Trauma Management and the Troubles:

The Significance of the Royal Victoria Hospital

by

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HIST 495: The Troubles in Northern Ireland

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Introduction

Civil disturbances undeniably produce civilian casualties, and the Troubles in Northern Ireland was no exception to this rule. The militaries involved often bore no responsibility in caring for individuals who found themselves caught in the religious and political crossfire. Instead, this care became the moral imperative for many hospitals trapped in the war zone that had been created in Belfast beginning in the late 1960s. Medical staff did not cower. Instead, the Troubles proved to be a time of health innovation and accomplishment in Northern Ireland that received international recognition. Much of this praise went to the Royal Victoria Hospital in Belfast, which was quite literally situated in the middle of a theater of war as its boundaries covered both Protestant Sandy Row and Donegall Road with Catholic Falls Road on the other side.[1] Accordingly, trauma treatment was inevitable for this hospital.

The Royal Accident and Emergency (A&E) Department (or Casualty) quickly learned how to handle injuries caused by civil disturbance. There was simply no alternative. Senior professionals working in the department held their staff to the highest level of accountability and learned the importance of good organization. Disasters had been few and far between for the generation of medical staff before the Troubles. The influx of patients suffering severe injuries as a result of the civil disturbance was clearly unexpected at first, but the A&E Department adapted to its unfortunate surroundings swiftly. Fears were conquered and ethical dilemmas overcome so patients could be treated fairly. During the Troubles, the staff of the Royal Victoria Hospital was

[1] James McKenna, Farhat Manzoor, and Greta Jones, *Candles in the Dark: Medical Ethical Issues in Northern Ireland During the Troubles* (London: Nuffield Trust, 2009), 3.

able to provide effective trauma care and gain international renown because of their hard work and dedication.

History of the Hospital

In the beginning, the Royal Victoria Hospital was far from the trauma center it became during the Troubles. Its creation was rooted in charity. The ancestor of the Royal was the Poor House and Infirmary that the Belfast Charitable Society opened in 1774 as a result of growing population and poverty levels in Belfast.[2] A sense of selflessness and increasing need for medical treatment is how the Royal began. Furthermore, the dedication of the staff also had deep roots in the culture of the Royal, as the medical professionals who treated patients at the Poor House and Infirmary did so for free.[3] They also frequently visited outpatients' homes.[4] These humble beginnings laid the groundwork for the Royal that battled the Troubles.

In fact, the predecessors of the current hospital experienced civil disturbances of their own. The first came in 1798 when the Society of United Irishmen caused uproar within the city and authorities began to arrest members and sympathizers.[5] Many distinguished men in the community were branded as sympathizers, which meant that doctors were susceptible to arrest.[6] Due to the danger of apprehension and complementary money issues, the hospital completely shut down for a couple months until the problems subsided.[7] Difficulties again arose in 1864 when rioters rampaged through Belfast with reports from doctors indicating more than 300 injuries.[8] There is no evidence that the hospital closed this time. As violence has amplified over

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[2] Richard Clarke, *The Royal Victoria Hospital, Belfast: A History 1797-1997* (Belfast: Blackstaff Press, 1997), 2.
[3] Ibid., 2-3.
[4] Ibid.
[5] Ibid., 4.
[6] Ibid.
[7] Ibid., 218.
[8] Ibid.

the centuries, the Royal has seemed increasingly prepared to handle periods of unrest that frequently occur in Northern Ireland where sectarian tensions have often resulted in chaos.

Changes During the Troubles

As the Troubles began and approached the most violent years, the Royal Victoria Hospital underwent change as it expanded the A&E Department in April 1969.[9] This extension proved to be lifesaving to many of those affected by the disturbance. The hospital had unknowingly prepared itself for the Troubles when expanding the Casualty Department. Head nurse of A&E throughout most of the conflict, Kate O'Hanlon, believed that someone had foreseen the beginning of the Troubles and praised the extension heavily.[10] In truth, the Casualty Department upgrade was part of a larger outpatient facility built onto the existing hospital during the late 1960s that had been planned well in advance.[11] The Royal Victoria unknowingly prepared itself for the carnage of the Troubles as those people in charge clumsily added modern, advanced buildings to the more old, traditional ones already on site.[12] Nonetheless, the opening of the new A&E section was impeccably timed. The creation of a larger department definitely aided in further preparedness when the conflict began.

The Casualty Department of the Royal became more important than the others at various hospitals in Belfast because of its prime location. William Rutherford, a leading surgeon in A&E at the Royal during the Troubles, said that its position made it the "main accident reception hospital" in the city.[13] Additionally, Belfast Telegraph reporter Alf McCreary stated that the

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[9] Kate O'Hanlon, *Sister Kate: Nursing Through the Troubles* (Belfast: Blackstaff Press, 2008), 45.
[10] Ibid., 45.
[11] Clarke, *History*, 147.
[12] McKenna, Manzoor, and Jones, *Candles*, 18.
[13] W.H. Rutherford, "Experience in the Accident and Emergency Department of the Royal Victoria Hospital with Patients from Civil Disturbances in Belfast 1969-1972, with a Review of Disasters in the United Kingdom 1951-1971," *Injury* 4, no. 3 (February 1973): 189, https://doi.org/10.1016/0020-1383(73)90038-7.

Royal was "right in the middle of a battle."[14] One nurse recalled the various chaos that constantly surrounded the Royal Victoria, including riots, gunshots, and even burning vehicles that sometimes lined adjacent streets.[15] The proximity to the city center, which was a known war zone, resulted in casualties arriving sometimes moments after a tragedy would occur.[16] Due to these circumstances, the Casualty Department had no choice but to better prepare for more intense injuries than they had previously seen.

Historically, A&E work at the hospital had been close to mundane. Before the Troubles enacted unprecedented trauma on Northern Ireland, much of the labor of the Casualty Department was focused on frequent traffic accidents.[17] This did not miraculously end during the civil disturbance. As O'Hanlon stated, "The vast majority of the work carried out in the department was not conflict-related, even during the worst years."[18] Only in 1972 did the number of casualties caused by the Troubles exceed the amount claimed by vehicular accidents.[19] This fact does not change how the civil disturbance affected the A&E Department; the world class trauma management system thrived due to consequences of the Troubles. In fact, casualties from the civil conflict added to the already existing average of 250 to 300 civilian deaths from traffic accidents that were experienced per year.[20] O'Hanlon expressed how, at the beginning of the Troubles, staff "could hardly believe" the increased violence.[21] She went on to proclaim, "Now,

[14] Alf McCreary, "The Human Story of a Great Hospital," *The Belfast Telegraph*, March 6, 1972.
[15] McKenna, Manzoor, and Jones, *Candles*, 45.
[16] O'Hanlon, *Sister Kate*, 95.
[17] Clarke, *History*, 218.
[18] O'Hanlon, *Sister Kate*, 96.
[19] R.J. Barr and R. A. B. Mollan, "The Orthopaedic Consequences of Civil Disturbance in Northern Ireland," *The Journal of Bone and Joint Surgery* 71-B, no. 5 (November 1989): 739, https://doi.org/10.1302/0301-620X.71B5.2584241.
[20] Ibid.
[21] McCreary, "Human Story."

they might as well tell you it's an appendix."[22] Essentially, the work for the Casualty Department became more expectedly diverse and severe than it had previously been.

Introduction of New Types of Injuries

O'Hanlon and her A&E staff were seemingly fully equipped with the newest medical equipment and larger department, but she contended that it was near impossible to prepare emotionally for the impending carnage.[23] The injuries inflicted upon civilians and military personnel during the Troubles far exceeded what the Royal had before experienced. A department that had previously only dealt with broken bones and vehicular calamities was now being introduced to gunshot and explosion wounds, the aftermath of numerous riots, and punishment injuries like kneecapping and tarring and feathering. Further exploring the injuries A&E staff were treating almost daily during the Troubles can help one realize how resilient and committed these medical professionals were.

Bullets quickly became an enemy of the Casualty Department. The abhorrent damage that firearms can cause to the human body became clear as the Troubles progressed. Medical professionals in the A&E Department had to learn the different effects of high-velocity and low-velocity weapons.[24] Plastic bullets were fired with less rapidity but were more "local and blunt" in delivery.[25] Oppositely, high-velocity weapons used by legal and illegal security forces caused "displacement of the tissues" surrounding the entrance wound, which meant much more damage.[26] The post-mortem examination of the victims of Bloody Sunday, though completed at

[22] Ibid.
[23] O'Hanlon, *Sister Kate*, 45.
[24] Clarke, *History*, 223.
[25] Barr and Mollan, "Consequences," 740.
[26] Ibid., 741.

Altnagevlin Hospital, demonstrated the seriousness of the injuries caused by firearms.[27] Gunshots to victims like twenty-two-year-old Michael McDaid "shattered several of the cervical vertebrae."[28] Individuals similar to nine-year-old Michael Kelly might have been decimated by a ".303 caliber bullet" and have around one quart of blood present in their abdomen.[29] Furthermore, those victims comparable to sixty-two-year-old William McKinney would present with severed bowels and gaping holes in their stomachs.[30] These wounds were synonymous with those that the A&E Department at the Royal were required to treat.

Injuries resulting from explosives happened less frequently than gunshot wounds but were often much more severe and destructive than the latter. As R. J. Barr and R. A. B. Mollan have indicated, "A few kilograms of explosive in a confined space can result in horrific injuries."[31] Richard Clarke explained that bombings could be categorized into three different events: the explosion alone, the effect of said explosion on the human body, and the consequent debris in the aftermath of the explosion.[32] One lesson that came to be learned in the Casualty Department was that bombings were unpredictable in both method and delivery.[33] The only certainty was the destruction the explosives were capable of causing.

Proximity was the defining factor in the extent of the damage done to an individual; those people standing nearest to the detonation would most likely perish immediately, while others would lose limbs or breathe in enough toxins to permanently damage their lungs.[34] After the

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[27] Department of Foreign Affairs, "Post-Mortem Examinations Carried out at Altnagevlin Hospital, Derry, on the Deceased Victims of the 'Bloody Sunday' Shootings of 30 January, 1972," PDF, National Archives, Ireland, 1972. 2003/17/335. https://cain.ulster.ac.uk/nai/1972/nai_DFA-2003-17-335_1972-01-31_a.pdf.
[28] Ibid.
[29] Ibid.
[30] Ibid.
[31] Barr and Mollan, "Consequences," 741.
[32] Clarke, *History*, 222.
[33] Ibid.
[34] Barr and Mollan, "Consequences," 741-742.

Red Lion bombing in 1972, a surgeon remarked that the wounds present were the worst he had encountered in his career.[35] It was because of this bomb that a young female suffered the loss of one of her legs.[36] She was a physical education teacher.[37] At the Abercorn bombing the same year, the McNern sisters, aged twenty-one and twenty-two, tragically lost five limbs between them.[38] A waitress present at the same explosion lost the legs that had previously served food to countless individuals.[39] Jack Campbell, another victim of a separate, smaller bombing occurring on Bloody Friday was described by his daughter as "practically unrecognizable" as "his teeth were blown out" and his arms, legs, and ribs were all broken.[40] Similar to the horrific gunshot wounds mentioned above, these injuries were never seen within the A&E Department before the Troubles.

Another consequence of bomb detonation was pulmonary damage known as "'blast lung.'"[41] The sudden atmospheric pressure changes along with the tainted particles being carried through the air could cause a plethora of problems for those individuals near enough the explosion.[42] These damages could "range from a sudden severe massive pulmonary contusion resulting in fatal respiratory failure to diffuse lung damage occurring up to 48 hours after tile explosion."[43] Victims affected by 'blast lung' were saved by anesthesiologists like Bob Gray and Dennis Coppell of the Royal Victoria when they developed "'Positive End Expiratory

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[35] McCreary, "Human Story."
[36] Clarke, *History*, 221.
[37] Ibid.
[38] Ibid.
[39] Ibid.
[40] *British Broadcasting Company,* "Bloody Friday: How the Troubles Inspired Belfast's Medical Pioneers," July 20, 2012, https://www.bbc.com/news/uk-northern-ireland-18886867.
[41] John Williams, "Casualties of Violence in Northern Ireland," *International Journal of Trauma Nursing* 3, no. 3 (July-September 1997): 81. https://doi.org/10.1016/S1075-4210(97)90033-X.
[42] Ibid.
[43] Ibid.

Pressure.'"[44] This method prevented full collapse of the lungs to aid in further treatment and allow the lungs to heal.[45] 'Blast lung' was yet another injury introduced to medical professionals in Northern Ireland because of ongoing sectarian violence.

Happening less often than explosions were injuries received as punishments from either paramilitaries or passionate sympathizers to their cause. One of the most severe and least used was tarring and feathering. O'Hanlon emphatically recalled her experiences with the phenomenon by mentioning the use of Swarfega, an industrial hand cleaner, in separating the tar from flesh.[46] The gruesome imagery provoked by this description was not just an image to A&E staff but an actual experience. It did not affect only men. In fact, there was a ghastly incident involving a nineteen-year-old Catholic woman who had her head forcibly shaved, was tied to a lamp post, and was tarred and feathered by 80 fellow women.[47] Her relationship with a British officer was seen as unacceptable; this humiliation was her punishment.[48] Furthermore, 'knee-capping' victims began to frequent the Casualty Department with extreme soft-tissue damage, which sometimes resulted in physical therapy.[49] An example of 'knee-capping' once again involved a nineteen-year-old victim. Sean McCartan was attacked by suspected IRA men at his local drinking club after he openly discussed his disdain for the IRA.[50] The young man was dragged into the restroom and deliberately shot twice, once in each knee.[51] Witnessing the harm

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[44] Phillip McGarry, "The Fortunes of the Legal and Medical Profession During the 'Troubles,'" *The Ulster Medical Journal* 84, no. 2 (October 2015): 121, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4488917/.
[45] Ibid.
[46] O'Hanlon, *Sister Kate*, 100.
[47] Bernard Weinraub, "Ulster Women Tar 2 Girls for Dating British Soldiers," *The New York Times*, November 11, 1971, https://www.nytimes.com/1971/11/11/archives/ulster-women-tar-2-girls-for-dating-british-soldiers-two-girls.html.
[48] Ibid.
[49] Barr and Mollan, "Consequences," 740-741.
[50] Francis X. Clines, "Ulster Doctors Learn to Deal With the Victims of Violence," *The New York Times*, August 18, 1987, https://www.nytimes.com/1987/08/18/world/ulster-doctors-learn-to-deal-with-the-victims-of-violence.html.
[51] Ibid.

that paramilitaries were doling out as retribution undoubtedly affected the medical professionals in the A&E, yet most continued their important work.

Psychological trauma was also treated within the Casualty Department. Victims and their families who had suffered through trauma like explosions were often in "emotional shock" and were routinely observed by medical professionals afterwards.[52] The Royal functioned as both a mental and a physical place of healing. Alf McCreary made his own observation that many of the victims in the A&E Department required nothing more than comfort, which the staff was more than happy to oblige.[53] The mental turmoil that victims' relatives experienced was sometimes comparable to the daily carnage that the Troubles produced. [54] A mother was so stricken by the death of her son who had been shot that she exclaimed, "To think that I reared up a son for this!"[55] As sectarian violence that raged during the Troubles caused physical harm to most of those that found themselves in the Casualty Department, so too did it affect many psychologically. Subsequently, doctors and nurses had to discover ways to treat mental health.

The 'Belfast Experience'

The collective action and proficiency of the medical professionals at the Royal during the Troubles became known internationally as the "Belfast Experience."[56] Terming it 'experience' meant that individuals understood the complexity of treating severe injuries in an area that similar wounds had never existed before. At the same time these individuals had to handle the stress of the Troubles like all other civilians in Northern Ireland. The ability of medical professionals to balance the two spheres of their lives while simultaneously caring for those

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[52] O'Hanlon, *Sister Kate*, 53.
[53] McCreary, "Human Story."
[54] Ibid.
[55] Alf McCreary, "The Human Story of a Great Hospital – Part Two," *Belfast Telegraph*, March 7, 1972.
[56] O'Hanlon, *Sister Kate*, 96.

affected most by the Troubles was remarkable. Doctors and nurses were able to compartmentalize and focus on their important work. Although violence during the time of civil disturbance was rarely welcomed with open arms, the A&E Department at the Royal swiftly became prepared for the worst.

The level of dedication present within the medical professionals cannot be overstated. As Clarke observed, "The staff have all turned up for work, often unasked, and have pulled together not just once in a lifetime, but day after day in the 1970s."[57] To most, the option to abandon their work during the Troubles seemed almost nonexistent. Medical personnel were able to overcome fear and other emotional obstacles to offer the best care available to victims. Because the Troubles were at the Royal's doorstep constantly, the employees had to make sure to be ready to provide needed care as quickly as possible. For this reason, "the special forms" that were required for those involved in riotous, dangerous events were continuously laid out and ready.[58] This essential devotion to the medical profession was part of the 'Belfast Experience.'

Belfast had become a war zone seemingly overnight. This meant change in the lives of not only those people directly involved in the political feud, but also of unwilling participants, which included the numerous medical professionals. It was not only their careers that were affected. Personal lives of individuals who worked in A&E at the Royal were sometimes disturbed just as much as their vocations were. The 'Belfast Experience' encompassed both spheres of their lives, which had become volatile due to the Troubles. As a young doctor who often helped in A&E medicine stated, "'Sometimes you see people of your own age and you

[57] Clarke, *History*, 223.
[58] McCreary, "Human Story."

realize it could happen to you. That sort of thing makes your back teeth rattle a bit."[59] Although the medical professionals experienced this kind of fear, most of them stayed.

It was not only fear that was likely to drive medical professionals away from their posts in Belfast. There was constant looming danger. Traumatic experiences surrounding the medical profession in A&E were not secluded to the department itself. Those individuals who worked in Casualty regularly found themselves physically in the middle of the violence occurring in Belfast. A nurse recalled her happiness as she was finally released from duties and then her subsequent horror when she walked directly into a shootout on Grosvenor Road.[60] Another nurse eerily remembered the surrounding atmosphere of the hospital declaring, "There were times when there were riots and gunshots and mayhem around the Royal…and burning cars."[61] Medical professionals were constantly coming to work under terrible conditions. Yet another nurse recounted an experience in which her and a coworker "were literally charging and then getting down" in the face of gunfire.[62] The Casualty Department itself came under threat. In the late fall of 1971, two women and a man all dressed in white trench coats worked together to plant a twenty-pound explosive device by the check-in desk, but it failed to detonate.[63] Nevertheless, it was obvious that the medical staff were often unsafe.

For this reason, there were checkpoints set up frequently around the hospital by both official and unofficial militaries tasked with protection of those working trauma.[64] Demonstrated by the checkpoints was the obvious importance of medical facilities to the feuding sides during

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[59] Ibid.
[60] McKenna, Manzoor, and Jones, *Candles*, 45.
[61] Ibid.
[62] James McKenna, Farhat Manzoor, and Greta Jones, "'How Could These People Do This Sort of Stuff and Then We Have to Look After Them?' Ethical Dilemmas of Nursing in the Northern Ireland Conflict," *Oral History* 35, no. 2 (Fall 2007): 39, https://www.jstor.org/stable/40179944.
[63] McKenna, Manzoor, and Jones, *Candles*, 55.
[64] O'Hanlon, *Sister Kate*, 106.

the Troubles. The Royal A&E Department might have been in the middle of a battlefield, but the dedication of its workers was recognized by both sides of said battle. Taking the time to secure their safety was imperative. Accordingly, an official "police pass" was given to a number of medical professionals in order to help them get through the various roadblocks to and from work.[65] While some medical personnel loathed the time it took for them to get through both official and unofficial road checks, verification of their identity further protected them.[66] Throughout the sectarian violence, both sides demonstrated allegiance to medical officials.

Consequently, loyalist and nationalist soldiers were found near the Royal A&E at all times. Casualty itself became home to many military men. Individuals who staff began calling paramilitary 'minders' caused an uneasiness within the department.[67] The self-proclaimed goal of 'minders' was to protect their colleagues that had been injured in the midst of the Troubles, which resulted in immense pressure on medical professionals treating them.[68] Having armed friends of patients forcibly on stand-by became a nuisance. Nurses sometimes had to insist on clearing their workspace and placed "lines of demarcation" to keep paramilitaries from intervening.[69] British soldiers and members of the Royal Ulster Constabulary also exhibited debatable behavior. Their permanent post at the hospital was either regarded as much-needed protection or, more negatively, as a source of confrontation for nationalist paramilitaries.[70] Some employees complained that the soldiers had no "medical etiquette."[71] One doctor went so far as to comment on police overinvolvement, asserting that medical professionals were often elbowed

[65] McKenna, Manzoor, and Jones, *Candles*, 46.
[66] Ibid., 47.
[67] McKenna, Manzoor, and Jones, *Nursing*, 39.
[68] Ibid.
[69] Ibid., 40.
[70] McKenna, Manzoor, and Jones, *Candles*, 49.
[71] McCreary, "Human Story."

"out of the light."[72] Casualty staff worked tirelessly to treat patients as if their medical facility was not encompassed by the sectarian violence. They understood the importance of keeping political issues and medical care separate.

Often the effects on lives of A&E staff also meant a change in everyday habits. Regulations that had once been set at the hospital were declared null and void during the period of civil disturbance for various reasons. For example, O'Hanlon recalled that "the only time the rule about wearing uniforms outside was relaxed was during the Troubles, when we were occasionally allowed to travel in uniform for safety."[73] A rule that nurses had followed for as long as O'Hanlon could remember was suddenly uprooted by civil disturbance. Another habit that needed to be adjusted was that of sleep, as hours in the A&E Department increased as the Troubles forged on. When one nurse was asked about her experience, she specifically mentioned how often she had slept in the hospital.[74] Medical professionals during the Troubles were often required to shape their lives around the carnage. They did so willingly.

Safety could not be outright guaranteed to the A&E staff or their families, though. Sometimes the carnage of the Troubles affected them directly. O'Hanlon sadly recalled multiple doctors who were accidentally or purposefully shot by paramilitaries during the Troubles while working on patients.[75] Being a medical professional in a time of sectarian tension proved dangerous. Deaths of medical personnel did not occur as frequently as deaths of civilians, but they sometimes coincided with each other. Furthermore, the families of A&E staff were woefully not excluded from the violence. Twenty-one-year-old Janet Bereen was killed instantly on March

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[72] Ibid.
[73] O'Hanlon, *Sister Kate*, 21.
[74] McKenna, Manzoor, and Jones, *Candles*, 45.
[75] O'Hanlon, *Sister Kate*, 106.

4, 1972 while having lunch when the Abercorn bomb exploded without warning.[76] Her remains were unknowingly wheeled by Dr. Bereen, the senior anesthesiologist, while he was working to help other victims of the same attack.[77] He was Janet's father.[78] Dr. Bereen worked until midnight without knowledge of his young daughter's demise; the bomb had detonated seven hours earlier.[79] In many ways the staff at the Royal were affected personally by the Troubles. Despite this, many continued in their line of work and contributed to the A&E Department's subsequent success resulting from the massive trauma.

Successful Disaster Plan

The medical response by professionals in Belfast became highly regarded worldwide. Those people working within the A&E Department at the Royal came to be seen as pioneers in emergency medicine and were celebrated internationally as papers on the above-mentioned Belfast Experience were given.[80] What began to set the Royal apart from other Casualty Departments in the city was its superior disaster planning and leadership. By the 1970s, international doctors and nurses began flowing into the A&E Department seeking intense trauma training that only Belfast and the Royal could offer at the time.[81] The influx of those wishing to be educated by the Casualty Department demonstrated its medical reputation.

Disaster planning was key to the success of the A&E Department during the Troubles. An official 'Disaster Plan' had not been particularly necessary in Northern Ireland before the time of sectarian confrontation but became vital to the functioning of the Casualty Department

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[76] Clarke, *History,* 222.
[77] Peter Froggatt, "Medicine in Ulster in Relation to the Great Famine and 'The Troubles,'" *British Medical Journal* 319, no. 7225 (December 1999): 1637, https://www.jstor.org/stable/25186692.
[78] Ibid.
[79] Clarke, *History,* 222.
[80] O'Hanlon, *Sister Kate*, 96.
[81] Ibid.

after its 1969 revision.[82] It also became crucial in defining the term disaster as it applied to medical treatment after an event. Essential to both the efforts of redefining what disaster meant medically and revising the Disaster Plan was leading surgeon of A&E, William H. Rutherford.[83] His strategic innovations in emergency medicine during the Troubles were fundamental in helping the Royal excel. Rutherford repeatedly stated these three simple rules for working casualty: "you have to love everybody, you have to listen to everybody; and when in doubt you do just what Sister O'Hanlon tells you!"[84]

In reality, disaster planning required much more finesse. Historically, the term 'disaster' in medical verbiage meant "more than 25 casualties from an incident, and more than 50 within the first few hours."[85] This meant that at least 25 victims needed to be brought to A&E at a significant rate of speed, or at least 50 by the second hour. The specificity of this definition was problematic for Northern Ireland when sometimes casualty count would fall just below the threshold but still required mass mobilization of the department.[86] So, Rutherford began defining 'disaster' as any event that required this type of organization within the Casualty Department.[87] A more flexible definition also meant the department could handle the variety of severe injuries mentioned above fully equipped and with greater speed. As the preamble to the Disaster Plan read: "The plan is intended to be a fluid procedure, which should enable the right number and category of staff to be mobilized according to the needs of each disaster. Flexibility of response is achieved by having a Control Team which monitors the situation as it develops and mobilizes

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[82] Ibid., 55.
[83] Clarke, *History*, 220.
[84] Ibid.
[85] Dermot P. Byrnes, "The Belfast Experience," in *Mass Casualties: A Lessons Learned Approach (Accidents, Civil Unrest, Natural Disasters, Terrorism),* ed. R. Adams Cowley, 85, U.S. Department of Transportation, Baltimore, MD, 1983.
[86] Ibid.
[87] O'Hanlon, *Sister Kate*, 55.

suitable hospital staff."[88] This disaster plan became the Royal's golden ticket to international recognition.

As one A&E nurse remarked, "Our disaster plan was the best one in 1969 and it worked. So everybody…wanted it. I think we should have sold it.…We could have made a fortune."[89] The acclamation of the department's Disaster Plan began early. Rutherford himself attributed this celebration to the fact that numerous disasters happened in such a short period of time, allowing provisions to be made and the plan perfected.[90] In fact, during the first three years of the Troubles, the Royal A&E Department had to use its Disaster Plan on forty-six occasions.[91] Its usefulness improved each time. O'Hanlon epitomized the response to this success when she mentioned that many hospitals across the United Kingdom requested copies of the plan and began to adopt similar disaster procedures.[92]

The Disaster Plan itself confirmed the preparedness of A&E staff when an emergency occurred. Rutherford drafted the plan with two important principles in mind: the practicality of a standing "command structure" and the "value of sticking to the daily routine."[93] As mentioned above, the use of a command team helped flexibility in disaster response as not every event was similar in its structure. Weaving particular daily routines into the framework of the Disaster Plan made it so the staff felt as comfortable as possible during the event as they had already perfected part of the strategy. Rutherford's focus on these particular principles is what set the plan apart

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[88] Ibid., 55-56.
[89] McKenna, Manzoor, and Jones, *Candles*, 120.
[90] W.H. Rutherford, "Surgery of Violence: II, Disaster Procedures," *British Medical Journal* 1, no. 5955 (February 1975: 443, https://doi.org/10.1136/bmj.1.5955.443.
[91] Rutherford, "Experience," 189.
[92] O'Hanlon, *Sister Kate*, 57.
[93] Rutherford, "Disaster," 443.

from others created throughout the United Kingdom. He correctly predicted that focusing energy on the strengths of the department meant disaster procedures would go more smoothly.

As victims would begin arriving in the department, the senior nurse would organize them accordingly.[94] Triaging, or "sorting out," patients needed to be done quickly and efficiently by the senior nurse so those that needed urgent care would receive it.[95] This was a great responsibility. Fortunately, the Disaster Plan capitalized on the common trend in the arrival of casualties. Most commonly the emotionally shocked would arrive first, those with minor injuries who could transport themselves to the emergency room would follow, and then would come the most majorly wounded.[96] Accordingly, the plan permitted that the "less serious a case appears the farther from the resuscitation room will he be placed."[97] Planning the organization of patients in this way helped the Royal A&E be prepared in even the most disastrous circumstances. It was also a way in which the daily routine was once again found within the Disaster Plan.

Moreover, Rutherford's plan focused heavily on documentation of patients during disasters. Unlike triage, this aspect of the disaster plan shifted drastically away from the normal routine of receptionists in the A&E. As in many other emergency departments, the administrators would typically complete paperwork before the injured are admitted into their respective beds.[98] Rutherford found it necessary to make the role of receptionists more hands-on. Therefore, during a disaster the administrators were found walking throughout the department and issuing papers to patients as they found them.[99] Self-copying paper, ordered especially for disaster situations, was

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[94] Ibid.
[95] Ibid.
[96] Byrnes, "Belfast Experience," 87.
[97] Rutherford, "Disaster," 443.
[98] Ibid., 444.
[99] Ibid.

used so multiple copies for both the hospital and the patient were readily available.[100] Once prepared, sheets with lists of victims' names and conditions were photocopied and distributed to the authorities that required them.[101] The rigid structure of the Casualty Department under stress relied on efficient documentation from the beginning. Additionally, the swiftness in which documentation was made available helped keep medical professionals well-informed throughout the disaster.

Comparatively, one of the most important parts of the Rutherford's Disaster Plan concerned how to handle media attention. As Rutherford said, "Nobody can deny that the public wants to know about a disaster."[102] Both the public and media powerhouses yearned to learn as much as possible when catastrophe struck, and so including their presence within the Disaster Plan demonstrated the thoroughness of it. There had to be balance between satisfying public thirst for information and protecting patient privacy. O'Hanlon briefly addressed this topic when she explained that families were shielded from the media inside the hospital as much as possible but were almost immediately questioned upon release.[103] Personal opinion from A&E staff about media was to be set aside as it became important to "avoid getting involved in the pros and cons of the conflict" for the Royal to appear unbiased.[104] Including instructions on how to handle media presence in the Disaster Plan assured that all staff conducted themselves similarly if addressing the public.

O'Hanlon additionally praised Rutherford's plan when she declared that it "imposed order on what would otherwise have been chaotic situations."[105] Little negative critique could be

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[100] Ibid.
[101] Ibid.
[102] Ibid.
[103] O'Hanlon, *Sister Kate*, 77.
[104] Rutherford, "Disaster," 444.
[105] O'Hanlon, *Sister Kate*, 57.

given to the Royal A&E Disaster Plan. Even more impressive was the fact that medical professionals claimed that there had never once been a drill of the plan because every time it had been used there was a real disaster.[106] Rutherford himself did not believe in disaster drills. He thought it impossible to reproduce the "main difficulty" of working under the added stress of any disaster situation.[107] This showcased the genius behind this specific Disaster Plan. Rutherford had so meticulously crafted the plan that it was able to handle chaotic situations without first being practiced by those people working in the department. It was this type of preparedness that helped propel the Royal Casualty Department into the international spotlight.

Moreover, the Royal A&E has found itself praised in fiction as well as in reality. *Dark Chapter* follows a young Chinese woman who is sexually abused in Belfast.[108] She is assured that the Royal Victoria is "the best hospital in Belfast" as her friend recalls the A&E department during the Troubles.[109] The Royal is explained as being "known for servicing victims from both communities…without bias" and is revered for its treatment techniques.[110] Another fictional account of the Casualty Department is depicted in *Eureka Street.* As a young boy is harmed in a street riot during the Troubles, he is transported to the A&E by ambulance accompanied by an older gentleman who had become his friend.[111] The author unknowingly explained steps in the Disaster Plan. He illustrated the triage system when he mentioned the young boy had to wait his turn for treatment.[112] A nurse had informed him of his friend's injuries and explained that it would be a little while before he could have visitors, a part of the daily routine woven into the

[106] Byrnes, "Belfast Experience," 87.
[107] Rutherford, "Disaster," 444.
[108] Winnie M. Li, *Dark Chapter* (London: Legend Press, 2017), Part Two.
[109] Ibid.
[110] Ibid.
[111] Robert M. Wilson, *Eureka Street* (New York, NY: Arcade Publishing, 1996), 363.
[112] Ibid.

disaster procedures.[113] These two fictional accounts demonstrate that the successful operations of the A&E permeated through popular culture.

Ethical Dilemmas

Medical professionals have for centuries sought to uphold a certain code of ethics that require them to act in the interest of their patients. This promise carries a hefty burden even under normal circumstances. Unfortunately for those professionals working in the Royal A&E Department, the Troubles challenged their existing principles an unprecedented amount. Throughout the course of the civil disturbance, those who practiced medicine were required to keep their emotions in check as they navigated the newfound trauma presented to them. Nevertheless, emotional responses were sometimes unavoidable, and laws were instituted that required nurses and doctors to disregard longstanding ethical safeguards. Despite the ethical challenges, many medical professionals were still dedicated to offering the best care.

Legally, doctor-patient confidentiality was stripped away. The Statutory Rule and Order of 1971 ultimately required medical professionals to report any individuals who had been wounded either by firearm or explosive.[114] Failure to make the report could result in a hefty fine or imprisonment for the employee.[115] As one individual that McCreary interviewed explained, doctors became much more anxious during the Troubles because it felt as if the Hippocratic Oath was compromised.[116] However, medical personnel complied with the law against their better judgement. The Hippocratic Oath needed to be overlooked. Reporting of injures related to the Troubles' violence gave medical professionals the chance to contribute to the overall safety of

[113] Ibid.
[114] McKenna, Manzoor, and Jones, *Candles*, 3.
[115] McKenna, Manzoor, and Jones, "Nursing," 40.
[116] McCreary, "Human Story."

Northern Ireland. A doctor explained, "The more you live in a society where the normal freedoms are waived for the time being people get used to this very quickly and don't notice it."[117] The Statutory Rule and Order became part of normal, everyday medical procedure.

The goal was to keep the Royal Victoria Hospital neutral in the face of massive sectarian violence. Medical professionals were supposed to recognize incoming trauma victims as patients and nothing more. Political affiliation did not matter. A sense of acceptance for all backgrounds was apparent already in employee diversity. While senior staff was mainly Protestant, the subsidiary team was recruited from the surrounding area and were mostly Catholic.[118] The nursing cohort that O'Hanlon found herself a part of was actually a Protestant majority: out of twenty-three students, only two were of Catholic descent.[119] Nonetheless, she maintained that "there was never a trace of sectarian behavior or discrimination" within the group.[120] This was the attitude that was expected to permeate through experiences with patients despite their links with either sectarian side. Medical personnel were repeatedly challenged in this respect.

As one staff member expressed, "Yes, you would be angry, and I did feel anger."[121] It was inevitable that the carnage being presented in Casualty would incite emotion. Individuals were understandably prone to their desire to choose a side based on their background and inhumane injuries that were encountered. In some cases, it became even harder to keep emotions hidden. A nurse who had religiously kept her neutrality regarding patients experienced a change in attitude after her policeman husband was gunned down, supposedly by a paramilitary.[122] She once had to neglect caring for a patient who was a known terrorist that claimed to know who

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[117] Ibid.
[118] McKenna, Manzoor, and Jones, "Nursing," 39.
[119] O'Hanlon, *Sister Kate*, 18.
[120] Ibid.
[121] McKenna, Manzoor, and Jones, "Nursing," 41.
[122] Ibid.

exactly had committed the murder.[123] Those individuals, like this unfortunate nurse, with connections to the Troubles outside of their career had a more difficult time balancing professionalism and emotion. The extreme cases should not overshadow how the majority dealt with similar situations.

It was the job of medical personnel to attempt to keep an individual alive at all costs. The tragedy of death had the same affect no matter the affiliation of the victim. Death was not an option until it was the only one left. The Royal Victoria A&E was constantly on stand-by to treat any casualty that would enter their department. McCreary observed, "Always there was the air of expectancy. No one knew what would happen next."[124] When the casualty arrived there was no question of political or paramilitary affiliation, but tireless work to keep the said individual breathing. If a time of death had to be called there was a sense of failure. A senior doctor contended that one would have to be heartless to not see tragedy both in the death of a legal soldier and that of an IRA one.[125] The outcome was the same: a life was lost due to violence that encompassed their respective lives. Informing families offered the same comparison. A nurse recounted that telling a mother her son had been tragically added to the Troubles' death count was near impossible despite affiliations.[126]

Most staff acted professionally when confronted with ethical challenges. Despite the anger the above-mentioned medical professional felt, he was clear that the patients would receive needed care no matter the situation.[127] Nurses interviewed about their experience during the Troubles all understood that their career meant leaving political opinion outside the hospital

[123] Ibid.
[124] McCreary, "Human Story."
[125] McCreary, "Part Two."
[126] McKenna, Manzoor, and Jones, "Nursing," 41.
[127] Ibid.

doors.[128] Many believed, as O'Hanlon taught them, that the moment an injured individual entered the hospital they were then patients and nothing more.[129] She repeatedly asserted, "We did not nurse paramilitaries and victims, we only nursed patients."[130] Rutherford expanded on this idea when he declared, "It does not make any difference whether the man with the bullet in his chest is an IRA man, an innocent bystander, or an officer of some regiment. When he comes to me, I think in terms of physiology, anatomy, and entirely on human terms."[131] He expanded on this in a 1997 interview in which he recalled Gerry Adams being wheeled into his department with a hole in his chest.[132] Adams had been shot.[133] Rutherford remembered, "I didn't really feel anything different while I was treating with him. He was a human being, like any other in need of help, and I was glad to be doing something positive."[134] Most medical professionals were dedicated to not only doing their jobs but doing their jobs well.

Conclusion

The staff of the Royal Victoria Accident and Emergency Department faced the challenges thrown their way by the Troubles with resounding commitment to their profession. From discovering new treatments for newfound trauma to drafting an internationally recognized Disaster Plan, these medical professionals worked tirelessly to provide patients with the treatment they needed and deserved. Doctors and nurses did not discriminate; both Catholic and Protestant patients received equal care without fear of retribution from the professionals treating them. The impeccably timed department expansion was a coincidence, but the equally

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[128] Ibid., 43.
[129] O'Hanlon, *Sister Kate*, 101-102.
[130] Ibid., 137.
[131] McCreary, "Human Story."
[132] Marie-Therese Fay and Marie Smith, *Personal Accounts From Northern Ireland's Troubles: Public Conflict, Private Loss* (London: Pluto Press, 2000), 99.
[133] Ibid.
[134] Ibid.

impeccable way Casualty Department employees worked together to overcome obstacles and treat all patients affected by the sectarian violence was intentional. O'Hanlon wrote in her biography that an A&E Department "is the shop window of the hospital – what casualty staff do and how they behave reflects on the whole establishment."[135] If such is the case, then the Royal Victoria Hospital during the Troubles found itself staffed by talented, hardworking, and dedicated employees.

[135] O'Hanlon, Sister Kate, 40.

Bibliography

Primary Sources

Clines, Francis X. "Ulster Doctors Learn to Deal With the Victims of Violence." *The New York Times,* August 18, 1987. https://www.nytimes.com/1987/08/18/world/ulster-doctors-learn-to-deal-with-the-victims-of-violence.html.

Department of Foreign Affairs. "Post-Mortem Examinations Carried out at Altnagevlin Hospital, Derry, on the Deceased Victims of the 'Bloody Sunday' Shootings of 30 January, 1972." PDF. National Archives, Ireland, 1972. 2003/17/335. https://cain.ulster.ac.uk/nai/1972/nai_DFA-2003-17-335_1972-01-31_a.pdf.

McCreary, Alf. "The Human Story of a Great Hospital." *Belfast Telegraph,* March 6, 1972.

- - - - - -. "The Human Story of a Great Hospital – Part Two." *Belfast Telegraph,* March 7, 1972.

O'Hanlon, Kate. *Sister Kate: Nursing through the Troubles.* Belfast: Blackstaff Press, 2008.

Rutherford, W. H. "Experience in the Accident and Emergency Department of the Royal Victoria Hospital with Patients from Civil Disturbances in Belfast 1969-1972, with a Review of Disasters in the United Kingdom 1951-1971." *Injury* 4, no. 3 (February 1973): 189-199. https://doi.org/10.1016/0020-1383(73)90038-7.

Rutherford, W. H. "Surgery of Violence: II. Disaster Procedures." *British Medical Journal* 1, no. 5955 (February 1975): 443-445. https://doi.org/10.1136/bmj.1.5955.443.

Weinraub, Bernard. "Ulster Women Tar 2 Girls for Dating British Soldiers." *The New York Times,* November 11, 1971. https://www.nytimes.com/1971/11/11/archives/ulster-women-tar-2-girls-for-dating-british-soldiers-two-girls.html.

Secondary Sources

Barr, R. J. and R. A. B. Mollan. "The Orthopaedic Consequences of Civil Disturbance in Northern Ireland." *The Journal of Bone and Joint Surgery* 71-B, no. 5 (November 1989): 739-744. https://doi.org/10.1302/0301-620X.71B5.2584241.

British Broadcasting Company. "Bloody Friday: How the Troubles Inspired Belfast's Medical Pioneers." July 20, 2012. https://www.bbc.com/news/uk-northern-ireland-18886867.

Byrnes, Dermot P. "The Belfast Experience." In *Mass Casualties: A Lessons Learned Approach (Accidents, Civil Unrest, Natural Disasters, Terrorism),* edited by R. Adams Cowley, 83-94. U.S. Department of Transportation, Baltimore, MD, 1983.

Coon, Ruth. "How Northern Ireland's Doctors and Nurses Coped with the Troubles." *Raidió Teilifís Éireann,* April 3, 2019. Retrieved from https://www.rte.ie/brainstorm/2019/0402/1040219-how-northern-irelands-doctors-and-nurses-coped-with-the-troubles/.

Clarke, Richard. *The Royal Victoria Hospital, Belfast: A History 1797-1997.* Belfast: Blackstaff Press, 1997.

Fay, Marie-Therese and Marie Smith. *Personal Accounts from Northern Ireland's Troubles: Public Conflict, Private Loss.* London: Pluto Press, 2000.

Froggatt, Peter. "Medicine in Ulster in Relation to the Great Famine and 'The Troubles.'" *British Medical Journal* 319, no. 7225 (December 1999): 1639-1639. https://www.jstor.org/stable/25186692.

Li, Winnie M. *Dark Chapter.* London: Legend Press, 2017.

McGarry, Phillip. "The Fortunes of the Legal and Medical Professions During the 'Troubles.'" *The Ulster Medical Journal* 84, no. 2 (October 2015): 119-123. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4488917/.

McKenna, James, Farhat Manzoor, and Greta Jones. *Candles in the Dark: Medical Ethical Issues in Northern Ireland during the Troubles.* London: Nuffield Trust, 2009.

- - - - - -. "'How Could These People Do This Sort of Stuff and Then We Have to Look After Them?' Ethical Dilemmas of Nursing in the Northern Ireland Conflict." *Oral History* 35, no. 2 (Fall 2007): 36-44. https://www.jstor.org/stable/40179944.

Williams, John. "Casualties of Violence in Northern Ireland." *International Journal of Trauma Nursing* 3, no. 3 (July-September 1997): 78-82. https://doi.org/10.1016/S1075-4210(97)90033-X.

Wilson, Robert M. *Eureka Street.* New York, NY: Arcade Publishing, 1996.

The Irish Times. "The Thankless Task of Nursing the Troubles." September 20, 2008. Retrieved from https://www.irishtimes.com/news/the-thankless-task-of-nursing-the-troubles-1.939955.