Middle Articles

The Marie Curie Hospital 1925–68

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In April 1967 the Marie Curie Hospital moved from Hampstead to a new unit at Mount Vernon Hospital, Northwood, Middlesex. This recent move is the latest of several which have been made during the relatively brief history of this hospital "founded by medical women in 1929 for the radiological treatment of women suffering from cancer and allied diseases," and in this fiftieth year of the granting of women's suffrage it is pertinent to review its development, which is unique in British medical history.

In February 1924 Dr. Helen Chambers, at that time a radium research officer at the Middlesex Hospital, addressed the monthly meeting of the London Association of the Medical Women's Federation. The title of her address was "Progress in the Cancer Problem." She suggested that a body of medical women might co-operate in a study of one specific aspect of cancer therapy. An exploratory committee was immediately appointed consisting of four surgeons, Miss M. Chadburn, Lady Barrett, Lady Briscoe, and Miss L. Martindale, and Dr. Chambers. Miss L. McIlroy and Miss E. Bolton were co-opted on to the committee, and Dr. K. Platt was appointed secretary (Fig. 1). Four women's hospitals—namely, the Elizabeth Garrett Anderson, the South London, and the Royal Free hospitals in London, and the New Sussex Hospital in Brighton—were represented. As a first step it was decided to investigate the effects of radium therapy in carcinoma of the uterus, and the committee invited Dr. Elizabeth Hurdon to become research officer of this project. Dr. Hurdon was at the time associate professor of gynaecology at the Johns Hopkins Hospital in Baltimore and had had considerable experience with radium therapy. Often accompanied by another member of the committee, she toured several centres in Europe to obtain as much information as possible and to compare methods of treatment which were being used in Sweden, France, Germany, Italy, Switzerland, and Belgium. On her return the committee met again, and it was agreed that the technique in use at the Radiumhemmet in Stockholm, with some modifications, should be adopted.

Radium was obtained on loan from the Medical Research Council and from the King Edward's Hospital Fund. The first patient, an elderly woman with advanced cervical carcinoma, was treated by Miss Louisa Martindale at the New Sussex Hospital on 25 September 1925 in the presence of Dr. Hurdon, who provided the radium. In the next three years more than 300 patients were treated at the four hospitals concerned, Dr. Hurdon attending every operation. The number of patients who were referred for treatment steadily increased, and, apart from the hazards and inconvenience of transporting radium over such distances, it was felt that the work should be centralized and its scope extended.

In 1928 a public appeal for funds was launched, and 2 Fitzjohn's Avenue was purchased and converted by Miss Elizabeth Scott (the architect of the Shakespeare Memorial Theatre at Stratford) into a 30-bedded hospital. Madame Marie Curie

was most interested in this project and was pleased to allow her name to be given to the new hospital, which was opened to patients on 16 September 1929. At the official opening in the following year by the Prime Minister, Mr. Stanley Baldwin, the Ambassadors from Poland and France represented the native and adopted countries of Madame Curie, and all three became vice-presidents of the new hospital, of which Miss Hurdon was appointed the first director. This centralization of the radium therapy led to a greatly increased demand for the services of the hospital, and in 1930 it was found necessary to open an outpatient department in which patients previously treated could be examined at regular intervals thereafter.

The hospital now had 1 gramme of radium from the British Empire Cancer Campaign, the King Edward's Hospital Fund, the Medical Research Council, and from private donors,

FIG. 1.—The Marie Curie Hospital for Cancer and Allied Diseases. Committee of the Medical Women's Federation. Top row: Lady Barrett, Dr. H. Chambers, Dame L. McIlroy. Middle row: Dr. K. Platt, Miss M. Chadburn, Lady Briscoe. Bottom row: Miss E. Bolton, Dr. E. Hurdon, Miss L. Martindale.

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including 300 mg. in the form of needles for implantation. The initial investigation into the use of radium for carcinoma of the uterus was extended to the treatment of inoperable cancers of the breast and of a few cases of advanced carcinoma of the rectum. Radium was also often used for the treatment of menorrhagia. On some occasions it had been found necessary to supplement the radium with x-ray therapy, but in the absence of facilities in Hampstead the patients had to be referred to other institutions, such as the Royal Cancer Hospital and the Middlesex Hospital, or to private radiologists. The need for x-ray equipment of their own was therefore apparent, as also was the demand for further bed accommodation for patients, and in 1933 the adjoining building was purchased, and was opened in 1934 by the Queen Mother, then Her Royal Highness the Duchess of York. In 1935 Dr. Helen Chambers died, and when in 1937 a new building housing the research laboratories and a nurses' wing was opened by Her Majesty Queen Mary, who had been patron of the hospital since its foundation, it was named after her.

Outbreak of War

By the outbreak of the second world war the hospital was treating some 700 inpatients annually in 39 beds, with facilities for radium and x-ray therapy, hostel accommodation for out-of-town patients, and up-to-date pathological and research laboratories. With the outbreak of war the radium was removed to safe storage in the vaults of the Middlesex Hospital, all patients and their records were transferred to the country, and the main building and laboratories were taken over by the local council. Nevertheless, in only six weeks the x-ray therapy building with 11 beds was reopened and a limited number of patients were treated with radon until March 1940, by which time arrangements had been made to store the radium on the premises. During the severe air raids in August and September radon again supplanted radium temporarily to avoid the necessity of removing radium from the patients each time the siren sounded.

On 14 February 1944 the main buildings were almost totally destroyed by bombing, but fortunately without any injury to patients or staff. The inpatients were transferred to the North-Western Hospital, where temporary facilities for radium insertions were made available, and members of the staff also took several of their patients to their own departments of the South London, Elizabeth Garrett Anderson, and New Sussex Hospitals. Patients receiving x-ray therapy were transferred either to the Mount Vernon or to the Middlesex Hospital during this year and then returned to the follow-up clinics held in the laboratory block, which had not been damaged. Much newspaper publicity attended the search for the radium, which was buried beneath the demolished building and not found until nearly three weeks after the destruction of the building (Fig. 2).

Until the opening of the New Westminster Hospital in 1938 radiotherapy had been given at the Annexe in 66 Fitzjohn's Avenue, and this building had remained unoccupied during the war. Having already been used as a radium institution, this was an obvious choice for a temporary home for the Marie Curie Hospital, and after considerable repairs and improvements patients were admitted there on 22 May 1946, the official opening being performed by Her Majesty Queen Mary in September of that year.

Soon after the destruction of the main building in 1944 appeals were launched for funds to construct a new hospital of

100 beds on the site at the lower end of Fitzjohn's Avenue, and by the vesting day of the National Health Service in 1948 well over £100,000 was available for construction of such a building. Unfortunately, though architects' plans were prepared, it was not found possible to complete this project at that time, and the Marie Curie Hospital continued its work in the premises which had always been considered as only a temporary home.

In spite of the acquisition of a 10-gramme teleradium unit, with the development of cobalt beam therapy and megavoltage the facilities of the hospital were soon inadequate in comparison with other institutions, and to offer patients the best modern treatment many had to be referred elsewhere. It was then planned that the hospital should move in its entirety to Mount Vernon in Northwood, where the facilities of a modern radiotherapy department would be available, and in 1965 it was finally agreed to make this move.

New Unit at Northwood

The transfer took place in April 1967 to an old ward in the main building of Mount Vernon Hospital. This ward has been completely refurbished to provide two eight-bedded units with an annexe containing three more beds in which patients undergoing radium therapy can be accommodated. Each of the beds in this annexe is provided with protective barriers, and the room also contains facilities for the temporary storage of radium after removal from the patient. There is also a day-room for ambulatory patients, which was largely furnished by the Marie Curie Hospital Comforts Fund, successor to the Supporters' Association, to which many past patients continue to subscribe. Her Royal Highness the Duchess of Gloucester, President of the Hospital since 1936, visited this new unit on 28 May 1968.

The records department has also been welcomed at Mount Vernon Hospital. The original committee was emphatic that full records should be kept of every patient treated, and 350 patients are still being followed up more than 20 years after their treatment. Several were treated more than 40 years ago, the longest survivor having had a late stage II carcinoma of the cervix treated with radium alone in October 1925. Altogether some 13,800 patients were seen at the Marie Curie Hospital between September 1925 and April 1967, of whom

FIG. 2.—Searching for the lost radium, February 1944.

8,150 were treated for malignant disease, chiefly of the uterus or of the breast. Over 4,000 patients with abnormal uterine haemorrhage were treated, mostly by radium insertion, and a further 1,500 were seen and not treated, either because the disease was already too far advanced, because of the patient's refusal, or because they had to be referred elsewhere for more suitable treatment (see Table). Of these 8,150 patients treated for malignant disease, continuing contact has been established, either by outpatient examination or through the general practitioner, in all but 35, a remarkable achievement.

Cases Seen at the Marie Curie Hospital Between September 1925 and April 1967

	No. of Cases
Carcinoma cervix	3,008
" corpus	1,192
Preoperative carcinoma uterus	605
Carcinoma ovary	418
" vulva	274
" vagina	129
" breast	2,259
" rectum	112
Other malignant disease	151
Menorrhagia	4,042
Other benign diseases	52
Not treated	1,560
	13,802

The results of treatment at the Marie Curie Hospital were reported to the British Empire Cancer Campaign and published in its annual reports. By comparison with figures published from other hospitals, it was apparent that in the early years of radium therapy in this country the staff of the Marie Curie Hospital were as successful as any other institution, and tributes were heaped on them by many eminent medical men, including Dr. Henri Coutard of the Curie Foundation in Paris, who stated that "the results obtained by the Marie Curie Hospital are among the best obtained in any part of the world."

As knowledge has advanced, so have the methods of treatment of cancer, but the Marie Curie techniques of radium insertions are still used extensively. Neither is tradition sacrosanct, and the medical staff is no longer exclusively feminine, but the members of the original committee of the Medical Women's Federation, of whom Lady Briscoe is happily still alive, would, we think, not be displeased to see how their far-seeing concept has blossomed into the very fine new unit at Mount Vernon Hospital.

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AROUND EUROPE

Medical Education in the Federal Republic of Germany

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Any person wishing to work as a physician in the Federal Republic of Germany must have his "medical appointment." This appointment represents the doctor's right to practise medicine. There is no counterpart to the British *Medical Register* in Germany, but the health authorities confer the so-called *Approbation* on a doctor who has fulfilled the necessary educational requirements. These health authorities are a part of the public health service, which comprises both doctors and civil service officials who are appointed by the authority of the region concerned. West Germany is divided into administrative regions (counties) which are autonomous but finally responsible to the Federal government.

In order to receive his appointment, the would-be physician has to undertake the following education and training. After four years of primary school he spends nine years in grammar school (*Gymnasium, Realgymnasium*), ending with the *Abitur*, which is roughly equivalent to the British A-level examination. After passing this he is entitled to go to medical school either in a university or to a medical faculty which may not be part of a university. As the number of students has never been so great as in recent years, the universities and faculties have been forced to limit the number of university students to guarantee the quality of their training. The result is that a sort of *numerus clausus* now exists for medical students, which became necessary despite the setting up of new medical faculties.

In 1954 there were 10,339 medical students. By 1965 the number had risen to 29,904 and has since risen further. Apart from the 19 universities with medical faculties previously in

existence in West Germany, further medical schools have been established in the last few years at Aachen, Hannover, Lübeck, Ulm, Munich, and other cities. These medical schools have university status, but are not necessarily associated with other faculties, as not all the cities concerned have universities.

Undergraduate Studies

Medical studies take a minimum of seven and a half years. Of these, five and a half years—that is, 11 semesters (a semester is the equivalent of a "term," and the German university year has two semesters, while the British has three terms)—cover actual university medical studies. Before the studies begin eight weeks' "nursing service" and—during the clinical part of the studies—three months' "sick-bed attendance," must be carried out. The nursing service corresponds with being a clerk or dresser in Britain—that is, the student works in the wards and sees patients but does not have any responsibility for them. The three months' sick-bed attendance is similar in nature, except that by this time the student is sufficiently instructed to assume a certain measure of responsibility and act more as an assistant to the consultant than an onlooker. This is the stage at which the real bedside teaching takes place.

There are two interim examinations (*Vorphysikum* and *Physikum*) and a final examination in the medical course. The final examination is a university examination and entitles the student only to begin a two-year period of practical training as a medical assistant.

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