

# John Andrew Weaver (1923–2013)

President of the Ulster Medical Society

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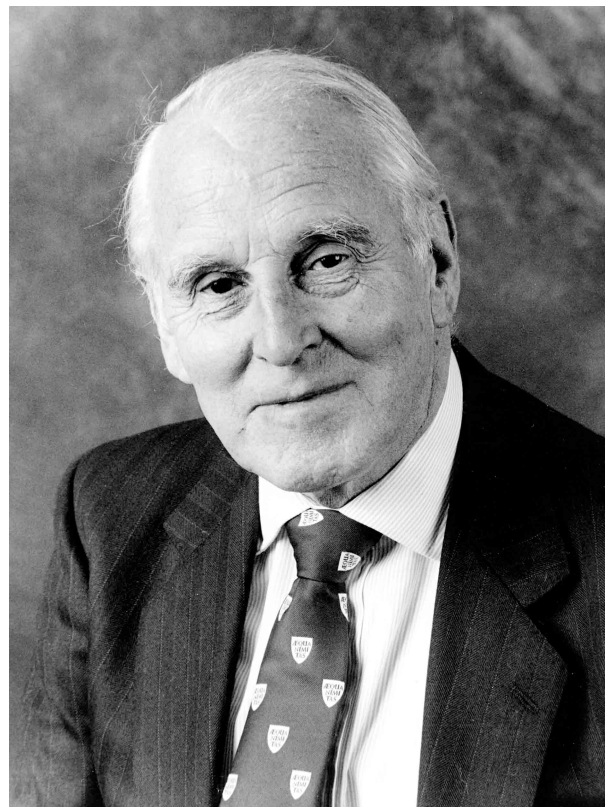
**Presidential Opening Address**  
Ulster Medical Society  
1st November 1984

JOHN HENRY BIGGART 1905-1979  
A PORTRAIT IN RESPECT AND AFFECTION

John Henry Biggart was born on 17th November 1905 in Belfast in a house a few hundred yards from Queen's University. He was to be associated with the University as student, medical graduate, Professor of Pathology, Dean of the Medical Faculty, Pro-Vice-Chancellor and Pro-Chancellor, in all for half a century or more. He is arguably one of the major influences in the development of the Queen's Medical School on a par with other significant figures—McDonnell, Redfern, Whitla.

My intention is to describe his life in respect and affection, an affection shared by many here tonight because he accepted them into the medical school and was usually a benevolent father-figure throughout their undergraduate and postgraduate careers—more than a father-figure, an epitome of the philosophy that medicine should be a cultured calling, and he was ever a standard-bearer for Queen's University medicine. The emphasis on respect and affection does not intend to hint that others might take a more critical approach. It has been said that, in order to escape criticism, one should do nothing, say nothing, be nothing. None of those attributes was John Henry Biggart. One possible criticism of Sir John Biggart is that he held too much personal power for too long. Leave that for now—I will return to it.

I have been fortunate in my task by being granted access to personal papers of Sir John Biggart, and I am most grateful to Lady Isobel Biggart for her kindness and help. Lady Biggart is very well, or perhaps her own words portray the justifiable scepticism of a pathologist's wife: "The doctors tell me I am very well"; to which she added: "They have been very nice to me at the Belfast City Hospital". I joined with her in praising that excellent hospital, but no further test of our mutual sincerity was undertaken. In the course of an afternoon's conversation in the family home in King's Road, which she does not intend to leave, we talked about much that I will say. Her regretted absence tonight is encapsulated in "I am too sentimental an old thing at heart to come".



*Image courtesy of the Office of Archives, R.V.H., Belfast.*

I have just referred to Sir John, and I have a difficulty in repeated reference to him as to what name I should use. To many he was simply "John Henry". To others "Harry" (and he was "Harry" to his family). He was personally amused at having once been called "a black bastard". Dr Desmond Burrows recounts that when he was working in the Pathology Department it was his task to approach the clinicians to present a case at the pathology meeting. He was sent to request a rather strong-willed physician "Would he show a case?" When he came back to John Henry's office, Dr Burrows reported that the physician would not show a case. John Henry asked "Why?" Dr Burrows replied, "He won't show it". John Henry persisted. Dr Burrows repeated, "He won't show it". John Henry still questioned, "What did he actually say?" Reluctantly, Desmond Burrows said, "He said he wouldn't do it for that black bastard".

Sir John opens his personal biography notes with a declared intent that they are "for my own delectation and to place on record for myself those episodes which bubble up through the morass of

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memory. So my journal is for me alone, for my enjoyment, but if others care to read some name, some place, may evoke for them, too, fond memory". I accept that as my licence for quoting from the papers. The journal begins: "I was born on the 17th November 1905. At that time my father was principal of a school in Ennis, Co. Clare. He had previously been principal in the school of Stranocum, Co. Antrim, and it was there that he met my mother. At that time he lived a bachelor life in the teacher's residence which, because of its architecture was known locally as the 'salt box'. It still exists and still justifies the description. Still, though I was conceived in Co. Clare, my mother, also of Antrim stock, came back to Belfast, and so I was born in the house of my aunt on the Stranmillis Road. My father later returned to Northern Ireland and we settled in the old Unitarian Manse near Templepatrick. Here the Rev. Robert Campbell had dominated his parish, and fathered Robert and John, who were subsequently to make their mark in the development of medicine in Northern Ireland. John was to build the Samaritan Hospital. Robert as a surgeon at the Children's Hospital in Queen Street is

commemorated in the Campbell Oration".

Sir John Biggart's account continues, "And so I spent my youth in South Antrim. Yet my affection and my family ties were always with the northern part of the county. On the Biggart side my ancestors had come from Ayrshire in the early fifteen hundreds. My mother's family were Gaults from Ballynure".

About his childhood, Sir John wrote, "My affection is still to North Antrim, and its cliffs and rough seas. These North Antrim people were a curious but attractive mixture of the people of the glens and those Scots who had made their perilous way by Rathlin and the Isles to the land of rugged cliffs, who had made their way past Fair Head to Murlough Bay or Ballycastle. In 1921 my parents moved from their beloved Co. Antrim to Co. Down—near Ballygowan. They had been appointed to a mixed school. Of those early years in Ballygowan it is curious the memories that remain—Sunday school at 10.30 am, church at 12 noon, Sunday school at 3 pm and church at 6.30 pm—repeating the whole of the 119th Psalm, the whole of the Shorter Catechism with proofs.

"It is a curious thing that in a small provincial area like Ulster there should be such a diversity of living. While I lived in the village of Ballygowan, our house looked out over the village square, and from our windows one could overlook the whole comings and goings of the community. Yet perhaps the charm of the village life was the intimacy of it all. The country came through it and about it and pure undiluted country was only a few yards away".

Sir John continues, "I recall those to whom I owe a great debt—my Presbyterian and bachelor parson the Rev. W.K. McLernon. I remember the day he announced the creation of a lending library in his small village church. The establishment of the church library led to my having read most of Scott, of Dickens and of Thackeray by the age of 15. Thus was established a habit of reading which has been my solace: come riot, come bomb, come frayed tempers at committees, or frustration in one's work, one hour of deep immersion in one's books brought back peace and understanding. Gradually the novel has ceased to be of interest and had been replaced by history, biography and the volume of George Eliot essays which I first read some fifty years ago. I found inscribed on its fly leaf 'In omnibus quietum quaesivi, sed numquam inveni salve in angulo cum libro'—'In all things have I sought peace, but never have I found it save in a corner with a book'. Fifty years ago and perhaps the only prophecy which has remained true".

John Henry Biggart entered Royal Belfast Academical Institution at age 13 in 1918. "So I was

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accepted to Inst, went to James' the outfitters and duly appeared at school in the old black cap with its initialled monogram.

Subsequent headmasters—not of local origin or tradition—were to alter the simplicity of the school cap, but to me it was a badge of superiority which we flaunted on the top of the tramcars as they sped down Wellington Place". His attachment to Inst was, I suspect, life-long. David Baird entered first year Dentistry, requested to transfer to medicine, as did a fellow student. The latter came out after 15 minutes in John Henry's office looking very worried, "I don't know whether I am in or not". David Baird straightened up, adjusted his Instonian tie and went in. "So you want to change to medicine, my son. That will be all right". John Henry's years at Inst seem to have been happy. Setting out each morning on the 7.30 train from Ballygowan, homework checked by father before leaving. It was obviously a long day of involvement in academic work and rugby and the various school societies. The sum of achievement while at the Royal Belfast Academical Institution was considerable. The Sullivan scholarship in mathematics, the Hyndman scholarship in Latin and Greek, the Musgrave scholarship in French, the Blair memorial scholarship in Physics and Chemistry; at the same time playing for the First Fifteen and obtaining an Ulster Schools cap.

There is a regretful note about social life, for in his account he says, "Unlike Methodist College which was co-educational, we were ruled with spartan simplicity, but it was generally thought that we more than caught up with the Methody boys in our first year after school". Also, an interesting analysis of Dr Jones the headmaster which maybe tells us something about John Henry's own appreciation as to how power should be exercised. "A great headmaster, but to many of us his seat upon Olympus seemed too lofty, too far removed, and the mountain side upon which we sought to climb too steep for us to obtain that intimacy that we desired".

And so to Queen's University. I continue quoting from his papers. "In the early twenties Queen's was a lovely university. Scarcely two thousand students were in attendance and over coffee in the Union one talked with budding classicists, or modern linguists, with embryo lawyers, with chemists and physicists. In those days the medical school was the dominant faculty. In my time each successive president of the Students' Representative Society, of the Students' Union and of the University Debating Society was a medical student. Of course that was before the development of that modern anomaly—the student politician—often neither student nor diplomat".

Some insight into Sir John Henry Biggart's commonsense exercise of power as a disciplinarian when Dean of the Medical Faculty and also a member of the General Medical Council can be gleaned from his account of his own appearance as a student in front of the University Disciplinary Committee: "Students' Rag Day in 1926 ended with a fancy dress ball in the Great Hall and I, for my sins, was one of the organizing committee. At the end of the Hall was a settee of matrons—wives of professors and pro-chancellors—in all a most decorous group whom we hoped to entertain with presentations of bouquets, boxes of chocolates and the occasional sacrifice of a dance. As a member of committee one felt a certain responsibility. Students had been collecting all day. They had survived attacks in the spinning mills and factories which they had dared to invade. Managers in the offices of our then more frequent distilleries had poured out generous portions of their wares hoping soon to be left in peace. Girl students had done honour to the night, and many Queens of Sheba added beauty and excitement. My first call was to remove a student who had decided that he did not like a portrait of a former, and no doubt eminent, professor of philosophy and had shown his dislike by boxing the portrait. Next was the student who insisted on spending the evening in the ladies' lavatory. Then there was the dental student, who took what was normally a colourful professor by the lapels of his evening jacket and enquired about the whereabouts of 'the bloody red shirt' that he usually wore. On the whole it was a series of minor accidents. Yet in the morning when I returned to Queen's the night had attained the dimensions of a catastrophe. Rumour grew apace. One Queen of Sheba was the cynosure of every eye—had her straps not broken at a critical moment in the cloisters and had she not fled naked to the waist to the women's quarters pursued by those still able to run. The Committee was hastily summoned before the Discipline Committee. So I was interviewed by all the learned Deans of all the Faculties, grilled about every possible misbehaviour of students in such situations—indeed it was surprising how fervid their imagination could be. It was only when the final interrogator, the Dean of the Faculty of Medicine, asked me, 'Biggart, did you see anything that a drop of drink couldn't explain?' that I realized that here at last was a man with his feet on the ground".

Accounts of pre-clinical life as a student read as follows: "One of our great treats was the lectures from the Professor of Anatomy (Thomas Walmsley)—a Scot with much of the mystique of the Celt. His lectures were a delight, for with consummate skill he

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wove together the hard facts of anatomy and the philosophy of his subject. Many years later when I became involved in trying to understand the hypothalamus I was still to remember the scientifically dear way that I had been introduced to the anatomy of the third ventricle. He was a great teacher, possibly because of his reserved personality, too far removed from the average student, but many of the best were sufficiently stimulated to take up his subject and eventually to attain chairs in many places. Yet possibly the credit should not all be his, for back from the USA in the early twenties came as his lecturer one of the great characters of medicine—one Dr Richard Hunter. He had taken up medicine after a period in business, after acting as an interpreter for the British troops in France and I think partly because his brother, a general practitioner, had died from pneumonia after an exhausting journey in the snow to succour a patient". Sir John had obviously great affection for Dickie Hunter. In the 1949 RVH opening address he refers to him as "sometime lecturer in anatomy, artist, medical author and circus impresario ...". Dickie had just returned from the Johns Hopkins Medical School and had been greatly enthused. Though a lifelong bachelor he was to us the ultimate authority on procreation. From semen to ovum to blastocyte, to embryo, to foetus, we followed his magic drawings and his wit. He had the great facility of knowing each and every one of his students and when I returned to academic life he fathered me like a son, introduced me to medical history, taught me something of art, and years later led me into a particular type of personal, rather than paper, administration. A great lover of life, he was eventually persuaded to give up anatomy. So he became Secretary to the University, and as such I found him when I returned to Queen's. Whether as Professor or Dean I don't remember that we ever wrote a letter to each other. Every morning I dropped into his office about 8.45, and we talked of many things. What little business we had to transact was duly noted, put upon the agenda of the committee and eventually the required end result achieved". At a later stage in his writings, John Henry describes the continuation of his happy working relationship with George Cowie, Dickie Hunter's successor.

It should be recorded in relation to anatomy that Sir John Biggart was the first winner of the Symington Medal—and was probably the only winner of the Symington and the University billiards championship in the same year. Generations of students will recall his pathology lectures opening the first year of clinical work—always the question to the class, peering up from under deep eyebrows at the seated

rows, "Who won the Symington in this year? Who won the Milroy?"

"Having surmounted the hurdle of the second professional examination we proceeded to hospital. Spending our mornings at the Royal Victoria Hospital we dashed back to the Union dining room and a full round of lectures at the University. For the first time we felt that we were really becoming engaged in our profession. I suppose for most of us it meant something to do with patients and their ailments, and we had a rather mystical conception of what the doctor could do. In hospital we were well taught and Cecil Calvert, Ian Fraser, Cecil Woodside and George McFadden introduced us to the elementary surgical problems. One of the greatest difficulties was the overcoming of the shyness of bodily and physical intimacy. The belle on the beach is one thing; the same belle sick in bed is another. Yet somehow or other, almost unconsciously, we slowly acquired the art of medicine. For the art is much more slowly acquired than the science, a fact which seems often forgotten in the drafting of curricula by modern educationalists. Our clinical studies continued. All the ward chiefs were part-timers, giving their services free to the hospital, and I suppose earning their eventual rewards by impressing the next generation of general practitioners. Even the clinical professors were part-time. We soon learned of course to distinguish between those who could and would teach and those who couldn't and wouldn't. On the whole, however, their record of endeavour was very good, in some cases better than that of some of their full-time successors". I include that quotation from Sir John, not in the present-day context of part-time but as a tribute to that generation pre-1948 who created the medical environment of the hospitals of this city. Not for nothing does the inscription above Ward 9, RVH, proclaim, "The Honorary Medical Staff". The attitude of Sir John to part-timers portrays a characteristic that, while he was wholeheartedly a full-time academic, he could see virtue in those who were not and there lies in that an example of an openness of mind.

Hospital undergraduate years merge into the houseman year at the Royal Victoria Hospital in Sir John's reminiscences: "Pa Kirk and urea as a panacea for all things; the 'Turk' percussing a chest having made up his mind what was wrong, he then proceeded to demonstrate, and demonstrate beautifully and convincingly, the sounds that ought to emanate from his diagnosis. S. Boyd Campbell took some interest in me throughout my student years— I never knew why, but thought it possible that because our families stemmed from North Antrim we should

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stand together. Certainly he befriended me all the days of his life and in return I was occasionally able to mollify his colleagues. For he was a man who put his case strongly but not always tactfully". Sir John quotes from Dr T.H. Crozier's tribute, 'Strong in his enthusiasms and prejudices, he was a man of inflexible principles, always a warm-hearted, generous and loyal friend'. "He was one of the clinical examiners in my final. I was given a patient with some valvular disease of the heart, and in my diagnosis claimed that I heard the relatively rare Austin Flint murmur. The actual examiner was a lady physician whom I knew was somewhat deaf. She listened to the heart sounds, could or would not confirm my diagnosis and appealed to her co-examiner. He listened and did not deny the presence of my murmur, but somehow I have always felt that, when I saw the twinkle in his eye, he too was fooling my examiner.

"The senior physician was one Dr John Morrow and I was his house physician in Wards 1 and 2. At some stage he had had an infection of the palm of his left hand which left him with a stiff middle finger. In the discussion of a problem he had the habit of massaging his stiff finger, and one soon came to appreciate that such massage was the danger signal before an emotional explosion. There was a tradition in Wards 1 and 2 that Johnny always liked to score off his house physician. It was an advantage to miss some obvious finding or test. I think this tradition grew from the time when Dr Sidney Allison had been his house physician. He was most competent, wrote up progress notes on his patients each and every day, and poor old Johnny had no excuse to show his authority as chief. Yet on one occasion Allison slipped. In the case progress chart he had recorded that the patient vomited 'once or twice' yesterday. So Johnny read the note, began to rub his finger, and turning to Allison exclaimed, 'Did he vomit once or did he vomit twice? For Christ's sake let us have some investigation in this ward'.

"As the houseman year came towards its end, one began to wonder what was to be the next step. The man and subject that attracted me most was Professor Symmers and Pathology. So one afternoon I went to visit him. It was the afternoon of his final lecture for he was due to retire but he kindly appointed me so that his successor had a *fait accompli* on his hands".

Later an obituary of Professor Symmers in the *Ulster Medical Journal* described that he spent his retirement years studying 'Virgil, also reminiscent of Sir William Whitla's study in his own retirement of the Book of Daniel and the Apocalypse. I had been dejected that such topics were not being pursued by

any of my retired friends until this year when Dr Richard Womersley retired to study in classics at Queen's. Sir John continues, "My new chief was Professor Drennan—homing back from Otago. Whilst Symmers was the Platonist, who was quite as likely to take us to W.H. Hudson's 'Purple Land' as to expound on pathology, Drennan revitalised our pathological service. He was a charming and always considerate chief, somewhat shyly encouraging, but at the same time expecting results". (Professor Drennan died this year—February 1984—at the age of 100 years.) "My two years as assistant passed, my research completed, and my thesis was successful. Because of the impoverished state of the University, technicians were few and far-between, though those which we possessed were kindly and competent and have been my good friends throughout my life. From them I learnt the current techniques of the day. So the average day was from nine in the morning until midnight—cutting, staining, counting. Then one walked a couple of miles home and found that a considerate mother had left a plate of cold ham, a potato or two in the pot, plenty of butter and possibly a raw onion".

Bert Russell, the doyen of laboratory technical staff, describes a life-long sustained personal relationship with Professor Biggart. As Professor Biggart was appointed to more and more committees, the time spent in the Pathology Department was less. Bert describes how he used to chide him and it was received with equanimity. "Professor Biggart, you will soon be the *visiting* Professor of Pathology". Bert Russell pays great tribute to John Henry's technical ability. Professor Biggart was, in fact, elected a Fellow of the Institute of Medical and Laboratory Science. "He was a very competent technical person. He could stand shoulder to shoulder with you in routine pathological work, cutting and staining. He understood the technical difficulties; I remember having tried to use silver impregnation to stain for senile plaques in a case of dementia and, try as I might, it would not work. I went to him and said, 'I have had a lot of trouble with this case and I still can't get it to take up the stain'. 'Let us have a look', After a moment. 'It is not much good. Did you try such and such?' And again, 'Did you try that?' Then finally, 'I always wondered why you got so much success. It is very nice to see that you are human after all.'"

Sir John's papers continue: "Towards the end of my second year Professor Drennan suggested that I apply for a Commonwealth Fellowship, so without much hope I filled in the requisite forms and duly appeared in London for interview. I am afraid I felt very much the little country boy. I was greatly pleased

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when a few days later I was notified that I had been awarded a Fellowship to Johns Hopkins". On arrival at the Johns Hopkins, Sir John writes, "I was greatly thrilled by being nominated as Professor McCallum's personal assistant in working with Arnold Rich and in getting to know that most historic pathologist Poppa Welch". One is conscious of what a royal medical lineage is here, for Welch had worked with Cronheim, Ehrlich, von Recklinghausen and Koch. I was also intrigued when I was checking Welch's work in Europe in the *Dictionary of American Biography*: 'Welch, William Henry. Born Norfolk, Connecticut, 1850. Died Baltimore, Maryland, 1934. Pathologist, medical educator'. 'Medical educator'. Perhaps that phrase should not have startled me, but startle me it did. I suspect that in this country we have ceased to regard anyone as having medical education as the prime function of his career. Harry Biggart's life shows that 'medical education' was to him a very prime function. My own memory of pathology lectures by Professor Biggart is how frequently the work and opinions of this group of men—Welch, McCallum, Rich—were quoted. There was nothing

particularly chauvinistic in this because by any standards these men were giants but it is possible to discern that the 'country boy' from Ulster had at a critical stage of his development, been offered images of conduct, of pathological competence, and of medical administration (in the case of Poppa Welch). He writes, "Rich was a great stimulus. We met in his home every Monday night at seven for a journal club. For an hour we had a musical interlude, Rich playing the violin, his wife the piano". An asset of the Commonwealth Fellowship was that they supplied additional funds to enable the Fellows to travel throughout the States in the summer vacation. Sir John describes leaving Maryland down to New Orleans, across Texas and Arizona to the Californian coast, calling at Los Angeles (for 1932 was also the year of the Olympic Games), then up to Canada, the Fraser River valley, the Yukon, across the Rockies to Chicago. He comments, "As the second year at Hopkins drew to its close there was much to worry about. Academic posts in Great Britain were not numerous. In April Professor McCallum asked me to stay at Hopkins. Before I had really considered this, my former chief, Professor Drennan, who had moved from Belfast to Edinburgh, wrote to offer me a lectureship in neuropathology, and so my problem was solved. I had always been interested in neurology, and the artistry of gold and silver impregnation had been an attraction when I first entered pathology."

"So on the 1st September 1933 I took up my post in Edinburgh. As well as lecturer in neuropathology, I was also pathologist to the Scottish Asylums Board and neuropathologist to the Royal Infirmary, and became closely associated with Norman Dott and his neurological team." Four years were spent in Edinburgh, a great deal in routine neuropathology, this specialized subject very much in its infancy at that time. "At the beginning of my fourth year in Edinburgh my small textbook on neuropathology was published. It had been an interim in the routine work, and was founded on the lectures which I gave to the candidates for the Diploma in Psychological Medicine. In the spring of 1937 Sir Hugh Cairns offered me an appointment at Oxford, but whilst I was considering whether I should accept, the Chair in my own university became vacant. My Edinburgh friends encouraged me to apply for Belfast. Normally I should not have thought of it. I was only 31 years of age. All the professors of pathology I knew were men of maturity—Symmers, Drennan, McCallum, Muir, Shaw Dunn, Matthew Stewart, and so on. Obviously in many ways I was incompetent for such a post. Though one had endeavoured to gain as wide an experience as possible, and to make good defects in one's

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knowledge, such defects were bound to exist. Eventually I found myself on the 'short list'. Two mornings after the appointments board interview as I booked our return to Edinburgh I ran into Dr Hunter, the secretary of the University, who told me I had been appointed”.

John Henry in a conversation with Ingrid Allen, expressed “a passing regret” that he had not remained in neuropathology—perhaps a memory that Hortega took the Chair at Oxford. Dame Dorothy Russell had commented “What a pity young Biggart didn't take it”. Dorothy Russell—very famous, very precise, an austere figure, and Ingrid described a sense of awe of her and difficulty in getting on any degree of terms with her because of her fame and character. John Henry said he had no difficulty, “you just had to treat her like a woman”.

“So I came back to the medical school as a professor, and practically all my colleagues had been my teachers. Of course they knew—or thought they knew all my foibles. On the other hand, I still had the respect for all of them that I had had as a student. I too knew their weaknesses, for students are ever quick to see through their teachers. The Department was woefully understaffed. So much of the teaching and a great deal of the practical service work of the hospital fell to the professor and senior lecturers”. John Henry Biggart's early years as Professor of Pathology were magnificent because of the unhindered commitment to the subject and the absence of the multiple responsibilities of his later years. Desmond Montgomery, a student in his first classes—“the impression was of the arrival of a whiz kid”. About the same time, Gerald Nelson, a junior in pathology—“One knew that one was being taught by a master”. Dr Robert Marshall records in *The Royal Victoria Hospital 1903-1953* that in 1937 there were 700 biopsies and in 1953 there were 6,000 and necropsies increased from 200 to 1,000. The late Dr Sidney Allison, during his years as hospital archivist, penned the following unpublished account of John Henry and it has reference to these early years. Dr Allison writes, “My first meeting with him was in 1930 at a dinner. I had just come to Belfast and at the time he was working as pathologist at QCiB. Later he returned to his alma mater as Professor of Pathology. He had spent over a year working at Johns Hopkins Hospital and I remember observing the almost 'tonic' effect which work in one of the foremost hospitals on the other side of the Atlantic had had on him. Proof of this was soon forthcoming when he published his important paper with Colin Campbell on the relation between existing diabetes insipidus and lesions of the pituitary. An admirable thing Biggart did was to

reorganise the clinical pathological conferences which had been held in the King Edward Memorial Building from 1931 onwards, usually under the chairmanship of Thomas Houston. Under Biggart's chairmanship, the plan of the meeting was for three or four cases to be presented and discussed between 4.30 and 6.00 p.m. The procedure was for the physician or surgeon to give an account of the clinical aspects of the case and then one of the pathology staff to project slides on the screen and detail the pathology, after which a short general discussion took place. Right from the first meeting these were an outstanding success. The same advantage was to be given to Cecil Calvert and myself in 1947 when once a month we assembled with the Professor and his assistants at brain 'cut-ups' where again the clinical features presented in a case during life were compared with the post-mortem findings. In my own special field, multiple sclerosis, it was of interest to find after the second World War, on application to the Schools of Pathology in Glasgow, Birmingham, Manchester and London, how few records there were of post-mortems in this disease, whereas, in Belfast, Biggart could turn up some 14 examples at that early date without difficulty. I have often thought with such an active, research-minded attitude as he possessed what he might have done had he remained in the scientific field, but in effect the pressure of administrative business, the coming of the health service and the shaping of the future of the Belfast School of Medicine were more than sufficient to take the place of personal research. This missing element in his later career, however, was brilliantly displayed by members of his department, John Edgar Morison and Florence McKeown. Indeed, there can be little doubt that burying himself in pure research would not have satisfied the urge within, as strong on the day of his retirement in 1971 as it had been in 1946, to take an active guiding part in the affairs of the school and in the destinies of the students, of which he never lost sight”.

Desmond Neill recounts another example of John Henry's character, and it also refers to the lab. meetings. “An ability to do his 'homework'. With the passage of time, more case presentations at the lab. meetings had some discussion about biochemistry. 'Desmond, there is a case coming up with abnormal lipids. Write me half a page on that. Not too complicated. Something I can just let drop as the discussion develops'.” Another story of Desmond Neill: when appointed as a basic grade biochemist at the RVH, he saw an advertisement for a senior grade biochemist in the Belfast City Hospital and went to see Professor Biggart to ask either his permission to apply or else

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act as referee. “Desmond, just you come back up to your laboratory and get on with your work. I have plans for you”. (One would comment in passing that the plans seem to have had a degree of success).

It would be a recitation of facts known to most of this audience if I outlined John Henry’s career from 1937 onwards. He was Professor of Pathology for 34 years and Dean of the Medical Faculty for 27 years. In order to record fully his portrait I reproduce the extract from *Who was Who*, 1971–1980. [See below]

John Henry Biggart was elected Dean of the Medical Faculty at its 271st meeting on 25th April 1944. Item 12 of the minutes reads: “On the motion of Professor Lowry, seconded by Professor Thomson, Professor J.H. Biggart was elected Dean for 1944-5. Professor Lowry moved and Professor Thomson seconded and it was carried unanimously that the thanks of the meeting be given to Professor J.W. Wilson for his services as Dean for 14 years”. Professor Biggart remained Dean of the Medical Faculty for 27 years. I asked in the Faculty office was he ever concerned that this was too long. The reply was “No. He was proud of it”. I asked was he ever opposed for re-election. The reply was, “Who would have been so brave?” A temporary diversion in the story is to look at the history of the Deanship of the Medical Faculty. The second meeting of the Faculty was on October 21st 1851. Present—Burden, Carlisle, Gordon, Stewart, Ferguson. “A ballot being taken for the election of Dean of Faculty, Dr Ferguson was elected”. But at a subsequent meeting on May 1st 1852, “The Dean having read the resolution of council respecting the election of Deans, Faculty proceeded to ballot—Dr Ferguson 3 votes, Dr Gordon 2 votes”. This second election within seven months of the original election was presumably based on the Statutes of Queen’s College (1849) that each faculty must elect the Dean annually.

The new Statutes of Queen’s College of 1863 omit any reference to the constitution and powers of the Faculties: all the professors of the university are grouped in a single corporate body and I do not think there was a Dean of the Medical Faculty between 1863 and 1909. A book of Minutes starts 10th September 1891. The meeting is described as, “Meeting of medical Professors”. The President of the College, Dr Hamilton, was in the Chair. There are Minutes of meetings through 1891 to 1907, the President often in the Chair, but Professor Cuming in 1896 and Professor Whitla in 1902. Professor Byers chaired meetings in 1903 interspersed with the usual chairman President Hamilton: an insight into relationships. 16th May 1907: “The President explained the objects of the meeting, then called upon

Professor Sinclair, Senior Professor of the Medical Faculty of the College, to take the Chair which he vacated and then withdrew from the meeting”. Recent fashion, from 1970, has been a Medical Deanship of 3 or 6 years and I had assumed this was a previous norm. Not so.

1910–1913	Professor T.H. Milroy
1914–1929	Professor Symmers
1930–1943	Professor W.J. Wilson
1944–1971	Professor J.H. Biggart

The statutes of Queen’s University 1909 show that the office of Dean of a Faculty is extremely powerful, granted his autonomy depends on yearly election. He is the executive of the Faculty, in charge of the business of the Faculty meetings, a member of all committees of the Faculty, in charge of applications to the Faculty and degrees. In fact, a role that demands the exercise of power. As holder of the Dean’s office, John Henry Biggart was endowed with the rare gift of a man who was able to make up his mind and that is an initial premise in any assessment of him. For instance, Sinclair Irwin on the RVH planning committee wanted to discuss some future planning which Sir John resisted being sent to a committee, “You compromise if you have too many people deciding on a committee”.

What was achieved during the 27 years as Dean? The building of all the extensions of the medical school, first on the RVH site in the 1950s and on the BCH site in the 1960s. George Cowie describes the development of the preclinical departments alongside the BCH site—the previous place of the Deaf and Dumb and Blind Institute. Although the former building was of architectural interest, it was in bad repair so the only solution when Queen’s acquired it was to clear the area for rebuilding. Sir Eric Ashby (later Lord Ashby) strongly favoured building a new Union and student residential and recreational facilities. Not everyone was in total agreement with this, particularly as the site seemed too small and two main roads—Lisburn and Malone—separated it from the main university. Sir Eric’s plan was however adopted at several meetings of the Development Committee at which John Henry was present but said little, if looking unenthusiastic about the project. He was challenged after one meeting as to why he did not voice his obvious opposition. He replied, “Sir Eric Ashby will be the Master of Clare in seven months time. We will later change the plan when he has gone and build the preclinical school there”. Interestingly, in terms of relationships between people, George Cowie felt that Sir David Kerr and Michael Grant relied absolutely on John Henry and accepted all his advice, but that, though Sir Eric Ashby often



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consulted him, he consulted other people as well. The story of the preclinical building reminds me of a remark of Richard Womersley's: "He was tough and charming. He got things done". I do not wish to present John Henry in any way Machiavellian, except on occasion with the most altruistic motives for his medical school. Both his secretaries in Faculty office and Pathology testify almost in the same terms. "He was never devious. We never knew him to go back on his word". A former student said, "There were no side doors to John Henry". (I would like to express especial thanks to Mrs Colleen Jackson and Miss Thelma Tennis for particular help in this context).

More important than buildings was the expansion of the medical school in academic staff. Full-time chairs were established in the main clinical disciplines—in many of these instances the appointees were largely John Henry's choice and more often than not he chose well. Perhaps there was also an underlying intent to minimize any parochialism in the medical school. There was balance in his intentions. Professors Bull, Rodgers, Wate, Pritchard and Greenfield were not Queensmen, but Queensmen Professors John Gibson, Dundee and Archer were encouraged to come home again. As regards parochialism, Professor John Young had warned George Cowie when he was leaving Aberdeen to be "particularly careful in Belfast for many of the medical families were related" and he was further warned not to assume that the relationships were always on a hundred per cent friendly basis. John Dundee with Chestertonian insight says of John Henry. "During his time as Dean he didn't know the meaning of the word 'democratic' but nevertheless he was very much a democrat". He remembers John Henry reflecting on anaesthetics and the intention to create a Chair in the subject. John Henry reminisced on the time he had given anaesthetics when he was a medical student, and went on to reflect that he didn't see the need for a chair in the subject and then added "but if others want it, I will support it". Sir John's account, in his papers, "My first morning in surgery I was placed on the anaesthetist's stool and gave three anaesthetics for some abdominal complaints. One sat and watched the respirations of the patient and gauged the efficiency of the anaesthetic by the tension used on the abdominal retractors and the temper of the surgeon".

The Chair in Anaesthetics was founded in 1958, the fifth such Chair in the United Kingdom among 25-30 medical schools. The Chair of Ophthalmology—one of our brightest jewels I would add—was certainly "plotted". The Institute for the Blind saw that its services, as originally envisaged, were not needed

and a scheme was hatched between Harold Clokey, Gavin Boyd and John Henry to alter the rules of the charity and reorganize its various monies to fund a Chair in Ophthalmology. At the same time, an aged aristocratic wealthy patient of my own was also potentially involved, provided his will was worded as had been hinted, and I remember meeting John Henry on several occasions about that time when he would enquire solicitously, "How is Sir Charles?", although a degree of his ill-health might possibly have been advantageous to the founding of the Chair.

Lord Richardson wrote about John Henry and the GMC in May 1979. "He had been on the Council since 1951, and for those days when new members were kept in their places it was notable that he was elected to committees within two years of his arrival. He served on the Disciplinary Committee or on the Penal Cases Committee virtually without break from 1954 to 1970. He was on the Executive for 23 years. I think he must have been a happy man. His mouth was singularly untouched with bitterness, although it had a considerable firmness, and I always found his presence reassuring. He was a comfortable person to have around. His advice, not readily volunteered, not in committee coupled with loquacity, where his presence was characterised by silence, was, when it came, clear and well-defined".

To Sir John Biggart is attributed the concept of the joint appointment system between the Health Department and the University. It is not easy to ascertain with certainty his hand in the origin of this scheme but the Vice-Chancellor Dr Peter Froggatt writes, "At this time (1948-1950) John Henry was of course Dean of the Faculty and for all practical purposes ran everything to do with educational and academic medicine involving the University and the Hospitals Authority, at least in so far as Sir Eric Ashby (Vice Chancellor 1950-1959) would allow him—and sometimes that wasn't very far! However, as you probably know, John Henry kept no records and when he did write letters they were in hand and no copies were kept".

Dr Froggatt forwarded the Senate Minutes of 1950 which set out the reasons for the joint appointment system as outlined by the Northern Ireland Hospitals Authority in 1949. I quote, "The arrangements in Great Britain are not regarded as the best possible procedure for the following reasons:-

1. The Boards have to accept as Honorary Officers persons in whose selection they have had no voice;
2. A person whose salary comes from only one source necessarily must always put first the interests of the body providing his salary;

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3. Honorary Officers naturally feel that they are entitled to more freedom and greater privileges than salaried officers;
4. The possibility of friction and of incomplete co-operation between Honorary Officers and the Boards or between Honorary Officers and other Officers cannot be dismissed as unlikely or as fanciful”.

As incoming President of this Society one is expected to be as gracious and sensible as personality allows—which isn't much. It is impossible to be all things to all men on the joint appointment system. Its virtues are as outlined and its vices are that it only gets a grudging acceptance from both sides of the marriage. NHS staff sometimes feel that the University derives excessive benefit and facilities; the University staff feel that their contribution to the NHS in time, energy and ability are underestimated. Would it be sufficiently gracious of me to say of the scheme that one hopes its virtues exceed its vices and also to reflect it is a two centuries old problem. (For reference read Dr Froggatt's account of the first medical school at Inst.).

In all I have said, I am conscious that one's account of Harry Biggart is relatively close in time to his life and that the excellent lives of Whitla and Thomson were written after a 20-year interval which creates a clearer perspective. I accept that, but my personal ambition in the task is not to cast the cold eye of the passing horseman. Harry Biggart's role in life was large, the nature of the man was even larger, and I wish to convey that in the way it has been conveyed to me by many previous students. Dr George Mogy of the GMC, a former student, wrote, "He became the father figure of Queen's medical and dental graduates; many of them continued to write to him from ail over the world often seeking his help and advice. He would say, 'Don't come to me when the trouble has broken around you. Come when the clouds are on the horizon.'"

I hope that I will make this portrait of him more complete by recounting incidents in which he was involved— anecdotes which should illustrate his personality better than any formal account of his achievements. He was a compassionate disciplinarian. Dr Jimmy Riddell remembers a fellow student summoned to the Dean's office for admonition. "You have been reported to me by the Dean of Residences". "Yes Sir". "Make sure it doesn't happen again". The culprit was never sure whether the crime or the reporting by the Dean of Residences was not to happen again.

A friend of mine did very badly in the Pathology examination and was before the Dean and lectured at

length about this lamentable performance, but finally interrupted John Henry saying, "Well, Sir, if it is as bad as that I will give up and go back to my father's grocery shop". John Henry replied, "Don't be so hasty, We are not putting you out yet. There are very few like you left around here". (One student, allowed to sit the 2nd MB five times—against every precedent—later became a very famous and distinguished surgeon). Denis Gough remembers in the early 1950s Basil Gray becoming engaged while still a medical student—unusual in those days—and John Henry during his 12 o'clock lecture on that day interjecting a few strictures about the disadvantages of early marriage to a doctor's career, which, as far as the class could see, was directed to another student, Wilson Clark, whom he had mistaken for Basil Gray. This was rather unusual because he had a startlingly good memory of all the undergraduates over many years. He met Randall Hayes at his year's reunion dinner. "Ah, Hayes, did you get into medicine through your academic ability or rugby?" "Both Sir", was the reply, and after several seconds John Henry said, "We didn't do too badly did we?" (Anyone who entered this medical school between the early 1940s and 1970 will doubtless endorse that).

Dr Froggatt and Professor Roddie relate that, when interviewing possible applicants, he would ask about their sports activities. The reply might be, "I played in the Irish schoolboys' tennis team". John Henry, "What else?" "Stroked the first eight and played interprovincial hockey". "What about rugby?" "Sorry, had no time for that". John Henry would note down opposite the applicant's name, "No sports". A visiting American academic in another department expressed a specific wish to see John Henry before leaving. "I want to talk to him about selecting students for medicine. I hear he has no difficulties. We have terrible trouble back home. We do it on a computer. The smart guys take the course all right, but can't relate to people. The others flunk out". The excellent—the very excellent—secretary of this Society, Dr Philip Reilly, son of a medical family, went to Clongoes—didn't do science, but got first place in geography and history in Irish Leaving Certificate. Knowing John Henry's humanities background at Inst, one suspected he might have been tempted to take him. "Reilly, we will take you in. If you fail your first year exams we will kick you out". (Philip's memory of the interview was, "You certainly knew who was in charge").

In Sir John's papers he writes about his own children taking up medicine. "Both, in spite of living in a medical household, eventually chose to become doctors. Indeed it is a curious thing that, in spite of

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the full life of medical practitioners and of the frequent complaint that their services are financially undervalued by the community, their offspring so often strive to follow in father's footsteps. Previously they were welcomed to the parental medical school but today, though they may be starry-eyed, embellished with the requisite characters, and often well informed of the difficulties of the profession, the impersonal selections of UCCA often lead to disappointment. Admission systems are very fragile, and often produce surprising results. Protagonists of this or that system are often militant in their advocacy, but in later years I always insisted on an interview. It is difficult to tabulate what one learns at an interview, but one hoped that one was always sufficiently subjective to appreciate something of the character of the candidate". Perhaps in fairness I should allow a subsequent Dean his comments on medical student selection. Professor Ian Roddie in the last month has written in *The Lancet*, "My trouble with interviews is that I tend to prefer people who think like me and share my interests, especially girls, though in my less egotistical moments I know that to cast all future doctors in my image would not be good for medicine".

One recalls the weary cynicism of Daniel Coit Gilman, first President of the Johns Hopkins, who opined that the medical student was the one too weak to work on the farm, not clever enough to be a lawyer and too immoral to put in the pulpit.

David Hadden must have found Sir John on an 'off' day, when he was deputed as BMSA representative for his year to approach the Dean for more recreational facilities for medical students—for instance, a sitting-room to retire to between lectures. The reply to David was that if things were as bad as that he would arrange for extra stools in the Pathology Museum so that everyone could have a place to go between lectures. (And extra stools were indeed provided. So truly it was an 'off' day from his usual mood).

In daily contact with a multitude of colleagues, staff, undergraduates, he was uniquely friendly and a conversationalist without any condescension, but always a strong sense of humour. Professor Frank O'Brien remembers, "I got on well with him"—thought it was because "I was a Southern Catholic". He had the impression that John Henry was never particularly attracted to the more rigid tenets of Ulster Protestantism—while being solidly "pro-British"—and felt that he was essentially a liberal and very reasonable man. In one passing encounter, Frank O'Brien said to him, "Isn't it a remarkable thing that most of the artistic endeavour in Ireland is the prerogative of Catholics?" John Henry said, "Let me think about it".

And a few days later took up the conversation, "Maybe you are right, it is all due to the Mass—the influence of the incense and the vestments".

John Henry met a classmate of mine, Miss Mona McQuitty (now Dr Mona Harley) a few days after her medical jurisprudence paper. A question was, "Discuss the medico-legal problems of a 16-year-old boy having had intercourse with a 13-year-old girl". "Miss McQuitty" he said, "You wrote a very good answer. In fact, all the girls in the year did well, but I will have to enlighten the young men in the year".

He was indulgent of his own junior staff. The following story illustrates this but, more especially, his instant and undiluted authority on any matter. Sam Nelson recounts, "In early 1965 I was making arrangements to go to the USA. I applied to the University for a scholarship and awaited anxiously. One morning Miss Tennis contacted me, 'The Dean wants to talk to you. Can you come to his office in about a half-hour's time?' The conversation was as follows:

John Henry: 'Morning Nelson'.

Nelson: 'Morning Sir'.

John Henry: 'You want some money from the University?'

Nelson: 'Yes Sir!'

John Henry: 'What are you going to do in America?'

Nelson: (Explanation about research into donor selection for transplantation).

John Henry: 'How long will you be away?'

Nelson: 'One year, Sir, perhaps two'.

John Henry: 'And you intend to come back to Belfast?'

Nelson: 'Yes Sir'.

John Henry: 'That will be all right about the money then'.

Nelson: 'Thank you, Sir'.

John Henry: 'That will be all'.

Nelson: Thank you, Sir'.

Next morning, Sam Nelson had the cheque for the full amount of the scholarship.

Dorothy Hayes had a similar interview in which she was advised not to go to America because the funds she was being offered were insufficient to maintain her (I suppose in the manner to which she was accustomed). The interview ended unsatisfactorily but she met the Dean a few days later—simple one sentence, "I have arranged that the University give you another £700. I knew you could never manage on that amount".

Sir Lucius O'Brien's toothache illustrates his pragmatic qualities. George Cowie recalls, "John Henry in the early days tolerated—perhaps did not

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actively support—the need for developments in the Dental School. (In defence of this attitude, availability of money was the problem). A member of the Senate, Sir Lucius O'Brien got toothache, sat for two hours in a corridor in the KEB where the dental department then was, described the conditions as “squalid and a slum” at Standing Committee. John Henry who had not altogether been either positive or negative on the need for improvement prior to this, agreed that something had to be done. As George Cowie says, “When it came to the crunch he didn't dig his toes in”.

A distant relative of John Henry had a medical student son who did badly in his exams and John Henry was approached to see if he would offer any advice to the young man. The only comment was, “Work! Work!”—Oslerian advice. “Work”—the master word in medicine as Osler put it, “Though a little one, the master word looms large in meaning. It is the true philosopher's stone which transmutes all the base metal of humanity into gold”.

I will not quote from well-known papers of Sir John's, such as ‘Parergon’, but there are two small neglected guest editorials on medical education in the *Ulster Medical Journal*. About medical education in 1962 he opens with, “Things are not what they used to be” and ends with “The complete doctor is adept in the science, proficient in the art, sincere in the ethic and embellished with the culture of medicine. How, inside the framework of a relatively fixed curriculum and within a fixed period of time is this ideal to be attained?”

The 1963 editorial ends, “In our own school we have all endeavoured to lead the student to the belief that in spite of all its apparent fragmentation of the advances which sometimes come here and sometimes there, there is but one medicine and one medical problem—the sick patient”. These words represent, I think, his statement of faith with regard to medical education.

Sir John Biggart chaired his last meeting as Dean—the 489th meeting—on 29th June 1971. He wished Professor Froggatt all success as Dean and urged him to endeavour “to preserve the entity that is the Faculty of Medicine”. John McKnight described him in his later years with regard to the Postgraduate Council as not particularly initiating anything new but always being a great source of strength and protection, and he particularly remembers the string of people who came to ask his advice. The success of the Postgraduate Council owes much to his senior statesman involvement. I am not going to attempt to emulate the magnificent obituary tributes of Dr Froggatt or Professor Roddie. Lord Richardson wrote about John Henry's death which occurred on 21st

May 1979 while attending a GMC meeting in London. Lord Richardson said, “His mother and father both died suddenly and it was his wish that this should happen to him. He got his wish, as he did in many things, so I believe, and we must be grateful for that”. I intend to say no more that would constitute an emotional tribute except to repeat John Henry's quotation used at the time of Sir Thomas Houston's death, “Cease not, till day streams to the West, then down that estuary, drop down to peace”.

The portrait I have of John Henry has been created for me by many people—almost universally in total affection. Any dissenting voices were dictated by a view that he was at times too determined and too powerful, but when I analyse the various stories about him, that determination and power were always clothed in the velvet glove of dedication to medical education in general, and to this medical school in particular, and to the highest and enduring concepts of medicine as a caring vocation, in which the student, the doctor, would “be embellished with the culture of medicine”. This medical school that was the vision of James McDonnell was eventually established by Queen Victoria “in or near the city of Belfast in the province of Ulster in Ireland”. The Queen's medical school was never likely to be blessed by its geography or the cursed history of this island, but it was to be blessed by the loyalty and service of many devoted sons. In the almost 150-year history of Queen's no one controlled the destiny of the medical school for so long or so totally as Harry Biggart—and no one controlled it to such purpose.

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BIGGART, Sir John Henry, Kt 1967; CBE 1948; DSc, MD; FRCP, FRCPath; Director of Institute of Pathology, Queen's University, Belfast, 1948-71; Dean of Faculty of Medicine, 1943-71; Professor of Pathology, 1937-71; Pro-Vice-Chancellor, 1967-71; Pro-Chancellor, 1972; *b* 17 Nov. 1905; *s* of John Henry Biggart and Mary Gault; *m* 1934, Mary Isobel Gibson, Knock, Belfast; one *s* one *d*. *Educ*: Royal Belfast Academical Instn; Queen's Univ., Belfast; Johns Hopkins Medical Sch. MB (Hons) 1928; MD (Gold Medal), 1931; DSc 1937; MRCP 1952; FRCP 1957; FCPATH 1964; Hon. FRCPI 1969. Commonwealth Fellowship, Johns Hopkins, 1931-33; Pathologist to Scottish Asylums Board, 1933-37; Lecturer in Neuropathology, Edinburgh Univ., 1933-37; Regional

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Dir, Blood Transfusion Service, 1936-46. Robert Campbell Orator, 1948; Mem., University Senate, 1948; Chm., Laboratory Services Cttee, Hospitals Authority, 1948-54; Chm., Medical Education and Research Cttee, Hospitals Authority, 1950-64; Gen. Med. Council, 1951; Gen. Dental Council, 1959; Chm., Standing Med. Adv. Cttee, Min. of Health, NI, 1967-73; Council, Brit. Empire Cancer Campaign, 1968; Council, Coll. of Pathologists, 1968; Chairman: NI Council for Postgraduate Med. Educn, 1971-79; Irish br. Council, GMC, 1971-; Belfast Home for the Blind, 1972-; Marie Curie Beaconfield Home, 1969-; Age Action Year (NI) 1976; VicePresident: NI Mental Assoc.; NI Br., British Empire cancer Campaign; Pres., NI Muscular Dystrophy Assoc., 1972-; Hon. FRCGP, 1971; MD (*he*) Dublin, 1957; Hon. LLD QUB, 1971; Hon. DSc NUI, 1973. *Publications*: Text Book of Neuropathology, 1936; papers on general and nervous pathology in Brain, J I Pathology and Bacteriology, Ulster Med. Jl, and Johns Hopkins Bulletin. *Recreations*: reading, writing, gardening, music. *Address*: 64 King's Road, Belfast. T: Belfast 653107.

[Died 21 May 1979.]