WELLCOME MEDAL AND PRIZE
THE ORIGIN AND DEVELOPMENT
OF THE HOSPITAL IN BRITISH MEDICAL PRACTICE

At its inception in 1946 the World Health Organization proclaimed that the highest standard of health was a fundamental right of every human being, and that governments were responsible for providing the measures to maintain this standard. The development of the British hospitals shows a gradual evolution towards these high ideals, beginning from a humanitarian sense of brotherhood exemplified in the care given by the early monasteries, and proceeding slowly, often accelerated by the concern of dedicated individuals but also often eclipsed temporarily by the indifference of society and its leaders to suffering, to the modern hospital of today. During this time hospitals have served a variety of different purposes - to maintain the sick poor, to train apprentices, to further
further medical knowledge, to promote higher standards of care, and to carry out specialized treatments and operations. The alterations in the hospital services have accompanied the changing requirements of patients, doctors, management, and society in general.

Although the country's first hospital, St. Peter's at York, was founded by King Athelstan in 937, it is to an Augustinian monk named Rahere that Britain owes the founding of her first major hospital, St. Bartholomew's, in London about 1123. Born in humble circumstances, Rahere, through his talents and ambitions, mixed with aristocrats and lived a life of comparative luxury and idleness. Eventually he tired of this existence and made a penitential pilgrimage to Rome where he fell ill with malaria and was nursed back to health at Rome's Tiber Island Hospital. According to legend St.
St. Bartholomew appeared to him in a vision during his illness and asked him to establish a church on his return to London. After an initial period of doubt about the reality of the vision Rahere's faith triumphed and he vowed, if he recovered, to return to London and to build a hospital in honour of the saint. This he duly did; he obtained a grant of land in Smithfield from Henry I and founded there a rest-house for the poor and sick people of London. On the same site, he established a monastery whose monks begged money and food from the public for his poorly endowed hospital.

In the first half of the thirteenth century two more hospitals were founded in London: St. Thomas's in Southwark by Peter, Bishop of Winchester, in 1215, and Bethlem Hospital by the canons of Blackfriars in Bishopgate in 1247. The latter, often called Bedlam, is the oldest hospital for mental patients in /
in existence, and may properly be regarded as Britain's first special hospital, that is, one devoted to a particular disease. It was not until the nineteenth century that the sectionali-
ization of medicine increased and many special hospitals were set up. The patients of Bethlem were chained to the walls, and a visit to see the "lunatics" was for some time a fashion-
able form of entertainment for London society.

Between 937 and 1547 the number of hospitals increased steadily: some 800 were built for the reception of people with temporary illnesses, homeless old people, cripples and orphans. Endowments were provided by a wide variety of patrons - the Crown, the aristocracy, the clergy and town governents. Many of them were small monastic hospitals, some little more than dormitories. Britain lagged far behind her continental neighbours in the provision of medical care for her citizens and /
and despite the establishment of leper hospitals and plague or pest houses after the Black Death of 1349-50, there was nothing resembling the Grand Hospital in Milan which provided accommodation for two thousand patients. This gap was partly bridged by the efforts of Henry VII who, during a relatively peaceful period in British history, planned that the old Savoy Palace in London be converted into a hospital; it was designed on European lines in the form of a cross, the arms forming wards separating male and female patients, with an altar at the point where the arms crossed. Though Henry died before his plans had been completed, the hospital was constructed as he had envisaged and was dedicated in 1509.

After the modest yet encouraging beginnings, there followed what is perhaps the blackest period in any country's medical history, which occurred with the dissolution of the monasteries by Henry VIII, an act from which the hospital service /
service did not fully recover until the late nineteenth century. By the closure of the monasteries and the confiscation of the revenues of church property, countless thousands of aged, sick and homeless people, who had been fed and nursed in the monasteries and their hospitals, suffered terribly. No records are available of the numbers who died of starvation or of unattended illness, or of their fate. It can only be assumed that they died on the roadside. During the eight years from 1536 to 1544, following the dissolution of the charitable institutions, no relief whatsoever was provided for the poor by the Crown, by law or by city governments. The great monasteries and hospitals became the landed estates of the new nobility. Not even the one-time leper houses were spared, and thus the poor were deprived of their only sanctuaries in times of sickness.

This /
This retrograde and barbaric act was partially offset in 1544 by the refounding of St. Bartholomew's by Henry VIII after prolonged appeals from London citizens. Later Edward VI granted a fresh charter to St. Thomas's, which catered for 300 poor patients. The appointment of a committee in 1552 to tackle the poverty problem in London resulted in the foundation of Christ's Hospital for orphans. Nevertheless, despite these improvements, very few hospitals survived and only a small number of additional hospitals were built during the sixteenth and seventeenth centuries. By 1700 there were less than twelve hospitals in Britain, of which five were in London, namely, St. Bartholomew's, St. Thomas's, Bethlem, Christ's and Bridewell.

As might be expected a patient's life in one of the early hospitals was vastly different from that of today. In one Elizabethan hospital, apart from urgent cases, only patients /
patients with a letter from the governor were admitted if they were thought to be curable. Mental patients were sent to Bethlem Hospital; sufferers of the plague were relegated to the Lock hospitals, generally situated outside the city gates and originally for lepers; and incurables were sent back to their homes. No patient was refused admission if unable to contribute to his keep, but those who could were expected to pay something. Once admitted, life was far from easy. Chapel attendance was compulsory, and everyone who could was expected to work hard to help in the running of the hospital, keeping wards clean, doing the laundry, and helping in the kitchen. Even children were not exempt from work which often involved a fifteen-hour day. Patients committing offences were liable to be dismissed from the hospital, but only as a last resort and after repeated warnings. Cases of
of immorality were dealt with at the whipping post or stocks, both of which were available on the hospital premises.

During the seventeenth and eighteenth centuries two separate groups of hospitals existed in Britain, the royal and the voluntary. The former comprised the five London hospitals already mentioned, though Bridewell given by Edward VI as a workhouse for the poor was more of a prison than a hospital and was subsequently destroyed. The royal benevolence was too limited to relieve more than a fraction of human suffering and it was left to the voluntary hospital movement to supply the country with more adequate protection for the sick and helpless. Perhaps the indifference of the State towards health and disease was responsible for the founding of the voluntary hospitals; perhaps the plague of 1665 and an epidemic of typhus in 1710, together with the general poor conditions, stimulated organized effort.
effort to improve the situation. Whatever the reasons, a great wave of philanthropy appeared and in a short period a multitude of voluntary hospitals were built.

Westminster Hospital was founded in 1719 by a charitable society that had agitated for a regular hospital for the poor. In 1725 Thomas Guy, a wealthy bookseller, founded the hospital that bears his name and he left sufficient funds for it to be independent of charity. St. George's was founded in 1733 by the same group that founded Westminster; the London hospital in 1740 by surgeon John Harrison; the Middlesex in 1745; and perhaps the most noteworthy, the Foundling Hospital, in 1739 by Thomas Coram. Coram, a sea-captain, persuaded Parliament to donate grants for his hospital for abandoned children. However, having accepted government aid, the hospital was obliged to admit all children brought /
brought to it and so great was the overcrowding that seventy-five per cent died in a year. Three county hospitals were set up to take the overflow and as a result Parliament withdrew its grant, forcing the hospitals to take only as many children as they could manage. Concerts by Handel, the hospital organist, and exhibitions by Hogarth aroused public interest and ensured financial support.

The rest of Britain was inspired to follow London's example and the voluntary movement spread to most of the major cities in England and Scotland. The list of hospitals founded by well-to-do people all over the country rapidly expanded during the late eighteenth and early nineteenth centuries when the first voluntary hospitals were built in Wales. Despite the fact that standards of cleanliness in some hospitals was almost non-existent, and that patients were /
were officially referred to as "miserable objects", the
social conscience of the country had been stirred and
after centuries of neglect Britain was catching up on
other European countries in the field of public health.

A further important development took place during
the nineteenth century with the formation of a large
number of special hospitals. This became the landmark of
the Victorian era, just as the general voluntary hospital
may be regarded as a landmark of the Hanoverian era. The
scientific awakening of the previous century led to a vast
increase in the amount of empirical research carried out in
the medical world, and new fields of knowledge opened up in
connection with the study of particular diseases. In the
first half of the century there was a rapid rise in the number
of hospital patients. New hospitals were founded by money from
public sources, with doctors providing the impetus. Old
hospitals /
hospitals were enlarged and medical schools set up, especially
during the second decade, to meet the needs of students and
teachers. As the frontiers of medicine advanced so did the
need for specialization, and young aspiring physicians and
surgeons, frustrated by the conservatism of the older genera-
tion of medical men who strongly opposed sectionalization,
took the lead in securing the foundation of special hospitals.
In London and the provinces the number of such buildings rose
steadily: the first eye hospitals were founded early in the
century partly due to the large incidence of trachoma in
soldiers returning from the Napoleonic Wars; Europe's first
tuberculosis hospital opened in London in 1814; and in 1851
the first children's hospital was established in Liverpool.
The care of sick children had been badly neglected by the
general hospitals, and the first was followed a year later
by /
by that in Great Ormond Street, London. Two doctors were responsible for initiating interest in this venture which became known as the "mother" of children's hospitals all over the world. One of its first patrons was Lord Shaftesbury; another sponsor was Charles Dickens.

Occasionally special hospitals were founded by laymen as expressions of sympathy for a person affected by a particular disease. For example, Miss Johanna Chandler set about raising funds to build a hospital because none would admit her grandmother who was suffering from paralysis. Her efforts led to the opening in 1860 of the National Hospital for Nervous Diseases in Queen Square, London. Dr William Marsden, motivated by the death of his wife who could not be saved by London's best doctors and by the tragedy of a woman he found dying in the streets and for whom he could not obtain admission.
admission to any hospital, helped found the first cancer hospital in Fulham Road. It has since attracted patients from all over Europe and its research has made great contributions to the knowledge of this disease. The problem of the old and the chronic sick, the "incurables", whom no hospital would accept, was met by organized help, pioneered by Dr Andrew Reed, and led to the establishment of the Royal Hospital and Home for Incurables at Putney in 1854, the first of its kind in the country.

After 1850 the hospital movement was extended to the rural areas, with the building of small "cottage hospitals" served by local doctors with a consulting staff from the larger city hospitals. A surgeon, Alfred Napper, was responsible for the first of these at Cranleigh, in Surrey, in 1859; by 1880 the number had risen to 180. Money was obtained by legacies and public subscriptions and the committees of management were made up of leading local citizens.

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The initiative by doctors for the founding of the special hospitals sprang from two extremes: a desire to help the sick and advance medical science, and the difficulty of promotion in general hospitals and the opportunity for self-advertisement which the special hospitals now gave. Probably both motives were at work. Bitter attacks were made on the special hospitals by the British Medical Journal: "Half the special hospitals (were) founded in the grossest self-seeking on the part of some individual. . . . An energetic surgeon makes up his mind to step to fame and fortune by means of bricks and mortar". But while it is true that some hospitals provided spurious treatment, the number of undesirable establishments was greatly exaggerated and many notable advances in knowledge and medical techniques, later to be incorporated into the teaching and practice of general hospitals, were made in the special hospitals.
The problem of the destitute and impoverished sick citizens and their treatment provides a harrowing episode in British medical practice. The Elizabethan Poor Law of 1601 required every parish to be responsible for the maintenance of its poor. This was done by the creation of workhouses where the poor were employed and where they could learn to support themselves. Without much public comment or official notice the number of workhouse inmates reached fifty thousand by 1861. The pitiful conditions in these buildings aroused but a few consciences, and little notice was taken of the writings of John Howard who described one typical workhouse as follows:

"The infirmary has four rooms for patients. The floor of the room below was dirty, the walls were black and filthy; it had in it three patients. In two of the rooms above there were thirteen beds and fifteen patients. On the floor was a little /
little dirty hay that made a bed for the nurse. This room was very dirty, the ceiling covered with cobwebs, and in several places open to the sky. Here I saw one naked pale object who was under the necessity of tearing his shirt for bandages for his fractured thigh. No sheets in the house and the blankets were very dirty. No vault, no water. The diet is a three-penny loaf and two pints of milk— or if my taste did not deceive me, of milk and water." (April 16, 1788).

The Poor Law Amendment Act of 1834 set up Boards of Guardians to control the workhouses with powers to send pauper patients to the voluntary hospitals. Few Boards used these powers. Enquiries into the conditions of the workhouses showed them to be overcrowded, poorly ventilated, dirty, deficient in toilet facilities and generally unhygienic and insanitary. The allocation of beds was administered by a master and matron who shared /
shared the Board's ignorance of medicine, supervision was grossly inadequate by poorly paid part-time doctors, and nursing was carried out by pauper inmates. Medical pioneers together with lay philanthropists demanded radical improvements of these appalling conditions, and intensive campaigning brought about the creation of Poor Law hospitals under the Metropolitan Poor Act of 1867. Nevertheless, it was not until 1929, with the Local Government Act, that the Boards were abolished and their functions taken over by the local authorities. Gone were the guardians of the poor and the hateful stigma which this charity imposed on its recipients, and an abysmal chapter in Britain's hospital history ended.

Although comparatively striking improvements in the provision of hospital services took place over the centuries, it is only really in the last hundred years or so that hospitals have come to play an important /
important rôle in the treatment of sick people. At the beginning of the nineteenth century cross-infection in hospitals was a permanent danger and medical knowledge was scanty. Florence Nightingale in her "Notes on Hospitals" wrote "The first requirement in a hospital is that it should do the sick no harm" but it was not until the latter decades of the last century that hospitals were able to provide positive benefits to the majority of their patients. Persistent recommendations by Miss Nightingale for the building of hospitals according to the "pavilion" plan which provided the maximum amount of air and sun to every room. Her campaign against false economies which had led trustees to buy poor, swampy ground for the siting of hospitals had visible results in the large number built after 1850. At about the same time other revolutionary developments occurred which completely transformed the hospitals. The use of ether /
ether as a surgical anaesthetic was demonstrated in America with complete success, and the discovery was taken up with amazing speed in Britain. However, the use of anaesthetics, though conquering the fear of operations, solved only half the problem. Mortality from infection after surgery reached the appalling level of seventy per cent at times. The discoveries of Pasteur and Lister showing that bacteria were responsible for surgical infections, and the consequent measures taken to control them caused great innovations: sterilizing equipment, daily changes of bed linen, and large sterile operating-rooms became an indispensable part of the hospitals. By 1900 the surgical mortality rate had fallen to six per cent. While humanitarianism and Christian charity had been the inspiration of the pioneers of earlier hospitals, scientific procedures and social obligations replaced them in their modern counterparts.

While /
While tremendous progress had been made in medical and surgical techniques the shaky, haphazard structure of the hospital system remained and was revealed only too clearly during the First World War of 1914-18. Five years before the outbreak of war, the Royal Commission on the Poor Laws had expressed a desire for a better integrated hospital system, but no action was taken. Not even under the stress of war was an attempt made to unite the nation's medical services. The needs of the Armed Forces were given priority over the needs of the civilian sick and the unco-ordinated policies which followed did not allow the planned allocation of scarce resources to these conflicting requirements. The price of the muddled system was paid heavily by civilians because half the supply of doctors and much of the already inadequate stock of beds were lost to the war effort. It was found that relatively minor conditions in members of /
of the Forces were taking precedence over the scourge of tuberculosis which threatened the health of the whole population.

While the War had revealed deficiencies of organization it also revealed a failing in the health of the people which, together with the high proportion of men rejected for active service, strengthened the need for better preventive and promotive medical services. The case for a more integrated approach to the country's health was now generally accepted and the coalition government of Lloyd George established a Ministry of Health in 1919, pledging that all services relating to the care and treatment of the sick and infirm should not be administered as part of the Poor Law but should be made a part of the general health services of the country. However, the lessons learned in war-time were cast aside and forgotten during the difficult years which lay ahead.

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The two major groups of hospitals were now the local authority (or municipal) and the voluntary, with an unhappy state of unfriendly rivalry existing between them. There was an overall lack of planning and no effort was made to integrate their facilities to serve the community best.

The voluntary hospitals as a whole were primarily interested in "short-stay" patients with illnesses and in an out-patient service, whereas the municipal hospitals tended towards a more comprehensive service. Certain of the latter, however, showed a preference for acute cases and resented the custom that chronic cases should be passed on from the voluntary hospitals. Inevitably some hospitals were overdeveloped in some specialities and were deficient in others: this led to delays in treatment and was a source of much bitterness. These conditions, coupled with a shortage of beds and long waiting lists /
lists, led to a general feeling of dissatisfaction. By the autumn of 1939 there had been a change in the climate of opinion: the doctors and the lay representatives of the voluntary hospitals now had a greater appreciation of the need for regional planning of the whole hospital services. The Second World War, now imminent, was to give the final impetus to a major reorganization.

The Ministry of Health, planning to have 300,000 beds available for air-raid casualties in anticipation of heavy air attacks, carried out the first official survey of the condition of hospitals in Britain, and revealed a disturbingly low standard of accommodation. An Emergency Medical Service was set up and doctors recruited into it to provide the necessary intensive care. Both local and voluntary hospitals were used, the latter being paid for their services,
and the country was divided into regions under the direction of
hospital officers. These were doctors from the best hospitals
and they were grossly dissatisfied with the standards in the
worst hospitals. They were to provide powerful voices in the
demands for improvements during and after the war. Pressure also
came from middle-class patients admitted to hospitals they would
never otherwise have had to use and, as a result, substantial
improvements were rapidly brought about so that the hospital
services would be in better shape to face the later stages of
the war.

Though the general conditions had improved in certain
aspects with the provision of new equipment, plans for rebuilding
had been postponed and heavy expenditure was needed to repair badly
damaged hospitals. The actual hospital service remained unchanged
during the war, but medical and public opinion did not. The first
real /
real attempt to plan on a regional basis and the task of organizing and operating the Emergency Medical Service clearly showed the failings of the system then in existence. The move towards change was gathering momentum.

Growing concern about these failings was expressed in The Lancet and "A plan for British Hospitals" gave the arguments in favour of the creation of a National Hospital Corporation, on the same lines as the B.B.C., to take over all hospitals and run them on a regional basis. The B.M.A., the war-time government and the Beveridge Report advocated some form of National Health Scheme but, with the return of a Labour government in 1945, it was the new Minister of Health, Aneurin Bevan, who introduced proposals for a National Health Service. These proposals, published as a White Paper in 1946, included the provisions that both municipal and voluntary hospitals be appropriated/
appropriated by the Ministry, the majority to be administered by Regional Boards which would appoint management committees for each large hospital or related group; that the endowments of hospitals be put into a central fund controlled by the Minister who would approve spending for any particular purpose; and that the Minister be empowered to convene boards of governors for each teaching hospital.

Opposition was expressed by general practitioners who saw that their share of work in hospitals would be reduced. After limited concessions the Bill was passed and in July 1948 the majority of Britain's hospitals were taken into national ownership. The creation of the National Health Service came more from pressures by groups of the medical profession than from the doctrines of the Labour Party, which was confining its plans for nationalization to the industrial sector. It was not, as some implied /
implied, an aberration produced by a band of revolutionaries. However, socialists had been among the early advocates of health planning, and this major reform owed much to Bevan's idealism and resolute actions. Nevertheless, his achievement is neither the final nor the perfect solution to the need for co-ordination; it is no more than a stage in the evolution of Britain's social services.

The history of hospitals in Britain represents the provision of merciful care and a growing compassion by individuals and by society in general for their less fortunate fellow-citizens. From personal volunteer service to national legislation, the hospital system has evolved gradually until medical care has become available for all who need it. However, there is much more to be done. Waiting lists are becoming longer and new buildings have not kept pace with the demands. There is no general /
general agreement about the best design for hospitals, or about the extent of second line accommodation for the mildly sick. Planning a large hospital takes up to seven years, a time lag which Britain can ill afford. The need for better co-ordination is required for the many services available to maternity cases, and a system of hostels, which would provide convalescent homes for mothers after each birth, is envisaged by the Royal College of Obstetricians. These, and other changes in the hospital system, will be brought about, albeit less dramatically and emotionally under state supervision than the radical changes of former times, but with the same awareness of, and sensitivity towards, human needs that was shown by the great pioneers of the hospital movement in Britain.
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