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### THE MEDICAL HISTORY OF DERRY AND LONDONDERRY

I have chosen as my subject for this address—The Medical History of Derry and Londonderry. My chief reason for doing this is that the present year has been something of an “annus mirabilis” in the life of that city as it has seen the opening of the new general hospital built from the ground on a new site at Altnagelvin and also the putting into service of new blocks and annexes for the care and treatment of the mentally afflicted at Gransha.

I feel that such an occasion should, not go unmarked, particularly as I am a Derry man myself. I can assure you that the citizens of Derry all feel very proud of this magnificent new hospital and everybody feels highly honoured and very grateful that it should have been built in Londonderry. It would need a more eloquent tongue than mine to express fully our appreciation and thanks but I will make amends to one class of people who have never yet been thanked by name and that is the British Taxpayer who has been the “fons et origo” of the whole venture. Speaking as the senior member of the Medical Staff at Altnagelvin Hospital, I can answer for the loyalty and efficiency of all its officers, and I feel that by their enthusiasm this hospital has been most successfully launched on its destined career, and let us pray that this will be a long and distinguished one in the service of the community.

Just in passing it is worth recording that by an odd coincidence St. Columb's Cathedral was the first to be built in the British Isles after the Reformation and Altnagelvin is the first major hospital to be built since the passing of the National Health Act in 1947.

I think the medical history of Londonderry falls naturally into four well-defined chapters, viz.:

- (1) Early history leading up to the Siege (A.D. 1688-89).
- (2) From A.D. 1700 to the Great Famine of A.D. 1846 to 1850.
- (3) From A.D. 1860 to 1900.
- (4) The present century.

Dealing first of all with the early history of Derry, as it then was called. Geography teaches us that the site of a town is, to a large extent, pre-determined by the physical features of the countryside in which, sooner or later, it comes into being. Thus with Derry situated as it is, as the nodal point of several valleys stretching far into a hinterland to the North, South, East, and West of the town, and on the banks of a broad and navigable river down to the sea, which makes it also of great strategic importance from a military point of view. It is due to these factors that most, not only of the triumphs, but also the trials and tribulations of the town came about. The role that Derry played in the last war has not, for security reasons, even yet been fully delineated but as the furthest West guardian of the Western Approaches it was most important.

Derry makes its bow to recorded history in the year A.D. 546, that is over 1,400 years ago, but long before that, for the reasons mentioned above, there must have been some sort of settlement on the same site. However, in the year A.D. 546 St. Columb came and founded a monastery in Derry. It can be presumed that once this monastery was established there would be some sort of medical service for the community at large. After all these monks had some degree of education and many of them, surprising as it may seem, were much travelled men going on pilgrimages and so forth. It was the custom in other such communities for the monks and nuns to do what little they could to alleviate sickness and distress and under such an enlightened leader as St. Columb was, you may be sure that there was a succession of Brother St. Lukes to carry on the tradition. There was no hospital, however. Princess Macha of the Golden Locks has stolen the headlines in that respect. So far as one can gather this lady was no saint but nevertheless it seems to be well authenticated that she did actually found a hospital, the first in Ireland, for the treatment of the sick and wounded and it was a very nice gesture on the part of whoever thought up the idea to have her name perpetuated in bronze at the first of the new hospitals to be built in Northern Ireland at Londonderry. In the story that the statue tells, tribute must also be paid to the sculptor for conceiving the idea of putting a dove perched on the left forearm of the figure which surely must symbolise St. Columb himself, who is known as the “Dove of the Church,” by reason of his missionary zeal and

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prowess. Having established his monastery in Derry in A.D. 546 he sailed to Iona with twelve disciples in the year A.D. 563 for the purpose of “preaching Christianity to the northern Piets, who were still in a state of paganism and for the better instruction of his countrymen who were settled in Argyle and other adjacent tracts.”

It is a long, long cry from A.D. 546 to 1960, more than fourteen centuries in fact since Derry first came on the map, and whilst it was never a large town nevertheless by virtue of its history it has a claim to greatness and I have found it to be a most fascinating task going into its history. Being a centre of strategic importance has not been an unmixed blessing and down through the centuries this is evidenced by the number of times the town was burned and looted by raiding Danes and Norsemen by whom Ireland was first infested in A.D. 795. All of these seem to have been plundering raids and no attempt seems to have been made to gain more than a temporary foothold in this part of Ireland, as they did around Dublin.

From about A.D. 1150 onwards a different sort of invader came to Ireland, an invader that intended to stay and in fact did stay, and with the help of their English compatriots have stayed ever since. First of all there were the Norman knights and their men at arms in isolated forays, but by A.D. 1300 there were several settlements in Ulster and in fact all over Ireland. To this day there are streets in Derry named after the De Burghs, the De Moleyns and the De Courcys. By Tudor times in the early part of the sixteenth century the whole of Ireland was held in a fitful and uneasy state of suzerainty to the English Crown. The rebellion of Shane O'Neill – the Earl of Tyrone – gave the first occasion for the presence of an English garrison in Derry in A.D. 1566, but this remained for only a few years. This project was not forgotten by Queen Elizabeth the First and her government, and the failure of the Earl of Essex to hold the town was one of the chief articles of complaint in his indictment. “How often,” writes the Queen to him, “have you resolved us that until Lough Foyle and Ballyshannon were planted there could be no hope of doing service against the capital rebels.”

Eventually an expeditionary force was organized and the very first mention of a hospital is contained in a manuscript entitled “A narration of the Services done by the Army employed to Lough Foyle under the leading of me, Sir Henry Docwra, Knight,” etc. In reciting the stores given to him he goes on, “The provisions wee carried with us at first were a quantitie of deal boards and spars of firr timber, a 100 flock beds with other necessaries to furnish an

hospitall withall.” After giving an account of his stewardship in other directions he states that “he did as he was tould” (sic “*tould*”). So speaks this honest old Elizabethan soldier. Incidentally this is a good example of the persistence throughout Ulster of the Elizabethan manner of speech. This sort of pronunciation is still common tongue and anybody wishing to knock it out of their children have to begin at a precious early age in their lives to make a success of it.

There is a map dated A.D. 1600 showing the site of this hospital. It was outside the ramparts of the town and, judging by its position, probably was some sort of an isolation hospital because by that time the English settlers were familiar with various epidemics of plague and so on.

The life of this hospital was short because in A.D. 1607 it shared the fate of the rest of Derry in being razed and burned to the ground by Sir Cahir O'Doherty in his revolt against the Crown. This act of vengeance led to the confiscation of vast areas of land in Ulster and eventually the Plantation by English and Scottish settlers in the reign of James the First. In A.D. 1609 an agreement between the Lords of the Privy Council and the Corporation of London set up the Honourable the Irish Society and shortly afterwards it received the first charter of the City of Londonderry as it was thence afterwards named. One of their first concerns was to look to the defences of the new town they proposed to build and the gentleman who was asked to make a survey rejoiced in the name of Sir Basil Brooke, a direct ancestor of our present Prime Minister who was also Sir Basil Brooke. Eventually the walls were built at a cost of £8,357, and they are still there. Another name that must be mentioned is that of Matthias Springham, who was sent by the Irish Society as a sort of civil administrator but who is remembered more by the fact that he founded the Free School, later to become Foyle College.

During the whole of the seventeenth century England and the whole of Europe were ablaze with religious and dynastic wars. Ireland did not escape the general upheaval and during this time Londonderry survived no less than three sieges and was never taken, thus earning the title of the Maiden City. So far as medical history is concerned the only constructive step taken seems to have been the establishment of dispensaries by the Irish Society.

Any account of the medical history of Londonderry must take notice of the famous siege of 1689. The political or military history of this does not concern us, but just to keep the record straight those inside the walls were the Williamites and those

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outside the Jacobites. The only thing that does concern me is to give a very brief account of the sufferings of the besieged.

The main source of trouble was of course the overcrowding of the city by civilian refugees from all over the Province. Remember the walls were rather less than one mile in circumference and into this very limited space some 25,000 to 30,000 people were crammed in somehow or other, but of this number only some 8,000 souls survived. By any standards of human conflict that was a frightful holocaust – only one person in three surviving. The greatest trial of course was starvation and as a sequel to starvation pestilences of all kinds. The siege lasted for 105 days – that is to say the close investment of the town. There is no doubt that in the early days of the siege sufficient care was not taken to husband the resources of the commissariat but as week after week passed and the expectations of early relief faded away a strict rationing system was adopted and as time went on this became progressively more restricted. This must have been particularly galling as during July the citizens could see the relieving ships in Lough Foyle. In the interests of defence an attempt was made to allow the garrison troops a slightly better ration than that given to the civilians but by the first week of July, with the siege still four weeks to run, this was down to 1 pound of tallow and 2 ounces of meal per day. By the middle of June the civilian population were brought to the extremity of feeding upon anything they could lay their hands on such as horses that had died of starvation and even rats and mice, all of which had their price. There are many harrowing accounts extant of the sufferings of the besieged but time will only allow me to give one quotation. It is from the pen of one John Hunter of Maghera and reads, “I could not get a drink of clear water and suffered heavily from thirst and was so distressed by hunger that I could have eaten any vermin but could not get it. Yea there was nothing that was any kind of flesh or food that I would not have eaten if I had it. The famine was so great that many a man, woman and child died from want of food alone leaving aside the scores of hundreds that died from the plagues and pestilences that ravaged the city.” Holmes, one of the chroniclers of the siege, asserts that no child survived the siege at all.

How was all this vast emergency dealt with medically? The answer is that it was not dealt with at all. I have read scores of documents relating to the siege and can only find the names of three doctors, viz., Dr. Joseph Aicken, Dr. Herman and a Mr. Alexander Lindsay, and the latter was killed by a bomb

in the streets attending the wounded and that was quite early on in the siege.

It is not to be wondered at perhaps that medical men were so thin on the ground so to speak. There may have been and probably were some apothecaries of various degrees of skill and knowledge and even the so-called Chirurgeon Lindsay, who was killed, may have belonged to this group but they could not have been more than a few. It must be remembered that the renaissance of medicine was only just taking place. William Harvey died in 1657, Thomas Sydenham in 1689, the year of the siege, Malpighi died in 1694, and Von Leeuwenhoek, the inventor of the microscope, in 1724. All the great discoveries made by these men had to come before anything could be done in establishing medicine on a scientific basis and goodness knows that was slow enough in coming. The “School of Physick” in Trinity did not begin until circa A.D. 1720 and the School of Medicine in Queen’s University of Belfast was fated to gestate in the womb of time for a further century and a half or thereabouts.

Before leaving the siege it is worth recording that after it the city was uninhabitable for fully three years. After the bombardment the town had practically to be rebuilt and not only that but because of the corpses, which kept on being dug out of the cellars and yards, the stench of putrefaction was terrible in the extreme. Also there was a terrific plague of rats and sporadic epidemics of typhus fever kept adding fuel to the fire, because in the absence of any public health service the dead were left to bury the dead.

By the year A.D. 1700 things in general had become settled. The wars were over, the city had been rebuilt and trade began to recover. Gradually it became apparent that some sort of institutional treatment was necessary for the nursing of the sick and the care of the mentally afflicted. Now, interesting as it may be to trace the origins of hospitals and so on, I think it is necessary to reorientate our minds with regard to the function of such hospitals. They were really only for the very poor and destitute people of the community and being such as they were nobody decent, so to speak, would go into them; such people were nursed in their homes. However, everything has to have a beginning and so far as can be ascertained sometime about 1710 a Poor House and Infirmary was established on a site inside the walls where later there was a vegetable market and now a cinema. By 1750 this establishment had been gradually growing and in 1769 the sum of £150 was voted for its use by Parliament. In April,

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1790, there were 114 distressed people supported in it.

Now there comes on the scene a certain Wm. Patterson, M.D., who seems by all accounts to have been a man of erudition and character. He was born in Ramelton and came to practice in Derry in 1774. It was through the unwearied exertions of this man that the first stone of the new Infirmary was laid in 1791 and he was appointed its first surgeon. Dr. Patterson wrote quite extensively and submitted several treatises to the Royal Irish Academy, of which he was a member.

This building was found to be inadequate and it was decided to make a change and seek pastures new. The dispensary was hived off and the Infirmary rebuilt on the site of the present City and County Hospital in 1810, that is 150 years ago, at a cost of £9,104. 5s. 11d. There is a slight but rather significant difference between this and the £2½ million for Altnagelvin.

The management of the financial part of this venture is rather interesting. A fund was started in 1799 and from 1804 onwards levies were made off the City and the County of Londonderry at either the Lent or Summer Assizes amounting to about £1,400 per annum. As for the upkeep, the surgeon's yearly salary was £92. 6s. 1½d. and the Matron £14 per annum. The steward or secretary got £30 per annum. Nurses were paid £6 each per year, only 8s. more than that paid to female house servants at £5. 12s. each. The annual expenditure for medical and nursing staff amounted to £263. 16s. 1½d.

Income was received from a variety of sources, the principal being levies by the Grand Jury already referred to and also Parliamentary grants usually of £100 per annum. Then there were subscriptions and donations amounting to about £250 per year on the average. A very interesting source was fines on potheen stills at Petty Sessions courts. The best year for this was 1816 when these fines amounted to some £394. 10s. and the worst only £16. 3s. 6d. in 1831. The total income on the average was £1,000 and the expenditure the same. Any deficit was made up at the next Assizes. The average annual bill for medicines was about £60 and for provisions about £500 per annum. In 1835 some 470 patients were admitted, of which 315 were discharged cured and some 21 died – not bad figures at all.

There are lots of interesting old documents relating to this old hospital but time forbids mentioning them in detail. One, however, I will mention. This is a return of some sort with a classification of the diseases dealt with during the

year and one is surprised at the up-to-date look it has. There were two conditions mentioned, however, which quite defeated me for a long rime. One was designated "Sibbens" and the other "Cynanche." The first, Sibbens, was a disease formerly endemic in the Scottish Highlands and resembled Yaws. The other, Cynanche, was a disease affecting the upper respiratory tract and later on was very prevalent during the famine.

I am pleased to record that from the beginning, under the guidance of a Dr. Rogan, a good job of work appears to have been done. In 1827 a report addressed to the Marquis Wellesley the Lord Lieutenant of Ireland about this hospital by Elizabeth Fry and Joseph Gurney states that in point of cleanliness, comfort, and good order this Infirmary is the one which of all others in Ireland they would "mark as excellent."

This old institution, perhaps the oldest in the Province, added lustre to its fame during the 150 years of its existence on its present site and then, like the old soldier, it did not die but simply faded away across the river that has seen so much history, to Altnagelvin during February of this year of grace, A.D. 1960.

I for one, and I speak for many others, will always have a soft spot in my heart for the old "City and County," having been on its staff for thirty-three years.

Coming now to the care and treatment of the insane, which has been such a problem down through the ages. During the decade from 1820 to 1830 three asylums were built in the Province of Ulster, one in Belfast, one in Armagh, and one in Londonderry. The Derry house cost £25,678. 2s. 4d. The odd shillings and pence in these old bills of costs always amuse and fascinate me and I like quoting them in full. Right from the beginning this institution got off to a good start and seems always to have been fortunate in its Medical Superintendents, the first of which was a Dr. P. R. White. It invariably got a first-class report from the various inspectors who always seem to have taken their duties very seriously indeed. One such report in 1834 caught my eye particularly. "This asylum," it states, "maintains its rank amongst those already established in Ireland, for neatness, good order and economy, and manifests the success that invariably follows wise and humane treatment. Nothing could be more satisfactory than the inspection of the Londonderry Lunatic Asylum." Then comes a sentence which made me think that some of the recommendations we hear nowadays are perhaps not so much up to date as their authors imagine.



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Touching upon the shortage of accommodation, the report goes on: "The number of incurable cases remaining in the institution is an evil it would be very desirable to get rid of as they occupy the room and prevent the admission of recent cases where most hope exists of recovery; and thus should the malady be on the increase, would finally close these asylums against the curable cases. The intelligent medical officer of this institution in Derry suggests that a provincial asylum should be erected for incurables only and states the vast numbers still unprovided for as an unanswerable reason." The number of beds available at that time in the Derry House amounted to 190 and it was estimated there was need for 800 and that if nothing was done it meant that numbers of people who were not criminals would remain to languish in gaols.

During the eighteen-forties the Poor Law Workhouses and Infirmaries were built throughout Ireland. The history of these places is somewhat sordid, a few were fairly good, a lot were very indifferent but most of them were rank bad.

The dominant feature of the health of the community during the first half of the nineteenth century was yearly epidemics of one sort and another. Derry had its fair share of these. In 1832, for instance, there was an epidemic of Cholera Morbus claiming almost a thousand victims with two hundred deaths.

The year A.D. 1800 marks a turning point in Irish history. In 1801 the Act of Union was passed through the Parliaments both at Westminster and College Green in Dublin. The era of British suzerainty was over and now it became the United Kingdom of Great Britain and Ireland. Unfortunately although promised as a simultaneous measure an Act of Emancipation was not put on the Statute Book until 1823. During those 23 years seeds of frustration and hostility were sown which grew like rape and it cannot be gainsaid, militated against the harmonious development which the protagonists of the Act of Union, on both sides of the Irish Sea, envisaged. The ashes of the '98 rebellion smouldered on and leapt into active flame from time to time with the results we all deplore.

This is only, however, an historical landmark in my account of the Medical History of Londonderry and the only bearing it has on the medical history of the town is that, in common with the rest of Ireland, more money began to be made available for the building of infirmaries, hospitals, and asylums. During the first 45 years of the century we have seen the establishment of the Derry Infirmery, the Derry Asylum and the Union Workhouse and Infirmery. During these 45 years these three institutions seemed

to cope adequately enough with what came their way but it must be remembered that they only had to deal, as I have pointed out previously, with the lower strata of society. What then of the general practitioners of the town? I have not been able to uncover the names of any doctors or apothecaries practising in the city during this time but in Colbys Ordnance Survey I came across a list of medical periodical publications which were in 1834 distributed throughout the town. There were seven people taking the *Lancet*, nine Johnson's Medical Journal, seven the Dublin Medical Journal and four the Edinburgh Medical Journal, so there must have been some doctors taking an interest in their work. Also, quite by accident, I came across a copy of an old Almanack printed in Dublin in 1823 and, browsing through the pages of this, I found a list of the Fellows and Members of the Royal College of Surgeons in Ireland. One of the names was that of a Sir John Magennis, M.D., of Londonderry. There was an asterisk in front of his name. Looking up what this meant I found, as might be expected, that he was an obstetrician and gynaecologist.

I feel I must make a digression here. It does not concern Londonderry directly but I am certain it will please a lot of my listeners. By 1820 the population of Belfast was beginning to overhaul that of Derry – then of about 20,000 inhabitants each. The year 1815 saw the commencements of Frederick Street Hospital which was later to become so famous. Almost from the start of Frederick Street attempts were made to establish a Medical School. At first these were abortive but eventually in 1845 became an accomplished fact by the establishment of the Queen's College of Belfast. It is gratifying to realise that the first medical school to become established in the Province was opened in Belfast under the aegis of the Royal Belfast Academical Institution. Surely that is something to be proud of. I have never heard of any other school being the foster-parent of a Faculty of Medicine and it was to this Faculty which Queen's owed its first Professor of Midwifery, none other than the Dr. Wm. Burden, whose ghost had such an instructive walk with Professor Macafee not so long ago.

We come now to the greatest disaster that ever befell Ireland as a whole and from the effects of which she has not even yet fully recovered. The great Irish Famine started in A.D. 1845 and raged for three long desperate years until 1848, and remember that is only a little more than one hundred years ago. From one cause and another the population was reduced from eight million plus to four million minus. Under the strain of this catastrophe the hospital administration,

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such as it was, broke down completely. Even the gaols were full of dead and dying.

By 1843 the Poor Law Workhouses and Infirmaries had come into being, but as such they were only meant to deal with the chronic sick of the lower classes, the blind and the destitute people. Generally speaking, those who could not look after themselves and had nobody to look after them even in the most primitive manner. Private charities had done a great deal to alleviate distress amongst poor working people but there was still a large mass of penniless and destitute people just able to exist above the starvation line and no more, who were forced to seek relief. The conditions obtaining in these Poor Law Infirmaries were very primitive indeed. There was no nursing worth talking about and medical supervision was of the very sketchiest type.

The Derry House, as it came to be called, was no worse than any of the others; in fact it was better than most, but yet just as woefully inadequate as them all, and it broke down completely under the stresses and strains that were to come during that decade. By 1846 the first signs of serious trouble began to be manifest. Cases of typhus fever, relapsing fever, and all the rest of them began to pour in, in ever-increasing numbers. Nothing really was done or could be done for these unfortunate victims; they either died or got better and over 50 per cent. did die. Expedients such as temporary fever hospitals were employed but they were little better than open sheds and the conditions were truly appalling.

So far as Ulster was concerned actual famine conditions did not prevail in what are now the Six Counties of Northern Ireland, although there were black spots in the counties of Derry, Tyrone, Fermanagh, and North Antrim. Donegal, however, was one of the hardest hit areas in all Ireland and large areas of Monaghan and Cavan were not far behind.

In Derry, and the same remark applies to Belfast and other towns, the trouble was mainly what is called nowadays a refugee problem. The figures show that Derry bore the brunt of it due to its proximity to Donegal. The actual number of cases dealt with was about the same in Derry and Belfast, but Belfast being by this time twice the size of Derry had the better accommodation and, above all, the advantage of having two or three really outstanding physicians in their time and generation. One of these, a Dr. William Reid, was afterwards looked upon as one of the leading authorities on famine diseases. In both towns of course there were many cases of typhus fever, etc. This was not due to famine and starvation but simply to ignorance of the mode of the spread of the

diseases through infestation by lice. It took another sixty years before that fact was fully established and even then there were those that doubted its truth.

I have the advantage of having heard an eye-witness's account of these dreadful times. My grandfather died in 1915 at the ripe old age of 96, which means that he was born only three years after the Battle of Waterloo and was thus in his thirties when the Famine was at its worst. Some of his stories would have made the hair stand on your head. These were usually provoked when he saw somebody throwing away a crust of bread. One incident he related has always stuck in my memory. It referred to a journey he made in Donegal when in six miles he counted over thirty corpses by the wayside. There was not one single inhabited cottage, nor cow or sheep or ass to be seen; nothing but rats and you can imagine what their food was. A scene of utter desolation in a beautiful countryside.

Many causes have been assigned in the bringing about of this disaster but the ostensible reason was the failure for three years running of the potato crop due to a fungus disease known as the blight and potatoes were the staple diet of millions of people. This can be controlled by a solution of copper sulphate. This discovery was made by a Professor Millardet of Bordeaux, but it took forty years before it was anything like generally put into use. Incidentally this present year was a bad one for blight even with spraying.

The memory of the Famine lingers on to the present day and this is not to be wondered at because whole families were wiped out in the worst affected districts. Also there were sporadic outbreaks of the Famine fevers, particularly typhus, right up to the present century. The stained glass window in the library of this very building commemorates the heroism of Dr. Smith in dealing with a serious outbreak in Arranmore Island off the west coast of Donegal in which he himself lost his life as did his successor. I myself had a case in Derry as late as 1941, but this was something out of the ordinary as the vector was a cat picked up from a raft in the Atlantic at the sinking of the "Bismark" and landed in Londonderry by one of the destroyers taking part in the action. The case was a typical textbook case and she recovered.

Looking back on it, it is easy to see that having a few inadequately equipped and understaffed hospitals and infirmaries was not enough; something else was needed but that something else was very slow of coming along. During the seventeenth, eighteenth, and nineteenth centuries all sorts of discoveries had

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been made but they were made in isolation and were not put into use for years and years, because of stupid ignorant prejudices and jealousies. When this could happen amongst the colleagues of those who made the discoveries what chance was there of lay understanding. Think of what happened to Lister and Simpson and their attempts at reforms in their own spheres of clinical surgery and medicine, and that was late on in the nineteenth century. Is there any wonder at the passionate appeal made by William Harvey when he announced his great discovery of the circulation of the blood at his Lumleian lecture in 1616. After recapitulating the steps by which he had come to his conclusions he reached the dramatic moment in his lecture, so dramatic that his exact words must be quoted – “But what remains to be said upon the quantity and source of the blood which passes is of a character so novel and unheard of that I not only fear injury to myself from the envy of a few, but I tremble lest I have mankind at large for my enemies, so much doth wont and custom become second nature. Doctrine once sown strikes deeply its root and respect for authority influences all men. Still the die is cast and my trust is in my love of truth and in the candour of cultivated minds.”

The first “something else” I referred to was public health and the second “something else” was nursing. Both came about the same time during the second half of the nineteenth century.

The Public Health Act was passed in 1875 and I need not dilate upon its provisions. Suffice it to say that it represented the title deeds of a new partnership between medical men and the state, a partnership which inaugurated a new era in the history of preventive medicine and I suppose led on inevitably and inexorably to the National Health Act of 1948.

Anyone visiting a modern hospital would say that nurses were a “sine qua non” and how right they are. Good nursing is of primary importance both to the doctor and the patient and yet it is a surprising fact that there were no nurses of the type we now know before 1850. Prior to that there was, of course, always nursing of some sort but the efficiency of these depended very largely on the personality of the persons concerned. Some were quite good, some were perfectly awful, but I should think the general average was poor; certainly according to modern standards. The exposures of Florence Nightingale during the Crimean War did much to focus attention upon the paucity of the nursing services and eventually the whole thing was put on a proper basis. So far as the Derry Infirmary was concerned it was

not until 1869 that the first properly trained and registered nurse was installed – she was a pupil of Florence Nightingale herself.

No medical history of Londonderry would be complete without mention being made of its one and only specialist hospital dealing solely with ophthalmic diseases and later, of course, ear, nose, and throat cases. A Dr. Donaldson and a Dr. Hunter were the moving spirits in this adventure. A hospital was built in Bridge Street in 1894, later transferred to more commodious premises in the Northland Road, well known as the Eye, Ear, Nose and Throat Hospital, and now part of the new hospital at Altnagelvin.

Coming to the present century, 1900 marks the beginning of the vast acceleration which has since taken place. Seeds sown during the second medical renaissance now began to bear fruit. Pride of place so far as provincial districts are concerned must, I think, be given to a remarkable generation of county and districts surgeons which held sway right up to the advent of the National Health Service, that is through a span of fifty years or so. There was Tait of Downpatrick, Thompson of Omagh, Kidd of Enniskillen, to mention only a few, but all of them did a great service and exerted a great influence, not only in surgical practice but also in medicine, gynaecology, and obstetrics. They were all men of strong character and were rugged individualists. The Derry representative of this school was Galway Cooke, a most erudite and practical man who by sheer grit and determination overcame a most crippling physical disability and carried out his work with the greatest skill. He pretended to be very fierce, but in reality he was a most lovable man and a great gentleman. Some of these men were succeeded by others equally able such as Robb, Eaton, Alexander, Fleming, and Deans, again to mention a few, and I am glad to say some are still with us.

In other directions also a “new look” became apparent, not so much in the realms of pure medicine for the moment, but in such things as treatment of fever diseases. The latter indeed was quite a problem. In the nineties there were several severe epidemics of diphtheria with a high rate of mortality. However, anti-diphtheritic serum was to change all that.

The late Dr. William Rankin of Newtowncunningham used to tell a very good story about all this. At the height of one of these epidemics word went round that a supply of the new serum would be forthcoming and that all the doctors concerned were to assemble on Derry Quay on a certain date to await its arrival from Glasgow. All the doctors were there with their gigs and traps, their

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best ponies between the shafts and their carriage lamps all winking in the dusk. It must have been quite an exhilarating sight – much more romantic than a score or so of Austins, Fords, and Morrisies. Each doctor had his list ready and before midnight each suffering child had had its first dose of anti-serum. Then in his narrative there was always a dramatic pause. He would say, “gentlemen,” then another pregnant pause, and finally, “Do you know that in one week the mortality rate was reduced by half and in another week to nothing at all.”

In the early part of the present century there were two or three serious epidemics of typhoid fever and a particularly severe epidemic of diphtheria in 1941 which strained the existing accommodation to the utmost. The mortality rate kept creeping up and it became obvious that in certain cases the anti-serum treatment was breaking down. However, that was the last epidemic. Nowadays, thanks to prophylactic treatment, a case of diphtheria is a rarity. The last serious epidemic was poliomyelitis in 1954. Some 112 cases were admitted to the Fever Hospital. The pattern of mortality rate, etc., was much the same as in other countries. Perhaps we were lucky to have escaped so lightly, but it is a horrible disease to have to deal with, in whatever degree it occurs. Here again prophylaxis seems to have saved the day.

During the last war hospitals were set up in Derry both by the Royal Navy and the United States Navy to treat their own personnel but the City and County Hospital had to deal with several hundred merchant seamen of all nationalities who were casualties in the Battle of the Atlantic. When the war was over the Tuberculosis Authority took over the Royal Naval establishment and it became and still is known as St. Columb's Hospital for Chest Diseases and has carried out a most valuable service to the community.

It has been a most interesting experience to have witnessed the growth of the hospital services during the past thirty years, the demand for such always seeming to far outstrip the supply. The reason for this, to a very large extent, has been an economic one and has been greatly hastened by inflation. At first hospital services were only provided for the lower social strata but now all classes have to be catered for simply because with rising costs many forms of treatment are far beyond the means of quite wealthy people and in order to make them available to every person, rich and poor alike, it was inevitable that such could only be provided by the State itself, as the only corporate body with the necessary financial resources. It is extremely doubtful, even had there not been a second world war, that the old “pay your

way” system could have been sustained, but most certainly the second world war put paid to it; hence the National Health Service and all that it implies.

Turning now to the hospitals themselves. At the present moment Altnagelvin stands as the most modern general hospital with perhaps the best amenities in the British Isles, but remember Altnagelvin cost nearly three million pounds to build and equip. There are a few places like Belfast lucky enough to have a hospital such as the Royal Victoria, but remember the Royal is a comparatively modern structure and has been kept well up to date. Just look around the hospitals in the towns and cities of Great Britain, even in London itself, and you will find that for the most part they are old, semi-derelict buildings constructed mostly when British architecture had reached its lowest nadir. They have been renovated and restored with the greatest ingenuity and resource but there is a limit to all this and in many instances this limit has been reached and further expenditure would be uneconomic. This brings me back to my original point – what community, even of two or three million souls, could afford between 2½ and 3 million pounds, the price of Altnagelvin, without adding a crippling burden on their rates?

Now back to Londonderry again in conclusion. In 1938 the Board of Governors of the City and County Hospital, becoming more and more aware of the inadequacies of their hospital to meet the demands of the city and district it served, decided after anxious deliberation to build an obstetric wing and certain other additions, including a new surgical theatre and a children's ward. In 1939, by one means or another, some £45,000 was collected, but then came the war and that was that. During the war the position with regard to the City and County Hospital got worse and worse. However, the money was kept intact, and at the very first meeting of the Board of Governors after the war it was decided to put their original resolve into effect. The £45,000 was in hard cash and it was hoped to get sufficient credit to raise £100,000 or so in order to get going with their plans. Mr. Grant, the then reigning Minister of Health, received a deputation most sympathetically and you can judge of their surprise and delight when Mr. Grant announced that the Government in fact envisaged the building of a completely new General Hospital in Londonderry. That decision was taken in 1945 and the result was Altnagelvin in 1960.

It would be wearisome to attempt to go into any detail of the ups and downs attending the construction but it was worth it all and we were all very proud and happy when the first patient was



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admitted on 1st February, 1960. There was no flag waving or ceremonial. One day we were all working in the City and County and the next we were all working at Altnagelvin.

To end on a personal note. I have enjoyed my innings in Derry very much indeed. It has all been most interesting and if I had my life to live over again I would do the same thing again. When I set up practice in Londonderry in 1927 there were only four of us engaged in a specialist or consultant practice. Now there are twenty-four all told, including psychiatry. Each of them is busier now than I was for many a long day after I started, so where it is all going to lead I just don't know, but let us hope and pray that we do not revert to the pre-Listerian days of Hospital Fever.