

out-patient department at the same hospital. There is some evidence that a few patients attended other hospitals, and, as requests had not been received for the films, these have presumably been repeated, with unnecessary irradiation and expense. This is the result of dealing with so many patients whose homes are not near the hospital. It also implies that open-access facilities were not available at the other hospital and argues for a more general adoption of the service. At this hospital the advantages of attending the out-patient department with films already available are not great, because many out-patient clinics depend upon the capacity of the x-ray department to return a patient with reported films well within an hour. A patient may well spend more time at the hospital, including the travelling-time, if referred by a general practitioner first to the x-ray department and then to the out-patient department. This would not be true of a department where the radiologist could not provide full-time cover, and such a prompt service was therefore not possible.

The problem of providing a diagnostic service for the general practitioner will be altered with the increasing advent of health centres. Should these be diagnostic centres based on the Corby model, with attending consultants? Or should they be health centres like Tamworth, with no diagnostic facilities but closely linked to a hospital where such facilities already exist? The problems of communication between practitioner and radiologist would be fewer at the former¹² but at the expense of considerable duplication of costly equipment. The demands of different regions with varying population densities may require that both types of centre be used. With increasing experience of the working of the system the difficulties of personal contact may be lessened.

Summary

A description and an analysis of the first year's experience of a general-practitioner service in Central London are given.

MEDICAL HISTORY

Elizabeth Garrett Anderson Hospital Centenary

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The early history of this hospital was dependent on one person—Elizabeth Garrett, the first woman to obtain a modern qualification to practise medicine in the British Isles.

Women have practised the healing arts in every age from the ancient civilizations of Assyria, Egypt, India to modern times. In the Middle Ages their reputation for skill as healers of the sick varied considerably. In the 12th century the newly founded universities of Europe and Britain were not open to women, except in Italy, and hence it is only in Italy that women doctors were academically famous and a number became professors of medicine. By the 19th century the ancient concept of women as physicians had ceased to exist in this country, and so Elizabeth Garrett's announcement that she intended to become a doctor of medicine was received with astonishment as well as with a good deal of disapproval.

As determined by the continually increasing demand for the service, it has given satisfaction to the general practitioner. It is mainly used with discrimination, but a large proportion of the extra work load on the x-ray department comes from a relatively small group of doctors, among whom there is some evidence of overuse. In spite of this, the detection of significant abnormalities remains at as high a level as referrals of similar patients from the out-patient or casualty departments of the hospital. The detection rate for bronchial carcinoma in this series was 7.3 per 1,000, confirming the conclusion of previous authors that referral by general practitioners is the most economical and valuable method of finding resectable cases.

Most of the disadvantages stem from poor liaison between hospital and doctor. General practitioners almost never visited the department, and the paradoxical isolation of a hospital in Central London is only a partial reason for this.

The problems of future policy are briefly discussed. There is no single answer, and the needs of each area should be assessed with a pragmatic and flexible attitude before deciding the appropriate type of general-practitioner centre.

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Elizabeth Garrett was born in 1836, and had the good fortune to be a member of an enlightened family where boys and girls enjoyed egalitarian treatment, which was an unusual feature of family life of the time. Accordingly, she received a good education and seems to have been satisfied with her lot until the age of 25. About this time she stayed in London at the home of a married sister to whom she was deeply attached, and in her house met many of the outstandingly independent women of the day. Frequent contact with these women awakened her own desires to achieve something in life. She told her parents that she wanted to become a doctor and begged them to try to understand the painful restlessness and weariness of energies unused.

After overcoming his initial prejudices her father did everything in his power to help her, and the story of how she

succeeded in her struggle to become a doctor is well known. She overcame her difficulties courageously and cheerfully, and had the good fortune to take the examination of the Society of Apothecaries in 1866, at which time the Society had no power to refuse her application to take its examinations.

Once in practice she was determined that women should have the opportunity to be treated by women should they wish, and so opened the St. Mary's Dispensary in Seymour Place, Marylebone, a poor district off Lisson Grove. She was soon overwhelmed with

patients; charging at first a penny a visit she had to raise the fee to sixpence, and even so she had 10,000 visits and attendances a year. The next step was to provide facilities for in-patient treatment, and the first ward of 10 beds was opened by Lord Shaftesbury and the dispensary changed its name to the New Hospital for Women. Elizabeth Garrett was determined that there should be only women on the staff, and there were no other women qualified in this country till the late seventies.

She felt her responsibilities acutely, however, and was most willing to accept the help of friendly male consultants. There were such friends and they did help her.

These premises were rapidly outgrown, and the next step was the buying of three houses in the Marylebone Road, where 26 beds were provided. Here the New Hospital for Women remained until it outgrew these premises in 1889, when the foundation stone of still another New Hospital for Women was laid by Her Majesty Queen Alexandra, then Princess of Wales, on its present site in the Euston Road.

When Mrs. Garrett Anderson died in 1917 the New Hospital was renamed the Elizabeth Garrett Anderson Hospital. In 1929 a new wing was opened by Queen Mary, who 19 years later was to open the Garrett Anderson Maternity Home in Belsize Grove, Hampstead. The maternity branch, for in-patients only, had 27 beds, but in 1966 a further eight beds were added. With a recovery branch of 19 beds at New Barnet opened in 1913 (to which patients were taken by ambulance to hasten bed turnover at Euston Road) the hospital has a total of 161 beds, of which 20 are for children.

From the beginning Elizabeth Garrett believed in teamwork and set out to appoint as expert, sympathetic, and helpful staff as she could find for the treatment of her patients and the management of her hospital. She stressed the great importance of good nursing, and benefited from the efforts of Florence

Nightingale in being able to find a matron and well-trained nurses. The nursing in the hospital has maintained its original high standard, and always kept a friendly and efficient cooperation with the medical staff. There is a Nurses' Training School, which for many years has been affiliated to the Seamen's Group of Hospitals, in order to give general experience to nurses working in an all-female hospital.

During the second world war the matron was proud that the E.G.A. was never short of nurses, and work continued in

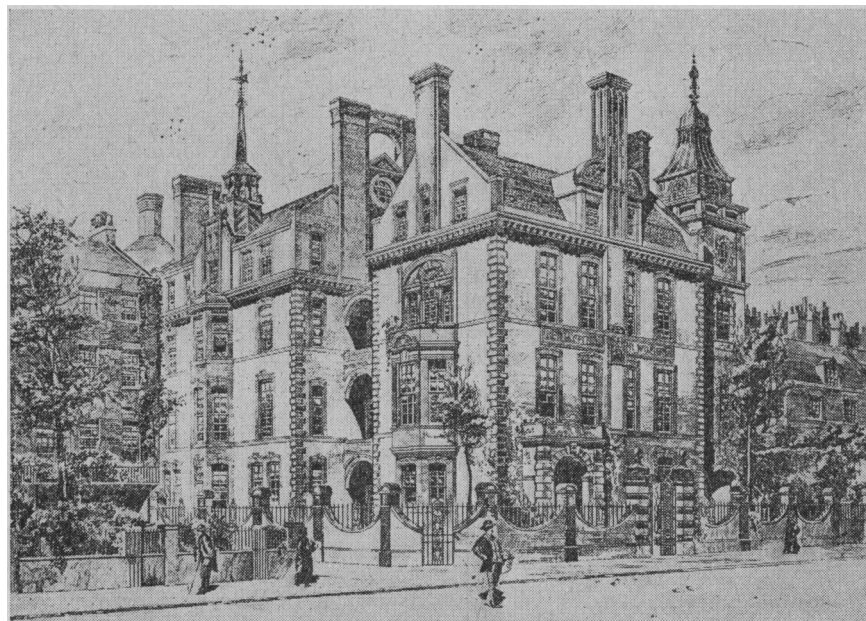
this small hospital so vulnerably placed from the point of view of air-raids, as it lies close to three railway termini. Part of the new nurses' home was turned into wards for air-raid casualties, and for the first time a male ward was opened. This innovation only lasted during the war period, though male patients are still treated in the casualty department.

When the National Health Service came into being the E.G.A. became part of the Royal Free Hospital Group. In 1962, however, plans were being made for the

reorganization of the Royal Free which provided no place for separate small units, and so the E.G.A. was transferred to the North-west Metropolitan Regional Hospital Board, and is now in the North London Group. Through these changes the hospital has played its part in the training of women medical students of the Royal Free Hospital School of Medicine.

In spite of its many advances the Elizabeth Garrett Anderson Hospital remains a small hospital, and as such has certain very definite disadvantages which are felt particularly by the medical staff. They lack the collaboration of colleagues and the stimulus of discussion found in large hospitals where there are many specialties and a number of consultants in each. All branches of medicine cannot be represented, certain investigations cannot be done in the hospital, and occasionally a patient has to be transferred elsewhere because of overcrowding or long out-patient waiting-lists. This is never popular with patients: to them the advantages of a small hospital far outweigh its disadvantages. They feel one of a group, with a distinct identity, and they like the informality of this atmosphere. For others, the atmosphere of being treated by a woman doctor overrules all other factors.

Certainly it seems that there is still a very important place for an efficient small hospital, run by women who have special experience they might not gain elsewhere, for women who specially want to be cared for by members of their own sex.



The original building of the present hospital.