



# WHATEVER HAPPENED TO HUME STREET?

*The closure of Hume Street Hospital marked the end of an era, but it also heralded the beginning of an exciting new venture at UCD – **THE CHARLES INSTITUTE** – which, when it launches later this year, will carry on the hospital’s work in the research into skin diseases, using a ‘lab-bench-to-bedside’ approach.*

*ELEANOR FITZSIMONS discovers a great story of regeneration.*

**T**he demise of the Celtic Tiger has spawned myriad tales of greed-fuelled property bubble disasters – few positive stories linger amid the resulting fallout. Therefore it’s truly heartening to hear the story of how a declining hospital, constrained within the confines of a complex of overstretched Georgian buildings, rose phoenix-like to become something truly astonishing.

In 1911, the visionary philanthropist Andrew Charles F.R.C.S.I. founded a voluntary hospital in Hume Street to provide “for the treatment of diseases of the skin, cancer, rodent ulcer, lupus, kidney and other urinary diseases”. In 1916 the

hospital was granted a royal charter from George V, the last such to be granted to any voluntary hospital in the country, according to Professor Eoin O’Brien, board member and former visiting physician to the City of Dublin Skin and Cancer Hospital, to give the hospital its correct title. Professor O’Brien stresses the importance of this charter. “Everything is dictated in it. It is very stringent and well thought out and, most importantly, it protected the buildings, which became very valuable.”

The hospital, run by a loyal and dedicated staff of doctors, nurses and administrators, thrived and expanded. Havelock Charles, son of Andrew Charles, worked there as a consultant dermatologist throughout his life. Professor O’Brien’s father was physician to the hospital for many years and, upon his death,

was succeeded by his son, who later became a life governor. “I paid so many guineas a year and that allowed me to have a say in the running of the hospital,” he confirms.

However, in the wider health sector the model was changing, and during the 1990s the Department of Health made it clear that the hospital was to be wound down. At this stage it was “limping along” and fire safety was a real issue. According to Professor O’Brien, “gradually the hospital was being squeezed for funds and the maintenance of the period building brought its own problems with insurance and the like”. Chairman of the Board, Peter O’Flanagan describes this difficult time thus: “The hospital, in terms of its fabric and structure, was going downhill. The staff and board were aware that it was due for closure but we still had to operate knowing that this sword was hanging over us. No one knew when it was going to happen.”

Convinced that closure was inevitable and determined to put aside sentiment, Professor O’Brien addressed the AGM in 2004, encouraging the board to seize the initiative and preserve the memory of Andrew Charles by ensuring the continuation of his good works. “I stressed that there was life after death and that once the hospital was sold, the board would be in possession of considerable largesse so why not use that to further dermatology in keeping with the principles of the charter,” he explains.

His ambitious proposal was that the board sell the hospital and found a centre of excellence for dermatological research in cooperation with suitable partners. Dermatology, he argued, had been sorely neglected, despite the high incidence of skin disease in Ireland. At that time not one Chair of Dermatology existed here and the number of qualified dermatologists per capita still falls far short of the ratio in the rest of Europe.

The board adopted this plan with alacrity, accepting that it was in accordance with the wishes of the founding fathers. However, it stipulated that any resulting institute, to be named the Charles Institute, must engage in what is known as “Translational Research”. Professor O’Brien explains this as ‘bench-to-bedside’. “Whatever is done in the laboratory must be taken out to the patient”.

“Translational research had a huge appeal for us because we

knew that the researchers were not going to be living in their ivory towers,” laughs Peter O’Flanagan. After the building failed a major fire safety audit in 2006, the board gave the HSE nine months notice of closure and established a number of sub-committees to handle the transfer of services to St Vincent’s Hospital; the safeguarding of the future of existing employees; the disposal of the building; and the future of the charity. “We now had control of our own future and this gave us tremendous energy,” says Peter O’Flanagan.

The next step was to approach both University College Dublin and Trinity College Dublin to elicit proposals for a collaborative research project. Both Professor O’Brien and Peter O’Flanagan agree that the proposal submitted by UCD was “unbeatable”, crediting Professor Des Fitzgerald, Vice-President for Research at UCD as the driving force behind it. “The ambition of it was what struck us. The proposal echoed the ethos of Hume Street in a way that created great resonance.” The concept of bench-to-bedside was a key element. In many instances the needs of patients will dictate the direction of the research and a close collaborative relationship will be

established between UCD, St Vincent’s University Hospital and the Mater Hospital. Professor Fitzgerald seized this opportunity to take translational medicine into the wider community, saying, “We have made the investment in a range of frontier technologies such as genomics and stem cell research and we can now develop creative solutions to complex dermatological problems.”

In essence the proposal was that the Hume Street board would provide funding of €12m. UCD would provide €6m, a dedicated standalone facility and appoint a full time Professor of Dermatology as Director of the Charles Institute. The hunt for

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The new Charles Institute at Belfield, due to open later this year.





Clockwise from above: Nurses make the rounds of one of the male wards in Hume Street, 1939; a 1940s "deep X-ray" machine; the facade as it appears today.

a worthy candidate for this very attractive position is officially underway. Professor O'Brien believes that, "There is no baggage attached to the post so one can set one's own vision." He profiles the ideal candidate as, "someone of international repute who will bring facilities and staff with them and will have the potential to attract considerable funding from the pharmaceutical and cosmetic industries in time." To that end a seminar targeted at the CEOs of the world's leading pharmaceutical companies and intended to showcase the work of the Institute will be held in 2011. The fact that UCD had successfully established the Centre for Research in Infectious Diseases Research (CRID) on campus was a source of great confidence for the board, confirms Peter O'Flanagan. They "spent a day on site and met some of the investigators and their teams. We saw their ability to attract funding and their standing worldwide and learned that UCD had been asked to manage an infectious diseases unit in the Philippines as a result." Once the decision to collaborate with UCD was taken the speed at which everything progressed was reassuring. Peter O'Flanagan outlines the main achievements to date. "Contained in the proposal there is the design of a building; the tendering process; the awarding of the building contract; the setting up of the Charles Institute Board; the establishment of an overseas advisory board and the launch of a recruitment drive for a Director (who should be on board early in 2011). All those objectives have been met and the building will come in on time and €3m under budget." He is keen to praise Elizabeth Dunne, UCD Building Planning Manager and her team, for the efficiency and quality of their work. The resulting 2,000sqm building, designed by Gopal Naidoo in RKD Architects, will be linked via walkways to the Conway Institute of Biomolecular and Biomedical Research and the Health Sciences Centre.

The International Advisory Board, chaired by Professor James G Krueger of the Rockefeller University of New York, is similarly impressed. Peter O'Flanagan describes them as being "astounded by the level of commitment shown and the tie-in with the Conway Institute and all the rest of the back-up and support available on-site in Belfield." He believes that these eminent scientists came on board "because they saw the scale and size and ambition of the project." Professor Krueger himself speaks in glowing terms of the initiative and serves on no other boards.

The Charles Institute has already generated a considerable buzz internationally and will be one of just two worldwide; the other being the National Skin Centre in Singapore. Peter O'Flanagan credits the approach taken by UCD for generating much of this enthusiasm. The appointment of a high-calibre International Advisory Board fulfilled the board's need "to know that top international practitioners were going to oversee the objectives of the new director and their implementation. UCD has already conducted a series of Charles Institute Seminars and invited leading dermatologists to speak, thus putting the Charles Institute on the map very early on."

As regards taking the research to the hospital bed, an existing relationship with St Vincent's Hospital, dating back to a time when the functions of The City of Dublin Skin and Cancer Hospital were transferred there, has been further strengthened by the establishment of a collaborative relationship that will result in significant investment in the dermatology wards. The intention is to create a first-class treatment facility capable of implementing the initiatives arising from the work of the Charles Institute. Details of this investment, to be completed by 2012, will be announced at the launch of the Charles Institute later this year.

The board was keen to take things even further and reach out

to the public. Professor Fitzgerald is very supportive of this. This will be done primarily through the establishment of the National Skin Foundation; an advocacy body modelled on the Irish Heart Foundation and representing patient groups coping with skin diseases such as psoriasis, eczema and melanoma. The Irish Association of Dermatologists was hugely supportive - the board has agreed to fund the ISF for a minimum of two years and oversee the appointment of a CEO, a Medical Director and a secretariat as well as developing an educational programme aimed at patients and medical practitioners.

Alternatives to The Charles Institute were considered. Peter O'Flanagan confirms that the board explored the option of converting the hospital into a nursing home or relocating such a facility elsewhere. Another possibility was the redistribution of the monies among charities, in keeping with the charter's imperative of helping Dublin's poor. While both are laudable they would have fallen far short of the vision and reach required to establish the Charles Institute. The very conscientious and enthusiastic board now has an ongoing and vitally important role to play in the future of skin disease eradication both here and abroad. Professor Fitzgerald certainly believes that significant progress in the eradication of diseases such as Epidermolysis Bullosa is within reach.

As Professor O'Brien puts it, "the hospital is gone but the hospital lives on in an even greater form and doing much more for dermatology than it ever would have done had it just stayed there as a hospital." He is quite matter of fact, "A building is just a building. There was a lot of sentiment and emotion around the closure of the hospital. I was very sentimental. I have the longest association of anyone. I was brought there aged just one month old. You have to put sentiment to one side."

As he puts it, "Out of the ashes of what was Hume Street Hospital has risen quite a phoenix in three different forms - a centre of excellence, a service facility at St Vincent's Hospital and the Irish Skin Foundation to bring the science to society." There is also the possibility that this model of cutting edge medical research could be extended across other disciplines. Professor Fitzgerald describes the skin as "the most accessible organ. We have learned that understanding the mechanisms of skin disease provides insights into other unrelated diseases such as asthma, irritable bowel syndrome and systemic cancer."

Peter O'Flanagan is still amazed by the timing of the whole exercise. "Having operated under the threat of closure for so many years to then sell at the height of the property boom (the building was sold for €31m) and not invest the money in a by then falling stock market because it was earmarked for this project." The memory of Hume Street will live on in a book that Professor O'Brien is writing and it is fitting that its publication will coincide with the launch of the Charles Institute later this year. ■



## HOME AT LAST

The University recently received planning approval for the relocation of the Kevin Barry Window from the first floor of Earlsfort Terrace to the Charles Institute. This magnificent window was designed by Richard King (1907-1974) the principal designer of the Harry Clarke Studios and was paid for by students at University College Dublin. It was unveiled in Earlsfort Terrace after a memorial mass in November 1935. The window commemorates Kevin Barry who was a first year medical student at UCD and a soldier with the First Battalion of the Irish Republican Army at the time of his arrest during the War of Independence. The cultural resonance of the window is emphasised by its links with the University and the importance of Kevin Barry's association with UCD is shown by the inclusion of the UCD crest at his feet. Barry was involved in an ambush of a British army lorry for which he was subsequently charged with murder and hanged in November 1920 at the age of 18. The eight panels depict scenes from Irish history: the shooting of Lord Edward Fitzgerald by Major Scurr; the 1798 rebellion; the 1916 rising and the execution of Barry. A panel depicts Barry being shot, as he had requested: in fact, this request was refused and he was hanged.