



Dr Max Solomon Millard

Our dad loved his days at Trinity and this memoir of his medical school years during the late 1930's/early 1940's covers only some of the stories and recollections he recounted to us as we were growing up. Now that he has passed away it is so meaningful to share his vivid memories with all of you who are living this life now. We hope you enjoy it!

Jyl Millard & Lesley Millard Zafran

CHAPTER FIFTEEN

A MINI HISTORY OF MY MEDICAL SCHOOL

In September 1938 I was in my eighteenth year, and had become a Pre-Medical student at the School of Physic of Trinity College of the University of Dublin. The University has no other colleges, a rather strange situation in an institution which Queen Elizabeth I founded as long ago as 1591.

The Dublin University School of Physic was founded almost piecemeal in 1711, when lectureships were established in Anatomy, Chemistry and Botany. Already in 1700, there was a Regius Professor of Physic who was one of 19 academic staff, the others 18 being the Provost plus 17 Fellows. "Regius" means the holder of a chair founded or filled by the Crown. A clause in an earlier statute in the time of Provost Temple (1609 to 1627), enjoined that one Fellow should devote himself to medicine, and that he should be excused from taking holy orders. In those days, a Fellowship was usually short term, and was held by a fairly young man.

"The provision, therefore, of this post of Medicus, though it provided some stimulus for the study of medicine within the University, did practically nothing to provide for its teaching. Nor was the arrangement from any point of view, a great success, for several of the Medici of the 17th century did not proceed to a medical degree, and, on the death of William Clement in 1792, the post was allowed (in defiance of the statutes) to remain vacant for over seven years.

"On the other hand, the Regius Professorship of Physic, which had existed, though on a somewhat informal basis since 1662, was usually held by a competent practising physician who had little effective contact with the University. The School of Physic was controlled jointly by Trinity College and the College of Physicians in Ireland. John Stearne, the founder of the Royal College of Physicians, was appointed to a Trinity Fellowship in 1651. He practised as a doctor in the city, and was also Registrar, and later, professor of Hebrew....Shortly before the Restoration, he resigned his Fellowship, and married. In 1660, he was reappointed, with a dispensation from the requirement of celibacy, and in 1663 he became Professor of Physick. This gave him the status necessary to found the College of Physicians, which was originally housed in Trinity Hall, a building only a stone's throw from TCD; it had originally been founded as a Bridewell, a prison." (From St. Bride's Well, near to which church, in the City of London, a prison once stood.) "The College of Physicians was intended as a medical school subordinate to TCD, but after Stearne's early death at 45 in 1669, it drifted into a position of virtual independence, largely because the University was unable to supply qualified physicians to manage it. Stearne saw the College receive its Royal Charter two years before his death." (The above two paragraphs, and following lengthy quotes, are from McDowell and Webb).

If we recall that Harvard was founded in 1636, and the general University of Bologna in the 11th century, then Trinity seems to be a latecomer. Delayed by the Irish resistance to the Normans and later, to the British, the Pale and Dublin were not ready for a university, until Queen Elizabeth, on March 3, 1592, issued a charter to "The College of the Holy and Undivided Trinity," to educate in the liberal arts and Protestant religion.

Prior to World War Two, "what the school prided itself on.....was the turning out of efficient and resourceful general practitioners, suitable men for the Army and Colonial Services....The concentration on this aim meant the encouragement of efficient all-round teaching, at the cost of research." In the war-time 1940's, students did not make the round of universities to seek out their strengths and weaknesses. If you lived in Dublin, why not study there? I doubt that any of us questioned, "is this the best school for me?" as students do today. Retrospectively, for me it was the best, because it taught the rock-steady basics of making a working diagnosis by skilled history taking, and the use of your eyes, ears and hands. Lab tests and other investigations, rather than preceding the interview by the physician, took second place. If you keep this in mind, Trinity in my time was a very good practical school of every-day medicine.

As for the Northerners, why should they not escape the dreariness and rationing of Ulster? We had Nigerian students, too, with readily recognized accents. They were happy, good-looking, gentle people, with beaming smiles and big laughs. On each cheek they bore wide, triple, tribal, slashing scars. Some were princes. We had white South Africans, also a lively bunch who kept together, speaking Afrikaans, and avoiding problems with the Nigerians, whom I imagine they despised.

They introduced me to a new accent with Dutch undertones, and to new names, such as Swanepoel (swanny pool) and Fouché (fooshia). The only Nigerian name I remember is Onigbuwe, the “g” not pronounced. We heard other voices, Ulster, with its blend of Scottish and Irish that is hard to understand (ondershtond). The soft, almost cooing, lilt of Cork and Kerry (“are oo coming?”) resembling Welsh-English. The strange comixed “r” and “d” sounds of Dublin, summed up as, “There’s a generdil petterdil shartage at Dockerdils, ’”—“there’s a general petrol shortage at Dockerell’s.”

CHAPTER SIXTEEN

THE BEGINNING YEARS

FIRST YEAR

Let's begin with a description of my college. It's an irregular rectangle right in the best part of the City, south of the River Liffey. The main entrance gate is high and long. It is the entrance from College Green on the west, where it faces the magnificent Bank of Ireland building that used to be the upper House of Parliament under the British. Once, there really was a green, in the sense of common land for the people. Now it is merely one of the city's busiest intersections. From it there is an unpretentious entrance to Trinity, protected by large, high, solid, black, shiny, wooden doors (the Front Gate). These can be closed against the entry or egress of unruly people. Within the gate is the Porters' Lodge, manned by somber, uniformed men who scrutinize all who enter. Above, and to either side of the gate, are small classrooms and offices. Go through the deep archway, and enter Front Square with the Campanile in the middle distance. On the north side of the Square are several storeys of Arts faculty rooms. Every med student was (I can't ever say "is" about TCD, since I am so out of touch) assigned a faculty man as a Tutor.

Insert on the Topic of Women Attending TCD. I have just written, "Faculty man," because all faculty were male. The first women students were admitted in 1904, which was pretty progressive, because Oxford did not let women take a degree until 1920, and Cambridge not until 1947. Their reason was, that in these two ancient schools, possession of a degree permitted the individual to vote in the Senate and Convocation. Men did not want women to have these rights. Those two universities had women's colleges that were for two years' study only, blocking their path to the final degree courses of the third and fourth years. In 1904 there was a stampede of well-trained English women to Trinity to complete their degrees in two more years. To quote McDowell and Webb, "Provost Traill, whose thick skin stood him in good stead on such occasions, shrugged off the ridicule" (about admitting these women with their impeccable credentials), "and pocketed the fees" to build them a women's residence at Trinity Hall. Good for Trinity! The first female faculty appointee, made in 1909, was Constantia Maxwell, who rose to extraordinary academic heights.

A certain prudence, or prudishness, persisted. Female students had to wear gowns whenever on college grounds, so as to identify them from other women. Even in my time, they had to exit Trinity at 6 PM. Slowly thereafter, the limit was raised to midnight.

Again, from McDowell & Webb, "By about 1950 the increase in the number of women lecturers and the inadequacy of their accommodation led to a demand for their admission to the Common Room. This was skillfully parried for some years by the plea that no space could be found for a second toilet, but that barrier fell in 1958 before the ingenuity of an architect, and eight years later women were admitted also to the High Table," meaning to eat as faculty in Dining Hall. In 1968 the first four women were admitted as Fellows. In 1972 women students were admitted to residence in College rooms, whereas in my day women needing official accommodation had to live in the suburbs, in Trinity Hall. Presumably, they could also rent a landlady's room.

I am returning to my opening remarks about tutors. The Shorter OED defines tutors as "moral guardians of students, representing them in all transactions with higher authorities of college." Indeed, they must have, because on various college forms, including Arts exams, there was a space for you to enter your tutor's name. Perhaps they were guardian angels who interceded for you. We were never told what they could do for us, and rarely met them. My tutor was Jimmy Bell, a most friendly man who unfortunately would soon die from the then untreatable bacterial endocarditis. Francis LaTouche Godfrey, a tight-lipped conservative man, took his place. I would have liked to have the classicist WB Stanford, a heavily maned Byronic figure. I certainly would not have wanted the Rev. AA Luce, Professor of Moral Philosophy, who "ate, drank, and lived Bishop Berkeley," the great 18th century Anglo-Irish philosopher. Luce opposed the admission of women to faculty, and did not believe in anyone having secretaries. "As he ascended to power (Vice Provost,) his frostiness, stern moralism and starchiness, made the work of the tutors extremely difficult." (McDowell & Webb, who make an apology for him by pointing out that he suffered from "shell shock" in WW I, and later saw his wife

and daughter drown before his eyes in a boating accident). But can't you imagine this cold, bigoted figure in black stepping out of Trollope's "Barchester Towers?"

On the north side of Front Square are the Chapel and Dining Room (Commons), each entered by ascending broad granite steps. Virtually no place in College was accessible to the disabled. Further along is the Graduates' Memorial Building (GMB,) which houses the debating societies, the Historical, (the Hist), and the academically higher Philosophical, (the Phil.). None of our class belonged to these because we needed all our time for study. A paying member had a key to the rooms, which had a spartan club-like atmosphere, with worn armchairs, some magazines and newspapers, but no food or drink. As I said elsewhere, the Bi had space in this building, a small room with some medical journals, particularly the Journal of the American Medical Association, which I read with great interest. I should have a way of highlighting this recurring word "America," which was insidiously digging its way into my mind. I found the Bi a good place to study when the library was shut, because no one, other than I, ever entered it.

Behind the GMB is Botany Bay, which has some very old residences for students. Students named it after the Australian penal colony because it was so uncomfortably spartan. Servicing of students' rooms was provided by "skips." I read in the Shorter OED that a skip was once a manservant, or footman, but that in the late 17th century, the name was appropriated by Trinity, and nowhere else, to mean a college servant. On the south side of Front Square are the Examination Hall, which looks like another chapel, and then the "new" Reading Room of 1937, which is separate from the Library, though the two are connected under ground. Between them was the entrance to the private Provost's House, and to the Provost's and the Fellows' gardens. Much of this space was later taken to hold the ugliest of modern classrooms and a gift-shop for tourists. And though ancient buildings have been preserved, their schools and classrooms have been moved. A new Medical School and teaching hospital have been built some distance away in Tallaght, North Dublin.

We sat all written exams in the Hall, in which certain seats were thought to be lucky. We had to wear gowns. Oral exams (*vivae voces*) were administered by three examiners, one from an outside School to give a sense of impartiality. They sat in a Medical School Office. As a candidate emerged, grim or smiling, a group of those waiting their turn, tried to find what questions were being asked. Major Allen shooed them away.

In the Library is the famous Long Room, a mecca for tourists who have come to see one page of the Book of Kells, an 8th century illustrated manuscript of the Latin Gospels. A page is turned daily, to protect it from over-exposure to light. It is a library for show, not to study in or to read its huge books. The real, huge, modern collection is out of sight below. The Room is the finest in the University, with stacks of large leather-bound volumes guarded by protective wire screens. Stacks occupy several floors that border an atrium 30 or 40 feet high, and stretching the whole 200 foot length of the building. The only collection I know that is of comparable beauty, is the King's Library, in the British Library in London. But you cannot enter the latter, only view it through its multi-storied glass walls. What each library contains, I do not know. A Dublin library well worth a visit is the Chester Beatty, in the city.

Beyond the Trinity library there used to be the shared home of the Divinity and Engineering Schools, heavily Victorian, and uninteresting. These buildings are on Library Square, which has on its east, some student rooms called the Rubrics, because they are faced in warm red brick. These are the oldest residence, completed soon after 1700, and TCD's oldest surviving buildings. On the far side of that is New Square, with more student quarters. On its south, is the Museum Building. Walk further east to reach the football and cricket fields, and the running track, with the sports pavilion. At last you see the miscellany of Medical Buildings, which I shan't describe because I am sure they have been altered. Here used to be the offices of the Registrar of the School of Physic, Major Allen. He was a fussy but agreeable old man, always neat. He made it his job to post exam results on the bulletin board rather than let his secretary do it. She was pleasant, too, which may have in part been because they were not overworked. The Major loved to chat, and he thought of the chairs in his visitors' room as sitting around the fire, chatting together. How lovely it was to have such warm, human, official figures.

An official with very formal duties was Kenneth Claude Bailey, the Vice-Provost and Junior Dean. He was a classicist and a chemist, and it was because of the latter that we knew him as professor of Chemistry. Although a drab man, he played a colorful role as the principle figure in a nightly procession in Front Square. At 9 PM, dressed in formal black regalia with a chain of office around his neck, he was preceded by two uniformed porters. One carried high in front of him, a lantern suspended on a pole, and containing a lighted candle. This security and search party always paraded at

the same hour, regardless of whether the sun had set. Bailey had strong desires for the top position on the faculty, but he was never successful in persuading the Fellows to vote for him.

Formal lectures were given in “theatres” with horse-shoe-shaped rows of steeply rising wooden benches. The backrests were numbered. You always took the same seat so as to cover the number you had been assigned. At the start of a lecture, the lecturer wrote down uncovered numbers to record absence. We were so compulsive, or docile, that we were always present. Our textbooks were usually better than the lectures. That is not surprising, since no one on Appointments Committees of many universities, to this day, asks if a new faculty applicant is a decent teacher. One is always hoping for someone who can illuminate or clarify a complex matter. Still, one’s lecture notes give a framework to build on. Compulsive me, I tried to capture every spoken word, writing so fast that I did not comprehend the meaning till later. At night, I expanded them from textbooks into a definitive set of writings, good enough that others asked if they could borrow them. Less able students might obtain help from their colleagues in understanding complex topics, such as renal function, or acid-base balance. Or they might pay young physicians who were studying for higher diplomas. This private coaching was called “giving a grind.” I did it occasionally. A student would pay to come to my home for assistance in mastering some complex physiology.

Six years of study lay ahead of me, two years more than is required in America. *The first year* was for anatomy, physiology, organic and bio-chemistry, physics, and zoology. Anatomy continued into the second year, taught by Professor Jamieson from the Shetlands, and his assistant Prof. Inkster, another Scot. The latter was good, but a little dull and plodding. Jamie was a brilliant teacher, excellent at making multi-colored chalkboard drawings. His gentle Shetland intonation had a little chuckle in it as he imparted his beloved subject. He used Scottish idiom, such as the blood cells gallooming through the arteries. He was small, thin and bony, with kindly, piercing, bright blue eyes and wispy white hair, and a gurgling way of clearing his throat. You would never have known that he had come to us from Leeds after reaching their retirement age of 65.

Anatomy was learned from lectures, and by slow, meticulous dissection of cadavers. These were the unclaimed bodies of old or destitute folk who had died without friend or family. They had been embalmed by Edward, the department’s cheerful technical assistant, who, at the end of the day, returned them to their tank of preservative. It was a vaguely fragrant, sweetly smelling liquid that permeated our clothes, so that our friends knew what we had been doing. We wore no special clothing, only aprons and rubber gloves. We bought our own dissecting instruments, which were rolled up in a little brown cloth bag that also took on the special aroma. Cunningham’s three-volume dissection manual led us logically through our work as we uncovered every minute item of the human body’s magical complexity. A team of two worked on the upper half while another two dissected the lower. Demonstrators roved the room, waiting for questions to which they could precisely show the answer. One of the Profs might come and answer a question by giving an impromptu blackboard lecture. Funny, an administrator administers, but a demonstrator cannot demonstrate.

Our demonstrators were young surgeons, or senior students who had a special interest in anatomy. Two such were the Catholic Dignam brothers, Albert and Joe, shaggy young men with strong Dublin accents. At times they resembled a music hall act, at others, characters in an Abbey play, but they knew their stuff. Catholics were strongly discouraged from attending our Protestant school. They were supposed to obtain their bishop’s permission to attend Trinity. There was a lovely, well-endowed girl in the class, Peggy Maine, who soon dropped out. While staring at her one day, Albert pointed at a heart he was holding, and started saying, “this breast....”

Another demonstrator was a South African surgeon, Mr. Martin. His mantra was the earnestly repeated, “You’ve got to naow yer baowns, doctor,” meaning to be able to say where on a bone what muscle was inserted, or whether a particular wrist bone he handed you was left or right. They had a dirty trick set of bones. The convention is that the site where a muscle arises from a bone is painted red, and where it is inserted is blue. In the trick set, the colors are reversed, and you were supposed to catch on to that. Did I tell you that in the British Isles, surgeons and gynaecologists are called “Mister;” in recognition of their descent from the old Barber Surgeons.

Few of us made use of the facts learned during 18 or more months of anatomy, since not many were planning to be surgeons. And what surgeon needs to recognize a left from a right wrist bone? In general, it is sufficient to know that this artery goes that way to supply the thumb, and this vein takes the blood back. Or, this is how nerves travel from your neck to take care of the hand, and watch out to learn they pass the elbow. Or, know where the ureter is. You learn, and soon forget, how muscles

are attached to bones, and what their actions are. One of the biggest secrets of medicine is that non-surgical doctors are not anatomists, nor do they need to be. To reassure you, we know where the kidneys are and, if we had to remove one, we could return to the anatomy room to learn the precise details. In other words, surgeons go back to school and are rigidly tested on their anatomy. They are also taught not to remove a kidney without checking that there is one on the other side.

By the time the UM School of Medicine opened in 1953, anatomy in America had become a brief, almost ludicrous, course of six weeks. Our British year and a half seems to have been equally absurd.

Embryology, part of anatomy, is a favorite subject of mine, and had been ever since Arthur taught me that ontogeny repeats phylogeny (p.81). From it you learn so much about how our bodies develop in utero, how a brain is formed, how kidneys grow and connect with the outside, why some people get a hare lip, and how it is that the male and female sexual organs are basically the same. As ever, all it takes is a good teacher.

In comparative anatomy, which we called Zoology, we dissected dead worms and dogfish. Six weeks into our first year, an older woman, Mrs. Lewis, gave up her career in medicine because she could not bear these dissections. She stood out from the rest of the ordinary looking students because of her bright clothes, large ear-rings, heavy make-up (unusual in students, even today), all spoiled by buck teeth and a bright, chirpy, but jarring, English accent and laugh. Mrs. Lewis was a Mrs. Malaprop, alleged to have said, on looking at live bacteria through a microscope, "Just imagine, we have all those little orgasms inside us." Why we had to study zoology I do not know, except that it was a tradition in a very hide-bound university. Our professor was the fearsome New Zealander, Dr. Bronte-Gatenby, but what would he have done without us?

Prof Davie Torrens, a strongly accented Northern Irishman, led physiology. His real love seemed to be repairing clocks and watches. There were no \$5 or \$10 battery-driven time-pieces then, so repairing was a prosperous trade. He happily undertook the mending of anybody's clockwork free, so one might assume that the department did not demand too much of its chairman's time. His course left a blank in my mind. All I recall, was making needle tracings on a paper-covered rotating drum that we previously blackened in a special sooty gas flame. We recorded the contractions of a preparation of isolated frog muscle, to show it tiring from repeated contraction. However, we already knew that muscles become exhausted, as in running to catch a bus. I enjoyed reading two texts, Samson Wright's "Physiology," and Best & Taylor's magnificent "Physiologic Basis of Medical Practise." I discovered the latter for myself, and was influenced to buy it because the authors were North American. It was so good that it was stolen from my locker, and I had a detective view the crime scene unsuccessfully. I thought that for my future kind of doctoring, physiology was far more important than anatomy, and far more interesting. You cannot understand illness (which is deviation from the normal) without it. Of course, what I was soon to learn, was that you cannot comprehend deviant bodily function without knowing pathology.

Botany's chief was Prof Henry Horatio Dixon, a white-haired, elderly, true gentleman whose real name was Botany Dick. His older brother was more famous, Andrew Francis, the anatomist and Dean, Anatomy Dick, who flourished before my time. Henry liked to invite students to his home for tea and a game of tennis. When I received the formal written invitation, I didn't dream of telling him I couldn't play. Instead, I got Muff to give me some "lessons" and to lend me a racket. Off I went to spoil a doubles match. My fellow tennisists politely ignored anything I did.

Anyway, Botany taught us about various forms of vegetative sexual reproduction. Ferns, for example, have spores on the undersides of their leaves, awaiting fertilization. I often turn over fern leaves to remind myself of my knowledge. Through a microscope I was fascinated to observe the movement of single-celled organisms that live in water, such as paramecium, ameba, and the pretty spirogyra which rotates on its long axis. In 1922 the Prof had written a little text, "Practical Plant Biology," from which he always lectured. Since nothing was known of DNA in 1938, or of nuclear structures, or even of chromosomes, a later edition would have added no really new information. This sentence encapsulates how biology was to explode after WW II. What I learned in the 40's would be torn apart by the findings of geneticists, electron microscopists and of Watson and Crick, who in 1953 opened the double helix of nucleic acid. Though my generation missed the DNA boat by a million miles, we were learning a very practical, useful practise of medicine.

Our Prof of Physics was Dr. Ernest Walton, another Ulsterman, who taught in a precise and boring manner. Sadly, my only memory is that we loved to hear him say "bubbles," which he

pronounced “bobbles.” How were we to know that, from 1929 to 1934 he had worked with Rutherford and Cockcroft in Cambridge University, which was then the world center for experimental physics. These three men developed the equipment which they used to “smash the atom,” to produce linear accelerators and to transmute elements into other forms, such as radio-active iodine. Walton’s obituary in the “Daily Telegraph” concludes, “he had, he said, little time for leisure interests, other than a spot of gardening.” CP Snow, who had worked with Rutherford, said that 1932 was the most spectacular year in the history of science

This was the man who bored us, who in 1951, after my time in College, was jointly awarded the Nobel Prize for Physics. He was elevated, after I graduated, to Fellow of Trinity College, and Professorship of Natural and Experimental Philosophy (the 18th century influence again.) Was it a degradation of him and his talent, that he had to earn his living by teaching us? He reminds me of those excellent classical pianists who never are discovered and who live by giving piano lessons to bratty kids who don’t want to know.

During the war, I visited the Dublin home of another Nobelist, Erwin Schrödinger. He was a Viennese refugee, a mathematician, philosopher, author and molecular biologist. He shared a Nobel Prize in Physics in 1933 for his study of the wave behavior of matter in quantum mechanics, which I know nothing about. The Cambridge Biographical Encyclopaedia says, “His celebrated wave-equation was as important to science at the sub-atomic level, as Newton’s laws of motion are to mechanics in the normal sized world.” And in Columbia Encyclopedia it is written, “His wave equation is the most widely used tool of modern quantum theory.” Schrödinger lived in Dublin from 1940 till 1947, as head of the Institute of Advanced Studies. Then he returned to Vienna.

How did I get to spend an afternoon with him? On the campus I knew his niece, Linda Ewald, who was pleased that I pronounced her name correctly, “a valt.” She was a very nice girl who unfortunately had suffered a paralysis of one side of her face (Bell’s palsy, which seemed commoner then than now, and which was untreatable.) She brought me home to tea, and I had a lovely time with the two of them, perhaps because I didn’t know who he was. Linda had said only that he was a theoretical mathematician, so I was perfectly at ease. We talked about transposition, a word I can’t find in my dictionaries, but which I read about in Stuart Chase’s “the Importance of Meaning.” It refers to the potential fallacy of misusing the information on a graph, by arbitrarily extending the course of the graph beyond the recorded real values.

In the Organic Chemistry Department the student rumor went that one of the faculty, the easy going Dr. Werner, was related to a Nobelist who had worked on urea or the benzene ring, but I cannot find him in my reference books. I enjoyed the course for two of its texts. One, by the American, Phyllis Tookey Kerridge, made me wonder where the carriage took her. The second was by our Prof WE Fearon, a man of very precise, clipped, speech. He was flamboyant, most lucid and an interesting lecturer in biochemistry, a subject that does not at first glance appeal to one. He let himself down one morning, walking briskly on stage, I should say on to the podium, raising high a bottle that contained a fetus, and exclaiming, “Ladies and Gentlemen, my son and heir.” Even were it not really his, this was in bad taste.

Earlier, Fearon had given a glowing appraisal of Max Nurock to the Provost, recommending Max’s appointment. McDowell & Webb say, “Fearon was a remarkable man who only partly realized his great potentialities. He tried to become a complete Renaissance man, dabbled in mysticism, and spiced his lectures (the best in the school) with tidbits of curious erudition.”

Med school exams took the form of written answers to question papers printed by the University Press, situated on the grounds of the College. We did not say Campus, which is 18th century American, but the term is used in Britain now. Multiple choice Qs & As had not yet been devised, nor had True/False. Our answers were essays, and the results of mathematical problems had to be supported by showing the intermediate calculations.

Exam results were posted quickly, outside Major Allen’s office (p 94). The marks were based on 100 for perfection, which was never achieved. We accepted that idea as reasonable. Above 75 was called “First class honours,” 65 to 74 “Second class,” and 50 to 64 was “Pass.” There was no grading on the curve. Failure required taking a repeat exam with different questions. Continued failure required the student to repeat the year, and to become, in our slang, a “Chronic.” This last option is no longer possible.

Endless repeating did not cost a Chronic too much money. Fees were so minimal as to be almost token. The Pre-med year cost Dad either five guineas for a term or for a year (I forget which) and

subsequent years were 15 guineas. A guinea was 21 shillings, about \$5 in those days, and enormously more now. Andy was one of the Chronics that I knew. The nurses called him "Sodium" because he was always bumming capsules of sodium amytal, (a barbiturate) from them. These students were often intelligent people. There was a plump, attractive girl who could never pass because she would go to pieces as soon as she entered the examination hall.

SECOND YEAR

During the second year, anatomy and biochemistry were continued, joined by pathology, bacteriology and therapeutics, the third of which then was called *Materia Medica*.

Nothing in the pathology course impressed me or prepared me for my future specialty. Prof Henry Wigham was a delightful old man with snowy, curly hair, and a voice that tended to bleat, especially if he was trying to be emphatic. He could not control his classes. Because his lecturing was so boring, we learned nothing from them. We probably didn't listen. Some students were noisy. One found a switch under his seat that could turn on the lights when Wigham had turned his switch off to show lantern slides. Off and on would be repeated several times, with the poor man bleating uselessly. Once a student threw a snowball at him. It was disgraceful, and showed how a person's weakness can stimulate aggressive action. He could only appeal, "Gentlemen, Gentlemen." The authorities must have known what was going on; the noise must have been heard from outside the theatre. Our few girl classmates did not participate.

Why did the Powers not rescue him? Why did they tolerate his uselessness? In their wonderfully readable and critical book, "Trinity College Dublin," two witty, non-medical Fellows, McDowell and Webb, write, "Wigham gave the impression that he was more interested in sailing and the Society of Friends than in Pathology." Thus, we see that the Arts faculty knew what was going on.

Wigham's sole gift to me was his recommended text, William Boyd's "Pathology." This hard-drinking Canadian was a master of words and sly humor, the antithesis of that dour, moderately drinking, Canadian, my future chief, WAD Anderson. To read Boyd's word pictures of disease processes was an exciting delight. For example, he wrote of terminal pneumonia as "the old man's friend." As with all basic science courses, there were lab sessions, in this case, to study pathology slides. All recollection of these has been erased from my memory bank.

Joseph Bigger was Dean of the Medical School and Professor of Bacteriology. (The new name, Microbiology, was coined many years later.) He was a vigorous, bull-headed, ambitious man of whom we saw little, because he was manoeuvring to become Provost. His daughter, Maeve, was a couple of years ahead of me, a big, strange girl with a lumbering gait, and a leering grin. Bigger's ambition came to naught, for he was soon to die of leukemia at about the same time that one of his bitterest rivals for the position died from cancer. Our real teacher was RAQ O'Meara. He was a small, neat, dapper man, precise in manner and speech, wearing rimless glasses, expressionless in demeanor. I remember an oral exam he gave me. He handed me a container labeled "typhoid vaccine." "What is this?" To him it was a good opening to a discussion on immunisation. To the student it was a potential trap, and I turned it over and over in search of other clues before answering, "A vial of typhoid vaccine." Peter Gatenby, son of the Prof of Zoology, and a much nicer person than his father, wrote in "The School of Physic, TCD," "O'Meara's rather inflexible and enigmatic personality made communication with students and clinical colleagues difficult." Sir Peter Frogatt, a student after my time, added, "A less charitable writer would have referred to O'Meara's formidable talents as a mass hypnotist." When I was in the RAMC in Germany I encountered his surprisingly similar, almost twin-like, brother, Brigadier O'Meara, p. 159.

The students' savior in Bacteriology was a normal Irishman called Bill Hayes. He was approachable, humorous, and a good teacher who thought at our level. We met again when I went to the London Postgraduate Medical School in 1950 as a Registrar. Why Trinity had so many cold, apparently feelingless, faculty members mystifies me. Perhaps this is the kind of person who found power and refuge in Irish or British universities in those days. Was I living in Barchester Towers? Or in CP Snow's fictional university? Was Trinity an enclave of 19th century Protestantism? Amongst all the numerous U. of Miami faculty, there was only one cold fish, the Canadian, Anderson of pathology, and only one Christian religious freak, Dr X, an ophthalmologist who begged his patients to kneel to pray with him before their operation. He had once been a hard-drinking, strip-show-attending, young man.

Lectures in *Materia Medica* were given by another somber personality, RH Micks, (p 106). It was strange that he lectured poorly, yet wrote an excellent, clear textbook on therapeutics.

Alfie Parsons was the oldest faculty man. He was frail and looked ancient, being in his eighties, but his wits were fully with him (p 106). He was driven to Baggot Street Hospital for his teaching rounds in clinical medicine. He worked at the hospital until four days before he died at age 88. I'm writing here about his lectures in the *Materia Medica* series, which took on an historic aspect. The big event was the concluding lecture, for, on the podium, he demonstrated the lost art of pill rolling. First, using a pestle, he ground the ingredients in a mortar. He put them to a board and rolled them into a thin sausage. This he put on to a metal plate with parallel smooth grooves, and then ran a similar one over it, creating little round pills. The best was yet to come. He coated the pills with gold leaf. Wild applause. What a medical school.

That's quite a word "mortar"—the bowl just mentioned, an artillery gun, a firework or distress signal, plaster between bricks, and the mortarboard you put on your head to receive your degree, so-named because its flat part is like the board with a handle that is used by a bricklayer.

The daily grind was not so much a grind as a routine, and it was always enjoyable, never overwhelming. I did nearly all my studying in the comfortable Round Room of the Library, which was open weekdays till 10 PM. When an exam was imminent, I studied in bed. Muff and Eddy sometimes used the library, and that was where I discovered Muff's knee knocking (p 81). Can you help? There's a Greek or Latin word for this.

There was no facility for study in the Medical School, which shut down at 5:30 PM. To the main library I brought my own books, read my lecture notes, and then created new, neat, comprehensive ones, in tiny writing, the technique I had copied from Eddy. I am a visual learner, unable to take in information by listening.. What a marvellous, easy gift it is to learn merely by using your ears. That is what illiterate primitive people do in order to carry in their heads the whole lore and history of their tribe. Eddy seemed to learn every word in the book, so strong was his ardor to excel. In contrast, if a topic was beyond my understanding, usually in anatomy, I did my best, or just skipped it, hoping it would not appear in an exam.

I always cycled home around 6 PM for dinner with my parents. There was no rush hour. On days that I had attended a hospital, I had lunch at home. Otherwise I ate quickly in college dining room, grandly called the buffet, but really very basic. I always ate a meat pie laced with Worcester sauce, all for fourpence, not wanting to spend more of my parents' money. Faculty ate there, too, seated at the High Table (p 93). That is where I saw the big shots of the Arts schools. I particularly mention McDowell, from whose marvellous *College History* I often quote. Undergraduates privately mocked the well-known figure of this bespectacled, untidy looking man, begowned and shabbily dressed, a woolen muffler tightly round his neck all the year round. His voice was loud and high-pitched, and he giggled. We called him, "Twinkle Toes," because of his rapid, jerky movements. These shallow, first impressions of scornful students could not have been more erroneous. He was a wit, a Senior Fellow, an historian and the Erasmus Smith Professor of Oratory. Mr. Smith had been a land speculator in the late 17th century, and the trustees of his estate gave large sums to endow schools all over the country, and also funded faculty positions in TCD.

I made some new friends. In my class was an excellent artist, Anthony Reford. To go walking with him, say along the docks at twilight, was eye opening because he pointed out shapes and colors that I had not noticed. Because of him, I realized that anything is a suitable object for painting or photographing. University friends, like friends made on holidays, tend to disappear when the journey has ended, and I lost contact with all of mine who were not family.

Gerald Fine was a loner, a strange man, a South African from Emil's mother's family. He was taking his medical training at the Royal College of Surgeons, which, despite its name, taught all branches of medicine. The third medical facility was the National University of Ireland, a strictly Catholic School, with its own Catholic teaching hospitals, the Richmond and the Mater.

Gerald lived in a comfortable attic at the top of a Georgian house in the Fitzwilliam area. His room was dark because the wallpaper was dark, and the lighting was deliberately dim. His conversation was interesting, but something prevented me really liking him. He loved classical music, and as far as I can tell, may have invented the concept of stereophonic sound. His method was to channel music through two front and two rear speakers. So he had surround sound that wasn't stereophonic because the records and system were monophonic. This was 1940, and commercial stereo was not available until 1957. I have found that an Englishman developed the concept of stereo in 1932.

I wonder if Gerald had read about it, or whether it was from his own inspiration. When I went as a resident to Chesterfield Royal Infirmary about 1950, I found Gerald in a nearby rural practise in the Peak District and I did a brief locum for him. I heard that eventually he killed himself

Gordon Stewart Prince was Eddy's friend, a recent graduate. He was a Scot on his mother's side, his father being a cheery Yorkshireman. They lived in a flat with a super intelligent Yorkshire terrier. I became friends with the whole family, especially Ann Prince, a down to earth, liberal woman, likely to blow high falooting dust out of your mind, in a firm, but good humored way. I visited them even when Gordon was away in the Army. Gordon, ("Goddon" the Nigerians called him), was the best doctor of us all, a superb teacher with a remarkable memory. I saw him shave, while reading a textbook propped against the mirror. His mind was such that he would never have to read those pages again. In the afternoons he took small groups of students on teaching rounds that bettered anyone else's. He loved jazz and introduced me to many records. The favorite of the day was not jazz, but I still love it, "Blues in the Night."

Frederick Brian Woods was in the Eddy-Gordon group, an earnest young man, the seriousness accentuated by the piercing look from his bulging eyes. This was someone else with whom I enjoyed listening to music. In 1944 he influenced my life by passing on to me the medical residency he had just completed at the private Hospital of Saints John and Elizabeth in St. John's Wood, London.

I reinforced my knowledge of all the medical information offered me through discussions with Muff and Gordon. I imagine that on a five day week basis, I pursued learning for ten or twelve hours a day. This includes meals, peregrinations to bookshops, and to various teaching hospitals.

The Trinity Arts Program. After WW I, Trinity instituted a requirement that degrees in Medicine, Engineering, Agriculture and Commerce could only be conferred on those who possessed a BA. I was unaware of the existence of the last two schools, which perhaps had been phased out by my time. Medics simultaneously took a specially arranged Arts course during their first four years of medical school. Students began as Junior Freshmen, progressing next year to Seniors. Then we had to pass an exam called Little-Go, a name also used in Oxford and Cambridge. The 1994 Shorter OED notes this as being "archaic," a recurring word at Trinity. Third and fourth years were Junior and Senior Sophister (which is from a Greek root implying "becoming wise.") At the end we took the exam for the BA degree. The compulsory subjects were Logic, Philosophy, a language (French for me,) English and Psychology. The last was based on William James famous book from 1890 (even then over 50 years old.) Logic employed Abbott's little book from about the same time, his "Essentials of Logic." It is amazing that we were able to buy such antiques, and that no thought was given to using modern texts. The old way was easier for a lazy or tradition bound faculty. I am sure that was why Euclidean geometry was preferred over the modern version. The BA was an easy exam for us to pass. I am sure the "regular" BA was more difficult. After passing medical finals it was possible to purchase an "up grade" of the BA to a Master of Arts. This was done for me by May and Les, who thought it would be a nice decoration for my curriculum vitae. It still embarrasses me, and I do not use it.

Logic interested me. Doctors, which more or less means "teachers," often are illogical in their professional judgments. Logic was the most valuable of those BA courses which, I think should have been supplemented by a study of statistics. Understanding of those two could enormously improve the quality of general medical care, which is often based on hunches and bias. In my early years, GPs often told patients with arthritis to avoid red meat because "it makes the blood acid," a physiologic impossibility. They put young persons to bed for months because of what was actually a harmless heart murmur. Their reason for doing this was that other doctors did it, not that a scientific study had proved the necessity. In whatever year you are reading this, similar unproven teachings will prevail, such as that all fibroids require a hysterectomy, instead of offering a young woman anxious to have children, removal of the fibroid/s only, (medical circumstances permitting.) Medical care can be inferior if it uses untested, word of mouth, or as they are called, empirical, therapies. Younger physicians are now taught statistical methods, but I would be happier for patients' care if teaching of logic were added. Not to mention Caritas, or Kindness.

The scholarship of Trinity's main campus seems to have been so inferior that the mathematician, JL Synge resigned his Fellowship to go to Toronto. Later, he sent a missive to Dublin, saying that Trinity did not shine, it glimmered. I must take space to aver that, though none of the medical faculty were known outside Ireland, their teaching of theory and practise was excellent. Furthermore, the scientific and academic standards have been greatly raised. I would not have the reader infer that Trinity was a "degree mill."

Black undergraduate gowns had to be worn when we attended Arts lectures or sat for exams. Degrees were conferred in the examination hall, proud parents posing for photos beside their successful offspring in, the Front Square.

The only Arts instructor I remember is a special one, Dr. Owen Sheehy-Skeffington, my excellent teacher of French. The British during the Troubles, (otherwise the 20th century struggle for Irish Independence), murdered Owen's father, Francis, a pacifist. Owen and his wife, Andrée, were socialists, what today would be called Hampstead, or American, liberals. McDowell & Webb comment that "he sacrificed his scholarly to his political, interests (and)...for many years played effectively the part of a left-wing gadfly, too independent for any party to harbour him. For many years he represented the University in the Irish Senate."

Every Friday night the Skeffingtons held open house. I visited them often for delightful and illuminating conversation, since their friends came from many walks of Irish life. It was there that I met Albert MacElroy, a much more serious Socialist than his hosts. He was a ruddy-faced Scot with gingery, brushed-back hair, and a good Glasgow accent. He and I had many political discussions, and I discovered he was far to my left. He treated me to a subscription to "Socialist Commentary," which I read with an interest that quickly faded, because it was too far to the left. We drifted apart, and he would have been disappointed in my conversion to capitalist materialism, to which I have always remained attached, although it is tinged with a liberal streak. I could never be an American Republican, as I believe they are not concerned with human or ecological rights, and would contaminate any water source, build on any land, cut down every tree, if that would yield a profit. Meanwhile they oppose an increase in the minimum wage, or health insurance for the poor. I would prefer that we had a version of a national health service, (even were I still an active physician,) if that were the only way to obtain health care for every American. It would need to be far more efficient and less bureaucratic than the Veterans' Administration. At present, over 43 million Americans do not have health insurance. Just to clarify my position, I must say that I greatly disliked the vindictive, destructive, doctrinaire, English socialists of the 1970's and 80's.

My Personal Arts Program. My self-education in music began with the orchestral form, especially Tchaikovsky, Beethoven, and Rimsky-Korsakov's "Scheherazade." Next came opera, "La Bohème," with Albanese as an unforgettable Mimi. Emil introduced me to Schumann's piano concertos. My personal, big discovery was the symphonies of Sibelius. He wrote 100 years after Beethoven, 50 years after Brahms, and his new sounds had made such a leap from the harmonies of the older classics, that we all were astounded and delighted. Mahler came to me much later.

Eddy and I joined the Dublin Gramophone Society, which met monthly in the upstairs room of Mitchell's restaurant in Grafton Street, which now sadly is a Burger King. Francis Kelly was the secretary/founder, an older civil servant, a decent, kindly, upright Dubliner. He and his son resembled a pair of older and younger James Joyces. One member would present an evening of music chosen from their collection, prefacing each piece with explanatory remarks, mostly taken from the notes on the album jacket. The selection depended on their taste and the breadth of their collection. Our cousinly programs were assembled from our joint resources. Those were the days of 10 and 12-inch short playing, (78 rpm,) records on breakable shellac, which was easily scratched. One record runs for only 3 or 4 minutes, after which you turn it over. During this time, the audience looked uncomfortably at their feet, avoiding eye contact, as in elevators. The gramophone's clockwork motor had to be rewound and the steel or wooden needle changed. You readers living in the 2000's, can you imagine listening to an opera occupying many sides, enjoying 4 minutes, then passing into suspended mental animation for at least 30 seconds, before the next emotional segment?

I wrote a huge and phony musical encyclopaedia. Phony because it was just a rehash of Percy Scholes' large work, now in two volumes, "The New Oxford Encyclopaedia of Music." Since I owned the book, it was stupid and a complete waste of many hours. I suppose I did it to show off, but surely no one thought I could know so much. It was idiotic. Where is it now?

I was always interested in books and in words. I bought the "Shorter OED," but my friends and I got more enjoyment from Eric Partridge's "Dictionary of Slang and Unconventional English," which is full of bawdy and mildly obscene items. Many purchases were from the Protestant "Society for the Propagation of Christian Knowledge." SPCK had a wide selection of non-religious books. My other sources were Hodges Figgis, and Fred Hanna, both on Nassau Street. Trinity had no bookshop or any other kind of store.

CHAPTER SEVENTEEN

THE CLINICAL YEARS

Writing Papers. For medical students there was a club, the Biological Association, otherwise known as The Bi, which met in the Graduates' Memorial Building. Anyone could arrange with the secretary to present a patient's case history and discuss it, or write a longer paper and be prepared to defend it. A faculty member presided to guide and instruct, so we learned how to handle ourselves on such occasions. Over the years I made two case presentations and read three papers, some of which won medals. There was a rather humdrum one on vitamins, a subject chosen because there were still new vitamins being discovered. I really enjoyed preparing my second one, "Sleep and Dreams," because it mingled psychiatry with the physiology of the brain. For a third paper, "Venereal Diseases in Ireland." I wrote to the English Public Health Association for their educational pamphlets that were addressed to the public. Irish Customs confiscated the entire shipment, doubtless on the grounds that protective contraceptive items were advocated.

My most important paper was "Wanted—A Gale In The Night Revolution." I don't think anyone noticed my pun on Nightingale. I made a huge effort for this one. I had always been sympathetic to nurses, who worked twelve-hour shifts and had to live in Nurses' Homes under rigid rules. I interviewed nurses in ten teaching hospitals, charted their duties, pay, time off, and so on. I invited the national newspapers, and visited Eleanor Grogan, chief of the Irish Nurses' Organisation. She provided much extra information and attended the meeting.

It was a great success. The papers reported it well, and I received a summons to attend the office of the Master of the Rotunda Hospital, Nigel Faulkner, who was also the Prof of Ob-Gyn. He did not want to congratulate me on the meeting, but rather wished to say, "It's lucky you have already passed your Ob-Gyn finals, because otherwise you never would have." I did not open any discussion of the matter, but saw that the raw use of his power had been thwarted and that I had slipped through his vengeful fingers. I guess he was a die-hard conservative who wanted no changes. I never heard whether my efforts benefitted the nurses. I kept no newspaper cuttings.

Time Off Alone. As in Croydon, I loved the countryside. Not far from home, the River Dodder runs through Rathfarnham, descending from the mountains. Usually placid, brown and shallow, after heavy rain it becomes a deep, turbulent torrent of spilled, foamy, chocolate milk shake, which I would watch for ages. South of Rathfarnham begin the foothills of the Dublin Mountains. A country road took a winding course almost to the top. Even from half way up, there is a magnificent view of the whole of the bay, with the city, Kingstown and Howth making a semicircle around it. The fresh, cool air was clear and hid nothing. Only sheep and goats kept you company. I use past tense because a concrete road replaces my lovely old country road. It now serves a housing estate that stretches half way up the mountain, and citifies it. Turn your back to ugly urbanisation, and the view is still there, but the peace has gone. Imagine how much lovely countryside and forest have been buried and uprooted all over the world to accommodate populations that grew from hundreds to millions.

Speaking of *Population*, in my boyhood, we knew proudly that Greater London's eight million people made it the largest city in the world, followed by New York. Things have changed mightily. In Nov. 2002, the National Geographic discussed the worldwide Urban Explosion. By 2015, there will be 21 cities housing more than ten million people, and 37 having between 5 and 10 million. "This growth will occur mainly in developing countries, those least equipped to provide transportation, housing, water and sewers. Asia and Africa, now more than two thirds rural, will be half urban by 2025. Never have urban populations expanded so fast." Tokyo will be at the top with 27.2 million. The leaders in the West, in millions, will be Sao Paulo (21), Mexico City (20), New York (18), Los Angeles (15), Buenos Aires (13), Rio (12), Paris (10), London (8) It's best, in this field, not to be the winner.

During my solitary wanderings in the mountains, I fancied an impressive title for myself, "Baron Millard, Earl of Rathfarnham, and Lord of the Township of Terenure."

The various College arts and athletic clubs placed weekly announcements to their members on the walls of the main entrance from College Green. A memorable one from the secretary of the Boat Club warned members not to drink or have sex for three days prior to a race.

In my final years, I stopped running. My exercise was to cycle all over Dublin, to visit friends, to attend lectures and clinics, and to go to and from home. In rainy weather it could be perilous, either because it was easy to skid on wet cobblestones, or because a bicycle wheel could slip into a tramline. That meant a nasty fall, but I was never run over by following traffic. I never saw Eddy or Muff on bikes, and I presume they didn't fly.

The Medical Faculty. The following sections are history, with no bearing on today's school. More than 60 years have passed, and the educational system has been totally changed. Hospitals have been closed or merged, and a large teaching hospital and medical school have been built in Tallaght, on the north side of the city.

We had no full time clinical faculty. Each man, (no women, except, later, in Paediatrics) was in private practise, and donated his time generously to teaching. Each field had its appointed Professor who drew a teaching team from the best doctors in the city. Each clinician attended one teaching hospital, where he had both private and ward patients. Only the latter were used for teaching students. My hospital was Sir Patrick Dun's, named after a man who left a bequest to establish medical "King's Professorships," in 1713. Most of the hospitals had only 100 to 150 beds, with long wards for two rows of ten patients facing each other. There were also a few rooms for one or two private, or for very ill patients. This may be similar to older National Health Service hospitals today. (I repeatedly tell you I'm out of touch.) Sister might have a little office, beside a small kitchen, but the nurses used a table in the center of the stretched-out, rectangular ward. Screens could be wheeled around a bed to give temporary privacy for a patient. Intensive care wards had not been thought of, and there were no piped-in medical gases. One phone for Sister's office, no phones for patients. A few pay phones were available in the front entrance hall. Radio headphones were provided for patients in some hospitals.

Nurses gave excellent care. They kept the bedclothes comfortable, chatted with patients, rubbed sore backs, discussed patients' conditions with relatives, helped doctors carry out simple procedures and knew every detail of their charges' situation. The almoner arranged for care after discharge. All the things that are unfortunately missing from today's American patient care, were performed. I hope they still are in Britain, but I have doubts. Caring in the USA is now often in the hands of unskilled personnel. In Britain, it is given by warm-hearted Jamaicans. Graduate nurses can advance their careers only by training to be paper-work administrators, or nurse-medical-assistants, who perform many medical duties.

Medical records were on clipboards hanging from the foot of the bed, and it was understood that patients would not read them. In them, nurses recorded temperature, pulse and breathing rate several times a day, a generally unnecessary task. Blood pressures were taken by house doctors.

Relations between nurses and students or residents could be very friendly. I noticed that this might lead to a young doctor who asked a nurse to do something, being told to do it himself.

Patients were expected to settle down to sleep at 9 PM. Before the day staff left, they had to remove all flowers and plants, because of the supposed hazard of noxious carbon dioxide given off by plants during the night. No one worried about similar risks in their own homes.

Students signed up to follow a clinician for a month, but could tag on to a star performer's team in another hospital for a morning, if they wished. The choice was sometimes based upon a man's wit or individuality. All out-patient clinics were open to students. The clinician initialled a card printed with the days for one month, to certify your attendance. It had to be handed into the med. school office and exchanged for a new one. There was no difficulty in getting a younger clinician to sign a whole block of days if you had missed them.

Every physician attended one afternoon out-patient session per week, and daily there were several simultaneous clinics. An Out Patient Sister was in charge of the large hall where patients sat on wooden benches, facing the door of the clinician they were waiting to see. Afterwards they went to the Pharmacy, and if necessary, to the Lady Almoner's staff, a nice old name for Social Workers, people who once distributed alms, from which is derived the Greek adjective, "eleemosynary," meaning, "giving alms."

A student entered whichever clinician's room he fancied. I doubt if anyone chose Ear, Nose and Throat, as a result of which they knew nothing about it. Nevertheless, I was given such a clinic to run, when I went as a registrar to Chesterfield, where I found I rather liked ENT. At Dun's I enjoyed what was thought to be an odd choice, the Eye Clinic. I was Louis Werner's sole student. He was a charming gentleman who took me on his ward rounds. Because of him, I bought my own ophthalmoscope, an unusual item for a student to carry. How many students today could say their attending was a gentleman? Dermatology was not bad, marked by the quirky personality of John Lait, who treated skin diseases as best he could, in a field where few specific remedies existed. He had no antibiotics or steroids. His salves, his white zinc ointment, his pink calamine lotion, and his all-staining gentian violet, mostly soothed rather cured. He was proud of his self-styled Lait's grip, in which he took hold of the back of the neck to palpate any of the enlarged lymph nodes that were a sign of lice in the hair. Skin disease are still rather recalcitrant.

The clinics had a blend of old and new patients. We read the charts, took notes and histories, watched how the expert derived clues, and heard his proposed approach.

There was never a crowd of students, so it wasn't too bad for the patients. The opposite was the case in the out-patient clinics at the maternity hospitals, the Rotunda, the Coombe and Holles Street. Women were expected to allow students to practise pelvic exams one after the other in order to establish the state of their pregnancy. It was so degrading to the women, who were the poorest of the poor, especially in the Coombe, which is the area of one of the worst slums. Many students did not even speak to the women, or to ask permission to examine them. I complained decades later of the callousness of some American doctors toward patients, forgetting that what I had seen in Dublin was a kind of rape. During our ward rounds, our Trinity faculty talked to us over their patients' heads, as if they were dolls, or already dead.

Jackie Wallace was an excellent clinician and teacher, with a double forte in cardiology and forensic medicine. His powerful speech was punctuated by frequent clearing of the throat as he paced to and fro, rolling his eyes to heaven in emphasis, declaiming with clarity and humor. Sometimes he wore plus fours, which even then were becoming passé. He was interested in performing autopsies, then not often done. He told us of a butcher's wife, whose husband Jackie had autopsied. Finding the liver interesting, he kept it for study. She called on Jackie to ask him what he had done with the liver. She had re-opened her husband to check that everything was there.

In contrast to Jackie, RH Micks was a somber medical consultant who spoke with a dull, slobbering speech. He had a long, thin, ever-running nose that he continually dabbed clumsily with a wrinkled handkerchief. Many students did not like to be with him. Yet he was a good teacher and had written a superb, simple textbook of therapeutics. He taught me to perform artificial pneumothorax on his patients with pulmonary tuberculosis. This is the procedure of periodically putting air into the chest on the side of the diseased lung so as to collapse it. One hoped that keeping it collapsed would promote healing. We had no anti-tuberculosis drugs. Micks taught me a lot about physical examination.

Our out-patient department had a small side room for doing simple lab tests. I opened the door one day to find Micks peeing into the sink. He covered his embarrassment by saying, "that's the sign of a good scientist." He was a good enough physician for me to send Dad to, when he developed stomach problems. He did not make the correct diagnosis of stomach cancer. Since it was, and is, virtually untreatable, I bore him no grudge.

At Baggot Street Hospital, Alfie Parsons was the star, because his ward rounds were so entertaining. He was nearly ninety year old, spry and witty. He could lead you down the garden path to make an incorrect diagnosis, then show you where you went wrong. While demonstrating a diabetic patient, he dipped his finger in a sample of the patient's urine, and then tasted it to recognize that it was sweet. He encouraged a couple of students to do the same. They demurred, and I forget if they eventually complied. Then, Alfie attacked their poor powers of observation. He had dipped one finger, but tasted another. Another time, he demonstrated a patient with defective reflexes and movements in one eye. Having a wisp of cotton wool pressed against its cornea did not irritate the patient. We suggested sensory loss, perhaps as a sign of syphilis. Alfie upbraided us for not having noticed that the man had a glass eye.

How this worthy ancient's energy contrasts with that of some of his predecessors. To quote McDowell and Webb, "Humphrey Sibthorpe, Professor of Botany at Oxford from 1748 till 1784, is believed to have delivered only a single lecture, and John Martyn, his Cambridge colleague, though he lectured for the first year after his appointment, lapsed in 1734 into a silence which lasted

till his retirement in 1762.” WAD Anderson, lectured to students only once or twice a year after his appointment as Professor of Pathology at the University of Miami in 1953. All he could do was to read verbatim from his “Synopsis,” which he had brought to the lectern. He had created this little book by distilling the wisdom of the 30 or so experts who had produced chapters for the two-volume “Big Andy.” To this he had contributed little except editing skill. From the reputation that this book falsely earned him, he could travel the world at the expense of learned bodies. His Miami residents joked that they should set up a fund to pay him to be their visiting lecturer. He never issued a pathology report on any patient at Jackson Memorial Hospital, and was the butt of sly remarks from his fellow faculty Chairmen. He sat in his chair and was paid just for that. I once entered his room unannounced, and found him with his feet on the desk, apparently enjoying reading the phone book.

To return to my Dublin student training. Certain subjects were not taught, and there was no encouragement to study them. There were no specific lectures or exams in ENT, ophthalmology, venereology, or dermatology. I don’t know if any medical student to this day is taught to treat the common disorders of mankind, such as chronic nasal sinusitis, chronic bronchitis, hemorrhoids or indigestion, not to mention the management of severe pain in the dying. In the last instance, many doctors believe they should not give large frequent doses of painkillers (as would be done in Hospices) because of the chance of the patient becoming addicted. First of all, such treatment rarely leads to addiction. If it did, it doesn’t matter in a dying patient. Second, it’s not the doctor or nurse who feels the pain. Third, staff must know that it’s important to give the next dose before the pain returns. Fourth, the doctor had better make sure that the nurse isn’t secretly delaying or omitting the dose for her “ethical” reasons.

Another field neglected then was Casualty, the emergency treatment of simple problems. I used to attend this department in my free time as a student. I became proficient (under an expert’s eyes), at setting, and plastering, simple fractures or dislocations, incising breast abscesses in lactating women, or in passing urethral sounds in men with urinary obstruction caused by gonococcal strictures. I also gave general anesthesia while the qualified Casualty Officer did more complicated procedures. This experience was voluntary and unofficial, yet had fantastic clinical value. For a while, Casualty was the work I wanted to do after graduating because it is so gratifying, dramatic, and has instant impact. The white-haired Scottish OP Sister, Kitty Mary Drury, had great clinical knowledge, and had a kind way of warning us if we were about to make a mistake that might harm the impoverished people who depended on us. I remember a little four-year-old boy with an injured finger that I hurt by touching it. “Fuck you,” he said, looking me straight in the eye. A woman complained to me about “the bloody nuns” who had been so unkind to her at a Catholic hospital. Nuns can be saints or devils, as I found in London, and so can the rest of us. In Dublin there was an order named “The Little Sisters of the Poor” which someone amended to, “Little Twisters of the Poor.” As a further example of nuns’ lack of feeling, I mention a large gloomy building off the Harold’s Cross Road in Dublin, which had its name in iron letters curving over the double-gated entrance, informing all entering sick persons that it was the “Hospice For The Dying.” I hope it has been removed. The name, Royal Cancer Hospital in London was changed to the Royal Marsden.

A couple of surgeons (why not internists?) ran a nightly VD clinic for men, at my hospital. I worked at it for a stipend, mainly sterilizing needles and syringes by boiling. Such clinics were notorious for a rather high rate of hepatitis, thought to be a chemical one, caused by the injected arsenical drug. Years later, viral hepatitis, transmitted from patient to patient by insufficiently sterilized equipment, was given most of the blame. The surgeons were always telling me to hurry up with the sterilizing.

Two interesting courses were Mental Diseases, and Fevers (Infectious Diseases). Larger British towns used to have a fever hospital for the isolation and treatment of persons with infectious (communicable) diseases such as typhoid, and they were always on standby for smallpox. Each patient had their own room, and we were taught about fumigation and isolation. Precautions were so strict, that, in our Dublin hospital, if a nurse caught the disease from her patient, after she got better, she was punished by having her days off cancelled for a while.

The mental hospital was called Grangegorman after a nearby small town. Attendance was compulsory for a certain number of ward rounds, given by the smoothly elegant Superintendent, Dr. Moore, the best-dressed physician in Dublin. I hated going there. Trauma to the mind upset me more than any bodily trauma. It was the most gruesome part of my training. (Grue is Scandinavian, meaning to shudder.) To see those grimacing, howling, sly, leering faces dancing around us was

horrifying. They had lost the attributes of humanity, even worse than the menacing stage of advanced drunkenness. Statue-like catatonic schizophrenics were, by contrast, just depressing. The Superintendent enjoyed bringing out a schizophrenic who had been a medical student. At that time, not even electro-convulsive shock was available, nor was there effective therapy for tertiary syphilis of the brain. The extra-ordinary stories (confabulation) invented by syphilitics, provided the only light-hearted moments of our visits. The calm indifference of the Superintendent laid a final pall on our visits. Were we in a snake pit?

I must tell about Harry, the Head Porter at Dun's. He stood at a tall desk just inside the Hospital's front door. He received messages, noted who was entering and asked them their business. He was like a commissionaire in a London hotel or any large building. His knowledge of hospital goings on was profound. Dressed in a vaguely military, navy blue uniform with brass buttons, our man of power reigned over the ordinary porters with a cheerful, debonair, good-humored self-assurance. These are good types of people to have in an institution. The Matrons of those times were remote, tended to be grim, and seemed to wield the power over junior doctors and nurses that absolute monarchs once held over their subjects. I suppose that neither they, nor Head Porters, have survived in that new world of hospitals, the health care "industry."

Tall railings, with a double iron gate that was shut at night, closed off the hospital and its forecourt where consultants parked. To enter at night you had to pull a bell chain on the sidewalk. It rang in the lobby. The night porter would walk down to interview the would-be entrant. Once, about 4 AM, he turned away a man who said he was just passing, and wondered if someone could give him something for his falling hair.

We had no Emergency Room for major trauma, but patients with conditions such as acute appendicitis were admitted at all hours. This was exciting for students who were hanging around, because they could examine the patient and assist in the OR. Senior students were attached, like residents, to one physician or surgeon. They lived, at no charge, in very simple hospital quarters on the floor above the main entrance. Meals were delivered to a day room that had a radio and record player. Here people got drunk on beer and sherry, a mixture that made them rowdy and objectionable. It was my first exposure to the widespread manly culture that holds it to be fun to get plastered, even to unconsciousness. Late on party nights, they might go storming through the halls, waking the patients. It was like a wild night in a pukka British Officers' mess. Next day, nothing was said to the miscreants, not even, "don't do it again." The disturbed patients probably turned over in bed, saying, "Oh. Them young doctors."

During the war, "summer time" (putting the clock forward one hour) was maintained all year round, to save electricity by prolonging daylight till later in the evening. Another effect was that, in December in Dublin and northern Scotland, the sun did not rise till about 9 AM. Late one night we all went to the bathroom, pretending to shave. Someone woke a guy to tell him his consultant was downstairs, waiting to start rounds. He rushed to shave and dress, and we all went to bed.

All over Britain, Nurses worked twelve-hour shifts, changing over at eight o'clock. Each ward was rigidly controlled by a Sister, a term lingering from the days when nurses were nuns. Sister was an older, usually unmarried, highly experienced woman. She would accompany a consultant on his rounds of her territory. She informed him of his patients' progress, took his orders, and on surgical floors, removed sutures and changed dressings. She was queen of her realm, in tight control. Her right hand was the Staff Nurse, who was like a sergeant major to the colonel. All other nurses were at the periphery, and student nurses stood even further back. Nurses' uniforms and caps differed according to their rank but also varied according to the style chosen by the training hospital from which they had graduated. There were endless ways to create a unique style for a starched, white nursing cap, but you may never see one today. This is similar to the loss of distinctive uniforms, and even names, in British and American military units.

At night, each ward had one nurse, and the hospital was under the control of Night Sister. Over all the nurses reigned the Matron, who made her daily rounds of the whole hospital in her administrative role. Respect, obedience and cleanliness were taken for granted. The Nurses' Home was under the control of Home Sister and Sister Tutor, the latter controlling education of student nurses. None of the nurses were married, and no male visitors were permitted in the Home. There was a curfew hour by which time a nurse, on an evening out, had to return. Once or twice a year, a dance, (called a "hop" in Ireland,) was held in the decorated OP Hall. They were always a lot of fun, with live music that must have echoed through the hospital.

At night, students visited a favorite night nurse after her patients had settled down. If she had time, she would cook us eggs and bacon in the ward kitchen. In the later hours, the nurse sat at the central ward desk, with a shielded light. The nurses were constantly on the look out for the roaming Night Sister, Alacoque Lynch, (pronounced Allaco, but she was called “The Cock” by the nurses). If she found a student in the Kitchen, she uttered an imperious staccato in her Cork accent, “What are ye doin’ here? Be off with you,” and her eyes shot a dart at the nurse. But I don’t think she made trouble for the girl. This short dumpy woman was the aunt of Salome Hussey, mentioned above.

Nothing like this could have happened in a hospital run by nuns, harmless though it was. I’ll return to Catholic Hospitals when I go back to London in 1944. My fellow students had favorite nurses. I mentioned Brigid and Eleanor on p 837. Another I liked was Pat Humphries, a maternity nurse at the Rotunda, whom I took out often. She was a young widow whose husband was lost when his Royal Navy ship was sunk off Crete. I visited her small, hometown in County Cork, where we had an entertaining dinner at her priest’s house. I asked him what was the distant moaning noise I had heard all day, and which was then continuing. He told me it was a cow in obstructed labour, and which had created a small crater in the ground from its pitiful, endless, useless struggles. Its owner was waiting for it to die. I had my first experience of the callousness of some country people toward their animals.

The End of The Road. I shan’t write much more about medical studies. I cannot omit the weird Professor of Surgery, Willie Pearson. This was a cold fish, prodigiously neat in his person, pompous, haughty and imperious. McDowell and Webb note that he was authoritarian and disliked criticism of those in authority. “He forfeited the respect of his students by his extreme partiality as an examiner. If you were a Corkman, a rugby player or the son of a freemason, then your prospects were good, but if you had other affiliations or too heavily pigmented a skin, you needed to know your surgery very well indeed.” He was said to be a good surgeon, but he would accept only one answer to his question, his way. His blackboard notes or drawings could not be touched. He wrote on the board, “do not erase,” although his next lecture might not be for some days. Perhaps they provided other lecturers with another board. His juniors adopted “Pearson Speak,” which was using obsequious, praising platitudes.

Two other surgeons were Seymour Heatley, a small, dark and handsome man, who was always bumming cigarettes off students, and Freddy Gill, a small-minded, Northern bigot who enjoyed screaming at innocent underlings while he operated. It was ironic that the person at whom his yelling was most often directed was named Mr. Woolhead. He was the OR porter, and consequently helplessly at the bottom of the heap. Both these surgeons were pretty good teachers. When cutting into a patient, Gill liked to utter, “I wish it was Hitler.”

In the field of Ob-Gyn, we had two good teachers. One was Prof. O’Donel Browne, a handsome giant with a wide grin, who seemed to be eternally sun-tanned. When wartime shortages curtailed petrol supplies, even for doctors, car engines were adapted to run on coal gas. A huge cuboidal canvas bag was mounted on the car roof, and you went to what was truly a gas station to have it filled. A pipe fed the gas into the engine. O’Donel was arrested for pretending to drive on the gas when he was actually running on black market petrol. What a way for a student to remember his mentor.

The other teacher was Raymond Cross, Assistant Master of the Rotunda, a Corkman with an accent that was almost a caricature. We were allowed to perform normal deliveries, but never to employ forceps, used only by senior staff who probably kept in mind maintaining their excellent annual statistics more than considering patients’ welfare. Midwives stood by us in the Labour Room, issuing the customary encouragement to the mother, (“Take a deep breath—Push—Harder”), while keeping a close eye to see that we did not cause a perineal tear. A special memory from the Rotunda is of watching a nurse taking a patient’s pulse. She did not have a watch, and I saw she was looking out the window at a distant clock, trying to gauge when the big hand had passed one minute (“Min yoot”, they say it in Dublin).

I never saw a Caesarian section. We had a compulsory month of full time residence in the Rotunda. Apart from receiving good instruction in midwifery, we were divided into small teams that took a 24-hour on-call rotation to perform home deliveries “in the district.” A loud bell would ring in the students’ corridor. This meant we had to rush on foot into a dark, filthy, smelly slum to deliver a woman who already had borne many children. It wasn’t like the movies with one of us

calling for lots of hot water. A midwife stood by. They were easy cases, but it was necessary to ensure that the baby was not delivered so quickly that it or the mother, was hurt. We were taught how to baptise the baby if it was dead----“in the name of the Father and the Son and the Holy Ghost, I baptise thee, etc.” Delivery was carried out in the family bedroom, from which we were continually shooping the children and pets. Once I caught the cat eating the placenta.

Final Year

Final exams in Medicine, Surgery and Ob-Gyn had essay type papers, plus oral exams by a board of Professors. Perhaps the hardest part was the Clinical, which was in the literal Greek sense, “klinos,” meaning “at the bedside.” You were assigned patients in hospital beds whom you were to question, examine, and diagnose, giving the suggested treatment to the examiner who was standing discretely behind you. Generally, there was a minor and a major case. Some patients had been through this several times, and had been invited to participate, doubtless for a small fee. They knew what was going on, and being friendly Dubliners, might whisper helpfully to you, “big spleen, Doctor,” or “diabetes,” or “heart murmur.”

I passed all my exams at the first attempt, doing best of all in Ob-Gyn, which I did not intend to pursue. I graduated in June, 1944, with the degrees, MB, B.Ch., BAO, (which stands for Medicinæ Baccalaureus, Baccalaureus in Chirurgia, Baccalaureus in Arte Obstetricæ). Remember that in Britain the graduating degree is MB or, in some schools, BM. The MD is an optional postgraduate degree in the British Isles, earned later on by writing and defending a thesis, and by passing further oral and clinical exams.

The preceding 110 pages constitute the document which had the working title, “Memoirs Part One.” I simultaneously worked on “Memoirs Part Two,” and also “The Appendix.”

Parts One and Two were later combined into one book, “Memoirs of the Life and Times of Family Millard”

If you are looking for “Appendix” in my computer, it is there, labelled “The Jews.” This is because I thought that the Jews were all I would write about. I changed my mind, until, in 2003, following Jyl’s suggestion, I expanded the “Appendix,” (“The Jews,”), into a separate book called, “Concerning Our Universe, Our Earth, and Man.”

The first 107 pages you have just read were finished on May 4, 2007.

Continue on to page 111.