

David Millar Bell (1920–2006)

President of the Ulster Medical Society

1978–79

Presidential Opening Address Ulster Medical Society

ON THE MOVE

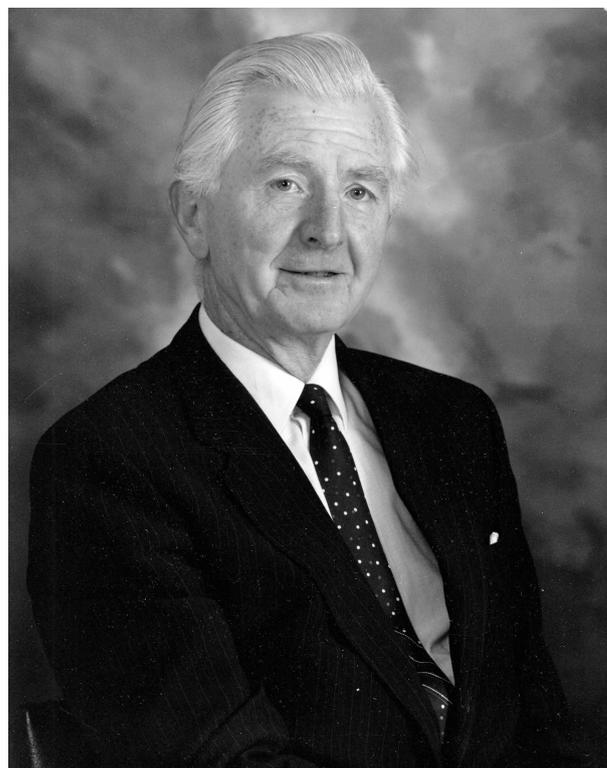
A PREDECESSOR, Mr. David Craig, in his Presidential Address five years ago, traced the development of the City Hospital from its beginning in 1838 for a period of over 60 years. It is my intention to continue from here to the present time, a period of about 80 years. In the course of this I shall refer in some detail to three past members of the Medical Staff, the development of undergraduate and post-graduate teaching, and finally the new hospital.

Our first surgeon was a Dr. Lynas who had come from the Belfast Hospital for Sick Children, where he had been on the surgical staff. He transferred to the City Hospital in 1900, and died suddenly in 1905 aged 40, and was succeeded by Dr. Joe Fulton who had been his assistant.

Initially I would like to consider some aspects of the buildings, and their changing functions over the years. At first we had the Workhouse, its Infirmary (Union) and the Fever Hospital, later known as Gardner Robb House. The complex was run by a Board of Guardians responsible to the Poor Law Commissioners in Dublin up to 1920. They were faced with the demand for more hospital accommodation in 1862 as a result of the Poor Law Relief Act, which permitted poor as distinct from destitute persons to be admitted. The school building for the Workhouse, had accommodated 1,300 boys, and this was converted to a hospital, and extended in 1900 by the addition of two wings, which are now basically the medical and surgical wards.

In 1874 another building was added to replace the original school building. It continued as such until 1926, when it was renovated and became known as the Windsor Hospital for long-stay mental patients (imbeciles and epileptics). In 1960 it was again re-designed at considerable cost (£120,000, having originally been built at a cost of £10,940). The re-designed building was named Windsor House, and became the first University Department of Mental Health, with Professor John Gibson in charge, who is regrettably no longer with us.

It is nice to be able to report that the Gibson Memorial Library was opened by Mrs. Gibson in June



this year. Close to Windsor House another building was provided to accommodate convalescent patients from the wards, known as the Convalescent Hospital, and was used as such until 1948, when it became necessary to provide accommodation for geriatric patients.

At this time Dr. George Adams, later Honorary Professor, was appointed, and from this time there developed one of the best geriatric units in the United Kingdom. Ten years later it proved inadequate for the needs of the service, and in 1958 a new wing was added to the front of the old building at a cost of £200,000, and opened by Lady Wakehurst in 1958—Wakehurst House. Dr. Adams was greatly supported in the early days by that pioneer of geriatric medicine, the late Dr. Marjorie Warren, and in Wakehurst House we have the Marjorie Warren Ward. The needs were clearly defined by a young social worker, Miss Miriam Sargaison, who did quite remarkable research work, going out into the community to lodging houses, hostels, etc., and her book on the subject is well known—‘Growing Old in Common Lodgings’.

Some of the old Convalescent Hospital remained, and in 1961 was upgraded to provide more accommo-

David Millar Bell

dation for dermatology, a service started in 1940 by Dr. Reginald Hall. The original maternity unit was known as Ivy Cottage, having been built in 1893. In 1906 the old Fever Hospital patients were transferred to the new Purdysburn Fever Hospital, and the vacated building was transformed into a maternity unit known as Gardner Robb House. In 1935 further accommodation was provided for obstetrics and gynaecology, which I will refer to later.

Separate accommodation for sick children was built in 1908, and extended in 1932, the combined building being known as the Dufferin and Ava Hospital currently providing accommodation for sick children and the ophthalmic and ENT departments.

In 1924 a new building was provided known as the Abercorn Hospital, the foundation stone of which was laid by the Duchess of Abercorn, and it was opened by Lady Craig, wife of the Prime Minister Sir James Craig. It had 80 beds on two floors, those on the ground floor being for observation, and on the first floor for cancer patients. This was the first accommodation in Northern Ireland to be provided specifically for cancer patients. It is interesting to note that some of the beds cost £1.15.3, and some slightly better cost £1.17.6, in contrast to a modern hospital bed which costs between £200 and £300. Like most of the other buildings in the hospital the function of the Abercorn Hospital has been changed, the top floor is now an acute medical unit, having been developed as such by Professors Wade and Elmes. The ground floor accommodates a very modern extension of the X-ray Department.

It would be impossible to go into all the details of change here, but virtually every ward has been modified and upgraded as far as thick walls, high ceilings and central steel pillars will allow. Previously anything up to 80 patients were accommodated in a ward, and now there are at most 30 patients per ward.

On the ground floor was the Doctors' Parlour, where the Visiting Medical Staff were able to meet, exchange views and have informal discussion about their clinical problems and the needs of the hospital. There were, of course, only 8-10 of them, whereas now there are about 90 of us, so this room would be quite inadequate, and in any case it was lost to the Dental Department. In it was kept an attendance book—an enormous ledger which had to be signed on Sunday mornings. Most members were totally allergic to it, and I understand that when Mr. McClure arrived he sent for the book, and it has never been seen again! The Doctors' Parlour has not been replaced, but we do meet every Wednesday for lunch in a very pleasant function room—The McKee Room—so named after one of our matrons.

X-RAY DEPARTMENT

Up to 1923 the hospital had functioned without the aid of an X-ray department or laboratory, although there is a reference in 1900 that X-rays had been successfully supplied on several occasions by Messrs. Clarke & Co., to determine the nature of fractures, and on at least one occasion to determine the exact location of a bullet.

In October, 1923, it was decided that we must have an X-ray department, as no hospital with any pretension to being up-to-date was now without this. The cost of preparing a room was estimated at £354, and the cost of the X-ray apparatus £600. An X-ray specialist was employed at the same salary as the ophthalmic surgeon, because X-ray work was a very dangerous occupation requiring a trained and skilled operator. The salary was £2.10.0 per attendance, three times per week. The first radiologist was Dr. Maitland Beath, who came in February, 1929, to whom an assistant was appointed in December—a Mr. Sparrow.

The first X-ray machine apparently gave good service but was somewhat horrific in that when it was switched on sparks flew out in all directions. It is surprising that patients did not actually disappear rather than submit themselves to such an apparent ordeal. Soon after his appointment Dr. Beath recommended that the X-ray department be upgraded by the installation of a new machine costing £1,365.15.11 (Victor). He informed the Guardians that with this installation they would have the best-equipped department in the Province, if not in Ireland—needless to say it was approved. About the same time new X-ray equipment was supplied in Dufferin and Ava, costing £608.10.0, and a portable machine costing £159.10.0. From this modest beginning the X-ray department has gradually developed, especially in the past decade and much more space has been acquired in the Main Hospital, Abercorn and the Cardio-Vascular Unit. The most recent installations have been the equipment necessary for ultrasonic investigation and isotope scanning, complete with computer attachment. There are five radiologists in post.

PATHOLOGY LABORATORY

You will recall that insulin had been introduced for the treatment of diabetes in 1922. The following year the Visiting Medical Staff told the Guardians that insulin could not be used, except dangerously, in their hospital without laboratory supervision. It was not until 1928, however, that the Bacteriology Laboratory was opened, the equipment costing approximately £100, and the salary of the bacteriologist to be the same as the ophthalmic surgeon. Dr. Lewis was the

David Millar Bell

bacteriologist, and had as his technician a Mr. George McKee, to whom I am indebted for some details. For ten years there were just the two of them, and one room provided accommodation for Bacteriology, Biochemistry, Haematology and Histopathology. They had the help of three workhouse inmates—one in the animal house, one washing glassware, one keeping the place clean and the copper water-baths polished. His outstanding memory of Dr. Lewis is of a man of great charm, who worked long hours, and took very few holidays. Later it was imperative to get more laboratory accommodation and establish a pathology service as such. For this an old workhouse building, known as Kerr's Buildings, was prepared. It had been used in World War I by the R.U.C., and in World War II by the American Army as a temporary hospital. It is staggering to think that the laboratory staff are still obliged to work in this ancient building, which is totally inadequate for the needs of the service, not to mention the training of junior staff.

The Commissioners approached the University Department of Pathology, and had a sympathetic reply from Professor Biggart. Informal discussions were held on 17th March, 1942, and by July of that year approval had been obtained from the Ministry of Home Affairs. An honorarium was to be paid to the Professor of Pathology of £150 per year, and £250 to his Assistant. It is a matter of some importance to mention that the Assistant was none other than Doctor, now Professor John Edgar Morison. Later he left the University Department of Pathology to go to the Public Health Laboratory Service when this was transferred to the City Hospital in 1954, and he joined the staff of the City Hospital in 1957. No one would think of questioning our good fortune, and I must publicly pay tribute to him for his invaluable service to the City Hospital and indeed the province.

MEDICAL STAFF

One of the continuing problems over the years was a shortage of staff. In 1937 Mr. H. P. Hall (Fig. 1) sent a heart-rending letter to the *Guardians* requesting the appointment of an additional house surgeon. The one he had at the time was shared with his colleague Mr. Hanna for whom he had to look after 600 patients in addition to Mr. Hall's acutely ill patients. He was neither available or able to give the necessary care and attention to the surgical cases. The British Medical Association met in Belfast that year, during which Mr. Hall provided a surgical demonstration, to which he invited the *Guardians* so that they might be stimulated by seeing some of the work going on in their hospital—the additional house surgeon was appointed. Later he requested the appointment of an

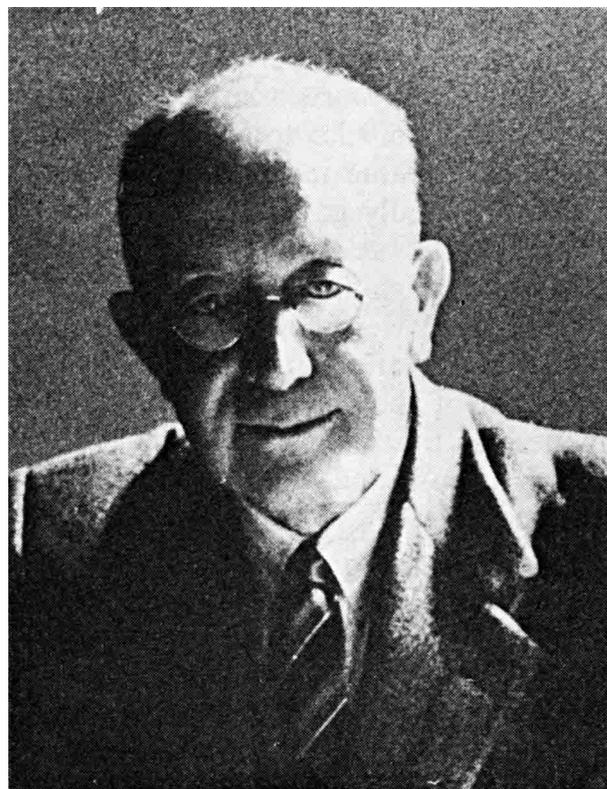


Fig. Mr. H. P. Hall

assistant visiting medical officer, and in due course Mr. Eric McMechan was appointed.

The house surgeons did not have an easy time with large numbers of patients to look after, and strict discipline. They had to get permission to leave the hospital, and had to be back by 11.00 p.m. Their accommodation left much to be desired. Under these circumstances perhaps it is not surprising their behaviour did not always meet with approval. On one occasion they were threatened with dismissal because of some misdemeanour, and were only allowed to stay when they agreed to pay £5 to charity. The Samaritan Hospital Free Funds benefited. Nevertheless, they had a rather nice practice that when leaving they wrote to the *Guardians*, thanking them for the valuable experience and training they had had in their hospital. This brings us up to 1939 when World War II was upon us. An emergency plan was formulated under the direction of the emergency officer for Northern Ireland, Dr. F. M. B. Allen. The City Hospital was designated a casualty reception centre and the Samaritan Hospital a first aid centre. In 1943 plans were made for post-graduate training for demobilised medical officers with the suggestion that the Belfast hospitals should take 40 every six months. I could not help noticing that Mr. H. W. Gallagher and Mr. T.

David Millar Bell

Smylie were among the first to come to the City Hospital, and at a slightly later stage Mr. Sinclair Irwin. These gentlemen are now retired but they were destined for very successful and prominent surgical careers, having had such a good beginning.

New appointments of highly qualified and trained physicians and surgeons were made, and in 1947 Dr. A. P. Grant was appointed specialist physician at the remarkable salary of £1,000 per year—this is the first record I have of a member of staff at the four-figure level. Dr. Grant has gone from strength to strength, and as many of you are aware he is currently President of the Royal College of Physicians of Ireland, being the first Northern Ireland doctor to hold this office in a College over 300 years old.

Our first anaesthetists were appointed in 1948, Dr. Dornan, Dr. Keir and Dr. Harold Jefferson at a salary of £800 per year. In retrospect it is remarkable that we didn't have trained anaesthetists at an earlier stage, and certainly it was a long cry from 1938 when Mr. Loughridge was doing a locum for Dr. Fulton, and found himself having to operate on two thyroid patients. He needed more skilful assistance than that provided by the house surgeon, and obtained permission to employ a specialist anaesthetist at a fee of three guineas per case—Dr. Stafford Geddis. Likewise in 1940 Mr. McFadden was permitted to employ Dr. Olive Anderson for the same fee.

SPECIAL DEPARTMENT

We find ourselves having to be on the move again to accommodate more special departments.

Accident and Emergency Department (Casualty) 1960
This large hospital had no casualty department up to 1960, and was not, therefore, properly equipped for the reception and treatment of emergencies (trauma, etc.). On their first day in 1960 they had three patients, but now they routinely have about 1,000 per week.

Cardio-Vascular Investigation Unit, 1966

Dr. E. Fletcher was responsible for this development. Wards in the old main hospital were modified to accommodate the unit. The Cardio-Vascular Investigation Unit was opened by Sir John Richardson in 1966. In this unit they have to date done over 400 coronary arteriographs, and something over 100 patients have been submitted to coronary artery surgery, which amounts to about two-thirds of the total. The unit has recently been re-equipped at the cost of £250,000. I hope you have all seen the excellent programme recently on television centred on the Coronary Care Unit.

Genito-urinary Unit, 1966

This unit was opened in 1966, and I must pay tribute to the late Mr. John Megaw, a former secretary of the Society. It was his foresight and persistence that led to its establishment, which is the only unit in the province devoted to the treatment of genito-urinary cases. It now has a staff of four consultants.

Renal Unit, 1968

This unit was opened in 1968 in new accommodation provided specifically for it. To date they have done about 130 kidney transplants, and I must tell you that their results are the best in Europe.

NAME OF THE HOSPITAL

The hospital was known for a long time as the Infirmary or Union, but in 1924 the then Chairman of the Board of Guardians proposed that the name be changed to the Belfast City Hospital. Nothing further was heard about this until October, 1941, when the Commissioners did change the name to the Belfast City Hospital, having considered calling it the Belfast General Hospital. This suggestion seems to have upset the Royal Victoria Hospital, as their then hon. secretary, Dr. John Morrow, promptly wrote to the Commissioners pointing out that this name would be inappropriate, as the Royal Victoria Hospital used to be known as the General Hospital. The Commissioners were not really impressed, replying that as the Royal was thus named by statute, they did not think their hospital being called the Belfast General Hospital could cause any problems. However, they did settle for the Belfast City Hospital.

COAT OF ARMS

In 1967 it was suggested that steps should be taken to establish a right to arms for the Belfast City Hospital, and in 1969 a sub-committee visited the College of Arms in London. Guided and advised by Clarenceux, King of Arms, a registered Coat of Arms has been obtained. Mr. Ryan, the then chairman of the South Belfast Hospitals' Management Committee, was asked to petition the Duke of Norfolk, Earl Marshal and Hereditary Marshal of England, for the granting and assigning of Armorial Bearings for the Belfast City Hospital, and Letters Patent were granted. With deference to the legendary Greek god of medicine, the staff of Aesculapius design is used too frequently in medical institutions, and it was also thought that O'Neill's bloody hand could be given a rest. A glance at the final picture portrays the rising sun as a heraldic symbol looking to the future, appropriate to the building of our new hospital. The seahorse indicates maritime locality and is common to the coat of arms

David Millar Bell

of both Belfast and Queen's. The Irish elk (deer) is part of the heraldic achievement of Northern Ireland. The hospice indicates a refuge, a place of rest and tranquillity, and happily flies a red cross. The wreath nestling on the helmet has, chapeau-like, on top a green mount simulating the grass of Ireland and therein grows a medicinal plant—the poppy, with an Irish wolfhound couchant. The motto 'In Dolore Solacium' was taken from the Latin version of the 'Twelve Caesars' by Suetonius, written about 60 A.D.

THE GUARDIANS

There were about forty of them comprising the Board, and they had up to fifteen sub-committees. Their task was indeed a difficult one, and they must be given great credit for running such a vast organisation for 100 years (1838–1939), especially as they had to work to a very tight budget. There were problems and irregularities, also complaints about the Guardians, and at one stage (1936) they were described in the press as 'a bunch of comedians'. One of them could be seen walking around the streets of Belfast, from time to time, with his pet fox on a lead. In March, 1939, they were suspended and two Commissioners appointed in their place, a Mr. Henry Desmond, O.B.E., M.A., and a Dr. Llewellyn Drysdale Innis Graham, M.B., B.Ch., and subsequently a third, Dr. Edward Armstrong, M.D., B.Sc., D.P.H., in 1945.

The three Commissioners and their officers ran the hospital with greatly increased efficiency from March, 1939, to 29th September, 1948, when they had their last meeting. The Health Service began on 5th July, 1948, but the hospital was administered by a temporary committee to January, 1949, when the South Belfast Hospital Management Committee was appointed.

DR. JOSEPH FULTON

Dr. Joseph Fulton (Fig. 2) was one of a family of six, being brought up by his widowed mother on a farm near Doagh, and sent to medical school in Belfast, as was his brother James, who became a general practitioner for many years on the Woodvale Road. Another brother became a missionary in Manchuria where he spent 40 years, being remembered for his translation of the entire Bible into Chinese.

Dr. Fulton, or as he was commonly known 'Old Joe', was appointed to the Visiting Medical Staff on a temporary basis in 1905, and on a permanent basis in 1908. In addition to his hospital appointment he practised from his home on the Lisburn Road, in a house adjacent to the Majestic cinema. From his photograph (Fig. 2) he would seem to be a fairly determined character, and I am indebted to one of his old students,

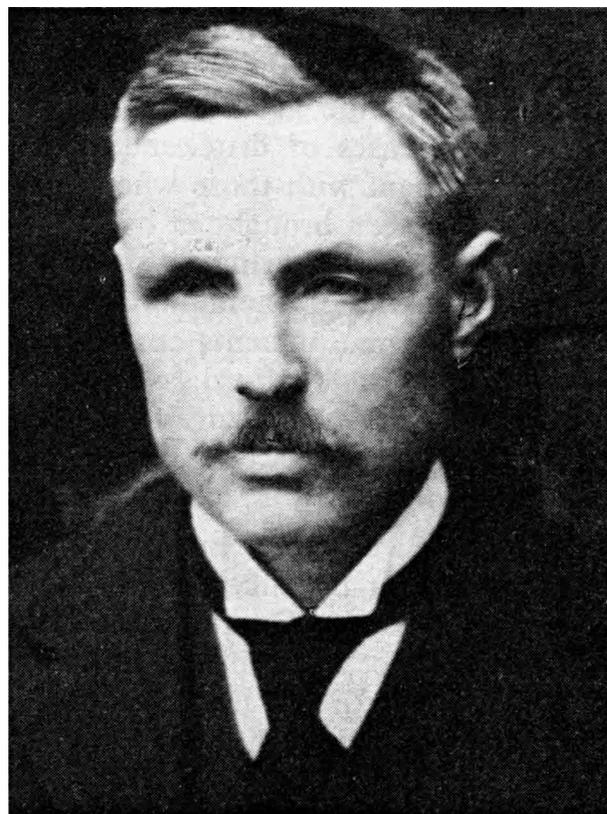


Fig. 2 Dr. Joseph Fulton

Mrs. McCreery Houston, mother of my colleague Dr. Ken Houston, for an appreciation of her former teacher. She describes him as a forceful character who seemed to fill his white coat to distraction, and his presence and voice the whole ward. His comments, including prognosis, were made in a loud and clear voice that could be heard all over the Ward—'Poor John, he's not long for this world'.

A nurse who trained in the hospital during his time also describes him as a forbidding character, but very popular, being known as the nurses' friend, and loved by them all. She remembers him as a rapid operator, who in abdominal surgery always used a long incision doing a thorough laparotomy, sometimes referred to affectionately as 'the ploughman'. He had very large hands and invariably wore gloves that seemed much too large for him.

Dr. Howard Crozier who was his house surgeon in 1922, in characteristic fashion, put it more explicitly—'his theatre technique would have made the hair on the back of your head erect, but his results were very good on the whole'. He goes on to mention that he had an uncanny diagnostic instinct—a female patient was presented in the final examination as a case of breast tuberculoma. The Professor of Surgery and

David Millar Bell

the Harley Street extern disagreed, and the unfortunate student was failed in his major case. Subsequently the pathology report confirmed Dr. Fulton's diagnosis. Dr. Walter Boyd told me of an instance when he had just come back full of knowledge, having attained his M.R.C.P. In the ward was a patient with asthma, and after going into his history very carefully he discovered that amongst other things he was allergic to eggs. The old gentleman listened carefully and then said—"Doctor you know that's interesting, because twenty years ago old Doctor Fulton gave me the same advice when I went to see him privately, and as I was walking down the Lisburn Road from his house, I was suddenly aware of a commotion behind me. On looking round I saw Dr. Fulton approaching rapidly, waving his arms and calling to me, remember—no eggs, no eggs." His working conditions left a lot to be desired, and in March 1913, he was compelled to write to the Guardians informing them that the operating theatre was quite unsuitable as it had cork carpeting, which was absorbent, soiled with pus, blood and other deleterious matter. It could not be properly cleaned and was, therefore, a source of infection in aseptic operations. He recommended a terazzo floor like they had in operating theatres in other places. One must recall that all his surgical work was done without a skilled anaesthetist, except perhaps for his last year or two. Many of us can vividly remember the trials and tribulations, particularly of abdominal surgery, before the days of modern anaesthesia.

In addition to his hospital work he did private surgical work, often going to the patient's home to operate on the proverbial kitchen or dining-room table.

I only discovered recently that he was a great-uncle of Dr. Terence Fulton, although I must say I can not see the resemblance. He can recall being told of him coming out to operate in the home of one of his relatives. Although he was a strong supporter of his church, he not infrequently did these private operations on a Sunday morning.

When the Abercorn Hospital was opened in 1924, Dr. Fulton always started his ward rounds on the top floor, where the cancer patients were accommodated, proceeding to the ground floor to which emergencies were admitted. Many of these were cases of drunkenness. He had a strong dislike to alcohol and was quite impatient with those who were brought in, or came in, drunk, particularly if they had been brought in by the police. He repeatedly gave them a lecture on the impropriety of bringing such patients to hospital as it was the policeman's duty to look after them in the cells of the police station, rather than inflict such troublesome patients on nurses. If any of them were

actually ill he alleged that if they could afford to get drunk, they could afford treatment at home. He addressed them as "drunken scoundrels", and if they could get on their feet at all they were ordered out. Such brusqueness at times led to a complaint, but Dr. Fulton replied in quite uncompromising terms, and nothing further was heard of the matter. It is not quite so simple nowadays with reports in duplicate.

Throughout his time on the staff his name appears on virtually every communication to the Guardians. Usually the medical staff members were agreed, but on one occasion there was obvious disagreement over the question of the need for an orthopaedic surgeon. Dr. Sam Armstrong wrote on behalf of the medical staff urging the Guardians to appoint one. Dr. Fulton likewise wrote in strong terms saying that there was no need for one. On this occasion he was over-ruled, an orthopaedic surgeon was appointed—Mr. H. P. Hall, a past President of this Society 1945-46, who started the first orthopaedic clinic in the hospital following a request from the Northern Ireland Council for Orthopaedic Development.

Dr. Fulton was a strong supporter of his church, Ulsterville Presbyterian Church, presenting them with a lovely organ in September, 1924 and this is still in use. I am grateful to the minister, the Rev. McKeown, for taking us into the church and allowing us to get some photographs. Perhaps you all know, but for those who do not, the Rev. McKeown is a brother of our Professor Florence McKeown.

Dr. Fulton carried on with his work in the infirmary until February, 1940, at which time he was forced to write to the Board submitting his resignation, by which time he was aged 76 years. In his letter he stated that he was suffering from incurable heart disease and nephritis, and was unable to continue his duties. He thanked the Commissioners and the former members of the Board of Guardians for many extra kindnesses that he had received during his long service. His resignation was accepted with a note that by that time he was the second oldest medical officer in the infirmary. He was granted an allowance of £397 per year. This was in February, 1940 and he died in April of that year.

Following his death the Commissioners received a letter of appreciation and sympathy from the Working Men's Committee of the Royal Victoria Hospital, signed by their honorary secretary, W. J. Lavery, who wrote to convey the Working Men's Committee's regret on the great loss the working classes suffered by the sudden death of their old doctor and friend Dr. Joseph Fulton, who was for many years a prominent medical and surgical figure in the Belfast Infirmary,

David Millar Bell

and was very highly respected by all classes. They sympathised with the Commissioners and his other friends on their great loss. I believe this is the only time that such a letter of appreciation was received. In a very effective way it illustrates the high regard in which Dr. Fulton was held for the service he rendered to the community over a very long surgical lifetime.

MR. THOMAS S. HOLMES

Mr. Thomas S. Holmes was a farmer's son from Islandmagee, being one of three sons, all of whom became doctors. He and Dr. Howard Crozier were appointed to the medical staff of the City Hospital in June, 1926. They were both highly qualified, Mr. Holmes being M.Ch., F.R.C.S. (England) M.R.C.O.G., and Dr. Crozier being M.D., M.R.C.P., the latter having been a house officer in the City Hospital in 1922. (Rapid progress from house surgeon to senior staff in four years). Soon after their appointment a statement appeared in the British Medical Journal as follows:

The Belfast Board of Guardians have taken another step in its progressive policy to which have been due in the past so many advances in the care of the large number of patients in its charge. At the Meeting of the Guardians held on the 15th June, 1926, two medical men were appointed. Mr. Holmes to be in charge of the Maternity & Gynaecological Department, and Dr. Howard Crozier to be Physician-in-charge of medical cases. The Profession in Northern Ireland will hasten to congratulate the Board on the wisdom of this further specialisation of the Visiting Medical Staff, which relieves the medical men of an intolerable burden, and at the same time enables them to give the patients more and skilled specialised treatment.

It seems that a common mode of entrée to the City Hospital was by doing a locum for a member of staff during his absence on holidays. Mr. Holmes had done such a locum for Mr. Hanna, visiting ophthalmologist, although I can not quite understand why an obstetrician and gynaecologist should be doing a locum for an ophthalmic surgeon. Later Mr. Price came, having done a locum for Mr. Holmes, as did Mr. McClure in 1942, joining the staff in 1945. I might mention that at that time the salary paid to the visiting obstetrician and gynaecologists was £500 per annum with a £100 per year war bonus.

Mr. Holmes had a far reaching and profound effect on the hospital, in that he was responsible for changing some fairly fixed attitudes, and breaking down barriers as between various groups of staff, for example, nursing and resident medical officers. By his personality and approach from day to day these barriers were gradually broken down and much more of a

team and family spirit established. Soon after his appointment he became very concerned about the accommodation and facilities available for the practice of obstetrics and he was compelled to write to the Guardians, drawing their attention to this, requesting them to consider the provision of up-to-date accommodation. This received very favourable consideration, and by May, 1929, agreement in principle was reached to proceed with a new building. The necessary negotiations with the Ministry followed, and in September, 1933 a contract was awarded to F. B. McKee, Ltd., to build a new maternity and gynaecological hospital. The work to be completed in 18 months at a cost, including heating and lighting equipment, of £53,000. The building was formally opened by the Duchess of Abercorn on 31st May, 1935. The hospital, of course, is the Jubilee Maternity Hospital.

He went off on a period of annual leave in January, 1929 and visited various London hospitals, after which he reported to the Guardians that he had had a profitable time at various London hospitals for women. The most striking new work was in the use of radium for malignant disease, and he felt that there was no doubt that radium would entirely take the place of surgery in the treatment of cancer in this institution. He pointed out that it was very expensive, and the smallest amount that would be of any use would cost £1,500, but it should also be borne in mind that it did not depreciate in value, and was virtually everlasting.

This may seem a long way from the expertise and sophisticated equipment which is available today, with our University Department of Oncology and Belvoir Park Hospital (Montgomery House), but I feel that Mr. Holmes must be given great credit for the introduction of radium to the City Hospital back in 1929. I don't think any of us today take up our annual leave to go on hospital visits, but at that time it was quite common and, of course, at the expense of the individual concerned. There was no professional leave with full salary and a subsistence allowance.

During the same year also he found it necessary to ask the Board to appoint more nursing staff, his demand being modest, in that he simply asked for one additional charge nurse. This request was referred to one of the Board's Special Committees, and in due course was approved.

In 1936 the annual Congress of Obstetricians and Gynaecologists was held in Belfast, during which they visited Jubilee. Mr. Holmes was able to report that the visitors were most impressed with Jubilee, and some of them hoped to incorporate some of what they had seen in their new hospitals.

David Millar Bell

In 1938 he was compelled to write to the Board again pointing out the increasing work-load in the maternity department, indicating the inadequate number of medical staff in comparison with other hospitals of similar size, for example, the Royal Maternity Hospital, where at that time there were five visiting surgeons, five house surgeons and some anaesthetists. The Board proceeded to appoint two junior visiting medical officers, Mr. Price and a Dr. Carson, and increased the number of resident medical officers by four, in addition to the one already in post, and so Jubilee became established as a reasonably well staffed department.

In 1942 he and Mr. Price indicated their concern to the Commissioners over the problem of infant mortality, recommending that the time had come to appoint a paediatrician, as in their view such a person was the only one who could act efficiently to reduce infant mortality. Doctor, later Prof. F. M. B. Allen was appointed and fairly soon after this Dr. Muriel Frazer.

During all these years Mr. Holmes took a very active part in undergraduate teaching. His classes on a Saturday morning, as the final M.B. approached, were very popular, but presented something of a dilemma for the students, because Mr. Hardy Greer also gave a lecture in gynaecology on a Saturday morning, and as I understand it there was not much love lost between these two gentlemen, nevertheless, both sessions were well attended.

He quickly built up a busy private practice and was much in demand throughout the Province. Many of you will know that he lost a son at an early stage during World War II, in the R.A.F. This tragedy had a profound effect on him, and indeed in many ways he never really recovered his zest and joviality. I would add that he was President of this Society for two years, 1939-40, 1940-41. He retired in 1949 and died in 1964.

MR. GEORGE McFADDEN, M.Ch., F.R.C.S.

The previous two gentlemen I have been speaking about were from a farming background. Mr. McFadden (Fig 3) is a son of the manse, coming from Newtownstewart, one of a large family, nine or ten. His formal education began at the local primary school, from thence to Inst., and then to Queen's.

He came onto the staff of the City Hospital in 1939, having been approached by the Commissioners, but was extremely hesitant, as he had never worked in this type of hospital before. Mr. Holmes finally persuaded him to accept their invitation, and he was on our staff until 1957 when he retired a few years short of the statutory retiring age of 65. He tells me that having been persuaded by Mr. Holmes to come, he



Fig. 3 Mr. George McFadden

never regretted it, although initially he found it a tremendous change from hospitals he had worked in before, such as the Royal Victoria Hospital, the Hospital for Sick Children in Great Ormond Street and the London Hospital.

Whom should he meet on his first morning in the hospital but Dr. Joe Fulton, in the doctors' parlour, who briefly outlined to him the routine on each visit, i.e. the meeting in the doctors' parlour, the times that tea was served, etc., and introduced him to the book that had to be signed weekly, after which he whisked him off to do a round in his surgical wards.

Even at this stage, i.e. 1939, Mr. McFadden was astounded to find the large number of patients, medical and surgical, acute and chronic, all mixed together, with no attempt made at segregation in relation to the type of illness. Some were recovering from minor surgery and some were beyond the hope of surgery. In one of the female wards he met a patient who had lain for about eighteen years, and another who had lain in bed for eight years. Another he remembers vividly who chose to lie in bed, holding on to her foot, attached only by some skin. She had refused operation because she knew that afterwards she would be asked to get up and about with crutches.

David Millar Bell

In an effort to sort out what was the best way to make better use of the beds, he introduced a system of classification according to surgical need, for example some only needed good nursing, some could be helped and restored to active life, some needed active surgical treatment and others just needed to be firmly prised out of their beds and their lazy life of luxury. One man with so called 'frost-bite' was, in fact, found sound. He was transferred from the comforts of his bed to a strange ward, after which he shortly left for home. The lady who had been in bed for eight years had had infantile paralysis with resulting contracture, was eventually straightened out with the aid of plaster of Paris splints to get up and go about on crutches. Another lady who had lain for eighteen years was similarly dealt with and was eventually fit to go home. When the time for going home approached, her husband who had hitherto visited her regularly, began to come less often. It became apparent that he was considerably embarrassed at the thought of his wife coming home after eighteen years. On one of his visits he picked up courage and told her that he had got a woman in. She quite understood this and told him she realised he couldn't do all the housework himself, but on hearing that there were two children in the house as well, she collapsed in floods of tears. Apparently things worked out quite well in the end, and she could be seen with her companion, who had been in the adjacent bed for eight years, coming up to the hospital subsequently to visit some of their old friends.

Gradually some surgical order was established, and in 1942 or thereabouts, when Mr. McMechan joined the Staff they organised an admission system. A regular take-in routine was started, and regular staff meetings were instituted. It could be said, therefore, that at this stage the routine running of the hospital from a medical and surgical point of view was put on a modern footing. It is really inconceivable to think of how the hospital ran, or how the visiting medical staff in those days did their work. They had no option but to take any and every patient that appeared from within the city boundary, whether they simply arrived at the hospital, were sent in by their own doctor or were chronic cases transferred from other hospitals in Belfast.

Many things have been said about the National Health Service, and indeed there is much criticism, but with its introduction in 1948 the function of the City Hospital changed dramatically, and certainly there can be no going back.

I can well remember the wards during my student days, and apart from Jubilee Maternity Hospital, they were a tremendous contrast to what we were

used to in say The Royal Victoria or The Royal Maternity Hospitals. The long dark wards were crowded with patients, with a large open fireplace, sometimes two in each ward, high ceilings and wooded floors. They were, however, spotlessly clean and tidy. The consultants then were treated with the greatest respect, and when Mr. McFadden entered his ward he was met by the ward sister. There was absolute silence except for the sound of Mr. McFadden's low pitched voice, and the occasional voices of the students in reply to his questions. It was in this environment that many of us can remember Mr. McFadden's excellent teaching ward rounds, which I have no hesitation in saying were amongst the best we had. He was interested in abdominal surgery, upper gastro-intestinal surgery in particular. In paediatric surgery his work on urethral valves is still well known. He was a comparatively slow but meticulous operator, taking several hours to do a partial gastrectomy for example. In his earlier years he had no specialist anaesthetist and indeed this was so up until 1946, when the late Dr. Harold Jefferson came, as a trainee, being appointed to the staff in 1948. Mr. McFadden also had a particular interest in the prevention of shock and venous thrombosis. Dr. Jefferson had to do half-hourly haemoglobin estimations during operative procedures and report to him. I am afraid it has to be said that he sometimes volunteered a favourable result so that they could all have one of the stipulated short tea-breaks. Another of his duties was to use a Higginson's syringe to put cold water into the theatre boots of the weary assistants.

I would mention that Mr. McFadden was President of this Society during 1956-57.

It would be impossible for me in this address to mention all the members of the Staff over a period of so many years. I have simply referred to three who covered a long span of approximately 50 years. Dr. Joe Fulton and Mr. Holmes, of course, are no longer with us, but I am glad to be able to report that Mr. McFadden is alive and very well in retirement in the South of England—Sunningdale.

Recently one of our senior nurses, who was his ward sister, visited him. Not only did she find him very well but living in very comfortable circumstances as befits a retired gentleman of his era. He still has his Bentley car and his ex-ward sister was met at Sunningdale station by Mr. and Mrs. McFadden complete with chauffeur-driven Bentley. I had hoped he might be here this evening but he does not feel up to the journey. He says he often thinks about Belfast, the hospital and his friends.

These three men dealt with the problems of the community at different stages, and as far as the City

David Millar Bell

Hospital is concerned they contributed enormously to its development, its service to the community and the teaching of many generations of medical students and house officers.

UNDERGRADUATE AND POSTGRADUATE TEACHING

The admission of medical students and the relationship between the Guardians and the University seems to have been difficult over many years. The first request to take medical students was in 1857, determined by the fact that the number of patients in the General Hospital (Royal Victoria) had dropped to somewhere between 70 and 90, as it was necessary to have at least 100 for teaching the number of students at that time. Students were admitted, but classes were discontinued in 1862. A further request was submitted in 1877, and while students were re-admitted they were so beset by rules and regulations that they found it difficult to get into the wards. They took the matter up themselves, and wrote through the Honorary Secretary of the Belfast Medical Students' Association, who was then a Mr. T. Houston, later so well known as Sir Thomas Houston. But this was to no avail. Nothing really seems to have happened until 1913 when a further request was submitted, which was forwarded to the Poor Law Commissioners in Dublin, whose reply was incredible—they were not aware of any precedent for the admission of medical students, and did not advise the Guardians to agree.

There seems to have been a further lapse until 1923 when the Dean of the Medical Faculty and Professor of Pathology, Professor St. Clair Symmers, submitted a request through the Vice-Chancellor. He wrote on the 15th May, 1923 stating that senior students are compelled to go to Dublin and elsewhere in order to get clinical instruction as residents in hospital, as there was no room for them in the Royal Victoria Hospital. That hospital took nine students at a time and charged 35/- (£1.75) per week for their upkeep. The University desired to make the northern students independent of other places, and asked the Guardians to provide accommodation for six students on similar lines to the Royal Victoria Hospital. This was referred to a special Sub-Committee, who in June of that year reported that it was desirable to accede to the request of Professor Symmers. It was then only necessary to have formal approval from the Ministry of Home Affairs, which came through in November, 1923, with a note as follows: "The Ministry approve this progressive step on the part of the Guardians, which they trust will be of benefit to the sick poor in the Infirmary and the Medical Profession in Northern Ireland". The Guardians were still standing on their dignity and although the Vice-Chancellor had written

to them, they would not go and see him, insisting that he come and see them. This little problem was overcome on the insistence of the visiting medical staff, who put pressure on the Guardians and on the 26th August, 1924 the first medical students took up residence for clinical instruction.

There were seven vacancies, and amongst the first group of students were a Mr. Blackstock, a Mr. W. Colquhoun and a Mr. M. Lavery. Mr. Blackstock qualified and entered the Physiology Department. Dr. Colquhoun was a Fellow of this Society and a very well known practitioner in Dunmurry, while Mr. Maurice Lavery became our senior surgeon. There were apparently no major problems from this time, except that the students were a little concerned at the cost of their accommodation, 37/6 (£1.87½) per week. In January, 1926 the Hon. Secretary of the Students' Union Society, Mr. J. A. Price, submitted a request that the charge for resident students be reduced to 30/- (£1.50) per week—the same as at the Royal Victoria Hospital. In their wisdom the Guardians reduced the charge to £1.11.6 (£1.57½) per week or 4/6d (£0.22½) per day.

I have referred so far to resident medical students, and in January, 1935 steps were taken to have medical students come for teaching ward rounds as had already been done informally with Dr. R. Hall, Mr. Holmes and Mr. H. P. Hall.

The student accommodation left something to be desired, and in July, 1937 the Professor of Surgery wrote stating that the students' quarters were shabby and inadequate with really no comfort and no place to work or study. He thought that these conditions were at least in part the reason for the students' activities being directed into less profitable channels. This led to a further slight reduction in the charge to thirty shillings (£1.50) per week, and a note to say that a scheme of redecoration was being put into effect, and that a billiard table was to be supplied.

The Guardians were suspended in March, 1939, and soon after this a request came from Queen's to the newly appointed Commissioners to the effect that they wished to extend the clinical teaching of the professors of medicine and surgery, proposing that they visit all the recognised teaching hospitals, and give clinical instruction to the students each week. This was readily agreed to by the Commissioners and the Medical Staff. Things seemed to have gone smoothly, and in 1942 the Medical Staff indicated to the Commissioners that they would welcome closer collaboration and participation by the university professors in medicine and surgery, and were anxious to facilitate arrangements to this end. The professors became Honorary Visiting Medical Officers, and from

David Millar Bell

this time we have the arrangement by which all Clinical Professors automatically have honorary contracts in the hospital. In July, 1942 the Secretary of Queen's wrote to say that the Faculty were happy to co-operate with the Belfast City Hospital Staff, and it was a matter of satisfaction to the University to have the co-operation between it and the City Hospital for the training of medical students. The Professor of Medicine was Prof. W. W. D. Thompson and in Surgery Prof. P. T. Crymble.

I have not mentioned Obstetrics and Gynaecology—formal teaching here seems to have had a less protracted start, and has been firmly established since 1921. Undergraduate teaching has continued without interruption since this time, forming an integral and essential part of the student curriculum. We take approximately half the total number of students entering the wards in their third year, so that many of them have their introduction to patients in the wards of the City Hospital. Fifth and final-year students also attend regularly for bedside teaching, tutorials and seminars. This has all been a very natural development in parallel with the University's recent extension on the site. I refer to the Medical Biology Centre opened in 1966, and the Whitla Medical Building opened in 1976, embracing between them the Basic Sciences and Departments of Anaesthesia, Oncology, Mental Health, Therapeutics, Geriatrics and General Practice.

It is difficult to understand the attitude of the Guardians towards the University, even in retrospect, which was clearly one of distinct reservation, but more rapid progress was made from 1939 when the Commissioners were appointed. The attitude of the Guardians, however, was incorrectly and very unfairly transferred to the medical staff. I became aware of this on joining the staff over 20 years ago, but on reading through the minutes covering the entire period it is absolutely clear that the medical staff were often frustrated and disappointed, finding it necessary to stimulate the Guardians, from time to time, into a more helpful attitude. Now we are fully integrated with the Medical School, our relationship is happy and constructive with many of the departments on the site, and some of their staff having clinical responsibility for the day-to-day care of patients in addition to their teaching programmes.

In the past decade postgraduate teaching has also been firmly established from a modest beginning in the City Hospital with the late Dr. Joe Hunter. We have the Belfast Postgraduate Medical Centre and other centres at various hospitals throughout the Province under the aegis of the Northern Ireland Postgraduate Council.

NEW HOSPITAL

Ever since 1933 there was increasing pressure on the Guardians, and later the Commissioners, to either upgrade the hospital or preferably build a new one. In 1937 there were plans for a new hospital, with a suggestion that it would best serve the needs of the community by being on the east side of the river. Eventually it was decided to build on the present site, but by now the war had intervened and nothing further was heard of the proposals for several years.

A new planning team was constituted in August, 1961, and in 1969 site work started and the foundation stone of the new Hospital was laid in 1971. It is not my purpose this evening to justify the needs for this, but a look at the old hospital, its facilities and amenities can really leave no doubt, and it is ironic that the new hospital is being built on the site of the workhouse. Three floors constitute the podium, which includes an extensive postgraduate centre with a lecture theatre for 200, also extensive and elaborate student accommodation, the entire area taking up five acres. Rising from this is the tower block of eighteen floors, each of 25,000 sq. ft., rising to a height of 272 ft. Immediately above the podium in the tower block is accommodation for the medical school which will cater for the needs of at least three departments, with a lecture theatre for 200.

This is a vast project, which when completed will replace the present main hospital, Abercorn and all the supporting departments—out-patients, radiology, physiotherapy, accident and emergency, central sterile supply department, and have a total of 540 beds. Already it commands the skyline of South Belfast, and there can be no doubt that it is going to be a magnificent teaching complex, of which the Medical School, the city of Belfast and indeed the entire province can be justifiably proud.