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“Can I leave?” he pleaded, having already thought better of the request.

“You are free to go. A hospital is no prison,” I replied. “But my advice is to put first things first.”

And so he stayed, and we listed his condition as “serious.” Today it was downgraded to “guarded,” and we shipped him for a cardiac catheterisation, during which a dislodged plaque triggered the fatal complication.

Time is not unlimited. Will we take stock of conditions and adapt? This is what nature and our patients keep asking us. Adaptation is one of life’s insistent demands, one that could yet save us from the lofty sentiments and fatal flaws of our expediential careers.

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The challenging isle: a walk through Soho
Nick Black

To learn about the history of health care in England, there is no better place than London. It was in London that most of the key developments in health care took place and it was there that the key battles over healthcare policies were fought, where conflicts were resolved, and where many innovations occurred. Some of the important buildings in the history of health care have been destroyed, but many still remain.

Walking London’s Medical History aims to inspire and educate through a series of seven walks in central London. These walks help to tell the story of how health services developed from medieval times to the present day. The walks also help to preserve our legacy by informing us of the original function of healthcare buildings as increasingly they are being converted into hotels, offices, residences, and shops. Finally, the walks help to increase our understanding of the challenges to improving health care in the 21st century. To give you a flavour of the walks, let us consider the one through Soho.

At the heart of London lies an island, a foreign land in a sea of Englishness. Since its development in the 17th century, Soho has always been different from the districts surrounding it. The region has challenged and threatened the rest of London while at the same time enticed and nourished it. The reasons are bound up with its origins.

Soho, a brief history

Until the 1600s the Soho area was hunting country. Development close to London was forbidden for fear of contagious diseases spreading to within the city walls. When the great fire of 1666 left around 100 000 people homeless, however, this restriction had to be abandoned as refugees flocked west in search of new homes. homeless, however, this restriction had to be abandoned as refugees flocked west in search of new homes. The walls. When the great fire of 1666 left around 100 000 people homeless, however, this restriction had to be abandoned as refugees flocked west in search of new homes. The reasons are bound up with its origins.

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Great Windmill Street School of Anatomy

Just off Shaftesbury Avenue, beside the Windmill Theatre, is a four storey red painted brick façade. This is all that remains of the first and most famous private anatomy school in London. It was established by William Hunter, a Scottish surgeon, within months of the Company of Barber-Surgeons splitting in 1745. Until then the Barber-Surgeons’ Hall and the Royal College of Physicians were the only places where dissection of corpses was permitted.

For 22 years the school was based in houses in Covent Garden and the Haymarket. In 1768 Hunter commissioned a purpose built school, the façade of which is visible today. The school included an anatomy theatre and a museum to house the thousands of anatomical preparations covering the animal kingdom that Hunter had amassed.

The school was immensely popular, with 100 students often present. They were taught through the dissection of hanged criminals and although this practice was legal it remained controversial and the students were discouraged from discussing it with members of the public. The audiences were not restricted to aspiring surgeons. At the time a knowledge of anatomy was “very properly considered a necessary accomplishment to a gentleman and indispensable to the lawyer.”

The demand for corpses encouraged resurrectionists whose activities had horrendous consequences. In 1784 John Sheldon, who ran a private anatomical school in Great Queen Street, was horrified when his sister’s body was delivered to him. The anatomists’ demand for bodies, particularly young healthy ones, and the prices they were prepared to pay, led to murder. While Edinburgh had Burke and Hare, London had Bishop and Williams.

The importance of the school in Great Windmill Street was immense as many other schools were set up by Hunter’s pupils. The school continued to prosper after Hunter’s death in 1783. By the 1830s, however, the voluntary general hospitals had established their own medical schools, partly because education was shifting from the dissection room to the wards and partly because teaching was a lucrative activity. Hunter’s school closed in 1836 and the building became a French restaurant before being incorporated into the Lyric Theatre in 1887.

The departure of the nobility in the mid-1700s provided the opportunity for members of the newly established professions to move in and start up commercial and charitable enterprises: John Hunter, who transformed surgery; Hunter’s brother, William, who established the first anatomy school (box); George Armstrong who established the first dispensary for sick children in England; and John Lind who founded the second only general dispensary in London. They were followed in the 19th century by John Harrison Curtis, a naval surgeon with no formal medical qualifications, who established the first ear hospital in England, and Benjamin Golding, a young doctor, who established what was to become Charing Cross Hospital.

The second theme of this walk arises from the consequences of sexual liberalism. Venereal disease, the “foul disease,” existed in all social stratams of London. With the exception of the Middlesex Hospital (from 1803) and the Royal Free Hospital (from 1828), general hospitals refused admission of patients with venereal diseases, fearing contagion. By 1850 realisation of the need for services to meet this challenge resulted in the establishment of three specialist hospitals in Soho that openly treated venereal diseases: Protheroe Smith moved the first hospital exclusively for diseases of women to Soho Square after nine years in Red Lion Square; the Lock Hospital, the first hospital in London for men with venereal diseases, was established in Dean Street; and John Laws Milton set up St John’s Hospital for skin diseases, many of which would have been venereal in origin. Additional services, particularly for female prostitutes, were provided by another Soho institution, the Hôpital et Dispensaire Français.

The third theme of this walk is the way medical entrepreneurship has driven change in health care. In addition to establishing specialist hospitals, medical practitioners (surgeons in particular) set up private anatomy schools. By 1836 21 schools existed in London, three of them in Soho, including the first and most prestigious, in Great Windmill Street (box).

The social character of Soho is well illustrated by two towering figures in the history of health care, one of whom you will encounter at the start of the walk and the other at the end. Shortly after entering Soho from Oxford Street you will see the home of Mary Seacole, daughter of a free black Jamaican slave who, although rejected by the authorities, nursed wounded British soldiers on the battlefield in the Crimean war. She personified Soho—relaxed and openly loving, with a joie de vivre. As you reach the southern and western parts of Soho, you return to the world of the establishment—the former homes of the Royal Dental Hospital and the Royal College of Physicians. And there, amid the gentlemen’s clubs of St James’s, is a grand monument to the Crimean war complete with a statue of Florence Nightingale, the daughter of wealthy middle class parents but who, in contrast to Seacole, was anguished and emotionally retentive. The bas reliefs on the monument show nurses tending the injured, but there is no sign of “Mother Seacole.”

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