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Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

Medical Alumni

Newsletter 9

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Diary in Pictures

UCC Medical Alumni Scientific Conference 2010



Dr Helen O'Mahony, Dr Dermot Crean & Dr Audrey Bradley



Dr Mary Twomey & Dr Catherine Ryan



Mr Séan Manning, Dr Paddy Kiely & Prof Paul Redmond



Dr Pat Henn, Dr Dan Hinds & Dr David Gough



Dr Cliona Murphy, Dr Aislinn Joy & Mr Paul O'Brien



Dr David Kidney & Dr Edward Gordon

The Inaugural Mr Joe O'Donnell Memorial Lecture



Mrs Avril O'Donnell & Mr Gerald McGreal



Mr Gavan O'Donnell & Mrs Avril O'Donnell

Introduction

Welcome to the 9th Newsletter.

We have again an eclectic selection of topics from around the world, all from Alumni or faculty. We are deeply indebted to all our contributors. We now have a very diverse faculty who are bringing new vigour and energy into the remarkable development going on within the Medical School.

The new Dean, Professor George Shorten, has taken over the leadership of the School of Medicine from Professor David Kerins after 4 busy and very fruitful years. David we are all indebted to you.

This year the Annual Scientific meeting will start with a get together and buffet on Wednesday, September 14 at 7.30 pm

and followed by the Scientific Conference on Thursday, September 15, and the Gala dinner that evening at 7.30pm in the Aula Max.

We invite all Alumni and faculty to join us in September, irrespective of when one graduated, to visit the Alma Mater. Giving us advance notice always allows us to prepare for your visit. Offers to present at Grand Rounds or in smaller groups are always welcome.

We would appreciate it if you could send us your e-mail address, as we would like to transfer our Newsletter to an e-Newsletter next year.

We would also invite all Alumni, including Dental graduates, to give us feedback on the newsletter (negative or positive) as we would like to improve the newsletter, but we do need you to contribute to your newsletter!

This newsletter includes appreciations for many outstanding Alumni and faculty who unfortunately died in the last year. We shall not allow their contributions to be forgotten. ■



Keep in Touch

In the past six months I have gotten more requests for information regarding moving to America than I did in my six years living here. Clearly this is related in a large part to the deterioration of the Irish economy and considerable pessimism. The process of applying for residencies and fellowships in the US is well described but what is less well known are the challenges and hardships that one encounters in carving out a career here. Although I have no regrets on making the move out, I would have rathered been aware of the difficulties one experiences here as I felt it would have prepared me more for my American life.

In this piece I will not be discussing the challenges of living without Jaffa cakes or Championship Hurling, but rather the professional realities of American Medical careers. The application process is standardised and straightforward through a central system. However, the awards and scholarships that are offered through NUI and our universities are completely foreign to US recruiters. Also the Irish grading system does not translate easily into Ivy League equivalents.

Therefore, when applying for training posts here, one has to make absolutely clear the exceptional nature of obtaining 70% in Obstetrics and Gynaecology. This is best achieved by having a letter writer who has trained in the US and can put these achievements in context for an American audience. Similarly, we Irish (and I still say we) are notorious for underselling ourselves. US applicants simply do not do that. Their personal statements emphasise their exceptional potential and lay out strict career pathways that we are not used to doing, with five and ten year plans. And no matter how artificial it may feel to promote oneself in this way, without it an application simply gets overlooked. To use the local sports analogy, when playing on their court, one has to play by their rules.

Then upon arriving here I felt a tremendous amount of pressure to perform. There were so many Irish that had come before me to Boston and had excelled, that I felt similar things were expected of me. In reality the Irish training system equipped me so well, that my concerns were unsubstantiated and after a few months I had settled in here relatively comfortably. Of course there were differences in practising medicine here, especially in terms of the reliance on technology and blood tests, but as long as one is malleable, the high volume, physical exam-centric practise of Irish healthcare complements well with specialised, academic nature of US hospitals. It just takes time.

A much bigger challenge I have experienced is keeping in touch with and informed about Ireland. Physicians by their nature are very busy on either side of the pond, and it can be easy to lose touch with the happenings and occurrences in Ireland. However, just as they are busy, they are also very supportive and available when contacted. In my mind the effort to stay in touch with the goings-on in Ireland need to come from the emigrant living overseas. The benefit of remaining in communication pays considerable dividends in terms of being invited to give talks as well as remaining aware of potential job openings. Also it is so tough at times getting paperwork and accreditations ready for any new job here in the US, so having the ability to pick up the phone to one's home institution and getting the Medical School records and letters easily compiled is invaluable.

There is a fine line that one has to walk here in terms of identifying oneself as "the Irish guy". In fact, I feel that the best way of enjoying success here in the US, is by incorporating oneself completely like any other trainee just with a different accent (it is important not to lose the accent, by the way).

Similarly, there is an unwritten rule here that is commonly understood among Irish Physicians. Even though everyone dreams of returning home, no one admits it. Any suspicion that there is an interest in returning to the "old country" will be met with disappointment and disbelief. It may sound silly but Americans cannot imagine that anyone would want to work anywhere else. And immersing oneself in US healthcare obviously means developing a research expertise. Research is not seen as an extra here, but rather an integral part of an academic career. Once papers are produced, then one is expected to win awards (again as long as they are awards that Americans are familiar with) and grants. Although this is very demanding and stressful, it is completely congruous with the experience of Irish Physicians. When I started getting involved in research (and admittedly my skill-set is still growing) I was concerned that it would be too divergent with what was going on in Ireland, especially in this time of economic downturn. I could not have been more wrong, on two accounts. First of all, my mentors in Ireland all encouraged me to follow this endeavour. Secondly, and arguably more importantly, many of those who went to Medical School with me and remain in Ireland are engaging in high-level research either at an MD or PhD level, to the extent that at times I feel left behind.

I love working here in Chicago and although I emphasised the challenges in this piece, that was simply to better equip anyone who is interested in coming out here. There has not been a single day that I have regretted doing my training in the US, but a lot of my success has been due to the support that I have obtained from those at home. So please, let's keep in touch. ■

Professor George Shorten

Welcome

"The years teach much which the days never know." --Ralph Waldo Emerson

As a nation we are, at best, broke. At worst, the "we" refers to our grandchildren or great grandchildren. And Cork, which has propped up this economically maligned country in more than a geographical sense, has not escaped. One might imagine that the UCC School of Medicine must be struggling for survival in the rarefied atmosphere of public sector reform. In fact, 2010/11 has been a successful year for the School. The proposed new Twinning Programme to be offered in partnership with NUIG and Malaysia is on course for a first intake of students in September 2011. Our Graduate Entry Programme under the Directorship of Professor Mary Horgan was favourably appraised by the Irish Medical Council.

We have been fortunate in securing the services of two outstanding Directors, Professor Damian O'Connell to the

HRB-funded Clinical Research Facility (CRF) and Dr John MacAdoo to the Advanced Southern Simulation Education and Training (ASSET) Centre. Professor Jonathon Hourihane has launched the Discovery Centre for paediatric clinical research (a HRB-funded satellite unit of the CRF). Despite the imposed austerity (a euphemism for ruthless cutbacks), the School of Medicine is alive and well.

An Alumnus who is favourably disposed might consider how he or she could contribute to the life of the School or the University. There are plenty of options: medical student electives, clinical or research fellowships and collaborations, scholarship or exchange programmes come into being because someone makes the proposal. More than ever, UCC is looking to its alumni for advice, ideas, proposals, and for partnership.

The University, the College of Medicine and Health and the School of Medicine will welcome your initiative and act on it – try us.

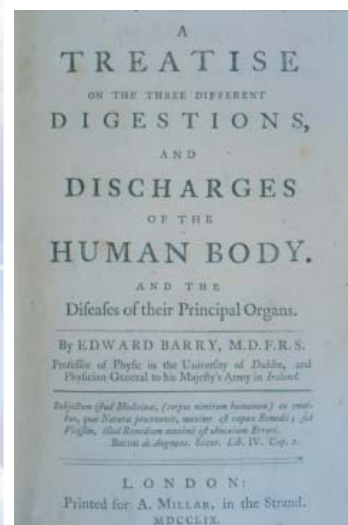
We look forward to welcoming you to the 2011 Annual Scientific Conference on September 15 and wish you an enjoyable and fulfilling meeting. ■



Cork Medical Students at Leiden

As the upper classes became more conscious of their health during the seventeenth century the opportunities for university educated physicians began to increase gaining them large incomes and a privileged place in society. The absence of a University Medical School at the time in Ireland meant that all students, whether Catholic or Protestant, aspiring to be physicians had to study abroad. Although some Irish men had studied Medicine in continental universities in the early part of the seventeenth century, the numbers began to increase significantly as the century progressed and continued well into the eighteenth century. Catholic students tended to gravitate to French Medical schools whereas many Protestant students went to Leiden in the Netherlands.

Leiden University which was founded in 1575 had a very famous Medical school during the first half of the eighteenth century. Many of the advances in Medical teaching made in Padua, the leading Medical school of the Renaissance, were subsequently introduced in Leiden. An anatomical theatre and a physic garden were established in 1592 and clinical teaching was introduced in 1636. The growing reputation of the Medical school began to attract students, particularly English speaking, from outside the Netherlands and although a Protestant University Leiden promoted liberty of conscience and was open to students of all religious faiths. The reputation of the Dutch school was at its peak between 1701 and 1738 when the great champion of clinical teaching Herman Boerhaave taught there, a period when over 40 of Cork's doctors studied at Leiden. Some of these doctors worked under Boerhaave and this was considered a mark of great distinction ever after.



When one Cork doctor wished to voice his disapproval of the treatment advocated by another in 1750, he said pointedly, "And you, a student of Boerhaave!"

Edward Wettenhall (1661-1733) was among the first Cork physicians to study at Leiden where he graduated in 1684. His father, also named Edward Wettenhall, was Bishop of Cork and Ross and a prolific author on religious subjects. Father and son are buried in the south transept of Westminster Abbey under a marble monument by the sculptor William Woodman. The Latin inscription states that the doctor "for many years exercised his profession in Cork, after the pure example of the ancients." Joseph Rogers studied at Leiden in 1704 before proceeding to Utrecht in 1708 where he graduated. He published several Medical books, the first entitled 'An essay on epidemic diseases; and more particularly on the endemical epidemics of the city of Cork' was published in Cork in 1732 and in Dublin two years later. In this book Rogers described three major epidemics of typhus which occurred in the first thirty years of the eighteenth century. He did not accept contemporary theories that atmospheric changes were responsible for the epidemics but he attributed the aetiology to "morbid effluvia" which he defined as "particles of all kinds detached from the animal, vegetable and mineral kingdoms." One of the chief industries of Cork at the time was the export of barrelled beef for the navy and mercantile marine and Rogers implicates the unhygienic conditions associated with the trade in a number of what he described as "concurring causes".

Rogers description of these concurring causes give us some insight into living conditions in Cork at the time. For example he describes: "the great quantities of filth, ordure and animal offals that crowd our streets, and particularly the close confined alleys and lanes, at the very season that our endemics rage amongst us" and "the unwholesome, foul, I had almost said corrupted water that great numbers of the inhabitants are necessitated to use during the dry months of the summer." It was Rogers who first promoted the Medicinal value of the waters of Mallow Spa. He was elected a fellow of the Royal Society in 1738. Richard Frankland, Peter Bonbonous and Patrick Blair, three of the first physicians on the staff of the North Infirmary on its establishment in 1751, had studied at Leiden.

Richard Frankland graduated M.D. in Leiden in 1728. His thesis which he dedicated to his teacher Herman Boerhaave is now in the British Library in London. Peter Bonbonous (1711-1767) who graduated in 1732 was the son of Jean Bonbonous a Huguenot refugee and woollen manufacturer who came to Cork around 1686. Patrick Blair (1712-1781) was a Scot who arrived in Cork around 1745. He was subjected to a campaign of unseemly criticism by other physicians including Joseph Rogers and Peter Bonbonous which led eventually to his dismissal from the staff of the North Infirmary. "Rambler's are like birds of passage" wrote Rogers pointedly "They stay as long as they are well fed." Blair built a castellated residence in Sunday's Well which became known as "Blair's Castle". He also courted religious controversy and was the author of "Thoughts on Nature and Religion: or an Apology for the Right of Private Judgement" which was published in Cork in 1774.

Edward Barry was the most distinguished Corkman to study at Leiden. The son of a doctor, he was born in Cork in 1698 and studied at Trinity College Dublin before moving to Leiden where he graduated M.D. in 1719. Hermann Boerhaave promoted or sponsored Barry's doctorate before the Leiden Medical faculty. In 1720 he began practice in Cork and he published a book in 1726 entitled A Treatise on a Consumption of the Lungs. He was admitted a Freeman of Cork together with Joseph Rogers in 1731 and he was elected a fellow of the Royal Society in 1733. He represented Charleville in the Irish Parliament from 1745 to 1761. Barry's reputation flourished and he moved his practice to Dublin in 1739.



He published his principal work "On Digestion" in 1759 and in the preface he wrote:

"The Principles, from whence I chiefly derived my Observations, were such as the learned Dr. Boerhaave had laid down: I regarded him then with all the favourable Prejudice, and warm Gratitude of a Pupil; nor has the Experience of many Years altered my Opinion."

Barry's practice was based in College Green and in 1751 he built Mespil House on the banks of the Grand Canal. This house was demolished in 1944 but three of its ceilings were saved, two are in Dublin Castle and the third is in Áras an Uachtaráin! Barry moved in the intellectual and literary circles of his time. In 1736 he wrote a witty note to his friend John Boyle, 5th Earl of Cork, about the health of their mutual friend Jonathan Swift:

"I'm concerned to hear that Swift is confin'd by some Disorder; I hope nothing but a bilous cholic, which a few Satyrical evacuations will remove."

In 1749 Barry was elected President of the College of Physicians and in 1754 he was appointed regius professor of physic at Trinity College Dublin. He resigned from both bodies in 1761 when he was put in an untenable position in a major row between the institutions because Trinity, despite objections from the College of Physicians, awarded a Medical degree to a leading Dublin obstetrician! Aged 63 Barry moved to London where he developed a practice. Boswell recalled that Samuel Johnson made the following remark about Barry at a dinner in 1776:

"Johnson mentioned Dr. Barry's System of Physic. 'He was a man,' he said, 'who had acquired a high reputation in Dublin, came over to England and brought his reputation with him, but had not great success.'"

However Johnson was never lavish with praise and he may not be correct as we know that Barry was knighted in 1773. His last book was published in 1776 and was entitled Observations, Historical,

Critical and Medical on the Wines of the Ancients, and the Analogy between them and Modern Wines. It was a detailed work of nearly 500 pages. Barry died in Bath in 1776. ■



Dr Edward Barry

A Special Colleague - Dr Edward Kiely

Only those who have learnt the power of sincere and selfless contribution experience life's deepest joy; if this thought is as true as it sounds, Edward Kiely certainly has had a life of fulfilment, achievements beyond most of our dreams and that magnificent attribute of humility and modesty tempered by his gentleness – though it was not always so obvious, no more so than when he and I first learnt how to cope with what we will call some "inconveniences" such as sharing a room in Ring College together in 1956. Even then Edward Kiely was developing his amazing personality and generosity caring for all our little problems being away from home. He progressed to Christian Brothers College where he excelled at Sport winning a Munster Rugby Senior Schools Medal in 1962 and from there onwards to Captain the UCC Senior Rugby Team (being the third member of his family to do so, previously David and Paddy had this honour bestowed upon them) collecting Munster Senior and Junior Medals there after. To Captain Landsdowne was certainly another great achievement and to lead them to a Leinster Senior Rugby Cup Victory in 1972 was quite amazing.

Edward Kiely married Nicola Creamer in 1986, they have three boys all doing Medicine and this is wonderful for him and Edward's Dad, the late John Kiely FRCS, my teacher, would be so proud, as would his Gaelgóir Mum Helen and more so with the fact that Nicola's Mum, Dr. Pat Hegarty MD was the daughter of Mr. Daniel Hegarty FRCS Consultant Surgeon to the North Charitable Infirmary Hospital previously.

Edward Kiely was appointed to Great Ormond Street in London in May 1983 and has since performed 22 operations separating conjoined twins, one other person in the world has performed more (27) we are all so very proud of his success.

Edward Kiely maintains his Cork roots. He has a house in West Cork that he visits very regularly. He is first and foremost a family man despite all his professional and sporting achievements he remains a team player.



Edward Kiely has certainly been an inspiration raising the hopes, aspirations and dreams of the young Irish Doctors who can see that in this competitive world they can make a difference and, if given the facilities here at home in our own hospitals and clinics, that they can reach great heights and represent Ireland on the world stage with gentleness, humour and humility like Mr. Edward Kiely FRCS.

JPD

Editors note: Edward Kiely was the recipient of the Medical School Medal in 2010 and will receive the Distinguished Medical Alumni Award for 2010 at the weather delayed ceremony on April 15, 2011. ■

Anatomy Forty Years On -A tribute to Prof MA MacConaill

In September 1969, I began reading Medicine in earnest as a first year Medic at University College Cork. In that year, one of the three subjects was Anatomy. As a budding Surgeon, even in those early days, Anatomy undoubtedly took my fancy. The study of the human body by dissection of human remains was utterly fascinating, and was made all the more so by our Professor of Anatomy, Prof Michael A MacConaill. As I recall, Prof. MacConaill was a man of medium build with a crop of immaculately groomed white hair. He had a kindly face and an impish smile that persisted even when he failed you in the exams which, in my case he kindly did on three consecutive occasions. His teaching methods seemed unusual to me and my fellow students at the time, but 40 years later when as Clinical Anatomist in the Anatomy School at Cambridge University (UK), I look back on his teaching, I realise that his methods instilled a lasting memory and knowledge of Anatomy that was to serve me well throughout my career as an Orthopaedic and Trauma Surgeon. They also now form an important part of how I teach Anatomy to our current day Medical students.

As I complete the 40 year cycle from first year student of Anatomy at UCC in 1969 to my appointment as Clinical Anatomist at Cambridge University in 2009, responsible for organising and teaching Anatomy, I reflect on the similarities and changes over the four decades. In doing so, I am struck by how little has changed when I consider the important basic principles.

In 1969, within days of beginning the Anatomy course, Prof MacConaill made a point of instilling in all of us the importance of having respect for the cadavers we would use to study Anatomy. The terms 'cadaver' and 'stiff' were not to be used. In their place we would henceforth refer to the bodies under our care as 'subjects'. We were repeatedly reminded that "respect for the dead would bring with it respect for the living". How very true. An appropriate dress and behavioural code was mandatory and those failing to respect the dead, by reason of the way they behaved or presented themselves, were excluded until they learned the error of their ways. We never knew and never enquired where the subjects had come from. We never found out the identity of the subjects that remained under our care for the year and we never had the opportunity to pay our

respects and give thanks to those people by whose generosity we had so greatly benefitted. Today, the whole subject of body donation is more open and the issue is discussed with the students. At a committal service towards the end of the academic year, the names of the subjects are revealed as they are respectfully committed to the earth as either bodily remains or ashes. A memorial service to pay respect and give thanks to donors and their loved ones is now an important part of the whole process in which students are encouraged to participate. Forty years ago sadly, there were no such services or at least we were not aware of them.

My recollection of those days in 1969 is very vivid. The ante-room of the Dissecting Room had an array of framed pages of anatomical terms and their origins. It was part of the course to learn many of these terms and it helped our understanding of what were difficult anatomical descriptions. A similar list is provided to all our students today at Cambridge in the "Handbook of Anatomy" as they begin the course, complemented by a list of embryological terms.

Anatomy itself, *per se*, has not changed radically in the past 40 years. However, the clinical applications to which budding doctors have to put their knowledge of Anatomy has changed dramatically in that time. Forty years ago Anatomy was learned to a great extent in isolation, without reflecting on the clinical importance of its knowledge. Today, at Cambridge, respect for the dead is considered paramount, and while there is a considerable amount of pure Anatomy to be learned by practical dissection, its clinical application runs side by side in the form of applied Anatomy sessions using radiographs, computer and magnetic scans, ultrasound, anatomical and clinical skill models, clinical photographs and live patients, providing the students with an understanding of the relevance of the Anatomy they are expected to learn now, and an appreciation of its importance in the clinical work they will do in the future.

In teaching Anatomy to first year Medical students these days, while there is now less emphasis on the use of memory and a greater emphasis on the application of relevant Anatomy to clinical problems, the principles of the Anatomy

Prof MacConaill taught 40 years ago are still as relevant today as they were then.

The use of practical dissection as the lynch pin for learning Anatomy is even more important today, as it forms the basis of our understanding of the structures affected by clinical disorders and diseases. In the case of Surgeons and interventionalists, a detailed knowledge of relational Anatomy is essential if one is to avoid serious complications and structural damage.

This is particularly relevant when one considers the increasing number of minimally invasive operations that are being performed. At least when performing open surgery, there is the opportunity to expose the tissues in layers from skin to bone under direct vision. A modicum of care, a basic knowledge of Anatomy and a few years' experience will suffice in many cases. However, with minimally invasive surgery done through portals, there is no opportunity to see the tissues between the skin and the structures requiring surgical attention. A detailed knowledge of the 'invisible' Anatomy is necessary and will only be gained by using dissection of human remains before approaching the live patient and performing surgery without opening the skin. An extreme example of this vital knowledge is demonstrated when one considers the operation of transvaginal cholecystectomy, leaving no external signs whatsoever of the surgery that has been performed, but a catalogue of disastrous complications if the Surgeon is not truly familiar with the Anatomy of the trunk from top to bottom, or more accurately from Diaphragm to Perineum.

In going through life, we all learn from others. Some of what we learn we keep and use, accepting its worth in our lives and passing it on to future generations. Other things we choose to forget, while some information is recalled merely by the eccentric way in which they were presented. In considering the Anatomy I studied 40 years ago, I have no doubt that what I learned from Prof MacConaill fell into all of these categories. His eccentricities are still very clear in my mind. What I have discarded from memory, clearly I cannot remember, but there remains with me a huge memory bank of

information that I have passed to my students over the years and particularly now pass on to those first year medics who are treading similar steps to those that I walked 40 years ago. And if one's respect for one's teacher is reflected in the amount of material one learns, remembers, uses and passes on, then my respect for 'Mac' is immeasurable.

Note about the author.

Mr Chris Constant (known to all as 'Mr C') qualified with MB, BCh, BAO from UCC in June 1975. He was awarded the FRCSI in June 1979. He did his higher surgical training at Oxford, Toronto and Cambridge and was awarded MCh at UCC in 1986.

In 1987 he took up the post of Consultant Orthopaedic & Trauma Surgeon at Addenbrooke's Hospital in Cambridge (UK), where for 20 years he specialised in Shoulder and Elbow Surgery. He was awarded a Master in Medical Law from Cardiff Law School in 1994 and an MA at Cambridge in 2000. In 2009 he took up a shared post of Clinical Anatomist at Cambridge University, where he is the Designated Individual for the Human Tissue Authority and Licensed Teacher of Anatomy. He is a Fellow of Trinity Hall Cambridge, and College Lecturer at Robinson College Cambridge. ■



1975 MB Graduation
(Prof. MacConaill is 6th from the left seated in the front)

Col Peter Power

The Agadir Earthquake 1960

On the night of March 31 / April 1 1960, the city of Agadir was devastated by an earthquake and tidal wave. Some 12,000 of the population of 50,000 were killed.

At 9.00 am on April 2, three Shackletons of Coastal command RAF, based in Gibraltar, flew into Agadir with Medical supplies and rescue equipment. Major Peter Power RAMC flew in the plan with all the Medical supplies which had been organised with Major Bob Thompson, QM of BMH Gibraltar. He had reduced the hospital to three days supply remaining, in the hope that he would be resupplied within that time, which indeed he was. Flying in over the devastation of the city, Major Power was in the bomb bay underneath the aircraft with a clear view of the ground below; this was covered with what appeared to be a dense pall of black "smoke". On landing and subsequently touring the devastated area on foot, it transpired that this

was not smoke after all but black volcanic dust hanging all over the city.

As the situation was now under the control of French and American military forces, Major Power and his team's assistance were not required. Having unloaded all supplies the Shackletons took off, avoiding the cracked parts of the runway, and returned to base in Gibraltar. On arrival at the airport in Gibraltar, Major Power met three surgeons who had flown out from the UK. They were experts in the treatment of burn casualties, and having decided to go and assess the situation for themselves they returned immediately to the UK. They too had been misled by the reports of black "smoke", and found on arrival in Agadir that this was indeed dust and there were no fire or burn casualties. The moral of this tale is the importance of acquiring early and accurate information from direct survey of the damaged areas, rather than

rely on indirect, inaccurate information conveyed in the heat of the moment by observers ignorant of the real situation.

The real requirement, which was supplied eventually, was anaesthetic and resuscitation equipment, as well as the services of Anaesthetists, General and Orthopaedic Surgeons to deal with the injured survivors. ■

Extracted from 'Proceedings of the Royal Army Medical Corps Military Historical Society (Winter 1994/1995)'



SAAD Hotel, once twelve stories high on the beach at Agadir, April 1960

Haiti pre and post the January 2010 Earthquake

Global Poverty & Deprivation

The Millennium Declaration, endorsed by 189 world leaders at the UN in September 2000, is a commitment to work together to build a safer, more prosperous and equitable world. The Declaration was translated into a roadmap setting out eight time-bound and measurable goals to be reached by 2015, known as the Millennium Development Goals (MDGs).

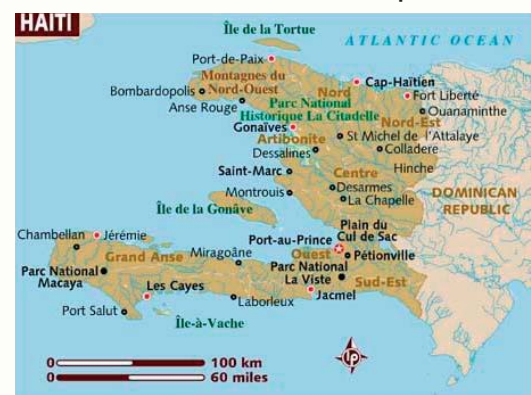
- Goal 1 Eradicate extreme poverty and hunger
- Goal 2 Achieve universal primary education
- Goal 3 Promote gender equality and empower women
- Goal 4 Reduce child mortality
- Goal 5 Improve maternal health
- Goal 6 Combat HIV/AIDS, malaria and other diseases
- Goal 7 Ensure environmental sustainability
- Goal 8 Develop a global partnership for development

A decade after the Millennium Declaration, there have been noticeable reductions in poverty globally, significant improvements in enrolment and gender parity in schools, reductions in child and maternal mortality and increasing HIV treatments. Progress across the MDGs is being achieved where strong government leadership, effective policies and institutional capacity for expanding public investments are complemented by financial and technical support from the international community.

There are important synergies among the MDGs — acceleration in one Goal often speeds up progress in others. As a result of this initiative considerable gains have been achieved in many countries including Afghanistan, Burkina Faso, Cambodia, Ethiopia, Ghana, Kenya, Malawi, Mali, Mozambique, Nepal, Nigeria, Panama, Pakistan, Senegal, Sri Lanka and Tanzania. And yet much more remains to be done.

Against this background of global poverty, deprivation and need the particular plight of the people of Haiti did not come to my attention in a telling way until April 2009 when I visited the Haven Partnership Promotion Stand at the annual general meeting of the Irish Medical Organisation in Killarney. Haven was hoping to recruit some volunteers, Medical and otherwise, to sign up for a week's voluntary work in Haiti in October 2009.

In truth, having lauded the Haven staff for the good work they were about to undertake I more or less forgot all about it. At least that was so until some six weeks later I received a call from the IMO HQ commending me for my altruism in agreeing to join the Haven Volunteers for the inaugural October '09 visit to Haiti! The rest, fé mar a deirtear, is history.



Haiti comprises part of the island of Hispaniola and shares a border with the Dominican Republic. A statistical résumé of Haiti reveals the following:

- Population 8.5 million
- One-third the size of Ireland
- Languages: French and Creole
- Capital: Port au Prince
- Human Development Index: 146th of 177 countries
- Life Expectancy: 59 Years
- 40% of all households experience food insecurity
- Unemployment: 54%
- 28% of people have access to basic health care
- One in Twelve Haitian children die before their fifth birthday
- Haiti is the poorest country in the Western Hemisphere
- Haiti is the hurricane belt and is prone to extreme weather conditions

Haven Partnership

Haven is an international NGO that was registered as a charity in Ireland in late 2008. It was founded by Irish businessman, Leslie Buckley and his wife Carmel and is dedicated to building homes and hope for the Haitian people. To quote Leslie, 'We don't just build houses, we build homes. We don't just bring groups of people together, we build communities. We don't just help people to survive, we build lives of hope.' So, Haven operates a dual approach of building new houses as well as making improvements to existing homes. By the end of 2011 Haven plans to have built 1,000 new houses and upgraded 2,000 existing houses. In addition Haven has further ambitious plans to expand its mission to 'housing the homeless' in other parts of the world.

Build-it-Week 1 – October 2009

Going to Haiti was some experience – it is only when one sees things with one's own eyes that the extent of the appalling deprivation is realised. This was very evident in Ouanaminthe, an isolated and extremely poor rural area. The people have few, if any, basic services i.e. no running water and no electricity; the fact that many do not even have mirrors was reflected by hundreds of bright-eyed smiling children who kept asking that their photo be taken so they could then see how well they looked! The more haggard and drawn faces of their parents and other older Haitians provided a stark contrast.

Over 260 volunteers travelled of this inaugural trip; all were in great spirits and many new friendships were made. At the end of the week the people of Ouanaminthe had an additional 41 houses and a playground. In the adjoining primary school an extra classroom was built and so allows the 400 local children complete their primary education in the same school. A basketball court was also built for the school – coincidentally dedicated to the memory of the late Stuart Mangan whose own heroism following an accidental rugby injury was inspirational. Stuart died earlier in 2009.

During our visit a few of the Medical Team had the opportunity to visit Hôpital Sacré Coeur in Milot, some two hours drive, across a very bumpy dirt track, from Ouanaminthe. This 70-bedded general hospital is run by the CRUDEM Foundation, does remarkable work with limited resources. It has a small team of locally-based specialists whose work is augmented by regular 2-week visits from teams of specialists mainly from the US.

These doctors have been giving their services on a *pro bono* basis for over 20 years. The Executive Director who coordinating CRUDEM Foundation's efforts in recent years is Irish-born, Denise Kelly.

The January 2010 Earthquake

On Tuesday 12th January 2010 Haiti was struck by the worst earthquake in over 200 years. Dawn brought horrible scenes to light in Haiti's capital on Wednesday: piles of disintegrated concrete, with limbs sticking out and muffled cries emanating from deep inside; wounded people staggering through the streets. Thousands were missing or reported dead, buried under rubble in the Port au Prince area with hundreds of buildings including the Presidential palace and the UN headquarters destroyed. Power supplies and communications networks were severely disrupted. As the then President René Préal told newspapers: "All of the hospitals are packed with people. It is a catastrophe."

Build-it-Week 2 – April 2010

Three and a half months after the January earthquake together with 297 other volunteers I set off on the 2nd Haven 'Build-it-Week' to Haiti, this time to Gonaïves a seaside city in the North West of Haiti some 160km north of Port au Prince. It has a population of about 105,000 people and was not affected by the January 2010 earthquake.

It was however very badly affected by a series of hurricanes over the last five years. In September 2004, Hurricane Jean caused major flooding and mud slides in the city. Buildings and homes were badly damaged by the storm and approximately 2,000 people are believed to have died. Following that, in 2008, the city was again devastated by Hurricane Hanna.

Having lost their homes and loved ones, thousands were forced to find refuge elsewhere. Many built makeshift shelters and camps on higher ground, unaffected by flooding. The people of Gonaïves are living in primitive conditions to this day. Prior to Haven's April 2010 visit NOTHING whatsoever had been done to help the people of Gonaïves or rebuild their town in the intervening period.

The above pictures give you some idea of the 'houses' that are home for the people of Gonaïves. Once more basic services such as running water and electricity are virtually non-existent. And yet, just as in Ouanaminthe, nobody in Gonaïves was complaining; the local people were friendly and welcoming.

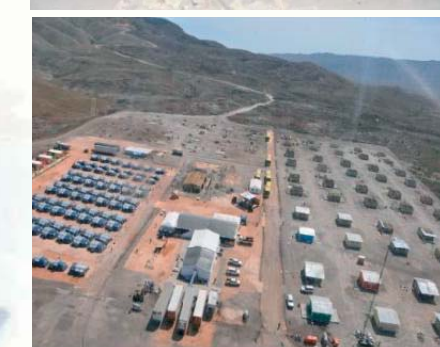


saline mini-bags and vii) a selection of topical antibiotics were presented to Dr Bernes Chalumeau, Medical Director, Milot Hospital pictured with his colleagues below.

The journey from Gonaïves to Milot is a 7-hour drive from Gonaïves on a horrendous 'road'. Thanks to Leslie & Carmel Buckley for making available the helicopter which allowed Niall Macnamara, Nurse Laura Duggan and me travel to Milot much more comfortably and speedily to formally present samples of the Medical supplies the April 2010 volunteers had helped to bring to Haiti. Thanks too for their assistance in ensuring the safe delivery of the rest of the supplies to Milot Hospital.



Donation of medical supplies to Milot Hospital (The Crudem Foundation see www.crudem.org)



The houses built in October '09 had 3 rooms with an adjoining shower cum toilet area. Feedback from the local Haitians revealed that they did not want the shower / toilet facility – indeed a two-roomed house with an outdoor veranda would be 'just perfect'. So the houses built in Gonaïves were to that specification. Once again, as in October '09, I mixed Medical work with 'gofer duty' for one of the cement teams, pictured to the right. Bottom right are volunteer Cian Twomey and his father. The middle picture gives an aerial view of the site with the houses under construction to the right and the volunteers' tents to the left.

As a Volunteer wrote in a Haven Newsletter after coming home: Q. 'What do you get if you cross 5am starts, 20-hour days, 40-degree heat, dehydration, mosquito bites, blisters and boot camp conditions with enthusiasm, energy, goodwill, commitment, courage, belief, hope and Irishness? Answer: 63 homes, a community centre and a playground in Gonaïves.'

After our visit to Crudem Foundation's Hôpital Sacré Coeur, Milot in October 2009 Dr. Niall Macnamara and I speculated that when returning to Haiti in April 2010, we might to ask each volunteer to carry a pre-packed supply of Medical items as part of their luggage. Following discussion with the hospital's Executive Director, Denise Kelly the following items i) 36 ambu bags of different sizes, ii) a range of analgesics/ anti-inflammatory agents, iii) bandages & tape, iv) gloves, v) syringes, vi) 100ml

Letter from an Asian Tiger to the Celtic Pussycat

Greetings from five degrees north of the equator. Being a lover of temperate climates I am very much surprised to find myself in such an unlikely place. Nevertheless when approached about the possibility of taking the Chair of Surgery at Penang Medical College, and after a period of mature reflection and more than a little domestic consultation and after a “field trip” to Malaysia, here we are. Great tribute is due to the adventurous spirit of my wife Marie who, in the earlier part of our career, endured much travel – and far from the front of the aircraft. For myself, as to why I should continue in harness, I remain persuaded that more people are killed by idleness than by work.

Our experiences here are entirely positive. The island of Penang is a very vibrant place with three distinct ethnic groups, Malays, Chinese and Indians, very much in that order. Most of the public jobs are held by the Malays. The Chinese, as everywhere else, are beavers at business. Here everything which breaks down gets fixed much as we used to do in Ireland before we got above ourselves (do we still throw away a crutch in Ireland after single use as ordained by the “health and safety industry”?). Our epidemic daftness in such areas, particularly in the public service, is in sharp contrast to Malaysia, a country with which we compete for jobs! Wages here are low although there is significant price inflation. I have the greatest difficulty in seeing how we can compete.

Penang Island is a great tourist destination for the rich people of Asia and many come from Taiwan, Japan, Korea and Australia. The island has a great many hotels and they are still building. It is difficult to be sure that there is not an element of bubble in this – like you know where! The food is very interesting and is sold very cheaply by “hawkers” on the street (one of the main occupations recorded by the students in their “social history” is that of “hawker”). Such food however grows somewhat monotonous and, while not wishing to lapse into a kind of boarding school letter, one does rather hanker after a decent spud, a hickory smoked rasher or a Clonakilty sausage. The material which we in Ireland call bacon is unknown here but the word is used to describe a catastrophe of dubious composition but probably mainly beef. We drink tap water liberally with no negative sequelae – a good sign of a country. One of the anxieties in coming here is the heat – most days it is 32° Celsius.

Surprisingly one quickly accommodates to this and learns to avoid the worst of it. It is mandatory to consume large amounts of water, a somewhat boring beverage! When we returned after Christmas there was a temperature gradient between Cork and Penang of forty degrees.

Penang Medical College, a partnership between UCD, RCSI and local interests, graduates the same numbers as UCC. The programme is very well structured and there is a lot of traditional bedside teaching and it is given by senior people. I am the only Irish professor at this time and there are excellent Australians, South Africans and some locals. The college is housed in purpose built buildings three hundred yards from the main hospital and we walk to and fro to teach the students in the wards in the morning and conduct the didactic elements of the course in the college itself in the afternoons. The President (CEO) is a former Irish Ambassador. The school is a private enterprise and is consequently less prone to the “daftness” mentioned above. We are, however, governed by the Irish Medical Council who are to visit shortly. The students are of good academic standard and are either on scholarship from the government or pay for themselves. To do the latter takes serious money but there are many rich people here and they have a reverence for education as, perhaps, at least some still do in Ireland.

The main hospital is rough and tumble but clean, modern in ethos and a wonderful place for students. The pathology is surprisingly similar to Ireland but developed to the point of caricature. Diseases are florid to a degree at presentation that even the most venerable of Irish practitioners would not have seen in their youth. I sometimes sit for a few minutes at the entrance and watch a biblical procession of pathology – orthopaedic and neurologic in particular. Noel Callaghan comes to mind, with affection, as I try to work out the gaits. A conspicuous feature for me is the love and attention which families still lavish on patients here – always in attendance doing little things.

The Government here is admirable in its efforts to look after the ordinary people and it knows how to spend its money wisely. Diabetes and dyslipidaemias are particular challenges and they put a lot of money into

prevention. The public system however is grossly overcrowded and creaking. There is in addition a buckshot of private hospitals sporting the latest diagnostic gadgets but the patients, who are not insured, are always (and the students give this matter of factly in the history) transferring across when they run out of money. As well as the main Penang General Hospital I teach in two smaller hospitals on the mainland – there is a bridge. These are mass produced buildings reminiscent of the county hospitals constructed by Noel Browne in Ireland sixty years ago. These institutions however are unconfused about their role and have a big fleet of vehicles for the daily transport of patients to the main centre for diagnostic or major procedures. Such places do middle level surgery and are invaluable for teaching.

Reflecting on all of this one has to conclude that Ireland, in spite of all our recent tribulations, is still a very developed country. Unfortunately it seems that as a country develops, the measurable benefits of increased healthcare spending decline exponentially. Malaysia is at that part of the cycle where increased spending has visible effect: in Ireland more money must be spent to maintain the status quo. The reputation of Ireland here is high and I am happy to report that Irish educational expertise is particularly esteemed. ■

I wish to acknowledge once more the generous support of the following – all of whom donated their supplies free of charge: **A Menarini** Pharmaceuticals Ireland, **Baxter** Ireland, **Bausch & Lomb**, **Fleming Medical** Ltd, **GlaxoSmithKline** Ireland (Limited) **Hibernia Medical Supplies** Limited, **HSE** (Population Health & HSE South Procurement); **Leo Pharma** and **United Drug**.

Hôpital Sacré Coeur normally has 70 beds, but following the earthquake the required number increased to a maximum of 420 – the additional beds located in local schools and in big tents (40 patients per tent). The additional patients mainly had orthopaedic and limb amputation problems; a major prosthetic service has been developed in Milot. The hospital now plans to expand its core capacity to 120 beds.

Haven in Haiti post Earthquake

Haitians mourned the one year anniversary of a devastating 2010 earthquake that killed almost quarter of a million people and left hundreds of thousands homeless in squalid, unsanitary camps in and around the capital. The political situation has been more stable in January and it has been confirmed after much controversy that candidate of the ruling party, Jude Celestin and former first lady, Mirlande Manigat are the two front contenders for the run-off vote. Immediately post earthquake Haven set about finding out where it could be of most use. Up until January 2010 Haven had been involved in building homes in rural parts of Haiti, but because of the earthquake a base and local team was set up in Port au Prince.

Latrines

All of the NGOs gather together to identify the specific issues that required immediate attention. Arising from this cooperation Working Groups or Clusters were formed; each group was given a specific task, e.g. health, camp coordination and shelter. Haven is a member of the **WASH – Water & Sanitation, Health (WASH)** Cluster. Haven is also involved in distributing tarpaulins to those still without shelter, and for building hygienic latrines in the campsites. Haven is now the second biggest provider of latrines in Port au Prince. In total, Haven has constructed 1,360 latrines working in 57 camps across the city providing sanitation facilities to over 80,191 beneficiaries (aiming to provide at least one latrine for every 20 people). Incidentally there are up to 7,000 people living in just one of these campsites alone. Its Emergency Response Team has been working within these camps, with the camp residents, to build adequate sanitation facilities for them. Haven has also been commissioned by UNICEF to provide water and

sanitation in schools and showers in campsites across the capital. In all of these camps Haven holds hygiene promotion workshops. During these workshops our beneficiaries are shown how to live cleanly and safely especially in such close quarters in these new settlements.

Ouanamthe Update – 2011

Families are now living in their 200 new homes and all 250 promised housing upgrades are complete. A key part of the Haven Programme is the education, training and affirmation of the local Haitians so that they take more ownership in determining their own destiny. In that context, solar panel installation is well underway and 25 trainees are working on the roll out of the project. Each family is asked to buy one battery pack. Furthermore construction training courses have nearly come to a close with 35 students due to graduate. However 30 of their colleagues enrolled in road work training are still hard at work, they are due to graduate in late September.

The Agri-Programme is also nearly complete. The forty women and twelve men taking part in the course have formed a committee charged with maintenance, nursery and gardens. 160 gardens are planted and thriving, with beans, peppers, tomatoes, aubergine, and much more. The nursery is packed with the next crop once produce is harvested from the gardens. All of the community workshops and sex education continue both before the families move into their new home and afterwards. The Community Centre is in use every night hosting meetings with topics as diverse as Bas Dilaire FC to the Ladies Club.

Gonaives Update – 2011

Haven has acquired a new site for our second project in Gonaives. The site is approximately 200 meters from our existing site in the city. We plan to build 100 houses on the site. The house is similar in design to what we have been building in the area to date, although not identical. As with all of Haven’s shelter projects, this programme will also address the water and sanitation needs of the community and provide training and livelihood opportunities to the beneficiaries. Each house is 25 square meters in size. It is a two roomed house, and will have a cooking area, a latrine and a porch. The house will be strong enough to survive a hurricane similar to those of 2004 and 2008.

Shelters

Haven is currently implementing three transitional shelter projects in collaborations with Plan International, American Red Cross and Oxfam America. Up to 700 shelters are being constructed to provide safe shelter for displaced

families for a minimum of 3 years as the reconstruction programme proceeds. There will also be access to water and sanitation facilities for the targeted population and an associated public health campaign to promote good hygiene behaviour. Crucially these activities must also create livelihood opportunities for the local inhabitants in areas such construction and carpentry that will facilitate economic recovery and support the market systems within the area.

The post earthquake response generally has been relatively slow moving from the emergency to the recovery phase, there are still approximately 1.3 million displaced people living in 1,300 *ad hoc* settlement sites. Maintenance of latrines will be required for significantly longer than what was initially planned. Haven wants to ensure we continue to maintain the latrines until a process of camp decommissioning occurs as people move from emergency to transitional shelter.

Cholera

That the travails of the Haitian people were further compounded by the Cholera outbreak was not unexpected; indeed the only surprise was that it had not emerged earlier. An extract from UNOCHA Cholera Sitrep No 31 in January this year says ‘As of 1 January, the Ministère de la Santé Publique et de la Population (MSPP) has reported 3,651 deaths due to the cholera epidemic and 171,304 infections nationwide. The epidemic continues to threaten 2.2 million school-going children, owing to the lack of clean water and sanitation facilities in schools throughout the country. A stronger mobilisation of WASH actors in rural areas, in particular in the North-West, Grande Anse, Nippes, South and South-West departments is needed.

Rubble Construction

Haven has partnered IFRC in a very innovative project using earthquake rubble for construction of a gabion house



The above house is now complete and has attracted massive local interest. This proposal has been extended to include clusters of 4 houses (1x two storey and 3 x single storey). ■
Web: www.havenpartnership.com



Pure surgical spirit

In our new Master of Medicine series, **June Shannon** speaks to some of Ireland's most prominent retired clinicians. In the first installment Prof Barry O'Donnell shares his reflections

“I had the best job in the world” – that’s how Professor Barry O’Donnell sums up his 37 years at Our Lady’s Children’s Hospital in Crumlin. As well as being a surgical innovator, committed and compassionate clinician, highly respected professional and hugely popular raconteur, Prof O’Donnell was one of Ireland’s first dedicated paediatric surgeons.

Prof O'Donnell was born in Cork in 1926 and studied medicine at UCC. He graduated in 1949. These days his sprightly step and razor-sharp wit very much belie his 83 years.

The son of a publican, Prof O'Donnell's father ran the Hi-B bar in Cork's Oliver Plunkett Street, which is still in the family today. "They say you are nobody in Cork until you have been barred from the Hi-B bar," Prof O'Donnell smiles, adding that the people skills he learned from his father stood him well for a career in medicine. It was his mother who instilled in him a love of words and story-telling.

Of the three boys in his family, Prof O'Donnell was the only one to study medicine and while he initially toyed with the idea of being a lawyer or a journalist, his father told him there was "no living" to be had in either of those two professions.

"My best friend, who my father really admired, was going up to UCC to do medicine and he said 'you should go up and do that, you will always get a job as a doctor'," Prof O'Donnell remembers.

Advice

"I signed up. I was barely 17. You could do that in those days. All you needed was a cheque for £70 and you were away."

Little did the young Mr O'Donnell know back then that his father's advice would lead him to a hugely successful international career in paediatric surgery, spanning more than 50 years.

During that time he was to become Ireland's first Professor of Paediatric Surgery (1986-1993). He was also destined to become the only person in the world to hold the triple Presidency of the Irish Medical Association (IMA), the British Medical Association (BMA) and the

Canadian Medical Association (CMA) at the same time (1976-1977).

Presidencies of the British Association of Paediatric Surgery (1981-82) and the surgical section of the Royal Academy of Medicine in Ireland (RAMI) (1990-92) were to follow, as was the position of Chairman of the Journal Committee of the BMA (1982-88).

In 1984 Prof O'Donnell was jointly awarded a National People of the Year award with Professor Prem Puri, the Hunterian Professorship of the Royal College of Surgeons in England (1986), the Denis Browne gold medal from the British Association of Paediatric Surgeons (1989), the Urology Medal from the American Academy of Pediatrics (2003) and a Distinguished Alumni Award from his alma mater, UCC, in 2004. He has also been a visiting professor to six US universities, including twice to Harvard, and is the author of 64 peer-reviewed publications, and four books (two co-authored) including *Terence Millin – a Remarkable Irish Surgeon and Irish Surgeons and Surgery in the Twentieth Century*.

As the only paediatric surgeon in Crumlin, Prof O'Donnell recalls doing 1,100 operations in one year alone

Somehow Prof O'Donnell also found time for hobbies including rugby (Colours, UCC, 1946-48 'hooker' – a position which he said gave "great joy" to his American friends), sailing and, in his own words, "incompetent golf".

According to Prof O'Donnell, it was said that he "exceeded his mother's expectations – and not many Cork boys do that".

Support

He puts the reasons for his success down to his "Rolls Royce training". However, key to everything, he says, has been the unwavering support and devotion of his wife of 51 years, Mary. "Mary is very bright. She

It was said that he 'exceeded his mother's expectations – and not many Cork boys do that'

has a BA, BComm, and BL. She was prepared to put up with the life of a surgeon at that time. She had me out of the bed at 6.45am for 35 years and I was never home before 7pm."

Prof O'Donnell's "Rolls Royce training" began with postgraduate positions as house surgeon at a number of hospitals in the UK, including Great Ormond Street Hospital for Children in London.

The young Cork surgeon won the Ainsworth Travelling Scholarship from UCC, which brought him to the Lahey Clinic in Boston where he worked under some of the world's most distinguished surgeons of the time, including the great Dr Richard Cattell. Dr Cattell is famously reputed to have saved the life of Sir Anthony Eden (Lord Avon), who had twice undergone botched gall bladder surgery in London.

Lord Avon was the youngest foreign secretary in Great Britain's history and subsequently became Prime Minister, succeeding Winston Churchill.

Recalling with great respect and reverence his time working under Dr Cattell, Prof O'Donnell says: "Suddenly this man was the leading surgeon."

"I was up at 5.45am every morning and he came in at 6.45am. He felt it was his obligation to work as hard as he could for all his life.

"He was a tall, dignified and superb operating surgeon, a great brain."

"I loved the States. I loved Boston. It was endlessly stimulating. The whole medical world passed through Boston ... when I used him as a referee for my job in Crumlin he just wrote one sentence: 'If you don't want him we would be very happy to take him back.'"

After his year in the US, Prof O'Donnell returned to Great Ormond Street at a time when, he explains, "BTA, or Been To America, was the big thing".



"I became senior registrar at the Hospital for Sick Children at Great Ormond Street on the basis of the people I worked with [in the US] and also the fact that I had been there before as a houseman, so a lot of people remembered me, for better or worse, as somebody who was trying, at any rate. So I suddenly became a trainee at the best children's hospital in Europe ... the people I worked with at Great Ormond Street were marvelous and very distinguished. I enjoyed it enormously."

"There were always famous people passing through Ormond Street.

"One of Ireland's most distinguished paediatricians was a man called Bob Collis, he was a very distinguished, lovely man who worked in Ormond Street and played rugby for Ireland. He said to

me, 'they are putting up a new Children's Hospital in Dublin; they will need you. They may not know it but they will need you', Prof O'Donnell smiles.

At the age of just 29, Prof O'Donnell was appointed as the first and only dedicated paediatric surgeon at Our Lady's Hospital in Crumlin, a position which saw him working single-handed for nine years until the appointment of Prof Edward Guiney in 1965.

While Prof O'Donnell was the first fully-trained paediatric surgeon in Crumlin, he recalls with great fondness the welcome and support he received on his return to Dublin from Ireland's first ever dedicated paediatric surgeon, Mr John Shanley at Temple St.

He recounted that children with spina bifida and hydrocephalus made up much of his caseload at the time. In one year he operated on 70 children with spina bifida. He wasn't long

the welcome and great assistance he received from Mr Anthony Burton (AB) Cleary, who was a senior surgeon in Crumlin at the time.

"AB used to make all the house surgeon appointment and one person was particularly bad. I was complaining to him about how bad he was and AB looked at me and said, 'what you are telling me now is that this young fellow is no Barry O'Donnell, he said, 'and sure isn't that great thing?'"

As the only paediatric surgeon in Crumlin, Prof O'Donnell recalls doing 1,100 operations in one year alone

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Sleeping With The Enemy

After reading the extracts of The Ryan Report in The Irish Times I went for a long walk to see if I could clear my head. Cover ups, it seemed to me, were part of the human condition whether one is examining the conduct of institutions as different as The State and The Church. Questions have been raised concerning how it was possible for these abuses to go on for so long undetected. In the case of domestic abuse the issue of collusion between the victim and the perpetrator is a common theme. Certainly, collusion was definitely in evidence, where the abuse in question was not reported and when reported not acted upon.

Bearing all this in mind I had to ask myself how the Medical Profession would fare under such scrutiny. The answer to that question unfortunately I already knew.

As Physicians we are occasionally confronted by behaviour in one guise or another which challenges us to take a stand. More often than not we seek refuge in Shakespeare: "The first thing we do, let's kill all the lawyers," choosing to forget our duty to the patient in our rush to protect the doctor, our colleague, the profession. My first serious involvement with the legal profession occurred when I was working in Neonatal Intensive Care at Massachusetts General Hospital in Boston.

We had transferred to us from out of state a baby whose delivery had been induced four weeks early by an Obstetrician who was about to go on vacation. The baby developed serious RDS with disastrous consequences since we were unable to wean him off the ventilator. After about six months the family moved to Philadelphia and we facilitated his transfer to an ICU there. After about 14 months he died.

The family sued and I was asked to give evidence which I willingly did, feeling that they had been poorly served by their Obstetrician. Since the jury consisted of citizens of one of the most conservative states in the US the family lost their case basically because it resented its professional classes being sued. And it was no more complicated than that. As for the attorneys, who had worked long and hard to bring this family a modicum of justice, they received nothing for their efforts since they worked on a contingency fee based upon a

successful outcome. It was a sobering introduction to the legal system.

In 1977 I was approached by Joe Mulligan whom I knew socially as to whether I would be interested in reviewing malpractice cases that came his way. I agreed on condition that I would not go into court to give evidence. So Joe introduced me to his associates at Reed, McCarthy and Mulligan, all of whom were well over six feet and cut from a mould that I had thought had been interred years before with the remains of James Michael Curly.

Certainly "The Last Hurrah" was alive and well and still running the city. (There was an autographed photograph to Joe in his office from Cardinal Cushing. Joe's mother had been his secretary). During the introductions I met a tall young lawyer in shirt sleeves by the name of Jan Schlichtmann. He was one of Barry's protégés and the only one who had no claim on the map of Ireland.

The first case that Joe asked me to review was that of a young boy who had had an open aspiration of his hip and as a consequence suffered permanent damage to the sciatic nerve. This child turned out to have leukemia and would subsequently die.

As a consequence of Joe's involvement in this case, the child's mother introduced him to a group of parents in Woburn, a town on the outskirts of Boston. Seemingly there had been a large clustering of leukemia cases among the children in Woburn which the parents suspected was due to industrial pollution of the town's water supply. Joe asked me my opinion and I told him that geographic clustering of malignancies was a recognised phenomenon but there would be serious difficulties establishing cause and effect. Joe referred the case to Schlichtmann. (He latched on to it with the tenacity of a bulldog, his efforts resulting in a highly acclaimed book, Civil Action, which was subsequently filmed starring John Travolta. The irony of that great legal action was financial ruin for Schlichtmann and a fat referral fee to Joe.)

It was during one of these initial meetings that Barry Reed asked me who my chief of staff was at Tufts Medical Center where I was now working. (Barry had just written The Verdict, a medical malpractice whodunit loosely based on an actual case which was turned into a movie starring Paul Newman.) My boss

was world renowned in Medical circles and had a well established reputation for his Medical opinion in malpractice cases.

Seemingly Barry, who had asked him to address an annual meeting of lawyers involved in medical malpractice, presented him with a case during the cocktail hour that he was thinking of pursuing. When he was reassured that it was a clear case of malpractice he took it to court a year later. Much to his surprise, however, he discovered that the selfsame individual was now listed among the witnesses for the defense. When Barry pointed this out in court he was forced to withdraw from the case. The message to me was that I should watch my back.

A year later Joe Mulligan and his partner Jim McCarthy came to my office to discuss a case. It involved a 16 year old girl whose frustrated parents took her to the emergency room at Boston Children's Hospital where she was diagnosed as having end-stage renal disease by a Medical student. The family sued their Paediatrician for malpractice since they had been trying for the previous six years to get him to address the issue of her recurrent fevers. A review of the telephone records confirmed that the parents had made seventy-six telephone calls to his office. A review of her Medical record revealed a single page of notes to which an estimated 18 alterations had been made. The case was indefensible but they needed a professional witness to attest to this in court. I reminded them of our original agreement and refused.

Well, Jim McCarthy had little patience for this. He pointed out that this child, whose growth was seriously stunted, was now receiving dialysis three times a week while awaiting a kidney transplant. Had I no sense of moral duty to protect the public from a clearly incompetent physician and redress the serious neglect that this child had suffered at his hands? Well when you put it like that....

The evening before I was to appear in court I received a telephone call from my chief who proceeded to ask me what I thought I was doing. When I had explained some of the more blatant aspects of the physician's misconduct and discovered that I was not making an impression I remarked out of desperation: "She is now a sixteen year old renal dwarf awaiting a kidney transplant!"

"OK, so she is a bit small" was his dismissive response. "And I regard this phone call as intimidation of a witness" and hung up on him. Later I was to learn that the paediatrician in question was part of the referral base to Tufts Medical Center and that the Medical insurance lawyer had called my chief so he could bring pressure on me not to give evidence.

The next day as Joe drove me to the court house I related what had transpired the night before. He was outraged and determined to have my boss subpoenaed and a mistrial called. I reminded him that he was still my boss. When we got to the court house the legal teams met with the judge in his chambers and all hell broke loose. But the case went forward.

During the hearing both sides presented writing experts to establish and refute the evidence of Physician tampering with the written record. Well it turned out to be a love fest between the experts, agreeing on sixteen of the alterations to the chart but both finding as many as three more each which the other had not seen. Well, in basketball parlance, the guilty verdict was a slam dunk, finding for the plaintiff to the tune of \$4.2million, the largest malpractice award ever.

Not long afterwards I ran into a member of the jury. When I asked her how they had come to their verdict she just replied: "Well, who did you think we were going to believe? Him or you?" That seemed eminently fair to me. But when I asked her about the size of the award she explained that there was a member of the jury very familiar with Medical procedures that broke down the case into its component parts e.g. haemodialysis three times a week for so many months, the loss of growth and chronic ill health for six years, waiting for a kidney transplant, life expectancy, etc. When they added it up it came to \$4.2 million.

The next year I was asked to review a chart involving the same Paediatrician who was being sued by the first cousin of this child. The parents seeing some striking similarities to their own child had taken her to Children's Hospital in Boston where it was discovered she had already lost 90% of one of her kidneys. The case was settled out of

court. Whatever lingering sympathy I might have felt for the Paediatrician ended there.

This case highlighted a number of issues for me. First, Barry Reed had been right about my esteemed chief. Second, no matter how egregious the doctor's misconduct was, getting a professional witness to confirm this posed considerable hurdles for the plaintiff's legal team. The take away message published in a commentary on this case was: don't alter the Medical record. The commentary never mentioned the damning facts of the doctor's failure to diagnose. The Medical Profession seemed more interested in protecting the Physician than addressing the Medical misconduct.

At this stage I had appeared in court twice and written a number of opinions on cases which were either dismissed or settled out of court. I did not confine my activities to either protecting the doctor or the patient. I called them as I saw them. However, a couple of the cases involved doctors in an adjoining state who complained bitterly to their state Medical society. Their complaints resulted in me having to defend myself to two successive chiefs of staff. The questions ended when I pointed out that their predecessor had for many years done no more or less than what they were accusing me of. They never had any questions as to the justification of the complaints or the validity of my opinions. They were worried about the loss of the referral base.

Once in private practice I was determined not to be drawn back into the litigation arena. I had joined a large group of Paediatricians and I was sharing an office space with an older couple. After 20 years working together they showed no signs of retiring. (She was 76 and he 78 years old). Since we frequently saw patients in common I was becoming increasingly concerned about their judgment. Every five years we are required to reapply for accreditation at the local hospital. This necessitates writing recommendations in support of one's colleagues' applications, usually a formality. The husband chose me to do the honors. I approached the most senior member of our group who was on the credentials committee and discussed my serious reservations.

He assured me that they would back me in my recommendations. I wrote that my colleague was becoming increasingly frail and uncomfortable dealing with sick patients. I left blank the question: "Would you recommend this applicant to full time privileges?" Later I was approached by the chief of Paediatrics who wanted to know if I had taken leave of my senses? Needless to say there was a showdown involving all four of us. The hospital had offered him a courtesy staff position which would permit him a limited number of admissions. I told him exactly what I had written and that I had left the recommendation blank.

The most senior member of the group, representing the position of the credentials committee, appealed to him to accept the offer of courtesy staff and suggested that he should seriously consider retiring in the next couple of years. All this he rejected. However, financial considerations resolved the impasse and he and his wife, who had managed to get someone else to write her a recommendation, were forced to close their practice. They went into retirement bitter and never adjusted to the change. Their retirement was greeted with universal sympathy and sadness. Except by me.

My conscience was clear. The patients were being placed in jeopardy, while I was in an untenable position, to use a sports analogy, playing the clean-up position. Within months of their retirement he admitted to me that he had forgotten all the dosages. And she was diagnosed with Alzheimer's.

Despite my intentions to remain on the sidelines and avoid passing judgment on my colleagues the age old question had come back to haunt me: Am I my brother's keeper? Not only had the answer not changed over the millennia but I had discovered that it also includes the patient. ■



Writing Skills and the Art of Medicine

I've always loved books, the touch, feel and smell of a new book, the sacred silence of bookstores, the power and the passion of carefully worded prose. I'm one of those people who wouldn't dare bend the cover of a book or allow it to be marked with coffee cup rings and raspberry jam. I don't understand why people discard books after reading them or tear out pages for shopping lists. And I don't like when borrowed books aren't returned... Far from becoming worthless after being read, books should be cherished and appreciated, passed on only to those who will take could good care of them, caressed lovingly as fingers skim the book-shelves, greeting old favourites, remembering good times shared together.

Soon after starting General Practice, I began writing occasional pieces for the Medical press. This was followed by three years as editor of Irish Doctor, a regular column in the Irish Medical Times, and seven years as editor of Modern Medicine Ireland. Somewhere along the line I helped develop a start-up Medical website 'doctor to doctor'. Two years ago, I published a novel 'Fallen Angels' and there are a few manuscripts on memory sticks on the incredible mess that is my work-table. The play 'Gentlemen prefer Blands' awaits production! Writing and Medicine dove-tail nicely together and while for Chekov, 'Medicine is my wife, writing my mistress', for me, it's more 'no wife, two mistresses'.

Special Study Module on Creative Writing

When I first approached Professor David Kerins, then Dean of the Medical School at UCC, about designing and delivering a Special Study Module on Writing Skills for Medical students, he was instantly supportive and enthusiastic. Last September, I began teaching this module. It is a privilege to talk writing skills to a group of bright and enthusiastic Medical students. I hope to pass on to them the writing tips that it's taken me a lifetime to acquire.

Writing skills are integral to the practice of Medicine. Every day, doctors write a myriad of letters, notes, reports, certificates and prescriptions. Doctors write a number of journal articles, book chapters, guidelines and books in their careers. Side by side with a stethoscope, a pen is the tool of the trade for any doctor. Serious mistakes can be caused by sloppy writing or failure to document a finding or a result. From first year in Medical school, students learn the importance of taking a case history, which is, simply, the patient's story.

Get the story right and you're half way there. Get it wrong and mistakes occur. It therefore makes sense that formal instruction in writing skills benefits Medical students. Even the process of writing everything down is helpful. The Medical indemnity organisations constantly remind us that failure to document is a common source of litigation. Recent surveys reveal that Irish students have slipped down the international literacy rankings. The amount of time spent reading books has decreased. And reading, after all, is at the core of writing. However, the attractions and rewards of new media are very high. Communication via text, e-mails, and social networking is a wonderful societal advance and something that has catapulted the easy acquisition of knowledge in a way I never thought possible as a student. However, Medical students must be able to write, and ideally, must be able to write well. By having formal instruction in writing skills, students become more aware of their writing and can learn the basic tenets of good writing style that will help them in the years ahead.

The Humanities

Medical schools such as Mount Sinai, The Mayo Clinic and Yale have well-developed Medical Humanities programmes. UCC College of Medicine and Health has championed the Visual Arts in its wonderful Jennings Gallery and the School of Medicine actively promotes the Humanities (Art and Medicine and Creative Writing special study modules) offering hands-on, practical workshops. This year's writing skills module focused mainly on creative writing but the module also included a special workshop on scientific writing and on writing Medical articles for the lay and Medical press. Key topics included 'show, don't tell', effective characterisation, dialogue, interior monologue, structure and plot, self-editing, re-writing, submitting your work and getting published. Students completed writing assignments and participated actively in the workshop. Feedback from the students was very positive and the module will be offered to third year students again next year. The students have now submitted their individual assignments, which included poetry, short stories and chapters of novels. These were all excellent and many of the students hope to continue writing.

Writing Skills and Research

UCC is the country's leading research institution and the School of Medicine actively fosters and promotes a culture of research among its Medical students. Every Medical student completes a research project in their final year. Scientific writing has its own special skills and constraints, but good writing style is transferable from creative writing to scientific writing, and honing one's creative writing skills will make one a better writer. A well-written article can be the difference between acceptance or rejection of a research paper and good writing skills will undoubtedly enhance a Medical career.

Observation skills, communication skills, empathy, understanding, appreciation of the human condition

Apart from the obvious advantages of improving writing skills, creative writing workshops have many advantages that may not be immediately apparent. There are a number of benefits that may not be readily quantified and appreciated and may never be measured like other 'learning outcomes'. These benefits may relate to the actual process, rather than the end learning outcome, and may be subtle and ill-defined, with a long latent period. Many of these attitudes and skills are integral to the practise of Medicine. Observation skills, communication skills, understanding, empathy and appreciation of the human condition, are all skills essential to the Art of Medicine. By studying creative writing, students can greatly enhance these qualities. Learning to observe is something we don't formally teach in Medical school. Yet, observation lies at the very core of clinical examination. 'Sapere Vedere' – Learn to See (Leonardo Da Vinci). Writers, by nature, learn to observe, they learn not to just look, but to see.

'Seeing is an Art that must be learned'. Sir William Hershell. (1738-1822). Seeing is active, not passive, and by developing the focused 'seeing' of a writer, observational skills can be greatly enhanced. Writing skills are part and parcel of good communication skills, and good communication skills are essential to the practise of Medicine. Being able to write well is a necessity for a doctor, not a luxury. It is disrespectful to write letters to our colleagues and patients that are difficult to read and to understand. Students need to be allowed practise and hone their writing skills early on, or otherwise, these skills

deteriorate and even writing an essay in Final Med may be difficult. Besides the creative writing SSM, I also teach workshops on scientific writing to fourth year students as part of their research project module and this year sees the introduction of a new writing workshop specifically for final year students.

The Art of Medicine

Through literature, and through creative writing, students and doctors can develop empathy and an appreciation and understanding of the human condition they can learn the The Art of Medicine. Writing helps us reflect and make sense of things. It also helps us gain self-knowledge.

Writing as Therapy

Writing isn't easy, one doesn't wait for inspiration, one just sits down and gets on with it. Having to do this regularly promotes self-discipline and is good practice. In addition, writing can have considerable therapeutic benefits both for patient and doctor, and problems often find solutions through writing.

School of Medicine Research Newsletter

Interest in writing and publishing has also led to my involvement in other initiatives in the Medical School such as a new monthly research e-newsletter from the School of Medicine. The newsletter is a great way of making students aware of the

wealth of Medical research taking place in UCC both by staff and fellow students. This year's MedSoc Committee are part of Student Team MRN and write the monthly principal investigator interviews. The newsletter also publishes Medical student research projects, which helps let the Medical students know the type of research their fellow students are doing. The newsletter also publishes articles from medical alumni in its 'Frontiers' section and it is inspirational to read about the wonderful research being carried out by UCC Medical graduates all over the world.

Nutrition module for Medical students

Many years in General Practice working with dietary-related illnesses made me eager to learn more about Medical nutrition. I am now studying for a Masters Degree in Medical Nutrition and I co-ordinate the special study module on Medical nutrition in the School of Medicine. UCC is one of the few Medical schools to offer a study module on nutrition. I believe that nutrition should be part of core curriculum, and that doctors should be as familiar with doing a nutritional assessment as they are with taking a blood pressure. Nutritional Medicine is also a rich research area and hopefully we will see more student projects in this area. This year, as part of the nutrition module, and with

the help of the Alimentary Pharmabiotic Centre, the Medical students gave presentations to school-children on key nutritional topics. Besides delivering point of practice nutrition, this Outreach programme also helped the students develop communication and presentation skills.

A joy and a privilege

Do I enjoy teaching Medical students? Most definitely. To teach clinical skills and writing skills to Medical students is a joy and a privilege. When you teach, you are constantly learning. And it gives you a chance to catch up on stuff that you missed the first time round!

The skills and the craft of creative writing are relevant to every doctor who practises Medicine. If writing skills workshops help re-kindle a love of the written word, or help make students pay more attention to their writing, then this module will have been worthwhile.

However, I believe that it will have much greater and longer-lasting effects. I believe that it will make for better doctors. And that, after all, is what it's all about. That, and not allowing coffee stains on your books.

'The trouble with many doctors is not that they do not know enough, but that they do not see enough.' - Sir Dominic Corrigan

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Frontiers

As a UCC graduate working abroad, I maintain a keen interest in all things related to Cork and the College. It is comforting to see that the strong tradition of excellence in UCC Medical School continues apace. In particular, I am impressed with the abundant research activities within the College. It appears that there have never been better opportunities for students interested in participating in research. My own recollection of UCC is more of excellent bedside teaching with a strong intellectual environment stimulating healthy competitiveness at exam time. Genuine research opportunities seemed sparse. It is nice to see a better balance being struck.

I graduated in 2004 and did my Intern year in CUH. I thoroughly enjoyed every aspect of that year, but decided to travel further afield for SHO training. I had done an elective in the Mayo clinic as a UCC student and was interested in getting some more US exposure. To that end, I applied for a job in the Mater Hospital which, at the time, had a six month rotation in the Mayo clinic as part of SHO training. Then, having had a lot of subsequent exposure to US trained physicians as a Cardiology Registrar in the Mater, I decided to prolong my US training further. In 2008, I was lucky to match to Residency at Johns Hopkins. Doing a US Internal Medicine residency makes it possible for a foreign medical graduate (FMG) to realistically match to a clinical Fellowship in Cardiology. Thankfully, I am due to start Fellowship training in Hopkins in July. It may seem like a long road but I believe it was worth it professionally, despite the significant personal sacrifices. While emigrating may not be for everybody, I would humbly recommend that UCC students keep an open mind and do their USMLE exams during college while the information is still fresh. I can vouch from experience that doing the exams later on is

painful! I would also strongly recommend doing as many electives at home and abroad as possible, if nothing more than just to see which environment suits you best and also to broaden one's horizons.

As far as research goes, it is what you make of it. I am typical in that I find the process intellectually rewarding and reciprocating. The increased research opportunities in Ireland are appreciated by many, but the current economic climate must create anxiety for young researchers. As an alternative, the US has boundless opportunities for an eager beaver. US research is a form of 'economy of scale'; there is just so much going on that is easier to break into your scene of choice in a meaningful way.

My own research has concentrated on Cardiac imaging and risk assessment. I have been working with the Ciccarone Centre for the Prevention of Heart Disease in Johns Hopkins headed up by Professor Blumenthal. We have an interest in the measurement of coronary calcification with cardiac CT to aid in the assessment of cardiac risk. Prior studies of ours have looked at risk factors contributing to the progression of coronary calcification, and also at treatments aimed at retarding the process. In addition, we have an interest in "reclassification" of those at intermediate cardiac risk (by clinical risk factors) into either high or low risk categories by using calcium scores. This may facilitate better treatment decisions in this ambiguous group. I have also looked at the ability of coronary calcification to stratify risk in smokers (who are known to have high baseline cardiac risk), and have shown that even a zero calcium score in a smoker should not provide reassurance that the patient will be event-free over follow-up (prior studies had suggested that zero calcium equated to universally good outcomes).



We also have an interest in new technologies such as CT angiography. One of our studies looked at the downstream implications of CT angiography in a large cohort of 2000 patients. We followed referrals for stress tests, invasive angiography and events. In addition, we analysed medicine compliance rates. There is a strong push amongst regulatory bodies to perform adequate quality control and outcomes studies of these new imaging modalities. This is a very productive field to get involved in, with exciting new technologies!

In summary, when it comes to research, the mantra "Do what you enjoy" holds true. You just need to remember that you can 'do' it anywhere. As long as you enjoy it, you can make it meaningful, either in Ireland or elsewhere. I would advise that if you are interested in doing an US elective, it is a good idea to check if UCC has an official relationship with the US Medical school you are interested in visiting (and if not, lobbying early on to have UCC Med school establish one...). It can be difficult to navigate the system independently and more and more commonly, US Medical schools are only accepting students from foreign universities with whom they have an established affiliation. ■

A Conversation with Dr Don Coleman

RO'B: What were your first memories of UCC?

DC: I started in Pre Med, 15 girls and quite a number of clerical students. The clerical students appeared to change their minds during the first two years. My best memories of the pre-clinical years were in the Philosophical and Literary society. Following second med we signed on for clinical teaching in either the North Infirmary, the South Infirmary (men only) and the Mercy, also we had the County Home which later became St. Finbarr's Hospital. In St. Finbarr's you had Dr Michael Gould who was the Medical Director. He was rarely called Dr Gould being more affectionately called Dr Michael.

When I qualified in 1945, there was a glut of doctors. Doctors were being released from the armed forces and they had first preference on jobs. My first job was in the Mercy for which I was paid £75 a year rising to £100 per annum after two and a half years. There were only two of us to run the Mercy Hospital. In the 1950s almost all of the class that qualified decided to go to America. Most of them went to California. I remember Luke Kelly from Cobh, and Des McHenry but there were several others whose names I can't remember. Doctors in America were paid the equivalent of £500-600 a year so the hospitals here were left with few or no applicants. The Bona had to have a doctor in residence and they paid £500 a year I think the late Robin O'Donoghue got the job. However the real change in the 1950s was the visit of the American inspection group. Following the inspection the only department that got a first class recommendation was the department of Public Health. Professor Jack Saunders was the head of department and the Chief Medical Officer in the region. He published a record of the Public Health Services in Cork County annually. His organisation of the delivery of the public health service was regarded as exemplary.

The inspection group advocated major organisational changes for continued recognition of the Medical School in Cork including the organisation of and attendance at outpatient sessions. This was a radical change and there was much difficulty within the hospitals getting some of the senior staff to change their practice. However some surgical practises that are currently being promoted such as outpatient surgery were practised.

Modern educationalists and the Medical Council might have something to say about a fourth year Medical Student circumcising patients in the outpatients in the North Infirmary as I was expected to do! Communication and team working were just as important then as now. My first solo surgical effort began by my going to Sister Mullins, a wonderful, patient and kind nurse, saying "Sister, there's a woman outside there with a baby talking about twig and berries what does she mean?" Sister Mullins kindly explained that the baby needed to be circumcised.

In those days Consultants not only had their hospital practice but they also engaged in general practice. Additionally only qualified doctors were permitted to operate. At that time General Practitioners were paid £300 or £400 a year for a comprehensive 24/7 service. General Practitioners were at the mercy of the County Managers. In 1961 I recall a meeting in Athlone and Dr Joe Galvin a Radiologist in Cork along with other Cork doctors discussing the matter of doctors being suspended and being investigated by a committee set up by the County Managers. Joe Galvin proposed that we start a Medical Union.

The Medical Union was set up and a trained negotiator was employed. Following a work to rule they achieved 6 weeks' official holidays in addition to other concessions. This was the beginning of doctors getting organised. In the 60's and the 70's the Anaesthetists pursued their claims. Ultimately after much negotiation there was agreement and this was very much due to Mr Charles Haughey.

RO'B: How did you decide to specialise in Anaesthesia?

DC: In 1946 the Anaesthetist in the Mercy was Dr. Walter Rahilly. He had won £30,000 in the sweep which was a considerable sum of money. Resident house officers had to give all the emergency anaesthetics. In addition to ether anaesthesia we also gave local and spinal anaesthesia. As we had to become proficient quickly I devoured the few books on Anaesthetics in the library. Sadly Dr. Walter Rahilly suffered a heart attack and died. I was invited to apply for the Anaesthesia post and I was appointed as Anaesthetist to the Mercy Hospital provided I obtained a qualification in Anaesthetics. I went to Oxford and after about 7 months in Oxford,

Professor McIntosh advised me to go to Liverpool. I was appointed to a Registrar's post in Liverpool and passed my diploma in Anaesthetics and returned home to take up my post in the Mercy Hospital.

RO'B: How did you become involved in Medical Politics?

DC: I initially became involved with the Faculty of Anaesthesia which was founded in 1961 and initially was composed solely of people from Dublin and Belfast. It was suggested to me that put my name down at the next election and I was elected to the Faculty of Anaesthesia RCSI. Very early on after taking up the position my dear colleague Prof. John Dundee who was Head of the Education Sub-committee read out the names of examiners all from Belfast and Dublin. There was never an examiner outside Dublin and Belfast. I pointed out that there was no examiner from Cork, Galway or Limerick. Dr Ray Davies from Dublin explained that they had great difficulty getting examiners from outside Dublin and Belfast. I proposed Professor Denis O'Sullivan as an examiner, I hadn't asked him and I was terrified. They agreed to appoint Professor O'Sullivan. That night when I got back, I immediately rang Denis. To his credit Denis without demur went up and examined.

Subsequently I proposed Dr. Anne Wilson who was a colleague of mine in Cork. Anne has an English Fellowship and an MSC, first class honours in Pharmacology. I then explained to the Faculty that it was a little bit awkward because Ann Wilson was the demonstrator in Pharmacology and Professor Dr. Dan O'Mahony was the head of the department and, as a matter of courtesy, I recommended that he should also be invited. They agreed and hence both Dan and Anne became involved in the examinations. Then after a while the Faculty decided that people with an English Fellowship could be awarded an *ad eundem* Irish Fellowship. Ann Wilson obtained her Irish Fellowship and subsequently Anne became a permanent Lecturer in UCC. Standing orders of the Faculty dictate that to give an Honorary Fellowship it must be unanimous. My late colleague Billy Wren who had just come on the faculty board came up to me and he said "look, since I came on the Faculty we are talking about nothing except this Honorary Fellowship. I named 5 or 6 other Consultant Anaesthetists who should be awarded Honorary Fellowships.

I explained that the Faculty would benefit enormously from this move both financially and from the involvement of a greater number of Anaesthetists. This proposal was agreed. Denis Moriarty, Professor in UCD proposed that we set up our own College here in Ireland, I seconded the proposal. Subsequently the College of Anaesthetists Ireland was established.

RO'B: How did you become involved in National Medical Politics, as I recall you were President?

DC: There was a meeting of the Medical Union branch in Cork. I was working in the Eye & Ear Hospital at the time. Mr Ernest Cantillon without every asking me proposed my name. I was duly elected. I became President at the time when the new inter-party government was formed and Health and Social Security were split. Mr Brendan Corish became Minister for Health and Frank McClusky became Minister of Social Security. At our first meeting they proposed a National Health Service for Ireland. We were not in favour of the proposals as outlined. Discussions continued. In 1974-75 they set up a three man committee and we had meetings but none of them ever came to anything. In 1977 Charlie

Haughey was made Minister for Health and everything changed. The Medical Union met with Charlie Haughey over in the Busáras. We had a magnificent lunch with good wine. Mr Haughey proposed reopening negotiations on a fresh set of criteria. It took 3 ½ years to get that deal as we were bankrupt at the time, not as bad as now but you know there was a pay freeze in '82 or '83. The late Mr. Brendan Hensey and Dermot Condon formerly from Blarney were the senior officials we dealt with and Peter McQuillan the County Manager from the South East in Waterford came up with what was eventually agreed on. Anytime we reached an impasse, which we did frequently we could ring up Mr Haughey's secretary and he would meet us in a room in Leinster House, he was a great listener.

RO'B: What gave you most satisfactory after your successful career?

DC: Well I'll tell you one of the things that gives me most satisfaction is the fact that I am still alive number one and if I can struggle on for nine months I will have made the 90 mark. The awarding of Fellowships to my colleagues in the County Hospitals who were working on their own under difficult circumstances and the least they could get is recognition. They subsequently

turned out to be great supporters of the Faculty. I am very pleased with.

RO'B: How did you persuade Monique to come and live in Cork?

DC: Well I'll tell you, having met quite a number of Cork people when she was here she was completely seduced by them. She thought that they were a gifted race and I don't think she regretted it, I mean it is going back now you know 53 odd years and that's a fair old stretch. ■



Dr Rory O'Brien



Dr Don Coleman

Patients and Peace at the Jennings' - Mr Michael Hanna

On 16th September 2010, coinciding with the Medical Alumni Scientific Conference in Brookfield, the Jennings' Gallery opened a retrospective exhibition of the works of Mr Joe O'Donnell, MoCh, FRCSI (1943-2009). On the same evening, Mr Ger McGreal delivered the inaugural Mr Joe O'Donnell Memorial lecture, paying warm tribute to Joe's persistence, care and meticulous attention to detail and the manner by which he communicated his vocation using analogies from his vast experience. UCC and the Jennings' Gallery were privileged to be able to pay tribute to Joe O'Donnell for his artistic talent, for his 23 year service as a Vascular Surgeon and for the great personal qualities for which he is remembered by his colleagues, family and friends. He was one of those teachers whose words and wisdom will live on in the lives of his students.

Joe was a student of art for a number of years before he retired. He was tutored in drawing and painting by Susan and Josef Keys from the year 2000. More recently, he studied under the French artist Dorothee Roberts at Carrigaline Art Studio. Up to the time of his death, Joe was exploring his own personal visual language. He was developing into an exciting abstract artist combining a sound

technical understanding of drafting and painting with flamboyant use of colour and form. He worked mainly in acrylics which lend themselves perfectly to this kind of expression. One is charmed by the visual accuracy and sensitivity of the foreground colours in "Cork County" and then surprised by the shimmering "Harvest Field" set against a cobalt sky. The world of visual art is poorer for the untimely death of Joe O'Donnell.

Learn to See, See to Learn

The Jennings' has been working on initiatives to catalyse greater expression in the curricula of the College of Medicine and Health. There is a growing body of evidence supporting the beneficial use of arts in the education of doctors and other health professionals. We have begun to bring this evidence base together and to establish contacts with international medical and nursing schools where imaginative and creative courses have been devised. Benefits to students include enhanced observational skill and greater emotional perception. UCC is taking a lead in this area using the Jennings Gallery as a resource for staff and students. Learn to See, See to Learn is a patrons programme reflecting Leonardo's motto "Sapere Vedere" (Learn to Look) that will support this initiative and provide an ongoing link for patrons

to participate in its development. We are particularly keen to connect with our Medical Alumni and will be providing full details of this programme in due course. If you are interested to learn more, contact Ruth McGrath Barker at jenningsgallery@ucc.ie or keep in touch with our website:

www.ucc.ie/en/jennings-gallery ■



'Cork County'
Acrylic paint on canvas



'Harvest Field'
Acrylic paint on canvas

Dr Bill Collins

Pharmaceutical Medicine: Experiences of a UCC graduate

When I decided to study Medicine at UCC, I'm sure I never thought that I would end up spending most of my professional life working in the pharmaceutical industry. If I thought about the industry at all at that time, it was probably with a critical perspective. One book which I read during my time as a Medical student still sticks in my mind because of its title: *"There's Gold in Them Thar Pills"*. Googling it in 2011 leads me to a book review on www.marxists.org/! Later this year I will be celebrating 25 years in the pharmaceutical industry. I have spent all of this time working with Swiss-based companies, most of it with Novartis (including one of its predecessor companies, Sandoz). Overall, I think I can honestly say that I do not regret my career choice. Working at the headquarters of a large pharmaceutical company can be a fascinating experience. Although for most of my career I have been based in Basel, Switzerland, I professionally have little to do with Switzerland. I have always worked in Clinical Research and Development which, although truly global, is heavily influenced by US medical practice and by FDA regulations. Like all of the major European pharmaceutical companies, Novartis has a very large US-based staff which is fully integrated with the Basel-based associates. This also has a significant impact on my workdays with many teleconferences and video-conferences in the European afternoon /evening. The mornings bring more interactions with countries such as Japan and Australia and, in recent years, with India.

Over the last 25 years, I have worked on the development of several different compounds. However, I think the two most interesting and successful have been Sandostatin LAR (octreotide) and Gilenya (fingolimod). Sandostatin LAR is a somatostatin analogue and is used for conditions such as acromegaly and carcinoid tumours. Gilenya belongs to a completely new class of compounds (sphingosine 1-phosphate receptor modulators) and is the first oral medication to be approved for the treatment of multiple sclerosis. The development of any new drug takes several years and I have worked on the clinical development of Gilenya for the past 5 years. The development of Gilenya was particularly challenging given its novel mechanism of action which involves actions on a receptor system about which information was previously limited. A further hurdle was that the regulatory environment for drug development has changed a lot over the past decade, in particular since the withdrawal of Vioxx from the market for safety reasons. In addition, the multiple sclerosis field was heavily affected by the temporary withdrawal of Tysabri because of the occurrence of a rare, but potentially life-threatening, condition called PML (progressive, multifocal leucoencephalopathy).

As a consequence, my experience with Gilenya has been one of the most demanding, but exciting, periods of my career. This has involved intensive interactions with international regulatory authorities, in particular the FDA but also with all of the other major authorities including the European EMA and the Japanese PMDA. As the US approval process is the most transparent, my involvement included presenting at a public and televised FDA Advisory Committee meeting. The EMA also held an advisory committee meeting. However, the presentation there is made without the presence of the public and without cameras.

Although a for-profit company, I think one can also view pharmaceutical firms such as Novartis as very large research institutes. According to the Novartis Annual Report, Research and Development cost 9 billion US dollars in 2010. Novartis has major R&D centres in Europe (Basel) and the US (Boston and New Jersey) and also sites of growing importance in China and India. The need to interact with all of these gives my work a truly global perspective which I find very interesting. However, working in clinical research means that one also has a lot of interactions with physicians from academic centres, both those who are investigators in our studies and those who serve on Data Monitoring Committees and provide independent oversight on our studies. Results of our studies are published in the major journals and presented at scientific congresses. Novartis does, of course, also have a large Marketing department with which I also interact a lot. I don't see any contradiction between having both R&D and Marketing departments. R&D cannot survive in the long run unless we develop compounds which are of benefit to patients and bring profits which can be invested in further research. In addition to the drug development projects, one of the most enriching things for me has been the very international environment in which I work. My work colleagues come from countries all over the world. Although I am based in Switzerland, this is a small country and, as a result, very few of my colleagues are Swiss. A major advantage is that the working language is English (American-English to be precise!). I can speak German but this is really not necessary for my work. I have also travelled extensively on business which, although very different from the experiences which one has with vacation travel, has given me some insight into conditions in many countries around the world. So you may ask, getting back to that book which I read as a student, now that I have written quite a bit about the pills, what can I tell you about the gold?! Well the reality, as I see it, is that drug development is a

potentially high reward but a very risky business. Most of the projects on which one works in this industry fail, sometimes after we have spent hundreds of millions of dollars. Anyone who follows the stock prices of pharmaceutical companies will also realise that their prices have not much changed, or have even declined, over the last decade reflecting the high risk nature of the business and the increasing pressures on health care costs in the developed countries. I have been lucky to work for Novartis which was formed as a merger of two Basel-based companies (Sandoz and Ciba-Geigy) in 1996 and which has been quite successful since then, although our share price has also not moved much over the past decade. Though it may not be apparent from the outside, companies such as Novartis are also continuously involved in a process of change and renewal. Given the limited patent life of drugs, pharmaceutical companies have to effectively completely re-invent themselves every 10-15 years.

Outside of work, I have really enjoyed living in the Basel region. Basel is a city which is not much bigger than Cork although it has quite a large hinterland. It is on the border to both Germany and France and Italy is only about a three hour car journey away (making the big assumption that there is not a huge traffic jam trying to get through the Gotthard tunnel under the Alps!). My wife is a German from this area which has certainly helped me to adapt. I have two children and, although we lived in New Jersey in 1999-2000 and my daughter went to school there, the first language of my children is German. As this is different from mine, I regret it a little though I suppose they also profit from having exposure to both the German and English speaking worlds. I still try to maintain my contacts with Ireland. I am a member of a small, but quite active, Basel Irish Club. In 2008 we organised an exhibition in Basel to commemorate the 400th anniversary of the "Flight of the Earls". In March 1608, the Gaelic lords of Ulster, their families and friends crossed the Swiss frontier at Basle on their way to Rome. From Basel they travelled to Lucerne, across the lake, and from there they crossed over the high, ice-bound reaches of the Alps at the St. Gotthard Pass before descending towards Italy. I was pleasantly surprised at the local interest in our exhibition, which included an Irish music evening. It also included a play by Brian Friel ("Making History"), which was produced by the Ouroboros Theatre Group from Ireland, and for which we received support from the Irish Embassy in Switzerland (luckily this was at the time before the major impact of the financial crisis was felt!). ■

Appreciations

Dr Michael Brosnan

Dr Michael Brosnan, who has died aged 79, was an outstanding standing sportsman, captaining the Kerry Minor Team to All-Ireland success in 1950, winning a Sigerson Cup in 1952, All-Ireland Senior medal in 1953 and being president of Ballybunion Golf Club in 1996. Dr Mick or Bros as he was affectionately known, was born in Moyvane, a son of the legendary Con Brosnan who won six All-Ireland medals between 1923 and 1932, including 1931 when he was captain. Mick played football with Moyvane with his brothers Jerry and Dr Jim.

Attending Rockwell College he captained the Junior Munster Cup team to victory in 1947. The following year he won the first of three Munster minor football medals with Kerry going on to captain the team that won the 1950 All-Ireland. Mick was unique in his generation for captaining both a rugby team and a gaelic football team to victories while avoiding the infamous “Ban” and it was something he often spoke about and was very proud of. After Rockwell he studied Medicine in UCC playing rugby, Sigerson Cup football and golf at Muskerry. In 1951 he sustained a serious knee injury while playing for the Combined Universities against the pick of Ireland which had a limiting effect on his career.

He won a Sigerson Cup medal in 1952 and in 1953 was on the Kerry panel that won the All-Ireland against Armagh alongside his brother Jim. After qualification he moved to London to work as a General Practitioner in Greenwich with his uncle Dr Michael Brosnan. He was doctor to Millwall FC for a period. While in London he spent more time playing golf joining Sundridge Park Golf Club in Kent where he would go on to attain a handicap of Scratch and represent the club at the highest level in the Perman Shield (the equivalent of the Barton Shield here) as well as becoming club captain in 1981. From London he travelled annually to holiday in Ballybunion eventually building a home there. Mick and his wife Caroline were great hosts who liked nothing better than to entertain and chat for hours about golf, horses, soccer, rugby and the GAA. Forty years after joining Ballybunion Golf Club he was honoured to be Club President in 1996 and this was probably the highlight of his golfing career.

CB

Dr Con D Creedon

The death took place on January 5th last of Dr Con Don Creedon, The Demesne, Dunmanway, Co. Cork at James Connolly Memorial Hospital, Blanchestown, after a long illness. He was son of the late John and Gretta Creedon of Creedon's Hotel Inchigeelagh, and one of three in a family of fourteen, who qualified in Medicine. Of historical interest, during the Civil War opposing leaders Michael Collins and Eamonn deValera stayed in the hotel on one night in 1922 each unaware of the others presence.

The young Con Don attended the local National School, and was a native gaelic speaker. He subsequently attended St. Finbarrs College, Farranferis, where he excelled at his studies, and was a formidable sportsman, playing both gaelic football and hurling. After completing his Leaving Cert. he entered St. Patrick's College Maynooth as a seminarian. However he decided the priesthood was not his vocation, and subsequently left to complete his BA studies in UCC.

He then entered the Medical Faculty, where he led a very active college life. He was outgoing, gregarious and very popular with his peers. He qualified in 1970 completing his internship in the South Infirmary, followed by his obstetrical and paediatric training at the Erinville and Mercy hospitals. In 1973 he was successful in his application as medical officer to the Dunmanway/Coolmountain dispensary area, where he worked all his life.

He proved very popular with patients by his outgoing and pleasant personality, and built up a very large practice. He was extremely kind to the poor and marginalised, and had a large cohort of patients from the hippy community. His non-judgmental personality and extraordinary insight made it easy for him to empathise with their problems. It has been said that he was the first GP to attend surgery in denims. He was one of a group of West Cork GPs under the direction of Dr Michael Boland, who were involved in the preparatory work for the formation of the fledgling Irish College of General Practitioners, and became a founding member in 1984. He subsequently successfully sat for membership of the English College. His special interest was Dermatology in which he had a diploma, as well as diplomas in Child Health, and Obstetrics.

Con was truly at his happiest in the surgery, because he enjoyed people so much.

Anedotes abound about him. One day a chronic patient reappeared after an unusually long absence of a month, and on seeing her in the distance he shouts “Mary I haven't seen you for weeks, you must have been sick”. Or the Sunday morning as he was getting ready for Mass when a drunk called to the house, blood pouring down his face he cites, “Oh Johnny did you cut yourself shaving again this morning”. However he also had a serious side. Away from the public persona was a prolific reader and profound thinker, who liked nothing better than to escape to his holiday home in Goleen, on the Mizen peninsula and enjoy the landscape and a good book.

He was a great family man, and he was very lucky to have such a wonderful supportive wife in Freda who cared unselfishly for their seven children, all of whom adored their parents.

Life was to change radically in March 2008, when he was struck by a freak wave while on holiday in Australia fracturing his atlas and axis. His cord was spared, and after spending several months in recovery, he was airlifted home. By sheer stoicism and intensive physiotherapy, he returned to work in the new local Primary Care Centre. His catch phrase always was “any morning you can put your right leg on the floor is a good one”.

But unfortunately, one day his progress was halted when he commented that he had difficulty in swallowing. His fears were realized, and he underwent radical surgery preceded by adjuvant radiotherapy and chemotherapy, which alas only bided time.

But in true Con Don spirit, he remained positive throughout his treatment, always hoping that he would win this battle also. He never complained, always managed a joke and a smile, and showed unyielding forbearance and dignity. But on January 5th in the presence of his family at his bedside, and after receiving a blessing from his brother Fr. Gerard, he passed away peacefully.

Friends and colleagues came from all over the country to pay their respects by attending his funeral. He enriched all our lives, and his passing makes the world a lesser place. He was a loyal and trusted friend, who will be sadly missed by all who had the privilege to know him, but by none more so than Freda and his family.

Ní bheidh a leithéid ann arís.

Sincere sympathy to his wife Freda (née Rice) and children Fiona, Conal, Jason, Tracey, Rickard, Freddy and Donna. SOD

Dr Bridget Foley

Bridget Foley, who has died aged 85, was a microbiologist and a founder member of the faculty of pathology at University College Cork. She was a woman of phenomenal ability and personality who contributed enormously to the development and practice of microbiology in Cork and nationally.

She was a Consultant Microbiologist at St Finbarr's Hospital and later at the Cork Regional Hospital, now Cork University Hospital. She was Lecturer in Microbiology at University College Cork, where the faculty of pathology was established in 1981.

Bridget Foley was born in Manchester in 1925 where her father, Michael, was a journalist. When she was five, the family moved to Belfast when Michael was appointed editor of the Irish News. In Belfast, Biddy attended a Montessori school and later St. Dominic's Convent School on the Falls Road. Following the outbreak of the Second World War, the family moved from Belfast to Cork, from where both her parents came originally. She applied to study Medicine at UCC but the then president, Patrick J Merriman, decided that she was too young. She eventually gained entry in 1942 and following an illustrious undergraduate career, graduated with first-class honours in 1948. Following post-graduate training in Clinical Medicine and Bacteriology in Belfast, she returned to Cork where she became a Consultant at St Finbarr's Hospital and acting lecturer in Bacteriology at UCC. In 1969, she was appointed statutory lecturer in Bacteriology by the senate of the National University of Ireland. During the 1970s, she planned, equipped and staffed the new Microbiology Department for the Cork Regional Hospital that opened its doors to patients from St Finbarr's Hospital on November 30th, 1978. From the time she was appointed, Bridget Foley was dedicated to providing the best possible service to patients and teaching to students. She developed a first-class department and was appreciated by generations of Medical and Dental students for her erudite delivery and clarity as a lecturer. Equally, patients greatly benefited from her up-to-date knowledge of her speciality and the professional dedication with which she applied herself to their needs. She also had other interests, such as collecting antique furniture, reading history and poetry, nature

and her summer home in West Cork, where she enjoyed gardening.

There was no ambiguity about her: what she said she meant. She treated all people with the same endearing directness and was treated with great respect and affection by staff and colleagues. She was well-known for her wit and her way of addressing people as “child” whether surgeon or sister, seven or 70 – “now, child, go and wash your hands and don't spread infection”; and this was long before MRSA became a problem. Hospital infection was anathema to her. Her physical wellbeing slowly deteriorated because of rheumatoid arthritis that plagued her for many years. The side-effects of her medication seriously affected her skeletal system. But this did not deter her from getting on with life or affect her mental alertness, her wit or her remarkable determination and resilience to overcome the frequent setbacks she suffered in her later years. She was an example and inspiration to all who knew her, whether colleagues or friends. She spent her last years in the comforting care of the staff of St Joseph's Community Nursing Unit, St Finbarr's Hospital, where she died peacefully.

CD

Dr Sheila Kenneally née O'Regan



Shiela died on 20th May 2010 all too soon for a life well lived. She battled bravely with cancer in the last few months but never lost her courage and sense of humour. Her deep faith in prayer helped her and those who loved her get through the bad days. She truly hoped that she would one day recover and be back to full health but sadly it was not to be. Sheila loved life to the full and pursued all her activities be it academic, family or sporting with great enthusiasm, vigour and above all a sense of fun. Sheila was born in Liscarroll, youngest child of Michael & Margaret O'Regan.

Soon after the untimely death of her father the family moved to Cork. She attended St. Aloysius Secondary School followed by Dentistry in UCC graduating in 1967. Sheila had already been attending UCC for many years prior to her formal studies, as she was devoted to attending the dances in the Main Rest throughout her teenage years. Sheila commenced her Dental career in London where the romance with Eddie blossomed and they returned a few years later to set

up her practise in Mayfield. Her practise flourished and was very successful with patients loving her kindness, high standard of care, attention to detail and professionalism. Her achievements not only included her successful dental practice but a very active sporting life. She became a most proficient golfer at Muskerry Golf Club, sailing the seas at Schull, menacing the ski slopes of the Alps in Winter and owner of some very successful racehorses, the most notable being Fissure Seal. Sheila was a formidable bridge player and avid follower of Rugby; be it Munster matches or Internationals both home and away. But her greatest achievement was in the love and pride she showed for her family from her beloved husband “Kenneally” to her six children who inherited her talents in spades.

Margaret her business acumen, Veronica her love of life and style, Michelle (BDS) her sporting prowess, Julie (MB) her academia and her two boys John and Edmund. Sheila embraced her role as grandmother with great joy and wonderment. With each new arrival there was a special place reserved for them in her big generous heart and time always made available for them in her busy life. Fellow grandmothers were kept on their toes.

Her brother Prof. Paddy O'Regan and sister Vera and their families played a loving and supportive part throughout her life and especially in her final illness. We all miss her greatly, especially her anecdotes and stories told with such passion and humour, her weighty opinions and sound advice on the important facets of life, the well renowned hospitality and lively gatherings in Hilton, but most of all her chuckle and hearty laugh that got us all back on track.

“To love and be loved is to feel the sun from both sides”.

Dr Niamh Long



The recent death of Dr Niamh Long, Medical Consultant for the MPS, former lecturer in Paediatrics University College Cork and General Practitioner, was a great shock to all who knew her. The huge turnout for both the removal and funeral reflected the high esteem in which she was held. Those who remember Niamh from Medical School remember a bright, bubbly, no nonsense girl who always retained perspective, especially when others around

her were losing theirs. Her sense of humour never seemed to fail her and her quick wit meant that she was well liked by all. Niamh initially pursued a career in Paediatrics which she enjoyed despite the long hours and onerous on-call rotas. She conveyed a huge enthusiasm for the discipline and managed students, patients and children alike with candour, confidence and charm.

In 2006, Niamh took up a post as a Medical Consultant with the MPS where she took a very balanced view of risk assessment and analysis of the systematic issues which can lead to adverse events. Her advice to the health professionals who consulted her was considered and invaluable. Many who didn't know Niamh personally knew her from her contributions to the Medical press. The content of her articles reflected not just her gift for communication but also her ethical, humane and philosophical approach to the practise of Medicine. Examples of these articles are available on the MPS website and many of them are now mandatory reading for Medical Students in UCC.

Niamh was always dedicated to her family. She married Eoin Clifford in 2001, one of the happiest days of her life. A handsome couple they complimented each other perfectly. The subsequent arrival of their beautiful daughters Laoise, Orla and Emer took their happiness to a new level. The girls were a delight to her and this loss at such a young age is particularly poignant.

Niamh's death is untimely and is devastating to her family and many friends but the memories she has left behind are her legacy and will ensure that she is not forgotten. Our thoughts and prayers are with her husband, children, parents, brothers and sisters.

SOF/OH

Dr Catherine Molloy



Catherine Molloy (née Conroy) was born in Galway in 1943. She was the second of a family of three children. Unusually, she was tutored at home until secondary school. She spent five happy years as a boarder in the Dominican College, Taylor's Hill, Galway. She excelled academically and at sport.

She studied Medicine in University College Galway, graduating in 1967. It was there she met her husband Mick

Molloy – the former Irish rugby team doctor. They married in 1968 and moved to London where they lived for 10 years with their two daughters. Her postgraduate training included rotations in several London hospitals before starting and running her own family practice in Banstead near Epsom. It was during this time she became a member of Mensa. On return to Ireland, when Mick took up a position in Cork University Hospital as Consultant Rheumatologist, she developed her General Practise in Douglas. She acquired an excellent reputation as a family doctor, her attention to detail and her kind and gentle manner were evident in both her professional and private life. Following a kidney transplant in the early 1990s she continued to work in general practice but eventually retired on medical advice.

Far from stopping her professional development, her health problems enabled her to view the hospital service first hand as a patient and gave her an insight which stimulated a global interest in healthcare planning and delivery. While recuperating from the transplant, she studied art history and English. This led to her combining her Art and Medical interests by chairing the Arts Committee at Cork University Hospital. She encouraged, quietly and persistently, donations from artist contacts, applied gentle but firm pressure to ensure appointment of an arts co-ordinator, resulting in an enhanced physical environment for patients and staff. She was for many years a member of the Southern Health Board and was chairman for four years. She was a significant contributor to the development of Dingle Community Hospital and strongly supported the Cork Rape Crisis Centre. She spearheaded the battle for retention of a quality blood banking service for Munster. In spite of being ill at that time and faced with constant opposition, she followed her belief that it was the right thing to do.

In 2005, acknowledging her many services to Medicine, the Royal College of Physicians of Ireland awarded her the Stearne Medal, a rare honour given from time to time to persons of distinction who contributed to medicine in Ireland. In University College Cork as a member of the governing body from 1998-2008, she was known for her independence and served on many committees.

She was also chairman of the Visual Arts Committee at the University and a member of the steering committee for the art history programme. She strongly supported the Glucksmann

Gallery and it was a source of pride to all involved in this development. Perhaps her outstanding skill was in connecting and communicating with people, whether just catching up with their news, or influencing them in a quiet, persuasive way to achieve her goals, which were always focused on improvements for others.

In the last years of her life she suffered many medical problems and she bore these with extraordinary courage and dignity and without complaint. She remained interested in others always.

A talented woman, she adored her family and was a huge strength and support to her husband Mick and daughters, Eleanor and Catherine. Her joy in spending time with them and her grandchildren in her beautiful home and garden in West Cork was obvious.

She and her husband travelled widely during the early days of his rugby career. She was very involved with the London Irish Rugby Club and acted as a match doctor over many years. She was fully committed in her support of Mick during his involvement as Irish team doctor and she enjoyed rugby. She was well liked in the rugby community and more than able to enjoy and contribute to the banter. Her own sporting achievements included hockey at interprovincial level, and playing golf with a handicap of six. She did The Irish Times and Daily Telegraph crosswords daily.

Her connections with Cork University Hospital were multiple – as a General Practitioner referring patients, as the wife of a staff member, as chairman of the Arts Committee, as the mother of two doctors who worked there, and as a patient. She died there peacefully on May 25th 2010. She will be remembered fondly as a gentle and respected woman with a great interest in others. Catherine Molloy is survived by her husband Mick who cared for her during her illness, their children Eleanor and Catherine, and her grandchildren.

CK

Dr Cormac O'Callaghan

It was with fond, laughter-filled memories and a sense of sadness that people learned of the recent death of Dr Cormac O'Callaghan. Cormac, aged 83, served as a local GP in his adopted home of Innishannon from 1960 to just over 10 years ago when he retired. In addition to administering professional advice, diagnosis, a shoulder to cry on, not to mention his 24-hour on-call

ethos, Dr O'Callaghan also administered the very best Medicine in spades — laughter.

For many of his patients, a visit to Dr Cormac meant a visit to a true professional and it could also mean leaving the surgery with a pain from laughing.

Born in Carrignavar, Cormac was one of four children born to Mary Kate and Charles O'Callaghan. His father was the local schoolmaster. Cormac attended the Christian Brothers Secondary School, to which he cycled every day. During his formative years, the young Cormac was hugely influenced by his older brother

Dr Dan Joe O'Callaghan, who was a prominent doctor in Cork at the time. Having finished school, Cormac followed in his brother's footsteps and went on to study Medicine at University College Cork, where he also continued his love of rugby, having played the game at school.

When he finished at UCC, he worked in the Bon Secours Hospital in Cork, the North Infirmary and the Erinville, before leaving his native county to work in hospitals in Dublin and Westmeath.

Famous for his practical jokes, where Cormac went, laughter was always near by. His jokes included plugging the earpieces of the stethoscopes of fellow doctors, and pretending to be a woman in labour at the door of the Erinville Hospital in the middle of the night! Once, having accidentally killed the Dean of Medicine's male cat, he replaced it without the Dean knowing, only to discover that the new cat had kittens.

"He was a terror," smiled his daughter Dr Máire O'Callaghan, who took over the family practice some years ago.

"Today he would be arrested for half the pranks he played on people," she said.

Married to Bernadette, née Carroll, when Cormac moved to Innishannon he immersed himself into the practice and endeared himself to many.

Among his patients and friends was internationally acclaimed writer and Innishannon resident Alice Taylor. "Cormac was a very sound doctor. He didn't just treat the complaint, he treated the whole person and that kind of thinking was ahead of its time. He had great kindness in him and he was comforting.

"As well as healing the body he healed the spirit, and he was very wise.

"He was always on duty and never

complained. The patient was always his priority." Thursday was his half-day and, as we had the Post Office, we took his calls. But despite his half-day, he was always on duty. Of course, there was also a great fun element in him and great roguery. He was a happy soul and his light-heartedness and caring attitude were a rare combination.

"Dr Cormac made people feel good; he nourished them and looked after them. He was the caring heart in the middle of the community," said Alice.

Dr O'Callaghan's surgery was based at his home in Shipool, just outside the village, and it wasn't unusual for patients to be seen up to 11pm.

His door was always open and he held a special place in his heart for children. Toys included a ventriloquist's dummy, a parrot, the swing on the trees outside and the peacocks in the garden entertained youngsters for hours. "He loved children and children loved him," said his daughter Máire.

"He worked very hard and we had to force him to take a holiday. Being a doctor was his life".

"He also loved poetry and music and making things, but he was always committed to work."

Despite his health fading over the past year, Dr Cormac's sense of humour was still strong and up to his final day in the wonderful care of the staff at Mount Desert care home, he still managed to crack a joke and put a smile on people's faces.

"Many people will have many fond memories and will be forever grateful to him. He loved Innishannon and Innishannon loved him," said Alice Taylor.

Dr Cormac O'Callaghan is survived by his wife Bernadette, his children Máire and Nóirín, sons-in-law Daithí and Feargal, and cherished grandchildren Eoin, Sorcha, Cormac, Hannah, Connor and Sarah. DOR

Mr Aonghus O'Donnell



Aonghus O'Donnell, Consultant Cardiothoracic Surgeon at Cork University Hospital, died unexpectedly on the 17th of November 2010

Aonghus took up his senior post in Cork University Hospital in 1996. The department of Cardiothoracic Surgery there had been established and single handedly maintained by his colleague Tom Aherne for the previous ten years. Aonghus' arrival marked a point of much needed expansion of all aspects of Cardiac Surgical and Medical services in the region. With his energy, enthusiasm, strong administrative skills, and great generosity with his time, Aonghus was a natural choice for Head of Division, a role he agreed to on a time limited basis soon after his arrival in the department. His colleagues encouraged him to continue in this capacity; this he did up to his untimely death. In this position he played a pivotal role in the development of the Cardiac Renal Centre in Cork, a state of the art six storey 150 bed unit consolidating Cardiac and Renal services for the Southern Region, a unique development in national terms. In the month before his death, at the official opening of the Unit he spoke in characteristically humble terms of the long process of planning, development and commissioning which had begun more than ten years before. He was a man of strongly held convictions which he expressed with an effective combination of force and tact and eschewed political correctness. Whilst his administrative skills were widely appreciated and put to great use, it was the delivery of a clinical service that he especially enjoyed and where he excelled. In a specialty marked by its arduous nature, he was committed to hard work and thrived particularly in undertaking challenging cases with a paramount focus on patient care: possibly the most notable attribute instilled in him by his mother Eithne who was a strong advocate of bedside manner and patient well-being in her own field of nursing. His gregarious nature and innate conviction of the importance of a multidisciplinary team approach to clinical problems made for a particularly close and harmonious relationship with Medical and Surgical colleagues. He took a lead in systematically ensuring the highest achievable quality of care within the Unit, and for many years spent much time developing and maintaining an electronic register for regular internal and external audit. His colleagues who make up the extended cardiac team and the hospital staff more widely regarded him with the greatest of respect, but equally enjoyed his jokes and sharing moments of banter with him. Many patients recall how his humour was artfully deployed to put them at ease in times of particular stress around the time of their Surgery.

Born in Dublin in 1961, Aonghus was the eldest of five boys born to Kevin and the late Eithne. His upbringing was imbued with a strong sense of family, impartiality and fair play, traits he unquestionably upheld in his life, professional and social.

He began his education at Kilmacud National School before a family move to London in 1968, where he attended Donhead Lodge Preparatory School in Wimbledon until the family returned to Dublin in 1974. His second level education was completed at Gonzaga College, sitting his Leaving Certificate in 1978.

He trained in Medicine in the Royal College of Surgeons in Ireland and qualified in 1985. He interned in Beaumont Hospital, his Surgical orientation was evident at an early stage when he undertook a BSc degree in Anatomy in UCD, received with Honours in 1987. He entered formal Surgical training in Dublin in 1988 and obtained his Fellowship of the Royal College of Surgeons in Ireland in 1990. He developed an interest in Cardiothoracic Surgery during basic training following a period spent in the Mater Hospital and indeed in recent months mentioned the crucial role his former trainer, mentor and friend, the recently deceased Maurice Nelligan, played in encouraging him to embark on his chosen career. His training in Cardiothoracic Surgery began in 1990 in the Mater and St. James's hospitals. In the spring of 1992 he became the first non-US Senior Surgical Fellow in Cardiothoracic Surgery at Massachusetts General Hospital, Boston where he trained for a year with Dr. Mortimer Buckley and colleagues.

He returned to a Senior Registrar post at St. James's Hospital in 1993. He then undertook training in Paediatric Cardiac Surgery in Our Lady's Hospital for Sick Children, Crumlin from July 1994 until he took up his senior post in 1996.

He maintained a particular interest in training and was especially highly regarded by the trainees he mentored, who along with many newly appointed younger consultant colleagues make specific mention of the care he took to help them in their careers or to settle into their new roles. Until the time of his death he was the National Programme Director for Cardiothoracic Surgical Training and always took time from a much oversubscribed schedule to remain active in the affairs of the University, the Royal College of Surgeons, and the Society of Cardiothoracic Surgery in Great Britain and Ireland.

More than anything Aonghus was a family man. In 1991 he married Miriam, daughter of Sean and Terry McGeer. Her support and devotion were of great benefit to Aonghus on the many moves associated with his professional progression. During their stay in Boston, Aonghus and Miriam celebrated the birth of their first child, Aoife. To his delight and endless pride she was followed by the subsequent arrival of Cian, Niamh, Neassa and Roisín. His father, Kevin's home town of Castlegregory in Co. Kerry

was a second home for Aonghus and his family; there he had planned to spend much more time with them and the extended family including Kevin and brothers Ciaran, Maghnus, Fiachra, Caoimhghín their families and in-laws. The frequent gatherings of the extended O'Donnell clan, often convened by Aonghus, were a testament to their great friendship and common bond.

As much as he loved his work as a Cardiac Surgeon, he gave a similar level of passionate attention to his other pursuits, including fishing, shooting, cooking (the latter dominated by the fare provided by the former) and support for Munster rugby. He greatly enjoyed entertaining (and being entertained) and meals at the O'Donnell's are memorable for the careful dissection of minute fowl with a favorite set of knives on the central island in the kitchen before his latest bag of birds (or purchase from O'Flynn's) was dispersed to waiting guests. He recently took to growing his own vegetables. His surgical training was also evident in the way he carefully prepared for an afternoon on lake or riverbank with the latest technology including a pair of polaroid goggles strikingly similar to the surgical microscope he wore in theatre. He amassed a large group of great friends some of whom he travelled around the world to fish the most isolated of rivers and others with whom he would shoot in winter, all counting him a special companion.

Aonghus was a loving son, brother, husband and father, he was an exceptional Cardiac Surgeon and colleague who loved doing what he did and practised his vocation with boundless energy, skill and care. He touched the lives of family, friends, countless patients and colleagues in an inimitable manner. In a quietly remarkable way, he achieved much in a life that was far too short.

PK

Professor Denis J O'Sullivan



Denis J O'Sullivan, who has died aged 85 years, was Professor of Medicine at UCC from 1961 until 1990. An outstanding clinician and teacher, he was a role model for more than a generation of Medical students. He was also a man of exceptional charm and kindness.

His was the first full-time clinical academic appointment in the Republic. At that time the Medical School was at a low ebb. He played a key role in its

regeneration and expansion, and was a persistent advocate for the building of Cork Regional Hospital, now Cork University Hospital.

Born in Carrigadrohid, County Cork, he was educated at Canovee national school, De la Salle Macroom, Presentation College, Cork and UCC. He graduated in 1948 with first class honours. He acquired most of his post-graduate experience in Wolverhampton and Birmingham and wrote an MD thesis while working with the distinguished diabetes specialist, John Malins. He retained a special interest in the care of diabetes throughout his professional life.

When he returned to Cork as Professor of Medicine, he was also Consultant Physician at St Finbarr's Hospital and later at Cork Regional Hospital. He was a gifted doctor, highly skilled and with an innate ability to listen and to empathise. Always busy, he rarely appeared so. He inspired the total trust of patients. The young doctors and nurses with whom he worked held him in the highest esteem. Family doctors and fellow consultants saw in him a friend who would do all in his power to help them and their patients.

An accomplished teacher, his kindness and courtesy were combined with a deep knowledge of scientific medicine and an insistence on the highest standards. Students admired his careful and caring approach, as well as the respect he showed to all. He took great interest in students, and his ability to remember names was legendary.

Denis O'Sullivan was clear-sighted and determined. His great energy enabled him to manage a huge clinical load, heavy teaching duties and major administrative responsibilities, local and national.

From his early days at St Finbarr's, he worked to expand the number of sub-specialties there. He argued with tenacity for the building of Cork Regional Hospital, and was closely involved with its planning. Through Comhairle na nOspidéal, he secured the appointment of a range of new consultants, to join those transferring from St Finbarr's. When Cork Regional Hospital opened in 1978, the Medical School had a first-rate flagship hospital. He was an active promoter of post-graduate education, and gave practical help to many young doctors in building their careers. He and Michael Hyland formed the UCC Medical Graduates Association. It was always a pleasure for him to meet former students and hear about their lives and work.

Professor O'Sullivan was Dean of the Faculty of Medicine (1967-1975), a College Governor (1968-1980), and an NUI Senator (1972-1977). He was a co-author of the far-seeing Fitzgerald Report on General Hospital Services. A member of Comhairle na nOspidéal and the Medical Research Council of Ireland for many years, he also sat on a numerous Local Appointment Boards.

To relax, he enjoyed watching hurling and football matches with friends. The family took holidays in Baltimore, West Cork, where in time they put down deep roots. They particularly enjoyed the fine sailing there. Denis had a special gift for friendship. He and his wife Joan loved to socialise, and to entertain colleagues and their many other friends.

His retirement in 1990 was marked by establishing the Denis O'Sullivan Research Fellowships and the Denis O'Sullivan medal. Later the NUI awarded him a DSc Degree, *honoris causa*. On retiring, he went to the Ibn al Bitar hospital in Baghdad. When the first Gulf War started, he and Joan were among those held hostage for some months. After their eventual safe return they settled in Baltimore. His book, *"The Cork School of Medicine; a History"* was published in 2007. Thoughtful and beautifully written, it is an invaluable record for the School. Denis O'Sullivan will be remembered for his extraordinary warmth and kindness, his great capacity for friendship and for always being available to those who needed his help. In 1953 he married his beloved Joan, and they had six children. In his late years he derived immense joy from his grandchildren, listening and sharing their achievements. Even during a difficult last illness, he retained his great interest in family and in life.

He is survived by his wife Joan, their children Donal, Sheila, Seán, Fergus, Siobhán and Denis, and thirteen grandchildren. We offer our heartfelt sympathy to all of them.
BF

Some of the above Appreciations are reproduced with the kind permission of the Irish Times and the Irish Examiner.

2011 UCC Graduate Diary of Events and Reunions



30 May
1961 Golden Jubilee Reunion
Aula Maxima

May (tbc)
New York Annual Dinner
New York

10 June @ 7pm
UCC Concert on the Quad featuring Peter Corry,
Cara O'Sullivan and the Garda Band
UCC

16 Sept
1971 MB Class Forty Year Reunion
Dr Jutta O'Meara Email: juttaom@yahoo.com
Trident Hotel, Kinsale, Cork

23-25 September
1976 MB Class Thirty Five Year Reunion
Dr Laurence Martin – Email: larriemartin@eircom.net
Hotel Dunloe Castle, Co Kerry

23-25 September
1986 MB Class Twenty Five Year Reunion
Dr Nuala O'Connor – Email: drnualaconnor@me.com
Aghadoe Heights Hotel, Killarney, Co Kerry

24 Sept @ 2-3.30pm
UCC Grads v Staff Annual Golf Challenge
Cork Golf Club

9 Nov @ 1.05pm
Memorial Service for Deceased Graduates,
Students and Staff
Honan Chapel, UCC

25 Nov
2011 Alumni Achievement Awards
Aula Maxima, UCC

22 Dec
Christmas Homecoming Reception
Aula Maxima, UCC

If you are a member of any of the reunion classes, please contact the reunion organiser with your updated email address and also include any email address(es) of classmates to help ensure everybody is circulated with full details on their class reunion.

For further information on the above events and/or to book tickets please contact the **UCC Alumni Office** on
Tel: +353 21 490 2040 or by **Email: graduates@ucc.ie**.
Additional alumni events will be announced on the **UCC Alumni website** at:
www.ucc.ie/alumni

UCC Annual Scientific Conference 2011 September 15, 2011

Contributors include:

Prof Davis Coakley

History of the SIVUH Role in providing Medical Education in Cork

Dr Mary Favier

MPS Experience

Prof Barry Ferriss / Dr Niamh Lynch

Prof Denis O'Sullivan Fellowship

Prof Peter Kearney

Sociology of Childhood

Dr Deirdre Mahkorn

Anxiety, Social Phobia and Stage Fright

Dr Eamon McCoy

Twenty Years of War and Disaster

Dr Dan Penny

Teach a Man to Fish

Dr Barry Plant

Exercise Induced Asthma – the Elite Athlete Experience

Prof Eamonn Quigley

Ten Years in a Functional Bowel Clinic: Making some sense of the complaints that just will not go away

Dr Milicent Stone

From Clinical Scientist to Executive Board Member, A Journey in Clinical Leadership

Registration for the Conference is Free of Charge.

Buffet on September 14 at 7.30 is Free of Charge (Venue TBC)

Gala Dinner at the Aula Maxima on September 15 at 7.30 is €70 per person.

Please register for the Conference and/or Buffet and/or Gala Dinner at:

<http://conferencing.ucc.ie/conference> or contact

Rachel Hyland – 021 4901587 / r.hyland@ucc.ie for details

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<http://www.ucc.ie/medschool>

Please send us your email address to update our files.

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