

A HISTORY OF THE

Irish Thoracic Society

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Irish Thoracic Society

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FOREWORD

I would like to congratulate the authors: Anthony O'Regan who conceptualised and drove this History and Archive Project for the Society over the past few years; Muiris FitzGerald whose scholarly historical research has captured the Society's origins and trajectory in such an illuminating and engaging way and Suzanne McCormack, whose energy and attention to detail is so clear within the pages of the book. I would like to acknowledge past and present colleagues and their families who kindly contributed to this book by providing information, reminiscences, memorabilia and photographs. We are also indebted to several patients and their families for generously sharing their stories. We are grateful especially to the late Denis Gilmartin of Nenagh for relating his extraordinary experiences of tuberculosis, sanatorium care and heroic chest surgery by Mr Maurice Hickey; and also to Jim Costello of Dublin for chronicling first-hand his memories of the 1950's polio epidemic and his remarkable battle with respiratory failure for six decades from the era of the Iron Lung to today.

It is wonderful to see the project come to fruition at what is an important juncture for the Society as it enters its 74th year. It is also important to acknowledge the debt of gratitude due to the members of the founding societies out of which the present Irish Thoracic Society grew, as so well described in this book.

Our society now is a community of over 320 members that has grown from a few pioneering doctors, zealots of their trade. Much as the specialty of thoracic medicine and surgery has evolved, the ITS now is enriched by the contribution of nursing, respiratory physiologists, sleep technicians, physiotherapists, pharmacists and other colleagues. The core missions of our Society in 2019 are in supporting scientific discovery and clinical Innovation; fostering high quality education and training for all members and most importantly in advocating for a reduction in the number of lung diseases for all our people through leading debate on public health measures as well as vigorously campaigning for better facilities and support for those suffering with lung conditions in Ireland. We also advocate on behalf of our communities for Healthy Air, a central theme of the global 'Healthy Lungs for Life' campaign led by the European Lung Foundation and European Respiratory Society.

We should be rightly proud and celebrate the considerable progress and achievements of many of our members in the last decades in the areas of Lung Transplantation, Smoke-free Work spaces and Care of People with Cystic Fibrosis, a condition for which the outlook has changed remarkably in a short period of time. Our society must bring the same concerted energy in advocacy to call out where services are lacking or under-resourced, such as in COPD care, where deficiencies continue to blight our country. We must also provide leadership on new issues such as those that may emerge in response to climate change and potentially with Electronic Nicotine Delivery Systems. It is a salutary lesson that 73 years on from the original campaign for better and more organised TB care, this remains a challenge in 2019.

As so well curated by the authors and contributors in this book, the Irish Tuberculosis Society and the Irish Tuberculosis and Thoracic Society truly blazed a trail in the Ireland of their day to vanquish the threats of Tuberculosis as well as other lung disease. But what of the next 75 years? I am proud that the tradition and original mission of the society of dedicated education, research and public campaigning endures today and believe it is critical that the ITS with its collaborators and growing multidisciplinary membership continues to lead in meeting contemporary and future challenges to the respiratory health of the Irish people.

Professor Ross Morgan

President, 2017–2019

1. INTRODUCTION – OVERVIEW OF THE IRISH THORACIC SOCIETY

The Irish Thoracic Society is the leading professional respiratory disease organisation in Ireland. It was formed in 1980 when its immediate predecessor organisation, the *Irish Tuberculosis & Thoracic Society* (ITTS), founded around 1960, decided on a new constitution and name change. The ITTS, in turn, had been directly preceded by the *Irish Tuberculosis Society*, set up in 1946, which similarly adopted a new constitution leading to a change of title. These successive title changes reflected the decline in the prevalence of TB following the introduction of effective chemotherapy, as well as rapidly expanding scientific understanding of the importance of asthma, COPD, interstitial lung disorders, lung cancer, non-tuberculous lung infections and environmental and occupational lung disease. With an unbroken succession of over seventy years, the Irish Thoracic Society (ITS) is one of the oldest – if not the oldest – medical subspecialty organisations in Ireland.

Now, with a professional membership of over 320, it is the recognised authoritative voice of healthcare professionals engaged in the prevention, diagnosis and care of respiratory diseases throughout Ireland and it performs a powerful advocacy role in promoting respiratory health in the community.

ITS pursues this mission by:

- (i) Fostering high quality education and training programmes for doctors, nurses, physiotherapists, pulmonary physiologists and research scientists.
- (ii) Promoting scientific and multidisciplinary clinical research through research grants, fellowships and bi-annual major scientific meetings.
- (iii) Leading and influencing important public policy debates on respiratory health, particularly in the area of government attitudes on clean air, environmental issues and smoking cessation; and vigorously campaigning for better facilities for the prevention and treatment of respiratory diseases in Ireland with equitable access to respiratory drugs, devices and diagnostic tests.
- (iv) Adopting a strong collaborative and collegial ethic in all its activities and working closely with other respiratory-related organisations in

Ireland, such as the Asthma Society of Ireland; COPD Support Ireland; Cystic Fibrosis Ireland; the Irish Lung Fibrosis Association; the Alpha-1 Foundation Ireland; Sleep Disorder Support Foundation (formerly the Irish Sleep Apnoea Trust); Irish Sarcoidosis Network; ASH; the Irish Cancer Society and the Irish Cardiac Society.

Throughout its history the ITS has been an outward-looking internationally active organisation with strong links to other national and world respiratory societies, especially the American Thoracic Society, the European Respiratory Society and the British Thoracic Society in addition to global initiative bodies such as GINA and GOLD. ITS members play an active role in these organisations through membership, election to important officer positions, chairing symposium sessions or presenting innovative scientific research.

Training the respiratory health professionals of the future is a crucial part of the ITS remit and the membership is deeply involved in the planning, design, implementation and assessment of programmes for the training of specialist registrars under the aegis of the Royal College of Physicians of Ireland (RCPI).

Additionally, the ITS through its multidisciplinary membership and affiliated organisations contributes to programmes for advanced training of specialist nurses, respiratory physiologists, chest physiotherapists and other healthcare disciplines that deliver specialised care to patients with lung disease. In particular, it has cultivated close collaborations with independent organisations representing key allied health professional groups such as: The Irish Institute of Clinical Measurement Science (IICMS) Respiratory Faculty representing the respiratory physiology community; ANÁIL which represents the respiratory nurses grouping; and Chartered Physiotherapists in Respiratory Care (CPRC) representing the chest physiotherapy community. Members of these groups have made important contributions to ITS subcommittees involved in areas such as national guidelines and standards in multidisciplinary diagnosis and care in national programmes.

Public advocacy on behalf of those affected by lung disease is a core value of the ITS in all its activities. All of the ambitious programmes of the ITS are designed to make life better and more productive for those affected by respiratory ill health and to ensure the prevention of lung disease in adults and children.

The ITS passionately believes that these goals cannot be fully achieved unless there is vibrant partnership with patients affected by lung disease, their families and carers and engagement with the wider public. This input and feedback must inform and guide all of the policies and strategies of the organisation. The ITS subscribes to the dictum '*Nothing about us, without us*' which encapsulates the importance of involving patients, consulting with them, hearing their views, and, most of all, learning from their day-to-day experiences of coping with lung disease.

1.1 History of the Irish Thoracic Society and predecessor organisations (1946–2019)

1946–1960: Era of the Irish Tuberculosis Society

- This era began with the formation of the Irish Tuberculosis Society in 1946.
- The first Honorary Secretary was Dr Noël Browne.
- Care of TB patients often involved confinement in a national network of TB sanatoria even after the widespread availability of anti-tuberculosis chemotherapy, preventive BCG vaccination and MMR (Mass Miniature Radiography) screening programs in the early 1950s.
- Treatments included procedures such as artificial pneumothorax or pneumoperitoneum induction and surgical operations such as thoracoplasty, pneumonectomy and extra-pleural plombage, many of which were attended by high morbidity and mortality.
- Membership included physicians, GPs, public health doctors, obstetricians, and surgeons.
- The Society held local and international educational meetings, concentrating on TB, featuring primarily UK-based speakers.
- The advent of streptomycin, isoniazid (INH) and para-amino-salicylic acid (PAS) in the early 1950s revolutionised TB care and, ultimately with the addition of rifampicin and pyrazinamide, rendered sanatorium confinement and thoracic surgical treatment obsolete.
- Attention now turned to non-tuberculous respiratory diseases, such as asthma, lung cancer and chronic bronchitis/emphysema.

1960–1980: Era of the Irish Tuberculosis and Thoracic Society (ITTS)

- The renamed Society, the (ITTS) fell between two distinct eras, the era of the TB-focused Irish Tuberculosis Society and the emerging era of specialised Respiratory Medicine.
- Membership peaked at 114 members in the first decade of its formation—the 1960s. This membership comprised Public Health doctors (77); sanatorium doctors (12); general physicians (11); surgeons (8) and other doctors (6) including radiologists, cardiologists and one pathologist.
- Focus then turned to the pathophysiology, diagnosis and treatment of asthma and other obstructive lung diseases, interstitial lung disorders, occupational lung disease and lung cancer.

- Membership fell dramatically due to declining interest from Public Health doctors responsible largely for TB care, a disease now on the wane.
- Physicians in the newly-emerging specialty of Respiratory Medicine joined in the mid 1970s and prompted ITTS initiatives such as the position paper *Memorandum on Respiratory Disease in Ireland in 1978* by the then ITTS President and Secretary Dr Bill Linehan and Professor Muiris FitzGerald. It highlighted the urgent need for increased investment in manpower and resources to provide adequate services and facilities for modern care for those with respiratory disease.

1980–2019: Era of the Irish Thoracic Society (ITS)

- Developments during the era of the ITTS culminated in the 1980 title change from the Irish Tuberculosis and Thoracic Society (ITTS) to the Irish Thoracic Society (ITS).
- This era is comprised of two phases:
 - ~ Phase I, 1980–1985. In this period following the emergence of the new organisation which had dropped the word Tuberculosis from its title, there was a mass exodus of Public Health doctors, who only a decade before featured 77 ITTS members. The ITS membership roster from 1982–1983 records that there were now a mere 22 members, barely 20% of the figure from a decade previously. However the great preponderance, 18 members, consisted of specialist respiratory physicians, heralding a new era of Respiratory Medicine in Ireland.
 - ~ Phase II, 1985–2018. Coinciding with the rapid expansion of Respiratory Medicine and its subspecialties each of the three ensuing decades has shown a steep rise in membership. From a little over 20 members initially, it has risen to its current membership of approximately 320 – reflecting also the expansion of the Society to include Specialist Registrars and allied healthcare professional categories.

Ties have been strengthened between the ITS and other respiratory organisations such as ANÁIL, the Respiratory Nurses Association of Ireland; The Irish Institute of Clinical Measurement Science (IICMS), formerly Irish Association of Respiratory Scientist (IARS), and Chartered Physiotherapists in Respiratory Care (CPRC).

The ITS has experienced major expansion in its activities in the areas of education, training, research, national standard-setting, manpower planning and public advocacy on behalf of its members and patients burdened with respiratory disease.

2. THE IRISH TUBERCULOSIS SOCIETY

1940s–1960s

The direct lineage of the Irish Thoracic Society goes back as far as the mid 1940s with the foundation of the *Irish Tuberculosis Society*. That clearly supports the claim by respiratory physicians that they belong to the first ever specialty medical society in Ireland. That society came about because of the ravages of tuberculosis in the pre-chemotherapy era. Then TB was an incurable disease, mortality rates were high and the disease morbidity dwarfed all other respiratory conditions combined.

2.1 Foundation of the Society 1946

Only fragmentary records of the Society remain, but it is possible to piece together from the Treasurer's accounts an outline of how the Society was formed, and its initial membership. It appears that a small group of concerned doctors met in Dublin around March 1946 and agreed to form a society. The attendees at the initial meeting are unknown, but almost certainly included many of the doctors who subsequently became paid-up members of the new organisation founded later that year. *(See ledger image overleaf.)*

A flurry of activity followed. The purchase of 77 two and one-half pence stamps suggests that a roughly similar number of invitations to join or establish a society were posted out to potential members. At the same time eight additional stamps were used “to call a Council meeting”. This suggests that an interim Council was established to launch a formal society. Such a speculation is supported by evidence of an organised mailing campaign, including 90 printed circulars, presumably announcing the imminent formation of a Tuberculosis Society. By May 1946, twelve copies of Draft Rules were printed and an official society rubber stamp was purchased from Browne and Nolan Stationers Dublin. A Council meeting of the new Society was officially convened in August 1946.

We know from other sources that **Dr Noël Browne** [subsequently Minister for Health], was the first Secretary of the organisation and a founding member. There were eight doctors who are recorded as having paid a subscription fee of 10 shillings and six pence each in August 1946 around the date of the first

<u>1946/47</u>			<u>Income</u>			<u>Expenditure</u>			<u>1946/47</u>		
Aug	'46	Dr G. F. Cullen	1	10	6	Feb 21st '46	Messrs C. Johnston				
		" N. Browne	2	10	6		Duplicating	1		12	6
		" J. Duffy	3	10	6	Mar 22nd	Messrs C. Johnston				
		" A. Barry	4	10	6		Duplicating	2	✓	7	2
		" J. A. Dunlavy	5	10	6	Apr	77 Stamps (2½ ^d) to call				
		" A. J. Walsh	6	10	6		original meeting (Dr Cullen)	3	✓	16	0 ½
		" Dorothy Price	7	10	6		8 Stamps (2½ ^d) to call				
		" Joan M. O'Sullivan	8	10	6		Council meeting (Dr Cullen)	4	✓	1	8
		" P. J. McEnroy	9	10	6	May 10th	Messrs C. Johnston				
Oct	'46	" G. Sheehan	10	10	6		Duplicating 90 copies of				
		" M. Crowe	11	10	6		circular letter (5/6) +				
		" J. P. Cunningham	12	10	6		12 copies of Rules (10/6)	5	✓	16	0
		" Margt. Dunlavy	13	10	6	May	77 Stamps (2½ ^d) to call				
		" B. Lyons Thornton	14	10	6		meeting (Dr Cullen)	6	✓	16	0 ½
		" L. K. Malley	15	10	6	Aug	12 Stamps (2½ ^d) - miscellaneous				
		" Owen K. O'Malley	16	10	6		re Dr Hoag, Journals,				
		" B. J. O'Driscoll	17	10	6		temporary receipts (Dr Cullen)	7	✓	2	6
		" Bethel Solomons	18	10	6	Aug	8 Stamps (2½ ^d) - to call				
		" P. J. Smyth	19	10	6		Council meeting (Dr Cullen)	8	✓	1	8
		" John J. Walker	20	10	6	Jan 25th '47	Messrs Yeates & Son				
		" Brendan A. O'Donnell	21	10	6		Hire of Projector	9	✓	1	5 0
		" Thomas M. Corbett (1)	22	10	6		Anchor Press				
		" C. K. O'Doherty	23	10	6		Duplicating Nov & Dec	10	✓	17	0
		" Vincent Ellis	24	10	6	Dec 4th '46	Jury's Hotel				
		" M. C. Walsh	25	10	6		Hire of room for Meeting	11	✓	10	0
		" Samonn McSearaigh	26	10	6	Oct 20th '46	Dr J. R. G. Hoag				
		" J. J. Henry	27	10	6		Travelling Expenses (Dr Cullen)	12	✓	10	10 0
		" Brendan O'Brien	28	10	6	Jan 16th '47	Browne & Nolan				
		" J. C. Symons	29	10	6		Society Rubber Stamp (Dr Cullen)	13	✓	8	0
		" Kathleen Lynn	30	10	6	Feb 11th '47	56 Stamps (½ ^d) sending out				
		" C. K. Byrnes	31	10	6		Receipts (Dr Cullen)	14	✓	2	4
		" J. J. O'Donnell	32	10	6		Anchor Press - Duplicating Sub				
		" G. J. Gallagher	33	10	6		Circular to P.H. Bill Amend	15	✓	15	6
										£ 17 8 11	

The first entry
in a surviving
Society
Membership/
Treasurer's ledger
which runs
through to 1975

eight-member Council meeting. It can be inferred that this represented the original foundation group and self-appointed interim Council of the fledgling Irish Tuberculosis Society. The presumed founding members comprising five men and three women were:

- (1) **Dr Noël Browne** (Honorary Secretary), Assistant Medical Superintendent at Newcastle Sanatorium Co Wicklow, later Minister for Health
- (2) **Dr John Duffy**, Medical Superintendent at Rialto Hospital Dublin
- (3) **Dr Alice Barry**, Resident Medical Superintendent at Peamount Sanatorium
- (4) **Dr Dorothy Stopford-Price**, St Ultan's Infant Hospital, Dublin
- (5) **Dr Arthur J Walshe**, Resident Medical Superintendent at Crooksling Sanatorium, Co Dublin
- (6) **Dr Johanna O'Sullivan**, Dublin Corporation TB services
- (7) **Dr GF Cullen**, Resident Medical Superintendent at Newcastle Sanatorium, Co Wicklow
- (8) **Dr PJ McEnroy**, former AMO at Baguley Sanatorium, Manchester

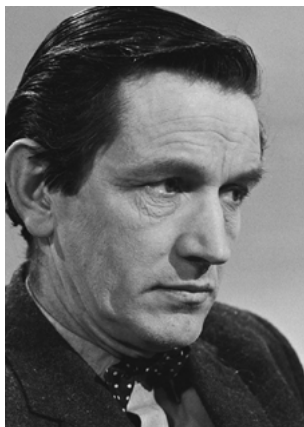
The paid-up members had grown to about forty by the autumn of 1946 and included **Dr Kathleen Lynn**, the noted former 1916 revolutionary, activist and advocate for children's rights.

A major national meeting was called in December 1946 and held at Jury's Hotel Dublin. Funds were used for the hire of a projector and 'lantern slides' for the meeting. This strongly suggests that the Irish Tuberculosis Society was officially launched on that date, with an agreed Rules and Constitution and the election of officers of the Society.

Around the same time the first educational initiative by the new organisation was taken. Following telephone calls to the UK an invitation was extended to **Professor FRG Heaf** (1894–1973) He was an expert on TB rehabilitation who had pioneered the use of the multi-puncture Heaf skin test to aid in TB detection and TB reactivity. He later became Professor of Tuberculosis at the University of Wales in Cardiff. He was, presumably, the first official external speaker invited to address the new Society.

*Dr Noël Browne,
19 September,
1950 (RTÉ
Archives)*

*Browne joined
with Michael D
Higgins during his
election campaign
at Eyre Square in
Galway city. Irish
Times, February
1987*



2.2 First steps

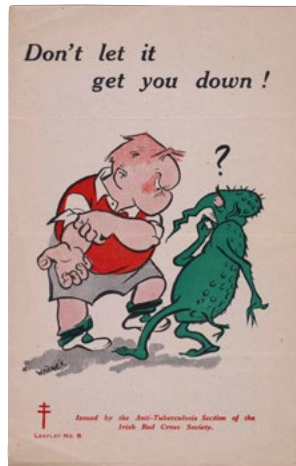
In 1947, its first full year, the Society strongly opposed a controversial Public Health Act which would have given doctors and public health officials draconian powers in restricting the personal freedom of individuals with infectious diseases such as tuberculosis. The Society also campaigned for better standardised clinical documentation of TB cases and statistics.

The ITS membership in the late 1940s and 1950s included doctors from virtually every specialty where tuberculosis was a clinical reality. Thus, physicians with an interest in chest disease, gastroenterology, orthopaedics and gynaecology feature prominently, as do public health and sanatorium-based doctors, bacteriologists, pathologists and thoracic surgeons, the latter specialty then in its infancy.

Among the physicians with an interest in chest diseases from that era, the fore-runners of today's specialist Respiratory Physicians, were Dr Harry Counihan (Richmond Hospital); Dr Harold Quinlan (St Vincent's Hospital); Dr Phil Brennan (St Vincent's Hospital); Dr Brendan Callaghan (Blanchardstown Hospital); Dr Jack Flanagan (St Kevin's/St James's Hospital); Dr Brendan O'Brien (Meath Hospital); Dr Gerry O'Brien (Jervis St Hospital), Dr LK Malley (Mater) and Dr Harry Hitchcock (Merlin Park Hospital, Galway).

Pioneer Thoracic Surgeons in the ITS who carried out extraordinary feats of surgical skill included Mr Maurice Hickey (Cork); Mr Brendan O'Neill (Dublin); Mr Jack Henry (Dublin); Mr Keith Shaw (Dublin); and Mr Des Kneafsey (Galway), the latter two becoming subsequent Presidents of the RCSI.

(Left and centre) Public information leaflets issued by the Anti-Tuberculosis Section of the Irish Red Cross Society, c.1945, (National Library of Ireland), and (right) from the Department of Health in the 1950s relating to the tuberculin test which formed part of its nationwide campaign against tuberculosis. (National Archives of Ireland)



2.3 Educational and clinical activities of the Irish Tuberculosis Society

In the first decade of the Society virtually all international speakers came from the UK and spoke on various aspects of TB – from surgical procedures to the newly introduced drug regimens, to case finding and epidemiology. Among the prominent visiting lecturers invited to speak at the Society were the following:

(1) **Prof Sir John Crofton (1912–2009)**



Prof Sir John Crofton conducted major clinical trials in the UK on the newly discovered Streptomycin. In 1951 he became Professor of Respiratory Medicine at the University of Edinburgh and a doyen of the emerging specialty of Respiratory Medicine. Along with Andrew Douglas he co-authored the renowned Textbook of Respiratory Medicine. Prof Crofton was a founder of ASH UK and brokered the union between the Thoracic

Society (founded in 1947) and the British Thoracic and Tuberculosis Association (founded in 1928). These two organisations formed the British Thoracic Society in 1982. A native Dubliner, Prof Crofton addressed the Irish TB Society in 1952 and on many subsequent occasions.

(2) **Prof JG Scadding (1907–1999)**



Prof Guy Scadding was a founding father of British Respiratory Medicine. He set up the Departments of Respiratory Medicine/Institute for Diseases of the Chest at both the Royal Brompton Hospital and the Royal Post-Graduate Medical School at the Hammersmith Hospital. As a volunteer in the Royal Army Medical Corps during World War II, he was one of several physicians summoned to Carthage in December 1943 to treat Winston Churchill who had

fallen ill with pneumonia during a war-time meeting with General Eisenhower. He was a founding member of the Thoracic Society in 1947 and later became its President. Prof Scadding did ground-breaking research at the Medical Research Council (MRC) Clinical Trials Unit on anti-TB drugs in the late 1940s. He also authored the Scadding Report in 1967, which mapped out the future of the specialty of Respiratory Medicine in Britain. This report was cited as a model template for Ireland when the Irish Thoracic Society (ITS) met with the Comhairle na nOspideal Committee on the future of Respiratory Disease in Ireland in 1984. In 1953 Prof Scadding was a guest lecturer at a meeting of the Irish TB Society.

(3) **Sir Geoffrey Marshall (1887–1982)**



Sir Geoffrey Marshall was Chairman of the British MRC Clinical Trials Unit for TB drugs and Consultant Physician at Guys, Kings and the Royal Brompton Hospitals London. Appointed Royal Physician to King George VI, he cared for the King when he underwent a total pneumonectomy carried out by Clement Price Thomas, a renowned Welsh Thoracic Surgeon. The operation took place in a room at Buckingham Palace, which had been converted into a

temporary operating theatre. Dr Marshall slept overnight at the Palace throughout the post-operative period and was subsequently knighted. He delivered a lecture to the Irish Tuberculosis Society in Dublin in 1955.

2.4 Irish Tuberculosis Society joint meetings and international outreach

According to disparate references in the press, a variety of international meetings took place throughout the 1950s.

1950

The Irish Times records that then President of Ireland, Mr Sean T O'Kelly, received officers of the British Tuberculosis Association (President Professor F Heaf and Hon Secretary Dr S Hall) and the Irish Tuberculosis Society (President Dr M Crowe and Hon Secretary Dr HE Counihan) on 8 June 1950, presumably in Áras an Uachtaráin in the Phoenix Park. From subsequent press references it appears that this joint British–Irish meeting included “demonstrations” for attending delegates in the “BCG Training Center”.

(L) Irish Times,
9 June 1950

(R) Irish Times,
31 July 1951

SOCIAL AND PERSONAL

THE President, yesterday, received the Taoiseach. He also received Professor Frederick Heaf (president), and Dr. Stephen Hall (hon. secretary), British Tuberculosis Association, and Dr. Morgan Crowe (president) and Dr. H. E. Counihan (hon. secretary), Irish Tuberculosis Society.

Professor Sir Ian Heilbron, D.S.O., and Lady Heilbron have left Dublin.

Commander E. E. B. Forde has arrived in Dublin from London and is staying in the Shelbourne Hotel.

YOUNG ADULTS SHOULD BE VACCINATED

—B.C.G. Committee Report

IT seems that the time has come for judicious propaganda advocating B.C.G. vaccination, particularly for young adults of all classes,” states the report of the National B.C.G. Committee, St. Ultan's Hospital, Dublin, for the period July, 1949, to December, 1950.

The report, which at the outset says that the initiation of B.C.G. vaccination in this country will always be linked with the name of Dr. Dorothy Price, deals with the work of the Committee after its establishment. In a summary it points out that from July, 1949, until December, 1950, about 34,800 preliminary tuberculin tests were done; 18,693 individuals were vaccinated with B.C.G., and, of these, 14,743 had matured and had received post-vaccinal tuberculin tests before the close of the period. The majority of the remainder were still in their post-vaccinal pre-allergic period, and therefore would not be due for post-vaccinal testing until the new year. The vaccinated group had been analysed according to the area, age group, sex and institution. The post-vaccinal conversion rates had been analysed according to the sex and age group, and a final conversion rate of 95.16% had been found.

TRAINING CENTRE

Referring to the establishment of the B.C.G. centre, the report states that this centre has evoked general admiration, having been designed specially for its purpose. In June, 1950, when the British Tuberculosis

Association and the Irish Tuberculosis Society held a combined meeting, in Dublin, special sessions for demonstration purposes were arranged and the centre was visited by doctors from various parts of Britain and the Continent and even further afield. On occasions it has also served as a training centre for doctors coming from England and Wales, for whom it had been a pleasure to provide training facilities. From time to time, British experts in tuberculosis had come specially to see the work of the committee.

Dealing with the development of the national scheme, the report points out that the Committee decided to conduct its campaign by enlisting the co-operation of the medical officers of health. At the outset each medical officer of health was approached and given particulars of the facilities offered by the scheme. Subsequently, when a scheme was decided upon for a county, the Committee, with the approval of the County Medical Officer concerned, circularised all the practitioners in that county, informing them of the introduction of B.C.G. vaccination and providing them with literature on the subject. During the period covered by the report, 19 of the 31 local authorities had already participated in the work of the committee, and local schemes had been initiated.

*Irish Times,
5 May 1956*

150 doctors discuss T.B.

ABOUT 150 delegates from Britain, Northern Ireland and the Republic are attending the two-day joint meeting of the British Tuberculosis Association and the Irish Tuberculosis Society, which opened in the Dixon Hall, Trinity College, Dublin, yesterday. The British and Northern delegates number about 65.

Dr. Brian Thomson, Windsor, yesterday morning dealt with "Pulmonary tuberculosis developing in persons observed through childhood," and this was followed by a contribution from Dr. H. E. Counihan, on "The clinical picture of adult primary tuberculosis in Ireland."

Dr. J. Lorber and Dr. J. A. Watson, of Sheffield, spoke on "Certain aspects of the prevention of tuberculosis in children and adults." Before luncheon, Dr. J. St. P. Cowell, Dublin, discussed "Trends in BCG vaccination in Ireland."

In the afternoon there was a symposium at which the "relation between cardiovascular disease and chronic lung disease" was discussed, the speakers being Dr. G. Hayward, London; Dr. W. Whitaker, Sheffield; Dr. S. P. O'Toole, Galway and Dr. T. Counihan, Dublin.

Last night, the delegates were received by the Minister for Health at Iveagh House, Dublin, and later there was a dinner in the Royal Hibernian Hotel.

The titles of the papers for to-day's session are: "The changing clinical picture of the sanatorium patient," "Diabetes and pulmonary tuberculosis in Ireland" and "Chemotherapeutic trials with Hiconstarch." This afternoon there will be a visit to the James Connolly Memorial Hospital.

1956

The maturing organisation expanded its activities and issued a further invitation from its President (Dr Joe Logan of Peamount Sanatorium) to its sister organisation, the British Tuberculosis Association founded in 1928, to a joint symposium on TB in Dublin in May 1956, in the Dixon Hall Trinity College Dublin. An article in the Irish Times on the 5 May reports that 150 delegates attended the two-day joint meeting, including 65 delegates from the UK and Northern Ireland. The scientific sessions featured a number of lectures on TB as well as cardiovascular and chronic lung disease. On day two of the meeting topics included the Changing Face of TB in Ireland, Diabetes and TB and trials of Hiicon Starch in TB. The delegates paid a visit to the newly opened James Connolly Memorial Hospital in Blanchardstown. Irish contributors included Dr SP O'Toole (Galway), Dr J St P Cowell, Dr HE Counihan and Dr TB Counihan (all of Dublin).

The Minister for Health, Dr T F O'Higgins, received a delegation at the Department of External Affairs, Iveagh House, Dublin, followed by dinner in the Royal Hibernian Hotel. We know from financial records that the social programme at the end of the first day also included a Grand Dinner at Trinity College.

Expenditure record relating to the 1956 Joint Meeting with the BTA – noting “wines at top table” and “Lunch for ladies”

EXPENDITURE IN RELATION TO THE JOINT MEETING WITH THE BRITISH TUBERCULOSIS ASSOCIATION 4th and 5th May, 1956.				
To	£	s	d	
66 Dinner subscriptions @ 2l 5s.	65	0	0	
33 Conference fees @ 5/-	8	5	0	
Cheque from British Tuberculosis Assoc.:				
1. Dinner, including guests and wines at top table	280	0	0	
2. Morning coffee	6	0	0	
3. Hire of buses	17	15	0	
4. Entertainers at dinner	4	14	6	
5. Printing	7	7	0	
6. Gratuities	4	5	0	
	120	1	6	
Balance - see Treasurer's statement	70	2	6	
	2863	9	0	

By	£	s	d
Dinner	200	13	8
Lunch for ladies	8	15	0
Morning coffee	12	0	0
Flowers	1	1	0
Badges	1	5	4
Hire of buses	17	15	0
Entertainers at dinner	9	9	0
Printing	16	16	0
Gratuities - Dixon Hall attendants, etc.	8	10	0
Postage	4	2	0
Cross-channel telephone call		10	0
Entertainment of Dr. Clarke		2	10
	2863	9	0

*Irish Times,
31 December
1958*

Outstanding events in 1959

Irish Times Reporter

THERE will be at least nine international congresses at different venues throughout the country in 1959.

At present listed for May are the seventh congress of the European Junior Chambers of Commerce International at Dun Laoghaire; the annual conference of the Society for the Study of Fertility in Dublin; the joint meeting of the Welsh Thoracic Society and the Irish Tubercular Society in Dublin.

1957

International links were established informally with other TB-related organisations and the Society joined the IUAT (International Union Against Tuberculosis), paying its first subscription that year.

1959

There was a joint meeting of the Irish and Welsh Tuberculosis societies in May.

2.5 The role of public health and politics in the Irish Tuberculosis Society

Public Health doctors, especially County Medical Officers of Health, played a huge role in TB control. This is extensively chronicled by one of its leading proponents at that time, **Dr Michael P Flynn** of the Midland Health Board in his fascinating autobiography *Medical Doctor of Many Parts* (published in 2002).

His colleague, **Dr Brendan O'Donnell** served briefly as temporary Resident Medical Superintendent at Peamount Hospital, but his major contribution was in organising TB services as Chief Medical Officer in Dublin Corporation and later in a similar leadership role in the newly-formed Eastern Health Board (EHB).

In the realm of medical politics some very famous historical names jump out from the ITS rosters in this era, because of their extraordinary personalities and achievements. These include the celebrated and controversial Minister of Health **Dr Noël Browne** (1915–1997) who passionately advocated for TB eradication and improved Mother and Child welfare.

Dr Browne, a Trinity College graduate, had trained at the Cheshire Joint Sanatorium at Loggerheads in Shropshire. His supervisor was the charismatic Welsh physician Dr Peter Edwards who features prominently in a frank account of life and TB treatment at the Sanatorium in the book *At Loggerheads with the Enemy. The Story of a Tuberculosis Sanatorium* by PJ Bemrose, 1981. He then moved on to Harefield Sanatorium outside London. Later still, he was a Medical Officer at Newcastle Sanatorium in County Wicklow. In the course of these medical training posts in the UK and Ireland, he became friendly with fellow-Irishmen **Dr Joe Logan** and **Dr Harry Hitchcock**, both of whom later became prominent TB specialists and office-holders in the Irish Tuberculosis Society and its successor organisations. He was a leading light in the fight against TB – an illness that ravaged his own family and for which he himself was hospitalised in Midhurst Sanatorium, Surrey for a lengthy period. He suffered numerous relapses of his own lung tuberculosis at various stages of his career, notably as a medical student at Trinity, then again while he was Secretary of the Irish TB Society and even when he was Minister for Health.

A remarkable feature of his period as Minister was the extraordinary programme of new hospital building and radical reconfiguration of existing Hospitals nationwide. New legislation permitted him wide-ranging powers to change, at the stroke of a pen, the role of any Hospital. Thus he ruled that patients be transferred from Castlerea Psychiatric Hospital and the Limerick City Home & Hospital, which would then be transformed into TB Hospitals. They were rapidly equipped with thoracic surgery operating theatres, serviced by a group of newly

appointed thoracic surgeons like Mr Maurice Hickey and Mr Des Kneafsey, both of whom were members of the Irish TB Society.

Likewise, his ambitious new tuberculosis hospital-building programme was made possible by another unprecedented Ministerial power, namely, discretion to assign Hospital Sweepstakes funds to any programme he determined to be in the national interest. Thus rapid building programmes for the construction of Hospitals like James Connolly in Dublin, Merlin Park in Galway and Sarsfield's Court in Cork proceeded at full pace. Even if the concurrent arrival of TB drugs eventually rendered TB hospital beds increasingly redundant, this period of hospital development is without precedent in Irish healthcare.

Dr Noël Browne is credited, along with the immediate former Chief Medical Adviser to the Department of Health and ITS member, **Dr James Deeny** (1906–1994), with the ultimately successful campaign to reduce tuberculosis mortality in Ireland, during his tenure as Minister from 1948 to 1951.

Dr Browne dramatically resigned from cabinet in April 1951 after the collapse of the Mother and Child scheme which had been championed by him in the face of extreme opposition from both the clerical and medical communities of Ireland. Dr Browne and Dr Deeny, who shared a fractious relationship, each wrote fascinating but radically different autobiographies treating this period of Irish history. *Against the Tide* (1986) by Dr Browne and *To Cure and to Care* (1989) by Dr Deeny are essential reading in understanding the political backdrop to the state of public health and tuberculosis prevention and treatment in the 1940s and 50s.

Public health poster and Dublin Opinion cartoon on the draconian Public Health Bill. (National Library of Ireland)



2.6 The role of women in the Irish Tuberculosis Society

Women played a central role in the new organisation, with three of the eight founders being women. Two extraordinary historically significant women joined the Irish Tuberculosis Society in its foundation year.

They were **Dr Kathleen Lynn** (1874–1955) and **Dr Dorothy Stopford-Price** (1890–1954). Both made landmark contributions to the diagnosis and ultimate control of tuberculosis. This was particularly through their activities in the development and delivery of the first BCG vaccination programmes and the provision of care for extremely ill children in their hospital in Charlemont Street in Dublin – St Ultan's. Dr Lynn and Dr Stopford-Price trained abroad in major North American and European centres and published extensively, an extraordinary achievement in that insular and patriarchal era in Irish history. As a mark of their impact, both doctors have had fascinating biographies written about them, *Kathleen Lynn, Irishwoman, Patriot and Doctor* by Margaret O'hOgartaigh (2006), and *Dorothy Stopford Price: Rebel Doctor* by Anne McLellan (2014).

Dr Kathleen Lynn came from a staunch Protestant Unionist family in the west of Ireland. However, having been educated at the Medical School of the Catholic University (Royal University), Dr Lynn was radicalised and espoused republican values and became an active suffragette. Remarkably, she ran soup kitchens in the great lockout of 1913 in Dublin. She became Chief Medical Officer of James Connolly's Citizen Army, took part in the 1916 Rising in the occupation of City Hall, and was briefly imprisoned, then deported to England. Later, she was elected as a Sinn Féin Anti-Treaty TD in the first Dail Éireann.

Dr Dorothy Stopford-Price was one of the original founders of the Irish Tuberculosis Society. She was a Trinity medical graduate and, like Kathleen Lynn, involved herself in the War of Independence as medical officer to the West Cork Irish Republican Army (IRA) battalion in Kilbrittain. Extraordinarily, Dr Stopford-Price also ministered to the medical needs of the local Royal Irish Constabulary (RIC) during this period.

Subsequently devoting her life to the struggle against TB, Dr Stopford-Price wrote an influential textbook entitled *Tuberculosis in Childhood*. She led the anti-tuberculosis campaign in Dublin and introduced BCG vaccination to Ireland for the first time, when she inoculated a child with a Swedish BCG vaccine in January 1937. Unfortunately Dr Stopford-Price and her colleagues, who included **Dr Robert Rowlette**, a former Senator and then RCPI President, incurred the displeasure and suspicion of the then all-powerful Catholic Archbishop of Dublin John Charles McQuaid. The Archbishop thwarted their attempts to set up the Anti-Tuberculosis League because, he suspected, there

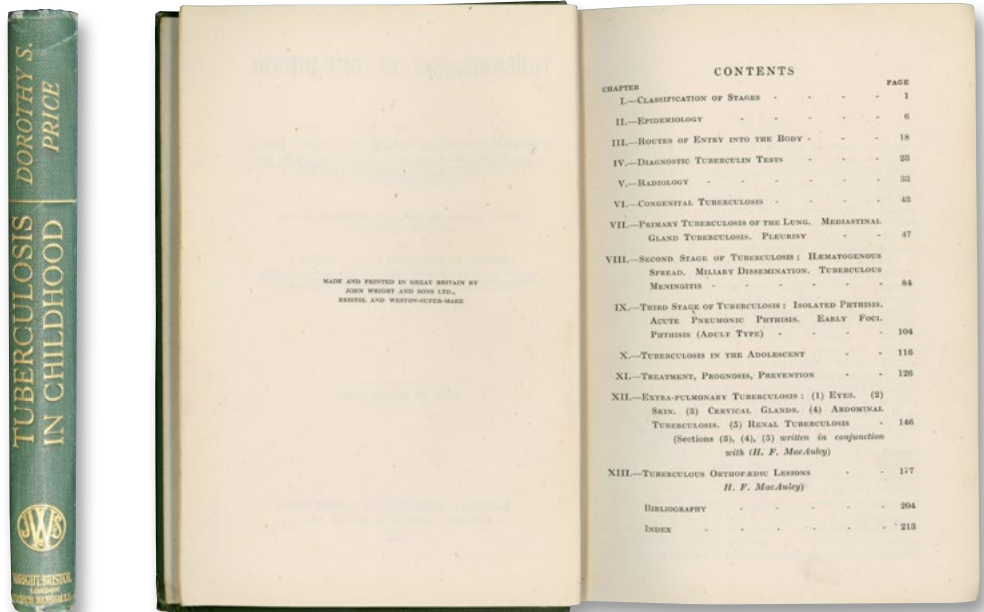
were too many Trinity graduates on the founding committee, not to mention one professed atheist, **Owen Sheehy-Skeffington**. As a result, she saw many of her initiatives as Chair of the National BCG Vaccination Committee and other TB campaign groups subverted, purely due to religious bias. Instead, the Archbishop orchestrated matters so that the Tuberculosis Committee of the Irish Red Cross would lead any TB initiatives, because of his strong doctrinal influence on the doctors in that organisation.

Other prominent women in the early days of the Irish TB Society were **Dr Alice Barry** Resident Medical Superintendent of Peamount Sanatorium, and **Dr Johanna O'Sullivan** and **Dr Pearl Dunlevy**, who both led TB services in Dublin City for a period.

Drs Dorothy Stopford-Price and Kathleen Lynn, St Ultans, 1949 (Courtesy of Anne MacLellan)



Tuberculosis in Childhood by Dorothy Stopford-Price, 1942



2.7 The Post-Sanatoria League (PSL) – Ireland’s first patient-power organisation and its links with the Irish Tuberculosis Society

This remarkable organisation, now largely forgotten, was set up by **Charles O'Connor** in 1944, two years before the foundation of the Irish Tuberculosis Society. While minutes of the meetings of the PSL and the later-established Irish Tuberculosis Society are lost it is clear from the following account that there were very significant informal links between the two organisations in the national fight against TB.

Charles O'Connor was a former TB patient who had spent many years in Newcastle Sanatorium, starting in 1935. He returned there frequently because of relapses of his disease. He was concerned about the desperate plight of many TB patients and their families, who experienced great medical, social and economic hardship in that era. There were long waiting lists to get into public sanatoria, facilities were poor, there were virtually no rehabilitation programmes, and families became destitute, particularly if the breadwinner of the family was affected by TB. He formed a group of like-minded ex-sanatoria patients and their supporters and out of this emerged a national organisation and pressure group, the Post Sanatoria League (PSL).

A prominent member of the well-known Dublin Findlater merchant family, **G. Dermot Findlater**, threw his support behind the new organisation and provided spacious offices for it in his premises in O'Connell St in Dublin. The launch of the PSL took place nearby at 6 Gardiner Row, at a meeting attended by over 100 people on 26 July 1944. In addition, further public meetings were held. Mr William Connolly, a veteran of Crooksling Sanatorium, Dublin, was appointed Chair and Charles O'Connor was elected Honorary Secretary.

Crooksling Sanatorium, 1949; Photo: Father Browne S.J.; (South Dublin County Libraries)

Charles O'Connor founder of the PSL



The League enlisted prominent activist doctors to be patrons, in addition to Dermot Findlater, its main benefactor. Some of these became prominent ITS members subsequently. Prominent were **Prof Theo Dillon** (TCD), **Dr CF McConn** (Galway), **Dr CK McArdle** (Dublin), and **Dr Martin Naughten** (Clonmel). **Dr Paddy Ryan**, a young enthusiastic GP from Sandymount Dublin, was appointed as Honorary Medical Officer.

A mass meeting attracting over 300 people was the occasion used to publicly launch the PSL at the Mansion House on 27 September 1944.

The PSL's first initiative was to produce a Memorandum on TB, which it circulated widely. Intense lobbying of all political parties commenced and Dail records confirm the many meetings with the PSL that took place. A concerted campaign of letter writing to all the national newspapers was orchestrated by the PSL to highlight the deficits in TB care, facilities and economic support. The legendary Editor of the Irish Times '**Bertie**' Smyllie (1893–1954) was highly supportive and wrote articles and editorials prompted by the cogent case being made by the PSL.

In late 1946, Dr Noël Browne was then an Assistant Medical Superintendent in Newcastle Sanatorium and had been recently appointed as the first Secretary of the Irish Tuberculosis Society. He was invited to a meeting of the PSL to give his views (and perhaps those of the ITS) on what needed to be done to improve TB services. This suggests that there were informal links between the PSL and prominent members of the ITS from the beginning. We also know that the PSL had links with **Dr Harry Counihan** (later to be President of the Society) and his 'Bewleys Group' of TB campaigners, in the person of **Mr John (Jack) McDowell**, a Dublin solicitor, and a friend of Noël Browne. McDowell belonged to both groups and had been hospitalised with TB in the UK at Midhurst Sanatorium Surrey while Noël Browne was a patient there. Mr McDowell was to later be Noël Browne's Election Agent when he ran for the Dail. The first successes recorded in these PSL campaigns was the passing of legislation to increase subsistence allowances to TB families, more sanatorium beds were made available, and a commitment was given to start free mass-miniature radiographic screening.

However, the PSL was to become overtly political in an unexpected development. Charles O'Connor recalls in his book *The Fight against TB in Ireland in the 1940s*, that he got a phone call from Dr Noël Browne (still Secretary of the Irish Tuberculosis Society) requesting a meeting with him. Browne told him that he had been canvassed by the recently established political party Clann na Poblachta to contest a seat in the Dublin South East constituency in the upcoming General Election of 1948. O'Connor urged him to run and pledged the backing of the PSL in every way possible. In the

subsequent election campaign the PSL mobilised its entire membership into canvassing locally in Browne's constituency over a period of several weeks. Browne was elected comfortably and went on to become Minister for Health on his first day as a TD in Dail Eireann.

A newspaper article subsequently stated that so enthusiastic was the support of the PSL for Dr Browne, that they "would vote for him even if he went forward as the official agent of the Comintern" (the Russian Communist International) – anathema in Ireland at that time.

The PSL had several meetings and communications with the new Minister during his subsequent tenure in Government (1948–51) and fully supported his hospital-building initiatives and extension of diagnostic facilities and social and economic supports for TB patients and their dependents.

The decline in TB in later years saw the PSL disappear from the scene, but its legacy was that six of its members (including Jack McDowell) were co-opted onto a national Committee for Rehabilitation that had been set up by Dr Browne. This committee gave rise to the huge organisation that we now recognise as Rehabilitation Ireland/the Rehab Group. In its day, the PSL had represented a unique development in Irish life – it was the original example of a patient organisation lobbying for changes in medical care. The current ITS can rightly claim that it was associated with this development through its relationship with PSL through doctors like Noël Browne and Harry Counihan. That tradition is continued through to the present day in the Irish Thoracic Society's close links with representative patient organisations. Charles O'Connor in his 1994 book *The Fight against TB in Ireland in the 1940s* paid tribute to PSL members and supporters with these moving words: "to those long dead, who, with no hope of reward, strove to improve the lot of their fellow sufferers".

2.8 Tuberculosis ('The 'White Plague') and the sanatorium era in 1940s Ireland

To properly understand the reasons that prompted the establishment of the Irish Tuberculosis Society (and the Post Sanatoria League) it is necessary to describe the extraordinary medical and sociological significance of tuberculosis (TB) in the Ireland of the 1940s and in prior decades. TB exacted a fearsome toll in this era, featuring annual deaths from tuberculosis (mainly pulmonary) ranging from 3,500 to 4,000. It accounted for over 8 per cent of all deaths from any cause in the Ireland of that time with a huge proportion occurring in young adults. To put these figures into a modern perspective, TB accounted for two-thirds of the current deaths from all respiratory diseases combined today.

Tuberculosis was an ‘incurable’ disease with no effective treatments. In this pre-chemotherapeutic era there was a brief fashion for administering chemicals like mercurials and gold injections, but these were soon abandoned due to dreadful toxicity. Sanatoria and district hospitals around Ireland were founded on the principle of the beneficial effects of strict isolation, prolonged rest, fresh air, sunlight and nutritious food. Indeed, some institutions adopted the Swiss sanatorium model of placing beds on open balconies in all weathers. Sanatoria were designed with this in mind. Buildings were located where wind directions guaranteed maximum ventilation through large open windows and balconies which were ideally south-facing to exploit the benefits of sunlight.

When it rained, oil-cloth covers for the beds were supplied in some sanatoria. Fortunately, the English and Swiss custom of placing sandbags on the chests of patients to ‘exercise’ the lungs and improve lung capacity never seems to have been adopted in Irish sanatoria.

Some sanatoria like Peamount in County Dublin had large farms attached, which guaranteed a good supply of milk, butter and eggs for patients. However, in other facilities food was often poor. Records show that ‘food-strikes’ were not infrequent in sanatoria, such as Crooksling, Co. Dublin. And one Resident Medical Superintendent, **Dr Alice Barry**, in Peamount Sanatorium wrote that all the patients had “refused to eat their tapioca.”

Like prisons or other places of confinement, sanatoria had large populations of young inmates unused to regimes of bed-rest and restricted freedom. Discipline was hard to maintain. As a result, various amateur in-house ‘rehab’ programmes were common and met with varying success. Knitting, weaving, darning, repairing activities went on, as did minor home industries of sack-making, linoleum mat-making and many other mini-enterprises. One activity that flourished amongst patients in Peamount Hospital in the early 20th century was the cultivation and curing of tobacco plants for the cigarette trade.

Like today, alternative approaches had their fads and fashions ranging from the administration of garlic, paraffin oil or goats milk, to organised outings, to faith healers or to holy wells. Crooksling Sanatorium in Brittas had a holy well nearby called the Tubberacks. Several hospitals and sanatoria planted pine trees to surround the hospital because of the alleged curative effect of pine tree odours. Paradoxically, allergy to pine trees was later promoted, erroneously, as a potential cause of another granulomatous condition of the lungs – sarcoidosis.

There was huge social stigma attached to TB. Individuals and their families were shunned in their locality. The houses of TB sufferers were fumigated by

Public Health personnel by lighting noxious ‘sulphur candles’ indoors for a 24-hour period. Hospitals and sanatoria had long waiting lists due to the huge prevalence of TB and the prolonged period of confinement in the sanatoria, with many months and indeed even years of ‘treatment’ being the norm. Thus many died in their home, often isolated and excluded.

Nobody spoke of TB in their families. In the 1940s and early 50s societal fear was expressed in many ways. For example, those passing by a sanatorium held their breaths until they had passed by, or made the sign of the Cross. Even the names of the institutions were chilling. Thus the large sanatorium in Newcastle in Co Wicklow (where Dr Noël Browne worked in the mid 1940s) was intimidatingly called the Royal National Hospital for Consumption in Ireland (founded in 1896). Some institutions, such as the sanatorium in Roscrea, Co Tipperary, were regarded as ‘hospices for the dying’, because of the massive death rates then common.

Dr Harry Hitchcock in front of Merlin Park Hospital. He served in all three TB/Thoracic Societies and was second President of the ITS

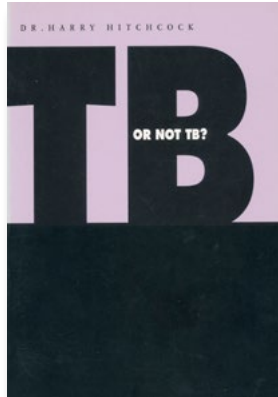


Dr Harry Hitchcock, an early member of the Irish Tuberculosis Society and later to be the second President of the Irish Thoracic Society (ITS), worked in Newcastle Sanatorium with Dr Browne. He chronicled his experiences of that era in his highly entertaining autobiography *TB or not TB* published by University College Galway (UCG) in 1995.

Dr Hitchcock gives a fascinating account of the personal narrative of a TB patient who travelled by bus from Dublin to Newcastle to be admitted to the sanatorium there. He had been advised not to mention ‘Newcastle Hospital’ as his destination. Instead, on boarding the bus at Aston Quay he was strictly instructed that when the bus conductor asked for his destination he was to say ‘The Anchor Hotel’. This ‘code’ had its origins in the presence of a large anchor logo over the front door of the Newcastle Sanatorium. Had the patient mentioned Newcastle Hospital, his fellow passengers would be terror-stricken and give him a wide berth. Similarly, country patients in sanatoria asked their relatives to address their letters to “The Anchor Hotel Newcastle”, or other such soubriquets, for fear that the local post office staff in their home village would spread the word that they had TB.

*TB or not TB,
by Dr Harry
Hitchcock, 1995*

*Newcastle
Sanatorium,
Co Wicklow, –
aka ‘The Anchor
Hotel’*



A strange but amusing element of the duties of Medical House Officer when Harry Hitchcock was there was his daily responsibilities for interpreting barometric readings from somewhat temperamental meteorologic equipment at Newcastle Hospital, which formed part of the national weather forecasting system of the time. Harry confessed that during his stewardship of these non-medical responsibilities some of the strangest and sometimes most bizarre weather forecasts were transmitted onwards to Met HQ.

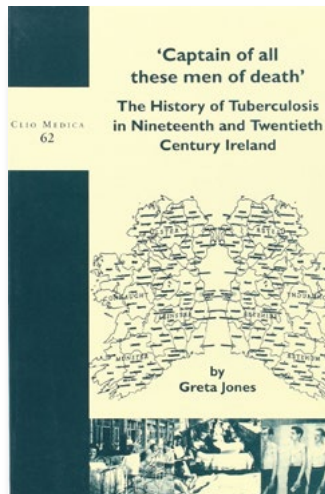
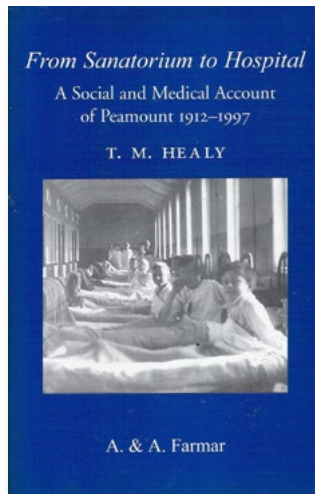
The tide turns

Miraculously, within a decade of the discovery of streptomycin by Waksman in 1944 and the subsequent trials in Ireland in 1949, the tide turned in the battle against TB. This was the beginning of the end of a harrowing era in Irish medical history.

There was a vast mobilisation of institutional beds in the Irish hospital system—within three years 2,000 extra beds had been created by building new hospitals/sanatoria or radically changing the function of existing hospitals. This was driven energetically by the Minister of Health Dr Noël Browne based on prior plans of the Chief Medical Adviser at the Health Department, Dr James Deeny. The subsequent advent of isoniazid (INH) and para-amino-salicylic acid (PAS) made the cure of tuberculosis highly probable, even on an ambulatory basis.

Within a decade, mortality rates plummeted and sanatoria began to downsize, close or adapt to cater for other diseases by changing their function. Disfiguring surgical procedures such as thoracoplasty or plombage were no longer needed and the social stigma attached to TB began to wane. The combination of newly discovered drugs, early detection by mass-miniature radiography and Mantoux testing, and mass vaccination with BCG had together decisively revolutionised the medical approach to containing TB.

TB-themed books: 'From Sanatorium to Hospital' by ITS and ITTS member, Dr Tim Healy; 'The Captain of All these Men of Death' by Greta Jones



The present Irish Thoracic Society owes a great debt of gratitude to the doctors in its forerunner organisations – the Irish Tuberculosis and Thoracic Society (ITTS), the Irish Tuberculosis Society and the TB patients in the Post Sanatoria League who strove to do their utmost to battle the 'White

Plague' in Ireland. Their legacy is an Ireland where the spectre of TB no longer looms large in Irish life. And we must not forget the thousands of Irish patients who succumbed to TB or who spent lengthy, lonely hospitalisations in sanatoria when treatments were either non-existent, ineffective or crude and disfiguring.

2.9 Thoracic procedures and surgery in the 1940s – early 1950s

A current ITS member looking back on this era would find it hard to visualise the type of procedures and surgical operations carried out on TB patients sixty to seventy years ago in the pre-chemotherapeutic era. Many of even the most radical of surgical interventions became accepted practice very quickly without the kind of justifying evidence of efficacy that we would expect today. Virtually all of these surgical operations became obsolete less than a decade after anti-TB drugs were universally available.

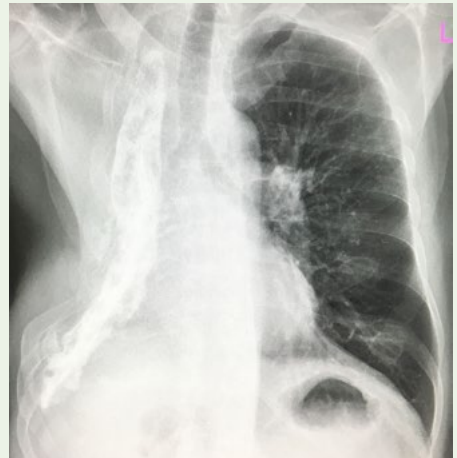
While standard lobectomies and pneumonectomies were carried out (admittedly with significant hazard in the pre-antibiotic and rudimentary anaesthesia era), the dominant procedures were a strange assortment in hindsight, viz:

- (1) Needle-or tube-induction of Artificial Pneumothorax (AP) or Pneumoperitoneum (PP)
- (2) Thoracoplasty
- (3) Extra-pleural plombage
- (4) Phrenic nerve crush

The therapeutic strategy common to all of these procedures was to render the severely cavitated TB-infected lung airless and bloodless by compressing its tissues against the mediastinum. One of the original flawed rationales for this was that TB organisms faced with the resultant reduced oxygen levels in the compressed lung would not replicate. A second justification that was more plausible was that cavitating lesions, which were thus compressed, would no longer discharge organisms and also be less likely to haemorrhage.

The more radical procedure of thoracoplasty involved the removal of multiple ribs – as many as eight – in two or three consecutive widely-separated ‘stages’, in order to collapse the chest wall and lung inwards. This compressed the large cavities that were usually preferentially located in the upper lobes. Thoracoplasty produced much more radical effects, including massive loss of functioning lung volume, secondary scoliosis and permanent cosmetic disfigurement.

*Denis Gilmartin
in the Cedars
Sanatorium,
Dun Laoire
around 1950*



Post-pneumonectomy/thoracoplasty Xray of DG (1932–2019) who underwent surgery in Limerick in 1952 by Mr Maurice Hickey and survived another 67 years

Denis Gilmartin underwent surgery in a converted Limerick Sanatorium in 1952 by Mr Maurice Hickey, who carried out a combined pneumonectomy and 8 rib Thoracoplasty. He survived in good health for a further 67 years. He got lung TB originally in 1949 aged 17 and spent over two years in The Cedars Sanatorium on Rochestown Avenue, Dun Laoire, where he had a phrenic nerve crush and repeated bi-weekly artificial pneumothorax and pneumoperitoneum procedures. He died in July 2019.

*1996 letter to
Noël Browne
from Denis
Gilmartin reflects
the revered status
he had in the
memory of TB
patients*

Dr Noel Browne
Cloughmore south
Ballynahown
Co. Galway.

Brooklands

Nenagh

May 8th, 1996.

Dear Dr. Browne,

This is a letter that should have been written to you many years ago.

This is a letter of appreciation to you, I too am a survivor of that awful contabesence disease TB. I am now 63 years of age and at the tender age of 18, I spent 3 years, 1950/51/52 in the Cedars, Dun laoghaire, now the National Rehabilitation Center, this was the begining and the end of that dreaded plague. Thanks to You. You pulled me back from the brink, the arrival of the wonder drugs saved me sufficently enough to allow me have a pneumone - ctomy performed at the age of 18. You can imagine the advanced stage of my tubercular condition to have such major surgery performed at such a young age.

In fact this operation was performed by Mr. Maurice Hickey, MCh FRCS, who you appointed as Minister For health for that area and also Mr. O'Neill to St. Mary's Chest Hospital, Phoenix Park, two superp Thorasic Surgeons. Again Thank You Sincerely.

Despite your own vicissitudes, you were constantly reaching out, driven by a force and fire fuelled with love, concern and compassion for the less fortunate and underprivileged. I like thousands of other survivors of that dreaded disease owe you a perennial debt of gratitude to be able to live the great joy and gift of life. Again Than You Sincerely.

This World is incapable of recognising or rewarding you with the accolades which you deserve for your generosity of purpose to mankind. There has to be and will be a mysterious and divine occasion when this will come to pass in a place where it will really matter. You can feel very proud to have lived a life full of all the meaningful virtues.

Life does not judge any of us, it mirrors what we are. As we grow older, life becomes a reflection of events and memories that mould and shape our happiness, joys and sorrows of how we spent this great joy and gift of life. You can feel very happy and proud to look into the reflections of that mirror anytime.

We will remember you and Mrs. Browne in our thoughts and humble prayers in gratitude, also your Mother, sister Eileen and brother Jody. I know what it's like. I have been there and came back, thanks to you.

May you continue to enjoy good health and happiness, nobody deserves it more.

Most Sincerely Yours,

Denis Gilmartin.



Dr Browne's
touching
handwritten
reply to Denis
Gilmartin

Dunginore South,
Ballymole,
Co. Salter.

Dr. Noel Browne M.D., Hon. F.T.C.D.

(091) 931.

22-7-96

Dear Mrs Gilmartin,

What a remarkable story is

your own. I did my most disheartening period in I.B. work before the miracle drugs. You will know Pneumonia was another battle then. As time went on because of Prevention & Early treatment happily it became very rare. You must be a formidable Person to have survived TB & what are Ordeal. They surely were terrible times.

As for Phys this our children & myself were we were the lucky family to be Privileged to take over the Dept. of Health with all its marvellous Potential - you are very kind in your remarks. To be a doctor for me was a special Privilege to be a Minister for Health with unlimited funds & facilities was indeed a marvellous Experience - though so abruptly curtailed. Thank you on behalf of all of us for taking the trouble to write as you did.

With Very kind Regards & a long life to you

Yours Sincerely
Noel Browne.

Most physicians in that era, many of whom were Irish Tuberculosis Society members, were armed with a personal portable 'pneumothorax machine'. Through this device they pumped air into the extrapleural space in daily or twice-weekly aliquots of 200–300 mls until x-rays showed significant atelectasis and volume reduction in the affected lung. This was the procedure known as Artificial Pneumothorax (AP). Patients were then 'topped up' with air on a weekly basis at so-called 'AP Refill Clinics' in hospitals or in private consulting rooms. Because there were then no ultra-specialised respiratory physicians, most general physicians of the era carried out these procedures.



Air was also pumped into the abdomen in the procedure known as Pneumoperitoneum (PP) – mainly for patients with the less common lower lobe TB cavities. Again the rationale was that abdominal air under pressure elevated the diaphragm thus 'squashing' the lower lobe cavities. At AP Refill clinics the air was topped-up periodically every one to two weeks. Similarly, there was a vogue among surgeons to perform an operation termed phrenic nerve crush which paralysed the diaphragm, again in the hope of beneficial compression of lower lobe cavities.

Various complications of these procedures could occur, including pleural effusions, life-threatening empyema or, more commonly, the formation of adhesions from the pleural membranes, which became tethered to the chest wall, thus inhibiting the desired therapeutic lung collapse. A small number of physicians with an interest in chest medicine surgically 'snipped' pleural adhesions through a telescope inserted into the chest cavity in the operating room. One of the foremost practitioners of this technique was Irish Tuberculosis Society member Dr Brendan O'Brien of Dublin's Meath Hospital, who had been a big game hunter in Africa before qualifying as a doctor. He carried out the procedure at a weekly theatre session at Newcastle Hospital from the mid-1940s for about a decade. (Hitchcock 1995).

Thoracoplasty had its heyday in the 1940s and up to the mid 1950s. While the operation had a significant mortality rate and was hugely disfiguring, it did have some degree of success in otherwise hopeless cases of advanced cavitating TB.

There are few survivors still alive now, but respiratory physicians working up until the early noughties will recall the secondary effects of thoracoplasty manifesting as severe restrictive lung disease with secondary degrees of cervical and thoracic scoliosis, and complicated by type 2 respiratory failure. Professor Pat Finnegan, former President of the ITS, pioneered the use of domiciliary non-invasive ventilation in this population in the 1990s.

(L) Mr Des Kneafsey RCSI President, 1988–1990 (Courtesy of the Royal College of Surgeons in Ireland)

(C) Mr Keith Shaw RCSI President, 1978–1980 (Courtesy of the Royal College of Surgeons in Ireland)

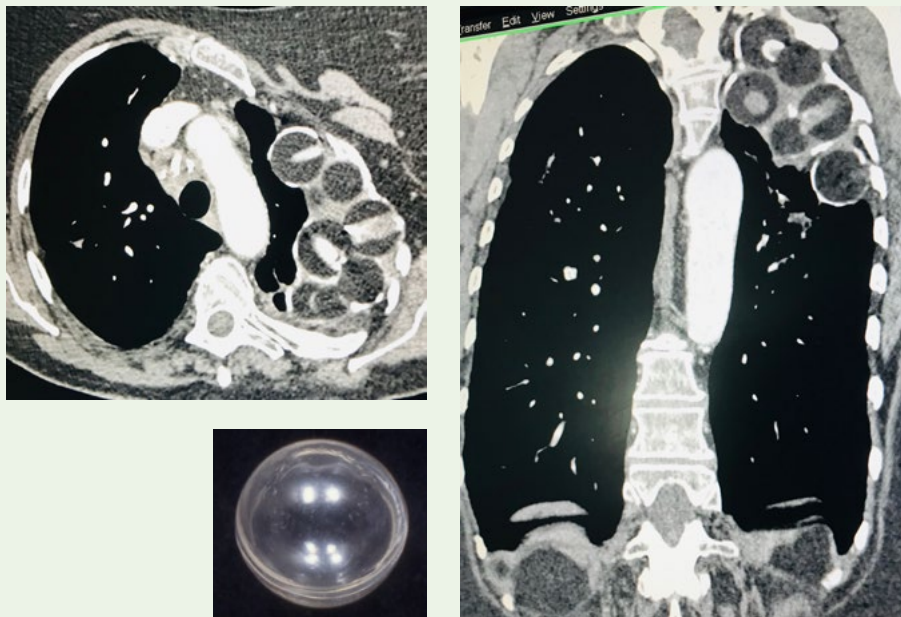
(R) Surgeon Maurice Hickey receives the honorary Freedom of Cork City from Lord Mayor Denis Cregan (Courtesy Cork City and County Archives)



Expert surgical exponents of thoracoplasty included **Mr Jack Henry** of Baggot Street Hospital who operated at Newcastle Sanatorium; **Mr Des Kneafsey** (Galway) trained in Thoracic Surgery in Bristol and operated in Castlerea, Merlin Park and Ardkeen Hospitals. **Mr Maurice Hickey** (Cork) operated in Sarsfield's Court, Ardkeen and the Limerick Home and Hospital. In Dublin surgery was performed by **Mr Keith Shaw** at Rialto and Blanchardstown Hospitals and by **Prof Eoin O'Malley** at the Mater.

The radical staged thoracoplasty technique was formidable and had to be done in stages for reasons of physiological tolerance, anaesthetic factors and infection risk. Initially, the second, third and occasionally the fourth rib were removed with surgical cutting shears. Then after an interval of weeks, in a further one or two stages, all but two or three of the remaining ribs were similarly removed. While operative mortality was considerable at times, many survivors owe their lives to the surgical skill involved, however barbarous the procedure might look in retrospect.

An international fashion for a technique termed 'extra-pleural plombage' briefly flourished. It seemed a more permanent alternative to endlessly repeated AP air-fills via a pneumothorax machine. Extraordinarily, in this technique the extra-pleural space was crammed full with a variety of materials to ensure lung compression.



Lucite balls on CT scans: a sample ball

A former patient of the Pigeon House, Rialto and Blanchardstown Sanatoria in Dublin, who preferred to remain anonymous, gave an account of how, between the age of 16 and 23, she underwent phrenic nerve crush, repeated year-round artificial pneumothorax and pneumoperitoneum procedures before finally undergoing a thoracotomy and extrapleural plombage with Lucite balls. After a course of TB chemotherapy she was finally discharged from Blanchardstown in 1955. In the ensuing 64 years she has had no relapse of TB.

Foreign materials included Lucite Balls which were hollow bakelite spheres resembling table-tennis balls; heavy oils (oleothorax); or dense semi-liquid waxes that eventually set solidly at body temperature.

All of these procedures were attended by formidable complications, most notably empyema. They were abandoned following the introduction of anti-TB drugs.

2.10 TB in Tipperary 1949–50 – A family recollection

The following is a first-hand account based on the experience of a family in Co Tipperary.

“TB visited our house in Tipperary in Winter 1949 when myself, aged 8 and my brothers, aged 6 and 5, were hauled off to have a chest x-ray. Why? We never knew. But days later there was an unaccustomed flurry in our cramped living quarters above our parents shop. Strange people came upstairs to our shared bedroom. Later we heard that these were Public Health doctors and nurses. We were told to take our pyjama tops off and warned that we shouldn't yell when a cold blob of 'jelly' was placed on the abdomen and rubbed into the skin *[This was a Tuberculin Jelly test, where a tuberculin extract was embedded in a jelly substrate and applied to the skin of the upper abdomen, sometimes in the shape of a "V". Often the area was then covered by a piece of Elastoplast. It was then 'read' 48 hours later for erythema and/or vesiculation in the area of the jellied "V".]* We were told not to wipe or wash it off. A day or two later a nurse came back and looked for skin reactions on our jellied tummies. Conversations took place downstairs with our parents and, soon after, my two brothers were told that they would have to 'go away for a little while'. Where, we didn't know and why I didn't have to go, nobody told us.



“But before their departure, an even bigger group of Public Health people came to the house and we were all told to leave the upstairs living quarters. We had to sleep downstairs in our rudimentary shop. Mattresses were put on the ground and blankets were put on long low shop shelves

and converted into bunks. We were told we would have to sleep there. Why, we asked – the answer was that the upstairs bedrooms would have to be ‘fumigated’. With what? We were told that several large ‘sulphur candles’ would have to be lit. The smoke would sterilise our rooms of whatever infectious dangers lurked there. We heard conversations where the word ‘TB’, and ‘a spot on the lung’ was mentioned. That night, as the candles burnt above stairs we were awoken by a major commotion. We looked up and could see, and smell, fumes and smoke coming through the ceiling of our shop, clearly emanating from upstairs, having seeped through the floorboards. At 2am in the morning, wrapped in blankets, we huddled outside in the street for what seemed like hours. At some stage before dawn we were told we could go back in after the fumes and smoke had cleared. That night we still slept downstairs but all the windows and doors were left open and we could no longer see smoke. But the sulphur fumes persisted for several days.

“The next day my two brothers were whisked off seventy miles away to the newly-created St Senan’s Sanatorium for Children in Foynes Co Limerick. My six-year-old brother spent fourteen months there while my second brother had a sojourn of only a few weeks and was returned home.

“In later years my brother, later to be a physician, recalled harrowing stories of the deprivation that resulted from his fourteen-month incarceration at a vulnerable age, far away from family, with only rare visits being permitted. Particularly humiliating was the strict disciplinary regime imposed on young children who did not understand the injunctions to stay in bed all of the time. The ‘punishment’ and deterrent for getting out of bed was to have the bottom of their pyjamas confiscated, often permanently. His recollection of this period was that for children, at least, sanatorium life was marked by harsh practices, disrupted education, the shattering of family bonds, great loneliness and heartbreak. Worse still, the fourteen months spent seemed to be predicated on bed rest, which was nigh impossible for young children. There was a minimum of therapy and only rarely were doctors encountered in the entire time. Clearly this was not an isolated experience, because one John O’Sullivan wrote in the Sunday Times in May 2015 even more scathingly of his time in Foynes Children’s Sanatorium. He related the immensely cruel practices to which he was subjected by some staff. Thankfully the record also shows that in other sanatoria such as Newcastle, Co Wicklow, Merlin Park Hospital and others, there are contrasting patient testimonies as witness to expert and compassionate care.”

2.11 The decline of tuberculosis in Ireland

There was a gradual decline of tuberculosis mortality in the late 1950s and early 1960s thanks to the Irish Tuberculosis Society and Government campaigns, which established concerted public health measures, mass miniature radiography screening, BCG vaccination programs and the free availability of anti-TB drugs in sanatoria throughout Ireland. Other respiratory diseases, such as respiratory failure from paralytic poliomyelitis, asthma, lung cancer and smoking-related bronchitis and emphysema then assumed greater significance.

2.12 Other respiratory diseases in the TB era and the Irish Tuberculosis Society (1946–1960)

Poliomyelitis

The first significant outbreak of polio in Ireland occurred in Cork in 1942. Only a year before, the disease was declared a notifiable infectious disease in Ireland. There followed a number of sporadic outbreaks in the next decade. Deaths from respiratory failure peaked at a prevalence of 27 per cent, a frighteningly high figure, which reflected the poor level of respiratory expertise then available and the absence of proper organisation of services nationally. There also was lack of familiarity with and availability of specialised mechanical ventilators, especially the “iron lung”.

Some iron lungs had actually been imported into Ireland as early as 1938 when Lord Nuffield in England launched a philanthropic initiative distributing hundreds of the then new lightweight “Both” Iron Lung to ‘Commonwealth countries’. A subsequent agreement was reached between the Irish Department of External Affairs and the British Authorities, whereby other Iron Lungs were ‘loaned’ to Ireland as the need arose.

However, a major polio epidemic affecting as many as 500 people, many of them children, broke out in 1956 and was centred on the south-side of Cork City. Just prior to that, Regional Polio Referral Centres were designated to deal with polio cases in Dublin, Cork and Galway’s Regional Hospital. Those affected by acute anterior poliomyelitis not infrequently developed life-threatening acute respiratory failure requiring assisted mechanical ventilation with the “Iron Lung”, delivering external negative pressure ventilation (ENPV).

In Cork the Regional Polio Centre was located at St Finbarr’s Hospital in Douglas. There was a satellite recuperation facility in St Mary’s Orthopaedic Hospital, Gurranebraher, Cork after acute treatment at St Finbarr’s. Patrick

Cockburn, the distinguished international journalist and author of several books, gives a riveting and harrowing description of his own polio, which he acquired in Youghal at the height of the 1956 Cork epidemic. Several siblings were affected and he records in graphic detail his experience of a long confinement in St Finbarr's Hospital and in the recuperation facility at Gurranebraher in his 2005 book *The Broken Boy* (published by Jonathan Cape (London)).

Survivors requiring foot or spinal braces or scoliosis surgery afterwards were also treated in Gurranebraher. The number of cases with respiratory failure in Cork at the height of the epidemic outstripped the number of locally available iron lungs. As a result iron lungs were transferred from Dublin and Galway to make up the shortfall.

In Dublin, the newly built Cherry Orchard Hospital (which replaced Cork Street Fever Hospital in 1954,) was the designated Regional Polio Centre for Dublin and 15 surrounding counties. It housed several iron lungs in the decade after the 1956 outbreak. Because of the lessons learned in the 1940s, that centralisation of specialised services was essential, the death rate from respiratory failure fell to very low levels of less than five per cent.

Dr Eamonn O'Connor and Dr Fergus O'Herlihy supervised the iron lung programme in Cherry Orchard Hospital during this period and into the early 1960s. Other mechanical ventilation machines were used during this period, including the Bragg-Paul external 'pulsator' cuirasse, and the Both and Coventry "Alligator" respirators.

Patient support organisations for polio survivors became active in the late 1940s and early 1950s, for example (i) the Infantile Paralysis Fellowship which gave rise to the Polio Fellowship of Ireland (PFI) founded by Tom Stephens, and (ii) the Cork Polio Fellowship, later to transform into the COPE Foundation. These organisations – like the Post Sanatoria League for TB a decade before – engaged in campaigning for better facilities, rehabilitation and vocational programmes and social supports. Polio and tuberculosis survivors who needed medical and vocational rehabilitation were also the impetus for the setting-up of organisations like the Rehabilitation Institute and the Central Remedial Clinic, the latter by **Lady Valerie Goulding** and **Kathleen O'Rourke** of the League of Health.

Again, the redoubtable **Archbishop McQuaid** tried to set up a rival Catholic Church-controlled rehabilitation system centred on the Irish Sisters of Charity Hospital, St Josephs in Baldoyle. He supported the Sisters' very successful nationwide "Little Willie" Fund from there and from the Sisters Orthopaedic Hospital in Cappagh. The most notable donors were the famous film stars of

Comedy duo Stan Laurel and Oliver Hardy meet two young fans with polio in 1953 (Irish Photo Archive)



the time – comedians Laurel and Hardy during the course of their Irish visit in the early 1950s.

The end of the polio epidemic in Ireland

That era fortunately came to an end with the widespread introduction of vaccination programmes in the late 1950s and early 1960s. Thus, there have been no cases of polio reported in Ireland since 1984. The number of iron lung dependent cases had dropped to about six, only one of whom still survives, **Jim Costello** (See story, page 36).

But the seven thousand polio survivors were left with many different disabling post-polio complications, both respiratory and non-respiratory, in the aftermath of the epidemic. For many, the ensuing years were difficult and further complicated by the late-onset “Post-Polio Syndrome” which became recognised in the 1980s. Out of this arose the founding of the campaigning patient advocacy organisation Post-Polio Support Group, set up by Jim Costello and others who lobbied and fund-raised tirelessly for better supports and facilities for polio survivors.

Iron Lung / "Alligator"



Jim Costello, Ireland's last Iron Lung patient, receiving a Louis Pasteur Polio Hero medal in Paris in 2016, in recognition of his work as a founding member of the Post Polio Support Group in Ireland

Jim Costello

Jim Costello in an RTE programme in the "Would you Believe" series entitled "Iron Will" gives an account of his 58 years experience of respiratory failure, beginning in 1958 when he developed severe paralytic anterior poliomyelitis while in boarding school at Clongowes Wood College as a 16-year-old. He was treated in Cherry Orchard in Dublin, but also underwent assisted ventilation in the Professor Josep Trueta Unit in the Nuffield Orthopaedic Centre, Oxford and in several Assisted Ventilation Units in London under the care of Dr Howlett-Kelleher and Dr Geoffrey Spencer at the Phipps and Lane-Fox Units at St Thomas's Hospital. He got his first NIPPV One device in 1992/3, which transformed his life and gave him greater independence. He now greatly relies on the more modern versions backed up by a Cough Pulsator and, of course, his Coventry Alligator Iron lung.

To this day Jim spends five days a week in a special unit at Cherry Orchard. His room houses the last iron lung in use in Ireland and is equipped with an NIPPV 3 Plus device and voice-activated computers to support daily living activities. He spends his weekends at home with his partner.

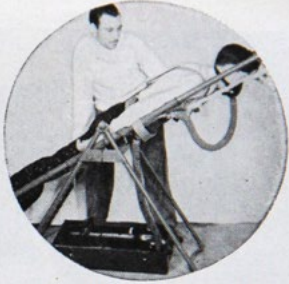


*Advertisement
for respiratory
equipment, Iron
Lungs etc.,
as featured in
the Irish Medical
Directory/
Yearbook 1950s*

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*Riley Rocking Stretcher and
'Novox' Oxygen apparatus in use*

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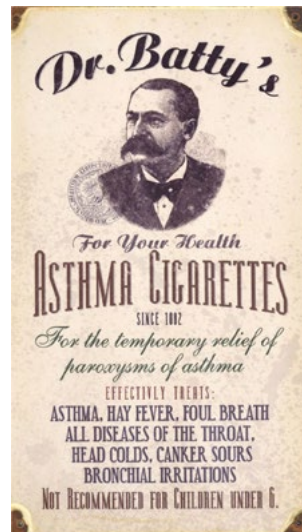
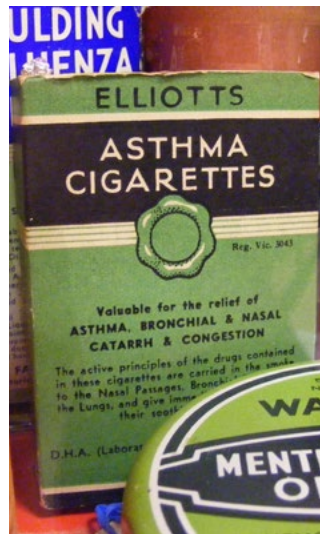
NEPTUNE WORKS - DAVIS ROAD - CHESSINGTON - SURREY

'Mainstream' respiratory diseases 1946–1960

Textbooks of the time show that basic concepts of the respiratory diseases that currently pose the greatest health threats in Ireland were poorly understood. Worse, therapeutic options were minimal for those affected by non-tuberculous disease, such as lung cancer, asthma, COPD (not a defined entity then), pneumonia, non-TB bronchiectasis (common in the pre-antibiotic era), the newly recognized disease of cystic fibrosis and the poorly appreciated fibrotic disorders.

Two examples in particular, asthma and pneumonia, illustrate the paucity of treatment. In asthma emergencies the only treatment was subcutaneous adrenaline, which when pushed to its dosage limits in severe cases was very cardiotoxic. When theophylline preparations became available, the favoured route of administration was by suppository. Safe intravenous dosing schedules had yet to be established and morbidity was high. The only pharmacologic aerosol therapy consisted of solutions that were crudely aerosolised from solution by rapid manual squeezing of the rubber hand-bulb attached. The invention of the first metered dose inhalers by 3M-Riker in the mid-1950s ushered in an era of more regulated aerosol therapy. Even then, the main agent available was the non-selective beta-agonist isoprenaline. This was also attended by severe toxicity when overused, as it often was, by those with severe attacks.

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Advertisements
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Dr Harry Hitchcock (second President of the ITS), recalls his experience of treating asthma patients with such treatments in the 1940s in his highly entertaining autobiography. He also recalls that a fellow student in St Andrews College Dublin in the late 1930s had asthma and smoked “asthma cigarettes” to combat attacks. Popularly advertised brands included “Dr Batty’s Asthma Cigarettes”. These cigarettes had been saturated with a variety of herbs, which included belladonna or other atropine/stramonium compounds. These had a bronchodilating effect, but again, were attended by severe cardiotoxicity, sphincter disturbance and even hallucinations, if overused.

The introduction of oral and parenteral corticosteroids in the mid-1950s prompted widespread unregulated use in asthma. Despite early success, there followed widespread evidence of severe steroid toxicity and, as a consequence, a policy of reserving treatment for short-term emergencies was adopted. It would be another decade before inhaled steroids and selective beta-2-agonists would become available (in 1968).

Treatment of pneumonia relied almost entirely on penicillin in the earlier part of this era and broad-spectrum antibiotics, such as the first-generation tetracyclines and chloramphenicol, only became widely available to clinicians in the mid-to late 1950s. Non-tuberculous bronchiectasis – usually post-pneumonic – was extremely common, and complications of gross bronchial sepsis were prevalent, including brain abscess, exsanguinating haemoptysis and systemic amyloidosis.

These examples are difficult to appreciate in a modern era where therapeutic options are so much more available. That is why we should spare a thought for both the patients of that era, and the dedicated physicians who preceded us and who struggled to care for those with respiratory conditions in such adverse circumstances.

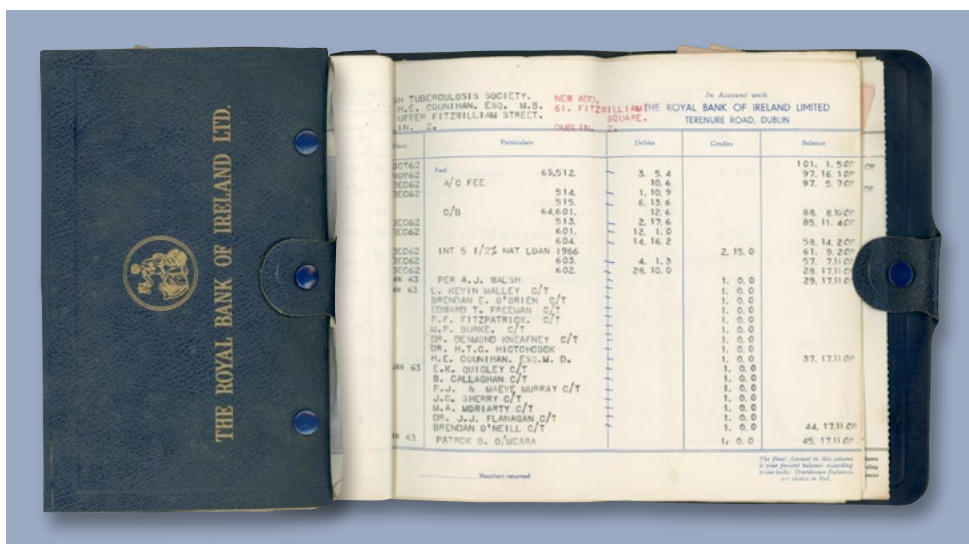
3. THE IRISH TUBERCULOSIS & THORACIC SOCIETY

EARLY 1960s–LATE 1970s

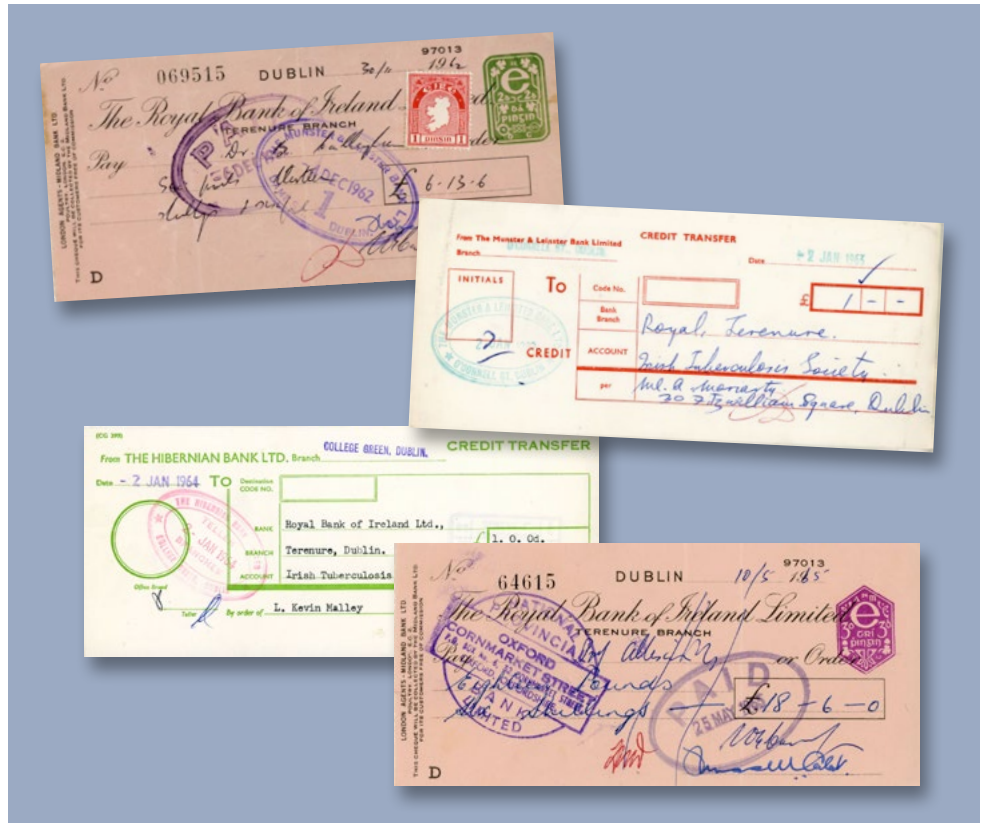
To reflect the shift in respiratory disease patterns, the name of the organisation was changed at some point in the 1960s to the Irish Tuberculosis and Thoracic Society (ITTS). The few records of the Society that still exist also reveal the shift in membership composition that followed the decline of tuberculosis in importance and the rise in the societal and medical impact of other lung diseases. All the minute books of the ITTS have been lost, so it is not possible to systematically document the activities of the organisation in this era. Financial records and membership subscription lists are fragmentary, but some details emerge. Bank account records for the Irish Tuberculosis Society and its successor organisation, the ITTS, reveal the officers who were authorised to sign cheques and approve other financial dealings. Despite the change of name, with the addition of the word Thoracic, the financial records and cheque-books were never changed – they remained as ‘The Irish Tuberculosis Society’.

Other sources of information include reports on ITTS activities from the national press archives as well as the personal recollections of two surviving ITTS office-holders, Prof Pat Finnegan, Galway and Prof Muiris FitzGerald, Dublin.

*Banking log book
from the early
1960s*



Banking receipts
from the early
1960s



3.1 Key figures in the ITTS



Dr HE "Harry" Counihan (1918–2009)

Dr Counihan was Physician to the Richmond Hospital and, in his day, one of the most outstanding leaders in his profession. He had the distinction of being a member of all three organisations – the Irish Tuberculosis Society, the ITTS and the current ITS. He clearly held many Officer posts in the first two organisations and almost certainly served as President of both the Irish Tuberculosis Society and the ITTS at some point. In 1946 he formed a group who met regularly in Bewley's Café on Grafton St to campaign for better TB services. The group included Victor Bewley of the noted Quaker Bewley family, Jack McDowell, a solicitor who had TB and Louie Bennett of the Irish Women Workers Union. Harry's dedication to this cause and his great administrative and diplomatic skills prompted Dr Noël Browne to seek his counsel regularly and he was a ministerial appointment to the newly formed Consultative Council on Tuberculosis and BCG in 1948.



Dr Joe Logan (1915–1999)

Dr Joe Logan (*pictured on the right*) trained in TB diagnosis and treatment at the Cheshire Joint Sanatorium in England under a legendary pioneer of sanatorium treatment, Dr Edwards. He was appointed as Medical Superintendent at Peamount Sanatorium in 1948 where he introduced many innovations. It became the expert TB

referral Unit for most of the County and later Health Board physicians. He introduced Study Days for Medical Officers of Health and in all gave almost four decades of outstanding service to TB patients, together with his colleagues **Dr Ernie Collins** and **Dr Jack Sherry**. All three were members of the Irish Tuberculosis Society. Dr Logan held Officer posts in the organisation and was subsequently President of the ITTS. After retirement and following the advent of his successor **Prof Luke Clancy** (future President of the ITS) he spent several years working in TB care in Lesotho in southern Africa.



Dr Pearl Dunlevy (1909–2002)

Dr Pearl Dunlevy, born in Mountcharles in Co Donegal, qualified as a doctor in RCSI. Inspired by Dr Kathleen Lynn and Dr Dorothy Stopford-Price she went abroad, studying tuberculosis in Cardiff, Wales. Her chief passion was in promoting BCG vaccination on a mass population basis. Dr Dunlevy was the linchpin of the historic Dublin Health Authority campaign of BCG

vaccination, the first major municipal programme of its kind in these islands. She was responsible for the first BCG vaccination initiative at the Rotunda Hospital, and by the 1960s deaths from infant tuberculosis had dropped to virtually zero as a result. With the decline in tuberculosis, Dr Dunlevy's attention then switched to the successful introduction of mass rubella immunisation, which proved to be highly effective.



Dr WD Bill Linehan (1926–2013)

Dr Bill Linehan was in the vanguard of newly-trained respiratory physicians, including his colleague in the Mater Hospital, **Dr Pat Keelan**, appointed in the late 1960s. He trained at Downstate Medical Centre in New York under Dr Harold Lyons. On appointment to the Mater, St Mary's Phoenix Park and Peamount Hospital he introduced lung function testing. Along with his

contemporary **Dr Terence Telford Chapman** at the Royal City of Dublin Hospital at Baggot St, Dr Linehan can be credited with the introduction of modern physiological assessment of respiratory disease patients in Ireland. He played a major role in the smooth transition of the ITTS into the current day society – the Irish Thoracic Society. He was also the author, along with Professor MX FitzGerald, of the seminal 1978 ITTS document Memorandum on Respiratory Diseases in Ireland, which was approved by the ITTS in late 1977 and submitted to Comhairle na nOspidéal in 1978. It was updated a few years later and re-submitted on behalf of the new ITS to the Comhairle Committee. Dr Linehan transitioned his presidency of the ITTS to become the first president of the newly named Irish Thoracic Society.



Mr Maurice Hickey (1915–2005)

Mr Maurice Hickey was described in the Irish Times Obituary of 21 May 2005 as “a giant of Irish Medicine and the leading Chest Surgeon of his time”. He was the first specialised chest surgeon to be appointed in Ireland in the late 1940s. Later to be joined by Mr Des Kneafsey in Galway and Mr Keith Shaw (1919–2001) in Dublin, he performed prodigious feats of pioneering chest surgery. All three surgeons spanned two distinct eras of thoracic surgery – first, the tuberculosis surgical era of thoracoplasties, lobectomies and pneumonectomies and, second, the early to middle period of modern cardiothoracic surgery in Ireland. After training in Nottingham and becoming a junior consultant at the London Chest Hospital, Mr Hickey was appointed as the first Local Authority cardiothoracic surgeon in Ireland in 1948. The advertisement for the post stated that the successful candidate would “organise a new national thoracic surgical service”. He made a huge and instant impression on Dr Noël Browne, then Minister for Health, who records in his autobiography that Maurice Hickey “strolled into my rooms in the Department of Health...a truly refreshing and exciting personality”.

Initially, Mr Hickey was assigned to Dublin Hospitals, such as Rialto and St Kevin’s (now St James’s Hospital). But with the advent of Des Kneafsey and Keith Shaw he was designated subsequently as the sole Cardiothoracic surgeon for all of Munster. He organised single-handedly the equipment of specialised thoracic surgical operating theatres in Cork, Limerick and Waterford and worked tirelessly to deal with an enormous workload. Subsequently Dr Browne wrote that “only a man of his total dedication, limitless energy and personal charm could have taken on so successfully the outrageous demands made on him by us”.

As tuberculosis declined he turned his attention to cardiac surgery. He was the first surgeon in Ireland to operate successfully on a blocked mitral valve in 1949. In the post-tuberculosis era when transferred to Cork, he and his colleagues reported the first successful closures of holes in the hearts of children at St Finbarr's Hospital. He was voted West Cork Man of the Year in 1972 and he was made a Freeman of Cork in 1992.

Other notable cardio-thoracic surgeons who were members of the Irish Tuberculosis Society, or ITTS, or both included **Professor Eoin O'Malley**, **Professor William McGowan**, **Mr Maurice Neligan**, **Mr Jack Coolican** and **Mr TCJ ('Bob') O'Connell**. The Radiologist members included **Dr Michael Magan**, who had set up the Mass Miniature Radiography TB Detection Centres in 1948 and **Dr Max Ryan**.

In addition there was one lone pathologist, **Dr Tim Healy** of Peamount Hospital and UCD Department of Pathology. He would later write a book entitled *From Sanatorium to Hospital: A Social and Medical account of Peamount 1912–1997*. In it he chronicled many fascinating features of the TB era.

3.2 Membership trends ITTS: 1960s–late 1970s

ITTS Membership rosters in the early to late 1960s now showed a preponderance of Public Health doctors and Medical Officers of Health. This profile was then altered by the inflow of an emerging small group of physicians with a strong specialist interest in respiratory medicine. But within five or six years the ITTS membership numbers declined precipitously and by the mid to late 1970s, ITTS events were poorly attended.

Gradually a small number of Specialist Respiratory Consultant posts were created in larger urban centres, and these new specialists joined the ITTS. They included **Professor MX FitzGerald** (Dublin), **Professor Patrick Finnegan** (Galway), **Professor Luke Clancy** (Dublin), **Professor John Prichard** (Dublin), **Dr Cathal Bredin** (Cork), **Dr Thomas Peirce** (Limerick), **Dr Mervyn Taylor** (NCH) and **Dr Colman Muldoon** (Drogheda). Ultimately this increased specialist respiratory emphasis led to a further name change to reflect the evolving mix of 'newer' respiratory diseases and the rapid decline of tuberculosis.

Presidents and officers of the ITTS during this period included Dr JV Cussen, Dr Terence Chapman, Dr Patrick Keelan, Dr Bill Linehan, Prof Muiris FitzGerald and Dr Doreen Dowd.

1968.

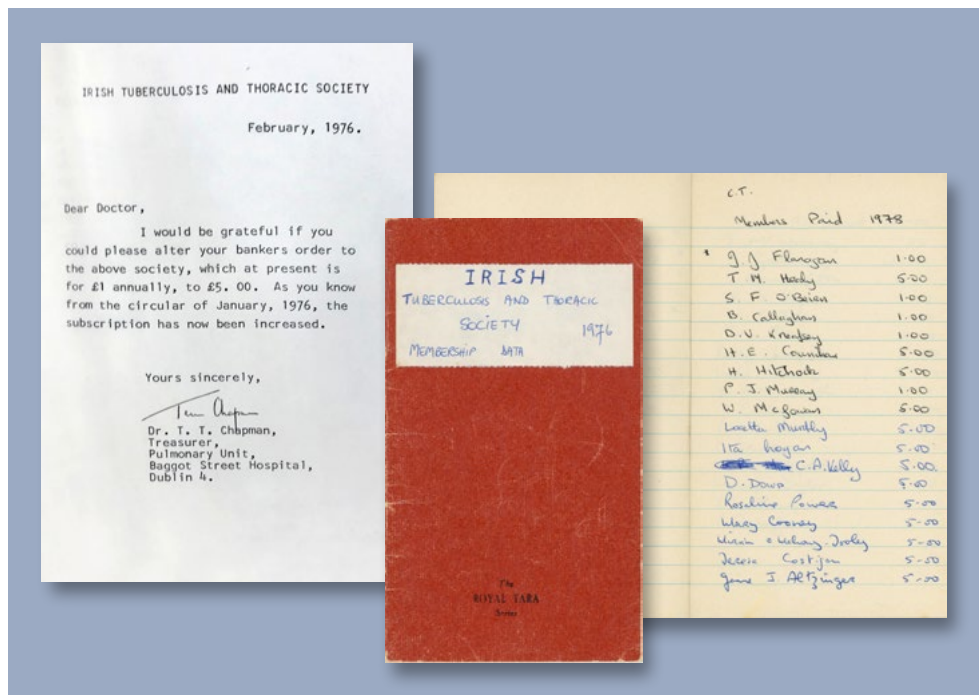
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H. E. Bournehan		1	-	-
E. T. Freeman		1	-	-
P. P. Fitzpatrick		1	-	-
S. F. O'Beine		1	-	-
E. K. Dingley		1	-	-
B. Gallagher		1	-	-
P. J. Maher Murray		1	-	-
Brundage E. O'Beine		1	-	-
J. J. O'Flanagan		1	-	-
L. Kevin Malley	ok	1	-	-
D. V. Murphy		1	-	-
H. T. C. Hiltchcock		1	-	-
Brundage O'Neill		1	-	-
✓ T. T. Kofman	Pd	1	-	-
✓ T. B. Bournehan				
✓ J. E. Bournehan	Pd	1	-	-
✓ W. D. Linschoten (Irish)				
✓ J. Howell (I.P.A.)	Pd	1	-	-
✓ N. Rully (I.P.A.)				
✓ S. Blake	Pd	1	-	-
✓ P. Brennan	Pd	1	-	-
K. Quinn				
✓ Prof. E. O'Malley	Pd	1	-	-
✓ " W. Malleson	Pd	1	-	-
✓ Dr. H. Quinn	Pd	1	-	-
✓ Mr. K. Shaw	Pd	1	-	-
✓ Dr. R. J. T. Mcweeney	Pd	1	-	-
" P. Hogan				
" C. Ward				
" H. M. Wain				
" D. Coffey	Pd	1	-	-
" T. M. Conboy	Pd	1	-	-

Dr. J. V. Leeson	Pd	1	-	-
" M. P. Flynn	Pd	1	-	-
" J. B. Goffrey				
" B. P. Collins	Pd	1	-	-
" P. K. O'Brien				
" J. J. O'Sullivan				
" J. J. O'Sullivan				
" Brundage O'Donnell				
" J. H. O'Donnell				
" M. O'Farrell				
" M. P. O'Brien				
" Mary Payne				
" M. Naughton				
" McDonough				
" P. Power				
" Hogan	Pd	1	-	-
" J. Ryan				
" T. Kealy	Pd	1	-	-

1968 entry
in Society
Membership/
Treasurer's ledger

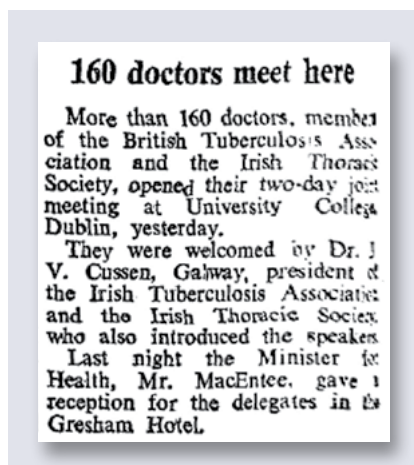
ITTS membership fee hike from £1 to £5 – it had been unchanged for 20 years



3.3 Invited lectures, international meetings, and key publications under the aegis of the ITTS

In the final decade of the ITTS when public health membership dropped steeply and specialist respiratory medicine was only in its initial stages, there were diminishing numbers of ITTS events. Press reports in this era feature three major meetings of the ITTS.

*Irish Times,
6 April 1963*



1963 (5–6 April)

There was a joint meeting in UCD at Earlsfort Terrace between the British Tuberculosis Association and the ITTS over two days, with a large attendance of 160 doctors. The meeting was opened by the ITTS President Dr JV Cussen (Merlin Park Hospital, Galway). A reception for delegates was held in the Gresham Hotel and was hosted by the Minister for Health, Mr Sean McEntee.

*Irish Times,
6 October 1969*

DRUG RESISTANCE IN PATIENTS Doctors look at cases

By Our Medical Correspondent, Dr. David Nowlan

ONE OF THE PROBLEMS which have faced doctors (and, indeed, their patients) since the time that antibacterial drugs were first introduced for the treatment of infections is the potential which many bacteria have to develop resistance to the drugs being used against them. Few people can be unaware of the occasions on which their doctors have told them that their boil, or pneumonia, or whatever, is whatever particular antibiotic infection was "resistant."

Most doctors probably have been told by one or more patient: "Oh, there's no use giving me penicillin. I'm resistant to it." It is not, of course, the patient who is resistant: it is the bacteria which cause a particular infection which become resistant to an antibiotic. So that, although penicillin may not cure a man's boil this week, it may well clear up his carbuncle next month: just as long as the carbuncle is being caused by bacteria different from the one which caused the boil.

On Friday the Irish Tuberculosis and Thoracic Society met, at Belfield to consider the problem of resistance specifically in relation to tuberculosis. Here, partly because of the chronicity of the disease and its tendency to relapse if therapy has not been kept up for a long enough time, the problem of treating cases in which the tubercle bacillus has become resistant to the available drugs is particularly severe.

1969 (3 October)

An ITTS Symposium was held at UCD on Drug Resistant TB with speakers from the UK (Dr Norman Horne, Edinburgh Royal Infirmary) and Ireland (Dr Joe Logan of Peamount Sanatorium, Dublin).

Also in that year, Dr Tom Petty of Denver, Colorado delivered an outstanding lecture to a sparse attendance at the Richmond Hospital, hosted by two former ITTS Presidents Prof Billy McGowan and Dr Harry Counihan. Dr Petty described the newly discovered syndrome of Shock Lung-ARDS. He and Dr David Asbaugh had

just published their classic paper in the *Lancet*. A US lecturer, rare in that era, and an exciting new syndrome were both symbolic of the new change in direction the Society and Irish Respiratory Medicine was to take in the subsequent decades.

1975

A planned joint meeting in Killarney between the ITTS and the British Thoracic Association was cancelled with regret by the BTA because of the prevailing political and financial situation in the UK and Ireland. This was at the height of the conflict in Northern Ireland and a financial downturn in the UK.

*Irish Times,
28 February 1977*

Allergic factors in asthma stressed

By Dr. David Nowlan,
Medical Correspondent

DOCTORS should pay more attention to allergies and less to the emotions as causative factors in asthma. This was one of the messages to be drawn from a symposium on asthma in Dublin at the weekend.

Experts from Britain and Ireland met in the Royal College of Surgeons under the auspices of the Irish Tuberculosis and Thoracic Society and the sponsorship of Wellcome Ltd. on Saturday to discuss recent advances in the scientific understanding of asthma. The only total consensus was that asthma is a complex disease, many of the mechanisms of which are, at best, only dimly understood.

1977 (26 February)

A symposium was held in the RCSI on Allergic Factors in Asthma. The speakers included Dr William Frankland, St Mary's London; ITTS Secretary Dr MX FitzGerald, St Vincent's, Dublin; Dr James Kerr, Western Infirmary, Glasgow; Dr Jonathan Brostoff, Middlesex Hospital, London and Dr James Morrison-Smith, Birmingham Chest Clinic.

*ITTS/BTA/
Danish Thoracic
Society conjoint
Meeting
Bournemouth-
Programme, 1978*



FRONT COVER:

Centre Piece: Designed by Fattorini for the British Tuberculosis Association in 1952. The central part has been used as the design of the badge given to nurses who obtained the B.T.A. Thoracic Nursing Certificate.

The complete design as depicted overleaf is that of the Presidential chain of office.

Flags: The flags shown on the front cover represent those countries participating in this meeting.

50th ANNIVERSARY MEETING

(1928-1978)

of

THE BRITISH THORACIC ASSOCIATION

President
Dr. Peter Stradling

jointly with

THE DANISH PNEUMONOLOGY SOCIETY

President
Dr. Johan Georg

THE IRISH TUBERCULOSIS AND THORACIC SOCIETY

President
Dr. W. Linehan

PALACE COURT HOTEL
BOURNEMOUTH

19th - 22nd April, 1978

1978

An invitation came from the British Thoracic Association to co-host, with the Danish Thoracic Society, the important 50th Anniversary Conference of the British Thoracic Association in Bournemouth, UK. The ITTS accepted and the President (Dr Bill Linehan) and the Honorary Secretary (Professor MX FitzGerald) attended on behalf of the ITTS. This was the first time the ITTS had co-hosted an International Conference outside of Ireland. Among the conference presentations was a paper by Professor MX FitzGerald (St Vincent's Hospital Dublin) on the recently introduced technique of bronchial artery embolisation in massive haemoptysis.

ITTS position/policy papers

No records can be found of any ITTS publications or policy papers, until 1977. Then the ITTS approved of a Memorandum on Respiratory Diseases in Ireland, which had been prepared by Dr Bill Linehan (President) and Prof MX FitzGerald (Secretary). The document was forwarded to Comhairle na nOspidéal, the body then responsible for approving consultant posts in Ireland. Subsequently, that body set up a Comhairle Committee to advise it on Respiratory disease services in Ireland.

*Memorandum
on Respiratory
Disease – Journal
of Irish Medical
Association, 1980*

*Memorandum on Respiratory Disease Services in Ireland**

W. D. LINEHAN
Mater Hospital, Dublin

PROF. M. X. FITZGERALD
St. Vincent's Hospital, Dublin 4

Irish Tuberculosis and Thoracic Society

For the last decade it has become increasingly clear that Respiratory Diseases are increasing in importance throughout the world, both as a major cause of morbidity and mortality, and also as a rapidly escalating source of socio-economic cost. This trend has occurred insidiously but now constitutes a major health challenge to the medical profession, health agencies and Government. For a variety of reasons, many of them historical, the Health Services in Ireland are currently not geared to dealing adequately with the practical problems posed by the increasing prevalence of respiratory disease in this country. In the 1940s and 1950s, respiratory disease was synonymous with tuberculosis, and physicians and Government devoted most of their energies and resources in eradicating this disease. With the rapid decline of tuberculosis in the mid-1950s, interest in respiratory disease had greatly diminished, and this led to a neglect of non-tuberculous respiratory disease. This had a variety of effects, chief of which were:

America suggesting that respiratory disease constitutes one of the greatest health problems of our time and that, in contrast to most other diseases, the prevalence is increasing every year. The following list, derived from U.K. and U.S.A. sources, exemplifies the impact of respiratory disease on the health and economics of the community.

- (a) Respiratory illness is the single most important cause of absence from work, absence from school, visits to doctors.
- (b) Emphysema and bronchitis are increasing more rapidly than any other major medical disorder.
- (c) Chronic obstructive pulmonary disease (COPD) due to chronic bronchitis and emphysema now accounts for more disability payments and direct and indirect disbursements from the Exchequer than any other major medical disorder, with the possible exception of arterio-sclerosis.
- (d) Bronchial asthma affects 3-5% of the population and is frequently poorly treated.

3.4 Respiratory disease and treatment 1960–1980: ITTS era

These two decades saw a welcome explosion in respiratory scientific research and its application by clinicians, some of whom were now specialising in respiratory medicine. Therapy of lung conditions made immense strides forward.

Examples of such advances include:

- (1) Enhanced availability of lung function testing with the development of timed spirometry and lung volumes, lung diffusing capacity measurement and blood gas analysis.
- (2) The introduction of the fiberoptic bronchoscope, which permitted accurate localisation of endobronchial lesions, less invasive biopsy, brushing and lavage procedures, and more precise targeted pathologic diagnosis of malignant and non-malignant lung disorders. For the first time this provided a window through which lung cell biology could be researched.
- (3) More therapeutic tools – most notably the introduction of selective inhaled beta-2 agonists and inhaled corticosteroids via MDIs in 1968 by Allen and Hanbury, and better specification nebulisers (the Bird, Bennett and similar devices) in the mid-1960s, which revolutionised asthma therapy. Additionally, the introduction of a wide array of powerful broad spectrum and anti-staphylococcal antibiotics, as well as better anti-TB drugs, such as rifampicin, allowed wider coverage of previously unresponsive infections.
- (4) Advances in ventilator technology and physiologic monitoring on the ward and in the ICU in patients with acute or chronic respiratory failure, e.g. volume cycled devices, PEEP, CPAP, NIPPV and oxygen concentrators.
- (5) The explosion in knowledge derived from basic lung cell biology research and its clinical application in classifying and potentially treating diffuse interstitial and alveolar diseases (sarcoidosis, fibrosing alveolitis/UIP etc) and rare diseases such as PAP, LAM, alpha-one-ATD, eosinophilic granuloma etc.

However, these advances were only at the earliest stages internationally, with specialised respiratory disease services in Ireland still only available in just a few urban centres and often run by a handful of single-handed respiratory physicians with minimal back-up.

At the end of the ITTS era and the modest original launch of the current ITS, the respiratory scene in the Ireland of that time can be judged by the following:

- (a) There were no Thoracic CT scans; MRI and PET scanning and thoracic/pleural ultrasound had yet to make their appearance-radiologists still performed bronchograms by pouring iodine-based radio-contrast material down the tracheo-bronchial tree.
- (b) Non-cardiac thoracic surgery services were minimal, VATS had not yet arrived and lung transplantation would be a quarter of a century away.
- (c) Many large teaching hospitals had no respiratory physician, lung function laboratory or radio-nuclide service and had just an occasional rigid bronchoscopy session carried out by a visiting cardiothoracic surgeon.
- (d) Neither the Department of Health nor Comhairle na nOspidéal had a policy on the provision of respiratory disease services or on respiratory manpower.

Pictured at meeting of the ITS on 'Respiratory Medicine' in the RCSI were: Mr Vincent Lynch, Dr Pat Finnegan, Mr G Burke, Astra and Mr T O'Gorman, Napp. Irish Medical Times, 22 March 1985



Professor Pat Finnegan (see above) pioneered non-invasive ventilation in Ireland. This early NIPPY was used to treat patients predominantly with musculoskeletal abnormalities, often resulting from prior TB surgery in the 1950s. This machine was used by a patient with muscular dystrophy for 15 years. He is still alive today.



4. IRISH THORACIC SOCIETY

1980/81 TO THE PRESENT

In the years spanning 1979–1980 the issue of changing the name to the Irish Thoracic Society and dropping the word tuberculosis was proposed at ITTS meetings. A short rear-guard action by those wishing to have tuberculosis remain in the title was mounted but petered out amicably. Somewhere in the year spanning 1980–1981 the new organisation was born, its first President being Dr WD Linehan and first Secretary, Prof MX FitzGerald.

Over the ensuing decades the ITS developed from an embryonic state, with a small membership confined to doctors, to later become the thriving, forward-looking, multidisciplinary organisation it is today. This is in no small part due to the hard work and far-sightedness of a succession of ITS Presidents, Secretaries and other office holders who developed and expanded the organisation so that it is now the recognized authoritative voice of Respiratory Medicine in Ireland. For almost four decades it has remained at the forefront of exciting advances in multidisciplinary respiratory care, postgraduate research and education and successful campaigns for better respiratory services and cleaner air.

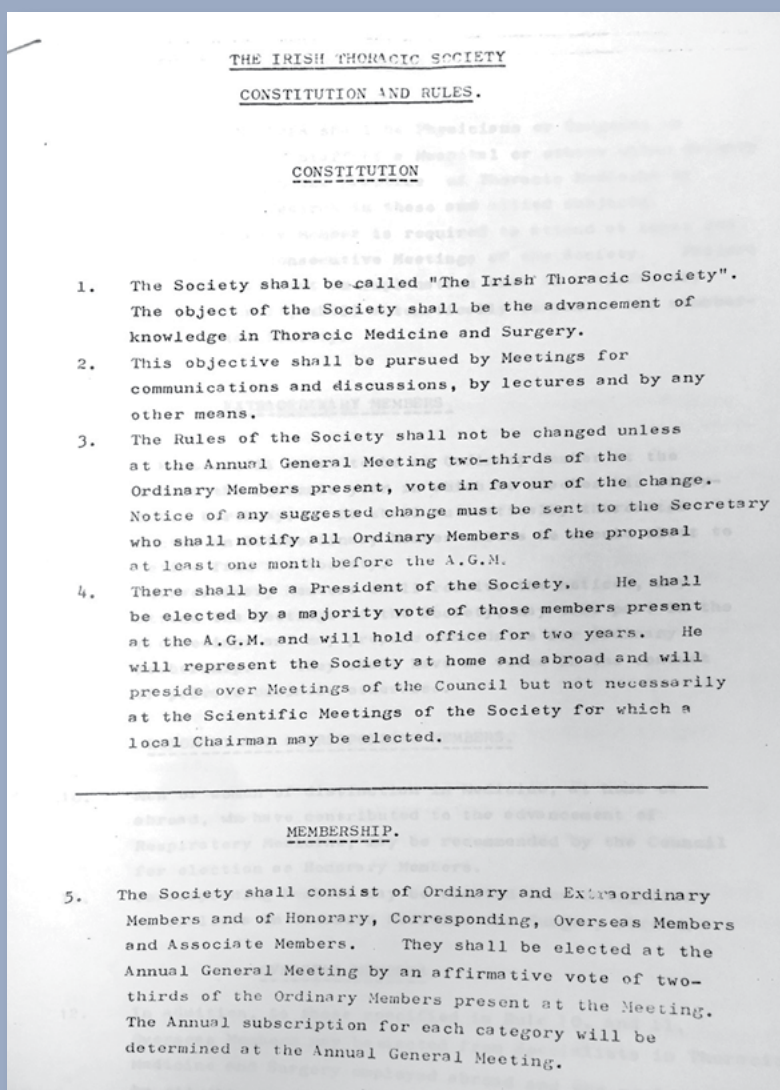
Key ITS position papers have powerfully influenced Government in its public policy to improve respiratory health and to spread awareness of the personal and societal toll of preventable respiratory disease. In the field of postgraduate education the ITS has been a driving force in collaboration with the Royal College of Physicians and other bodies.

Pictured at meeting of the Irish Thoracic Society on 'Respiratory Medicine' in the RCSI were: Dr Rosemary Hone, Prof Muiris FitzGerald, Prof Anne Tattersfield, Dr Colman Muldoon, Dr William Linehan. Irish Medical Times, March 22, 1985



4.1 The Irish Thoracic Society in the 1980s and 1990s

The first two decades since its name change from ITTS in 1980 saw sustained growth in the Society's membership. As a result, educational output increased considerably with greater frequency of meetings, enhanced scientific content and more invited international speakers at joint symposia. This period also saw major involvement in public advocacy for clean air, restriction of smoking and campaigns for greater manpower and facilities for respiratory medicine.



The legal basis for the new Society was firmly embedded when the revised Constitution for the ITS was proposed, seconded and unanimously adopted at the Spring Meeting of the ITS at RCSI on 9 May 1986. During this time membership quadrupled reflecting a major expansion of the specialty following the appointment of more consultants and further development of subspecialty respiratory clinics including asthma, CF, sleep, sarcoidosis and lung fibrosis. ITS engagement with allied health professional respiratory interest groups, such as asthma nurses, respiratory scientists and pulmonary physiologists also flourished in these decades.

The induction of 13 members of the Ulster Thoracic Society in 1986 and the hosting of ITS meetings in Belfast in 1985 and 1987 marked the genesis of closer professional links with colleagues in Northern Ireland. These were further enhanced in the 1990s with the election of the first President from Northern Ireland, Dr Roger Lowry, Royal Victoria Hospital Belfast (1992–1994), to be followed a few years later by his colleague Dr Joe McMahon, Belfast City Hospital (1996–98)

Educational highlights in the first two decades of the ITS/1980–2000

This period saw a ten-fold increase in attendance at ITS meetings, augmented numbers of basic-science research papers and a proliferation of international speakers. Meetings, which just a few years earlier consisted of a series of case-report presentations and an occasional invited speaker, now featured parallel sessions, published books of abstracts and symposia with multiple overseas speakers.

US speakers at cardiac lectures

Two guest lecturers from the U.S. are to address a symposium on cardio-respiratory medicine this weekend also featuring several prominent Irish surgeons.

Dr. James Dalen of the University of Massachusetts Medical School and Dr. Kenneth Brigham of the Vanderbilt Medical Centre, Tennessee, will speak at the event, the first to be organised jointly by the Irish Thoracic Society and the Irish Cardiac Society.

Dr. Dalen will speak on "Cardiovascular Indications for Antithrombotic Therapy" and Dr. Brigham will discuss "The Adult Respiratory Distress Syndrome". The symposium starts tomorrow (Friday) at 4.30 p.m. in the Royal College of Surgeons.

The other speakers include Dr. Kieran Daly of Galway Regional Hospital, on "Pulmonary Hypertension", and Professor John Pritchard, St. James's Hospital, Dublin, on "Respiratory Failure". Dr. W.

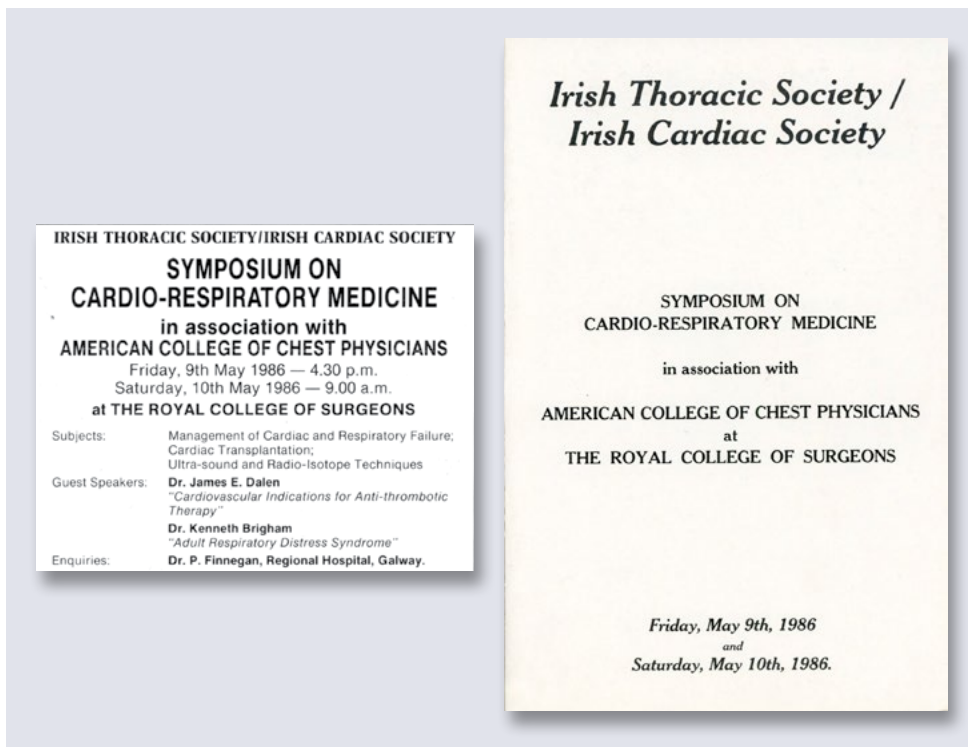
Fennell of Cork Regional Hospital will consider "Treatment of Cardiac Failure — Any Progress?".

The Saturday morning sessions, starting at 9.00 a.m., will feature three speakers on transplants, including "Heart/Lung Transplantation" (Mr. Maurice Neligan and Dr. Brendan Keogh, Mater Hospital Dublin), and "The Detection of Transplant Rejection" (Mr. Thomas Aherne, Cork Regional Hospital).

Dr. Norman Campbell of the Royal Victoria Hospital, Belfast will speak on "Aspects of the Use of Ultrasound in the Diagnosis of Heart Disease", while Dr. Joe Ennis of the Mater Hospital will review "Current Techniques in Thrombus Detection". The session closes with Dr. George Duffy, of St. Vincent's Hospital, Dublin, speaking on "Radionuclide Scanning in the Evaluation of Pulmonary Vascular and Alveolar Pathology."

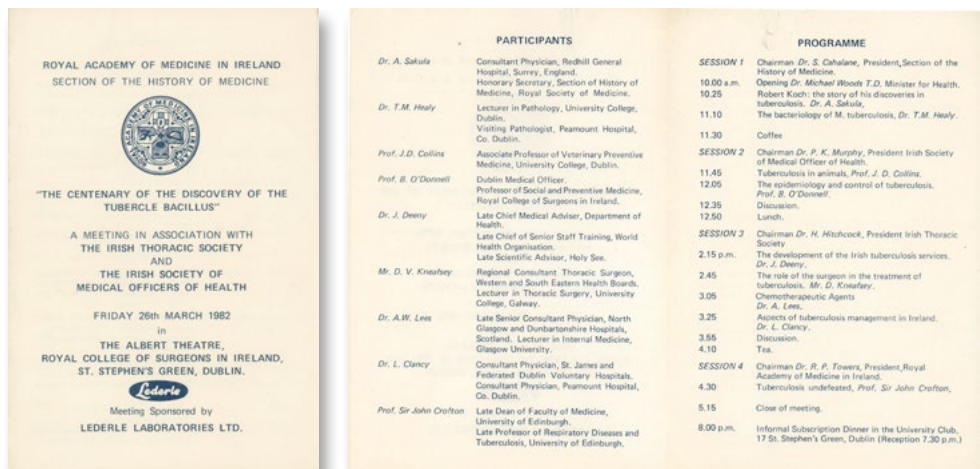
The Society's tradition of holding highly successful conjoint meetings in partnership with other specialties or with sister societies from outside Ireland, continued to thrive. One such meeting was the **ITS/Irish Cardiac Society/American College of Chest Physicians joint international meeting** held in Dublin in 1986. It was attended by the ACCP President, Dr James Dalen, and Dr Kenneth Ingram, who were greeted by Professor John Horgan, President of the Irish Cardiac Society, and Professor Muiris FitzGerald, President of the ITS. Prof Patrick Finnegan in his capacity as ITS Secretary organised the event.

*Symposium
announcement
and event
programme cover*



*(Pictured at the
event, left to
right) Patrick
Finnegan,
MD, Honorary
Secretary, Irish
Thoracic Society;
Kenneth Brigham,
MD, Nashville,
TN; Prof Muiris
FitzGerald,
President, Irish
Thoracic Society;
James E. Dalen
MD, PCCP,
ACCP President;
John H. Horgan,
Irish Cardiac
Society*



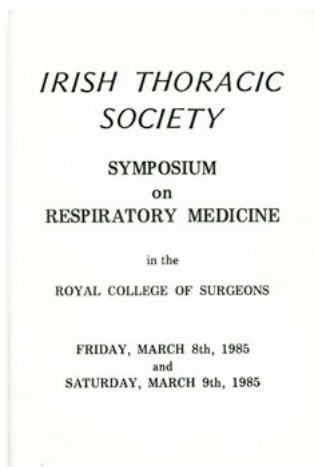


Other major conjoint ITS meetings in the 1980s included **Host Defences and Bronchial Asthma (RCSI, 1985)** ; **The Centenary of the Discovery of the Tubercle Bacillus Symposium** conjointly with the **Irish Society of Medical Officers of Health (RCPI/RAMI, 1982)**; **Immunology of the Lung (RCSI, 1988)**; **Joint Meeting of the ITS and the British West Country Chest Society (Cork, 1989)**.

The first-ever conjoint meeting with the British Thoracic Society (BTS) was held at Trinity College Dublin in 1993 with keynote speakers and symposium Chairpersons from the ITS. It was at this meeting that the BTS Gavel was presented to the ITS. In the absence of other ceremonial trappings such as chains of office – the Gavel has become the symbol of the Society's official handover between outgoing and incoming Presidents which takes place every two years at the ITS Annual Gala dinner.

Outgoing President Professor JJ Gilmartin pictured handing over the 'Gavel' to incoming President, Professor Terry O'Connor at the ITS Gala Dinner in November 2009





Other meetings of note in this period include an **ITS Symposium on Respiratory Medicine held in Dublin, on 8–9 March, 1985** featuring six UK experts: Prof Peter Cole (Brompton) *Pathogenesis of Bronchial Sepsis*; Dr Bob Stockley (Birmingham) *Proteinases and Antiproteinases*; Dr Margaret Hodson (Brompton) *CF Lung Disease*; Dr Roger Finch (Nottingham) *Antibiotic Management of Respiratory Infections*; Prof Barry Kay (Brompton) *Inflammatory Cells in Asthma*; Prof Stephen Holgate (Southampton) *Mediators in Asthma*.

Annual meetings took place outside Dublin for the first time with meetings in Galway (1986), Cork (1987) and Belfast (1995) hosted by Prof Patrick Finnegan, Dr Cathal Bredin and Dr Joe MacMahon respectively. This commenced the practice of rotating annual meetings, later extended to include Limerick, Derry and Cavan.



As outlined in detail later, the first Senior/Specialist Registrar Training Programme in Respiratory Medicine was initiated in 1997, with major involvement of ITS Consultant members and the RCPI. Support for trainees and researchers was further enhanced by ITS Fellowships and Bursaries thanks to increased sponsorship by the pharmaceutical industry.

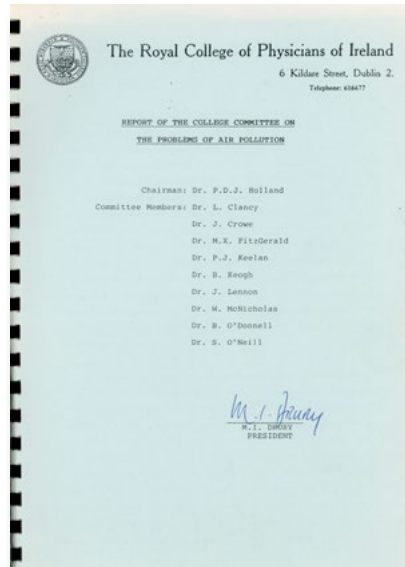
ITS members played an active role in international bodies such as the British Thoracic Society, the recently formed European Respiratory Body European Society of Pneumology SEP, later titled European Respiratory Society (ERS); and European Union of Medical Specialists (UEMS) through the Irish Medical Association, later the Irish Medical Organisation (IMO). Professor Luke Clancy assumed presidency of the International Union Against Tuberculosis and Lung Disease (IUATLD) from 1994–98.

Advocacy highlights in the first two decades of the ITS/1980–2000

Publication of **ITS/ITTS Memorandum on Respiratory Diseases in Ireland** in 1983 was a major step in outlining the challenges facing respiratory medicine and the resultant impact on *patients*. Authored by ITS President Dr WD Linehan and ITS Secretary Prof MX FitzGerald, the publication's launch was followed by intense ITS lobbying of the Department of Health and Comhairle na nOspidéal. As a result, in 1983, Comhairle set up a sub-committee chaired by Dr Bryan Alton, Mater Hospital and later President of the RCPI, to make recommendations on *Respiratory Disease Services and the Organisation and Treatment of Tuberculosis in Ireland*. The ITS made an extensive written submission, based on a revision of the original ITTS Memorandum on Respiratory Disease. Tellingly, it pointed out that the Committee did not have a single respiratory expert among its membership. Subsequently, a robust oral presentation was made to the Committee on 3 May 1984 by an ITS delegation, which included Dr WD Linehan, Dr Cathal Bredin (Cork), Dr Luke Clancy, Dr Patrick Finnegan (Galway) and Prof MX FitzGerald. The resultant Comhairle report urged wide-ranging changes in the provision of expert respiratory care, expansion of Respiratory Consultant manpower, improved diagnostic support services and the incorporation of isolated TB services into the mainstream of Respiratory Medicine.

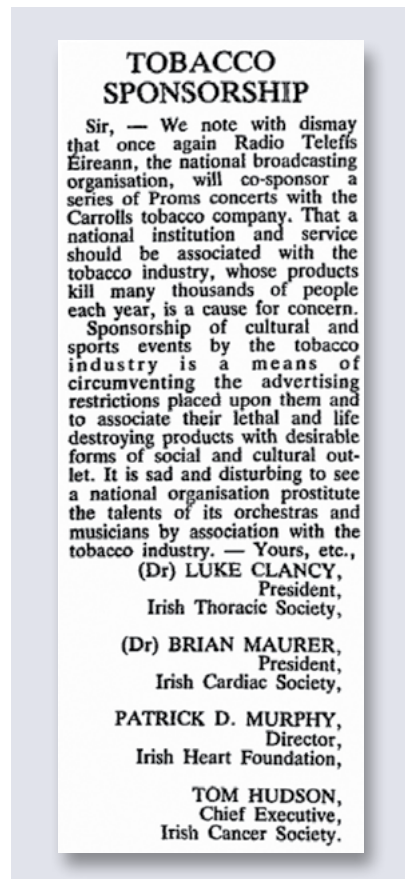
Air pollution and tobacco control were also high on the ITS advocacy agenda in this period. In January 1985 Dr Patrick Finnegan, ITS Secretary, made an ITS submission to the Department of Health on proposed legislation for the restriction of smoking in public places and new legislation regarding the advertising of tobacco products. In 1987, five ITS members were invited by Dr MI Drury, President of the RCPI, to serve on an RCPI College Committee

*Front page of
RCPI statement
on Air pollution
– signatories
included five ITS
members*



on Air Pollution amid unprecedented professional and public concern about toxic urban pollution levels, especially in winter. The ITS members who served on the committee were Dr Luke Clancy, Dr MX FitzGerald, Dr PJ Keelan, Dr W McNicholas and Dr S'O'Neill. The Committee urged immediate implementation of the 1987 Air Pollution Act and recommended substitution of low-pollution fuels for bituminous coal in the subsequent **Report of the College Committee on the Problems of Air Pollution in 1988/9**. Regrettably, it took a further two years before the legislation to ban smoky coal was introduced in Dublin and seven years before it was applied to Cork in 1995.

*Irish Times,
5 September 1990*



A letter to the Irish Times written jointly by the Irish Thoracic Society (represented by President Dr Luke Clancy) the Irish Cardiac Society, the Irish Heart Foundation and the Irish Cancer Society, and published on the 5 September 1990 is further evidence of the Society's advocacy activity in relation to tobacco control.

In line with growing awareness of the scale and burden of lung disease in Ireland, the first ITS-linked charitable fund-raising foundations were established in the 1980s. These included the Irish Chest Association, Chest Foundation of Ireland, and Irish Lung Association. The ITS was also involved in active campaigns to establish lung transplantation in Ireland to cater for the growing numbers of Irish patients with end-stage CF, lung fibrosis and emphysema.

ITS Council Members in the 1980s:

Presidents: Dr WD Linehan (Dublin), Dr H Hitchcock (Galway), Prof MX FitzGerald (Dublin), Prof P Finnegan (Galway), Prof L Clancy (Dublin).

Treasurers: Dr T Chapman (Dublin), Prof MX FitzGerald (Dublin), Prof P Finnegan (Galway) Dr C Bredin (Cork).

Secretaries/Assistant Secretaries: Prof MX FitzGerald (Dublin), Prof P Finnegan (Galway), Prof L Clancy (Dublin), Prof S O'Neill (Dublin).

ITS Council Members in the 1990s:

Presidents: Dr C Bredin (Cork), Dr R Lowry (Belfast), Prof W McNicholas (Dublin), Dr J McMahon (Belfast), Prof S O'Neill, (Dublin).

Treasurers: Prof C Burke (Dublin), Dr E Mulloy (Limerick).

Secretaries/Assistant Secretaries: Dr J MacMahon (Belfast), Prof W McNicholas (Dublin), Prof R Shepherd (Belfast), Dr J Power, (Naas), Dr J Hayes (Cavan), Prof P Kelly (Dublin).

Council/Executive Committee:

Dr C Bredin (Cork), Dr JJ Gilmartin (Galway), Mr D Luke (Dublin), Mr J McGuigan (Belfast), Prof J Prichard (Dublin), Dr G Daly (Derry), Dr J Hayes (Cavan), Dr S O'Neill (Dublin) Prof P Finnegan (Galway), Prof NG McElvaney (Dublin), Dr W McNicholas (Dublin), Dr L Clancy (Dublin), Dr J Power (Naas), Dr J McMahon (Belfast), Dr I Gleadhill (Belfast), Dr M Logan (Dublin) and Dr R Sharkey (Derry).

4.2 The Irish Thoracic Society and the Ulster Thoracic Society

Following correspondence between Dr Pat Finnegan, secretary of the ITS, and Dr Roger Lowry, secretary of the UTS, a joint meeting of the societies was held at Belfast City Hospital on 8–9 November 1985. The programme included a mini-symposium on byssinosis with Dr Tony Pickering (UK) and Dr Ragnar Rylander (Sweden) as keynote speakers and 18 oral presentations on research and clinical topics.

The Gala Dinner was held in the Forum hotel, formerly the Europa, allegedly the most bombed hotel in Europe at the time. In the corner of the ballroom was one apparently uninterested observer, Thomas MacMahon, the youngest attendee aged four weeks and four days. His father, one Dr Joe MacMahon, a participant at the conference, was later to become President of the ITS.

On arrival at the hotel, guests had been met by a horde of journalists whose interest was surprisingly not on the historic ground-breaking meeting of the

two Thoracic Societies but on the annual conference of the SDLP, also taking place in the hotel. Two days later the SDLP leadership would be briefed about the Anglo-Irish Agreement to be signed by Garret Fitzgerald and Margaret Thatcher at Hillsborough Castle four days later.

Fake news! – Irish Medical Times

Societies in north and south to merge

THE Irish Thoracic Society and the Ulster Thoracic Society are expected to merge following an international meeting taking place this weekend in Dublin.

The two groups represent about 140 doctors. The groups will be meeting at the Royal College of Surgeons in Ireland, for a symposium on cardio-respiratory medicine, organised by the Irish Cardiac Society and the Irish Thoracic Society.

The fourth group taking part is the American College of Chest Physicians. The president of the American College, Dr. James Dalen, is one of the chief guest speakers at the two day meeting. He will speak on Friday night on the use of anti-coagulants in cardiac disease. The second guest speaker, Dr. Kenneth Brigham, will speak on

Saturday on the adult respiratory distress syndrome.

Merger of the two societies was considered but it was felt that the UTS would need to maintain its separate identity in view of the need to have a body based in the North to lobby and negotiate

with the local administration and to contribute to specialist training and local educational activity. Despite this, misleading commentary appeared in the popular medical press.

At the May 1986 meeting of the ITS in Dublin, 13 members of the UTS joined the ITS: Dr Seamus Coyle, Dr Owen Finnegan, Dr Jim Jamieson, Dr Jean Langlands, Dr Roger Lowry, Dr Joe MacMahon, Dr Reggie Quinn, Dr Richard Shepherd, Dr Brian Simms, Dr Derek Sinnamon, Dr Fred Stanford, Dr Geoff Todd and Dr Grace Varghese. Dr Roger Lowry and Dr Joe MacMahon were elected to council. The links between North and South were further strengthened by the return of the Annual Scientific Meeting to Belfast in November 1987.

All island membership of the ITS has greatly enriched all of the Society's endeavours, facilitating larger meetings, collaboration on research, education and policy initiatives as well as promoting cross border projects. The Respiratory SpR Programmes have reaped particular benefits through joint training days.

Joe MacMahon (left) and Richard Shepherd (right), both Belfast and both future ITS Presidents.



4.3 ITS in the 2000s and beyond

The modern era of the Irish Thoracic Society has seen continued expansion and engagement in respiratory healthcare initiatives.

Council representation, including the office of President, and the distribution of Annual Scientific Meetings reflect the all-island reach of the Society. The significant rise in the numbers of pulmonary physiotherapists, respiratory nurse specialists and pulmonary physiologists joining the Society is in keeping with the multidisciplinary ethos of modern respiratory care. For these allied healthcare professional groups, membership of the ITS is in addition to membership of their specialist professional bodies (CPRC, ANÁIL and IARS) which continue to thrive in their own right.

The Society continues to lead and advance the care of people with respiratory illness through its work in advocacy, research, education and respiratory healthcare policy and guidelines.

Education highlights in the 2000s and beyond

The ITS Annual Scientific Meeting is the highlight of the Society's educational calendar and continues to grow year on year. It is the largest meeting of respiratory healthcare professionals on the island of Ireland, attracting over 400 delegates. In addition to scientific presentations, guest lectures and the ITS Case Study Forum, the two day meeting includes break-out sessions for special interest groups such as the Respiratory Physiology Faculty of the Irish Institute of Clinical Measurement Science (IICMS), Paediatric Respiratory Medicine, Respiratory Physiotherapists (CPRC), Respiratory Nurse Specialists (ANÁIL) and COPD Outreach. In 2016 the Irish Primary Care Respiratory Society of Ireland (IPCRSI), representing GPs with an interest in respiratory care, held their inaugural meeting as part of the ITS ASM. The ITS Annual Scientific Meeting is supported by the pharmaceutical and medical device industries with over 30 exhibitors present.

The ITS organisers have been very successful in attracting high profile international speakers at its annual meetings. Many are key note speakers at international meetings and have included **Prof Paul O'Byrne, McMaster University, Asthma; Prof Jim Martin, McGill University, Airway Remodelling; Dr David Moller, Johns Hopkins, Baltimore, Sarcoidosis; Prof Stephen Holgate, University of Southampton, Asthma; Dr Kenneth Olivier, NIHE, Atypical Pneumonia; Prof Nicholas Hill, Tufts, NIV; Prof David Schwartz, University of Colorado, Denver, IPF; Dr Martin Tobin,**

Loyola University Medical Centre, Patient Data and Decision-making; Prof Sanjay Sethi, University of Buffalo, Bacterial Infections in COPD; Dr James Jett MD, National Jewish Health, Denver, Colorado, Lung cancer screening, and Prof Wisia Wedzicha, Imperial College London, COPD exacerbations. The meeting has been enhanced by the presence of these, and many other eminent international leaders in respiratory medicine.

*International
keynote speakers;*

*(L-R)
Paul O'Byrne,
David Moller,
David Schwartz*



*(L-R)
Liam Heaney,
Athol Wells,
Wisia Wedzicha*



The ITS Spring Meeting also makes a valuable contribution to respiratory education with a particular focus on SpRs and respiratory physicians. The meeting was traditionally held in Dublin but in recent years has rotated between Kinsale, Adare and Galway.

*Faculty ITS
Spring Meeting
2019: (L-R)
John Bruzzi,
Jim Horowitz,
Michael
O'Mahony,
Anthony O'Regan,
Peadar Noone,
Neil Martin,
Bob Rutherford*



The ITS SpR Educational Officer role was established in 2009 to increase engagement with trainees and expand the educational role of the society. To date Dr Peter Barry, Dr Michael Harrison, Dr Imran Sulaiman, Dr Robert Smyth and Dr Daniel Ryan have all served in this role. Initiatives to enhance the educational activity of the ITS undertaken by the ITS SpR Educational Officers include development of web based educational content, journal reviews, social media platforms and to support educational events such as the ITS Respiratory Challenge quiz and the ITS presence at international conferences such as ATS and ERS.

(L) Daniel Ryan



*(R) Marcus Butler,
Alex Deegan,
Peter Barry,
Silke Ryan*



(L) Robert Smyth



*(R) Faheem Khan,
Mike Harrison,
Imran Sulaiman,
Parthiban
Nadarajan*



An important element in ongoing respiratory education is the ability to attend and present at international meetings. In recent years the ITS has been able to provide support thanks to a number of Bursaries including the ATS A Menarini Bursary and the GSK ERS and BTS Bursaries.

Members of the ITS Respiratory Challenge-winning team went on to compete at the European Respiratory Society Congress where they were crowned European Respiratory Champions 2016. The members of this team were Dr Robert Smyth, Dr Breda Cushen and Dr Mohammed Ahmed.

*ITS SpRs crowned
the European
Respiratory
Champions 2016
– Dr Mohammed
Ahmed, Dr
Robert Smyth and
Dr Breda Cushen*



Advocacy highlights in the 2000s and beyond

The Irish Thoracic Society's ethos of close interaction with patient groups and representatives, dating back to the PSL links of the 1940s, has remained a core principle in the modern era. This was very much in evidence at the ITS Annual Scientific Meeting 2018 when Mr David Crosby, double lung transplant recipient, marathon runner and Patient Advocate received a standing ovation for his inspiring talk.

Improving patient outcomes is, and always has been, at the heart of all the Societies activities. In 2012 the ITS was a founding member of the Irish Lung Health Alliance (ILHA), a coalition of 17 charities that joined forces to promote healthy lungs. Members of the ILHA are: Alpha One Foundation; ASH Ireland; Asthma Society of Ireland; Benbulbin COPD Support; COPD Support Ireland; Cystic Fibrosis Ireland; Irish Cancer Society; Irish Lung Fibrosis Association; Irish Thoracic Society; Irish Sarcoidosis Support; Irish Sleep Apnoea Trust; LAM (Lymphangiomyomatosis) Support Ireland; Pulmonary Hypertension Association; the Irish Institute of Clinical Measurement Science (Respiratory Faculty); the Respiratory Nurses' Association of Ireland; the Tobacco Free Research Institute Ireland and the Irish Lung Foundation.

The ILHA was established to raise awareness of the importance of keeping lungs healthy; highlight lung disease in Ireland to government and national healthcare policy makers; and create a cohesive and integrated approach to respiratory healthcare in Ireland.

*Members of the
of the Irish Lung
Health Alliance
and Ambassador
Dr Ronnie Delany
launch the 'Love
your Lungs'
campaign, 14
February 2012*



Initiatives to promote lung health and highlight respiratory disease include publication of statistical reports and position statements, public spirometry and awareness days, media campaigns and submissions to the Department of Health on a range of issues including universal health insurance, air pollution and tobacco control.

In 2013 a delegation of the Irish Lung Health Alliance, led by Professor Edward McKone, President of the ITS, presented to the Oireachtas Joint Committee on Health. The meeting was a valuable opportunity to raise awareness of the breadth and burden of lung disease in Ireland.



As a strong and vocal champion of anti-tobacco initiatives the Society been particularly supportive of the leadership role that Ireland has played in introducing tobacco control legislation beginning with the internationally lauded 'Workplace ban on Smoking in 2004, followed by the Point of Display ban and more recently the Standardised packaging of Tobacco regulation in 2015. The Society has campaigned both in partnership with other organisations (RCPI Policy Group on Tobacco, Health and Children Charities Coalition and the Tobacco Free Ireland Partners group) and in its own right through submissions, public health information and the presentation of expert testimony to Oireachtas Health Committees.

ITS with members of the Health and Children's Charities Coalition marking the approval of 'Plain Packaging' with Minister for Health, Dr James Reilly



In advance of the introduction of the Workplace ban on Smoking the Society passed a motion, proposed by ITS President, Professor Shane O'Neill, at its Annual General Meeting in November 2003 publicly backing the proposal and 'urging all politicians, employers (including publicans) and the general public to support the move. The Society's endorsement of the ban was reported in the Irish Times on the 19 November 2003. The introduction of the ban coincided with the publication of the first INHALE (Ireland Needs Healthier Airways and Lungs - the Evidence) Report in 2004 and this led to a presentation to the Joint Oireachtas Committee on Health and Children by Dr Neil Brennan, author of the report, Professor Walter McNicholas, President of the European Respiratory Society and Dr James Hayes, President of the ITS.

In 2014, Professor Anthony O'Regan, representing the ITS and ILHA, delivered a presentation on Standardised Packaging of Tobacco to the Oireachtas Joint Committee on Health and Children. This work contributed to the passing of the Public Health (Standardised Packaging of Tobacco) Act 2015 and the issuing of a guidance document for retailers, manufacturers and distributors of tobacco products, enforcement agencies and the public by the Department of Health in 2017.

*Manison House
Lectures 2013:
Ed McKone,
Deirdre Martin,
Ronnie Delany,
Michelle O'Brien,
Sean Gaine,
Basil Elnazir*



*Jon Walters,
Ronnie Delany,
Shane Long,
promoting the
'Healthy Lungs for
Life' Campaign,
2014*



*Minister
for Health
Leo Varadkar,
pictured with
Suzanne
McCormack,
Tania Rosser,
Dean Rock and
Sharon Lynch
launching
'Healthy Lungs for
Life', September
2014*



The Society's links with anti-tobacco campaigns have been compounded by the fact two of its Presidents have also been Chairs of ASH – Professor Luke Clancy, ITS President 1988–1990, was Chair of ASH in 2004 and was a vocal proponent of the ban at that time. Professor Ross Morgan, ITS President 2017–2019 was Chair of ASH in 2014 for the tenth anniversary of the Workplace Ban.

The ITS availed of further opportunities to highlight the scale and impact of lung disease in Ireland at the highest political level when Minister for Health, Leo Varadkar launched National Lung Health Awareness Week in September 2014 and again in June 2015 when Professor Anthony O'Regan led a delegation to meet with the Minister regarding the high rates of hospitalisation for respiratory disease in Ireland.

ITS correspondence to the Chief Medical Officer in October 2014 resulted in an adjustment in the way respiratory mortality is presented in the Department's *Health in Ireland Key Trends* publication to reflect the true rate of respiratory deaths.

*Daily Mail,
4 September 2018*

*Ross Morgan with
the winners of
the 'Lovin Our
Lungs' video
competition, May
2016*

*RTE's Blathnaid
Tracey and Actor/
Musician Ferdia
Walsh Peelo
launching the
'Lovin Our Lungs'
campaign 2016*

*Ann Murphy,
COPD Support
Ireland,
describing living
with COPD at
the launch of
National Lung
Health Awareness
Week 2014*



Catherine Byrne launched new registry for lung fibrosis.

Lung disease group calls for staffing

The Irish Thoracic Society has called for the centres of expertise in lung fibrosis to receive the required resources and staffing so that all patients with idiopathic pulmonary fibrosis receive the same high standards of care.

The disease is chronic and characterised by progressive scarring of the lungs. The society is also calling for a specific National Clinical Programme to facilitate a standard pathway of care and to ensure the disease receives the critical focus it requires. The call came as Catherine Byrne, minister of state for health promotion, launched a new national patient registry for lung fibrosis.



Research highlights in the 2000s and beyond

The Irish Thoracic Society has been able to support a range of respiratory medicine research projects by administering grants from a number of sources including unrestricted pharmaceutical industry support (GSK, Novartis and Boehringer Ingelheim), Health Research Board (HRB) funding through the Medical Research Charities Group (MRCG) /HRB, Joint Funding Scheme and partnerships with other charities such as the Asthma Society of Ireland and Cystic Fibrosis Ireland.

Projects have covered areas such as cystic fibrosis, asthma, Alpha One Antitrypsin deficiency and TB across institutions including Belfast Hospital for Sick Children, University College Cork, St Vincent's University Hospital, St James's Hospital, RCSI Beaumont Hospital, Connolly Hospital and University Hospital Galway. Key outputs have included a range of publications, presentations at international and national meetings, as well as awards for the investigators undertaking the research.

Irish Thoracic Society Research Fellowship Awards Recipients

Boehringer Ingelheim Research Fellowships

2007–09	Dr Surendran Thavagnanam	Royal Belfast Hospital for Sick Children
2008–10	Dr Oisín O'Connell	Cork University Hospital

Allen & Hanburys Research Fellowships

2009–11	Dr Trevor Nicholson	St Vincent's University Hospital
2011–12	Dr Michelle Murray	RCSI, Beaumont,

Cystic Fibrosis Ireland Irish Thoracic Society Gilead Award

2015	Dr Suzanne Carter	St Vincent's University Hospital
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Irish Thoracic Society Research Award Recipients

The Irish Thoracic Society HRB MRCG Joint Funding Scheme

2012–14	Dr Barry Plant	Cork University Hospital
2013–15	Prof Gerry McElvaney	RCSI, Beaumont Hospital
2014–16	Prof Fergal O'Gara	University College Cork
2016–18	Prof Joe Keane	St James's Hospital

Asthma Society of Ireland/Irish Thoracic Society Research Bursaries

2012	Dr John Faul	James Connolly Hospital
2014	Prof Richard Costello	RCSI, Beaumont,
2015	Dr Patrick Mitchell	St Vincent's University Hospital
2016	Prof Anthony O'Regan	Galway University Hospital

Respiratory Health Policy and Clinical Development Highlights in 2000s and beyond

National Clinical Programmes for **COPD, Asthma and Cystic Fibrosis**, are led by ITS nominees Professor Tim McDonnell, Professor Patrick Manning and Professor Charles Gallagher respectively and are represented by ITS members on their Advisory and Working Groups. These programmes have been instrumental in improving and standardising the care of patients through the development of Guidelines and Models of Care and by initiating and extending programmes such as pulmonary rehabilitation, COPD outreach and integrated care projects.

Following engagement by the ITS **Lung Cancer** Sub-committee led by then President of the ITS, Prof JJ Gilmartin, lung cancer was included in the National Cancer Control Programme (NCCP) chaired by Prof Tom Keane in 2008. This work resulted in the establishment of Rapid Access Centres and Multi Disciplinary Teams (MDTs) in the eight cancer centres and cardio-thoracic surgery designated to Cork, Galway, Limerick, St James's and the Mater. In 2010 the ITS published the first Irish Guidelines for the Diagnosis and Treatment of Lung Cancer which were updated in 2018. To date several Irish Thoracic Society nominees have provided representation on this group including Prof JJ Gilmartin, Dr Marcus Kennedy and Dr Dermot O'Callaghan.

(L-R)
Dr Nicholas
Magee, Belfast
City Hospital,
Prof JJ Gilmartin,
President, ITS,
Dr Jacqueline
Rendall, Belfast
City Hospital,
Mr Kieran
McManus, Royal
Victoria Hospital
Belfast, Professor
Tom Keane,
Diretor, National
Cancer Control
Programme, Dr
Robert Rintoul,
Papworth
Hospital
Cambridge



(L) *Irish Times*,
2 October 1969

(R) *Irish Times*,
31 December
2016

As illustrated by these press cuttings almost half a century apart, TB is an enduring source of concern for the ITS – it still poses a serious public health risk with the most vulnerable in Society most affected.

Symposium on drugs use in T.B. treatment

By Our Medical Correspondent.

THE IRISH Tuberculosis and Thoracic Society will be holding a symposium for doctors at Belfield tomorrow. The subject for discussion will be "Drug Resistant Tuberculosis," and it is expected that all topics related to the treatment of T.B. by drugs will be covered.

The size of the problem of tuberculosis, which is refractory to current drugs, will be surveyed by Dr. N. W. Horne, of the University of Edinburgh, who has very recently published a book on the subject. Clinical drug resistance in Ireland will be discussed by Dr. Joseph Logan, of Peamount Hospital, and there will be papers on those drugs which are now available for the treatment of tuberculosis, and how best to manage cases which do not respond to them.

The panel of discussants is a distinguished one, and drawn from centres both in this country and in Great Britain.

Ridding Ireland of tuberculosis

Sir, – We commend Michael O'Regan for recognising the remarkable vision and energy of Dr Noël Browne in tuberculosis care ("Remembering the politician who rid Ireland of TB", December 27th). Tuberculosis has not been eradicated, however. A new case of tuberculosis is diagnosed at a rate of nearly one case per day in Ireland, increasingly affecting those marginalised in society.

This, combined with the increasing rates of resistant infection, results in major challenges for treatment and containment. Since the early 1990s "active case" management is the internationally accepted gold standard of tuberculosis control. This has never been implemented in Ireland and would require additional dedicated resources. The aim of Dr Browne in eradicating tuberculosis has yet to be realised. – Yours, etc,

Prof ANTHONY O'REGAN,
Dr CATHERINE FLEMING,
Prof JOE KEANE,
Dr TERRY O'CONNOR,
Irish Thoracic Society
TB Advisory Group,
Blackrock, Co Dublin.

TB rates in Ireland have been declining for more than half a century, from the epidemic level which saw almost 7000 cases in the early 1950s, and to which the ITS can attribute its origins, to approximately 400 at the turn of the millennium. However, the increasing disease complexity and drug resistance means that TB still presents a considerable risk to public health. In keeping with its history, the ITS has remained at the forefront of calls for measures to eliminate TB, including implementation of guidelines on the prevention and control of TB in Ireland published in 2010 by the National TB Advisory Committee, represented by ITS members Dr Joe Keane, Professor JJ Gilmartin, Dr Terry O'Connor and Prof Timothy McDonnell. Specifically the ITS advocates for measures to improve the control and treatment of TB such as Directly observed therapy (DOTS) and screening for latent TB in at risk populations.

*ILD Position
Statement Group –*

Back row:

*Bettina Korn,
Killian Hurley,
Matt Cullen,
Nicola Cassidy,
Tara Cahill,
Suzanne
McCormack,
Emmett McGrath
Lindsay Brown*

Front row:

*Michael Henry,
Minister Catherine
Byrne,
Anthony O'Regan*



In 2008 the **Interstitial Lung Disease** Guideline was published by the British Thoracic Society in collaboration with the Thoracic Society of Australia and New Zealand and the Irish Thoracic Society, represented by Professor Jim Egan. Recognising improved understanding of the disease, its pathogenesis, and evolving treatments the ITS ILD subgroup, chaired by Professor Anthony O'Regan, has taken a lead on progressing issues relating to IPF including the issuing of a position statement on IPF in Ireland and the establishment of a national disease registry. This is a multidisciplinary group, reflecting the care pathway, with representation from respiratory physicians, surgeons, pathologists, radiologists, nurses and physiotherapists. Patients have a particularly important role to play, and are represented by the Irish Lung Fibrosis Association.

ITS Council Members in the 2000s and beyond:

Presidents/Vice Presidents: Dr James Hayes (Cavan), Prof Charles Gallagher (Dublin), Prof JJ Gilmartin (Galway), Dr Terry O'Connor (Cork), Dr Edward McKone (Dublin), Dr Anthony O'Regan (Galway), Dr Jacqueline Rendall (Belfast), Dr Ross Morgan (Dublin), Dr Aidan O'Brien (Limerick).

Treasurers: Dr Terry O'Connor (Cork), Dr Edward McKone (Dublin), Dr Anthony O'Regan (Galway), Dr Jacqueline Rendall (Belfast), Dr Ross Morgan (Dublin), Dr Aidan O'Brien (Limerick), Dr Marcus Butler (Dublin).

Secretaries: Dr Eithne Mulloy (Limerick), Dr John Kiely (Cork), Dr Muireann NiChroinin (Cork), Dr Jacqueline Rendall (Belfast), Dr Aidan O'Brien (Limerick), Dr Marcus Butler (Dublin), Dr Marcus Kennedy (Cork).

Assistant Secretaries: Dr Barry Linnane (Dublin and Limerick), Dr Dubhfeasa Slattery (Dublin), Dr David Mullane (Cork), Professor Paul McNally (Dublin).

4.4 ITS and the National Higher Specialist Training Programme in Respiratory Medicine

Throughout its history the Irish Thoracic Society has played a key role in supporting Respiratory SpRs in their training and education. The ITS was central to the original respiratory SpR training programme with the Royal College of Physicians in Ireland (RCPI) and since that time has forged increasing connections with SpRs through educational days and the development of an educational officer. Specialist Registrars in Respiratory Medicine were invited to ITS meetings and participated in didactic training sessions and prize presentations.

The National Higher Specialist Training Programme in Respiratory Medicine commenced in 1997. Following a ballot of ITS membership 18 months previously, Professor Shane O'Neill was appointed as inaugural National Specialty Director (NSD) to oversee the development of the specialty training programme. An intensive and quite contentious discussion phase followed between the Department of Health and the various fledgling Specialty Programmes under the auspices of the RCPI Irish Committee on Higher Medical Training (ICHMT). The areas of dispute included the level of funding, protected training time and the demand for a funded two-year Research Programme as an integral component of training. The respiratory programme highlighted the need for a significant component of Critical Care training and the right of the programme to determine the optimum training site for individual trainees rather than disbursement to areas of perceived service need. Protracted negotiations, with significant 'brinkmanship' from both sides, ultimately resulted in an agreement to deliver training across inspected training sites with funding from the Department of Health and with adequate protected time for training and research. Unfortunately the promised funding for at least one year of a research programme was reneged on by the Department of Health as was their commitment to funding Critical Care training as part of the programme.

With the help of a steering committee Professor O'Neill produced a Training Curriculum which reflected and was congruent with the British Thoracic Society and Union of European Monospecialty (UEMS) curriculum components with a view to mutual recognition and approval of individual National Programmes. This resulted in some anomalies such as the inclusion of training in rigid bronchoscopy, to facilitate compatibility of the curriculum with other EU countries. The UEMS had spent much of the previous decade trying to formulate a common European exit exam for trainees in Respiratory Medicine. The steering committee devoted much time to ensuring that the curriculum and training programme would optimise successful completion of such an

exam by our trainees. Unfortunately, due to the heterogenous curriculum content of different countries an exit exam was not possible at the time.

In the initial years the committee interviewed and appointed candidates with a minimum of one year's Registrar training in Respiratory Medicine. Monthly theme based teaching sessions were supplemented by successful joint training sessions with the North of Ireland Higher Specialist Training (HST) trainees at the ITS Annual Scientific meeting. Topics featured at the joint sessions included asthma, exercise physiology, interstitial lung disease, CF and Fellowship Training experiences in North America and Australia. Participation in International Scientific Meetings particularly the ATS and ERS annual meetings was strongly encouraged and facilitated by generous ITS Travel Grants awarded on a competitive basis. The MD and PhD programmes commenced by HST trainees resulted in a significant increase in the volume and quality of respiratory research published in top ranking journals and presented at international meetings and the ITS Annual Scientific meeting.

Following the initial six years of embedding a highly competitive and sought after programme, Professor O'Neill was succeeded by Professor Tim McDonnell as NSD from 2003–2009 and subsequently Professor Richard Costello in 2009–2016. In 2008 it was decided that there was a need for two NSDs with representation from Dublin and non-Dublin areas. Professor JJ Gilmartin was appointed co-NSD in 2007. Dr Terry O'Connor, Dr Micheal Henry, Professor Edward McKone, Dr Bob Rutherford and Dr Cedric Gunaratnam have all served as co-NSDs in latter years. Over this time trainee numbers have increased to approximately 50, the curriculum has evolved toward an outcome based model, the HERMES examination has been introduced and Objective Structural Clinical Examinations (OSCE) type assessments have been developed. Study days have expanded and developed along a curricular framework including recently introduced mandatory training in simulated bronchoscopy and pleural procedures. The ITS is central to coordinating many of these study days, and in particular the ITS has forged co-operation with the Northern Ireland SpR Programme and training days North and South can be attended by SpRs from both programmes.

The close relationship between the ITS and the RCPI has been maintained by the NSD reporting to the council and membership of the ITS at its Annual General meeting and Spring meetings. ITS members have also assumed roles in the RCPI with Professor Richard Costello as Director of Research and Vice President of the RCPI and Professor Anthony O'Regan as Dean of Postgraduate Specialist Training. In addition Professors Tim McDonnell, Pat Manning, and Charlie Gallagher link via RCPI to the HSE as leads for clinical care programmes in COPD, Asthma and Cystic Fibrosis respectively. Dr Des Cox Chairs the RCPI Policy Group on Tobacco.

(L) Aidan O'Brien,
Ruairi Fahy, 2012



(R) Aidan O'Brien,
Katherine Finan,
Cyril Rooney, 2019



(L) Ed McKone,
Suzanne
McCormack,
Martin Reilly, Lord
Mayor of Derry,
Martin Kelly, 2013



(R) Joe Keane, 2009



(L) Ian Counihan,
Emer Kelly,
Cathal Bredin,
Anthony O'Regan, 2014



(R) Brian Canavan,
Richard Costello,
Martin Tobin,
Anthony O'Regan



British Lung
Foundation choir
performing at ITS
Gala Dinner, Derry,
2013



(L) Colin Edwards,
Mark Sheehy,
Aidan O'Brien,
Brian Casserly,
Nicholas Hill, 2012



(R)
Charles Gallagher,
Anthony O'Regan, 2015



(L) Eithne Mulloy,
Rory Convery, 2017



(C) Dave Curran,
Desmond Murphy,
2015



(L) Dorothy Ryan,
Michael McWeeney,
Jim Egan, 2014

(L)
Amari El-Gammal,
Tariq Quadri,
Joan Power,
Fatemeh
Mirhashemi



(R) JJ Gilmartin,
Muiris FitzGerald,
2014



(L) Killian Hurley,
Ed McKone,
Suzanne
McCormack, 2018



(C) JJ Gilmartin,
Barry Plant,
Oisín O'Connell



(R)
Lorcan McGarvey

(L)
David MacSharry,
Bob Rutherford,
John Bruzzi,
Anthony O'Regan,
2014



(R) John Gibson
Paul Reading,
JJ Gilmartin,
Alan Mulgrew,
Walter McNicholas



(L)
Seamus Linnane,
Ed McKone,
Bob Rutherford,
Eddie Moloney, 2012



(R)
Jacqueline Rendall,
Kate O'Reilly,
Martin Kolb,
John Lindsay, 2018



(L) Paula Hallahan,
Jana Kleinerova,
Olga Mikulich,
Claire Sheridan,
2014



(R) Joe Keane,
Shane O'Neill,
Finbarr O'Connell,
2011



(L) Luke Clancy

(R) Suzanne
McCormack,
Ross Morgan,
Betina Korn,
Tim McDonnell,
Paula Hallahan,
2018



(L) Shane O'Neill,
Aurelie Fabre,
Emer Kelly,
Ruairi Fahy, 2016



(R) Liam Doherty,
David Watchorn,
Abhilash
Sahadevan,
Minesh Kooblal,
2013



(L) Susan Foley,
David Curran, 2015



(C) Ross Morgan



(R) Terry O'Connor
Liam Heaney,
John Faul, 2015



(L) Lana Khorsheed,
Cathal Bredin, 2015



(R) John Kiely,
Paul Coriss,
Seamus Linnane,
2010



(L)
Matshediso Mokoka,
Mohammed Ahmed,
Fatma Gargoum



(R)
Neil Brennan,
Muiris FitzGerald,
James Hayes



(L)
Seamas Donnelly,
Joe MacMahon,
2009



(R) Marcus Butler,
Pat Manning, 2012



(L)
Paul McLoughlin,
Liam Cormican,
Sean Gaine



(R)
Gerard McElvaney,
Michelle Murray,
Terry O'Connor



(L) Emma Flood,
Mark Sheehy,
Maria McNeill, 2010



(C) Wan Lin Ng,
Michael Henry,
Marcus Kennedy,
2015



(R)
Trevor Nicholson,
Anthony O'Regan



(L) JJ Gilmartin,
Michael O'Mahony,
Anthony O'Regan,
Luke O'Neill, 2016



(R)
Emmett McGrath,
Tim McDonnell,
Michael Keane, 2018

4.5 Evolution in Thoracic Surgery and its involvement in the Irish Thoracic Society 1946–2019

The records of the ITS over almost three quarters of a century since its foundation suggest that there were three distinct phases:

Phase I: 1946 to 1975 – The rise and then the decline of TB-related thoracic surgery and the rapid development of cardiac surgery

As set out previously, the Irish Tuberculosis Society and later, the Irish Tuberculosis and Thoracic Society, boasted a large Thoracic Surgery membership – most prominently **Mr Maurice Hickey, Mr Keith Shaw, Mr Desmond Kneafsey** and **Professor Eoin O'Malley**, together with ITS members who practiced general surgery but also performed some thoracic operations. The latter group, largely Dublin-based, included **Mr Harold Browne** (Richmond), **Mr Brendan O'Neill** (Rialto), **Professor Billy McGowan** (Richmond), **Mr TCJ (Bob) O'Connell** (St Vincents), **Mr Jack Henry** (Baggot St), **Mr Jack Coolican** (Mercer's) and **Professor Colman Byrnes** (Richmond).

In the earlier part of this era, before the widespread availability of anti-tuberculous drugs, much of thoracic surgical practice related to lung resections (lobectomy and pneumonectomy), thoracoplasty, extra-pleural plombage and phrenic nerve crush. The close working relationships of surgeons and physicians in this era provided the foundations for not alone future thoracic surgeons but also for pulmonary pathophysiology. However, in the final fifteen years of this era (1960-1975) rapid advances in cardiac surgery and external perfusion techniques dramatically changed the practice of Thoracic Surgeons. They then preponderantly dealt with the increasing volume of heart surgery for (i) large populations of rheumatic heart disease patients requiring valve surgery, (ii) congenital heart defects especially in the paediatric population and (iii) cardiac bypass surgery for the rising epidemic of coronary artery disease. This dramatic shift resulted in a rapid decline in Irish Thoracic Society membership among cardiothoracic surgeons who gravitated to the Irish Cardiac Society. By 1975 there was not a single thoracic surgeon in the society membership.

Phase II: 1975 to 1995 – The era of paused Thoracic Surgical input into the ITS

At its foundation in 1980 the newly named Irish Thoracic Society featured only one Thoracic Surgeon – Mr Vincent Lynch – who subsequently concentrated on purely non-cardiac Thoracic Surgery. However, gradually over the ensuing decade there was a small increase in Thoracic Surgical membership

and surgical presentations began to feature again at the Society Annual Meetings. Among the cohort who either joined the society or presented papers were **Mr Tom Ahern** (Cork), Dublin-based surgeons **Mr Freddie Wood**, **Mr Maurice Neligan**, **Ms Eilis McGovern**, **Mr David Luke** and Belfast based surgeons, **Mr John McGuigan** and **Mr Kieran McManus**. Both Mr Luke and Mr McGuigan served on the executive committee of the ITS in the early 1990s. While heart transplantation had been pioneered by **Mr Maurice Neligan** in the Mater Hospital in 1985, no lung transplantation was yet available in Ireland.

Phase II: 1995 to 2019 – The resurgence of thoracic surgery membership of the ITS

Subspecialisation of Cardiothoracic Surgery into Thoracic, Congenital and Cardiac Surgery and Transplantation led to training in minimally-invasive surgery with an upsurge in interest among Thoracic Surgeons in introducing these techniques to Ireland over these two decades.

Firstly, primarily driven by the surgical and perioperative lessons learned in the TB era, there was an increase in the development and delivery of thoracic surgical techniques to appropriately stage and manage lung cancer patients. The ITS subsequently led on the development of a lung cancer strategy and service which recommended the development of four specialised lung cancer centres with thoracic surgeons supported by strong multidisciplinary teams. As in the TB era, respiratory physicians and thoracic surgeons work closely to deliver state of the art care to patients with lung cancer. The recent mortality statistics for lung cancer, while remaining high, show an improvement – testament to the work of the lung cancer teams.

Secondly, there has been the development of less-invasive thoracic surgical techniques, particularly Video-Assisted Thorascopic Surgery (**VATS**) and Robotic-Assisted Thorascopic Surgery (**RATS**) for a wide array of airway, parenchymal and pleural disorders. These include diagnostics and resection surgery for curative intent.

Thirdly, there was the emerging feasibility of lung transplantation for patients with CF, emphysema and IPF. To further this development for Irish patients, two members of the ITS, Mr Freddie Wood and Professor Muiris FitzGerald were invited to serve on a Department of Health Committee that visited several transplant centres in the UK with a view to establishing a Lung Transplantation Programme in Ireland. The Committee recommended a twinning programme between the Mater Hospital in Dublin and the Newcastle Lung Transplant Centre headed by Professor John Dark. This partnership eventually led to the first Lung Transplant Physician, Dr Jim Egan, being appointed to the Mater

David Crosby speaking at the Launch of the ITS ILD Position Statement and Registry



Hospital and the first lung transplant being performed by Mr Freddie Wood in 2005. In 2018, twenty seven lung transplantations were performed in the National Transplant Centre located at the Mater Misericordiae University Hospital, primarily in patients with Idiopathic pulmonary fibrosis and Cystic fibrosis. Mr David Crosby, a lung transplant recipient, has completed a number of marathons since his surgery and was a key note speaker at the ITS Winter meeting in Belfast in 2018. In parallel with these developments there was an increase in appointments of Cardiothoracic Surgeons, several of whom joined the ITS, prompting an upsurge in state of the art and research presentations from Cardiothoracic Units. The Society has been greatly invigorated by this new injection of Thoracic Surgical expertise – among the recent or current members of the ITS are **Professor Karen Redmond, Professor David Healy, Mr Vincent Young, Professor Donna Eaton, Mr Michael Tolan** (all Dublin), **Mr Kieran McManus** and **Mr John McGuigan** (both Belfast), the late **Mr Aonghus O'Donnell** and **Mr John Hinchion** (both Cork).

Summary

During the three quarters of a century of its existence the Irish Thoracic Society has benefited enormously from the expertise of Thoracic Surgeons. From the heroic lung surgery carried out by pioneering surgeons during the now distant tuberculosis era to the more recent renaissance of the specialty that has provided increasingly non-invasive surgical operations such as VATS and RATS, as well as the very successful National Lung Transplantation Programme whose results are among the best internationally. A huge additional bonus has been the much closer collaboration between Respiratory Physicians and Thoracic Surgeons, which ultimately will further enhance patient care and outcomes and stimulate collaborative research programmes.

4.6 Evolution of Paediatric Respiratory Specialisation in the ITS / ITTS 1946–2019

The sometimes fragmentary records of the Society over the seven decades since its foundation in 1946 reveal roughly three phases in the membership's involvement in Paediatric respiratory care. These three phases paralleled the overall national historical development of paediatric care and paediatric specialisation in Ireland.

Phase I: Irish TB Society 1946 to 1970 – The TB era in Childhood and the emergence of Paediatrics as a specialty

The early years showed that the ITS membership featured historic names – **Dorothy Stopford-Price**, **Kathleen Lynn** and **Ella Webb** – all whom worked at some time at St. Ultan's Infant Hospital at 37 Charlemont Street, Dublin (opened in 1919). While none of them had what would now be regarded as a formal paediatric specialty training, they were fully immersed in infant care. Because of the high prevalence of TB, a significant proportion of their activities centred around respiratory care. Another early ITS member was **Dr Alice Barry** who became superintendent of Peamount TB Sanatorium in the 1940s after she moved from St Ultans. Two later ITS members – **Dr Colman Saunders** (Our Lady's Hospital Crumlin) and **Dr Brian McNicholl** (Galway) would become the first inaugural Professors of Paediatrics at UCD and UCG respectively. Society meeting records show occasional presentations or papers on Childhood TB and BCG vaccination, but there is little or no mention of other paediatric diseases such as asthma or CF – not surprising in a Society still devoted nominally to TB.

Phase II: ITTS and Irish Thoracic Society 1972 to 1997 – The Early Pioneers of Paediatric Respiratory Disease



During this era the Society had twice changed its name successively to the Irish Tuberculosis and Thoracic Society around the early 1970s and then to the Irish Thoracic Society in 1980. As the TB-dominated era had passed, 1972 proved a landmark year for Irish paediatric respiratory disease with the appointment of **Dr Mervyn Taylor** to the National Children's Hospital in Harcourt Street as a respiratory specialist where he set up a respiratory service and the first paediatric pulmonary function laboratory. He was an enthusiastic member of the Society and contributed to lectures and symposia featuring – for the first time – Asthma in Childhood and Paediatric Lung Function. Not to be forgotten also was the contribution to the ITTS of a

GP **Dr Neville Boland**, who uniquely in Ireland of the 1970s single-handedly cultivated a special interest in respiratory allergy and allergy skin-testing both in adults and children.

Despite Dr Taylor's trailblazing role it is hard to believe now that it would be another 14 years before the next Paediatric Respiratory Disease Specialist – **Dr Fergus Leahy** – was appointed to Tralee following his training in Winnipeg. Over the subsequent decade only three more Respiratory Paediatricians would be appointed from overseas training centres – **Professor Gerry Loftus** (Kings College London) in 1988, **Dr Peter Greally** (Pittsburgh) in 1994 and **Dr Gerry Canny** (Toronto) in 1996.

The advent of this small band of pioneers to membership of the Irish Thoracic Society led very significantly to a more prominent profile for childhood respiratory diseases, such as asthma and CF in the biannual meetings of the Society. These early pathfinders were confronted with staggering work loads, comprising not only a huge pent-up flood of respiratory case referrals but also a massive general paediatric workload in an Irish health service with less than a third of the overall per capita paediatric consultant manpower of the UK.

Looking back it is clear that at a national level the great preponderance of children with respiratory diseases such as CF, asthma and bronchiolitis never saw a Paediatric respiratory specialist and were cared for predominantly by generalist Paediatricians few of whom joined the Irish Thoracic Society. However, the vital role of Paediatricians like **Eddie Tempny, Brian Denham, Brendan Watson, John Cosgrove, David Lillis, Brian McDonagh, David O'Kane, Tess O'Halloran** and many others in providing respiratory care for children and liaising closely with ITS Adult Respiratory Physicians cannot be stressed enough.

Historically, this regrettable 'Cinderella' status for paediatric respiratory disease in the ITS in that era was also a feature of the evolution of the specialty in international Thoracic societies such as the British Thoracic Society, the American Thoracic Society and many others.

Phase III: 1998 to 2019 – Paediatric Respiratory Expansion and Sub-specialisation in the ITS

This phase ushered in increasing enrolment in the Irish Thoracic Society of a new expanded cadre of internationally trained Irish Paediatricians who began to populate the large metropolitan Children's Hospitals and Regional Centres with paediatric respiratory expertise. With the increase in numbers of Consultants there inevitably came paediatric subspecialty development with specialisation in asthma and allergy, non-invasive ventilation, paediatric sleep studies and cystic fibrosis.

These developments were clearly reflected in the growth of an active Paediatric Section in the annual ITS meetings and symposia. In particular – the ITS Paediatric Forum, which has been taking place as part of the ITS Annual Scientific Meeting since 2009, attracts a multidisciplinary audience with invited guest speakers including Dr Jane Lucas; Professor Jane Davies; Professor Michael Shields; Dr Ronan Leahy; Professor Jonathan Hourihane. In turn this has stimulated greater engagement between adult and paediatric respiratory medicine interests in the area of adolescent respiratory medicine and the management of transition between paediatric and adult respiratory care in areas such as asthma and CF.

Currently there are 15 Paediatric Respiratory specialists who are members of the Society. These numbers, by any international metric, need to be increased to reach acceptable international norms for paediatric respiratory manpower.

See Chapter 6 for an indepth review of the history of Irish Paediatrics by Professor Gerard Canny which outlines the emergence of Paediatric Respiratory Medicine.

4.7 Irish Thoracic Society 1980–2019 ‘Firsts’

*Dr Doreen Dowd,
Dr Joan Power
and Dr Eithne
Mulloy*



- First Paediatrician member: Dr Mervyn Taylor
- First Thoracic Surgeon: Mr Vincent Lynch
- First Female Thoracic Surgeon: Prof Eilis McGovern
- First Lung Transplant in Ireland: Prof Freddie Wood (2005)
- First Laboratory Scientists: Dr Clare O'Connor PhD
- First Radiologist member: Dr Max Ryan
- First Pulmonary Function Laboratory Director: Dr Terence Chapman
- First National Specialty Director: Prof Shane O'Neill
- First President: Dr WD Linehan

- First Secretary: Prof MX FitzGerald
- First Treasurer: Prof Patrick Finnegan
- First Woman Member of the Irish Thoracic Society: Dr Doreen Dowd
- First Woman President: Dr Jacqueline Rendall
- First Woman Secretary: Dr Joan Power
- First Woman Treasurer: Dr Eithne Mulloy
- First Galway President: Dr Harry Hitchcock
- First Cork President: Dr Cathal Bredin
- First Belfast President: Dr Roger Lowry
- First Physician-led Medical Bronchoscopy Service: Prof Luke Clancy
- First CPAP / NIV use: Prof Patrick Finnegan
- First Respiratory Sleep Laboratory: Prof Walter McNicholas
- First Lung Transplant in Ireland: Prof Freddie Wood
- First Paediatric CF Unit: Prof Eddie Tempany
- First Adult CF Centre: Prof MX FitzGerald
- First Pulmonary Rehab: Prof Tim McDonnell
- First ITS – ERS President: Prof Walter McNicholas
- First ITS/ITTS President of the RCSI: Mr Keith Shaw
- First CEO: Suzanne McCormack

4.8 ITS Presidents' Recollections



Dr WD Linehan; 1980–1983

As the last President of the Irish Tuberculosis and Thoracic Society and the first President of the newly named Irish Thoracic Society, Dr Linehan played a central role in easing the transition from one entity to the other. His Presidency during this crucial period was instrumental in laying the foundations for the expansion in membership, educational and research output and advocacy that would take place over the following decades. As author, along with Professor MX FitzGerald, of the Memorandum on Respiratory Diseases in Ireland, submitted to Comhairle na

NOispidéal in 1978 and updated and resubmitted some years later, he laid the groundwork for a major drive for improved respiratory services for decades to

come. He also, along with his colleague Dr Terence Chapman, led the introduction of modern physiological assessment of respiratory patients in Ireland. He was a guest of honour at the top table at the 50th Anniversary meeting of the British Thoracic Association in Bournemouth in 1978, when the meeting was jointly sponsored by the British, Irish and Danish Thoracic societies.



Professor Muiris FitzGerald; 1983–1986

Professor FitzGerald oversaw a major drive for improved respiratory services with the publication of ITS/ITTS Memorandum on Respiratory Diseases in Ireland in 1983. The publication's launch and subsequent lobbying resulted in the establishment of a sub-committee to make recommendations on *Respiratory Disease Services and the Organisation and Treatment of Tuberculosis in Ireland*. The report urged wide-ranging changes in the provision of expert respiratory care, expansion of Respiratory Consultants, improved diagnostic support services

and the incorporation of isolated TB services into the mainstream of Respiratory Medicine. Air pollution and tobacco control were also high on the ITS advocacy agenda in this period. A joint meeting with the Ulster Thoracic Society in 1985 served to increase links between the two societies leading to the induction of 13 UTS members to the ITS in May 1986 and two Council members – Dr Roger Lowry and Dr Joe MacMahon. Notable meetings included *Host Defences and Bronchial Asthma* (RCSI, 1985) and a Symposium on Respiratory Medicine held in Dublin in 1985 featuring six UK experts. Represented ITS at the both the 1984 Johns Hopkins meeting of WASOG (World Association of Sarcoidosis and Other Granulomatous Diseases) and the 1985 Kansas City meeting of the ATS on AIDS and the Lung.



Professor Pat Finnegan; 1986–1988

The links between North and South were further strengthened during Professor Pat Finnegan's Presidency by the return of the Annual Scientific Meeting to Belfast in November 1987. Other meetings of note included *Immunology of the Lung* (RCSI, 1988). Air pollution was a key focus from an advocacy point of view and in 1987, five ITS members were invited to serve on an RCPI College Committee on Air Pollution amid unprecedented professional and public concern about toxic urban pollution levels. The Committee urged immediate

implementation of the 1987 Air Pollution Act and recommended substitution of low-pollution fuels for bituminous coal in the subsequent *Report of the College*

Committee on the Problems of Air Pollution in 1988/9. Regrettably, it took a further two years before the legislation to ban smoky coal was introduced in Dublin and seven years in Cork. As ITS Secretary, Dr Finnegan made an ITS submission to the Department of Health on proposed legislation for the restriction of smoking in public places and new legislation regarding the advertising of tobacco products.



Professor Luke Clancy; 1988–1990

The format of the modern day Irish Thoracic Society Annual Scientific Meeting was further developed during Professor Clancy's Presidency. A highlight of this period was a very successful meeting on Smoking and the Lung in April 1989 featuring a lecture by Mr Peter Taylor on the Politics of Tobacco as well as lectures by Sir John Crofton, Dr David Lamb, Dr Emer Shelley, Dr Des Carney, Dr Roger Lowry. Links with other Societies (ERS, Asthma Society, West Country Chest Society, BTS) flourished and Professor Clancy was himself a representative to

UEMS which was focussed on strengthening thoracic medicine across Europe and standardising post graduate training in thoracic medicine. Expansion of membership was considered resulting in the introduction of Associate Membership for Registrars and Lecturers in Respiratory Medicine.



Dr Cathal Bredin; 1990–1992

Dr Bredin recalls the stabilisation the ITS as an all Ireland body as a key feature of his period as President and credits Professor Pat Finnegan and Dr Joe MacMahon for their help with this. There was work carried out by Dr Bredin, in collaboration with Dr Luke Clancy, on behalf of the ITS in developing guidelines for diagnosis and treatment of Tuberculosis which fed into a Department of Health publication. A recommendation by Dr Bredin to Comhairle Na N'Oispideal to establish a body of Consultants in Infectious Disease in Ireland on the

USA model was subsequently implemented. Educational highlights included Joint meeting in Cork with Thoracic Society of West of England led by John Harvey of Bristol – ITS Abstracts were lauded by UK Colleagues for their high scientific content.

**Dr Roger Lowry; 1992–1994**

Dr Roger Lowry (20 September 1933 – 30 January 2014) has the distinction of being the first Irish Thoracic Society President from Northern Ireland. As well as presiding over the landmark Joint BTS ITS Meeting which took place in Trinity College Dublin in July 1993, Dr Lowry's Presidency saw a strengthening of links with the Northern Ireland respiratory community as well as development of closer engagement with the ACCP and UEMS and bodies closer to home such as the RCPI (through ITS participation in the National Scientific Meeting), representation on the National Rehabilitation Board and by Dr Joan Powers work on the Medical Committee of the Asthma Society of Ireland.

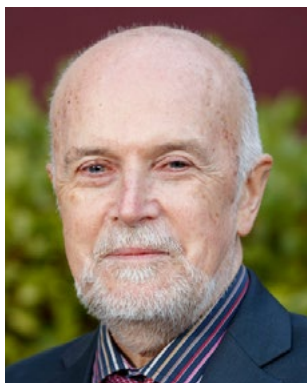
**Professor Walter McNicholas; 1994–1996**

Professor McNicholas recalls Annual Scientific Meetings in Dublin and Belfast with abstracts of research presentations published in the Irish Journal of Medical Science for the first time. There was also an increasing level of engagement with the European Respiratory Society (formed in 1990 by amalgamation of SEPCR and SEP), which Professor McNicholas would go on to lead himself as President in 2003–2004. Professor McNicholas recollects the first discussions within the Executive Committee regarding the establishment of a permanent secretariat taking place – however progress was curtailed due to lack of funding. There was a change to the constitution allowing for the outgoing President/Chair to automatically remain on the Council for two years. A research fellowship through the Irish Lung Association was established. It was agreed that members of the Associations of Asthma Nurse Specialists and the Respiratory Function Technicians could become Associate Members.

**Dr Joe MacMahon; 1996–1998**

Joe MacMahon was elected as President of ITS in Galway in November 1996. The then policy of the society was to establish a fund-raising charity analogous to the American Lung Association or British Lung Foundation: the Irish Lung Association. Funding was successfully obtained from the pharmaceutical industry to provide “The ILA Research Fellowship” and “The ILA Travel Fellowships”. Funds were also designated to pump-prime the process of gaining charitable status and launching the charity. Meetings were

held with A&L Goodbody Solicitors for advice on the legal aspects and with Andrew Dougal, Chief Executive of the Northern Ireland Chest Heart and Stroke Association on the practicalities. However, the initiative was not subsequently pursued. There was much discussion of the proposed radical changes to specialist training in respiratory medicine in Ireland and in the UK and in 1997 Shane O’Neill was elected as the first National Director of training in respiratory medicine. In late 1997, a most significant decision for the future of the society was made: specialist nurses and pulmonary function technicians were invited to join the society as full members.

**Prof Shane O’Neill; 1998–2000**

Key features of Professor O’Neill’s term as ITS President include a drive towards increased involvement of Respiratory Nurses, Physiologists, Physiotherapists and Basic Scientists in the ITS Annual Meeting resulting in significant expansion of membership and the establishment of affiliate subgroups. Support for the newly established Respiratory Training Programme, as detailed elsewhere, was also a priority. ITS supported respiratory research was boosted thanks to multi-year Research Fellowships from a number of

pharmaceutical companies. The ITS continued to highlight the prevalence and chronic underfunding of Respiratory Diseases particularly COPD and Lung Cancer, most notably at a multi-party meeting of TDs. The Annual Scientific Meetings featured a number of presentations and intense discussion on the establishment and success of COPD Outreach Programmes, an initiative strongly supported by the ITS. Support for anti-smoking initiatives was strong, participating in the ground work that ultimately led to the historic Work Place Smoking ban in March 2004.

**Dr Richard Shepherd; 2000–2002**

The first ITS President appointed in the new millennium and the third from Northern Ireland, Dr Shepherd was elected at the ITS Annual Scientific Meeting in Galway in November 2000. Support for the recently established Respiratory Training Programme continued to be a strong focus throughout Dr Shepherd's Presidency and he did much to foster strong co-operation with the Northern Ireland Training Programme. ITS support for respiratory research continued to be a feature throughout this period thanks to grants awarded through the Chest Foundation of Ireland. Dr Shepherd presided over the ITS Annual Scientific Meeting held in Cavan in 2001 which featured a keynote lecture by Professor AJ Newman Taylor, Royal Brompton Hospital on Occupational Lung disease. ITS links with nursing, physiotherapy and respiratory physiology/technician colleagues were further strengthened – the latter became officially affiliated with ITS in 2000 and in 2001 breakout sessions for the Physiotherapy, Nursing and Technician groups became a feature of the ITS Annual Scientific Meeting for the first time.

**Professor James Hayes; 2002–2004**

A major milestone in the evolution of the identity of the ITS occurred during the Presidency of Professor James Hayes with the development of the Society's logo, which is used to this day. The distinctive design, which features an image of the lungs in blue and green encircling the ITS letters in red, was chosen to reflect cross border interest in developing the specialty of Respiratory Medicine. The ITS Annual Scientific Meeting witnessed further development in this period: formalising the inclusion of all respiratory healthcare professionals in the meeting's programme, adding a dedicated Respiratory SpR study day training session. In November 2001 the meeting took place in Cavan, to date the only annual meeting outside of a major city. In July 2004, Professor Hayes led an ITS delegation to present on Lung Disease to the Joint Oireachtas Committee on Health and Children accompanied by Dr Neil Brennan, author of the INHALE Report and Professor Walter McNicholas, President of the European Respiratory Society.



Professor Charles Gallagher; 2004–2006

As President of the ITS Professor Charles Gallagher spearheaded discussions within the executive Council and wider membership regarding the development of the Society and specifically the establishment of a permanent secretariat. This led to the recruitment in 2006 of Ms Suzanne McCormack as the Society's first CEO and paved the way for the further development of the Society as a thriving professional body with a strong leadership voice for respiratory healthcare in Ireland over the ensuing decade. An issue of concern to ITS

members during this period was the move towards privatisation of community respiratory care through the government championed 'Hospital in the Home' scheme. This was seen to be a costly and inferior substitute to the ITS supported COPD Outreach Programmes, being piloted in centres such as St James's Hospital and Beaumont Hospital in Dublin. Professor Gallagher can be credited with proposing that the Society establish an award to recognise distinguished members who have made an outstanding contribution to Respiratory Medicine. He also provided the testimonial on the presentation of the inaugural Award to Professor Muiris X FitzGerald in 2009.



Professor JJ Gilmartin; 2006–2009

As the first ITS President in the era of the new permanent executive Professor Gilmartin led the Society through a crucial period of transition and development of its governance structures. These included establishment of charity status, addition of a Vice President role to strengthen the scope of the ITS Council, establishment of the ITS SpR Educational Officer role to strengthen links with SpRs as well as introducing greater integration with affiliate bodies for physiotherapy (CPRC), nursing (ANÁIL) and pulmonary technicians (IARS) through

representation at the ITS AGM. Professor Gilmartin also led engagement with the National Cancer Control Programme, resulting in improved services for the diagnosis and treatment of lung cancer in line with Guidelines developed by the ITS. Professor Gilmartin, along with Professor Tim McDonnell, participated in the development of a COPD Strategy in collaboration with the HSE and ICGP, chaired by Dr Máire O'Connor. Respiratory research was supported through the ITS Boehringer Ingelheim Fellowship Programme.

**Professor Terry O'Connor; 2009–2011**

Professor O'Connor led the development of ITS Specialist Advisory Groups in COPD, Asthma, Cystic Fibrosis, Tuberculosis, ILD and Sleep enabling the Society to influence and respond to national issues relating to these diseases as well as interacting closely with the National Clinical Programmes established in 2010. The 2010 ITS Annual Scientific Meeting took place in Cork and featured a Joint Symposium with the North East Thoracic Society (NETS). 2010 was International Year of the Lung and the ITS worked with the European Respiratory

Society to promote awareness of lung disease by engaging with Irish MEPs and co-ordinating activities around World Spirometry Day. Professor O'Connor was instrumental, in conjunction with the first ITS SpR Educational Officer, Dr Peter Barry, in developing educational content for the ITS website. Lack of recognition and resources to address the growing burden of COPD was a continuing concern for the ITS and in 2010 the Society developed a website to support both COPD patients and healthcare professionals. The 2nd ITS Award for Outstanding Contribution to Respiratory Medicine was presented to Dr Cathal Bredin in 2011.

**Professor Edward McKone; 2011–2013**

During Professor Edward McKone's Presidency, the ITS, together with the Irish Lung Health Alliance, made significant strides in improving public awareness of respiratory disease. Activities included the 'Love your Lungs' Campaign – supported by Ambassador Dr Ronnie Delany – and a meeting with the Joint Oireachtas Committee for Health and Children to present the scale of lung disease in Ireland and its impact on patient's lives. The ITS participated in the MRCG/HRB Joint Funding Scheme for the first time, commencing a

collaboration which would see a number of high quality research projects supported over ensuing years. The Asthma Society of Ireland/ITS Joint Research Bursary was also established. Supported by the ITS, COPD Support Ireland appointed its first CEO, Damien Peelo, representing a major advance in the support for people with COPD in Ireland. The ITS Spring Meeting 2013 took place in Newcastle – a return invitation from the North East Thoracic Society (NETS). Ireland's Presidency of the EU in 2013 led to increased engagement with the ERS including attendance at an awareness event in Brussels and a Summit on Chronic Diseases in Dublin in June 2013.



Professor Anthony O'Regan; 2013–2015

Under the leadership of Professor O'Regan the ITS continued to raise awareness of lung disease amongst policy makers and the public. Activities included a series of public lectures, a 'Lung Health Awareness Week', as well as a meeting with Minister for Health Leo Varadkar to highlight concerns around COPD in Ireland. The ITS played an important role in the drive for Standardised Packaging of Tobacco Legislation through expert testimony at the Committee Hearings of the Joint Oireachtas Committee for Health and Children as well as a Symposium on Smoking and Pregnancy in conjunction with the TobaccoFree Research Institute (TRI) and the RCPI. A landmark project initiated under Professor O'Regan's leadership was the Irish Thoracic Society Interstitial Lung Disease Registry. Other highlights include the submission of a document on medical workforce planning for respiratory medicine to the HSE, awarding research grants and bursaries as well as the inaugural ITS ATS Gathering in Denver in May 2015. The 3rd ITS Award for Outstanding Contribution to Respiratory Medicine was presented to Professor Patrick Finnegan in Galway in 2014.



Dr Jacqueline Rendall; 2015–2017

Dr Rendall has the distinction of being the first female President of the ITS and its fourth from Northern Ireland continuing to underline the Society's strong 'All-Island' credentials. Under Dr Rendall's leadership the ITS continued to play a central role in raising awareness of lung disease amongst policy makers, most notably through the 'Lovin' our Lungs' video competition in conjunction with the Lung Health Alliance. Also through submissions on the National Clean Air Strategy and on HIQA's Health Technology Assessment on Smoking Cessation Interventions. The Society's social media platforms (Facebook and Twitter) were developed by Dr Robert Smyth, the ITS SpR Educational Officer, as well as the first ITS Respiratory Challenge Quiz evening (supported by Astra Zeneca) hosted by Professor Muiris X FitzGerald and Professor JJ Gilmartin. The draw of the ITS ATS Gatherings gathered pace with meetings in San Diego and Washington. Dr Rendall also shared an overview of the work of the Irish Thoracic Society with European colleagues at the ERS World Village in Milan.

**Professor Ross Morgan; 2017–2019**

Under Professor Morgan's leadership the ITS undertook a strategic review and planning process in 2018. Representations on a number of important issues relating to respiratory medicine in Ireland included clinical oversight around respiratory products; oxygen therapy and ventilation; the implementation of the National TB Programme and an updated submission on Medical Workforce Planning for Respiratory Medicine. The launch of the ITS Position Statement and National Patient Registry for Lung Fibrosis provided an opportunity to brief

Minister Catherine Byrne and other stakeholders on the need for resourcing of centres of expertise and implementation of a standard pathway of care for all patients with Lung Fibrosis in Ireland. The publication of Respiratory Health of the Nation in 2018 shone a spotlight on respiratory healthcare in Ireland and the need for a Respiratory Strategy. The ITS continued to support policy around tobacco control through its membership of the Tobacco Free Partners Group and was a partner in the Tobacco Free Ireland Partners Conference as well as continued engagement with the Irish Lung Health Alliance.

4.9 The Irish Thoracic Society Awards for Outstanding Contribution in Respiratory Medicine

A special feature of the Irish Thoracic Society Annual Scientific Meeting is the presentation of the Irish Thoracic Society Award for Outstanding Contribution to Respiratory Medicine to a member who has made a particularly valuable and significant impact on the field of respiratory medicine in Ireland.

Professor Muiris X FitzGerald – 2009

Professor Muiris X FitzGerald was the recipient of the inaugural Irish Thoracic Society Award for Outstanding Contribution to Respiratory Medicine in 2009.

It proved an opportunity to celebrate and recognise Professor FitzGerald's distinguished career and his unique and invaluable contribution to the field of respiratory medicine.

A 1964 graduate of UCD, he trained in Dublin, the Seton Hall Medical School Jersey City NJ, the University of Birmingham UK and as an International Fogarty – NIH Fellow at Boston University Medical School Thoracic Services under the aegis of Ed Gaensler, Gordon Snider and Charles Carrington. During



his training in Boston he published numerous papers on Environmental and Occupational lung disease, Surgery for Bullous Lung Disease, the Evaluation of Electronic Spirometers, the effects of Marijuana on the Lung, the Natural History and Treated Course of UIP and DIP –the latter three papers were published in the New England Journal of Medicine.

On returning to St Vincent's Hospital Dublin he established its first Pulmonary Function Laboratory and initiated the first Adult and Adolescent CF service in Ireland, as well as a suite of specialist outpatient clinics for patients with sarcoidosis, lung fibrosis/rare lung diseases and asthma.

He served as Secretary of the ITTS and as first Secretary of the newly formed Irish Thoracic Society in 1980, later becoming its third President. He was Chairman/President of the Cystic Fibrosis Association of Ireland and of the Irish Asthma Society.

Prof FitzGerald is Emeritus Professor of Medicine and Therapeutics at University College Dublin, where he was Professor of Medicine and Consultant Physician (St Vincent's University Hospital) from 1977 to 2006 and then Dean of the Faculty of Medicine from 2000 to 2006.

He is a former two-term Chairman of the Health Research Board (HRB) and served on the foundation Board of the Health Information and Quality Authority (HIQA), the Irish Society of Chartered Physiotherapists, An Bord Altranais and Comhairle na nOispideal for four terms.

In professional education, he served as Chair of the Education Committee of the Irish Medical Council for four years and was Chair of the Medical Education, Training and Research Committee (METR) of the HSE from 2006 to 2009).



Dr Cathal Bredin – 2011

Dr Cathal Bredin, retired respiratory consultant at Cork University Hospital, was presented with the Irish Thoracic Society Award for Outstanding Contribution to Respiratory Medicine at the Society's Annual Gala Dinner on 11 November 2011.

Dr Bredin graduated from University College Dublin with a BA (1964) and an MB (1970). Dr Bredin undertook an internship at the Mater Hospital, Dublin which was followed by SHO and Registrar training posts in the University Hospital of Wales group hospitals in Cardiff, and University College Hospital, Galway, acquiring his MRCP (UK) in 1973. Dr Bredin became a Fellow in Pulmonary Disease, Instructor, and Assistant Professor/Attending Physician at Weil Cornell Medical College/New York Hospital and Burke Rehabilitation Centre, White Plains, New York. He achieved his MD registration at the State University of New York and went on to be awarded Diplomate of the American Boards of Internal Medicine and of Pulmonary Disease.

Upon his return to Ireland, from 1981 to 2009, Dr Bredin served in Cork University Hospital as a Consultant with a special interest in Respiratory Medicine, and as a clinical senior lecturer in Respiratory Medicine at University College Cork. During this tenure, he pioneered the outpatient-based TB service in the Southern Health Board area, as well as the adult cystic fibrosis service and the pulmonary function/sleep and fibre optic bronchoscopy services. He is a Fellow of the Irish, London, Edinburgh and American Colleges of Physicians. Despite being only one of two practicing Respiratory Physicians in public hospitals in the Cork/ Kerry region Dr Bredin maintained an active interest in publishing research papers, publishing more than 50 peer-reviewed papers in medical journals over the course of his career.

Since his retirement, Dr Bredin's academic interests have included mycobacterial disease, allergic aspergillosis, farmer's lung and the potential negative health effects of fracking. He has a long-term interest in student affairs and as well as his presidency of the Irish Medical Students' Association (IMSA), he held the position of President of the UCC Medical Society.



Professor Patrick Finnegan – 2014

Professor Pat Finnegan, Professor Emeritus, and previous Dean of Medicine at the National University of Ireland Galway (NUIG) and retired respiratory Consultant at University College Hospital Galway, was presented with the Irish Thoracic Society Award for Outstanding Contribution to Respiratory Medicine at the Society's Annual Gala Dinner on the 7 November 2014.

A graduate of University College Galway (now NUIG) Professor Finnegan spent the early stages of his career in Birmingham. Where he was involved in seminal work in the development of long-term oxygen therapy which included use of the first prototype concentrator in the early 1970s. The safe prescription of oxygen therapy, nowadays taken for granted, owes much to those ground-breaking advances.

On his return to Galway in 1976 Prof Finnegan applied his skills to the management of patients across the spectrum of respiratory disease. He was a pioneer in the development of non-invasive ventilation, and developed the first home-based NIV programme in Ireland, predating similar programmes elsewhere.

As lecturer, then Professor and later Dean, Professor Finnegan has contributed enormously to the development of the Medical School in Galway. Under his

direction the Faculty expanded to embrace Nursing and the Allied Health Professions. Prof Finnegan is widely regarded for his role as teacher and mentor to generations of Irish medical graduates. Prof Finnegan was a key figure in the development of the Irish Thoracic Society. In 1985, when the Society evolved from what was previously the Irish Tuberculosis and Thoracic Society and joined forces with members of the Ulster Thoracic Society to become an all-island body, Professor Finnegan was elected as its first President.

Prof Finnegan's retirement has been no less productive. He is currently completing his third book while two of his titles, *The case of the Craughwell Prisoners during the Land War in Co Galway, 1879–85* and *Loughrea, That Den of Infamy, the Land War in Co Galway 1878–82* were bestsellers in their genre.



Professor Luke Clancy – 2019

Professor Luke Clancy, Director General, TobaccoFree Research Institute Ireland (TFRI) and Adjunct Professor, TU Dublin, Kevin Street was the recipient of the ITS Award for Outstanding Contribution to Respiratory Medicine 2019. This recognised Professor Clancy's many achievements in respiratory medicine and particularly his work in research, which combined with tireless advocacy and civil leadership, has brought far-reaching benefits to public health in Ireland and internationally.

A graduate of UCG, Professor Clancy worked in Edinburgh, with Sir John Crofton, and Nottingham before taking up posts in St James's Hospital and Peamount Hospital, and as Senior Lecturer in Respiratory Medicine in Trinity College Dublin. He played a leading role in medical and respiratory curriculum development both as Director of Post-Graduate Education for the TCD group of hospitals and as RCPI respiratory specialist nominee on the Specialty Advisory Committee of the Joint Committee of Higher Medical Training (UK and Ireland).

Throughout his clinical career he introduced significant innovations in medical practice including the first outpatient fiberoptic bronchoscopy service (1978), the first multidisciplinary lung cancer team in Lung Cancer (1988), and the first outreach service for COPD patients (2000). Like the original society, Professor Clancy developed a special interest in TB – leading strategy and research, both nationally and internationally, on TB control, epidemiology, and infectiousness. He served as President of the International Union Against Tuberculosis and

Lung Disease. As national co-ordinator for the ISAAC study on the prevalence of asthma and allergic diseases, he provided estimates of asthma and data on 'smoking in teenagers', which has helped initiate Government action to reduce smoking in children.

Professor Clancy is a passionate advocate for elimination of air pollution and smoking. His ground-breaking report on increased mortality due to air pollution in Dublin and subsequent campaign led to the Smoky Coal ban in 1990. His study on effects of this intervention, reported in the Lancet and elsewhere, is considered seminal in this field. As Chairman of ASH Ireland, he led the campaign to make Ireland the first country in the world to introduce a ban on smoking in the workplace in 2004. As Director General of TFRI, his work on evaluating Smoke-free effects was used internationally to follow the Irish model as well as driving further policy change domestically in the form of Point of Sale bans and Plain Packaging. He has advised European governments, EU Parliament and NGOs and his major research on price and taxation of tobacco is contained in the outputs from the FP7 PPACTE project. His most recent ongoing research is on health effects of SHS on asthma and COPD patients (a Horizon 2020 project) and he has recently published the first RCT in the world on Allen Carr in Smoking Cessation (2018).

(L-R) Former Presidents pictured at the ITS Annual Scientific Meeting, November 2016, Dublin: James Hayes, JJ Gilmartin, Edward McKone, Jacqueline Rendall, Anthony O'Regan, Suzanne McCormack, Shane O'Neill, Eithne Mulloy, Charles Gallagher, Walter McNicholas, Luke Clancy, Muiris FitzGerald



Professor JJ Gilmartin, Dr Neil Brennan and Minister Pat the Cope Gallagher at the launch of INHALE II – a compilation of statistical data authored by Dr Brennan, Dr Terry O'Connor and Suzanne McCormack. March 2008



Sarah McParland, Luke Doherty and Paddy Grimes described living with a lung condition at the launch of the Respiratory Health of the Nation Report, December 2018. Pictured centre with authors Dr Máire O'Connor and Ms Eimir Hurley also Suzanne McCormack and Professor Ross Morgan, ITS



5. IRISH THORACIC SOCIETY AND THE EXPANSION OF THE RESPIRATORY MEDICINE PROFESSION

The ITS has been closely associated with other respiratory health bodies in Ireland throughout its history. Chief among these have been Anáil, the Respiratory Nurses Association of Ireland; The Irish Institute of Clinical Measurement Science (IICMS) and Chartered Physiotherapists in Respiratory Care (CPRC).

5.1 ANÁIL

The mission

ANÁIL provides a forum for promoting excellence in respiratory care, by sharing knowledge, supporting each other, providing networking opportunities and promoting the role of the respiratory nurse to the benefit of patients. As a specialist nursing group, ANÁIL is a source of knowledge and contributes to raising awareness of respiratory illnesses in collaboration with colleagues working in the respiratory field. The purpose of ANÁIL is to provide a supportive network, promote respiratory specialty practice through education and professional development and to influence the respiratory care policy in Ireland.

The beginnings

ANÁIL, which means 'breath' in Irish, was founded in 1993. The association was originally known as the Asthma Nurses Association of Ireland. However, in 2000, the organisation's name was changed to Respiratory Nurses Association of Ireland, reflecting the growing diversity in respiratory care and the expanding role of asthma nurses caring for patients with other illnesses such as COPD, pulmonary fibrosis, bronchiectasis and tuberculosis. The acronym 'ANÁIL', however, remains enduring and valued.

(L)
Bettina Korn,
Geraldyn Hynes,
Kitty O'Connor



(M)
Niki Byrne,
Donna Langan



(R)
Paula Hallahan,
Bridget Murray



*The ANAIL 25th
Anniversary
Lunch which took
place at the ITS
Annual Scientific
Meeting in Belfast
in 2018*



Historically, asthma nurses in Ireland were one of the first groups of nurses who specialised in a particular field of nursing (from the late 1980s onwards). In the early years, there were very few asthma nurse specialists, mainly in the larger secondary centres and in primary care. Their role was primarily to educate patients, specifically to empower the person with asthma, to enable them to monitor their condition with an awareness of deteriorating signs, action to be taken on deterioration, avoidance of triggers, and implementation of written management plans. Their practice was often single-handed under the clinical lead of a respiratory physician or GP and therefore asthma nurses worked in isolation from each other and largely lacked recognition of their role. The formation of the Asthma Nurses Association of Ireland provided these nurses with a network for exchange of ideas, shared problem solving and to develop policies together. In the early 1990s mobile phones and email were only emerging. Advertising for the group was through word of mouth, posters in hospitals, GP practices and ads in national nursing magazines. During the early years of the organisation, between five and seven nurses met in the board room of St Vincent's University Hospital, Dublin.

A growing organisation

Initially a network for asthma nurse specialists, ANÁIL members soon became active in developing a vision for the future. Following on from the Commission on Nursing Report (1998), the National Council for Nursing and Midwifery was established. One of its first recommendations was the development and subsequent implementation of Clinical Nurse Specialist (CNS) roles within Irish healthcare. At this point, ANÁIL had been in existence for almost 10 years but more pivotally, asthma nurse specialists were one of the first groups of nurses to have subspecialised. Those two key points paved the way for a strong working relationship with the National Council for Nursing and Midwifery from 1999 onwards. This aided nurses working in the emerging field of respiratory care to turn previously unrecognised asthma nurse specialist posts into Respiratory CNS posts and to lobby for and grow the number of these posts nationwide. Membership was now increasing steadily because nurses recognised ANÁIL's leadership role in negotiating the way for respiratory nursing in Ireland, leading to an even stronger voice for respiratory nursing. Other developments in the early 2000s were the establishment of the organisation's website (www.anail.ie) and a quarterly ANÁIL Newsletter.

The present

Today, ANÁIL has grown to a membership of 120 respiratory nurses. Membership is diverse and ranges from nurses working in primary care, hospital-based respiratory CNSs and ward nurses, researchers, academics, policy makers and the industry. At its heart ANÁIL has always been a place where respiratory nurses meet and network. Many nurses outside the larger urban centres work in isolation and for those members in particular, the collegial and professional support provided by the organisation is invaluable.

ANÁIL is governed by a constitution and led by an elected committee. Its primary aim has always been to support the professional development of all nurses working or interested in respiratory care through education and research. The first member of ANÁIL became an Advanced Nurse Practitioner (Primary Care) in 2005 and others have followed since.

These are some examples of ANÁIL's educational activities:

- Annual ANÁIL education and travel bursaries – providing the opportunity to attend, for instance, the European Respiratory Society Annual International Congress
- Facilitation of educational courses e.g. arterial blood gas-taking and interpretation

- ANÁIL hosts a 'Best Abstract' competition at the ITS Annual Scientific Conference (est. 2008)
- Initiation of the ERS Highlights (2007) in collaboration with the Irish Association of Respiratory Scientists and Chartered Physiotherapists in Respiratory Care (CPRC)
- ANÁIL Annual Conference (est. 2014)

From its pivotal role in the implementation of innovations such as the early adaptation and initiation of ward-based NIV in the 1990s to subsequent subspecialisation respiratory nurses, through ANÁIL, have been and continue to be to the forefront of development and innovation in respiratory care in Ireland.

These are some examples of the manifold involvements and contributions from ANÁIL and its members to the respiratory field:

- Establishment of postgraduate respiratory nursing courses in several universities
- Numerous nurses with an MSc in respiratory nursing
- A growing number of nurses with a PhD in the area of respiratory care
- Numerous research presentations at the ITS Annual Scientific Conference

ERS Annual International Congresses and the American Thoracic Society (ATS) Annual Congress.

- Representation as officers within the ERS, ATS and European Lung Foundation
- Development of strong links with partner organisations nationally and internationally
- Membership in national policy committees, e.g. COPD & Asthma Model of Care (HSE) and advocacy groups, e.g. COPD Support Ireland
- Pivotal role in the development of the first *National Guidelines for the Management of Long Term Oxygen Therapy* (2015)
- ANÁIL member's contribution to local, national and international research activities e.g. ISACC studies, ERS COPD audit (2013)
- Advocacy for World Asthma, COPD, IPF and TB Day at local level and in collaboration with other partner organisations

Members of ANÁIL can take great pride in the development of their organisation, specifically the establishment of the Annual ANÁIL Conference. Now in its sixth year and growing exponentially it provides a forum to nurses

interested in the care of respiratory patients and keeps members abreast of the latest research and development.

Links with the Irish Thoracic Society

From about 1996 onwards ANÁIL became associated with the Irish Thoracic Society (ITS). This was an important milestone for the group as it offered more prominence and provided greater opportunities for collaboration with other professions working in the field of respiratory care.

Since the beginning of this association, ANÁIL's Annual General Meeting (AGM) is held during the ITS Annual Scientific Conference. In 2008, the two organisations formalised their relationship and ANÁIL became affiliated with the ITS.

In practice this means respiratory nurses can now become affiliated ITS members and ANÁIL leadership is represented at the ITS AGM. Affiliation with and collaboration between ANÁIL and the ITS and other professional and advocacy organisations in the respiratory field in Ireland has not only resulted in the development of the organisation but also contributed to progress made with patient care and policy development nationally. Collaborations within the respiratory sector resulted in the founding of the Irish Lung Health Alliance (www.lunghealth.ie) of which ANÁIL is a member.

Into the future

Healthcare is a fast-developing field with incredible research innovations shaping the field of respiratory care. However, the challenges faced by healthcare professionals today are manifold. As an established organisation, ANÁIL is committed to contributing to the future development of respiratory care in Ireland and looks forward to furthering its prolific relationships with the ITS and other partner organisations.

5.2 Respiratory Physiologists/Respiratory Scientists/ Pulmonary Function Technicians

Early beginnings

Although it is nearly 60 years since the first pulmonary function laboratory opened in Ireland, many tests today are still based on the same principles. However, much has changed and improved over this time in the fields of

(L)
*Valerie McKay,
Geraldine Nolan
and Paul Byrne,
2018*



(R)
Michelle Dunne



(L)
*Emma Flood and
Orla Farrelly at
the Launch of
National Lung
Health Awareness
Week*



(R)
*Geraldine Nolan
and Maria
McNeill*



technology and education, and there has been a significant increase in the number of staff and laboratories around the country.

The first pulmonary function laboratory was opened in 1959 by Dr Terence Chapman in the Royal City of Dublin Hospital, Baggot Street. Computerised lung function systems only became a reality in Irish pulmonary function laboratories during the 1980s and 1990s. By the mid-90s there were 18 laboratories throughout the country as well as private laboratories in some Dublin hospitals. Many of the new laboratories were manned initially by one or two technicians, though there were more staff in the larger Dublin departments, mainly due to the arrival of respiratory sleep medicine. In fact, the first sleep laboratory opened in St Vincent's University hospital in 1985 under the direction of Prof Walter McNicholas.

Formation of the Association of Respiratory Technicians of Ireland (ARTI)

A small core group of eleven pulmonary function technicians came together during 1994 and on 25 February 1995, formed the first association, the Association of Respiratory Technicians of Ireland (ARTI). The association changed its name in the mid 2000s, in recognition of the introduction of the BSc Hons Clinical Measurement Science programme in 2005, to Irish Association of Respiratory Scientists (IARS). A professional body, the Irish Institute of Clinical Measurement Science (IICMS), representing all clinical measurement disciplines – cardiology, neurology, vascular, GI as well as respiratory – was then established and continues to work on all matters relating to education and training with the Department of Health, the HSE and related educational bodies. To coincide with the changing name of the organisation, the job title of the discipline has evolved from respiratory technician to respiratory scientist to the current official HSE-recognised title, respiratory physiologist.

The initial aims of the ARTI were to bring pulmonary function technicians together, develop education and training and raise their profile in general. These early aims were supplemented by the desire to create standards of lung function testing in Ireland, engage with stakeholders and become involved in multi-disciplinary teams to improve the health service provided to patients.

The development of a constitution, job descriptions, and a newsletter, as well as agreeing on a set of testing standards were the first tasks presented to the committee in February 1995, along with the establishment of an education committee, appointments of liaison officers, the design of an association logo and the design of an identifiable uniform for members within a hospital setting.

Setting standards

As the association developed, sponsorship was obtained from industry to run education meetings, which brought people together and allowed shared learning to develop.

Internationally, standardisation of lung function tests only developed in the 1980s and 1990s. The first attempt to standardise spirometry, the most common lung function test, was the publication of the Snowbird workshop report in the United States in 1986. This was followed by publications of lung function testing guidelines individually from both the European and American Thoracic Societies over the next two decades culminating in the publication of a joint set of guidelines in 2005, which are the standardised set followed currently in all pulmonary laboratories in Ireland.

In 2001 an inter-laboratory variability project was carried out by two committee members which led to the development of a standardised approach to Quality Assurance for pulmonary laboratories in 2002 and to the launch of the first IARS Quality Assurance manual which was further updated in 2010. IARS also published manuals on infection control and the standardisation of tests, specific to pulmonary laboratories, which encompass all national and international standards and guidelines.

Affiliate members of national and international organisations

At the ITS meeting in November 2000, after an oral presentation on a summary of lung function services at that time, ARTI became officially affiliated with the ITS. Results of collaborations with doctors and consultants have been presented at many meetings, especially at the annual ITS meeting each November. With the introduction of a degree programme many IARS colleagues are undertaking research in their own right, which contributes to the overall knowledge and understanding of many aspects of lung function and breathing during sleep. IARS has also worked with the ITS to provide spirometry testing for public screening events in the community and is actively involved in the relevant national clinical programmes including asthma, COPD, CF and paediatrics. IARS was also active in establishing the Irish Sleep Society (ISS) on 24 September, 2005 and has collaborated in the development of national guidelines for the diagnosis and treatment of Obstructive Sleep Apnoea Syndrome (OSAS).

Many members have also joined the British equivalent – Association for Respiratory Technology and Physiology (ARTP). A total of four very successful joint meetings have been held with them in Dublin, the first of which took place in Trinity College in 2003. The European Respiratory Society (ERS) is another important and relevant body and as affiliate members of the ITS, members of IARS hold dual ERS membership. One IARS member, the National Representative for ITS during 2003–2006, Michele Agnew, later became Secretary of Assembly 9.1 in 2009 and in September 2017 another member, Aisling Mc Gowan, became Chairperson of Assembly 9.1 for a three-year period.

In 2005 the HSE created a Health and Social Care Professional (HSCP) group, initially for 12 allied therapy professions, including IARS/IICMS. In 2016 a HSCP Office was established and there are now 26 different health and social care professional groups included. Since joining this organisation, IICMS has access to HSE continuing professional development (CPD) funding, which has included the appointment of a CPD officer for the IICMS and most importantly has given the association a voice on future developments on a national level for health and social care professionals.

Education

In the early days of the profession in Ireland, staff were often employed directly from secondary level education and were trained on the job. In the early 1970s a part-time Technician Certificate course in Medical Physics and Physiological Measurement (MPPM), modelled on a similar programme in the UK, was developed in TUDublin (formerly Dublin Institute of Technology (DIT), Kevin Street). In early 1994 it was restructured to allow all technicians the opportunity to attend and obtain an academic qualification.

In March 1995, representatives from each of the disciplines began working with TUDublin to develop a full time BSc Hons degree programme, the first real venture into multidisciplinary team working. The first graduates from this course were employed in 2005 and there have been on average four to five graduates specialising in respiratory every year since then. In more recent years six of the graduates of the MPPM and BSc Hons programmes have completed a Masters (MPhil) of Research and two have completed Doctorates (PhD). Work is on-going to develop a taught Masters programme for the whole clinical measurement group.

During the 1990s ARTI and representatives from the other clinical measurement groups formed a working group with the HSE to review the profession of clinical measurement. Unfortunately, some of the recommendations of this review have yet to be implemented and now require a complete review and update to ensure that they meet current and future requirements for our profession.

IARS has become an educator itself and is an education partner with TUDublin since 2011. As part of its involvement with the National Clinical Programmes for Asthma and COPD, IARS developed and provided a CPD Certificate in Spirometry for Healthcare Professionals in conjunction with TUDublin directed at nursing and physiotherapy colleagues in particular. This is the only accredited spirometry programme in Ireland and IARS has renewed its partnership with TUDublin in October 2016 for another five years. In May 2016 an equivalency agreement was signed with the ERS, in recognition that the IARS spirometry course was similar to their new programme introduced in 2013, ESDL (European Spirometry Driving Licence). IARS is the only European association to provide both dual certification for spirometry training and a national spirometry certificate accredited by a Higher Institute of Learning.

The Future

Numbers and expertise continues to grow with over 100 trained respiratory physiologists currently in Ireland. There are now 41 laboratories spread around

the country. Many of these departments also participate in sleep assessments, providing a broad range of services for the assessment of lung function and breathing, both day and night. Qualified staff from European countries and further afield have been recruited into the Irish health service, while our Irish graduates are becoming highly sought after throughout the world.

5.3 Chartered Physiotherapists in Respiratory Care (CPRC)

The Chartered Physiotherapists in Respiratory Care (CPRC) group was established in the late 1980s. The main aim being the development of core education. Over the years the committee has always endeavoured to represent the speciality of respiratory physiotherapy, providing CPD, develop professional links and keep members up to date with developments in the specialty.

Education

Late 1980s: Barbara Rooney was one of the first chairpersons for the CPRC. Her main focus was the establishment of the 'Back to Basics in Respiratory Care' course. It was initially held in St. James's Hospital and Barbara herself gave a presentation on CPAP which was a relatively new treatment at the time.

1990s and 2000s: Anne-Marie O'Grady, Fidelma Moran and Lara Bourton-Cassidy were some of the chairpersons during this time. One of their achievements was the production of an advice leaflet for patients post-cardiac surgery which entailed lots of discussion around the definition of a 'brisk walk'. During this time the group went on to develop courses for members including the implementation of the "Back to Basics in Respiratory Care" course, and the introduction of intermediate and advanced courses.

Examples of topics covered included:

- *Is NIV the role of the respiratory physiotherapist?*
- *Mucociliary clearance techniques*
- *Towards 2000: The changing face of respiratory care*
- *Physiotherapy in the ICU*
- *Glossopharyngeal breathing*

Marian Johnson was Chairperson for four years having joined the CPRC in 1996. A talk on pulmonary rehabilitation by leading UK expert Professor Sally Singh became a building block for Marian in the establishment of the first such programme in Ireland in July 1996. In 2002 the first AGM for the Irish Association of Pulmonary Rehabilitation was held in Dublin.

(L) Claire Egan,
Caitriona Ni
Chearbhairlin,
Rachel McConnell



(C)
Miriam Geehan,
Tara Cahill



(R) Petra Grehan



(L) Niamh Julian,
Martha Mackey



(R) Aine O'Brien,
Sinead Furlong,
Marian Johnson,
Eimear
McCormack



Most recently Emma Gorman, Ciara Cassidy, Joanne Dowds, Ciara Gleeson, Claire Egan, Caitriona Carroll and Fiona Blackie have been Chairpersons. The annual "Back to Basics" study weekends and advanced courses, along with evening lectures have continued to be of interest to members. In the last few years some of the topics have included:

- *Respiratory management and cough enhancement in neuromuscular disease*, Miguel R. Gonçalves
- *On-call respiratory physiotherapy in intensive care: Help or hindrance?*, Harriet Shannon
- *Rehabilitation post cardiothoracic transplantation and management of patients following Mechanical circulatory support implants*, Cathy Bindoff
- *Clinical challenges in respiratory care*, Colin Dunleavy, Joanne Dowd and Sinead Sweeney
- *Physiotherapy management in COPD*, Brenda Deering
- *Walking prescription for high BMI COPD patients*, Shakila Perumal
- *Buteyko method of breathing*, Patrick McKeown
- *Arterial puncture course*, M&K Update Ltd

Links

In the 1990s establishing links with the Irish Thoracic Society was very important and very innovative move. Sponsorship for members to attend the annual ITS meeting was key and led to establishing a small but key part in the conference. One of the earliest records of the CPRC at the ITS Conference was in 2001 at the Slieve Russell, Co Cavan. Marian Johnson was Chairperson and the topics included “Pulmonary Rehabilitation”, Dr Rik Gosselink, Leuven Belgium; “A new COPD outreach service in Beaumont Hospital”, Ms Niamh Murphy, Beaumont Hospital; Pulmonary rehabilitation and Cystic Fibrosis, Ms D Concannon, St Vincent’s University Hospital and “Pulmonary Rehabilitation: an Unmet Need in Ireland”, Dr Tim McDonnell, St Vincent’s University Hospital.

The physiotherapy sessions have always been well-received and topics have included:

- *Advanced airway clearance techniques*, Irene Maguire (ITS 2016)
- *An investigation into exercise prescription after cardiac surgery in Ireland*, Siobhan Healy and *Changes in sedentary behaviour and physical activity levels in response to an exercise intervention programme in heart failure*, Denise Dunne (ITS 2015)
- *The Chelsea critical care physical assessment tool*, Evelyn Corner (ITS 2014)
- *Cystic fibrosis and the use of NIV and A case study of CCF and NIV*, Clare Reilly and Karen Craddock (ITS 2012)
- *COPD outreach*, Brenda Deering (ITS 2011)
- *British Thoracic Society guideline for non-CF bronchiectasis*, Alex Harvey (ITS 2010)
- *NICE guideline on critical care rehabilitation*, Amanda Thomas (ITS 2009)
- *The role of physiotherapists in ICU*, Prof S Nava (ITS 2008)
- *Feedback from the WCPT and from the clinical consensus on COPD conference held in London*, Marian Johnson and Brenda Deering (ITS 2007)
- *TB*, Maria Lawlor (ITS 2006)
- *Extended scope*, Paul Birch (ITS 2005)
- *Airway clearance, Irene Maguire and Implications of NICE guidelines*, Rachel Garrod (ITS 2004)
- *The role of physiotherapy in ICU*, Michelle Norenberg (ITS 2002)

Links were created in the late 1980s with members of the Thoracic Association in England and in the 1990s with the Association of Chartered Physiotherapists in Respiratory Care (ACPRC). Today Siobhan Healy is the CPRC link person for the ACPRC.

Membership

Today we have 96 members in total across the country. Along with membership of the CPRC members are automatically members of the ERS and many members also hold membership of the ITS.

Policies and Guidelines

The CPRC has been involved in the development of guidelines for Manual Hyperinflation, Ventilator Hyperinflation, Mobilising the Critically Ill Patient and Guidelines for Use Of Nebuliser Systems in the Home Environment. Ciara Cassidy was nominated as the ISCP Representative to the National COPD Strategy Group in September 2007. CPRC members have been actively involved in a recent HSE national group to address matters concerning Respiratory Aids & Appliances supplied in Community, the Physiotherapy lead being Claire Egan. Tara Cahill is currently involved in the development of Long Term Oxygen Therapy Guidelines and the ITS Pulmonary Fibrosis Position Statement and is working on this on behalf of the CPRC.

Representation on interest groups and care programmes

CPRC members have long been associated with and represented the field of respiratory physiotherapy on many committees throughout the years. Some members include Marian Johnson on the International Qualifications Working Group (IQWG); Irene Maguire established and Chaired the CF subgroup and is on the International Physiotherapy Group in CF; Deirdre Concannon was the first Irish physiotherapist involved in the International Physiotherapy Group for Cystic Fibrosis; Brenda Deering is Co-Chair of the Advanced Practice Physiotherapy Group along with Tara Cahill and Brenda is also committee member of the Professional Development Unit and is a member of the COPD Outreach Group. Emma Gorman was representative on the Critical Care programme. Tara Cahill is the respiratory physiotherapy representative on the National Reform Programme for Community Funded Schemes Respiratory Therapy Products.

Into the future

The CPRC will continue to promote excellence in respiratory care. It will always aim to provide a representative body of physiotherapists involved in respiratory care to facilitate post-qualification education and training and to encourage and support research and the dissemination of research findings. Finally, the CPRC will continue to develop and maintain links with relevant organisations, both nationally and internationally. Establishing and maintaining links with the ITS has been of key importance to the CPRC and we look forward to being involved in particular, with many more ITS Scientific Meetings in the future.

6. HISTORY OF PAEDIATRICS AND RESPIRATORY MEDICINE ON THE ISLAND OF IRELAND

“If we neglect the health of the child we cannot have healthy men and women.”¹ – Langford Symes, 1900

The development of health services for infants and children has evolved very slowly on the island of Ireland and was often not given a high priority either by the medical profession or the political class. In fact in the 19th century there was much opposition to the development of paediatric hospitals based on the view that ill children were best looked after at home or in the existing adult hospitals. Writing in the 1930s Dr Robert Collis (1900–75), a paediatrician at the National Children’s and Rotunda Hospitals, Dublin noted that “the position of paediatrics in Dublin was very much at its beginnings”. Around that time, he and his predecessor, Dr Brian Crichton (1887–1950), had just developed a neonatal service for premature babies at the Rotunda Hospital, likely to have been the first such unit in the country. Outside of the main cities, Dublin and Belfast, paediatric units in regional hospitals around the country were only being developed in the late 1950s/early 60s, many of which were often only staffed by one or two paediatricians. The European Working Time Directive had not been even dreamt about in that era! Although paediatrics as a subject for medical students became mandatory at Queens University Belfast as far back as 1911, for some reason this did not occur in the Republic of Ireland (ROI) until the early 1950s, and was likely to have been introduced then at UCC by Dr Richard Barry (1914–2001). Likewise, Chairs of Paediatrics in our universities were only created relatively recently. At Queen’s University, Belfast, Dr Frederick Allen was appointed as the first Nuffield Professor of Child Health in 1948. In the Dublin medical schools, Prof Sheamus Dundon (RCSI), Prof Robert Steen (Trinity College) and Prof Colman Saunders (UCD) were only appointed in 1960, with appointments at UCC (Prof Richard Barry), and UCG (Prof Brian McNicholl) to follow some years later.

Given this modest start, it is not surprising that clinical paediatric specialities in the modern sense emerged in Ireland only in the past 40 to 50 years, starting with paediatric cardiology, neurology, oncology, nephrology and metabolic disorders and extending to other areas, such as respiratory medicine more recently.

It should be pointed out that the ‘stand alone’ children’s hospitals in Dublin and Belfast have had a long and distinguished history and in many ways influenced the establishment of children’s hospitals and services in the UK and beyond. In order to put the history of paediatrics as a specialty in Ireland into perspective, it would be worthwhile briefly reviewing the development and evolution of these institutions.²⁻⁴

6.1 The National Children’s Hospital (NCH), Dublin

With the exception of L’Hopital des Enfants Malade in Paris (founded 1802), NCH is the oldest children’s hospital worldwide. Its origins date back to 1821, when the charitable Dublin Institution for the Diseases of Children was opened at 9 Pitt Street (now Balfe Street). Initially, it only provided outpatient services for children, mainly for the neighbouring poverty-stricken Liberties area of the city. However, it started catering for inpatients in 1852, when it changed its name to the Hospital for Diseases of Children. It most likely was the first centre of paediatric teaching in Britain and Ireland – the first children’s hospital in Britain was Pendlebury (now the Royal Manchester) Children’s Hospital which was opened in 1829. The famous Dr William Stokes (1804–77) was one of the consulting physicians at the Pitt Institution, although his main commitment was to the nearby Meath Hospital. Like some of his contemporaries, Dr Stokes was not a great proponent of ‘stand alone’ children’s hospitals.² Two staff members of the Pitt Institution, Richard Evanson (1800–71) – a Physician, and Henry Maunsell (1806–79) – an Obstetrician, published a new textbook entitled *A Practical Treatise on the Management of Diseases of Children* in 1836. Five editions of this text were published between then and 1848, and it was also translated into German and French.

In 1875, the National Orthopaedic Hospital was opened in Upper Kevin Street, Dublin for the treatment of “children with club foot, contractions and distortions of limbs”. It and the Hospital for Diseases of Children subsequently merged and in 1887 moved to Lower Harcourt Street to become the National Children’s Hospital, opening with 40 beds. Over the years, it expanded and continued to operate from there until its relocation and amalgamation with the Meath and Adelaide Hospitals to its current site in Tallaght in 1998.

Under the TCD umbrella of hospitals, another paediatric/neonatal unit existed at St James’s Hospital, Dublin until its closure in 1976. The late Dr Virginia Coffey (1911–99) provided paediatric care there under difficult circumstances from 1943 to 1976. Dr Coffey had protean clinical interests including congenital abnormalities, thalidomide effects, congenital syphilis, metabolic disorders and Sudden Infant Death Syndrome (SIDS). She was one of the founding members of the Irish/American Paediatric Society in 1968, and of the Faculty

of Paediatrics (RCPI) in 1981. The long and distinguished history of St James's Hospital has recently been well documented by Davis and Mary Coakley.³

6.2 Temple St Children's University Hospital, Dublin – TSCUH

The history of TSCUH dates back to 1872 when St Joseph's Infirmary for Children opened at 9 Upper Buckingham Street with eight beds—initiated by two philanthropic ladies, Ellen Woodlock and Sarah Atkinson.⁴ Initially a charitably-run institution, its governance was transferred to the Irish Sisters of Charity in 1876. It was subsequently relocated to 15 Upper Temple Street, opening with 21 beds. It is interesting to note that one of the original clinicians at the hospital, Dr John McVeagh, had a special interest in asthma and diabetes. Several waves of development occurred over the years at the Temple Street site with the acquisition of neighbouring buildings.

In 1908, the Sisters of Charity were bequeathed a house in Cappagh, Dublin which they converted into a convalescent home for children with “tubercular bone disease”, transferred from Temple Street. This subsequently became the National Orthopaedic Hospital in 1920.

Today, TSCUH provides a comprehensive range of paediatric services and is the National Referral Centre for many specialties e.g. Neurosurgery, renal transplantation, metabolic disorders and also houses the National Newborn Screening Programme (see subsequent).

It should be pointed out that the providers of medical care for children in Dublin in the 19th century were adult physicians and surgeons. One exception to this was Dr Langford Symes (died 1911) who had trained in Great Ormond Street Children's Hospital, London (opened in 1852 by Charles West) and worked in the children's ward of the City of Dublin Hospital and in the Orthopaedic Hospital.¹ He published numerous papers on paediatric topics and was likely the first Dublin paediatrician (Prof OC Ward, personal communication).

6.3 St Ultan's Children's Hospital, Dublin

This hospital was opened at 37 Charlemont Street in 1919 by Dr Kathleen Lynn (1874–1955) and Madeleine Ffrench-Mullen (1880–1944). It was named after St Ultan of Ardraccan, Bishop of Meath in the 7th century, and the patron saint of paediatricians. Both of these women were involved with the suffrage movement, Jim Larkin's 1913 lock-out and the 1916 Easter Rising. After the Rebellion, both were taken into custody for a brief period of time. In 1923, Dr Lynn was elected TD for Dublin but did not take her seat, as per Sinn Féin's abstentionist policy.

St Ultan's was initially established to care for babies infected with congenital syphilis in the aftermath of World War 1. In addition, the Spanish Flu epidemic reached Dublin in November 1918 with devastating effects, as well described by Catriona Foley⁵ – daughter of the late Linda Foley (see subsequent). St Ultan's was the only hospital in Ireland almost entirely managed by women and provided medical and educational support for Dublin's inner-city poor, with great emphasis on good nutrition, breast feeding, hygiene and improved housing. Ffrench-Mullan acted as the administrator in the hospital. In addition to Dr Lynn, physicians with an interest in children's health associated with St Ultan's included Dr Ella Webb, Dr Dorothy Stopford Price, Dr Elizabeth Tennant, Dr Katherine Maguire and Dr Alice Barry.

While working at St Ultan's and the Adelaide Hospital, Dr Webb (1877–1946) also established the Children's Sunshine Home in Stillorgan, Dublin in 1925. This philanthropic home was founded to care for children with rickets which was then an extremely common condition in inner-city children due to poor diet, and inadequate sunlight exposure. Treatment at the Home included bed rest (in the acute phase), complemented by sun exposure and a diet rich in calcium and vitamin D. The Home was extremely successful and continued to operate into the 1950s. With the decline in rickets by then, it started to admit children with other conditions, such as tuberculosis. Today it is the Laura Lynn Hospice for children with life-limiting diseases. In 1918, Dr Webb was awarded an MBE for her work with St John's Ambulance, attending to the wounded in the 1916 rebellion.

St Ultan's Hospital was also in the forefront in the fight against tuberculosis which was the third commonest cause of death among children in Ireland in the first half of the 20th century (after gastroenteritis and pneumonia). Tuberculosis was particularly prevalent among children, living in the overcrowded Dublin slums. Dr Dorothy Stopford Price (1890–1954) became interested in tuberculosis as part of her work at St Ultan's, which she joined in 1923. In the early 1930s, she visited some of the pioneering paediatricians in the diagnosis and prevention of tuberculosis in Europe, particularly in Austria, Germany and the Scandinavian countries. She brought back some tuberculin ointment and started skin testing children at St Ultan's and also at Peamount Sanatorium, Dublin (with Dr Alice Barry). In the early 1940s, Dr Price developed her own tuberculin ointment which she called Dublin Moro. Starting in 1937, Dr Price imported and started testing the BCG vaccine and gathered support for a nationwide vaccination programme. In 1949, Dr Noël Browne, Minister for Health with the newly formed Coalition Government appointed her Chairperson of the Consultative Council on Tuberculosis and also of the National BCG Vaccination Committee, which was based at St Ultan's. Although Dr Price died in 1954, her work in introducing TB skin testing, BCG vaccination, together with the discovery of anti-tuberculosis drugs (streptomycin, PAS, INH) in the late

1940s/early 1950s and the establishment of Sanatoria were pivotal in curtailing the Irish TB epidemic of the mid-20th century. After her death, the BCG programme was continued by Dr Pearl Dunleavy. The ravages of TB on the Irish population in that era are well described by Dr Noël Browne (1915–97) in his subsequent memoir – he himself had suffered from T.B. in earlier life.⁶

St Ultan's continued to thrive and after the death of Dr Lynn, a fundraising committee was established at the hospital to develop a surgical ward. This was opened in 1964 and appropriately called the Kathleen Lynn Surgical Ward. This small but dynamic hospital amalgamated with the National Children's Hospital in Harcourt Street and closed its doors in 1984.

This group of female paediatricians at St Ultan's were truly remarkable and their pioneering work underscored the growing prominence of paediatrics as a speciality, distinct and no longer just an adjunct of adult medicine, surgery and obstetrics. The Irish Paediatric Club was established in 1933 and its first meeting was held in the home of Dr Price. Among its founding members were Ella Webb, Kathleen Lynn and Robert Collis. This organisation became the Irish Paediatric Association in 1953 – founded by Dr Robert Steen (1902–81). Both Dr Lynn and Dr Price were also members of the Irish Tuberculosis Society (ITS) which was established in 1946. To honour their outstanding contribution to medicine the RCPI announced two new awards in 2018 – the Dr Kathleen Lynn medal to be awarded to a paediatrician who has made a significant contribution to child health, and the Dr Dorothy Stopford Price medal to be awarded to an RCPI Higher Specialist Trainee for significant research in the area of infectious disease/vaccination.

6.4 Our Lady's Children's Hospital, Crumlin, Dublin (OLCH) Crumlin

Our Lady's Children's Hospital opened its doors in 1956, having been built on five hectares of land, donated by the then Catholic Archbishop of Dublin, John Charles McQuaid. A team of pioneering paediatricians (with varying clinical interests) was quickly appointed – Dr's Conor Ward, Sheamus Dundon, Niall V. O' Donohoe, Bill Kidney with other appointments to follow later – Dr Edward Tempany, Dr Patrick Deasy. Some paediatric specialties at the hospital were gradually developed. In addition, these paediatricians together with colleagues from other hospitals in Dublin and beyond started doing much needed outreach clinics in smaller towns around the country which as yet did not have paediatric services. Mr Barry O'Donnell was the first surgeon to be appointed to the hospital. He and his subsequently appointed general and thoracic surgical colleagues provided care at the hospital over the years for children with congenital/ acquired pulmonary conditions, requiring surgical intervention.

Since then the hospital has developed into the largest children's medical centre in Ireland. It provides a National service for many specialties e.g. oncology, cystic fibrosis, rheumatology, and an All-island service for interventional cardiology and cardiac surgery. It also houses the National Centre for Medical Genetics (NCMG), and the National Children's Research Centre. The Children's Medical and Research Foundation (CMRF) is the fundraising arm of the hospital and raises in the region of Euro 12 million annually. Recently the hospital changed its name to Children's Health Ireland (CHI) at Crumlin.

At the time of writing, a National Paediatric Hospital is being built on the St James's Hospital campus, Dublin into which the three existing Dublin children's hospitals will be amalgamated, and hopefully a maternity hospital eventually. It is due to open in 2023. Two satellite units are planned for Tallaght Hospital and Connolly Hospital to be opened in the near future.

6.5 Royal Belfast Hospital for Sick children (RBHSC)

This is the only hospital in Northern Ireland, dedicated exclusively to the medical care of children. Its history dates back to 1873 when a single nine-bedded children's ward was opened at 25 King St, Belfast – another nine-bedded ward was soon added. Herbert Darbishire (from a Belfast linen firm) was the leading figure in the establishment of the hospital together with a group of "philanthropic gentlemen of different shades of religion and politics" – a Ladies' Committee was soon established to support the project. The noble goal of the hospital was to "provide medical treatment and medicines for sick children of the poor" – a major challenge considering that half of the children in Belfast at the time died before the age of ten years. Around the same time, The Ulster Hospital for Children was opened with 14 cots at 12 Chichester St. This hospital moved several times over the years, eventually to Templemore Ave in 1912. It also developed a gynaecology service, becoming the Ulster Hospital for Women and Children. Many efforts to amalgamate these two hospitals over the years failed – the latter subsequently was incorporated into the Ulster Hospital, Dundonald.

In 1879, RBHSC moved to a new site on Queen St, opening with 18 beds, which over the subsequent years increased to 45. In addition to providing medical services, great emphasis at the hospital was placed on education – of families, medical students and nurses. Even in the early days, the hospital had close connections with medical schools in Belfast, Dublin and beyond.

The hospital moved again in 1932 to its current site (adjacent to Royal Victoria and Royal Maternity Hospitals) on the Falls Rd, opening with 73 beds. Following the establishment of the NHS (UK) in 1948, the status of the hospital passed from voluntary to state control. RBHSC moved to more modern premises on

the same site in 1998. At the time of writing, a new children's hospital is being developed adjacent to the current hospital and is due to open 2021/22.

As in the case of the children's hospitals in Dublin, paediatric care at RBHSC in the early days were largely provided by adult physicians and surgeons, often appointed a short time after leaving medical school! Dr John McCaw was appointed in 1883 and he was likely the first paediatrician in Belfast. In 1893 he published a textbook *Aids to the Diagnosis and Treatment of Diseases of Children*. Over the years, this textbook was re-published on numerous occasions– the last edition being in 1962, written by the first Professor of Child Health at Queen's University, Prof F Allen, and his successor, Ivo Carre (see subsequent). This book, therefore, reflects the teaching and practice of paediatrics at RBHSC over a 70-year period. The remarkable history of RBHSC over two distinct periods, 1873–1948 and 1948–98, has been documented in great detail by HG Calwell⁷ and Harold Love⁸ respectively.

As in the ROI, paediatric units in smaller cities and towns in NI e.g. L'Derry, Coleraine, Craigavon, Antrim, Newry etc. were only developed from the 1950s/60s onwards. These various paediatric units have close linkages with RBHSC.

6.6 History of Paediatric Respiratory Medicine on the island of Ireland

In view of her expertise in tuberculosis, Dr Dorothy Price may have been Ireland's first Respiratory Paediatrician, although she is unlikely to have had any formal training in the area as she started her medical career as a general practitioner in West Cork. In addition, Dr Robert Steen (NCH and Rotunda Hospital) was involved with Dorothy Price in the TB programme, although his main interest was in paediatric cardiology. Dr Bob Collis, although mainly committed to the National Children and Rotunda Hospitals, did have an association with the Meath Hospital early in his career where he treated patients with TB.⁹ In addition, in the early 1940s he was instrumental in establishing Fairy Hill Home in Howth, Co Dublin for the treatment of children with TB from Dublin's tenements (he was also involved in establishing Cerebral Palsy, Ireland, where Christy Brown was one of his patients – the subsequent author of the novel *My Left Foot*). After the Second World War with other Irish doctors, he joined The British Red Cross in the evacuation of the Bergen-Belsen concentration camp. He brought five orphaned children from there back to Fairy Hill for convalescence and subsequently adopted two of these children.

To the author's knowledge, there were no dedicated respiratory paediatricians in ROI in the 1960s. Even today, there are only about 15 respiratory paediatricians in ROI, most of whom were appointed in the past decade following the 2005 Pollock

Report and the subsequent HSE Working Group that was established to improve services for Cystic Fibrosis (CF) patients nationally (see subsequent). Many of these respiratory paediatricians still have general paediatric and/or neonatal commitments. Over the years, respiratory paediatricians were appointed largely due to political pressure to provide care for children with CF. Indeed most paediatric respiratory clinics worldwide evolved from teams which had been established for CF care. Therefore, by tracing the history and development of CF clinics in Ireland, one can get an insight into the overall evolution of paediatric respiratory medicine in the island of Ireland.

Respiratory/CF Clinics in Dublin & Leinster area

The outcome for children with CF in Ireland and indeed in the UK in the 1950/60s was very bleak, rarely surviving to adult life. Services and facilities were practically non-existent and parents often had to pay for medicines/hospital care. In order to address this situation, the CF Association of Ireland – now called Cystic Fibrosis Ireland (CFI) – was formed in 1963 as a patient advocacy organisation.¹⁰ It was initiated by Prof Colman Saunders (1900–94), one of the founding members of OLCH (Crumlin), and his daughter, Anne O'Dwyer, who had three children with CF. As a result of fundraising and political lobbying, the first CF clinic in the ROI was opened at OLCH (Crumlin) in 1969. Its medical director was the late Prof Edward Tempny (1930–2010), the first CF consultant in ROI. Prof Tempny had received extensive overseas paediatric training at Georgetown University Hospital, Washington DC, and at Great Ormond St Children's Hospital, London. Although he was a paediatric gastroenterologist by training, this was not unusual in that era in view of the major pancreatic/ gastro-intestinal/ hepatobiliary manifestations of CF. In 1971, as a result of lobbying by CFI, the Irish Government agreed to cover the cost of medicines and hospital care for CF patients under the Long-term Illness Scheme. This at least removed the financial burden on CF families. Throughout the 1970s progress in CF care was slow – relatively few antibiotics were available, the lack of potent pancreatic enzymes led to the use of low fat diets and malnutrition, few of the modern physiotherapy techniques were available, mist tents were widely used which were subsequently shown to be ineffective, and a potential source of *Pseudomonas*. However, some hope for CF families and their carers was provided in a key publication by Dr Doug Crozier from the Toronto clinic *Cystic Fibrosis. A not-so-fatal disease*.¹¹ In view of an improving outlook, the first adult CF clinic in Ireland was initiated by Prof Muiris FitzGerald at St Vincents Hospital, Dublin in 1976. Another Adult CF unit was opened at Beaumont Hospital, Dublin 20 years later, with Prof G McElvaney as its clinic director.

Significant improvements in treatment continued in the 1980s and 90s – acid resistant pancreatic enzymes, nebulized (and much later dry powder) anti-*Pseudomonas* antibiotics, better physiotherapy techniques, nutritional

supplements, DNase, non-invasive ventilation etc. Unfortunately, life-threatening lung pathogens in CF were also described in the early 1980s e.g. *Burkholderia Cepacia*. National Guidelines on the management of CF began to emerge in many countries. Differing models of care were recommended, ranging from centralised care as practiced in Denmark, to a shared care system as expoused in the network of hospitals in the Liverpool, UK area. Heart/lung and double lung transplantation also became options for patients with advanced disease from the early 1980s onwards. The discovery of the CF gene by Dr Lap-Chee Tsui and colleagues in the Toronto clinic in 1989 was a ground-breaking development. In 1992 the 11th CF World Congress was held in Dublin, with Prof Tempany being the Congress President. He was near retirement then and this was a great honour for him after a long and distinguished contribution to CF care. On his retirement in 1995, the author remembers him as saying that he had been “leader of a one man band” over the years!

In 1996, Dr Gerard Canny was appointed Consultant Paediatrician with an interest in Respiratory Medicine to OLCH (Crumlin). In the late 1970s he had trained for two years as a junior doctor with Prof Tempany. He subsequently completed further specialist training at the internationally-renowned Respiratory/CF Clinic, Hospital for Sick Children, Toronto with Dr Henry Levison, a doyen of paediatric respiratory medicine and an RCSI graduate in the class of 1953. Dr Canny worked there for a 16-year period (1980–96), becoming Associate Professor of Paediatrics at University of Toronto.

Being the first full-time Respiratory Paediatrician at OLCH (Crumlin), facilities at the hospital for the specialty on taking up post were poor and staffing levels were grossly inadequate. As a result of philanthropy by the late Cathal Ryan (of Ryanair), a comprehensive pulmonary function/exercise laboratory was established in 1997 and the hospital's first lung function technician was appointed (Aisling McGowan). With the support of colleagues in other disciplines relevant to CF care e.g. gastroenterology/endocrinology/surgery etc., Dr Canny submitted a detailed proposal in 1998 to the Department of Health and Children (DOHC) seeking funding for an inpatient/outpatient CF facility at the hospital and for the appointment of a multidisciplinary team. Funds were made available by DOHC for additional staff, allowing for the appointment of CF nurses,² physiotherapist, an additional lung function technician, social worker, dietitian and much later a pharmacist and clinical psychologist. However, no funds for capital projects were forthcoming. Over the next several years, significant fundraising by CFI (*Build a Brick* programme), CMRF and parent groups, allowed for the opening of a new Outpatient Resource Centre for CF at the hospital in 2005, and of a four-bedded isolation CF unit which was opened by President McAleese in 2011. Transition clinics were established with the staff of the two adult CF clinics, St Vincent's and Beaumont Hospitals. Basic sleep equipment was purchased and a non-invasive

*Paul McNally
President
McAleese and
Gerard Canny
at the opening of
OLCH CF Unit
2011*



ventilation programme was commenced in 2001. Infant lung function equipment was purchased in 2007, for use on infants and young children using the 'squeeze/hug' technique. Significant fundraising by the Staff of the Bank of America (Dublin Branch) allowed for the construction of a recreational unit ('The Den') for use by teenagers

with chronic medical conditions, e.g. CF, who spent long periods of time in hospital. This was opened by the then Minister of Children, Mr Barry Andrews in 2009. Following a HSE review in 2007 (see subsequent), the CF clinic at OLCH (Crumlin) became the designated National Referral Centre for children, based on the availability there of the relevant medical and surgical specialties.

On the recommendations of the Pollock Report (see subsequent), funding for two additional consultant Respiratory posts was procured for the hospital. Dr Barry Linnane took up post in 2008, and Dr Paul McNally one year later.

Dr Linnane was trained in Ireland and subsequently completed a Fellowship in Respiratory Medicine at the prestigious Royal Children's Hospital, Melbourne. While there, he acquired great expertise in detecting early abnormalities in the lungs of infants and young children with CF based on chest CT scanning, infant lung function testing, bronchoscopy and bronchoalveolar (BAL) studies. After his appointment to OLCH (Crumlin), flexible bronchoscopy equipment was purchased and a BAL service was established.

Dr Paul McNally was trained in Ireland and then completed a two-year Respiratory Fellowship at Children's Hospital, Philadelphia where in particular he acquired invaluable experience in sleep medicine and non-invasive ventilation. Following his appointment to OLCH (Crumlin), this service was greatly expanded with further investment in polysomnography equipment. The Day unit in the hospital was used to perform sleep studies at nighttime! An eight-bed transitional care unit was opened at the hospital in 2009 for children with complex medical needs on long-term ventilation, and this increased the demands on respiratory services. Likewise, the cardiopulmonary complications of children with sickle cell disease have significantly increased the need for paediatric respiratory and sleep services in the past decade. This also applies

to an improved prognosis for children with neuromuscular disorders e.g. Duchenne muscular dystrophy.

Dr Linnane was appointed to a new CF/Paediatric Respiratory post at the mid-West Regional Hospital in Limerick in 2010. He was replaced at OLCH (Crumlin) by Dr Sheila Javadpour in 2011. Dr Javadpour had received extensive training in CF/Respiratory care at the Leeds, Liverpool and Toronto clinics.

Dr Canny retired from OLCH (Crumlin) in 2011. Prior to his retirement, he became involved in international clinical trials of a novel compound, VX-770 in children with the rare G551D CF mutation ('The Celtic Gene'). This compound was shown to be extremely effective and was approved for use in Ireland in 2013, marketed as ivacaftor (Kalydeco). Other novel 'disease modifying' drugs were to be approved in the following years – e.g. lumacaftor/ivacaftor (Orkambi), used to treat CF individuals homozygous for the common F508del mutation, and more recently Symkevi (tezacaftor/ ivacaftor).

After his retirement, Dr Canny was replaced by Dr Des Cox who had trained in Ireland and then completed a Respiratory Fellowship at Perth Children's Hospital, Australia. The Respiratory staff at the hospital was further augmented in 2017 by the appointment of Dr Ruth O'Reilly, who had trained in Ireland and at the Brompton Hospital, London and had been a Respiratory Consultant at Sheffield Children's Hospital before taking up post.

At the National Children's Hospital, Harcourt St, Dr Mervyn RH Taylor was appointed in 1972 as the first consultant paediatrician with an interest in Respiratory Medicine – and also as Clinical Lecturer at TCD. He joined two other paediatricians there – Prof Eric Doyle (TCD) and Dr Raymond Rees.

Dr Taylor was trained in Dublin and subsequently at several London hospitals – Queen Elizabeth Hospital for Children, Hammersmith and Brompton Hospitals. He completed a PhD while there on *Exercise Response in Children with Congenital Heart Disease* under the supervision of Dr Simon Godfrey, an expert on exercise physiology in children at the time, and subsequent Professor of Paediatrics in Jerusalem.

On Dr Taylor's appointment to NCH, the major problems at the hospital included prolonged in-patient stays (mean 14 days), poorly developed infection control policies, and few management protocols. He promoted early discharge of children as soon as parents could manage their care at home. He encouraged parents to stay with their children in hospital, and to facilitate this, the number of parent/child rooms was increased. Infection control/isolation/antibiotic policies were introduced, and monitored/enforced by an infection control nurse and officer. At NCH, Dr Taylor established an excellent asthma/allergy clinic and lung function laboratory, and a Respiratory nurse

and technician were appointed. He represented Ireland in the ISAAC study – an international study of the prevalence of asthma and allergies in children. He also initiated a fiberoptic bronchoscopy service.

The paediatricians at NCH also provided paediatric services for Cherry Orchard Fever Hospital, Dublin. Another paediatrician, attached to NCH, was Dr Monica Lea Wilson (1889–1971). She provided care for children with rheumatic fever at St Gabriel's Hospital, Cabinteely which was opened in 1951. This hospital was closed in 1968 under a cloud of controversy, as outlined by Prof OC Ward.¹²

In 1973, Dr Brian Denham (a paediatric Cardiologist by training) established a CF clinic at NCH, in view of the significant 'pressures' on the CF clinic at OLCH (Crumlin). Dr Denham had trained in Dublin and Cornell University, NY. The first CF nurse in ROI, Geraldine Leen, was subsequently appointed at the hospital.

Dr Peter Greally took up post at NCH in 1994, having completed training in Respiratory/CF care in Dublin, King's College Hospital, London and Children's Hospital, Pittsburgh. CF services and the multidisciplinary team at the hospital were expanded, and bronchoscopy/BAL and sleep services were developed. An additional Consultant, Dr Basil Elnazir, was appointed at the hospital in 2006. He had trained in Ireland and the UK, and completed a PhD on the control of breathing in children at the University of Birmingham. On the Tallaght Hospital Campus, a National Reference Microbiology Laboratory was established by Dr Philip Murphy and this provided invaluable service for the CF clinics throughout the country.

A smaller CF unit existed at Temple Street CUH, which was managed for many years by Dr John Murphy, a neonatal paediatrician by training. Respiratory/CF services were greatly expanded after the appointment of Dr Dubhfease Slattery in 2002. Dr Slattery had completed a three-year Respiratory Fellowship at the prestigious Children's Hospital, Boston. After her appointment to TSCUH, Pulmonary Function and bronchoscopy/BAL services were developed and a limited sleep service. An outpatient CF unit was opened in 2010. Due to its proximity to the Central Remedial Clinic, Clontarf, the hospital has a large population of children with neuromuscular disorders, requiring significant respiratory input. More recently two additional Respiratory Paediatricians were appointed to TSCUH – Dr Fiona Healy who trained in Ireland and Children's Hospital, Philadelphia, and Dr Michael Williamson who trained in Ireland and Great Ormond St Children's Hospital, London and was appointed in 2016.

Outside of Dublin, a small number of children with CF are seen locally in hospitals in Drogheda (Dr Altaf), and Cavan (Dr Anne Leahy). However, all these children are also followed at one of the Dublin clinics on a 'shared care' basis. An out-patient unit, funded by CFI was opened in Drogheda in 2013. At Portlaoise

General Hospital, Dr Geraldine Nolan had an interest in Respiratory medicine, having completed a Respiratory fellowship in Toronto in the early 1980s.

Respiratory/CF Clinics in the Munster area

The Paediatric unit in Cork was established by Dr Richard Barry who was appointed in 1949, the first paediatrician outside of Dublin. He became Professor of Paediatrics at UCC in 1970 and had a special interest in gastroenterology/coeliac disease.

In the early 1970s, there was no CF clinic in the Cork area, although Dr Tess O'Halloran, an Area Medical Officer (AMO), did provide some basic services at St Finbarr's Hospital with Prof Barry. The late (2014) Dr Brendan Watson was appointed in 1979 and established de novo a CF clinic for children at Cork University Hospital (CUH). Ms Cathy Short was the CF nurse in the unit, one of the first to be appointed in the country. This service was greatly expanded with the appointment of Dr Muireann Ni Chroinin in 2006, and the more recent appointment of Dr David Mullane. They completed Respiratory Fellowships in Montreal Children's Hospital and Perth Children's Hospital respectively. Today there is a multidisciplinary team at CUH and a dedicated CF facility with ensuite rooms and air-handling capabilities to reduce cross infection. Pulmonary function, paediatric flexible bronchoscopy services and sleep medicine diagnostics have been developed, and many children on non-invasive ventilation are followed in the unit. A well established adult CF clinic has existed at CUH since 1995, allowing for a smooth transition for CF adolescents to adult care. At Bons Secours Hospital, Cork Dr Noël Tangney also had an interest in paediatric respiratory medicine, having completed a fellowship in Toronto in the late 1970s.

In Limerick, CF services for children were first established by Dr Anne McMahon, a paediatrician who had trained at Birmingham Children's Hospital. Dr Michael Mahony was appointed to University Hospital, Limerick in 1992. He had been trained in CF care at St James Hospital, Leeds, one of the leading CF clinics in the UK, established by Dr Jim Littlewood in 1975. In retirement, Dr Littlewood wrote the definitive history of Cystic Fibrosis, as a disease entity. Dr Mahony established a multidisciplinary team at the hospital, and a dedicated CF unit for children was opened in 2000. Dr Barry Linnane joined the team in 2010, and in collaboration with Dr Paul McNally, OLCH (Crumlin) directs the SHIELD CF project – a BAL study of host immunity and early lung disease in CF. An adult CF unit has recently been opened in Limerick, and the first CF Consultant in the area was appointed in 2010 – Dr Brian Casserly.

The first paediatric unit in the South East Health Board Area was opened in Waterford in 1975. Dr John Cosgrove was one of its first appointed Paediatricians and had just completed a CF Fellowship in Toronto at that time. Respiratory/

CF services were gradually built up over the years and in 1990 a new regional paediatric/neonatal unit was opened at the hospital. This 50-bed unit contained a few dedicated isolation rooms for CF children and also a specialist CF nurse and clinic. Around this time, Dr Cosgrove and his paediatric colleagues in Cork, Limerick and Tralee formed the Munster CF Club as a forum for discussing difficult cases and educating the CF teams in the area. They were joined later in the Club by adult physicians from the Cork CF clinic. Over the years, Dr Cosgrove was at the forefront of the campaign to develop newborn screening for CF in Ireland (see subsequent). At the present time, the Waterford Clinic is coordinated by Dr A Das, who obtained neonatal and CF training in Toronto. An adult CF Consultant, Dr Mark Rogan, was appointed recently.

At University Hospital, Kerry, a CF/Respiratory service for children was established by Dr Fergus Leahy in 1986. In the mid 1970s, Dr Leahy had worked as a junior doctor with Dr Margaret Mearns (Queen Elizabeth Hospital, London) and Dr Archie Norman (Great Ormond Street Hospital), two pioneers in establishing CF services for children in the UK. Dr Norman described a Chest X-ray score for CF in 1975, the so called Chrispin-Norman score. Dr Leahy subsequently completed a three-year fellowship in Neonatology/ Respiratory Medicine with Dr Vic Chernick in Winnipeg, Manitoba. Dr Chernick was an eminent Respiratory Paediatrician /Physiologist at the time, and co-editor of one of the definitive respiratory textbook, Kendig's *Disorders of the Respiratory Tract in Children*, first published in 1975 by WB Saunders. Dr Leahy was a Respiratory Consultant and Associate Professor of Paediatrics at University of Manitoba before his return to Tralee in 1986.

Paediatric Respiratory/CF Services in the West of Ireland

In Galway in 2019 there are consultant led, multi-disciplinary Paediatric and Adult services for people with Cystic Fibrosis. There is also a dedicated paediatric CF service in Mayo General Hospital, and a smaller CF clinic in Sligo (Dr Tummaluru). These services evolved from humble beginnings.

Brian McNicholl arrived in Galway in 1955, the first Consultant Paediatrician to be appointed west of the Shannon, he became the first Professor of Paediatrics at UCG in 1967. He was later joined by two colleagues – Des Donovan in 1970 and David Lillis in 1978. Single-handed Consultants were appointed to Letterkenny (Catherine Ryan), Sligo (Brian McDonagh), Castlebar (David O'Kane) and Ballinasloe (Kevin Connolly) in the 1970s; increasing to two person units in the 1990s. Over the past 20 years, staffing at all units has increased, so that all now have at least 4 WTE paediatric consultants, with seven in Galway.

The task facing these 'pioneers' of establishing and providing paediatric services seems impossible, viewed through the prism of today's workload norMs Children

were previously cared for on adult wards by physicians and surgeons, and newborn care was provided by obstetricians. The 'intrusion' of paediatricians was not universally welcome! In the 1950s and 60s, perinatal mortality was over 50/1,000, and infant mortality close to 40/1,000. The paediatric population (<14 years) grew steadily, with national annual births peaking in 1982 at 75,000 – more than in 2018! Accidents, infectious diseases (including tuberculosis), perinatal asphyxia, prematurity and congenital malformations were major killers, and presented urgent challenges. The science and practice of neonatal care was rudimentary. Poverty, illiteracy and malnutrition undermined the health of children. Progress was slow but steady, the tasks daunting – establishing the principle of separate services and accommodation for children; securing resources in competition with established services; developing child and family-friendly wards with dedicated paediatric medical and nursing staff; and providing space, facilities and developing expertise for neonatal care. Paediatricians were necessarily generalists, subspecialty services took time to evolve, as in the rest of the country.

Respiratory disease formed a large part of a general paediatrician's workload. Neonatal care management of Respiratory Distress Syndrome of Prematurity (without surfactant or efficient ventilators), aspirations and congenital infections; infectious diseases: bronchiolitis, pneumonias, tuberculosis, epiglottitis; asthma and other chronic conditions. All paediatricians provided general clinics – children with failure to thrive, diabetes, cystic fibrosis, cerebral palsy, heart disease and asthma could all attend the same outpatient clinic.

There was little impetus for specialist respiratory or CF clinics. Paediatricians faced many urgent and apparently more cost efficient priorities. CF was relatively uncommon, poorly understood, difficult to manage, straddled respiratory and gastrointestinal sub-specialties, and carried a very poor prognosis – few patients surviving childhood. The benefits of specialist clinics – the development and maintenance of expertise; provision of multi-disciplinary care; opportunities for teaching, research and audit; and improvement in outcomes, were not apparent.

Dr David O'Kane was an exception. He was appointed as a single-handed paediatrician to Mayo General Hospital in the late 1970s, having trained in Canada. He decided to develop a CF clinic, and informed the local CF Association. Soon he had established a popular service, with children and their parents travelling long distances to attend. His pioneering work was hampered by bouts of ill health, but he succeeded in showing what was possible with energy and expertise. The service continues today, led by Dr Michael O'Neill, and a new day care unit, funded by CFI was opened in 2016.

As consultant numbers gradually increased in the West, most units agreed some form of internal subspecialisation-usually with the most common

chronic conditions – diabetes mellitus, physical & learning disability and CF. In 1988, Dr Gerard Loftus was appointed Professor of Paediatrics in NUI, Galway. He had completed post graduate training in general and respiratory paediatrics in Dublin and at King's College Hospital, London. With the agreement of his consultant colleagues, he began to develop a Paediatric CF and Respiratory service. Consultant colleagues in ENT, Respiratory, Radiology and Surgical specialties offered generous support. The 1980s and 90s saw a paradigm shift in understanding and management of CF. Discovery of the molecular basis of the condition, more rational and effective approaches to treatment and recognition of the value of care in specialist centres all contributed. The CFI part-funded staff – specialist nurse, physiotherapy, and dietetic posts, and dedicated inpatient and outpatient areas. The appointment of Dr E Moylett in 2005, a paediatrician with expertise in immunology/infectious disease, greatly enhanced CF services in Galway. Clinic numbers grew as more patients were referred and survival improved. Ultimately over half the patients were →14year old, with the problem of finding continuing care for a then relatively unknown adult condition.

Effective lobbying by the CFI and healthcare professionals led to the publication in 2007, of a National Strategy¹³ for care of people with CF (leading to the current network of adult and paediatric specialist centres); provision of lung transplantation and expensive disease-modifying drugs, and newborn screening for CF. This National strategy led to enhanced provision in Galway, with Dr Mary Herzig taking over leadership of the Paediatric service in 2008, after completing a Fellowship in Respiratory Medicine at Royal Children's Hospital, Melbourne. Dr Michael O'Mahony commenced as the first Adult CF Physician in the West of Ireland in 2011.

Paediatric Respiratory Medicine in Northern Ireland

At RBHSC, Dr Ivo Carre (1920-2007) was appointed senior lecturer in Child Health in 1956 and succeeded to the Nuffield Chair at Queen's University, Belfast (QUB) in 1963. A graduate of Cambridge University, he received his paediatric training in London and Birmingham and subsequently in Melbourne, Australia where he worked with Dr Charlotte Anderson, a Paediatric Gastroenterologist who had established the first CF clinic in Australia in 1953. Dr Anderson subsequently became Professor of Paediatrics in Birmingham, England in 1968, where she made major contributions to CF care/research and published a textbook on the diagnosis and management of the condition in 1976.¹⁴

Prof Carre was known internationally for his pioneering studies of gastroesophageal reflux and hiatus hernia (partial thoracic stomach) in children in terms of the treatment, investigation and natural history of these conditions. While working in Belfast, he promoted joint meetings between

Ulster and Irish Paediatric Societies. On retirement in 1984 from RBHSC, he returned to his native island of Guernsey.

Two of Professor Carre's successors were instrumental in establishing initial CF services at RBHSC - Dr John Dodge and Dr Aileen Redmond. Dr Dodge was a medical graduate of University of Wales, Swansea in 1956 and subsequently (1961-3) completed a research fellowship at Harvard University. He was appointed Senior lecturer at QUB in 1964 and in collaboration with Prof Carre soon established a CF clinic at RBHSC. He returned to Wales - University of Cardiff - for the period 1971-85, where he was the Director of the CF programme. However, on Prof Carre's retirement he returned to Belfast in 1985 as Professor of Child Health and continued to contribute to CF care and research there until his retirement in 1997.

Dr Redmond graduated from QUB, and trained in paediatrics in Belfast and Toronto. In 1967, she obtained a research fellowship at Harvard University, Boston with Dr Harry Shwachman, a true pioneer in developing treatment/research protocols, starting in the 1950s when CF was considered a 'lost cause'. She returned to RBHSC in 1971 as CF programme director and expanded the multidisciplinary team which rapidly became one of the largest in the UK. In 1983, Dr Redmond had the foresight to introduce newborn screening for CF in NI. In the mid-80s, she developed the Cherry Tree House at RBHSC for adolescents with CF - the first of its kind in the UK and still operational today. In 1996, an adult CF unit was initiated by Dr Stuart Elborn at Belfast City Hospital.

Since the 1980s, Respiratory/CF services at RBHSC have greatly expanded, both in terms in facilities and personnel. Dr Michael Shields, a Bristol University graduate, trained in Belfast and completed a 2-year fellowship in Critical Care /Respiratory Medicine in Toronto in the early 1990s. After returning to Belfast in 1991, he became Professor of Child Health at QUB. His main research interest relates to airway inflammation in a variety of paediatric conditions - asthma, bronchiolitis, chronic cough.

Dr Alasdair Reid also trained in Belfast and completed a respiratory fellowship in Toronto in the late 1990s. On his return to Belfast in 2001, he became Director of the CF programme and clinical lecturer at QUB. Other Respiratory Paediatricians at RBHSC include Dr Dara O'Donoghue - who has a particular interest in sleep medicine and ventilatory support, Dr Gary Doherty - who has a special interest in bronchoscopy and respiratory support - and Dr Heather Steen who has an interest in childhood asthma in hospital and community settings.

At RBHSC in 1959, Brian Smyth was appointed as the first surgeon in NI, devoted exclusively to the care of children. He developed a thoracic surgery service for newborns with congenital conditions e.g. tracheo-oesophageal fistula,

diaphragmatic hernia – previously fatal conditions.⁸ Pioneers in the development of neonatal and ventilatory care for premature babies in Belfast in the 1970s included Dr's Mark Reid, Garth McClure and somewhat later Henry Halliday.

Outside of Belfast, the late (2017) Dr Chris Corkey had an interest in respiratory medicine as he completed a fellowship in Toronto in the early 1980s before returning to Daisy Hill Hospital, Newry to establish a paediatric unit there.

6.7 Key Recent Developments in Paediatric Respiratory Medicine in ROI

The Pollock Report¹⁵

In 2004, CFI commissioned Dr R Pollock (UK) to provide an independent, external review of CF services, both for children and adults in ROI. Having visited most of the existing CF clinics in the country, he published his report in 2005.

Dr Pollock noted major deficiencies in services and physical resources in most CF clinics and called for urgent investment in the multidisciplinary teams and in outpatient and inpatient facilities, with emphasis on the provision of single ensuite rooms to prevent cross infection. He also recommended more centralisation of care for both adults and children to designated, well-resourced specialist centres, linked to smaller clinics in a shared care model. This report was a major watershed in the evolution of CF services in the country. In response, the HSE established a multidisciplinary Working Group on Services for CF,¹³ chaired by Louise McMahon (HSE). This group reported in 2007, accepting most of Dr Pollock's recommendations. Subsequent to this, staffing levels in CF Clinics significantly improved, and based on a combination of Government investment and philanthropy, CF facilities were either built or upgraded in the designated centres around the country.

Newborn Screening for CF

In 1966, Dr Cahalane (TSCUH) established a National newborn screening programme for phenylketonuria (PKU) using the Guthrie ('Heel Prick') test, which had been developed a few years earlier in Buffalo, NY. Over the years many other metabolic conditions were added to the screening programme and also congenital hypothyroidism. In 1979, Crossley and colleagues from New Zealand reported that newborn babies with CF had raised immunoreactive trypsinogen (IRT) in their blood samples, a reflection of pancreatic disease.

In the subsequent few years, many countries started screening for CF, by incorporating the IRT test into routine newborn screening programmes. In

Northern Ireland, Dr Aileen Redmond had already established a newborn screening programme for CF in 1983, based on a two tier IRT test.

In 1993, CFI submitted a proposal to the DOH requesting the inclusion of CF into the National Newborn Screening Programme. Correspondence at the time shows that the Irish Thoracic Society endorsed this proposal. In response, Dr Jim Kiely, Chief Medical Officer, DOH established a Working Group to examine the proposal. This group reported in 2000, and recommended that a screening programme should be established based on the benefits of early diagnosis and treatment of CF, especially with respect to improved nutritional status and growth.¹⁶ Another Working Group was established in 2002 by Dr Kiely to advise on the organisation, resources etc. needed to implement a screening programme. The Group, chaired by Dr John Cosgrove, reported in 2004 and proposed a two-tier IRT/DNA analysis protocol.¹⁷ IRT testing would be carried out at the National Newborn Screening Laboratory at TSCUH (Dr Philip Mayne) and, if elevated IRT levels were found, then genetic testing for CF mutations would be carried out at the National Centre for Medical Genetics, OLCH, Crumlin (Prof Andrew Green, David Barton). The report emphasised that newborns, found to have CF on screening, should be referred to well-resourced CF clinics for further investigation and treatment. As already discussed, another Working Group¹³ was subsequently established to advise on this, following the publication of the Pollock Report. Eventually in July 2011, the newborn screening programme was extended to cover CF in ROI, a major achievement after a long campaign! To date, about 35 babies/year are diagnosed with CF, based on screening.

Cystic Fibrosis Registry (CFRI)

The CFI established a CF registry (with a grant in aid from DOHC) and appointed a full-time Director, the late Linda Foley, in 2001. The CFRI became an independent centre in 2005 on the UCD campus. It collects vital medical and demographic data on CF, publishes an annual report and collaborates with international registries.

Lung Transplantation

Heart/lung and double lung transplantation emerged as a possibility for patients with end-stage lung disease in the early 1980s. CFI started a campaign to have a transplant unit established in Ireland in 1997. The first single lung transplant in ROI was carried out in the Mater Hospital, Dublin in 2005, and the first double lung transplant one year later by Jim McCarthy/Fred Wood. The first double lung transplant for CF was performed there in 2007. A dedicated lung transplant surgeon, Ms Karen Redmond was appointed in 2011 – a lung transplant respiratory physician, Dr Jim Egan, having been appointed

several years earlier. Since then the transplant programme has greatly expanded both in terms of facilities and clinical staff. Irish children requiring lung transplantation still need to travel to the Freeman Hospital, Newcastle but long-term post transplantation care is provided in the paediatric respiratory centres here.

The Killarney CF Meeting

The annual CF Medical and Scientific Conference was started in 2001 by the late Dr Patrick Rafferty (medical director, Novartis). It is held every year in Killarney, attended by clinicians and members of the multidisciplinary teams working in CF Clinics throughout the island of Ireland. Each year it attracts the key CF caregivers/researchers from around the world as invited guest speakers. Satellite workshops are held for CF nurses/physiotherapists/dietitians.

A National Model of Care for Paediatric Services, 2015. HSE/ RCPI¹⁸

This detailed proposal provides a road map as to how paediatric services for various specialties (including CF/Respiratory Medicine) should be coordinated and integrated in the future in ROI. The necessary infrastructure, equipment needs, facilities and staffing requirements for the multidisciplinary teams around the country are described in great detail.

Cystic Fibrosis – A model of care for Ireland (HSE) – 2017¹⁹

This multidisciplinary Working group convened in 2015 to plan for the future in terms of the resources and the organisation of services required in to provide optimal care for children and adults with CF in ROI.

6.8 Summary

Hospital-based health care for children has had a long and distinguished history in both Dublin and Belfast, dating back to the 19th century. However, Paediatrics as a distinct specialty in Ireland probably only emerged to any great extent from the 1930s onwards, and paediatric units in regional towns and cities were slowly developed over the past 50–60 years. Paediatricians with a special interest in Respiratory Medicine were only appointed in any great numbers in the past 20–30 years, largely to provide care for children with CF, severe asthma, pneumonia. During this time, as a result of improvements in the prognosis for children with congenital heart disease, metabolic disorders, neuromuscular, oncology conditions etc. the scope and demand for paediatric respiratory services have dramatically increased. Likewise, reflecting immigration patterns in recent years the pulmonary complications of children with sickle cell disease have increased the workload. Rapid growth and expansion in sleep medicine technologies

have occurred, and the need for long –term ventilation, both invasive and non-invasive. Critical Care specialists provide an invaluable service for children with respiratory failure from an array of causes in the paediatric ICU units at OLCH (Crumlin), TSCUH and at RBHSC. The prognosis for preterm babies with Respiratory Distress Syndrome (RDS) has dramatically improved in the past 20 to 30 years as a result of refinements in neonatal care, ventilator technology and the introduction of surfactant therapy. These advances, in turn, have resulted in Bronchopulmonary Dysplasia (BPD) – first described in 1967 – being less severe and less common than in the past. It would be remiss of the author not to acknowledge the enormous contribution to paediatric respiratory care provided by primary care teams around the country and to the vital services provided by multidisciplinary teams in our hospitals and clinics – Respiratory nurses, Physiotherapists, Lung function technicians etc.

Paediatrics as a specialty and paediatric Respiratory Medicine, in particular, have had humble beginnings on the island of Ireland. Over the years, dedicated staff have faced the challenge of providing excellent care in the face of limited facilities and resources. However, the future should be bright in view of the development of a unified National Paediatric Hospital in Dublin, a new Children's Hospital in Belfast and hopefully with the implementation of proposals, as outlined in the National Models of Care for Paediatric Health Services (including CF). Close cross border collaboration should be further encouraged.

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Gerard J Canny, July 2019.

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