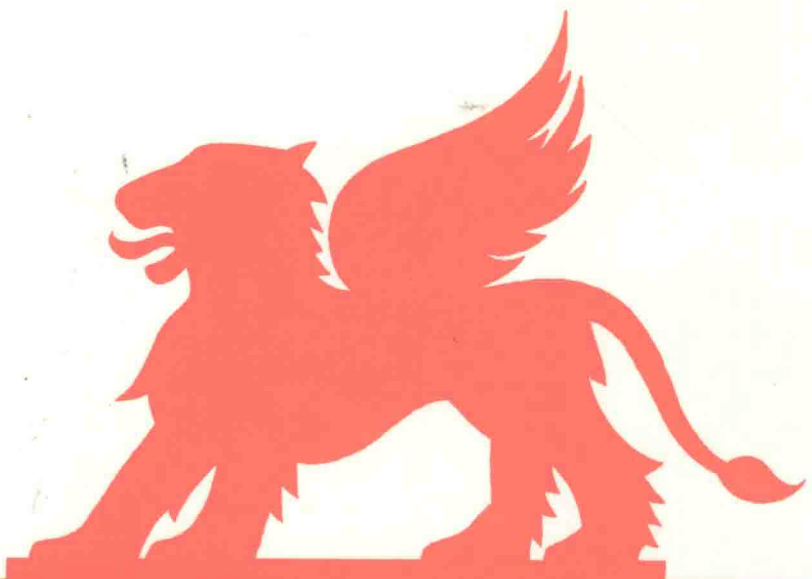
St Mark's Hospital, London

A social history of a specialist hospital

LINDSAY GRANSHAW



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INTRODUCTION TO THE KING'S FUND HISTORICAL SERIES

Lindsay Granshaw's history of St Mark's Hospital, London, is the second book to appear in the King's Fund historical series, the first being *The making of the National Health Service* by John Pater. The purpose behind the series is to document the development of health and social services, particularly (but not exclusively) in the United Kingdom.

St Mark's celebrated its 150th anniversary in 1985. To commemorate the event a conference was held in London which was attended by more than 1,000 delegates from 45 countries – impressive testimony to the special position this relatively small hospital has established for itself, nationally and internationally, in colo-proctology.

St Mark's is the only colo-rectal hospital to survive in Britain; thus, it is unique. But it is also a particularly distinguished example from a class of hospitals that developed in the nineteenth century in London and elsewhere to combat specific diseases, or to specialise in a field of work. Many have not survived. Others have been (or will be) absorbed into general hospitals. Nevertheless, there is something to be learned by studying how the special hospitals came into being and why they flourished. St Mark's perhaps presents the best single example in the world on which to base such a study.

Robert J Maxwell

Acknowledgements

My debts in writing this history are enormous. Various organisations including the St Mark's Hospital Research Foundation, the Special Trustees for St Bartholomew's and St Mark's Hospitals, the St Mark's Association, the American Society of Colon and Rectal Surgeons and the Dyers' Company helped to support me as a Research Fellow in the Unit for the History of Medicine at University College, London, and I wish to express my gratitude to them.

Archivists, librarians and many others have given me much patient help in my research. I wish in particular to thank Miss Janet Foster, Archivist to the City and Hackney Health Authority, the Librarians and their assistants at the Wellcome Institute for the History of Medicine, Commander Anthony J Boyall, Clerk of the Dyers' Company, Brigadier K D Gribbin, Secretary-General of the Cancer Research Campaign, Mr David Innes Williams, Director of the British Postgraduate Medical Federation, Major Trevor Tudor-Williams, Registrar of the Medical Society of London, Mary Nicholas, Archivist at the Medical Research Council, Mr P Merritt, Secretary to the City of London Club, and Dr David Parker, Curator of Dickens House. I also wish to thank the librarians of the Medical College of St Bartholomew's Hospital, the British Library, the Guildhall Library, the Royal College of Surgeons of England, the Public Record Office, the Greater London Record Office, the Royal College of Nursing, the General Nursing Council for England and Wales, the Royal Society of Medicine, Bath City Record Office, Bath City Reference Library, and the King's Fund Centre, King Edward's Hospital Fund for London.

Past members of the staff of the hospital were very generous with their time, and I found that their reminiscences brought life to the history. I would like to thank the late Mrs Lucy Anderson, Dr Donald V Bateman, Miss E J Cable, Mr C Devereux, Professor J C Goligher, Miss T James, Sir Francis Avery Jones, Mr George Lamb, Mrs Constance Leak, Mrs Constance Lucas, Mr O V Lloyd-Davies, Sir Hugh Lockhart-Mummery, Sir Clifford Naunton Morgan, Mrs Katherine Eva Russell, Mr Henry R Thompson and Miss Irene Tonks. Interviewing past members of staff took me back as far as 1910, but through descendants of those associated with the hospital I was able to reach back to the time of Frederick Salmon. I would like to thank those who have helped to fill in the history of the hospital and its specialty, including Mr Robert Copeland, the late Mr Rupert S Corbett, Mr George Cunningham, Mrs Ruth Davies, Mr David Gabriel, Miss Anita Goldberg, Brigadier Michael Gordon-Watson,

Mr David Roy Balfour Park, Lady Caroline Parks, Mr William Relph, and Professor Harold Rodgers. Other help has been given by Dr Leon Banov, Professor Bryan Brooke, Mr Alexander Brown, Mr Kenneth L Chapman, Lady Diana Cooper, Professor Maurice Ewing, Mr Leslie Le Souëf, Mr Christopher Loyd, Mr John E Masterman, Mr O J Masterman, Mrs Beatrice Sizmur Mahoney, Dr Roger Rolls, Miss Sarah Whitfield, and Professor Bernard Wood.

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Several of those already mentioned kindly agreed to read parts of the manuscript, especially on the medical material, and I am very grateful to them for their help. I owe particular gratitude to Professor Goligher for reading all three chapters on the treatment of colo-rectal disorders and to Professor Lennard-Jones for guiding me through the gastroenterological material. I would also like to thank Dr Bussey, Miss Cable, Sir Francis Avery Jones, Mr Lloyd-Davies, Sir Hugh Lockhart-Mummery, Mr Thomson and Mr Todd for their help with sections of the manuscript. I am especially indebted to Dr Donald Bateman for his careful proof-reading of the typeset manuscript. That it reached this stage owes a great deal to the efforts – at weekends and in the evenings, and when they themselves were snowed under with work – to those who converted my handwritten script into a finished, word-processed draft: Miss Jill Grimsey, Mrs Maysuri Patani, Miss Anne Campling, Mrs Mary Groves, Miss Janet Holland, Miss Julie Forster and Miss Tracy Saul.

Most of the photographs in the book were reproduced at St Mark's by the medical photographer, Miss Jill Maybee, whose speed I appreciated greatly and who took great trouble to convert old photographs into copies which were of the highest quality. I am also grateful for photographs, and permission to reproduce them, from the Illustrations Department at the Wellcome Institute Library, the *Nursing Mirror*, the City and Hackney Health Authority Archives and the Guildhall Library.

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Above all, I owe a tremendous debt of gratitude to three people – Charles Webster, Basil Morson and John Northover. They encouraged me, they gave most generously of their time and patience, even when in the middle of their own projects, and they seemed certain that the book would indeed eventually appear. It owes much to them that in fact it did. They are not, of course, responsible for errors that remain in the text, but besides their tremendous encouragement they also did much to ensure that other mistakes were removed.

It has been very challenging to write both for historians and for those working in medicine – sometimes the latter group seemed a little surprised at what I saw as my task as a historian and the historians meanwhile were not exactly reverential about the subject matter of the book. I hope that, in the end, the present work will interest both groups.

Lindsay Granshaw
Wellcome Institute for the History of Medicine
London

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Matron Cable and a probationer, late 1940s: *Nursing Mirror*.

Preface

Dr Basil Morson, the pathologist at St Mark's Hospital, first suggested that a history of the hospital should be written and that it should be published to coincide with the hospital's 150th anniversary in 1985. After discussions with Dr Charles Webster, Director of the Wellcome Unit for the History of Medicine at the University of Oxford, it was decided that a historian should undertake the task and I was appointed in 1980.

I was given two major advantages in writing the history of St Mark's: it was agreed that as a historian I should have complete editorial control (and I am grateful that this was respected) but I was also given free access to hospital records and papers, and as much help as I could have wanted from the staff at St Mark's, past and present. From the time of my appointment I was also able to attend courses and seminars organised at the hospital for visiting doctors, as well as to observe practice.

I regarded my task in writing the history of St Mark's as twofold. I wished to show the development of a special hospital, in its social context, but also to describe the evolution of its specialty. The two elements go hand in hand, but the medicine is often ignored in histories of hospitals, while the institutional settings tend to be forgotten in accounts of medical ideas and practice. I looked at the specialty of colo-proctology in its relation to the hospital, but since St Mark's played a key role in its development in Britain, the scope is perhaps somewhat wider. I have also been concerned that the all-important recipients of medical care in the hospital, the patients, should not be overlooked, as too often happens in hospital histories. Nurses, too, tend to get short measure, but it is particularly important that the history of their work is included. For one thing, it is the nurses who figure most prominently in the daily care of the patients from the patients' point of view. Moreover, the hospital developed at a time of great change within the nursing profession, a factor which had its own impact on St Mark's. I have therefore organised this book so that narrative chapters which describe chronologically the general changes at the hospital over a fifty or hundred year period are followed by more analytical chapters which return to look at each period again, but concentrate on changes in surgery and medicine, nursing or among the patients.

The history of St Mark's is both unique and typical. It is, after all, the only colo-rectal hospital to survive in Britain. But its history is also typical of many other special hospitals, established in great numbers in the nineteenth century by men like Frederick Salmon, the founder of St

Mark's. Its subsequent development – even the part it played in its specialty – was largely typical. At every stage in its history similar developments can usually be seen at its counterparts in other specialties. In that respect, therefore, the history of St Mark's serves as a case study of the development of medical specialisation.

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IN TEXT

CHAPTER I

Introductory

St Mark's Hospital was founded in 1835 as the Benevolent Dispensary for the Relief of the Poor Afflicted with Fistula, Piles and other Diseases of the Rectum and Lower Intestines. Despite its lengthy title it was a tiny outpatient clinic, with no beds, in a house in Aldersgate Street in the City of London. From the beginning, when it was established by Frederick Salmon, a surgeon from Bath, it was a specialised institution. It never deviated from that, although from the early twentieth century its special interest extended from rectal diseases to include problems of the rest of the bowel. Rectal complaints were not diseases which could easily attract public attention, and yet the hospital recruited a host of loyal supporters. It steadily expanded, and, as the Fistula Infirmary, took a few inpatients from September 1835, moved in 1837 to Charterhouse Square and then settled in the 1850s on its present City Road site, just outside the old City of London boundaries.

When the dispensary was established, Princess Victoria was 16: she was to undergo two more years of intensive training before she became Queen. Political revolution, despite constant fears among the ruling classes, had passed Britain by, but society nevertheless seemed in turmoil. Parliament had bowed to political pressure and introduced a Reform Act in 1832; it was seen as a landmark in enfranchising the nation and removing rotten boroughs, even if in reality it made little difference. It seemed for a moment to silence critics from all social levels.

A more active measure, aimed at the poorest classes, was the 1834 Poor Law Reform Act. It was designed to curb abuses in the old poor law system, but also to ensure that people turned to the workhouse only as a last resort. The Act set the tone for much social legislation in the nineteenth century, containing as it did a very strong moral element: charity should be given in such a way that few wished to turn to it. The determination that charity should not be granted as a right, and that only the 'deserving' poor should receive it, was also a feature in the running of the voluntary hospitals. Those who were considered to be inappropriate applicants for charity could be sent to the workhouse infirmaries which developed after 1834.

Many in the upper ranks of society feared the political precedent set by the French Revolution, believing that it encouraged political unrest in Britain. However, it was the industrial revolution which caused the greatest changes, both in social and political terms. People began to move from the countryside to the cities, breaking down communities, but not

necessarily – at least in the immediate term – improving their lot in their new lives. In the middle and upper ranks of society, too, there was social disturbance. A *nouveau riche* class, supported by the new industries, sprang up, but was resented by the older established families. Both groups sought to define their status, with the new group attempting to emulate the upper classes through lavish expenditure and philanthropy. In the middle orders of society, because of the need to reestablish hierarchies, increasingly narrow definitions were used to clarify the membership of professions, including medicine. Although this was an era in which *laissez-faire* was the acclaimed economic model and in which entrepreneurs abounded in all walks of life, many occupations sought increasingly to defend or instate monopoly powers.

Urban living had a considerable impact at all social levels. London grew massively in size in the nineteenth century. From its earliest days it had been a great port and trading centre. By the eighteenth century its trade was highly developed, and so too were the industries, both luxury and basic, that supported it as a centre of government and a large consumer market. In the nineteenth century, while other areas in Britain were developing their industrial strength, London grew rapidly as a commercial and financial centre, and as the centre of imperial government. By the mid-1850s its population was over two million, and this had risen to five million by the end of the century. Migration into the city was steady, and its areas became increasingly distinct, in social terms, from one another.

When the Fistula Infirmary was established in Aldersgate Street, the City of London did not exclusively consist of commercial and financial institutions. Many merchants in the early nineteenth century lived above their premises, but as railway lines were developed, merchants began to move out into the suburbs. The artisans and labourers were not as quick to move: the service industries which employed women largely remained in central London, as did many of the occupations in which the men were involved. Transport was not sufficiently easy or cheap for the labouring and lower middle classes to live on the outskirts of London. However, as the financial and commercial operations in the City grew, other concerns were pushed outwards to its borders, and the artisans and unskilled labourers followed. The district of St Luke's, which included City Road, entertained some of the displaced population. Slightly to its north, Islington expanded rapidly as well. City clearances for railways, for new buildings, to widen roads, or to check overcrowding and bad sanitation, all served to increase the overcrowding in neighbouring areas. There was great pressure on housing in the second half of the nineteenth century, and while a massive amount of jerry-building took place in Islington, Hackney and south of the river, London's inner ring coped by crowding

more into existing tenements. It was not until the late 1880s and 1890s, as the railways extended and cheap transport ran to the suburbs, that this pressure on housing began to be relieved.

At all levels, London was a commercial city. This was as true in medicine as in any other activity. Medicine was far from a monolithic practice in 1835: all kinds of practitioners and sellers of drugs competed for customers. Much health care then, as now, was in the hands of individuals, their families and friends. When it seemed appropriate to look further for help, individuals would probably turn first to patent medicines or to mixtures of drugs sold over the counter at the chemist or apothecary's. At a later stage or for more serious problems, they might consult medical practitioners, but their choice of doctor would depend largely on availability and cost. In London, the rich and the powerful used the practitioners associated with the Royal College of Surgeons, the Royal College of Physicians and the Society of Apothecaries. Poorer patients would seek help from practitioners who had not necessarily passed examinations, although they might have served an apprenticeship. Some were general practitioners, some specialised in particular parts of the body, or in particular remedies, some practised from apothecaries' shops, and some had other employment in addition to medicine. In attempts to systematise medicine, as well as to restrict entry into what seemed to many in it an overcrowded profession, elite practitioners associated with the Royal Colleges condemned as quacks all types of specialists and those who had not undergone conventional training. This had little immediate effect, however, on the so-called quacks' clientele.

Besides turning to local doctors or drug sellers, the poor could also attend the voluntary hospitals or dispensaries which treated outpatients. Hospitals in 1830 were very different from their counterparts today. They were mostly small institutions which served only the poor. The middle and upper classes were treated at home: the hospital was largely a place of last resort for those who could not afford to pay a general practitioner. Frequently patients tried other practitioners first before coming to the hospital. Hospitals tended to be more social than medical institutions, with little active intervention into patients' ailments. They were supported on a voluntary basis: patients did not pay for their treatment, but the better-off who were charitably-minded made donations which kept the hospitals running and also acted as governors of the institutions. Surgeons and physicians gave their services free, contributing a small amount of their time in return for experience, status, fees from students and vitally important contact with the well-off philanthropists who might be future private patients. Hospital posts might be unpaid, but they were much sought after because they assisted advancement.

Governors intended the hospitals to treat the 'deserving poor': the