

Introduction

The period of the history of Queen Square covered in this book is from the foundation of the National Hospital in 1859 until its absorption into the University College London Hospital (UCLH) Trust in 1996, and that of the Institute of Neurology into University College London (UCL) in 1997.

We have two main objectives in writing this account. First is to present a comprehensive narrative history of the hospital using primary and secondary material. We have not spared the reader detail and have amalgamated information from diverse sources, much previously unpublished, into a single work of reference for the convenience of those with an interest in Queen Square and the history of medical institutions. Our second objective is to place this story of the famous hospital within the wider contexts of British social history and the development of British neurology in the modern age. The history of the National Hospital is not by any means straightforward. It is self-evident that the narrative and interpretation of factual events will vary depending on the perspective taken. We are reminded of the analogy of the mountain, which has an unvarying structure but appears entirely different from separate slopes and viewpoints, and whose faces are changed over time by shifting snows and glaciers. The predominant themes that we have explored, and the different vantage points from which the narrative of Queen Square can be considered, are summarised below. In particular, we have deliberately steered away from the temptation of being overly biographical and adopting the Carlylian method of viewing the historical record simply as the sum of the deeds of exceptional people. We have also tried to avoid excessive hagiography in telling the story of Queen Square, which has often been accused of endlessly polishing its own halo. As a result, our account is at times far from complimentary. Nonetheless, by any yardstick, the hospital and some individuals on its staff made exceptional and distinctive contributions to

neurology, and provided succour to generations of persons afflicted with neurological diseases.

Chronology

A broadly chronological approach has been adopted in our narrative. The story of the hospital seems naturally to be separated into three distinctive periods, each of about 40–50 years.

1859–1902: The foundation of the National Hospital was followed by a rapid and linear rise to achieve the status of, and reputation as, one of the leading neurological hospitals in the world, perhaps indeed *primus inter pares*. In these years, the hospital was the crucible of notable scientific and clinical achievements, and it is no exaggeration to say that a significant part of modern neurology was created within Queen Square. A series of remarkable figures in the world of medicine and science worked at the hospital and were largely responsible for establishing its high reputation. Neurosurgery was essentially born there and a medical school formed. It was a voluntary hospital, funded by philanthropic donations but, by the end of the nineteenth century, this source of funds was becoming inadequate and the finances increasingly fragile. The period ended with an explosive conflict between the medical staff and administration over issues that were nationally debated, and resolved with victory for the medical staff.

1903–45: The history of the hospital during this period was, in contrast, a bumpier ride. The punishing avalanche of history included the two World Wars, each of which presented the National Hospital with exceptional difficulties and threatened its existence. The inter-war years were punctuated by financial crises and twice the hospital came close to bankruptcy, on one occasion beginning the process of closure before being rescued by a large government

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grant. In this period, a series of major figures in neurology dominated life at the National Hospital and who, despite the erratic course and financial vicissitudes, provided the hospital with a growing reputation for clinical skills and acumen, and the teaching of neurology. A systematic approach to clinical neurology had been developed – the Queen Square method – which was used throughout the world. The style of clinical practice was patrician, focused on diagnosis, not treatment, and on the esoteric, not the common. Teaching was prominent and both patients and postgraduate doctors arrived from all parts of the country, the Empire and the rest of the world. As its clinical reputation soared, the first priority of the medical staff was their clinical practice, and research activity faltered, unnoticed at first but, by the mid-1930s, becoming an increasing source of concern. This was a complacent period when the hospital became adept at self-aggrandisement, but during which its contribution to academic life atrophied. By the end of this period, the reputation of the hospital was once again at risk.

1946–97: This was a time of great administrative change, dominated initially by incorporation of the National Hospital into the National Health Service (NHS), the forced merger with Maida Vale Hospital, and the transformation of the medical school into an institute within the British Postgraduate Medical Federation. The machinations of NHS policy and state control, with repeated organisational and policy change and almost continuous financial stringency, were chaotic. The hospital administration found itself often snow-blind in a blizzard of bureaucracy, trekking Sisyphus-like up and down rock faces with little onward purpose, and occupied by what, with the benefit of hindsight, was largely useless expenditure of energy. At the same time, neurological units developed widely elsewhere in the country and neurology was modernised. To maintain its position at the top of the pile, the hospital focused on highly specialised clinical services, the provision of tertiary opinion, teaching and – just in time – on academic development. The specialised clinical services retained their traditional high standards and the hospital hung on to its training role. The renewed emphasis on research and investment in academic medicine was a deliberate policy change not welcomed by all, as was clear from the controversy surrounding the proposal for creating a

professorship of neurology. There was an initially slow, but then rapid, academic flowering, with research activity taking an increasingly prominent role. By the 1980s, now nurturing a strong portfolio of research work, Queen Square had again resumed its place among academic leaders worldwide.

Our disaggregation of the fortunes of Queen Square into these three periods is necessarily contrived and at times impossible to maintain as the historical narrative becomes more detailed. The boundary between the second and third periods is especially blurred but, in broad terms, the division holds true. The book is organised generally along these chronological lines, with Chapters 1, 3 and 4 devoted largely to the first period; Chapters 5 and 6 to the second; Chapters 7, 13 and 14 to the third; and with Chapters 2, 8, 9, 10, 11 and 12 straddling two or all three periods. Inevitably, there is material that is distributed across these chapters, and many of the more prominent names appear repeatedly in different contexts. We have chosen not to provide cross-referencing in the text, leaving those who read individual chapters to use the index in searching for comprehensive coverage of people and events.

Themes

Within the overall arrangement of the book – largely, but not entirely, chronological – certain themes (our vantage points) are developed which have on repeated occasions influenced the course of the history of the hospital and its reciprocal engagement with the wider national and international community. These provide different viewpoints, and to help the reader we signpost ten of these prominent themes in the hospital's history:

The Tripartite Role of the National Hospital:

The provision of a clinical service, training and research have been the three fundamental roles of the hospital. Their relative importance changed over time and, in fact, over-neglect of, or over-focus on, one or another injured the hospital's prospects at various points in its historical trajectory.

The Struggle to Maintain Independence: The hospital was, until 1948, a 'voluntary' – i.e. a charitable foundation with independent governance. However, it became increasingly reliant financially on the state in the twentieth century as social mores and conditions changed, causing friction and argument. Even

after incorporation into the NHS in 1948, it often attempted solo performances, and its ambitions for retaining independence and self-governance within a centralised system caused continued difficulties.

Recurring Financial Problems: As a voluntary hospital, income was initially entirely philanthropic. By the end of the nineteenth century, this source of funding was proving inadequate, and financial crises dogged the hospital throughout the early twentieth century. Despite initial hopes, the crises continued after incorporation into the NHS, when the hospital's finances became intimately bound up with national policy and fortune.

The Context of British Social and Political History: The hospital's role and position have been determined to a large extent by the social and political course of the country. Although often overlooked internally, these forces frequently trumped any attempt at autonomy and proved impossible to resist.

The Importance of Individual Members of the Consultant Staff: The reputation of the hospital to a great extent depended on the quality of the clinical and academic work of individuals on its consultant staff. The consultant body's power and influence on hospital policy have been important ingredients in the success of Queen Square. This influence was predominant in the first 100 years but progressively weakened in the later twentieth century. Strikingly, too, the consultant body was small and highly selected, at least until recent times, and this conferred an elite status.

Academic Contribution to Neurology: An enduring legacy of the hospital has been the written contributions of its staff to the practice and scientific basis of clinical neurology and related disciplines, and the evolution of the hospital's clinical method.

Maintaining Dominance in Neurology and Queen Square's position within the wider context of British neurology: The hospital aspired to prominence and dominance nationally and internationally throughout its history. By monopolising national teaching and professional policy-making bodies, its staff worked to maintain an elite position that did not always make for friendships but, by any objective analysis, was seldom seriously challenged.

Specialism and the Relationship of Neurology to General Medicine and Psychiatry: The National Hospital led in developing specialism and, later, subspecialisation of neurology in Britain, and this became the single most important justification for its existence as an independent hospital. As neurology specialised and became divided along disease lines into subspecialties, its relationship with general (internal) medicine and psychiatry became difficult. Ultimately there were differences in policy which could not be reconciled. Throughout the twentieth century the difficult personal relationships between neurologists, physicians and psychiatrists contributed to a schism between the disciplines.

The Relationship of Neurology to Neurosurgery: The attitude of the hospital physicians to neurosurgery, after the death of Victor Horsley, resulted in loss of leadership in the subject, at least for a while. This threatened the hospital's position when, stimulated by events in the Second World War, neurosurgery led the development of services outside London, and neurology followed. In more recent times, neurosurgery has grown at the expense of neurology – clinically, if not academically – and the relationship between the disciplines remains fragile.

The Estate and Lack of Space: The limitations of space in Queen Square have been an important factor in determining the course of the hospital. Much management time and effort were expended on property and estate development. The Queen Square 'brand' has always been dependent on its location, and repeated proposals to move the hospital or its institute fortunately failed once it was recognised that co-locating the National Hospital and its institute in Queen Square was central to its success.

The Name of the Hospital

The naming of the National Hospital has always caused some difficulty. At its foundation, the hospital was referred to as the National Hospital for the Paralysed and Epileptic or the National Hospital for Paralysis and Epilepsy, but its first set of rules printed in March 1860 refer to it by the official name, which was followed in all subsequent reports for the next 50 years – the National Hospital for the Relief and Cure of the Paralysed and Epileptic. Of course, having 'National' in the name was a clever and somewhat

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bold decision, and a feature closely guarded in subsequent name changes. Some people inaccurately referred to the Royal National Hospital, and certainly this might have been a possible formulation in view of its level of royal patronage and the award of a Royal Charter in 1903 (the re-launch of the hospital then might have been the best opportunity for this particular name change, but this did not happen). Its name was rather a mouthful and even Hughlings Jackson occasionally got it wrong when he reversed the order of 'paralysed' and 'epileptic' in an article in 1864. By the end of the nineteenth century, it was being referred to in day-to-day conversation simply as the National Hospital, the National Hospital Queen Square, or just either the National, or Queen Square.

In 1926, the first formal name change occurred, to the National Hospital, Queen Square, for the Relief and Cure of Diseases of the Nervous System, including Paralysis and Epilepsy, a curiously inept attempt to recognise the longstanding practice at the hospital of treating all neurological diseases and not just epilepsy and paralysis (the name change required a supplementary royal charter). This name was then often abbreviated to the National Hospital for Nervous Diseases, not least as the inclusion of epilepsy and paralysis was deemed a 'deterrent to the public' by some of the medical staff. Then in 1948, at the time of incorporation into the NHS and the merger with Maida Vale Hospital, the official name was again changed, this time to the National Hospitals for Nervous Diseases. The inclusion of 'Nervous Diseases' was widely unpopular and the hospital was still often known in casual conversation as the National Hospital, or Queen Square, or the National Hospital Queen Square. The latter was the title Gordon Holmes gave to his book, published in 1954, on the history of the hospital, presumably reflecting his own dissatisfaction with the official name. In the latter part of the twentieth century, almost no one referred to the hospital by its full name, and in 1980 the fund-raisers of a new building campaign urged a change in name in view of the fact that, to the public, nervous diseases were the same as neurotic disorders. A similar debate had occurred in the 1950s, but change was then rejected.

In 1988, however, the chairman of the Board suggested a new name, the National Hospital for Neurosciences. The Medical Committee considered other potential changes (including a suggestion by Roman Kocen, ahead of his time, that the hospital simply be called Neurocare) but no clear decision was

reached, and more than 50 per cent of its members responding to a ballot requested no change. Slowly, a consensus came round to the name the National Hospital for Neurology but this was violently opposed by the professor of neurosurgery, and the Board ultimately agreed to compromise and change the name to the National Hospital for Neurology and Neurosurgery, a designation that was formally ratified in Parliament in May 1990. One has to say that the new name is no less clumsy than its predecessors and this decision was another lost opportunity. More recently, further moves by the Medical Committee to name the hospital simply as the National Hospital Queen Square, as Holmes did, have been made, but were seemingly of no interest to UCLH. In practice, it remains almost universally known in conversation as either the National or Queen Square by most people around the world. Part of the difficulty arises because there is no umbrella term which encompasses all the neuro-specialties or neuro-medicine: neuroscience, which is the nearest we have, seems inappropriate, by not reflecting the clinical or societal aspects of day-to-day practice.

It is interesting to note in passing that similar difficulties were experienced by the other two specialised neuro-hospitals established in London. The London Infirmary for Epilepsy and Paralysis, founded in 1866, changed its name to the Hospital for Diseases of the Nervous System (1873), then to the Hospital for Epilepsy and Paralysis (1876), then to the Hospital for Epilepsy and Paralysis and Other Diseases of the Nervous System, Maida Vale (1900), and then to Maida Vale Hospital for Nervous Diseases including Epilepsy and Paralysis (1937) and was then merged with its cousin at Queen Square. The other hospital was the West End Hospital for Diseases of the Nervous System, Paralysis and Epilepsy which changed its name to the West End Hospital for Nervous Diseases. The confusion between the names of these hospitals was a source of tension, and at one stage threatened litigation. On several occasions, it was not clear to which hospital would-be benefactors were leaving bequests when their will referred to the Asylum for Paralytics or the Hospital for Epilepsy and Paralysis.

Previous Histories of the National Hospital

The first published account of the hospital was written by Benjamin Burford Rawlings, *A Hospital in the Making: A History of the National Hospital for the*

Paralysed and Epileptic (Albany Memorial) 1859–1901 (London: Sir Isaac Pitman & Sons Ltd, 1913). This is a highly autobiographical account of the development of the hospital, emphasising his own fundamental role. He writes in the preface: 'I have endeavoured to thwart any attempt to read into the text a meaning injurious to the hospital ... the records of a past controversy, which though of much more than personal or passing import, is given no undue prominence in these pages.' This is a reference to the explosive events leading up to the Fry Inquiry and the text is inevitably an attempt to justify his position and importance.

The first comprehensive history of the hospital from the medical point of view was proposed in December 1906 by William Gowers when he wrote to the Board of Management suggesting that such an account be written and asking the Board to meet the cost; but it responded that 'there are no funds at the Board's disposal which can be devoted to this project'. Gowers never wrote the history and there is no further reference to it in the minutes. In February 1921, Heathcote Hamilton wrote to the Medical Committee stating that 'he was on the authority of the Board writing a short account of the history of the Hospital' and inviting the Committee 'to nominate someone to write an account of the medical aspect of the Hospital's work'. The Committee decided to ask Joseph Ormerod whether he would undertake this part of the work but it is not clear whether anything came of it and there does not seem to be any follow-up. Certainly, Hamilton's book, *Queen Square: Its Neighbourhood and its Institutions* (London: Leonard Parsons, 1926) is mainly concerned with local history, architecture and antiquity, and contains little about the medical or even administrative aspects of the National Hospital and its work. Hamilton also completed a second manuscript ('Tales of the National', c. 1940), which exists in unpublished form, and provides a series of impressionistic anecdotes of hospital life during his time as hospital secretary between 1902 and 1939.

It was left to Gordon Holmes to write the first authoritative book, *The National Hospital Queen Square 1860–1948* (Edinburgh and London: Livingstone Ltd, 1954), with a foreword by Sir Ernest Gowers. This is a concise and accurate, but dry, account, of only 95 pages, with a relatively narrow scope and focusing mainly on medical personalities.

A History of Maida Vale Hospital for Nervous Diseases (London: Butterworth & Co., 1958) was written by Anthony Feiling, and again contained a foreword by Gowers. This was a scholarly but short account of Maida Vale Hospital from foundation in 1866 to amalgamation with the National Hospital in 1948. The book is notable too for its appendices, among which is otherwise-unpublished information about the 1934 Jubilee commemoration dinner celebrating Rickman Godlee's 1884 brain operation, including the transcript of an address by Wilfred Trotter.

Queen Square and the National Hospital 1860–1960 (London: Edward Arnold Ltd) was published in 1960. It too had a foreword by Gowers, and, although written anonymously on behalf of the Chartered Society of Queen Square, it is widely acknowledged that the author was Macdonald Critchley. It is a short but lively impressionistic work, essentially a medical and social-historical miscellany, written in Critchley's elegant prose and published to mark the centenary of the hospital. It provides brief biographies of the founders, some donors and selected doctors, and some interesting anecdotes about Queen Square itself. As a brief hagiographical and amusing account, it is hard to beat, and generations of students at Queen Square have left the hospital with this little book in their luggage.

The final book, *The National Hospitals for Nervous Diseases 1948–1982*, was written by Geoffrey Robinson, and privately published by the Board of Governors of the Hospitals (1982). It is a rather uncritical and brief, and at times inaccurate, collection of narrative sketches focusing mainly on non-medical topics. Robinson was secretary to the Board of Governors between 1959 and 1980, and (we jealously note) was given six months paid leave on retirement to write the book.

No other synoptical histories have been written, although articles have appeared from time to time in the medical journals on various aspects of the hospital, its work or its staff; and, indeed, these seem to be increasing in number as the microscope of history is being applied to neurology in particular. All of these have converged to produce what is the rather mythologised reputation that the hospital currently enjoys, as a mountain peak rising higher than all others in the turbulent ranges of neurology.