

*Special Feature***An unexpected knock on Corrigan's secret door**

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*Correspondence and offprint requests to:* Alexander Woywodt; E-mail: Alex.Woywodt@lthtr.nhs.uk**Abstract**

Corrigan's secret door describes a metaphorical escape route for busy physicians. The term was derived from the successful and exceptionally busy professional life of Irish physician Dominic John Corrigan (1802–80). It is claimed that Corrigan's outpatient clinic was so busy that he required a secret door in his consulting rooms to escape from the ever-growing queue of eager patients. The origins of this charming story are unknown, and the door may have never existed. However, at present, Corrigan's secret door is often quoted when busy physicians have their own little ways in surviving a stressful professional life. Generations of British-trained doctors have grown up with Corrigan's secret door, as it was featured in the introduction of the *Oxford Handbook of Clinical Medicine*. Accordingly, trainees as well as more senior doctors are often reminded that having a 'secret door' is vital in surviving in the medical profession. My own escape is through classical music and the violoncello, in particular. As the name implies, my own secret door is normally invisible to colleagues and patients. This little article is about a patient who found me out, and a reflection on the role of classical music and the cello in my professional life.

**Keywords:** doctor–patient relationship; Dominic James Corrigan; violoncello

**Introduction**

The term 'Corrigan's secret door' denotes a metaphorical escape route for busy physicians from their hectic clinics and carries the name of Dominic John Corrigan, a prominent, successful, and very busy Irish physician and politician of the 19th century. This is about classical music as my own 'secret door' and how on one busy clinic day a patient gained sudden access to the world behind it.

**The patient**

The patient was the last in a busy Thursday afternoon pre-transplant clinic, and the consultation could not have started worse. A wheelchair appeared in the corridor,

slumped in it a woman in her sixties who started shouting at the clinic nurses. I tried to muster my most charming smile and said something along the lines of 'no need to shout here, we do not keep you waiting on purpose'. A bad start indeed, for her carer explained that she was almost deaf and that this had prompted her shouting. It also transpired that the front desk had given her the wrong directions—she had thus spent the last hour or so in various hospital corridors. She was already annoyed and so was I, steaming off to the front desk to make enquiries.

Thereafter, things did not really get better. It turned out she had a lot of co-morbidity that would not facilitate renal transplantation, including advanced heart disease and general frailty, with repeated falls, as well as several infectious complications. I was frustrated, and so was the patient when she understood my scepticism regarding transplantation. I listed all her concurrent diseases and medication, continuing on in what seemed to be an altogether frustrating and bleak consultation. Eventually, to complete the social history, I asked: 'What, if I may ask, was your profession?' 'I used to be a cellist and a cello teacher', she replied.

**Sir Dominic John Corrigan (1802–80)**

Corrigan (Figure 1) was born 1 December 1802 in Dublin, the son of a hardware shopkeeper [1] [2]. Corrigan received his medical education in Dublin and Edinburgh, where he received his doctorate in 1825. Corrigan returned to Dublin to open his own practice and become a lecturer of medicine. Despite the fact that he had only six beds at his disposal, there he conducted a series of pioneering experiments on heart disease [3]. Corrigan's name is particularly associated with clinical findings in aortic regurgitation. The quality of the peripheral pulse in this disease is often referred to as Corrigan's water hammer pulse. Interestingly, this traditional naming is not quite correct. Firstly, the sign was originally described by Raymond Vieussens in 1715. Secondly, the resemblance to the water hammer was first observed by the British physician Thomas Watson in 1843 [4]. A water hammer is a Victorian toy consisting of a glass tube filled partly with water in a vacuum. The water produced a slapping impact when the glass tube was turned over. Nonetheless, Corrigan's contribution [5] to



**Fig. 1.** Dominic John Corrigan (Welcome Library, with permission under Creative Commons licence).

the clinical findings in aortic regurgitation remains undisputed [6], and the eponym is still widely used, together with 30 or so others [7]. Of note, Corrigan was also interested in renal disease. In particular, he proposed that the large pale kidney and the contracted kidney were distinct diseases [8]. Corrigan was a hardworking physician and stated:

‘There is but one road to excellence and success in our profession, and that is by steady, sturdy and hard labour.’ [6]

However, his second career as a politician and Member of Parliament (MP) and his self-sacrificing devotion during the years of famine in Ireland made him famous even beyond the boundaries of medicine. Corrigan was created a baronet in 1866. He was defeated as an MP in 1874, apparently due to the fact that he had supported the Sunday Closing Bill and thus antagonized the breweries. He died in 1880 and was buried in St Andrews Church in Dublin.

### Corrigan’s secret door

Many physicians, particularly those of the British-trained variety, will be familiar with this metaphorical description as it is mentioned in the first couple of pages of the widely

used Oxford Handbook of Medicine. According to this description,

‘Sir Dominic Corrigan was so busy 150 years ago that he had to have a secret door made in his consulting room so that he could escape from the ever-growing queue of eager patients.’ [9]

The authors then propose that all of us, in our busy professional lives, need a metaphorical secret door to escape into a calm inner world. Whether or not this story is true, we could not ascertain. Corrigan’s secret door is first mentioned in a large textbook on medical eponyms [10], but beyond that, we could not find any evidence to prove or disprove its existence. The Charitable Infirmary in Jervis Street, where Corrigan worked during much of his professional life in Dublin, has disappeared to be replaced by a shopping centre. Corrigan used a variety of private consulting rooms during his career, but as far as we could ascertain, none of them is open to the public today. Nor is the secret door mentioned in a comprehensive biography on Corrigan [2]. Even Corrigan’s biographer doubts that the secret door ever existed [11].

### My own secret door

My own secret door leads to a place full of cello music. Unfortunately, I myself can neither play the cello, nor can I read notes or play any other instrument. Several places offer access to the secret door, be it the concert halls of this world, in my office or car, which are all fitted with the necessary equipment to gain instant passage. Wherever I work, there is a substantial collection of compact discs, although the inner sanctuary, so to speak, is confined to vinyl.

In the centre of the inner sanctuary are surely the six suites for unaccompanied violoncello by Johann Sebastian Bach. They were originally written between 1717 and 1723 at the court of Anhalt-Koethen, where Bach was employed as director of music. Today, the economic downturn has taken the better of the small town in the east of Germany, and the casual traveller will not usually assume that many of Bach’s most beautiful works were composed there. The six suites are structured as dances and, in their time, were probably played on a smaller instrument. Legend holds that they were largely forgotten until young Pablo Casals, aged 13, discovered them in a thrift shop in the harbour area of Barcelona. This was a lucky moment for him (and the cello aficionados). Casals spent the next 10 years practising until he was brave enough to play them publicly. All great cellists, with few exceptions, have played them, and many regard the Casals recordings as the best. I have to admit that I prefer the interpretation of Janos Starker (born 1924), another giant of the 20th century cello, although some rather animated discussions with other aficionados have convinced me to keep that opinion to myself. Apart from being a superb artist and a premier teacher of the instrument, Starker is also a raconteur and writer as evidenced by his very readable autobiography (the prelude of his book is entitled *Scotch and Soda*) [12]. Thus, if disaster strikes



**Fig. 2.** Jacqueline du Pre with husband Daniel Barenboim. Newspaper clipping from obituary, unknown provenance.

in clinic or on the ward, or if my favourite manuscript has been rejected (again), then a few minutes of this wonderful music will set me right.

We get on less controversial ground with another inhabitant of my sanctuary: the Haydn cello concerto. The Haydn concerto (Hoboken VIIb/1, since there are two) was presumed lost until 1961 when someone at the National Museum in Prague opened the right box. It was, the experts say, composed around 1761–65 for Haydn's long-time friend Joseph Weigl, then the principal cellist of Prince Nicolaus's Esterházy's Orchestra. The Hungarian noble family must have been immensely rich, and Prince Nicolaus, nicknamed the magnificent, is said to have been richer than the Austrian emperor at the time. He spent his money on extravagant clothing, on building Fertőd castle ('the Hungarian Versailles') and on his own orchestra, complete with Haydn as director of music and composer. Interestingly, he played the cello himself. For me, the Haydn concerto is the treatment of choice if things have gone well, or just for a few minutes of reflection. Again, there will be some controversy about interpretation, but for me, it has to be Jacqueline du Pre (Figure 2). Her life is beyond the scope of this little article and described in great detail elsewhere [13].

Other and less well-known composers also have their place behind my secret door, such as Luigi Boccherini (1743–1805). Born in Lucca, Italy, Boccherini later worked in Paris, Vienna and Madrid. Today, Boccherini is regarded as a key figure in the development of the art of cello playing in the 18th century, although composers such as Mendelssohn and Spohr did not think much of him [14]. Boccherini composed 12 cello concertos as well as some sonatas and chamber music. For me, Boccherini is the perfect music for starting a new manuscript or project,

given that Boccherini's fame also relates to his remarkable creativity.

Brahms sonatas are also close to my heart, more so since I managed to find, early in my career, a cardiac murmur that reminded me of the pizzicato in one of them. Incidentally, my teacher at the time, Fred Luft in Berlin, felt the murmur sounded like a Banjo but I managed to convince him otherwise. To the present day, this paper [15] (as well as the sonata) remains very special to me.

In this patient, we spend the next hour or so chatting away about the wonderful world of the cello. The clinic nurses were quite perplexed, as was the patient's carer. He could not believe that, in this day and age real people would listen to this 'stuff'. Eventually, I said good bye to her after a joint decision not to pursue renal transplantation.

## Conclusion

Regardless of whether it ever really existed or whether it is a myth, Corrigan's secret door is an important survival strategy for busy physicians. My secret door leads to the world of the cello and is dominated by The Bach Cello Suites as well as the Haydn and Boccherini concertos. This patient suddenly opened the secret door during a gloomy clinic appointment. I have always taught my undergraduate students to ask all patients for their profession, and this little anecdote has underpinned my view even further. In this case, asking for the patient's profession brought sudden joy to the doctor and patient, and connected them in an altogether inspiring way.

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