

The Charitable Infirmary
Jervis Street
1718-1987



A FAREWELL TRIBUTE

Eoin O'Brien



The Charitable Infirmary
1718-1987

The Charitable Infirmary Jervis Street 1718-1987

A Farewell Tribute

**Compiled and edited
by
Eoin O'Brien**

**Photography
Philip Curtis**

**Design
Ted & Ursula O'Brien**

The Anniversary Press



To our founding fathers

*Francis Duany
George Duany
Patrick Kelly
Nathaniel Handson
John Dowdall
and
Peter Brennan*

**this volume is dedicated
by the staff
of
The Charitable Infirmary
Jervis Street
1987**

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CONTENTS

Subscribers	viii
Sponsors	x
A Farewell Salute – <i>Gerald Davis</i>	xiii
Introduction – <i>Eoin O'Brien</i>	xv
Foreword – <i>Denis P. McCarthy</i>	xxi
The Charitable Infirmary in Jervis Street: The first Voluntary Hospital in Great Britain and Ireland – <i>Eoin O'Brien</i>	1
The Medical Staff through the years	49
The Department of Surgery – <i>Patrick G. Collins</i>	61
Day to Day in the Charitable Infirmary	81
The Department of Medicine – <i>John Fielding</i>	89
The Department of Pathology – <i>Gerald D. Doyle</i>	99
Day to Day in the Charitable Infirmary	111
The Department of Radiology – <i>Max Ryan</i>	119
The Department of Anaesthesia – <i>Joseph Tracey</i>	127
Nursing in the Charitable Infirmary – <i>Bridget Walsh</i>	135
Day to Day in the Charitable Infirmary	155
The Accident and Emergency Department – <i>Leo A. Vella</i>	163
The Department of Nephrology and the development of Kidney Transplantation – <i>Michael Carmody & Peter A. McLean</i>	171
The Department of Psychiatry and the National Drug Advisory and Treatment Centre – <i>John P. Ryan & Michael G. Kelly</i>	189
Social Life through the years	199
Administration and Management – <i>James Kenny, Denis P. McCarthy & Henry Osborne</i>	211
Some Architectural features of the Charitable Infirmary	243
The Charitable Infirmary in Jervis Street: Chronology of a Voluntary Hospital – <i>Eoin O'Brien</i>	253
Appendices –	
I The Committee of Management 1987	260
II The Medical Staff 1718-1987	261
III The Staff of the Charitable Infirmary 1987	267
IV Life Governors	278
V Bibliography	279

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A farewell salute

round the Capel Street area, the Charitable Infirmary, or as it was generally known, Jervis Street Hospital, was affectionately referred to as 'The Jervo'. I say 'affectionately' advisedly as it was an integral part of the lives of the people of the Markets, the Ormond Flats and the whole area of that well-known media cliché 'The Centre City'.

We always took the 'Jervo' for granted. It had always been there; its passing was unthinkable. I have been in business in Capel Street for over thirty years, first in the stationery business and then with my art gallery for emerging artists, and my father was there before me with his rubber stamp shop and the 'Jervo' was always around the corner, solid and friendly. The occasional minor accident would just trot around the corner for treatment in Casualty and be back in an hour – God be with the days! The one time I had anything approaching a serious accident was when I fell down the last flight of stairs of our premises and twisted my ankle. I managed to hobble to the door where, as luck would have it, a friend was just pulling up in his car (there were no bloody parking meters then either). I hobbled to his car and gasped 'drive me around to the Jervo'. At first he thought I was joking but when he realised I was in genuine agony he drove me round the block and deposited me at Casualty, where I was treated immediately with kindness and efficiency – God be with the days! – and told to take a pair of crutches. 'Crutches. I won't need crutches!' 'That's what you think', said the doctor and he was right. I was duly issued with a pair of wooden crutches which were to be my constant support for about six weeks – it had been a serious sprain. At the time I was not asked whether or not I could afford treatment and, as far as I can remember, I did not have to pay a penny for the use of the crutches or the treatment. The 'Jervo' was for the rich or poor. There were no questions asked. It filled a need.


The 'Jervo' saved the lives of two friends of mine; one who had tried to commit suicide and the other who became involved with drugs. I don't know what will happen to the likes of such people in the future, or to all of us.

As our city grows more and more into an 'urban conglomerate', there seems to me to be a compelling need for the city centre hospitals and I find it hard to comprehend the logic of closing one hospital after another, destroying a valuable legacy from the past. Like the old Harcourt Street railway station, we will get rid of the 'Jervo' and in years to come it will be sadly missed. I, for one, shall miss it dearly. Not only the hospital but also those who worked there – the porters, nurses, doctors and the many who constituted the 'Jervo' and contributed much to the life and personality of this part of the city.

On behalf of all Dubliners through the ages whom the 'Jervo' has served so well, I make this farewell salute.

Gerald Davis,
The Davis Gallery,
Capel Street.

Introduction

 have compiled this *Farewell Tribute* to the Charitable Infirmary not alone from sentimental affection for the old place, but rather because I felt compelled from duty to do so, and having done so my only regret is that there was not the time nor the support to do justice to the venerable lady by presenting her with a scholarly history of her service to Ireland's capital and to much of the country in her near three centuries of existence. Her story, which will fascinate, more as a social than medical history, will in time be written and what a tale we will have if the teller does her justice. For the moment she must do with this humble tribute, which, though not a comprehensive treatise of past events, is not without historical merit.

A Farewell Tribute seeks to set down an historical review of the achievements of the Charitable Infirmary, and to summarise the development of the major departments in the hospital at the time of closure. Perhaps, more importantly, the book attempts (for the first time as far as I am aware in this country and, for all I know, elsewhere as well) to capture through the art of photography a hospital in action on the eve of its demise. How sad it is to have seen Mercer's Hospital, Sir Patrick Dun's and the Hardwicke Hospital all close within recent memory without any photographic record remaining. Apart from the visual substance and value of *A Farewell Tribute*, there is now a fascinating photographic archive of the hospital comprising some 500 photographs, from which the 200 photographs for this book have been selected. It seems a superfluity to state the immense debt we owe to Philip Curtis, the photographer, who met me at all hours of the day and night to portray the hospital at work, without whose contribution the book would have failed.

I have stated that I felt compelled to pay tribute to the Charitable Infirmary and that is correct, but there was also another motivating force. Having worked for the past twelve years in the Charitable Infirmary, the first voluntary hospital to be founded in the United Kingdom of Great Britain and Ireland, I find myself witness not only to the closure of my institution but also to the dissolution of the voluntary hospital era, which was started in 1718 by the six surgeons who opened the Charitable Infirmary in Cook Street. And what a flurry of activity they started: Dr. Steevens' Hospital opened in 1733, Mercer's in 1734, the Rotunda Lying-In Hospital in 1745, the Meath in 1753, St. Patrick's in 1757, the Hardwicke Hospital in 1803, and so on through the Georgian and Victorian eras, charitably minded citizens and doctors came together to give willingly to fund their 'voluntary hospitals'. How sad then to contemplate today's frenetic destruction of this voluntary hospital movement that has served us so well for nearly 300 years. Gone are Mercer's, Sir Patrick Dun's, Monkstown Hospital, the Hardwicke, Richmond and Whitworth, now collectively known as St. Laurence's Hospital, our own institution the Charitable Infirmary, and shortly to go by all accounts are Dr. Steevens' Hospital and the Royal City of Dublin Hospital at Baggot Street. This lament is not for the institutions themselves (*some* rationalisation of the hospital service was needed) but for the total dismantling of the voluntary hospital movement. Why in its headlong dash for bureaucratic autocracy must the Department of Health deny the country's hospitals the beneficence of voluntary support?

I have had the privilege of serving on the staff of four voluntary hospitals – the Charitable Infirmary, the Rotunda Hospital, Hume Street Hospital and Monkstown Hospital, and I hold myself well qualified, therefore, to speak of the contribution that is made to society by voluntary effort. First, there is the selfless dedication of those, such as the members of the managing committee of the Charitable Infirmary, drawn from the business, professional and political ranks, who give of their collective expertise to manage the hospital. Few outside of a hospital realise the demands that are made on these peoples' time, which is given in the old voluntary tradition 'without fee or reward'. Such have been the administrative consequences of the recent financial restrictions on the health services and the organisational implications of moving the Charitable Infirmary, that our chairman, Mr. Denis McCarthy, and many of his loyal officers on the managing committee have often had to attend meetings, interviews and briefings on every working day of the week as well as being in attendance at meetings in the new hospital at Beaumont, St. Laurence's Hospital, or the Department of Health in the evenings. This voluntary hospital ethos is not confined to the governing body of the hospital: through its members, and often independently of them, the charitable spirit is called upon, time and time again, to supply the needs of patients. It is a short-sighted bureaucracy that fails to appreciate this, and a downright stupid one that proceeds to dismantle it totally.

I have already made my peace with the grand old lady that is our institution, for not doing justice in a *Farewell Tribute* to her illustrious past, but this is a task that can be deferred to another time and perhaps left to another writer. Not so, however, the far more serious cause which I have supported for many years to no avail – the naming of the new hospital at Beaumont. This sorry saga deserves to be recorded here for posterity to judge the issue.

In 1979 I proposed that the new hospital should be named 'The Corrigan Hospital at Beaumont'. Dominic Corrigan is fitting for this honour for a number of reasons. Corrigan was a Dubliner from the Liberties, who rose against extraordinary odds to achieve an international eminence in medicine which is acknowledged to this day by the eponym 'Corrigan's Disease'. But his achievements were not confined to medicine; he was a humanitarian who organised famine relief for the country during the Great Famine of 1845-50; he was a reformer who fought for the temperance cause, agitated for improvement in lunatic asylums, and sought to improve the educational opportunities for the poorer classes in the country. He was, moreover, also a politician and as a Liberal member of parliament he opposed the foundation of a Catholic University, being of the opinion that university education should not be influenced by religion. He advocated instead one non-sectarian university for Dublin. These attributes aside, the most relevant claim for his name attaching to our new hospital is that he served on the staffs of both the Charitable Infirmary (from 1830 to 1840) and St. Laurence's Hospital (from 1840 until his death in 1880), and that his contribution to medicine in both institutions was remarkable.

In 1980 Dominic Corrigan's name was approved for the new hospital by the boards of the Charitable Infirmary and St. Laurence's Hospital, the Beaumont Board, the Council of the Royal College of Surgeons and the Department of Health. However, when Mrs. Eileen Desmond became Minister for Health, she named the hospital Beaumont Hospital, so that the people of the area would, as it were, know where they were. She failed to grasp the important reality that the hospital was not, as she called it, a community hospital, but rather one which, as well as serving the community, would reach through its national units to all the country, and through its academic units and association with the Royal College of Surgeons, to many parts of the world. Moreover, she did not see anything incongruous in naming the hospital after the Beaumont family from Leicester, one of whom, a lieutenant colonel in the British army, had had the unique distinction of being thrown out of that army for refusing to admit Catholics to his regiment. Dr. Michael Woods and Mr. Barry Desmond refused to reverse their predecessor's decision, all of which was difficult to comprehend until the Dublin grapevine supplied, as it often does, an explanation that if not correct at least gives some plausibility to the obduracy of successive Ministers for Health.

Apparently there resides within the Department of Health one, whose memory being as elephantine as it is inaccurate, cannot forgive Corrigan for refusing to join the staff of the medical school of the Catholic University and this criticism, all the more ridiculous one hundred years after Corrigan's death when his liberal principles on non-sectarian education should be acceptable, has so prevailed that we must now move forward to the hospital bearing this disgraceful misnomer. Is it too much to hope that some day we will be graced with a Minister for Health who will appreciate the relevance of the provenance to a name, particularly in international medicine, to which, I am pleased to say, our hospital has made, and continues to make significant contribution; one who, in looking to the mainland of Europe, will not be unaware of the admirable continental penchant for commemorating in statuary, and in the naming of streets and institutions, great scientists and artists? Is it too much to hope that such a Minister will replace the travesty that is the Beaumont name with that of Dominic Corrigan, and in so doing honour not alone his name and his achievements, but also the two hospitals which he served so loyally and which permitted him to contribute so significantly to the science of medicine?

In producing *A Farewell Tribute* I have had the close assistance of a small team, without whom its publication would not have come to realisation. I have already acknowledged the photography of Philip Curtis and I am grateful also to David Davison. The task of integrating the text with the photographs was left to the ingenuity of Ted and Ursula O'Brien of Oben Design, who never fail me. The design of the de-luxe binding was Tona O'Brien's inspiration. James Kenny, who realised the importance of the venture from the outset, has been a staunch supporter, together with Fionnuala Rafferty, brought in much of the necessary sponsorship. Patricia Lacey patiently sent out letter after letter seeking sponsorship, and Ena Doran was ready to help whenever asked. Sister Connie Quinn was also of great assistance and Miss Mary Casey permitted me access to the hospital archives. Paul Bennett patiently accepted my many corrections for typesetting and pointed out errors that were not his doing. Seán McCrum kindly performed the thankless task of reading the manuscript and Richard Mooney of the National Library of Ireland, gave me valuable assistance. Maureen Browne of the *Irish Medical Times* was ready as always to assist in publicising a worthwhile venture, and the generosity of the editor, Dr. John O'Connell in carrying our brochure helped in no small way to make the project financially viable. My thanks to the hospital suppliers and local traders and the pharmaceutical industry who gave generously in sponsorship, and to the staff and friends who subscribed to the book before they knew what they were supporting, and especially to my colleagues and friends who subscribed to the de-luxe edition of *A Farewell Tribute*. Gerald Davis, one of my favourite Dublin 'characters', possessed of all the warmth and humour of Leopold Bloom, whose love of Dublin is only surpassed by that for painting, jazz, and life, has been a close friend of our hospital for many years, and from the vantage

point of his unique gallery in Capel Street, he has bid a fitting farewell on behalf of the centre city denizens.

Final partings are always sad affairs, but the melancholy is lessened if the association has been happy and productive. I know I speak for many, and hopefully for most, when I bid farewell to the 'Jerv' with moist eye but a sense of some contentment, in that I feel I served her as she demanded, to the best of my ability, and that in return I have had the privilege of joining many illustrious men and women of past generations in alleviating suffering and perhaps contributing in some small way to the unique heritage that is the Charitable Infirmary, a hertiage which must endure at Beaumont, where, with the Richmond, Whitworth and Hardwicke Hospitals, it will hopefully continue to influence the science of medicine for the ultimate good of mankind.


Eoin O'Brien
Department of Cardiology
The Charitable Infirmary

8th November 1987.



*The Charitable Infirmary, Jervis Street.
(A painting by Colin Gibson.)*

Foreword

his memoir has been prepared to mark the transfer of the Charitable Infirmary from Jervis Street. As probably the last Chairman of the Managing Committee of the Charitable Infirmary as we know it, it falls on me to write the foreword of this farewell tribute to the first of the voluntary hospitals.

Records indicate that the first meeting of the governors in Jervis Street was held on October 25th 1786 under the chairmanship of Mr. Denis Thomas O'Brien. The meeting was also attended by two surgeons and a physician from the hospital staff. The Infirmary had functioned since its foundation in 1718 without formal recognition and the governors being of the opinion that legal difficulties would hinder its full development, petitioned the government in due course for a charter. They justified this petition by reference to the good work that the Infirmary had performed over the years in the treatment of the sick and wounded poor of Dublin. An initial charter was granted by George III in 1792, and it was replaced in 1820 by the charter granted by George IV which in turn was modified by the supplemental charter granted by Queen Victoria in 1888. The hospital has, therefore, operated under charters for 195 years, and the present charter has remained intact, more or less, over the past 167 years giving the hospital corporate status and preserving its independence.

Up to the end of the nineteenth century the hospital was funded almost entirely from voluntary contributions. The state played a passive role, the attitude at that time being that the provision of hospital services was not the responsibility of government. Voluntary institutions in Dublin then fell into the categories of general and maternity hospitals which accounted for most of the beds available in the country as a whole but particularly in

Dublin. Even today most of the hospital beds in Dublin are located in voluntary institutions. State support began in the 1930's and the state currently provides approximately ninety per cent of the expenditure in most voluntary hospitals. Inevitably the high running costs and the levels of state funding have brought about tighter control by the Department of Health. Following three years of financial constraints, this year has seen the introduction of even harsher measures to further reduce costs. Services in the Charitable Infirmary have been curtailed by the closure of 25 beds and permanent appointments cannot now be made without departmental approval. It is evident that for the foreseeable future the cost of our hospital services will be a major consideration in the provision of the health care services in Ireland.

Services in the hospital were growing up to the early 1980's, and the managing committee supported the medical board in seeking improvements. Consultants at that time felt that their role was fulfilled in treating a greater volume of patients and expanding their specialist interests, but restrictions in recent years, and particularly this year, have brought about a new approach to patient care. Consultants are the most important people in the hospital health care system. They determine the level of treatment for each patient, and ancillary staff must be provided according to the needs of their departments. Consequently it is the consultants who determine the level of resources to be employed in patient care. The managing committee has had extensive discussions with the medical board on the curtailment of costs and the provision of services in this very difficult year, and the co-operation achieved is evident in the implementation of significant cost-saving measures. With the development of departmental costing in the future, the control of resources will rest with each individual consultant who will have to equate a monitory budget with a level of service. This form of consultant responsibility is new as consultants were formerly required to be clinicians first and administrators second. A new administrative role will be time-consuming and not without frustration as costs within any one area can be influenced by outside agencies. Consultants must accept the new mantle otherwise monitory considerations alone may determine the development of hospital services. I believe that the more active individual participation by consultant staff in hospital administration is the way forward whether the institution is known nominally as a voluntary or state hospital.

I would like to thank my fellow colleagues on the managing committee, the secretary manager, James Kenny, and the accountant Thomas Larkin, the medical and nursing staff as well as all other staff in the hospital for their loyalty, dedication to duty and co-operation. The committee wishes all staff well on transfer to either Beaumont or the new Drug Unit at Pearse Street. A special word of thanks must be recorded to the hospital chaplains and friends of the hospital for their excellent work over the years. Our association with

Craig Gardners, auditors for over 100 years, and Brennan Insurances has always been most cordial and future associations here will depend upon the requirements of our new role.


I am sure that the efficient, caring and friendly tradition that characterised the Charitable Infirmary of Jervis Street will make a major contribution to Beaumont Hospital particularly when it is combined with the great tradition of our sister hospital, St. Laurence's. Finally, I would like to thank Dr. Eoin O'Brien, consultant cardiologist on the staff, who has earned a very high reputation as an author in recent years, for producing *The Charitable Infirmary, Jervis Street 1718-1987: A Farewell Tribute*.

Denis P. McCarthy,
Chairman,
The Managing Committee,
The Charitable Infirmary,



The Charitable Infirmary in Jervis Street: The first Voluntary Hospital in Great Britain and Ireland

Eoin O'Brien

he Charitable Infirmary is the oldest voluntary hospital in Ireland and Great Britain. Founded in 1718, it has now served the citizens of Dublin for 270 years. A scholarly history of this remarkable institution must before long be written. Its story will not merely be that of a hospital and the development of medicine, fascinating though that facet of its past may be, but in its near three centuries of existence will be reflected also the social and cultural vicissitudes of a city that witnessed the splendour and poverty of the Georgian era, the depression following the Act of Union, the excitement of Catholic Emancipation, the industrial and scientific progress of the Victorian age, the misery of the Great Famine, the Easter Rebellion and the Civil War, and lastly the dramatic social changes that characterise the history of this century. This essay attempts only to identify the milestones in this eventful and colourful history, and before we can appreciate the circumstances that motivated the founders of the hospital, it is necessary to cast a glance back some five centuries before our institution was born.

Health Care in Dublin before the Charitable Infirmary

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

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

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

Dr. Richard Steevens, a wealthy physician, died in 1710 and bequeathed monies for the foundation of a hospital for the relief and maintenance of curable poor persons. To his memory must be credited the first successful attempt to found a voluntary hospital. He entrusted the execution of his will to his twin sister Griselda, who diligently applied herself to the task of building the hospital which now bears her brother's name, although its opening post-dated that of the Charitable Infirmary by fifteen years.

The Charitable Infirmary in the Eighteenth Century

In 1718 six Dublin surgeons, appalled by the miserable conditions of the sick poor in the city, opened the first voluntary hospital in the United Kingdom of Great Britain and Ireland in Cook Street, Dublin. The hospital, accommodating only four 'maim'd and wounded poor' of the city, was founded by Francis and George Duany, Patrick Kelly, Nathaniel Handson, John Dowdall, and Peter Brenan. The motto chosen for the hospital

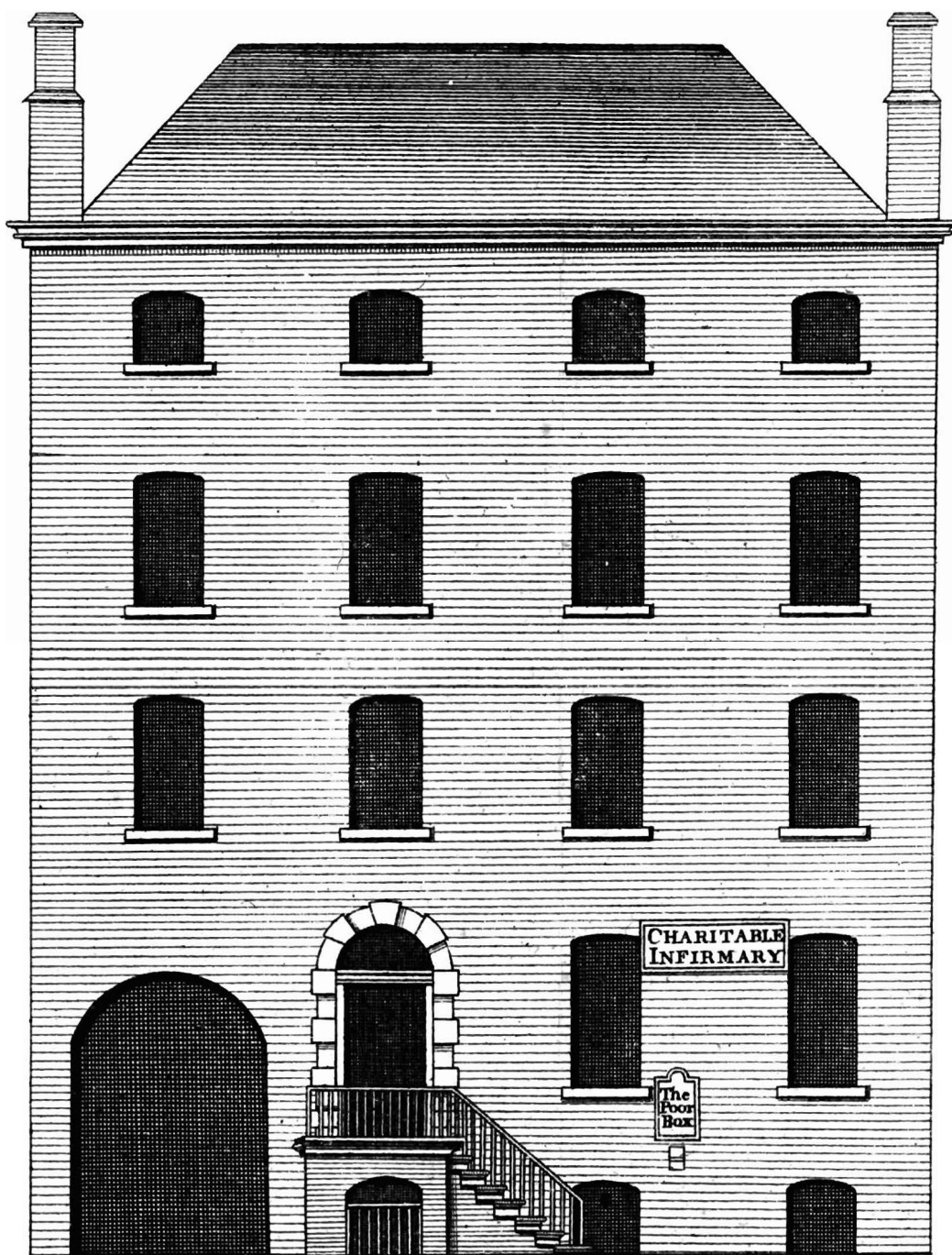
was *Soli Deo Gloria*. One year later the Westminster Hospital, the first voluntary hospital in Britain, opened in London.

The demand on the Cook Street hospital and its surgeons was such that they sought the help of charitable persons who, as they put it 'came cheerfully into an annual subscription, to be continued during pleasure, for the support of such real objects of compassion and charity.' With increased funds at their disposal, a house in Anderson's Court was rented for £14 a year. The date of opening of this hospital is not known, but it was probably about 1724. It provided only eight or nine beds, but these were soon filled with 'the greatest objects until cured.' Two or more of the founding surgeons gave their attendance 'constantly for two hours at the said house every morning.' This infirmary, as it was called, soon proved inadequate and the trustees purchased land in St. Mary's Parish for the erection of a 32-bedded hospital. Subscriptions did not allow fulfilment of this ambitious plan and the hospital now named *The Charitable Infirmary* moved to larger premises on Inns Quay in 1798, where it was possible to accommodate 50 patients.

The earliest notice we find of the Charitable Infirmary is in the *Gentleman and Citizen's Almanac* for 1738, published by John Watson, Bookseller, at the 'Bible and Crown, on the Merchants-Key, near the Old Bridge.' Watson, who was a contemporary of the founders of the institution and living in its vicinity, wrote: – 'The Charitable Infirmary on the Inns Key, first projected in 1723, and opened 12th August, 1728, is supported by several charitable contributions, and by the attendance of surgeons where numbers of maim'd and wounded poor, both interns, who lodge, and are supported in the House; and out-patients, who daily flock to the infirmary, are attended, and supplied with medicine at the expense of the charity.' The names of the physicians and surgeons and number of beds in the hospital are not given in this advertisement, but in his *Almanac* for 1740 Watson is more informative:

In this Hospital, great numbers of maimed, wounded, and diseased poor, are constantly relieved. There are above 36 beds, with provision and all necessaries for interns, who are received into the house, and constantly attended; as well as medicines and advice gratis for all externs, who flock in numbers thither daily. This charity is altogether supported by the voluntary contributions of the well-disposed. The physicians, Dr. Rd. Weld and Dr. John Fergus, attend every Tuesday and Friday, from 9 to 11 o'clock; and the surgeons daily in their turns. All without fee or reward.

The Charitable Infirmary on Inns Quay was situated at the corner of Arch-lane, and about four doors above Mass-lane (now Chancery Place). This was a fashionable residential area, though poverty was always closeby. Sir Patrick Dun, the founder of the hospital which until recently bore his name, lived on Inns Quay next door to the Infirmary.



THE CHARITABLE INFIRMARY *on y^e Inns Quay.*

The founding of the Charitable Infirmary marked the beginning of what might be described as the age of the voluntary hospital. Dr. Steevens' Hospital opened in 1733. Mercer's Hospital in 1734, the Rotunda Lying-In Hospital in 1745, the Meath Hospital and St. Patrick's Hospital in 1753 and Sir Patrick Dun's Hospital in 1792. St. Patrick's Hospital was founded with a legacy of ten thousand pounds bequeathed by Jonathan Swift, Dean of St. Patrick's Cathedral who saw more clearly than most the need for such an establishment:

*He gave what little wealth he had
To build a house for fools and mad;
And showed by one satiric touch
No nation wanted it so much.*

Jonathan Swift: *Verses on the Death of Dr. Swift*

In acknowledging the important contribution of the voluntary hospitals to the city, the altruism of Dublin's medical families should not be allowed to pass unforgotten. The denizens of the capital owe much to those six surgeons who began it all with the Charitable Infirmary, to Dr. Richard Steevens and his devoted sister, to Mary, daughter of Dr. George Mercer, to Bartholomew Mosse, the founder of the Rotunda, the first maternity hospital in these islands, and to Sir Patrick Dun, whose hospital has just closed its doors. All of these voluntary hospitals were funded by public subscription and monies raised at charities. The surgeons and physicians gave of their time without charge. Though the voluntary nature of these hospitals has altered considerably over the years, the ethos of the voluntary hospital movement has survived to the present and we are sadly now witnessing the end of this era which has served our city so well for nearly three hundred years.

The Hospital on Inns Quay seems to have gone from strength to strength. Having been founded by surgeons, the emphasis in the hospital until comparatively recently, remained surgical. However, in 1738 two physicians, Doctors Richard Weld and John Fergus, were appointed to serve without fee or reward. Around this time a Board, named 'Trustees to the Charitable Infirmary' was established comprising the medical staff and principal subscribers to the hospital. Their first task was to rebuild the hospital which was now in a ruinous condition. One of the surgeons, Mr. Sheffield Grace, raised £2,415. 16s. 6d. through a lottery plan which was divided between Mercer's Hospital and the Charitable Infirmary and this money was used for rebuilding.

The voluntary hospital movement inspired the wealthy citizens of Dublin to devote time to raising money in a number of novel ways. Bazaars, balls, musical events, lotteries, sedan chair rentals and garden fêtes were all devised to raise monies for the erection and maintenance of hospitals. One event, however, stands out from all others in the

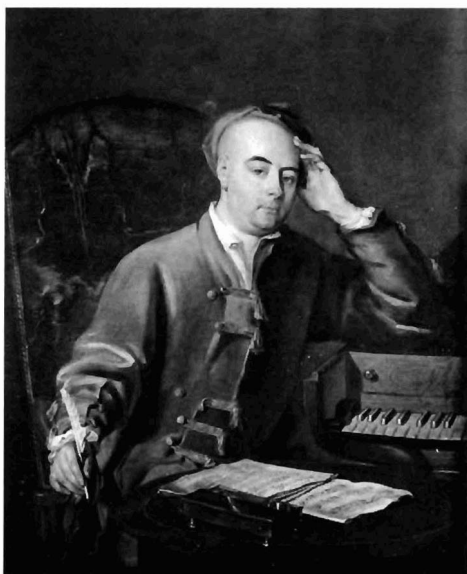
history of the times. In 1741 George Frideric Handel arrived in Dublin to perform in the New Musick Hall in Fishamble Street which had opened on October 2nd 1741 under the management of Mr. John Neale, whose grandson of the same name was to serve as surgeon to the Charitable Infirmary from 1756 to 1789. Handel had become disillusioned with London society, where his concerts were being poorly attended. When the Duke of Devonshire invited him to visit Dublin, he was ready for a new venture and a change of air. Handel, always one to enjoy life, may have shared his biographer's opinion of Dublin as a city 'famous for the gaiety and splendour of its court, the opulence and spirit of its principal inhabitants, the valour of its military, and the genius of its learned men'. When the Lord-Lieutenant's invitation was followed by that of the Charitable and Musical Society, the maestro's mind was decided and he departed London for Dublin via Chester where he was detained for nearly a fortnight by bad weather. This delay may have been opportune, as Handel had only composed *Messiah* a few weeks before his departure from London and he was now permitted the opportunity to rehearse his music with the Cathedral Choir at Chester. He arrived safely in Dublin on November 18th 1741 and took lodgings in Abbey Street. Mr. Handel expressed exuberant satisfaction with Dublin, the Musick Hall and his audience:

The nobility did me the honour to make amongst themselves a subscription for six Nights which did fill a Room for six hundred Persons, so that I needed not sell one single ticket at the Door and without Vanity the Performance was received with a general Approbation... As for the Instruments, they are really excellent, Mr. Dubourgh being at the Head of them – and the Musick sounds delightfully in this charming Room, which puts me in such Spirits (and my health being so good) that I exert myself on my Organ with more than usual success... I cannot sufficiently express the kind treatment I receive here; but the Politeness of this generous Nation cannot be unknown to you, so that I let you judge of the satisfaction I enjoy, passing my time with Honour, Profit and Pleasure.

Handel performed his *Messiah* on January 13th for the first time in the Musick Hall. Seven hundred people attended, and so that the hall might accommodate as many as possible the ladies were requested to come without hoops and the gentlemen without their swords. £400 was collected for equal division among the Society for Relieving Prisoners, The Charitable Infirmary and Mercer's Hospital.

In 1750, the editor of the *Gentleman and Citizen's Almanac* gives an account of the progress of the Hospital which had been rebuilt in the year 1741:

It was fitted up for the reception of forty patients (though on extraordinary occasions fifty have been taken in), who are constantly maintained, supplied with all necessaries, and attended by physicians and surgeons. The physicians attend in their turn on Tuesdays and Fridays; and three surgeons early every morning, who advise, dress, and distribute to such poor as there is not room for in the house. From 1st Oct., 1748,



*George Frideric Handel.
A portrait by Philip Mercier.*

*The Musick Hall in Fishamble Street.
(From the London Illustrated News 1729)*



to 1st Oct., 1749, patients received into the house, 193; and out-patients 5,124. The contributions, directions, and distributions of the charity are managed for the benefit of the poor in general, with no other distinction than what arises from their poverty and diseases. And the direction is vested in twenty trustees, annually chosen out of the subscribers. The trustees meet the first Friday of each month at the Infirmary, when every contributor is desired to attend to inspect the books and have the satisfaction to see that his money is properly applied.

The physicians to the hospital at this time were Dr. John Fergus and Dr. John Curry of Cow-lane. Dr. Curry was the author of *The Civil Wars in Ireland* and other historical works relating to Ireland. Their surgical colleagues were Francis Duany (son of one of the founders of the Infirmary), Charles Reily, Jasper Delahoyde, Richard Houghton, William Ruxton and Henry Lyster.

When the plans for the new Four Courts were announced in 1786, it became necessary for the Charitable Infirmary to move on once more. The Earl of Charlemont, having just completed a mansion (now the Municipal Gallery) on Rutland (now Parnell) Square, vacated his old family mansion at No.14 Jervis Street which was purchased by the trustees of the hospital. The first Minute Book of the Charitable Infirmary commences in the new hospital on October 25th 1786 and the first entry contains the first of many directives from the board of management to the senior surgeon of the hospital:

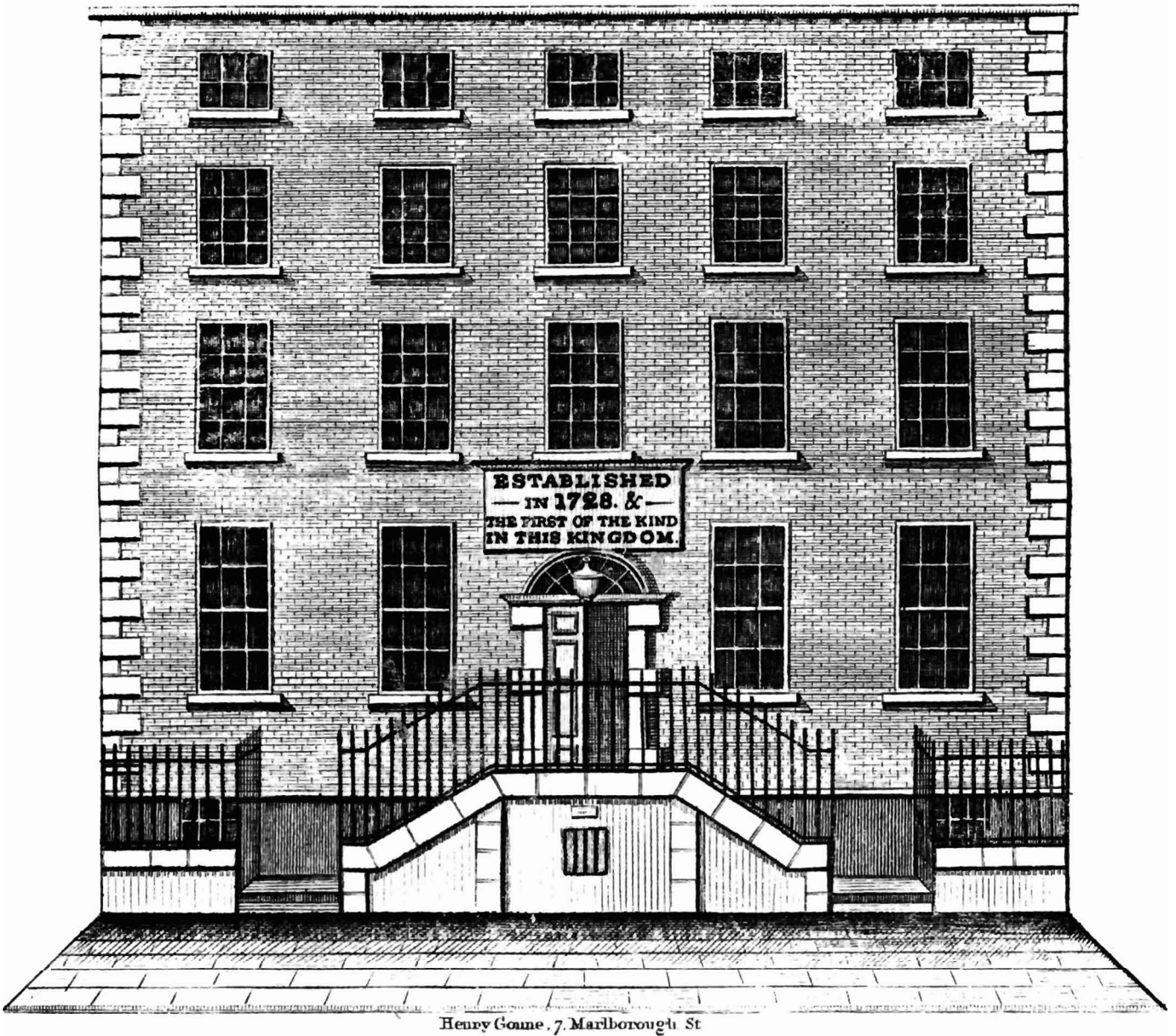
Wednesday, 25th October, 1786. At a Meeting of the Governors of the Charitable Infirmary in Jervis Street, to take into consideration what further accommodation may be necessary for the reception of intern patients... Ordered: That Mr. McEvoy be requested to procure the best plan of a water-closet, and when obtained to make a report to the Board.

The first chairman of the Board was Denis Thomas O'Brien, who held office for nearly 30 years, and bequeathed much of his adjoining property to the hospital.

Realising that a Royal Charter gave greater authority and sanction to an institution, the Governors made application for such a charter in 1792. The basis of their submission was as follows:

That for many years past the institution has been of great and manifest advantage to the sick and wounded poor of the north parts of Dublin, by supplying them with medical and surgical assistance, medicine, and all manner of necessaries, without fee or reward. That it was supported entirely by the charitable contributions of the public; and that several persons who are disposed to contribute liberally to its support, are deterred from doing so because the present governors are incompetent to receive and manage the same from the want of a charter of incorporation to insure the funds and enforce necessary regulations.

*The Charitable Infirmary in Jervis Street.
(From an engraving on one of Dominic Corrigan's lecture certificates.)*



The charter was duly granted under the style and title of 'The Governors and Guardians of the Charitable Infirmary, Dublin', on June 7th, 1792 by George III. This prudent move by the governors left the hospital secure at the turn of the century. It could look back with pride to its development from humble origins almost one hundred years earlier and look forward with confidence to the future.

And what of the personalities who graced the Charitable Infirmary during its first century of existence? After all it is people who give to an institution its character. Unfortunately there is little to be found in the records on the six founding surgeons. The brothers Francis, George and Gregory Duany, of whom Francis and George were co-founders of the hospital, were all surgeons. George appears to have been alert to the benefits of advertising his skill and he is credited by Widdess with the first advertisement for private medical teaching in this country. It is likely that he was the Mr. G. Duany who claimed with a Mr. John Dowdall in an advertisement in 1712 that they, 'both Professed Surgeons, do by the blessing of God, perfectly cure all manner of Ruptures in any Age or Sex, by a very Easie, Safe and Speedy method (far different from any that ever practised hitherto)... without either Truss or Bandage. The Poor cured gratis.' Of George's brother, Francis, we know even less. He was interested in books and his finely engraved armorial book-plate which is attached to his copy of John Brown's *Myographia Nova*, published in London in 1684, and now in the library of the Royal College of Surgeons in Ireland with several other of his books, is reproduced in his memory on the endpapers of this volume.

Peter Brenan, another of the founding surgeons, was a well-known teacher of anatomy in Dublin as was his brother James. An advertisement in the *Dublin Weekly Journal* of October 19th 1728 gives a flavour of the times:

A Course of Anatomy in all its branches (viz.) Osteology, Myology, Angiology, Neurology, Adenology, and Enterology, will be given by James Brenan, M.D., At his House on Arren-key, the 18 November, 1728, at Twelve of the Clock, and will be continued every Monday, Wednesday, and Friday until the Whole is completed, the Operative part by Peter Brenan, Surgeon.

N.B.—The Charge of this Course is two Pistoles. And if any Students in Physic or Chirurgery be desirous to read Anatomy and Dissect they may be Instructed and Accommodated at the same place, on reasonable terms.

Peter Brenan shares with Patrick Kelly the distinction of having been co-founder of two hospitals, for we find their names also listed with those of John Taaffe, Cusick Rooney, Thomas Mercer, James Dillon and Edward Walls as co-founders of St. Nicholas' Hospital in Cole's Alley, off Meath Street. This institute later united with St. Catherine's Hospital to become the United Hospital of St. Nicholas and St. Catherine, and it survived a number

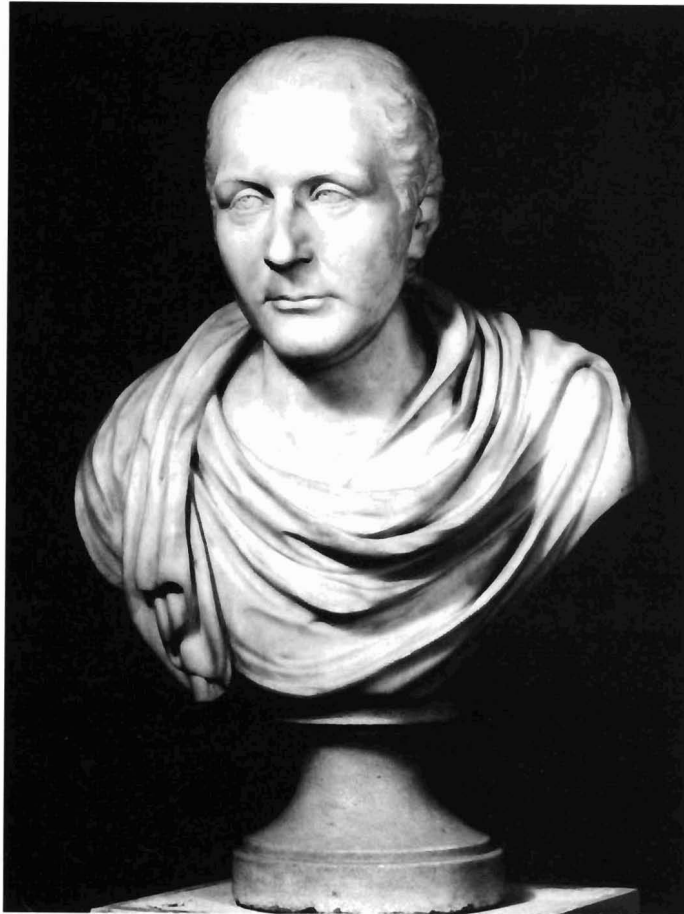
of moves and amalgamations to become St. Mark's Hospital for Diseases of the Eye and Ear, the predecessor to the present Royal Victoria Eye and Ear Hospital. There is no record of the remaining founders Nathaniel Handson and John Dowdall.

It is of interest to note that the surgeons of the Charitable Infirmary in the Georgian era were much involved in medical reform and of the twenty-six members of the 'Dublin Society of Surgeons', no less than seven were on the staff of the hospital – William Ruxton, who was the Surgeon-General, Henry Lyster, Robert Bowes, John Neale, Francis McEvoy, George Stewart and Peter Reilly. The Society of Surgeons, which met regularly in either 'The Elephant Tavern' in Essex Street, 'The King's Arms' in Smock Alley, 'The Eagle' in Eustace Street or at the Musick Hall in Fishamble Street, resolved at one of its meetings:

That it is the opinion of this Committee that a Royal Charter, dissolving the preposterous and disgraceful union of the surgeons of Dublin with the barbers, and incorporating them separately and distinctly, upon liberal and scientific principles, would highly contribute, not only to their own emolument and the advancement of the profession in Ireland, but to the good of society in general by cultivating and diffusing surgical knowledge.



This famous declaration led to the granting of a charter by George III in 1784 for the founding of The Royal College of Surgeons in Ireland, and the above members from the Society of Surgeons are named in the charter, where we also find the name of another surgeon from the Charitable Infirmary, Richard Sparrow. The close association enjoyed by the Royal College of Surgeons and the Charitable Infirmary since the foundation of the former in 1784 was based therefore, not alone on a harmonious teaching relationship, but owed much to the bond forged by the founding surgeons who agitated so successfully for the reform of surgical practice and teaching.



George Stewart.

A marble bust in the Royal College of Surgeons in Ireland.

George Stewart, who became president of the Royal College of Surgeons in 1792, was appointed State Surgeon in 1785 and in 1787 he was elevated to the important position of Surgeon-General to the Forces. He attended Lord Edward Fitzgerald during his last illness and according to Madden showed 'great skill and goodness of heart' in his care of the dying patriot.

Richard Houghton, surgeon to the hospital, had the distinction of becoming the first honorary member (then the equivalent of fellow) of the newly founded College of Surgeons, with Robin Adair in 1784. We may permit Adair to distract us for a moment, to dwell on his amorous rather than his surgical exploits. 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

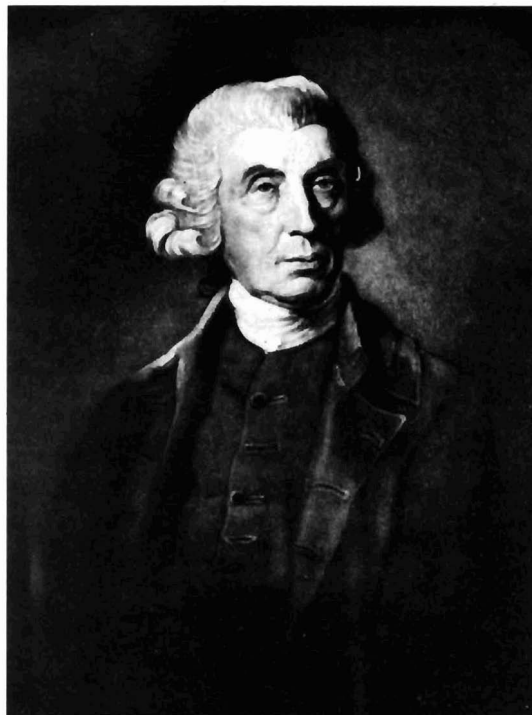
of transport, he came upon an overturned coach and gave assistance to its female occupant, who in return introduced him to fashionable society in London. Here he met Lady Caroline Keppel with whom he fell in love, but her family was opposed adamantly to a match with a mere barber-surgeon, and Caroline 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, and this song is today the anthem of the Royal College of Surgeons in Ireland:

*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'.

Robert Adair 1710-1790.

An engraving by Lemuel Abbott in the Royal College of Surgeons in Ireland.



Robert Bowes, a member of an aristocratic family, practised from the then fashionable area of Jervis Street, before the Charitable Infirmary moved there. He achieved sufficient eminence to attract the attention of John Gilbourne, medical doctor and poet, who wrote:

*The Fistula is cured by Robert Bowes,
Unbounded Skill his cautious treatment shows;
Of surgery the progress he can trace
Of Paean, source of the Aesculapian Race,
Down to Great Hawkins, whom Britannia's King
Is proved to shelter with propitious wing.*

John Neale, surgeon to the hospital from 1756 to 1789 and signatory to the College charter, was the son of William Neale the proprietor of the famous Musick Hall in Fishamble Street where Handel had performed the world premiere of *Messiah* in 1742. John Neale soon distinguished himself as a talented violinist and he played often in the Musick Hall with the Musical Academy founded by Lord Mornington, father of the Duke of Wellington. Neale's reputation as a violinist earned him the attention of George II who invited him to St. James' Palace for a royal performance. Widdess, in his history of the Charitable Infirmary, written for the hospital's 250th anniversary, was perplexed by the apparant paradox of Neale performing at one moment a barbarous operation, almost certainly destined to failure, and then with the same hands delicately playing the violin; he put it thus:

Think of him – carrying up the steps of the Infirmary a case containing the awesome instruments of amputation, a saw, long razor-keen knives, and the cruel searing cauterizing irons. Or alternatively, arriving at Lord Mornington's Academy bearing a case in which lay his violin and bow, soon to resound in the same hands, pouring forth 'heavenly Music'...

Neale was also eulogised in verse by Gilbourne:

*Harmonious Neale can tune Apollo's Lyre,
With heavenly Music cheer the Maiden-choir,
Command the Passions, cause to laugh or weep,
Or with soft Notes lull tyrant Saul to Sleep:
O'er sounding Strings his graceful Fingers roll,
And fill with Melody th'enraptur'd Soul.
He's no less famous for chirurgic Skill,
And in Society has wit at Will.*

Another member of the hospital staff to achieve eminence in the eighteenth century was the physician, John Curry. Born in Dublin, Curry studied medicine in Paris and qualified with distinction at Rheims. 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. According to the historian, Denis 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'. 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 Daniel 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.

The Charitable Infirmary in the Nineteenth Century

The start of the nineteenth century began for many on an inauspicious note with the abolition of the Act of Union which heralded the end of Dublin's reign as the second city of the United Kingdom. When on January 1 1801 the Act of Union dissolved the Irish parliament in Dublin with Westminster becoming the seat of government for both countries, the aristocracy and nobility departed for London leaving behind a social vacuum that was filled by the clergymen of the established church, the wealthy merchants and the professional classes. Lawyers and doctors were plentiful and both were to dominate the social life of Dublin for a century.

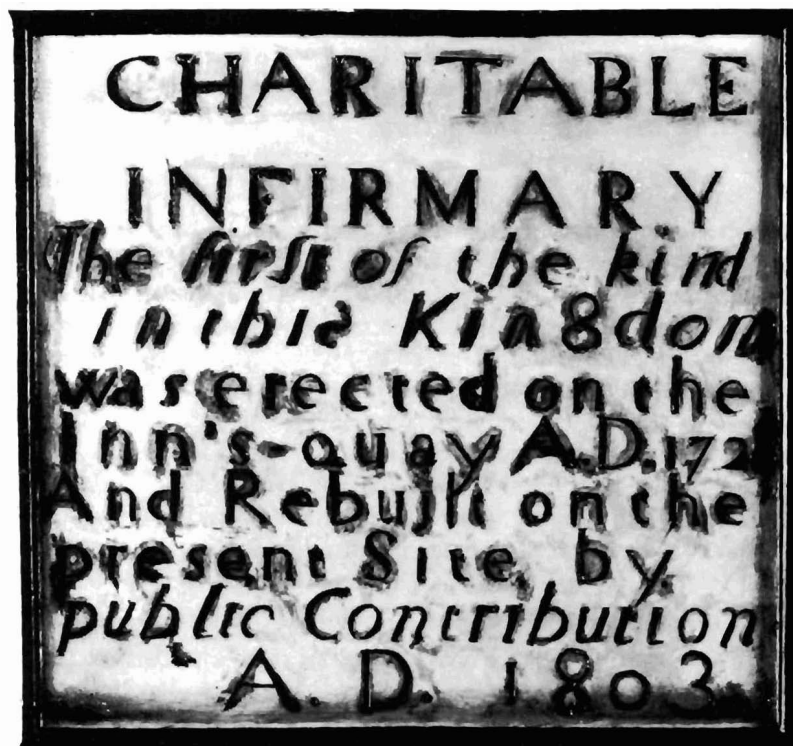
The social change that occurred in Dublin immediately after the Union is described by Maria Edgeworth in her novel *The Absentee*:

From the removal of both houses of parliament, most of the nobility, and many of the principal families among the Irish commoners, either hurried in high hope to London, or retired disgusted and in despair to their houses in the country. Immediately, in Dublin, commerce rose into the vacated seats of rank; wealth rose into the place of birth. New faces and new equippages appeared. People who had never been heard of before started into notice, pushed themselves forward, not scrupling to elbow their way even at the Castle; and they were presented to my lord-lieutenant and to my lady lieutenant; for their Excellencies might have played their vice-regal parts to empty benches, had they not admitted such persons for the moment to fill their court. Those of former times – of hereditary pretensions and high-bred minds and manners – were scandalized at all this; and they complained with justice, that the whole tone of society was altered; that the decorum, elegance, polish and charm of society was gone.

The Georgian aristocracy left behind them a city that had few rivals for architectural eminence. The Gardiner family on the northside had developed Henrietta and Denmark Street, Gardiner's Mall, Great Charles Street, Gardiner Street and Mountjoy Square, and on the southside architectural harmony was achieved by the Fitzwilliams. The

development of Merrion Square began in 1760 and was completed in 1790 together with Upper and Lower Fitzwilliam Street. Fitzwilliam Square and Place were not completed until the 1840's. Standing at the corner where Merrion Square East joins Merrion Square North, the observer's eye is drawn by the gentle undulation of line and shadow on door and window of the Georgian architectural facade towards the Dublin mountains which seem to rise from the end of the street. The houses of these great squares and streets were ideally suited to the professions, with the legal gentlemen favouring the northside squares of Rutland and Mountjoy and the medical profession settling initially in Merrion Square and later in Fitzwilliam Street and Square. Indeed, so popular did Merrion Square become to the medical profession that it was known to irreverent Dubliners as 'The Valley of the Shadow of Death'.

But all of this was far removed from the Charitable Infirmary situated in the heart of poverty in the Liberties. The Governors of the hospital found themselves in a familiar situation. The house of Lord Charlemont had become dilapidated and was no longer suitable as a hospital. A subscription list was opened to which the merchants of the city subscribed generously and in 1804 the new Charitable Infirmary was opened. Over the door a large mural granite tablet was erected:



A double flight of granite steps furnished with a high iron railing led to the entrance door. The ground floor was occupied by the surgery, board-room, and apothecary's apartments. The rooms on the upper floors were wards with the exception of a room for the matron, and one room which was used for operations. The new hospital could accommodate seventy-five beds, but due to lack of funds, only about one-half were used initially. Shortly after the erection of this new building teaching of medical students commenced at the hospital. A small library was opened and facilities for medical and surgical education were provided. A few years later a dissecting room was opened in an old building at the rear of the hospital. Lecture courses on anatomy, physiology and surgery were delivered by Samuel Wilmot and Richard Dease.

In 1820 the Governors applied for and were granted a new charter by George IV and shortly afterwards the General Rules, Bye-Laws and Regulations were ratified in which the duties of each member of staff were clearly stated:

Every person Subscribing and Paying, at an entire Payment, any sum not less than £20 for the use of the Infirmary, becomes a Governor for Life.

The Attending Surgeons shall (Sundays excepted) be at the Infirmary for the relief of Extern Patients at eight o'clock from 6th April to 5th October, inclusive, and at nine o'clock from October 6 to April 5 inclusive.

When patients are discharged, a Mark thus (+) shall be put in the Diet Book, instead of an Order for Diet; and in case of Death a Mark thus (+ +).

The Apothecary shall not absent himself from the Infirmary when the House-keeper is from Home; and in his casual absences he shall leave directions with the Porter where he is to be found.

The Housekeeper shall carefully inspect the Infirmary every night, and see that the Fires, Lamps, and Candles be safe, and the different doors secured.

The Nurses shall not, if married, be permitted to have their Husbands sleep in the Infirmary; and if they have Children they shall not keep them in it.

The Porter shall every morning, sweep the Footpath before the Infirmary, a little beyond the gutter.

No patient to play at Cards, Dice, or any other Game, or to smoke in the Infirmary.

Any patient who shall convict a Nurse, Porter, or any other Servant of the Infirmary, before the Apothecary, of exacting or receiving any Money from any Patient or Visitor, shall have Ten-pence Reward.

To judge from subsequent entries in the Minute Book, these Rules were adhered to and an entry for Thursday, July 20th 1826 tells us that the porter's lot was not always a happy one: 'An application having been laid before the Board from Daniel Loughlin, the Porter soliciting a pair of shoes and stockings, as the ones handed over to him by the

late porter on his dismissal were not new. Ordered: That the foregoing application be complied with.' The first matron/housekeeper, Mrs. E. D'Arcy was appointed in 1814 at a salary of £14 13s. 11½d. quarterly with board and lodgings. Two nurses were appointed to assist her. It would appear that the payment for a nurse at this time was about £2. 6s. 8d. per quarter. Most patients in the hospital were cared for by their relatives and nursing as we know it today did not exist. The matron/housekeeper often had a difficult time and on one occasion she was fined £1 for 'neglecting to give a chop to a patient that was ordered by the medical gentleman'. On another occasion she had to complain about a certain Mr. Farmer, a resident pupil, to the management committee for holding noisy parties in the hospital; as a result all resident pupils were cautioned against the repetition of such evenings of frivolity.

In 1852 the committee of management made the remarkable decision to invite the Sisters of Mercy to supervise nursing in the hospital. This decision was motivated by a desire to improve the standard of nursing in the hospital, and whereas it was recognised that the Sisters were not trained nurses, it was appreciated that they had 'acquired an experience which renders them very efficient'. There was concern, however, that the Sisters might seek to influence religious practice in the hospital. At that time the rules provided free access for patients of every denomination 'and empowered every patient to send at once, and without question for any clergyman whom the patient might desire to see'. These misgivings were set aside, however, in favour of the overall benefits that might derive from the organisation of nursing in the hospital. The members of the committee of management had every reason to be impressed by the achievements of the Sisters of Mercy. Catherine McAuley, heiress to a large fortune, opened the first House of Mercy at Baggot Street in 1828 and three years later the first convent was opened there. At the time of Mother McAuley's death in 1841 the Sisters of Mercy had founded eight new convents in Ireland and two in England, and within ten years of her death convents had been established in Newfoundland, Australia and New Zealand.

On August 15th 1854 the Sisters of Mercy arrived at the Charitable Infirmary and an address of welcome was read by Mr. Stapleton, chairman of the committee of management:

Whilst we thus pay homage to the dispositions you bring with you, to the duties you this day enter upon, we are delighted also to recognise in these dispositions an unflinching guarantee of the advantages we have hoped for the Institution from your connection with it. From this day it will hold a different position before the public – a position ensuring increased confidence and sympathy, and by that means more bountiful support from all true friends of Charity. Nor is the mixed character of the Institution to be in any degree disturbed by your becoming connected with it. Your Institute is well known; Jew and Samaritan are the same to you when there is a question of doing



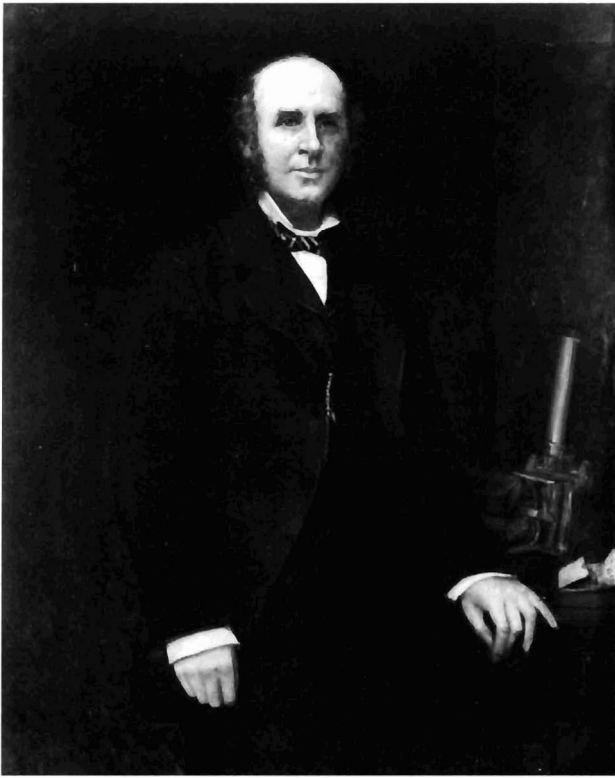
Mother Catherine McAuley.

a service of charity to one or the other. On this account the public institutions of the country are everywhere open to your sisterhoods, notwithstanding the religious distinctions of their inmates and the mixed administrations under which they are governed. We have therefore no reserve in giving to the public the most distinct engagement that nothing will be said or done by you to interfere with the religion of our patients.

Towards the close of the nineteenth century the demands on the hospital were such that the management committee had, once again, to direct their thoughts towards building yet another hospital. The large and extensive premises of the Dublin Carriage Company were acquired together with five houses in Jervis Street, and extensive foundations were laid at a cost of £1,235. These foundations were, to say the least, substantial. The excavations extended to a depth of fully ten feet below the level of the pavement and were laid on a substratum of gravel, and filled in with Portland cement concrete of sufficient thickness to sustain with safety the weight of the massive walls of the building. The estimated cost for the new building was £29,000. The Presbyterian Mission Church and Schools which adjoined the hospital in Jervis Street were purchased for £2,250 and the patients were transferred to these buildings during the erection of the new hospital. Funds for the building were collected in the customary manner. On November 27th 1883, Mr. Irving Bishop conducted a 'Seance' in the Round Room of the Rotunda Hospital to a packed audience. The performance was not altogether successful as not all the maestro's tricks met with the desired outcome. Apparently the 'thought-reader' agreed to inform the audience of the number of the hackney cab that had brought Dr. Robert MacDonnell to the event 'and the number of the cab having been communicated by Dr. MacDonnell to Dr. Kidd, Mr. Bishop caught hold of the latter by the hand, tried his trick, and failed.' None the less the event raised £230 in return for which it was agreed that a ward in the hospital should be named 'The Bishop Ward'.

On October 29th 1885 the Most Reverend Dr. Walsh, the Roman Catholic Archbishop of Dublin, presided over the opening ceremony of the new hospital and among the many speakers were Dr. Francis Cruise, President of the Royal College of Physicians, and Dr. Robert MacDonnell. In January of the following year a week of fund-raising events took place in the new hospital. There was a Full Dress Ball, a Musical Promenade, an Undress Ball, an Exhibition of Water Colours, Theatricals, and a Military Concert. The hospital was 'magnificently Decorated and lit up with Electric and Sunlight'. The Dress Ball was the highlight of the week's events and was reported in one newspaper in the following glowing terms:

The Castle and the city, the garrison and the guarded, animated by a common object, appeared to have met on a field of cloth of gold, so brilliant was the effect, so highly coloured the surroundings, and so harmonious the accessories. In the Metaphorical



*Robert MacDonnell 1828-1889.
A portrait by Sarah Purser in the
Royal College of Surgeons in Ireland.*



Francis Cruise 1834-1912.

language popular in the last century, followers of Mars and Aesculapius joined in homage at the shrine of Venus and Terpsichore... In the reception room Liddell's band played a programme of twenty dances, and in the dance room the King's Own Borderers, under Mr. Douglas, played a similar list. Attached to both these rooms were corridors supplied with chairs and sofas decorated with mirrors and tropical plants, and perfumed with all the scents of Araby, so as to form a most agreeable substitute for the traditional 'conservatory' and there a great many couples discussed the present political crisis.

This new hospital, which is now being closed, was completed at a cost of about £55,160. 16s. 1d. which included the purchase of the site and the laying of foundations. The governors were left with a debt of £16,284 and in order to obtain possession from the contractor a supplemental charter was applied for to empower the governors to raise money by mortgage on the property for charity.

The new hospital had a number of notable architectural features which included large wards measuring 132 feet in length by 30 feet in width and 20 feet in height, affording 2,640 cubic feet of space for each of 36 occupants. The windows measured 18 by 5 feet, the sashes being double glazed. The corridors were glazed and served as a means of communication as well as being conservatories and recreation areas for patients when convalescent. At the ends of each corridor there were hydraulic lifts and staircases. Ventilation was by fresh-air vents eight feet above the floors which could be opened and closed at pleasure to foul-air exits leading into foul-air flues that discharged above roof

An engraving of 'new' hospital bearing the caption 'Succours the Sick-Poor without Religious Distinction'.





An operation in the 'new' theatre.

level. The wrought-iron grills, still visible on the ceilings of the wards, are evidence of the Victorian preoccupation with ventilation in hospitals. The wards were heated by hot water and the floors were fireproof. The roof, which was also fireproof, was flat and surrounded by a handsome balustrade enclosing 5,100 superficial feet and forming a splendid exercise ground for the patients. Being 100 feet above the level of the pavement, a magnificent view was to be had of the Dublin Mountains, the Bay and the surrounding country. The operating theatre was so arranged as to allow every student a full view of the operation table. This theatre is now the students' lecture hall.

The affairs of the hospital seem to have been managed well from the outset and in 1896 we find the hospital income was £3,681 10s. 9d. with expenditure marginally less at £3,563 16s. 6d. In the same year there were 875 admissions, with 28,935 outpatient attendances. The hospital had 250 beds, but at first only 78 were utilised for want of funds. The adjoining Presbyterian Mission Church was fitted up as sleeping apartments for the use of the resident medical officers. One of its two school-rooms became a board-room and secretary's office, and the other a reception-room.

The Sisters of Mercy soon fulfilled the promise that the hospital had placed in them. In 1891 a training school for nurses was established by Sister Mary Scholastica, superioress of the hospital community, and ten trainees were accepted and accommodated in dormitories in the hospital. Training was to be for three years, after which suitable girls were appointed as probationers, and were called nurse at the end of one year. All applicants to the school had to be single or widowed and aged between 22 and 35 years. Dr. Pratt and Dr. Coleman agreed to organise lectures for the nurses. A trained nurse at this time was paid £35 per year, but an extra 5s. per week could be earned for nursing mental and infectious cases. In 1899 Miss Mary Alice Kelly was appointed Matron of the Charitable Infirmary at the young age of 21 years.

As in the Georgian era, so too we find no shortage of colourful personalities associated with the Charitable Infirmary in the Victorian period. The early nineteenth century saw the appointment of a number of famous medical personalities to the staff of the hospital. Robert Adams is remembered today for his description of apoplexy associated with a slow pulse and known throughout the world as the Stokes-Adams syndrome. William Wallace founded the first hospital for the treatment of skin disease in Moore Street. In 1847 John MacDonnell administered the first anaesthetic in Ireland in the Richmond Hospital and eighteen years later, his son Robert gave the first transfusion of human blood in Ireland in the Charitable Infirmary on Mary Anne Dooly, aged 14 years, who had tetanus from which she later died. In 1831 Thomas Lee resigned as physician to the hospital and Dominic John Corrigan, the Charitable Infirmary's most famous son, was appointed physician in his place. As is customary in Ireland, Corrigan's standing abroad is higher than that accorded to him in his homeland. Indeed, the name Corrigan is familiar to medical students and doctors the world over. In Victorian days Corrigan's contributions to clinical medicine were acknowledged by a host of eponyms – *maladie de Corrigan*, Corrigan's cirrhosis, Corrigan's sign, venous Corrigan, Corrigan's button, and Corrigan's hammer; and in the town of Arcachon near Bordeaux, *allée Corrigan* bore testimony of the citizens' gratitude to him for extolling the climatic benefits of their seaside resort.

Corrigan was born on the first day of December 1802. The exact place of his birth is not known but it was either above his parents' shop at number ninety-one Thomas Street, or at the small family farm named 'The Lodge' in Kilmainham, then a village on the outskirts of the city.

Of his parents few facts are known. John Corrigan might be best termed a merchant; he appears to have been a man of many parts – farmer, shop-keeper, dealer, chapman, and collier maker. He made a good living providing farm implements for Irish country labourers passing through the city on their way to work the English harvest. The German



*Dominic Corrigan 1802-1880.
An engraving in the Illustrated London News.*

traveller J.G. Kohl has left a melancholy description of these migratory Irish labourers in the early nineteenth century:

Every year numbers of these labourers wander away from the western parts of Ireland, particularly from Connaught, to assist the English farmers in getting in the harvest... Wages in England, on an average are twice as high as in Ireland, and the Irish harvesters, accustomed to the cheapest food, are generally able to bring back the greater part of what they earn. The men have usually a bit of ground in Donegal, Clare, Mayo, Connemara, or somewhere among the bogs and mountains of the west, and as soon as they have put their own fields in order, they cross over to England, leaving their families at home. Their little harvest is often attended to by their wives, or, as among the mountains of Connaught the harvest is generally later than in England, the men are often at home again quite in time to attend to the getting of their own produce.

John Corrigan's shop in Thomas Street was on illustrious ground. From a lease of 1799, we find that he took possession of the 'Castle of St. John the Baptist commonly called or known by the name of St. John's Castle in the precincts of St. John Without Newgate'. This castle had been built on the site of the ancient priory of St. John the Baptist, Dublin's first hospital in the twelfth century. Thomas Street was even then an historic thoroughfare. Not far down the street on the same side as the Corrigan shop Major Sirr had arrested and wounded fatally Lord Edward Fitzgerald, and a year after Dominic's birth Robert Emmet was executed outside St. Catherine's Church.

John Corrigan's wife was Celia O'Connor descended from the clan O'Connor and of royal Irish blood. With her husband she gave her children a comfortable home which was, to judge by the future religious choosing of children and grandchildren, intensely Catholic. There were three boys, Patrick, Dominic and Robert, and three girls, Mary, Celia and Eliza. In Thomas Street the children witnessed sadness, mingled with short-lived flashes of hectic happiness smothered all too quickly by the ever-present misery of poverty, neglect and disease. They must have realised soon how fortunate they were with a roof over their heads and shoes on their feet. Yet despite the misery there was a sparkle to Thomas Street. Though not a wealthy thoroughfare it served the commercial needs of the poor in the Liberties of the city, and was always bustling. Country labourers and farmers would come to the Corrigan shop often bargaining in Irish, the only tongue they knew. In the street heavy carts trundled by on wooden wheels; bare-foot women in brightly coloured shawls and petticoats moved among the throng, the faces of the older ones showing the ravages of poverty and childbirth; half-naked urchins clinging to carts, hawkers crying their wares, and beggars pleading with those wealthier than they to part with alms, all formed this colourful if tragic scenario. Ballad singers were the entertainment of the day and the Corrigan children must have listened to the most famous of these – the blind Michael Moran, better known as Zozimus.

Corrigan was educated at the Lay College at Maynooth, and after serving as apprentice to the local doctor at Maynooth, he entered the School of Physics of the University of Dublin in 1820. During the next five years, he attended lectures in Dublin's private medical schools and the College of Surgeons, but he chose to go to Edinburgh University with William Stokes to complete his studies. Corrigan's student days preceded the passing of the Anatomy Act of 1832 and he had, therefore, first-hand experience of the body-snatching era. The resurrection-men, as the body-snatchers were known, were only allowed to act with the approval of the medical schools, and more often than not the students themselves procured the bodies for dissection. Their principle source of supply was the pauper's graveyard known as 'Bully's acre' adjoining the Royal Hospital at Kilmainham, although occasionally the demand exceeded the supply and they were forced to raid other graveyards, a popular alternative being then known as the 'Cabbage Garden' at the end of Cathedral Lane.

Little was left to chance in the planning of a body-snatching mission. A dissecting-room porter clad in obsequious garb spent the day at the graveyard mingling with the bereaved so as to ascertain the age and illness of the deceased. Having determined the suitability of the subject for dissection, he marked the appropriate graves. At nightfall an old pensioner in the pay of the students gave the all-clear signal by lighting a candle in the window of the gatehouse, and the students then entered the graveyard and selected their prey. Corrigan has left a vivid account of a body-snatching foray:

We moved with our hands the recently deposited clay and stones which covered the head and shoulders of the coffin – no more was uncovered; then a rope about three or four feet long was let down, and the grapple, an iron hook with the end flattened out attached to the rope, was inserted under the edge of the coffin-lid. The student then pulled on the rope until the lid of the coffin cracked across. The other end of the rope was now inserted round the neck of the dead, and the whole body was then drawn upwards and carried across the churchyard to some convenient situation, until four or six were gathered together awaiting the arrival of the car that was to convey them to some dissecting theatre. What added to the ghastly character of the moonlight scene was, that the bodies were stripped naked, for the possession of a shroud subjects us to prosecution.

Worse experiences were to follow, as Corrigan goes on to relate:

On the first occasion of my joining our night excursion, an incident occurred sufficient to awaken in me at least momentary alarm. My lot fell to opening a grave in which the internment of a poor woman had taken place. I worked vigorously, and on reaching the frail coffin had no difficulty in breaking back its upper third; but, on stooping down in the usual way, with my head down-wards and my feet slanting upwards, I had to support myself by resting my hands on the chest of the dead; when what was my horror to hear a loud prolonged groan from the corpse. I suddenly drew myself

upwards, but there was no repetition until I again supported myself on my hands resting on the chest, when another prolonged groan was audible. The cause, on a little examination, became then explicable. The body was an impoverished weakly skeleton, and the pressure of my weight forced the air in the chest up through the trachea and larynx, and produced the sounds which had momentarily terrified me.

Dominic Corrigan's first task, after qualifying in Edinburgh together with his famous contemporary William Stokes in 1825, was to obtain a hospital appointment. Coming as he did from an artisan Catholic background in the Liberties of Dublin was a considerable disadvantage in pre-emancipation Ireland. However, Corrigan was a prodigious worker, and in his practice among the sick he studied the clinical manifestations of fever and heart disease carefully. A series of papers, published mostly in the *Lancet*, secured for him the appointment of physician to the Charitable Infirmary in Jervis Street. Shortly afterwards his famous paper on aortic regurgitation, known today as 'Corrigan's Disease', appeared in the *Edinburgh Medical and Surgical Journal*.

Corrigan's stay in the Charitable Infirmary was professionally rewarding in that he made a significant impact with his writings on medical science, but he was frustrated by his surgical colleagues in obtaining more beds. It was hardly surprising, therefore, that when a vacancy arose in the Richmond Hospital in 1840 Corrigan was duly appointed. Here he joined his colleague Robert Adams who had made a similar move some years earlier. Corrigan was given charge of the Hardwicke Fever Hospital and when the Great Famine began in 1845, the government appointed him to the Central Board of Health that was established to organize the relief of famine and fever. The Royal Colleges resented the fact the the government had not sought their advice, and when the Board approved a five-shilling-a-day award to doctors working in the famine areas, the medical profession, led by the Colleges, decried the offer as ridiculous and selected Corrigan as the main target for their displeasure. Robert Graves led a vitriolic personal attack on his younger colleague, and it was not long before the press joined in, declaring that since Corrigan had 'felt the pulse of an Excellency... a new light has burst on him and closed his mouth.' Corrigan unwisely chose this time to seek an honorary fellowship in the King's and Queen's College of Physicians, and predictably he was blackballed. With characteristic determination he sat for the licentiate examination and was duly elected to full fellowship and shortly afterwards to the presidency of the College. He held this post for five successive years – a feat not since rivalled. The outstanding event during his term of office was the building of the College Hall in Kildare Street.

Corrigan not only assisted the government in fever and famine relief but also advised on the planning of lunatic asylums and he served as a commissioner of national education. These services were duly rewarded; he was appointed Physician-in-Ordinary to Queen



*Sir Dominic Corrigan 1802-1880.
Marble statue by John Henry Foley in the Royal College of Surgeons in Ireland.*



Corrigan's Button for counter-irritation.

Victoria in Ireland and created a Baronet of the Empire in 1866. He had a passionate interest in education, both medical and general. He was an excellent teacher, and his clinical lectures published in the *London Medical Gazette* and the *Dublin Hospital Gazette* show a deep empathy with the qualities essential to the development of the clinician. As a member of the General Medical Council for 21 years he pressed uncompromisingly for the standardisation of medical education.

However, it was to general education at both school and university level that Corrigan directed most of his energies. He knew only too well the difficulties that beset Catholics in obtaining even the most basic education in Victorian Ireland. He had been fortunate in going to the best Catholic school then available, the Lay College at Maynooth, a remarkable institute that lasted merely 17 years. As a commissioner for national education and as a member of the Senate of the Queen's University and later its vice-chancellor, he did much to advance the cause of educational facilities for Catholics. However, he reserved his greatest effort for his later years. At the age of 68 he was elected a Member of Parliament for the City of Dublin, and in the Houses of Parliament at Westminster he stated courageously the case for Catholic education in Ireland: 'There is seen in Ireland', he declared, 'what is not seen in any other country – even in the most despotic country in Europe, that sixty professors of Arts and Sciences are the mere nominees of the viceroy.' He warned that the lack of educational facilities was a source of deep sectarian discord: 'While Trinity College is left in possession of at least fifty thousand pounds a year won by oppression and confiscation from Catholics – the Catholic Educational Institutes derive nothing from the State.' Westminster listened in shocked silence; at home many of his colleagues found his strictures highly offensive, but to the Catholics of Ireland he epitomized all that education and integrity stood for. The development of university education in Ireland was a great disappointment to him as he was totally opposed to sectarian education, believing that intellectual ability should be the only consideration for entry to university. For this reason he refused to join the staff of the newly founded Catholic School of Medicine. Corrigan died of a stroke in his 79th year, on February 1, 1880, and his body is interred in the family vault in St. Andrew's Church, Westland Row.

An older contemporary of Corrigan's and one of the hospital's more famous surgeons is Robert Adams who had a considerable influence on medicine. Adams was born in Dublin in 1791. We know nothing of his childhood days and, unfortunately, we are at all times at a loss for personal details of his life. He entered the University of Dublin in 1810 as a student of the liberal arts and was apprenticed to William Hartigan, Professor of Anatomy and Chirurgery at Trinity College. Following the death of Hartigan in 1813, Adams apprenticed himself to George Stewart, Surgeon General to the English army in Ireland and a surgeon to the Charitable Infirmary. He graduated Batchelor of Arts



Robert Adams 1791-1875

An engraving in the Royal College of Physicians of Ireland.

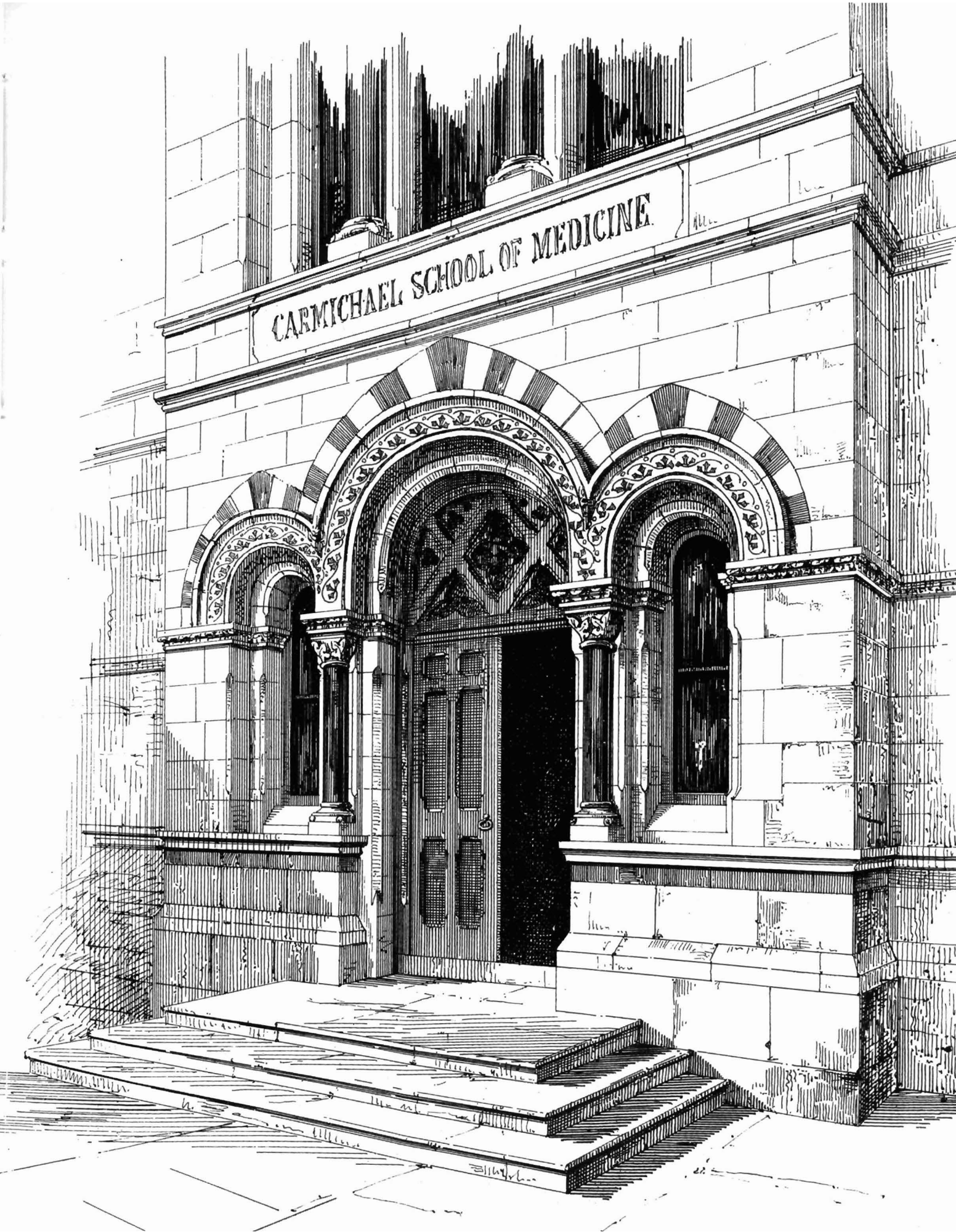
in 1814 and in 1815 received the Licentiate of the Royal College of Surgeons in Ireland. As was customary for those who could afford the expense, he then departed for Europe on what was the medical equivalent of the Grand Tour to visit the famous continental hospitals, and he worked for a time with the best surgical teachers of the day. On his return to Dublin in 1818 he was appointed surgeon to the Charitable Infirmary.

In 1827, Adams published a long article in the *Dublin Hospital Reports* entitled 'Cases of Diseases of the Heart Accompanied with Pathological Observations'. In this paper Adams described a patient with apoplexy which he attributed to a slow pulse, and the condition is known today as Stokes-Adams Disease. (William Stokes of the Meath Hospital describing the condition some years later, acknowledged his colleague's description and thus earned the joint eponym.) With impeccable reasoning Adams deduced that the cerebral symptoms were secondary to cardiac disease: 'apoplexy must be considered less a disease in itself than symptomatic of one, the organic seat of which was in the heart.' The patient concerned was seen by Adams in conjunction with his ordinary medical attendant, Mr. Duggan, (an example of professional courtesy no longer evident in our journals or, indeed, in practice) when he 'was just then recovering from the effects of an apoplectic attack'. What attracted Adams's attention was 'the irregularity of his breathing, and remarkable slowness of pulse, which generally ranged at the rate of 30 in the minute'. The other remarkable point was that after an apoplectic attack the patient recovered without any paralysis. Adams gave the following explanation for the symptoms: 'where the heart is slow in transmitting the blood it receives, we find ... a means of accounting for the lethargy, loss of memory, and vertigo, which attends these cases'.

In 1838 Ephraim McDowell who was surgeon to the Richmond Hospital died and Adams applied for the post. The appointment was contested by John McDonnell and such was the ability of both candidates, that the board of the hospital experienced considerable embarrassment and was unable to reach a decision as to which candidate to appoint. Richard Carmichael, one of the surgeons to the hospital and a famous name in Dublin medicine, in a magnanimous gesture, resigned his post so that rather than deprive the hospital of either candidate both might be appointed.

Adams's versatility is apparent in his book entitled *Rheumatic Gout or Chronic Rheumatic Arthritis*, which was published in 1857. This is composed of case reports and pathological descriptions of chronic joint disease, and although he recognised differences between osteoarthritis, rheumatoid arthritis and gout, the diseases are frequently confused one for the other. He advocates rest in the early stages of rheumatoid arthritis 'with the expectation of arresting the progress', but warns that 'it is important to have present in our minds the evils that result from the systems of articulations being kept for a great

CARMICHAEL SCHOOL OF MEDICINE



length of time in a state of perfect quietude'. He drew attention to joint crepitus, a phenomenon particularly manifest in his friend and colleague Dr. Percival, who would not fail to draw attention to himself by a 'succession of loud crackling sounds, to be heard by everyone present in the room whenever he arose slowly from his chair'.

Apart from his publications, Adams was busily engaged in practice and in teaching. In conjunction with Kirby and Read, he founded the Peter Street School of Medicine and later, with McDowell and Carmichael, he was one of the co-founders of the famous Carmichael School for Medicine and Surgery. In addition to his appointment to the Richmond Hospital, he was consulting surgeon to the Rotunda and Sir Patrick Dun's Hospitals. He received the degree of Master of Arts in 1832 and was awarded the degree of Doctor of Medicine in 1842. In 1861 he was appointed Surgeon-in-ordinary to Her Majesty Queen Victoria, a post to which considerable prestige was attached, and in the same year became Regius Professor of Surgery in Trinity College, Dublin. He was President of the Royal College of Surgeons in Ireland on three occasions; he also served as President of the Dublin Pathological Society and was a member of the Senate of the Queen's University. He suffered from gout for many years, a condition to which he devoted much study, but this does not appear to have affected longevity and he died at the mature age of 84 years. He is buried in Mount Jerome Cemetery.

Another medical personality of lesser note but deserving of mention is William Wallace. Indeed as J.D.H. Widdess reminds us in his biographical essay on Wallace, his contribution to medicine was substantial. Wallace introduced potassium iodide for the treatment of syphilis, and this form of therapy lasted up to the introduction of penicillin. He also demonstrated that the secondary lesions of syphilis are contagious, and he opened in Dublin the first specialised hospital for diseases of the skin in Europe.

His father was a solicitor in Downpatrick, where he was born in 1791. Wallace graduated from the Royal College of Surgeons in 1813 and then went to London for four years post-graduate work, where he numbered among his teachers John Abernethy and Astley Cooper. In 1818 he was appointed surgeon to the Charitable Infirmary and in the same year he founded and maintained at his own expense the Dublin Infirmary for Diseases of the Skin at 20 Moore Street where some 25,000 patients were to receive treatment during Wallace's lifetime.

Wallace's researches into syphilis are recorded in fascinating detail by Widdess, but of greater interest to us is Wallace's relationship with his colleagues and the Board of Governors at the Charitable Infirmary. Widdess's detailed researches from the minute books of the period are enlightening not only for the insight provided into Wallace's

rather flamboyant personality, but as a record of the government of the hospital at this period. Indeed we come to realise that though personalities change with time, behavioural patterns alter but little over the centuries.

Shortly after Wallace's arrival in the hospital in 1818 we find the senior physician, Dr. Brooke, reporting Wallace to the management committee for admitting patients unnecessarily:

Among the medical cases were numbered ophthalmia, as well as diseases of the skin. Not one in 20 of the eye cases, and certainly not one case of diseases of the skin was fit for an hospital which should receive accidents, and such surgical cases as actually required manual assistance and continued rest.

Brooke goes on to blame Wallace for 'the late heavy bills for medicine, the necessity for the second nurse, and the increased consumption of coals and candles'.

In the same year, 1820, a surgical colleague, James O'Beirne – who wrote a book on defaecation, which he dedicated to the Lord Lieutenant, and became the first to hold the title of Surgeon Extraordinary to the King in Ireland – consulted with his surgical colleagues as to the advisability of an operation on one of his patients named Haughton, and all agreed upon the necessity, except Wallace. After the operation O'Beirne had to go away for a short time, during which Wallace was in charge. When he returned he was surprised to find Haughton dying, and the two surgeons held 'an unseemly altercation' on the subject of the patient's death in the presence and hearing of attendants and patients. The management committee to whom the matter was reported, was reluctant to sit in judgement of what was regarded as 'a point of medical etiquette – not directly or indirectly affecting the unimpeached professional character of either party concerned'. However, both parties were summoned before them and censured for the 'criminations and recriminations' delivered in public. Wallace's behaviour called for further comment:

His conduct was greatly aggravated by his subsequent speeches and declarations before the management committee, i.e., he said that the operation performed on Haughton ought not to have been attempted (though sanctioned by consultation of the surgeons of the Infirmary), and that if he had not been prevented by the early hour at which the operation took place, he would have resisted the attempt. He persisted in mentioning his opinion respecting the operation ... implying that the unfortunate termination of the case confirmed his opinion.

At this time the surgeons attended in monthly rotation, with the result that patients could be admitted by one of them, turned over to another on the expiration of his monthly period of duty, and if remaining longer in the hospital came under the care of a third. This system proved highly frustrating to Wallace, who liked to follow his patients

throughout their illnesses. In 1834, when he failed to persuade his surgical colleagues to alter their routine, he wrote a long letter to the management committee:

Can there be any much more cruel act committed on a fellow creature labouring under the pains of disease than to deprive him of a medical attendant to whom he may have given his confidence and affections, and this perhaps at the very moment he may be approaching a recovery from a tedious and dangerous malady, or, if you please, when he is sinking into eternity. Many poor wretches have I known to shed the tear of affliction in your Hospital in consequence of being deprived of their Medical Attendant, perhaps at the moment their recovery had commenced. Many, very many others have I known to leave your Hospital at the conclusion of the period of monthly attendance rather than fall under the care of a stranger, although being far from convalescent, and though they had but a poor and comfortless home to go to.

How can knowledge be acquired if the observer be deprived of the power of prosecuting to a conclusion his investigations? How can science be advanced or the profession improved unless the phenomenon of disease and the action of remedies be noted throughout their whole series and order? How can information be communicated if you have not an opportunity of demonstrating the foundation and truth of the doctrines you advance; and lastly is not the power of acquiring character, and of being useful to the suffering fellow creature greatly diminished when the surgeon is prevented by an interruption to his practice from shewing the results of his mode of treatment and the assiduity of his attentions?

Wallace proposed to management that either the beds be divided equally or the rotation so arranged that the patient remained in the care of the same doctor. The reply to his appeal was that 'as all the medical gentlemen, with the exception of yourself, have expressed their desire that no alteration be made in the present mode of their attendance, the Committee is unwilling to decide against so large a majority of the professional attendants.'

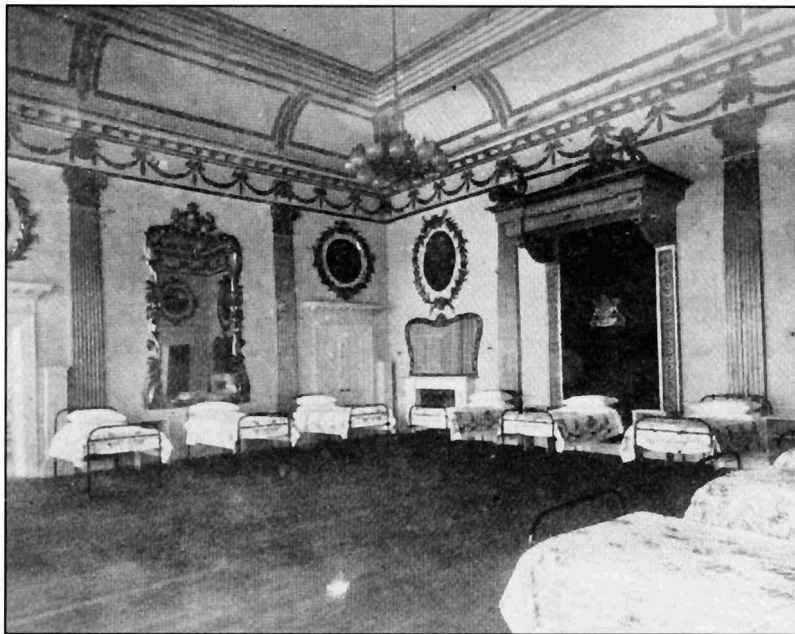
Wallace attended the hospital for the last time on Saturday, December 2 1837. On the following Friday he died of typhus at the age of 46. According to Widdess, this outspoken individualist and scientific clinician departed from among his fellow men without, as far as can be discovered, any expression of their regret. On the day after his death the management committee met and summoned a meeting to appoint his successor. It was their usual custom to pay tribute to members of the staff who had given long service, like that of Wallace for nineteen years, but none is recorded for him. The Skin Infirmary in Moore Street, which he had founded and maintained for an equal period, ended with him.

*This section has been kindly sponsored by
Peter Mark, National Radio Cabs Co-operative Society Ltd, P. Reilly Butcher, Syntex Pharmaceuticals Ltd,
Voluntary Health Insurance Board, and Wellcome Ireland Ltd.*

The Charitable Infirmary in the Twentieth Century

The story of the hospital in the twentieth century is dealt with by others in this book, but an outline of some of the more notable events may not be amiss here. Such were the political happenings in the city in the early years of the century that the Charitable Infirmary was called upon to provide assistance to all who asked for it regardless of their political persuasion. In 1915 a Red Cross Emergency Hospital was established in Dublin Castle for wounded soldiers and Miss Kelly, Superintendant of Nurses at the Charitable Infirmary, organised the nursing in this temporary hospital in recognition of which she was later awarded the Royal Red Cross. During the Easter Rebellion house surgeons, Doctors Frank Power, Tim Murphy, and Corny McGill converted a grocer's van into an ambulance, and wearing short white coats bearing a red cross, administered first aid in O'Connell Street, and brought casualties to the hospital. A contemporary newspaper report reads as follows:

Amid all the tragedy and horrors of 'Black Week' in Dublin one strong and glorious feature stands out in bold relief *viz.* the splendid way in which the Hospitals, their Surgeons and Nursing Staffs rose to the occasion. By reason of its central position The Charitable Infirmary of Jervis Street was called upon to play a big part, possibly the biggest of all in meeting the numerous demands that were made upon it. No praise is too high for the way in which Miss Kelly, Matron, Miss Gavigan, Assistant Matron and their Staff of devoted Nurses rose to the occasion.



*The Red Cross Hospital,
Dublin Castle.
The Throne Room of the
Castle converted into a ward.
From the Walsh Manuscripts,
National Library of Ireland.*

In 1981 Mrs. Rose Hickey of Birr sent me a transcript of a conversation she had with her brother-in-law, Dr. J.C. O'Carroll, who was a resident student in the hospital for Easter Week 1916. He recalled receiving the first casualties in the hospital – the Lancers who had been killed opposite the General Post Office. In particular he remembered one young soldier with a note in his pocket from his girlfriend arranging to meet him at seven o'clock that evening at the Park Gates. Casualties arrived at the hospital in two ways: there were those brought officially, as it were, through the Casualty Department – looters, innocent city folk and visitors to the city who had been injured in the crossfire, and the wounded rebels who reached the hospital by a more clandestine route. Apparently the 'rebels' had tunnelled through the Henry Street houses from the G.P.O. to the hospital where a hole in the wall was hidden by wardrobes and screens. When the wounded arrived, the Nuns 'whisked them out of sight'. When the military officers came to the hospital in search of the wounded insurgents, O'Carroll was deputed by Reverend Mother to admit them: 'Now Kit, your best tony accent and turn on all the charm.' Once in, the officers found a hospital working in an orderly manner as though oblivious of the disturbance outside. 'Everything was under control; sisters and nurses going about their duties and wardmaids pushing polishers up and down the corridors. Had the officers looked at the big feet of some of the wardmaids they wouldn't have had their raid for nothing!' Those whose injuries would not permit an ambulant disguise were taken to the nun's ward where they joined the ill sisters and donned wimples – a white head covering worn by nuns in bed. Escorting the officers through the hospital with matron on one occasion, O'Carroll was startled by the large increase of sick nuns but: 'Matron's sharp eyes had a quelling look, though her smile was sweet and innocent and her voice steady and determined.'

As soon as the casualties were admitted the nurses burned their boots, hats, uniforms and the sheets of stamps taken from the G.P.O.:

They burned everything: boots, hats, uniforms. You would think there was a rebellion every day in the week to look at them. They needed no-one to tell them what to do. One young Nurse cut off her long plaits and pinned them to an unconscious boy's head. Her only worry was to get them off again before he recovered consciousness. Another young man awoke to consciousness after an operation for removal of bullets to find a bonny baby in his arms.

Under the guidance of Miss Kelly nursing continued to improve in the hospital and in 1923 a Nurse Training School was approved and twelve years later the new School of Nursing was opened with accommodation for 72 nurses. A student nurse at this time might hope to earn £11 per annum in her first year, £15 in her second, £21 in her third, £30 in her fourth, and £50 as a staff nurse with matron receiving £70 per annum. In 1958

Miss Mary Gallagher was appointed first sister tutor to cope with the increase in numbers of nurses in training which had risen to 90 student nurses and 10 trained nurses.

Mary Alice Kelly. Matron from 1898 to 1945.



The Sisters of Mercy opened a new convent in 1929 and St. Laurence's and St. Patrick's wards, which had previously been occupied by the nuns, were converted for patients. The sisters remained with the hospital until August 15th 1983 when they departed ending 129 years association with the institution.

Ireland's first hospital sweepstake known as the 'Iodine Sweepstake' was held in the Board Room of the hospital in 1925 and realised £60,000 for the hospital funds. Arthur Chance was appointed surgeon with an interest in orthopaedic surgery and established the orthopaedic department of the hospital in 1930. Other twentieth century events that should be noted include the installation of the first artificial kidney in Ireland in 1958, the opening of the new lecture theatre in 1966 and of the new suite of operating theatres in 1967. In 1968 the Charitable Infirmary celebrated its 250th Anniversary.

In 1977, the hospital's Annual Report stated:

On 20th July, 1977 representatives of Jervis Street Hospital, St. Laurence's Hospital and the Eastern Health Board attended an historic meeting in the Custom House at the invitation of Mr. Charles Haughey the Minister for Health and Social Welfare. All representatives supported in principle the Minister's decision to build a similar type



*Sister Alban, Sister Columba McNamara, Sister Mary of Good Council (left to right)
at a social function in days past.*

of modern Hospital in four years at Beaumont to that which had recently been completed at Wilton in Cork, the bed capacity there being 600 beds but with room for expansion to 750. Both the Board of St. Laurence's Hospital and your Managing Committee understood that the new Hospital at Beaumont might replace both Jervis Street and St. Laurence's Hospital and although pleased and excited at the prospect of improved facilities for patients and staff nevertheless had some reservations regarding the entire suitability of the size and layout of the Cork Regional Hospital at Wilton to cater for the projected staffing requirement at Beaumont.

Any misgivings appear to have been soon dispelled and a year later at the turning of the first sod on the site of the new hospital at Beaumont the Committee of Management congratulated the Minister:

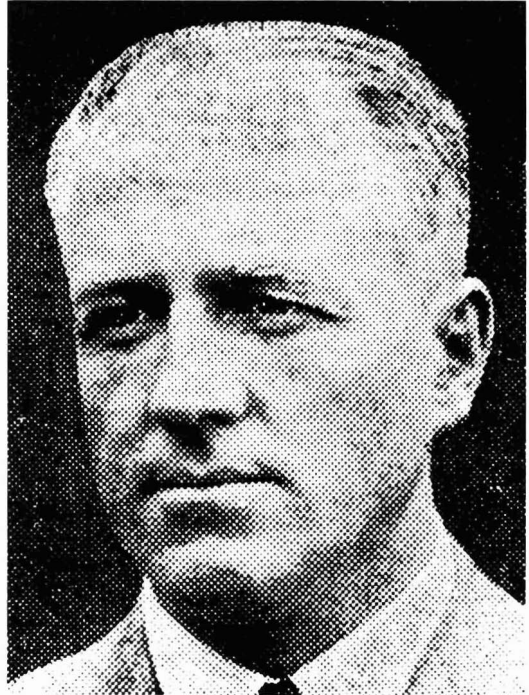
As you know the Minister turned the first sod on the site in February 1978 and the New Hospital building should be completed in 4 years. The Committee would like to congratulate the Minister on the manner in which he has approached the whole matter.

In 1983 the new hospital at Beaumont was completed and opening was scheduled for July 1985. In the same year a deputation met the then Minister for Health, Mr. Barry Desmond, to urge that the new hospital be named *The Corrigan Hospital at Beaumont* as had been recommended by the Medical Boards and Managing Committees of the Charitable Infirmary and St. Laurence's Hospital and the Beaumont Hospital Board. This request has been turned down by three Ministers for Health.

Other twentieth century events and developments of note are discussed elsewhere in this book, and though history does not readily permit the assessment of contemporary figures, one remarkable personality does emerge from the archives in the name of J.C. Flood.

Flood was born in Bristol on August 6th 1898 and was educated at St. Brendan's School in that city. He entered the Sulpician Fathers during the first war in which he served from 1917 to 1919. He came to Dublin shortly afterwards to study medicine and law. He had a distinguished undergraduate career at the Mater Hospital and University College where he graduated with a first class honours degree. Shortly afterwards he obtained his M.D., M.Ch., B.A., B.Comm., and he became a Barrister-at-Law. Flood was appointed assistant visiting surgeon to the Charitable Infirmary in 1935 and to St. Michael's Hospital where he also held the post of gynaecologist. He soon became a figure of considerable power in Dublin medicine. In addition to his hospital appointments he was a member of the Court of the Apothecaries Hall, a member of the Governing Body of University College, Dublin, and of the Senate of the National University of Ireland, a prominent member of the Irish Medical Association, and assistant editor with Dr. R.J. Rowlette of the *Journal of the Irish Medical Association*.

Surgeon J.C. Flood.



Oliver Fitzgerald, a life-long friend and contemporary of Flood, was well-qualified to write of his considerable oratorical powers to which may be attributed the often fearsome awe which attached to his persona in Dublin society:

He was a speaker of considerable power, having been a member and Auditor of the Literary and Historical Society of University College. Apart from the substance of his speech, which was generally much to the point, not always said with that degree of charity which he showed in later years, he had a remarkable speaking voice capable of being raised many decibels without losing its quality. This stood him in good stead at many a stormy meeting, or even in Court. In Court, his forensic capacities were often exercised to the full as an expert witness, notably in murder trials, leading almost inevitably to clashes with Judges, Barristers and other experts. As Flood's knowledge of Criminal Law and Court procedure was most extensive he did not often come to harm following these clashes. He never practised as a pleading Barrister though he liked to consider himself as potentially capable of so doing. He was a trenchant and incisive speaker amongst a group of contemporaries with remarkable powers of invective.

During the second war Flood had entered the Order of St. Benedict at Downside, but after a short period, illness forced him to return to Dublin where he recommenced surgical practice. However, in 1948 he entered the Novitiate at Ealing Abbey and later continued his studies for the priesthood at Sant Anselmo in Rome, where he was ordained by Archbishop Myers in October 1951. Here he obtained some further doctorates, notably a D.C.L., and he lectured in Canon Law and later in medical ethics at Sant Anselmo

from 1958 to 1966. He published extensively on medical ethics and his latter publications often bore his many qualifications, *viz*:

Dom Peter Flood, M.D., M.Ch., J.C.L., Barrister-at-Law, O.S.B., B.A., Monk of Ealing Abbey.

Flood had been, for me, a legend for as far back as I could remember. My father had entertained many a medical student with ribald anecdotes of his caustic wit, and later, Flood's contemporaries were to speak to me with some awe of a man who had more than a little influence on Dublin medicine for many years. Then there were the stories from U.C.D. of the debating battles he waged at the L & H in the course of acquiring one of his many degrees at Earlsfort Terrace. When I was appointed to the staff of the Charitable Infirmary, I set off for Ealing Abbey to see if the myth was reality.

The peace of the Abbey parlour was shattered when the door burst open and there in flowing robe, erect, and looking like Alastair Sim in an opera cloak, was Dom Peter who looked me straight in the eye and said:

And so you're Doctor O'Brien of Dublin – welcome. You are to succeed Tommy Ryan, who I had appointed to Jervis Street, and as yours was a Charter appointment every member of the Board of Governors, myself included, had a vote. But, of course, it is nothing like the old days when there were some 200 governors, all of whom had to be approached personally if one was to succeed, and that meant days loitering around hospital corridors and kicking the sawdust from the portals of many a pub door. And in the end they always did what the Reverend Mother said, but you had to do it, none the less – very tiresome.

As we made our way towards the refectory for lunch, he apologised for the comforts of carpeting and central heating, lamenting that 'progress is irresistible, and these young fellows will have their way.' He warned me that conversation was forbidden during lunch – 'a good thing in my opinion as it saves a lot of tiresome chatter, and besides only the Irish and the French are capable of good conversation, and there are no other representatives of either nation here.'

After lunch, he recalled the old days when the likes of Johnny McArdle 'would be brought by special C.I.E. train (complete with nurse), as if a royal personage, to the home of a country dignitary so that the good gentleman might die with the best possible people about him.' One day when conducting his outpatients according to his usual policy – new patients first, then women and children, and finally men – a couple of Jim Larkin's union members demanded immediate attention, warning that if they were not seen, Big Jim would hear about it; faced with Flood's refusal to change his policy the pair marched off in the direction of Liberty Hall, but Flood motored to the same establishment ahead

of them and, bursting unannounced into Larkin's office, delivered a stern caveat that if Larkin's union ever attempted to dictate to him – Surgeon Flood – trouble of indescribable magnitude would ensue. He compared Larkin in appearance to Paisley, whose unfortunate parish priest Flood had admonished for failing in his duty to see that Paisley's children were reared as Catholics, and not only that, he had advised Cardinal Conway to give Paisley status as 'a religious leader in the North of Ireland, so that two great moderating religious leaders might carry the people over their differences.'

Flood had been fond of Dublin: 'The Liffey-side houses gave to Dublin its continental atmosphere, and it was a tragic mistake to pull down so many. There is the most beautiful view of the city from one bed in St. Patrick's ward, from where the sunset can be seen with Christ Church Cathedral throwing its shadow over the old part of Dublin and the Liffey – I always said I would die in that bed.' He chuckled at the thought. 'I moved heaven and earth to get theatres built on the top floor of Jervis Street, but the Governors turned it down because in the event of fire water could not be pumped to that height. I told them to get better pumps, but they did not listen. Of course, the theatres are on the roof-top now.'

Flood feared that standards in medicine were deteriorating: 'There is no vocation left in medicine. I insisted on seeing my patients personally on the first post-operative day, even if that was a Sunday, and if I ever went to see a private patient on a Sunday, I would also make a point of seeing my public patients. If you are ever having an operation, never leave it later than Wednesday, otherwise the entire staff will be golfing when your post-operative complications set in. I could forgive one of my staff making a mistake provided I was informed at a stage when corrective action was possible, but I would dismiss without hesitation the doctor who tried to cover-up, because then he or she is not acting in the patient's interest.' The reminiscences continued:

I was in hospital recently myself having a prostatectomy, and quite enjoyed it. I refused all visitors. Things have not changed much except there are a lot of black people, including one charming black maid of great cultural worth – we talked for hours on China and she from darkest Africa. I did welcome one thing though; on recovering from anaesthesia, the surgeon said – 'all is well, the operation is a success'. Very comforting that; how often we forget to tell the patient the result of the operation, and they are afraid to ask.

Actually my medical career only ended comparatively recently – I was sacked as infirmarian to the Abbey; they said I refused to give them aspirin and paracetamol, which is not quite true, although I would certainly have refused if they had asked. I will not be told by a patient what I should prescribe, and anyway aspirin causes gastric ulceration and paracetamol is broken down to phenacetin causing kidney disease; these drugs should be controlled by prescription.

I asked him if there was any truth in the story that after Leonard Abrahamson had presented to the Academy a complicated case of rheumatoid arthritis treated over many years with gold, Flood had asked: 'Can the learned professor tell us if, after the good lady's demise, he managed to recover the gold?' He laughed quite heartily at this, but said he did not think it was true, adding that whoever had concocted it had done a good job. I told him that his was not to be the last laugh, and that to 'the Abe' was attributed the classic mot – 'Flood has more degrees than a thermometer without the same capacity for registering warmth.' He also laughed at this, but not with much enthusiasm, and went on to tell me that he had acquired another degree since then – a doctorate in Canon Law during his fourteen years as Professor of Moral Theology in Rome; he had found this more difficult than all the others put together. I asked him why he had acquired so many degrees and he told me that some, such as economics and law, were a necessity as he had 'commercial interests', but there was more to it than that: 'I never talk about anything unless I know my subject extremely well. If I don't know anything about something, I say nothing. Simple, is it not? A pity everybody doesn't follow suit.' He went on: 'When I am giving a lecture to seminarians, I tell them of the recently ordained priest giving his first sermon, which he prepares and rehearses with great care and finally delivers with reasonable assurance, if a little hesitantly and shyly, but this is forgiven because everybody knows it is his first sermon; he then puts the text of the sermon in a box, and he does likewise with subsequent sermons, and when, forty years later, he is called upon to preach on the same topic, he roots around in the box, finds the appropriate sermon and delivers it again.' Flood banged his fist on the table in rage declaring: 'I say this to them: what that ignorant man has done is to state to his audience that he has learned nothing in forty years – he has denied them the experience of forty years – isn't that an awful thought? But, of course, these young fellows don't listen to me – they will all do exactly what I tell them not to do.'

We discussed cardiology for a while – a short while:

Actually, I have very little time for cardiologists, although I do attend one regularly; an extremely nice chap, Dublin of course; perhaps you know him. Got quite a bright wife too, I believe. Yes, he gives me tablets, a new thing called a-something-blocker. He took me off aldomet, which had suited me quite well for many years without, I might add, lowering my blood pressure one whit, but of course, the Inderal has no effect either. I told Walter, I said to him, there is no point in giving me anything, all will be useless, but he insisted on me taking these, telling me that they were tiny and that I would hardly notice them. I reminded him that I could give him cyanide which he would hardly notice either, apart from the result, at which stage, of course, his observations would be of little avail. Anyway, I take them for Walter, at least, occasionally when I remember them. Yes, I really have very little time for cardiologists. A friend of mine, a doctor, phoned me from the London Clinic to say he was dying and would not last very long and could I come to see him – quickly, as he might not

be able to wait. So, of course, off I went, but was told at the reception desk that he was critically ill and was not being permitted visitors. Ignoring these protestations, I proceeded up the stairs to his room, where another nurse informed me that the presence of a visitor would most surely precipitate the doctor's departure. Sweeping her aside, I entered the room where I found my friend looking remarkably fit, definitely not a dying man, even I could tell that, but he assured me that he was on the way out and that time was short. I discussed some of his many problems, for which he blamed himself. I then told him to get up, and giving him my hand I helped him from his death-bed, assisted him to dress, and on leaving the room I informed the horror-stricken nurse that the patient was now ready for discharge, and would she be so kind as to inform his consultant cardiologist that his patient was cured.

With a mischievous glance, he forecast my future:

So, you're going to listen to hearts for the rest of your life, tut, tut! I suppose it could be worse. You hear nothing really, nobody at the bedside believes you've heard anything regardless of what you say. They just keep talking while you listen. It's very difficult to be flamboyant with a stethoscope, very difficult to have style, but I suppose you'll get new machinery, something bigger and better than the E.C.G., play around with it for a while and then discard it. Mind you, it's very difficult to be an eccentric character in medicine nowadays – you are all paid too well, and when you are well paid there is no need to have flair. Of course, the surgeon has a much better chance, a knife is much more theatrical than a stethoscope, and then there's all the dressing up to go with it. I suppose they even wear make-up nowadays.

I ventured that Gogarty had flair, but he found this suggestion as unpleasant as the memory of that contemporary wit:

Perhaps he was good at ENT surgery, but I would not be in a position to judge; he was a complete chancer, a phoney, and a show-off – always a sign of weakness in a man. I suppose his swans have disappeared from the Liffey – ran from his own shadow, heh, heh! Joyce had his measure as Buck Mulligan, but then Joyce had great power of character description before he went mad and wrote that last tome of mumbo-jumbo. Imagine that fellow Gogarty being called in one afternoon to operate on a wealthy private patient who, lying terrified on the table, sees this breathless fool arriving late, declare as he took two pistols from his coat pockets, 'I am a marked man' – really shameless showmanship, tut, tut!

He asked about my family, and on learning that I had one son and one of unknown gender on the way, commented with some feeling: 'That's nice, great to watch them growing up. I would like to have had ten boys and ten girls – came from a large family myself – but, of course, having taken orders this wasn't possible. Still, I do have my spiritual children, a number of young seminarians, very devoted, treat me much like a father, same sort of relationship, better in a lot of ways – I can choose them!'

Flood, English by birth, had enjoyed medical practice in Dublin and the Irish character with all its paradoxical facets had considerable appeal for him:

I served for fourteen years on the GMC, most of which was spent dealing with drunken Irish doctors. The difference between an Irishman and an Englishman is that when an Englishman totters out of the Café Royal and a policeman says to him: 'Ave a good evening, governor, let me take care of your keys and get you a taxi', the Englishman duly does so and collects his car next day. The Irishman in the same situation retorts: 'Accusing me of being bloody well drunk, are you?', and then knocks the policeman down for good measure.

At one stage he guided me towards a large window: 'There,' he said, pointing to a small beech-hedged area, 'that is the graveyard; so we know exactly where we are going, we have some vague idea whence we came – it is the in-between that is irritating, but there is little we can do about it. There is no point in dwelling on the past, nothing that is past can be altered, so why think about it? Ten o'clock this morning is gone irretrievably, so therefore, I never dwell on the past.'

Dom Peter Flood died on December 16th 1978 at the age of 80 years and was buried at Ealing Abbey.

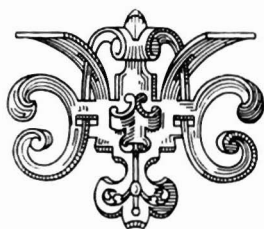
So much for the past which, when all is said and done, is merely a prologue for the future. The present sees the Charitable Infirmary in the process of move and settlement in new surroundings, not for the first time in its existence but rather for the fourth. We, the present serving staff of the Charitable Infirmary at Jervis Street, or the 'Jerv' as Dubliners affectionately call our hospital, are witnessing the end of a remarkable era – the close of the voluntary hospital movement. Though the spirit of the Charitable Infirmary will be brought to the new hospital at Beaumont by the staff who transfer there, and though the traditions of the hospital will, hopefully, be commemorated for perpetuity there through our memorabilia. The reality, however poignant it may be, is that the hospital as originally founded and perpetuated by successive generations through the centuries is now at an end. Consoling though it might be to equate this move with the many accomplished by the Charitable Infirmary from one part of the city to another over the centuries, its amalgamation with St. Laurence's Hospital and change in status from a voluntary to a state institute, effectively heralds the end of the Charitable Infirmary. The influence of the hospital will live on, and when its story is told in full, as it some day must be, the extent of that influence on medicine, the beneficence of the hospital, its governors and staff to the community, and the contribution of the 'Jerv' to the character of the inner city, will serve as a fitting memorial to the six founding surgeons and the many people who have worked in it from 1718 to 1988.



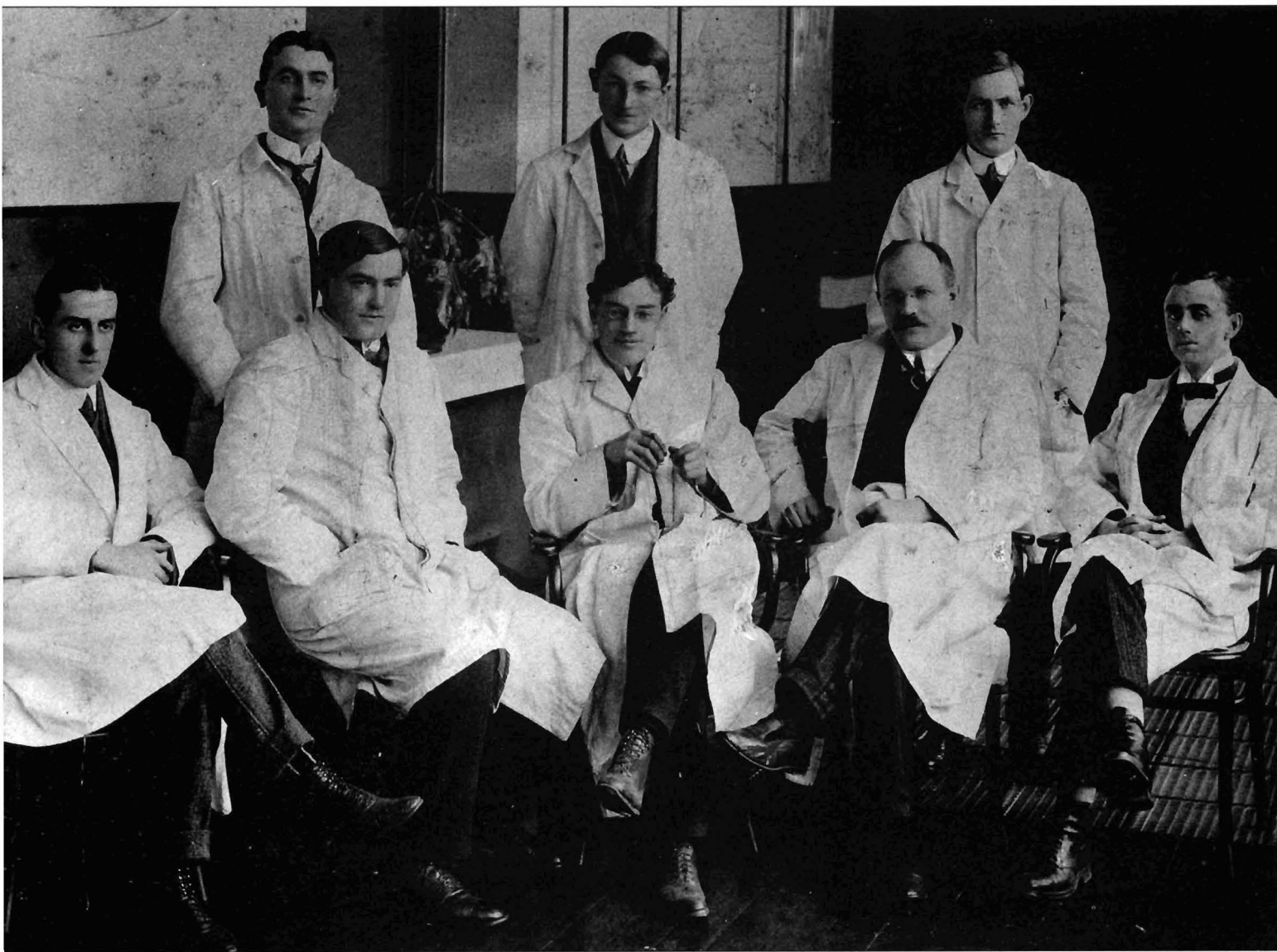
A distinguished company was present at the Jervis Street Hospital, Dublin, on Monday, at the formal opening of a new dispensary by the Lord Lieutenant, who was supported by Her Excellency the Countess of Aberdeen, General Sir Neville and Lady Lyttelton, the Lord Chancellor and Lady Walker, the Earl and Countess of Mayo, Lord and Lady Bellew, Earl and Countess of Fingall, Miss Moira Guinness, Miss Dorothy Pim, D.F.X. Callaghan, Dr. Andrew J. Horne, President of the Royal College of Surgeons, Sir Arthur Chance, Mr. W.M. Murphy, and Mr. P.J. Brady, M.P. This group was photographed at the entrance.

(Photograph by Lafayette from the hospital archive).

The Medical Staff
through the years



Resident Staff 1910-11



Standing: Frank Cassidy, Charles J. Kelly, Charles Roche.

Sitting: F.M. Byrne, Dr. Joseph Horan (House Surgeon), John Hegarty, Dr. Edmund O'Doherty (House Surgeon), Charles McCormack.

Resident Staff 1912-13



Standing: L. McGrath, P. O'Connell, J. Barrett, P.J. McDonnell, Bernard Murphy, J. Purcell.

Sitting: J. Attridge, Dr. J.M. Horan (House Surgeon), E. Forde (Pharmacist), Dr. C.J. Kelly (House Surgeon), Dr. T.J. Kilbride (House Surgeon), James Lanigan.

Hospital Staff 1928



Nurses (back row): K. Higgins, M. Staunton, C. Barlow, K. Sweeney, M. Leech, E. Daly, N. O'Loughlin.

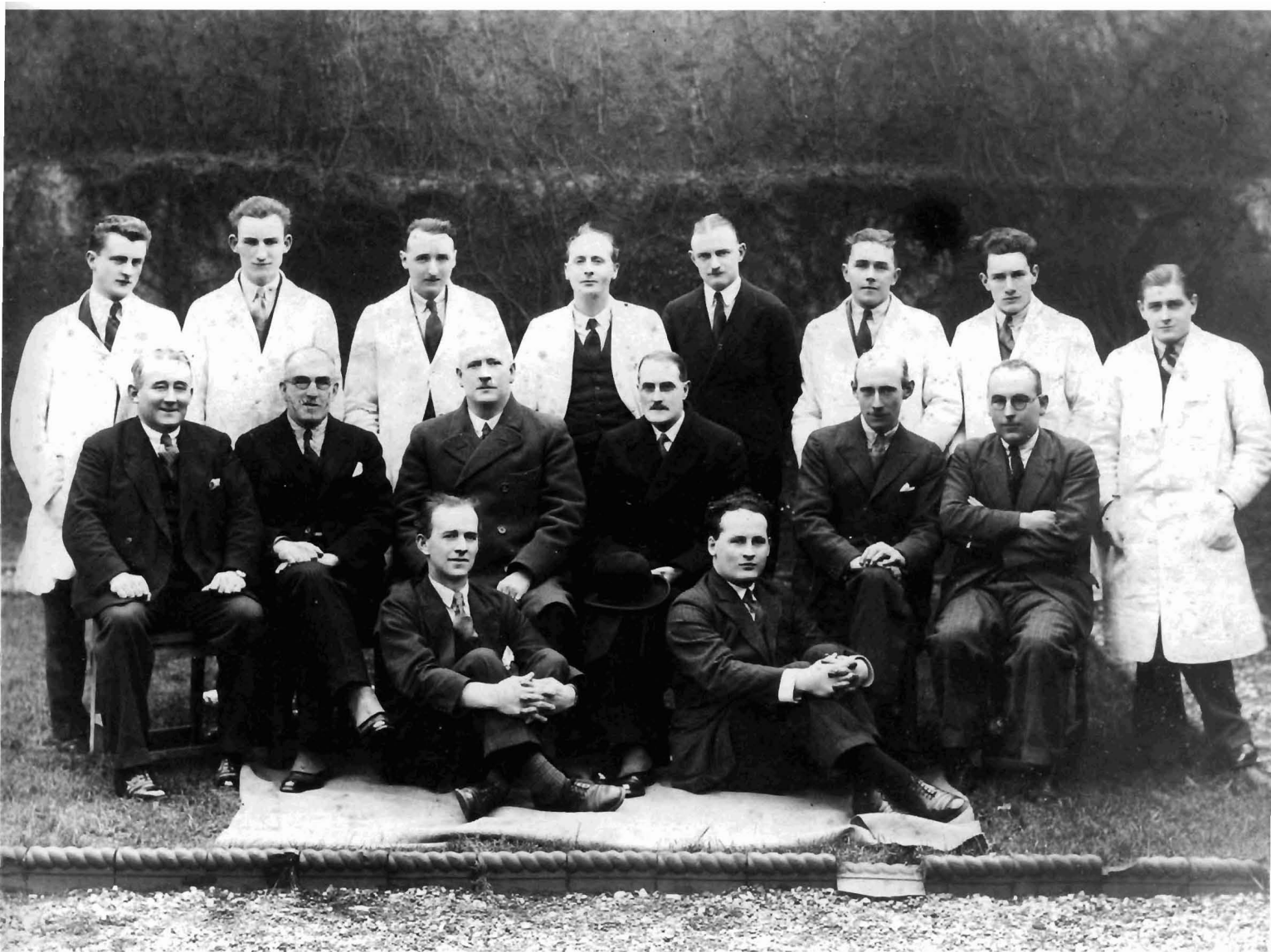
Nurses (fourth row): K. Quinn, A. Greene, M. Lynch, M. Clyne, K. Staunton, M. McDonald, K. Larkin, R. O'Beirne, K. Foley.

Third row: Nurse M. Barlow, Nurse S. Corcoran, F. Ryan, D. Kearns, P.W. Raftery, D. McAuliffe, M. O'Reilly, A. MacNamara, Nurse D. Doyle, Nurse S. Horgan.

Second row: Dr. R.E. Davitt (Visiting Physician), Dr. P.J. Keogh (Laryngologist), Mr. P.E. Hayden (Visiting Surgeon), Dr. R.V. Murphy (Visiting Physician), Miss Kelly (Matron), Dr. H.W. Mason (Radiologist), Mr. F.X. Smyth (Visiting Dental Surgeon), Dr. J.F. O'Grady (Anaesthetist).

Front row: Dr. J.F. Power (House Surgeon), Dr. F.J. Murray (House Surgeon).

Hospital Staff 1930-31



Back row: J.P. Deasy, E. Fleming, P.A. MacMahon, T.P. Maguire, Dr. J.M. Cronin (Pathologist), P.J. McKenna, M.J. Murphy, R.W. Carty.

Sitting: Dr. P.J. Keogh (Laryngologist), Mr. J.L. Keegan (Visiting Surgeon), Mr. P.E. Hayden (Visiting Surgeon), Dr. R.V. Murphy (Visiting Physician), Mr. F.J. Morrin (Visiting Surgeon), Dr. R.E. Davitt (Visiting Physician).

Front: Dr. A. MacNamara (House Surgeon), Dr. P.A. McGuinness (House Physician).

Hospital Staff 1935

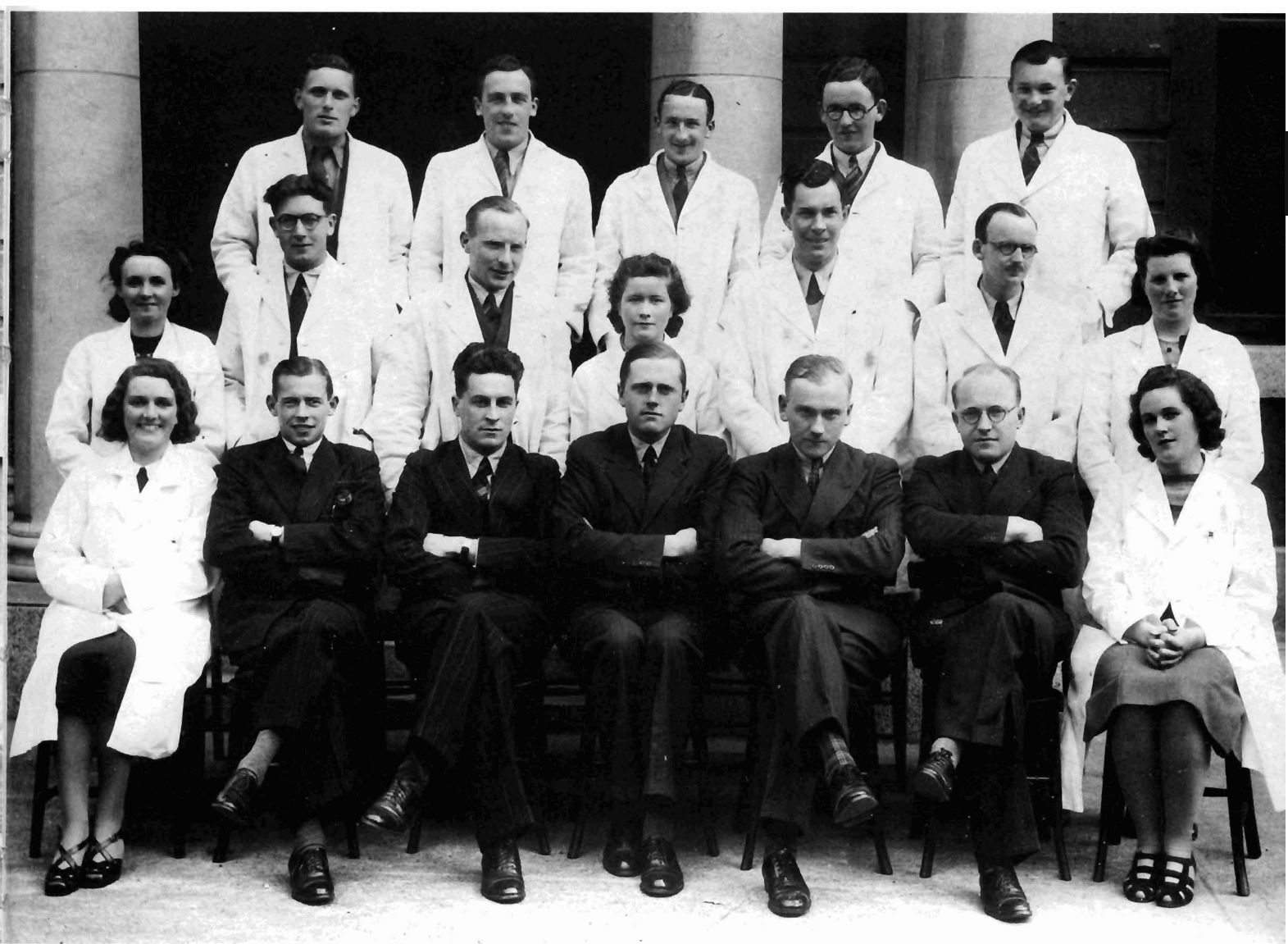


Back row: H.T. Shiels, J. Keane, J. Duff, J. Crummie, R.A. Daly, F.J. Manning, P.K. O'Brien, D. Walsh, Dr. McFerm (House Surgeon).

Third row: Dr. J. Cronin (Pathologist), Dr. H. Mason (Radiologist), Dr. P.J. Maher (House Surgeon), Dr. J. O'Hanrahan (Surgical Registrar), Dr. D. Kennedy (Surgical Registrar), Dr. P. Walsh (Junior Surgeon), Dr. P. MacMahon (Pharmacist), Dr. Lavery (Ophthalmologist).

Second Row: Dr. R.E. Davitt (Visiting Physician), Dr. P. McArdle (Gynaecologist), Mr. J.L. Keegan (Visiting Surgeon), Dr. R.V. Murphy (Visiting Physician), Mr. F.J. Morrin (Visiting Surgeon), Mr. A. Chance (Visiting Surgeon), Dr. P.J. Keogh (Nose & Throat Surgeon). Front row: I. McGee.

Junior Staff and Students 1942



Back row: D.P. MacDermott, H.M. Heany, M.J. Nunan, D.J. O'Hurley, P. Kennedy.

Second row: Miss M. Sarsfield, B.F.X. Scallan, M.J. Fitzpatrick, Miss N. Diskin, J.J. Mullally, S. Doherty, Miss A.M. Walsh.

Front row: Miss E.C. Fox, J.J. O'R. McNamara, J.F. Brody, D.P. Murray, D.A. Ryan, M. Danaher, Miss M.F. Roche.

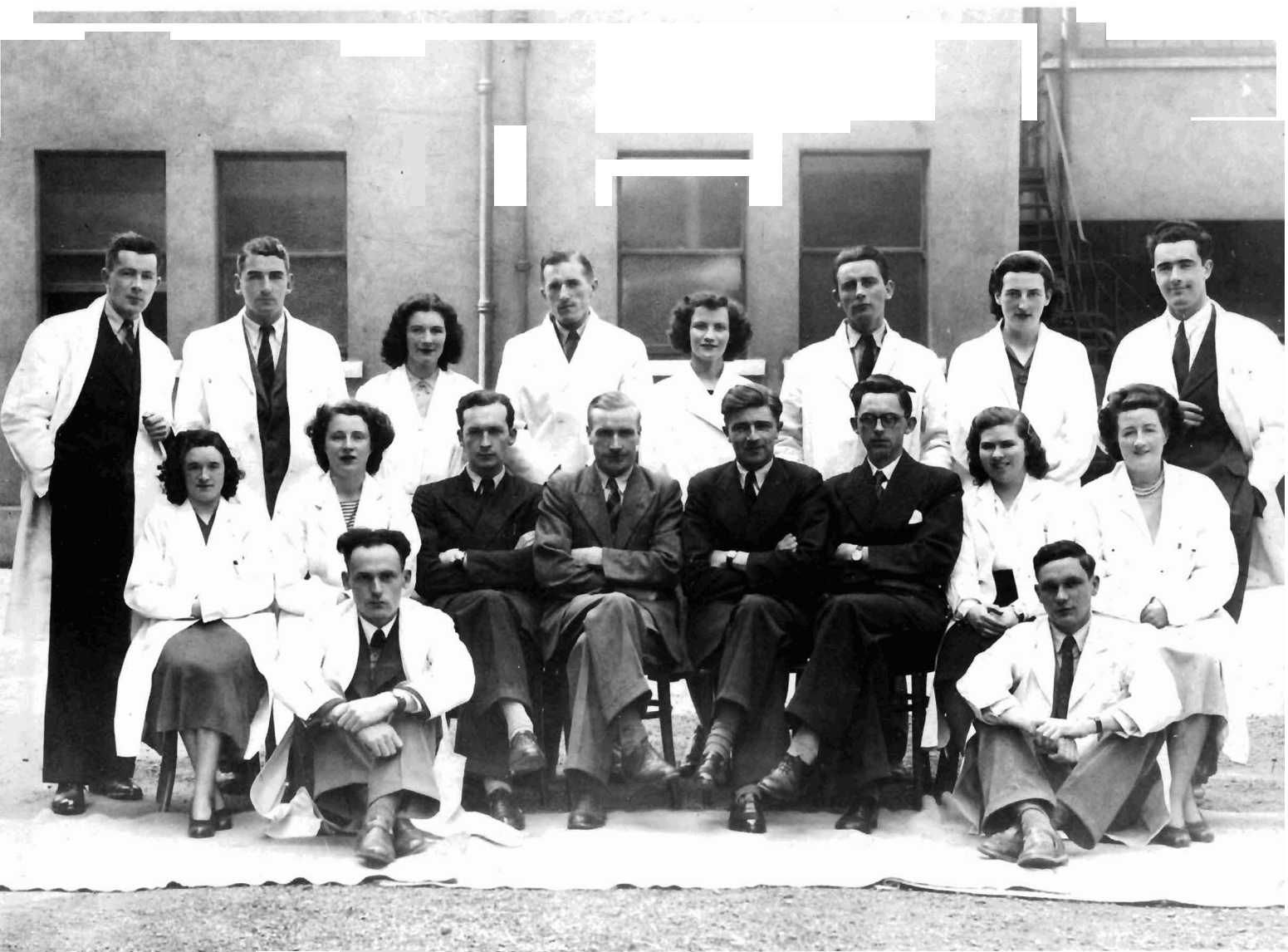
Resident Staff 1942



Back row: Miss E.M. Walsh, M. Galvin, J.P. O'Neill, V.C. O'Connor, F. McKenna, P.P. Martin, J.M.P. Whelehan, Miss M.E. Tannam.

Front row: Dr. P. Mathews, Dr. J.J. Ryan, Mr. D.A. Ryan, Mr. L.D. Keegan, Dr. R.F. Leader, Dr. E. Farrelly.

Resident Staff 1949



Back row: Dr. T.M. Conway (House Surgeon), L.S. Devane, Miss E.M. Leahy, Dr. F.M. Burke (House Surgeon), Miss M. T. O'Connell, M. Dorman, Miss H.M. Dowling, C.M. O'Rorke.

Second row: Miss S.M. McMorrow, Dr. M.B. Finnegan (House Surgeon), Dr. B. Finnucane (Casualty Officer), Dr. A. Moore (Resident Anaesthetist), Dr. R. W. Martin (Surgical Registrar), Dr. S.J. Heffernan (Casualty Officer), Dr. A. Flynn (House Surgeon), Dr. M. Walshe (House Surgeon).

Front row: Dr. R. Purcell (House Surgeon), Dr. S.P. Maurer (House Surgeon).

Medical Staff 1985



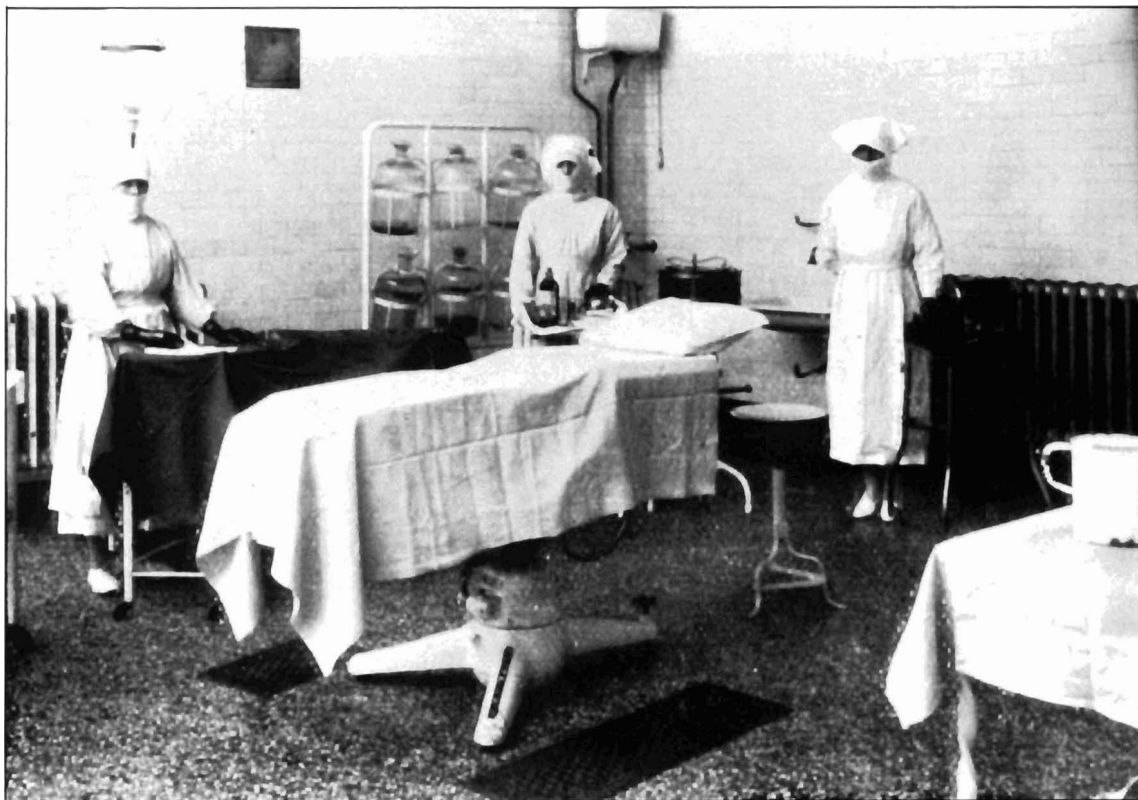
The consultant staff with the chairman and vice-chairman of the Medical Board photographed at the University Club, December 1985. From left to right:

Front row: Dr. Arthur Barry, Mr. Anthony Walsh, Mr. Vivian Kelly, Professor William O'Dwyer, Professor Patrick Collins.

Second row: Mr. Michael Phelan, vice-chairman, medical board, Dr. Michael Carmody, Mr. Owen Patten, chairman, medical board, Mr. Gerrard Brady.

Third row: Mr. Brian Regan, Dr. Desmond Riordan, Dr. John P. Ryan, Mr. Brian Lane, Mr. Peter McLean, Dr. Seán Murphy.

Back row: Dr. John O'Callaghan, the late Mr. Desmond Murray, Dr. Eoin O'Brien, Professor John Fielding, Mr. Leo Vella, Dr. Michael Kelly.



Gowned nurses photographed in the operating theatre circa 1910.

An operation in progress in the theatre suite in 1987.

The Department of Surgery

Patrick G. Collins

In May 1968 six of the consultant staff of the Charitable Infirmary, Jervis Street, presented papers at a symposium held in the hospital to commemorate the 250th anniversary of the founding of the institution. Five supporting speakers from the United Kingdom and Northern Ireland spoke to these papers. The topics covered included persistent proteinuria, kidney salvage surgery, the treatment of fractures, the management of post-operative bile-duct strictures, poisoning and thyrotoxic heart disease. This occasion coincided with a period of change in clinical practice in the hospital. Clinical problems needing special expertise in their management were for the first time being referred to clinicians with a special interest and expertise in varying specialities. The topics chosen by the anniversary speakers showed the way the hospital was evolving in speciality expertise – trauma, urological surgery and nephrology (the first successful renal transplant in Ireland had been performed at the hospital on January 31st 1964), hepato-biliary and pancreatic surgery, the management of poisoning, and cardiology. This symposium was a watershed in the rapid progress of the Charitable Infirmary as we know it today, with its special units, which are held in high esteem at home and abroad, in all the clinical areas represented at the symposium. The papers of this historic anniversary symposium were published in the *Journal of the Irish Medical Association* in December 1968.*

I was appointed as a visiting consultant surgeon to the Charitable Infirmary in June 1959 and commenced duties at the hospital in the following October. At that time there were already ten surgeons on the staff, one orthopaedic surgeon, one urologist, two general surgeons and two ear, nose and throat surgeons, two gynaecologists and two operating

**Journal of the Irish Medical Association* 1968; 61: 413-444.

ophthalmologists. There were three visiting physicians, two consultant anaesthetists, two pathologists, one radiologist, and one dental surgeon.

In 1959 there were only two operating theatres situated on the third floor of the hospital where the Intensive Care and Coronary Care Units are today. These two theatres were totally inadequate to meet the increasing surgical load. In 1961, the Société Internationale de Chirurgie visited Dublin. Some of the consultant surgical staff operated in the hospital on selected problems for visitors from the Society. It soon became obvious that new theatres had to be built. Funds, as now, were hard to acquire. However, with a strong-willed surgical staff together with a very supportive management, the new suite of four operating theatres and large recovery area was erected on the roof of the main hospital building and finally opened on June 7th 1967. This fine addition to the hospital was made possible by a special grant from the Minister for Health at that time. These theatres transformed the conditions in which nurses, surgeons and anaesthetists worked, and one felt a new sense of pride in being a surgeon on the hospital staff. To this day, visitors to the theatre suite are impressed with the brightness of the theatre environment, and the fine views of Dublin from its ninth floor siting, an important factor I believe, in contributing to the generally happy atmosphere that prevails throughout on most occasions.

When the theatre accommodation became available in the new suite, the old theatre area was converted into what is now the Intensive Care Unit. Some years went by however until the necessary impetus became strong enough to marshall the necessary resources to get this unit working. The prime movers in setting up this unit were Dr. Joe Woodcock and Dr. Barney DeBrit, both anaesthetists and Mr. Brian Lane, consultant surgeon, who was appointed to the consultant staff on March 30th 1971. The Intensive Care Unit was opened in March, 1973 and has proven its worth many times over since then.

Surgical cases were confined to the first, third and seventh floors of the hospital. The first floor contained two wards, St. John's semi-private ward and St. Joseph's public ward and on the seventh floor were St. Paul's semi-private ward and St. Laurence's public ward. All these four wards were designated for male surgical patients. General surgical and orthopaedic patients most often were admitted to the seventh floor with urological surgical patients and some general surgical patients sharing the first floor. St. Brigid's ward on the third floor with the adjoining St. Agnes's semi-private ward had to cater for all female surgical patients. Because all of the surgical specialities had to avail of this ward, it was usually the ward under most pressure during emergency admission days. In looking back I do so with gratitude to the many nursing sisters, staff



The opening of the theatre suite by the Archbishop of Dublin, His Grace, John Charles McQuaid in 1967.



Patients and staff photographed on a surgical conservatory corridor at the turn of the century.



Two surgical wards photographed in the early part of the twentieth century.

nurses and student nurses, who over the years gave of their best in these very busy wards, the theatres and the Intensive Care Unit to the surgical patients entrusted to their expert care.

The Day-Case Area came into existence in only recent years, being accommodated in the ground floor of the building which was originally a dormitory for female attendants at the hospital. Its activity is increasing and many minor surgical procedures are performed there now which formerly needed hospital admission. Some of the patients treated need a general anaesthetic, but with a suitable recovery area adjoining the operating theatre, these patients are allowed home the same day without needing hospital admission. I believe that with careful selection of patients suitable for treatment, day-case surgery will become increasingly cost-effective in the future. A properly funded domiciliary nursing service is mandatory, however, to provide the necessary after-care for patients undergoing day-surgery.

The Private Hospital of the Charitable Infirmary is unique. Accommodated in a Georgian house linked to the main hospital building it has beds for twenty-two patients in six single rooms and eight two-bedded rooms. It has been a boon especially to those of the teaching consultant staff, who because of academic restrictions, are geographically confined to practice their profession entirely within the hospital precinct. The nursing staff of the Private Hospital to whom personal attention and courtesy is a *sine qua non*, have over the years, despite working in an old building, given cheerful, skilful, and understanding care to all patients under their care.

In 1959 there was no lecture theatre of any description in the hospital, apart from a lecture theatre for student nurses in the nursing school building. Perhaps because the hospital had no special affiliation with any medical school in particular at that time accounted for this obvious hiatus. Some of the staff became aware of this necessity and through their own efforts almost entirely raised the necessary funds to build the present lecture theatre. This theatre was accommodated in the basement of the hospital in an area which was originally the hospital laundry, and was completed in record time in the middle sixties. It has more than proved its worth to students and teachers ever since, particularly since the hospital became an affiliated teaching hospital with the Royal College of Surgeons.

The evolution of surgical training in the Charitable Infirmary could be the subject of a book in itself. When I joined the consultant visiting staff I took my place alongside four other charter surgeons at the hospital. These were Arthur Chance, Desmond Murray, Daniel Ryan and Anthony Walsh. Arthur Chance practised orthopaedics as a speciality exclusively and Tony Walsh confined himself to urological surgical practice almost entirely.



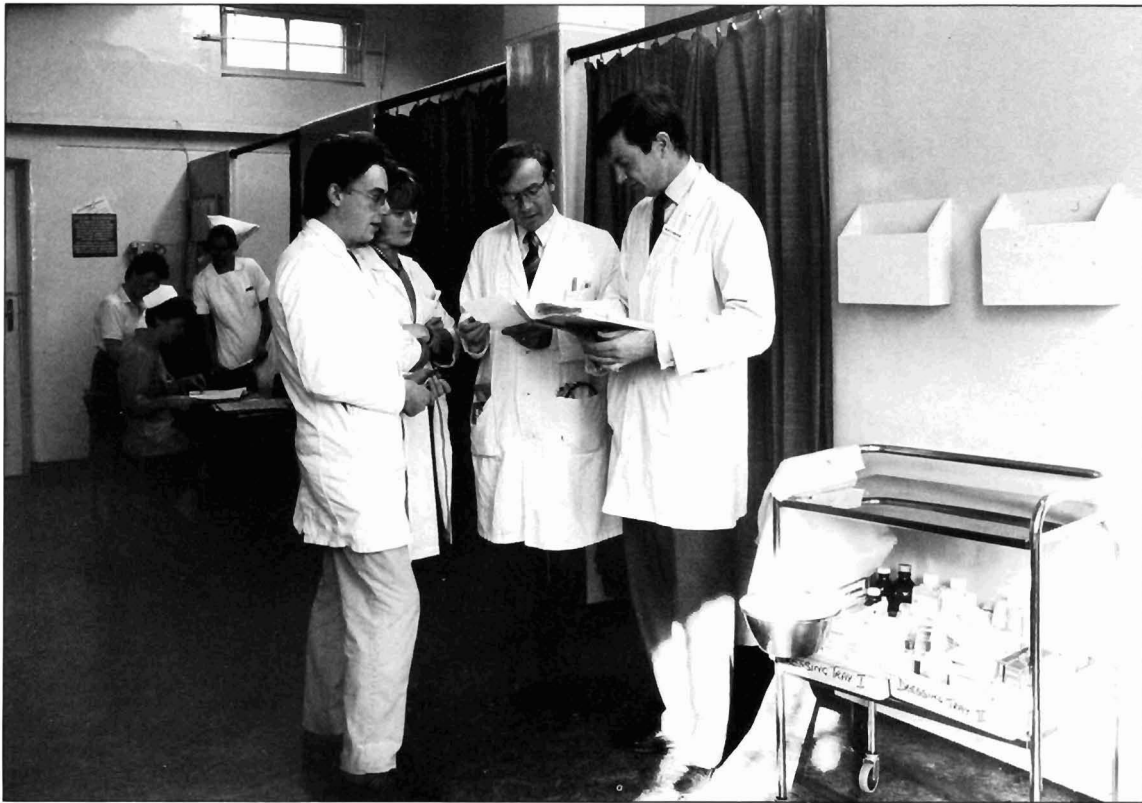
*The Consultants' Room in the theatre. From left to right:
Dr. Seán McDevitt, Mr. James Colville, Professor Patrick Collins, Dr. Desmond Riordan
and Ms. Caroline O'Connor.*

Both Desmond Murray and Daniel Ryan looked after the trauma patients including the treatment of fractures, but I confined my practice to general surgery excluding fractures, orthopaedics and urology. This was the way surgery was evolving in Great Britain at that time.

The middle sixties saw closer affiliation between the Royal College of Surgeons and the Charitable Infirmary. A noteworthy consequence of a closer union was the appointment of associate chairs and later full chairs in medicine and surgery at the hospital. The first tutor registrar in surgery to be appointed in association with the College was Mr. Brian E. Lane in 1968. Surgical teaching both at undergraduate and post-graduate levels then took on a new resilience and heightened activity. Mr. Lane was appointed a consultant surgeon to the staff as an additional general surgeon on March 30th 1971, and the first senior registrar in training in general surgery was appointed to the hospital to work with Mr. Lane and myself on July 1st 1973. This senior registrar training post in general surgery is recognised for surgical training in general surgery by the Irish Postgraduate Training Committee which is based at the Royal College of Surgeons in Ireland, and also by the S.A.C. in London. Mr. Ronan O'Connell, our fourteenth trainee is presently the senior registrar in general surgery. Ten of these trainees have already attained consultant status in general surgery, nine in this country and one in Canada. With this development and the subsequent recognition of training posts for senior registrars in urology and orthopaedics at the hospital, the evolution of surgical teaching, including the teaching of operating skills was greatly improved to the benefit of patients and students, both at undergraduate and post-graduate level and, of course, we the teachers gained greatly also.

Six years ago the College appointed full-time lecturers to the teaching staff of the hospital and the Department of Surgery became what I believe it should be, a centre of increasing surgical excellence. The present full-time lecturer is Mr. Joseph Deacy. Two of his three predecessors have already attained consultant status in Dublin.

Finally, with the retirement of the late Mr. Desmond Murray and Mr. Daniel Ryan, Mr. Henry Osborne, a former senior registrar from 1978 to 1979, was appointed consultant general surgeon to the hospital on May 1st 1983. The other general surgical post was relinquished with some regret, to permit the appointment of a second renal transplant urological surgeon to the hard-pressed renal transplant area, and Mr. Denis Murphy now holds this consultant post at the hospital. Mr. Sean Hanson was the first full-time renal transplant surgeon to be appointed to the hospital and he has given superb service to the patients in the urological-renal department over many years. Mr. Anthony Walsh, recently retired, and Mr. Peter McLean have done likewise. Mr. Walsh was also lecturer in urological surgery at the College of Surgeons for many years.



*Surgical out-patients. Left to right:
Dr. Michael Boyle, Dr. Vivienne Roche,
Mr. Colm Nally & Mr. Henry Osborne.*

*Sister Catherine McGovern (left) and
Sister Claire Casey in the theatre suite.*





*(Facing) Professor Patrick Collins
conducts his Sunday morning
teaching round.*

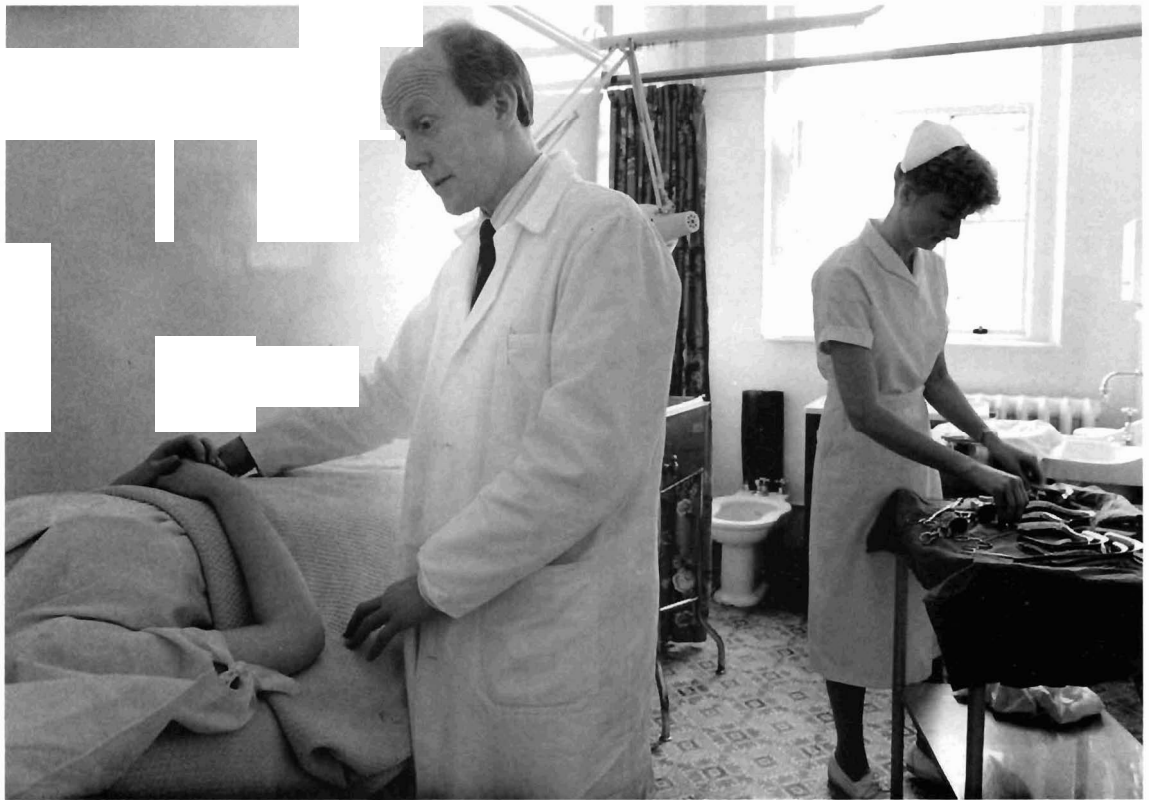
*The theatre staff room.
From left to right:
Staff-nurses Emer Doherty,
Lynn Dobson, Teresa Maguire
and Mary Byrne.*

*Staff-nurse Mary Byrne and
Mr. James Colville.*

The main current research interests of the Department of Surgery include magnesium depletion in Crohn's disease, improved monitoring of renal impairment in obstructive jaundice, and sequential HIDA scanning to monitor early deterioration of hepatic function in patients following repair of iatrogenic bile duct strictures. These research prospects have developed alongside the areas of surgical expertise in the department – hepaticobiliary surgery, gastric and pancreatic surgery, and the surgery of inflammatory bowel disease with a special interest in the management of intestinal fistulas, including long-term parenteral nutrition.

With the retirement of Mr. Arthur Chance in the middle sixties, Mr. Gerard Brady was appointed to succeed him. Subsequently, Mr. Brian Regan was appointed to the surgical staff as an additional orthopaedic surgeon to help deal with an increasing trauma work-load. The emergency-casualty area was reorganised in the early seventies, when Dr. Gearoid Crookes and Mr. Maurice Fenton, consultant operating ophthalmologists to the hospital, graciously relinquished their beds in the present casualty area of the hospital. A new emergency admission ward was then added to the casualty area, comprising of 12 beds together also with an adjoining accident-emergency operating theatre with an on-site x-ray room. This was a new concept improving conditions for patients admitted as emergencies to the hospital. The next logical development was the appointment of an accident consultant to the unit and in 1974, Mr. Leo Vella was appointed to this Accident and Emergency Unit. He was the first full-time accident and emergency consultant to be appointed in Ireland. Subsequently, Mr. James Colville was appointed to the orthopaedic department with a special interest in the surgery of the hand, to complement previous developments.

Dr. Arthur Barry was the senior consultant in gynaecological surgery for many years at the hospital. His assistant was the late Dr. Michael O'Higgins. Dr. Arthur Barry was the main instigator in bringing the first dialysis machine for terminal renal failure patients to the hospital in the middle fifties. He has now retired, but he gave an outstanding service in his speciality to the hospital, being always available to see patients referred to him by his consultant colleagues. He was replaced by Dr. Michael Darling, who has lived up to the Arthur Barry tradition of being readily available to see patients in the hospital immediately on referral to him. The second gynaecological consultant post at the hospital is at present vacant, but it is hoped that this will be filled to provide the very necessary gynaecological emergency service for North City patients when the hospital moves to Beaumont in the near future. Dr. Darling has also brought special expertise to the hospital in micro-techniques in tubal surgery and in pelvic laparoscopy, and he has been appointed as lecturer in the Department of Obstetrics and Gynaecology at the College of Surgeons.



*Dr. Michael Darling and
staff-nurse Joan Riordan in
Gynaecological Out-patients.*

*Sister Teresa Sexton and
Mr. John Byrne
in Surgical Out-patients.*



*St. Joseph's ward. From left to right:
Nurse Colette O'Keefe, Dr. Paddy Bugler,
Dr. Brian O'Connell, Nurse Gillian Scott
and staff-nurse Ruth Kelly.*

*Brian Dunphy and Gerry Long in the
theatre sluice-room.*

(Facing) Mr. Vivian Kelly




Dr. Gearoid Crookes and Mr. Maurice Fenton have given many years of excellent service in ophthalmology. They together serviced two busy out-patient sessions each week, and performed eye surgery in the main theatres at twice weekly operating sessions. Mr. Fenton has now resigned from the unit to devote his energies to the Eye and Ear Hospital, and Dr. Crookes, though retired for several years, is at present fulfilling the important service of attending an ophthalmological out-patient session twice weekly at the hospital until a successor is appointed.

Mr. Maurice O'Connor and Mr. Vivian Kelly have each run a busy Ear, Nose and Throat department attending both out-patients and in-patients needing their services at the hospital. Mr. O'Connor was lecturer in E.N.T. surgery at the College of Surgeons for many years until his recent retirement. Mr. Kelly, appointed to succeed his predecessor, the late Mr. Roddy, in the early seventies, brought special expertise to the surgery of the inner-ear at the hospital. The successor to Mr. O'Connor has not as yet been appointed.

Prior to my appointment at the Infirmary in 1959, I had worked as a resident surgical officer in four different hospitals in the United Kingdom. I had been impressed by the camaraderie that existed in most U.K. hospital residences at that time and was happy to find a similar situation existing at the Charitable Infirmary, Jervis Street. Moreover the spirit of togetherness and good fellowship permeated through to most of the consultant staff and there existed an easy relationship between residents and consultants at all times without any hierarchy being evident in the relationship. Assisting this relationship was the close proximity of the consultants' dining area with the residents' mess in the convent area of the hospital, an arrangement that alas has not existed for some years.

The Annual Hospital Dinner held by the consultant staff also was, I believe, an unique occasion. It was held at the Central Hotel, Exchequer Street and was usually presided over by that most genial of men, the late Bob Davitt, a senior physician at the hospital.

Linking the medical board with the management committee in a most amicable manner for many years was the late Mr. Owen Redmond, who acted as chairman of the medical board at each monthly meeting. He had been first secretary at the Department of Finance for some years before his retirement from the civil service, and I believe his wise counsel, personal integrity, and easy manner, contributed in no small manner to the continuing good relationship that existed between the medical board and the management. This excellent relationship has been maintained by successive chairmen, namely the late Mr. Patrick Lynch, Mr. Brendan Martin, Mr. Patrick Phelan, and the present chairman, Mr. Owen Patten.





*Dr. Gearoid Crookes and
staff-nurse Chris Quirke
in the Ophthalmological
Department.*

*Mr. Brian Lane in the
Intensive Care Unit with
Sister Helena Tuite (right)
and staff-nurse Deirdre Crotty.*



Many a contentious issue has been resolved quietly in 'The Ritz Bar' across the road from the hospital on Abbey Street with Owen Patten, following some heated board meetings. One could not conclude this short account of the Infirmary's social ambience without mentioning the continuing remarkable success of the hospital rugby team in recent years. The joint team of Jervis Street/Richmond has in effect consisted over the years of Jervis Street students with only an occasional Richmond student making the team. The resurgence of rugby skills in the hospital, after over twenty years in the doldrums has coincided with the increased activity at all levels within the hospital and at the College. The Dublin Hospital Cup was won by the College Hospitals' team on no fewer than seven occasions since the late seventies, and in the recent past this prestigious trophy has been brought home on five successive occasions. I believe special thanks is due to Dr. Barney DeBrit for the special interest he took in helping these teams to achieve this remarkable success, which is not to omit the contribution of Professor Billy O'Dwyer, who remained a staunch supporter of successive teams over the years, both on and off the field.

When the staff of the Charitable Infirmary moves to Beaumont Hospital in 1988, the old building, 'The Jerv', as it is affectionately named by many, will close for ever. This unique institution will have lasted two hundred and seventy years. I have attempted in this brief essay to show that at least from one surgeon's viewpoint, the six founder surgeons would have been happy that the Hospital in the last years of its existence kept well to the fore of modern surgical developments. Moreover, it lived up to the ideals of all good teaching hospitals in that it cared well for its patients, provided good teaching for its medical students, nurses and young doctors, while continuing to maintain a healthy active interest in clinical research.

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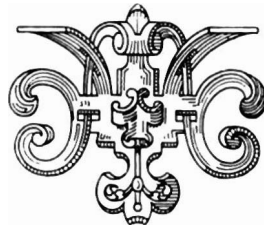
Mr. Brian Regan in Surgical Out-patients.

View from the theatres.





Day to Day at the
Charitable Infirmary

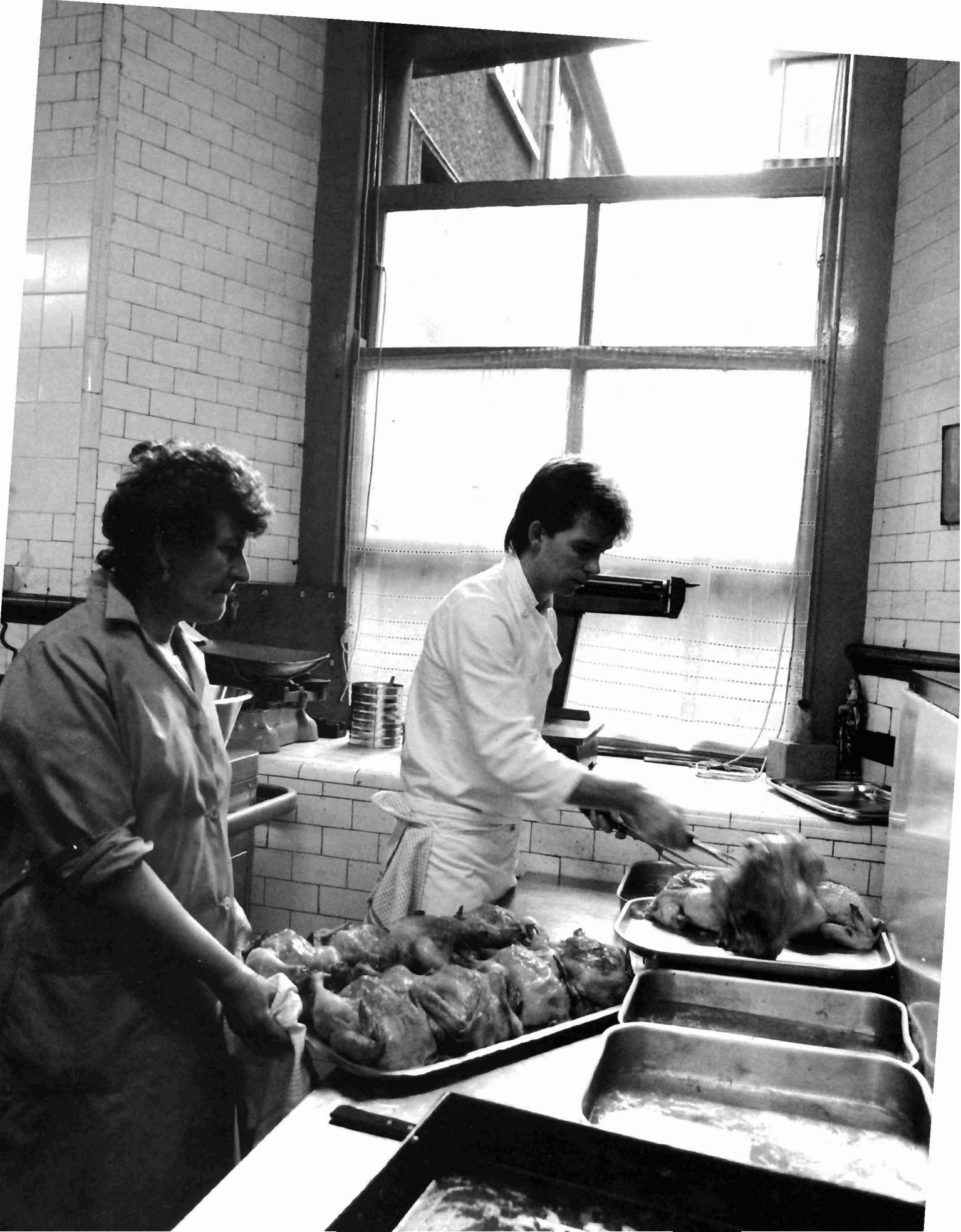






(Facing) Staff-nurse Majella Maguire and Brendan O'Brien in the theatre area.

*The Social Workers' office. From left to right:
Siobhan McDonnell, Aileen Creed, Tom Norton, and Josephine Glynn.*





*(Facing)
Margaret O'Hara and
John Sheridan at work in the
hospital kitchens.*

*Left to Right:
Gertie Connaughton,
John Sheridan, Jackie McCormac
and René Walsh.*

*Monica McNamara in the
hospital kitchens.*

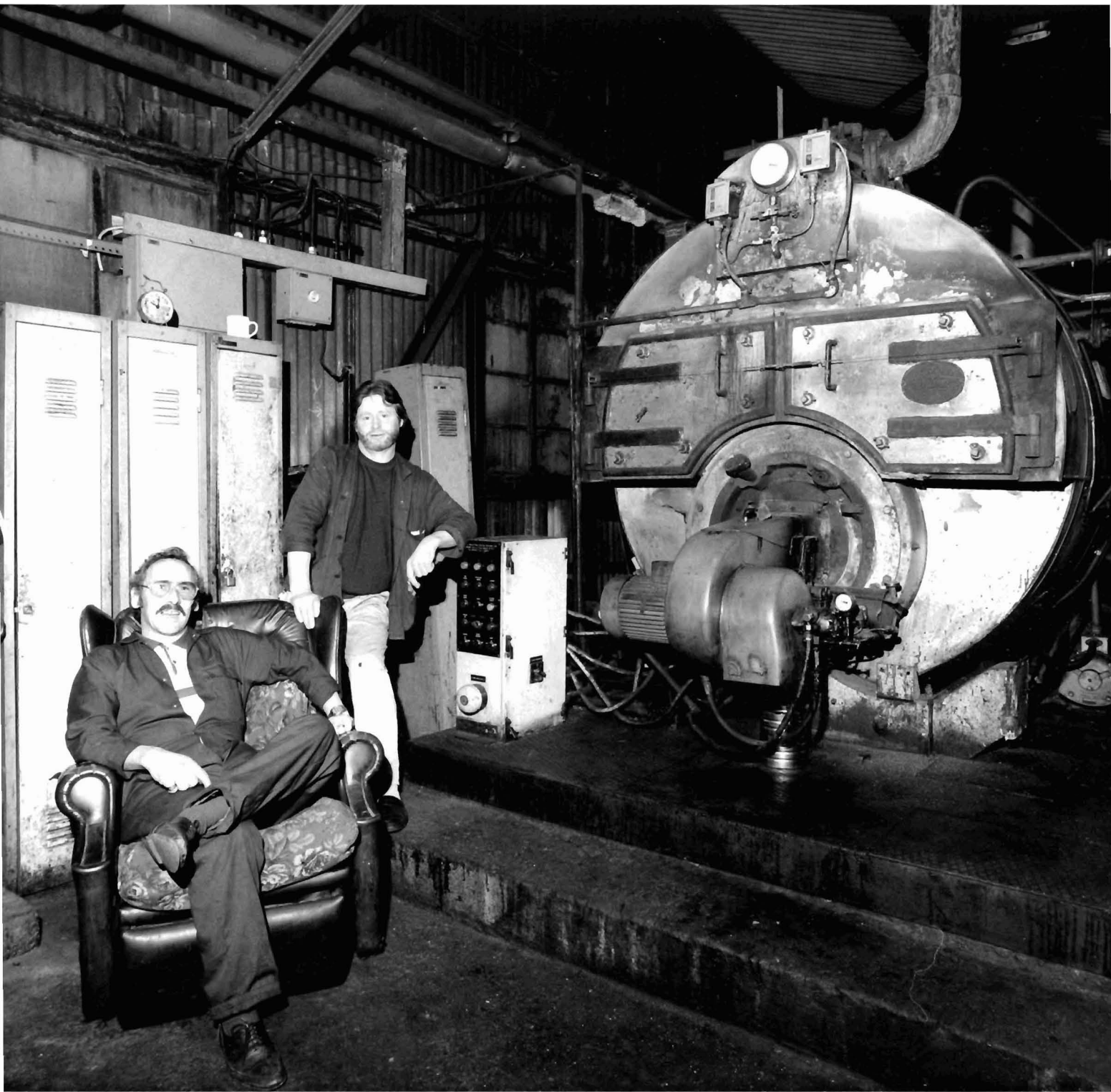




Mary Smart in St. Brigid's ward.

*Paul Hewson, Paul Donnelly,
John Byrne, Charlie Kelly and
Denis Ward in the entrance corridor.*

*(Facing) Michael Daly and Peter Slator
in the boiler-house.*






*Professor John Fielding teaching in St. Finbarr's ward. From left to right:
Professor Fielding, Dr. David Lyons, Dr. Richard Duignan, Sister Mary Craig, Dr. Mark Logan,
Dr. Joan Gilvarry, Dr. Heather Holloway, Dr. Santa Noordally, Dr. Colm Killeen and Dr. Elaine Breslin.*

The Department of Medicine

John Fielding

p to some twenty years ago medical students from any of the three schools in Dublin were free to do their clinical attachments in medicine and surgery at the hospital or hospitals of their choosing. It was then decided to designate certain hospitals as the recognised teaching hospital for each of the schools. Thus, the Charitable Infirmary, Jervis Street and St. Laurence's Hospital (more affectionately still known as the Richmond) were established as the teaching hospitals for medicine and surgery for students attached to the Medical School of the Royal College of Surgeons in Ireland. Indeed, in 1967 an agreement recognising this relationship was drawn up between the Council of the Royal College and the Board of Management of the Charitable Infirmary. The first wholetime chair in medicine at the Charitable Infirmary was appointed in 1974, and following Professor W.F. O'Dwyer's retirement I was appointed to the chair in a temporary capacity in 1982 and permanently on the 1st February 1985.

Today some 65 final-year students and the same number of third-year students attend the hospital for clinical tuition. In addition, occasional students from other medical schools in Ireland, England and, in increasing numbers from Germany, attend electively during the summer months. This large attendance of students places a burden on the tolerance of our patients and we are fortunate that, by and large, they still co-operate willingly.

In its narrower context the 'Department of Medicine' relates to one firm, the professorial team at the hospital, but its broader definition encompasses five firms, which together with five surgical firms allows rotation of each student to each firm over a ten month period. In this way the clinical teachers get to know every member of each class. The medical firms rely on all members of the team to participate in teaching.

Of these five medical firms three are 'on-take' medical teams. These three cover general medicine and a sub-speciality interest – gastroenterology (Professor John Fielding), cardiology and hypertension (Dr. Eoin O'Brien), and rheumatology and rehabilitation (Dr. Oliver Fitzgerald). In addition to these general teams and the renal firms there are services in neurology (Dr. Seán Murphy), psychiatry (Dr. John Ryan), geriatrics (Dr. Jacques Noel and Dr. John Lavin) and drug dependancy (Dr. Michael Kelly). Subspeciality opinions in areas not primarily covered at the Charitable Infirmary are obtained from our colleagues at St. Laurence's Hospital.

Bedside teaching is the pillar upon which our students are educated. Groups of four to six students are taken to clinical problems and the history and examination are dealt with in detail. The idea is for each student to learn to be at ease with patients, to overcome the inaccuracies of the language of communication, to develop a keen sense for the change in voice, hesitation, or change in expression that may occur at a crucial stage of the history, and to become meticulous in the elicitation and interpretation of physical signs. Wedded to these skills should be the ability to consider the highly probable before the probable, to keep the possible foremost in reasoning and to exclude the unlikely. The investigation, management and drug treatment of individual patients discussed at the bedside often become lasting memories for students. Small group tutorials are the second commonest form of teaching. Clinico-pathological conferences and clinical radiology teaching sessions and post-mortem demonstrations supplement bedside and tutorial teaching. Formal lectures are rarely given and if so are usually delivered by guest speakers. The emphasis is on producing clinicians and the attainment of our graduates both in Ireland and, more particularly abroad, is a measure of our success.

Graduate teaching is an integral part of the department's workload and it would be rare not to have six or more doctors studying for one of the membership examinations. During term time there is a full programme of teaching for these candidates, who are occasionally joined by candidates from other hospitals.

Research is ongoing in all five medical firms. Some six to eight doctors are involved in research on a whole-time basis and many doctors with service appointments also participate in research projects. Some thirty original articles appear in leading journals yearly, together with review articles, books or chapters in books. The results of the studies undertaken are also presented at national and international meetings. Most consultants are on several editorial boards, and get invitations from many countries to deliver lectures in the areas of their expertise. The consultant staff are also heavily committed to examining undergraduates and graduates and, particularly in the light of health service cutbacks, have an increasing commitment to administration.

*Dr. Oliver Fitzgerald with
a group of students in
Medical Out-patients.*

*Dr. Oliver Fitzgerald and
staff-nurse Joan Riordan in
Medical Out-patients.*

*Professor John Fielding
performing a gastroscopy
in St. Finbarr's ward with Sister
Mary Craig and Nurse Buckley (left).*



The department works in close collaboration with the department of surgery, pathology and anaesthetics in the hospital through the education sub-committee of the medical board. Close liaison is maintained with the College of Surgeons by inviting two administration representatives of the College to attend the monthly department meetings, through membership of consultant staff on the Faculty of Medicine and/or the Academic Board of the College.

So much for the overall activities of the professorial department of medicine. What of the individual departments (other than those of nephrology and psychiatry dealt with elsewhere), which contribute so significantly to the functions of the professorial department, especially by participation in the undergraduate teaching programme, but also through corporate activity in research, administration and cultural interests which all ultimately reflect beneficially on the academic departments of the hospital and on the hospital itself?

One of the major developments in my area of interest, gastroenterology, occurred with the establishment of a specialised unit in gastroenterology in St. Finbarr's ward in 1977. The new unit was opened by the then Minister for Health, Charles Haughey, and the event was reported as follows in the *Irish Times*:

The unit is housed in a ward that is far from new: St. Finbarr's ward is tucked in below stairs near the old main entrance to the hospital. But it has been refurbished to accommodate seven patients whose need is investigation of symptoms relating to the digestive tract. Mr. Haughey's function yesterday was to cut, with due formality and a small surgical scissors, a white ribbon stretched across St. Finbarr's door.

This unit now performs some 1,500 specialist investigations annually, which include oesophago-gastroscopy, sigmoidoscopy, liver, jejunal skin, pleural and bone biopsies, and oesophageal perfusion tests. The efficient functioning of this unit is due in no small measure to the Sister Mary Craig.

Research from the unit has been concentrated on three areas: Crohn's disease, the irritable bowel syndrome and liver disease in intravenous drug abusers. Work has been published in the national and international journals and presented at many meetings abroad. I have the honour of serving on the educational boards of the *Journal of Clinical Gastroenterology and Digestive Diseases* and *G.U.T.*

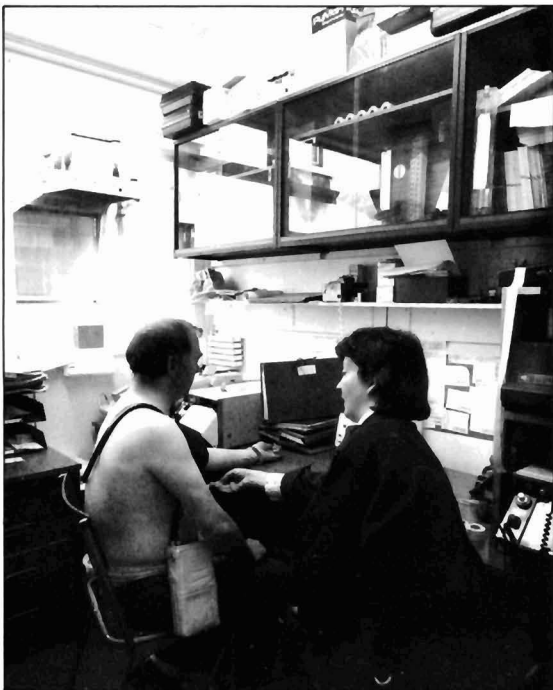
Eoin O'Brien was appointed visiting physician with a special interest in cardiology in January 1976. At this time the options for funding did not include the research funds which have since been established for open application in the hospital (The Charitable



*Left to Right:
Ena Doran, Patricia Collier
and Christine McDonagh,
performing an echocardiogram
in the Cardiac Department.*

*Sister Fáinsía Mee attaching
an ambulatory blood pressure
measuring device to a patient.*

*Staff-nurse Ann Cahill and
Dr. Eoin O'Brien in the
Coronary Care Unit.*



Infirmary Trust) and in the Royal College of Surgeons (The Research Fund), and it is not surprising therefore to find in the *Annual Report* of that year a welcome that is not as all-embracing as he might have wished:

Unfortunately, Dr. O'Brien's early request to the Committee for improved facilities and cardiac equipment could only be partially granted because of severe financial restrictions but I am pleased to state that his enthusiasm remained undaunted and was evident in the re-organisation of the Cardiac Department.

In 1977 a specialised blood pressure clinic, the first of its kind in this country, was established in the hospital under the joint directorship of Eoin O'Brien and Kevin O'Malley, who had been recently appointed to the staff of the Charitable Infirmary and to the department of clinical pharmacology at the Royal College of Surgeons. This auspicious concordance of interests has been manifest in the success of the blood pressure unit which is now attended by over 1,000 patients with hypertensive problems annually.

Weekly research meeting of the Blood Pressure Unit. From left right: Professor Kevin O'Malley, Mr. Niall Atkins, Dr. Eoin O'Brien, Dr. Jim Sheridan, Dr. Ivan Perry, Dr. Joe Duggan, Dr. Rose Ann Kenny, and Dr. John Cox.





*The Blood Pressure Clinic. From left to right:
Dr. Eoin O'Brien, Dr. Ivan Perry, Sister Connie Quinn, Nurse M. Conneely and Dr. Rose Ann Kenny.*

A generous grant from the Royal College of Surgeons in 1980 and the provision of space by the hospital made it possible to erect a building to house offices and the blood pressure measurement laboratory which had been established in 1979. The engineering function of this laboratory is situated in the Royal College of Surgeons. The activities of the laboratory are coordinated by Sister Fáinsía Mee. The laboratory provides a service for ambulatory blood pressure measurement and is presently participating in a multicentre EEC study on the role of this procedure in hypertension. The laboratory also assesses new blood pressure measuring devices for accuracy and maintains and services the hospital's sphygmomanometer. The laboratory has close links with the British Standards Institute and the British Hypertension Society. There is a close association between the blood pressure clinic, the measurement laboratory and Kevin O'Malley's department of clinical pharmacology in the Royal College of Surgeons, which has resulted in a steady output of research work to international meetings and journals on blood pressure measurement, the pharmacology of hypertension, and the treatment of high blood pressure in the elderly. The Dublin unit was a major participatory centre in the multicentre European study on high blood pressure in the elderly.

Oliver Fitzgerald, who only joined the staff earlier this year, has already begun to organise a department of rheumatology and rehabilitation, and with funding being made available to him from the Charitable Infirmary Trust and the Research Fund of the Royal College of Surgeons, it is to be anticipated that with his active research background, he will establish a first rate department in the new hospital at Beaumont. He can be assured of the fullest support from his colleagues in developing this important area of medicine.

The department of medicine is aware that its staff walks the same corridors as those walked some 150 years previously by no less a clinician than Sir Dominic J. Corrigan. It can but trust that it is worthy of its heritage and that it imparts some clinical wisdom to its students and graduates. Moreover, it is hoped that the clinical ethos that characterised medical teaching at the Charitable Infirmary will be brought to the new hospital at Beaumont.

Finally, it seems appropriate at this point to refer to an ambience that exists in the Charitable Infirmary which I hope will survive at Beaumont. On the one site we have a public and a private hospital which enables the profession to treat all members of Irish society as *they* wish to be treated. This has enabled all staff to give continuous care to both their so-called private and so-called public patients. I am proud to have been part of that tradition which I am convinced does most to protect the public patient. Moreover, such an approach, by keeping all staff on site leads to a tremendous unity of spirit throughout both staff and patients and, I believe, has contributed to 'The Jerv' being noted for both its standards of excellence in medical care and its friendly atmosphere. Indeed, no less an authority than an editorial in the *New England Journal of Medicine* stated in 1968:

Most teaching institutions maintain a reputation for either academic standards or a genial atmosphere of camaraderie; a few have neither and still fewer are blessed with both distinctive qualities. A number of institutions that for generations have managed both spring to mind; the Thorndike Memorial Laboratory of the Boston City Hospital and Columbia's P&S in this country, for example, the Rotunda and Jervis Street in Dublin, Hôpital St. Antoine in Paris and Hammersmith Hospital in London.

This approach, this spirit, must not be allowed to die.

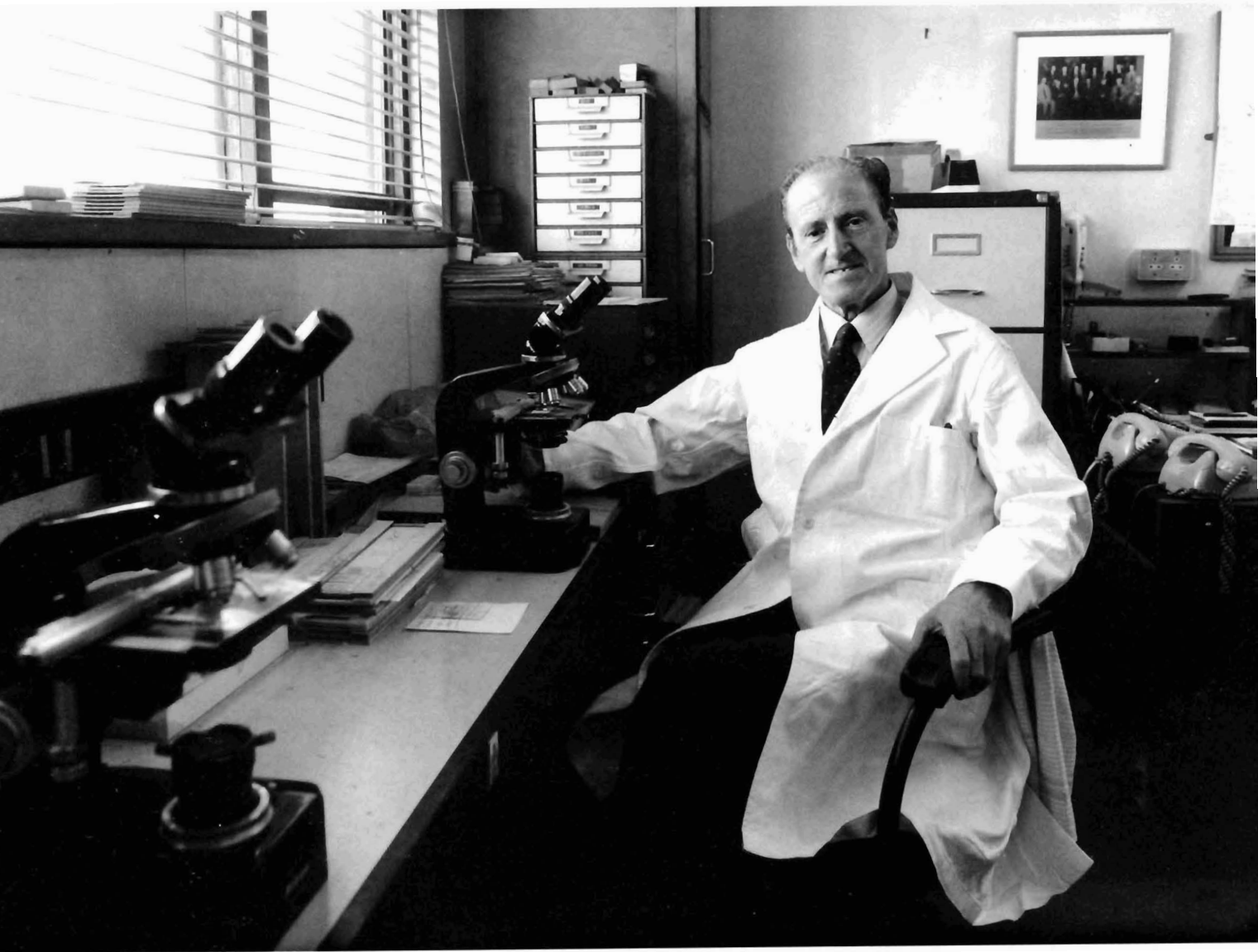
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*The 'Parlour'
of the Private Hospital.*

*Sister Joan Hillery and
Nurses Rose McCluskey
and Felicity O'Halloran
in the Private Hospital.*






Professor Gerald Doyle.

The Department of Pathology

Gerald D. Doyle

he early development of pathology services at the Charitable Infirmary parallels those occurring in most other hospitals in Ireland during the first quarter of this century. Their creation can best be viewed in the context of a greater interest in and awareness of the need for a better understanding of disease processes in a manner that could be directly related to clinical problems.

Pathology as a separate speciality in hospitals did not exist until the 1930's. There were a few exceptions to this general rule, notably where a physician and much less commonly a surgeon, assisted by interested juniors, might engage in simple laboratory testing of urine and the performance of blood counts.

In many instances doctors appointed as pathologists also engaged in clinical practice as the emoluments attached to the position were quite inadequate to support a reasonable living standard. Furthermore, training programmes for pathologists did not exist, the acquisition of knowledge and experience being largely a matter of chance. Few hospitals had properly constructed laboratories, and those that did exist were often of makeshift construction in a space deemed not suitable for any other purpose. It must also be appreciated that laboratory equipment was very rudimentary by present day standards. Monocular microscopes with limited magnification and resolution, simple colorimeters and imprecise technical methods providing poorly reproducible results and of limited application were the then stock-in-trade.

By applying the above preamble to the history of the speciality in Jervis Street a number of notable developments can be chronicled. Dr. John Cronin was appointed pathologist,

part-time, to Jervis Street in 1937, the first doctor to assume this office. Prior to that time a number of enthusiastic part-timers from the consultant staff engaged in occasional forays to the laboratory, more to indulge a hobby than to develop a scientific pursuit. The laboratory staff in the early 1940's comprised Dr. Cronin; a laboratory assistant Mr. Edward Conway, appointed in 1943; and a general purpose 'lab-boy' whose duties ranged over a wide spectrum from washing glassware to running on errands and occasionally washing the pathologist's motor-car. An additional member was a Sister Regius whose duties were part-time and quite ill-defined. Dr. Cronin and the good Sister never achieved a harmonious working relationship. They never fraternised for several reasons, one of these being the pathologist's latent but ever-present capacity to explode into an angry mood on minimal provocation and the other, the Sister's tantalising habit of restricting the supply of consumables. The relationship was finally terminated when one inauspicious weekend the Sister turned off the bacteriology incubator and fridge to achieve a saving in electricity consumption, with understandably, near disastrous consequences. The laboratory area at this time occupied one room with an insecure partition separating off a small area as the pathologist's working space.

The 1950's witnessed small but significant additions to the staff; Marie McKim, a graduate biochemist was appointed in 1954 and established an efficient biochemistry facility. Flame photometry for electrolyte determinations and a range of biochemical procedures in current use at that time were commenced.

I was appointed to a newly created post of pathology registrar in 1957 and set about the task of developing facilities in the disciplines of histopathology, biochemistry, bacteriology and haematology. It is noteworthy that up to this time the houseman performed emergency laboratory tests including blood grouping and cross-matching. With hindsight it now appears incredible that major mismatched transfusion reactions were not a common occurrence. Autopsy examinations, an infrequent occurrence were performed in a small room on the ground floor close to the elevator, an area now used as a sweet shop. A new autopsy room and mortuary was constructed in 1965.

In late 1959, I was appointed consultant pathologist and Dr. Angela Edwards succeeded me as registrar. The provision of extra laboratory space was an ever-present problem which became all the more urgent by the creation of a dialysis unit at the hospital in the late fifties with a substantial requirement for increased laboratory investigations. In 1964 a small additional area now used for phlebotomy was provided for biochemistry, and in 1969 after years of waiting, a significant improvement in facilities was achieved with the building of new biochemistry laboratories on top of the out-patients department.

A succession of biochemists were appointed to this department including Miss Freany, Valerie Flood and in 1969, Helen Toomey, who is still in charge of this very busy and comprehensive biochemistry department. The decade commencing in 1970 witnessed a rapid expansion in demand at a time when many analyses were being done by manual techniques. There was then only one single-channel Technicon auto-analyser which necessitated the performance of renal and other investigations in rotation. For much of this time the work volume was increasing at a rate of over 20 per cent each year. Fortunately, by this time more sophisticated auto-analysers were available to cope with this increased demand on facilities. In parallel with the improved instrumentation, the staff numbers gradually increased to the current level of eleven biochemists and three technicians.

Similar developments were experienced in the disciplines of haematology, blood transfusion, bacteriology and histopathology. Though all these activities were housed in the one small area referred to as the 'Main Lab', additional space was acquired over subsequent years utilising some areas remote from the original laboratories. Dr. Paddy Fitzpatrick, consultant pathologist, joined the staff in 1970. In 1971, histopathology moved to a new laboratory adjacent to biochemistry and is still in this location. The senior technologist in this department is Mr. John McMahon (appointed 1960). In addition to the provision of routine diagnostic histology and cytology, several other specialised techniques were being developed among which was an advanced unit for the study of renal biopsies commenced in 1960. This facility became a necessity as the National Renal Dialysis and Transplant Unit with its own specific requirements was located at the hospital. The renal biopsy unit called for an integrated team effort, involving not only routine histopathology but in addition immunofluorescence techniques under the direction of Dr. Orla Browne, consultant pathologist, who joined the staff in 1971, and electron-microscopy. The electronmicroscopy service was commenced in 1972 with the appointment of Dr. Eileen Campbell, and still flourishes, not only as a diagnostic aid for the interpretation of renal biopsies, but also for the study of tumours and nerve tissue. The department also provides a service for renal biopsies referred to the unit from other Dublin hospitals. In recent years histopathology has kept abreast of technological developments with the introduction of immunocytochemistry employing monoclonal antibodies for more precise identification of tumours.

The haematology division with senior technologist, Roland Spencer (who joined the staff in 1974) and consultant haematologist, Dr. Brian Otridge, has expanded in keeping with the requirements of an acute hospital service and the additional demands of the nephrology and gastroenterology units. It has remained in its original location and provides a comprehensive service with automated equipment which is computer-linked.



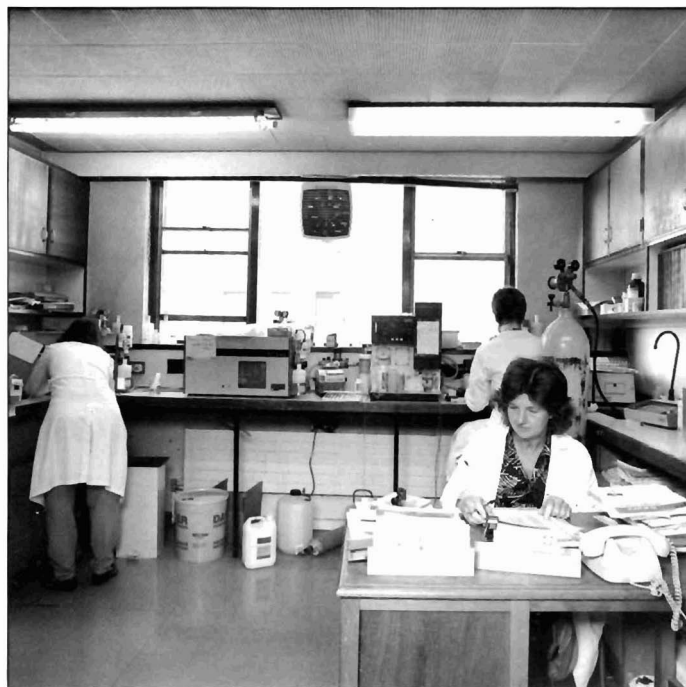


*(Facing)
Professor Patrick Fitzpatrick and
Dr. Angela Edwards performing an
autopsy with Charlie Kelly
in the background.*

*Derek O'Neill, Joe Phelan (standing),
Geraldine Lenehan and
Marita Connaughton in Haematology.*

*John McMahon talking to Rita McNally
with Caroline Mullin in the background.*





*Robbie Robinson, John Garland
and Kieran Brady*

*Helen Toomey in the
Biochemistry Laboratory.*



*Rita McNally, Caroline Mullen,
Eva Keller and Roland Spencer.*

*Sarah Doody in the
Biochemistry Laboratory.*





Helen Moore and Fiona Mullins.

*Carmel O'Regan, Fidelma Scally,
Deirdre Meany, Fiona Mullins, and
Triona Kavanagh.*

department. The Charitable Infirmary was among the first, if not the first, hospital to appoint a nurse as phlebotomist in 1959. This department, which is an essential component in the smooth programming of each day's work, has been managed for the past twenty years by Mrs. Mary Murphy.

A figure in the background so often overlooked when names are mentioned is the 'laboratory porter' and we have been fortunate to have Charles Kelly occupy this post for the past twenty-five years. Possessing a most pleasant personality in the best traditions and with a competent artistic ability as a painter of landscapes he has always been a friend to everybody working in the hospital.

In summary the years covered by the period 1957 to 1987 have seen major advances in the pathology services provided at the Charitable Infirmary. These developments have taken place not alone in the provision of routine diagnostic services but in the introduction of sophisticated procedures complimentary to the specialised clinical units at the hospital. This expansion is well illustrated by reference to the current volume of testing as listed for the various disciplines:

Biochemistry:	458,733 specimens
Haematology:	83,903 specimens
Bacteriology:	11,870 specimens
Histopathology:	3,861 specimens (of which 208 were renal biopsies; and 1,119 gastrointestinal biopsies.)
Toxicology:	40,000 specimens

The numbers of staff in the department have increased over the years in keeping with the expanding work, the current staff structure being as follows:

Prof. G.D. Doyle	Consultant pathologist: <i>Histopathology</i>
Dr. P. Fitzpatrick	Consultant pathologist: <i>Histopathology</i>
Dr. O. Browne	Consultant pathologist: <i>Immunofluorescence</i>
Dr. R. Hone	Consultant pathologist: <i>Microbiology</i>
Dr. B. Otridge	Consultant pathologist: <i>Haematology</i>
Dr. A. Edwards	Registrar
Dr. E. Campbell	Electron Microscopy
Miss H. Toomey	Principal Biochemist
Mrs. D. Talbot	Principal Toxicology
Mr. J. Phelan	Chief Technologist

Fiona Mullins
Helen Moore
Raghnall Glasgow

Caitlín Bruen
Triona Kavanagh
Maria Denieffe

Fidelma Scally
Sarah Foley
Deirdre Devereaux

Carmel O'Regan
Maureen Turley
Maeve Marren
Ann O'Loughlin
Caroline Mullen
Susan Jennings
John Garland

John McMahon
Susan Spencer
Geraldine Leneghan
Marita Connaughton
Joan Tyrell
Margaret Moran

Roland Spencer
John Lamont
Derek O'Neill
Rita Finn
Robert Robinson
Annette Sneyd

The clerical staff have always played an important role in the efficient management of reporting and record-keeping in the department. The senior secretary is Maria Brooks and her assistants are Niamh Gegan, Patricia Ryan and Deborah Tracey.

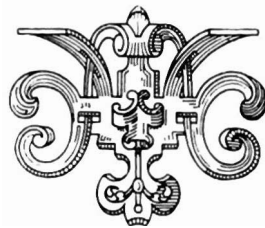
The specialised interests of the consultant pathologists reflect the evolution of four departments with sub-specialities over thirty years from what was originally the 'Pathology Department'.



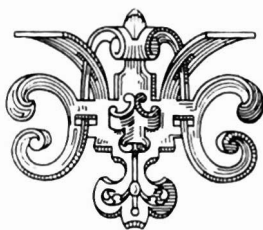
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Day to Day at the
Charitable Infirmary



Day to Day at the
Charitable Infirmary





The dining room in the Nurses' Home.

*Ms. Patricia Lacey, librarian
and Mrs. Delma O'Hanrahan,
dietician, in the Corrigan Library.*

*(Facing)
Nurse Monica McEntee, Freda O'Brien,
Tim Delaney, Anne-Marie Nolan and
Mary Flanagan (left to right)
in the Pharmacy.*

*Ms. Aileen Barrett (right) with a
patient and Joan Boardman in
the Physiotherapy Department.*





*(Facing) Fiona Lyons (left) and
Sheila Maguire in hospital
hallway.*

*Matron, Ms. Bridget Walsh
outside the chapel.*

*Mr. Joseph Deasy lecturing to
the third year class of 1987-88.*

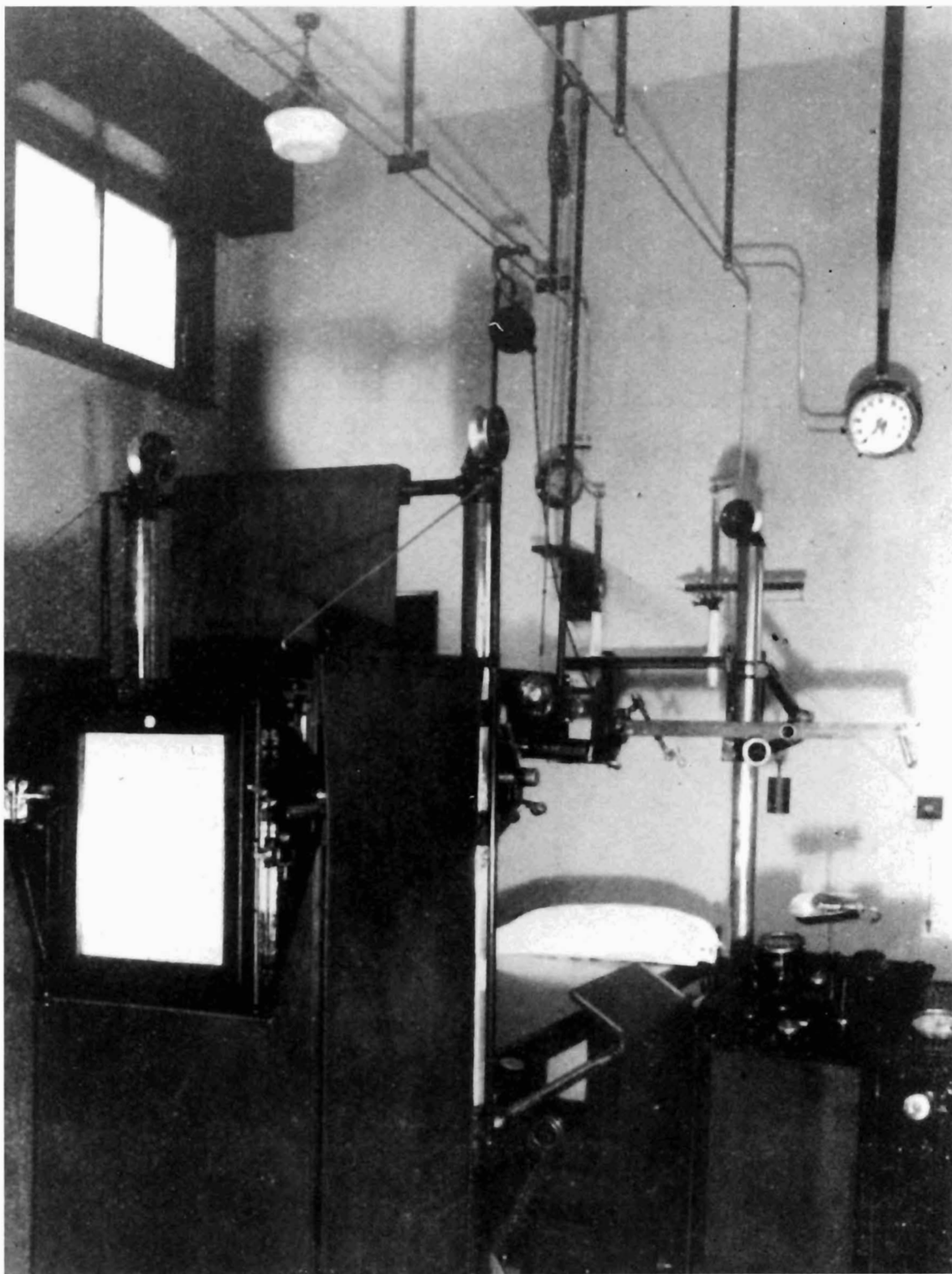




*Staff and patients at mass
in the hospital chapel.*

*(Facing) Father C.T. Greenan,
chaplain to the hospital.*






The X-Ray Department in 1927.

The Department of Radiology

Max Ryan

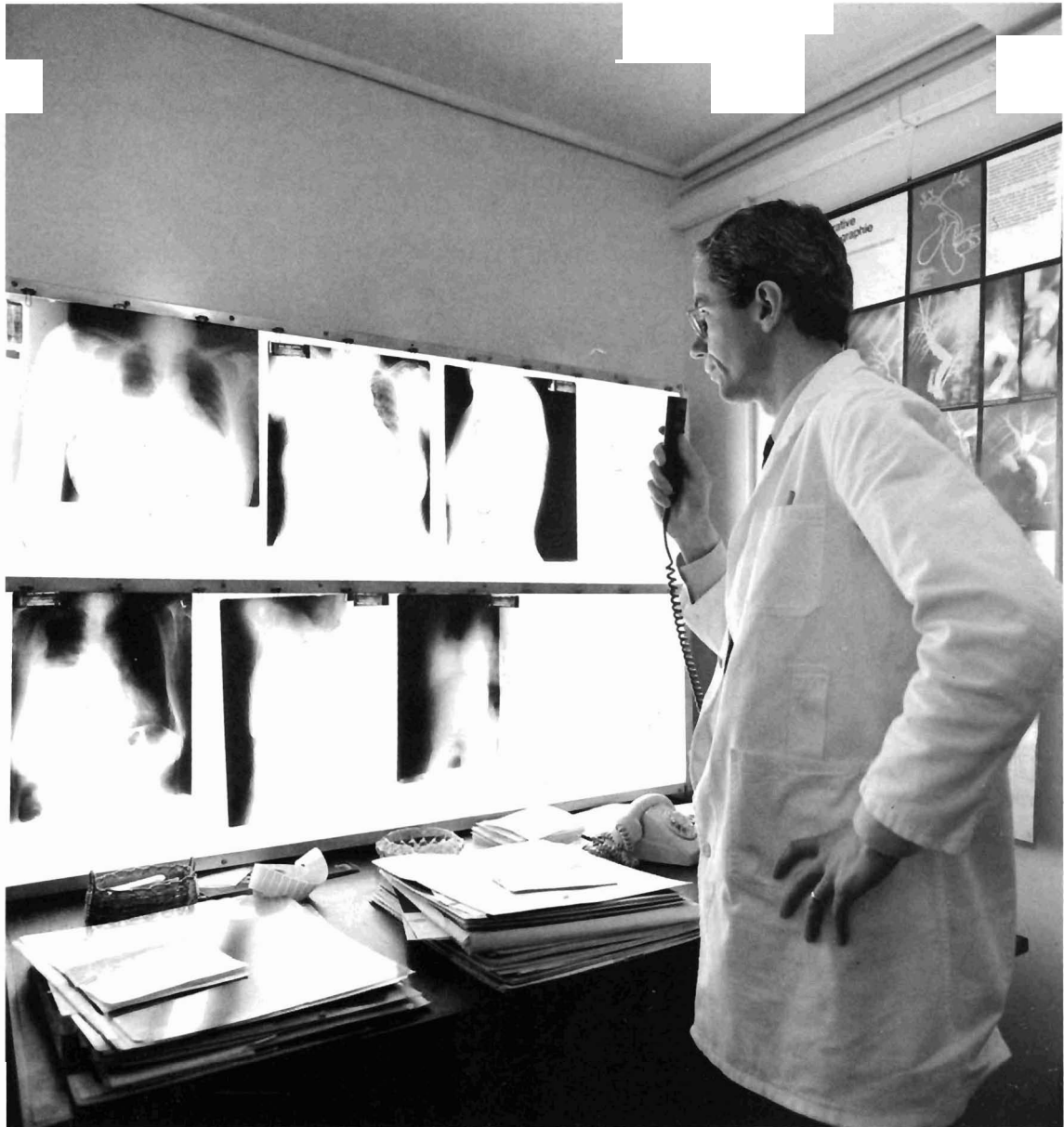
he first mention of the word 'x-ray' appears in the minutes of the managing committee on August 3rd 1909. Doctor Keegan, secretary to the medical staff and father of Doctor L.D. Keegan who has recently died, wrote to the managing committee of the hospital submitting the name of Dr. Henry W. Mason for appointment as X-Rayist. Dr. Mason, an active general practitioner in Baggot Street, had his own apparatus which was easily transportable from his home to the hospital. His appointment was on the condition of his offer to supply the entire apparatus necessary for the department. About a year later this decision was changed and the managing committee decided to provide the equipment and pay the cost of plates and chemicals. This decision was not implemented, presumably due to lack of finance.

In November 1914, Dr. Mason's apparatus was not performing efficiently and the medical staff were not satisfied with the X-Ray service. Dr. Mason indicated in a letter to the managing committee that to transport his x-ray apparatus in its present condition to St. Luke's ward would render it useless. He recommended that electrical power from the corporation mains should be substituted for the present accumulators and requested remuneration for his services. He submitted an estimate from a Mr. F. Barrett for new apparatus. The managing committee decided to ask Dr. Mason to use his own apparatus for the present and allowed him a fee of ten shillings and six pence for each radiograph. A porter named Wells was specifically designated to carry the apparatus carefully wherever required in the hospital. The surgeons were authorised in any case of necessity, when Dr. Mason's services were not available, to call in another radiologist.

There is no mention of the X-Ray Department or its development from 1916 to July



*Dr. Max Ryan in the viewing-room with, from left to right:
Elizabeth O'Donnell, Eileen Ryan, Mary Brogan and Margaret Lynch.*



Dr. Frank Keeling.

1926 when detailed estimates for the provision of a new department were accepted from the Irish Electro-Medical Company. The cost of the main apparatus was £945.00 and a portable x-ray apparatus was £127.00. The total with accessories came to £1,178. 19s. 0d. Included in the accessories were items for the provision of a darkroom, cassettes, screens, protective gloves, aprons and deep therapy applicators. It was also decided to erect a special building on the grass plot opposite St. Joseph's ward. The estimate of Mr. Andrew Breslan of Dolphin's Barn for £1,127 for a concrete building was accepted. In October 1926, the building was erected and the equipment installed and ready for use on July 22nd 1927. Around the same time, some artificial sun lamps were installed in a room in the department which became known as the 'Sunshine Room'.

These expenditures must have put a considerable financial burden on the hospital as Dr. Mason initiated various schemes to raise money from running a successful dance during Horse Show week in 1928 to considering the despatch of a deputation to the United States to collect funds for the hospital.

In June 1932, a Miss Sheila Hogan from Blackrock was appointed technician in charge of the X-Ray Department at a salary of £150.00 per annum outdoor or £100 per annum indoor. She had previously trained as a nurse and then qualified as a radiographer at Kings College Hospital, London. Miss Hogan was a very able lady from a well known intellectual family; her brother Sir Michael Hogan became Chief Justice in Hong Kong. She gave great service in providing radiographic examinations and assumed more responsibility and control. Most of the work was in relation to orthopaedics and she worked very closely with Mr. Arthur Chance. Occasionally she would make radiographs of the stomach and colon after filling them with barium. She resigned in 1949 to join the Medical Missionaries of Mary and is still a very active member of the community.

Dr. Mason was a considerable scholar who became president of the Shakespearian Society. He readily quoted from Hamlet and Macbeth to those who visited him for a consultation in the X-Ray Department. In February 1941 an assistant radiologist was recommended as Dr. Mason wished to devote more time to the skin dispensary and the treatment of skin ailments using radiation. In the same year, it was agreed to accept two student radiographers, but there was some apprehension when they turned out to be nuns who rode bicycles and wore short skirts.

On the death of Dr. Mason, Dr. Leo Darley Keegan, who was working in radiology in Edinburgh, was appointed as radiologist to the Charitable Infirmary in 1949. Dr. Keegan had been greatly influenced by his father, a senior surgeon on the staff of the hospital,



Professor James McNulty with Elizabeth O'Donnell in the Screening-room.

David Boland wheeling a patient from the X-Ray Department.

Nurse Mary Brogan (left) and Gilly-Anne Turnbull with a patient in the Screening-room.

Nurse Brogan and Dr. John O'Callaghan performing an ultrasonic examination.



and had initially taken his fellowship of the Royal College of Surgeons in Ireland and his Diploma in Anaesthetics, but later he decided to specialise in radiology.

On Dr. Keegan's insistence, clerical assistance was provided for the first time in the X-Ray Department in 1949. An assistant radiographer was appointed and Sister Mary Alban, one of the Sisters of Mercy was put in day-to-day administrative charge. She ran the department with smooth efficiency for many years until the Mercy Order left the hospital on August 15th 1983. Dr. Keegan was responsible for the development of the first screening room with a rotating anode tube and introduced many new techniques including gastro-intestinal studies, tomography and bronchography. He served his *alma mater* loyally for 37 years during which time he encouraged new advances, and supported his colleagues in acquiring better facilities and more staff.

The X-Ray Department was expanded and redesigned in 1967 when the Physiotherapy Department was transferred to the ground floor, making space for a new fluoroscopic room with image intensification and facilities for rapid serial angiography and myelography. Automatic processing and a film viewing area were also provided. Included in the new extension were a reception office and a waiting area for patients. A nurse was assigned to the X-Ray Department for the first time in 1967. A radiographic room in the Casualty Department was developed in 1978 and a new remote-controlled fluoroscopic unit was installed in 1980, giving the main department four rooms.

I was appointed radiologist in 1962. Dr. James McNulty was appointed in 1970 and introduced ultrasonography and interventional techniques in relation to the biliary and renal systems. In 1987 he was appointed associate professor of radiology at Trinity College. Dr. John O'Callaghan was appointed in 1981 and developed many new techniques including arthroscopy. After Dr. Keegan's retirement, Dr. Frank Keeling was appointed in 1986 to the Charitable Infirmary and St. Laurence's Hospital where he is responsible for nuclear medicine.

The massive increase in the number of examinations and the many specialised radiological procedures undertaken is indicated in the hospital annual reports over recent years. In 1964, 19,318 radiological examinations were performed and by 1984 the figure had risen to 50,694. Active involvement in undergraduate and post-graduate teaching began in 1963. Despite limited facilities and inadequate staff, it has been possible to provide a high standard of diagnostic radiology due in no small part to the loyal and dedicated service provided by Miss Joan Reidy and her staff. The present staffing complement of the department is: four radiologists; eleven radiographers; two staff nurses; seven clerical staff; one dark-room technician and two porters.


The decision to move to Beaumont nearly ten years ago has stifled many attempts to expand the X-Ray Department and to provide more sophisticated equipment. In association with our colleagues in St. Laurence's Hospital, we look forward to having the most modern X-Ray Department in this country at Beaumont Hospital in the very near future.

Left to Right: Grace McGoarty, Noleen Flinter, Noelle Harrington, David Boland, Jeanne Donohoe and Sylvia Rafferty at the reception desk.



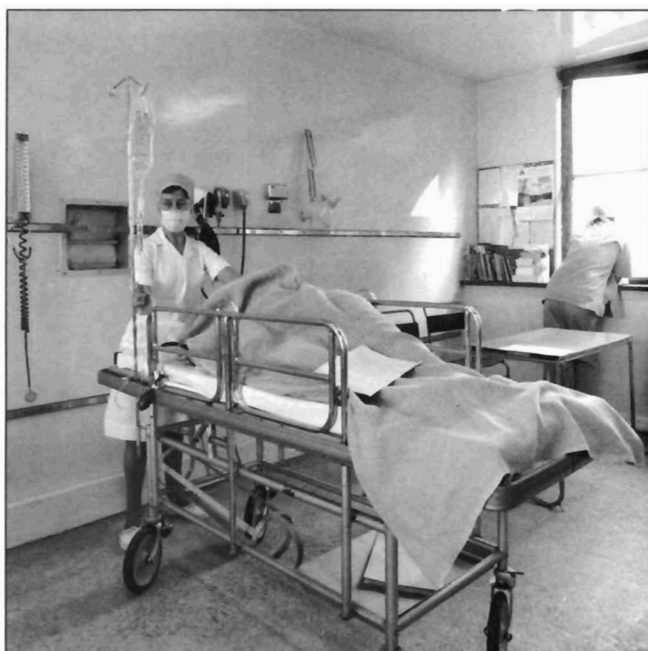
The Department of Anaesthesia

Joseph Tracey

n the 1730's when Frobenius published his work on ether 'Account of Spiritus Vini Aethereus', the six gentlemen surgeons who had started in Cook Street had already opened the Charitable Infirmary of Dublin in Anderson's Court. In 1786 when the present hospital was opened in Jervis Street, Priestly had only shortly before discovered oxygen and nitrous oxide, the two gases which even today, some 200 years later, are still the mainstay of general anaesthesia. In the following year Lavoisier published his work on the changes imparted to air by respiration, thus laying the foundations of respiratory physiology.

The date accepted by most for the discovery of anaesthesia is October 16th 1846, on which day Dr. William T. Morton successfully demonstrated ether narcosis in the Massachusetts General Hospital in Boston (in a room since referred to as the Ether Dome). The news quickly spread to London and the drug was successfully used for the amputation of a leg at University College Hospital in December 1846. Within weeks it was used for the first time in this country, when John McDonnell, a surgeon to the Richmond Hospital, carried out an amputation on an 18 year old girl, Mary Kane, on New Year's Day 1847. Meanwhile in Scotland Sir James Simpson, Professor of Midwifery in Edinburgh, had also started using ether (January 1847), but he disliked the smell so much he began experimenting on a drug with similar effects. He subsequently introduced chloroform as an alternative anaesthetic agent in November 1847. Within two months this new drug was used in Ireland, this time in the Charitable Infirmary. The event was reported under the heading of 'News from Ireland' in the *London Illustrated News* of January 8th 1848.

Injurious Effects of Chloroform: At a recent meeting of the Surgical Society in Ireland, Mr. Stapleton stated that he had lately tried chloroform in some cases in Jervis Street



Eileen Mackey and Dr. Joseph Tracey in the Poisons Information Centre.

Sister Siobhan Fitzgerald in the theatre recovery-room.

Hospital. One man was put into a sound sleep, but awoke in about a minute afterwards and expressed himself as having been conscious of everything that had been done to him: while, apparently unconscious, he said that he had felt himself pinched, and so forth; but was unable to resist or give any indication of feeling. A resident pupil of the hospital had tried it a day or two ago, and was very merry during its action; to-day he again tried it, and was put to sleep in two minutes, but recovered in two minutes more, and shortly began laughing in an hysterical manner, and soon fell into violent convulsions, so as to require the united efforts of several people to hold him down in bed; he then got rigours, cold perspiration, and sickness of the stomach; his pulse sometimes felt low, and, when the excitement was coming on, it would rise to 100. He remained in this uncertain state for two hours, and then expressed a wish to sleep: under the operation of chloroform there was a complete loss of muscular power, except during the convulsions.

This is probably the earliest account of the use of chloroform in this country as the meeting of the Surgical Society probably took place at least a week before this account was published. I can only presume therefore that the drug was used sometime in December, barely a month after its introduction by Simpson. If not the first account of the use of chloroform in this country, it must surely be one of the earliest reports on the hazards of general anaesthesia. Three weeks later on January 28th 1848 the first death under anaesthesia occurred in England. The agent used was chloroform.

Another fifty years were to pass before anaesthetists would be recognised as specialists in their own right in the hospital. The minutes of the managing committee of 28th February 1910 make note of a letter from a Dr. Farrell suggesting the appointment of a visiting anaesthetist. This was referred back to the medical staff to ask if such an appointment was necessary or desirable. Within two months of this suggestion, in March 1910, a Dr. Daniel was appointed honorary anaesthetist for a period of one year. His appointment however, was quickly followed by a number of letters from both Dr. Daniel and the rest of the medical staff as to what exactly his duties were. It was eventually decided that he should be available for operating sessions from Monday to Thursday mornings only, commencing at 10.00am, a civilised working arrangement. It was also stated however, that he would not receive a fee for teaching anaesthetics to students. Dr. Daniel resigned after two years and was followed by a number of appointments lasting only one year. In 1914 no-one applied for the job and the appointment was abandoned. The total capital outlay for anaesthetics at this stage amounted to the princely sum of 23 shillings spent in 1911 for the purchase of a new Clover inhaler.

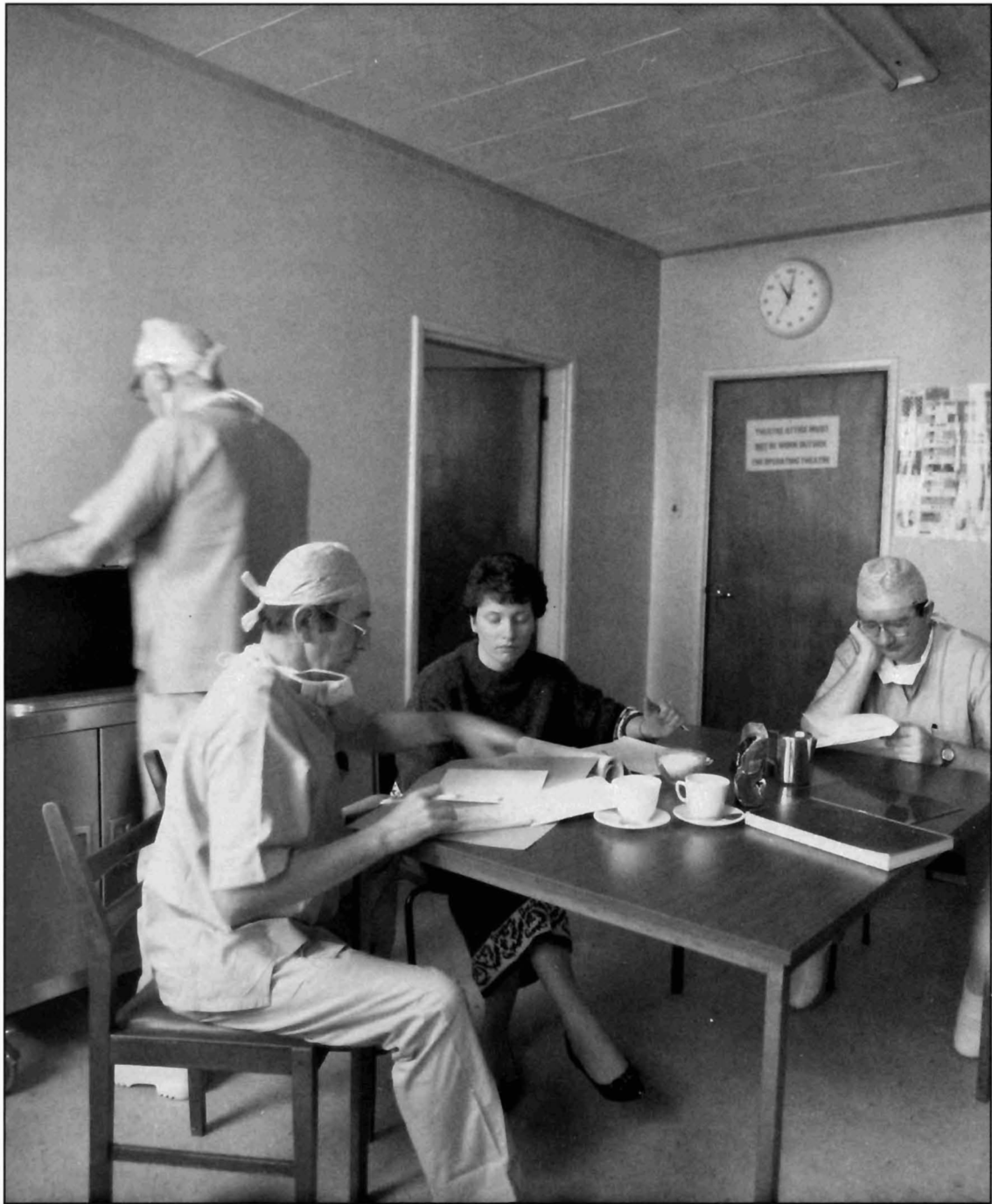
There were no further anaesthetic appointments until Dr. Frank O'Grady came on staff in February 1926 at a salary of £100 per annum and again it was a yearly appointment. There were subsequent appointments over the next few years which included Dr. Keegan, Dr. Martin and Dr. Nagle. In 1944 the question of a resident or junior anaesthetist was

raised. The biggest obstacle to making such an appointment was the simple fact that all the rooms in the doctor's residence were occupied by the quota of house staff. The job was advertised and there were six applicants. Dr. Joe Woodcock was duly selected as the successful candidate. I am sure it was purely coincidental that at the time he already had a room in the residence as he was a house surgeon in the hospital and thus, the problem of a room for the resident anaesthetist was solved.

In August 1946, appropriately enough 100 years after the discovery of anaesthesia, Joe Woodcock was made visiting anaesthetist on the resignation of Dr. Nagle. For the next forty years he was to dominate life in the Anaesthetics Department and to play a prominent role in the running of 'the Jerv'. He would see the Anaesthetics Department grow from one consultant and one junior to its present staff of four consultants, one senior registrar and four juniors. Along with Dr. Barney DeBrit, appointed as second visiting consultant in the late 1950's, Joe Woodcock was actively involved in the provision of the present lecture theatres, the I.C.U., the Surgical Day Care Centre and the present theatre block. He was initially involved in the Dialysis Unit along with Professor William O'Dwyer and Dr. Michael Carmody, and was director of it for some time. His most lasting achievement and one that will continue even after the closure of the Charitable Infirmary is the National Poisons Information Service. In 1966 he was approached by the Department of Health to set up such a service and it was formally opened in July of that year. In its first year of operation the Centre answered 869 calls. In 1987, twenty years later, the number has risen to 8,000. Outside of Jervis Street, Dr. Woodcock was one of the main instigators in the setting up of the Faculty of Anaesthetists and was its second dean. He and Dr. Riordan collaborated in persuading the Royal College of Surgeons in Ireland of the need for a chair in anaesthetics and it must be satisfying for Joe to be replaced on his retirement in 1986, by the first full-time professor in anaesthetics in this country.

Dr. Barney DeBrit was recruited into the Department after finishing his internship and apart from a brief sojourn in Belfast, spent his whole working career in the Charitable Infirmary. He provided almost thirty years of diligent service to the hospital before his premature retirement for reasons of ill health.

Dr. Des Riordan was also recruited directly from the house staff. After a number of years training in both Jervis Street and Liverpool, which was then one of the leading anaesthetics departments in the world, he was appointed consultant in 1972. Dr. Seán McDevitt, appointed in 1979, was one of the first three senior registrars to have completed both general professional training and higher professional training in this country. Prior to his appointment he had been a registrar in Cork and had been involved in the complexities of moving to the new hospital at Wilton, the twin architectural sister of Beaumont.

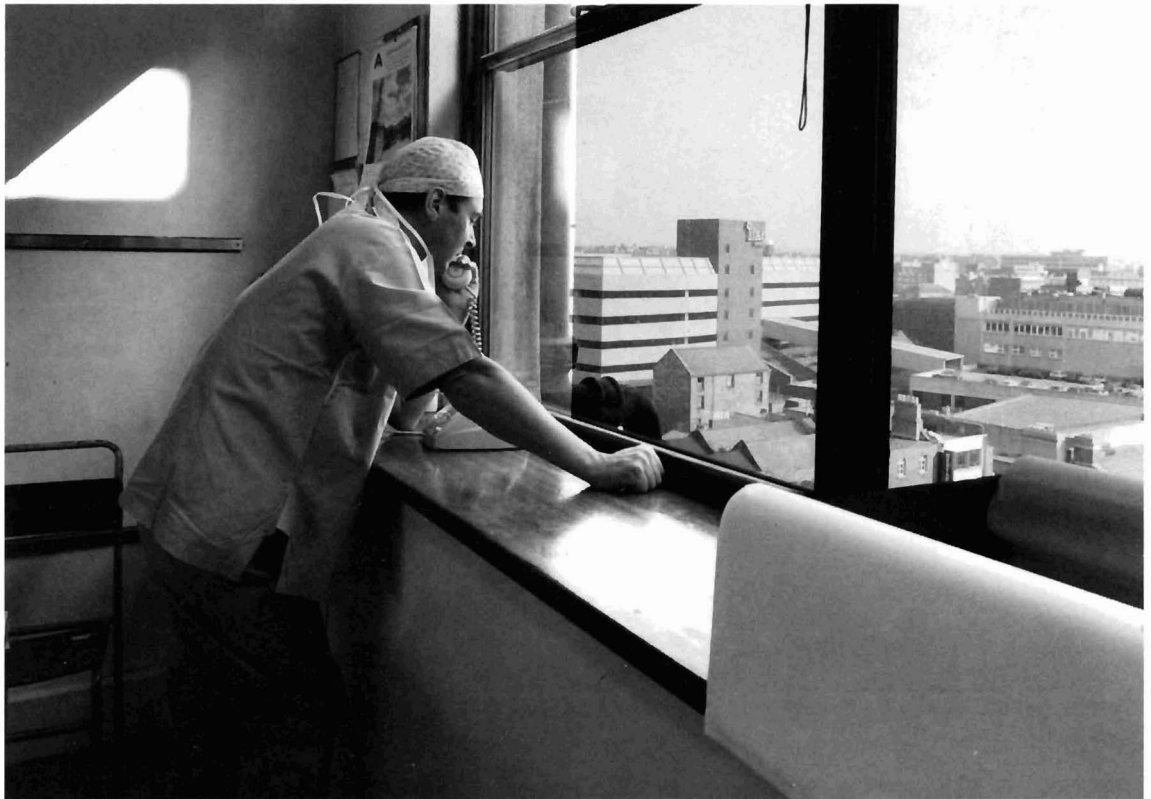


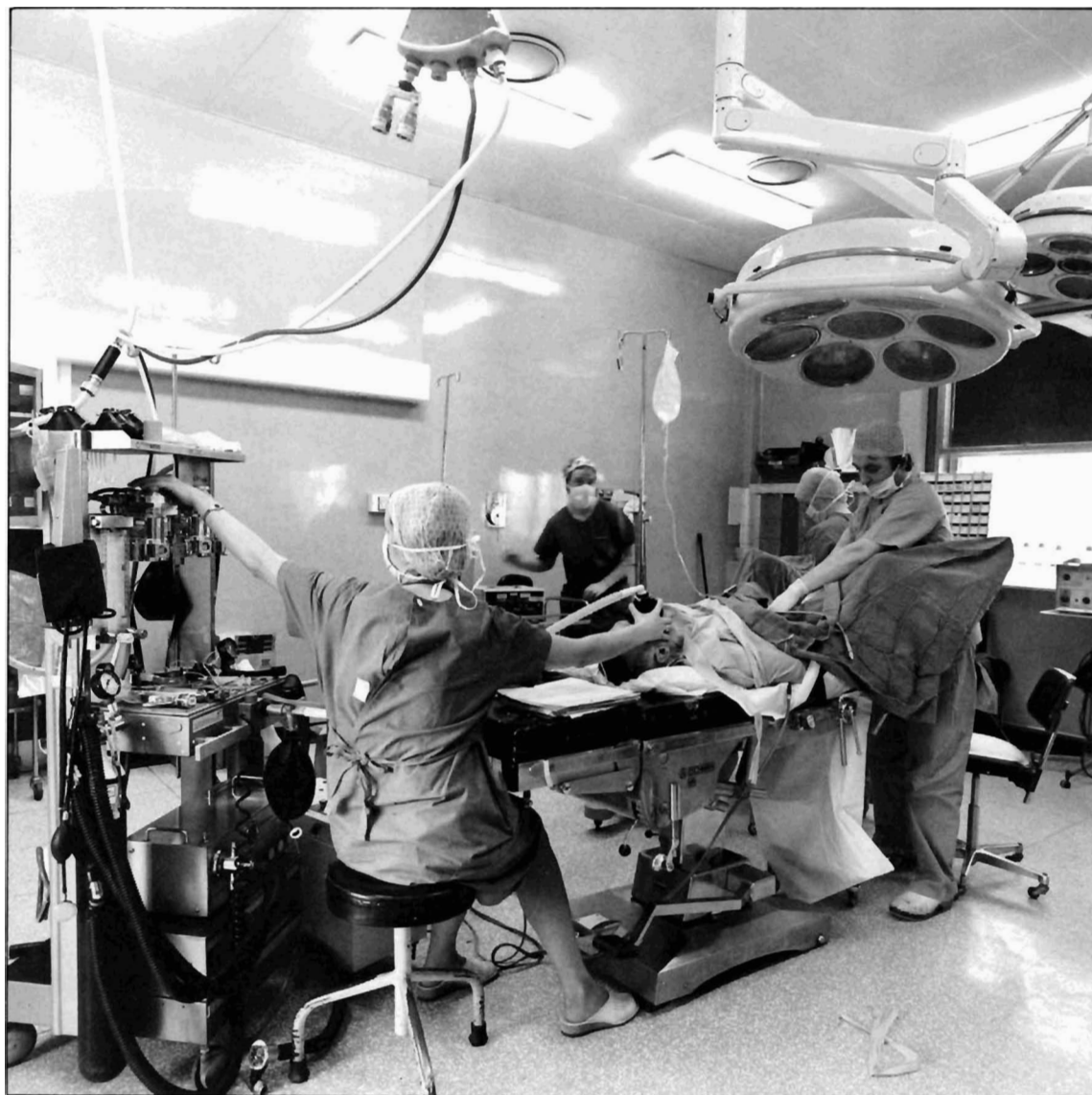
Dr. Desmond Riordan (left) with Caroline O'Connor and Dr. Sean McDevitt in the consultant's room in the theatre area.

It was felt that this experience would be invaluable in planning the move from Jervis Street; that was almost ten years ago. I was appointed in 1984 and finally in 1986, Dr. Tony Cunningham was appointed to both the chair of anaesthetics and to this department. Since his arrival a very active research programme has started, a lecturer in anaesthetics has been appointed and before the end of the year a full-time research assistant will join the department.

Much change has occurred in the eighty years since the medical board queried the need for a visiting consultant anaesthetist. Although the department was small in actual numbers it was to the forefront in developments in anaesthesia, with one of the earliest Intensive Care Units, probably the first purpose built Surgical Day Care Centre and one of the largest recovery rooms in the city. These developments emphasise that the anaesthetic does not stop at the theatre door. The future will soon see us amalgamate with our partners in the Richmond to become one of the largest anaesthetic departments in the country. The excitement of a new venture will be dampened by the sadness of leaving 'the Jerv'.

Professor Anthony Cunningham.





Dr. Helen O'Mahoney, Nurses Emer Doherty and Ingrid Sharpe, and Mr. William Gawley (left to right).


*This section has been kindly sponsored by
Astra Pharmaceuticals (Ireland) Ltd, Bank of Ireland, Beecham Laboratories Ltd,
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A group of nurses photographed in about 1900. Mary Alice Kelly is seated first on right.

Nursing in the Charitable Infirmary

Bridget Walsh

uring the eighteenth century and for two-thirds of the nineteenth century, Irish hospitals were served by untrained attendants of the 'Sairey Gamp' type. From records available it seems clear that the form of recruitment of these attendants was rather haphazard. The domestic servants who worked on the wards for a time and showed some aptitude for nursing or caring for the sick were promoted to the position of 'nurse' without any formal training whatsoever. Their educational background was very poor and many of these women who nursed the sick could neither read nor write. It seems correct to assume that there were no professional nurses in Ireland up to the end of the nineteenth century as it would appear that nursing was not regarded as a profession. A short experience of hospital work was considered sufficient preparation for tending to the sick. Nursing for the most part was carried out by religious orders as it was then considered a religious vocation.

The early history of nursing in the Charitable Infirmary was relatively obscure up to the twentieth century. No doubt the sick were then nursed as a matter of course but no one thought such service worthy of chronicle or a place in history. The earliest record of nursing in the Charitable Infirmary is in 1814. In that year a Mrs. Elizabeth D'Arcy was appointed matron/housekeeper, a post she held for 38 years. She was paid a salary of £42.13.1½ per year plus board and lodgings and her payment was made quarterly. At this time there were two nurses employed each at a salary of £20.00 per annum, plus board and lodgings. Also employed was an apothecary who also acted as secretary/register at a salary of £60.00 per annum, a cook at a salary of £20.00 per annum (the same as for the nurses) and one porter at a salary of £15.00 per annum plus clothing and rations. All the salaries were paid quarterly. This seems to have comprised the entire staff apart

from the visiting consultants. The two nurses employed were under the control and supervision of the matron/housekeeper.

Although in the nineteenth century the purchasing value of money was greater, these salaries seem remarkably small by today's standards. As will be seen later, fines were frequently imposed on the employees of the hospital for varying offences and neglect of duty and these sums were often as high as £1.00, a sum which now seems rather excessive and out of proportion to the salaries paid.

The Charitable Infirmary, never a wealthy institution, has always operated under financial constraint and economic management is a recurrent theme in all past records. The finances in 1823 permitted some improvement in the nursing services and we read in the minutes of the 30th January of that year: 'Having taken into consideration the communication of the attending Surgeons we deem a second nurse tender necessary for the comfort and speedy cure of the patients.' In 1829 the matron/housekeeper was directed to employ an assistant nurse to be paid at the rate of £4.00 per annum and to be allowed the diet of the hospital.

In November 1832 the number of intern patients in the hospital was increased to fifty for a period of one year and the surgeons agreed to pay £18.15s.0d. monthly in advance for twelve months towards the support of the increased number of patients. There is no mention of increasing the number of nurses (now two) to take care of the extra patients but, in 1833, a letter was presented by the medical gentlemen and read by the board stating: 'That two nurses are not sufficient to perform the entire duty of a hospital containing so large a number of patients as the Charitable Infirmary does at present, the average being as we believe in the other hospitals in Dublin, one nurse for every 15 – 20 patients.' It was then ordered by the committee that there be two head nurse tenders and one assistant nurse tender to perform the duties of the hospital, as requested by the physicians.

In August 1852 because of her incapacity from age and infirmity, Mrs. D'Arcy was retired on a pension of £40 per annum. This example of faithful service is worthy of record in view of the general condemnation of hospital nurses in this period. Mrs. D'Arcy was succeeded by her daughter Maria, who continued as matron/housekeeper for two years. There is very little reference to Miss D'Arcy's term of office but one gathers from the minutes of the managing committee that her services were far from satisfactory and as a result patients were neglected and the organisation and overall management of the hospital was deteriorating. The committee of management were concerned with the falling standards of the hospital under Miss D'Arcy and set about finding a suitable person or



A group of nurses photographed in about 1920. Mary Alice Kelly is third from left, second row.



Mary Alice Kelly on the occasion of her retirement as Matron in 1945.



The Sisters of Mercy flank the stairs on the occasion of a visit from the Minister for Health, Mr. Seán Flanagan who is being escorted by Dr. Joseph Woodcock.

persons to take charge of nursing and management of the institution. It was proposed that a religious order might give the best service and it was agreed by the committee to invite the Sisters of Mercy to undertake the administration of the hospital. On 13th July 1854 a letter was sent to Mrs. Whitty, Rev. Mother, Convent of Mercy, Baggot Street as follows:

Madam,

I am directed by a select Committee acting under the General Committee of this hospital to inform you that the Committee resolved at its last Meeting on inviting your esteemed Sisterhood to undertake the administration of the hospital in accordance with the outlined provisions and to request the favour of a reply which will be laid before the Committee at its next meeting on Thursday next.

Reverend Mother replied promptly accepting the offer:

Sir,

In reply to your favour of the 13th inst. I beg to state that the Sisters of Mercy will undertake the administration of the Charitable Infirmary upon the terms proposed in your letter provided the Committee agree to the 4th provision copied in the following page in red ink. *The Sisters do not appropriate to themselves any portion of the money they solicit for the poor.*

Mrs. Whitty proposed that the sisters would enter into contract with the committee of management on the 15th August 1854 if that be agreeable to them. It would appear that the committee were very pleased that the sisters were prepared to take charge of the day-to-day management of the hospital. At its meeting of 10th August 1854 the question of accommodation for the sisters was discussed and it was resolved that Miss D'Arcy, matron/housekeeper, be requested to vacate the rooms occupied by her in order to fit them up for the Sisters of Mercy and to take alternative accommodation in the hospital, or to take lodgings outside at the expense of the hospital. It was proposed by E.T. Stapleton and seconded by Richard Kelly that the members of the committee and the physicians and surgeons be advised that the Sisters of Mercy were to enter the hospital on the 15th August, and that they should be in attendance to receive them. On August 10th it was resolved that two carriages be provided for the sisters and that a deputation of the committee be appointed to escort them from the convent in Baggot Street to the hospital on Tuesday 15th August 1854. On arrival they were cordially welcomed by the managing committee and medical staff. Miss D'Arcy was requested to deliver the keys of the institution into the hands of Mrs. Whitty and to co-operate with the sisters in the management of the house. Miss D'Arcy refused either to co-operate or to hand up the keys. A special meeting of the committee was convened for September 2nd 1854 to decide on the propriety of removing matron, and Miss D'Arcy was dismissed from the situation

of matron/housekeeper on 18th September and given 48 hours to leave the hospital. Miss D'Arcy's post was filled by Mrs. M. Star, Sister of Mercy. From this year (1854) to 1891 the nursing was carried out entirely by the Sisters of Mercy and their unselfish sacrifices and devotion to duty won them the respect and gratitude of the people of Dublin for whom they worked unceasingly.

Towards the end of the nineteenth century the standards of nursing in Britain were improved dramatically by Florence Nightingale and her reforming zeal was soon to reach Dublin. One of the first nurses trained by Florence Nightingale in St. Thomas's Hospital was appointed matron of Dr. Steevens' Hospital at the request of the board of management which wished to organise formal training in nursing in the hospital, and this was established in 1885. Of the first group to receive training at Dr. Steevens' was one named Brigid Kelly who in 1891 was appointed matron to the Charitable Infirmary and she was given a similar directive by her senior colleague at Steevens' to establish a training school for lay nurses under the direction of Mother Scholastica of the Sisters of Mercy, who was Superioress at that time. Miss Kelly was paid a salary of £35.00 per annum. In 1893, after two years Miss Kelly resigned from the Charitable Infirmary in favour of the post of superintendent of nurses in her *alma mater*, Dr. Steevens' Hospital.

There is no record of the appointment of a successor to Miss Kelly until 1899, and it must be presumed that the management of the training school was undertaken by the Sisters of Mercy during the period 1893-1899. Though the training school at Jervis Street was not the first in Ireland, it was the first to be established by a religious order. It formed the nucleus of organised and planned training as we know it today. Rules and regulations were laid down and a syllabus of training was drawn up by the medical board and the managing committee for approval. The training was an in-service one of three years. At that time nursing was not recognised by the state and each hospital established its own system of training. The matron gave lectures on practical nursing and the ward sisters undertook the bedside teaching. Medical lectures were given gratuitously by the surgeons and physicians attached to the hospital – a tradition which has prevailed down the years. At the end of the training period a written and oral qualifying examination was held within the hospital conducted by the matron and doctors. If successful, a certificate was awarded entitling the students to practice as trained nurses. This was the pattern of training until the establishment of the General Nursing Council for Ireland in 1921.

In the year 1899 a new lay matron was appointed and by a strange coincidence she too was a Miss Kelly – Mary Alice. She was no stranger to the Charitable Infirmary as she trained there from 1893 to 1896. Being only 21 years of age when appointed by Mother



Matron, Miss Bridget Walsh in her office with the Assistant Matron Mrs. Anne Doyle.

Staff-nurse Margaret Hanley, Sister Marie Kelly and staff-nurse Aisling McCarthy.





*Staff-nurse Mary Coogan
in the Intensive Care Unit.*

*Staff-nurse Ann Marie Ward,
Sister Elizabeth O'Hara,
staff-nurses Linda Hughes
and Louise Gaffney,
and Sister Marie Kelly
in St. Brigid's ward.*



Scholastica, she must surely have been the youngest matron in this country. That she was appointed to so responsible a position at such an early age bears witness to the fact that her capabilities were highly regarded by the authorities. Her appointment came at a time when nursing (in this country, as in many others) was struggling for recognition as a profession, and to her, the young profession owed more than can ever be estimated. Miss Kelly was a highly efficient and dedicated nurse and her principal concern was that all nursing down to the smallest detail was carried out with kindness and efficiency. Since she expected similar qualities in those who worked under her, it is not at all surprising to find that the nurses whom she trained were very competent, capable women, due no doubt to her influence and teaching.

In 1915 an emergency Red Cross Hospital was set up in Dublin Castle for the treatment of wounded soldiers returning from the First World War. The Charitable Infirmary in conjunction with other hospitals was asked to send a number of nurses to the Red Cross Hospital to care for the wounded soldiers. This was very efficiently organised by Miss Kelly, and in recognition of her work, she was awarded the 'Royal Red Cross' in 1927. The matron and nursing staff also played an important role in the 1916 Rising.

In May 1921 in an effort to raise funds for the many needs of the Hospital – the doctors, nurses and students ushered in the first of a series of 'Flag Days' with a procession through the streets of Dublin. This annual event became known as 'Daffodil Day' because the emblem sold resembled a daffodil. Thousands of these emblems were handmade by the patients, many of whom were 1914-18 war veterans.

In the following year the idea of holding a sweepstake to benefit the hospital was suggested. Permission for such a venture was granted and thus was born the first Hospitals Sweepstake to be held in this country. Once again the combined staff of the hospital undertook the major part of the work involved, which included the sale of tickets and the preparation of counterfoils. Some nurses were sent to London to sell tickets and members of the medical staff went as far away as Australia to dispose of tickets there. The draw took place in the Board Room of the hospital in 1925 and the venture, which was known as the 'Iodine Sweepstake', raised £60,000 which went into the hospital fund. As a result of this effort the managing committee undertook the erection of a convent for the Sisters of Mercy and this was opened in November 1929.

After more than fifty years service to the hospital, forty-four of which were spent as matron, Miss Kelly retired in April 1945 and a presentation on behalf of the medical and nursing staff was made to her. Her achievements are best summarised by a member of the senior medical staff who remarked on the occasion of her retirement: 'Her record

of service in one hospital was unique.' During her lifetime Miss Kelly contributed significantly to the successful establishment of nurse training in Ireland. With this development the value of nursing to the medical profession, and above all to the general public, was recognised and appreciated.

As the Hospital expanded, extra nurses had to be provided. At the end of 1929 it was recorded that there were 60 nurses in training, an increase of ten on previous years. At this time the problem of accommodation for nurses became so acute that the managing committee saw the need for a nurses' home, but shortage of money was as always a problem. Fortunately, however, the recently formed Irish Hospitals Sweepstake came to the rescue to provide much needed funds for six Dublin voluntary hospitals of which the Charitable Infirmary was one. The first Hospitals Sweepstake Draw was held in 1930 and a large portion of the proceeds was donated to Jervis Street so providing the money for building. The following newspaper snippet of March 13th 1931 provides details of the proposed home:

Jervis Street Hospital, School of Nursing, a building specifically designed for the teaching and housing of those splendid types of Irish Girlhood who are qualifying to be nurses, is to be raised at the site of the old barracks and factory. The need for this Institution has for several years past been fully realised. In the Hospital's report for 1928 it is strongly urged but the expenses of the undertaking held it up until the 'Fairy Godmother' of the Sweep came along and poured in the money.

Very soon after this, plans for a new nurses' home were made and the building of the School of Nursing was started in 1932 which was formally opened in July 1934. It provided accommodation for 72 nurses and was considered one of the most up-to-date buildings in the country.

In 1930, the managing committee found it necessary to increase the nurses' training fee from £40 to £50 in order to meet the financial needs of the Training School. But the remuneration for nurses remained unchanged for many years. The salaries of student nurses from 1930 to 1946 were: First Year – £11.00 per annum; Second Year – £15.00 per annum; Third Year – £21.00 per annum; Fourth Year – £30.00 per annum; Matron's salary – £70.00 per annum.

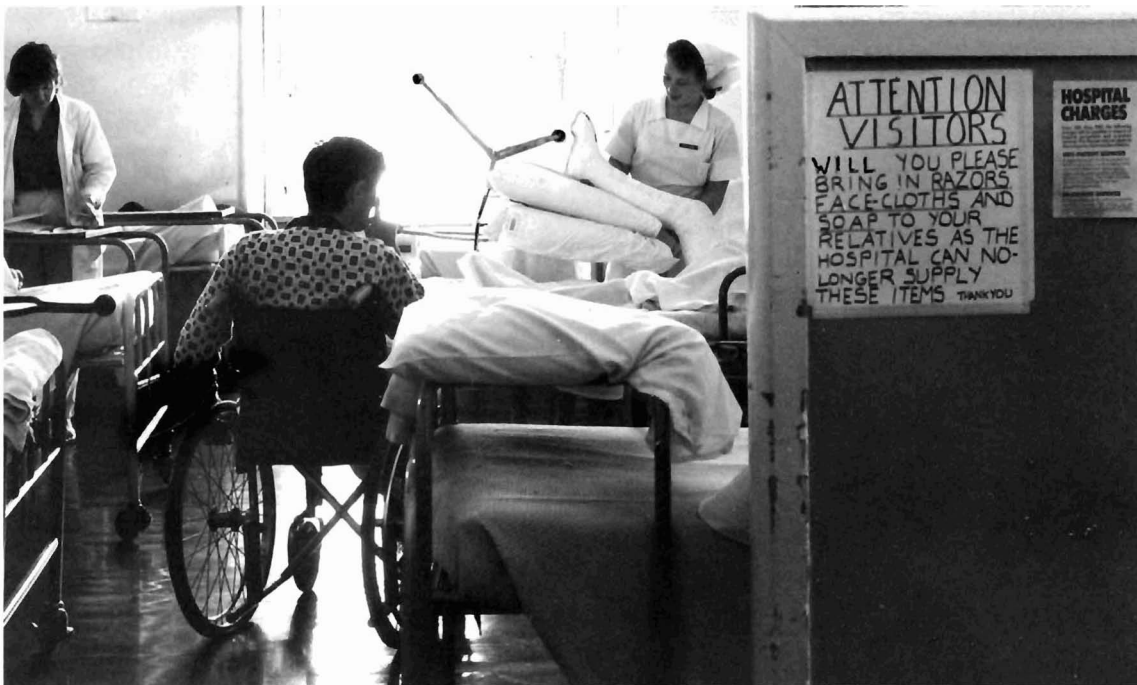
Staff nurses were paid a fixed salary of £50.00 per annum and between 1940 and 1946 this increased to £65.00 per annum. With the revision of salaries in 1946, all grades of nurses received a substantial increase bringing their salaries into line with those in other professions. At this time the Hospitals' Commission took control of salaries and standardised the remuneration of all hospital personnel. Since then, nurses' salaries have increased from time to time in line with the cost of living index.

A FAREWELL TRIBUTE



*Nurse Tutor, Rufina Morgan
with the finalists of 1987
in the classroom of the
Nurses' Home.*

*Nurse Patricia Cragg in
St. Luke's ward.*



The first mention of an assistant matron was in 1922 when Miss Mary Elizabeth Doyle was appointed to that position by the managing committee. For a few years prior to this appointment, Miss Bridget Gavigan, in addition to other duties, assisted the matron but her position as such was never officially recognised. Miss Doyle trained in the Charitable Infirmary from 1902 to 1906, and after qualifying was engaged in private nursing for some years. With the outbreak of the First World War, she volunteered for service with the British army, and with other Irish nurses served in field hospitals in France. At the end of the war, Miss Doyle returned to Dublin and to her old training school where she was given an appointment in the wards of the hospital. A few years later she was appointed assistant matron, a post she held for over twenty years. Her duties consisted of assisting matron in the training of the nurses whom she taught up to preliminary examination level. She also had charge of recording the admission and discharge of patients and the filing of patients' charts, because in those days, and indeed up to 1940 the only clerical staff employed in the hospital was the secretary. Miss Doyle was a conscientious nurse and loyal in every respect to the hospital and nursing profession. She was very interested in the training of nurses and she demonstrated the great principle that a skilled and disciplined nursing staff is essential for the efficient working of a hospital. Because of ill health she retired on pension in April 1944. Her position was filled by Miss Kathleen Sweeney who also trained in the Charitable Infirmary, and her term of office lasted three years.

Following the retirement of Miss Kelly as matron in 1945 the post was filled by Miss Ann Young who had been sister tutor in Sir Patrick Dun's Hospital. Coming as she did, fresh from a teaching post, Miss Young brought with her many ideas for the improvement of nurse training. It was she who started the first preliminary training school in the hospital wherein student nurses were orientated in the theory and practice of nursing before taking up duty in the wards. In addition to her duties as matron, Miss Young was also tutor to the second and third year nurses. Outside the hospital, Miss Young took an active part in all movements for furthering the nursing profession. She was a member of all associations connected with nurses and nurse training. She resigned in June 1950 to take up the post of matron in St. Kevin's Hospital (now known as St. James's Hospital).

Miss Mary C. Prunty who had been assistant matron and tutor since October 1947, succeeded Miss Young in September 1950. As Miss Prunty had trained in the Charitable Infirmary and subsequently had held the post of assistant matron she needed no introduction to the hospital. Like her predecessors she combined the teaching of the student nurses with the duties of matron and to both she brought many improvements. On her appointment as matron, I was appointed to the position of assistant matron and I also acted as nurse tutor. Miss Prunty resigned in May 1957 to take up the post of matron in the Royal Victoria Eye and Ear Hospital, and she was succeeded by Sister Mary Adrian Marron



The dormitory of the Nurses' Home.

Staff-nurse Janet McLoughlin.

*Sister Mary Tierney (centre) with
Chrissie Riordan and staff-nurse Ruth Kelly
on the telephone.*



who was the first religious to be appointed matron of the Charitable Infirmary since the establishment of a training school for nurses in 1891.

Sister Adrian was a most dynamic person and an experienced manager and administrator. She contributed much in organising fund-raising for the provision of facilities and comforts for the patients. She was responsible for many improvements in the running of the hospital, her great concern being the maintenance of high standards in nursing care. Sister Adrian held the post of matron from 1957 to 1963 and was succeeded by Sister Marie Therese who was one of the first to have taken the Nurse Tutor's Diploma Course in 1961 when this course was established in University College, Dublin. With her academic training Sister Therese brought a new impetus to the School of Nursing and to the hospital which improved the standard of nurse training and patient care. She held the position of matron for five years to 1968, when she was succeeded by Sister John Berchmans who held the position from 1968-1972.

Sister John Berchmans made a valuable contribution to the management of the hospital during her period as matron. She had a tremendous capacity for administration and her organising ability was outstanding. She was followed by Sister Lucia Therese Cassidy, who had been tutor for many years before being appointed matron. Sister Lucia made her own special contribution in the training of nurses and to the management of the hospital. She was a dedicated and committed matron who resigned after eleven years of office to take up the position of matron in the Mater Hospital, her *alma mater*. The Sisters of Mercy severed their connection with the hospital in August 1983 after an association of 129 years of unbroken service to the sick poor of the north city of Dublin.

As the hospital expanded over the years the number of patients increased, which together with shorter working hours for nurses and block study periods generated a need for an expansion in the nursing staff both students and trained. This demand is evident from the following figures for student nurses:

1938 – 50	1965 – 110
1944 – 70	1970 – 120
1950 – 80	1975 – 140
1955 – 90	1980 – 170
1960 – 100	1983 – 200

In 1983 a directive from the Department of Health to both the Charitable Infirmary and St. Laurence's Hospital stipulated that the number of students in training be reduced



A group of nurses photographed in the Nurses' Home for the hospital's 250th Anniversary in 1968.

Staff-nurse Aisling McCarthy on the conservatory corridor of St. Brigid's ward.



on a phased basis to 150 to ensure that the nurse training establishment for the new Beaumont Hospital would not exceed 300.

From 1891 to 1968 the nurse training programme was of three years duration followed by a one year contract to the hospital to give a total of four years service. In the fourth year nurses acted as junior staff nurses gaining experience to consolidate their training. Following representation to the Department of Health from the Irish Nurses Organisation and other bodies the contract year was abolished in 1968, a retrograde step which leaves nurses on completion of training quite unprepared to take full responsibility for patient care.

From 1891 to 1944 the Sisters of Mercy were in complete charge of the wards and departments excepting two lay sisters, one of whom was in charge on night duty and one supervised in the operating theatre. There were no staff nurses as such, but nurses fulfilling their contract year took charge in sister's absence. The first mention of appointment of staff nurses was in 1939, the first being to the Private Hospital. This was followed by appointments to the operating theatre in 1940, Out-Patients and Casualty in 1944, St. Joseph's and St. Brigid's Wards in 1950, St. Laurence's, and St. Luke's and St. Anne's Wards in the mid-sixties. By 1965 there was a total of twelve staff nurses employed. From the mid-fifties onwards there were rapid developments in the Infirmary due mainly to the advances in medical science and increased technology. Specialisation became a feature of these developments which called for more trained and experienced staff and so the number of trained nursing staff now working in the general and various specialised areas is 182.

From the foundation of the Training School in 1891 to 1945 trainee nurses were called probationers. When they qualified they were called nurses and in addition to gaining experience in the fourth year they also gave a good service to the hospital. Some were sent on private duty wherever their services were required in the country. This was the custom of all Dublin hospitals at that time as is evident from the following excerpt from the hospital scrap book of 1903:

A Training School for nurses is attached to the Charitable Infirmary; experienced trained nurses will be sent immediately to any part of Ireland on receipt of a telegram addressed to the Superioress.

The managing committee received the fees for such work which was a good source of income for the hospital, and this practice prevailed until the late 1920's when the bed complement increased and the nurses had to be withdrawn from private duty to meet the needs of the hospital.



Student nurses Stephanie O'Grady (left) and Mary Reynolds in St. Brigid's ward.

From 1891 – 1958 the teaching and training of nurses was carried out by matron and assistant matron in addition to their administrative duties, with practical teaching being given at the bedside by the ward sisters. Students had to take lectures in their off-duty time which they had to arrange to fit in with the lecture time-table. As nursing became more scientific it was found necessary to give students a more formal academic training in order to raise the standards of nursing. Nursing associations negotiated with University College, Dublin to establish a Nurse Tutor's Diploma Course which eventually came into effect in 1961. This provided formal training for nurses with an aptitude for teaching. The Charitable Infirmary sent nurses for this two year training and when qualified they returned to the School of Nursing to set up a more formal scientific and organised training for students which has continued to develop in line with medical advances.

The history of the Charitable Infirmary, an institution founded on charity, bears the stamp of all the nurses and doctors who served on the staff down through the centuries. It was the modest spirit of charity practised by the management committee and the staff of the hospital which ensured its survival as a voluntary hospital and it is to this spirit of charity that the present nurses of the Charitable Infirmary wish to pay tribute in the hope that when the bricks and stones are gone the spirit and great tradition of the hospital will live on.

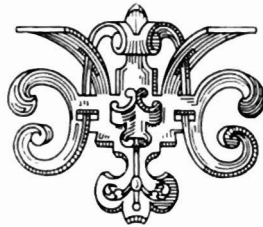
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A young visitor to the hospital.

Day to Day at the
Charitable Infirmary





Dr. Eoin O'Brien giving a bed-side class to the final year students 1987-88.



Dr. Hugh Mulcahy discussing a problem with a young patient in Guardian Angel's ward.

THE CHARITABLE INFIRMARY JERVIS STREET 1718-1987

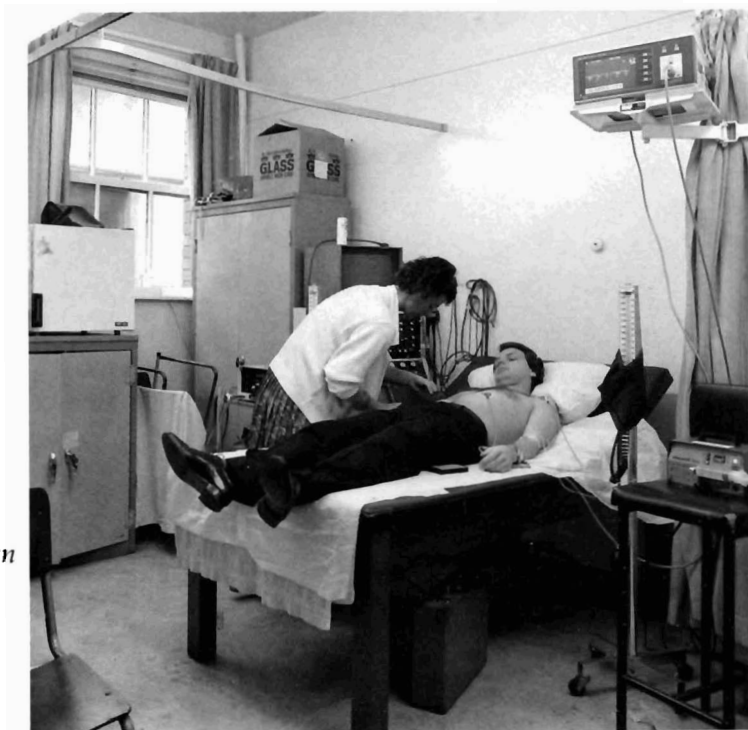




*(Facing) Professor Paddy Collins on
a ward round in St. Patrick's ward.*

*Staff-nurses Fionnuala Licken
and Michelle Forristal (right)
in Surgical Out-patients.*

*Dr. Rose Ann Kenny performing
a procedure on Dr. Magnus Ohman
in the Department of Cardiology.*







(Facing)

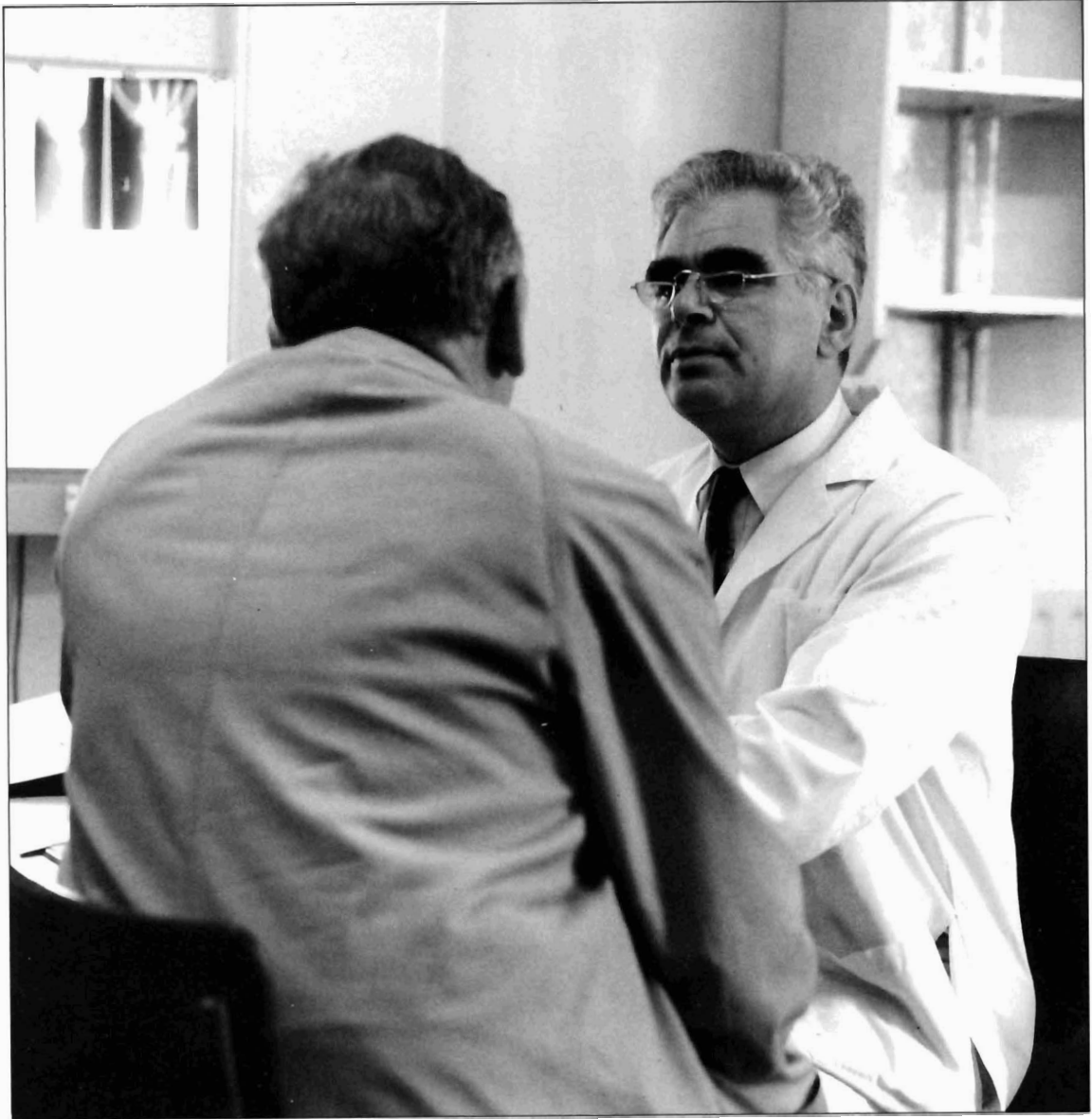
Dr. Sean Murphy (centre) on a ward round with Dr. Hugh Mulcahy and staff-nurse Sinead O'Connor.

A group of students on a ward round.

Mr. Peter Leo Heslin, dental surgeon to the hospital.

Professor Paddy Collins makes a point to Jim Colville.





Mr. Leo Vella.

The Accident and Emergency Department

Leo A. Vella

Like the poor, there will always be accidental injury. However, there was no facility provided for the victims of accidents before the Charitable Infirmary was founded over two and a half centuries ago to care for 'the maim'd and wounded poor'. Since its inception the institution has continued to uphold the aims of its founding fathers by providing a casualty department with space and facilities to the best of its abilities. Apart from accidents, patients with acute illness are also accepted for treatment. Because of this the 'Casualty' was renamed the 'Accident & Emergency Department' or more usually the 'A & E', about twenty years ago. In spite of this it is still affectionately referred to by staff and patients as the 'Cas' or 'Casualty'.

The centre of the city of Dublin, which the casualty department largely serves, is a village, albeit a most unusual one. It has the highest density of population in the country, its inhabitants consisting mainly of the personnel from the big shops and department stores, as well as those from the more modest establishments such as the traders in Moore Street. The Charitable Infirmary is definitely the local hospital and it is to the 'casualty in the Jerv' that they go when the need arises. The shopping area bordered by the Liffey, Henry and Mary Street, O'Connell and Capel Street is one of the busiest in the country possessing its own identity and character. Patients brought up in the city remain faithful to the hospital and travel long distances from the suburbs for treatment. A casualty doctor is aware of belonging to this community when he shops in town. A visitor to Dublin, asking his way to the hospital, is likely to be told 'cross the street with your eyes closed!' Alas, few people reside in the centre of the city anymore and the only establishments open for business after 5pm are the pubs and disco bars. This vast population generates a huge diversity of problems as a result of trauma and acute illness. The diurnal change

in population brings with it corresponding patterns of problems presenting to the emergency department.

The department takes part in the undergraduate teaching of students from the Royal College of Surgeons in Ireland as well as student nurses from the Nursing School of the hospital. Apart from formal teaching, these students obtain valuable experience in the assessment and practical treatment of urgent conditions and are also exposed to counselling bereaved families.

Contrary to popular belief, the department is not always full of patients with multiple injuries and those dying from road traffic accidents. Although there are such patients, many more attend with less severe injury and with other illness, be it medical or psychiatric. As expected, there are peak periods when several dozen patients may be in the department at the same time and the staff have to deal in rapid succession with a patient with chest pain, another with breathing difficulty, a young sportsman with a twisted ankle, an alleged rape, an overdose, a patient with abdominal pain, injuries from fights and muggings, an old lady with a broken hip, the battered wife and the ubiquitous drunk getting in everybody's way. The whole tragedy of life is unfolded before one's eyes. To the uninitiated such activity may well seem to be chaos, but the staff work according to well established protocols in allocating space and facilities according to the patient's degree of urgency rather than on a first-come, first-served basis. Patients are assessed on arrival and are streamed accordingly into the resuscitation rooms, the trauma room or dressing room.

The day starts at 8.30am with a review session of the previous day's records. This exercises a discipline on all concerned and ensures adherence to established protocols. It is used as a teaching session which undergraduate and post-graduate doctors and nurses find beneficial. Following this return patients requiring acute out-patient surgical treatment such as fractures and other patients referred by the team for urgent consultant second opinion are seen. There are limited facilities for surgery, and often the surgical resuscitation room is called into service as an operating theatre. By mid-morning the waiting room is filled with new patients and patients returning for dressings and at noon the consultant trauma clinic gets under way. On a take day there is in addition the ambulance patients who receive priority over those in the waiting room. The pressure on the department mounts as the day progresses.

A number of junior doctors undergoing post-graduate training are employed to work in the department. Because of the diversity of illness, this training has been approved by the Royal Colleges in surgery, medicine and general practice, and no doctor is now



The Casualty Department in earlier days.

*The Accident & Emergency Department
on a busy on-take day.*



On-take in the Accident & Emergency Department.

considered fully trained without having spent a spell as a junior in the Accident & Emergency Department. There is no more dramatic way for a young doctor to be bloodied into the realism of the profession than by a busy first night on duty.

The Charitable Infirmary has been a leader in this country in the speciality of accidents and emergency. For very many years a consultant, usually a surgeon, has been in charge of the department. Mr. P.G. Brady, recently retired as senior orthopaedic surgeon, was the last consultant in over-all charge. It was thanks to his influence that the hospital was successful in obtaining approval for a full-time consultant in Accident & Emergency; this was the first such appointment in the country and has since been emulated by other hospitals. Accident & Emergency is now an established new speciality and the hospital, in association with the Royal College of Surgeons and other hospitals, has acquired approval for participation in the training of specialists in this field at senior registrar level.

As the demands on the department increased over the years it became necessary to provide staff and to allocate more space. The longer serving consultants and nurses remember when no specific staff were allocated to the department. Until the mid-sixties, patients for dressings were seen in the morning by the house surgeon in an area now occupied by the Out-Patients Department. In the afternoon patients were received into what is now the Eye/ENT Department. Until that time the eye department was located in a purpose built unit with its ward and operating theatre on the ground floor. It is to the credit of the spirit of co-operation for which this hospital is well known, and more so to the generosity of the eye specialists and to Dr. Gearoid Crookes in particular, that the eye unit was given up to the Casualty Department. This then became the trauma/dressing room and the eye ward became the overnight stay ward for the sole use of Casualty. This must have been the first such ward in the country.

With the ever increasing demand for services, a further expansion was necessary and in 1976 the whole department was refurbished and re-equipped. The overnight ward (St. Raphael's) was absorbed into the working area of the department, providing an additional resuscitation room, a four-trolley room which at night converts to the 'executive suite' (for drunks), an ECG room, two small offices and a small store as well as a much needed staff toilet! An entirely new prefab building was at the same time erected in the courtyard to replace the old St. Raphael's overnight ward.

The Accident & Emergency Department is unique in that it is the only clinical department that relates intimately to all the other departments of the hospital. A large percentage of patients admitted to the hospital and a substantial number of those attending specialist consultant clinics, particularly the physicians' out-patient sessions first come through

the department, which consequently has a responsibility not to overtax the patience and goodwill of the other consultants of the hospital and not to overburden the wards. The dark winter months with a seemingly endless succession of patients with acute or chronic breathing or heart problems put the department and the hospital under considerable strain and there is invariably a chronic bed shortage, often of crisis proportions, during winter.

There has been a steady increase in demand for the facilities afforded by the Charitable Infirmary. Presently the rate of admissions from the department represents a huge increase of 250 per cent over 15 years ago. This would seem to indicate that patients now prefer the 'high tech' available at the hospitals and are inclined to call the emergency ambulance instead of the family doctor. The 'casualty doctor', who does not have the opportunity of visiting the patient, is obliged to carry out all reasonable investigations, including X-Rays, cardiographs and blood tests, before a decision can be made to discharge or admit the patient. He often needs the second opinion of the senior house physician or surgeon before making a decision. This is a protocol exercised in the interest of patient care, but there is no denying that in view of the dramatic increase of claims for negligence against doctors, there is an element of not only doing the right thing, but ensuring also that this is seen to be done. In many instances not all the investigations are strictly necessary for the safe management of the patient's condition and the result is that the patient trolleys often remain occupied for an inordinately long time with resultant delays in attending patients. Once again it is apparent that we have outgrown the facilities available. Over the past two years or so there has been an increased awareness of this state of affairs and more emphasis is being directed to the primary care of patients within general practice. This is to be welcomed but a vigorous programme of re-education of the public is needed. The move to the new hospital may well provide an opportunity to reappraise the protocols for the management of patients presenting to the Accident & Emergency Department.

Reports on hospital departments are often restricted to an account of doctors and their dealings with patients' problems. The role that nurses play in the running and maintaining of standards in the department must not be forgotten. It is to them that inexperienced young doctors often turn for guidance and advice and this is always generously given. The Accident & Emergency sister and nurses are a special breed possessing compassion, wisdom and a sixth sense that has saved us all from ourselves on more than one occasion. Of recent incumbents, all remember with special affection Reverend Sister Eymard of the Sisters of Mercy, who was a mother to us all. In conjunction with our sister hospital an officially recognised post-graduate course for nurses was started two years ago and has been very successful. The Dubliner, incidentally, tends to regard all doctors as being male; any female of the species, be it doctor, radiographer, social worker or



*Mr. Leo Vella with Doctors David Curtis, Siobhan Tempany and Aisling Farrelly
at a morning review session.*

physiotherapist, is regarded as being a nurse! Special tribute must also be made to the clerks of the department without whom chaos would result. Miss Imelda Madigan was for many years the general factotum in the administration of the department until her retirement two years ago. She has maintained links with the department by giving generously of her time in the activities of the 'Friends' of the hospital.

This is a difficult time for the Charitable Infirmary, as indeed for the other medical institutions in the country. The financial cutbacks have forced the hospital to reduce services and it was with the utmost reluctance that the Medical Board agreed with the Managing Committee in June 1987 to close the department's doors after 5pm and at weekends for the days that the hospital was not 'on-call'. Thus ended a 270 year tradition of providing treatment to anyone presenting at the hospital, a policy that was in keeping with the hospital medal depicting the good Samaritan. The hospital, with its open policy played its full part in the bombings of the 1970's and treated the victims of the city's last major disaster – the Stardust fire in 1981.


There is no doubt that our friends in the centre of Dublin will miss us when the 'casualty' is gone and it is a little surprising that there has been no organised resistance to the closure. As for us, we know that the character of the Accident & Emergency Department in the new hospital will be vastly different from the old 'Jerv', but perhaps we will be able to maintain the spirit which was unique to the Charitable Infirmary.

*This section has been kindly sponsored by
The Boots Company (Ireland) Ltd, James Connolly & Co. Ltd, Janssen Pharmaceutical Ltd,
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The Department of Nephrology and the development of Kidney Transplantation

The Department of Nephrology

Michael Carmody

he artificial kidney/renal unit had an extremely humble beginning. It was conceived in 'Fagin's den' on the fourth floor of the hospital, which was previously the junior doctor's residence. From this seemingly inappropriate background came the impetus that was to lead to the first haemodialysis treatment with an artificial kidney which was carried out in the Charitable Infirmary in May 1958.

The founding fathers of the department were Dr. A.P. Barry, MD, MAO, FRCOG, consultant gynaecologist; Gerrard Doyle, MD, FRCPath, consultant pathologist; William F. O'Dwyer, MD, FRCPI, consultant senior physician with an interest in renal medicine; Mr. Anthony Walsh, FRCSI, consultant urologist, and Dr. Joseph A. Woodcock, FFA, consultant anaesthetist. It all began with Arthur Barry. He perceived that the conservative treatment of acute obstetrical renal failure then in vogue was quite inadequate and that many women dying of renal failure after childbirth might be saved by dialysis therapy. Arthur not only believed that the hospital should take up what many would have regarded as an impossible task of introducing dialysis for these patients, he also had the generosity to back his vision with hard cash. Fired by his example, the other four founding fathers responded and purchased a Kolff Twin-Coil Artificial Kidney, the first in the country. It was decided that Joe Woodcock, who had a great passion for gadgetry, should be put in charge of the unit. He thus became the first medical director of the department.

Though at this time thirteen years had passed since Willem Kolff first successfully treated a Dutch patient with acute temporary renal failure with the machine which he himself had designed and built, the technique of dialysis was still not readily available. In Britain there were only two units in operation apart from the Royal Air Force mobile unit. In

early May 1958 four members of the Jervis Street team went to the unit in Leeds under the direction of Frank Parsons. He virtually closed all but the essential activities in his unit in order that he and his staff could provide a four-day crash course in the techniques of dialysis. The Dublin novices were instructed in the mysteries of connecting the patient's circulation to dialysis, the complexities of making up dialysis fluids, and the principles of transfer across semi-permeable dialysis membranes.

So, the dialysis unit began in May 1958. In the first year most of the dialyses were done at night, each session taking approximately nine hours. In those early days only patients who seemed to have acute reversible renal failure were treated, in other words those patients in whom recovery of kidney function might be expected after a few short weeks on dialysis therapy. Some years were to pass before the unit embarked on the long-term regular dialysis treatment of patients with end-stage kidney failure. 1958 was the eve of a great therapeutic explosion which characterised developments in the sixties and we in our unit were fortunate in that we were in for the start of the race. In a sense nearly everybody was a novice so that we were forced into a great dependancy on one another in finding our way through a maze of new clinical and technical problems.

The service commitments of renal units in the late fifties and early sixties were in marked contrast from present days and our unit was no exception. Acute renal failure resulting from a major catastrophe was a priority and acute renal failure in obstetrics was top of the list. As many as twenty cases a year of acute obstetrical renal failure were treated, and though many women were rescued, death or permanent chronic ill-health were sadly often the sequelae. Progress in the obstetrical management of the mother-at-risk has been so remarkable that severe acute renal failure complicating pregnancy has become a very rare event indeed. The availability of family planning facilities for women who are not fit to face the hazards of pregnancy have also played an important part in reducing the numbers at risk. However, many other causes of acute renal failure such as trauma, drugs and 'medical' illnesses remain with us and acute renal failure continues to be perhaps the most important reason for the unit's continuing existence. The indications for haemodialysis in the unit's early days were in marked contrast to present day management. Criteria for treatment were extreme – the blood urea had to be in excess of 400mg%; serum potassium had to exceed 7meq/litre; the standard bicarbonate had to be less than 12 meq/litre, and there also had to be clinical deterioration.

The first significant publication from the renal unit appeared in December 1964 in the *Journal of Obstetrics and Gynaecology* with the title 'Renal failure unit – obstetrical and gynaecological admissions', to which I was a co-author with the five founding members. This paper gave an account of some of the clinical features and of the management of

A FAREWELL TRIBUTE



Renal dialysis in earlier days.

Ailish Conway in St. Damien's ward.





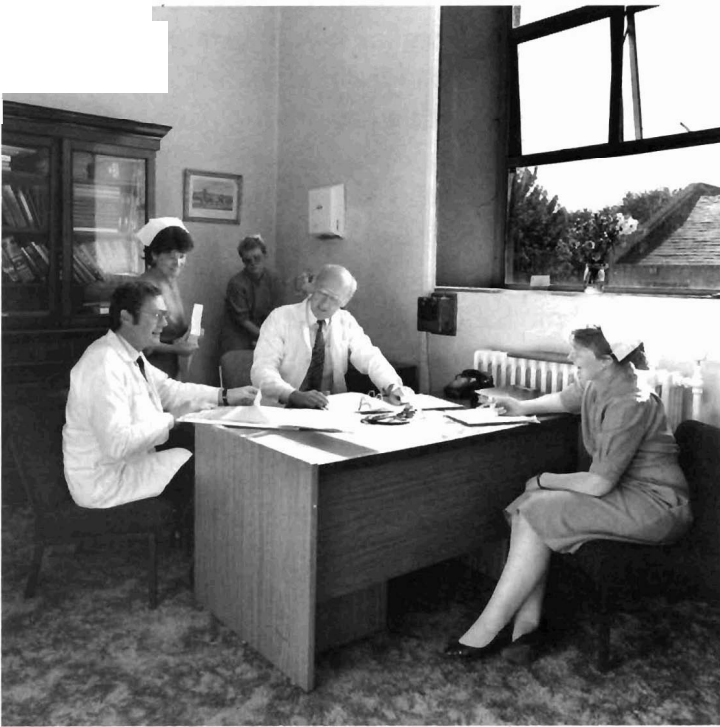
*Dr. Michael Carmody with nurses Mona Campbell and Nuala Coyle,
and Sister Maureen Flemming in Unit C.*

we did our first cadaveric kidney transplant. A small room had been set aside for isolation nursing of the transplant patients in what was then the eye department and is now the Casualty Department. The operation called for a team effort between the Department of Vascular Surgery in St. Laurence's Hospital and the Departments of Nephrology and Urology in the Charitable Infirmary. The elation that followed the transplant operation did not last long as the patient soon died. Three more cadaveric renal transplants were performed that year with the same outcome. No transplant was performed in 1965 and only one transplant in 1966. Over the next few years there were successes and many bitter disappointments as we struggled to master the problem of keeping both the transplanted kidney and the recipient alive. Peter McLean, who had participated in the renal transplant programme from the outset, when as a surgical registrar, he spent many nights in the Richmond Hospital awaiting suitable kidney donors, returned to the consultant staff of the hospital in 1968 after completion of his training in the United States. He took on the responsibility of expanding the kidney transplant programme.

The living related kidney donor transplant programme commenced in July 1972. To date a total of 134 living related donor transplants have been performed of which 104 have been sibling transplants and 27 parent-child transplants, the sibling transplants being almost exclusively 'full-house' matches.

The newly formed European Dialysis and Transplant Association (EDTA), now known as the European Renal Association, held its first meeting in Amsterdam in 1964. With the formation of this association a new hope was born. Many of those attending the meeting recognised that, despite all the research and expanding knowledge of function and disease, conservative management had little to offer in preventing the inevitable onset of total renal failure in patients suffering from many forms of renal disease. It was further recognised that however diverse the conditions which destroyed the kidneys, the ultimate syndrome of uraemia was an entity that was amenable to treatment techniques and management that had much in common, the objective being the replacement of renal function by dialysis and/or transplantation. The papers and discussions at the first meeting of EDTA concentrated on machines, the techniques of dialysis and the problems of access to the circulation for repeated haemodialysis. A few papers were presented reporting the first faltering steps in renal transplantation. The association has prospered since its foundation. Tony Walsh was elected its president in 1968, and I was elected secretary/treasurer in 1969, a position I held for a period of four years. I also served as honorary consultant advisor to the WHO European Division for a period of two years from 1971-1973.

The 1950's may now be seen as the decade of acute renal failure, by the end of which



Dr. John Donohoe (left) and Dr. Michael Carmody with Sisters Josephine McManus (standing), Bridget Hogan and Maureen McNulty (right) in Unit C.

Dr. John Donohoe with Doctors Teresa Ballantine, Stephen Kee and John Sheehan, and staff-nurse Miriam Casey with medical students on rounds in Unit C.



the principles and techniques of the management of acute renal failure were well established. Little progress however had been made in dealing with end-stage renal failure the treatment of which called for frequent regular access to the circulation for an indefinite period of time, and there was no satisfactory technique for doing so. At this time almost every treatment required a fresh cannulation of an artery and vein to connect the patient to the dialyser and after some weeks many patients had no suitable vessels left. This impasse was to lead to many tragic and emotional situations. Because of the success achieved in the field of acute reversible renal failure the unit was besieged with requests to admit uraemic patients, the majority of whom were in end-stage renal failure. A major development occurred in Seattle in April 1960 when Quinton, Dillard, and Schribner reported on an exteriorised shunt composed of teflon and silastic which allowed repeated access to the circulation for haemodialysis. This break-through was quickly adopted throughout the world and a new era permitting renal dialysis in the management of renal failure began.

A programme for regular dialysis therapy for end-stage renal failure commenced in Jervis Street Hospital in November 1964. The criteria for selection of patients for regular dialysis were that they should be under forty years of age, have a stable and intelligent personality, only have minimal hypertensive damage and good general health, that they should be domiciled within thirty miles of the unit, and be potentially capable of working. We reported our experiences in the first eight patients in a communication to the Annual General Meeting of the Irish Medical Association in July 1965 and these were later published in the *Journal of the Irish Medical Association*.

A major consequence of the growth of regular dialysis therapy was the impetus given to the development and eventual recognition of the speciality of nephrology. In the early years of the regular dialysis programme, when optimum standards were still very much in the process of evolution, the results were disappointing. Initially many of our patients were underdialysed, receiving treatment on only one day each week. However, the unit quickly expanded providing the opportunity for greater study of the pathology of renal disease. Percutaneous renal biopsy became commonplace and histology, enhanced a little later by immunology and the refinements of electronmicroscopy, added another dimension to the unit which now became involved in the management of renal patients other than those in acute or end-stage renal failure. Quite apart from its inherent benefits, the dialysis programme led indirectly to a formidable growth of research and information, ensuring that the discipline of nephrology became well proportioned rather than being restricted to an area of technical expertise.

Regular dialysis soon led to the obvious extension of the facility to the patient's home.

In October 1970 the first patient commenced training for the home programme in the plaster room of the vacated operating theatres which now form the intensive and coronary care units. Four years previously a new concept of access to the circulation using a surgically created arteriovenous fistula in the forearm was published in the *New England Journal of Medicine* by Cimino and Brescia. So stable were the constructed fistulae in the great majority of cases that patients on home dialysis had no difficulty in needling themselves three times a week.

I assisted Professor P.G. Collins in creating the first arteriovenous fistula in the Charitable Infirmary on 31st December 1966. John Hanson, now transplant surgeon and urologist in the hospital appointed in 1975, was largely responsible for the introduction of the arteriovenous fistula technique into the country and western Europe with the publication of a paper 'Access to the circulation by permanent arteriovenous fistula and regular dialysis therapy' in the *British Medical Journal* in 1967. Since the introduction of the arteriovenous fistula, the technical aspects of haemodialysis have been clearly defined and we seem to have arrived at an acceptable standard of adequacy in treatment. In our integrated programme of dialysis and transplantation, the dialysis programmes including hospital, home and continuous ambulatory peritoneal dialysis (CAPD), are the mainstay for patients awaiting transplantation, who can now anticipate with reasonable optimism the provision of a suitable graft in reasonable time.

The relatively recent development of Continuous Ambulatory Peritoneal Dialysis (CAPD) in renal replacement therapy has seen steady growth in our unit over the past couple of years. It is now proving to be an important means of dialysis for diabetics, older patients and for patients who live in remote regions. A continuing growth in the number of patients being treated with CAPD is anticipated.

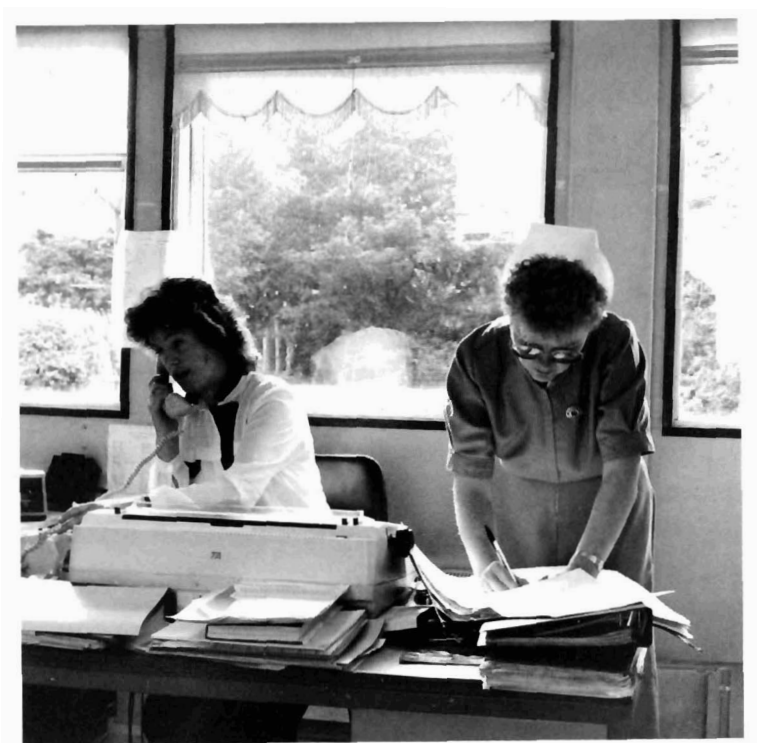
A hospital-based regular dialysis programme continues to be the major form of renal replacement therapy within the unit. The artificial kidney unit (St. Martin's) opened on 10th March, 1979 with nine dialysis stations, later to be increased to eleven stations, is now located on the first floor of the original maid's home, having previously been located in St. Damien's Ward which is now a three bedded isolation transplant unit. St. Martin's is full to capacity at all times, working twenty-four hours a day, seven days a week, with approximately 70 patients maintained on thrice weekly dialysis treatments. Because this facility is worked to capacity, a backlog of patients has developed in the smaller dialysis facility in St. Mary's Hospital in the Phoenix Park. This small dialysis unit was designed originally as an 'on site' facility to provide acute dialysis for patients with acute renal failure in the nephrology wards of St. Mary's Hospital known as Unit C. The number of stable patients having out-patient regular dialysis therapy while awaiting transfer to

the St. Martin's in Jervis Street has been increasing steadily. With the establishment of the peripheral dialysis units in Ardkeen, Sligo, Letterkenny and Limerick and the growth of CAPD, there has been a continuing decline in the number of patients opting for home haemodialysis.

Cadaveric organs are the mainstay of the transplantation programme. Despite an intense effort, the numbers of patients on our transplant pool awaiting kidneys continues to grow. To achieve a steady state situation it would be necessary to double the number of transplants performed each year.

The following figures are an indication of the unit's activities from 1983 to 1986:

	1983	1984	1985	1986
Renal Transplants	49	82	72	100
Cadaveric	38	63	52	92
Living Related	11	19	20	8
(Paediatric)	(1)	(7)	(9)	(2)
Continuous Ambulatory Peritoneal Dialysis	16	20	25	31
Chronic Haemodialysis Programme (St. Martin's, Unit C, Home Dialysis)	84	92	98	107



Mrs. Phyllis Cunningham and Sister Bridget Hogan in Unit C.

*(Facing)
Dr. Joseph Walsh, Sister Mary Doyle, Dr. Yvonne O'Meara and Dr. Alan Byrne (left to right) with a patient in St. Martin's Haemodialysis Unit.*



Tissue typing remains an important central activity of the unit and is fundamental to the selection of the best recipient for a given graft. The Tissue Typing Laboratory has made substantial progress in computerising details of all patients throughout the country in the pool, and this information is regularly brought up-to-date. The number of 'problem patients' in the pool, particularly those with 'preformed antibodies, continues to grow thereby generating a group of patients for whom it is extremely difficult to find an appropriately matched graft. We are routinely using cyclosporin in all cadaveric transplants and the early problems with this powerful and selective immunosuppressive agent have lessened considerably, though there are still difficulties in assaying blood levels.

The commencement of the heart and liver transplantation programmes in this country has influenced our programme in various ways. To overcome some of the difficulties a central transplant co-ordinating unit has been established in the Charitable Infirmary with Mrs. Phyllis Cunningham SRN, as renal transplant co-ordinator.

Last but not least tribute is paid with gratitude to the nursing staff, who provide the human touch so fundamental to every renal department. Our unit has been exceptionally lucky with its nursing staff. Young newly-qualified staff nurses have accepted responsibilities far beyond the call of professional duty and have coped with the

complexities of technology, applied biochemistry and complex patient care. In naming a few truly worthy representatives of their profession I do so by way of acknowledging the role played by so many nurses over the years: Bridget Hogan, senior sister, renal medicine and transplantation; Kathleen Kelly, hospital dialysis programme; Josephine McManus, home dialysis programme. I would also like to recall the contribution of the Sisters of Mercy to the renal unit, particularly in the early years, by Sister Mary Joseph and Sister Ignatious Loyola later to become Reverend Mother in the hospital. Their example is largely responsible for the splendid tradition of nursing care which exists in the unit to this day.

Mr. Peter McLean on a ward round with Sister Elizabeth O'Hara, Dr. Zaid Shehab, Dr. Brian Sweeney and final year students Mr. C. Condon and Mr. Rhakra.



Kidney Transplantation at the Charitable Infirmary

Peter A. McLean

Modern transplantation biology owes its greatest debt to Carrell and Guthrie, working in New York, who described the surgical technique of joining blood vessels. These pioneering workers laid the foundations for vascular and transplantation surgery in the early years of this century.

The first recorded kidney transplant in man was carried out by the Russian surgeon, Voronov, in 1933 to treat a patient with acute renal failure. According to the records the donor had been dead for six hours when the kidney was removed, and it is hardly surprising that the recipient expired within the following twenty four hours. Throughout the 1950's reports of human kidney transplantation appeared in the literature from centres in France and the United States. As there was then no known method of treating rejection the results were consistently poor. The development of a new antimitotic drug, 6-mercaptopurine in 1960, was a major landmark in the evolution of kidney transplantation. This drug was shown to be capable of postponing and even suppressing rejection reactions in dogs. The dramatic improvement in survival of the grafted kidneys brought about by this treatment launched the modern era of kidney transplantation in humans.

The first dialysis machine for the treatment of acute renal failure in Ireland was installed in the Charitable Infirmary in 1958 and the story of this development is told elsewhere in the book. The benefits of this new method of treatment became increasingly obvious over the next few years and by the early 1960's efforts were being made to extend dialysis treatment to patients with irreversible kidney damage. At that time Scribner described the arterio-venous shunt which facilitated repeated access to the circulation thus enabling repeated dialysis to be undertaken. The numbers of patients treated by dialysis increased rapidly in the early 1960's and it soon became clear that renal transplantation would be a valuable adjunct to the management of many patients needing dialysis. However, only a small number of kidney transplants had been undertaken at that time, but reports of successful cases were appearing with increasing frequency. The first kidney transplant operation was carried out in the Charitable Infirmary on the 31st January 1964. The recipient was a forty year-old man who had been in chronic renal failure for about two years. The vascular anastomosis was carried out by Professor W.A.L. MacGowan, who was then consultant surgeon at St. Laurence's Hospital. The ureter to bladder anastomosis was done by Mr. Anthony Walsh, who was then the only urologist on the staff of the Charitable Infirmary. I was then surgical tutor, and I removed the donor kidney from

a patient who had died from a brain tumor in the Richmond Hospital. The kidney functioned initially but ceased after a few hours and the patient died the following day. This disappointing result was repeated in the next two kidney transplants performed over the following months. The morale of the many people involved suffered a setback but their determination to succeed was even greater. The fourth patient to receive a transplant was an Abbey actress, in whom reasonably good kidney function was restored which kept her alive for about nine months.

Between 1964 and 1970 living and cadaveric kidney transplantation made remarkable progress and this period was one of great enthusiasm. The Dublin programme warranted expansion and the staff was increased with my appointment to the post of consultant urologist/transplant surgeon in 1968.

Dr. Sarah Gallagher, Sister Mary Tierney, Mr. Paul Glacken and staff-nurse Janet McLoughlin on rounds in St. Joseph's ward, with student nurse B. Kelly attending to a patient.





Mr. Sean Hanson and staff-nurse Roisín Owens in St. Damien's ward.

The treatment of rejection was enhanced with the introduction of corticosteroid drugs now being used in association with 6-mercapto purine derivatives. Though methods of repeated dialysis had improved and many patients who would otherwise have died were kept alive, the quality of life on dialysis was poor. Workers in this speciality were constantly aware of the amazing normality of health that could be restored to patients who had a good functioning transplant. Consequently the majority of patients on repeated haemodialysis were being maintained and prepared for transplantation. The two methods of treatment were becoming complementary rather than competitive to each other.

Tissue typing, which was introduced in the early 1970's, became another major advance in this field. The development of a micro-technique for human tissue typing by Terasaki with computerisation of the results was a major contribution to progress. As expected tissue similarity resulted in diminished rejection crises. The matching of donor and recipient called for the transportation of kidneys on a wide geographical basis. Our unit kept abreast of international developments in this area with the establishment of tissue typing facilities in 1970. In November of that year, kidneys harvested at the Richmond

Hospital were sent to London where the most suitable recipients were located through the London transplant pool. Fortunately in the intervening years methods of cooling and storage had improved and kidneys could then be transplanted successfully after storage for as long as twenty four hours. In this particular instance the attempt to export donor kidneys to London was frustrated by a heavy fog that closed Dublin Airport. However, a persistent and enthusiastic London immunologist arranged for a British Royal Air Force plane to be commissioned and the kidneys were collected at Dublin Airport. This created something of an international crisis since flying a Royal Air Force plane in and out of a civil airport in a foreign country was apparently highly irregular. However, the incident was soon forgotten and the international exchange of kidneys for transplantation is now common practice. Hospitals throughout Ireland soon became involved in providing donor kidneys and the Irish Army helicopter service played a valuable role in collecting kidneys at different hospitals throughout the country. The first mission of this nature took place in 1971 when kidneys were collected at the Regional Hospital in Limerick. This service has expanded enormously and contributes greatly to the donor pool.

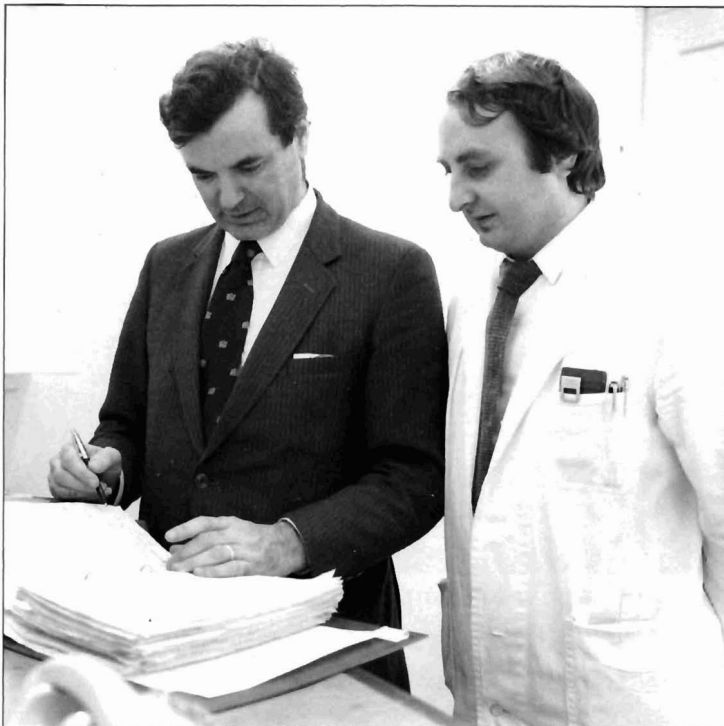
With the rapidly increasing workload, the staff was further expanded with the appointment of Mr. J. Sean Hanson as a wholtime consultant transplant surgeon in 1975. The number of transplant procedures increased thereafter on an annual basis but this expansion was largely dictated by the availability of donors. Living related donors have been used since 1972 but the number has remained small because of the inherent risks to the donor and the gratifying results in good cadaveric cases. To increase the numbers of donors available a donor procurement officer has recently been appointed.

The science of kidney transplantation has become one of the best documented surgical procedures in history. A uniform flow sheet to collect data on individual patients is standardised internationally. Furthermore, an international transplant registry for the analysis of results has been in existence since the beginning of transplantation surgery. Our unit has adhered rigidly to all these international criteria and has now become one of the largest single kidney transplant units in Western Europe. During 1986 one hundred transplant operations were carried out. The consultant staff was further increased in 1984 by the appointment of Mr. Denis Murphy as consultant urologist/kidney transplant surgeon and the Department of Health sanctioned a transplant registrar shortly afterwards.

Apart from the increase in numbers the results of renal transplantation have consistently improved over the years. At the end of one year the overall success rate for cadaveric donor transplantation remains around 85% with about a 95% success rate for living related donors. With the problem of rejection still not entirely overcome these figures deteriorate,

albeit very slowly, over successive years. The recent introduction of cyclosporin drugs to treat rejection will hopefully result in fewer cases deteriorating over the long-term period. Despite the rapid growth in the transplantation programme there is a waiting list of over two hundred patients in need of kidney transplants, and to cope with this, increased numbers of transplants will need to be undertaken in the years to come. Donor shortage is still a critical limiting factor and constant effort is needed to encourage donation in all suitable cases from all hospitals throughout the country.

The Kidney Transplant Foundation of Ireland was founded in 1986. The founder members were Mr. Denis McCarthy, Mr. Owen Patten and myself. The inaugural meeting of the Kidney Transplant Foundation was held in the hospital in January 1987. Dr. Maeve Hillery kindly graced this meeting with her attendance and agreed to be one of its patrons. The late Archbishop of Dublin, Dr. Kevin McNamara, who was in failing health at the time, also attended. The purpose of this Foundation is to raise funds for research, education and service in the science of kidney transplantation. A video depicting the nature of the work and the purpose of the Foundation has been made. The ultimate goal of the Foundation is to raise two million pounds. A few very successful fund-raising functions have taken place so far.



*Mr. Denis Murphy and
Mr. William Gawley.*

Kidney transplantation started at the Charitable Infirmary over twenty years ago and placed heavy demands on several hospital departments. One may ask why this field of surgery, which is so dependent on advanced technology, should be undertaken in one of the smallest teaching hospitals in the country. The spirit and enthusiasm of the entire staff of the Charitable Infirmary made this venture possible. The medical, nursing and paramedical staff at the hospital approached this formidable task with enthusiasm from the very start. The successful transplantation programme that has now evolved is the result of dedication, co-operation and hard work accompanied by a forward-looking attitude amongst the entire hospital staff. Very many people contributed in their own way over the years to this success story. Mention must also be made of the goodwill and dedication of staff and patients from hospitals throughout the country. The combined efforts of these compassionate and kindly people make it possible now to offer an excellent prospect of good health to patients afflicted with irreversible kidney disease.



Dr. Arthur Barry, Dr. Anthony Walsh, Dr. Joseph Woodcock, Professor William O'Dwyer and Professor Gerald Doyle on the occasion of the 25th Anniversary of the founding of the Department of Renal Medicine and Transplantation in the Royal College of Surgeons on December 3rd 1983.

The Department of Psychiatry and the National Drug Advisory and Treatment Centre

The Department of Psychiatry

John P. Ryan



he late 1950's saw the rapid development of specialised units at the Charitable Infirmary. This was in keeping with policy in other countries at that time and was seen to be essential to the survival and good health of the hospital.

I was appointed as visiting consultant psychiatrist in April 1958 at which time I was assistant medical director of St. John of God Hospital, Stillorgan. The appointment, which involved out-patient sessions and in-patient consultations was consonant with a general trend towards increasing interaction and liaison between psychiatry and general medical services in Ireland. The principal voluntary teaching hospitals had already made strides in this direction with the appointment of Frank (Psyche) McLoughlin to St. Vincent's, John Dunne to Mercers, Norman Moore to the Meath, Sean Malone to the Mater and Desmond McGrath to the Richmond. These appointments were a progressive step but the exercise was flawed by the absence of units providing in-patient services, with the singular exception of the Mater Hospital.

The psychiatric service at the Charitable Infirmary expanded slowly in the sixties with the inauguration of two afternoon out-patient sessions on Tuesdays and Fridays and the sharing of a house physician with the medical professorial unit under Professor W.F. O'Dwyer.

The Charitable Infirmary became known in Dublin as the principal treatment centre for the referral of drug overdose, voluntary and accidental. A significant proportion of the psychiatric service developed as an assessment, management and treatment resource for those presenting with self-destructive gestures. During these years,

approximately four hundred individuals presented annually to casualty suffering from self-destructive gestures. At this time, the service was very overstretched. Out-patient clinics, which were taken virtually single handed had attendances of twenty five to thirty patients per session and often lasted into the late evening and night.

The pioneering inauguration of the Drug Advisory Centre for drug dependent individuals in October 1969, was a turning point for the practice of psychiatry at the Charitable Infirmary. The placement of the Centre at Jervis Street was dictated by the existence of the major Casualty Department in a centre city location and the presence of the Poisons Information Service. Initially, it was incorporated with the Psychiatric Service under my direction, as a primitive experimental venture in a caravan in the car park of the hospital. The principal personnel were drawn from the social work service. After a very stressful and stormy early development, a prefabricated building was provided and there was a rapid expansion of specialised personnel with the appointment of Dr. M.G. Kelly as consultant psychiatric director of the Drug Advisory Centre in March 1971.

The development of the Drug Advisory Centre transformed the Psychiatric Service to the hospital into a department with the sharing of junior hospital doctors who were enabled to derive a unique experience in liaison psychiatry and drug dependency. Their availability facilitated a great expansion in psychiatric services to the hospital and the combined services became an ideal training experience for psychiatrists. This training scheme was given recognition and accreditation by the Royal College of Psychiatrists in 1978. During the past ten years, many of our registrars have gone on to fill posts as consultants in psychiatry in Dublin and Great Britain – Conall Larkin with Cluain Mhuire Family Psychiatric Services and St. John of God Hospital, Stillorgan, Kate Ganter with St. John of God Child Psychiatric Services, John O'Connor at the Drug Advisory Centre, Bill Delaney with the Alcohol Dependency Clinic at St. Dymphna's, Brian O'Shea with the Eastern Health Board Service at Newcastle and Willy Ryan in Worthing. Many of our registrars have opted for general practice in Dublin – Tony Hynes, Barry Teeling, Iggy Keane, Rashid Bismilla, Eimhear MacCarvill, Marty Maguire, Eamonn O'Flaherty, Oliver Lynn and Michael Coakley. The Department of Psychiatry has produced many research publications on self-destructive gestures and participated in numerous publications on drug dependency.

Currently shared with the Drug Advisory Centre, the department has the services of three psychiatrists, Dr. John P.A. Ryan, consultant psychiatrist to Jervis Street Hospital, clinical director of Cluain Mhuire Family Psychiatric Service, consultant psychiatrist to St. John of God Psychiatric Hospital; Dr. M.G. Kelly, director of the Drug Advisory Centre;



*Dr. John P. Ryan in
Medical Out-patients.*

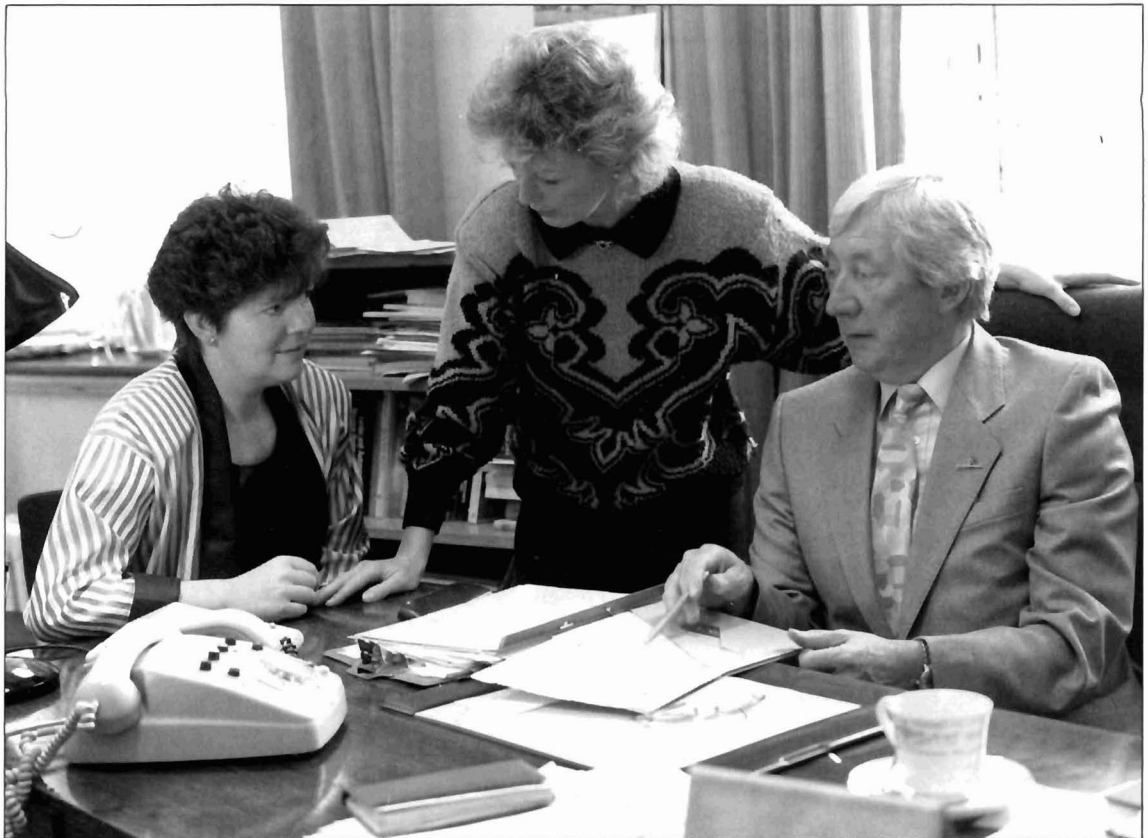
*Dr. Karl Mullin, Dr. Joseph
Woodcock, Mr. Charles Haughey,
Minister for Finance, and
Mr. C.J. Brennan at a news
conference in the hospital for the
establishment of a drugs centre.*



and Dr. John O'Connor, acting consultant psychiatrist to the Drug Advisory Centre. There are also three psychiatric registrars attached to the combined services of the Department of Psychiatry and the Drug Advisory Centre. The psychiatric service provides an out-patient consultation service, an emergency psychiatric service to the Casualty Department on a 24 hour basis, a liaison consultant service to in-patients and an in-patient treatment service as required.

The move to Beaumont Hospital is regarded as a progressive development which will bring about union with community psychiatric services, to provide a large in-patient treatment unit and a day hospital is also planned. At the same time, the Department of Psychiatry will remember the long and fruitful years of close co-operation and mutual effort in therapeutic endeavour with other medical services in the individual, fraternal and family atmosphere which was so characteristic of services at the Charitable Infirmary.

Dr. Michael G. Kelly with Graine Kelly and Audrey Kilgallon in the Drug Centre.



The National Drug Advisory and Treatment Centre

Michael G. Kelly

Up to the mid-1960's, statistics from psychiatric hospitals and Garda sources gave no indication of a drug problem in this country. At that time, there were occasional drug related admissions to hospitals, mainly for amphetamine abuse. By 1969, however, a working party on drug abuse commissioned by the Minister for Health clearly identified a serious drug problem in Dublin. Among the recommendations of the working party was the establishment of a treatment centre in the city.

The Drug Advisory and Treatment Centre at the Charitable Infirmary came into existence in October 1969 with the provision of a special out-patient service for the care of persons involved in drug abuse. Two clinics were set up and staffed by Dr. J.P. Ryan, chief psychiatrist to the hospital and Dr. R.D. Stevenson of St. Brendan's Hospital. Miss Joan Porter, an American psychiatric social worker, was appointed to organise the service and to liaise with statutory and voluntary agencies in the community, such as the Department of Justice, the Drug Squad, and the Courts. The temporary premises which comprised 'The Caravan', with very limited accommodation and facilities, added to the difficulties of running the Centre but nevertheless a considerable amount was achieved in those early days.

New premises, consisting of a pre-fabricated building attached to the hospital, were opened in April 1970 by the then Minister for Health, Mr. Erskine Childers, and in the following twelve months there was a considerable increase in the numbers using the Centre, and the patient population almost doubled. Unfortunately, Miss Porter had to return to America due to illness before the move to the new unit. However, Miss Peggy Monnelly (now Cumberton), psychiatric social worker, had been appointed at this time. In March 1971 I was appointed medical director and consultant psychiatrist of the Centre. Prior to taking up this post I had been senior lecturer in Psycho-pharmacology at the Karolinska Institute, Stockholm, where I had researched my MD Thesis on 'Substance abuse'. I had been involved in the clinical treatment of substance abusers in the United Kingdom and Sweden.

During these early years the principal drugs of abuse were amphetamines, LSD, alcohol, cannabis and morphine. However, in 1971 there was an outbreak of diconal misuse, a morphine alternative, which was eventually contained by the withdrawal of the drug from general circulation. In fact, Ireland was the first country in the world to report an epidemic of diconal abuse. From January 1971 an alarming trend towards intravenous

opiate and barbiturate abuse became evident. Maintenance treatment given as physeptone linctus (methadone) on a continuing and withdrawal basis had to be greatly expanded. The disturbing trend towards the abuse of drugs by the intravenous route continued during 1972, the chief drugs of abuse being the barbiturates, especially tuinal, the sedative-hypnotic, mandrax, and the opiate alternatives, mainly palfium.

With the appointment of the two staff nurses, Miss Audrey Kilgallon and Miss Anne Sweeney in January 1973, the out-patient methadone programme was maintained. Miss Barbara Law had been appointed to a second psychiatric social worker post the previous year and we acquired the services of two senior house officers at this stage also. The management of the methadone programme and the increasing abuse of intravenous drugs necessitated more objective screening, mainly urinary drug analysis, and this placed increasing pressure on the Toxicology Department. The Drug Advisory and Treatment Centre was now looked upon as a National Centre and closely co-operated with the Department of Health and the Eastern Health Board in a preventative programme on drug education by participating in regular seminars and intensive courses for teachers and parents.

The most significant trend in drug abuse noted during 1974 was the increased amphetamine and ritalin abuse, the re-appearance of a definite but small amount of diconal abuse and the beginning of cough mixture abuse, mainly dimyrl, phensedyl and benylin. The greatest clinical difficulties were caused by the abuse of the hypnotics, barbiturates, especially tuinal, and mandrax, with or without alcohol. Apart from the morbidity resulting from the abuse of these drugs, at least seven young people died from either accidental overuse of these drugs on their own or combined with alcohol, or as suicidal gestures. The advisory function of the clinic assumed much greater importance and more adults in contact with, or in charge of children, sought advice and counselling about the management of this adolescent conduct disorder.

In November 1975 the new Drug Detoxification Unit was formally opened by the Minister for Local Government, Mr. J. Tully. The out-patient unit was also extended during the year by the provision of an additional building, and work began on an extension to the Toxicology Laboratory, the work load of which had been increased considerably by the new Drug Detoxification Unit. Having worked with us on a locum basis since the opening of the Unit, Miss Grainne Kelly was appointed grade III clerk when the Detoxification Unit opened.

Over the next few years we saw an increase in drug related conditions such as Hepatitis B virus and injection site abscesses. Screening for Hepatitis B had been carried

Nurses Derek Foley and Jacinta Moore in St. Michael's ward.



out on intravenous drug abusers attending the clinic since it opened. Up to the beginning of 1980, the incidence of Hepatitis B surface antigen had been low but between 1970 and 1974 the incidence increased by about two cases each year to an annual level of ten cases per year between 1975 and 1979; but in 1981 there was a large increase in Hepatitis B among drug abusers attending the Centre, when 158 new cases were detected among Dublin drug abusers during the first eight months of the year. Nowhere else in the world had experienced an epidemic of Hepatitis B of these proportions.

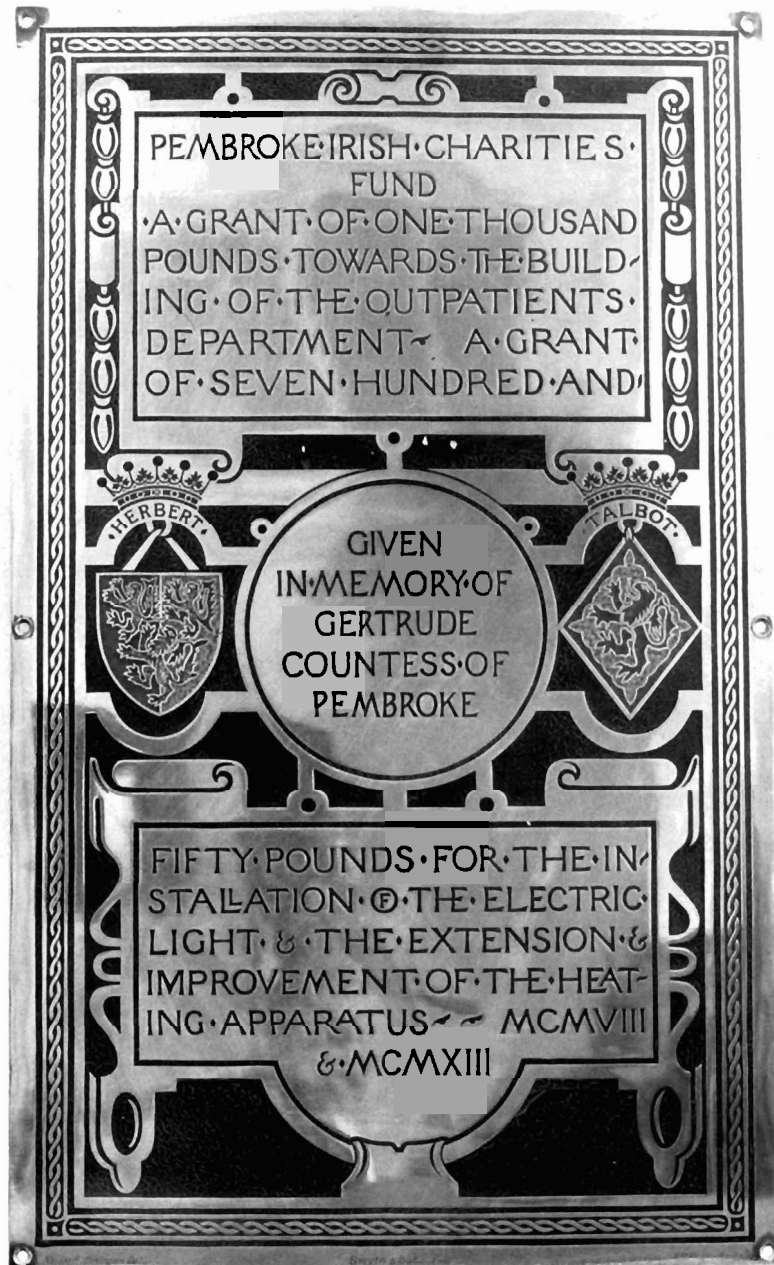
From March 1980 there was an alarming increase in the number of youths abusing heroin, most of whom were aged between 18 and 21 years. This was in response to the sudden availability of heroin on the streets. The figures rose from under 200 to over 1,000 between 1979 and 1983. By December 1981 heroin abuse accounted for 68 per cent of the patients who attended in that month, and 70 per cent of these were in the 16-24 age group with males exceeding females by six to one. An unfortunate trend in these years was the increasing number of young people who began their experimentation with drugs by using narcotic drugs rather than graduating from 'soft' to 'hard' drugs as was previously the practice.

During this period there was also a serious increase in the number of pregnant patients attending the Centre. The policy of the clinic is to maintain these patients on a low dose of methadone linctus which not only decreases the morbidity associated with addiction by reducing parental drug abuse, but also encourages better ante-natal care and a more stable environment for the mother and her unborn child.

I retired from my full-time post in August 1986 but I continue as clinical director on a sessional basis. Dr. John O'Connor has been appointed full-time acting consultant psychiatrist. At present the staff of the Unit are anticipating the move to new premises in Pearse Street, where it is hoped that the Managing Committee of the Charitable Infirmary will continue to participate in the day to day running of the new Unit by constituting the major part of the policy board which will also include representatives from the Department of Health and the Eastern Health Board. The new Unit will control and co-ordinate all services, including community services, in the Eastern Health Board area and may advise or offer services to other health boards. It is hoped that the spirit of the Charitable Infirmary will live on in the new National Centre for the treatment of drug abuse through the participation of the Managing Committee of the Charitable Infirmary.

Dr. John O'Connor with Peggy Cumberton and Sally Stafford-Johnson at a counselling session in the Drug Centre.



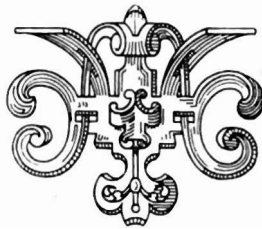


*This section has been kindly sponsored by
Glaxo Ltd, Guinness & Mahon Ltd, Pfizer Ltd,
Sandoz Products (Ireland) Ltd, and Smith, Kline and French (Ireland) Ltd.*



On **ODEAREST** a patient named Paul
Relaxed on receiving a fall.
He got better, not worse,
Took a turn for the nurse,
And went off to the Jervis St. Ball. J. R. Croft

Social Life through the years





The annual dance held in a hospital ward in the early 1940's.



The annual dance in the late 1940's.



The hospital dance committee 1950.

Staff members from left to right: Dr. Robert Davitt, Mr. Leo Keegan (front row); Mr. Daniel Ryan, Dr. Frank Lavery, Dr. Catherine Quinn, Dr. T.J. Ryan (second row); Dr. Dick Martin, Dr. Gerald Doyle, Dr. Joe Woodcock, Dr. Arthur Barry, Dr. William O'Dwyer (at back).



Mr. Daniel Ryan, Mrs. W.F. O'Dwyer and Dr. Robert Davitt at the annual dance 1950.



The dance committee 1954 at the Gresham Hotel.

left to right. Back row: Dr. A. Blake, Peggy Banim, Angela Cassidy, Dr. Charles Coyle, Nuala Banim, Dr. Seán O'Sullivan. Middle row: Bridie Walsh, Mrs. A.T. Barry, Dr. Doreen Walsh, Mrs. C. Coyle. Front row: Dr. Joe Woodcock, Mrs. R.E. Davitt, Dr. Robert Davitt, Mrs. W.F. O'Dwyer.

(Facing) The hospital registrars at the annual dance in 1954.

William Twibill (Casualty); Michael Lawlor (Medicine); George Walsh (Anaesthetics); Brian Regan (Surgery); Adrian Blake (Surgery).





Jervis Street Hospital Dinner, January 20th 1956 at the Central Hotel.

Standing (left to right): L.D. Keegan, J. Woodcock, C. Kilgallon, F. Power, Dr. Mather, Dr. O'Shea, B. Regan, I. Hayes, B. DeBrit, A.P. Barry, M. O'Connor.

Seated on chair arms (left to right): N. McNelis, F. O'Grady, P.B. Walsh, A. Walsh.

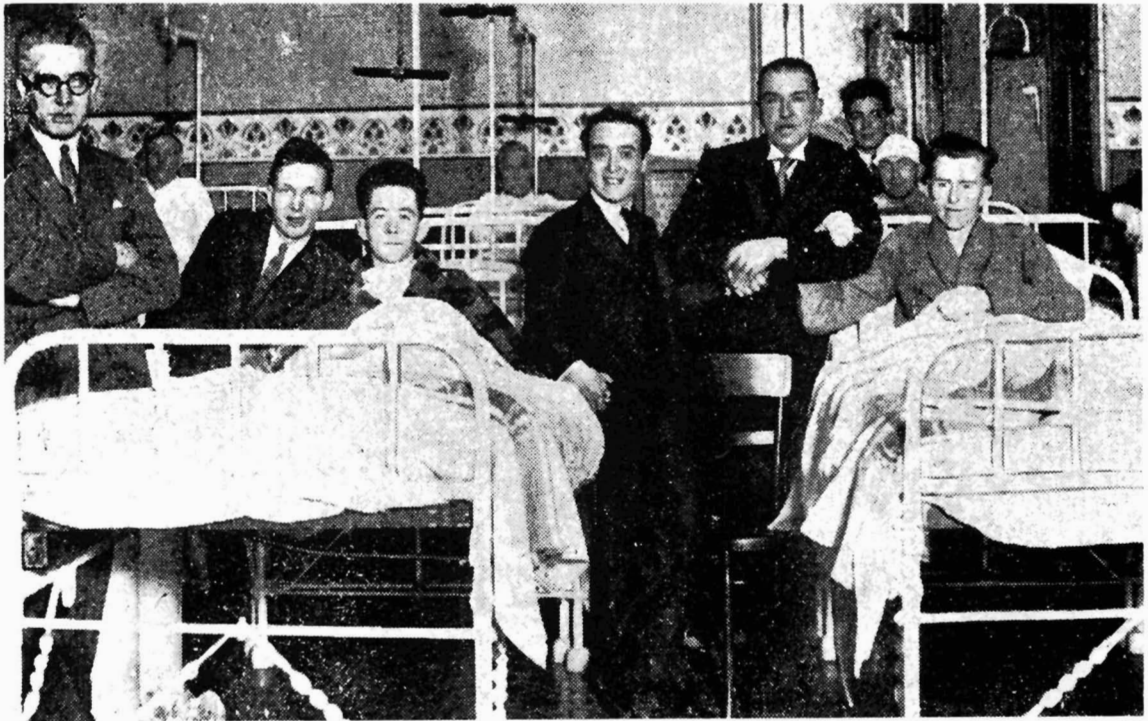
Seated (left to right): W. O'Dywer, D. Murray, J.L. Keegan, T. Ryan, A. Chance.

On floor: F. McLoughlin, D. Bannon, G. O'Rourke.

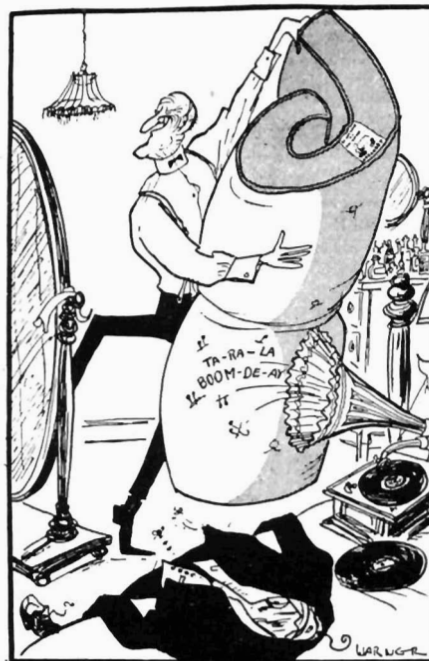


The Annual Dance Committee, The Gresham Hotel, 1958.

*This section has been kindly sponsored by
Educational Building Society, Eli Lilly & Co. Ltd, Merck Sharp & Dohme Ltd, Rorer Pharmaceuticals Ltd, and
Squibb (Ireland) Ltd.*



*Mr. Jimmy O'Dea (centre) and Harry O'Donovan (left)
with some of the patients they entertained in January 1934.
(Irish Independent, January 23, 1934.)*



*Said Grandad :
"Just now is my chance
With the ladies
my charms to enhance.
My **ODEAREST**—that's it !
Keeps me sprightly
and fit.
So I'm off to the
Jervis St. Dance."*

F.C.



*This year at the Jervis Street Ball,
There is great entertainment for all—
Roast turkey and ham,
Several bottles of “Cham,”
And PRIZES galore in the hall!*




The Sisters of Mercy with Miss Sheila O'Dea, Secretary to the hospital.

Administration and Management

The Administration of the Charitable Infirmary

James Kenny

he origin of the Charitable Infirmary can be traced back to a small house in Cook Street which opened in 1718 to only four patients. Demand necessitated a move to another address in Anderson's Court ten years later. This building, which became known as The Charitable Infirmary of Dublin, could only house eight, or, at most, nine patients. Some five years later the hospital moved to premises at Inns Quay, which accommodated approximately thirty-six beds. By 1786 the Infirmary had moved to the Jervis Street site which it still occupies. The original buildings were demolished in 1803 and new temporary accommodation was provided in five wards containing sixty-two beds. The opening of the present building as part of a total rebuilding programme is mentioned in the following extract from the *Evening Mail*, dated 21 October 1885, which is interesting insofar as it indicates the type of up-to-date hospital accommodation and facilities provided at Jervis Street near the turn of the century:

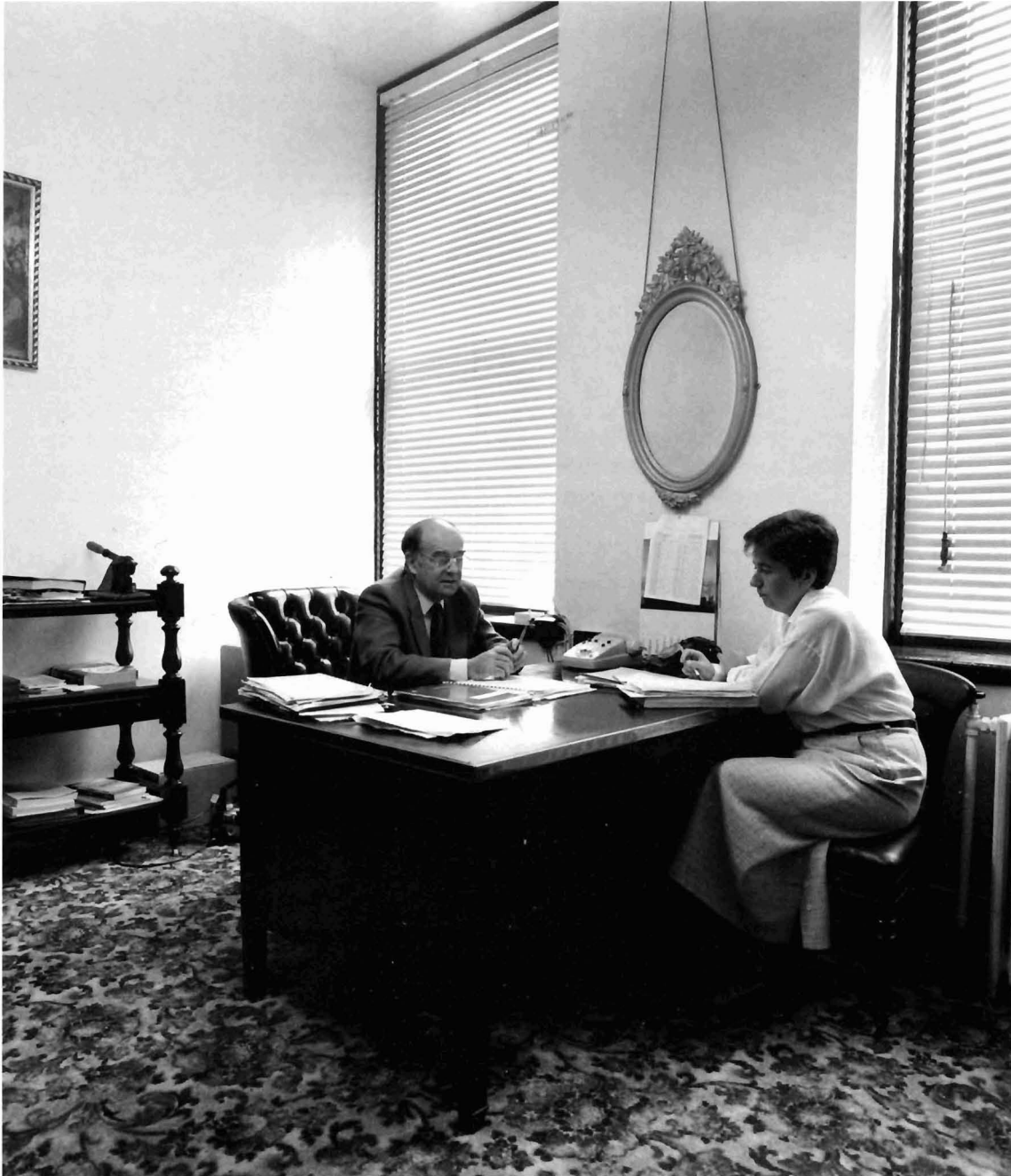
The new building in Jervis Street will be opened on the 29th inst. by Dr. Walsh, the Roman Catholic Archbishop of Dublin. The splendid structure has a frontage in Jervis Street of 157 feet and a height of 110 feet. It is built of red brick on concrete foundations and has stone facings. Commencing with the basement it should be stated that the work of the dispensary is here carried on. The patients enter on the north side through an imposing gateway, and a corridor which runs the entire length of the building serves as a waiting room. Parallel with it is a suite of rooms consisting of pharmacy, surgeons and students consulting and retiring rooms; the partitions being of wood – varnished oak – and the light admirable. Here are also located the boilers for supplying hot water throughout the hospital. At the south end, through a similarly designed entrance, access is gained to the grand staircase, the stairs of which are of teak and the landings of oak. Upon the ground floor the operating theatre – to which a wing on the northern end of the building is devoted – is situated. It is most perfectly lighted from the roof and sides. The flooring here, as in the wards, is of narrow planked pitch pine. The

dimensions are 30 x 50 feet and in the gallery, which stretches from right to left there is seating accommodation for 150 students. The ground floor ward is 30 by 135. Though somewhat smaller than the three similar wards that surmount it (owing to the entrance space at each end being taken off) it nevertheless is a noble hall. Thirty four beds will be occupied on either side. The ventilation is perfect, and the windows, which are 18 or 19 feet high, let in a flood of light. The remaining three wards have the same proportions – 30 x 147 – and the windows are also of the same height. Hard crome tables, seven or eight in number, will hide ventilators in the centre of the room, and the floor space of the wards is unstinted. On the rearward side of each ward a handsomely designed and glazed verandah is provided, running along the whole length of the ward, and entered by a central door. These verandahs are intended for the exercise of patients and will be glazed so as to be perfectly enclosed. Each ward is 20 feet high from floor to floor. A hydraulic lift is working at the northern end, so that a patient can be readily carried from the entrance to the ward or from his beds to the operating theatre, or vice versa. Upon the roof, from which are obtained fine views of the city, bay and suburbs, an exercise ground for the patients has been provided. It has a perfectly flat and hard dry surface and runs from end to end of the entire building. It is also easily accessible from the wards. The great tank that supplies the entire building and which contains nearly 10,000 gallons, also stands on the northern side of the roof. Scarcely need it be said that the sanitary arrangements are of the most complete and approved description. Upon each floor are doctors and nurses rooms, lavatories linen rooms etc; these are located in the wings. Messers Meade and Sons, are the contractors.

Further developments on the site over the past one hundred years include the erection of the Convent in 1929, the Nurses' Home and Maids' Home in 1934 and the Doctors' Residence in 1956.

From the origin of the hospital in 1718 and for almost the next two hundred years funds raised from voluntary subscriptions represented the almost total source of funding for both the payment of day to day hospital expenses, the purchase of new equipment and the provision of improved accommodation. In 1723 a subscribers' list was opened and the contributions received were administered by twenty trustees. The funds raised in this manner facilitated the move to Anderson's Court in 1728 apart from covering ordinary hospital expenses. Later on the source of income expanded to include some paying patients and proceeds from public entertainment and lotteries. In 1740 a lottery in aid of the Charitable Infirmary, Dr. Steevens' and Mercer's Hospitals raised a sum of £2,415. 16s. 6d., which was divided equally among the hospitals.

The initial hospital charter of 1792 and the later charter of 1820 empowered the governors *inter alia* to receive subscriptions or gifts. This facilitated tighter control of monies, the insertion of official appeals for funding in newspapers of the day and the appointment of a collector of subscriptions, the last of whom, Mr. Michael Murphy, died in 1971 having collected approximately £500 in that year. Many commercial interests responded to the



Mr. James Kenny and Ms. Fionnuala Rafferty.

pleas for subscriptions and the Archbishops of Dublin have been some of the many charitably minded individuals who supported the hospital over the years. A published list of contributions received in 1886 included Findlaters, Gills Bookshop in O'Connell Street and Todd Burns, all of which have departed from the Dublin scene, in addition to Clerys, Guinness and Arnotts which are still with us. The most surprising entry on the subscription lists of the late nineteenth century is 'The London and North Western Railway Company'.

The most daring fund raising event was in 1883 when Mr. Irving Bishop held a 'seance' in the Round Room of the Rotunda Hospital but raised only £237 15s. 10d. An account of the 'seance' from a newspaper of the day reads as follows:

Mr. Bushe was asked to think of the costume of some lady in the hall, and Mr. Bishop whose eyes were completely covered, after a little delay, made his way to the very person upon whom Mr. Bushe confessed he had fixed his attention. Previous to the test of reading the number of the banknote it had been suggested by Dr. MacDonnell that he should tell them what was the number of the cab in which he (Dr. MacDonnell) had driven to the Rotunda. The thought-reader agreed to undertake this and the number of the cab having been communicated by Dr. MacDonnell to Dr. Kidd, Mr. Bishop caught hold of the latter by the hand, tried it, and failed. The numbers he wrote on the blackboard were 437. Dr. MacDonnell informed him and the audience that the number of the cab was 810. The number of the banknote was however read without much difficulty immediately afterwards, and the announcement of the correct number was greeted with loud applause.

The most undisturbed attention throughout was given by the audience up till the time when Mr. Bishop's demand for perfect quiet was most urgent – namely, while he was endeavouring to meet the challenge of a member of the committee by discovering the name of a town fixed upon mentally by Mr. Monroe, QC, who also served as a committee man. The believers in Mr. Bishop's powers as a thought reader may very well urge that the failure or partial failure, for it was after all no more than that, was due to the racket kicked up by the people leaving the room, but this was unavoidable, unless the vast bulk of the audience were to miss their last trams or last trains, and make up their minds to spend all night in the Rotunda.

There were very grand fund raising events too as shown in the following extract from *The Freeman* of 27 January 1886:

Tonight the ball in aid of the fund to wipe off the debt due on the erection of the new wing to Jervis Street Hospital will be held in that institution, and that it will be the event of the season (which was said of it from the beginning) there can be no doubt.

The preparations for the ball are completed. The two rooms in which the dancing will take place are each 120 feet in length and 40 feet in width, and both have been decorated with exquisite taste. The corridor off each has been fitted up as a retiring room, and in the upper storey a great lounge room has been arranged. The supper-room which is on the first floor is the same size as the ball-rooms, and its walls are hung with many



*Rita Kirrane, Deirdre O'Farrell and
Mary Greaney in the Records Department.*

*Patricia Grimes and Loretta Fulham in
the Out-Patients Records Department.*

beautiful paintings lent by friends of the institution. The arrangement for heating the building is so perfect that the temperature of the rooms can be raised to summer heat if necessary, through the hotwater coils with which the entire building is served. The building is also fire-proof. The lighting of the rooms will be by gas and electricity both, and two magnificent electric lamps have also been placed outside the entrance porch in Jervis Street. The music will be supplied by Liddel's famous band in one room and by the string band of the King's Own Borderers (under the baton of Mr. Douglas) in the other. Some thousand persons are expected at the ball.

The Lord Mayor, MP, has telegraphed from London regretting his inability to be present owing to the critical state of Parliamentary affairs regarding the country. Mr. Harrell, Commissioner of Police has issued a notice announcing that the general traffic of vehicles in Henry Street, Mary Street, Jervis Street, Upper Abbey Street, Middle Abbey Street and Swift's Row will be stopped from 8.30pm and remain stopped during the night. The carriages of persons going to the ball can approach by O'Connell Street and Mary Street or by Capel Street and Mary Street, and after set down will proceed by Jervis Street and Swift's Row to Ormond Quay.

Records show that in the 1720's contributions received towards the purchase of premises at Anderson's Court were administered by twenty trustees who were chosen annually from among the subscribers. This would indicate that proceedings of meetings were probably recorded but the earliest minute book currently available in the hospital is dated 1819. The register or secretary at that time was Mr. Matthew Meade who was elected by the governors. His duties included the preparation of weekly reports on bed occupancy, the ordering and payment of supplies, the preparation of annual accounts and the carrying out of the duties regarded as typical for a hospital secretary of the period. The managing committee met twice monthly and the secretary produced the accounts paid with vouchers for same. Such items included provisions, medicines, salaries and wages, beds, coal and candles. This practice continued up to 1874. At that time it was probably not a difficult task for a lay committee to approve invoices for payment, as provisions and household expenses accounted for approximately three quarters of the total hospital expenditure. This would now be almost impossible because of the complexities of ordering and purchasing the variety of drugs, medicines and appliances supplied to the hospital. Salaries and wages in this period of managerial bliss were less than 20 per cent of total expenditure and consultant physicians and surgeons did not receive any form of remuneration from either the hospital or the state up to the late 1940's.

General hospital business was discussed at the meetings of the managing committee. The staffing and maintenance of the hospital were considered on a regular basis. A member of the committee was requested to visit the Infirmary every day for the ensuing week and 'report anything particular in the Visitors book'. To this day two members of the managing committee inspect the hospital as 'Visiting Governors' each month and report back to the committee.



Out-patients waiting area.

*Patricia Grimes (left) and
Loretta Fulham in Out-patients.*

Mr. Meade was replaced by Mr. James O'Neill in 1835 and there followed in his footsteps Mr. Corvan, Mr. W. McGrath, Mr. Gordon, Mr. Campbell, Mr. J. Sheridan, Mr. John McCann, Mr. Daniel O'Brien, Mr. James Coleman and Mr. Kieran O'Dea who took up duty in 1908. Like his predecessors he worked without any administrative support until his daughter, Sheila, replaced him in 1936. All of these part-time secretaries or registrars of the Charitable Infirmary wrote the minutes of meetings in long-hand and made a significant contribution to the management of the Infirmary.

The mid 1920's marked the end of the voluntary hospitals' total independence of state support. Subscriptions began to wane and taxes were increased on the formation of the independent state. Rapid advances were made in medicine, education and technology, resulting in escalating costs that called for innovative means of fund raising. The Iodine Sweepstake raised £60,000 for the hospital in 1925, and its success may have prompted the managing committee to join with the governing authorities of five other voluntary hospitals in undertaking the promotion of the first Irish Hospitals Sweepstake under the Hospitals Trust Limited on the Manchester November Handicap in 1930. This sweep yielded approximately £132,000 for the six participating hospitals. Other hospitals which viewed the whole project with extreme caution now sought to participate in future sweeps. Thirty-three voluntary hospitals shared the profits of £440,000 from the second sweepstake, and with £700,000 raised from the third sweepstake it was evident that the voluntary hospitals had larger resources at their disposal than local authority hospitals. The improved accommodation and services of the voluntary hospitals were then far outstripping what the available finances of the local authorities could provide and the state decided to seek a proportion of the sweepstake funds. Under the Public Charities Hospitals (Amended) Act 1931 one third of the proceeds of the sweeps were handed over to the Minister for Local Government and Public Health. The remaining two-thirds continued to be allocated among the voluntary hospitals. The passing of the Public Hospitals Act 1933 placed the control of the sweepstake with the Minister for Local Government and Public Health and set up the Hospitals Commission which was empowered to report and advise the Minister on the allocation of funds to hospitals, including the Charitable Infirmary. The Commission made recommendations to the Minister on proposed hospital building and equipping programmes as well as advising on annual income/revenue deficits incurred through shortage of funding.

The general control of the health services and of the expenditure by health authorities were vested in the Minister for Health by the Health Acts 1947-1957. Under these acts voluntary hospitals were allowed to bill local authorities for patients treated from their area. The local authorities received half the cost of their services through the health vote



*Evelyn McNamara
and Julie Curran,
hospital telephonists.*

*Left to Right:
Suzanne Killeen,
Deirdre Cotter, and
Valerie Farrell in the
Medical Secretaries Office.*



*Miss Mary Casey and
Mr. Tom Larkin outside
the hospital boardroom.*

*Left to Right: Susan Eiffe,
Evelyn McDonald,
Vivian O'Connell,
Colm Ward, Michelle Roche
and Brian Higgins in the
Accounts Department.*



and the remainder by way of rates. The growing dependence on the state to provide most of the funding for hospitals soon became evident. Under the Health Act 1970 the Health Boards were set up and shortly afterwards the Department of Health gave an annual grant directly to each voluntary hospital in monthly instalments to cover budgeted costs. Capital grants for either accommodation or equipment continued to be funded by the Hospital Sweepstake until about 1984, after which capital projects were funded directly by the Department of Health from central funds.

Comhairle na nOspidéal was set up in 1972 and became a new regulatory body in the establishment of consultant appointments. The formation of the Labour Court in 1946 provided a necessary conciliatory body to deal with industrial relations which were always very good in the Charitable Infirmary even at the time when salary scales were determined by the Managing Committee, or when, as in later years, union or association representation for staff became the practice.

Sheila O'Dea was full-time secretary of the hospital for forty-one years. In other words the O'Dea family were involved at senior management level in the hospital for sixty-five years. In 1941, five years after Miss O'Dea took up her appointment, a clerk was appointed to assist her. From that scant administrative base additional staff were recruited over the years to cope with the growing administrative, financial, personnel and medical records workload.

All permanent posts had to be advertised with interviews being held for all staff recruited. Salary scales up to the mid-1960's were determined by the managing committee but this role was then taken over by the Hospitals Commission or the Department of Health.

Fund raising activities continued through the 1940's, 50's and 60's mostly for the purpose of either setting up specialised services (for example the Kidney Unit) or buying specialised equipment which would not otherwise be funded through the Hospitals Commission or by the Department of Health. Events of note included a garden party at Mr. Haughey's home in Kinsealy, proceeds from performances given by the Rathmines and Rathgar Musical Society and innumerable raffles and sales of work organised by the Sisters of Mercy. In recent years the Kidney Transplant Foundation of Ireland has been established to raise funds for research. Most of the proceeds now raised from fund raising events are devoted to research.

The accounting function in the Charitable Infirmary was the direct responsibility of the secretary up to the appointment of Mr. F. Lawlor as first accountant to the hospital in 1971. Mrs. McGuinn was transferred from the accounts department to become the

first personnel officer in 1975. Miss Mary Casey acted as hospital secretary for two years on Miss O'Dea's retirement, and has continued since then as assistant secretary dealing primarily with the supplies function as well as taking responsibility for many other secretarial duties.

I took up office as secretary/manager in 1975. Up to that date and since the arrival of the Community of the Sisters of Mercy in the hospital in 1854, the hospital manager or administratrix was in fact the superioress of the community in the hospital. The Sisters of Mercy continued their good work at the hospital until 1983 when they decided to leave. Shortage of vocations was undoubtedly a major contributory factor in their decision to terminate the order's long association with the hospital.

New financial constraints imposed by the Department of Health began in 1983. The hospital had not benefitted to the same extent at all as other hospitals from job creation programmes of the early seventies, and consequently there was not the same latitude for a reduction in staffing numbers as pertained in many other institutes. Staff salaries and wages now represent over 70 per cent of the total cost of running the hospital. In the past few years all services have been reviewed and costs have been curtailed with the co-operation of staff. Approximately thirty staff who were over the age of sixty-five retired in recent years. On the administrative side these included Imelda Madigan with 43 years service, Mrs. O'Rourke, cook in the Private Hospital for 38 years, and Mrs. McGuinn with 35 years of service. Unfortunately Dermot Lyons, Works Manager, who gave 23 years of dedicated work to the hospital, died coming up to his retirement. Nora Cummins, telephonist, must be remembered for her courage in working through a prolonged painful illness prior to her death in 1984.

The implementation of the common contract for consultants in 1982/3 which for the first time provided a pension for consultants at the age of sixty five, brought about many significant departures. Ten consultants with a major commitment to the hospital retired. When these changes are combined with leave of absence or career breaks sanctioned by the Department of Health permitting senior nursing staff and others to work abroad for a few years, together with the retirement in September 1987 of the matron, Miss Bridget Walsh, after over forty years service, it is clearly evident that the hospital had undergone a major transition even before the transfer to Beaumont Hospital is taken into account.

The Charitable Infirmary will close towards the end of 1987 much pruned from its original capacity. Thirty beds will have been closed and costs will have been curtailed to the absolute minimum. Tom Larkin, accountant, who has been with us since 1975, has had the onerous task of implementing cost-control methods to meet the current

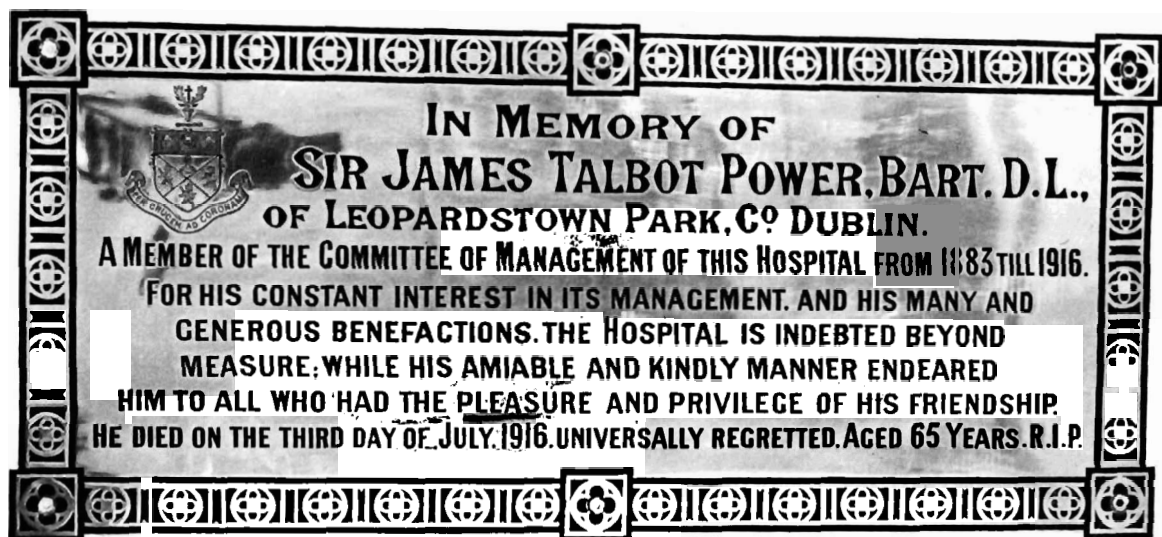


Father C.T. Greenan descending the hospital stairs with his bicycle.

restrictions imposed on expenditure by the Department of Health. With our average duration of stay at 4.14 days, which must be among the lowest in the country; with out-patient attendances running at over 300,000 and admissions of some 25,000 per year, the hospital can state with honesty and with pride that in making its enormous contribution to the health of the people of the city for almost 270 years it has given value for money.

Finally I would like to congratulate Mr. Joe McHugh and Mr. Frankie Hunt, boilermen who are at their 54th year of service to the hospital, to wish Miss Sheila Maguire and Mr. Liam Duffy every success in their new promotional posts at Beaumont and to thank Miss Mary Geaney, medical records officer, Mr. J.J. Cummins, works manager, Mr. Paul Donnelly, head porter, Doreen O'Loughlin, catering officer, Mr. John Doyle, former kidney technician and now hospital printer and finally from my office Mrs. Anne Stack, Miss Monica Mooney, Mrs. Caroline Redmond and Miss Fionnuala Rafferty who were my secretaries over the past twelve years.

It has been a privilege for me to serve the Charitable Infirmary



The Governors of the Charitable Infirmary and its Managing Committee

Denis P. McCarthy

When the Charitable Infirmary was founded in Cook Street in 1718 we may assume that the six founding surgeons had tended to its management as well as caring for their patients in the hospital. However, within five years we find a more orderly form of government established and this has persisted with certain modifications to the present day. In 1723 enlistment of all subscribers to the hospital began and twenty trustees were chosen annually by them to meet on a regular monthly basis for the purpose of administering their fund. These early trustees worked assiduously on the hospital's behalf but at times their reliance 'on the Providence of God, and the charity of good Christians' did not always permit fulfilment of their plans for improving the hospital. In 1786 the name of trustee was changed to that of governor, though the role of the latter seems to have differed little, and a chairman, Denis Thomas O'Brien, was elected and remained in that office until his death in 1815. It would appear from the records that the chairman was appointed on an *ad hoc* basis until the early 1940's when the practice of appointing a chairman at the first meeting each year was established.

The first charter, granted to the hospital by George III on June 7th 1792 empowered the governors and guardians to elect annually from their own members a committee of fifteen persons to manage the Infirmary during the ensuing year and this practice continues to be adhered to with the committee being elected on the first Thursday after January 5th following notification in *Iris Oifigiúil* at least eight days prior to such a meeting. In the early days the committee's decisions were put into effect by the secretary/register, whose role is now that of the secretary/manager. Whereas it is stipulated that the managing committee must meet monthly, many of its members meet more frequently on the numerous sub-committees that are now needed to supervise the management of the hospital.

The Charitable Infirmary was the first of the voluntary hospitals but it was followed in fairly rapid succession by Dr. Steevens' Hospital in 1733, Mercer's Hospital in 1734 with St. Patrick's Hospital admitting its first patients in 1757, though the planning of that hospital commenced shortly after the death of Dean Swift in 1745, who bequeathed almost £11,000 for the provision of a psychiatric hospital. The Rotunda Hospital for the care of the city's lying-in women was founded in 1745 by Bartholomew Moss. Other voluntary hospitals dating from the eighteenth century are the Meath and the Royal Hospital in Donnybrook, which opened in Fleet Street, moved to Townsend Street and transferred in 1792 to Morehampton Road, its present location.



Members of the Managing Committee 1987-88.

Mr. Tom Stafford, P.J. Maloney, Henry Osborne, Kevin Mulcahy, James Hackett, Michael Phelan, Donal McNally, Bridie Walsh, Sr. Raymond Bates, Tom Larkin, J.D. Kenny, Denis McCarthy, Harry Murray, Frank O'Hare.

The voluntary hospital movement was of course not just confined to Dublin. Other voluntary hospitals opened in the eighteenth century, and some are still in existence, such as the South Charitable Infirmary in Cork and St. John's Hospital in Limerick. In 1772 the Irish Parliament, on the initiative of Dr. Woodward, Protestant Bishop of Cloyne, passed an act providing for the opening of a 'House of Industry' in twenty-three different counties, but only nine or ten were opened. They were administered by corporate bodies and financed from voluntary contributions and grand jury presentments. In Dublin, the Hardwicke, Richmond and Whitworth Hospitals named after the Viceroy's of the time constituted the House of Industry Hospitals later to be named St. Laurence's Hospital. The voluntary hospital movement continued into the nineteenth century because the government in those early days did not give very much assistance to the poor and less fortunate sections of the community. These hospitals were all managed by committees or boards chosen by the governors, although the board of the Meath Hospital was regulated by an act which *inter alia* provided that there should be Local Authority representation on it.

Prior to the Reformation, hospital care in Ireland had traditionally been associated with monasteries. However, following Catholic Emancipation in 1829, hospitals run by religious communities began to appear in Dublin. St. Vincent's, under the care of the Sisters of Charity, opened on Stephen's Green in 1834. The Mater Misericordiae Hospital, although planned since 1851, received its first patients in 1861 under the care of the Sisters of Mercy. In the meantime, in 1854, the Sisters of Mercy had accepted the invitation of the managing committee to take over the day-to-day administration of the Charitable Infirmary. The Sisters continued in the hospital until 1983. They had been invited to take part in the administration of Beaumont but were not in a position to do so because of, it is understood, a decline in vocations. The committee would again wish to express its appreciation to the Sisters of Mercy for their major contribution to the running of the hospital for 129 years.

When the Sisters arrived in 1854 the address of welcome was read to them by Mr. Edward Thomas Stapleton, treasurer of the hospital. Mr. Stapleton had been a member of the committee from 1842. Another member of his family had been elected to the managing committee in 1829 and continued until 1842. They were the first of a long line of the Stapleton family to be members of the managing committee almost continuously until 1940. Mr. G.C. Peter Stapleton who is presently a governor of the hospital was a member of the Committee from 1969 to 1977.

Mr. Clement J. Ryan, who was chairman of the managing committee for the years 1965 and 1966, and his brother Mr. John A. Ryan, are both governors of the hospital and the present representatives of a family who have given long dedicated service to the Infirmary.

This familial association began with Sir James Power, who was a member of the committee in 1856 and was followed by Sir James Talbot Power, who was elected in 1882, and the association was continued through Sir Thomas Talbot Power and his nephew Mr. William Ryan, father of our present governors.

I am pleased that my family have been honoured by being elected members of the committee since the first election of my grandfather Senator Michael O'Dea in 1909, followed by my father, the late Peter McCarthy, who retired in 1966. Other families have also been represented on the managing committee over the years, including the late Mr. Hugh Kennedy and his father, also Hugh. At the present time Mr. Kevin Mulcahy, whose brother Denis was a member in the recent past, and Mr. Ronnie Nesbitt, whose grandfather Mr. Alexander Nesbitt was elected in 1915 and re-elected up to and including 1927, carry on the association of their families with the Charitable Infirmary.

In addition to Mr. Mulcahy and Mr. Nesbitt, the following members currently serve on the Committee with me: Father D. McCarthy, Sister R. Bates, Mr. J. Hackett, Mr. Justice Lynch, Mr. D. McNally, Mr. H. Murray, Mr. P.J. Moloney, Mr. F. O'Hare, Mr. O.K. Patten, Mr. M. Phelan and Mr. T. Stafford, some of whom have been members of the Committee for a number of years with others being elected more recently.

In my years as chairman of the managing committee I have had the very able support of the vice-chairman, Mr. Harold F. Murray, who was first elected to the managing committee in 1970 and has been re-elected each year since that date. Mr. Murray has acted on many sub-committees and he has put his wide knowledge of business and fund raising at the disposal of the committee. On the financial side, Mr. J.L. Hackett has been honorary treasurer of the hospital since 1967 and a prominent member of the finance committee since 1965. Mr. P.J. Moloney, the other trustee of the hospital, claims the distinction of being the longest serving member of the managing committee, and he filled the office of honorary treasurer prior to Mr. Hackett.

No recent account of the governors and managing committee of the hospital would be complete without mentioning my immediate predecessor Mr. Brendan Martin, whose contribution to the hospital both as a member and chairman of the managing committee was truly significant. Mr. Martin resigned his membership of the managing committee on becoming chairman of Beaumont Hospital Board in 1984, but his loyal association is maintained in his capacity as a governor of the hospital. The present chairman of the medical board, Mr. Owen Patten, has held that office for almost ten years and has maintained a very effective liaison between the board and the managing committee.



*Left to Right:
Mr. Michael Phelan,
Mr. Donal McNally and
Mr. Tom Stafford.*

*Left to Right:
Miss Bridget Walsh, Matron,
Mr. Tom Stafford and
Sister Raymond Bates,
Sister of Mercy.*

The hospital, through the membership of its managing committee and governors, has been fortunate over the centuries in being able to draw on the support of people who were eminent in all walks of life – the church, the judiciary, the professions, business, commerce and industry, as well as being able to call upon retired members of the public service and representatives of Dublin Corporation, including members of Dáil Éireann and trade union officials. All contributed to the efficient management of the Hospital, and some like Seán T. O’Ceallaigh later graced the highest offices in the land.

May we hope that in future years the same spirit will encourage people of similar calibre and selflessness to offer their voluntary services to this work. The unselfish spirit which inspired those pioneering surgeons and their friends 270 years ago is still required in these closing years of the twentieth century and will no doubt inspire many people to follow in their footsteps. On the eve of closure of the Charitable Infirmary the work of the governors and guardians in the years ahead will be associated with the regulation of the Charitable Infirmary Trust and its management of the new drug unit at Trinity Court.



P.T. McArdle 1883-1947.



*A meeting of the Managing Committee.
Left to Right: Thomas Stafford,
P.J. Molony, Henry Osborne,
Kevin Mulcahy, James Hackett,
Michael Phelan, Donal McNally and
Frank O'Hare.*

*Thomas Larkin (accountant),
James Kenny (secretary/manager),
Denis McCarthy (chairman),
Harold Murray (vice-chairman),
and Frank O'Hare at a Managing
Committee meeting.*



A meeting of the Medical Board on 12th October 1987. Left to right: Leo Vella, Eoin O'Brien, John Donohoe, Joseph Walsh, Rosemary Hone, Michael Carmody (background), John O'Callaghan, Joseph Tracey, Frank Keeling, Desmond Riordan, Caroline O'Connor, Gerald Doyle and Oliver Fitzgerald.

The Medical Board of the Charitable Infirmary

Henry Osborne

The earliest medical board records date from the 26th September, 1828, when the newly constituted board stated its presence to the management committee: 'we have formed a Medical Board, which we intend should be an auxiliary to your body and whose duty it will be weekly to see that the strictest economy is observed in the Medical Department of this charity...' Present circumstances might suggest that financial stringency is a recent phenomenon and the apparent enormity of contemporary hospital finances might suggest that our predecessors were spared the tribulations that beset us. Such was not the case and many of the medical board's subsequent communications to management over the years related to financial shortages. The relationship between the management committee and the medical board has always been a relatively harmonious interchange (not without the occasional polemical eruption) of suggestion and proffered advice in both directions. On the 29th April 1876 the medical board declared to the management that it felt 'it to be a duty to again call your attention, as we have done on previous occasions, to the very dilapidated condition of the hospital, and earnestly press upon you the necessity which exists for the commencement of a new building at the earliest moment.' The honorary secretary was audacious enough on 15th November 1886 to accuse management of being behind the times in that its perception of hospital administration was: 'based on the knowledge and experience of 1820 (the date of the charter) and that while changes have taken place all around us, we alone represent a bygone, effete and impotent system of hospital management and administration.' Again in 1931 when the medical board heard that one member of the management committee dissented from their chosen candidate for the position of visiting surgeon, its members were not slow in voicing their displeasure by taking 'the first opportunity of placing on record the condemnation of the action as reported to them by a prominent member of your board in pressing a candidate against them in the recent Jervis Street Hospital staff elections. His actions in so doing they consider inimical to the best tradition and interests of the medical profession and an unwarranted attempt at interference in the management of an institution'.

Criticism was not by any means one-sided, and management was, on occasion, very blunt in making its views clear to the medical board as a communication of 1895 requesting doctors to 'throw off their present apathy and earnestly get to work to attend to their jobs' illustrates. These are, of course, only outspoken examples of the dialogue that existed between management and medical board, all of which, hopefully, merely indicated the inherently genuine desire in both bodies to improve hospital administration.

The relationship between both bodies thawed in 1898 when the idea of a dinner with the management committee was entertained by the medical board, but three days later the proposal was rejected for reasons which are not stated. I am glad to say that recent years have seen a relatively peaceful and productive relationship between each body and my tenure as honorary secretary of the medical board has probably been more tranquil than that of many of my predecessors. The records show that from its inception, personality differences within the medical board resulted in colourful exchanges between members to which the passing of time has given a humorous inflexion, though we need be in no doubt as to the earnestness and sincerity of emotion engendered at the time. On 14th May, 1855, it was recorded that one member of the medical board, in dispute with a colleague, stated that verbal conflict with that colleague was 'followed by a pre-meditated and aggravated insult which, was it not for the respect held by him to an institution which he has so long served and also to the gentlemen present, he would have reacted in a different manner'. Much of the record is, however, more mundane

Professor Gerald Doyle (profile), Mr. Leo Vella, Dr. Eoin O'Brien, Professor John Fielding and Dr. John Donohoe at a Medical Board meeting.





Members of the Medical Board. (Anticlockwise): Ms. Caroline O'Connor (secretary); Mr. Brian Lane; Mr. John Byrne; Dr. Desmond Riordan; Professor Denis Gill; Dr. Frank Keeling; Dr. Joseph Tracey; Dr. John O'Callaghan.

and involves deliberations on the appointments of resident pupil students, the granting of fever certificates and, in particular, the payment of fees due to the visiting staff each year. The medical board, on numerous occasions, requested management to look after issues such as the accommodation of students and junior doctors, feeling that the standard in Jervis Street was such that 'students of the best type, most anxious to become residents here have, to our knowledge, been deterred by the character of the accommodation and absence of catering.' Change can indeed be slow.

In 1889 the management committee requested a report from the medical board as to what specialists should be appointed to the hospital and to the extern department, and later that year the medical board proposed that some arrangement should be made whereby patients who are not poor might be treated outside of the hospital's charitable function and even went so far as to state 'unanimously the great urgency and need of



*Dr. Joseph Walsh, Dr. Rosemary Hone,
Dr. Michael Carmody, Dr. John O'Callaghan,
Dr. Frank Keeling, Dr. Joseph Tracey and
Professor Denis Gill (left to right), at a
meeting of the Medical Board.*

*Members of the Medical Board.
From left to right facing camera:
Mr. Henry Osborne (honorary secretary),
Dr. Max Ryan, Professor Gerald Doyle.*



a private hospital'. In 1910 management was advised of the necessity of developing an X-ray department, including the stipulation that the radiologist should receive no salary. It is however, comforting to learn that Dr. Mason, the first radiologist, was in receipt of a salary of £25 a year by 1st November 1913. Around this period the medical board expressed to management what its members foresaw as a serious obstacle to the appointment of a urinary specialist because they believed 'it would be impossible to establish a department for the treatment of urinary diseases and at the same time exclude venereal diseases and that therefore such a department would attract to the hospital a very undesirable class of patient'.

Prior to 1904 it was necessary for all consultants on appointment to pay £200 to the hospital and £300 to the member of staff who was retiring or to his executors if he had died in office. In June 1886 the medical board replied to a letter from a doctor intimating that he had the wherewithal and would as a consequence like to see himself appointed, by denying 'in the most explicit terms the existence of any understanding or contract with any member of staff as to your adoption as a candidate for any vacancy on the medical staff of this hospital'. The honorary secretary went on to state that he was 'prepared in the event of a vacancy occurring to consider fully the claims of all candidates who may present themselves for the post'.

The capacity of the medical board to defer decisions not altogether to its liking is well demonstrated in its rebuff to management's request for the appointment of a visiting surgeon: 'The Medical Board consider the election of a visiting surgeon to the hospital is of very great importance. In the best interest of the hospital adequate time should be given for the fullest consideration of this matter. The Medical Board is therefore of the opinion that this election should be postponed.' Indeed such a resolution could as easily be culled from today's minutes as those from yesteryear! Disagreement is often in evidence between physicians and surgeons, but the latter, having founded the hospital, always ensured that they retained the upper hand, at least until recent times. In March 1922 a resolution that 'the visiting staff do not approve of medical cases being treated in surgical wards' was carried by the three surgeons, the two physicians objecting!

Students are an integral part of the history of the Charitable Infirmary. Apart from the many Irish students down through the centuries, recent years have seen a welcome influx of foreign students. Dominic Corrigan's maxim that students were the essential stimulus to the maintenance of standards of excellence among teachers has indeed been shown to be true in his *alma mater*. In the early 1830's the medical staff took clinical teaching seriously enough to establish a programme of weekly lectures by individual doctors who forfeited one guinea if they failed to attend. Clinical bedside teaching has always been

an essential facet to the personality and character of the Charitable Infirmary, and in acknowledging this aspect of our history let us also pay tribute to the many patients who have participated in this essential function over the centuries. The decorum of the student gentleman of the hospital had to be emphasised by the medical board from time to time. In 1926 the honorary secretary was instructed to communicate to the resident doctors and students that 'students should modify their behaviour in accordance with the printed rules of the hospital, especially as regards rising in the morning, meeting the visiting staff, smoking in the wards and the preservation of ordinary neatness and cleanliness.' Not long after this there was a discussion at medical board as to what action should be taken in dealing with two resident students reported by the superioress to have been 'drunk and rowdy in the hospital'. On 21st January 1886 the medical staff resolved that students on the books of the hospital for the current session be asked to attend the ball as the guests of the medical staff, a gesture that was accepted by twenty five students who attended at a cost of £9. 7s. 6d.! I am not aware that this generosity has been repeated.

It is, perhaps, no more than an interesting coincidence, but one which is nonetheless remarkable, that the closure of the Charitable Infirmary in its present location in Jervis Street should follow so closely the retirement of so many consultants, most of whom had been on the staff of the hospital for more than four decades. This exodus has given way to many new faces who have only arrived in time to briefly experience the institution under sentence and for obvious, yet regrettable reasons, in a state of uncertainty and decay. Many of those who have recently retired have been the backbone of the establishment for the past half-century and include: Billy O'Dwyer, Joe Woodcock, Gerry Crookes, Arthur Barry, Dan Ryan, Gerry Brady, Maurice Fenton, Tony Walsh, Maurice O'Connor, Barney DeBrit, Michael Kelly and Des Murray (who served as honorary secretary for eight stormy years). We owe them a great debt for the manner in which they have conducted the affairs of the hospital during their long association with it.

Finally, I would like to record my thanks to the management committee of the hospital not alone for the years during which it has been my honour to serve as secretary of the medical board but also for times past, and to acknowledge the enormous voluntary commitment which the members of the present management committee have demonstrated in their generous disposal of time and expertise in coping with the recent unprecedented demands of financial stringency, and in dealing with the complex issues that are entailed in vacating the 'Jerv'.



*Miss Bridget Walsh (matron), Mr. Dan Ryan,
Dr. Arthur Barry and Mrs. Anne Doyle
(assistant matron) chatting in the board room*

*Dr. Brian Keogh and Dr. Orla Browne
in the Board Room.*



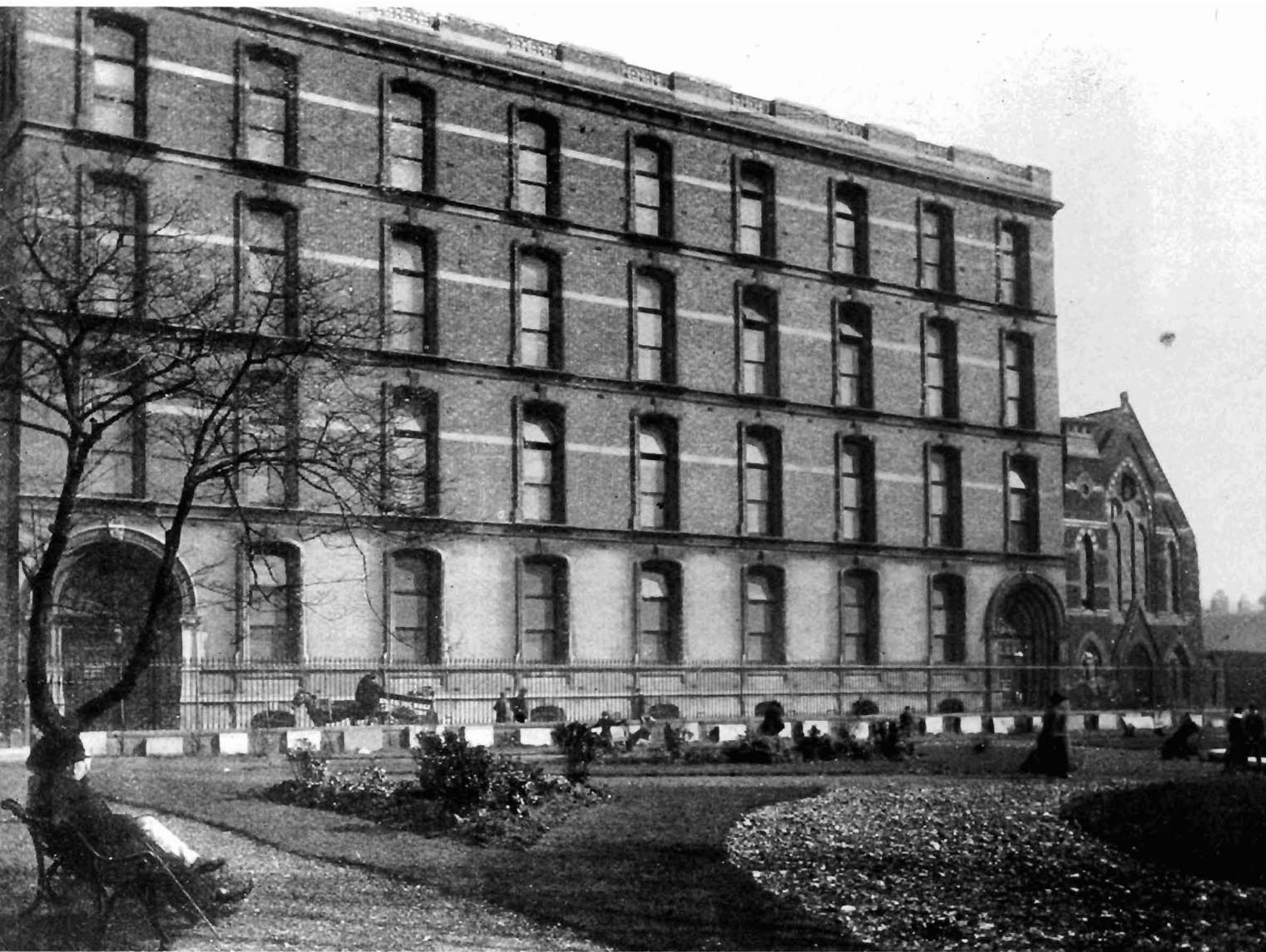


Mr. Maurice O'Connor and Reverend Mother Ignatius Loyola cutting the cake on the occasion of the 250th Anniversary of the Charitable Infirmary in 1968.

Dr. Barney DeBrit.

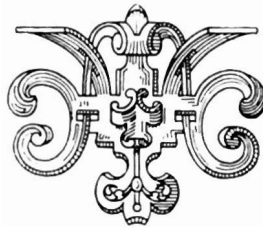
(Facing) Dr. Joe Woodcock (left) and Mr. Tony Walsh enjoy a joke in the Board Room.





The Private Hospital, the main hospital building, and the Presbyterian Mission Church and Schools in 1903.

Some Architectural Features of the Charitable Infirmary

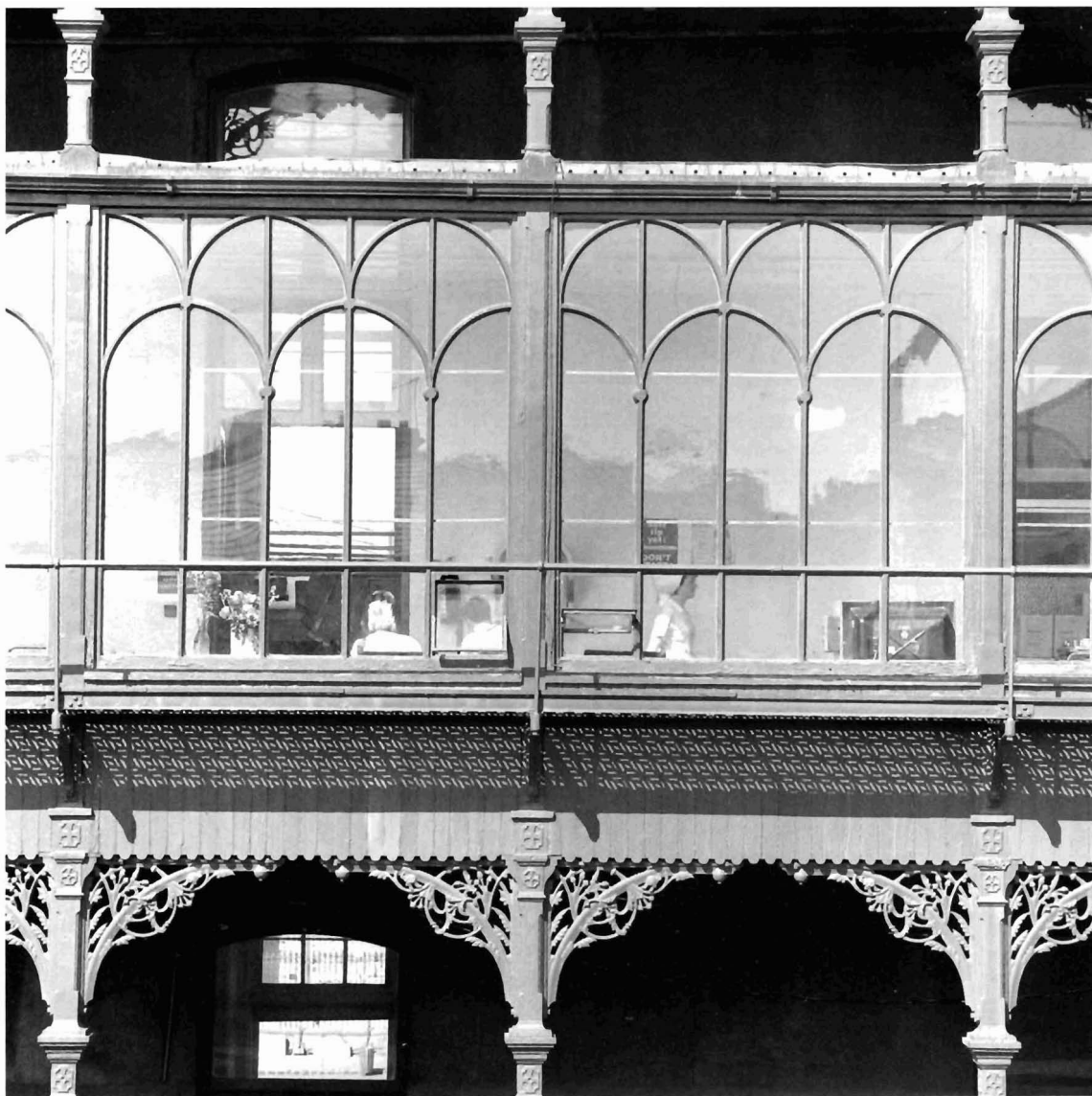




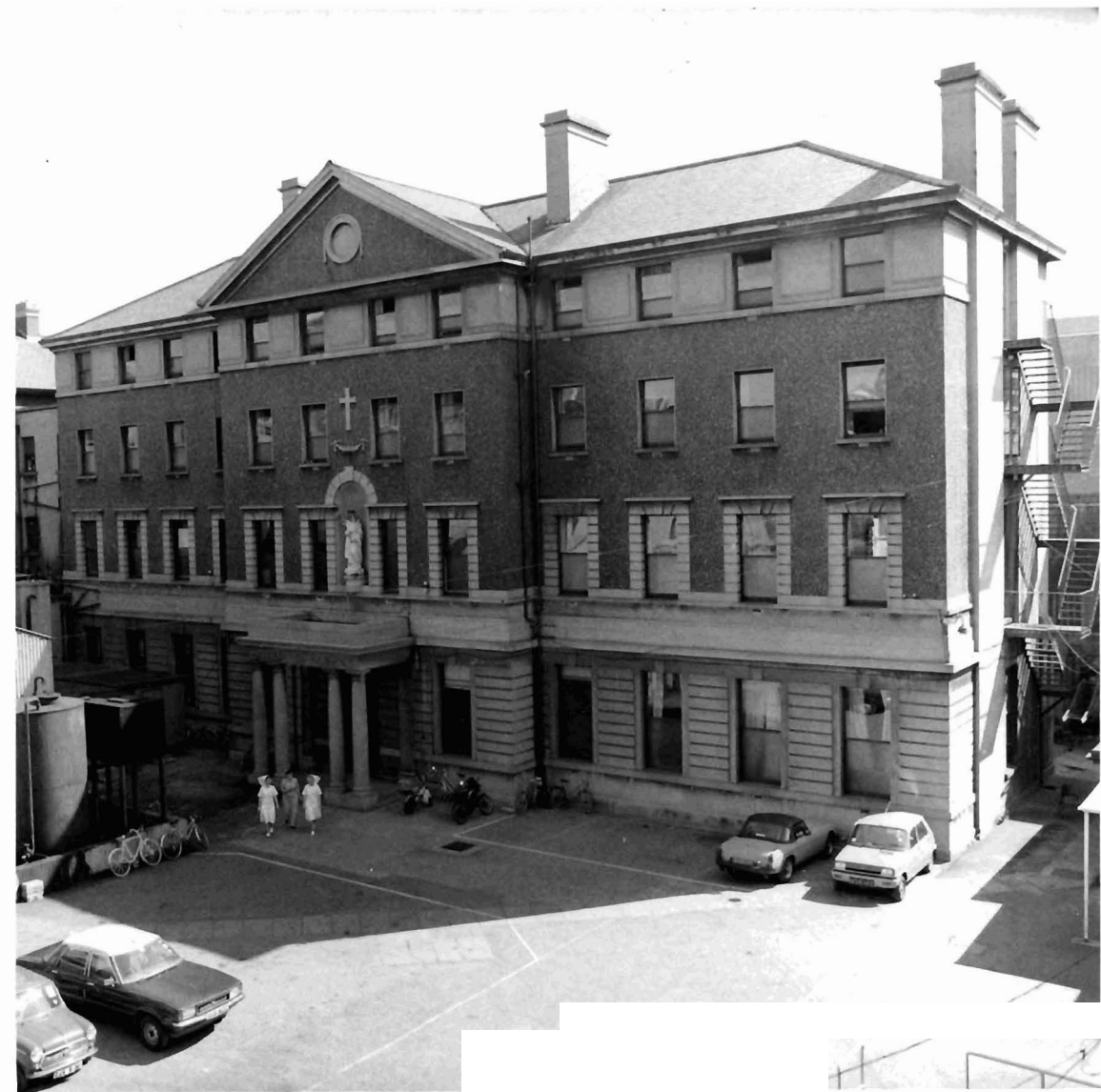


(Facing) The Private Hospital and the exit gates from the hospital courtyard.

The wrought-iron supported conservatories.



The wrought-iron conservatories at the rear of the hospital.



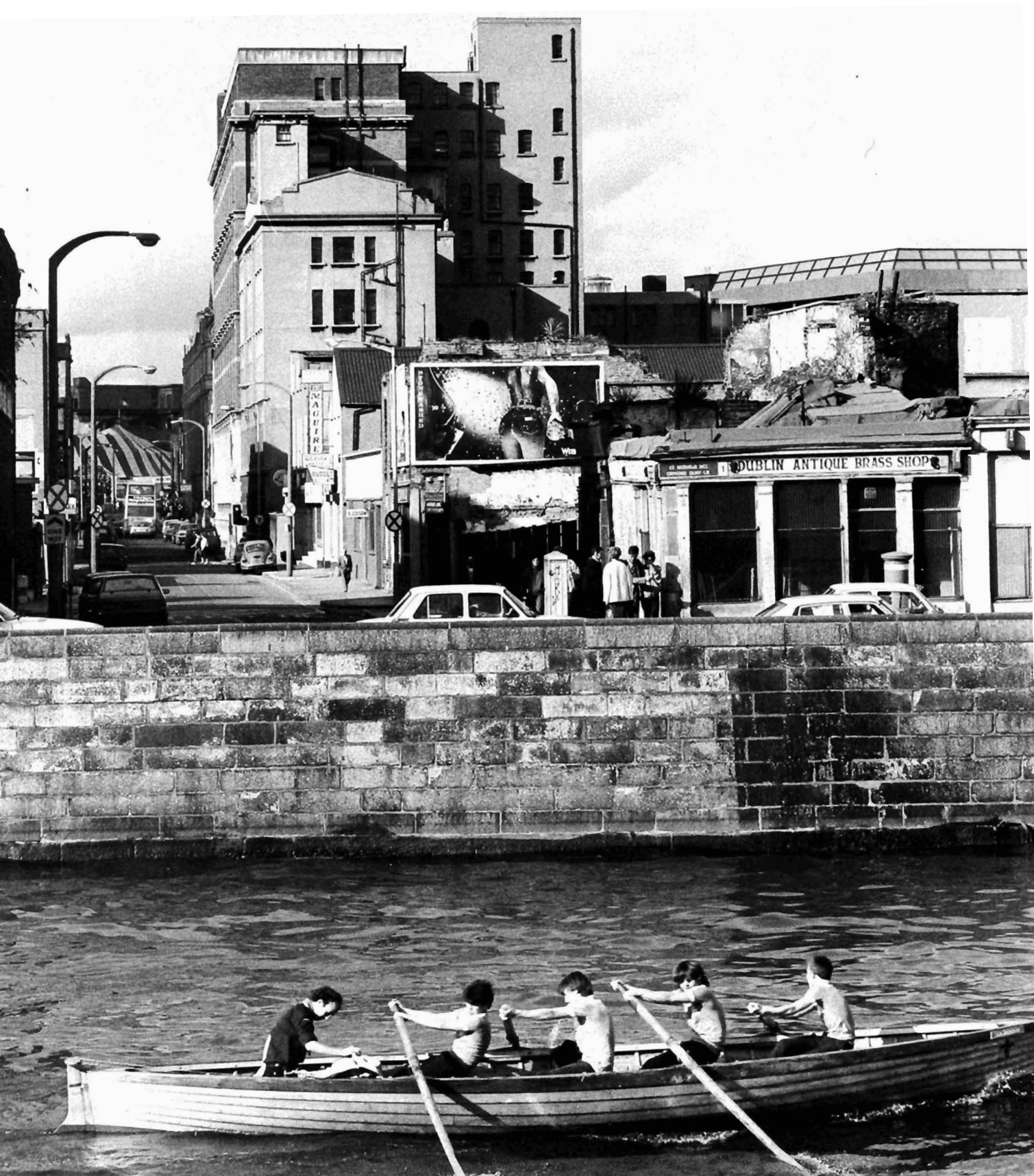
The Nurses' Home and Training School.

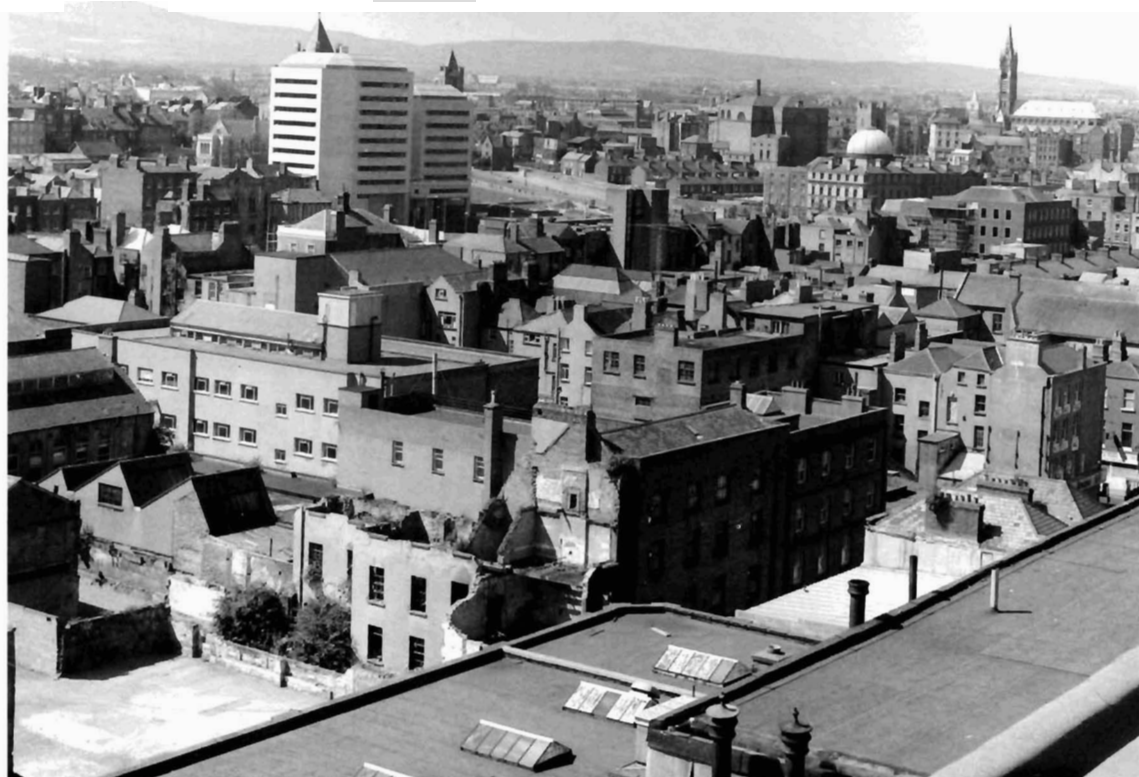


A fireplace in one of the rooms of the Private Hospital.

(Facing) The Doctors' Residence.







*(Facing) The convent and main hospital viewed from the quays.
(Photograph by D. Davison.)*

The Dublin Mountains and the Civic offices, obscuring Christchurch Cathedral, viewed from the rooftop.

*This section has been kindly sponsored by
Ciba-Geigy Pharmaceuticals, Clearplan Ltd, Craig Gardner & Co., Chartered Accountants,
Fisons Pharmaceuticals, and ICI-Pharma.*



The Dublin Mountains in the far distance and Abbey Street in the foreground from the rooftop.

The Charitable Infirmary in Jervis Street: Chronology of a Voluntary Hospital

Eoin O'Brien

Italics refer to events of national and international interest that are not directly related to the hospital.

Early Hospital Development

- 1123:** *Foundation of St. Bartholomew's in London by the Augustinian Canon Rahere.*
- 1188:** *Ailred le Palmer founded The Hospital of St. John the Baptist in St. Thomas Street in Dublin. The Augustinian Friars took over the management of the hospital, probably on the death of Ailred le Palmer.*
- 1220:** *Foundation of The Steyne Hospital. 'Henry de Loundres, Archbishop of Dublin, about the year 1220, founded an hospital in honour of God and St. James, in a place called the Steyne, near the City of Dublin.'*
- 1344:** *Foundation of a Lazar House 'for the relief of poor and impotent Lazars' near St. Stephen's Green on the site later occupied by Mercer's Hospital.*
- 1446:** *Henry VI granted a charter to the Guild of the Art of Barbers or the art of chirurgery, the first medical corporation to be established by Royal decree in Britain and Ireland.*
- 1505:** *Foundation of John Alleyn's Hospital by John Alleyn, Dean of St. Patrick's Cathedral, for the care of poor men who were required to be 'good Catholics, of honest conversation without reproach, of the English nation ...'*
- 1542:** *The Act of Henry VIII for the suppression of monasteries (1536) was applied to Ireland. The 155 unfortunate inmates of the Hospital of St. John the Baptist in Dublin were turned out helpless and unprovided for on the streets of the city either to beg or starve. Henry VIII sold off the priory and the lands of the Augustinian Friars for £114. 13s. 4d. A similar fate befell the other hospitals in Dublin and the many lazar houses throughout the country which were for the greater part monastic institutions. The suppression also closed monastic hospitals in England but St. Bartholomew's (in 1544) and later St. Thomas's in London were regranted their buildings and endowments.*
- 1591:** *Queen Elizabeth granted the Charter founding the University of Dublin and Trinity College.*
- 1602:** *Foundation of Cary's Hospital by Sir George Cary, Knt., Treasurer at War for Ireland, on College Green for 'Releefe of poore, sick and maymed souldiers, or for other poore folks, or a free school or colledge for teaching of schollers, or else a place for punyshing of offenders such as Bridewell*

- in London.' It was never applied for any of these purposes and the House of Parliament was later built on this site.*
- 1649:** *Foundation of the Military Hospital known as 'the Great House in Back-lane for the "relief of maimed and such soldiers, and of their widows and orphans".'*
- 1654:** *Fraternity of Physicians founded by John Stearne.*
- 1667:** *Charter granted for foundation of a College of Physicians in Ireland.*
- 1670:** *Foundation of the Hospital and Free School of King Charles II 'for the sustention and relief of poor children, aged and maimed and impotent people'. Funds being inadequate for the provision of a hospital, admission was restricted to 'the sons and grandsons of decayed freemen and citizens of Dublin'.*
- 1682:** *Dublin Philosophical Society founded.*
- 1684:** *Foundation of the Royal Hospital of King Charles II, Kilmainham, for the care of disabled soldiers.*
- 1699:** *Proposal for the erection of a large hospital for the reception of aged, sick and other diseased persons in Oxmantown on a site on Abbey Street. This proposal, the chief instigator of which was Sir Thomas Molyneux, a fellow of the College of Physicians, and Professor of Physics at Trinity College, like that of Cary, never reached fulfilment, but both are notable for being the first efforts for the foundation of a voluntary hospital for Dublin.*
- 1710:** *Death of Dr. Richard Steevens, who bequeathed monies for the foundation of a hospital for the relief and maintenance of curable poor persons. To his memory must be credited the first successful attempt to found a voluntary hospital. He entrusted the execution of his will to his twin sister Griselda, and Dr. Steevens' Hospital was founded in 1720, and completed in 1733.*
- 1711:** *School of Medicine of Trinity College opened.*
- 1716:** *In a London Fleet Street coffee house on January 14, it was resolved to build Westminster Hospital.*

The Charitable Infirmary in the Eighteenth Century

- 1718:** *Opening of the first voluntary hospital in the United Kingdom of Great Britain and Ireland in Cook Street, Dublin. The hospital, accommodating only four 'maim'd and wounded poor' of the city, was founded by Francis and George Duany, Patrick Kelly, Nathaniel Handson, John Dowdall and Peter Brenan, all surgeons. The motto chosen for the hospital was 'SOLI DEO GLORIA'.*
- 1719:** *Westminster Hospital, first voluntary hospital in Britain, opened.*
- 1723:** *The demand on the Cook Street hospital and its surgeons was such that they sought the help of those charitable persons who 'came cheerfully into an annual subscription, to be continued during pleasure, for the support of such real objects of compassion and charity'. A house in Anderson's Court in St. Michael's Parish was rented at £14 per annum 'which house they filled for an Infirmary where they lodge the greatest objects until cured, and then receive others successively, two or more of the said surgeons giving their attendance constantly for two hours at the said house every morning.'*
- 1728:** *The hospital, now named 'The Charitable Infirmary' was moved, on August 12th, to larger premises on Inns Quay, which could accommodate 50 patients.*
- 1733:** *Dr. Steevens' Hospital opened.*
- 1734:** *Mercer's Hospital opened.*
- 1738:** *'The surgeons put their original Board in proper form, confirmed their fundamental rules, and established new laws for their future conduct. And to render the charity still more generally beneficial, two physicians were added, who also serve without fee or reward.' These were Doctors Richard Weld and John Fergus.*

- 1741: A Board named 'Trustees to the Charitable Infirmary', comprising the medical staff and principal subscribers to the charity, was formed to rebuild the hospital which was now in a ruinous condition. One of the surgeons, Mr. Sheffield Grace, whose name, wrote Evans, 'we trust, will be kept in remembrance in the annals of the Charitable Infirmary' raised £2,415 16s. 6d. through a lottery plan which was divided between Mercer's Hospital and the Charitable Infirmary which enabled the latter to be extensively rebuilt.
- 1741: *Handel arrived in Dublin and performed in the New Musick Hall, an event reported in Falkiner's Journal – 'Last Wednesday (23rd December) Mr. Handel had his first Oratorio at Mr. Neal's Musick Hall in Fishamble Street, which was crowded with a more numerous and polite Audience than ever was seen upon the like Occasion.'*
- 1742: Handel performed his *Messiah* on January 13 for the first time in the New Musick Hall. Seven hundred people attended, the ladies having been requested to come without hoops and the gentlemen without swords, and £400 was collected for equal division among the Society for Relieving Prisoners, The Charitable Infirmary and Mercer's Hospital.
- 1745: *Rotunda Lying-In Hospital opened.*
- 1749: In this year 193 patients were admitted to the hospital's 40 beds, and 5,124 outpatients attended.
- 1753: *Meath Hospital opened.*
St. Patrick's Hospital opened.
- 1757: Admissions – 209; Outpatients – 7,597.
- 1784: *Granting of Charter of Royal College of Surgeons in Ireland.*
- 1786: Admissions – 620; Outpatients – 19,360.
- 1786: Plans for the new Four Courts announced on which was included the site of the Charitable Infirmary. The Earl of Charlemont, having just completed a mansion (now the Municipal Gallery) on Rutland (now Parnell) Square, the old family mansion at No. 14 Jervis Street was purchased by the trustees of the hospital. The first Minute Book of the Charitable Infirmary commences in the new hospital on October 25, 1786.
- 1792: The governors of the hospital anxious for greater authority and sanction made application to government for a charter. The basis of their submission was 'that for many years past the institution had been of great and manifest advantage to the sick and wounded poor of the north parts of Dublin, by supplying them with medical and surgical assistance, medicine and all manner of necessities, without fee or reward. That it was supported entirely by the charitable contributions of the public; and that several persons who are disposed to contribute liberally to its support, are deterred from so doing because the present governors are incompetent to receive and manage the same from the want of a charter of incorporation to insure the funds and enforce the necessary regulations.'
- The charter was granted under the style and title of 'The Governors and Guardians of the Charitable Infirmary, Dublin', on 7th June 1792 by George III.
- 1792: *Sir Partick Dun's Hospital opened.*

The Charitable Infirmary in the Nineteenth Century

- 1800: *Irish parliament abolished by Act of Union.*
- 1802: The house of Lord Charlemont was dilapidated and the governors at a meeting on October 22 resolved to purchase adjoining properties with a view to building a new hospital. A subscription list was opened, to which the merchants of the city subscribed generously.

- 1803: *Hardwicke Fever Hospital opened.*
- 1804: *Fever Hospital and House of Recovery, Cork Street, opened.*
- 1804: The new Charitable Infirmary was opened.
- 1808: The Charitable Infirmary became a teaching hospital. A portion of the Hospital was converted into a school for medical and surgical education, and a small library was commenced. Lectures were delivered on the theory and practice of physic and clinical surgery. This school lasted until 1833.
Royal College of Surgeons Hall opened on St. Stephen's Green.
- 1811: *Richmond Surgical Hospital opened.*
- 1813: A dissecting room was opened in an old building at the rear of the hospital. Lecture courses on anatomy, physiology and surgery were delivered by Samuel Wilmot and Richard Dease.
- 1814: Mrs. E. D'Arcy appointed as matron-housekeeper at a salary of £14. 13s. 11½d. quarterly with board and lodging. Two nurses appointed to assist her.
- 1817: *Whitworth Medical Hospital opened.*
- 1818: Robert Adams appointed surgeon.
William Wallace appointed surgeon. Founded Dublin Infirmary of the Skin, 20 Moore Street – the first hospital in Europe of its kind.
Admissions – 243; Outpatients – 49,956.
- 1820: The governors applied for and were granted a new charter by George IV on 19th October under which the governors were constituted 'The Governors and Guardians of the Charitable Infirmary in Jervis Street, Dublin' and were directed to elect annually by ballot, a committee of fifteen persons to govern the Infirmary for the ensuing year.
- 1821: The General Rules, Bye-Laws and Regulations were ratified on March 22.
- 1823: *Coombe Hospital opened.*
- 1825: *Dominic Corrigan and William Stokes graduated from Edinburgh University.*
Dublin first lighted by gas.
- 1827: Robert Adams published 'Cases of diseases of the heart, accompanied with pathological observations' in *Dublin Hospital Reports* 1827: 4: pp 353-453, in which he later described apoplexy caused by a slow heart, later to be known as 'Stokes-Adams Disease'.
- 1828: *Catherine McAuley, heiress to a large fortune, opened the House of Mercy at Baggot Street.*
- 1829: The surgeons made a recommendation to the Managing Committee for an operation room and dead room to be built with contributions from the surgeons.
- 1829: *Catholic Emancipation Bill carried through both Houses and given Royal Assent.*
- 1830: The Managing Committee resolved on Thursday, January 28th 'that not fewer than four beds be allotted to Medical Patients, who are to be under the care of the Senior Physician'. The total bed complement at this time was 38.
- 1830: Two pupils appointed 'to assist the Apothecary in bleeding the extern patients'. It was also resolved that 'Patients labouring under Venereal complaints be not in future admitted, being contrary to the Regulations of the Hospital'.
- 1831: January 13th. 'Gentlemen, I resign the situation to Jervis Street Hospital, and avail myself of this opportunity to assure you of my increasing good wishes for the prosperity of that valuable institute. I remain Gentlemen, your obliged servant, Thomas Lee.' At a meeting of the Governors on February 8th, on 'casting up the Ballot, the entire of the votes was in favour of Dominick (sic) John Corrigan' who was unanimously elected one of the Physicians of the Hospital.
- 1831: *First Convent of the Sisters of Mercy opened in Baggot Street.*
- 1832: *City of Dublin Hospital, Baggot Street, opened.*
Dominic Corrigan published his famous paper on 'Permanent Patency of the Aortic

Valve', later to be known as 'Corrigan's Disease'.

- 1832: A new operating theatre was erected at the rear of the hospital, the cost of which was defrayed by a legacy from one named Richard Cave, in gratitude for which the governors erected a plaque.
- 1835: *St. Vincent's Hospital opened.*
- 1836: William Wallace introduced potassium iodide in the treatment of syphilis
Accession of Queen Victoria to the throne.
- 1838: Robert Adams resigned and was appointed to the Richmond Hospital.
- 1839: *Adelaide Hospital opened.*
- 1840: Dominic Corrigan appointed physician to the House of Industry Hospitals.
- 1841: *Death of Mother Catherine McAuley who had founded eight new convents in Ireland and two in England.*
- 1844: Ordered by the Committee of Management that the 'Matron/Housekeeper be fined £1 for neglecting to give a chop to a patient that was ordered by the medical gentleman'.
- 1845-50: *The Great Famine.*
- 1847: *John MacDonnell administered the first anaesthetic in Ireland in the Richmond Hospital.*
- 1848: First reference to payment for a night nurse (£2. 6s. 8d. for one quarter). Patients were at this time tended to by their relatives.
- 1854: Sisters of Mercy invited to supervise nursing of the hospital by the Committee of Management on June 20th.
- 10 Aug: Minutes resolved that 'the members of the Committee and the physicians and surgeons be appraised that the Sisters of Mercy are to enter the Institution on the 15th instant and that they be requested to be in attendance in order "to receive them".'
- 15 Aug: Address of welcome read by Mr. Stapleton to the Sisters of Mercy.
- 1855: *Catholic University Medical School, Cecilia Street, founded.*
- 1861: *Mater Hospital opened.*
- 1863: *Hall of Royal College of Physicians opened in Kildare Street.*
- 1865: First recorded transfusion of human blood in Ireland carried out by Robert MacDonnell (Son of John MacDonnell) on Mary Ann Dooly, aged 14 years, who had tetanus from which she later died.
- 1872: *Children's Hospital, Temple Street, opened.*
- 1875: *National Children's Hospital opened.*
- 1877: Managing Committee resolved to build a new hospital to meet the demands of the sick poor of the densely populated area of the city. The large and extensive premises of the 'Dublin Carriage Company' were acquired as well as five houses in Jervis Street, and extensive foundations were laid at a cost of £1,235. A fund raising programme was embarked upon.
- 1879: Contract signed for building a new hospital at an estimated cost of £29,000.
- 1880: The Presbyterian Mission Church and Schools in Jervis Street (built in 1864) were purchased for £2,250 for the care of patients during the building of the new hospital. Work was commenced to plans by Mr. Charles Geoghean.
- 1885: On October 29th, the Most Rev. Dr. Walsh, Roman Catholic Archbishop of Dublin presided over the opening ceremony of the new hospital. Among many speakers were Dr. Francis Cruise, President of the Royal College of Physicians, and Dr. Robert MacDonnell.
National Maternity Hospital, Holles Street, opened.
- 1886: In January a week of fund raising events was announced, to include a Full Dress Ball, a Musical Promenade and Undress Ball, an Exhibition of Water Colours, Theatricals, and a Military concert all to take place in the new hospital 'magnificently Decorated

- and lit up with Electric and Sunlight’.
- 1886:** The new hospital was completed at a cost of about £55,160 16s. 1d. (including the purchase of site, laying of foundations etc.) of which sum a balance of £16,284 remained due. In order to get full possession of the Hospital from the contractor, the governors applied for, and obtained, a supplemental charter, dated 9th November, 1888, by which they were empowered to raise money by mortgage on the property of charity.
- 1891:** Training school for nurses established by Sister Mary Scholastica, superioress of the hospital community. Miss Bridget Kelly was appointed Matron.
- 1892:** Dr. Pratt reported to the Committee of Management that he and Dr. Coleman together with other members of staff would lecture and instruct the nurses and probationers of the hospital, and prepare a syllabus of lectures. A trained nurse was paid £35 annually at this time.
- 1894:** Directed by the Management Committee ‘that the house No. 21 Mary Street, recently occupied by the Jubilee Nurses be now used for the accommodation of the Nurses in connection with the hospital’.
- 1896:** Income – £3,681. 10s. 9d. Expenditure – £3,563. 16s. 6d. ‘The hospital receives no Government grant, with the exception of £47 12s. 5d. grant from the treasury under a Statute of George III, and is solely dependent on the voluntary subscriptions of the charitable citizens of Dublin, and on the generosity of all benevolent friends of the Institution. Admissions – 875; Outpatients 28,935. The hospital can accommodate 250 beds, but only 78 are fitted up for want of funds, and the average number occupied in 1896 was 58.’
- 1896:** The Presbyterian Mission Church adjoining the hospital was fitted up as sleeping apartments for the use of the resident medical officers.
- 1899:** Miss Mary Alice Kelly appointed Matron at the age of 21 years.

The Charitable Infirmary in the Twentieth Century

- 1908:** Admissions: 1,328. Outpatients: 25,709.
- 1910:** New Dispensary and Wing opened.
- 1911:** *National Health Insurance introduced by Lloyd George.*
- 1915:** *Red Cross Emergency Hospital established in Dublin Castle for wounded soldiers. Miss Mary E. Kelly, Superintendant of Nurses of the Charitable Infirmary organises nursing.*
- 1916:** *Easter Rebellion.*
- 1917:** Miss Mary Kelly, Superintendant of Nurses, awarded the Royal Red Cross.
- 1921:** *General Nursing Council of Ireland established.*
- 1922:** *Outbreak of Civil War.*
- 1923:** Nurse Training School at the Charitable Infirmary approved.
- 1925:** Ireland’s first sweepstake known as the ‘Iodine Sweepstake’, held in the Board Room realised £60,000 for the hospital funds.
- 1929:** New convent for the Sisters of Mercy opened. St. Laurence’s and St. Patrick’s Wards opened in area vacated by the Sisters.
- 1930:** Arthur Chance appointed surgeon with interest in orthopaedic surgery. Beginning of orthopaedic department.
- 1934:** New building for the School of Nursing opened with accommodation for 72. Salaries of student nurses between 1930 and 1946 were £11 p.a. first year; £15 p.a. second year; £21 p.a. third year; £30 p.a. fourth year. Staff nurse £50 p.a.; Matron £70 p.a.
- 1935:** John Charles Flood appointed Assistant Visiting Surgeon.

- Miss Ann Young appointed Matron.
- 1936: Admissions: 1,984. Outpatients: 79,097.
- 1949: J.C. Flood resigned from the surgical staff to join the Benedictine order.
- 1950: The Charitable Infirmary won the Hospital's Rugby Cup.
Miss Mary C. Prunty appointed Matron.
- 1951: Dom Peter Flood ordained a Benedictine monk.
- 1957: Sister Mary Adrian appointed first religious matron.
- 1958: Miss Mary Gallagher appointed first Sister Tutor to cope with increase in numbers of nurses in training. In 1955 there were 90 student nurses and 10 trained nurses; by 1967 there were 130 student nurses and 35 trained nurses.
- 1958: First artificial kidney in Ireland installed.
- 1960: Average bed stay – 15.4 days.
- 1963: Sister Therese appointed Matron.
- 1965: In-patients: 5,294. Out-patients: 105,149.
- 1966: Average bed stay – 11.4 days
New Lecture Theatre opened.
- 1967: Opening of new suite of operating theatres by the Minister for Health. Blessed by the Archbishop of Dublin, John Charles McQuaid.
- 1968: 250th Anniversary Celebrations.
- 1976: Admissions: 13,441. Outpatients: 195,510.
- 1976: Annual Report: 'In 1976 the planning apart from the actual construction of a new Hospital at Beaumont seemed merely a hope on the horizon.'
- 1977: Annual Report: 'On July 20th, 1977 representatives of Jervis Street Hospital, St. Laurence's Hospital and the Eastern Health Board attended an historic meeting in the Custom House at the invitation of Mr. Charles Haughey the Minister for Health and Social Welfare. All representatives supported in principle the Minister's decision to build a similar type of modern Hospital in four years at Beaumont to that which had recently been completed at Wilton in Cork, the bed capacity there being 600 beds but with room for expansion to 750.
- 1978: Annual Report: 'As you know the Minister turned the first sod on the site in February 1978 and the New Hospital building should be completed in 4 years. The Committee would like to congratulate the Minister on the manner in which he has approached the whole matter.'
- 1980: Admissions: 17,685. Outpatients: 205,608
Average bed stay 6 days.
- 1980: February 1st. Wreath Laying Ceremony at St. Andrew's Church, Westland Row to commemorate the centenary of the death of Sir Dominic Corrigan.
- 1983: August 15th. Sisters of Mercy departed from the Charitable Infirmary thus ending 129 years' association with the institute.
- 1983: Completion of building of the new hospital at Beaumont to incorporate the Charitable Infirmary and St. Laurence's Hospital. Opening scheduled for July 1985.
Deputation met Minister for Health, Mr. Barry Desmond, to urge that the new hospital be named '*The Corrigan Hospital at Beaumont*' as had been recommended by the Medical Boards and Managing Committees of the Charitable Infirmary, St. Laurence's Hospital and the Beaumont Hospital Board.
Silver Jubilee celebration of renal dialysis in Ireland.
- 1987: Closure of the Charitable Infirmary in Jervis Street.

Committee of Management 1987

His Grace the Archbishop of Dublin
Administrator of the Pro-Cathedral, Very Reverend Dermot McCarthy
Reverend Sister Raymond Bates, Sister of Mercy
The Hon. Mr. Justice Kevin Lynch
James L. Hackett
Denis P. McCarthy
Patrick J. Molony
Harold F. Murray
Kevin Mulcahy
Michael R. Nesbitt
Frank A.J. O'Hare
Owen K. Patten
Michael Phelan
T. Stafford
Donal McNally

<i>Chairman:</i>	Denis P. McCarthy
<i>Vice-Chairman:</i>	Harold F. Murray
<i>Honorary Treasurer:</i>	James L. Hackett
<i>Trustees:</i>	James L. Hackett, Patrick J. Molony
<i>Secretary/Manager:</i>	James D. Kenny
<i>Assistant Secretary:</i>	Mary Casey
<i>Accountant:</i>	Thomas Larkin
<i>Bankers:</i>	Bank of Ireland Limited
<i>Auditors:</i>	Craig Gardner & Company
<i>Consulting Architect:</i>	Andrew Devane
<i>Consulting Engineer:</i>	Seán Mulcahy

Appendix II

Medical Staff 1718-1987

1718

<i>Surgeons:</i>	George Duany	John Dowdall
	Patrick Kelly	Francis Duany
	Nathaniel Handson	Peter Brennan

1738

<i>Physicians:</i>	Richard Weld	John Fergus
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1740

<i>Surgeon:</i>	Sheffield Grace
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1750

<i>Physicians:</i>	John Fergus	John Curry
<i>Surgeons:</i>	Francis Duany (jnr.)	Jasper Delahoyde
	Charles Reilly	Richard Houghton
	William Ruxton	Henry Lyster

1761

<i>Physicians:</i>	John Curry	Edmund Netterville
<i>Surgeons:</i>	William Ruxton	Richard Houghton
	Henry Lyster	John Neale
	Robert Bowes	Barnaby Kelly

1776

<i>Physicians:</i>	John Purcell	Garret Hussey
<i>Surgeons:</i>	William Ruxton	Henry Lyster
	John Neale	Robert Bowes
	James Tasker	Loftus Dempsey
	George Stewart	Francis M'Evoy

1786

<i>Physicians:</i>	Garret Hussey	Patrick Plunket
<i>Surgeons:</i>	Henry Lyster	John Neale
	Robert Bowes	George Stewart
	Francis M'Evoy	John Ford
	Peter Reily	Richard Sparrow
	Henry Lyster (jnr.)	James M'Evoy

1792

<i>Physicians:</i>	Patrick Plunket	William O'Dwyer
<i>Surgeons:</i>	Henry Lyster	Robert Bowes
	George Stewart	Francis M'Evoy
	John Ford	Richard Sparrow
	Henry Lyster (jnr.)	James M'Evoy
	Paul Houston	
<i>Apothecary:</i>	Nathaniel O'Donnell	

1802

<i>Physicians:</i>	William Brooke	Thomas Egan
<i>Surgeons:</i>	Henry Lyster	Robert Bowes
	George Stewart	Francis M'Evoy
	Paul Houston	James M'Evoy

1813

<i>Surgeons:</i>	Samuel Wilmot	Richard Dease
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1821

<i>Physicians:</i>	William Brooke	Thomas Lee
<i>Surgeons:</i>	Samuel Wilmot	John Kirby
	William O'Reilly	James O'Beirne
	James Duggan	William Wilson
	William Wallace	
<i>Apothecary:</i>	Michael J. McDermott	
<i>House-keeper:</i>	Elizabeth D'Arcy	

1832

<i>Physicians:</i>	Dominic J. Corrigan	Percival Hunt
<i>Surgeons:</i>	James Duggan	William Wallace
	John Kirby	James O'Beirne
	Robert Adams	Andrew Ellis

1836

<i>Physicians:</i>	Dominic J. Corrigan	Percival Hunt
<i>Surgeons:</i>	James Duggan	Andrew Ellis
	William Wallace	I.P. Lynch
	John Kirby	H.M. Stapleton
	R.P. O'Reilly	
<i>Apothecary:</i>	George Cullen	
<i>House-keeper:</i>	Elizabeth D'Arcy	

1850

<i>Physicians:</i>	J. Moore Neligan	John Hughes
<i>Surgeons:</i>	Richard P. O'Reilly	Andrew Ellis
	Michael Stapleton	Robert Harrison
	Auley P. Banon	James S. Hughes
	J.H. Power	

1884

<i>Physicians:</i>	Stephen M. MacSwiney	William Martin
<i>Surgeons:</i>	Austin Meldon	William Stoker
	John Cranny	Robert McDonnell
	John Lentaigne	Christopher Gunn
	Arthur Chance	

1896

<i>Physicians:</i>	William J. Martin	William J. Thompson
<i>Surgeons:</i>	Austin Meldon	William Stoker
	John Cranny	Christopher Gunn
	F. Conway Dwyer	J. Dallas Pratt
	Louis A. Byrne	

1903

<i>Surgeons:</i>	Austin Meldon	F. Conway Dwyer
	William Stoker	J. Dallas Pratt
	John Cranny	Louis A. Byrne
<i>Physicians:</i>	William J. Martin	William J. Thompson
<i>Gynaecologist:</i>	Thomas G. Steevens	
<i>Ophthalmic surgeon:</i>	Patrick W. Maxwell	
<i>Pathologist and bacteriologist:</i>	Edmond J. McWeeney	

1904

Meldon and Cranny no longer listed.

Additional members of staff:

<i>Physician:</i>	M. Burke Savage	
<i>Surgeons:</i>	Denis Kennedy	John Francis Leo Keegan

1905

Savage, Pratt and Steevens are no longer listed. Additional members of staff:

<i>Physician:</i>	F.X. Callaghan	
<i>Surgeon:</i>	P.E. Hayden	
<i>Rontgen-Ray and</i>		
<i>Finson Light Department:</i>	Henry W. Mason	
<i>Gynaecologists:</i>	P.T. McArdle	M.J. Gibson
<i>Dental surgeon:</i>	A.K. MacDonald	
<i>House surgeons:</i>	Dr. Harty	Dr. Stuart

1910

Thompson, Harty and Stuart no longer listed.

Additional members of staff:

<i>Physician:</i>	R.J. Rowlette	
<i>House Surgeons:</i>	Dr. O'Doherty	Dr. Murray

1928

<i>Physicians:</i>	R.V. Murphy	Robert E. Davitt
<i>Surgeons:</i>	Louis A. Byrne	John Leo Keegan
	Patrick E. Hayden	Francis J. Morren
<i>Assistant surgeon:</i>	Patrick McCarton	
<i>Gynaecologist:</i>	Patrick T. McArdle	
<i>Laryngologist:</i>	Patrick J. Keogh	
<i>Ophthalmologist:</i>	Euphan Maxwell	
<i>Pathologist:</i>	William D. O'Kelly	
<i>Radiologist:</i>	Henry William Mason	
<i>Anaesthetist:</i>	Francis J. O'Grady	
<i>Dental surgeon:</i>	Francis X. Smith	

1963

<i>Physicians:</i>	Robert E. Davitt	W.F. O'Dwyer
	T.J. Ryan	
<i>Surgeons:</i>	D.P. Murray	D.A. Ryan
	A. Walsh	P.G. Collins
	P.G. Brady	
<i>Gynaecologist:</i>	Arthur P. Barry	
<i>Assistant Gynaecologist:</i>	Michael J. O'Higgins	
<i>Laryngologist:</i>	P.J. Roddy	
<i>Assistant Laryngologist:</i>	Maurice F.A. O'Connor	
<i>Ophthalmologist:</i>	G.P. Crookes	
<i>Assistant Ophthalmologist:</i>	Catherine Quinn	
<i>Anaesthetist and Director</i>		
<i>Artificial Kidney Unit:</i>	J.A. Woodcock	
<i>Assistant Anaesthetist:</i>	B.P. DeBrit	
<i>Radiologists:</i>	L.D. Keegan	Max J. Ryan
<i>Pathologist:</i>	G.D. Doyle	
<i>Psychiatrist:</i>	J.P.A. Ryan	
<i>Assistant Physician to the</i>		
<i>Out-Patients Department:</i>	P.B. Walsh	
<i>Dentist:</i>	T.W. Bradley	
<i>Consultant Surgeon:</i>	Arthur Chance	
<i>Consultant Ophthalmologist:</i>	Professor F.J. Lavery	
<i>Consultant Bio-Chemist:</i>	Professor E.J. Conway	

1971

<i>Physicians:</i>	Robert E. Davitt	Professor W.F. O'Dwyer
	T.J. Ryan	
<i>Surgeons:</i>	D.P. Murray	D.A. Ryan
	A. Walsh	Professor P.G. Collins
	P.G. Brady	
<i>Assistant Orthopaedic Surgeon:</i>	Brian F. Regan	
<i>Consultant Surgeon, Assistant to the</i>		
<i>Department of General Surgery:</i>	Brian E. Lane	
<i>Specialist Surgeon (Consultant) to the</i>		
<i>Accident Department:</i>	Gerald E. Edwards	

<i>Gynaecologist:</i>	Arthur P. Barry	
<i>Assistant Gynaecologist:</i>	Michael J. O'Higgins	
<i>Orthorhinolaryngologist:</i>	Maurice F.A. O'Connor	
<i>Assistant Orthorhinolaryngologist:</i>	M. Vivian Kelly	
<i>Ophthalmologist:</i>	G.P. Crookes	
<i>Assistant Ophthalmologist:</i>	Maurice D. Fenton	
<i>Consultant Urologist, Assistant to the Department of Urology:</i>	Peter McLean	
<i>Consultant Anaesthetists:</i>	J.A. Woodcock	B.P. DeBrit
<i>Director of Artificial Kidney Unit:</i>	J.A. Woodcock	
<i>Director of Poisons Information Centre:</i>	J.A. Woodcock	
<i>Radiologists:</i>	L.D. Keegan	Max. J. Ryan
	James G. McNulty	
<i>Pathologist:</i>	Professor G.D. Doyle	
<i>Specialist Pathologists:</i>	Orla Browne	Patrick Fitzpatrick
<i>Psychiatrist:</i>	J.P.A. Ryan	
<i>Psychiatrist and Director Drug Advisory Centre:</i>	M.G. Kelly	
<i>Assistant Physician to the Out-Patients Department:</i>	P.B. Walsh	
<i>Consultant Neurologist:</i>	Hugh P. Staunton	
<i>Clinical Assistant to Renal Department:</i>	Michael Carmody	
<i>Pharmacist:</i>	R.P. McMahon	
<i>Assistant Pharmacists:</i>	Miss Muriel St. John	Samuel Green
<i>Dentist:</i>	T.W. Bradley	
<i>Consultant Surgeon:</i>	Arthur Chance	
<i>Consultant Ophthalmologists:</i>	Professor F.S. Lavery	Catherine Quinn

1976

<i>Physicians:</i>	Professor W.F. O'Dwyer	John F. Fielding
	Eoin T. O'Brien	
<i>Surgeons:</i>	D.P. Murray	D.A. Ryan
	A. Walsh	Professor P.G. Collins
	P.G. Brady	
<i>Consultant Nephrologist:</i>	Michael Carmody	
<i>Assistant Orthopaedic Surgeon:</i>	B.F. Regan	
<i>Consultant Surgeon, Assistant to the Department of General Surgery:</i>	B.E. Lane	
<i>Specialist Consultant Surgeon:</i>	G.E. Edwards	
<i>Gynaecologist:</i>	Arthur P. Barry	
<i>Assistant Gynaecologist:</i>	Michael J. O'Higgins	
<i>Orthorhinolaryngologist:</i>	Maurice F.A. O'Connor	
<i>Assistant Orthorhinolaryngologist:</i>	M. Vivian Kelly	
<i>Ophthalmologist:</i>	G.P. Crookes	

<i>Assistant Ophthalmologist:</i>	Maurice D. Fenton	
<i>Consultant Urologist, Assistant to the</i>		
<i>Department of Urology:</i>	Peter McLean	
<i>Consultant Anaesthetists:</i>	J.A. Woodcock	B.P. DeBrit
	Desmond Riordan	
<i>Pathologist:</i>	Professor G.D. Doyle	
<i>Specialist Pathologists:</i>	Orla Browne	Rosemary Hone
	Patrick Fitzpatrick	
<i>Radiologists:</i>	L.D. Keegan	Max J. Ryan
	James G. McNulty	
<i>Psychiatrist:</i>	J.P.A. Ryan	
<i>Director Drug Advisory Centre:</i>	M.G. Kelly	
<i>Director Poisons Information Centre:</i>	J.A. Woodcock	
<i>Consultant Neurologist:</i>	Sean F. Murphy	
<i>Consultant Geriatricians:</i>	J.G. Noël	John N. Lavan
<i>Renal Transplant Surgeon:</i>	John S. Hanson	
<i>Dentist:</i>	T.W. Bradley	
<i>Consultant in Charge, Accident &</i>		
<i>Emergency Department:</i>	Leo A. Vella	

**The Staff
of
The Charitable Infirmary
1987**

**The Medical Staff
1987**

Physicians

<i>Gastroenterology:</i>	Professor John F. Fielding
<i>Cardiology:</i>	Eoin O'Brien
<i>Rheumatology:</i>	Oliver Fitzgerald
<i>Nephrology:</i>	Michael Carmody
	John Donohoe
	Joseph Walsh
	Brian Keogh
	Professor Denis Gill
<i>Clinical Pharmacology:</i>	Professor Kevin O'Malley
<i>Neurology:</i>	Seán F. Murphy
<i>Geriatrics:</i>	Jacques G. Noël
	John N. Lavin

Surgeons

<i>General Surgeons:</i>	Professor Patrick Collins
	Henry Osborne
	Brian E. Lane
<i>Orthopaedics:</i>	Brian F. Regan
	James Colville
	John Byrne (acting)
<i>Urology/Renal Transplantation:</i>	Peter McLean
	John S. Hanson
	Denis Murphy
	Paul Glacken (acting)
<i>Orthorhinolaryngology:</i>	M. Vivian Kelly
<i>Accident & Emergency:</i>	Leo A. Vella
<i>Plastic Surgery:</i>	Gerald E. Edwards
<i>Gynaecology :</i>	Michael Darling
	Hubert O'Connor (acting)

Anaesthetists

Professor Anthony Cunningham
Desmond Riordan
Sean McDevitt
Joseph Tracey

Radiologists

Max J. Ryan
Professor James G. McNulty
John O'Callaghan
Frank Keeling

Pathologists

Professor G.D. Doyle
Patrick Fitzpatrick
Orla Browne
Rosemary Hone
Brian Otridge

Psychiatry and Drug Advisory Centre

John P.A. Ryan
Michael G. Kelly
John O'Connor (acting)

Ophthalmology

Gearoid Crookes (acting)

Dentist

P. Leo Heslin

Lecturers

J. Deasy
D. Lyons
F. Walker

Research Fellows

M. Grace
H. Holloway
R.A. Kenny
J. Sheridan

Non-consultant hospital doctors

Registrars

K.B. Acharya
A. Edwards
A.J. Green
C.V. Nally
S. O'Flanagan
J.D. Sheehan

K. Crowley
W. Gawley
W. Medawar
P.R. O'Connell
Y. O'Meara
G. Yanni

M.G. Donovan
J. Gilvarry
E. Moloney
J.J. O'Connor
I. Perry

Senior House Officers

M. Boyle
B. Conroy
F. Doherty
J. Harney
M. Logan
E. McNamara
H. O'Mahoney

A. Byrne
T. Creagh
R. Duignan
S. Kee
S. MacGowan
M. O'Donohoe
R. Travers

A. Campbell
D.P. Curtis
J. Fenton
J. Linnane
R. McEllistrem
E. O'Donohue
P. Troy

Interns

E. Breslin
M. Casey
J. Gilvarry
C. Killeen
B. O'Connell
S. Coulter-Smith
S. Tempamy

T. Browne
A. Farrelly
O. Herlihy
P. Moran
V.M. Roche
D. Stafford-Johnson
M. Walker

P. Bugler
S. Gallagher
E. Keane
H. Mulcahy
Z. Shehab
B. Sweeney

Sisters and Nurses

Matron

B. Walsh

Assistant Matrons

A. Doyle M. Kelly

Night Superintendents

C. Maher M. Kerr

Tutors

A. Shaw (Principal) R. Morgan

Anaesthetists

Professor Anthony Cunningham
Desmond Riordan
Sean McDevitt
Joseph Tracey

Radiologists

Max J. Ryan
Professor James G. McNulty
John O'Callaghan
Frank Keeling

Pathologists

Professor G.D. Doyle
Patrick Fitzpatrick
Orla Browne
Rosemary Hone
Brian Otridge

Psychiatry and Drug Advisory Centre

John P.A. Ryan
Michael G. Kelly
John O'Connor (acting)

Ophthalmology

Gearoid Crookes (acting)

Dentist

P. Leo Heslin

Lecturers

J. Deasy
D. Lyons
F. Walker

Research Fellows

M. Grace
H. Holloway
R.A. Kenny
J. Sheridan

Non-consultant hospital doctors

Registrars

K.B. Acharya
A. Edwards
A.J. Green
C.V. Nally
S. O'Flanagan
J.D. Sheehan

K. Crowley
W. Gawley
W. Medawar
P.R. O'Connell
Y. O'Meara
G. Yanni

M.G. Donovan
J. Gilvarry
E. Moloney
J.J. O'Connor
I. Perry

Senior House Officers

M. Boyle
B. Conroy
F. Doherty
J. Harney
M. Logan
E. McNamara
H. O'Mahoney

A. Byrne
T. Creagh
R. Duignan
S. Kee
S. MacGowan
M. O'Donohoe
R. Travers

A. Campbell
D.P. Curtis
J. Fenton
J. Linnane
R. McEllistrem
E. O'Donohue
P. Troy

Interns

E. Breslin
M. Casey
J. Gilvarry
C. Killeen
B. O'Connell
S. Coulter-Smith
S. Tempany

T. Browne
A. Farrelly
O. Herlihy
P. Moran
V.M. Roche
D. Stafford-Johnson
M. Walker

P. Bugler
S. Gallagher
E. Keane
H. Mulcahy
Z. Shehab
B. Sweeney

Sisters and Nurses

Matron

B. Walsh

Assistant Matrons

A. Doyle M. Kelly

Night Superintendents

C. Maher M. Kerr

Tutors

A. Shaw (Principal) R. Morgan

Night Sisters

M.A. Russell R.M. Murray

Home Sister

C. Griffith

Clinical Instructor

C. Derbyshire

Inspection Control Sister

A. Creamer

Administration Sister

M.P. White

Research Sister

F. Mee

Senior Ward and Departmental Sisters

M. Callanan
M. Casserly
M. Darcy
H. Fitzgerald
M.P. Jefferies
A. Kilgallen
S. McCarthy
H. Tuite

A. Carey
K. Collins
A. Doherty
J. Hillery
E.M. Kelly-Carroll
S. Lydon
E. O'Hara
V. Whitty-O'Reilly

C. Casey
P. Cunningham
M.G. Fitzgerald
B. Hogan
K. Kelly
J. McManus
C. Quinn

Junior Ward Sisters

M.J. Craig
G. McNulty-Mooney
T. Sexton-Birrane

M. Doyle
M.R. O'Kelly-Redmond
M.P. Tierney

M.L. Lavelle
M. Quilter

Staff Nurses

T. Ballantyne
T.M. Bowe
M.P. Burke
S. Byrne
A.M. Cahill
M. Campbell
M. Cawley
C. Conlon
J.M. Connolly

E. Blake-Counihan
M. Brogan
C.M. Byrne
M. Byrne-McCamb
B.A. Callaghan
T. Casey
A. Clarke
A.E. Connelly
M. Connolly

M.T. Boland-Flanagan
G. Buckley
J.A. Byrne
M. Cadden
B. Callan
R. Cassidy
G.A. Coffey
F.M. Connolly
M.J. Connolly

G. Connolly-Fanning
 G. Corrigan
 D. Crotty
 F. Cunningham
 S. Donlon
 M. Doran
 N. Duggan
 C.P. Fletcher
 V. Francis
 L. Gaffney-Bennet
 M. Gilligan
 A. Griffen-Cannon
 A.B. Harney
 M.J. Hickey
 K. Hogan
 E. Jackson
 P. Kelly
 P.M. Kenny
 M.B. Kirrane
 F. Licken
 M. Lynch
 M. McCann
 J. McLoughlin
 C.P. McCrea-Dempsey
 J. Moore
 A. Moriarty
 D. Murphy
 C.S. Murray-Ganly
 C. Nugent
 S. O'Brien
 M.A. O'Connor
 E. O'Kelly-McDonne
 E. O'Riordan
 R.M. Owens
 M. Power
 C. Quirke
 M. Ryan
 M. Sheehan-Hanna
 A. Tierney
 S.M. Wall
 M.A. Whelan

M.T. Coogan
 N.M. Coyle
 P. Cuffe
 C.P. Curran-O'Donnell
 C.M. Donnelly
 O. Dufficy
 M.C. English
 N. Foley
 R.E. Freehill
 N.M. Gavaghan
 M.T. Glavey
 M. Hanley
 J.M. Healy
 M. Hoare
 E. Howley
 A.J. Kearney
 R.M. Kelly
 G. Kenny-Downey
 M.P. Knightly
 A. Linehan
 T. Maguire
 R. McCluskey
 A. McMahon
 B. Moloney
 M.T. Moore
 V. Muldoon
 C.P. Murphy
 G. Murtagh
 A. O'Brien
 J.B. O'Brien
 F. O'Halloran
 D. O'Leary
 J. O'Riordan
 M.E. Philips
 C.M. Prendergast
 C. Rahaman
 R. Ryan-Corcoran
 E.M. Sheridan
 C. Twomey
 I.H. Walsh
 D. Whelan

B.M. Corcoran-Kilkenny
 N. Crockett-Lynch
 S. Cullen
 E. Doherty
 M. Doogan
 M. Duggan
 M. Fleming
 M. Forristal
 M. Friel
 M. Gilgunn
 C. Gleeson
 M. Hanrahan
 M. Healy
 S.A. Hogan
 L. Hughes
 B.M. Kearns-Deasy
 E. Kennedy
 M. King
 M.C. Lane
 M. Lombard
 M. Maguire
 M.D. McDermott
 M. McCann
 N. Mooney
 E. Moran
 J. Mullane
 M.T. Murphy
 F. Nagle-Connor
 M.B. O'Brien
 S. O'Connor
 C. O'Kane
 A.B. O'Reilly
 M. O'Rourke
 D. Philips
 S. Quinn-Bergin
 M. Rice
 I.F. Sharpe
 A.M. Sheridan
 C. Vaughan-Lynch
 H. Ward
 M. White

Student Nurses – First Year

M.C. Beattie
 W.T. Boyle
 B.M. Cadden
 N.F. Carolan

P. Beirne
 L.C. Bradshaw
 M. Callaghan
 U. Carty

F. Bonar
 F. Burke
 C. Carmody
 T. Coggins

M.M. Conneely
S.M. Dempsey
A. Duffy
P. Farrell
S. Higgins
R. Maher
J.M. McKenna
N.T. Neeson
E. O'Hanlon
M. Reynolds
J. Sheehy
M. Walsh

A. Cregan
M. Donohue
S.M. Dunphy
M. Gannon
M.F. Lavin
C. McCarthy
M.M. McMahon
M. O'Connor
C.T. O'Keeffe
F.M. Rogers
S.A. Toner

G.A. Dempsey
K.A. Dowling
S.M. Egan
C. Gantley
M. Lempriere
B. McDermott
V.A. McPhillips
F. O'Gorman
G. O'Sullivan
L. Rowe
P. Vaughan

Student Nurses – Second Year

M.B. Burke
D.A. Conway
L. Feaheny
K.A. Galvin
U.J. Grogan
A.M. Higgins
A. Kingston
D.M. Maguire
A.M. Massey
F.M. McDonnell
L. McFadden
G. Molloy
M.T. Nolan
F. Owens
R. Sheridan
A. Tierney
C.M. Walsh

M.T. Byrne
L. Cummins
C.A. Flynn
E. Garvey
F. Healy
J. Howe
T.T. Lackey
M. Manning
N.T. McCarthy
P. McEnery
E. McGlade
R.M. Munro
J. O'Connor
E.M. Power
B.M. Stephens
D.S. Traynor

N. Connell
Y.M. Fallon
J.P. Furlong
H.C. Good
E.M. Hehir
B.C. Kelly
B.M. Lanigan
Y. Martin
A.M. McCormack
M.C. McEntee
M.A. McGeer
C. Murphy
S. O'Grady
M. Rafferty
V.E. Swan
M.A. Tully

Student Nurses – Third Year

A. Banks
M. Buckley
A. Cantwell
E. Collins
A. Conway
E. Crawley
S.G. Davidson
M.C. Dunleavy
S. Gilheany
B.M. Hennessy
D.A. Keane
E.M. Kingston

I. Beirne
M. Butler
J. Carr
M. Collins
M.C. Coogan
M. Curtin
D. Donnelly
M. Fitzgerald
M.S. Goff
C.M. Hubbard
M. Kearns
H.C. Maher

E. Boyle
B. Byrne
A. Cassidy
A.M. Connell
P. Cragg
R. Daly
U. Dooley
E. Geary
D. Goggins
A. Kavanagh
B. Kelly
E. McAteer

T. McCann
R. McCutcheon
P. Molloy
D.M. Murphy
C.M. O'Connor
G. O'Neill
M. Plunkett
C.M. Ryan
R. Sherlock
L. Trench
M.T. Whelan

B. McCarrick
B.A. McGuirk
M.J. Murphy
G. Murtagh
M.B. O'Donohue
M.M. O'Rourke
M.G. Ruane
E.G. Scott
T. Sweeney
F. Walsh

S. McCauley
M. McNamee
D. Murphy
S. O'Brien
A. O'Farrell
P. O'Shea
A.M. Ryan
J. Sharpe
C. Tracey
K. Walsh

Male Attendants

P. Dorman
L. Kelly

H. Fairbrother

D. Foley

Clergy

Rev. Fr. Greenan
Rev. D. Frazer

Rev. Fr. Moran
Mr. K. Thompson

V. Rev. Canon Carmody

Clerical and Administrative Personnel

P. Brazil-Lacey
E. Connolly
M. Geaney (med. rec.)
A. McCabe
M. Roche

C. Bedford
A. Creed
M. Ennis
M.P. Flanagan
M. Gregan
S. Killeen
M. Mellon
D. O'Farrell
S. Rafferty
E. Ryan

B. Cunningham (sup.)
E McDonald (sup.)

E. Doran

M. Brooks (sup.)
B.M. Farrell
A.M. Grahah-O'Brien
C. O'Connor
C. Ward

A. Cooke
D. Donohoe
V. Farrell
N. Flinter
P. Grimes
R. Kirrane
A. Mooney
G. Quinn
V.A. Rice
P. Ryan

E. Mackey (sup.)
V. O'Connell (sup.)

E. Connell
S. Fisher
G. Kelly
F. Rafferty
A.M. Ward

D. Cotter
S. Eiffe
A. Farrelly
N. Gregan
O. Hand
S. McDonnell
J. Murphy
K. Rabbitt
G. Richardson
A. Seery

S. Maguire (personnel)

C. Bartley
J. Carty
L. Fulham
F.M. Lyons
S. Reilly
D. Tracey

J. Boardman
M. Corcoran
P. Gregory
M. Maher
S. Ryan
U. Woods

M. Byrne
P. Ennis
N.F. Harrington
C. McLoughlin
M. Smith

Radiographers

Superintendent Radiographer

J. Reidy

Radiographers

S. Digby
M. Morrison
G.A. Turnbull

L. Hartman
E.A. O'Donnell

G. McGourty
H. Tunney

A. Kirwan (sen.)

M. Sheehan (sen.)

M. Ryan (sen.)

Physiological Measurement Technicians

P. Collier
C. McDonough

Physiotherapists

Superintendent Physiotherapist

A. Barrett

Physiotherapists

G.M. Carton
A. O'Sullivan

C. Green
S.M. Stack

M. Hennigan (sen.)
I. Wilson

M. McCrea (sen.)

Chiropodist

E.G. Errity

Laboratory Personnel

Chief Technologist

J. Phelan

Principal Biochemists

H. Toomey D. Talbot

Laboratory Technicians

M. Connaughton
T. Kavanagh
M. Moran
D. O'Neill

J. Garland
G. Lenehan
C. Mullen
J. Tyrrell

R. Glasgow
A.M. Lynch
M. Murphy-Marren

R. Finn-McNally (sen.)
J. Lamont (sen.)
A. Sneyd (sen.)
M.A. Turley (sen.)

S. Doody (sen.)
J. McMahon (sen.)
S. Spencer (sen.)

S.M. Jennings (sen.)
R. Robinson (sen.)
R. Spencer (sen.)

E. Breen

Biochemists

C. Bruen (sen.)
M. Fitzgibbon
D. Meaney
N. Murray
F. Scally (sen.)

E. Cambell (sen.)
C. Grace
H. Moore (sen.)
C. O'Regan

H. Crosse
S. Jennings
F. Mullins
A. Pierce (sen.)

Phlebotomists

S. Gibbs M. Murphy

Social Workers

Head Medical Social Worker

J. Glynn

Social Workers

K. Buckley T. Norton S. White

M. Cumberton (sen.) H. McLoughlin (sen.)

A. Kelly (sen.) P. Kerrison B. Law

Psychologists

S. Stafford-Johnson D. Roche

Dieticians

D. O'Hanrahan (sen.) M. Kehoe

Pharmacists

A.M. Nolan (chief)

T. Delaney M. Flanagan M. McGowan

Electronics Technician

P. Lowe

Electronic Engineer

M. Burke

Statistician

N. Atkins

Telephonists

D. Brown
E. McNamara

J.P. Curran
T. Styles

P. McCabe
C. Walsh

Maintenance Craftsmen

P.J. Cummins (Works Manager)

P. Caffrey
T. Greagan
S. McLoughlin

A. Dillon
J.J. Keane
W.P. Russell

C. Feighery
C. Lyons

Printer

J.T. Doyle

Porters

P. Donnelly (Head Porter)

J. Barden
J. Byrne
B. Dunphy
J. Gilson
W. Holmes
B. Lee
D. McDonnell
J. O'Neill
J. Roche
D. Ward

D. Boland
J. Carroll
P. Ellis
F. Gregory
J. Jenkins
G. Long
M. Moore
W. Quin
H. Rochford
B. White

D. Brady
A. Davey
T. Flanagan
P. Hewson
C. Kelly
G. McDonald
B. O'Brien
E. Reynolds
D. Ryan

Boilermen

M. Daly F. Hunt
G. Hynes J. McHugh

Catering and Domestic

Catering Superintendent

D. Loughlen

Chef

N. Hitchcock

Cooks

E. Clooney

M. Kelly

M. Collins

M. McNamara

J. Galvin

J. Sheridan

Domestic Staff

C. Harford (Supervisor)

J. Collins

F. Byrne-Gregory

C. Cooney

O. Doody

A. Ferriter

E. Greene

M. Joyce

K. McGinty

L. Mortimer

R. Newman

C. Phelan

M. Sherlock

U. Tully

M. Barry-Denton

B. Connell

M. Cronin-Madden

K. Doyle

C. Fitzgerald

E. Hilliard

T. Matthews

N. Mooney

P. Mulligan

R. O'Neill

M.R. Ryan

J. Tiernan

B. Wosser

B. Bradley

M. Connelly

U. Delaney-Lavin

M. Duffy

H. Gill-Malone

P. Joyce

P. McGarvey

C.A. Morris

G. Murphy

C. O'Riordan

S. Senior

G. Tinney

G. Connaughton

C. Fitzgerald

E. Kelly

S.C. Moran

E. Sludds

S. Doolan

A. Hession

J. Kelly

M. Oglesby

C. Walsh

M. Dowling

G.M. Kavanagh

B. Kenny

A. Redmond

S. Zaidan

Seamstress

R. Wiggins

Life Governors

His Grace, The Archbishop of Dublin	James A. Keogh	Miss Sheila O'Dea
Arthur P. Barry	Peter Kerins	Mrs. Delma O'Hanrahan
P.G. Brady	Mrs. Mary B. Kerr	Mrs. Dorothy O'Loughlen
Gerard F. Callanan	Brian Lane	Brendan O'Maoileain
Michael Carmody	Professor F.J. Lavery	Miss Marion C. O'Reilly
Mrs. Eileen Carmody	Brendan Lynch	Dr. Henry Osborne
Mary Casey	Sean Lyons	Miss Angela O'Sullivan
Lt. Col. Brian Clarke	Eileen Mackey	Owen K. Patten
Professor Patrick G. Collins	Imelda Madigan	Mrs. Anya E. Pierce
Col. James Croke	Sheila Maguire	John G. Pierce
Dr. G.P. Crookes	Miss Katherine Maher	Michael Phelan
Dr. John Donohoe	Miss Mary C. Milea	Miss Noreen Raftery
Professor G.D. Doyle	M.F. Molony	Miss Marie Redmond
Thomas A. Doyle	P.J. Molony	Miss Joan Reidy
Liam Duffy	Denis G. Mulcahy	Dermot M. Rowan
Mrs. Kathleen Fay	Very Rev. Dermot McCarthy	Paul E. Rowan
John F. Fielding	Mrs. Mary McCabe	Clement J. Ryan
Miss Mary P. Fitzpatrick	Arthur McMahon	Daniel A. Ryan
Miss Mary Freehill	Daniel McGing	Miss Mary Ryan
Miss Josephine Glynn	Finian McKiernan	Dr. Max Ryan
Mrs. Mary Grogan	Dr. James McNulty	Mrs. Angela Shaw
James L. Hackett	Michael Roland Nesbitt	Aubery Shaw
Mrs. J.L. Hackett	Dr. Doreen Nolan	John Sullivan
A.F. Hastings	Dr. Eoin T. O'Brien	Mr. Leo Vella
Gerald Hickey	Maurice F.A. O'Connor	Patrick Whelan
	Patrick T. O'Connor	Dr. J.A. Woodcock

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