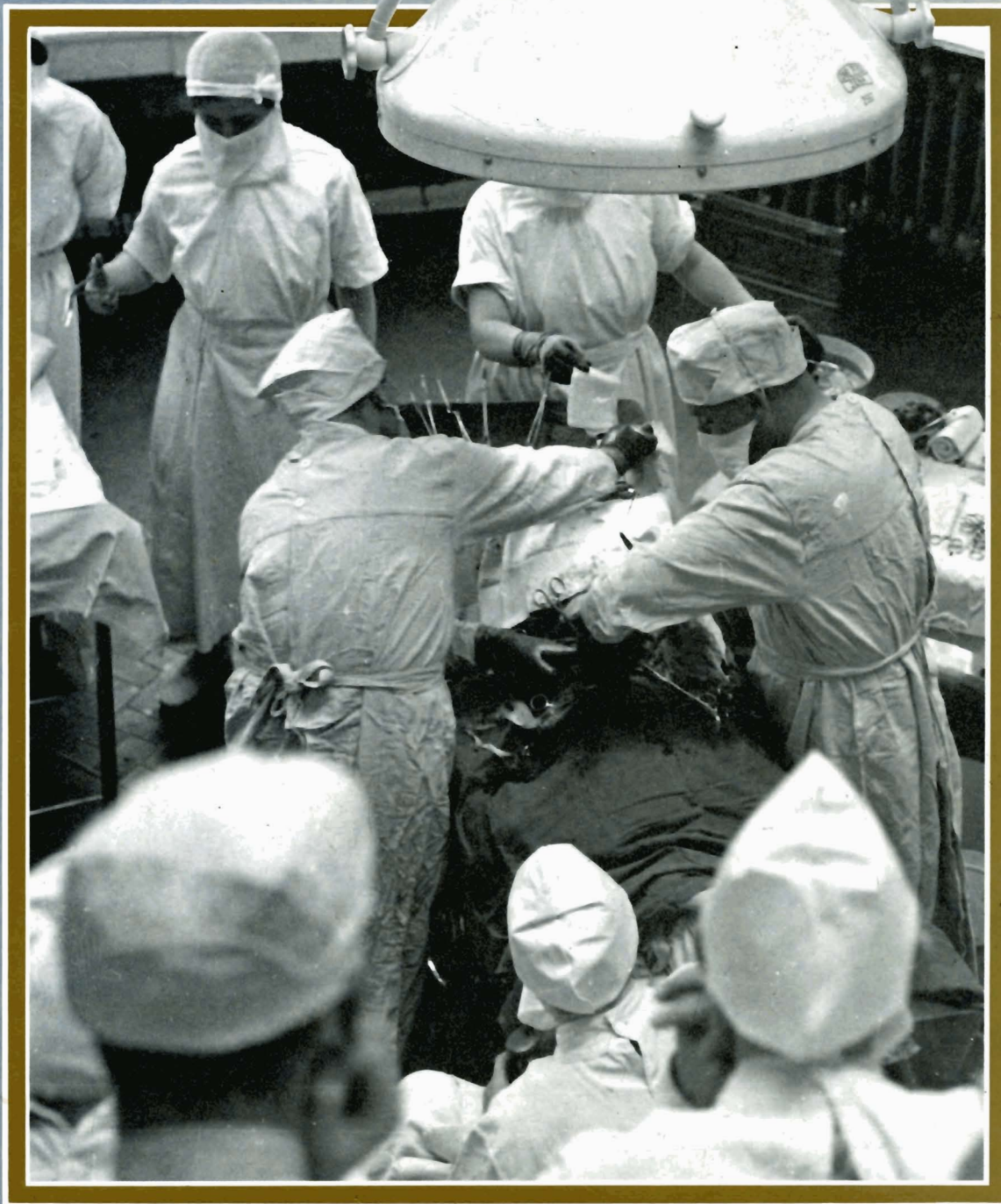


# A Closing Memoir



THE RICHMOND • WHITWORTH  
and HARDWICKE HOSPITALS

# The House of Industry Hospitals

## 1772-1987



## **Book Committee**

Harold Browne (Chairman)

Lorna Browne

John McAuliffe Curtin

Dermot Holland

John Lanigan

Aidan McNamara

Eoin O'Brien

Kevin O'Malley

Max Ryan

# **The House of Industry Hospitals 1772-1987**

**The Richmond, Whitworth and Hardwicke  
(St Laurence's Hospital)**

**A Closing Memoir**

**Compiled and edited**

**by**

**Eoin O'Brien**

**Lorna Browne**

**and**

**Kevin O'Malley**

*Design*

**Ted & Ursula O'Brien**

*Photography*

**Philip Curtis**

**David Davison**

*The Anniversary Press*



First published 1988 by  
The Anniversary Press  
9 Clifton Terrace  
Monkstown  
Co. Dublin

Designed by Ted and Ursula O'Brien, Oben Design, Cork.  
Phototypeset in 11pt. *CG Palacio* on Compugraphic® MCS8200.

Photography by Philip Curtis.  
Reproduction of Photographs by Colour Repro Ltd, Dublin.

Printed by W & G Baird Ltd, Antrim on 135gsm paper.

ISBN 1 870940 03 2 *limited edition*

ISBN 1 870940 02 4 *cased edition*

Copyright ©1988 Eoin O'Brien

All rights reserved. No part of this book may be reproduced or utilised in any form or by any means, electronic or mechanical, including photocopying and recording, or by any information storage and retrieval system without permission in writing from the publishers.

# Contents

Editors' Note.	vii
Subscribers.	viii
Sponsors and Subscribers to de-luxe edition.	ix
Farewell Salute to the Richmond Hospital – <i>The Rt Hon. The Lord Mayor Alderman Carmencita Hederman.</i>	x
Foreword – <i>Max Ryan.</i>	xi
Introduction – <i>Kevin O'Malley.</i>	xii
'Of Vagabonds, Sturdy Beggars and Strolling Women' – <i>Eoin O'Brien.</i>	1
'Trials and Tribulations'. The House of Industry Hospitals in the Twentieth Century – <i>Harry E Counihan.</i>	63
The Richmond Staff from 1887 to 1987. A Photographic Record.	72
The Richmond Surgical Hospital – <i>Harold J Browne.</i>	95
Friends from the Past – <i>Patrick Bofin.</i>	107
The Department of Neurosurgery – <i>John Lanigan.</i>	115
Neurology in the Richmond – <i>Hugh Staunton.</i>	121
The Department of Pathology – <i>Patrick D J Holland, Peter Kearns and Maura Lucey.</i>	129
'The Medical Side' of the Richmond 1961-1987 – <i>J Stephen Doyle.</i>	141
The Department of Surgery – <i>David Bouchier-Hayes.</i>	147
'Let Verse and Humour be our Music'. The Richmond literary tradition – <i>Eoin O'Brien.</i>	157
The Development of Clinical Photography – <i>James P Mulvanny.</i>	193
Nursing in the Richmond – <i>May Kenny, Tess Power and Grace Power.</i>	201
Cardiology in the Richmond – <i>John Horgan.</i>	211
The Anaesthetic Department – <i>Lorna Browne and John Conroy.</i>	217
The Radiology Department – <i>James Carr.</i>	223
Otolaryngology in the Richmond – <i>John McAuliffe Curtin.</i>	233
Porters to the Hospital – <i>Lorna Browne.</i>	237
'A Long Day's Journey'. A Photographic Cameo.	240
The Department of Rehabilitation Medicine – <i>Thomas Gregg.</i>	243
Paediatrics at the Richmond – <i>Séamus Dundon.</i>	245
The Hospitals on the Eve of Closure. A Photographic Tribute.	249
The Colman K Byrnes Research Centre – <i>R Douglas Thornes.</i>	259
Reminiscences from the Endocrine Unit – <i>James Devlin.</i>	265
Saint-Lô: 'Humanity in Ruins' – <i>Eoin O'Brien.</i>	269
Appendices	
Chronology of the House of Industry Hospitals – <i>Compiled by Eoin O'Brien.</i>	291
Clinical Staff 1772-1987 – <i>Compiled by Joseph Keyes and Mary O'Doherty.</i>	295
Index.	301



This volume is dedicated  
by  
the staff of  
The Richmond, Whitworth and Hardwicke Hospitals  
to the memory  
of  
the sick-poor of Dublin  
to the service of whom  
The House of Industry and its Hospitals  
were established  
in  
1772



## Editors' Note

The preparation and publication of a book such as this depends on contributions from a large number of individuals. Most obvious and arguably the most important are those who have written chapters or various other sections and we thank them for this. One of the features of the work is the copious selection of photographs included. The pictorial record was made possible by those who contributed their personal photographs. These include John Lanigan, Harold Browne, William MacGowan, Patrick Bofin, Ulick O'Connor, Max Ryan and James Mulvanny. Philip Curtis and his colleagues in the audio-visual department of the Royal College of Surgeons in Ireland prepared much of the photographic material to make them suitable for reproduction here. Many of the archival photographs and all the photography in the Saint-Lô chapter bear testimony to David Davison's skill as a photographer.

Three people from outside the hospital/RCSI bailiwick brought their professionalism in the field of publishing to bear on the project. Seán McCrum proof-read the entire manuscript and also drew up the index. The final format and style of the book was decided by Ted and Ursula O'Brien who designed the book. In this regard it is important to mention that Tona O'Brien was responsible for the pleasing design of the de luxe edition. We wish to thank all these people for their contributions. Not alone are they worthy of the thanks of the editors, but the hospital is also greatly in their debt.

When the idea of publishing a memoir of the hospital was first mooted the staff set up a Book Committee – John McAuliffe Curtin (chairman), John Lanigan, Harold Browne, Dermot Holland, Max Ryan, Lorna Browne (convenor), Aidan McNamara, Eoin O'Brien and Kevin O'Malley – met on many occasions. In addition to overseeing the project, the Committee played a particularly important role in managing the finances, always a difficult matter in publishing. The editors are particularly appreciative of the work of their fellow committee members and in particular for their practical help as well as moral support. We thank David Tierney and his fellow non-consultant hospital doctors for their fund-raising efforts. Without the generosity of our colleagues and friends who subscribed generously to the de luxe edition and the trust of many who ordered the main edition before publication, we would have had great difficulty in making ends meet. In this regard we acknowledge also with gratitude the generous support of the Royal College of Surgeons in Ireland and a number of friends in industry.

As this book went to press, we learned with sadness of the death of Daragh Smith in Cavan. It was not possible at that late stage in production to alter the section of the book devoted to him. Nor, indeed, did it seem appropriate to do so. Daragh Smith cannot be relegated to the past; through his humour he lives on with us. It is our hope that this book will serve in its way as a small tribute to a remarkable character.

We are honoured to have been entrusted with the task of editing and publishing this book, and it is our hope that the Committee and staff of the hospital consider that this responsibility has been discharged to their satisfaction. We are keenly aware that there may be faults in the book, in particular that some aspects have not been included that might have been. For these and other limitations we must take responsibility. However, we trust that those who read the book will judge it to have been worthwhile in that it represents a fitting tribute to a great Irish institution.

Kevin O'Malley, Lorna Browne, Eoin O'Brien.



## Subscribers

J Augustine	D Eustace	M P G Little	J N O'Hara
L Bannon	A Finegan	L Logan	F D O'Kelly
M Barry	M Fitzgerald	M Long	M O'Leary
J Bartley	C Fitzpatrick	A Lunney	B O'Moore
H J Beckett	J Fleetwood	D McCarthy	H O'Neill
J H A Bludau	N Freney	D MacDonnell	M O'Neill
P J Boyd	D Gaffney	M Macelween	M E O'Neill
T Brady	P Gallagher	M McEntee	H O'Nolan
D Briscoe	H J Galvin	M McEvoy	K and C O'Regan
N Broderick	J Gavin	C McGoldrick	M O'Reilly
O Browne	M T B Ghavey	S D McGrath	L O'Shea
N Buckley	F Gilmartin-White	M McHugh	M O'Sullivan
M Burke	E Greenan	M McKenna	A R Pate
B Burke O'Looney	K Greene	V McLoughlin	M Pegum
G Byrne	M Hamill	J McMahon	D Pepper
T and C Byrne	G Hannon	T McMahon	A Perry
D Carney	J Harbison	C McNulty	L Power
M J Casey	I Harrison	J McSweeney	S Quirke
P Casey	S M Hart	B McVeigh	H Raftery
B Chambers	M J Harte-Barry	F Maguire	M Reidy
D Chessman Gavin	I N Hasein	B Maher	M Rigby
M Claffey	P P Heraty	E Malone	S C F Rogers
G Condon	M Heywood-Jones	A Manning	D Royston
U Connellan	B Hogan	S Massey	J P A Ryan
A Connolly	P Humphreys	J Meehan	P Ryan
S Cotter	B Ievers	P N Meenan	W A Ryan
A Coughlan	P Jacob	J S Merican	F Scanlon Moriarty
N Curley	B Jago	A C Mernagh	A Searson
H Darcy	S Jina	A J Mooney	A Shannon
J Deasy	H Jordan	S J Mooney	B Sherry
S Deasy	G Kaar	M Morley O'Farrell	W Shevlin
A and B de Courcey-	W Kavanagh	A Morvan	P Sidhu
Wheeler	A Keane	C Mulholland	A Stafford
C P Dempsey	H Keane	A T Mulrine	M Starken
M Devaney	M Keane	P Munnelly	E Swaine
P F Dinneen	N Keane	K Murphy	A Tansey
H Doghestani	P Kearns	G E A Murray	T G Teoh
S Dolan	J Kelleher	J and K Noël	F M Thompson
A Donnellon	A Kennedy	D K Nolan	R D Thornes
C O Donoghue	J K'eogh	T Nolan	J Tierney
S Donovan	G Kilgallen	M O'Brien	J Toland
M Downs	K King	C O'Connell	E Tully
E E Doyle	P Kirwan	M O'Carroll	T Von Mueller
J S Doyle	T N Koh	J M O'Donnell	S Wall
K and M Duffy	S Lafferty	M O'Donnell	C Walsh
A Duffin	P J Lanigan	M O'Dwyer	D J Ward
A and J Egan	H Lappin	T D O'Dwyer	M Whitty
E L Egan	P Lappin	P and D O'Gorman	S Young
B Egan-Mitchell	B Larkin	C O'Hagan	
A Enright	R Levins	M O'Hanlon Flynn	

## Sponsors

The generous support of the following is gratefully acknowledged:

Allied Irish Bank (Coolock)	Patrick Lynch Ltd
Bank of Ireland (Liffey Street)	McDonagh, Boland, Crotty, MacRedmond Ltd
Bank of Ireland (Stoneybatter)	H A O'Neill Ltd
Bank of Ireland (Whitehall)	O'Reilly, Hyland, Tierney
Braun	OVE Arup & Partners
Burke & Cummins	Premier Dairies
Cardiac Services	Reckitt's & Colman
Ernst and Whinny	Royal College of Surgeons in Ireland
G & T Crampton Ltd	Siemens
Ethicon	Squibb
Faculty of Nursing	Tyndall, Hogan, Hurley Associates
Glaxo	VMRA Consulting Engineers
Hewlett Packard	Wellcome
ICI	Wyeth

## Subscribers to the de luxe edition

The family of Leonard and Tilly Abrahamson	James Finucane	Paul F Murray and Family
Joseph Alvey	Muiris Fitzgerald	Eoin O'Brien
David Bouchier-Hayes	Maura Flanagan	The family of Gerard and Muriel O'Brien
Thomas Breen	H J Galvin	The family of Matt and Eileen O'Connor
Patrick Broe	Thomas Gregg	Harry and Ita O'Flanagan
Harold Browne	Peter L Heslin	Dermot O'Connor Donelan
Hyacinth I Browne	Dermot Holland	Sean O'Loughlin
Abdul Bulbulia	John Horgan	Kevin O'Malley
Fiona Butler	Joe and Siovan Johnston	Ann O'Neill
Dermot Byrnes	Thomas Keane	Shane O'Neill
Patrick Carey	Frank Keeling	Donal O'Sullivan
James Carr	Joseph M Kelly	Alexander Pate
Anthony Clery	John P Lanigan	Jack Phillips
James Colville	Eoghan Lavelle	Max Ryan
John Conroy	Beverly Littlepage	Kamal Sayed
Michael Conway	Gearoid Lynch	School of Nursing, Beaumont Hospital
Harry E Counihan	John McAuliffe Curtain	Michael Scott
Morgan and Mona Crowe	Gladys McConnell	M L and P C Slotover
D Dempsey	The family of Brendan McEntee	Hugh Staunton
James Devlin	William A L MacGowan	The family of Alan and Sylvia Thompson
John Eoin C Dowling	Desmond McGrath	William Tormey
J Stephen Doyle	Aidan McNamara	
Sheamus Dundon	Brendan Magauran	
Patrick and Vicki Earley	Francis Maguire	
E and B Eppel	Jim Mulvanny	
Peter Eustace	Denis Murphy	
	Sean Murphy	



# Farewell Salute to the Richmond Hospital

The Rt Hon. The Lord Mayor  
Alderman Carmencita Hederman



he Hardwicke, Whitworth and Richmond Hospitals, collectively called St Laurence's Hospital, has served the city of Dublin for over two centuries. At the time of its foundation, the entire population lived within a two-mile radius of the city. Poverty and disease were endemic for the majority of our citizens. The Richmond Hospital was at hand to serve the needy and matched the progress of medicine throughout the years.

Today there are vast population movements to distant townlands. Areas such as Swords, Coolock, Raheny and Beaumont on the Northside must be served by modern medicine. The Richmond Hospital must now bow to the population trends of modern Dublin.

It will be with sincere regret that I see the passing of this great hospital and I salute those doctors, nurses and all the hospital staff for their dedicated service to our people.

I share the hope of a new beginning for the Beaumont Hospital which I am certain will don the mantle of the 'Richmond'.

The Mansion House,  
Dublin.  
March 1988

## Foreword

Max Ryan

*Chairman, Richmond Hospital Medical Board 1985-87*



Having been associated with the Hospital as a student since 1949; a Consultant since 1960; and more recently as Chairman of the Medical Board at the time of the closure of the hospital, it gives me great pleasure to welcome this memoir.

A perusal of the contents shows the diversity of individuals who have gone to so much trouble to record for posterity events which made the greatest impact on them during their association with the hospital. It would have been a great omission if effort had not been made to secure these eye-witness accounts which make such interesting reading.

It is perhaps a pity that, apart from the official hospital record of events, sufficient material was not available to record in more detail many of the pioneering achievements made there over the past 215 years. However, much of this information has been recorded in the book produced by Professor J D H Widdess for the hospital bicentenary – *The Richmond, Whitworth and Hardwick Hospitals: St Laurence's Dublin, 1772-1972*.

The 'Richmond' had a reputation second to none as a great teaching institution. Students – both undergraduate and post-graduate – reaped great rewards from coming under the guidance of outstanding dedicated teachers. The influence of this great tradition of erudition and teaching has been passed on and disseminated throughout most of the English-speaking world and further afield.

A dominant characteristic of the 'Richmond', with its non-sectarian staff, has been the kindness, cheerfulness and goodwill which permeated throughout the whole of the hospital. Many patients and their relatives have expressed sincere gratitude to the medical and nursing staff for their compassion and kindness. It is hoped that with our sister hospital – The Charitable Infirmary – this spirit of caring and goodwill will further develop and grow in the years to come. The tradition and reputation of these two great medical institutions cannot but provide the nucleus for the development of a hospital of outstanding excellence in Beaumont.

Publication of *The House of Industry Hospitals* would not have been possible but for the inspiration and tenacious dedication of Dr Eoin O'Brien, Dr Lorna Browne and Professor Kevin O'Malley who have given so much of their time and experience, and the book committee under the chairmanship of Mr Harold Browne.

## Introduction

Kevin O'Malley



St Laurence's Hospital, affectionately known as the Richmond, finally closed its doors on November 30th, 1987 and in company with the Charitable Infirmary transferred to the new hospital at Beaumont in north Dublin city. In many ways the demise of the Richmond has been a long drawn out affair – discussions and plans for moving go back at least fifty years. Such a prolonged period of uncertainty had the inevitable effect of stultifying efforts at modernising the physical structure of the hospital. It also served to hinder the hospital in providing the quality of service our patients deserved. Despite these difficulties, the staff contrived to care for patients and educate medical students and nurses to a high standard. In this task the staff had the example of past generations to inspire them. This same pride in the contribution of the Richmond over the past two centuries motivated the staff to produce a book which would not only mark the closure of the hospital, but would also celebrate its history and the achievements of its staff.

This book is not intended to be a comprehensive history of the hospital. Rather, we have set out to combine the historical with the present day. It was felt particularly important to have present day staff members write of their own experiences in the Richmond. Many of their accounts are personal and idiosyncratic, and the editors have resisted the urge to beat them into a more uniform style. Thus, hopefully, contributions will come across in their full vividness, warmth and spontaneity.

Many writers in this volume have been allowed, indeed encouraged, to give their personal reminiscences of the Richmond. I can't resist the temptation to do likewise here. I trained in the Mater Hospital and graduated from UCD in the 1960's, a time in the history of Dublin medical education when students attended their affiliated hospitals rather than 'shopping around' for the best clinics as had been the practice previously. My first visit, therefore, to the Richmond, was not as a student, but when I was studying for the membership of the Royal College of Physicians of Ireland. John Horgan, at the time, was the medical tutor in the Richmond, and I, as registrar in the cardiac service in the Mater, had many patients with wierd and wonderful murmurs. He came to the Mater to listen to these, and I, being very weak and inexperienced in neurology, came to the Richmond to be shown neurological cases. John proceeded to do cardiology but I did

not have the grace to complete the irony by doing neurology. My next visit to the hospital was in 1976 prior to applying for the chair in clinical pharmacology in the Royal College of Surgeons in Ireland. After being appointed and taking up the post I was helped enormously by Harry Counihan who facilitated me in obtaining laboratory space. Just as importantly I felt very much at home in the Richmond. This was in the main due to the open and helpful attitude of colleagues, both senior and recently arrived.

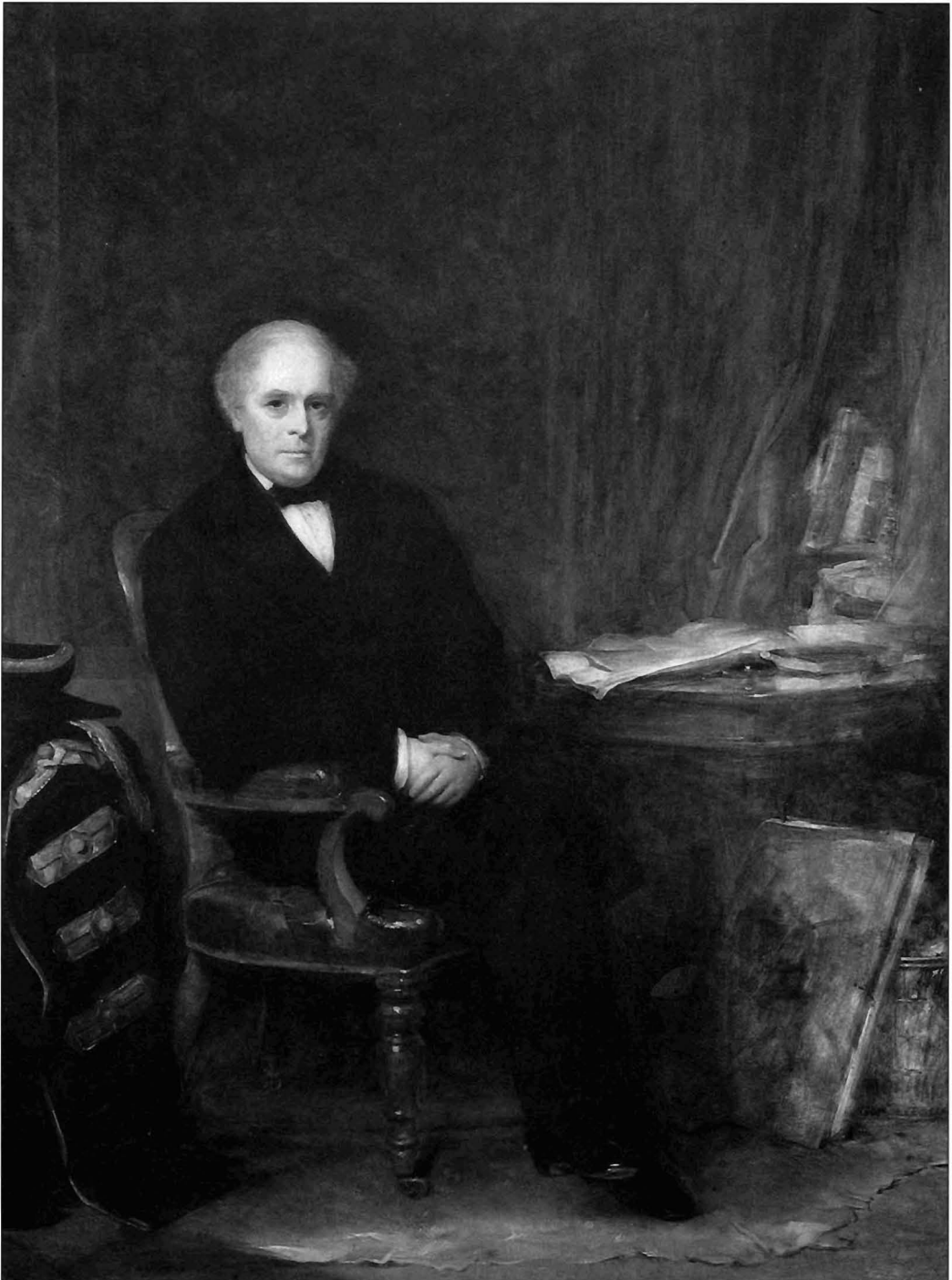
In addition to its record of medical service over two centuries, the Richmond possessed an ethos that facilitated contributions on a broad front. The fact that the hospital was non-denominational and was seen to be, spared us much of the cant that served the country badly in the past few decades. A caring approach, catering equally to all irrespective of cultural, social and religious background, enriched the quality of care. It is not without significance that the religious and philosophical background of the medical staff appointed to the hospital over the centuries reflects this pluralistic approach. The ethnic and cultural diversity of Richmond medical students and post-graduates, particularly in this century, also testifies to the hospital's outgoing and tolerant attitude. It is probable, also, that the achievements of the Richmond staff in many areas of endeavour outside medicine is associated causally to the hospital's liberal tradition. This is most apparant in literature. Few hospitals can boast of the likes of Oliver St. John Gogarty, John Pollock (An Pilibín) and Daragh Smith, all of whom served the hospital during this century.

The involvement of several members of the staff in the Red Cross Hospital in Saint-Lô at the end of the second world war reflects an appreciation of the broader view of caring and responsibility for the less fortunate. This occurred at a time when neutrality and parochialism dominated the Irish attitude in the face of the appalling tragedy that was the second world war.

All these matters and more are dealt with in detail by the contributors to this book. In the main they testify to the liberal philosophy which pervaded the hospital, and shaped the unique contributions of the staff at home and abroad. This is a fine tradition to carry to the new hospital in Beaumont.



THE HOUSE OF INDUSTRY HOSPITALS



*Sir Dominic Corrigan (1802–1880). Portrait in oils by Stephen Catterson Smith the Elder. By courtesy of the Royal College of Physicians of Ireland. (Photograph by David Davison.)*

## **'Of Vagabonds, Sturdy Beggars and Strolling Women'**

### *The House of Industry in the Georgian and Victorian Eras*

Eoin O'Brien



he history of the House of Industry founded in 1772, and the subsequent development of its hospitals, the Hardwicke Fever Hospital (1803), the Richmond Surgical Hospital (1811), the Whitworth Medical Hospital (1817) and the Richmond Lunatic Asylum (1815), is a fascinating account of the social and medical vicissitudes of Dublin over two centuries. In this history we see not alone the development of a group of hospitals but also the changing social conscience of government in response to the generosity of spirit that was beginning to motivate the citizens of the city.

Let us cast our thoughts back a few centuries before the foundation of the House of Industry and its hospitals to 1188 when one named Ailred (sometimes called Alured) le Palmer, a Dane, founded the first hospital in Dublin in Thomas Street 'without the west or new gate of the city'. This hospital was also a priory and Ailred the Dane took upon himself the office of Prior.<sup>1</sup> The hospital of St. John provided care for sick men and women in the city and as many as 155 beds were in constant use. In addition, the hospital served as an almshouse.<sup>2</sup> That there was need for such an establishment is not to be doubted. The city was rife with disease of many kinds and the poverty of the masses made the spread of contagious illness a constant threat. Between 1204 and 1604 there were no fewer than eighteen epidemics of cholera, bubonic plague and smallpox. Much of this was attributed, quite correctly no doubt, to 'dung-heaps, swine, hog-sties and other nuisances in the streets, lanes and suburbs of Dublin [which] produce mortality, fevers and pestilence throughout the city'.<sup>2</sup>

When Ailred le Palmer died, the Hospital of St. John passed into the guardianship of the Augustinian friars, and by 1292, the institution is often referred to as the Augustinian Hospital.<sup>1</sup> However, when Henry VIII in 1536 failed to resolve his theological dispute with the Pope and found it necessary to take to himself the title of 'the supreme head in earth' of the Church of England, there soon followed the suppression of the monasteries in England. In 1541 this barbarous act for the closure of abbeys and monasteries was extended to Ireland. In return for the peaceful surrender of all religious properties to the King 'his Majesty in consideration thereof was pleased and contented 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 qualities shall be reasonable and convenient, wherein his Highness will have most tender respect'.<sup>1</sup> With the passage of this act, the doors of the hospital of St. John the Baptist in Thomas Street closed after 350 years of providing care for the sick poor of Dublin. Another 350 years were to pass before the Augustinian fathers returned to the site of the original priory to open the Church of St. Augustine and St. John, which stands in Thomas Street to this day.

The paupers of the city, now deprived of any form of housing or charity, became a considerable menace. Henry applied his own unique methods to solving the problem. The infirm poor were to be licensed to beg within certain geographical limits, such as a city, parish or liberty, and if they strayed outside their patch they were to be stripped from the middle up and whipped. Those able-bodied denizens adjudged to be capable of work but preferring instead to beg, were to be 'tyed to the end of a cart, naked, and be beaten with whippes through the market town or other place till his body be bloody by reason of such whipping'. If these unfortunates showed sufficient enterprise to resort to 'palmestry and other craftic sciences' they were to be whipped for two days; if this failed to instil rectitude, two days of scourging was to be followed by a third day in the pillory after which one ear was to be cut off. Should this not tame a resilient spirit, a cosmetic balance was restored by a further bout of whipping and removal of the other ear.<sup>2</sup>

Surprisingly, perhaps, such measures did little to solve the problem and parliament was forced to turn its mind to other remedies. After the restoration of Charles II, a large hospital, known as the Blue-coat Hospital, was erected in Oxmantown for the education of poor children, and in 1703 an Act of the Irish Parliament made provision for the erection of a Workhouse and Foundling Hospital on James's Street (the present St. James's Hospital). This Act provided powers for the apprehension of all vagabonds and beggars who should come within the city and liberties as well as the authority to put them to work. Provision was also made for financing this scheme through charges for licensing hackney coaches, carts, cars, brewers' drays and sedan chairs, and a taxation of threepence in the pound was levied on the valuation of houses.<sup>3</sup>



*Dining Hall, Foundling Hospital.*

In 1718 six surgeons founded the Charitable Infirmary in Cook Street, the first voluntary hospital in the then United Kingdom of Great Britain and Ireland, and thus began the voluntary hospital movement which heralded the foundation of Dr Steevens' Hospital in 1733, Mercer's Hospital in 1734, the Rotunda Lying-in Hospital in 1745, and Sir Patrick Dun's Hospital in 1792. These hospitals and many others that followed in the nineteenth century served the city of Dublin until recently, when many closed as the State gradually took over the voluntary financing of hospitals.<sup>4</sup>

### **The House of Industry (1773)**

In 1772 a new Act of Parliament sought to further improve the relief of the poor. Among its provisions was one for the establishment of hospitals to be known as 'Houses of Industry' for the counties of Ireland. The objectives of these establishments were:

1st, The support of such helpless Men as from age and infirmities were deemed worthy of Admission; 2d, The support of such helpless Women as from age and infirmities were

## THE HOUSE OF INDUSTRY HOSPITALS

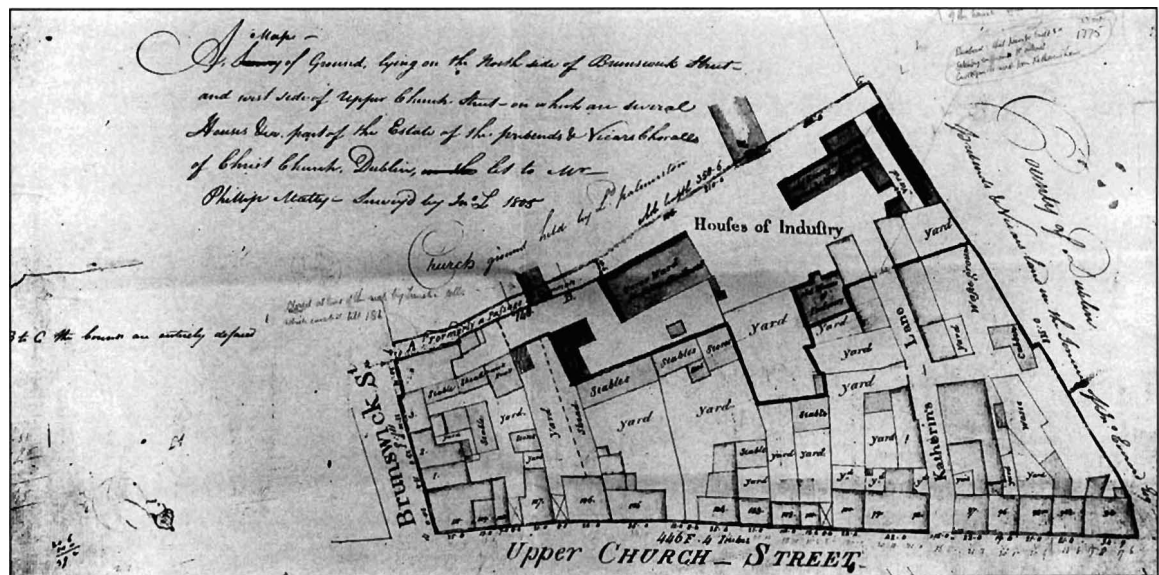
deemed worthy of Admission; 3d, For Men who were committed as Vagabonds and Sturdy Beggars; 4th, For such idle, strolling and disorderly Women as were committed; and 5th, For deserted and fatherless Children under the Age of Eight Years.<sup>5</sup>

A site on the north-eastern side of Channel Row, now North Brunswick Street, was chosen by the newly appointed governors. The location boasted an old disused malt-house surrounded by extensive orchards of apple and pear. The land was soon acquired and the *Hibernian Journal* of July 12th, 1773 announced:

We have the Pleasure to assure the Public, that two large and commodious Houses in Channel Row are taken by the Corporation, and are fitting up for the Reception of the Poor of Dublin. They mean to receive the Badged as well as other strolling beggars; whereby the Citizens will be effectually relieved from a Nuisance and Disgrace that have long attended this Metropolis.<sup>2</sup>

On November 8th, the House of Industry opened its doors and the poor of the city were ordered to present themselves to the institution.

Thus came into existence the 'Dublin House of Industry', which became effectively a poor house for the greater part of Ireland. Apart from the familiar Richmond, Whitworth and Hardwicke Hospitals, the Dublin House of Industry also comprised at one time or another an asylum for aged and infirm poor persons, an asylum for incurable lunatics, the Bedford Asylum for the reception of children, and the Talbot Dispensary, all of which, together with the three hospitals, were in charge of the Governor of the House of Industry.<sup>2</sup>



Old map of the area of the Richmond Hospital.

For the first four years of its existence, the House of Industry was supported by subscriptions, donations and charity sermons.<sup>3</sup> In short, its mode of support differed little from that of the other voluntary hospitals in the city in that its needs were provided for by monies raised through voluntary subscription of one form or another. Then in 1776, the social conscience of government, a relatively new phenomenon which had first shown its presence at the turn of the century with the establishment of the Foundling Hospital in 1704, was again manifest in the provision of Parliamentary Grants together with 'the Profits arising from the Labour of the poor, and £159 Interest on Three legacies vested in Government Stock' all for the support of the House of Industry. Voluntary subscriptions were to continue, however, as a substantial means of funding the institution and £2,890. 15s. 1d. was raised in the first year from charity sermons, subscriptions and benefactors.<sup>2</sup> The annual government grants commenced in the modest region of £3,000 in the 1770's, but by 1813, government was contributing over £52,000.

Apart from feeding their own inmates the governors of the House established soup kitchens in times of famine and in the first six months of 1801, food was dispensed to 809,592 unfortunate paupers.

By 1828 we may note that the original objectives of the House of Industry had been modified. No longer do we find quaint mention of vagabonds, sturdy beggars and strolling disorderly women, all of whom have given place to newer social problems, as is evident from the revised objectives for that year:

1st, The Relief and Support of aged and infirm poor Males and Females; 2d, Idiots and Incurable Lunatics transmitted from the Richmond Lunatic Asylum; 3d, The Sick labouring under Acute, Chronic, and Surgical Complaints, who are lodged in appropriate Hospitals; 4th, Strolling Beggars committed by the Magistrate of Police.<sup>4</sup>

Apart from the medical staff, of whom more later, the early salaried staff consisted of a housekeeper, a secretary, Edward Amplett, and a messenger, Samuel Paul, who applied himself so assiduously to his task that within ten years he had taken on the additional duties of Assistant Treasurer, Secretary and Providore. There was also an Apothecary who was paid an annual salary of six guineas, out of which he had to pay his own lodging and keep, and then came the Beadles, who were paid six shillings and six pence per week together with the food of the House. These gentlemen were fined so often for being drunk that they really worked for nothing.<sup>2</sup> That the Beadles resorted to alcohol is hardly surprising in view of the duties they had to perform.

The beggars of the city were an independent bunch, who preferred the vagaries of a precarious existence outside the walls of an institution to the more secure, but strictly

regulated society within. This independence of spirit is more understandable when it is recalled that the House had been empowered not only 'to seize strolling vagrants, &c., and to commit them to the House of Industry', but, once inside, the power existed for the paupers 'to be kept at hard labour from two months to four years, according to circumstances', and the authorities could 'inflict reasonable corporal punishment, in cases of refusal to work, or ill behaviour, but never acquires, in any instance, the power of detaining a pauper for life'.<sup>2</sup> Draconian though these measures may now seem, they did apparently meet with some success in curtailing beggary, then a major problem. Dr Woodward, Bishop of Cloyne relates that 'the nuisance of beggary, greivous beyond the experience of other great cities, and from its greatness esteemed to be beyond remedy, was suppressed'.<sup>6</sup>

It fell to the Beadles of the House to scour the city, in what was described as 'the black cart' to gather up the beggars and bring them by force to the House. Such forays were not without danger and when one Beadle in charge, named Adam Whitty, was killed, the Beadles were thereafter armed with musketoons. In 1788 it was found necessary to reinforce their armaments with firelocks, bayonets and later again with carbines and swords.<sup>2</sup>

Once captured, the beggars and strolling women did not take kindly to being confined within the malt-house in Channel Row. The custodians of the House were often reprimanded, and in none too gentle a manner, for their failure to keep their captives secure:

Ordered that Matthew C—, late porter to the House, be placed in the public hall at the hour of 12 o'clock each day with his crime in writing on his breast; and chained by the leg and there to remain until one o'clock during the pleasure of the Board as a punishment for drunkenness and taking a bribe at the door to let the poor elope.<sup>2</sup>

In 1786, forty 'strolling women' committed to the House bored a hole through the wall and 'strolled' out to enjoy the freedom of Dublin.

However severe disciplinary measures were for the staff, the wretched inmates were shown no mercy even for minor indiscretions. One unfortunate, named Sarah, after a period in the confinement of the 'dark room', was hauled out on a freezing December day in 1797:

Her body [is] numb with the cold of the long winter night, her eyes blinking in the pale watery sunshine. Furtive glances follow her from the windows about the gloomy courtyard as she stumbles to the corner where the whipping post stands. Her coarse woollen gown and brown linen shift are stripped down about her waist, her body

exposed to the cold air and the colder looks of unfriendly eyes about her. Her hands are fastened to the whipping post high above her head. With a hiss and a whine, impelled by a muscular arm, the cat descends again and again, to engrave on her back in twelve savage, ragged lines, the precept: 'Thou shalt not steal'. While the Master of the Hospital, and the Master of the Works and all the Beadles do attend to bear witness that the wielder of the cat has bit deeply enough into the soft flesh of a woman to save his week's wages. His six and sixpence is safe from confiscation this time.<sup>2</sup>

King Moylan, in his lively account of the House, tells us that whatever difficulties the Governors had in confining their unwilling guests were surpassed by the even greater problem of holding on to the property of the House:

Anything movable was in danger of thieving hands – even the Bible had to be chained down. Wooden trenchers, clothing, thread and provisions disappeared and were but minor thefts compared with the crowning feat of the theft of the corpse of a man who had died, as the records bluntly put it, of the putrid disease.<sup>2</sup>

Within the workhouse there was a degree of tolerance and ecumenism not always present in some latter day establishments. Wages were earned for labour, but at a minimum rate based on that which would provide independent subsistence. This principal was central to the successful administration of the establishment:

No clothing is gratuitously furnished to the adult poor, the governors having found, from experience, that giving clothes indiscriminately to the poor relaxed their industry, and that such clothes not being their own property, or acquired by industry, were neither valued nor preserved, but generally commuted for spirituous liquors.

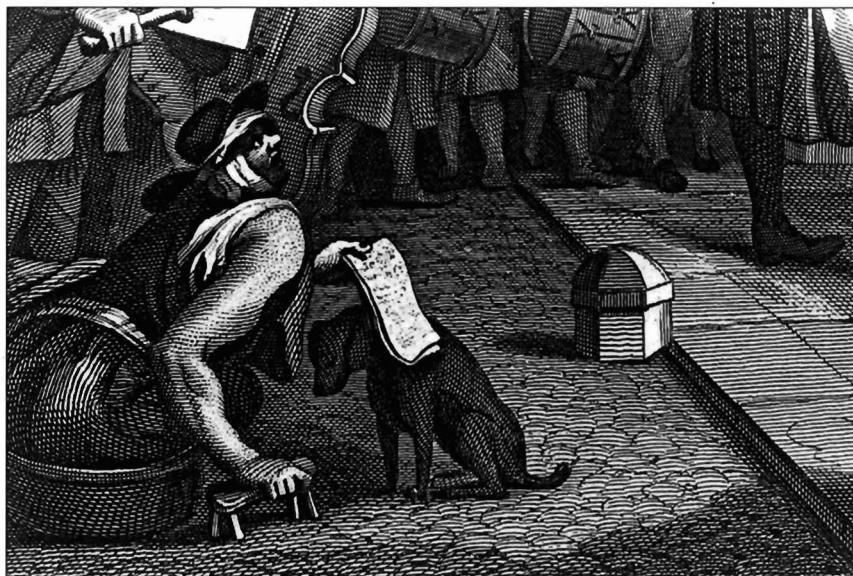
There was no restraint in the exercise of religion, there being two chaplains, a Protestant and a Roman Catholic, and 'two distinct places appropriated for religious worship, and all children educated within the establishment, are instructed in the religion which their parents profess.'<sup>7</sup>

Within the house there was strict routine and discipline. Two meals were served daily. The men worked at a variety of industries, preparing oakum, extracting dyes, and beating hemp, and the women spun flax, cotton, and wool and worsted. In addition they carried out combing, carding, and other processes associated with the production of textiles. The products of these labours were sold, and of the profits one-third was given to the working inmates, one third to the instructors, and the remainder was added to the funds of the institution. Smuggling intoxicating liquor, and theft were punished by a period in the stocks or by whipping. Punishment was similar for both staff and inmates, the distinction between the two often being slight, as domestics and nurses were recruited frequently from the inmates.<sup>8</sup>



The House had its characters: Hackball, a paralysed cripple, who was driven to his stand on the Liffey in a little cart drawn either by a mule or two large dogs, resisted all efforts by the corporation to reform him, and became known as the King of Dublin Beggars. He was celebrated in prose and verse as 'His Lowness, Prince Hackball', though his real name was Patrick Corrigan. He was seized one day, but was rescued by 'a riotous mob', and the corporation threatened to use the military to secure his capture. Shortly afterwards he was taken to the House, where, because of his stature, he was given special quarters.<sup>9</sup>

Another notorious character who spent some time in the House was 'Billy-in-the-Bowl'. Billy had had the misfortune of being born legless in a poor society where survival depended on being fast of wit and fleet of limb. He compensated for his incapacity by propelling himself around the Stoneybatter and Grangegorman in a wooden bowl shod with iron. With his 'fine dark eyes, aquiline nose, well formed mouth, dark curling locks, with a body and arms of Herculean power' he must have been a strange sight, striking sparks off the cobbles as he proceeded through the Liberties. There was a nasty streak to this 'universal favourite', who thought little of assault and robbery in deserted parts of the city, for which crime he was finally taken prisoner and wheeled away in a barrow to be committed to Green Street Jail under sentence of hard labour for life.<sup>10</sup>



*A 'Billy in the Bowl'. This detail of a cripple begging is from Hogarth's 'Industry and Idleness' (Plate 6).*

## **The Hardwicke Fever Hospital (1803)**

Fifteen years after its foundation, the converted malt house in Channel Row was not only inadequate for the function it had to serve, but was in danger of collapsing. Conditions within the house were appalling due to overcrowding and infestation. In 1788, there was an outbreak of 'gaol fever' with thirty deaths per week,<sup>2</sup> and John Henthorn, a surgeon to the House, used his influence with the Government to implement proposals drawn up a year earlier for the provision of accommodation for 2,000 inmates, working apartments, bridewells for the refractory, stores, a water reservoir, two spacious baths and two dining halls which might also serve as chapels, and, most importantly, an infirmary for 100 male and 200 female patients.<sup>2</sup> In 1798 a petition from the governors to the Irish House of Commons for a proper infirmary was successful. In 1803 a purpose built hospital was opened, bearing, as was the custom, the name of the Lord Lieutenant of Ireland, the Earl of Hardwicke.<sup>3</sup>

Fevers of one form or another were endemic in the city at this time and in the House of Industry epidemics were frequent and devastating. It is not surprising, therefore, that the new hospital was given over to the care of patients with fever, a function it was to



*The Hardwicke Fever Hospital. From a hospital certificate.*

serve for many years. Government was now beginning to show signs of accepting some responsibility for the provision of medical care at least for the victims of fever, who were, of course, a threat to the whole society. By 1830 the case for greater government funding was made, emphasising again the gradual development of the responsibility of parliament for the health of its citizens:

In judging of the benefits conferred on this class of sick poor by such an Hospital . . . we must make ourselves thoroughly acquainted with the ordinary habits and condition of the inhabitants of Dublin, especially of those who compose the manufacturing classes; and if we do so not a doubt can remain on the mind of any humane and intelligent individual, that the sufferings of a large proportion of these people, when visited by disease, are so extremely severe, that it becomes the bounden duty of government, as well as of the wealthy and respectable part of the community, to make the necessary pecuniary sacrifices to establish and impart relief to the required extent.<sup>11</sup>

The Hardwicke Fever Hospital had been established for the inmates of the House (though it did not, in fact, confine itself to such a policy), and the government was soon obliged to open another fever hospital – the House of Recovery on Cook Street in 1804.<sup>12</sup> It is of interest to note that this hospital was inconvenient for the inhabitants on the northern side of the city, and a second fever hospital was opened in 1818 in Drumcondra (latterly Drumcondra Hospital), bearing the name The Whitworth Fever Hospital. This hospital, which boasted such luminaries as Robert Graves and Robert Adams on its staff,<sup>13</sup> is not to be confused with the Whitworth Hospital of the House of Industry Hospitals.

The Hardwicke Hospital was a plain stone building, two storeys high, with spacious, lofty, well-ventilated wards containing 120 beds. The basement was filled up with cells for the care of curable lunatics.<sup>3</sup> The hospital cared for as many as 1,000 fever patients annually. Strict rules governed its administration. The doors were locked 'each night at nine o'clock in summer, and six o'clock in winter; and no person, except patients in particular distress, shall be admitted after that hour, except by permission of the apothecary or matron'. The matron of the hospital was entrusted with the care of the patients' clothes which, when washed, were to be returned to the patient on recovery. However, in the case of death, she had the discretion to transfer them 'to such deserving object in her department as may appear to be most in need of them (should such clothes not be claimed by the relatives of the deceased within a month after his or her decease)'. The matron was also directed to take care that each bed was provided with clean sheets when a patient was admitted, 'and that they shall be changed once a fortnight and more frequently if necessary; and in the case of infectious disease, that the blankets, sheets, ticks and coverlets, are washed, and the beds aired and filled with fresh straw'.<sup>11</sup>

The physicians had to sign their names in a book in the Hospital, with the hours of attendance, which were reported to the Board by the apothecary each week. Hot and cold showers and vapour baths 'were to be kept in constant repair'. Bed shortages were presumably common, the physician being empowered to 'take care to have the most urgent cases removed from the House to the Hospital, whether lunatic, acute or chronic cases'.<sup>11</sup>

The Hardwicke Fever Hospital was destined to play a major role in controlling the fever epidemics of the Great Famine (1845-50). Dominic Corrigan, a member of the Central Board of Health, was in charge of the Hardwicke Fever Hospital and from there directed relief operations for the country. This Board, which was effectively run by Corrigan, opened 373 temporary fever hospitals and employed 473 additional doctors for fever duty during the Great Famine. In addition, Corrigan published directives for the management of the epidemic and answered requests from all over the country.<sup>14</sup> The Board had to attempt to make provision for the control of a number of different infectious diseases within one massive epidemic that was sweeping through a debilitated nation. The commonest fevers were typhus and relapsing fever, both of which are spread by the common louse. Another disease, commonly seen in times of great deprivation, bacillary dysentery, also plagued the unfortunate victims of the famine. Along with these illnesses, the endemic diseases – tuberculosis, rheumatic fever, smallpox, and typhoid fever – continued their unrelenting attack on the weakened population. Such was the array of infection facing the unfortunate doctors in the front-line that any attempt at an accurate estimate of the prevalence of one form over the other is not possible. To add to the misery, two non-infectious diseases, scurvy and famine dropsy, arising from a deficiency of essential foods, were rife among the famine victims.<sup>15</sup>

The misery and suffering during the Great Famine were of such magnitude that many in Britain, and not a few in Ireland, refused to believe the terrible reports being carried in the papers. It was only when a number of visitors, respected for their sangunity, began to write of the horrific conditions, that the people of Britain realised how great was the catastrophe. One such report came from William Edward Forester:

The impression made on me by this short tour can never be effaced. Bad as were my expectations, the reality far exceeded them. There is a prevailing idea in England, that the newspaper accounts are exaggerated. Particular cases may or may not be coloured, but no colouring can deepen the blackness of the truth. When we entered a village, our first question was, how many deaths? 'The hunger is upon us', was everywhere the cry, and involuntarily we found ourselves regarding this hunger as we should an epidemic; looking upon starvation as a disease. In fact, as we went along, our wonder was not that the people died, but that they lived; and I have no doubt whatever that, in any other country, the mortality would have been far greater; that many lives have

been prolonged, perhaps saved, by the long apprenticeship to want in which the Irish peasant has been trained, and by that lovely touching charity which prompts him to share his scanty meal with his starving neighbour. But the springs of this charity must rapidly be dried up.<sup>16</sup>

The famine fevers raged in Dublin with no less virulence than in the country. The city hospitals were better equipped to deal with epidemics but were soon overwhelmed by an influx of famine victims, many already ill with fever, from the country. Crowds of fever-stricken patients beset the closed gates of the fever hospitals which erected temporary tents and sheds to accommodate as many as possible. In March of 1847 Cork Street Fever Hospital accommodated within the main hospital and in the temporary sheds and tents 14,766 patients of whom 2,000 died. The pattern was similar in the fever hospitals throughout the capital.<sup>12</sup>

Estimates of the number who died or emigrated during the famine often conflict, and there were many exaggerated assessments of the magnitude of the catastrophe. More than two million of the population were lost in a decade. The exact number that died will never be known, but a careful examination of the evidence available makes it 'reasonably certain that some 800,000 people, almost one-tenth of the entire population at that time, perished between the autumn of 1846 and the spring of 1861',<sup>16</sup> though some historians have put this figure as high as one and a half million.<sup>17</sup> Emigration accounted for the remainder – just over a million. Of these the majority went to the United States and British North America. Many met a fate as bad, if not worse than that from which they sought escape.

In 1847 there were signs that the worst of the epidemic might be over, when one of the most dreaded of fevers, cholera, broke out in Ireland in December 1848. There had been an epidemic of cholera in England earlier that year, and this soon reached Belfast from Scotland. The mention of cholera in the nineteenth century could cause great public anxiety and sometimes panic. The medical profession often bore the brunt of public frustration and hostility. There are many reported instances of attacks on doctors, their houses and hospitals. In the English epidemic of 1832 it was widely rumoured and believed that doctors were using the cholera epidemic to increase the supply of cadavers to the medical schools for dissection. In the same epidemic, Stokes and a surgical colleague diagnosed a mysterious death in Kingstown (now Dun Laoghaire) as cholera, and both only escaped injury by driving dangerously away from an angry mob who feared not alone for themselves, but for the disastrous effect an announcement would have on the holiday season.<sup>18</sup> Corrigan treated many patients with cholera in the Hardwicke. The Great Famine finally petered out in 1850, and the Central Board of Health was disbanded. A turbulent period of Irish history had passed leaving behind a debilitated nation.

The Hardwicke continued to treat infectious diseases for many years and the verandas of the Hardwicke Hospital were used as open air wards for the treatment of patients with tuberculosis until the 1950's. The hospital closed in 1987 a few months ahead of its long-serving partners, the Whitworth and Richmond Hospitals.

### **The Richmond Surgical Hospital (1811)**

Following the success of the Hardwicke Hospital, the need for a surgical hospital soon became apparent and in 1810 the Governors rented an old convent for £20 a year, refurbishing it at great cost as a surgical hospital with 120 beds. The Benedictine Nuns had built this convent on the north-side of Channel Row opposite Red Cow Lane in 1688.<sup>3</sup> The convent, which was granted a Royal Charter by King James II, was later taken over by the Dominican Nuns who rebuilt it.<sup>2</sup> However, it appears to have remained closed from 1717, until the opening of the Richmond Surgical Hospital in 1811, so named after Charles Lennox, fourth Duke of Richmond and Lord Lieutenant of Ireland from 1807 to 1813. The old convent chapel was converted into a ward, known as the 'Chapel Ward'



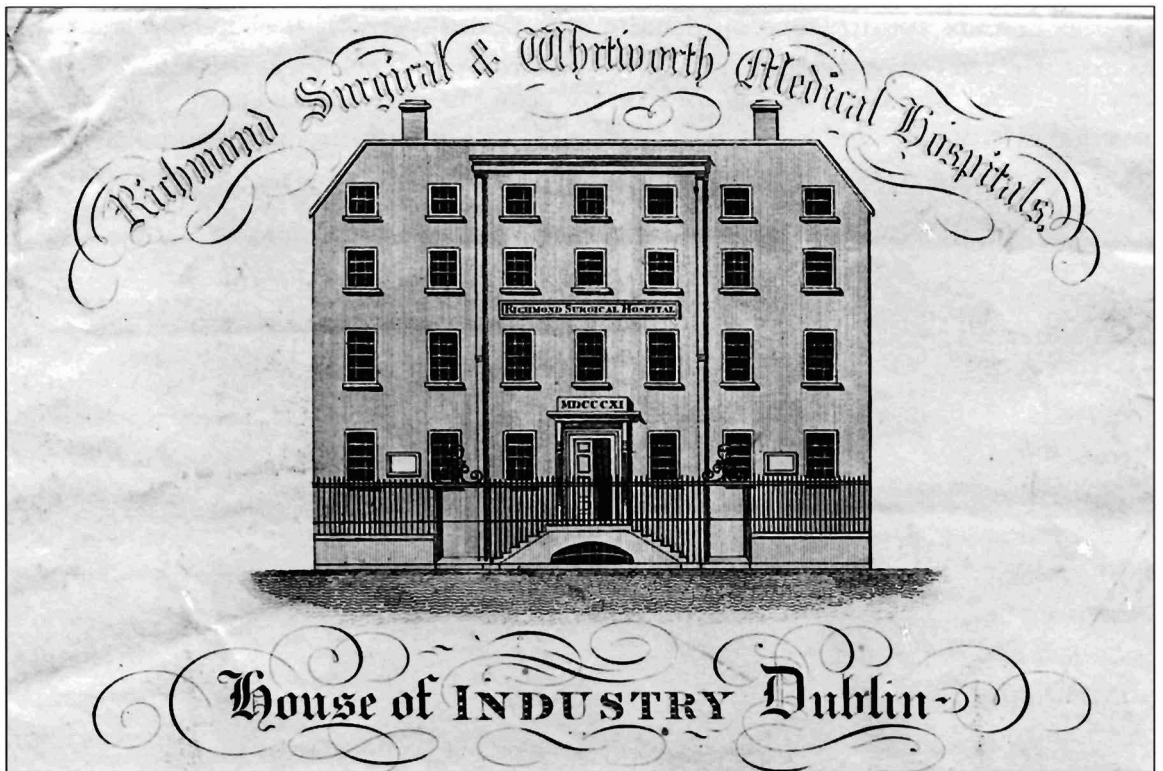
*The Foundation Stone of the Benedictine Convent erected in 1688 on Channel Row. At the time of closure of the hospitals this site was occupied by the building known as the 'Old Richmond'.*

## THE HOUSE OF INDUSTRY HOSPITALS

In 1816 a new operating theatre, designed by Francis Johnston, was built at the rear of the hospital and in 1838 the surgeons subscribed £2,700 to the cost of founding and maintaining a museum which contained '1,000 very expensive drawings and about 2,500 wax preparations'. We are told that this museum was 'resorted to by foreigners from all parts of the world'.<sup>3</sup>

The duties of the attending surgeons were quite clearly stipulated from the outset:

The surgeons of the Richmond Hospital . . . attend daily at the Hospital, visit the intern patients, examine the extern patients seeking for admission, and fill up such vacancies as may exist, by selecting the cases which appear most urgently to require surgical assistance; they also examine and admit or prescribe for diseases of the eyes, and attend on the first Monday in each month to distribute trusses to the ruptured poor of Ireland. They also examine into the state of dietary, the wine and medicine account of the Hospital, condition of the beds and bedding, etc. of the hospital.<sup>11</sup>



*The Richmond Surgical Hospital. From a hospital certificate. This building, built originally as a Benedictine Convent in 1688 was used as a surgical hospital from 1811–1900, and until the 1930's as a Students' Residency and thereafter as ward accommodation for surgical patients and administrative offices.*

Towards the end of the nineteenth century, the Governors began to purchase the adjoining lands on Channel Row which were occupied by 'dairy yards, manure heaps, and some objectionable trades'. This made possible the erection of a fine new surgical hospital in 1897 at an estimated cost of £25,000.<sup>3</sup> The new 'Richmond', built on the pavilion principle by the architects Carroll and Batchelor, adhered to the Nightingale recommendations that the pavilions should be no higher than two storeys, each being capable of containing a large airy ward with accommodation for fourteen patients, a nurse's room, a ward kitchen, and a small two-bedded ward for seriously ill patients<sup>19</sup> A particularly charming feature of the wards were the verandas which were once used as an open-air location for convalescent patients to sit and talk on; latter-day policy relegated these areas to storage, a fate that was to befall all the recreational facilities and the once carefully tended gardens that gave to the hospitals an air of tranquility. The wanton destruction of Dublin's Georgian and Victorian hospitals by philistine administrators in search of expedient solutions to problems usually of their own making, without any consideration for the aesthetic and functional attributes of their institutions, is a sad reflection on a later age. Another remarkable feature of the new hospital was its brightness – there was a window to every bed. The operating theatre, facing north from the central block, had a glazed roof so as to admit as much natural light as possible.

The theatre could accommodate a large number of students on tiered rows and there were commodious anaesthetic and sterilising rooms in keeping with the remarkable advances in surgery that had taken place towards the end of the nineteenth century.

The exterior of the new hospital was, if anything, more striking than were its internal features. The central red-brick block flanked by projecting wings terminating in delicate verandas surmounted by copper domes gave the passer-by a waft of the exotic, which no doubt accounts for the well-known tale that the Richmond owes its unusual appearance to a mix-up in architectural plans, whereby those destined for the new House of Industry Hospital found their way to the *Taj Mahal* and the extension planned for that splendid establishment as a consequence was erected on North Brunswick Street.

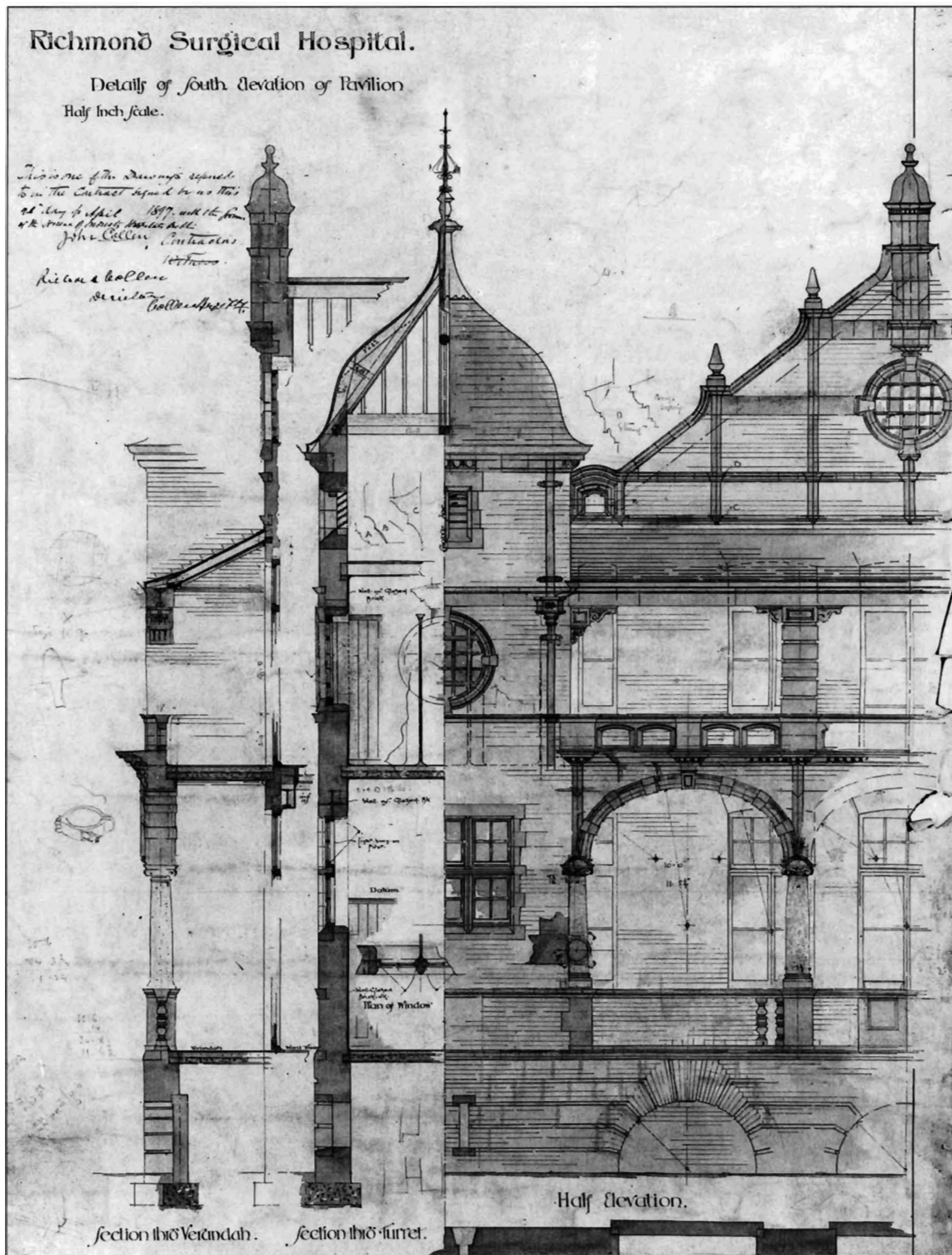
The 'Old Richmond' continued in service, functioning in varying ways up to the time of the hospital's closure as an accident department, wards, stores, a records department, and a mortuary. The foundation stone of the Benedictine Nuns' convent remains in what was the stores area of the building.

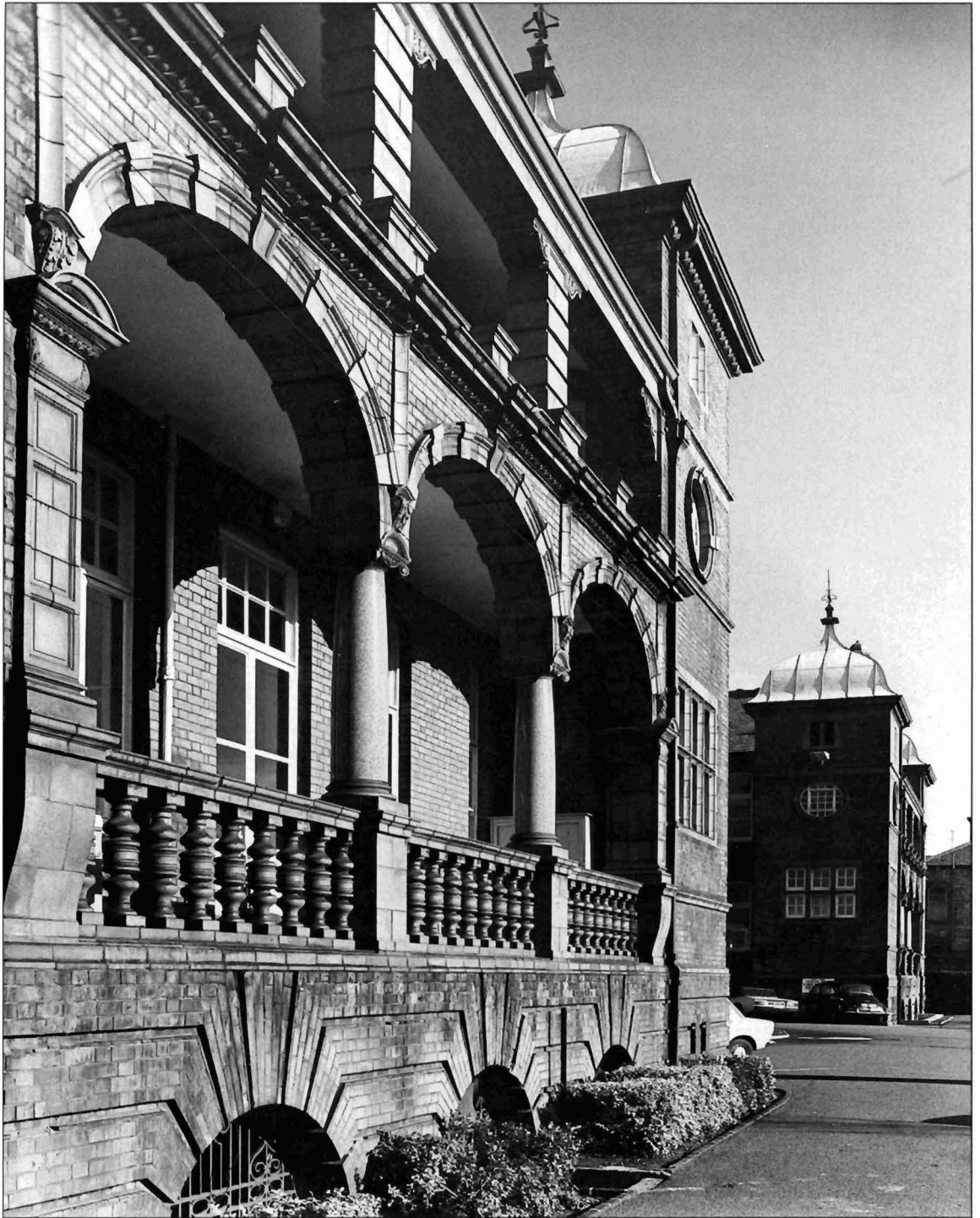




*The exterior of the 'new' Richmond Hospital.*

*Portrait of the Duke of Richmond by William Cuming in the Mansion House, Dublin. By courtesy of Alderman Carmencita Hederman, Lord Mayor of Dublin, 1987-88.*





*The verandas of the Richmond. (Photograph by David Davison)*

## The Whitworth Medical Hospital (1817)

With the erection of the Richmond Surgical Hospital, the House of Industry was now able to perform surgical procedures on its inmates, as well as providing care for those ill with fever, and limited facilities for mentally deranged patients. An obvious deficiency in the provision of health care was in the management of medical illness and the chronically ill. Parliament was again petitioned successfully by the Governors in 1815. Two years later a plain stone building consisting of two wings, each two storeys high over a basement, containing 82 beds, was erected and named after Charles, Earl of Whitworth, Lord Lieutenant of Ireland from 1813 to 1817.<sup>3</sup>

The front of this somewhat austere looking building was devoid of any ornament except for a plain triangular pediment below which the name of the hospital and the date of foundation were inscribed. The central portion of the hospital contained a large hall (later encroached upon by additional rooms), physicians' rooms and a staircase at either side. On the upper floor, a large room was originally used as a dormitory for the resident medical students, with adjoining sitting rooms. The Whitworth Hospital in its early years admitted patients suffering from non-contagious chronic illnesses, 'such as inflammation of the lungs, the bowels, and the head', and was known as the 'Whitworth Chronic Hospital'.<sup>3</sup>



*The Whitworth Medical Hospital. From a hospital certificate.*

## THE HOUSE OF INDUSTRY HOSPITALS

In April 1849, the Whitworth Hospital, which in the previous year had treated 1,200 patients, was abruptly closed by order of the House of Commons as a result of a Report of the Committee on Miscellaneous Expenses, which presumably found the costs of maintaining the hospital excessive. Such an occurrence puts us in mind of the closure of hospitals throughout Ireland today, but government in the mid-nineteenth century was more responsive to alternative opinion. Sir Dominic Corrigan, who was senior physician to the House of Industry Hospitals, reacted promptly to the closure of one of his hospitals by calling personally on Lord Clarendon, the then Lord Lieutenant, who visited the empty Whitworth Hospital and made an observation which Corrigan believed to be worthy of quotation and which present day politicians might also heed. The Lord Lieutenant commented 'that a Hospital full of sick people is a melancholy object, but that a Hospital with accommodation, but empty, and shut against the sick, is a still more melancholy object'.<sup>3</sup> Lord Clarendon overruled the decision of Parliament and the Whitworth opened within three weeks of its closure.



*Plans by Carroll and Batchelor for alterations to the Whitworth Medical Hospital incorporating the veranda effect on the southern aspect so as to provide sunlit recreational areas for the patients. These plans were never executed.*

## Other Institutions associated with the House of Industry

### *The Richmond Lunatic Asylum*

When the House of Industry first opened in 1773, facilities for the care of the insane were as inadequate as those for caring for the infirm and sick. Bridewells were established in different parts of the city for incarcerating the more 'outrageous' of the lunatics, but such were the conditions in these institutions that the Governors ordered all their insane inmates to be returned to the House where a large apartment was divided into stalls in which the patients were chained. This apartment was named the Bethlehem (after the Bethlehem Hospital for the Insane in London), but generally referred to as 'Bedlam'. When the Hardwicke Fever Hospital was erected in 1803, a small number of cells were set aside in the basement for lunatics, but, in 1810, the Governors petitioned for the building of a general asylum for the reception of patients, not alone from the House, but from all parts of the country. In 1814 the Richmond Lunatic Asylum was opened with accommodation for 300 patients.<sup>11</sup> This hospital was placed under separate management in 1838 and in 1921 became Grangegorman Mental Hospital, a name later changed to St. Brendan's Hospital.<sup>2</sup>

### *The Bedford Asylum for Children*

The House of Industry had a large population of destitute children. In 1806 a building named the Bedford Asylum for Children was opened with accommodation for 1,000. Here the children were put to work spinning and weaving under the supervision of a Master of Works. By 1830 the Asylum which then consisted of fifteen wards was occupied not only by children but also by 470 aged and infirm females, servants, and male lunatics.<sup>11</sup>

### *The Wellesley Fever Hospital*

This fever hospital was opened in Brown Street, off North King Street, in August 1826 under the direction of the Governors of the House of Industry Hospitals. It contained 113 beds and served as an auxillary hospital to the other hospitals particularly in fever epidemics. It was finally closed in 1834.<sup>20</sup>

### *The Talbot Dispensary*

When the Richmond Surgical Hospital was established, a dispensary named the Talbot Dispensary was also erected. This institution was under the charge of two medical



inspectors, whose function was to supervise the prescription of medicines to those who attended the Dispensary and to visit those who were unable to attend within the neighbouring district.<sup>3</sup> That the Dispensary was popular is evident from the fact that 60 to 150 paupers attended there daily.<sup>11</sup> With the passing of the Medical Charities Act in 1851, the Talbot Dispensary finally closed.<sup>3</sup>

#### *The North Dublin Union Workhouse*

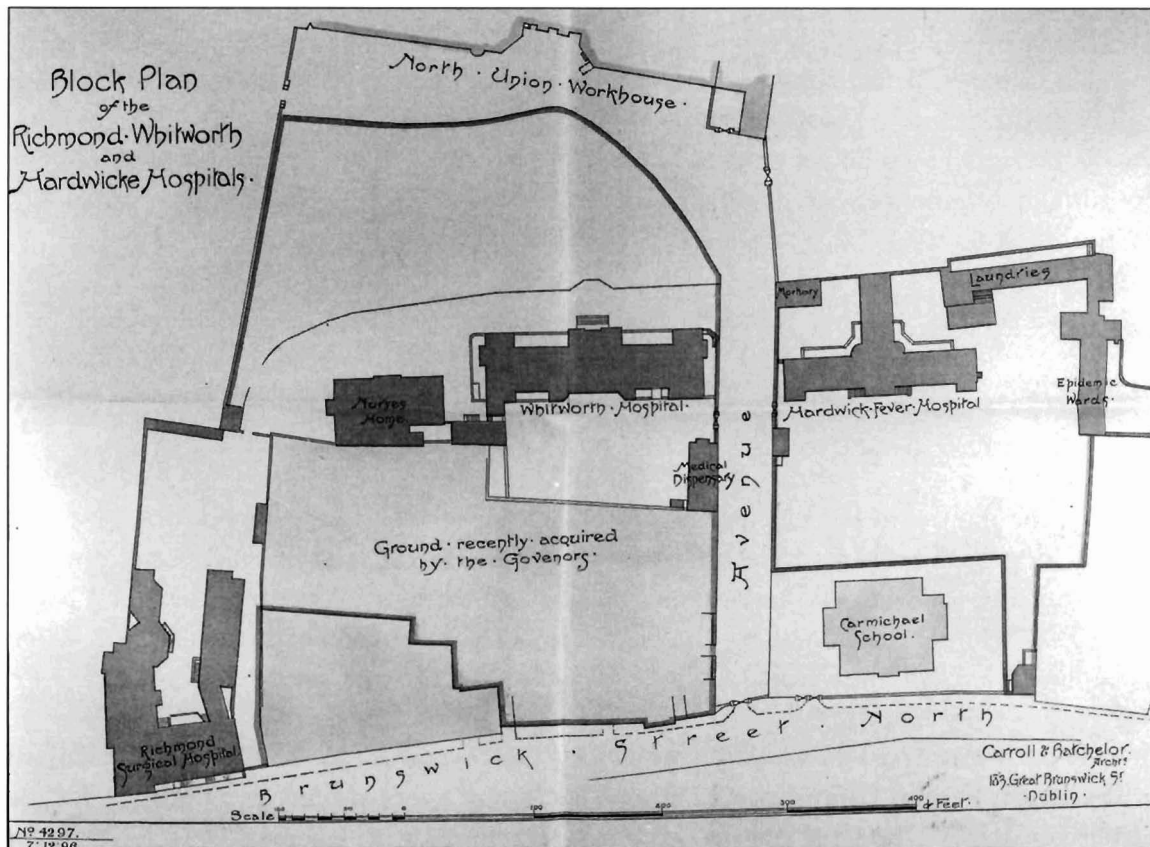
In 1838 government relief for the poor was reorganised with the passing of 'An Act for the more effectual Relief of Destitute Poor in Ireland', and the House of Industry was remodelled.<sup>3</sup> The main square constituting the original House of Industry and known as the Upper House, which contained some 400 aged and infirm males and 300 lunatics,<sup>11</sup> was converted into the North Dublin Union Workhouse. The pauper inmates were transferred to other buildings and were supported by an annual grant from parliament. The lunatics were transferred to a house near Island Bridge, which remained in use solely for the insane inmates of the House of Industry, and which closed in 1861 when the last of them died.<sup>3</sup>

#### *The New Hospital for Infectious Diseases*

This building was erected in 1893 in the grounds of the Hardwicke Hospital. It was intended for use in the event of any sudden epidemic such as cholera or small-pox.<sup>21</sup> Whether or not it was used for this purpose is not recorded. It later became known as the Auxiliary Hospital and for many years was used for ear, nose and throat surgery, a function it continued to serve up until the hospital's closure.

#### *The Richmond Medical School*

In 1826 the medical staff of the hospitals of the House of Industry purchased a large old house on the south side of Channel Row almost opposite the Richmond Surgical Hospital in order to establish a School for the teaching of anatomy, surgery, medicine, chemistry and materia medica. The school had lecture rooms and museums. The lecturers to the school were Richard Carmichael, Alexander Read, Ephraim MacDowell, Robert Adams and Dominic Corrigan. In 1848 Carmichael, a man of considerable personal wealth, bequeathed £2,000, the interest of which was to be distributed annually in prizes to the students. He directed that a further sum of £8,000 was in time to revert to the support of the school. In appreciation of Carmichael's generosity, the name of the School was changed to that of 'The Carmichael School of Medicine'.<sup>3</sup>



Map showing location of different workhouse institutions.



Plan for the proposed Talbot Dispensary by William Murray.



*The Carmichael School of Medicine*

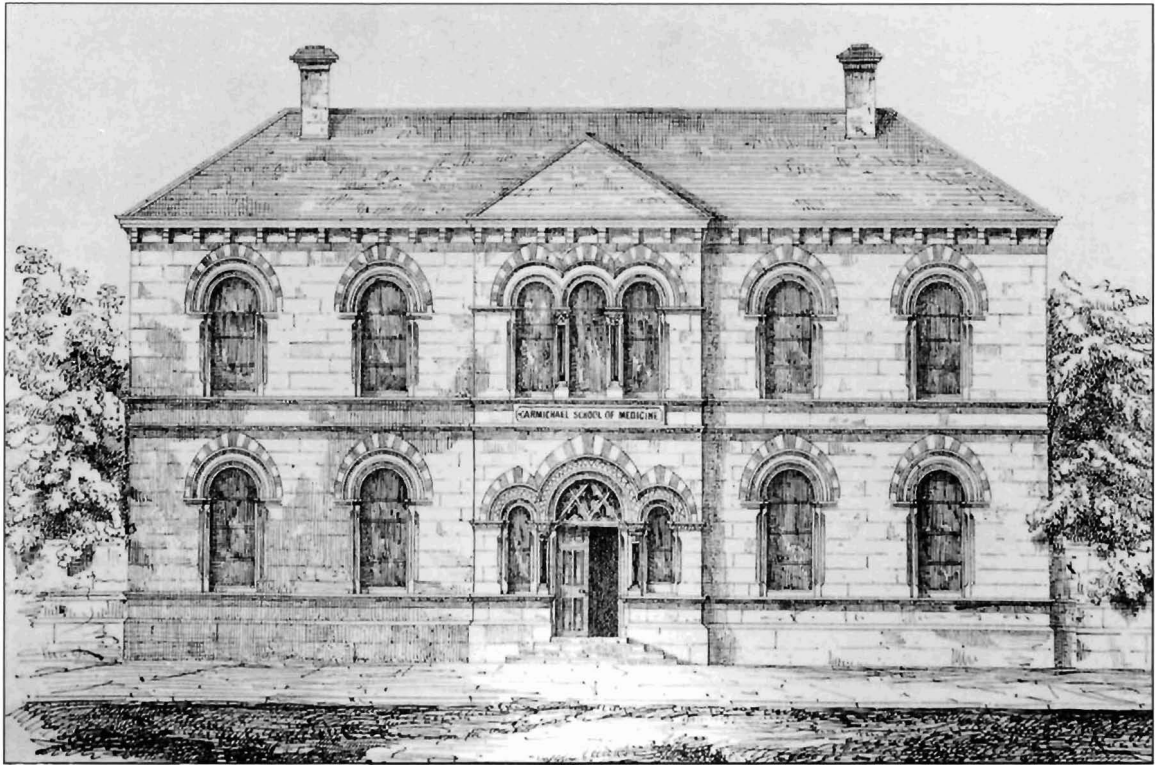
In 1849, Robert Carmichael was drowned when returning to his home in Sutton. In his will he bequeathed the sum of £10,000 to be spent after his wife's demise in rebuilding the Richmond Hospital School of Medicine. However, Mrs Carmichael ordered the building to commence with as little delay as possible and the first stone was laid in 1864 by the Lord Lieutenant:

His excellency was then formally arrayed in a handsome apron, and presented with a silver trowel, manufactured by Messrs West and Son of College – green, which bore the following inscription:—‘With this trowel the foundation-stone of the Carmichael School of Medicine was laid by George William Frederick Earl of Carlisle, Lord Lieutenant of Ireland, on 29th March, 1864.’

The school opened in 1865 (at a cost of £6,000) and, though it flourished for a time, the competition of the centre city schools soon had an effect on the numbers attending. In 1879 the school was rebuilt in Aungier Street at the corner of Whitefriar Street (at a cost of £8,000), where it remained as ‘The Carmichael College of Medicine’ until 1889, when it amalgamated with the Royal College of Surgeons.<sup>22</sup>

In 1884 the Carmichael School on Brunswick Street was sold to the Board of Guardians of the North Dublin Union for £2,500 and for many years served as a convent for the Sisters of Charity who were involved in the administration of the workhouse.<sup>3</sup> This latter association with a nunnery is not to be confused with the earlier links with the Benedictine and Dominican orders. The nuns presumably erected the bell which was to serve many functions not always associated with a call to prayer when the building became a residency for medical students and doctors in the 1930's. Known as ‘The Convent’, it continued as a medical residency, later also housing administrative offices, until the closure of the hospitals.

We may note that the Carmichael School lasted only briefly in its new Aungier Street Building, and in 1889 it was amalgamated, together with the Ledwich School of Medicine, with the Royal College of Surgeons. The school in Aungier Street subsequently became a bicycle factory,<sup>3</sup> and later served as offices for the Board of Works before being purchased, as only seems appropriate, by the Royal College of Surgeons in 1987. The Christian Brothers erected a school on the site of the original Carmichael School on the south side of Brunswick Street, where the educational tradition begun in 1826 continues today.



*The Carmichael School of Medicine.  
From a water-colour in the 'Dublin  
Builder'. (1864. No 116. Oct. 15th.)*

*The Carmichael School of Medicine on  
Aungier Street.*

## Personalities

If the House of Industry and its hospitals housed its share of characters amongst its motley assembly of sturdy beggars and strolling women, the staff of the establishment was not devoid of idiosyncratic personalities; indeed, it might be claimed with justification that few medical institutions in a city renowned for the eccentricities of its medical personages, could match the array of characters that graced the Richmond staff over the years; that is not to deny their medical and academic achievements, which were often substantial.

### *Daniel Rainey*

The first doctor appointed to the staff was Daniel Rainey, a physician who also practised midwifery. He offered his services in 1773 before the House opened, 'without fee or reward', as was customary in the voluntary hospitals.<sup>23</sup> Rainey hailed from Newry and studied medicine at Edinburgh University, but chose to graduate at Leyden in 1764. In 1776 Rainey gave an interesting account of a flu epidemic in the House entitled *Remarks upon the Treatment of the Epidemic Cold of 1775*:

It was not to be wondered that it (the epidemic) found its way into the House of Industry – an institution founded for the suppression of beggars and sturdy vagabonds, situated to the north-west of the city, in an elevated situation with nothing but gardens and orchards in its rear.<sup>24</sup>

Rainey's judicious supportive treatment with 'nothing more than scalded buttermilk' and confinement to bed<sup>87</sup> was well in advance of the times, when purging, bleeding and blistering were standard practice.

### *Deane Swift*

The first surgeon appointed was Mr Deane Swift, a distant relative of Jonathan Swift. Swift was reputed to have had a large practice,<sup>25</sup> but his appointment to the House was destined to be short: in 1775 Swift, his wife, and sister were drowned when the ship in which they were returning from England was wrecked in a storm.

### *James Henthorn*

James Henthorn was appointed on December 7th, 1773, two months after Swift. He served the House as surgeon for 36 years and thereafter as a trusted governor. He was to be the major force in persuading government to erect the Richmond, Hardwicke and Fever



*James Henthorn (1744—1832). Portrait in oils by Martin Cregan, now hanging in the Board Room of the Royal College of Surgeons in Ireland. (Photograph by David Davison.)*

## THE HOUSE OF INDUSTRY HOSPITALS

Hospitals. Henthorn was a member of the Dublin Society of Surgeons which agitated successfully for the foundation of the Royal College of Surgeons in 1784, and together with William Dease, he is now regarded as co-founder of the College. To judge from the following lines he was a man of amiable temperament:

*Those tantrums Henthorn takes no pride to ape,  
Ne'er in a rage, a hurry or a scrape;  
Quiet he crawls, between a sneak and a waddle,  
A-stern his knuckles and a-stoop his noddle.*<sup>26</sup>

### *Edward Foster*

Edward Foster joined Rainey as physician in 1774. As was common practice at the time, he also taught midwifery and is commemorated by Gilbourne in his panegyric *The Medical Review* in language to which modern usage might attach more innuendo than was intentionally implied by the author:

*Judicious Foster feels the latent pulse,  
To hidden maladies gives quick repulse;  
In particular brings propitious aid –  
Each dame retrieves that has by him been laid.  
He teaches pupils, either sex, or apart  
In learned lectures his mysterious art.*<sup>27</sup>

### *First Nurses*

The first nurses appointed were Mary Harding for the men's infirmary and Mary Smith for the women's; another two Marys – Byrne and Graves – were selected like their colleagues from the inmates of the House and appointed to duties in the department for treating venereal disease, appropriately known as 'The Cock-Pit'. In 1775, a head nurse, Mary Clarke, was appointed to supervise the nurses and patients.<sup>28</sup>

### *William McNevin*

In 1790 William James McNevin was appointed physician to the House, where he proved himself to be an innovative member of staff. The minutes of 1795 thank him 'for the trouble and pain he has taken and been at in procuring for the House a proper pneumatic apparatus'.<sup>29</sup> This device, designed by none other than James Watt, had been purchased

for use among the paupers of the House at a cost of £25 2s 11d. A minute of 1798 is not quite as supportive of the good doctor's efforts on behalf of the United Irishmen to persuade the French to invade Ireland:

Whereas it appears by an Act of the last Session of Parliament that Wm James McNevin, Doctor of Physick, one of the Physicians of the House of Industry, hath confessed himself guilty of High Treason and besought His Majesty that all further prosecution should stop and surcease on condition of his banishment from His Majesty's dominions. RESOLVED: That the said Wm James McNevin be and he is hereby removed from the said place of office of one of the Physicians to the House of Industry.<sup>2</sup>

The resolution was of little practical relevance to McNevin, who was at the time of its passing languishing in the gaol of Fort George in Inverness where he remained until 1802 when he went to New York. Here he became Professor of Chemistry at the College of Physicians and Surgeons and after an illustrious medical career in New York, died in 1841.

### *Edward Percival*

Edward Percival, physician to the House, and his colleague, Hugh Ferguson, made a significant contribution to the development of the hospitals when they intimated to the Board, that, having obtained the approval of the Governors to start a course of clinical instruction, they now wished to seek sanction for the establishment of a school of medicine to which Dr Samuel Litton would be lecturer. This was the first step in the development of one of Dublin's major teaching hospitals. Percival has left us an interesting account of the 1815 epidemic of fever in a Report of the Hardwicke Fever Hospital, published in the *Transactions of the Association of Fellows and Licentiates of the King's and Queen's College of Physicians in Ireland*. (1817; 1: 247):

. . . In the records of solitary cases, whether of rare or complicated diseases, we are by no means deficient; and much useful, though subordinate service is rendered by these scattered lights of knowledge. But the materials of just pathology can be drawn only from large masses of observation, assembled and arranged in the order of their subjects; nor can durable improvements in practice be established on less full and luminous evidence.

The Hospitals attached to the House of Industry in Dublin, present considerable means to the advancement of pathological science. More than 600 patients are classified in distinct buildings or wards, according to the character of their diseases: – acute or chronic disorders, – contagious fevers in adults and children – insanity – idiocy – surgical cases – and incurable infirmity . . .

And let it be added, that the Governors, activated by solid and enlightened views of the public benefit, afford every aid to render the establishment subservient to science and industry.

*Samuel Litton*

Litton is of note not only in that he later became physician to the House but also for the fact that he was librarian to the Royal Dublin Society, Professor of Botany at the Apothecaries Hall Medical School, twice President of the Royal College of Physicians, and, as a regular lecturer at the Botanic Gardens in Glasnevin, did much to make the Gardens a popular place of recreation for the citizens of the city.<sup>30</sup>

*Robert Moore Peile*

Robert Moore Peile, appointed surgeon in 1790 (a position he occupied for fifty years), was a founder member of the College of Surgeons. He lived a full and active life, earning a reputation as a skilled lithotomist; his mortality for removing a stone was only one in forty, a remarkable statistic in the days before antisepsis and anaesthesia. He became unwell in his ninety-third year but declined his physician's pleadings to take some wine-jelly with the rejoinder: 'Now, my dear friend, will you be good enough to permit me to die.'<sup>31</sup>

*James Rivers*

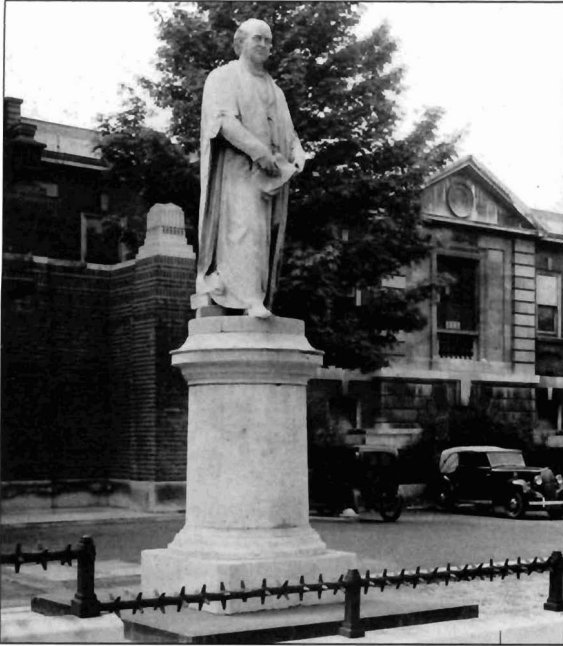
James Rivers was another Georgian surgeon on the staff. He was a man of private means accrued from the family distillery business. When asked by the Board to explain his absence from the House, he replied in the following plaintive vein:

Two years ago I was affected with a torpidity of my bowels, for which I repeatedly consulted Doctor Percival with some benefit; in the beginning of last year I was affected with ophthalmia, which ended in the loss of my right eye; last October I was affected by an attack on my lungs and the ophthalmia came on again. I was attended by Mr Peile and when recovered I was ordered to take Goat Whey for an obstinate cough, which is now almost vanished. I have now nothing to complain of but a spasmodic affection on the left side of my head, which I hope is about to cease; I shall resume my daily at the hospital after a few weeks of Goat Whey expecting leave of absence from the Board.

Perhaps not too surprisingly Rivers did not resume his duties and he died a year later.<sup>32</sup>

*Francis L'Estrange*

Francis L'Estrange, who had been a surgeon to Mercer's Hospital, was appointed to the House in 1786. He achieved historical fame as accoucheur at the birth of the poet, Thomas Moore, in Aungier Street on May 28th, 1779.<sup>33</sup>



*Robert Bentley Todd (1809—1860).  
Statue in the grounds of King's College  
Hospital Medical School, London.*

#### *Charles Hawkes Todd*

Charles Hawkes Todd, appointed in 1809, was an apprentice of James Henthorn and became President of the College of Surgeons in 1821. He is perhaps better remembered as the father of Robert Bentley Todd, who, having studied under his father in the College and the Richmond Hospital, went to London where he achieved fame as Professor of Anatomy and Surgery at Kings College Hospital Medical School. His achievements there are commemorated by a fine statue that stands outside the School.<sup>34</sup>

#### *Alexander Jackson*

Alexander Jackson, appointed to the staff in 1799, made the treatment of the insane his special interest. In a long communication to the Board in 1813, Jackson expressed the principles that should govern the management of the insane. Deploring 'the apparatus of chains, darkness and anodynes', he advocated facilities for segregating patients with different forms of insanity. He believed that the screams and ejaculations of 'the confused assemblage of all the species and varieties of madness – in one cell an unhappy maniac who is constantly roaring and in an adjoining cell a patient who is convalescent' was detrimental to recovery.<sup>35</sup>





*Alexander Jackson.  
Portrait in the Royal College of Physicians  
of Ireland. (Photograph by David Davison.)*

Jackson was, according to Widdess, 'after Jonathan Swift . . . the pioneer of what is now termed psychiatry in Ireland'. He was an important influence in persuading the government to erect the Richmond Asylum, which was opened in 1815, at a cost of £77,000. Jackson was appointed as the first medical officer of this institution, which was later to develop into Grangegorman (now St. Brendan's) Hospital. He later resigned with his colleague Hugh Ferguson from the House of Industry to devote all of his time to the care of the insane in the Richmond Asylum.

### *John Cheyne*

The post left vacant by the resignation of Alexander Jackson was filled by one of the physicians of the Golden Age of Irish Medicine, that mid-nineteenth century period when the Irish School flourished; he was John Cheyne.<sup>36</sup>

Cheyne, the son of a doctor, was born in 1777 in Leith, Scotland. His mother was, according to her son, 'an ambitious woman of honourable principles, constantly stimulating her children to exertion, and intently occupied with their advancement in



*John Cheyne (1777–1836). A portrait in oil, possibly by Rev. William Deey in the Royal College of Physicians of Ireland. (Photograph by David Davison.)*

life.' Cheyne spent his early boyhood at the Grammar School in Leith and went to the High School of Edinburgh in his tenth year, where he tells us he was very unhappy, being unable to keep up with his class-mates, and where the head master 'would flog a whole form till he became pale and breathless and unable to proceed', the paroxysm ending in 'a conviction that he was the most learned, wise, and virtuous man of his age'. After leaving school he was placed under the care of a clergyman of the Episcopal Church of Scotland, who, although a good scholar, was according to his pupil 'an idle and dissipated man'. In his thirteenth year Cheyne began attending his father's poor patients, his role being to see 'that they were supplied with medicines, to bleed them, to dress their wounds, and report upon their condition'. He entered the University of Edinburgh to attend medical lectures at the early age of 15. Although this was below the minimum age, he tells us that in 'this premature commencement . . . there was nothing apparently incongruous as I had then attained full growth and had the appearance of a young man of eighteen or nineteen'. He graduated with an MD in 1795 at the age of 18 years.

His first appointment was that of assistant surgeon of the Royal Regiment of Artillery at Woolwich, with which he served in various parts of England until the end of 1797. He then accompanied a brigade of horse artillery to Ireland and was present at the abortive insurrection at Vinegar Hill in 1798. Cheyne did not regard his career in the army as satisfactory; he tells us that his time 'was spent in shooting, playing billiards, reading such books as the circulating library supplied, and in complete dissipation of time'. In fact, so successful was he in the pursuit of pleasure that he 'learned nothing but ease and propriety of behaviour'. At last, he decided that a move was necessary and in 1799 he returned to Scotland, where he was given charge of a small hospital and once again assisted his father in practice. He became friendly with Charles Bell, whose especial interest was pathology. Under his guidance Cheyne performed autopsies and studied pathology.

Determined to succeed, Cheyne turned his attention to examining how he might 'become acquainted with the characters of those who moved in the highest rank of the profession, and to discover the causes of their success', and he ascertained that, 'although a man might acquire popularity by various means, he could not reckon upon preserving public favour unless he possessed the respect of his own profession'. He was constantly seeking an opening where he would have the opportunity of distinguishing himself rather than 'securing a large income'. In 1809 we find him 'as a candidate for public favour in Dublin . . . neither expecting nor indeed wishing for rapid advancement; what is easily acquired is little valued and not infrequently soon lost . . .'

He was married at this time but we know nothing of his family. Practice was slow at first and his friends urged him to move amongst the elite and to entertain extravagantly.

Neither ploy was successful and he resolved never 'to repeat the injudicious experiment'. In 1811, he was appointed Physician to the Meath Hospital and two years later he became the first Professor of Physic at the College of Surgeons. His lectures were concerned mainly with military disease and were very popular with those attached to the army in Ireland.

In 1815 he was appointed Physician to the House of Industry, where by virtue of 'experienced and well-trained sick-nurses, who allowed nothing to escape their observation', he was able to complete his daily visit in 'little more than an hour'.

Cheyne's interest was diseases of childhood and many of his publications deal with paediatric topics. He published a number of papers on croup and respiratory disease in children. In 1819 he published a monograph entitled *Essays on Hydrocephalus Acutus: or Water on the Brain*, in which he reviewed the literature on the subject and presented twenty cases with pathological details. In 1821 he published an *Account of the Rise, Progress and Decline of the Fever lately Epidemical in Ireland*; this consisted of reports on fever from different physicians in the country.

The work by which his name is now remembered appeared in the Dublin Hospital Reports of 1818 – *A case of Apoplexy, in which the fleshy part of the Heart was converted into Fat*. In essence this is a case report of a sixty year old man:

of a sanguine temperament, circular chest, and full habit of body, (who) for years had lived a very sedentary life while he indulged habitually in the luxuries of the table.

He developed dyspnoea and chest pain and on one occasion following a severe fit of coughing, 'fell from his chair insensible', but the following day 'his understanding was unimpaired, his recollection restored'. Cheyne notes that at all times the 'pulse was extremely irregular and unequal'. In the last period of his illness the only peculiarity was in the state of the respiration:

For several days his breathing was irregular; it would entirely cease for a quarter of a minute, then it would become perceptible, though very low, then by degrees it became heaving and quick, and then it would gradually cease again; this revolution in the state of his breathing occupied about a minute, during which there were about thirty acts of respiration.

Post-mortem examination revealed extreme fatty changes in the heart. This was the first concise account of the peculiar breathing (which William Stokes was later to describe in greater detail) which is now known as *Cheyne-Stokes respiration*.

It was not long before Cheyne had a flourishing practice and the principles which originally motivated him to leave the army and seek a more rewarding career appear to have suffered a reverse: 'I therefore felt it necessary to resign my professorship at the College of Surgeons, as well as my charge of the Meath Hospital, that my private practice, which in 1816 yielded me £1,710 might not suffer by the extent of my official duties'.

In 1819 Cheyne resigned from the House of Industry after only four years of service, mainly because of his success in private practice. He now applied for the post of Physician-General to the Army but such was the calibre of the applicants that the Lord Lieutenant diplomatically appointed a compromise candidate – a Dr Robert Percival – who had not even applied for the post. Percival accepted on the condition that Cheyne be appointed as his assistant and then promptly resigned, whereupon Cheyne was appointed his successor. Having thus achieved the highest medical rank in Ireland, Cheyne considered that he had reached the pinnacle of success 'as my practice yielded £5,000, which was about its annual average during the next ten years, I felt that I had fully attained the object of my ambition . . . I am convinced had my health permitted me, that I could have added £1,500 a year to my income.' Had Cheyne not fallen victim to a valid and pithy criticism he had once made of the academic establishment?

In a greatly celebrated university, in which the examination for a fellowship requires a length and closeness of application which is sufficient to impair the power of most minds, it has been observed that many of the fellows, after their election have lost all their original relish for learning and have become men of little performance, although originally of great promise.

Cheyne adhered to a number of rules in the conduct of practice, one of which was punctuality – 'not much practised in Ireland'. He never acquainted anyone, not even members of his family, with the names of his patients and he felt that 'physicians are oftener deprived of the good-will of patients by paying what are deemed unnecessary visits than by neglect'. On the subject of depression, he had this to say – 'A popular physician with a composed yet decided and rather unyielding manner, to such a patient appears almost like a ministering angel. The most obvious directions appear like words of inspiration; the merest placebo that ever was struck upon an apothecary's file is a panacea, or is combined with consummate skill and restores health and enjoyment of life.'

In 1825 his health began to deteriorate and he developed what he called 'a species of nervous fever . . . a climateric disease'. He became weak, depressed and anxious; he suffered from insomnia and in an attempt to obtain repose, he developed the rather eccentric habit of moving from one bed to another during the course of a night, there being several beds in his room for this purpose. His sufferings were made the more intolerable by failing vision due to cataracts, which ultimately resulted in blindness.

In 1831 he retired to the village of Sherrington in England, but 'being of the opinion of those who think it better to wear out than rust out' he undertook medical work among the villagers and wrote articles for the *Cyclopaedia of Practical Medicine*.

He developed an intense and almost fanatical interest in religion. He wrote a book, which fortunately also contains his biography, entitled *Essays on Partial Derangement of the Mind*. Introducing the autobiographical sketch he modestly suggests that 'a succinct account such as I am about to give of the life of a physician who, without much literary or general scientific information, attained confidence and consideration, may suggest useful hints to the junior members of the medical profession . . .' He goes on in the book proper to discuss the relationship of madness to organic disease and the Satanic influence; his deep interest in religion – a preoccupation which increasingly dominated his later years – is readily apparent.

Cheyne died in 1836 and left instructions for his burial, which included the erection of a monument 'for the benefit of the living, and not in honour of the dead'; this bore many quotations from scripture and a number of exhortations to passers-by, all reflecting his later religious zeal:

Reader! the name, profession and age of him whose body lies beneath, are of little importance; but it may be of great importance to you to know that by the grace of God, he was brought to look to the Lord Jesus as the only Saviour of sinners and that this 'looking into Jesus' gave peace to his soul.

### *Charles Orpen*

Charles Edward Herbert Orpen, appointed to the House in 1820, was an interesting figure of whom not much is recorded. He suffered recurrent attacks of typhus shortly after graduation, and during convalescence, when he was unfit to resume full professional responsibilities, he gave attention to the welfare of deaf and dumb children. In 1816 he petitioned the Governors for accommodation in the House of Industry, in which he sought to establish a school for promoting the education of the indigent deaf and dumb of Dublin. He was given the use of two rooms in the Smithfield Penitentiary for Young Criminals which was under the jurisdiction of the Governors. Here he treated children he had chosen from the thousands of orphans in the Bedford Asylum, and so successful were his efforts that a house was acquired by public subscription in Glasnevin, to serve for a century as the National Institute for the Education of the Deaf and Dumb.<sup>37</sup>

*Richard Carmichael*

Richard Carmichael, whose name will ever be associated affectionately with the memory of the House of Industry and the Royal College of Surgeons, was born in Dublin in 1779. After two years apprenticeship to Peile and study at the Royal College of Surgeons, Carmichael was appointed assistant surgeon and ensign to the Wexford Militia when only sixteen. In 1800 he became a member of the Royal College of Surgeons and commenced practice in Dublin. He was soon appointed surgeon to St. George's Hospital and Dispensary and to the Lock Hospital, and, in 1816, he was appointed surgeon to the Richmond, Whitworth and Hardwicke Hospitals. He was elected President of the Royal College of Surgeons in 1813 (when he was only thirty-four) and again in 1826 and 1846. He was the first Irishman to receive the honour of being elected a corresponding member of the Royal Academy of Medicine in France. The satirical writer Erinesis wrote of him:

He is a man of very plain manners, unpretending address, unostentatious habits, and on every subject of liberal opinions . . . By self-exertion solely, he has worked his way to eminence and independence – the highest praise that can be bestowed on a professional man in Ireland, where so many efforts are made to deprive merit of its rewards.<sup>22</sup>

Carmichael's reputation as a surgeon was considerable and he attracted a large number of students to his classes and operations. A vivid description of surgery in the days before anaesthesia and antisepsis has been recorded by a disgruntled student who could not get a clear view of the proceedings:<sup>38</sup>

On Tuesday last (August 2), hearing that the operation of removing a portion of the lower jaw, on account of an osteo-sarcomatous disease, was to be performed at the Richmond Surgical Hospital, I made my way, with many others, uninvited into the operating theatre of that institution. This room, though longer than any of the theatres of the London hospitals, was nearly filled by pupils and surgeons; the former seated on the benches, the latter standing on what may be termed the stage and obstructing and mobbishly closing up its whole area. The patient was a boy about fourteen – the operator, Mr Carmichael. The patient was placed on the lap of an able assistant, but on the first incision the boy screamed and struggled with so much violence that it required much more than the strength, applied as it was, of the many broad-shouldered gentlemen surrounding him to keep him on his seat, but as to securing his head, the more hands that attempted it the worse they succeeded. A regular confusion now ensued; the operator supplicated for light, air and room; his privileged brethren thronged but the more intensely about him; the pupils lost altogether a sight of the patient, the operation, and even of the operator. The patient was shifted to a table, but still remained invisible; his continued screams, however, and the repeated remonstrances of Mr Carmichael, insisting for elbow-room, assured us that the operation was still going on, but as to a glance at the *res gesta*, we might as well have been posted at the outside of the building.



*Richard Carmichael (1779—1849). An engraving from a portrait drawing by Frederick Burton.*



After about half an hour portion of the jaw had been removed, and the specimen was passed around the students. They also saw the boy 'walk stoutly out of the operating room, notwithstanding his sufferings and loss of blood, without deigning to avail himself of the assistance which was proffered to him on all sides'.

Always interested in reform, Carmichael was a founder of the Medical Association of Ireland and first President from its foundation until his death. He donated £500 to promote the aims of the Association but when the fund was not used, he redirected the money to the Medical Benevolent Fund Society which he further endowed with £4,500 in his will. In 1826 Carmichael, Ephraim McDowell and Robert Adams founded, at their own expense, the Richmond School of Medicine. Carmichael further endowed the project by establishing a number of prizes to encourage competitiveness among medical students. Carmichael's life ended tragically on June 8th, 1849. Riding across the strand at Sutton from the Richmond to reach his country home, he was overtaken by the strongly-running tide and his horse stumbled, throwing Carmichael into deep water in which he drowned. His body was recovered four days later and was interred in St. George's burial ground near Drumcondra. He bequeathed £10,000 in his will for the rebuilding of the Richmond Hospital School of Medicine which was opened in 1865 as the Carmichael School of Medicine.

### *Robert Adams*

Robert Adams<sup>39</sup> 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 Bachelor of Arts 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, where 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.

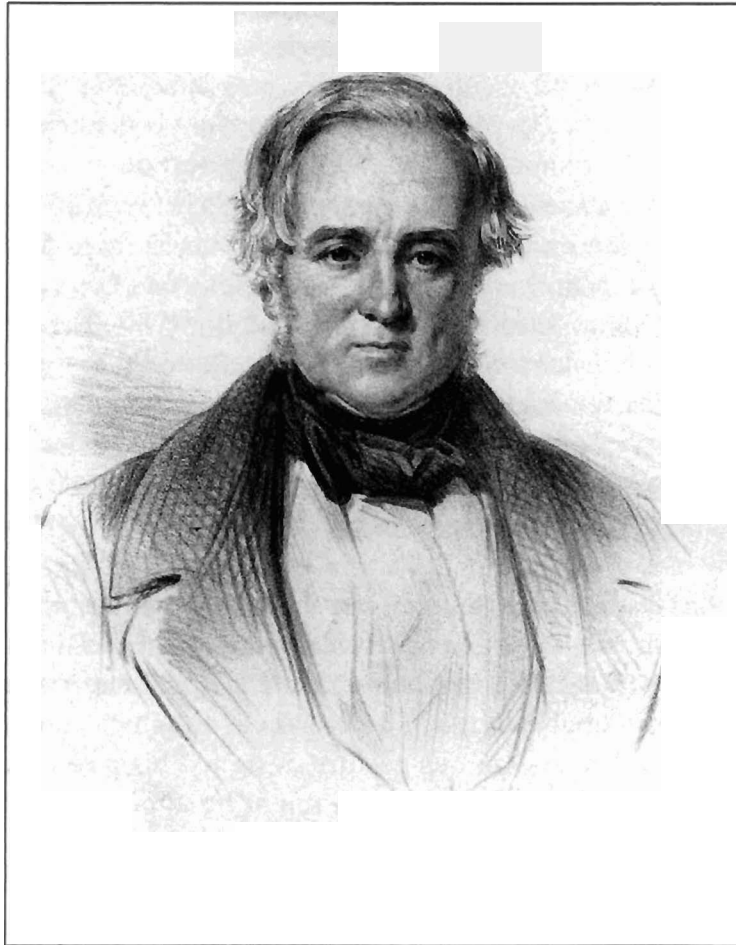
In 1827, Adams published a long article in the *Dublin Hospital Reports* entitled 'Cases of Diseases of the Heart Accompanied with Pathological Observations'. In this paper Adams described a patient with apoplexy which he attributed to a slow pulse, and the condition

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, 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 as there was then no classification of pathological changes in the joints. He advocated rest in the early stages of rheumatoid arthritis 'with the expectation of arresting the progress', but warned that 'it is important to have present in our minds the evils that result from the systems of articulations being kept for a great 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



*Robert Adams (1791—1875).  
From an engraving in the Royal College of Surgeons in Ireland.  
(Photograph by David Davison.)*

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 his longevity. He died at the mature age of 84 years and is buried in Mount Jerome Cemetery.



*Dominic Corrigan (1802—1880).  
From a photoengraving on porcelain. (By courtesy of Dr P Horne.)  
(Photograph by J Hall).*

### *Dominic Corrigan*

The most famous name in medicine to have an association with the hospitals of the House of Industry was Dominic Corrigan.<sup>40</sup> 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* bears testimony to the citizens' gratitude to him for extolling the climatic benefits of their seaside resort.

Corrigan was born on December 1st, 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 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 fatally wounded Lord Edward Fitzgerald, and, a year after Dominic's birth, Robert Emmet was executed outside St. Catherine's Church.

John Corrigan and his wife Celia gave their 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 Physick 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*.

Although Corrigan's stay in the Charitable Infirmary was professionally rewarding in that he made a significant impact with his writings on medical science, he was frustrated by his surgical colleagues in obtaining more beds. It was hardly surprising, therefore, that when a vacancy arose in the House of Industry Hospitals in 1840 Corrigan was duly appointed.

Conditions in the House were altogether better than those to which Corrigan had been accustomed at the Charitable Infirmary. Surgeons and physicians visited daily in the morning, the former at thirty minutes past eight o'clock and the latter at ten o'clock. There were two medical and surgical clinical lectures each week and special courses on fevers and epidemic diseases, diseases of the eye, and mental diseases. There was an extensive pathological museum with about four thousand drawings, casts and preparations, with descriptive catalogues. There was a good medical and surgical library, containing about six hundred volumes, supported by the staff and by a small subscription from the students who used it. Operations were performed on Wednesday mornings only, except in urgent cases. Nine clinical clerks, interns and externs, and the dressers,

were selected from the best qualified students. Nurses were paid little more than ward maids – nine pounds a year, and one pound good conduct money, with improved rations.

Corrigan was active in achieving improvements for patients and staff alike. A complaint that some of the patients in the Whitworth had very dirty sheets, led to the matron being reprimanded and an order made for reserve clothing, shirts, shifts, caps and sheets. Corrigan requested that a book be kept by the clinical clerk for recording the names and addresses of any foreign or other professional persons of distinction who might visit the hospital. He had his wards supplied with test tubes, urinometers and glasses. Fixtures of an ordinary kind were placed in a large room opposite the hall door of the Whitworth hospital for the use of patients seeking admission, and a Kidderminster carpet was provided for the room in which the physicians examined these patients.

When Corrigan was appointed, he was given charge of the Hardwicke Hospital with 144 beds 'devoted to fever and to contagious disease'. In the first five months of office 297 patients were admitted of whom twelve died from a variety of infections. However, only one patient died from the disease known as 'maculated fever' which affected most of the remaining patients. This illness was typhoid fever and Corrigan has left us a vivid description of a patient named Murphy, a policeman:

He was very ill in maculated fever – so violent that it was necessary to put a strait-waistcoat on him. His delirium was furious; his tongue was dry and brown; his pulse beating above 130; his skin covered with both maculae of fever and petechiae of purpura. He had not slept, and his eyes were suffused: he passed faeces in the bed, and we were positively assured by the nurse that he also passed urine copiously under him. This report seemed to be confirmed on first sight on turning down the bed-clothes, for there was a strong urinous smell; the clothes were stained by the urine; and the urine was seen welling from the orifice of the urethra, and dribbling over the thigh. Notwithstanding all this I had the catheter introduced, and there were drawn off certainly not less, and I believe more, than two quarts of urine.

Corrigan devoted the same energy to his work in the House of Industry as he had done in the Charitable Infirmary. With more beds at his disposal he was now able to concentrate on teaching. He held lectureships in the Diggis Street and Richmond Hospital Schools. He commenced his teaching rounds in the Hardwicke Hospital each morning at eight o'clock, and there was always a large attendance of students recording and commenting upon his patients. He was an excellent bedside teacher, but it was his didactic lectures on the practice of medicine that earned him a reputation as an outstanding lecturer. These lectures were published in the major medical journals. Frequently the theatre could not accommodate the students who flocked to hear him. He illustrated his presentation with casts or drawings from clinical cases. He liked to do his own dissections, and his



demonstrations of these 'were most lucid – always explicit, and while using the plainest of language he was never dull or wearisome'.

Mapother, who attended his lectures in 1851-2, has left us this account of his prowess as a lecturer:

Although he rarely spoke for more than half an hour, he told us more practical facts and portrayed disease more strikingly than others would in five hours. He frequently used the microscope – an aid to the investigation of disease only just adopted. Many of his illustrations were homely, for instance, to satisfy ourselves that the impulse of the heart against the left side of the chest is not solely due to its apex, he would tell us that night to take the cat on our lap and feel the impulse on both sides, as the chest is so narrow in that animal. A favourite anecdote was that soldiers had tried to persuade him that certain round scars of skin disease were bullet marks; he retorted that as they were never found except on the back they did not attest to the glory of facing the enemy.

Corrigan's addresses to the students of the Richmond are so good as to be worthy of editing and republishing for the benefit of contemporary students. Like Robert Graves, his colleague in the Meath Hospital, he was aware of how much the teacher is in debt to his patients:

In our intercourse with the poor in the hospital we never forget, and neither will you, that the poor who come to us here are to be treated with the same consideration as the rich. The rich can go where they like – the poor have no choice. If the poor obtain the highest medical aid in the hospitals of our city, they pay a price for it. Their cases are lectured on – their diseases are the subject of scrutiny, and their bedsides are the places for your instruction.

The art of clinical medicine is acquired only by diligent application and study at the bedside of patients. Corrigan was a firm advocate of this form of medical instruction, and he constantly urged his students to avail of the opportunity to study disease in the wards.

Corrigan was content in the Richmond, more so than he had been in the Charitable Infirmary. He spoke well of the hospital and he found that it compared well with foreign institutes:

I have had opportunities of visiting many of the great hospitals of France and Germany, at Paris, Vienna, and Berlin. I can now, with confidence, say that, in all essential particulars, our hospital here – not alone this institution, but our hospitals generally – can fully stand comparison with their best. To the eye of the casual or unprofessional visitor, the statuary in the halls, the frescoes on the ceilings, and the waxed floors, produce an imposing effect; but these do not constitute the essentials of an hospital or give comforts to the patients. The casual visitor seldom goes beyond these, but when the professional scrutinizer enters into the details of ventilation, of cooking, of medicine,

of clothing, of the numerous little, yet requisite, appliances for the sick, he then learns to value his own institution more than before, and to find out that there is often little to be adopted from others.

He approved of the way in which the hospital was managed by a mixed board of professional and non-professional members, in essence a voluntary hospital management:

The experience of many years has shown that this is probably the best form of a board of management that could be desired. The non-professional members bring to the board all that general knowledge of finance, contracts, and books, without which no institution can be economically or satisfactorily carried on, and with which the professional men are seldom familiar, while the medical officers carry into its management that intimate acquaintance with details which unprofessional personnel with the best intentions could never acquire.

He had his difficulties of course, but after a decade of tussling with the Jervis Street surgeons, these would have scarcely irritated him. The governor of the hospital apprehended him shortly after his arrival for a very greatly increased consumption of wine in his wards, numbers one and three of the Hardwicke Hospital. Corrigan pointed out that the liberal use of wine in the treatment of typhus fever was essential, but he did agree to see what might be done to comply with the request.

Wine was not the only item about which the governor had to complain. The leech, *Hirundo medicinalis*, was in common use for blood-letting, a practice that was considered advantageous in many conditions. The apothecary cared for and distributed these animals, and on August 17th, 1841, in applying for an extra hundred leeches, 'he begged to state that the 500 leeches allowed for each month *have all been used* a fortnight before the allowed time this month – there were some bad eye cases after operation requiring application of leeches'. Our modern hospitals are having similar difficulties controlling the successor to the leech – drugs – which account for an exorbitant portion of our health service expenditure.

The Richmond was more flamboyant than the Charitable Infirmary, and Corrigan, at his best in front of an audience, had ample opportunity to state his views. *The Irish Times* reported the opening of the academic session for 1858:

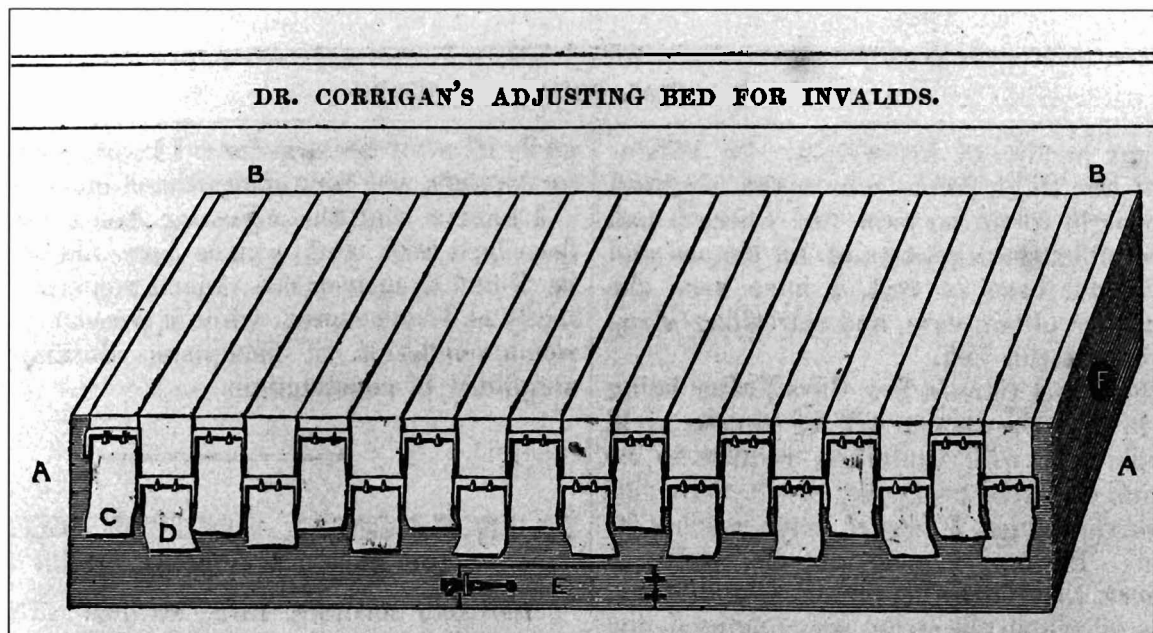
The hour announced was eleven o'clock, and long before that time the gallery of the lecture hall was filled by students in medicine and surgery, anxious aspirants to professional fame. Dr Corrigan entered the theatre at eleven o'clock, and his presence was the signal for an enthusiastic burst of applause from the youthful auditory, and this was no less enthusiastic than sincere, for we believe that in this or any other country

## THE HOUSE OF INDUSTRY HOSPITALS

there is not a professor or clinical lecturer more respected and beloved by his pupils than the eminent physician who then stood before those who will derive counsel and proficiency from him during the session which he yesterday inaugurated. Exclusive of the array of young men who thronged the benches in the gallery, the space or platform upon which Dr Corrigan stood was occupied, right, left and front by an assemblage of professional and non-professional men, anxious to listen to his inaugural address . . .

Corrigan, ever aware of the importance of political patronage for the advancement of himself, his institution and science, made good use of the occasion:

Dr Corrigan having retired from the theatre, he conducted Lord Naas and Colonel Dunne on an inspection of several wards in the institution, with which the noble lord and the gallant colonel expressed their cordial approval of the discipline and general management of the several departments; and having descended to the kitchen department, the noble lord and the gallant colonel closely inquired, and examined minutely, the process of cooking and serving the food of the patients. With all the management and discipline the vice-regal party expressed their cordial approval. Having remained for some time on the grounds, in conversation with Dr Corrigan and other professional gentlemen and visitors, Lord Naas and Colonel Dunne took leave and returned to the Vice-Regal Lodge.



At the Richmond, Corrigan continued to publish regularly in the medical journals, one of his more curious contributions being a description of an instrument which when heated to dull redness in a spirit lamp was applied over the area of sciatica or lumbago to induce what he called mild counter-irritation. This was known as 'cure by firing'. It was popular until the early part of this century and the instrument was known as 'Corrigan's button'. Corrigan enjoyed applying his medical knowledge to the invention of appliances for the treatment of disease. He designed a stethoscope, and impressed by a report from Laennec on the beneficial effects of seaweed in chest disease, he invented an inhaler which became known as 'Doctor Corrigan's diffuser'. He believed, with good reason, that this would be a more effective way of administering iodine than Laennec's method of strewing seawrack throughout the wards of the hospital. He also designed hospital beds – 'Doctor Corrigan's adjusting bed for invalids' was a primitive version of today's ripple-bed for preventing pressure sores. A series of leather straps formed the base of the bed and could be released and tightened as required so that pressure could be removed from tender areas of the recumbent patient.

Corrigan, as we have seen, had been given charge of the Hardwicke Fever Hospital. When the Great Famine began in 1845, the government appointed him to the Central Board of Health that was established to organise the relief of famine and fever. The Royal Colleges resented the fact that 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. 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 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. He also served as a commissioner of National Education. He had a passionate interest in this area, both medical and general. As a member of the General Medical Council for 21 years he pressed uncompromisingly for the standardisation of medical education and assessment. These services were duly rewarded; he was appointed Physician-in-Ordinary to Queen Victoria in Ireland and created a Baronet of the Empire in 1866.

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 institution 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 epitomised 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.

In 1866, Corrigan resigned as physician to the House of Industry Hospitals after a period of 26 years. He was succeeded, as was customary for the times, by his protégé, Dr Robert Dyer Lyons. Corrigan continued to serve the institution as Consulting Physician and a member of the Board, a position he continued to occupy until 1878 when he resigned because of failing health; the press commented on the event:

If the Dublin hospitals have grown to be among the few institutions which lift our city to the level of the greatest capitals, we know nothing which has contributed more to their fame than the name and deeds, the zeal, research and all but inspired success of the greatest among Irish physicians. There is no other man living who less courts public applause, or whom the public voice is more united in applauding. When little past the threshold of age it has been his rare fortune to taste the perfect assurance of immortality – to see his statue set up among the monarchs of his profession, and hear his name quoted as part of the world's property in the highest of the schools.

Corrigan died of a stroke in his 79th year, on February 1st, 1880, and his body is interred in the family vault in St. Andrew's Church, Westland Row.

*John MacDonnell*

John MacDonnell, who joined the House of Industry in 1835, was associated with an historic event – the first operation in Ireland under anaesthesia, which was performed in the theatre of the Richmond Surgical Hospital on New Year's Day, 1847. A young country girl, Mary Kane, had tripped and fallen some weeks earlier while carrying hawthorn branches, and a thorn prick had become infected and later gangrenous with considerable deterioration in her general health. MacDonnell decided to amputate the arm, but on reading a report on the use of ether in the January issue of the *British and Foreign Medical Review* (which arrived with the advance promptitude for which contemporary periodicals are not always noted) he postponed surgery for twenty-four hours. During this time he devised an apparatus for administering ether which he then tried on himself:<sup>41</sup>

As soon as my apparatus was in working order, I proceeded, with the assistance of my friend and former pupil, Surgeon Alex McDonnell, to ascertain on myself the effect of the inhaled vapour. I rendered myself insensible for some seconds, five or six times, and the following observations were made by Mr McDonnell or myself. The pupils dilated on every occasion. My pulse rose inconsiderably at the beginning of each inhalation, and fell to the natural standard on the approach of sensibility. Its force was not sensibly affected. My complexion was rather raised each time, and, on one occasion only, my lips became blue. Soon after the commencement of each experiment, I experienced a disagreeable hot sensation in the trachea and principal bronchial tubes, and irritation that enforced cough. As insensibility approached, these symptoms quite disappeared, and, at the moment of insensibility, I had the feeling of a profound stun, as if from a heavy blow on the head, but without any sense of blow, and without pain. My sight was good till very near the moment of insensibility, and I recovered it very soon after the tube dropped from my mouth. I felt an agreeable languor for ten or twelve minutes after this, and was then quite myself again. Half an hour after my experiments no sensible effect remained, except that the kidneys acted freely, and that a little gas was extricated in the stomach, which rose to my mouth strongly impregnated with ether.

The next day he proceeded to the operation. His assistants were Richard Carmichael, Robert Adams, John Hamilton and Edward Hutton. A young resident pupil, William Frazer, of whom more later, supported Mary Kane's arm. Word had got around that an event of interest was taking place so there was a large gathering of physicians and students in the theatre. The first inhalation did not produce unconsciousness but thereafter the patient was unaware of any pain. The effect of this upon the audience will be appreciated by contemporary doctors and nurses who can all too readily picture the anguish, pain and suffering that had to be endured by a fully conscious patient being held to the table by sturdy assistants while the arm was sawn off.

MacDonnell wrote a detailed account of the event in the *Dublin Medical Press*:

I am sanguine respecting the safety, the great utility, and the manageableness of this singular agent. I conceive that its safety arises from the circumstances that, while it at once abolishes sense and volition, it does not, at the same time, seriously if at all, impair the reflex function of the medulla oblongata, or the action of the heart; the respiratory movements, therefore, go on under the influence of that reflex function and the heart's action maintains the circulation just as, in deep sleep or apoplectic coma, respiration and circulation are sustained . . . I anticipate that we shall be enabled to prolong insensibility with safety, for a considerable time, by skilful alternation of the vapour and atmospheric air; having recourse to respiration of air before the ether has permanently injured the nervous system – recurring to the inhalation, before sense is restored.

Such was his enthusiasm for the future, that he was carried away somewhat by his rhetoric:

I regard this discovery as one of the most important of this century. It will rank with vaccination, and other of the great benefits that medical science has bestowed on man. It adds to the long list of those benefits, and establishes another claim, in favour of that science, upon the respect and gratitude of mankind. It offers, in my opinion, an occasion, beyond measure more worthy, for *Te Deums* in Christian Cathedrals, and for thanksgiving to the Author and Giver of all good, than all the victories that fire and sword have ever achieved.<sup>42</sup>

MacDonnell's father, James, was the founder of the Fever and General Hospital in Belfast, where John was born and educated. Unfortunately, space does not permit a digression into John MacDonnell's background, nor the political and cultural activities of his father, which must have influenced the development of his son, a subject that has been dealt with comprehensively by Peter Froggatt.<sup>43</sup> It is of interest to note that the MacDonnell dynasty was not confined to two generations; John MacDonnell's son, Robert, a surgeon to the Charitable Infirmary, performed the first blood transfusion there in 1847.<sup>44</sup>

### *William Frazer*

Anaesthesia owes its origins in Ireland to the House of Industry Hospitals, not alone for MacDonnell's remarkable achievement with ether, but also because the first anaesthetic using chloroform was also probably administered in the Richmond Hospital, by William Frazer, the pupil who had supported Mary Kane's arm during MacDonnell's operation. Though Frazer was not on the staff of the hospital, he was a lecturer in materia medica in the Carmichael School. According to Widdess, Sir Philip Crampton, surgeon to the Meath Hospital, whose boast was that he could swim Lough Bray, ride into town and



*The MacDonnell family at Kilsharton in Co. Meath c.1876. John MacDonnell is seated centre with his wife Charity on his left. Their son Robert is standing behind. The other women are unidentified. (This photograph is reproduced by courtesy of Mrs L Shorter. Sir Peter Froggatt kindly supplied a print.)*



amputate a limb before breakfast, was having just such a breakfast with John Hamilton, surgeon to the Richmond Hospital, in the Meath Hospital sometime in 1847, when he received a pamphlet with the details of chloroform anaesthesia. He passed the contents over to Hamilton, who later asked Frazer to make him a supply of chloroform. This Frazer did without delay and, having inhaled some without ill-effect, the next morning he 'administered it in the operating theatre of the Richmond Hospital, using a fine pocket handkerchief folded into a cone', while Hamilton successfully amputated an arm. Frazer was retained by the surgeons to administer chloroform (and ether) until Christopher Fleming, who was appointed surgeon in 1851, took over the role of administering the anaesthetics. In so doing he effectively fired the first anaesthetist in Ireland, and indeed another half-century was to pass before an anaesthetist was appointed to the staff. Frazer was obviously alert to the advantages of the surgeon concentrating on his task, while leaving the business of anaesthesia to one experienced in its administration, for he remarked:

I am glad to say that during all my large experience with both ether and chloroform I never met a solitary untoward result; this I attribute in great measure to attending to my own business and minding nothing else whenever I administered an anaesthetic.<sup>45</sup>

Frazer devoted much time to the study of archaeology and he contributed frequently to publications of the Royal Irish Academy and Royal Dublin Society. Apparently he had a magnificent collection of autographs and 'curios' which were often displayed at *conversaziones* in the College of Surgeons.<sup>46</sup>

### *John Hamilton*

John Hamilton, the surgeon who performed the first operation under chloroform anaesthesia, was commemorated in having a ward named in his memory. This memorial is perhaps more a tribute to his success in practice (his widow donated £5000 towards the building of the new Richmond Hospital in 1895) than to his academic prowess, which is not to deny the fact that he was, as Cameron testifies, a most competent surgeon.<sup>47</sup> In fact, such was Hamilton's skill that the mortality for amputation (mostly due to sepsis) was only about six per cent in the Richmond, whereas in the London hospitals it was 30 to 50 per cent. Hamilton attributed this remarkable success to a number of factors:

By insisting on free ventilation, by removing the night-chairs from the wards, and having water-closets erected, by stimulating the nurses to cleanliness by rewards . . . by repeatedly impressing, however on the more intelligent patients, and on the nurses, the importance of cleanliness, a plentiful supply of the vital breath of heaven, and by the valuable aid of our resident pupils, we have succeeded in preserving our hospital from the visitation of the epidemic diseases common in ill-aired institutions.<sup>48</sup>

In this account of the surgeons and physicians of the House of Industry hospitals, we may perhaps pause to detect a notable feature in the hospitals' administration, namely the selection and appointment of medical staff, which was generally, though not exclusively, by means of an apprenticeship system. The physician or surgeon would observe the performance of the resident pupils from their earliest contact with sick people, and from these would select a pupil for attachment after qualification; if at the end of this period of rigorous scrutiny and training the doctor fulfilled the criteria demanded, an appointment as an assistant physician or surgeon might ultimately, though not inevitably, lead to a full appointment on the staff. Corrigan enunciated the principles of this system (which persisted in the voluntary hospitals until a decade or so ago) as it applied to the selection of resident pupils:

Far more than mere professional knowledge is required in the resident pupil of an hospital; we required other qualities – we required steadiness, attention, propriety of conduct, good temper and kindness of disposition and manner in dealing with the sick. Competitive examination gave us no insight into the possession of these qualities, and we knew – what will be admitted, I think, without question – that the possessor of these personal qualities, with a very moderate portion of professional knowledge, was of far more value than the possessor of the highest but purely professional attainments without these qualities. Hence, we felt ourselves obliged to discard mere competitive examination. Still it remained necessary to ascertain that the candidate possessed a competent degree of professional knowledge. The mode we have acted upon for a long time is this – we give abundant opportunities to all such students as desire to become extern clinical clerks. This is a probationary stage, and it affords us the opportunity of judging if, along with a competent degree of professional knowledge, the candidate presents the possession of those other qualities to which I have referred.<sup>49</sup>

### *Robert Smith*

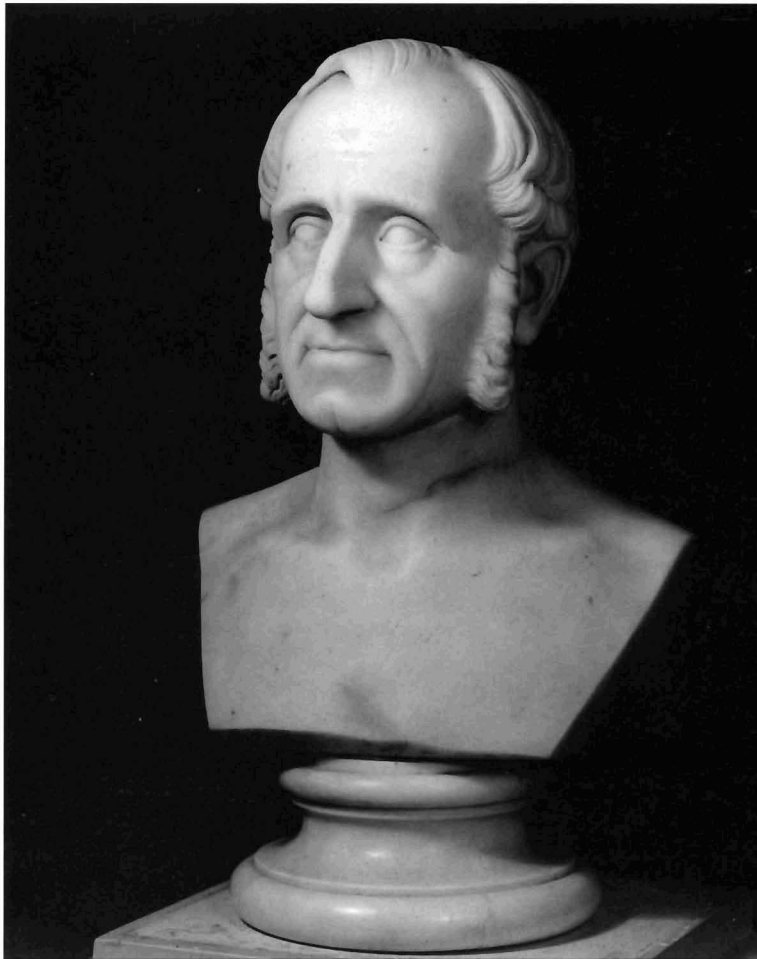
Robert William Smith is illustrative of this system of appointment. Born in 1807, he graduated BA in Dublin University in 1828, and was then apprenticed to Richard Carmichael. Having studied in the College of Surgeons, Trinity College and the Richmond Hospital he received his Letters Testimonial in 1832. After serving for a time as surgeon to the Talbot Dispensary, he was appointed surgeon to the House of Industry in 1838.<sup>50</sup> If he is not remembered today as a dominant figure in Irish Medicine, this is more the fault of historians in assessing past developments than to any shortcomings on Smith's part. He was a prodigious worker, who, apart from contributing significant works to the periodicals of the day, has left us a legacy of two magnificent publications, each of which has become a classic in surgical literature.

In 1847 Hodges and Smith of Dublin published his *Treatise on Fractures in the Vicinity of the Joints and on Certain Forms of Accidents and Congenital Dislocations*. This work, comprising 314 pages and 200 excellent illustrations, is a beautiful publication which established Smith, according to Cameron, 'as an original investigator of the first order'. In 1849 Smith published his folio *Treatise on Pathology, Diagnosis; and Treatment of Neuroma*, a large format work, measuring 28 inches in height and 18 inches in width, and weighing six pounds, with 30 pages of text and 15 full-page lithographs of superb quality from paintings by the Dublin artist J Connolly. In this magnificent book Smith described the pathological changes of neurofibromatosis, thirty-three years before von Recklinghausen, by whose name the disease is eponymously known. However, as Widdess acknowledges, Smith, unlike von Recklinghausen, failed to recognise the nervous structure of the tumours.<sup>51</sup>

One of Smith's lasting achievements was the foundation of the Pathological Society in 1838 (later to become the Section of Pathology of the Royal Academy of Medicine in Ireland) which provided a forum for what would today be known as clinico-pathological conferences. Apart from presentations by local physicians and surgeons, among whom were Graves, Stokes and Corrigan, the diploma of membership had been conferred on distinguished contributors among whom were Astley Cooper, Benjamin Brodie, Richard Bright, J Cruveiller, J L Schönlein and Carl Rokitansky.

In this roll of honour we may perceive the essence of what was to make the 'Dublin School' the international phenomenon that earned for Irish medicine a place of prominence in the annals of medical history. The 'School' began somewhere around 1830 and lasted scarcely fifty years. Its success was dependent foremost on the extraordinary energies and talents of its main progenitors, Graves, Stokes and Corrigan. Others of ability were to follow but they failed to sustain the spirit of the 'School'. We may well wonder why so vibrant a movement was permitted to decay. The conditions in which subsequent generations practised were not substantially different from those of the mid-nineteenth century; there were the same hospitals, with the addition of some new ones; there were more doctors; nursing improved greatly; a limited amount of money for research became available whereas there had been no provision for research funding in Victorian Ireland; the government participated in health care, not always acting in the best interests of the sick, but nonetheless augmenting greatly the voluntary support on which mid-nineteenth century medicine depended. And yet the 'School' disappeared. The *raison d'être* of the 'Dublin school' was an iconoclasm which was fuelled from without rather than within Ireland. The members of the 'School' competed with and enjoyed the company of the European leaders of medicine; their ideals and their standards were pitched well above the mediocrity to which Ireland, through complacency and an insular philosophy, is prepared, often from unawareness of anything better, to tolerate. Had later generations

been prepared to seek and absorb the influence of European and American medicine, the school might have survived, and Irish medicine might have been saved from a period of stagnation and apathy from which it only now shows some feeble signs of emerging. If today's medical profession is to be enriched from a study of the rise and rapid decline of the 'Dublin school', it will be by the realisation that its future lies not within the narrow confines of the island that is Ireland, but beyond in the broader intellectualism of international science.



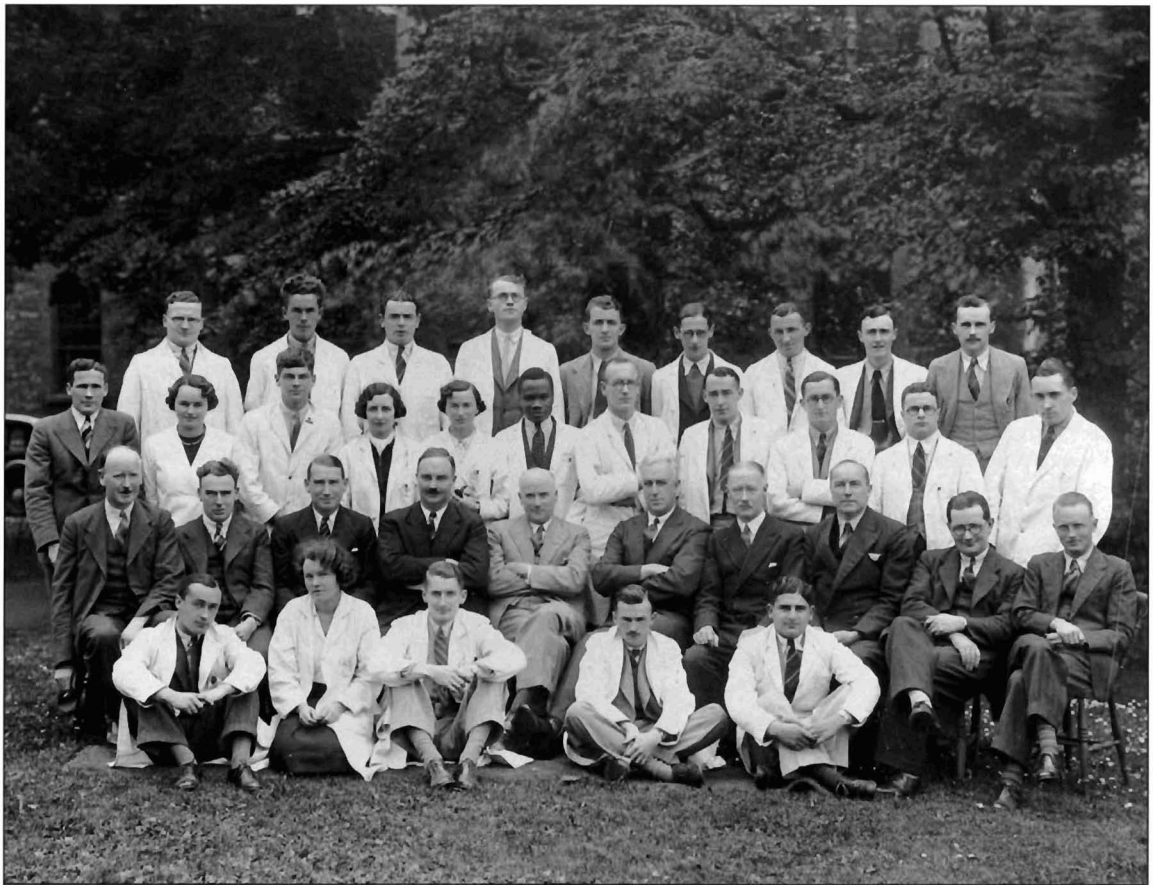
*Robert William Smith (1807—1873).  
A bust in marble by James Cahill in the Royal College of Surgeons in Ireland.*

## References

1. Evans E, 'History of Dublin Hospitals: The Hospital of St John the Baptist'. *The Irish Builder*. 1896; 38: 167.
2. King Moylan T, 'Vagabonds and Sturdy Beggars: A History of the Dublin House of Industry founded in 1772'. *Dublin Historical Record*. March, June, September, 1938; 159-160.
3. Evans E, 'History of Dublin Hospitals: House of Industry Hospitals'. *The Irish Builder*. 1897; 39: 159-160.
4. O'Brien E, 'The Charitable Infirmary, Jervis Street 1718-1987: A Farewell Tribute'. The Anniversary Press. Dublin. 1987. pp 3-5.
5. House of Industry, and Foundling Hospital, Dublin: Accounts. House of Commons Report. 21 March 1828. p 2.
6. O'Brien E, 'Conscience and Conflict. A Biography of Sir Dominic Corrigan 1802-1880'. Glendale Press. Dublin 1983. p 97.
7. O'Brien E, 'Conscience and Conflict. A Biography of Sir Dominic Corrigan 1802-1880'. Glendale Press. Dublin. 1983. p 97.
8. O'Brien E, 'Conscience and Conflict. A Biography of Sir Dominic Corrigan 1802-1880'. Glendale Press. Dublin. 1983. p 98.
9. Widdess J D H, 'The Richmond, Whitworth and Hardwicke Hospitals. St. Laurence's, Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. pp 12-20.
10. Collins J, 'Life in Old Dublin'. James Duffy & Co. Ltd. Dublin. 1913. pp 77-79.
11. Charitable Institutions, Dublin. House of Commons Report. 8 February 1830. p 112.
12. Evans E, 'History of Dublin Hospitals: Fever Hospital, and House of Recovery, Cork Street'. *The Irish Builder*. 1897; 39: 171-173.
13. Evans E, 'History of Dublin Hospitals: The Whitworth Fever Hospital'. *The Irish Builder*. 1897; 39: 213.
14. Woodham-Smith C, 'The Great Hunger: Ireland 1845-9'. Hamish Hamilton. London. 1962. p 198.
15. O'Brien E, 'Conscience and Conflict. A Biography of Sir Dominic Corrigan 1802-1880'. Glendale Press. Dublin. 1983. pp 194-195.
16. Pim J, 'Transactions of the Central Relief Committee of the Society of Friends during the Famine in Ireland in 1846 and 1847. Hodges and Smith. Dublin. 1952. p 155.
17. Woodham-Smith C, 'The Great Hunger, Ireland 1845-9'. Hamish Hamilton. London. 1962. p 411.
18. O'Brien E, 'Conscience and Conflict. A Biography of Sir Dominic Corrigan 1802-1880'. Glendale Press. Dublin. 1983. p 227.
19. Casey N, 'Hospital Architecture in Dublin' in *A Portrait of Irish Medicine; An Illustrated History of Medicine in Ireland*. Eds: E O'Brien, A Crookshank, G Wolstenholme. Ward River Press. Dublin. 1984. pp 252-253.
20. Evans E, 'History of Dublin Hospitals: Wellesley Fever Hospital, North King Street'. *The Irish Builder*. 1897; 39: 230.
21. The New Hospital for Infectious Diseases, North Brunswick-Street. *The Irish Builder*. 1893; 35: 173.
22. O'Brien E, 'The Carmichael School of Medicine'. *Irish Journal of Medicine*. 1987; 80: 188.
23. Widdess J D H, 'The Richmond, Whitworth and Hardwicke Hospitals. St Laurence's. Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. p 21.
24. Widdess, J D H, 'The Richmond, Whitworth and Hardwicke Hospitals. St Laurence's. Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. p 24.
25. Cameron C A, 'History of the Royal College of Surgeons in Ireland and of the Irish Schools of Medicine including numerous biographical sketches'. Fannin & Company. Dublin. 1886. p 308.
26. Cameron C A, 'History of the Royal College of Surgeons in Ireland and of the Irish Schools of Medicine including numerous biographical sketches'. Fannin & Company. Dublin. 1886. p 377.
27. Gilborne J, *The Medical Review, A Poem being a Panegyric on the Faculty of Dublin; Physicians, Surgeons, and Apothecaries, marching in procession to the Temple of Fame*. Dublin. 1775.
28. Widdess, J D H, 'The Richmond, Whitworth and Hardwicke Hospitals. St Laurence's. Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. p 24.
29. Widdess, J D H, 'The Richmond, Whitworth and Hardwicke Hospitals. St Laurence's. Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. p 27.
30. Widdess, J D H, 'The Richmond, Whitworth and Hardwicke Hospitals. St Laurence's. Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. pp 38-39.
31. Cameron C A, 'History of the Royal College of Surgeons in Ireland and of the Irish Schools of Medicine including numerous biographical sketches'. Fannin & Company. Dublin. 1886. pp 328-329.
32. Widdess, J D H, 'The Richmond, Whitworth and Hardwicke Hospitals. St Laurence's. Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. pp 40-41.

33. Cameron C A, 'History of the Royal College of Surgeons in Ireland and of the Irish Schools of Medicine including numerous biographical sketches'. Fannin & Company. Dublin. 1886. p 326.
34. Widdess, J D H, 'The Richmond, Whitworth and Hardwicke Hospitals. St Laurence's. Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. p 30.
35. Widdess, J D H, 'The Richmond, Whitworth and Hardwicke Hospitals. St Laurence's. Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. pp 44-45.
36. O'Brien E, 'Dublin Masters of Clinical Expression: I. John Cheyne (1777-1863)'. *Journal of the Irish Colleges of Physicians and Surgeons*. 1974; 3: 91-93.
37. Widdess, J D H, 'The Richmond, Whitworth and Hardwicke Hospitals. St Laurence's. Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. pp 48-49.
38. O'Brien E, 'Conscience and Conflict. A Biography of Sir Dominic Corrigan 1802-1880'. Glendale Press. Dublin. 1983. p 134.
39. O'Brien E, 'The Charitable Infirmary, Jervis Street 1718-1987: A Farewell Tribute'. The Anniversary Press. Dublin. 1987. pp 30-34.
40. O'Brien E, 'The Charitable Infirmary, Jervis Street 1718-1987: A Farewell Tribute'. The Anniversary Press. Dublin. 1987. pp 24-30. See also: O'Brien E, 'Conscience and Conflict. A Biography of Sir Dominic Corrigan 1802-1880'. Glendale Press. Dublin. 1983.
41. O'Brien E, 'Conscience and Conflict. A Biography of Sir Dominic Corrigan 1802-1880'. Glendale Press. Dublin. 1983. pp 163-164.
42. MacDonnell J, 'Amputation of the arm, performed at the Richmond Hospital, without pain'. *Dublin Medical Press*. 1847; 17: 3-4.
43. Froggatt P, 'MacDonnell, Father and Son. James (1763-1845), Physician of Belfast; John (1796-1892), Surgeon of Dublin'. *Journal of the Irish Colleges of Physicians and Surgeons*. 1984; 13: 198-206.
44. Cameron C A, 'History of the Royal College of Surgeons in Ireland and of the Irish Schools of Medicine including numerous biographical sketches'. Fannin & Company. Dublin. 1886. pp 429-432.
45. Widdess, J D H, 'The Richmond, Whitworth and Hardwicke Hospitals. St Laurence's. Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. pp 88-90.
46. Cameron C A, 'History of the Royal College of Surgeons in Ireland and of the Irish Schools of Medicine including numerous biographical sketches'. Fannin & Company. Dublin. 1886. p 584.
47. Cameron C A, 'History of the Royal College of Surgeons in Ireland and of the Irish Schools of Medicine including numerous biographical sketches'. Fannin & Company. Dublin. 1886. p 598.
48. Widdess, J D H, 'The Richmond, Whitworth and Hardwicke Hospitals. St Laurence's. Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. p 127.
49. O'Brien E, 'Conscience and Conflict. A Biography of Sir Dominic Corrigan 1802-1880'. Glendale Press. Dublin. 1983. p 155.
50. Cameron C A, 'History of the Royal College of Surgeons in Ireland and of the Irish Schools of Medicine including numerous biographical sketches'. Fannin & Company. Dublin. 1886. p 660.
51. Widdess, J D H, 'The Richmond, Whitworth and Hardwicke Hospitals. St Laurence's. Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. pp 91-92.

## THE HOUSE OF INDUSTRY HOSPITALS



*The Staff of the Richmond, Whitworth and Hardwicke Hospitals, August 1938.*


*Back Row: T P O'C Sinnot, C Gallen, M P Hickey, F McKee, Dr J A Farrell, M Shreider, K J Cahill, R S Harold, C K Byrnes. Third Row: Dr P F Murray, Miss M Menzies, P C Denham, Mrs G M Leahy, Miss S P Brady, A Majekodumni, Dr M J Hennessy, Dr F E Bamford, Dr J Clancy, Dr J K O'Callaghan, Dr J J Riordan. Second Row: Mr Clery, Dr G T O'Brien, Mr Burke, Dr Parker, Mr McConnell, Dr Hardman, Mr Digges, Mr J J FitzSimons, Mr T A Bouchier-Hayes, Dr A Thompson. Front Row: M McCormack, Miss K Dowling, D A Daly, E F Keating, S Fine.*

## **'Trials and Tribulations'**

### *The House of Industry Hospitals in the Twentieth Century*

Harry E Counihan

#### The Richmond in 1939

 y 1939 the robust spirit which had led early in the century to the building of the handsome 'new' Richmond was gone. The hospital was down at heel and shabby like some Edwardian dandy who had seen better days. A new hospital was even then under discussion so that little was done in the old buildings, which were refurbished and added to when circumstances became extreme. The Richmond Surgical Knights were all dead and Dublin practice was dominated by the men from the Mater and St Vincent's. 'National', as UCD was known, was the dominant intellectual force in medical development and research. It was then the only medical school with any confidence in the future.

All ten clinical hospitals were recognised by each medical school, so that a student was free to choose any recognised hospital for clinical teaching. While he paid fees only in one hospital he could attend classes as he chose in any of them. It was customary, however, to attend most regularly where fees were paid.

The Richmond was favoured by a minority of students from all three medical schools. Most Galway students attended there also as resident students because clinical teaching in Galway was deemed too confined and UCG students had to attend a Dublin hospital for a period. The number of students in each year in the hospital was small, about twelve or fourteen, excluding Galway students; half of them were from Surgeons, the remainder from Trinity or UCD.





*Inaugural meeting of the Biological Society, 1948. Left to right: Leonard Abrahamson, Michael Brady, Noel Browne, Gerard O'Brien, Morgan Crowe, P O'Reilly.*

The consultant staff was small, with a surgical senior staff of three, of whom the most senior was Adams A McConnell, then at the height of his career, the only neurosurgeon in the country and an awesome figure much feared as chairman of the Board of Governors. His assistant was Colman K Byrnes. Michael Burke and A B Clery were the other senior surgeons with Tommy Bouchier-Hayes and John Fitzsimons as assistant surgeons. The senior physicians were Leonard Abrahamson and Harry Lee Parker, with Alan Thompson and Gerry O'Brien as assistant physicians. The seniors constituted the medical board and had the right to all the beds. Assistants had some beds by courtesy of the seniors but not by right. There were also specialist beds for gynaecology, ENT and dermatology.

The affairs of the hospital, including all medical appointments, were in the hands of the Medical Board, subject to the overriding authority of the Board of Governors presided over by Adams McConnell. The consultant staff were unpaid and their only direct income from the hospital came from the fees paid by students directly to the Medical Board and divided

between the seniors. Students were therefore welcome and the ability of a prospective staff member to attract students was taken into consideration when appointments were being made.

There were two daily classes known as 'clinics', one for junior and one for senior students; these were medical and surgical on alternate days. There were medical and surgical 'dispensaries' (out-patient clinics) where teaching was also given. The medical dispensary was held, usually by Dr O'Brien, in the building latterly occupied by the neuro-physiology department. The poor attended without an appointment or referral letter. The heating was by open fires. The surgical dispensary was then in the 'old' Richmond in rooms latterly occupied by stores. I can still remember the large bottles of lotions used to clean chronic ulcers. Here the cherubic figure of T A Bouchier-Hayes, 'The Bouch' as he was affectionately known, bustled around for hours teaching the elements of surgery. Usually late and always disorganised, he did virtually all the acute surgery and had a vast practice from the North City. He was allotted two beds but on one occasion a senior surgeon, unable to get a personal patient admitted, counted seventy patients in hospital under the care of Mr Bouchier-Hayes.



*The 'High Command', 1942. Left to right: Michael Burke, A B Clery, Adams McConnell.*

A B Clery was an artist in thyroid surgery, which before the days of anti-thyroid drugs and modern anaesthesia required exquisite technique. He was the leading plastic surgeon in the country and widely admired as a surgical craftsman. Mick Burke lacked Clery's skill and drive but was more popular because of his gregarious nature and attractive personality.

Anaesthesia was primitive and was given routinely by newly qualified housemen. There were two part-time anaesthetists for neurosurgery and the more difficult cases, but both earned their livelihoods as general practitioners.

There were four surgical and four medical house officers, all newly graduated. There were no other junior medical staff, although a resident anaesthetist was appointed from time to time. This post often led to promotion as assistant surgeon.

The medical side was dominated by Leonard Abrahamson, a gifted teacher with a strong personality but too successful in practice to give time to the institution. Dr G T O'Brien



*Colman K Byrnes*

was the physician who looked after the bulk of the patients. He had considerable gifts as a clinician; he cultivated a gruff and sarcastic manner to conceal his depth of feeling for the misery he saw. He was much feared by students who nevertheless strove to help him as they sensed the weight he bore.

Pulmonary tuberculosis was then rampant in Ireland and Gerry O'Brien had a considerable reputation for its active treatment. The tuberculosis patients were housed in the wards and in wooden shelters – 'the Huts'. Some survive to this day in the grounds of the Whitworth as offices and another is the present Medical Library. Gone are the single-bedded lean-to shelters with adjustable shutters known as 'dog-boxes'. They were just large enough for a bed and were unheated, and in winter I can remember snow on the red quilts on occasion. These incredibly primitive structures were sought after, so scarce was accommodation for tuberculous patients.

The Hardwicke was still a fever hospital although it was rarely more than half full. The bulk of the patients had either diphtheria or scarlet fever. The fever patients were looked after by the house physician with an occasional round by an assistant physician.

The pathology department consisted of the small room above the Whitworth entrance hall with the pathologist's room adjoining. Dr M H O'Connor had recently been appointed pathologist; there was one technician and a bottle washer. There was a retired actor, Mr Roberts, in charge of specimens, with a mortuary attendant, Teddy, who had the appearance of a brutish Punch but who was in reality a faithful servant long accustomed to the unpleasant tasks of clearing up after inexpert post mortems carried out by housemen.

Administration was conducted from the Board Room, latterly the Chapel, by Captain A W McDermott, the secretary to the Board of Governors. Alfie McDermott was a 'Dub', a Great War veteran of the Dublin Fusiliers. He did the chairman's bidding and left the rest to matron. His only assistance were three lady clerks, the most able of whom broke the staid peace with an occasional epileptic seizure.

The matron, Miss Hazlett, was a small but strong-willed lady, greatly respected by the medical staff and feared by the nurses whom she could dismiss at will. She saw everything she wished to see. She lived in the hospital where she had a personal maid with cap and apron to bring her meals on a silver tray to her sitting room or flat.

The medical records consisted of the scanty notes of the resident students recorded on the nurses' charts. When the patient was discharged, these charts were sent to the head porter who sorted them alphabetically at year's end into bundles for each admitting

clinician; the bundles were bound into books, labelled with the clinician's name, indexed by the porter and stored in the medical or surgical staff room. This did not change for another fifteen years.

This amateurism may seem faintly comic today but it had freshness and intimacy. The student was part of the hospital and had more responsibility than many of today's interns. The pace was leisurely but tolerant and nobody divorced medicine from life – or death.

### Tradition in Transition

The opening of Beaumont Hospital has meant the closing of the doors of an institution whose portals proudly proclaimed that they were ever open to the needy. Attempts may now be made to obscure this primary objective and to portray the hospital as a private institution operated in the interests of its medical staff.

The Richmond, Whitworth and Hardwicke complex was classed as a semi-voluntary hospital. It was governed by an Act of Parliament and was in receipt of an annual Crown Grant until the foundation of the Free State in 1922. The Board of Governors was appointed by the Lord Lieutenant, later by the Minister of Local Government and finally by the Minister for Health. By custom, the consultant medical staff had several members of the senior staff appointed as Governors; they were appointed as individuals not representatives.

The Board, originally to avoid the jealousy of hospitals which did not have a similar grant, was always reluctant to accept private patients. The total complement of semi-private beds in the hospital was less than 5% of the total number. Prior to the categorisation of patients by the Health Acts, patients in public beds were not liable for medical fees, irrespective of their means.

The Richmond, Whitworth and Hardwicke Hospitals were changed by the passage of the St Laurence's Hospital Act in 1943. While the Act had as its primary objective the building of a large new general hospital, it also increased the power of the Minister over the day-to-day operation of the hospital. Nobody foresaw that the rusting buildings were to remain for almost half a century. There were several false dawns when a new hospital appeared to be imminent.

These delays had the unfortunate effect of stonewalling changes because of future prospects. Every attempt to keep pace with advances in medicine was coldly received.

For half a century there was a grim reluctance to spend any money on the existing hospital. Resistance had to be overcome at Board, Hospital Commission, and finally Department of Health level. It was a very considerable triumph that the work of the hospital was kept at an acceptable level and that it continued to play a leading role on the Irish medical stage. This was achieved entirely by initiatives from within the hospital and it is only fair to those who spent thousands of hours of unpaid endeavour to set down some of the changes that were made. The building of a new hospital was easy in comparison. The hospital was served for most of this long period by two secretary-managers, both of whom are still at work in the nation's health service, Mr Eamonn Hannon and Mr Seamus Dawson.

The terms of the St. Laurence's Hospital Act were such that the hospital had a great deal less freedom than other Dublin hospitals. In addition to Hospital Commission approval, ministerial sanction was necessary for every individual appointment, every change in salary, and for all new equipment. This sanction was never easily obtained and permission to purchase new equipment was a major problem, unless it was required for the neurosurgical unit. Some change of usage could be done under the guise of maintenance work but in general a change was the subject of weary months of explanation until the early 1970's when a major scheme of alterations received Departmental support. The motley collection of buildings, mercifully obscured by the red bricks and green domes of the Richmond, built in Edwardian days, were adapted and readapted.

The Hardwicke Hospital, dating from Napoleonic times, is a massive structure with walls and foundation so thick that Michael Scott, the architect, said it would take an atom bomb to demolish it. This stark building had its exterior deformed by verandas and an ugly lift shaft was added when ambulance men and porters finally refused to chairlift patients up over 60 stone steps. One of the original six wards was converted into a modern kitchen. A small garden at the back became the site for a canteen; most of the cost of this was donated from private funds.

A lecture room was opened in the basement and used until Professor MacGowan induced his colleagues, the College of Surgeons, and the Board, to finance and build a commodious lecture theatre on the site of the tennis court.

A timber-framed hut built for TB patients in the late 1920's was successively a research department, a biochemistry laboratory and finally a library. A free-standing research unit financed entirely from private donations was built in an adjoining yard. The Auxiliary Hospital, somewhat inelegantly described by the late Donagh O'Malley during a ministerial visit as a 'kip', was tarted up and had an audiometry room, a new theatre and a lift installed. A large TB hut became a ward for neurosurgical patients.

## THE HOUSE OF INDUSTRY HOSPITALS

A small undistinguished rectangular building on Morning Star Avenue, which was the Medical Dispensary (OPD) when I was a student, was in succession a store, sleeping quarters for nurses in the preliminary school, and finally the neuro-physiology department. On the opposite side of Morning Star Avenue, the Board made a site available to the hospital consultants, who erected at their own expense a suite of consulting rooms.

The TB Huts in the Whitworth grounds were converted to medical wards and later to offices. The largest hut became the professorial unit for the College of Surgeons which financed the renovations. A new paediatric unit was erected as part of the scheme agreed with the Department of Health in the 1970's.

The female domestic staff were mercifully released from the Dickensian gloom of the Whitworth basement dormitories which had been their quarters for over a century. These basements were converted into a pathology department which, following decades of neglect, was finally able to deliver an acceptable standard of service. Later an auxiliary nurses' home was converted into a haematology laboratory. The Whitworth Hospital frontage, dating from the 1830's, was enlarged to accommodate medical wards of a more acceptable standard and a lift was installed. The earliest coronary care unit in Dublin was sited on the Whitworth ground floor. The dining room for nurses was transformed into a CAT scanning unit. The surgical theatres originally built off the main Richmond corridor were demolished and were enlarged and rebuilt on an adjoining site.

The Richmond had two basements unused except to store junk since the hospital opened. One became a medical photography unit and store, the other a cardiac rehabilitation department, funded by an EEC grant, which established an international reputation for its originator, Dr John Horgan. The Rehabilitation Department proper was built by monies collected by James Larkin's (Big Jim) trade union colleagues to commemorate him and was named in his memory when opened by Donagh O'Malley.

The main large Nightingale wards of the Richmond remained unaltered, but the children's was changed into a female ward. The boardroom was first used as a ward and later converted into a Chapel of Worship. The gynaecology ward became one of the earliest intensive care units in Ireland; an intensive care unit was built later opposite the Chapel.

In the late 1940's, when surgical treatment for pulmonary tuberculosis was needed, a small thoracic surgical ward was built, and a cloakroom was converted into a theatre where some pioneer chest surgery was performed by the late Hugh McCarthy and Colman Byrnes under the watchful eye of Dr Patrick O'Toole. This unit was later converted and rebuilt into a neurosurgical theatre and a vascular radiology department was developed in close proximity. The 'temporary' out-patients and radiology departments built in the

early 1940's were both enlarged as the work grew. The original Richmond surgical hospital remained as two wards, after the 'new' red brick Richmond was built. This 'Old Richmond' had its ground floor ward converted to offices but the upper floor remained a ward to the end as a grim reminder of the poverty of the Hospital's origins.

The Mortuary yard was very appropriately enlarged and made respectable by the long-serving chairman of the maintenance committee, Mr Tom Stafford. An animal laboratory funded by the College was built in an adjacent yard and finally an assembly hall for psychiatric patients was reconstructed by the Eastern Health Board for use as an acute geriatric unit.

This ramshackle old hospital with its additions and improvisations has now passed into history. Its medical tradition will, it is hoped, survive the short journey to Beaumont, but there is another tradition which I have endeavoured to illustrate. A hospital must respond to the needs of the sick. The necessary changes can only be brought about by the creative energy of the medical staff. If this energy is suppressed by short-sighted political and administrative dominance it will flow to other channels – from the public hospitals it has served so well in the past, to private hospitals in the future.



*Mr William Uzell in the post-mortem room of the Old Richmond.*



---

---

The Richmond Staff  
from  
1887 to 1987

---

---

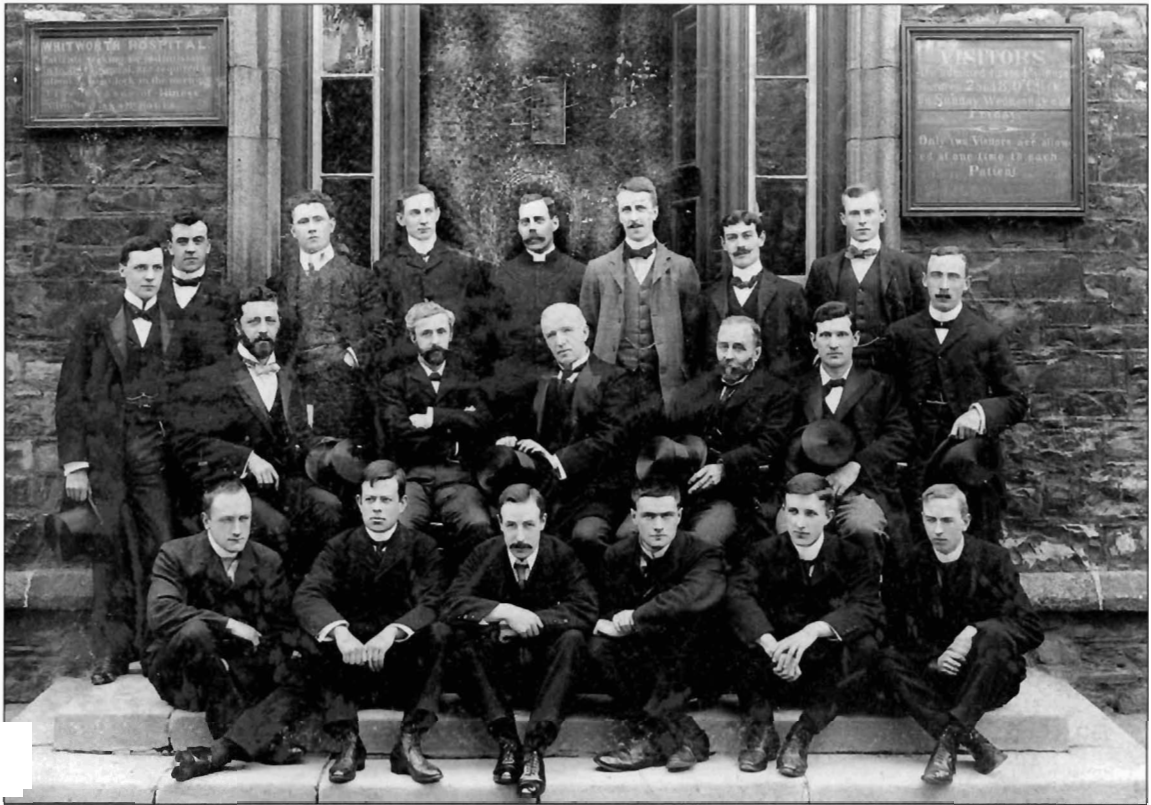
*Unless otherwise stated, the names of photographic subjects are listed from  
left to right beginning at the back row.*



*Richmond Hospital Staff 1894.*

*J E P Shera, Mr R H Woods, R Friel, Dr P King Joyce, H Graham Martin, J Poe,  
Dr Nugent, Mr W Thomson, Mr W Thornley Stoker,  
L Q Bulger, Mr W H Langley, D Browne, J L Beaman.*

## THE HOUSE OF INDUSTRY HOSPITALS



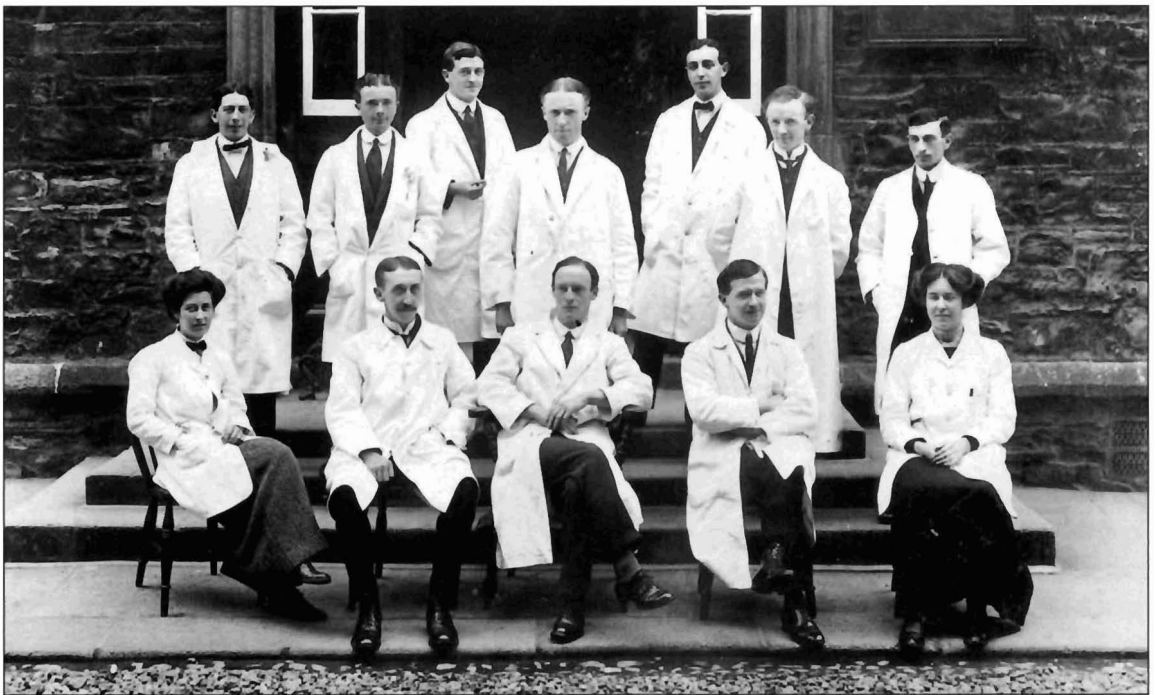
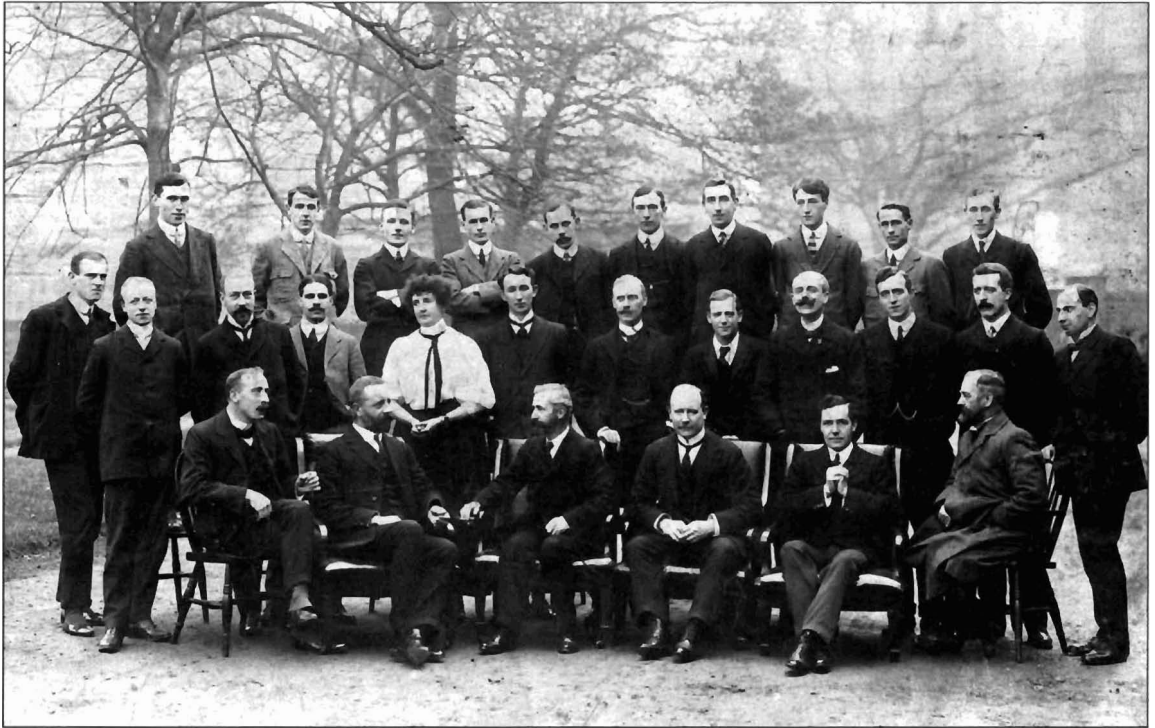
*1898. The following have been identified. Second row, left to right:  
R Travers-Smith, R J Harvey, J O'Carroll, W Thomson, W Thornley Stoker, R H Woods.*

*Richmond Hospital Staff c.1900. The following have been identified. Front row seated, left to right:  
R Travers-Smith, W Thornley Stoker, T Myles, W Thomson, (unidentified), J O'Carroll, R J Harvey.*

*Richmond Hospital Resident Staff, May 1906.  
D T Sheehan, C Sheahan, M E Cussen, M F Caldwell, G Calwell, E C Wallace,  
Dr Dempster, Miss Fulton, Dr Rutherford, Miss Mitchell, Dr Nesbitt.*



## THE HOUSE OF INDUSTRY HOSPITALS





*Richmond Hospital Staff 1909.*

*From back, left to right: G Cleary, H Fleming, H St James, C O'Brien, A A Dowd, F J Graham, W W D Thomson, F T Carson, H Muller, Mr Hopkirk.*

*Second row: J P Charles, J O'Kelly, A E Boyd, M Diemont, (unidentified), M O'Brien, (unidentified), E C Purser, J A Watson, G E Nesbitt, R V Slaterry, A C H Ferguson.*

*Front row: R V Joyce, R J Harvey, J O'Carroll, J Coleman, R Travers-Smith, H C Earl.*

*Resident Staff, Richmond, Whitworth and Hardwicke Hospitals 1911-1912.*

*From back, left to right: P D Daly, R J May, D Mullin, M Murphy, J J Dowdall, P F Ward, T J Mulcahy, D K Milne, D J Conor O'Farrell, A K Henry, B J Mullen, Miss Revington.*

*Resident Staff, Richmond Hospital, 1916-1917.*

*T F Armstrong, J C Ruthford, H J Rice, A H Davidson, J L McFadden, J Maguire, B F O'Reilly, B J Taylor, Dr Roche, Miss Hezlett, Dr Keane, Dr Pollock, Miss Jackson, N A Filose, Miss Wolfe.*

## THE HOUSE OF INDUSTRY HOSPITALS



### *Richmond Hospital Staff 1921.*

*T E O'Connor, G F Morgan, R Burns, W McCarthy, P J Quigley, J J Fitzsimons, M P Higgins, Dr J F Sheppard, V C Devlin.*

*G S Rutherford, Miss C O'Brien, M P Moran, Dr E Murphy, Miss Columba O'Carroll, W H Browne, J F Cleary, M G Powell, Dr A B Clery, Dr G J Moore, Mr A K Henry, Dr G E Nesbitt, Mr F Conway Dwyer, Dr J O'Carroll, Sir Thomas Myles, Miss E Hezlitt, Mr A A McConnell, Dr F C Purser, J E McCormack, C J C Earl, J J Connolly.*

### *Richmond Hospital Staff, September 1924.*

*J Maguire, P O'Daly*

*Dr J J Fitzsimons, Dr Risteárd MacEoin, F L G Malone, M J McGreal, J J Maher, J J Fant,*

*P J Mulcahy, P H Cummins, J J Bourke, Dr D K Lyons,*

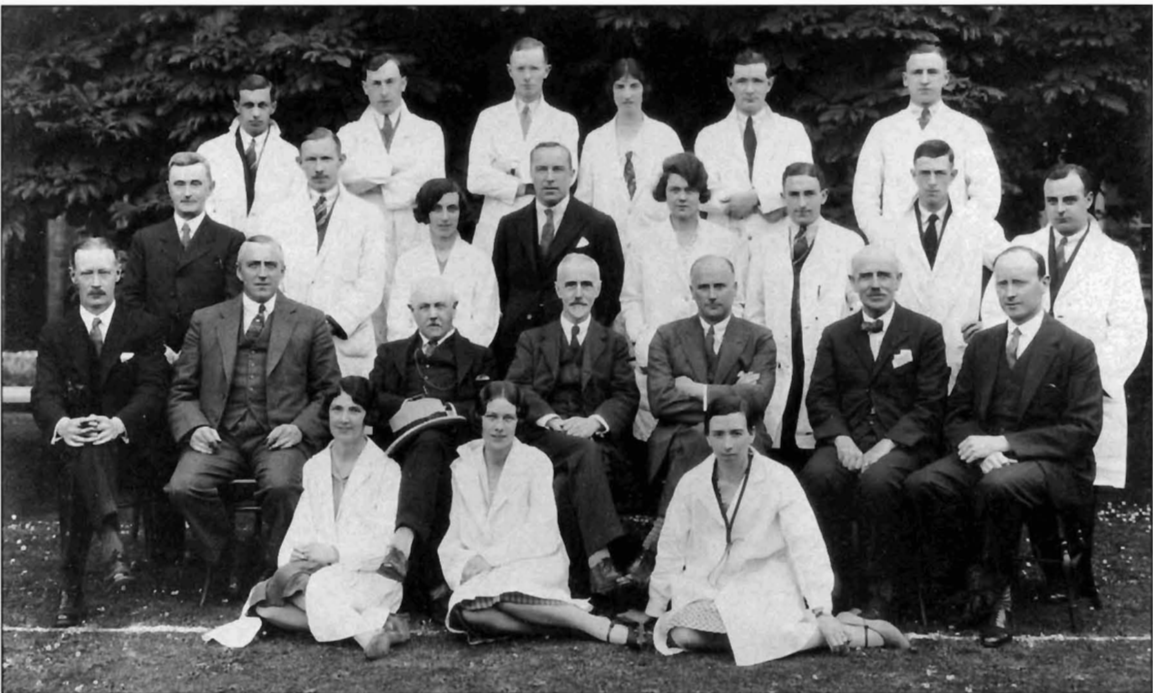
*Dr T G Cunningham, Mr A A McConnell, Dr A R Halpenny, Sir Thomas Myles, Dr H G Earl, Dr F C Purser, Miss M McGivern.*

### *Richmond Hospital, Dublin, Staff, July 1929.*

*From back, left to right: W A Hill, J A Finnegan, T J McHugh, M V Magee, T A Bouchier-Hayes, H D Plunkett, O F M Ormsby, J L Martin, A R Halpenny, J J Fitzsimons, C A Quinn, S Levy, G J Harrison, R J McCloskey, C E Digges, G E Nesbitt, Sir F Conway Dwyer, J O'Carroll, A A McConnell, J A Mason, A B Clery, M A Kealy, N B Maher, K E Murphy.*



THE HOUSE OF INDUSTRY HOSPITALS





## THE HOUSE OF INDUSTRY HOSPITALS

### ODE TO THE RICHMOND

*They tell me the Richmond's a wonderful sight  
Where they're curing sick people by day and by night  
The great surgeons and doctors are famed far and wide  
'Tho they're still better fellows once they're inside.*

*Such sisters and nurses are not found elsewhere  
But the Reidents do all the real work in there!  
And for all that I hear its there I would be –  
When illness demands me a doctor to see.*

*There's Tom Myles who can handle a ship in a top  
With the wonderful 'verve' that he shows in an 'op',  
And the pals Con and Jack who do sometimes agree  
And our game little president, Franics C P.*

*There's Mac with his gadgets, and Slat in the car,  
The Grand Duke who draws ladies from near and from far  
The Marquis of Microbes – I can't name them all  
'Tho the fairest of colleagues whatever befall.*

*Now a short time ago in the Hospitals' Cup  
It was said that the Dun's boys would fair eat us up  
But Ross and his gallant lads taught them the tip  
That there's many a slip twixt the cup and the lip.*

*So here's to the health of the Richmond Fifteen  
Though their Jersey's are red sure they ought to be green,  
They're jolly good fellows – we know that they'll play  
In the great game of life as they played it that day.*

*George E Nesbitt, 1929.*





*Richmond Hospital R F C 1929-1930.*

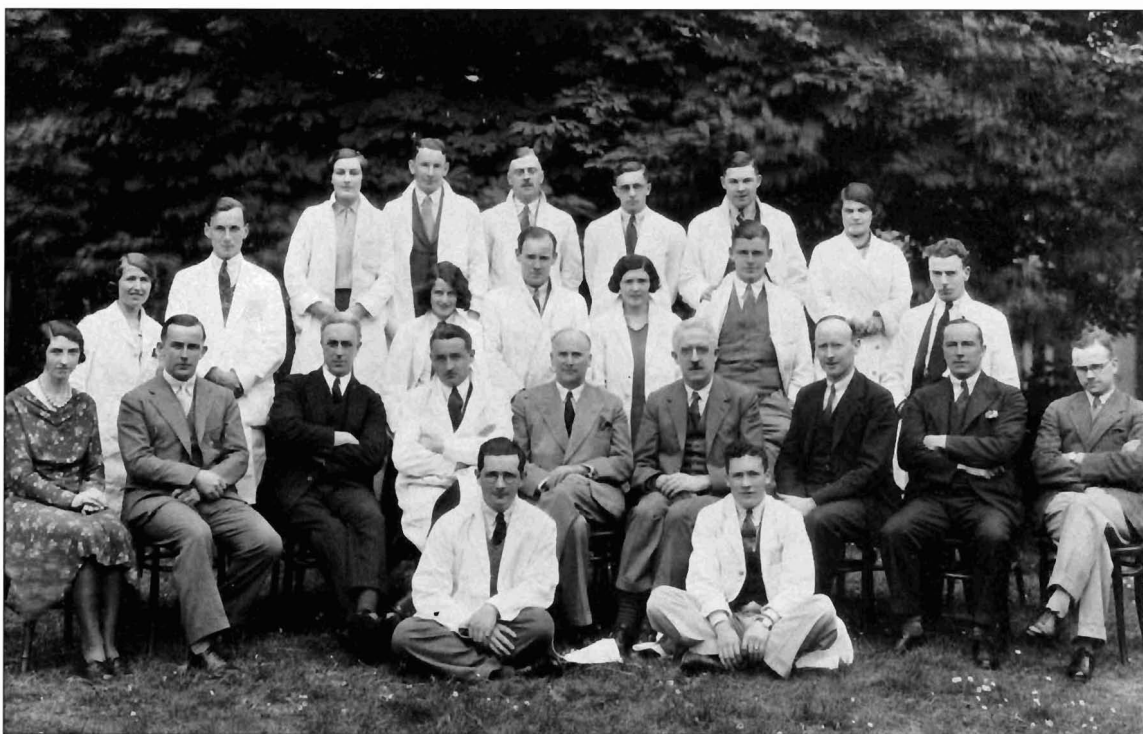
*Back, Standing, (left to right): (unidentified), (unidentified), J N Campbell, P C Cosgrove, D P O'Rourke, R C Sutton, J Finnegan, Referee T Myles.*

*Seated: H V Tighe, (unidentified), M P Crowe, P F Murray, N May, J O'Gorman.*

*On ground: T M Ahern, J T Gregg.*

*Richmond Hospital R F C 1931.*

*J Cotter, P D O'Rourke, W Kyle, H M Carson, D McGorry, J Counihan, D J Navan, J T Gregg, R C Sutton, M P Crowe, P F Murray, T M Ahern, J O'Gorman, N May, J Hanlon.*



*Richmond Hospital, Summer 1931.*

*Left to right. Back: R McCarthy, T Ahern, E Earl, W A Hill, J G Robinson, P McKernan.*

*Third row: H Purser, R A Montgomery, P Kelly, J J Russell, F Mulligan, H V Tighe, G T O'Brien.*

*Second row: M V Magee, L O'Brien, T G Hardman, J O'Connor, A A McConnell, R V Slattery, A B Clery, J J Fitzsimons, A P Dolan.*

*Front row: T A Bouchier-Hayes, P F Murray.*

*Richmond Hospital Medical Staff, July 1932.*

*H M Purser, C J Mullen, J Russell, M King, T J Gregg, H F Deane, R C Sutton, M J O'Donnell, P B McNally, P Hafner, D O'Driscoll, P J Shields, G McGennis, H V Tighe, A Dolphin, M P Crowe, W E McKee, Dr A P Dolan, M P Bourke, R V Slattery, A A McConnell, Dr M J Gibson, Dr J O'Connor, Dr A R Halpenny, Dr T A Bouchier-Hayes, Dr G T O'Brien, Dr M V Magee.*

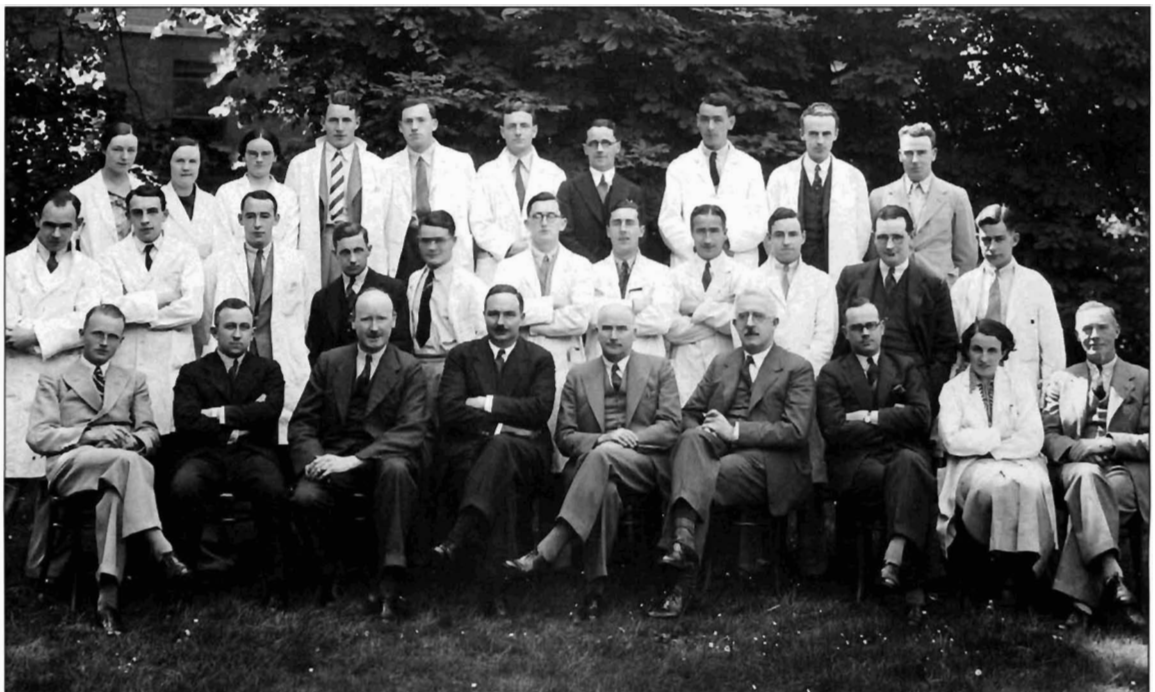
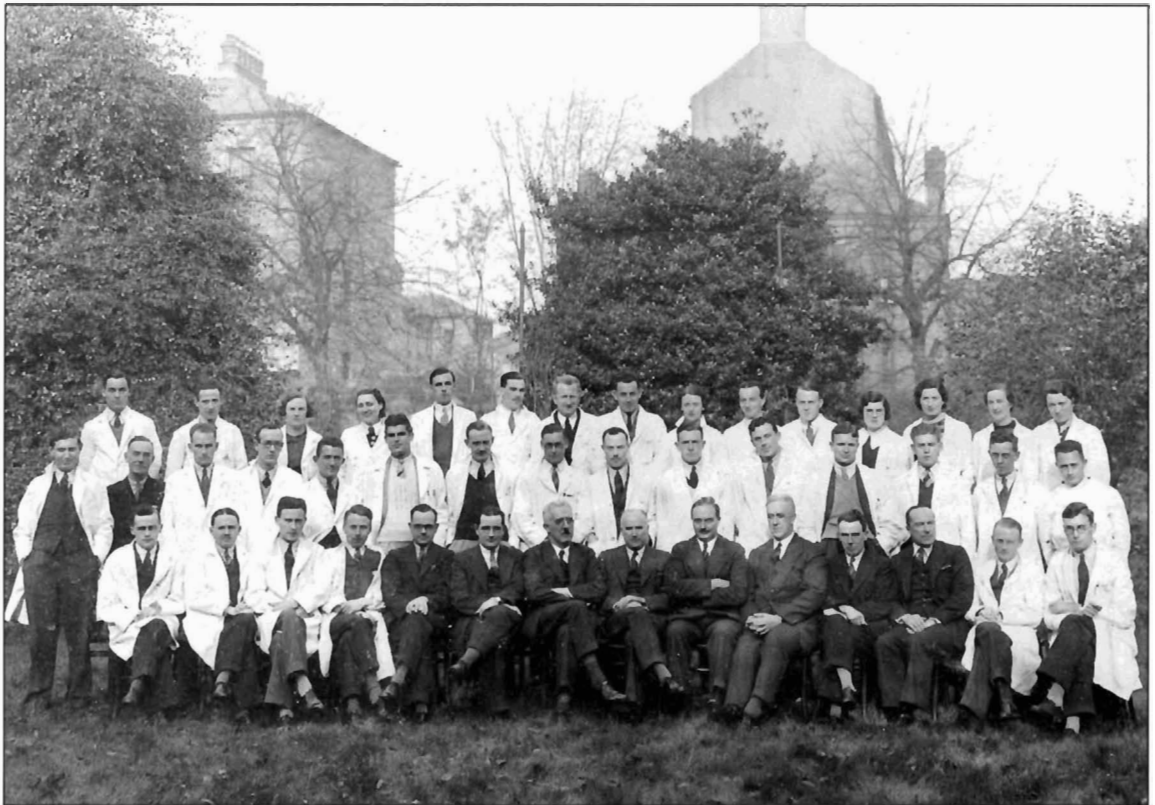
*Richmond Hospital Staff 1933.*

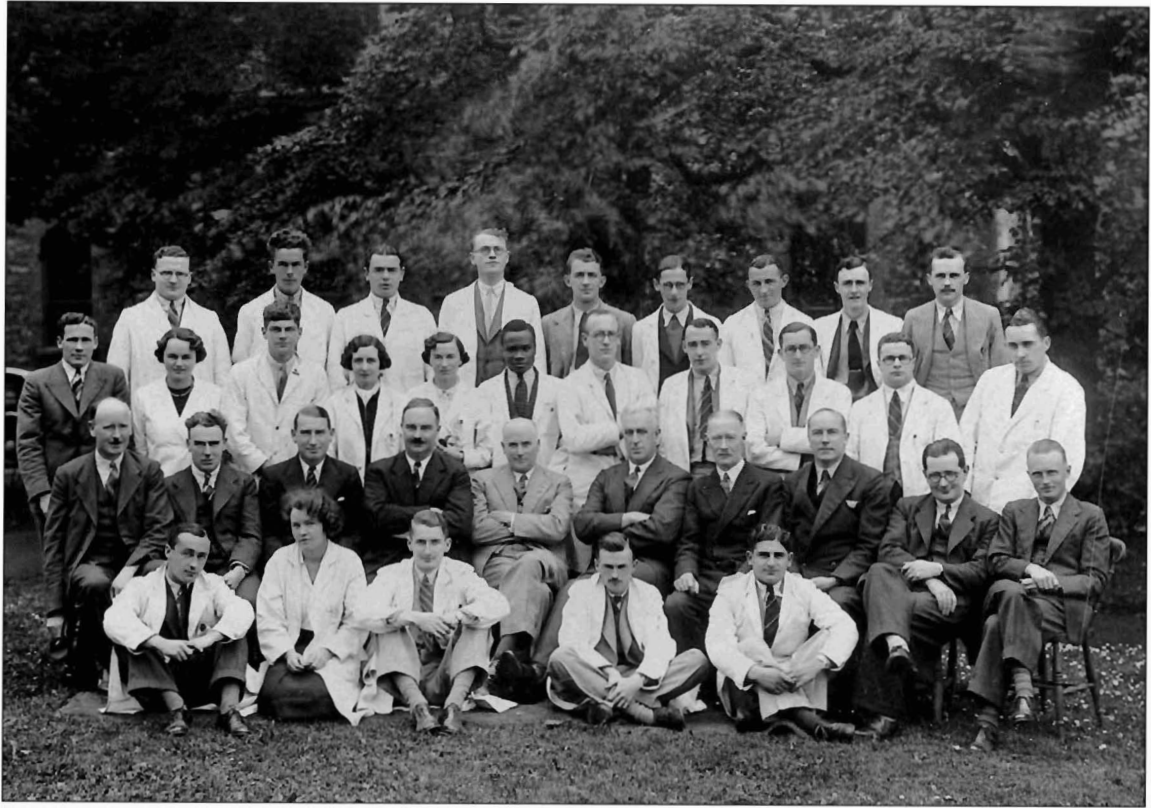
*From back, left to right: H M McGorry, F P Smith, B McEntee, J H Brown, P W Griffin, P A McNally, J F Harbison, Miss R McCarthy, J C Shee, J A Dorrان, Miss M Corbett, I Walsh, C K Byrnes, A W McDermott, A Dolphin, Mr T A Bouchier-Hayes, R Kearney, Dr A J Harden, Dr R A Montgomery, Dr J D McClelland, Dr P D O'Rourke, Dr J G Robinson, P J Golain, P A Green, A P Dolan, J J Murphy, Dr G T O'Brien, Mr A B Clery, Dr O Chance, Mr M P Burke, Mr R V Slattery, Mr A A McConnell, Dr F C Purser, Dr M J Gibson, Dr J O'Connor, Mr J J Fitzsimons, N B May, P O'Beirne, E Crowe.*

THE HOUSE OF INDUSTRY HOSPITALS



## THE HOUSE OF INDUSTRY HOSPITALS





*Richmond Hospital Staff, October 1935.*

*Left to right. Back row: D H Douglas, N McSharry, L Finnegan, K McMahon, R T Sandys, J G Cunningham, B T Carty, J O'H Ward, S T Duff, D P O'Sullivan, J O'Brien, A Robinson, M Treacy, I Wallace, I Gallagher.  
Second row: N B May, A W McDermott, B Connery, M J Hennessy, J Farrell, F Irwin, D Toole, W E Counihan, L McQuillan, P Mullaney, J Igoe, D Bardon, G L Daly, J J Murphy, J Swan.  
Front row: C K Byrnes, H R Rogers, H D McGorry, A P Dolan, T A Bouchier-Hayes, R V Slattery, A A McConnell, H L Parker, E G Hardman, G T O'Brien, J J Fitzsimons, A H Thompson, A Dolphin.*

*Richmond Hospital Resident Staff, June 1936.*

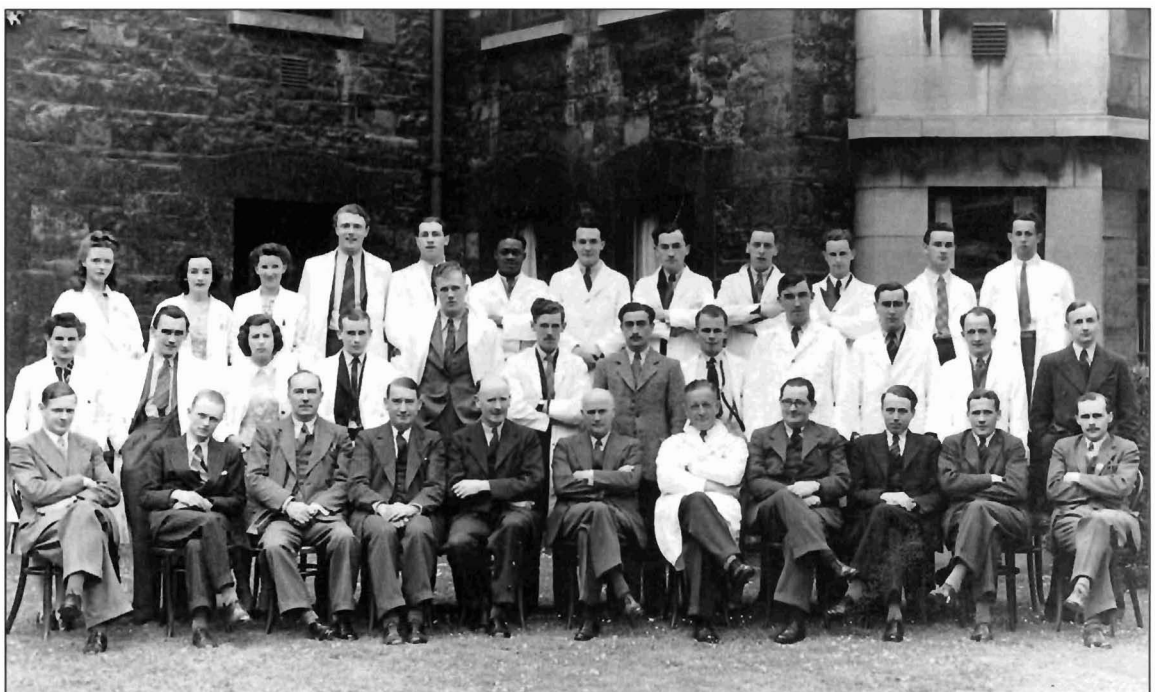
*Miss M K McDonald, Miss L Finnegan, Miss M Doyle, M Slattery, C Doherty, J Gillespie, Dr J Malin, D Bergin, G Molloy, G T O'Brien, Dr F Bergin, Dr N Farrell, F Bamford, Dr W A Hill, Dr H Finnegan, J Clancy, P Cosgrove, C Cassidy, B Kennedy, Mr T A Bouchier-Hayes, Dr P Cusack, Dr A Thompson, Dr A Mooney, Mr A B Clery, Dr H L Parker, Mr A A McConnell, Mr R V Slattery, Dr A P Dolan, Dr P Corbett, Capt. A McDermott.*

*The Staff of the Richmond Hospital, August 1938.*

*T P O'C Sinnot, C Gallen, M P Hickey, F McKee, Dr J A Farrell, M Shreider, K J Cahill, R S J Harold, Dr C K Byrnes, Dr P F Murray, Miss M Menzies, P C Denham, Mrs G M Leahy, Miss S P Brady, A Majekodumni, Dr M J Hennessy, Dr F E Bamford, Dr J Clancy, Dr J K O'Callaghan, Dr J J Riordan, Mr Clery, Dr G T O'Brien, Mr Burke, Dr Parker, Mr McConnell, Dr Hardman, Mr Digges, Mr J J Fitzsimons, Mr T A Bouchier-Hayes, Dr A Thompson, M McCormack, Miss K Dowling, D A Daly, E F Keating, S Fine.*



## THE HOUSE OF INDUSTRY HOSPITALS





*Richmond Hospital Staff, June 1940.*

*Dr H O'Flanagan, O Mally, Miss A Glynn, P Maloney, T Shannon, Miss M Egan, A J Smith, Miss A L McDonnell, Dr C Gallen, Dr J P Lanigan, A Shrago, J Foody, E J Kirwan, R Steiner, B Lydon, R Brady, Dr D Donnellan, A W McDermott, Dr C McGoldrick, J Shea, V O'Hagan Ward, D Cumminns, Dr P C Denham, Dr M Hegarty, Dr F F McKee, Dr J Shea, Dr J Drumm, Mr C K Byrnes, M B Flanagan, W O'Donovan, G V Fitzgerald, D O'Keeffe, J Walsh, Dr D A Ryan, Mr T A Bouchier-Hayes, Dr G O'Brien, Dr M Drummond, Mr A B Clery, Dr L Abrahamson, Mr A A McConnell, Dr H L Parker, Mr J J Fitzsimons, Mr T M Healy, Dr A Thompson, Dr M O'Connor, P McGowan, O Byrnes, R Simmons, L F Farrell, D F Sheahan, C Geraghty.*

*Richmond Hospital Staff 1942.*

*From Back, left to right: Miss B Normoyle, Miss M Keyes, Miss M McDonagh, Mr J Quigley, Mr C Molony, Mr O Taylor, Mr C Quigley, Mr P Finnerty, Mr S Murphy, Mr J Fennell, Mr P Power, Mr M Moran, Miss C Corbett, Mr T McMahon, Miss C Stafford Johnson, Dr H E Counihan, Mr E S Linton, Dr E J Kirwan, Dr L H Shrago, Dr P D Maloney, Dr G V Fitzgerald, Mr V Ward, Dr O D P Byrnes, Mr J P Lanigan, Dr D O'C Donelon, Dr A W Thompson, Mr J J Fitzsimons, Mr M P Burke, Mr A B Clery, Mr A A McConnell, Dr M H O'Connor, Mr T A Bouchier-Hayes, Dr E B McEntee, Dr P F Murray, Mr C K Byrnes.*

*Richmond Hospital Consultants and Sisters 1944.*

*Consultants, left to right: C K Byrnes, D O'C Donelan, J Lanigan, T A Bouchier-Hayes, C Digges, J Stafford Johnson, B McEntee. Second row: M Burke, J J Fitzsimons, H L Parker, M Drummond, A A McConnell, A McDermott, M O'Connor, T Healy, A Thompson, P Murray, T G Hardman. Sisters, left to right: Byrnes, Higgins, Goulden, McAnuff, Deery, T Power, O'Keeffe, Curis, Power, Sullivan, Long, O'Donovan, Monahan, Healy, Matron Hezlett, Burke, Fulton.*



THE HOUSE OF INDUSTRY HOSPITALS





*Richmond Hospital Dance Committee 1944.*

*Included in the group are John Lanigan, Colman Byrnes, Mervyn Abrahamson, Fintan Corrigan, Marie de Vere, J Stafford Johnson and Oliver Finn.*

*Richmond Hospital Dance 1945.*

*Richmond Hospital Dance 1946.*

*Included in the group are Mick and Maud Burke, Matt and Eileen O'Connor, Tommy and Peggy Gilmartin, and Maurice Drummond.*

## THE HOUSE OF INDUSTRY HOSPITALS



### *Richmond Staff 1963.*

*Included with the group at back are: D Byrnes, J Tierney, D Tierney, E O'Brien, M Goulandris, H Kilgallon, D McCatron, J Koinig, T Hynes, J Kelly, K McNiece, J Garry, N Kilcoyne, P Casey.*

*Second row: (unidentified), (unidentified), M Dunworth, P O'Grady, J Harrison, P Galvan, M Ryan, N O'Brien, J Doyle, A Clery, J O'Connell.*

*Front row: A McDermott, H Counihan, M Burke, P Murray, A A McConnell, P Carey, A P Clery, J Widdess, W MacGowan, G T O'Brien, J Lanigan, C K Byrnes, D O'C Donelan, B McEntee.*

### *Resident Staff, June 1973.*

*From front, left to right: Tony Clarke, Frank Bradbury, Tom Rogers, Ann Kieran, Jerry Byrne, Joe Wilcock, Hugh Jordan, David Kennedy, Declan Gilsenan, Billy Singh, Kiaola Balzer, Uttam Zwahn, (unidentified), Brian O'Callaghan, Honor Keane, Peter Kirwan, Genevieve Warner, Eddie Seeraj, Marina Purcell, Tony Ryan, Eleanor Hickson, Peter Strabinec.*



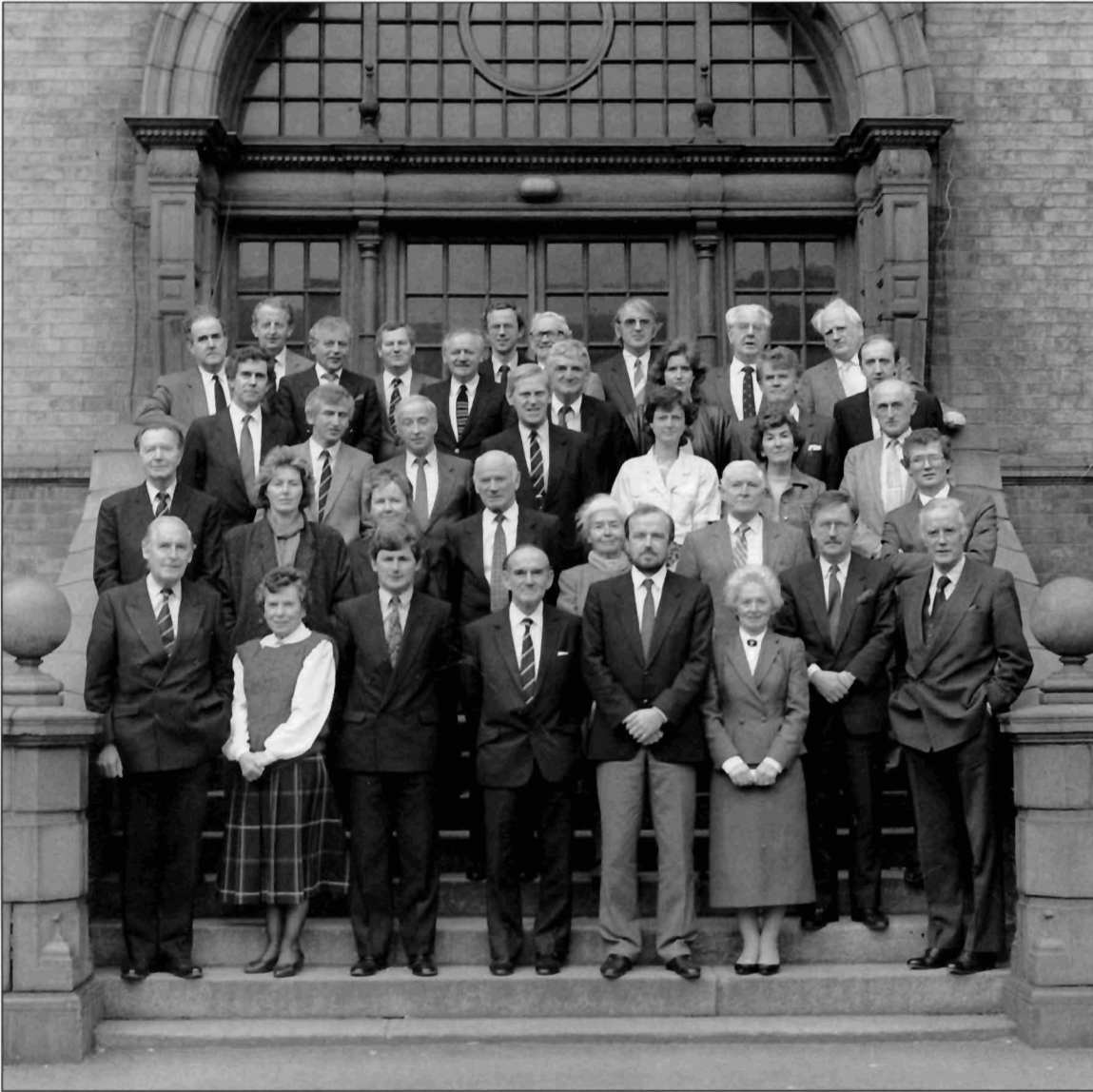
## THE HOUSE OF INDUSTRY HOSPITALS



*Non-consultant Doctors, Richmond Hospital 1987.*

*Front row: Mary Barry, T Teoh, Emma Meagher, Abad Toma, Bernadette O'Keeffe, David Tierney, Suad Ismail, Niall McAuley, Tim Lynch. Second row: Antoinette Kenny, Suzanne Cotter, Rima Couzi, Ena Lavelle, T N Koh, Guy McGowan, Bernie Corcoran, Joe Murray. Third row: Liam Grogan, Dilly Little, Mohammad al-Ogaily, Tom Gumbrielle, Mary Keoghan, Óisín O'Neill. Fourth row: John Barton, Stephen Raftery, Mark Davis, Eamon Kenny, David Moorehouse, Petrina Ryan, John Christie. Fifth row: Pushpinder Sidhu Singh, Dara Hynes, Ann Maguire, Dan Briscoe, David Keane, Paddy Mullen, Andrew Lee, Don Courtney, Adile Adam. Sixth row: Niyl Ajayi, Ann Mulrine, Fergal McGoldrick, Nda Abaniwo, Connor O'Brien, Sylvester Mooney. Back row: Mark Kinirons, Niall McDonald, Peter Butler, David Temperley, Jurgen Bludau, Cormac O'Donovan, Brian McLoughlin, Ted Keelan, David Fennelly.*





*Richmond Hospital Consultant Staff 1987.*

*Back row, left to right: Brian O'Moore, James Toland, James Carr, John Horgan, Hugh Staunton, Frank Keeling, Eoghan Lavelle, Sean O'Loughlin, Douglas Thornes, Thomas Gregg.*

*Third row: Brian Otridge, William Tormey, Gerard Browne, Stephen Doyle, Patrick Swan, Patricia Logan, James Devlin, Michael Farrell.*

*Second row: John McAuliffe Curtin, Frances Maguire, Victoria O'Shaughnessy, Anthony P Clery, Deirdre Donovan, Derval Royston, Joseph Alvey, Ellen Moorehouse, Alexander R Pate, Patrick Broe.*

*Front row: Harold Browne, Marjorie Harte Barry, Jack Phillips, Max Ryan, Shane O'Neill, Lorna Browne, Kevin O'Malley, Sheamus Dundon.*



*The Lord Mayor of Dublin, Ben Briscoe (left) and Harold Browne at the International Society of Surgery in the College of Surgeons, 1961.*

## The Richmond Surgical Hospital

Harold J Browne



Now that the Richmond Hospital has closed its famous wards and doors after 215 years of service to the Irish people, I well remember a cold grey day in early January in 1943 when I and a small number of colleagues from UCD turned up for a pre-clinical class in surgery. I did not appreciate at that time the significance of the famous inscription over the front hall arcade selected by Sir Thornley Stoker — *Necessitati haud gratiae hae portae patent.*

Our first clinician was Thomas Bouchier-Hayes, a very well-known member of the staff and one of the 'junior' surgeons, the others being Colman Byrnes and John Lanigan. The seniors were Adams A McConnell, Michael P Burke, Anthony B Clery and John J Fitzsimons who, incidentally, was also a veterinary surgeon. Juniors were attached to seniors as assistants in much the same way as senior registrars are assigned to consultants today. There was a large gong in the front hall and, depending on seniority, each surgeon was given one, two, or three gongs by John Reilly, the head porter, as they entered the hospital.

In contrast to recent years, students of various medical schools had the freedom of the city in regard to selecting hospitals. By and large, UCD students went to the Mater or St. Vincent's; students from the Royal College of Surgeons to the Richmond; and Trinity students to Sir Patrick Dun's, Baggot Street, or the Meath Hospitals.

During World War II there were severe restrictions on transport so bicycles were the usual form of student transport. Indeed many consultants also used this healthy form of transport. In the days of the 'emergency', the Richmond had many contingency plans.



Sand bags were ready in case of bombing, which actually did occur in the North Strand in 1941, and also on the South Circular Road and in the Phoenix Park.

Mr Bouchier-Hayes or Tommie (popularly known as 'Bouch') was a great clinical teacher, whose daily 5 o'clock grind in surgery at TCD was a must for all final year students. No fee was requested and when one passed, it was modest indeed. He frequently wore morning clothes on rounds and at clinics, One of his favourite utterances during discussions was 'suffice it to say'. He had an enormous practice, to judge from the number of patients that waited for minor surgery on his operating days. He must surely have been one of the pioneers of day surgery, the front hall then serving as the day-ward of today! One of his house surgeons, a well known wit, used to say that when he went out to get a patient and mentioned 'next' for Mr Hayes, they all stood up as if it were the National Anthem! He was a prominent member of the Red Cross, a keen music lover, a sharp poker player and a regular at the races.

Colman Byrnes was an unique character. On his return to Ireland from the Indian Medical Services he was appointed to the junior staff as assistant to A B Clery. Small but robust in stature, with a profuse moustache, he looked like Molotov. He and Bouchier-Hayes, being well-known surgeons, had to be quite aggressive with their seniors in order to obtain beds. As there was neither a pool system, nor a common contract in those early days of the forties, juniors had to survive on private patients. For young surgeons, private practice could be thin on the ground, especially in the Richmond where there were no private facilities and no nursing home attached.

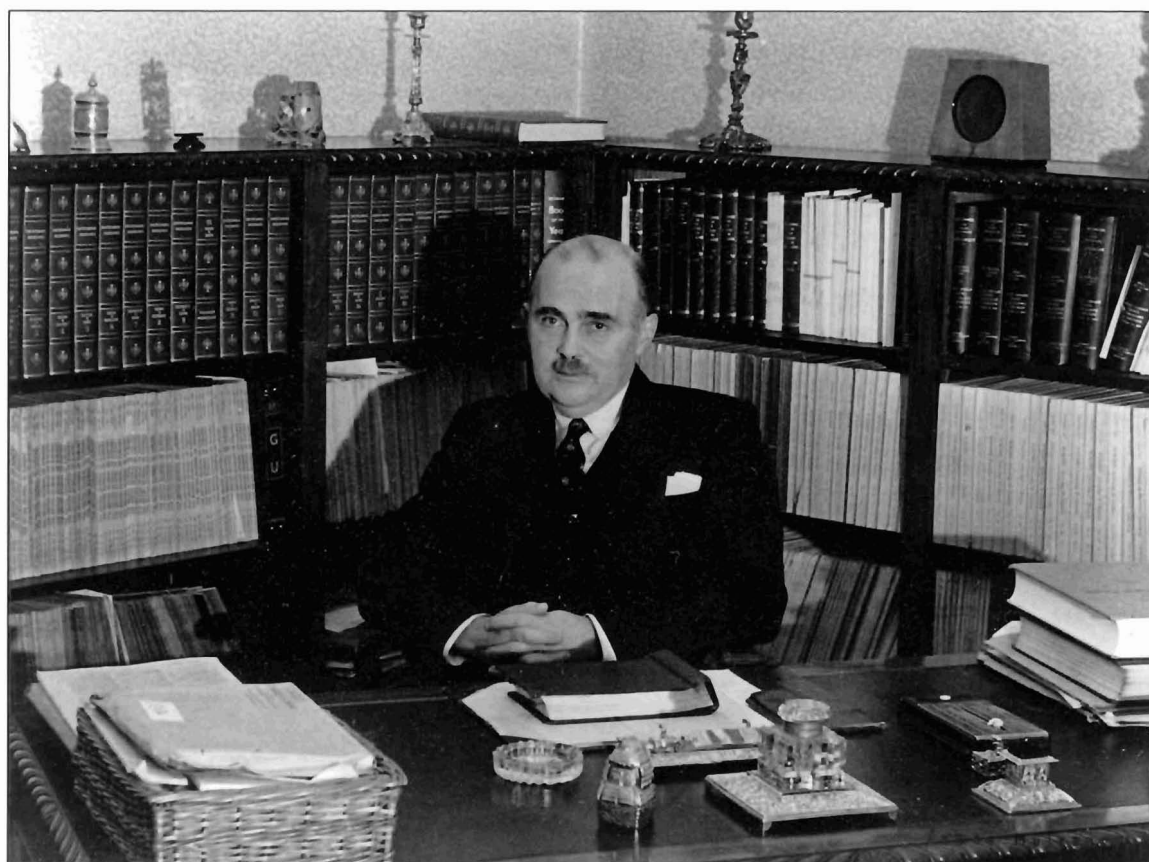
'Colie', as Colman Byrnes was affectionately called, was very popular with the students and also a very good teacher in a less didactic way than Bouchier-Hayes. He worked hard and expected all house surgeons and students to do likewise. He pioneered oesophageal surgery in Ireland after the war, when thoracic surgery was in its infancy. He liked to regard himself as the 'senior of the juniors' after Bouchier-Hayes went to Mercer's Hospital as senior surgeon in 1948. He also liked to be called 'Surgeon Byrnes'.

He was especially known for his inimitable accent and many stories are told about Englishmen who at times could not understand his particular dialect. The late Jack Henry of Baggot Street Hospital once recalled an incident at Crewe Station during a war-time blackout when the station master, after a brief argumentative encounter with Colie, told Henry to take his foreign friend to the waiting room till the train to Holyhead arrived. On another occasion, after Colie described two cases of subphrenic abscess at a meeting abroad, a well-known London consultant, replying to a query from a colleague, said: 'Russian? No! My dear chap — Polish!'



*Thomas Bouchier-Hayes.*

*Colman K Byrnes.*



Rounds with him were frenetic and amusing. He administered his unit with almost military precision. He did all kinds of surgery, as was the practice in those days, before specialisation developed. He often deputised for Mr McConnell in neurosurgery during holiday periods, and one night during an emergency appendicectomy, having done a craniotomy and thoracotomy earlier, he declared with relish: 'Jaysus, this is the third bloody cavity I've been in today!' He enjoyed being one of the pioneers of the many surgical advances that were occurring in the fifties. He was one of the first to do a Millin prostatectomy at the Richmond.

Anaesthesia was also evolving after the war from the 'rag and bottle' and Clover apparatus, to sophisticated and complex closed-circuit machines. One older anaesthetist in the hospital called these devices 'chambers of horror'. Paddy O'Toole, (christened Pascal by Mick Burke because of his resemblance to Pascal Robinson, the Papal Nuncio at the time) was master of the new anaesthetic techniques. He introduced curare to the Richmond.

Once, doing a Millin prostatectomy, Colie remarked, as was his custom, to O'Toole, 'How is he?' and as blood filled the cave of Retzius, O'Toole retorted cynically, 'You're gaining on him'. He loved the challenge of major surgery, which he undertook with great courage and determination at a time when similar procedures were only evolving elsewhere. He was a most kindly and generous man, with a puckish sense of humour. One night, with



*The Carmichael School of Medicine.*



*The Kitchen of the 'Convent'.  
Left to Right: Teresa Dolan,  
Christine Hart, Jacinta McCann  
and Jacinta McCann's bicycle!*

Mick Burke at the Folies in Paris, he said impishly 'All these naked women remind me of my OPD in the Richmond on a Wednesday morning!'

Alfred, or 'Alfie', McDermott, the hospital secretary, was also a most likeable man, who had been an officer at Gallipoli. He and two female assistants, Miss Allman and Miss Hanlon, ran the whole business of the hospital. Alfie always carried under each arm a large file from which he could answer all queries. He never smoked before sundown. He boasted that he had the best feet in the British Army.

Katie Dunne, who served in the residency kitchen in the Convent (formerly the Carmichael School of Medicine), from 1915 to the mid-sixties, was another kindly character, known to all students down the years. She often came over to the staff-room with the request: 'Micky Burke, would you ever go home and let me students over for their lunch.'

In 1948, two more surgeons, Hugh MacCarthy and Frederick McKee, were appointed. The former was from Monkstown, the latter from Belfast. Both had had brilliant graduate careers. Hugh worked with the famous Peter McEvedy in Manchester and amassed a tremendous surgical experience there and later in Newcastle-on-Tyne during the war

years, when ten years of surgical expertise could be acquired in half the usual time. He came to the staff at the youthful age of 28. He was a fine technical surgeon. However, as there were no salaries in the voluntary hospitals until the late fifties, the developing St. Kevin's Hospital lured him away in 1951 with a salary of about £3,000 per year. He worked there until his sudden premature death in 1976. He was a great loss to the Richmond and to academic teaching in the College.



*Visit of Surgeons from the United States to the Richmond Hospital in 1938. A nephrectomy is being performed in the old middle theatre.*

Freddie McKee, an ebullient extrovert with a tremendous zest for life, had a great sense of Northern humour. He had been with the Irish Red Cross at the end of the war in Saint-Lô where he met a French dental student, Simone, whom he later married. Freddie was a fine technical surgeon and his speed at operating was legendary. On his appointment to the Richmond, he was assigned to John Fitzsimons, who duly told him that he did not need an assistant and that he'd better seek out his own beds, thus giving him licence to poach them to the best of his ability. Wards No.4 and No.5 in the old Richmond were rather Dickensian and were the prerogative of the junior surgeons. They officially belonged to the various chiefs, who, now and again, would recall their property to the great chagrin of Byrnes, MacCarthy and McKee. Michael Burke thus christened these wards 'the Pirates' Den'. Here Sister 'Scoff' O'Keeffe reigned supreme and could be found on duty at all hours of the day. No. 4 was a haven of refreshment, with tea and sandwiches available for late returning housemen. Freddie McKee died prematurely from myocardial infarction aged 41.

The residency was an unique building colloquially known as the 'Convent'. It was built in 1864 as the Carmichael School of Medicine by the trustees of Richard Carmichael. When the Carmichael School moved to Aungier Street, a religious order of nuns occupied the building for about 40 years, as a consequence of which it derived its name. Male students slept in the 'Stables' or the 'Balkans' and three elite cubicles called 'faith, hope and charity'. Students 'lived in' for six months with full board. Miss Twomey maintained strict discipline. It is a pity that circumstances, financial and otherwise, have caused the demise of hospital residencies. Students, exposed early to hospital life, formed lasting friendships with each other and with their teachers. Emergency cases at night, out-patients and ward work by day, gave a far greater practical experience than is afforded students of today, who depend on the compulsory intern year for experience.

Social events, needless to relate, were a feature of hospital life in the residency in those post-war days. As newly qualified doctors were only paid the princely sum of four pounds, three shillings and fourpence per month, their pleasures had to be simple. There was a traditional convent bell on the roof of the residency and, on 'certain' occasions, adventurous students rang the bell in the early hours, adding to the lore that the convent was haunted. This historic building, in its later years served merely as sleeping quarters for house officers on duty and meetings of the Board of Governors.

Among many characters from the past, mention should be made of Teddy O'Neill and James Brennan — morticians. James, who died recently, served in World War II. He once said to me in his usual forthright way: 'You know Sir, there's more people living off cancer than dying of it.' And there was Nicholas, a well-known out-patients porter who always greeted you by saying: 'Not a bad day for a half one.'

Sisters Conway and Donovan in the OPD, Sisters Arthurs and Byrne in the theatre, not forgetting Maggie Healy in Richmond One and Isabel Fulton in the Hamilton Ward, were the best-known nursing personnel.

The seniors of the day were Adams McConnell, a pioneer neurosurgeon with an international reputation and his long-time devoted assistant John Lanigan; Michael 'Mick' Burke who began as assistant to Sir Thomas Myles to whom, according to legend, he became as close as an adopted son. He was also surgeon to Peamount Sanatorium and St. Michael's Hospital, Dun Laoghaire. During World War I, he and 'Pops' Morrin of St. Vincent's Hospital served in France with the French Red Cross. He was a captain of Portmarnock Golf Club and, according to Harry Counihan, when he visited Lahinch, he was greeted 'like a royal personage . . . being the uncrowned king of golfing revels'. His charm was as legendary as his unpunctuality – he was often called 'the late Mr Burke'!

A B Clery, the doyen of Richmond technical surgeons, was a general surgeon, who in his formative years was also assistant in neurosurgery. His special interest was plastic surgery, which he pioneered in Ireland. To observe him operating on hare lips and cleft palates was to see an exercise in precision and neatness. His pioneer work on grafting burned patients demonstrated great patience and dedication. 'A B', a more serious and calmer personality than his other colleagues, had a prodigious capacity for work. He also worked at St. Anne's Hospital and was one-time secretary of the Royal Medical Benevolent Fund. A tribute from one of his colleagues was: 'If you have a serious problem – give it to A B.' McConnell, Burke and Clery were past-presidents of the College of Surgeons.

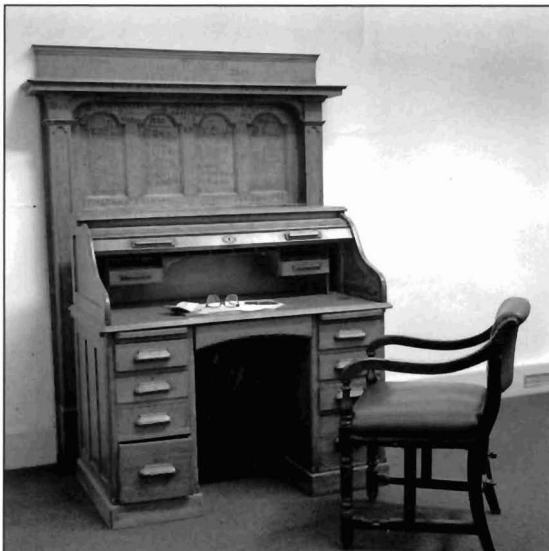
John Fitzsimons, the other senior surgeon, was a competent general surgeon and a very congenial person. He lived in Fitzwilliam Square but had a large country residence at Stopolin House, adjoining Baldoyle racecourse to which he was one of the honorary surgeons. A well-known anatomist, who demonstrated in the College, it was amusing to see him twist a duster while remarking emphatically 'that is how the gut rotates during development'. He was a proud man who much liked to make the right diagnosis, especially in an acute abdomen: 'It was just as I said, a kink in the bowel'. In those days we were taught that if you tied off a ureter, suppression of urine would occur in the corresponding kidney. Fitzsimons once presented to the Clinical Club a patient who had developed a unilateral hydronephrosis following a pelvic procedure he had performed some time previously. One of the discussants suggested that Fitzsimons had probably inadvertently ligated the offending ureter. 'Impossible', said John, 'suppression would have occurred if I ligated it instead of hydronephrosis.' 'Maybe you did not tie it tight enough', a wit remarked humorously.



*The corridor to 'Faith, Hope and Charity'.*

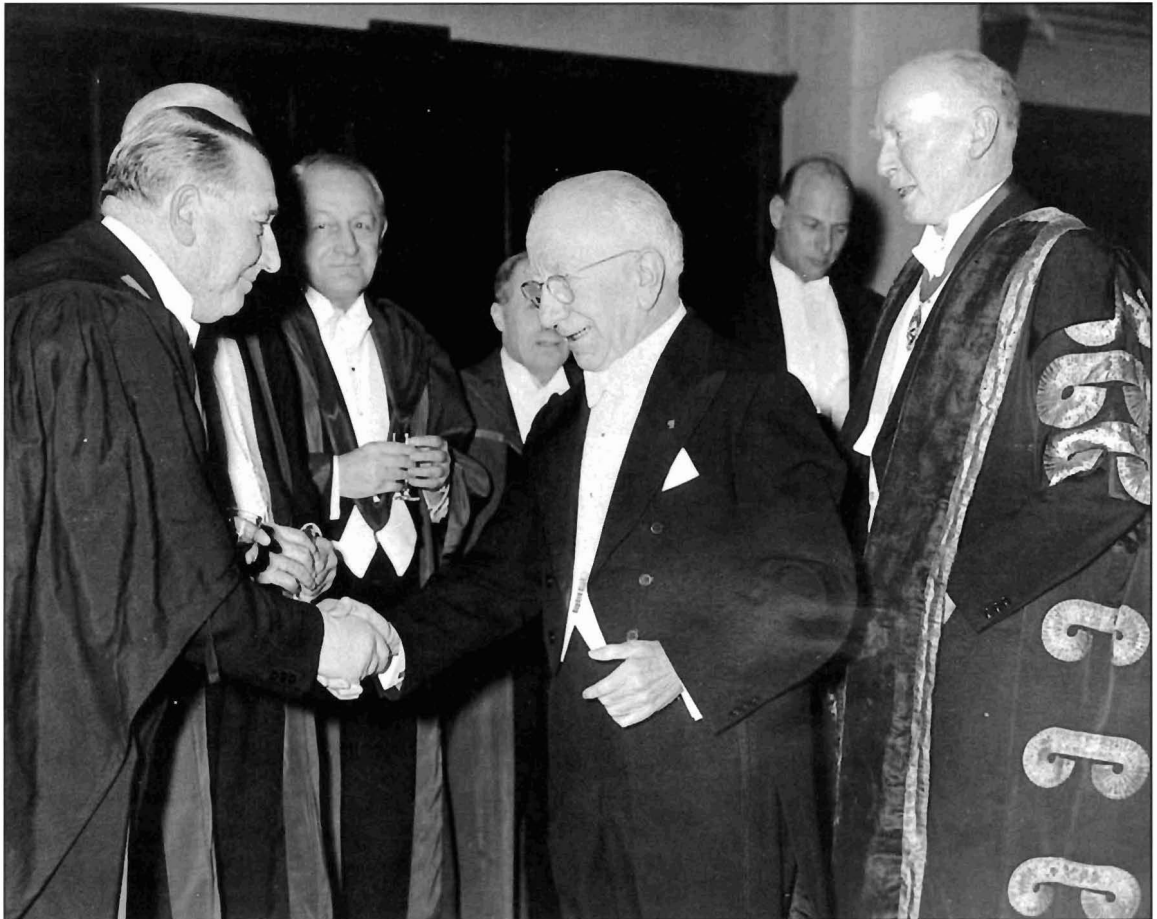
*Residency mantelpiece with carved names of staff.*

*The foyer of the 'Convent'.*





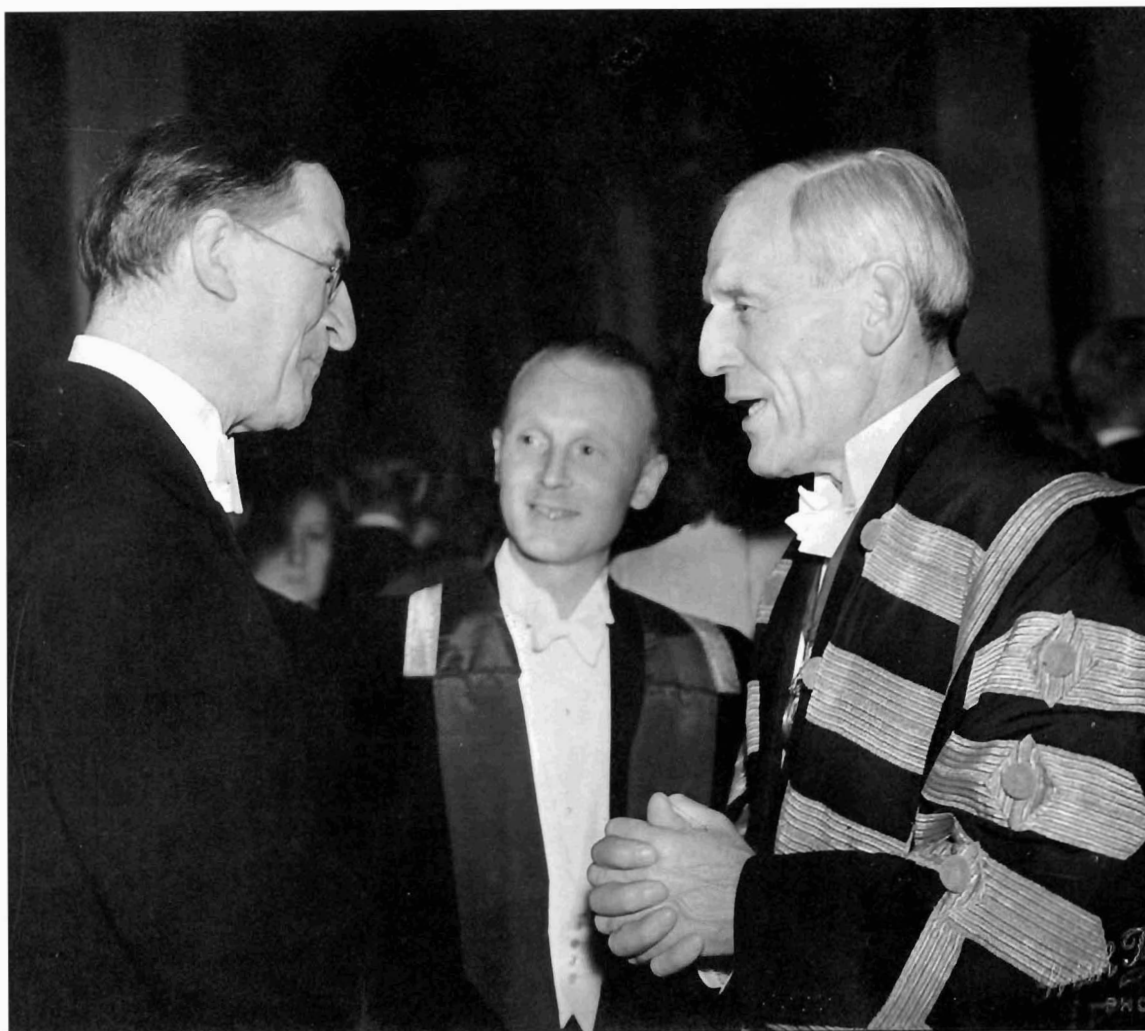
They were remarkable men, operating in an era when anaesthesia was somewhat primitive. They lacked the formal training abroad that their counterparts have today. Blood transfusion, intravenous therapy, biochemistry of body fluids and the modern advances in patho-physiology were new to them. The antibiotics, penicillin and streptomycin, were not available in Dublin until the mid-forties. They did not have senior registrars and registrars to help them. They had to rely on their diagnostic skills, and without much in the way of radiology, they used laparotomy to good purpose. How they would have appreciated ultrasonics, CAT scans and the sophisticated radiological techniques of today, and the developments in instruments and devices of the last decade. Certainly their work deserved the accolade — *Nostri plena laboris*.



*Michael Burke (left) greeting the President of Ireland, Sean T O'Kelly, with Matthew O'Connor (centre) and A B Clery (right).*



*James Brennan in the Mortuary.*



*Alan Thompson, wearing his Fellows gown, with Eamonn De Valera, President of Ireland to his right, and Bethel Solomons, President of the Royal College of Physicians of Ireland.*

## Friends from the past

Patrick Bofin

*Professor Alan H Thompson*



Alan Harris Thompson was born in 1906 in Wexford. He attended the Tate School in Wexford and Portora School in Enniskillen. He said himself that he gained little from this except an addiction to English literature and cricket. As an undergraduate in Trinity College he won every medal available to him, beginning with the Moderator Gold Medal in Natural Sciences in 1928. He won the Hackett Research Prize in bacteriology in 1930 and in the same year took the M.Sc. by thesis in bacteriology. From 1930-32 he was lecturer in bacteriology in T.C.D. In 1932, following a travelling fellowship in Europe, he was appointed assistant physician to the Whitworth Hospital.

From 1934 to 1937 he served as pathologist to the Richmond and Rotunda Hospitals. At that time the Hardwicke was a centre for infectious diseases and Thompson's description of 'the savage relentlessness of diphtheria' was awe-inspiring. Many years later I turned to Thompson for confirmation of the bacteriology of the last fatal case of diphtheria in Dublin.

He withdrew from laboratory medicine in 1937 and devoted himself to internal medicine. He was admitted a member of the Royal College of Physicians of Ireland in 1932 and elected fellow in 1934. In 1937 he became a member of the London College of Physicians and proceeded to fellow in 1967. In 1966 he was admitted an honorary fellow of the American College of Physicians. At the end of the war in 1945, he went with a Red Cross team to Saint-Lô in France.

THE HOUSE OF INDUSTRY HOSPITALS



*Group on steps of the Whitworth Hospital. From left: W A L MacGowan, Leonard Abrahamson, Bertie Foy, Miss Murray, Muff Abrahamson, Tom Breen, Colm Brady, Max Ryan.*

On the death of Leonard Abrahamson, Alan Thompson was appointed to the chair of medicine in the Royal College of Surgeons. He was president of the Royal College of Physicians in 1966-67. In the latter year the College celebrated its tercentenary, having been established in 1667 by a Charter of Charles II. It was seemly that the celebrations should have occurred during his presidency as the procurement of the charter was largely due to the exertions of an ancestor of his, the first Duke of Ormonde.

In 1971 the Government of France conferred on Alan Thompson the *Medaille de la Reconnaissance Française* in recognition of his work at Saint-Lô.

He was a witty but gentle public speaker – a stickler for the correct use of English. ‘It would be preferable to break a wrist than split an infinitive.’ In great demand as a public speaker, he lectured in Great Britain, France, Italy, East and South Africa and the U.S.A. His casual throwaway style was the result of careful planning. ‘My best spontaneous speech required but three weeks of preparation.’

A man of many facets, fly-fishing, bridge and music were his interests. He played the piano beautifully. He believed that medical students should have some knowledge of the humanities and founded the Culture Club in the R.C.S.I.

He purchased an old rectory in Tinahely, County Wicklow, which he set to renovating himself but unfortunately he did not see its completion. He died in the Richmond Hospital on March 23rd, 1974. He is buried under a beech tree in the Quaker graveyard in Blackrock, County Dublin.

### *Professor Leonard Abrahamson*

Leonard Abrahamson was born in Newry in 1897, the second of four children of Russian immigrants. He was educated there by the Christian Brothers. He entered Trinity with a double Sizarship in the unlikely twin subjects of Gaelic and Hebrew, followed by a Foundation Scholarship in modern languages. He transferred to the School of Physic and qualified in 1918 having financed his career by giving grinds to other students. After post-graduate study in cardiology in Paris and London, he returned to Dublin and served as assistant physician at Mercers Hospital. In 1934 he was appointed senior physician to the Whitworth and professor of medicine.

Of short stature, with eyes glittering behind horn-rimmed glasses, his personality was magnetic. He was flamboyant, with the ever-present cigar, not always lit. He was always

ready with a riposte, though his wit could be ascerbic. He gave his 'clinics' (bedside instruction) on Thursday mornings, after which he retired to the staff room. He was served tea and fingers of buttered toast, after which he produced the cigar and, with his back to the coal fire, he discoursed on the gossip of the day. I had been warned that if he forgot his cigar case everybody's life would be a misery. I purchased a large Partagas cigar in Fox's tobacconist in Grafton Street. It was packed in an aluminium cylinder and I carried it in my white coat pocket. He did forget his case one Thursday. Before the storm broke, I offered him the Partagas. As he took it he asked how could I, a house physician, afford such. I told him that I couldn't, but that I had read in the Good Book the parable of the ten virgins, five of whom were foolish and not prepared and five who were wise and were prepared. He stared at me for a moment and then said with a twinkle 'I grant that you were prepared, but I doubt the virginity bit'.

I have referred to his clinics. Students came from the three medical schools to hear him. He was a controlled, disciplined teacher, who spoke with the relaxed ease that comes when the material is very well prepared. He was of a generation when laboratory back-up was minimal and clinical expertise was paramount. 'Look at the face lad' – the facies of Parkinson's, myxoedema, the Dresden china skin of aortic regurgitation, capillary pulsation on the forehead, tabetic facies, pellagra face, and sadly the Hippocratic facies of cachexia; one saw them all working with the old Abe. When the time came for me to leave him, I intended to apply for a senior house officer position in pathology in Belfast. I asked his permission to use his name as a referee. He smiled sadly and said 'Don't be a bloody fool lad. What hope would you have. A Roman Catholic recommended by a Newry Jew'.

He had been appointed to the chair of pharmacology in RCSI in 1926 and to the chair of medicine in 1934. He was president of the Royal College of Physicians for three years, president of the Section of Medicine of the Royal Academy of Medicine, and a founder member of the British Cardiac Society.

His work for the State of Israel led to a forest being dedicated in his name in 1951. He died in 1961.

### *Doctor Gerard T O'Brien*

Gerard Thomas O'Brien was born in 1905 in County Clare. He received his early education at Terenure College, Synge Street School and Clongowes Wood College. Having qualified in medicine at the Royal College of Surgeons in 1927, he took a short service commission



*Sister Gertie McAnuff.*

*Dr Gerard O'Brien with his  
young son Eoin.*





in the medical branch of the Royal Air Force, during which he spent fifteen months in the Sudan specialising in tropical diseases. On his return to Dublin he took junior posts in the Whitworth. He was admitted member of the Royal College of Physicians in 1932 and elected fellow in 1937. He took the Diploma in Public Health in 1933 and in that year was appointed assistant physician to the Whitworth Hospital and later consultant physician to Hume Street Hospital. He specialised in diseases of the chest. In those pre-antibiotic days this was a severe challenge. Apart from rest and fresh air the only therapeutic tool was artificial pneumothorax. He was to the forefront in encouraging surgeons to operate in pulmonary tuberculosis. The conditions under which his patients were treated would be regarded with outrage today. They were housed in open-fronted wooden huts, where rain and even snow had access to their bedclothes. He had a profound contempt for the politicians who permitted these scandalous conditions and occasionally he erupted in condemnation of them. He was regarded as the grand master of physical signs of the chest. He demonstrated daily aeghophony, whispering pectoriloquy and other signs rarely seen today.

Juniors did not know him as well as they should. This was because he was a very private man, who rarely initiated conversation. His expression was regarded as severe, but when he smiled his face was transformed. Patients adored this gentle man with the gruff voice and warm eyes. He was intolerant of pretence or cant. I have heard him in committee cut through a sea of waffle, summarise the problem and suggest a realistic solution. His three great interests were music, poetry and horseracing. He loved a small bet!

A seemingly complex man to the outsider, he generated an affection and loyalty in all who worked with him or were treated by him. He witnessed the control of tuberculosis with the arrival of streptomycin and other drugs and the precedence given to this disease by the then Minister for Health, Noel Browne. In the van of the battle was Gerry O'Brien who saw control occur. One feels that he did not receive the recognition that his earlier work deserved.

He died in Hume Street Hospital in 1973.

### *Sister Gertie McAnuff*

The most dominant person in the Whitworth during the forties and fifties was Sister Gertie McAnuff; known as the 'Gong', because it was by her direction that the great gong in the Whitworth hall was sounded each morning to signify the arrival of a consultant physician. She was of medium height but appeared taller because of her erect carriage,

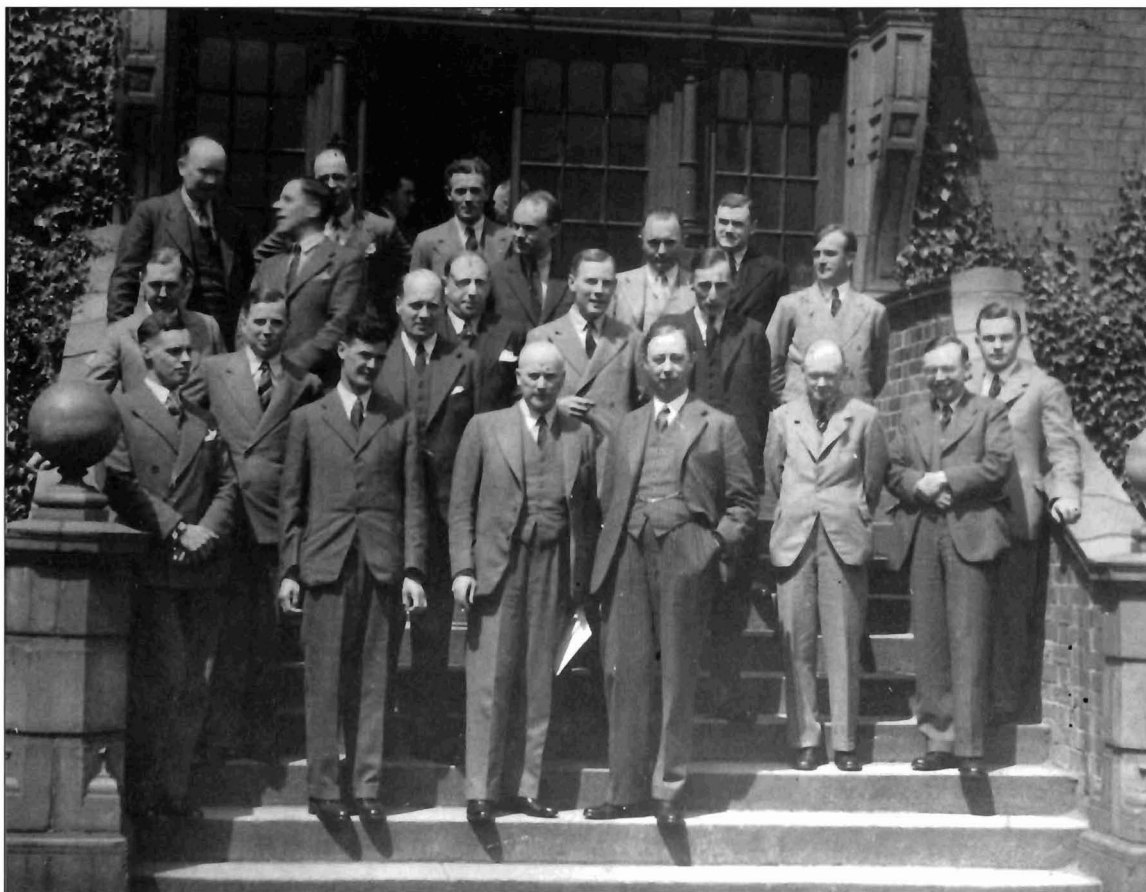
white hair, and stiffly starched cap, cuffs and apron. She never lost the accent of her native Newry. She ran the Whitworth with the inflexible efficiency of a martinet. Students, housemen and nurses feared but respected her. Her disapproval of alcohol and gambling was absolute, especially by young doctors or nurses.

She had a computer-like memory for patients and their ailments. One of her patients had been Brendan Behan. I was with her when she was told of his death. She slowly stood up and with her hands on my shoulders and tears pouring down her face, she whispered 'Poor Brendan – he is at peace at last.' Rigid martinet! What fools we were.



*The certificate accompanying the Silver Medal of Recognition by France, awarded to Dr Alan Thompson. (By courtesy M M Thompson.)*

THE HOUSE OF INDUSTRY HOSPITALS



*The Neurosurgeons visit to Ireland 1936. On the steps of the Richmond Hospital. Adams McConnell is standing in the front row (centre).*

## The Department of Neurosurgery

John Lanigan



Professor Adams Andrew McConnell joined the staff of the Richmond Hospital as an assistant surgeon during 1911. So began his long association with the Richmond, which lasted until his death on 5th April, 1972 at the age of 88 years.

In 1914 Professor McConnell was appointed to the senior staff of the Richmond Hospital. This appointment allowed him to develop the growing speciality of neurosurgery. His name became increasingly identified with other surgeons throughout the world interested in surgery of the nervous system.

During 1912, Professor McConnell paid his first visit to the clinics of North America and brought back with him a Hudson brace. In the same year he performed the first neurosurgical procedure at the Richmond Hospital. It was a posterior fossa craniotomy and though no tumour was found, the operation relieved the patient's papilloedema, resulting in a comfortable survival for many years.

Ventriculography, the first efficient neurological diagnostic procedure, was pioneered by Walter Dandy in America in 1918, and was introduced to Europe the following year by Adams McConnell who reported his results in 1921.

The Society of British Neurological Surgeons was founded at the Athenaeum Club in London on 2nd December, 1926 and McConnell was one of the fourteen foundation members. The Society in its early days had a club atmosphere. Its meetings were small enough to be accommodated at the local hospital, where the host surgeon performed operations and initiated discussions. Due to McConnell's popularity the Society has met

on five occasions in Dublin since it was founded, and he was its president during the years 1936 to 1938.

For any department to function efficiently it must depend on its personnel at all levels. At the Richmond Hospital there has always been a tradition of good neurosurgical theatre sisters and I would like to mention in particular Minnie Long, Susie Arthurs, Bríd Conway, Tess Power, May Kenny and Sinead Deasy. Their job was not an easy one, as they had frequently to work long and unsocial hours, especially in the earlier days when the five-day week was unheard of.

In the neurosurgical wards we had enormous help throughout the years from Sister Monaghan (Ward Three), Sister Fulton, Sister Evelyn Dempsey and later Sister Bowler (Hamilton Ward), Sister 'Scoff' O'Keeffe (old Richmond Ward Four), Sister Bríd O'Neill (Hardwicke Neurosurgical), Sister Nora Curley (Children's Ward) and Sister Tobin (Ward Three). The efficiency of the neurosurgical theatre service has been helped throughout the years by two polite and good-humoured theatre orderlies, Tommy Brady and Harry Darcy.

The first pair of neurosurgical anaesthetists were Dr Paul Murray and Dr Austin Dolan, who initially carried out a busy general practice as well as their duties at the hospital. The neurosurgical anaesthetic service is at present led by Dr Lorna Browne.

Neurology has, throughout the years, been a tradition at the Richmond Hospital. With the appointment of Dr Harry Lee Parker in 1932 this tradition was considerably strengthened. Dr Parker, a graduate of Dublin University, came to the Richmond Hospital from the Mayo Clinic where he was an associate professor in neurology. Dr Parker was followed by Dr Brendan McEntee and our present neurosurgical service is in the capable hands of Dr Hugh Staunton and Dr Sean Murphy.

Until the appointment of Dr Jim Toland as consultant neuroradiologist, all neurosurgical diagnostic procedures had to be performed by the neurosurgeon in charge of the patient. The early carotid angiograms were carried out in the operating theatre on the surgically exposed common carotid artery, when only one lateral film could be obtained.

Since 1950, cerebral angiography has been carried out by percutaneous techniques which nowadays have reached a high degree of sophistication. Now there is an excellent neuro-radiological department staffed by Dr Max Ryan, Dr Jim Toland and Dr Anthony O'Dwyer.

During 1948 a new department, which ultimately became known as the department of neurophysiology, began to function. At that time the first EEG machine arrived at the



*Mr Patrick Carey (third from left) with a group of medical students, and Nurse Carmel Lynott and Sister Phil Rooney.*

## THE HOUSE OF INDUSTRY HOSPITALS

Richmond and for a short while was controlled by Dr Clem Dempsey, before it was taken over by Dr Joe Kirker. The Department of neurophysiology is now staffed by Dr Kirker and Dr Brian O'Moore.

As far as the Richmond Hospital is concerned, neuropathology has only become a special service during the course of the last twenty-five years or so. Professor Patrick Bofin trained in neuropathology at the National Hospital, Queen Square, and ran this department at the Richmond Hospital for many years. He was followed by Dr Michael Farrell, the present holder of this important office. Until a formal neuropathological service was established, the neurosurgeons had to perform their own autopsies, with the considerable help of the then post-mortem room attendant, Mr Brennan, who has now retired.

Another important contribution to the development of neurosurgery in the Richmond was Alan Mooney's valuable work in neuroophthalmology.

Throughout his long career, Professor McConnell had a succession of assistants, who included Arnold K Henry, Anthony Burton Clery, Sholto Douglas, Colman Byrnes and Colin Gleadhill, who was appointed a consultant neurosurgeon in Belfast during 1956.

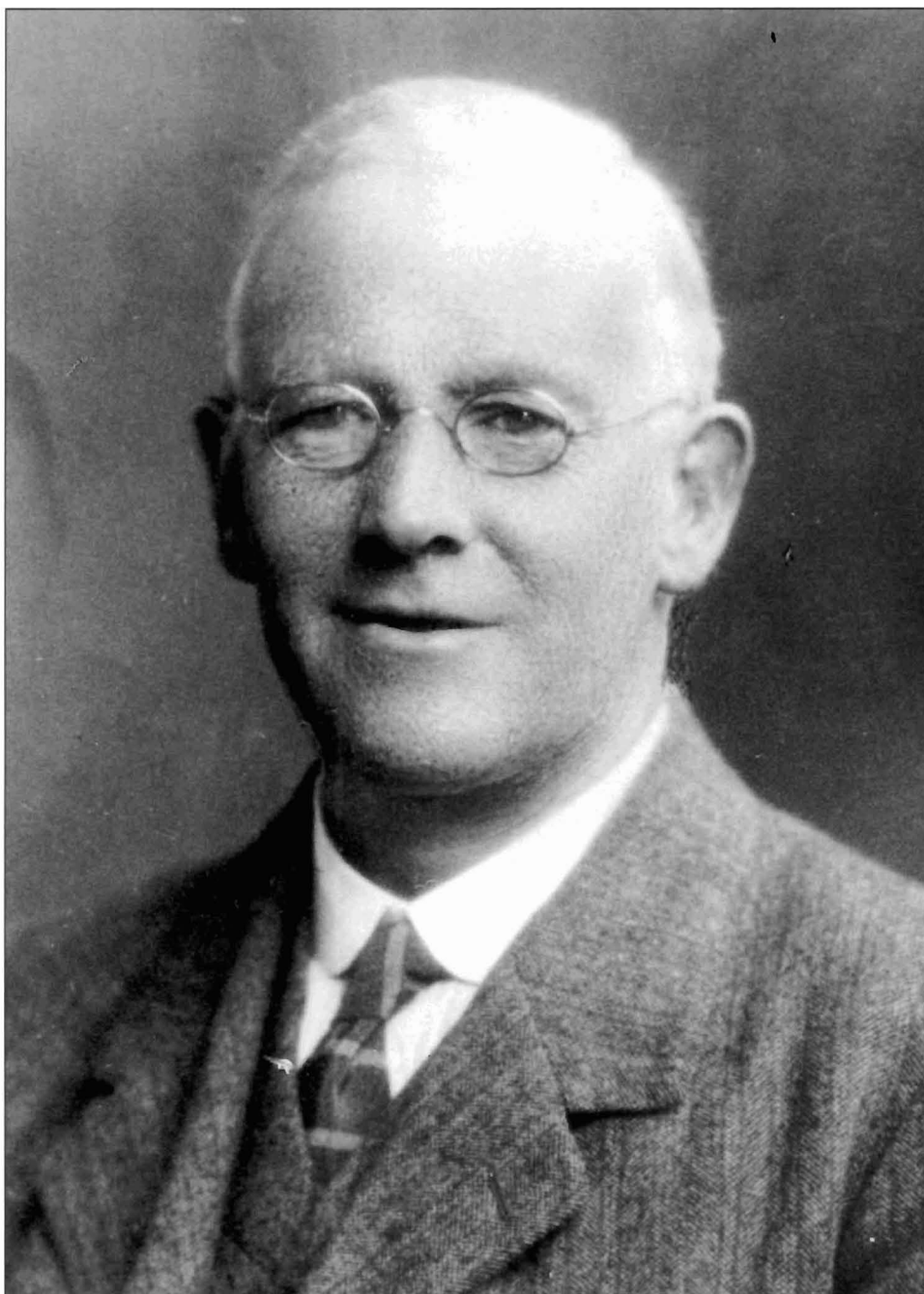
When the neurosurgical department became more established, fully trained neurosurgical consultants were appointed. Patrick Carey came to the Richmond from the National Hospital in 1957, Sandy Pate was appointed in 1964 from Aberdeen, Jack Phillips was appointed from Cambridge in 1980 and Sean O'Laoire was appointed in 1985 from the Atkinson Morley Hospital, London. Mr Carey and I have now retired from active surgery, and it is hoped that Mr Pate and his two colleagues will soon be joined by a fourth neurosurgical consultant.

In conclusion I would like to wish the Beaumont Hospital Neurosurgical Department and all those who work in it much success and happiness.



*Photograph taken on the occasion of the retirement of Dr Paul Murray in January 1973. Those in the photograph, left to right: Patrick C Carey, Deirdre Donovan (Pepper), Sandie Pate, P F Murray Professor Alan Thompson, Mr J P Lanigan.*





*Frank Purser*

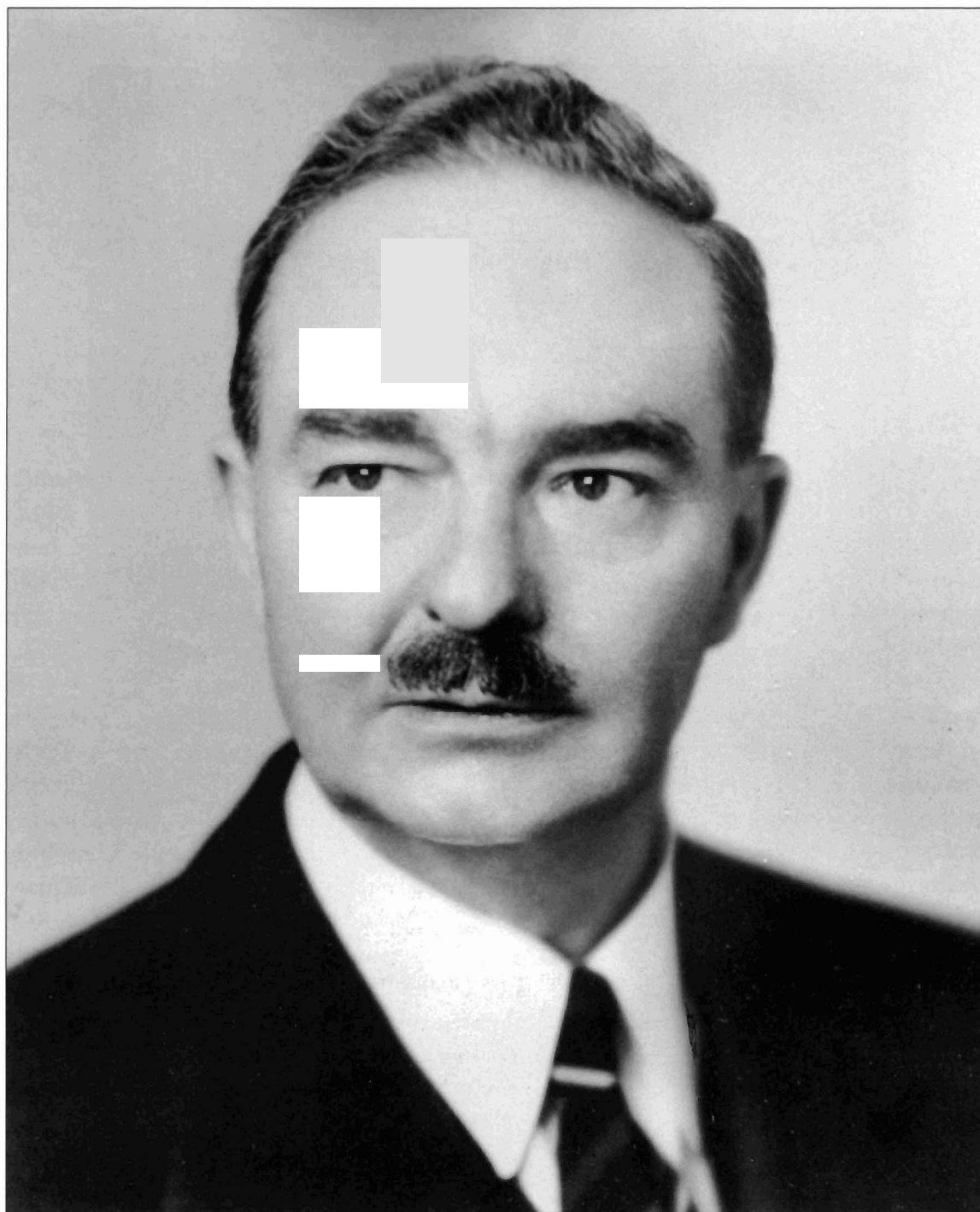
## Neurology

Hugh Staunton



As with the major British provincial centres (though not London), medical neurology in Ireland in the past has operated to a significant degree within the shadow of neurosurgery. However, from early on, there have been independently functioning physicians with an interest in neurology or dedicated neurologists, who until relatively recent times have been associated in the main with the Richmond.

Frank Purser, a Richmond physician, was probably Ireland's first neurologist. He was on the staff as a senior physician from the twenties until his death in 1934. In 1916 he was consulting neurologist to the troops in Ireland. He was in turn professor of medicine in the Royal College of Surgeons and Trinity College, Dublin (TCD) and honorary professor of neurology at TCD. In 1912 he had decided to devote himself to neurology and travelled to the National Hospital for the Paralysed and Epileptic, Queen Square (later to be entitled, perhaps less colourfully, the National Hospital for Nervous Diseases). There he became friendly with Francis Walshe and Gordon Holmes, both Irish neurologists who became famous members of the staff of that institution. (Francis Walshe still conducted teaching rounds when I was there in the mid-sixties, some of which I organised. Unfortunately I did not then know of the association). Both Walshe and Holmes stayed with the Pursers in Dublin. The Purser children were not overly taken with Holmes, perhaps not surprising with a man who had the ward doors locked for rounds and physically tore up the notes if the history wasn't both detailed and accurate. On the day of his death Purser lectured in Trinity College, performed a ward round, and saw patients at his house in Fitzwilliam Place. After he had ushered out his last patient he experienced an attack of chest pain and died within the hour at the age of 57 years. He was president



*Harry Lee Parker*

of the Royal College of Physicians of Ireland at the time. Prior to this, in 1934, he inscribed and passed on to Alan Thompson (later to become professor of medicine at the Royal College of Surgeons and president of the Royal College of Physicians) second edition volumes by Gowers on *Epilepsy*, Gowers' two-volume *Manual of Diseases of the Nervous System*, and Osler's *Textbook of Medicine*. Alan, later, in 1972, further inscribed these books, passing them on to me, thus symbolising a continuing thread of influence, though, indeed, Alan was quintessentially a general physician.

Harry Lee Parker was the first full-time neurologist in the country, being appointed to the staff of the Richmond in 1942. He was an outstanding neurologist, with a reputation to match that of his contemporary surgeon Adams McConnell. He was impatient of the necessity to practise some psychiatry on the side, however. For that and other reasons, he was never really content here, and returned to the United States in 1945 to become chief of neurology at the Mayo Clinic. He died in post there in 1958. He is remembered for his many contributions to the literature, and also for his book on his teaching at the Richmond. Curiously, this book is better known in the United States than in Ireland.

Parker could have built up a large department, but perhaps was too much of an individualist and loner to do so. Far more patience is required to build a unit than to take one on. Brendan McEntee succeeded Parker. Again, the exigencies of life did not allow him to survive by practising only neurology, and he practised a combination of general medicine and neurology (which is not the same as general medicine with an interest in neurology). In order to orient the reader by a compass of connections, I would add that Brendan examined me on a case of thyrotoxic ophthalmoplegia in the primary membership examination (which then had a clinical) in the now defunct Baggot Street Hospital in 1961, our discussion being conducted in front of an open fire. Brendan was significantly incapacitated by the sequelae of polio which he had contracted as a boy. His lifelong battle against disability was one of epic proportions. He nevertheless had an optimistic, rather fresh and boyish personality. Continuing the bibliographical thread, I have inherited a number of valuable and now unobtainable neurological books from Brendan, including volumes by authors such as Vulpian, Charcot, Marie, Roussy and l'Hermitte, Oppenheim, Romberg and Wechsler.

Brendan McEntee was the point of overlap between the era of Parker and the present day. Paddy Bofin was appointed as a neuropathologist in 1967, James Toland as a dedicated neuroradiologist in 1969, and myself as a full-time neurologist in 1971. These figures, with three neurosurgeons, and Paul Murray as anaesthetist, comprised the entire neuroscience staff in the early seventies. Brendan's death in 1974 was followed by Sean Murphy's appointment in 1975. Brian O'Moore was appointed as a clinical neuro-

physiologist in 1977, having trained in Buchtal's prestigious department in Copenhagen. This was the first such appointment in the country. Tony O'Dwyer became the second neuroradiologist in 1979. In all there are now 16 consultants attached to the neurosciences unit in Beaumont, where the body is formalised as the Richmond Institute of Neurology and Neurosurgery. This latter was formally incorporated in 1984, and a funding conduit, The Richmond Brain Research Foundation, in 1986.

The history of the introduction of the technology required for the practice of neurology is of considerable interest. John Lanigan alludes to the pioneering introduction of air encephalography by Adams McConnell in 1920, underlining the personal nature of the history of this subject. The story of electroencephalography is no less interesting. It also again illustrates the close personal historical aspect to neurological development in which physicians seem to find comfort. Although Berger recorded the first clinical electroencephalograph (EEG) in Jena in 1924, definitively publishing it in 1929, routine clinical electroencephalography did not get going until the late thirties. Indeed, Berger's disappointment at the fact that it did not provide an open sesame to the door of understanding psychiatric illness is perhaps symbolised in his suicide in 1941. Following Berger's publication, a number of groups went ahead with the study of the human EEG: Dietsch and Kornmüller in Germany, Adrian and Grey Walter in England, and the group of Jasper and that of Gibbs, Davis and Lennox in North America. Grey Walter published the first account of the value of the EEG in diagnosing the localisation of brain tumours in 1936. Clem Dempsey, now a general practitioner in north Dublin, and a member of the ethics committee of the Richmond at the time of its closure in 1987, worked with Grey Walter in Bristol and ran the first EEG machine in Dublin after its instalment at the Richmond in 1950. Gibbs, Davis and Lennox, mentioned above, first described the spike and wave which we see in primary epilepsy, in 1935. John (Joe) Kirker worked with this group, returning to Dublin in 1950, and has been on our staff since. Joe was later to become President of the College of Physicians (1983-86). For me, the continuing thread of relationship in this area is illustrated by my attendance in 1969 at the *Festschrift* at Göttingen of that other early German contemporary of Berger's, Kornmüller, who had recently died.

Penfield later seduced Jasper to Montreal where epilepsy surgery, though perhaps not invented, was certainly weaned and nurtured into full adulthood. Since our early essays in this field in the latter half of the seventies, the group in Montreal have displayed considerable generosity in making available to us the benefits of their experience. We performed our first temporal lobectomy in 1975 (Paddy Carey performed the operation). We have now performed nearly seventy such cases without mortality or significant morbidity. The future of electroencephalography is secured by its essential contribution

to the modern classification of epilepsy, and the burgeoning interest in epilepsy surgery in our institution and in certain other selected centres throughout the world. The telemetric system being installed in Beaumont will allow simultaneous full channel electrical and video recordings to be made of two patients on a continuous 24 hour basis. Furthermore, the software provides an automatic capacity to select and display all abnormal events according to laid down electrical criteria. This will greatly extend the range of surgery. It will also hopefully help in the analysis of that great neurological bugbear, 'pseudoseizures'.

That other mainstay of neurosurgical investigation, cerebral angiography, was introduced to the world by the Portugese neurologist Moniz, in the late twenties. Moniz received the Nobel Prize for this innovation, and not, as so frequently stated, for introducing the pre-frontal lobotomy (which he did do). Angiography was introduced to the Richmond sometime in the mid-thirties. At that time the carotid artery was exposed prior to injection. Colin Gledhill (later to spend most of his consulting neurosurgical career in Belfast) brought the percutaneous technique from Edinburgh (from Dott's department) in 1950. Such procedures as air studies, angiography and scanning were introduced worldwide soon after their discovery. The earlier angiographic procedures were performed by the neurosurgeons and their assistants. It is interesting to reflect that there are a number of surgeons now practising in other surgical specialities around this country who have contributed to this endeavour. The last chairman of the Richmond Medical Board, Max Ryan, could be regarded as the first specialised neuroradiologist in the country, having received his training in Manchester and Boston. Max's interests ranged more widely than that, however. Consequently James Toland's appointment as a pure neuroradiologist in 1969 was really the first such appointment. This department has built up a name for excellence in detail and quality control. This was particularly helped by the introduction of scanning techniques in the seventies, as the vast numbers of angiographic studies being performed prior to this must have provided a Sisyphus-like task.

The first isotope scanner was introduced in 1968. The first CT in the country, a second generation Ohio Nuclear machine, was installed in the Richmond in 1978. This more or less replaced the air studies which had earlier been introduced by McConnell, and led to a 50% reduction in cerebral angiography. The latter was now reserved for vascular disease, including cerebral aneurysms for which it remains the definitive study, and for the pre-surgical demonstration of the definitive blood supply to lesions such as tumours. The move to Beaumont has brought with it a new fourth generation scanner. As with CT, magnetic resonance scanning has in turn revolutionised neurology, including particularly medical neurology because of its ability to demonstrate morphological changes in the white matter in multiple sclerosis and its role in the definition or exclusion of spinal

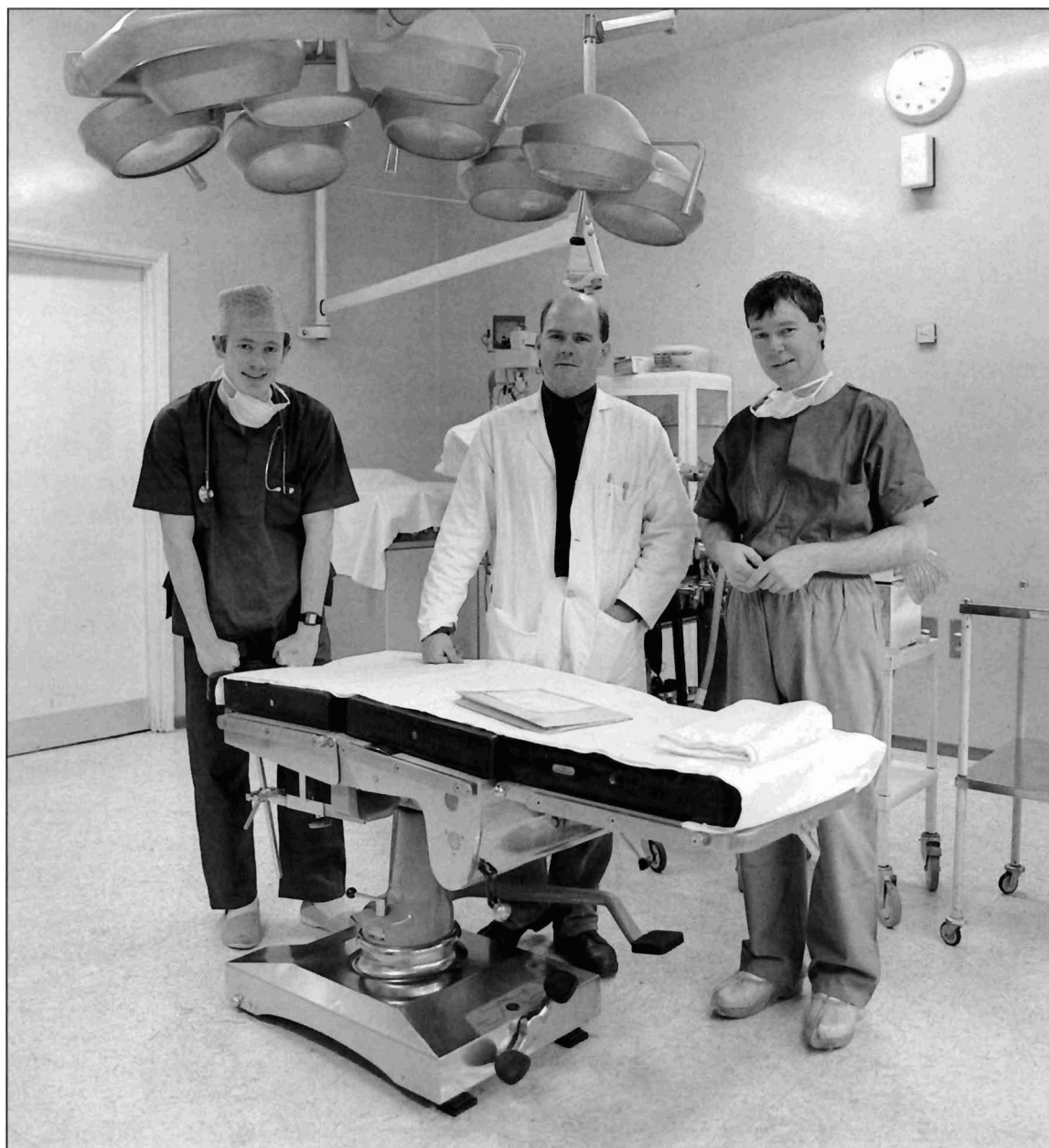
cord and brain stem pathology, all Achilles heels for the CT scanner. The neurosciences department awaits its completion by the installation of such a system in Beaumont.

On the paediatric side, Niall O'Donoghue was the only paediatric neurologist in the country throughout the seventies. We all therefore had perforce to deal in some degree with children. Thus, between such cases and paediatric surgical material (including spina bifida) there was an active paediatric neurological/neurosurgical unit. Professor Seamus Dundon was on hand as a general paediatrician to keep our gaffes to a minimum. The Richmond, Dublin and the country at large, benefited considerably by the appointment in recent years of two further specialised neuropaediatricians. We shared the appointments of Joe McMenamin and Mary King with Crumlin and Temple Street children's hospitals respectively. This improved our efforts to deal with biochemical and genetic disorders particularly. The general paediatricians have also benefited considerably by these appointments. Prior to leaving the Richmond, it was agreed to appoint a specialised paediatric neurosurgeon, again shared with these hospitals.

Paddy Bofin left the staff of the hospital to devote himself full-time to his task of City of Dublin Coroner and his professorship of forensic medicine at the Royal College of Surgeons. He was replaced by Michael Farrell. John Dinn, neuropathologist at St. Vincent's, also joined the staff on a sessional basis. Perhaps no other speciality rivals the neurosciences in its variety of disciplines operating in such a closely integrated fashion. The close cooperation between clinician, electromyographer, biochemist and pathologist in cases of peripheral nerve and muscle disease is but one example of this integrated approach. The Oslerian principle of basing the approach on pathological or putative pathological diagnosis still obtains and is at the root of this integrated work, despite the shift in pathology from simple pattern recognition to a bewildering variety of cell markers.

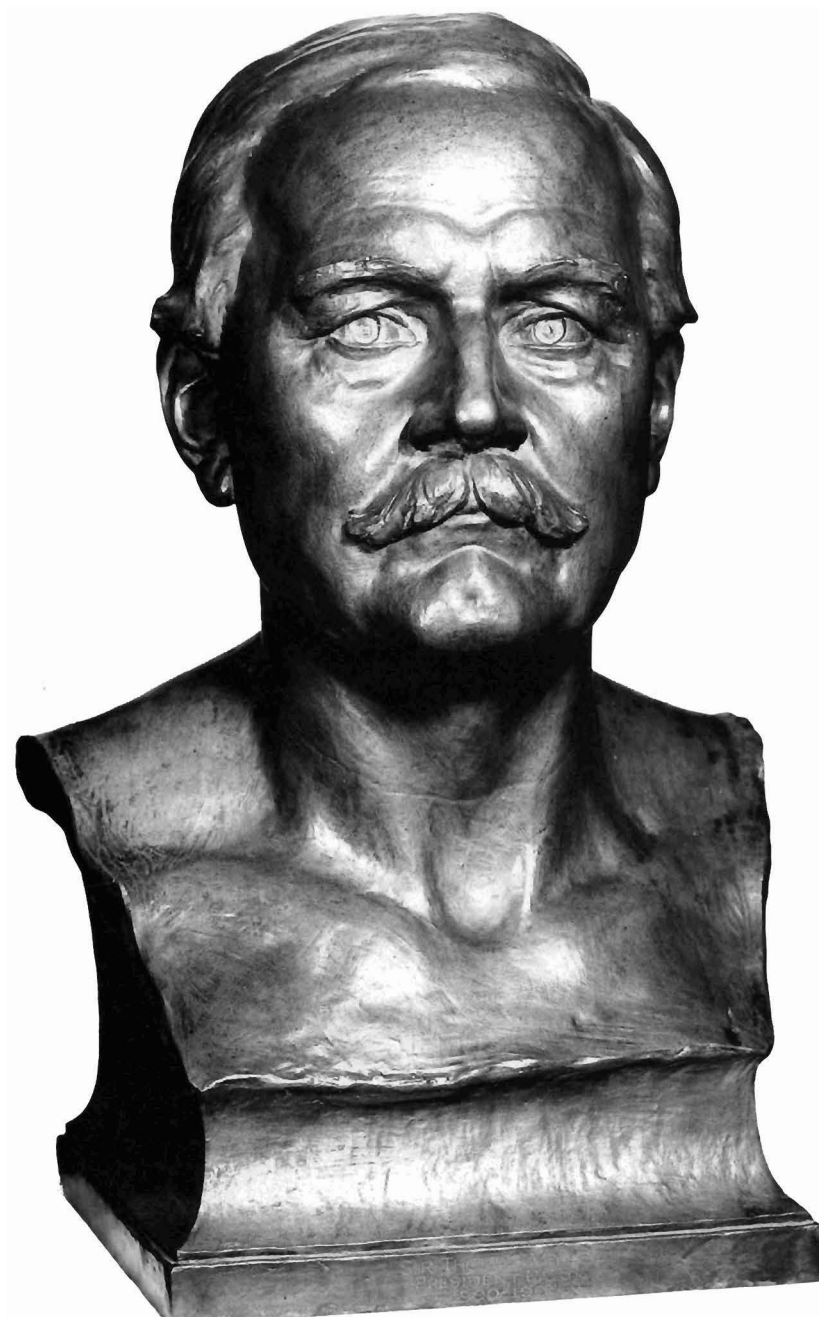
There is a natural extension from pathology to the area of molecular biology. For the past two years we have funded a full-time fellow in the Department of Genetics, Trinity College, to study the question particularly of Duchenne muscular dystrophy, and to offer possible carriers of the gene a definitive statement on that possibility. There is no doubt that this area will continue to increase in relevance for our and other disciplines. We have recognised that such off-line appointments will require funding in the future, and that we will require to find a considerable proportion of that funding ourselves. This led to the foundation of the Richmond Institute for Neurology and Neurosurgery in 1984 and the Richmond Brain Research Foundation as its financial backer in 1986. The objectives of the Institute are the promotion of post-graduate teaching and research in the neurological sciences. We have working relationships with departments in different institutions in Dublin, including the Royal College of Surgeons, University College Dublin,

Trinity College and the National Institute for Higher Education. We have welcomed into our post-graduate teaching programme the other neuroscience departments in the country, drawing eclectically from whatever resources are available. We would hope that the seeds earlier laid in the Richmond will continue to germinate and flower in our transplanted institution.



*Neurosurgical operating theatre. Left to right: John Boylan, Steven Young, George Karr.*





*Sir Thomas Myles*

## The Department of Pathology

Patrick D J Holland



he emergence of pathology as a medical speciality in the Richmond Hospital may be said to have been foreshadowed by the appointment of Dr Robert Spencer Dyer Lyons as physician in 1866 to succeed Sir Dominic Corrigan. Dr Lyons was a pioneer in the application of the microscope in pathology and had utilised it extensively in his role as pathologist-in-chief to the British Army during the Crimean war. His report on the diseases he investigated there was published as a book in 1856 and 'lead directly to the foundation of the army Medical school at Netley and to all the reforms in Army Medical education that flowed therefrom'. Dr Lyons became professor of medicine and pathology in the Catholic University School of Medicine in Cecilia Street in 1855.

The second signpost in the development of pathology in the Richmond was the appointment of Thomas Myles, (later Sir Thomas and PRCSI), surgeon to the hospital as professor of pathology in the RCSI School of Medicine in 1889. This was the first chair of pathology to be established in Ireland and Thomas Myles occupied it until 1897, when he resigned and was succeeded by a practising pathologist, Dr Arthur Hamilton White.

*Thomas Donnelly, (MD FRCS. 1893-1894)*

In 1893 the first definitive appointment of a laboratory physician was made when Dr Thomas Donnelly became assistant physician and pathologist to the hospital. Dr Donnelly, in addition to his hospital post, was medical officer of No 1 Dispensary

District and resigned from the hospital after one year because of the pressure of his dispensary practice.

*Alexander C O'Sullivan, (MA MB FTCD. 1895-1899)*

In 1895 Alexander C O'Sullivan was appointed as pathologist and, because of the growing interest in the new science of bacteriology, his title was altered to pathologist and bacteriologist in 1897. Dr O'Sullivan was appointed lecturer in pathology in Trinity College, Dublin (TCD) and pathologist to Sir Patrick Dun's Hospital in 1897 with the approval of the Board of Governors of the Richmond Hospital, who facilitated him by allowing him to utilise autopsy specimens from the Richmond to teach his students in TCD. He resigned his post as pathologist in the Richmond in 1899 to devote his full time to his TCD appointment, becoming professor of pathology there in 1922.

*Henry Cecil Earl, (MD FRCPI. 1899-1927)*

Henry Cecil Earl was appointed pathologist and bacteriologist to the Richmond to succeed Alexander O'Sullivan in 1899 and continued in that position until his death in 1927. His early training in pathology was in the Rotunda and Royal Victoria Eye and Ear Hospitals. He also had held appointments in TCD in the anatomy department and as assistant to the King's professor of the Institutes of Medicine (Physiology) and had been demonstrator in anatomy in the Carmichael College of Medicine attached to the Richmond Hospital.

Dr Earl was a very interesting and contentious doctor and was a friend and collaborator of Sir Alwroth Wright, the distinguished director of the Institute of Pathology in St. Mary's Hospital, London. Wright (later Honorary FRCSI) a pioneer of vaccination and of serology in general was a Dublin graduate and was immortalised by George Bernard Shaw in *'The Doctor's Dilemma'* for his efforts to 'stimulate the phagocytes' in the treatment of infections. Dr. Earl introduced Wright's technique of the 'opsonic index' of the white cells to Dublin medicine in the Whitworth Hospital where, according to the minutes of the Board of Governors, adjoining the department of pathology and bacteriology might be seen patients undergoing treatments by inoculation of vaccines, controlled by the opsonic index. In addition to his department in the hospital, Dr Earl directed a flourishing private laboratory devoted to what would nowadays be called immunology. He was in addition a well known art collector and assembled a fine collection of engravings. His portrait, presented by another Richmond consultant, the physician Dr George Nesbitt, hangs in the Royal College of Physicians of Ireland.

*John Hackett Pollock, (MB BCh. 1914-24, 1936-64)*

Dr Pollock was appointed assistant pathologist to the rapidly growing department of pathology in the Richmond in 1914. He graduated MB BCh (NUI) from the Cecilia Street Medical School in 1913 where he had shown early evidence of the literary skill which later became his dominant interest. He was part of the Irish literary renaissance and friend of Yeats, Gogarty, Synge and was also involved in the early days of the Gaelic League and the Abbey Theatre. His output of literary work was considerable as a poet, critic, playwright and novelist. He published nineteen books using the nom-de-plume *An Pilibín*. During the 1916 Rebellion Dr Pollock, wearing the Red Cross armlet, attended to the wounded in the streets surrounding the Richmond.

As a pathologist his metier was as a teacher, his Saturday morning demonstration classes in the Richmond being very popular with the students. He was also lecturer in the pathology department of the RCSI where he taught generations of students, his seemingly effortless and slightly histrionic style of delivery evoking admiration. Dr Pollock did not suffer fools gladly and his caustic comments, even directed at his consultant colleagues, became legendary.

In 1925 he left the Richmond to become pathologist and bacteriologist to Cork Street Fever Hospital. He returned to the Richmond in 1936 where he served until his death in 1964.

*Attracta Halpenny-O'Reilly, (FRCPI. 1925-1935)*

Dr Halpenny-O'Reilly succeeded Dr Pollock as assistant pathologist in 1925 and was resident in the hospital in the residency in the Old Richmond for 10 years. She graduated in the RCSI in 1924 and later took the Diploma in Public Health and became MRCPI in 1932. In 1928 she was appointed pathologist and bacteriologist to the hospital on the death of Dr Earl and served until 1935. She recalls the tragic events very common among doctors in those early days. Dr Desmond Lyons, a house physician, admitted a very sick child described as suffering from malignant scarlet fever. Dr Lyons contracted the infection from the child and died in 1925. The Board of Governors instituted a Desmond Henry Lyons Memorial Medal which was awarded by examination each year. Dr Halpenny-O'Reilly was the first woman to become pathologist to a Dublin teaching hospital and was elected FRCPI in 1983.

*Mathew Harris O'Connor, (MD BSc DPH. 1935-52)*

Matt O'Connor, as he was familiarly known, was born in New York, the son of Timothy O'Connor of Ballinasloe, Co. Galway and grandson of Mathew Harris the well-known



*Matt O'Connor and his young son Ulick.*

parliamentarian and Parnellite. He was brought back to Ireland as a child and subsequently won an exhibition to the NUI, entering UCD and graduating MD BCh BAO in 1918. After a brief interval in general practice, he entered the Army Medical Service in 1922 and specialised in pathology becoming officer-in-charge of St. Bricin's Military Hospital in Dublin. He took the BSc DPH in 1925 and proceeded MD in 1935. His main laboratory interests lay in bacteriology and serology, notably in syphilis and leptospirosis.

He retired from the Army Medical Service in 1935 with the rank of major and was appointed full-time pathologist and bacteriologist to the Richmond Hospital in the same year. He quickly developed the pathology department and specialised in neuropathology stimulated by the creation of the neurosurgical unit under the direction of Adams A McConnell.

In 1943 he was appointed professor of pathology in the RCSI, whilst continuing to act as pathologist to the Richmond Hospital. He played a prominent role in the development of pathology in Ireland becoming successively president of the Section of Pathology of the Royal Irish Academy of Medicine, chairman of the pathologists' group of the Irish Medical Association and president of the newly instituted Irish branch of the Association of Clinical Pathologists. He was appointed by the Government as Irish representative on the WHO Expert Advisory Panel on Venereal Infections and Treponematoses. He was also much in demand as an external examiner in pathology to the British Royal Colleges and to the Irish universities.

Apart from his many and varied academic achievements, Matt O'Connor was a keen sportsman, excelling in both golf and fly fishing. He was a man of great personal charm and had a wide and varied circle of friends both at home and abroad. He built up very active pathology departments both in the Richmond and the College of Surgeons.

A series of coronary artery occlusions forced his retirement from the Richmond Hospital in the early nineteen-fifties. He continued in the College as professor of pathology and died in harness in 1963.

*John William Harmon, (MD FRCPath FACP FRCPI. 1958-1968)*

John Harmon was born in New York and educated there in St. Francis Xavier's High School. He came to Ireland and entered University College, Dublin and graduated BSc in 1939 and MB BCh BAO and MSc in 1940. After a short period at St. Vincent's Hospital, Dublin, he returned to the United States and entered the U.S. Army Medical Corps and served until the end of the war. He then joined the University of Wisconsin Medical

School and became associate professor of pathology in 1950. He was awarded the MD (NUI) in 1950. In 1954 he was appointed resident consultant with the Armed Forces Institute in Washington D.C.

John Harmon returned to Dublin as pathologist to St. Kevin's Hospital in 1955 and was appointed professor of pathology in University College, Dublin, in 1958. He was appointed pathologist to the Richmond Hospital in the same year and served in that capacity until 1968. He was primarily a research pathologist with wide and varied interests. In his later years he devoted himself to cancer research. He was successively honorary treasurer and honorary secretary to the Medical Research Council of Ireland and was chairman of the Cancer Committee until his death in 1982.

John Harmon was a reserved and private man who was happiest at research teaching. One felt that he was never entirely at home in the hospital environment. He was a prolific writer on scientific subjects, his publications totalling 60 articles in Irish, European and North American journals.

*J D H Widdess, (MA Litt D(Dub) FRCPI(Hon) FRCSI(Hon) FRCPath. 1906-82)*

Jack Widdess graduated LRCP LRCS in 1931 and later obtained the BA(Mod) from TCD in 1932. He was appointed lecturer in biology in RCSI in 1938 and also was assistant in the Physiology Department in the College. In later years he also acted as biochemist to the Rotunda Hospital. In 1932 he was appointed clinical biochemist to the Richmond Hospital and established a flourishing biochemistry department there, separate from the pathology department. He continued in this position until his retirement in 1973.

In 1960 his lectureship in biology was raised to a professorship, which pleased him greatly, as a chair in that subject had existed in the College from 1889 until 1937, when it had been reduced to a lectureship.

Although Dr Widdess was primarily a biochemist, biologist and teacher known to the generations of medical students in both College and Hospital, his real love was the history of Irish, mainly Dublin, medicine. He was the author of histories of the Colleges of Physicians and Surgeons, the Richmond Hospital and the Charitable Infirmary, Jervis Street. He was successively librarian to the College of Surgeons, honorary librarian of the College of Physicians and librarian to the Worth Library in Dr Steevens' Hospital. The value of his contributions to the history of Irish medicine are incalculable.

In addition to his literary output, Professor Widdess was also co-founder, with Dr J Lewis, of the Biological Society, the premier student society in the College of Surgeons. He was elected permanent vice-president of the 'Bi', an honour which he greatly appreciated.

Jack Widdess was universally popular with his colleagues despite a slightly distant manner and natural reserve. He was a true College of Surgeons and Richmond man. He died in his retirement home in Sneem, Co. Kerry, in 1982.



*Marese O'Gorman and Professor J D H Widdess.*





*Haematology.*

*Standing: Anthony Griffin, Carl O'Regan, Christine Donoghue, Tony Nolan, Mary Dunne, Thomas Byrne.*

*Seated: Audrey Kenny, Barbara Kelly, Peter Keane, Mary McHugh.*

# The Haematology Department

Peter Kearns

In 1949 I first entered the pathology department of the Richmond Hospital as a youthful and very inexperienced student technician. The pathology department at that time was under the direction of Professor M H O'Connor and Professor Pollock. Pathology had expanded to include the new clock ward in the Whitworth which was Dr Pollock's domain. Under the stern but always educational supervision of Dr Pollock, I carried out my duties in the areas of haematology and bacteriology. The methods of analysis were primitive compared to the standards of today, but they were the techniques in common use in all hospital laboratories at that time. During the mid-1950's, Dr Pollock became ill and Professor P J Bofin was appointed Pathologist.

Professor Bofin endeavoured to modernise the department, but, as it is today, finance was in short supply. An amusing method of financing new equipment was employed. Guinea pigs were used by the department for tuberculosis investigations. Guinea pigs, being very prolific creatures, showed a marked increase in their population. Professor Bofin very enterprisingly sold the surplus stocks and used the proceeds from the transaction to purchase the ELL Colorimeter. This instrument was an enormous advance for the department at the time and was used for the measurement of the haemoglobin content of blood specimens which had been measured up to then by means of a hand-held prism.

Professor J W Harman was appointed professor of pathology in 1958. Both he and Professor Bofin set about expanding the department and, in association with the rapidly expanding department of neurosurgery, neuropathology was provided under the direction of Professor Bofin. At the same time, great strides had been made in the formation of a career structure in medical laboratory technology, and a full time course in the College of Technology with improvements in pay scales attracted many bright young school leavers. Professor Harman was succeeded by Professor Dermot Holland and the Pathology department was subsequently moved into the Richmond basement area. Laboratory work became more specialised with Chairs in the sub-speciality being developed. Professor Ellen Moorhouse was appointed to the Royal College of Surgeons and Richmond Hospital as professor of microbiology.

Dr Brian Otridge was appointed consultant haematologist in 1976 and was successful in acquiring a building previously used as nurses quarters and known to many Richmond-

## THE HOUSE OF INDUSTRY HOSPITALS

trained nurses as Beverly Hills! Dr Otridge brought youth, energy and enthusiasm to the department of haematology, updating the equipment and introducing the Electronic Cell Counter, the Richmond Hospital having the distinction of being the first hospital in Ireland to introduce this piece of equipment.

Professor Dermot Holland has been succeeded by Professor Mary Leader, as professor of pathology to the Richmond Hospital and Royal College of Surgeons.

In the four decades that I have been on the staff of the pathology department, I have seen the transition from the almost Dickensian methods of the 1940's to the highly sophisticated methods of the 1980's and I am glad to have been one small part of it.

*Forty-third Inaugural Meeting of the Biological Society, 1973. Left to right: Dr Max Ryan, Professor Patrick Bofin, Dr Harry O'Flanagan, Miss M Archer.*



# The Department of Clinical Chemistry

Maura Lucey

In 1943 when I was appointed biochemist to the Richmond Hospital, the Department of Pathology was under the direction of Professor Matt O'Connor. Two other technicians worked in the department at that time, Mr Graham Roberts at histopathology, and Mr 'Nobby' Clarke who was allocated to haematology and bacteriology.

The pathology department occupied one large room on the Whitworth Top, with a small adjoining office for the professor of pathology. The scope of biochemical studies was confined to estimating the blood sugars and blood urea and all estimations were performed by manual techniques.

The appointment of Professor Widdess, biochemist to the department, brought the first separation of the biochemistry department from the main pathology department. Biochemistry moved to the Auxiliary and was housed under the children's ward. Mr Jeff O'Rourke was appointed and he was an able colleague for me. Professor Widdess brought to the department more modern techniques – the ELL Flame Photometer was used for more elaborate electrolyte estimations.

Full biochemical estimations were available in the late 1950's and early 1960's including serum calcium, cholesterol, serum iron, serum proteins, serum phosphates, and uric acid and full urinalysis. Professor Widdess also provided estimations of other physiological parameters – the basal metabolic rate and respiratory volumes were measured by him. In addition he assisted Professor Colman Byrnes in the early days of peripheral vascular surgery in the hospital by estimating the temperature changes in the limbs, before and after sympathectomy.

Automation for biochemical analysis arrived in the late 1960's and a wider spectrum of biochemical estimations became available. Professor Widdess retired in 1973 and the direction of the biochemistry department was taken over by Dr Sultan Jina. More modernisation of the department took place and Dr Jina succeeded in converting the units of measure into *Système International*.

I retired in 1987 and I carry away with me the memory of Professor Widdess, a quiet, efficient, kind man always available for advice.



*Dr James Devlin (left) with Dr Harry Counihan (centre) and Dr Desmond McGrath.*

## **'The Medical Side' of the Richmond: 1961-1987**

J Stephen Doyle



One of my first memories of the Richmond Hospital was in 1961 when trying to obtain a hat which was considered necessary apparel to attend the funeral of Leonard Abrahamson. I had met him on only one occasion, on his last visit to the hospital in July 1961, the month in which I had been appointed as registrar to Dr Harry E Counihan in the Whitworth Hospital. At that time Harry was at the height of his medical activities and ran approximately 30 beds in the Hardwicke. He had qualified from UCD in 1942 and got his MD four years later. Like many members of his generation he did not sit the MRCPI examination. Appropriately he was admitted as an honorary fellow of the College of Physicians of Ireland in 1970.

Harry had a deep interest in chest diseases and within weeks of my arrival in the hospital I was struggling with spirometers and peak flow meters; with the help of staff nurse, later sister, Eilish Garry, we were running a small pulmonary function laboratory. Harry was immensely popular as a physician and ran two extremely crowded outpatients where over 50 patients attended at each session. He saw all new patients himself after they had been worked up by his resident students or interns. His notes were never copious but were succinct – that is if you could read them! He had a life-long interest in tuberculosis; frequently tubercular patients were treated in the wards in the Hardwicke. The Richmond Hospital had a long tradition of dealing with tuberculosis and these patients were originally placed in the open huts behind the Whitworth Hospital and were looked after by Dr Gerard T O'Brien who was appointed as assistant physician to the hospital on the same day as Professor Alan Thompson in 1932. There are photographs extant of these open huts which had all the appearances of white-painted open-sided cricket pavilions.

By 1961 these huts had been closed in to be used as general wards, most of which were occupied by Professor Alan Thompson's patients. In due course a portion of one of these wards was closed and turned into an office for Alan Thompson after his appointment as professor of medicine at the Royal College of Surgeons in Ireland in 1962.

Dr Harry Counihan was kind enough to support my interest in gastroenterology and soon after my arrival as registrar a Crosby capsule was purchased and jejunal mucosal biopsies were frequently carried out. Some coeliac patients diagnosed at that time are still attending the medical clinics at Beaumont Hospital.

Professor Colman K Byrnes, a magnificent oesophageal surgeon also encouraged my interest in gastroenterology and was kind enough to request me to see many of his general surgical and oesophageal patients. At this time he was in the process of attempting to construct a research laboratory on the Richmond Hospital site. A number of fund-raising activities were undertaken and an active committee was formed. This was chaired by Mr Ben Dunne who had been introduced to the Richmond Hospital through the good offices of Dr R Douglas Thornes. The well-known actor and comedian Jack Cruise gave very generously of his time and abilities. Before I left the Richmond to do postgraduate work in North America in July 1963 almost £4,000 had been raised towards the building of this laboratory. This venture was very successful and realised sufficient money for the project to proceed.

At this time a committee known as the 'Friends of the Richmond', made up mainly of the wives of the consultant staff, were active in fund raising both for the laboratory and for other projects. Harry Counihan, as in so many other things was heavily involved in this project. I can even recall an ill-fated lottery which produced no profit.

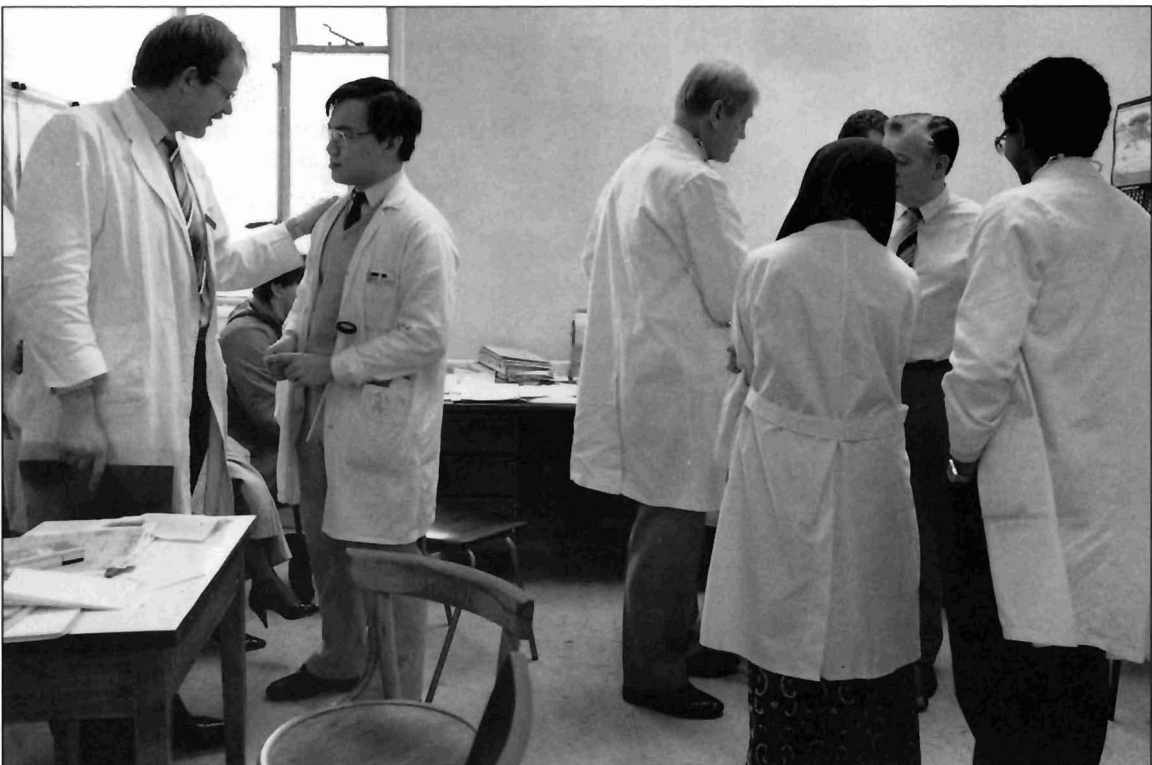
I returned to the Richmond having been appointed as an assistant physician in the old style to Dr G T O'Brien. My knowledge of general medicine, gained at the feet of Dr Harry Counihan, was a great help. Dr G T O'Brien, though in declining health, still ran a very busy general in-patient service and many of his patients had respiratory diseases. By this stage I had changed to the Whitworth Hospital to follow in Dr G T O'Brien's footsteps. My interest in gastroenterology continued and by the autumn of 1965 the Board had purchased the first fiberoptic gastroscope in the country. This was very greatly supported by the activities of Professor C K Byrnes whose premature death the following year was a great tragedy to the hospital and also to his many personal friends.

With the assistance of Dr Harry Counihan and Professor W A L MacGowan, the first oesophageal manometric laboratory in this country was started about this time. This was



*Professor J S Doyle and Sister  
Bridie McGoldrick on a ward  
round in the Whitworth Top.*

*Medical Outpatients.  
Frank Walker, Stephen Doyle,  
and medical students.*





complementary to the surgical treatment of oesophageal disease for which the hospital was well known. With the introduction of fiberoptic gastroscopy there was a significant increase in the numbers of patients with peptic ulcer referred to the Richmond Hospital and many of these ended up in the very capable hands of Mr Harold J Browne. Harold Browne's personal series of gastrectomies must be amongst the largest in the country.

My personal interest in diseases of the colon was very ably supported and encouraged by Mr Anthony P Clery who had joined the staff shortly beforehand as assistant surgeon. He brought with him all the expertise of a training in colo-proctology from the Mayo Clinic. At this time there was in the Richmond Hospital a strong team, which was backed up as required by visiting consultants, including such people as Patrick Collins, who had a special interest in the biliary system.

Harry Counihan in his own quiet way continued to look after us all. He was chairman of the medical board for some time and subsequently was appointed as the first medical administrator to the Hospital. He developed this post, the continuation of which in Beaumont Hospital is a tribute to his success. He had the ability to support his consultant colleagues and at the same time to organise them into groups which simplified their administration. He was the first person to introduce the 'cogwheel' system to hospital administration in this country. Through his active participation with the Irish Medical Association he involved me in that organisation for over ten years.

In Professor Widdess's history of the Richmond Hospital, Harry contributed a very informative history of this period. The account ends with disappointment at the failure to develop a large regional hospital in north Dublin which was due to be built on the existing Mater Hospital site. This site however was found unsuitable and in the autumn of 1968 a series of *ad hoc* improvements to the outpatients, X-ray, neurosurgical and pathology departments of the present Richmond Hospital commenced. During this period Professor Alan Thompson had been actively reorganising the undergraduate teaching with the help of his other physician colleagues – Professor Mervyn Abrahamson who was professor of materia medica at RCSI, Dr E B McEntee who developed neurological teaching to a high level, and Dr James G Devlin who had joined the staff about this time as endocrinologist. Professor Alan Thompson had been president of the Royal College of Physicians of Ireland in 1967 during its tricentenary celebrations. He continued to teach actively during the last decade of his life but wrote very little. This is interesting in one who had published many papers prior to his appointment as professor of medicine. He died on the 24th March, 1974 having developed a myocardial infarction after manually sawing a tree which had fallen in a storm across the drive of his country house in Tinahely, Co. Wicklow. His passing was much regretted by all his friends and colleagues.

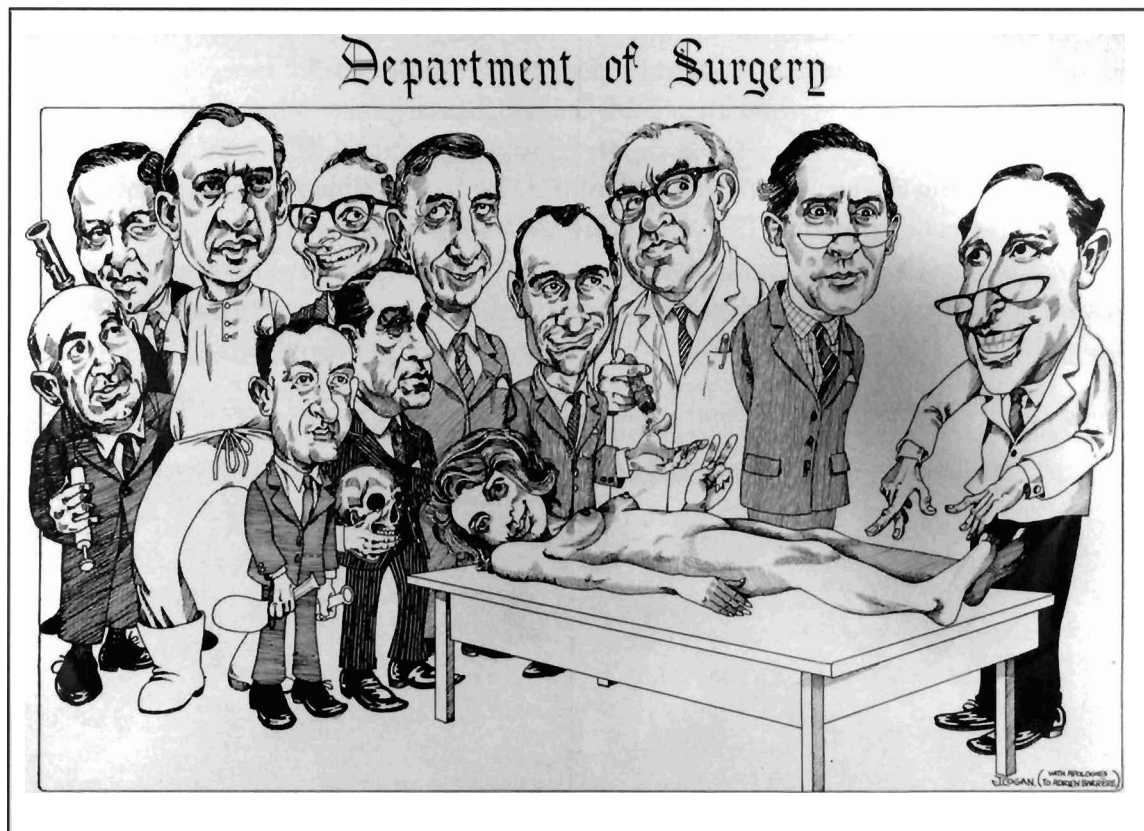
The department of medicine at the Richmond Hospital was strengthened with the appointments of Dr Hugh Staunton, Dr John Horgan, Dr Seán Murphy, Dr Brian Ottridge, Dr Brian O'Moore and Dr James Finnucane. Losses included the untimely deaths of Dr G T O'Brien and Dr Brendan McEntee and later the retirement of Dr Harry Counihan, who left to undertake the medical directorship of the Ibn Al Bitar Hospital in Baghdad, Iraq.

By this time the entire medical student intake of the Richmond Hospital was from the Royal College of Surgeons. The number of students attending the hospital has almost doubled during the last decade, so that on our transfer to Beaumont Hospital, there were approximately sixty students in the third year and final years.

I felt sad in leaving the crumbling remains of the Richmond Hospital in November 1987. So many of my colleagues over the years were associated with the building. One sincerely hopes that the next generation will produce people of similar calibre, character and quality for Beaumont Hospital to those who staffed the Richmond Hospital in the past.

*Dr Alan Thompson (right) with Professor Leonard Abrahamson (left) and Dr Gerard T O'Brien.*





*The Department of Surgery as portrayed by J Cogan for The Year Book 1973.*

## The Department of Surgery

David Bouchier-Hayes



he history of the Richmond Hospital is interwoven with that of the Royal College of Surgeons in Ireland and throughout that history, Richmond surgeons have played a prominent role in the affairs of the College and have occupied distinguished academic positions. The roll call of such surgeons includes James Henthorn, Richard Carmichael, John McDonnell, Robert Adams and Robert William Smith. These and many others made a significant contribution to the development of surgery and education not only in this country but internationally. The reputation of Dublin medicine was then at its height. The decline of the reputation of Dublin medicine coincided with the increased role of science in medical development commencing late in the 19th century. Unlike continental Europe, Britain and latterly the United States, where basic science and research increasingly shaped the structure and direction not only of departments but also of whole hospitals and medical schools, in Ireland hardy individualism and anti-intellectualism held sway. Inexorably and inevitably, Dublin medicine slid from its former Olympian heights. In many ways the Royal College was better positioned to be aware of this decline than others because of the international nature of its undergraduate school. It acted positively, if belatedly. Of course, other influences were at play including a recent American educational survey of Irish Medical Schools. For whatever the reasons, the appointment of Colman Byrnes as the Richmond Hospital/RCSI Professor of Surgery represented a watershed in the history of both institutions, because it conferred, if not *de jure*, *de facto* recognition of the Richmond as the major RCSI teaching hospital and lead inevitably to the development of an academic department of surgery.

*The Departmental concept and its development*

Colman Byrnes was amongst the first to realise that it was clearly impossible for one man alone to fulfil the extensive clinical and educational responsibilities of a modern Professor of Surgery. If academic surgery was to develop, something more was clearly needed. There existed then as now two competing models, the Flexner model of the whole-time clinical staff employed by the medical school and under the supervision of the Professor/Chairman, and the less expensive Haldane model of the academic unit housed in the general hospital, having responsibility for educational matters and sharing clinical responsibilities with other departments. A more realistic approach was to develop an academic unit on the latter's lines and such a programme was commenced. In the first department, Colie Byrnes was ably supported by William MacGowan. Further development of the departmental concept took place when Bill MacGowan succeeded to the chair shortly after Colman Byrne's tragic death in 1966. Shortly after that appointment the Royal College of Surgeons agreed to support a tutor in the department of surgery and significant developments occurred rapidly thereafter, especially the decision by the hospital and the College to endorse the concept of a consultant/lecturer in the department, culminating in the appointments of Gearóid Lynch and Hy Browne.

A significant departure from the Haldane model was the process of academic arborisation within the hospital whereby the department attempted to extend its sphere of influence by the appointment to academic positions of consultants in other departments. Thus, over the years, the department slowly spread its umbrella through the appointments of Paddy Carey as lecturer in neurosurgery, A P Clery as lecturer in ano-rectal disease, J Colville as lecturer in orthopaedics and Harold Browne as senior lecturer in surgery. Thus, the department was uniquely positioned to influence the development of academic surgery and education throughout the whole hospital. A further opportunity presented itself to strengthen the academic base of surgery shortly after my appointment as professor in succession to Bill MacGowan, when the College agreed to the concept of a whole-time lecturer in surgery with limited tenure. These lecturers were to be fully accredited surgeons who had not yet been appointed as consultants. The first four lecturers – John Hyland, Denis Mehigan, Joseph Duignan and Patrick Broe – now all occupy important consultant posts in Dublin teaching hospitals. The contribution of the whole-time lecturers to academic development was recognised by the College in its nomination of Patrick Broe as the Eighth Millin Lecturer. These appointments confirmed that short-term academic appointments have a remarkably vitalising effect on departments through the medium of the different influences, skills and experience which they bring. Confirmation of this proposition was obtained, if confirmation were necessary, from the success of the combined tutor/senior registrar posts. The decision to combine these tutor posts with



*Medical Administration.  
Sheila Early, Anthony P Clery.*

*Washington D C, 1981. Dr L Davis, Nancy Reagan's stepfather, shaking hands with William A MacGowan, Registrar of the Royal College of Surgeons in Ireland, with Reginald Magee (centre), on the occasion of the award of the honorary fellowship to Dr Davis in the White House, Washington D C in 1981.*



the newly created senior registrar posts in the Higher Surgical Training Scheme meant that each year another bright young surgeon brought his talents to the department. Thus, at the demise of the Richmond Hospital, the academic strength of the department was considerable and was in a position to look forward to further development in the new hospital.

*Departmental aims: educational*

The objectives of an academic department of clinical surgery must of course be educational, professional and scientific. The implicit policy of the department was to maintain the primacy of a general educational objective over the narrower demands of individual specialities. Thus the primary educational function was to assist in the medical education of young doctors through the medium of surgical patients whilst at the same time ensuring that all qualified doctors had a firm grounding in the principles and practice of surgery. Such an integrated approach to surgical and medical education was considered fundamental and was further supported by the development of the integrated clinical examination in which a student was assessed by a surgeon and physician together. This integrated form of clinical assessment took place both in the third and final years, an educational approach which remains unique to the College of Surgeons.

The success of any teacher or any educational department must always lie in the achievements of their students. Throughout its existence the department could be pleased with the performance of its students at both undergraduate and post-graduate level. The academic achievements continued to rise over the years and the department of surgery was additionally committed to the intellectual development of its students through the encouragement of research activities. In recent years an increasing number of students have undertaken research projects, brought them to fruition in an exemplary manner and have had their work both presented and praised at national and international meetings. The logistics of providing research opportunities for all medical students during their undergraduate career remains a daunting challenge, but one which must be met because research activity is fundamental to the development of their critical faculties. One of the more attractive features of the department was its faithfulness to the philosophy of the Medical School founding fathers, for it clearly believed in the pre-eminence of a method of education that involved the study of disease by the act of caring for the sick, whilst promoting a general, liberal education. I can think of no other institution or department that greater exemplified the words of Dominic Corrigan 'that it knows no difference of race, creed or colour, for every man is our neighbour'.

An academic department of surgery must also have an important role in post-graduate education and none pursued this role more effectively than Bill MacGowan. Irish surgery



*Doctors Don Courtney,  
David Fennelly and Mark  
Kinirons on a ward round in  
Richmond 2.*

*Surgical Professorial Out-Patient  
Clinic. Patrick Mullen,  
Des Courtney, Andrew Lee,  
Emma Meagher and a German  
medical student.*





owes him a great debt because, without his personal drive and organisational skills, the Higher Surgical Training programmes might never have developed. In addition, countless overseas post-graduate students have reason also to be grateful to him and to both Gearóid Lynch and Hy Browne, who were so prominently involved in the primary and final fellowship courses. The Richmond Hospital can be proud of its record in the education of overseas students both at undergraduate and post-graduate level and this record can stand as a fitting testimony to the fact that Irish surgery is no longer parochial in either its outlook or its achievements.

### *Professional activities*

The department throughout its existence was committed to clinical excellence and enjoyed a deserved national and international reputation. Academic units have a special responsibility to submit certain aspects of surgery to vigorous scrutiny. Thus Colman Byrnes was a pioneer in oesophageal surgery and this pioneering role was continued by Bill MacGowan in vascular surgery. This promotion of speciality interest was however never at the expense of general surgery. It was realised that, if education and training were to be provided, then the direction of the department must not be increasingly narrow. To this end, the clinical department has always maintained a broad base in general surgery, whilst continuing to specialise in vascular surgery, thoracic and latterly in surgery of the pancreas. The department has attempted to assist in the development of speciality interests throughout the hospital by providing other departments or indeed individual consultants with support. An example of this co-operation in recent years is that one of the full-time lecturers has worked mainly in the department of ano-rectal surgery, thus facilitating development in that speciality which would not otherwise be possible.

Throughout its existence, the clinical department was ably supported by the department of radiology and it was a great pleasure to see the latter emerge as the premier angiographic department. However, the unique feature of the clinical unit was the dedication of the sisters and staff nurses in all the wards and theatres. It would not have been possible to achieve the reputation for service without the co-operation of the theatre staff under Cecily Normoyle. Vascular surgery resulted in very heavy demands on theatre time. The ability of the theatre nurses to respond to such demands whilst always maintaining a sense of humour typifies the ambience that was the professorial department. However, the contribution of Richmond 2 Ward with its constant turnover of patients remains legendary. Over the years this nursing expertise developed and eventually culminated in the formation of the Intensive Care Unit. Modern surgery, particularly of a technically demanding nature in elderly patients, requires not only first-class intensive care nursing but the highest possible standard of anaesthesia. The department was fortunate in the

support it obtained over the years from John Conroy, the late Patrick Swan and more recently the new breed of Gerry Brown, Charlie O'Hagan, Vicky O'Shaughnessy and Francis Maguire. The appointment of Anthony Cunningham as professor of anaesthesia in the last few years heralded a new era of scientific evaluation of patients undergoing major surgical procedures.

### *Research activities*

Research is an essential nutrient for an academic department, for without the stimulus of intellectual challenge, departments will fail to thrive. This failure will ultimately be reflected in a narrowed educational ambience. The Richmond department attempted to defy chronic problems of inadequate support structures and finance by pursuing a policy of collaboration with other departments in the RCSI, in particular with the department of biochemistry. This was because it perceived that it was in the field of molecular biology that advances in surgery were likely to be made. Significant contributions have been made in surgical immunology, cancer metabolism and the pathophysiology of shock and ischaemia. Whilst the primary aim of research activity must be the growth of knowledge, an important secondary aim is to facilitate the academic ambitions of students. Thus collaborative studies with not only the department of biochemistry but also the departments of anatomy, physiology and pathology has enabled post-graduate students to obtain important academic qualifications which might otherwise have been denied them.

An unique feature of research in the Richmond Hospital was the animal house under the direction of Willie Borwick. Many young surgeons gained their first experiences of experimental methodology and surgery in that pre-fab department. Its unique location across the quadrangle and the sense of secrecy surrounding many of its activities provides a background for many tales, some of which are surely apocryphal. It is however alleged that a young surgeon, now a prominent neurosurgeon in Belfast, was shaving a mongrel dog prior to an experimental procedure. Unfortunately, just when the animal was half-shaved it broke loose and raced down past the Casualty Department and out onto North Brunswick Street and down past the front entrance to the Richmond Hospital with a frantic young doctor in hot pursuit. As luck would have it, just at that moment a distinguished physician was entering the car park and witnessed this event. He went immediately to Bill MacGowan protesting that whilst he was all in favour of experimental research he felt that a more appropriate method of harvesting experimental animals should be devised rather than having the tutor chasing up and down North Brunswick Street attempting to capture every half-manged animal which passed by. Of course the reality was that all the animals were dealt with in a most humane manner by Willie Borwick

and it must have given him great pleasure in his retirement to see the palatial facilities which have developed in Beaumont.

*The Richmond / Johns Hopkins connection*

In some ways the most interesting collaborative effort of the department of surgery has been its relationship with the Johns Hopkins Hospital in Boston. For more than 12 years now the department has had an unique relationship with the department of surgery at Hopkins – a relationship forged by Bill MacGowan and Robinson Baker from Hopkins. These two initiated an exchange programme wherein American residents from the Hopkins spent six months of their training in the Richmond obtaining the clinical experience which was uniquely available there and selected Irish graduates undertook research posts in the Johns Hopkins. This exchange has been extraordinarily fruitful and Irish graduates have played a significant role in surgical research at the Johns Hopkins Hospital. Of course the value of this has not been limited to Hopkins. At least 10 Irish graduates have returned home and have proceeded to obtain either an MD or an MCh in surgery from either University College, Dublin, Trinity College, Dublin or University College, Galway. The original aim of the policy from the Irish viewpoint was to promote expertise in surgical research and to bring that expertise to full fruition in Ireland. The full achievement of this has been limited by a lack of resources on the one hand and the rotational nature of higher surgical training on the other. However, the creation of the full-time lecturer posts was facilitated in part by at least two major research programmes being undertaken by two of the lecturers in surgery who had spent a period of time in the Johns Hopkins – Tom Gorey and Patrick Broe. In some ways however, more important than any scientific achievement, has been the bond of friendship that has grown between the two institutions, culminating in the formation of a Hopkins/Richmond Society which had its inaugural meeting, fittingly enough in the Bicentennial of the Royal College of Surgeons, in 1984. The exchange programme has also enabled the department of surgery in the Richmond to promote the sense of collegiality of the Irish College by its impartial selection of surgeons for the exchange programme.

*The Department of Surgery / The Hospital / The College*

An academic department of surgery based in a hospital must act as a conduit through which information flows between the parent College and the associated hospital and must at all times endeavour to promote the interest of the College in the hospital and the hospital in the College. Equally importantly, it is uniquely positioned in the curriculum to liaise with the pre-clinical departments, with non-surgical clinical departments and

indeed with scientific departments in other institutions. The department of surgery attempted to achieve this liaison through numerous collaborative research studies involving other departments, especially with, as already mentioned, the department of biochemistry and also the departments of anatomy, physiology, psychology and pathology. Whilst the primary purpose of these collaborative studies has been scientific research, they have had an important educational role in that they facilitated the integration of pre-clinical and clinical courses within the school. A noted example of this has been the development of an integrated course involving the departments of anatomy, physiology and pathology. It is hoped that from this modest beginning the process of integration in the curriculum will increase. Collaborative programmes with other institutions in the city and country are important because they help to develop confidence in the Royal College of Surgeons and in its aims and aspirations.

Throughout its brief history, the department of surgery of the Richmond Hospital/RCSI, has endeavoured to maintain the liberal educational policies of the 'Dublin school' and in so doing it has played an important role, not only in medical education, but also in promoting the image of our College and country throughout the world. It has enabled Irish medicine to once again become international. This fostering of the universal brotherhood of medicine may well have been its greatest achievement.



*An operation in progress in the old Richmond theatre.*



*Oliver St. John Gogarty (1878—1957). Portrait by William Orpen reproduced by courtesy of the Royal College of Surgeons in Ireland. (Photograph by David Davison.)*

## **'Let Verse and Humour be our Music'**

### *The Richmond literary tradition*

Eoin O'Brien



he history of the twentieth century, or more correctly the first eighty-seven years of that century, is rightly the domain of other contributors. Though my association with the hospitals must have begun in infancy when, no doubt, I was displayed on appropriate occasions with customary parental pride by my father, who had joined the staff as a physician with Alan Thompson in 1932, and though rich early memories of the 'open-air' Whitworth Huts, of Bernie the porter, Kitty the cretin, Smithy, who soaped my father's car, Sister McAnuff, who possessed a voice likened by my father to 'slates falling in a quarry', and of 'the Abe', A B Clery, Colie Byrnes, Mick Burke, Brendan McEntee, Alan Thompson, Matt O'Connor, and Adams McConnell, date from somewhere in my childhood period in the forties, later to be augmented and enriched during my studentship and post-graduate career by friendships formed with, among others, Harry Counihan, Muff Abrahamson, Paddy Bofin, J H Pollock, Harold Browne, Johnny Conroy, Adams McConnell, Paul Murray and Paddy Carey (not to mention my contemporaneous colleagues and friends), these evocations of my *Alma Mater* are not to be part of this essay.

There are, however, two aspects of the hospital's twentieth century history which I feel obliged to record in this farewell tribute. The first is an unusual literary contribution from the House of Industry Hospitals, manifest in the persons of Oliver St. John Gogarty, John H Pollock, Jack Widdess and Darragh Smith; the other is the participation by many of the hospital staff in the Irish Red Cross Hospital at Saint Lô in Normandy after the Second World War (p 269). This unique institution became in effect a temporary annexe

of the hospital, in what then seemed a far-away part of Europe, where as one commentator was to put it, there was to be found 'a vision and sense of a time-honoured conception of humanity in ruins'.<sup>1</sup>

Though many of the medical staff contributed to the arts and literature over the years, the first to make his mark outside of medicine was Oliver St. John Gogarty.

### *Oliver St. John Gogarty*

When Oliver Gogarty died in New York in 1957, Dublin medicine lost one of its most colourful and talented personalities. Though Gogarty was not always popular among his colleagues, none could deny the scope of his talent and the influence he exerted on Irish life and politics. Ulick O'Connor, in his masterful biography of Gogarty, puts his diverse achievements thus:

W B Yeats in his preface to the Oxford Book of Modern Verse, refers to Oliver St. John Gogarty as 'one of the great lyric poets of the age'. Asquith called Gogarty the wittiest man in London. Edward Shanks thought his conversation had the flavour of Wilde's. Gogarty was also a skilful surgeon, an aviator, a senator, a playwright, a champion athlete and swimmer. When Professor Mario Rossi, an Italian authority on Swift and Berkeley, met Gogarty in the 'thirties he felt he was in the presence of a figure out of the Renaissance, *L'uomo universale*, the 'all-sided man'.<sup>2</sup>

One may quibble perhaps about Gogarty's skill as a surgeon but when he is judged in the context of his time he is seen as a competent, if not brilliant, ENT surgeon with innovative flair, who introduced Bruning's bronchoscope to Dublin from Vienna. His literary achievements, obviously more substantial than his medical ones, are not so easily assessed. Gogarty once wrote of Browning: 'He does not write poetry, but his prose pulsates.'<sup>3</sup> One might state exactly the opposite for Gogarty; he wrote some perfect poetry but his prose, of which there is much, was often turgid, clumsy and lacking the form that could have given to the content the discipline which he applied so successfully to his poetry. This said, his autobiographical prose works do give an interesting insight into his life as a leading member of the medical profession and the *litterati* of Dublin in the early twentieth century.

Gogarty did medicine, like so many before and after him, simply because there was 'doctoring' in the family. His grandfather and father had both been doctors. His mother wished to have him registered in the Catholic Medical School in Cecilia Street, but a lack of gentlemanly courtesy by the registrar Ambrose Birmingham made her take her

young charge across the river to Trinity College, where the Provost, Dr Anthony Traill, made a much more favourable impression. She admonished her son after this experience: 'Now that you are entered among gentlemen I hope you never forget to behave like one.'<sup>4</sup>

Though Gogarty may never have let his mother down by being ungentlemanly, he did throw himself into student life with an ardour of which mamma could hardly have approved. Poetry and literature vied with medicine for his intellectual attention, with women, cycling and the congenial ambience of literary Dublin being distractions that he found difficult to resist. His medical apprenticeship occupied ten leisurely years during which time he became renowned, not only in Dublin but also in Oxford, for his wit and genial company. Picture George Moore and W B Yeats after dinner one evening discussing animatedly the composition of the last line of Gogarty's latest limerick:

*There was a young man from St. Johns  
Who wanted to roger the swans  
'On no!' said the porter,  
'Oblige with my daughter,  
But the birds are reserved for the dons.'*<sup>5</sup>

Gogarty's student attachment was to the Richmond Hospital. From his comments on Dublin hospitals we can take it that he would have mixed feelings on the recent closure of so many of these institutions:

There are nineteen hospitals in Dublin, and all of them are unmergable into one . . . There is a greater vested interest in disease than in Guinness's Brewery. This explains why it would give rise to far more trouble than it is worth to run the nineteen into one. Besides the unemployment it would create and the disease it would end! Disease is not always a heart-breaking and melancholy affair, as might be supposed. Where there are so many hospitals for so small a city diseases thin out as it were in proportion to their deadliness; they tend to become chronic and tolerable.<sup>6</sup>

Gogarty also turned his wit on the religious intolerance that once so dominated our hospitals, and the influence of which is clearly palpable to this day:

Disease in Dublin is a *modus vivendi* and it therefore assumes a religious aspect. There are Protestant, Catholic and Presbyterian diseases in Dublin. The Adelaide; Sir Patrick Dun's; the City of Dublin, commonly called Baggot Street Hospital; the Meath; and Stevens (sic); these are all Protestant hospitals. Stevens (sic) deals largely with police 'who also serve' but are liable to contract venereal disease while standing and waiting – on point duty! In the Adelaide only respectable diseases are treated.<sup>7</sup>



The Richmond in Gogarty's student days seemed to achieve something approaching a religious balance:

The Richmond has more knights and Presbyterians than all the other hospitals in the town. There were Sir Thornley Stoker, his brother-in-law Sir William Thomson, and Sir Thomas Myles: Protestants all. The Catholic 'balance' consisted of Dr Coleman and Dr O'Carroll; Sir Conway Dwyer was afterwards introduced.<sup>8</sup>

Gogarty's life as a student was full and enjoyable. Though not successful in passing his medical exams, he was developing his intellect in other ways, not least in poetry – at Oxford he came second to his friend George Bell in the Newdigate prize. Back in Dublin however, the exams were causing problems and even the muse failed to provide the inspiration needed to compensate for a memory scarce in medical knowledge:

*'I'm going to swerve,'  
Said the lingual nerve.  
'Well be sure you avoid,'  
said the pterygoid,  
'Myself and the ramus  
When passing between us.'  
'Oh you'll be bucked,'  
Said Wharton's duct,  
'When you land in the kip  
At the tongue's top tip.'<sup>9</sup>*

Youth is brief, and life, if a somewhat longer affair, is destined inevitably to be a dreary business; to live youth to the full has traditionally been the ethos of the medical student and one to which Gogarty surrendered with ardent dedication. A heavy night's drinking brings its misery for which there is a time-honoured solution:

*The one before breakfast  
Alone in the Bar,  
Will slide down your neck fast  
And ease the catarrh:  
Your glass with its end up  
Will scarce leave your jaws,  
When your body will send up  
A round of applause.<sup>10</sup>*

Drinking in these past days was not always confined to Dublin's pubs, more frequent by far than the lazar houses which Gogarty found so excessive. The medical student's preference was often for the cosier atmosphere of the Kips of Nighttown, situated in the vicinity of Railway Street and Tyrone Street. Here, as O'Connor explains with what may

be a naivety born out of respect for his subject, a tired student could drink all night without having to absent himself on the felicity upstairs. 'This was one of the advantages of the place for medical students whose duties involved their being abroad at hours when it was difficult to obtain refreshment elsewhere.'<sup>11</sup> Gogarty has recorded the activities of the Kips, the only licensed brothel area in the then United Kingdom, in the poem *The Hay Hotel*:

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

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

*Dick Lynan was a likely lad,  
His back was straight; has he gone down?  
And for a pal Jem Plant he had  
Whose navel was like half a crown.  
They were the talk of all Meck town;  
And Norah Seymour loved them well;  
Of all their haunts of lost renown  
There's only left the Hay Hotel.*

*Fresh Nellie's gone and Mrs Mack,  
May Oblong's gone and Number Five,  
Where you could get so good a back  
And drinks were so superlative;  
Of all their nights, O Man Alive!  
There is not left any oyster shell  
Where greens are gone the greys will thrive;  
There's only left the Hay Hotel.*

*There's nothing left but ruin now  
Where once the crazy cabfuls roared;  
Where new-come sailors turned the prow  
And Love-logged cattle-dealers snored:  
The room where old Luke Irwin whored,  
The stairs on which John Elwood fell;  
Some things are better unencored:  
There's only left the Hay Hotel.*

## THE HOUSE OF INDUSTRY HOSPITALS

*Where is Piano Mary say,  
Who dwelt where Hell's Gates leave the street,  
And all the tunes she used to play  
Along your spine beneath the sheet?  
She was a morsel passing sweet  
And warmer than the gates of hell  
Who tunes her now between the feet  
Go ask them at the Hay Hotel.*

### L'ENVOI

*Nay; never ask this week, fair Lord.  
If, where they are now, all goes well,  
So much depends on bed and board  
They give them in the Hay Hotel.<sup>12</sup>*



*'The Kips', Railway Street.  
(Photograph by courtesy of Seamus de Burca.)*

Gogarty's teachers at the Richmond were Sir Thomas Myles, Sir Robert Woods, Sir William Thomson, Sir Thornley Stoker, surgeons all, and Dr 'Jock' O'Carroll, a physician much beloved by students and patients. We may digress momentarily to recount briefly some of the many achievements of these remarkable personalities of whom little is remembered today.

Of *William Thomson*, Gogarty had this to say: 'He was one of those whose grandeur depends on silence. If a grand manner could cure disease, Sir William would be the world's benefactor.'<sup>13</sup> Born in Downpatrick, Thomson's early youth was spent working in journalism in the *Galway Express*, which was owned by his stepfather. He graduated from the Queen's University in 1872, and became a fellow in the Royal College of Surgeons in Ireland in 1874. In the same year he was appointed surgeon to the Richmond Hospital and lecturer in anatomy to the Carmichael School. He was first secretary to the newly formed Royal Academy of Medicine in Ireland. He was president of the College of Surgeons from 1896 to 1898. In 1899 he went to Pretoria to organise a field hospital, an accomplishment which he executed with such efficiency that the epidemics of enteric fever among the soldiers, so rife elsewhere, were avoided there.

As a surgeon, Thomson was highly respected. He was the first Irish surgeon to remove an enlarged prostate. He edited several books, and was editor of the *Transactions of the Royal Academy of Medicine in Ireland*, as well as Dublin correspondant to the *British Medical Journal*. His most notable publication was an exhaustive report on the poor-law medical service of Ireland undertaken in 1891 at the request of Ernest Hart, editor of the *British Medical Journal*.<sup>14</sup>

Thomson, who was knighted in 1897 and appointed Surgeon-in-Ordinary to Queen Victoria in Ireland, and honorary surgeon to King Edward VII, died in 1909 at his residence, 54 St. Stephen's Green. His thirty-six years of service to the House of Industry Hospitals was commemorated by the erection of a bronze plaque by Joseph Carré.<sup>15</sup>

*Thomas Myles*, a handsome man who indulged in boxing, yachting and reading Shakespeare, appealed greatly to young Gogarty. He once paused before performing, as O'Connor delicately puts it, 'a certain operation performed exclusively on males' to remark: 'There is a divinity that shapes our ends.'<sup>16</sup> Sir Thomas enlivened clinical teaching with frequent references to Shakespeare; a syphilitic sailor presented him with a magnificent opportunity:

He has braved the arctic night and he has heard the thunder of the breaking ice. He has seen the great whale shouldering off the seas as he comes to the surface. Ah, but

gentlemen, the shore has its dangers as great, if not greater, than the deep and the ways of women can be deadlier than the sea; some dalliance, some little sport with Amaryllis in the shade, some entanglement with Neaera's hair, and the lurking principle entered in then that appears on the surface twenty years later.'<sup>17</sup>

Born in Limerick in 1857, Myles graduated in medicine from Trinity College in 1881, and he received his FRCSI in 1885. He was honorary surgeon to the Charitable Infirmary, Jervis Street, before joining the staff of the Richmond Hospital in 1890. He was elected president of the Royal College of Surgeons in 1900, knighted in 1902, and later appointed honorary surgeon to King George V in Ireland. His later involvement with the Irish Volunteers in 1914, when he landed guns at Kilcoole from his yacht *Chotah*, may seem incompatible with his position in the establishment, but there is much that is paradoxical about Myles's politics, not least being his explanation of his gun-running escapade: 'I brought you those bloody guns to show that bloody Carson that two could play his game.'<sup>18</sup>

Myles was one of the first surgeons in the Richmond to use antiseptic techniques. When a cook in the kitchen of the Richmond Hospital saw Myles sterilising his instruments in a fish-kettle set upon a fire, she concluded that the great surgeon 'wanted to soften his instruments'.<sup>19</sup>

*Sir Robert Woods*, ear, nose and throat surgeon, was to influence Gogarty to follow in his footsteps. Indeed when Gogarty later returned from Vienna after training under Chiari and Hajek, Woods assured his future prospects with the remark: 'There will be enough in my back-wash, Gogarty, to keep you going for the rest of your life.'<sup>20</sup>

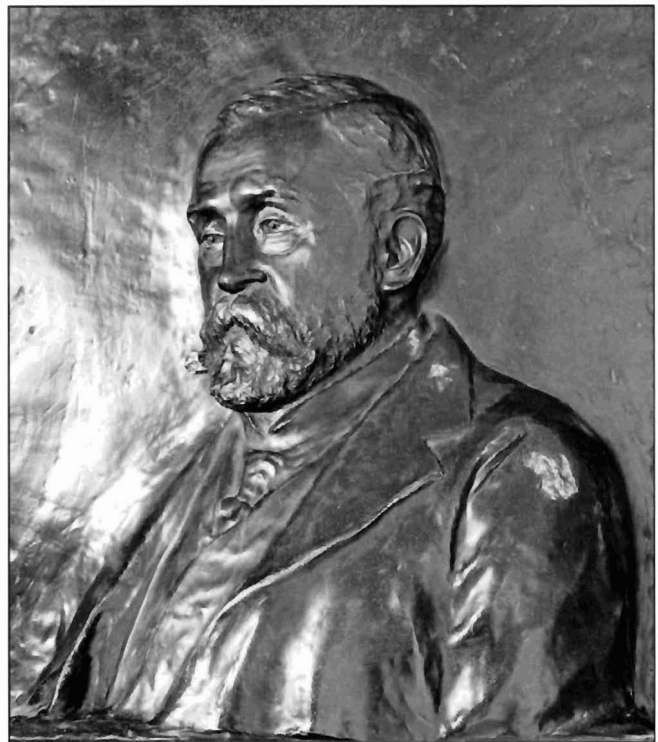
Woods was born in Tullamore in 1865 and graduated from Trinity College in 1887. He specialised in ENT surgery in Vienna before returning to Dublin to join the staff of the Richmond Hospital in 1891. He was by all accounts a skilled surgeon. Gogarty, who acted as his assistant on many occasions, was of the impression 'as he advanced step by careful step towards the end that he was taking part in some great harmony, so dexterous was the work and so masterly the mind that guided it'.

As a member of the Council of the Royal College of Surgeons, he attempted unsuccessfully to introduce a by-law (the enactment of which would do much for the academic standing of the College), ordaining 'that no-one shall be eligible to hold a professorship . . . after he has passed the age of forty years, or any examinership in those subjects after fifty'.

Woods resigned from the Richmond to move to Sir Patrick Dun's Hospital in 1906. He died at his residence in Ballybrack in 1938.<sup>21</sup>



*Sir William Thomson (1843-1909).  
Bronze relief by Joseph S M Carré,  
formerly in the Richmond Hospital,  
now in Beaumont Hospital.  
(Photograph by David Davison.)*



*Sir Thornley Stoker (1845—1912).  
Bronze relief by Joseph S M Carré,  
formerly in the Richmond Hospital,  
now in Beaumont Hospital.  
(Photograph by David Davison.)*

*William Thornley Stoker*, brother of Bram the author of *Dracula*, was a well-known surgeon whose interest outside medicine was collecting antiques. Gogarty, who later became his close friend, attributed Stoker's collection to the maladies he treated:

The Aubusson carpet in the drawing-room represents a hernia, the Ming Cloisonne a floating kidney, the Buhl cabinet his opinion of an enlarged liver, the Renaissance bronze on the landing, a set of gall-stones.<sup>22</sup>

He performed the first successful abdominal hysterectomy in 1878, and in 1890 he carried out the first published account of brain surgery. He published the first history of the House of Industry Hospitals in the *Dublin Journal of Medical Science* in 1885. In this essay he acknowledges an important practical function of the study of medical history:

It is not enough in these days of utilitarianism to build our hopes of countenance and support upon the possession of a long and distinguished history – therefore, I have tried to show that we are as worthy in the present as in the past, and that no decadence has taken place in our charitable or educational functions.<sup>23</sup>

Stoker's historical essay was written in response to a proposal made by a commission of 1885 recommending the amalgamation of the House of Industry Hospitals with the North Dublin Union Workhouse, which would effectively have resulted in the closure of the former. Stoker was supported in his protest by his colleague, William Thomson. He alerted the Board to their obligations to members of hospital staff and pleaded strongly for the retention of the Hospitals:

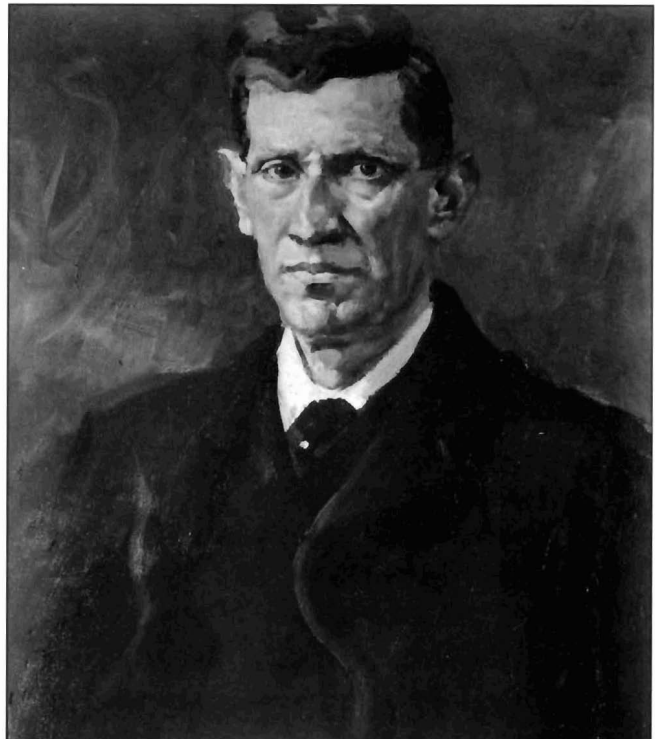
Famous as the Dublin School of Medicine has long been, there is no institution which has contributed more largely to its reputation than the Richmond; and on its staff are men of European reputation. To suppress this Hospital would, therefore, be to inflict incalculable injury upon your School, and through it upon the public. And there is another aspect in which great public loss would result from the closing of the hospital – viz., that it would greatly cripple the usefulness of your eminent staff of physicians and surgeons, by depriving them of the opportunities for practical study and advancement which such a field as a large hospital can alone afford.<sup>23</sup>

The recommendations of the commission were never put into effect, and the hospitals survived to serve the city for another century.

Let us leave these *fin-de-siècle* men of medicine and return to Dr Gogarty. O'Connor makes what is probably a valid statement in his biography of Gogarty: 'The spectacle of suffering humanity brought out in him a kindness that those who knew only the forked-tongue Gogarty of the dining table and salon could never have suspected.'<sup>24</sup> In support of this view we may merely note that if Gogarty had not felt the compassion for suffering that



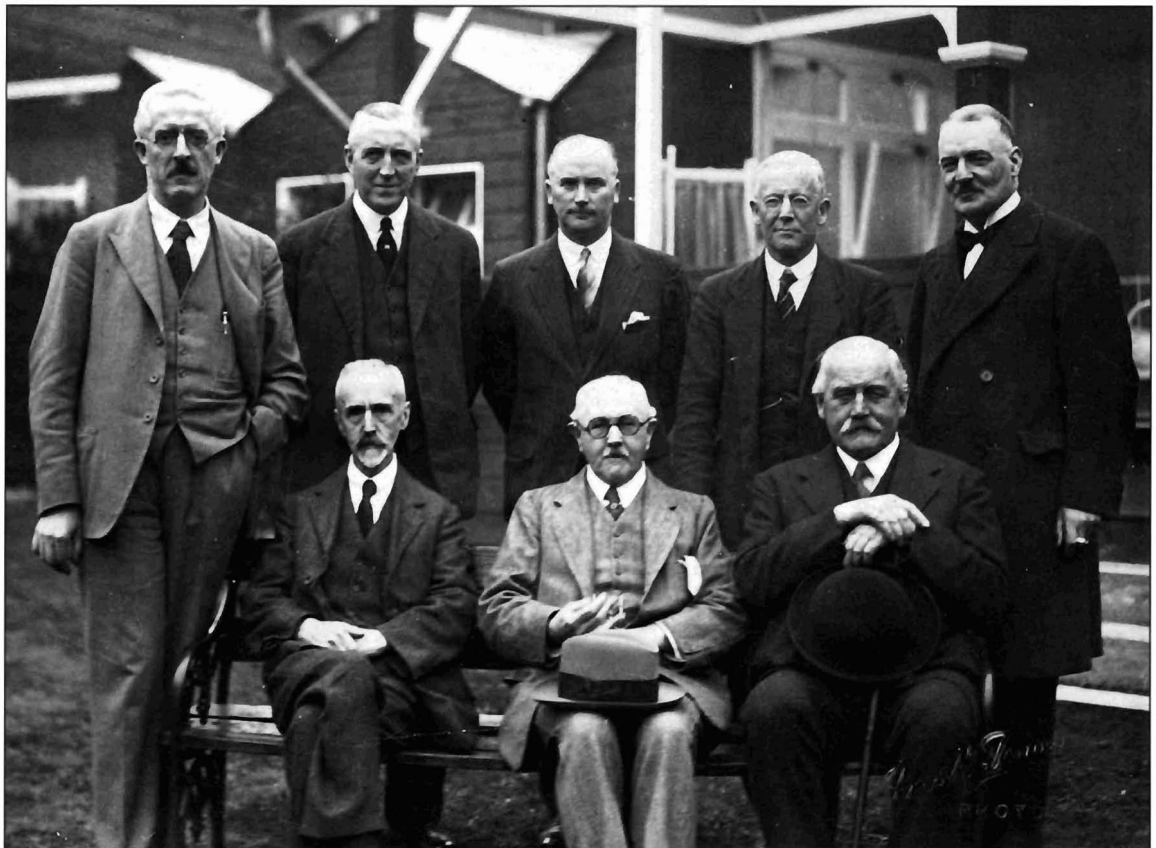
*Sir Thomas Myles (1857—1937).  
Portrait by Leo Whelan in the Royal  
College of Surgeons in Ireland.  
(Photograph by David Davison.)*



*Sir Robert Woods. (1865—1938)  
Portrait by Augustus John in the Royal  
College of Surgeons in Ireland.  
(Photograph by David Davison.)*



is a prerequisite to being a good doctor, he would have failed to record such sentiments, much less write a drama, *Blight*, which opened in the Abbey Theatre in 1917. (This play, described as 'the tragedy of Dublin – the horrible, terrible, creeping crawling spectre that haunts the slumdom of the capital of Ireland'<sup>25</sup>, was important not only as a social statement, but as a landmark in dramatic literature that marked the advent of the 'slum play' that was later to be developed by O'Casey.) Gogarty's sense of compassion is further exemplified in his awareness of the suffering to which doctors are continuously exposed and the effects that this may have on a sensitive mind. The realities of the less attractive side of a medical career are strongly enunciated in Jock O'Carroll's discourse to his students in the Richmond, as penned by Gogarty in *Tumbling in the Hay*:



*The medical hierarchy of 1928-29.*

*Left to right:*

*Back Row: Dr Slattery, Professor Meenan, Mr Adams A McConnell, Dr Frank Purser, Professor S E Nesbitt.*

*Front Row: Professor Jock O'Carroll, Sir Conway Dwyer, Sir Thomas Myles in front of the open wards of the Whitworth Huts.*

Turn back now if you are not prepared and resigned to devote your lives to the contemplation of pain, suffering and squalor. For realize that it is not with athletes that you will be consorting, but with the dying and the diseased. The sunny days will not be yours any longer but days in the crowded dispensaries, the camp of the miner or of the soldier where, unarmed, you must render service in the very foremost positions. It is in the darkened pathological department of some institution that you, some of you, will spend your lives in tireless investigation of that microcosmic world which holds more numerous and more dangerous enemies of man than the deep. Your faces will alter. You will lose your youthful smirks; for, in the end, your ceaseless traffic with suffering will reflect itself in grave lines upon your countenance. Your outlook on life will have none of the deception that is the unconscious support of the layman: to you all life will appear in transit, and you will see with clear and undeceived vision the different stages of its devolution and its undivertible path to the grave. You will see those sightless forces, the pull of gravity, the pull of the grave that never lets up for one moment, draw down the cheeks and the corners of the mouth and bend the back until you behold beauty abashed and life itself caricatured in the spectacle of the living looking down on the sod as if to find a grave.

These are no delightful thoughts, but they will inevitably be yours, and your recompense for them is that your work for a short space may ease the pain and baulk, if only for a year or two, the forces of annihilation and decay. You may be able to avert the greatest tragedy in the world – the death of a young mother; you may be able to bring back from the lonely valley of the shadow the babe, and set it again smiling upon its mother's knee.

I have seen as the years of experience progress the wildest medicos, the greatest rascals, turn themselves into good, sober and sound physicians. It is by Charity that this miracle is wrought. By Charity. You know too much. You have seen too much. You know what suffering means. You have seen it perhaps at the acutest and most pitiable stage of all when it turns delirious in its attempts at wild delight. You have seen what the wages of sin are.

For this you must be prepared to sacrifice more than your lives. You must sacrifice your delight in Beauty; for, as you gaze on it, your knowledge tempts you to see beneath its bloom the intimations of decay. That is the price that you must pay for this knowledge. That is the sacrifice you must make. Your joy in life must be exchanged for devotion to the service of mankind; sometimes, as in those who are psychotherapists, they lose more than life, they lose their reason. Unselfishly to make this sacrifice is the long-descended tradition and prerogative of our profession . . . Good morning.<sup>26</sup>

Gogarty's compassion is also reflected in his poetry. One poem, *All the Pictures*, which may not be perfect in its composition, does convey the sadness a doctor experiences in the face of hopelessness and the admiration inspired by the stoicism of a patient. The poem was written as a tribute to a patient who, hearing the news that there was no hope for him, replied: 'I have seen all the pictures.'<sup>27</sup>

*I told him he would soon be dead.  
'I have seen all the pictures,' said  
My patient. 'And I do not care.'  
What could a doctor do but stare  
In admiration half amused  
Because the fearless fellow used  
'The pictures' as a metaphor,  
And was the first to use it for  
Life which he could no longer feel  
But only see it as a reel?*

*Was he not right to be resigned  
To the sad wisdom of his mind?  
Who wants to live when Life's a sight  
Shut from the inner senses quite;  
When listless heart and cynic mind  
Are closed within a callous rind;  
When April with its secret green  
Is felt no more but only seen,  
And Summer with its dusky meadows  
Is no more than a play of shadows;  
And Autumn's garish oriflamme  
Fades like a flickering skiagram,  
And all one's friends are gone, or seem  
Shadows of dream beyond a dream?  
And woman's love not any mo,  
Oh, surely then 'tis time to go  
And join the shades that make the Show!*

After qualifying in 1907 and a short period in Vienna, Gogarty was soon on his way to a successful career in otorhinolaryngology. According to Gogarty, Sir Thornley Stoker and Robert Woods had a disagreement, the basis of which was the latter out-bidding his senior colleague at an antique auction, after which Woods's existence in the Richmond became intolerable and he resigned, leaving a vacancy which Gogarty filled as visiting surgeon. With rooms at Ely Place, he was soon succeeding in his endeavour 'to make people pay through their noses'.<sup>28</sup>

Gogarty's surgical exploits in the Richmond are memorable for his witticisms. When performing the second laryngectomy in Ireland, a procedure that took five hours, a knocking was heard on the floor beneath the operating table where legend has it one of Dublin's many underground rivers flows from Grangegorman Mental (now St. Brendan's) Asylum. This intrusion Gogarty attributed to 'pinkeens with GPI, imagining they are salmon'. On another occasion during a moment of operative stress the ejaculation 'Jesus Christ' from his astounded young junior, drew the comment: 'Cease calling on your unqualified assistant.'<sup>29</sup>

In 1911 Gogarty joined the staff of the Meath Hospital, though he also remained for many more years on the staff of the Richmond. He was later to enter politics for the purpose, as he put it, of putting 'into effect that which was borne in on me as of the first importance by my experience as a doctor – the abolition of slums'.<sup>30</sup>

As age descended, his wit retained its cutting edge, and the quatrain was always at hand to express with economy the inevitability of life:

*Gone are those days I well remember  
Gone are those days so full of fun  
Now all my limbs are growing stiffer,  
Did I say all? Well . . . . all but one.*<sup>31</sup>

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

#### RINGSEND

*(After Reading Tolstoi)*

*I will live in Ringsend  
With a red-headed whore,  
And the fanlight gone in  
Where it lights the hall-door;  
And listen each night  
For her querulous shout,  
As at last she streels in  
And the pubs empty out.  
To soothe that wild breast  
With my old-fashioned songs,  
Till she feels it redressed  
From inordinate wrongs,  
Imagined, outrageous,  
Preposterous wrongs,  
Till peace at last comes,  
Shall be all I will do,  
Where the little lamp blooms  
Like a rose in the stew;  
And up the back garden  
The sound comes to me  
Of the lapsing, unsoilable,  
Whispering sea.*<sup>32</sup>

The vicissitudes of Oliver Gogarty's life are not permitted treatment here. However, the question may and should be asked: was Gogarty, whose posthumous reputation is necessarily literary rather than medical, a failure or a success because of a career in medicine? The former seems more likely. Had Gogarty, like Joyce, devoted himself to literature, he might have become (as Yeats indeed claimed he was) the finest lyric poet of the age, but the personal price, the sublimation of self to art, is a high sacrifice that few are prepared to make. Gogarty gave to literature a few poems that are near-perfect. He has left an autobiographical account of life in Dublin in the early 20th century which is not without merit, but perhaps most importantly, at least for the medical profession, he wrote with the zest of youth and an honesty of expression in a city not renowned for permitting such expression; and he survived as one of a profession, which though eager to claim an eccentric from the past, does not permit the presence of any such contemporaneous dissidents within its ranks. Let Gogarty have the last word:

*O BOYS! O BOYS!*

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

*There was a young fellow of old  
Who spoke of a wonderful town  
Built on a lake of gold,  
With many a barge and raft  
Afloat in the cooling sun;  
And lutes upon the lake  
Played by such courtesans,  
The sight was enough to take  
The reason out of a man's  
Brain and to leave him daft,  
Babbling of lutes and fans.*

*The tale was right enough:  
Willows and orioles,  
And ladies skilled in love:  
But they listened only to scoff  
For he spoke to incredulous fools,*

And maybe was sorry he spoke,  
 For no one believes in joys,  
 And Peace on Earth is a joke  
 Which, anyhow, telling destroys;  
 So better go on with your work:  
 But Boys! O Boys! O Boys!<sup>33</sup>

### John Pollock

John Hackett Pollock, born in 1887, was assistant pathologist to the Richmond Hospital, where he is best remembered for his Saturday morning demonstrations on the museum's pathological specimens. A gentle, kindly man, who when aroused could be ascerbic in his comments, he was attracted more to literature than to medicine.<sup>34</sup>

Pollock published at least nineteen books, many under the pseudonym *An Pilibín*. His writing deserves reappraisal. He wrote poetry and criticism, but his greatest literary contribution was as a novelist. Though he showed, in his criticism of Yeats, astute appreciation of the poetic method, his own verse tends to lack the 'spare severity and approach to that *stern colour, delicate line and secret discipline*',<sup>35</sup> he so much admired in Yeats to whom he paid 'the supreme compliment of finding no comparison with any other English poet possible'.<sup>36</sup> In Pollock's poem *Dublin*<sup>37</sup>, the social conscience of the doctor, as in Gogarty's *Blight*, is again evident:

And there Ben Edar rises, as a wall  
 Against the north, whence blows the  
     bitter wind  
 In early spring, to bring the flying squall  
 Of shattering hail, that strikes the city  
     blind  
 With shadow; and the drenching torrents  
     fall  
 Until the sudden sun breaks out behind  
 To sweeten every street; and over all  
 The wide-winged seagulls wander uncon-  
     fined.  
 And children, faring to far fields forlorn,  
 Forget her squalor for a single day.  
 To-night no keen wind coming from the sea  
 Can medicine her great and growing  
     pain;  
 Nor any far-plucked flower, beloved of bee,  
 Upon her forehead hide the heavy stain—  
 Disgrace of a dishonoured century;

Nor aught refresh her—though desired  
rain  
May wash the choking dust from every  
tree—  
Till the king's son shall sit at home again.

Pollock's novel *Peter and Paul*, almost perfect in its construction and only failing in the excesses of the prologue to its tragic conclusion, is as fine a depiction of the conflicting religious and social influences in Dublin in the first twenty years of this century as has been written. The drama of the tragedy that is *Peter and Paul* might have had greater impact on the stage but Pollock, who was not greatly taken by Yeats's efforts on behalf of national drama, decided no doubt to leave the theatre aside:

He (Yeats) has, also, in the course of the same periodical remarked that it is not possible to entirely and accurately foresee the ultimate outcome of any particular artistic movement: and this observation is fully justified by the general scope and trend of the contemporary Abbey Theatre. A quarter of a century ago, a devoted band of a few dozen disciples, in the face of inadequate heating and other animal comforts, patiently attended *The Shadowy Waters*, followed by *The Shadow of the Glen*, separated by an interminable interval rendered still more penumbrous than the plays themselves by the wistful wailing of truly traditional Irish airs upon the violin, wielded by the impassive spectral figure of the late Dr Arthur Darley. To-day the buffooneries of *Professor Tim* alternating with the 'two-pence coloured' melodrama of *Juno and the Paycock*, can be counted upon to fill the house to capacity with a chocolate-consuming audience, who, presumably from weekly familiarity, anticipate each succeeding joke with indiscriminate and immoderate laughter, which results, perhaps mercifully in rendering the ensuing joke inaudible; whose crescendo chatter during the intervals drowns even the most strenuous chords of Wagner or Beethoven; and who have, to their lasting discredit, insulted Dr Larchet's delicate talent as a pianoforte executant.<sup>38</sup>

In *Peter and Paul* there is, as inevitably there must be in any Irish drama, a gentle thread of wry humour. In one scene the unambitious gauche dispensary doctor from Durrow, Dr Nicholas Kilfeather, visits his one-time rival for honours at medical school, who is now flourishing in wealthy ostentation as a consultant on Fitzwilliam Square:

'Why no, things might be worse, while capable of much improvement; many of the better class patients are leaving the country; and then this wretched chair takes up a lot of my time.'

'A chair?' queried Nicholas, stupidly, looking around the room, as if in search for the particular offending article of furniture.

'Oh yes, I was appointed to the Chair of Medicine in Trinity last March, when poor Godfrey Moorefield died. You remember Moorefield's lectures every Friday at the hospital? Wonderful man, wonderful – what a reputation as a teacher to live up to.' In the face of so much successful urbanity, and seated in the midst of so evident

a prosperity, Kilfeather became suddenly affected by a painful consciousness of personal failure. He glanced around the room equipped to perfection with every latest professional appliance; he looked at Tyrell's handsome features, his elegant clothes, his exquisitely manicured hands; he recollected his own roughly improvised apartments at home, while noticing for the first time that the knees of his tweed trousers were baggy, and conscious that the back stud of his collar failed to function adequately.<sup>39</sup>

Pollock had an eye for the beauty around him and the pastoral tranquillity of the Dublin suburbs is captured more than once in *Peter and Paul*:

He travelled by train to Sutton, where he boarded the Summit tram, absorbing the beauty of the locality, visited for the first time. To the north stretched the silver curves of Portmarnock, Malahide and Donabate, washed by a sea of indigo; before him rose Shiel Martin and Ben Edar, whence came the warm almondy smell of blossoming whin; while southward lay the Dublin Bay, the entire indented coastline from Wicklow Head to the city topped by the upcast peaks and spurs of violet hill. He descended from the tram at the little thatched cottage entitled 'Baily Post Office', rather at a loss, half expecting to be met by some one of his acquaintance.<sup>40</sup>

On occasion Pollock brings his background as a pathologist to bear on his pastoral prose with good effect:

Here and there were scattered the rotting stumps of pines, with which the mountain had once been fledged, protruding like decaying teeth, while upon the summit the ruin of the Hell Fire Club showed like an ulcerated nipple upon a giant breast, above which the serene crescent of the moon in her earliest visible quarter sank to rest . . .<sup>41</sup>

Well read in the classics and with an intimate knowledge of Ireland's history, Pollock was able to blend the past with the present to portray the city of Dublin:

They frequently crossed town to Earlsfort Terrace to lectures, a walk which always afforded Paul the greatest pleasure on a keen early autumnal morning. Down the sunny slope of Parnell Square into Upper O'Connell Street, where the stunted plane trees lost the last of their sooty leaves; past the anachronism of Nelson Pillar, across O'Connell Bridge whence the spires of Christ Church and the Augustinian Canons pricked into the chasing western October sky; on and upward by the serene austere facade of the House of Lords, into the narrow romantic curve of Grafton Street; and so on to Stephen's Green, where, from the lapping water wild duck rose in twos and threes, wheeling giddily as if in sympathy with the season's carouse . . .

At every street corner the hollow gusts were filled with ghostly human voices of the dead idealists. Shelley glided past the site of his erstwhile residence scattering pamphlets in the crowd: Mangan drifted down a side alley, an unavailing leaf upon the wind: Henry Grattan, with deep mournful eyes flitted between the colonnades in College Green. And under the passionate, if cramped inspiration of his companion,



Paul would reach the Parnell monument, scan that imperious profile etched upon the afterglow, and mentally endorse, almost as a sacred text, those words upon the plinth: 'No man dare set bounds to the onward march of a nation.'<sup>42</sup>

Though the physician in Pollock rarely intrudes in his writing, there are those occasions when the novelist in him draws, as all novelists do, on life's own store of experience. The physician in so doing is particularly advantaged in this regard in portraying disease. In *Peter and Paul*, Pollock paints a masterly picture of middle-aged depression:

'It's difficult to translate intimate personal feelings and nuances into words,' began Dardis slowly, 'and any terms I may use are merely verbal approximations to the actual condition. This state of mind has been developing slowly for some time past, and lately appears to be heading for some kind of crisis . . . it commenced with a profound sense of futility in every feature of my work, which subsequently extended to the simplest necessary details of every-day life . . . it has now become so fixed that I frequently ask myself is there any real, fundamental necessity, for getting up say, in the morning, or sitting down to dinner . . . I am oppressed also by a profound conviction of my own superfluity in the scheme of things; and this symptom has more than once threatened to develop into the more positive idea that I am not merely unnecessary, but possibly an actual impediment to others more competent for life than myself . . . Lately what is most distressing is a ghastly sensation of inhabiting a world peopled by masked automations . . . horrible robots who have no more qualification for natural wholesome existence than I possess . . . There isn't anything else to tell you,' he concluded, 'except that I'm not sleeping properly for a considerable time past.'<sup>43</sup>

Pollock, the pathologist, has left little other than some pleasant anecdotal memories; Pollock, the writer, has bequeathed a rich legacy worthy of reappraisal. He died in December 1964.



*John Pollock*

*John David Henry Widdess*

Jack Widdess, physician, historian, man of letters, bibliophile and kindly mentor to aspiring historians, died at St. Michael's Hospital, Dun Laoghaire, on Sunday, May 2nd, 1982 in his seventy-seventh year.<sup>44</sup>

Born in Limerick in 1906 and educated at Wesley College, he studied medicine at the Royal College of Surgeons where he qualified in 1931, and was appointed immediately assistant to Professor W J E Jessop, in the Physiology Department of the College. Two years later he became biochemist to the Richmond Hospital. In 1938 he was awarded a Moderatorship in Natural Science by University College, Dublin and in the same year was appointed lecturer in biology at the College of Surgeons. Shortly afterwards, he became assistant pathologist to the Richmond Hospital and pathologist and biochemist to the Rotunda Hospital. In 1940 he was appointed librarian to the Royal College of Surgeons, and in 1960 became professor of biology, a post that he occupied until his retirement in 1973. He received his Litt D from University College, Dublin, for published work on Irish medical history in 1964. A year later he was appointed honorary librarian to the Worth Library at Dr Steevens' Hospital, and in 1968 he became honorary librarian to the Royal College of Physicians of Ireland and editor of the *Journal of the Royal College of Surgeons* which, under his guidance, became the *Journal of the Irish Colleges of Physicians and Surgeons* two years later. In 1970 he was conferred with the honorary fellowship of the Royal College of Physicians of Ireland which was followed by the honorary fellowship of the Royal College of Surgeons in Ireland, on the occasion of the inauguration of the Department of the History of Medicine in 1975. He wrote the histories of four medical institutions – *The Royal College of Surgeons in Ireland and its Medical School* was first published in 1949 (a revised edition was published in 1967), and *A History of the Royal College of Physicians of Ireland* appeared in 1963; for the two hundred and fiftieth anniversary of the Charitable Infirmary in 1968, he edited *The Charitable Infirmary, Jervis Street, 1718-1968*, and in 1972 wrote *The Richmond, Whitworth and Hardwicke Hospitals: St. Laurence's, Dublin 1772-1972*, to commemorate that institution's bicentenary. He published a large number of papers on the history of Irish medicine and gave many addresses on the subject to learned bodies in Ireland and Britain, and in 1970 went on a lecture tour to the United States. Professor Widdess retired in 1973 to 'Puint na Teint' in Sneem, Co. Kerry, where he became a member of the Kerry Archaeological and Historical Society, and local representative for An Taisce.

These bare historical facts are but an indication of Jack Widdess's achievements; they do little to convey the immense scholarship that leaves for posterity an invaluable record of the progress and development of medicine in this country. Although Widdess's writings



*John David Henry Widdess (1906—1982).*

are a permanent record of his scholarship, he was also a personal repository of historical fact. To phone him in Sneem in search of an elusive detail called for time and patience – for Jack would not be rushed when it came to annunciating on the past – but the rewards were considerable. ‘Yes,’ he might remark, ‘try the Surgeon General’s Report, I think there is something on him there’, or on another occasion: ‘It would be worth looking in Elmes’ Catalogue in the National Library where you should find an eighteenth century print listed.’ These leads rarely failed.

Jack Widdess was obsessional, sometimes to the point of annoyance, and yet it was this obdurate attention to detail that makes his historical legacy so valuable. He was not, however, suited to the discipline of verbal communication, which is not to say that he could resist the opportunity to expound on his favourite topic. The time constraints of mere fractions of hours were nothing to him when dealing with centuries of fact, and yet he was able to distil his researches and avoid any tediousness in his writing. His style was lively and entertaining and, without compromising historical accuracy, he was able to blend the humour and sadness of history with a subtlety that was most attractive. He was not a stimulating lecturer in biology, and one suspects that he did not believe in didactic lectures, whereas his demonstrations on the subjects were interesting and memorable. Two students, attempting once to enliven the evening biology lecture, slipped down a small trap-door in the back row of the theatre and, creeping under the floor boards, interrupted Widdess’s dissertation on *Scyliorhinus* with windy sounds and knocks, to the intense amusement of their colleagues. Widdess, aware that conditions beneath the floor of his theatre were tolerable for only a short time, moved to the back of the theatre where, in sight of the trap-door, he delivered in lugubrious tones one of his longest lectures on record and inflicted a truly miserable punishment on the pair of miscreants.

In the seventies, Jack was one of a group whose lunch-time conversation in the dining-room of the ‘Convent’ in the Richmond was usually interesting and sometimes memorable. Here the rhythm of *Bongo-Bing* was discussed with the same intensity as the latest production of *The Valkyrie* at Bayreuth, and, while one group expounded on fly-fishing in the west of Ireland, another might be heard analysing the semantic ingeniousness of a senior Garda’s pronouncement that the city was being overrun, not so much by prostitutes, but by ‘little whoreens’. It was in this ambiance that Jack could give rein to a capricious and, at times, mischievous humour, often the more remarkable for a bawdiness that emanated from a deceptively saturnine countenance.

Jack, having spent most of his time in the laboratory, was fond of referring to himself as ‘not being a proper doctor’. By this he meant that, in his brief forays into locum general practice in Malahide, he had to adopt a realistic approach to illness. It was his belief,

I think, that the human frame was designed to survive even the interference of medical men, be they proper doctors or not, and that when destiny laid its implacable hand on life there was not much that he could do. Once, on a beauteous spring day, being informed that an aged notable had collapsed and that his presence was urgently sought, Jack took the long coast road so as best to admire at leisure the sun upon the billows, the coots and the swans, thereby acknowledging that the Creator should not be gainsaid.

Perhaps one of Jack Widdess's greatest achievements was an appreciation of the need for a cultural forum for the students of the College, and towards this end he founded, with the late Joe Lewis in 1930, the Biological Society of which he was president in 1941 and thereafter a permanent vice-president. In 1980 he travelled from Sneem to attend the annual inaugural meeting of the Society which he had founded fifty years earlier, and was greeted by a standing ovation from the students and their guests.

Widdess was librarian, not only to the Royal College of Surgeons, but also to the Royal College of Physicians, and to the much prized but little known Worth Library at Dr Steevens' Hospital, and he established the Myles Library in St Laurence's Hospital. His devotion to the libraries of these institutions was truly great, but he regretted that it had not been in his power to bring the two libraries of the Royal Colleges together to provide for their graduates and fellows a modern library with the facilities so necessary for scientific research and development. He would approve of the joining of the historical collections of these libraries in the new library at Mercer's Hospital.

### *Darragh Smith*

There resides in Cavan town one named Darragh Smith, who graced the student quarters of the Richmond in the thirties, and who has left in the verse of his *Dissecting Room Ballads* an irreverent glimpse of an irreverent age. These *Ballads* capture in an unique way a period of Dublin medical life that has passed into the mists of time. For all their licentiousness these verses from the dead-room express an innocence that cannot be submerged in their content. Medical students throughout time have professed more than an academic interest in matters carnal. A libidinous zest for life whether due to close companionship with death, a premature awareness of the frailty of human existence, or merely a consequence of a prolonged, if not absolute celibacy (a state breached only by a stroke of rare fortune in Dublin of the thirties), is a characteristic of the Aesculapian disciple.

The *Ballads* mark a transitional phase in the mores of the Dublin medical student. Gone are the kips of Annie Mack and May Oblong in Monto with their 'drunken girls delectable'

so celebrated in prose by Joyce, and lamented in their passing by Gogarty. The promiscuity of the twenties was being replaced by the puritanism that was to characterise the forties and fifties. The *Ballads* emanate something of the extremes of both eras. So we find irreverence going hand-in-hand with innocence, as is the case so often with life. And perhaps that is how we should take the *Ballads*, as a hedonistic youthful expression of existence that takes the present for what it is and cares not a damn for an uncertain future.<sup>45</sup>

*The Ballads* were known verbatim by all students of the Richmond (and many more besides) during the middle decades of the century and senior members of staff have been known to discuss at great length the correct rendering of 'Bunga Bing', or the syntax of 'Jan van Monster Ball'.

#### BRIAN BORU'S FRENCH LETTER

*I was up to my oxters in Turf mould  
At my turf contract down in the bog  
When my slane chanced to strike against something  
Like a stone, or a lump of a log.*

*Twas a box of the finest bogoak, Sir  
And I wondered just what it might hide  
So I muttered 'Well – bugger the fairies!'  
And I took a wee look, Sir, inside.*

*I suppose now, you'll scarcely believe me  
Its almost too good to be true  
Twas an ANCIENT IRISH FRENCH LETTER  
A relic of Brian Boru!*

*Twas an ancient Irish French letter  
Made of Elk skin, and just a foot tall.  
And a little gold tag at the bottom  
Gave his name, and his stud fee, and all.*

*And my mind flittered back through the ages  
To the time of that sturdy old Celt.  
There was Grainnewaile up on the bedstead  
And Brian Boru in his pelt.*

*And I heard him remark rather firmly  
'Listen here now, we must get this right  
'Though you did have your own way last night Dear  
'IT'S THE HAIRY SIDE OUTWARDS TONIGHT.'<sup>47</sup>*

THE SEA BABOON

*Oh why are the wild Waves flect wi' Blood  
And the Sea Shore stained with Red?  
Oh hark the Tale of the Sea Baboon –  
The Tale of a Race now Dead!*

*The last of his Race was the Sea Baboon,  
Huge, and black with an oily Skin,  
And his penis pink and his foreskin too  
Had an undulant dorsal Fin.*

*Of a sudden a Thought struck the Sea Baboon  
And he closed his Jaws with a snap!  
And he looked at his Balls – his hairy Balls  
Like a bear curled up in his Lap.*

*And then into the Sea dashed the Sea Baboon,  
Lust, Passion had entered his soul  
For the Spring had come to that solitary Beast  
And he longed, yes he longed – for his Hole!*

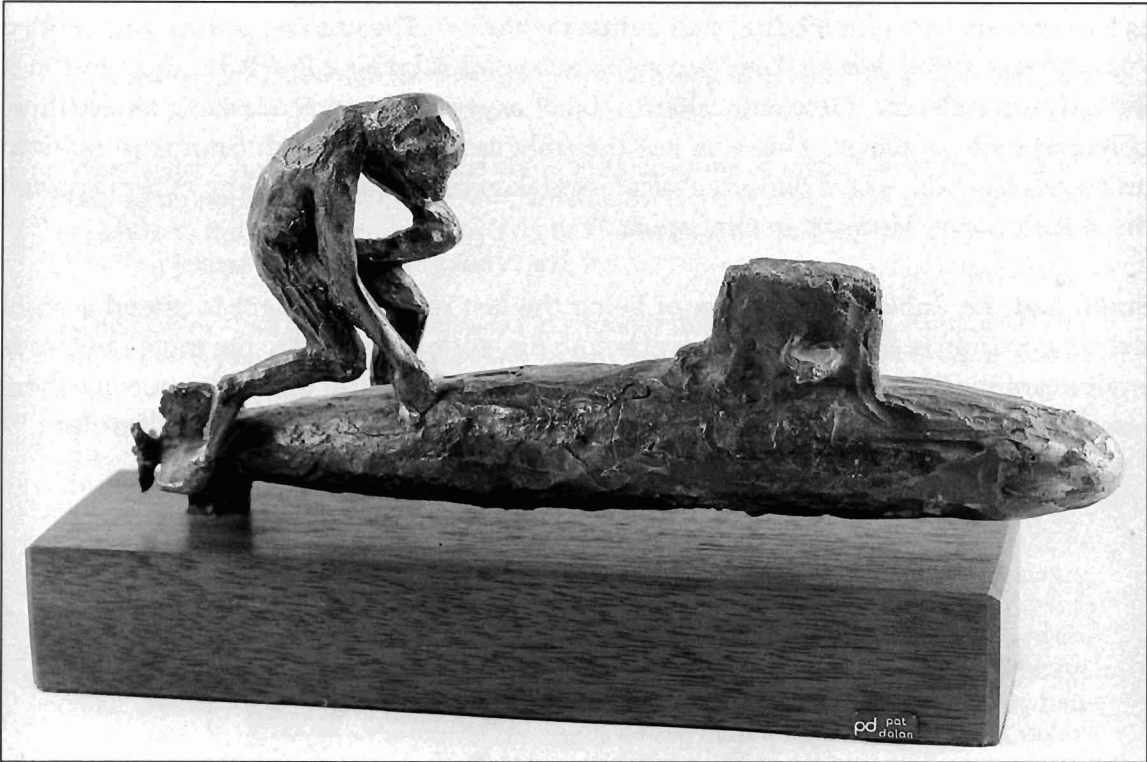
*A female Shark came swimming along  
A quiet elderly dame  
And he ambled up and accosted her  
With never a thought of Shame!*

*And he caught her tail as she whisked away  
(Oh vile, unnatural crime!)  
She yeilded, and there on the Ocean Bed  
They worked away for a while.*

*This served to whet his appetite –  
He next had a slim young Whale;  
Then a couple more Sharks and as yet no sign  
Of his Prowess beginning to fail.*

*Look! What is that swift and graceful form?  
That alluring shade of grey!  
'We'll have one more' says the Sea Baboon  
'Then we'll chuck it and call it a day.'*

*But alas, the Submarine, U.6.3.  
Its propeller whirrs apace!  
And it cut off the Balls of the Sea Baboon  
The last pair of BALLS in the RACE.<sup>46</sup>*



*The Sea Baboon. A bronze sculpted by Pat Dolan which was presented to Daragh Smith in the Park Hotel, Virginia, on September 20th, 1985.*



Quite apart from his bardic skills, Daragh Smith, is a talented cartoonist whose most famous cartoon was stolen from the dining room of the Convent where it had hung for many years. The perpetrator of this felony being known to a few members of the then staff, it is to be hoped that the work still survives and may some day grace the walls of – perhaps the Library at Beaumont, this being the closest to what might be described as a recreational area for medical staff in that institution. The missing picture was entitled *Phagacytosis, having lost his Way, being directed on his Road by a Red Blood Cell*, and in it the red corpuscle, complete with a barrowful of oxygen, is depicted leading two or three polymorphs by a halter. This was not the only cartoon of Daragh Smiths to fall into unintended hands – *Lord Buttocks of Naul* was taken by the Japanese when they captured the British Naval Hospital in Singapore.<sup>48</sup>

Smith had the dubious distinction of being the last resident student to spend a night sleeping on duty in the 'Old' Richmond before the students moved to the more salubrious environs of the Convent. It was not Smith's turn to be on duty, but, as he puts it, 'there was a big party to celebrate the closure and the real incumbent was unfit for duty.'<sup>49</sup>



Commercial Traveller selling Sphygmomanometers  
to uneducated Persons.

The Richmond in this period was open to students from any medical school. 'We had . . . an annual invasion of wild men and women from Galway.'<sup>49</sup> Among these, of course, was the ubiquitous 'chronic' who was content to pass his time in the pleasant ambience of a city that was in a hurry nowhere. Smith has left a charming vignette of one such character – 'The Dooley'.

As I was walking down to the Richmond one morning in about 1928 or '29 I met 'The Dooley' at Green Street Courthouse.

'The Dooley' had started medicine about the same time as myself, but medical study had never appealed to 'The Dooley', who enjoyed life passing from one hair-raising episode to the next. Everybody in Trinity knew him and he hadn't even passed the 'half'; a coarse customer but good crack.

'The Dooley' had just been sentenced to a month in Mountjoy Gaol. Apparently, the night before, he and his constant companion, the 'Rat' Kennedy, had been mooching about at the back of the Olympia Theatre when they came upon a posh car parked in an alley. Admiring this and doing no harm they were suddenly accosted by a posh guy, presumably the owner of the posh car, who started abusing them and accusing them of stealing the car. As he ranted on, 'The Dooley' was left with no option but to hit him and so he had spent the night in a cell.

'The Dooley' had always believed that after the judge passed sentence on the prisoner, a grim-faced policeman would be at hand to lead the miscreant beneath the dock to the awaiting Black Maria and onwards to the gaol gates; such at any rate had always been 'The Dooley's' experience on the screen. But that was not the way in Green Street. 'The Dooley' hung round the courtroom for a while but nobody came near him. Eventually, he wandered out onto the street where he met me. I knew 'The Dooley' well though he was not exactly one of my set, but he was a fellow-student in a tight spot, and I had (for once) a pound or two in my pocket. We went for a pint and returned to Green Street.

A guard stood by the gate. 'Please Guard, I have to go to prison. Will you bring me?' pleaded 'The Dooley'. This annoyed the guard considerably, who after telling 'The Dooley' where to go retired into the bowels of the courthouse. We had another pint and tried a few more members of the force but none would assist 'The Dooley'. So we had a few more pints and then spotted a young inspector who was prepared to listen. 'They probably thought you would make for the railway station and get back north to your own country so that we'd be rid of you' was the explanation proffered by this member of the constabulary to account for his colleagues' lack of interests in seeing that the 'Dooley' got his desserts. Moreover, his advice to 'The Dooley' was to do just that but on the latter's refusal to shirk his sentence (as he did not have the train fare) the inspector directed him to the guardroom of Dublin Castle which was to be found inside the gate near the Office of the Ulster King of Arms.

After crossing the Liffey, we had another pint and something to eat in a chipper before entering the Castle Yard. In the guardroom 'The Dooley' was informed that the gaol

was closed for the night and that there was no point in presenting himself. 'But I've got to get in' wailed 'The Dooley'. 'Where can I spend the night? I've got no money.' The guard told him there was a place close to the Gate where he could doss for two shillings. So we had another pint and I gave 'The Dooley' my last half crown and we parted.

Somehow, by chance or by arrangement, I met 'The Dooley' on the day he was released from prison. He had more or less enjoyed it – the characters he had met, the 'old lags' and their tricks, the complex social scales.

We had another cheap meal in some grotty joint (I forget who paid) and 'The Dooley' left for the home of one of his old aunts, somewhere up North. I have not heard of him since.<sup>30</sup>

The chronic medical student, once so much a part of the Richmond, which hosted in its residential quarters such notables as 'Harry the Horse' and 'Napoleon', should not be permitted to slip into the mists of time without tribute. Larger than life, gregarious, charming, worldly, cunning and yet vulnerable, the 'chronic medic' strode the inner city streets and hostelrys, and very occasionally the hospital wards with a debonair swagger. To his peers he was the epitome of sophistication. Well versed in all matters, save medicine, he could regale his contemporaries on the vicissitudes of the examinations and the foibles and eccentricities of the examiners. To all but the most perceptive, his appearance was that of a dashing dandy. The distracting accoutrements of a brightly coloured cravat, cerise more often than not, occasionally a monocle, a long cigarette holder delicately poised between fingers on one of which glistened a large ring with a semi-precious stone, a cane, broolly or shooting stick according to the occasion and clemency of the weather, deflected more detailed scrutiny from revealing the early stigmata of the debauchee: the stubble of a one-day beard, a grubbiness that placed the subject as far from water as indeed he was from God, the shine of worn cavalry twill, the balding suede of down-at-heel shoes, the fraying cuffs and the griminess that masked the lighter hues of check on the leather-elbowed sports jacket which bestowed on to the bearer's bust a visual sensation of mud that never quite registered owing to the arresting flash of a canary-yellow waistcoat straddled by a watchless brass chain.

To the public at large, the future victims, as it were, of this Aesculapian, the 'chronic medic' was a figure to be accorded respect in keeping with his high place in the distant realms of academe. A now-respected practitioner of the art of medicine who prolonged his sojourn at a provincial medical school to twice the normal tenure was accorded on his peregrinations through the cathedral city of his university the respect normally reserved for clerical gentlemen (all of whom were unanimous in not alone hoping but at times going as far as to pray for the dispatch of his rudimentary soul to the

hottest hell that their vivid imaginations could conceive). To the plain people of this city, their 'chronic's' detention beyond the statutory period was seen simply as recognition of a genius which had of necessity to be detained until, as they put it, 'he knew everything'.

To his teachers, the chronic medical student was a colourful if somewhat troublesome intruder who, in certain renowned instances, achieved almost the status of colleague. Indeed, in Tom Garry, perhaps the most famous 'chronic' of all time who never qualified and yet attained the quaint position of Tutor and Prosector in Anatomy, we find a personality somewhat at variance with the typical 'chronic', who was generally brash, flamboyant and something of a bounder. Garry, from Kildysart in County Clare, was shy, diffident, and endowed with a sense of integrity, which the story goes, was to bring about his downfall when he refused to acquiesce with his examiner on a point of anatomy, the subject to which Garry was to devote the rest of his life, teaching the subject to students from all parts of the globe with such success that he once declared his epitaph in Neary's pub:

*From the north pole to the south, through the  
wilderness of the eternally white plains of Siberia,  
the darkest bush of Africa, the southern seas;  
from the venerably aged coast of China, through  
the old continent, to the beaches of the sometimes too  
new continent, where the name of Jesus Christ is unknown;  
the name of Tom Garry is a household word.<sup>51</sup>*

The 'chronics' were usually put to the pin of their collars to survive. The notion that they were recipients of legacies destined to cease on qualification is apocryphal. Many families in the country were prepared to send money to their white-headed boys in Dublin for tuition and examination fees, often unaware that their progeny's dedication to anatomy was of a more dynamic nature than that pronounced by Gray. A family in Donegal once forwarded five pounds to their beloved for 'a pair of amoeba' and were proud to alert the village as to the budding doctor's latest requirement. An obliging father in Connemara, in forwarding the six quid urgently requested for 'a brace of fallopian tubes' expressed, somewhat apologetically in the accompanying epistle, that he had always believed these to be musical instruments and added that he trusted the 'tubes' would have a re-sale value when his son had done with them.

And how did these young (and often not-so-young) gentlemen pass their time? Not, as should be evident, in the pursuit of medical knowledge. Matters carnal were never far from their minds. In Robert's cafe on Grafton Street, a favourite haunt of medical students,

## THE HOUSE OF INDUSTRY HOSPITALS

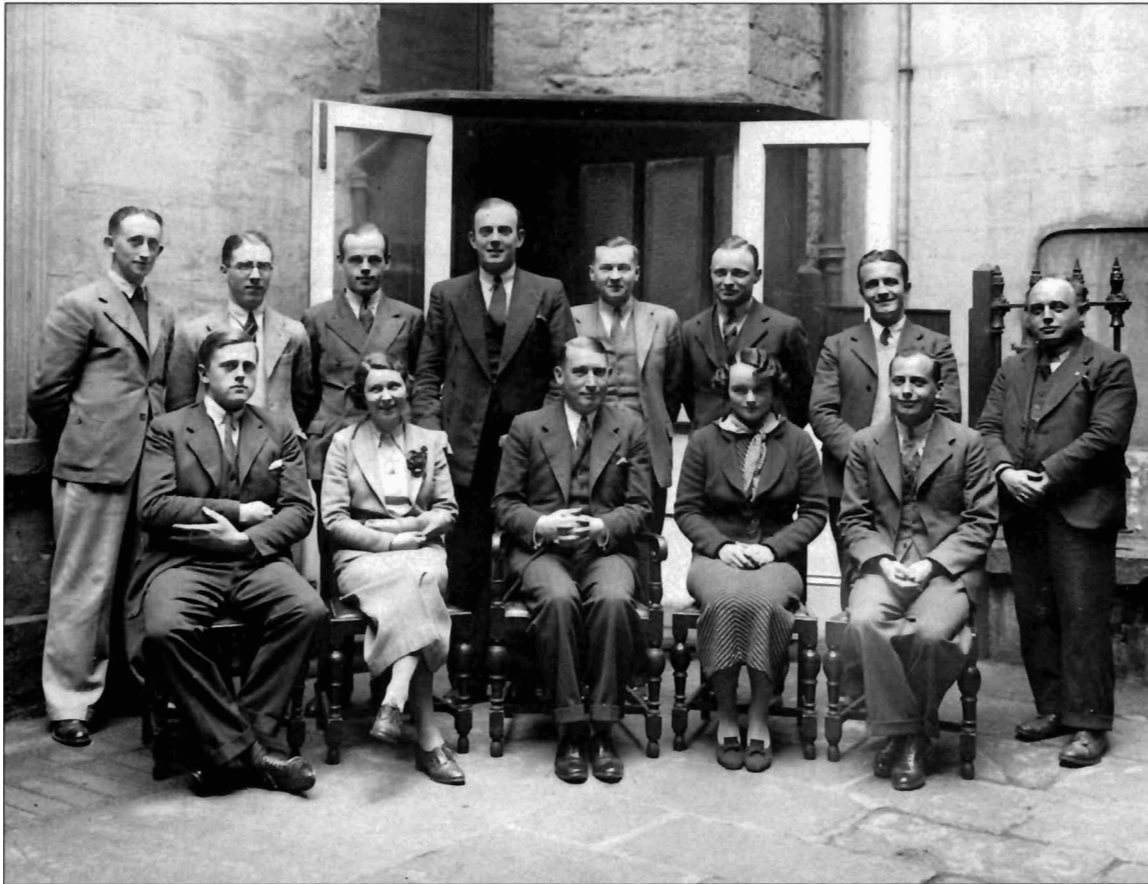
artists and other ne'er-do-wells, plots and schemes were perpetrated under the kindly eye of the imperturbable waitress Josie.

Conversation, song and verse, all the better in a hostelry in the company of a generous benefactor, were other distractions that served to keep the mind off medicine. Perhaps the most successful 'chronic' was Oliver St. John Gogarty, who spent a leisurely ten years completing his studies. The famous 'Napoleon' who graced the Richmond for many years in the thirties did not, as far as is known, qualify.

The chronic medical student is now history and perhaps medicine and society is the poorer for his passing. His colourful personality and extravagant pranks relieved the tedium and drudgery of a discipline that is the better for a little humour. For most 'chronics' time and the inevitability of reality saw them through medicine, in spite of their best efforts to the contrary, and many became successful doctors. Perhaps those who did not succeed were 'too clever to be doctors'.<sup>53</sup>



*Cartoon by Daragh Smith.*



*Biological Society, Royal College of Surgeons, Session 1935-36.*

*Council, Back Row: W Staunton, W P O'Keeffe, S Kavanagh, T V O'Donnell, R M Kirkpatrick (Hon Treas.), J J Kinsella, J J Drumm, T V Plunkett ('Napoleon').*

*Front Row: D P Murray (Hon Corres. Sec.), Miss E. O'Brien, M P Burke FRCSI (President), Miss M Menzies (Hon Record Sec.), M Thompson.*

## References

- Beckett S. Quoted in: O'Brien E. 'The Beckett Country: Samuel Beckett's Ireland'. The Black Cat Press and Faber and Faber. 1986. p 337.
- O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. p 9.
3. Gogarty O. 'As I was going down Sackville Street'. Sphere Books Limited. London. 1968. p 19.
4. Gogarty O. 'It Isn't This Time Of Year At All! An Unpremeditated Autobiography'. Sphere Books Limited. London. 1983. p 25.
- O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. p 21.
6. Gogarty O. 'As I was going down Sackville Street'. Sphere Books Limited. London. 1968. p 46.
7. Gogarty O. 'It Isn't This Time Of Year At All! An Unpremeditated Autobiography'. Sphere Books Limited. London. 1983. p 29.
- Gogarty O. 'It Isn't This Time Of Year At All! An Unpremeditated Autobiography'. Sphere Books Limited. London. 1983. p 30.
9. Lyons J B. 'Oliver St. John Gogarty'. Bucknell University Press. Lewisburg. 1976. p 71.
10. Lyons J B. 'Oliver St. John Gogarty: the man of many talents. A Biography'. Blackwater. Dublin. 1980. p 271.
11. O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. p 59.
12. O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. pp 62-63.
13. Gogarty O. 'It Isn't This Time Of Year At All! An Unpremeditated Autobiography'. Sphere Books Limited. London. 1983. p 31.
14. The Compact Edition of the Directory of National Biography. Oxford University Press. 1975. Volume II. p 2928.
15. Crookshank A. 'Portraits of Irish Medicine'. In: *A Portrait of Irish Medicine; An Illustrated History of Irish Medicine*. Eds: E O'Brien, A Crookshank, G Wolstenholme. Ward River Press. Dublin. 1984. pp 35-36.
16. O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. p 121.
17. O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. p 122.
18. Lyons J B. 'An Assembly of Irish Surgeons. Lives of Presidents of the Royal College of Surgeons in Ireland in the 20th Century'. Glendale Press. 1984. pp 11-16.
19. Widdess J D H. 'The Richmond, Whitworth and Hardwicke Hospitals. St. Laurences, Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. p 131.
20. O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. p 127.
21. Lyons J B. 'An Assembly of Irish Surgeons. Lives of Presidents of the Royal College of Surgeons in Ireland in the 20th Century'. Glendale Press. 1984. pp 34-39.
22. O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. p 56.
23. Widdess J D H. 'The Richmond, Whitworth and Hardwicke Hospitals. St. Laurences, Dublin. 1772-1972'. Beacon Printing. Dublin. 1972. p 134.
24. O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. p 125.
25. O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. p 164.
26. O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. pp 125-126.
27. O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. p 139.
28. O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. p 131.
29. O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. pp 134-135.
30. Gogarty O. 'It Isn't This Time Of Year At All! An Unpremeditated Autobiography'. Sphere Books Limited. London. 1983. p 236.
31. Lyons J B. 'Oliver St. John Gogarty: the man of many talents. A Biography'. Blackwater. Dublin. 1980. p 256.

32. O'Connor U. 'Oliver St. John Gogarty: A Poet and his Times'. Granada. London. Toronto. Sydney. New York. 1981. pp 284-285.
33. Gogarty O. 'It Isn't This Time Of Year At All! An Unpremeditated Autobiography'. Sphere Books Limited. London. 1983. p viii.
34. Lyons J B. 'Brief Lives of Irish Doctors'. Blackwater. Dublin. 1978. pp 152-154.
35. Pollock J H. 'William Butler Yeats'. Gerald Duckworth & Co., Limited. London; The Talbot Press Limited. Dublin. 1935. p 11.
36. Pollock J H. 'William Butler Yeats'. Gerald Duckworth & Co., Limited. London; The Talbot Press Limited. Dublin. 1935. p 111.
37. Pollock J H. 'Hills of Dublin'. The Talbot Press Limited. Dublin. 1917. pp 6-7.
38. Pollock J H. 'William Butler Yeats'. Gerald Duckworth & Co., Limited. London; The Talbot Press Limited. Dublin. 1935. pp 35.36.
39. Pollock J H. 'Peter and Paul'. The Talbot Press Limited. Dublin and Cork. 1933. p 33.
40. Pollock J H. 'Peter and Paul'. The Talbot Press Limited. Dublin and Cork. 1933. p 77.
41. Pollock J H. 'Peter and Paul'. The Talbot Press Limited. Dublin and Cork. 1933. p 185.
42. Pollock J H. 'Peter and Paul'. The Talbot Press Limited. Dublin and Cork. 1933. p 129.
43. Pollock J H. 'Peter and Paul'. The Talbot Press Limited. Dublin and Cork. 1933. pp 113-114.
44. This essay on Jack Widdess is taken for the greater part from: O'Brien E. 'Obituary. John David Henry Widdess (1906-1982)'. *Irish Medical Journal* 1982; 75: 263.
45. O'Brien E. 'Introduction' to 'Dissecting Room Ballads from the Dublin Schools of Medicine fifty years ago'. By Daragh Smith. The Black Cat Press. Dublin. 1984. pp 5-6.
46. Smith D. 'Dissecting Room Ballads from the Dublin Schools of Medicine fifty years ago'. The Black Cat Press. 1984. pp 12-13.
47. Smith D. 'Dissecting Room Ballads from the Dublin Schools of Medicine fifty years ago'. The Black Cat Press. 1984. p 18.
48. Smith D. Personal Communication.
49. Smith D. Personal Communication.
50. Smith D. Personal Communication.
51. Garry J D. 'A Dublin Anatomist. Tom Garry 1884-1963. An Account of the life and times of Thomas Peter Garry, Tutor and Prosector of Anatomy, Royal College of Surgeons in Ireland'. Black Cat Press. Dublin. 1984. p 57.
52. Lyons J B. 'Oliver St. John Gogarty: the man of many talents. A Biography'. Blackwater. Dublin. 1980. p 33.
53. Robinson L. 'The Whiteheaded Boy' first produced at the Abbey in 1916 was revised as a musical 'One of our Own' with lyrics by Fergus Linehan and music by Jim Doherty, in the Gaiety Theatre in July 1987.





*Visit of surgeons from the United States to the Richmond Hospital in 1938. A nephrectomy is being performed in the old middle theatre.*

## The development of clinical photography

James P Mulvanny



Thirty-four years is very little in the lifespan of the Richmond Hospital but to be asked for reminiscences of my career, especially coupled with reminders of how few staff members are left in active service to remember that far back, gave me a heightened awareness of mortality; it seems to be such a short time. This, then, is a more or less light-hearted attempt to comply with that request.

My connection with the Richmond began in 1954 when Sylvester O'Farrell, who had an arrangement with Mr A B Clery to take photographs of patients undergoing plastic surgery, started to receive occasional requests for prints of X-rays for publication. There were no facilities for such work in the hospital at that time so the material was brought to me at 40 Upper Mount Street where I had my own business in technical and engineering photography – the rationale for this escapes me since I had no medical knowledge at the time. However, I more or less blindly followed the large volume of instructions which invariably accompanied the radiographs and dispatched prints with the requisite shades of grey in the specified areas without any inkling of what they were intended to depict. This approach apparently met with approval since the volume of work slowly increased over the next few months.

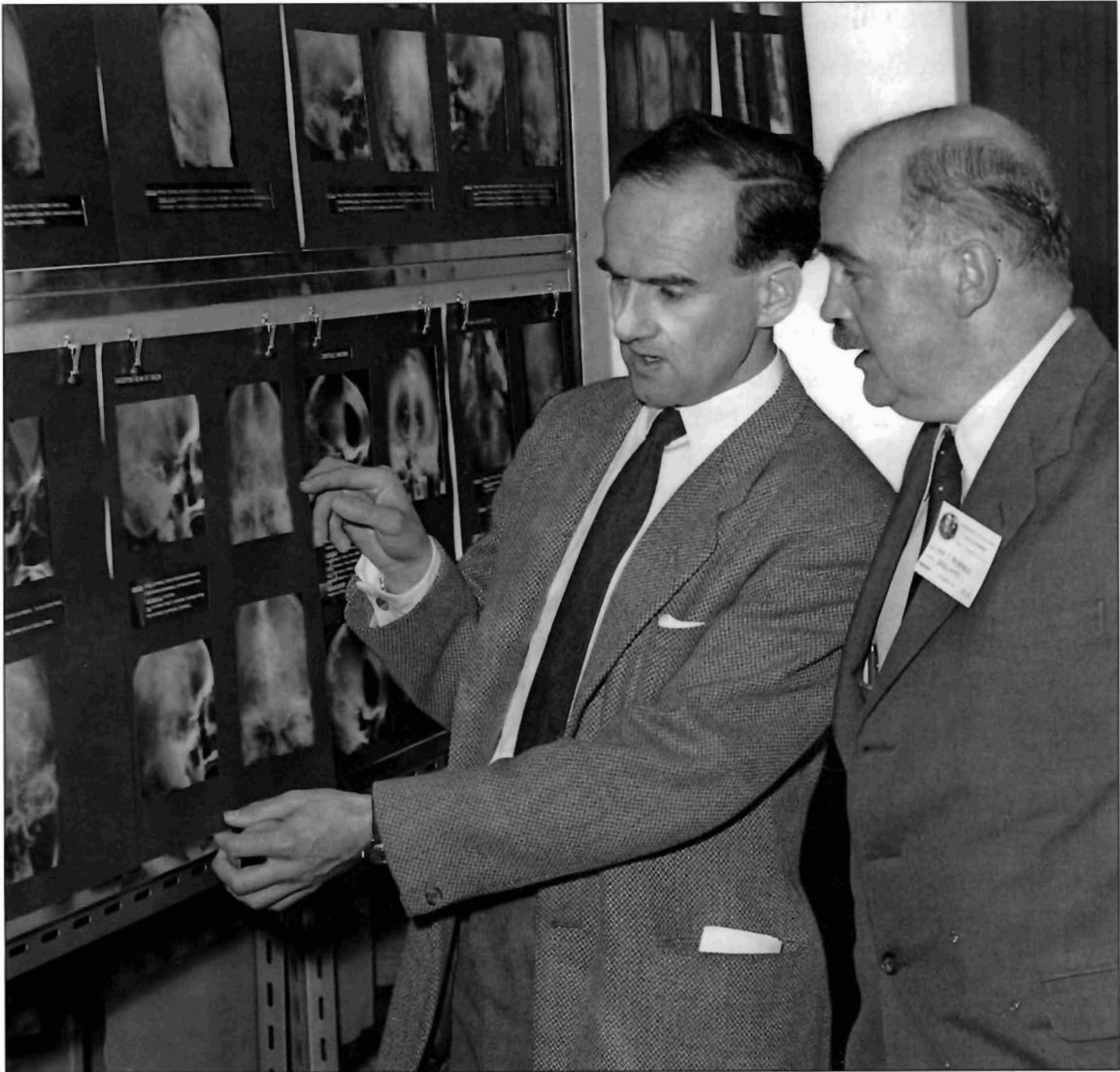
It was at this point that a discussion took place which was to change the course of my life. Mr Clery had suggested earlier in the year that a holiday locum would be a good idea and Mr O'Farrell, having done his level best to convince me that bloodless surgery was the 'in' thing, set up a meeting between Mr Clery and myself in the Richmond to discuss a possible arrangement. I approached the hospital feeling very apprehensive – I can still remember clearly the smell of disinfectant wafting downwind as I approached

N Brunswick Street and with it the growing certainty that I was going to say 'no' – but when I actually met that gentle, kindly man and listened to his assurances I eventually agreed to be available on a sessional basis for important cases. The question of having to work in the operating theatre was dismissed as too improbable to be worth discussing.

Less than a week later I received my first hospital call, for theatre the following morning, which gave me plenty of time to work up a proper lather. Those who can remember the original main theatre will recall the magnificent steeply sloping Carrera marble seating and the gleaming brass rails, the highest point being almost thirty feet above the floor. There was also a small room known as 'the crow's nest' and it was from this vantage point that I decided to view the proceedings below, being the furthest point one could achieve without actually being outside altogether. It was at this stage I found out that it was not Mr Clery who had requested photographs but a Surgeon C K Byrnes. This did wonders for my self-confidence and I huddled miserably on the topmost step, keeping very still. I remember thinking that the patient couldn't last long with so much blood around so I wouldn't be needed and if only I could stop looking I mightn't have to be carried out.

At that instant Mr Byrnes seemed to sense my thoughts, looked up and said, 'What the hell are you doing up there? You'll never see anything – come down here at once!' I refrained from telling him that was the idea, stood up, stood on the end of my gown and did my best to oblige by half falling most of the way to the bottom, being only saved from total disaster by grabbing the brass rails en route. This performance was greeted by total silence, followed by a request for a photograph 'if you're quite ready'. Fortunately the camera was hanging round my neck and survived the trip; I was so mortified (unlike the patient!) that my queasiness vanished and I was able to take all the photographs required without further problem. I had arrived in the Richmond. I had also made the acquaintance of 'Colie' as he was affectionately known and this was only the first of many such entanglements. I was soon to discover why he was also called the Irishman's Sir Lancelot Spratt.

During the next three years my involvement with the Richmond gradually increased and many discussions took place with Mr Clery concerning the possibility of setting up a department of clinical photography on a full-time basis. This was finally established in October 1957, the initial agreement being for 'not less than 30 hours per week at an initial salary of £8'. Two small rooms were officially allocated in the basement and I inherited two stainless steel dishes. In view of the absence of any other equipment I was asked if my own apparatus could be made available for the time being. I can well understand the frustration of Dr H W Mason, (in 1909, the first 'X-Rayist', mentioned by Max Ryan



*Dr Max Ryan (left) and Professor Colman Byrnes.*

in *The Charitable Infirmary: A Farewell Tribute*) who had to use his own equipment and then beg payment for the privilege. For me this was also the tiger by the tail with a vengeance since the inventory of photographic items actually owned by the hospital when it closed its doors in November 1987 was – you’ve guessed it – the two dishes!

Many of my strongest memories stem from that first precarious year in which an interface with the consultant staff was created, neither really knowing what was required from the other or if, when identified, it would even be possible. The first major step was the establishment of colour as the norm, although this was still far from the case in the major London teaching hospitals. In this, as in so many other things, the Richmond was among the pioneers. Agfacolor was the film of choice and remains so today, due to its accurate rendering of skin tones and its consistency.

The mobility of the new 35mm SLR cameras was an invaluable asset especially in the operating theatre though the earliest models had rather cumbersome ways of achieving close-up photography, additional lenses having to be affixed for this purpose. The hazard of this emerged when having recorded a thoracotomy for Mr Byrnes – who else! – I returned to the basement only to discover that the auxiliary lens was gone. I retraced my steps searching frantically to no avail and with a sick feeling growing that I knew where the lens was. I gowned up and slid into the theatre, being spotted by Colie almost instantly. He was in benevolent mood and said quite jovially ‘We don’t need you any more – didn’t you hear me?’ I nodded miserably and muttered ‘I’ve lost my close-up lens’. The Spratt-like asperity, never very deep, began to surface. ‘Good God man! Don’t tell me about it, go and look for it! You don’t expect me to help search for . . .’ – his voice trailed off as he looked down at the almost completed suturing and looked back at me soulfully. I suppressed a desire to giggle inanely and just stood there, close to collapse. Then the floodgates opened. ‘Christ! Everybody go and help him look for the thing! Sister! Get the portable X-Ray in here at once and give me the penicillin powder!’ He then roared at me ‘Has it got any metal parts?’ and when I nodded he muttered something about thanking God for small mercies and then said in tones of infinite menace, ‘If it’s in here, you’re out.’ Meanwhile the search party of students and nurses had spread out leaving a junior nurse and myself to poke aimlessly around the theatre. This young lady, bless her heart, had a burst of inspiration and taking up a ruler proceeded to slide it under the base of the operating table. Out popped the lens from where it had been kicked, just as the radiographer pushed the portable through the door. By such deeds is one’s bacon saved; the event left so deep an impression that I never used that system in theatre again.

Colie, to his credit, never mentioned the matter again and concentrated on invigorating his retinue. His Rolls Royce would sweep through the gates (on one occasion demolishing

the granite pillar) and he would charge into the hall demanding 'Where are my housemen?' While he went into the staff room a frantic SOS would go out and a few minutes later his retinue would gather around him to receive a lecture on punctuality. The following morning would see the same retinue resplendent in fresh white coats, waiting in the hall. When eventually 'Sir Lancelot' arrived he would frequently stop in the hall, eye the shining mass up and down and comment acidly, 'What do you think you are going to learn about medicine standing around here, why aren't you on the wards?' It was a bold spirit who would try to answer that.

The next few years saw a steady increase in the number of requests for clinical photography. Much specialised equipment was acquired, using the profits from my other business which was, however, dwindling due to the amount of time now being devoted to hospital work. It was obvious that a decision was imminent; I opted for closure and a career in medical photography. From then until 1964 I studied for the qualifying examinations in London, commuting back and forth for tutorials and seminars until the final examinations and award of the associateship, the first in the Irish Republic. I felt that this was a vital step if medical photography was to evolve as a recognised discipline here since anyone who could use a camera was regarded as qualified by that mere fact. The medical profession does not in general have amateur nurses, amateur radiographers and so on, so why amateur photographers? I am not decrying the superb ability of many amateurs, merely their automatic acceptance without any need to acquire prior knowledge of subjects fundamental to a specialised field. It will always be a source of considerable disappointment to me that in over 23 years no one has followed on the professional path and to my belief I am still the only person with this qualification. Indeed, the image which many have of the general profession of photography can be illustrated by the reaction I got when showing a certain professor the first Polaroid camera to arrive in the country; 'Wouldn't that be great on O'Connell Bridge!' he exclaimed. I agreed politely, thinking of more esoteric uses, and headed for a more enlightened academic. 'If the chap on O'Connell Bridge had one of those', he intoned, 'we'd be able to know it came out and save ourselves from being swindled out of five bob'. The first reaction had given me a viewpoint; the second one gave me a serious urge to take up something hard and heavy and use it. Here was a revolutionary development in the science of photography, with obvious medical applications, and this was the best use which sprang to either mind. At that moment in my career I felt a bit like the alpine climber who, having surmounted a vicious ascent only to find himself facing an equally steep descent into a previously invisible deep valley, complained 'Did you ever get the feeling that all that's between you and the top of the mountain is the entire mountain?'

All was not gloom though, and as the years slid by a gradual awareness of what constituted

professional results permeated the medical staff. Achieving this was no mean feat given the budgetary and space constraints which always seemed to get in the way – one prime example was the making of a cine-film for Mr A P Clery. This was to show a new technique for reducing recurrence of rectal carcinoma but owing to lack of funds the film had to be shot in sequence on the one roll without any editing cuts. This meant all close-up and long shots had to be carefully scripted in advance and even then any fumbling during the procedure could have ruined it. Somehow it worked out and the film was chosen for showing at the American College of Surgeons Conference in Chicago, winning the coveted Film Award leader.

Two other notable triumphs for the Richmond Hospital stand out in my memory. The first, in the early sixties, was the occasion of the last Scientific Exhibition to be held in conjunction with the AGM of the Irish Medical Association. The venue was St. Vincent's Hospital and there were over sixty exhibits. The adjudicators, one from the Royal Victoria and the other from Bart's in London, selected six finalists from which to choose the four prizewinners. All six of these exhibits had been prepared in that tiny basement Department – a clean sweep for the Richmond. An interesting result of winning the premier award with an exhibit on 'Medical Illustration', the art aspect being in the talented hands of Dr Fergal Nally, was that the English judge returned to St. Bartholemew's with the suggestion that they should go to the Richmond to see how our Department functioned. If any of them had actually done this I feel sure they would have thought themselves the victims of a legpull, for anything we produced was despite the conditions rather than because of them.

The second notable event was, of course, the Richmond Bicentenary. This occurred in 1972 and was a resplendent affair worthy of the occasion. In terms of sheer volume of output to international standards it must also mark the high point of the department of clinical photography. When all items for the exhibition hall were added to the slides made for the many seminars and lectures more than fifteen thousand photographs had been taken. This was the last major event to be prepared in those two basement rooms; shortly afterwards plans were put forward for a new department which would be designed with proper studio facilities and adequate provision for the production of audio-visual material, which by now was a major part of the output. I must mention that I was not the only enthusiast around. On the occasion of the Colles Bicentenary Professor J Stephen Doyle exhibited considerable courage in arranging bilateral Colles fractures and went around for much of the time with both arms in plaster to mark the event. Such dedication is rare.

When complete the new area included a specially tiled studio floor which had integrated guide tracks for patients to follow when neurological and orthopaedic gaits were being

recorded on film or, latterly, on video-tape. There were also rooms specifically designed for copying, film editing, art work, sound studio, film processing, printing and areas for office/reception, filing and, at a future date, computer graphics. The only negative aspect was the appalling approach through the basement passages with pipes everywhere. One of these, a six-inch water main, was subsequently to put me in a cervical collar for three years. However, once you had arrived safely it was like an oasis in the desert. I was fortunate that the architects gave me a free hand in the design of all this, merely keeping a watchful eye on the structural aspects. The final result was only lacking in one major area – remember those two dishes?

No funds for equipment were available so at this point I once again took a firm hold on the tiger's tail and began adding further equipment at my own expense so as to get into use those facilities which had been sought for over twenty years. By the time the closure of the Richmond loomed near, all of the rooms had been comprehensively equipped and some funding had been received for the purchase of video equipment and an Apple computer which provided the first step in the direction of that technology.

Where will it go from here? Looking back, there are so many things I would love to mention about the people who made the Richmond what it was – the friendly repartee of the telephonists; the consultants who helped you try to beat the departmental odds; the students who wrote to thank you for your help – the list is endless. The Richmond may be gone, but the spirit which drove the many pioneers, myself included, will survive the challenges. In some respects it's rather like starting all over again – no funds and very restricted space – but against that there are the many colleagues, some of whom I can remember from their student days, whom I think of as friends. Those of us who are now helping to make Beaumont Hospital a worthy successor will no doubt sustain each other. Of the many who are retired or passed on, the memories which they have left me will certainly help to support me whatever the future holds. I do not feel alone.





*First Nurses Reunion, 1964.  
Annette Donnellan, Cait Mulhearn, Mary Lacy, Moira Kelly, May Kenny.*

## Nursing in the Richmond

May Kenny,  
Tess Power (Hughes) and Grace Power.



When the House of Industry opened its doors to the deprived of Dublin in 1773, many of the men, women and children admitted were grievously ill. It became a necessity to find some separate accommodation to nurse them. A storeroom in one of the workshops was cleared and adapted as a hospital for sick women. From this humble beginning the Richmond, Whitworth and Harwicke hospitals developed.

The names of the first nurses employed at the House of Industry have been preserved in records of the House. There were the four 'Mary's' — Mary Harding worked in the infirmary for men; Mary Smith and Mary Byrne in the women's infirmary and Mary Graves worked in the so-called 'Cock Pit' which was an apartment for sufferers from 'the venereal disease'. These nurses were, no doubt, recruited from healthy inmates of the House. The grimness of their surroundings may be judged from the fact that not until December 1774 was a stove provided for each of the infirmaries.

At about this time, Mrs Mary Clarke was appointed head nurse. Following this appointment, greater activity in providing care for the patients was evident. Mary Clarke was paid £12 per year. Her duties were to supervise the nurses and to report to the governing body on the condition of the sick patients and the quality of the nurses' work. Her duties also involved receiving provisions and diets ordered by the doctors from the steward and ensuring their distribution to the patients. The head nurse was also required to ensure cleanliness and decent order in the infirmaries.

## THE HOUSE OF INDUSTRY HOSPITALS



*1951 — Retirement of Mrs Anderson (Asst. Matron)*

*Seated, (left to right): Sr Fulton, M Culhane, Mrs Anderson, Kathleen Frances Russell, M Deery, Kathleen O'Keeffe, N Monaghan.*

*Also included: May Kenny, Margaret Giblin, Cecily Normoyle, Rita Webster, Mary Scollard, Margaret Healy, Aileen Kearns, Pat Hynes, Miss McDermott, Monica O'Connell, Phil Browne, Ena Murphy, Kay Kyne, Mary Magnor, Maura Flanagan, Brege Ford, Imelda Byrne, Ita Dempsey, Teresa Faulkner, Mary Connaughton, Mary Donnellan, René Cooney, Mary Lacy, Miss O'Sullivan, Margaret Pearse, Phil Adams, Teresa Kilbride, Tess Power, Suzy Arthurs, May Caslin, Phil Normoyle, May Quirke.*



*First Nurses Reunion – 30th August 1964.  
Garden of the Richmond Hospital.*

*Seated, (left to right): Teresa Barrett, Kathleen Maguire, Kathleen O’Keeffe, Kathleen Russell,  
Mary Lacy, Cecily Normoyle.*

*Also included: Nan Kelly, Miss M O’Sullivan, Miss Darmody, Miss M McCabe, Mrs Crowley,  
Mary Quirke, May Kenny, Clare Moran, Ann Roche, Suzy Arthurs, Bríd O’Neill, Evelyn Dempsey,  
Mary Scollard, Josephine O’Neill, Mrs Bouchier-Hayes, Cait Mulhern, Mary Leahy, Rita Webster.*

Mrs Elizabeth Burrows was appointed matron of the Infirmary in 1808. The status of matron had improved but conditions for nurses was very poor. The steward was ordered to pay the superintendent of the infirmary one shilling and one penny weekly to be distributed to six nurses and a cleaning lady.

The Hardwicke Fever Hospital was built in 1803 and the Richmond Surgical Hospital first opened in a disused convent in 1811. In 1817 the Whitworth Hospital was opened. A Board of Governors controlled these hospitals and in 1870 appointed Mrs Annie Byrne as matron of the three hospitals. Mrs Byrne had previously been matron of Mountjoy prison. She was not a nurse as viewed in the light of the Florence Nightingale tradition. Nursing duties, as we know them today, were performed by medical students called clinical clerks. In 1885 a resident medical student told the commission which had been appointed to investigate the work of Dublin Hospitals that the nurses had to cook their own meals on the embers of a fire and many times they had to forego a meal while attending to a critical case.

In 1888 the Board of Governors advertised for two trained and certified nurse superintendents, at a salary of £60 per annum; these were the first trained nurses appointed to the Richmond — Jane Eleanor Hughes and Annie Maud McDonnell. They both set about improving the conditions of the hospitals. Ultimately Miss McDonnell was appointed superintendent of the three hospitals. She was generally known as 'fighting Mac'. In 1908 she resigned and was succeeded by Miss Keogh and Miss Holden. The position of matron was held by Miss Elizabeth Hazlett from 1918 to 1944; Miss Frances Russell from 1944 to 1967 and Miss Annie Kelly from 1967 to 1975. The last director of nursing was Miss Josephine Bartley.

### *The School of Nursing*

The first recorded account of a three-year probationary course for nurses was on September 6th 1926. The course was held in the Municipal School for Nursing at the Royal College of Surgeons. The innovator, lecturer, leader and organiser was Molly Culhane. Through her guidance, the probationary course for nurses was instigated — a fever course — and she later established a programme for training in tuberculosis management. Each course had a recognised examination and certificate award.

The nursing probationary programme was very comprehensive as compared to the nursing programme today. Subjects included dietetics; materia medica; hygiene-bacteriology; first aid; nursing; ethics and cookery. This latter subject was taught in Cathal Brugha Street. At that time also there is a record of a lecture given by Dr Gill on spina bifida and one on the problems of hiccuping in post-operative cases given by Miss Culhane herself.

The break-away from the Municipal School of Nursing in the Royal College of Surgeons began in the mid-fifties. Many hospitals were developing their own schools of nursing. The Richmond Hospital followed and a school of nursing was opened in the Nurses Home led by Molly Culhane.

In 1969, more space for nurses' training was required and the matron of the time, Miss Annie Kelly, approached the Irish Sisters of Charity in Stanhope Street for accommodation. Miss Mary Lacy was the first nursing tutor in the Stanhope Street School of Nursing. The three-year probationary programme designed by Molly Culhane was further developed with the introduction of post-graduate training. A post-graduate course in neurosurgical nursing was established, and with the co-operation of Professor Mervyn Abrahamson, a post-graduate coronary care course followed.



*Left to right: Miss Kathleen Maguire, Home Sister; Miss Annie Kelly, Matron; Miss Grace Power, Home Sister; Miss Kathleen O'Keeffe, Assistant Matron.*

## THE HOUSE OF INDUSTRY HOSPITALS

Miss Lacy was appointed assistant matron and was succeeded as nursing tutor by Miss Josephine Leyden. Miss Annette Donnellan became principal tutor in 1974. With the development of intensive care and casualty services, post-graduate intensive courses were instigated together with accident and emergency training programmes. In conjunction with the Charitable Infirmary, operating theatre courses were established. For those nurses trained in psychiatry and paediatrics, the School of Nursing provided an eighteen months post-graduate training programme. The three-year probationary course included twenty six weeks in study block, the remainder of the course being involved in ward medicine. Secondments were initiated for ward teaching in psychiatry, midwifery and community medicine. Today the nurse teaching programme conforms to the Bord Altranais syllabus. A systems approach to teaching is used and the curriculum of the eighties includes law.

The Richmond Hospital School of Nursing, brought into existence by the indomitable spirit of Molly Culhane, was continued by Miss Donnellan, Miss Monica McElwee, Miss Carmel Fox, Miss Annette Kennedy, Miss Reilly and Miss Marie Carney.

### *Reminiscences*

*(Tess Power and May Kenny held appointments as operating theatre sisters. Together their life in the Richmond Hospital spans fifty years from the thirties to the eighties; most of this time was spent in the department of neurosurgery.)*

The Richmond Hospital had three operating theatres. Theatre one was controlled by Suzy Arthurs — a quite, efficient, approachable lady. Theatre two was the territory of Miss Ita Byrne, a person of strong personality. Miss Power controlled theatre three with firmness and discipline for all.

The neurosurgical team always operated in theatre three; and in the thirties and forties it was headed by the father of neurosurgery in Ireland, Mr Adams A McConnell, assisted by Mr J P Lanigan.

Mrs Hughes recalls the visit to the operating theatre of the eminent British neurosurgeons, Harvey Jackson, Mr Dott and Sir Hugh Kearns. On one occasion Mr Dott and Mr McConnell operated together to evacuate an extra-dural haematoma which occurred in a veterinary surgeon whom they happened to be visiting. Following the operation, the patient sat up on the operating table.

May Kenny recalls the appointment of Mr P C Carey, who brought new theatre expertise and discipline directly from Queen's Square. Hypothermia and steriotaxis were introduced to neurosurgery. Dr Paul F Murray spent many hours with the wind tunnel and hose, cooling and warming patients. The surgery for the separation of Siamese twins will be remembered for ever by those present. Strict secrecy was enforced on all personnel to avoid harassment and embarrassment to the parents of the twins.

Miss Ita Byrne ruled Theatre two with an arm of steel. Her word was obeyed by all the surgeons. Her control of a dramatic situation was firm. On one occasion during her reign a distraught surgeon threw an important instrument onto the floor of the theatre in anger. A nurse attempted to retrieve it for sterilising. Miss Byrne was heard to say firmly 'Nurse, leave the instrument where it is — that's where he threw it, that's where he wants it.'

Miss Byrne was succeeded by Cecily Normoyle who later became theatre superintendent of the New Theatre Suite. Cecily will always be remembered for the way she dealt with difficult situations by compromise — thereby ensuring agreement by all.

The 'Crow's Nest' was the domain of Mary Ellen who worked in the Richmond Hospital for 50 years and it was she who controlled all the comings and goings. Important decisions were always made there, and tea and tomato sandwiches were readily available. Card games were held there on Sundays and off-days.

*(Anne Grace Power entered the Richmond Hospital in 1927 for nursing training. She spent most of her nursing life in the Hardwicke Fever Hospital. In 1948 She became home sister, a post which she held until her retirement in 1972.)*

At the time of my training, Miss Hazlett was matron; although an understanding, fair woman, nursing discipline in those days was very strict. The day's duty commenced at 7.30am and ended at 8.00pm, with one day off each month and three evenings off per week. There was compulsory residence for all nurses. The salary for a fully trained nurse was £45 per annum and £90 per annum for a ward sister.

The Hardwicke Hospital was used initially for patients with infectious fevers, both male and female. The fevers treated were diphtheria, typhoid fever, poliomyelitis and meningitis. Cork Street fever hospital and Clonskeagh fever hospital were the main fever centres in Dublin and the Hardwicke fever hospital received patients when the other two centres were full. As a fever hospital, all surgery was performed within the unit.



## THE HOUSE OF INDUSTRY HOSPITALS

Emergency tracheotomy, appendicectomy and tonsillectomy were performed on a kitchen table, which was brought into the ward. All patients who had recovered from diphtheria must have had three negative throat swabs for the organism before they were discharged. If the patient continued to be a carrier, he had a tonsillectomy performed on the kitchen table under local anaesthetic.

With the introduction of inoculation in the 1940's, diphtheria infections fell and the Hardwicke Hospital was converted into a tuberculosis centre, about 1944. The Hardwicke huts were built in 1946 and this area also admitted patients suffering from tuberculosis.

Nursing colleagues who worked with me included: Sr Isobelle Fulton, ward sister in the Hamilton Ward, Sr O'Donovan, out-patient sister, Sr Elizabeth Burke, sister in the Auxiliary Ward, Sr Mary Therese Arthurs ('Suzy'), theatre sister, Sr Elise Goulding, Richmond 2 sister, Sr Margaret Healy, ward sister, Sr Kearns, sister in Banks Ward, Sr Gertrude McAnuff, sister in Whitworth Hospital, Sr Deery, department of physiotherapy, and Sr Sadie Duff, radiographer.

I recall with sadness Dr Jim Hanlon, who was an ENT surgeon and assistant to Dr Stafford Johnson; he developed loss of sight and hearing, became a physiotherapist, and learned sign language to communicate. He died in Lourdes a short time later.

Miss Bartley was the last matron, having been appointed in September 1977. She had been assistant matron in St Vincent's Hospital for 9 years. Prior to this, Miss Bartley worked in Belfast, London, Germany and Zambia.

Under her direction, many specialised post-graduate courses were introduced including intensive care and an operating theatre course. She was also instrumental in introducing regular teaching courses on the subject of intravenous therapy. She took a keen interest in ethical matters as well as the physical and spiritual welfare of patients.



*Some of the Sisters and Staff Nurses in St Laurence's Hospital prior to the closure.*

*Front Row, (left to right): Eileen Malone, Nursing Planning Officer, Beaumont Hospital; Annette Donnellan, Principal Tutor; Josephine Bartley, Director of Nursing; Marie Kearney, Acting Matron; Sisters Breda Looney, Maureen O'Gara, Elizabeth O'Callaghan, Mary Heywood-Jones, Elizabeth Condon and Marie Keane.*

*Second Row, (left to right): Annette Kennedy and Monica McElwee, Nurse Tutors; Sisters Mary Devaney, Kathleen Ryan, Eileen Coyne, Patricia Tobin, Bridget Corcoran and Mary Gormley.*

*Third Row: Sisters Una Stapleton and Maura Flanagan.*

*Back Row: Sister Olive Moran, Nursing Administration.*

## THE HOUSE OF INDUSTRY HOSPITALS



### *Coronary Care Unit.*

*Sr Elizabeth O'Callaghan, Staff Nurses M O'Herlihy, Elizabeth Boyle, Deridre Costelloe, Hanora Carew. Doctors Pushpinder Sidhu Singh, John Horgan, Suad Ismail, Guy McGowan, Jurgan Bludau, Peter Butler.*

## Cardiology in the Richmond

John Horgan



Scientific medicine is largely a product of the 19th century, although its foundations were laid in the 17th and 18th centuries. This applies particularly to cardiology. However, some notable milestones in the development of knowledge in the diagnosis, investigation and treatment of heart disease took place during the early years of the Richmond Hospital. Members of its staff kept pace with these developments and, in some circumstances, made major contributions to them.

John Cheyne, who became a physician to the House of Industry in October, 1815 and was given charge of the Hardwicke Fever Hospital, described in the *Dublin Hospital Reports* in 1818 'A case of apoplexy in which the fleshy part of the heart was converted into fat'. The 60 year old patient, who had had a cerebral vascular accident, was noted by Cheyne to have an irregular breathing pattern which he described as follows: 'It would entirely cease for a quarter of a minute, then it would become perceptible, though very low, then by degrees it became heaving and quick, and then it would gradually cease again. This revolution in the state of his breathing occupied about a minute, during which there were about 30 acts of respiration.' This series of observations was further elaborated upon by William Stokes in the *Dublin Quarterly Journal of Medical Science* in 1846. He attributed the description to Dr Cheyne and this alteration in respiration is now known world-wide as 'Cheyne-Stokes Respiration'.

On 5th May, 1827, Richard Townsend, a physician and one of the medical inspectors to the House of Industry Hospitals, read a paper entitled 'Cases intended to illustrate the application and utility of the stethoscope'. Townsend had been a pupil of René Laennec, who had developed the concept of auscultation and perfected the initial stethoscope. Townsend collaborated with Stokes, who is credited with the introduction

of the stethoscope to the British Isles. The hospital records note a patient in the Whitworth Hospital where Townsend's stethoscopic diagnosis was pneumothorax with a fistulous communication between the bronchus and right sac of the pleura. Consultation with four eminent surgeons, McDowell, Carmichael, Reed and Adams led to an operation being carried out by Mr McDowell which confirmed the diagnosis.

Dominic Corrigan was appointed to the House of Industry Hospitals in 1840. His international reputation is, of course, based on his paper entitled 'On permanent patency of the mouth of the aorta or inadequacy of the aortic valves' which was published in the *Edinburgh Medical and Surgical Journal* in 1832, shortly after he had been appointed physician to the Charitable Infirmary at Jervis Street. He continued to be active in the field of cardiovascular disorders after coming to the Richmond, and in March 1841, published a paper in the *Dublin Journal of Medical Science* entitled 'Practical observations on the diagnosis and treatment of some functional derangements of the heart'. Some of the cases he described are of interest at the present time. He enlarged upon a group of patients who presented with palpitations and diffuse praecordial pain radiating to the left arm. He noted that these symptoms were often aggravated and caused to continue by the use of tobacco. He noted that discontinuance of the use of tobacco brought about a cessation of symptoms in a number of these patients. He also described an entity which he termed 'epileptic palpitations', wherein a patient noted a fluttering or palpitation about the heart before or after a temporary loss of consciousness and muscular power. It is clear that he was describing syncope due to tachyarrhythmia. It is unfortunate that he did not describe the natural history of these cases, for, having attributed their aetiology to neurological dysfunction, he appears to have lost interest. Had he perceived a direct relationship between dysrhythmia and syncope, perhaps an even more important eponymous syndrome would have been described in view of our modern appreciation of cardiac arrhythmias as a cause for such symptoms.

Leonard Abrahamson was the first doctor in the country to study electrocardiography which, in 1922, after he was appointed to Mercer's Hospital, was becoming a widely used clinical tool. He further developed the clinical applications of this technology when he was appointed to the Richmond Hospital ten years later. At that time, and indeed until 1951, no technicians were available and consultant physicians carried out their own electrocardiograms, recording only the limb leads. In 1951 Leonard Abrahamson's son, Mervyn, assisted by May White, set up an ECG department in the Richmond Hospital, which was to be the nucleus around which a Department of Cardiology was subsequently developed.

Surgery for a variety of cardiovascular disorders had been shown to be of benefit and Colman K Byrnes performed the first mitral commisurotomy in the Richmond Hospital

in 1948, assisted by Hugh McCarthy, who subsequently carried out similar procedures. Harold Browne also carried out mitral commisurotomy and other cardiovascular operations including ligation of a patent ductus arteriosus in 1954, two pericardiectomies in 1956 and repair of a coarctation of the aorta in 1957.

W A L MacGowan performed right heart catheterisation in 1959 when the pressure data, which was at the time generally obtained by surgeons, was interpreted by cardiologists, a role which Seán Blake performed for patients studied in the Richmond Hospital. MacGowan also performed angiography of the right heart, and subsequently, in 1967, performed coronary arteriography utilising Cournand catheters.

The first cardioversion in the Richmond Hospital was carried out by J S Doyle on a patient of Harry Counihan's in 1962. A patient was successfully cardioverted from atrial fibrillation to sinus rhythm. The device used at that time was not synchronised and there was considerable anxiety lest serious ventricular dysrhythmia be produced by the application of countershock. Happily, no such complications ensued.

Shortly thereafter MacGowan commenced pacemaker implantation and the first such patient, a Cavan postman, who was completely immobilised by complete heart block, had a unit implanted in the abdominal wall with epicardial electrodes placed on the surface of the heart. He resumed his normal activities. When the pacemaker failed after two years, as was common at that stage of pacer technology, it was successfully replaced.

Around this time also MacGowan repeated mitral valvotomy on patients who had previously undergone such surgery with successful results. These were amongst the first so-called 'redoes' to be performed in this part of the country.

Regional cardiology history could be said to have been made in the Richmond Hospital when the Irish Cardiac Society held its annual general meeting on Wednesday, 9th October, 1964. At this meeting, which was attended by 19 physicians with an interest in cardiology, Risteard Mulcahy proposed the establishment of an Irish Heart Foundation devoted to the allocation of research funds to all aspects of cardiovascular disease. This proposal was received enthusiastically by the meeting and the Foundation suggested on that day achieved its majority in the year in which the Richmond Hospital ceased to function.

The aggressive treatment of myocardial infarction and the establishment of coronary care units was the hallmark of the sixties. A coronary care unit was established in Saint Laurence's Hospital in 1967, five beds being provided with monitors. Patients were

successfully managed therein utilising pharmacological methods to prevent primary tachydysrhythmias and temporary pacing to obviate the consequences of haemodynamically significant bradyarrhythmia. A report of the experience of that unit for the year 1969 was published in the *Journal of the Irish Medical Association*. The overall mortality rate (12.5%) in the 152 patients treated was considered to compare favourably with other series reported at that time.

In the late sixties Max Ryan attempted once more to introduce coronary arteriography at the Richmond. Unfortunately, however, the technology to provide high quality cineangiography was not made available.

The application of non-invasive cardiological investigation to patients attending the Richmond Hospital was undertaken in 1976 when maximal treadmill testing and M-Mode Echocardiography were introduced by me. Shortly after this, ambulatory ECG monitoring became available and these techniques, together with access to cardiac catheterisation facilities in the Mater Hospital, made full cardiovascular evaluation possible within the Richmond Hospital. A close liaison with the National Cardiac Surgical Unit was established and patients were regularly referred for valve replacement and repair, coronary artery by-pass graft surgery and repair of congenital defects detected in adult life.

The establishment of a permanent pacing facility was facilitated in 1976 by Hy Browne, who had taken an interest in these procedures in the late sixties. As pacemaker technology advanced, so too did the units used in the Richmond, where the first A V Sequential pacemaker in the Republic of Ireland was implanted in 1985.

A cardiac rehabilitation programme was established in 1977, initially being funded by a grant from the European Economic Community Social Fund. This programme provided assessment of exercise capability and exercise training, together with group therapy sessions, vocational and psychological guidance and advice concerning dietary adjustment. The programme proved very popular with patients. Having survived a drastic reduction in funding, it was re-established at the new Beaumont Hospital in a vigorous state.

The enhanced ability to detect significant dysrhythmias led to the development of the technique of transoesophageal stimulation for the detection, diagnosis and treatment of certain supraventricular arrhythmias. This technique was introduced by Marie Harte, the Department of Cardiology having received a gift of the relevant instrumentation from J J Gallagher of Duke University Center, North Carolina. Subsequently, 2-dimensional echocardiography replaced the M-Mode instrumentation previously utilised and, prior to the cessation of the activities of the hospital, this was further updated to include Doppler

echocardiography with colour flow display.

The department, the development of which was aided by the enthusiasm and drive of its junior staff, developed a keen interest in the area of scientific endeavour and investigation. Over a period of eleven years many publications appeared in the international literature and papers representing work carried out in the department were presented at British, American, European and World congresses of cardiology.



*Cardiac Rehabilitation.*

*Pushpinder Sidhu, Jurgan Bludau, Suad Ismail, Marie Brannigan, Peter Butler, Thelma Graham, Guy McGowan, John Horgan, Donna Mullen, Janet Connolly, Kathleen Murphy, Philomena Gallagher, Suzanne O'Connor, Ann Walshe, Tom Gumbrielle, Timothy Lynch.*





*Department of Anaesthetics. Michael Carey, Patrick Swan, Gerard Browne, Frances Maguire.*

## **The Anaesthetic Department**

Lorna Browne and John Conroy.



n 1846, Morton's exciting demonstration beneath the ether dome in Massachusetts General Hospital was re-enacted in London within a few weeks. A week later the Richmond Hospital saw the first Irish performance of the 'Yankee dodger', as recounted by Professor J D H Widdess. He has recorded that on New Year's Day, 1847, the first ether anaesthetic was administered in the Richmond Hospital. The ether anaesthetic was given by a surgeon, John MacDonnell, assisted by Doctors Carmichael, Adams, Hamilton and Hutton. The patient was a young country girl, Mary Kane, who some weeks earlier had tripped and fallen while carrying hawthorn bushes. A thorn pierced her arm and a severe infection developed. On this New Year's day, Mary Kane's arm was amputated. One of those able assistants carefully observed the pupillary reactions and the pulse rate during the operation.

At about the same period, chloroform was discovered and was being used by Dr Frazer — using a fine pocket handkerchief. The ease of administering chloroform and the rapid recovery lead to this agent being the favourite for anaesthesia at this time. Dr William Frazer is regarded as the first anaesthetist in the Richmond Hospital. He also has the distinction of being present at the the memorable operation under ether anaesthetic on Mary Kane.

However, despite the early introduction of anaesthesia to the Richmond Hospital, the recognition of anaesthesia as a speciality did not take place until 1946 — with the establishment of the Diploma in Anaesthetics. This was the first important step in consolidating the position of anaesthetics in the medical curriculum. Prior to this, training in the administration of anaesthetics was part of the surgical resident training. Many



*Harold Browne at the Richmond Dance in 1957 with Peter McGrath in the background and Aileen Browne on the right.*

prominent men in the fields of surgery spent at least six months in anaesthetics. One of these included Mr A B Clery, assistant anaesthetist to Dr Boyd. Those were the days when the surgeon regarded the choice of anaesthetic for the operation to be his prerogative. Among the brave band of anaesthetists who were the foundation of the anaesthetic department in the Richmond Hospital were: Dr P O'Toole, Dr Austin Dolan, Dr P Kiernan, Dr P F Murray, Dr Marie De Vere, Dr Molly Magee.

To mark the centenary year in January 1947, the *Irish Journal of Medical Science* published a special edition. Many well-known anaesthetists of the day published papers in that edition. Dr P F Murray published a paper titled 'Anaesthesia in Neurosurgery'. This paper included a meticulous anaesthetic record of an operation for the removal of a cerebellar tumour by Mr A A McConnell and first assistant, Mr J P Lanigan.

Mr Harold Browne, consultant surgeon in the Richmond Hospital, was a resident anaesthetist from 1947 to 1950. He recalls the arrival of the Coxeter Mushin Circle system for attachment to the Boyles machine. Improvements in general anaesthetics brought many new changes in the fields of surgery — barbiturate induction, endotracheal intubation, muscle relaxation and controlled ventilation provided the ideal operating conditions and enabled surgery to be performed in areas hitherto regarded as impossible. Specialist training in anaesthesia had commenced. Dr John Conroy joined the anaesthetic team in 1951 and in 1961 became the first director of anaesthetics in the Richmond Hospital. At this time the consultant anaesthetists were Dr Deirdre Donovan and Dr P F Murray. With the appointment of Dr Thomas Breen in 1956 following training in Manchester, new techniques in thoracic anaesthesia were brought to the Richmond. The first mechanical ventilator — a Radcliffe — was purchased at this time. This machine was used for many years in the operating theatres and in the wards.

Much of the heaviest work was carried out in a small operating room in the Surgical Thoracic Unit. This work included the first successful emergency oesophagectomy for perforation by a carcinoma. The patient survived without any recurrence of dysphagia for more than a year, a source of great pride to Professor C K Byrnes. Before the world-wide development of heart-lung machines, a little additional surgical time for interruption of the cerebral blood flow during cardiac and neurosurgery was made available by the use of hypothermia. Much of this work was carried out in the neurosurgical and thoracic units of the Richmond Hospital.

In 1961 the gynaecological ward was developed as one of the first intensive care units in Ireland. Later, with the rebuilding of the operating suite an intensive care unit was designed on more modern lines.

Anaesthetists who also worked in the Department at that time included Dr Sean Hannon, Dr Mary Dunworth, Dr Desmond Gaffney, Dr Patricia O'Neill, Dr Patricia O'Leary and Dr McNamara.

In 1968 the Richmond Hospital was involved in one of the biggest neurosurgical operations of the century in Ireland - the separation of conjoined twins. Susan and Anne were joined by their heads and shared a major vein in the brain. Mr P C Carey headed the neurosurgical team with Mr J P Lanigan and Mr A R Pate. This provided a major anaesthetic and surgical challenge. The anaesthetic team, led by Dr Paul Murray, were Dr J Conroy, Dr T F Breen, Dr L Browne and Dr V O'Shaughnessy. Plastic surgeons were Mr A B Clery and Mr B Prendeville, supported by Professor W A L MacGowan, Professor P Bofin and Dr Max Ryan. The nursing team was led by Sister May Kenny.



*Respiratory Investigation  
Department.  
Maria McKenna, Lorna Browne.*

*Mr Paul Murray in the  
neurosurgical theatre.*

The attempted separation of the twin girls commenced at 08:00 hrs and ended with their demise at 03:00 hrs. A sad end to many months of investigation and planning.

In 1986 the anaesthetic department of the Richmond Hospital reached its zenith with the appointment of Professor Anthony Cunningham, Professor of Anaesthesia to the Richmond Hospital, the Charitable Infirmary and The Royal College of Surgeons, who succeeded to the Chair held by Professor Thomas Gilmartin. The anaesthetic consultant staff were Dr Gerard Browne, Dr Thomas Breen, Dr Patrick Swan, Dr Victoria O'Shaughnessy, Dr Frances Maguire, Dr Charles O'Hagan, Dr Raftery and Dr Lorna Browne.

We have come a long way since 1847. Because of the advances in anaesthesia, surgery on vital organs is now possible. The realm of the anaesthetist has extended into the intensive care unit and post-operative management of the patient and also into the complexities of the relief of post-operative and intractable pain.



*Dr John Conroy (right) with  
Richmond friends at the  
Bicentenary celebrations.*

THE HOUSE OF INDUSTRY HOSPITALS



*Dr Donal O'Sullivan (left),  
Miss Minnie Long (centre) and  
Dr Max Ryan.*

*Miss May O'Neill (bottom right) enjoying  
a radiological party.*

## The Radiology Department

James Carr



joined the Radiology Department at the Richmond Hospital in 1969 in a period that was in effect the golden era of what is now called basic radiology. We could hardly foresee the unprecedented advances in imaging technology that was to be a feature of the coming decade or the subsequent establishment of the modern-day high-technology department. The department was a compact four-roomed unit and was quite well equipped. The workload in the circumstances was extraordinary. There was a screening room which processed twelve or more barium studies and two or three myelograms followed by two or three arteriograms often until 7.00 pm on a daily basis. There was a neuroradiological room which carried out six or so angiograms with encephalograms and ventriculograms each day. Two general-purpose rooms catered for the bulk of the routine radiography. There was a tremendous spirit of clinical co-operation within the department which was fostered by Donal O'Sullivan and Max Ryan, by encouraging frequent visitations and critical discussions with clinicians on practically a daily basis. The X-ray department was in fact the forum where pertinent opinions could be exchanged on many issues. This friendly and co-operative atmosphere was very much part of the hospital and it was not difficult for new-comers like James Toland and myself to settle happily into the hospital.

The department was also first in the field in developing higher technologies, as it had already acquired a recto-linear scanner for isotope studies. There was enthusiasm and stimulation for the introduction of new and modern interventional imaging techniques.

In addition to the four radiologists, there were six radiographers, two nurses and two darkroom technicians. Mary O'Neill was the superintendent radiographer, and insisted



THE HOUSE OF INDUSTRY HOSPITALS



*Neuro-radiological Department.  
Philomena West, Ann Byrne,  
Marie Starken, Joyce McMahon,  
Frank McGrath.*

*Vascular Imaging Department.  
Anthony O'Dwyer, James Carr.*



on the highest standards. When at times the tempo in the department appeared to reach near boiling, she would organise an impromptu end-of-week party to restore tranquility. Minnie Long and Bernie Lynskey were the people I remember most during our exciting vascular investigations. These were always under general anaesthesia by John Conroy, whose erudite deliberations kept us educated and informed on many matters. The early neuroradiological services established by Max Ryan were now developed by James Toland who preceded me in appointment, and established the speciality of neuroradiology within the department. Many contributed to the establishment of these services but particular mention and thanks must be recorded to Joyce McMahon and Christy Walsh.

Our director, Donal O'Sullivan, told us many times that we were in temporary pre-fab accommodation that was erected before the war and only meant to last three or four years. There were many plans, not only for the new department, but also the new hospital that had never come to fruition. However, an expansion of the department was eventually sanctioned within our 'temporary' accommodation, incorporating the old surgical thoracic unit. The latter now formed a three-roomed neurovascular unit, with additional screening and general rooms provided in the old department. Through this period, our staff expanded from the original dozen or so to some sixty people.

The department had been recognised for the training of radiologists since 1969 and is proud of the success of these Richmond trainees. Tony Quinn was our first trainee and is now consultant radiologist in Cashel; Dr Roger Maguire is consultant radiologist in Galway Regional Hospital; Dr John Rogan is a consultant radiologist in Australia; Dr Alan Coyne is consultant radiologist in Monaghan; Dr Dermot Ryder is consultant neuroradiologist in Cork Regional Hospital; Dr Adel Shannan is a consultant radiologist in Damascus; Dr Khalid Khan is consultant radiologist in Hull General Hospital; Dr Patricia Fitzsimons is consultant radiologist in Sligo Regional Hospital; Dr Geraldine O'Neill is consultant radiologist in Mallow Hospital; Dr Alex Stafford and Dr Tom Murray, are consultant radiologists in Canada; Dr John Curran, Dr Val Moran, Dr Gerard Lorigan, Dr Frank O'Keeffe and Dr Sheila Woods are pursuing higher specialist training in the USA, Canada and the UK.

Following the establishment of our new department in 1974, new and up-dated technologies were rapidly coming on-line. Isotope imaging had been in service since 1968 but our apparatus was becoming obsolete with the introduction of modern Gamma cameras. Doppler ultrasound was introduced by Dr Dermot Fitzgerald at an experimental stage in the early 1970's and the diagnostic value of ultrasound was soon appreciated. These were the new imaging modalities but there was a long and frustrating delay in acquiring these on a service basis. However, the big technological advance was the

development of computerised axial tomography and after much deliberation, the Richmond Hospital was selected in 1977 as the appropriate site for the installation of the first CAT scanner in this country. This was a tremendous boost to morale and the service was successfully established on a national basis in 1978.

The proposed move to Beaumont was now afoot but, in the interim period, the department continued its development. Ultrasound services were established in 1979 through the influence of Professor Douglas Thornes as a donation through his cancer research unit. The subsequent purchase of a gamma camera established our up-to-date nuclear imaging services. So, by the mid 1980's, the department had expanded to twelve rooms which included angiography suites, CT scanner, ultrasound and nuclear imaging. Staff had changed also. Angela Leydon became superintendent radiographer in the early 1970's, at the time of our initial expansion. Tony O'Dwyer was appointed as a further neuroradiologist in the late 1970's and Fiona Butler as a general radiologist in the early 1980's. In addition, there were increased links with our sister department at Jervis Street, with the appointments of John O'Callaghan and Frank Keeling.

Although Donal O'Sullivan was one of many colleagues who retired during the closing years of the Richmond, the heritage fostered by him and his colleagues is now transferred to our superb new high-technology department at Beaumont.

Mary O'Neill

The present X-ray department opened in July 1940, as a temporary building for 10 years only! The department was planned by Dr Garret Hardiman, who had his own private practice at 21 Upper Fitzwilliam Street and attended the Richmond in the mornings. He was helped in the planning by Mr Jack Neale, the Ilford representative in Ireland. The department consisted of one large X-ray room with two big windows and darkroom, one therapy room used by Dr Maurice Drummond, the rest for film storage space, 'prep' room, radiologists' office and general office and reception.

Staff at this stage consisted of Dr Hardiman, MD Radiology, Miss Sadie Duff, RSR, Sister Powell, nursing sister, Bill Harrison, training as radiographer and darkroom technician, Miss Ruth Symes, secretary to Dr Hardiman and receptionist, and I joined the Department as a radiography student from 8th July 1940; Miss Olive Delaney joined me as a radiography student from Oct/Nov 1940.

The Department was very spacious and well planned on the ground floor with good windows allowing for plenty of fresh air whenever possible.

At that time there were many TB patients, but as time went on and Dr Noel Browne addressed the problem, other problems appeared and newer investigations, such as femoral and abdominal arteriograms and other cardiovascular investigations. There was of course the developing neuro-surgical department with specialised procedures – ventriculography, arteriography and airencephalography.

The number of radiography students from the School of Radiography, St Vincent's Hospital, increased each year. These students helped considerably as the workload increased and they thereby gained valuable experience in a variety of radiological techniques.

Miss Symes left to go to England and Miss Maureen Spillane took over the secretary's post for a while. Miss Duff left to be married in April 1948 and I was appointed radiographer in charge. Gradually the X-ray staff increased. Dr Hardiman died suddenly in 1959 and Dr Paddy McCann carried on until Dr Donal O'Sullivan was appointed director some months later.

I loved working in the Richmond. The staff were our friends and there was a great working atmosphere.



*Neuro X-ray Viewing Room,  
Richmond Hospital. Left to right:  
Nizar Damani, James Toland,  
Óisín O'Neill, Frank McGrath,  
Christopher Walsh.*

## Sadie O'Donovan

I joined the X-ray staff in 1935 as Sadie Duff. I have many happy memories of my time there.

Dr Garret Hardiman was the radiologist – a very kind boss. Jim Murphy from Preston was senior radiographer. He had come to open the new department, but went back to England to join the War effort in 1939 before the new department was opened in 1940.

We worked in what was the physiotherapy department at the time of the hospital's closure. We had one large room for all the X-ray work, one darkroom and two small offices. We were the first department in the city to have a darkroom boy – Bill Harrison. He later joined the staff of the Royal Victoria Hospital in Belfast.

Brain surgery was in its infancy just then and Mr McConnell and Doctor Johnny Lanigan kept us very busy. Mr A B Clery also kept us busy with clinical photography.

One case that we X-rayed in 1936 was a young man who had sustained a broken neck. He had jumped out of the bathroom window when under house arrest for the murder of his mother. He was a patient in No. 1 ward for quite a long time under the care of the late Sister Healy. Another case was a German pilot called Max who was badly burnt in an air crash in Co Kerry at the beginning of the War. After months of skin grafting he was made to look quite human again. The German government and ambassador gave Mr Clery great praise for his wonderful transformation.

Many famous patients passed through our hands – such as Hilton Edwards, Brendan Behan, Michael MacLiammóir – to mention but a few.

## Christopher Walsh

To a Dubliner, the Richmond Hospital is where the brain problems are treated, and for that reason the name is associated with fear and dread. Indeed once, being unaware of the courageous work performed by the staff of the department of neurosurgery, the name 'Richmond' sent a cold shiver down my spine.

In the fifties, jobs were hard to come by and by some quirk of fate, I found myself working at the Richmond Hospital. On my first day in 1956 I was not sure what I would encounter as I started my employment. The architectural beauty of the three hospitals beckoned

and welcomed me: the red-bricked Richmond, the austere grey Whitworth, and the granite Hardwicke, all built to survive centuries, but now alas unable to fulfil the demands of modern medical care. On that first day in the Richmond, I found myself working in the X-ray department. I later became dark-room technician. The job description was rather hazy, so I did five or six other duties in addition to developing X-ray films.

Dr Donal O'Sullivan, on being appointed director of radiology, used his energy and expertise in transforming the X-ray department of the fifties into a department of radiology, where highly specialised radiological techniques would be used for investigation. All this in spite of being a Corkman!

Dr Max Ryan was appointed consultant radiologist and brought with him a blend of cheerfulness, kindness and professionalism. Gradually the department began to transform into the present-day arrangement under the two driving forces of Dr O'Sullivan and Dr Ryan — superbly supported by the radiographic staff — Miss Mary O'Neill, Miss Minnie Long, Miss Joyce McMahon and the secretarial staff of Ann Phillips, Joan O'Dwyer and many others too numerous to mention.

The department of radiology never slept — day and night the facilities were required. However, there were moments of relaxation. The Christmas party was always a memorable event, when many hidden talents became apparent. I recall with particular affection, my work with Christy Morris who for years struggled with wet developing, only to finally succumb to the Civil Service. His place was taken by Peter Donovan.

The 1960's brought the purchase of more up-to-date equipment particularly in the field of angiography. At this time I worked in the so-called 'Angio room'. This room specialised in carotid and vertebral angiography and air encephalography. These complex investigations were performed by the neurosurgeons; Mr Lanigan, a quiet gentleman who was never heard to utter a word in anger, and Mr Carey, a handsome man, always impeccably dressed, who brought a bit of dash to the unit, as well as an array of new ideas including stereotaxic procedures. This required the use of radiological techniques in the theatre. It was my task to organise an old piece of X-ray equipment to fit the frame of the stereotactic apparatus. It was during this procedure that the brow of a man could be furrowed!

During one of the angio sessions, I noticed a tall lean man observing from the corner of the room. Dr James Toland, the first neuroradiologist had arrived. This precise, articulate man brought organisation and administration to the neuroradiological department.

## THE HOUSE OF INDUSTRY HOSPITALS



### *Radiological Staff.*

*Back Row, (left to right): Óisín O'Neill, Cathy Sheehan, Maureen O'Brien, Philomena West, Sylvia Massey.*

*Third Row: Patricia Fitzgerald, Des Wade, Nóirín Clancy, Joan O'Mahoney, Kathleen Stanley, Joyce McMahon, Peter Donovan.*

*Second Row: Ann Stafford, Sheila McWade, Margaret Moran, Deirdre Guilfoyle, Jackie Campbell, Carmel Mulholland, Susan Moloney, Angela Leydon.*

*Front Row: Emer Culligan, Carmel McKiernan, Una Connellan, Angela Connolly, Linda Nolan, Collette Daly, Brenda Connolly, Joan Wade.*

In the seventies, with the rapidly expanding neurosurgical and neurological load, the department of neuroradiology required expansion. New premises were sought and the area chosen was the surgical thoracic unit or STU as it was known — once the domain of Professor Colman Byrnes and Sister Lacy.

A new neurosurgical twin theatre suite with close association to the new neuroradiological department was built. The decor of the department was designed by Joyce McMahon. It was a sight to behold with reproduction paintings along the corridor walls and a plant stand in the viewing area, all of which gave the department a warm cheerful atmosphere for those patients awaiting investigation.

Dr Jim Carr was appointed director of the radiological department and Dr Tony O'Dwyer was appointed neuroradiologist as colleague to Dr Toland. Dr O'Dwyer, by his friendliness and quiet efficiency, brought an air of confidence and reassurance to the department during those long arduous angiographic sessions.

Mr Pate, consultant neurosurgeon, a tall Scot, with a touch of Aberdeen granite, was one of the many members of the consultant staff who impressed me. One very memorable occasion was to see Mr. Pate dressed in his full national attire — kilt, sporran, and buckled shoes — doing a ward round on Christmas Day.

With the expansion of the neurosurgical department, neurological expansion was a necessary accompaniment. Dr Hugh Staunton, the man from the West, streamlined the neurological services and Dr Sean Murphy, fresh from the States, brought magnetism and muscle to the department.

The installation of the CAT scanner in the late 70's, the first of its kind in Ireland, brought fast diagnostic facilities. The workload increased many times with patients being referred from all over Ireland.

We are now in the 80's — the wind of change is sweeping across the frontiers of the medical world and Beaumont Hospital is our new abode. During the thirty years of my work in the Richmond Hospital, many of my colleagues passed away. Of those who are still hale and hearty, I would like to mention Noel Geraghty, head porter, built like a bastion — and very much part of the Richmond, and also Mr Harry Darcy.

As I write these words, many memories come to mind, some good, some bad, but still the best part of my life has been spent working in the Richmond and I consider it to have been a great experience.






*Mr Patrick Carey (left) with Dr Harry Counihan (centre) and Mr John McAuliffe Curtin.*

## Otolaryngology in the Richmond

John McAuliffe Curtin

 In 1852 a Spanish singing teacher, while working in London, was displeased with the performance of one of his pupils. He sent an account of his observation to the Royal Society in 1855. Three years later his method of examining the throat was incorporated into a laryngoscope. In this simple fashion was born the speciality of laryngology. Those who practised laryngology also found themselves dealing with diseases of the eye, ear and nose.

Sir Robert Woods was the first surgeon in the Richmond hospital to devote himself entirely to the practice of ENT and head and neck surgery. Woods was born in Tullamore in 1865. He graduated MB with first class honours in 1889. He studied in Vienna before returning to the Richmond where he formed a close friendship with Tom Myles. Woods took his FRCSI in 1893. Oliver St. John Gogarty was one of his pupils. Woods resigned from the Richmond in 1906, when he was offered a post in Sir Patrick Dun's, where he was allowed to practice as a head and neck surgeon. He was elected to the council of the Royal College of Surgeons in Ireland in 1901 and he became president in 1910. He took a great interest in surgical education and all matters appertaining to the College. For a brief period Thomas Ottwell Graham (Togo) held the post of ENT surgeon in the Richmond, before going to Baggot Street and the Eye & Ear Hospital in Adelaide Road.

Mr J Stafford Johnson was appointed as a general surgeon in 1911. At the outbreak of the first world war he joined the Royal Army Medical Corps and served in General Alexander's army in Mesopotamia. There he acquired a tropical illness which recurred at intervals throughout his long life. After the war he studied in Golden Square, London in his chosen field of ENT. He returned to the Richmond and transferred his department

THE HOUSE OF INDUSTRY HOSPITALS



*Auxiliary Hospital – Male Ward.  
Geraldine Jackson, Kitty White, Margaret Nolan.*

from the main 'Red Brick' to the Auxiliary Hospital where he developed his own theatre and wards. There he was joined by Oliver St. John Gogarty. Gogarty performed the first total laryngectomy in Ireland and, though he later settled in the United States, he never resigned from the Richmond.

Dr Stafford Johnson required someone to fill the vacancy left by Gogarty's departure. Dr James Hanlon returned from London to fill the post. Jim, as he was known, was a superb operator and a first class golfer. He worked hard to develop the department in the Auxiliary Hospital. Unfortunately following an eye operation in London, he developed sympathetic ophthalmia and he lost sight and his hearing. Despite this grave handicap, he returned to London and trained as a physiotherapist. He practised in Dublin before developing severe myocarditis. He had a great devotion to Our Lady of Lourdes; when he knew he was dying, he asked to be brought to Lourdes, where he died.

Following Hanlon's death, I was appointed to the Richmond, being responsible for the development of the audiology and vestibular departments and the construction of a new operating theatre. Following the retirement of Stafford Johnson, Mr Tom Keane transferred from the neurosurgical department to the Auxiliary and from there he moved to Beaumont. When I retired, Oliver Donegan was appointed to fill the vacancy. Unfortunately the opening of the Beaumont was delayed indefinitely and Donegan went back to the United States.

Sister Ann Roche played an important role in ensuring a high quality of service in the operating theatre that she helped to design and develop. The audiology and vestibular service, which was available to all members of the medical staff, was directed by Mrs Ann Gallagher and Miss Hillary Gleeson.

By providing an ENT Department in a separate building, Dr Stafford Johnson demonstrated that specialist surgeons are very capable of organising their own affairs. The specialised hospitals developed in Dublin because of the constraints imposed on them in the general hospitals. If they are to be moved to a general campus, they must be provided with their own wards and theatres.

There was a warm and friendly atmosphere in the Auxiliary, which was due in no small measure to the excellent nursing staff and to the porters, John Knowles and Peter Brennan. Our domestic staff, Kitty and Mary, spoiled us with kindness and refreshments. Many aspiring ENT surgeons passed through the Auxiliary. I trust they benefited from the training that they received there.



*Noel Geraghty, head porter at his post in the front hall of the Richmond. (Photograph by Peter Donovan.)*

## Porters to the Hospital and some memories

Note by L Browne



orters are the first public contact for all visitors to the hospital. Mr Noel Geraghty was to be seen at his desk at the Richmond entrance and Michael Berney at the Whitworth entrance, from the mid-fifties.

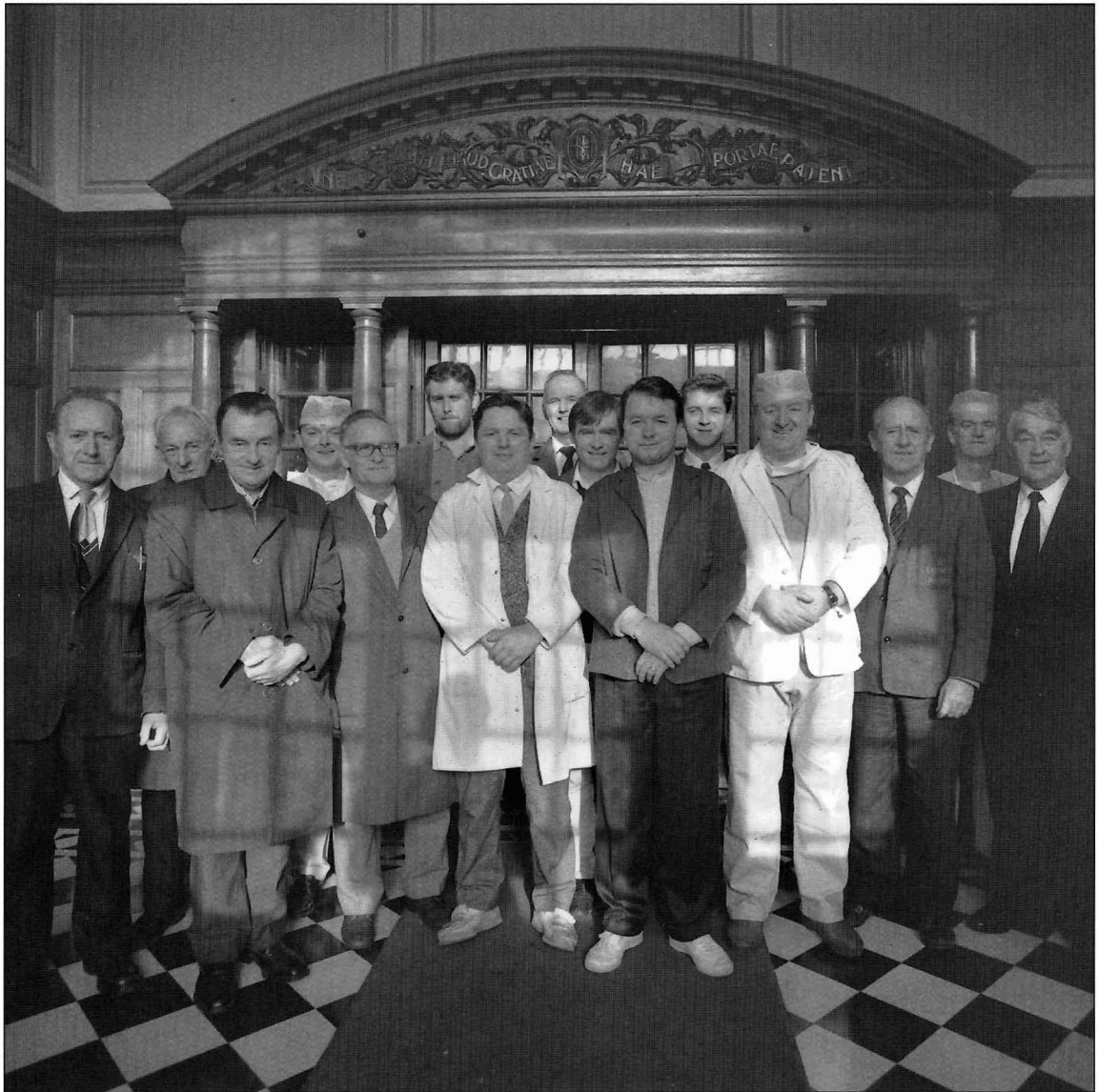
Mr Michael Kenny, maintenance foreman from 1943 to 1975, recalls the work that was required of the portering staff at that time. Before 8.30 a.m. the floors of the wards had to be waxed and polished, and the fires black-leaded. Other duties involved cleaning the hospital walls and windows and bringing turf from the sheds for each ward. Life was hard, but simple and contented. At that time the portering staff were under the complete control of the ward sister and the works manager, Mr Moore.

Mr Ned Murphy, a former member of the portering staff, recalls the appointment of a sister to the Hardwicke Hospital, which was then a tuberculosis unit. Sister Glynn brought advanced nutritional knowledge from her tuberculosis training in Switzerland. These new ideas were not wholly accepted by the authorities in the hospital. The patients 'revolted' in support of Sister Glynn's efforts by forming a committee which was calmed by the intervention of the then Minister for Health, Doctor Noel Browne. He ensured that the Swiss innovations were introduced and peace was restored to the Hardwicke Hospital.

Mr Kenny recalls 'Smash Hit Tuesday'. Nursing discipline was very strict, particularly in regard to broken or lost equipment. Syringes, delph, thermometers or any broken item had to be brought to matron's office for replacement. This was a monthly event known as 'Smash Hit Tuesday', when all pieces of the broken articles had to be produced and thrown into a tea-chest. The sister in charge of each ward was responsible for the cost of the replacement of these items.

The Christmas Concert was the event of the year. The maintenance staff cleared Sister Healy's ward of beds and organised the seating. Entertainers from the Saint Vincent de Paul Society in Dublin came to give of their talents and they brought much enjoyment into the hospital for Christmas.

## THE HOUSE OF INDUSTRY HOSPITALS



*Hospital Porters (left to right):*

*Richard Larkin, Con O'Leary, Edward Reilly, Alan Egan, James McGee, Fergus McCann, Stephen Grant, John Doolan, Noel Grant, Greg Byrne, William Keogh, Harry Darcy, John Gleeson, James Daly, Noel Geraghty.*





*Mr Michael Berney introducing the President of Ireland, Erskine Childers, to the nurses at the Bicentenary celebrations.*



*Retired Staff: Frank Behan, John Knowles, Con O'Leary, Michael Kenny, John McCabe.*

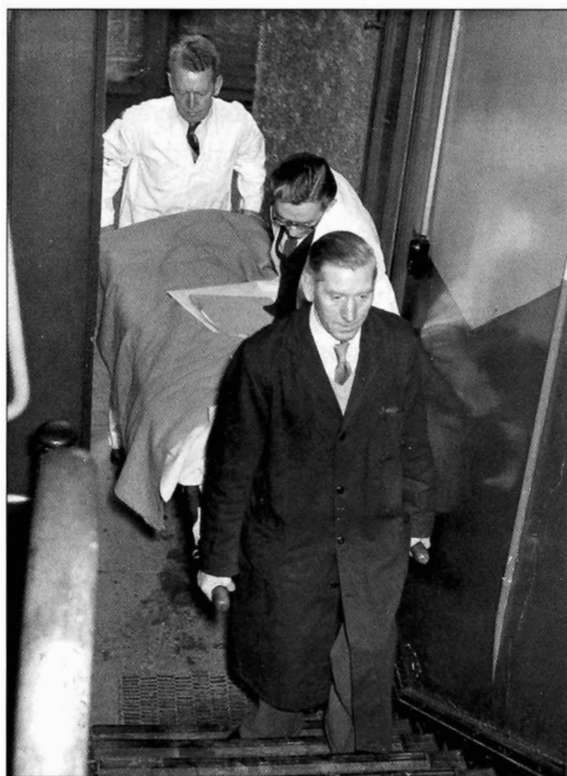
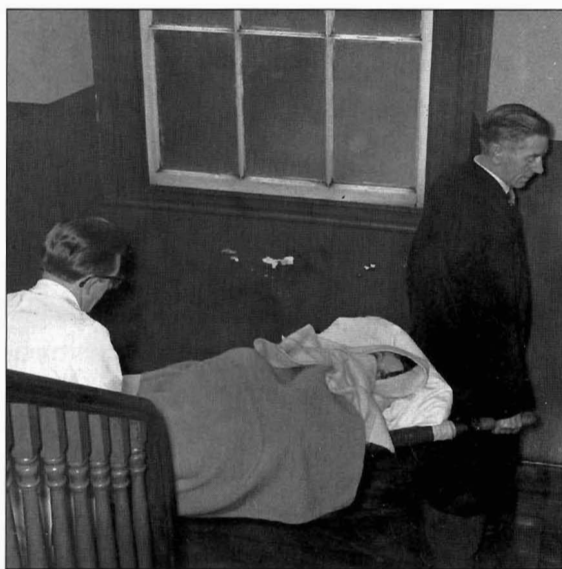
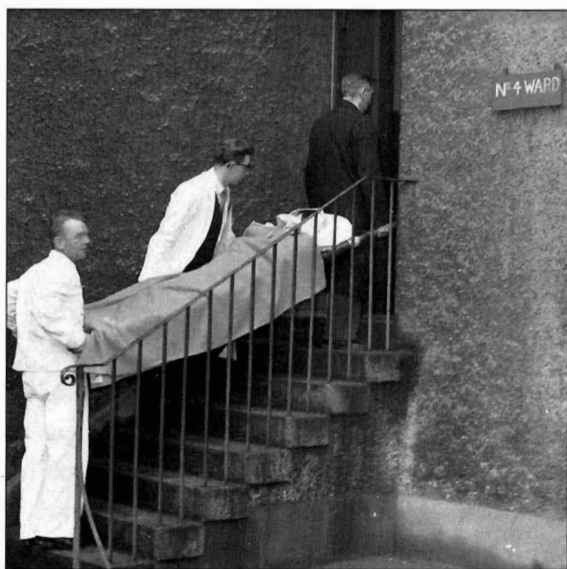


*A long day's journey*



*Mr Noel Murphy and a nurse escorting a patient from the Hardwicke neurosurgical hut via Morning Star Avenue, the Whitworth gardens, the Nurses' Home and the Out-Patient's Department to their destination – the X-ray Department, circa 1960.*

THE HOUSE OF INDUSTRY HOSPITALS



*The late Mr Tom Fitzsimmons (in white), Dr Sean Hannigan and the late Mr Paddy Griffin escorting a patient from theatre to Richmond 4 Ward in the 'Old Richmond', circa 1962.*

## **Captain Alfie McDermot, Secretary of the Hospital, and the Administration.**

Note by L Browne



Captain McDermot was a British Officer (1914 -1918 war) of the old school — courteous and always sensitive to the needs of others. He was noted for his generous financial support to other staff members and would remark: 'If you need any help, let me know.' Many availed of his kind offer. Though not a member of the Catholic faith, he also had an endearing habit of asking all members of his administrative staff on Holy Days: 'Has everyone attended their duties this morning?' If not, he ensured that the time for attending mass was available.

He was appointed secretary of the Richmond Hospital during the Civil War. On one occasion the opposing forces engaged each other in Church Street and the area surrounding the Richmond; Captain McDermot appeared with white flag flying high and caused all hostilities to cease to enable the nurses to cross the Morning Star avenue in safety to the Hardwicke Hospital.

At this period, the staff administration was small, all activities being confined to one room along with two large registers. One contained details of patients' requirements and the other staff salaries. Captain McDermot was regularly seen carrying one of these registers around the Hospital.

Mr James Byrne joined the administration team in the 1960's. He recalls that at that time Captain McDermot led a team that consisted of Michael Quinlan, chief accountant, with Eithne Nolan, Mairead McCann, Ann Myles, Eileen Cassidy and Nora O'Sullivan.

Major changes were soon to be introduced with the advent of PAYE. The system had to change from the simple double entry one to the sophisticated procedures necessary today. These changes marked the end of Captain McDermot's era of forty years of benevolent and individual attention to all members of the staff. A much-loved figure, he retired in 1963.

## Department of Rehabilitation Medicine

Thomas Gregg



he first department with a consultant in physical medicine in charge was started at St Laurence's Hospital by Dr Dermot Roden on his return from the Mayo Clinic. He transferred to the Mater Hospital to help found the University College School of Physiotherapy. I was appointed from the consultant staff of the Mater Hospital as physician to the department in St. Laurence's in 1959.

At that time Miss Goodbody was part-time therapist in charge. Equipment then was very simple and Miss Goodbody's copy of a thick *London Times* might be used as a knee splint.

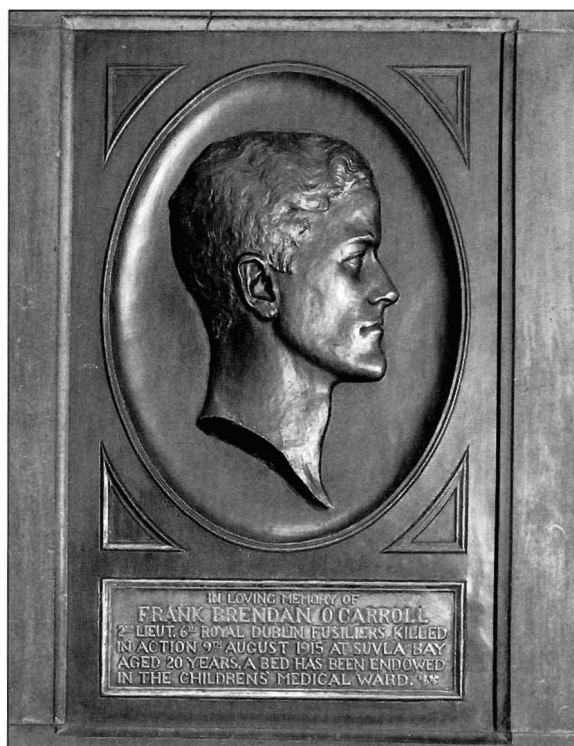
Miss E Pearson was appointed shortly after as head therapist. There was a steady development of the department to become the first multi-disciplinary medical rehabilitation department in a general hospital with additional physiotherapists bringing the total to 13 with some five occupational therapists, and a speech therapist with administrative support providing a high standard of service. Miss Irene Harrison was appointed head on Miss Pearson's retirement.

The department had a very friendly relationship with the consultant staff and the other staff in the hospital. Therapists worked in the geriatric unit and for a period provided service in St Brendan's Hospital.

A contribution from the 'James Larkin' fund enabled a considerable enlargement of the department with the addition of the 'James Larkin Unit'. Funds obtained from the EEC provided a small children's rehabilitation unit, additional staff and equipment. Some funds are reserved to help develop the new department in Beaumont.

The staff of the department in St Laurence's, with assistance from the head of the department in the Charitable Infirmary, had the privilege of designing the new rehabilitation department in Beaumont to develop further and carry on this tradition of service.

## THE HOUSE OF INDUSTRY HOSPITALS




*Bronze plaque of Frank Brendan O'Carroll by Oliver Sheppard.*



*Bronze relief of John Banks by Joseph S M Carré.*

## Paediatrics at the Richmond

Séamus Dundon

ospitals were initially founded for the indigent poor whose homes could not provide the conditions needed for their care and cure. Children were better at home in those days so specific children's hospitals or units in general hospitals got off to a late start. Children, however, were admitted even in early times to the Richmond Surgical, Whitworth Medical or Hardwicke Fever beds. Emergency paediatric problems were, of course, always accepted.

My father, Edward Dundon, one of two house physicians in 1910, performed a tracheotomy one evening in the casualty clinic in the avenue. In my own time, as a student, one obtained the requisite certificate for fevers by writing up 10 cases from the Hardwicke and payment of the appropriate fee of 2 guineas. Above the hall in the Richmond was situated the Children's ward known as Banks, called after Dr John Thomas Banks – a consultant physician to the Richmond and a former President of the Royal College of Physicians of Ireland, just over 100 years ago, who refused a knighthood in 1883. On the wall of the corridor in the Richmond is a bronze plaque dedicated to a young Richmond doctor – Dr Frank O'Carroll – whose father was Dr Joseph O'Carroll, senior consultant physician to the Richmond and professor of medicine at University College. One of the beds in the Banks ward, known as the O'Carroll bed, was funded by the O'Carroll family in memory of Doctor Frank who was killed in the 1914 War.

There were 16-20 cots in Banks ward which had wooden bars on the windows to prevent accidents – a delightful bright ward. In the 1930's and for a further 20 years it was in the charge of Sister Kearns – a charming, petite, gentle, kindly, sympathetic lady of the old school devoted to her patients and her staff.

THE HOUSE OF INDUSTRY HOSPITALS



*Adams McConnell Ward – Play Room.*

*Elizabeth Rajan, Eugene Conroy, Margaret Kelly, Mavis Archer, Ann Doran.*

In 1949 an appointment of an honorary consultant paediatric physician was established and an additional eight medical beds were added to the existing children's accommodation. The new children's eight-bedded ward was on the top landing of the Whitworth. Although an outpatient clinic was held each week, the majority of the paediatric work was surgical and in particular neurosurgical.

For some 20 years from the 1950's, a seizure, convulsive disorder or epileptic clinic was held after the availability of neurosurgical back-up and EEG facilities made this feasible. Towards the end of the fifties and early sixties however, the policy on sick children being referred to the children's hospitals was the order of the day, so not much in the general paediatric line was seen. In spite of this restriction, there were some firsts. An 8 month old with a perforated duodenum was successfully treated by Mr Harold Browne in 1959. An 8 year old with pulmonary actinomycosis had a lobectomy carried out by Mr Colman Byrnes. Some 500 patients with meningocele or meningomyelocele were treated by the neurosurgery team. Their management policy (i.e. each problem was treated as an individual problem and surgical closure and/or valve insertion done when indicated which might be day one or day 21) is now accepted generally. This 'Richmond approach', which has been going for 40 years received little or no recognition over the decades.

A decade ago, all the Richmond paediatric wards were amalgamated into one unit in the grounds of the Whitworth. At the time of closure there were some 24 cots which catered in the main for neurosurgical disorders, especially cerebral tumours and cerebral injuries. All the beds were in the care of Sister Curley. Initially Dr Ann Murphy, then Dr John Bell (both now consultants) and finally Dr Mavis Archer who has been the incumbent for 15 years – a most worthy and devoted doctor – looked after patients medically.

In the future, whatever that is, the paediatric wing of the Richmond will move to Beaumont. The new hospital will have 50 paediatric cots and/or beds of which 25 will be medical. With 50 patients and a busy out-patients department forecast, the future of Richmond paediatrics should mean that undergraduate teaching and post-graduate teaching in conjunction with the Royal College of Surgeons Medical School is assured in paediatrics.





*The Richmond Hospital. The main building, erected in 1897 to plans by Carroll and Batchelor.  
(Photograph by David Davison)*

---

---

The Hospitals on the Eve of Closure  
A Photographic Tribute

---

---

THE HOUSE OF INDUSTRY HOSPITALS



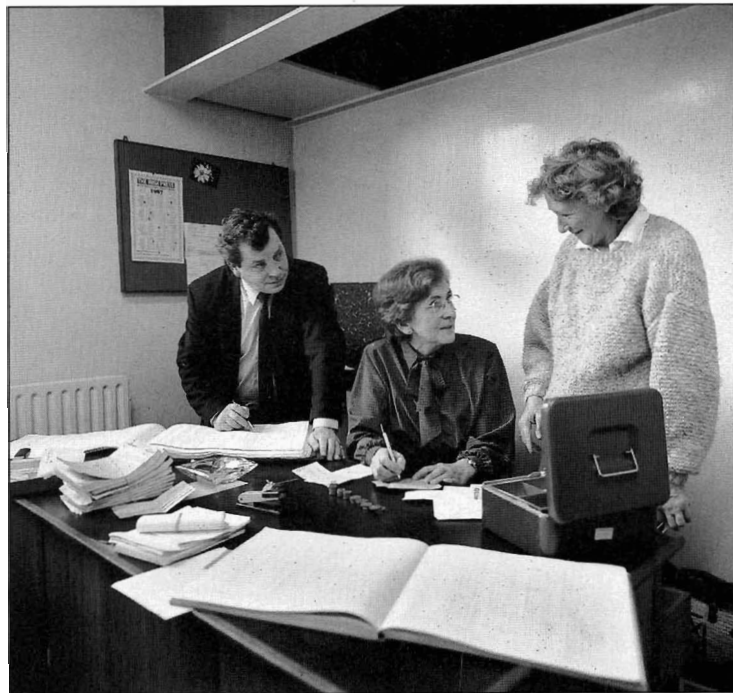
*Appointments Desk –  
Outpatients.  
Carmel McDonald,  
Florence Lynch, Richard Larkin,  
Carmel Finucane, Anne Egan,  
Susan Devlin, Peggy Carr,  
Patricia Cronin, Josephine Moore.*



*Adams McConnell Ward –  
Sister's Office. Mavis Archer,  
Mairead McLoughlin.*



*Department of Social Work.  
Terry Treacy, Thérèse Duff,  
Brenda Mehigan, Joseph Moran.*



*Cash Office.  
Noel Hodgins, Mona Feeney,  
Eithne Nolan.*



*Medical Board.  
James Colville, James Finucane,  
Sean Murphy, Shane O'Neill,  
Max Ryan.*

*Medical Board.  
James Devlin, Harold Browne,  
Frank Keeling, Desmond McGrath,  
Lorna Browne, Gearóid Lynch,  
Eoghan Lavelle, Thomas Gregg.*



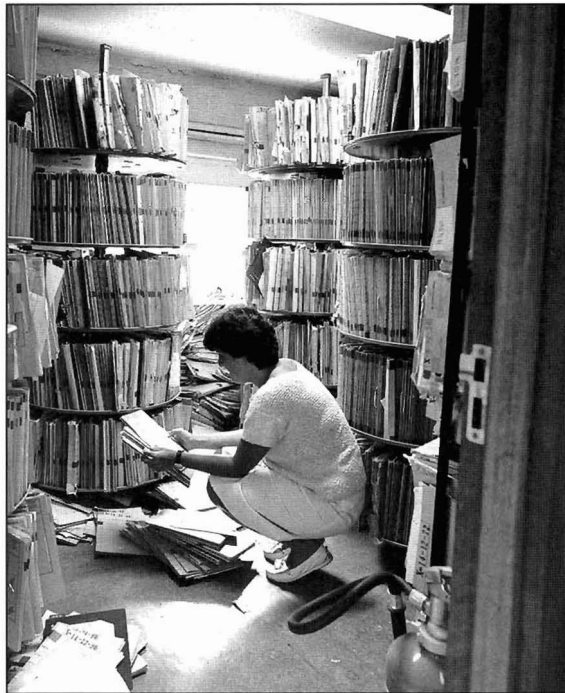
THE HOUSE OF INDUSTRY HOSPITALS



*Pharmacy – Richmond Hospital.  
Dorothy McCormack, Nora  
Broderick, Ciara O'Brien.*

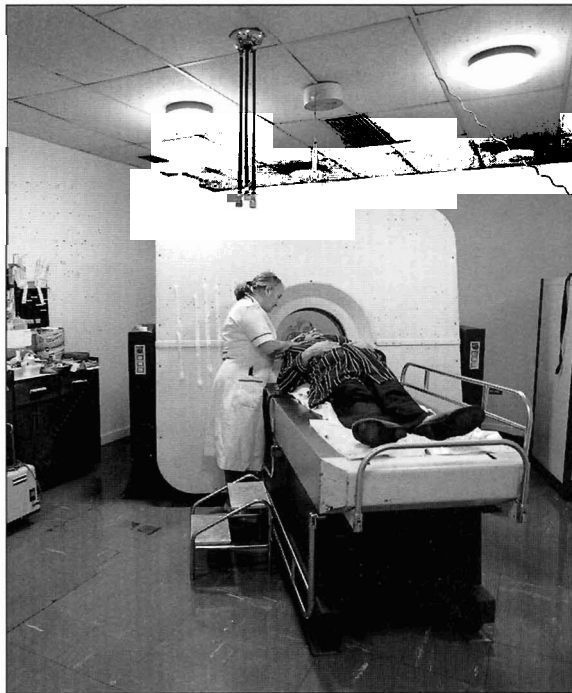
*Stores. Mervin Borwick,  
Annette Kennedy, Rose Pidgeon,  
Joan Osborne, Liam Mountaine.*

*Records. Miriam Moore –  
Health Research Board (not  
Richmond Staff).*



## THE HOUSE OF INDUSTRY HOSPITALS

*Richmond Private Clinic.  
Back row, left to right:  
Annette Dalton, Ann Hehir,  
Ned Murphy, Teresa Fitzpatrick,  
Suzanne Keane. Front row: Betty  
Gilsenan, Ann McCormack.*



*CAT Scan.  
Marie Burke and patient.*



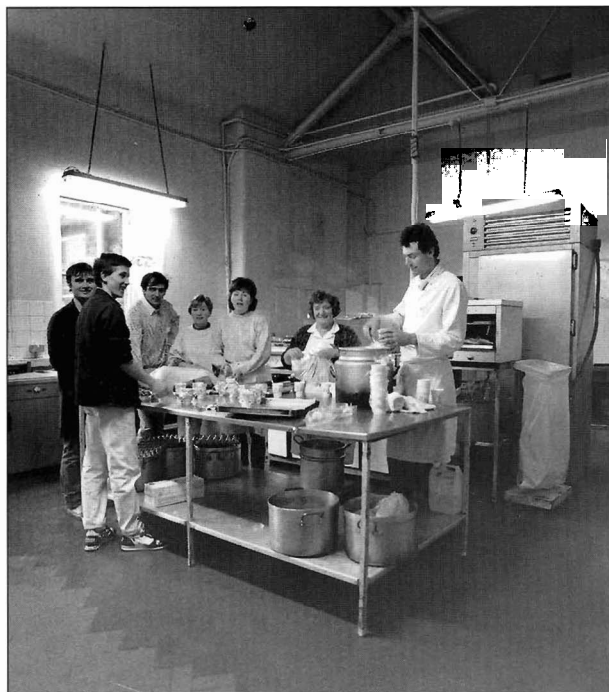
## THE HOUSE OF INDUSTRY HOSPITALS

*Household Staff. Back row, left to right:  
Teresa Kane, Veronica McLoughlin,  
Ursula O'Connell, Nellie Fagan, Maureen  
Booth, Joan Osborne, Rose Pidgeon,  
Patricia Scanlon, Ann McVeagh.  
Middle row: Marie Woods, Phil Kavanagh.  
Front row: Noeleen Connelly, Patricia  
Cronin, Josie Dunne.*



*Departments of Electro-encephalo-  
graphy, Dietetics and Chiropody.  
Back row, left to right: Rosaleen  
O'Flanagan, Aileen Fingan,  
Noeleen Freney, Siobhán Clancy.  
Front row: Mary Tighe, Anne  
Coughlan, Jacinta Augustine.*





*Pathology Department.*

*Back row, left to right: Derval Royston, Maurice Mallon, Patrick O'Brien, Christopher O'Connell, Anthony McGaley, Eric Mahon, John Fitzpatrick, Sandra Dalton. Middle row: William Uzell, Paul O'Doherty, Michael Carney, Mary Keoghan, Caroline O'Regan.*

*Front row: Deirdre Devaney, Ailbhe Mulcahy, Eva Keller, Maureen Burke, Sean Fitzpatrick.*

*Richmond Hospital Kitchen Staff.*

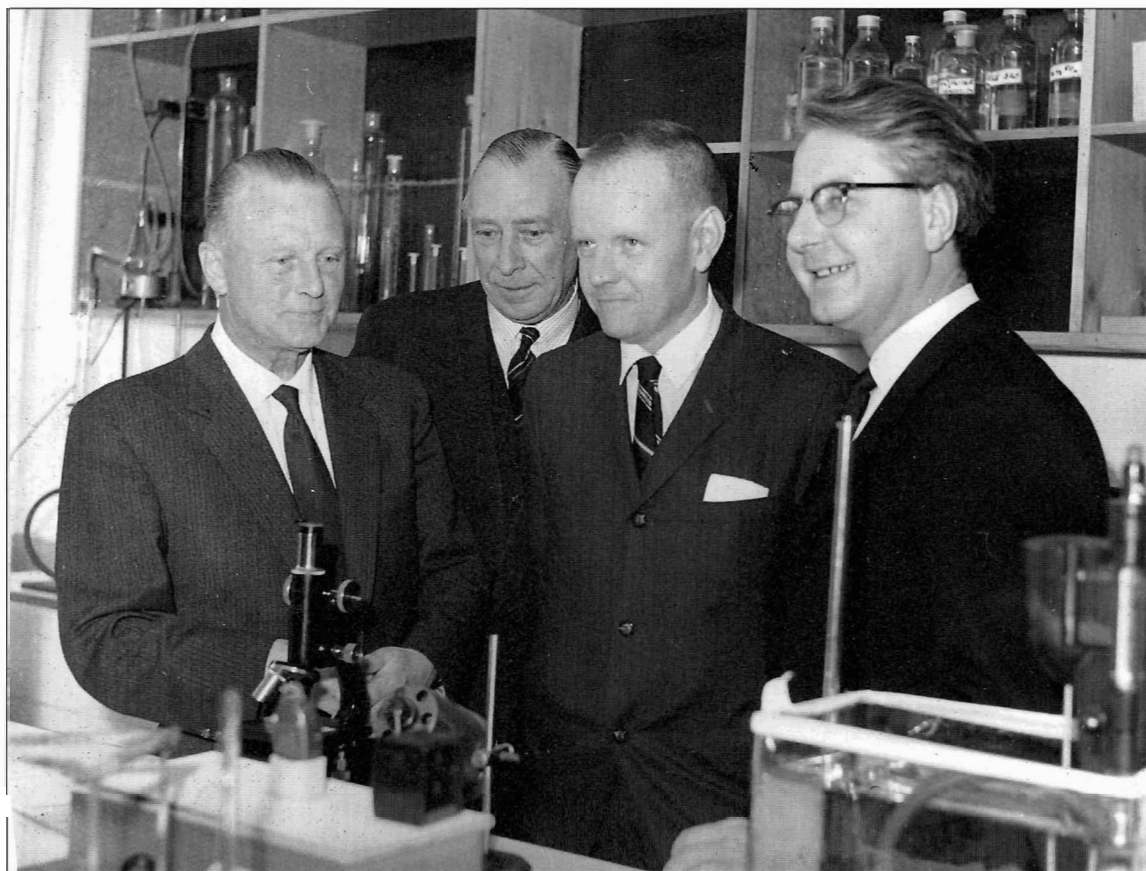
*Derek Byrne, Brian Carolan, Mary Fogarty, Patricia Cronin, Mary Shevlin, Guy Duffy.*



*Occupational Therapists/Physiotherapists/  
Speech Therapists. Back Row, left to right:  
Marion Kerr-Houston, Fiona MacGinley,  
Joan Meade, Karen Morris, Geraldine  
O'Neill. Middle row: Mary McEvoy, Karina  
Batt-Vickers, Helen Hickey, Ann Herlihy,  
Sheila Swan, Liz Walsh, Dolores Hart,  
Martine Barrett. Front row: Ann  
'Callaghan, Marie Guidon, Clare McKenna,  
Patricia Loughrey, Irene Harrison.*

*Maintenance Department.  
Back row, left to right: William Hore,  
John Maguire, William Borwick,  
Anthony Enright. Middle Row: Mick  
Grennan, John Keogh, John Carroll.  
Front row: P J Delaney, Charles Ellis,  
George Fleming, William Sweeney.*





*Professor Alan Thompson, Mr Terence Millin, Professor Sumner Wood jnr, and Professor Douglas Thornes (left to right) in the Fibrinolytic Laboratory.*

## **The Colman K Byrnes Research Centre**

R Douglas Thornes



On the initiative of Professor Colman K Byrnes, the Richmond Hospital Research Committee was formed in 1961 with Dr J Stephen Doyle, now Professor of Medicine at the RCSI, as honorary secretary. With the first funds raised, an experimental surgical unit was constructed to study vascular, lung and heart disease and the problems of transplantation under the direction of Mr William MacGowan (later Professor of Surgery, RCSI, and now Registrar).

In 1963 the Board of St Laurence's Hospital created the post of consultant in clinical science, which was duly advertised, to run a cancer research laboratory under the direction of Professor Colman K Byrnes and to co-operate with other members of the staff of the hospital in research projects. I was appointed.

A chance meeting in Rome in 1964 and later at the Royal Irish Yacht Club between the well known Irish business man, the late Mr Ben Dunne, Dr John Burke, Chairman of Tenovus Cancer Research, Cardiff, Professor Colman Byrnes and I, led to the unique arrangement whereby a bank account was opened, with overdraft facilities guaranteed, so that projects could be started immediately and funds raised later. This favourable arrangement led to cancer research projects costing over one million pounds being completed. In 1965 Professor Colman Byrnes died during the planning stages of the new research building. Fund raising, however, continued under the chairmanship of the late Jack Cruise and the late Ben Dunne. By 1968 the Research Centre was ready for occupation and included facilities for both research and the treatment of cancer. The Centre also housed the tissue-typing laboratory under the direction of Dr J G Devlin, newly appointed endocrinologist to St Laurence's Hospital. Generous grants to finance research were

## THE HOUSE OF INDUSTRY HOSPITALS



*Standing (left to right): Pádraig Blake, Elizabeth Sutton, Bríd Ward, Douglas Thornes, Brian Hogan.  
Sitting (left to right): Rosaleen Keating, Patricia Barrett, Fiona Redington, Bart Korowitz.*

received from the Irish Cancer Society, the Medical Research Council of Ireland, Tenovus Cancer Research Fund, Cardiff and the Irish Heart Foundation.

In 1970, the Centre was officially opened by An Tánaiste, Minister for Health, the late Mr Erskine Childers and called the 'Colman K Byrnes Research Centre'. A committee was set up by the Board of Governors consisting of Professor W A L MacGowan, chairman, Mr Harold Browne, vice-chairman, Dr J G Devlin, honorary secretary, Dr Max Ryan, honorary treasurer and Professor J S Doyle, Professor Dermot Holland, Mr Sandy Pate, Mr Eoghan Lavelle, Mr A B Clery, Professor Ellen Moorhouse and Dr Hugh Staunton. The Committee appointed Professor Jack Widdess and me as joint directors.

The main thrust of the original cancer research programme was towards the understanding of the defence mechanisms of the body against disease. This led to attempts to restore and maintain an active immune system to prevent recurrence of cancer after successful surgery. An offshoot of this research has been the discovery of a successful treatment for chronic brucellosis.

Approximately 3,000 out-patients are treated annually at the Centre, the objective being to keep patients out of hospital and get them back to work as soon as possible. The co-operation of the family doctor is an essential part of this programme and all patients must be referred by their own doctor for treatment. Each patient is aware that they are attending a research department and their compliance rate and co-operation is thus greatly enhanced.

The cancer research originated from the work of Dr Desmond O'Riordan at the Royal City of Dublin Hospital, Baggot Street, where as a medical student, I assisted him in studying growth inhibition by ascorbic acid (Vitamin C) and coumarin. The work on coumarin was continued in Sweden and at Harvard Medical School but swung to dicoumarin and anti-coagulation when Professor R A Q O'Meara discovered fibrin associated with human tumours at Trinity College, Dublin in 1958. It was Professor O'Meara's ideas that I put into practice with Professor Colman Byrnes when I was appointed to St Laurence's Hospital in 1963. Fibrinolysis was induced by streptokinase or urokinase to dissolve the fibrin around oesophageal tumours. With Professor Alan Thompson the use of fibrinolytic treatment for lung cancer led to the discovery that fibrinolytic enzymes unblock the cellular immune system.

In 1968, the Centre, in co-operation with Our Lady's Hospital for Sick Children in Crumlin, set up the first leukaemia research programme in Ireland using fibrinolysis induced by brinase to induce remission. Autocytotoxic antibodies against leukaemic cells were

discovered (after the induction of fibrinolysis) by Dr Denis Reen working with Dr Jim Devlin. Dr Paddy Deasy obtained a cell separator and lymphocytes from patients could be washed to further enhance the unblocking of cellular immunity.

With the co-operation of the tissue-typing laboratory at the Centre the first bone marrow transplant in Ireland was performed for the treatment of acute lymphatic leukaemia after failure of chemotherapy, immunotherapy and asparaginase in 1971. The marrow donor was a male twin and the 'germ free' recovery ward was a cottage in the Wicklow hills. Unfortunately, the patient remained in remission for only three months.

The longest running major research project at the Centre is the bowel tumour co-operative programme now involving eight centres in Europe through the European Organisation for Research and Treatment of Cancer (EORTC). The initial research in 1966 was done at St Laurence's Hospital under the direction of Mr Tony Clery with Dr Max Ryan (radiologist), Professor J S Doyle (physician), the late Professor Noel Clarke (pathologist), Professor J W D Widdess (pathologist), Professor Geoffrey Bourke (statistics), Mr Brian Hogan (laboratory control and records) and me. Fibrinolysis was induced immediately after surgery for large bowel cancer in a randomised trial. The five year survival in the treated patients was doubled but the number of patients was too small for proof of efficacy.

A similar study using urokinase instead of streptokinase, at the Royal Marsden Hospital in London, also was short of patient numbers and these studies were combined. The dicoumarin type anticoagulant warfarin was also added to the experimental treatment. The final protocol for this trial obtained the blessing of the EORTC in 1970 and became a European multicentre randomised trial with Dr Leslie Daly of UCD in charge of the statistics. The intake of patients will cease this year but they all must be followed for a further two years before the results are finally known. This study illustrates how long it takes to prove or disprove the efficacy of agents that prevent recurrence of cancer.

Another long-running original study is the investigation of the prevention of recurrence of melanoma by coumarins. It started in 1973 and only now is there sufficient evidence to start a multicentre double-blind trial in Ireland.

In order to speed up the cancer research programmes a model of the immune block seen in patients with cancer was sought and found in patients with chronic brucellosis, particularly carriers with latent infection. When the cellular immune system was unblocked the patients developed an acute attack of brucellosis as the infection was released from the cells. This observation led to the setting up of the brucellosis clinic in the Centre which is now used by all the Health Board areas of the country. Equally important, it



has led to co-operative studies in UCD with Professor Brendan Cunningham at the department of veterinary pathology and Professor Irene Hillery at the department of microbiology.

In 1965 a link was forged in cancer research with the department of pathology at Johns Hopkins Hospital, Baltimore, USA, through the late Professor Sumner Wood, Jr. I was appointed to the staff and commuted between the two centres until 1975. The effect of coumarin type anticoagulants was studied by direct observation of cancer cells in the living animal. Many motion pictures were made that showed macrophage and lymphocyte stimulation and cancer cell inhibition by coumarins. These form the solid evidence on which the treatments in use today at the Centre are based.

In addition to St Laurence's Hospital, the Centre is linked to the Medical Missionaries of Mary in Drogheda where the Foundress, the late Mother Mary Martin, always insisted that research must be directed towards simplifying treatments for use in the mission field away from sophisticated centres of medicine. This insistence led to a simple oral treatment of breast cancer with low-dosage cytotoxic drugs. A comparison of this cheap simple low-dosage therapy with the expensive high-dose intravenous therapy was carried out at Hume Street Hospital by Dr Daphne de Souza, with the kind permission of the late Dr George Edelstyn. The patients on low dosage therapies survived longer and with less toxicity. This observation has now been confirmed by numerous other studies throughout the world.

The advances in the field of immunology at the Centre were made possible only by the close co-operation of Dr Orla Browne and Professor Dermot Holland at the department of pathology, RCSI, and Dr Honor Smith and Dr Richard O'Kennedy at the department of biochemistry at UCD. The blocking and unblocking of lymphocytes by various therapies at the Centre and at Our Lady's Hospital for Sick Children, Crumlin, were studied and the role of sialopeptides revealed.

From 1972 onwards the emphasis in cancer research was more and more on prevention of recurrence following surgery. There was also, however, a great need for palliative non-toxic treatments for advanced cases. In December 1976, Dr H Le Veen in the Veterans' Hospital in Brooklyn showed that radio waves used to heat tumours also stimulated the immune system and symptoms of advanced cancer were ameliorated. By January 1977, the Centre, with the immediate co-operation of Mr Matt Rice at Kevin Street and the Department of Defence, had the Corps of Signals at the Centre with army radio transmitters helping to treat patients with advanced cancer. The National Foundation for Cancer Research soon provided the Centre with a new radio frequency generator



costing £38,000 and also Picker ultra sound equipment, costing over £50,000, to monitor results. The Irish Association of Flower Arrangers raised another £10,000 for a second more powerful radio frequency machine built by Mr Tony Enright, electronics engineer at St Laurence's Hospital. The Peninsula Society of Howth presented the Centre with special temperature measuring equipment costing £3,000. To house the heat treatment unit, an extension to the Centre was built in 1978. The cost was covered by Mr Joseph Welch and friends of his wife, Mrs Margaret Welch, who was one of the first patients treated with heat (hyperthermia). On 23 June 1978, this extension was officially opened by Professor Albert Szent-Gyorgyi, winner of the Nobel Prize in Physiology and Medicine in 1937 for the discovery of Vitamins C and P (Bioflavonoids). Heat potentiates conventional cancer therapy with irradiation and markedly decreases the side-effects of chemotherapy.

The National Foundation for Cancer Research in Bethesda, Maryland, USA, continues to support the Centre under their concept of 'laboratory without walls', matching the contribution in kind to the Centre up to £90,000 a year.

The work of the Centre in the field of cancer has always been generously supported by the nurses of the hospital. Miss Annie Kelly, matron at St Laurence's Hospital from 1967 to 1976 took a particularly keen interest and the proceeds of the hospital Flag Days, collected by the nurses, went to patient care and welfare in the Centre. The hospital provides a permanent nurse, Mrs Josephine Farrelly, to supervise patient care.

Today the Centre provides out-patient facilities with three beds for the day-care of patients with cancer, brucellosis and other immunological disorders. There are 10 staff members directly employed in cancer research at the Centre. The Heat (Hyperthermia) Unit is the only one in Ireland and co-operates with the cancer hospitals for combined therapies. The experimental therapies of yesterday are now almost routinely applied to prevent recurrence. The Centre acts as the secretariat for multicentre clinical trials, the latest of which is the study of the use of the Centre's own drug, coumarin, to prevent recurrence of melanoma.

In co-operation with Dr Richard O'Kennedy at the National Institute for Higher Education, Glasnevin, the delivery of drugs to the tumours in patients using monoclonal antibodies and liposomes (fat globules) is being studied. These fat globules are used to wrap the drugs for delivery, the tumour is then heated and the heat unwraps the drug at the tumour site. One of the latest drugs to be investigated in co-operation with Dr Patrick Riley of University College Hospital in London is 4-hydroxyanisole.

Since its inception more than 70 scientific papers have been published by the staff and over 200 communications given at international meetings.

## Reminiscences from the Endocrine Unit

James Devlin



I joined the hospital staff approximately 19 years ago, in response to a specific advertisement for a physician with a major interest in metabolic diseases. In contrast to current appointments, this was a junior position and it was also a position which had not previously existed. There was no endocrinologist/metabolic physician on the staff of Saint Laurence's Hospital at that time. This meant that a number of deficiencies had to be corrected. Firstly, additional house staff had to be deployed to assist. My basic salary was obtained from the hospital pool system on a very equitable basis with my senior colleagues, but additional salary had to be derived from running out-patient clinics. As this was a new post, there were no out-patient endocrine clinics and I had to develop these. When the numbers were ultimately seen to be sufficient, sanction and payment from the Department of Health had to be obtained. To assist my salary while this process was in train, I was asked to visit the county clinic in Longford to provide a general medical service on an out-patient basis.

In addition, as a junior physician, I did not participate in accident and emergency take. In fact, I was not involved in accident and emergency take for my first ten years on the staff of the hospital. In retrospect, I believe this was appropriate, as it enabled me to devote my time in the hospital exclusively to developing a clinical endocrine service.

Another deficiency was the absence of an endocrine laboratory. With Dr Counihan, the then administrator of the hospital, I toured the hospital on many occasions, peering into dungeons and basements in the Hardwicke and Whitworth, considering spaces and then discarding them for many reasons. Eventually I was advised to join forces with Douglas Thornes and the late C K Byrnes. I obtained space in the

C K Byrnes Research Unit. The unit was not in existence when I joined the staff. I enjoyed an interesting year supporting Douglas Thornes, John O'Brien, Jack Cruise and Ben Dunne in obtaining funds for, and supporting in any way I could, the construction of the C K Byrnes Unit.

Having obtained laboratory space, the expense of purchasing equipment was considerable. My original laboratory assistants were research technicians and university graduates sponsored predominantly by the Medical Research Council of Ireland. Isotope counting equipment for hormone assay and hormone antibody studies was my major headache. In obtaining some of this equipment I wish to express my thanks for the tremendous support received from Dr Counihan. In addition, I should pay some tribute to my bank manager, as I had to borrow funds for beta-counting and submit the deeds of a piece of property as security. The bank still holds the deeds.

Formal recognition for the endocrine laboratory was received from the Department of Health when I was placed on a sub-committee of Comhairle na-hOspidéal involved with the structuring of endocrine laboratory services in Ireland. One of the recommendations of this sub-committee was to establish a neuro-endocrine laboratory service at St Laurence's Hospital as back-up to the national neuro-surgical service. When the laboratory started, we had no assays available for routine use other than insulin. I believe we were first to publish in this country on the use of two very early commercial assays for growth hormone.

Pursuing an interest in research in such an environment was not easy, but I was fortunate in the calibre of the personnel who came to work with me. In this regard I would like to mention three who obtained post-graduate degrees with me. Dr Varma is now consultant physician in Enniskillen. Dr Denis Reen, who is working in Our Lady's Hospital for Sick Children, Crumlin, pursued a doctorate on lymphocyte antibodies, aided by support from such diverse funding as the Medical Research Council, the Lady Tata Memorial Trust and the Marie Curie Foundations. My interest in this subject arose from a request from Professor W O'Dwyer to assist in setting up a tissue typing service for renal transplantation in the Charitable Infirmary. This service was taken over a number of years ago by the Jervis Street Pathology Department. Mr Parameswaran from India, who is now working in Tasmania, studied for a degree in insulin immunology, a subject that had interested me for many years. I was very pleased to obtain Dr Rosalyn Yalow, a Nobel Prize winner in medicine, as extern assessor for his doctorate.

In addition to the many excellent technical staff who assisted in setting up the laboratory, I would like to pay tribute to the very many senior house officers who worked with me at St Laurence's, some of whom now hold posts in Ireland and abroad. My first, Kevin

Manning, is a consultant ENT surgeon. Dr Sarah Rogers, dermatologist, Hume Street, and Dr Michael Farrell, consultant neuro-pathologist, Beaumont Hospital, spring immediately to mind.

Finally, to return for a moment to the question of beds. My colleagues ultimately gave me the use of 12 beds exclusively for endocrine metabolic studies. With their agreement and assistance from hospital maintenance, we erected a partition in Harwick Ward 5, putting six females on one side and six males on the other. This was a first attempt in St Laurence's Hospital at having a metabolic ward, and I would like to conclude by expressing my very sincere thanks to the many nurses and sisters who worked in that area. It was a great privilege to work with them, and I believe that they carried the best traditions of Irish medical practice into the wards which were once hallowed by the great 19th century physician, John Cheyne.

*Mr Tom Stafford, Dr James Devlin, Mr Mulvanny, and Gearóid Lynch (left to right) at the Bicentenary celebrations.*



DEPARTEMENT DE LA MANCHE

VILLE DE SAINT-LO

**Dimanche 7 Avril 1946**



**INAUGURATION**  
**de l'Hôpital Irlandais**

Sous la Présidence  
de Monsieur le Sous-Secrétaire d'Etat à la Population,  
de Monsieur le Ministre d'Irlande,  
des Représentants des Missions,  
de la Reconstruction et de l'Urbanisme, des Anciens Combattants,  
de Monsieur le Président de la Croix-Rouge Française,  
de Monsieur le Président de la Croix-Rouge Irlandaise,  
de Monsieur le Préfet de la Manche,  
de Monsieur le Maire de Saint-Lô.

*avec le concours de la Musique des Equipages de la Flotte*  
sous la direction de l'Energie de Voileur GILBERT

A 12 h. 15 — Salle des Fêtes du Collège Municipal  
**Réception des Autorités**

A 14 h. 15 — Collège Municipal  
**DEPART DU CORTEGE**

A 14 h. 30 — Place des Beaux-Regards  
**MANIFESTATION DE RECONNAISSANCE**  
de la population St-Loise envers ses bienfaiteurs Irlandais  
**DISCOURS OFFICIELS**

A l'issue de la Manifestation :  
**INAUGURATION DE L'HOPITAL**

A 17 h. — Place des Beaux-Regards

**GRAND CONCERT PUBLIC**  
*par la Musique des Equipages de la Flotte*  
Première Musique Militaire de France 180 Exécutants

A 22 h. — Salle Municipale des Fêtes

**GRAND BAL DE NUIT**

Le Maire invite la population à assister en famille à cette manifestation et à se rendre en Flotteaux de ses Fêtes

Le Président du Comité des Fêtes,  
L. SAINTHILLE

Le Maire,  
G. LAVALETTE

NOTA. — La manifestation des discours sera suivie d'un des Banquets.

LELIERRE, Imprimeur, Saint-Lô.

## SAINT-LÔ: 'Humanity in Ruins'\*

Eoin O'Brien



he Saint-Lô episode in the Richmond's long history is one that deserves a place in the sun. The experience, which gave to the participants an appreciation of the essence of what is often glibly called compassion, did much more besides; these young nurses and doctors with their support staff felt the warmth of giving and received in return something that rises above the commonly accepted expression of gratitude, the lasting memory of a smile, a flicker of relief on a suffering visage, the last look of despair transformed fleetingly to hope on the fading features of a dying child, all in a French province that had come to know the meaning of suffering.

The enrichment and the disillusionment with mankind that was the lot of those who went to Saint-Lô has been expressed, as none other can ever hope to do, by the storekeeper to the expedition – Samuel Beckett.

Alan Thompson and his brother Geoffrey were educated at Portora Royal School in Enniskillen where they formed a close friendship with Sam Beckett. This friendship matured during their undergraduate days at Trinity College after which their ways parted. Geoffrey went to London to study psychiatry and Alan, after obtaining his post-graduate qualifications, was appointed physician and pathologist to the Richmond Hospital in 1932. Beckett, after graduating from Trinity, went to Paris as *lecteur* to the École Normale Supérieure. Here he met his predecessor, Thomas MacGreevy, who introduced him to James Joyce and an intimate group of writers and intellectuals. After a brief period in Trinity as lecturer in modern languages and five unsettled years travelling in Europe, he exchanged the physical safety of neutral Ireland for the spiritual freedom of wartime France. 'I preferred France in war to Ireland in peace'<sup>1</sup> is an indictment not only of the

\* Much of this chapter and the photographs are reproduced from *The Beckett Country: Samuel Beckett's Ireland* by Eoin O'Brien, by kind permission of the publishers Black Cat Press and Faber and Faber.

restrictive intellectual climate of Ireland in the forties; it is a brave denial of neutrality by one who was experiencing first hand the threat of Nazi Germany. In Paris Beckett joined the resistance cells, *Gloria SMH* (for His Majesty's Service spelled backwards) and *Etoile*.<sup>2</sup> In 1942 he escaped from Nazi-occupied Paris and travelled to Roussillon, where he again became involved in the local resistance movement, the *maquis*. (In 1945 he was awarded the *Crois de Guerre* with a gold star by General Charles de Gaulle for his intelligence work in the resistance.)<sup>3</sup> At the end of the war he returned to Dublin and renewed his friendship with Alan Thompson, who was now a senior physician on the Richmond staff. He was also a member of a small team of Irish Red Cross workers engaged in organising a relief hospital for the bombed town of Saint-Lô in Normandy. Beckett readily accepted an invitation from his friend to join the team as interpreter and storekeeper.<sup>4</sup>

The Irish Red Cross's involvement with Saint-Lô began after the allied invasion of France in 1945, when the Irish Red Cross offered help to its sister body in France,<sup>5</sup> and representatives from Ireland visited a number of devastated areas. They selected the town of Saint-Lô on the main Cherbourg-Paris line as being in urgent need of assistance. The event was reported in the daily newspapers:

*Irish Red Cross Hospital Experts leave for Paris.* Headed by Colonel Thomas J McKinney, Officer in Charge of the Irish Hospital Unit for France, The Irish Red Cross Society's team of expert advisors left Dun Laoghaire by the Mail-boat yesterday morning, on the first stage of its journey to Paris, where the necessary advance arrangements for the unit's reception will be made. The delegation, which with Colonel McKinney, consists of Dr Alan Thompson, Mr Michael Scott and Commandant C J Daly, will be met in London and Paris by Eire's representatives and probably will spend a number of weeks in France making a preliminary survey and completing final arrangements.<sup>6</sup>

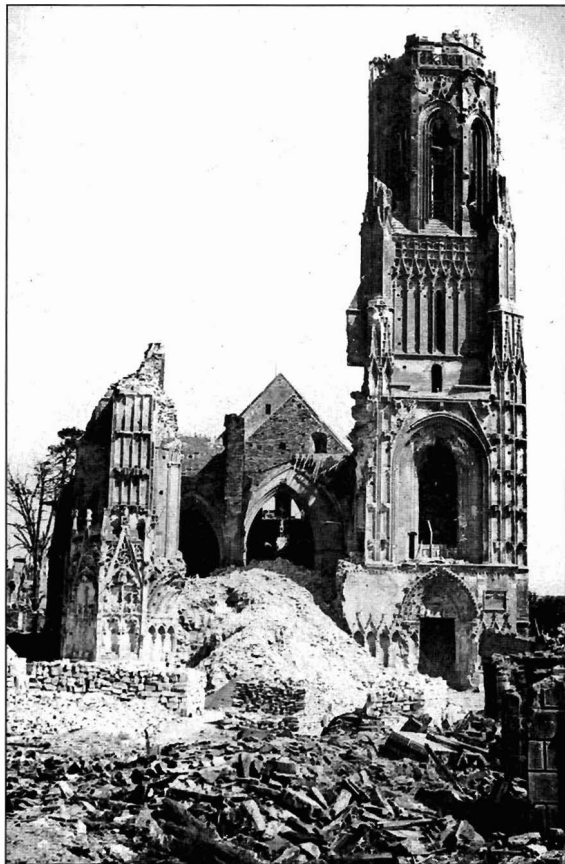
McKinney wrote of this preliminary visit as follows: 'I had the opportunity to visit France in April 1945, when negotiations were in progress between the French and Irish Red Cross societies to determine what help the Irish could give. I saw Brest, which I reached at night. What feelings I had in this city of silence, gloom and ashes. I saw Saint-Lô, a little later. It well deserved its title, "Capital of the Ruins". On my return to Ireland, I had the opportunity of addressing my compatriots over the radio on my impressions of France; I ended the programme with the words "it is imperative that Ireland help France, her neighbour and friend".'

Saint-Lô, a town of some 13,000 people, had served as an important operational centre for the German Army. On a June afternoon in 1944, without warning, the allied forces blitzed the town. So devastating was the attack that hardly a building was left standing, and thousands of citizens were killed.<sup>8</sup> A year later bodies were still being removed from

## THE HOUSE OF INDUSTRY HOSPITALS



*The town of Saint-Lô in happier days.  
(By courtesy of Mrs M Crowley.)*



*The ruin of Saint-Lô cathedral after the blitz.  
(By courtesy of Mrs M Crowley.)*



the debris and 3,000 people were living among the ruins. The city's only hospital had been destroyed in the blitz. A local correspondent likened Saint-Lô to 'an upturned dustbin' where life began again, almost incredibly, after the holocaust:

Life started again in spite of the deadening atmosphere, in spite of the dust, the impassable streets, the darkness, the lack of water and of hygiene, the lack of everything; in spite of the winter with its succession of ills, in spite of the cold which never leaves you, the lack of heating and of shelter in this windy area; in spite of the mud which is everywhere, impregnating those few clothes you have left. Life took up again, but it was exhausting, because the battle against the ruins became also a battle against sickness and death, but to be ill in Saint-Lô was unimaginable, though sadly inevitable for many. There was no longer a hospital, and the overworked doctors who returned had no place to work and perhaps save lives . . . In reply to the Health Ministry and the Red Cross, Ireland made the kind gesture of adopting Saint-Lô and brought all that was necessary and more.<sup>9</sup>

The Irish Red Cross offered a hospital unit of 100 beds, and as no building was available for conversion, it was planned to erect wooden huts on the outskirts of the bombed town.

*Mr Freddie McKee, Dr Arthur Darley and Dr Jim Gaffney chatting with Lt Col Martin Fallon, RAMC. (By courtesy Miss J Gaffney.)*



The Irish Red Cross undertook to equip, staff and maintain the hospital for as long as would be necessary. The transportation of supplies for such a hospital from Dublin to France was a considerable undertaking, as was the recruitment of medical and nursing staff, the success of which owed much to the hospital's matron, Miss Mary Crowley.<sup>10</sup> In August 1945, an advance party consisting of Colonel Thomas J. McKinney, Director of the Unit, Dr Alan Thompson, physician, and 'Mr S B Beckett, Quartermaster-Interpreter,' left Dublin for Saint-Lô.<sup>11</sup> As well as accepting the post of interpreter, Beckett had also agreed to act as storekeeper to the hospital.<sup>12</sup> Later in the month the *Menapia* set sail for Cherbourg, the nearest port to Saint-Lô, with 174 tons of equipment, six ambulances, a utility wagon, and a lorry aboard. There were special facilities for 'the transport in cold storage of supplies of blood serum and penicillin'.<sup>13</sup> On Monday, 27th August, 1945, another contingent consisting of Mr Freddie McKee, assistant surgeon, Dr Arthur Darley, assistant physician, Dr Jim Gaffney, pathologist, Mr Killick, technician, and Mr Dunne, assistant storekeeper, departed from Dun Laoghaire on the *SS Cambria* for London, from where they sailed to Dieppe on *TSS Isle of Guernsey*.

Arthur Warren Darley was born on 23 August 1908, and educated at St Gerard's School, Dublin, and at the Benedictine College, Douai, in England and by private tuition. His father was a famed musician and Arthur Darley was an accomplished violinist, pianist and guitarist often accompanying the celebrated Delia Murphy on record. He studied medicine at Trinity College, Dublin, where he qualified in 1931. He spent some time in the Richmond Hospital and two years working among Dublin's poor. In 1936 he worked as 'assistant' at Portrane Asylum with the intention of specialising in nervous diseases. However in February 1937 'Dr Arthur Warren Darley shook the dust of Dublin from his feet . . . and hied himself off to see the world' as doctor on a Canadian Pacific Liner.<sup>14</sup> When the opportunity to provide medical expertise to alleviate suffering in war-torn France arose, Arthur Darley readily accepted.

James Gaffney was born on July 7, 1913, educated at O'Connell Schools, North Richmond Street and Trinity College, Dublin, where he graduated as a doctor of medicine in 1934, at the age of 21 years. After a period of training in pathology in Great Britain, he returned to Dublin to an academic appointment with the late R A Q O'Meara at Trinity College, with an attachment to Sir Patrick Dun's Hospital.

The Irish Red Cross had established headquarters at the *Hôtel des Arcades* in Dieppe, where Beckett met the hospital staff arriving from Dublin and drove them through Rouen to Saint-Lô.<sup>15</sup> Dr Gaffney has described his first impressions of war-torn Normandy:<sup>16</sup>

Coming into Dieppe we got our first view of wholesale destruction . . . We walked down the gangway and were met by Col. McKinney and Sam Beckett (storekeeper).

## THE HOUSE OF INDUSTRY HOSPITALS

They had the big Ford V 8 Utility wagon with them, and after going through Customs we got in. We weren't hungry as we had had an excellent four-course lunch on board and later tea; but nevertheless Sam brought us 3 huge bags of pears, grapes and plums. It was novel being driven on the right-hand side of the road and Sam believes in getting the 150 miles done as quickly as possible. Five miles out of a village like Croagh called St Aubin sur Seine and luckily, just at a garage, a queer noise was heard from the engine and we had to have it looked over by a young mechanic. Sam Beckett is official interpreter as well as storekeeper and although a Dublin man has lived for 10 years in France, so the language is no trouble.

After a night's rest in a nearby village the party travelled onwards by train, leaving Beckett and his assistant Dunne, to follow-on with the restored wagon. Gaffney has left the following account on his first impression of Saint-Lô:

. . . It took us about three quarters of an hour to find the hospital. This wasn't surprising, as one street of ruins looks very much like another . . . Many of the streets can only be traversed on foot by stepping from one pile of bricks to another, or from one rusted girder on to the end of a buried bedstead. Many cellars still lie under the debris and demolition work goes on slowly but surely. Digging the other day, they found the body of one of the local bakers and two of his assistants; and as we arrived we heard

*The Early Huts at Saint-Lô. (By courtesy Mr M Thompson.)*



the distant explosions of two mines . . . Of the pre-war population of about 12,000 many cleared out altogether, and they have accounted for about 1,500 bodies, while about 700 remain unaccounted for . . . The Mental Hospital also is a shell, many of the inmates being killed. In the local jail (which is large) about 29 prisoners were burned to death – locked in, they couldn't get permission in time to release them. The locals say the Americans dropped H E incendiary and phosphorous bombs on the town; biggest attack was about June 6, 1944, but it was later bombarded by heavy artillery in September. For about six weeks the town kept changing hands between the Germans and the Americans. There are still about 5,000 people in it, but you would wonder where or how they live; mostly in boarded up cellars, on mattresses. Yet, with all their sufferings, they are tackling the problem of reconstruction, cheerfully.<sup>17</sup>

The eight members of the advance team lived together in one of ten huts erected by the French. There was electricity but no running water or sanitation. Beckett, Thompson and Dunne superintended the stacking and sorting of 250 tonnes of supplies, which were brought from Cherbourg by rail and lorry. The store was situated in the lofts over the stables of a stud-farm a half mile from the hospital. They were assisted by German prisoners of war.<sup>18</sup> There was little to do when the day's work was complete, other than read, write, and play darts, chess, draughts or bridge. The Colonel advocated a policy of mingling with the local people, and provided expenses for forays into Saint-Lô to concerts, race-meetings and the occasional dance.<sup>19</sup> Hot running water was available at an American base 30 miles away where the luxury of an occasional shower was availed of. The padre of this camp, a Father Bardick, from Connecticut, who appreciated the comforts of life, took the Irish group to 'a magnificent chateau where the Rev. Mother welcomed us and gave a seven-course dinner to the whole eleven of us; got around the piano afterwards and sang for further orders till about one a.m. They want us to come again to have a real look around and we promised to do so. Dr Thompson and Beckett said they hadn't thought that convents were such nice places'.<sup>20</sup>

In September 1945, Dr Alan Thompson submitted a confidential report on the difficulties in establishing the hospital:

It was necessary to find a temporary store in Saint-Lô. We were fortunate in getting a large granary in a Stud Farm near the hospital. When the ship arrived we saw the stores off the ship to railway wagons, and returned to St Lô. After a few days railway wagons commenced to arrive at St Lô. We had to move the stores by lorry 1-1½ miles to our store. Everything had to be taken upstairs. Some packets weighed over 2 cwts. Stores came in for days and days. All are stored safely now. It was a considerable task . . . The present position is that stores are safely housed under lock and key and well protected from the rain. The *Storekeeper* (Samuel Beckett) and assistant are making out stock cards for all material . . . We borrowed beds and camped out in the hut. No running water – no sanitation of any kind. The water had to be carried in buckets . . . Sanitation was held up due to lack of pipes and still consists of a hole in the ground with sacking around it. It is impossible, while sanitation is so primitive,

to contemplate bringing out any additional staff . . . The climate is very wet and muddy. Facilities for amusement are virtually nil . . . The people seem to be very anxious for us to work there. They are asking all the time when the hospital will be open and taking in patients. The Mayor is very keen on the hospital functioning . . .<sup>21</sup>

Recreational facilities were improved when the Countess Kerjorley, wife of the President of the French Red Cross, offered a seaside villa to the staff of the Hospital for use in their off-duty time.<sup>22</sup>

Beckett appears to have fulfilled the role of driver, as well as that of storekeeper and interpreter. He drove regularly to Dieppe and Cherbourg to collect supplies and meet personnel, and also to Paris, often accompanied by Gaffney:

Sam Beckett was driving him (Col McKinney) to Paris on Friday and I had to get my still, so off we went. Sam and I took turns driving a small ambulance and the roads are very good indeed except where there are potholes etc. from tank tracks and small explosions. Driving here is easy and quite safe, I should say, as traffic is practically nil, any cars that are on the road are about 10-12 years old and they do about 25 miles per hour. We kept to about 35-40 m.p.h. and the day was lovely.<sup>23</sup>

In Paris, Beckett usually went to his flat, but he did not neglect his Irish friends who were unfamiliar with the sights of the capital, as Jim Gaffney recorded:

Saturday morning we did some of my business till lunch time and also Sam took me into Notre Dame which was magnificent. Sam has an assistant storekeeper here named Tommy Dunne, a very decent little Dublin chap. Sam is a TCD graduate, interested in writing and in letters generally; he has lived in Paris the last 6 years or 7. He is a most valuable asset to the unit – terribly conscientious about his work and enthusiastic about the future of the hospital, likes a game of bridge and in every way a most likeable chap, aged about 38-40, no religious persuasion; I should say a free thinker – but he pounced on a little rosary beads which was on a stall in Notre Dame to bring back as a little present to Tommy D. It was very thoughtful of him.<sup>24</sup>

The advance party worked tirelessly to prepare the hospital for the reception of patients. Among the first to receive treatment at the new hospital was an eleven-year-old boy who lost three fingers when a hand-grenade with which he was playing detonated.<sup>25</sup> Other advances were also achieved. The first lavatory was installed in October and had the unusual effect of making some of the team homesick. The housekeeper of the Hospital, Madame Pilorgat brought all visitors to the hospital to view the new apparatus, which she described glowingly as 'magnifique'.<sup>26</sup> By Christmas 1945, the full Irish staff, consisting of ten doctors, each a specialist, 31 state-registered nurses, most of whom had specialist training, a pharmacist, pathologist, and administrative staff, had arrived. Between 30 and 35 nurses were selected in Dublin: 'Nurses salaries will range from £300 a year (for

the Matron) to £100 a year (for an ordinary nurse). Staff sisters and theatre sisters will be paid £150 a year. When the nurses have been picked, the Society's team will be almost complete, as already fifteen doctors have been chosen in addition to a number of clerical and technical workers.'<sup>27</sup> By March 1946, 80 in-patients were receiving treatment, and over 120 patients attended the out-patient department.<sup>28</sup>

Staff of the *Hôpital de La Croix Rouge Irlandaise*

1945 – 1947

Administrative

Colonel Thomas J. McKinney (Director)

Miss Dorrie Smith (Administrative Officer)

Miss Clare Olden (Secretary)

Mr Samuel Beckett (Quartermaster-Interpreter and Storekeeper)

Father Brendan Hynds (Chaplain)

Mrs Barrett (Receptionist Interpreter)

Miss Agnes O'Doherty (Shorthand typist)

Mr Tommy Dunne (Assistant Storekeeper)

Medical

*Physicians*

Dr Alan Thompson

Dr Arthur W Darley

Dr Desmond Leahy

Dr Kitty O'Sullivan

*Surgeons*

Mr Freddie F McKee

Mr Patrick Carey

Mr Patrick McNicholas (E.N.T  
and Ophthalmology)

*Gynaecology*

Dr Timothy Boland

*Radiographer*

Miss Julia Murphy

*Pathology*

Dr James C Gaffney (Acting Director)

Mr Michael B Killick (Technician)

*Pharmacist*

Mr Timothy O'Driscoll

Nursing

Miss Mary Crowley (Matron)

Sister Conroy (Assistant Matron)

Sister Mary B Murphy (Assistant Matron)

Sister Margaret Doherty (Theatre)

Sister Breda O'Rahelly (Theatre)

Sister Ita McDermott

Sister Nora Cunningham

M Martin

Mary Fitzpatrick

A M O'Reilly

Maeve McDermott

Mary Josephine Cullinan

Ann O'Leary

Ann Doherty

Eileen Dunne

Moirra McGiskin

Dilly Fahy

Madge Treacy

Joan Burke

E O'Driscoll

Terry Healy

Margaret Malone

E Mulally

Finally, all was ready for the inaugural ceremony which took place on Sunday, 7th April, 1946. A Dublin contingent consisting of Mr Maguire (Chairman of the Irish Red Cross) and his wife, Dr Shanley, Mrs Frank Fahy, Dr Alan Thompson, and Colonel Thomas McKinney arrived the day before the inauguration. The Irish Ambassador, Mr Murphy and his wife, the Secretary, Mr McDonald, and Miss Maura McEntee reporting for the *Irish Press*, arrived from Paris.<sup>29</sup> On Sunday, the Inauguration Ceremony began at 9.30am with mass celebrated by the hospital chaplain, Fr Brendan Hynds, and attended by the officers of the municipality, the delegates from Dublin, the hospital staff and the public. After a banquet luncheon attended by 140 guests, the Gendarmerie with the Band of the French Fleet led a parade to martial music through the ruined streets lined by the enthusiastic citizens of Saint-Lô waving paper Irish tricolours. At the War Memorial in what was once the beautiful Cathedral Square of Saint-Lô, a wreath was solemnly placed on the grave of the Unknown Soldier and was followed by 'a very fine, if subdued

*Members of the Hospital Staff standing in front of the storekeeper's lorry, from left to right: Dr A W Darley, a French Military guard, Mr S B Beckett, Surgeon F F McKee, Dr J C Gaffney, Mr M B Killick, Colonel T J McKinney, and Mr T Dunne. The men in the lorry are German prisoners-of-war. ('Irish Times' photograph, 28 September 1945, by courtesy Miss J Gaffney.)*





*Dr J Gaffney (left) with the Matron, Mrs M Crowley (centre), and members of staff in the hospital grounds.*

rendering of the Soldier's Song, and then a beautiful playing of the Marseillaise'.<sup>30</sup> After speeches and music the assemblage returned to the Hospital where 'the Band played a short fanfare while the green, white and orange was slowly run up a huge flagstaff in a high position in the grounds – half way up our Anthem was played, followed by the Marseillaise, arms presented by the gendarmes and a movie camera turning'.<sup>31</sup> The remainder of the festive day was given over to an inspection of the hospital, with the provision of liberal hospitality, an open-air concert, a Ball in the town, and a smaller dance in the recreation hut of the hospital which ended in the small hours of the morning.<sup>32</sup> Patrick Carey recalls that many of the French, being unfamiliar with Irish whiskey, failed to see the day through.

The completed hospital consisted of 25 wooden huts, with the kitchen, theatres, x-ray department, treatment centres, and wards concentrated in 16 one-storey huts radiating from a main connecting corridor. The out-patients department, casualty, laboratory, staff quarters, and two tubercular wards of 20 beds, the offices, stores and chapel occupied the remaining huts. The grounds were tastefully laid out with flowers, shrubs and vegetable gardens. According to Miss Crowley, 'the general appearance was homely,



bright and cheerful, and besides the constant stream of patients, their relatives and friends, no stranger, I think, ever passed without calling and all received the hospitality of the house'.<sup>33</sup> The hospital had an active maternity unit where the 'comfortable lying-in beds, with the swing cots attached, and mobile back rests added greatly to the comfort of the mothers and attracted much interest'. The surgical unit with 26 beds, had a modern well-equipped theatre with its wall covered in aluminium plate and its floors with cork lino. With frequent casualties from exploding mines the theatre was kept busy. The medical unit was in demand for the treatment of diseases of malnutrition. There was a bright and cheerful paediatric section with 10 cots and two small side wards. The patients in the tuberculosis wards were all male, most of whom had contracted the disease in concentration camps.

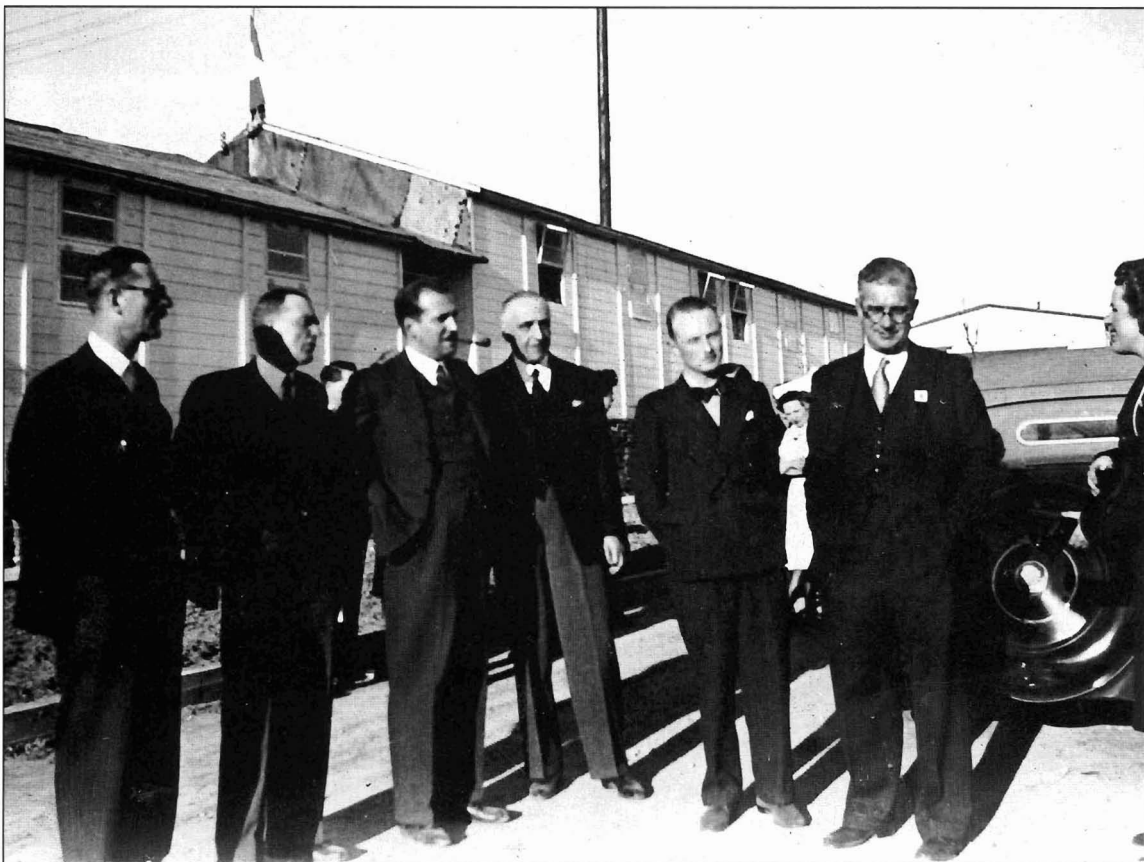
Many of the illnesses treated were due to malnutrition and neglect. Patrick Carey recalls two surgical operations, which though minor, earned him lasting gratitude. A middle-aged peasant came to out-patient's with the largest sebaceous cyst that the young surgeon had ever seen; about the size of a melon, it sprouted from his forehead like a second head which he was forced to support with his hands so that he could hold his head up; the misery of years of carrying this mill-stone was relieved by a brief operation. The Chief of the Gendarmerie in Saint-Lô had lost his son tragically in the bombing of the city, and his teenage daughter had had her leg amputated; his wife and he decided to have another child, and this belated arrival was brought to the Irish Hospital after drinking boiling liquid that caused life-threatening oedema of the glottis; death was only prevented by an emergency tracheostomy performed by Paddy Carey.

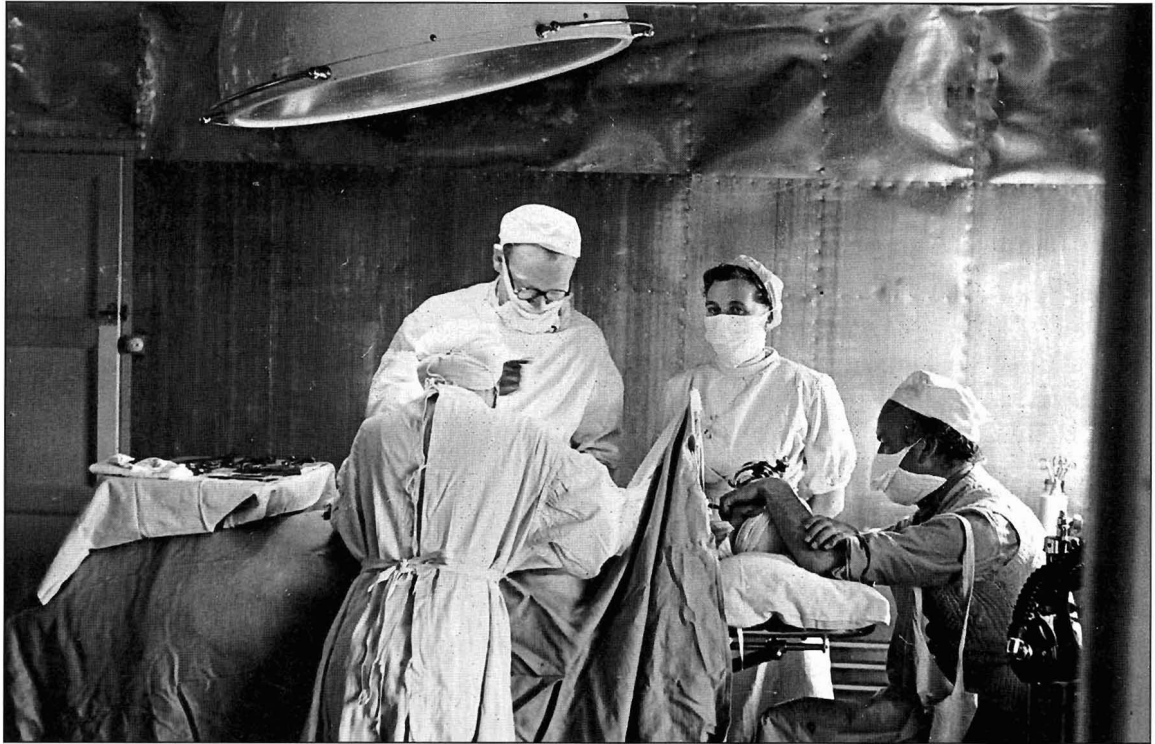
The hospital ambulance service with its seven ambulances operating throughout the Normandy area, was much in demand. The wards filled up very quickly and with the gracious welcome afforded by the Irish, the queues for consultation grew daily, and one found there people worthy of admission to the court of miracles. The Irish welcomed everyone, so much so that a good woman, imagining herself ill despite the assurances of her doctor who steadfastly refused to send her to the hospital, declared: 'If that is all you can do, I will call the Irish and I tell you they will come and collect me in their ambulance if I call them, and they will do all that I ask of them.' What more beautiful tribute can be made?<sup>34</sup>

General labour for the hospital was hard to come by, and the French authorities provided thirteen German prisoners of war who were brought in each morning under armed guard and taken away in like fashion each evening. Miss Crowley found them 'well disciplined, always cheerful and willing to learn and the service they rendered played no small part in the success of the hospital'. She remembers her thirteen prisoners with affection, as

they remember her and she still receives correspondence from some of those who survive. The prisoners were delivered to the hospital each morning by a French officer, and Miss Crowley immediately restored their dignity by replacing their prisoner-of-war garb with the uniforms of an orderly. None ever attempted to escape and Miss Crowley went so far as to take her clutch to the beaches of Normandy on picnics without a guard! Dr J Gaffney also wrote warmly of the German POW's, who performed odd jobs for the staff: 'for example, they clean our shoes, brush our clothes, etc. and I have one whole-time in my lab. who is very useful at washing bottles, keeping an eye on my water-distillation plant and so forth.' The POW camp in Saint-Lô held about 1000 prisoners, among whom was a doctor – Dr Lippit from Giaz, Austria, who had 'written to his people 84 times without getting a reply'.<sup>35</sup>

*Dr Alan Thompson with a group of visitors in the hospital. (By courtesy Mr and Mrs P Carey.)*





*The operating theatre: Mr F McKee is operating with Dr T Boland giving the anaesthetic. Sister B O'Rahelly is facing the camera, and Sister M Doherty has her back to the camera. (By courtesy Mr and Mrs P Carey.)*

Patrick Carey recalls that one of the German POW's fell on his bayonet prior to his capture, and the tip broke off, lodging in his buttock. The wound became infected and the prisoner seriously ill. Carey located the metal tip and successfully performed a difficult operation to remove it. On presenting the offending piece of weaponry proudly to his patient, he was somewhat taken aback when instead of an expression of gratitude, he was informed that had a German not invented x-rays, he would have been unable to locate it.

On 10th June 1946, Samuel Beckett, the storekeeper of Saint Lô wrote an account of the Irish Hospital for broadcasting to the Irish people on Radio Éireann.<sup>36</sup> It is not known if this remarkable account of the Irish achievement in Saint-Lô was ever broadcast:

On what a year ago was a grass slope, lying in the angle that the Vire and Bayeux roads make as they unite at the entrance of the town, opposite what remains of the second most important stud-farm in France, a general hospital now stands. It is the Hospital of the Irish Red Cross in Saint-Lô, or, as the Laudiniens themselves say, the Irish Hospital. The buildings consist of some 25 prefabricated wooden huts. They are

superior, generally speaking, to those so scantily available for the wealthier, the better-connected, the astuter or the more flagrantly deserving of the bombed-out. Their finish, as well without as within, is the best that priority can command. They are lined with glass-wool and panelled in isorel, a strange substance of which only very limited supplies are available. There is real glass in the windows. The consequent atmosphere is that of brightness and airiness so comforting to sick people, and to weary staffs. The floors, where the exigencies of hygiene are greatest, are covered with linoleum. There was not enough linoleum left in France to do more than this. The walls and ceiling of the operating theatre are sheeted in aluminium of aeronautic origin, a decorative and practical solution of an old problem and a pleasant variation on the sword and ploughshare metamorphosis. A system of covered ways connects the kitchen with refectories and wards. The supply of electric current, for purposes both of heat and of power, leaves nothing to be desired. The hospital is centrally heated throughout, by means of coke. The medical, scientific, nursing and secretarial staffs are Irish, the instruments and furniture (including of course beds and bedding), the drugs and food, are supplied by the Society. I think I am right in saying that the number of in-patients (mixed) is in the neighbourhood of 90.<sup>37</sup> As for the others, it is a regular thing, according to recent reports, for as many as 200 to be seen in the out-patients department in a day. Among such ambulant cases a large number are suffering from scabies and other diseases of the skin, the result no doubt of malnutrition or an ill-advised diet. Accident

*The Maternity Ward with Sister Nan O'Leary. (By courtesy Miss M. Crowley.)*



cases are frequent. Masonry falls when least expected, children play with detonators and demining continues. The laboratory, magnificently equipped, bids well to become the official laboratory for the department, if not of an even wider area. Considerable work has already been done in the analysis of local waters.

These few facts, chosen not quite at random, are no doubt familiar already to those at all interested in the subject, and perhaps even to those of you listening to me now.

They may not appear the most immediately instructive. That the operating-theatre should be sheeted with an expensive metal, or the floor of the labour-room covered with linoleum, can hardly be expected to interest those accustomed to such conditions as the *sine qua non* of reputable obstetrical and surgical statistics. These are the sensible people who would rather have news of the Norman's semi-circular canals or resistance to sulphur than of his attitude to the Irish bringing gifts, who would prefer the history of our difficulties with an unfamiliar pharmacopia and system of mensuration to the story of our dealings with the rare and famous ways of spirit that are the French ways. And yet the whole enterprise turned from the beginning on the establishing of a relation in the light of which the therapeutic relation faded to the merest of pretexts. What was important was not our having penicillin when they had none, nor the unregarding munificence of the French Ministry of Reconstruction (as it was then called), but the occasional glimpse obtained, by us in them and, who knows, by them in us (for they are an imaginative people), of that smile at the human condition as little to be extinguished by bombs as to be broadened by the elixirs of Burroughes and Welcome, the smile deriding, among other things, the having and not having, the giving and the taking, sickness and health.

It would not be seemly, in a retiring and indeed retired store-keeper, to describe the obstacles encountered in this connexion, and the forms, often grotesque, devised for them by the combined energies of the home and visiting temperaments. It must be supposed that they were not insurmountable, since they have long ceased to be of much account. When I reflect now on the recurrent problems of what, with all proper modesty, might be called the heroic period, on one in particular so arduous and elusive that it literally ceased to be formulable, I suspect that our pains were those inherent in the simple and necessary and yet so unattainable proposition that their way of being we, was not our way and that our way of being they, was not their way. It is only fair to say that many of us had never been abroad before.

Saint-Lô was bombed out of existence in one night. German prisoners of war, and casual labourers attracted by the relative food-plenty, but soon discouraged by housing conditions, continued, two years after the liberation, to clear away the debris, literally by hand. Their spirit has yet to learn the blessings of Gallup and their flesh the benefits of the bulldozer. One may thus be excused if one questions the opinion generally received, that ten years will be sufficient for the total reconstruction of Saint-Lô. But no matter what period of time must still be endured, before the town begins to resemble the pleasant and prosperous administrative and agricultural centre that it was, the hospital of wooden huts in its gardens between the Vire and Bayeux roads will continue to discharge its function, and its cured. 'Provisional' is not the term it was, in this universe become provisional. It will continue to discharge its function long after the Irish are gone and their names forgotten. But I think that to the end of its hospital



*The 'retiring storekeeper' of the Irish Hospital at Saint-Lô; Samuel Beckett wearing the uniform of the Irish Red Cross. (By courtesy Miss J Gaffney.)*

days it will be called the Irish Hospital, and after that the huts, when they have been turned into dwellings, the Irish huts. I mention this possibility, in the hope that it will give general satisfaction. And having done so I may perhaps venture to mention another, more remote but perhaps of greater import in certain quarters, I mean the possibility that some of those who were in Saint-Lô will come home realising that they got at least as good as they gave, that they got indeed what they could hardly give, a vision and sense of a time-honoured conception of humanity in ruins, and perhaps even an inkling of the terms in which our condition is to be thought again. These will have been in France.

Such indeed was the case. Dr Gaffney was to write: 'Looking up at the date I find it two months since I came here; and I must add that I've learned more about humanity and human nature in these two months than I'd learn at home in two years.'<sup>38</sup> Colonel McKinney expressed similar sentiments: 'We, Irish doctors, and nurses have had the advantage of mixing closely with the French people, and we have been received warmly



*Arthur Darley (second from left) at Saint-Lô. Also in this photograph from left to right are: Mr F McKee, Dr J Gaffney, Mr T Dunne, and an ambulance orderly. (By courtesy Mr M Thompson.)*

by many French families. We have learned more from this experience than would have been possible through many years of academic and touristic relations. We have seen the reaction of the people of France in its time of trial, and we have come to love and admire them. I regret departing this land to which I have been so attracted, but in so doing I express for my colleagues and myself, our respect for this noble country. I pay homage to the greatness of France and the courage of its people.'<sup>39</sup>

Beckett's broadcast is of interest in that it gives not only an account of the Irish Hospital, but describes also the emotional consequences of the experience, or, at least, what the enduring feelings were for one of his sensitivity. Beckett expresses emotion most deeply in poetry and two profound poems emanate from his experiences and a friendship in Saint-Lô.<sup>40</sup> The first, entitled simply *Saint-Lô*, was published in the *Irish Times* on June 24th, 1946. It is a complex statement on the survival of humanity in the depth of ruin

and despair and is generally regarded as one of his finest poems.<sup>41</sup> The river Vire winding its way through the ruined city links the past, the destruction of the present, and the inevitable rebirth witnessed by Beckett, with the future havoc which all-forgetting humanity will just as inevitably inflict upon itself again<sup>42</sup> –

*Vire will wind in other shadows  
unborn through the bright ways tremble  
and the old mind ghost-forsaken  
sink into its havoc*

Arthur Darley contracted tuberculosis either at Saint-Lô, where he was in charge of the tuberculosis unit, or shortly before his departure from Ireland to serve with the Red Cross. Fluent in French, gentle in manner, and selfless in his dedication to the sick of Saint-Lô, he was most popular with the patients. He began his out-patients clinic (for which patients began queuing before dawn) at 9am and continued through the day to 6pm. Appreciation was shown by gifts of Calvados of which Darley had an immense stock. This he indulged in occasionally himself, always placing his violin in the safe-keeping of Miss Crowley, before an evening in the town.<sup>43</sup> His death in 1948 distressed Beckett deeply and he wrote the poem *Mort de A.D.* in tribute to his friend. In this poem, which Beckett has never translated from the original French,<sup>44</sup> he expressed his anguish and depression at his friend's suffering, the futility of existence destined to pain before annihilation, and the spiritual hunger of Darley, eased only by his frantic reading of the 'lives of the saints'<sup>45</sup> –

*et là être là encore là  
pressé contre ma vieille planche vérolée du noir  
des jours et nuits broyés aveuglément  
à être là à ne pas fuir et fuir et être là  
courbé vers l'aveu du temps mourant  
d'avoir été ce qu'il fut fait ce qu'il fit  
de moi de mon ami mort hier l'oeil luisant  
les dents longues haletant dans sa barbe dévorant  
la vie des saints une vie par jour de vie  
revivant dans la nuit ses noirs péchés  
mort hier pendant que je vivais  
et être là buvant plus haut que l'orage  
la coulpe du temps irrémissible  
agrippé au vieux bois témoin des départs  
témoin des retours*

Beckett's last task at Saint-Lô was to obtain rat poison from Paris to enable the matron, Mary Crowley, to rid the maternity and children's wards of infestation.<sup>46</sup> His resignation was effective from January 1946, but he continued to give whatever help he could to the hospital from Paris.



And what of this remarkable institution, the *Hôpital Irlandais de Saint-Lô*? On December 31st, 1946 it was handed over to the French Red Cross as a fully functioning hospital, which later was rebuilt and is now a major hospital in the town. The citizens of Saint-Lô demonstrated their appreciation to the Irish staff on their departure, when it is recorded that 'the entire population . . . headed by the Mayor, and crowds from other parts of Normandy, marched to the Hospital with banners bearing words of appreciation, presented floral tributes to and warmly acclaimed the departing staff'.<sup>47</sup> There were many tributes:

Ireland and her Red Cross (which was only founded in 1939) are well deserving of the gratitude of the Normands, who were the first to receive the beneficence of this organisation. The Irish Hospital not only welcomed the sick, it also received the curious like me, and it was while toasting the whiskey, 'the Calva', of Ireland, that I made acquaintance with these admirable people whom we adopted and received so gratefully within our walls - our walls which exist no more.<sup>48</sup>

The French Government expressed its gratitude to the Irish staff of the *Hôpital De La Croix Rouge Irlandaise* with the award of the *Medaille de la Reconnaissance Française*. Dr Alan Thompson returned to his post of Senior Physician on the staff of the Richmond Hospital in Dublin. He was appointed Professor of Medicine to the Royal College of Surgeons in Ireland in 1962. His distinguished position in Dublin medicine was acknowledged by his profession when he was elected to the office of President of the Royal College of Physicians of Ireland in 1966, and in 1967 when the College celebrated its tercentenary. Alan Thompson died on 23 March 1974.<sup>49</sup>

Arthur Darley died from tuberculosis at Our Lady's Hospice, Harold's Cross, on December 30th, 1948. He had revisited Saint-Lô shortly before his death.<sup>50</sup>

James Gaffney returned to Sir Patrick Dun's Hospital. He was killed tragically in the Aer Lingus aeroplane crash in the Welsh mountains on January 10th, 1952. His son, Eoin, was a pathologist on the staff of St Laurence's Hospital prior to his appointment to St James's Hospital.

Samuel Beckett continues to live in Paris. He was awarded the Nobel Prize for literature in 1969 for 'a body of work that, in new forms of fiction and the theatre, has transmuted the destitution of modern man into his exaltation'.<sup>51</sup>

A full history of the Irish hospital at Saint-Lô must some day be written. This essay sketches the origins of the hospital and pays tribute to some of those who were prominent in its foundation. It does not aspire to being comprehensive, nor does it attempt to chronicle fully the many medical and nursing Irish volunteers who served in Normandy.

## References

1. Shenker, Israel. 'Moody Man of Letters'. *New York Times*. 6 May 1956. Section 2. p. 3.
2. Knowlson, James. *Samuel Beckett: an exhibition held at Reading University Library, May to July 1971*. Turret Books. London. 1971. pp. 43-44.
3. While at Roussillon, Beckett wrote the novel *Watt*. For an account of Beckett's war-time activities in France see: Bair, Deirdre. *Samuel Beckett. A Biography*. Pan Books Ltd, Picador Edition. 1980. pp. 257-285; Foot, M R D. *SOE in France. An Account of the Work of the British Special Operations Executive in France 1940-1944*. Her Majesty's Stationery Office. London. 1966. pp. 319-320; Reid, Alec. *All I can Manage, More than I Could: An Approach to the Plays of Samuel Beckett*. Dolmen Press. 1968. pp. 13-14.
4. O'Brien, E. *The Beckett Country: Samuel Beckett's Ireland*. Black Cat Press, Dublin, and Faber and Faber, London and New York. 1986. pp 315-316
5. For other Irish wartime associations with France see O'Brien, E. *The Beckett Country: Samuel Beckett's Ireland*. Black Cat Press, Dublin, and Faber and Faber. London and New York. 1986. p. 384.
6. Irish daily paper clipping in the possession of Miss M Crowley.
7. McKinney, Col. Thomas. 'Dans nos Ruines . . . une Cite blanche. L'Hôpital Irlandais de Saint-Lô. Don de l'Irlande a La Normandie.' *Terre Normande*. No. 3. Mars-Avril, 1946. p 15. (By courtesy Mr and Mrs P Carey).
8. For a dramatic pictorial history of the devastation of Saint-Lô see: Elmer, Marc. *Images - Souvenirs du Debarquement et de la Bataille de Normandie*. Publications D'Arromanches. France. n.d.
9. Lelievre, Raymond. 'Dans nos Ruines . . . une Cite blanche. L'Hôpital Irlandais de Saint-Lô. Don de l'Irlande a La Normandie.' *Terre Normande*. No. 3. Mars-Avril, 1946. p. 14.
10. I am indebted to Miss Mary Crowley for the invaluable assistance she gave me in the preparation of this chapter. She made available to me her albums of photographs from Saint-Lô from which many of the illustrations are taken. I acknowledge with gratitude her paper on Saint-Lô, from which she has allowed to quote freely. (Crowley, Mary F. 'The Hôpital Irlandais St-Lô.' Address to the Soroptimist Club of Dublin. 23 November 1948.)
11. 'French Unit.' *Irish Red Cross Bulletin*. September 1945. vol. v, no. 9, p. 259. I am grateful to Mr and Mrs P Carey for a copy of the *Bulletin*.
12. Harvey, Lawrence E. *Samuel Beckett, Poet and Critic*. Princeton University Press. New Jersey. 1970. p. 179.
13. *Irish Red Cross Bulletin*. 1945. vol. v, p. 259.
14. *The Irish Times*. Fri. Feb 26. 1937.
15. Harvey, Lawrence. *Samuel Beckett. Poet and Critic*. Princeton University Press. New Jersey. 1970. p. 218.
16. Letter from Dr Gaffney to his mother from Hôpital Irlandais. 31.8.45.
17. Letter from Dr Gaffney to his sister Maureen, 31.8.34.
18. Letter from Dr Gaffney to his sister Josie, 7.9.45.
19. Letter from Dr Gaffney to his brother Maurice, 10.9.45.
20. Letter from Dr Gaffney to his sister Maureen 20.9.45.
21. A résumé of this report is in Miss Crowley's possession.
22. Letter from Dr Gaffney to his sister Josie, 9.4.46.
23. Letter from Dr Gaffney to his sister Nora, 2.10.45.
24. Letter from Dr Gaffney to his sister Nora, 2.10.45.
25. Letter from Dr Gaffney to his sister Nora, 22.10.45.
26. Letter from Dr Gaffney to his brother Christy, 28.10.45.
27. Notice in Miss Crowley's possession.
28. Letter from Dr Gaffney to his mother, 20.3.46.
29. Letter from Dr Gaffney to his sister, Josie, 9.4.46.
30. Letter from Dr Gaffney to his sister, Maureen, 12.4.46.
31. Letter from Dr Gaffney to his sister, Josie. 9.4.46.
32. Letter from Dr Gaffney, to his sister, Maureen. 12.4.46.
33. Crowley, Mary F. 'The Hôpital Irlandais St-Lô.' Address to the Soroptimist Club of Dublin. 23 November 1948.
34. Lelievre, Raymond. 'Dans nos Ruines . . . une Cite blanche. L'Hôpital Irlandais de Saint-Lô. Don de l'Irlande a La Normandie.' *Terre Normande*. No 3. Mars-Avril, 1946. p. 14.
35. Letter from Dr Gaffney to his mother, 9.10.45.
36. I am indebted to Sean O'Mórdha for obtaining for me a copy of Beckett's typescript entitled 'The Capital of the Ruins.' Dated 10/6/46, and signed by Samuel Beckett. It is not known if the broadcast took place. It is published here in full with the permission of Radio Telefis Éireann. Beckett had left Saint-Lô to return to Paris at the time of writing the broadcast, though he continued to assist the hospital by performing whatever duties needed attending to in Paris.
37. When functioning fully the hospital had 115 in-patients.

38. Letter from Dr Gaffney to his brother Christy, 28.10.45.
39. MacKinney, Col. Thomas. 'Dans nos Ruines . . . une Cite blanche. L'Hôpital Irlandais de Saint-Lô. Don de l'Irlande a La Normandie.' *Terre Normande*. No 3. Mars-Avril, 1946. p. 15.
40. It has been suggested that some of Beckett's later writings, most notably *Endgame*, are based on his experiences in Saint-Lô. (Gontarski, S.E. *The Intent of Undoing in Samuel Beckett's Dramatic Texts*. Indiana University Press. Bloomington. 1985. pp. 32-39.)
41. This poem has been described as a poem of 'brief and unadorned perfection.' by Harvey (*Beckett, Poet and Critic*. p. 179), and by Fletcher as 'the finest he has written so far in either language.' (Fletcher, John. 'Beckett as Poet'. *Samuel Beckett, a collection of criticism edited by Ruby Cohn*. McGraw-Hill Book Company. 1975. pp. 41-50).
42. For an analysis of the poem see: Harvey, Lawrence. *Samuel Beckett. Poet and Critic*. Princeton University Press. New Jersey, 1970. pp. 179-182; pp. 218-220; Fletcher, John. 'Beckett as Poet.' *Samuel Beckett, a collection of criticism edited by Ruby Cohn*. McGraw-Hill Book Company. 1975. pp. 48-49.
43. I am grateful to Miss Crowley, and Patrick Carey for these personal reminiscences of Arthur Darley at Saint-Lô.
44. I am grateful to Mr T Murtagh, Trinity College, Dublin who translated the poem for me. *Mort de A.D.* has been translated in part by: Pilling, John. *Samuel Beckett*. Routledge and Kegan Paul, London. Henley and Boston. 1976. p. 180.
45. For an analysis of *Mort de A.D.* see: Harvey, Lawrence. *Samuel Beckett. Poet and Critic*. Princeton University Press. New Jersey. 1970. pp. 230-234.
46. Personal communication from Miss M Crowley.
47. Quotation from 'The Irish Hospital Sweep's Charitable Achievements', a document in Miss Crowleys possession.
48. Lelievre, Raymond. 'Dans nos Ruines . . . une Cite blanche. L'Hôpital Irlandais de Saint-Lô. Don de l'Irlande a La Normandie.' *Terre Normande*. No 3. Mars-Avril, 1946. p. 14.
49. Bofin, P J. Obituary. 'Alan H Thompson MA MSc MD FRCPI FRCP FACP(Hon)'. *Journal of the Irish Colleges of Physicians and Surgeons*. Vol 3. No 4. 1974. pp. 131-132.
50. For obituary notices see: Brendan Ryan in: *The Irish Red Cross*. Bulletin. January 1949; T A Bouchier-Hayes in: *The Evening Herald*. Sat. Jan 1. 1949; Anonymous. *The Catholic Standard*. Fri. Jan 7. 1949.
51. Stromberg, K. 'The 1969 Prize'. *Nobel Prize Library*. New York. Helvetica Press Inc. 1971. p 71.

# Chronology of the House of Industry and The Richmond, Whitworth and Hardwicke Hospitals

Compiled by Eoin O'Brien

- 1598: Poor Law Act of Elizabeth I.  
1601: Poor Law Act Modified.

## 18th Century

- 1772: Act to found a corporation for the relief of the poor. Corporations established in towns and counties with power of licensing beggars and building work-houses or houses of industry in Dublin, Cork, Limerick and Waterford.
- 1772: House of Industry established by Act of Parliament.
- 1773: First meeting of Dublin Corporation 'instituted for the relief of the poor, and for punishing vagabonds and sturdy beggars in the county and city of Dublin' in the Tholsel.
- 1772-96: Affairs managed by the 'Corporation for the relief of the Poor in the County of the City of Dublin'. (Created by an Act of Parliament 11th & 12th Geo. 3).
- 1773: Proclamation of Lord Mayor of Dublin forbidding all licensed begging after May 1st.
- 1773: Old Malt House in Channel Row rented as House of Industry for Dublin at £26 per annum by the Corporation.
- 1773: Dublin House of Industry opened on November 8th. 123 inmates in first year.
- 1773: First four nurses appointed: Mary Harding for the men's infirmary, Mary Smith and Mary Burke for the women's infirmary, and Mary Graves for the 'cock-pit' for sufferers of 'the venereal disease'.
- 1774: 173 inmates.
- 1775: First clinical presentation from the House of Industry Hospital by Dr Daniel Rainey to the Medico-Philosophical Society.
- 1775: Mrs Mary Clarke appointed head nurse at a salary of £12 per year.
- 1775: Letter of appreciation from the Board of Governors to Dr William James McNevin 'for the trouble and pains he has taken and been at in procuring for this House a proper pneumatic apparatus'.
- 1776: Donation to the House from the Paving Committee of 'one bunch of turnips and two bunches of celery seized by their supervisors for being exposed for sale on the Flagged Way'.
- 1777: Grant of £4000 by the Irish Parliament for maintenance of the House and its hospitals.
- 1777: 884 inmates. Men—276; Women—608; Protestant—264; Roman Catholic—620; Over 60 yrs—229; 30-60 yrs—367; Under 30 yrs—30; Voluntary admission—472; Involuntary admission—412; Discharges—471; Deaths—158; 'Eloped'—151.
- 1784: Charter granted by George III for foundation of the Royal College of Surgeons in Ireland.
- 1785: 'There was never so splendid a metropolis in so poor a country.' Mr Woodfall, Reporter in the Irish Parliament.
- 1791: New House of Industry opened in the orchard on the northern aspect of the old Malt-House.

## THE HOUSE OF INDUSTRY HOSPITALS

- 1797: Act of Parliament (38th Geo 4) empowering Corporation to appoint by ballot seven persons from its own body to be Acting Governors of the House of Industry. James Henthorn, Rev. William O'Connor, Edward Houghton, Rev. James Horner, Frances L'Estrange, Rev. Thomas Gamble and Thomas Worthington were appointed, all of whom acted without salary.
- 1798: Resolved by the Board 'that the said Dr William James McNevin be and he is hereby removed from the said place or office of one of the Physicians to the House of Industry' on being found guilty of belonging to the United Irishmen.
- 1798: Bedford Asylum for Children opened (later to become the North Dublin Union).
- 1799: Foundation of a Medico-Philosophical Society in Brunswick Street by the students of the hospital.

### 19th Century

- 1800: Parliament Act (40, Geo 3, c.40) empowering Lord Lieutenant to appoint five of the seven acting governors.
- 1803: Hardwicke Fever Hospital opened. Thermometers introduced for clinical use.
- 1807: Dispensary opened for provision of treatment to poor out-patients. 2,500 persons 'had received advice, medicine and flannel' in its first year.
- 1810: Richmond Surgical Hospital opened on 4th June, at a cost of £1,868 with accommodation for 129 patients on the site of the old nunnery.
- 1812: 'School of Medicine of the Hardwicke Hospital' opened.
- 1813: Doctors Hugh Ferguson and Edward Percival successfully petitioned the Board for permission to establish a School of Medicine.
- 1813: 'Octagon Room' erected as theatre at rear of the Richmond Hospital.
- 1815: Richmond Lunatic Asylum for the care of the insane opened with independent Governors at a cost of £77,000 (The Asylum was previously under the charge of the Governors of the House of Industry).
- 1816: Medical School name changed to 'Anatomical Theatre of the Richmond Hospital'.
- 1817: Whitworth 'Chronic' Hospital opened.
- 1820: Parliamentary Act (1 Geo 4, c.40) abolishing the positions of seven Governors, and empowering the Lord Lieutenant to appoint instead one Governor at a salary of £500 a year, and one Assistant Governor at a salary of £300 a year, together with the appointment of Seven Persons as Visitors, each to serve without salary. The first visitors were Robert Percival, MD, Thomas Crosthwait, William Harding, James M Pike, Roderick Connor, Henry Cole, Judge Vandeleur.
- 1820: Talbot Dispensary for relief of the sick poor of North-West Dublin opened.
- 1826: New medical school established in an old convent opposite the Richmond Surgical Hospital and named the 'School of Anatomy Medicine and Surgery of the Richmond Hospital'.
- 1826: Visit to the Hospital by Napoleon's surgeon, Baron Dominique Jean Larrey.
- 1830: 'Old Richmond' refurbished at a cost of £2,538; the architect declared that 'a crazy, tottering and dangerous old building had been converted into one of permanency and convenience . . .'
- 1838: Irish Poor Law bill passed by parliament placing administration of relief under the control of the Poor Law Commissioners resulting in the pauper section of the House of Industry becoming the North Dublin Union Poorhouse, with the Hospitals coming under the independent control of the Poor Law Commissioners.
- 1838: Lunatics of the House of Industry transferred to Hardwicke Cells and to a disused artillery barracks at Island Bridge.
- 1841: Mr Carey, apothecary, begged to state that the 500 leeches allocated for the month of August had been used in a fortnight due to some serious operations.
- 1847: New Year's Day – first operation under anaesthesia performed by Mr John McDonnell.
- 1849: Death of Richard Carmichael. Medical School renamed 'The Carmichael School'.
- 1851: Medical pupils attending the House of Industry Hospitals – 96.
- 1851: Admissions to the House of Industry Hospitals:  
Whitworth Hospital – 1,151, Richmond Hospital – 1,349, Hardwicke Hospital – 2,187.
- 1852: Governors Orders:  
*The relatives of any deceased patient who may object to a post-mortem examination taking place are to be forthwith referred to the Governor's Office.*
- 1852: Governors Orders:  
*That Messrs Adams, Barton, Connolly, Loughlin, Ledlie and Beatty be not permitted to continue their attendance at the Hospitals connected with the H of I in consequence of the act of insubordination and violence which they perpetrated in the Medical deadhouse on the 22nd inst. For this prevention which is to take place forthwith this shall be your authority.*
- 1854: Lunatics transferred from the Hardwicke Cells and Island Bridge to Dr Stewart's asylum at Lucan, which later transferred to Palmerstown where it became the Stewart Institution.

- 1854: Select Committee Report:  
*House of Industry Hospitals, the Hardwicke, Whitworth and the Richmond, accommodated 312 patients suffering from every form of disease; supported by a Parliamentary Grant of £11,859 per annum of which £7,600 was spent on the hospitals, the balance being used to maintain the lunatic asylum, the Talbot Dispensary and a department for providing trusses to the poor; attended by 4 physicians and 5 surgeons the latter receiving no salary, the two senior physicians being paid £100 a year each and the two junior physicians £60 per year each.*
- 1856: Act passed (19&20 Vict. c.110):  
*For the better regulation of the House of Industry Hospitals and other hospitals in Dublin supported wholly or in part by parliamentary grants whereby management of the Hospitals was vested in a Board of Governors, partly nominated by the Lord Lieutenant and partly elected by subscribers, and a Board of Superintendence was appointed to visit the hospitals at least once a year.*
- 1857-58: Average cost per bed £29.8s.0d.
- 1857: Governors Orders:  
*Reported to Govs. there was singing in the R.H. up to one o'clock on Monday night last. Ordered: That the pupils be requested to have no stranger in their room after 11 o'clock, neither singing or making noise that may disturb the patients.*
- 1858: That the set of test tubes, urinometer, and glasses supplied by James Robinson for Dr Corrigan's wards be received and paid for.  
Prices allowed for internments  
Coffin: 4/-  
Hearse: 2/-  
Ticket: 1/6  
7/6  
Coffin for child under 5 years: 2/6 — above that age same as adult.  
If 4 internments at same time, hearse: 6/-
- 1859: Governors Orders:  
*The Govs. resumed the investigation of last day of meeting respecting the carelessness of Bridget Corcoran as reported by the Matron, and a letter from Bridget Corcoran charging the cook with misappropriating meat and soap and soda. In connection with the foregoing a letter was read from the cook, Sarah Burgess, stating 'that a report was made by enemies respecting her, and that Mr Birch (Chief Clerk of Hospitals) was a determined one, and the reason of his enmity was her refusal to save dripping for him some months back; That the reason for Corcoran's report was because she, the cook, had frequently reproved her for improper familiarity with the diet clerk, and with regard to Julia Delaney (in evidence against her) that she is not right in the head, and could be made to say anything for a glass of whiskey, which Mrs Hayes or the nurses can certify. The cook also charges Corcoran with having used violent and threatening language, and appeals that the store maid, Anne McClure will be examined to certify as to the language made use of by Corcoran in the servants' room. Bridget Corcoran to be dismissed for refusing to obey the Matron.*
- 1862: Governors Orders:  
*Mr Mullen had discovered two patients playing at cards in the airing shed in rear of R.H. on 13th inst, and had destroyed the cards, but held the stakes awaiting Govs. orders thereon.  
Ordered, in reference to the order of Govs. of Sept. 1859 forbidding gambling, all stakes played for by patients in the Hospitals will be forfeited to Govs., and applied to use of institution. This Bye-law to be hung up in the different hospitals.*
- 1863: Governors Orders:  
*Following appeared in 'Visitors' Report Book — signed by Dr Corrigan.  
Dec 27th 1862 I visited the R.H. at 6 o'clock pm this day. There was no resident or other pupil in the house. The porter had 'In' marked after the three names of the residents. Mr Leeson, on temp. duty for Mr O'Brien, who was ill, had gone up to dinner in Mr Kisby's (Apoth.) residence, leaving instructions where he was to be found — and that the man on duty in the Hall was the messenger of the R.H. doing temp. duty for Porter.  
Ordered: In future Res. Pupil for the day must dine in his room at Hosp. as his absence even for a few minutes might be of serious consequence. This order to be inserted among the rules for Res. Pupils in both Surg. and Med. Hosps.*
- 1865: New Carmichael School of Medicine opened.
- 1865: Ophthalmoscope introduced by Mr Henry Wilson (natural son of Sir William Wilde).
- 1866: Laryngoscope introduced by Robert William Smith.
- 1878: First successful abdominal hysterectomy performed by Thornley Stoker.
- 1879: Visit to the Richmond Hospital by Joseph Lister after which his antiseptic technique was introduced.
- 1879: Carmichael School closed and transferred to a new building in Aungier Street. In 1889 it amalgamated with the Ledwich School in the Royal College of Surgeons.
- 1885: First historical account of the Hospitals: 'The Hospitals of the House of Industry : An Historical Sketch' by Thornley Stoker. (*Dublin Journal of Medical Science*. 1885).
- 1885: Telephone installed in the Richmond Hospital at annual rental of £10 (no charge for calls) and in each of

## THE HOUSE OF INDUSTRY HOSPITALS

- the four surgeons residencies at a rental charge of £12 per annum, half of which was paid for by the Board.
- 1890:** First record of brain surgery in Ireland by Thornley Stoker with physicians Guy L'Estrange and Joseph O'Carroll.
- 1891:** School of Nursing established.
- 1896:** Hardwicke Fever Hospital:  
 Average daily occupancy: 74.42  
 Average stay: 28.81 days  
 Patients admitted to year ending 1st April: 967  
 Patients discharged: 902  
 Deaths: 63
- The number of patients admitted into the Whitworth Hospital during the year ending 1st April, 1896, were 647,589 were discharged, 51 died and 44 remained in hospital.
- The average daily number of beds occupied throughout the year was 56.29; and the time spent in Hospital by each patient averaged 25-40 days.
- 1897:** Installation of an x-ray apparatus (Roentgen's discovery was reported in 1895).

## 20th Century

- 1900:** The New Richmond Hospital opened.
- 1903:** East and West wings added to the Whitworth Hospital.
- 1904:** Post-mortem department built on foundations of the original 'octagon room' operating theatre of the Old Richmond Surgical Hospital.
- 1932:** Hospitals Commission established by government to advise on expenditure of Hospital Sweepstakes Fund and to co-ordinate hospital planning.
- 1938:** Plans of rebuilding a 500 bedded hospital submitted to Hospitals Commission. Sanction refused except for erection of a temporary X-ray Department.
- 1938:** Mr A A McConnell, Chairman of the Board of Governors requested by the Minister of Local Government and Public Health, to consider rebuilding the hospital on a new site in Cabra.
- 1939:** Unanimous decision of the Board opposing the Scheme communicated to Minister. Later in the year a compromise proposal for a new out-patient facility at North Brunswick Street was accepted by the Board.
- 1939:** St Laurence O'Toole's Hospital Bill published changing the name of the Hospitals (without prior consultation with the Board) to St Laurence's Hospital.
- 1943:** St Laurence's Hospital Act passed in the Dáil:  
*An Act to provide for the establishment in or near the City of Dublin of a new General Hospital, to be called St Laurence's Hospital in the place of the House of Industry Hospitals . . . and for the closing of the said House of Industry Hospitals, and to provide for certain other matters connected with the matters aforesaid.*  
 The latter part of this Act only became reality when the House of Industry Hospitals – the Richmond, Whitworth and Hardwicke Hospitals – closed on November 30th, 1987, and the patients and staff transferred with those from the Charitable Infirmary to Beaumont. The Hospital was officially known as St Laurence's Hospital from 1943, but Dubliners continued to refer to the complex affectionately as 'The Richmond Hospital'.
- 1944-48:** Compulsory acquisition of land at Cabra and detailed plans for new hospital drawn up.
- 1952:** Feasibility of rebuilding the Hospital at North Brunswick Street considered again and rejected.
- 1953:** New plans for a 472 bed hospital at Cabra drawn up and £1½ million allocated from the Hospital Trust Fund.
- 1956:** Department of Health refused to proceed with the new hospital because of lack of finance.
- 1959:** Plans submitted to the Department for major reconstruction on the North Brunswick Street site costing £1.4 million were rejected.
- 1966:** Working party of representatives of the hospital and Department of Health established with a view to rebuilding the hospital at Cabra.
- 1967:** Consultative Council on the Hospital Services established by the Minister for Health recommended the establishment of a large Regional Hospital in the North City comprising the Mater Hospital, the Charitable Infirmary at Jervis Street, and St Laurence's Hospital (together with a general hospital at Blanchardstown) to be sited on the Mater Hospital site.
- 1968:** Plans agreed for extensive improvements to the buildings of St Laurence's on the North Brunswick Street site.
- 1982:** Bicentenary of St Laurence's Hospital. Publication of *The Richmond, Whitworth and Hardwicke Hospitals, St Laurence's, Dublin, 1772-1972*, edited by J D H Widdess.
- 1986:** Hardwicke Hospital closed.
- 1987:** Sunday, November 30th. Patients of Richmond and Whitworth Hospitals, transferred to Beaumont Hospital. St Laurence's Hospital closed.

## Clinical Staff 1772-1987

Compiled by

Joseph Keyes and Mary O'Doherty

The staff lists were compiled using the directories listed here and are accurate according to these sources. Tenure of positions is reckoned to have commenced the year prior to the appearance of the holder's name in a directory.

1. An Alphabetical List of Names and Places of Abode of the Merchants and Traders of the City of Dublin. Dublin. Wilson, 1755-1786.
2. The Treble Almanack, incorporating:  
Watson's Irish Almanack, Exshaw's English Court Registry, Wilson's Dublin Directory (No.1 above).  
Dublin, 1787-1837.
3. The Dublin Almanack and General Registry of Ireland.  
Dublin. Pettigrew and Oulton, 1834-1849.
4. Thom's Directory.  
Dublin. Thom & Sons, 1844-1988.
5. The Medical Directory.  
London. Churchill Livingstone, 1845-1988.

Note: \*After 1970 the practice of describing newly appointed Consultants as Assistant Physicians or Assistant Surgeons was discontinued.

### Physicians

\* Assistant Physician    \*\* Acting Physician

Daniel Rainey 1773-1783	J Armstrong 1790-1791	Edward Percival 1813-1817
Edward Foster 1774-1779	W J McNevin 1790-1798	John Cheyne 1815-1819
Edward Hill 1780-1782	M Stritch 1793-1798	James Clarke 1815-1820
Robert Scott 1780-1808	Thomas Johnston 1797-1803	John Crampton 1817-1840
William Cleghorn 1782-1783	William Turner 1799-1803	Thomas Herbert Orpen 1823-1842
James Moody 1783-1790	Alexander Jackson 1799-1815	Samuel Litton 1826-1846
George Burrows 1786-1793	Hugh Ferguson 1803-1843	George Greene 1840-1846
Dr Usher 1787-1788	Daniel Bryan 1804-1823	Dominic J Corrigan 1840-1866



John Thomas Banks 1843-1908	Gerard Thomas O'Brien 1932-1945*; 1945-1973	Jacques Noël (Geriatrics) 1972-1987
B G McDowell 1846-1885	Alan Thompson 1932-1945*; 1945-1974	Eoin O'Brien** (Cardiology) 1974-1976
Samuel Gordon 1846-1898	Harry Lee Parker (Neurology) 1935-1948	John Lavan (Geriatrics) 1975-1987
Robert Dyer Lyons 1866-1886	Brendan McEntee (General/Neurology) 1945-1946*; 1946-1974	Sean Murphy (Neurology) 1975-1987
G F Yeo* 1872-1875	Dermot O'Connor Donelan (Dermatology) 1945-1965*; 1965-1986	James Finucane (General/Endocrinology) 1976-1987
Reuben Joshua Harvey* 1875-1881	Mervyn L Abrahamson (General) 1948-1964*; 1964-1974	John Horgan (Cardiology) 1976-1987
S Woodhouse* 1882-1884	Harry E Counihan (General) 1948-1964*; 1964-1983	Kevin O'Malley (Clinical Pharmacology) 1976-1987
Guy L'Estrange Nugent 1884-1886*; 1886-1897	Seamus Dundon (Paediatrics) 1949-1986	Brian O'Moore (Neurophysiology) 1977-1987
Joseph O'Carroll 1886-1887*; 1887-1931	John G Kirker (Neurophysiology) 1950-1987	Sean O'Loughlin (Dermatology) 1979-1987
T Donnelly* 1887-1897	Desmond McGrath (Psychiatry) 1956-1987	Shane O'Neill (General/Respiratory) 1984-1987
J B Coleman 1897-1915	Tom Gregg (Physical Medicine) 1960-1987	Mary King (Paediatric Neurology) 1986-1987
R Travers-Smith 1897-1902*; 1902-1919	J Stephen Doyle (General/Gastroenterology) 1965-1970*; 1970-1987	Joseph McMenamin (Paediatric Neurology) 1986-1987
F C Purser 1902-1919*; 1919-1934	James Devlin (Endocrinology) 1969-1970*; 1970-1987	
J A Matson* 1902-1937	Hugh Staunton (Neurology) 1971-1987	
G E Nesbitt 1908-1919*; 1919-1931		
M Drummond (Dermatology) 1915-1964		
J O'Connor 1931-1937		
Leonard Abrahamson 1931-1964		

#### Surgeons

\* Assistant Surgeon

Deane Swift 1773-1775	Philip Woodroffe 1780-1799	Robert Moore Peile 1791-1801*; 1801-1850
James Henthorn 1773-1809	Thomas Edwards* 1782-1791	Houson Bigger* 1793-1800
Thomas Ferguson* 1780-1782	Francis L'Estrange 1786-1799*; 1799-1815	James Rivers 1800-1809*; 1809-1816

Charles Hawkes Todd 1809-1815*; 1815-1826	Thomas Myles 1891-1931	Colin Gleadhill* (Neurosurgery) 1955-1959
Richard Carmichael 1816-1840	F W Condon* 1892-1893	Harold J Browne (General) 1955-1964*; 1964-1987
Ephraim M'Dowell 1826-1835	J W Wilkinson* 1893-1895	William A L MacGowan (General/Vascular/Thoracic) 1959-1966*; 1966-1980
John Peebles (Surgeon Accoucheur) 1827-1844; 1848-1855	G J Johnston* 1895-1896	Patrick C Carey (Neurosurgery) 1959-1969*; 1969-1985
James O'Beirne 1828-1844	Robert James Harvey 1895-1910*; 1910-1914	Anthony P Clery (General) 1963-1970*; 1970-1987
Edward Hutton 1828-1865	W H Langley* 1898-1899	Alex R Pate (Neurosurgery) 1964-1966*; 1966-1987
John M'Donnell 1835-1850	P Peacock* 1900-1910	Eoghan Lavelle (Orthopaedics) 1965-1970*; 1970-1987
Robert Adams 1835-1873	R V Slattery 1908-1931*; 1931-1937	Gearoid Lynch (General/Plastic Surgery) 1968-1970*; 1970-1987
Robert W Smith 1838-1873	F Conway Dwyer 1910-1931	Peter McLean (Urology) 1973-1986
John Hamilton 1844-1875	Adams A McConnell (Neurosurgery) 1910-1915*; 1915-1972	Hyacinth I Browne (General/Vascular) 1974-1987
Christopher Fleming 1851-1868	H Crawford* 1911-1919	David Bouchier-Hayes (General/Vascular/Thoracic) 1978-1987
Anthony Hagarty Corley 1865-1891	Arnold K Henry* 1921-1925	James Colville (Orthopaedics) 1980-1987
William Stokes jnr 1868-1888	John Stafford-Johnson* 1921-1927	John B Phillips (Neurosurgery) 1980-1987
William Thomson 1873-1909	Michael P Burke 1921-1931*; 1931-1964	Denis Murphy (Urology) 1984-1987
William Thornley Stoker 1873-1912	Anthony B Clery 1927-1937*; 1937-1973	S O'Laoire (Neurosurgery) 1985-1987
T W Myles (Surgeon Accoucheur) 1875-1886	J J Fitzsimons 1931-1945*; 1945-1959	
George Hugh Kidd (Consulting Obstetric Surgeon) 1875-1896	Thomas Bouchier-Hayes* 1937-1948	
A N Dickinson* 1882-1883	Colman K Byrnes (General/Thoracic) 1945-1959*; 1959-1965	
A N Cooper* 1883-1884	John P Lanigan (Neurosurgery) 1945-1948*; 1948-1985	
J J Burgess* 1884-1891	Hugh McCarthy* (General) 1948-1955	
M J Bulger* 1891-1892	Frederick F McKee* (General) 1948-1964	

### **Gynaecologists**

*\* Assistant Gynaecologist*

E W Dickenson  
1894-1900

T H Wilson  
1900-1911

M J Gibson  
1911-1937

T M Healey  
1937-1959

Kieran O'Driscoll  
1955-1959\*; 1959-1965

Joseph Alvey  
1966-87

### **Ophthalmologists**

*\* Assistant Ophthalmic and Aural Surgeon*

C E Fitzgerald  
1874-1882; 1891-1911

A H Jacob  
1882-1902

R D Joyce  
1900-1907\*; 1907-1918

J D Cummins  
1918-1935; 1955-1959

Alan J Mooney  
1935-1974

Peter Eustace  
1974-1987

Patricia Logan  
1987

### **Dental Surgeons**

W B Pearsall  
1877-1882

J Bradley  
1912-1927

T J Bradley  
1945-1983

Niall J Hogan  
(Oral Surgeon)  
1955-1983

Frank Brady  
(Oral & Maxillofacial Surgeon)  
1979-1987

Peter Heslin  
1983-1987

### **Pathologists**

*\* Assistant Pathologist*

Guy L'Estrange Nugent  
1884-1886

Dr O'Carroll  
1886-1887

T Donnelly  
1887-1896

A C O'Sullivan  
1894-1899

H C Earl  
1899-1927

J H Pollock\*  
1913-1924; 1947-1964

A Halpenny  
1927-1937

A Thompson  
1937-1945

Matthew O'Connor  
1945-1955

J D H Widdess  
(Biochemist)  
1945-1973

### **Histopathologists**

John Harman  
1959-1967  
Patrick D Holland  
1970-1983  
Christopher Kennedy  
1974-1983  
Peter Dervan  
1980-1987

Eoin Gaffney  
1983-1986  
Derval Royston  
1984-1987  
Mary Leader  
1986-1987

### **Neuropathologists**

Patrick Bofin  
1967-1983  
John Dinn  
1982-1987  
Michael Farrell  
1983-1987

### **Microbiologists**

Ellen Moorehouse  
1968-1987  
Marjorie Harte Barry  
1977-1987

### **Haematologist**

Brian Otridge  
1976-1987

### **Chemical Pathologist**

William Tormey  
1983-1987

### **Otorhinolaryngologists**

*\* Assistant Otorhinolaryngologist*

Robert H Woods  
1891-1906  
Oliver St John Gogarty  
1913-1939  
John Stafford-Johnson  
1927-1973  
James Hanlon\*  
1945-1955

John M McAuliffe Curtin  
1955-1966\*; 1966-1986  
Tom Keane  
1969-1972\*; 1972-1987  
Oliver Donegan  
1986-1987

### **Anaesthetists**

*\* Assistant Anaesthetist*

J F C Meyler  
1905-1911  
A E Boyd  
1905-1927  
J Clarke\*  
1914-1916  
Mrs McCarthy\*  
1916-1917

John Stafford-Johnson\*  
1917-1921  
Anthony B Clery  
1921-1927  
J J Fitzsimons  
1927-1931  
M Magee  
1931-1937

A P Dolan  
1931-1948  
Paul F Murray  
1937-1973  
D A Ryan  
1945-1948  
P W Kiernan  
1948-1955

P O'Toole  
1948-1955  
P O'Neill  
1955-1959  
John P Conroy  
1955-1983  
Deirdre Donovan  
1955-1987  
Mary Dunworth\*  
1959-1967

Thomas Breen  
1969-1987  
Victoria O'Shaughnessy  
1971-1987  
John Hannon  
1974-1986  
Lorna Browne  
1974-1987  
Hugh Raftery  
(Pain Relief Clinic)  
1977-1987

Patrick Swan  
1980-1987  
Gerard Browne  
1986-1987  
Charles O'Hagan  
1986-1987  
Frances Maguire  
1985-1987

### **Radiologists**

\* *Assistant Radiologist*

T G Hardman  
1945-1959  
H J H Henderson\*  
1955-1959  
Donal O'Sullivan  
1959-1983  
Max Ryan  
1964-1987  
James Toland  
(Neuroradiology)  
1970-1987

James Carr  
1970-1987  
Gus Gorman  
1975-1976  
Tony O'Dwyer  
(Neuroradiology)  
1979-1987  
Noirín Fiona Butler  
1982-1987  
Frank Keeling  
1986-1987

### **Radium Therapist**

Oliver Chance  
1945-1964

### **Oncologist**

R Douglas Thornes  
1964-1987

### **Radiotherapist/Oncologist**

John Healy  
1979-1987

### **Matrons**

Mary Clarke  
1775-1780  
Isabella Barrow  
1780-1809  
Jane Gaynor  
1809-1810  
Mary Callan  
1810-1815  
C Cumming  
1815-1818  
Mrs M'Kernan  
1825-1831

Mrs Sibthorpe  
1831-1847  
Miss Hendrick  
1841-1858  
Maria T Hayes  
1847-1870  
Anne Byrne  
1870-1894  
Miss MacDonnell  
1895-1909  
J C Keogh  
1909-1912

Edith Holden  
1911-1918  
Elizabeth Hezlett  
1918-1944  
Kathleen Frances Russell  
1944-1967  
Anne Kelly  
1967-1977  
Josephine Bartley  
1977-1985  
Marie Kearney  
1985-1987

# Index

- Abaniwo, Nda 92  
 Abbey Theatre 131, 168  
 Abrahamson, Leonard 64, 64,  
 67, 87, 108, 109, 109-110,  
 141, 145, 212  
 Abrahamson, Mervyn 89, 108,  
 144, 157, 205, 212  
 Adam, Adile 92  
 Adams, Phil 202  
 Adams, Robert 10, 22, 40-42,  
 42, 53, 58, 147, 212, 217  
 Ahern, T M 81, 82  
 Ailred le Palmer 1, 2  
 Ajayi, Niyl 92  
 Alexander, General 233  
 Allman, Ms 99  
 Alvey, Joseph 93  
 American College of Physicians  
 107  
 American College of Surgeons  
 198  
 Amplett, Edward 5  
 Anderson, Ms 202  
 Archer, Mavis 138, 246, 247,  
 250  
 Armed Forces Institute,  
 Washington 134  
 Armstrong, T F 77  
 Army Medical Service 133  
 Arthurs, Mary Thérèse 207  
 Arthurs, Susan 116, 202, 203,  
 206  
 Artillery, Royal Regiment of 34  
 Asquith, George 158  
 Augustine, Jacinta 254  
 Baker, Robinson 154  
 Balzer, Kiaola 90  
 Bamford, F E 85  
 Banks, John Thomas 244, 245  
 Bardick, Fr 275  
 Bardon, D 85  
 Barrett, Ms 277  
 Barrett, Martine 255  
 Barrett, Patricia 260  
 Barrett, Teresa 203  
 Barry, Mary 92  
 Bartley, Josephine 204, 209  
 Barton, John 92  
 Batt-Vickers, Karina 255  
 Beaman, J L 73  
 Beckett, Samuel 269-288  
 Behan, Brendan 113, 228  
 Behan, Frank 239  
 Bell, Charles 34  
 Bell, John 247  
 Bergin, F 85  
 Berney, Michael 237, 239  
 Billy-in-the-Bowl 8  
 Biological Society 135, 180  
 Birmingham, Ambrose 158  
 Blake, Padraig 260  
 Blake, Sean 213  
 Blood transfusion 54, 104  
 Bludau, Jurgen 92, 210, 215  
 Bofin, Patrick 123, 126, 137,  
 138, 157, 221  
 Boland, Timothy 277  
 Booth, Maureen 257  
 Borwick, Mervyn 253  
 Borwick, William 153, 257  
 Bouchier-Hayes, Ms 203  
 Bouchier-Hayes, T A 64, 65,  
 78, 82, 85, 87, 95, 96, 97  
 Bourke, Geoffrey 262  
 Bourke, J J 78  
 Bourke, M P 82, 189  
 Bowler, Sr 116  
 Boyd, A E 77, 217  
 Boylan, John 127  
 Boyle, Elizabeth 210  
 Bradbury, Frank 90  
 Brady, Michael 64  
 Brady, R 87  
 Brady, S P 85  
 Brady, Thomas 108, 116  
 Brannigan, Marie 215  
 Breen, Thomas 108, 219, 221  
 Brennan, James 101, 118  
 Brennan, Peter 235  
 Brest 270  
 Bright, Richard 58  
 Briscoe, Dan 92  
 Broderick, Nora 253  
 Brodie, Benjamin 58  
 Broe, Patrick 93, 148, 154  
 Brown, Gerry 153  
 Brown, J H 82  
 Browne, Aileen 218  
 Browne, D 73  
 Browne, Gerard 93, 216, 221  
 Browne, Harold J 93, 144, 157,  
 213, 218, 219, 252, 261  
 Browne, Hy 148, 152  
 Browne, Lorna 93, 116, 220,  
 221 252  
 Browne, Noel 64, 112, 227, 237  
 Browne, Orla 263  
 Browne, Phil 202  
 Browne, W H 78  
 Browning, Robert 158  
 Bulger, L Q 73  
 Burke, Elizabeth 208  
 Burke, Joan 277  
 Burke, John 259  
 Burke, Marie 255  
 Burke, Maureen 256  
 Burke, Michael P 65, 66, 95,  
 98, 99, 101, 102, 104, 157  
 Burke, Maud 89  
 Burns, R 78  
 Burrows, Elizabeth 204  
 Burton, Frederick 39  
 Butler, Fiona 226  
 Butler, Peter 92, 210, 215  
 Byrne, Annie 204, 224  
 Byrne, Derek 256  
 Byrne, Greg 238  
 Byrne, Imelda 202  
 Byrne, Ita 206, 207  
 Byrne, James 242  
 Byrne, Jerry 90  
 Byrne, Mary 28, 201  
 Byrne, Thomas 136  
 Byrnes, Colman K 64, 66, 82,  
 87, 89, 90, 95, 96-98, 101,  
 118, 138, 142, 147, 148, 152,  
 157, 194, 195, 212, 219, 231,  
 247, 259, 261, 265  
 Byrnes, D 90  
 Byrnes, O D P 87  
 Cahill, James 59  
 Cahill, K J 85  
 Caldwell, M F 74  
 Calwell, G 74  
 Campbell, Jackie 230  
 Campbell, J N 81  
 Canadian Pacific 273  
 Cancer 134, 259-261, 262, 263  
 Cancer Research, National  
 Foundation for 264  
 Cancer Research, National  
 Society for 263  
 Cancer Society, the Irish 261  
 Cardiac Society, the British 110  
 Cardiac Society, the Irish 213  
 Cardiac Surgical Unit, National  
 214  
 Carew, Hanora 210  
 Carey, Michael 216  
 Carey, Patrick C 90, 117-119,  
 124, 148, 157, 207, 221, 229,  
 232, 277, 278, 280, 282  
 Carlisle, George William  
 Frederick, Earl of 24  
 Carmichael, Richard 22, 38-41,  
 39, 41, 53, 57, 101, 147  
 Carmichael, Robert 24, 212,  
 217  
 Carney, Marie 206  
 Carney, Michael 256  
 Carolan, Brian 256  
 Carr, James 93, 224, 231  
 Carr, Peggy 250  
 Carré, Joseph 163, 244  
 Carroll and Batchelor 15  
 Carroll, John 257  
 Carson, F T 77  
 Carson, H M 81  
 Carty, B T 85  
 Casey, P 90  
 Caslin, May 202  
 Cassidy, C 85  
 Cassidy, Eileen 242  
 Chance, O 82  
 Channel Row 22  
 Charity, Sisters of 24, 205  
 Charles, J P 77  
 Cherbourg 275, 276  
 Cheyne, John 32-37, 211, 267  
 Childers, Erskine 261, 239  
 Christian Brothers 24  
 Christie, John 92  
 Chronic 'meds' 185-188  
 Clancy, J 85  
 Clancy, Noirín 230  
 Clancy, Siobhán 254  
 Clarendon, Lord 20  
 Clarke, Mary 201  
 Clarke, Nobby 139  
 Clarke, Noel 262  
 Clarke, Tony 90  
 Cleary, G 77  
 Cleary, J F 78  
 Clery, Anthony B 64, 65, 78,  
 82, 85, 87, 90, 93, 95, 96,  
 102, 104, 118, 148, 193, 194,  
 198, 218, 221, 228, 261, 262  
 Clery, Anthony P 149  
 Coleman, Dr 160  
 Coleman, J 77  
 Collins, Patrick 144  
 Colman K Byrnes Research  
 Centre, The 259-264, 266  
 Colville, J 148, 252  
 Commons, House of 20  
 Condon, Elizabeth 209  
 Connaughton, Mary 202  
 Connellan, Una 230  
 Connelly, Noeleen 257  
 Connolly, Angela 230  
 Connolly, Brenda 230  
 Connolly, Janet 215  
 Connery, B 85  
 Connolly, J J 78  
 Conor O'Farrell, D J 77  
 Conroy, Eugene 246  
 Conroy, John 153, 157, 219,  
 221, 225  
 Conroy, Sr 277  
 Convent, The 24, 99, 101, 177,  
 184  
 Conway, Bríd 102, 116  
 Cooney, René 202  
 Cooper, Astley 58  
 Copenhagen 124  
 Corbett, C 87  
 Corbett, P 85  
 Corcoran, Bernie 92  
 Corcoran, Bridget 209  
 Corrigan, Sir Dominic 11, 12,  
 20, 22, 43-52, 43, 57, 58, 129,  
 150, 212  
 Corrigan, Fintan, 89  
 Corrigan, Patrick 8  
 Cosgrove, P C 81, 85  
 Costelloe, Deirdre 210  
 Cotter, J 81  
 Cotter, Suzanne 92  
 Coughlan, Anne 254  
 Counihan, Harry E 87, 90, 102,  
 140, 141, 142, 144, 145, 157,  
 213, 232, 265, 266  
 Counihan, J 81  
 Counihan, W E 85  
 Courtney, Don 92, 151  
 Couzi, Rima 92  
 Coyne, Alan 225  
 Coyne, Eileen 209  
 Crampton, Sir Philip 54  
 Cregan, Martin 27  
 Croix de Guerre 270  
 Cronin, Patricia 250, 256  
 Crowe, E 82  
 Crowe, M P 64, 81, 82  
 Crowley, Ms 203  
 Crowley, Mary 273, 277, 279,  
 281, 287  
 Crow's Nest, The 194, 207  
 Cruise, Jack 142, 259, 266  
 Cruvellier, J 58  
 Culhane, Molly 202, 204, 205,  
 206  
 Culligan, Emer 230  
 Cullinan, Mary Josephine 277  
 Culture Club, RCSI, The 109  
 Cuming, William 16  
 Cummins, D 87  
 Cummins, P H 78  
 Cunningham, Anthony 153,  
 221  
 Cunningham, Bernard 263  
 Cunningham, J G 85  
 Cunningham, Nora 277  
 Cunningham, T G 78  
 Curie Foundation, The Marie  
 266  
 Curley, Nora 116, 247  
 Curran, John 225  
 Cusack, P 85  
 Cussen, M E 74  
 Dalton, Annette 254  
 Dalton, Sandra 256

- Daly, Collette 230  
Daly, Commander C J 270  
Daly, D A 85  
Daly, G L 85  
Daly, James 238  
Daly, Leslie 262  
Daly, P D 77  
Damani, Nizar 227  
Dandy, Walter 115  
Darcy, Harry 116, 231, 238  
Darley, Arthur Warren 174, 272, 273, 277, 278, 286, 287  
Darmody, Ms 203  
Davidson, A H 77  
Davis, Mark 92  
Dawson, Seamus 69  
Deaf and Dumb, National Institute for the Education of the 37  
Deane, H F 82  
Dease, William 28  
Deasy, Sinéad 116  
Deeey, Rev William 32  
Deery, M 87, 202, 208  
Delaney, Olive 235  
Delaney, P J 257  
Dempsey, Evelyn 116, 203  
Dempsey, Ita 202  
Dempster, Dr 74  
Denham, P C 85, 87  
Devaney, Deirdre 256  
Devaney, Mary 209  
Vere, Marie de 89  
Devlin, James G 93, 140, 144, 252, 259, 261, 262, 267  
Devlin, Susan 250  
Devlin, V C 78  
Diamont, M 77  
Dieppe 273, 276  
Digges, C E 78, 85, 87  
Dinn, John 126  
Dispensary District, No.1 130  
Doherty, Ann 277  
Doherty, C 85  
Doherty, Margaret 277, 282  
Dolan, A P 82, 85  
Dolan, Austin 116, 218  
Dolphin, A 82, 85  
Donegan, Oliver 235  
Donelon, D O'C 87, 90  
Donnellan, Annette 200, 206, 209  
Donnellan, D 87  
Donnellan, Mary 202  
Donnelly, Thomas 129-130  
Donoghue, Christine 136  
Donovan, Sr 101  
Donovan, Deirdre 93, 119, 219  
Donovan, Peter 229, 230  
Doolan, John 238  
Doran, Ann 246  
Dorran, J A 82  
Dott, Mr 206  
Douglas, D H 85  
Douglas, Sholto 118  
Dowd, A A 77  
Dowdall, J J 77  
Dowling, K 85  
Doyle, J 90  
Doyle, J Stephen 93, 143, 198, 213, 259, 261, 262  
Doyle, M 85  
Drumm, J J 87, 189  
Drummond, Maurice 87, 89, 226  
Duff, Sadie 208, 226, 227, 228  
Duff, S T 85  
Duff, Thérèse 251  
Duffy, Guy 256  
Duignan, Joseph 148  
Dundon, Edward 245  
Dundon, Seamus 93, 126  
Dunne, Col 50  
Dunne, Ben 142, 259, 266  
Dunne, Eileen 277  
Dunne, Josie 257  
Dunne, Katie 99  
Dunne, Mary 136  
Dunne, Thomas 273, 275, 276, 277, 278, 286  
Dunworth, Mary 90, 219  
Dwyer, Sir F Conway 78, 160, 169  
Earl, C J C 78  
Earl, E 82  
Earl, Henry Cecil 77, 130, 131  
Earl, H G 78  
Early, Sheila 149  
École Normale Supérieure 269  
Edelstyn, George 263  
Edwards, Hilton 228  
Egan, Alan 238  
Egan, M 87  
Ellen, Mary 207  
Ellis, Charles 257  
Emmet, Robert 44  
Enright, Anthony 257, 264  
Eponymous names 35, 40-41, 45, 51, 211  
Erinesis 38  
Fagan, Nellie 257  
Fahy, Dilly 277  
Fahy, Francis 278  
Fant, J J 78  
Farrell, J 85  
Farrell, L F 87  
Farrell, Michael 93, 118, 126, 266  
Farrell, N 85  
Farrelly, Josephine 264  
Faulkner, Teresa 202  
Feeney, Mona 251  
Fennell, J 87  
Fennelly, David 92, 151  
Ferguson, A C H 77  
Ferguson, Hugh 29  
Filose, N A 77  
Fine, S 85  
Fingan, Aileen 254  
Finn, Oliver 89  
Finnegan, H 85  
Finnegan, J 78, 81  
Finnegan, L 85  
Finnerty, P 87  
Finnucane, Carmel 250  
Finnucane, James 145, 252  
Fitzgerald, Dermot 225  
Fitzgerald, Lord Edward 44  
Fitzgerald, G V 87  
Fitzgerald, Patricia 230  
Fitzpatrick, John 256  
Fitzpatrick, Mary 277  
Fitzpatrick, Sean 256  
Fitzpatrick, Teresa 254  
Fitzsimons, John J 64, 78, 82, 85, 87, 95, 101, 102  
Fitzsimons, Patricia 225  
Flanagan, Maura 202, 209  
Flanagan, M B 87  
Fleming, Christopher 56  
Fleming, George 257  
Fleming, H 77  
Flower Arrangers, Irish Association of 264  
Fogarty, Mary 256  
Foody, J 87  
Ford, Bregé 202  
Forrester, William Edward 11  
Foster, Edward 28  
Fox, Carmel 206  
Foy, Bertie 108  
Frazer, William 54-55, 217  
Freney, Noeleen 254  
Friel, R 73  
Froggatt, Sir Peter 54  
Fulton, Sr 74, 116, 202, 208  
Gaelic League 131  
Gaffney, Desmond 219  
Gaffney, James 272, 273, 274, 276, 277, 278, 279, 281, 285, 286, 288  
Gallagher, Ann 235  
Gallagher, I 85  
Gallagher, J J 214  
Gallagher, Philomena 215  
Gallen, C 85, 87  
Galvan, P 89  
Garry, Eilish 141  
Garry, J 90  
Garry, Tom 187  
Gaulle, General Charles de 270  
George V 164  
Geraghty, C 87  
Geraghty, Noel 231, 236, 238, 237  
Gibbs, Davis and Lennox 124  
Giblin, Margaret 202  
Gibson, M J 82  
Gilbourne 28  
Gill, Dr 205  
Gillespie, J 85  
Gilmartin, Thomas 89, 221  
Gilmartin, Peggy 89  
Gilsenan, Betty 254  
Gilsenan, Declan 90  
Gleadhill, Colin 118, 125  
Gleeson, Hillary 235  
Gleeson, John 238  
Gloira SMH 270  
Glynn, Sr 237  
Glynn, A 87  
Gogarty, Oliver St John 131, 156, 157, 158-162, 163, 164, 166, 181, 188, 233, 235  
Gelain, P J 82  
Goodbody, Ms 243  
Gorey, Thomas 154  
Gormley, Mary 209  
Gouldandris, M 90  
Goulding, Elise 207  
Graham, F J 77  
Graham, Thelma 215  
Graham, Thomas Otwell 233  
Grant, Noel 238  
Grant, Stephen 238  
Graves, Mary 28, 201  
Graves, Robert 10, 51  
Great Famine 11-12, 51  
Green, P A 82  
Gregg, Thomas 81, 82, 93, 252  
Grennan, Mick 257  
Griffin, Anthony 136  
Griffin, P W 82  
Grogan, Liam 92  
Guidon, Marie 255  
Guilfoyle, Deirdre 230  
Guinness's Brewery 159  
Gumbrielle, Tom 92, 215  
Hackball 8  
Hafner, P 82  
Halpenny, A R 78, 82, 131  
Hamilton, John 53, 56-57, 217  
Hanlon, Ms 99  
Hanlon, James 81, 208  
Hannon, Eamonn 69  
Hannon, Sean 219  
Harbison, J F 82  
Harden, A J 82  
Hardiman, Garret 226, 227, 228  
Harding, Mary 28, 201  
Hardman, E G 85  
Hardman, T G 82, 87  
Hardwicke, Earl of 9  
Harmon, John William 133-134, 137  
Harold, R S J 85  
Harrison, G J 78  
Harrison, Irene 255  
Harrison, J 90  
Harrison, William 226, 28  
Hart, Dolores 255  
Harte, Marie 214  
Harte Barry, Marjorie 93  
Hartigan, William 40  
Harvey, R J 74, 77  
Health, Central Board of 11, 12, 51  
Health Ministry, French 270  
Healy, Margaret 202, 208, 228, 237  
Healy, Terry 277  
Healy, T M 87  
Heart Foundation, Irish 213, 261  
Hegarty, M 87  
Hehir, Ann 254  
Hennessy, M J 85  
Henry, Arnold K 77, 78, 118  
Henry, Jack 96  
Henthorn, James 26, 27, 28, 31, 147  
Henthorn, John 9  
Henry VIII 2  
Herlihy, Ann 255  
Heywood-Jones, Mary 209  
Hezlett, E 77, 78, 87, 207  
Hickey, Helen 255  
Hickey, M P 85  
Hickson, Eleanor 90  
Higgins, M P 78  
Hill, W A 78, 82, 85  
Hillery, Irene 263  
Hodgins, Noel 251  
Hogan, Brian 260, 262  
Holden, Ms 204  
Holland, Dermot 137, 138, 261, 263  
Holmes, Gordon 121  
Hopkirk 77  
Hore, William 257  
Horgan, John 70, 93, 145, 210, 215  
Hospitals—  
Adelaide Eye and Ear 159, 233  
Atkinson Morley 118  
Auxiliary 22, 225  
Beaumont 68, 71, 118, 124, 125, 142, 144, 145, 184, 199, 214, 226, 231, 235, 243, 247, 267  
Bethlehem 21  
Cashel 225  
Charitable Infirmary, The, Jervis Street 40, 47, 54, 134, 177, 206, 212, 221, 226, 243, 266  
City of Dublin 159  
Clonskeagh Fever 207  
Cork Regional 225  
Cork Street Fever 131, 207  
Dr Steevens' 134, 159, 177  
Duke University Center 214  
Enniskillen 266  
Fever Hospital, The 12  
Galway Regional 225  
Grangegorman Mental 21, 170  
Hardwicke Fever 1, 3, 9, 9, 9-13, 21, 22, 29, 38, 47, 51, 67, 68, 69, 107, 141, 177, 201, 204, 207, 208, 211, 229, 237, 242, 245, 265  
House of Industry 1, 3-8, 9, 10, 19, 21, 22, 27, 28, 29, 35, 36, 38, 46, 52, 54, 57, 63-71, 157, 166, 201-204, 211, 212  
Hume Street 112, 263, 267  
Johns Hopkins 154, 263  
Lock Hospital 38  
Massachusetts General 217

- Mater 63, 95, 144, 243  
 Mayo Clinic 123  
 Meath 35, 36, 56, 96, 171  
 Mercer's 3, 30, 96, 109, 180, 212  
 Monaghan 225  
 National Hospital for Nervous Diseases 118, 121  
 North Dublin Union Workhouse 22, 24, 166  
 Our Lady's Hospital for Sick Children, Crumlin 125, 261, 263, 266  
 Peamount Sanitorium 102  
 Penfield 124  
 Portrane Asylum 273  
 Richmond Lunatic Asylum 1, 21  
 Richmond Surgical Hospital 1, 3, 6, 13-18, 14, 16, 17, 18, 19, 21, 22, 25, 31, 38, 41, 47, 48-51, 53, 54, 56, 57, 63, 68, 95-106, 107, 115, 116, 118, 121, 125, 134, 137, 138, 141-145, 147-156, 159, 160, 163, 164, 168, 170, 171, 173, 177, 181, 185, 186, 193, 196, 198, 199, 201, 204, 206, 207, 212, 217, 221, 228, 229, 231, 233, 235, 237, 242, 245, 247, 269, 270, 273, 288  
 Rotunda Lying-In 3, 42, 107, 130, 134  
 Royal City of Dublin 95, 96, 159, 233, 261  
 Royal Marsden 262  
 Royal Victoria Eye and Ear 130, 198  
 Royal Victoria Hospital, Belfast 228  
 St Anne's 102  
 St Bartholemew's, London 198  
 St Brendan's 21, 243  
 St Bricin's Military 133  
 St George's Hospital and Dispensary 38  
 St John the Baptist 1, 2  
 St Kevin's 100, 134  
 St Laurence's 177, 180, 213, 243, 259, 261, 262, 263, 264, 265, 266, 267  
 St-Lô 269-289  
 St-Lô Mental 275, 286  
 St Mary's, London 130  
 St Michael's, Dun Laoghaire 102, 177  
 St Vincent's 63, 95, 133, 198, 227  
 Sir Patrick Dun's 3, 42, 95, 130, 159, 164, 233, 273, 288  
 Sligo Regional 225  
 Talbot Dispensary 3, 21, 23, 57  
 Temple Street 126  
 University College Hospital, London 264  
 Veterans' Hospital, Brooklyn 263  
 Wellesley Fever 21  
 Whitworth Fever 10  
 Whitworth Medical 1, 3, 10, 13, 19-20, 19, 20, 38, 47, 67, 68, 70, 107, 109, 112, 130, 131, 137, 139, 141, 142, 177, 201, 204, 208, 212, 229, 237, 245, 247, 265  
 Workhouse and Foundling Hospital 2  
 Howth, The Peninsula Society of 264  
 Hughes, Jane Eleanor 204  
 Hughes, Ms 206  
 Iuts, The 67, 141, 207  
 Iutton, Edward 53, 217  
 Iyland, John 148  
 Iynds, Brendan 277, 278  
 Iynes, Dara 92  
 Hynes, Pat 202  
 Hynes, T 90  
 Igoe, J 85  
 Irish Hospital Unit 270  
 Irish Medical Association 40, 133, 144, 198  
 Irish Times 286  
 Irwin, F 85  
 Island Bridge 22  
 Ismail, Suad 92, 210, 215  
 Jackson, Ms 77  
 Jackson, Alexander 31, 32  
 Jackson, Geraldine 234  
 Jackson, Harvey 206  
 Jasper 124  
 Jessop, W J E 177  
 Jina, Sultan 139  
 Johnson, C Stafford 87  
 Johnson, J Stafford 87, 89, 208, 233-235  
 Johnston, Francis 14  
 Jordan, Hugh 90  
 Joyce, James 172  
 Joyce, R V 77  
 Joyce, P King 73  
 Kane, Mary 53, 54, 217  
 Kane, Teresa 257  
 Karr, George 127  
 Kavanagh, Phil 257  
 Kavanagh, S 189  
 Kealy 78  
 Keane, Dr 77  
 Keane, David 92  
 Keane, Honor 90  
 Keane, Marie 209  
 Keane, Peter 136  
 Keane, Suzanne 254  
 Keane, Thomas 235  
 Kearns, Aileen 202  
 Kearns, Sr 208, 245  
 Kearns, Sir Hugh 206  
 Kearney, Marie 209  
 Kearney, R 82  
 Keating, E F 85  
 Keating, Rosaleen 260  
 Keelan, Ted 92  
 Keeling, Frank 93, 226, 252  
 Keller, Eva 256  
 Kelly, Annie 204, 205, 264  
 Kelly, Barbara 136  
 Kelly, J 90  
 Kelly, Margaret 246  
 Kelly, Moira 200  
 Kelly, Nan 203  
 Kelly, P 82  
 Kennedy, Annette 206, 209, 253  
 Kennedy, B 85  
 Kennedy, David 90  
 Kenny, Antoinette 92  
 Kenny, Audrey 136  
 Kenny, Eamonn 92  
 Kenny, May 116, 200, 202, 203, 206-207, 221  
 Kenny, Michael 237, 239  
 Keogh, Ms 204  
 Keogh, John 257  
 Keogh, William 238  
 Keogh, Mary 92, 256  
 Kerjorley, Countess 276  
 Kerr-Houston, Marion 255  
 Kevin Street College of Technology 263  
 Keyes, M 87  
 Khari, Khalid 225  
 Kieran, Ann 90  
 Kiernan, P 218  
 Kilbride, Teresa 202  
 Kilcoyne, N 90  
 Kilgallon, H 90  
 Killick, Michael B 277, 278  
 King, M 82  
 Kinrsons, Mark 92, 151  
 Kinsella, J J 189  
 Kirby 41  
 Kirker, Joseph 118, 124  
 Kirwan, Peter 90  
 Kitty 157, 235  
 Knowles, John 235, 239  
 Koh, T N 92  
 Koinig, J 90  
 Korowitz, Bart 260  
 Kyle, W 81  
 Kyne, Kay 202  
 Lacy, Mary 200-206, 231  
 Laennec, René 211  
 Langley, W H 73  
 Lanigan, John P 87, 89, 90, 95, 102, 119, 124, 206, 219, 221, 228, 229  
 Larchet, Dr 174  
 Larkin, James 70  
 Larkin Fund, James 243  
 Larkin Unit, James 243  
 Larkin, Richard, 238, 250  
 Lavelle, Ena 92  
 Lavelle, Eoghan 93, 252, 261  
 Leader, Mary 138  
 Leahy, Desmond 277  
 Leahy, G M 85  
 Leahy, Mary 203  
 Lee, Andrew 92, 151  
 Leeches 49  
 Lennox, Charles 13  
 L'Estrange, Francis 30  
 Levy, S 78  
 Leyden, Josephine 206  
 Leydon, Angela 226, 230  
 Linton, E S 87  
 Lippitt, Dr 281  
 Literary tradition 157-188  
 Little, Dilly 92  
 Litton, Samuel 29, 30  
 Logan, Patricia 93  
 Long 87  
 Long, Minnie 116, 222, 225, 229  
 Looney, Breda 209  
 Lorigan, Gerard 225  
 Loughrey, Patricia 255  
 Lydon, B 87  
 Lynch, Florence 250  
 Lynch, Gearóid 148, 152, 252, 267  
 Lynch, Timothy 92, 215  
 Lynskey, Bernadette 225  
 Lyons, Desmond Henry 131  
 Lyons, D K 78  
 Lyons, Robert Spencer Dyer 52, 129  
 McAnuff, Gertrude 87, 111, 112-113, 157, 208  
 McAuley, Niall 92  
 McAuliffe Curtin, John 93, 232, 235  
 McCabe, John 239  
 McCabe, M 203  
 McCann, Fergus 238  
 McCann, Mairead 242  
 McCann, Patrick 226  
 McCarthy, Hugh 71, 99-101, 213  
 McClelland, J D 82  
 McCloskey, R J 78  
 McConnell, Adams A 64, 65, 78, 82, 85, 87, 90, 95, 98, 99, 102, 113, 115, 123, 124, 125, 157, 206, 219, 228  
 McCormack, Ann 254  
 McCormack, Dorothy 253  
 McCormack, J E 78  
 McCormack, M 85  
 M'Carthy, R 82  
 M'Carthy, W 78  
 McCarton, D 90  
 McDermott, Ms 202  
 McDermott, Capt A W 67, 82, 85, 87, 90, 242  
 McDermott, Maeve 277  
 McDermott, Ita 277  
 McDonagh, M 87  
 McDonald, Mr 278  
 McDonald, Carmel 250  
 McDonald, M K 85  
 McDonald, Niall 92  
 McDonnell, A L 87  
 MacDonnell, James 54  
 MacDonnell, John 54, 55  
 MacDonnell, Robert 54, 55  
 MacDonnell, Annie Maud 204  
 MacDonnell, John 41, 147  
 MacDonnell, Alex 53  
 McDowell, Ephraim 22, 40, 41, 212  
 McElwee, Monica 206, 209  
 McEntee, E Brendan 82, 87, 90, 116, 144, 145, 157  
 McEntee, Maura 278  
 MacEoin, Ristéard, 78  
 McEvedy, Peter 99  
 McEvoy, Mary 255  
 McFadden, J L 77  
 McGale, Anthony 256  
 McGee, James 238  
 McGennis, G 82  
 MacGinley, Fiona 255  
 McGiskin, Moira 277  
 McGivern, M 78  
 McGoldrick, Bridie 143  
 McGoldrick, C 87  
 McGoldrick, Fergal 92  
 McGorry, D 81  
 McGorry, H D 85  
 McGorry, H M 82  
 McGowan, Guy 92, 210, 215  
 McGowan, P 87  
 MacGowan, W A L 69, 90, 142, 148, 150-154, 213, 221, 259, 261  
 McGrath, Desmond 140, 252  
 McGrath, Frank 224, 227  
 McGrath, Peter 218  
 McGreal, M J 78  
 MacGreedy, Thomas 269  
 McHugh, Mary 136  
 McHugh, T J 78  
 McKee, Frederick F85, 87, 99, 101, 272, 273, 277, 278, 282, 286  
 McKenna, Clare 255  
 McKenna, Marie 220  
 McKernan, P 82  
 McKiernan, Carmel 230  
 McKinney, Col Thomas J 270, 273, 275, 276, 277, 278, 285  
 MacLiammóir, Michael 228  
 McLoughlin, Brian 92  
 McLoughlin, Mairead 250  
 McLoughlin, Veronica 257  
 McMahon, Joyce 224, 225, 229, 230, 231  
 McMahon, K 85  
 McMahon, T 87  
 McMenamin, Joseph 126  
 McNally, P A 82  
 McNally, P B 82  
 McNamara, Dr 219  
 McNevin, William James 28, 29  
 McNiece, K 90  
 McNicholas, Patrick 277  
 McQuillan, L 85  
 McSharry, N 85  
 McWade, Sheila 230



- McVeagh, Ann 257  
 Magee, Molly 218  
 Magee, M V 78, 82  
 Magnor, Mary 202  
 Maguire, Mr 277  
 Maguire, Ann 92  
 Maguire, Frances 93, 153, 216, 221  
 Maguire, J 77, 78  
 Maguire, John 257  
 Maguire, Kathleen 203  
 Maguire, Roger 225  
 Maher, J J 78  
 Maher, N B 78  
 Mahon, Eric 256  
 Majekodumni, A 85  
 Malin, J 85  
 Mallon, Maurice 256  
 Mally, O 87  
 Malone, Eileen 209  
 Malone, F L G 78  
 Malone, Margaret 277  
 Maloney, P D 87  
 Manning, Kevin 266  
 Martin, H Graham 73  
 Martin, J L 78  
 Martin, M 277  
 Martin, Mary 263  
 Mason, H W 194  
 Mason, J A 78  
 Massey, Sylvia 230  
 Matthew C-7  
 May, N B 81, 82, 85  
 May, R J 77  
 Maynooth, Lay School of 45, 52  
 Meade, Joan 255  
 Meagher, Emma 92, 151  
 Médaille de la Reconnaissance Française 288  
 Medical Benevolent Fund Society 40  
 Medical Charities Act 22  
 Medical Missionaries of Marv 263  
 Medical Research Council of Ireland 134, 261, 266  
 Mehigan, Brenda 251  
 Mehigan, Denis 148  
 Menzies, M 85, 189  
 Monaghan, Sr 116  
 Millin, Terence 258  
 Milne, D K 77  
 Mitchell, Ms 74  
 Molloy, G 85  
 Molony, C 87  
 Moloney, Susan 230  
 Monaghan, N 202  
 Monahan 87  
 Montgomery, R A 82  
 Mooney, A 85  
 Mooney, Alan 118  
 Mooney, Sylvester 92  
 Moore, Mr 237  
 Moore, George 159  
 Moore, G J 78  
 Moore, Josephine 250  
 Moore, Miriam 253  
 Moore, Thomas 30  
 Moorhouse, David 92  
 Moorhouse, Ellen 93, 137, 261  
 Moran, Clare 203  
 Moran, Joseph 251  
 Moran, M 87  
 Moran, Margaret 230  
 Moran, M P 78  
 Moran, Olive 209  
 Moran, Val 225  
 Morgan, G F 78  
 Morrison, 'Pops' 102  
 Morris, Christopher 229  
 Morris, Karen 255  
 Morton 217  
 Mountaine, Liam 253  
 Moylan, King 8  
 Mulcahy, Ailbhe 256  
 Mulcahy, P J 78  
 Mulcahy, Ristéard 213  
 Mulcahy, T J 77  
 Mullally, E 277  
 Mulhearn, Cait 200, 203  
 Mulholland, Carmel 230  
 Mullaney, P 85  
 Mullen, B J 77  
 Mullen, C J 82  
 Mullen, Donna 215  
 Mullen, Paddy 92  
 Mullen, Patrick 151  
 Muller, H 77  
 Mulligan, F 82  
 Mullin, D 77  
 Mulrine, Ann 92  
 Mulvanny, J 267  
 Murphy, Mr 278  
 Murphy, Ann 247  
 Murphy, Delia 273  
 Murphy, E 78  
 Murphy, Edward 237  
 Murphy, Ena 202  
 Murphy, James 228  
 Murphy, J J 82, 85  
 Murphy, Julia 277  
 Murphy, Kathleen 215  
 Murphy, K E 78  
 Murphy, M 77  
 Murphy, Mary B 277  
 Murphy, Ned 254  
 Murphy, S 87  
 Murphy, Sean 116, 123, 145, 231, 252  
 Murray, D P 189  
 Murray, Joe 92  
 Murray, Paul F 81, 82, 85, 87, 90, 116, 119, 123, 157, 207, 218, 219, 220, 221  
 Murray, Thomas 225  
 Murray, William 23  
 Myles, Ann 242  
 Myles, Sir Thomas 74, 78, 81, 102, 128, 129, 160-167, 169, 233  
 Nally, Fergus 198  
 Naas, Lord 50  
 National Institute for Higher Education 127, 264  
 Navan, D J 81  
 Neale, Jack 226  
 Nesbitt, S E 169  
 Nesbitt, G E 74, 77, 78  
 Nesbitt, George 130  
 Neurological Surgeons, Society of British 115  
 Nolan, Eithne 242, 251  
 Nolan, Linda 230  
 Nolan, Margaret 234  
 Nolan, Tony 136  
 Normoyle, B 87  
 Normoyle, Cecily 152, 202, 203, 207  
 Normoyle, Phil 202  
 North Dublin Union Workhouse 22, 24  
 Nugent, Dr 73  
 O'Beirne, P 82  
 O'Brien, C 77, 78  
 O'Brien, Ciara 253  
 O'Brien, Connor 92  
 O'Brien, E 90, 189  
 O'Brien, Eoin 111  
 O'Brien, Gerard T 64, 64, 65, 67, 82, 85, 87, 90, 110-112, 111, 141, 142, 145, 145  
 O'Brien, J 85  
 O'Brien, John 266  
 O'Brien, L 82  
 O'Brien, M 77  
 O'Brien, Maureen 230  
 O'Brien, N 90  
 O'Brien, Patrick 256  
 O'Callaghan, Ann 255  
 O'Callaghan, Brian 90  
 O'Callaghan, Elizabeth 209, 210  
 O'Callaghan, John 266  
 O'Callaghan, J K 85  
 O'Connell, Mr 206  
 O'Connell, Christopher 256  
 O'Connell, J 90  
 O'Connell, Monica 202  
 O'Connell, Ursula 257  
 O'Connor, Eileen 89  
 O'Connor, J 82  
 O'Connor, Matthew Harris 67, 87, 89, 104, 131-133, 132, 137, 139, 157  
 O'Connor, Suzanne 215  
 O'Connor, T E 78  
 O'Connor, Ulick 132, 158, 166  
 O'Carroll, Columba 78  
 O'Carroll, Frank Brendan 244, 245  
 O'Carroll, 'Jock' 74, 77, 78, 160, 163, 168, 169  
 O'Carroll, Joseph 245  
 O'Casey, Sean 168  
 O'Daly, P 78  
 O'Doherty, Agnes 277  
 O'Doherty, Paul 256  
 O'Donnell, M J 82  
 O'Donnell, T V 189  
 O'Donoghue, Niall 126  
 O'Donovan, Cormac 92  
 O'Donovan, Sadie 208, 228  
 O'Donovan, W 87  
 O'Driscoll, D 82  
 O'Driscoll, E 277  
 O'Driscoll, Timothy 277  
 O'Dwyer, Anthony 116, 124, 224, 226, 231  
 O'Dwyer, Joan 229  
 O'Dwyer, W 266  
 O'Farrell, Sylvester 193  
 O'Flanagan, Harry 87, 138  
 O'Flanagan, Rosaleen 254  
 Ogaily, Mohammad al- 92  
 O'Gara, Maureen 209  
 O'Gorman, J 81  
 O'Gorman, Marese 135  
 O'Grady, P 90  
 O'Hagan, Charles 153, 221  
 O'Hagan Ward, V 87  
 O'Herlihy, M 210  
 O'Keefe, Bernadette 92  
 O'Keefe, D 87  
 O'Keefe, Francis 225  
 O'Keefe, Kathleen 202, 203  
 O'Keefe, Sr 101, 116  
 O'Keefe, W P 189  
 O'Kelly, J 77  
 O'Kelly, Sean T 104  
 O'Kennedy, Richard 264  
 O'Laioire, Sean 118  
 O'Leary, Ann 277, 283  
 O'Leary, Con 238, 239  
 O'Leary, Patricia 219  
 Olden, Clare 277  
 O'Loughlin, Sean 93  
 O'Mahoney, Joan 230  
 O'Malley, Donagh 70  
 O'Malley, Kevin 93  
 O'Meara, R A Q 261, 273  
 O'Moore, Brian 93, 118, 123, 145  
 O'Neill, Brid 116, 203  
 O'Neill, Edward 101  
 O'Neill, Geraldine 225, 255  
 O'Neill, Josephine 203  
 O'Neill, Mary 222, 223, 226-227, 229  
 O'Neill, Óisín 92, 227, 230  
 O'Neill, Patricia 219  
 O'Neill, Shane 93, 252  
 O'Rahelly, B 282  
 O'Regan, Caroline 256  
 O'Reilly, A M 277  
 O'Reilly, B F 77  
 O'Reilly, P 64  
 O'Riordan, Desmond 261  
 Ormsby, O F M 78  
 Orpen, Charles Edward Herbert 37  
 O'Rourke, Jeff 139  
 O'Rourke, P D 81, 82  
 Osborne, Joan 253, 257  
 O'Shaughnessy, Victoria 93, 153, 221  
 O'Sullivan, Ms 202, 203  
 O'Sullivan, Alexander C 130  
 O'Sullivan, Donal 85, 222, 223, 225, 226, 227, 229  
 O'Sullivan, Kitty 277  
 O'Sullivan, Nora 242  
 O'Toole, Patrick 71, 98, 218  
 Otridge, Brian 93, 137, 145  
 Parameswaram, Mr 266  
 Paris 269, 273, 277  
 Parker, Henry Lee 64, 85, 87, 116, 122, 123  
 Pate, Alexander R 'Sandy' 93, 118, 119, 221, 231, 261  
 Pathological Society, Dublin 42, 58  
 Paul, Samuel 5  
 Paupers 2, 5  
 Pearse, Margaret 202  
 Pearson, Irene 243  
 Peile, Robert Moore 30, 38  
 Percival, Edward 29, 30  
 Percival, Robert 36, 41  
 Phillips, Ann 229  
 Phillips, Jack 93, 118  
 Physician-in-General to the Army 36  
 Pidgeon, Rose 253, 257  
 Pilorgat, Madame 276  
 Pirate's Den, The 101  
 Plunkett, H D 78  
 Plunkett, T V 189  
 Poe, J 73  
 Pollock, John Hackett 77, 131, 137, 157, 173-176, 176  
 Porters 237  
 Powell, M G 78  
 Powell, Sr 226  
 Power, Anne Grace 207  
 Power, P 87  
 Power, Tess 87, 116, 202, 206-207  
 Prenderville, B 221  
 Purcell, Marina 90  
 Purser, E C 77  
 Purser, F C 78, 82  
 Purser, Francis 120, 121  
 Purser, H M 82  
 Queen's University 42  
 Quigley, C 87  
 Quigley, P J 78, 87  
 Quinlan, Michael 242  
 Quinn, Anthony 225  
 Quinn, C A 78  
 Quirke, Mary 203  
 Quirke, May 202  
 Radio Éireann 282  
 Raftery, Dr 221  
 Raftery, Stephen 92  
 Rainey, Daniel 26  
 Rajan, Elizabeth 246  
 Read, Alexander 22  
 Recklinghausen, von 58  
 Red Cross, French 270, 276, 288  
 Red Cross, Irish 270, 277, 282, 283, 287, 288

- Redington, Fiona 260  
 Reen, Denis 262, 266  
 Reilly, Edward 238  
 Reilly, John 95  
 Reilly, Ms 206  
 Revington, Ms 77  
 Rice, H J 77  
 Rice, Matthew 263  
 Richmond Brain Research Foundation 124, 126  
 Richmond, Duke of 16  
 Richmond Hospital Research Committee 259  
 Richmond Institute for Neurology and Neurosurgery 124, 126  
 Riley, Patrick 264  
 Riordan, J J 85  
 Rivers, James 30  
 Roberts, Graham 67, 139  
 Robinson, A 85  
 Robinson, J G 82  
 Roche, Dr 77  
 Roche, Ann 203  
 Roche, Anne 235  
 Roden, Dermot 243  
 Rogan, John 225  
 Rogers, H R 85  
 Rogers, Sarah 267  
 Rogers, Tom 90  
 Rooney, Phil 117  
 Rokitansky, Carl 58  
 Rossi, Mario 158  
 Royal Academy of Medicine, France 38  
 Royal Academy of Medicine in Ireland 58, 110, 133, 163  
 Royal Air Force 112  
 Royal Army Medical Corps 233  
 Royal College of Physicians of Ireland 32, 33, 107, 110, 112, 123, 124, 130, 131, 134, 141, 144, 147, 177, 180, 245, 288  
 Royal College of Physicians, London 107, 141  
 Royal College of Surgeons in Ireland 24, 28, 30, 35, 36, 38, 42, 45, 56, 57, 69, 102, 109, 110, 121, 123, 126, 129, 131, 133, 134, 137, 138, 142, 144, 145, 147, 148, 150, 153, 154, 155, 163, 164, 177, 180, 204, 205, 221, 233, 259, 288  
 Royal Dublin Society 56  
 Royal Irish Academy 56  
 Royal Irish Yacht Club 259  
 Royal Medical Benevolent Fund 102  
 Royal Society 233  
 Royston, Derval 93, 256  
 Russell, Frances 204  
 Russell, J J 82  
 Russell, Kathleen Francis 202, 203  
 Rutherford, G S 74, 78  
 Ruthford, J C 77  
 Ryan, D A 87  
 Ryan, Kathleen 209  
 Ryan, Max 90, 93, 108, 116, 125, 138, 194, 195, 214, 221, 222, 223, 225, 229, 252, 261, 262  
 Ryan, Petrina 92  
 Ryan, Tony 90  
 St Andrew's Church 52  
 St James, H 77  
 St-Lô 100, 107, 109, 157, 269-289  
 St Vincent de Paul Society 237  
 Sandys, R T 85  
 Scanlon, Patricia 257  
 Schools of medicine –  
 Army Medical School 129  
 Carmichael College 54  
 Camichael School 22, 24, 25, 41, 54, 101, 130, 163  
 Catholic University 52  
 Cecilia Street Medical School 129, 131, 158  
 Diggis Street 47  
 Dublin School 58-59  
 Harvard 261  
 House of Industry Hospitals 166  
 King's College Hospital 31  
 King's and Queen's College of Physicians 52  
 Ledwich School 24  
 Peter Street 41  
 Queen's University 163  
 Richmond Medical School 22, 40  
 Royal College of Surgeons 95, 129, 135, 247  
 School of Physic, TCD 109  
 Trinity College, Dublin 57, 63, 95, 96, 107, 116, 130, 154, 159, 164  
 University College, Dublin 63, 95, 154, 243  
 University College, Galway 63, 154  
 University of Wisconsin 133  
 Scollard, Mary 202, 203  
 Scott, Michael 69, 270  
 Schönlein, J L 58  
 Seeraj, Eddie 90  
 Shanks, Edward 158  
 Shanley, Dr 278  
 Shannan, Adel 225  
 Shannon, T 87  
 Shaw, George Bernard 130  
 Shea, J 87  
 Sheahan, C 74  
 Sheahan, D F 87  
 Shee, J C 82  
 Sheehan, Cathy 230  
 Sheehan, D T 74  
 Sheppard, J F 78  
 Shera, J E P 73  
 Shevlin, Mary 256  
 Shields, P J 82  
 Shrago, A 87  
 Shrago, L H 87  
 Shreider, M 85  
 Simmons, R 87  
 Singh, Billy 90  
 Singh, Pushpinder Sidhu 92, 210, 215  
 Sinnot, T P O'C 85  
 Sirm, Major 44  
 Slattery, Dr 169  
 Slattery, M 85  
 Slattery, R V 77, 82, 85  
 Smith, A J 87  
 Smith, Daragh 157, 180-186  
 Smith, F P 82  
 Smith, Mary 28, 201  
 Smith, Dorrie 277  
 Smith, Robert William 57-59, 59, 147  
 Souza, Daphne de 263  
 Spillane, Maureen 227  
 Spratt, Sir Lancelot 194, 197  
 Stafford, Alex 225  
 Stafford, Ann 230  
 Stafford, Thomas 71, 267  
 Stanley, Kathleen 230  
 Stapleton, Una 209  
 Starken, Marie 224  
 Staunton, Hugh 93, 116, 145, 231, 261  
 Staunton, W 189  
 Steiner, R 87  
 Stewart, George 40  
 Stoker, Bram 166  
 Stokes, William 12, 41, 45, 46, 58, 211, 212  
 Skrabinek, P 90  
 Sullivan 87  
 Sutton, Elizabeth 260  
 Sutton, R C 81, 82  
 Swan, J 85  
 Swan, Patrick 93, 153, 221  
 Swan, Sheila 255  
 Sweeney, William 257  
 Swift, Deane 26  
 Symes, Ruth 226  
 Synge, J M 131  
 Taj Mahal 15  
 Tata Memorial Trust, The Lady 266  
 Taylor, B J 77  
 Taylor, O 87  
 Temperley, David 92  
 Tenovus Cancer Research Fund 259, 261  
 Teoh, T 92  
 Thomas Street 1, 2, 44  
 Thompson, Alan Harris 54, 85, 87, 107-109, 119, 123, 141, 142, 144, 145, 157, 258, 261, 269, 270, 273, 275, 276, 277, 278, 281, 288  
 Thompson, A W 87  
 Thompson, Geoffrey 269  
 Thompson, M 189  
 Thomson, Sir William 73, 74, 77, 160, 163, 165, 166  
 Thorne, R Douglas 93, 226, 259, 260, 261, 263, 265, 266  
 Thornley Stoker, Sir William 67, 73, 74, 159, 163, 165, 166, 170  
 Tierney, David 90, 92  
 Tierney, J 90  
 Tighe, H V 81, 82  
 Tighe, Mary 254  
 Tobin, Patricia 209  
 Tobin, Sr 116  
 Todd, Charles Hawkes 31  
 Todd, Richard Bentley 31  
 Toland, James 93, 116, 123, 125, 223, 225, 227, 229, 231  
 Toma, Abad 92  
 Toole, D 85  
 Tormey, William 93  
 Townsend, Richard 211  
 Traill, Anthony 159  
 Travers-Smith, R 74, 77  
 Treacy, M 85  
 Treacy, Madge 277  
 Treacy, Terry 251  
 Trinity College, Dublin 40, 57, 109, 121, 126, 127, 130, 134, 154, 261, 269, 273  
 United Irishmen 28  
 United States Army Medical Corps 133  
 University College, Dublin 126, 133, 134, 154, 177, 245, 262, 263  
 Uzell, William 256  
 Vagrants 5, 6, 7  
 Varma, Dr 266  
 Veen H Le 263  
 Vere, Marie de 218  
 Victoria, Queen 163  
 Volunteers, Irish 164  
 Wade, Des 230  
 Wade, Joan 230  
 Walker, Frank 143  
 Wallace, E C 74  
 Wallace, I 85  
 Walsh, Christopher 225, 227, 228-231  
 Walsh, I 82  
 Walsh, J 87  
 Walsh, Liz 255  
 Walshe, Ann 215  
 Walshe, Francis 121  
 Ward, Brid 260  
 Ward, J O'H 85  
 Ward, P F 77  
 Ward, V 87  
 Warner, Genevieve 90  
 Watson, J A 77  
 Watt, James 28  
 Webster, Rita 202, 203  
 Welch, Joseph and Margaret 264  
 West and Sons 24  
 West, Philomena 224, 230  
 Wexford Militia 38  
 White, Arthur Hamilton 129  
 White, May 212  
 White, Kitty 234  
 Whitty, Adam 6  
 Widdess, John David Henry 54, 90, 134, 135, 139, 144, 157, 177-180, 178, 217, 261, 262  
 Wilcock, Joe 90  
 Wilde, Oscar 158  
 Wolfe, Ms 77  
 Wood jnr, Sumner 258, 263  
 Woods, Marie 257  
 Woods, R H 73, 74  
 Woods, Sir Robert 163, 164, 167, 170, 233  
 Woods, Sheila 225  
 World Health Organisation 133  
 Worth Library, The 134, 177  
 Wright, Sir Alwood 130  
 Yalow, Rosalyn 266  
 Yeats, J B 131  
 Yeats, W B 158, 159, 173, 174  
 Young, Steven 127  
 Zozimus 45  
 Zwahn, Uttam 90

(Illustrations are indicated by bold numerals.)