

# CLAREMONT STREET HOSPITAL

By Ruth Baker

Neurology, or the science of diseases of the nervous system, is comparatively recent in origin. It was only in 1859 that the National Hospital, Queen Square, London was opened to be followed by Maida Vale in 1866. The first neurological hospital to be opened outside London was Claremont Street in Belfast in 1896, and it can still claim to be the third hospital in Great Britain and Ireland designated for the treatment of neurological diseases.

It all began with a *Miss Farrell* who lived at Knock. Afflicted with a nervous disease herself, the nature of which is not known, she was a patient of a well-known Belfast medical practitioner — *Dr. John McGee MacCormac*. Fortunately she was a lady of means and it occurred to her to found a hospital in Belfast for the treatment of nervous diseases and epilepsy. Accordingly a house in Claremont Street was bought and opened as a hospital in 1896, with the name "Victoria Hospital for Diseases of the Nervous System and Epilepsy."

The rules stated firmly that persons of unsound mind were not to be admitted or received for treatment, thus clearly defining the hospital's neurological role.

Co-founder with Miss Farrell was her physician, Dr. John McGee MacCormac, and to him was to be accorded the honour of having been one of the first in Belfast to develop the science of neurology.

He was indeed a remarkable man, educated in Belfast (the medical school was then situated in the Royal Belfast Academical Institution), and Edinburgh, and studying neurology in London. He became one of the original members of the Neurological Society of London and wrote many papers on neurological topics, including one on "The Physical Cause of Christ's Death, specially in relation to the Nervous System."

With Dr. MacCormac's death in 1913 ended the first phase of Claremont Street's history. Over that period the hospital had 15 beds and a treatment room for electrical stimulation with faradism and galvanism.

The second phase, which continued until 1939, was dominated by the exceptional personality of *Dr. John Thompson*. During most of the time he was Senior Physician to the hospital, the President was *Mr. Stephen Richardson*, well-known Quaker and linen manufacturer. This period could well be termed

Some members of the present Staff



An exterior view of the Hospital

"the religious phase", for both these men were deeply convinced of the importance of Christian principles in the care of the sick. In 1926 Mr. Richardson said: 'It does not require a physician to tell us that nerve troubles are spreading especially since the war, life has become so complicated... but is there not an inordinate love of pleasure and excitement connected with the cinema and the liquor trade . . . a shorter desire for work, as the Apostle Paul said 'if a man would not work neither should he eat'."

stressed the need for an Epileptic Colony, and in 1925-26 the Killowen Epileptic Colony was incorporated with the hospital. In this year, too, the number of new outpatients attending Claremont Street was 547, the highest since its foundation, and ultra violet light apparatus was installed.

The Abercorn extension, a new building attached to the old and opening into Abercorn



Dr. J.A. Lyttle,  
Dr. Michael Swallow  
and  
Dr. J.H.D. Millar.

Patients were urged to join in communal worship, and the walls were adorned by texts. In the extern department Dr. Thompson would often invite a patient who was in emotional difficulties to join him in prayer. His interest lay chiefly in the field of functional disorders, that is, neurasthenia, "nervous exhaustion", anxiety and depression, rather than organic physically produced nervous disease. "Early" mental cases were also encouraged to attend.

As early as 1919 Dr. Thompson had

Street, was formally opened by the *Duchess of Abercorn* in 1939. The total cost was £10,000 and £4-5,000 more had to be added for equipment. Through it the hospital gained two new wards, a day room, private rooms, a consulting room suite with dressing rooms and a large extern department which also served as a clinical demonstration room for lectures to students.

The building of this extension, and the opening of Killowen near Lisburn as a convalescent hospital and home in which epileptics could be kept under supervision on a long term basis, were the two major achievements of Dr. Thompson's career in Claremont Street. He resigned in 1939, after 25 years in office.

The third phase of the hospital's history began in 1939 with Dr. Thompson's resignation and the succession of *Dr. H. Hilton Stewart* (ending with the latter's death in 1961). After graduating at Queen's University, Belfast and doing postgraduate study in London, he returned to Belfast and was appointed consulting physician to Claremont Street Hospital under Dr. Thompson in 1929, continuing in this position

until he became Senior Physician in 1939. Also at this time, with the retirement of Dr. Thompson, Dr. R.S. Allison was appointed as visiting consultant physician. Dr. Allison had been elected to the visiting medical staff of the Royal Victoria Hospital in 1930 and since 1931 had inaugurated undergraduate clinical neurological classes there. In 1939 the teaching was extended to Claremont Street, Dr. Stewart and Dr. Allison sharing the duties.

For both Dr. and Mrs. Hilton Stewart, Claremont Street Hospital was their principal interest in life. It was Dr. Stewart who used his influence to shift the emphasis from evangelism to science, in keeping with the notable advances that had been made in neurology and neuro-surgery in the preceding ten years. The walls were re-decorated, the text replaced by paintings. Mrs. Clara Stewart became the most active member of the hospital committee and inaugurated the "junior committee".

Dr. Allison was also able to update the outpatient service, making it more consultative and getting away from the private dispensary image of former days. With the opening of the Abercorn extension 18 additional beds had become available, making a total of 33.

During the War Dr. Stewart became Chairman of the Claremont Street Hospital Committee and was responsible for introducing an operating theatre in 1940, as well as an electric convulsion apparatus for the treatment of depression. Adjoining houses in Claremont Street were bought.

When Dr. Allison returned to the hospital after six years service in the R.N.V.R. he obtained the approval of the university authorities for Claremont Street to be taken on as a teaching centre of neurology both for undergraduates and postgraduates and many young men and women from Ireland and overseas served in resident posts and went on to distinguished careers.

They included Dr. John George Gibson, who became Professor of Mental Health at Queen's University in 1957; Dr. Sean F. Mullan, now Professor of Neurological Surgery at the University of Chicago and author of a well-known textbook on neurosurgery; Dr. Edward Maclaine



Dr. Hilton Stewart (1938-1961) with other members of the Staff

Ashenhurst, now Professor of Medicine at the University of Saskatchewan and Dr. Lewis John Hurwitz, whose brilliant career was cut tragically short on his death in 1971. He became Consultant Neurologist to the Royal Victoria, Claremont Street and Belfast City Hospitals in 1962. Internationally well-known and respected, he was the author of many papers of neurological interest in scientific journals.

Dr. Robert Lovelace became Chief of the Department of Electromyography at the Presbyterian Hospital, New York, Neurological Department in connection with Columbia University, while Dr. Denis Harriman is now

Professor of Neuropathology in Leeds.

In 1946 Mr. Cecil Calvert returned from the Army and was appointed consultant neuro-surgeon.

In 1947, when the E.E.G. department was installed, Claremont Street was one of the few hospitals in Britain outside London to possess such facilities. The Electroencephalogram records waves from the brain and shows up any abnormalities.

Claremont Street, in common with other hospitals in Northern Ireland, was taken over by the National Health Service in 1948, coming directly under the Belfast Hospitals' Management Committee.

In 1950, following a visit to London by Dr. Allison, the nursing services at Claremont Street and the National Hospital, Queen Square, London were amalgamated under the same matron, Miss Margery Ling of the latter hospital. The arrangement was that Miss Ling would act as Matron of both hospitals and visit Claremont Street regularly, while Miss Ruby Moore remained there as resident sister in charge. Selected nurses at Claremont Street were seconded to the National Hospital for 18 months' training in neurological nursing and trained Queen Square nurses were periodically transferred to Claremont Street to act temporarily as sisters.

This arrangement has continued up to the present day to the mutual advantage of both hospitals, and not only in the nursing field, as Miss Ling pointed out to me. There have been interchanges between doctors too and in the field of social work home visits are much easier to follow up in a restricted area such as Belfast. Here the environmental effects of neurological diseases can also be studied to greater advantage.

There was great stability among the nursing staff, Miss Ling added, many of the nurses marrying and returning to duty afterwards. Miss Ling has also acted as Matron of Killowen Hospital since 1968.

In 1952 Dr. J. H. D. Millar was appointed as an additional consultant neurologist. Claremont Street still provided treatment for functional nervous diseases, and in 1947 Miss V. McQuaker was appointed psychiatric social worker. She retired in 1967, having written several pamphlets on epilepsy from the social angle. Since July 1972 Miss Cook has been senior social worker.

Miss I. Gillespie was secretary of the hospital from 1948-72, when Miss L. Vaughn became acting secretary. Sister Moore retired in 1969 and Miss Sadie Orr, who has been at Claremont Street since 1950, is now acting sister in charge.

Dr. Stewart continued in office until his untimely death in 1961 — a man of outstanding ability both as neurologist and administrator. His wife had died six years earlier, when a tablet was unveiled and a ward named in her memory. After Dr. Stewart's death the medical staff and hospital committee donated a sum of money for the furnishing and equipment of a library in the hospital to be known as "The Hilton Stewart Library" and this was formally opened in 1963

Dr. Allison, who had become senior physician, delivering an address in his memory, recalled that in 1929, when Dr. Stewart was appointed assistant physician, the hospital was still no more than a semi-private dispensary. There was accommodation for only 15 patients. It was largely due to the devotion of Dr. and Mrs. Stewart that Claremont Street occupied the respected position it had since attained.



Dr. R.S. Allison (left) and Dr. J.H.D. Millar.

Dr. Allison retired in 1964, and Dr. J. H. D. Millar is now chairman of the medical staff, with Dr. Michael Swallow (hon. secretary) and Dr. J. A. Lyttle as consultant neurologists. Dr. Swallow's other great interest is music — some years ago he conducted an orchestra and two choirs at a concert in aid of the Multiple Sclerosis Society.

Today Claremont Street has 55 beds and a greatly extended outpatient department. Killowen, which has 26 beds, is used for epileptics and patients recovering from spinal and brain operations, as well as disabled multiple sclerosis patients. Mrs. H. Scott is acting sister in charge.

While there are still psychiatric clinics for outpatients, the emphasis is now on organic nervous diseases and departments include Electro-cardiography (for cases which have to be treated in conjunction with a heart condition) and Electro-myography, for peripheral nerve tests and muscle tests. Occupational therapy is another important department.

The first impression of Claremont Street, from the moment of walking into the spacious, modern reception lounge, is of cheerfulness and quiet efficiency. One is aware at once of the friendly atmosphere, and touring the wards is anything but a depressing experience. They are small, pleasantly decorated and homely, most having only three to four beds, the largest six to eight. Patients who are able to be up sit in small groups chatting or watching television, for each ward has its own attractively furnished day room, and in fine weather they can sit out in the garden. The pictures on the walls are provided by the British Red Cross Library Service.

Dr. Millar spoke warmly to me of the loyalty and good esprit de corps of all the staff. Recently it was announced that, when new accommodation became available on the Royal Victoria Hospital site, Claremont Street Hospital would be moved there. Obviously there would be advantages to such a move. Conditions are bound to be cramped in a hospital which has grown out of several private houses. Major tests and neurosurgery have to be carried out at Quin House in the Royal Victoria Hospital, and all the laboratory work has to be done there. On the other hand the medical staff hopes that the facilities provided will be at least as good as they are already in this little hospital which has earned such a high reputation for itself in the international world of neurology.

(The historical information upon which this article is based was obtained from the archives of The Royal Victoria Hospital)