British medical topography

Topografia medica britannica

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British medical topography is a complex and varied topic, which extends from pre-history up to the latest technologies. The British Isles have been inhabited for millennia, and this is reflected in the wide varieties of materials and locations that may be discovered. The locations described vary from those of major international significance to the more mundane, the knowledge of which is almost unknown out of their immediate locality. However considerable learnings and insights may be obtained from what may be perceived as apparently obscure and less significant. Hospitals and their associated archives are described, and the complex and varied origins of hospitals will be discussed. Plaques, monuments, and statues that are of medical significance are detailed in their great variety. Many colleges and societies have buildings and archives that are of note, and current concerns on the preservation of archives and libraries are discussed. Medical material is held in both specialist and general museums and key sites are noted. This paper can only give a flavor of the variety of material that is currently available. The paper shows how we can learn from the past, and be motivated and inspired by the achievements of those who have gone before us.

Key words: Great Britain, monuments, medical museums, minor locations

La topografia medica Britannica è un argomento complesso e variegato, che spazia dalla preistoria alle più recenti tecnologie. Le Isole Britanniche sono abitate da millenni e ciò si riflette nell'ampia gamma di materiali e luoghi che possono essere scoperti. I luoghi qui descritti variano da quelli di maggiore rilievo internazionale a quelli apparentemente più banali, praticamente sconosciuti al di fuori dell'ambito strettamente locale. In ogni caso, molti elementi di conoscenza e di comprensione possono essere acquisiti da ciò che, a prima vista, si presenta più oscuro e meno significativo. Nell'articolo si descrivono gli ospedali con gli archivi ad essi associati, congiuntamente alla complessa e variegata storia ospedaliera. Lapidi, monumenti e statue significativi per la storia medica verranno descritti nella loro grande ricchezza. Molte scuole e società possiedono edifici e archivi degni di nota: si esamina lo stato della conservazione di archivi e biblioteche. Molto materiale medico è conservato sia nei musei specializzati che in quelli generali e i siti più importanti in questo ambito sono evidenziati. Questo articolo è soltanto un campione della grande quantità di materiale disponibile al giorno d'oggi. Esso mostra che si può imparare dal passato oltre a sentirsi motivati e ispirati dai successi di coloro che ci hanno preceduto.

Parole chiave: Gran Bretagna, monumenti, museologia medica, luoghi minori

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Introduction

The British Isles have been inhabited for millennia, and the story of medicine passes back into pre-history. British medical topography is therefore a complex topic, and it is only possible to make a selection in a paper of this length. There are many hospitals, museums and memorials and some locations of note will be described. There are several books that list museums and places of medical interest (Alberti & Hallam 2013, Rosen & Rosen 1994, Williams 1996), however there are many location of only minor significance that will never appear in a book. One of the benefits of Himetop as a history of medicine topographical database is in the identification and documentation of these more minor locations, as well as recording those of greater significance.

Hospitals

The origins and development of British hospitals is complex (Barry & Carruthers 2005, Granshaw & Porter 1989). The earliest hospitals were monastic or charitable, and either offered care for a defined group or were almshouses for the poor and needy (Hobson 1926, Bailey 1988). As hospitals developed, we find the development of voluntary hospitals (Evans & Howard 1930), and state hospitals such as workhouses, metropolitan asylums and municipal or county hospitals (Crowther 1982, Fowler 2007). Local provision was provided in the 19th century by the development of cottage hospitals (Emrys-Roberts 1991). Most hospitals were traditionally provided and funded by local initiatives. Following the nationalization of health care in 1948 the model changed with the NHS (National Health Service), and healthcare was provided by the state to the community rather than by the community to itself. Whilst there are advantages to a state provided health service there is also an associated loss of a sense of local ownership and responsibility.

Many buildings have been used for a medical purpose, and it can be difficult to document them often simply because of the sheer number of locations and the paucity of documentation. In some cases the buildings or the site are still used for medical purposes and the history is still obvious. However, on many occasions the use has changed and no memorial is now to be found. As an example, Longleat House 1, which is a stately home in Wiltshire and the seat of the Marquess of Bath, was used as an auxiliary military hospital in the Great War of 1914-1918. Lord and Lady Bath had offered the house as a hospital for officers in September 1914. Rooms in the house were used as wards, and the Bath Bedroom was used as an operating theatre. Whilst an exhibition and a visitors trail has been made, there is no current evidence of previous medical use, and if it was not for the exhibition and leaflet the casual visitor would have no idea that the building once had had a medical use.

Many hospitals have been demolished and the site subsequently redeveloped. As an example the Bromley Cottage Hospital/Bromley and District Hospital (1869-2003) site was developed as housing, and there is now no memorial to indicate that there was ever a hospital on that location in spite of one being promised by the developers. When another generation passes the community will forget that there was even a hospital in Bromley town. In contrast, Beckenham Cottage Hospital (founded 1872) was redeveloped into a clinic, the Beckenham Beacon, with a sensitive incorporation of some of the original buildings into the new development.

Changes in medical practice means that older buildings are often no longer fit-for-purpose and so are either demolished or have their use converted. This happened to two large 19th century military hospitals, Netley Hospital in Hampshire 2, and the Royal Herbert Hospital in South London. It was possible to skilfully convert the Royal Herbert Hospital buildings into residential apartments, and the external appearances of the hospital have changed little. However the Netley Hospital site proved more problematic, and it was not obvious what alternative use could be made of the enormous hospital buildings. All that remains of what was once said to be the worlds largest hospital is the chapel and the cemetery. The chapel houses an interesting museum of the story of the hospital, and the grounds, which overlook Southampton Water, are incorporated into the Royal Victoria Country Park. The atmosphere of the site is eerie with an awareness of all the sick and wounded who were treated there over the years.

Hospitals: monastic and religious foundations

Many hospitals started as monastic and religious foundations. One of the most famous is St Bartholomew’s Hospital in London 3. St Bartholomew’s Hospital was founded in 1123 by the monk Rahere and in 1546 was granted to the City of London by King Henry VIII. The museum has a permanent collection of archives, and displays medical and surgical equipment and works of art.

A different variety of religious or charitable foundations are the almshouses or Maison Dieu. There are a large number of such foundations ranging from the small to the large (Beridge 1987). Almshouses were set up as places of charitable voluntary care for those in need. The oldest of such institutions is St Cross, Winchester, which has the oldest continuous hospital history in Great Britain (Fig. 1). This Hospital of St Cross and Almshouse of Noble Poverty is located in St Cross.

1 www.longleat.co.uk.

2 www.hants.gov.uk/rvcp.

Road in Winchester 4, and is remarkable that it is preserved in almost the same form as that given to it by the founder, Henry de Blois. Henry de Blois founded St Cross in 1136 for 13 poor men, and he stated: “I, for the health of my soul and for the souls of my predecessors and of the Kings of England have founded that the poor in Christ may there humbly and devoutly serve God” (Hobson 1926). This hospital continues today as it always has done, and in the Pompey Chimes (the newspaper of the Diocese of Portsmouth) for July/August 2017 an advertisement for “Vacancies for Brothers” was published. St Cross is now home to 25 retired laymen (Brothers), and each “lives independently and each occupies a flat which he furnishes himself”.  

Hospitals: workhouses  

The workhouses were developed for poor law relief, and were particularly necessary when relief under the Elizabethan Poor Laws collapsed following major growth of towns and relief at the parish level became less viable (Crowther 1982, Fowler 2007). However the trend of movement of the population from rural areas to towns and cities has continued. The Bromley Poor Law Union was formed in 1836, and was supervised by an elected Board of Guardians. There were seventeen Guardians of whom sixteen represented the constituent parishes comprising the union. The origin of the workhouses was the result of the Poor Law Amendment Act of 1834. This Act centralised the administration of the care of the destitute.  

The workhouse system was also an attempt to separate the deserving from the supposedly undeserving poor. A network of new Workhouses was built, and each one was to serve a radius of 10 miles around a market town. The old and the ill were housed in different buildings. To pay for the night’s accommodation the vagrants used to break stones or chop firewood. In the cells, offenders had to break large stones and pass the pieces through an adjustable grille with three different sizes of holes, selected by the taskmaster. Part of the reason that hospitals were disliked is that they were located in the hated workhouses.  

As time passed the memories of the workhouses has faded and the buildings have been modified, often beyond recognition. At Bromley Union Workhouse in Kent (now the Princess Royal University Hospital) all that survives following redevelopment is the old hospital chapel of 1875. The workhouse buildings at Lewisham Hospital are more recognisable. A parish workhouse may be seen in Cudham and is now a private dwelling. The majority of the larger workhouses had medical officers and partially fulfilled the role of a hospital, and as such the change of role into a district general hospital was relatively straightforward.  

Because of the changes to the workhouse buildings it is now difficulty to get an idea as to the structure of the workhouses from the modern hospital sites. However The National Trust has preserved a workhouse in Southwell 5, which is close to its original state and is the best surviving workhouse in England. This workhouse, which was also known as Greet House, is located in the town of Southwell in Nottinghamshire. It is an early workhouse and was built in 1824. It can therefore be considered as a prototype of the Victorian workhouse. The Royal Commission on the Poor Law consid-

4 http://hospitalofstcross.co.uk.

5 www.nationaltrust.org.uk/the-workhouse-southwell.
ered it as the best example of the existing workhouses, and it is important since it was constructed before the Poor Law Amendment Act of 1834. The designers were William Adams Nicholson, an architect of Southwell and Lincoln, with the Revd. John T. Becher, who was a pioneer of workhouse and prison reform. The atmosphere even now has a bleak institutional feeling.

Hospitals archives and museums

Many hospitals retain their archives, and some have a museum. The Royal London Hospital is a large teaching hospital in London with a long history, being founded by a group of philanthropists in 1740. The museum is located at St. Augustine with St Philip’s Church in Whitechapel. The museum has sections on the history of the hospital and includes the story of the former London Hospital nurse Edith Cavell, and of Joseph Merrick, the so-called ‘Elephant Man’. The remains of Joseph Merrick are too fragile to be shown, however a replica skeleton is now on display. There is on display an exhibit devoted to forensic medicine and featuring original material related to the infamous Jack the Ripper murders. The new Royal London building opened in February 2012, and the old building is currently empty, but will be redeveloped at some point.

There are a number of hospital medical museums and historical libraries located in hospitals that may be visited. One such is at the Royal Berkshire Hospital in Reading. The Royal Berkshire Medical Museum is part of the Berkshire Medical Heritage Centre, and this was set up in 1997. The stated aim of the museum is to preserve and display items of historical medical interest, particularly those with a local connection.

It is this preservation of local connection that is so very important. Whilst it is good when archives and three-dimensional objects are preserved at a central location, it is better when they can be displayed close to where they were created. The Royal Free Hospital in Hampstead had a large archive and reading room, which could be visited and viewed easily. In 2013 the Royal Free Hospital transferred the archives of both the Royal Free Hospital and of the London (Royal Free Hospital) School of Medicine for Women to the London Metropolitan Archives (LMA). The catalogue of the LMA can be used to search the collections, the visitor can plan which documents to see when the LMA is visited. Whilst the archives have not been lost and they can be viewed at LMA, and whilst the advantages to the Royal Free London NHS Trust might be imagined, it cannot but feel that something has been lost. It is certainly more difficult for staff and students to use the archives, and the development of local expertise is more difficult.

There was a similar scenario at Queen Mary’s Hospital in Sidcup. The Queen's Hospital, as it was then called, had a distinguished history in the Great War of 1914-1918 as a centre for the development of plastic surgery of the face under the pioneer Sir Harold Gillies. Considerable local effort had been expended to collect and document both primary and secondary material related to the role taken by the Queen's Hospital, in Sidcup in general and to Sir Harold Gillies in particular. The Gillies archives and library (Presswell & Bamji 2004) had the basement of the medical postgraduate educational center (“The Frognal Centre”), and this archive was of considerable local interest. Unfortunately this building was not required by the Hospital Trust when the site was developed. The archive was forced to close, and the contents were redistributed. Again nothing of value was lost, however the material is not available locally and related materials are now held in separate locations.

Plaques

There are innumerable plaques with a medical reference on buildings. For example, the London blue plaques scheme was started as early as 1866, and is probably the oldest of its kind in the world, and many celebrate medical and scientific figures. The aim of these plaques is to link the people of the past with the buildings of the present. Some plaques are more formal and are run by English Heritage, and some are put up by small groups. A good example of a blue plaque is that celebrating the nurse Edith Cavell who was executed as a heroine in the Great War, and is displayed on the front of the old and now empty building of the London Hospital. Edith Cavell is also depicted in a striking statue in Charing Cross in London. In Queen Mary’s Hospital in Sidcup there is a plaque celebrating Sir Harold Gillies who made the hospital famous in the Great War as a centre of plastic surgery (Fig. 2).

Statues

Many statues are displayed in our public spaces, and celebrate those whom the community has found significant and meaningful. However, and in part because of their emotional power, statues may also result in significant controversy if the subject is contentious, as illustrated by the current debate in the USA over statues commemorating leaders of the Confederacy. It is unusual for statues with a medical subject to be problematic, although there is concern in the USA about the statue of Dr. James Marion Sims in New York’s Cen-
tral Park. Whilst Sims is a pioneer of gynaecology, he is also recorded as conducting experiments on African American women slaves.

A typical example of the medical statue is that of Sir Thomas Browne in Norwich Market Square, which was unveiled in 1905. The statue is so important that it has been classified as a grade 1 listed building to ensure its preservation. However statues are also being put up today, and a good recent example is that of Mary Seacole in the campus of St Thomas’ Hospital in London. It is believed to be the first statue in honour of a named black woman in the United Kingdom. Mary Seacole was a nurse who was born in Jamaica, and who cared for wounded British soldiers during the Crimean War. The statue was the result of a twelve-year campaign that raised £500,000.

Church memorials and graves

Churches have long served as places of remembrance for those of importance to the community. Memorials and graves may be magnificent or quite simple, depending on the wealth or importance attached those who are remembered. A large cathedral, such as that in Exeter, may contain many memorials that are of medical importance (Gardner-Thorpe 2000).

The person remembered may be of local importance only, and yet be of great interest to historians. There is a charming memorial in Winchester Cathedral to William John Wickham who was a surgeon at the Royal Hampshire County Hospital (Fig. 3) (Turner 1986). When Wickham died in 1864 he had been a consultant at the Hospital for some 40 years, and succeeded his father in a large general practice before becoming Consulting Surgeon to the Hants (Royal Hampshire) County Hospital. The epitaph records that “in a loving and Christian spirit he healed the sick and comforted the afflicted”. The marble portrait was made by Richard Cockle Lucas and is a masterpiece. The memorial remains even though the subject is long forgotten.

Of particular interest is the Parish Church of St Margaret of Antioch in East Wellow, Hampshire (Wellow Historical Society 2002). The present stone and flint church was consecrated in 1215, and replaced an earlier stone building. It is typical of many of Britain’s older parish churches. In the churchyard to the south of the church is to be found the burial...
place of Florence Nightingale (Fig. 4). This site is a place of pilgrimage for nurses who come here from all over the world as evidenced by the visitor’s book. As instructed by Florence’s will the inscription is very simple, reading: “F.N. born May 12 1820 died August 13 1910”. Other family inscriptions have been added. Inside the church there is a plaque, and artifacts relating to Florence Nightingale are displayed including a replica of the Scutari Cross, which was made from bullets by a soldier in the Crimean War (Fig. 5). Particularly moving is a piece of paper left on the grave, which reads: “To Florence a girl is proud of what you’ve done from a girl in the future”. This simple piece of paper illustrates why memorials are so important, and how figures from the past are able to inspire and illuminate our lives today (Fig. 6).

Colleges and organizations

Many of the medical Royal Colleges and societies have significant archives, and some have attached libraries and museums. Of particular note is the Royal College of Physicians (RCP) of London. Great Britain has three physicians’ colleges, with the other two being in Edinburgh and Glasgow. The RCP is housed in a radically modern building, and its grade I listing reflects its architectural importance, having been designed by Sir Denys Lasdun and opened in 1964 (Moore 2014). The RCP is the oldest medical college in England. It was founded under royal charter under King Henry VIII, and is going to celebrate its quincentenary in 2018.

The RCP is an independent professional organization, responsible for professional standards; however it houses significant collections. There is a medicinal garden with 1,300 plants, a large collection of portraits, a collection of silver, and a collection of apothecary jars and medical instruments (Davenport, McDonald, Moss-Gibbons 2001).

The RCP made a decision that its library, the Dorchester Library, should concentrate on historical books and not to provide modern medical texts, and this has proved to be a

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4 www.rcplondon.ac.uk.
The gifts of RCP fellows have resulted in an astounding library, with the most significant early donation being the gift by William Harvey in 1556 of his personal library. In the Thomas Cotton Room is held the library and archives of the Osler Club of London. The Censor’s Room is lined with 17th century Spanish oak and has been moved twice before arriving in its current location. A portrait of the RCP founder King Henry VIII dominates the room.

The RCP is a model of a medical college with a fruitful fusion of the old and the new. The past seen by itself can become dry and irrelevant to modern concerns, however the present isolated from the past becomes deracinated and rootless.

However, a well-resourced organisation such as the RCP is able to preserve its history and heritage in a manner that others have found more problematic. So as an example, the British Institute of Radiology, which is the oldest radiological society in the world being founded in 1897, had to leave its central London listed building and move to a significantly smaller home. As a result the library and archives were closed, and although everything of value has been preserved they are no longer located in one accessible space. A leaner and effective organization has been created which meets the professional and educational requirements of today’s radiology practitioners. However, something has been lost, although for good reasons.

Increasing financial pressures make the preservation of the past difficult and decisions as to priority need to be made. The historian Tilli Tansey (Tansey 1999) has thoughtfully considered this issue as to what should be kept from the “dustbin of history”. The conclusion is that most items need not be kept. We cannot keep everything from the past and a selection has to be made. We need to remember that any selection about what is kept reflects our current biases as much as any intrinsic value of the material itself, and that future generations may not agree with our choices.

Museums

There are many museums in the United Kingdom ranging from large general museums in big cities to small local museums, and many have a medical content. For example, there are medical galleries in the Science Museum in London that are currently being renewed. There are many unique exhibits including the first EMI/CT scanner from Atkinson Morley’s Hospital is in the Science Museum in London (Fig. 7). There are displays in the Oxford Museum of the History of Science.

There are significant contemporary discussions on the past, present, and future of medical museums (Alberti & Hallam 2013), and the role of museums have changed significantly in the last fifty years. Traditionally, medical museums were aimed at health care students and practitioners, and the general public was not invited to view what were seen as sensitive exhibits. The general public is now being allowed into medical museums and the result has proven to be very successful.

Specialist museums and libraries

There are many specialist museums and libraries and a selection will be described.

10 www.bir.org.uk.
11 https://group.sciencemuseum.org.uk.
12 www.mhs.ox.ac.uk.
Bethlem, Museum of the Mind

The Bethlem Hospital was founded in 1247 as the Priory of St. Mary of Bethlehem, and was one of the five Royal Hospitals in the City of London (Allderidge 1997, Chambers 2009). The hospital was the original “Bedlam”, and its very name has come to symbolize mental health care and issues involving madness. The hospital has moved three times since its initial foundation, and is now sited in a former country house in the outskirts of South London in Monks Orchard Road, Beckenham.

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The Bethlem Museum of the Mind is located on the hospital site, and has the aim to record the lives and experience, and to celebrate the achievements of people with mental health problems. The museum has a wealth of resources for learning about mental health, and supports CPD (continuing professional development) for health care professionals. The archives extend over five centuries and are unrivalled, being used for research. Of interest is the presence of the Bethlem Gallery, which provides a platform for the display of work by artists who are either current or past patients of South London and Maudsley NHS Foundation Trust.

Chelsea Physic Garden

The Chelsea Physic Garden was established in London in 1673 as the Apothecaries’ Garden. This physic garden is one of the oldest botanical garden in Great Britain, being formed after the University of Oxford Botanic Garden of 1621, and the Royal Botanic Garden of Edinburgh of 1670. Its initial purpose was to train apprentices in the identification and use of medicinal plants. The international reputation of the garden was established due to a global seed exchange scheme, the *Index Seminum*, which started the 1700’s and continues today. A variety of growing environments were established, including a Grade II listed Pond Rockery, Fortune’s Tank Pond, and one of the first heated greenhouses. The Pond Rockery, completed in 1773, is the oldest of its type in Europe and uses Icelandic lava acquired in 1772. Today the garden has a significant role in education, and has a medicinal plant display.

Freud Museum London

The Freud Museum is dedicated to the psychoanalyst Sigmund Freud, and is located in the house where he lived with his family towards the end of his life. Sigmund Freud came to London in 1938, and moved to 20 Maresfield Gardens where the museum is located. Freud died a year later, and his daughter Anna Freud lived there until her death in 1982. It was the wish of Anna Freud that the house be used as a museum after her death, and it was first opened to the public in 1986. The museum houses Freud’s large collection of antiquities, and also his library.

Florence Nightingale Museum

The Florence Nightingale Museum is located in the St. Thomas’ Hospital campus. The museum celebrates the life, times and the work of the world’s best-known nurse. The museum considers her legacy, her influence on nursing today and the continuing relevance of her work.

Hunterian Museum, Royal College of Surgeons of London

The Hunterian Museum is currently (2017) closed to the public, while the Royal College of Surgeons building is redeveloped, and will reopen in the autumn of 2020. The Hunterian Museum has an unrivalled collection of human and non-human anatomical and pathological specimens, models, instruments, painting and sculptures. The museum is based on the collection of the surgeon John Hunter who died in 1793. Hunter left a collection that had been amassed over 30 years (Negus 1966). The Royal College of Surgeons itself has significant artistic collections, and an interesting collection of portrait busts of surgeons (Negus 1967).

John Wesley’s House

Many small museums display items of significant medical importance, and this is not obviously apparent with a su-

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13 http://museumofthemind.org.uk.
14 http://chelseaphysicgarden.co.uk.
peripheral viewing of the site. Such an example is John Wesley’s house. It is both the finest surviving example of a small Georgian house in London, as well as a display of the life and times of the founder of Methodism. It was built by Wesley in 1779, and he lived here for last twelve winters of his life. The house displays his electrical machine (Fig. 8), which he used for the medical care of his congregation (Hill 1958). The machine is a fine example of the apparatus used for electrotherapy. It was John Wesley and Richard Lovett who in 1754 were among the first to use electricity as a medical curative agent.

**Langdon Down Museum of Learning Disability**

The Langdon Down Museum of Learning Disability is located at Normansfield in Teddington. It is on the site of the home and institution developed by Dr. John Langdon Down who described Down Syndrome. There are exhibitions about the life and work of Down, and the Royal Earlswood Asylum. The museum is owned and managed by the Down’s Syndrome Association.

**The Old Operating Theatre Museum and Herb Garret**

This museum is fascinating and is Europe’s oldest surviving operating theatre, dating from the period before the use of anaesthesia. It was lost for many years, which is why it survived, and was relatively recently discovered and opened for viewing. It is dated to 1822, and was housed within the attic of an 18th century church. This attic was used by apothecaries to store the herbs that were required to make medicines. The museum has a full programme of activities for the public and interested professionals related to the history of medicine, particularly concentrating on surgery and anaesthesia.

**Thackray Medical Museum**

The Thackray Medical Museum is located in what was the old Leeds Union Workhouse, and is adjacent to St James’s University Hospital. It is a major medical history museum, and has won many awards. The museum has a significant educational role in the local community, and organises many meetings and conferences.

**Royal Society of Medicine**

The Royal Society of Medicine (RSM) makes a major contribution to postgraduate medical education in Great Britain. The Society was formed in 1805 as The Medical and Chirurgical Society of London, and has had a number of previous locations (Hunting 2002).

In 1907 the Royal Medical and Chirurgical Society of London combined with seventeen specialist medical societies and became the Royal Society of Medicine. In 1910 the Society moved to its current location on the corner of Wimpole Street and Henrietta Place, which was opened by King George V and Queen Mary in May 1912. Honorary Fellows of the Royal Medical and Chirurgical Society of London include Charles Darwin, Louis Pasteur, Edward Jenner, and Sigmund Freud.

As well as organizing meetings the RSM has a large and world famous library, containing both contemporary and historical books and is an invaluable resource. The house is of interest as a sensitive modernization of an older building, and displayed therein is a large collection of paintings, including many important portraits of famous doctors.

**Surgeons’ Hall Museums, Edinburgh**

The Museums at Surgeons’ Hall reopened in 2015 after a major £4.4 million Heritage Lottery Funded redevelopment project. The Heritage Lottery Fund has contributed significant sums of money to projects of general public good, and this project is a good example of the use of lottery money. Surgeons’ Hall Museums are one of the oldest Museums in Scotland. In 1699 “natural and artificial curiosities” were pub-

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19 https://langdondownmuseum.org.uk.
21 www.thackraymedicalmuseum.co.uk.
22 https://www.rsm.ac.uk.
23 https://museum.resed.ac.uk.
lically sought, and in 1832 the purpose-built Playfair Building opened to house the Barclay and Bell collections. Whereas the collections were initially seen as a teaching resource for medical professionals, the public is now able to visit.

There are three collections at Surgeons’ Hall:
1. The Wohl Pathology Museum is located in the upper floor of the 19th century Playfair Building, and is one of the world’s largest collections of pathological anatomy. Visitors can view cabinets of curiosity in the 1500’s, and can learn how specimens are prepared and preserved. It is interesting to realize that access to the Upper Wohl Pathology Museum is now granted for the first time to the general public. Material that even a short time ago would be seen as inappropriate for public viewing is now displayed. Has medicine changed, or is it the public perception that has changed?
2. The History of Surgery Museum displays the unique contributions that Edinburgh has made to surgery. The museum therefore looks at James Syme and the practice of surgery before anaesthesia, antisepsis and the work of Joseph Lister, and anaesthesia and James Young Simpson. The history of the Royal College of Surgeons of Edinburgh is described from its foundation in 1505 to the present day. There is a dedicated Anatomy Theatre, which has an interactive dissection table.
3. The Dental Collection gives an account of the development of dentistry from its earliest days. The large collection includes many dental instruments, artifacts, prints, paintings, engravings and models. A display depicts a 19th century dentist’s office with contemporary dental instruments.

Wellcome Collection 24

The Wellcome Collection is a museum and gallery in Euston Road in London. The collection was founded by Sir Henry Wellcome as an eclectic and unusual mix of medical artifacts and original artworks. The aim is to explore “ideas about the connections between medicine, life and art”. The Wellcome Collection has a permanent display and very popular temporary exhibitions with public lectures. There is a dedicated Anatomy Theatre, which has an interactive dissection table.

Worcester Medical Museums 25

There are two medical museums in Worcester giving an account of the medical history of the town and environs. These are the Infirmary Museum and the George Marshall Medical Museum.

The Infirmary Museum is located in University of Worcester’s City Campus and tells the story of one of England’s oldest infirmaries which was founded in 1771, and which closed in 2002. It was the local doctor Sir Charles Hastings who in July 1832 presided over the first meeting of the Provincial Medical and Surgical Association, and this society later became the British Medical Association.

The George Marshall Medical Museum is located in the Charles Hastings Education Centre and his collection of objects illustrates the development of medicine over a period of 250 years. The displays include death masks of hanged criminals, a reconstructed apothecary shop, and a Victorian operating theatre.

The Worshipful Society of Apothecaries of London 26

The Society of Apothecaries was founded by a Royal Charter in 1617 and is one of the livery companies in the City of London (Hunting 1998). The Society was a centre for the production of pharmaceuticals at the Hall (1671-1922), was the founder (1673) of the Chelsea Physic Garden, and a medical examining and licensing body from 1815 to the present day. The Society is involved in specialist areas of medicine, and in particular has a successful course on the history of medicine. The original Apothecaries Hall was destroyed in the Great Fire of London of 1666, and the new hall completed in 1672. The appearance of the Hall has altered little since the late-eighteenth century. Inside the hall is a wonderful collection of busts, paintings, and a collection related to the role of the apothecary.

Conclusions

The medical story of the United Kingdom is rich and varied, and has been recorded in memorials, plaques and statues. This paper hopefully gives a flavour of the variety of material that is available. We primarily learn by following those who have been before us. It was Isaac Newton in 1675 who stated: “If I have seen further, it is by standing on the shoulders of giants”, and this is recorded on the edge of the modern two pound British coin. We can all join with that modern girl in East Wellow and say: “To Florence a girl is proud of what you’ve done from a girl in the future”. We can learn from those in the past, and be proud, motivated and inspired by their achievements.

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