In praise of blue men

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The untiring pathologists of the 1960s

The pathology porter at my teaching hospital always ensured that the rainproof cover for the wheelbarrow was fastened on tightly before venturing out of the hospital basement into the streets. It would definitely not have impressed the natives in the streets adjoining the hospital were the contents to spill out on the pavement during his short journey to the hospital's laboratories. Underneath the canopy were the latest offerings from the surgical lists of the day. Subtotal stomachs were big business before it became possible to inhibit histamine and it was a bad day indeed when a pathologist didn't receive three or four. In those days, now it seems before history was taught at high school and when the Dead Sea was only sick, pathologists were the recipients of whole organs or entire limbs or most of the intra-abdominal contents, and, all too often, entire human organisms. A professor of pathology, on the eve of his well-earned retirement, boasted that he had been gifted at least 25 miles—40 km—of gastrointestinal tract during his career. The paltry offerings of modern clinical practice contrast unfavourably: small discrete pieces of tissue or, more recently, just a few cells, and from the most skilful clinicians, just one cell. A humble clinical colleague of mine says that he is refining a biopsy technique for removing one mitochondrion at a time for examination. It is rumoured in the hospital cafeteria that he has been skipping his tablets.

All too often in the early 1960s, when I was a medical student in Dublin, entire human specimens were sped on fleets of gurneys through the narrow public passageways, for transfer to the care of the pathology department, the court of last resort, all other clinical measures having come up somewhat short despite the best efforts of the then supposedly infallible clinical wizards. It was, at the time, reasonably accepted that if a particular professor could not cure a patient, it was definite evidence of the will of God that the patient became eligible for transfer to the pathologist.

My earliest memories of pathologists as a species are coincident with my earliest "clinical signs" tutorials in hospital. Cyanosis was big in those days,

with at least half the in-patients being blue. It was deemed critically important to be able to distinguish between central and peripheral cyanosis. The wards were full of misfortunates with either or worst of all, both, as in advanced mitral stenosis, the epidemic of the time. Pathologists could be identified by the presence of the peripheral variety. This was helpful to us in realising that blue extremities were compatible with longevity, a feat attained by most pathologists of the time, to a level that made them their own worst customers. Each hospital had one pathologist, who did everything. Each pathology department was an afterthought to the hospitals proper, almost all of which had been built in the 18th and 19th centuries. The hospitals were not overly warm in those days. All the available central heating was channelled towards the welfare of the patients. The pathology departments were freezing cold for most of the year. Thus, all pathologists had peripheral cyanosis, which varied in intensity from time to time but never left the earlobes or the tip of the nose even in high summer. The ambient temperature in their humble annexes ensured that there was never a climatic reason for haste in performing autopsies, more clinically accurately referred to as "post mortems" at the time. This lack of haste usually ensured that most post mortems were indeed performed post mortem.

As a group, the pathologists worked very hard. There was very little in the way of facilities apart from a technician, a few rudimentary stains and barrels of formalin. Each hospital's pathologist carried out all the autopsies, all the surgical pathology, most of the urine and blood microscopy, and was, in addition, responsible for all the routine biochemistry and most of the haematology reports to the clinical services. On top of all of this heavy workload, they all taught at the city's three medical schools, there being no full-time teachers employed. Most worked on Saturdays and were on call for their respective hospitals every night and every weekend. There seemed to be an unwritten rule, "one hospital—one pathologist".

Pathology was, in my medical school, without doubt the best taught discipline of the preclinical years. A very comprehensive programme of lectures, demonstrations and seminars was conducted by these dedicated blue men (yes, they were all men, no job for a lady! 1960s, remember?) throughout the academic year. Armed with Robbin's *Pathology*, Anderson's *Synopsis* and this superb teaching, we were pathologically as well equipped as any school in the world. We graduates of the time are greatly in their debt and fondly remember their efforts.

As older readers are doubtless aware, humour was not big on the pathology curriculum. The non-Chinese search engine at Google comes up empty when the words "pathologist" and "jokes" are entered in close proximity. It is reasonable to suppose in hindsight that a breakfast of two or three autopsies did not set up the poor men for afternoon hilarity at the medical school. By contrast, our microbiologists seemed positively infused with the spirit of Groucho Marx by 3 pm. Lunchtime claret was still in vogue.

Yet, I recall a story told by one of our pathology teachers during a long and depressing seminar on disorders of the adrenal gland, most of which were diagnosed a little too late for the patients' enrolment in clinical trials. International congresses were a thing of the future, of course. The main meeting was held in London every year, and several of Dublin's pathologists would make the boat and train trip annually. Often, they would have in their luggage specimens for demonstration at the meeting or for a second opinion. Our good man was stopped by a properly officious British customs officer at the UK port. He expressed a wish to be informed of the contents of a small bag among the pathologist's possessions. Our man told him that it contained a pathological specimen. This did not satisfy the officer, who wished a more elucidatory response. "It's an adrenal tumour. I am a pathologist. I am bringing it to a meeting of expert doctors in London," replied the professor. "Sir, you must tell me exactly what you have in your possession or I may have to confiscate it, pursuant to section *blah-blah* of the *blah-blah* Act of Her Majesty's Government, 1867", insisted the officer. Our man was by now exasperated and knew he would have to "come clean". "Very well," he said, "If you must know, you silly little man, it's a phaeochromocytoma!"

Our forensic pathology sessions were certainly without a trace of intended humour. These were delivered with a seriousness that bordered on the wretched. You could hear a pin drop as

the men for whom “every day was Halloween” recounted cases that were, in a word, woeful, poignant, pitiful, lamentable, desolate, miserable and woebegone. We always believed that the slides showing various misfortunes in posthomicidal postures, often with seemingly outgrowing axes, knives or slash-hooks, had been imported from wild places such as England or France, murder not then being the popular recreational activity that it is nowadays in Ireland. It was with some consternation that the poor men, who constantly seemed to be on the verge of tears occasioned by the weighty material at hand, would view the 90 or so medical students who were, paradoxically, in tears of uncontrollable mirth throughout the presentations. Each new slide was greeted with renewed howls of laughter. The most famous slide, headed “Circumstances Likely to Arouse Suspicion”, showed a picture of a poor man who had seemingly grown an axe

handle from his forehead. Two unruly students actually fell on to the floor, not the type of chaps one likes to be associated with, probably in jail now.

Much more sober occasions were the lectures on the topic of sexual crimes, once again the illustrations doubtless imported from pagan lands. Sex was not, in the Ireland of the time, the popular pastime it is today. There seemed to us medical students to be a fixation among examiners on the life expectancy of the single spermatozoan, or in the case of the more generous and less forensically careful felons, many spermatozoa. The forensic trick at the time was to catch them when they were still alive. Because of a pressing need to attend the annual colours rugby game between University College and Trinity College, I missed the follow-up lecture on what became of the little devils after they were caught. I never really found out. If we could reproduce from our memory during the viva

examinations the approximate prognosis for the survival of these little spermatozoan fellows, allowing for ambient temperature, barometric pressure, the East wind, and the presence or otherwise of a galvanised iron roof, then there was little chance of being forensically rejected.

For the sake of historical accuracy, I must report that Trinity was beaten. Many of our pathologists are of course long gone. They are not forgotten. Rather, they are warmly remembered by those of us who were privileged to “sit at their feet”.

J Clin Pathol 2006;**59**:988–989.
doi: 10.1136/jcp.2005.035311

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Accepted for publication 31 January 2006

Competing interests: None declared.