

Articoli/Articles

EDUCATION IN THE ATTIC: AN INSIGHT INTO THE
EDUCATIONAL SERVICES OF
THE OLD OPERATING THEATRE MUSEUM AND HERB
GARRET,
LONDON BRIDGE

STEVIE EDGE

The Old Operating Theatre Museum and Herb Garret, London Bridge (UK)

SUMMARY

Hidden for almost a century in the attic of St Thomas' Church the oldest operating theatre in Britain is now part of a museum. This precious building now houses a collection of pre-anaesthetic tools, items relating to medicine in the home and various Apothecary displays. The museum aims to preserve the theatre and items relating to medicine, in order to contribute to the understanding of the development of medical knowledge, with particular reference to St Thomas' hospital. An independent museum with a long history of educational provision: this article explores some of the education services of The Old Operating Theatre Museum and Herb Garret at London Bridge.

Originally part of *The Priory of St. Mary the Virgin*, St Thomas' Hospital in Lambeth is one of the oldest medical organisations in the world¹. Now overlooked by the famous *London Eye* it can trace its heritage back to Southwark and the 12th century². The hospital has been significant in its contribution to the development of medical education and in the attic of the Church of Old St Thomas' Hospital; The Old Operating Theatre Museum and Herb Garret strives to continue the precedents it set for education.

Key words: Anatomical collection - Medical museum - Teaching institutions

Described as ancient in 1215, St. Thomas' Hospital was founded by a mixed order of Augustinian monks and nuns. Dedicated to Thomas Beckett, it provided shelter and treatment for the poor, sick, and homeless³. It was in the grounds of the Hospital's first site (now near the site of Southwark Cathedral) that the Bible, in its entirety, it thought to be first printed into English⁴.

After London was extensively damaged by fire in the 13th century the hospital moved to *Long Southwark* (now named Borough High Street), but was to be effected by the outbreak of plague and further fires in the 17th century⁵. Subsequently the hospital was rebuilt by architect Thomas Cartwright in the late 17th century. Transformed into a series of red brick buildings constructed around elegant courtyards, the hospital wished to limit the number of beds to 260⁶. It was at this site,

... that the governors now fully realized their responsibility for medical teaching as well as for the care of the sick...⁷.

With the appointment of Dr. Richard Mead and then Mr. William Cheselden the medical school began to expand and “*By the 19th century it had become evident that a flourishing medical school was a valuable asset*”⁸.

After 600 years in this location the hospital, unable to resist pressure from The Charing Cross Railway Company, closed its doors to ‘the poor of Southwark’ on 26th July 1862. Plans to develop London Bridge Station could not be realised with the hospital in this location, and it moved on to its current site in Lambeth, leaving the church of St. Thomas behind⁹.

The church that stands in St Thomas' Street today was completed in 1703. Now overlooking the entrance to Guy's Hospital, it is a reminder that Guy's and St. Thomas' Hospitals developed alongside each other. St. Thomas' Hospital had played a prominent part in

parish life and after 150 years serving the hospital the church maintains its link with medical legacy in a somewhat unique sense¹⁰.

The church had been built with an unusually large attic space which historians believe was used by the hospital's resident apothecary to store and cure medicinal herbs. Originally accessed by a door adjoining the garret with the hospital, historian researcher Raymond Russell rediscovered the garret and its 'aisled-barn' style roof in 1956. Following the departure of the hospital and the closure of the original doorway, the only access to the attic space was through an opening approximately 20 metres above ground level by means of a ladder. There Russell found almost a century of dirt and 4 dried poppy heads. These, now displayed in the museum, link the space to herbal pain relief and hint at the even more surprising construction found within the garret; the remains of a six-tiered operating theatre. The semicircular shape of the theatre remained, even though studs that supported the south side had been sawn away¹¹.

Although one can only surmise that the attic space was used by hospital apothecaries, there is no doubt to the reality that operations were being conducted in this place, as John Flint South describes its construction in the memorials of his time spent training as a surgeon at St Thomas' in the 19th century

... at last a new theatre was built over St Thomas' Church adjoining-a rather odd locality for such a purpose; but there was not at that time so much reverence paid to ecclesiastical buildings as now...The general arrangement of all the theatres was the same, a semicircular floor and rows of semicircular standings, rising above one another to the large skylight which lighted the theatre¹².

Fitting a new theatre into the roof of the garret the Hospital Governors overcame some of the issues surgeons and students had faced when operating in the hospital wards. Although there remained excessive demand from students wishing to witness operations;



Fig.1 - Theatre Image

...behind a second partition stood the pupils, packed like herrings in a barrel, but not so quiet...¹³.

The tiers that stand in the theatre today remain a stark reminder that over a hundred and fifty students could gather here to observe an operation before anaesthesia. They serve as a physical link to the tradition of teaching at St Thomas'.

Relieved that we do not have the same issue today, because entry to the museum is restricted to sixty people, one still gets a sense of what the atmosphere might have been like when standing in front of a busy auditorium with a volunteer patient on the wooden operating table. Donated by University College Hospital Medical School in 1957, the table and set of Liston knives are used daily for demonstration amputation.



Fig. 2 - Operating table

Since first piloted in the 1990's the museum's *Victorian Surgery* has undoubtedly become the museum's most popular attraction; especially for pupils aged 16 - 18 years of age studying the GCSE history 'Medicine through Time' programme. Today we ask spectators to sit in the stalls rather than stand, as dressers would have, because people occasionally feel unwell throughout the demonstration. In a time when most museums are looking for ways in which they can make their collection interesting and relevant to school groups, The Old Operating Theatre Museum and Herb Garret is lucky that surgery and the history of medicine is currently covered by a number of examination bodies. Undeniably it is also the subject's links with

Stevie Edge

gore and gruesome history that interests so many and keeps school groups returning year after year.

The *Victorian Surgery* educational session uses the amputation demonstration to plant a lasting memory in students but is carefully structured to cover the areas included by GCSE examination bodies. In order to help prepare students for the course an image that has repeatedly appeared on the GCSE History examination paper, *Amputation in the Operating Room of St. Thomas Hospital, 1775*, is displayed in the theatre. This primary source is recreated during the demonstration and displayed as a reminder of the teaching methods of the 18th century. Some examination boards cover the development of surgery specifically on their *Medicine Through Time* course, while it remains an optional fulfilment on others¹⁴. A broader approach to the history of medicine by some syllabuses has encouraged the museum to also develop the educational provisions within the Herb Garret; demonstrating cupping, pill and poultice making, and other various medicine making methods.



Fig.3 - Apothecary's garret

Educational activities in the Herb Garret can be easily structured for younger children, promoting hands-on skill-based and cross-curricular targets. These sessions allow children to see, touch, and smell some of the ingredients used in medicine in the past. Sharing a pestle and mortar with their partner, Key Stage 1 and 2 children choose herbs from the large range in the garret and grind them down. Here they learn about record keeping and the development of medicines. Making continual references to modern experiences of the National Health Service, children are encouraged to see medicine in the past as an important building block in the development of medicine rather than eccentric practices of the past. Herbs and replica items in the handling collection remain invaluable learning resources for sessions like these. Comparisons are drawn with original items in cases to encourage visitors to find other related objects.

As well as being directly relevant to the school curriculum, the theatre provides an interesting opportunity to discuss the topic of knives, an increasingly relevant issue. Last year 22,151 cases of serious violent offences recorded in England involved knives; 35.4% of these cases were in London, making knives and health a critical issue within the capital¹⁵. During the surgical demonstration the tourniquet is stressed as an irreplaceable part of the kit, and discussion can be opened up about violent crime and the body. Educational demonstrations like this are conducted with an amputation kit made by Coxeter, which has been part of the museum collection since 1990. Ultimately demonstrations for those in the formal educational system progress onto the development of anaesthetic and antiseptic surgery¹⁶. On these subjects the museum's handling collection has a number of small objects such as anaesthetic masks, dropper bottles and stitches soaked in carbolic acid, allowing students to explore artefacts closer. Curatorial staff offer two public demonstrations over the weekend and although originally developed for school groups, the *Victorian Surgical* demonstration is also very popular with the public and

Stevie Edge

groups of general interest. Soon realising that the amputation was the highlight of such sessions, public holidays and busy weekends see *Victorian Surgery* adjusted into a set of shorter *Speed Surgery* sessions. Retaining the historical element as well as including some scientific details *Speed Surgery* allows for more visitors to witness the session as staff demonstrate the ‘tour de maître’

...half a dozen strokes, and Ransome places the limb in the sawdust. ‘Twenty-eight seconds,’ says William Squire¹⁷.

The majority of healthcare professionals visiting the museum as part of a group are international; most commonly American. ‘After-hours’ demonstrations are slightly more popular with groups of medical professionals working in the capital, while the guided *King Cholera Public Health Walk* is regularly booked by groups of medical students. The curator of the museum, Karen Howell, promotes links with the medical community in order to provide relevant and appropriate interpretations on the history of medicine.

A nurse starting at St Thomas’ Hospital today may be surprised to learn that Thursday was the only day in which the hospital routinely admitted patients in the first part of the 1800’s, but the history of Guy’s and St Thomas’ Trust forms part of their induction to the hospital¹⁸. Weekly

...the surgeon who took in waited till his patients were warded, and then went round to prescribe for them. No history of their case was taken...¹⁹.

Evidently facing rather different pressures to the hospital ‘cubs’ (medical students) of the 19th century, today’s hospital employees, from porters to surgeons, today learn about the history of the hospital and are encouraged to feel a sense of pride in the hospitals contribution to medicine²⁰. A visit to The Old Operating Theatre Museum and Herb Garret certainly contributes to this feeling, and we find that

many of the members of the general public entering the museum with their own motivations have prior links to the medical profession. It is hoped that in subsequent years interest in the museum and its collection will continue and remain supported by the public. In order to achieve this staff aim to take on help offered by external professional bodies. Most recently the museum was involved in the MLA's Museum Ambassadors Youth programme in the hope of reaching new audiences. This saw the placement of two teenagers in the museum for a week, creating activities that they thought would engage youths and encourage them to enter the museum. On this occasion the students developed a trail around the museum and decided to use some of their budget to waiver the museum entrance fee to teenagers from the local area, for whom they believed the cost discouraged entrance. Projects like this continue to provide vital aid for the museum, not just financially, though without any long-term external support the museum relies on the admission charge to stay open. The result of these challenges and great public support has encouraged educational services to remain innovative and appealing. With a long-standing affection for the educational capacity of the collection, staff continue to nurture and expand on all opportunities to make the collection and educational capacity of the museum as far-reaching as possible.

BIBLIOGRAPHY AND NOTES

1. GRAVES C., *The Story Of St. Thomas's 1106-1947*. London, St. Thomas's Hospital by Adprint Limited, 1947, 10.
2. McINNES E M., *St. Thomas' Hospital*. London, St Thomas' Hospital Archives, 1990, 15.
3. PARSONS F G., *The History of St. Thomas's Hospital*. London, Methuen, 1932, Vol I.
4. GRAVES C., *Ibidem*, p. 10; McINNES, E. M., *Ibidem*, p. 215

Stevie Edge

5. McINNES E. M., *Ibidem*, pp. 16-18
6. McINNES E. M., *Ibidem*, p. 63.
7. GRAVES C., *Ibidem*, p. 35.
8. McINNES E. M., *Ibidem*, p. 93.
9. McINNES E. M., *Ibidem*, pp. 102-113.
10. McINNES E. M., *Ibidem*, p.105
11. See FORD J. M, T., 'A medical Student at St Thomas's Hospital, 1801-1802. *The Weekes Family Letters*'. Medical History, Supplement n. 7. London, Wellcome Institute for the History of Medicine, 1987; RUSSEL R., *The Operating Theatre at Old St. Thomas's Hospital; survival of an early nineteenth century theatre*. *Guys Hosp Rep*. 1957; 3: 106.
12. SOUTH J. F., *Memorials of John Flint South*. The Regency Library, London, Centaur Press Ltd 1970, p. 127
13. SOUTH J. F., *Ibidem*, p. 128
14. OCR GCSE History Section C, 5.1 V, b. at: www.ocr.org.uk/; EdExel - GCSE History course B , section D and GCSE History course C, section B1at: www.edexcel.com/;
15. KERSHAW C., NICHOLAS S. AND WALKER A. (Ed. by), *Crime in England and Wales 2007/08*. Home Office Statistical Bulletin, July 2008.
16. See EdExcel - History C, B3 for further details at: www.edexcel.com/
17. See Dr F. W. Cock cited in ELLIS H., *A History of Surgery*. London, GMM Publishers 2002, p.86.
18. SOUTH J. F., *Ibidem*, p. 25; Guy's and St Thomas' NHS Foundation Trust.
19. SOUTH J. F., *Ibidem*, p. 119.
20. See Guy's and St Thomas' NHS Foundation Trust at: www.guysandstthomas.nhs.uk/ GOLDING B., *An Historical Account of St. Thomas's Hospital, Southwark*. London, Longman, Hurst, Rees, Orme & Brow, 1819. The National Curriculum for England. Information available at: <http://curriculum.qca.org.uk/>

Correspondence should be addressed to:
Stevie Edge, stevieedge@hotmail.com