

The lives and writings of O'Ferrall and Bellingham.

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O'BRYEN BELLINGHAM
MDCCCLVII

THE LIVES AND WRITINGS OF O'FERRALL AND
BELLINGHAM.^a

To study the doings of those who have become great in any calling must aid, guide, and urge those who are entering on the same pursuit. I will, therefore, attempt to exhibit to you the characters and analyse the labours of the original officers of St. Vincent's Hospital; and that they are worthy of consideration is sufficiently proven by the presence here to-day of so many leaders of our profession who knew them well, and were aware of my theme. No two men were more unlike; indeed, they had but one quality in common—industry, but this they had in the highest degree.

JOSEPH MICHAEL O'FERRALL was born in or about 1790, in Exchequer-street. His father was of humble rank; but his mother was a lady of superior refinement and great beauty. Owing to a change of creed, she was cast forth, penniless and friendless, from the house of her relatives, in Harcourt-street. Shortly afterwards she was married in St. Teresa's Church—the good Carmelites having found for her an honest, though humble, protector. Of these clergymen O'Ferrall was throughout life the especial protégé. One of them, the late Bishop Whelan, was his school-fellow, life-long friend, and finally his executor. It is believed that they were educated by Samuel Whyte, of Grafton-street, who had had such famous pupils as Sheridan and Moore. The mother of O'Ferrall in a few years became a widow, but she strove earnestly to educate most highly her two sons and daughter. The eldest son was a perfect English and French scholar, and, until sight failed, was a most constant student of every medical publication in the latter language. The younger son, Simon Ansley Ferrall, was called to the English Bar in 1835, and published an important work—"Parliamentary Law relating to the House of Commons:" London, 1837, 8vo, pp. 446.

Dr. O'Ferrall did not study medicine until he was twenty-five, having for some previous years supported himself, aided in procuring education for his brother and sister, and saved the money needed for entering the profession while acting as a clerk in the Blackpits Distillery. The apprentice-fee—at least 150 guineas—he paid to James Rivers in 1815; but he was shortly transferred to Carmichael, who succeeded the former at the Richmond Hospital. His name first appears in the lecture roll of the College of Surgeons with such great teachers as R. Dease, Colles,

^a An address, at the opening of the Session of 1877-78, at St. Vincent's Hospital, by E. D. MAPOTHER, M.D.; Professor, Royal College of Surgeons; and late Examiner in Surgery, Queen's University.

and Cheyne, and with such remarkable fellow-pupils as Jones Quain, M'Donnell (father of our president), Benson, Hargrave, Hutton, Ellis, and Ephraim M'Dowel. He was a favourite pupil of C. H. Todd, who at that time worked in a small dissecting-room near the Hardwicke Hospital, and also demonstrated in the College School. In 1819, Dease having perished by a dissecting wound, Todd was elected Professor of Anatomy, Physiology, and Surgery, but died young, leaving sons, who became so famous in theology, medicine, and archæology. The late Professor R. W. Smith told me O'Ferrall resided in the Richmond for five years—a fact which attests both his zeal and the respect his teachers had for him. This feeling was shared by his fellow-students; one of those above-named describes him as one of the most observant, self-reliant, and gentlemanly members of the class. Passing the Licence examination of the College of Surgeons in 1821, he was within two years elected by ballot as a member, his name being registered as “Farrell.” All great men have their weaknesses; his was the desire to improve upon his patronymic. The Dublin Directory, 1826, describing the *Maison de Santé*, North Circular-road, sets down as surgeon “Mr. Ferrall,” but further on announces that “Mr. Farrell” will treat scrofulous cases on Tuesdays and Fridays. Later Directories spell his name as “Ferrill.” Finally Ferrall produced a specimen at the Pathological Society on January 15, 1842, and that day week appeared again as O'Ferrall. The pronunciation of the name which gratified him most was that expressive of universal superiority, “Overall.” These changes of name made it difficult to hunt out his writings in various periodicals. In this *Maison de Santé*, with Sir A. Clarke as physician, and Carmichael as consulting surgeon, he worked well, and collected materials for his first and very able essays on Ileo-cæcal Abscess and Varicose Veins. As early as 1832 he became a member of the Royal Irish Academy; and so long did he hold his wish for honorary titles that in 1860—when over seventy—he was examined for the Licence of the College of Physicians. We are told of a still older candidate in the London College, Dr. Pearson, who, in his eightieth year, studied for admission, and died while reading Aretæus, that Greek classic being included in the curriculum.

In 1831, O'Ferrall was called to attend Mrs. Aikenhead, who had founded the Irish branch of the Sisters of Charity. Her life was jeopardised by spinal disease, and it was felt that she owed its prolongation for twenty-seven years to his skill. The Sisters had, since 1818, visited constantly in the existing hospitals of Dublin, and had found the number of beds afforded insufficient, being but 1 for every 252 of the population, while it was in Paris 1 for 180. It was determined to establish another infirmary, and several Sisters were sent to reside in “La Pitié” and “Les Enfants Malades,” and there acquire the best modes of caring the sick.

Our institution, appropriately named after the illustrious St. Vincent de Paul, who had founded "La Pitié" and three other Parisian hospitals, was opened January 23, 1834, with O'Ferrall as its sole attendant. Within a year Bellingham was added to the staff. Time permits me to notice but one early fruit of the Sisters' pious labours. In a few years they reported that in the "homes of those who had been their inmates they had seen with pleasure the simple luxuries of cleanliness and wholesome fare supersede the long-prevailing habits of slovenliness and intemperance. They have spared no pains to render the hospital subservient to the broad principle of Christian charity which knows in its objects no distinction of creed or country, and measures the claims of the afflicted only by the degrees of their suffering or danger." Very soon after Dr. Gooch urged the authorities of London hospitals to obtain Sister nurses, exemplifying mainly the Beguines or temporary nuns.

For the first ten years O'Ferrall worked here with amazing industry, examining the urine of every patient, and making necropsies on nearly every fatal case. He designed our convenient pathological theatre, and originated the useful mode of examining the heart by cross-section two inches above the apex. He was an ardent clinical teacher, arranging the pupils in pairs, a junior and a senior, who mutually aided each other in case-taking, and in suggesting the diagnosis in each instance. On the foundation of the Pathological Society in November, 1838, he was placed on the Council, soon became Vice-President, and was one of the most frequent contributors of specimens to it. His communications there and his essays were learned, clear, and logical—erring perhaps a little in over-minuteness and egotism. Like Buffon, who re-wrote his "Les Epoques" eleven times, transcription was a pleasure to him.

His special *forte* was diagnosis, which in later years he usually established by the sense of touch, and many a limb and organ was saved by his discovery of deep-seated pus or tumours easily removed. At the Pathological Society in June, 1860, Dr. Stokes termed him a "master of diagnosis;" and, indeed, he might be said to fulfil the Johnsonian definition of a genius, "a mind of large powers, accidentally determined in some particular direction." He excelled, in the identification of abdominal tumours, the most difficult subject which medicine or surgery offers. I will tell you briefly of one most famous instance which redounds to his skill, but, I regret to say, not to his charity in regard to the feelings of others. In October, 1844, Bellingham admitted a woman who, according to an eminent obstetrician, still carried an extra-uterine foetus, of which the twin had been born three months before. At several consultations the leading surgeons and obstetricians concurred in this opinion, declared that they unmistakably distinguished through the thinned abdominal walls the forearm and hand of a foetus, and unanimously advised gastrotomy. Meanwhile O'Ferrall was in England, but

on his return he examined the case alone. He did not attend the consultation which was held just before the operation was to begin, but sent a short message to his colleague, declaring that the case was one of malignant tumour, and that operation was out of the question. Partly because of the weight which should attach to any dictum of O'Ferrall, and partly because the poor woman had become suddenly weak, the operation was put off. In a few days she died. With that candour which prompts truthful men to confess mistakes—and mistakes have advanced our difficult science nearly as much as successes—Bellingham brought the morbid specimen to the Surgical Society, and called on O'Ferrall to make known, for the first time, the reasons on which he had founded his diagnosis. In a lengthy speech of great ability he advanced several negative reasons, and said he depended mainly on the cachectic state of the patient, the comparative lengths of the supposed forearm, carpus, metacarpus, and phalanges differing from normal standards, and the flexibility of the part, which, if the limb of a full-grown fœtus, should have had considerable stiffness. When called on to explain his absence from the final consultation for the declaration of his views, he only replied "he did not think it prudent to make his opinions on the subject generally known before." He ran the risk of gaining a triumph with the penalties of another's surgical mischance and a patient's hastened death.

I knew O'Ferrall first in 1859, under the following accidental circumstances:—One night I was called to a gentleman living next door who became suddenly insensible, owing to a cancerous tumour having obstructed the current in the left internal jugular vein. Next morning I gave over the case to O'Ferrall, who had attended previously, but at his desire met him during the few days life lingered. Shortly afterwards a vacancy arose here, and I had the gratification of being recommended by him, and selected as surgeon to this hospital. At this period he retained scarcely any vision, owing to gradually increasing glaucoma, his pupils being always dilated extremely. He often attributed his blindness to over-use of his eyes in reading. By concentrating his visual organs for a few seconds he had some sight, and by means of a slit in a card could read line after line of print very slowly. He would find his way by the aid of what I may term a tactile cane, and with the assistance of anyone who would truly recount the phenomena of a case to him would make a diagnosis, and then promptly advise treatment, which were never fallacious. Without such aid his mistakes were often ludicrous. His memory was well and fully stored, and his judgment never erred. For example, I take a prognosis of his in regard to embolism (when that was a very new pathological subject). I asked his aid in the case of a country gentleman in whom a varicose saphena vein had suddenly become hard and tender. He warned the friends that

instantaneous death was likely within a few months from blocking of the pulmonary circulation. About eleven weeks afterwards, while standing at a fair, this gentleman dropped dead with symptoms which fully corroborated O'Ferrall's opinion. I have often seen him perform important operations, using a very thick-backed scalpel for the skin and his fingers only for the areolar tissue. You will readily believe that his prescriptions showed a very peculiar caligraphy, and for the last few years of his practice he took (or, I must confess, pretended to take) notes for any compounder to whom he afterwards gave directions. About this time he was consulted by many persons in the highest ranks of society, and my most painful memory is of the time these interviews occupied, for although I came on pressing business I had to spend many a tedious half-hour in the waiting-room at 15, Merrion-square, North. His receipts from practice were not half what he could have made them with a little more economy of time. In the examination by touch of hospital patients, he was indeed "slow but sure," and by no means outspoken of the opinions he had formed. If a leading question were put he would sometimes glance furtively at the interrogator as if he had proposed to steal his brains, and walk away without a word. I am told that during one of those tedious, mysterious, and silent palpations a student, strongly imbued with the spirit of Wallace, involuntarily sung out—"Oh, whisper what thou feelest," &c. Vesalius used to say that an anatomist, when even blindfolded, should be able to recognise every point on the most complex bone. O'Ferrall did more, for in the living patient his fingers made him familiar with any structure they could reach. He frequently and forcibly dwelt on the indivisibility of medicine and surgery, remarking that "he who has most carefully observed the congestions, infiltrations, suppurations, ulcerations, thickenings, contractions, and malignant diseases of visible parts, will most easily comprehend analogous changes in internal organs." He always assumed the mixed title of medical adviser to St. Vincent's, prefixing the word "chief" or "first," unnecessarily, for there were only two—Bellingham always used the name of "surgeon."

His private character was of the highest type—as a son and a brother he was unexcelled, but it was his lot to have lacked the softening and ennobling influences of the dearer relationships. His mother died in 1840 in his house in Rutland-square, and I am informed that his sorrow was most profound, and only alleviated by those true remedies—religion and unceasing study. The ambition which animated his earlier career was to reinstate this lady in the social position she had previously occupied. The same informant tells me that in earlier and poorer days he was most generous, and that his subsequent parsimony grew out of his being teased for advice or charity by those whom he thought had wasted their time and money on other consultants. Of all doctors (I wish we had

some other more exclusive yet unifying name, like medicists) Radcliffe was the most avaricious in taking, the most princely in giving—O'Ferrall erred in the opposite ways. From the same source—the accurate memory and good taste of a lady who knew him well—I learn that when aged about thirty he was strikingly handsome, with bright intellectual eyes and clear complexion—such a person as the portrait in our hall represents. As to pleasures and occupations outside his profession, O'Ferrall's resources were few. At home he was fond of the society of literary, artistic, or musical friends, and his annual and sole recreation consisted in a few weeks stay in London, where he was a welcome guest with Brodie and other philosophical surgeons, or a circuit of a few Continental watering places. Of the most extended of these tours, Dr. Aldridge, with whom he travelled, wrote a pleasant sketch in 1857. Of later years he preferred our native spas at Lisdoonvarna, and gained much relief for the dyspepsia with irritability of temper which his enforced sedentary habits had engendered. In 1867 his fatal ailment began with partial palsy of the right leg, and by August, 1868, it had developed into almost complete ataxy with horrid pains. At that time he begged me to proceed to London to consult with Dr. C. B. Radcliffe, who only confirmed the opinion that the case was a rapid and hopeless one of sclerosis of the spinal cord. On December 23, 1868, while the late Mr. J. Hamilton and I sat by his bedside, it might be said he died by lines rather than by inches—one by one the intercostals palsied, and breathing most gradually ceased. Two hours before death, his mind being most active, I witnessed a document which disposed of the considerable fortune he had acquired. Two years subsequently the greater part was willed to this charity by Miss O'Ferrall, thereby fulfilling his often-expressed desire to serve the institution to which he had devoted the energy of his whole life. Like Griselda Steevens, she felt pride in fulfilling a brother's long-cherished intention. In accordance with his expressed wish, the remains were removed on the 28th to St. Teresa's Church, Clarendon-street, and the following morning therein interred—a great number of our leading citizens being present.

Speaking of one munificent donor reminds me that the generosity of another—my friend, the late M. B. Mullins (who had been an apprentice of Sir W. Lawrence)—is from this month forward to bear fruit—a splendid building with sixteen beds, available for the patients of other hospitals, having been added to our Convalescent Home, Blackrock.

I will now very briefly tell you the striking or original observations in surgery or medicine which O'Ferrall made within these walls; and those who are or were St. Vincent's men may well remember them, and feel proud of Alma Mater. They count about 109, relating to external and internal pathology, in nearly equal numbers. His first essay appeared in *The Edinburgh Journal*, July, 1831, for there was then

no Irish medical periodical. That this was not for want of able writers or good materials is proven by that very monthly number, for it contains remarkable articles by Corrigan, Stokes, Maurice Collis, and Browne, of Dublin. The paper is on "Phlegmonous Tumours in the right iliac region," a title which Dupuytren had used three years before; but some of O'Ferrall's cases date back to 1823, and the notes of the time are merely transcribed. He distinguishes three forms of the disease, and for the treatment of the acute advises enemata and mercury to salivation. He concludes with the very good advice—"In collecting the materials which should regulate our practice, we may and ought to be deliberate, but in conveying them to others it is our duty to be brief."

In 1832 he advocated for the subcutaneous section of varicose veins a straight knife, so thin, for the last half inch, that it readily turns without tearing the areolar tissue. He abandoned the operation through dread of phlebitis or erysipelas—the same bugbear which made Sir A. Cooper postpone the removal of a wen from the head of George IV. for years.

At the *Maison de Santé* O'Ferrall paid special attention to diseases of bones and joints; and during the first few years of St. Vincent's he worked well at the same subjects. His results were published in *The London Medical Gazette*, 1839. He shows that morbus coxæ may be simulated by periostitis of the femur and by cancer of that bone and of the ilium. He urges the treatment of periostitis by iodide of potassium, even after suppuration has begun, and earlier by incisions—a practice which he asserts originated with Sir P. Crampton. He always gave the iodide after food, when very large doses will be borne. Further, he gives the diagnostic mode, which we call here "the pelvic test," to ascertain hip-disease—namely, that if flexion or abduction be attempted, the muscles are on the alert, and bind together the femur and its socket, and they move as if the one piece.

In 1841,^a appeared his well-known description of what he believed to have been an undescribed capsule of the eye; but, undoubtedly, Tenon, Dalrymple, and Malgaigne had some years before alluded to it. In 1846, at the Pathological Society, O'Ferrall merely claimed to have been the first to describe the bearings of this structure in diseases in or around the eyeball, and in operations for their removal. He named the capsule the "tunica vaginalis oculi," and well terms it "a second orbit or proper fibrous socket of the eye." Incisions for the removal of pus or tumours external to this capsule should be made in the sulcus of skin above the upper eyelid, whereas the superior palpebral sinus of the conjunctiva must be divided if the morbid products are within it. Lastly, he suggests the enucleation of the eyeball for diseases confined to it, instead of the risky operation of emptying the entire orbit, which up to that time was performed. This procedure is often termed "Bonnet's

^a Dub. Jour. Med., 1841.

operation;" but the late Mr. Hildige proved (*Dublin Hospital Gazette*, 1859) that the French surgeon's essay did not appear for more than a year after O'Ferrall's. He enlarged on the same subject in 1845, in a series of lectures on orbital tumours.^a

In 1841, O'Ferrall advocated the removal of tumours situated in areolar tissue, by a kind of rooting rather than dissection, remarking that at one point a difficulty will be met, and that it is here the vessels enter and must be dealt with.

Among his "Variorum" may be noted his treatment of albuminuria, especially that following scarlatina, by iron;^b his explanation of 'aphonia in aortic aneurisms by pressure on the left recurrent nerve;^c his hyper-minute description of pendulous tumours of the skin;^d his belief in the identity of scirrhus and encephaloid cancer, the differences in consistence being due to the amount of fibrous tissue proper to each site;^e and his support of Bizot's theory of the symmetry of arterial morbid changes by cases of gangrene.^f Of his anomalous cases^g the following are a few:—(1.) Softening of both lateral lobes of the cerebellum without any alteration in muscular action. (2.) A large bony plate in the right crus cerebri, which caused left hemiplegia, divergent strabismus, ptosis and disorganisation of the right eye sixteen years before the death of the patient. (3.) Rupture of the anterior coronary artery and consequent tearing of the visceral pericardium. (4.) Aneurism of the superior mesenteric artery diagnosed during life. (5.) Six cysticerci found in the ventricular septum. (6.) Morbus coxæ, with separation of the pelvic bones, in an infant four months old. (7.) Cartilaginous degeneration of the bones of the left lower limb—twelve fractures having occurred over a period of twenty years. (8.) Emphysema of the subcutaneous areolar tissue of the abdomen from ulceration of the cæcum. In discussing this last case, he states he had often seen the abdominal walls kept largely protruded for hours together by hysterical contraction of the diaphragm, respiration being meanwhile performed by the upper intercostals. In the diagnosis of tumours, and the discovery of their sites and attachments, he was amazingly expert. A large fibrous swelling in the forearm was believed by many surgeons to require amputation, on the grounds that it moved when the wrist was moved to and fro, and was, therefore, embedded in the flexors. By causing the patient to grasp a ball in the hand, O'Ferrall showed that these muscles were free, and that the movements of the tumour were due to the alternate stretching and relaxing of the deep fascia. Upon the division of this structure the tumour was easily turned out.^h

^a Dub. Hosp. Gaz., 1846.

^b Dub. Hosp. Gaz., 1846.

^c Dub. Jour. Med., 1840.

^d Dub. Jour. Med., 1847.

^e Dub. Jour. Med., 1845.

^f Dub. Jour. Med., 1849.

^g Dub. Path. Reports, 1838-49.

^h Dub. Jour. Med., 1849.

The following are some of the manipulative procedures which he originated:—The elevation of tumours, before operation, so as to let blood and serum gravitate from them. The case of vast scrotal tumour, in the treatment of which this expedient occurred to him, has world-wide fame. In detailing it he broaches the following doctrine in medical ethics:—"There can be no real weight in a mere majority in consultation, unless the opinion of each have reference to some common and acknowledged principle. Haste or inexperience might, otherwise, influence the decision, and an injudicious operation be performed." The mode in which he planned his incisions is worthy the attention of any operator.^a His plan of strapping the breast, so as to isolate and compress the gland, as we do the testis, in cases of deep abscesses, was devised in 1840. It was a most merciful improvement, for up to that time Hey's cruel slicing process was usually, and amputation occasionally, performed.^b He did not apply the somewhat similar principle to the treatment of anthrax for eighteen years afterwards.^c The use of a gum elastic canula, seven inches long, and enlarged at each end, for the first two days after lithotomy.^d The plan of opening pharyngeal abscesses while standing behind the patient. In doing so from in front, the patient's head is held erect, and the necessary depression of the tongue irritates the fauces, and makes the operation a troublesome and risky one.^e

O'BRYEN BELLINGHAM was the son of the late Sir Alan Bellingham, and brother of the present baronet. The name is derived from a place in Northumberland, and the family can be traced back in a direct line to the time of the Conqueror. He was born December 12, 1805. At Feinaigle's famous school (now the Aldborough Barracks) he received his education, and so proud was that celebrated teacher of his pupil that he had a marble bust of him sculptured while he was in his fifteenth year. Having been apprenticed to James Duggan, he was educated at Jervis-street Hospital and the College of Surgeons School. In 1822 his name first appears among the 207 pupils on that year's roll. In 1828 he obtained his diploma. He then studied in Edinburgh under such illustrious teachers as Alison, Hope, A. Monro, and Christison, and graduated as M.D. of the University and Licentiate of the College of Surgeons in 1830.

On the 6th of May, 1833, he was elected a member of our College, and none was ever more devoted to her interests. He had been for some years one of the Examiners of the Pharmacy Court when the Professorship of Botany was established. Although he had such worthy competitors as Neligan and A. Mitchell, he was chosen unanimously for the new chair,

^a Dub. Jour. Med., 1846.^d Dub. Hosp. Gaz., 1845.^b Lon. Med. Gaz., 1840.^e Dub. Hosp. Gaz., 1845.^c Dub. Hosp. Gaz., 1858.

and he still retained the examinership. In 1850 he resigned the professorship, and was elected a surgical examiner, and in 1856, on the death of Rumley, became the chairman of the court. For some years prior to his death he also acted as the honorary Librarian of the College and Secretary of the Surgical Society, in which latter office he was most devoted and indefatigable.

In 1835, a year after St. Vincent's was founded, Bellingham was elected surgeon on the recommendation of Archbishop Murray, and laboured here most assiduously till the year of his death. Although he resided at a great distance (63, Eccles-street) 9 o'clock always found him at his post. In 1850 he moved to 19, Kildare-street, so as to be within easy distance of the two institutions which divided his affections outside home. He enjoyed far too few vacations, and his constant application, no doubt, contributed towards his lamentably early death. The columns of *The Medical Press*, notably those of 1842-3-4, attest his industry as a clinical lecturer and a writer, often original, and always displaying that he was a learned and judicious practitioner, ready to test any innovation fairly promising. Most of the reviews in the same journal came from his busy pen, and for many years he most carefully edited the reports of the Surgical Society. Of medico-political articles he never contributed a line, if a masterly refutation of homœopathic doctrines (1839) be excepted. As a speaker he was clear and argumentative, never egotistical, and always brief; for some years before his death he suffered from a scanty supply of saliva, and every three or four minutes would pause for a short interval.

Of Bellingham it is difficult to pronounce a fitting eulogy. He was towards all men courteous and generous, and if he entered into any controversy it was to elicit truth—never to gain a personal triumph. One who knew him best, now the Nestor of our profession, said to me lately—"If any man disagreed with Bellingham, rely on it that man must have been in the wrong." The professional differences between him and O'Ferrall were not, however, unfruitful of good, for they spurred both to exertion. Edmund Burke tells us, "He that wrestles with us strengthens our nerves and sharpens our skill; our antagonist is thus our helper." His appearance was eminently intellectual and aristocratic, as you may judge from Kirk's bust, by which the College of Surgeons honours his memory. This is a photograph of it, taken by Chancellor. Just as his health failed a high-class private practice was attracted to him, his ability and industry telling surely but slowly because he was so unselfish and retiring.

In 1855 he underwent, by the loving hands of Cusack, Crampton, and Fleming, a serious operation which prolonged life and lessened pain for a while. In April, 1857 (about the period this second portrait was taken), I saw him for the last time at the Surgical Society showing a specimen of congenitally cribriform aortic and pulmonary valves which

he had just obtained here. His wasted appearance showed that recovery was not to be hoped for, and excited the most profound sorrow. He soon after retired to his brother's castle, and peacefully passed away on October 11th, 1857. Up to the very day of his death he occupied himself in revising the last pages of his great work on "Diseases of the Heart," which was issued a few days after the author was laid in the family tomb at Castlebellingham. In reviewing this book, a writer in *The Medical Press*, who knew the author most intimately, remarks—"In him were combined the most gentle disposition, the most perfect freedom from envy or guile, with the utmost integrity of conduct, and most accomplished manners. Few men have undergone greater annoyances, the offspring of professional jealousy in his inferiors, and few—few indeed—would have borne them with such a Christian spirit. It was in his painful and fatal illness that the noble mind of Dr. Bellingham shone forth with such lustre—he met excruciating pain with resignation, death without fear."

From boyhood Bellingham was a naturalist, and has left behind him the records of work which in itself would make a solid reputation. In 1838 he was one of the founders of the Dublin Natural History Society. The 13th and 14th volumes of the "Annals of Natural History," *The Medical Press* of 1839, and the address at the scientific meeting of the College of Surgeons, 3rd April of that year, treat of the generation, classification, and practical relations of entozoa in a most able and exhaustive manner. Such meetings, open to an appreciative lay audience, might be well revived in the College. Some of the foremost men in our profession have devoted themselves to zoological pursuits, of whom I will only instance Sir A. Cooper, who, when in the zenith of his fame, took the comparative anatomy chair of the College of Surgeons, and worked with the zeal of a single-purposed enthusiast. Sir Astley was for many years, in conjunction with Sir B. Brodie, Sir C. Bell, Babington, and Bright, examiner in the Veterinary College, and its President, Coleman, he calls "for forty years his best male friend." It is often wondered that in this country we have no institution for the study of veterinary science, and just now the carrying out of the Cattle Diseases Acts gives abundant work for those qualified by examination elsewhere in bovine and indeed in human medicine.

During the years 1836-9 Bellingham searched for intestinal worms in the bodies of 90 persons of various ages in our pathological theatre. In 83 he found some variety, and in 81 the tricocephalus dispar existed. From the very constant presence of these parasites, he regarded them as not such common factors in disease as is generally believed. He showed the fallacy of the idea that our tapeworm is solitary, and discovered a new species of round worm, which he named "ascaris alata." Some leading helminthologists support the distinctness of this animal, but

Cobbold and others regard it as identical with "ascaris mystax," a common entozoon of the cat. His papers in the "Annals of Natural History" form to this day the standard reference, for they identify and describe, in a very full and original manner, thousands of entozoa, to obtain which he dissected 270 mammals, 360 birds, and 380 fishes. Most of these specimens he presented to the College of Surgeons Museum, but the ink of the labels having faded, the identification of them now is very difficult. I may mention that he was an excellent dissector and taxidermist, so that most of his donations of hearts, aneurisms, &c., were at once ready for the shelves.

His original clinical investigations here were very numerous. I will most briefly refer to a few. The use of liquor potassæ in psoriasis, of sulphide of potassium in the parasitic form of pityriasis, the observation of complete shedding of the nails in pemphigus, and the erysipelatous nature of elephantiasis of the leg, were contributions of his to dermatology. Finding that he had been anticipated in the last-named view by Dr. Benson (Jan., 1839), he announced the fact at the Surgical Society with the honesty so characteristic of him. His lectures on entropium, cataract, and other ophthalmic subjects in *The Medical Press*, 1847, are very able. He records a case of sloughing of the left cornea in a patient with right hemiplegia, and suggests that it was due to a clot involving the ophthalmic artery or cavernous sinus. This effect is now attributed to lesion of the trifacial nerve. He was one of the first to recognise as scurvy an outburst of disease in the famine year (1846), and to prove that it depended on want of potatoes in the dietary of the people. The administration of oxide of zinc in chorea, and of mercury in strumous diseases of the joints (which O'Beirne had advocated many years before), were established mainly by him. A chart of auscultatory signs, prepared by Bellingham, did much to spread a knowledge of the subject amongst Irish and British practitioners.

Amongst his noteworthy operations were tapping the skull for hydrocephalus, the patient surviving three weeks; Symes's amputation for the first time in Dublin (June, 1847), ether having been inhaled, very soon after the discovery in America; and a case of ligature for cancer of the tongue, in which the posterior part of the section reunited before the separation of the anterior part was completed. When the slough came away with the ligatures it was swallowed by the patient, who was eating stirabout at the time. In a case of secondary hæmorrhage after amputation in the lower third of the thigh, he tied the femoral, and on the following day the external iliac artery. When the bleeding first arose (12th December, 1848) it would have been fatal save for the prompt skill of Mr. Tufnell, who chanced to be lecturing on military surgery in this theatre at the time. Bellingham's proceedings in this case alone would mark him as a prompt, well-trained surgeon.

The book on which Bellingham's fame mainly rests is, "Observations on Aneurism and its Treatment by Compression"—a shabby paper-bound duodecimo, published in January, 1847. It abounds, however, in learning, logical argument, and originality, and, as it is scarce, republication is very desirable. My time being limited, I will quote for you only a couple of instances of each of these qualities in it. He shows that in the time of Dionis every man was bled, and most men's brachial arteries suffered, till, at last, a French edict ordained that a surgeon should pension every one whom he thus disabled. According to our Brehon Laws a somewhat similar provision was made in ancient Ireland. Amongst the famous works he analyses are, "Scarpa on Aneurism," and "Hodgson on Arteries." Just now, when prize essays are often decried, it may be well to note surgery gained by this kind of competition. He allows that in 1810 three Parisian surgeons had cured popliteal aneurisms by compression of the femoral artery. *The* argument of the book is that an aneurism cures by stratified or laminated fibrin deposited by the blood as it flows through the sac—a theory he first broached in the Surgical Society in 1843, and his principle of treatment is to weaken only the current through the artery by pressure. Todd at least hinted at these principles in 1822. He well enunciates the doctrine which now holds sway, as follows:—"To effect the coagulation of the blood in an aneurismal sac in a living subject, very considerable pressure would be necessary. The compression likewise, it appears to me, would require to be made on both the cardiac and capillary sides of the sac, and very near the latter; while the process will necessarily be so painful that few patients would be willing to submit to it."

Anæsthetics, shortly afterwards introduced, supplied the one requirement, and O'Ferrall had the credit of suggesting expedients to meet the other. We read^a that he pressed below the sac to keep it full of blood, and insisted on the flexed position to narrow the calibre of the vessel at the hip and knee, and later on he advised tight bandaging. In the first case in Ireland in which pressure cured an aneurism—that by M'Coy in 1824—complete stoppage was borne because the patient was drunk, and alcohol is an anæsthetic. The pain at the moment of consolidation Bellingham explained by pressure on the nerves by the enlarged collateral vessels. Mr. Tufnell may be quoted in favour of the complete stoppage of the blood and its rapid coagulation, and I select him the more readily as he was an enthusiastic supporter of Bellingham, whom he knew like a brother. In his famous case of the cure of three aneurisms in one patient, he says of the third treatment—"The degree of pressure employed was such as entirely to prevent direct circulation through the sac." Again, at page 69 of his able book (1851), he says—"In by far the majority of the cases which have been rapidly cured, complete arrest

^a Dub. Jour. Med., 1846.

The first of these is the fact that the
population of the country has increased
very rapidly since the year 1800. This
increase has been the result of a number
of causes, the most important of which
are the following: 1. The discovery of
gold in California, which has attracted
thousands of people to that country.
2. The discovery of gold in Australia,
which has attracted thousands of people
to that country. 3. The discovery of
gold in South Africa, which has attracted
thousands of people to that country.
4. The discovery of gold in Brazil,
which has attracted thousands of people
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