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The years of Lennox Browne (1874–1902)

The Hospital's foundation

From 1800 to 1850, 293 hospitals were founded in Britain, including 46 purely special hospitals, while in the second half of the century 800 hospitals came into existence, of which 123 were special hospitals. The greatest increase in hospital provision took place in the decade 1870–1880 when 166 new hospitals were founded. Thirty of these were special hospitals, including 11 for the treatment of the eye, ear and throat.[1]

The Central London Throat and Ear Hospital (now the Royal National Throat, Nose and Ear Hospital) founded in 1874 is of particular interest as it was one of a second generation of specialist hospitals. A specialist hospital usually developed from a member of a voluntary hospital who wanted to pay greater attention to some specific area of medicine. However, the Central London Throat and Ear was an offshoot of the Hospital for Diseases of the Throat, Golden Square, itself a specialist hospital founded in 1862, by Dr Morell Mackenzie, a pioneer of laryngology.[2]

The founder of the Central London Throat and Ear Hospital, Lennox Browne (1841–1902) (Figure 1), had worked as assistant to Morell Mackenzie for seven years at the Hospital for Diseases of the Throat at Golden Square. In 1873 an attempt was made to obtain a Royal Charter for the Golden Square Hospital but this failed, as did an application to the Board of Trade for incorporation. Several applications were made by the Golden Square management to obtain a royal charter or stock company enrolment between July 1873 and November 1874. These were turned down but the reasons were not minuted although a letter was written to The Times by members of the hospital. Initially the Golden Square hospital started as a free dispensary but quickly adopted the provident system of payment by patients, according to Scott Stevenson the first hospital in the country to adopt this system.[3] This may be the reason for the hospital not being granted a charter. In order that the affairs and property of the hospital might be legally managed three trustees were appointed—Lord Charles Bruce,

FIG. 1
Sketch of Lennox Browne by McNeil Whistler.

Colonel The Hon Percy Fielding and Dr Morell Mackenzie. From that date the affairs of the hospital seemed to take a turn for the worse[4] and Morell Mackenzie took less interest in the hospital. In 1874 Lennox Browne, together with a colleague Llewellyn Thomas, left the Golden Square Hospital to set up their own establishment.[5] This was a wise move as the reputation of the Golden Square Hospital continued to deteriorate for some time, culminating with an enquiry in 1878 into the financial management of the hospital which resulted in the withdrawal of royal patronage[6] by the Prince of Wales who had

[1] Kershaw, R. (1913) British ear and throat clinics historically considered. *Journal of Rhinology and Otology* **28:** 422.
[2] Scott Stevenson, R. (1946) *Morell Mackenzie,* Heinemann, London p 42.
[3] *Minutes.* Committee of Management of The Hospital for Diseases of the Throat, Golden Square 30.8.73, 29.10.73, 26.11.73, 28.8.74) and Scott Stevenson, op. cit., note 2, p 42.
[4] Ormerod, F. C. (1951) The History of The Royal National Throat, Nose and Ear Hospital, *Reports of the Institute of Laryngology and Otology,* H. K. Lewis, London, p 4.
[5] Central London Throat and Ear Hospital, *Minutes of the Management Committee,* March 1874, p 1.

been patron of the hospital from 1872. Between December 1876 and March 1877, seven members of staff resigned from the Golden Square hospital including the secretary, matron, three porters and the Chairman of the Management Committee, Colonel Fielding. This related to an incident with a patient called Fanny Brookes who was reported to have died following a tracheotomy. Colonel Fielding recorded a note about this in the minutes without naming the surgeon but this was expunged. Colonel Fielding then resigned and instigated an enquiry through his friend and patron of the hospital, the Prince of Wales. Dr Semon (the surgeon in question) was reported to be away in Switzerland at the time of the enquiry. The result of this enquiry is not recorded in the minutes but the Prince and the Marquess of Bute resigned. By July 1877 four consultants had made charges of maladministration against Morell Mackenzie. Semon in his autobiography says that he had to have matron 'reprimanded by Mackenzie' as she disobeyed his instructions, and that he was called away to Germany by the illness of a relative at the time of the enquiry. He says that Mackenzie 'had not been fair to him and ceased to be his friend' and alleged that Fanny Brookes was still alive. Mackenzie is regarded as having supported Semon throughout this episode and kept him on the staff for a further six years. However, this incident can only have damaged the reputation of the Golden Square Hospital.

The Central London Throat and Ear Hospital Committee met on March 25th, 1874 to establish a hospital for the treatment of the poorer classes suffering from diseases affecting the mouth, throat, nose and ear, with at least two evening clinics a week to cater for the working men whom it hoped to attract. Its founders were Captain Alfred Hutton (friend of Lennox Browne), Lennox Browne (surgeon), Llewellyn Thomas (physician), George Wallis (dentist) and Ernest Turner, who became the Hospital's architect. The appointment of a dentist showed an early awareness by Lennox Browne of the links between ailments of different parts of the head. A secretary/dispenser was also appointed at a fixed salary of £40 a year, £20 of which was to be drawn from the Hospital's income and the balance obtained from payments by the patients.

The first meeting set out the establishment and procedure for the Hospital and in the minutes the finances of the Hospital received considerable attention. It was decided that, although patients would be admitted without any letters of recommendation, their need for immediate treatment being considered sufficient introduction, they would be expected to contribute a small sum according to their means towards the expense of treatment and this would usually be paid on a monthly basis, though the 'necessitous poor' were to be treated without payment.[7]

It was the practice of taking money from patients that initially raised such a furore against some specialist hospitals in the medical world.[8] The voluntary hospitals took no payment from patients as they had sufficient funds from endowments, although this practice gradually changed as, for example, at Guy's Hospital in 1883.[9] Some specialist hospitals such as St Mark's Hospital followed the pattern of the voluntary hospitals and took in patients on letters of introduction from the hospital's patrons and made no charge for treatment. It was hoped that sufficient funds would be available from other sources such as subscriptions and endowments to pay for the working expenses of the Central London Throat and Ear Hospital so that money from the patients could pay the dispenser, cover the costs of the medication, and provide an honorarium to be shared between the junior medical officers.

Many specialist hospitals took the form of an outpatient dispensary. For example Moorfields was initially named the London Dispensary for the Relief of the Poor Afflicted with Eye Disease,[10] the Hospital for Diseases of the Throat at Golden Square was originally called the Free Dispensary for Diseases of the Throat and Loss of Voice[11] and the Royal Ear Hospital was the Metropolitan Dispensary for Diseases of the Ear.[12] The Central London Throat and Ear Hospital also followed this pattern and a dispensary was set up in Manchester Street (now Argyle Street) just across the road from the current premises.

It was also decided to set up a Committee of Management to include the vicar of St Jude's, Gray's Inn Road. The Committee was under the Chairmanship of Captain Hutton, who was to be a mainstay of the Hospital as its Treasurer from 1874 to 1904 and Chairman of the Committee from 1874 to 1905. It was agreed that letters were to be sent to clergymen in London, irrespective of denomination, asking them to bring the Hospital to the notice of their congregations and by the time of the second meeting of the Management Committee in April 1874 several replies had been received. In the first four days 53 new patients came from as far away as Cambridge, Carlisle, Dover, Hull, Liverpool and Swansea.[13] The Committee was pleased that the location of the Hospital was regarded as central and easily acces-

[6] Medical Staff Report 31.1.1877 and *Sir Felix Semon. (1926) (Semon, H. C., McIntry, T. A., eds.)* Jarrolds, London, pp 106–107.
[7] *Minutes,* op. cit., note 5, p 2.
[8] The Special Hospital Nuisance Mania (1857) *Lancet* p 650.
[9] Cameron, H. C. (1954) *Mr Guy's Hospital, 1726–1948,* Longmans, Green, London, p 215.
[10] Teacher Collins, E. (1929) *The History and Traditions of the Moorfields Eye Hospital,* H. K. Lewis, London, p 12.
[11] Colledge, L. (1942) Amalgamation between the Golden Square Throat and Ear Hospital and the Central London Throat and Ear Hospital in Gray's Inn Road. *Journal of Laryngology and Otology* **57:** 113.
[12] Ormerod, op. cit., note 4, p 1.
[13] Central London Throat and Ear Hospital (1876) *Annual Report.*

sible, being near the large railway stations of Euston, St Pancras and Kings Cross. As Abel-Smith points out in the 1890s there were eight general and 22 special hospitals within one mile of the Middlesex Hospital[14] which indicates the importance of the railway termini to the hospital movement.

The Hospital's first year balance sheet published in the annual report showed receipts of £1 010 7s. 6d. in donations and an expenditure of £685. 15s. 11d. showing how a hospital could run on £1,000 a year of which £50 was spent on advertisements for funds.

Already by 1875 it was felt necessary to move to larger premises to cope with increasing numbers of out-patients. The Hospital had little trouble acquiring patronage to help finance its development. This might have been because Lennox Browne was a leading Freemason[15] and had a ready network of contacts through the masonic movement which was very strong in the medical world. It might also have been because continuing problems at the Golden Square hospital encouraged patients and their practitioners to look for an alternative throat hospital in London. With £300 in the bank Ernest Turner went to look for premises and arranged the purchase of 330–331 Gray's Inn Road between St Jude's Church and 'The Pindar of Wakefield' public house where the Hospital has been situated ever since. Booth's descriptive map of London poverty, compiled in 1889, shows this area to comprise a very mixed range of lower working class in the two streets bordering the Hospital and a large pocket of the 'lowest class, vicious and semi-criminal' across the road in Manchester Street.[16] An article in *All the Year Round* describes the Hospital in an area known as 'Shadyville ... with mysterious alleys and slums ... sneaked between highly respectable thoroughfares'.[17] The Hospital was also quite close to the Royal Free Hospital, set up in 1823, with which it was to have strong links later in its history. Lennox Browne and Llewellyn Thomas were elected trustees but a legal Hospital charter was not drawn up and this appears to have been overlooked until 1885.[18] Influenced by the hospital movement instigated by Florence Nightingale the question of sanitation and ventilation were considered of great importance in the plans of the new building prepared by Turner (Figure 2).

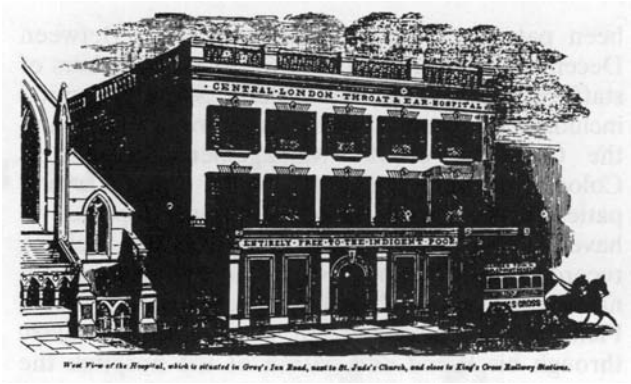

FIG. 2
Picture of the Central London Throat and Ear Hospital in 1875 as printed in the Annual Report.

The lower portion of the exterior of the Hospital had glazed tiles for cleanliness and blue and white tiles were repeated inside the Hospital for the lower walls. The upper part involved the use of a new permanent colour cement. The window sashes worked on 'a noiseless principle' with ventilation on the vertical system which was reputed to 'regulate the supply of fresh air, the egress of foul air, and against admitting molecular impurities'. The 'molecular impurities' would be either germs or the fine dust and noxious fumes from the factories and steam trains in the close vicinity. The heating was by means of hot water pipes which eliminated the need for dirty chimneys and stoves on the wards. Hydrants were provided in case of fire and the out-patient rooms were on a circuit so that patients passed in and out of separate doors to prevent congestion.[19]

When the foundation stone ceremony took place on 15th September, 1875 it was reported in *The Times, The Daily Telegraph,* and *Morning Post.* The foundation stone was laid by Madame Adeline Patti, Marquise of Caux, one of the leading singers of the time and at the height of her fame. She and her husband had been patrons of the Hospital since its inception and its first ward was named after her. Lennox Browne was surgeon to the Royal Choral Society and had many contacts in the theatre and artistic world through the Savage Club,[20] a fact which was to prove of great benefit to the Hospital. In 1878 a concert was given and funds donated to the Hospital and even the copyrights of songs were bestowed on the Hospital but as these do not appear

[14] Abel-Smith, B. (1964) *The Hospitals 1800–1948. A Study in Social Administration in England and Wales,* Heinemann, London, p 161.

[15] Lennox Browne belonged to the Grand Lodge of Freemasons and was a Grand Officer of England. This was in common with many in the medical profession during this period as can be seen from their entries in Plarr's Lives (surgeons) and Munk's Roll (physicians).

[16] *Charles Booth's Descriptive Map of London Poverty 1889,* London Topographical Society, 1984.

[17] Anon, An Inside View: being an account of a visit to the Central London Throat and Ear Hospital Reprinted from *All The Year Round,* 25th July, 1874, in the *Annual Report,* 1875.

[18] Central London Throat and Ear Hospital, *Minutes of Quarterly Meeting,* October 23rd 1885.

[19] *Morning Post,* 13th September 1876.

[20] Lennox Browne was one of the oldest members of the Savage Club which was set up in 1857 to be a meeting place for artists, actors and scientists (*Not So Savage,* Norgate, M., Wykes, A., 1976, Jupiter Books, pp 10–11). There is an illustration by Isaac Brown (Lennox Browne) entitled 'Vision in the Wood' on p 120 of the second volume of *Savage Club Papers* published to raise funds for a widow of a former member. Lennox Browne was also remembered for having brought Henry Stanley to lunch (Watson, A. (1907) *The Savage Club.* Fisher Unwin, p 210).

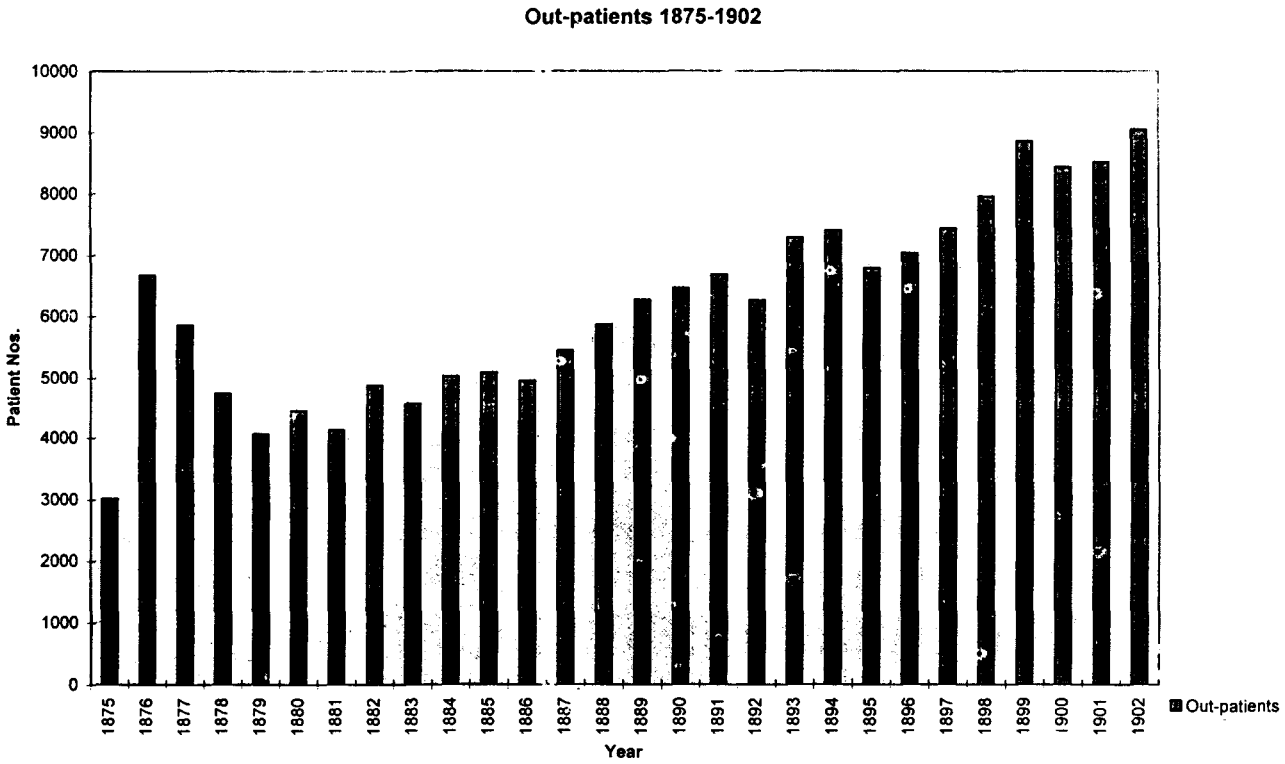

FIG. 3
Out-patient numbers 1875–1902 (Annual Reports).

to have been particularly popular they returned little income! The Trinity College of Music approached the Hospital in 1879 to form a school whereby the Hospital would give a course of lectures on the vocal organs and the Trinity College Physiological School was set up. These were the first reported lectures at the Hospital but by 1883 this venture had collapsed.[21] Adelina Patti retained her contacts with the Hospital and in 1901 she was asked to give a concert on its behalf. Most of the leading laryngologists had a clientele within the theatre and society as leading speakers, as well as singers, would get throat ailments for which they sought treatment from the specialist.

From 1876 the Hospital published an annual report as a means of advertising its work to subscribers. This took the form of a list of patrons, a report of the ceremony of laying the foundation stone of the new building including Canon Lightfoot's address, reprinted from *The Times,* 17th September, 1875. This was accompanied by 'An Inside View: being an account of a visit to the Central London Throat and Ear Hospital' reprinted from *All the Year Round,* 25th July, 1874.[22] This was followed by a list of donations and subscriptions with a copy of the balance sheet. A short report on the happenings at the Hospital for the past year and a form of bequest to encourage endowments. The reprints from *The Times* and *All the Year Round* were reprinted annually until 1889.

Consolidating the Hospital

By September 1876 the numbers of out-patients had grown to 6 667 (Figure 3) including 2 496 with diseases of the throat, 2 657 with deafness or ear infection and 1 514 with combined ear and throat conditions.

The Hospital emphasized the fact that its out-patient numbers were all *new* attenders unlike the general practice for compiling figures using letters of introduction which may be presented several times by the same patient, or including the return visits of out-patients.

The Committee adopted a policy of granting three free letters of recommendation annually for the needy to every minister of religion irrespective of denomination in the Metropolitan District or to those in the provinces who may apply for them.[23] Unlike other hospitals, these letters were given freely and were not subject to the receipt of donations by the ministers. The practice continued until 1885 but as such a small proportion of the clergy made use of it, letters were then only issued to those who asked for them. The 'indigent poor' still paid nothing and those with wages were asked to

[21] Central London Throat and Ear Hospital, *Minutes of Finance Committee,* 4th January, 1883.

[22] *All the Year Round* was a weekly magazine compiled by Charles Dickens in 1859 in which he serialized 'A Tale of Two Cities' and other novels. It was willed to his son in 1870.

[23] *Minutes,* op. cit., note 5, 2nd April 1874.

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contribute a small sum towards the expense of their treatment. This system was unique in 1875 and continued throughout the period the Hospital remained under the influence of Lennox Browne. It was this system that finally received the approval of the *British Medical Journal* in a series of articles devoted to the working of the Metropolitan Hospitals and Dispensaries.[24] It was gradually adopted by other hospitals.[25]

The need for convalescence was recognized by the Hospital, particularly as so many patients had to return to unsuitable home conditions. Arrangements for convalescence were assured from the outset by the Health Resort and Convalescent Fund set up by Captain Hutton the Hospital's Chairman. £250 worth of railway stock had been given to the Hospital with interest to be used for the Health Resort Fund and this provided a steady income. Subscriptions were given to various seaside establishments at Margate, Brighton and Eastbourne. Through Lord Lyons, the English Ambassador in Paris, the French Minister of Works promised that patients from the Central London would receive free treatment at the mineral baths at Aix les Bains, Vichy and Plombières.[26]

Great Ormond Street had employed the use of convalescent homes for its children since its early days and opened one in Highgate in 1869.[27] Other specialist hospitals like the London Chest Hospital and the Brompton Hospital chose to set up their establishments in rural areas such as Victoria Park and Brompton 'A village in Kensington remarkable for the salubrity of its air'[28] to ensure a suitable environment for their patients as the living conditions of the artisans who formed the greater part of the patients was not conducive to recuperation.

When the Central London Throat and Ear Hospital opened there were 545 subscribers and the Hospital operated on finances supplied by a system of payment from patients, subscriptions from the public and donations, which came from many sources including masonic lodges,[29] City companies and grateful patients. There were May Balls organised by Mrs Lennox Browne which raised over £100 for the Hospital in each of the years 1876, 1878 and 1881. The contact with the theatre led to performances[30] which contributed much needed funds to the Hospital's finances through Mrs Lennox Browne. Hospitals vied with each other for the support of celebrities and other innovative ways of raising funds.[31]

The addition of Diseases of the Nose to the title of the Central Throat Hospital was made officially in 1877 although it had been included in the original description at its foundation.[32] By 1879 with additional space the prestige of the Hospital was increasing. The number of patients treated had doubled in two years; in 1879 there were 4 056 outpatients and 58 in-patients compared to 2 020 outpatients and 12 in-patients in 1877 (Figure 4). The Hospital's medical staff was expanded with the appointment of two assistant surgeons, one of whom unfortunately died the following year. Fifteen beds were available for in-patients with space for a further 10 and this additional workload necessitated a third assistant surgeon.

A chloroformist Dr James Murray also joined the establishment[33] at this time but the choloroformist's post was not renewed when Dr Murray resigned in 1885 as little use was made of chloroform.[34] For minor operations nitrous oxide was used, supplemented by a small quantity of ether if longer anaesthesia was needed. Major operations used chloroform which was administered through a Krohne's inhaler.[35] The registrars undertook the role of anaesthetist when required until 1899 when Dr George was appointed. Lennox Browne had always taken a great interest in the administration of anaesthesia and wrote about this in the *British Medical Journal* in 1876.[36] The Hospital was very proud of the fact that during this period they had no deaths caused by administration or anaesthesia. One of the major problems encountered with the use of general anaesthesia was regulating the required dose balanced with the patient's weight. A variety of inhalers were developed but the Hospital found that the Krohne's improved Junker's inhaler suited their needs best. It proved most useful on account of the small quantity of chloroform required to induce narcosis, the ease with which the anaesthesia was continued, and the increased safety against the administration of an overdose.

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[24] *British Medical Journal* (1875) **I:** 416–417.

[25] Scott Stevenson, op. cit., note 2. says that Morell Mackenzie had the first hospital in which payment by patients was made but does not give a date although he attributes this fact to the withdrawal of the Hospital Sunday Committee grant, rather than that recorded in the Golden Square minutes which linked it to their not being granted a royal charter.

[26] Health Resort Minutes, op. cit., note 6, 1875.

[27] Piller, G. J. *The Story of the Hospital for Sick Children, Great Ormond Street,* B.W.W. Printers, Bridgewater, undated, p 3.

[28] Anon. (1988) *A Short History of the Brompton Hospital.* National Heart and Chest Hospitals Handout, p 1.

[29] In 1901 68 Masonic lodges contributed amounts from eight guineas to 15s. 0.d *Annual Report,* 1902.

[30] Performances were by the Pandora Dramatic Society (1878), The Philothespian Club (1880) and the Busy Bees (1888).

[31] Prochaska, F. K. (1992) *Philanthropy and the Hospitals of London. The King's Fund 1897–1900.* Oxford University Press, Oxford, p 14.

[32] *Minutes,* op. cit., note 5, p 1

[33] Central London Throat and Ear Hospital, *Minutes of Management Committee.* 13th December 1877.

[34] Central London Throat and Ear Hospital, *Minutes of Quarterly Meeting,* 23rd October 1885.

[35] *Medical Report* in the Annual Report of 1894. Junker's inhaler was constantly modified by a series of chloroformists in the 1880s including, Teuffel, Kappeler, Krohne and Buxton. *Anaesthetic Trends in England 1890–1900.*

[36] *British Medical Journal* (1876) op. cit., note 24, **II,** p 213.

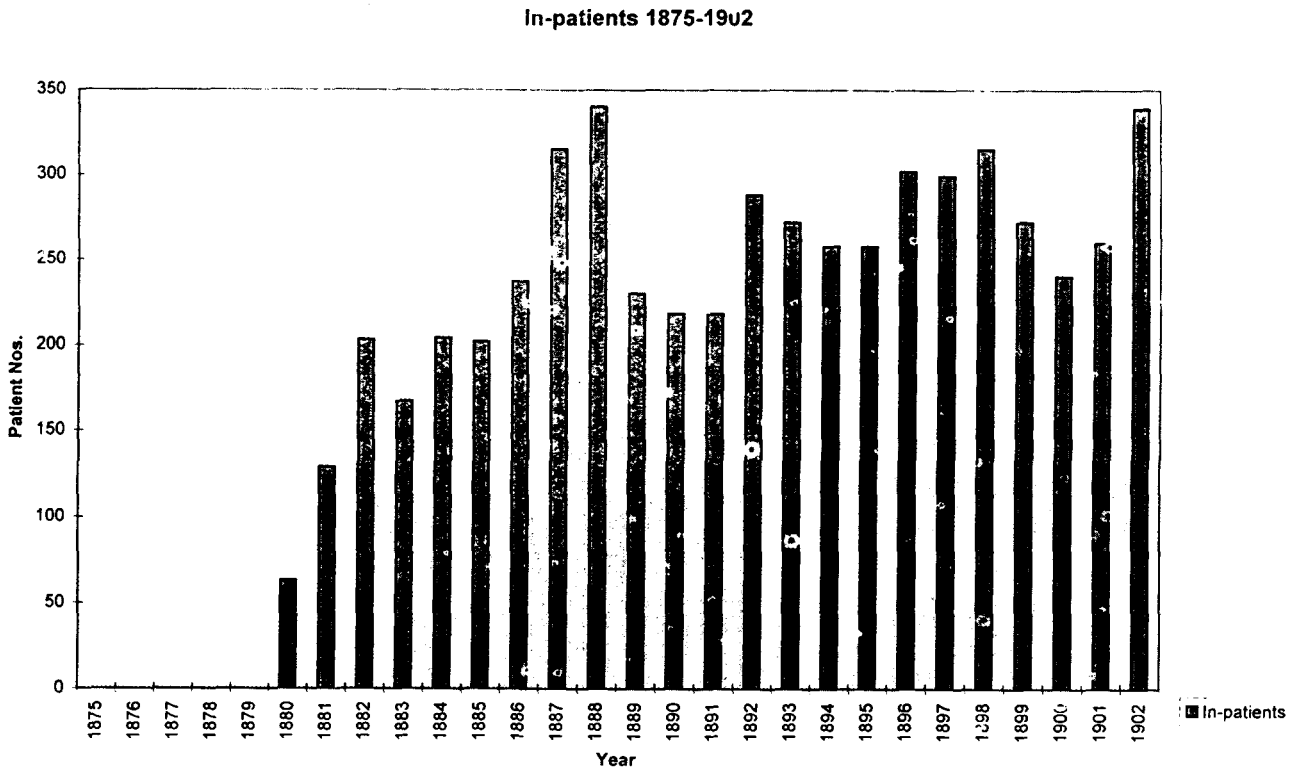

FIG. 4
In-patient numbers 1875–1902 (Annual Reports).

Two important appointments were made in 1877, the first, Dundas Grant (1854–1946) was registrar and pathologist who gave up his honorarium of £13 2s. 6d. but charged 1 guinea per post mortem. As the number of deaths was quite low (approximately six per year), this was a nominal charge on the Hospital.

The second was a medical officer for speech defects Mr William van Praagh who gave his services free to the Hospital.[37] The use of a speech therapist was invaluable to a Hospital that undertook partial laryngectomies, cleft palate surgery and dealt with the deaf. A Miss Lofty was elected Lady Visitor to the Hospital, a connection which she maintained until the death of Lennox Browne. She was the daughter of the Rev. Matthew Lofty, Chaplain to the Golden Square Hospital.[38] Initially she was a great asset as she obtained subscriptions and donated pictures and engravings for the new wards. It was she, in 1879, who presented a petition to the Archbishop of Canterbury to be President of the Hospital, which he accepted.[39] To the subscribing public the prestige of the Hospital was greatly raised by the association of the head of the Church.

At this time the liabilities of the Hospital were £700 per annum and a loan of £300 was applied for from the Bank to clear outstanding debts (Figure 5).

As the affairs of the Hospital were conducted in an orderly manner, it was decided to forward a copy of the balance sheet to the Metropolitan Hospital Sunday Fund who made grants to hospitals, nursing homes, district nursing associations and medical charities. The allocation of a grant from this fund was regarded as a mark of the calibre of the hospital management and it added greatly to the reputation of the Hospital that this award was granted to them. However, for many years the annual grant to the Central London Throat, Nose and Ear Hospital was in fact only £33 10s. 0d. The Hospital also received the sum of £20 from the Hospital Saturday Fund which derived its donations from provident funds and was to increase its grant to the Hospital in later years.

Although the Hospital's books may have been in order its secretary/dispenser had absconded to Canada in July 1877 taking £21 10s. 1d. in all—half his annual income!.[40] The appointment of his replacement, Richard Kershaw, played an important

[37] *Annual Report*, op cit., note 13, 1879–1880.

[38] Miss Lofty joined in 1877 and remained with the Hospital until Lennox Browne's death in 1902 although there are no personal details about her on the Hospital files. She was presumably the eldest, unmarried daughter of the family and referred to just with the courtesy title of 'Miss'. This appears to be the practice with all unmarried female employees of the Hospital with the exception of Miss Dora Jackson who was presumably a younger daughter.

[39] *Minutes*, op. cit., note 33, 6th March 1879. He died in 1882 but the incoming Archbishop of Canterbury accepted the Presidency.

[40] *Minutes*, op. cit., note 33, 12th July 1877. Decision taken not to take steps to retrieve money. Similar incidents happened at Golden Square Hospital (Ormerod, op. cit., note 3, p 4), St Mark's Hospital (Granshaw, L. (1985) *St Mark's Hospital*, King's Fund, London, p 53) and Moorfields (Collins, op. cit., note 10, p 138).

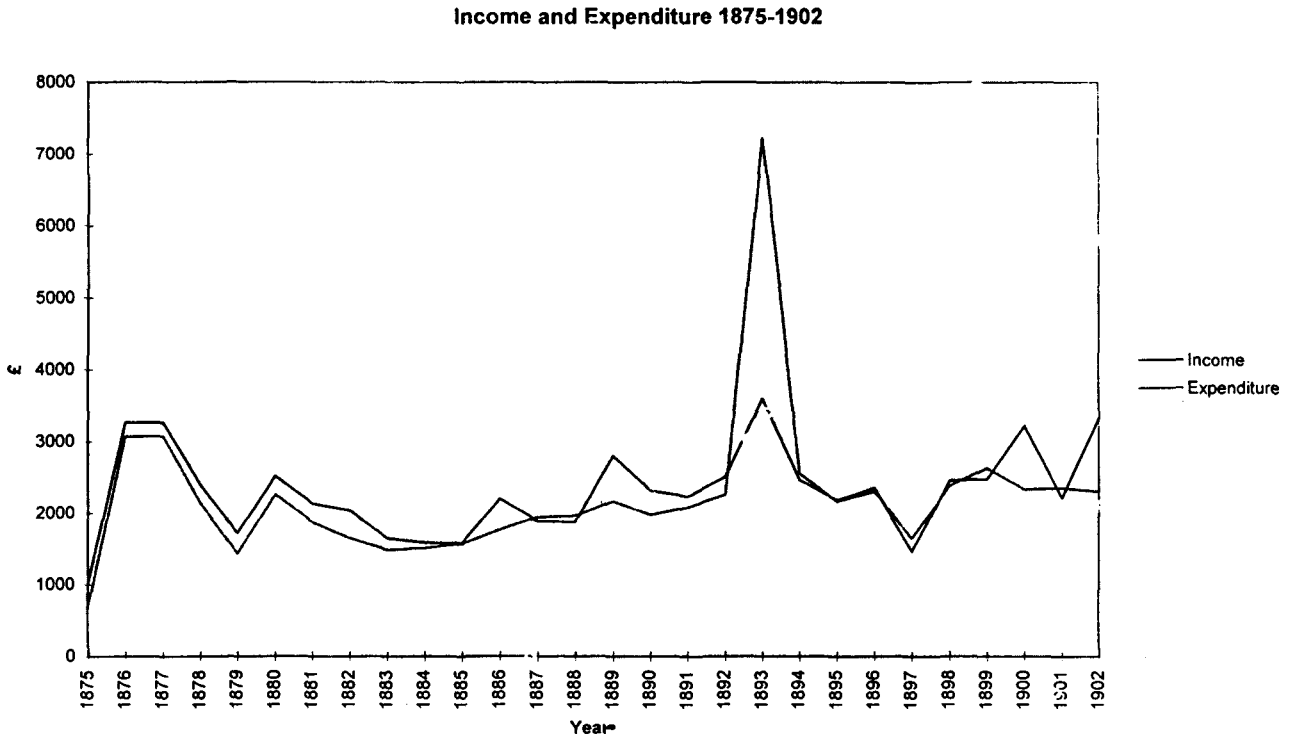

FIG. 5
Income and Expenditure of the Hospital 1875–1902 (compiled from Annual Reports).

part in the development of the Hospital. He was secretary and dispenser and was also employed as private secretary and almoner to Lennox Browne. It was a mark of his standing in the Hospital that he also acted as Lennox Browne's deputy when necessary.[41] Kershaw remained in post for 50 years except for a break in 1889 when he was ill due to overwork. Captain Charles Mercier was Treasurer of St John's Hospital for Diseases of the Skin in 1875 and wrote appeals to *The Morning Advertiser, The Echo* and *The Globe* on the value of special hospitals. He emphasized the serious social results of skin diseases among domestic servants in particular. Skin diseases in domestic servants obviously threatened their livelihood and sufferers therefore naturally turned to St John's Hospital. His campaigning for the special hospitals was primarily for funds.[42]

Like Captain Mercier of St John's Hospital, Kershaw was a staunch supporter of the special hospitals. He amassed statistics and comparisons on the various specialist hospitals and published his findings.[43] Both men were vital for the specialist movement, Kershaw in spreading information and making authorities and the public more aware of the beneficial results of specialization and Mercier who tried to make them stronger financially through public awareness. Kershaw was unlike Mercier in that the affairs of the Central London Hospital were always conducted in an exemplary manner. The management soon realized his value and his salary went from £33 6s. 8d. on appointment in 1878 to £150 by 1881.

From 1878 the annual report gave detailed information on the Hospital. A system of selecting the names of suitable ladies, noblemen and gentlemen for election as patrons or vice-presidents of the Hospital was established. These patrons were then listed in each annual report and additional names would accrue even though donations or subscriptions had only been made once, unlike the usual practice given in St Mark's Hospital where names were listed only on payment of the subscription.[44] Six hundred patrons were listed in 1878 but by 1884 the list had increased to 1200 and by 1894 it reached 1700, although the actual subscriptions had gradually decreased. An attempt was made in 1882 to get additional support from the Sunday Fund by showing that in comparison to other specialist hospitals the throughput at the Central London was far more efficient and worthy of greater support (Table I), having the greatest number of in-patients and probably out-patients (if patients rather than attendances are used) against the lowest grant. In spite of the visit of Kershaw and Lennox Browne to meet the

[41] Ormerod, op. cit., note 4, p 3.

[42] Mercier had problems with the press over the management of St John's Hospital. He went to law which exonerated him from all charges of dishonesty but it was said that he had acted in an irregular and unbusinesslike manner. Russell, B. (1963) *St John's Hospital for Diseases of the Skin,* 1863–1963, Lederle Laboratories, London, pp 29–30.

[43] Kershaw, R. (1909) *Special Hospitals. Their Origin, Development, and their Relationship to Medical Education. Their economic aspects and relative freedom from abuse.* Pulman, London.

[44] Granshaw, L. (1985) *St Mark's Hospital,* King's Fund, London, p 42.

TABLE I
COMPARISON OF SPECIAL HOSPITAL GRANTS (QUARTERLY MINUTES, 13.4.1882)

Name of Hospital *Grant*	*Beds*	*In-patients*	*Out-patients*
National H. for Heart Disease (Soho) £135	20	98	8,452 (attendances)
H. for Epilepsy and Paralysis £90	30	102	7,428 (attendances)
St John H. for Skin Disease £67 10s. 0d.	12	69	2,693
H. for Women and Children (Vincent Sq.) £67 10s. 0d.	12	79	1,984
Chelsea H. for Women and Children £52 17s. 6d.	8	31	2,590
Central London Throat and Ear H. £33 15s. 0d.	15	129	4,123

Committee of Distribution of the Hospital Sunday Fund, no increase was allocated because the Fund organisers considered the management costs of the Hospital too high and the provident system pursued at the Hospital provided a regular income.[45] Management costs were high because of Kershaw's salary but the Hospital valued him too greatly to consider any reduction to meet the Sunday Fund's criteria.[46]

Kershaw thought that the introduction of chloroform was one of the greatest of all factors in the development of surgical science and the corresponding demand for special hospitals.[47] He saw improvement in postgraduate medical education through the great number of visiting doctors and students as one of the major assets of the special hospital and I too consider that this is where its greatest strength lies.

By 1884 the clinical work had increased for the three assistant surgeons and there was a good mixture of ENT cases. With the three assistant surgeons the question of cover during non-clinic hours became a problem that was to cause rancour. This resulted in an attendance book and as with other hospitals the signing of the attendance book was resented by the doctors. At the Golden Square hospital an incident regarding the signing of the attendance book was the flash point for the resignation of four senior otolaryngologists in 1887.[48]

Although the senior medical men at the Central London were in relative harmony the nursing staff was constantly changing. From 1881 to 1885 the nursing staff was expected to combine kitchen as well as nursing duties.[49] This was against all the tenets of Florence Nightingale who did not believe that nurses should be housemaids.[50] The situation changed when a Miss Proctor was employed as Matron at £40 a year and Miss Venture as nurse at £20 a year with uniform. However there was some disagreement between Matron and the Lady Visitor but as Matron was supported by the medical staff, it was Miss Lofty who had to stop visiting the Hospital for a while which indicated the increased power of the Matron.

In 1887 Miss Danter became Matron and now reported to the Management Committee who regularly thanked her for her work. She stayed as Matron for seven years until she married the Secretary, Richard Kershaw, in 1894. She was one of the lady nurses coming through the hospitals at this time as she was of a different social class to the earlier nursing staff and her requests were always met by the Hospital management. As Victorian wives were not expected to work, Miss Farmer replaced Mrs Kershaw and stayed in post until the end of 1903.

In 1883 Dundas Grant was appointed assistant surgeon with Percy Jakins replacing him as registrar and pathologist. The Hospital had an excellent system of promotion from junior to senior surgeon over four years and with it went the offer of an *ex officio* seat on the Committee.[51] This avoided the problems experienced at the Hospital for Nervous Diseases at Queen's Square where there was an unhappy relationship between the management and the medical staff between 1885 and 1902 because of its refusal to allow medical representation on the Board.[52]

[45] *Minutes,* op. cit., note 34, 6th July 1882.

[46] In the *Journal of Laryngology and Otology* obituary to Richard Kershaw tribute is paid to his great ability to work for the good of the specialism in spite of the enmity between early laryngologists. During his 50 years at the Central London Throat, Nose and Ear Hospital he published details on the specialisms to counter the attitude of the medical press.

[47] Kershaw, op. cit., note 43, p 39.

[48] *Minute Book of the Hospital for Diseases of the Throat and Chest,* Golden Square 1886, p 225. This includes copy of a letter of resignation of Drs Semple, Prosser James, Whistler, Woakes, Stoker and Fenton Jones. This had followed a year long dispute regarding the attendance book and the manipulated resignation of Prosser James, whose attitude had been attacked 10 years previously.

[49] Minutes, op. cit., note 34, 6th July 1882.

[50] Woodham Smith, C. (1964) *Florence Nightingale,* Fontana, London, p 34.

[51] *Minutes,* op. cit., note 34, 31st March 1881.

[52] Holmes, G. (1954) *The National Hospital Queen Square,* Livingstone, London, p 43.

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The death of one of the Hospital's co-founders Lewellyn Thomas in 1884 was a blow to the Hospital at a time when it was progressing well. A bed was named after him and there were plans to build a ward in his name. However the honour of the named wards went to his successors (Sir) Dundas Grant and Carmalt Jones. Carmalt Jones joined the Hospital as an assistant surgeon in 1883 and it was on his early death in 1897 that his name that was given to the women's ward. On Carmalt Jones's death the Annual Report recorded that he had 'introduced a procedure in surgery which, although it cannot be said to be yet as fully appreciated elsewhere as it is in this Hospital, has obtained considerable recognition and will, without doubt, remain as a permanent record of the surgical genius of its author'. I think this refers to his turbinotomy procedure where he had removed the hypertrophied inferior turbinate to relieve tinnitus. This procedure was not adopted as it did not have long-term benefit and Carmalt Jones remains unknown.[53] This aim to experiment with surgical procedures to try to achieve relief from debilitating symptoms illustrates the encouragement of innovation within the Hospital.

Early in 1884 legacies totalling around £1 500 had been received and were used to reduce the mortgage and some were invested in railway stock, the interest continued to be used for the convalescent patients. The Lady Visitor, who took the role of the Hospital's first almoner, was authorized to give small sums of money to help with fares, silver tracheotomy tubes to take home and ear trumpets.[54]

Expanding the Hospital

In 1885 following occasional occurrences of in-patient infections, due to insanitary causes or patients arriving at the Hospital with an infectious illness, Lennox Browne and Ernest Turner (the architect) made a thorough inspection of the Hospital and submitted a report.[55] Plans were made to add another floor to ensure that there would be space for a good kitchen, stone closets for linen, sleeping accommodation for servants and nurses and a new female day ward. The present kitchen would then be used as a refectory for male patients. The practice of storing groceries on the wards and serving meals in a sleeping ward was recognized as being insanitary. The report laid great emphasis on the necessity of having sufficient space to allow good ventilation, a subject always emphasized by hospital reformers.[56] There were hopes of an operating room, isolation ward and nurses' ward pantry. There were even plans for electric bells such as Florence Nightingale had installed in her institution in Harley Street some 30 years earlier!

The main diseases seen at this time at Gray's Inn Road were diphtheria, consumption (tuberculosis), cancer, tumours of the throat and cerebral abscess and other lesions for which the need for beds was emphasized. The use of the American trephine became invaluable in surgery of the nose.[57] Lennox Browne's skill in designing instruments particularly the tonsil guillotine and nasal speculum was followed by Dundas Grant with his improved nasal speculum, aural probe and cold air douche for labyrinthine testing of the ear. From its early days the surgeons at Gray's Inn Road had their instruments made at Mayer and Meltzer, a firm set up by Morell Mackenzie, which specialized in the area of otorhinolaryngology.

The clergy continued to support the Hospital and offertories were still donated although not to the extent of the years 1877–1883. In 1888 it was noted that political disturbances in Trafalgar Square[58] affected attendance at the Chapel Royal, Whitehall, on November 20th where offertories were to be donated. Parishes such as St Ives and Northampton sent money to the Hospital for patients.[59] More patients were received from the provinces for diagnosis and initial treatment and the Hospital was proud of its relationship with medical practitioners as 1,000 of the 6 675 out-patients in 1891 had been sent by family doctors.

The importance of scientific knowledge, set out in Rule 2 of the 57 rules of the Hospital formulated in 1875 was:

> 'To afford practitioners and students of medicine ample opportunities for studying such diseases scientifically, under one roof; and to promote by all available means a more general knowledge of the same.'

and it was with this aim that the first lectures were given by Lennox Browne in the winter of 1885 and by Lennox Browne and Dundas Grant in early 1886. This was the first series of annual winter lectures that started with 50 doctors attending and culminated with the room overcrowded with in excess of 80 doctors.[60] These were well received by the *British Medical Journal* who supported the diffusion of specialist knowledge.[61]

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[53] Carmalt Jones (1895) Discussion on turbinectomy. *Journal of Laryngology and Rhinology* **9:** 689.

[54] *Annual Report,* op. cit., note 13, 1884.

[55] *Minutes* of special meeting held on 10th April 1885 to which medical staff, management and architect all attended.

[56] Bristowe and Holmes. (1863) *Report on the hospitals of the United Kingdom.* Appendix 15 to the Privy Council Medical Officer's Report, HMSO, London (Reprinted in abbreviated form in *Lancet,* **ii,** 1864).

[57] *Annual Report,* op. cit., note 13, 1888.

[58] The previous Sunday, 13th November 1887, known as Bloody Sunday, had seen a riot of the unemployed against the police and army at Trafalgar Square resulting in one dead and 150 injured.

[59] *Annual Report,* op. cit., note 13, 1888.

[60] Ibid., 1886.

[61] *British Medical Journal,* 28th November 1885.

As otology, rhinology and laryngology were not recognized as compulsory subjects of study at the general hospitals and medical schools there was always a steady stream of clinical assistants (students) for the Hospital who donated their time in return for practical instruction. In 1898 there were 30 clinical assistants and 1 500 visiting medical practitioners[62] who visited the wards, out-patients' department and witnessed operations. This enabled the Hospital to develop postgraduate teaching of ENT to doctors who had to deal with a great number of patients with such complaints as tonsillitis, laryngitis and hearing problems to enable them to differentiate between a minor complaint and one needing more specialist treatment. Lennox Browne, through his own research and published papers, encouraged other medical staff, such as Carmalt Jones and Dundas Grant to present their own research at the Proceedings of the Royal Society of Medicine which would then be published in the Journal of Laryngology and Rhinology. This enhanced the Hospital's reputation.

By 1890 the Hospital was out of debt with an income of £2 321 6s. 4d. and an expenditure of £1 979 18s. 2d. The scheme to add the additional floor requested in 1885 now became a matter of urgency as the number of out-patients was 6 450, 2 000 a year more than six years previously. £10 000 was required to build this additional floor and contributions of £1 000 were promised. In spite of the general depression and strikes during 1892, by 1893 the land adjoining the Hospital was paid for by the Trustees. Two years later the Hospital closed for three weeks to enable building work to be started.

The Temperance movement was acknowledged by the lessening use of alcohol in the Hospital from 1877 on the suggestion of a senior surgeon. However this did not apply to all patients and drinks such as port for a tracheotomy, brandy for cancer of the throat, stout for ulceration of the wind pipe, and champagne for removal of half the larynx were administered medicinally.[63] In some hospitals alcohol was given to all patients as at The Hospital for Nervous Diseases, Queen Square, where each man, woman and child on an unrestricted diet was allotted one pint of beer a day.[64] At St John's Hospital for Diseases of the Skin £70 was paid for claret and spirits in a year[65] and the Chelsea Hospital for Women spent 10 per cent of its provisions bill on beer, wines and spirits.[66] However, most hospitals began reducing their outlay on alcohol towards the end of the Victorian era but Gray's Inn Road had to use a greater quantity of alcohol when applying Koch's remedy for tuberculosis in 1891.[67] This involved injecting large quantities of the tuberculin which was distressing to the patients.

The Hospital had received increased cases of throat tuberculosis and Lennox Browne like the doctors at Moorfields was initially much impressed by the work of Koch[68] in the field. Koch himself came to London in 1890 but the only hospital he visited was the London Chest Hospital.[69] In 1891 Lennox Browne visited Berlin and then returned to lecture and write on Koch's work.[70] Lennox Browne obtained a small supply of tuberculin and made trials with it for the treatment of laryngeal phthisis and lupus.[71] The curative powers were far from proved and two patients had 'disastrous results'. Of the six patients who died, three had phthisis of the larynx and it was thought that smaller dosages of the extract might give better results. Eventually it was realized that although the tuberculin was invaluable for identifying the disease it was not suitable as a remedy.[72]

Lennox Browne also presented evidence, prepared by Richard Kershaw, to the Select Committee of the House of Lords sitting to collect evidence on the general management of Metropolitan medical charities.[73] Kershaw showed that 153 consultants who held appointments at general hospitals also contracted to special hospitals,[74] indicating that the value of the specialist hospital was widening and was being recognized by consultants in the general hospital.

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[62] *Annual Report,* op. cit., note 13, 1898.

[63] Ibid., 1886.

[64] Holmes, Sir Gordon M. op. cit., note 52, p 22.

[65] Russell, B. (1963) *St John's Hospital for Diseases of the Skin, 1863–1963,* Lederle Laboratories, London, p 52.

[66] Blaikley, J. B., Chamberlain, G. (1972) Chelsea Hospital for Women 1871–1971. Reprinted from History of Medicine, *The Journal of Obstetrics and Gynaecology of the British Commonwealth,* p 1.

[67] *Annual Report,* op. cit., note 13, 1891.

[68] Robert Koch (1843–1910) shared with Pasteur the title 'Founder of Microbiology'. Published 'postulates' 1881, discovered the tubercle bacillus in 1882 and the cholera vibrio in 1884, (Weir, N. (1990) *Otolaryngology. An Illustrated History,* Butterworths, London, p 2.) His improvements in staining techniques, followed by his development of a method to achieve pure cultivations of bacteria, led to many other methodological advances in bacteriology (Brand, J. L. (1965) *Doctors and the State,* John Hopkins, Maryland, p 39).

[69] Butterworth, Lady. (1925) *The Story of a City Hospital 1848–1925.* City of London Hospital for Diseases of Heart and Lungs Centenary booklet. (Pamphlet prepared by Lady Butterworth to raise funds).

[70] Lennox Browne, (1881) *Koch's Remedy in Relation Specially to Throat Consumption.*

[71] Browne, L, Wingrave, N. (1898) Notes of Three Cases of Lupus in which the new Tuberculin was employed. *Journal of Laryngology, Rhinology and Otology* 359–362 and *Annual Report,* op. cit., note 13, 1891, p 17.

[72] Collins, op. cit., note 10, p 162.

[73] The Select Committee of the House of Lords of Metropolitan Hospitals was set up to collect evidence respecting the general management of Metropolitan medical charities. Lennox Browne attended on 18th July 1890. *Annual Report,* op. cit. note 13, 1891, p 10.

[74] *Annual Report,* op. cit., note 13, 1891, p 11.

Dr Wyatt Wingrave, the pathologist, set up a systematic syllabus of lectures in the new building and by 1897, when, because of increasing deafness he could not treat patients, he taught anatomy, physiology, and pathology full-time. This enabled the Hospital to function more completely as a post-graduate teaching hospital and for the larger numbers of visiting medical men from overseas to have a structured teaching syllabus.

Original research, always the aim of the Hospital, was undertaken on the causes of inflammatory diseases of the tonsils, improved methods of operating for the relief of suppuration and bone disease of the middle ear, and hypertrophic rhinitis by turbinectomy. The progression in updating instruments was continued with improved tools used for the removal of adenoids.

The Hospital was proud of its reputation in ENT, particularly in the administration of anaesthetics. By 1894 there had been no accidents in 800 administrations, most of which were nitrous oxide and ether with chloroform reserved for longer operations.[75] Friday afternoons were set aside for minor operations such as removal of tonsils performed under nitrous oxide. The Hospital was the first to introduce nitrous oxide as a general anaesthetic for this procedure in 1888. In 1901 236 in-patient operations were carried out under chloroform and 1 979 out-patient operations using nitrous oxide. The anaesthetist was pleased to report that a total of 15 000 tonsil and adenoid operations had now been undertaken in out-patients without a single fatality or mishap.[76]

The Hospital's surgical achievements had become more ambitious with the extended use of chloroform and more heroic operations were performed such as trephining the skull of mastoid or brain abscess. The complete removal of the larynx was achieved with successful results (ie. the patient still alive 12 months after the operation). The laryngectomy operation was one that the Hospital was to develop, particularly as improved methods of voice restoration were achieved.

Since 1884 Miss Dora Jackson, later to become the second Lady Visitor, had supplied the in-patients with fresh flowers each week for their bedside. The welfare of the in-patients was constantly in the Committee's mind and they planned to provide a small garden to enable patients to exercise without going into the road. They were also aware of the need for a proper diet for the out-patients and this was achieved by the provision of beef tea, eggs and milk for those felt to be in need.[77] This combined with some time in recuperation was regarded as necessary for those living in the inner cities.

The Hospital wanted to extend the building but appeals for funds were not successful and there was real concern about the loss of revenue because of the inability to treat sufficient numbers of patients. The Hospital had to get a loan from its bankers in 1893 to cover the building of the new out-patients department, day room, sleeping accommodation and new kitchen. The projected small building with four isolation wards for diphtheria was not completed even though diphtheria was a worry[78] as deaths in England and Wales from this disease had almost doubled in 1899 compared to 10 years earlier.[79] Diphtheria formed the basis of a book published by Lennox Browne in 1896[80] (which ran into two editions) but the disease was still a problem until the 1930s as the concept of 'carriers' had not been addressed.

Because of its debts, legacies were used for current expenditure.[81] This was not regarded as good practice as legacies bequeathed to a hospital were expected to be invested and the income gained from them used in the service of that hospital as was so well illustrated by the National Hospital for Nervous Diseases, Queen Square, in Johanna Chandler's time and by Moorfields.[82] The Central Throat, Nose and Ear Hospital's management believed this course was necessary for the Hospital to survive and it was fortunate in having such loyal staff as Wyatt Wingrave, Carmichael Thomas, Dundas Grant and Orwin, all of whom gave contributions to the Hospital from 1894 to 1897 whilst Committee members increased their subscriptions.

The main skill in Victorian medicine was one of diagnosis and for the laryngologist it was still difficult to differentiate between chronic laryngitis, syphilis, tuberculosis of the larynx and malignant disease.[83] The Hospital had realized the importance of Koch's work and in 1894 a Department of Bacteriology was set up separately from Pathology with George Reid as the bacteriologist.[84] Cases of acute tonsillitis and infectious sore throats were isolated in the waiting room, a culture taken, and the patient sent home or kept in depending on the results of the culture[85] and in 100 cases of doubtful tuberculosis that were examined 25 produced a positive result greatly

[75] Medical report in *Annual Report* 1894, p 15

[76] Anaesthetist's report in the *Annual Report,* 1901, p 21.

[77] The provision of food for out-patients regarded as being undernourished was started by Miss Lofty in 1877 using the Convalescent funds.

[78] In the *Annual Report,* 1895 diphtheria is given prominence.

[79] Office of Population Censuses and Survey, Spotlight No. 8 *Infectious Diseases.* HMSO, London, 1981. 5,500 deaths from diphtheria were reported in England and Wales in 1889, rose to 9,500 in 1899 and returned to 5,500 in 1909.

[80] Browne, L. (1896) *Diphtheria and its Associates,* Bailliere, Tindall and Cox, London.

[81] *Annual Report,* 1896, p 7.

[82] Holmes, op. cit., note 52, p 13; Law, F. (1975) *History of Moorfields Eye Hospital,* vol. II, H. K. Lewis, London, p 10.

[83] Scott Stevenson, op. cit., note 2, p 114.

[84] *Annual Report,* 1896, p 13.

[85] Ibid., 1897, p 19.

FIG. 6

Occupations of 4 056 out-patients who attended during 1879 (annual report 1897)

Labourers	720	Masons	32	Stokers	13
Clerks	377	Tailors	32	Wheelwrights	13
Bricklayers	191	Hawkers	31	Furriers	12
Servants	179	Letter sorters	31	Opticians	11
Carpenters	159	Lithographers	30	Glaziers	11
Milliners	120	Bus drivers	29	Packers	11
Porters	114	Pupil teachers	29	Nurses	10
Washerwomen	113	Vocalists	28	Engravers	10
French polishers	69	Cabmen	27	Greengrocers	10
Travellers	67	Milkmen	27	Gas fitters	9
Plasterers	57	Engine fitters	27	Gun makers	9
Needlewomen	57	Zinc workers	23	Sawyers	9
Bookfolders	51	Lace workers	22	Architects' clerks	9
Sailors	49	Musicians	22	Watermen	8
Foremen	45	Carmen	22	Smiths	8
Barmen	44	Shoemakers	21	Hairdressers	8
Photographers	43	Postmen	21	Organ makers	7
Flower makers	40	Cigar makers	20	Tin workers	7
Governesses	40	Engine drivers	20	Tripe dressers	6
Compositors	40	Workers in factories	20	Card makers	6
Shopmen	39	Errand boys	19	Coopers	6
Butchers men	39	Billiard markers	19	Stewards	5
Fishmongers	38	Laundresses	19	Vellum binders	5
Machinists	37	Bakers	18	Whip makers	4
Telegraph clerks	36	Policemen	18	Sweeps	3
Painters	36	Pianoforte makers	18	Silversmiths	3
Chairwomen	35	Schoolmasters	17	Coppersmiths	3
Tobacconist assts	34	Instrument makers	17	Of no occupation	168
Harness makers	34	Salesmen	16		
Gardeners	33	Signalmen	14		
Guards	33	Waiters	14	Total:	4,056

assisting the doctors in their diagnosis. The Bacteriology department undertook the isolation and culture of the rhinoscleroma bacillus which was the first and only living culture of this bacillus taken in England at the time and was shown in Lennox Brown's textbook on *Diseases of the Throat and Nose.*[86]

The Prince of Wales Fund, set up to commemorate Queen Victoria's Diamond Jubilee in 1897, was intended to provide a permanent fund to help the London hospitals. It was initiated by the Prince of Wales through a letter in the leading newspapers and received great support from industry and commerce. A capital sum was built up and interest from it formed a permanent endowment.[87] Initial donations exceeded £250 000 and its first grant was £22 000 made to renovate wards in 13 London hospitals, providing some 240 more patient beds. A Hospital Visiting Committee was set up and this Committee visited Gray's Inn Road in 1898 having donated £35 the previous year. A grant of £150 was given by the Prince of Wales Hospital Fund to go towards the cost an operating room to be undertaken during 1900.[88] King Edward's Hospital Fund for London as it was called after Edward's accession became one of the most powerful sources of improvements in the hospitals. The contributions to the Sunday and Saturday Funds were lessened and annual subscriptions previously paid to the hospitals themselves were diverted into King Edward's Fund.

One of the visitors sent by the Fund, Sir Henry Burdett,[89] had initially been opposed to special hospitals but changed his view and was guest of honour at the 25th anniversary proceedings at the Central London Throat, Nose and Ear Hospital.[90] He praised the many small aspects of the Hospital that had earned it loyalty from those associated with it: varying from the large numbers of clinical assistants who were working overseas (including four who were now professors); the mix of patients

[86] Lennox Brown (1878) *Diseases of the Throat and Nose,* Bailiere, Tindall and Cox, London. Lennox Browne, like many other Victorian surgeons such as Dalrymple of Moorfields, Morell Mackenzie of Golden Square, and Bonney of Chelsea, was an accomplished artist. Lennox Browne exhibited this watercolours for 30 years and had two landscape pictures hung at the Royal Academy. His illustration of the throat and its conditions were used by Morell Mackenzie and others (Obituary in the *Journal of Laryngology, Rhinology and Otology,* vol. 18, No. 12, December 1902).

[87] Prochaska, op. cit., note 31, p 21.

[88] *Annual Report,* 1899, p 11.

[89] Sir Henry Burdett (1847–1920) combined a medical and financial background. He founded *The Hospital,* a weekly journal, supported the Hospital Sunday movement and initiated the Prince Edward's Hospital Fund for London which he organized. (Rivett, G. (1986) *The Development of the London Hospital System, 1823–1982.* King Edward's Hospital Fund for London, pp 373–374).

[90] *Proceedings of the 25th Anniversary,* 5th April 1898 published in *Annual Report,* 1898. pp 1–18.

(Figure 6); the method of patients' payments which was now being undertaken by the Hospital Reform Association[91] on similar lines to that long established at Gray's Inn Road; the fact that the subscribers' names remained recorded for all time whether they had given one guinea or 100 guineas; the excellent state of the Hospital's book-keeping and even the attendance book available to show the time donated by the doctors. The mix of patients notably included the porters, telegraph clerks, guards, engine fitters, signalmen, stokers and engine drivers from the nearby stations. The spread of occupations indicates that the Hospital was fulfilling its aim to provide treatment for the poorer classes, particularly working men. The range of occupations show the growing division of labour and most are skilled workers. The large number of labourers, bricklayers and carpenters indicates the building work going on around King's Cross at the stations, goods yards, gas works, canals and underground during this period where most of the structures were brick.

There was a move by the Government to promote the prevention of the spread of tuberculosis and the Central London Throat and Ear found that tuberculosis of the larynx was becoming a more common presenting illness at the Hospital. A Congress on Tuberculosis in London in 1901 attended by all the leading health experts and eminent laryngologists discussed the dissemination of ideas to eradicate one of the most widespread diseases in the country. Although numbers were slowly coming down it still took the greatest number of lives in England and Wales at this period.[92]

Because of ill health, Lennox Browne resigned as a full time surgeon in 1900 as he could no longer give the time he thought necessary to the patients, but he accepted an appointment as consulting surgeon and Vice Chairman to the Committee, thus maintaining his control of the Hospital through its committee meetings.

By 1900 the state of finances was still poor (Figure 5) and in spite of various schemes to increase subscriptions including financial incentives for the introduction of patients,[93] an Entertainment Sub-Committee was set up. The result was a lecture by M.W.T. Maude, Special Artist of *The Graphic* and late ADC to General Hamilton. The subject of the lecture was the four months siege of Ladysmith (October 1899 to February 1890) during the Boer War with Sir Redvers Buller, the hero of Ladysmith, presiding over the evening. Lennox Browne arranged for actresses to sell souvenir programmes which he prepared. The evening was a great success and raised £1 000 so that the revenue in 1900 was steadier.

There was a continued effort to maintain a healthy environment for the patient at Gray's Inn Road and in the annual report of 1902 great emphasis was laid on the hygiene of the surgeons, the sterilization of dressings, lint, gauze and bandages by steam and the instruments by boiling. It was considered desirable to have a certain space between beds to avoid contagion.[94] This greater emphasis on hygiene may in part have come from the 1901 epidemic of smallpox and scarlatina experienced at the Hospital.[95] The work of the Hospital progressed rapidly and one of the reasons for its popularity with referring doctors came from the practice of inviting them to be present in the operating theatre when their patients were undergoing surgery.

Lennox Browne called a special meeting on April 3rd, 1901 in order to send an address of sympathy to the Hospital's patron the Duke of Connaught on the death of his mother. The Duke had been patron to the Hospital since 1893 and was to support it for 50 years until his death in 1941.[96] The Queen, herself, had been a great supporter of many specialist hospitals including Moorfields, the London Chest, Great Ormond Street Children's Hospital and the National Hospital for Nervous Diseases, Queen Square.

By 1901 the King Edward's Hospital Fund offered a further £150 towards the building fund to enable the out-patients department as well as the additional operating theatre to be undertaken. An extra £1500 had been donated and the medical staff were requested to draw up a scheme of their ideas; illustrating the importance laid on their opinions. By December 1902 the new building was sketched out (Figure 7).

The Hospital intake was expanding, with 9,037 new out-patients in 1902, 76 per cent of them coming from the country. This wide intake was maintained on the surgical side and in 1902, of the 339 in-patients treated at the Hospital, 146 came from London and 193 from the country. The King Edward's Fund donated a further £500 and the Hospital's Management Committee members realized this was now the time for building the extension. What they did not realise was that King's Fund was working towards the amalgamation of the various London ear, nose and throat hospitals. This

[91] Hospital Reform Association. No knowledge at Wellcome or Guildhall libraries but this association was referred to in *The British Medical Journal,* 30th October, 1897, pp 1272–1277 where the proceedings of the Hospital Reform Association Conference at St Martin's was reported.

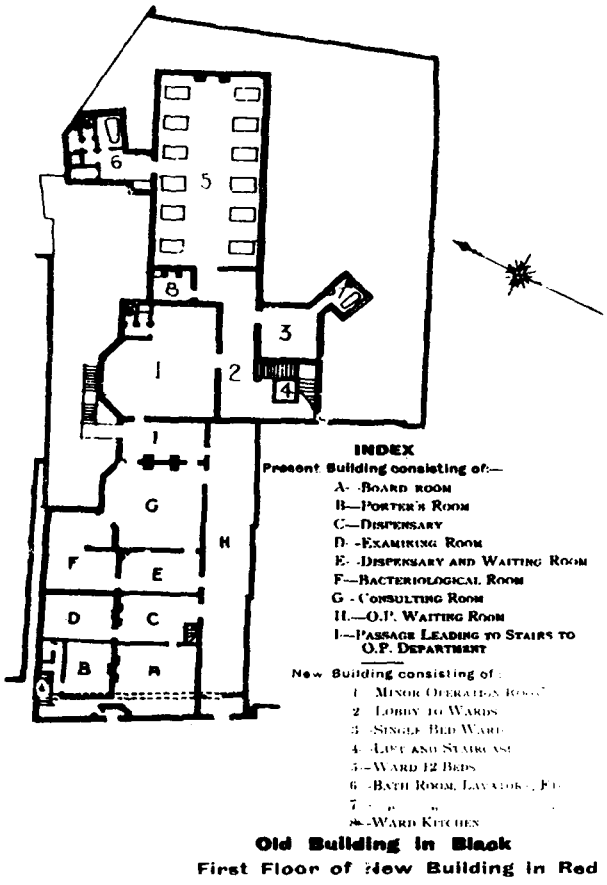
[92] OPCS, op. cit., note 79, 63,000 deaths from tuberculosis reported in England and Wales in 1889 drops to 60,000 in 1899 and to 55,000 in 1909.

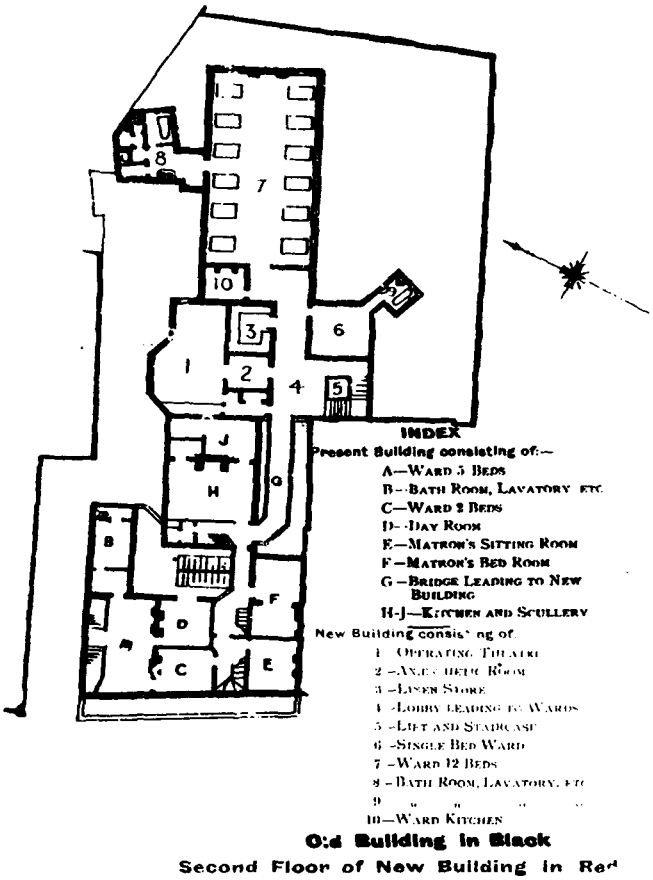
[93] A Mr Vassie (ex Poor Law Officer) was employed on a seven per cent commission and £5 per quarter travelling expenses for any patients introduced into the Hospital by him. There was also an offer of 15 per cent to anyone who brought money forward for the Hospital.

[94] *Annual Report,* 1902, p 16.

[95] Ibid., 1901, p 16.

[96] Prince Arthur, Duke of Connaught (1850–1942) was reputed to be a favourite of Queen Victoria. He was commissioned to the Royal Engineers and was patron to several hospitals.





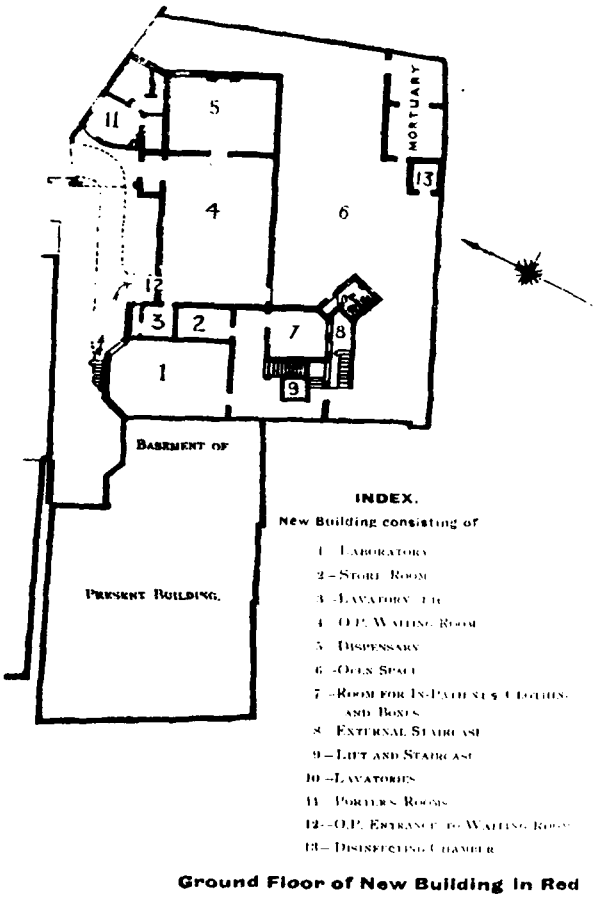


FIG. 7
Plans of Hospital extension, 1902, from Annual Report

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was a course of action that remained unknown to its founder Lennox Browne who died of malignant disease of the liver at the end of October 1902. His letter, dictated on his death bed to his colleagues at the Hospital was written in response to one from the doctors of the Hospital to Lennox Browne. In it he speaks of his friendship with colleagues over 30 years and encourages them to strive for the new wards 'if the surgeons are to do justice to their patients and to themselves'. Although he realized that he would not be there to see it, he had great faith in his colleagues' devotion to the Hospital.[97]

The founder of this Hospital had been a man of great strength and determination. He had changed his name from Isaac Baker Brown Jnr in 1869 after his father, a surgeon and pioneer of ovariotomy, had been expelled from the Obstetrical Society in 1869[98] although he supported his parent throughout his life. Lennox Browne was trained in London at George's Hospital in 1861 and in Edinburgh (although I cannot find any record of this) and qualified as a Member of the Royal College of Surgeons of Edinburgh.[99] In 1866 he went to Australia as a Surgeon Superintendent of the Colonial Immigration Office and when he returned he joined Morell Mackenzie at the Hospital for Diseases of the Throat at Golden Square where he remained for the next seven years.[100]

With the problems at Golden Square in 1873[101] and his father's death on 3rd February 1873, the Annual Court of Governors' meeting on the 13th February 1873 is the last mention of Lennox Browne at that hospital. Exactly one year later Lennox Browne obtained a Fellowship of the Royal College of Surgeons of Edinburgh having been proposed by Sir William Fergusson.[102] Browne's own Hospital was established one month later.

The advances made in the years under Lennox Browne were sufficient to justify the foundation of this specialist hospital. Knowledge about its improved methods of diagnosis and development of instruments was disseminated through lectures, papers and books. Its surgeons' operative techniques were taught to hundreds of visiting doctors and medical practitioners were encouraged to attend the operation of any patient they had referred. The surgeons also took a leading role in international conferences including the International Otological Congress in London and the Congress of Tuberculosis. The strong core of men around Lennox Browne helped to avoid the schisms that plagued the Golden Square Hospital of Morrell Mackenzie. Although Lennox Browne has been described as 'unscrupulous'[103] I can find no evidence of his behaviour. The obituary in the *Journal of Laryngology, Otology and Rhinology* refers to his 'keen intellect and great technical acumen, with a masterful force of character which helped him over many obstacles. It must be admitted that he was essentially combative and intolerant of opposition, and was apt to fall back upon his exceptional dialectic power than on that of conciliatory tact which his remarkable personality would have made so powerful'. It is true that the strong personality needed to combat the setbacks in his early career, like that of Salmon of St Mark's[104] gave Lennox Browne the ability to pursue a commitment to the development of the specialist hospital but there is no mention amongst the Hospital records of any dissatisfaction with the leadership provided by its founder and in his deathbed letter Lennox Browne refers to 'mutual forbearance and no resignations for reasons of discord' among his colleagues.

The Hospital's contribution to medical advances in treatment, teaching and research, gained from collecting together large numbers of patients with diseases in a particular area of the body, can be mirrored by other London specialist hospitals such as Queens Square or Moorfields, but in the field of otorhinolaryngology this Hospital was to become paramount in Britain.

The Hospital had been founded with a new concept for care of the patient. It had been set up for the working-class patient from the outset with evening clinics to allow those with jobs not to lose working time. From its establishment it expected those who were earning to contribute towards their care although it provided free treatment for the 'necessitous poor'. From the mix of out-patients shown for 1879 (Figure 6) it can be seen that the majority were manual workers with a few professional architect clerks, schoolmasters, musicians and vocalists. It received praise of a sort from the *British Medical Journal* soon after its establishment in 1875: 'If special hospitals be needed by the poor, this hospital is certainly doing good amongst that class of patients who ought alone to receive medical advice for a nominal sum'.[105] The out-patients had started in quite high numbers in 1876 (5 840) and reached over 9 000 by 1902. The social mix for in-patients would probably be of a rather different order as surgical treatment for head and neck malignancies

[97] Letter from Lennox Browne dated 4th October 1902 in RNTNE Hospital archives.

[98] An interesting account of this is given in Dr Dally's book *Women Under the Knife,* Hutchinson Radius, London, 1991, pp 163–173. She refers to Baker Brown's book *The Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females,* published in 1866, as leading to 'one of the biggest rows the medical profession has ever experienced.'

[99] Obituary, *British Medical Journal* (1902), **I,** pp 1565–1566.

[100] Obituary, *Journal of Laryngology, Otology and Rhinology,* **18:** No. 12. December 1902.

[101] Scott Stevenson, R., op. cit., note 2, p 42.

[102] Personal communication, The Royal College of Surgeons, Edinburgh, August 1991.

[103] Weir, N. (1990) *Otolaryngology, An Illustrated History,* Butterworths, London, p 126.

[104] Granshaw, op. cit., note 44, p 10.

[105] *British Medical Journal,*(1875) op. cit., note 24, **II,** p 49. Charges ranged from one shilling to two shillings a fortnight, but most agreed to pay one shilling a week (wages averaged seven to 13 shillings a week).

would cover a wider range. In-patient numbers had grown from 12 in 1877 to 337 in 1902. The Hospital maintained the historic practice of having subscribers and contributors but gradually in time it began to rely less on these and more on funding by patients and charities.

Its strong links with general practitioners enabled the early observation of surgery to progress to teaching and with the enforced withdrawal of Wyatt Wingrave from pathology, because of deafness, a structured syllabus of lectures was set up for anatomy, physiology and pathology as well as those given by the surgeons on clinical subjects. This provided a good teaching base as well as the practice of participating in clinics, walking the wards and observing operations. The Hospital welcomed visitors from abroad either as students or observers. The purpose of the Hospital to undertake research and consolidate the specialty through education was advanced by the publications of the Secretary, Richard Kershaw. In the growing world of otorhinolaryngology the pioneer hospital at Golden Square had been regarded as paramount but, as a result of its decline, the Gray's Inn Road Hospital gained in prestige and influence in this field of medicine.