THE FIRST MEDICAL SCHOOL IN BELFAST, 1835-1849

by

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INTRODUCTION

Ireland has six medical schools; that of The Queen's University of Belfast is the only one in Northern Ireland and the historic province of Ulster. Yearly graduations (140) place it equal largest in Ireland (with University College, Dublin) and sixth largest in the United Kingdom. Like its counterparts in England, the Belfast school originated in the favourable circumstances of the eighteen-twenties and thirtyes,¹ but whereas they developed as independent schools in relation to hospitals (except the Liverpool school which had an early connexion with The Liverpool Royal Institution²), the Belfast school was part of a self-governing multidisciplinary "Academical Institution" controlled by private proprietors, incorporated under act of parliament, and independent of hospital (unlike England) or town council or corporate medical body (unlike Scotland). It therefore fits neither English nor Scottish pattern; indeed in its search for machinery for dual control (with hospitals) of a comprehensive syllabus it encountered many of the problems which later were to face the British schools. In 1849, having in fourteen years awarded its "general medical certificate" to some 600 students, the school was absorbed into the newly founded Queen's College, Belfast, which reached university status in 1908: the original "Academical Institution" still stands in the centre of Belfast as a grammar school for 1100 day boys.

This article describes this first Belfast medical school and its unique associated enterprise, viz., the attempted development of a 100-bed teaching hospital which it wholly owned and administered. Of the fifteen English provincial schools founded before 1840 and which gave comprehensive teaching on the 1815 curriculum of the Court of Examiners of the Society of Apothecaries,¹-¹⁴ only three – those in Belfast, Nottingham, and the Hull and East Riding school – have not previously been described. Unlike the other two¹-¹⁴ the Belfast school is well documented. The extensive archives of the (Royal) Belfast Academical Institution, for years largely inaccessible, have recently been deposited and catalogued in the Public Record Office of Northern Ireland, and the author has been able to consult them in comprehensive form for the first time.

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¹ Stephen T. Anning, 'Provincial medical schools in the nineteenth century', in F. N. L. Poynter (editor), The evolution of medical education in Britain, London, Pitman Medical Publications, 1966, pp. 121-134.
² Henry A. Ormerod, The early history of the Liverpool medical school from 1834-1877, Liverpool University Press, [n.d.], pp. 16-25.
ABBREVIATIONS USED IN FOOTNOTES AND A NOTE ON SOURCES

The Inst documents are now lodged in the Public Record Office of Northern Ireland (series SCH 524). The following abbreviations are used here:

*Minute Book of the Faculty of Medicine, 1835-1849 (SCH 524/3C/2): FM followed by the date of the meeting. (The pages are unnumbered.)*

*Minute Books of the Joint Board of Managers and Visitors (SCH 524/3A/1–6): JB followed by the volume number viz. I (1807–14), II (1814–21), III (1821–28), IV (1828–36), V (1836–42), VI (1843–64), the pagination and the date of the meeting.*

*Letter Book of the Institution (SCH 524/7A/1–4): Lett. Bk. followed by the volume number viz. I (1807–18), II (1818–33), III (1833–46), IV (1846–79), the pagination, and the date of the correspondence where recorded.*

The Fever Hospital documents are lodged in the Royal Victoria Hospital, Belfast. The sole primary source extant for the period covered in this article is *The Annual Medical Report of the Dispensary and Fever Hospital of Belfast*, Belfast, Alexander MacKay. This is abbreviated to *Rep. Fev. Hosp.* followed by the year covered (1 May–30 April for 1817–1829; 1 April–31 March thereafter), and the pagination.

Malcolm’s *History* (footnote no. 53) is the main secondary source: it is rare, but has recently been republished (1977) with an accompanying biography of Malcolm (Hugh G. Calwell, *Andrew Malcolm of Belfast, 1818–1856: physician and historian*, Belfast, Brough, Cox & Dunn, 1977).

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8 F. Richardson Cross, ‘Early medical teaching in Bristol: the Bristol medical school and its association with the university college’, *Bristol med.-chir. J.*, 1927, 44: 73–112.

9 George Parker, *Schola Medicinae Bristol: its history, lectures and alumni 1833–1933*, Bristol, John Wright, 1933, pp. 1–19.

10 [Anon.], *The university of Leeds: centenary of the school of medicine 1831–1931*, Leeds, Jowett & Sowry, 1931, pp. 13–17.

11 Stephen T. Anning, *The general infirmary at Leeds: I—the first hundred years, 1767–1869*, Edin-burgh, Livingstone, 1963, ch. 6.

12 K. Douglas Wilkinson (editor), *The history of the Birmingham school of medicine*, Birmingham, Cornish Bros., 1925, pp. 18–30.

13 G. Grey Turner and W. D. Arnison, *The Newcastle-upon-Tyne school of medicine*, Newcastle, Andrew Reid, 1934, pp. 13–34.

14 Edward M. Brockbank, *The foundation of provincial medical education in England, and of the Manchester school in particular*, Manchester University Press, 1936, ch. X–XII.

15 William S. Porter, *The medical school in Sheffield, 1828–1928*, Sheffield, J. W. Northend, 1928, ch. I–III.

16 Norman Capener, ‘John Sheldon F.R.S. and the Exeter medical school’, *Proc. R. Soc. Med.*, 1959, 52: 231–238.

17 John H. Wetherill, ‘The York medical school’, *Med. Hist.*, 1961, 5: 253–269.

18 Sir Humphry Rolleston, ‘Provincial medical schools a hundred years ago’, *Camb. Univ. med. soc. Mag.*, 1932, 10: 7–11. Some information on the ‘Hull and East Riding school of medicine’, and the Nottingham school, is given here. Returns to the 1834 select committee under the heading “Provincial Medical Schools” list two in each of Bath and Hull. *(Report from the select committee appointed to enquire into and consideration of the laws, regulations, and usages regarding the education and practice of the various branches of the medical profession in the United Kingdom*, H.C. 1834 (602–III) xiii, appendix 27, p. 127.) They received authorized cadavers in 1832 (Bath 2; Hull 4), and Bath received three in 1833. They may have been schools of anatomy but seem less ephemeral than those said to exist in Gloucester and Norwich (Anning, op. cit., note 1 above, p. 122) but which are not mentioned in the tables.

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BACKGROUND TO THE FOUNDATION OF THE SCHOOL

Belfast in 1808, when a medical school was first proposed, had some 25,000 inhabitants: smaller than Cork or Limerick and about one-eighth the size of Dublin. It possessed the character of its origins – a trading post at the head of a deep water estuary with an agricultural hinterland; but it was growing rapidly with developing commerce, engineering, and textile mills backed by a prosperous land system based on tenants' rights more enlightened than those of much of the rest of Ireland. Already it held a unique commercial position among Irish towns with a burgeoning export trade in dairy and agricultural produce and textiles and a growing spectrum of industrial production with "iron works, salt works, breweries, tanneries, sugar refiners . . . [and] manufactures of linen yarn, cotton goods, ropes, paper, hats, pottery, glass, soap, candles, mustard, glue and starch . . . the greatest part of the trading and West India vessels have been built in Belfast . . . and in every respect they are unrivalled in any of the ports they trade to". Total exports were valued at some £2.5m, twenty per cent of that of the whole country. By 1835, when the medical school opened, the population had reached 65,000 and commercial activity had risen even more sharply.

Rapid growth and intellectual vigour were not exceptional for a contemporary industrial town, but what made Belfast unique in Ireland was, first, the religion of the people – predominantly presbyterian; and second, their prominence (as a dissenting sect) in the Irish republican movement. In "tertiary" education these had contrary influences: the former sharpened demands for a secular college free from religious test; the latter ensured government suspicion of such a college as a seedbed of informed dissent and, as we shall see, delayed the foundation of the medical school by some twenty years.

Ireland provided no alternative to the Scottish universities for the training of presbyterian clergy and few for the training of doctors, popular vocations for the sons of increasingly prosperous Ulster dissenters. Trinity College, Dublin, discriminated in certain ways against dissenter and Roman Catholic alike; the private "schools of medicine" in Dublin were mostly schools of anatomy and surgery; the comprehensive school of the Royal College of Surgeons in Ireland attracted some Ulster pupils, but travelling to Dublin was more expensive than to Scotland and living in Dublin among non-co-religionists was considered by many Ulstermen as morally dangerous; the Royal Cork Institution was for the study of agriculture and

16 Joseph R. Fisher and John H. Robb, *Royal Belfast Academical Institution: centenary volume, 1810–1910*, Belfast, McCaw, Stevenson & Orr, 1913, p. 79; *JB*, IV, 54 (3 November 1829).
17 George Benn, *A history of the town of Belfast from 1799 till 1810*, London, Marcus Ward, 1880, p. 82. This is an estimate: the first reliable census of Ireland was in 1821 and enumerated some 37,000 persons in Belfast (Captain Gilbert's report upon the proposed extension of the boundaries of the borough of Belfast . . ., H.C. 1852–53 (958) xciv. 23 (appendix B).)
18 Benn, op. cit., note 16 above, pp. 120–122.
19 Constantia Maxwell, *A history of Trinity College, Dublin, 1591–1892*, Dublin University Press, 1946, p. 128, footnote.
20 Sir Charles A. Cameron, *History of the Royal College of Surgeons in Ireland*, 2nd ed., Dublin Fannin, 1916, pp. 647–680.
21 Ibid., pp. 553–575.
22 *JB*, I, 69 (21 December 1808).
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“the application of Science to the common purposes of Life”; Maynooth College was mainly a theological seminary and was exclusive to “professing Roman Catholics”. Presbyterians, therefore, planned an “academical institution” in Belfast: this would be non-denominational following their belief that all secular education should be taken in common. The result was the Belfast Academical Institution (called below by its colloquial name of “Inst”, or “the college”). Conceived at a meeting of members of “the mercantile class” on 6 June 1806, detailed regulations were approved at a meeting of subscribers on 4 February 1808 by which time over £14,000 (some £10,000 in the first fortnight) had been collected. Four acres of grassland near the town centre were leased from the Marquess of Donegall at twenty guineas annual rent, and in April 1808 the English architect John Soane agreed to make drawings without fee. He made two at once (May), four more in December, and two more in February 1809. All were beyond Inst’s resources and ultimately more modest plans were agreed and building started in July 1810 on that part “forming the rere of the front square . . . according to his [revised, i.e., three-storey] elevation”. Inst was incorporated by statute in 1810. The court of proprietors (subscribers of more than twenty guineas) was the governing body; the joint boards of managers and visitors (termed below “the joint boards”) – the board of managers drawn from the subscribers and the board of visitors drawn from subscribers and citizens – were the de facto authorities. In his opening address (on 1 February 1814) William Drennan M.D. described Inst’s objectives as: “To diffuse as widely as possible throughout the Province and population of Ulster, the benefits of Education, both useful and liberal; and by that means to prevent the hard and disgraceful necessity,

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82 Seventh report of the commissioners of Irish education inquiry, H.C. 1826–27 (443) xiii. 501, p. 3.
84 Eighth report . . . inquiry, H.C. 1826–27 (509) xiii, 537, p. 6.
85 Facts from: Fisher and Robb, op. cit., note 15 above, ch. III; John Jamieson, The history of the Royal Belfast Academical Institution, 1810–1960, Belfast, Mullan, 1959, ch. I; Benn, op. cit., note 16 above, pp. 102–110; [Anon.], Statement of the origins and proceedings of the Belfast Academical Institution since its commencement, Belfast, J. Smyth, 8 December 1808.
86 See H. J. Birnstinge, Sir John Soane, London, Benn, 1925.
87 Soane, a leader of the classical revival, and designer of many public and private buildings including the Bank of England, was a supporter of worthy objects. He replied to a letter of 25 April 1808 from Adam McClean, a member of the Inst board of managers: “. . . I shall feel great satisfaction if any endeavour of mine could contribute to further the objects of your Committee . . . . I shall most readily make the plans required in the expectation that the Committee will do me the honour to accept of them.” (Soane to McClean, 27 April 1808. I am indebted to Miss Dorothy Stroud, M.B.E., F.S.A., Assistant Curator, the Sir John Soane Museum, 13 Lincoln’s Inn Fields, for this and other pertinent information.)
88 Soane to Inst of 19 December 1808 (Lett. Bk., I, 92 (19 December 1808); JB, I, 73 (27 December 1808), 84 (11 April 1809).
89 There are forty-two drawings relating to Inst in the Soane Museum (38/N/43/LXXII.5): “Plan No. 4”, of December 1808, was the one finally approved subject to certain simplifications and revision of the centre block from two to three storeys (JB, I, 84 (11 April 1809)). These were made in July (McClean to Soane of 5 July, Soane to McClean of 19 July 1809 (Soane Museum)), and Soane was given a seat on the Inst governing body (Lett. Bk., I, 97 (22 July 1809)). Soane’s original plan is reproduced in: Sir John Soane, Designs for public and private buildings, London, J. Moyes, 1832, Plate XLIV, facing p. 49. See also JB, I, 96 seq. (4 July 1809), 110 (2 January 1810); Lett. Bk., I, 98 (30 August 1809); Hugh Dixon, Soane and the Belfast Academical Institution, Gatherum 8, Dublin, Gifford & Craven, 1976, pp. 6–12.
90 50 Geo. III, cap. 193.
in such a great and prosperous community, of sending their children to seek in other countries, with much risk to their health and morals, for that instruction . . . which might be equally well attained at home with evident advantage to the public interest as well as to that of individuals”. There was to be “a complete course of education” through two tiers: the “primary department”, which opened on 1 February 1814, would be a school for boys mainly from age eight to twelve years; the “college department”, which opened on 1 November 1815, would be a university of the Scottish type in embryo. College professors were to teach for the three-year “general certificate” (recognized by the presbyterian synods in Ulster as equivalent to the M.A. degree of a Scottish university), or give “popular lectures upon those subjects which are most conducive to the improvement of the Agriculture, Arts, and Manufactures of this country”. The chairs were endowed (up to £150 p.a. each) from a government grant of £1,500 p.a. but only on a yearly basis – a sanction to ensure good behaviour! Eighty students and 250 “scholars” (schoolboys) enrolled for the first classes.

The founders intended that Inst should provide medical education. To a foundation chair of natural philosophy would be added chairs of chemistry, and of anatomy and physiology, and plans for a “four apartment” anatomy suite (dissecting room, lecture room, museum, and a spare room, all “in the part of the [main] building most removed from town”), and adjoining botanical garden, were drawn up. Lack of money, however, dictated priorities: building the science and anatomy rooms and creating the science-based chairs were temporarily postponed. Then disaster. At a St Patrick’s Day dinner in 1816 attended by some Inst proprietors and masters, seditious toasts were drunk including ones to Marshal Ney (recently executed by the British), to 14 July 1789, and to an early reform of the parliamentary franchise. Apologies by Inst to government ensured continuance of the £1,500 p.a. grant for a further year, but when Inst refused to accept more government control the grant was discontinued (from 1817): the science-based chairs and the medical rooms now seemed lost, and ironically at a critical stage for medical education with the Apothecaries Act of 1815 recently in force in England and Wales. The moment, however, found the man: James Lawson Drummond M.D., since 1814 attending physician at the Belfast Fever Hospital, and who was to be the first dean (in 1835) of the medical

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81 Reproduced in Fisher and Robb, op. cit., note 15 above, pp. 203–207. William Drennan, a Glasgow M.A. of 1771 and an Edinburgh M.D. of 1778 was the first president of the Dublin Society of United Irishmen. (Anthony T. Q. Stewart, “A stable unseen power”: Dr William Drennan and the origins of the United Irishmen’, in John Bossy and Peter Jupp (editors), Essays presented to Michael Roberts, Belfast, Blackstaff, 1976, pp. 80–92.) The selection of Drennan as opening orator and of Robert Simms—another former United Irishman—as the first stipendiary secretary (technically “assistant secretary”) of Inst evidence the radical views of contemporary Belfast society.

82 JB, I, 10–17; SCH 524/7B/13/41; Jamieson, op. cit., note 25 above, p. 21; Belfast Monthly Magazine, 1812, 9: 365–372.

83 JB, I, 44 (22 March 1808), 104 (12 September 1809); SCH 524/7B/2/20/schedule 1/5, schedule 2/1–8.

84 Fourth report of the commissioners of Irish education inquiry, H.C. 1826–27 (82) xiii, 157, p. 172, evidence of the Marquess of Downshire; Fisher and Robb, op. cit., note 15 above, p. 63; Commercial Chronicle, 20 March 1816.

85 The Belfast Fever Hospital and General Dispensary was founded in 1792 as a combined charity. After fluctuating fortunes it moved to Frederick Street near the city centre in 1815, became in 1847 the Belfast General Hospital (managed separately from the associated but short-lived (1847–1851) Belfast General Dispensary), in 1875 the Belfast Royal Hospital, and in 1899, as the Royal Victoria
faculty, respected broker during the negotiations with the hospital staff which brought the Belfast school into existence, and at all times its guiding hand.  

On 6 October 1818 Drummond offered to start lectures in anatomy without stipend other than the class fees. The joint boards accepted. Drummond then withdrew his offer and Inst established (from 1 November 1819) a chair in "anatomy and medical physiology" endowed with £50 p.a., and appointed Drummond on 15 December. He started classes in February 1819 teaching "a very wide field of natural history and a good deal of natural theology; there is scarcely a fact in Paley's Natural theology that is not explained and illustrated . . . [also] a little human dissection" to students preparing for the ministry "for which I think [the classes] must be of great importance" but also "to a number of medical men, apothecaries, apprentices and others". The lecture room was shared with four others; anatomical preparations were made in the porter's lodge and displayed in a small communal museum. In 1822 he also started classes in botany, and the professor of natural philosophy gave a course in the "elements of chemical science" as a nucleus of a pre-clinical syllabus.

There was little more the college could do. This was frustrating: the new 100-bed Belfast Fever Hospital was recently opened; since 1821 pupils were "walking the wards"; there was universal enthusiasm for a joint medical school. All was poised

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Drummond (1783–1853) has no biographer: biographical sketches are by S. Shannon Millin, in Arthur Deane (editor), The Belfast Natural History and Philosophical Society: centenary volume, 1821–1921, Belfast, 1924, pp. 72–73; and in Dictionary of national biography, Oxford University Press, 1975. His M.D. thesis at Edinburgh University in 1814 was 'De oculi anatomia comparativa' (Edinb. med. J., 1814, 10: 511).

Drummond to joint boards of 6 October 1818 (SCH 524/7B/12/54); JB, II, 356 (3 November 1818); Fourth report . . . inquiry, op. cit., note 34 above, p. 101.

Drummond to joint boards of 2 November 1818 (SCH 524/7B/12/57); JB, II, 358 (10 November 1818), 359 (17 November 1818).

Drummond was preferred to a Mr. John Sewell. Arthur Jacob, later the noted anatomist and medical polemicist and founder and editor of The Dublin Medical Press, enquired about the post but did not apply. (Faculty to joint boards of 9 November 1818 (SCH 524/7B/12/60); Drummond to joint boards of 15 December 1818 (SCH 524/7B/12/62); JB, II, 361 (15 December 1818). On appointment Drummond resigned his hospital post.

Fourth report . . . inquiry, op. cit., note 34 above, p. 102. Student numbers increased over the years reaching twenty-six in 1828–29 (JB, IV, 36 (5 July 1829)) though had been as low as five (JB, III, 129 (13 May 1823)).

JB, II, 363 (29 December 1818), 364 (12 January 1819).

This was at first a "popular course" to as many as fifty students (Lett. Bk., II, 147 (19 February 1822), 174 (18 February 1823)). Drummond wrote two textbooks and a collection of philosophical essays in botany as well as many articles (First steps to botany, intended as popular illustrations of the science, leading to its study as a branch of general education, London, Longman, Rees, Orme, Brown & Green, 1823: this went through four editions in the next twelve years. Observations of natural systems of botany, London, Longman, Rees, 1849. Letters to a young naturalist on the study of nature and natural theology, London, Longman, Rees, Orme, Brown & Green, 1831: this went through two editions).

Knight to joint boards of 23 December 1818 (SCH 524/7B/12/65); JB, II, 58 (27 November 1821).

R. Sydney Allison, The seeds of time; being a short history of the Belfast general and royal hospital, 1850–1903, Belfast, Brough, Cox & Dunn, 1972, ch. 5. The first registered pupil at the hospital was Walter Bingham from Dundonald (a village near Belfast) who enrolled on 21 December 1821 (Hume Logan, 'Pro tanto quid retribuamus', Ulster med. J., 1976, 45: 157–165).
for action which didn't come. There were problems unshared by the provincial schools in England. There the teachers organized a "school" and an appropriate syllabus; drew their remuneration from class fees; and for the most part taught on their own hospital patients. Inst, however, was an incorporated "academical institution" with charter and bye-laws and required open eligibility to its (tenured) professorships which it would not create unless the endowments were assured; while their appointees could not have access to the fever hospital ex officio but only if they were hospital staff members. All Inst could do was economise, solicit private funds, and petition government for a renewal of its grant on acceptable terms. They had some success in fund-raising and economy but none in grant renewal. Founding the medical school was not possible until the restored government grant was assured; this was not until 1826.

THE FOUNDATION OF THE MEDICAL SCHOOL

Initial steps, 1826-1829

On 14 June 1824 government announced a special commission on Ireland to include inquiry into education establishments. Evidence on Inst was taken during October 1825. The report was not printed until 26 February 1827 but it was already clear that the commissioners had been sympathetic. Drummond now took the initiative. On 1 November 1826 he proposed collaboration by Inst and the fever hospital in creating a "preparatory [non-degree-giving] school of medicine and surgery, useful and important to the medical youth of Ulster". His letter, published in the (Belfast) Newsletter on 7 November, continued:

After Anatomy, the next great objects of medical education are Chemistry and Materia Medica . . . [and then] it is of early importance to the students to have an opportunity of observing disease in its various aspects . . . I would therefore suggest the utility of a ward in a hospital being appropriated to the reception of a certain number of patients, to be placed under the care of one or two physicians, and that clinical lectures be delivered twice a week on the cases of said patients . . . A weekly lecture or two on the surgical cases in the hospital by the Surgeons would be of great importance . . . and were medical students entrusted under proper relations with . . . cases in the lying-in hospital it would form to such students a most valuable source of improvement . . . I hope that a time may come when a session or two spent here will be considered equivalent to an equal time spent in Edinburgh or Dublin.

Drummond is advocating a comprehensive curriculum with pre- and para-clinical courses (at Inst) and organized bedside teaching and clinical lectures at the hospital on the lines of Edinburgh, Glasgow, and Dublin, and conforming to the requirements of the Society of Apothecaries. His plan for teaching wards was the practice

44 Fisher and Robb, op. cit., note 15 above, p. 70. The stipendiary (assistant) secretary's salary was halved and Drummond was one of the two professors who agreed to waive his (£50) salary (Lett. Bk., II, 194 (31 July 1823); JB, II, 148 (12 August 1823)).
45 Jamieson, op. cit., note 25 above, pp. 27–35, describes the negotiations.
46 Printed in full in R. W. M. Strain, 'The foundations of Belfast medicine', Ulster med. J., 1971, 40: 17–42.
47 Edinb. med. J., 1805, 1: 511; 1818, 14: 662 seq.
48 Charles Newman, The evolution of medical education in the nineteenth century, London, Oxford University Press, 1957, p. 74.

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in Edinburgh Infirmary where he had trained.50

This initiative was critically timed: the fever hospital staff found student apprentices “very useful to the surgeons as dressers” and wished to co-operate in the “foundation of a School of Physic”;51 Inst was confident that the special commissioners would recommend restoration of the government grant, as indeed they did three months later. All the reasons for a provincial school were present, more so in fact than previously: convenience; local pride and enthusiasm; growth in regional population and wealth; enhanced professional status; less restrictive requirements of the London licensing bodies. Drummond was catching a national tide washing much of Britain.

The joint boards were enthusiastic: “Members would use every action in their power to carry [these] views into effect”.58 Their ambitions could be realized after all. Not so the hospital staff: they agreed that “clinical lectures in the hospital . . . might be undertaken by one or more of the Medical Attendants, in their respective departments”, but certainly not by Inst appointees ex officio; and they would have none of the rest.58 Drummond’s proposals in fact struck at the heart of “college” and “hospital” relations: since they were an issue in Belfast earlier than in the English provincial schools they are worth examining in detail.

The hospital staff’s objections were threefold: first, being accountable to the (voluntary) hospital committee “it is doubtful how far the Hospital could be benefited by a connection with . . . any Public Body other than the Grand Jury of the County by whose presentments they derive a considerable portion of their annual income” – a reference to the funding of hospital facilities for “fever” cases;56 second, “the establishment of clinical lectures in the Hospital under the auspices of the Joint Boards of the Institution and under a Professor of their appointment, who would in no degree be responsible to the Committee of the Hospital nor consequently to the Grand Jury does not appear to be an eligible scheme”; and third, establishing teaching wards would mean placing the non-fever patients – rarely more than fifty per cent and often as few as ten per cent56 – under the “charge of a Physician or Surgeon appointed by a different body who is to be entitled ex officio to exercise his function in the Hospital for life [hospital staff appointments were annual] be he who

50 P. M. Eaves Walton, ‘The early years of the infirmary’, in R. G. W. Anderson and A. D. C. Simpson (editors), The early years of the Edinburgh medical school, Edinburgh, Royal Scottish Museum, 1976, pp. 71–79.
51 Rep. Fev. Hosp., 1823–24, pp. 8–9; 1824–25, p. 10; 1825–26, pp. 11–12.
52 JB, III, 297 (12 December 1826), 303 seq. (6 March 1827).
53 Andrew G. Malcolm, The history of the general hospital, Belfast, and the other medical institutions of the town, Belfast, Agnew, 1851, p. 83.
54 The staff reported to the hospital committee on 18 February who endorsed the report on 4 March and sent it to the joint boards of Inst where it was considered on 6 March with a hospital committee deputation present (JB, III, 303 (6 March 1827)).
55 Under 47 Geo. III, cap. 40 (1807), grand juries could vote up to £100 at each assize to “any fever hospital . . . in any county, county of a city, or county of a town in Ireland”. This constituted 27 per cent of the Belfast fever hospital income in 1826 (Rep. Fev. Hosp., 1826–27, p. 18). Strictly, such monies were exclusively for “fever” patients but this was not enforced until 1839 (ibid., 1839–40, pp. 9 seq.).
56 Allison, op. cit., note 44 above, pp. 8–14; Rep. Fev. Hosp., 1837–38, pp. 7 seq. During 1826–35 average annual admissions were 1101: “fever” was 53 per cent, “medical cases” 13 per cent, and “surgical cases” (including accidents) 34 per cent of which half were syphilis. (Compiled from data in Malcolm, op. cit., note 53 above, appendix pp. xxii and xxv).

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he might". The staff were willing to found and support a joint school, but they were not prepared to surrender their autonomy nor of course jeopardize their grand jury subvention! Clinical teaching must be under their control; clinical lecturers must be from their own number: these were their terms for co-operation. To underscore this decision the subscribers now enjoined the hospital committee to "give every encouragement for the delivery of lectures [by a staff member] on select cases ... and to facilitate the attendance of pupils at these lectures and on the general practice of this Hospital", and on 3 June the sixty-five-year-old James McDonnell, doyen of the hospital staff, gave the first clinical lecture entitled "Systematic Medicine" followed by others by Dr. W. M. Wilson (attending physician) and Mr. D. Moore (consulting surgeon) to an audience of perhaps ten students – mainly their own apprentices. The series was extended the following year as part of a general plan of development – "any attempt at the education of youth at an Hospital pre-supposes and ensures a more minute record of each individual case, a more perfect regularity of attendance, and more frequent visits by the Physicians and Surgeons . . . . Some new arrangements are proposed with respect to the Dispensary Districts . . . which . . . may prove useful to the purposes of instruction . . . ."; and this was seen by all to evidence keenness and good faith. All was enthusiasm and bustle.

At Inst there was enthusiasm but no bustle: in debt for £1,000, with renewal of the government grant postponed, and with a public appeal for funds just launched, no moves were possible; only after the grant was paid near the close of the 1828–29 session (in March 1829) could the medical school be reconsidered. The following term the faculty (of arts) then advised immediate negotiations with the fever hospital: a joint course was urgent (300 Ulster students studied medicine and surgery elsewhere) and seemed assured of recognition by the Royal College of Surgeons of Edinburgh under its new regulations of July. The immediate outcome of the discussions was encouraging. The mood of both parties was amicable; the hospital staff agreed "to concur with the Boards of the Institution in any measure necessary for carrying it [the joint medical school] into effect"—the hospital committee adding only that the agreement should be "consistent with the welfare and the interests of the Hospital"—and Inst agreed to raise money for accommodation. Great problems still lay ahead but enthusiasm and common purpose, and the guiding hand of Drummond, seemed guarantors of success.

47 Rep. Fev. Hosp., 1826–27, pp. 11–13; JB, III, 303 seq. (6 March 1827).
48 Rep. Fev. Hosp., 1826–27, p. 4.
49 Malcolm, op. cit., note 53 above, pp. 83–84; Rep. Fev. Hosp., 1827–28, pp. 12–13; 1835–36, p. 11. The McDonnell family is described in George Hill, An historical account of the MacDonnells of Antrim: including notices of some other septs, Irish and Scottish, Belfast, Archer, 1873.
50 Rep. Fev. Hosp., 1828–29, p. 12.
51 Ibid., 1828–29, pp. 12–13.
52 JB, III, 317 (29 May 1827), 320 (3 July 1827).
53 The grant was renewed after much haggling but without sacrificing any autonomy to government (Fisher and Robb, op. cit., note 15 above, pp. 96 seq.; Jamieson, op. cit., note 25 above, pp. 46–47; JB, IV, 18 (17 March 1829).)
54 This was on 3 November (JB, IV, 54).
55 Edinb. med. J., 1829, 32: 444–448.
56 Malcolm, op. cit., note 53 above, p. 87; JB, IV, 58–59 (17 November 1829), 59–60 (1 December 1829).
Peter Froggatt

Negotiations, 1830-31

As in 1826-27 the hospital committee looked to Inst for action. Again they looked in vain. Buildings required money; staff required salaries: neither was forthcoming despite fresh appeals.67 The hospital staff now lost patience and decided to force Inst’s hand, and they had the support of Drummond who had lost patience also. In October 1830 Drummond and eight of the staff of the hospital or dispensary formed themselves into a soi-disant “Faculty of the Belfast School of Medicine and Surgery” whose aim was “to form a medical school in Belfast . . . it was their wish to connect it with the Belfast Academical Institution, and they had arranged the parts [professorships] that each individual was to take to carry their purpose into effect”. Lectures would commence next session (November 1831) “whether the Institution shall approve or not though they would prefer doing it with the approbation of the Institution and in connection with it”. If necessary, accommodation outside Inst would be found. Seven of the nine “faculty” members were assigned to eight “chairs” in those subjects considered to be essential (anatomy and physiology, and medical botany—Drummond; chemistry—Henry MacCormac; materia medica and pharmacy—Daniel Murray; practice of medicine—James McDonnell; theory of medicine—Robert Little; midwifery and diseases of women and children—William McGee; principles and practice of surgery—Robert McKibben); Dr. S. S. Thomson was to be “president” (dean); John Wales, attending surgeon at the dispensary, was to be demonstrator in anatomy; and the chair of medical jurisprudence was left unfilled. Vacancies could be filled by Inst but only after reference to this “faculty”.68

In short: the soi-disant “faculty” would designate the professorships to be held at Inst; nominate incumbents and recommend successors; arrange and supervise the curriculum and timetable; and select (temporary) premises. Inst could co-operate if they wished; if not, then only collaboration, not a joint school, was possible. The “faculty” seemingly hoped to emulate the Scottish professional bodies (the Colleges of Physicians and of Surgeons of Edinburgh; the Faculty of Physicians and Surgeons of Glasgow)—which had successfully persuaded their respective universities to reinvigorate their faculties of medicine69—and even surpass them through gaining patronage of the professorships denied to their Scottish colleagues.

The joint boards, surprised at this turn of events, asked the “faculty” for clarification of its “views, intentions and constitution”.70 In their reply the very next day the “faculty” were more conciliatory: clinical teaching would be “agreeably to University regulations”; examinations would be controlled by Inst; the desire for “permanent union” was strong “if it could be accomplished without compromise of principle on either side”; and a joint steering committee should be established. The patronage of

67 Rep. Fv. Hosp., 1829-30, pp. 5-6; Lett. Bk., II, 353-355. The grant was restored at the former level (£1,500 p.a.), inadequate to fund new professorships.
68 JB, IV, 93-94 (19 October 1830). The “faculty” would seemingly be a second body of reference: under a bye-law of 13 December 1828 the names of candidates with their testimonials were submitted to the general synod of Ulster and the moderator indicated his choice of candidate before the joint boards voted. This had little effect on appointments to chairs in the medical faculty (see page 250).
69 R. S. Roberts, 'Medical education and the medical corporations', in Poynter (editor), op. cit., note 1 above, pp. 69-88.
70 JB, IV, 95 (30 October 1830).
the clinical professorships, however, must remain with the hospital staff; to import potential medical competitors would be “an act of unkindness if not injustice”. The joint boards agreed to negotiate except on their right to make appointments: “all elections to any professorships must emanate from themselves”. The next three months saw involved negotiations including canvassing of the Belfast medical fraternity. Ultimately Inst agreed to establish eight permanently tenured professorships and “a system of clinical lecturers”; commence classes on 1 November 1831 to a mutually agreed curriculum; and raise funds for medical buildings. They refused, however, to concede restricted eligibility to, still less patronage of, the professorships, the main point of controversy. The “faculty” fought this to the constitutional limit by obtaining a special meeting of the governing body of Inst, but without success: compromise on this principle would have compromised Inst itself.

By acting as a ginger group and bargaining body independent of the fever hospital, the “faculty” had obtained in this field as much as had the professional corporations in Edinburgh and Glasgow and it now dissolved itself, as Inst demanded, clearing the way for true partnership with the principles of hospital and college more or less intact. It was now for Inst to seal its bargain, which it did in three ways: it turned to government and the public for building capital; it drew up a “plan” (constitution, curriculum, and regulations) for a comprehensive medical school; and it filled what professorships it could afford pending government endowment of medical chairs. Five long years, however, were to pass before the Inst medical faculty came into being.

**Buildings**

Inst started general fund-raising at once. Conditions could hardly have been worse: the cholera epidemic; the general needs of the growing college as a prior charge on funds; government refusal of immediate help. After a year only £405 had been collected and that for the new north wing for non-medical classes; “medical” premises were to be separate. The hospital staff now pressed Inst closely: in reply Inst promised “immediate erection” of those medical buildings which had been scheduled twenty-four years before. They stepped-up their fund-raising campaign now to better result—Drummond himself subscribed £216 13s. 4d. and with government agreeing to match subscriptions to a limit of £1,000 (increased to £2,000 in October 1833) and this figure being reached by July, planning could start Land

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71 “Faculty” to joint boards of 1 November 1830 (Lett. Bk., II, 361–363).
72 “Faculty” to joint boards of 3 January 1831 (ibid., 403–405).
73 JB, IV, 97–98 (4 November 1830).
74 Details in Peter Froggatt, 'The foundation of the “Inst” medical department and its association with the Belfast Fever Hospital', Ulster med. J., 1976, 45: 107–145.
75 A sub-committee of the joint boards was formed on 12 April 1831 (JB, IV, 116). It never conducted business and was replaced by another on 7 June (ibid., 121).
76 Ibid., 161 (7 February 1832), 166 (3 March 1832).
77 Ibid., 182–183 (3 July 1832).
78 Appendix to the subscription list (SCH 524/8/60).
79 Facts in: JB, IV, 220 (23 April 1833), 234 (16 July 1833), 279 (1 July 1834); Treasury to joint boards of 6 and 18 April, and 30 September and 28 October 1833 (SCH 524/7B/27). The money was for general, not just medical, buildings. Inst was now in higher favour with government and had been designated “Royal” in 1831. Sir John Soane, the original architect, was asked for a sub-
behind (west of) the main complex was leased for the medical buildings and various plans considered, but the (main) north wing project was still the priority and this was delayed due to problems in piling the soft sub-soil. After further discussions plans for a single-storied, three-room building (lecture theatre, dissecting room, museum, and associated privy) were agreed on 25 November 1834, a tender accepted at £500, and a project sub-committee formed, and the fabric and essential fittings were completed by 16 September 1835 in good time for the first teaching session on 9 November. The building and adjoining “botanic garden” were enclosed by brick walls; water, gas, and wire-mesh protection and miscellaneous fixtures were installed; the inner yard was paved; and a stove, display cases, and other fittings were in place all before December 1836.

This building and enclosing walls still stand (Figs. 1 and 2). It was in use from 9 November 1835 until May 1863—the last fourteen years by medical students of Queen’s College, Belfast, for dissecting rooms; and with additions until 1953 as science classrooms for Inst schoolboys. It is now a school workshop and store. The complete project from the first meeting of the subscription committee (April 1831) to the installation of heating (December 1836) took over five and a half years.

Constitutions, Curriculum and Regulations

The second “assurance” given by Inst was to prepare a constitution, curriculum, and regulations for a medical school—the so-called “Plan”—before November 1831. As a first step they advertised a temporary chair in chemistry “for a physician” to receive only the fees of students; but then deferred election until the final “Plan” was agreed. Drawing up this “Plan” now became the highest priority.

On 4 October 1831 a seven-man committee of the joint boards was appointed to “expeditiously . . . draw up a constitution for the proposed Medical School”. Within

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scription but declined (McClean to Soane of 9 July 1833; Soane to McClean of 15 July 1833 (Soane Museum and SCH 524/7B/27); JB, IV, 231 (9 July 1833)).

80 JB, IV, 238 (20 August 1833), 239 (2 September 1833), 240 (14 September 1833), 262 (18 February 1834); Drummond to joint boards of 9 August 1833 (Lett. Bk., II, 490), and 3 February 1834 (SCH 524/7B/28).

81 JB, IV, 240 (17 September 1833); Specification of the several artificers’ works to be done in erecting and completely finishing an addition to the Royal Academical Institution, Belfast, 12 May 1834 (SCH 524/7B/28).

82 JB, IV, 284 (19 August 1834). Three of the seven sub-committee members (McDonnell, Forcade, and S. S. Thomson) were also fever hospital staff members; dual membership of the joint boards and the hospital committee helped joint planning.

83 Ibid., 296 (25 November 1834), 360 (20 January 1835), 308 (3 March 1835), 310–312 (7 and 21 April 1835); Statement of Accounts . . . (SCH 524/7B/28 and Lett. Bk., III, 120, 185); miscellaneous lists of accounts for 1835 (SCH 524/7B/29). The building was insured for £400 (JB, IV, 363 (19 January 1836)).

84 JB, IV, 357 (15 December 1835), 363 (19 January 1836), 368 (1 March 1836); V, 7 (23 August 1836); FM, 19 August 1836; Accounts (Lett. Bk., III, 198); Annual Report of the Royal Belfast Academical Institution . . . July 4, 1837 (printed). The total cost of these additions was £371 4s. Od., £245 5s. Od. being for the enclosing wall and botanic garden.

85 JB, IV, 130–131 (16 August 1831), 133 (4 October 1831). Henry MacCormac and William Mateer applied (ibid., 132 (6 September 1831), 171 (3 April 1832)). Both gave “popular” lectures in chemistry in the Inst common hall until the chair was created (in 1835) to which neither was appointed! (Ibid., 161 (7 February 1832), 166 (6 March 1832); ass. sec. to MacCormac of 5 October 1831 and to Mateer of 26 January 1832 (Lett. Bk., II, 438, 445)). (See also note 90 below).
two months this draft “Plan” had been sent “to the most eminent Medical Men in the United Kingdom [for] their opinions on the subject”. It ran to ten octavo pages with fifty-five numbered paragraphs grouped into eight sections which dealt respectively with: designation and teaching duties of the proposed (twelve) professorships on five-year tenure (this became only a nominal requirement, contract renewals were assured); their election, conditions of service, and emoluments; the constitution of the proposed faculty of medicine; the four-year curriculum; regulations governing pupils; examinations; the proposed “Belfast Medical School”—something between a professional corporate body and a university “convocation” intended to involve non-college appointees in examining and supervision similar to that of Scottish medical corporations; and “miscellaneous provisions”. The chair of surgery was to be advertised in 1832 and the others “at proper periods” throughout 1833. Clinical lecturers would be selected on the advice of the new faculty of medicine—a minor sop to the profession; appointment to chairs would remain firmly with the joint boards. A four-year “general medical certificate” would be established with a syllabus conforming to the requirements of the main licensing bodies and to include hospital attendance. Staff emoluments were to be the student course fees in the first instance—one guinea (medical jurisprudence; comparative anatomy and natural history) to three guineas (anatomy and physiology; surgery; practice of physic) per six-month session. The course was to start in November 1832 (Fig. 3).

The comments from “the most eminent Medical Men” were neither numerous nor helpful. This was of little concern. The joint boards would give no priority to the medical building and no firm date for opening the medical school could be fixed. Drummond was distraught: increasing numbers of students were seeking their education elsewhere; the goodwill of the hospital staff was being severely tested. He persuaded the joint boards to maintain the impetus and an ad hoc series of lectures in medicine, botany, surgery, and materia medica and pharmacy were added to those in chemistry and the regular series in anatomy and physiology. Records of attendance have not survived but during 1832–35 up to fifteen students were enrolled annually for anatomy and more attended the fever hospital.

86 JB, IV, 146-148 (6 December 1831).
87 Proposed plan for the establishment of a medical department in the Royal Belfast Academical Institution, Belfast, Joseph Smyth, 1831; JB, IV, 153-159 (20 December 1831).
88 Proposed plan . . . , op. cit., note 87 above, para. 46-51. This was a means of involving Belfast medical licentiates and “other medical men residing in the province of Ulster” in a form of “convocation” which would elect examiners for the general medical certificate, “watch over the interests of medical education in the Belfast College” and “foster . . . the growth of medical science in Ulster”.

89 JB, IV, 161 (7 February 1832), 171 (3 April 1832). Robert Graves was among the respondents.
90 Medicine by Robert Little, botany by Drummond, surgery by James Moore and Robert Coffey, and materia medica and pharmacy by J. D. Marshall (JB, IV, 195 (4 September 1832), 264 (18 March 1834), 290 (21 October 1834), 295 (4 November 1834); ass. sec. to Little of 22 October 1833 (Lett. Bk., III, 7), and to Drummond of 26 February 1833 and 18 March 1834 (ibid., II, 480; III, 24); Drummond to joint boards of 25 February 1833 (SCH 524/7B/27). Classes were between 8.00 and 11.00 a.m. and 4.00 and 7.00 p.m., by gaslight (JB, IV, 290-291 (21 October 1834)). The introductory lectures by Drummond, Little and Mateer, are summarized in: New Belfast Magazine conducted by the students of the Royal Academical Institution, 1833–1834, Belfast, Magill & Jardine, 1834, pp. 48, 253–257. This monthly magazine perished after one session.
91 JB, IV, 206 (20 November 1832), 257 (31 December 1833), 300 (20 January 1835).
92 One source suggests about twenty (Replies from hospital to the County Antrim board of superin-
Eighteen-thirty-two was the nadir: the following summer government agreed a capital building grant, and in October 1834 Drummond’s anatomy course could for the first time be advertised as “being the commencement of a regular Medical School . . . [with] suitable buildings which are now in considerable progress.”

Euphoria now replaced despair. In May 1835 Inst optimistically (but unsuccessfully) petitioned government for a royal charter to award degrees (as had recently, and also unsuccessfully, been done by University College, London), and, without even the promise of endowments, advertised the principal chairs to start courses in November 1835 to the curriculum of the 1831 “Plan” including “hospital attendance and clinical instruction at the Dispensary and Fever Hospital . . . additional classes to be established when deemed expedient”.95

The appointments to the new chairs presented difficulties. Drummond was elected to the chair of botany (he was already professor of anatomy and medical physiology for life), but had to resign on the technical ground of improper procedure; he was later reappointed.96 One of the applicants for the chair of materia medica and pharmacy did not hold an M.D. degree; there was doubt as to whether, if appointed, his classes would be recognized by the licensing bodies.97 The opinions of the universities of Dublin, Edinburgh, and Glasgow98 were sought and the joint boards decided that those holding the M.D. “or in the course of procuring it” would be preferred for the professorships because “an M.D. of 4 years standing is preferred [for teaching classes] by the Royal Colleges”, but those without it “would not be excluded . . . because [the present system] will be greatly modified if not altogether superseded in the approaching legislative reform of our medical system”.99 Further appointments were postponed until September and October, (the 1831 “Plan” was in the meantime updated to an 1835 version—this differed only in minor respects including adding a chair of the theory of physic to that of the practice of physic);100 but then, a further
disappointment, there was only one applicant for the chair of the theory of physic\textsuperscript{101} and none at all for that of the practice of physic: ultimately they were combined and not filled until two years later.\textsuperscript{102} The other chairs were filled on schedule and with a fine disregard for the opinions of the Ulster synod:\textsuperscript{68} surgery by John McDonnell, James McDonnell's younger son and in this case the moderator's choice, by thirteen votes to seven for Robert Coffey and none for Surgeon Moore; chemistry by Thomas Andrews by fourteen votes to three for John Deuchar who was the moderator's choice; materia medica and pharmacy by J. D. Marshall by thirteen votes to six for Ninian Hall, the moderator again recommending the loser; and midwifery and diseases of women and children by Robert Little with thirteen of a possible fifteen votes, the moderator keeping silent!\textsuperscript{103}

Paragraph 15 of the 1835 "Plan"\textsuperscript{100}—"As soon as three Medical Professors are elected they shall constitute a separate [college] Faculty"—was now fulfilled. The new faculty of medicine was constituted with the five professors as members and held the first of its bi-monthly meetings on 8 October 1835. Office-bearers on yearly election were: Drummond—"president" (dean); Marshall—honorary secretary; and Little—honorary treasurer. Classes in anatomy and midwifery would start on 9 November and the others on 1 May 1836 because the "laboratory and other rooms . . . were not yet completed".\textsuperscript{104} The first medical school in Belfast had begun (Fig. 4).

**PROGRESS AND PROBLEMS, 1835–1838**

Daunting problems faced the new faculty: there was neither private endowment nor public money for salaries; the buildings were only partially complete; the "general medical certificate" was not yet approved by any licensing body; there was no library, adequate botanical garden or proper museum; there was no agreement with the fever hospital on machinery of joint control. Despite these the minute book exudes confidence. Attendance at meetings was good, and twenty-six "surgeons, physicians and apothecaries" in Belfast—half the total\textsuperscript{105}—signed a goodwill letter.\textsuperscript{106} There were early staff changes and forced amalgamation of chairs: these and arguments on the logistics and content of the syllabus occupied much of the early business of the faculty.\textsuperscript{74} The archives reveal much of personalities and events, mainly of local interest. I will deal here only with those issues which have wider relevance in the development of provincial medical education: particularly, the curriculum, staff, students, accom-

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\textit{a medical department in the Royal Belfast Academical Institution, adopted by the joint boards, Belfast, Joseph Smyth, 4 August 1835}.

\textsuperscript{101} George Hill Adam, M.D., of Portglenone (\textit{JB}, IV, 342 (10 September 1835), 346 (6 October 1835)) who had also applied for the chair of materia medica and pharmacy (note 97 above). The situation was unchanged in readvertisement one year later (ibid., V, 17 (5 October 1836), 23 (18 October 1836); \textit{FM}, 17 October 1836).

\textsuperscript{102} By Henry MacCormac, M.D. on 21 November 1837 by eighteen votes to one for Adam (\textit{JB}, V, 116 (17 October 1837), 117 (7 November 1837), 123 (21 November 1837)).

\textsuperscript{103} Ibid., IV, 342 (10 September 1835), 345 (29 September 1835), 346 (6 October 1835). Deuchar had also run second (to John Stevelly) for the natural philosophy chair in 1823 (Deuchar to Inst of 24 December 1822 (SCH 524/7B/16/37)).

\textsuperscript{104} \textit{FM}, 8 October 1835.

\textsuperscript{105} \textit{Matter's Belfast Directory for 1835–6}, Belfast, J. Matier, 1836, pp. 150–151, 163, 166.

\textsuperscript{106} \textit{Lett. Bk.}, III, 161–162 (20 December 1836).
modation, and above all the unique venture by which Inst tried to develop clinical teaching in an independent hospital owned, administered, and staffed by itself. This has no exact equivalent in British medical education history.

\textit{Licensing body approval}

This was the most urgent matter facing the faculty and was considered at its second meeting but postponed until the full course had started next session.\textsuperscript{107} From then until the last relevant record in the archives (April 1843) the main licensing bodies with non-exclusive requirements viz., other than Edinburgh, Oxford, and Cambridge Universities, and the Royal Colleges of Physicians, were petitioned. Recognition of the four-year “general medical certificate” syllabus including clinical attendance for eighteen months and midwifery experience, in part or complete requirement for eligibility for their diploma, was given by: the Apothecaries Company of Ireland (September and October 1836); the Faculty of Physicians and Surgeons of Glasgow (November 1836); the Royal College of Surgeons in London (April 1837); the Royal College of Surgeons of Edinburgh (August 1837); the Royal College of Surgeons in Ireland (September 1837); St. Andrew’s University for its doctor of medicine and doctor of surgery degrees (October 1837); the Navy and Army Medical Boards (August 1838); the University of London (May 1839); and the Society of Apothecaries of London (October 1841).\textsuperscript{108} Glasgow University was approached unsuccessfully in August 1836 and again in 1843; no reply to the latter is recorded.\textsuperscript{108} These successes ensured student enrolments and the viability of the school.

\textit{College accommodation and facilities}

The completion by December 1836 of the separate medical building and botanical garden has been described (pp. 247-248). The school also required a library, museum, laboratory equipment, and a supply of cadavers.

The medical building had a small heated room as a museum. Drummond had spent much time and his own money on collecting specimens,\textsuperscript{110} and resources were now augmented by the capital grants to the new professors\textsuperscript{111} and the two-guinea levy for “the library and museum fund” from each professor on appointment.\textsuperscript{112} The

\textsuperscript{107} FM, 14 October 1835.

\textsuperscript{108} Ibid., 15 and 29 October 1836; 12 November 1836; 3 April 1837; 13 July, 28 August, and 4 September 1837; 8 August and 21 September 1837; 6 October and 1 November 1837; 14 September 1838; \textit{RBAI annual report . . . July 3, 1838} (printed); \textit{JB, V}, 254 (20 May 1839), annual report abstract of 7 July 1840 (\textit{Lett. Bk.}, III, 301); \textit{FM}, 4 October 1841.

\textsuperscript{109} FM, 30 September 1836, 22 February and 14 April 1843. Glasgow University wished to continue to enrol Ulster students!

\textsuperscript{110} Drummond had been curator of the museum since 1820 (secr. to Drummond of 25 July 1820 (\textit{Lett. Bk.}, II, 78); Drummond and Knight to joint boards of 7 March 1820 (SCH 524/7B/14/7)) when the specimens were kept “in a closet in the house of the then headmaster of the English school” which was “rotted away” (Anon, \textit{Thoughts on the study of natural history, and on the importance of attaching museums of the production of nature to national seminaries of education: address to the proprietors of the Belfast Institution}, Belfast, Finlay, 1820, pp. 37-38).

\textsuperscript{111} Andrews got £100 for equipment (and £25 p.a. for chemicals); Marshall got £10 for “apparatus” (\textit{JB}, IV, 346 (6 October 1835)). McDonnell got £50 for “plates and preparations” (ibid., 354 (17 November 1835)). Andrews’ recurrent grant was reduced (to £15 p.a.), then abolished, “after 2 or 3 years” (ibid., VI, 210 (29 September 1849)).

\textsuperscript{112} Para 12 of the 1835 ”Plan”, op. cit., note 100 above.
Figure 1.
The Royal Belfast Academical Institution with the three-roomed medical school (arrowed) of lecture theatre, dissecting room, and museum (see page 248). From a print of about 1840 and reproduced in: J. H. Smith, *Belfast and its environs with a tour of the giant's causeway*, Dublin, Wm. Curry, 1842, facing p. 14.

Figure 2.
Block A.1 of The Royal Belfast Academical Institution, now a theatre workshop. The centre block, without the porch, was the original "medical school" (see Fig. 1): the two wings (science laboratories) and the porch were added later. (*Reproduced by courtesy of the Board of Governors.*)
PROPOSED PLAN
FOR THE
ESTABLISHMENT
OF A
MEDICAL DEPARTMENT,
IN THE
Royal Belfast Academical Institution.

BELFAST:
PRINTED BY JOSEPH SMYTH, HIGH-STREET.
1831.

Figure 3.
The title-page of the first of the two “Plans” (the other was published in 1835). It was essentially a proposed constitution and curriculum and ran to fifty-five numbered paragraphs (see page 249).

MEDICAL SCHOOL.
Royal Belfast Institution.
SECOND SESSION.

The following CLASSES will be opened, during the
Winter Session, 1836-7.—

ANATOMY and PHYSIOLOGY—Jas. L. Drummond, M.D.
21st October, 1836, daily, £4, 10s.

DEMONSTRATIONS and DISCUSSIONS—Jas. L. Drummond, M.D.
27th October, 1836, daily £4, 6s.

ANATOMY and PHYSIOLOGY and DEMONSTRATIONS and DISCUSSIONS,
taken together, £6, 6s.

Dr. Drummond will be assisted by his Demonstrator,
Dr. Sanders.

CHEMISTRY.—Thomas Andrews, M.D.
2d Nov., three days in the week, £2, 10s.

MIDWIFERY.—Robert Little, M.D.
2d Nov., four days in the week, £3, 10s.

PRACTICAL MIDWIFERY.—Robert Little, M.D.
2d Nov., £2, 10s.

Each Student is allowed to attend at least thirty cases in connexion with the Lying-in Charity.

MATERIALS AND WET NURSES.—James D. Marshall, M.D.
3d November, three days in the week, £4, 10s.

SURGERY.—Thomas Fox, M.D.
3d Nov., five days in the week, £4, 10s.

The Medical Faculty earnestly beg to call the attention of the Profession, in the Province of Ulster, to the establish-
ment of a Medical School in Belfast,—so long a desider-
atum in the North of Ireland. They deem it unnecessary to point out the incalculable advantages derived from Home Education, in affording to the student opportunities of ad-
ancement in his Collegiate Studies, equal to those to be obtained abroad, and at a much smaller expense. When it
is considered, that the Province of Ulster embraces a pop-
ulation exceeding three millions, every one must be forcibly
struck with the fact, that, until lately, no attempt has been
made to establish such a School; and must, also, admit the
necessity which exists, in the present advanced state of
Science, for the supply of a want, so deeply affecting the
interests, not only of the Profession, but of the community
at large. The Medical Faculty, therefore, feel assured,
that it is only necessary to make known the foregoing facts,
convinced that this announcement will be met with that
spirit, and that energy, which, in the other departments of Science, have raised the Institution to the rank which it at present holds, and which alone can
ensure to the North of Ireland a Medical department
equally efficient.

Every opportunity will be afforded the Students of par-
sing Practical Anatomy, and the room will be constantly
opened by the Lecturer or Demonstrator.

The Lectures will be delivered in conformity with the
Regulations of the Royal Colleges of Surgeons, London
and Dublin.

The Medical Faculty earnestly request, from the friends
of the Institution, donations to the Medical Library and
Museum, of Books, specimens of Mortal and Compar-
ative Anatomy, or statements of interesting cases in
Medicine and Surgery, &c.; which will be carefully preserved,
and the names of the donors recorded in a book kept for
that purpose.

JAMES L. DRUMMOND,
President of the Medical Faculty.
Royal Belfast Institution, October, 1836.

Figure 4.
The press advertisement for the second session of the medical school (1836-37)—the first session (1835-36) was incomplete (see pp. 250–251).
museum may have contained “a fair proportion of good specimens” as Drummond alleged. Students could also visit (price 6d.) the “extensive museum of the [Belfast] natural history society” within one minute’s walk of Inst. Books were a greater problem. Neither Inst nor government would endow a library: gifts were solicited, but although nearly 4,000 titles were listed in the college and its department libraries in 1838, only some seventy-five were medical (including anatomy) and another thirty were on chemistry and natural history, and these were kept in separate cases in the main library, not in the medical buildings. In 1841 faculty drew up plans for an independent library, but to small avail: the inadequacy of the medical library remained an embarrassment.

More successful was the supply of cadavers. To ensure adequate numbers Sir James Murray M.D., inspector of anatomy schools in Ireland under the Anatomy Act of 1832, physician-in-ordinary to the lord lieutenant, Lord Mulgrave, and a friend of Inst, was approached. It was as well: the hospital committee “after stormy debate” first agreed to supply unclaimed bodies but then rescinded their decision. Drummond appealed to Murray who at once sent cadavers from Dublin, and met the long-term need by an order on the “Belfast Lunatic Asylum”. By February 1836 the anatomy class was in “a most flourishing state” due to Murray’s “promptitude”. The unhelpful decision of the hospital, however, was more than a straw in the wind: rather it was a portent of increasing disharmony between Inst and the hospital and this was to influence Inst in its decision to develop its own teaching hospital, as we shall see.

**Students, Staff and Syllabus**

Students enrolled for individual subjects, not for the syllabus: without a nominal roll we cannot compile syllabus enrolments, only subject enrolments. Only one nominal roll, perhaps incomplete, has survived: this is for 1844–45. It lists seventy-

113 Faculty to RCS Ireland of 17 August 1837 (Lett. Bk., III, 193–194). This was in a request for recognition of the Inst school and may be exaggerated.

114 Ibid., Arthur Deane (editor), op. cit., note 36 above, p. 9. The museum was open (except Sundays) from 1 May 1837.

115 JB, V, 7 (23 August 1836); FM, 17 September and 18 October 1836. Library hours and charges are given by Jamieson, op. cit., note 25 above, pp. 66–67. The 4,000 titles are listed in Catalogue of the public library, and the separate class libraries, of the Belfast College, for the use of the students, 3rd ed., Belfast, Hugh Clark, 1831: in my copy additions up to 1838 are written in the hand of William Bruce, professor of Latin and Greek, 1821–1848. In 1844 James McDonnell donated: 109 volumes of the Transactions of the French Academy of Sciences, twenty-one volumes of Parliamentary Reports, and various miscellaneous volumes including works on the Tibetan language! (JB, VI, 21 (19 March 1844); ass. secr. to McDonnell of 14 December 1844 (SCH 524/7B/38)). In 1841 a librarian was appointed for four hours per day during term and four hours each Tuesday and Friday during vacation at a salary of £6 rising to £15 p.a. in his third year (Wm. Ellis to joint boards of 18 November 1844 (ibid.). There were over 6,000 titles by 1845 (JB, VI, 73 (15 May 1845)).

116 FM, 16 December 1840, 6 January 1841. Each faculty member was to be levied 10s. od. p.a. with Inst contributing equally. Nothing came of it.

117 JB, IV, 340 (1 September 1835); Dr. Tennant to sub-committee of 13 October 1835 (SCH 524/7B/29).

118 JB, IV, 355 (1 December 1835), 357 (15 December 1835), 361 (5 January 1836); Drummond to joint boards of 2 February 1836, Murray to Inst of 8 February 1836 (SCH 524/7B/30). The Belfast Asylum was founded in 1829: the board of management were the lord lieutenant’s nominees and obedient to government order.

119 JB, IV, 364 (2 February 1836).
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four students who had 127 subject enrolments (in anatomy, midwifery, surgery, medicine, and chemistry), but of these only thirty-one were enrolled for clinical subjects, the remaining forty-three were enrolled for anatomy, chemistry, or both.120 Setting "partial enrolments" by some medical students against anatomy and/or chemistry enrolments by "arts" or "general" students, and acknowledging the incompleteness of the records, the number studying for the general medical certificate could be at least fifty—(say) forty-five per cent of total subject enrolments, an estimate similar to that (fifty per cent) based on later evidence.121 On this basis some thirty "medical" students were enrolled for 1835–36 (sixty-nine relevant subject enrolments), some fifty (111 subject enrolments) in 1837–38, and perhaps up to eighty in each of the next few years.122 This placed Inst at this time among the larger of the provincial schools: equal to Bristol and perhaps to Jordan's school in Manchester; smaller than Birmingham and the Royal School, Manchester; but larger than Liverpool, York, Newcastle, and probably Leeds.123 In 1841 the faculty alleged, no doubt extravagantly in view of their other difficulties, that the school's "success has equalled, if not exceeded, the most sanguine expectations of its warmest friends".124 There are gaps in our knowledge: we know little about the students—their social and economic background, how they lived, where they took their licences, where they practised. The surviving nominal list120 shows the majority to have names representative of Ulster protestant, mainly presbyterian, society.125 There were no bursaries nor boarding facilities, and the course fees, living expenses, and other charges (for coal, library deposit, fines, examining fees, etc.), and the educational requirements for matriculation (para 23 of the 1835 "Plan"), ensured that all were from the "educated classes"—sons of "merchants . . . and respectable farmers" sprinkled with those from the increasingly prosperous urban middle and artisan classes and living at home or in convenient lodgings.126

The curriculum fulfilled the requirements of the Royal Colleges of Surgeons in London and Dublin and, as extra subjects were added, to other licensing bodies as well (page 250 and Fig. 4). It is set out as a four-year syllabus in the 1835 "Plan'',

120 Jamieson, op. cit., note 25 above, pp. 257–266; SCH 524/7B/38 (1844).
121 Evidence given in September 1845 to a commission appointed to consider the relative merits of Armagh and Belfast as the site for the "northern college" of the proposed Queen's University in Ireland (T. W. Moody and J. C. Beckett, Queen's, Belfast, 1845–1849: the history of a university, Belfast, Faber & Faber, 1959, vol. 1, pp. 89 seq.). There were other (fee-paying) "medical" classes, e.g., botany and practical anatomy, but I have omitted these from the calculations.
122 JB, V, 93 (4 July 1837), 154 (17 April 1838); SCH 524/7B/37 (1843).
123 Ormerod, op. cit., note 2 above, p. 25 footnote; Parker, op. cit., note 4 above, p. 8; Anon, op. cit., note 5 above, p. 16; Wilkinson, op. cit., note 8 above, pp. 26–28; Turner and Arnison, op. cit., note 9 above, pp. 19, 28, 215; Brockbank, op. cit., note 10 above, pp. 70, 84; Wetherill, op. cit., note 13 above, p. 263. There is no information on the schools at Exeter, Sheffield, Nottingham and Hull; and inferences on enrolments from the number of cadavers recorded by the Inspector of Anatomy could be invalid (Report from select committee . . ., op. cit., note 14 above, (602–I), p. 210, Q. 6794, evidence of J. Somerville, M.D., Inspector of Anatomy).
124 JB, V, 339–340 (16 March 1841); FM, 15 March 1841.
125 See also Fourth report . . . education inquiry, op. cit., note 34 above, p. 15.
126 Jamieson, op. cit., note 25 above, pp. 63–64. In 1849 the first batch of some 200 students at the new Queen's College, Belfast, including fifty-five medical students some transferred from Inst, were "mainly from country homes being the sons of small farmers, shopkeepers, presbyterian ministers, and country doctors" (Moody and Beckett, op. cit., note 121 above, vol. 1, pp. 132–134).
The first medical school in Belfast, 1835–1849

the order of study of subjects being “recommended” and not obligatory: first year—
anatomy, theory of physic, and surgery; second year—anatomy, surgery, practice of
physic, chemistry, and botany; third year—anatomy, practice of physic, materia
medica and pharmacy, midwifery and diseases of women and children, pathology,
therapeutics; fourth year—anatomy, surgery, chemistry, comparative anatomy and
natural history, and medical jurisprudence; with clinical lectures and hospital attend-
ance over eighteen months in the final three years and attendance on twenty mid-
wifery cases. Returns (to the Royal College of Surgeons of Edinburgh) in 1837 show
lectures in the six-month winter session as: anatomy—140 hours and 100 demonstra-
tions; chemistry, surgery, midwifery, materia medica—100 hours each; natural
history—sixty hours; botany—sixty hours during the four-month period 1 May to
31 August; and practical classes in anatomy, chemistry, midwifery, and pharmacy.127
Henry MacCormac, on appointment to the joint chair of the theory and practice of
physic in November 1837, gave five lectures each week; during the previous summer
ad hoc lectures in “clinical medicine” by Little, Coffey, and Mateer had partially
filled this gap.128 Only Drummond (from 1835 to 1837) had an assistant—the popular
James Saunders M.D.129 Bedside and dispensary teaching, and clinical lectures at
least twice per week in each of medicine and surgery, were given at the hospital
and dispensary by its staff formally independent of the teaching of Inst but since all
the Inst professors (except Drummond) were by 1838 hospital staff members there was
clearly de facto co-ordination.130 Classes at Inst were time-tabled “at a suitable hour”—
often 8.00 a.m., but in the summer Andrews took practical chemistry at 7.00 a.m.131
Lectures at the hospital were less systematic until Malcolm regularized them after
1846 (see page 264), and there was seemingly a student “clinical improvement society”
for case discussion as early as 1840.132

Under the 1835 “Plan” each professor was to “examine” his pupils weekly (para
13); three faculty members were to examine students at the end of each session for
the course “ticket”; students with adequate tickets “shall be entitled to demand”
examination for the general medical certificate to be conducted by a court of examiners
drawn from the convocation-style “Belfast Medical School”—which included non-
faculty members;133 and there were provisions for re-examination and the award of
prizes. The format of the examination was viva voce and disputation on three separate
days, but no thesis (sect. VI). It is not known how stringently these were enforced.
I have found little relevant in the archives, but the certificate was awarded allegedly

127 FM, 13 July 1837, 4 September 1837; also see 2 December 1840, 17 February 1841.
128 Ibid., 6 December 1837.
129 JB, IV, 377 (3 May 1836); FM, 17 September 1836, 28 August 1837. The students presented
him with a case of lancets “for his great merit”.
130 Other classes were by Robert Little at his “private” lying-in hospital at 15 Castle Street (classes
at the lying-in charity did not start until 1852—C. H. G. Macafee, ‘The history of the Belfast school of
obstetrics’, Ulster med. J., 1942, 11: 20–50; and in ophthalmic and paediatric diseases at the
Chapel Lane dispensary (R. Sydney Allison, The very faculties: a short history of the development of
ophthalmological and otorhinolaryngological services in Belfast (1801–1964), Belfast, Baird, 1969,
p. 7; also Malcolm, op. cit., note 53 above, p. 94). Drummond attended the charity every day in its
earlier days in John Street (Newsletter, 18 October 1816).
131 FM, 17 April 1841, 23 March 1842.
132 Andrew G. Malcolm, ‘Method of clinical study: clinical observation in the wards of the Belfast
general hospital’, Dubl. Med. Press, 1851, 25: 321–325.
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to some 600 students, and examinations for course "tickets" were regularly held, often in the professor's house. Prizes were awarded and prize essays set, but again details are sparse.\textsuperscript{133} Aggregated fees were at least £45 for the syllabus per student plus (from 1836) three guineas to the hospital and one guinea for each of the two series of hospital lectures per session—say some £60 in all, comparable with most of the other provincial schools.\textsuperscript{134}

No lecture notes have been discovered but we can deduce something of the teaching.\textsuperscript{135} The spectrum of cases was wide, covering, with "fever" cases (of which we know the treatment regimen in detail),\textsuperscript{136} medical and surgical cases, general dispensary experience, and specialist hospital teaching in midwifery, diseases of children, and ophthalmology.\textsuperscript{56,130} Most of the teachers were graduates of Scottish schools, but Andrews also attended Trinity College, Dublin, between 1830 and 1834 and studied under Robert Graves and his school at the Meath Hospital,\textsuperscript{137} and had therefore experienced at first hand the bedside student involvement approach—the traditional "British" clinical method whereby students play an active role in patient examination and care—which Graves introduced in 1821 and which by the 1830s was influencing contemporary teaching methods generally.\textsuperscript{138} We may infer that the "Graves method" was prominent in Belfast though no doubt tempered with the more traditional methods of the interrogation of the patient by the physician with the replies recorded by the clinical clerk and repeated by him to the students \textit{en masse}: the method Graves stigmatized as producing "a practitioner who has never practised".\textsuperscript{139} The best of the Scottish method was preserved—the keeping of case-notes, the teaching of physical signs, clinical diagnosis, post-mortem findings as correlates of clinical disease, the emphasis on the physical over the symptomatic, and practical instruction in surgical techniques. Only psychological medicine seems to have been neglected. The clinical syllabus certainly became more systematized after Malcolm's return (in 1846),\textsuperscript{139,140} but the contemporary revolution in knowledge, medical enquiry, and clinical teaching methods reached Belfast: the descriptions of cases shown at the Belfast Medical Society and the writings of the staff confirm this.\textsuperscript{141}

\textsuperscript{133} FM, 28 April and 1 December 1838, 4 May and 16 August 1839, 24 April 1841.
\textsuperscript{134} Anning, op. cit., note 1 above, p. 123.
\textsuperscript{135} Andrews has recorded his chemistry syllabus, admittedly of some years later (1851) (P. G. Tait and A. Crum Brown (editors), \textit{The scientific papers of the late Thomas Andrews, MD, FRS, with a memoir by P. G. Tait and A. Crum Brown}, London, MacMillan, 1889, pp. xxv-xxvi).
\textsuperscript{136} Robert Little, 'Practical observations on fever, particularly with reference to the plan of treatment which has been generally pursued in the Belfast fever hospital for several years', \textit{Dubl. J. med. Sci.}, 1835, 7: 35–65.
\textsuperscript{137} Tait and Crum Brown (editors), op. cit., note 135 above, pp. xiii-xiv.
\textsuperscript{138} Robert J. Graves, 'On clinical instruction: with a comparative estimate of the mode in which it is conducted in the British and continental schools', \textit{Lond. med. Gaz.}, 1832, 10: 401–406. Graves introduced his clinical teaching methods to the Meath Hospital, Dublin, in 1821 ensuring the dominance, though short-lived, of the Dublin clinical school.
\textsuperscript{139} Ibid., p. 403.
\textsuperscript{140} Andrew G. Malcolm, \textit{An introduction to clinical study; or an interpretation of symptoms and signs: A manual applied to the use of the hospital student}, Belfast, Henry Greer, 1856. Malcolm's biographer is Hugh G. Calwell, Andrew G. Malcolm of Belfast, 1818-1856: physician and historian, Belfast, Brough, Cox & Dunn, 1977.
\textsuperscript{141} Malcolm, op. cit., note 53 above, p. 60. After 1844 clinical cases were shown at the Belfast Medical Society meetings and are recorded in the minute books.
The first medical school in Belfast, 1835–1849

After some early changes, the professoriate in 1837 (Drummond; William Mateer; Robert Mateer; Andrew; MacCormac; Robert Coffey; J. D. Marshall) was at worst competent, at best distinguished. As well as his books on botany, Drummond wrote (in 1845) an introductory text-book of anatomy and convincingly rebutted at least one critical review. Mateer's contributions to the literature were orthodox. Little was an energetic but uncircumspect author: his claims for the efficacy of iodine in consumption were extravagant by any standards. He later resigned and was replaced in the chair in 1839 by the uncommunicative but more orthodox Burden (page 263 below). Andrews was one of the foremost chemists of his day. Henry MacCormac, noted father of a famous son, was a man of learning and a prolific writer though of heterodox views: medicine, theology, philosophy, sociology, were all grist to his mill. His principal textbooks, Continued fever (1835) and the wide-ranging but unorganized Methodus medendi (1842), were reasonably well reviewed. Coffey and Marshall wrote little, but the former was much loved as a teacher and his students presented him (26 April 1839) with an illuminated address now in my possession. Judged on these criteria, the medical students at Inst received sound teaching.

Two years after the medical school opened, and after much wrangling, each of the chairs was endowed by government with £50 p.a. “less than the Boards requested [£100]” and hardly “on such a scale as they [the joint boards] will consider at once liberal and judicious” as specified in the 1835 “Plan” (Para 11). This was the final imprimitur of government acceptance.

148 James L. Drummond, First steps to anatomy, London, John van Voorst, 1845 (2nd ed., 1846); Review in Br. for. med. Rev., 1846, 21: 493–494; James L. Drummond, A reply to the review of Dr Drummond's 'First steps in Anatomy' contained in The British and Foreign Medical Review for April 1846, Belfast, Lamont, 1846.

149 As an example see: William Mateer, 'On the injurious effects of salt on the animal system', Dubl. J. med. Sci., 1835, 6: 406–418, who expressed views held also by Graves.

145 Sir Ian Fraser, ‘Father and son: a tale of two cities 1801–1902’, Ulster med. J., 1968, 37: 1–37. MacCormac’s eldest son, Sir William MacCormac, bart., was president of the Royal College of Surgeons of England, 1896–1900. Through his eldest married daughter he was great grandfather of Sir Patrick Dean, former British ambassador to Washington.

147 Ibid., Methodus medendi: on the description and treatment of the principal diseases incident to the human frame, London, Longman, Brown, Green & Longman, 1842. Reviews are in: Lond. Med. Gaz., 1843, 31: 83–84; Br. for. med. Rev., 1843, 15: 534; Dubl. J. med. Sci., 1848, 6 (n.s.): 435–436; Dubl. Med. Press, 1842, 8: 181–184 (reply by MacCormac in Lancet, 1843, 1: 125–126).

149 Marshall was a keen naturalist: his only publication at this time (which he illustrated himself) was 'Notes on the statistics and natural history of the island of Rathlin, off the northern coast of Ireland', Proc. R. Ir. Acad., 1832–1837, 17 (antiquities section): 31–71.

150 JB, IV, 359 (22 December 1835): Inst to lord lieutenane of 5 January 1837 (Lett. Bk., III, 158, 206). It is not clear why Inst sought only £100 endowment for each medical chair rather than the £150 of the senior arts chairs. Except in anatomy student fees were modest; totals for the final (1848–49) session being—materia medica (£16 16s. 0d.), botany (£32 0s. 0d.), medicine (£22 0s. 0d.), and anatomy £32 5s. 0d.) (ibid., IV, 71).
THE SEARCH FOR CLINICAL FACILITIES

The negotiations between Inst and the fever hospital in 1830–31 (pp. 246-247) had left unsolved the key questions of joint control of the school and of access to hospital patients by college professors ex officio: the convocation-style "Belfast Medical School" was only a partial answer to the first and none at all to the second. The medical professors—except Drummond—were, fortunately, either members of the hospital staff (Little; Coffey; MacCormac; Mateer) or shortly to be appointed (Andrews in 1837; Marshall in 1838) and could therefore teach at the hospital. Staff appointments, however, were annual; Inst professors held five-year contracts. Furthermore, appointment to the hospital staff required at least two years’ prior practice in Belfast\(^\text{150}\) and was the ultimate goal of the dispensary doctors, and neither they nor the hospital proprietors would countenance Inst ex officio appointments.\(^\text{151}\) In Glasgow in the 1820s much acrimonious wrangling had produced stalemate, then defeat, for the university’s attempted patronage of clinical lectureships at the Royal Infirmary,\(^\text{153}\) and problems of control were to be crucial in the English provincial schools when they sought conjunction with academic colleges later in the century. They were, however, encountered earlier in Belfast than in England, and a different solution was tried mainly because of the unique nature of the constitution and traditions of Inst.

There were two options open to Inst. These were put starkly by Dr. Robert Stephenson during the 1830–31 negotiations: "The Managers of the Institute [Inst] may either found a new hospital in immediate connection with their School or avail themselves of the present Hospital establishment . . . [the latter] will require a change in laws of the Hospital . . . it is preferred provided that no interference with their [hospital staff] privileges or duties is contemplated".\(^\text{158}\) Since the fever hospital (and also Inst!) had no intention of providing a "change in laws", the first alternative—expensive, ambitious, and unique—grew ever more likely, its choice postponed by the delay in establishing the faculty. Perhaps in the meantime something would turn up to coerce either Inst or the fever hospital; perhaps the "Belfast Medical School" concept would be enough: if not Inst would not shrink from its duty. Optimism and faith in its cause had been its hallmarks up to now; vindication its reward: the joint boards were confident that their resolve and adherence to principle would surmount all problems.

In the very week that the faculty first met (8 October 1835) the board of ordnance placed on the market a disused building complex adjacent to Inst: the familiar “old barracks” in Barrack Street, built in 1737 but now redundant. The complex contained two main two-storied buildings: the first, the barracks proper, set back from the street some 75 ft., brick-built and slated; and the officers’ quarters fronting the street for some 65 ft. and 25 ft. deep. There was also a small guard house. The whole site\(^\text{154}\)

\(^{150}\) Rep. Fev. Hosp., 1826–27, p. 4 (resolution 11).
\(^{151}\) Ibid., 1832–33, pp. 6 seq.
\(^{153}\) Alexander Duncan, Memorials of the faculty of physicians and surgeons of Glasgow, 1599–1850, Glasgow, James Maclehouse, 1896, ch. XVI.
\(^{158}\) Stephenson to joint boards committee of 28 December 1830 (Lett. Bk., II, 371 seq.).
\(^{154}\) Francis Joseph Bigger, "The old barracks of Belfast", Ulst. J. Archaeol., 1911, 17 (2nd ser.): 74–78.
(156 ft. frontage and 130 ft. deep) was enclosed by a high wall with an iron-framed and sheeted double gate.

The joint boards saw in this the hand of a timely providence. The property seemed heaven-sent: convenient, spacious, and seemingly assured of patients, since the fever hospital (100+ beds) was sorely over-stretched to meet the needs of the rapidly growing population of Belfast—now standing at some 60,000—especially with the frequent outbreaks of "fever". They did not hesitate: without consulting their infant faculty of medicine they applied to government for a purchase grant, pressed the lord lieutenant on his providential visit to Inst the following week, and opened negotiations (through the veteran Dr. James McDonnell) with the board of ordnance agreeing a price of £1,750 of which government agreed to meet half.

The inevitable subscription committee was formed and the joint boards, never doubting success, planned a gate in the north-west corner of the north wall of Inst to be "of sufficient size to admit carts . . . with materials [cadavers]", and which would halve the distance from the medical school to the old barracks. Sixty Inst proprietors in May 1836 guaranteed a loan from the Belfast Bank for half (£875 plus five per cent interest) of the purchase price: the government moiety, however, was delayed and Inst did not obtain possession until 19 October, less than three weeks before the start of the much publicized 1836–37 session.

The fever hospital now watched developments closely and were prepared to "form a junction" with the proposed new hospital since this would be "highly valuable". Inst now pushed ahead. The very week of receipt of the government moiety (on 10 October) the faculty inspected the old barracks. The south wing and half of the main building could be simply adapted, walls and windows would need repair, and "several rooms" could be made "immediately available for the reception of patients". Within a fortnight an architect had reported, a project sub-committee had made site inspections, the joint boards had agreed the reports and put the work to tender; and within a further fortnight the contract was let for an immediate start. All was bustle and enthusiasm.

156 J\B, IV, 347–348 (13 October 1835).
157 Rep. Fev. Hosp., 1835–36, p. 8.
158 Factual sequence in: Joint boards to lord lieutenant of 13 October 1835 (JB, IV, 349 (20 October 1835)); ibid., 351 (23 October 1835); Spring-Rice to Lord Morpeth (chief secretary) of 21 October 1835 (SCH 524/7B/29); JB, IV, 353 (29 October 1835): treasury to Inst of 22 December 1835 (SCH 524/7B/29); JB, IV, 360 (29 December 1835).
159 JB, IV, 366 (16 February 1836), 368 (1 March 1836).
160 Ibid., 381 (31 May 1836), 385 (21 June 1836); Inst to board of ordnance of 1 June 1836 (Lett. Bk., III, 112). The pledged total by the proprietors ultimately reached £1,840 (MSI/69/13, QUB library) evidencing corporate Inst support and the growing prosperity of Belfast.
161 JB, V, 16 (27 September 1836), 19 (10 October 1836), 25 (25 October 1836); board of ordnance to Inst of 19 October 1836 (SCH 524/7B/30).
162 JB, V, 13 (21 September 1836); FM, 30 September 1836.
163 FM, 17 October 1836.
164 Ibid., 22 October 1836; JB, V, 25 (25 October 1836); ass. secr. to sub-committee of 25 October 1836 calling a meeting for the 27th (MSI/69/15, QUB library). The contract was let to Campbell and Ross at £148 7s. 0d. plus £81 for the north wall gate works (see note 158 above) (JB, V, 29 (15 November 1836)). The sub-committee's report was: "Two wings and the entire centre should be at once put into repair and fitted for the use of the hospital . . . no attempt should be made to repair the roof of the front building [former officers' quarters] or of the building at the opposite corner of the yard [former guard house]" (ibid., 26 (1 November 1836)).
The repairs were sufficiently advanced by March 1837 to allow an immediate medical presence: "some" of the professors would open "a dispensary" on the ground floor of the former officers' quarters and teach there one hour daily as "a preliminary step to the establishment of a hospital". Scrupulous relations were observed with the fever hospital: only Professors Little, Coffey, and Mateer "who were on the hospital staff and [therefore] entitled to prescribe for the poor in any part of the town" would attend.164

Events dictated the next step. "Fever" (mainly typhus), "almost unprecedented in severity", started in Belfast that very month (March 1837). Admissions to the fever hospital soon outran accommodation, and on 18 May the hospital committee sought emergency facilities in the old barracks. Inst saw in this further evidence of a benign providence—someone else would now pay to equip their hospital—and at once agreed: Andrews and Marshall, not yet on the hospital staff and so unburdened by emergency duty, were appointed "medical attendants"; other professors could look after their own overflow patients.165 The fever hospital committee now took charge of repairs to the old barracks, equipped it as a 100-bed emergency hospital with "well-aired wards" at a cost of £451 11s. 0d. obtained through emergency grand jury presentments,166 supplied a "house-steward, nurses, and other servants", and on 2 June the first patients were admitted.167 Four days later the joint boards grandly christened this emergency unit "The Royal Institution Hospital"168 (Inst had been designated "Royal" since 1831)—more familiarly "the College Hospital"—though colloquially it remained "the old barracks" until the end of its short days.

Within a fortnight 162 fever patients had been admitted; but after June demand declined, and the last patient and the last nurse were withdrawn and the last payment made on 1 November.167 Inst now showed its well-practised ingenuity and resource: it restarted its dispensary activities, encouraged Little to develop out-patient obstetric services,168 and managed to keep the transferred furniture and equipment in the old barrack "in trust" towards any future re-opening.170 There was no money, however, to meet running costs,171 and despite all efforts the hospital stayed closed. There were flickers of hope. A charity—the Chapel Lane Dispensary—sought to move to the old barracks, but though allowing free rent Inst drove such a hard bargain—patients to be available for teaching, a faculty member to be appointed to the dis-

164 Ibid., 59 (29 March 1837); FM, 11 March 1837. The final contract was not complete until June though a "temporary gate" was ready in May (JB, V, 66 (16 May 1837), 76 (6 June 1837)).
165 Ibid., 67 (18 May 1837); FM, 18 and 25 May 1837; Rep. Fev. Hosp., 1837–38, pp. 6 seq.
166 A good summary of the legislation to deal with epidemics in Ireland is by Timothy P. O'Neill, 'Fever and public health in pre-famine Ireland', J. Roy. soc. antiq., Ireland, 1973, 103: 1–34. The only recurrent charge on Inst's funds was the hospital porter! (JB, V, 125 (21 November 1837)).
167 Rep. Fev. Hosp., 1837–38, pp. 6 seq.
168 JB, V, 76 (6 June 1837).
169 FM, 20 October 1837, 6 December 1837.
170 An undated inventory is filed with the unclassified 1842 papers, probably correctly. Articles range from forty-eight iron bedsteads, 115 pairs blankets, 109 bed rugs, eighty sheets, down to two slop buckets and one wash-tub. Cutlery and utensils are of tin. The assistant secretary of Inst has written on the outside "All these articles taken to Fever Hospital": internal evidence suggests this was after March 1841 (see Robert Coffey's statement to faculty—FM, 10 and 15 March 1841).
171 Inst was then in dire straits: they could not even pay their gas bill in time to get the discount! (Jamieson, op. cit., note 25 above, p. 205 footnote).
pensary staff, dispensary appointments to be approved by the joint boards—that it fell through. More promising was a change governing the grand jury presentments: technically for the exclusive use of “fever” patients, they had been used by the fever hospital for general purposes, but from the spring assize of 1839 the law was to be strictly enforced. Faculty now saw a new chance to breathe life into their hospital: the “fever hospital” might have to become exclusively that; if funds could be raised the college hospital might become the Belfast “general” hospital after all. Inst, however, was nearly destitute: the bank loan for the old barracks’ purchase was still outstanding, and reluctantly they had to accept that this unique enterprise—a college-owned and controlled teaching hospital and dispensary—was unviable.

Lack of funds, not of resolve, killed it: the opening of the Union (workhouse) infirmary in 1841, which housed pauper patients who would otherwise have been college hospital material, and plans for The Queen’s College, buried it. It appears in the faculty minutes only twice after 12 March 1839—a successful request for minor repairs in the 1839–40 session, and an unsuccessful effort two years later to persuade the joint boards to reopen it because “There is much reason to believe that several of last year’s pupils have declined returning this session owing to this serious and acknowledged want... the one most essential defect, namely the want of reference to Medical and Surgical cases, in consequence of which several of the professors are deprived of the opportunities of illustrating their lectures, as they would wish, by directing the students’ attention to actual disease—thereby making a suitable impression by combining theory with practice...”. Thereafter the financial needs of Inst over-rode the teaching needs of the faculty. The minute books of the joint boards tell a long story of lettings and attempted lettings to various commercial and private interests, to the poor law guardians, to militia, voluntary societies, the board of health; of the building being vandalized and “with one of the floors given way and the place all going to the bad”; until finally part was let as a national school and part as business premises. It is now occupied by a Christian Brothers school. Only twice since its opening in 1837 was it again in use as a fever hospital—for eight months (at a rent of £2 per week) in 1840 during a renewed typhus epidemic when it housed up to ninety patients, and in 1847 for dysentery patients—but strangely these events receive no reference in the faculty minutes.

Such was The Royal Institution Hospital. It was intended as an accredited 100-bed teaching hospital owned and controlled by Inst—an independent college—to ensure clinical teaching by Inst’s own staff ex officio and under Inst’s full control. It tried

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173 JB, V, 156 seq. (24 April and 1 May 1838).
174 Rep. Fev. Hosp., 1839–40, p. 9.
175 FM, 9 and 12 March 1839; JB, V, 245 (19 March 1839).
176 JB, V, 173 seq. (3 July 1838).
177 FM, 15 March 1841; JB, V, 339–340 (16 March 1841).
178 JB, V, 241 (5 February 1839), 353 (15 June 1841), 390 (3 May 1842), 396 (5 July 1842), 410 (1 November 1842), 415 (20 December 1842), 417 (3 January 1843), 441 (19 September 1843); VI, 3 (31 October 1843), 38 (16 July 1844), 48 (5 November 1844), 98 (18 November 1845), 109 (17 March 1846); Lett. Bk., IV, 8 seq.; Jamieson, op. cit., note 25 above, pp. 71–72, 206.
179 Report of R. Christie of 13 December 1842 (SCH 524/7B/36).
180 J. Cameron to ass. secr. of 29 October 1844 (SCH/7B/38).
181 JB, V, 292 (15 February 1840), 323 (20 October 1840).
something which Glasgow did not and which Edinburgh had no need to; and, because of their foundation in association with hospitals and not academic bodies, and the scientific revolution in medicine, was neither a necessity nor even a theoretical option open to the English provincial schools when later they became associated with academic colleges. The lesson of the old barracks was not to be lost on The Queen’s College, Belfast, as we shall see (page 264).

DECLINE AND ECLIPSE, 1840-49

The enthusiasm and vigour which carried the medical school through its first few years despite financial problems, limited facilities, and the college hospital fiasco, continued to flourish, but events not of the faculty’s making were fast moving against it. The college base, no less, was collapsing: to near bankruptcy was now added the buffeting of the great schismatic storms in the presbyterian church within the synod of Ulster between the majority “subscriptionists” i.e., orthodox in that they subscribed to the Westminster confession of faith, and the minority “non-subscriptionists”, many of whom professed Arian or unitarian beliefs then associated with more liberal social and educational ideals. Arians had always been prominent among the Inst staff and proprietors, which led to some distrust in orthodox circles, and in 1834 some divinity students were withdrawn from Inst on this account; but matters only reached a head in 1840 when the joint boards agreed that the two divinity professors endowed by the non-subscribing association should have seats on the faculty of arts even though only eight of 265 college students were of this persuasion. This split and finally destroyed collegiate Inst since the presbyterian church now decided to found its own college, which it did in 1853: more immediately the faculty of arts ceased to meet after January 1841 and no further general certificates in arts were awarded after 1840.\footnote{Jamieson, op. cit., note 25 above, chapt. IV; Robert Allen, The presbyterian college, Belfast: centenary volume, 1853–1953, Belfast, Wm. Mullan, 1954, pp. 37–42.}

The repercussions spread to the faculty of medicine and at a time of its declining fortunes: the joint boards had rejected the faculty’s last appeal to reopen the college hospital;\footnote{David H. Craig, ‘A history of the Belfast City Hospital’, Ulster med. J., 1974, 43: 1–14. Andrews was appointed sole medical attendant in 1841 at £60 p.a. but the Guardians did not allow him to teach.} the Union (workhouse) infirmary had just opened with six beds soon to become 100;\footnote{Rep. Fev. Hosp., 1840–41, pp. 1 seq.} the medical and surgical wards of the fever hospital, denied support from grand jury presentments, were coping from public charity;\footnote{JB, V, 346 (20 April 1841).} a request for a second storey to be added (at £80) to the medical school had been turned down.\footnote{SCH 524/7B/37 (1843); FM, 5 December 1845; Rep. Fev. Hosp., 1848–49, p. 15; ibid., 1849–50, p. 12; evidence to special commissioners of September 1845 (Moody and Beckett, op. cit., note 121 above, pp. 89 seq.); JB, VI, 142 (6 July 1847), 168 (4 July 1848), 193 (3 July 1849). Student fees paid to hospital confirm 1845 as the peak year. Malcolm (op. cit., note 53 above, p. 79) says that over 400 students attended the hospital during 1821–1851.}\note{168} As against this catalogue, student enrolments continued buoyant—from about fifty in 1838–39 to eighty-four in 1845–46, with only a gradual decline thereafter, and the numbers attending the hospital were consistently at least thirty.\footnote{\ref{168},\ref{169}} The faculty minute book, however, evidences declining morale: minutes, never lavish,
are now perfunctory or even missing; fines of one shilling are introduced for non-
attendance and 2s. 6d. for failure to supply lecture lists; small debts have to be met
by a levy on members;\textsuperscript{187} of the thirty-nine faculty meetings held through 1840–42,
ten transacted no business due to absence of a quorum or an agenda. There was,
however, only one whisper of irregularity: Robert Little, professor of midwifery
and diseases of women and children, without faculty approval, was awarding his
class “lithographed certificates” in the elaborate form of a diploma covering both
theoretical (his lectures at Inst) and practical midwifery (at his own private “lying-
in hospital and dispensary for diseases of women and children and diseases of the
chest” at 15 Castle Street) and not disabusing any student who believed he had an
accredited certificate of Inst to practice midwifery even without “tickets” for other
courses! Despite a spirited defence, Little, who ironically was dean of the faculty at
the time, was severely reprehended by the joint boards and resigned, to be replaced
by William Burden from the 1840–41 session.\textsuperscript{188}

The medical buildings fell into disrepair: despite the repairs in October 1839\textsuperscript{189}
a sub-committee of the joint boards in September 1843 found all the windows broken
in the lecture theatre, the plaster fallen down, the railings and benches “torn down”,
and the enclosing wall unrepaid since it had been part “blown down in a gale”.
There was permanent damp due to a structural fault.\textsuperscript{190} The professors complained at
the poor facilities. MacCormac and Burden taught in a former divinity lecture theatre
in the north wing “in very bad repair”; Coffey had either to share the anatomical
lecture theatre with Drummond or use a north wing room because partitioning of the
anatomical museum was delayed.\textsuperscript{191} The exuberance of the 1830s gave way to pessi-
mism, and later mere routine, as the bailiffs approached. Cadavers became again in
short supply; the fever hospital again unhelpful.\textsuperscript{192} Efforts to revitalize the library
came to little,\textsuperscript{116} though it did get some of James McDonnell’s collection.\textsuperscript{116} The
only innovations were courses in “medical jurisprudence and police” (required by
some licensing bodies) given by Charles Hurst M.D., from November 1839, and in
natural history by Marshall.\textsuperscript{188} Worse was to come. Government, as part of its con-
ciliatory policy in Ireland, proposed reorganizing higher education with the principal
intention of providing collegiate education for the roman catholic laity with hopes to
woo them from spiritual dictation in political matters and help strengthen the union
with Britain. The joint boards now planned to make an enlarged and enriched Inst
the “northern college” of the new multi-college Queen's University in Ireland: if
they failed, collegiate Inst would surely die.

The first debate in the joint boards on the government’s higher education plans
\textsuperscript{187} \textit{FM}, 12, 13 and 22 October 1840, 12 January 1842.
\textsuperscript{188} Ibid., 3 April 1838, 12 and 14 January 1839, 24 September 1840; \textit{JB}, V, 221 (6 November 1838),
229 (20 November 1838), 230 (4 December 1838), 243 (5 March 1839), 301 (5 May 1840).
Burden was preferred to a Dr. J. Thompson by nine votes to four, the other two candidates with-
drawing (ibid., 304 (16 June 1840), 311 (11 August 1840), 312 (18 August 1840)).
\textsuperscript{189} \textit{JB}, V, 273 (1 October 1839), 275 (15 October 1839).
\textsuperscript{190} Report of sub-committee of 17 October 1843 (SCH 524/7B/37); evidence of Henry MacCormac
to the special commissioners (cited in Moody and Beckett, op. cit., note 121 above, p. 98).
\textsuperscript{191} \textit{FM}, 3 and 18 November 1840; \textit{JB}, VI, 3 (17 October 1843).
\textsuperscript{192} \textit{JB}, V, 382 (1 February 1842).
was in August 1844. Throughout 1845 deputations visited London; petitions were presented; preliminary transfer terms drawn up. A three-man commission was set up by government to consider the rival claims of Armagh and Belfast as the site for the “northern college”. At first there were high hopes that Inst might be chosen after all—the case to have the medical school in Belfast was overwhelming and convinced the commissioners, and if in Belfast why not at Inst?—but in November 1845 government announced that the new northern college would be on a site on the southern outskirts of the town. Inst, despite its strong credentials, was considered too small (four acres); too damp; too close to factory chimneys; structurally too insecure (the buildings had sunk unevenly by up to one foot in thirty years) and therefore unsuitable to augment to Soane’s original plan; too involved in legal difficulties of transfer, debt assumption, and sharing buildings with schoolboys; too involved in the tortuous wranglings of presbyterian divines.

This was the death knell; the incorporation of the new Queen’s College in December 1845 to open in 1849 set the date for the funeral. Routine now dominated faculty business. But there were flashes of the old confidence: Coffey, professor of surgery, died in December 1846, and on Drummond’s advice, but against the wishes of the faculty, the joint boards grandly appointed “his assistant [unpaid] for several years”, Alexander Gordon M.D., as permanent (not temporary!) professor as if The Queen’s College was unheard of. Only one faculty meeting is recorded for each of the last two sessions (1847–48; 1848–49) and no minutes for the latter were written! Ironically, and perhaps from spite, the dying kick of the joint boards at the medical faculty was against its most distinguished professor. Andrews’ duties as vice-president of The Queen’s College, Belfast (since 30 December 1845) and his professional services with the fever hospital and workhouse infirmary, not to mention demand for his services as a visiting lecturer (he was a gold medallist of the Royal Society) had required his frequent absence from Inst: only after acrimonious correspondence was his resignation (from 1 May 1848) accepted and after that there was wrangling over the ownership of chemistry apparatus, most of which he had bought himself. Also, ironically, clinical facilities were improving as the medical school declined. The new 600-bed fever hospital, opened in 1848 beside the Union (workhouse) infirmary, allowed more general patients, and therefore better clinical material, to be admitted to the fever (now “general”) hospital where clinical teaching was exclusively conducted. Andrew Malcolm was appointed to its staff in 1846 and at once set about reorganizing and revitalizing clinical teaching. The dispensary was reconstituted and became a

184 JB, VI, 39 (6 August 1844).
185 Ibid., 106 (20 January 1846).
186 Moody and Beckett, op. cit., note 121 above, pp. 1–19, 84–101. The medical profession’s evidence generally favoured an enlarged Inst as the “northern college”.
187 JB, VI, 133 (9 January 1847), 135 (9 March 1847), 139 (1 June 1847). Voting was fifteen for Gordon and eight for a D. A. Hunter, both of Belfast. The moderator after much fuss kept his counsel!
188 Joint boards to Andrews of November 1847, January 1848, and 29 September 1849 (Lett. Bk., IV, 33, 36, 210; JB, VI, 157 (15 February 1848)). He was replaced by John Frederick Hodges by unanimous vote over Francis Wrightson (Birmingham) and John McAdam (Glasgow) (ibid., 163 (18 April 1848)).
189 Rep. Fev. Hosp., 1847–48, p. 11.
true teaching out-patient department for the first time. Clinical lectures were extended and regularized to comprise both generalist and specialist syllabuses. These, however, were too late for Inst though they greatly benefited the new Queen’s College. The statue of Henry Cooke, the arch-subscriptionist— “The Black Man” — a well-known landmark, whose intrinsigence wrecked the faculty of arts and therefore collegiate Inst, stands imperious with his back to the gates of Inst and passed each day by 1,100 pupils, few if any of whom know of his role in destroying the collegiate part of the great liberal Institution they are attending.

In September 1849, The Queen’s College, Belfast, opened and the collegiate department of Inst came to an end with the cessation of the government grant. Of the medical professors, three were taken over by Queen’s (Burden—obstetrics; Gordon—surgery; Hodges—chemistry, but appointed to the chair of agriculture); three received gratuities of £250 (five years’ salary as a purchase of their five-year contracts) and were not appointed (MacCormac; Mateer; Marshall); Andrews was appointed vice-president in 1845 and professor of chemistry in 1849; and Drummond, who alone was a life appointment, broke his right thigh in July 1849 and retired disabled on a pension equal to his salary (£150 p.a.) and died four years later. Students at Inst could enrol at the new college and receive full credit for their Inst classes subject only to minor conditions. This was not quite the end of the Inst medical school: The Queen’s College buildings had no dissecting room, only a preparatory room, an anatomy lecture theatre, and the substantial anatomical museum which had been bought from the Park Street School of Medicine, Dublin, for the bargain price of some £500; and the Inst medical buildings were at first loaned, then, with a government subvention, rented to Queen’s at £25 p.a. with repair costs until 1863. Students attended lectures at Queen’s and walked the mile to Inst for dissecting classes and a further half mile to the general hospital in Frederick Street. Thereafter all medical training in Belfast was at The Queen’s College and associated (and independent) teaching hospitals who carried on the traditions of the Belfast school which the Belfast Academical Institution, the “Belfast fever hospital and general dispensary”, and the Belfast medical fraternity had set those many years before and which since 1908 have been entrusted to the safe stewardship of The Queen’s University, Belfast.

SUMMARY

The first Belfast medical school (1835–1849) was one of some fifteen provincial schools established in Britain and Ireland between 1822 and 1840 and which gave...
comprehensive teaching covering curricula approved by the main licensing bodies. Pre-clinical teaching (anatomy, physiology, chemistry, physics, and botany) had started in 1818 within the (Royal) Belfast Academical Institution (Inst)—an independent autonomous body incorporated by act of parliament—but development was frustrated due mainly to withdrawal of the government grant from 1817 to 1829. In 1829 discussions opened with the 100+ bed Belfast Fever Hospital—which was giving independent clinical instruction—and in the next six years a pre-clinical “block” (three rooms) and botanical garden were built within Inst; a (small) museum and library collected; a procedure, set of rules, and comprehensive curriculum published; a four-year “general medical certificate” course established and recognized by the major professional bodies; and staff recruited (five professors) and students enrolled (about thirty) for the first session (1835–36). The Faculty of Medicine met for the first time on 8 October 1835.

No agreement, however, was reached with the hospital on joint machinery for curriculum control, composition of examining and appointing boards, clinical teaching arrangements, and hospital staff membership for Inst professors ex officio. Accordingly, Inst bought a nearby army barracks to convert to a 100+ bed “College Hospital” which they planned to staff and administer—a unique event in British medicine; but this proved beyond their resources and it served mainly as an overflow hospital during epidemics. A working accommodation was later reached with the Belfast Fever Hospital and the comprehensive course was preserved.

The peak years for the school were 1840–44: there were seven (part-time) professors (paid up to £150 p.a. plus student fees), assistants, and clinical lecturers; and with up to eighty students on course the school was among the largest in the United Kingdom. Internal dissent (in the Faculty of Arts in Inst), and a government decision (in 1845) not to make Inst the projected Queen’s College, Belfast, but to build a new college (now The Queen’s University, Belfast), led to decline. In 1849 the medical school closed. The staff were compensated or absorbed into the new Queen’s College and students on course transferred. The Inst anatomy rooms were used by Queen’s students until 1863. They still stand within the Institution which is now a grammar school for 1,100 day boys.