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Coláiste na hOllscoile Corcaigh, Éire  
University College Cork, Ireland

# Medical Alumni

Newsletter 7

March/April 2009

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## Diary in Pictures

### Medical Alumni Scientific Conference 2008



Prof David Kerins, Dr Shiela O'Neill, Dr John Lineen,  
Dr Gillian Gibson



Dr Kevin Horgan, Dr Katy Keohane, Dr Joe Dillon



Dr James Griffith, Dr Jennifer Whyte



Dr Patrick O'Herlihy, Prof Liam Kirwin,  
Dr Rose Fennell, Dr Len Harty



Dr Norman Delanty, Dr Paula O'Leary,  
Dr William Cashman



Dr Brian Carey, Dr Sean Nugent



Dr Sinead McCarthy, Dr Will Fennell, Dr Tim McCarthy



Dr Rose Fennell, Dr Paule Cotter



# Introduction

**Welcome to the 7th Newsletter (now to be an annual publication). You will find enclosed an interesting mix of many of our graduates' personal experiences and contributions in Medicine and the Arts, in which we can all take great pride.**

I am sure all graduates will join in congratulating Prof Eamonn Quigley on his appointment as President of the World Gastroenterology Organisation and the American College of Gastroenterology (the first non American holder) and wish him well in his onerous responsibilities. Congratulations also to Dr Pixie McKenna on winning a BAFTA award in the Interactivity Category for "Embarrassing Bodies Online".

Sadly, at home we are all grieving at the untimely death of Joe O'Donnell, FRCS FACS MCh, who pioneered the development of vascular surgery and

clinical audit in Cork and UCC from his arrival in 1979 until his retirement in 2002. As a colleague he was without peer, never seeking accolades, always supportive. Outside of Medicine he was an outstanding family man and accomplished musician and artist. Our deepest sympathies are extended to Avril, Aishling, Gavan, Cara and Ryan.

We look forward to your feedback for future Newsletters. We encourage all graduates to forward their e-mail addresses to [r.hyland@ucc.ie](mailto:r.hyland@ucc.ie) as we would like to forward a quarterly update of activities in the UCC

Medical School. We would also encourage you to visit the UCC website, [www.ucc.ie](http://www.ucc.ie), which is updated daily.

You will see enclosed the planned programmes for the the annual homecoming meeting in Cork (September 18 [pm] and September 19 [am]) and North American Meeting in St John's, Newfoundland (August 25 – 28).

We invite all graduates (at home and abroad) to submit articles on their experiences since or before graduation for inclusion in future newsletters



# Dear Graduate

**It gives me great pleasure to write a brief summary of the current directions and activities of the Medical School for our Alumnus Report. As you may recall from the history of University College Cork, the Medical School is this year celebrating its 160th birthday. Over the course of the ensuing years we have graduated a large number of highly successful clinicians in the area of General Practice and all of the various sub-specialties. Their contributions have been both on a national and international basis.**

This past year I had the pleasure of introducing Dr Barry Keane at our distinguished Alumnus University celebration. Dr Keane's contributions to the field of paediatric cardiology have been of critical importance to many patients including the children and grandchildren of some of our own Alumni. Despite his many years at Boston Childrens' Hospital he has retained firm roots in Cork, and indeed his Cork accent.

This year will also see the second intake into our Graduate Entry to Medicine class. The first intake under the direction of Interim Director, Prof

Eamonn Quigley, has been most successful with the delivery of a curriculum that has been exciting and is truly state of the art.

We also look forward, over the next twelve months, to the opening of the new Western Gate facility, which will provide state of the art teaching facilities in Anatomy, Physiology and Pharmacology and Therapeutics.

The Medical School has also noted major successes in the recent past with the successful renewal of the Alimentary Pharmabiotic Centre, under the direction of Prof Fergus Shanahan,

as well as significant successes in the fields of Reproductive Medicine, Paediatrics and Child Health, Population Health and Neuroscience. The Centre for Research in Vascular Biology continues to expand under the direction of Prof Noel Caplice, and has facilities that are unique in these islands.

For those of you outside Ireland, I send my best regards and would like to invite you to come visit us at the Medical School, should your travels bring you back to your Alma Mater

# THE PROFESSOR DENIS O'SULLIVAN CLINICAL RESEARCH FELLOWSHIPS

**The Professor Denis O'Sullivan Clinical Research Fellowships were established to mark the major contributions to Medicine in Cork and nationally by Professor Denis J. O'Sullivan, Professor of Medicine 1961-1990. The aim is to encourage and support research by young doctors working in the teaching hospitals and general practices associated with UCC. Collaboration with basic science and other departments within the University is encouraged.**

A capital sum was raised by Medical graduates sufficient to endow Fellowships from interest earned, while maintaining the inflation-adjusted value of the fund. A Fellowship may not be awarded every year. The capital is invested in the University's trust fund for scholarships and prizes. The fund is professionally managed with a low risk strategy and is audited annually. The Fellowship account is currently worth €923,500 (about \$1,200,000).

The Fellowships are usually for one year of full time research. Often this has allowed promising work already started to continue on a full time basis. Each Fellowship is awarded in open competition, by an assessment board appointed by the President and which includes an external assessor. To date nine Fellowships have been awarded.

1994 – Dr Brian Mulcahy established a DNA repository for multiplex rheumatoid arthritis families and showed that a particular combination of microsatellite markers was inherited in certain of these families. Brian is now Consultant Rheumatologist at Shanakiel Hospital in Cork.

1995 – Dr Peter O'Gorman characterised the biological activity of a low molecular weight inhibitor in-vitro; this inhibitor suppressed proliferation of lineage-committed haemopoietic progenitors but not of primitive stem cells. In leukaemic models the inhibitor induced apoptosis. Peter is now a Consultant Haematologist at the Mater Hospital, Dublin.

1997 – Dr Cliona Murphy looked at mismatch repair genes and possible mutations in endometrial cancer. A relationship was not seen, in contrast to findings in some colorectal cancers. Cliona is now a Consultant Obstetrician in the Coombe Hospital in Dublin.

1999 – Dr Abel Wakai studied the biological and clinical implications of skeletal muscle ischaemia-reperfusion injury in extremity surgery, work which earned him an MD. Abel has specialised in Emergency Medicine and recently started in a Consultant Post at St James' Hospital, Dublin.

2000 – Dr Jane McCarthy showed the importance of gut bacterial flora in the pathogenesis of inflammatory bowel disease and the therapeutic potential of probiotics in this condition. She was subsequently awarded an MD for her work. Jane is now nearing the end of her specialist training in Gastroenterology.

2001 – Dr Danny Costello studied transplantation of dopaminergic neurones in a rat model of Parkinson's disease. Later he also was awarded an MD for this work. Danny is now a staff Neurologist at the Massachusetts General Hospital and on the faculty of Harvard University, in Boston.

2002 – Dr David Sommerfield also studied probiotic bacteria and showed that these could reduce translocation of salmonella to organs in mice. David is currently a Senior Registrar on the national anaesthetics training scheme.

2005 – Dr Deirdre Murray recorded continuous video-EEG for 24-72 hours

in neonates with hypoxic-ischaemic encephalopathy; this was followed by neurodevelopment assessments at 6, 12 and 24 months. Clinical markers were found to be poor predictors of outcome, but EEG was reliable. Deirdre is now a Senior Lecturer in Paediatrics at UCC. It is particularly pleasing that, with her colleagues, she is continuing this important research in Cork.

2007 – The current fellow, Dr Sinead Kinsella, is the first to hold a two year Fellowship. She is examining relationships between osteoporosis and chronic kidney disease, and has identified an association between hyponatraemia and fracture. Sinead is also studying vascular function and risk factors in post-transplant patients.

The work of these Fellows has led to many publications in high impact journals and to a variety of international presentations. It has stimulated much follow-up research and has had a positive impact on clinical standards.

A framed list of all graduates who made a major contribution to the Fellowship fund is on display in the Graduates' Room, North Wing, UCC. Contributions can still be made to the fund through the Medical Alumni Office



Prof Denis and Mrs Joan O'Sullivan

# MEDICINE IN HIGH PLACES “LIVING A DREAM”

## A 20 year medical and personal journey

Shortly after arriving in Darjeeling (2134m) on a bitter November evening in 1988, I was escorted to the local tea plantation hospital where I joined my close Tibetan friend and colleague, who had been doing amazing medical work as a pediatrician for many years on this Himalayan hillside overlooking Kanchenjunga. I was greeted by the head nurse, carrying a candle as the power was out (a frequent occurrence in this area). She escorted me to see an extremely premature newborn (12 weeks early), who was being kept alive and warm by the frequent exchange of hot water bottles as a substitute for an incubator, and an intravenous line and nasogastric tube supplying life sustaining nutrients. The following day I faced the challenge of treating a nun from the lowlands with a leg clot with only a one day supply of anticoagulant at the hospital. These, along with many subsequent experiences had a huge impact on me medically and personally. They have led and guided me on a journey that has taken me to many remote, high altitude areas in the world, exposing me to some amazing people who have taught me so much about life, medicine and spirituality.

Growing up in Ireland, I have always been interested and curious about things going on beyond our shores and over our small hills. Living in Western Canada in the 80s I developed a much greater understanding of mountain culture and community. As a member of the Rocky Mountain Section of the Alpine Club of Canada I learned a lot about mountain skills and travelling as safely as possible in the mountains. I was very touched by Pat Morrow's book "Everest and Beyond". I was fascinated by, not only the physical and mental challenges of climbing the highest peak on each continent, but, more importantly, the descriptions of the people and cultures living along the approach to these peaks. Subsequently, developing a greater understanding of cultural sensitivity issues from Steve Bezruchka's Nepal experiences, Ed Bernbaum's insights into the sacredness of mountain places, Goldstein and Beall's anthropological work among the nomads of Western Tibet and the close connection between the "Medicine Man/Shaman" and high places in North American indigenous culture, have drawn me closer and closer to



mountain communities on each continent. Years of travel into remote parts of such places as Tibet, Mongolia, India, Nepal, Peru and Ethiopia opened my eyes to some of the health needs of these remote high altitude communities.

What makes the health needs of these high altitude communities unique? There are many mountain communities, particularly in the developing world that are very poor and disadvantaged. People living in these communities have to deal with such issues as high altitude (acute and chronic mountain sickness), remoteness/isolation (social issues, alcoholism/narcotic addiction), extreme weather (short growing season/poor nutrition/arthritis), political and economic disenfranchisement, reduced access to formal education and public health

care (i.e., vaccination programs, clean water), electricity, environmental degradation and the loss of natural resources to external sources.

To get further involved in the health care of some of these communities I felt I needed to improve my medical skills in the area of high altitude physiology and developing world medicine. Exposure to acute medical care of high altitude climbers on mountains such as Denali, Mount Logan and at the CIWEC medical clinic in Kathmandu, along with numerous trips as expedition physician to more extreme environments in the Himalaya and Antarctica have helped my understanding of adaptation of the human body to high altitude. Working in hospitals and taking courses in Peru, Thailand, Cuba and South Africa has helped with my understanding of developing world medicine.





Based on the above background, I decided to set up a small, non-profit, non-sectarian foundation called BASIC HEALTH INTERNATIONAL in 2003 [www.basichealthinternational.org](http://www.basichealthinternational.org). We are a Canadian registered charity. Our objective has been to develop and support public health and primary health care projects in remote, high need, high altitude communities in different parts of the world. Our emphasis is on prevention and education, particularly of community health workers. We are small, flexible and reactive to the specific health needs of each community. More a kayak than an ocean liner. We have been involved in medical projects in Tibet, Ladakh, Mongolia, Ethiopia, Peru and Honduras. We have been particularly interested in the health of nomadic peoples. We are actively involved in a TB project in Tibet, an immunization program in Mongolia, a palliative care program in Ethiopia and a satellite supported telemedicine program in Peru. It has been a great privilege and education for me to spend time in these communities.

Travelling long trips into remote parts of the Tibetan plateau with a Tibetan Traditional Medical colleague and sharing our different approach to the health care of our people is one of the many privileges I have been fortunate to share. Screening travellers in Kathmandu during the peak of the SARS outbreak in a country with limited resources to tackle such a potentially devastating public health challenge was an amazing experience.

Many of the improvisation skills I have learned in mountain travel in the early days in Canada and later on expeditions to remote areas, I have been able to apply in the field of remote area medicine. To those friends and colleagues who taught me many of those skills I am forever grateful.

On May 22nd 2007, I had the privilege to stand at the summit of Mount Everest, the culmination of a 20 year dream and part of a personal journey to try and climb all "7 Summits". This challenge, although



important personally, pales in significance compared to the many social, medical and economic challenges of so many remote, high altitude communities living today in many parts of the developing world.

I feel we, as members of the global mountain community, have a responsibility to increase awareness of issues relating to mountain people and cultures under threat. Issues such as access to clean water, good education and public health, environmental threats and loss of natural resources are continuing challenges for many of these mountain communities.

In today's world it is easy to get complacent and despondent in standing up to the many geopolitical and economic challenges that surround us. It is easy to develop a "head in the sand mentality". We are bombarded with the rapid transfer of so much negative news in the print and electronic media. Yet, in my travels and travel medicine practice I constantly see many great humanitarians heading out to far off places. Many don't make the media headlines. This does not negate their great efforts in creating more light than heat in the world.

LIVE YOUR DREAM ■

## PASSAGE WEST

**In October 08 I returned to UCC to join my onetime classmates to celebrate our graduation from the Medical School forty years ago. While in Cork I availed of the opportunity to give a talk to the current class of Medical students on behaviour problems in children. The two events were for me strangely juxtaposed, the former a dining room of familiar faces, full of knowledge and experience, settling quietly into retirement, and the latter an auditorium full of the faces of students from all over the world. Needless to say, the visit gave me cause to reflect upon the journey I had taken; its point of departure 40 years ago, the direction it had taken in the intervening years and the new meaning I had found in what must be the final chapter of my career as a physician. In retrospect, it has been a strange but, at least for me, a fascinating journey, which has remained fresh and challenging, despite the passage of so many years.**

To begin at the beginning and to get a flavor of the times it is necessary to go back to the 1960s when I was starting my clinical rotations at The South Infirmary. This was a very significant moment in the training of any Medical student for it was the first exposure to the very real people who would soon enough depend on us for their care. To prepare me for this my eldest brother, Donough, a physician in his own right, decided to give me an introductory talk. But, these little talks had a preamble. According to my brother, Medicine had changed since my father's time. My father, who had just died, had been a dispensary doctor during a time when antibiotics had not been available but had practiced long enough to witness the revolution they brought to patient care. However, as my brother pointed out, the issues for doctors in my father's time were somewhat simpler. The competency of the physician was often judged by the accuracy with which the demise of the patient could be predicted. Expectations, seemingly, had changed. Ridiculous as this may seem today, I knew that there was an element of truth in what he said since I had heard on my way to school at the Ennis Christian Brothers kids extolling the virtues of their family doctor on this very basis. Those days were over; the patients I was about to see were expecting more. I remember thinking to myself: I should very much hope so for why else would you go to a doctor or for that matter become a doctor.

A few months later as my contact with patients became more extensive, I discovered that there was another side to this prognostication business which had not been explained to me. Just because the doctor could tell when the patient was about to die that did not mean he was about to tell the patient. It was the accepted belief that the patients should not know more than

what was good for them. And it was the doctor who decided that. Nor did it end there. It was not unheard of for a family to first learn of their loved one's cancer from an overheard conversation between Medical students on the bus home. It was the time before what would be referred to as "patients' rights."

"But the times they are a changing" warned Bob Dylan. Ireland in the 1960s was going through its own revolution. The simultaneous arrival of television and "the British Invasion" on the music scene produced images never seen before in the country. The first time I attended a function at the Men's Club I was greeted by a little group of clerical students playing The Beatles. The Late Late Show on Saturday nights had everyone riveted especially the night a guest described Dr Brown, the Bishop of Galway, as a moron. (Though, there was no bolt of lightning, the country overnight was divided down generational lines, with some saying he should never have said it, others who felt he should have said it and still more whose opinion was that yes he was a moron but he shouldn't have said it.) It was a time when the dangers of mortal sin roamed the Earth, like a lion seeking whom it could devour. Confession, which was often weekly, was ever more daunting by the very real prospect of being asked "And did you take pleasure out of it?" And all over what could at most be described as minor breaches in the iron will that there be no immodest touching between the sexes. "He was a gentleman right up to the word 'stop!'" was often overheard in The Rest on Monday mornings. So, as riots and peace marches were breaking out in The North of Ireland, in American, French and German cities, the burning question in UCC was whether you took pleasure out of it? Needless to say, by the time I had finished my final

examinations, America beckoned.

June 6th 1968 found me taking leave of my landlady in Sundays Well. She was close to tears, for Robert Kennedy had been shot during the night. Two weeks later I was packing up my stuff for my flight to the USA to the strains of The Beatles latest release: "Hey Jude!". July 1st I was ensconced at Mount Carmel Mercy Hospital in Detroit, plying for the first time my credentials as a physician with two other UCC graduates, John Sutton and Turlough FitzGerald. A little later we were joined by Austin O'Keeffe.

And what a cultural shock that was. In a matter of days we found ourselves rushing to the Emergency Room to throw ourselves into futile attempts to resuscitate gunshot and stab wounds. The city of Detroit, which had witnessed race riots the year before, was now Homicide City USA, with a thousand homicides a year. I quickly learned, because of carjacking at traffic lights, that it was more important to lock your car when you were in it than when you were not. It was all a far cry from the nights I might get called to the casualty room at the South Infirmary to stitch up some drunk who fell on the way home from a dance.

The next year I started a residency in Paediatrics at Bellevue Hospital in New York. This was a cultural shock of a different kind. New York was going through its own social unrest. While in one part of the hospital I was seeing children dying of measles, mumps and other infectious conditions, in the delivery room I was being asked to resuscitate babies whose mothers had just received their heroin fix prior to the delivery. It turned out that the dietary aides were passing out more than meals on the food trays. The nursery always had babies going through heroin

withdrawal. Again, it was a far cry from the pranks we indulged in at the Erinville during our rotation in Obstetrics. A visit to the Emergency room might reveal a patient handcuffed to a stretcher. Meanwhile in the movie "Midnight Cowboy" Dustin Hoffman was proclaiming to Jon Voigt: "You're taking me to no Bellevue!" A city hospital in America at that time would have been right at home in Dante's Inferno.

Two years later I made good my escape and transferred to The Massachusetts General Hospital in Boston to complete my residency. It was at the MGH, the heart of the Harvard School of Medicine, I began to understand the meaning of my brother's admonition on those walks around Ennis: "There is only one golden rule in Medicine - there are no golden rules." While at Bellevue things were done the Bellevue way, at the MGH every assumption was challenged if it did not physiologically make sense. Where before I rarely read medical journals I now found myself making my way to the library to research the extraordinary variety of conditions that were referred to the hospital. Physiology, a subject I thought was safely behind me in Jack Sheehan's lecture hall across from the Men's Club, now became the window through which I could view the patients fight for survival. And survival was what Massachusetts General was all about. At a time when intensive care units were only beginning to emerge into common usage, 10% of the hospital beds were devoted to it. It was the next revolution in Medicine and Paediatrics was not to be left out. So I did the first fellowship in Paediatric Intensive Care at the MGH and possibly in the United States. Four years later I successfully sat the first American Board Examination in Newborn Medicine.

They were heady times. But, after twelve years of dealing with life and death situations involving anything from 20oz. premature infants in the Neonatal ICU to the worst tragedies to befall a family in the Paediatric ICU, I found my expertise being increasingly called upon not to prolong the agony but to facilitate the patients' demise. It was called death with dignity. In retrospect, it was in an ironic way a return to the time of my father when the doctor was called upon to predict when death was inevitable. But in my case it was up to me to pull the plug. And this I did with unpleasant regularity.

There is little dignity in the death of a child and playing God grows old very quickly. I knew instinctively that there was no longevity in the situation, so, after 16 years of hospital work I entered private practice where I have been for the past 24 years.

Where my father had lived to see the revolution wrought by the development of antibiotics, I was also to see over the years my own share of medical miracles. First, the introduction of intensive care saw me leave Massachusetts General with a follow-up clinic of 300 premature infants who had survived by the intervention of a ventilator. Second, the subsequent development of 11 new immunisations, to add to the original four that were in place when I graduated from UCC had virtually eliminated serious infectious illness in children. This became apparent to me last summer when I was first preparing my talk on Behavior Problems in Children for Grand Rounds. It occurred to me that in the 24 years I have been in private practice only one of my patients has died of an infectious condition. One from Sudden Infant Death Syndrome and seven from suicide or suicidal behaviour. This latter statistic came as a shock to me especially after my years in intensive care where infection and trauma were established realities. But subconsciously it did explain and validate the direction my medical focus has taken in recent years.

While I was in my final year in UCC and Robert Kennedy was predicting to a crowd in Harlem that it would be 40 years before there would be a black man in the White House we were studying in our Psychiatry rotation at St. Ann's John F Kennedy's speech to Congress on mental health. It was JFK's contention that mental illness posed a unique challenge to society. In contrast to other illnesses, where the patient either recovered or died, patients with mental illness live long unhappy lives at considerable emotional and financial burden to themselves, their families and to society. Research has taught us that one in six children have a condition that can be labeled psychiatric. It has also taught us that the vast majority of these children will go undiagnosed, untreated and never be seen by a psychiatrist. How serious is this problem? Well, my experience in 24 years of private practice would suggest that they may be the most common cause of death to walk into a Paediatrician's office. These conditions do not necessarily go away. Nor do they stop with the child. I have

witnessed two parents in my practice take their own lives following the death of their child. Two additional factors compound this sorry state. Children's behaviour is seen purely in terms of misbehaviour, not within the context that they may be suffering from a treatable condition. And even if this were not so, society disapproves of medicating children. Open any formulary at any page and the most common phrase that will meet your eye is: "Not approved for use in children." For some perverse reason society at large believes that you only begin to suffer when you arrive at adulthood.

With the elimination of one set of problems we are invariably beset by a new set of problems. Now, these problems were probably always there to begin with but were obscured by our preoccupation with the first set. An example of this is Alzheimer's Disease. It received little or no mention in the Medical textbooks of my era. However, ten years after I left UCC it was ubiquitous. That was not because of a sudden epidemic of the disease but because it was hiding in plain view. These psychiatric conditions of childhood, which soon enough will become those of adulthood, have always been there but did not become apparent to me, at least, until the serious threat of infectious diseases were mostly eliminated. With the introduction of newer medications their treatment have become richly rewarding not just for the families involved but for the doctor. In one respect they are symbolic of much of what Medicine is about. New research casts new light on the human condition. Change is constant, inevitable and ineluctable. So how is one to keep up with it and still remain relevant? To quote F Scott Fitzgerald: "You don't have to be the smartest one in the room. Just the most observant."

Forty years ago when I was attending UCC a great event was being observed in Poland: its first thousand years of Christianity. The Catholic hierarchy and the Communist Government were at each other's throats, the former to make it into a galvanizing event for the Polish people who laboured under the yoke of communism, and the latter which was well aware of what was afoot and not about to let it happen. The joke circulating in Warsaw at the time was: "The first thousand years are the most difficult."

Rest assured, in Medicine, the first 40 years are the most difficult

## A MEMOIR OF THE PLAGUE YEAR

**The memories came back when reading Patrick Cockburn's book 'The Broken Boy'. A son of the gadfly journalist and scourge of the British establishment Claude Cockburn, dedicated Communist, editor of 'The Week' and godfather of 'Private Eye', Patrick was a victim in the Cork Polio epidemic of 1956, one of the last great outbreaks of that enemy of the mostly very young. His father had brought the family to a house near his mother's people's place close to Youghal from England. Though well aware that the epidemic was raging in Cork that August, Cockburn thought that they would be safe there though he continued to travel through the city on his journeys to and from England. He seems to have experienced minor symptoms of the disease himself shortly before his two sons became ill.**

Now a distinguished journalist in his own right specialising in Middle East affairs, Patrick wrote of his recollections of his illness in a book which also provides insights into the Ascendancy lifestyle lived by his mother's family. Ironically both Polio and the Ascendancy are fast fading memories for Irish people; Polio succumbed to advances in Medicine and the Ascendancy class, who started off their long decline to oblivion by voting for the Act of Union; subsequently they obstinately continued to back the wrong political horse in Ireland and now have either fled their country or been married out of existence. A fine literature riven by a haunting schizoid vein of manque Irishness is their sole, if substantial, legacy.

In the Spring of 1956, I was relieved and somewhat surprised to pass the dreaded 2nd MB exams which opened up a long Summer to be lived at will. In the relaxed atmosphere of the times one could no longer flunk out as there was now no deadline for passing the exams in the clinical years of the course. Proof of this was offered by the appearance now and again in College of some legendary 'chronic meds', including a mysterious lady known as 'The Cuckoo' due to her habit of showing up from England in Spring with the avowed purpose of sitting Finals but never actually getting around to it. Her appearance was always taken seriously by the current Final Med students as it signaled that the time to really get down to serious study had arrived..

As teaching rounds were held at the various hospitals in the morning followed by formal lectures at UCC in

the afternoon a motorised mode of transport was essential, especially if one wanted to stop for lunch downtown while en route from the North Infirmary, where the bedside teaching clinics of the elegant O.T.D. Loughnane in Medicine and the popular and saturnine 'K Jack' Kiely in Surgery were eagerly attended. A quiet pint with a half dozen oysters could be had inexpensively at Hoare's bar in a laneway near the Examiner office. This was felt to be a necessity by some of us to withstand the boredom of some of the lectures, one of whose habit was to read passages out of a textbook and indicate where he personally didn't agree with the author now and again. To raise the necessary cash to buy wheels I hied off to London to Wall's Ice Cream factory, where by working the night shift in the huge storage freezers, one could fairly rapidly acquire significant funds if one didn't get involved in the perpetual poker games ongoing day and night. On return I bought the famous Hackett Special, a black sinister-looking mainly Triumph 350 twin motorbike put together by Medical student Tom Hackett and Physiology lab technologist Johnny Cagney from the cannibalised remains of two crashed bikes. It served faithfully until one wet day in the County Limerick when it mysteriously caught fire under me as I was blasting along a road near Caherconlish while up in Limerick doing an elective with the respected Dr John Nash, Physician Superintendent at the Regional Hospital.

When I got back to Cork after the Summer the Polio epidemic was in full swing. Over its course over 500 patients, mostly children were

admitted to hospital within less than four months. The public health authorities had anticipated an outbreak but nothing like this. As Polio attacks about 100 patients for every one it brings down with visible symptoms it meant that in Cork with its then population of 75,000 there could have been possibly up to 50,000 affected. Though the vast majority of these were symptom-free they could have been potential carriers of the virus for a time. The authorities had designated some hospitals as Polio reception centres though apparently no attempt was made to import and use the newly released Salk Polio vaccine which was soon to obliterate the disease in the western world. The old Fever Hospital in Blackpool was recommissioned and the Fever Hospital block in St Finbarr's was readied with a respiratory intensive care unit containing various artificial respirators for the most seriously ill patients suffering from respiratory paralysis.

This is where we got involved; in a prior outbreak in Copenhagen volunteer Medical students had been called upon to manually ventilate some patients who for one reason or another could not be placed on artificial ventilation machines. In St Finbarr's there was a little girl who fell into this category. A call went out for volunteers to help the overworked Nursing staff by working mainly night shifts to manually ventilate her. Several of the class who would go on to graduate in 1959/60 came forward.

A rota was organised to cover the night shift. Among the volunteers was Noel McCarthy, son of the then Cork County Medical Officer of Health. Though the

public health doctors came in for criticism by Patrick Cockburn, Dr. McCarthy had no hesitation in letting Noel volunteer. Others were Raymond Hegarty, Jerry O'Connel (RIP), Olive O'Donoghue, Ben Meade (who went back to his digs after one shift only to find his personal belongings neatly piled outside the door with a polite note from the landlady asking him to make himself scarce) and Elizabeth Healy, also asked to vacate her lodgings at short notice.

Another volunteer was my friend the late John Joe Kelly who was on holidays from TCD at the time; John Joe was the only one to come down with symptoms of the disease but luckily it was not the paralytic variant. Other volunteers at the Blackpool site included John A. Kelly whose father UCC graduate Surgeon Lieutenant Kelly had been lost at sea when the hospital ship 'Ceramic' was torpedoed.

We were given a crash course on how to bag the little girl whose name was Margot; the bag was connected to a tracheotomy and we did alternating two-hour stints of regularly compressing it, interrupted only by aspirating secretions when necessary. I still recall the subdued lighting of the special unit with the silence regularly broken by the hiss of the iron lungs. Margot would gaze at us steadily as we kept her going; she had incredible fortitude and did eventually recover enough function as to manage largely breathing on her own. Later while doing clinics at the Orthopaedic Hospital in Gurranebraher she greeted us from the rehab unit where she then was. One of the patient's in an iron lung was Michael who hailed from Waterford; he had developed the habit of attempting to cough to attract the attention of the nurse looking after him for fear she might nod off.

Raymond Hegarty remembers manually ventilating a little girl with a sad and tragic history. Her mother had sent her to relatives in Skibbereen to avoid the epidemic; there she cut herself while tree climbing and developed tetanus; now she was in the unit suffering from respiratory paralysis and also being bagged. Sadly she died.

Towards the end of September our services were no longer needed and without fuss or fanfare we slipped quietly in to the routine life of the medical student. Dr. Saunders, City MOH and Professor of Public Health at the time, did offer a few gruff words of thanks to the volunteers as a group at the first lecture he gave us that Fall. Indeed far from getting us any special treatment academically there was the distinct impression that he had failed one of the volunteers in the Public Health exam the next Summer. By that time deemed faulty knowledge of more pressing Public Health subjects such as Salmonella outbreaks caused by imported Chinese frozen egg, the dimensions of septic systems, and the Loch Maree disaster cancelled out any brownie points that might have been gained by volunteering for frontline duty in the Polio epidemic.

While Patrick Cockburn was critical of the Cork Medical establishment's handling of the crisis the truth is the epidemic was well managed once it broke out; however an inexplicable oversight was the failure to organise the rapid introduction of mass vaccination once it was recognised that an outbreak was likely that Summer.

Doctors and Nurses went about duties with dedication. Though we volunteers had no knowledge of medical administrative and management

matters, I can recall no instance of panic. Names that come back to me are Sister Stanislaus who ran the Unit with quiet efficiency and nurses like Nancy Riordan and Kathleen Stoker as well as many others we didn't come in contact with and so unknown to me who went about the duties of going out in ambulances for affected patients and faithfully nursing them through their illness. Looking back through a veil of over 50 years I recognise the heroism of these dedicated professionals so matter of factly taken for granted at the time. For those I haven't mentioned I must plead the incomplete memory bank of half a century.

Stanley Leeson, a member of the Class of '59 and now Chief of Cardiovascular Anesthesiology at Brigham and Women's Hospital in Boston, tells me that it was experiences gained in epidemics such as those in Cork and Copenhagen that gave rise to the introduction of controlled ventilation during routine anesthesia.

Ironically it appears the conditions that facilitated the epidemic were due to improvements in hygienic conditions in the City and not the opposite, as many Cork residents believed at the time. Many of the affected children came from the new suburbs such as Gurranebraher, built expressly to eliminate the old slum areas of the city. The newer cleaner environments paradoxically gave rise to a new population raised without the immunity they might have acquired under the old living conditions ■



## Young Irish Anaesthetist in London



**In the 1970s, I applied for a job in Anaesthetics in Charing Cross Hospital, one of London's most famous teaching hospitals. I was encouraged by my father, who was a surgeon, to do so. Without much soul searching or deep self analysis, I did it!**

Looking back now, I regard it as quite a brave thing to do, although at the time I certainly didn't. I had a Medical Degree from University College Cork, but it was a quantum leap into the world of Anaesthesia, the NHS and the London Hospitals.

I enjoyed my early days in Anaesthesia enormously. I very quickly realised it was less daunting than I imagined. After several weeks of intensive supervision, my consultant, a distinguished man, told me that the time had come when I would have to do a case all on my own. He would be sitting in the coffee room close by. I felt some trepidation, and asked if he would at least come and watch me. He was very firm, and said "No! I want you to do it alone". He then joked that he would only come and watch me if the patient was a Bishop or a member of the Royal Family. I went to give my first solo Anaesthetic. I found my patient in the waiting area. He was a very big African man, full of charm with beautiful manners.

I asked him all the usual questions and he answered in a courteous way. Lastly, I checked the consent form to make sure he had signed it. To my amazement he had the title of Bishop. I couldn't believe it! Stunned I asked him if he really was a Bishop. He replied politely that he ran a huge Diocese in Africa and was just visiting London.

I excused myself and whizzed back to the coffee room. My Consultant was absorbed in The Times crossword. I told him he would have to come and help me because the patient was in fact a Bishop. He started to chuckle. We went to the patient together. I was told some years later that he used this story in his after dinner speeches at the many Medical functions he attended in London. So my first patient was a Bishop, but I can't really claim him.

Soon I was doing a lot of cases on my own, and liked standing on my own two feet.

My next job was in the Hammersmith Hospital which was also the Royal Post-Graduate Medical School. It was

next door to Wormwood Scrubs, the legendary prison with its dark secrets.

From the theatre changing rooms we could look right down into the prison exercise yard. At certain times the prisoners would take their exercise. They always looked subdued and self-contained. We got "The Scrubs" prisoners as patients. They were always on their best behaviour in hospital and were happy if their stay was prolonged.

"The Scrubs" patients were always done first on the lists. They always had at least one prison officer with them when they came to theatre, occasionally they were handcuffed, but this was unusual enough. In the anaesthetic room the prison officer would stay until the patient was well and truly "under". The officers were warm and chatty and asked all sorts of questions about life in the hospital. The "prisoner patient" tended to be much quieter, sometimes even timid, but occasionally offered some fascinating anecdotes about why they were "inside". I remember one very friendly prisoner, who was very witty as I was putting him to sleep. He thanked me very nicely indeed. He then went to sleep. The officer then told me of his very murky past. It was hair raising stuff!

Occasionally the officers would faint when needles were produced. The prisoners were always highly amused when this happened. I think it gave them just a brief feeling of one-upmanship for a change!

Next came Moorfields Eye Hospital. I worked in the large City Road branch, but every Tuesday night, one had to cover a smaller branch in High Holborn. It was an old, very tall building, with wonderful rooftop views of the West End. It was on the periphery of Covent Garden and right in the middle of theatreland. On my way to do a case at night, I would have to make my way through the crowds flocking to see the shows. Afterwards, I would walk down Shaftesbury Avenue and see the excited theatre goers coming out, clutching programmes and talking

animatedly.

More work followed in the famous red bricked Royal National Ear, Nose and Throat Hospital in Golden Square, just off Piccadilly. There had been a Throat Hospital there since earliest times. It was an amazing location to work in. The operating theatres were high up in the building. We looked straight down onto Golden Square which was very pleasing to the eye. There was a statue of King George III in the centre (see picture). In his novel, "Nicholas Nickleby", Charles Dickens describes "the mournful statue that watches over a wilderness of shrubs".

In my day there were a lot of neat, geometric colourful flowerbeds in the square, all very well kept. We used to observe the office workers at lunchtime. It was a very popular place, especially on a fine London day. People sat on the wooden benches, gossiping, devouring sandwiches, sausage rolls and huge slices of pizza from the many Italian establishments in Soho. Squadrons of plump pigeons kept a watchful eye on the scene. There would be rich pickings when people left to disappear into the narrow streets of Soho. Going in to do emergency cases at ungodly hours, I would see many strange and odd things as Soho emerged from the blue of the night into yet another day – Soho waking up at dawn was quite some sight to behold!

Free tickets for the Palladium often arrived at the hospital. One night I went to see "The King and I" with some staff. As we took our seats, a Manager asked if there was a lady anaesthetist present. He then told me that Deborah Kerr would receive me in her dressing room at the interval. Totally mystified, I went backstage. She explained that I had put one of her relatives to sleep and wanted to thank me in person. She then introduced me to Yul Brynner. I thought I was dreaming – it was slightly unreal. Even to this day the pleasant dreamy quality of that night sums up my warm and affectionate memories of being a young Anaesthetist in London

## Jennings Gallery - Brookfield News

On 8th October 2008, the Jennings Gallery in Brookfield, launched an art exhibition under the banner of “Le Violon d’Ingres”. The name of the exhibition was suggested by Dr Angela Ryan of UCC, and is derived from the artist Jean Auguste Dominique Ingres (1780-1867), a French Neoclassical painter, who gave the phrase to the French Language to describe a hobby that becomes a parallel obsession. In his case, he was a painter whose other obsession was playing the violin.

‘Le Violon d’Ingres’ was comprised of a selection of works by Dr Derek O’Connell, Dr Carl Vaughan and Dr Michael Whelton, all practising Medical graduates medical graduates of UCC for whom painting is more than a pastime. For two of our three artists it was their first public exhibition of their work, a step of some courage into regions of vulnerability with an uncertain outcome. The exhibition ran until 19th November and then moved to Cork University Hospital’s canteen for a few weeks – where Edelle Nolan, Arts Coordinator, curated the exhibition. It was received overwhelmingly by staff and visitors with great interest. I am delighted to report that the show was a wonderful success with approximately half the works on show sold on the opening night and within the next two weeks. This was a great result and follows on from our first exhibition of the works of the KCAT artists last January.

Please view our website [www.ie/en/jennings-gallery](http://www.ie/en/jennings-gallery) for more information on the Gallery and its exhibitions. You can also add your email details and get on to our mailing list <http://www.ucc.ie/en/jennings-gallery/moreinfo/> for notification of future exhibitions. In recent weeks, the Gallery features upgrades with the addition of new glass doors on the exhibition cases and the installation of lighting.

Between March 24th-April 24th, the Jennings Gallery is exhibiting the works of the College of Medicine & Health’s First Year Occupational Therapy students as a result of their Creative Arts module that facilitates them expressing their own creativity and inspiring others to do so. Much of their work will involve a diverse range of media and will be featured throughout the gallery.

A competition for all students in the College of Medicine & Health is in planning stages that will explore, through a variety of visual forms, aspects of the relationship between a clinician and their client to patient relationship but more of that in our next Medical Alumni News....



Dr Derek O’Connell, Mrs Sioban Murphy, Dr Carl Vaughan, Dr Michael Whelton



Dr Carl Vaughan, Ms Fiona Kearney, Dr Michael Murphy

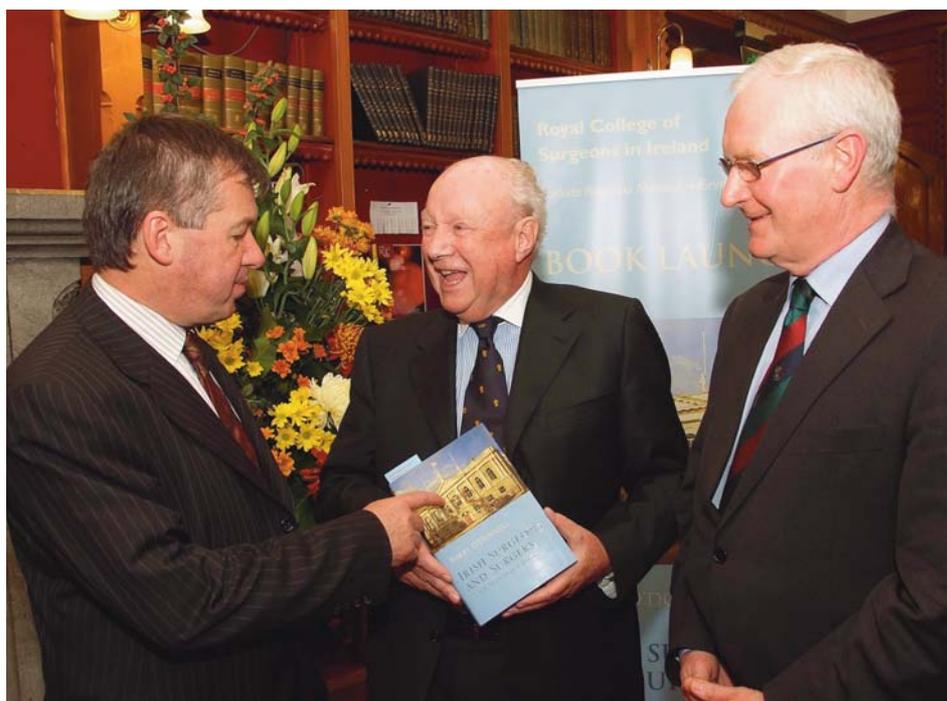


Ms Hilary Prentice, Dr Garrett Fitzgerald, Prof Robbie McConnell

# BARRY O'DONNELL, BOOK LAUNCH, 6th OCTOBER 2008

**President of UCC, Dr. Michael Murphy, members of Council, Prof. Barry O'Donnell and Mary, distinguished guests, ladies & gentlemen – it is my great pleasure to welcome you here this evening for the launch of “Irish Surgeons & Surgery in the 20th Century”.**

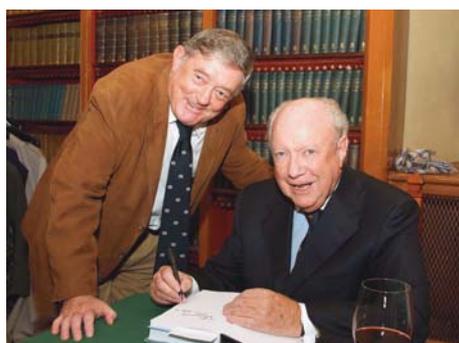
Barry O'Donnell has had a long and distinguished association with our College, the College of Surgeons in Ireland, and indeed was its President from 1998-2000. The history of our College has been admirably covered by JDH Widdess in “The Royal College of Surgeons in Ireland and its Medical school from 1784-1984 as well as the monumental work published by Sir Charles Cameron first published in 1896, “History of the Royal College of Surgeons in Ireland and of the Irish Schools of Medicine”, in which he provided a number of short biographical sketches. Barry has provided a wider canvas looking at the lives of the great majority of those who practised surgery in Ireland in the last century whether or not they had any association with the College. We owe Barry a deep sense of gratitude for this great contribution.



Dr Michael Murphy, Prof Barry O'Donnell, Prof Frank Keane

Rudyard Kipling told us that “a gulf separates even the least of those who do things worthy to be written about from even the best of those who have written things worthy of being talked about”.

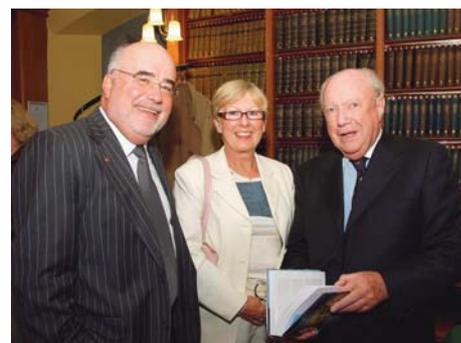
He even told a story about a man who accomplished a most notable deed and then wished to explain to his tribe what he had done. As soon as he began to speak however he was struck dumb, lacked the words and sat down. There then arose a man who had taken no part in the action of this Fellow and who had no special virtues other than the fact that he was afflicted with the magic of what Kipling described as the “necessary word”. This man went on to describe the merits of the notable deed in such a fashion that the words “became alive and walked up and down in the hearts of his listeners”. Thereupon the tribe seeing that the words were certainly alive and fearing that the man with words might hand down untrue tales



Mr Cyril Kenefick, Prof Barry O'Donnell

about themselves to their children, they took him aside and killed him. But, of course, they later saw that the magic was in the words and not in the man.

President, as Barry is an alumnus of your University and a staunch dyed in the wool Corkonian, he is very definitely a member of your tribe. I move that you do not sacrifice Barry at least tonight! After all, not only has he written things worthy of being talked about, but in his unique case I



Mr Michael Horgan; Ms Carmel Horgan and Prof Barry O'Donnell think he has done things worthy to be written about.

It is said that biography serves as a prism through which history is viewed. Biographers shape unruly lives into tidy narratives of virtue rewarded or promise unfulfilled.

Benjamin Disraeli, a former English Prime Minister at the end of the 19th century, was also incidentally a novelist, and he wrote, “Read no history, nothing but biography for that is life without theory”

# Internationally Renowned Paediatric Cardiologist honoured with UCC Alumnus Achievement Award

**Internationally renowned Paediatric Cardiologist, Dr Finbarr (Barry) Keane was honoured with a UCC Alumnus Achievement Award by UCC's College of Medicine & Health for his distinguished career in Medicine. The 2008 Awards Ceremony took place on Thursday, November 27th 2008 at UCC.**

Barry Keane graduated from UCC in 1960 with a degree in Medicine. He completed his early training in Britain and then moved to the USA where he repeated an internship in New York followed by a medical residency in Hartford, Connecticut and then started Cardiology training in the University of Vermont. During the 1970s, he established himself in a highly successful career in the Paediatric service at the world's pre-eminent Medical School at Harvard in Boston. He rose through the academic ranks to Professor of Paediatrics and Director of the Cardiac Catheterization Laboratory from 1990 to 1996.

Dr Keane's major research interests are in the natural history of congenital heart disease and interventional cardiac catheterisation. Barry was involved in many important research studies, but none more so than the First and Second natural history studies on Congenital Heart Disease, published in 1977 and 1993, respectively. These are now the bedrock for comparative assessments of effectiveness of various therapeutic interventions.

Dr Keane has published extensively including 146 peer review papers and nine book chapters, as first and co-author with many of the most distinguished pioneers in the field of Paediatric Cardiology and surgery of the last half century, a golden era in this field. Their innovations will have touched the lives of many people where siblings or children and grandchildren may have benefitted with the gift of a normal quality of life, and life expectancy.

Dr Keane is noted for his caring attitude towards his patients particularly in the catheterisation laboratory where he excelled with his calm, thorough approach and meticulous attention to small details so often the difference between success and failure or for the patient, life and death.

Dr Keane has received many accolades for his work and was listed among The Best Doctors in America, 2nd edition, on more than one occasion. Most recently, Dr Keane has edited the second edition of the Alexander Nadas text book on Paediatric Cardiology, the



Dick Lehane, Dr Tomas O'Canain, Declan Kidney, Dr Barry Keane

standard reference text in many parts of the world. Dr Keane has been an outstanding ambassador for the UCC Medical School in Boston and at Harvard University and has mentored a number of UCC graduates with an interest in congenital heart disease.

Reacting to his Alumnus Achievement Award, Dr Keane said: "I am honoured to receive this award from my alma mater. As the ceremony fell on Thanksgiving Day in the States, my family has allowed me to return to Cork to receive this award provided I come back next day to smoke the turkey!" ■

# An Appreciation of Joe O'Donnell

## 1943 - 2009



**My first encounter with Joe was as a Medical student. I lived on the Northside and had to commute to the Regional Hospital. Everybody else started their clinics at 9-9.15am. Not Joe, we had to arrive on Ward 4A at 8am bleary eyed, tired, sweaty and hungry - well he had just come back from the States you know! He never ever looked tired, where did he get his energy?**

July 1st 1983 first day first job as an intern working with Joe. I had to know all the blood results by heart all the time (especially the platelet count). I also had to clean the "rasher rind" from the varicose ulcers. I never saw the sunrise or sunset in those two months -14 hour days. He was always around as well.

July 1st 1984 I was appointed to the Surgical scheme as Joe's SHO – my real education begins.

As I struggle to close wounds having to repeat the steps his wisdom poured forth - "If you have to do everything twice - the operation takes twice as long" .

As he takes care with a difficult anastomosis, his patience unwavering – "Patience and perseverance turns the Bishop into his Reverence"

He was full of tricks! When performing Sapheno femoral ligation he would expose the saphenous vein, ligate it, transect it, place a Langanbach retractor into a plain which only he ever found and lift and elevate to expose the Sapheno Femoral junction and all the branches in about 30 seconds. This manoeuvre became known as the "Bra Manoeuvre" - It was my job to "Lift and separate like the cups of a bra".

He was very supportive to all his staff. Whenever one did something bad he forgave, asked what you had learned

from the mistake and that was that. He would often comment "sure it could happen to a Bishop" - I have tried to emulate him in this regard.

Joe supervised my first publication on "Below knee amputations in Ireland". In the first draft I tried to make it very scientific and used the term "Bipedal ambulation" - "What does that mean?" he laughed, can you not just use "walk" - always follow the kiss principle" - "What is that I ask" "Keep it simple stupid" he replied - It has worked for me ever since.

Towards the end of my time as Registrar when it had been decided I would pursue a career in Neurosurgery I had to perform a laparotomy on a patient with a massive haematemsis a presumed case of a bleeding duodenal ulcer. There was blood everywhere. I opened the stomach and blood hit my face. There was no ulcer to be felt. The abdomen was packed and Joe was summoned from the next theatre. Further dissection revealed his worst fear - an aorto-enteric fistula. Joe leaned over, put his fist on the aorta to stem the tide. He looked me in the eye and said "of course Michael you can't do this in the brain". It was a very long day.

Although we all have our faults I can say hand on heart that in the nearly 30 years I knew him I never heard a bad word about him from anybody. He was always held in high regard from the porters to his Peers. His patients adored him. That is some record.

Mr Michael O'Sullivan

**I first met Joe O'Donnell as an Intrepid Second Medical student, having wandered into his theatre on a Friday afternoon. Although my entry was discreet, it was acknowledged by a glare through the "Buddy Holly-style" loupe spectacles which gave Joe an undeserved appearance of**

**sternness and formality. However, being unaware of what he was really like, I felt that I had intruded into a seemingly endless lower limb bypass operation, wherein the assistant was being plied with incomprehensible analogies about the similarity between assisting in theatre and picking beet.**

Despite his now understandable irritability on that occasion, his persistence, care and attention to detail were readily apparent to me, as I withdrew. I could not have known then that Joe was to become a great mentor and friend to me over the years, nor that I would follow his path into Vascular Surgery because of his influence, encouragement and practical career advice.

His tendency to use analogies was at times superb, helping students to conceptualise clinical problems, and at other times enigmatic. I still wonder what he meant when he spoke one night of whether to use one or two torches when looking for a specific book in a darkened library! Apart from some moments of obscurity, working with Joe was an exposure to a constant stream of aphorisms, self-analysis and good humour. Even still, when on the verge of being unrealistic, I recall his phrase "you don't have to operate on everyone before they die". I think he has, perhaps unwittingly, left us with the most economically descriptive clinical phrase of all, when he referred to patients with multiple illnesses and organ failure as having "the all-overs". This pithy term has become a great favourite of mine, and many other trainees over the years.

Joe considered everything carefully. Patients with self-limiting non-serious illnesses were treated properly, yet formally, with no unnecessary interaction. By contrast, those with serious problems were managed in an appropriately individual but always deeply caring way. Whenever a patient

was told of an impending amputation, Joe always sat beside the bed to discuss it. He constantly analysed what he did, both technically and in terms of decision-making, clearly learning some nuance from almost every clinical encounter. Being able to recall names of patients and their angiographic findings in detail sometimes made the analysis sound quite amusing, for example “now if Mrs Moloney had the same iliac lesion as Mr O’Connor, and the run-off of O’Mahony, she could have the bypass that we did for your-man from Clonmel, but she hasn’t, so you know what that means, don’t you”. By politely answering yes, one hoped the interpretation would follow, which it always did.

Despite his dedication to his work, Joe maintained a balance in his life that many fail to do. Talk of the best way to cook monkfish, or of phrases his father used during his childhood were interspersed among accounts of his own family. He liked going home.

I suppose the greatest tribute to him is that I think about something he said or did nearly every week in practice, to the extent that my Senior Registrars often comment about the influence that Joe had on me, given the frequency with which he is mentioned. I can only hope to carry on that tradition.

Mr Gerald Mc Greal

**I first met Mr. Joseph O’Donnell in July 1990, when I came to Cork University Hospital (CUH) to take my place on the Cork Surgical Training Scheme. The Department of Surgery**

**at that time had three Consultant Surgeons in the Department of General Surgery, Professor Michael P. Brady, Professor William O. Kirwan and Mr. Joseph O’Donnell.**

Joe O’Donnell specialised in Vascular Surgery and the CUH, but also practised as a General Surgeon. He was an outstanding surgeon, technically gifted, and these skills benefited countless patients during his career. These skills were most evident when patients with leaking abdominal aortic aneurysms or life-threatening vascular injuries presented to the CUH, usually in the early hours of the morning. Contact would be made with the O’Donnell home, and a seemingly hopeless and chaotic situation would be rescued once Joe arrived and effortlessly applied the aortic clamp. It would be a lie, however, to suggest that a night or afternoon in Joe’s operating room, was always a relaxing experience. When faced with a challenging case or long operating list, Joe would apply necessary pressure on the junior staff and would successfully captain his ship through difficult waters.

However, a feature of Joe’s operating lists was that they were always entertaining, mostly because of the humorous interactions between Joe and Dr. George Morrison, Consultant Anaesthetist. It too a little while to understand this relationship, and this was highlighted on one occasion by a Medical student wondering at the end of an operating list how he tolerated working with Dr. Morrison. It took me a few months following my arrival at CUH to understand that this duo had

a unique friendship and ended many of these operating lists with a beer in a nearby hostelry. I understand from the CUH folklore of the time that there was a language code between O’Donnell and Morrison and that they usually exited the operating room together at the end of the day to review X-rays. Reviewing X-rays was code word for the aforementioned meetings for a relaxing pint.

Joe O’Donnell was an outstanding teacher and mentor of a generation of surgical trainees. Joe was always approachable to junior staff and, personally, I considered him a friend at the end of my three years. I believe I was not alone in this respect. Joe was an outstanding researcher and innovator in Vascular Surgery. He founded the first vascular laboratory at CUH in 1980. I can remember an excellent research project from Joe’s vascular laboratory, which was carried out by Mr. Diarmuid O’Riordain (now a General Surgeon in a Dublin teaching hospital), under Joe’s supervision, which showed that life expectancy of patients with intermittent claudication correlated with ankle-brachial index. The results of this study were enthusiastically received at national and international conferences and were published in the British Journal of Surgery.

Following completion of the Cork Surgical Scheme, I decided that I would change specialties and sought Joe’s advice. He listened as usual, gave me excellent advice and kindly agreed to write me a reference ■

Prof Michael Maher

# Message from the Development Office



UCC has always taken pride in the quality of student experience it delivers. It continues to strive to ensure that the standard of teaching and research is of the highest level delivered in the most conducive and safe learning environment. This will not be possible in the future without your support. The Medical Alumni Committee appeals to you to consider supporting the School of Medicine Endowment Fund by either making a contribution to it directly or considering it in your will or facilitating introductions for the Fundraising team to individuals who you think may be indebted to the education which you received at UCC.

All contributions no matter how small are truly welcome. Donations greater than €250 can be made in a tax effective manner through **Cork University Foundation** by making a cheque payable to Cork University Foundation, School of Medicine Fund and sending it to Dr Jean van Sinderen-Law, Director of Development, Director Cork University Foundation, Development Office, University College Cork, Ireland. Tel: 021 4902205; Email [j.Law@ucc.ie](mailto:j.Law@ucc.ie).

Alternatively to avail of the tax deduction in the US, cheques can be made payable to the Irish Educational Foundation incorporated under section 501(c) 3 of the Internal Revenue Code. Its federal ID number is 04-3115638. **Irish Educational Foundation Inc.**, c/o John F. Hegarty, 19 Cross Street, Medfield, MA 02052, USA. Tel.: 617-861-2043; E-mail: [jhegarty@financeboston.com](mailto:jhegarty@financeboston.com)

## Medical Alumni Scientific Conference 2009

September 18 and 19, University College Cork

Contributors include:

- Dr Frank Golden** – Why bother to learn to swim, it just prolongs the agony?
- Dr Deirdre Madden** – Ethical and Legal issues in Stem Cell Research
- Prof Donal Nyhan** – Vascular aging, can we turn back the clock?
- Prof Tim O'Brien** – Can we regenerate tissue using adult stem cells?
- Dr Brian O'Mahony** – Informatics in Medicine
- Dr Colm Quigley** – Let us take control
- Dr Mary Sheppard** – Sudden Cardiac Death
- Dr Mike Henry** – Recent advances in the Diagnosis and Management of Lung Cancer
- Prof Barry Ferriss / Dr Sinead Kinsella** – Prof Denis O'Sullivan Fellowship
- Dr John Coulter** – Fertility Sparing Surgery in Cervical Cancer
- Prof Ted Dinan** - Depression: Studies from the Cradle to the Grave
- Dr Conor Barrett** - Non-pharmacological treatment of heart rhythm disorders - from atrial fibrillation to ventricular fibrillation
- Dr Catherine Molloy** – Osteoporosis – New Frontiers
- Prof Brendan Buckley** – Prosperity
- Dr Roddy Galvin** – The Sting in the Gardens of Paradise

There will be a dinner reception at the Glucksman Gallery on the evening of Friday, September 18

Please contact **Rachel Hyland** ([r.hyland@ucc.ie](mailto:r.hyland@ucc.ie) / 021-4901587) if you require any further details

## North American Scientific Meeting and 1974 Class Reunion

August 25 – 28, St John's, Newfoundland

Contributors include:

- Dr Brendan Barrett** – Management of Chronic Kidney Disease in the Community
- Dr Benvon Cramer** – Teleradiology and Outreach Programmes
- Dr Catherine Keohane** – Recent Advances in Brain Tumour Diagnosis and Management
- Prof Pat Parfrey** – Molecular Genetics and Population Health
- Dr Eilish Walsh** – Scrotal Ultrasound in Children
- Dr Joe Curtis** – The Genetics of Diabetes Mellitus

A number of excursions and entertainment has been organised.

Please contact **Prof Pat Parfrey** ([pparfrey@mun.ca](mailto:pparfrey@mun.ca)) if you require any further details

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<http://www.ucc.ie/en/DepartmentsCentresandUnits/SchoolofMedicine/MedicalAlumni/>

Please send us your e-mail address to update our files.

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