

# Walking the history of healthcare

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**ABSTRACT – The history of healthcare is complex, confusing and contested. In *Walking London’s medical history* the story of how health services developed from medieval times to the present day is told through seven walks. The book also aims to help preserve our legacy, as increasingly former healthcare buildings are converted to other uses, and to enhance understanding of the current challenges we face in trying to improve healthcare in the 21st century. Each walk has a theme, ranging from the way hospitals merge or move and the development of primary care to how key healthcare trades became professions and the competition between the church, Crown and City for control of healthcare. While recognising the contributions of the ‘great men of medicine’, the book takes as much interest in the six ambulance stations built by the London County Council (1915) as the grandest teaching hospitals.**

**KEY WORDS:** hospitals, London, medical history

## Background

London really is a living museum. If you look around (and up) as you walk through the city you are guaranteed fascinating, intriguing and revealing sights. One aspect of London life that will be apparent is healthcare. Almost every street contains some relic or reminder of how healthcare has developed in England from medieval to modern times although it is becoming harder to discern as buildings disappear or are converted to new purposes. It was the decreasing visibility of our healthcare history, together with an interest in the history of London, that inspired me to write *Walking London’s medical history*.<sup>1</sup>

Despite living and working in central London for over two decades, it was only when I started systematically studying the history of health services in the city that I realised how little I had been aware of. Careful scrutiny of historic maps, property records and medical directories revealed the location of long defunct institutions. While the internet proved to be an unbelievably efficient means of searching collections and resources from around the world, the value of more traditional sources is still immense. I am indebted to the authors of many books on the history of London,

on healthcare in general and on specific hospitals and organisations. And in my searching I increased my appreciation not only of specialist libraries (medical schools, the Wellcome Trust, British Library) but also the archivists toiling away in local libraries and in some of our larger hospitals. The other key means of discovery was exploration. Walking and looking often revealed things that documents had not.

Dividing up central London into manageable walks was not a random exercise. They were determined by identifying key themes in the history of healthcare and then recognising the geographical boundaries of the area most closely involved. For example, the development of the professions was largely confined to the eastern half of Marylebone. This process suggests that connections between places and events are not due to chance but can partly be understood and explained by consideration of the physical, social and economic characteristics of an area.

Beyond keeping the book up-to-date, there are clearly opportunities to expand it by including other areas – the City, the East End, Paddington and Lambeth, for example, all contain institutions and sites that contributed to the historical development of English healthcare. But the principal gap in the story lies outside the city. Throughout history, cities have depended on their rural hinterland for healthcare in two principal ways. The countryside has provided a healthy retreat, be it the tea gardens and ‘medicinal’ spas of the 17th century, sea-bathing facilities in the 18th and 19th centuries, or tuberculosis sanatoria and convalescent homes in the 20th century. It has also provided somewhere for confining those who were excluded from the city because they were deemed to threaten the health and safety of others – the mentally ill (or incapacitated) or infectious. The great 19th century asylums and infectious disease hospitals that ringed London are lasting monuments to such policies. To address this, a tour of north and east Kent (by car or bike) is being prepared. So when you’ve finished walking the streets of London, you can take in the sea air and enjoy some rural delights.

## Healthcare is more than medicine

The history of healthcare is complex, confusing and contested. While the ‘great men of medicine’ have

made and continue to make important contributions to shaping health services, we can only understand why we have the services we have by looking beyond the contributions made by doctors. Many others have also had an influence: architects, politicians, ambulance staff, pharmacists, midwives, clerics, nurses, the monarchy, lawyers, philanthropists and writers to name a few. Healthcare is also more than hospitals and dispensaries, infirmaries and health centres. It is also royal colleges, trades unions, medical schools, nursing homes, coroner's courts, regulatory bodies, nursing sisterhoods, ambulance stations, patients' organisations, medical societies, medical missions, funding bodies, research institutes, nursing schools, examination halls etc.

### Learning through walking

Through a series of seven walks through London, the importance traditionally attached to some places and events is challenged, not to denigrate them but to put them in context and to recognise the importance of other, frequently neglected, contributions.

Usually, to enhance our understanding we sit and read books or, nowadays, surf the internet. But it is more fun to go out and literally visit the past, see the buildings where events unfolded and transport yourself back in time. And for the history of healthcare in England, there is nowhere better to do this than in London. For it was in London that most of the key developments took place. It was here that the key battles were fought over policies, where conflicts were resolved and where many innovations occurred. Although some of the important buildings in the history of healthcare have been destroyed, many remain.

Apart from guiding the reader through interesting, historic parts of London, the book aims to tell the story of how health services developed, to help preserve our legacy, as increasingly former healthcare buildings are converted to other uses, and to increase understanding of the current challenges we face in trying to improve healthcare in the 21st century. Each walk has a theme, a flavour of which is given below.

### Church, Crown and City

This walk through Covent Garden and Holborn illustrates how the church, Crown and City have competed with one another to control health services and to influence healthcare policy. You visit the site of St Giles Hospital for Lepers, literally fought over by the church and the Crown in the 14th century: in 1303 some inmates broke the locks of the gates to allow the Archbishop of Canterbury to visit; in 1315 the master of the hospital complained that royal officials sent non-leprous decayed domestics to be inmates; and in 1391 the Bishop of London forced his way in with an armed band. The Savoy Chapel, found close to the Thames and all that remains of the Savoy Hospital created by Henry VII, was the largest hospital in England before 1680 and the first hospital in London to employ medical practitioners. The later role of the City is also evident in the previous homes of such voluntary hospitals as the British Lying-In Hospital (now a private club and restaurant called The Hospital), Charing Cross Hospital (currently a police station) (Fig 1), Royal Westminster Ophthalmic Hospital and St Peter's Hospital for Stone (now private apartments and shops).

### The lost hospitals of St Luke's

Today, City Road is a busy, windswept thoroughfare but in 1865 standing near the Eagle Tavern (made famous in the nursery rhyme, *Pop goes the weasel*) you would have seen six major London hospitals: the splendidly titled St Mark's Hospital for Fistula and Other Diseases of the Rectum, the Royal Hospital for Diseases of the Chest (the first specialist hospital in the world for pulmonary disease), St Luke's Workhouse Infirmery, the French Huguenot Hospital (arguably the first voluntary hospital established in England), St Luke's Hospital for Lunatics (thought to be one of the five finest buildings in 19th century London) (Fig 2), and the City of London Lying-In Hospital. They were joined by the Royal London Ophthalmic Hospital when it moved from Moorfields (half a mile to the south) in 1899. Today, only the latter survives. The rest, together with the identity of this district (St Luke's), were to disappear.

This walk gives you the opportunity to rediscover the lost hospitals of St Luke's: one is still functioning; one has survived though is



**Fig 1. Decimus Burton's original Charing Cross Hospital (1834) (on the right) though the fourth floor and entrance portico were added in the 1880s. Its subsequent expansion can be seen to the left. Copyright © N Black 2007.**

no longer a hospital; parts of two still exist; but no trace remains of the other three. What they all experienced will be familiar to anyone working in healthcare today: a never-ending struggle for funds, the challenge of balancing the power of doctors with that of governors (managers), and the difficulty of recruiting and retaining well-trained nurses.

### A cradle of reform

In a 40-year period, healthcare was radically altered by the events that took place in one small area of St Pancras and Bloomsbury. The pace of change between 1840 and 1880 was remarkable. It was characterised by concern for those who had traditionally been ignored:

- children, who had largely been excluded from hospitals until the development of the Hospital for Sick Children (later, Great Ormond Street Hospital) and the Alexandra Hospital for Children with Hip Disease
- the destitute poor, (including those forced into prostitution) for whom the doors of the Royal Free Hospital were open
- the aged and decrepit, cared for by the Hospital for Infirm and Incurable Women, the Hospital of St John and St Elizabeth ('John and Lizzie's' now in St John's Wood), and Louisa Twining's Nursing Home for the Elderly & Epileptics
- the paralysed and epileptic for whom the Hospital for the Paralysed & Epileptic was created (now National Hospital for Neurology and Neurosurgery) (Fig 3)
- pregnant women, largely excluded from general hospitals until the Royal Free Hospital established an obstetric service
- foreigners, such as Italians for whom the Ospedale Italiano was established.

It was not only patients who experienced the benefits of reform. This area was also the birthplace of new opportunities for healthcare staff. It was here that women finally succeeded in storming the male medical establishment by creating the first medical school open to women and persuading a general hospital to provide clinical training for its students. And it was fitting that the first purpose-built hospital staffed by women and for women was established here. Conversely, the Hospital for the Paralysed & Epileptic was one of the first hospitals to employ male nurses in what had been an exclusively female preserve. The area also provided a home for a group of alternative practitioners that the medical establishment wanted outlawed in the 1850s, homeo-



**Fig 2. St Luke's Hospital for Lunatics, designed by George Dance the Younger in 1786, was thought to be one of the finest buildings in London. After the hospital closed in 1917 it became a printworks before being demolished in 1963. Copyright © N Black 2007.**



**Fig 3. National Hospital for the Paralysed & Epileptic was established in 1860 in houses on this site which were replaced by this fine building in 1885. The Institute of Neurology's modern tower block can be seen beyond it. Copyright © N Black 2007.**

paths. And the introduction of Lady Almoners (similar to modern-day hospital social workers) occurred here, when Mary Stewart was appointed in the Royal Free Hospital. Other London hospitals followed suit except for St Mary's Hospital which appointed a retired policeman because it believed his experience of spotting criminals was ideal 'for protecting the hospital from exploitation'.

## From trades to professions

A key feature of the history of healthcare has been the battles between practitioners over the boundaries between each occupation: who they can treat, what treatments they can use, and what they can charge for. Since 1750, each and every group has sought to distinguish itself from competitors and to gain recognition as a 'profession'. Legal rights, self-regulation and formalised training were the tools that would give a group the social and economic security it sought. These developments, which have occupied practitioners over the past 200 years, have spawned numerous organisations, many of which have been located in Marylebone. Between about 1840 and 1920, the modern healthcare professions were defined and refined in this area. And to the present day this remains the political centre of the healthcare professions. This walk traces the story of how the main healthcare professions – doctors, nurses, midwives, dentists – developed.

Each profession has needed to establish organisations to perform distinct functions: establish and maintain professional standards – which are now largely the responsibility of the 13 royal colleges, the homes of five of which will be seen on this walk (physicians, nursing, midwifery, radiology and paediatrics); guard their territories – for which professions established defence organisations, such as the Medical Protection Society; police their own members – for which the homes of the regulatory bodies established by act of parliament for the four professions are seen on this walk; and advance clinical knowledge, which from the late 18th century was led by professional societies such as the Medical Society of London (Fig 4) and the Royal Society of Medicine (both seen on this walk).

## Other themes

The other three walks address the following: how individual creativity and entrepreneurship can shape the development of healthcare; how hospitals have faced the unavoidable choice between merger with larger neighbours or migration away from central London; and how primary care developed from a market



of unlicensed healers to a coordinated, multi-professional system. The aim of all the walks is to give you a feel of how health services were intricately embedded in the physical and social fabric of London, and how extensive their presence has always been. The walks also suggest that connections between places and events are not due to chance but can partly be understood and explained by consideration of the physical, social and economic characteristics of an area. They challenge the relative importance that traditional accounts have attached to some places and events.

## Reference

- 1 Black N. *Walking London's medical history*. London: Royal Society of Medicine Press, 2006.