R.C.G. Russell J.P.S. Thomson

Frontiers in Colorectal Disease

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St. Mark's 150th Anniversary International Conference

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Contents

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St. Mark's – The First 150 Years!

St. Mark's Hospital was founded in 1835 as the Benevolent Dispensary for the Relief of the Poor Afflicted with Fistula, Piles and Other Diseases of the Rectum. Despite its lengthy title it was a small out-patient dispensary in a house in Aldersgate Street, in the City of London.

The dispensary was founded by Frederick Salmon, a surgeon from Bath, who had completed his training at St. Bartholomew's Hospital and who had served as house surgeon there. Lacking the influential connections necessary in early nineteenth century London to secure a prestigious appointment at a teaching hospital, Salmon made several attempts, eventually with success, to be elected as surgeon to the Aldersgate Street Dispensary, near St. Bartholomew's. When all the medical staff resigned from the Dispensary in 1833 over a matter of principle, Salmon decided to found his own institution rather than make further attempts to join other hospitals. He had already begun to specialize in the treatment of rectal diseases, a specialty he had learned from an eminent Bath surgeon, and he had published two books on the subject. In addition, he was already building up a significant practice in Old Broad Street, in the City. He was a member of the City of London Club, a businessmen's dining club, and he encouraged his fellow members to support him in his new enterprise. William Taylor Copeland, Lord Mayor of London in 1835, was among them, and agreed to serve as President of the new hospital, thereby starting a tradition which continues to this day: the Lord Mayor is currently Patron of the hospital.

In the crowded and insanitary conditions of nineteenth century London the demand for hospital care among the poor — the only group treated in hospitals — was strong. Within the first year, the dispensary installed seven beds and called itself an Infirmary. In 1837 it moved to Charterhouse Square, where 14 beds could be accommodated. The hospital proved successful, with charitable donations from those in the City and strong patient demand, and in the early 1850s the infirmary bought its current site in City Road and a 30-bedded hospital was built. As at other special hospitals, a saint's name was now chosen for the new institution, and it re-opened in 1854 as St. Mark's Hospital for Fistula and Other Diseases of the Rectum.

Until 1857, Salmon was the only surgeon, assisted by a house surgeon, a matron, two resident nurses and three servants. In 1857, James Robert Lane and Peter Yeames Gowland were appointed as assistant surgeons, enabling Salmon to retire. However, he maintained a strong interest in his hospital, and in 1864 insisted that two additional surgeons, Alfred Cooper and William Allingham, should be appointed. He now felt free to retire to the country, and he died in 1868.

Salmon had established the hospital on a very firm footing. He himself, however, never won professional acclaim, as the leaders in the medical profession opposed specialization and regarded the establishment of special hospitals — and there were many in the Victorian period — as entrepreneurial activity of the worst kind. However, Salmon's successors not only built up flourishing private practices through their specialization, they also secured professional acclaim. William Allingham, whose book on *Diseases of the Rectum* went through seven editions between 1871 and 1901, served as a member of the Council of the Royal College of Surgeons. He and his son, Herbert, did much to encourage the development of their specialty; with their colleagues at St. Mark's, they differentiated between diseases, worked out new procedures and devised instruments. Herbert Allingham also played a leading part in the development and use of the operation of colostomy.

At the end of the nineteenth century the hospital expanded again, to allow for fifty beds, and an operating theatre was built in the new wing which incorporated all the latest ideas on antiseptic and aseptic surgery. In the early twentieth century, following these principles, surgery was considerably extended. With the introduction of the sigmoidoscope, a number of bowel diseases, such as ulcerative colitis, were systematically described, but the surgeons' greatest interest was in cancer. In recognition of this, in 1908 the hospital's title was changed to St. Mark's Hospital for Cancer, Fistula and Other Diseases of the Rectum, and past fund-raising difficulties were largely over. Public concern with cancer had grown significantly by the early years of the twentieth century, yet there was optimism that the disease could be overcome. Institutions associated with cancer therefore found no difficulty in securing benefactions.

In 1900 only a small proportion of rectal cancers were treated by rectal excision. A long-standing argument over the subject subsequently developed between J. P. Lockhart-Mummery, surgeon at St. Mark's from 1904, and Ernest Miles, a former St. Mark's house surgeon who had been defeated for a position as surgeon at St. Mark's by a socially better-placed rival, and who subsequently became surgeon to The Cancer and Gordon Hospitals. Lockhart-Mummery developed a version of perineal excision while Miles devised his own method of abdominoperineal excision which became particularly influential in surgical circles.

With the appointment in 1923 of Cuthbert Dukes as pathologist to the hospital, systematic research began to be undertaken at St. Mark's. Dukes was able to make use of the material collected as a result of the follow-up of cancer patients initiated at St. Mark's by the surgeon, William Gabriel, in 1922. Such systems were being implemented at a number of hospitals, but the effectiveness with which St. Mark's carried out the policy singled the hospital out from others, and enabled it to compile incomparable data on the diseases it chose to study. One of these was familial polyposis: in 1948 there were 20 families on the polyposis register, and by 1984 this had risen to 302. Gradually Dukes and his assistants, in particular H. J. R. Bussey, began to build up a picture of the natural history of the disease.

Dukes is of course remembered particularly for his staging of rectal cancer. He concluded from dissecting surgical specimens that the extent of spread could not be determined before operation, which Lockhart-Mummery had felt was possible, and that the upward zone of lymphatic spread meant that excision needed to be taken far higher than was possible in Lockhart-Mummery's operation. As a result, most of the surgeons — with the exception of Lockhart-Mummery — began to adopt more radical procedures. Gabriel developed his own method of perineo-abdominal excision and later, after Lloyd-Davies had modified the operating table to allow the patient to be placed in a combined lithotomy/Trendelenburg position, other surgeons used synchronous combined excision. Competition with the Gordon Hospital was a little too strong for the surgeons at St. Mark's simply to adopt Miles' procedures.

The hospital did not exclusively concentrate on rectal cancer, and such problems as haemorrhoids and fistula continued to form much of the work. The surgeons investigated the aetiology of fistula, focusing on the anal glands, and the work of Milligan and Morgan on the anatomy of the anal canal laid the basis for a new understanding of the treatments for both fistula and haemorrhoids.

With the establishment of the National Health Service in 1948, the hospital's future suddenly seemed uncertain. It changed its name to St. Mark's Hospital for Diseases of the Rectum and Colon, and was recognized as a postgraduate institution, in association with the British Postgraduate Medical School at the Hammersmith Hospital. However, coloproctology was not recognized as a distinct specialty by London University. The hospital had already appointed a gastroenterologist to its staff, and over the succeeding years gastroenterology formed an increasing part of its work. In debates on its future, it was therefore sometimes suggested that it should form part of a gastroenterological institute.

St. Mark's and the Gordon Hospitals had been almost the only centres for coloproctology in Britain before the Second World War. Under the NHS, several competing centres developed, encouraging St. Mark's to conduct research into a wider range of diseases. The problems of pre-cancer, diverticular disease, ulcerative colitis, Crohn's disease and disorders of the pelvic floor now came under scrutiny at the hospital, not simply cancer and such rectal complaints as haemorrhoids and fistula.

The link between St. Mark's and the Hammersmith was somewhat anomalous, especially as they were separated by several miles. In 1973 the link was severed, and St. Mark's became associated with St. Bartholomew's. Continuing this association, in 1984 St. Mark's was granted regional specialty status. St. Mark's has grown in its 150 years from a small dispensary, staffed by a surgeon and a handful of assistants to a 93-bedded hospital with a large staff. Like many other special hospitals established by medical entrepreneurs in the nineteenth century, it has played a leading part in the development of its specialty, not only in Britain, but also in other parts of the world.

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