SOME LESSER KNOWN IRISH PHYSICIANS*

by

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The Osler Club was founded to commemorate the name of one of the greatest and best-known physicians of all time, and it seemed fitting that at the Society's first meeting in Dublin the opening paper should try to pay tribute to some other physicians who, given the time, place and opportunity might have become just as well known, but were fated to work in relative obscurity, 'great' only in the eyes of those whom they served.

The first reference to a physician in Ireland appears in Mac Firbis' Genealogy written in the seventeenth century which states 'Thus saith an ancient authority; the first doctor, the first builder and the first fisherman that ever were in Eirinn were:-

  Capa for the healing of the sick
  In his time was all powerful
  And Lusad the cunning builder
  And Laighne the fisherman.'

Eaba, the female physician, was mentioned as the second doctor and several other names of both Firbolgs and Tuatha de Danann healers were mentioned.

Diancecht is the only one of these of whom we have a little more knowledge. The Annals of the Four Masters record both his surgical and medical skill, the latter in particular being employed at the second battle of Moytura in 460 B.C. where he prepared behind the lines a bath of medicinal herbs into which the wounded plunged for instantaneous healing. Medicated baths are mentioned in many Irish historical tales. The druids who, as in many primitive communities, combined priestly and therapeutic duties, made use of this treatment during the reign of Eremon when the east coast was attacked by British invaders using poisoned weapons. The local druids bathed the wounded in milk from white hornless cows allegedly with a 100 per cent recovery rate. A herbal bath to which cow's marrow had been added was used by Finghin, Conor Mac Nessa's physician, during the Cattle Raid of Cooley, again with excellent therapeutic results.

Josina, King of Scotland about two centuries B.C., is recorded as having come to Ireland to study under the local physicians and subsequently to have written a treatise on the use of herbs. Physicians feature in both pre-Christian Brehon laws and the Senchus Mor which modified them in accordance with Christian teaching and there must have been some form of registration for reference is made to the fact that an 'unlawful' physician should inform the patient of his status before commencing treatment. Fines or other punishments could be imposed for unskilful treatment but on the other hand seats in the Council of State were allocated to the chief physicians who were definitely in the upper social, and I am sure income, brackets.

*This paper was read during the Osler Club of London's visit to Dublin in May 1971.
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From some time around the tenth century the only physicians were members of hereditary medical families who practised in an area for many years. These families were often attached to prominent local chieftains where, again, they occupied a privileged position. Amongst the attachments of which we have some definite knowledge are those of the O'Lees to the O'Flaherties of Galway, the O'Hickeys to the O'Briens of Thomond and the O'Shiels to the McMahons of Oriel as well as to the MacCool-hans of Delvin. Though these families had no standardized training they must have been highly regarded not only by those whom they treated but also by outsiders, for, Van Helmont of Amsterdam who visited Ireland about the middle of the seventeenth century wrote, 'The Irish Nobility had in every family a domestic physician, whose recommendation was not that he came loaded from the college with learning, but that he was able to cure disorders; which knowledge they have from their ancestors by means of a book belonging to particular families that contains the marks of several diseases, with the remedies attached; which remedies were vernacula, the production of their own country—for this reason, the Irish are better managed in sickness than the Italians who have a physician in every village.'

The O'Callenans who migrated from Cork to Galway built up such a reputation in the latter area that the saying 'Ni leighisfeadh Callenan e sin', 'O'Callenan could not cure that' was regularly applied to any mortal illness. At the same time the Dunlevys who practised in Ulster so impressed the rest of the country that for a time the word 'ultach' or Ulsterman became synonymous with 'physician' in current speech. In a Latin text rendered into Irish by Cormac Dunleavy about 1459 there is a marginal note referring to the translator as bachelor of physic but giving no clue from whence this degree came.

Despite primitive communications and the lack of any regularized training Ireland remained receptive of the influence of Europe in medicine as in other disciplines and both here and in Britain there are manuscripts in Gaelic which show that Irish physicians were abreast of and familiar with contemporary knowledge. In some cases they were even in advance. The Lilium Medicinae was written at Montpellier by Bernardus de Gordon in 1303. Andrew O'Hickey of Clare translated this into the vernacular some twelve years before French and Spanish translations appeared. Nicholas, of the same family, translated the Rosa Anglica by John of Gaddesden in 1420. Even earlier, unknown scribes had translated texts from Galen and Hippocrates.

The traffic was not all one way and while we know of no Irish manuscripts to be translated there were Irish students who emigrated to Europe for further education many remaining to serve with distinction in the countries of their adoption. Amongst them we can note Nial O'Glacan of Donegal who became Professor of Physic in Toulouse at the age of twenty-nine. After an epidemic of plague he wrote Tractatus de Peste in which he refers to Ireland's previous fame for learning. He climbed steadily up the ladder, being for a time a privy councillor and physician to Louis XIII. He later moved to Bologna where in 1653 he published his thirteen-volume Cursus Medicus.

A contemporary, Owen O'Shiel of Donegal, went to Paris in 1604, but because he felt that degrees were conferred too liberally in that city transferred to Louvain where he received a doctorate. After a period as head of the faculty in the Royal Hospital of Malines he returned home to fight against the Cromwellian forces, and was killed in
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action at Letterkenny in 1650. The name of this family is still commemorated in the Shiel Hospital at Ballyshannon and we have recently in this Academy seen some of the family books which are in the care of Dr. Smith of Cavan.

Amongst those who wandered far afield was Bernard O’Connor born in Kerry about 1666. After the elementary education which was all a Catholic could hope for he went at about the age of twenty, to Montpellier and Rheims where he graduated, and thence to Paris. The two sons of the High Chancellor of Poland were about to return home and O’Connor was asked to take charge of them on the journey. Apparently he so impressed the Polish Court with his efficiency that he was appointed physician to King John Sobieski when he was only twenty-eight years old. A further factor was his accurate diagnosis of a fatal hepatic abscess confirmed post-mortem in the case of the king's sister. In 1694 he was asked to escort the Princess Terese Cunigunda to Brussels for her wedding to the Elector of Bavaria. After a brief stay in Holland he went to Oxford where he lectured on anatomy and physiology apparently with considerable success. It was during this period that his Dissertationes Medico Physicae appeared. He now returned to London and for an all too brief period was at the height of his powers. After election both as F.R.S. and Membre de l’Académie Française he was admitted L.R.C.P. in 1696 and immediately afterwards published his magnum opus the Evangelium Medici. Amongst other topics discussed in this book was the probability of miracles and the possibility of asexual human reproduction though he apparently did not include this as a miraculous happening. A second edition of this book appeared posthumously in 1706. Only one more work was to come from his pen, a two-volume History of Poland, which, over fifty years later, was still regarded as a standard work on the subject. Unfortunately Bernard O’Connor died on 30 October 1668 in his thirty-third year, a victim to a ‘fever’.

From the adjoining county of Limerick came John O’Higgins who fled with the Wild Geese in 1691. After securing a degree at Montpellier he accompanied the Duke of Berwick to Spain as chief medical officer of the allied Franco-Spanish forces. He too became a court physician, this time to Philip V of Spain who was reputed not to stir morning, noon or night unless his trusted medical advisor was by his side. O’Higgins’ fame and influence were such that when he died Court mourning was decreed while the people spontaneously joined in the official sorrow.

It was about this time that the first seventeenth-century Irish physician, practising in Ireland, of whom we have a fairly clear picture emerges. This was Thomas Arthur (1593–1674). He left behind several manuscripts now in the British Museum. These give a good account of his own life and of medical practice at the time. Arthur was one of an eminent family whose members, for five hundred years had filled prominent positions in the diocese and corporation of Limerick. He was educated at Bordeaux and Paris taking his medical degree at Rheims about 1618. His diary contains a list of his patients from 1619 to 1663, with their ailments and fees. A full transcript of the diary appeared in the Kilkenny Archeological Journal of January 1867. His closing entry in 1619 reads: ‘The amount of my fees for this year past is £74. 1. 8d. for which and for other gifts conferred upon me, unworthy, I return boundless thanks to the Almighty God, Who has thus deigned to bless the beginning of my medical practice; and I beg of him to vouchsafe to direct, govern and sanctify the rest of my actions, to the praise

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and glory of His Name, through Christ our Lord, Amen.'

Arthur travelled widely throughout the country. Amongst his first entries for 1620 are:

- I went to Dublin to Mr. George Sexton (Gonorrhoea laborantem) who being thoroughly cured, gave me a horse of the value of £8. and £5 in gold [The odd nine shillings is unexplained] £13 9 0
- I then went to the lady of Arthur Chichester the Quaestor or treasurer of this Kingdom, then living at Carrickfergus, in Ulster, whom, when labouring under dropsy, and forewarning her of her death within a few days after my prognosis, I attended upon; he gave me on the 25th May £15 10 0
- Being sent for on the 3rd of May, I went to Margaret Walsh, the daughter of Cormac O'Hara, who was pregnant, and became convalescent without injury to herself or the child £1 0 0
- Sir Randel M'Saurley, then Viscount of Dunluce, sent for me to Dunluce, and gave me £1 0 0

Arthur's practice improved slightly in this year and in his closing entry he records with thanks to God, the receipt of £75. 18. 0d. On 3 November 1621, Thady O'Dereleo [?Leo] paid the sum of one pound for his relief with an emetic of antimony for a worm thirty feet long. On 24 July 1633, Sir Basil Brooke of Ulster paid a similar sum, following treatment for an urinary infection.

It is often difficult to place exactly the moment of birth of even great institutions but the time was coming when some regularization of medical training and practice both in England and Ireland was seen to be urgently necessary. The Royal College of Physicians in London was re-incorporated by James I in 1617 and shortly afterwards a movement to establish a College, with similar conditions, was begun by the Irish Government and the leaders of the profession in Ireland. At the instance of Lord Deputy Falkland, Charles I issued, in 1626, a letter directing the incorporation of such a college specifying the terms of a Royal Charter. Owing to the unsettled state of the country this was never accomplished and it was not until 1654 that John Sterne a Senior Fellow of Trinity College and a busy Dublin physician succeeded in founding 'The President and Fraternity of Physicians' at Trinity Hall which the Provost and other Senior Fellows had given to him for the sole use of physicians subject to terms which included their right to nominate the President. They appointed Sterne in the first instance.

After the Restoration in 1660 Sterne renewed his proposals for a Royal Charter which was eventually granted in 1667 by Charles II. Amongst the important clauses were those which maintained the contact between Trinity College Dublin and the Fraternity of Physicians and gave the latter the broad powers of the London College. In an effort to stamp out what was referred to as rampant quackery and empiricism the practice of physic in Dublin or within seven miles thereof without the College licence was forbidden. Unfortunately this aim was not achieved for many years mainly because of the small area within which the College could enforce its authority. We may note in passing that under the first Charter Members and Fellows of the College were exempted from various public duties including being called as jurors or being chosen as constables or scavengers.

Sterne was appointed President for life under the first Charter. He was born at

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Ardbraccan, Co. Meath, in 1624, the son of, in Sir Charles Cameron’s phrase ‘an imported English bishop’. He entered Trinity College at the age of fifteen and secured a scholarship two years later. When the 1641 rebellion broke out he went to Cambridge and presumably studied medicine there, for ten years later when he returned to Trinity College Dublin, he was given permission to absent himself, in case of medical necessity, from his duties as Professor of Hebrew. In 1661 he was elected Registrar of the College and in the following year to the Professorship of Medicine. His published works included a Dissertation on Death (1659), Aphorismo de Felicitate (1654), Animi Medela (1658), and others of little medical interest. He died at the early age of forty-five having occupied the presidential chair for less than two years.

After Sterne’s death much of the early drive was lost and those who were elected to office appear to have had little real interest or energy for College affairs and it was not until the election of Patrick Dun (later knighted) to the presidency in 1681 that things got moving again. Dun was a leading spirit in the College which he frequently represented in discussions with other bodies. In 1692 a new Charter incorporated the King’s and Queen’s College of Physicians naming Dun as first President. In fact the first meeting under the new Charter took place in his house on Inns Quay.

Even a sketchy survey of the later growth of the College, of its disputes with other bodies and the briefest biographies of its distinguished Presidents, Fellows and Members is impossible here and, so again we will glance briefly at some of the lesser-known city and country physicians practising at this time.

Inevitably there were many who died as they lived, working in obscurity and quickly forgotten, but there is one rather curious work which tells us just a little about those who would otherwise be completely unknown. This is The Medical Review, a panegyric poem of 1084 lines published by John Gilborne M.D. in 1775. It was dedicated to Lord Trimleston who was pictured as reviewing a great procession of physicians, surgeons and apothecaries marching to the Temple of Fame. Although most of the names mentioned in this review are from Dublin, Gilborne also referred to country practitioners. In some cases these brief lines are the only biographical details we possess of doctors who must have been well known, at least locally, in their day. Of physicians he mentions:

The morning Star of Ossory is Drought,
His sound opinion n’er admits of doubt
Clear Demonstrations all his Thoughts direct
Point out the Cause and consequent effect.
Matt Dowdall who resides at Mullingar,
Thro’ many counties drives Apollo’s Car;
To those who suffer Anguish, Pain or Grief
He gives immediate Comfort and Relief.
John Martin practises with great Applause
In Limerick which spurned Besiegers’ Laws
And Jeffry Connell has a fortune made
In Cork, a city of extensive trade.
These two physicians are so precious grown
They can’t be spar’d one Journey out of Town.

Amongst the Dublin Physicians Gilborne refers to Henry Quin M.D. of Padua who in 1749 became Professor of Physic in the College.
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Ingenious Quin with Erudition great,
Averts the Blows of unrelenting fate,
He teaches youth, the cures, the remedies
And various causes of all Maladies,
The Speculative theoretic Rule,
And the best Practice in the Physic School.

But though Gilborne had a high opinion of doctors he was less kind to the nurses who were held in pretty low esteem by everyone.

Of nurse-tenders a vile detested crowd
And midwives screaming exclamations lowd,
Their foul designs when disappointment cross
With beggars’ money they play pitch and toss,
Their wretched fees stake down at dice and cards,
At Wheel of Fortune risk their base rewards,
They ramp and roar foreshewing blood and wounds
And rage like hungry disappointed hounds.

In the year that Gilborne’s review appeared John Rutty M.D. of Leiden, died unmarried in his Dublin house near Mary’s Abbey in a thoroughfare appropriately named Pill Lane. Rutty was not a successful physician in the financial or social sense. According to Cameron he was born on Christmas Day 1697 in Wiltshire. He had studied under Boerhaave and in 1724 came to Dublin to commence practice. But these scant details give us little indication of his real worth for, at a time when medicine was still unscientific, when Galen and Hippocrates were still seldom questioned authorities, he set out to analyse, compare, and describe various substances which could influence human health. Probably his best-known work was his Essay on the Natural, Experimental and Medicinal History of the Waters of Ireland, published in 1757 in which the waters of practically every mineral spring in the country were analysed by the methods of the time and classified. This work, published by subscription, was dedicated to Dr. Samuel Madden.

Rutty’s studies and publications ranged over a wide field including an analysis of cow’s milk in which his estimate of total solid content is comparable to modern accepted levels. For twenty years he kept detailed records of the weather and incidence of various diseases in Dublin. These were published and still make interesting reading. His observations showed that in Dublin inflammatory diseases of the lungs and throat were commonest in winter and spring, measles in spring and autumn with the ague mainly in spring. This may seem pretty elementary to us but in the context of eighteenth-century medicine it is evidence of what that medicine most urgently needed, an enquiring mind. Nobody could accuse Rutty of rushing into print, for his Materia Medica only appeared in the year of his death after forty years of preparation. It contained 560 quarto pages and was published in both London and Amsterdam. His only truly clinical paper was an account of spina bifida published in 1720. Rutty recognized that diabetic urine contained sugar, though he was not the first to record this fact. Rutty’s remains were interred in the Quaker burial ground which occupied the site of the Royal College of Surgeons.

During the preparation of this paper I wrote to all the County Librarians in Ireland asking what records they had of local physicians. Many of them were able to give me
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quite interesting details, not only about well-known local practitioners but also about local hospitals and how they operated. Though this is not strictly within my terms of reference a few extracts may be of interest and even amusement.

It was news to me, that in the middle of the last century the income from tax on dogs could be diverted to health matters. In 1870 the County Surgeon's house in Naas was repaired to the tune of £150 from this source.

Sometimes we get glimpses of other matters relating more or less directly to health. In Navan for example in 1774 the total expense of the Infirmary for a year was about £300, a third of which was accounted for by the Surgeon's salary. A few years later almost the same sum was expended on wine, porter and leeches with a measly £10 for surgical instruments and a mere 30s. to the porter for wooden legs. However it is some consolation to know that the Governors of the Infirmary voted Mrs. Davy £5 for a seaside holiday after she had served twenty-five years as matron, a post incidentally previously held by Oliver Goldsmith's sister-in-law. Many of these doctors were what we would call 'characters' and Francis Crumpe, M.D., who died on 1 April 1877 in Tralee was a prime example of an eccentric gentleman to judge by a copy of his will in my possession. Made originally in 1874 it covers twelve foolscap pages with micrographic writing. There are three codicils, the last signed with an X only three days before his death. Some of the extracts are like something from a Victorian novelette, e.g. 'I leave and bequeath an annuity of £120 a year to my nephew John Langforde Crumpe to be paid to him in Australia or any British Colony . . . Let him put his shoulder to the wheel to some profitable or useful purpose—Should the said John Langforde Crumpe return to Ireland, England, or Scotland [Wales for some reason was excluded] I then revoke this annuity and he has my leave to die in the poor house'. In later paragraphs he explained at length his low opinion of his nephew's business sense. He made provision of £120 a year for his nieces, provided they remained Protestants and specified that this income was to be free of any interference by their husbands should they marry. Dr. Crumpe was greatly devoted to Protestantism for again and again he introduced clauses and provisions to ensure that this faith and its members should benefit. However he does make provision for the Roman Catholic poor though even here the money was to be distributed according to the judgement and discretion of the local Protestant clergy. He was obviously anxious to perpetuate his name for he left certain rents to his nephew Silverius Moriarty, a barrister then resident in Australia, provided he changed his name to Crumpe. In one of the codicils he refers to Doctor Lawlor who did duty for him during an illness. Even here Crumpe could not let pass the opportunity for admonishment, writing as follows—'it was a great advantage to him giving him a practice and chance of performing operations which he otherwise could not have—I also told him I would not resign the infirmary till he was certain to succeed to it and the jail. When I had an opportunity I called him in which was a great advantage to him professionally as he was also well paid. Mr. Crosbie's case—the one when I amputated he got a larger fee than myself.' In a final blast aimed at everyone he directed that any legatee who disputed the will should immediately forfeit his legacy and be given the proverbial angry shilling.

The County Librarian in Derry informed me that Benjamin, son of Dr. William
Babington of Portglenone in that County, was the inventor of the laryngoscope in the first half of the last century. This contradicts Neuberger’s claim that Manuel Garcia a singing master of Paris in 1855 first devised this instrument which was medically neglected until Turck and Czermak envisaged its clinical possibilities. Unfortunately he could give me no reference to the publication of the invention in a professional journal.

In every period we can find men who were ahead of their time in all occupations and one of these from Cork deserves at least honourable mention. At a time when sewage disposal was often via open drains, when every infectious disease was a potential killer, when Koch, Pasteur and Lister were unborn and Jenner’s discovery of vaccination was only four years old, John Milner Barry introduced vaccination to Cork in 1800. Two years later he founded the Cork Fever Hospital and over the years contributed many papers on vaccination and infectious diseases to the _Medical and Physical Journal_ and the _Transactions of the College of Physicians in Ireland_. In between writing these and practising medicine he lectured on agriculture in the Royal Cork Institution. Unfortunately we have few other details of his very full private and professional life.

When I wrote to the County Librarian in Carlow I asked not alone for general information but specifically about a physician of whom I already knew something. Some years ago I picked up, I think in Tottenham Court Road, a thesis presented in 1777 by Jacobus Prossor Hibernus, for the M.D. of Edinburgh. As it dealt with geriatrics and how to achieve a healthy old age, I was particularly interested and tried to find out something about this early Hibernian geriatrician. The Librarian in Edinburgh referred me to Glasgow where his colleague was able to identify a James Prossor of Carlow of about the correct date. The parish register in Carlow contains six entries relating to the family of Prossor between 1750 and 1756 but in these James is referred to as the father of children baptised or buried and he died on 11 April 1753. He could have been the father of our subject for the latter appears on the matriculation roll of Glasgow in 1771 and is referred to as the eldest son of James Prossor one time merchant in Carlow. He did not take an Arts degree. According to the keeper of the Manuscripts in Edinburgh University, James Prossor matriculated there in 1773–4 and entered on studies of anatomy, surgery and chemistry. He again appears on the rolls in 1776–77 when he attended the classes of botany, Materia medica, practice of medicine and clinical lectures finally graduating M.D. in 1777. He may have spent some of the unexplained time back in Glasgow for at the end of the thesis he thanks the Professors of that University. Again there is an unexplained gap but in 1788 Lewis’ Directory lists James Prossor M.D. as residing at Rutland Place, Athy Road, Carlow. Rutland Place has long disappeared and even the exact site cannot now be identified. Prossor or Prosser is an uncommon name in this country, but the family no longer lives near Carlow and enquires of the only Prossers listed in the telephone directory were fruitless.

Let us now travel North again, where of course the first name to come to mind is that of Whitla. But I am sure that he and his admirers will not be too put out if I speak instead of a distinguished physician whose son too made a name for himself but in surgery rather than medicine. Henry MacCormac was born in 1800 in the
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County of Armagh. Though there was no family tradition of healing he decided to
follow a medical career and studied at Dublin, Edinburgh and Paris where for a time
he was at the Hôtel Dieu under Dupuytren. He took an Edinburgh M.D. in 1824 with
a thesis ‘De Clabo Secalino’. After travelling extensively in Africa and America he
returned to Belfast where he was appointed physician to the General Hospital (now
the Royal Victoria). At the time Asiatic cholera was moving steadily westwards from
India and with remarkable forethought the hospital management erected a temporary
building and quarantine house for cholera cases and contacts almost two years before
the disease struck Belfast in 1832. MacCormac was in charge. There is little doubt
that this preparation did much to keep the attack and death rates of the disease in
Belfast at a much lower level than elsewhere. There were 2,870 cases with 480 deaths
or just over 16 per cent. Even nowadays death rates well above this may be recorded
in primitive areas. Whether MacCormac’s treatment with dilute mineral acids,
including H₂SO₄ in ½ drachm doses played much part in curing established cases I
would not like to say but there was no such doubt in the minds of his fellow Belfast
men who raised a public subscription to present him with a Georgian silver tea service
which is still in the possession of his descendants.

In 1835 a medical faculty was established in the Belfast Academical Institution.
At the time some 300 medical students left Belfast annually to study elsewhere.
MacCormac was appointed to the Chair of the Theory and Practice of Medicine
which he was to hold for thirteen years. When Queen’s College, Belfast, was opened
in December 1849, MacCormac, unlike several of the other professors, was not
appointed to the equivalent new chair, which went to John Creery Ferguson of
Tanderagee who had been King’s Professor of Medicine at Apothecaries’ Hall.
Possibly MacCormac’s failure to be appointed could be traced to his brusque and
dogmatic approach to life generally and his refusal to see any good in views opposed
to his own. Amongst his most cherished ideas was the belief that fresh air was practi-
cally a cure-all and he insisted that all his family and patients should sleep with
windows wide open, even in sub-zero temperatures. On at least one occasion he was
hauled into court for having broken window panes in the bedroom of a patient who
had refused to open them. A friend staying with MacCormac overnight, presumably
with his windows flung wide for fear of his host’s displeasure, recorded that at
breakfast one morning a police constable walked in to report that a certain patient’s
window had not been opened as ordered by the doctor, who no doubt took his usual
vigorous steps to remedy the omission. Although his views on fresh air were regarded
as mildly eccentric or positively dangerous at home, elsewhere it was recognized
that he had something worth discussing and in Europe the fresh air treatment of
consumption was getting under way. Like so many enthusiasts however MacCormac
went to extremes even claiming that the only cause of tuberculosis was rebreathed
air. When Koch demonstrated the bacillary cause MacCormac threw himself, at the
age of eighty-two, into the fray in a futile effort to ridicule and discredit the great
man.

When MacCormac failed to be appointed to the new Queen’s College he was
offered and accepted the post of physician to the Lunatic Asylum where he instigated
considerable improvements in food, sanitation and general care. The second of these

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was particularly important as a fresh wave of cholera hit Belfast. Though the overall death rate was very high (14,000 in London) there were no deaths among the asylum patients, a notoriously difficult group to treat during epidemics of diarrhoeal diseases.

MacCormac was a complex character, for, although he was often rude and even violent when defending a point, he could be humble, benevolent and kindly particularly towards children and animals. Like so many pre-twentieth-century physicians MacCormac had a wide range of interests and in the non-medical field he wrote on religious topics, humane killing of animals and translations of Latin manuscripts as well as on improving social conditions of the poor.

To close this short tribute to our lesser known predecessors I should like to return for a very few minutes to Dublin to mention some of those whose great potential was overshadowed by the great names. Corrigan, Stokes, Graves and Adams are known to all of us but there were many others just as able who never ensured eponymous immortality by describing some new syndrome, treatment or instrument. Tragically, in some cases, they died before fulfilling early promise from an illness which would nowadays be regarded as trivial.

Amongst these we should refer to Valentine Flood, who, though he was primarily associated with teaching in surgical schools was also a physician. Flood was Dublin born about 1800. He entered Dease’s private medical school in 1818 and apparently studied both there and in Trinity College for in addition to being elected a member of the College of Surgeons he obtained an M.A. and M.B., in 1832 and an M.D. in 1830. As well as lecturing in the Richmond Hospital School he worked in one of the city dispensaries as a physician. He was a very able anatomist and one of the few in the nineteenth century to describe a previously unrecognized major structure, an internal shoulder ligament. Flood was a most sensitive man so that the misery and destitution of the Dublin slums depressed him greatly, to such an extent that he left Dublin for London where he took up a teaching post in the Hunterian Medical School. While there he produced several books on anatomo-surgical subjects, notably, *The Anatomy and Surgery of Femoral and Inguinal Hernia* and *The Surgical Anatomy of the Arteries* (1839). This latter was very favourably reviewed in the *London Medical and Surgical Journal*—‘This work is by a Dublin Anatomist of excellent reputation; and the fidelity and clearness of his description prove that his reputation is well deserved. We recommend it strongly to the notice of all Practitioners who wish to keep up their knowledge of this important subject, and to all students who wish to acquire it with accuracy and facility.’ A footnote stated that Dr. Flood was now permanently settled in London and would continue to teach at his residence, 37, Bernard Street, Russell Square, but he again suffered physical and mental depression and returned to Ireland in 1846. The following year he was appointed to the Fever Hospital at Tubrid, Co. Tipperary. In this remote village so different from the great capitals he had left he had worked for only a few months when he contracted typhus and died, in his forty-seventh year.

Amongst the relatively neglected Dublin physicians of the early nineteenth century we can certainly name Sir Henry Marsh. Born in Loughrea in 1790 he reached medicine by a somewhat roundabout route. His parents wanted him to take up farming but through the intervention of an unidentified Fellow of Trinity College,
John Fleetwood

Dublin, he entered the Arts Faculty and graduated in 1812. His father, Rector of Loughrea, was now anxious that his son should join the ministry but young Marsh had become a ‘Walkerite’ and was anti-establishment in his religious beliefs. The ‘Walkerites’ were named after their founder John Walker, B.D. who in 1804 resolved to vacate his Fellowship of Trinity College, Dublin on the grounds that the religious opinions and practices of his associates were unscriptural. For a time the sect was quite popular but eventually divided over the theological problem of whether the ‘holy kiss of peace’ mentioned by St. Paul should or should not be given in public places. Marsh decided to take up surgery instead, with a view to entering the army. He studied for a while at Kirby’s School in Peter Street but received an injury in the dissecting room which according to Cameron resulted in the loss of a finger which so reduced his manual dexterity that he decided to become a physician instead, graduating in Medicine and becoming L.K. & Q.C.I. in 1818. After two years of continental study mainly at the Charité Hospital in Paris he returned to Dublin as assistant Physician at Dr. Steevens Hospital. Once on this bottom rung of the medical ladder he rapidly went to the top. Honours including the Professorship of Medicine in the College of Surgeons, Physician in Ordinary to the Queen in Ireland, a baronetc and consultant posts to several hospitals indicate his ability. His life was such a busy one that it was not possible for him in later years to write and publish extensively, a factor which has probably been a major one in rendering his name less well known than those of some of his contemporaries. But there was one field in which Marsh too was ahead of his time. He recognised that children are not just miniature adults and with Charles Johnson and Thomas Cuming he established the Pitt Street Institution for Diseases of Children in 1822. This, after amalgamation with a similar institution in Kevin Street became the National Children’s Hospital, now in Harcourt Street.

Marsh died suddenly in 1860. A group of friends and associates commissioned J. H. Foley the sculptor to execute his statue which stands in the hall of this College. At the unveiling ceremony several speakers referred to the great accuracy of the sculptor but in one respect he has either made an error or somebody was very much ahead in transplant surgery, for the finger which he had lost in the dissecting room forty-two years before is not only present but prominent as he wags it at the observer.

And so we finish our scattered survey of those of our colleagues and predecessors who are not so well known. When I entitled this paper ‘Some lesser known Irish Physicians’, I felt that heavy stress should be laid on the ‘known’ for it is in this respect only that many of them are ‘lesser’.