INTRODUCTION

Gary Love strode a wide stage from a local base and background. Obituaries, notably Professor Stout, have summarised his outstanding career. 1

I would repeat that Gary gained first place in each undergraduate year and in the intercalated BSc in Physiology. By my count he won 18 of the 21 prizes and awards for which he was eligible and gained first-class honours in all the major examinations, a record unparalleled at Queen’s though Sir Ian Fraser came close in the nineteen-twenties. Nationally, Gary was one of the best-known physicians on the Queen’s staff since Sir William Whitla nearly a century before, while he surpassed all except Sir John Henry Biggart in his influence over medical developments in Northern Ireland.

Gary was also exceptionally versatile. At school (Bangor Grammar) he won rugby and cricket colours and the Devon Medal for Debating to put with his academic successes. In 1956, aged just 22, he won the Irish close championship at the former Malone golf course and was selected to lead the Irish team in the home international matches at Muirfield later that year but unfortunately was unable to play. He later became an accomplished helmsman and gained his yacht master’s certificate. He was a skilled equestrian and it was a cruel irony that his sudden death occurred in the saddle. He never raced Formula cars but he could drive his own saloons as if he had. Gary in fact combined intellectual distinction, professional success and unusual versatility with a natural grace of manner and a seemingly effortless skill in the many fields in which he excelled. He was the very model of a modern ‘all-rounder’.

Like many so gracious and richly talented Gary was self-composed and imperturbable which, with his debonair aura and modish dress code, could suggest to the unwary a dandified, even foppish, languor. It was not, however, languor but tranquillity of a type which Sir William Osler called ‘equanimity’ and which he considered to be the greatest attribute of the successful doctor. In his much quoted Valedictory Address at the University of Pennsylvania on 1 May 1889 and entitled simply Aequanimitas he wrote:

‘In the first place, in the physician or surgeon, no quality takes rank with imperturbability ... which means coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgement in moments of grave peril ... the physician without it ... loses rapidly the confidence of his patient’.

I intend, I believe appropriately, to honour Gary’s memory by referring not to Gary’s own work, I leave that to posterity, but to another Ulster-born medical ‘all-rounder’ who, like Gary, was professionally famous, intellectually gifted and an exceptional sportsman, who exerted a considerable influence in medical (specifically surgical) matters in Ireland and possessed ‘equanimity’. He is Terence John Millin (1903-1980) once a household name in retropubic surgery but now all but forgotten; a local son who has received scant local recognition. Conveniently for this lecture, 2003 is the centenary of Millin’s
birth. Conveniently for myself as lecturer I can bathe in some reflected glory since Millin and I were trained in the same Dublin hospital (Sir Patrick Dun’s) though Millin more successfully!

**Terence John Millin (1903-1980)**

**Background and Schooling**

Millin was born on 9 January 1903 at Sheridan Lodge (now 3 Bridge Street), Helen’s Bay, the older of the two children (Elizabeth - ‘Betty’ - was born in 1905; she was to become headmistress of Mill Hill Girl’s School) of Samuel Shannon Millin and Ella Catherine (née Morton) daughter of Colonel David Morton of Stirling. The Millins were a commercial family but Samuel chose the Bar. Briefs were scarce and this allowed him to develop his life-long interest in local history and social affairs which led to useful publications on, for example, local Dissenters (especially Non-Subscribing Presbyterians), Belfast and its institutions, Irish social and economic problems and the activities of The Statistical and Social Inquiry Society of Ireland of which he became honorary librarian. His limited professional success was attributed to progressive deafness, possibly profound: his initials ‘S.S.’ led mischievously to the sobriquet ‘Single Shilling’ since the customary professional fees were often beyond his reach! In 1907 the family moved for reasons now obscure to ‘Deramore’, 28 St Kevin’s Park, Dartry Road in Dublin, where they lived in modest if (usually) comfortable gentility.

Terence was educated privately but in 1914 entered St Andrew’s College (then on St Stephen’s Green) with an open schools scholarship. An Erasmus Smith scholarship in 1916 enabled him to board at the Abbey School, Tipperary, but he returned to St Andrew’s two years later because of the Abbey’s uncertain future (it closed in 1923). He was now sixteen. He excelled as an all-rounder winning the Haslett Memorial and Kidd Exhibitions to Trinity College (TCD) in 1921 as well as gaining his school colours at rugby, cricket and athletics. He was Irish schools high jump champion in 1920, captained the St Andrew’s team which won the Leinster schools cup and was selected for the Leinster schools team, both in 1921, and crowned these achievements that year by winning the Percy Cup and Gold Medal for sportsmanship.3

**University Career (1921-1927)**

Millin took Trinity by storm. He entered the faculty of arts in September 1921 and won one (of the two) foundation scholarships in mathematics most precociously at the end of his junior freshman year. He at once transferred to read medicine. He was the sole Medical Scholar in 1923, was placed first in each of his undergraduate years and won, by my count, every prize and scholarship for which he was eligible. He took a ‘Class 1’ moderatorship in natural science in 1925 and graduated MB, BCh, BAO in June 1927 being the only student in his year to obtain ‘high marks’ in all subjects (medical degrees were general degrees and so did not have an honours categorisation). He was also awarded the Haughton Medal for surgery and the Fitzpatrick Scholarship.3,4 This was an outstanding and in modern times unique undergraduate career. It bears an uncanny resemblance to that of Gary.

Millin was also an excellent athlete being TCD high jump and 120-yard hurdles champion. But rugby was his first love. He was a member of the University first XV, 1923-1927, was captain in 1925-1926 when the team won the Leinster senior cup, the (now discontinued) all-Ireland Bateman cup, and defeated the major British universities including Oxford, the strongest, by 26-3 (at Oxford), and in March 1925 he played at centre three-quarter for Ireland against Wales at Ravenhill, Belfast, scoring the first try of the match after only three minutes in Ireland’s 19-3 victory. (Fig. 1). Unfortunately he never played for Ireland again, anecdotally because of a ‘suspect shoulder’ but more likely because there was no room for him in the 1925-6 team whose ‘back-line was arguably the greatest fielded by an Irish side’ with George Stephenson (QUB), Denis

![Fig 1. The Irish rugby XV versus Wales. Ravenhill, Belfast, March 1925. Millin is standing on the extreme right.](image-url)
Cusson (Dublin University) and the two youthful prodigies Frank Hewitt (Instonians) and his brother Tom (QUB) as Millin’s competitors. He introduced an unusual (and successful) ‘8 backs, 7 forwards’ formation which was later sporadically used by the New Zealand All-Blacks, and also allegedly decided the Dublin University ‘colour’ – a ‘pink’ – (just as Oxford and Cambridge each award a ‘blue’) it being the supposed racing colour of Queen Elizabeth I, the University’s founder. Millin and Gary were each twenty-two when they were picked for Ireland respectively at rugby and golf.

**Professional Achievements**

*Early Career (1927-1931)*

In July 1927 Millin was appointed ‘honorary assistant surgeon’, i.e. house surgeon, at Sir Patrick Dun’s Hospital, where he had trained as a clinical student. He took the London ‘Conjoint’ (MRCSEngl.; LRCP Lond.) and, remarkably, completed the Fellowship of the Royal College of Surgeons in Ireland (FRCSI) in June 1928 within one year of graduation. In 1927 TCD had awarded him the Postgraduate Surgical Travelling Prize, worth £100, and the Edward Hallaran Bennett Medal and he used the money to study at Guy’s and the Middlesex before moving as house surgeon to the Northampton General Hospital, a position recognised by the Royal College of Surgeons of England (RCS) for their aspiring Fellows. He then moved as senior house surgeon to All Saints’ Hospital, Pimlico, an exclusively urological institution whose founder and proprietor was a fellow-Dublin University graduate (Edward) Canny Ryall FRCSI, a cousin of the Dublin surgeon Sir Thomas Myles. Myles had given Millin a letter of introduction to Ryall who became Millin’s mentor. All Saints’ had only eleven beds (it was to have more later as well as changes of address) and to further his training Millin, in 1929, again moved north as house surgeon to the Royal National Orthopaedic Hospital in Great Portland Street. He passed the FRCS in 1930 at the first attempt and returned to All Saints’ as assistant surgeon and personal assistant (at £150 p.a.) to Ryall. The following year he proceeded MA and took first place in the MCh (Dubl. Univ.) examination in ‘clinical surgery, operative surgery, surgical pathology, general surgery, surgical anatomy (on the dead subject)’, and an optional subject from ‘an approved list’, in his case it was genito-urinary surgery.

Millin at twenty-eight was now fully credentialed to follow his chosen career as a urological surgeon. He was of formidable intellect, corporeally skilful and of mature judgement, industrious, ambitious and possessed of considerable personal charm. The ingredients for success were in place but even one as talented and self-assured as Millin would hardly have dared to believe how rapidly his fame was to grow and how extensive it was to become.

*The Road to Success (1931-1945)*

Millin now entered the fiercely competitive world of London surgery lacking any silver spoon other than his own exceptional abilities. He was not within the charmed circle of London medical school alumni; he had no connection with the great and the good; he had no attachment, nor indeed ever would have, to the principal London urological hospitals of St Peter’s, St Paul’s and St Phillip’s; he wasn’t even English. He soon had a great stroke of luck: Ryall died suddenly and unexpectedly on 11th February 1934 and Millin as his protégé and defacto professional heir inherited his position at All Saints’ and also much of his practice including his rooms at 75 Harley Street.

Millin seized these providential opportunities with both hands and at once set about mastering all the standard urological techniques and in developing his already evident skills in instrument design, objectives which he unquestionably achieved. From about the late nineteen-twenties the perineal approach to the prostate had fallen out of whatever favour it had once enjoyed and the surgical choice was between the transurethral approach using either the ‘cold punch’ or diathermy loop resectoscope – the so-called ‘closed prostatectomy’, or removal of the prostate transvesically using the abdominal incision – the so-called ‘suprapubic’ or ‘open prostatectomy’ eponymously associated with (Sir) Peter Freyer, like Millin a London-based Irish graduate (QUI, 1874). Both operations had a high incidence of often distressing complications and while Millin was proficient in both techniques he was always contemplating the possibility of a ‘better way’. It was not until 1944-5 that this ‘better way’ presented itself due largely to his own perseverance.

Millin’s practice during the nineteen-thirties grew rapidly. He now sought more operating facilities and was appointed as part-time urologist to the...
Surrey County Council with beds at St Helier Hospital, Carshalton, and Wilson Hospital, Mitcham, a (modestly) remunerated position and the only such that he ever held other than during the wartime emergency. By 1945 he held appointments also to Southall, Norwood and Cray Valley Hospitals and was genito-urinary surgeon to, amongst others, the Royal Masonic Hospital and the Chelsea Hospital for Women as well as having his main facility at the enlarged All Saints’. The clinical pressure, however, did not prevent him from contributing to the professional literature and attending professional meetings. His articles then as later had a strongly practical emphasis – unusual case reports or comments on new techniques – while he was a regular attendee at meetings of the section of urology at the Royal Society of Medicine and was later to be president of the British Association of Urological Surgeons and much more besides (see Appendix).

Marriage, Family and Wartime

On 16 December 1939 the highly eligible Millin married Alice Neville ‘Molly’ Guernsey at Marylebone registry office. He was 36 and she 32. Molly was from a wealthy family of Kamloops, British Columbia, and had previously been married to Colonel Charles Calvert Street from Salcombe in Devon, whose mother (née Eden) was related to Sir Anthony Eden and was also a Princess of the Holy Roman Empire. Molly and Street were divorced in 1938 and had one son, Timothy, about whom little is known. Street was killed in action in Burma in 1941. The Millin’s marriage was a happy one lasting until Terence’s death at which time Molly returned to British Columbia and died at Oliver on 7 January 1996 aged 88, much debilitated through smoking-related diseases. There were two daughters: Deidre, congenitally profoundly deaf, was born on 19 September 1940 and who married in 1963 and had three children; and Zoë, of normal hearing, born on 6 June 1942 and who married in 1969 but had a less settled life. Both daughters were present at Terence’s death, while Zoë attended her mother during her terminal years.

At the outbreak of war Millin, like many, was recruited into the Emergency Medical Service (EMS) and served as surgeon (at £500 p.a.) to the 60-bed Putney Hospital. As an Irishman and proud of it (he became an Irish national in the nineteen-fifties after the repeal of the External Relations Act in 1949 confirmed the constitutional status of the Republic), soon to be married and making his way successfully in a not over-congenial surgical world, he may have felt under no compelling obligation to join the uniformed services. There is a belief in the family that he had volunteered for the Royal Naval Volunteer Reserve in 1937 but if so it came to nothing. His failure to join the forces may have told against him in some quarters and together with his later indifference to the practices and possibly also the principles of the National Health Service, and no doubt some professional jealousy, may have hastened his decision to base himself in Ireland part-time (from 1950) though it must be said that an interview he gave in 1967 indicated other personal and wholly understandable reasons.10

We may have to look elsewhere to understand the scant regard he has received in his native Province though perhaps no further than that he is seldom identified as being one of Ulster’s ‘Wild Geese’ since he rarely set foot here after the age of four nor showed any special interest in Ulster’s medical affairs, personnel or institutions.

Millin worked hard as EMS surgeon at Putney Hospital but found time to continue with what the exigencies of war had left of his private practice and to enjoy his gregarious life-style ably supported as ever by the engaging, if sometimes direct, Molly who was a generous hostess at their home, 59 Stockleigh Hall, Baker Street. Crucially for his career and for untold numbers of prostate sufferers, his EMS hospital work, intense during the 1940-1 Blitz and again during the 1944-5 V-1 and V-2 emergencies was relatively undemanding during the three-year hiatus and this gave him time to think, and to Millin that meant thinking about ‘the better way’.

Millin’s Retropubic Prostatectomy in the Ascendant

On 1 December 1945 The Lancet published Millin’s pioneer article ‘Retropubic prostatectomy. A new extravasical technique. Report on 20 cases’.11 It ran to just over three pages and finished with the cryptic note ‘Addendum – since this paper was submitted for publication I have employed the procedure in a further 29 cases’. The same issue carried (p.711) an anonymous first Leader entitled (in Greek!) Eureka. It opened:

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The citizens of Syracuse seeing Archimedes running naked through the streets no doubt agreed that his conduct was justified by the importance of the occasion . . . and . . . in this year of 1945 . . . in the surgery of the prostate, a branch of operative technique commoner, more important, more closely studied and more widely pursued than most, T J Millin has discovered a method that is not only quite new but also simpler, safer, and better than those now in use . . .'.

And it concluded:

'Millin's new operation seems to avoid the dangers and discomforts of the transvesical approach, and the sequelae of the perurethral operations, and bids fair to supplant them all . . . Everyone likes it . . . Patients have reason to be loudest in their approval for they are relieved of one of the most distressing afflictions known to man, by an operation that involves scarcely more pain and no longer convalescence than an interval appendicectomy'.

The author is widely assumed to have been Sir Heneage Ogilvie, senior surgeon at Guy's. Two years later Millin published his land-mark book Retropubic Urinary Surgery which ran to 206 pages with 163 illustrations. It did not deal exclusively with prostatectomy but 'details further methods employed in my retropubic approach to a number of surgical problems'.

In these two publications Millin set out the operative details of his technique. They need not concern us here: prostate aficionados may consult them in their original and (later) modified forms in the literature. The concept itself was simple and had long appealed to Millin: why remove the prostate, an extravesical organ, through another organ, the bladder (Freyer's approach) instead of directly?; or why persevere with the discredited perineal approach or the 'closed' transurethral methods when the necessary instruments were not sufficiently sophisticated to avoid common distressing sequelae? Early in 1944 before the V-1 attacks (which started in June), Millin experimented on cadavers using a subpubic route and subsequently on 16 patients but unsuccessfully and 'The route was abandoned'. Later that year during a total cystectomy 'I saw the anatomy of the prostate laid bare from the outside instead of . . . from inside the bladder'.

It was a revealing experience and prompted a personal Eureka. He now reckoned that the retropubic approach was possible if handled skilfully and the dreaded infection potential of the retropubic space ('Cave of Retzius') could now be minimised by the use of the increasingly effective sulphonamides. He made the first public presentation of his operation to the French Urological Society meeting in Paris in October 1945 as a prelude to his Lancet paper. Like most innovations it had its critics and doubters but by 1949 he had extended his reported series to 757 cases by which time all but his most carping and self-serving critics were silenced. Millin's operation had proved to be both a revolution and a revelation and the laudatory Lancet Leader (cited above) had turned out not to be unjustifiable hyperbole but accurate prophecy.

Millin was now a surgical celebrity. Demand for his clinical services and for lecture and demonstration tours poured in as abundantly as did patients whose fees were said to generate for Millin one of the largest incomes (allegedly over £50,000 p.a. by 1949) enjoyed among the London surgical coterie. It certainly kept him and family in some style. In 1946 he moved to Inwood, Roehampton, where he was joined by his parents. He acquired a chauffeur-driven Buick to match his wife's Cadillac, entertained lavishly and travelled extensively combining 'business' with pleasure but never took his eye off the professional ball even though running with it was by now making excessive demands on his time and strength. His clinical outlets including the enlarged All Saints' were no longer adequate and he converted three large adjoining Victorian terrace houses, 31-33 Queen's Gate in West Knightsbridge, into a sumptuous 37-bed private clinic which he shared with two partners – David Wallace a well-known London urologist and (Sir) Charles Read later to be president of the Royal College of Obstetricians and Gynaecologists. (Read married Frances Edna Wilson, honorary anaesthetist to All Saints' and St Mary’s Hospital. She was a sister of T G Wilson the Dublin ENT surgeon, writer, artist and wit and who, like Millin, originated in Co. Down his father, Charles, being a Belfast stockbroker. Wilson was the first, and best, biographer of Sir William Wilde, Oscar’s father). Ivan (later Sir Ivan) Magill from County Antrim and who qualified at Queen’s in 1913 worked for many years with Millin and was his anaesthetist of choice. The pace however was crippling even for one of Millin's stamina and he knew that it couldn't last. In 1950 at the height of

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his success he decided to live in Ireland with consequent semi-retirement from the lucrative London scene.

Return to Ireland (1950-1980)

Millin had always wanted to farm; like many surgeons he wished for literally a ‘hands-on’ activity. He decided to return to Ireland: he felt strongly its call (he adopted Irish nationality in the early nineteen-fifties); was not attracted to the National Health Service; had never achieved insider status in London; was not on the staff of any of the London teaching hospitals nor of the prestigious London centre urological hospitals and, a major consideration, post-war taxation in Britain was crippling. His father had died in Inwood, Roehampton, in February 1947, and his mother was soon to enter a sheltered home for the elderly in Harpenden, Herts, where she died in 1955. Whatever the reasons for his decision it was not declining health: despite the frenetic lifestyle, frequent convivial evenings, his smoking sixty cigarettes a day (‘Players Please’) equalling Molly’s consumption of the less lady-like Wills Woodbine, and robust enthusiasm for what life had to offer, both were in buoyant health. They decided on County Cork for reasons now obscure, possibly its remoteness from London yet close to the Cork-Fishguard ferry. Here Millin bought a rambling 1786 estate of 150 acres, ‘Byblox’ in Doneraile near Mallow, intending to develop its potential and at the same time preserve much of his lucrative practice by alternating months at Byblox and London. He welcomed the farming challenge, kept careful almost clinical records of plantings and crop returns, drove his own tractor, soiled his own hands and later became a sizeable pig-breeder. Despite eschewing the traditional out-door ‘huntin’ and shootin’ activities of his adopted class, he and Molly easily merged into county society entertaining regularly and regally in their 50-room mansion attended by a complement of never less than five indoor staff and with a driver for the new Bentley. Each alternate month Millin travelled to London on the overnight ferry from Cork to Fishguard and then the eight-hour train journey to London, a route he followed until the advent of air travel. In London he often slept above the shop at the Queen’s Gate Clinic, maintained his still lucrative practice with many notables as patients, operated abroad on, amongst others, the president of Turkey and his son, Malaysian royalty and (in Malacca) leading Chinese communists, and received many honours (see Appendix). But inevitably as the nineteen-fifties wore on his practice fell off. His ‘home and away’ schedule was not the best way to run a practice and increasingly his potential patients were seeking treatment from others often through the National Health Service whose surgeons had now adopted Millin’s retropubic approach. In alternate months in Ireland he never practised but would lecture and demonstrate. (As a resident clinical student at Sir Patrick Dun’s Hospital in 1949 I assisted, i.e. held a retractor, at one such operation!). Inevitably his fee income fell away while the swingeing fiscal policies of post-war Britain meant that he had to draw increasingly on his capital.

Other factors now entered the equation. Millin’s increasing time spent in Ireland had not gone unnoticed at RCSI and he at last agreed to stand for the council (as a prelude to the presidency) and was elected on 7 June 1960. The following year he progressed to vice-president (effectively president-elect) and in 1963 finally to president in the event for three rather than the then invariable two years. In 1963 he also formally retired from clinical practice. Since election to the council he had considered moving closer to Dublin which would clearly be advantageous for his college duties. There were also, however, domestic considerations. His younger daughter, Zoë, was attending TCD, 180 long miles from Byblox and moreover Molly was starting to hanker for a less provincial and bucolic life. In 1961 they moved to a smaller Palladian house, ‘Knockmore’, one mile from Enniskerry, County Wicklow, with views over Dublin Bay and with a three-acre garden overlooking the river Dargle and close to some ‘society’ families notably the Slazengers (of Powerscourt), and Sir Basil and Lady (Valerie) Goulding, daughter of the prominent British politician Walter Monkton. Millin, in comfortable if less affluent circumstances than at Byblox, now turned his energies to what had up to then hardly concerned him, namely the wider interests of his profession especially its organisation, recruitment, training and regulation. He had never been active in professional bodies in England, had never held an appointment at a teaching hospital, had never had any university connection, and his Queens’ Gate Clinic as a private partnership was not formally recognised for professional training purposes. Now he had time on his hands to devote to the affairs of RCSI which he did while continuing to receive with

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characteristic graciousness the further honours which were heaped upon him.

The Final Years (1963-1980)

Millin’s work for RCSI has been well documented. Under his presidency and with the able assistance of Dr Harry O’Flanagan, the astute and energetic registrar, the college was reborn. Millin’s fingerprints were on many of the plans and developments and he never spared himself in any of the roles he undertook. He is eponymously honoured by the college to-day in an annual meeting and lecture in November and a student residence (Millin House), while his portrait in oils with the inevitable cigarette hangs on the college walls (Fig. 2). But his main legacy is the current success and vibrancy of RCSI.

Sadly, as the years passed he became increasingly pressed financially. His golden rule not to undertake private practice in Ireland remained (almost) inviolate and he relied on his investment income which was subject to onerous and swinging taxes. He had seemingly never made arrangements for a personal pension or annuity. Molly’s tobaccorelated pulmonary dysfunction was progressing inexorably and on 19 August 1966 they left Knockmore for Coolakay Lodge, Waterfall Road in Enniskerry, also with three acres, also with a magic view though of the Sugarloaf Mountains rather than Dublin Bay, but a bungalow easier to manage. Five years later on 14 February 1971 they made their final move, to ‘Wayside’, a small cottage with a tiny garden in the main street of Kilcoole further south in the county. Millin still attended to his college duties until he effectively resigned his council seat in April 1975: he pleaded not sapping of vigour but increasing deafness – which though moderate and unilateral concerned him in that it evoked the silent world into which his daughter Deirdre was born and which his father had prematurely entered. It was not long to be. In November 1977 he consulted a close friend and former president of RCSI (‘Mac’ Curtin) who found both vocal cords inflamed and this progressed to leukoplakia accompanied later by a mid-line malignant granuloma. Radiotherapy was only temporarily efficacious but Millin declined laryngectomy and had to settle for a permanent tracheostomy. Sadly, he suffered much pain and distress until his death brought relief on 3 July 1980 with his family and some close friends around him. He was 77. He had carefully planned his own funeral and was buried in the churchyard of Christ Church (Church of Ireland), Delgany. The small headstone reads: ‘In memory of Terence J Millin 1903-1980 and Betty Millin 1905-1989’.

His estate in Britain and Ireland including ‘Wayside’ and personal possessions was probated at only some £110,000. His later years had been straitened ones materially and also somewhat dispiriting ones professionally as he watched from what was for him an unaccustomed touch-line while his retropubic prostatectomy fell out of general favour (except, in modification, for radical prostatectomy) being largely replaced by transurethral procedures which modern instruments now made the approach of choice. This however is another story.

I must leave it to those suitably qualified to pass judgement on Millin’s place in urological surgery. I will only quote the opinion of Dr Pat Walsh, the Urologist-in-Chief, Johns Hopkins Hospital:

‘Millin’s ultimate contribution to the surgical management of prostate cancer is very significant . . . [He] made a great breakthrough by introducing the retropubic approach . . .

Every surgeon who has laboured in the field of radical retropubic prostatectomy in an attempt
to improve the procedure has to stand on the shoulders of Terence Millin.' 18

Millin and ‘Equanimity’

Of my five putative similarities between Terence Millin and Gary Love (provenance in County Down; international recognition; all-round outstanding academic and athletic abilities; national professional influence, Millin through RCSI and Gary through the medical and academic structures in Northern Ireland; and ‘equanimity’), only the last-named remains to discuss. Gary we know had it. But had Millin? Here I must rely on vicarious evidence since little is recorded and few now alive knew Millin in his heyday. One is his biographer, Mr Barry O’Donnell, a recent past-president of RCSI. Throughout his book he speaks of Millin’s charm, his charisma, his forceful personality, his skill as a speaker whether it be a lecture, an address or an after-dinner speech, his humour, his energy, his operative sang-froid, his lack of vanity, his generosity and his convivial inclinations.19 In a most felicitous phrase he says ‘Millin was able to disagree without being disagreeable’.20 He admits ‘there was a little petulance from time to time but nothing to undermine a most admirable personality’;20 and in the theatre ‘Millin was highly skilled, deft, fast, confident and unflustered . . . he was at his best when dealing with bleeding . . . accurate, rapid suturing in a deep hole with blood welling up is one of the ultimate tests of surgical skill and here Millin was a master’.21 When we remember that much of Millin’s surgery was done in theatres without proper ventilation let alone effective air-conditioning, with lights that produced as much heat as light and often more, operating without headlights or magnifying loupes, with inferior instruments such as poor suction apparatus, fairly primitive diathermy, and so on, all guaranteed to produce not ‘equanimity’ but its very opposite, I think there is a good prima facie case that Millin had ‘equanimity’. His major obituarists confirm O’Donnell’s opinions 22, 23 and Professor Lyons refers specifically to Millin’s ‘lucidity of mind and a capacity to organise his work’.15 Moreover, Millin attracted loyalty in his staff: both his senior theatre sister and his personal secretary were with him in London for over twenty years. His assistants and associates were for the most part equally loyal: the best-known (C L O Macalister, urologist at the Bradford Royal Infirmary) named his son Terence in Millin’s honour. Those with ‘equanimity’ inspire more loyalty than those not so favoured. Furthermore, when defining ‘equanimity’ Osler had mentioned specifically ‘coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgement in moments of grave peril’. He did not talk about ‘forcefulness’ or ‘disagreement’ still less about ‘a little petulance from time to time’. Add to this the fact that Millin showed himself, when president of RCSI, to be a consummate negotiator with exceptional patience and calmness and most would agree that he came up to Osler’s expectations.

Epilogue

Millin is a neglected figure despite the fact that his retropubic prostatectomy was arguably one of the most successful and easily mastered operative innovations for a urological condition in recent surgical history. From his first report in 1945 until the successful re-launching of the transurethral approach in the early nineteen-seventies made possible with state of the art instrumentation, that is for some 25 or more years, Millin’s operation with variants and sophistications was the preferred option for benign prostate enlargement, and for upwards of 15 years Millin himself was the operator of choice. The operation carried negligible mortality and low morbidity, had usually a successful outcome yet was straightforward enough to be in the repertoire of most general surgeons. It had the advantages for all concerned which the Lancet Leader had listed so enthusiastically and to which I have earlier referred. The frequent horror sequelae of many perineal, early transurethral and Freyer’s operations were virtually banished for ever. Untold thousands benefited world-wide. Millin’s obituaries were very positive and he was honoured in life – though (be it noted) not excessively. No university, not even an Irish one, honoured him; neither did the English, Edinburgh or Glasgow surgical colleges though his professional specialist societies and the Royal Society of Medicine as well as many overseas bodies did. He never appeared in Who’s Who and is listed, briefly, in only one of the recent abundant crop of Encyclopaedias of famous Irishmen and women, viz. in the second (1988) and third (1998) editions of Henry Boylan’s Dictionary of Irish Biography.24 Until recently he has attracted no biographer and Barry O’Donnell’s excellent, informative and non-hagiological biography is the only extensive source available.19
Part of the explanation lies in the virtual disappearance of Millin’s operation for anything short of radical prostatectomy usually for malignancy. Part also is Millin’s premature retirement from the London scene and his being a lone practitioner in the private sector with no teaching hospital or university post, no research group or surgical firm, no swarm of acolytes and disciples ready to spread and sustain the master’s message or to succeed him. Moreover, though somewhat flamboyant, Millin was essentially modest: his entries in the Medical Directory are brief and almost self-deprecatory. While more nebulous was his standing among the London surgical establishment which, I have suggested, was not close with one foot, and later both feet, in County Cork, with none of the desirable wartime service in uniform for one of his age seeking a career in England, and with Irish nationality to boot. This litany of reasons is not exhaustive but it does give cause for thought!

As a final measure of this unusual neglect I will give just one example, and from very much nearer to home. Retropubic Urinary Surgery his ground-breaking text-book describing ‘details . . . of my retropubic approach [in] a number of surgical problems’ and published by the leading medical publishers E & S Livingstone in 1947, is not and never has been in the Queen’s University Belfast Medical Library! Fame can no doubt be fickle but it is almost bizarre that arguably Ireland’s most famous surgical innovator of the past century and widely acknowledged as such, who was born in Helen's Bay, County Down into an established Belfast commercial family and whose father attended Queen’s College Belfast and practised at the Belfast (and later Dublin) Bar, is in Queen’s University something of a non-person and not just because of his unordered text-book. It is as if Winston Smith, of Orwell’s Nineteen Eighty-Four, had been at work, the man whose job it was to remove from the records all mention of those whom the Party wished to erase from history. No doubt, like so much in history, this sidelining of Millin is an oversight or human error and not conspiracy. If it is then perhaps the Medical Library could now consider obtaining a copy of his book! Gary Love would have insisted on it.

**APPENDIX**

The Millin Archive in RCSI contains an (undated) curriculum vitae prepared probably in the early nineteen-seventies and possibly by Millin himself. It is not without minor errors of dates. It lists the following under ‘Honours’.

- ‘President, Royal College of Surgeons in Ireland, 1963-66
- President, British Association of Urological Surgeons, 1953-55
- President, Section of Urology, Royal Society of Medicine, 1947-8
- Honorary Fellowship, American College of Surgeons, 1952
- Honorary Fellowship, Royal Australian College of Surgeons, 1968
- Membre Etrangère, French Academy of Medicine
- Hon. Member French Urological Association
- Hon. Member Belgian Urological Association
- Hon. Member American Urological Association
- Hon. Member Italian Urological Association
- Hon. Member Romanian Urological Association
- Hon. Member Turkish Urological Association
- Corresponding Member, American Association of Genito-Urinary Surgeons
- Amory Prizeman and Orator, American Academy of Arts and Sciences, Boston. 1958
- Ferdinand Valentine Prizeman and Lecturer, New York Academy of Medicine, 1968
- Gold Medal for Therapeutics, Society of Apothecaries, London, 1968
- St. Peter’s Medallist, British Association of Urological Surgeons, 1951
- Medallist, Province of Brabant, 1950
- Arnott Gold Commemoration Medal, Irish Medical Schools and Graduates Association’.

After this list was compiled Millin received at least one further honour, viz. Honorary Fellowship of the Section of Urology of the Royal Society of Medicine in 1978.

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Professor Barry O’Donnell’s pioneer biography (Terence Millin. A Remarkable Irish Surgeon. Dublin: A & A Farmer, 2002) made my topic possible by providing many details of Millin’s life and work previously unrecorded. He graciously encouraged me to plunder this material which I did with enthusiasm and in my text uncustomed facts are from O’Donnell’s book. I am also indebted to the President and Council of the Royal College of Surgeons in Ireland for permission to re-produce the Pan portrait of Millin and arranging access to the Millin Archive compiled by the College Archivist, Mary O’Doherty.

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Gary Love’s widow, Margaret, and their son, Tony, honoured me in being present at the commemorative lecture.

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