Three months later he was relieved, and came back to Dublin to act as physician to the Royal Hospital, Kilmainham, which was then being used for the reception of wounded soldiers. He was also responsible for the reception at Dublin of medical supplies for the army surgeons and their despatch to the camps. After the defeat of James at the battle of the Boyne, the Irish and French armies under General St Ruth were finally overcome at the battle of Aughrim on 12 July 1691.

When peace had been restored the College decided to petition for a new charter which would extend their jurisdiction over the whole of Ireland, instead of confining it as before to a radius of seven miles from the city of Dublin. The new charter was granted on 15 December 1692. Dun was nominated president, and future presidents were to be elected solely by the College, without approval by the provost and fellows of Trinity College. Any person who wished to practise in Dublin or within seven miles of it had to be licensed by the College. Outside that area practitioners had to submit to examination by the president and censors, except in the case of graduates of Oxford, Cambridge or Dublin. Jurisdiction was also given over apothecaries with regard to the quality of drugs supplied by them, and over midwives who were to be examined and licensed. An annual allowance was made of the bodies of six executed criminals for dissection, on condition that the remains were decently buried at the College's expense.

Certain penalties were laid down for unlicensed practitioners and offending apothecaries, but before these could be enforced, an act of parliament was necessary to make the charter effective in law. Attempts were made in 1693 and 1695 to obtain the act, only to meet with stormy opposition from the surgeons and apothecaries. They claimed that surgical cures could not be completed without use of internal medicines; that the poorest people, who are unable to pay physicians, were most liable to accidents requiring the assistance of surgeons; and that in the army and navy one man is physician, surgeon and apothecary. They referred also to the fact that "the chirurgeons in all parts of England, and also apothecaries freely practise physic as well as surgery and pharmacy". So great was their influence that a bill which had come before the Irish House of Commons in 1695 was dropped. Soon after the second charter had been granted an agreement was reached between the University and the College of Physicians for the examination of candidates for a degree in physic. There was as yet no school of physic in Trinity, which eventually equipped and opened one in 1711.

Sir Patrick Dun, who had been President of the College of Physicians by re-election several times for a total of eleven years, a record still unequalled, wished to see a medical school established in Dublin, under the control of the College of Physicians. In 1704 he signed a deed in which he stated his desire

to make provision for one or two professors of physic to read public lectures and make public anatomical dissections of the several parts of human bodies, or bodies of other animals; to read lectures of osteology, bandage, and operations of surgery; to read botanic lectures, demonstrate plants publicly; to read public lectures on materia medica, for the instruction of students of physic, surgery, and pharmacy.<sup>48</sup>

His house was to be used as a place where the professors could live and lecture, and in which the College might have a hall for meetings. His library also he would give for their use. In 1711 he made a will in which he confirmed the deed, and left his estate in the hands of trustees, who would pay the income to Lady Dun as long as she lived, provided she remained a widow. After her death it was to be applied to bring into effect the scheme set forth in his deed. He died of an epidemic fever in May 1713. The estate consisted of

various lands in County Waterford, which he held from the Duke of Ormonde, and he estimated they should yield £200 per annum clear profit.

Among Dun's contemporaries mention may be made of Steevens, Worth and Molyneux. Richard Steevens and his twin sister Grizel (or Grizelda) [4] arrived in Ireland as infants when their father, a Church of England clergyman in Wiltshire, came, possibly as a refugee from the Puritan regime. Shortly after the Restoration he was appointed by King Charles as rector of St Mary's Church, Athlone. Richard entered Trinity College at the age of sixteen in 1670, where he was elected a scholar in 1674, and subsequently graduated in arts and became a Master in 1678. It was evidently intended that he should enter the Church, but Richard must have decided that he was more interested in medicine, and after his father's death in 1682 it is to be presumed that he studied that subject, for he graduated as MD in 1687. After he had been in practice for twenty-two years he purchased a country estate of 2237 acres, for which he paid £7285, and in the following year another of 666 acres for £3000. Since he had not inherited any considerable sum of money from his parents it must be assumed that his practice was extensive.<sup>49</sup> He had been nominated a fellow of the College of Physicians in the charter of 1692, and was twice elected President. On the second occasion, in 1710 when he had been in office but two months, he died, on December 15. His will was signed on the previous day, and it is related that finding himself near to death he called for his twin sister Grizel, whom he asked if she intended to marry.<sup>50</sup> Having been told that she did not, he completed a will in which the real estate was left to her for life, after which it was "to provide one proper place or building within the City of Dublin for an hospital for maintaining and curing from time to time such sick and wounded persons whose distemper and wounds are curable". At the time of his death Grizel was aged fifty-six and in good health. She wished to see the hospital completed within her lifetime, and so by living frugally and saving the greater part of the income, she enabled the building to begin in 1720. When it was opened in 1733 she was given apartments within it in which she lived until her death on 18 March, 1746, at the age of ninety-three.

One of the trustees nominated by Grizel Steevens was the physician Edward Worth [86], who was also to be a governor and member of the staff at Steevens' Hospital. He belonged to a family from the neighbourhood of Chester, one of whom had come to Ireland in the early seventeenth century, and was prebendary in the diocese of Ross, County Cork. His father, John, was Dean of St Patrick's Cathedral, Dublin. Edward Worth entered Merton College, Oxford, in 1693 when he was aged fifteen. No record exists of his having taken an arts degree, but he went from there to Leyden to study medicine. In 1701 he graduated as MD at Utrecht and returned to Dublin where he was incorporated MD at Trinity College. He was elected fellow of the College of Physicians and was twice elected President, an honour he declined, for reasons unknown. Little is known of his practice or private life. It is probable that he had considerable private means, and though he was a chronic invalid he actively pursued his hobby as a bibliophile. He never attended at Steevens' Hospital, for his death at the age of fifty-five occurred in 1733 shortly before the hospital opened. His generous bequest to the hospital consisted of a sum of £1000 for its general purposes, and his library of carefully chosen





87 THOMAS MOLYNEUX 1661-1733

books, magnificently bound.<sup>51</sup> These remain in the hospital, accommodated in a spacious room which has not been altered since arrangement of the books was completed in 1735. They number about 4500, of which one-third are medical and scientific, while the remainder are ancient classics, and works of history, theology, topography, antiquities and reference volumes. There are twenty-one incunables, and about twenty-seven books from the press of Aldus. All are today in a remarkable state of preservation rare in any collection of such age.

Thomas Molyneux [87, 34], brother of William, who has been mentioned as a founder of the Dublin Philosophical Society, came of a family represented in Ireland from the reign of Elizabeth I, when his great-grandfather was Chancellor of the Exchequer. Having graduated in arts at Trinity College in

### *The Beginnings of Medical Science*

1680, he left Dublin to study at Leyden, stopping at Cambridge, Oxford, London and Amsterdam. During a two-months' stay in London he met Flamsteed, Boyle, Hooke, and other prominent scientists when visiting the meetings of the Royal Society. At Leyden he met John Locke, with whom he formed a life-long friendship, and who first introduced him to the writings of Sydenham. On his return to Dublin in 1687 he graduated MD at the University and in 1711 succeeded Steevens as Professor of Physic there. Of the College of Physicians he was four times President. Most of his writings were published in the proceedings of the Royal Society, of which he was elected a fellow in 1687. His range of interest was wide, as shown by his publications, for besides medicine he made important communications in zoology, botany, geology, archaeology and the classics. After he had filled every office open to his calling, including those of Physician-General and State Physician, in his declining years he was created a baronet in 1730, being the first of his profession in Ireland to receive that honour. He died at the age of seventy-two in 1733, undoubtedly the wealthiest practitioner of his day. Though he had a large family of sixteen, he built a splendid mansion in Dublin, lavishly furnished, which cost him a total of £4651. When he heard of the large amount of Dr Steevens' estate, he remarked that he had "spent more than Steevens ever made".<sup>52</sup>

Entering the Georgian era we find the organisation of Irish medicine beginning to take direction. The surgeons and apothecaries were under the control of the Guild of Barber-Surgeons; the physicians were seeking to regulate not only the practice of medicine through the College of Physicians, but also to provide training for doctors at the School of Physic in Trinity College. None of these remarkable events would as yet confer any benefit upon the sick and infirm in the country; another phase of development was needed – the foundation of hospitals. As we have seen, Grizel Steevens was already at work on building a hospital in accord with her late brother's will when George I came to throne in 1714. The Georgian era was to become for Irish medicine the age of the hospital.



87A HANS SLOANE MEDAL

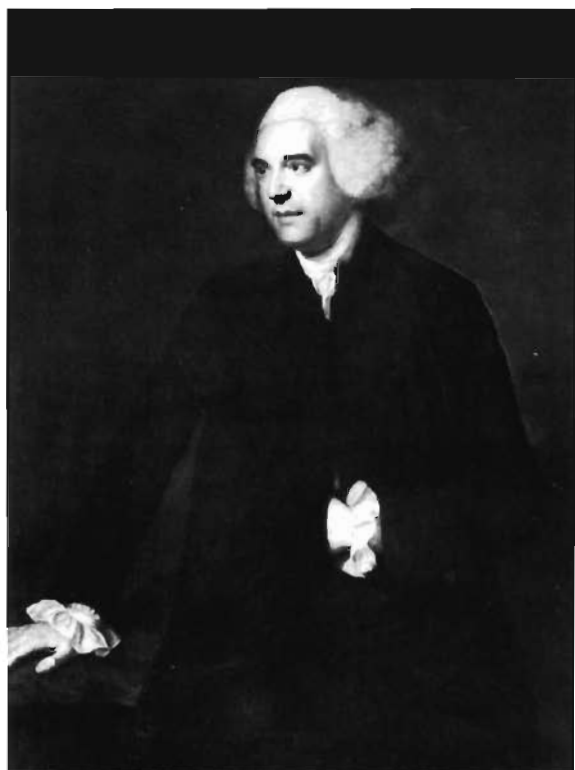
*A Portrait of Irish Medicine*



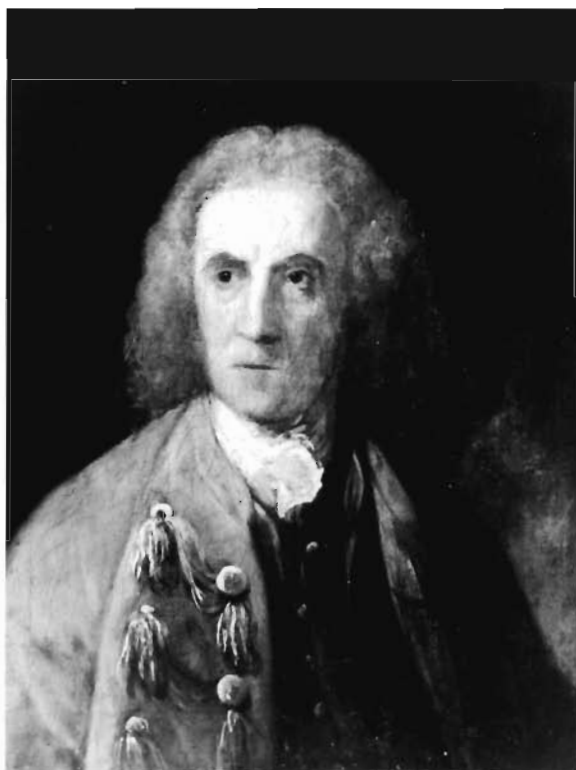
88 RICHARD HELSHAM 1683-1737



89 WILLIAM STEPHENS ?-1750



90 NATHANIEL BARRY 1724-1785



91 EDWARD BARRY 1696-1776

## Chapter 3

### THE GEORGIAN ERA, 1714-1835

EOIN O'BRIEN

If George I on his accession to the throne of England in 1714 had cast his eye on the social conditions of the mass of his subjects in Ireland, he could not but have been shocked by their plight. Had it been a monarch's duty to concern himself with medical practice (which it was not), he would have found the standard of medicine in Ireland abysmal. Dublin, in common with most of the country, was without a hospital, other than the military hospital at Kilmainham and the House of Industry, which did in times of great need provide primitive hospital facilities. We have seen that efforts had been made by Trinity College and the College of Physicians to provide for medical education, but there was not yet a functioning medical school in the country. Those who aspired to medicine travelled abroad to the medical schools of the Continent, the most notable being Leyden, where under the iconoclastic influence of Boerhaave, 122 Irishmen matriculated in medicine,<sup>1</sup> or to Britain, where the medical school at Edinburgh was to exert a beneficial and lasting influence on Irish medicine.

The eighteenth century would see at least some of these deficiencies supplied. An effective medical school would emerge from the combined efforts of Trinity College and the College of Physicians. The surgeons, no longer willing to be dominated by the physicians, would establish for themselves a Royal College in 1784. The apothecaries, the cinderella of the profession, also began to take steps towards organisation which was to culminate in the foundation of their own establishment, the Apothecaries Hall, in 1792. Through the energetic efforts of a number of altruistic doctors, and the generosity of a public at last shamed by the helplessness of the multitudinous poor, hospitals were founded, and Dublin, without a hospital at the start of the eighteenth century, found itself with no less than thirty such establishments when Victoria came to the throne, and of these fifteen survive to the present day.<sup>2</sup> Parliament had often shown itself interested in the development of the medical profession, and had influenced its organisation through royal charters, but it was not until the nineteenth century that government began to participate actively in the administration of health care. With the erection of the county and fever hospitals, and the establishment of the poor law system with its workhouses, the ideals of what would now be regarded as a health service were born.

#### THE DEVELOPMENT OF A MEDICAL SCHOOL

On the 14 June 1710 the Provost and senior fellows of Trinity College ordered "that grounds be laid out at the South East corner of ye physic garden sufficient for erecting a Laboratory and an Anatomical Theatre there upon". On this initiative the School of Medicine was founded.<sup>3</sup> The School opened on 15

August 1711 with the appointment of four lecturers, Robert Helsham in Natural Philosophy, Richard Hoyle in Anatomy, Henry Nicholson in Botany, Robert Griffith in Chemistry, and Thomas Molyneux as Professor of Physick, as medicine was then known. Of these Helsham and Molyneux were the most distinguished.

Richard Helsham [88] was born in Kilkenny in 1682 and entered Trinity College in 1698 at the age of fifteen. He graduated in arts four years later, then proceeded to the degrees of Bachelor and Doctor of Medicine and was admitted a candidate and a fellow of the King and Queen's College of Physicians in 1710. He had shown a profound ability in mathematics and natural philosophy and in 1724 became the first Professor of Natural and Experimental Philosophy. His lectures on this subject were published by his friend and pupil Bryan Robinson in 1739. In this work Helsham demonstrates his flair for mathematics and his appreciation of the experimental method. Lamenting the lack of progress in natural philosophy he blamed the earlier philosophers, who "disregarding experiments, the only sure foundation whereon to build a rational philosophy, busied themselves in framing hypotheses, for the solution of natural appearances, which as they were creatures of the brain, without any foundation in nature, were generally speaking so lame and defective, as in many cases not to answer those very phenomena for whose sakes they had been contrived".<sup>4</sup> Helsham became a senior fellow of Trinity College but resigned this position to succeed Sir Thomas Molyneux as Professor of Physic in 1729. He was President of the College of Physicians and was elected an honorary fellow in 1735.

He was a close friend and physician to Jonathan Swift and was an intimate of the group that included Swift, Stella, Dr Sheridan and Mrs Pendarvis who used to meet at Dr Delany's house at Delville. Intimates of the Dean of St Patrick's ran the risk that his acerbic wit might leave posterity with a less than flattering impression of its subject. Of Helsham he said:

Here is an ingenious good-humoured Physician, a fine gentleman, an excellent scholar, easy in his fortunes, kind to every Body, hath abundance of Friends, entertains them often and liberally, they pass the evening with him at cards, with plenty of good meat and wine, eight or a dozen together; he loves them all, and they him; he hath twenty of them at command, if one of them dies, it is no more than poor *Tom!* he getteth another, or taketh up with the rest, and is no more moved than at the loss of his cat; he offendeth no Body, is easy with every Body – is not this the true happy man?<sup>5</sup>

Helsham died in 1738 leaving strict directions for his obsequies: "as to my funeral it is my will (and I do adjure my executor not to fail in the execution of it) 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 Herse or Pomp attended by my Domesticks only".<sup>6</sup>

These first members of the staff of the School of Medicine at Trinity College provided what could at best have been a rudimentary course for the degree of Bachelor and Doctor of Medicine. Sir Patrick Dun had been aware of the School's defects and when he died in 1713 he bequeathed his estate, as we have

seen, to the College of Physicians for the establishment of a chair of medicine. A King's Professorship was created by royal charter two years later with Dr Robert Griffith as its first occupant. However, as there was difficulty in providing a salary, the professor added little to the teaching of medicine at Trinity College where the lecturers continued as before in the School, and the president and fellows of the College of Physicians continued to examine the candidates for the degrees of Bachelor and Doctor of Physick.<sup>7</sup>

We can see from these early appointments that anatomy, botany, chemistry and natural philosophy were every bit as important, if not more so, than medicine itself. Indeed as has been mentioned in Chapter 2, botany was considered a major subject to which many doctors made significant contributions. This is not as surprising as it may seem, as botanists had also to be qualified in medicine.<sup>8</sup> William Stephens [89] graduated in 1724, and was for many years physician to the recently founded Mercer's Hospital and to Dr Steevens' Hospital. He was appointed lecturer in Chemistry, but his main interest was botany on which he wrote a small book entitled *Botanical Elements for the Use of the Botany School in the University of Dublin*.<sup>9</sup> Another botanist, William Clements [5], was, according to Kirkpatrick, "to occupy a very large place in College life". He not only occupied the lectureship in Botany, but also became lecturer in Natural and Experimental Philosophy, Donegall lecturer in Mathematics, and, finally, Professor of Physick. He was also auditor, librarian and Vice-Provost of the College.<sup>10</sup>

The university decided in 1729 to expand the medical requirements for a degree by including materia medica and pharmacy, and pathology in the curriculum.<sup>11</sup> The academic potential of the School was enhanced greatly in 1741 when an act of parliament decreed that the increased income from Patrick Dun's estates should be applied to the establishment of three professorships of Physic. There was to be a chair of the Theory and Practice of Medicine, one of Chirurgery and Midwifery, and one of Materia Medica.<sup>12</sup> Few estates can have been as badly managed as that of Sir Patrick Dun. His wishes were ignored or, at best misinterpreted: his estate in Waterford was mismanaged; his library was poorly cared for and many books that would today be priceless heirlooms were lost or stolen; his will was the subject of a number of law suits, and parliament had to intervene on no less than two occasions. At least his shade would have had the satisfaction in 1749 of viewing an interesting staff structure that promised well for the future. Of note among the university professors were William Clements and William Stephens whom we have already met, and Bryan Robinson, a doctor of considerable talent of whom more in a moment. The three King's Professors were Henry Quin, Nathaniel Barry and Constantine Barber.

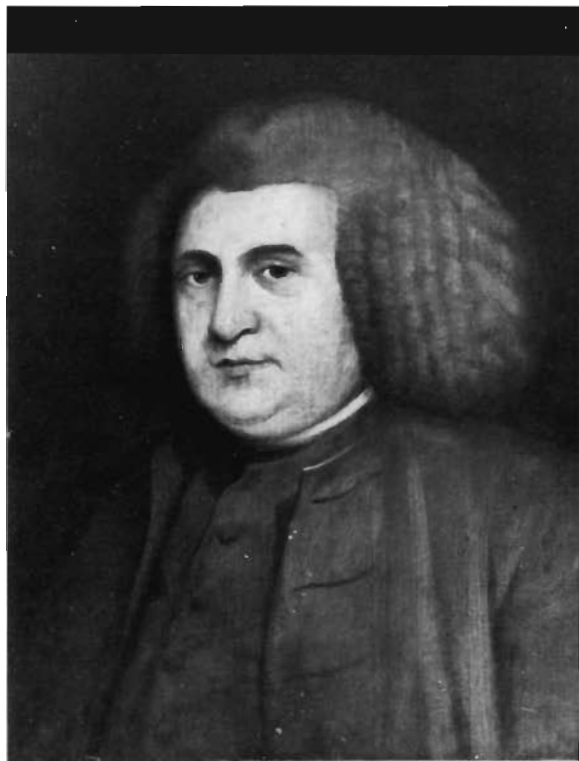
Bryan Robinson [7] was born in Dublin in about 1680 and graduated MD in Trinity in 1711. He became President of the College of Physicians on three occasions. In 1732 he published his popular *Animal Economy* in which he applied mathematics and natural philosophy to the elucidation of physiological problems.<sup>13</sup> He died in 1748, and as was fashionable in the eighteenth century, directed that his colleagues should dissect his body to determine the cause of death. His demise was attributed to a weakness of the heart resulting in an "intermitting Pulse" from which it was deduced that the

brain was subjected from time to time to an excess of fluids among which were to be found wine.<sup>14</sup>

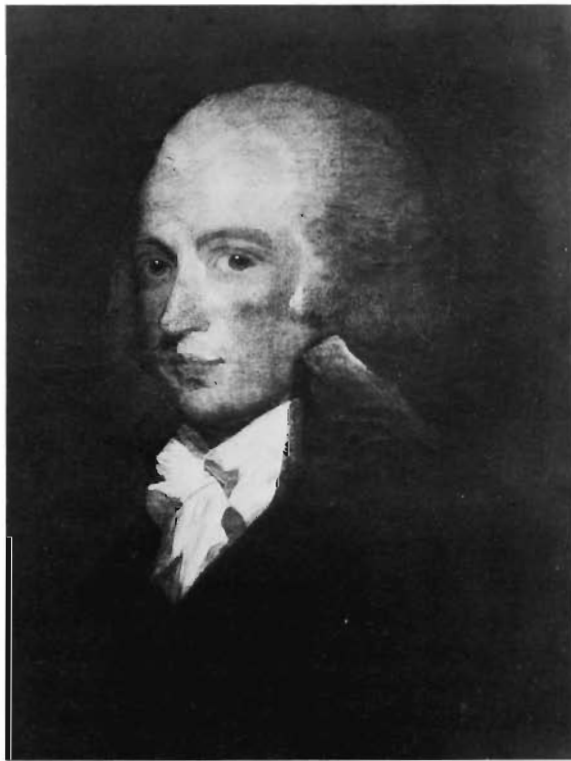
Henry Quin [54] has not left his mark in medicine, although he did become President of the College of Physicians on no fewer than seven occasions. He is remembered today as a musician of considerable ability. He frequently played in the concerts held in the theatre in Fishamble Street, and he also had a private theatre in his house on Stephen's Green. Nathaniel Barry [90], Professor of Chirurgery and Midwifery, was the son of a more famous father, Sir Edward Barry [91] together with whom he was appointed Physician-General to the Army in 1749.<sup>15</sup>

A candidate entering Trinity College to study medicine in the eighteenth century would first take a degree of Bachelor in Arts and then proceed to study for the degree of Bachelor in Physick, the conferring of which was under the control of the College of Physicians. However, the university reserved the right to confer degrees on certain individuals and when it did so to a distinguished obstetrician, Sir Fielding Ould [13], in 1761, the College of Physicians considered that it had been treated with "very great and undeserved disrespect".<sup>16</sup> Physicians at this time considered the practice of midwifery fitting only for women or surgeons and well beneath their dignity. As a result of the university's action, the College of Physicians dissolved its long-standing agreement with Trinity College. The College, however, became more tolerant of midwifery towards the end of the century, and in 1785 Ould was admitted a licentiate.

The department of anatomy at the university not only played a fundamental



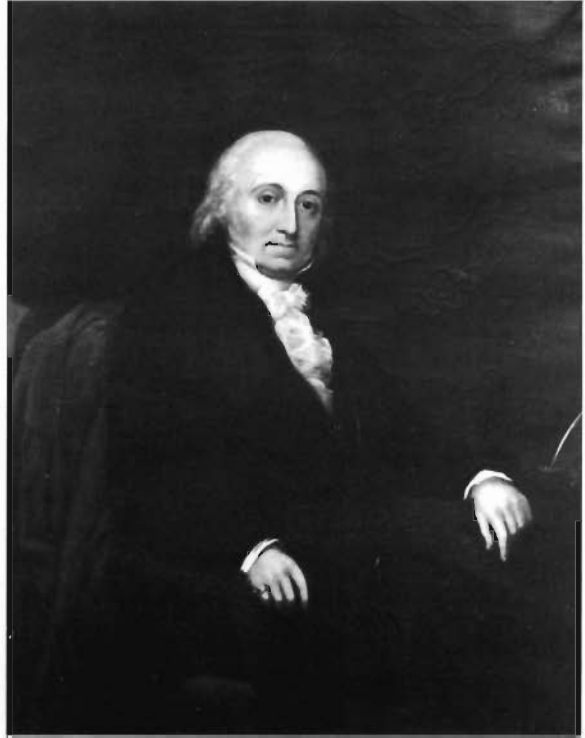
92 GEORGE CLEGORN 1716-1789



93 WILLIAM HARTIGAN 1766-1812



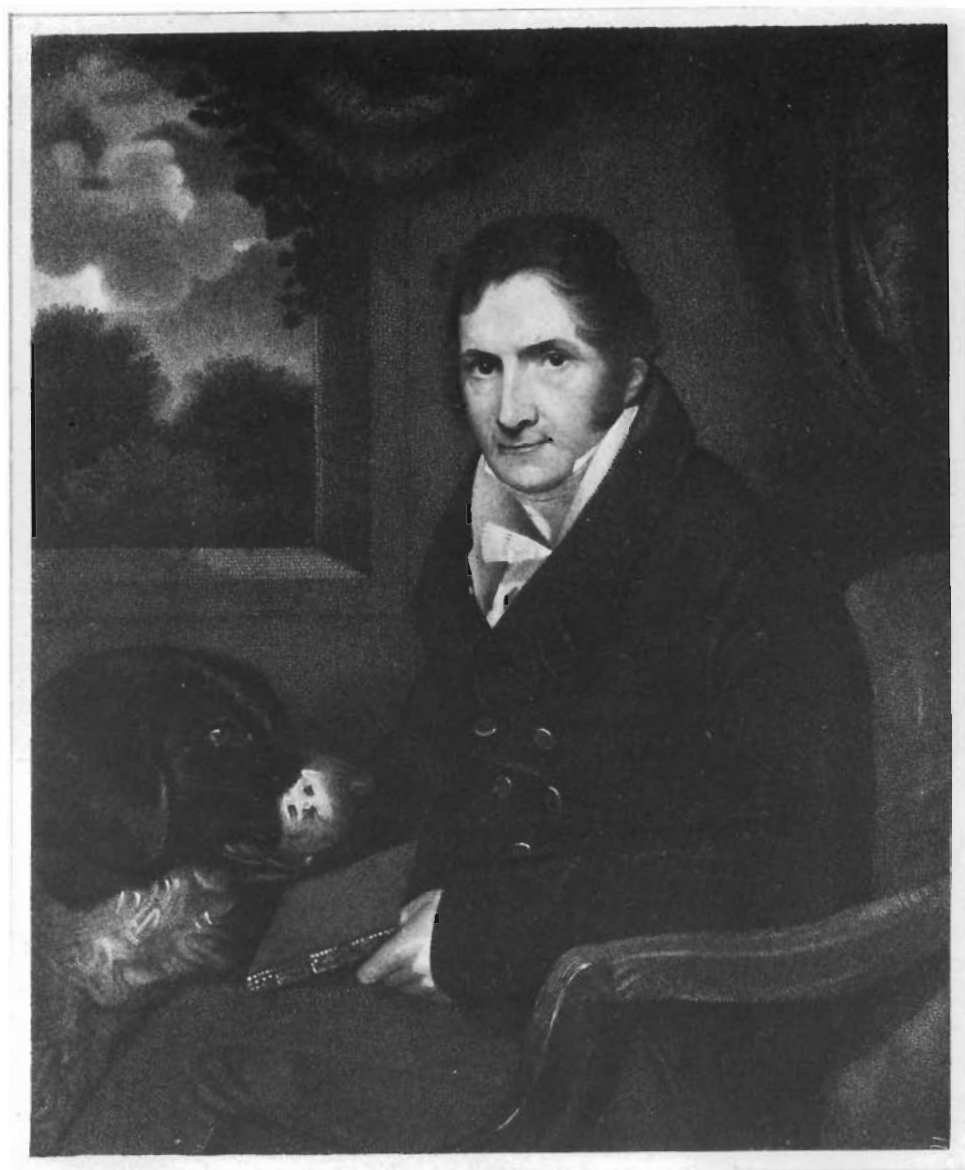
94 ARTHUR JACOB 1780-1874



95 ROBERT PERCEVAL 1756-1839

role in medical education, it also attracted some powerful personalities to its chair. George Cleghorn [92], who had trained under the famous Alexander Monro at Edinburgh, was appointed Professor of Anatomy in 1761. He was succeeded by William Hartigan [93] who had previously held the chairs of Anatomy and Physiology, and also that of Surgery, in the newly founded Royal College of Surgeons of which he was President in 1797.

He was succeeded by James Macartney [96] who, in Kirkpatrick's view, "must ever be remembered with honour in Trinity College".<sup>17</sup> In his youth he had been a member of the Society of United Irishmen. An unhappy love affair turned him to surgery so as to harden his heart against any future foibles. After a period of apprenticeship to Hartigan he went to London to study at Guy's Hospital, St Bartholomew's and St Thomas's. He became lecturer and later Professor of Comparative Anatomy at Bart's, and returned to Ireland in 1813 to take the chair of Anatomy vacated by Hartigan's death. He was remarkably active in educational reform and went so far as to invite colleagues with an expertise in other areas to lecture in anatomy – Arthur Jacob [94, 140] on the eye and Francis Hopkins on midwifery. It is not possible in this short essay to pay tribute to Macartney's many qualities. His resignation from the chair over the time of delivery of his lectures was due more to his petulant nature than to intransigence on the part of the university, and was indeed unfortunate. It was due to his persistent energy that the new School was built in 1825 to occupy the 303 students then studying medicine. Prior to this Macartney had had to give his lectures twice each day as there was not room for



96 JAMES MACARTNEY 1770-1843

the entire class in the theatre. When the School was being built Macartney lost his temper with the architect and broke his umbrella over his head, a gesture that nearly landed him in court. On another occasion he was before the Archbishop of Dublin on the charge of teaching materialism because one of his students dying from fever had refused the administrations of the Church, avowing himself an atheist.<sup>18</sup>

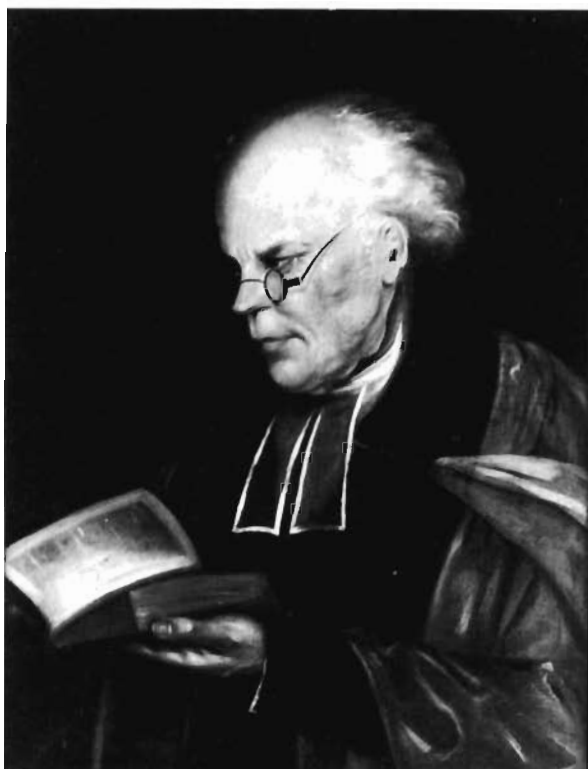
This was the era of "body-snatching" as a means of providing subjects for the anatomy rooms of the medical schools. Macartney, in common with other teachers, had little option but to aid and abet the "sack-em-up men" or "resurrectionists", as the body-snatchers were known, in the pursuit of their nefarious avocation. The atrocities of Burke and Hare in Edinburgh in 1828

prompted the government to study other means of satisfying the medical school's need for cadavers, and in Dublin Macartney was active in alerting the public to the need for change. He induced many notable personalities to sign with him a document which directed that their bodies, "instead of being interred, should be devoted . . . to the more rational, benevolent, and honourable purpose of explaining the structure, functions and diseases of the human body".<sup>19</sup> He took an active part in the legislation which in 1832 led to the passing of the Anatomy Act which regulated the provision of bodies to anatomical teachers. Macartney died on 9 March 1843 preparing a paper for delivery to the College of Physicians, and the last words he wrote before the pen fell from his hand form, as Kirkpatrick has said, a suitable epitaph for a fine anatomist:

All forms that perish other forms supply  
(By turns we catch the vital breath and die),  
Like bubbles on the sea of matter born,  
They rise, they break, and to that sea return.<sup>20</sup>

Fortunately for Irish medicine the College of Physicians and Trinity College soon got over their rift following the Ould episode, and together they petitioned the Irish parliament for the establishment of a complete School of Physic in Ireland which would cater for clinical teaching as well as for the basic sciences. The election of the King's Professors was to remain the prerogative of the College of Physicians, but interestingly the professorships were to become vacant at the end of every seventh year with the option of re-election, rather than being granted for life as previously.<sup>21</sup> The first School of Physic Act was passed in 1785 and the School was reconstituted with provision for clinical lectures to be given by the various departments "in such Hospital or Hospitals, in the City of Dublin as shall be found most convenient for that purpose."<sup>22</sup> The newly constituted School should have flourished but it lacked a hospital of its own. Mercer's Hospital was asked to provide clinical facilities but declined. Then a small hospital in Clarendon Street was opened in 1787 to provide clinical teaching but proved unsuitable. A study of the history of any period invariably uncovers a personality whose name may be familiar, but whose achievements have not been given their due share of acclaim. In the pre-Georgian era one such was Bernard Connor, and now in Georgian Dublin it is one named Robert Perceval [95], Professor of Chemistry at the University, who lays claim on the attention of future medical historians. Perceval appreciated the importance of clinical medicine and he realised that without a hospital – a teaching hospital – the medical school at Trinity could not hope to compete with the great schools of Edinburgh and Leyden. Perceval had studied at these centres and he was aware that organised clinical teaching, unknown in Ireland, was attracting many Irish students away from the University School of Medicine. No less than 237 of the 800 graduates from Edinburgh in the last quarter of the eighteenth century were Irish.<sup>23</sup>

Perceval urged the College of Physicians to set aside part of the income from the Dun estate to found a hospital for clinical teaching, and this was done. A small hospital, named after Sir Patrick Dun, was opened on the Blind Quay (now lower Exchange Street) but proved no more successful than the venture



97 EDWARD HILL 1741-1830

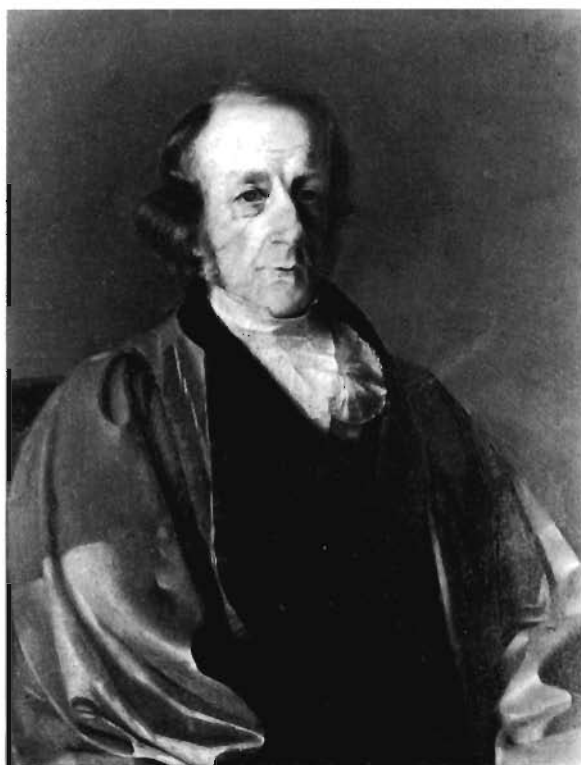
in Clarendon Street. Perceval was not put off by this failure, and with extraordinary tenacity persisted in his efforts to found a hospital for the medical School. He was persistently, and at times, skilfully frustrated in his efforts by Edward Hill [97], Professor of Botany and President of the College of Physicians on no less than six occasions. He saw a botanical garden as more deserving of the College's attention (and finance) than a hospital. Perceval had an advantage which he was to use to good effect; he was close to the Lord Chancellor, Lord Clare, whom he influenced in introducing the Physic Act of 1800 which removed any discretionary power in the management of Dun's estate from the College of Physicians. Hill was enraged by the act which he attributed to "the unnecessary private conversations of this restless busy body".<sup>24</sup> Hill held the professorships of both Botany and Medicine for many years, and though we may now see his ambition for a botanical garden as hardly deserving of the same support as an hospital, we must bear in mind that botany then held as important a place on the medical curriculum as did medicine, and Hill was able to argue with some justification that a medical school without a garden of physic was every bit as disadvantaged as one without a clinical hospital. Perceval triumphed ultimately over Hill, but, according to Kirkpatrick, "the means which he used to attain this triumph do not redound to his credit".<sup>25</sup> This may or may not be so, but there is little doubt that he did much to advance the cause of medicine through the Physic Act of 1800 which stipulated that a hospital was to be founded for clinical teaching and to be named after Sir Patrick Dun. This act, moreover, stipulated that the

King's Professorship which had previously been confined to non-papists was now open to all who professed "their faith in Christ", and the fellowship of the College of Physicians was also opened to Catholics.

Hill persisted in his ambition for a botanical garden, even to the extent of donating money to the project, which later he could only recover through the courts.<sup>26</sup> He was succeeded in the chair of Botany by Robert Scott, who brought about the fulfilment of his ambition with the establishment of the beautiful botanical gardens at Ballsbridge.<sup>27</sup>

With the School of Physic Act of 1800 the foundation of a hospital for clinical teaching was secured, though it was not to be completed until 1816.<sup>28</sup> This institute bears the name of Sir Patrick Dun through whose beneficence its erection was made possible, but it is to Robert Perceval that the School of Medicine at Trinity must forever be indebted. It was he alone who saw clearly the need for a hospital to teach clinical medicine to continental standards, and it was due to his untiring energy that the project was realised. While awaiting the completion of the hospital building, Perceval persuaded Trinity College to grant permission for clinical lectures to be given by Dr Crampton at Dr Steevens' Hospital. This was, as Kirkpatrick has commented, a notable event for being "the first admission of clinical instruction in the general hospitals of Dublin, a principle that was afterwards to be so much developed, and to become one of the chief features of the Dublin School".<sup>29</sup>

Aside from Perceval's significant contribution to medical education, he was also a diligent and enterprising Professor of Chemistry. He was responsible for many improvements to the chemical laboratory, and was ably assisted by the energetic Francis Barker [98], who later (1808) succeeded him in the chair of



98 FRANCIS BARKER 1773-1859

### *A Portrait of Irish Medicine*

Chemistry. Perceval was a founder member of the Royal Irish Academy, and his work in prison reform earned him the title of the "Irish Howard". In his later years he devoted his time to the study of theology. He died after a long illness on 3 March, 1839.<sup>30</sup>



99 WHITLEY STOKES 1763-1845

Before leaving the School of Physic in Trinity College we must make mention of one other notable figure – Whitley Stokes [99], who entered College in 1778, becoming a scholar three years later and a fellow in 1787. He graduated MB and MD in 1793. A promising career nearly came to a premature end in 1798 when it became known that he was a member of the Society of the United Irishmen. He was adjudged by the Lord Chancellor, Lord Clare, as "a most improper person to be entrusted in any degree with the government or direction of any College".<sup>31</sup> He was debarred from the office of college tutor and banned from election to senior fellowship for three years. The opprobrium of Clare was redressed, at least for posterity, by the esteem of Wolfe Tone, who said of Whitley Stokes, "I know no man whose virtues and whose talents I more sincerely reverence."<sup>32</sup> In 1818 he was appointed to the staff of the Meath Hospital where he was later succeeded by his brilliant son, William. In 1798 he was appointed King's Professor of the Practice of Medicine, a post that he filled for two terms, but surprisingly, and for reasons that are not altogether clear, he was not elected for a third term. However, in

1814 he was appointed to the chair of Natural History and four years later he moved from Trinity College to the recently founded College of Surgeons where he succeeded John Cheyne as Professor of Medicine. In 1829 he resigned this chair and returned to Trinity to succeed Edward Hill as Regius Professor of Medicine. His was a remarkable career which achieved much for the academic development of medicine in both Trinity College and the Royal College of Surgeons. He was a man of sensitivity, culture and intelligence, about whom little was said that was not praiseworthy, even by the scathing *Erinensis* who contributed regular pen portraits of Dublin teachers to the *Lancet*, few of which were complimentary; of Stokes he wrote: "Besides the excellence of the matter in his discourses, the composition is invariably correct, sometimes beautiful and sublime as the subject admits."<sup>33</sup>

#### HOSPITAL DEVELOPMENT

We have seen that towards the end of the seventeenth century, plans for the first general hospital in the city of Dublin since the suppression of the monasteries in 1541 were well under way. Richard Steevens had bequeathed his considerable wealth to the foundation of an hospital and in so doing he established the concept of the 'Voluntary Hospital', of which many were to be founded in Dublin in the eighteenth century. Grizel Steevens, as we have seen, undertook with diligence and energy to fulfil her brother's wishes, but Dr Steevens' Hospital was not, in fact, to be the first voluntary hospital built in the city.

In 1718 six Dublin surgeons opened a small house in Cook Street for the care of "the maim'd and wounded poor". This was, with the exception of St Bartholomew's and St Thomas's, which survived the suppression of Henry VIII, the first eighteenth century voluntary hospital in the British Isles preceding by one year the opening of the Westminster Hospital in London. These philanthropic surgeons were Francis and George Duany who were brothers, Patrick Kelly, Nathaniel Handson, John Dowdall and Peter Brenan,<sup>34</sup> who assisted his father James in running the first of Dublin's many private schools in Arran Quay.<sup>35</sup> They had "observed that the City of Dublin abounds with a great number of poor, who when they happen to be maim'd or meet with any accidents that require the assistance of surgeons, perish in a miserable manner, for want of help and other necessaries". In the house in Cook Street they attempted to provide for these unfortunates, but they had only accommodation for four patients and most had to be attended as outpatients. The founders sought help from charitable members of the community and in 1728 they were able to move the hospital from Cook Street to more commodious premises in Anderson's Court, where it was given the name of the Charitable Infirmary of Dublin. This building could accommodate eight or nine patients and sometime early in the 1730s the hospital moved again to larger premises on Inns' Quay [246] in which there were thirty-six beds. In 1786 the hospital was forced to move yet again to make way for James Gandon's Four Courts, when it transferred to the former town house of the Earl of Charlemont at Jervis Street [253] where it remains to this day, having been rebuilt in 1886<sup>36</sup> [254-256].



32 BARTHOLOMEW MOSSE 1712-1759

The Charitable Infirmary was followed by a large number of hospitals in the eighteenth century many of which still survive – Dr Steevens' Hospital opened in 1733 [232 - 234], Mercer's in 1734 [235 - 237], the Hospital for Incurables in 1744 [238], The Rotunda Lying-In Hospital in 1745 [240 - 242], the Meath Hospital in 1753 [245, 250], St Patrick's Hospital in 1757 [243, 244], Cork Street Fever Hospital in 1804 and the Coombe Lying-In Hospital in 1823 [251]. All of these were voluntary hospitals. Government involvement in providing hospital care did not match the voluntary participation of the medical profession and citizens of the city. In 1729 parliament established the notorious Foundling Hospital, and in 1773 the House of Industry Hospitals were founded from which developed the Hardwicke Fever Hospital (1803), the Richmond Surgical Hospital (1810) [262, 263] and the Whitworth Medical Hospital (1818) [260].

Behind each of these hospitals there is a story of individual and corporate endeavour. Regrettably the constraints of this essay permit only mention of a few. Tribute has already been paid to Dr Richard Steevens, his sister Grizel, and the priceless library donated to the hospital by Edward Worth. The founder of the first lying-in hospital in Dublin was a man of remarkable vision and energy. Bartholomew Mosse [100, 32] was born in Wexford in 1712 and came to study surgery in Dublin where he qualified in about 1733. After the death of his first wife he travelled as doctor in charge of troops to Minorca and visited many medical centres on the Continent. He became a licentiate in

midwifery of the King's and Queen's College of Physicians in 1742, and it was not long before he became aware of the appalling conditions of pregnant women in the city. He wrote: "Their lodgings are generally in cold garrets open to every wind, or in damp cellars subject to floods from excessive rains; themselves destitute of attendance, medicine and often proper food; by which hundreds perish with their little infants, and the community is at once robbed of mother and child."<sup>37</sup> Mosse believed a hospital was needed for these unfortunate women and through the efforts of a committee of friends he acquired a house in George's Lane (now South Great Georges Street), and so founded the first Dublin Lying-In Hospital for Poor Women. However, he saw this achievement as only a start to a much more ambitious plan. With extraordinary energy and optimism he raised money through lotteries, concerts and entertainments to enable him to purchase in 1748 the land on which he was to erect the Rotunda Hospital. He obtained the services of the famous architect Richard Cassells, and for the chapel ceiling he brought Cramillion over from Italy.<sup>38</sup> The hospital was granted a charter and opened in 1745 with Mosse as the first Master. Unfortunately for the hospital he did not live long to direct its government or to put into effect all his lavish plans.

Fielding Ould [13] was appointed second Master of the Rotunda in 1759 for the customary seven years' term, during which 3800 women were confined with 48 deaths.<sup>39</sup> As we have seen, Ould was the cause of a major rift between the College of Physicians and Trinity College when the latter conferred a degree of medicine on him, but by this achievement he had made the speciality of midwifery respectable. He was knighted in 1760, an event that prompted the well-known lay:



101 JOSEPH CLARKE 1758-1834

*A Portrait of Irish Medicine*

Sir Fielding Ould is made a Knight,  
He should have been a Lord by right;  
For then each lady's prayer would be,  
"Oh Lord. Good Lord, deliver me!"

Another early Master of note was Joseph Clarke [101] who reduced the infant mortality from one in six to one in 19.3 by the adoption of adequate ventilation.<sup>40</sup>

In spite of the apparently haphazard development of hospitals in the eighteenth century, one can discern the motivating hand of need. The six surgeons who founded the Charitable Infirmary saw the necessity for a surgical institute; Richard Steevens had founded a hospital for the care of all who were ill; Bartholomew Mosse had founded a hospital for the pregnant women of the city, and Jonathan Swift [35], Dean of St Patrick's, saw clearer than most the necessity for a hospital for the insane. He directed that his fortune, amounting to about ten or eleven thousand pounds, be left to the realisation of this altruistic end, an event delightfully described in his "Verses on the Death of Dr Swift":

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>41</sup>

The Dean not only gave Dublin its first hospital for the treatment of mental illness, he had also been active in the building and administration of Dr Steevens' Hospital, as a correspondence between Swift and Sheridan illustrates. Swift writes: "There have been five and forty devils to do about Dr Cope's daughter, who ran away with a rogue, one Gibson, and the Doctor caught them in a field with a hedge parson in the act of coupling." Sheridan reassured the Dean: "Dr Cope was a fool to trouble himself about his rampant daughter; for he may be assured, though he secures her from the present lover, since the love fit is upon her she will try either his butler or his coachman."<sup>42</sup>

Dr Henry Cope [102] was State Physician, and had succeeded Helsham as Professor of Physic at Trinity College. He was visiting physician to Dr Steevens' Hospital<sup>43</sup> and hence the concern expressed by Swift over his daughter's behaviour. Of greater concern to us than the threat to his daughter's morals, is the loss of a large part of Sir Patrick Dun's library which had been entrusted to the care of Dr Cope.<sup>44</sup> He was conservative in practice and adhered to the conventions of the day, declaring that "bleeding, vomiting, and purging, are the chief operations in physic, by which diseases are cured, and health preserved".<sup>45</sup>

To return briefly to "Swift's Hospital", as St Patrick's is often known, we might make note of an unusual statute which directed that the State Physician should, in addition to his general duties, also attend this institute. This arrangement was to bring to the hospital the services of a kindly and dedicated physician, Dr Robert Emmet [103]. The first physician to the hospital had been



102 HENRY COPE 1684-1743



103 ROBERT EMMET ?-1802

Dr Robinson, a son of Dr Bryan Robinson of whom mention has already been made, and he was succeeded on his death in 1770 by Robert Emmet who became State Physician and physician to St Patrick's Hospital. Widdess has commented on his extraordinary dedication: "He examined every patient for whom admission was sought, and treated them subsequently without salary for the first five years of his appointment."<sup>46</sup> He served the hospital for some thirty-two years and died in 1802, a year before his son, also named Robert, died on the gallows opposite St Catherine's Church in Thomas Street, not many yards from the gates to St Patrick's Hospital. Another son, Thomas Addis Emmet, graduated in medicine from Edinburgh in 1784, and subsequently obtained a legal degree at Dublin University, being called to the Irish bar in 1790. Arrested, like his brother Robert, for being a revolutionary in 1798, he was imprisoned for three years and after another two years on the Continent went with his family to New York where he died in 1827 after a successful legal career.<sup>47</sup>

THE FOUNDATION OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND, 1784  
It is to commemorate the 200th anniversary of the Royal College of Surgeons in Ireland that this work has been compiled. The first meeting of the College was held in the Board Room of the Rotunda Hospital on Tuesday, 2 March, 1784, and the President, Mr Eoin O'Malley, and the members of Council will convene for the Charter Day Meeting of 1984 in this beautiful room. To appreciate the significance of the College of Surgeons in Irish medical history we must look back at the development of the surgeon.

In medieval times the various trades were regulated by a system of guilds, and the surgeons were grouped with barbers in the Barber-Surgeons Guild, which remained the controlling body in Ireland until the foundation of the College of Surgeons. In 1446 the Fraternity or Guild of St Mary Magdelene, to which the Dublin Barber-Surgeons belonged, was incorporated by Henry VI, and this was the first time that a medical corporation in Great Britain and Ireland was established by royal decree.<sup>48</sup> Widdess suggests that the barbers and surgeons became associated in the Middle Ages when medical treatment was administered to the common people at the monasteries. Surgery was then considered an unseemly practice for monks and was delegated to lay servants who attended to the tonsure. Membership of the Barber-Surgeons Guild was obtained usually by serving an apprenticeship of five to seven years, after which the apprentice became a journeyman, or employee, for three years. This was followed by a further period of three years in practice after which the surgeon was eligible for membership of the guild. This apprenticeship system was retained by the College until 1828, when it became optional, and was finally abolished in 1844.

As most of the populace were illiterate in medieval times each guild had an emblem denoting its trade. The red and white striped pole outside a barber's shop is a familiar sign, and this emblem is borne by the two junior members of the Council of the College on ceremonial occasions to this day. The pole derives from the practice of blood-letting, a common treatment for many ills up to the beginning of this century; during the procedure the patient grasped a pole to increase the flow of blood from an incised arm vein, while a bandage around the upper arm (represented on the pole as the red stripe) increased the volume of blood; the white stripe signifies the bandage applied to the arm to staunch bleeding.

A charter of James II in 1687 incorporated the surgeons with the barbers as previously, but also included the apothecaries and periwig makers in one body.<sup>49</sup> The surgeons were destined to remain in such unseemly company for nearly a century. The physicians ruled the medical profession, 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 very much the inferior members of the profession; and lest we forget another not altogether unsuccessful member of the medical fraternity, Doolin is as always there to put things in pithy perspective: "The physicians, as graduates of University study counted themselves gentlemen, and some might even mingle in Society; but for all their closely guarded privileges the Apothecaries vied with the doctors, and the quacks had the laugh of both, with no small share of the profits."<sup>50</sup>

The formation of an independent body for the governing of surgeons was due to the vision and energy of a few remarkable men. In 1765 Sylvester O'Halloran [104], a native of Limerick who had studied surgery at Leyden and Paris, published a book on gangrene and in an appendix outlined his proposals for "the Advancement of Surgery in Ireland".<sup>51</sup> In this concise document he deplored the state of surgical practice and proposed that a building be erected for the teaching of surgery, and that only those who had



104 SYLVESTER O'HALLORAN 1728-1807



105 SAMUEL CROKER KING 1728-1817

passed an examination in proficiency could be registered to practice in the country. O'Halloran appears to have been an accomplished surgeon. He was a founder and surgeon to the County Limerick Infirmary, and he wrote a popular history of Ireland. A contemporary has described him as "the tall thin doctor, in his quaint French dress, with his gold-headed cane, beautiful Parisian wig, and cocked hat".<sup>52</sup> How much attention was paid to O'Halloran's sensible proposals is not known, but it must have given him pleasure to see the College of Surgeons founded in his lifetime, and he was elected an honorary member in 1786.

A younger surgeon, William Dease [41], then attached to the United Hospitals of St Nicholas and St Catherine in Francis Street, was critical of the Medical School at the University of Dublin. The School had, he claimed, taught only medicine while ignoring surgery, and he applauded the English and 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>53</sup>

Another surgeon, Samuel Croker-King [105], was also dismayed with the practice of surgery and when he failed to introduce a bill in parliament to regulate surgery and pharmacy, the Dublin Society of Surgeons was founded in 1780 with Henry Morris, surgeon to Mercer's Hospital, as President, and James Henthorn [108], surgeon to the House of Industry Hospitals, as secretary. This Society petitioned for a charter which was granted on 11 February, 1784. This charter permitted the founding of a college to regulate not only the practice of surgery but also to make provision for surgical

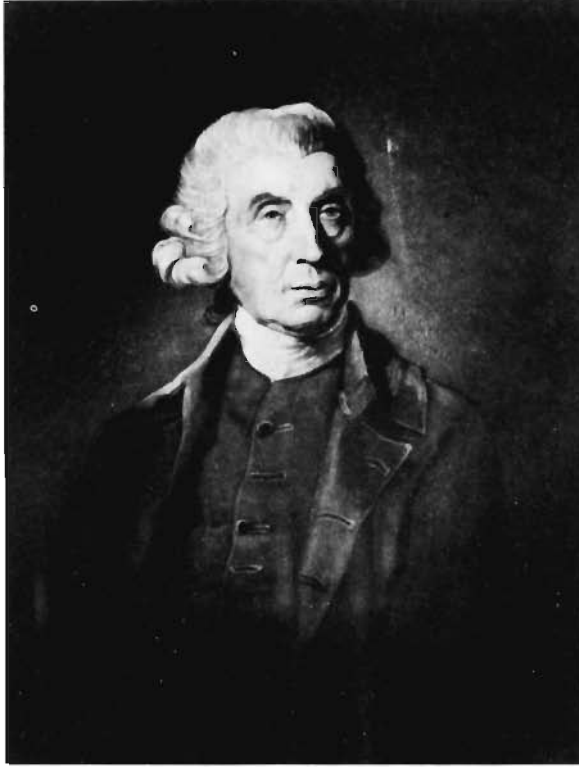
education.<sup>54</sup> The College's first President was Samuel Croker-King who presided over the first meeting of Council in the Rotunda Hospital on 2 March 1784. Croker-King has left us a short autobiography which provides an interesting insight into mid-eighteenth century surgery in Ireland. As this is the 200th anniversary of his election to the highest office in the College, and as his memoir was only discovered recently,<sup>55</sup> it is appropriate that we should deal with it at some length.

Samuel Croker (he did not assume the joint surname Croker-King until 1767 when a Mrs Jane King died and bequeathed her estate to him on condition that he assume the surname King) was born on 28 June 1728, the last but two of fifteen children. His father, we learn, was an apothecary who had entered that branch of the profession as "apprentice to Mr. Alderman Quayle a very eminent Apothecary in High St. in the city of Dublin, with whom he lived seven years as his apprentice and three as his journeyman". His father then set up business in Capel Street where he married the eldest daughter of Dublin's only coachmaker, Thomas Cann. As an apothecary his father was highly successful, and could afford a good education for his son with the Reverend Lewis Henry Younge of Abbey Street, after which he was bound apprentice to John Nichols, the Surgeon-General of Ireland, for seven years, "the usual term then of servitude".

In 1751 the young Croker went to London where he was advised by Robert Adair [106], the then Surgeon-General of England, and entered St George's Hospital as a pupil. Robert Adair is of interest to us, not only because of his Irish origins, but he was to claim distinction as being the first honorary member (now fellow) of the Royal College of Surgeons in 1784, this being awarded no doubt on the recommendation of his former pupil. Like Croker, Adair had trained in surgery in Dublin but had departed that city for London because of an estranged love affair. While walking from Liverpool to Holyhead, his impecunious state permitting him no other means of transport, he came upon an overturned coach and gave assistance to its female occupant, who in return introduced him to fashionable society in London. Here he met Lady Caroline Keppel with whom he fell in love but her family was opposed adamantly to a match with a mere barber-surgeon, and Caroline was dispatched to Bath to recover her senses. Here, however, she pined more than ever for her lover and wrote the famous lines later put to the music of "Eileen Aroon" by Robert Burns:

What's this dull town to me?  
Robin's not near;  
He whom I wish to see,  
Wish to hear  
Where's all the joy and mirth  
Made life a Heaven on Earth?  
Oh! they've all fled with thee,  
Robin Adair.

Adair was a great success in London where he became "a favourite of princes, of women, and of fortune".<sup>56</sup>



106 ROBERT ADAIR 1710-1790

While at St George's the young surgeon Samuel Croker attended the lectures of the famous anatomist, William Hunter, in Covent Garden. He tells us: "When I had gone through the time usually spent at the London Hospitals and finished my anatomical courses, in the year 1752 I paid a visit to Paris and occasionally attended the hospitals of Hotel Dieu and La Charite." It was in Paris that he made the acquaintance of another Dubliner, Charles Lucas [120, 36], who "had a few years before quit Dublin to avoid a prosecution voted against him by the House of Commons on account of some of his political writings". Croker returned to Dublin from Paris via Flanders and London, and settled, as he tells us, "in business in which I have been as successful as my contemporaries". He was appointed assistant surgeon to Dr Steevens' Hospital in 1757, and to the Foundling Hospital a year later, "by a very respectable majority of votes of the Governors". At this time the young surgeon "had entertained some thoughts of entering into the marriage state, but want of property" forced him to delay a decision until his parents died in 1759 after which his material situation improved and he was then able, as he puts it, to give his hand to Miss Ann Obré by whom he was to have sixteen children. Of Miss Obré, another source tells us that she was "a most agreeable lady with a large fortune".<sup>57</sup>

Croker served contentedly, it would appear, as assistant surgeon in Dr Steevens' Hospital, that is until 1785, when an event occurred that was to alter Croker's status. In that year:

Archibald Richardson by the interposition of a gentleman of high station was appointed Surgeon General and consequently became a Governor of the Hospital. As soon as he had entered on his office, he committed some irregularities of which I complained in a Memorial to the Board of Governors who reprimanded him for his conduct; at this being displeased he by means of the gentleman whose interest had promoted him to his office procured a motion of inquiry in the House of Commons into the conduct of the attendants of the Hospital but there failing in his proofs of bad conduct either in the Governors, Physicians, or Surgeons his complaint was stifled and the Governors of the Hospital becoming displeased at his impudence in applying to Parliament dismissed him by a Resolution from his surgical attendance, and after voting me their thanks for my past services in an honourable manner promoted me from the office of Assistant to that of Visiting Surgeon and soon after a vacancy happening elected me a Governor. From that time Mr. Richardson never entered the Hospital or appeared at a Board.<sup>58</sup>

We have to consult Kirkpatrick<sup>59</sup> to determine the nature of Richardson's irregularities. On his first-ever visit to the hospital, he discharged six patients who were under the care of other members of staff, and this was, as Kirkpatrick says, "not only an outrage on professional courtesy but also a distinct breach of the rules of the house". This indiscretion by Richardson benefited Croker-King in more ways than one. On his elevation to the post of Visiting Surgeon, his pupil and brother-in-law, Ralph Smith Obré, was appointed to succeed him. He was a close friend of Solomon Richards, reputed to be the biggest and fattest surgeon in the United Kingdom, who was later to become a member of the staff at Dr Steevens' Hospital. Lombe Atthill has related an amusing anecdote about this pair of surgeons. Returning one night from an operation in the country, their carriage was stopped by armed highwaymen, and while Richards was relieved of his money, watch and case of surgical instruments, Obré hid trembling behind his friend's bulky frame; the carriage was about to proceed without his being discovered when Richards pointed him out to the robbers who gladly added his valuables to their spoils. Richards then suggested to the highwaymen that as his watch and instruments were of little pecuniary value they might return them in gratitude for his kindness to them. This agreed, the pair continued on their journey during which a furious Obré remonstrated to his friend for such treachery. Finally, Richards silenced him: "Do you think", he said, "that I was going to allow you to boast in the Club tomorrow how you got off while Richards was robbed?"<sup>60</sup>

Croker-King was a successful surgeon who numbered among his patients the future Duke of Wellington whose life, Cameron claims, was saved when the surgeon treated him as a child.<sup>61</sup> He received many honours; in addition to the posts already mentioned, he was appointed surgeon and a governor of both the Rotunda Hospital and Sir Patrick Dun's Hospital. He was a member of the famous Medico-Philosophical Society and of the Royal Irish Academy. Of the institute to which he was appointed first President 200 years ago, he has written rather little:



107 JOHN HALAHAN 1753-1813

In the year 1784 the Surgeons of Dublin being incorporated and formed into a College by the Kings Charter I was in the Charter named the first President and in the next year elected by ballot into the same office at the expiration of that year and for six succeeding years I was chosen one of the Censors which office in the year 1790, Feby 1st. I resigned on which a vote of thanks passed unanimously was conveyed to me in the most respectful manner by the President, Censors, and Secretary.<sup>62</sup>

Croker-King died in his eighty-ninth year, on 12 January 1817, at his house in North Cumberland Street and was buried in St Mary's churchyard.

The first candidate to be examined by the new College was John Birch in August 1784, and the first honorary membership (now fellowship) was conferred on three distinguished surgeons, among whom was Robert Adair, on 11 December in the same year.

William Dease [41] was appointed the first Professor of Surgery, and John Halahan [107] first Professor of Anatomy and Physiology. As the College was without premises, the professors had at first to teach at their own homes, but in 1789 a building adjoining Mercer's Hospital was acquired and to this was given the name "Schools of the College". Dease and Henthorn [108] were responsible for acquiring these premises and are remembered today as the chief founders of the College. In 1792 one hundred students, including army surgeons, attended the Schools.<sup>63</sup> The centre of activity was the dissecting room where anatomy was taught. John Halahan is seen in the portrait by Hamilton

lecturing in anatomy (not in the Schools but to members of the Hibernian Society of Artists to which he was also Professor of Anatomy). William Hartigan [93], whom we have already met, succeeded Halahan, and as we have seen the latter went to the chair of Anatomy and Chirurgery in Trinity College where he was succeeded by James Macartney. These talented figures dominated anatomy at this time and it is hardly surprising that from among the many students that attended their classes one should emerge destined for greatness.

Abraham Colles [109, 37] was born in Millmount in Kilkenny, and graduated from the College of Surgeons in 1795 from where he went to Edinburgh and then to London in search of experience. He returned to Dr Steevens' Hospital, and in 1804 was appointed to the chair of Anatomy and Physiology in the College as well as to the chair of Surgery, both of which he held for thirty-two years. Colles was an innovative anatomist and by the standards of his day a brilliant surgeon. He is remembered in medicine by the eponyms "Colles' fracture" and "Colles' fascia".<sup>64</sup>

The newly founded College flourished, its success being in no small measure due to the demand for army and navy surgeons for the Napoleonic wars. In 1804 it was decided that larger premises were needed and the College was fortunate in having among its members one named George Renny, a surgeon with an astute business sense, who, moreover, as director-general of the army medical department in Ireland, and surgeon to the Royal Hospital in Kilmainham, had considerable influence with the government.<sup>65</sup> He obtained £6000 from the Chancellor of the Exchequer, and for £4000 purchased the old Quaker burial ground at the corner of Stephen's Green and York Street where the new College [110] was erected, opening in 1810. In gratitude the College paid William Cumming forty guineas to paint the magnificent portrait of Renny [111] which now hangs in the board room and in which he may be seen holding the plans for the new College.

The staff of the new school included a number of doctors of exemplary talent. Arthur Jacob [94, 140] appointed Professor of Anatomy and Physiology in 1827 having previously lectured in Park Street Medical School, was to become one of the outstanding figures of the Victorian period, and indeed of the "Dublin School". His speciality was ophthalmic disease, and he was relentless in the pursuit of educational and medical reform. Towards this end he founded the *Dublin Medical Press*, which continued to be published until 1961 in London as the *Medical Press and Circular*.<sup>66</sup>

John Timothy Kirby [112] was Professor of Medicine in the College from 1832 to 1836. He had his own anatomical school in Peter Street and was a most colourful character. He drove in an elegant chaise with a coachman in light azure livery and silver lace, and perched behind was a boy with military shoulder knots.<sup>67</sup> He was renowned for his lectures on gun-shot wounds, and from Erinensis's account we can appreciate how his lectures were packed to capacity:

For the purpose of demonstrating the destructive effects of firearms on the human frame, Bully's acre [a paupers' graveyard] gave up its cleverist treasures for the performance of the experiments. The subjects being











112 JOHN KIRBY 1781-1853



113 JOHN CHEYNE 1777-1836

house at number 14 Merrion Square was well known by the pear tree which blossomed from its basement, and there he died on 10 June 1858 and was interred in Mount Jerome encased, as was his wish, in Roman cement.<sup>73</sup>

#### SURGICAL PRACTICE IN LATE GEORGIAN IRELAND

As the Victorian age dawns we find medicine in Ireland separated into its two major specialities. Medicine and the allied subjects such as chemistry, pharmacy and pathology were taught at the School of Medicine under the control of the University of Dublin and the Royal College of Physicians, and the clinical teaching of medicine took place in the wards of Sir Patrick Dun's Hospital. At the Royal College of Surgeons, surgery and related subjects (including midwifery and medicine) were catered for, with clinical surgery being taught at the City of Dublin Hospital in Baggot Street. The foundation of the College of Surgeons and its immediate success was an event of profound importance in Irish medical development, and was recognised as such even by the caustic contemporary reviewer *Erinensis*:

When this Institution [RCSI] was founded, medicine was in a comparatively low state, not only in Ireland, but even in countries in which the dawn of science had broken at a much earlier period. At that time there were already two medical corporations... the University and the College of Physicians which, in respect to medical education, had arrived at the



114 RICHARD CARMICHAEL 1776-1849



115 PHILIP CRAMPTON 1777-1858

utmost limit of inefficiency. That the College of Surgeons was an improvement on these establishments, that it was in itself a wholesale practical, radical reform in the medical affairs of Dublin, and was considered as such by those who considered themselves aggrieved by the audacity of the innovation . . . proves beyond the possibility of contradiction.<sup>74</sup>

The education of surgeons was now organised and would, it might be hoped, in time lead to improvements in practice. And what of surgical practice in these days? What was it like for the patient needing a surgical operation? Many accounts of surgery in contemporary journals bear testimony to the sheer barbarism of some of the procedures attempted without anaesthesia, but none convey the hopelessness of eighteenth-century surgery 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 20 July 1817 [116]. The surgeon performing the operation is Rawdon Macnamara (President of the College of Surgeons in 1831),<sup>75</sup> who was at the time only two years qualified, and most probably apprenticed to Sir Philip Crampton, depicted in the blue coat and hunting boots.<sup>76</sup> Even if patients survived the pain and calamity associated with major operations, infection almost certainly claimed the victim, as it did the unfortunate Power within a few 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



112 JOHN KIRBY 1781-1853



113 JOHN CHEYNE 1777-1836

house at number 14 Merrion Square was well known by the pear tree which blossomed from its basement, and there he died on 10 June 1858 and was interred in Mount Jerome encased, as was his wish, in Roman cement.<sup>73</sup>

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116 OPERATION IN DUBLIN DRAWING ROOM IN 1817

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",<sup>77</sup> describes practical surgery as the cinderella of the healing art: "In the absence of anaesthesia these men had developed 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." 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,



117 JAMES W. CUSACK 1788-1861

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 a go at removing any lump 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, the major amputations, the ligation of the larger arteries for aneurysm, and the removal of kidney stones, a procedure known as lithotomy.<sup>78</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>79</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 [118] declared, "a dread ordeal, cruel and fearful to behold" in the conscious patient.<sup>80</sup> It generally took place with the unfortunate victim sitting in a chair with two or more assistants holding him down. Hernias were fair game for the surgeon who if he failed to reduce it by manipulation would then "throw up a smoke enema", as was advocated by Colles, among others:<sup>81</sup>

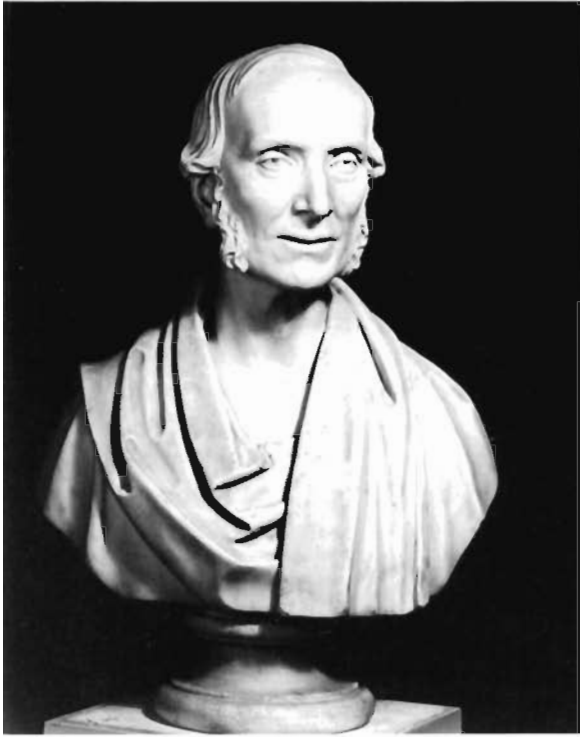
Tobacco injections are the very best thing after bleeding. Formerly the smoke of tobacco was used for the purpose, but the objections to it were the difficulty there often was to get the machine to work well, and the distension it caused was distressing; the infusion is therefore now substituted. You get a drachm of tobacco leaves and infuse it for 10 to 15 minutes in a pint of boiling water; when cool, inject one half and if in a quarter of an hour you observe no effect from it on the system, inject the other. The effect you look for is fainting, depression, cold perspiration, etc. I have seen many cases where the surgeon worked for a considerable time to try to put up the hernia by taxis without success, and which went up of its own accord after the tobacco enema.

For those interested in the materia medica of this strange practice, Doolin informs us that one practitioner found "the tobacco sold under the name of *Shag* . . . more efficacious than the *pigtail*".<sup>82</sup>

In fairness to the surgeon, he was struggling in the darkness of ignorance. He did not know about infection, and he had not learned to apply statistical reasoning to the results of his practice. The only certainty in his knowledge was human anatomy, and even that varied occasionally, adding to his discomfort, and reducing greatly the patient's chance of survival.

The stress of these major operations on the surgeon himself must have been considerable. James Cusack [117], three times President of the College, could on the one hand use the scalpel without hesitation, as he did successfully when he was presented with a patient bleeding to death from a gun-shot wound, whereas he was "loathe to resort to surgery if it could be avoided", and "the night before he had to perform a critical operation he was wont to lie awake for hours thinking how he could best do it".<sup>83</sup> One of Abraham Colles's patients died of peritonitis following his attempt to dilate a malignant stricture of the rectum; at post-mortem Colles, finding a tear in the bowel which fitted exactly the gouge used in the operation, turned to his class and said, "Gentlemen, it is no use mincing the matter; I caused the man's death."<sup>84</sup>

There were dangers also for the surgeon in the dissecting room. Here he had to organise the "sack-em-up men" to procure bodies for anatomical instruction, and this not infrequently brought threats and sometimes worse from an enraged public. Moreover, he ran the risk of infection during dissection. William Dease's son, Richard who, like his father, became Professor of Surgery, cut himself accidentally while dissecting a cadaver for his class and died within a week. John Shekleton [119], curator at the College of Surgeons and one of its most promising younger members of staff, also died from a cut in the dissecting room.<sup>85</sup>



118 WILLIAM H. PORTER 1790-1861



119 JOHN SHEKLETON 1795-1824

Surgical practice was to change but little until the middle of the nineteenth century, when the discovery of anaesthesia gave to the surgeon the means of performing operations that previously he could not even contemplate, and twenty years later with the suppression of infection he was free to explore almost any area of the body.

#### THE BEGINNINGS OF A HEALTH SERVICE

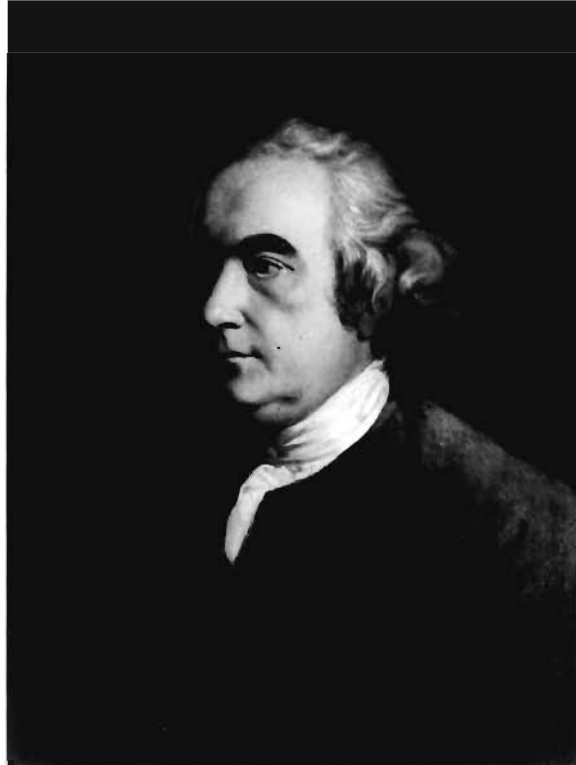
We have seen the establishment of three major regulating bodies in medicine, The Royal College of Physicians, the School of Physic in the University of Dublin and the Royal College of Surgeons in Ireland, all of which were born from the idealism of doctors conscious of the need for reform. To these bodies may be added the Apothecaries Hall, which opened in 1792 in Mary Street to supervise the education and practice of apothecaries. Each of these institutes had to be sanctioned by parliament, and to this extent at least government took an active interest in medical practice. However, government was slow to participate in acts of public welfare likely to make demands on the exchequer. It had provided in 1684 the Royal Hospital at Kilmainham for the care of the army pensioners, and in response to public pressure the Foundling Hospital had been established in 1729.<sup>86</sup>

In 1805 the College of Physicians advised the government on the establishment of a Board of Health to deal with fever epidemics. These boards were not permanent and only came into existence at times of epidemics, but they did mark government involvement in providing health care. In the same year the state attempted to improve medical services for the rural poor with the establishment of dispensaries which were to be financed from private subscription or donations, augmented by an equal sum raised by the Grand Jury

on the county at large. This system was not successful and collapsed completely during the Famine, after which it was replaced by the establishment of Unions. In times of the all-too-frequent fever epidemics the only refuge for the victims of smallpox, scarlatina, typhus and dysentery was the House of Industry, where 2000 people died in 1800.<sup>87</sup> As an emergency measure to cope with this epidemic the government directed the opening of a fever hospital at Brown Street, and in 1803 the Earl of Hardwicke gave his name to a fever hospital on the site of the House of Industry Hospitals, and further persuasion from James Henthorn saw the Richmond Surgical Hospital built in 1810 and the Whitworth Medical Hospital in 1818.<sup>88</sup>

Government participated in further hospital building in the provinces, when in 1765 County Infirmaries were established by an act of Irish parliament.<sup>89</sup> By 1843 there were thirty-four county infirmaries, each with between thirty and seventy beds. Fever hospitals were also provided but at the start of the Great Famine in 1845 many counties were without one. There were 500 dispensaries throughout the country by 1836, but these were only capable of providing token care to a populous country. With the introduction of the Poor Law in the late 1830s, many workhouses were erected where "regularity, orderliness, strict enforcement of cleanliness, constant occupation, the preservation of decency and decorum and the exclusion of all irregular habits and tempting excitements" were the guiding principles that sought to discourage all but the genuinely destitute from gaining admission.<sup>90</sup>

When Edward Jenner in 1798 published his *Inquiry into the Causes and Effects of the Variole Vaccinae*<sup>91</sup> Irish doctors appreciated its importance and a



120 CHARLES LUCAS 1713-1771

dispensary for inoculation was opened in Exchequer Street. The Lord Lieutenant directed the two colleges to submit "a joint opinion as to the best mode of propagating and preserving genuine Cow Pox matter in Dublin for transmission by post when called for by practitioners residing in the interior of Ireland". This must be the first example of public health measures being undertaken by government, and in 1804 the Cow Pox Institution opened in North Cope Street and later moved to Sackville Street, where after three years 2966 people had been inoculated and a further 3240 packets of vaccine had been dispatched to civilian practitioners in the country.<sup>92</sup> These measures, which might be judged modest by today's standards, represented, nonetheless, a change in outlook and an acceptance of responsibility for citizen health by government.

#### GEORGIAN DOCTORS IN SOCIETY

Georgian doctors did not confine themselves solely to medicine. A number became involved in political reform, the most renowned being Charles Lucas [120, 36]. He practised as an apothecary in Charles Street but had to leave Dublin in 1748 because his political writings were pronounced treasonable.<sup>93</sup> He studied medicine on the Continent and graduated MD at Rheims. He practised in England for a time before returning to Ireland where he became a member of parliament in 1761. He was responsible for many acts, the most important in medicine being what has become known as Lucas's Act, which gave the College of Physicians regulatory control over the apothecaries and empowered it to produce a pharmacopoeia which was published in 1806.

Another doctor to achieve eminence in politics was John Curry. He was born in Dublin, studied medicine in Paris and qualified with distinction at Rheims.<sup>94</sup> Returning to Dublin, he established a profitable practice "where even a Catholic, if he had a special talent for medicine, could by this time exercise his profession as a doctor in spite of the penal laws".<sup>95</sup> According to Gwynn, Curry was standing in the Castle yard in Dublin when a young girl emerging from an anti-Catholic sermon was overheard to exclaim with astonishment, "And are there any of these bloody Papists now in Dublin?" Shocked by these sentiments, Curry "dared to dream of a general movement for emancipating the Catholics from the penal code".<sup>96</sup> He was introduced to two other dispossessed Catholics, Charles O'Connor and Thomas Wyse, and together they pioneered the Catholic Association that was to achieve Catholic emancipation seventy years later under O'Connell. Curry, in addition to writing a number of persuasive and polemical historical works proclaiming the Catholic cause, published medical works on fever. He died in 1780.<sup>97</sup>

Less successful in politics was Florence Hensey [121], who was born in Kildare in about 1714. He graduated at Leyden and practised as a physician at Paris for some years, later moving to London. During the Seven Years war he became involved in spying for the French and was committed to New Gate where we see him in fetters. The evidence against him was overwhelming and there was practically no defence, but apparently he escaped the gallows and nothing more is heard of him after 1759.<sup>98</sup>

Many Georgian doctors became involved with the Society of United



121 FLORENCE HENSEY C. 1714-?1760

Irishmen. William Dease is reputed to have committed suicide to avoid the disgrace of imprisonment and, perhaps, execution.<sup>99</sup> William Lawless, Professor of Anatomy and Physiology at the College of Surgeons, heard of his impending arrest for being a member of the same Society and joined Napoleon's army "because of a taste for arms, and an aversion for the English".<sup>100</sup> He was wounded at the battle of Dresden and the Emperor's surgeon, Larrey, amputated his leg. Lawless, aware of the dangers of lying in an army hospital, mounted his horse and rode to Maintz without changing the dressings. The involvement of Whitley Stokes and James Macartney with the United Irishmen has already been referred to.

Bartholomew Mosse's Rotunda Hospital stands as a permanent memorial to his contribution to both medicine and architecture. Less well known is the association of another surgeon and President of the College of Surgeons with architecture. Gustavus Hume [122] constructed many houses in Hume Street, Ely (formerly Hume) Place, and Frederick Street. He built a fine house for himself at 63 Dawson Street, and a splendid mansion in Merrion Square East,

later divided into two houses.<sup>101</sup> Gilbourne has written of him:

Gustavus Hume in Surgery Excels,  
Yet Pride of Merit Ne'er His Bosom Swells  
He adds to Dublin every Year a Street,  
Where Citizens converse and friendly meet.<sup>102</sup>



122 GUSTAVUS HUME 1730-1812

In literature the outstanding medical figure of the Georgian period, though not a practising doctor, was Oliver Goldsmith [123, 61].<sup>103</sup> Sylvester O'Halloran wrote a history of Ireland which ran to four editions and he wrote also on the antiquities of Ireland.<sup>104</sup> Charles Smith [3], an apothecary from Dungarvan, published, with Walter Harris, in 1744 a history of the County Down, which was the first such history on a large scale ever written. He subsequently published important histories of Waterford, Cork and Kerry, and he may be regarded as the pioneer of Irish topography. In 1756 he founded, with a number of eminent physicians, the Medical-Philosophical Society in Dublin, of which he was first secretary.<sup>105</sup> Another member of this Society was Dr John Rutty, an abstemious bachelor who has left an interesting diary. He published a *Natural History of the County of Dublin* in 1771.<sup>106</sup> David McBride [10], one of the founders of the Meath Hospital, was another member of the Medico-Philosophical Society to which he presented many interesting papers, among which was a notable communication on the treatment of scurvy with fresh vegetables.<sup>107</sup> In the 1770s a most colourful character, Achmet



123 OLIVER GOLDSMITH 1728-1774

Borumborad, late of Turkey, was to be seen striding through Georgian Dublin followed at a respectful distance by a crowd of urchins and on-lookers. A very imposing figure he was, according to Barrington: "His Turkish dress, being extremely handsome without any approach to the tawdry, and crowned with an immense turban."<sup>108</sup> He persuaded parliament to provide him with finance to establish Turkish baths, which were duly opened in Bachelor's Walk. Dr Achmet became love-stricken by William Hartigan's daughter, who would not agree to a match till "he had shaved the chin at least, and got a parson to turn him into a Christian, or something of that kind". Whereupon the Turk shaved off his beard, discarded his flowing robe and declared himself none other than "Mr Patrick Joyce from Kilkenny County: – the devil a Turk any more than yourself, my sweet angel!"

One nineteenth-century doctor achieved an unique attainment outside

medicine. James Lynch, a graduate of the Royal College of Surgeons, entered Maynooth College where he was ordained in 1833. He became one of the founder members of the Vincentian Order in Ireland, and of St Vincent's College, Castleknock, which opened on 28 August 1835. He went on to become rector of the Irish College in Paris, and in 1866 coadjutor to the vicar-apostolic of the western district of Scotland. He returned to Ireland in 1869, becoming Bishop of Kildare and Leighlin in 1888.<sup>109</sup>

From this distance in time it is difficult for us to evaluate the achievements of the eighteenth century. We can, at least, discern considerable improvements in the organisation of the profession, and we could, if we so wished, suggest areas in which greater progress might have been made. In closing, it might be of benefit to look to the opinion of a contemporary reviewer, *Erinensis*, whose caustic comments were invariably incisive, sometimes biased, but always prescient. The foundation of the Royal College of Surgeons, as has been noted, met with his approbation, but praise soon gives way to flagrant criticism of academic development, not only in the College of Surgeons, but also in the university and the closely associated College of Physicians. *Erinensis* had travelled widely and he appreciated the great disparity in intellectual attainment between Ireland's medical schools and their continental equivalents:

... for many years in Great Britain and on the Continent, there have been schools, or rather professorships of the higher branches of medical science, suited to the capacities and requirement of the more advanced members of the profession. The men who hold these distinguished situations attempt the attainment of objects of a higher order than those which are sought in the communication of mere elementary instruction... in short these men aspire to be medical philosophers. In Dublin there are no such schools, nor does any such class of men as this exist there.<sup>110</sup>

How, he asks, can the leaders of the profession in Dublin fail to recognise their own fatuity, and in anger he castigates the holders of professorial chairs:

They are, as they ostentatiously style themselves, matter-of-fact men; the declared opponents of almost every doctrine save their own. They are didactic dogmatists; the genuine descendants of the empirical school, who exact a submission to, and demand a respect for, their opinions almost beyond what religion requires in matters of faith from its followers. Their eyes are fixed on the past: futurity to them is a perfect vacuum. This is the spirit, the philosophy, the pole-star of their instruction; nay, more this course with them is not matter of choice; probably it is matter of necessity. We have heard them early and late; we have conversed with them repeatedly on such subjects; and we assert that of the changes that have taken place, not only in the mode of communicating instruction, but in the materials of instruction itself, they evince no knowledge in their lectures. Of the authors names; as well as of the writings in which such changes are developed, they seem quite unconscious. It is hot-wash, and cold-wash, black-wash and yellow-wash – we might say indeed, *hog-wash*, to the end of the chapter.<sup>111</sup>

Poor Erinensis might not find much of his criticism wanting in the twentieth century, and yet out of this impoverished intellectual ambiance was to emerge exactly that of which he so hopelessly despaired – “The Dublin School”. A figure whose career crossed the chronological division of the Georgian and Victorian eras (but who will be considered in the latter) was Robert Graves, the founder of the Dublin School, who, lecturing as early as 1834, heralded its appearance:

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 in no claim for a share of the literary honours awarded to the efforts of industry or genius. But gentlemen, I hope that this state of inaction, this state of mental torpor, has ceased, and that the time has passed away when we could not point out among our brethren any who had advanced the boundaries of the medical sciences, and thus promoted the interests of humanity.<sup>112</sup>



123A JOHN CHEYNE 1777-1836

*A Portrait of Irish Medicine*



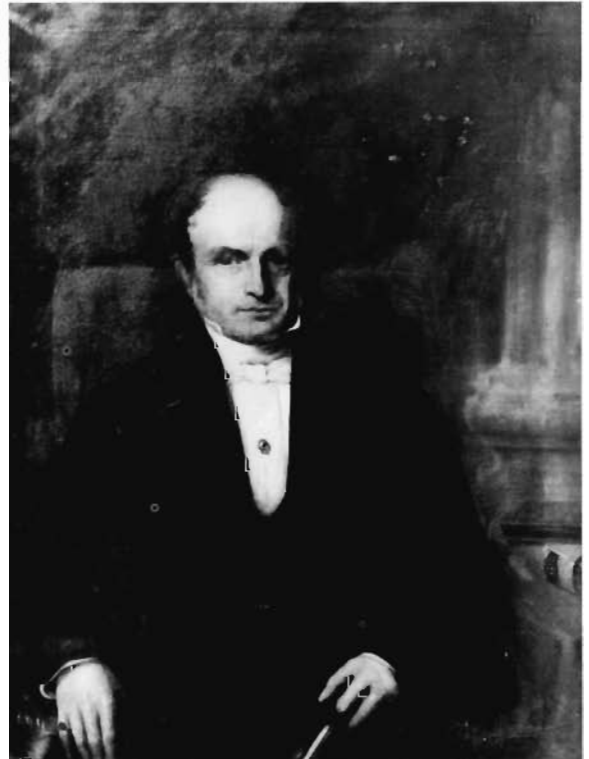
124 ROBERT MACDONNELL 1828-1889



125 JOHN HOUSTON 1802-1845



126 THORNLEY STOKER 1845-1912



127 WILLIAM MONTGOMERY ?-1859

# Chapter 4

## THE VICTORIAN ERA

### GORDON WOLSTENHOLME

*He went like the rain, among the just and the unjust, doing all the good he could . . .*  
Charles Dickens on the physician in *Little Dorrit*, 1857

With this chapter we enter what is generally regarded as the Golden Age of Irish medicine. Whereas the Georgian period was dominated by surgeons such as Abraham Colles [109, 37], and Sir Philip Crampton [115, 40], between the accession of Victoria in 1837 and her death in 1902 it was the physician around whom the golden light played in Ireland; except perhaps for one great surgeon, Sir William Wilde, whose private life would have been better out of the limelight which it attracted.

To view this period a little more in perspective, it may be helpful to return briefly to the seventeenth and eighteenth centuries and come forward again across the dark river of medical history by means of a few prominent and well-founded stepping stones. The Age of Reason, in medical at least as much as in other intellectual pursuits, may be taken to have begun in 1689 with the publication of Newton's *Principia*, followed a year later by Locke's *Essay Concerning Human Understanding*. The whole science of physiology had already been opened up half a century earlier by William Harvey (1578-1657) with his discovery of the circulation of the blood. Thomas Sydenham (1624-89) had gained the title of the father of clinical medicine through his bedside studies of smallpox, malaria, plague, gout (from which he suffered himself) and hysteria. Then, partly influenced by Sydenham, the great Hermann Boerhaave (1668-1738) established in Leyden a medical school with a system of clinical teaching which was to inspire all Europe, and largely through Edinburgh also the early development of medical education in America. From Edinburgh too came the inspiration that motivated the founders of "The Dublin School" that was in its turn to influence clinical medicine in America and Europe.

In the eighteenth century Morgagni (1682-1771) in Italy founded modern pathology by his meticulous studies of disease in 700 bodies, publishing his findings to the world only in his eightieth year. Sir John Pringle (1707-82) in the army and James Lind (1716-94) and Sir Gilbert Blane (1749-1834) in the navy, introduced spectacularly successful reforms in the hygiene and sanitation of camps and ships, the benefits of which were to transform the lives of civilians in the cities. John Hunter (1728-93) directed the blaze of his genius towards countless biological and medical problems, such as inflammation, wound healing, blood coagulation, the surgery of aneurysms, transplantation of tissues, infection in the womb, hibernation, digestion, and the recovery of the apparently drowned. "Immortal" Edward Jenner (1749-1823) by vaccination cut to a fraction, within a few years, the death-rate from smallpox, which

previously had killed about one in five of all people born alive, and burdened those who survived with many disabilities, especially blindness.<sup>1</sup>

In the previous chapter we have learned of medical advances in the Georgian period, particularly in surgery. Between that period and the days of truly scientific medicine in the late nineteenth and twentieth century, we can discern a prolonged and not inglorious dawn. It revealed a great talent for accurate, repeated observation of diseased and distorted states, a belated awakening of public concern for the young, the sick and the old, and the beginnings of enlightened and responsible education for students of medicine and nursing. In these spheres the Irish school of medicine was to play a pre-eminent role.

Medical treatment was barely part of the advance. For the most part it was still an age of removing evil "humours" by purges, enemas, emetics, leeches and bleeding – there is a record on an Irish grave of a woman who died after being bled 500 times. Therapy awaited the new knowledge of specific drugs, anaesthesia, bacteriology, X-radiation, immunology and antibiotics.

Surgery was limited to opening abscesses, performing amputations, lithotomy and trephining, the repair of hare-lips, and the occasional removal of accessible diseased tissues such as breast and penis. Doolin, writing about the state of surgery in the nineteenth century, puts the personages of this period in a clear perspective:

... the surgeon who stood at the head of his profession, whether he were a Dupuytren in Paris, an Astley Cooper in London or a Philip Crampton here in Dublin, was in the popular estimation little better than a butcher, an object of terror to the shrinking wretch doomed to suffer his administrations, and not infrequently a source of bewilderment and uncertainty to himself.<sup>2</sup>

#### NEW TECHNIQUES

One of the major obstacles to surgical advance was removed in the mid-nineteenth century with the discovery of ether and chloroform. The first significant scientific development in surgery in Ireland was introduced by John MacDonnell, a surgeon to the Richmond Hospital, who in 1846 read an account of ether inhalation by Jackson and Morton in the *British and Foreign Medical Review*. Within days he was experimenting on himself with a view to performing amputation under anaesthesia:

I rendered myself insensible for some seconds, five or six times and the following observations were made by Mr M'Donnell on myself. The pupils dilated on every occasion. My pulse rose inconsiderably at the beginning of each inhalation, and fell to the natural standard on the approach of insensibility. Its force was not sensibly affected. My complexion was rather raised each time, and, on one occasion only my lips became blue.

Assisted by Mr Carmichael, Dr Hutton, Dr Adams and Mr Hamilton, and witnessed by several eminent physicians and surgeons of Dublin, and by the class of the Richmond Hospital, he performed an amputation of the arm on an

eighteen-year-old girl, Mary Kane, on New Year's Day 1847. He tells us that "her own testimony is clear and positive, that she had no unpleasant sensation from the inhalation, and that, until, as she says, she 'saw me put a thread on her arm,' she felt nothing". MacDonnell recognised the importance of this remarkable advance: "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. It adds to the long list of those benefits, and establishes another claim, in favour of that science, upon the respect and gratitude of mankind."<sup>3</sup>

There are many examples in Irish medical history of the sons of famous doctors emulating and indeed often surpassing their illustrious fathers, (examples are the Barrys, Jacobs, Stokes, Deases, MacNamaras, Bensons, Haughtons, Meenans, Lanes and the O'Malleys to mention a few), but the MacDonnell family is unique in linking Belfast and Dublin across three generations of famous doctors. James MacDonnell [201], principal founder of the Belfast Fever Hospital and General Dispensary in 1792, was a remarkable polymath and philanthropist who will be dealt with in more detail in Chapter 6.

His son John, who as we have seen introduced anaesthesia to Ireland, studied medicine in the Royal College of Surgeons and the Richmond Hospital, and after receiving his Letters Testimonial (Licence) in 1821 studied in London, Paris and Edinburgh, where in 1825 with his famous contemporaries William Stokes and Dominic Corrigan he graduated MD. He returned to practise in Dublin and was appointed to the Richmond in 1835.

John MacDonnell's son Robert [124] was also to achieve fame by introducing a new technique. On 20 April, 1865 he performed the first recorded transfusion of human blood in Ireland in the Charitable Infirmary, Jervis Street.<sup>4</sup>

Another surgeon, John Houston [125], like John MacDonnell, was to show his appreciation of international developments. His name is perpetuated in anatomy by his description of the rectal valves called after him, but Widdess has drawn attention to a lesser-known and more important distinction that may be attributed to this young surgeon who died from a stroke at the early age of forty-three; he introduced the microscope to Irish medicine in May 1844.<sup>5</sup>

Other "firsts" in Ireland included the introduction by William Stokes of Laënnec's stethoscope in 1822, though it was only after many years and the evidence from many post-mortems that its use became general. A first abdominal hysterectomy in Ireland was performed in 1878 by Sir Thornley Stoker [126], younger brother of Bram of *Dracula* notoriety, and he also carried out the earliest brain surgery. A Caesarian delivery in 1816 saved the child but lost the mother, and the first wholly successful Caesarian in Dublin was done in 1889 by Arthur Macan, a famous Master of the Rotunda.<sup>6</sup>

To the forefront in midwifery was William Fetherston-Haugh Montgomery [127], who achieved such popularity as a lecturer that he was able to persuade the College of Physicians to undertake the teaching of midwifery, and make it part of the curriculum of the School of Physic in Trinity College. In 1837 he published his classic work, *An Exposition of the Signs and Symptoms of pregnancy, the period of human gestation, and the signs of delivery*.<sup>7</sup> The book was a great success abroad being translated into several languages, and all medical

students are familiar with "Montgomery's tubercles", one of the early changes of pregnancy in the breast.

THE DUBLIN SCHOOL

The medical world of Victorian Dublin contained many noteworthy minor luminaries, as we shall see, but the energy which created and perpetuated the golden aura over Irish medicine of the time derived from the largely contemporaneous lives of just three remarkable men: Robert Graves [128], William Stokes [132] and Dominic Corrigan [133].



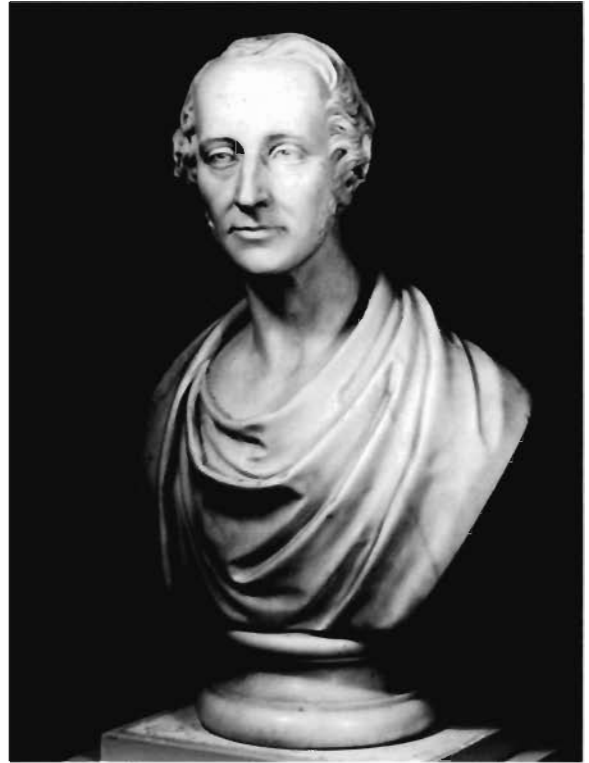
128 ROBERT GRAVES 1796-1853

Graves, Stokes and Corrigan became internationally known, and their names will never fade from any faithful record of medical history. For medical education, the companionship of Graves and Stokes put Dublin in the forefront of clinical teaching throughout the British Isles. In powers of accurate observation and diagnosis, all three were exceptionally gifted and showed their talents at an early age. The originality of their publications may be disputed, but not the quality and systematic clarity of their papers, nor their widespread influence. The brilliant French physician, Armand Trousseau (1801-67), wrote: "There is not a day that I do not in my practice employ the modes of treatment which Graves excels in describing with the minuteness of the true practitioner and not a day that I do not from the bottom of my heart thank the Dublin physician for the information he has given me."<sup>8</sup> It was Trousseau who proposed that exophthalmic goitre should be known as

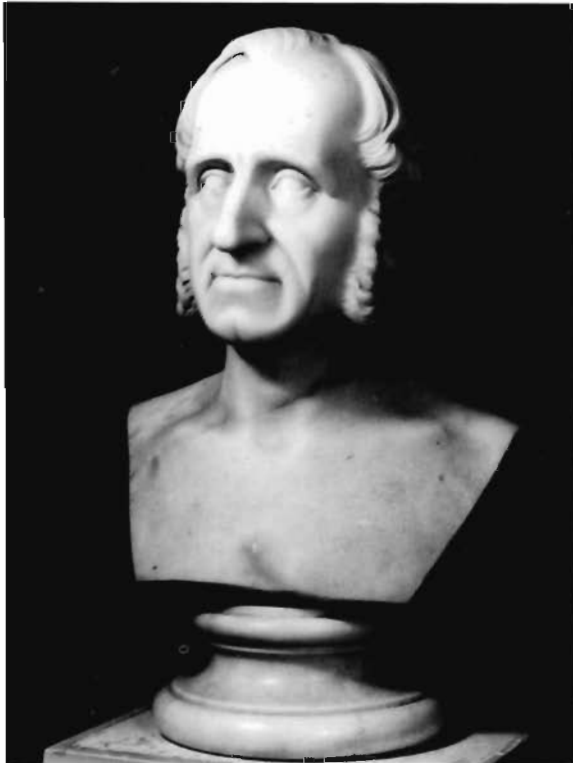
*The Victorian Era*



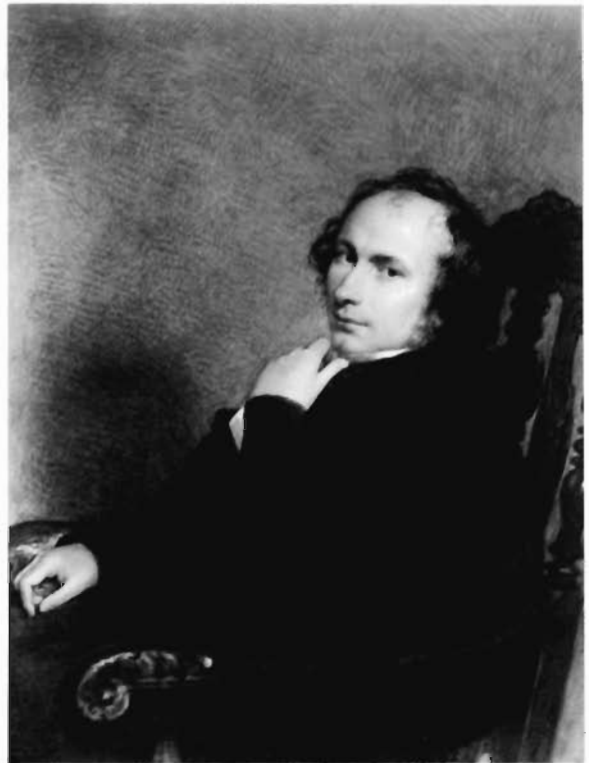
129 ROBERT ADAMS 1796-1875



130 O'BRYEN BELLINGHAM 1805-1860



131 ROBERT W. SMITH 1807-1873



132 WILLIAM STOKES 1804-1878

"Graves' disease", and that aortic regurgitation should be named "maladie de Corrigan". The latter, when once visiting a famous clinic in Paris and revealing that he came from Dublin, was asked if he knew Corrigan, to which he replied "Monsieur, c'est moi",<sup>9</sup> when he was immediately exhibited to the awestruck students as if he were a pathological specimen. The "greatest personality" of Canadian, American and British medicine, Sir William Osler (1849-1919), spoke of his debt to the Irish: "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>10</sup>

Any suspicion that Graves, Stokes and Corrigan were only "big fish" because "the pond" was so small, would be denied by the present writer (who is wholly English); they were whales in the rather limited seas of nineteenth-century medicine. Nor can the claim be sustained that their eminence is a fruit of narrow Irish chauvinism. Ireland was indeed their country, but Robert Graves was descended from one of Cromwell's colonels, William Stokes came from a family distinguished for five generations in Ireland but which had come probably from Gloucestershire in 1680, and only Dominic Corrigan was as Irish as can be. His father had a small store for agricultural implements in the Liberties of Dublin; his mother, a strikingly handsome woman, was Celia O'Connor, a descendant of the ancient high kings of Ireland. The family was devoutly Catholic.

The Golden Age they created was, rather, a brilliant illustration of what a combination of talents in Europe can achieve. Robert Graves [128, 24, 45] graduated in arts (with gold medal) and medicine at the age of twenty-two at Trinity College, and spent three years studying in Berlin, Göttingen, Vienna, Copenhagen, Paris and Italy. His facility for foreign languages was so exceptional that he once spent ten days in an Austrian prison as a suspected spy because his German was too good to be believed. William Stokes [132, 44] began his medical training in Dublin at the Meath Hospital, Trinity College and the Royal College of Surgeons, but continued his studies in Glasgow and Edinburgh. He graduated at the age of twenty-one and achieved immediate fame by publishing the first work in England on the use of the stethoscope,<sup>11</sup> which had been invented by Laënnec in Paris some six years earlier. Dominic Corrigan, after apprenticeship in Ireland, qualified in Edinburgh at the same time as William Stokes, and published in the *Edinburgh Medical and Surgical Journal* his famous 1832 paper on "Permanent Patency of the Mouth of the Aorta, or inadequacy of the Aortic Valves".<sup>12</sup> He was an inveterate traveller and regularly spent at least two months a year on the Continent. All three were to receive decorations and honours in many European countries.

This is not the place to go into detail about the achievements in medicine of these outstanding Irishmen, but some indication must be given of where their main successes lay. Robert Graves is primarily famous for his identification of exophthalmic goitre, the over-activity of the thyroid gland associated with protuberance of the eyeballs. Known in many parts of the world as Graves' Disease, it was probably first described by Caleb Hillier Parry of Bath ten years earlier, and in Germany Basedow is given the credit, but Graves'

description was classically comprehensive. He could be allowed greater fame for describing angioneurotic oedema thirty years before Quincke, who is given the eponymous credit, or for his description of peripheral neuritis. Graves also described the intermittent attacks of pallor of the fingers or toes nearly twenty years before Raynaud, whose name the phenomenon carries.<sup>13</sup> He pioneered the nursing of tuberculosis sufferers in well-ventilated rooms. But in addition to many other observations and recommendations, it was in the feeding of patients suffering from fever, in total opposition to medical opinion at the time, for which Graves himself wished to be remembered; and rightly so, for perhaps as many lives were saved on this advice as were preserved by vaccination.

William Stokes is characteristically remembered by two conditions in each of which his name is coupled with that of another. John Cheyne [113], a Scottish surgeon who was Professor of Medicine at the College of Surgeons in Ireland and much concerned with military medicine, described in 1818 an intermittent form of respiration which had a sinister significance;<sup>14</sup> twenty-eight years later Stokes drew attention to Cheyne's report and gave a classical description<sup>15</sup> of what has since been known as "Cheyne-Stokes respiration". Another surgeon, Robert Adams, characterised in 1827 a form of apoplexy associated with a slow pulse;<sup>16</sup> again Stokes, in 1846, recalled Adams' cases, added his own, and defined a combination of fainting attacks with a slow pulse and degeneration of the heart which have been known ever since as the "Stokes-Adams syndrome".<sup>17</sup> Stokes's writings on disease of the chest<sup>18</sup> (1837) and on the heart and aorta<sup>19</sup> (1854) exercised a major influence in Europe. Not surprisingly, Stokes deplored the separate training of physicians and surgeons: "The human constitution is one; there is no division of it into a medical and surgical domaine."<sup>20</sup>

Robert Adams [129] was a short, stout, chubby man, a very competent surgeon and anatomist, who became Regius Professor of Surgery at Trinity College and Surgeon to the Queen in Ireland, and three times President of the College of Surgeons. A fine paper of his on "Chronic rheumatic arthritis" became a classic. Adams was also noted for the quality of the horses he kept.<sup>21</sup>

Graves and Stokes together brought about a transformation in medical education. Impressed by what he had seen in Germany, and dismayed by the remote manner in which the Edinburgh medical student was prevented from gaining direct clinical experience, Graves insisted on bedside responsibility for every student, and in this was enthusiastically supported by Stokes, first as a student and then as a colleague. They believed in a basis of a broad, classical education for all medical students; in teaching students how to guide their own studies; each student was to be put in daily charge of one or more patients; there was to be no gulf between teacher and student, but full and friendly contact – students should join in doing practical experiments; the effects of disease must be demonstrated at post-mortem; close tutorial teaching and frequent assessment might render final qualifying examinations redundant; scientific respect should depend upon original work; and anatomy, physiology and chemistry were not, as was then regarded, the ABC of medicine – "will they teach his hand, his eye, his ear? But more, will they teach him the look of a sick man, sympathy with the sick, charity to the sick, patience

with the sick?" (Stokes).<sup>22</sup> Slowly their influence on medical education prevailed –some might say so slowly that the end-point has not yet been reached.

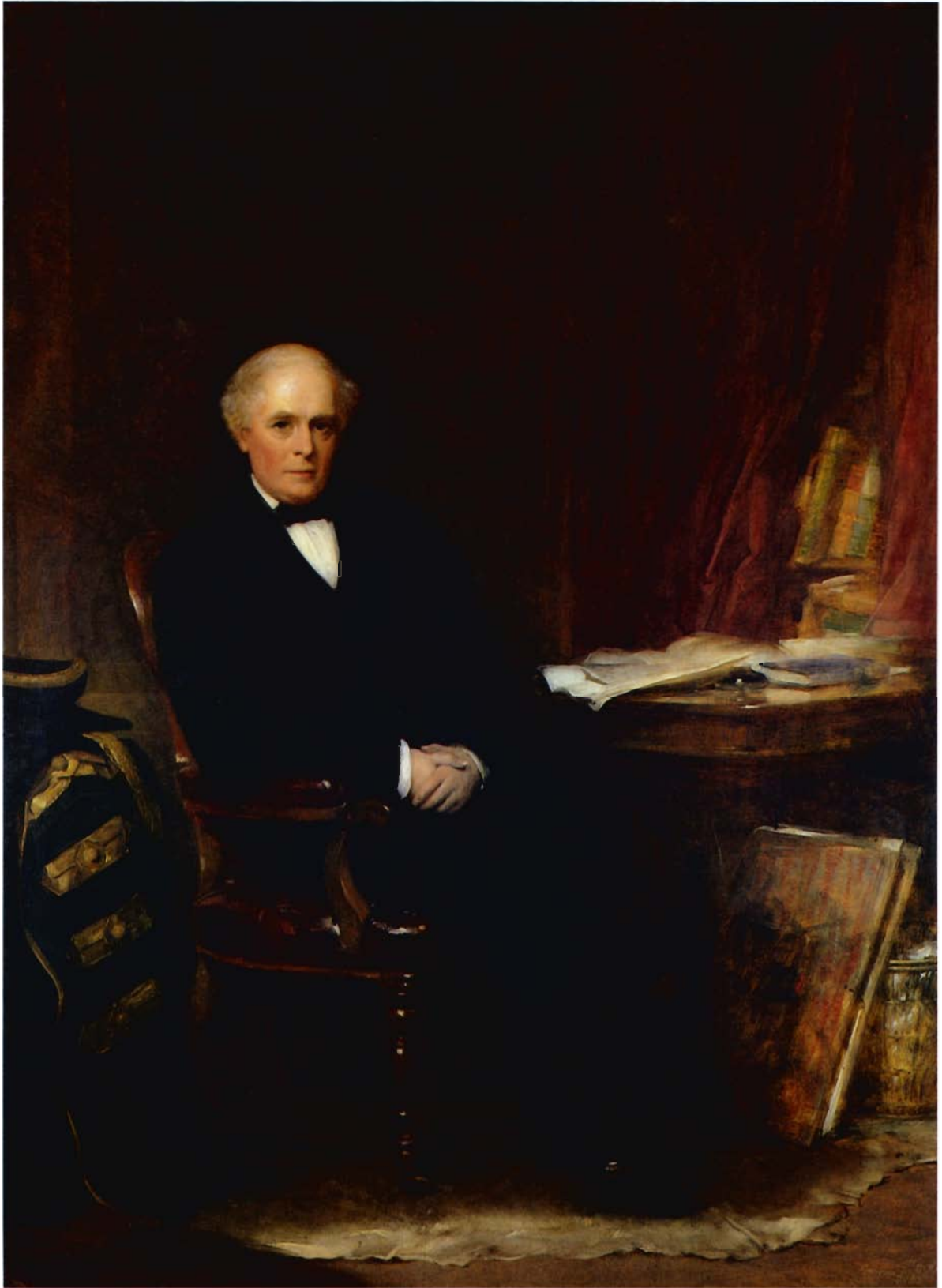
Sir Dominic Corrigan wrote a classic description of the signs, symptoms, pathology and prognosis of inadequacy of the aortic valves of the heart in 1832. There had been many earlier references to such a condition, but Corrigan could correctly claim to be writing the first clear and comprehensive study to be published in cardiac literature. One of the first to recognise the value of this communication was Robert Graves, though he was a little uncomfortable over the young author's dogmatic assertions. "Corrigan's pulse" persists in medical parlance; "Corrigan's cirrhosis" of the lung has disappeared but was a valuable concept at the time.<sup>23</sup>

Sir William Wilde's [134, 18] contributions to medical science and teaching were very impressive. When he began, the surgery of the ear was in the dark ages; Wilde was determined to make medical sense of it by "taking as basis the principles of pathology, and by reducing treatment to recognised rules of modern therapeutics and scientific surgery". He invented new instruments, probes, an aural snare, and dressing forceps, and he taught the use of Gruber's ear speculum. He organised a strict order of nursing, published complete records of cases of ear disease, and wrote the first textbook on *Aural Surgery* (1833) of British and continental importance; as a result, students were attracted to his hospital from all parts of the world.<sup>24</sup>

Corrigan and Stokes were the first of the emerging speciality of cardiology. Within that speciality today they would hold pride of place as clinical cardiologists *par excellence*. With only their senses of sight, touch and hearing (augmented by the stethoscope), they achieved a degree of accuracy in diagnosis that was quite remarkable. Stokes' books on diseases of the chest and heart are masterpieces of clinical reasoning and were standard works for many years. Another Victorian masterpiece of cardiology was *Diseases of the Heart*<sup>25</sup> written by O'Bryen Bellingham [130], Professor of Botany at RCSI, and the only Protestant surgeon on the staff of St Vincent's Hospital.<sup>26</sup>

Another surgeon to influence medical practice through his writings was Robert William Smith [131] who, to quote Cameron, "was one of the most distinguished anatomists and surgeons which Ireland has produced".<sup>27</sup> Certainly, his monograph *Treatise on Fractures in the Vicinity of the Joint, and on Certain Forms of Accidents and Congenital Dislocations*<sup>28</sup> is a classic containing 200 beautiful illustrations. He founded, with Stokes, the Pathological Society which served as a forum for these talented Victorians to present and discuss their researches.

Clinical science alone, however brilliant, would hardly have been enough to cause the age to be regarded as golden. William Stokes [132, 135, 44], though his own early education lay almost wholly in the example set by his distinguished physician and patriot father, Whitley Stokes, provided much of the inspiration for a renaissance in Irish intellectual life, in art, literature and music, after the lethargy and doldrums of the first quarter of the century following the Act of Union in 1801. His close friends included the artists Frederic Burton and George Petrie (who also had a fine knowledge of music), the writer Thomas Davis, who struggled, as Stokes put it, to awaken a sense of "justice, manliness



133 DOMINIC CORRIGAN 1802-1880

and reliance on themselves"<sup>29</sup> among his fellow countrymen, and the poet Clarence Mangan, whose drug-ridden death Stokes was to redeem with kindness and dignity. According to another notable friend, Professor Mahaffy, Provost of Trinity College, William Stokes, "though he was neither a musician nor an artist, felt the beauty of artistic work with the keenness and a tenderness beyond the depth of ordinary men".<sup>30</sup> Stokes knew enough about geology, mineralogy and botany to obtain constant delight on his travels in Italy, Germany, France and Spain, when away from the famous cathedrals, palaces and art collections which fascinated him so much. He once wrote: "We are given intellect, feeling, sympathy, and sense, as the avenues by which we may receive the truth. . . . But art teaches by other methods – in unwritten tongues, in varied languages; it preaches truth through beauty."<sup>31</sup> Stokes was a man who could enjoy everything life had to offer, especially friendship, and who knew how to relax. According to Mahaffy, Stokes was particularly fond of national musical airs, both Irish and of the countries he visited, and at home "would act in charades, when his curious solemn face and his wonderful wit would elicit roars of laughter".<sup>32</sup> He was, however, subject to periods of depression, and remained deeply sensitive to the sufferings and deaths of his patients. A fine diagnostician, he was all the more frustrated by the extremely limited means of cure available to him. Dr Arthur Guinness mentioned that Stokes had a slight strabismus, "one eye in one corner of the ward and his other in the opposite corner."<sup>33</sup>

Robert Graves [128] was a gifted draughtsman. During his first travels across the Alps he was joined by a silent, taciturn man who looked like "the mate of a trading vessel"; they would both sketch away for an hour or two and "when" wrote Graves "we compared drawings, the difference was strange; I assure you there was not a single stroke in (his) drawings that I could see like nature; not a line nor an object, and yet my work was worthless in comparison to his. The whole glory of the scene was there."<sup>34</sup> Only after some weeks of journeying together did Graves discover that his companion was J.M.W. Turner, who gave Graves a friendship such as he bestowed on few others. Graves's flair for languages has already been mentioned, and this enabled him to form friendships with many of the leading physicians and physiologists of Europe, with whom he kept up correspondence throughout his life. His own great *Clinical Lectures* were translated into German and Italian, and, with a famous Preface by Trousseau, into French. Graves was described (by Stokes) as "tall, of dark complexion, and with noble and impressive features";<sup>35</sup> appropriately, the tone of his voice was sepulchral. Wilde, an enthusiastic pupil of Graves's, described "the searching gaze, the animated expression, and the bright piercing eye"; tired students were revived by his teaching – "then all weariness was forgotten, all langour vanished".<sup>36</sup> But there is something unsympathetically Victorian about this undoubtedly able and industrious man, who "by nature proud, has trained himself to be mentally humble"<sup>37</sup> (Stokes again).

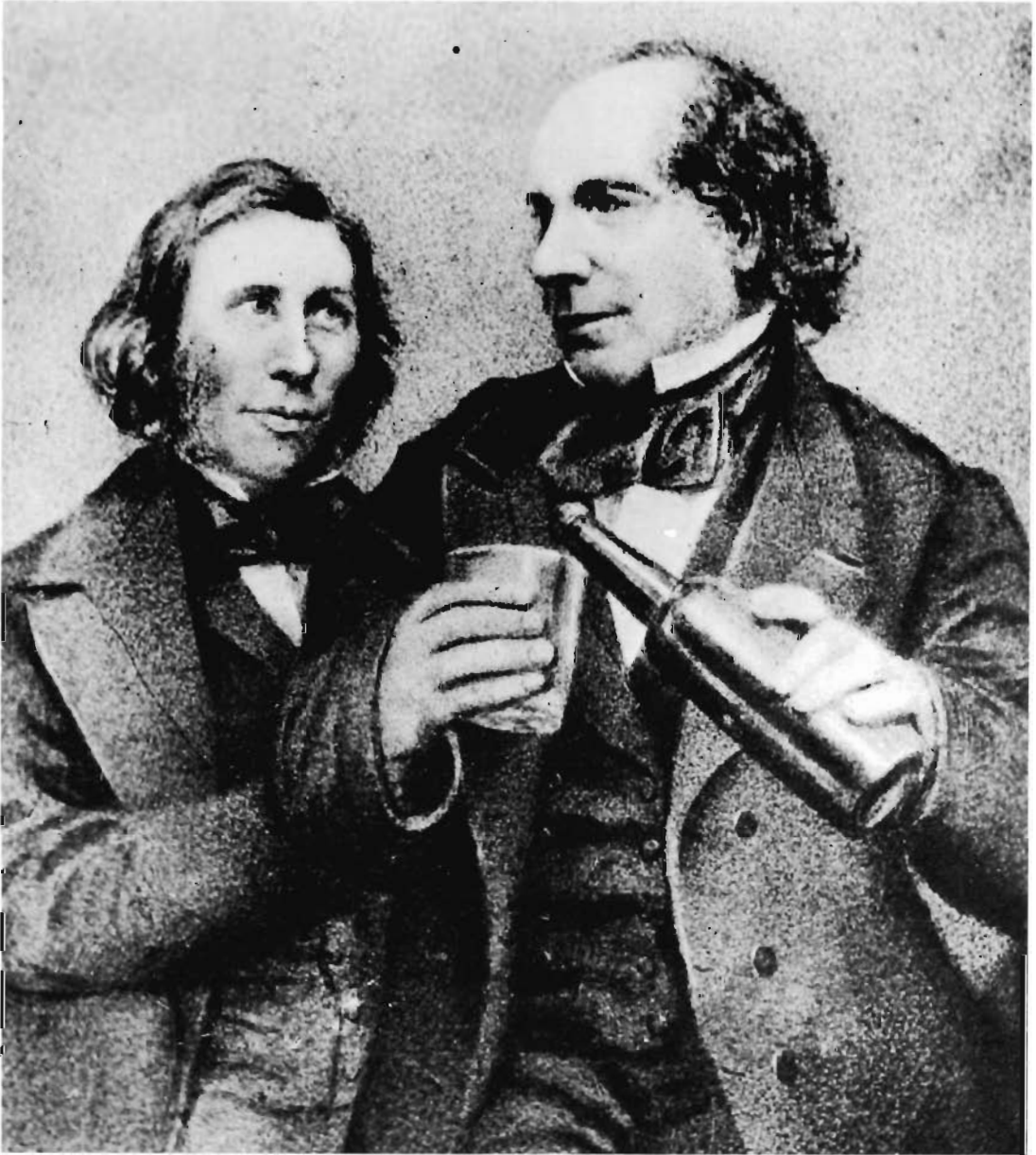
Dominic Corrigan's [133, 42] major interests outside medicine were natural history and zoology; he was a fine horseman and a fearless rider to hounds; he bred tropical fish; he was simultaneously President for five years of the College of Physicians and the Royal Zoological Society. His published papers



134 WILLIAM WILDE 1815-1876

included delightful memoirs of Athens, Aix-les-Bains, and Arcachon, near Bordeaux.<sup>38</sup> "Of commanding figure, very like Daniel O'Connell, his face beamed with kindness, and his manner, if a trifle brusque, was most fascinating"<sup>39</sup> – so Sir Francis Cruise wrote of his first meeting with Sir Dominic Corrigan. Athletic, Corrigan delighted in "leaping and riding a bare-backed horse fearlessly".<sup>40</sup> He is said to have had a temper which was easily discomposed, and he was a stickler for points of order, but he was a cheerful, kindly man, with a quiet sense of humour, and, although an ardent Catholic, he strongly advocated religious freedom, and freedom for Ireland – but not through violence. The portraits give an impression of a handsome man, intelligent, for the most part kindly, but at times petulant, truculent and quick to take offence.

We may mention here that William Wilde [134, 135, 18], the father of Oscar, apart from becoming a great innovator in aural surgery, was also an authority on Celtic history, spoke fluent Irish and half-a-dozen European languages, and



135 WILLIAM WILDE AND WILLIAM STOKES SHARING A BOTTLE OF BEER

wrote single-handedly a 700-page commentary on the Irish Census of 1851 which has been described as a classic of great scholarship, erudition and industry.<sup>41</sup> It was after an early illness that Wilde, on the advice of Robert Graves, accompanied a patient on a journey which took him to Madeira, Teneriffe, Egypt and Palestine, and which aroused in him a lifelong interest in natural science and archaeology.<sup>42</sup> William Wilde's sense of fun is evident from the photograph of him sharing a bottle of beer with William Stokes [135]. This is based on one of the earliest "conversation pieces" in photography,

taken by Lord Justice Fitzgibbon in the late 1850s. As a young man Wilde was described as dark and ferrety; at the time of his marriage, at the age of thirty-six, "he was small and slight, very upright, very active, rather untidy, with an open face . . . large expressive eyes . . . masses of dark hair brushed back from a good forehead . . . fuzz of black sidewhisker and beard. His upper lip, like Abraham Lincoln's, remained clean-shaven to give full value to a wide sensuous mouth".<sup>43</sup>

The three physicians and the surgeon, Wilde, were all professionally, socially and financially successful. Robert Graves lived with his wife and eight children at 4 Merrion Square, South; William Stokes and his wife Mary Black, with whom he had fallen in love during his student days in Glasgow, with their nine children, were at 5 Merrion Square, North; Sir William Wilde, with his large, languid "Speranza" and three children, was at number 1, North and Sir Dominic Corrigan, who was said to earn £9000 a year, and his wife Joanna Woodlock, daughter of a wealthy Dublin merchant, settled at 4 Merrion Square, West.<sup>44</sup> The move of successful doctors into the elegant, fashionable square of Dublin was similar to what was happening in the Harley Street area of London. In London it was a calculated infiltration into the higher levels of the society of the day; witness for example, Sir Henry Thompson (1820-1904) at 35 Wimpole Street, surgeon, novelist, painter, collector and astronomer, with his "octaves" – dinners for eight guests, with eight courses, eight wines, at eight pm, at which Edward VII, both as Prince of Wales and King, was present, whilst the eighth guest at the 300th octave was the future George V.<sup>45</sup> In Dublin, however, following the Act of Union in 1801 and the dissolution of the Irish parliament, there was a general withdrawal of members of the aristocracy, government officials and politicians to London so that it was the Irish professional classes, and pre-eminently the successful doctors, who took over the gracious homes and became themselves the nobility of Dublin society. Doctors, lawyers, the clergy, academics, writers, artists, actors and army officers came frequently together for dances, *conversaziones*, at homes, garden parties, concerts and dinners in considerable style. Probably the most open house of all was that of William Stokes.<sup>46</sup>

Dominic Corrigan had the distinction of being the first Catholic to be appointed honorary physician in Ireland to Queen Victoria; he was created baronet, became a Liberal member of parliament, where he spoke with considerable courage on the educational needs of Catholics, was a member of the Board of Health, a Commissioner for Education, a senator of the Queen's University and its representative on the General Medical Council, President of the College of Physicians for five years, a term not since equalled, and he was elected a corresponding member of the Académie de Médecine in Paris.<sup>47</sup>

Robert Graves was President of the College of Physicians, a member of the Royal Irish Academy, a fellow of the Royal Society, the first and for many years President of the Pathological Society founded by Stokes and Smith, and which was the first of its kind in Britain, an editor with Sir Robert Kane and William Stokes of the *Dublin Journal of Medical and Chemical Science* (now the *Irish Journal of Medical Science*), and was honoured in Berlin, Vienna, Hamburg, Tübingen, Bruges and Montreal.<sup>48</sup>

William Stokes, again a President of the College of Physicians, was also a President of the Royal Irish Academy (the first physician to hold this office), President of the British Medical Association, and Physician-in-Ordinary to the Queen in Ireland; he received honorary degrees from Edinburgh, Oxford and Cambridge, from Prussia the order "Pour le Mérite", and other honours in Dublin, Berlin, Leipzig, Edinburgh, Ghent, Baden, Hamburg and Philadelphia.<sup>49</sup>

The "Dublin School", by which name the renaissance in Irish medicine brought about mainly by Graves, Stokes and Corrigan came to be called, was a short-lived phenomenon. It achieved for Irish medicine an international stature which it soon lost and has never regained. Its strength could not endure; founded through a providential amalgam of extraordinary talent, it could not sustain itself without genius and died almost as rapidly as it had arisen.

#### THE GREAT FAMINE

It is hard to believe that this glittering scene was set against the background of an Ireland desolated by poverty, pestilence and famine, and severely "troubled" by national, political and sectarian injustices. The population had grown by 172 per cent between 1778 and 1841. In the country the Irish labourer worked a minimal, subsistence plot of land and lived in a mud hut consisting of one room without windows or chimneys, and with little or no furniture; in the town he was no better off – three or four people to a bed, amidst filth and stench. He and his family just survived on the potato, which was cheap and nutritious but incapable of being stored from one season to another and susceptible to periodic crop failures. The Irish could then afford no adequate alternative food; in the 1830s there was a fatal epidemic among pigs – "the gintilman that pays the rint" – followed by pleuropneumonia and foot-and-mouth disease among cattle, then sheep rot, and to fill the cup of misery to the brim, an outbreak of fowl-pest.<sup>50</sup> The final dreadful calamity occurred when blight destroyed the successive potato crops of 1845, 1846 and 1847. Typhus was always endemic in Ireland, and as people desperately journeyed in search of relief from hunger and congregated for warmth within any shelter available, this and another louse-borne disease, relapsing fever, together with typhoid, dysentery, diarrhoea, smallpox and measles, killed probably ten times as many as those who died from starvation. Of 473 doctors appointed to special fever duty by the Board of Health, 1 in 13 died at his post. The total mortality in the Irish population was estimated by MacArthur to be of the order of 1,000,000 or one-eighth of the population.<sup>51</sup> On top of all this a second epidemic of Asiatic cholera in 1848-49 caused the deaths of a further 36,000. As a direct result of these fearful Forties, more than 2,000,000 people emigrated in the decade after 1847.

Where did our famous physicians stand in this terrible situation? For the most part they reacted with sensitivity and compassion. William Stokes, even when a student in Edinburgh, had attended his revered teacher, Professor Alison, on visits far into the night to the sick and poor of the city.<sup>52</sup> In 1832 Asiatic cholera had reached Ireland, and Stokes and a surgical



136 JOHN OLIVER CURRAN 1819-1847

colleague made the first diagnosis on the dead body of a man at Kingstown and were fortunate to escape injury from local inhabitants incensed at the likely effect on the holiday season – that epidemic killed over 50,000 people. Stokes struggled for the provision of dispensaries for the poor, and for better conditions and pay for dispensary doctors, 24 per cent of whom died in a 25-year period, more than double the death rate to be expected among army officers in combat. On being elected President in 1849 of the College of Physicians, Stokes commented: "Loving my unhappy country with a love so intense as to be a pain, its miseries and downward progress have lacerated my very heart."<sup>53</sup> A favourite pupil, John Oliver Curran [136], died of typhus contracted from a patient in his care; the death of this amiable, much-loved "general practitioner" motivated much of the opposition to Corrigan which will be discussed in a moment.

Robert Graves was probably less materially successful than he might have been because he was suspected of "continental liberalism". It was Graves who described as "this foul blot of medical practice" the appalling fact that at one time, of 10,273 sick children admitted to the Dublin Foundling Hospital, only 45 recovered. He was one of a group of Dublin doctors who went to cope with the epidemics in Galway which followed the potato failure of 1822, and he wrote of the "wakes, the cries and lamentations . . . the tolling of the death bell".<sup>54</sup> This grim experience was reinforced in the cholera epidemic of 1832 in Dublin, and he never forgot the heroic doctors who sacrificed their lives in selfless service to the sick. In 1847 Graves fiercely attacked Dominic Corrigan,



137 DAVID HADDEN 1817-1878

seeing him as the one competent and conscientious medical member of the Board of Health and so blaming him for the pitiful offer of five shillings a day to the dispensary doctors who were dealing with the tidal wave of famine fevers, comparing this fee with the guinea charged by fashionable doctors for a half-hour consultation.<sup>55</sup> Graves was justly famous for transforming the treatment of fevers, advocating instead of the customary bleeding, purging and fasting, a diet of steak, mutton or fowl, washed down with wine and porter. His epitaph, he suggested, should be "He fed fevers".<sup>56</sup> But we may recall a woman's plaint to Stokes: "Oh, doctor, you have given me a good stomach, but I have nothing to put in it."<sup>57</sup>

The mortality among the dispensary doctors working in the rural famine areas was truly terrifying, and many exhibited bravery and great charity in performing their medical duties. Among these often-forgotten heroes of a terrible holocaust was one named David Hadden [137] third child of the Reverend John Hadden, a Methodist minister. He was apprenticed as an apothecary to his elder brother, John Evans Hadden, who practised in Wexford. He took his licentiate of the Apothecaries Hall in Dublin in 1839, and after taking his membership of the Royal College of Surgeons in London, and his MD at Glasgow, settled in practice in Skibbereen in 1841, with dispensary appointments in the neighbouring areas of Castletownshend and Drimo-league.<sup>58</sup> He was well placed to experience the devastating effects of one of the worst affected areas in Ireland:

Skibbereen, 5th of February, 1847 – This place is one mass of famine, disease and death; the poor creatures hitherto trying to exist on one meal per day, are now sinking under fever and bowel complaints – unable to come for their soup, and this not fit for them: rice is what their whole cry is for; but we cannot manage this well, nor can we get the food carried to the houses from dread of infection. I have got a coffin with moveable sides constructed to convey the bodies to the churchyard, in calico bags prepared in which the remains are wrapped up. I have just sent this to bring in the remains of a poor creature to the grave, who having been turned out of the only shelter she had – a miserable hut – perished the night before last in a quarry, she was found with some flax around her, lying dead!<sup>59</sup>

Dr Hadden, according to family tradition, was always reluctant to speak of the famine tragedy, but the gratitude of the surviving inhabitants of Skibbereen can best be judged by their presentation to him of the portrait painted by Brenan, a fine service of silver, a purse of 200 sovereigns, and a signed testimonial.

Corrigan agreed with Graves on the vital importance of nutrition but carried this belief to the point at which he maintained, from a position of authority, that relief of famine was all that was needed to stop the fevers associated with it; this unfortunately led to the neglect of isolation, cleanliness and the destruction of infected clothing and bedding. Corrigan may have become too conscious of his own dignity and importance, but his personal kindness and quiet humour made him much loved by his patients, and perhaps his sense of dignity was an overcompensation for the handicaps to which Catholics were still subject, long after the Emancipation Act of 1829. In a paper published in the *Lancet* in 1829 Corrigan had warned the authorities that unless the Irish peasants were made less dependent on the potato for survival, there would eventually be a blight followed by famine and pestilence;<sup>60</sup> and in 1846 he bitterly and passionately protested that Irish corn – “the forbidden fruit” – was being exported when hundreds were dying in the streets from starvation, and added: “The offspring will inherit for generations to come the weakness of body and apathy of mind which famine and fever have engendered.”<sup>61</sup>

It remains to be said in regard to the social consciences of our famous men, that Wilde founded his career on the provision to the poor of his services as an ear and eye surgeon. However much he cherished the honours to come, he was not one to forget what he had described as “the poverty, dirt, and misery and destitution of our people . . . the bad feeding, the bad clothing, the exposure, the long hours, and overworked conditions of some of the feeblest part of our community . . . young women haggard with working 16 hours a day . . . and nearly blind with the stitching for votaries of fashion”.<sup>62</sup> And it was Wilde, writing on Austria, who had bitterly condemned the bureaucracy, stupid officialdom and the feudal tyranny under which that country was then suffering.<sup>63</sup>



138 HENRY R. SWANZY 1844-1913

#### VICTORIAN HOSPITAL DEVELOPMENT

We have seen how the Georgian era became the age of the hospital in Ireland, but that is not to say that hospital development ceased during Victoria's reign. In fact fifteen Victorian hospitals were established in Dublin of which eight are still in existence. Four of these were general hospitals – The Royal City of Dublin Hospital (1832), St Vincent's Hospital (1835), the Adelaide Hospital (1839), and the Mater Misericordiae Hospital (1861) [252]; two were hospitals for children – The Children's Hospital, Temple Street (1872), and the National Children's Hospital, Harcourt Street (1884); one maternity hospital was established – The National Lying-In Hospital, Holles Street (1885); the Dental Hospital was founded in 1879, and Our Lady's Hospice for the Dying in 1879.

Special mention deserves to be made of St Mark's Ophthalmic Hospital, founded by William Wilde in 1844, which together with the National Eye and Ear Infirmary formed the Royal Victoria Eye and Ear Hospital in 1904. [264-274]. A dominant figure in bringing these two institutions together to give Ireland a modern ophthalmic hospital was Henry Rosborough Swanzy [138, 28], who having spent two years as assistant to Professor Von Graefe in Berlin, served as a volunteer surgeon on the Prussian side during the Austro-Prussian war of 1866.<sup>64</sup> He travelled and studied extensively in Europe as did so many of his contemporaries, and he returned to enrich the developing speciality of ophthalmology with his experience.<sup>65</sup>

Another hospital named to honour royalty was the Royal City of Dublin Hospital, founded in 1832 to serve the Royal College of Surgeons as a clinical

hospital, in much the same way as Sir Patrick Dun's Hospital served the Royal College of Physicians and the Trinity Medical School. The founding members of this institute formed a remarkable group which consisted of Thomas Beatty, John Houston, Arthur Jacob, Robert Harrison, James Apjohn, and Charles Benson. They named their 52-bedded institute simply "The Surgical Hospital", and each contributed sizeable sums of money to its establishment and maintenance.<sup>66</sup>

Thomas Edward Beatty [139] is noteworthy because he was the only man to hold the presidencies of the College of Surgeons and the College of Physicians. He had to renounce the fellowship of the Surgeons before he could be admitted to fellowship and, in the same year (1864), to presidency of the Physicians, but his example was an indication of the drawing together of the two main branches of medicine. Cameron described Beatty as "a portly, handsome man, with a florid, clean-shaven face . . . he possessed a sweet tenor voice, which was highly cultivated".<sup>67</sup>

John Houston [125] had, as has already been mentioned, introduced microscopy to Irish medicine. Arthur Jacob [140, 94] was a powerful, brusque and ascetic opponent of William Wilde, a fine oculist in his own right, whose studies in Paris were broken by Napoleon's escape from Elba. He was the first to recognise the neural layer of the retina, known as "Jacob's membrane", and his name is also associated with skin cancer of the eyelid – the 'rodent ulcer', and a needle for cataract operations. "Erinensis" (Dr Herries Greene) portrayed him thus: "He was harnessed in a pair of spectacles. . . . Over the springs of this beautiful piece of mechanism, that held the temples fast in 'close embrace',



139 THOMAS BEATTY 1800-1872



140 ARTHUR JACOB 1790-1874

hung two luxuriant ringlets of auburn hair, like the tendrils of the vine . . . with such a smirk of self-complacency upon his countenance."<sup>68</sup>

Jacob was a remarkable, if somewhat unlikeable, personality in Victorian medicine. He was deeply involved in medical reform and education and together with Henry Maunsell founded in 1839 a periodical, the *Dublin Medical Press*, which survived until 1961 in London as the *Medical Press and Circular*. He was always candid, and criticised the authorities for treating medicine and surgery in isolation from each other (an amendment to the Medical Act in 1886 eventually stipulated that no person could receive a medical qualification unless he qualified in medicine, surgery and midwifery). Speaking to the students of RCSI in 1844 Jacob said:

It is surely high time for us to have an end to such drivelling, and to declare the truth without any petty manoeuvring. This College, although called a College of Surgeons, is, as you all know, just as much a College of Physicians. . . . In fact, this is a College of Medicine and Surgery, and the Diploma you receive from it is universally accepted as evidence of your fitness to practise every branch of the healing art.<sup>69</sup>

Robert Harrison was Professor of Anatomy and Physiology at RCSI, and later of Anatomy and Chirurgery at the Trinity School of Physic. He was a colleague of Corrigan on the staff of the Charitable Infirmary, and both were outspoken in their efforts to influence government to instigate reform in the dispensary system. Harrison's famous *Dublin Dissector* appeared in 1829, and became a standard anatomical textbook for many years, even in the American schools.<sup>70</sup> Indeed the writings of Irish anatomists in the nineteenth century had remarkable success abroad, and few medical textbooks have enjoyed the popularity of *Cunningham's Anatomy* written by Daniel John Cunningham [48], Professor of Anatomy at Trinity College and later at Edinburgh.<sup>71</sup>

An outstanding chemist who strongly influenced the scientific aptitudes of medical students, including his close friend William Stokes, was James Apjohn [141] who was also a fellow of the Royal Society, and author of many papers on chemistry, electricity and mineralogy. He was famed in other countries for his formula for the determination of the dew-point.<sup>72</sup>

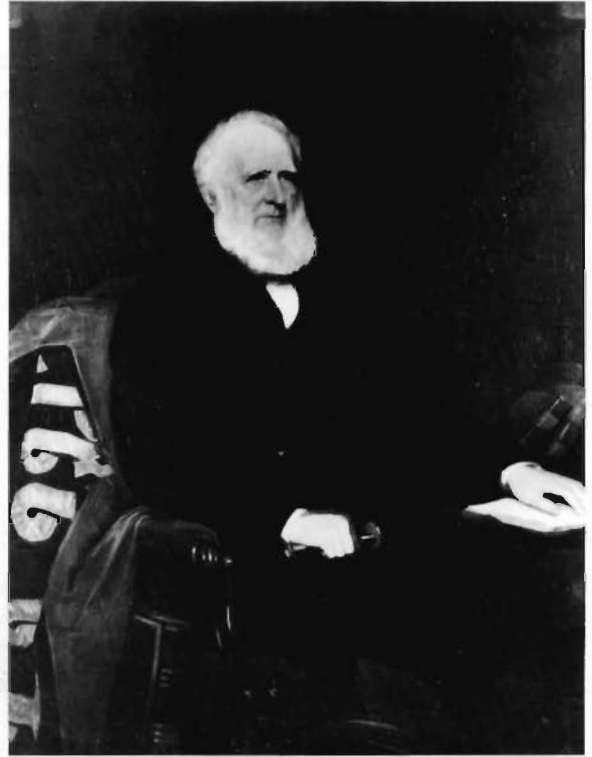
Charles Benson [142] was Professor of Medicine at RCSI. In the portrait by Stephen Catterson Smith he is seen holding the monaural stethoscope which Stokes had introduced to Ireland.

St Vincent's Hospital founded in 1835 was the first of the great Catholic hospitals in Dublin. Mother Mary Aikenhead [22], portrayed in almost a parody of Victorian style, was brought up as a protestant and converted to catholicism at the age of 16, soon after her father, Dr David Aikenhead, was received on his deathbed into the Church of Rome. Archbishop Murray suggested to Mary that she should lead the way in setting up the first Irish order of sisters of charity. Eventually she founded eight convents, an asylum for penitents and St Vincent's Hospital, which was the first hospital in Ireland to be served by nuns. Like Florence Nightingale and Harriet Martineau – and we could include Charles Darwin – Mary Aikenhead was a creative, reforming organizer, and like them, did much of her work from a couch of sickness.<sup>73</sup>

*The Victorian Era*



141 JAMES A. JOHN 1796-1886



142 CHARLES BENSON 1797-1880



143 JOSEPH O'FERRALL 1790-1868



144 MOTHER C. MCAULEY 1778-1841



Mother Mary chose Joseph O'Ferrall [143] as the first member of the staff of St Vincent's Hospital. O'Ferrall was the son of a woman who was disowned by her family for becoming a catholic and who married a kind man of humble status. The family had to be thrifty, and Joseph especially so, since from his own success as a pathologist he enabled a brother to achieve eminence at the English Bar, and also supported a sister. He founded in 1845 the *Dublin Hospital Gazette*, and later faced nearly total blindness for many years with great courage.<sup>74</sup> Mother Mary Aikenhead's achievement in founding St Vincent's Hospital heralds a period of intensive involvement by various orders of nuns in Irish hospitals.

Catherine McAuley [144], the Foundress of the Order of Mercy was born in 1778, and devoted her life and considerable wealth to providing for the poor. She first founded a school, followed in 1831 by the first Convent of the Sisters of Mercy in Baggot Street. Mother McCauley died in 1841 having founded eight convents in Ireland and two in England. After her death the Sisters of Mercy continued to give much needed nursing care to many hospitals in Dublin, and in 1854 they were invited to take over the nursing administration of the Charitable Infirmary, a role they only recently ceased to fulfil.<sup>75</sup> In 1854 the Mater Hospital in Belfast opened under the auspices of the Sisters of Mercy, and was followed by the Mater Misericordiae Hospital in Dublin in 1861 [252], St Michael's Hospital in Dun Laoghaire in 1876 and Our Lady of Lourdes Hospital, Dun Laoghaire, in 1918.<sup>76</sup>

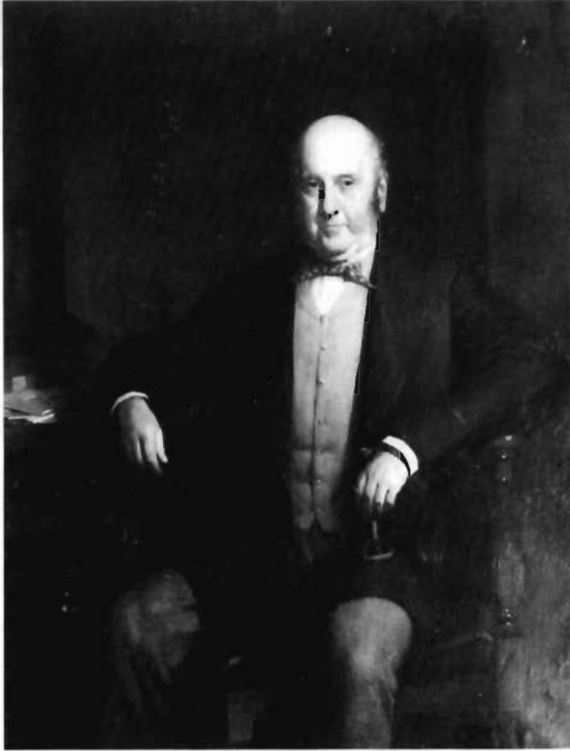
Within the religious orders there was a discipline and training which brought to the profession of nursing an order and respectability that had been lacking in the Georgian hospitals. Outside the orders the standard of nursing improved dramatically in the mid-nineteenth century due to the influence of Florence Nightingale. The first of the original Nightingale nurses to come to Ireland from St Thomas's Hospital in London was Sara E. Hampson [145], who was appointed first Nursing Superintendent of the Rotunda.<sup>77</sup> As can be seen from her portrait she possessed the character, benevolence and authority necessary to elevate the nursing profession to respectability.

It may not be inappropriate at this point to mention Samuel Gordon [146] who was President of the College of Physicians when, to Ireland's eternal credit, the historic decision was taken to admit women to the licentiate, and hence to the Medical Register (1877). By 1866, of fifty women on the Register, forty-four entered it through the Irish licentiate.<sup>78</sup>

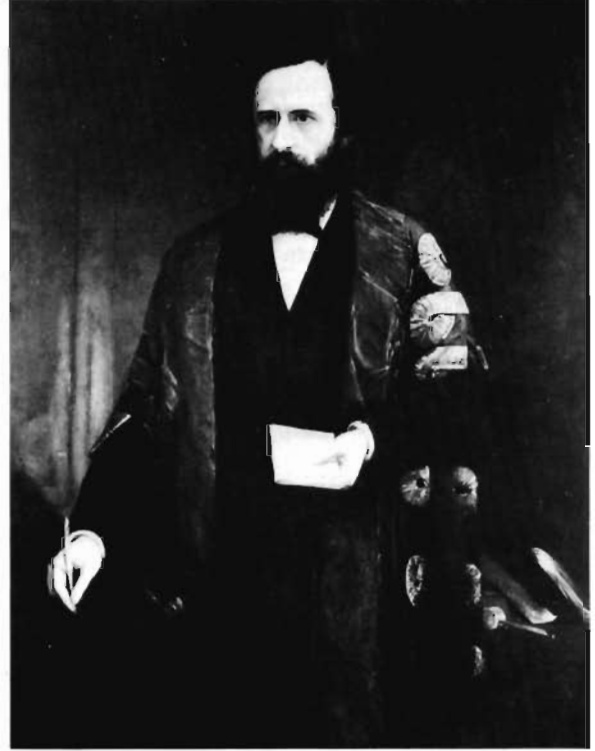
#### THE HEALTH SERVICES AND MEDICAL REFORM

Government had, as we have seen in the Georgian era, accepted reluctantly some responsibility for the health of the nation, and this commitment increased in the Victorian age. In 1765 the Irish parliament had passed a bill empowering the Grand Juries to provide funds for the provision of hospitals in each county. To each county hospital there was appointed a county surgeon who had to be a licentiate of the Royal College of Surgeons in Ireland.

The beginnings of the dispensary, or as it is now known General Medical Services (GMS) scheme, is clouded in obscurity. It is likely that the system had



146 SAMUEL GORDON 1816-1898



147 EDWARD DILLON MAPOTHER 1835-1898

its origins towards the end of the eighteenth century when altruistically minded landlords formed friendly societies to provide relief and perhaps medical attention to their sick tenants. In 1805 the government provided grants for this purpose, but the scheme was administered poorly and the most deserving did not always benefit. In 1818 the first Boards of Health were established but again they failed to work efficiently. A Central Board of Health with far-reaching powers was established to cope with famine relief in 1846 (its medical members were Philip Crampton, Dominic Corrigan and Robert Kane), but it was dissolved once the crisis had passed. The first comprehensive measure of public relief, according to Fleetwood, was the establishment of workhouses in 130 Unions throughout the country.<sup>79</sup> With the famine the stigma of destitution became attached to these institutes and many of the poor died in their hovels rather than enter the workhouse.

In 1851 the Medical Charities Act made provision for official dispensary districts in charge of the Board of Guardians, to whom control of the infirmaries and fever hospitals was given in 1898. In 1864 official recognition was given by government to the importance of hygiene and sanitation in the prevention of disease with the appointment of a medical officer of health for the city of Dublin. The first to hold this appointment was Edward Dillon Mapother [147], Professor of Hygiene and later of Anatomy and Physiology in RCSI. His *Manual of Physiology*, first published in 1862, ran to three editions. Mapother, who became President of the College, was also a surgeon at St Vincent's Hospital.<sup>80</sup> In 1878 the government's recognition of preventive

medicine was acknowledged with the introduction of the Public Health (Ireland) Act, which gave comprehensive powers to sanitary authorities to deal, forcibly if necessary, with all matters relating to hygiene.<sup>81</sup>

The organisation of the medical profession in Ireland was in the keeping of the King's and Queen's College of Physicians, the Royal College of Surgeons and the Apothecaries Hall, and their degrees and diplomas were made registrable by the Medical Act of 1858 which established the General Medical Council. The Irish Medical Association began an uncertain early life in 1839, and the first Irish medical directory dates from 1843.

#### THE VICTORIAN DOCTOR IN SCIENCE AND ART

Mention has already been made of William Stokes's close friendship with the artist and musician George Petrie of whom he wrote a biography.<sup>82</sup> William Wilde, like Stokes was a keen archaeologist, whose work on the antiquities of Ireland remains an outstanding achievement. His many books are once again becoming popular.<sup>83</sup>

Francis Cruise [148], a protégé of Corrigan and surgeon to the Mater Hospital, invented his "endoscope" for examining the bladder and this was a forerunner to the modern cystoscope.<sup>84</sup> However, he is perhaps best remembered for his book on Thomas À Kempis.<sup>85</sup> He is honoured in the town of Kempin by a street named after him. He was a distinguished amateur musician and one of the founders of the instrumental Musical Club which did much to popularise classical music in Dublin. His accuracy with a rifle, a talent acquired in the backwoods of America, was considered by Cameron to be remarkable, especially when judged by his ability to shatter the necks of champagne bottles the contents of which he had consumed with his guests.<sup>86</sup>

Richard Robert Madden [149] is an example of a medical man who is notable for his political writing, in particular for *The United Irishmen, their Lives and Times*.<sup>87</sup> Early tuberculosis caused him to seek employment abroad, and in Paris he became the great admirer and friend of Tom Moore. Returning to England, he owed advancement to Lord and Lady Blessington, who had befriended him in Naples, and he left medicine for government posts in Jamaica, Cuba and West Africa, in all of which places his implacable opposition to slavery made him honourably unpopular. A curiosity about Madden was that he was a twenty-first and youngest child, and so was his English wife, Harriet Elmslie.<sup>88</sup>

Charles Lever [150] revealed an early talent as a story-teller and actor.<sup>89</sup> After studying not too diligently for his BA, he unexpectedly turned to medicine. He practised for a time in a rather unconventional manner in County Donegal, and briefly in Brussels, before extravagant tastes compelled him to concentrate on producing a series of best-selling novels, including *Charles O'Malley*, *The Martins of Cro'Martin* and *Tom Burke of Ours*.<sup>90</sup>

Robert Carlisle Williams [151] was a close friend of Lever, an effective officer of the College of Surgeons and the College's representative on the newly formed General Medical Council, but is chiefly remembered for his articles "by the dozen" for Sheridan Le Fanu's newspaper *The Warder*.<sup>91</sup>

Sir Robert Kane [152], son of a chemical manufacturer, was far in advance of



148 FRANCES CRUISE 1834-1912

his time as an industrial scientist. He studied chemistry under Dumas in Paris and in Germany under Bunsen and Liebig, to such effect that he was appointed Professor of Chemistry to the Society of Apothecaries in Dublin at the age of twenty-one. Although he became a fellow of the College of Physicians, he hardly ever practised medicine. He was fascinated by the problems of fuel, power, minerals, agriculture, labour, transport, and technical education for working men, and published his major work, *The Industrial Resources of*

Ireland, in 1844.<sup>92</sup> The typically inadequate response to this by the government was to establish a Museum of Irish Industry. Kane was elected a fellow of the Royal Society and was awarded its gold medal, and in 1832 he founded the *Dublin Journal of Medical and Chemical Sciences* (now the *Irish Journal of Medical Science*) and coopted Graves and Stokes as the first co-editors.<sup>93</sup>

An extraordinary personality on the Irish medical scene was the Reverend Samuel Haughton [27]. He produced a formula for the hangman to determine how far a condemned man must fall according to his weight to cause instantaneous death; this became known as "Haughton's Drop". He took his BA, was ordained a priest, became Professor of Geology, and then obtained his MB, MD and licentiate of the College of Physicians, all in one year, 1861. Haughton was mainly responsible for an act of 1867 which removed the restriction that professors at the School of Physic must be Protestants. He was one of the earliest to agitate for housing reform, and for education of the public in ways to adapt to life in new houses. He organised the intake of surgical as well as medical patients into Dun's Hospital, so that students could be comprehensively taught in the one institution, and he is appropriately commemorated in the Haughton Medal for Clinical Medicine and Surgery, founded in 1869. The restaurant at Dublin Zoo is named after him, and he was honoured in Oxford, Cambridge and Edinburgh and elected a fellow of the Royal Society.<sup>94</sup>

Lombe Atthill [153] was one of the many distinguished Masters of the Rotunda, distinguished in his case for the use of carbolic in the disinfection of beds and instruments, for an attempt at using blood transfusion for post-partum haemorrhage, and for a nice delicacy in banning the use of the clinical

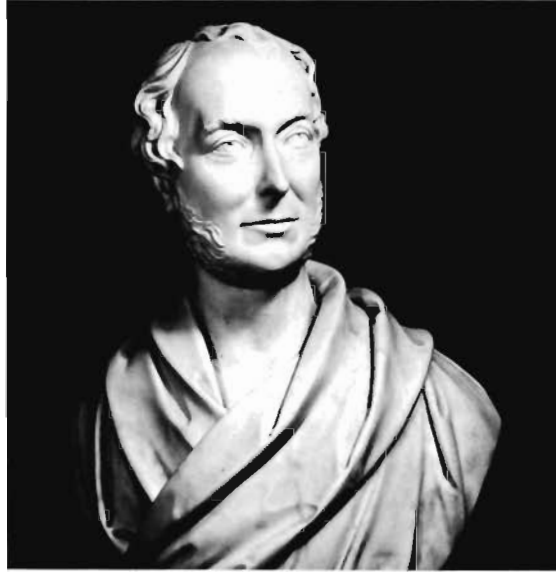


149 RICHARD R. MADDEN 1798-1886



150 CHARLES LEVER 1806-1872

*A Portrait of Irish Medicine*

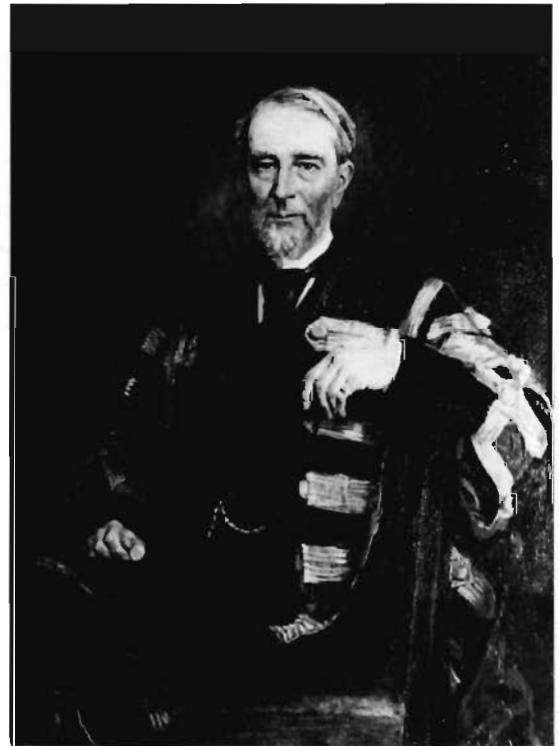


151 ROBERT C. WILLIAMS 1808-1860

thermometer as too disturbing for women in normal labour who were not truly "patients".<sup>95</sup> He has left an interesting autobiography, *Recollections of an Irish Doctor*, which was published after his death in 1910.<sup>96</sup>



152 ROBERT KANE 1809-1890



153 LOMBE ATTHILL 1827-1910



154 WILLIAM O'LEARY 1836-1880



155 AQUILLA SMITH 1806-1890

William Hagerty O'Leary [154] gave evidence at the trial of Kelly for the murder of Constable Talbot (dramatised in the "Trial of Green Street Courthouse"<sup>97</sup>) to the effect that attempts to extract the bullet, rather than the wound in itself, caused the policeman's death. O'Leary became a Home Ruler MP at a time when the shortest, tallest and stoutest members of parliament were all Irish (O'Leary, O'Sullivan and O'Gorman respectively).<sup>98</sup>

A Victorian doctor deserving of more attention from medical historians is Sir John Gray [156], who was born in Claremorris, County Mayo, in 1816. He graduated at Glasgow in 1839 and returned to Dublin, where journalism rather than medicine was to become the dominant interest of his life. He became proprietor of the *Freeman's Journal* in 1850, and "increased its size, reduced its price, and extended its circulation". He used his paper to support, as a Protestant nationalist, O'Connell's movement for the repeal of the Union with England (for which he nearly went to prison). He also supported land reform and was the chief instigator of the Vartrey Scheme which brought a fresh water supply to Dublin. In 1865 he was elected MP for Kilkenny city. He advocated the abolition of the Irish Protestant Church establishment, reform of the land laws, and free denominational education. He ranks with Dominic Corrigan as one of the great medical parliamentarians.<sup>99</sup>

Thomas Heazle Parke [157, 53] accompanied H.M. Stanley across Africa for three years, during which time he dealt competently with smallpox, malaria, heatstroke, leeches, tics, lice, tapeworms, roundworms, stinking ulcers, poisoned wounds, gangrene and starvation. He acquired a pygmy girl attendant who was heartbroken when at last he was forced to abandon her. When Stanley was taken ill on the morning of his wedding at Westminster Abbey, Parke accompanied the couple, at their request, on their honey-



156 JOHN GRAY 1816-1875

moon.<sup>100</sup> Parke may be regarded as a splendid representative of all those many Irish doctors who have dedicated their lives to military medicine.

Finally, recalling the rich, many-sided interests of most of these Irishmen of medicine, we may mention Aquilla Smith [155], Regius Professor of Materia Medica and Pharmacy in the School of Physic, who was the greatest authority of the time on Irish coins and tokens, and on whose death his collection passed to the Royal Irish Academy and thence to the National Museum. Aquilla Smith was the first to rescue from oblivion the early history of the College of

Physicians, and so may appropriately be the last Irish doctor to whom this chapter attempts to pay tribute.<sup>101</sup>

The Victorian era had seen the introduction of considerable advances – anaesthesia and antiseptics were to prove the most dramatic, but there had also been a renaissance in the understanding of illness and of its effects on the body, that was to influence greatly the outstanding advances of the twentieth century.

The Victorians achieved recognition and splendour from a combination of intensely hard work over long hours; a high sense of duty and responsibility; the discipline of studious and repeated observation, recording and experimentation; a lively appreciation of the manifold richness of life; deep human sentiment, and the enjoyment of success. Their ultimate achievement was the “Dublin School”, a mighty heritage from which the twentieth century has profited greatly.

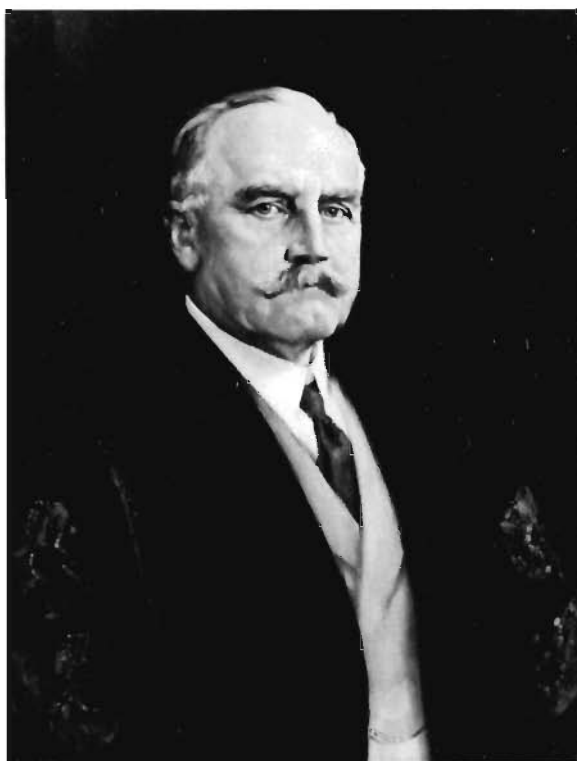


157 THOMAS PARKE SUCKING POISON FROM AN ARROW WOUND

*A Portrait of Irish Medicine*



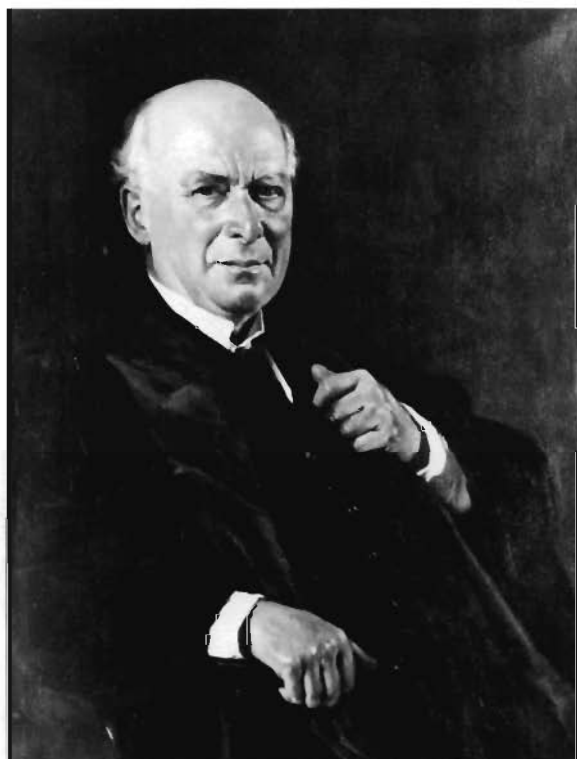
158 CHARLES CAMERON 1830-1921



159 THOMAS MYLES 1857-1937



160 ANDREW HORNE 1856-1924



161 T. PERCY KIRKPATRICK 1869-1954

# Chapter 5

## THE TWENTIETH CENTURY

### J. B. LYONS

*Wonders are many, and none is more wonderful than man; . . . he hath resource for all . . . only against Death shall he call for aid in vain; but from baffling maladies he hath devised escape.*

Sophocles, *Antigone*

Man's imposition of years, decades and centuries upon the rolling ages has reduced chaos to order, but Time remains obstinately untidy. From the viewpoint of medical education, for instance, the twentieth century – the modern phase – began in 1893. To say so is not to perpetrate an Irish bull but to recall the opening in that year in Baltimore, Maryland, of the medical school of the Johns Hopkins Hospital.<sup>1</sup> Its impetus took some years to develop and meanwhile the more sophisticated (and more affluent) Irish doctors turned towards an eastern Mecca in Vienna, having graduated at Trinity, "Surgeons" or the Royal, and became inured to the spectacle of suffering in one or other of the teaching hospitals in Belfast, Cork, Dublin or Galway.

#### MEDICINE AT THE TURN OF THE CENTURY

One of the triumphs of the twentieth century has been the global eradication of smallpox. Western countries have seen a greatly reduced incidence of typhoid fever, poliomyelitis and other major infections. But the rule that nature abhors a vacuum applies to pathology as well as to physics; a host of subtle and torturing disorders – vasculitis, sclerosing alveolitis, osteoporosis, to mention a few diseases of blood vessels, lungs and bones – are replacing the acute illnesses, and coronary thrombosis, a disease of affluence, has become epidemic.

Affluence was not a word that a student walking the wards of, say, Dublin's Meath Hospital in 1901 would have heard on the lips of his teachers. Its patients were drawn from the Liberties and from the grim tenements of York Street and Kevin Street, ravaged by late stages of tuberculosis, syphilis and cancer. The teachers in the Meath in 1901 included Sir John Moore [70], who as William Stokes's last house-physician and successor on the honorary staff formed a link with the golden age. More relevant to my theme was his editorship of the *Dublin Quarterly Journal of Medical Science* now re-titled the *Irish Journal of Medical Science*.

Leafing through the journal it is noticeable that articles published in 1901 are mainly case-reports, accounts of treatments and inaugural addresses. Among the few authors who display a flair for research are Henry M. Cullinan and Gordon Holmes. The former inoculated thirty female patients with an anti-typhoid vaccine obtained from Almroth Wright. "It was suggested to me", he wrote, "by some enthusiastic medical friends that I should vaccinate only one

half of the patients in each ward, in order to see if the other half would contract the disease, but I did not feel justified in adopting this course." He did, however, find that the un-inoculated staff of the Richmond District Asylum suffered more severely in the epidemic than the patients.<sup>2</sup>

Gordon Holmes, then working with Edinger in Frankfurt-am-Main, contributed an article in which he speculated on the pathogenesis of *tabes dorsalis*, a common nervous disorder known to be aetiologically related to syphilis.<sup>3</sup> Although it was an age when chastity was prized and practised, young men determined to sow their wild oats found fertile patches for doing so in Ireland's garrison towns and in Dublin's Nighttown, so brilliantly memorialized by Oliver St John Gogarty in *Tumbling in the Hay*:<sup>4</sup>

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?

The "In Memoriam" section included a memoir of Archibald Jacob who, like his celebrated father, Arthur [95, 140], specialised in ophthalmic surgery and as editor of the *Medical Press and Circular* championed the Poor Law medical officers.<sup>5</sup> There was also an eulogistic obituary notice of Queen Victoria: "Victoria the Good, the Mother rather than the Ruler of her people, has entered into rest...". The Victorian era had seen the discovery of anaesthetics (the Queen herself took chloroform at her last confinement), the introduction of bacteriology and antiseptics, the Prevention of Cruelty to Children Act, and the reform of nursing.<sup>6</sup>

The formal opening of the fine new Richmond Hospital by the Lord Lieutenant, on 20 April 1901, an exceptional occasion, was the outcome of the concerted action of the profession's influential leaders. The annual report of the Irish Workhouse Association was more representative of the real plight of the indigent. A necessary reform already secured, the employment of trained nurses in workhouses, had allowed the Association to devote its energy to persuade the government to appoint a medical inspector of Irish workhouses. Its future plans included the removal of "chronic and harmless lunatics and sane epileptics" from the workhouses and their transfer to auxiliary asylums for proper treatment.<sup>7</sup>

Professional nursing was then a comparatively new amenity. Fortunately there had been improvements since 1739 when the governor of Mercer's found it necessary to issue "an instruction to the surgeons not to appoint any Nurse for this Hospital under the Age of Forty Years",<sup>8</sup> but Florence Nightingale's application in 1852 to study training methods in St Vincent's was turned down because the institution lacked facilities for training lay nurses. Perhaps this was just as well as the Sisters of Mercy who went to nurse in the Crimea found her overbearing and obstructive. The Dublin Metropolitan School for Nurses was incorporated in 1894.

During the week ending 26 January 1901 hospitals in Dublin admitted 17

cases of typhoid fever, 8 of scarlatina, 8 of diphtheria, 2 of typhus. Dublin had a higher death rate from typhoid than London but a lower mortality from diphtheria. The annual death rate calculated from figures available from deaths in Irish urban areas in January 1901 was 24.1 per 1000 persons in the population (London 17.9 per 1000).<sup>9</sup>

The Irish infant mortality for 1900 was 108 per 1000 live births. Sir Charles Cameron [158], the City Medical Officer, with ragged, bare-footed children in the streets as a daily reminder, blamed exposure to cold as just one of the causes of lethal respiratory infections. "Drunkenness is increasing in women and how can the milk of these women – underfed and drunken – be wholesome for children?"<sup>10</sup>

The report of the Rotunda Lying-In Hospital recorded seven maternal deaths in 1901: three mothers out of 1600 delivered in the hospital died but the President of the Academy of Medicine's obstetrical section congratulated the Master of the Rotunda on this "very low" maternal mortality; there were four deaths among 1889 women delivered in the extern department.<sup>11</sup>

As often as not, platitudes are the chief ingredient of an inaugural address; an ephemeral form of medical literature, soon devoid of interest, it may, nevertheless, be eventually of historical interest. C.Y. Pearson, who helped to convict Dr Philip Cross of Dripsey of the murder of his wife with arsenic, was Professor of Surgery in Queen's College, Cork. He took "Surgery as a Science and an Art" as the subject of his address at the opening of the academic year in 1901 and outlined the ideal education for a modern surgeon. This contained most of what would be required today and few would quarrel with Pearson's assertion that "the foundation stone of surgery is anatomy".<sup>12</sup>

A characteristic of middle-aged speakers is an aptitude to allow their blind-spots to masquerade as virtues. A disciple, up to a point, of asepsis, Pearson refused to wear rubber gloves; he deplored the growing trend of specialism and gave a warning that the importance of x-rays could be over-rated. "The image obtained by x-rays", he pointed out, "is not a true picture, but a skiagraph or shadow. Now we all know since childhood how deceptive shadows are."

Younger, and displaying fewer hang-ups, William Taylor spoke on "Modern Progress in Surgery" at the opening of the 149th session at the Meath Hospital in October 1901, and gave an encouraging account of the state of surgery at the threshold of the new century. Body cavities had been invaded and the pleura and the pericardium drained, brain tumours and abscesses treated. Taylor indulged himself a little by remarking that operations for appendicitis "have become, I might almost say, a fashionable craze".<sup>13</sup> Nevertheless he favoured early operation and the disease became still more fashionable in 1902 when Sir Frederick Treves drained King Edward's appendix abscess.

Suprapubic prostatectomy, a technique introduced by Peter Freyer, a Galway-born surgeon who served in the Indian Medical Service before setting up in Harley Street, was gradually adopted everywhere but Sir Thomas Myles [159] betrayed his resistance to change in the *Medical Press and Circular*, claiming that the perineal route was preferable.<sup>14</sup> The priority of Freyer's operative method was disputed by rivals but Sir William Mitchell Banks of

Liverpool dismissed their arguments as "paltry" and gave the Irish surgeon full credit. McGill's operation, according to Mitchell Banks, was "mere nibbling in the effort to get away as much as possible of the gland", whereas Freyer's operation was done "with the avowed object of removing the whole gland bodily by enucleating it with the finger".<sup>15</sup>

The techniques of general surgery were becoming standardised, and in a lecture to his students at Mercer's Hospital in 1908 Mr (later Sir William) Ireland de Courcy Wheeler emphasised the importance of asepsis rather than reliance on antiseptics. Sterile gloves and gowns were worn and large sterilised sheets covered the patient. Attention was given to the sterilisation of ligatures: he used silk, catgut, aluminium bronze wire, silkworm gut and Michel's clips. He referred to a flask he had brought back from Kocher's clinic in Berne, some years previously, for the administration of rectal or subcutaneous saline solution and with a touch of "upmanship" added: "This flask has recently been adopted by Moynihan and other surgeons." Ether was preferred to chloroform as a general anaesthetic; minor operations were performed under local anaesthesia with novocaine to effect infiltration or regional block.<sup>16</sup> "Ether you may safely give after a little practice...": Wheeler's advice illustrates lack of appreciation, at that epoch, of the vital role to be played by the trained anaesthetists of the future. When Dr (later Sir Andrew) Horne [160], Master of the National Maternity Hospital, performed a Caesarean section on a diminutive woman with a contracted pelvis in July 1901 the anaesthetic was given by Dr Everina Massy who was then less than a year qualified.

T.P.C. Kirkpatrick [161], anaesthetist to the Dental Hospital since 1899, revealed an experimental flair in a paper describing the use of "Paterson's method" of prolonging nitrous oxide anaesthesia in dental practice. "Kirk" was a resourceful and experienced anaesthetist, but like others of his day he gave anaesthetics as a sideline, being a physician and venereologist but remembered best today as a bibliophile and medical historian.<sup>17</sup>

The physicians of the period dosed their patients endlessly but their effective remedies were a meagre handful of Galenicals, together with the tincture of digitalis introduced by Withering in the eighteenth century, and Dover's powder named for the buccaneer turned doctor who had rescued Alexander Selkirk (the model for Robinson Crusoe) from the island of Juan Fernández. Their main ally, the *vis mediatrix naturae*, was not always recognised.

The portents for the future, however, were promising. Emil von Behring was awarded the Nobel Prize in 1901 for work on serum therapy which in the previous decade had reduced the mortality rate of diphtheria dramatically. Paul Erlich, who coined the word "chemotherapy", conceived the idea of "magic bullets" to combat infective organisms, and his announcement at a medical congress in Wiesbaden in April 1910 of the potency of Salvarsan ("606") against syphilis was followed by an uncontrollable rush of patients and doctors. E. C. Kendall isolated thyroxine, the hormone of the thyroid gland, in 1914. Julius Wagner-Jauregg used malaria as a therapy for syphilitic dementia paralytica ("GPI") in 1917.

Advances in physiology and pathology came in a trickle that would quicken to a stream if not a torrent. Karl Landsteiner's recognition, in Vienna, of the

### *The Twentieth Century*

blood groups was to make transfusion a safe procedure. Charles Richet of Paris coined the word anapylaxis in 1902. William Einthoven, Professor of Physiology in Leyden, constructed a string galvanometer in 1903 and recorded an electrocardiograph. An Englishman, Frederick Gowland Hopkins, described in 1912 the "accessory food factors" now called vitamins, thereby enabling a number of baffling disorders to be elucidated and prevented. These included beri-beri of which there had been an epidemic in the Richmond Asylum (now St Brendan's Hospital) in 1894. Dr Connolly Norman, the Medical Superintendent, supported Sir Patrick Manson's opinion "that the poison of the disease lurked about the soil of buildings" and that it was a miasmatic disease. For some years before his own sudden death in 1908, Connolly Norman, Vice-President of the Royal College of Physicians of Ireland, was subject to angina pectoris which he attributed to beri-beri.<sup>18</sup>



162 W. S. (BALDY) HAUGHTON 1869-1951

The x-rays which Pearson undervalued provided a revolutionary diagnostic method and in March 1902 W. S. ("Baldy") Haughton [162], surgeon to Dr Steevens' Hospital, read a paper to the medical section of the Royal Academy of Medicine in Ireland, based on 1900 x-ray examinations in hospital and private practice. He encouraged the physicians to make some use of x-rays which they may have neglected due to "a natural diffidence to adapt a new method of examination whose utility was unproved". He supplied many instances of its usefulness.<sup>19</sup>

The oldest Irish medical faculty at the turn of the century, Dublin University's School of Physic, was due to celebrate its bicentenary in 1912. Its

first and only medically-qualified provost, Dr Antony Traill [163], played an important part in the "hands off Trinity" campaign in 1904 when university reform was a burning topic. The distinguished guests in the city for the bi-centenary celebration included Sir William Osler, who in an after-dinner speech in the Mansion House said: "I have met your fellow graduates, in Montreal, in many country districts of Canada, in the great cities of the United States, in lonely villages in Virginia and the Carolinas, and now in the very different surroundings of Harley Street and the pleasant villages of the Thames Valley."<sup>20</sup>

Though Osler did not allude to it, Irish graduates in large numbers were also attracted by the Indian Medical Service, Britain's armed services, and the merchant navy. Earlier in 1912 Dr William O'Loughlin went down in the *Titanic*. The majority of those who stayed at home to practise in the four provinces of Ireland had few clinical aids other than a thermometer and a stethoscope, but the internal combustion engine made life easier for rural practitioners.

Obstetrics was an essential art for country doctors and Dublin's lying-in hospitals not only provided training in obstetrics at home but also attracted students from abroad. The first successful Caesarean section in the Rotunda Hospital was performed by Dr (later Sir Arthur) Macan in 1889.<sup>21</sup> Dr Horne [160], describing a section in the National Maternity Hospital, wrote: "No longer shall we be confronted by the words or saying, 'Spare the mother, no matter about the child'."<sup>22</sup> For many years, nevertheless, the operation remained a rarity and in 1910 Henry Jellett denied its utility in the treatment of placenta praevia.<sup>23</sup>

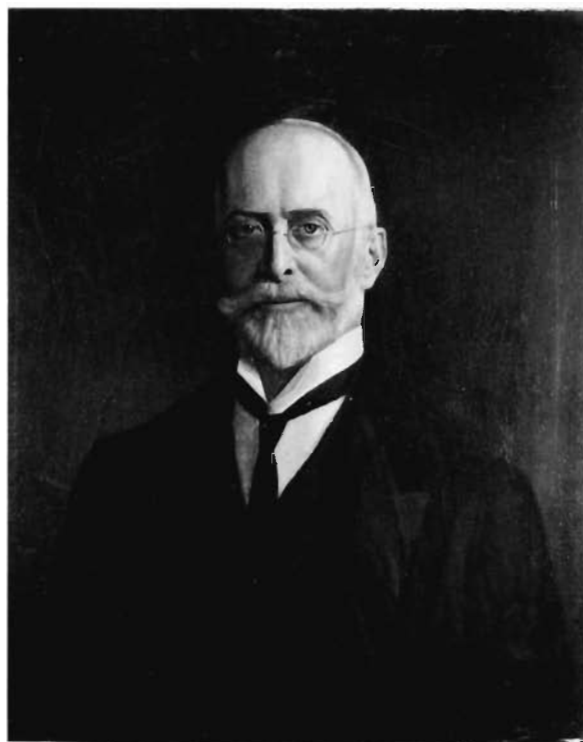
Next in seniority among the medical faculties were the Schools of Surgery of the Royal College of Surgeons in Ireland. The Queen's Colleges in Belfast, Cork and Galway were constituents of the Royal University. The Apothecaries Hall also possessed the right to grant a registerable medical diploma and though becoming increasingly an anachronism it clung to this privilege until 1971.

The poorly endowed Catholic University Medical School in Cecilia Street was a remnant of Newman's Catholic University. The School was approached through a complex of mean streets behind Dame Street, the opulent boulevard leading towards the ornate splendour of Trinity College. It was a symbol of the national struggle against ascendancy rule, an embodiment of deprivations experienced in the bitter rivalry between Catholics and Protestants in which the latter, favoured by Dublin Castle, generally out-manoeuvred the majority. This situation was to be mitigated by the Irish Universities Act (1908) which created the Queen's University of Belfast and the National University of Ireland with constituent colleges in Dublin (UCD), Cork (UCC) and Galway (UCG). The medical faculty of University College Dublin is now the country's largest.<sup>24</sup>

The President of UCD, Dr Denis J. Coffey [76], formerly Professor of Physiology in Cecilia Street, was accompanied by his medical colleagues, Professor Sigerson [175], Dr Michael Cox [164], and Mr J. S. McArdle [170] when he conferred the first NUI degrees on 24 May 1910. The seventeen recipients of medical degrees included William Doolin [194] and Michael



163 ANTHONY TRAILL 1838-1914



164 MICHAEL COX 1851-1926

O'Malley [176], destined for surgery; Michael Devine who joined the Chilean navy; T. W. Rutledge who practised in Pontefract; H. W. White, fated to be killed in the First World War; and others most of whom entered general practice in Ireland.

Coffey's counterpart in ucc was Professor B. C. A. Windle [165], a learned figure of whom it was said that he had the first three letters of the alphabet before his name and the remainder after it. Primarily an anatomist, Windle was also an energetic apologist for Catholicism and a keen littérateur. He left Ireland for Canada when his plan to create a University of Munster encountered political opposition.<sup>25</sup>

W. E. Ashley Cummins, a superb clinical teacher, held the chair of Medicine in ucc. "Never go too near the bed of a typhus patient", was his intuitive warning long before the louse-borne origin of the disease was established. "You can see all you need for a diagnosis without touching the bed-clothes." His brother, H. A. Cummins, was Professor of Botany; John Dundon [166] FRCSI (1898) FRCS Eng. (1905), surgeon to the North Infirmary and the Mercy Hospital, held the chair of Therapeutics and Materia Medica from 1900 to 1927 and was Professor of Surgery from 1928 to 1941. Dundon was an examiner in surgery to the RCSI and the author of "The Diagnosis of Injuries Around the Shoulder-joint".<sup>26</sup>

The chairs of Medicine and Surgery in ucc were held at that period, respectively, by John I. Lynham (known to students because of his slow manner as "Brady" Lynham) and William W. Brereton. The Professor of Materia Medica was Dr N. W. Colahan whose son, Arthur, practised



165 BERTRAM WINDLE 1854-1929



166 JOHN DUNDON

medicine in the English midlands and many years later wrote a popular song, "Galway Bay", of which a class-mate said that he had never heard such a cry from an Irish heart wanting to come home.<sup>27</sup>

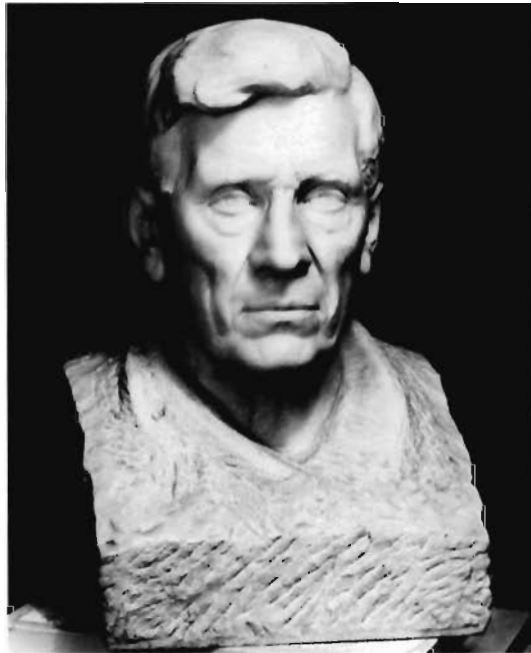
Augustine Birrell, the Chief Secretary, once said that his idea of paradise was a west of Ireland village with a pious, sensible priest, a devoted and skilled "Dudley" nurse and a sober dispensary doctor,<sup>28</sup> but J. M. Synge's description was less idyllic: "If one goes into Swinford, or Charlestown, for instance, one sees a large dirty street strewn in every direction with loose stones, paper, and straw, and edged on both sides by a long line of deserted-looking shops, with a few asses with panniers of turf standing about in front of them."<sup>29</sup>

The Poor-Law medical service's officers served large areas and were out in all weathers – Somerville and Ross spoke of a day fit only for a snipe or a dispensary doctor. Their salaries were niggardly. Before the advent of the motor car the doctor had to keep a horse and trap and a servant but received no allowance, unlike the officers of the Royal Irish Constabulary who had a fixed annual allowance of £50 for a horse and £45 for a man-servant. Leave of absence was uncertain and superannuation was granted at the discretion of the local guardians. Appointments to dispensary posts were, nevertheless, keenly sought after and for a man like Jerome Hickey in *Some Experiences of an Irish R.M.*, a dispensary in a hunting county really was heaven.<sup>30</sup> Thomas Bodkin's *My Uncle Frank* describes the career of a contented dispensary medical officer who, significantly, was a man of independent means.<sup>31</sup> Fees were infrequent but he was often paid in kind with gifts of "fat geese or turkeys, butter in

lettuce-lined baskets or a clutch of fresh eggs . . .”.

J. M. Synge referred to the “still frequent outbreaks of typhus fever” in the west but the rising incidence of tuberculosis was the most widespread health problem and in 1907 Lady Aberdeen, the Viceroy’s wife, organised the Women’s National Health Association to combat it. An anti-tuberculosis exhibition was opened in Dublin by Sir William Osler in October of that year and Lady Aberdeen equipped a horse caravan called “Eire” to take it to inaccessible places. In the following year the Women’s National Health Association tied for first place with the New York Association for the Prevention of Tuberculosis sharing a \$1000 prize awarded by the International Congress on Tuberculosis.<sup>32</sup>

Dr James Fahy Byrne, who assumed the Irish form of his name, was the apostle of public health in the west of Ireland. In 1907, two years after graduating in the Royal University, Seamus O’Beirn decided to give talks on sanitation to the poor of his dispensary district and proceeded to do so at the National School of Kilmilkin, County Galway. As these talks were necessarily given in Irish he had the further inspiration of obtaining the co-operation of the Gaelic League and proposed to Padraic Pearse, editor of *An Claidheamh Soluis*, a programme for improving the health of the Irish-speaking area. The Gaelic League supplied a locum in the Clonbur district, leaving O’Beirn free to spend his days visiting the hovels of Connemara, more primitive than African Kraals, pointing out defects and advising improvements and his evenings lecturing in the schools on simple anatomy, physiology and hygiene. His efforts led to substantial benefits in housing construction and he actually gave his physical aid to the Connemara peasants to replace clay floors with concrete, to put in windows, and to build out-houses. Lady Aberdeen praised his work in *Ireland’s Crusade Against Tuberculosis*.<sup>33</sup>



167 ROBERT WOODS 1865-1938

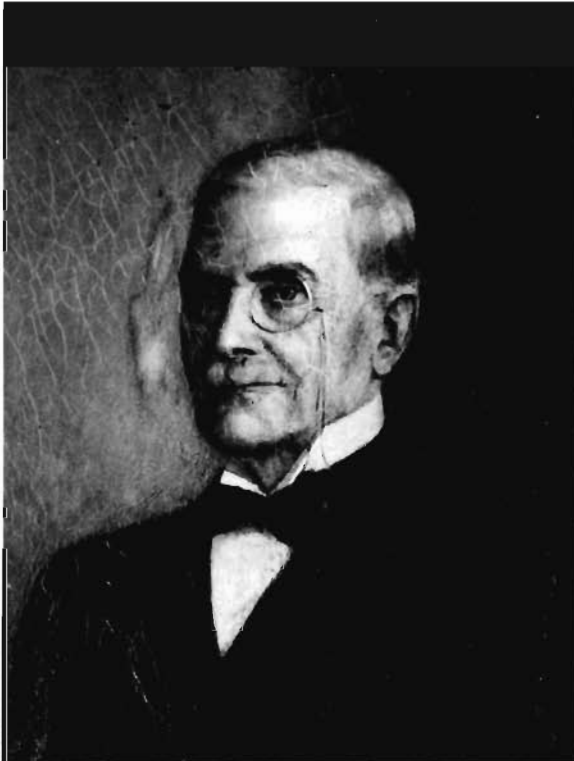
*A Portrait of Irish Medicine*



168 R. DANCER PUREFOY 1847-1919



169 ARTHUR BENSON 1853-1912



170 JOHN MCCARDLE 1859-1928



171 NINIAN FALKINER 1900-1972

THE NATIONAL MOVEMENT

King George V visited Dublin in 1911. He arrived in the Royal Yacht, *Albert and Victoria*, at Kingstown on 7 July and opened the new College of Science on the following day. Addresses to the King were read at the RCSI by Sir Robert Woods [167] and Dr J. Hawtrey; at the RCPI by Doctors Purefoy [168], Benson [169] and Kirkpatrick [161]; at UCD by Dr Coffey [76] and Professor E. J. Conway [187]; on behalf of the NUI by Sir Christopher Nixon, Sir Joseph McGrath and Dr Michael Cox [164].<sup>34</sup>

The medical profession belongs to what is nowadays called "the establishment", but a doctor's training fosters a critical and independent attitude and many doctors supported the national movement. At a crowded meeting in the Mansion House to raise funds for the Home Rule cause in April 1912, Dr Coffey seconded the proposal of Mr J. S. McArdle [170], surgeon to St Vincent's Hospital, "That this meeting places upon record its continued confidence in the Irish parliamentary party . . .". McArdle's £50 was one of the largest subscriptions to the Home Rule Fund.<sup>35</sup> Dr Cox was a close friend of John Dillon, a prominent nationalist.

As their work brings them into daily contact with the poor, doctors have never hesitated to dwell on poverty. One suspects that they played a larger part in public life earlier in the century than in the present day. Surgeon MacArdle [170], for instance, complained in the press when a bakers' strike deprived school-children of the bread given out daily at St Vincent's by the Sisters of Charity.

John Redmond, the leader of the parliamentary party, affirmed Ireland's support for Britain in the First World War. Many doctors volunteered for service, some to die, others to attain glory. Dr W. K. Miley went down in the P & O's *S.S. Maloja* which struck a mine off Dover. Major T. O. Graham, a future President of the RCSI, was awarded the Military Cross. Dr Esmonde, MP for North Tipperary, and Dr J. P. Lavery, MD to the Dundalk Workhouse, obtained early commissions in the RAMC. Lieutenant William Ormsby, a Roscommon dispensary doctor, was listed among those who had "died from wounds" at the battle of Neuve Chapelle, but lived to tell the tale. Dr T. G. Moorhead served in Egypt. Those who wished to join up were generally facilitated. The Board of Guardians of the South Dublin Union gave Dr Frank Dunne, physician to what is now St James's Hospital, leave of absence and congratulated Dr Ninian Falkiner [171] on receiving a commission in the RAMC. Dr Henry Jellet, exceptionally, was refused leave of absence by the governors of the Rotunda Hospital whereupon he resigned and went to the Front. Some of the older men who stayed at home also offered to serve and attained rank appropriate to their seniority. Myles and Wheeler were colonels in the RAMC and the latter made his private hospital available as a hospital for officers. The most notable of these volunteer doctors was Adrian Stokes [75]; an unusual sight on his motor bicycle with a sidecar, he provided the forces in France with the first mobile pathology laboratory.<sup>36</sup>

A minority in Ireland disapproved of support for Britain and a few extremists, members of the Irish Republican Brotherhood, planned the rebellion which erupted at Easter 1916 to the resentment and distress of much of the populace. The insurgents were drawn from every walk of life and



172    COUNTESS MARKIEVICZ SURRENDERING THE COLLEGE OF SURGEONS, EASTER 1916

included a number of doctors. Kathleen Lynn, later a co-founder of St Ultan's Hospital for Infants, organised a casualty station in the City Hall. Richard Hayes, dispensary Medical Officer for Lusk, County Dublin, was at North Cross but relinquished his command to Thomas Ashe in order to tend the wounded of both sides. Dr A. D. (Louis) Courtney, a house-surgeon in St Vincent's in 1916, recalled how soon after noon on Easter Monday a number of casualties were brought to the Emergency Room. Two were already dead, killed by stray bullets; another was shot in the shoulder. Next day a number of wounded Volunteers were admitted and St Vincent's took overflow cases from Sir Patrick Dun's Hospital. Canon Waters, the parish priest from Haddington Road, was also admitted but died from abdominal wounds sustained while going on a sick-call.<sup>37</sup>

Mr Richard F. Tobin, whose only son had died at the Dardenelles, went into St Stephen's Green and spoke to the insurgents. He then went on to Grafton Street where there were looters and laid about him with a blackthorn stick, crying, "Looting in war is punishable with death". It was Tobin who subsequently attended James Connolly in the Castle Hospital before his execution.<sup>38</sup>

When Michael Mallin, who was in command of the St Stephen's Green contingent of the Citizen Army, ordered the occupation of the College of Surgeons, Countess Markievicz went to the front door, arriving there at the moment that the beadle had opened it in answer to the knock of Dr John Knott,

### *The Twentieth Century*

an elderly scholar whose custom it was to study in the College library daily, even on Sundays and holidays. When the beadle attempted to close the door he was covered with a revolver and the rebels entered.<sup>39</sup> The occupying force consisted of 150 men and 20 women, and the Countess was a strict chaperone, pleased that the rosary was recited nightly. On the following Sunday Captain de Courcy Wheeler of the King's Royal Rifle Corps received the surrender of the rebels in the College [172].

Meanwhile reinforcements had been rushed from England. Sir Charles Cameron [158], the City Medical Officer of Health, noted in his diary that he had seen large numbers of soldiers coming into Dublin at Ballsbridge: "The Lincolns came in singing. Annie supplied some of the soldiers with tea and sandwiches."<sup>40</sup> Cameron was a unionist but Sir Thomas Myles, a life-long nationalist, also condemned the rebellion as a mad venture. When Eamon Martin, a member of the Irish Volunteers, reminded the surgeon that he had placed his yacht at the disposal of the gun-runners in July 1914, Myles was unimpressed. "I brought you those guns", he said, "to show that bloody Carson that two could play his game."<sup>41</sup>

When the rebels surrendered the leaders were executed but in the House of Commons John Dillon condemned the excessive British vengeance.<sup>42</sup> "You are letting loose a river of blood", he said, "between two races who, after three hundred years of hatred and strife, we had nearly succeeded in bringing together." His warning went unheeded. Popular opinion in Ireland began to favour the extremists and there were to be many victims in the ensuing "troubles". One of these, Kevin Barry [65], an eighteen-year-old medical student, who was hanged in Mountjoy Gaol on 1 November 1920, quickly became a symbol. The signing of an Anglo-Irish Treaty on 6 December 1921



173 HENRY BARNIVILLE 1887-1960

left the way free for the creation of the Irish Free State within which, in due course, the government and the medical profession would be obliged to make necessary adjustments. The Local Government Board's function was taken over in 1924 by the Department of Local Government and Public Health.

The six north-eastern Irish counties maintained the link with Britain, separated politically from the Free State, but despite bitterness and violence because of this division, amicable relationships have persisted between practitioners on both sides of the border. Distinguished doctors from Northern Ireland have held the highest offices in Dublin in the College of Surgeons and Physicians. Mr Andrew Fullerton [221] of Belfast became President of the Royal College of Surgeons in Ireland in 1926 and Sir Ian Fraser in 1954. A Belfast physician Dr Alan Grant was elected President of the College of Physicians of Ireland in 1977, and Dr Peter Froggatt, a Dublin graduate, is Vice-Chancellor of the Queen's University in Belfast.

The deputies elected to Dail Eireann in June 1922 included a small number of doctors. When Seanad Eireann met for the first time on 11 December 1922 the medical profession had four representatives: Mr H. L. Barniville [173], surgeon to the Mater Hospital and Professor of Surgery in UCD; Mr Oliver St John Gogarty [174], ENT surgeon to the Meath and Richmond Hospitals, poet, playwright and wit; Dr William O'Sullivan, a general practitioner from County Kerry; and Dr George Sigerson [175], a venerable, bearded man who was elected Chairman of the Seanad pending a permanent appointment to that office.



174 OLIVER ST. JOHN GOGARTY 1878-1957

### *The Twentieth Century*

Gogarty's first book of verses, *Hyperthuleana*,<sup>43</sup> was published privately in 1916. Despite classical leanings he addressed a Muse that was Irish and, possibly, a slattern:

Dublin and Dublin's lanes'  
Typical daughter  
Fair, for the blood of Danes  
Moistened the mortar;  
As that rose-scattering  
Queen, the Italian's,  
Tall, though your shawl may bring  
Rhubarb and Scallions.

He became widely known as an author through *As I Was Going Down Sackville Street*<sup>44</sup> (1937) which led to a costly libel suit. In the Seanad he advocated meals and improved conditions for school children. "I am more interested in the school building", he said, "than in the curriculum." He inveighed against Dublin's multiplicity of hospitals: "It is monstrous to have this city splattered all over with lazar houses. It must be a strange thing to come to a city where you see nothing but saints and doctors and cinemas."<sup>45</sup> His first play, *Blight*, drew attention to the deplorable conditions in the slums.<sup>46</sup>



175 GEORGE SIGERSON 1836-1925

Sigerson [175, 73] then in his eighty-seventh year, graduated in 1859 at Queen's College Cork, and later studied under Charcot and Duchenne in Paris.<sup>47</sup> He published some technical articles and many books, including *Bards of the Gael and Gall* and the *Easter Song of Sedulius*.<sup>48</sup> He died on 17 February 1925.

MEDICINE IN THE TWENTIES AND THIRTIES

The *Minute Book* of the "Surgical Visiting Club" affords an overview of surgery in Ireland in the second quarter of the century.<sup>49</sup> Originally named the Dublin Hospitals' Club, the association was founded by Sir William Wheeler and others in 1922 with the object of holding clinical and operative demonstrations. At a preliminary meeting on 20 March, Wheeler performed four operations in Mercer's Hospital: removal of the thyroid gland, removal of gall bladder and appendix, bone graft for spinal tuberculosis, and decompression of brain. That evening, after dinner in the Friendly Brothers' Club, the surgical club was incorporated.

The membership, confined at first to Dubliners who were already fellows of the Association of Surgeons of Great Britain and Ireland, was extended to leading surgeons in Belfast, Cork, Limerick and Galway. On joining in 1928, Professor Michael O'Malley [176] of Galway wrote: "It will be some time before we can contribute anything from Galway but I think it will come. We are only doing pioneer work here and rather rough pioneer work but there is a great field here in certain types of surgery."

Surgical technology, rather than basic research, was their interest and in an early report the Hon. Secretary stated that their demonstrations had shown "that we have the material in Dublin to form a judgement for ourselves on the efficiency of various forms of treatment". He referred, too, to innovations, a lamp of original design and a new type of prostatic catheter devised by members. The promotion of cordial personal relationships was an unstated, but no less worthy, object. A dinner was held annually; grapefruit cocktail, clear turtle soup, fillet of sole, foie gras and aspic, chicken and ham, rum omelette, iced pudding, coffee.

To turn from such Lucullan fare to diabetes, a disease of metabolism in which spartan diets failed to avert death, serves to emphasise the importance of the discovery of insulin in Canada by F. G. Banting and C. H. Best in 1922. Another potent medical treatment was raw liver to correct pernicious anaemia, hitherto a fatal disease, an unpalatable remedy to be soon replaced by injectable liver extracts.

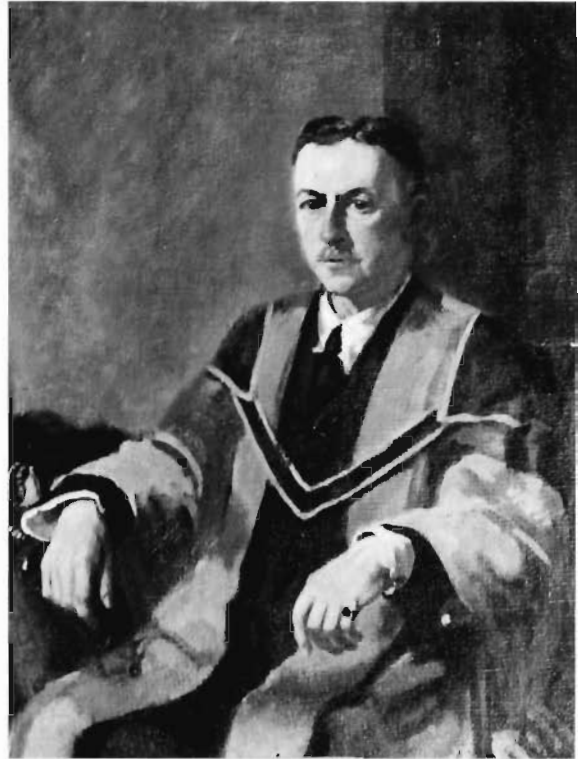
Professors F. J. Purser, T. G. Moorhead [177] and H. F. Moore [178], leading Dublin physicians, incorporated these and other advances into their lectures and practices. They held chairs, respectively, in "Surgeons", TCD and UCD: Frank Purser, a talented neurologist, was co-author with William Boxwell, William Stokes's grandson, of *An Introduction to the Practice of Medicine*;<sup>50</sup> Moorhead had the misfortune to lose his sight at the height of his powers; Moore, prototype in Ireland of the modern clinical scientist, failed to achieve his visionary ambitions which would have remedied academic shortcomings. A native of Cappoquin, County Waterford, he graduated from UCD in 1912 and then spent three years as a full-time research worker in New York's Rockefeller Institute. On his return he joined the staff of the Mater Hospital where he established a laboratory to permit the application of biochemistry to clinical diagnosis. Early in February 1923 he reported, in the *Lancet*,<sup>51</sup> the response of two patients to insulin. He also published articles on Graves' disease, pernicious anaemia, cardiac arrhythmias and heart-block, coeliac disease and leukaemia.



176 MICHAEL O'MALLEY 1867-1961



177 THOMAS MOORHEAD 1878-1960



178 HENRY MOORE 1887-1954

The impossibility of adequately equipping every small hospital was already evident and in 1920 Robert Rowlette and his colleagues had proposed the amalgamation of Mercer's, Dun's and Baggot Street Hospitals and had taken steps towards that end. The perilous financial situation of the voluntary hospitals was ameliorated when the Irish Hospitals Sweepstakes were launched in 1930. The first sweepstake took place on the Manchester November Handicap and in fifty years the sweepstakes raised £118,596,840 for Irish hospitals. This fortuitous benison became a dependable source of income and early misgivings were forgotten. Only five hospitals had participated initially; others declined to accept money raised in such a manner – their governors believed that sweepstakes would have a demoralising influence.

When the supervision of the Hospitals Sweepstake fund was vested in a government-appointed Commission in 1933, this measure, beneficial in intent, introduced the beginnings of official control. Henry Moore and others believed that the Irish Free State had "entered upon a period where hospital evolution (or revolution) will be as rapid as it was previously slow"; they discussed the matter at general meetings of the Royal Irish Academy of Medicine in 1935 and 1936. They were determined to see that the development of rural facilities did not proceed at the expense of the teaching hospitals. Moore spoke strongly against a proposal to develop a municipal hospital of 600 beds in Dublin. "The present hospital managed by the Dublin Board of Assistance (St Kevin's)", he said, "is not a teaching hospital and in my view, never will be, however large it may become."<sup>52</sup> He made a special plea for the

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179 PATRICK FITZGERALD 1911-1978



180 THOMAS T. O'FARRELL ?-1969



181 P. T. O'FARRELL 1889-1968



182 AMBROSE BIRMINGHAM 1864-1905

formation of 40-bed professorial units with two assistants. With commendable foresight he urged closer co-operation between the teaching hospitals and the medical schools: "In this country there seems to be some kind of gap or psychological hiatus between school and hospital."

Moore was a member of the Medical Research Council incorporated in 1937 under the chairmanship of Robert P. Farnan, Professor of Obstetrics in UCD. A sum of £10,000 was allocated to the Council by the Minister for Local Government and Public Health but in its second year the MRC received only half that amount. Early recipients of MRC grants included Patrick FitzGerald [179], who was funded for training in methods of research in Baltimore; Ninian Falkiner [171], who was studying the placental circulation; and Edward Keenan and W. R. O'Farrell who were investigating bundle branch block under the direction of Professor Moore.<sup>53</sup>

Dr O'Farrell, who had worked for some years in Cairo, was pathologist to the Mater Hospital; his brothers, "T.T." [180] and "Patsy" [181] were, respectively, Professor of Pathology in UCD and physician to St Vincent's Hospital. Ned Keenan was assistant to E. P. McLoughlin who held the chair of Anatomy in UCD, successor to Ambrose Birmingham [182], registrar in Cecilia Street and author of the section on the abdomen in Cunningham's *Textbook of Anatomy*.<sup>54</sup>



183 TOM GARRY 1885-1963

One of the most unusual figures in the field of anatomy, Tom Garry [183], an unqualified assistant in "Surgeons", lived beside the College at 33 York Street, where he gave a celebrated "grind". A memorial plaque in the anatomy lecture theatre records his dedication to anatomy in the RCSI for more than half a century. His invisible memorial was written long before in the hearts of the generations of pupils who carried his unique aphorisms to every quarter of the



184 JAMES O'CONNOR 1886-1974

globe. The professors served by this legendary character, Evatt, Henry and Irvine, knew his worth. Arnold K. Henry never hesitated to defer to Garry's knowledge and spoke of him as a friend and colleague. "Once, after a class on the larynx", Henry wrote, "at which I had to confess that I did not know the meaning of the word 'arytenoid', I met T. P. Garry on my way out and enquired, 'arytenoid . . .?'; he said, 'Shaped like a vase: Ruth at the well with her pitcher balanced uneasily on her shoulder like the arytenoid on the shoulder of the cricoid'."<sup>55</sup> And Garry himself said, a little boastfully, "In the depths of Africa, where Jesus Christ's name has not penetrated, Tom Garry is a household word."

The interests of physiology were represented on the Medical Research Council by Professor J. F. Donegan of Galway and James Malachy O'Connor of ucd [184]. The former's studies of muscle in various solutions led to the conclusion that intracellular potassium is not homogenously distributed. O'Connor's major research interest was the stability of body temperature.

James Nahor Meenan [185], visiting physician to St Vincent's Hospital, was Henry Moore's "opposite number" in ucd. A tall, stately man with centrally parted white hair, "James N." commanded the respectful affection of generations of students in a way that his diminutive co-professor never



185 JAMES MEENAN 1879-1950

managed to do. His earnestness and sincerity made him an invaluable exemplar.

One of the most interesting projects supported by the MRC was an investigation of the prevalence of goitre in the South Riding of Tipperary. After a period of work under the direction of Dr David Marine of Montefiore Hospital, New York, James C. Shee's survey confirmed the presence of thyroid enlargement in approximately 65 per cent of primary school children living near the Galtee Mountains. Within a few years the publications of MRC grant-holders provided impressive evidence of fruitful research and included R. A. Q. O'Meara's [186] "*A Critical Consideration of Some Immunological Problems with Special Reference to Diphtheria*"<sup>56</sup> and Edward J. Conway's [187] *Micro-Diffusion Analysis and Volumetric Error*.<sup>57</sup> Conway, a native of Nenagh, County Tipperary, was Professor of Biochemistry in UCD; he was elected FRS for his conception of the electrolyte distribution which envisaged the cell membrane as permeable to potassium and monovalent anions but impermeable to sodium and all other anions. V. C. Barry's chemo-therapy unit introduced drugs effective in the treatment of tuberculosis and leprosy.

When the Irish Free State Medical Union was formed in 1936 by the fusion of the Irish Medical Association with branches of the British Medical Association operating in the Free State, its first President was Conor Maguire of Claremorris, County Mayo, a native Irish speaker who was born in Carraroe and graduated from Queen's College, Galway, in 1882. He was a member of the Gaelic League and one of the founders of the Irish colleges

in Tourmakeady and Spiddal. A keen botanist, Dr Maguire published many articles on the flora and fauna of Cong, where he held a dispensary post before moving to Claremorris in 1890.

Among the problems then exercising the corporate mind of the IFSMU (later re-named the Irish Medical Association) was the paltry payment offered by the government for diphtheria immunisation. This excellent scheme reduced the incidence of diphtheria dramatically and the introduction in Germany by Gerhard Domagk of "Prontosil", the first of an invaluable series of sulphonamides, provided a potent remedy curative in many bacterial infections. Domagk was awarded the Nobel Prize in October 1939 but declined it at the direction of the Gestapo.

During the Spanish Civil War 200 Irishmen fought in the International Brigade; a somewhat larger number fought for Franco. Ireland was officially neutral during the Second World War but many Irish of both sexes joined the British and American forces and in 1945 the Hopital de Croix Rouge Irlandais was established at St Lô, Normandy. Its staff included Alan Thompson who, among other things, was the "Radio Doctor", his voice heard weekly by thousands.<sup>58</sup>

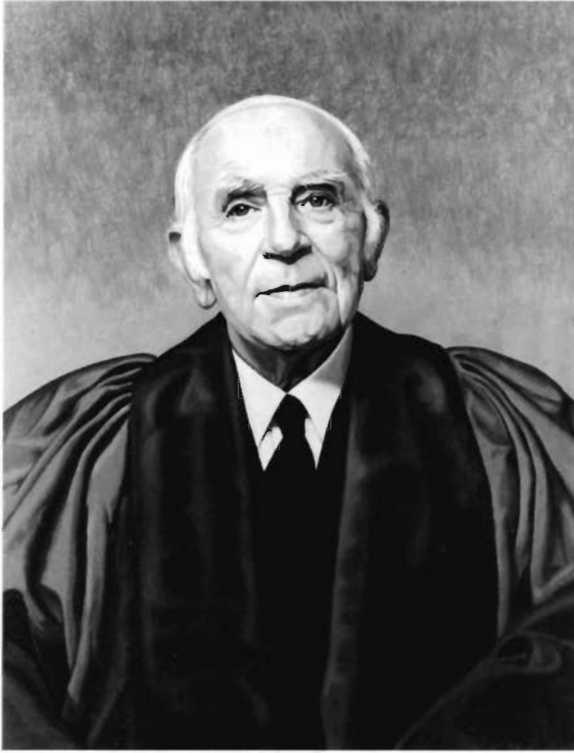
It was with those thousands and their needs in mind that a separate Department of Health was established in January 1947. Dr James Ryan, the first Minister for Health and Social Welfare, had served as Medical Officer in the General Post Office in the Easter Rising and was one of the founders of the Fianna Fail Party. A National Health Council was established by the Health Act of 1947.

#### MEDICINE TODAY

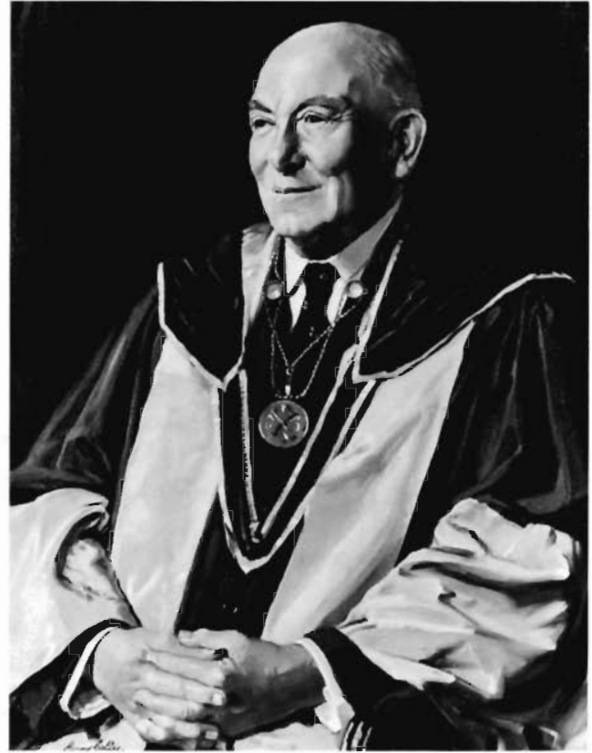
Arising like a phoenix from the ashes of the Second World War, medical therapy and surgical ingenuity dominate the third quarter of the century and, trailing in its wake, the spectre of iatrogenic illness. The applications of medication are facilitated by the availability of methods which make precise diagnosis realisable; needle biopsy, isotopes, cardiac catheterisation and recently devised methods of imaging. Transplant surgery has its most dramatic intervention when, aided by immunology, it replaces a vital organ; the restoration of activity to the elderly by providing new joints and patent arterial channels is more generally applicable.

These Vernesque developments have provoked criticism from Ivan Illich and others, but when Illich spoke in Dublin in 1982, a leading medical journalist judged him "to have become fossilised in his own philosophic pretensions (which were built, in the first place, on faulty evidence) . . .".<sup>59</sup> Despite such Cassandras, a clamant public in Ireland, as elsewhere, demanded the benefits of modern medicine with increasing stridency, their distribution becoming a matter for national debate, if that term is applicable to a situation where major decisions were determined by ecclesiastical pronouncements and political ukase.

Social historians of the future may explain why an altruistic profession finds itself constantly at loggerheads with the Department of Health, also well-intentioned. Is it merely that the government is a parsimonious paymaster? Or do the doctors' fears for their liberty justify an entrenched conservatism? Has the Department of Health lacked imagination, unduly influenced by the



186 R.A.Q. O'MEARA 1903-1974



187 E.J. CONWAY 1894-1968

pattern of the British National Health Scheme introduced in 1948? Whatever the cause, the result (in the words of a Doolin lecturer) has been "a sort of boxing match between the medical profession and the Government with the public as bystanders."<sup>60</sup>

The government lost the early rounds. Jim Larkin's demand that medical benefits under the National Health Insurance Act of 1911 should be extended to Ireland went unheeded. The "Mother and Child Scheme" foundered in 1951. But the Health Act of 1953 extended "free" hospital services to a large section of the population and unentitled persons were catered for by the Voluntary Health Insurance Act (1957). The provisions of the Health Act 1970 included setting up health boards and regional hospital boards and the introduction of a new general medical service to replace the out-of-date dispensary system. The general medical service commenced in 1972. Comhairle na nOspideal and the regional hospital boards based in Dublin, Cork and Galway, were established in the same year.

Preoccupied by bedside problems, the average clinician is not well placed to order general strategy. Long ago, in 1839, Dr Henry Maunsell rebuked the leading practitioners of his day for "having abandoned the higher and more honourable walks of their profession", i.e. preventive medicine; he called them "professional traders" and regarded them as "but the servants of individuals".<sup>61</sup> Mr Richard Tobin, in 1904, stated that the ideal state of things "would be one in which there was no more a question of a fee than there is for a fee for the policeman from the malefactor".<sup>62</sup> More recently an IMA president asked

that the health services should "cease to be a political shuttlecock".<sup>63</sup> There has, however, been little convincing unbiased argument on the merits or demerits of state medicine.

The government's appropriation of the health services, however gradual and piecemeal, was predictable and probably necessary. "The voluntary hospitals are today in a sorry state physically and mentally", a Carmichael Prize essayist wrote in 1952.<sup>64</sup> "They produce frustration to the point of hysteria in their medical staffs, they harbour abuses of privilege . . . they are scientifically stagnant and socially backward." Only the government could provide funds to rebuild them. This it undertook to do but has sometimes faltered in its execution. A Dublin Hospital envisaged in the Hospitals Federation Act, 1961 – the very institution planned by Robert Rowlette in 1922 – is still unbuilt. Elsewhere major hospitals have been commissioned, topped-out and occupied – regional hospitals in Limerick and Cork and Our Lady of Lourdes International Missionary Training Hospital, Drogheda, Mother Mary Martin's creation, to name just a few.

The government's victory in the "boxing match" was foreseeable. It turned down plans put forward by Dr Dignan, Bishop of Clonfert, and by the Irish Medical Association, based on insurance. It had staying-power and faced untrained opponents, better fitted for other contests but, while deaf to warnings of escalating cost in any free system, it now chides therapists for their failure to curb the soaring expense. "Let us suppose", wrote William Doolin, "to take a simple comparison, that the Minister responsible for public transport were to make railway travel 'free for all' . . . human nature being what it is, would not everybody want to travel first class and by the speediest train? Would not then the cost of transport be enormously increased?"<sup>65</sup> Doolin's statement, however lacking in egalitarian sentiment, is economically sound, but politicians continue to express surprise when the services they offer eat into public funds.

The ingredients for prescriptions dispensed by the General Medical Service which cost £14 million in 1977, cost £34.3 million in 1981. This figure reflects the extraordinary influence of the pharmaceutical industry which has made many major salutary contributions to modern therapeutics but by astute application of business methods, aided and abetted by advertising agencies and the news media, has created a climate in which instant cures and relief from every symptom are expected. The social historian will need to ponder the effect of state medicine on self-reliance, family attitudes and community pride. The outrageous penetration of hospital wards by terrorists and the less violent but more disruptive effect of strikers indicate a changing regard that no longer sees the sickroom as a sanctuary.

The increasing obligation, moreover, to judge health benefits in terms of cost efficiency, may have paradoxical repercussions. Can medicine become an industrial asset? If so, it is a startling departure from the motto *Caritas christi urget nos* inscribed on the railings outside the old St Vincent's Hospital on St Stephen's Green. Nevertheless, the Medical Council's report for 1981 refers to the proposal of a body called Health Care International to build in or near Dublin an international hospital to cater for patients, "mainly foreign, who

could afford to pay high fees". Evidently this project has the blessing of the Industrial Development Authority and a senior government minister emphasised to the Council "the large number of jobs that the building and running of the hospital would provide".<sup>66</sup> Perhaps it should be welcomed if only to point the contrast between adequate endowment and the common situation where the founders' enthusiasm and funds are inversely proportional. Admittedly, the demand on the available monies has been enormous and the building programme achieved through the Hospitals Trust Fund is remarkable.



188 ANDREW CHARLES

We have seen that Irish hospitals derive largely from the eighteenth and nineteenth centuries, and recent decades have rejoiced in a number of centenary and bi-centenary celebrations. Institutions founded in the capital in the present century include the Dublin Skin and Cancer Hospital, Hume Street, and St Anne's Hospital, Northbrook Road (founded by Andrew Charles [188], FRCSI and Christopher M. O'Brien [189], MD, respectively), St Ultan's, St Luke's and Our Lady's Hospital for Sick Children. The new "all electric" National Maternity Hospital (1936) which replaced the Georgian houses in Holles Street where that lying-in hospital was originally established, was the first major institution to be built in Dublin since the Royal Victoria Eye and Ear Hospital was opened in Adelaide Road in 1904 [274]. St Vincent's has transferred to a spacious new building in Elm Park and the Coombe Lying-In Hospital has moved from the Liberties to Crumlin. Many hospitals have been extended and provided with new theatre suites and special units.

At the moment of writing, Beaumont Hospital – Eoin O'Brien's suggestion that it should be called the Sir Dominic Corrigan Hospital has fallen on deaf ears<sup>67</sup> – which will house the staffs of the amalgamated St Laurence's and the Charitable Infirmary, nears completion. Drumcondra Hospital (opened in 1818 as the Whitworth Fever Hospital) has ceased to function as a general hospital.

### *The Twentieth Century*

Mercer's, Dublin's third-oldest hospital, occupying a site where the lazaretto of St Stephen stood in the thirteenth century, in June 1983 closed its doors which first opened in 1734, permitting the subsumption of its founders' well-fulfilled aspirations to augment the unfulfilled promise inherent in the evolution of the Dublin Federated Voluntary Hospitals at St James's where Henry Moore never expected to see a teaching hospital.

The materialisation of the Hospitals' Commission's building plans has transformed hospital accommodation throughout the country. The Westmeath County Hospital at Mullingar was opened in April 1936 and during the



189 CHRISTOPHER O'BRIEN

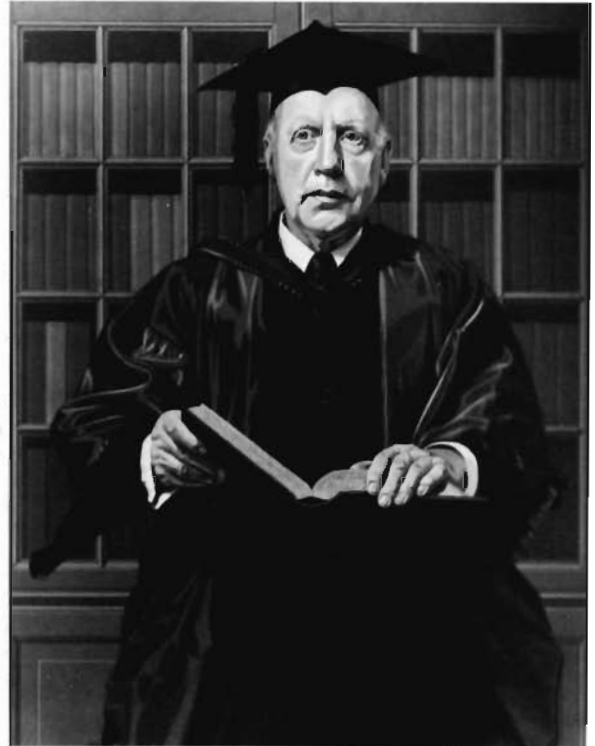
next five years twelve new county hospitals, two mental hospitals and thirty smaller district hospitals were built. Further development of hospital services was delayed by the Second World War but two projects were undertaken as a matter of urgency, a 40-bed maternity hospital in Galway and extensions to Dublin's Vergemount Isolation Hospital.

When building was resumed after the war, priority was given to the provision of sanatoria and orthopaedic hospitals; additional county and district hospitals were completed; Ballinasloe's Portiuncula Hospital was established and work went ahead on projects too numerous to detail. More recently the decreased incidence of fevers and tuberculosis has permitted the conversion of fever hospitals into district hospitals and the use of sanatoria as general hospitals or as institutions for the care of geriatric or psychiatric patients. Our Lady of Lourdes Hospital, Rochestown Avenue, Dun Laoghaire, formerly a tuberculosis hospital, became the National Medical Rehabilitation Hospital in 1961.

The Hospitals' Commission also facilitated the provision of dispensaries, county clinics, nurses' homes and hospital laundries. It has been primarily concerned with public services, a highly organised extension of the eighteenth-century impulse to aid the sick poor. Other bodies, generally religious orders, have made services available to fee-paying, middle-class



190 TERENCE MILLIN 1903-1980



191 W. J. JESSOP 1905-1980

patients in privately owned hospitals such as the numerous Bon Secours Hospitals, Calvary Hospital, Galway, St Joseph's, Raheny, St Gabriel's, Cabinteely, and many others.

The Medical Council (Comhairle na nDoctúirí Leighis), established by the Medical Practitioners Act (1978), replaced a similar body set up in 1927 with full reciprocity with Britain's registration council. It has compiled a General Register of Medical Practitioners and through its educational and training committee supervises undergraduate and postgraduate education, the latter nowadays a vigorous development.

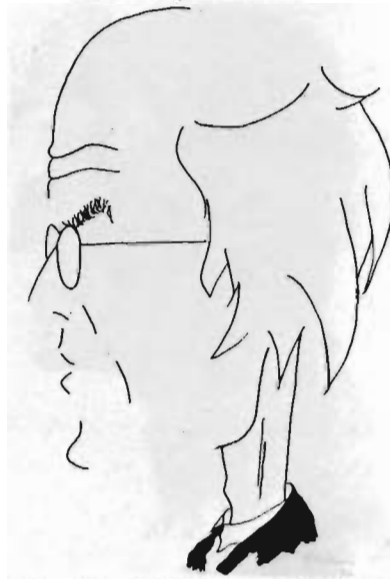
The transformation of postgraduate education began in July 1953 when a twelve-month period of internship became obligatory. In the same year, coincidentally, American educationalists pointed to the very weakness which Henry Moore had detected but was powerless to change. "It has been a tradition in Ireland", they wrote, "that the organisation and conduct of teaching in the hospitals is the responsibility of the hospitals rather than of the medical school faculties." They also emphasised that "laboratory tests have been used to a rather limited extent in most of the teaching hospitals of Eire".<sup>68</sup>

Their moderately voiced criticism decimated the forces of reaction; laboratories were instantly refurbished, links immediately established between hospitals and campuses. To have delayed would have been perilous to Irish graduates planning to work abroad. Ironically, thirty years later, when the most sophisticated techniques are practised here, entry to the United States and Canada has become increasingly difficult.



192 BETHEL SOLOMONS 1885-1965

Many Irish graduates have been trail-blazers abroad – Sir Gordon Holmes and Foster Kennedy in neurology, Sir Peter Freyer and Terence Millin [190] in urology, Peter Kerley in radiology. Adrian Stokes [75], who held a chair of Pathology at Guy's Hospital, died in West Africa of yellow fever acquired in the laboratory. On his retirement from a varied academic career in Dublin in 1973, Professor W. J. Jessop [191] became Vice-Dean of the Ife Medical School, Nigeria. W. R. Collis [71] established a paediatrics unit in the University of Ibadan. "Bob" played rugby for Ireland, practised paediatrics, wrote two successful plays, *Marrowbone Lane* and *The Barrel Organ*, and a number of autobiographical books, the last of which, *To be a Pilgrim*, was published posthumously.<sup>69</sup> Bethel Solomons [192, 81], another Irish rugby cap, shared his versatility; sometime Master of the Rotunda Hospital, President of the College of Physicians and author of *One Doctor in his Time*.<sup>70</sup> Terence Millin also played rugby for his country and held the highest office in the RCSI. John Hackett Pollock [193], pathologist to the Richmond Hospital, was no athlete but earned a respected place in Irish literature as a poet and novelist.<sup>71</sup> The affinity between medicine and letters, incidentally, has been exemplified in the present century by A. K. Henry, William Doolin [194] and Charles Dickson, editors of the *Irish Journal of Medical Science*; John S. Crone, editor of the *Irish Book-lover*; Richard Hayes, compiler of *A Dictionary of Irishmen in France*; W. P. Fogarty, posthumous author of *Magic Camels*, and many others, not least of whom, T. G. Wilson, Sir William Wilde's biographer and a talented artist, was an honorary RHA.<sup>72</sup>



193 JOHN POLLOCK 1887-1964

The specialisation Professor Pearson viewed so sceptically early in the century increased, as we have seen, in the 1920s and received momentum from the exponential post-war expansion of biotechnics. Advances in radiological "imaging" are particularly fertile. Computer tomography permits a "non-invasive" examination of the body's deepest recesses and provides a detailed map of the brain, "warts and all", invaluable to the neurosurgeon. Ultra-sound scanning is versatile in detecting gallstones, dilated ducts, cystic tumours, etc., and equipped with this tool the radiologist performs biopsies and drainages hitherto requiring a surgeon's attention.

The department which Adams McConnell created in the Richmond Hospital is now staffed by four full-time brain surgeons and avails of electroencephalography, electromyography and other diagnostic aids. There are three other neurosurgical units in the country.

Robert Lafayette Swan, a president of RCSI, who graduated in 1863, was one of Ireland's first modern orthopaedic surgeons. At his home, 11 Usher's Island, he founded the Dublin Orthopaedic Hospital (now in Upper Merrion Street). He published at least twenty-one articles on his speciality. Neither Swan nor successors such as Wheeler and Chance confined themselves to orthopaedics as is now obligatory. One of the outstanding triumphs of their craft, a consummation of engineering and surgery, is the provision of new joints for old.

Urology, formerly practised by general surgeons, has also become the exclusive province of specialists. Eighteenth-century William Dease's forte was "cutting for stone". Sir Francis Cruise [148] invented the cystoscope, but Tom Lane [195] was Dublin's pioneer of modern urology. He had been a pathologist, radiologist and general surgeon before confining himself to his life's work which culminated in the opening of the Meath Hospital's urological unit in 1955. Now it has 78 beds and a busy outpatient department. In 1979 new outpatients amounted to 8242, and 3058 patients were admitted.<sup>73</sup>

The availability of Vitamin B<sub>12</sub> and folic acid is a major benefit in



194 WILLIAM DOOLIN 1888-1962



195 THOMAS J. LANE 1894-1967

haematology where more recent developments include marrow transplantation which, like renal transplants, is facilitated by immunology. This new speciality actually derives from Jenner and Pasteur, but close analysis of the immune system in recent decades has been increasingly fruitful.

Oncology has halted the progress of certain malignant conditions, permitting the erasure of the words "hopeless" and "remorseless" from the textbooks. One of the saddest contributions to Anglo-Irish literature, *Letters to Molly*, describes J. M. Synge's courageous struggle with Hodgkin's disease in 1908.<sup>74</sup> The playwright was under the care of Alfred R. Parsons [196], physician to Baggot Street Hospital, a resourceful and up-to-date doctor, but without means of slowing Synge's decline. How Parsons, the delight of students for more than fifty years, would have rejoiced had he lived to read of today's benison, a cure for Hodgkin's disease! And how "Alfie" would have dramatised it!

A reappraisal of the use of anti-convulsant drugs for epilepsy, the introduction of leva-dopa for Parkinson's disease, and a better understanding of the pathogenesis of "strokes" are significant neurological advances. The expansion of this speciality has led to the formation of departments of neurology in Cork and Galway.

Connolly Norman, an heir to Pinel's humanitarian principles, long ago advocated domiciliary treatment of the mentally affected rather than their incarceration in asylums. The wide range of neuroleptic and tranquillising drugs now available has made the "open-door" policy a reality and the strait jacket and the padded cell are things of the past.



196 ALFRED PARSONS 1865-1952

Cardiac catheterisation, in the development of which Forssman (1929) courageously acted as his own guinea pig, <sup>75</sup> is now a routine procedure in cardiac departments joined more recently by the defibrillator, the echocardiograph and the Holter monitor.

Ether, chloroform and "laughing gas", used in a rule-of-thumb fashion for almost a century, are replaced or supplemented by other anaesthetics and the application of physiological principles has reduced the risks appreciably. Endotracheal tubes and muscle relaxants facilitate surgery and controlled hypotension is a boon in brain operations. If the modern surgeon has been defined as "a physician who operates", the anaesthetist of the present day also is a highly skilled physician whose techniques extend to the recovery room and intensive-care units.

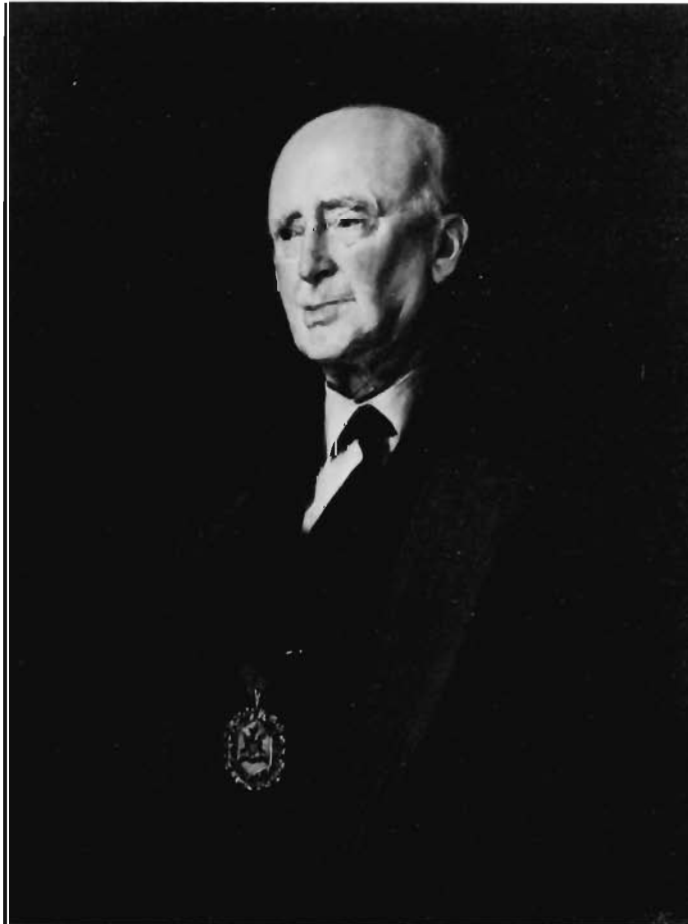
Anthony Burton Clery [197], President of the College of Surgeons (1954-55) and a pioneer plastic surgeon, was a major adviser in the creation of Our Lady's Hospital for Sick Children to which he was appointed director of surgery when it opened in 1956. It is a magnificent addition to Irish paediatrics, a speciality which began in the Institute for the Diseases of Children, Pitt Street (now Balfé Street), founded in 1821, eight years older than the Pendlebury Children's Hospital, Manchester, England's first children's hospital. By 1976 the admissions to Our Lady's Hospital had grown to 11,372 and its Children's Research Centre has initiated many research projects. Paediatrics is served by three children's units in Cork; there are also units in the Regional Hospitals in Limerick and Galway; Ardkeen Hospital, Waterford; Our Lady of Lourdes Hospital, Drogheda; the General Hospital, Sligo. A national phenylketonuria screening project was introduced in 1966.

The infant mortality rate, 108 per 1000 live births in 1900, had fallen in 1981 to 11 per 1000. Four maternal deaths occurred in 1981, a maternal mortality rate of 0.055 per 1000 births the lowest reported. Improved socio-economic conditions have played a major role in achieving these plummet-

### *The Twentieth Century*

ing figures and increased life-expectancy. The abolition of typhoid fever epidemics required high-grade medical detection. The introduction of BCG improved case-detection, and more adequate sanatorium accommodation helped to diminish the plague-like dimensions of tuberculosis. Rising health standards have benefited maternal welfare and at present the major concern of obstetricians and neonatologists is perinatal mortality, the estimated rate of which per 1000 births in 1979, 1980 and 1981 respectively was 15.6, 14.9 and 13.6. This reducing figure is the outcome of complicated biochemical and ultrasonic foetal monitoring. Delivery of a "small for dates" baby by early induction of Caesarean section followed by intensive-care paediatrics can secure normal development.

The votaries of endocrinology and rheumatology have an increased pharmaceutical armamentarium; electron microscopy brings a new dimension to pathology, and diagnostic applications of biochemistry and bacteriology multiply, facilitated by automation, new culture media and the availability of skilled laboratory technicians; thoracic surgery has attained high technical efficiency; there are many instances of the potential of microsurgery in ophthalmology and otology, and in the management of severed limbs. These, and other advances too numerous to mention, call for team-work in hospital



197 A. B. CLERY 1899-1980

practice – who is to say whether the surgeon, the anaesthetist, the immunologist, or the biochemist plays the most vital role in determining the success of a transplant operation? But health departments conscious of mounting costs increasingly complain that hospitals are “hogging” a disproportionate share of economic resources.

Predictably, specialism has led to the formation of new societies and faculties, e.g. the Irish Neurological Association, the Irish Cardiac Society, the Faculty of Anaesthetists, the Faculty of Radiologists, etc., a development which may have reduced the attendance at meetings of the Royal Academy of Medicine in Ireland, a body which celebrated its centenary in 1982. Social aspects of illness have been recognised by the incorporation of the Multiple Sclerosis Society, the Irish Epilepsy Association, Alcoholics Anonymous, the Irish Heart Foundation, etc., which, among other things, promote knowledge, supply solace and fund research.

The Medical Research Council remains the major co-ordinator of research. The MRC's relative poverty is sometimes invoked to explain the lack of a recent major Irish contribution to clinical science, but creativity cannot be meaningfully measured in cash terms. Lord Rutherford, the physicist, boasted that he could do research at the north Pole.<sup>76</sup>

Michel Peillon's *Contemporary Irish Society* refers perjoratively to doctors as “guardians not only of the physical but also of the moral health of Irish society”.<sup>77</sup> Can it be otherwise? The doctor sits in the stalls to watch the unfolding of what has become increasingly a *tragédie humaine*. Changed sexual mores, drug-taking and alcoholism have led to an exodus of unwed pregnant girls to England for abortions, untold misery and premature deaths, industrial inefficiency and domestic unhappiness. Cigarette smoking, even if devoid of moral undertones, is a culpable pathogen. The epidemic of road-traffic accidents has a relationship to alcohol indulgently ignored by the public authorities. Family planning and divorce have been treated as political nettles too dangerous to grasp rather than vital social questions. Gonococcal pharyngitis indicates changed sexual predilections; the incidence of syphilis has fallen only to be replaced by genital herpes and Osler's observation retains its validity: “Personal purity is the prophylaxis which we, as physicians, are especially bound to advocate.”<sup>78</sup>

The roll of honorary fellows of the Royal College of Surgeons in Ireland grew steadily in the present century. It constitutes a galaxy of surgical stars whose brilliance does not dim the lustre of the achievements of Mother Mary Martin [23] of Drogheda, founder of the Medical Missionaries of Mary, on whom an honorary fellowship was conferred in 1966. As bountiful as Mother Catherine Macauley and Mother Mary Aikenhead who founded, respectively, the Order of Mercy and the Irish Sisters of Charity, her name is less well known than Dr Tom Dooley's or Dr Albert Schweitzer's, but she gave more hospital beds to the Third World than either.

Miss Alice Reeves [198] created no new institutions but exemplified the best traditions of the nursing profession in a career which is outlined by Mary F. Crowley in *The Story of the Development of Nursing in Ireland*.<sup>79</sup> She trained at the Adelaide Hospital and worked there as a ward sister until 1908 when she was appointed Matron of the Royal Victoria Eye and Ear Hospital. Ten years later



198 ALICE REEVES 1874-1955

she became Matron of Dr Steevens' Hospital where she remained until her retirement in 1947, in which year she received the degree of *MA honoris causa* from Trinity College, Dublin. T. G. Wilson, ear, nose and throat surgeon to "Steevens", has said that Miss Reeves was "undoubtedly one of the greatest nurses Ireland has ever produced". Her influence on the hospital was enormous and outside it she played an important part in the organisation of her profession. She was a founder member and President of the National Council of Nurses of Ireland, a member of An Bord Altranais, established by the Nurses' Act 1950, and the first Irish nurse to be awarded the Florence Nightingale Medal by the International Red Cross.<sup>80</sup>

During the century the nursing profession's status and educational requirements have risen steadily. The role of the nurse, which in the late nineteenth century began to encompass domiciliary nursing in remote regions of Ireland by "Jubilee Nurses" and "Lady Dudley nurses", has extended to industry and the armed services. In hospitals she/he plays a vital function, no longer the meek servant of the doctor but occupying responsible posts demanding considerable initiative in operating theatres, intensive care units and elsewhere. The Faculty of Nursing inaugurated in the College of Surgeons on 30 October 1974, is demonstrative of the developing academic status of the nurse.

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The lady almoners of the past, vague dispensers of reluctant charity, are replaced in modern hospitals by social workers trained to mobilise the extensive range of services available by right to the elderly, the disabled and the underprivileged. Physiotherapists, pharmacists, occupational therapists, speech therapists and dieticians make important contributions, nor should the work of secretarial and clerical staff be overlooked in an organism which requires the service of cooks, telephonists, porters and wardmaids.

To conclude this essay I shall mention, with gratitude and respect, four medical historians whose pages have deepened our understanding of the nature of our profession which, when true to its inherited traditions, is rigorous and self-sacrificing – Cameron [158], Kirkpatrick [161], Doolin [194] and Widdess. The latest of these to pass into the shadows, J. D. H. Widdess, a few weeks before his death in 1982 corrected the proofs of the third edition of *The Royal College of Surgeons in Ireland and its Medical School 1784-1984*.<sup>81</sup> They have preserved a record of our faculties and hospitals, but the story of the real hero of Irish medicine remains unwritten. He is the rural dispensary doctor of the past, reducing a dislocated shoulder on a mountainside or delivering a tinker's baby in a roadside camp at midnight, his only illumination the headlights of his motor car.



198A AN OLD SEAL OF THE ROTUNDA HOSPITAL

# Chapter 6

## MEDICINE IN ULSTER

### THE BELFAST SCHOOL

PETER FROGGATT

Folklore is rich with healers: its essential unity ensures a wealth of physicians in Ulster legend.<sup>1</sup> In historic times monastic Christianity and the hereditary physician (to clans, septs, and individual patrician families) gave Irish medicine a characteristic structure, but the decline of these patrons, the Elizabethan and Stuart plantations and colonisations especially important in Ulster, and the scientific *milieu* of the seventeenth century, ushered in a new type of physician who studied at a university usually abroad, imbibed pan-European learning, and possessed a universal rather than a local body of knowledge. Nial O'Glacan, a seventeenth-century hereditary physician from Donegal who found fame in Europe,<sup>2</sup> stands between such earlier ones as the Dunleavys (to the O'Donnell clan) and the O'Mearas (to the Butlers) and the newer breed of whom Thomas Molyneaux [34, 87], who studied at Trinity College Dublin and at Leyden,<sup>3</sup> and Hans Sloane [84], the poor boy from Killyleagh, County Down, who graduated at Orange in France and found fame and fortune in London,<sup>4</sup> are illustrious examples.

There is no ground to suppose that Ulster traditional or folk medicine differed importantly from that of the other Irish provinces. The physicians of the admittedly well-developed medical services of the Red Branch warriors, and in the Tain epics, treated general ailments and viewed apocalyptic events in much the same way as did their Irish contemporaries. The writ of those Brehon Laws which gave special standing to someone in charge of a sick person and which exempted, from their criminal provisions, persons assisting physicians or compounding medicines until the tasks of mercy were complete, ran at least intermittently in Ulster. Ireland's geographic position might have saved its inhabitants from some of the continental pandemics (though it did not save it from the Black Death in 1349) and its indigenous culture may have fostered certain socio-medical practices somewhat outside the mainstream of European experience, but essentially the Elizabethan and early Stuart plantations brought with them no important body of medical *practice* – as distinct perhaps from medical *knowledge* – unfamiliar to the native Irish physicians, though by hastening the break-up of the celtic aristocracy and their surrogate hereditary medical families they produced a more fertile seed-bed for the “new” scientific ideas of the 17th century to flourish.

Belfast, until its garrisoning in the early seventeenth century, was a cluster of wooden cabins around a castle strategically placed on the sandy river crossing which gave “Beal-Fersat” its name. But Chichester's garrison town was not

exclusively of jobbers, fortune-hunters, and peasants, indigenous or dragooned: already the first glimmerings were evident of that organised philanthropy which characterised the genesis and dynamic of the Belfast medical profession: "Edward Holmes, Burgess, died in June, 1631, and left to the poor decayed inhabitants of Belfast 40 lib",<sup>5</sup> a nucleus around which the "Poore's Money" was to grow into the "poor-house and hospital", incorporated in 1774, and which as the Belfast Charitable Society (Clifton House) still stands.<sup>6</sup> By this time, however, Belfast was poised to enter that remarkable period of rapid growth, burgeoning affluence, and intellectual vigour which, with the predominantly Presbyterian denomination of its citizens and their frequent involvement in radical politics, was to make Belfast and its medical, educational and charitable institutions, unique in Ireland.

The Belfast school of medicine over the last 200 years could be more accurately called the Belfast "schools" of medicine, since we can recognise at least three chronologically: (1) the "preparatory" (i.e. non-licensing-body) school between the Royal Belfast Academical Institution (hereinafter "Inst") and – mainly – the Belfast Fever Hospital and General Dispensary, 1835-49; (2) that between Queen's College, Belfast (QCB) and the hospital's successors (the Belfast General Hospital, the Belfast Royal Hospital, and the Royal Victoria Hospital) with eligibility to sit the degrees of the Queen's University in Ireland (QUI: 1849-82) or the Royal University of Ireland (RUI: 1882-1908) as well as other "licensing bodies"; (3) the comprehensive degree course between the Queen's University of Belfast (QUB) and its teaching hospitals, mainly the Royal Victoria and specialist hospitals but also the Mater Infirmorum, the Belfast City Hospital (formerly the Union Infirmary and Fever Hospital) and, later, others.

For at least the last century the Belfast school has been the *fons et origo* of Ulster medicine, supplying the majority of Ulster (and later Northern Ireland) specialists and practitioners, and generating most of the substantial corpus of research. In its traditions and skills it has placed a distinguishing stamp on Ulster medicine and through its many medical emigrants has been widely influential in the English-speaking world. The dramatic growth in medical and allied services since 1948, and the earlier provision of medical services outside Belfast, crucial to the well-being of Ulster's citizens, cannot unfortunately be dealt with here: they require and deserve an essay on their own.

#### THE BELFAST MEDICAL SCHOOL, 1835-49

Fifteen provincial schools which taught the 1815 curriculum of the Society of Apothecaries were founded before 1840.<sup>7</sup> The Belfast school was the only one in Ireland:<sup>8-10</sup> a "preparatory" school (i.e. it "prepared" students to sit the final examinations of the recognised licensing bodies), it combined organised clinical instruction at the (Belfast Fever) Hospital<sup>11</sup> with academic classes at the self-governing "Belfast Academical Institution" ("Royal" since 1831 and now, as Inst, a grammar school for 1100 day boys) incorporated (in 1810) under act of parliament. It was, therefore, free of hospital staff control (unlike England) and of town council or corporate medical body (unlike Scotland). Each of the partners is now briefly described.



199 WILLIAM DRENNAN 1754-1822

INST

In 1808, when a medical school was first proposed, Belfast had some 25,000 inhabitants – smaller than Cork or Limerick and about one-eighth the size of Dublin. There was no real alternative to the Scottish universities for the sons of the increasingly prosperous Ulster dissenters: rcd placed certain impediments on dissenter and Catholic and though rcsi attracted some Ulster students<sup>12</sup> Dublin was more expensive than Scotland and was considered also morally dangerous!<sup>13</sup> Presbyterians, therefore, planned for Belfast a combined school (for boys aged eight to twelve) and college – the latter a Scottish university in embryo and giving *inter alia* a “general medical certificate” – the whole to be non-denominational though with a Presbyterian ethos: secular education in common; religious instruction privately; self-improvement, diligence, providence and self-control paramount; radical politics – at least initially; and an increasingly evangelical outlook in that progress, like salvation, would be the reward of virtue!

The opening address (1 February 1814) was by Dr William Drennan [199], better known to Irish than to medical historians.<sup>14</sup> A son of the minister to First Belfast Presbyterian Church he took the Glasgow MA in 1771, the Edinburgh MD in 1778, practised in Newry where he was an early recruit to the Volunteer movement, moved to Dublin in 1791, became the first President of the Dublin Society of United Irishmen and an author of its first constitution but left active politics after his trial for sedition in 1794 and returned to Belfast where he divided his time between medical practice, philanthropic work, and

### *A Portrait of Irish Medicine*

the exercise of his substantial literary gifts. His address, a timeless statement of liberal ideals, also encapsulated the more pragmatic objectives of the founders: "... the Academical Institution will prevent the hard and disgraceful necessity ... of [parents] sending their children to seek in other countries, with much risk to their health and morals, for that instruction ... which might be equally well attained at home".<sup>15</sup> Medicine was such a subject: first, science and pre-clinical chairs; then clinical subjects added as money and hospital co-operation were obtained. Disaster soon struck: seditious toasts at a St Patrick's Day dinner in 1816 attended by Inst staff and governors ("to Marshal Ney", "to reform of the franchise" are samples!)<sup>16</sup> induced government to withdraw its yearly £1500 chair-endowment grant and frustrated the immediate plans for the proposed medical school. The time then found the man: James Lawson Drummond [200], later the first dean of the medical faculty (in 1835), son of a naval surgeon from Ballyclare and himself surgeon-apprentice in the royal navy (1807-13), Edinburgh MD (1814) and since then attending physician to the Hospital, offered to serve gratuitously as Professor of "Anatomy and Medical Physiology" and with a nominal stipend started classes in anatomy (1819) and botany (1822) to add to those in "elements in chemical science" (1819) and natural philosophy (physics, by William Knight) to form the nucleus of a pre-clinical syllabus.<sup>17</sup> There will be more of Drummond later.



200 JAMES LAWSON DRUMMOND 1783-1853



201 JAMES MACDONNELL 1763-1845

#### THE HOSPITAL

The Belfast Charitable Society's poorhouse was designed to hold fifty paupers and ten destitute sick.<sup>18</sup> It gave no outdoor relief. Burgeoning Belfast needed far more, at the least a free medical dispensary with domiciliary visits backed up by hospital beds for the prevalent "fevers". It had not long to wait. A prospectus for a "Charitable Dispensary" and signed by the Sovereign (mayor) and thirty-eight prominent citizens, including three (of the estimated ten) physicians (James MacDonnell MD, Alexander Halliday MD, and John C. White MD) and surgeons B. Fuller and R. McClelland was issued on 13 April 1792:<sup>19</sup> beds – six in a house in Factory Row (now Berry Street) – were added in 1797. Doctors Halliday and A. Mattear were consulting physicians, MacDonnell and White attending physicians, and Fuller and McClelland attending surgeons. After some vicissitudes it re-opened on 1 August 1817 in Frederick Street with the associated general dispensary serving the six Belfast districts<sup>20</sup> Dispensary staff usually progressed to the attending staff on annual renewable appointments; on retirement they became consulting staff. House surgeons were appointed from 1838, house physicians from 1883.<sup>21</sup> For simplicity, the hospital and its successors are called below simply "the Hospital".

Of the founders, James MacDonnell [201] was pre-eminent: "Amongst this noble band of philanthropists, it cannot be considered invidious to distinguish the name of one who may, without exaggeration, be considered to have represented them and throughout his active life all the energy and zeal which animated and cherished this charitable movement – James MacDonnell, MD."<sup>22</sup> More than that, he also epitomised the best of the contemporary Belfast medical fraternity. Mainly Presbyterian, often sons of clergy (e.g. Drennan and Malcolm of those illustrated here) or their close kin (e.g. Drummond) or even



202 SAMUEL M. STEPHENSON 1742-1833

themselves ordained (e.g. Rev. Dr S. M. Stephenson [202])<sup>23</sup> – though MacDonnell, brought up a Protestant by his mother, was a close kin to the (Catholic) earls of Antrim – they were distinguished by their literary and scientific interests, their cultural tastes, their political concern and even involvement, their stern sense of duty, their high principles; often “new light” Aryans in belief, they anticipated much of early Victorian evangelicalism in thought and conduct. MacDonnell was a polymath: principal founder of the hospital (in 1792); first President of the Belfast Literary Society (in 1802); foundation committee member of the Belfast Reading Society (in 1788), now the Linenhall Library; member of the Belfast Natural History and Philosophical Society (from 1833), founded in 1821 by Drummond; main reviver of the Belfast Medical Society (in 1822), now the Ulster Medical Society; cultural revivalist as joint organiser of the national harp festival in Belfast in 1792; *confidante* of folk-music anthologist Edward Bunting, co-founder of the Irish Harp Society (in 1808, at 21 Cromac Street) and with his brother, Alexander, a surgeon, also its offspring “institution” to promote the Irish language (in 1809 at 8 Pottinger’s Entry); friend, patron and host of Wolfe Tone, patron also (and then possible betrayer) of Thomas Russell, he moved easily among the leaders of Belfast radical opinion and the United Irishmen and was awarded one of the cherished *soubriquets* which Tone reserved for his closest circle (“The Hypocrite”, perhaps after “Hippocrates”); member of the Inst management and recipient (in 1828) of a ten-piece silver service costing £700 sterling to which 130 of “the Nobility, Ladies and Gentlemen of the

Belfast vicinity" subscribed "as a tribute of their respect and esteem".<sup>24</sup>

The new hospital (of 1817) was dedicated to teaching and the art of medicine, and received pupils early on, the first (Mr Walter W. Bingham) being registered on 21 December 1821 at one guinea fee.<sup>25</sup> The hospital, always eager, was now with its 100 beds and new premises ready to join with Inst in the "preparatory" school.

#### STEPS TO THE JOINT SCHOOL

By 1826 renewal of the government grant to Inst was assured – though not paid until March 1829. Drummond, on the staffs of both Inst and the Hospital, now acted as catalyst by advocating a comprehensive joint curriculum to the requirements of the Society of Apothecaries.<sup>26</sup> Inst were enthusiastic provided they could get the money and run the enterprise – appoint staff, enroll students, control the examinations and the syllabus, and award the general medical certificate; the Hospital was also enthusiastic provided *they* could appoint the staff (from among their own number), examine, and exercise in the usual ways the then customary patronage: certainly no-one appointed by Inst could expect access to Hospital patients unless already on the Hospital staff – in fact continuance of the Hospital's income from Grand Jury presentments (about 25 per cent of its income) could be jeopardised if Inst controlled staff appointments.

The next five years (until 1831) saw much negotiation and tactical manoeuvring, but always the dynamic was maintained, though more at the hospital – where the doyen James MacDonnell on 3 June 1827 inaugurated a series of clinical lectures by the staff to a class of about ten students – than at Inst – who pleaded both poverty and principle. Identity of purpose, cross-representation with Hospital staff often also proprietors of Inst, the social and professional homogeneity of the principals, the catalyst of the Belfast Medical Society, and above all a real will to succeed, minimised rancour and assured ultimate success, though bought by sweeping the controversies in joint control under a convenient carpet from where they were to reappear in 1836.

In December 1831 a comprehensive syllabus with complete rules and regulations was published by Inst, a building grant was procured in 1833,<sup>27</sup> and with five of the (optimistically) proposed twelve professors in post through open advertisement, the new faculty of medicine held the first of its bi-monthly meetings on 8 October 1835.<sup>28</sup> Classes in anatomy and midwifery started on 9 November; the other subjects followed in the new, if modest, premises on 1 May 1836. The first medical school in Belfast had begun.

#### PROGRESS AND PROBLEMS

A syllabus is futile without facilities and teachers; a "general medical certificate" useless without licensing body recognition; teachers redundant without pupils; all nugatory without co-operation of the Hospital. Inst tackled these problems with energy and enthusiasm. Between 1836 and 1841 the major, non-exclusive, licensing bodies in Britain and Ireland afforded recognition of the four-year Inst certificate in part or complete requirement for eligibility to sit their degree or diploma.<sup>29</sup> There was no lack of pupils: an

initial enrolment of about thirty rose to some eighty in the 1840s, making it among the larger of the provincial schools. The facilities were minimal but, in contemporary terms, adequate – a single-storied three-room building (lecture theatre, dissecting room, museum, and associated privy), an on-site botanic garden, and the Inst library.

The lecturing staff lacked neither numbers nor skill. By 1837 there were seven professors, an assistant in anatomy, clinical lecturers, and the exacting lecture grind was being maintained.<sup>30</sup> At worst competent and at best distinguished, they included Henry MacCormac [203], a gifted scholar and prolific writer,<sup>31</sup> Thomas Andrews [204], one of the foremost chemists of his time,<sup>32</sup> and Robert Coffey [207] "of Dublin" a popular teacher who held the chair of surgery.<sup>33</sup> Problems there were, but they lay elsewhere: initially (1835) in Inst's active flirtation with the idea of a wholly owned and fully Inst-controlled "teaching" hospital; from 1841 in events beyond the faculty's control.

The extraordinary story of Inst's efforts to buy, staff, run, and maintain a 100-plus bed general hospital accredited by the licensing bodies, has been told elsewhere.<sup>34</sup> Inst was faced with the classic problem of a joint college-hospital venture only partly solved today, *viz.* how can staff appointed by the college (through open competition often to tenured posts) be assured of appointment to the hospital (whose staff are normally independently appointed by the hospital management often from junior staff and to non-tenured posts), and if not so appointed how can the syllabus be fully integrated or the academic teaching made clinically relevant? This was starkly put by a physician at the Hospital (Dr R. Stephenson) in 1830: "The Managers of the Institution [Inst] may either found a new hospital in immediate connection with their School, or avail themselves of the present Hospital establishment." Inst, hedging bets, tried both using the existing and partly fortuitous joint Inst-Hospital staff membership as an umbrella for the latter option, while casting around for opportunities to exercise the former, so as not to impede in the longer term their freedom of action on appointments. Their chance came in 1836 and they opened the Royal Institution (or "College") Hospital in a disused cavalry barracks in nearby Barrack Street,<sup>35</sup> but after a short, intermittent and bizarre existence it effectively closed in 1840, killed not by lack of resolve but by lack of funds – fundamentally by its basic contradictions – and buried by the opening (in 1841) of the Union (workhouse) infirmary and the emerging plans for QCB.<sup>36</sup> With this option closed Inst needed to develop closer arrangements with the Hospital and were now handicapped with several professors not on the Hospital staff, but biting this bullet was beyond their fiercely proud independence. The lessons, however, were well-learned when the school moved to QCB in 1849 and in changed circumstances have stood the test of time to the present day.

Eighteen-forty was, as it turned out, the school's zenith in all but student enrolments – which remained buoyant until the end.<sup>37</sup> The earlier exuberance evaporated as schism in the Presbyterian Church forced closure of the faculty of arts; as lack of funds precluded necessary building maintenance; as the Hospital withheld its full support; as cadavers became in short supply; as students grumbled at the arrangements for practical midwifery.<sup>38</sup> The



203 HENRY MACCORMAC 1800-1886



204 THOMAS ANDREWS 1813-1885



205 ALEXANDER GORDON 1818-1887



206 PETER REDFERN 1820-1912

death knell for collegiate Inst sounded when, after much haggling government in November 1845 announced that the "northern college" (of the projected three-college QU) would be in a new building and not in Inst. Ironically the bell tolled just as events were moving in favour of a joint school: hospital teaching facilities were improving;<sup>39</sup> the dispensary covering Belfast was reconstituted; above all Andrew Malcolm [208] returned and at once set about rationalising the clinical teaching.<sup>40</sup> All this was too late for Inst but QCB was quick to reap the benefits.



207 ROBERT COFFEY 1796-1846

THE MEDICAL SCHOOL OF THE QUEEN'S COLLEGE, BELFAST, 1849-1908

In 1849 the collegiate section of Inst effectively closed with the withdrawal of the government grant, though students could transfer to QCB with full credit for their Inst classes providing they matriculated. This was not quite the end of Inst's involvement. None of the three Queen's Colleges (Belfast, Cork, Galway) was designed to house initially a full medical school: students took their lectures at Queen's and attended the Hospital but until 1863 they dissected at Inst a mile away. Three of the seven Inst professors were taken onto the Queen's staff, *viz.* William Burden [209], Professor of Obstetrics since 1840; Alexander Gordon [205], Professor of Surgery since Robert Coffey's death in 1847; and John Frederick Hodges, Professor of Chemistry since Andrews' resignation in 1848, to the chair of Agriculture. The others received gratuities or pensions. The fortunes of the medical school can now best be traced in terms of students, staff, facilities, connection with the growing numbers of general and specialist hospitals, and curricular developments.

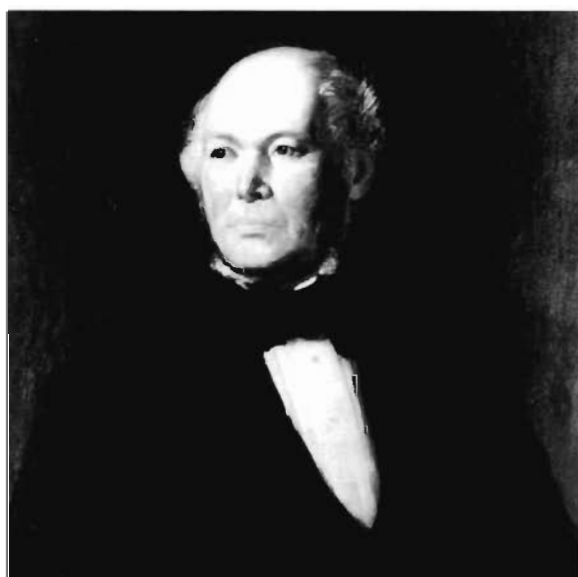
STUDENTS

Of the 195 students enrolled at QCB for October 1849, 55 (28 per cent) were medical. The total reached 400 in 1846, 151 (37 per cent) being medical, and until 1908 enrolments were between about 400 and 500, medicals averaging about 250 (55 per cent).<sup>41</sup> They were predominantly Presbyterian (64.5 per cent in the entire student body, 1847-1908) with Anglican 17 per cent, Catholic 6 per cent and others 13 per cent.<sup>42</sup> Over 90 per cent were from the nine Ulster

counties (overwhelmingly Belfast, Antrim, Down and Londonderry), a regional emphasis which still exists and justifying the objectives of the founding fathers of Inst.<sup>43</sup> Most were from country homes – sons of small farmers, shopkeepers, Presbyterian ministers, country doctors and the like – though with Belfast increasingly represented. Homogeneous in background, culture, and religion, the medical student body had an unusual uniformity of values which they carried into their professional life, giving a cohesion and corporate consciousness to the Ulster medical fraternity (which was almost entirely replenished from Queen's) which still exists and which was unaffected by the increasing number of welcome women graduates after the first woman (Miss Elizabeth Bell) was admitted to the medical faculty in 1889, and later by graduates from elsewhere. Attrition rather than dilution was a factor: then, as later, many graduates emigrated, often outstanding ones, and the contribution of QCB alumni to many countries is our loss though their heritage.



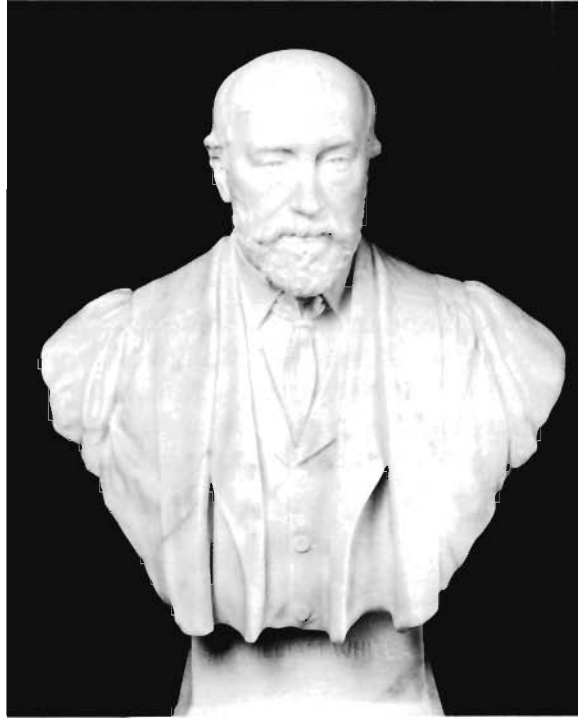
208 ANDREW MALCOLM 1818-1856



209 WILLIAM BURDEN 1798-1879

#### STAFF

Due to its size and its integral part in the medical practice of the town, the medical school occupied a special place in Queen's. Most of its members practised privately: all were acceptable to the local fraternity, most indeed were Hospital staff members before and usually after they were appointed professors. The main objective of the Hospital staff in its wrangles with Inst, from 1826 to 1831, was at last fulfilled even if only *de facto*! The clinical staff of the medical school up to the Second World War had, therefore, the same regional emphasis as the students so that the school became largely a local institution unlike the other QCB faculties. There were, omitting chemistry, five foundation medical chairs (Anatomy and Physiology; Materia Medica; Medicine; Midwifery; and Surgery). Hugh Carlile held the first until 1860,



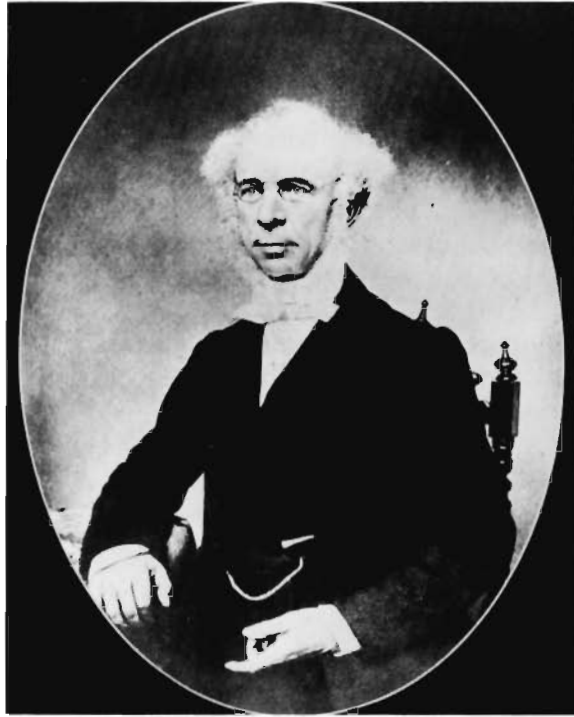
210 WILLIAM WHITLA 1851-1933

being succeeded by Peter Redfern until 1893 when separate chairs were created; Johnston Symington held Anatomy until 1918 and William Thompson held Physiology until succeeded in 1902 by the Scotsman, Thomas Milroy.

Of these, Peter Redfern [206] has the widest reputation.<sup>44</sup> Born in 1820 in Derbyshire he was educated at the University of Edinburgh and University College, London, where he took the MB in 1844 and the MD in 1847 and proceeded FRCS (Engl.) in 1851. Lecturer at King's College, Aberdeen (1845-60), he came to Belfast when his lectureship was suppressed after the merger with Marischal College. He has been described as "The founder of our knowledge concerning the microscopic structure of cartilage and discoverer of the process by which its wounds are repaired,"<sup>45</sup> and in his thirty-three years in the Belfast chair he enjoyed immense prestige, popularity, and success. He died at Donaghadee in 1912.

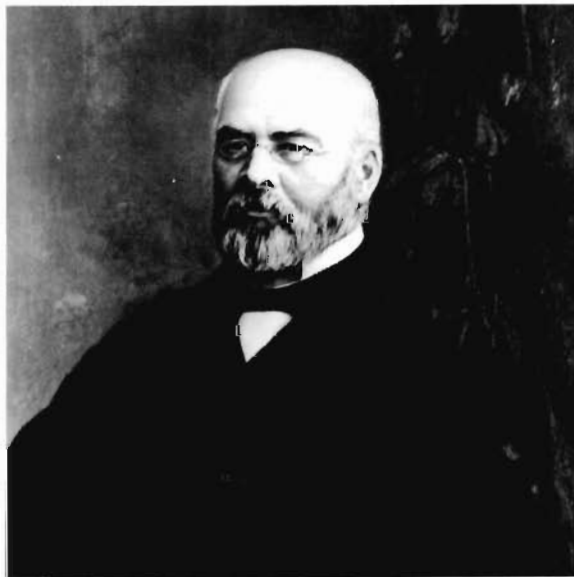
In materia medica H. A. Stewart died aged thirty-six in 1857.<sup>46</sup> He was succeeded by J. S. Reid, unique in that he resigned from the Hospital staff to take charge,<sup>47</sup> for forty-four years (1846-90), of the 600-bed Union (work-house) Fever Hospital; he first encouraged, then resisted, clinical classes in the Union Infirmary (from 1857), and was a dull and chaotic lecturer highly unpopular with students yet a distinguished authority on fevers and with a high concern for the indigent sick.<sup>48</sup> He was succeeded by William Whitla [210], a successful clinician and even more successful author, a substantial benefactor of Queen's and Ulster medicine, one of the first of the new breed of staff who were themselves QUI graduates, and who we will meet later.<sup>49</sup>

J. C. Ferguson [211] held the foundation chair of Medicine until his death in 1865.<sup>50</sup> Unassuming, likeable, intellectual, friend of William Stokes, he has



211 J. CREERY FERGUSON 1802-1865

generally been underestimated and overshadowed by his successor, James Cuming [212]. He has recently been favourably re-assessed.<sup>51</sup> Cuming, who held the chair until 1899, overshadowed more than Ferguson: in Andrews' words, "[there are] few medical men to be found anywhere more highly cultivated or better fitted to fill a chair".<sup>52</sup> Like Whitla, an early (in fact the first) alumnus of QUI who went on to become a professor in QCB, he was an outstanding teacher, gifted researcher, and of wide culture and high principles.



212 JAMES CUMING 1833-1899

Moreover he was one of the very few Catholics on the early professoriate and the only one in the medical school. At his death in office he was the recognised leader of the Belfast fraternity.<sup>53</sup> His successor, J. A. Lindsay, professor from 1899 to 1923, belongs mainly to the next period.

The first three professors of midwifery occupied the chair from 1849 to 1920 – William Burden (1849-67), Robert Foster Dill (1868-93), and (Sir) John William Byers (1893-1920). Their careers have been well described.<sup>54</sup> Burden [209], a man of mild manners but awesome resolution, devoted much of his energies to overcoming the natural resistance of the ladies' committee of management of the Lying-In Hospital (where he was, from 1837, sole physician) to the admission of students and even student nurses, being successful in 1853. A sound clinician and talented administrator he wrote little.



213 ROBERT FOSTER DILL 1811-1893

Dill [213] was fifty-seven when he succeeded and died in office aged eighty-one:<sup>55</sup> a member of an influential family,<sup>56</sup> his preference to Dr J. M. Pirrie owed much to intervention with the Irish government in his interest.<sup>57</sup> This produced a problem: unlike Pirrie, Dill was no longer on the staff of the Lying-In Hospital (he had been dropped in 1861 after a dispute with the committee) or the General Hospital: the spectre so long feared of a professor without a hospital attachment appeared for the first time. For a while it did no-one any good. Dill conducted his clinical teaching on domiciliaries based on his very ample house in Fisherwick Place, until thirteen years later (in 1881) the Ulster Hospital for Children and Women (then also in Fisherwick Place) opened an extern midwifery department and Dill was appointed to it. This mistake would not be made again!

Byers [33] succeeded in 1893 and oversaw many of the reforms consequent on the changes in regulations concerning midwifery under national arrangements and the organisational changes in Irish higher education.<sup>58</sup> He was well-equipped: a successful clinician, inspiring teacher, productive author, and like many of his colleagues and predecessors he had a wide range of non-professional interests, mainly literary and was an authority of Ulster dialect and folklore. He was one of the "second wave" of QCB professors almost exclusively alumni of QCB, like Whitla, Cuming and Sinclair in surgery.

The fifth chair in the faculty – in Surgery – was occupied by long-serving staff: Alexander Gordon [205] (1849-86) and Thomas Sinclair [214] (1886-1923) were the first two. Their careers have been very well sketched.<sup>59</sup> Gordon [205] was widely known mainly for his pioneer work on fractures. He was an



214 THOMAS SINCLAIR 1857-1940

untiring worker and teacher, a careful if unspectacular surgeon, blunt in manner and fiery-tempered, erratic in behaviour, beloved by his students, oblivious to worldly honours, at heart the rough countryman that by background he was:<sup>60</sup> enigmatic and creative, "he made his way as a surgeon to the front rank of the profession in spite of disadvantages which would have prevented a less original thinker from ever being heard of".<sup>61</sup>

Sinclair [214] was almost the complete antithesis with his "correctness of dress, careful speech, politeness, good manners and tranquillity . . . he is said never to have lost his temper".<sup>62</sup> A member of a prominent Belfast family,<sup>63</sup> QCB alumnus, he owed his appointment at twenty-eight to a brilliant undergraduate career and wide graduate education in Europe: the list of disappointed applicants included one of the Hospital's most prominent

surgeons, (Sir) John Walton Browne. A successful and innovative surgeon, Sinclair like Gordon wrote little, but both in their different ways brought high intellectual powers to the chair.

These were the men who, with the hospital staffs, carried the reputation of the growing medical school. Their *forte* was teaching and clinical skills; energy, application and compassion; loyalty, social coherence, an identity of purpose: their less noteworthy aspects were, perhaps, a certain parochialism of outlook despite, in some, wide learning and travel, and by modern standards modest publication lists (with notable exceptions) due in part at least to lack of opportunity – the chairs were part-time, the stipend modest, the hospital work exacting: incomes were procured by private work.

#### HOSPITAL FACILITIES AND RELATIONS WITH QCB

College-Hospital relations had been the unresolved problem of the days of Inst, and they remained unresolved though a solution was found in practice, not procedure. Professors were appointed effectively by the Irish government on the recommendation of the QCB president and had no special rights in the hospitals *ex officio*.<sup>64</sup> QCB had no say in the appointment of hospital staff though no doubt the Hospital would have responded to some QCB initiative for a formalised “special relationship”, just as it did to Inst’s initiative in 1826 to 1831. But though it was not to be, QCB presidents clearly used their discretion wisely by recommending for a chair an existing member of the Hospital – or, later, specialist hospital – staff and this was usually, though not invariably, accepted.<sup>65</sup> This practice ensured good relations but restricted choice and parochialised the clinical school. Inst had feared this and at QCB, and QUB until the 1940s, it became reality. It also constrained general clinical teaching to the Hospital which in the 1850s was below the minimum (100 beds) which the licensing bodies required. The eyes of QCB, therefore, turned to the Union Hospital for extra teaching material, optimistically hoping to obtain the right to appoint three medical officers, and although the guardians allowed some teaching it was to be exclusively by their own medical officer (Dr J. S. Reid) and only after he became Professor of Materia Medica (in 1857). So long as these hospitals and QCB recognised each other’s autonomies and QCB the practicalities in their choice of professors, the coherence of the local profession ensured good relations, and this also included the Mater Infirmorum Hospital when it provided teaching beds.<sup>66</sup> By the end of the period Sir William Whitla could list some 1800 beds in general hospitals in Belfast, “all of which from time to time during late years have been utilised by the students attending our Medical School”.<sup>67</sup>

The foundation of the specialist voluntary hospitals in the 1860s and 70s did not present the same problems:<sup>68</sup> with the exception of midwifery none had professors in the subject and the teaching was by the hospital staff unconnected, with one exception, with QCB.<sup>69</sup> Undoubtedly, appointment of outsiders to clinical chairs would have been at the least unpopular and at the most hardly workable, and wisely this was in the main eschewed by the chief secretary: it says much for the standards of the indigenous candidates that satisfactory incumbents were always found. Between 1849 and 1909 the only

medical professors from outside Ulster were in non-clinical subjects (Redfern and Symington in anatomy; Milroy in physiology; and Symmers in pathology).

#### SYLLABUS AND CURRICULUM

A transition-period syllabus covered 1849 to 1852: thereafter the existing four-year course was more systematised and included two years' attendance at recognised general and maternity hospitals, and classes in a modern language and physics. At least one-third of the course had to be taken at a Queen's College (Belfast, Cork, Galway). The MD (of QUI) was the primary degree (on the Scottish pattern) and the course more extensive than that of other universities.<sup>70</sup> Until 1882 frequent curricular changes extended clinical teaching and examining though they left the essential structure unchanged, and with the foundation of RUI in 1882 MB replaced MD, becoming the triple primary degree of MB, BCh, BAO after the 1886 Medical Act when the course was extended to five years, the first year being general science. Until 1882 written examinations were in QCB, clinical examinations often in Dublin hospitals;<sup>71</sup> thereafter all examinations were in Dublin.<sup>72</sup> Between 1851 and 1881, 448 QCB students took the MD (QUI), only some 50 per cent of those entering the faculty with matriculation; of the remainder some dropped out completely, others qualified elsewhere. Though the comparative standards of QCB students remained high, the numbers after 1882 declined: 364 medicals in 1881 became 224 in 1907, an attrition attributed to the detested RUI, perhaps correctly.<sup>73</sup> By then, however, Irish higher education was preparing for its third major re-organisation in sixty years with the formation of QUB and the collegiate National University of Ireland (Dublin, Cork, Galway).

The standard of teaching was high; QCB clinical professors and most Hospital staff were well-qualified, even if mainly a local oligarchy. Many of the early teachers were graduates of Scottish schools and preserved the best of these methods, systematised by Malcolm after his return in 1846 – meticulous case-notes, emphasis on physical signs, clinical diagnosis, autopsy findings as correlates of clinical disease, the emphasis on the physical over the symptomatic, and instruction in surgical techniques.<sup>74</sup> Andrews studied under Graves at the Meath Hospital in the early 1830s and "Graves's method" entered Belfast practice.<sup>75</sup> Clinical emphasis predominated: clinical cases become central to the Belfast Medical Society meetings after 1844 and to the Clinico-Pathological Society. Teaching beds were numerous: in 1884 some 2500 beds in 12 hospitals (including the Union Hospital and Infirmary) with 14,000 intern and 30,000 extern patients, and 41 active staff, were deployed for perhaps 200 students, "a field . . . which it is hardly possible to conceive could be utilised or exhausted by any University or number of students".<sup>76</sup>

All clinical professors and nearly all hospital staff were Ulstermen, increasingly QCB alumni, and by the end of the century the Belfast school was evolving its own characteristics and style based more on clinical skill, dedication and sound teaching (only Dr Seaton Reid appears to have been an abominable teacher) than on a corpus of systematic research. The increased circulation of journals and ease of travel (Whitla for one was an inveterate traveller) ensured that the regionalisation of recruitment was not matched by

parochialism in knowledge or ideas. Furthermore, members were becoming more orientated to the British rather than the Irish scene – a reflection of the swing of political and social events and of the comparative doldrums of Dublin medicine after the mid-century. The English licences became more in evidence: publications, once almost exclusively in the Dublin journals, now also dotted the pages of English ones.<sup>77</sup>

More alumni sought careers in Britain and abroad; many found distinguished ones.<sup>78</sup> William MacCormac [215], Henry's eldest son, was President of the Royal College of Surgeons of England for five years (1896-1900) and gained a baronetcy.<sup>79</sup> Others, like many of their contemporaries and antecedents sons of dissenting clergymen, played out their radical ideas: "Garibaldi" Nelson (Dr Joseph Nelson) [216], a Belfast ophthalmologist, was an early recruit to "The Thousand".<sup>80</sup> By the end of this period the Belfast school was setting its present pattern – replenishing Ulster's medical stock but also helping to doctor Britain, its armed forces, and the English-speaking world abroad. Sadly, it grew increasingly remote from the other provinces in Ireland though in other subjects QCB alumni were prominent throughout the country. With new physiology buildings (in 1897), the decline in student numbers arrested, teaching hospital facilities growing with the enlarged (Royal Victoria) Hospital now (1903) on its present site and equipped with specialist departments, a high quality professoriate and skilful clinical staff, and its traditional cohesion unimpaired, the school at the start of the century was well placed for the great growth and developments to come.

#### THE MEDICAL SCHOOL OF THE QUEEN'S UNIVERSITY OF BELFAST, 1908-1982 1908-1948

The Belfast of 1908, when the Queen's University of Belfast received its charter, was hardly recognisable as that of 1849 (the Queen's College), still less that of 1815 when a medical school was first planned. It was now one of the great industrial centres of the British Isles and, with the RUI dissolved, the university's growth was inevitable. The 620 students in 1909 (282 medical) became 1087 (649 medical) in 1919, 1349 (434 medical) in 1929, 1514 (733 medical) in 1939 and 2581 (779 medical) in 1949.

More staff and new, formalised, arrangements between QUB and the hospitals were needed, and to a large extent the period 1908 to 1948 (the year of the advent of the National Health Service) centres on these two themes. The former was met by the creation of full-time lectureships (eleven up to 1947 in pre- and para-clinical subjects) and part-time lectureships in clinical subjects (five in the same period): clinical instruction by hospital consultants, re-imbursed from student fees, of course continued. The latter involved changes, often complex, but mainly *de facto*, and overall the relationships between QCB and the hospitals, despite inevitable problems and some rancour, remained good, being underwritten by the profession's homogeneity, the sensible preference of QUB for appointing to clinical professorships and lectureships members of the (Royal Victoria) Hospital staff and by involving hospital staffs in curriculum matters and examinations by appointment of



215 WILLIAM MACCORMAC 1836-1901

“university clinical lecturers and examiners” (initially four) from the staffs who would sit on the QUB faculty of medicine. Harold Rodgers (Professor of Surgery 1947-72) was in fact the first non-Queensman to be elected to a clinical chair, though in pre-clinical subjects, Public Health, and Pathology; of the



216 JOSEPH NELSON 1840-1910

fourteen professors appointed between Symington (Anatomy, 1893-1918) and Greenfield (Physiology, 1948-64), no less than twelve were non-Ulstermen and non-Queen's graduates: William James Wilson (Public Health 1921-47) and Sir John Henry Biggart (Pathology 1937-71) were the sole exceptions. The exclusiveness of the clinical chairs to the Belfast fraternity was therefore purely pragmatic and not a general medical school bias. There was to be no return to the cruel dilemma which had faced Inst in 1835.

Many names, both from QUB and the hospitals, jostle for mention. Few can be chosen. The great anatomy department under Redfern [206] continued to thrive under Symington and most especially under Walmsley [217] (1919-51), one of the foremost anatomy teachers of the century many of whose pupils later occupied senior anatomy posts elsewhere.<sup>81</sup> The Milroy brothers (T.H. in Physiology, 1902-35; J.A. in Biochemistry, 1925-34), Henry Barcroft (Physiology, 1935-48) and D. C. Harrison (Biochemistry, 1935-66), were talented investigators, and MacIlwaine (1921-28) and Mayrs (1928-56) in Pharmacology and Therapeutics were conscientious teachers, but it is inevitably the clinical field from where those chosen must come.

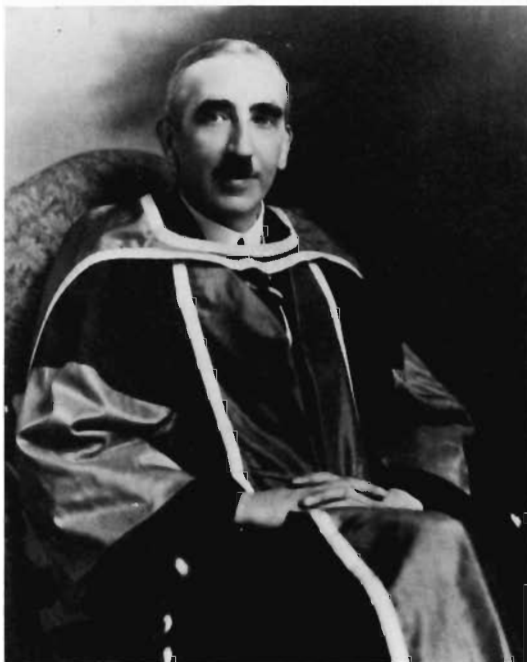
In medicine the long incumbency of Lindsay (1899-1923),<sup>82</sup> Cumings's pupil, impeccable clinician, exponent of the dictation-speed lecture and man of wisdom and foresight, led to the even longer one of Thomson [218] (1923-50) – "The Prof" or "wwd" to generations of students many still active in Ulster medicine: courteous, exemplary, high principled, skilful; everyone's ideal, the hero of many.<sup>83</sup> His success and popularity owed much in retrospect to his

*Medicine in Ulster: The Belfast School*

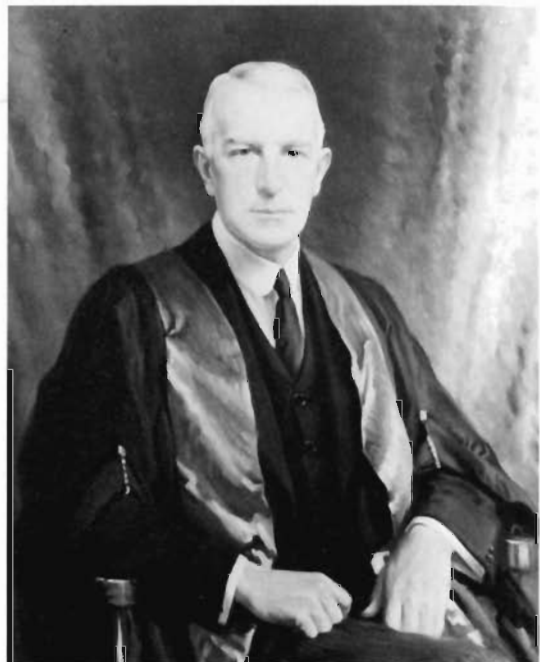


217 THOMAS WALMSLEY 1889-1951

epitomising the best of the Belfast school over a century. He was an inspiring teacher, a devoted and perspicacious clinician, a man who placed highly the care of patients and the concern of students. Again, like many of his predecessors, he had a literary facility, classical learning, a close connection with practising Presbyterianism (his grandfather was minister of Anahilt) and a professional philosophy centred on the selfless relief of suffering and the amelioration of deprivation. His modest output of papers were, in the school's tradition, clinically based. He had that for which many with small success strive – the esteem, affection and respect of all. None could provide a better link or effect the difficult transition between the hospital-orientated clinical teaching of his predecessors and the full-time professorial university-unit-centred teaching of his successors.



218 WILLIAM W.D. THOMSON 1885-1950



219 ROBERT J. JOHNSTONE 1872-1938



220 C.G. LOWRY 1880-1951

In midwifery, after the long tenure of Byers (1893-1920), the chair was divided into Midwifery and Gynaecology, the latter to acknowledge (Sir) Robert James Johnstone<sup>84</sup> [219] and the former occupied by C. G. Lowry [220], but on Johnstone's retirement in 1937 they were again fused, this time under Lowry, until 1945.<sup>85</sup>

The chair of Surgery, after Sinclair's retirement in 1923, was filled by Andrew ("Andy") Fullerton [221] until 1933; at fifty-five full of experience, wisdom, and a reputation forged in general (later mainly genito-urinary) surgery, hardened at the Allied Base Hospital in France (where from 1915 to 1919 he was a full colonel in the RAMC) and underwritten by extensive clinical researches – seventy-seven personal monographs, the most important and prolific writer of the nine professors of surgery from 1845 to almost the present day.<sup>86</sup> His clinical reputation, research output, international standing, and his presidency of RCSI – the first practising Ulster surgeon to be so honoured – did much to cement QUB-Hospital relationships and smooth the path for the full-time clinical academic unit in 1947 (and the first non-Ulster clinical professor, Harold Rodgers), just as Thomson's high esteem had done for medicine. Fullerton's successor was P. T. Crymble [222]: fifty-three when appointed, his already long connection with QUB and the Hospital made him an admirable choice in the somewhat stop-gap years up to and through the Second World War.

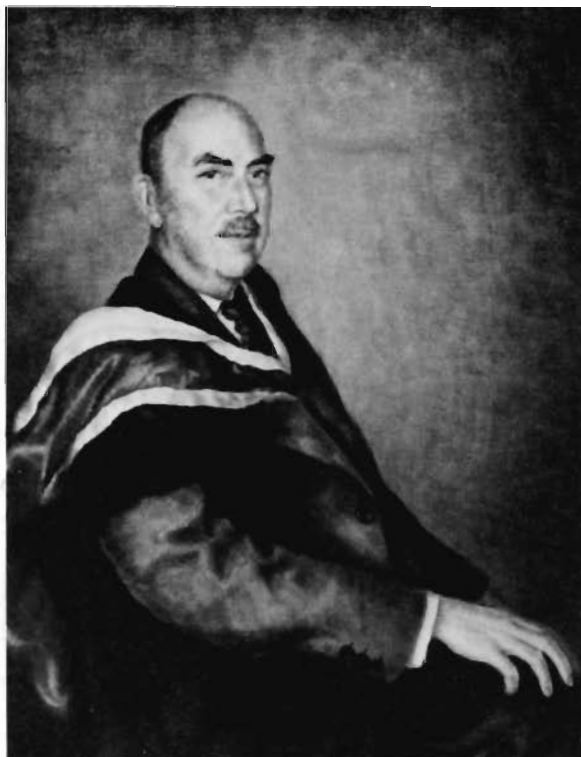
But undoubtedly the most seminal appointment of the period was of (Sir) John Henry Biggart to the chair of Pathology (1937-71):<sup>87</sup> no-one since Drummond and MacDonnell over a century before has had such a profound



221 ANDREW FULLERTON 1868-1934



222 P.T. CRYMBLE 1880-1970



223 JOHN CHARLES ROBB 1892-1962

influence on the Belfast school. If Drummond seized the undoubted opportunities of the 1820s and 1830s to forge and preside over the first faculty of medicine, Biggart brilliantly seized the undoubted opportunities of the 1940s, 1950s and 1960s to construct the new relationship between QUB and the burgeoning clinical services after the introduction of the National Health Service in 1948, using his skill and prestige to overcome all difficulties, and for twenty-nine years as faculty dean (1942-71) he steered the school through its period of greatest change, reorganisation, and expansion, so that at his retirement Queen's had one of the largest and most prestigious medical schools in these islands. A talented researcher in his early days and always a great teacher, he was, fundamentally, an unusual mixture of the idealist and pragmatist, combining a romanticised vision of the medical calling with a sound grasp of how those called should be educated and trained, and an even surer understanding of how the changes should be brought about, especially, as they usually were, by himself. In the long perspective of the school's history, Biggart stands with the founding fathers Drummond and MacDonnell.

If QUB was well equipped to exploit the post-Second World War changes, so also was Belfast hospital medicine: crowded with well-trained, first-rate clinicians, often with investigative gifts, it would be invidious in this short essay to select any for individual mention. They crowd the pages of Belfast hospital histories or are the subjects of biographical sketches.<sup>88</sup> Many are perpetuated through eponymous prizes, medals, or lectures. Rules, however, require exceptions. One of the features of this period was the growth in

importance of the school of the Mater Infirmorum: in size dwarfed by the Royal Victoria and Union Hospitals, it provided traditional general and specialist clinical teaching and introduced its own particular ethos of high principles and service to broaden the spectrum of its sister teaching hospitals. Representative of its staff is A. J. Dempsey [224],<sup>89</sup> while straddling this and the subsequent period is (Sir) Ian Fraser, President of RCSI from 1954 to 1955, only the second Ulster surgeon (with Fullerton) to hold this post, who would through his sheer ability, achievements, and durability deserve individual mention in any essay however short. At eighty-three the doyen of UK surgeons, still consulting after nearly sixty years, he is active on the QUB senate and tireless in discharging many duties and tasks for surgical bodies in which his great talents have gained him eminence. Few honours and distinctions have not come his way. A sense of history is not the least of his gifts and all writers on Belfast medicine owe much to his many penetrating sketches of predecessors and contemporaries. All must hope that in due time he will get the biographer he so richly deserves.



224 ALEX DEMPSEY 1886-1963

1948-1982

The advent of the National Health Service on 5 July 1948 radically altered the structure and administration of the hospital services which, despite proliferation and growth, had been broadly unchanged for a century. The hospitals were effectively nationalised (the Mater Infirmorum partly in 1972); new central and local administrative machinery was constructed, only to be again reshaped in 1973; hospital specialists could now be full-time employees;

a career infrastructure was established; and the staffing, equipment, and ancillary services grew dramatically. Rural hospitals, long inadequately staffed and funded, benefited by the more even spread of resources, and many doctors who had worked almost single-handed for a life-time as "general specialists", often in several disciplines, ended their careers as local doyens in rapidly developing units, their life-times' labours acknowledged and rewarded. One such was John Charles Robb [223], surgeon and physician in charge of the Down County Infirmary (the Downe Hospital), Downpatrick from 1927 to 1957.<sup>90</sup>

More hospitals could now be brought into the teaching ambit, improved staffing levels made hospital teaching more systematised, and extra-hospital services were now increasingly available for instruction. Furthermore, sub-specialisation was now possible, indeed encouraged, and many of the new jobs were filled with closer regard to professional and academic qualifications, often by returning servicemen with social and medical consciences sharpened by their experiences and keen to develop and exploit the new opportunities and the new technology. Cecil Calvert [226] admirably epitomises this dynamic breed: he was to die in a motor-car accident in 1956 while barely at his peak.<sup>91</sup>

At QUB there were also crucial changes. The full-time academic clinical unit, the dream of R. B. Haldane in England and Abraham Flexner in USA,<sup>92</sup> now became general – first in the major subjects of medicine, surgery, midwifery, and child health; later in many of the other specialities, until by 1982 there were no less than sixteen full-time clinical professors, often with substantial staffs and with contractual clinical responsibilities in designated hospitals.<sup>93</sup> Student numbers grew apace: 2581 (779 medical) in 1949 became 7238 (807 medical and 137 dental) in 1982, the medical numbers now over five rather than six years and further constrained by the UK "national plan". This meant not just more systematised research and structured post-graduate training, but clinical facilities were now procurable for "imported" professors, especially in the major specialities – though not without some hospital resistance which Biggart's authority did much to overcome – and hospitals in turn came to benefit from the developing academic centres of excellence in their midst.<sup>94</sup>

But in the march of the school's history not the least important developments were in the structure of university-hospital partnership: non-existent *de jure* from 1835 to 1849 and 1849 to 1908, almost so from 1908 to 1948, they were now being formalised with a vengeance. QUB still enrolled the students, approved the syllabus, and conducted the professional examinations though with increasing hospital staff involvement, but the faculty was greatly extended to include more hospital staff, curriculum boards contained full hospital representation, academic staff were appointed jointly by QUB and the responsible health service authority so that appropriate clinical facilities were available as of right, and, for the first time, academic appointments, though still made by QUB, were on the recommendation of a board of representatives of QUB, hospital staff, and health service officers.

Every development has been met by considering how it could be effected through university-hospital machinery: the pre-registration year (1953), the post-Todd Report changes in the curriculum, the evolution of the Post-

### *A Portrait of Irish Medicine*

Graduate Medical Education Council, and the debate on the Merrison Report proposals for graduate clinical training (1975), are cases in point. The school is now fully integrated as much by desire as by events: the demands of modern medical education and practice can only strengthen this bond. There are signs also that the role of being a school in the United Kingdom, but with an Irish heritage, is sitting more easily on the members' shoulders and they play their part in both the UK and Irish scenes. Moreover the growth of the medical and para-medical structure and infrastructure gives more opportunities for graduates at home: emigration is still high but probably less so than in earlier days.<sup>95</sup>



225 CHARLES H. MACAFEE 1898-1978

Many of the staff appointed in this period still serve QUB; others have moved on; others again are in retirement; some have passed away. Of the fifteen foundation professors of the clinical academic units, only C. H. G. Macafee [225]<sup>96</sup> (Midwifery and Gynaecology), J. G. Gibson (Mental Health), and F. M. B. Allen [227] (Child Health) are deceased. A portrait of the last-named hangs in the Allen Room of his beloved Royal Belfast Hospital for Sick Children.<sup>97</sup> Also deceased is Professor J. J. ("Jack") Pritchard [228], Walmsley's successor, heir to Redfern and Symington, no less distinguished an anatomist or popular teacher than those he followed.<sup>98</sup> And it is perhaps fitting to end this brief essay with reference to one of the most flamboyant and versatile of them all – Richard Henry ("Dicky") Hunter [229], one of



226 CECIL CALVERT 1894-1956

### *Medicine in Ulster: The Belfast School*

Symington's and Walmsley's more remarkable pupils, artist, anatomist and embryologist, writer, university administrator, circus impresario, of a philosophic and perhaps mystic cast of mind, who in his range of learning, his individualism, his versatility, his rugged independence of thought and action, his wide culture, his adventurous and restless spirit, and above all his professional zeal and attachment to the objectives of his medical school, epitomised much of the ethos and dynamism of the school's founding fathers of nearly 200 years ago, when RCSI was in its infancy and Belfast was little more than a fishing port, and a medical school, let alone the great one it became, seemingly possible only in the minds of those sturdy and indomitable souls.<sup>99</sup>



227 FREDERICK ALLEN 1898-1972

#### EPILOGUE

Medical education and practice is a continuum shared between university (or college), teaching hospital, health authority and professional body, with the university presence dominant until registration. All need each other, even if some more than others. From this viewpoint the last 200 years of Belfast medicine is the story not so much of the very real and dynamic growth of numbers, services and facilities, but more of obtaining and retaining a shifting equilibrium and establishing collaborative machinery between the sometimes competing interests. The Belfast school has been superbly successful in this, helped by the homogeneity and cohesion of the profession, the existence of only one university (or college), the cross-membership of university bodies, teaching hospital staffs, and, latterly, health authorities, the wise if at times

overtly pragmatic approach to college and university clinical appointments before 1947 (made exclusively from the teaching hospital staffs), and the acceptance by hospital staffs of the advantage of the college connection and, later, the clinical professorial units. Ultimately, people work the system, and Belfast's would have foundered or invited ridicule if the local academic and clinical staff had been mediocre. They were not, and in the last analysis the school prospered and reached its position of eminence through the skill and character of the local fraternity, most being Ulstermen and women, many from a dissenting background, and Ireland and English-speaking communities throughout the world who have benefited from these skills can be both thankful and proud.

Finally, medicine requires the skills of many, not just doctors. It also requires money now on a scale once thought incredible. Nurses, laboratory technicians, and those others whom officialdom aggregates generically as "professions allied to medicine", must recognise that this is not their story; their very importance precludes their inclusion in a short essay dealing principally with a medical school, while cataloguing the scientific and technical developments of the last two hundred years, even the last twenty, would fill a book, and discussing the developments in knowledge of basic biology, disease processes, and techniques of the trade, would fill several. The writer hopes for the indulgence of readers who would rather have read of these topics, but it is only in Alice's Wonderland that all are winners; and in this respect, at least, the author is no Dodo.



228 JOHN J. PRITCHARD 1916-1979



229 RICHARD H. HUNTER 1882-1970



## Chapter 7

# HOSPITAL ARCHITECTURE IN DUBLIN

NOREEN CASEY

One of the effects of the dissolution of the monasteries in 1536 by Henry VIII, both in England and in Ireland was to deprive the population of their traditional refuge in time of sickness. The political upheaval that followed the Reformation and continued into the seventeenth century ensured that little attention would be given to the problem of dealing with the sick poor. England finally achieved peace in 1690, with the defeat of James II by William at the Battle of the Boyne, and Ireland followed suit in 1691 with the Treaty of Limerick. The prosperity that followed brought with it a new wave of interest in the plight of the sick poor, and the first decades of the eighteenth century witnessed an upsurge of hospital building which has continued to the present day. Eighteenth-century society's new attitudes to charity were influenced by a number of historical and philosophical developments.

### AN AWAKENING OF SOCIAL CONSCIENCE

At the beginning of the seventeenth century, formal medical schools began to be established on the Continent, where the provision of hospitals had continued uninterrupted from medieval times. Ireland and England did not lag behind completely, though the disturbed political atmosphere prevented the development of an organised medical profession. In 1654 the Royal College of Physicians was founded in Dublin. The year 1711 saw the opening of the medical school at Trinity College. It quickly became clear to those involved that the study of disease and methods of curing would be greatly facilitated by gathering together the sick into one place, thus giving medical students easier access to practical work. This idea was not, however, given formal expression until 1798, when the College of Physicians sought permission from Mercer's Hospital to fit up thirty beds in the hospital for teaching purposes. During this period, both France and the Netherlands had flourishing hospitals, and it is quite possible that it was the contact which Irish and English men had with Europe, through the court of William and Mary or through other avenues, that firmly implanted the idea of filling the gap left by the closure of the monasteries.

The philosophical climate of Europe at this time was concerned with a search for a morality less inimical to the pleasures of this life than traditional Christian philosophy had been. It was to be expected that a concerted effort should be made to make life more bearable for everybody, including the poor, by the more enlightened members of society. As P. J. Stone has observed, the hospital as a charitable organisation depended heavily on the support, both economic and moral, of the community; therefore, its development had to await a period when the social conscience of society had developed sufficiently.<sup>1</sup>

Documents from the records of the Hospital for Incurables, quoted in the *Irish Builder*, make it clear that the sight of distressed people in the streets was one which intruded upon the sensitivities of decent people.<sup>2</sup> The main aim of that charitable foundation seems to have been to rid the streets of Dublin of the sight of horrible deformities which would upset the citizens. Other charitable groups were perhaps more altruistic. Indeed, in Ireland as in England, the impetus towards establishing a new hospital very often came from the doctors themselves who had been made aware, through their practise, of the misery suffered by the sick poor.

All of these influences combined to initiate a surge of hospital building which began with Dr Richard Steevens' endowment of the hospital which still bears his name.

#### PLANNING IN THE EIGHTEENTH CENTURY

Dr Steevens' Hospital is one of the most architecturally interesting examples from among the eighteenth-century hospitals, the Dublin Lying-In Hospital (or the Rotunda as it is more familiarly known) being the other.

#### *Steevens' Hospital*

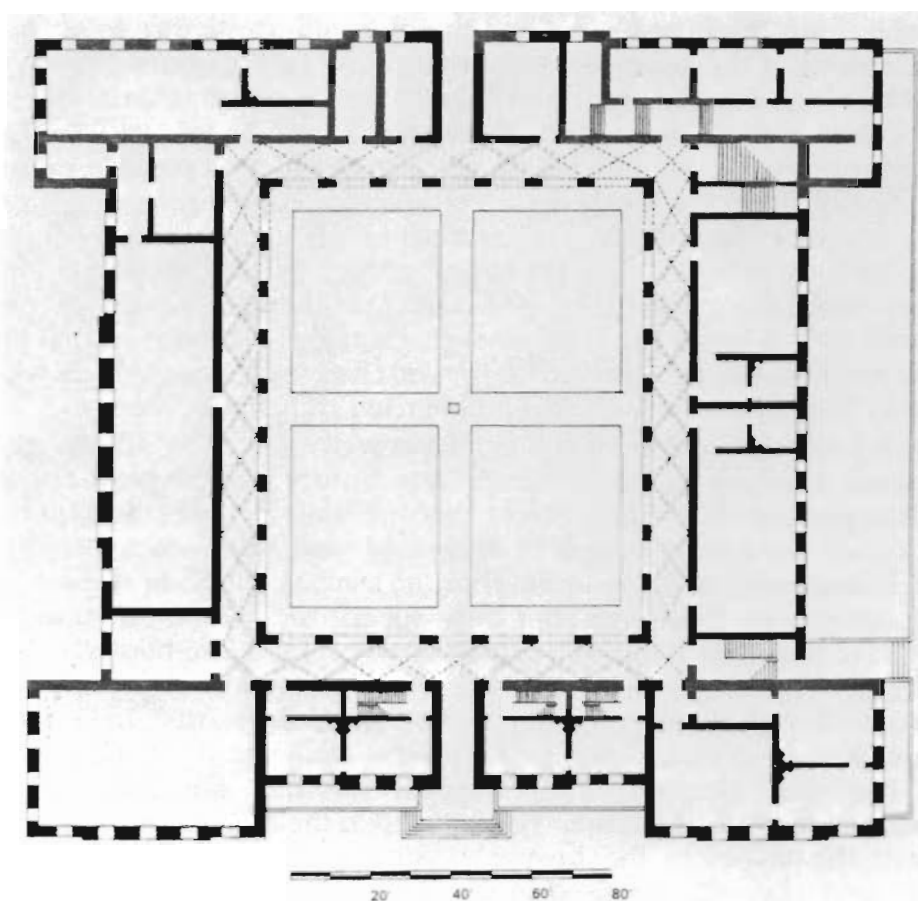
The architect of Dr Steevens' was Thomas Burgh, at the time Chief Engineer and Surveyor-General of His Majesty's Fortifications in Ireland.<sup>3</sup> Burgh designed a number of important buildings of the early eighteenth century. He was the architect of, among others, Collins' Barracks (formerly the Royal Barracks 1701), and of the Old Library in Trinity College (1712-32). Among his works there is evidence of a strong liking for the open, arcaded loggia which is one of the chief charms of Dr Steevens' Hospital.

The hospital, for which Burgh submitted plans (now lost) on March 17, 1718, comprises ranges of buildings around a courtyard, the wards on the ground floor opening on to a loggia on the courtyard side. It is commonly accepted that the plan was based on that of the Royal Hospital of Kilmainham, begun in 1680 by William Robinson, Burgh's predecessor as Surveyor-General [230]. It is known that Burgh did some work at the Royal Hospital, but in any case he would have been familiar with the building as it was the most advanced of its time in Dublin.<sup>4</sup> In the minutes of Dr Steevens', we read that the Board asked Dr Edward Worth, one of the trustees, to write to London for the plan of St Thomas's Hospital which had been re-built between 1693 and 1709. Burgh's plan was, however, submitted before this could be done [232]. It is interesting to note that although St Thomas's consists of a series of courtyards surrounded by ranges of buildings which include an open loggia, the loggia is supported by columns rather than by arches as at Dr Steevens'. If Burgh was aware of St Thomas's, he must have been aware also of a major problem which arose there because there was no circulating corridor in the upper storeys. This meant that access to each ward could be gained only through the other wards. That arrangement was highly unsuitable for a time when infection could only be contained, and modern methods for preventing cross-infection had not yet been discovered. Burgh solved the problem by designing a circulating corridor. This is one of the main ideas which he may have taken

*Hospital Architecture in Dublin*



231 DR. STEEVENS' HOSPITAL



232 PLAN FOR DR. STEEVENS' HOSPITAL

from Robinson, who also used this feature in the Royal Hospital, although in this case the need for ease of circulation was dictated by the nature of the rooms opening off the corridor which were apartments rather than wards. (The Royal Hospital was built in order to provide accommodation for retired soldiers and was not a hospital in the modern sense of the word.) Other indications that Burgh at least looked to the work of Robinson are to be found in his use of the same plan type, in the position of the two-storey chapel in the left-hand corner of the entrance range, and in many smaller stylistic details.

Steevens' Hospital, though it is not as grand as the Royal Hospital, has a charm of its own. It consists of an entrance range, facing onto Steevens' Lane, with a pedimented central section which projects slightly from the neighbouring bays [231]. This central section is dominated by the huge, pedimented stone doorway pushing its way above the broad string-course which divides the building horizontally in two, and cutting off the lower part of the window above. The stonework provides a very strong contrast to the smooth stucco walls upon which it is superimposed. At each end of the façade there is another five-bay section of a much deeper projection than the central area. Each of these is treated as an autonomous entity by having three slightly projecting central bays. On the left-hand side this whole section represented the two-storey chapel while, on the right-hand side, the space behind was subdivided to form the board-room and minor administrative rooms. The three major sections of the façade are satisfactorily set off by quoins. The whole is topped by a high-pitched hipped roof with dormers which remains unchanged on the entrance range, but which, in the other three ranges, was changed to a mansard roof during the nineteenth century in order to provide more ward space. Finally, there is a lovely octagonal wooden cupola crowning the whole façade. The treatment of the façade detailed above is more reminiscent of houses such as Beaulieu, County Louth (1660s) than of the Royal Hospital. Architecturally, the most exciting aspect of the building is the contrast between the rather dark, narrow entrance passage, through which one moves initially, and the bright spacious courtyard [233], with its rough stone arcade which, as Desmond Guinness says, would be better left unpainted.<sup>5</sup>

From a practical point of view, the plan is well adapted to suit the needs of the hospital. It was not until the nineteenth century that the great discoveries of medical practice were made. Before that, the main methods used for treating the sick were the administration of drugs and herbal remedies, the regulation of diet, bloodletting and the application of leeches. None of these required special equipment. Therefore, the only specialized treatment rooms to be found in the hospitals at this period were those for the apothecary's shop and the surgery. The surgery was used for the examination of patients and for operations (though these were often carried out in the wards). In Dr Steevens' the apothecary's shop and the surgery were found at the back in the west range. The main element of the hospital was the ward, and it was the placement of the wards and their relationship to the administrative rooms that governed the layout of the hospitals. All the non-medical elements of a hospital were normally disposed in the entrance range of the building, while the disposition of the wards varied from one hospital to another.

In all cases the kitchens and laundry were situated in the basement. Here,



233 THE COURTYARD OF DR. STEEVENS' HOSPITAL PAINTED BY T.G. WILSON

too, the ordinary staff were often accommodated, though the chief supervisor or housekeeper usually had her apartments on the upper floors of the administrative range. In the case of Dr Steevens', the benefactress (Grizel Steevens [4], sister to Dr Richard Steevens) had her apartments in the hospital on the left of the entrance, with those of the chaplain directly above on the first floor. The steward lived on the right of the entrance, while the resident surgeon occupied the floor above.

Since the hospitals were invariably governed by a board of governors who met frequently, a room had to be provided for their meetings. In Dr Steevens', as was common, this was the best room of the house and its lay-out was designed by Sir Edward Lovett Pearce,<sup>6</sup> successor to Thomas Burgh as Surveyor-General. Pearce, who had been elected to the board of directors for the hospital in 1732, had already acquired a reputation as an architect of distinction with his grand design for Parliament House (now the Bank of Ireland, College Green). Completed in 1735, the Board Room was originally designed as a library to house the four thousand books that were bequeathed by Edward Worth to the hospital in 1733 [234]. Two large Corinthian columns on pedestals frame the fireplace and support an entablature which runs all the way around the room. The walls are entirely lined with glazed bookcases and

[219]



234 THE WORTH LIBRARY IN DR. STEEVENS' HOSPITAL

there are panelled wooden cupboards between these and the entablature. The dark glow from the wood gives the room a rich, luxurious feeling which is in contrast with the plain treatment of the rest of the building.

Though work on the library was begun in 1735, the chapel was not completed until 1761. Thomas Kirkpatrick says of it:

The Chapel thus fitted up for the Hospital made no pretension to artistic decoration or architectural embellishment. It consisted of a large oblong room occupying the two stories of the south east corner of the building. On the east side there were ten windows, five below representing the first story, and five above representing the upper story. On the South side there were eight windows, four below and four above. The gallery was placed at the north end, and under it were an entrance porch and a small room used as a vestry. The chancel, at the south end, was raised slightly above the level of the floor, and had the reading desk on the east side and the pulpit on the west.<sup>7</sup>

(Patients in most of the charitable institutions at this time were required, upon being discharged, to visit the chapel to give thanks to their Creator.) In 1909, this chapel was divided horizontally in two and used to provide extra ward space; a new chapel was built at the north-west corner of the hospital.

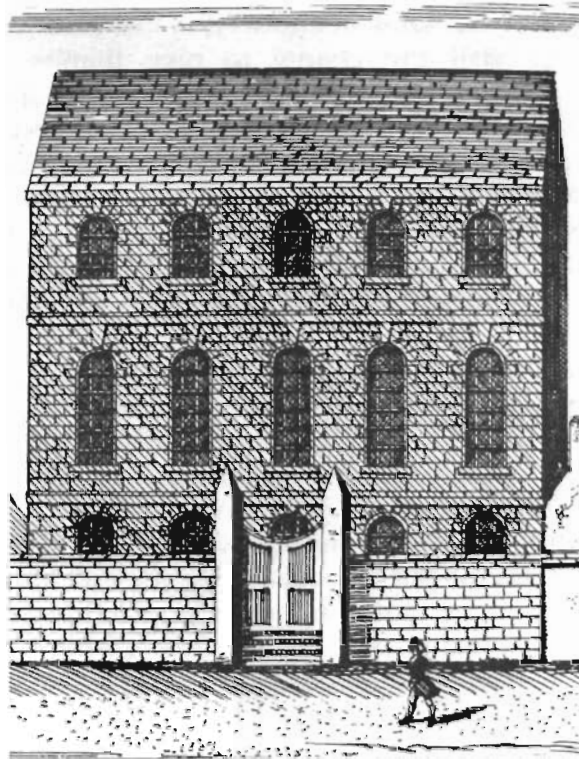
While all these rooms were essential to the notions held by the wealthy benefactors about themselves and about the poor who were the object of their charity, it was, as already noted, the ward which of necessity occupied the most space in the eighteenth-century hospital, and which was increasingly to exercise the minds of successive architects with problems of design and disposition.

The design of the ward unit itself was a legacy from the Middle Ages. In the twelfth and thirteenth centuries it took the form of the aisled hall or basilica plan of the church of the period. This was gradually modified until it became a simple, large oblong room, a number of which were usually placed round a courtyard as in the Infirmary of the Abbey of St. Gall. By the fifteenth century experimentation with hospital planning was taking place, beginning with Filarete's cruciform plan for the Ospedale Maggiore in Milan, and continuing to the ideas put forward by Antoine Desgodets in the seventeenth century. Filarete's design had its nucleus in a central chapel where an altar was placed, from which radiated four large rectangular wards. The motivation behind the plan was to make it easier for a large number of patients to attend religious ceremonies, which were considered as important to the spiritual well-being of the patient as the medical care was to their temporal health. Two of these cross-shaped wards were placed on either side of an entrance courtyard, one being reserved for men and the other for women. The possibilities for the expansion of this scheme were realised by Antoine Desgodets at the end of the seventeenth century. He reduced the area of ground required for a hospital by advocating a two-storey building, comprising eight wings radiating from a central chapel. Variations of this type were to dominate European hospital architecture until the late eighteenth century, though the great central area came to be seen more in terms of ventilation space than as a chapel.<sup>8</sup>

As can be seen from the plan of Dr Steevens', Desgodets' ideas went unremarked in Dublin. The general inspiration for Burgh's plan, whatever its particular origin, came from a more traditional continental stream, represented by the Hotel des Invalides in Paris (1670), which is accepted as having served as a model for the Royal Hospital in Kilmainham. No other hospital in eighteenth-century Dublin was to use the courtyard plan. More usual was an adaptation of a large house plan with wards projecting in one way or another from the main block. One such building was Mercer's Hospital.

#### *Mercer's Hospital*

Mercer's Hospital began life in 1727 in a stone house built on the site of the old Leper Hospital in St Stephen's Street. The benefactress, Miss Mary Mercer, intended it as a refuge for homeless girls, but before it was opened as such, changed her mind and conveyed her interest in the house to trustees in order that it should be opened as an hospital.<sup>9</sup> Brooking's Map of Dublin gives a picture of the hospital as it then stood [235]. In 1738 two wards, one above the



235 MERCER'S HOSPITAL 1727

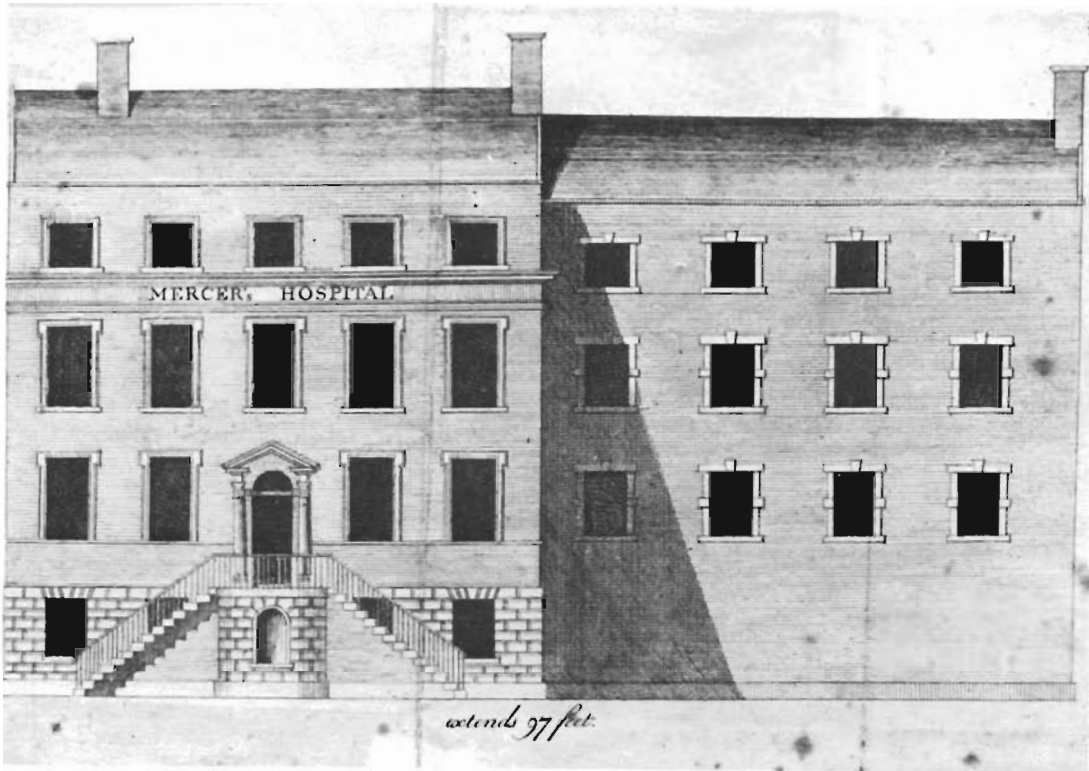
other, were added to the west side of the building; these receded about ten or twelve feet from the façade of the original building. By 1754 the attendant physicians and surgeons were proposing that the governors should pull down the old building and rebuild it. This work was begun in 1755. An engraving of the new building in Peter Wilson's *Dublin Magazine* for February 1762 shows the new main block with what is probably the 1738 wing retained [236].

The façade of the new building is unusual for two reasons. It has three storeys over a rusticated ground-floor basement. It is also unusual in having an attic storey above the main cornice. This rare feature was seen in Tyrone House and Bishop Clayton's house, both by Richard Castle. The plan of the new building resembles a middle-sized house of the period adapted so that the ground floor is devoted to administration, and each of the upper floors is taken up by a large ward. The whole building was further extended in 1888 [237].

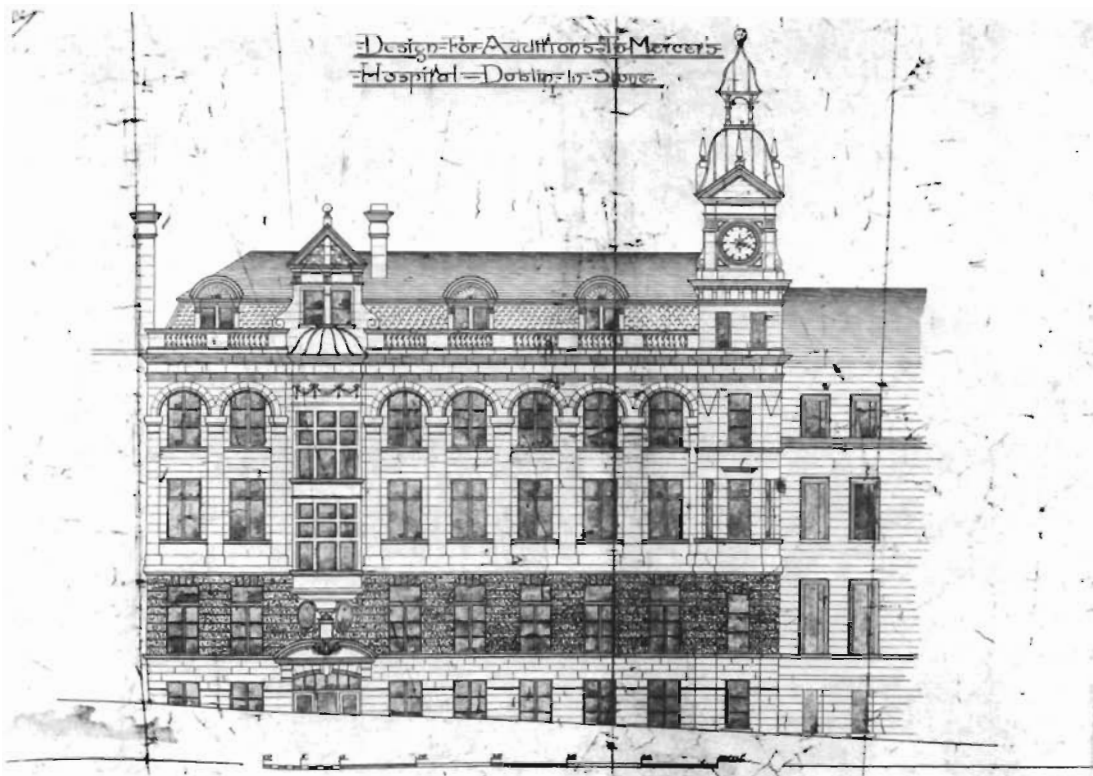
#### *The Lock Hospital*

It was the house plan too which provided the basic inspiration for the Lock Hospital in Townsend Street. This hospital, which was demolished in the 1950s, had a varied history.<sup>10</sup> It was originally built in 1751 under the auspices of one of the many Charitable Musical Societies in Dublin as a general hospital for incurable patients. Meanwhile, a Lock Hospital for persons suffering from venereal diseases was established in a premises in Donnybrook, originally built as a smallpox hospital. By 1792 a problem had arisen in that it was found

*Hospital Architecture in Dublin*



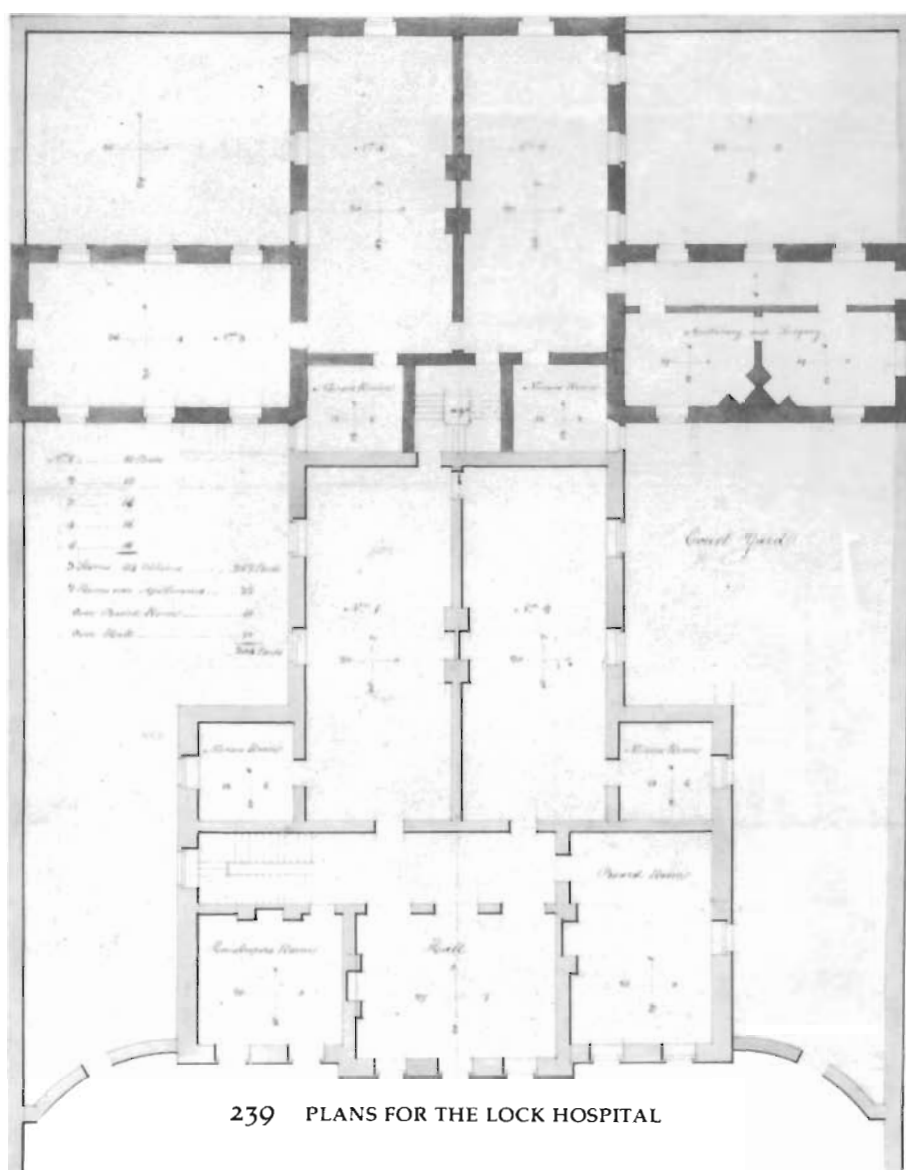
236 MERCER'S HOSPITAL 1757



237 MERCER'S HOSPITAL 1888



238 THE LOCK HOSPITAL



239 PLANS FOR THE LOCK HOSPITAL

that the voluntary doctors were reluctant to drive all the way out to Donnybrook to assist the patients. It was thought that they would be more willing to attend if the establishment were nearer town. A mutually satisfactory exchange of premises was arranged by the two hospitals, it being felt that the abundance of land around the Donnybrook premises would provide a more cheering atmosphere for the incurable patients. In the nineteenth century the hospital was to reap the benefits of this move which enabled the architect Mr J. Rawson Carroll to employ the most up-to-date, though space-consuming, plan when he came to expand the building.

The architect of the premises in Townsend Street is unknown, but Maurice Craig feels that the style resembles that of George Semple who built St Patrick's Hospital (to be discussed later).<sup>11</sup> The Townsend Street Hospital [238] was a "large building, presenting a front of hewn mountain granite, surmounted by a triangular pediment, having an aperture for a clock which, however, has never been erected".<sup>12</sup> At this point it is the plan which interests us [239]. Note that the lighter area in the plan shows the original hospital. It can be seen that the basic plan could indeed be that of an ordinary dwelling house, except that here it is very well adapted for the purposes of a hospital, extra space being provided by having two large wards on each floor dovetailing with, and extending at right angles from, the main block. Each ward accommodated eighteen beds and was supplied with its own nurses' room, as was common at the time. Also conforming to normal practice was the position of the administration rooms in the front of the hospital. Incidentally, it can be seen from the proposed alterations that what was originally an excellent plan was spoiled in that access to the back wards could now only be gained by passing through the front wards.

#### *The Rotunda*

The Rotunda, designed before either Mercer's new building or the Lock Hospital, is perhaps Dublin's most illustrious example of the adaptation of a house plan to suit a hospital. The first maternity hospital in the British Isles, it was designed by Richard Castle in 1749. There is a central corridor running through the building with rooms opening off at either side. The concession to the function of the hospital was made by enlarging the room size to form bright, airy wards. In 1788 John Howard, the reformer, reported to the House of Commons that he found the hospital "a good Institution; the rooms quiet and clean".<sup>13</sup>

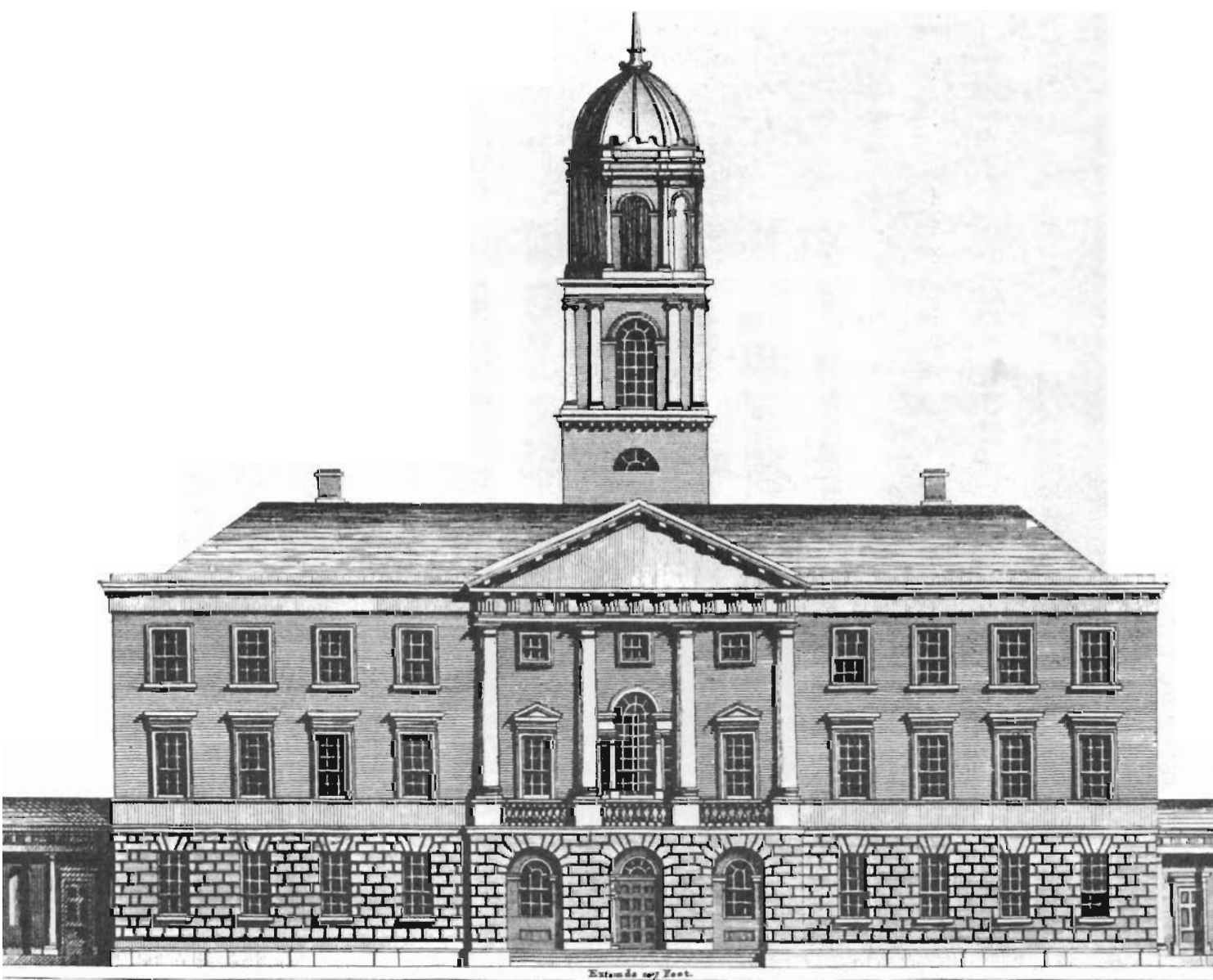
Maurice Craig considers the façade too heavy and stolid;<sup>14</sup> indeed compared with Pearce's Parliament House (1728-29), a very exciting essay in Palladianism, and with some of Richard Castle's other works in the city, notably 85 St Stephen's Green, this is a very pedestrian rendering of the Palladian theme [240]. There is some awkward handling of elements on this exterior. The manner in which the Venetian window pushes up the window of the storey above is unsettling. It is interesting to note that almost all of the known engravings of the Rotunda, beginning with Peter Wilson's, correct this "error" by having three attic windows in the three central bays rather than a small window flanked by two larger ones. Another problem with the Rotunda

is the uneasy relationship between the tower and the main block. The tower is rather too heavy for the building. Curran comments on the fact that the bell-tower over the classical pediment is unusual.<sup>15</sup> Yet it was common in English and Irish churches, as for example St Martin-in-the-Fields by James Gibbs. Of the hospitals in Dublin, interestingly enough, the Royal Hospital, Dr Steevens' and the Rotunda carry a tower over a classical pediment. All three had chapels within the building. The tower in the Rotunda is placed directly over the vestibule of the chapel, and this may explain the reason for its appearance in the building. Yet, in spite of these criticisms, one feels that the Lying-In Hospital must have been quite impressive in the Dublin of its time. The unbalanced additions of later centuries do not help towards an appreciation of the original building.

The interior of the hospital is very much more interesting. The hall [241] is spacious and quite satisfying in spite of the oddness of the pairs of pilasters, such as those framing the internal doorway, which are reflected neither with corresponding columns nor in the ceiling divisions. This leads into a pleasing octagonal space which on the first floor level provides the vestibule for the chapel. The central passages are vaulted on both the ground and the upper floor. It is the chapel [242] which provides the highlight of the building, though this more by virtue of its plasterwork than because of the architectural layout which is simply a rectangular box with a gallery running around three sides. The awkwardness of the upper windows is even more obvious inside where they relate very badly to the central Venetian window.

Castle died in 1751 and John Ensor took his place to oversee the building.<sup>16</sup> In 1755 Ensor engaged Bartholomew Cramillion to execute the stucco work in the chapel. In 1757 a further agreement was made between Cramillion and Dr Mosse, the flamboyant benefactor of the hospital, concerning the execution of the altarpiece in the chapel. The work was finished by August 1758.

It is quite probable that Cramillion was a "find" made by Dr Mosse during his travels on the Continent: the decorative cycle of the Rotunda is unique in Ireland and was particularly unusual for a chapel at that time. Though the subject matter is religious, the tone of the decoration is secular, with putti and terms (tapering pedestals merging at the top into a sculptured figure) masquerading as angels, and the goddesses of old as allegorical figures of Faith, Hope and Charity. Each of these is placed in an alcove set into the coving of the ceiling and framed by terms. The symbolism of the figures is interesting. Faith, the most elaborate, is portrayed carrying a cross and a bible, her eyes blindfolded – a common iconographical device. The snake and the fox are symbols of deceit and fraud. The object dangling from Faith's left hand is the "plummet of righteousness". Hope is presented with the usual anchor. Charity becomes the figure of a mother with children, appropriately enough. There are four scrolls intertwined with the decoration, all of which carry biblical quotations which refer to the faithful as the children of God. The altar window carries the Lamb of God seated on the book of the Seven Seals from the Apocalypse and exactly opposite to it on the ceiling, over the organ, is an angel blowing the last Trumpet and another carrying the Tables of the Law. Rich decorative shields or panels with figured frames are disposed axially at



240 THE ROTUNDA HOSPITAL



241 THE HALL OF THE ROTUNDA HOSPITAL

the corners and link up with a central oval. Dr Mosse was in the process of drawing up a contract with the painter Cipriani to fill the shields and ovals with paintings, but he died before the scheme was finalised and it was, unfortunately, never realised. The ceiling is executed in a rich baroque style and overflows beyond the rigid cornice that supports it. The whole is held together with links of sumptuous fruit, flowers and foliage.

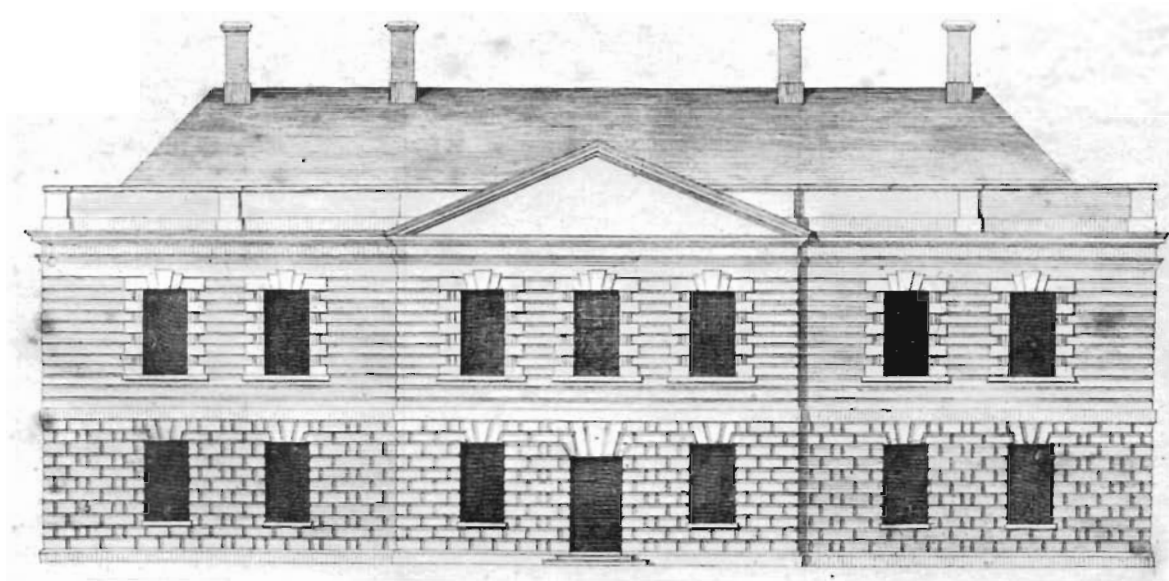
Cramillion is not known to have executed any other work in Ireland though apparently he stayed on in the country as the governors of the hospital later voted to give him alms. It is with horror one reads a petition from the governors to parliament in 1790 which states their intention to convert the chapel into a ward due to overcrowding. It would have been a great loss both to the Rotunda and to Dublin. Luckily the intention never became reality.<sup>17</sup>

#### *St Patrick's Hospital*

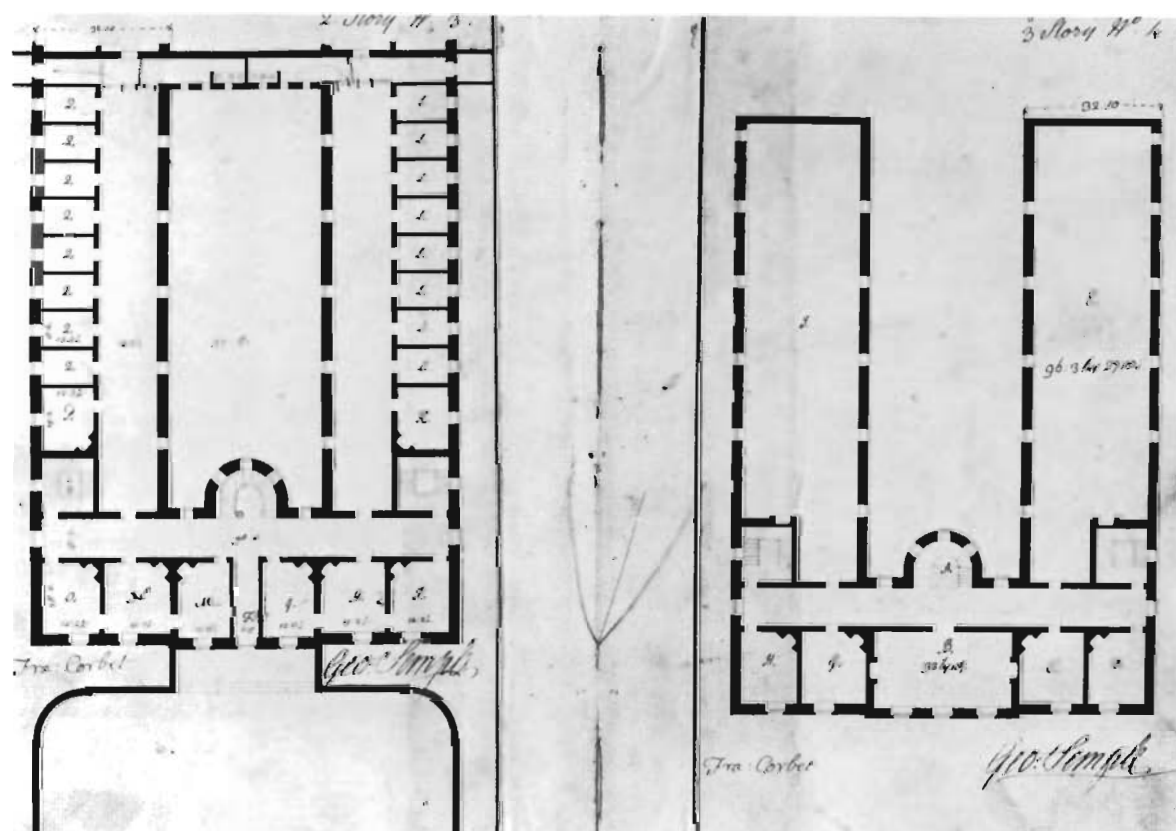
The Rotunda was not the first specialised hospital to be built in Dublin. Another such was begun a year earlier – in 1749. Up to this point the hospitals that had been built had all been general hospitals, catering for all types of diseases, sometimes including mental illness. In 1699 it was noted by Dublin Corporation that there was no provision for the insane in Dublin. By 1701 the



242 THE CHAPEL OF THE ROTUNDA HOSPITAL



243 ST. PATRICK'S HOSPITAL



244 PLAN FOR ST. PATRICK'S HOSPITAL

assembly had arranged that Robert Parkes, Master of the House of Correction, "shall have two shillings per week for every lunatick person that shall be committed to his custody".<sup>18</sup>

Sir William Fownes wrote to Dean Swift in 1732 that when he was Mayor in 1708 he had "six strong cells constructed in the Dublin workhouse to house lunatics".<sup>19</sup> By 1727 there were forty and upwards confined there, and in 1729 a decision was taken by the board, of which Swift was a member, to cease to house the insane.

London already had some provision for lunatics, however horrifying, in Bethlehem Hospital which had been rebuilt on the site of the medieval hospital in 1676. Just as St Thomas's may have had an influence on the building of Dr Steeven's so Bethlehem (or Bedlam as it was called) influenced Dean Swift, the patron of St Patrick's Hospital. Swift had been a governor in Bedlam for a period before he came to Ireland. It was probably this experience, coupled with the closure of the workhouse against the insane, which prompted him to act in providing a hospital for lunatics.

Dean Swift chose both the name and the site for the hospital before he died. He also made, in his will, the stipulation that the plan be drawn up in such a way as to be easily extendable in the event of more funds becoming available. In the light of developments in the other eighteenth-century establishments which have, almost without exception, been added to in a piecemeal fashion, this was a very far-seeing condition. On the advice of Sir William Fownes, he determined to have a simple building which could be built in a short time, unlike that of Dr Steevens', which took fifteen years from its beginning until it was opened to the poor. St Patrick's did in fact proceed very quickly. It was begun in 1748 and was opened on 12 September, 1757.<sup>20</sup> Again on the advice of Fownes, a site well away from the city was selected, on a piece of land donated by Dr Steevens' Hospital. Sir William wrote to the Dean:

My scheme for such an undertaking should be much to this effect: First, I would have a spot of ground fixed on that should be in good open air, free from the neighbourhood of houses; for the cries and exclamations of the outrageous would reach a great way and ought not to disturb the neighbours.<sup>21</sup>

One would have thought that it would be an equally serious matter to disturb the sick of Dr Steevens', but apparently not!

The board considered two plans for the new building. The first was by Michael Wills who was clerk of works at Dr Steevens'. He also worked with Richard Castle. There is a collection of drawings by Wills in the Irish Architectural Archive, one of which is an adaptation of the scheme for the Rotunda.<sup>22</sup> Though there is no basis for connecting these plans directly with his submission for St Patrick's, the general principles expressed in them lead one to speculate that if his plan had been accepted we would have had two Palladian hospitals in Dublin. But it was not to be; in the end the board decided in favour of George Semple's scheme.<sup>23</sup> The hospital is unique in possessing still the manuscript book of specifications for the building dated 2 February, 1749, signed on every page and including plans by the architect. The lay-

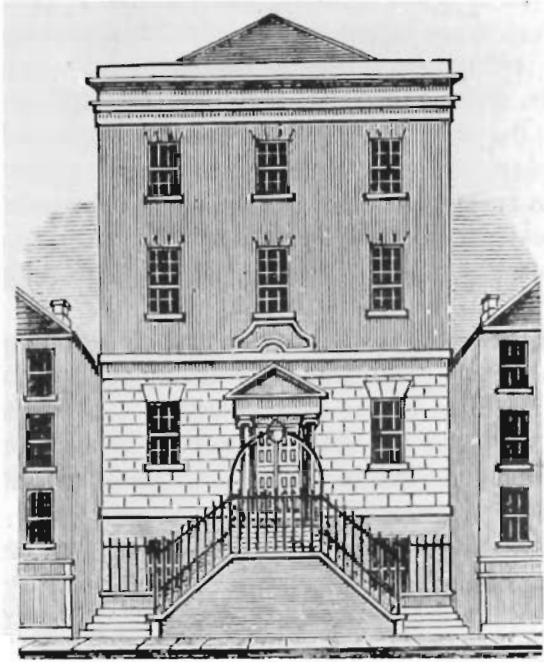
out is U-shaped, with the south range in front containing the administration, and the wards extending northwards in the east and west ranges [244]. Due to the hilly site, it was three storeys high at the back and two over a basement in the front. It is clear from the plans that the eastern and western ranges originally extended 145 feet only about one-third of the present length.

The plan for the wards is similar to that of Bedlam. The dimensions of the individual cells are the same: eight feet by twelve. Though this part of the design comes from Bedlam, the method of treating the patients did not. In direct contrast to practices at the London hospital, St Patrick's from the beginning segregated men and women. Also, indiscriminate visiting to the hospital was not tolerated. Other than the arrangement of having the cells opening on to a wide corridor-cum-dayroom, the building owes nothing to Bedlam either. Where the latter resembled a grand palace, the façade of St Patrick's is reserved and plain [243]. It is faced with rusticated mountain granite and has a projecting three-bay, pedimented centre, but is otherwise severe. The upper storey is marked off from the lower by the blocked window surrounds. In the drawing of the hospital elevation there is a subtle, refined difference made between the rustication of the ground floor and that of the first floor which adds a degree of sophistication to the façade. It is a pity that more was not made of this in the executed work.

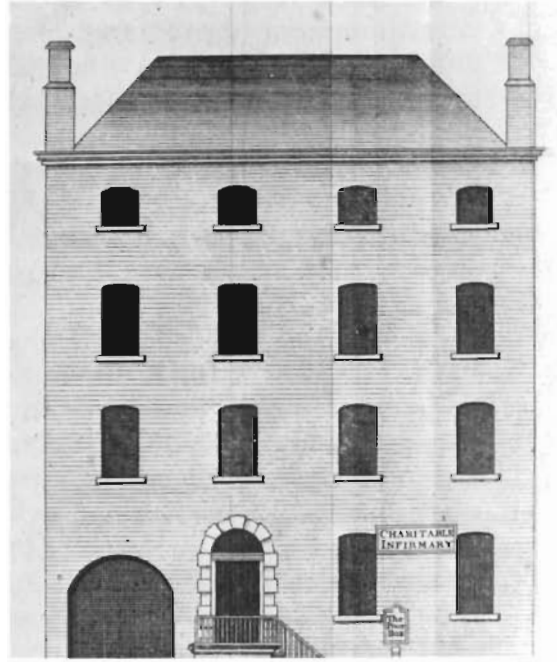
Semple, as was probably fitting for a time when the only treatment known for the mentally ill was that of restraint, laid great emphasis on the need for ensuring the security of the hospital. His specifications included strong deal doors at the ends of the wards, a chair in each ward into which the patient could be strapped when the need arose, and wickets which were to be set into the doors of the cells so that the patient's food could be served to him without necessitating the opening of the doors. In addition the cells were vaulted. Vaulting is usually a precaution against fire, but in this case it could also be attributed to a desire to strengthen the cells which were to house "raging lunatics". In this context, we note that only the cells and not the passages were vaulted. As an added security measure, the windows were placed above the patients' reach.

In 1778 Thomas Cooley was commissioned to extend the eastern and western ranges of the building according to Semple's plan and to add two pavilions. These latter are in a simpler, lighter style than the main façade of the building. (Cooley is better known as the architect of the Royal Exchange building, now used as the City Hall.) St Patrick's was further extended at the end of the century. Each extension repeated the same basic ward plan of the original.

Other hospitals were established in Dublin during the eighteenth century. Many of these were set up in converted private houses and did not survive for long. From the mid-century the example of the Dublin institutions was taken up by the rest of the country. In 1765 a bill was passed in the House of Commons making provision for the establishment and maintenance of hospitals in rural areas. By 1766 several provincial hospitals were established. In 1767 Kilkenny County Infirmary was completed and opened. The Poorhouse in Belfast, established in 1774, incorporated an infirmary. The building is thought to have been designed by Thomas Cooley. Lunatic asylums



245 THE MEATH HOSPITAL 1744



246 THE CHARITABLE INFIRMARY  
ON INN'S QUAY, 1728

were established throughout the country by the 1820s. In 1840 another law was passed providing an additional 180 hospitals throughout the country. These were the Poor Law hospitals or workhouses.

The Meath Hospital [245] and The Charitable Infirmary [246] both had their beginnings in the eighteenth century. However, both establishments changed premises and their present buildings date from the nineteenth century.

#### TOWARDS A NEW DESIGN

At the end of the eighteenth century, when most of the charitable institutions had been in operation for quite a while, a note of concern was beginning to be expressed by those connected with hospitals. In 1772, Mr Aickin, a surgeon, wrote of the reflections prompted by taking a walk through the long wards of a crowded hospital. When an observer "surveys the languid countenances of the patients, when he feels the peculiarly noisome effluvia so unfriendly to every vigorous principle of life, and compares their transient effect upon him, with that to be expected by those who are constantly breathing them and imbibing them at every pore, he will be apt to look upon an hospital as a dismal prison, where the sick are shut up from the rest of mankind to perish by mutual contagion."<sup>24</sup>

Mr Aickin complained that it was the architect and not the surgeon who generally dictated the amount of space to be given to each patient and that consequently the wards were overcrowded. He called for an end to the quadrangular hospital plan and to huge wards and suggested that the best plan

would be a range of cells opening into a wide gallery and having a brisk circulation of air throughout. These ideas were taken up by John Howard, the end-of-century hospital and prison reformer, among others, and were formalized by Florence Nightingale in the nineteenth century, though she favoured larger wards. The solution to the problem of cross-infection proved, finally, to have less to do with the plan of the hospital than with medical discoveries. However, in the eighteenth century the death rate in hospitals was still such that Florence Nightingale declared: "It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm."<sup>25</sup>

On the Continent, the burning of the Hôtel Dieu, a medieval hospital in Paris, provided a fresh impetus to hospital planning. The most serious of a sequence of fires took place in 1772 and led to the establishment of a commission to look into the problem of hospital design. Several variations on the radial system already discussed were presented to the commission and were rejected. In 1773 Julien David Le Roy conceived a plan which, essentially, took the free-standing wards of the radial plans and placed them instead side-by-side, presenting twenty-two gigantic parallel Greek temples in two rows on either side of a central court. His plan was not actually used on the Continent until the Hôpital Lariboisière was built in Paris between 1846 and 1854.

In England the "pavilion" plan had a much longer history because it was anticipated at the end of the seventeenth century by Sir Christopher Wren in an unexecuted design for the Greenwich Hospital for sick and retired seamen. However, it is clear, from a study of all his preparatory plans and from a knowledge of the restrictions placed upon the architect by Queen Mary, that Wren's preoccupation was with architectural rather than medical solutions. The pavilion idea was not picked up by subsequent hospital architects in England until 1765 when the Royal Naval Hospital at Stonehouse, near Plymouth, was built.

The Cork Street hospital was the only one in Ireland to adapt the pavilion plan as it had been used in the Royal Naval Hospital. From the La Touche report we know that the directors went to England for their ideas and received advice from a Dr Currie of Liverpool and Drs Percival and Beardsley of Manchester. Dr Percival put forward an argument which was highly unusual at the time and which was to become a controversial issue at the beginning of the twentieth century: this was the notion of the superiority of the small ward over the large one. The doctor got his way; the dimension of each ward was sixteen feet, by eleven feet three inches, by ten and a half feet high. The wards were intended to contain only two beds.

The original plan was for two parallel buildings, eighty-nine feet by thirty feet in area, three storeys high, running from north to south and connected by a colonnade of one hundred and sixteen feet. The eastern building was to be used for fever patients and the western for those who were convalescing. The apartments for the officers were originally on the ground floor of the western wing until a new building was erected in 1809. There were two entrances to the building, one reserved for patients only, the other for more general use. Externally the buildings were completely plain and built of brick and mountain granite.

The wards lay on each side of a long gallery which ran the entire length of the building. The window in each ward was opposite the door. There were tubes in the ceiling which led to louvres in the roof to provide an outlet for foul air. These were to become standard ventilation measures in the nineteenth century. Another device used here was the placing of grilles in the floor directly above and below each other, thus allowing air to rise through them. The small wards obviously did not impress the governors of the hospital with their efficacy because when a third block was built between the original two, (also opening off the connecting colonnade) the wards were made large enough to hold sixteen beds each.<sup>26</sup> By 1884 the original interior had been reconstructed so that six large wards replaced the small ones.

A study of the other hospitals built in Dublin after the mid-eighteenth century reveals that the diversification of styles and plans that was characteristic of the first half of the eighteenth century continued into the subsequent period. In their search for the best arrangement of wards and offices, with a view to reducing the danger of cross-infection and to ensuring an abundant supply of fresh air and light to the patient, the architects of the nineteenth century tried many different designs. The choice of plan was, of course, dictated by economic factors, by the architect's knowledge or lack of knowledge of the new thinking on hospitals in England and in continental Europe, as well as by medical needs. (One extreme example of a response to the specific need for isolation was seen in the establishment, in the mid-nineteenth century, of a floating cholera hospital – in a converted ship – in Dublin Bay, so that seamen afflicted by cholera could be kept away from the city whose population already suffered greatly from recurrent epidemics of fever.)<sup>27</sup> But it was no longer enough to provide a place where the poor could hide away until, with some luck, they recovered; the benefactors saw that they had to take active steps in order to ensure that their charity did not, in the end, prove to be a curse on the poor rather than a blessing.

#### *The Royal Military Infirmary*

In 1786 James Gandon, the architect who probably contributed most to the development of Dublin as a leading neo-classical city,<sup>28</sup> was commissioned to design a hospital for soldiers, which was to be known as the Royal Military Infirmary [247] and was sited in the Phoenix Park. The plan was Gandon's but the project was carried out under the direction of James Gibson. Externally it is related to Gandon's less monumental architecture, being very subdued; the main architectural interest is provided by shallow relieving arches and by the typical Gandonian sculptural panels. The cupola was not included in Gandon's design. The building has since become the headquarters of the Irish army and has been much changed in plan. The centre of the main façade was also altered and the ornamental plaques have been destroyed. There is no original plan available and, as it has been much changed, it is not easy to discuss it in detail. However, Warburton and Whitelaw, though they attribute the building to a Mr William Gibson, do give us some valuable information about the layout, enough for us to appreciate that a great deal more planning in terms of medical needs went into the design than had been expended on any of the previous buildings.<sup>29</sup> These had concentrated on providing ward space, and as

much of it as possible, placing wards either side-by-side or end-to-end.

What was new in Gandon's design was the fact that the wards were placed in the wings and in their returning pavilions (which are ninety feet in depth), and were separated by the administration block in the middle, though this did have at least one ward, described by Warburton and Whitelaw as the "cupola ward" and therefore probably on the uppermost floor in the central block. This central block and the pavilions have three storeys over a basement, while the wings have only two storeys over the basement. (The basement was used for accommodating the officers of the hospital.) Of great interest was the fact that the wards were designed for specific purposes, with seven of the thirteen being devoted to medical patients and six being given over to surgical cases. In addition, the positioning of the wards in the wings ensured that cross-ventilation could be provided in the wards, thus avoiding the most common problem of earlier hospitals, namely, the problem of having too few windows for the number of patients in the room. Though we have no confirmation that this was Gandon's intention, his plan does demonstrate an awareness of what were to become the principal preoccupations of the nineteenth century, namely, isolation, and the adequate provision of light and air. There was also a detached fever hospital which meant that those whose constitutions were already debilitated by other afflictions were preserved from exposure to the almost certain risk of contracting fever.

A number of subsequent hospital architects took Gandon's plan and adapted it to suit their particular ideas and needs. But before we go on to discuss these, let us look at buildings which, for one reason or another, ignored the new pavilion plan and presented designs of an individualistic nature.

Presumably it was economic factors which led to the establishment of a number of hospitals in existing buildings which were simply adapted to suit the new usage. These included: the City-of-Dublin Hospital, Baggot Street (1832), St Vincent's (1834), the Adelaide (1858), Temple Street Children's Hospital (1871), Holles St Maternity Hospital (1885), and the Harcourt Street Children's Hospital (1887).<sup>30</sup> Of these, Holles Street was reconstructed in 1933 and St Vincent's was moved to a modern building in Donnybrook in 1970.

#### *City-of-Dublin Hospital*

The City-of-Dublin Hospital [248] was reconstructed by Albert E. Murray in 1892. The façade which Murray designed for the building introduced a new flamboyance to the appearance of the Dublin hospitals. Murray, who was also involved in building the Plunkett-Cairns wing of the Rotunda and the nurses' home of the Adelaide, had a great interest in polychromatic treatment of architecture (popularised in English architecture in the 1850s by William Butterfield). Murray liked to include elaborate gables as part of his architectural compositions. The Baggot Street Hospital is of red Ruabon brick and buff terracotta, with terracotta also used for window dressings, string courses, etc. The whole design is spoiled by the overly fussy central bay in which Murray was somewhat carried away by his love of variety and detail. (These elements were more successfully handled in his design for Drummonds Seed



247 ROYAL MILITARY HOSPITAL

Merchants in Dawson Street, now Brown Thomas.) An unnamed contemporary described the façade design as "Late and Flat – with a strong turn in the gables towards Dutch".<sup>31</sup>



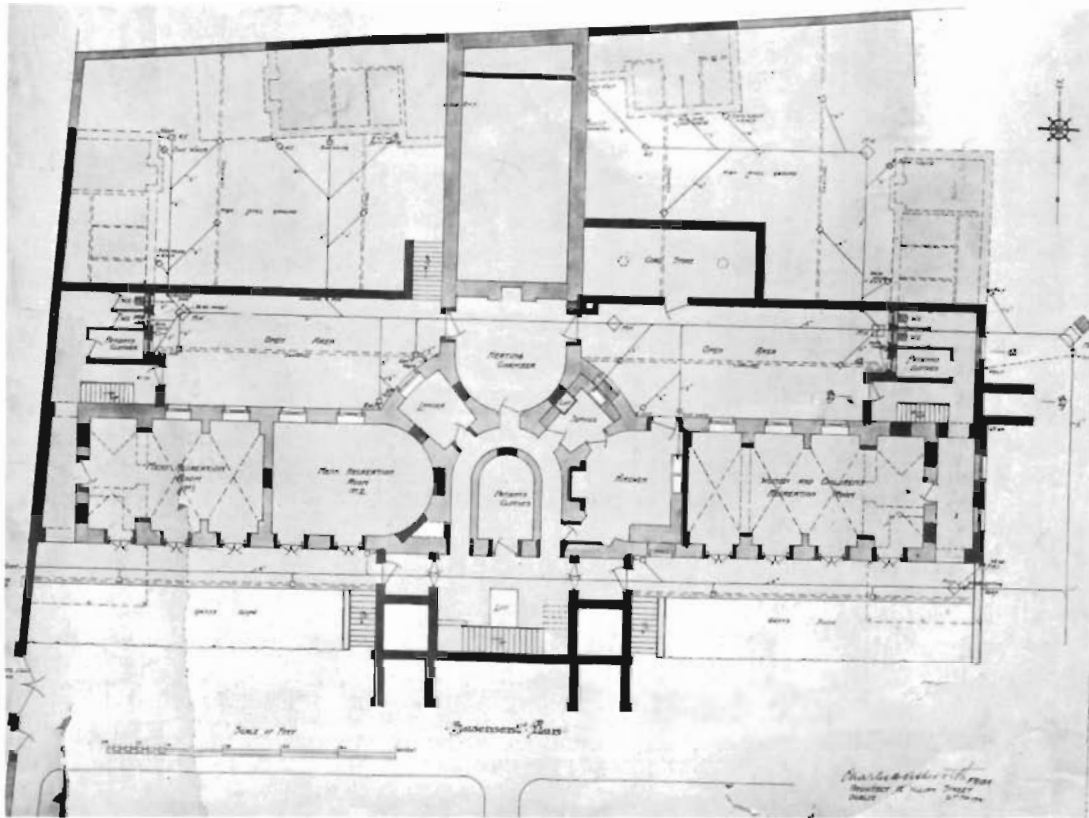
248 THE ROYAL CITY OF DUBLIN HOSPITAL

*Hardwicke Fever Hospital*

There are a number of hospitals of the nineteenth century which are extremely difficult to categorize. The earliest of these, the Hardwicke Fever Hospital, was built in 1803 on land adjoining the House of Industry in North Brunswick Street. In each of the years 1800 and 1801 over a thousand inmates of the House of Industry died from fever. It was felt that a completely isolated building for patients struck down by the fever might help both to reduce the death rates and also the incidence of infection. The hospital was unusual, in Ireland, in that it was T-shaped [249]. (This, it will be remembered, was a common hospital type on the Continent until the advent of the pavilion plan). There were four wards, each capable of holding sixteen beds. At the end of the wings were the waterclosets and staircases. The north wing had smaller wards which were used to segregate convalescent patients from those who were still very ill. The most important aspect of the building was that the wards, because of the T-shaped plan, had windows down each side. It is surprising, therefore, to find the La Touche report of 1809 complaining of poor ventilation in the

### *Hospital Architecture in Dublin*

hospital; though the writers of the report did have some praise for the hospital, they also complained of the dampness and cold of the wards and of their smallness and lack of height.

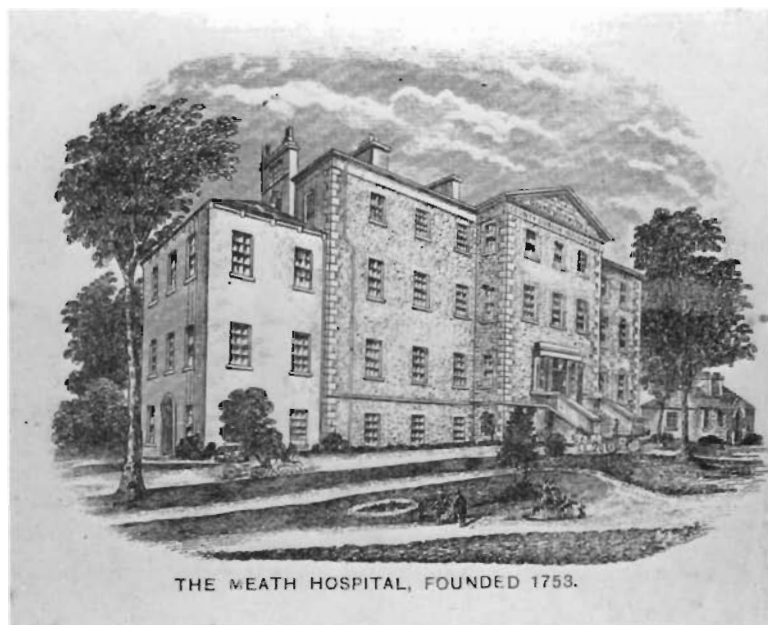


249 THE HARDWICKE HOSPITAL, BASEMENT PLAN

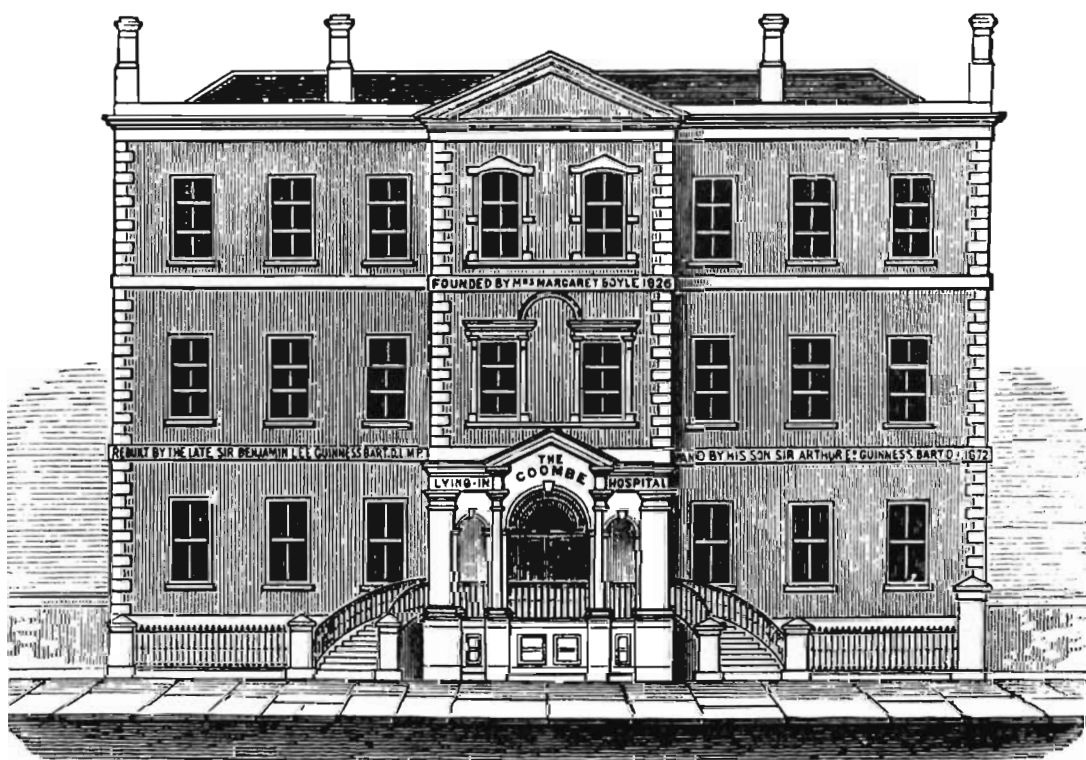
#### *The Coombe*

Other institutions such as the Meath [250] (1822) and the Coombe [251] (rebuilt 1870) give no indication that the architects associated the new medical ideas with a need to change the basic plan of a hospital, but indicate, instead, that they looked on the job, as their forebears had done, as a commission to accommodate as many patients as possible. In fairness, however, the *Irish Builder* is full of praise for the "new" Coombe:

By an admirably-contrived "lift" the second storey is reached, and here are found three of the airiest wards, furnished in a most comfortable and almost luxurious manner. . . . A great advantage has been served in this department as well as in all the other parts of the building devoted to patients, by so opening the wards and passages that through ventilation is maintained and the sunlight admitted during every period of the day, thus rendering the apartments not only healthful but also most enjoyable.<sup>32</sup>



250 THE MEATH HOSPITAL



251 THE COOMBE HOSPITAL



252 THE MATER HOSPITAL

*The Mater Hospital*

The Mater Hospital [252] which is, perhaps, the most monumental of the nineteenth-century hospitals, was designed in 1852 by Mr John Bourke who, we are informed, was commissioned to travel to "England, Scotland, Belgium and France to inspect all the great hospitals in these countries with a view of deriving practical information as to the best plan to be adopted".<sup>33</sup> It would be interesting to know where he went, because in his own design he completely ignored the new idea of the pavilion which had been introduced in the Hôpital Lariboisière, at that time newly finished, and opted instead for the old

style range of buildings around a quadrangle with a corridor running the whole way around the building. It was precisely this type of plan that was to be dismissed out of hand by Florence Nightingale in her *Notes on Hospitals*.

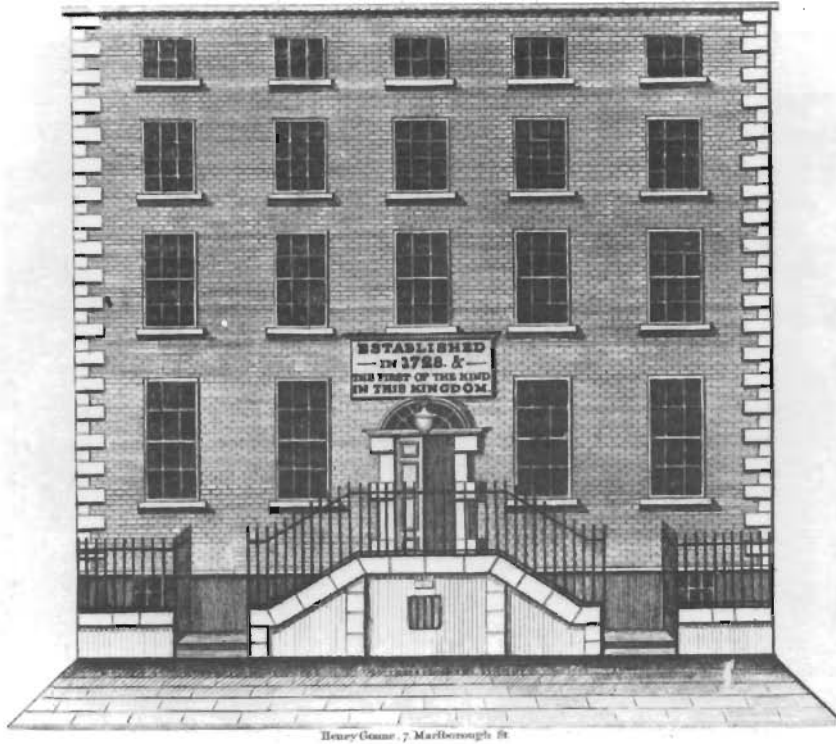
Though the intention was to build around a great quadrangle, this was not in fact completed until the quadrangular design was closed by the addition of a new chapel. Building began with the south or principal front. This section of the building was intended for administration but, since building was confined to this area initially, when it was finished and handed over to the Sisters of Mercy in 1861, they lost no time in adapting it for the reception of the sick. The east range was completed by 1871 and work on the west wing commenced in 1882 under a new architect, Mr John L. Robinson. This was completed in 1884 and included wards, chapel, mortuary, and apartments for the Sisters. The hospital had returned in spirit to the eighteenth century not only in its plan but also in the emphasis given even to the temporary chapel within the building. This chapel was situated in the centre of the west wing and separated the hospital from the accommodation for the Sisters; it was richly decorated in a classical style which would have placed it among the Catholic churches of the first half of the century, e.g. St James Xavier, Gardiner Place, and St. Andrew's, Westland Row. The original intention had been to build an equally impressive free-standing chapel which, like that of the Hôtel des Invalides in Paris, would have closed the quadrangle.

Externally, the hospital presents itself as a great public building. The south façade, in limestone, is dominated by a great pedimented Ionic portico, which is approached by a double-curved staircase. Unfortunately, this stairway, by virtue of its proximity to the street, is not allowed the full sweeping movement it deserves and thereby loses some of its grandeur. It was intended to have a cupola over the portico, but this was never built. The remainder of the façade is restrained in its treatment and is terminated on either side by slightly projecting pavilions which carry round-headed windows on both storeys – these being confined to the “piano nobile” in the central section where they are also pedimented.

#### *The Charitable Infirmary*

The Charitable Infirmary was the first voluntary hospital to open in the British Isles after the suppression of the monasteries. The original house in Cook Street [246] opened in 1718, and moved to the Inns Quay in 1728, where it was rebuilt in 1741. In 1786 it moved to the family mansion of the Earl of Charlemont at No. 14 Jervis Street where a new hospital was erected [253] in 1804.<sup>34</sup> This was described as:

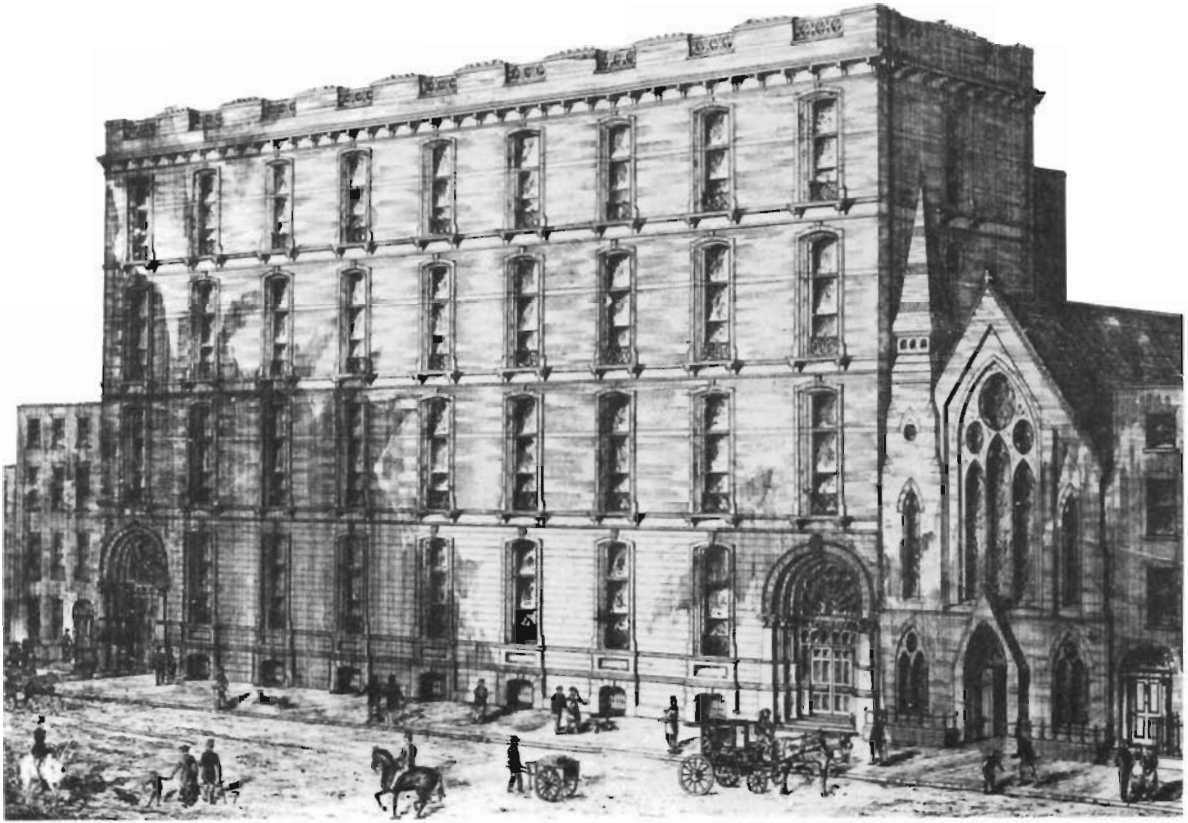
a plain building, differing only from the adjoining houses in size, from the line of which it retired a few feet. The entrance was approached by a double flight of granite steps furnished with a high iron railing. . . . The ground floor was occupied by the surgery, boardroom and apothecary's apartments: while all the upper rooms were used as wards, with the exception of two – one of which was for the residence of the matron and the other for operations. The hospital contained seventy five beds.<sup>35</sup>



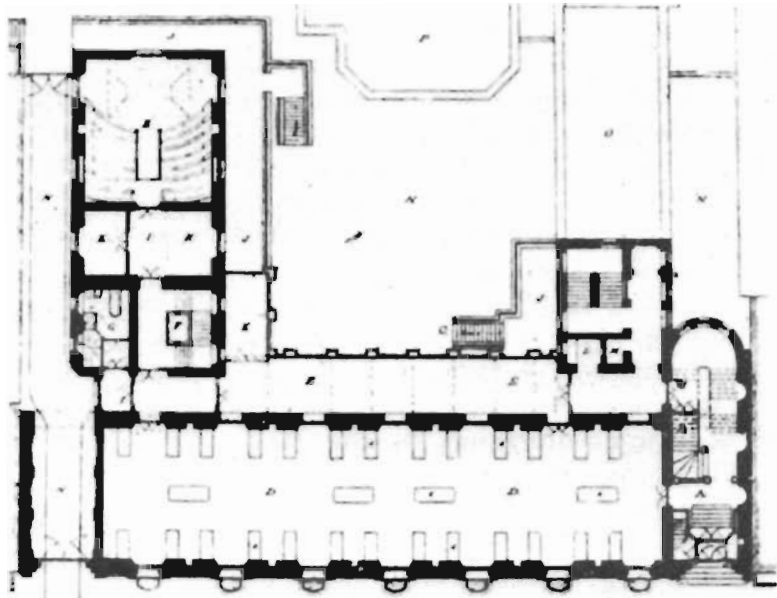
253 THE CHARITABLE INFIRMARY, JERVIS STREET, 1804

In 1854 the Sisters of Mercy were given charge of the hospital. By 1877 a decision had been taken to rebuild the hospital completely, so as to modernize it. Adjoining properties and premises at the rear were bought, which gave a 200-foot fronting on Jervis Street and 300 feet at the rear. A contract was signed with architect Mr Charles Geoghegan and building was begun on the site which had already been excavated. The building appears symmetrical in elevation but not in plan, the doorway on the left opening to a narrow coachway leading to the courtyard at the back, while that on the right provided the entrance to the hospital [254]. The building presents a single block to the front which is imposing and restrained in appearance. The ground floor and basement is of cut-stone in native limestone to a height of 29 feet above street level. A pleasing contrast is provided by the red-brick facing of the three upper storeys which were originally surmounted by an elegant parapet in stone. All of the details such as sills, string courses, architraves and so on are of limestone. The horizontal emphasis of the string courses is pleasingly balanced by the tall vertical windows, giving the whole façade a sedate appearance which is augmented by the massive "Gothic" doorways on the left and the right.

On entering the building one is struck by the manner in which the sweeping staircase is framed by the double "Gothic" arch and leads the eye up to a landing lit by a semi-circular glass dome [256].



254 THE CHARITABLE INFIRMARY, JERVIS STREET, 1886



255 PLAN FOR THE CHARITABLE INFIRMARY

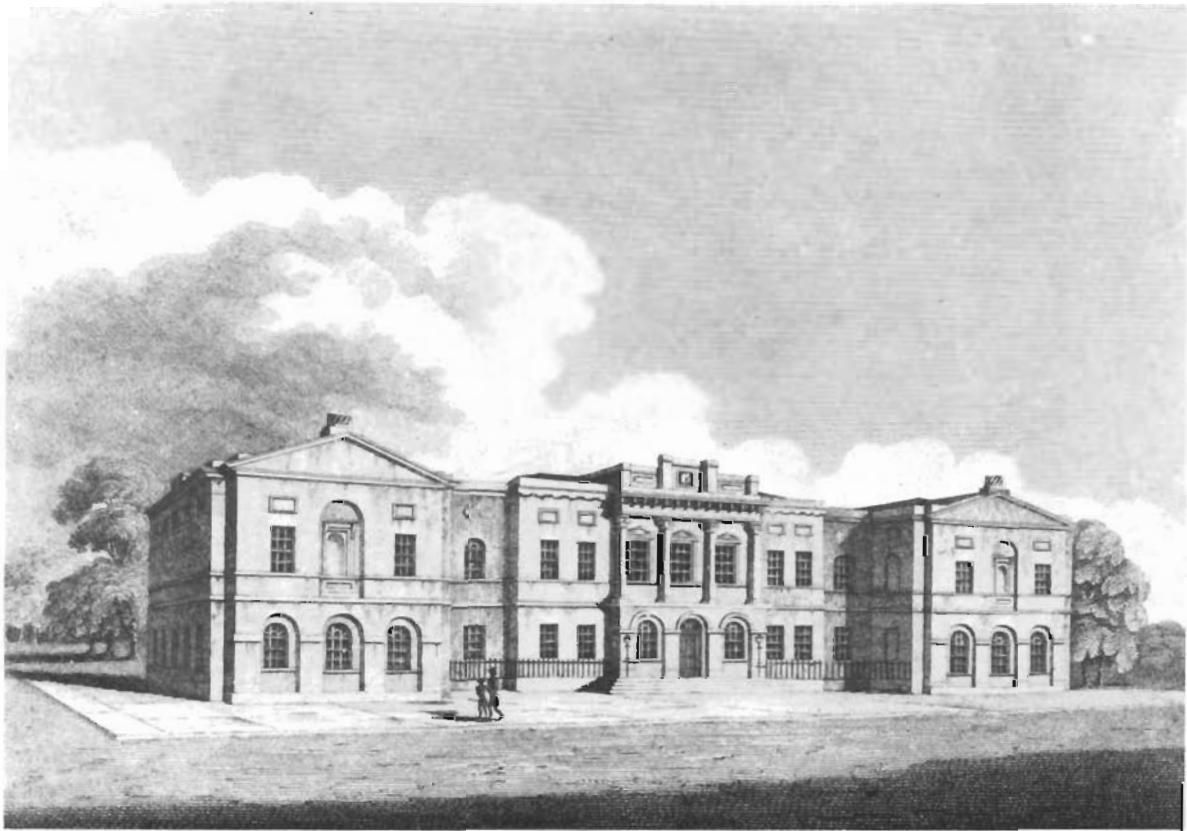


256 THE HALL OF THE CHARITABLE INFIRMARY

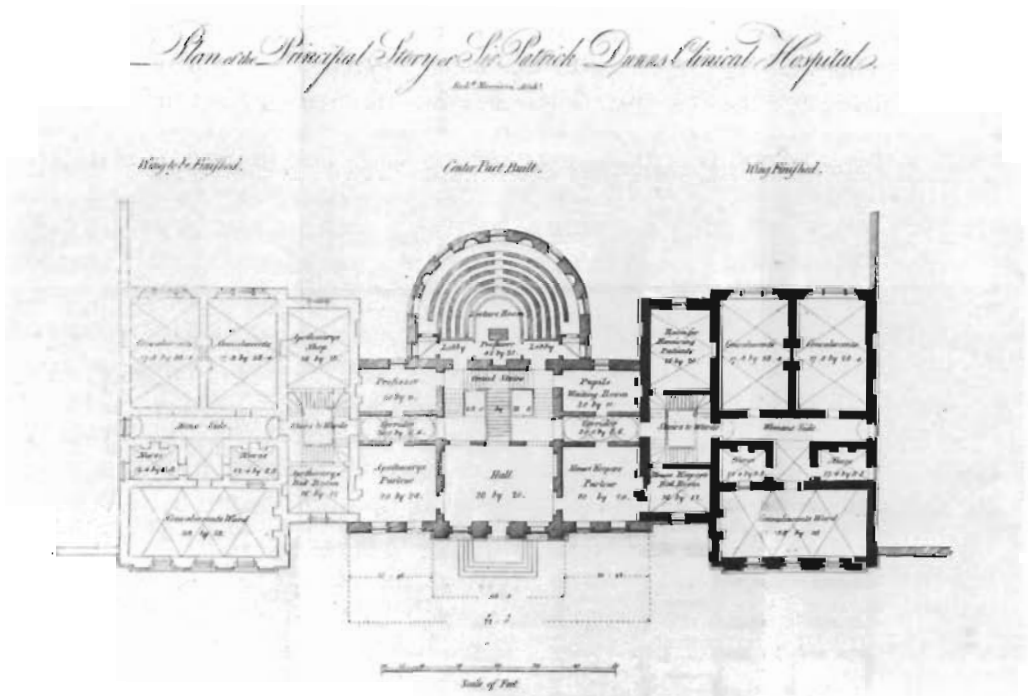
The plan of the hospital is equally interesting [255]. The main wards extend along the entire Jervis Street front and are placed one above the other. The wards are very large, but have a window between each pair of beds, on both sides, though those on the east-side open out onto the glazed metal corridor running around the rear of the building on all levels, which was used as an airing space for convalescent patients. Fresh air was also admitted by means of air-shafts inserted in the walls. These can be opened and closed at will. There are also numerous foul-air flues, which discharge above the level of the roof. The wards are heated by hot-water pipes. The operating theatre (with ample room for students) and related rooms were accommodated in a wing which projects backwards, at right angles from the main block, on the left-hand side. The lighter lines on the plan indicate extensions which were intended to be built at a later date.

Let us turn now to those hospitals which belong in the mainstream of hospital development and see how the new ideas were implemented and how they were developed in accordance with advances made in England and elsewhere during the course of the century.

A Portrait of Irish Medicine



257 SIR PATRICK DUN'S HOSPITAL



258 PLAN FOR SIR PATRICK DUN'S HOSPITAL

*Sir Patrick Dun's*

In the same year as the Hardwicke (1803), another hospital was begun in Dublin which turned to precedents such as the Royal Military Infirmary for its inspiration. The institution in question is Sir Patrick Dun's (1803-16), now known to have been designed by Richard Morrison. Much of Morrison's other work shows the influence of James Gandon and this is no exception. The plan borrows from the Royal Military Infirmary in that the wings project further from the main body of the building than does the centre block, though, in the case of Sir Patrick Dun's, this projection is very much shallower than that of Gandon's building [257]. Morrison, mindful of the new thinking on adequate ventilation, and aware of the recommendations of the reformer John Howard, increased the height of his wards from the usual eleven feet to thirteen feet. It was believed by Howard that air-space in an upward direction would help to prevent cross-infection. The wards for fever patients on the first floor have windows at the front and the back and were also ventilated by a louvre in the ceiling. These upper wards, which extended along the full length of the pavilion, were sub-divided into six apartments by partitions which were seven feet six inches high.

Other innovations were also introduced in the plan of the hospital; the wings each had their own staircases and offices; the building was furnished with hot and cold baths which were supplied by a forcing pump; smaller wards for paying patients were introduced so that they could achieve some measure of privacy.

When Sir Patrick Dun, benefactor of the hospital, had died in 1713 he had not in fact bequeathed his money to the founding of a hospital. He intended that a fund should be set up which would finance a medical school where lectures could be given in all the fields of medicine. After almost a century, nothing effective having been done to make use of the bequest, Dr Robert Perceval urged that the money should be used to set up a teaching hospital. This explains the purpose of the semi-circular lecture hall which was an innovative feature of the plan. Morrison went to France, to the lecture theatre of Gondoin's Ecole de Chirurgie for inspiration. Though the original theatre has been twice replaced, one can still see, now on the stair wall, medallions of Hippocrates and Celsus which were originally part of the decoration of the theatre.<sup>36</sup>

Though, as we have seen, the plan of Sir Patrick Dun's was very attentive to the medical thinking of the time, it was also very much in the tradition of the grand building which was intended as much to glorify the benefactors of the poor as it was to help the poor themselves. Both externally and internally the building is treated monumentally. Externally it borrows much from James Gandon with the blind niches in the wings, the receding central block, the colonnaded first floor central section, and the blank panels over the windows on the upper floors of the wings [258]. Internally it is more purely Morrison's own style. The entrance hall is most impressive [259]. In his decoration Morrison has eschewed the decorative plasterwork of the eighteenth century and has opted instead for relatively plain ceiling divisions, arches and wall divisions. Decorative detail was confined to the delineating elements of the



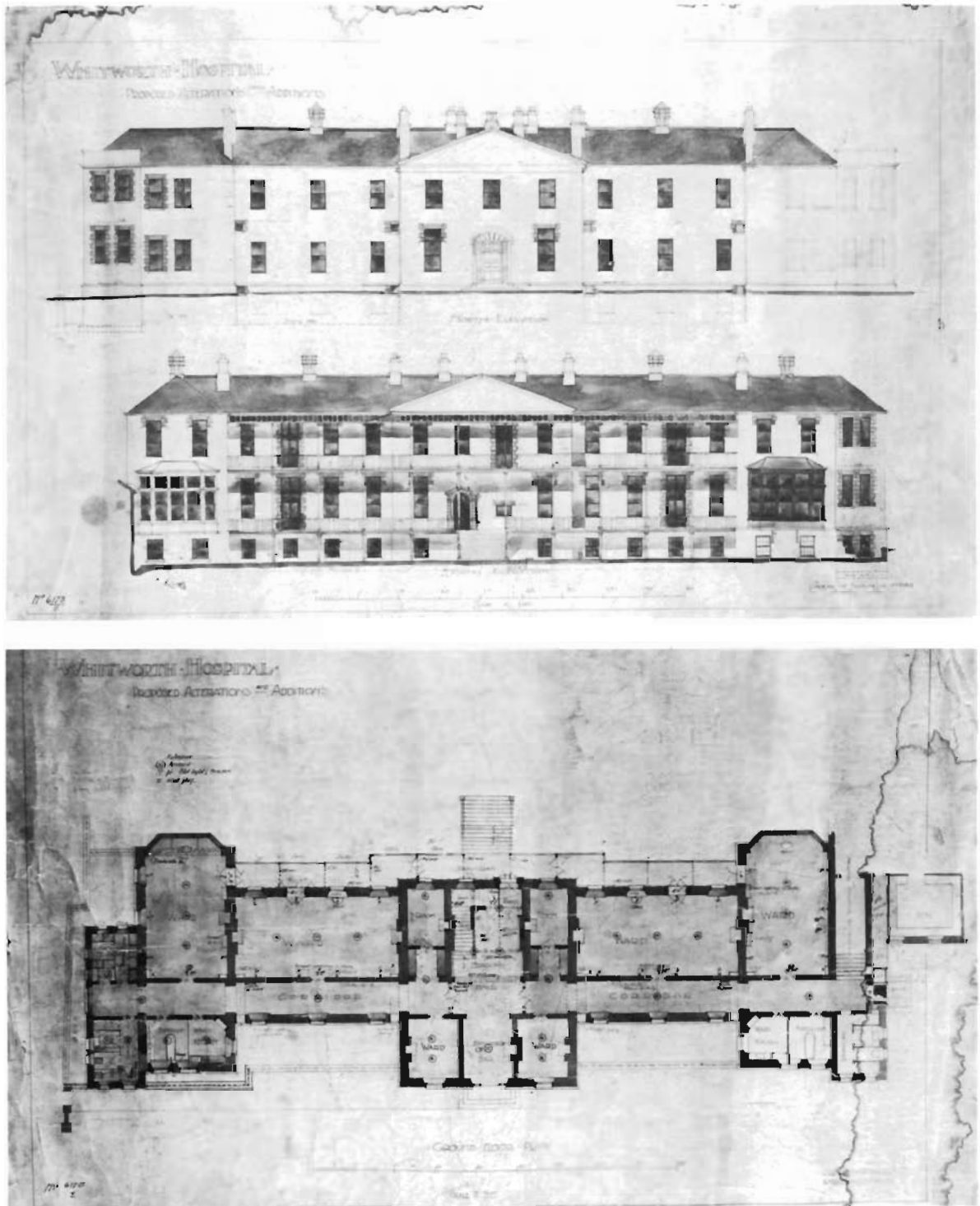
259 THE HALL OF SIR PATRICK DUN'S HOSPITAL

design. The result is a sober, somewhat heavy, but still attractive interior. The staircase is quite a notable and exciting feature, ascending as it does from the outer hall, through the arch into the inner space beyond. As one ascends the stairs, one is surrounded by light which streams down from the delicately designed oval lantern above. The lower corridors are also very attractive, being divided into bays by a series of domes.

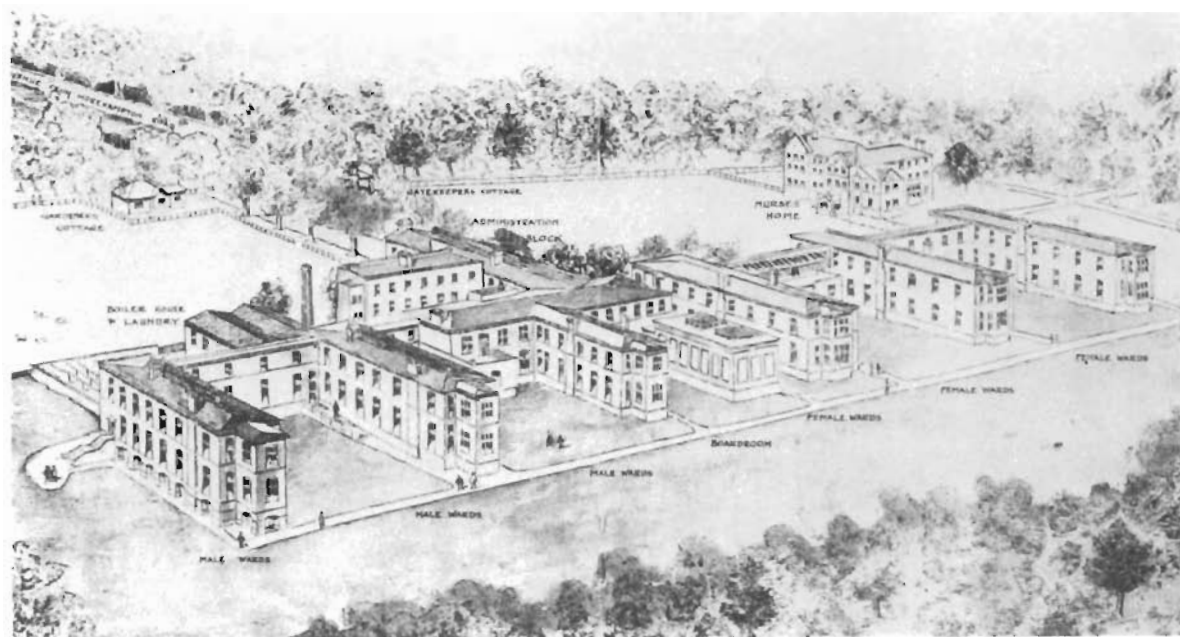
*Whitworth Medical Hospital*

The Whitworth Medical Hospital [260], built in 1817 in the grounds of the Hardwicke also picked up the idea of the separation of the wards by placing them in the wings with a central block containing staff rooms between. The wards opened onto a corridor which ran along the front of the building and connected them with the central block. Ventilation in the wards, however, was confined to four windows placed along the south wall, and heating was provided by fireplaces at each end of the room. This was very much the pattern of the eighteenth-century wards.

## Hospital Architecture in Dublin



260 PLAN AND PROPOSED ALTERATIONS FOR THE WHITWORTH HOSPITAL



261 THE ROYAL HOSPITAL, DONNYBROOK

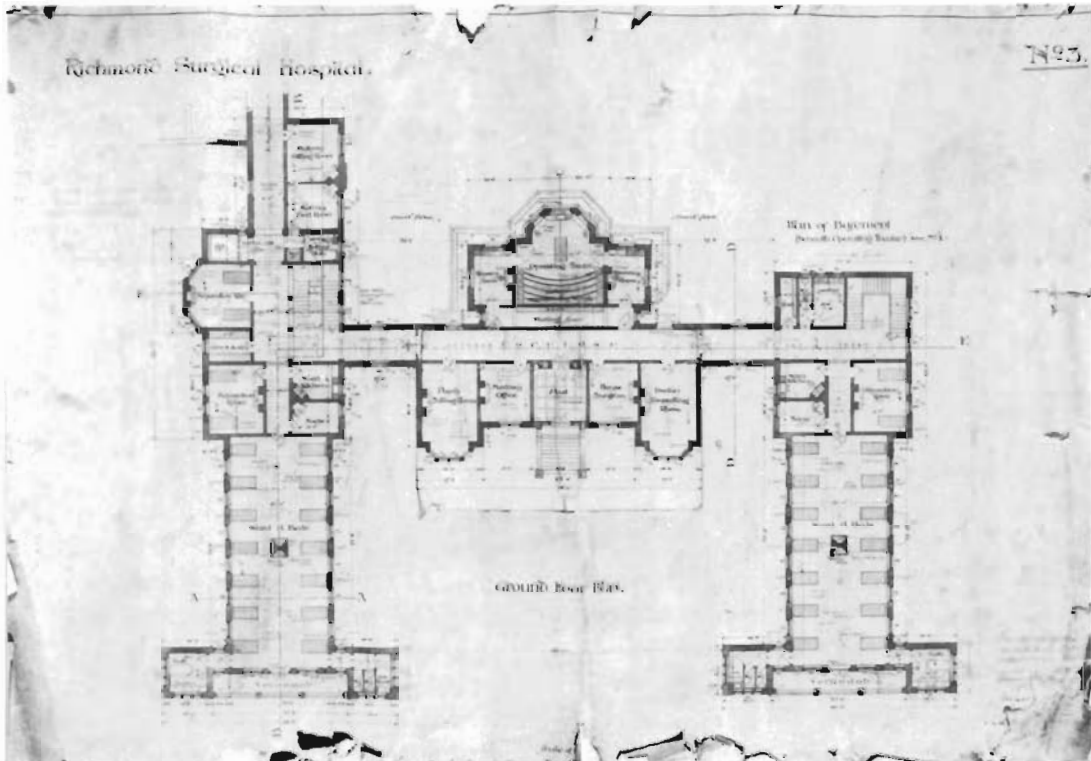
### *Royal Hospital for Incurables*

About the middle of the century an important new development was taking place in England. The Crimean War had broken out and the English found themselves faced with the problem of providing hospitalization for their wounded soldiers near the battlefield. In 1855 Isambard Kingdom Brunel, the English-born son of a French architect, was commissioned to design a transportable hospital for use in the Crimea. He himself determined that his design should be adaptable to any terrain, and that it should be infinitely expandable. To achieve these three goals he took the pavilion as his starting point and designed a whitewashed timber unit with a tin roof, which contained two wards and a flushing closet. An infinite number of these pavilions could be placed at right angles to a 22-foot-wide, open-sided spinal corridor, at intervals suited to the terrain. Brunel intended to run a railway along the corridor so that the wounded could be delivered directly to the doors of the pavilions. His design proved very successful and seven months after it was produced, the first hospital was already in use at Renkioi. It also proved very influential in the field of hospital design generally, though perhaps it was not always understood as, for example, in hospitals such as the Mower General Hospital of Philadelphia in which pavilions were joined by a circular corridor, thereby ignoring the principle of expandability.<sup>37</sup>

There was only one hospital in Dublin where this plan was adopted in its entirety, though naturally, due to the different circumstances, the corridor was just that and not a railway, and the pavilions were of solid construction. The building in question is the Royal Hospital for Incurables in Donnybrook, whose architect was enabled to adopt Brunel's plan because of the abundance

### *Hospital Architecture in Dublin*

of land in which the original building was situated [261]. The architect, Mr J. Rawson Carroll, in his design for the great new extension to the hospital demonstrated a full understanding of the principles involved. The flexibility of the new arrangement became very clearly apparent when the needs of the hospital grew and new wings were easily added. The Royal Hospital also went some way towards solving the problem of ward size. An awareness of the individual need for privacy caused the architect to erect six-foot-high partitions within the wards, thereby dividing them into cubicles.



262 PLAN FOR THE RICHMOND HOSPITAL

#### *Richmond Hospital*

Generally speaking, the multiple pavilion plan was used only by large hospitals; smaller institutions made use of an updated version of the system which had been introduced by the Royal Military Hospital [247], two projecting pavilions connected by a central administration block. The first establishment in Dublin which showed a full appreciation of the system was the Richmond Hospital.<sup>38</sup> This had originally been established, in 1811, in an old convent to which an octagonal operating theatre, together with wards for post-operative patients, was added by Francis Johnston in 1816. The building was, however, quite unsuited to its purpose, in spite of having been completely refurbished in 1827, and throughout the century was the subject of many efforts to have it replaced. These efforts finally succeeded in 1897 when the architects, Messrs



263 THE RICHMOND HOSPITAL

Carroll and Batchelor, were employed to design a new hospital. The plan, as already stated, is an excellent one [262]. It is a direct adaptation of the type of ward suggested by Florence Nightingale. The pavilions are two storeys high – the maximum allowed by Miss Nightingale – each level accommodating a large airy ward capable of holding fourteen beds, a nurses' room, ward kitchen, and a small two-bedded ward for seriously ill patients. The pavilions terminated in a verandah where convalescing patients could sit, and was flanked by two towers which contained the bathroom and the toilet. Across the corridor from each ward was an independent staircase and a further bathroom and toilet. Thus each floor was completely independent, and had admirable quantities of light and air as there was a window to every bed. The wards were heated by a central fireplace (also advocated by Miss Nightingale). The operating theatre, located in the central block, faced north, and for optimum lighting was roofed in glass. As was usual there was ample provision for students in the theatre, but the modern operating suite had its beginnings in this plan which included anaesthetic and sterilizing rooms.

The external appearance of the hospital must have caused much surprise when it was erected [263]. Built of dark red brick, the central block looks like an ordinary house of the period, but it is made almost insignificant by the great pavilions, with their exotic terminations of verandahs of unequal height, surmounted by a pediment which is geometrically divided by vertical coursing projecting as finials above the line of the pediment. The strangeness of the effect is augmented by the flanking towers topped by the square-based domes of copper, resembling those at Osterley Park, Middlesex, England, built by Robert Adam in 1761.

#### *Royal Victoria Eye and Ear Hospital*

The Carroll and Batchelor partnership was very soon given an opportunity to produce another variation of the Richmond plan. In this case, the type of patient and illness involved was quite different so that a fresh approach was called for. During the nineteenth century Dublin had a series of specialised eye hospitals [264-273] the first of which had been St Mark's Ophthalmic Hospital, founded by Sir William Wilde. In 1897 it was amalgamated with the National Eye and Ear Infirmary as The Royal Victoria Eye and Ear Hospital, Dublin. A site was purchased in 1899 on Adelaide Road, and Messrs Carroll and Batchelor were duly appointed. The fourth annual report records a payment of £40 5s 4d to the architects to cover their expenses in examining foreign ophthalmic hospitals. There is, unfortunately, no record of which hospitals were visited.

Work was begun on the new building in 1901, but like Dr Steevens' almost two centuries earlier, it proceeded very slowly. The entire building, as originally planned was not completed until 1927. However, at all stages of the project the builders remained true to the original plan. This plan is one with which we have become familiar. It is symmetrical, with the offices and operating suite in the centre, staff rooms in the wings and wards in the pavilions at the end. The operating suite has, by now, become even more complex, containing two operating theatres, a large sterilizing room, anaesthetic and recovery room,

*A Portrait of Irish Medicine*



264 THE DISPENSARY FOR DISEASES OF THE  
EYE AND EAR, FREDERICK LANE, 1841-1844



265 DUBLIN INFIRMARY FOR DISEASES OF THE  
EYE AND EAR, 23 ELY PLACE, 1872-1875



266 NATIONAL EYE AND EAR INFIRMARY,  
97 ST. STEPHEN'S GREEN, 1873-1880



267 NATIONAL EYE AND EAR HOSPITAL,  
13 MOLESWORTH STREET, 1880-1904

## *Hospital Architecture in Dublin*



268 NATIONAL EYE HOSPITAL,  
5 NORTH CUMBERLAND STREET, 1817-1922



269 ST. MARY'S HOSPITAL AND DUBLIN EYE  
INFIRMARY, 36 LOWER ORMOND QUAY, 1819-1831



270 NATIONAL DISPENSARY FOR CURING DISEASES  
OF THE EYE, 44 NORTH CUMBERLAND STREET, 1829-1930



271 NATIONAL DISPENSARY FOR CURING  
DISEASES OF THE EYE, 10 CUFFE STREET, 1831-1845



272 ST. MARK'S OPHTHALMIC HOSPITAL  
AND DISPENSARY, MARK STREET, 1844-1850



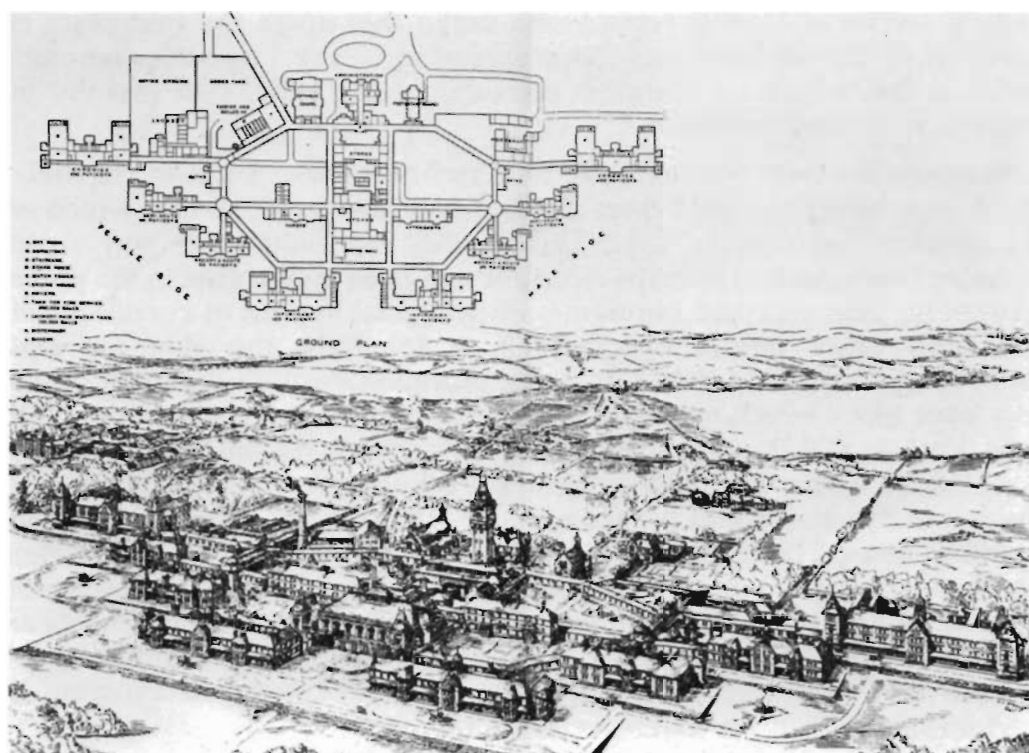
273 ST. MARK'S OPHTHALMIC HOSPITAL, PARK  
STREET (NOW LINCOLN PL.), 1850-1904



274 THE ROYAL VICTORIA EYE AND EAR HOSPITAL

ophthalmoscope room, laboratory, and linen rooms. Each pavilion has two wards containing ten beds apiece, separated by a staircase and provided with a ward kitchen, sister's room, linen room and a sanitary annex. These annexes are reflected in the plan, like those of the Richmond, as two almost free-standing towers, connected to the main block only by corridors. One feature which is special to this type of hospital, in which patients are not necessarily confined to bed, is the dining and day rooms which were found in the rear of the main hall, divided from each other by moveable shutters. The nurses' and servants' quarters were located in the attic under the mansard roof, as they had been in Dr Steevens' hospital.

In spite of claims to the contrary by the directors, the building is quite elaborate externally [274]. Built of red brick and Portland stone, it consists of a central section with five-bay wings terminating in elaborate pavilions. As in the Richmond, the roof-lines of the pavilions are unusual, though this time they are more French in flavour. The central section is dominated by a great, rusticated *porte-cochère*, surmounted by a Venetian window which lights the two-storeyed hall. The pedimented attic window above is drawn into the composition by being inserted into the broken pediment supported by the giant pilasters which flank the Venetian window. This drawing together of the basement and three storeys gives a vertical emphasis which counteracts the horizontal effect of the long façade. In the wings the elaboration of the dormer windows (by means of alternating triangular and semi-circular pediments) serves to align them with the windows below, thus increasing the vertical emphasis. Use is made of the chimneys and the cupolas for the same purpose.



275 ST. ITA'S HOSPITAL, PORTRANE, CO. DUBLIN

### *Asylums*

During the period under discussion, two new hospitals for the insane were established in the city. Unfortunately, they are not as well documented as some of the other institutions. The first, built about 1814/15 to a design by Francis Johnston, was part of the complex which eventually included the Hardwicke, the Whitworth, and the Richmond Surgical hospitals. Johnston made use of the traditional plan of buildings around a courtyard, each range consisting of small cells opening onto a broad corridor. The plans show that it was originally intended that the quadrangle be divided into four exercise yards for male and female patients (further segregated by their financial status, paupers being kept together) by passageways leading to an octagonal services building in the centre. This scheme was not carried out. One known feature of this plan is that it was the first in Ireland to provide for the separation of patients suffering from different types of mental illness. The second institution was the Central Asylum for Criminal Lunatics, erected before 1853. We do not have original plans for this institute, but plans for another asylum, dated 1835, and attributed to William Murray are available, and Johnston probably played a large part in their execution. These were all of a type which had continued to be used for penitentiaries, having diagonal wards projecting from a central office block, and the whole laid out within a rectangular plot. Most of the asylums in the country were built to these designs. The connection between asylums and prisons was one which began to fade

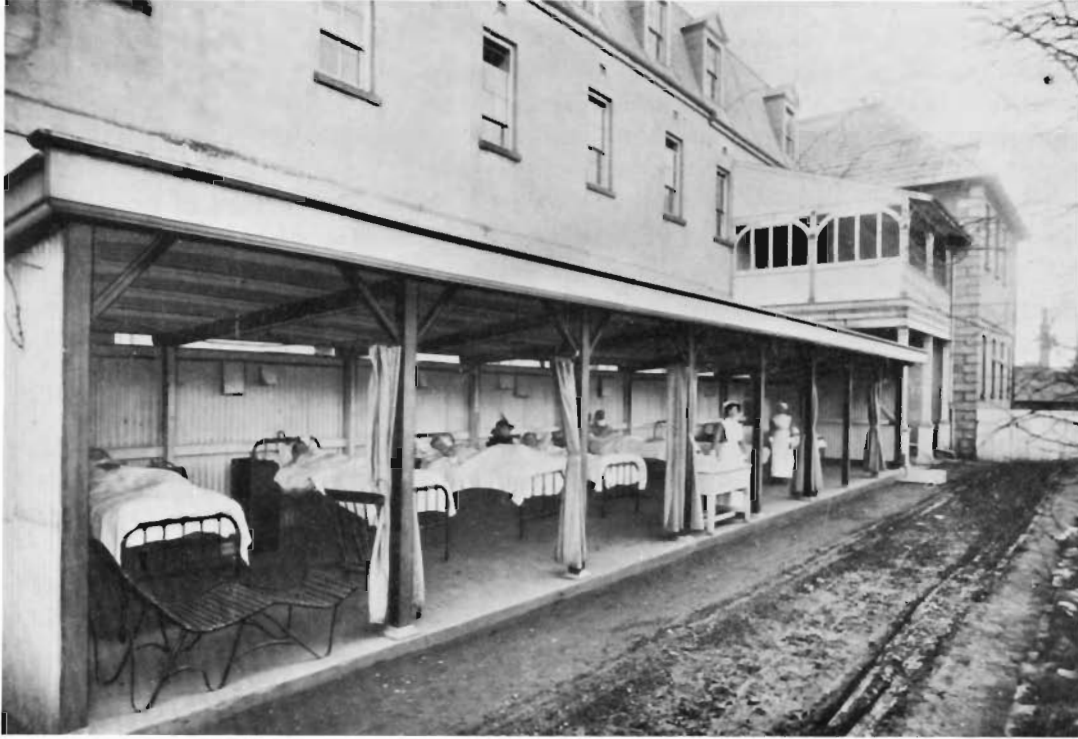
around the 1850s and its passing was celebrated by a writer in the *Dublin Quarterly Journal of Medical Science* who noted that up to the mid-1840s the inspection of the asylums had been entrusted to the Inspector-General of Prisons, a fact which, he claimed, encouraged the belief that insanity was somehow a criminal condition.<sup>39</sup>

Obviously the new attitude took root and developed because we find, in 1895, a plan being accepted from the architect George C. Ashlin which was very advanced in concept [275]. Though this was built some way outside Dublin, in Portrane, it is perhaps close enough to be considered in the present survey. The plan was laid out along an octagonal system of corridors, with wards and other offices opening off at intervals, the side for males symmetrically repeating the female side. Running through the great octagon was a large block which housed the administration in the north front and the stores, kitchen and dining-room behind. The four ward blocks on each side were planned with a view to separating the different types of mental illnesses: chronics, melancholics and the suicidal, recent and acute cases, the epileptics and infirm cases. The wards were arranged on the south side in an "echelon", or stepped configuration, so that all would benefit from the sun and none would block the light from the other. At the junction between the wards and the corridor were found octagonal pavilions which were lighted by lanterns in the roof, thus creating areas of interest every so often and avoiding the boredom inherent in the extensive corridors.

No longer was the asylum seen simply as a place in which to keep the insane under restraint; this new plan allowed for workshops where those patients who were on the road to recovery could occupy themselves; the dining-room doubled as a theatre and was equipped with a stage and other theatrical accoutrements, including a gallery for visitors. This was the most elaborate of the rooms; the walls were divided into bays by panelled pilasters, light was admitted to the room through traceried windows, and the whole was crowned by a decorative plaster ceiling. Incidentally, it may be noted that other changes in social attitudes were expressed by the inclusion of two chapels within the building – one for Catholics and the other for Protestants.

Externally, being plainly built of red brick with cast concrete dressings, the building depends for its effect more on the massing and outline of individual parts than on any ornamental display. The most outstanding feature, in the literal sense of the word, is the great clock tower, 130 feet high, which can be seen for miles around, and the purpose of which was to provide storage for an emergency water supply to be used in the case of fire.<sup>40</sup>

Before we complete our survey of the nineteenth century, we once again recall the desperation of the struggle to find the "right" set of conditions which would allow the sick to entrust themselves to the care of the hospitals without fear of suffering the greater ill of death. We have listened to the voices of Aickin, Howard and Florence Nightingale, all critics of the existing system. Another voice, in the *Irish Builder* of 1858, remarked that patients would have more hope of a cure by lying in the open air than in a hospital.<sup>41</sup>



276 THE OPEN AIR WARD AT DR. STEEVENS' HOSPITAL

Ideas such as these produced a number of novel features in some of the hospitals. The Jervis Street plan had, in 1879, introduced airing space for the patients in the form of the glazed metal corridor at the back of the wards. The roof space of the hospital was also used; the roof, being constructed of iron and concreted asphalt and surrounded by a balustrade, provided 5100 square feet of exercise ground for patients, which allowed a fine view over the city to the mountains and the sea. This feature was also to be found in two detached wings added to Sir Patrick Dun's in 1887 and 1889 respectively. In 1896 a new wing in the Meath Hospital provided an open-air verandah for convalescent patients. But the most extreme attempt to counteract the effect on patients of being enclosed in a hospital was made at Dr Steevens' when, in 1910, an open-air ward, having only three sides, was built on the south side of the hospital [276]. The ward can still be seen today but it is, mercifully, no longer in use. The conditions in the hospitals and the fear felt by patients can be guessed at when one reads Kirkpatrick's comment on the success of the idea. He says: "At first it was thought that the patients would not like it, especially in the winter time, but this was not found to be the case, and during both winter and summer there is keen competition for a bed in the open-air ward."<sup>42</sup>

A CHANGE IN DIRECTION

From the end of the nineteenth century onwards Dublin no longer had a monopoly on the building of large hospitals. For this reason a history of twentieth-century hospitals should, by right, take developments in the whole of Ireland into account. However, such a comprehensive review would be impossible within the limited scope of this essay.

The twentieth century brought a welcome end to the terrors of hospitalisation. The death rate fell rapidly and many major illnesses became less serious. But this was due, of course, not to a dramatic new advance in hospital planning, but to the great advances made in medical science since the days of Pasteur's discovery of the theory of bacteriology and Lister's development of his antiseptic theories.

Now that the health of the patient could be safely left in the hands of the medical profession, the architects were able to turn their attention to other matters, though the fragmentation of medical science into many disciplines, each of which needed its own department within the hospital, brought new problems.

In addition, due to the new modern movement in architecture, twentieth-century architects suddenly found themselves released from the constraints of the principles of classicism which had usually demanded of great public buildings that they be monumental and also symmetrical.

The freedom thus granted to modern architects, and the influence of twentieth-century European architecture, may be seen in Dublin's modern hospitals such as the new Coombe Maternity Hospital, Our Lady's Hospital for Sick Children and St Vincent's Hospital. Sadly, most of Dublin's Georgian hospitals are now threatened with closure, and it is only to be hoped that even if their medical heritage comes to a close, the buildings will be preserved as examples of architecture from a bygone age that was able to blend function with beauty.

## Notes and References

The details of all works cited in the text appear in full when first referred to in each chapter; where the work is referred to again in the same chapter it is indicated in the references in an abbreviated form. The familiar abbreviations for degrees, diplomas, licenses, and honours have been used. The following abbreviations have also been used.

RCSI	–Royal College of Surgeons in Ireland
RCPI	–Royal College of Physicians of Ireland
K&QCPI	–King's and Queen's College of Physicians of Ireland
TCD	–Trinity College, Dublin
UCD	–University College, Dublin
UCG	–University College, Galway
UCC	–University College, Cork
NLI	–National Library of Ireland
NGI	–National Gallery of Ireland
RHA	–Royal Hibernian Academy
Inst.	–The Royal Belfast Academical Institution
QCB	–Queen's College, Belfast
QUI	–The Queen's University in Ireland
RUI	–The Royal University of Ireland
QUB	–The Queen's University of Belfast
UMS	–Ulster Medical Society
RMH	–Royal Maternity Hospital (and its predecessors)
RBHSC	–Royal Belfast Hospital for Sick Children (and its predecessors)
RVH	–Royal Victoria Hospital
IMA	–Irish Medical Association
BMA	–British Medical Association
RAMC	–Royal Army Medical Corps
DNB	–Dictionary of National Biography. (Compact Ed. Oxford University Press 1975)

### Chapter 1

#### PORTRAITS OF IRISH MEDICINE

ANNE CROOKSHANK

1. William Faithorne the elder (1616-91)  
An English engraver and print-seller.
2. Thomas Pooley (1646-1723)  
Though of English birth and training, Pooley lived in Dublin for most of his life. From the 1670s to the early 1700s he was the establishment painter in Ireland. A badly damaged portrait of Sir Patrick Dun [85] was presented to Sir Patrick Dun's Hospital by T. Percy Kirkpatrick in 1913. There is also a version in RCPI.
3. Anne Crookshank and the Knight of Glin, *The Painters of Ireland*, Barrie and Jenkins, London, 1978, p. 21.
4. Charles Smith (1715?-1762)  
He was a native of Waterford and became an apothecary in Dungarvan. He was one of the founder members of the Medico-Philosophical Society of

which he was first secretary. In 1744 he published in conjunction with Walter Harris a history of County Down, and this was the first comprehensive Irish county history ever written. He went on to write the histories of Waterford (1746), Cork (1750) and Kerry (1756). For further details see *DNB*, p. 1941.

5. Charles Jervas (c. 1675-1739)  
Of Irish birth, Jervas trained under Kneller in London and later in Rome. After settling in London he visited Ireland regularly, staying for months, even years at a time, painting portraits and probably teaching. He was a great picture collector.
6. Michael Mitchell (fl. 1711-50)  
Despite the fact that he was the son of a Lord Mayor of Dublin and a well known artist and restorer for some 40 years, few works are known by him. He was paid £11.16.6d. in 1741 for his portrait of Griselda Steevens.
7. James Latham (1696-1747)  
Nothing of Latham's work is known before his return from training in Antwerp in 1724. He came from

- Tipperary but settled in Dublin where from the late 1720s till his death he was kept very busy painting official figures as well as aristocratic and landed patrons.
8. Rupert Barber (fl. 1736-72)  
Barber, who was Irish by birth, trained in Bath and worked there and in London as well as in Dublin. He worked mostly as a miniaturist.
  9. Robert Hunter (fl. 1750-1803)  
He is said to have come from Ulster, but his training is unknown. He worked in Dublin from c. 1750 until the 1790s, holding a one-man show in 1792, a very unusual event at the time. He had a large practice and painted portraits of very varying composition, from small whole-lengths to full sized works.
  10. John Comerford (c. 1770-1832)  
A native of Kilkenny, Comerford worked there from 1793-1802 as a portrait painter in oils. After 1802 he went to Dublin and from then on he worked as a miniaturist.
  11. Edward Walsh (1756-1832)  
He was born in Waterford where he was educated before going to Edinburgh and Glasgow to study medicine; he graduated M.D. in 1791. He published a number of poems and sketches of merit. He served as physician to the forces in Ireland, and was present at the battle of Vinegar Hill in Wexford in 1798, and at the surrender of Humbert at Ballinamuck. He travelled widely, and wrote a *Narrative of the Expedition to Holland*. Unfortunately he did not complete a history of Canada for which he had collected much material. (For further details see *DNB*, p. 2187).  
Edward Walsh's younger brother Robert (1772-1852), a doctor and divine, is of even greater interest. With James Whitelaw and John Warburton he published the invaluable *History of the City of Dublin* in two volumes in 1815. (For further details see *DNB*, p. 2188). Comerford painted portraits of both Edward and Robert Walsh, which were etched by John Kirkwood and published in the *Dublin University Magazine* (Edward Walsh, Vol. III, 1834; Robert Walsh, Vol. XV, 1840).
  12. Thomas Hickey (fl. 1756-1816)  
He was born in Dublin and studied at the Dublin Society Schools. Later he worked in London and Bath, going to India in 1780 where he remained till his death, except for one visit home in 1792.
  13. Samuel Lover (1797-1868)  
A man of all trades, Lover worked as a writer of novels and plays, a songwriter and actor as well as a painter, particularly of miniatures. He was born in Dublin.
  14. Charles Forrest (fl. 1765-80)  
He was a pupil at the Dublin Society Schools in 1765 and worked in London as well as Dublin. He is known for his pastel portraits.
  15. Robert Templeton (? - 1894)  
He was a son of John Templeton, the celebrated botanist of Cranmore. He graduated M.D. Edinburgh 1831 with a thesis on tetanus. The *medical register* for 1859 describes him as living in Bristol, and FRCSL. He became Deputy Inspector-General of Hospitals (? England). He was a keen entomologist and zoologist, contributing many articles to *Annals and magazine of natural history* between 1832 and 1858 (e.g. catalogues of Irish annulose animals and crustacea – from his father's papers; a new species of *Sorex* from India; a new species of *Vaginula* from Ceylon; etc). For further details see Nash, R and Ross, H: *Dr. Robert Templeton Roy. Art. (1802-1892), naturalist and artist: [catalogue of an exhibition], Ulster Museum... 1980. [Belfast]: Ulster Museum, 1980. (Publication, 234). pp. 48; illus.*
  16. James Moore (1819-83)  
Moore was the son of Dr. David Moore, a naval surgeon. He studied medicine at Edinburgh where he graduated M.D. in 1842. James Syme selected him to illustrate his textbook, *Principles of Surgery*, which was first published in 1842. He was appointed consultant surgeon to the Belfast Royal Hospital, where he established a large practice. He played a leading role in the cultural activities of the city. His paintings and drawings (of which 409 are in the Ulster Museum) are mainly of landscapes and buildings.  
For a biographical essay and catalogue of his paintings see *James Moore (1819-1883)*, Ulster Museum, 1973, Publication No. 189; also Strickland, W.G., *A Dictionary of Irish Artists*, Irish University

- Press, 1969, Vol. 2, p. 125.
17. Frederick William Burton (1816-1900)  
He came from Corofin in Co. Clare and became renowned as a water-colourist in the manner of the Pre-Raphaelites. He was a noted art historian and was the Director of the London National Gallery from 1874 to 1894.
  18. Erskine Nichol (1825-1904)  
A Scottish artist who worked for some years in Ireland during the Famine years, 1845-50, returning frequently later in his career. He is best known for his pictures of Irish peasants which are handled with great sincerity and often wit.
  19. James Cahill (d. 1890)  
Cahill came from Westmeath and was educated at the Dublin Society Schools. He also studied in Rome and worked for some years in Hogan's studio. Apart from portraits he carved funerary monuments.
  20. Thomas Herbert Maguire (1821-95)  
He was born in London of Irish parents and studied at the Royal Academy schools. Though he worked as a painter he was better known for his lithographic portraits.
  21. Hugh Douglas Hamilton (1739-1808)  
He was educated at the Dublin Society Schools and became famous in Dublin and London for his oval, pastel portraits. He spent 12 years in Italy between 1778-1791 after which he turned to oil painting and became the finest portrait painter in Dublin. He died in 1808.
  22. William Cumming (1769-1852)  
Another pupil of the Dublin Society schools, he became President of the Royal Hibernian Academy between 1829 and 1832. His work is inconsistent in quality, but at his best he was the most striking portrait painter of his day.
  23. Martin Cregan (1788-1870)  
His initial training was in the Dublin Society Schools. He then went to London and worked under Sir Martin Archer Shee, the only Irish President of the English Royal Academy. On his return he became one of the most prolific portrait painters, exhibiting no fewer than 334 pictures in the RHA, of which he was President between 1832 and 1856.
  24. Sara E. Hampson  
She was elected first Lady Superintend-
  - ent of Nurses in the Rotunda Hospital on 9th October, 1892, and resigned in 1896. (Kirkpatrick, T.P.C. and Jellett, H., *The Book of the Rotunda Hospital*, Adlard and Son, Bartholomew Press, London, 1913, p. 188; Nutting, M.A. and Dock, L.L., *A History of Nursing*, Vols. 1-4, New York, 1907-1912).
  25. Nicholas Crowley (1819-57)  
He was born in Dublin and showed artistic talent from an early age. His first work to be exhibited at the Royal Academy was of medical interest; 'The Eventful Consultation', depicting an incident from Warren's *Diary of a Late Physician*, was painted in 1835, when Crowley was only fifteen. He became a popular portrait painter, especially of groups, in which he excelled. (Strickland, *A Dictionary of Irish Artists*, Vol. 1, p. 235).  
The portrait of Mother Mary Aikenhead, entitled 'Taking the Veil', shows Jane Bellew (later Sister Mary Ambrose) being received into the order by Archbishop Murray. Mother Mary stands to the right of the Archbishop, and the artist Crowley can be seen looking over the left shoulder of the Archbishop. During her noviceship, Jane Bellew developed tuberculosis, from which she died on 20th February, 1848, three days after being professed.  
Mother Mary Aikenhead was the foundress of the Sisters of Charity in Ireland, and of St. Vincent's Hospital, Dublin. For a biography see *The Life and Work of Mary Aikenhead, Foundress of the Congregation of Irish Sisters of Charity, 1787-1858*, by A Member of the Congregation, Longmans, Green and Co., London, 1925.
  26. Sir Thomas Jones (1823-93)  
A pupil of the Dublin Society schools who also studied in rcd and on the continent. He was the first President of the RHA to be knighted.
  27. Charles Napier Kennedy (1852-98)  
Born in London of Irish parents, Kennedy was educated at the Slade School and in Paris. He started exhibiting in Ireland in 1886 and painted a number of portraits of Irish sitters.
  28. Sarah Purser (1849-1943)  
An accomplished artist, she is perhaps more important for the influence she had as a patron, a hostess, a collector and for

- her foundation of *An Tur Gloine* (The Tower of Glass) than for her paintings. For further information on this fascinating twentieth-century personality see Crookshank, A. and the Knight of Glin, *The Painters of Ireland*, pp. 265-6.
29. Sarah Cecilia Harrison (c. 1864-1941)  
She came from Co. Down and was educated in the Slade. From the late 1880s onwards she lived and worked as a portrait painter in Dublin.
  30. George Francis Mulvany (1809-69)  
A member of a family of painters he was an early student at the RHA schools and eventually became the first Director of the National Gallery of Ireland in 1862. He practiced mostly as a portrait painter.  
Richard Robert Madden (1798-1886) studied medicine in Paris and London, becoming a member of the College of Surgeons of England in 1829. He is best remembered for *The United Irishmen, their Lives and Times*, London, 1843-6, 7 vols. (See DNB, p. 1294).
  31. Henry Murney (1825-1907)  
He was born in Belfast in 1825, son of Henry Murney JP, and educated in Edinburgh, London and Dublin. (MD (Edinb.) 1849; MRCS (Engl.)). He became demonstrator in anatomy, QCB, 1851-58, and attending surgeon to the Hospital, 1854-82 (senior surgeon, 1881-2); consulting surgeon, 1882-86. JP for Belfast and Co. Antrim, and President of the Ulster Medical Society, 1871-72. He died (unmarried) in Holywood, Co. Down, 1907.
  32. Richard Rothwell (1800-68)  
After training in the Dublin Society schools he went to London and developed a strong sense of colour in his painting, which was however marred by his use of bitumen. He worked as a subject picture painter as well as a portrait painter both in England and Ireland.
  33. Andrew Marshall (1779-1868)  
Details of his early life are unknown. He was surgeon's mate in the Royal Navy, 1800-02, then LRCP (Edinb.), 1804; MD (Glasg.), 1854. He was attending Surgeon at the Hospital, 1807-51; Consulting Surgeon, 1851-65, first secretary and treasurer Belfast Medical Society, 1806, and later President. He was brother-in-law and practice partner of James Lawson Drummond, High Street. He died in 1868 and is buried in the Belfast Charitable Society cemetery.
  34. Hewitt, J. and Snoddy, T. *Art in Ulster*. Blackstaff Press, Belfast, 1977.
  35. Patrick Cunningham (d. 1774)  
He was a prize-winning pupil of the Dublin Society Schools in 1748 and was apprenticed in the 1750s to John Van Nost. He made garden statuary as well as portraits and miniature likenesses in wax.
  36. Thomas Kirk (1781-1845)  
Born in Cork, he studied in the Dublin Society Schools and made a career for himself in Dublin working on monumental sculpture as well as portraits. He carved the now destroyed statue of Nelson for the column in O'Connell Street.
  37. Christopher Moore (1790-1863)  
Moore was a Dubliner who made London his home, though he made frequent visits to Ireland, and had a large Irish clientele for his portraits, even in England.
  38. John Hogan (1800-58)  
Hogan came from Cork but spent many years studying and working in Rome where he came under the influence of Thorwaldsen. He finally returned to Ireland in 1848 in the middle of the famine, and it was several years before he was able to re-establish his position as an artist.
  39. Joseph Robinson Kirk (1821-1894)  
Strickland, *A Dictionary of Irish Artists*. Vol. 1, p. 584.
  40. Joseph Watkins (1838-71)  
He was educated in the Dublin Society Schools and in Rome. He was building up a considerable portrait practice and also made a number of funerary monuments when he died suddenly, aged 33.
  41. Robert Campbell (1866-1920)  
He was born in Templepatrick, Co. Antrim, son of a presbyterian minister of the Remonstrant Synod. Educated at Inst., QCB (BA, 1887; MB, 1892; both of RU), he was Coultter Exhibitionist, R.V.H. 1891; FRCS (Eng.), 1896. He was assistant attending surgeon, then surgeon, to RBHSC, 1897-1920; to RVH, 1900-1920, surgeon to the Ulster Volunteer Force Hospital, Belfast, 1915-18, and Clinical Lecturer in Surgery, QUB, 1914-15. A

sufferer from Bright's Disease for many years, he died in Belfast, 6 September 1920. He is commemorated by the UMS annual Campbell Oration with the medal by Miss S. R. Praeger. [50].

42. Rosamond Praeger (1867-1954)

She was an Ulsterwoman and educated first in Belfast and then in the Slade. She spent her entire life working in or near Belfast, becoming best known for her sculpture of children, though she made a number of portraits.

43. Evie Hone (1894-1955)

She studied first in London and then in Paris before returning to her native Dublin. She did not take up stained glass till late in her career, in the 1930s when she became the finest artist in the medium in Ireland, and one of the finest in Europe.

44. John Francis O'Malley (d. 1949)

He was the oldest of fourteen children of Peter James and Mary O'Malley of Kilmilkin. Educated at the Grammar School, Galway and the Medical School of Queen's College, Galway, he later studied in Dublin, London and Vienna. He specialised in surgery of the ear, nose and throat and was appointed to the staff of University College Hospital, London and to the Royal Ear Hospital and St. John's and Elizabeth Hospital. He is commemorated by Evie Hone's stained glass window in the small church at Kilmilkin. The artist often visited her stepsister, Mrs. Teacher of Spiders Bay, and knew Kilmilkin well. She chose a legend dating back for over 1,000 years to the saga of the sea raids of the Norsemen on Umhal O'Maille in the 9th and 10th centuries. The ruling members of the O'Malley families were killed save for an ailing boy and his mother the chieftainess, who was told by a holy man to take the boy to Inis Glora, where she immersed him in the blessed well. He was healed by the invocation of St. Brendan, and led the Clan O'Malley to many victories on land and sea. This saga is depicted in the window in which the dominant figure is St. Brendan the navigator. In the background is the green hill of the island, Inis Glora, alongside which is the blue sea with the navigator's ship and beehive-like stone cell. In the fore-

ground the O'Maille chieftainess in the traditional blue and red skirt is kneeling by the well holding the cured boy.

45. Harry Clarke (1889-1931)

He was Ireland's foremost stained glass artist, and executed many works throughout the country. See Dowling, W., 'Harry Clarke: Dublin Stained Glass Artist', *Dublin Historical Record*, March 1962, 17, pp. 55-61; also Gordon-Bowe, N., 'A Biography and Bibliography on Harry Clarke', Thesis for PhD., Trinity College, Dublin (1981).

46. William Smyth (1859-1901)

Born at Stonepark, Mountcharles, in 1859, he studied medicine in Dublin, graduating from R.C.S.I. In 1882, following the death of Dr. Spenser from typhus, he was appointed to the dispensaries of Dungloe and Burtonport. In October 1901 he rowed to the island of Arranmore where he found the entire Gallagher family to be suffering from typhus. For many days he rowed across to the island to treat his patients, who at first would not agree to being transferred to hospital on the mainland for fear that their homes would be burned down by the islanders to prevent the spread of infection. Eventually the family were persuaded to go to hospital, and Dr. Smyth, assisted by Dr. Brendan McCarthy, the Medical Officer of Health for Co. Donegal, rowed the family across the three miles of sea to the Glenties Hospital, where all recovered. Dr. Smyth, however, contracted typhus fever, and died on 19th November, 1901, aged 42.

On 27th November 1902, a stained glass window to his memory was erected by Sir William Whitla and unveiled by the Earl of Dudley, in the library of the Ulster Medical Institute, Belfast. It was later moved to the Institute's present premises. It is composed of two panels; the one on the left shows the doctor attending to fever patients in a cabin, and on the right their being rowed to the mainland by the two doctors.

The above details are from an article by Mary Rankin, 'Dr. William Smyth. Heroic Donegal Doctor', *Donegal Annual* (Journal of the County Donegal Historical Society) 1975-6, pp. 126-130. A further account of Dr. Smyth's life

- may be found in *A Hero of Donegal* by Frederick Douglas How, Isbister & Co., London 1902. A poem of nine verses was written by Frederick S. Boas in *Songs of Ulster and Balliol*, Constable, London, 1917, p. 21, of which the following is one:
- And while the billows break on Arranmore  
Men still shall wond'ring tell and  
wond'ring hear  
How, in a wave-worn bark of yesteryear  
They piloted the sick from shore to shore.*
47. James Butler Brenan (1825-89)  
He was born, lived and worked in Cork. He was the son of a Cork landscape painter but apart from a few subject pictures he concentrated on portraits, mostly of local Cork people.
  48. Donogh Hurley  
Dr. D. Hurley was a general practitioner who worked in Cork.
  49. Thomas George Wilson (1901-69)  
T. G. Wilson was President of R.C.S.I. from 1958 to 1960, and with Dr. Harry O'Flanagan, then Registrar of the College, was responsible for acquiring the land adjoining the old building on York Street, where the new college building now stands. He was a keen amateur artist, and he wrote a biography of Sir William Wilde, *Victorian Doctor*, which he illustrated. (Methuen and Co. Ltd., London, 1942).
  50. Sean O'Sullivan (1906-64)  
He came of a West Cork family but studied and lived in Dublin. After attending the Metropolitan School he went to London and Paris before he returned to teach in Dublin and became a prolific portrait draughtsman.
  51. Seán Keating (1889-1978)  
He was born in Limerick and had his initial artistic training there, moving to the Metropolitan School in Dublin in 1911, where he became a pupil of Orpen. He was much influenced by the people of the West of Ireland and the rugged life. He is mainly remembered for his subject pictures, though like most Irish artists he painted portraits for a living.
  52. George Russell (AE) (1865-1935)  
He is well known as a writer as well as an artist. He was a prolific painter of decorative pictures often based on theosophical subjects. He rarely painted or drew portraits.
  53. John Butler Yeats (1839-1922)  
He took up painting late in his life, living for many years in London. Though he was much patronised as a portrait painter in Dublin, he spent his last years in America where he became a well-known artist. His drawings have a brilliance which exceeds his oils. He was the father of the poet W. B. Yeats, and the painter Jack B. Yeats.
  54. Estella Solomons (1882-1968)  
A painter who studied at the Metropolitan School under Osborne and Orpen and later in London and Paris. Well known for her portraits, she was also a fine etcher. See Pyle, H., *Estella Solomons: Portraits of Patriots. With a Biographical Sketch of the Artist*. Allen Figgis & Co. Dublin 1966.
  55. William Orpen (1878-1931)  
A Dublin born artist who studied and later taught for some years at the Metropolitan School of Art. He also studied at the Slade and from about 1914 he lived in London where he became a fashionable portrait painter. An artist of great talent, he is only now being fully appreciated.
  56. Leo Whelan (1892-1956)  
He was the principal portrait painter in oils of his day in Dublin. He had been a pupil of Orpen at the Metropolitan School of Art.
  57. James Sleator (1889-1950)  
An Armagh man who studied in the Metropolitan School of Art in Dublin under Orpen and later went to the Slade and Paris. He worked in London as well as Dublin where he was made President of the Royal Hibernian Academy in 1945.
  58. Frank McKelvey (1893-1974)  
A Belfast man trained at the Municipal Technical Institute in Belfast, he became famous in all parts of the country as a landscape painter and later for his portraits.
  59. Thomas Houston (1868-1949)  
Son and grandson of prominent Reformed Presbyterian clergymen, the former of Ballyclabber, Coleraine, and the latter of Knockbracken, Belfast, he was educated at Coleraine Academical Institution and QCB (BA, 1891; MB, 1895; MD, 1899, all of RU). He occupied the posts of part-time lecturer (QCB and QUB) in Medical Jurisprudence, 1899-1934,

Medical Registrar, RVH, 1901-05, Demonstrator in Clinical Pathology, Clinical Pathologist and Haematologist, and Director of Laboratories thereafter as well as Physician to the Ulster Hospital for Children and Women. He deferred retirement because of wartime exigencies and, with the RAMC (St. John's Ambulance Brigade Hospital), 1915-18, was twice mentioned in despatches. He was a Member of QUB Senate, 1929-49, and Pro-Chancellor, 1941-49. He was awarded an OBE, 1919, and was knighted in 1927.

60. William Conor (1884-1968)

A Belfast artist, trained in the College of Art in Belfast, he was best known for his crayon drawings of local people, mill girls and shipyard workers. He also painted landscapes and portraits.

## Chapter 2

### THE BEGINNINGS OF MEDICAL SCIENCE

E. O'BRIEN AND J. D. H. WIDDESS

1. Kirkpatrick, T. Percy C., *History of the Medical Teaching in Trinity College, Dublin and of the School of Physic in Ireland*, Hanna and Neale, Dublin, 1912, p. 2.
2. Fleetwood, John, *History of Medicine in Ireland*, Browne and Nolan, Dublin, 1951, p. 3.
3. Moore, Norman, 'An Essay on the History of Medicine in Ireland founded on an Examination of some mss in the British Museum', *St. Bartholomew's Hospital Reports*, 1875, 11, pp. 145-66.
4. Kirkpatrick, Trinity College, p. 5.
5. Cameron, Charles A., *History of the Royal College of Surgeons in Ireland and of the Irish Schools of Medicine; including numerous biographical sketches: also a Medical Bibliography*, Fannin and Co., Dublin, London and Edinburgh, 1886, p. 2.
6. Kirkpatrick, Trinity College, p.5.
7. Kirkpatrick, Trinity College, p.6.
8. Fleetwood, *History of Medicine*, p. 6.
9. Fleetwood, *History of Medicine*, p. 14.
10. Kirkpatrick, Trinity College, p. 1.
11. Fleetwood, *History of Medicine*, p. 13.
12. Kirkpatrick, Trinity College, pp. 7-8.
13. Fleetwood, *History of Medicine*, P. 15.
14. Belcher, T. W., 'Notes on the Mediaeval Leper Hospitals of Ireland', *Dublin Quarterly Journal of Medical Science*, 1868, XLVI, pp. 36-45.
15. Evans, Edward, 'History of the Dublin Hospitals and Infirmarys: No. V., John Almey's Hospital, 1505', *The Irish Builder*, 15th October 1896, 38, p.218.
16. Widdess, J. D. H., *The Royal College of Surgeons in Ireland and its Medical School, 1784-1966*, E. and S. Livingstone, Edinburgh and London, 1967, p. 3.
17. Moore, 'Medicine in Ireland'.
18. Widdess, J.D.H., unpublished essay.
19. Kirkpatrick, Trinity College, p. 10.
20. Campion, Edmund, *Historie of Ireland written in 1571*, London 1809, pp. 25-6.
21. Moore, 'Medicine in Ireland'.
22. Fleetwood, *History of Medicine*, p. 34.
23. Evans, Edward, 'History of the Dublin Hospitals and Infirmarys: No. IV, The Hospital of St. John the Baptist', *The Irish Builder*, 1st October, 1896, 38, p. 204.
24. Doolan, William, 'Editorial', *Irish Journal of Medical Science*, October, 1930, 6th. Series, No. 10, p. 545.
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26. Kirkpatrick, Trinity College, p. 9.
27. Kirkpatrick, T.P.C., 'Sir Patrick Dun's Library', *Dublin Journal of Medical Science*, 1920, CXLIX, pp. 50-68.
28. Widdess, J.D.H., *A History of the Royal College of Physicians of Ireland, 1654-1963*, E. and S. Livingstone, Edinburgh and London, 1963, pp. 2-3.
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30. Lyons, J.B., *Brief Lives of Irish Doctors*, Blackwater, Dublin, 1978, p. 28.
31. Lyons, *Brief Lives*, p. 29.
32. *Dictionary of National Biography*, Compact Edition, Oxford University Press, 1975, p. 423.
33. D'Arcy M'Gee, Thomas, *The Irish Writers of the Seventeenth Century*, James Duffy, Dublin, 1846. Reprinted by Lemma Publishing Corp., New York, 1974, p. 213.
34. DNB, p. 423.
35. D'Arcy M'Gee, *Irish Writers*, p. 218.

- Since the text of this chapter went to press, Peter Froggatt has kindly drawn my (E. O'Brien) attention to a comprehensive and fascinating biographical essay on Connor: Dalitz, R.H., and Stone, G.C., 'Doctor Bernard Connor: Physician to Jan III Sobieski and author of *The History of Poland* (1698)', *Oxford Slavonic Papers*, New Series, XIV, pp. 14-35.
36. Staples, H.B., *The Ireland of Sir Jonah Barrington: Selections from His Personal Sketches*, Peter Owen, London, 1968, p. 74.
  37. Somerville-Large, P., *Irish Eccentrics*, Hamish Hamilton, London, 1975, pp. 43-6.
  38. Childers, M.S.E. and Stewart, R., *The Story of the Royal Hospital, Kilmainham*, Hutchinson and Co., London, 1921, p. 6.
  39. Widdess, *College of Physicians*, p. 7.
  40. Belcher, T.W., *Memoir of John Stearne, Founder and First President of the College of Physicians*, John Falconer, Dublin, 1865, p. 10.
  41. Kirkpatrick, T.P.C., 'Sir William Petty (1623-1687)', *Irish Journal of Medical Science*, 1932, 6th. Series, pp. 316-31. For a contemporary analysis of the hanging of Anne Green see Trevor Hughes, J., 'Miraculous deliverance of Anne Green: an Oxford case of resuscitation in the seventeenth century', *British Medical Journal*, 1982, 285, pp. 1792-3; also correspondence from Braye, S.G. and Guy G., *British Medical Journal* 1983, 286, p. 556.
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  43. Kirkpatrick, 'Sir William Petty', p. 326.
  44. Hoppen, K. Theodore, *The Common Scientist in the Seventeenth Century. A Study of the Dublin Philosophical Society 1683-1708*, Routledge and Kegan Paul, London, 1970, p. x.
  45. Nelson, C.E., 'A Late 17th Century Irish Herbarium in the Library of Trinity College, Dublin', *Irish Naturalists Journal*, 1981, 20, pp. 309-56.
  46. Kirkpatrick, *Trinity College*, p. 56.
  47. Kirkpatrick, 'Sir Patrick Dun's Library'.
  48. Widdess, *College of Physicians*, p. 47.
  49. Widdess, *College of Physicians*, p. 68.
  50. Kirkpatrick, T.P.C., *The History of Doctor Steevens' Hospital*, Dublin, 1720-1920, The University Press, Dublin, 1924, p. 16.
  51. Widdess, *College of Physicians*, p. 106. For a brief account of the library and its books see McCarthy, Muriel, 'Dr. Edward Worth's Library in Dr. Steevens' Hospital', *Journal of the Irish College of Physicians and Surgeons*, 1977, 6, pp. 141-5.
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## Chapter 3

### THE GEORGIAN ERA, 1714-1835

E. O'BRIEN

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6. Kirkpatrick, *Trinity College*, p. 82.
7. Kirkpatrick, *Trinity College*, p. 93.
8. Nelson, E. Charles, 'The influence of Leiden on botany in Dublin in the early eighteenth century', *Huntia*, 1982, 4 (2), pp. 133-45.
9. Kirkpatrick, *Trinity College*, p. 97.
10. Kirkpatrick, *Trinity College*, pp. 99-100.

11. Kirkpatrick, *Trinity College*, p. 100.
12. Kirkpatrick, *Trinity College*, p. 107.
13. Kirkpatrick, *Trinity College*, p. 110.
14. Kirkpatrick, *Trinity College*, p. 112.
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17. Kirkpatrick, *Trinity College*, p. 216.
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19. Kirkpatrick, *Trinity College*, p. 246.
20. Kirkpatrick, *Trinity College*, p. 265.
21. Kirkpatrick, *Trinity College*, p. 159.
22. Kirkpatrick, *Trinity College*, p. 160.
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24. Widdess, *College of Physicians*, p. 97.
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27. Kirkpatrick, *Trinity College*, p. 209.  
Kirkpatrick writes: 'Thus was started the splendid garden at Ball's Bridge, which still remains such a useful and ornamental adjunct to the University.' This statement regrettably no longer holds true as the University sold the lands of the gardens on which two hotels now stand.
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29. Kirkpatrick, *Trinity College*, p. 214.
30. Kirkpatrick, *Trinity College*, p. 167.
31. Kirkpatrick, *Trinity College*, p. 226.
32. Kirkpatrick, *Trinity College*, p. 227.
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54. Widdess, *College of Surgeons*, p. 10.
55. I am indebted to Mr. Patrick Healy for kindly drawing my attention to this autobiographical essay by Croker King which has not, to my knowledge, been quoted previously; this may be explained by the fact that the essay is transcribed on the end-pages of a manuscript in the Gilbert Library, en-

- titled *A Short History of the Hospital founded by Dr. Richd. Steevens near the City of Dublin from its establishment in the year 1717 to the Present Time, 1785*, by Samuel Croker King, Esq. The extract from the essay (which is eleven pages in length) is reproduced from a manuscript transcript in the Gilbert Library, by permission of the City and County Librarian, Dublin Public Libraries (Gilbert MS. No. 108).
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  57. Kirkpatrick, *Steevens' Hospital*, p. 217, quoted from *Sleater's Public Gazetteer*, 4th. December, 1759.
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  59. Kirkpatrick, *Steevens' Hospital*, pp. 145-6.
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  62. Croker King, *Autobiographical Essay*, p. 8.
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  68. Fallon, *Sketches of Erinensis*, p. 52.
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  70. Cameron, *College of Surgeons*, p. 364.
  71. Cameron, *College of Surgeons*, pp. 512-43.
  72. Ormsby, Lambert H., *Medical History of the Meath Hospital and County Dublin Infirmary, from its foundation in 1753 down to the present time; including Biographical Sketches of the Surgeons and Physicians who served on its Staff*, Fannin and Co., Dublin, 1888, pp. 183-90.
  73. This eccentric last wish must have caused a certain amount of distress to his pall-bearers, as he had stipulated that he was to be carried from the house in a cement coffin. Meenan also describes the last wish of Jonathan Osborne of Mercer's Hospital, who, handicapped by rheumatism, insisted on being buried on his feet so that he might be first out on the day of general judgement: Meenan, F.O.C., 'The Victorian Doctors of Dublin - A Social and Political Portrait', *Irish Journal of Medical Science*, 1968, 7th. Series, I, pp. 311-20.
  74. Erinensis, 'Sketches of the Medical Profession in Ireland. The School of the Royal College of Surgeons in Ireland', *Lancet*, 18th. October, 1834, 1, pp. 133-8.
  75. Cameron, *College of Surgeons*, p. 388.
  76. This picture, entitled 'Operation in a drawing room', is in the Library of the Meath Hospital. Written on the bottom right-hand corner of the sketch is 'R. Power. Operated on July 28th. Died 11th. Augt. 1817.' A description of the scene is handwritten on the back of the picture and was probably written by Sir Lambert H. Ormsby, surgeon to the Meath Hospital: 'This sketch represents an operation in the pre-anaesthetic days when patients were frequently strapped down on chair or couch to prevent movement, and their excruciating cries (with pain) were heart-rending to those who had to witness such operations under such conditions. The operation depicted is the removal of a malignant tumour from the left breast and armpit of a man named Richard Power who was operated on 28th July 1817 and died 11th August 1817. The operator was Mr. Rawdon Macnamara (primus) who was surgeon to the Hospital for 27 years and died in 1836. He was President of the Royal College of Surgeons in 1831. The gentleman depicted in blue coat and hunting boots represents the late Sir Philip Crampton, Bart., who was surgeon to the Hospital from 1798 to 1858.' The picture was originally presented to the Medical Board by Rawdon Macnamara, Secundus, in 1884.
  77. Doolin, 'Surgery 100 Years Ago', p. 102.
  78. Doolin, 'Surgery 100 Years Ago', p. 106.
  79. Lyons, J.B., *Brief Lives of Irish Doctors*, Blackwater, Dublin, 1978, p. 19.
  80. Doolin, 'Surgery 100 Years Ago', p. 103.
  81. Colles, A., *Dublin Medical Press*, 1844, XI, p. 161.
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86. For a detailed history of the notorious Foundling Hospital see Robins, Joseph, *The Lost Children: A Study of Charity Children in Ireland, 1700-1900*, Institute of Public Administration, Dublin, 1980.
87. Widdess, *College of Physicians*, p. 120.
88. Widdess, *College of Surgeons*, p. 10.
89. Act 5. Geo III, c. 20. 1765.
90. Cullen, L.M., *Life in Ireland*, B.T. Batsford, London, 1979, p. 141.
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## Chapter 4

### THE VICTORIAN ERA

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David Hadden (1817-1878), third child of the Rev. John Hadden (Methodist Minister) (1778-1842) and Eleanor Evans (1792-1861). Apprenticed as an apothecary to his elder brother John Evans Hadden in Wexford. The original indenture of apprenticeship still exists and makes interesting reading. Married 16th September 1841, Ellen Levis of Skibbereen. They had 10 children of whom 2 daughters died in infancy. There were 6 sons of whom 5 became doctors.  
He qualified as Licentiate of the Apothecaries Hall in Dublin 1839 and at some subsequent date MRCS London. He took the MD Glasgow probably by examination in 1846 although I have not quite confirmed whether there might have been a thesis. He took up practice in Skibbereen in 1841. The printed notice survives. He remained in practice in Skibbereen area with various dispensary appointments in Castletownshend and Drimoleague.  
Family tradition is that he would never talk subsequently about his experiences in the famine, but there are some published statements by visitors to the Skibbereen area who contacted him and went round with him on his rounds and these should be available (Elihu Burritt, a visiting philanthropist from Philadelphia and others).  
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## Chapter 5

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  8. Froggatt, P., 'The first medical school in Belfast, 1835-1849', *Medical History*, 1978, 22, pp. 237-66.
  9. Froggatt, P., 'The foundation of the "Inst" medical department and its association with the Belfast fever hospital', *Ulster Medical Journal*, 1976, 45, pp. 107-45.
  10. Froggatt, P., 'The resignation of Robert Little from the chair of midwifery at Inst', *Ulster Medical Journal*, 1979, 48, pp. 19-31.
  11. The Belfast Fever Hospital and General Dispensary was founded in 1792. After several addresses it reopened in Frederick Street in 1817, became (in 1847) the Belfast General Hospital (managed separately from the associated but short-lived (1847-1851) Belfast General Dispensary), the Belfast Royal Hospital in 1875, and in 1899 the Royal Victoria Hospital, moving to its present (Grosvenor Road) site in 1903. I have used 'the Hospital' to denote the Royal Victoria Hospital and its predecessors in the text.
  12. Cameron, Sir Charles A., *History of the Royal College of Surgeons in Ireland*, (2nd ed), Fannin, Dublin, 1916, pp. 647-80.
  13. Froggatt, 'The Foundation of "Inst."'
  14. Stewart, A. T. Q., 'A stable unseen power: Dr. William Drennan and the origins of

## Chapter 6

### MEDICINE IN ULSTER: THE BELFAST SCHOOL

PETER FROGGATT

1. Fleetwood, J., *History of Medicine in Ireland*, Browne and Nolan, Dublin, 1951. Joyce, P. W., *Social History of Ancient Ireland*, Longmans, Green, London, 1903, pp. 597-632. Gallagher, H. W., 'Medical aspects of the first recorded celtic invasion of Ulster (The Tain)', *Ulster Medical Journal*, 1978, 47, pp. 1-20. Wilde, W. R. W., *Report on the Tables of Death [in the 1851 Census of Ireland]*, Vol. I, H.C. 1856, (2087-I), xxix, p. 261. This last contains a remarkable 300 page chronological table of 'pestilences, cosmical phenomena, epizootics and famines' in Ireland from pre-history to 1850.

- the United Irishmen', in Bossy, J. and Jupp, J., (eds.), *Essays presented to Michael Roberts*, Blackstaff Press, Belfast, 1976, pp. 80-92. Drennan as opening orator and Robert Simms as first stipendiary secretary (1812-1843) epitomise the radicalism of the Inst proprietors. Simms, like James MacDonnell M.D. (see ref. no. 24), earned a coveted soubriquet ('The Tanner') which Wolfe Tone reserved for his closest circle. Drennan was *persona grata* in Belfast and became consulting physician to the Hospital in 1810.
15. Reproduced in full in Fisher, J. R. and Robb, J. H., *Royal Belfast Academical Institution: Centenary Volume, 1810-1910*, McCaw, Stevenson & Orr, Belfast, 1913, pp. 203-7.
  16. *Fourth Report of the Commissioners of Irish Education Inquiry*, H.C. 1826-27 (82) xiii. 157 (p. 172); evidence Marquess of Downshire.
  17. Millin, S., *Belfast Natural History and Philosophical Society: Centenary Volume, 1821-1921*, Belfast, 1924, pp. 72-3.
  18. Strain, R. W. M., *Belfast and its Charitable Society*, 1961.
  19. The Prospectus is in Malcolm, A. G., *The History of the General Hospital, Belfast, and the other Institutions of the Town*, Agnew, Belfast, 1851, pp. 34-40. Republished in 1977 with a biography of Malcolm: Calwell, H. G., *Andrew Malcolm of Belfast, 1818-1856: Physician and Historian*, Brough, Cox and Dunn, Belfast, 1977.
  20. See note 11 on the location of the Belfast Fever Hospital and General Dispensary.
  21. Allison, R. S., *The Seeds of Time: being a Short History of the Belfast General and Royal Hospital, 1850-1903*, Brough, Cox and Dunn, Belfast, 1972, pp. 280-1.
  22. Malcolm, *General Hospital*, p. 34.
  23. Samuel Martin Stephenson (1742-1833). Born near Templepatrick. Educated Glasgow University (MA) and licensed in 1767 by the Presbytery of Templepatrick. Later master in the Diocesan School, Monaghan and became interested in medicine while lodging with an apothecary, Braddock. Studied medicine in Dublin and Edinburgh (MD, in 1776) while minister to the presbyterian congregation at Greyabbey, Co. Down. Surgeon to the Greyabbey Volunteers, he resigned his spiritual charge in 1785 and moved to Belfast. Physician to the Belfast dispensary 1796-9, attending physician at the Hospital in 1800-10, consulting physician, 1810-33. A founder member of the Board of Visitors of Inst, vice-president of the Belfast Society for Promoting Knowledge (1802), president of the Belfast Literary Society (1803-4 and 1811-12), and joint owner of a pottery!
  24. Froggatt, P., 'Dr. James MacDonnell, MD (1763-1845)', *The Glynnys*, 1981, 9, pp. 17-31. MacDonnell's politics, briefly described in this article, will be dealt with in a fuller biography in preparation. MacDonnell ('the father of Belfast medicine') qualified (Edinburgh MD) in 1784 and his return to Belfast that year conveniently coincides with the RCSI Charter.
  25. Logan, C. J. H., 'Pro tanto quid retribuamus', *Ulster Medical Journal*, 1976, 45, pp. 157-65.  
Simms, S., 'The founder of the Belfast medical school', *Ulster Medical Journal* 1932, 1, pp. 34-8. Bingham was from Dundonald and practised in Downpatrick. He died in 1844 (Malcolm, *General Hospital*, appendix, p. xxvii).
  26. See refs. 8 and 9. Unreferenced facts on the medical school up to 1849 are referenced in these two articles.
  27. Drummond gave £216-13-4d. (a very substantial sum at the time): many other doctors contributed more modestly.
  28. The Faculty was exclusive to (Inst-appointed) professors: clinical lecturers (hospital staff) were excluded.
  29. RCSI gave recognition on 21 September 1837.
  30. Anatomy and Physiology - J. L. Drummond MD; Surgery - Robert Coffey MD; Chemistry - Thomas Andrews MD; Materia Medica and Pharmacy - J. D. Marshall MD; Midwifery and Diseases of Women and Children - Robert Little MD; Botany - William Mateer MD; and Theory and Practice of Physic - Henry MacCormac, MD. The foundation (October 1835) professor of surgery was John MacDonnell, James MacDonnell's younger son. He joined the Richmond Hospital early in 1836. His replacement was Thomas Ferrar, MD: he didn't turn up, went instead to Sligo, and was dismissed in November 1836. Mateer

- was appointed in October 1836, Drummond initially (1835-6) holding Botany as a second chair. Henry MacCormac was appointed in November 1837.
31. Henry MacCormac (1800-86). Born Co. Armagh, the son of a naval officer. Educated Dublin, Paris and Edinburgh (MD, 1824). After foreign adventures, settled in Belfast; medical attendant to the dispensary in 1828, consulting physician to the Hospital from 1836, visiting physician to the District Lunatic Asylum and active in the Belfast MS (now UMS). Was one of the three Inst medical professors (with Mateer and Marshall) not appointed to QCB in 1849. He retired from practice in 1866 to write on medicine, philosophy, comparative philology, sociology and translations from the classics. A biographical sketch is by Fraser, Sir Ian, 'Father and son: a tale of two cities, 1801-1902', *Ulster Medical Journal*, 1968, 37, pp. 1-37.
  32. Thomas Andrews, FRS, MRIA. (1813-85). One of Ireland's greatest scientists. Born Belfast. Educated Inst, studied chemistry at Glasgow and Paris and medicine at RCD and Edinburgh (MD, 1835). Professor of Chemistry at Inst (1835-46) dispensary physician (1837) and attending physician to the Hospital (1838-45) and also to the Union Infirmary, became Vice-President (1846) of the projected QCB and foundation professor of chemistry (1849). A prodigy (he published his first scientific paper aged 15) he received many honours but refused a knighthood in 1880. (Tait, P. G. and Brown, A. C., *The Scientific Papers of the late Thomas Andrews*, MD, FRS, with a Memoir, Macmillan, London, 1889).
  33. Robert Coffey (1796-1846) 'of Dublin', was appointed professor of surgery at Inst. in January 1837 in succession to John MacDonnell (who resigned in December 1835 to join the Richmond) and Thomas Ferrar (appointed in July 1836 but dismissed that November for failing to turn up for classes). He was Licentiate Apothecary, LRCS (Edinb.), and later (in 1833) MD (Glasg.). Appointed a medical attendant to the Belfast Dispensary in 1822 he became attending surgeon (1826) and then consulting surgeon (1836) to the Hospital as well as medical officer to the United Workhouse, member UMS (1822-46) and variously a member of the Committee of Management of the Hospital and House of Industry. He was popular with students (an illuminated address to him from the 1838-39 class is in my possession) but wrote little. He died in office in December 1846 and was succeeded by Alexander Gordon (see Ref. 60).
  34. See Refs. 8 and 9.
  35. Inst became 'Royal' in 1831. James MacDonnell's name headed the grateful Petition of Thanks and he also moved the vote of thanks to Lord Belfast for 'his exertions' with His Majesty. Inst and MacDonnell (and others) had come a long way politically in a generation!
  36. Craig, D. H., 'A history of the Belfast City Hospital', *Ulster Medical Journal*, 1974, 43, pp. 1-14.
  37. See Ref. 10.
  38. Macafee, C. H. G., 'The history of the Belfast school of obstetrics', *Ulster Medical Journal*, 1942, 11, pp. 27-39; 'The history of the chair of midwifery and gynaecology in the Queen's University of Belfast' *Ulster Medical Journal*, 1975, 44, pp. 93-115. See also Ref. 10.
  39. More non-fever patients could be admitted to the Hospital after the opening (in 1848) of the 600-bed fever hospital at the Union (workhouse) Infirmary.
  40. Andrew George Malcolm (1818-56). Born Newry, son of the Presbyterian minister and descended from Sir Phelim O'Neill, executed in 1653. Educated Inst and Edinburgh (MD, 1842). A district medical attendant to the dispensary (1842), succeeded Thomas Andrews as attending physician at the Hospital (1845), and died in Dublin (aged 38) from congestive heart failure. He was a true polymath: mainspring of the school's clinical development, writer and teacher, factory health reformer, philanthropic worker, founder of The Belfast Working Classes' Association, editor of the Belfast People's Magazine, secretary of The Amelioration Society, first historian of the Hospital, one of Belfast's most important medical sons. (See also ref. 19).

41. Moody, T. W., and Beckett, J. C., *Queen's Belfast, 1845-1949: The History of a University*, Faber & Faber, Belfast, 1959.
42. Denominational disclosure ended in 1909 being *ultra vires* the 1908 Charter.
43. Froggatt, 'Foundation of "Inst".'
44. The terracotta busts of Redfern, Gordon, MacCormac and Andrews are from the exterior of the former Whitla Medical Institute, College Square North, and now in the Whitla Building of QUB, Lisburn Road. Whitla selected the first two as being the most celebrated on the QCB staff and the two latter similarly from the staff at Inst. William Thompson, foundation professor of physiology (1893-1902), came from QCG, extensive continental graduate studies, TCD, and returned to TCD as King's professor of the institute of medicine (1902-18), KBE, 1918, and went down with RMS *Leinster* on 10th October 1918, sunk by a German submarine.
45. Keith, Sir A., *Menders of the Maimed*, Henry Frowde, London, 1919, p. 295.
46. Horatio Agnew Stewart (1820-57). Son of the Presbyterian clergyman at Broughshane, Co. Antrim. Educated Inst, Paris, Edinburgh, Dublin and Glasgow (MD, 1841). Attending surgeon at the Hospital, 1847-57.
47. James Seaton Reid (1811-90). Son of the Presbyterian clergyman of Ramelton, Co. Donegal. Educated Inst, Edinburgh (MD, 1833) and London (LSA, 1837). Attending physician at the Hospital 1841-47 (consulting physician, 1847-90); medical officer, Belfast Union Fever Hospital, 1846-90. Examiner for RUI, 1882-8. President UMS, 1867. Reid's Warrant of Appointment to the chair "during our Will and Pleasure" under the Sign Manual of H. M. Queen Victoria is in my possession.
48. Craig, 'Belfast City Hospital'.
49. William Whitla (1851-1933). Born Monaghan. Educated QCB (1870-3; 1874-6), MD (QUI) 1877. Attending physician at the Hospital 1882-1918. Member of Senate, RUI, 1886-9; examiner 1889-1909. President UMS, 1886 and 1901. Knighted 1902. Honorary Physician to the King in Ireland, 1917. MP for QUB, 1918-23. President BMA, 1909. Author of successful books on medical practice and pharmacy and of theological commentaries. He bequeathed £35,000 and his ample estate nearby to QUB (now the Vice-Chancellor's Lodge), built premises for the UMS, and was benefactor of the Methodist College.
50. John Creery Ferguson (1802-65). Born Tandragee, Co. Armagh, son of an apothecary. Educated at the Feinaigleam Institute in Dublin, TCD (BA, 1823; MB, 1827), Edinburgh, London, and Paris; Licentiate K&QCPI, 1827, Fellow, 1829. Professor of the theory and practice of medicine, Apothecaries Hall, Dublin, 1832-46; King's professor of the practice of medicine, TCD, 1846-9. Attending physician at the Hospital, 1853-65, the only foundation QCB clinical professor not already on the Hospital staff at appointment. First president of the reformed UMS, 1862.
51. He was 'the first man to hear the fetal heart in the British Isles' (see Pinkerton, J. H. M., 'John Creery Ferguson, 1808-1865: physician and fetologist', *Ulster Medical Journal*, 1981, 50, pp. 10-20). Ferguson kept a diary of his studies in Edinburgh (in 1823-4) with William Stokes: it is in the Public Records Office, Northern Ireland.
52. Moody and Beckett, *Queens*, p. 175.
53. James Cumming (1833-99). Born Market-hill, Co. Armagh. Educated St. Patrick's College, Armagh; QCB (1849-52, 1853-4, 1855-6; BA (QUI) 1854; MD, 1855; MA, 1858); Paris, Vienna; Licentiate K&QCPI, 1865, Fellow, 1876. Deputy-professor of medicine QCB, 1864-5. Attending physician at the Hospital, 1865-99. President UMS, 1868 and 1881. President BMA, 1884. Intellectual opponent of the empiric therapeutics of Whitla and dubbed 'High Priest of Philosophic Doubt'.
54. Macafee, 'Belfast School of Obstetrics'.
55. Robert Foster Dill (1811-93). Born Castlefin, Co. Donegal, son of the Presbyterian minister of Donaghmore. Educated Glasgow (MD 1834); Dublin, London, Edinburgh and Paris; MRCS (Engl.) 1833. Practised in Limavady with his uncle, Dr. Marcus Dill; staff of the Lying-in Hospital (1855-61); attending physician at the Hospital (1856-64); City Coroner (1869-93); President UMS, 1879 and 1883.
56. Dill, J. R., *The Dill Worthies*, 2nd ed.,

- London, 1892. Sir John Dill, wartime Chief of the Imperial General Staff, the Ulster politician Sir Dawson Bates, and the neurologist Foster Kennedy, were family members.
57. By his cousin, Dr. John Dill, of Brighton who pressed RFD's appointment as 'the only conservative candidate'. Dill, *Dill Worthies*, pp. 106-7.
  58. John William Byers (1853-1920). Born Shanghai, son of a Presbyterian missionary. Educated Inst, QCB (BA (QUI), 1874; MA, 1875; MD, 1878). Physician to RBHSC, 1879; attending physician to the Hospital, 1882-1919; and other hospital appointments. President, UMS, 1893. Knighted 1906.
  59. Fraser, Sir Ian, 'The first three professors of surgery', *Ulster Medical Journal*, 1976, 45, pp. 12-46. Sir Ian is one of the two surgeons who practised in Ulster to have been President of RCST, the other being Andrew Fullerton (ref. 86).
  60. Alexander Gordon (1818-87). Born Saintfield, Co. Down, son of a physician. Educated Edinburgh (LRCS and MD, 1841). Demonstrator in anatomy, Inst (to J. L. Drummond), 1841-6, professor of surgery, 1847-9 before appointment to QCB in 1849. Attending surgeon at the Dispensary (1842-7), and Hospital (1847-8; 1858-70); consulting surgeon 1873-6. President UMS, 1856.
  61. Allison, *Belfast General Hospital*, pp. 116-17.
  62. Fraser, 'First three professors'.
  63. Thomas Sinclair (1857-1940). Born Belfast, son of a wealthy flax merchant. Educated QCB (MD (QUI) 1881), London, Vienna, Berlin; FRCS (Engl.) 1885. Assistant surgeon at the Hospital, 1885-97; attending surgeon, 1897-1923; consulting surgeon, 1923-39. Also on the staff of the Ulster Hospital. Examiner RUI, 1906-9. As colonel, consulting surgeon to Fourth Army, 1914-18; CB, 1917. MP at Westminster for QUB, 1923-40. Member of NI Senate, 1922-40. Registrar QUB, 1919; Pro-Chancellor, 1931. Performed the autopsy on the German air ace Baron Manfred von Richthofen.
  64. Vacant chairs were advertised. The President and Vice-President, QCB, prepared a ranked short list giving their reasons. The Chief Secretary usually accepted ranking which was endorsed by the Lord Lieutenant and the appointment made by the Queen by warrant under the sign manual.
  65. Dill, *The Dill Worthies*, pp. 106-7.
  66. Casement, R. S. 'History of the Mater Infirmorum Hospital', *Ulster Medical Journal* 1969, 38, pp. 62-75. Opened in 1883, enlarged in 1900, its beds were available for teaching, and formal recognition was given by QUB in 1908.
  67. Whitla, Sir William, 'The Belfast medical school', *British Medical Journal*, 1909, ii, pp. 249-55.
  68. The main ones are (with beds in 1909): Ulster Hospital for Children and Women (28) (Marshall, R., *The Story of the Ulster Hospital: Part I - 1873-1952*; Kelly, K. N. M. *The Story of the Ulster Hospital: Part II - 1952-1973*, Belfast, 1973). The Belfast Hospital for Diseases of the Skin (32); the Belfast Ophthalmic Hospital (25) (Allison, R. S. *The Very Faculties: A Short History of the Development of Ophthalmological and Otorhinolaryngological Services in Belfast*, Baird, Belfast, 1969). The Belfast Hospital for Sick Children (45) (Calwell, H. G. *The Life and Times of a Voluntary Hospital: The Royal Belfast Hospital for Sick Children, 1873-1948*, Brough, Cox & Dunn, Belfast, 1973). The Benn Ulster Eye, Ear, and Throat Hospital (35). Others were founded later.
  69. Dr. William A. McKeown of the Benn Hospital was appointed (part-time) Lecturer in ophthalmology and otology at QCB in 1896.
  70. Except that of the University of London which in addition had to be preceded by graduation in arts.
  71. Starting with the South Dublin Workhouse Hospital in 1869.
  72. Centred at the former Exhibition Building in Earlsfort Terrace.
  73. The low representation of Belfast examiners at RUI (3 of 13) and the examinations being in Dublin were held to penalise QCB (and QCC and QCG) students.
  74. Malcolm, A. G., *An Introduction to Clinical Study; or an Interpretation of Clinical Signs*, Henry Greer, Belfast, 1856.
  75. Graves, R. J., 'On clinical instruction: with a comparative estimate of the mode in which it is conducted in the British

- and continental schools', *London Medical Gazette*, 1832, 10, pp. 401-6. Graves had introduced these methods into the Meath Hospital some ten years earlier.
76. Allison, *Belfast General Hospital*, pp. 91-2.
  77. Froggatt, 'First Medical School in Belfast'.
  78. The names of 8 graduates in Medicine, 1894-1913, are carved on a surviving wooden desk top. They are presumably a reasonably non-biased sample except by degree of extroversion! Three practised in England; one entered the RAMC finishing as Major-General; one became CMO to the Egyptian State Railways; one finished as Fleet MD to the Atlantic Fleet, 1929-31; one remains untraced. Only one practised in Ulster (Sir Robert James Johnstone, see ref. 84).
  79. William MacCormac (1836-1901). Educated Inst and QCB (BA, 1855; MD, 1857; MA, 1858 – all of QUI); MRCS (Engl.), 1857; F (ad eundem), 1871; FRCSI, 1864; M.Ch. (h.c., QUI), 1878; D.Sc. (h.c., RUI), 1882; MD and M.Ch. (h.c. TCD), 1887; Dublin, Paris, Berlin. Assistant house surgeon at the Hospital 1853-4; resident surgeon and superintendent, 1858-60; attending surgeon, 1864-70. President UMS, 1870. Assistant surgeon, St. Thomas's Hospital, 1871-3; surgeon, 1873-93. PRCS (Engl.), 1896-1900. KCB, 1881; baronet, 1897; KCVO, 1898; KCB, 1901. Sergeant Surgeon to the King, 1900. Founder of the Queen's University Graduate Association, London, 1900. Served in Franco-Prussian War, 1879; Russo-Turkish War, 1876; Boer War, 1900. MRIA and member of Senate, QUI. Numerous foreign decorations. His painting by Count Pierre Troubestoi hangs in RCS (Engl.), that by Harris Brown (215, p. 201) is in the Great Hall of QUB. (I am indebted to Sir Ian Fraser, former PRCSI, for allowing me to see his Thomas Vicary Lecture of RCS (Engl.) October 1982, 'Sir William MacCormac and his times', before its delivery).
  80. Joseph Nelson (1840-1910). Son of a Unitarian minister in Downpatrick and descendant of John Knox, the Scottish reformer. Educated Inst. Entered QCB in 1858 but with a colleague (Robert Blakely Patterson) left in 1860 for Genoa, was commissioned lieutenant in the 'Regimento Inglese' and received the (rare) Sword of Honour from Garibaldi later in life and 2 medals from King Victor Emmanuel. Graduated MD (QUI, 1863), became a tea-planter in India, 1863-77, received a campaign medal in an expedition against the Munipuris, studied ophthalmology at Dublin and Vienna, 1877-80, joined the Hospital staff in 1882 and was oculist to the RBHSC. President UMS 1898-9.
  81. Thomas Walmsley (1889-1951). Born Bombay, son of an officer in the Royal Indian Navy. Educated The High School, Greenock; Glasgow University. (MB, MD, 1912; MD, 1916). Staff of anatomy department, Glasgow, 1912-19; Chair, QUB 1919-51; FRSE. Died Armagh 1951. Many of his pupils became anatomy professors (e.g. William Hamilton, Barts, Glasgow, Charing Cross; James Dixon Boyd, London and Cambridge; James Sinclair Baxter, Cardiff; Michael Aloysius MacConaill, Cork; Francis Rea Johnson, London Hospital; James Scott and Thomas J. Harrison, QUB).
  82. James Alexander Lindsay (1856-1951). Born Fintona, Co. Tyrone. Educated Inst; Methodist College, Belfast; QCB (1873-81; BA (QUI), 1877; MA, 1878; MD, M.Ch. (RUI), 1882); London, Paris, Vienna. MRCP (Lond.), 1890; F (1903). Assistant physician extern department at the Hospital, 1883-8; attending physician, 1888-1921; consulting physician, 1921-31. Examiner RUI, 1900-9. Belfast correspondent of *British Medical Journal* and *Lancet*. President of UMS 1897 and of the Association of Physicians of Great Britain and Ireland. Senator QUB. Special commissioner for the *Lancet* into hygienic conditions in Sicily, 1897. First Belfast physician to be Bradshaw Lecturer of RCP (Lond.). Died in London.
  83. William Willis Dalziel Thomson (1885-1950). Born Hillsborough, eldest son of the dispensary doctor in Anahilt. Educated Campbell College, QCB and QUB (1904-10; BA (RUI) 1907; MB, 1911; B.Sc., 1913; MD, 1916); Dublin, London, Budapest, Paris. MRCP (Lond.), 1918; F, 1928. Physician Mater Hospital, Belfast, 1912-19; assistant physician at the Hospital, 1920-4; attending physician, 1924-50; demonstrator in physiology, QUB, 1916; president UMS, 1937, and of

- the Association of Physicians of Great Britain and Ireland, 1949; Lumleian Lecturer (RCP), 1939. CBE. D.L. Belfast, 1948. KB, 1950. His only child, Humphrey Barron Thomson MB, was killed in action, 1942, and is commemorated by the Thomson room in the QUB medical library. (Gallagher, H. W. 'Sir William Thomson, physician', *Ulster Medical Journal*, 1973, 42, pp. 15-27).
84. Robert James Johnstone (1872-1938). Born Greenisland, Co. Antrim. Educated Inst; QCB (BA, 1893; MB, 1896); London, Vienna; FRCS (Engl.). Anaesthetist to the Hospital, 1900-2; assistant gynaecologist, 1902-11; gynaecologist, 1911-37. Surgeon to RMH, 1906-21, 1938. President UMS, 1922. MP for QUB in NI parliament, 1921-38. KB, 1938. Johnstone House at the RMH perpetuates his memory.
  85. Charles Gibson Lowry (1880-1951). Born Limavady. Educated Foyle College; QCB (MB (RUI), 1903; MD, 1906). House surgeon at the Hospital, 1903; assistant pathologist, 1909-10; assistant gynaecologist, 1919-24; gynaecologist 1924-45; consulting gynaecologist, 1945-51. Staff member RMH, 1920-45. President, UMS, 1932. DSc. (h.c.) QUB, 1949. Died Donaghadee.
  86. Andrew Fullerton (1868-1934). Born Cavan, son of a Methodist minister. Educated Lurgan College; QCB (MC (RUI), 1890; MD, 1893; M.Ch. (QUB), 1913); London. FRCSI, 1900. Surgical Registrar, RVH, 1900-2; assistant surgeon, 1902-11; surgeon in charge of out-patients, 1911-14; surgeon, 1919-33; and also to RBHSC. Colonel, RAMC, 1914-19; CMG, 1916; CB, 1919; mentioned three times in despatches. President UMS, 1919. President RCSI, 1926-28 and (on the death of Mr. Thomas Gordon in office) 1929-30. President Association of Surgeons of Great Britain and Ireland, 1931. Hon. FACS – the first so honoured from Ulster. (See ref. 59).
  87. John Henry Biggart (1905-79). Biggart requires and deserves a full biography. I presented him with his portrait (by a Belfast artist) at his retirement dinner in October 1971 but he viewed it as Churchill did his Graham Sutherland and I have always respected this attitude.
  88. Malcolm's and Allison's *Histories* were continued by Dr. Robert Marshall (Marshall, R., *The Royal Victoria Hospital, Belfast, 1903-1953*, Belfast, 1954).
  89. Alexander Joseph Dempsey (1886-1963). Son of Sir Alexander Dempsey MD. Educated NUI (MB, 1912); Mayo Clinic; New York, Chicago. RAMC (Captain) 1914-18, service in Dardanelles and Middle East. Consultant gynaecologist, Mater Infirmorum Hospital, 1919-61, succeeding his father; clinical lecturer and examiner, QUB. President, UMS 1949-50. (Foundation) FRCOG, 1929.
  90. John Charles Robb (1892-1962). Born Belfast. Educated Campbell College; QUB (MB, 1914). RAMC, 1914-18; Croix de Guerre Belgique and mentioned in despatches. MD and MCh (QUB, 1922). Assistant surgeon, Down County Infirmary, 1922; surgeon and physician in charge, 1927-57. President UMS 1952-53. OBE and D.L., Co. Down. A son is J. D. A. Robb, FRCS, consultant surgeon, The Route Hospital, Ballymoney, and currently a member of Seanad Eireann.
  91. Cecil Armstrong Calvert (1894-1956). Born Lurgan. Educated Lurgan College; QUB (MB, 1922). House Surgeon at the Hospital, 1922-23; registrar, tutor, and clinical assistant, 1923-34. FRCS (Irel.) 1926. Assistant Surgeon, 1935-40; surgeon in charge of neurosurgery unit, 1947-56. Honorary lecturer, QUB. Calvert was effectively second in command to Sir Hugh Cairns at the Military Hospital for Head Injuries, Oxford, 1940-45.
  92. Wade, O. L., 'The legacy of Richard Burdon Haldane: The University clinical units and their future', *Ulster Medical Journal*, 1976, 45, pp. 146-56. Froggatt, P., 'Private philanthropy and academic freedom', *Alabama Journal of Medical Science*, 1979, 16, pp. 174-80.
  93. This does not include personal chairs or chairs in dentistry. The history of dentistry at Queen's is, I regret, outside the scope of this essay, as is the history of the Belfast nursing schools. Details of the former are in Moody and Beckett, *Queen's*, pp. 471-2, 853-5; also Stoy, P. J., 'A history of the Queen's University of Belfast dental school', *Ulster Medical Journal*, 1951, 20, pp. 118-30. Stoy, from Wolverhampton (BDS, Birmingham, 1932), was the first full-time professor in the dental school (1948). The late R. H.

- Livingstone, FRCS, is the nurses' able historian (Livingstone, R. H., 'They comfort me: A history of nursing in Belfast', *Ulster Medical Journal*, 1981, 50, pp. 33-45).
94. Of the 29 clinical and laboratory professorial department heads, 1948-82, 11 have been non-Ulstermen and women and many of the remaining 18 received much of their postgraduate experience outside Ireland. This contrasts with the situation from 1835 to 1948.
  95. Egerton, E. A., 'Survey of Queen's University medical graduates', *Ulster Medical Journal*, 1980, 49, pp. 112-25. The numbers staying in Northern Ireland are noticeably more than pre-1914 (see ref. 78) and 1908-1948 (Marshall, *Royal Victoria*, p. 84).
  96. Charles Horner Greer Macafee (1898-1978). Born Omagh, son of a Presbyterian minister. Educated Omagh Academy, Foyle College; QUB (MB 1921; LL.D. (h.c.) 1974); London. FRCS (Irel.) and (Lond.), 1927; (foundation) FRCOG 1929 (Vice-President RCOG, 1961-4). D.Sc. (h.c.-Leeds), 1961. CBE, 1961. Demonstrator in physiology QUB, 1922-23; tutor, then lecturer, in midwifery, 1923-45; professor, 1945-63. Hospital appointments RMH and others, 1923-63. President UMS, 1958. Unprecedented winner in the same year (1965) of the Eardley Holland Memorial Medal of RCOG and the Blair Bell Memorial Medal of RSM. Senate QUB, 1965-73.
  97. Frederick Martin Brice Allen (1898-1972). Born Belfast. Educated QUB (MB, 1920; MD, 1923); MRCP (Lond.), 1923; F, 1939. Assistant to professor of materia medica, 1925-8; lecturer, 1928-32; lecturer in infant hygiene and diseases of children, 1932-48; (Nuffield) professor of child health, 1948-63. Paediatrician to RBHSC, 1924-63; physician-in-charge RMH, 1927-63. Surgeon probationer Grand Fleet, 1917-18. President British Paediatric Association, 1955; and of UMS, 1955. Dawson Williams Prize, 1963. The FMB Allen Fund at QUB commemorates his name.
  98. John Joseph Pritchard (1916-1979). Born Adelaide, South Australia. Educated St. Peter's College and Adelaide University (B.Sc., 1934); Rhodes Scholar at Magdalen College, Oxford (B.A. 1936; MA, BM, 1940; DM, 1951). London conjoint diploma, 1940. FRCS (Engl.), 1964. Demonstrator in physiology, Oxford, 1936-7; in anatomy, UCL, 1937-40; assistant lecturer, St. Mary's, 1941-5; senior lecturer, 1945-9; reader, London University, 1940-52, professor, QUB, 1952-79. President, Anatomical Society of Great Britain and Ireland, 1967-9; editor *Journal of Anatomy*, 1973-9. The Pritchard Room in the Department of Anatomy, QUB, perpetuates his name.
  99. Richard Henry Hunter (1882-1970). Born Berbice, British Guiana. Educated Model School, Ballymena and Ballymena Academy; studied art Belfast and Paris; medicine at QUB (MB, 1920; MD, 1923; M.Ch. 1925; PhD, 1928); London, Paris, Tübingen, Baltimore (Rockefeller fellow). Stretcher-bearer, French Red Cross, 1914-15. Demonstrator in anatomy, QUB, 1920-3; at UCL, 1923-4; junior lecturer QUB, 1924-7; lecturer, 1928-37. Secretary, QUB, 1937-48. Editor, *Ulster Medical Journal*, 1931-41. Impresario 'Dicky Hunter Circus'. Unmarried, he died at the Cistercian Monastery, Portglenone, Co. Antrim, a convert to Catholicism.

## Chapter 7

### HOSPITAL ARCHITECTURE IN DUBLIN

NOREEN CASEY

1. Stone, P. J., 'Elements of the Hospital', *Architectural Review*, 1965, CXXXVII, p. 413.
2. Evans, Edward, 'History of Dublin Hospitals and Infirmarys from 1188 Till the Present Time: 'Hospital for Incurables'', *The Irish Builder*, 1st Feb, 1897, 39, p. 31.
3. Craig, Maurice, *The Architecture of Ireland*, B.T. Batsford Ltd., London, and Eason & Son Ltd., Dublin, 1982, p. 162.
4. Craig, *Architecture of Ireland*, pp. 153-6. The Hospital is at present being restored to its original grandeur under the auspices of the Office of Public Works. The intention is that the building, which will be used as an E.E.C. Conference

Centre, will be ready in time for Ireland's next period of office as Presidency of the E.E.C. in the second half of 1984.

5. Guinness, Desmond, *Georgian Dublin*, B. T. Batsford Ltd., 1979, p. 43.
6. Craig, *Architecture of Ireland*, p. 164. (Gives biographical sources for Pearce.)
7. Kirkpatrick, T. P.C., *The History of Dr. Steevens' Hospital, Dublin 1720-1920*, Dublin University Press, 1924, p. 72.
8. Pevsner, Nikolaus, *A History of Building Types*, London, 1976, p. 147.
9. References for the History of Mercer's Hospital are: Wright, George N., *An Historical Guide to Ancient and Modern Dublin*, London, 1821. Warburton, J., Whitelaw, J., and Walsh, R., *History of the City of Dublin*, Vols. 1 & 2, London, 1818. Kirkpatrick, T. P. C., 'The Origin of Some of the Hospitals of Dublin', *Dublin Journal of Medical Science*, 1914, 137, pp. 98-109. Evans, E., 'History of Dublin Hospitals: Mercer's Charitable Hospital (Stephen's Street), 1734'. *The Irish Builder*. 15th Jan. 1897, 39, p. 15.
- To be found at the Public Records Office: Minutes of Managing Committee of Mercer's Hospital, 1738-1750. Governor's Book (1750-1768) of Mercer's Hospital. Governor's Book 1786-1805.
10. The histories of the Lock Hospital at Townsend Street and the Royal Hospital for Incurables at Donnybrook are closely intertwined, and at times difficult to untangle. The sources used in tracing the histories of the two establishments are as follows: Brady, Cheyne, *The History of the Hospital for Incurables*, Browne and Nolan, 1875. Cameron, Sir Charles, *History of the Royal College of Surgeons in Ireland*, Dublin, 1916. O'Dwyer, Frederick, *Lost Dublin*, Gill and Macmillan, 1981. Wright, G. N., *Historical Guide to Ancient and Modern Dublin*, London, 1821. Wilson, Peter, *The Dublin Magazine*, April 1762. (To be found at the National Library, Kildare Street). Evans, E., 'History of Dublin Hospitals and Infirmaryes, From 1188 Till the Present Time. No. XII. Hospital for Incurables, 1744'. *The Irish Builder*, 1st Feb., 1897, 39, pp. 29, 40; No. XVII. 'The Lock Hospital'. May 1897, 39, p. 89; 15th Jan, 1887, 29, pp. 22, 24, 25. Smith, Constance, 'Historic Irish Hospitals: The Royal Hospital for Incurables', *The Irish Hospital*, October 1962, p. 11. Russell, Rev. Matthew, S.J., 'The Dublin Hospital for Incurables', *The Irish Monthly*, 1883, 11, pp. 10-14. *Historical Manuscripts Commission, Lothian Mss.*, London 1905, p. 430. Plans of St. Margaret of Cortona Hospital (Lock Hospital Townsend Street) at the National Library.
11. Craig, Maurice, *Dublin 1660-1860*, Allen Figgis Ltd., Dublin, 1980, p. 168.
12. Evans, E., 'History of Dublin Hospitals' *The Irish Builder*, Feb. 1, 1897, 39, p. 29.
13. *Journal of the House of Commons*, Vol. 12, Report of 12th April, 1788.
14. Craig, *Dublin 1660-1860*, p. 143.
15. Curran, C. P., *The Rotunda Hospital, The Sign of the Three Candles*, Dublin, 1945, p.9.
16. Biographical information on Castle and Ensor is given by Maurice Craig in *The Architecture of Ireland*, p. 167 and p. 331, note 30.
17. *Journal of the House of Commons*, Petition 514, Vol. xiii, March 17, 1790.
18. *Calendar of Ancient Records of Dublin*, Vol. 12, Report of 12th April, 1788.
19. Ball, Erlington F. (ed.), *The Correspondence of Jonathan Swift*, Bell & Sons, London, 1910, Vol. IV, p. 343.
20. Craig, M. J. (ed.), *The Legacy of Swift*, (A Bi-Centenary Record of St. Patrick's Hospital, Dublin), The Sign of the Three Candles, Dublin 1948.
21. Ball, *Correspondence of Swift*, Vol. IV, p. 343.
22. The Irish Architectural Archive, at 63 Merrion Square, is a rich source of material for the study of Irish architecture. It was established in 1976 under the auspices of An Taisce for the purpose of collecting, cataloguing, and making available to the public a wide range of architectural records. The growing collection includes photographs, prints, drawings, maps, printed books, magazine and newspaper articles, manuscripts, and plans, and deals with every period from the 16th century onwards.
23. Craig, *Dublin 1660-1860*, p. 139.
24. Aickin, J., 'Thoughts on Hospitals', *Hibernian Magazine*, March, 1772, p. 124.
25. Nightingale, Florence, *Notes on Hospitals*, London, 1863, preface.
26. Sources of information on Cork Street Fever Hospital are: Wright, *Historical*

- Guide to Ancient and Modern Dublin*, p. 382. LaTouche, David, Disney, William, and Rammy, G., *A Report upon certain Charitable Establishments in the City of Dublin which receive aid from Parliament*, Dublin, 1809, p. 50. Evans, 'History of Dublin Hospitals: Fever Hospital, and House of Recovery, Cork Street', 1st Sept, 1897, 39 p.171. Kingsmill Moore, Doreen B.D., 'The Building of a Hospital', *The Irish Journal of Medical Science*, 1941, No. 181, p. 1. 'The Dublin Hospitals and the Blunders of the Census', *Irish Quarterly Review*, 1854, IV, p. 635.
27. 'A Floating Cholera Hospital for Dublin', *The Irish Builder*, 15th Nov., 1873, 15, p. 305.
  28. Craig, *Dublin 1660-1860*, p. 220. (For biographical information on James Gandon). A definitive study on Gandon by Dr. Edward McParland is to be published by Zwemmer, London, in 1984.
  29. Warburton J., Whitelaw J., and Walsh, *History of the City of Dublin*, Cadell and Davies, London, 1818, p. 721.
  30. Information on these institutions can be found in the following sources: Royal City of Dublin Hospital: *The Irish Builder*, 15th Dec., 1892, 34, p. 262; 1st Dec., 1897, 39, p.230; Royal City of Dublin Hospital Report for 1963. St. Vincent's Hospital: *The Life and Work of Mary Aikenhead*, by a member of the congregation. Longmans, Green & Co., London, 1925. pp. 146-71; *The Irish Builder*, 15th Dec., 1897, 39, p.240. The Adelaide: *The Irish Builder*, 1st Feb., 1889, 31, p. 33; *The Irish Builder*, 1st Jan., 1898, 40, p. 5; Temple Street Children's Hospital: *The Irish Builder*, 15th Jan., 1898, 40, p. 15; *The Irish Builder*, 15th Oct., 1884, 26, p.313. Holles Street Maternity Hospital: *The Irish Builder*, 1st Feb., 1898, 40, p.21. Harcourt Street Children's Hospital: *The Irish Builder*, 1st Feb., 1898, 40, p. 21.
  31. *The Irish Builder*, 15th Dec., 1892, 34, p. 262.
  32. *The Irish Builder*, 15th Nov., 1897, 39, p. 224. See also Evans, 'History of Dublin Hospitals. The Coombe Hospital, 1823.' *The Irish Builder*. 15th Nov., 1897, 39, p. 222.
  33. *The Irish Builder*, 15th Jan., 1898, 40, p. 14.
  34. Widdess, J. D. H. (ed.), *The Charitable Infirmary, Jervis Street, Dublin. 1718-1968*. Hely Thom, Dublin, 1968.
  35. Evans, E., 'History of Dublin Hospitals. The Charitable Infirmary (Jervis Street), 1723.' *The Irish Builder*, 1st Jan., 1897, 39, p. 7.
  36. Sources for the history of Sir Patrick Dun's Hospital are: LaTouche, et al, *Report on Charitable Establishments*, p. 84. Moorhead, Thomas G., *A Short History of Sir Patrick Dun's Hospital*, Hodges Figgis and Co., Dublin, 1942. Warburton, Whitelaw & Walsh, *History of Dublin*, p. 701. 'Building and Sanitary Improvements at Sir Patrick Dun's Hospital', *The Irish Builder*, 1st Oct., 1890. 32, p. 236. Evans, E., *The Irish Builder*, 15th May, 1897, 39, p. 97.
  37. Thompson, John D., & Goldin, Grace, *The Hospital: A Social and Architectural History*, Yale University Press, 1975, pp. 153 and 171.
  38. Sources of information for the Richmond Surgical Hospital are: Widdess, J.D.H., *The Richmond, Whitworth & Hardwicke Hospitals. St. Laurence's Dublin 1772-1972*, Published by the Board of Governors on the occasion of the Bi-Centenary of the foundation of the hospital. Evans, E., *The Irish Builder*, 15th Aug., 1897, 39, p. 59.
  39. *Dublin Quarterly Journal of Medical Science*, 1850, 10, p. 419.
  40. *The Irish Builder*, 15th Jul., 1900, 42, p. 420.
  41. Open air wards remained a feature of hospitals and sanatoria dealing with tuberculosis for the first half of the twentieth century.
  42. Kirkpatrick, *History of Dr. Steevens' Hospital*, p. 321.

# List of Medical Portraits, Sculpture and Medals in Ireland

In the following guide to medical portraiture, sculpture and medals held in various collections throughout Ireland, a concise style of listing has been adopted. Where the artist is unknown, no reference is made to the artist. Similarly, all works are in oils on canvas unless otherwise stated. Each entry lists the sitter's name, followed by the artist's name *in italics* where known, the medium if other than oil on canvas, and the page in this book where a particular work is illustrated. (Not all works listed here are illustrated.) Where a sitter forms the subject of more than one work in the same collection, the various works are listed in the same entry, numbered (1), (2), etc. in brackets. The authors wish to thank all the institutions whose works are listed below. When these lists were compiled, details of signatures and sometimes measurements were recorded. Space does not permit the inclusion of these details here; they are however, available in typescript form in the libraries of the Royal College of Surgeons in Ireland and the National Gallery of Ireland.

## NORTHERN IRELAND

### ARMAGH CATHEDRAL

Molyneux, Thomas. *Louis François Roubiliac*. Marble statue, life-sized standing figure on high plinth with carved relief. The statue was imported into Ireland in 1752. pp.26, 72.

### BELFAST INSTITUTE

Andrews, Thomas.  
Stephenson, Samuel Martin. p.188.

### QUEEN'S UNIVERSITY

MacCormac, William. *Harris Browne*. p.201.  
Sinclair, Thomas. p.197.

### ULSTER MEDICAL SOCIETY

Andrews, Thomas. Terracotta head, one of four, formerly part of the decoration of the Medical Institute, 1902. The other three were MacCormac, Redfern and Gordon. p.191.  
Browne, Surgeon. *F. Ciccarelli*. Plaster bust.  
Campbell, Robert. *Rosamond Praeger*. Circular bronze plaque.  
Gordon. See Andrews, Thomas. p.191.  
Johnstone, Robert James. *Frank McKelvey*.  
McCleery, Surgeon.  
McCarthy, Brendan. See Smyth, William. p.43.  
Mac Cormac, Henry. See Andrews, Thomas. p.191.  
Nelson, Joseph. *Thomas Hill*. p.202.  
Redfern, Peter. (1) Oil on canvas. (2) See Andrews, Thomas. p.191.  
Sloane, Hans. *Clifford Hall*. After a portrait by *Slaughter* dated 1736, in the National Portrait Gallery, London.

Smyth, William. Stained glass by *Swainie Bourne and Son*. Birmingham and London. This work also includes a portrait of Dr. B. McCarthy. p.43.  
Thomson, Sir William. *Frank McKelvey*. p.203.  
Walmsley, Thomas. p.203.  
Whitla, Sir William. (1) *Kathleen Shaw*. Marble bust. p.194. (2) *Frank McKelvey*.

The Society also owns a photograph of John Creery Ferguson and a drawing of the plan of the Medical Institute, designed by W.J. Fennell in 1902.

### ULSTER MUSEUM

Connolly, T.J.A. *George Kane*.  
Ferguson, Henry Shane. Copy by *Frank McKelvey*.  
Forsythe, James.  
Gamble, William.  
MacCormac, Sir Henry. Plaster bust.  
MacCormac, William.  
MacDonnell, James. *Christopher Moore*. p.187.  
Magee, William.  
Stephenson, Samuel Martin. p.188.  
Templeton, Robert. *Richard Dunscombe Parker*. Silhouette on paper. p.10.  
Tennent, Robert N.

Copies of engraved portraits of the following doctors are in the possession of the Ulster Museum:

Black, Joseph.  
Drummond, James Lawson.  
Malcolm, A.S. after a painting by *Richard Hooke*. p.193.

#### ROYAL VICTORIA HOSPITAL

Allen, Frederick. *Carl Cheek*. p.211.  
Burdon, William. p.193.  
Byers, Sir John. *Henrietta Rae*. p.25.  
Calvert, Cecil. *Frank McKelvey*. p.210.  
Coffey, Robert. p.192.  
Crymble, P.T. *Frank McKelvey*. p.206.  
Cuming, James.  
Dill, Robert Foster. *Richard Hooke*. p.196.  
Fullerton, Andrew. *William Conor*. p.205.  
Girdwood, James. C.B. *Birch*. Bronze bust.  
Gordon, Alexander.  
Hunter, Richard H. *James Gunn*. p.213.  
Huston, Sir Thomas. *Frank McKelvey*. p.50.  
Johnstone, Sir R.J. *Frank McKelvey*. p. 203.  
Lowry, C.G. *James Gunn*. p.204.  
Macafee, Charles. *Frank McKelvey*. p.209.  
MacDonnell, James. *Christopher Moore*. Bronze bust, version of work in Ulster Museum.  
Marshall, Andrew. *Richard Rothwell*. p.23.  
Murney, Henry. Probably *Richard Hooke*. p.23.  
Thomson, Samuel Smith.

#### WORKS IN PRIVATE OWNERSHIP IN NORTHERN IRELAND

Dempsey, Alex. p.207.  
Drennan, William. p.185.  
Moore, James. *Felice Piccione*. Charcoal drawing. p.11.  
Pritchard, John Joseph. *Raymond Piper*. p.212.  
Robb, J.C. *Lydia de Burgh*. p.206.  
Purdon, the elder.

#### DUBLIN

##### THE ADELAIDE HOSPITAL

Swanzy, Sir Henry. *Mary Swanzy*. p.23.

##### CITY OF DUBLIN SKIN AND CANCER HOSPITAL

Charles, Andrew. *Domnall O'Murcada*. Granite relief. p.172.

##### THE CITY HALL

Lucas, Charles. *Edward Smyth*. Stone statue, full length, life size, completed 1779. p. 28.

##### SIR PATRICK DUN'S HOSPITAL

Bennett, Edward Hallaran. *Oliver Sheppard*. Circular bronze relief, version of a relief in the RCSI.  
Dun, Sir Patrick. Probably *Thomas Pooley*. Version of the portrait in the RCPI. p.68.

The hospital also owns an engraving of Aquilla Smith after a drawing by F.W. Burton.

#### THE FRIENDLY BROTHERS

Chapman, John H.J.  
Kirkpatrick, T. Percy C. *James Sleator*.

#### IRISH CARDIAC SOCIETY

William Stokes. Medal of the Irish Cardiac Society.

#### THE CHARITABLE INFIRMARY, JERVIS STREET

McArdle, P.T. Bronze relief.

#### KNIGHTS OF COLUMBANUS

O'Connor, John S. *George Collie*. Chalk on paper.  
O'Connell, Sir Peter. *Sean O'Sullivan*. Chalk on paper.  
O'Mahony, Daniel. *George Collie*. Chalk on paper.  
Walsh, Michael. *Sean O'Sullivan*. Chalk on paper.

#### MARSH'S LIBRARY

Robert Travers.

#### MASONIC HALL

Wallace, J.

#### THE MATER HOSPITAL

Blaney, Alec.  
Butler, Andrew L. *Daragh O'Connell*.  
Freeman, Edward Thomas. *Leo Whelan*.  
Hayes, Maurice R.J.  
MacAuley, Charles J. *Leo Whelan*.  
Moore, Henry Francis.

#### THE MEATH HOSPITAL

Boxwell, William. *Sean O'Sullivan*. Drawing on paper.  
Collis, Maurice. *Joseph Watkins*. Plaster bust.  
Crampton, Sir Philip. Probably *Christopher Moore*, who exhibited several busts of Crampton in the Royal Academy in London 1844 and in the RHA in 1844, 1850 and 1858. Plaster bust.  
Foot, Arthur Wynne. *Richard Thomas Moynan*.  
Gogarty, Oliver St. John. *Fife Waters*. Bronze bust. p.160.  
Lane, Thomas Joseph. Signed and dated with a monogram SM, 1969. Bronze relief. p.177.  
Lennox, Edward.  
Porter, Sir George. *William Vincent Delany*.  
Smyly, Josiah. Watercolour after a photograph.  
Stokes, William. Possibly *John Henry Foley*. Plaster bust.

Wharton, James Henry.

#### THE MEATH ALSO OWNS:

A number of prints of the Meath.

Prints of nurses and students in the nineteenth century.

A photograph of a painting of an operation in Rome attended by Dr. Henry Stokes. p.40.

A watercolour of an operation in a Dublin drawing room. p.103.

#### NATIONAL GALLERY OF IRELAND

Gogarty, Oliver. (1) *Sean O'Sullivan*. Crayon on paper. (2) *T. Spicer-Simson*. Oil on canvas.

Graves, Robert James. *Charles Grey*. Drawing on paper. p.20.

Lever, Charles. *Simon Pearce*. Pencil on paper.

MacDonnell, Dr. *John Butler Yeats*. Crayon on paper, inscribed "Dr MacDonnell reasoning with Mr. Russell".

Ould, Sir Fielding, *Thomas Hickey*. Chalk on paper. p.10.

Sigerson, George. *John Morrow*. Pencil on paper. There are two drawings by Morrow of Sigerson.

Stokes, Whitley. *Charles Grey*. Pencil on paper. p.84.

Stokes, William. *Frederick William Burton*. Pencil on paper. p.119.

Tanner, Charles Keane Deane. (1) with a group of friends, William O'Brien, Thomas Sexton, Tim Healy and Justin McCarthy. *Charles Paul Renouard*. Charcoal on paper. p.47. (2) *S.P. Hall*. Pencil on paper.

Wilde, Sir William. *Erskine Nicol*. Watercolour on paper.

#### NATIONAL LIBRARY OF IRELAND

Sigerson, George. (1) *John Butler Yeats*. Drawing on paper.

(2) *John Butler Yeats*. Drawing on paper. Dr. Sigerson is shown with John O'Leary. p.46.

Todhunter, John. *John Butler Yeats*. Drawing on paper.

Engravings of the following doctors are in the collection of the National Library:

Carmichael, Richard. After a drawing by F.W. Burton. p.102.

Cope, Henry. p.89.

Crampton, Sir Philip.

Curran, John Oliver. p.129.

Greatrakes, Valentine. *William Faithorne*. p.3.

Graves, Robert, after a drawing by *Charles Grey*. p.118.

Hensey, Florence. p.109.

Kane, Robert after a painting by *George Mulvany*. p.142.

Kennedy, Ivory.

Lever, Charles.

Lucas, Charles.

Madden, Richard Robert. After a painting by *George Mulvany*. p.141.

Robinson, Bryan. After a painting by *Benjamin Wilson*.

Smith, Charles.

Sloane, Hans.

Smyth, Edward.

Stokes, Whitley.

Wilde, Sir William.

Marsh, Henry. A daguerreotype.

#### NATIONAL MATERNITY HOSPITAL, HOLLES STREET

Barry, Patrick. *David Hone*, copy after.

Coyle, Charles F. *George Collie*.

Cunningham, *John Leo Whelan*.

Horne, Sir Andrew. *Sarah Cecilia Harrison*. p.146.

McArdle, Patrick. *George Collie*.

Spain, Alex. *David Hone*.

White, Reginald. *George Collie*.

The Hospital also owns a photograph of the original building.

#### NATIONAL MUSEUM

The following medals in the National Museum are listed with their catalogue numbers. These medals are illustrated on p.39.

Carmichael, Richard. Carmichael Medal of the Royal College of Surgeons of Ireland. *John Woodhouse*, c. 1880. Silver (524-1912).

Cusack, James. Cusack Prize medal of Steevens' Hospital, Dublin. *J.S. Wyon*, 1861. Bronze (84-1935).

Goldsmith, Oliver. *William Woodhouse*. c.1840. Bronze (135 and 509-1912).

Haughton, Samuel. Sir Patrick Dun's Hospital Haughton Maternity medal. *John Woodhouse*, 1869. Bronze (91-1917).

Jacob, Arthur. *William Woodhouse*. 1860. Bronze (115-1914 and 421-1911).

Lucas, Charles. *Thomas Pingo*, 1749. Silver, bronze and gilt examples exist. (596-1912 and 263-1907). Inscribed "Dissension between Dr. Charles Lucas and the Dublin Corporation".

Quin, Henry. *William Mossop*, 1788. Silver and bronze examples are known. (3 and 267-1907). The medal was dedicated by Robert Watson Wade, first clerk of the Irish treasury.

The Charitable Infirmary. *John Woodhouse*, 1885. Gold (47-1925).

Royal College of Surgeons prize medal. *John Woodhouse*, c. 1870. Bronze and silver examples are known. (90-1917 and 35-1931).

The Foundling Hospital Cork. Silver c.1800. (178-1913). Not illustrated.

Parke, Thomas H. *Percy Wood*. Full length life size statue on a high plinth with carved relief. pp.38, 145.

Steele, William Edward. *John Hughes*. Marble bust.

#### THE ROTUNDA HOSPITAL

Browne, O'Donal Thornley D. (1) *Sean O'Sullivan*. Drawing on paper. (2) *Robertson Craig*.

Clarke, Joseph. (1) *Martin Cregan*. p.87. (2) Plaster bust.

Davidson, Andrew H. *Dermot O'Brien*. p.23.

Denham, John. *J. Towers*.

Falkiner, Ninian McIntyre. *Joseph Sleator*. p.156.

Fitzgibbon, Gibbon. *Thomas G. Wilson*.

Hampson, Sara. *Stephen Catterson Smyth the younger*. p.136.

Kennedy, Evory. *Charles Napier Kennedy*. p.21.

McGrath, Mrs. p.15.

Mosse, Bartholomew. (1) Probably painted on the continent. p.24. (2) *John van Nost, the younger*. Bronze bust. p.86.

Purefoy, R. Dancer. *Oliver Sheppard*. Bronze bust. p.156.

Smyly, Sir William J. *J. Sydney R. Rowley*.

Solomons, Bethel. *Albert Power*. Bronze bust. p.175.

The Hospital also owns engravings of the following sitters:

Mosse, Bartholomew.  
Montgomery, William.  
Ould, Sir Fielding.

#### ROYAL CITY OF DUBLIN HOSPITAL

Benson, Charles.

Croly, Henry Gray.

Jacob, Arthur. Said to be by *Henry Mallin* and painted in 1852. Photograph of this now lost picture. p.79.

Parsons, Alfred. *Kathleen Hogan*. Chalk drawing. p.178.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Abrahamson, Leonard. Stone Bust.

Apjohn, James. *Thomas Alfred Jones*. p.135.

Atthill, Lombe. p.142.

John Banks. (1) *Thomas Alfred Jones*. (2) *Oliver Sheppard*. Bronze relief. Version of examples in Trinity College and the Richmond Hospital.

Barker, Francis. Probably *John Joseph Slattery*. p.83.

Barry, Sir Edward. p.74.

Barry, Sir Nathaniel. *Robert Hunter*. p.74.

Beatty, John

Beatty, Thomas Edward. *Thomas Alfred Jones*. p.133.

Bennett, Edward Hallaran. *Oliver Sheppard*. Bronze medal, version of the example in the RCSI.

Brooke, William. Probably *Martin Cregan*.

Bruce Joy, William. *Albert Bruce Joy*. Marble Bust.

Burke, John.

Carmichael, Richard. (1) *W.A. Fagan*. Bronze Medal. (2) *John Woodhouse* c.1880. Silver medal, version of one in the National Museum.

Cheyne, John. (1) Possibly *Rev. William Deey*. p. 101. (2) Wax medallion, inscribed "Jo. Cheyne. Medicus Dublinensis". p.113.

Churchill, Fleetwood. *Thomas Alfred Jones*. p.21.

Collis, Robert. *Y. Cuming-Bruce*.

Corrigan, Dominic. (1) *Stephen Catterson Smith the elder*. p. 123. (2) *Stephen Catterson Smith the elder*. (3) *John Henry Foley*. Marble statue, whole length standing figure. p.34.

Cosgrave, E. MacDowel. *Michael Dignan*.

Crampton, Sir Philip. Pencil on paper.

Cunningham, Daniel John. Medal by *Oliver Sheppard*.

Cusack, James W. *J.S. Wyon*. Bronze medal, version of one in the National Museum.

Dickson, Charles. *Thomas Ryan*.

Dun, Sir Patrick. Probably *Thomas Pooley*. Version of the picture in Sir Patrick Dun's Hospital.

Earl, Henry Cecil. *H.R. Baker*.

Finny, John Magee. Painted photograph.

FitzGerald, Charles Edward. *John Butler Yeats*. Drawing on paper.

Freeman, Edward T. *Leo Whelan*. p.49.

Goldsmith, Oliver. Copy after a painting by *Sir Joshua Reynolds* in the National Gallery of Ireland.

Gordon, Samuel. *Stephen Catterson Smith the younger*. p.138.

- Graves, Robert. (1) *John Hogan*. Marble bust. p. 29. (2) *Albert Bruce Joy*. Marble full length statue. p.35. (3) Drawing on paper. *Charles Grey*. p.20.
- Hayden, Thomas. *James Cahill*. Stone bust.
- Hill, Edward. p.82.
- Hudson, Alfred. *Thomas Alfred Jones*.
- Jackson, Alexander.
- Jacob, Arthur. *William Woodhouse*. Bronze medal, version of an example in the National Museum.
- Kennedy, Ivory. *Charles Napier Kennedy*. Version of a larger picture in the Rotunda Hospital.
- Kingsley, William. *Stephen Catterson Smith the elder*.
- Kirkpatrick, T. Percy C. *Leo Whelan*. p.146.
- Leahy, James John. *Edward Daniel Leahy*.
- Little, James. (1) Oil on canvas. (2) *Oliver Sheppard*. Bronze relief. p.37.
- Lucas, Charles. (1) *Thomas Hickey*. p.108. (2) *Edward Smyth*. Marble statuette, model made in 1772 for the large statue now in the City Hall. p.28.
- Marsh, Sir Henry. (1) *Christopher Moore*. Marble bust. (2) *John Henry Foley*. Marble statue, full length, life size. p.34.
- Mayne, Robert. *Stephen Catterson Smith the elder*.
- Mills, Thomas.
- Mitchell, David. *D. Hone*.
- Montgomery, William F. *Martin Cregan*. p.114.
- Moore, John William. *Sean O'Sullivan*. Drawing on paper. p.44.
- Moorehead, Thomas G. *Leo Whelan*. p.164.
- Norman, Connolly. *Sarah Cecilia Harrison*.
- Osborne, Jonathan.
- Perceval, Robert. *William Gillard*. p.79.
- Purser, John Malet. Bronze medal.
- Quin, Henry. (1) Attributed to *John van Nost the younger*. Marble bust. (2) *William Mossop*. Bronze medal. p.39.
- Sigerson, George. (1) Oil on canvas. (2) *Estella Solomons*. Pencil on paper.
- Sloane, Sir Hans. A. *Dassier*. Bronze medal. p.73.
- Smith, Aquilla. *Stephen Catterson Smith the Younger*. p.143.
- Solomons, Bethel. *Estella F. Solomons*.
- Stearne, John (1) Copy of portrait in Trinity College. p.66. (2) Possibly *Thomas Pooley*, signed TP.
- Stokes, Whitley. Copy of picture by *Charles Grey* in Trinity College. p.84.
- Stokes, William. *John Henry Foley*. Marble statue. Full length, life size. p.35.
- Winter, William A. *Sean O'Sullivan*. Drawing on paper.
- Worth, Edward. Copy of portrait in Steevens' Hospital.
- The Royal College of Physicians of Ireland also owns a large collection of engraved portraits. The following Irish doctors are included:
- Adams, Robert  
Anderson, Robert  
Boyle, Robert.  
Brookes, Joshua.  
Carmichael, Richard.  
Cleghorn, George.  
Colles, Abraham.  
Corrigan, Dominic.  
Crampton, Sir Philip.  
Dun, Sir Patrick.  
Garth, Samuel.  
Graves, Robert.  
Grimshaw, Thomas Wrigley.  
Hume, Gustavus.  
Kennedy, Ivory.  
Macartney, James.  
MacBride, David.  
Marsh, Sir Henry.  
Renny, George.  
Robertson, Bryan.  
Smyth, Edward.  
Stearne, John.  
Stokes, William.
- The College owns the following cartoons:
- Cameron, Charles. Charcoal on paper.  
Haughton, Samuel. Print.  
Quain, Sir Richard. Print.  
Ringland, John. Print.  
Stokes, William. Print.

#### THE ROYAL COLLEGE OF SURGEONS IN IRELAND

- Abrahamson, Leonard. *Harry Kernoff*.
- Adair, Robert. *Lemuel Abbott*. Engraving. p.93.
- Bennett, Edward Hallaran. *Oliver Sheppard*. Bronze roundel. p.36.
- Benson, Charles H. *Stephen Catterson Smith the younger*. p.135.
- Boxwell, William.
- Butcher, Richard G.H. *Stephen Catterson Smith the younger* after a portrait by his father. p.14.
- Cameron, Sir Charles Alexander. (1) *Stephens*. (2) *Sir Thomas Farrell*. Marble bust. p.146.
- Carmichael, Richard. *Christopher Moore*. Marble bust.

- Clery, A.B. *Thomas Ryan*. p.179.
- Colles, Abraham. (1) *Martin Cregan*. Frontispiece. (2) *Thomas Kirk*. Marble bust. p.29. (3) Oil on canvas. (4) *Jack Tenn* (a Johannesburg surgeon). Plaster bust.
- Corrigan, Sir Dominic. *John Henry Foley*. Plaster model, probably a study for the statue in the RCPI.
- Crampton, Sir Philip. (1) *Joseph Robinson Kirk*. Marble bust. p.31. (2) Engraving.
- Croker King, Samuel. p.91.
- Croly, Henry Gray.
- Cusack, J.W. (1) A copy by *Scott* after a *Martin Cregan* of 1843. p.104. (2) *Joseph Robinson Kirk*. Marble bust.
- Dease, William. (1) *Sir Thomas Farrell*. Marble whole length, seated statue. p.32. (2) *John Smyth*. Marble bust.
- Denham, John. *Kathleen T. Shaw*. Marble bust. p.38.
- Garry, Tom. (1) *Harry Kernoff*. Chalk drawing. p.166. (2) *Harry Kernoff*. Chalk drawing.
- Halahan, J.H. *Hugh Douglas Hamilton*. p.95.
- Hargrave, William. *Thomas Alfred Jones*.
- Henthorne, James. *Martin Cregan*. p.97.
- Houston, John. p.114.
- Hughes, John. Plaster bust.
- Hughes, John Stannus. Plaster bust.
- Hume, Gustavus. *John Comerford*. Engraving. p.110.
- Hutton, Edward.
- Jacob, Arthur. *Stephen Catterson Smith the elder*. p.133.
- Kirby, John. *Thomas Kirk*. Marble bust. p.101.
- MacDonnell, Robert. (1) *Sarah Purser*. p.114. (2) *Albert Bruce-Joy*. Marble bust.
- Mackesy, Thomas Lewis. *Stephen Catterson Smith the elder*.
- Macnamara, Rawdon Primus.
- Mapother, E.D.
- Millen, Terence. *Pan* (Hungarian artist). p. 174.
- Myles, Sir Thomas. (1) *Oliver Sheppard*. Bronze bust, p.146. (2) *Leo Whelan*.
- O'Bryen Bellingham. *Joseph Robinson Kirk*. Marble bust. p.119.
- O'Flanagan, Harry. *J. le Jeune*.
- Parke, Thomas Heazle. *H. Barnes*. Marble bust.
- Porter, Sir George. Probably *William Vincent Delany*.
- Porter, William Henry. (1) *Joseph Robinson Kirk*. Marble bust. p.105. (2) Oil on canvas.
- Power, John Hatch. *Sir Thomas Farrell*. Marble bust.
- Renny, George. *William Cumming*. p.100.
- Shekleton, John. *John Smyth*. Marble bust. p.105.
- Sheridan, Edward L.
- Smith, Robert William. (1) *James Cahill*. Marble bust. p.119. (2) Oil on photograph.
- Stewart, George. Marble bust.
- Todd, Charles Hawkes. *Joseph Robinson Kirk*. Marble bust, version of a bust in Trinity College. p.30.
- Tufnell, Jolliffe. *Thomas Alfred Jones*.
- White, Francis. *John Comerford*. p.9.
- Williams, Robert Carlisle. *Joseph Robinson Kirk*. Marble bust. p.142.
- Wilmot, Samuel.
- Woods, Sir Robert. (1) *Augustus John*. p.50. (2) *Oliver Sheppard*. Marble bust.
- The College of Surgeons also owns a number of prints of the College, one unsigned water-colour of the College in 1810 (p.99) and the original plans of the College. Also in its possession are a series of drawings by Charles Grey of Abraham Colles and his contemporaries.
- ROYAL DUBLIN SOCIETY
- Daunt, George. *Alexander Pope*. Crayon on paper. p.10.
- Goldsmith, Oliver. (1) Probably *John Henry Foley*. Plaster bust. (2) *John Henry Foley*. Plaster Statuette version of the bronze outside Trinity College. p.111.
- ROYAL IRISH ACADEMY
- Haughton, Samuel. *Sarah Purser*. Version of the portrait in Trinity College.
- Kane, Sir Robert John.
- Madden, Richard Robert. *George Francis Mulvany*.
- Reeves, William. *Sarah Purser*.
- ROYAL VICTORIA EYE AND EAR HOSPITAL
- Benson, Arthur Henry. *Oliver Sheppard*. Bronze relief.
- Swanzy, Sir Henry Rosborough. *Oliver Sheppard*. Bronze relief. p.132.
- Wilde, Sir William. Probably by *James Cahill*. Plaster bust.
- The Hospital also owns the following:
- Greatrakes, Valentine. *William Faithorne*. Engraving. p.3.
- O'Halloran, Sylvester. Engraving. p.91.
- Simington, Elizabeth, a photograph of a painting by her sister, *Anne*.
- Sir William Wilde, a *Spex* cartoon.
- History of the Hospital in ten watercolours by *Caroline Scally*, 1947. Presented to the hospital by L.B. Somerville Large. pp.254-5.
- Map showing the sites of Ophthalmic Hospitals in Dublin in the 19th century.
- Photograph of an eye operation in the early 20th century.

There are two unidentified portrait busts.

ST. ANN'S HOSPITAL

O'Brien, C.M. E.J. Rogers. p.173.

ST. LAURENCE'S (RICHMOND) HOSPITAL

Banks, Sir John. *Oliver Sheppard*. Bronze relief, version of the relief in Trinity College, with the same inscription. p.36.

Byrnes, Coleman K. *Seamus Murphy*. Granite relief.

Hamilton, John. *Thomas Alfred Jones*.

Stoker, Sir W. Thornley. *Joseph Carré*. Bronze relief. p.114.

Thomson, Sir William. *Joseph Carré*. Bronze relief. p.37.

O'Carroll, Frank Brendan. *Oliver Sheppard*. Bronze relief. A war memorial.

ST. MICHAEL'S HOSPITAL

Brennan, Joseph. *Dr. Herbert Mackey*.

Burke, Michael. *Leo Whelan*.

ST. PATRICK'S HOSPITAL

Leeper, Richard. *Leo Whelan*. p.49.

Swift, Jonathan. (1) *Patrick Cunningham*. Plaster bust, a version or study for the bust on the Swift memorial in St. Patrick's Cathedral. p.27. (2) Copy after *Charles Jervas*.

ST. VINCENT'S HOSPITAL

Aikenhead, Mother Mary. *George Collie*.

Boland, Sylvester J. Signed G.H. Wall plaque.

Carew, Mother M. Bernard. *George Collie*.

Cox, Michael. *McLachlan*. p.153.

Dargan, William. *Seán Keating*. Pastel on paper.

Doolin, William. *Seán Keating*. Pastel on paper. p.177.

Fagan, Patrick.

Fitzgerald, Patrick. *J. Slevin*. p.165.

Kennedy, Denis. Rev. *Denis Kennedy* (sitter's nephew).

Keogh, P.J. *Leo Whelan*.

Magennis, J.B. M. C. G. *Pilone*. Marble relief.

Maher, James. *Thomas Ryan*.

Meade, Harry. *Seán Keating*. Pastel on paper.

Meenan, James N. *Seán Keating*. Pastel on paper. p.168.

Murphy, E.L. *J. Coyle*. Pastel on paper.

O'Farrell, Thomas T. *Desmond Broe*. Bronze bust.

O'Farrell, Patsy T. *Seán Keating*. Pastel on paper. p.165.

O'Ferrall, Joseph M. (1) *R.J. Moynan*. (2)

Probably *Nicholas Crowley*. p.135. (3)

Possibly *Sir Thomas Farrell*. Marble bust.

O'Leary, William. p.143.

Quinlan, Harold. *John F. Kelly*.

Tobin, Richard. *J. Boyd Barratt*.

DR STEEVENS' HOSPITAL

Chance, Arthur. Signed with initials IS.

Bronze relief.

Colles, Abraham. (1) *Martin Cregan*. Version of portrait in RCSI. (2) Possibly *Martin Cregan*. (3) *Martin Cregan*. Version done for engraving.

Cusack, James.

Hayes, Richard Atkinson. *Sean O'Sullivan*. Drawing on paper.

Haughton, W.S. (Baldy). *Sean O'Sullivan*. Drawing on paper. p.151.

Kirkpatrick, T. Percy C. (1) *Seamus Murphy*. Relief roundel on memorial tablet in courtyard. (2) *R.B. Ganly*. (3) *Sean O'Sullivan*. Drawing on paper.

Robinson, Bryan.

Reeves, Alice. *Sean O'Sullivan*. Drawing on paper. p.181.

Steevens, Grizel. *Michael Mitchell*. p.5.

Stephens, William. p.74.

Stevenson, Walter Clegg. *Sean O'Sullivan* after Walter Osborne.

Swan, Robert Lafayette. *Oliver Sheppard*. Bronze relief.

Winter, William A.

Worth, Edward. p.71.

The Hospital also owns the following portrait engravings:

Robinson, Bryan. After the *Benjamin Wilson* painting in Trinity College and etched by the artist. p.7.

Marsh, Sir Henry.

Helsham, Richard. An engraving after a portrait by *Charles Jervas*. p.74.

Cusack, J.W.

Crampton, Sir Philip.

Colles, Abraham.

THE IRISH SISTERS OF CHARITY

"Taking the Veil", a portrait group of Mother Mary Aikenhead, Foundress, Archbishop Murray, Jane Bellew and the artist. *Nicholas Crowley*. p.16.

Aikenhead, Mother Mary. *Nicholas Crowley*.

THE SISTERS OF MERCY

McAuley, Mother Catherine. p.135.

## TRINITY COLLEGE DUBLIN

- Apjohn, James.  
 Banks, Sir John. *Oliver Sheppard*. Bronze relief.  
 Begley, William Chapman.  
 Bennett, Edward Hallaran. *Oliver Sheppard*.  
 Bronze relief.  
 Cleghorn, George. p.78.  
 Clements, William. (1) *James Latham*. p.6. (2)  
*Edward Smyth*. Marble bust.  
 Coulter, Thomas. p.7.  
 Craig, Sir James. *Rodney Wilkinson*.  
 Cunningham, Daniel John. *Oliver Sheppard*.  
 Bronze relief.  
 Goldsmith, Oliver. (1) *John Henry Foley*. Bronze  
 statue, whole length standing figure. p.111  
 (2) *William Behnes*. Marble bust.  
 Haughton, Samuel. *Sarah Purser*. p.22.  
 Jessop, William John Edmund. *Edward Maguire*.  
 p. 174.  
 O'Meara, Robert Allen Quain. *Edward Maguire*.  
 p.170.  
 Purser, Sir John Malet. *John Hughes*. Bronze  
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 Robinson, Bryan. *Benjamin Wilson*.  
 Sloane, Sir Hans. Attributed to *Sir Godfrey*  
*Kneller*. p.67.  
 Stearne, John.  
 Stokes, Adrian. *M. Ball*. Miniature on ivory.  
 p.47.  
 Stokes, William. *Frederick William Burton*.  
 Watercolour on paper. p.119.  
 Stokes, Whitley. *Charles Grey*.  
 Taylor, Sir Edward. Bronze relief.  
 Traill, Anthony. *J. Sydney R. Rowley*. p.153.

## UNIVERSITY COLLEGE, DUBLIN

- Bailey-Butler. M. R.N. *Brady*.  
 Barniville, Henry. *Thomas Ryan*. p.159.  
 Barry, Kevin. *Richard Kingston* working in the  
*Harry Clarke* studios. Stained glass window.  
 p.43.  
 Birmingham, Ambrose. *Gilroy*. p.165.  
 Coffey, Denis. *Sir William Orpen*. p.48.  
 Conway, E.J. *George Collie*. p.170.  
 Cunningham, John F.  
 Farnan, Robert. *Seán Keating*.  
 Hayes, Maurice. Version of the portrait in the  
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 McArdle, John. *C. Shea*. p.156.  
 McGrath, John. *Leo Whelan*.  
 McLoughlin, E.P. *Seán Keating*.  
 O'Connor, James. *Thomas Ryan*. p.167.  
 O'Farrell, Thomas T. *Seán Keating*. Crayons on  
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 Sigerson, George. *Sir John Lavery*. Photograph  
 of an oil painting.

## CORK

### UNIVERSITY COLLEGE, CORK

- Barry, David T. *Madam Yvonne Barry* (the  
 sitter's wife).  
 Blyth, John. *Samuel Ferris Lynn*. Marble bust.  
 Harvey, Joshua Reuben. *John Butler Brenan*.  
 Kane, Sir Robert. *George Francis Mulvany* copy  
 by *James Sleator*. p.142.  
 Windle, Bertram. *James Sleator*. p.154.

### VICTORIA HOSPITAL, CORK

- Pearson, Charles Yelverton. Painting on  
 glass.

## OTHER CENTRES

### OUR LADY'S HOSPITAL, DROGHEDA

- Martin, Mother Mary. *Sean O'Sullivan*. p.17.

### KILMILKEN CHURCH

- Window dedicated to Dr. Francis O'Malley.  
*Evie Hone*. p.42.

### REGIONAL HOSPITAL, GALWAY.

- Walsh, Professor Thomas. *A. Joynt*.

## PRIVATE COLLECTIONS

These have not been researched extensively  
 so that this list is a token only of what exists in  
 private hands.

- Clements, William. Now on loan to Trinity  
 College.  
 Collis, Robert. (1) *George Russell*, (AE). Pencil  
 on paper. p.45. (2) *Sean O'Sullivan*. Crayon  
 on paper.  
 Cunningham, Surgeon General. *Charles*  
*Forrest*. Chalk on paper. Cunningham has  
 not been fully identified yet, and may  
 prove to be English. p.10.  
 Dundun, Professor John. Signature impossible to  
 read. p.154.  
 Gogarty, Oliver. *William Orpen*.  
 Hurley, Donogh. Self portrait. p.44.  
 Lever, Charles. *Samuel Lover*. Frontispiece  
 engraving to *Our Mess* by Charles Lever.  
 Published by William Curry, Dublin. 1843.  
 p.141.  
 Maguire, Conor. *Dr. McCarthy*, from a  
 photograph.  
 O'Malley, Michael. *Sean O'Sullivan*. p.163.  
 Pollock, John. Line drawing. p.176.

Solomons, Bethel. *Estella Solomons*. p.51.  
 Petty, Sir William. *Isaac Fuller*. This picture is owned by the National Portrait Gallery, London, No. 2924. p.67.  
 Markievicz, Countess Constance. *K. Ford*. Yeats Museum, Sligo. p.158.  
 Hadden, Dr. David. *James Butler Brennan*. p.130.  
 Somerville Large, L.B., *John Hornsbridge*. Two drawings on paper.  
 Somerville Large, W.C. *David Hone*.

Two public statues in memory of doctors stand in Dublin, though one has been in store for some time.

Crampton, Sir Philip. *J.R. Kirk*. This monument stood at the corner of College Street, D'Olier St. and Pearse St. Made of bronze and marble it is still in the possession of the Board of Works though not on show. p.31.  
 Gray, Sir John. *Thomas Farrell*. Whole length stone statue in O'Connell Street. p.144.

# Bibliography

This bibliography lists printed books used in the text that cover the general aspects of the history of medicine and art. References to periodicals, more detailed topics and manuscript sources are given in the notes to the text.

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*Names in italics are those of artists or titles of books; numbers in italics between square brackets are those of portraits.*

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