The lost hospitals of St Luke's

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This is the second of four articles that provides the background to one of the walks in a new book, Walking London's Medical History, which aims to tell the story of how health services developed, to help preserve our legacy of buildings and to inform current debates about health care. Walking London's Medical History is available from the RSM Press website: <http://www.rsmppress.co.uk/bkblack2.htm>

Few Londoners know the whereabouts of St Luke's, yet for much of the 19th century it was home to seven leading hospitals. In 1865 you could have stood on City Road, near the famous Eagle Tavern, and been able to see six of them. But during the 20th century all but one were to vanish. And it was not just the hospitals that disappeared. The district of St Luke's itself became invisible. This may have been the result of a deliberate policy to 'lose' one of the poorest, most deprived areas of London. Like St Giles (another area that became invisible), much of the housing stock was

dreadful, with overcrowded 'rookeries'. In the 1850s St Lukes had 245 people per acre, more than St Giles (221), Clerkenwell (170), Westminster (71) or Islington

Box 1 Highlights of the walk

- Site of the world's first chest hospital (Royal Hospital for Diseases of the Chest)
- Remains of one of London's largest workhouse infirmaries (Holborn & Finsbury Poor Law Union)
- Former home of the leading hospital for bowel disease in the UK (St Mark's Hospital)
- Site of the earliest voluntary hospital in London (French Huguenot Hospital)
- One of the leading ophthalmic hospitals in the world (Moorfields Eye Hospital)
- One of the last surviving public baths and washhouse in London (Ironmonger Row)
- Site of one of the most spectacular buildings in 19th century London (St Luke's Hospital)

Figure 1 A map of the route.

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Box 2 St Mark's Hospital for Cancer, Fistula &c

The instigator, Frederick Salmon, was an ambitious surgeon whose progress and advancement had been obstructed by medical nepotism and corruption. In 1835 he opened what became known as the 'Fistula Infirmary' in Aldersgate Street. Many of his subscribers had themselves suffered from lower bowel problems (a common problem at the time given people's diet), including William Copeland, Lord Mayor of London; Charles Dickens, who suffered from anal fistula; and Lord Iveagh of the Guinness brewing empire.

By 1838 the infirmary needed more space. It first moved to Charterhouse Square and then in 1854 to a fine new, three storey, Italianate building designed by John Wallen (Figure 2). It had 25 beds for inpatients together with outpatient facilities. One to benefit was the artist, Walter Sickert, whose treatment at St Mark's has been used as evidence that he suffered from an anal fistula and not, as those who believe he was Jack the Ripper have alleged, a penile fistula (which would have rendered him impotent and therefore, they claim, more likely to be a serial killer of women).

Significantly, in 1854 the infirmary acquired a new name—*St Mark's Hospital for Fistula and other Diseases of the Rectum*. It was common practice among specialist hospitals to pick a saint's name so as to make fund-raising easier. However, Salmon was insistent that the public should know what went on in the new building by inscribing in the stonework across the front of the building 'St Mark's Hospital for Fistula &c' (The lettering was covered over in the 1990s by the redevelopers, probably to avoid putting off potential residents.)

Further expansion in 1896 meant there were now 54 beds, though financial constraints meant that only half could be used. Fund-raising events—dinners, balls, theatre performances (including one organized by Lillie Langtry)—helped. The increasing importance of bowel cancer led to another change of name in 1909 to *St Mark's Hospital for Cancer, Fistula &c*.

In 1926 another wing was built, as was a nurses' home to help attract and retain nurses. In 1948 the hospital, which Aneurin Bevan called 'a jewel in his health service', became part of the NHS and in 1995 it moved to Harrow to be amalgamated with Northwick Park Hospital, where it continues to be the national centre for large bowel diseases.

(30). The local Medical Officer of Health described the houses as 'typhus nests'. Both St Luke's and St Giles were 'dealt with' by wholesale redevelopment that left them almost unrecognizable, destroying as it did both their architectural heritage and any sense of community.

A walk through St Luke's gives you the opportunity to rediscover its lost hospitals. Their fortunes have been mixed: one is still functioning; one has survived though is no longer a hospital; parts of two still exist; but no trace

Figure 2 The main entrance to the original St Mark's Hospital building in City Road (1853). It expanded several times (the 1926 extension can be seen on the left) before moving to Harrow in 1995.

remains of the other three. The highlights of the walk are shown in Box 1.

THE END OF RURAL TRANQUILLITY

In 1700, the parish of St Luke's, less than a mile north of the City of London, was largely rural. Apart from the old City Pest House for plague victims and some almshouses, inns and tea gardens, this area was largely orchards, fields and moorland. But this was all soon to change. To the south, an expanding city hungry for land had drained Moorfields (modern day Finsbury Circus to Finsbury Square) and laid out new streets and squares outside the city walls.

As the appetite for land grew, St Luke's was next in line. The rural tranquillity of the area was shattered in 1761 with the construction of City Road which, for the first time, linked the City directly with Islington and beyond. This served to open up the area for development, a trend given further momentum when the Grand Union canal (with its City Road basin) was constructed in 1820.

ESTABLISHMENT OF THE HOSPITALS

While such developments might have been expected to generate the manufacture and warehousing of goods, less predictable was its development as a centre for health care. Yet this is what happened. Across two centuries, City Road has witnessed the evolution of health care from the isolation and confinement of plague victims, through the establish-

Box 3 Royal London Ophthalmic Hospital

In 1805, John Cunningham Saunders founded the *London Dispensary for Curing Diseases of the Eye and Ear* in Charterhouse Square, only the second eye hospital to be established in London. The first had been set up just three months earlier by an oculist, Jonathan Wathen, who had no formal medical training or qualification. Increasing demand led Saunders to expand by moving to a new purpose-built home in 1822 in Lower Moorfields (Finsbury Circus). Its success was marked by it being redesignated the *Royal London Ophthalmic Hospital* in 1837.

By the late 19th century, the building was proving increasingly inadequate. An additional challenge was the change going on around the hospital: construction of the London & North-Western Railway's goods station, Broad Street station and Liverpool Street station made the area noisy and disturbing. The final straw was the need for street widening. Given the high value of the site plus the need to expand, the hospital governors opted to move further out and rebuild on cheaper land in City Road.

The main entrance of the red-brick building that opened in 1899 (Figure 3) was felt to be too grand for use by the patients, who had to enter via a side door. Financial constraints meant only 70 of the 138 beds could be used initially and even by 1913 only 118 were in use. However, the spare capacity was put to good use as accommodation for nurses. In the 1930s a public appeal raised funds for the King George V extension, complete with a fine sculpture by Eric Gill of the restoration of sight to blind Batimeus above the entrance.

In the early years of WWII, the hospital was fortunate to escape with only minor damage from bombing raids. The hospital's luck ran out on 29 July 1944, however, when a flying bomb struck and caused such extensive damage it was proposed to pull the hospital down and relocate to a greenfield site. Instead, following the war, it was decided to merge the three leading eye hospitals in central London to create *Moorfields, Westminster and Central Eye Hospital*, shortened in 1956 to *Moorfields Eye Hospital*. Although it then took 40 years to achieve, the three hospitals plus the University of London's Institute of Ophthalmology were eventually brought together on this site in 1988.

ment of workhouse infirmaries and voluntary hospitals, to the high-tech research and teaching institutes of the late 20th century.

So why did this corner of rapidly expanding 19th century London play host to so many hospitals? There seem to be two reasons. First, the centre of medical London in the 18th century was Moorfields. You were quite likely to encounter the leading doctors of the day as you strolled through Moorfields at that time, just as you might today in Marylebone. They were attracted there by the expanding merchant and business class, from whom more money could be made than from the Court and aristocracy in the

Figure 3 The third and current home for the Royal London Ophthalmic Hospital which opened in City Road in 1899. Patients had to use a side door as the main entrance was considered too grand.

newly fashionable West End. Second, the area opened up by the construction of City Road offered the opportunity of relatively cheap land on which to build large institutions, an activity that was impossible in the City due to lack of space and the high cost of land. It was this that led to St Mark's Hospital (Box 2) and the Royal London Ophthalmic Hospital (Box 3) moving here.

LOSS OF THE HOSPITALS

And why were the hospitals lost? First, as with other areas of central London, the local population declined in number as people moved further out during the 19th and early 20th centuries, facilitated by improved public transport. Second, the 'healthy' rural environment which had proved so attractive to hospitals initially no longer existed. Third, as elsewhere, small specialist hospitals were not sustainable—for both medical and financial reasons. Fourth, along with many other buildings in St Luke's, considerable damage was inflicted in WWII by German bombing raids. And finally, the West End became increasingly a more attractive location for hospitals given the proximity of the new railway termini at Paddington, Euston, St Pancras and King's Cross bringing patients into London.

OTHER THEMES

This walk also illustrates some other factors that have characterized health care for centuries. First, the influence of unlicensed practitioners on established medicine. Despite some reluctance on the part of formally educated and

Figure 4 The second 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 print works before being demolished in 1963.

Box 4 St Luke's Hospital for Lunatics

In 1750, partly in response to Royal Bethlehem Hospital (Bedlam) being unable to meet demand and partly through concern about the perceived abuses lunatics suffered in that hospital, a group decided to establish an alternative hospital for the care and treatment of 'lunatics' (defined as those with mental illness deemed curable). A site near Upper Moorfields (Finsbury Square) was identified and St Luke's Hospital for Lunatics, designed by George Dance the Elder, was built.

The first chief physician was Dr William Battie. Renowned as 'an eccentric humorist', he shared the founders' view that 'the patients of this hospital shall not be exposed to publick view.' Consistent with medical thinking of the day, there was a large cold plunge bath to shake lunatics out of their insanity. Although a system of non-restraint was professed, manacles and other restraints were sometimes used. By 1780 the hospital needed to expand and a new site was found on Old Street.

Over 500 feet long, George Dance the Younger's palatial new building (Figure 4) opened in 1786. It was regarded as one of the architectural gems of London. The vast frontage facing Old Street had a central entrance, with the male wards to the left and female wards to the right. Behind the main building lay two airing yards where patients could exercise. The interior was not quite so impressive—there were single 'cells' for the 300 patients, each with small windows set high in the wall, no heating, with loose straw on wooden bedsteads (though those deemed incurable only had straw). Large coldwater baths (for shock therapy) were provided in the basements. Otherwise treatment was focused on the gastrointestinal system: anti-spasmodics, emetics (to induce vomiting) and purgatives.

Despite the grandeur of the architecture, the building was uninviting. During the second half of the 19th century, various changes were made to make the interior less austere and cheerless. Despite such improvements, by the start of the 20th century the building was far from suitable for treating mental illness. The hospital closed and the building was sold to the Bank of England in 1917 to be used as a print works. It suffered bomb damage from a German airship raid but continued to be used by the Bank until 1963 when it was deemed no longer suitable for any contemporary use and was demolished.

registered doctors to accept the contribution of others (often referred to as quacks, mountebanks or charlatans), the distinction is less clear than the medical profession would like: an itinerant oculist established the specialty of ophthalmology; clerics and other 18th century 'empirics' adopted and developed electrotherapy which was, in time, to become a key element in the treatment of mental illness and of paralysis; and lay proponents of Turkish baths influenced rheumatology.

Second, despite all the complex biomedical developments over the past hundred years, water has played several

remarkable roles in promoting health and treating disease. Apart from the provision of clean drinking water from free public fountains and the establishment of public baths and washhouses to improve hygiene, water was used as therapy for musculoskeletal conditions (Turkish and other specialist baths) and for treating insanity (by the shock induced by cold water plunges). The latter was still in use even in the enlightened St Luke's Hospital for Lunatics (Box 4) in the 1850s.

A third feature of health care in London has been the provision of special facilities for foreign residents and visitors, the second example of which, the French Huguenot

Box 5 French Huguenot Hospital

The Revocation of the Edict of Nantes in 1685 left Huguenots (French protestants) feeling vulnerable. Many fled to England, and many settled in Shoreditch and Spitalfields, where they found none of the hospital care they were familiar with in France. In desperation, they took over the abandoned City Pest House in 1693 and used it to care for sick members of their growing community. This was an early example in London of the specific provision of health care for foreigners.

In 1708, Jacques de Gastigny left £1000 in his will to be of benefit to the refugees he had seen in pitiable conditions at the Pest House. The Huguenots were familiar with the French approach to creating and maintaining hospitals through donations from better-off citizens. The establishment of the French Hospital (known as La Providence) set an example of what could be achieved by the voluntary actions of concerned citizens. Apart from St Bartholomew's, St Thomas' and Bethlem (re-endowed by the Crown in the 16th century), the French Huguenot Hospital was the first voluntary hospital to be established in Britain. Within a decade several others were being planned.

The new hospital, designed by Jacob Gibbs, was eventually built in 1718 on land adjoining the Pest House. It accommodated 80 people in a three buildings in a plain Georgian style, set around a quadrangle and facing north (Figure 5). With the addition of more buildings in 1760 it could accommodate 234. The hospital cared for all types of patient including 'distracted persons' (the mentally ill).

By the start of the 19th century the hospital was in decline. The city had spread, the rural surroundings were gone and the Huguenots themselves had become absorbed into English society. Despite this, the hospital continued until 1865 when it moved to Hackney and subsequently, in 1960, it changed its role to that of an almshouse for Huguenot descendants and moved to Rochester, Kent (where it still functions). The building in St Luke's survived until the 1960s when it was demolished as part of widespread clearances.

Figure 5 French Huguenot Hospital (1718), designed by Jacob Gibbs, was the first voluntary hospital in London. Though the hospital moved in 1865, the building survived until the 1960s.

Hospital (Box 5), was established in St Luke's in 1718. This was followed in the 19th century by the Jew's Hospital in Mile End (1807), the German Hospital in Dalston (1845), the French Dispensary in Fitzrovia (1861) and the Italian Hospital in Queen Square (1884). Coming full circle, it was in St Luke's that the most recent example, a clinic for Japanese people, was established in 1991.

Finally, the walk illustrates one of the key influences on health care over the past century: lay organizations representing the needs and interests of particular groups of patients. While some organizations have remained quite small and local, others have become significant players in national policy-making. Largely funded by charity, they campaign, lobby policy-makers, fund research, educate and inform both the public and professionals, and provide support and services for patients and their carers. On the walk you will see the national headquarters of six such organizations, including two of the largest.