

Section of Urology

President R A Mogg MCh FRCS

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President's Address

Medicina Cambriensis: A Changing Scene

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In considering possible subjects for my Presidential Address, my thoughts turned to the local situation in South Wales and I decided that a peep behind the scenes to visualize hospital development, the birth and progress of a medical school and that of an active society might prove interesting and informative. Hospital development and medical education in Cardiff have now reached an exciting phase, with the very fine University Hospital of Wales, the first of its type to be constructed in Great Britain, ready for occupation early in 1971.

A fitting time to view the medical scene in the area would be at the beginning of the nineteenth century, for Cardiff was then a small undeveloped area with a population of 1,800. There were only ten doctors and ten policemen to cope with the scattered population, and it was not until the second half of the century that the number of doctors equalled those in the neighbouring townships of Dowlais and Merthyr, both famous for their steel production. It is interesting to note that, although there was no true hospital accommodation in these towns, one Richard Cresswell FRCS of Dowlais, a Middlesex Hospital graduate, was the first person in South Wales to use the listerian technique.

By the middle of the nineteenth century it was obvious that few of the beautiful valleys of Glamorganshire would remain in peace and tranquillity, as the discovery of minerals, coal and iron were to transform the whole face of the area. Thomas Carlyle, when on a visit to these rapidly developing valleys, likened his experience to a 'vision of Hell'.

Mineral rights were sold by unsuspecting farmers to industrialists for a pittance; it was common for the land and mineral rights to be leased for £30 a year for a period of 99 years, and as an act of grace the farmer would be allowed free coal. Inevitably the revolution attracted in its wake hordes of workers of all denominations, disciplines and creeds, and as a result blocks of ill-designed, inadequate dwellings of monotonous uniformity, broken only by the appearance of a chapel of equally austere design, were built to house them. Workers were exploited, conditions were bad, because 'the sooty nose of King Coal' had been forcibly thrust into the quiet green vales.

Closely watching this scene in the town of Pontypridd, which stands at the junction of the busy Taff and Rhondda valleys, was a local doctor who was to become famous not only for his eccentricity but also for the reforms which he introduced. He championed the cause of the working man whom he treated fairly, conscientiously and often without payment. He despised the industrialists because he believed that their activities in initiating this great industrial revolution would rapidly submerge a national heritage of folklore, customs, poetry and song into the sea of oblivion.

This famous man was Dr William Price of Llantrisant, born in 1800 and dying in 1893. He was a colourful personality, an ardent Welshman, displaying the national emotional characteristics and the pride of his heritage. Paradoxically the son of an ordained priest, he was apprenticed to a Dr Edwards of Caerphilly, whose family were equally famous and active in the developing Welsh medical scene. After some four years he entered the London Hospital, where he was a model student, and obtained the diploma of FRCS in 1821. He was not attracted by the city lights and returned to practise medicine in Pontypridd and also the cults of Druidism and sun worship. He believed he was a direct descendant of the Druids, and even invented a

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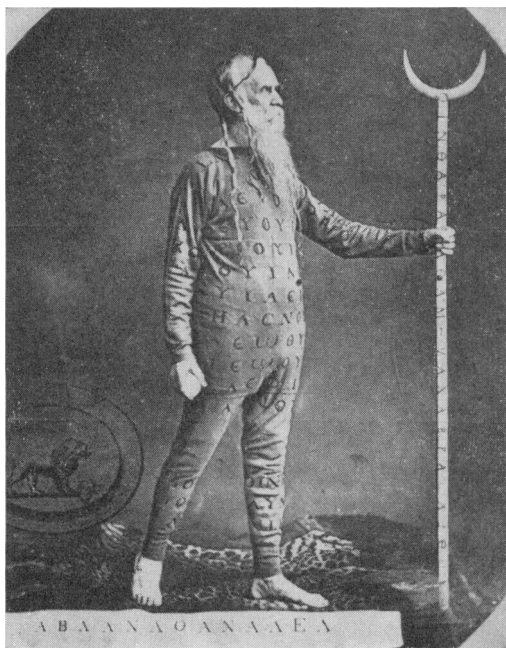


Fig 1 *Dr Price in druid dress*

Welsh patois which he said was the Welsh translation of the Druid language.

He believed in free love and thought marriage was an enigma and a hindrance to man's progress; he despised religion as he claimed to be a Druid. On Pontypridd Common, on a hill overlooking the town, there stands a Druid circle, and this famous doctor would dance on moonlight nights, often completely naked, round this circle chanting Druid incantations. His best performances were on Sunday evenings when he would taunt and decry the ministers in the chapels below with quips such as: 'The only time they lead their people is at funerals.' He named the industrial tycoons the 'Pharaohs of Wales', reminding them of the fate of the Pharaohs of Egypt. Believing he was a direct descendant of the Druids he designed for himself a decorative flamboyant dress (Fig 1). He was tall, of commanding appearance, with a long white beard and long flowing hair which reached to his shoulders. He dressed in a white tunic with a scarlet waistcoat and green trousers, and on his head he wore a whole fox-skin, the legs of which dangled like tassels round his neck and shoulders; the fox-skin, he said, was the symbol of healing. He was frequently accompanied by some of his 'free-love' children, similarly dressed with the exception of the head-dress. I suppose, apart from the fox-skin, it would be true to say that the standard of sartorial and tonsorial art at the London Hospital has not changed appreciably in the last hundred years.

When he was 83 one Gwennlian Llewellyn, his consort, produced a son. When the child died five months later, there followed an act which made Price the founder of cremation. On a Sunday night in 1884, as the devout were leaving chapel, he lit a funeral pyre on Caerlan Hill outside Llantrisant and proceeded to cremate his son. A hostile crowd attacked him but he was rescued by two policemen, who arrested him and detained him in custody. He then appeared at the Court of Assize at Cardiff before Mr Justice Stephens and conducted his own defence, to be acquitted by the judge as there was no cause to be heard against him. The epic brought him national and international fame and in his last years he tried unsuccessfully to raise money to build a crematorium. He died at the age of 93 and left instructions for his own cremation, which was subsequently carried out. On the site of his former home stands a rather drab building called Zoar Chapel, and fixed to its wall is a tablet which was unveiled by the late Lord Horder. The inscription reads: 'This tablet was erected by the Cremation Society and the Federation of British Cremation Authorities to commemorate the act of Dr. William Price who cremated the body of his infant son in Caerlan Field, Llantrisant. For this act he was indicted at the Glamorganshire Winter Assizes on 12th February 1884 where he was acquitted by Mr. Justice Stephens, who had judged the cremation as a legal act.'

During this famous doctor's life medical facilities in Cardiff were rapidly developing. The first establishment was the Cardiff Dispensary, opened in 1823 to distribute medicine to the poor and to perform vaccination. The services were free and in the first year over 300 people availed themselves of them. The work load increased and larger premises were needed, and in 1828 the Dispensary was moved to Union Street. These premises were still owned until recently by the United Cardiff Hospitals, but used as a baker's shop. Regrettably they have now been demolished during rebuilding operations in the city centre. In 1834 it was necessary to move again on account of the inadequacy of the building, and a new infirmary was built on a site near the city jail at a cost of £2,000, raised by public subscription. An extension, again financed by public subscription, was formally opened in 1837, raising the capacity from twenty to forty beds. Later this building became the first Medical School, housing the departments of anatomy and physiology, being only 200 yards from the present hospital. It was perhaps the earliest medical school incorporating hospital beds of its type in Britain.

The development of the port of Cardiff and of an elaborate network of railways to facilitate

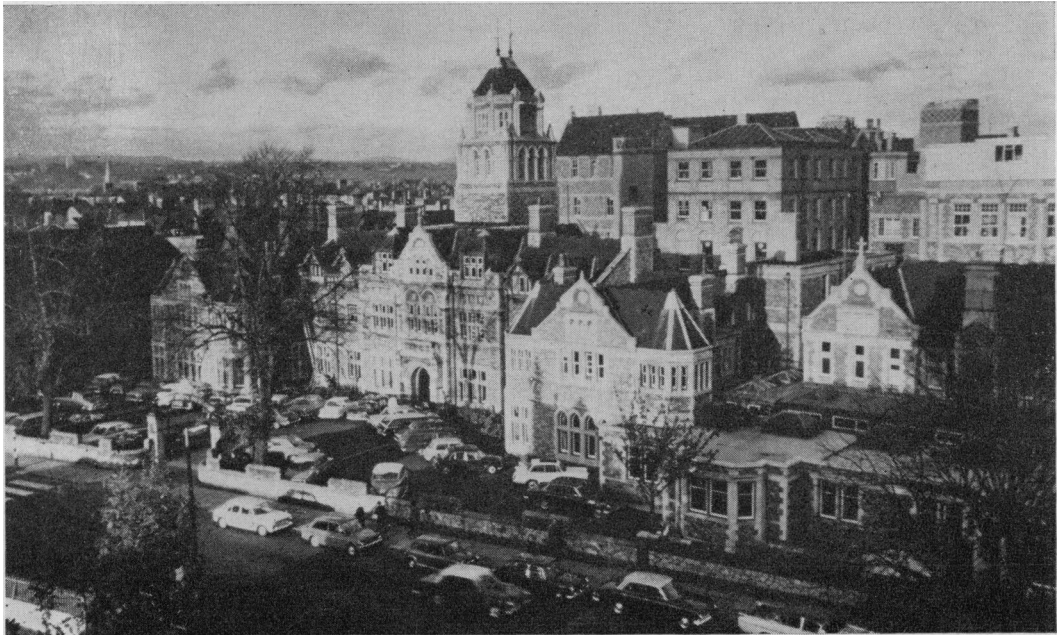


Fig 2 *The Royal Infirmary, Cardiff, today*

transport and the export of coal caused expansion of the town, and the hospital service became inadequate to deal with the increased sickness and accident rate; a new site was obtained on Longcross Common just outside the city boundary in an insalubrious area where highwaymen and murderers were executed at the cross-roads outside its gate. In 1876 the hospital was complete and forms the nucleus of the present Royal Infirmary (Fig 2).

Mention must now be made of the development of the Cardiff Medical Society, which has recently celebrated its centenary. In 1870 the medical men of the town felt the need for such a society, and indeed two of the original members also produced a scheme to provide a medical school for the town; it is interesting to note that they were prepared to subscribe monies to build this school. The first meeting was at the Infirmary and attended by 17 medical men. The first president, Thomas Evans, held office for three years and was followed by one of the more colourful personalities of the Society, Dr W T Edwards of Caerphilly, to whose father the famous Dr Price had been apprenticed. Edwards was a man of outstanding ability, and well ahead of his time in medical planning and professional skill. He trained at University College Hospital, where he obtained many distinctions. He was a Doctor of Medicine, a Fellow of the Royal College of Surgeons, and the first president of the BMA when it met in Cardiff in 1885. He was an excellent physician and surgeon and was one of the first to be

appointed to the staff of the Cardiff Royal Infirmary. Perhaps the most interesting among his many distinctions was that he delivered the eminent physician and cardiologist the late Sir Thomas Lewis; Edwards' influence on this young man later motivated him to enter the medical profession. He was a man of extraordinary vision and wide experience, a wise counsellor and a deeply religious person who always managed to avoid controversial medical matters, which in these early days were very prevalent. From the Society's records one gains an impression of bearded, frock-coated gentlemen shaking their fists in anger at each other, but the gracious Dr Edwards escaped all this.

The Society was very active and many interesting cases were presented. Two surgeons, Sir John Lyn Thomas and Alfred Sheen, who were on the staff of the Infirmary, by untiring efforts played a tremendous part in the development of the Society and more particularly in the integration of the Society with the hospital, with the common aim of forming a medical school. Alfred Sheen was followed by his son William who became the first professor of surgery and later the first provost. Reference will be made later to his great foresight in planning and diplomatic influence, which were responsible for the development of the present University Hospital of Wales.

In 1894 the Medical School was first opened to teach students of anatomy and physiology during their pre-clinical years; subsequent clinical training had to be obtained either in the



Fig 3 *Aerial photograph of the new University Hospital of Wales*

London hospitals or in Scotland or Ireland, as it was not until 1906 that a charter was given to the University of Wales to examine and confer degrees in medicine and surgery.

Medicine in the ensuing years was relatively peaceful, but the prospect of a gathering storm became imminent and evident when in 1916 a Royal Commission was set up to investigate the teaching and training of medical students in Cardiff. Rival factions came to the fore as the managers and medical staff of the hospital pressed for the creation of a full medical school with clinical courses as well as pre-clinical courses within the existing framework, by extending the present site, and appealed to the government for aid to this end. This was withheld pending the findings of the Royal Commission, whose proposals changed the whole scene. They recommended that a medical school should be formed not as a faculty within one of the colleges of the University of Wales, but as an independent institution, with the establishment of Chairs in the various disciplines. Not, however, until 1921 could students complete their courses in their own university, and not until 1931 did the medical school receive its charter, designating it as the Welsh National School of Medicine; unfortunately the departments of anatomy and physiology were still to remain within the framework of the University of Wales.

The Royal Commission's decision started a bitter feud between the old clinical staff and the newly appointed professors; the fire of discontent burnt itself out only in 1931.

It had long been evident that it was increasingly difficult to train students in a medical school

whose various departments were scattered in the hospitals of Cardiff and the surrounding district. This piecemeal arrangement of tuition has only too often characterized the development pattern and added to the inflexibility of many schools. Its disadvantages were recognized by the first provost A W Sheen, the former professor of surgery, and in 1945 a statement was prepared for submission to the University Grants Committee stressing the need for a new medical school and teaching hospital.

Rival factions again came into play. The Governors of the Infirmary, not to be outdone, were preparing a scheme to enlarge the present site and even launched an appeal for public contributions, but they received only enough money to build a new department of midwifery. Finally, a request to the Welsh Board of Health in 1945 by a specially appointed team of hospital surveyors advised against the rebuilding of the Infirmary on account of its inadequacy and recommended the building of a teaching hospital incorporating a medical school on a sufficiently large, convenient site within the city boundaries. Political and influential factions made the purchase of various sites impossible, but finally the Heath site of 53 acres was purchased.

On February 9, 1954, in answer to a parliamentary question, Mr Aneurin Bevan, the Minister of Health, stated: 'First priority in both England and Wales for a completely new teaching hospital would be given to the Cardiff Centre.' He then referred to this as 'an enormous project not feasible at the present moment'. The magnitude of the scheme and the fact that it involved a time-consuming architectural competition post-

poned the beginning of the work as the financial requirements could not be met before 1958.

The existing system in Cardiff for the teaching and training of medical students required the use of many hospital buildings, some of which were separated by considerable distances from the parent medical school and students' hostel. Therefore, in the designing of the new University Hospital of Wales it was felt imperative to integrate teaching, research and the care of the sick in one complex of buildings. It was readily appreciated that to do this completely would require considerable space, especially as an increase in the annual student intake was envisaged. The new building should clearly combine flexibility of usage, compactness and above all accessibility for patients, staff and students. As these very complex problems were open to many possible solutions it was decided to hold a competition with a prize of £5,000 for the best design. This was won by Mr S W Milburn and his associates Mr Morrison Harding and Mr John Surtees (Fig 3). Construction was planned in two phases. Phase 1 comprised the building of the dental school, laundry and boiler houses, and included an engineer's department and workshops. The dental hospital is the first in Wales, and is a T-shaped six-storey building with approximately 122,000 ft² (11,346 m²) of floor space. Two lecture theatres holding 225 and 75 persons respectively are attached, and provision is made for 159 dental chairs and for the many ancillary departments essential for the detailed treatment of the dental patient.

Phase 2, the building of the hospital itself, was started late in 1965. The hospital has a gross area of over 1 million ft² (93,000 m²) and is built on ten storeys, utilizing the natural contours of the site in order to provide entrances on three levels and thus separate the traffic streams of students, staff, patients and visitors. A total of 800 beds is provided.

There are seven standard and four special outpatient clinics in a vast single-storey building broken up by courtyards; here also are the physiotherapy and radiology departments. There are five theatres in the outpatient department which, if used judiciously in conjunction with sixteen overnight stay beds, can provide excellent facilities for investigation and treatment of day cases. One has been specially converted for urological use, and will prove a great boon in providing facilities for outpatient investigation. Perhaps this is not the best arrangement for a urological department, but it is the most effective compromise possible. It was decided in order to allow flexibility of all outpatient suites and of ward structure to avoid building specialized departments as far as possible. There are special outpatient facilities for oto-rhino-laryngology

and dermatology, but all other specialties will use the standard outpatient and ward suites.

Theatre accommodation in the main hospital is provided on the third floor. A total of nine theatres are available, three of which are single and two twin, the latter being equipped with galleries. I believe that this is inadequate, but there is space available for expansion should it prove necessary. There is a very large recovery room and intensive care unit on the same floor adjacent to the theatres.

On the second floor there is a magnificent medical library containing 13,000 volumes, and there are easily accessible stacks for a further 72,000 books in an adjacent room. There are five lecture theatres, one with a capacity of 500 and the others of 100 each. Facilities are also available for conversion of the larger lecture theatre into a small theatre should occasion demand. There are extensive facilities available for research both in the main building and in the adjacent Tenovus Site for Cancer Research, a building of 15,000 ft² (1,395 m²).

Perhaps one of the most interesting features of the hospital is the large concourse on the upper ground floor where facilities for services such as hairdressing and shoe-repairing are provided, and there is a cafeteria for patients and visitors. A nursery school is available for families of married nurses and other married personnel who have returned to work.

The site is beautifully landscaped; some of the existing trees have been retained and the main dining-room surrounds an artificial lake.

The conventional type of nurses' home has been replaced by a series of hostel blocks, with flatlets for senior staff. In a neighbouring hostel accommodation is provided for 200 students, and facilities have also been provided in a neighbouring building for non-medical staff. It was readily appreciated that recreation facilities must be provided, as there will be approximately 6,000 personnel on the campus at any one time. It is hoped that squash courts, a swimming pool and bowling alleys will be provided. The whole of the ancillary buildings are connected to the main hospital building by underground or covered passageways.

Such is the present scene, an exciting and challenging one, and, of course, problems are to be expected in the initial phase even though occupation has been planned to take place in stages. It is axiomatic and indeed regrettable that all hospitals are out-of-date before the plans leave the drawing-board and this is true of this very beautifully designed hospital. The creation of newer departments as fully operative and not token units and the provision of facilities for newly appointed Professorial Units have made it necessary to retain certain of the United Cardiff Hospital buildings, notably the Royal Infirmary.

At this stage it will be interesting to review briefly the changing scene in the surrounding areas of South Wales due to hospital reorganization. The wind of change has made a forceful impact on the hospital services and drastic reorganization has resulted. Such proposals have been reluctantly received and there has been increasing resistance to and dissatisfaction with the plans, not only from medical personnel but from the population as well. Many public demonstrations, usually of a peaceful nature, have resulted, and there have been outbursts of criticism and comment in the local press. It is difficult to convince the populace, who for years have had a local hospital in their township, that it is no longer needed as a result of hospital reorganization. In the past when coal mining was at its peak it was a great comfort to the mining population to know that there was always a hospital available where treatment could be obtained at times of mining crises and disasters. Most of these hospitals were staffed by the local practitioners, who were also good surgeons and physicians who could deal adequately with everyday problems. Consultants from Cardiff, Newport and Swansea visited these miners' hospitals at regular intervals to operate, to give advice and consultation on cases that had been treated or to supervise the conduct of more difficult cases. The Glamorgan County Council also had three of their own hospitals staffed by full-time consultant personnel, with specialist services provided by visiting consultants. In many ways it provided an excellent service, and the more difficult cases could always be transferred to the larger hospitals. It was to this type of service that I was initiated on my appointment to the staff, but the introduction of the Health Service and the invitation to start a department of urology in the United Cardiff Hospitals of necessity curtailed my exploits as a travelling lithotomist.

Glamorgan County Council hospitals have been enlarged and maintained, and the new hospital, Nevill Hall at Abergavenny, has necessitated the closure of numerous smaller hospitals including perhaps the most famous – the late Aneurin Bevan's hospital at Ebbw Vale.

Such then is the present scene, and it has produced in the population of some of the mining valleys a sense of medical claustrophobia as communication of one valley with another is often difficult. In spite of this, however, the urological scene has not changed in over twenty years. It is ludicrous that there is only one urological centre, albeit completely staffed with the ancillary grades, in Wales, and more especially so as it is situated in an area of extremely dense

population. In spite of numerous requests and visits by review and advisory bodies, the Welsh Board of Health in their wisdom do not see fit to follow the pattern recommended and accepted by the Ministry of Health. There should be centres at Swansea and Newport, and in the outlying major hospitals at Church Village, Merthyr, Bridgend and Nevill Hall. Recently there has been a breakthrough in urology in the Cardiff area resulting from the development of the University Hospital of Wales and the reorganization of medical services. After considerable negotiation it was agreed to have another urological department with two consultant urologists at Llandough Hospital, which was formerly one of the United Cardiff Hospitals group. This would have provided two centres for urology in Cardiff, but after mature consideration it was felt prudent to amalgamate these so that all the consultant urologists could share the facilities provided by the University Hospital of Wales. This appeared to be a satisfactory solution and acceptable to all concerned; but alas the best laid schemes of mice and men gang aft agley, and in the first month of 1970 the rumblings of a gathering storm could be heard. The whole scheme, so carefully planned, was yet to change again. The former Secretary of State for Wales, the Rt Hon George Thomas MP, decreed after mature consideration and consultation that the Board of Governors of the Teaching Hospital should be disbanded and a new authority created to include all the hospitals in the Cardiff area not formerly within the teaching group. Once again the scene has rapidly been changed at the stroke of a pen, and a new authority with the magnificent title of The University Hospital of Wales (Cardiff Hospital Management Committee), a body which must be big, now governs the Cardiff hospitals.

The University Hospital of Wales, the only teaching hospital within the Principality, has now lost a considerable part of its image. However, after negotiation with the Minister of State, certain safeguards for hospital appointments, teaching and research in the University Hospital have been obtained, and a mechanism for direct access to the Minister in times of crisis has been guaranteed.

The negotiations, proposals and counter-proposals between the various bodies would indeed in themselves be sufficient for a presidential address. As must be appreciated, it has only been possible to give a brief review of some aspects of *Medicina Cambriensis*, and at this time it is not certain whether one is viewing the changing scene or experiencing the scene of change.