

# David Hanna Craig

President of the Ulster Medical Society

1973-74

## Presidential Opening Address Ulster Medical Society

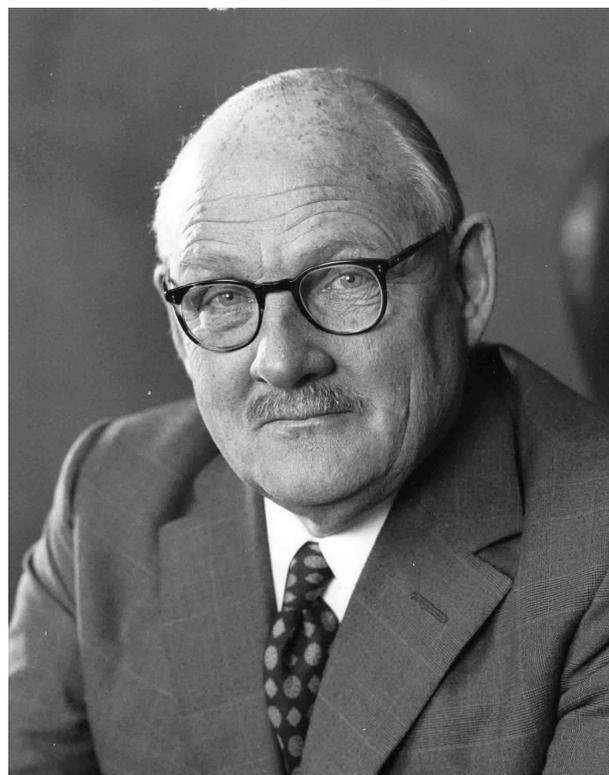
### A HISTORY OF THE BELFAST CITY HOSPITAL

THIS IS A STORY about a town that grew into a city, a Board of Guardians, and a hospital that was not wanted, certainly not to begin with by the Poor Law Commissioners in Dublin, who protested most strongly that they did not want their Workhouse to become a hospital.

It all began in 1838, one hundred and thirty five years ago, when an Act of Parliament – The Irish Poor Law Relief Act – was passed to provide for the building of Workhouses in Ireland, and to create Boards of Guardians to supervise their running. Our Workhouse opened on 11th May 1841. It cost £7,000 and had taken two years to build. It was planned to admit about 1,000 inmates, and it was not ready any too soon.

The Board of Guardians appointed to supervise the running of the Workhouse were all very worthy and prominent citizens. But the Workhouse was not a very socially acceptable object for good works in Victorian times; a bit smelly and a bit dirty, I expect, and a lot of undeserving poor about it. Anyway no carriages rolled up the drive with ladies in crinolines forming Ladies' Committees. No business magnates left the Workhouse any money. Nobody cared very much about it at all. Except of course the Board of Guardians. I think they quite enjoyed being on the Board. They seemed to have had plenty to talk about at their meetings. But they were more enlightened than the Poor Law Commissioners sitting in Dublin, because when they opened for business in May 1841, and this upset the Poor Law Commissioners quite a lot, they slipped in half a dozen beds for the use of sick inmates – and this rapidly increased to 100 beds for all comers. They appointed Dr. Thomas Andrews to look after these beds and paid him £60 per annum for doing it; and this is how our hospital first started.

Dr. Andrews was an unusual young man. He was born in Belfast in 1813. His father was a linen merchant. He went to school first at the Belfast Academy and then to the Academical Institution. They were not Royal Institutions at this time. He tried the



linen business for a short time, and then went to Glasgow University to study chemistry. This was the main interest in his life. But he may have thought that there was not much of a living to be made in chemistry, because he took up medicine and studied first in Glasgow, then in Belfast, finally qualifying in Edinburgh in 1835.

He came back to Belfast to practise medicine and to teach chemistry at the Academical Institution as well. When the Guardians made him their first Medical Officer he was only 26. I expect he was quite glad of the money. He certainly must have had a baptism of fire in our wards. The paupers slept on straw, rather like cows in a byre. But as far as I can find out the Guardians provided beds for Dr. Andrews' patients; at first wooden ones, but in January 1852 bugs in the wooden beds were reported to the Guardians; you will be glad to learn they changed them all to iron beds. In the 1840s it was a bad thing to be ill; it was worse to be destitute; but when you managed to be ill and destitute you were in real trouble.

There were two quite devastating events in the early years of the century; first the potato famine and

## David Hanna Craig

the resulting general destitution, and second was the industrial development which hit Belfast in a big way about this time. This was the period when so many of the linen fortunes were founded. There was a tremendous influx from the countryside of poor hungry people hoping to find means of survival in the town. In Victorian times Belfast grew from a town of 30,000 inhabitants to become a city of 350,000. We were not very good at solving the housing problem then either. The mud cabins of old Belfast had been done away with, but the housing standards were pretty terrible. Most streets were less than 20 feet wide. Many houses were built back to back. There were usually four rooms to a house, each about 10 feet by 7 feet, and usually two families lived in each house.

But the big problem in Belfast was the lack of a water supply. There was just no water available. No water closets, no water carriage sewage system, no piped water to any of the houses. In 1853 the Guardians got a report from one of their officers. "The poor" he wrote "have a habit of keeping their nuisances in the room with the sick during the day and throwing them into the street at night. If some method could be found to obviate this filthy practice it would contribute to the healthy and cleanly habits of the poor". You must admit he had something there.

It is not surprising that the City Fathers in Belfast had a problem with "fever". This portmanteau term embraced all the enteric disorders you can imagine; all those infections which dirt and overcrowding foster. Typhoid, typhus, erysipelas, dysentery, smallpox, even cholera, struck the poor citizens of Belfast in waves.

Though the Frederick Street Hospital – it was then called the General Dispensary and Fever Hospital – had been opened in August 1817 to deal with fever cases, it was full to the doors and overflowing by 1841. So it is not surprising if Dr. Andrews must have been a bit overwhelmed by this terrible tide of disease, because he very soon, and I think very thankfully, gave it all up, turned his back on medicine and became Professor of Chemistry at Queen's University. He was a very distinguished Professor of Chemistry.

The Poor Law Commissioners in Dublin kept protesting that they did not want a hospital on their hands – they realised that they had troubles enough. But nevertheless, partly in response to the clamant needs of the poor sick people in Belfast, and partly due to the enlightened efforts of the Board of Guardians, behind these entrance gates, through which such a tide of unhappy humanity must have

flowed during the last 131 years, almost by accident, and with no practical help from the wealthy citizens of Belfast, there grew up almost unknown and unnoticed what eventually became the largest general hospital in the Kingdom. But this happened very slowly over the years.

However in the early days of the century all sorts of exciting things were happening in Belfast. Some people began to make a lot of money. On 23rd September 1845 a pair of great auks were observed on Belfast Lough. The last pair recorded as having been seen by human eyes. A channel was constructed so that deep water ships could discharge their cargoes right in the heart of the City. Belfast had become a port. Queen Victoria came and formally opened the channel in 1849.

But enteritis, not ornithology, was the problem. Maybe the sick poor of Belfast did not care very much for great auks (or maybe not all that much about Queen Victoria either). They were too busy being sick. The Board of Guardians were pretty busy too. Just how formidable were their problems is hard to realise today. The Frederick Street Hospital, as Dr. Sydney Allison describes in his book "The Seeds of Time", was full to the doors. Built to hold 100 patients in 1837, it contained 250. Typhus fever, typhoid, smallpox, scarlet fever, erysipelas, cholera – you name it, Belfast had it.

Treatment is best described as empirical:

Sinapisms or blisters to the epigastrium – in case you don't know what a sinapism is, it's a mustard plaster.

Effervescent draughts.

Small doses of calomel, opium and hydrocyanic acid.

Brandy has a good effect.

In typhoid fever camphor, ammonia and ether are useful, but wine is most to be depended on.

Opium is of invaluable benefit.

Cautious leeching to the cranium where the sensorium is affected will help.

I cannot help wondering if 130 years from now our great-grandchildren will find our efforts to treat diseases we do not understand equally diverting.

One rather interesting feature about medical practice in Belfast at that time was the very close association between the Board of Guardians and their Infirmary and the Belfast General Hospital. There was an interchange of medical staff. Dr. Andrews, the first medical officer, was also on the Royal Staff – it is easier to refer to the embryo Royal by its mature name. So was Dr. Seaton Reid, Dr. McCormick, and Dr.

## David Hanna Craig

Brown, R.N., who became Belfast's first ophthalmic surgeon, and others as well. Dr. Samuel Brown's responsibilities as additional medical officer (for which he was paid £100 per year) were to be in charge of the supplementary wards, to act as medical inspector to the paupers who were coming in from Scotland, and to be inspector of nuisances. It is perhaps not surprising that he resigned after a few years and took up ophthalmology.

In 1847 the Board of Guardians built a Fever Hospital and enlarged it to 600 beds in the following year. Dr. Seaton Reid at the age of 36 was appointed physician in charge. It continued as a Fever Hospital until 1949. Born in Ramelton in 1811, a son of the manse, his father, a distinguished historian, Dr. Seaton Reid was to make the Fever Hospital his life's work. In his later years he is described as being stoutly built with an abundance of snow-white hair, most punctiliously dressed, dogmatic in manner and always decided in his opinions and actions. He became an accepted authority on fevers and his opinion was much sought after. The method of treatment he used I have quoted earlier to you. He was Senior Physician at our Infirmary for about forty years. He was President of this Society in the 1867-1868 session and died in Ulsterville House on the Lisburn Road on 3rd May 1896 in his 85th year.

During many of his 85 years of life he conducted a vigorous correspondence with the Guardians. In February 1847 he sent them a good rocket. "Urgent necessity" he wrote, "induces me to request more extensive and suitable infirmary accommodation. The nature of the diseases makes them most offensive in smell and so many huddled together renders any attempt to supply the necessary comforts and proper medical attention utterly fruitless." This is of course no more than the simple truth, with the enormous numbers of acute infections and the very limited water supply the wards in our infirmary must have been in indescribable chaos. Nursing these vast multitudes under such primitive conditions must have presented some appalling problems. There are continual references to these problems in the minutes. The Master was provided with chloride of lime solution to put in the night buckets. Charred peat was tried to diminish the offensive odour arising from the privvies and the sewers. Repeated appeals were made to Mr. Lanyon the architect to improve the sewers. Frequent complaints were made to the Water Commissioners that the supply of water was inadequate. Finally a big moment in 1853 – water closets were fitted in the new buildings. But only one per 65 patients, at this stage – perhaps a little frugal.

Later Dr. Reid strikes again: "It is admitted by everyone acquainted with the arrangements of hospitals that the more crowded the sick the higher is the rate of mortality and in the Infirmary there are 100 in a space which would not admit more than 65". "I am anxious that the Board would allow paid nurses for both male and female wards as the sick, now so numerous, will never be attended otherwise". He went on to suggest "the propriety of erecting a proper Death House. Nothing can be more injurious than keeping a dead body beside a patient who is perhaps suffering from the same disease". The Board decided to build a proper Dead House. They appointed two paid nurses, who could read and write, at a salary of 2/6d a week. "No risk or inconvenience" they told Dr. Reid, "can arise from two young persons or even a mother and child being placed in the same bed". Dr. Reid wrote back: "I have three or four children in the same bed. Several young children have been admitted with their mothers by way of accommodation. Some have not had fever. This hazards the lives of both mother and children, it being impossible for mothers to care for children at the breast when they are so ill and frequently delirious that they cannot take care of themselves. The mothers are deprived of rest and let their children fall out of bed".

Though there were a number of doctors employed by the Board of Guardians – Drs. McCormick, McGee, McFall, Aicken, Coffey, Black, Cairns, Wheeler and Brown – Dr. Seaton Reid was the Senior Physician, who had overall charge, though his main responsibility was the Fever Hospital. Surgeon Mulholland had some 500 beds in the main Infirmary, where he looked after the acute sick, the syphilitic cases and the children. He also did the surgery – this was rather a side line.

There were four outbreaks of what is described as cholera in Belfast in the early part of the century. Two before we came on the scene in 1832 and in 1834. The epidemics which concern us because we were involved in them began in 1853. The first case of Asiatic cholera in the outbreak which began in 1847 – Mary Sherry – came in on 9th December, having taken ill at 6 o'clock in the morning, and died at 3 p.m. that afternoon. Later in the month Dr. Reid wrote a report to the Board. "There were three cases of cholera on 15th; on the 16th three more, and two more on the 19th. Eight cases in all. All fatal. Another woman brought to me this morning in a state of collapse on admission, with little chance of recovery, having been ill since 12 o'clock last night. I would suggest some kind of patrol through the wards of the Workhouse each night. Because all our cases, with the

# David Hanna Craig

exception of one, were in a complete state of collapse on admission. From which states the most persevering application of stimulants failed to revive them. As I write another case of cholera has been brought in”.

The Guardians must have been at their wits' end, and no wonder. They had to deal with at least 15,000 cases, with nearly 3,000 deaths, on top of the usual ration of smallpox, diphtheria, scarlet fever and everything else. They rented various homes about Belfast. They rented a part of the Academical Institution. They rented disused mills. They erected tents. They built temporary sheds, the roofs and walls of which let in both wind and weather, so that, as some of the doctors complained, the patients got wet and cold. They caused to be inserted an advertisement in January 1848 in the Belfast newspapers: “The Belfast Poor Law Guardians beg leave to call attention to the propriety of immediately releasing from work any person labouring under diarrhoea or the premonitory symptoms of cholera, so that immediate medical aid may be had. Delay even for an hour may much lessen the chances of recovery”.

Meantime the Board of Commissioners bombarded the Guardians with admonitions. It was “inexpedient” they had told them to build a fever hospital. The Belfast General Hospital would take care of the fever cases. They suggested that the Idiot Ward “be laid off” for such fever patients as could not be admitted to the Belfast General Hospital. The Board of Guardians were at last goaded beyond endurance. They wrote a letter to the Commissioners: “The Board are of the opinion that the Commissioners interfere unnecessarily in the details of management. The Commissioners exercise power in an arbitrary way in matters which had much better be left in the hands of the Guardians, who administer fairly and considerately the trust committed to them and have more accurate means of judging on many points than a body who can only form its opinions from reports”. The Commissioners were offended. “We’ll tell on you for that” they said. At least that is what they meant. They phrased it rather better. “We will inform Lord Fortescue, Chairman of the Committee on the Irish Poor Law in the House of Lords and Sir John Jury, Chairman of the Committee in the House of Commons, of the Guardians’ views”.

It is of course easy from the safe distance of about 130 years to poke fun at the efforts of our forebears. But I wonder if we had been faced with the same problems, with the same lack of facilities, and shackled with the same ignorance, if we would have

done as well. For make no mistake the Guardians did very well indeed, and Belfast owes them a debt that we are quite unaware of today. They were responsible for all the fevers which virtually means all the sickness, not only in Belfast, but in an area extending from Greencastle on the one side of the Lough to Holywood on the other.

A system of dispensaries had been established – some six to begin with, later eight. These were the responsibility of the Guardians. They were responsible for staffing them, paying for them, and supervising their running. During epidemics some were enlarged to become small subsidiary hospitals. It was in fact a very efficient health service. Not only did the Guardians pay the doctors who worked in the dispensaries, they also paid the committee of the General Hospital 1s. 3d. per day for each fever patient. The medical committee had asked for 2s. 6d. for each cholera patient, but the Guardians jibbed at this. One and three pence, they said, was the agreed price, but they agreed to pay 2s. 6d. for the first day of the cholera patients staying in hospital. The doctors in the Belfast General Hospital pointed out that they did not mind treating charity patients for free, but this was different, and the Guardians should pay them as well. Three pence each per patient per day was agreed as the rate for the job, which for that day and age wasn’t bad at all.

About the end of 1849 the cholera outbreak subsided and our Infirmary slowly returned to the even tenor of its ways.

In 1849 a decision of enormous importance was made. All fevers were to be removed from the wards of the Frederick Street Hospital. This was a very wise thing to do at that time because Belfast, with its large manufacturing and marine population, needed a casualty hospital, where there was a reasonable chance of operations being carried out without too much risk of infection. This decision enabled surgery in the Belfast General Hospital to grow and develop, and while the work done in our Infirmary was perhaps less spectacular it was quite vital for our citizens, and especially our poor citizens in the nineteenth century.

Surgery in our Infirmary was at a very primitive level for many years. The very first operation I have found recorded took place on Saturday 5th January 1850. Surgeon Mulholland reported: “W. Smith was admitted about 5.30 p.m. with a compound fracture of the leg and great laceration of the ankle joint, received by a log of timber falling on him in a sawpit on the morning of that day. The leg required amputation. I performed the operation, assisted by

## David Hanna Craig

Dr. Reid, and Surgeons Brown and Black. I am sorry to state that he gradually sank and died during the night. An amputation case is much required in this hospital". It is nearly 30 years later in November 1877 that I found recorded the suggestion that a separate room should be provided in which operations could be carried out.

For a few years things went quietly along. The deliberations of the Guardians make interesting reading. They were very much men of their times. They became alarmed to discover in 1850 that one of their rate collectors – a Mr. Gaffiken – “had betted and won largely on the late Derby and that he was in the habit of indulging in such speculations”. Mr. Gaffiken at once admitted that “having been summoned to London on the business of the Belfast Improvement Board, he had on the holiday of Derby Day accompanied some of his townsmen to the race course and there he had betted £5 against £50 and £1 against £15 on the race and he had won £65”. The minutes read – and one can almost hear our Victorian forebears pontificating – “Though the liability on the late occasion was but £6 your committee are of the opinion that the dangers of such practices are not to be measured by the amount won or lost, as success invites the prospect of future gain, and failure tempts another trial in the hope of retrieving”. Mr. Gaffiken’s books were examined and found to be in perfect order. Incidentally “Vultigeur” won that year. Alas for human frailty; a year later Mr. Gaffiken’s books were deficient in a sum of £1,061. I have not been able to find out what happened next.

Our Infirmary did not escape unscathed on the night of the “big wind”. On 6th February 1850 Surgeon Mulholland reported the death of three children “in consequence of injuries received by the falling in of part of the roof about 1 a.m. during the frightful storm of last night”.

Then in March 1852 Dr. Seaton Reid is faced with a problem which is still difficult of solution today. He begs leave to report that there is not sufficient accommodation in the Workhouse for the aged and incurable. No solution was offered.

However the decision to transfer all the fever patients to the Infirmary had one unexpected result. The bed occupancy of the infant Royal fell to between 70 and 90. In order to secure recognition by the examining bodies medical schools had to have access to hospitals of at least 100 beds, so the authorities of Queen’s College – it was not then a University – were anxious that the Board of Guardians should open our wards for clinical teaching.

But there was a difficulty. Dr. Seaton Reid (who

had been appointed Professor of Materia Medica in 1857) unfortunately was a most terrible lecturer. The students, apparently in an agony of frustration and boredom, created such an uproar in his classes that he had to appeal for help and protection to the President of the College, who stationed an additional porter in Dr. Reid’s class, but alas with no great improvement in the students’ behaviour or apparently in Dr. Reid’s lectures either. Dr. Reid’s poor relationship with the medical students was to have a profound effect on the relationship between the Medical School and our Infirmary for many years.

The Board of Guardians were clearly influenced by Dr. Reid’s views on the character and disposition of medical students. They decided that they would not allow any University professors to teach in the Infirmary but Dr. Reid could hold clinical classes. However Dr. Reid and the medical students did not get on any better and he stopped the classes in 1862, though he owed his chair to his position in the hospital. There was a considerable outcry about this. Dr. Reid had to appear before the Treasury Commissioners and judging by their Report in 1876 he was very sharply handled. He fought back at his inquisitors – “Patients did not like to be tossed about by students and as they had a statutory right to treatment in the Union, they were in a different position to those in a hospital supported by voluntary contribution”. The Treasury Commissioners recommended that the Guardians be requested to re-admit students, and that Dr. Reid should either revive his clinical teaching or resign his chair. But the medical students stayed out and Dr. Reid stayed in.

The relations between the Medical School and the Board of Guardians were obviously not very cordial at this time. In November 1863 the Board of Guardians had stopped the supply of corpses to the anatomy school on the grounds that the “procedure was objectionable and the dissection room was a source of infection”. More than half of the 95 students in the practical anatomy class could not begin their studies in the autumn term in 1863. This produced another uproar and the Guardians relented, but the uneasy relationship persisted.

However I am running ahead of my story. In 1853 the cholera returned. This time it arrived in an unexpected way. The “Guiding Star”, an emigrant vessel en route from Liverpool to New York was forced by stress of weather to put into Belfast. It had cholera on board among its 600 passengers. The epidemic continued on until December of 1854. In this epidemic about 8,000 people were treated in our infirmary and the dispensaries, with about 2,000

## David Hanna Craig

deaths. But the records kept in the dispensaries were scanty and the total number treated was certainly higher. The Guardians had to get a second cholera van. The driver must have found his task unnerving because he was dismissed for being drunk on duty.

The Guardians had a variety of problems, not all medical, to engage their attention. Dr. Reid complained that there was a large manure heap in front of the fever hospital. The Guardians seem to have coped with this situation very well. In June 1876 it was reported to them that the car driver had taken out the horse in a private car with matron on her private business, and on return the parties in the car were intoxicated and the horse was lame.

The Guardians appeared to have a genuine concern for the children under their care. There were a lot of them. Though the Poor Law regulations which they had to administer decreed that families should be split up, they insisted that children and parents should meet at least "once a week" so that "family ties might be maintained". They arranged for the children to be taken sea bathing down the Co. Down coast several times each week during the summer. They advised that flannel belts should be provided for all such young people as needed them. On one occasion they arranged for a party of young girls to emigrate to Australia, and provided suitable trousseaux for the expedition. Unhappily this venture turned out to be ill-starred and was not repeated; because after a year or so reports filtered back that some of these young Belfast ladies thus transplanted did not behave with the decorum that might be expected, even in Australia. We find them thanking the proprietors of the Bangor boat for arranging for the Workhouse children to have a trip to Bangor, and an outing to the theatre and the circus seems to have taken place, in spite of Mrs. Blair, the schoolteacher, who wrote to the Board stating her opinion that "the theatre and circus are very far from elevating, and considering the moral degeneration of the inmates of the Workhouse, both old and young, these entertainments have a detrimental effect". She suggested that the Board reconsidered the matter. The Board resolved that Messrs. Clark and Powell's invitation for the school children be accepted and that the best thanks of the Board be conveyed to these gentlemen for their kind invitation – passed unanimously – collapse of acidulous school teacher.

All through the minutes down the years we come on examples of little human kindnesses to the children under the Guardians' care. Toys and sweets at Christmas; footballs and hand balls to play with during the winter; cricket bats and pads and balls to

play with in the summer. Arrangements were even made for them to pay visits to the Botanical Gardens and to have a trip to Portrush. On the other hand the infant mortality was 26 per cent. It is evident that the Guardians were worried about this and did not quite know what to do. We must not forget that in Victorian times death was never far away from any large family. But perhaps if Charles Dickens had known about our Workhouse, *Oliver Twist* might have fared a bit better.

During the remaining years of the nineteenth century the quite extraordinary volume of work continued. In August 1868 Dr. Johnston, who had replaced Surgeon Mulholland (resigned under something of a cloud) told the Guardians that "The General Hospital would not take in any burns, and all such cases were now sent to the Infirmary, entailing a large expenditure of lint and stimulants as well as a prolonged stay in hospital." The Infirmary had also agreed to take in from the General Hospital "any cases of old fractures and such other tedious and incurable cases as the authorities of the General Hospital wanted to transfer".

On 11th December 1882 Dr. Brice Smyth told the Guardians that there are now a vast number of patients present in the Infirmary, at the moment 1,338. Two- hundred had been admitted during the past week, nearly all urgently and dangerously ill and requiring the closest attention. In the middle of all this turmoil Dr. Brice Smyth found time to look after 302 lunatics. He did wish however that the Board of Guardians would give him somewhere to treat the many cases of delirium tremens. All he could do was to strap them to their beds in the ward. He thought that "this was an objectionable habit".

In February 1883 the Guardians installed a telephone.

Meanwhile, in the Fever Hospital, Professor Seaton Reid was battling away with his epidemics. Belfast then, as now, was a place for living dangerously. No one seemed to pay much attention to outbreaks of measles, diphtheria, typhoid, or scarlet fever – they called it scarlatina then. But Dr. Seaton Reid did comment on smallpox.

### Smallpox

From 1870 to 1872:

Admitted 1,103; Died 220; Mortality 19.15%.

From December 1877 to August 1878:

Admitted 115; Died 30; Mortality 19.35%.

From May 1881 to August 1882:

Admitted 547; Died 81; Mortality 14.8%.

He suggested that Nurses Wilkinson, Halliday and Collins should be given a bonus "in recognition of the efficient way in which they had carried out their

## David Hanna Craig

duties, which were at times very exacting and very disgusting". The ladies were awarded £5 each.

In fact this pattern of infectious diseases continued until the end of the century. Smallpox returned in February 1891. On the seventh seven constables were admitted from the Donegall Pass Police Station. Dr. Reid reported towards the end of the year that there had been 24 cases admitted; three had died. He proposed that pay beds for private patients be introduced into the Fever Hospital. The Guardians approved. Private patients came in by a separate entrance from the Donegall Road.

Roth Dr. Reid and Dr. Brice Smyth resigned in November 1892. Dr. Robert Hall was appointed in December of that year to replace Dr. Brice Smyth. Dr. Coey Bigger, who replaced Dr. Reid, served 18 years until he left to begin a most distinguished career in the Ministry of Health in Dublin. He is the only member of our Infirmary staff who has been knighted. I mean of course so far. But perhaps we can boast of a more recent and greater distinction, which I think not many people know about. In 1895 Dr. Bigger reported treating 26 cases of diphtheria with anti-toxic serum. Two of these required tracheotomies and one died. The serum was discovered in 1890. The very first time the serum was used was on a child in Berlin on Christmas night 1891, and it was first made in England by the Lister Institute in 1895; so Dr. Bigger was obviously very well abreast of developments. His cases must have been among the very earliest treated in the British Isles.

The citizens of Belfast had to face another hazard in the declining years of the century – rabies. Between 1894 and 1897 there are records of fifteen people being admitted. Fourteen were bitten by rabid dogs and one by a rabid horse. Seven were children and eight were adults. One of the adults was a policeman who had been bitten when he was trying to protect two children from a rabid dog. The Guardians rose to the occasion again and sent them all off to the Pasteur Institute in Paris. It is interesting to read of the humane and human way they conducted this enterprise. Quite a formidable expedition at that time. They arranged for the victims to be suitably clad for the journey; they sent one of their officials to look after them and to meet them coming back, and as James Hilditch, one of the children, was very homesick, they sent his father out to keep him company. We learn that they wrote a sharp letter to Madame Voiry, the owner of the hotel the victims were staying in, because she was not looking after her guests in a proper manner. Madame Voiry wrote and apologised and promised to mend her ways. Mr.

Pasteur himself wrote a polite letter to the Board in July 1895. He died on 28th September in that year so this must have been one of his last letters. It is satisfactory to discover that all the patients apparently recovered.

Nursing in our Infirmary was slow to develop. In the early days, as I have told you, there were paid nurses; decent, hard-working and courageous women they were, but untrained, and there certainly was the odd Sarah Gamp, bottle of gin and all, among them. They were very thin on the ground. In the year ending 29th September 1867, 3336 patients were treated, comprising 1695 acute contagious medical cases, and 1641 acute and chronic non-contagious medical cases. For this there were 15 paid nurses. Their task was to supervise the unpaid paupers, who lived in the wards and were given hospital diet, and in return for these privileges carried out all the actual nursing duties. These pauper attendants were far from satisfactory but had to be retained for years. The visiting Medical Officers complained about them in 1897. "They are mostly unreliable" they said, "and in many cases extremely unsuitable for persons attending on the sick. They are supposed to act under the supervision of the nurses, but very often commit grave acts of indiscretion behind their backs".

In November 1884 Miss Ellie Pirrie was appointed Superintendent and Head Nurse at a salary of £30 p.a. I can find nothing about her early training. She was not a product of the Florence Nightingale school, though apparently she had some friendly contact with her; because in December 1884 we read of a Christmas present being sent to Miss Pirrie from Miss Nightingale for the children in the Infirmary. The Guardians were very pleased when they heard about it. Miss Pirrie seems to have got everyone moving because the month after she was appointed the Guardians approved a uniform for the paid nurses, and a distinctive apron for the unpaid female attendants.

In May 1887 the Guardians agreed to Miss Pirrie's plan to admit six suitable persons between 20 and 35 to train as probationers. They were to be employed for three years; the first year they were paid £10; the second year £15; and the third year £18. After all this they were to be absorbed into the paid nursing staff. The Poor Law Commissioners sitting in Dublin were most put out by these proposals and told the Guardians that they had no right to propose any such plan. But as was usually the case the Guardians seem to have got their way and nurse training began for the first time in our hospital. In July 1889 the very first nurse went down to Dublin to sit for a nursing

# David Hanna Craig

examination. Her name was Nurse Craig. I think she must have passed all right because in 1892 she was appointed Superintendent.

This was the slow beginning of our Nursing School, and it was a slow beginning.

	Nurses
1880	13
1885	21
1890	26
1895	48
1899	78

Quite a lot was expected of our poor nurses in those days. Not until November 1900 were nurses given late passes to 11 p.m.

It is interesting to remember that our Nursing School was apparently the first to train male nurses.

But once again I am running ahead of my story. The love-hate relationship of the Guardians and the Medical School continued. Because the University were most anxious to get the benefit of the wealth of clinical material on their very door step, they brought considerable pressure to bear on the Guardians. In June 1877 there is a minute which reads:

“In compliance with the wishes of Her Majesty’s Government we consent to open the Workhouse Hospital and Infirmary to the students of Queen’s College, Belfast. At the same time reserving to our Medical Officers the right of making such arrangements with the Authorities of Queen’s College as they may deem necessary for securing a proper recognition of the services they may be called upon to render”.

“It is further understood that Dr. Seaton Reid is to be exempt from taking an active part in giving clinical instruction”.

However the poor medical students found themselves so hedged around with restrictions and prohibitions that they could hardly get into the wards at all. They grumbled very bitterly about this. There was a rather curious development; though the Royal Colleges of England were quite prepared to recognise our Infirmary as a teaching hospital, the Royal College of Surgeons in Ireland would do no such thing. The reason they gave was that there were not enough clinical teachers. I wonder if the hidden hand of Dr. Seaton Reid had been at work; this seems possible because the month after he resigned, on 29th November 1892, the Guardians received a communication from the Secretary of the Belfast Medical Students Association. This was very eloquently and politely phrased, traced the history of the medical school and the Infirmary and suggested that the objections of the Royal College of Surgeons in

Ireland to recognition of our Infirmary would be met if the Guardians would appoint honorary clinical teachers from the Faculty of Medicine. The memorandum was signed – T. Houston. The Board of Guardians was quite prepared to agree with these proposals but the Local Government Board in Dublin would have nothing to do with them. So to the great loss both to the Infirmary and the Medical School, there was to be no systematised undergraduate teaching in our wards for another generation.

All through this talk I have said very little about our Infirmary buildings. Mr. Lanyon designed most of them. The wards were enormous, holding up to seventy beds. The ceilings of the ground floor wards were so high that they were hard to heat. The ceilings of the top floor wards were so low that they were difficult to ventilate. But the wards were all kept spotlessly clean by pauper labour; the ward sisters in those days had their problems. You will all I am sure be gratified to learn that the wards were heated from 1870 by good coal provided by Hugh Craig & Co.

But though building went on through the years, it is not the buildings in the hospital which are important; it is the human beings in the wards. The doctors, the nurses, and the patients, who build up the tradition of a hospital. The physicians who made a considerable impact on their generation were Dr. Robert Hall, Dr. Gardner Robb and Dr. McLeish.

Dr. McLeish is perhaps less well known than the other two, yet he deserves to be remembered because it was he who really established the Maternity Hospital in our Infirmary.

Dr. Robert Hall was appointed in 1892 at the age of 31. It is hard to realise today the problems which he faced then. Tuberculosis in the closing years of the nineteenth century and in the early years of the 20th was a real scourge. When he was first appointed tuberculosis cases were nursed in the general medical wards among the other patients. He introduced separate tuberculosis wards, bacteriological diagnosis and disinfection of sputum – no easy task at first. The numbers were formidable, 1900 cases of tuberculosis were nursed in the half year ending December 1899. It was entirely due to Robert Hall’s efforts that the first sanatorium for tuberculosis in Belfast was established. He, more than anyone else, laid the foundations of what became the North of Ireland Tuberculosis Authority. He was President of this Society in 1921 - fifty-two years ago. He died in 1941.

Dr. Gardner Robb was an entirely different personality to Robert Hall, outgoing where the other was retiring, but an equally outstanding clinician, as those of us who were lucky enough to have worked

## David Hanna Craig

under him will remember. He was appointed in 1900 at the age of 34 when Dr. Bigger retired; he inherited a legacy of smallpox and typhoid as well. Dr. Bigger, in his last report in 1900, described the typhoid outbreak as “phenomenal - larger than any hospital in the United Kingdom had to deal with”. Cases were even admitted from Adelaide Park, Maryville Park and Cadogan Park. Dr. Robb was responsible for the building of what we now call The North of Ireland Fever Hospital. While that is no bad memorial, what is more important, like Robert Hall, he left behind a legacy of well taught clinical medicine. He was a President of the Society in 1915-16. He died in harness in 1941.

But again I am running ahead of my story. Surgery in our Infirmary was slow to develop. This is hardly surprising, in the overcrowded and understaffed conditions. This table gives an idea of the patient load:

	<i>Patients treated</i>
1897	10,161
1898	11,316
1899	12,208
1900	10,116

The nursing staff increased to 78 in 1899. Fortunately it was unusual for more than 2000 patients to be in our Infirmary at any one time.

Nothing much happened until the appointment of Dr. Lynass. (He seems to have been largely self taught). It was true that he had been an assistant surgeon at the Belfast Hospital for Sick Children, but at this time it was common - almost the usual thing - for a young man appointed as a surgeon to change his coat at the first opportunity and become a physician. When Dr. Lynass was refused permission to carry out this manoeuvre he resigned from the Children's Hospital and became our first surgeon. He was given a room - called a theatre - whose roof let in rain, and which was illuminated by gas, apparently not very well, because a complaint was soon made of poor lighting. He was however allocated two operating room nurses, and the Guardians were persuaded to put in a sterilizer for dressings.

For the first two years of Dr. Lynass's appointment they were apparently quite interested in his doings and quite newfangled about him. Though there are absolutely no clinical records, there are references in the minutes to a report he submitted to the Board of Guardians. 51 operations carried out under chloroform anaesthesia in the year ending June 1900; fractures, dislocations, burns, and the results of tuberculosis provided the bulk of the surgical problems. It would appear that no abdomens were being opened at that time, which of course is not sur-

prising. There is however one interesting reference in these minutes. X-rays “have been successfully supplied on several occasions by Messrs. Clarke & Co. to determine the exact nature and extent of fractures, and on one occasion to determine the exact location of a bullet which was then successfully removed”.

Dr. Lynass died very suddenly in 1905 at the age of 40 and was replaced by Dr. Joseph Fulton, who had worked for several years as Dr. Lynass's assistant. Old Joe, as we called him behind his back, worked on until 1940. He too was I think largely self taught, and though this may seem extraordinary to the young men of today's jet set, this was a long time ago and was not surprising or uncommon about that time. He worked in isolation all his life and had few contacts with any of his surgical colleagues. But this again was quite common in those days. Even the surgeons in the Royal corridor had relatively little contact with each other. There were no keen young surgical registrars about to keep everyone on their toes. His results were as good as many better known surgeons. He was a remarkable personality.

And now I must come to the end of my story, and if I finish almost in mid-sentence, well stories often come to an end that way, especially when it is time for bed.

Many of you will remember the physicians and surgeons of the City Hospital of the last generation. So you will be able to answer for yourselves the question which all story tellers are asked - what happened next?

If you think that medical eccentricity was exclusive to an earlier generation you have not had the privilege of looking at yourselves through the eyes of a medical student.

Before I do close however I must thank Mr. Harry Miller, without whose encyclopaedic knowledge of Irish Poor Law, and without whose generous help this tale could never have been told by me.

I must however give you a glance into the future - what our new hospital will be like:

Twenty stories; 540 beds. Every facility that imagination and ingenuity can produce. I forget how many million pounds.

Well we have travelled a long way from the Workhouse ward which Dr. Andrews came into that summer morning so long ago. It is a rather chastening reflection that before very many years have gone by this magnificent building may be as archaic and out of date as our old hospital is today.

But as Kipling said:

Dearly Beloved, that will be another story.