

# Private enterprise—Royal College of Surgeons in Ireland

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At a time of financial stringency we have seen a remarkable thing—the opening of an extension to the Medical School of the Royal College of Surgeons in Ireland (which happens to be the only private medical school in Ireland or Great Britain). Somehow the college has collected £770 000 in less than a decade and has the confidence to announce the beginning of the second phase of building at an estimated cost of £200 000. With modest pomp and ceremony, the President of Ireland, Cearbhall ODálaigh, in the presence of the President of the College, Mr J McAuliffe Curtin, and other dignitaries, opened the new school on 27 April.

This has been done at a time when the Coalition Government in Ireland, with the gravest predictions for 1976, has imposed stringent financial restrictions on the health service of the

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country. Demands from the Department of Health for economies within the health service have been given some serious consideration by hospital medical boards and management committees and the medical profession has examined its own conscience and admitted—at least to itself—that there have been some extravagances in the past and that savings could be made in the future. Frugality by the profession, however, will do little to offset the enormous and unreasonable cutbacks which the Minister of Health wishes to impose. Doctors are concerned that an already meagre standard of health care must inevitably be further lowered and it would seem that confrontation with the Department of Health is unavoidable. They argue, and with good reason, that if the Government is unable to meet

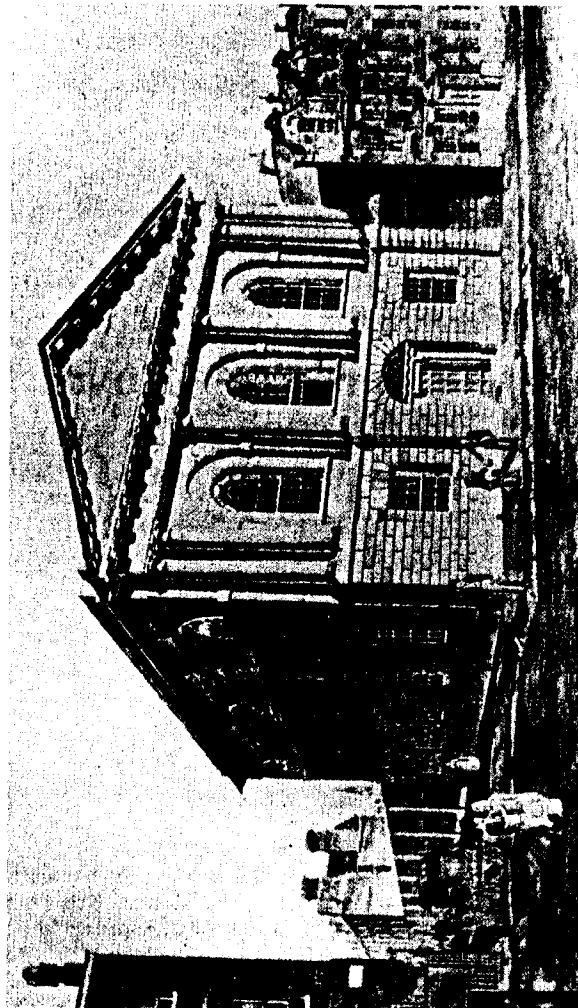


FIG 1—Royal College of Surgeons, Dublin, in 1810. Original water-colour, artist unknown, at RCSI.

its health commitments it must say so publicly and institute alternative ways of paying the bill; this argument is particularly relevant as scarcely a year ago it was the profession which steadfastly refused to allow the Minister for Health to expand the health service (and thus inadvertently preserved him from an even greater débâcle).

To find out how the RCSI has managed to attract so much money, and to appreciate the college's future prospects, it is necessary to look back 500 years.

### History

On St Luke's Day, 18 October 1446, Henry VI granted a royal charter to the Dublin Guild of Barber-Surgeons—the first royal charter granted to a medical body in Great Britain and Ireland. This body had become the “refuge for Empiricks, Impudent Quacks, Women, and other Idle Persons” when, in 1745, Dublin apothecaries broke away and were granted a charter by James II to form the Guild of St Luke's. Sylvester O'Halloran, a Limerick surgeon who had studied on the Continent, determined to do the same for his surgical colleagues and in 1765 an Act of the Irish Parliament established the first surgical examining body in this country—the County Infirmaries Board—which held its first meeting in the famous Musick Hall in Fishamble Street, where in 1742 Händel's *Messiah* had been given its world premiere. Subsequently, in 1784, George III granted a charter incorporating the Royal College of Surgeons in Ireland and this body held its first meeting in the boardroom of the Lying-in Hospital, now more popularly known as the Rotunda.

As emphatically called for in its first Charter of 1784, the college has always been a teaching as well as an examining body. Working from modest premises near Mercer's Hospital, it granted Letters Testimonial to its graduates, who were then eligible to apply for election as members (which is today's equivalent of the fellowship).

Improved circumstances allowed the college in 1810 to move to new premises on St Stephen's Green (fig 1). This rather charming building was described in the *Lancet* of 1824 as “. . . a neat

little structure which suddenly rose upon the site [sic] of the Quakers' burial ground at the corner of York St, Steven's Green [sic] . . . Solid and substantial, no gew-gaw of the sculptor's art disfigures the simplicity of its style. With a facade of six pillars of Portland stone resting upon a basement of mountain granite, and supporting a cornice terminating in an angle at the top, it stands the pride of Irish Surgery, and the terror of many a candidate whose fate often depends upon its decrees." As the fame of the college grew, notably under the influence of Abraham Colles, it became necessary in 1825 to extend it further and the original facade was skilfully incorporated into the present frontage, the whole being surmounted by

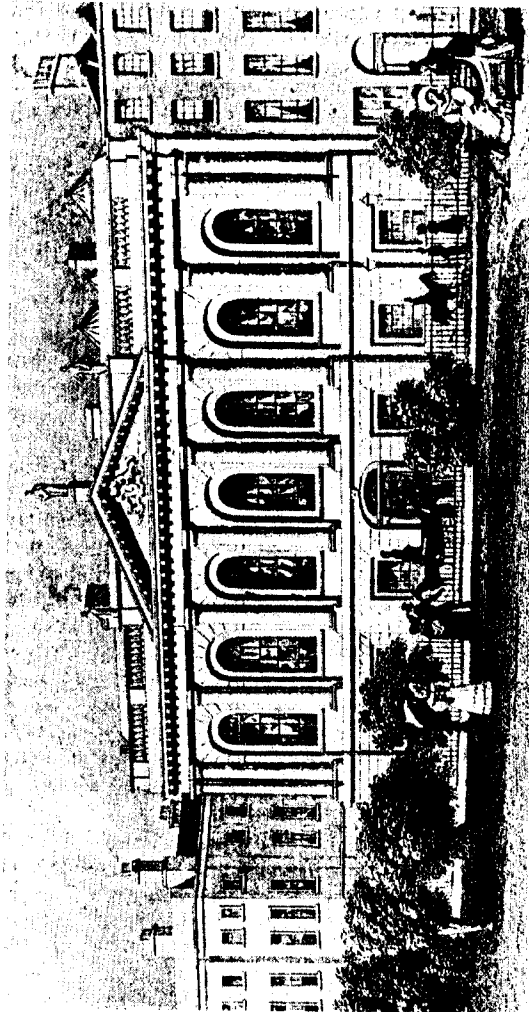


FIG. 2—Royal College of Surgeons, Dublin, circa 1830. Engraving after a drawing by W H Bartlett.

statues of Athena, Asclepius, and Hygeia (fig 2).

And now, in 1976, the college has undergone a third architectural metamorphosis with the completion of the new extension designed by architect Mr Frank Foley (fig 3). This building stands in York Street at the rear of the old college, and its exterior of Irish quartz and white cement harmonises peacefully with the existing building and houses within its three storeys three lecture theatres—the largest of which seats 400 and possesses modern audiovisual aids and is equipped for simultaneous translation—an examination hall, fully equipped laboratories, reading rooms, offices, a large canteen and restaurant, a squash court, gymnasium, and sauna baths. Structural flexibility has been ensured in the laboratories to allow for ever-changing needs in medical education. An unusual feature of a medical school is a non-denominational chapel for meditation.

### **Raising the funds**

During the 'fifties and early 'sixties, when property in Dublin was reasonably cheap, the college prudently purchased adjacent buildings and it now owns a complete square of some two acres in a fashionable part of the city centre overlooking St Stephen's Green. The need for expansion was evident and several departmental statements on higher education left the college in no doubt as to the hopelessness of applying to the Government for financial aid. Instead, the college turned its attention towards the public and, through well-organised and vigorous fund-raising campaigns directed primarily at graduates, college staff, friends of the college, business concerns, and overseas countries for whom the college had trained doctors, it has been possible by encouraging donations under covenant and arranging for tax exemptions in a number of countries to raise £770 000 with guarantees of more to follow.

### **What does the college do?**

The college is governed by a Council consisting of the President, Vice-President, and 19 fellows. The medical school with over 700 students from 35 different countries—about one-third from Ireland; one-third from developed countries such as Norway, Britain, the United States, and Canada; and one-third from developing countries in Africa and Asia—is surely the most multinational academy of Aesculapian disciples in the world. Student fees are high, annual fees averaging £480 for Irish students, £900 for students from developing countries, and £1300 for those from developed countries, and there is, in addition, a capitation fee payable by non-Irish students on entrance to the college. The Irish Government gives the college a token annual grant of £18 000.

The college is served by two teaching hospitals—the Charit-

able Infirmary (Jervis Street), the oldest voluntary hospital in this country or Britain (founded in 1718), and St Laurence's Hospital (Richmond, Whitworth, and Hardwicke Hospitals), providing between them a total of about 700 beds. Students also attend a number of specialised hospitals.

The basic undergraduate curriculum differs little from that of any university medical department but there are some notable exceptions: the college has a department of tropical medicine to cater for its overseas students, and a department of the history of medicine was recently established. The National

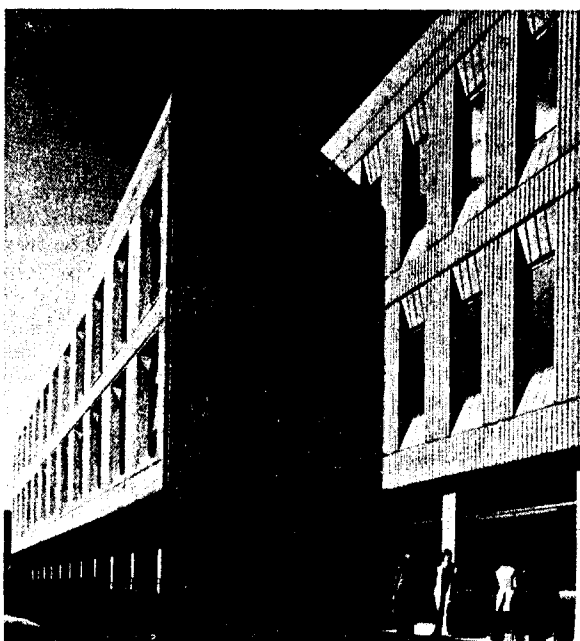


FIG. 3—Medical school extension. Official opening, 27 April 1976.

Board of Medical Examiners (USA) testing material has been introduced into the undergraduate curriculum on an experimental basis and it is hoped that by doing this the strengths and weaknesses in the curriculum—at least within the American context of medical education—will become apparent and that, furthermore, graduates who wish to go to the United States and Canada either for postgraduate training or to settle there permanently will find it easier to take the requisite American examinations. Many postgraduate activities emanate from the college—the Irish Surgical Postgraduate Training Committee in association with the Joint Committee of the Surgical Colleges co-ordinates postgraduate surgical training in Ireland, and the Faculties of Anaesthetists, Radiology, and Dentistry organise

postgraduate training in their respective subjects. With the recent inauguration of the Faculty of Nursing, the college has given overdue recognition and status to this branch of the profession.

### **The future**

The college now enters a new era in its development and, while recognising that the new school is a considerable achievement, the academic staff are only too aware that the departments within the college must be developed so as to produce not only competent doctors but through its hospitals and postgraduate institutions to consolidate its position firmly on the stage of world medicine. The emphasis must now be on intellectual rather than further structural development. A prerequisite for this must be the removal from its graduates of the archaic semantic handicap of a licence as distinct from a degree; the college for almost 200 years has awarded a diploma of licence to its students at graduation and, now that this qualification is recognised in EEC countries as being of degree status, it is to be hoped that soon the title and basic qualifications of the college will be declared a primary degree so that college graduates may enter the academic arena on an equal footing with their university colleagues.

To the staff, students, and graduates of the college, the medical school extension must serve as a stimulus to future development; to those sceptical of the survival of a private medical school it must be seen as the college's vote of confidence in its own future; and to the medical profession it is an example of what can be achieved through private enterprise.

*Nam et ipsa scientia potestas est.*