

# The Life and Times of The Mineral Water Hospital

## By Emily Clarke

This month, **The Royal National Hospital for Rheumatic Diseases (RNHRD)** in Bath is making it's final preparations to move from the Mineral Water Hospital to it's new home at the Royal United Hospital. I have been reflecting on our unique little hospital and exploring its **rich history of pioneering care and research**, particularly within the field of **Ankylosing Spondylitis**.

The Bath Hospital as it was first known, was established in 1739 to service the impoverished sick who travelled to Bath to seek healing from the **spa waters of the Roman Baths**. An act of parliament in the 16<sup>th</sup> century had allowed free access to the waters, causing the city to become overwhelmed by the "Beggars of Bath". The Hospital was founded as one of the first **free-hospitals** and provided structured access to the baths. Often sponsored by a benefactor or their local parish, each visitor needed only £3 to pay for either their journey home or burial, whichever came first!

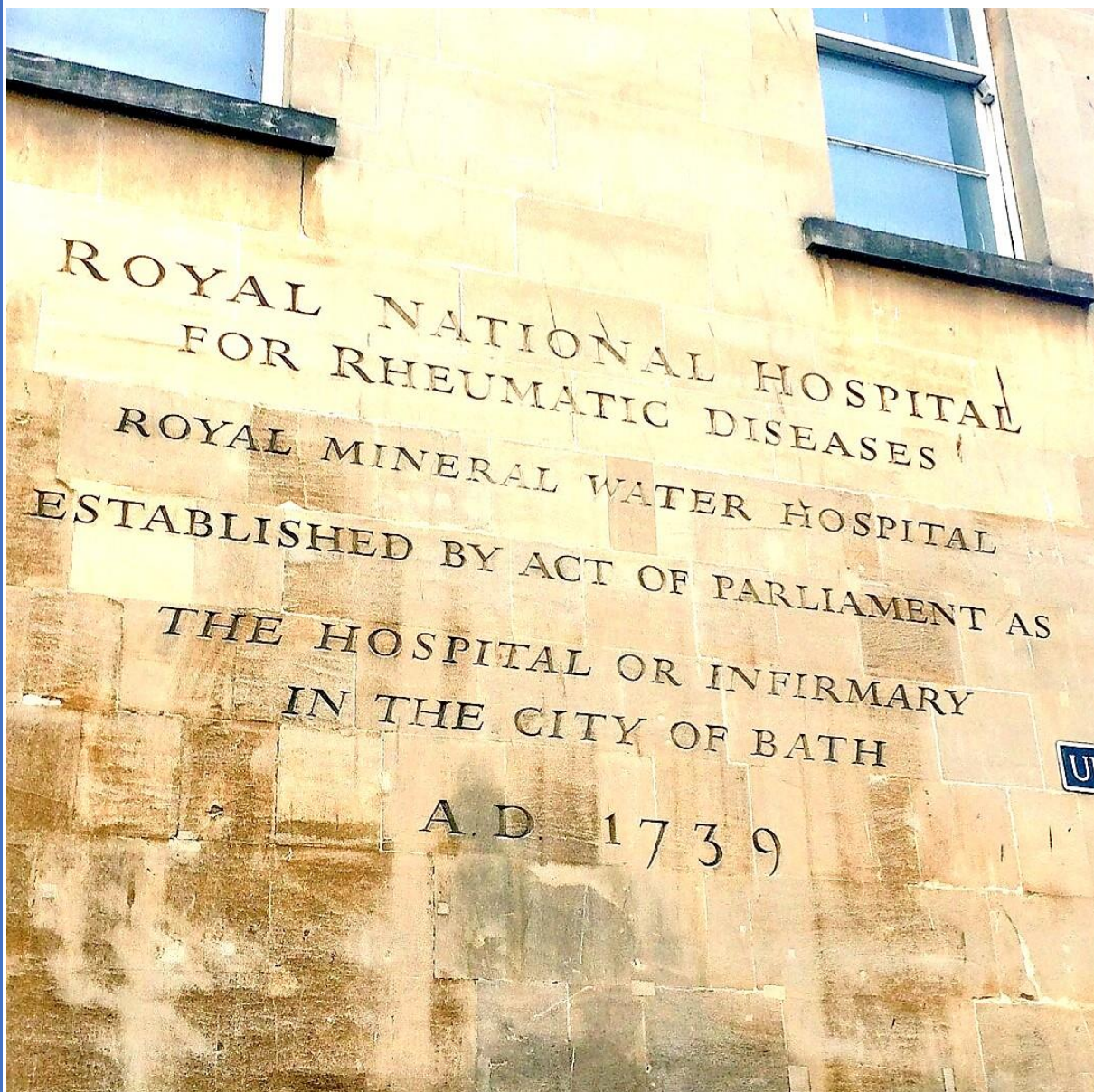


Given Royal recognition and a name change to The Royal Mineral Water Hospital in 1887, The hospital is still known locally and affectionately as "The Min".



Over the centuries, those travelling to Bath presented with a variety of conditions and complaints, including leprosy (a broad term covering skin complaints such as Psoriasis), lead poisoning and Rheumatic fever, with records showing up to an 80% recovery rate<sup>1</sup>. By the 1930's a serious initiative started to focus care and research into rheumatic diseases and the hospital gained approval as the Royal National Hospital for Rheumatic Diseases, the first and only of it's kind in the world.

The Hospital became known for championing holistic care and rehabilitation and founded The Bath school of Hydrotherapy in 1946 with the Bath school of Physiotherapy shortly after. From its origin, the Hospital has also had a strong emphasis on research, from describing the conditions and remedies seen in the 18<sup>th</sup> century to multicentred trials today and has contributed a great deal to the knowledge of rheumatic diseases.



## Evolution of AS care

In the early 20<sup>th</sup> century, across the UK the main medical treatments for Ankylosing Spondylitis were limited. **Radiotherapy to the spine** was popular to relieve symptoms and **spinal plaster jackets** were used to rest the inflamed spine and pelvis<sup>2</sup>. I still come across patients who have had (and survived) these treatments. Some, in-fact, claim radiotherapy was very beneficial but with awful side-effects. Others report their spine fused quickly when immobilised in a plaster-jacket, giving weight, I like to think, to the idea of movement and exercise delaying fusion. The association of higher incidences of leukaemia and other cancers stopped the use of radiation and Non-Steroidal Anti-Inflammatories Drugs came into use in the 1950's

Hydrotherapy and physiotherapy had long been used in partnership with medical management at the RNHRD, but this moved up a gear in the 1970's with the introduction of the **residential AS course**;

A crisis in nurse staffing in the summer of **1975** forced the hospital to consider closing the wards. This provided a unique opportunity for Physiotherapist R. Harrison and Dr. Allan Dixon to trial the admission of self-caring AS patients for **intensive rehabilitation**. Patients attended the physiotherapy department daily for exercises, hydrotherapy and education for two weeks. At the time this was revolutionary and paralleled a similar approach being used in the military sphere at roughly the same time. **Army recruits with AS** who were removed from duties demonstrated a better recovery after undergoing an intensive exercise and hydrotherapy regime, **with up to 70% returning to full duties**<sup>3</sup>. Similarly, these first AS course participants showed improved outcomes. Importantly, they also commented on the positive feelings of comradery and wellbeing, a message I still hear overwhelmingly today. Keen to continue with the peer-support they experienced on the course, these initial participants made efforts to establish a patient support group. From this, **The National Ankylosing Spondylitis Society (NASS)** was born, with Dr. Allan Dixon as the first chair.

Over the following decades, the AS course under the drive of Jane Barefoot (one of the founders of AStretch) became the corner stone of treatment for Spondyloarthritis at the RNHRD. Though it has inevitably evolved, with a now wider MDT input and a larger emphasis on self-management, the principles of daily exercise, hydrotherapy and education remain.





*Outdoor exercise class for AS patients (see reference 1)*

With participants staying on site for 2 weeks, the course has provided unique opportunities for clinicians and researchers to gain an insight into the challenges of AS. An example being the development of the **Bath Indices** in the 1990's. A team of researchers in the hospital set out to develop a set of outcome measures to reflect all aspects of the condition. They consulted the AS course participants in order to develop relevant questions and used the course intervention to assess for sensitivity for the measures. an early example of patient engagement! AStretch's own Juliette O'Hea was involved in this research in fact. The resulting **BASMI, BASDAI and BASFI** are still used as the primary outcome measures of AS throughout the world.

Perhaps due to it's quirky beginnings, a **holistic, personalised approach** is ingrained within the culture of the Hospital. We are privileged to have the time to get to know our course attendees and build trust and rapport. We get to know their lives and problem-solve with them. Not very scientific, or easy to bottle, but I feel one of the biggest factors in successfully engaging people with lifelong exercise!

Though we will greatly miss our unique and historic building, and I will miss breezing past a two-thousand year old Roman pavement on the way down to X-ray, **we will be taking it's culture with us**. The knowledge passed down through generations of clinicians, to which I owe much, will be preserved and ever-increasing layers of expertise added.

It is also heartening that in the climate of hydrotherapy pools closing nationally, the heritage of The Mineral Water hospital has been honoured through the building of a **new, larger Hydrotherapy pool** and therapies centre to adjoin the new RNHRD building. Now just need to remember to go to the right hospital!

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1. Kersley GD and Cosh JA. 1979. The History of the Royal National Hospital for Rheumatic Diseases Bath. Ralph Allen Press Ltd.
2. Uhrin Z, Kuzis Sword MM. Exercise and changes in health status in patients with Ankylosing Spondylitis. Arch Intern Med. 2000. 160:2969-2975
3. Wynn Parry CB. Rehabilitation of the inflammatory arthropathies. Proc R Soc Med. 1974. 67:494-496.



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