THE BELFAST MEDICAL SCHOOL AND ITS SURGEONS

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This booklet was produced for the
Meeting of the Association of Surgeons of
Great Britain and Ireland held in Belfast, 1st-3rd April;
printed by Smith Kline & French Laboratories.
It is also made available for circulation as a supplement
to Volume 50 of the *Ulster Medical Journal*
by their further generosity.

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HISTORY

This building where our meeting is being held was opened on 11th August 1849 by Her Majesty Queen Victoria and was named by her The Queen's College, Belfast. The architect, Sir Charles Lanyon, was responsible for many other notable buildings in Belfast. There had been a medical school in the Royal Belfast Academical Institution (for the previous 14 years) during which time some 600 doctors had trained. The Institution had no power to grant medical degrees, and most of our students went to England or Scotland for their examinations, mostly to the old universities of Glasgow and Edinburgh. Queen's, starting with a strong medical bias, has retained this ever since and today is considered to rank high among the medical schools in these islands.

The Royal Belfast Academical Institution was founded in 1810 and opened in 1814 with school and collegiate departments – the latter being of university status. It was in 1819 that lectures on anatomy and physiology began in the Faculty of Arts, but it was not until 1835 that a faculty of medicine, with professorial chairs, was established. When the Queen's College, now University, was opened in 1849, the Institution lost its collegiate department and continued as a day school for boys. It still remains as one of our leading schools.

To understand the origin of the Queen's Medical School we must look at medical teaching in Ireland as a whole. In 1592 Trinity College, Dublin, was founded by Queen Elizabeth I to be 'a university centre of equal status to Oxford and Cambridge'. Elizabeth was not very flattering when she said 'it is for the reformation of the barbarism of this rude people'. Although Dublin University was opened in 1592 it was not until 1712 that the Medical Faculty appeared, and even then it was designated as 'a school of Physic', granting degrees in medicine only, to the exclusion of surgery. It was only in 1851 that a diploma in surgery was instituted. The barbers, as represented by the Royal College of Surgeons in Ireland, were still responsible for this lower branch of the profession.

For the first 100 years, Trinity, the university's only college, in the words of Provost Bedell, was nothing more than a 'poor collidg of Devines'. To fill this obvious deficiency the Royal College of Surgeons was granted a Charter by George III in 1784. This may have been the reason for its appearance, but it has also been said that a second and possibly more urgent reason was that, with rumours of Napoleonic invasion and a possible war on the home front, England had decided that a Royal College of Surgeons 'in' Ireland would be advisable, and as the project was English the term 'in Ireland' should be used rather than the more often used 'of'. One should also say that by Royal Charter there was established in 1667 the Royal College of Physicians of Ireland. In addition, a relatively unimportant school appeared in 1791, viz. the Apothecaries' Hall of Dublin. This meant that in all Ireland, with a population of eight million in the census of 1841 (today it is four million) there were four medical schools, all situated in Dublin. In order to decentralize higher education Parliament passed an Act empowering the Queen 'to establish new colleges for the advancement of learning in Ireland', and on 30th December 1845 the three colleges of Cork, Galway and Belfast were incorporated. These were not under the control of the Anglican Church, and so they were called 'the three Godless Colleges'. Professors were appointed in 1849 and the colleges were opened for the reception of students. In 1850 all three colleges were linked together in a new body. 'The Queen's University in Ireland'. This seemed a splendid and very acceptable idea which allowed the South, West and North each to have its own college. It did not seem necessary to have a college in Dublin where there were already one university and three other licensing bodies.

As Dublin University was under Anglican control, the Roman Catholic Church decided in 1855, with the support of Cardinal Newman, to establish a Catholic University, including a medical school, modelled on Louvain. It had considerable public support and sympathy, but

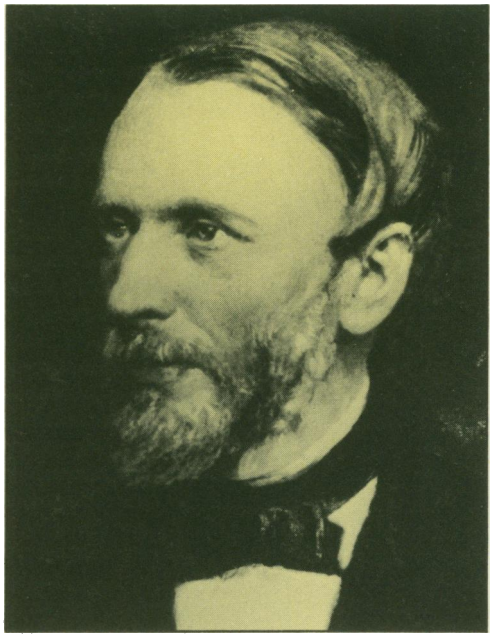
naturally it could not expect any Government recognition and, in fact, it was a 'university in name only, denied grant or charter – no finances – degrees valueless'. It had, therefore, to exist on voluntary contributions. Nevertheless, it continued to exist and flourish, and with a later reshuffle of the colleges, it finally came into its own.

The Queen's University in Ireland, with its three provincial colleges, remained in existence for 29 years but in 1879 it was replaced by the Royal University of Ireland. The Dublin Catholic College continued to work in isolation. However, in 1908 after another 29 years, a complete restructuring took place. The Queen's Colleges in Cork and Galway and the Catholic College in Dublin now became constituents of The National University of Ireland which still remains today. The Queen's University of Belfast was created from the existing Queen's College. Even in 1908 this new grouping made a more rational organization and certainly with the partition of Ireland in 1920 it made for much easier administration.

THE PROFESSORS

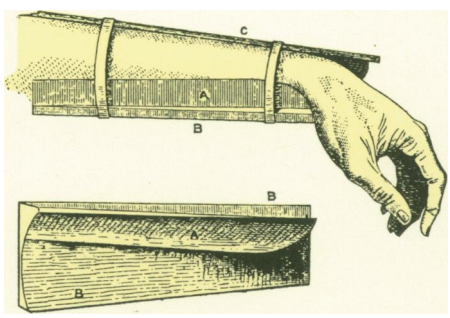
Since moving from the Institution to Queen's the medical school has had six professors of surgery. Each has made his own imprint on the university. The first was Alexander Gordon, already professor of surgery in the Institution. His period in office spanned the pre-antiseptic and the Listerian periods, and extended even into the modern aseptic period. He was a much respected character, a man of great personality – untidy, rough in speech, careless in dress, but beloved by his students and his patients. He would fall into much the same bracket as Hugh Owen Thomas of Liverpool, a skilful bone setter. The famous Gordon splint had an international reputation. In those days one made the limb and its fracture to fit the splint; today we mould the splint to suit the fracture. Gordon was a great teacher coming directly from the Anatomy Department to the Chair of Surgery. He brought with him a unique collection of healed fractures which showed every conceivable malunion and non-union. These he must have collected over many years from the cadavers in the dissecting room.

There are so many good stories about Gordon that an undue amount of space could be given to them. One of the best known is of the occasion



A. Gordon

when the Professor of Medicine called to take him out in consultation to see the Earl of Shaftesbury. Gordon appeared at the door looking somewhat like a tramp, wearing his usual disreputable cap. The physician suggested that perhaps he should for this important occasion put on a top hat, so Gordon went back into the house. After a very long delay the physician could wait no longer and rang the bell. Gordon's butler appeared with a top hat on a silver salver and a note which said 'I see it is the hat you want and not the man'.



The Gordon splint for Colles' fracture

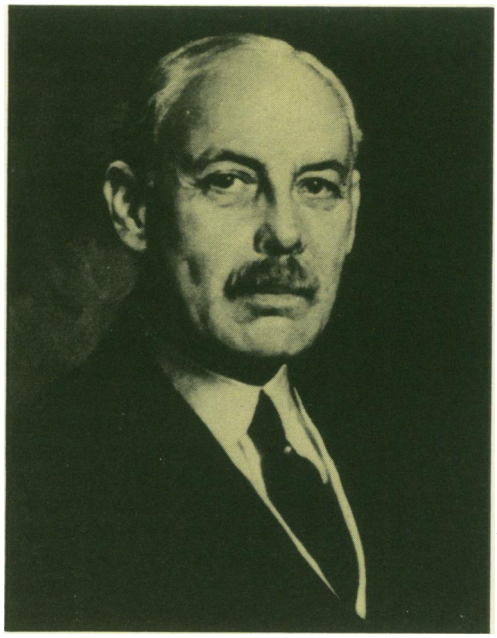
Gordon filled the chair for 37 years. He was succeeded by his favourite pupil, Thomas Sinclair, then aged 27. Sinclair was a complete contrast to Gordon; he was indeed a very different type of man in every way. He was a bachelor, shy, somewhat retiring, dapper in that he always had the dark pin stripe suit with the

white lining to his waistcoat. He was immaculately dressed at all times. He had gone to London and come back with the diploma of FRCS England, being one of the first Ulstermen to obtain this. He had also gone to Vienna to study pathology, and so, when he was appointed to the chair in 1886, he brought to it not only a high standard of technical skill but also of scientific knowledge. He was the perfect choice for the chair. It was then part-time, as in other schools with no academic department. The professor's function was to deliver university lectures and to teach at the bedside. Sinclair did both of these superbly. He held the Chair, like his predecessor, for 37 years and when he retired at the age of 65 he looked pale and frail. He used to sit to operate and before operating he would spend some time with his eyes closed – one was never sure whether he was revising his anatomy, having a sleep, or perhaps making a small prayer. He had a large private practice and charged very large fees, unlike his predecessor whose fees were so small it was said that they were a sign of his humility rather than of his ability.

In World War I, consultants to the Army were selected mostly on the recommendation of one of the Royal Colleges, and it was the Royal College of Surgeons of England that nominated Sinclair as a consultant surgeon to the British Expeditionary Force. He was indeed a most unlikely choice. He apparently, however, was a great success and was appointed CB. One of his exciting moments was when he had to make a post-mortem examination on Baron Richthofen – the Red Baron – when an international controversy arose as to whether this famous pilot had been shot down by the Allies or even by one of his own team. The Germans claimed that the British had shot him when he was a prisoner, still in the cockpit of his plane on the ground behind the British lines. Sinclair was able to prove conclusively that this was not so, but even as late as 1980 the controversy was still going on.

On retiring at the age of 65 this frail-looking man gave the impression of not having long to live. This was completely untrue. He lived another fourteen years becoming an MP both in Ulster and Westminster and also a Pro-Chancellor of the Queen's University.

The obvious choice of successor to Professor Sinclair was another member of the staff of the Royal Victoria Hospital – Andrew Fullerton. He also had been a consultant surgeon in France and, as he had obtained his Fellowship at the Royal College of Surgeons in Ireland, he was nominated by that body for his army appointment. This was the turning point in his career. He got an opportunity to expand his ideas, to meet people and to make an international name for himself in his speciality of urology. He came back



T. Sinclair

to Belfast having been appointed CB and CMG. He was just ten years junior to Sinclair so he could only have ten years in the chair. There were younger candidates at the time but Fullerton was a unanimous choice.

He was a dedicated worker; a pioneer in the use of the cystoscope, he used to practise at night for hours putting the instrument through a small hole in a child's toy football. In time he could touch easily every part of the interior with the tip of the ureteric catheter. With, as yet, no excretion urography the kidneys could only be investigated by the retrograde route. He wrote many papers on unilateral diuresis. He felt that the first sign of a diseased kidney was increased excretion of a more dilute urine. His war work formed part of the medical history of World War I. Many people today do not realize the great benefit that came to British surgery from this war. With the main fighting concentrated in France, the area around Boulogne and near the coast held the greatest collection of leading surgeons from France, America, and the United Kingdom ever assembled. Out of competition and collaboration came lifelong friendships; our Association is a by-product of those friendships, as is the BJS and many surgical clubs such as the Moynihan, the Provincial Surgical, Heneage Ogilvie's Surgical Travellers, etc. This was all in great contrast to World War II which was global in nature, and, although many combined surgical conferences did take place, there was nothing like the concentration that existed in France in 1914-18. It was as a direct result of this that surgical visits

to continental centres as well as to America now became a regular event. No longer did one do the grand tour to Vienna which up to then had been thought to be the mecca of surgery. Indeed, after World War I the glamour of Vienna rapidly decreased.

Many honours came to Fullerton. He was made president of the Association of Surgeons, exactly 50 years ago, in 1931. Fullerton was elected President of the Royal College of Surgeons in Ireland in Dublin, the first Ulsterman to fill that position. During his tenure of the chair, because of his international contacts, Belfast had a constant stream of important visitors – the Mayo Brothers, Harvey Cushing and others. Many eminent surgeons came to operate in this unit to demonstrate their techniques, for example, Percy Sargent, Ernest Miles, Terence Millin, Hugh Hampton Young and many others. People today seem less willing to bat except on their own wicket. Sadly Fullerton died very shortly after retiring. This was a great tragedy as he had collected a vast amount of notes, specimens of renal calculi, etc. which he had hoped would occupy his free time, but this was not to be.

He was succeeded in the chair by a colleague in the Royal Victoria staff, again one not much younger than himself, P. T. Crymble who, like Fullerton, could only expect a few years in the chair.

P. T. Crymble started life as an anatomist. Belfast has always had a great reputation as an anatomy school, thanks chiefly to the dynamic ability of Johnson Symington who produced directly and indirectly many professors of anatomy throughout the United Kingdom. Crymble wrote the section on the peritoneum in *Quain's Anatomy* and he also produced the famous 'Man 50'. 'Man 50' was an anonymous cadaver which had been put into a large wooden coffin-shaped container. This was filled with water and the whole affair frozen. It was then cut in transverse sections of about one or two inches in thickness, from the top of the head to the soles of the feet, so that a cross-section of the body at any level could be seen at a glance. This was done in 1912 and it was thought that in the event of a war that this would help to trace the path of a bullet, but bullets are not so co-operative in the route that they take. What it did, however, was to antedate by 70 years what the CAT scanner does today. Crymble's surgery was anatomically based. He enjoyed operations such as thyroidectomy where such knowledge is invaluable. As a young captain in World War I in France he became interested in radiology. He had an idea that each surgeon should be his own radiologist, and he used his own X-ray apparatus in his own private practice. This, however, turned out to be a not very practical idea.

H. W. Rogers

After some years Crymble became the first full-time professor of surgery in Belfast. He filled the chair during World War II with all the difficulties caused by the absence of so many of his colleagues serving in the forces. For him the full-time chair came too late. It is difficult for a man who has been a long-established clinical surgeon suddenly to change his way in later years and throw himself into experimental surgery and laboratory research. He retired from the chair shortly after the war and Belfast was fortunate to have such a suitable applicant as his successor, Harold Rodgers. After he retired, Crymble continued for many years to give lectures on surface anatomy to the medical students and he enjoyed a very full life. He had been a very talented golfer as a young man. He died when over 90 years of age.

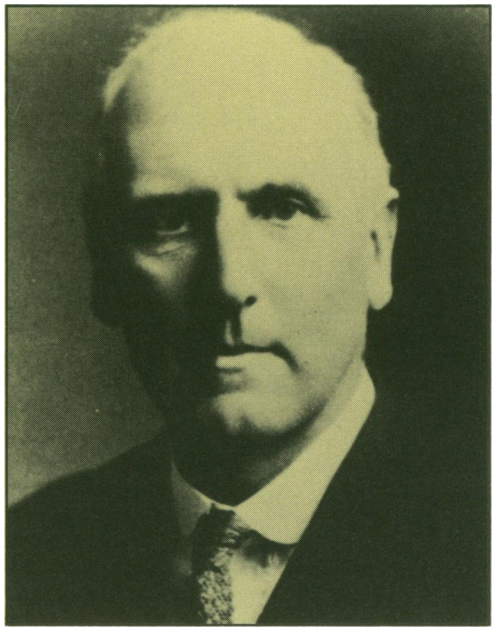
Rodgers was on the junior staff at Barts at the time of his appointment and had just come back from World War II with an OBE and a very good reputation as a surgeon with much experience in the desert. He was a very good lecturer and administrator. In Belfast, for the first time, there was no longer inbreeding. The full-time chairs did the same for many other centres in the United Kingdom. H. W. Rodgers stayed for 25 years and helped to build up a surgical department second to none. He was fortunate for some years to have a man like R. B. Welbourn to assist him as second professor directing the pure research and experimental work of the department. With the

inevitable sudden expansion of hospital services throughout the United Kingdom following the creation of the National Health Service, in 1948, it was necessary in Northern Ireland to have competent and trained young men ready to take up important posts scattered throughout the province. Rodgers came at the right time to help in the process. Many men now doing excellent work both in Ulster and elsewhere are very grateful for the help and advice that they got from the professorial unit in their earlier days. It acquired a reputation for gastroenterology, for liver surgery, for the treatment of oesophageal varices and of endocrine tumors. The outcome is that in these areas this school is well in the forefront today. On retiring from the chair at the age of 65, Harold Rodgers still felt he had much to give to the World. He worked for some years in Nigeria and now does surgical locums. Some of these are for former registrars, although he was not averse to helping out even the President of the Royal College of Surgeons of England to enable the latter to have more freedom to move around. Rodgers did much to help Ulster surgery, and Belfast is grateful that he was able to give these valuable 25 years, the middle third of his life, to Ulster.

On Rodger's retirement the Senate of the University appointed the present incumbent, Douglas Roy, a Scot who had spent much time in training in England before being appointed to the Chair of Surgery in Nairobi. He has brought his own personal interests to the Chair of Surgery in Belfast. He is the first in this series with a long experience of tropical surgery and its problems.

THE INNOVATORS

As in all other medical schools much of the undergraduate teaching is given by the part-time consultants. This is very important as these men can bring a domicillary slant to their teaching which the professors in their ivory towers may be unaware of. How many professors have had the experience of doing a rectal examination on a fat lady in the depths of a feather bed? The benefit to the part-time consultant is equally important. He is rubbing shoulders daily with his registrars which helps to keep him up to date. It is a two way traffic. In this school over the years the part-time teachers have played a very large part in its success. As young men many of them gave



A. B. Mitchell

surgical grinds to the final year students which blessed both him who gave as well as him who took. In fact it was from the ranks of these part-time consultants that the various sub-specialities have arisen.

Arthur Brownlow Mitchell was a very close personal friend of Lord Moynihan and was one of the first ten people who together formed the original nucleus for the Association of Surgeons. Had the meeting been held in Belfast, as indeed was the intention, in the first few years of the association Mitchell would certainly have been the president. He was probably the first surgical gastroenterologist in Belfast and was able to report in 1909 a remarkable personal series of 16 perforated duodenal ulcers with no deaths, even though gastrojejunostomy was added in seven patients. He modestly attributed his success to the liberal use of rectal saline infusions.

S. T. Irwin (later Sir Samuel Irwin) a firm friend of Sir Robert Jones and a very good students' teacher, was the first to try to make orthopaedics a speciality on its own. He was too old to do this himself but R. J. W. Withers, one of his young men, became a pioneer in this branch of surgery, and since Jimmy Withers' death the orthopaedic department has been in the capable hands of Professor R. I. Wilson, with now a complement of some 20 or more colleagues.

G. R. B. (Barney) Purce, a general surgeon, was one of the first to open the chest, an operation, incidentally, that became feasible by an invention of a Belfast graduate – Sir Ivan Magill, KCVO, who, in fact, was the first man to

C. A. Calvert

A. Fullerton

join the gas cylinder directly to the patient's windpipe. From Purce's modest beginning in chest surgery we have today four units: an adult open heart unit, a children's heart team, the main thoracic surgical unit and a very active peripheral vascular unit.

C. A. Calvert was a general surgeon who gradually developed an interest in neurosurgery. He was a truly all round man who could do a prostatectomy or a gastrectomy or correct a club foot with equal ease. He was a slow but very meticulous operator. When Cecil Calvert began to practice neurosurgery at the Royal Victoria Hospital he found he might occupy one theatre for a period of eight or more hours, and, so that he would not hamper his colleagues, he always operated at night. He started perhaps at midnight and went on until eight in the morning. After one hour's rest we occasionally saw him back on duty for the rest of the day. He was a manic worker. He did some excellent and valuable work during the war at St. Hugh's, Oxford, where he was responsible for the treatment of head injuries in patients brought back from North Africa to the United Kingdom. His tragic death in a road accident was one of the greatest losses that Belfast surgery ever sustained. Calvert's modest beginning in neurosurgery has blossomed into a very important department, with a large and competent team who have been very much tested over the last 11 years. Out of this experience some valuable and original technical advances have been made.

Plastic surgery was pioneered by Norman Hughes, a pupil of Archie McEndoe who, incidentally, tried to steal him from Ulster. This unit too has developed its own individual sub-divisions – microsurgery; hand surgery; maxillo-facial surgery; etc. Little did one realize, when plastic surgery started in Ulster, how valuable it would be during our problems of recent years.

Urology was still a very new speciality when first practised by Andrew Fullerton, but today urology in Belfast is one of our most advanced and sophisticated specialities. It has been very much helped by the expertise of modern radiology which gives invaluable help with the CAT scanner and with selective arteriography. It is hard to see what is left for the general surgeon, and even the intestinal tract is having its specialists.

Robert Campbell, although a general surgeon, developed a great interest in the surgery of children. He was the pioneer in Great Britain of early outpatient surgery on young babies. Before that a child with a congenital hernia was asked to wait till after age six, wearing an unpleasant truss before the surgeon was willing to deal with him. Campbell and D. P. D. Wilkie both wrote original papers at the same time on the differential diagnosis of the appendix mass and the appendix abscess. In this speciality today in Belfast there are three young men doing children's surgery exclusively.

THE PERSONALITIES

Every medical school has its eccentrics, and fortunately Belfast has been no exception to the rule. Thomas Sinclair Kirk, for many years senior surgeon in the Royal Victoria Hospital, had very decided views; although these were not generally accepted they were always supported by his own convincing personal reasons. All patients whose abdomens were being drained, he felt, should lie face downwards in bed; 'fluid naturally goes downhill rather than uphill' was his theory. This regime was hard to sustain but certainly during his ward rounds the patients always lay that way, and since there was a very good intelligence service in the ward, with, I think, a fifth column among the nursing staff, it meant that even if the chief made an unexpected surprise visit to the ward the spies ensured that the patients were to be found in the right position. In the days before antibiotics he felt that the patient should be given a protective dose of animal serum – 'old cow serum'. This unpleasant liquid was collected from the abattoir; it had to be 'old cow serum' because the old cow had lived longer and obviously its serum contained more protective antibodies than did that of a young animal. This fluid was unpleasant to swallow, and so Kirk conceived the idea of getting it desiccated, and it soon appeared in pellet form as 'dried old cow serum'. As he felt that wounds were likely to go septic if hermetically sealed, his operation wounds were brought together lightly with only a few loose stitches with large gaps between to give free drainage. Even today one can see a scar that clearly can be recognized as the work of T. S. K.

The large wounds, e.g., the raw area after removal of the breast, he was inclined to fill with several tablespoonsful of urea crystals. These crystals were very deliquescent. They came in containers of 12 bottles at a time. This treatment meant that all such wounds discharged freely for several days. His contention was that although the urea had no intrinsic antiseptic power, yet it washed out the wounds. On one occasion some six months or so after a mastectomy there were some 10-12 nodules present in the scar – thought to be recurrences – however, on biopsy they contained nothing more than broken glass. It turned out that an over-conscientious ward sister, of a saving temperament, had swept all the urea from an old broken container into a new container when the original bottle had arrived broken into small pieces.

Kirk repaired all his hernias with silkworm gut, much disapproved of then as it was not thought right to use an unabsorbable material. However, the pendulum has swung back in his favour, although the silkworm's parotid secretion is now replaced by nylon or other man-made fibre. He sat once for his FRCS, he was failed, which he considered was quite wrong, so he refused to try again. He sent an article to the *British Medical Journal* which was refused, so he resigned from the association. One can readily imagine that to be his registrar was indeed no sinecure. In World War I with the help of an expert engineer (Pringle) he perfected an artificial arm and hand. The hand had springs and wires for each finger, all with anatomical basis, and mechanically it was a very interesting piece of machinery. He had one amputee who was so well trained that he could light a cigarette or saw a plank with it but this was very much the exception. The P-K arm, as it was called, was too heavy and badly balanced; all the weight was in the hand and none at the elbow. The War Office refused to accept it and it is said that T. S. Kirk lost much of his personal savings in trying to popularize it. The light, simple hand, if only with a hook was a more practical and more acceptable prosthesis and more likely to be used.

On reaching 65 years of age Kirk decided that, as he was in charge of the ward endowed by his uncle, the Rt. Hon. Thomas Sinclair, after whom indeed he had been named, there was no obligation for him to retire, and it was only after some legal proceedings that his retirement finally took place. He was a most persuasive person with a convincing theory for all that he did, and of course he was very popular with many of his students as he was so much anti-establishment, and as so many of his ideas ran counter to accepted professional teaching.

For the last quarter of the last century the leading ophthalmologist in Ulster – Joseph Nelson – was another character worthy of mention. He had the largest practice in Ulster, he was the leader in his own speciality, and was probably as up to date as anyone in the three Kingdoms. He also had started life as something of an eccentric. In 1860 when he was a medical student he was suddenly captivated by the ideology of Garibaldi, so he put his books aside and went off to Genoa to join Garibaldi's Red Shirts who were then setting out to invade Sicily *en route* to Italy. The idea was to unite the eight fragmented principalities and make a united Italy. It is interesting to follow the course of that action as it followed almost exactly the same route as did the British Army in 1944 which,

acting on Churchill's instructions to 'strike the soft underbelly of the Axis', had travelled across Sicily to cross the Straits of Messina *en route* to Rome via Salerno and Anzio. Nelson for the rest of his life was known as 'Garibaldi' Nelson.

He came back a much decorated man to finish his medical studies. However, he still had the wanderlust and we find him soon in India as a doctor to a tea plantation and soon indeed himself was the owner of a tea garden. Through all that time he still had kept up his interest in disease of the eye in which in time he became an expert. On returning home, although now with a vast practical experience of eye diseases, he felt he must get a scientific training as well, and so he went to Vienna where he spent two years studying under the two leading world specialists in that field at that time. On completing his study in Vienna he returned to Belfast at the age of 40 to give the next 25 years of his life to Ulster and was the acknowledged leading eye specialist in Ireland. So eccentricity does not always exclude one from being a well-trained scientist as well.

In the world of diseases of the eye one should mention in passing another Ulsterman, Dr. McKeown who was the first to use the intra-ocular magnet for metallic foreign bodies. This was, for a town like Belfast with its many heavy industries, a great advantage. The extra-ocular magnet had been in use for a long time but he was the first to actually put it inside the orbit.

Another eccentric was William MacCormac, who gave the first part of his life to Belfast and the second to London. MacCormac in 1870, although in a senior position in the world of surgery in Ulster, had become restless and had applied for a position elsewhere which he did not obtain. It was at this moment that the Franco-Prussian war broke out and he joined an American Field Ambulance organized by Marion Sims the gynaecologist. He was, at first, second in command of this unit, and later when Sims went back to America he was put in charge of it. Being a neutral he was able to co-operate with both the French and the Germans. In his many writings he kept stressing his great regard for the efficiency of the German Army and his low opinion of the French who had sadly forgotten the glory of Paré and Larrey. The Germans were all using the Lister carbolic technique whilst the French were not. He became a great personal friend of Billroth, von Langenbeck, Volkmann and other leading German surgeons, many of whose names were so well known to us all as students. He describes in his diary going over the battlefield with von Langenbeck looking for the latter's son and finally towards evening finding the boy mortally wounded.

It was from his regular reports, mostly to the *Lancet,* that MacCormac became so well known in England. St. Thomas's Hospital was at that time re-organizing and getting ready to move to its new site on the embankment, and he was approached to join the staff of that hospital. His main surgical degree was the fellowship of the Royal College of Surgeons in Ireland but he was soon elected FRCS England *ad-eundem*, and thereafter success rapidly came his way, culminating in him being elected President of the Royal College of Surgeons of England. He was a lover of wars. Even after the Franco-Prussian war he was involved in two Balkan wars, before finally, in 1899, going out to South Africa as the super surgical consultant. He could only hold this appointment for six months as it was imperative for him to be back in London for the centenary celebrations of the Royal College of Surgeons in July 1900, when the first Honorary Fellow was elected in the person of the Prince of Wales, later King Edward VII.

MacCormac was president of the Royal College of Surgeons for longer than any previous president. His period of office was later exceeded by Moynihan and Webb-Johnston. MacCormac was both an eccentric and a showman. He started his married life by eloping with the daughter of a rich Belfast merchant. His rounds at St. Thomas' Hospital accompanied by his large black retriever were always remembered. It was said the dog jumped at times over the patients in their beds, something rarely seen today under the NHS regime. His flamboyant phaeton with its high-stepping horse and yellow wheels was a well-known sight in Regent's Park. With his war experience he was considered to have the greatest knowledge of bullet wounds in Great Britain, and if an accident occurred in Scotland in the pheasant shooting season, MacCormac was the man to be brought to the scene at once, although there was little in common between a wound caused by a sporting gun and one caused by shrapnel. He was an eccentric and the son of an eccentric, but perhaps more brilliant father. He was a man of outstanding personal appearance and was naturally chosen to be the prototype of a medical man by Sir Luke Fildes for his famous painting of *The Doctor* now in the Tate Gallery. In the Royal College of Surgeons of England, MacCormac's portrait looks down facing the president in the main hall in that building.

On returning from the South African war, MacCormac left behind George Makins, pioneer in vascular surgery, and Frederick Treves. MacCormac, in his diary, described the drama of seeing young Roberts, son of Field Marshal Lord Roberts, dying of gunshot wounds to the lower

bowel, which he had sustained when trying to save the guns at Colenso. MacCormac himself could not remain but left Treves in charge for the three days before the boy finally died. It was many years before exteriorization, or a colostomy, became routine treatment. Like many others, Treves began his subsequent career in London with his war experience. He incurred some slight disfavour on his return when at a dinner in London he said that in South Africa there were two great plagues – the one, flies, and the other women, but at least the flies went to sleep at night.

THE PRESENT

Eighty years have elapsed since the South African war and Britain has had in that time two other wars. Each war has produced its own consultants and specialists, many of whom have taken a leading part in surgical progress as well as student teaching. Ulster, in addition, has had its own guerilla war for over 10 years and although much may have been gained in the advancement of surgery during this time it has been at too great a price. Belfast surgery today is proud of the fact that, in spite of adversity, research and progress continues in many spheres in no way related to trauma.

Following its first visit to Belfast 50 years ago, the Association came again 25 years later. It would appear that a quarter of a century now seems to be roughly the length of time that the Association requires to revisit the various medical schools.

On its second visit one remembers the delightful weather, the hospitality of our Parliament and the Prime Minister as well as the kindness of H.E. the Governor. Ulster sadly no longer has its own Parliament or a personal representative of Her Majesty.

One also remembers that it was the first occasion when the Association experimented with bedside teaching over closed circuit television to the entire audience. It showed several experts discussing '*in vivo* rather than *in vitro*'! the diagnosis and treatment of a particularly interesting case.

The dinner with Sir Gordon Gordon-Taylor at his very best will never be forgotten by those fortunate enough to be there to hear him.