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The Open Window

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*A Paper read to the British Tuberculosis Association at its
Annual Meeting in Belfast, in June, 1948*

SOME months ago Dr. Brice Clarke invited me on your behalf to be present at this meeting and gave me the privilege of addressing you on some subject of local, medical, historical interest. A few days later I received a very kind letter from Dr. Stephen Hall, in which he indicated his belief that the Belfast Medical School had produced some notable and eccentric figures in the last century, and suggested that one or more of these might form a fit subject for a short paper. My first reaction was to agree at once that our school had produced some *notable* characters, but I wondered just what he meant by the word *eccentric*, so I looked it up in a dictionary and found the following definition: "not conforming to the ordinary rules of conduct; out of the ordinary, odd, original, whimsical; so odd, and so different from others as to be considered strange in the head; slightly crazy." It was, on the face of it, scarcely complimentary to us to suggest that we had a large proportion of doctors who were slightly crazy, but in all fairness to Dr. Hall, we must admit that he credited us with at least an equal number who were notable. It occurs to one, too, that sometimes that which is regarded as eccentric or even slightly crazy in one generation, may be strictly orthodox in the next; and that is one reason why I should like to talk to you for a little while this evening about Dr. Henry MacCormac, who was considered by many during his own life-time to be eccentric, but who was a very great man and a notable physician in this or any age.

Henry MacCormac was born in County Armagh in 1800 or 1802, the son of John MacCormac, a linen-merchant, who was the son of Cornelius MacCormac, an officer in the Royal Navy. He was almost certainly a pupil of Armagh Royal School, but has left it on record that he had few grateful memories of his pupilship.¹ The Royal School's list of scholars of that period is not available. He qualified in medicine in Edinburgh University in 1824 and studied in Dublin and Paris as well. He then went on a visit to Africa, journeying from the Cape of Good Hope to Sierra Leone overland, and nearly succumbed to an attack of jungle fever on the way. He also visited America twice before he commenced practice in Belfast, where he was appointed a physician to the Belfast General Hospital, which is now the Royal Victoria Hospital, in 1830. It may have been because of his experience in tropical diseases that he was given the task of taking charge of the special hospital for cholera in the 1832 epidemic. "In the autumn of 1830," as Dr. A. G. Malcolm² has recorded, "intelligence reached these shores, that the Asiatic cholera had crossed the Russian frontier and was steadily marching in a

westward direction. Even then, and when this news was confirmed by subsequent accounts of its appearance in Poland, Austria, and Prussia, the public mind in these countries was scarcely roused to any degree of excitement," but with its onward march "the interest in the cholera news-columns fearfully increased and when, at length, the enemy suddenly appeared at Sunderland, a sense of impending danger sank into every heart." In Belfast a sum of £700 was raised and a cholera hospital, providing for fifty beds, was erected at the rear of the fever hospital in Frederick Street. Another building for the seclusion of contacts was rented and other precautions were taken. Four months elapsed, however, before the first case was recognised. There is a curious discrepancy here, because Henry MacCormac wrote that it was in a man who had arrived from Glasgow, but A. G. Malcolm stated that no trace of contagion could be ascertained in its origin. By the end of 1832, 2,870 persons in Belfast had been attacked, with 480 deaths. Of these, MacCormac claims that 726 patients were under his personal care, of whom 173 died, giving a death rate of twenty-two per cent. He probably got the worst cases in hospital, as the general death rate in the city was sixteen per cent., which compares very favourably with the figures recorded by Underwood³ for the English and Scottish cities and towns. Malcolm refers to Doctor Hawthorn's opiate and astringent treatment as generally successful, nearly always so in the early stage, and adds that Dr. MacCormac's Indian mode of treatment had also a large share of success. In MacCormac's *Methodus Medendi* (1842) we find a clear clinical picture of cholera, inset, as was his habit, with many names of authorities to concur with, or to contradict calmly and with grave assurance. He was right to agree with those who ascribed it to "contagion," but his "Indian treatment" by blood-letting, calomel, opium, and brandy would not meet with approval nowadays; though he was careful to explain that blood-letting is contra-indicated in collapse, where warm air baths are given with advantage. He was enthusiastic in his advocacy of dilute sulphuric acid as a prophylactic and claimed that its routine use during epidemics prevented any deaths from cholera from occurring in the Belfast Lunatic Asylum.

His treatment of cholera certainly met with popular approval, for his fellow citizens expressed their gratitude by giving him a handsome testimonial in recognition of his services.

In 1833 Henry MacCormac married his first cousin, Miss Mary Newsam. There were two sons and three daughters of this happy marriage: one became Sir William MacCormac, President of the Royal College of Surgeons of England. Three grandsons also became doctors: Dr. Henry MacCormac, now Consulting Dermatologist to the Middlesex Hospital; Dr. H. R. Dean, Professor of Pathology at Cambridge and Master of Trinity Hall; and Colonel Henry Burden of the Indian Medical Service.

Here I am tempted to digress to tell you something of the Belfast General Hospital, now the Royal Victoria Hospital. Founded as a Dispensary in 1792, it had suffered many vicissitudes before 1817, when its New Hospital in Frederick Street was opened and dedicated with solemn ceremony "To the sick, to the art of medicine, for the public health, for the cure of diseases, for the solace of

suffering, and for the practice of medicine and surgery." In 1820 resident pupils, the apprentices of members of the staff, were first admitted. More than one hundred years were to elapse before the General Medical Council of Great Britain and Ireland was to recognise the value of resident pupilship for medical students and to make it compulsory for all of them. In those days Ulstermen went in considerable numbers to Dublin and to Edinburgh, and it is sad to read in a letter written by one of them in Edinburgh that "to be a student of medicine is a term of contempt; but to be an Irish student of medicine is the very highest complication of disgrace."⁴ It was in 1835 that a medical school was opened in connection with the Royal Belfast Academical Institution, the first Professor of Medicine being Dr. Henry MacCormac. In those days there was no rigid barrier between consultants and general practitioners, and doctors were elected to serve on the staff for the relief of the sick poor for a four-year period. Some of them appear to have been re-elected for considerable periods before being promoted to the Consulting Staff. It is interesting to us that this rule has never been rescinded and members of the staff of some Belfast hospitals are still re-elected every four years without being aware of the existence, or much less the origin, of this old rule. MacCormac was honorary secretary of the staff in 1833 and 1836. In his staff report,⁵ signed by him in 1833, he begged "leave to advert to a delicate subject, but one of great importance—the examination, namely, of the seats of disease after death. If," he said, "the derangement of the comparatively simple machinery of human construction cannot be ascertained or remedied without an inspection of the evil, still less is it possible in the case of the infinitely more elaborate details of the human frame itself . . ." In 1836 he showed,⁶ as he so frequently did throughout his life, a glimpse of the shape of things to come when he wrote: "the writer is of the opinion that this and all similar institutions might be managed with much economy by a General Administration for the Charities of the town . . ." perhaps the first forewarning of the advent of the Hospitals Authority. In 1836 he was promoted to be Consulting Physician to the hospital, and I have yet to discover what the duties of Consulting Physicians were in those days. Some of them appear to have continued their hospital work in the same way as the visiting physicians, and Henry MacCormac seems to have enjoyed a very busy private practice. In 1849 he was appointed physician to the Hospital for the Insane, where he instituted many reforms, notably in providing a more generous diet and in advocating more humane and understanding treatment of insanity. He published his views in a short pamphlet entitled "Metanoia, A Plea for the Insane," in 1861, in which he stated that insanity is not a disease of the brain substance, but that the evil lies in quite other than empirical conditions, resides in the mind's unconsciousness of its consciousness, in a word, the soul's unawareness of its own acts. In his paper, read at the Annual Meeting of the Canadian Medical Association in 1933, Sir Humphry Rolleston⁷ quoted this extract and described it as "an anticipatory echo of Freud, and later psychology," but remarked that MacCormac did not define what the term metanoia means. It is, as you know, a Greek word still used by theologians, meaning repentance or a change of heart. In 1849 Queen's College, Belfast, was opened by its Royal Founder, Queen Victoria. Dr. MacCormac appears to have

handed over his professorial office to Dr. J. C. Ferguson, until then Professor of Medicine in Trinity College, Dublin.

In 1866 he retired from active practice to devote the last twenty years of his life to literary studies. Perhaps it was this severance from hospital practice which forms the only excuse for the Board of Management of the Royal Hospital for having omitted any reference of his death in their annual report for 1886. In this annual report the deaths of five Life Governors were noted and reference made to improvements in the wash-house, but there was no word for Henry MacCormac; and few there were who remembered the cholera epidemic of 1832, when the gallant young doctor had earned high praise.

This gives you a brief outline of his hospital career, but it is on his work on tuberculosis that his fame most surely rests. It was in 1855 that he published his book "On the Nature, Treatment, and Prevention of Pulmonary Consumption, and, incidentally, of Scrofula, with a Demonstration of the Cause of the Disease." This slim volume of one hundred and eleven pages is a *tour de force*. It presents not only a clear statement of the author's dogmatic views, but a clear image of his lively mind and the depth and width of his learning. There are one hundred and twenty-eight references to authority scattered through the text, with quotations ranging from Hippocrates, Celsus, and Galen, to Benoiston de Chateauneuf and William Stokes. It is to Baudelogue (1832) and Fourcault (1844) that he gives his highest praise for their emphasis on the importance of impure air as a cause of consumption. Throughout the text he omits inverted commas as he quotes from this or that foreign author. This typographical habit seems to portray the ease with which he merged from English in his own thoughts, for was he not familiar with twenty languages? Since it was his advocacy of fresh air in the prevention and treatment of tuberculosis which constituted his claim to our special remembrance of him, I should like to read to you some short selections from this little book. As Sir Samuel Wilks has said many years ago, it shows how strong his views were on the subject and yet very remarkably their value was not perceived by the profession at large. Nor did the medical press acclaim it. "The Lancet" admitted that the author was a learned man, but declared that he was "not a sound guide in purely medical matters.⁸ But "The Lancet" is not always right. On the first page the author gives his declaration of faith in the following terms:—"It is the state of the indoor air, and very particularly the bedroom air, and not the condition of the outdoor atmosphere at all, that is to account for the production of the malady. A sufficiently renewed indoor atmosphere, and particularly a sufficiently renewed bedroom atmosphere, together with active, and particularly active, outdoor habits will render life wholesomer in general and freer from consumption, even in towns, than it will prove in the most admirable circumstanced country residence with ill-aired rooms and passive, inactive habits. For action, coupled with a pure atmosphere, tends to life and health, whereas inaction and unrenewed, rebreathed atmosphere but insure irreversible decay and death."

Then follows his theory of the nature of tubercle:—

"Tubercle is no other than the arrested, because unoxidized, carbonaceous

waste; in fine, the detained metamorphic refuse of the living organism, detained by reason of imperfect, defective respiratory function."

And again :—

"These tuberculous deposits must be considered ramifications of one great malady under varying aspects and manifestations as arising from retention in the system of the unburnt metamorphic carbon waste."

"Neither inflammation, nor cold-taking, nor starvation, nor inferior nutriment, nor dyspepsia, nor chills, nor deficient clothing, nor excessive moisture, nor low spirits, nor bodily inaction, nor the suppression of eruptions, nor the retention of habitual discharges, nor exhaustion, nor abuse of mercury, nor intemperance, nor supposed hereditary tendencies will in any case lead to phthisical or scrofulous deposits if there be not a tubercular habit of body to superinduce them.

"If his syntax derives from the splendours of St. Paul, his thesis is modern and psychosomatic.

"There is this to be said in respect of tubercle; that it is an entirely foreign and unnatural product . . . It has no normal existence anywhere, and only makes its appearance as the result of a profound and deeply-seated degradation in the vital functions of men and animals."

"When people insist on the hereditariness of consumption, why do they not insist on the far more certain hereditariness of health? For health is assured by heredity, although consumption be not so."

"The mainly unreasoning dread of night air, so termed, is a great impediment to free ventilation by night. And yet day and night air is the same virtually and does not differ appreciably. The air by night, whether damp or dry, is equally pure, equally salubrious with the air by day, and asks not less solicitously for ceaseless admission into our dwellings."

The author then gives his personal experience :—

"I wrote to ask the excellent master, when my son went to Queenwood College, to permit his windows to remain open at night. 'Certainly not,' was his reply, and so the upland Hampshire breezes vainly wooed the casements for access to the panting lungs within. My son afterwards proceeded to Germany, well and duly impressed with the importance of renewed night air. The folding casements, both of them, of his sleeping room he kept widely open the winter through, to the perfect horror of the good German parents who son had perished of closed windows in the very same chamber which my boy occupied. Night after night the contents of the water-jug, he told me, were frozen. Yet never did he experience a chill, never took what is vulgarly called a cold."

"When at school in Paris, it was only by engaging a chamber for their exclusive use, overlooking the vines and the flowers, that the really intelligent principals would suffer my girls to keep their windows (they were the usual French casements) open. I suppose this was the only girls' sleeping chamber in Paris, perhaps in the whole of France, where two French windows were kept widely open, winter and summer, the whole night through. I was sorry when I looked at the other young people, and tried hard to obtain for them a similar boon."

"Pure respiration is the law of life; impure respiration is the law of death. One

is immunity and health and strength as, *quo ad*, the other is defeat and destruction and doom."

I feel that many of us will approve of his clinical observation contained in the following abstract:—

"Here I must expressly observe that the sounds of a lung containing a few merely solitary or scattered tubercles do not necessarily differ from those of the healthy lung. In short, tubercles do not always afford a sign. This fact is also distinctly affirmed by Skoda, Andral, and others. It is owing to the circumstance of this important fact being overlooked that many have been pronounced exempt from tubercles who really laboured under them. In fine, the stethoscope is not in each and every case the criterion which the public, and even the profession, are wont to imagine. I have often met cases of evident phthisis, evident from the rational signs, in which neither auscultation nor percussion sufficed to declare the existence of tubercles."

This was the gospel which MacCormac felt himself ordained to preach in season and out of season. He read papers on the subject in Belfast, in Dublin, in Glasgow, and, unfortunately for his own happiness, in London, where in May, 1862, his paper was read to the Medical and Churgical Society, in his unavoidable absence, by Doctor Sieveking. Its reception may be best described by the following extract from "The Lancet"⁹: "This paper, which was of considerable length, set forth the foregoing thesis, and wound up with some comments on the ravages of consumption and scrofula, which, the author asserted, follow entirely from the respiration of a befouled and impure atmosphere. The air by day, if possible, and assuredly, by night, should be as pure as that which traverses the hill-top and is washed by the sea-wave. He would as soon send an infant to sleep in a celler as in a airless nursery, and he considered there could be no immunity from the twofold scourge of phthisis and scrofula until medical practice and popular conviction concurred alike as to the indispensableness of fresh, untainted air.

"Doctor Chambers characterised the paper as a waste of time. It simply stated that closed rooms, foul air, and other injurious influences favoured the production of consumption. All knew this before, and it was a waste of time to enlarge upon a truism.

"Doctor O'Connor inquired whether the paper had been referred to a committee previous to its being read to the Society?

"Dr. Tanner said it would be desirable that the Fellows should be made acquainted with the papers to be read on certain evenings; Dr. MacCormac's views on the subject of phthisis were well known and were more than five hundred years old. He had advanced no facts in support of his theory, and he contended that the Society had wasted its time in listening to the statements which had been made. It was not to be wondered at that the Society's meeting-room was empty if such papers were submitted to the consideration of the Fellows.

"Dr. Little said he must press the question as to whether the paper had been referred to a committee. The Society ought to be protected against the reading of such productions. The president said that it was not the custom of the Society to refer papers previous to their being read. It was not competent for the members

to discuss any question which did not relate to the paper before them. Mr. Ashton concluded that the Society refused to pass a vote of thanks to Dr. MacCormac."

But this thankless thesis was not the only contribution to the evening's proceedings, for it was followed by a paper from Dr. Thomas Bollard "On a previously unobserved cause of idiocy, imbecility, and allied affections," which turned out to be "fruitless infantile sucking," and it met with a much less hostile reception from the learned Society.

Time passes, and it is just possible that the only mention in medical literature of Drs. Chambers, O'Connor, Tanner, Little, and Mr. Ashton is this permanent recording of their rudeness to Henry MacCormac. It rankled in the old man's mind, however, because in 1883, when nearing the end of his long, useful life, he addressed a pamphlet to the Medico-Churgical Society which had treated him with such contumely twenty years before, drawing their attention to the "Air Cure practised at Davos and the Engadine," whose "mountain miracles are in perfect accord with the statements to which your rampant associates yielded so churlish a reception."

If rejected in London, his views were appreciated elsewhere. A second and larger edition appeared in 1865, and he had the pleasure of reading translations of his work on consumption in German and Dutch. Even at home, as can be imagined, there were times when, like Hudibras, he had to resort to "apostolic blows and knocks." It has long been a tradition that he appeared in the Belfast Police Court and paid a fine for breaking his patient's window with his umbrella to ensure the admission of fresh air. I have failed to trace any actual proof of this, but his grandson, Dr. Henry MacCormac, writes to say that "the police court story has all the flavour of antiquity; I have always believed it as true, but I have no proof except family tradition. I don't think it was invented as a joke, as fresh air was no joke in my family." Perhaps an even more attractive story is that of the policeman on night patrol in Belfast wakening Dr. MacCormac to report that Miss Mary's window wasn't open.

It was, as you will remember, in 1882 that Robert Koch discovered the tubercle bacillus. Is it to be wondered that the old man refused to accept this bacterial cause for consumption or to withdraw the challenge which he had voiced so many years before when he said "if I had a stentor's voice, an angel's pen, I should employ them to enlarge on views which, with my firmest convictions, I believe to embody the safety and material healing of our kind"?

I would not like you to think, however, that Henry MacCormac was so obsessed by his crusade for fresh air as to have little concern for anything else. The width of his many interests is indicated by the list of the books, pamphlets, and newspaper articles which flowed profusely from his pen. Some of these, of course, were purely medical, of which the longest was his "Methodus Medendi or Description and Treatment of the Principal Diseases Incident to the Human Frame"; there were also his shorter treatises on Typhus Fever and on Asiatic Cholera. His exposition of the Nature, Treatment, and Prevention of Continued Fever, published in 1835, asks the question "is it not extraordinary that no Ministry of public health exists, of which medical men should form a part? If the

community had the same faith in the preventive as in the saving power of medicine—and it surely merits at least equal confidence—such a function as the above would soon be called into existence.” As Sir Humphry Rolleston points out, it was not until 1919, eighty-four years after MacCormac spoke, that the Ministry of Health was established. In 1837 there appeared his “Philosophy of Human Nature in its Physical, Intellectual, and Moral Relations.” To our modern eyes this book may be a little didactic and even sententious, but in this, as in all his writing, there gleams his unswerving faith in the goodness of God and in the perfectability of man. He anticipates the spirit of Mr. Churchill’s immortal phrase that “we are part of an unfolding purpose,” and it is characteristic that he prefaces his book on consumption with a quotation from Descartes: “If it be possible to improve the human species it is in the art of medicine that we must seek the means.”

Perhaps the dermatological genius of his grandson derives from the urge which made the grandfather write a short treatise on “The Treatment of *Porrigo* and *Tinea Favosa* by Petroleum.”

He had early shown evidence of a *cacæthes scribendi* and a desire to share his knowledge with others. When a young man in New York, he had heard that a Mrs. Leigh had discovered a cure for stammering, and, as this remedy was a secret, he tried to find a cure himself. After much consideration he decided that the basic fault was in attempting to speak when the lungs were empty, with associated factors of undue haste and “imitation,” and published a small book on the subject. This was, I believe, his first published work and I should like to read you one or two extracts from it:—

“It is somewhat remarkable that all the French writers who have touched upon this subject have asserted that they have seldom seen an example of females affected with stuttering, and one in particular, Monsieur Itard, affirms that he never saw an instance of it in his life, nor does he even believe that they are subject to it.

“Certes, it must be rarer, in this case, in France than in England; but I have, nevertheless, seen more than one instance of women who were stammerers, although I readily admit that it is much rarer in them than in men; I do not, however, claim any originality in this remark. And here I may observe that the French, in the fulness of that gallantry and devotion towards the fair sex, for which they are so deservedly remarkable, have taken an opportunity of paying them an extraordinary compliment by asserting that they are never subject to such a disgrace (I use their own expression). Some indeed admit, with a sort of reluctance, however, that they have met, now and then in their lives, an instance of a lady subject to stammering.

“The reasons why females are less subject to the vicious habit of stuttering are not a few. Their education is different from that of men. They think more, and at an earlier period, than men do. They are brought more into society and communion with their fellow women, and their minds are seldom perplexed by application to business or deep study; and indeed, from the peculiar aptitude of their organization, which seems expressly designed by their Creator, they in general converse with infinitely more ease than men do. Add to this, that from the nature of their lives and habits, not being distracted as men are by multitudinous occupations, they

converse on a thousand things which men would not think of doing. But there are many exceptions on both sides: there being men whose volubility of utterance exceeds that of the generality of women; and women whose taciturnity of disposition is much greater than that of the generality of men. These exceptions, nevertheless, depend upon the education and disposition of the subjects; and, I may here remark, that the mere mental distinctions between the sexes seem to be every day gradually decreasing, which approximation may advance to a certain point, unquestionably with advantage to both. As partly illustrating one of the preceding remarks, I may mention that it is a subject of observation in France that, since the origin of theatrical exhibitions, there have been many more good actresses than actors.

"With regard to stoppage of speech in men, M. Voisin, from whom the last observation is taken, affords me another amusing instance of a kind of pardonable egotism. He says, that in those persons in whom the habit is very slight, it adds a kind of inexpressible grace to their conversation, which is at once both naive and attracting. M. Voisin has the misfortune of stammering himself, although he be a physician, and has written a pamphlet on the subject, so he wisely alleviates his misfortune in that spirit which is so characteristic of his countrymen, and turns his mishap into a source of innocent and even laudable self-gratulation."

It is noteworthy that at the age of twenty-eight years MacCormac was quite confident of his knowledge of the workings of the feminine mind and tongue; I wonder whether he was still so confident when he was eighty-two. In spite of the condescending air of this excerpt from his writings, he was to become a pioneer in the higher education of women, as when he wrote: "In all desirable lofty respects the education of women should be the counterpart of men, the freest scope in literature, science, and art, with everything relating to household and personal requirements."

Other short volumes were entitled "Aspirations from the Inner, the Spiritual Life" and "A Conversation of a Soul with God, A Theodicy"; there was also a three-volume treatise entitled "Life." He translated the Meditations of Marcus Aurelius Antoninus and Manual of Epictetus. On a more mundane level he wrote "A proposal for the painless extinction of life in animals designed for human food," but seventy years were to elapse before Lt.-Col. T. G. Moore brought his bill before Parliament to introduce into England the mechanical killer which had already been adopted in Scotland and Northern Ireland.

The review of his shorter essays and letters to newspapers is even more fascinating and some are also curiously apposite to our own era. For example, his "Three Short Letters on Juridical Manslaughter," which he called Human Vivisection. His views on hanging may be summed up in four simple sentences: "The murderer, we are told, is not fit to live. Is he then fit to die? Indeed if it comes to that, who among us is entirely fit to live or entirely fit to die? We all, more or less, have need of the mercies of God."

Never afraid of emphasis, he is nowhere more emphatic than in "Moral Secular Education for the Irish People versus Ultramontanist Instilment," a tract of forty-four pages of terrific indictment of the Roman Catholic Church, and, in particular,

its educational methods. In an open letter to H.R.H. the Duke of Cambridge on the Health of the Soldier, we read sentiments worthy of Field-Marshal Montgomery, as when he claims that "the soldier's barrack in every material health-promoting respect ought to be as well-appointed as the officer's bungalow," and when he advocates the encouragement of early marriage and the provision of good married quarters.

Reminiscent, too, of recurrent correspondence in agricultural journals on the importance of natural manures, is his address to the Chemico-Agricultural Society in June, 1872, "On the Loss of Ammoniacal Ingredients and Phosphates of Transition."

In the Dublin Journal of Medical Science for 1871 there appeared "some remarks on structure and function in advocacy of the spiritual origin and direction of life," in which he ranged over wide fields of zoology, philosophy, ethnography, and religion—with a distinct bias against the teaching of Mr. Darwin. He wrote many letters to the Press and even presented a personal petition to Parliament, urging for the drainage of Lough Neagh in order to reclaim many acres of fertile land. Another example of his progressive mind is shown in a letter written to the Press in 1883, when he was a very old man, in which he urged that employers should set up dining rooms to serve good food at cost price. As an additional inducement, he adds, "I am not pope, but promise them heaven when they do." In the same letter he urged that schools for cookery should be established. (How delighted he would be to know that two British universities give the degree of B.Sc. in domestic science.) His views on dietetic requirements would stagger Mr. Strachey, for he stated that an adult requires 1 lb. of meat and 1 lb. of bread, or its equivalent, daily. Loving exercise himself, he suggested that tricycles should take the place of milk carts, thus combining healthy exercise with necessary commerce.

In his paper to the Belfast Architectural Association he aired his views on the structure of houses which were to be designed by architects rather than builders, and were to be so variegated as to avoid monotony and beautified with climbing blossoms. Perhaps the most ingenious part of this paper describes windows, each in three parts, the lowest made to open "like a door," and the highest being made capable of being tilted inwards to deflect the incoming air upwards, and thus avoid draughts on the heads of the occupants of the room.

He must have found the days too short for his full and active life. Sir William MacCormac has left it on record that his father got up at four o'clock in the mornings, even in winter, and worked for four or five hours before breakfast, so that we may say of Henry MacCormac that he not only opened his window, but he looked through it: hence the title of my paper. What changes he saw through that window in his eighty-six years. As a schoolboy, he had seen the flags fluttering for the news of Waterloo and the downfall of the tyrant Napoleon; as a young man, he had seen the cheering crowds acclaim the accession of the young Queen, and the birth of the Victorian era of splendour and advancement. He had bought papers, bringing grim but glorious news from the Crimea; had read of his gracious Sovereign's assumption of the diadem of the Indian Empire, to the great

benefit of the Indian peoples; had seen the rise of the American Republic, freed from civil strife, and, of less happy augury, the birth of Imperial Germany, and the strangling of France by her iron hands. Nearer home he had watched the tremendous developments of British medicine, and, in particular, he had seen the little medical school, where once he had been a young professor, going on from strength to strength and achieving a world-wide reputation. In 1849 there had been 28 medical students; in 1886 there were 244. He had watched the rapid growth of Belfast from a small town with a population of 53,000, to one of 232,000 inhabitants, just about to receive the Royal warrant which established her as one of the great cities of the United Kingdom. Perhaps best of all, he had seen his son, William, throughout the greater part of his magnificent career, in which he discarded the white coat of a house surgeon in the Royal Hospital, Belfast, and the blood-stained apron of a doctor in war-time, for the Presidential gown of the Royal College of Surgeons of England. Fifteen years after his death, Sir William MacCormac wrote a filial tribute in which he said that his father's "most earnest conviction was that the human race would develop goodness and greatness . . . to him, mankind was one brotherhood, capable of ultimate perfectability, and of reaching, by effort and endurance, the desired goal. He was profoundly a religious man, with an absolute belief in the goodness, greatness, and divine perfection of the unseen God . . . I never knew any of more gentle disposition . . . a man of great mind and of great heart; great in human sympathy and affection."

In a recent letter to me, Dr. Henry MacCormac, his grandson, wrote: "I only very dimly remember my grandfather as a kindly old gentleman, very fond of children, for whom he kept pocketfuls of sweets, which he distributed liberally. His benevolence extended to the embarrassment of others at times, as, on one occasion, when he invited a German band into his house for breakfast, and at other times when the oddest people, who seemed hungry, became his guests."

And that is the picture which I should like to leave in your minds of Henry MacCormac, who was, perhaps, eccentric, but whom I commend to you as one of the most notable and noble figures of his time.

LIST OF PUBLICATIONS BY DR. HENRY MACCORMAC

- "On the Nature, Treatment, and Prevention of Stammering or Hesitancy of Speech" (1828).
- "An Exposition of the Nature, Treatment, and Prevention of Continued or Typhus Fever" (1835).
- "Philosophy of Human Nature in its Physical, Intellectual, and Moral Relations" (1837).
- "Methodus Medendi, or a Description and Treatment of the Principal Diseases Incident to the Human Frame" (1842).
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