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Closing Barts: community and resistance in contemporary UK hospital policy

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Abstract. Debates concerning the nature and extent of hospital provision in London, England are longstanding. Reviews in the 1990s have focused on a perceived over-provision and recommended rationalisation. This paper explores the representations of place which emerged in the discourses surrounding the possible closure of St Bartholomew's Hospital (Barts), London. Through a discourse analysis of official and unofficial reports, Parliamentary debates, press releases, campaign material and coverage in the London *Evening Standard* and other newspapers, we assess resistance to closure and the construction of communities dedicated to the retention of Barts. Four different representations of Bart's are identified: as community resource, as a site of expertise, as a heritage symbol and as a site pertinent to the identities of Londoners. The effectiveness of these different strategies is considered and their positioning and use within the 'Campaign for Barts' is evaluated. We conclude that, notwithstanding the potential to present the (possibly temporary) retention of Barts as a recognition of its status as a locus of particular medical expertise, the potency of this health care facility as a symbol both of London and of medical tradition was the crucial factor in its reprieve.

Introduction

Debates concerning the concept of place are longstanding within geographical discourse. Following Massey's influential discussion on the *Spatial Division of Labour* (1984), work progressed on the place-bound impact of 1980s geographical restructuring through the 'locality studies' programme (Cooke, 1986; 1989). That programme's focus on 'localities', as with previous work on 'communities' (Day and Murdoch, 1993, pages 83 – 87), brought the whole question of the methodological and theoretical understanding of place and space to the fore. A second approach to the examination of place has drawn on sociocultural perspectives. In the work of Cosgrove (1989), Duncan and Ley (1993), and Jackson (1989; 1991), the study of place was immersed within a wider engagement with cultural studies and, as such, questions relating to the cultural encoding, representation, and consumption of places were explored. Others, such as Entrikin (1991), followed the humanistic approach of individuals such as Buttimer (1971) and Tuan (1977) and focused on the subjective experiences of being 'in place' and being 'placeless' as, from a more interactionist position, did Eyles (1985). A further but linked perspective sought to repoliticise our engagement with place to move beyond views which dematerialise and depoliticise the spatial (Keith and Pile, 1993; Massey, 1992; Pile and Keith, 1997).

What becomes apparent from this summary are the variety of perspectives and confusion of meanings which surround notions of space and place. They are multi-layered and multipurpose concepts (Harvey, 1993, page 4; Smith and Katz, 1993). In this paper we seek to address this debate through the exploration of a particular turn of events which occurred in the health-care landscape of London: the proposed closure of St Bartholomew's Hospital (Barts). Though somewhat distant from the normal usage of the term, hospitals appear as an important symbolic element in a therapeutic landscape (Gesler, 1991; 1992; Kearns and Gesler, 1998). They are healing

sites which occupy familiar locations; potential closure presages an emotional and symbolic loss as well as the removal of a much-loved facility. We attempt to locate the complex spatialised discourses evident in the resistance to this potential loss within the realms of social governance and identity formation.

Our discussion is located within two broad theoretical contexts. The first relates to the (re)positioning of the spatial within social theory and its potential impact upon how we might come to understand notions of identity and governance in late modernity. The second involves the role of place, and the material objects located therein, in the cultural production of meaning and the particular manifestation of this cultural production through spatialised discourse. The reasoning behind this dual concern lies in the Lefebvrian recognition that space, as socially constructed, is both produced by, and reproduces, mediates and transforms, social relations (Natter and Jones, 1997). The importance here is that the spatial becomes a site over which various societal forces contest, a point not lost on those studies calling for a repoliticised notion of space which takes account of the fragmentary nature of the postmodern subject (Keith and Pile, 1993; Massey, 1991).

With regard to our first contextual concern, we wish to argue that a hegemonic fixing of the meaning of space (Natter and Jones, 1997, page 149) is apparent in the past Conservative government's attempts to 'sell policy', in this case the reconfiguration of the London health-care landscape. What is important is that the seamless presentation of a governmental vision of social governance was the focus of some considerable resistance as other discourses were articulated which sought to present competing views of this same space. Such a highlighting of the multiple possibilities innate within ideas of the spatial is also picked upon in the work of Shields (1991; 1997) who argues that even geographers have tended to lose sight of the complexity that surrounds the spatialised identity politics of resistance. For him there has been a failure to recognise space as cultural 'artifact' and not simply as 'empirical space' or reified locations and arenas which merely stand for the social and economic processes that comprise them (Natter and Jones, 1997, pages 149 – 152; Shields, 1997). As Shields argues, social space or 'social spatialisations' are subject to 'spatial stress', to new meanings, practices, and divisions. Thus, while both Shields, and Natter and Jones provide differing means by which to overcome this sometime failure to take adequate account of the spatially specific, both share a common belief in the need to combine such theoretical understandings of space with an understanding of the social relations they reproduce and transform. Furthermore, there is a recognition that such understandings must move beyond the level of the general to explore the manifestation and formations apparent in particular sites and complexes of resistance.

What is also at stake here is our second concern: the need to theorise the fragmentary and cacophonous voices which compete across the polyvocal landscape of resistance. This need not necessarily mean losing sight of macro political-economic processes that have become "ever more universalising in their depth, intensity, reach and power" (Harvey, 1989, page 117). Rather it must entail recognising sociocultural processes in the construction of imaginary identities. As Natter and Jones (1997) again argue, in an extension of the work of Laclau and Mouffe (1985), identities as well as spaces are fixed and their boundaries are subject to policing and, most importantly here, contestation. It is clear that the spaces with which we are concerned are not 'empty' or singular but are multiple, fragmented, and overlaid with meaning. This complexity provides a context for the individualising and localising discourses of national governments in their articulation of policy agendas (Moon and Brown, 1998). Yet, when such discourses meet with other discourses, whether produced by individuals in their everyday

lives or by place-based agents and institutions, the porous qualities of the boundaries that have been constructed around space and identity come under threat.

This focus on what can be termed spatialising discourse has been central to critical geopolitics and the 'new cultural geography' (Barnes and Duncan, 1992; Ó Tuathail, 1996). Yet it has not impinged significantly on the new 'postmedical' health geography (Kearns, 1993; Moon, 1995). Spatialised language enables belonging and identity. It provides individuals and groups with frames of reference to which they can relate and which they can use in collaboration or conflict with others. The manipulation of conceptions, loyalties, and identities concerning spaces and contestation over the representation of sites entails competing official and unofficial discourses, the exercise of differentially distributed power, and rhetorical and symbolic use of language. In short, spatialising language provides insight into culture of power and into the ways in which policy is 'sold', 'bought', and resisted.

In the rest of this paper we extend these arguments to the analysis of the discourses surrounding the threatened closure of Barts. We identify four distinct, and yet interrelated, representations of the hospital. These draw upon differing views of space and place in their varied attempts to resist a dominant government discourse which recommended closure. Following a short summary of the background to the initial closure decision, we outline each of the identified representations and consider their sequencing, the contexts in which they developed, and the ways in which they sought to invest the hospital with meaning and value. The overall importance of discursive representation and its relation to the outcome of the debate surrounding the future of Barts is discussed in the final section. There we argue that the spatialised rhetoric which was mobilised in defence of Barts was central in enabling a form of identity politics to emerge in the conflict over this primary marker of London's therapeutic landscape.

Background

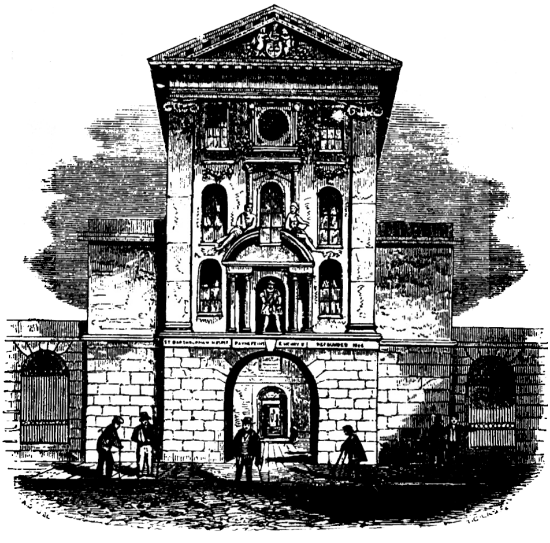
In 1998, after a five-year battle, St Bartholomew's Hospital appeared finally to have been saved when the Secretary of State for Health, Frank Dobson, reversed the decisions of the previous Conservative administration and rescued the country's oldest hospital from closure. This shift in policy, which came in the wake of the Turnberg Review (DoH, 1998), marked an end to the uncertainty surrounding many inner London hospitals which had followed the publication of the Tomlinson Report (DoH, 1992). According to Tomlinson and his colleagues, inner London was served by too many hospitals, which provided too many hospital beds and whose services were costly and inefficient to run. As a result, a number of prominent inner London hospitals faced a severe rationalisation of their services, if not outright closure. For St Bartholomew's, which had served, in a variety of capacities, the diverse populations of Hackney, the City, and South Islington since the 12th century, and whose governors had already successfully fended off previous attempts at rationalisation (Boyle, 1996; Powell, 1996; Rivett, 1986), the future was particularly uncertain.

At the risk of oversimplification, the most direct roots of the Tomlinson diagnosis lay in the operation of the NHS quasi-market introduced by the Conservatives after 1989 (DoH, 1989). Where central London hospitals had once drawn on a national catchment attracted by their expertise, the quasi-market saw acute care provision as subject to contracts between individual hospitals and health authorities. Barts and other central London hospitals suffered as provincial health authorities sought to develop services in their own areas and central London health authorities were unable to provide the population base to sustain an elite hospital system on local demand alone. For Barts this problem was translated into a serious financial deficit, forecast in

October 1992 to be £12.2 million for the year (King's Fund, 1994). More indirectly, the Tomlinson proposals must be seen in the context of a history of attempts to reform acute care provision in London (King's Fund, 1992, page 25). Indeed, as Powell (1996, page 164) notes, the publication of the Tomlinson Report represented the culmination of a century of health-care review in London, dating back to the House of Lords Committee of 1892, during which time only limited changes had been made, resulting in a health service which, according to the King's Fund (1992, page 58), appeared "stuck in a time warp, having been shaped a century ago."

The main impact of the Tomlinson Report on Barts was the recommended closure of its West Smithfield site. It was here that the hospital had been founded in 1123 and it was around this site that the modern hospital had developed. While Barts had clearly forged a leading position for itself within many fields of modern medicine, it was the West Smithfield site which provided the focal point around which traditions, loyalties, and sentiments were constructed. As Lord Rayner, a past president of the Medical College stated, "We all have every right to be proud of being Barts men and women". His statement was accompanied by a picture of the hospital's historic main gate (see figure 1). In real terms, however, the proposed changes were far more wide reaching than the simple closure of the historic core of Barts. They saw general hospital services being provided at the hospital's Homerton site, accident and emergency (A&E) services for the City of London area being provided by either Guy's, St Thomas's, the Royal London, or University College Hospital, and the rationalisation and relocation of the remaining services, which included specialist clinical research, undergraduate and postgraduate teaching, to the Royal London site. The breadth of these changes meant that not only was the historic heart of Barts to be closed but so too were its A&E services and research and teaching units.

The Tomlinson inquiry had a proclaimed intention to consult openly with as many representatives of London institutions, health professionals, and user groups as possible. By the time publication of the report, the hospital management at Barts therefore had some idea of the likely future of the West Smithfield site. Professor Michael Besser's



St. Bartholomew's Hospital, The Main Gate

Figure 1. Barts: a proud heritage (source: *Barts Journal* Summer 1995).

pledge to defend the hospital from closure following his appointment as Chief Executive on 20 October only three days before the publication of the report gave some indication of this anticipation of bad news. The London Health Emergency campaign group, an umbrella organisation for trade union bodies, community organisations, and other associated campaigns, then leaked the Tomlinson Report on the day before it was due to be published. The campaign to save Barts thus effectively began even before the future of the hospital was formally cast into doubt. However, it was not until after the full implications of the report were known that the campaign fully gathered momentum.

The campaign(s) to save Barts were organised by a wide range of groups and individuals, mobilised according to their shared interests in the hospital. In this way, the campaigns featured members of the hospital staff and management teams, patients, local residents and MPs, the relevant local authorities and Community Health Councils, the City of London Police, representatives of the 500 000 or so City commuters, and the London evening press. Although these groups had differing motivations for supporting the campaign against closure they did share one common feature: their recourse to differing representations of the hospital and its position in the London health-care landscape. All sought to save the hospital by articulating languages which represented Barts as holding some form of symbolic or material link to its locality. It is to these that we shall now turn.

Discourses of resistance

The Save Barts Campaign had handed its first half-million signatures against closure to 10 Downing Street by December 1992. The apparent linear progression from the threat of closure under a Conservative government to the final reprieve under New Labour gives little indication of the many twists and turns that took place in the space of the six-year battle for Barts (see King's Fund, 1994; 1995). The discourses that we examine were largely produced and articulated from within the hospital itself or from the media. Each generated different representations of the hospital and its position in the health-care and urban landscape of London. Each also sought to mobilise significant others in their cause. Thus, we find that the voices and protests of GPs, Community Health Councils, local authorities, patient organisations, the Metropolitan Police, local MPs, and representatives of the City of London Corporation are all embedded within what is, in essence, a culturally produced text concerning the contestation of the West Smithfield site closure.[1] Of concern to us, in this section of the paper, is the nature of the representations that were articulated and the way(s) in which such imagery and symbolism were presented to a consuming audience.

Community links: Barts as a local hospital

According to the Tomlinson Report, the main question mark regarding the viability of maintaining a major hospital on Barts' West Smithfield site was the perceived vulnerability of that site to the loss of nonlocal patient flows and its small exclusive population base. In short, as suggested above, provincial demand had reduced and local demand was inadequate. In addition, Tomlinson cited the recurrent financial difficulties of maintaining an elite hospital, the greater accessibility and growth potential of the Homerton site, and the need for a rationalisation of services which overlapped with those of the Royal London. Taken together, these shortcomings indicated that, in the eyes of the Tomlinson team, Barts was a hospital which was out-of-place, a hospital

[1] The study draws primarily on published documents from the Department of Health, Parliamentary debates, the 'in-house' *Barts Journal* and newspaper coverage in the *Evening Standard*, *The Guardian*, *Independent*, *Independent on Sunday*, *The Times*, and *Daily Mail*.

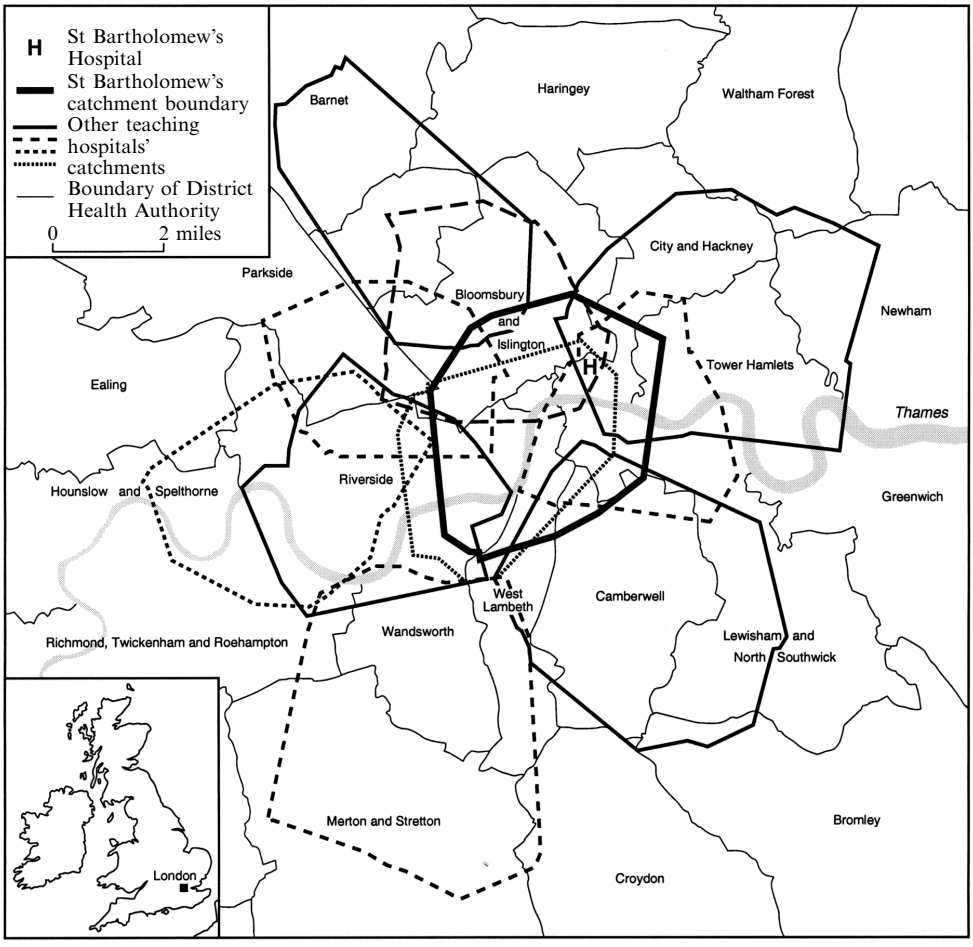


Figure 2. Tomlinson's analysis of the Barts catchment.

which rational planning analysis would suggest was poorly located and overresourced for the policy context in which it now found itself. As with figure 2, which was an attempt to highlight the overlapping nature of the population catchment areas of the inner London hospitals, it was precisely such a rational planning exercise which was used to underpin the conclusions of the Tomlinson Report.

If a campaign of resistance to closure was to be mounted, one equally rational basis for such a campaign would be to challenge the accuracy of the Tomlinson Report's conclusions: to develop a discourse in which Barts could be repositioned as a facility for which a clear local demand could be evidenced. Even before the Tomlinson Report was actually published, the management team at Barts began to organise just such a response. As an internal briefing paper noted, "a significant amount of inaccurate information has been quoted leading to false statements and assumptions being made by the public and press about Barts" (Barts NHS Trust, 1992, page 1). By challenging these statements and assumptions, the Barts defenders sought to develop a case which would keep within the logic of the internal market and establish that, following an initial period of turbulence within that market, the position of Barts could be expected to stabilise with Barts occupying a new role in which it would exist primarily to serve a local population.

Of most concern in developing this strategy was the need to articulate a discourse to counter the belief that Barts had little or no local population to serve. As the briefing paper went on to state, "It is often said that Barts has no local population: [however] within a 2 mile radius of the Smithfield site there is a population of 100,000 Hackney residents, 100,000 South Islington residents, 5,060 City of London residents as well as a commuter population of 314,940 ..." (Barts NHS Trust, 1992, page 1). This document was, however, circulated prior to the Tomlinson Report's publication and, as such, was compiled without knowledge of the rational planning methodology which was to be used to determine population exclusivity. While quantitatively the above figures therefore appear to indicate a local population, what they do not recognise is that similar conclusions could be applied to other hospitals, most notably the Royal London. Even the identification of the considerable daytime population in the immediate vicinity of Barts could not be taken as indicative of an exclusive catchment population.

With the publication of the Tomlinson Report it thus became abundantly clear that the presentation of Barts as a local hospital was unsustainable on population grounds alone. Campaigners still continued to emphasise the service needs of the daytime commuter population as well as local residents. One such commentator was the Dean of the Medical School who remarked in a letter to the *Barts Journal*, a publication produced by, and largely for, the hospital's staff and students, that, "it [the Tomlinson Report] underestimates the importance of special services like cardiac and cancer services for City workers, local people and patients from further afield who rely on Barts" (*Barts Journal* Winter 1992). There was, however, a need to refine the campaign strategy. To this end, the focus shifted to Barts' service to its locality. It was argued that the viability of the hospital was not simply related to abstract notions of travel time to hospital but was about the quality of the service rendered to the local community.

The discursive presentation of this more nuanced strategy revolved around the location of the hospital in one of London's most deprived boroughs. It was suggested that Barts' geographical location enabled a population of high health-care need to have access to some of the country's leading consultants. It sought to connect with the local through the location of the hospital rather than the location of the hospital's patients. Furthermore, the service of the hospital to deprived areas was specifically linked to the interrelationship of the various sites of the hospital and to the embeddedness of the hospital within local communities. In a further letter from the Dean this point was made particularly clearly: "As we have repeatedly stated the high quality care delivered to the people of Hackney via Barts (Homerton) is directly related to its relationship with Barts (Smithfield), a view totally supported by the people of Hackney, the Local Authority, the Hackney CHC and the local General Practitioners" (*Barts Journal* Spring 1993).

Such service to its locality, something which was to be denied by the government's proposals, received even greater attention from the journal's regular contributors and readers. In one story, entitled "The death of Barts", the author contrasted a perception of local belonging with the more empirically driven demographic requirement of a local market: "By generating loyalty, local commitment, and a sense of belonging to a world class institution, they enabled those most in need to have the best health care. ... In a market driven society the commitment of Barts to 'the sick poor of the City' is irrelevant" (*Barts Journal* Spring 1995). For the writer, this commitment was to a population described as suffering the effects of poverty and unemployment and including refugees with a range of languages and cultures. Such an image of 'front-line' service was contrasted with the view of locality generated by Tomlinson's isochronic maps.

Yet the presentation of Barts as a hospital embedded in its community offering excellence to a deprived population was not without problems. Just as other nearby

hospitals could lay claim to Barts' purported catchment population, so too could they claim also to serve the deprived local population. Indeed the Royal London was again arguably better placed to make such a claim. Photographs and cartoons in the *Barts Journal* seeking to demonstrate how the Tomlinson proposals for the hospital would remove a vital resource from the community drew credibly on fears but also equally opened up problems (figure 3). The possible impact of a reorganised A&E service was, however, overplayed in the light of the reality of the Tomlinson proposals and served as a reminder of the long-recognised need to improve primary care in the area (London Health Care Planning Consortium, 1981).

In overall terms, it is clear that, while Tomlinson's analysis of the local market for Barts was disputed and claims could be made for Barts as a provider of care to a deprived population, the presentation of Barts as a local hospital was unlikely to be a winning tactic. The empirical evidence was simply not present and equal claims could be made by the hospital's rivals. The inadequacy of this case was significant. Had it been possible to mount a sound argument, there would have been no challenge to the macropolitical context of the quasi-market in health care. As it was not, another image of the hospital appeared necessary, one which would involve a campaign which would seek to retain the hospital against the logic of the quasi-market. The key task facing the

"Casualty? First right, then follow the signs for Milton Keynes"

Figure 3. Barts: fears regarding the closure of the accident and emergency department (*Barts Journal* Christmas, 1992).

campaigners was the need to devise a strategy which provided a sound, defensible basis for going against the rules of the market-based ideology that governed health policy discourse. The image mobilised was that of Barts as a site of international expertise. Its inception was closely linked to the appointment of Professor Michael Besser, an individual whose own endocrinology department was itself internationally renowned, as chief executive of the hospital.

Barts as site of internationally renowned expertise

The subtle shift in the presentation of Barts to that of a site of international repute should not necessarily be seen as a rejection of the previously articulated commitment to its local population. As we have already noted, localist claims had been bolstered by references to the availability of internationally renowned clinicians in a deprived community. Furthermore, in another staff briefing paper, it was proposed that primary care, although not A&E services, might be extended at West Smithfield (Barts NHS Trust/Medical College, 1992a). Nevertheless, the increased emphasis on Barts' reputation for clinical excellence and its international profile provided for an important repositioning of the focus of the campaign. Rather than make claims to be a local general hospital, the stress now shifted to an attempt to concretise the hospital as a site of international specialist excellence. Employing the government's own market-orientated rhetoric, the new chief executive sought to neutralise calls for the closure of the hospital by promoting the idea that it filled an important gap in the market as a provider of services of the very highest quality. As he stated, "This strategy will enhance the activity of Barts at Smithfield as a clinical, financial and managerial entity, pursuing sharply defined objectives and a clear market niche" (Barts NHS Trust/Medical College, 1992a).

This image of the hospital as a site of global expertise was most forcefully demonstrated in a document produced by the hospital's joint management team (Barts NHS Trust/Medical College, 1992b) entitled "The international response to the proposed closure of St Bartholomew's hospital at Smithfield". The report used simple textual analysis to pull out the most pertinent aspects of letters it had received from colleagues around the world. In this document, it was revealed that Barts had received a total of 245 letters from 191 heads of departments in 34 different countries, from 171 different institutions, and from 42 different fields of medicine. Working their way through the different medical fields represented—from anatomy, basic science, and cardiology to endocrinology, epidemiology, and gastroenterology—the report first listed excerpts from the letters and then counted words of specific linguistic value.

The excerpts focused on the initial impact to the proposed closure of Barts and sought to highlight the shock and surprise of their esteemed colleagues:

> "I was shocked ... I was startled ... Its scientists are leading members of important international organizations ..."

> "I was dismayed and deeply troubled ... Dr G. S. and his group have made vital contributions to the basic research and development of a wholly new approach ..."

> "It was with astonishment ... deepest support to attempts to avert this highly undesirable development ..."

> "The news ... astonished all of us ... We shall all try to stop the implementation of this recommendation, that can only harm the status for British Academic Medicine ..."

Table 1 (see over) shows the specific words and phrases extracted from the letters. As the table reveals, the extractions were used to signify three different reactions: those

associated with the international community's initial response highlighted the image of shock and dismay, those related to the view of Barts from abroad sought to establish the image of the hospital as a monument of international regard, and those related to the decision to close focused on the notion of bureaucratic mismanagement.

Although we must recognise that this 'evidence' is certainly partial and was both solicited and the subject of selective interpretation, we are nevertheless left with a picture of a (self)image which positioned Barts quite clearly at the centre of international medical research. It would, implied the joint management document, be an injustice to close a hospital of such obvious international repute. The importance of this image to the hospital's campaign for survival can be gauged by the management's decision to give its document a wider public viewing in the *Evening Standard* newspaper. Unlike the image of local service, this representation of the hospital was clearly seen as being more attractive to the media. The headline which followed the receipt of this report, "The world says save Barts" (*Evening Standard* 27 November 1992), appeared to justify this decision to broaden the campaign. Indeed, this bold headline was followed by equally bold statements on the hospital's international standing and with excerpts from the letters which had initially been received by the hospital:

> "From the great medical institutions of America and Europe, from research scientists seeking new life-saving drugs, from hospitals in the fashionable capitals of the world and doctors practising in the neglected corners of the Third World, the message to Her Majesty's Government is the same: Don't close Barts" (*Evening Standard* 27 November 1992).

In summary, this second discourse of resistance sought to cultivate an image which positioned Barts as a site of singular importance to the world's medical community. This discourse had considerable virtue. It bolstered the considerable self-esteem of the Barts' clinicians at a time of stress, it served as a reminder of the significance of Barts' clinical standing and, most importantly, it was media friendly. When allied with the contention that Barts was, despite evidence to the contrary, serving a deprived community, it provided the hospital's management with a powerful and emotive argument combining discourses of humanitarian value and deference to

Table 1. Textual analysis of the international response (source: Barts NHS Trust/Medical College, 1992b).

Initial reaction	
Key words	shocked (×27), dismayed (×17), deepest concern (×12), saddened (×11), astonished (×10), disbelief (×10), appalled (×9), distressed (×6), surprise (×7)
Others	amazement, horrified, stunned, devastating
How Barts at Smithfield is seen from abroad	
Key words	unique (×3), national treasure (×2), international role model, envy, admiration, a beacon, a lighthouse, a guide, prestigious, scientific strength, dynamic, resource benefit of mankind, incredible traditions, highest distinction and renown, shining light, venerable, top-flight, few peers, great citadel, superb reputation
Others	St Pauls, Mayo clinic, Johns Hopkins, Oxford University
Response to the closure of Barts at Smithfield	
Key words	wasted investment, administrative vandalism, act of barbarism, tragedy (×6), absurd measure, precipitous, poorly thought-out, retrograde (×3), shortsightedness, irreparable/critical/incalculable/inestimable loss, serious political/grave/disastrous/irreparable mistake, gross disservice, extraordinary, catastrophic action, intellectually costly, dent the image of Britain

medical expertise. Voices of dissent were few. One Hackney general practitioner was reported by the *Independent* newspaper to be unconvinced either by the reputation of the hospital or by its accessibility to local people: "I don't think Bart's is so brilliant. ... Some of the departments are absolutely hopeless, with waiting lists so long that some patients never get to be treated" (*Independent* 22 October 1992). In general the point remains, however: when the discourse presenting Barts as a local resource was revealed to be untenable, the hospital's management and staff sought successfully to (re)present the hospital as a 'jewel in the crown' of international medical expertise.

Monumentalising Barts

The differing discourses presented by those directly associated with Barts appear deliberately devoid of any reference to the historic legacy of the hospital. Thus our analysis so far has focused on seemingly concrete representations generated by those who know most about the hospital. We have considered the catchment of the hospital and the reputation of its staff; we have not dealt with imagery or the symbolic. At first glance this might be expected. A clue to the reasons for this neglect can be gleaned from a further examination of the hospital's staff and student publication, the *Barts Journal*. As an editorial remarked:

> "... there have been many emotionally based arguments and some which are historically based. These are bought forward by people who do care enormously but we know that if Barts is to stay in such a position it must continue to move with the times (*Barts Journal* Christmas 1992).

Imagery and symbolism were not considered proper, even 'modern', evidence. The stress, it was felt, should be on Barts' contemporary position rather than on its historic standing. Emotion was contrasted to the ability of the hospital to "argue for its existence in terms of facts and figures" (*Barts Journal* Christmas 1992). The Dean of the Medical College emphasised the point: "although our great history and tradition endow us with a unique place in the heritage of London, our ability to initiate, in the areas of [contemporary] medical education, practice and research, endow us with an equally valuable and unique reputation for excellence worldwide" (*Barts Journal* Christmas 1992).

Outside the hospital a very different image was generated. This involved the presentation of images which explicitly focused on the position of the hospital in relation to particularly significant moments in London's long history. This was, after all, a hospital which was rooted in the past and, as such, was associated with the Great Plague, the Fire of London, the Blitz, the IRA terrorist campaigns, and other major events in the history of the capital. Central to this presentation was the argument that a hospital that had stood in place for nearly a thousand years should not, in a climate of harsh economic realities concerning public sector expenditure, 'suddenly' be discarded. It was this monumentalisation of Barts that was mobilised as the prime focus of resistance for many of its defendants. Indeed, it was a theme particularly echoed throughout the nation's broadsheet and tabloid newspapers (Delamothe, 1993).

The hospital was rarely referred to without the mentioning of its medieval roots. Readers were constantly reminded that Barts was "one of the oldest and most respected hospitals" (*The Guardian* 18 November 1992) and, that it was "founded in 1123 as a haven for the sick and poor, endowed by Henry VIII and immortalised by Richard Gordon in the Doctor in the House books" (*The Times* 26 December 1992; *Sunday Times* 25 October 1992). In another instance, the hospital was placed alongside the capital's long association with Irish 'terrorism':

> "On 13 December 1867 a charge of gunpowder erupted at the Clerkenwell House of Detention in London, blowing a large hole in the wall and causing damage in Corporation Lane and several adjacent streets. Six people in houses close to the prison were killed and 50 injured. ... The injured and dying were taken to St Bartholomew's and the Royal Free hospitals (*Independent on Sunday* 31 October 1993).

Other articles linked Barts with the "Plague, the Fire of London and the Blitz" (*The Guardian* 18 November 1992), and with more recent events such as the Cannon Street rail crash of 1991 where it was reported to have treated 101 patients (*The Times* 16 December 1993) and the fire at King's Cross station (*Daily Mail* 10 November 1993). This was not just a hospital it was a physical reminder of London's multifaceted history.

It was not only the newspapers that mobilised this image of the hospital. Some of the many inner London MPs, whose constituents would be most affected, also drew upon the historic importance of the hospital. As the Labour MP Brian Sedgemore (Hackney South and Shoreditch) stated, "The proposal to close Barts is a proposal to tear up history. ... It has been part of our island story since time immemorial. It represents all that is fine and noble in the human spirit. It is a wholly good institution in a world where goodness is in short supply" (*Hansard* 13 November 1992, volume 213, column 1160). Another of Sedgemore's colleagues, Chris Smith (Islington South and Finsbury), drew upon equally emotive rhetoric when he stated, "Not only does Professor Tomlinson suggest that 900 years of history be dismissed in seven paragraphs ..." (*Hansard* 13 November 1992, volume 213, column 1160). Nor was this merely the rhetoric of London MPs. Dale Campbell-Savours (Workington) argued: "Why close an institution that opened in 1123, which has been open for 874 years and which survived the reformation, the great fire of London and Hitler's bombing of London?" (*Hansard* 18 February 1997, volume 218, column 739).

What we find in these references to Barts historic position is the dual significance of the hospital as a site of therapeutic care able to support the citizens of London in times of particular need and a site which symbolises the capital city's many heroic struggles. It is presented as a facility which unifies and collectivises the fragmented memory of the city. This point is further illustrated by a letter to the then Secretary of State for Health from the Commander of the City of London Police. In this letter he reminded Virginia Bottomley of the many incidents in which Barts had been involved. These were catalogued: the Old Bailey car bomb (1973)—1 killed and 238 injured; the Moorgate tube crash (1974)—43 killed and 74 injured; the Marchioness riverboat disaster (1989)—51 killed and 86 injured; and the Bishopsgate bomb (1993)—1 killed and 60 injured. This mixture of historic and therapeutic importance was, however, most clearly mobilised in the campaign to save Barts that was run by the *Evening Standard*. It is to this campaign that we shall now turn.

Embodying London: Barts as London's hospital

On the basis of a leak it had received, the *Evening Standard* ran a report under the headline, "We must save Bart's from the vandals" (*Evening Standard* 30 September 1992). This headline began what was a major campaign aimed at saving Barts' West Smithfield site from closure. The significance of this campaign was that it was being run by a newspaper with a readership of 1.25 million people covering local inhabitants and commuters alike. Undoubtedly the root motive of the *Evening Standard* was to sell papers but the key point must be that the threat to Barts was extremely newsworthy. The response as evidenced in letters to the editor was immediate: "Every Londoner

should stand with you", "It is horrific to contemplate our heritage being destroyed by an academic from Newcastle" (*Evening Standard* 5 October 1992).

In the run-up to the publication of the Tomlinson Report, on 23 October 1992, the paper was instrumental in ensuring that the citizens of London and its commuter population were aware of the reasons why Barts should be saved. These reasons were essentially those articulated by the hospital management and discussed above. Crucially, however, they linked in the discourse of Barts as monument and drew additionally on discourses of identity. Barts, the audience was told, was not only a local hospital, it was a hospital of national and international significance that all of London should be proud of. It was this connection between Barts as a part of the nation's, but particularly London's, heritage and its present position as a site of medical excellence which was repeatedly relayed to the newspaper's readership. The point was highlighted by a two-page article under the headline, "Why Bart's is the best hospital in the world". In this article, Barts was set above ordinary hospitals. As the author, Lois Rogers stated, "Saving lives is the basic purpose of any hospital. But there are some lives that ordinary local hospitals cannot rescue" (*Evening Standard* 14 October 1992). As Delamothe (1993), reviewing the campaign in the *British Medical Journal* argued, "Journalists found it difficult to compete with the early hyperbole of 'Without Barts I/my child would have died/gone blind' stories". This viewpoint was captured particularly effectively by a cartoon published in *The Times*. Drawing inspiration from Pieter Breughel's painting "The Massacre of the Innocents", it evoked visually what the *Evening Standard* sought to promote through text by portraying Virginia Bottomley butchering small babies outside a building labelled "Bart's".

By the time that the Tomlinson Report was published, Barts had emerged as a site of resistance around which all London was encouraged to unite. On the same day that the news of the proposed closures made the front page of the *Evening Standard* under the headline, "Uproar over hospital cuts", a series of accompanying articles was published, drawing on the comments of London's MPs. Thus Simon Hughes (Southwark and Bermondsey) was reported as stating: "Londoners will not allow 1,000 years of history and service to be destroyed as a result of 2 years of market forces" (*Evening Standard* 23 October 1992). Characterising all the articles was a clear (re)statement of Barts' position in the history of the capital, "Bart's which has stood at the heart of the City's Square Mile for nearly a thousand years and is now a centre of modern excellence, is to be shut down and merged with the Royal London in Whitechapel" (*Evening Standard* 23 October 1992). It was this theme that dominated the *Evening Standard's* campaign to save Barts. Again and again headlines sought to position the same message in readers' minds: "Carving up 1000 years of medical history" (27 October 1992), "Hopes will die if Bottomley shuts down Barts" (21 December 1992), "Lives may be lost if Bart's is downgraded" (26 April 1993). Alongside this repetition of imagery and symbolic discourse, the *Evening Standard* sought to widen the campaign to embrace a broad constituency of London interests. To this end, comments taken from the hospital's staff, "Kill us off and London will never forgive you" (*Evening Standard* 28 October 1992) provided a basis for the later presentation of support from other areas of the community: "GPs join the battle to save top hospital" (*Evening Standard* 22 December 1992) and "Town halls join the fight for Bart's" (*Evening Standard* 22 December 1992; 30 December 1992).

Discussion

In this paper, we have focused our attention on four discursive representations which were mobilised in the campaign to save Barts. These presentations can crudely be associated with different standpoints: the community resource strategy with NHS managers,

the notion of the site of expertise with Barts' clinical staff, the monumentalising and 'London' approaches with the public, the London and national media, and London-based organisation. This simplistic association would however miss the interrelated nature of the four discourses and the ways in which they evolved and embodied internal contradictions. One discourse was thus, in essence, a failed attempt to challenge the rational planning articulated in the Tomlinson Report by identifying, for Barts, a place within the NHS quasi-market as local hospital. The other discourses, though powerful in their different ways, had little congruence with the politico-economic realities of NHS planning. The initial basis for discussion must therefore be the simple question: why then did the Secretary of State reprieve Barts?

Perhaps the most straightforward answer to this question lies, to an extent, outside the realms of discourses of opposition to closure though still within the broad context of imagery and symbolism. In essence, the Secretary of State, himself an inner London MP, did not wish, either personally or politically, to be associated with the closure of what was such an important symbol of health care in London. On his appointment to office in May 1997, it was rumoured that he had made it clear that he did not want a plaque on the wall of St Bartholomew's stating, "Founded by Rahere 1123, closed by Frank Dobson 1997" (cited in Warden, 1998, page 496). His implicit acknowledgement of the importance given to Barts' historic and symbolic legacy in the reprieve decision was evident in the parliamentary debates surrounding the publication of the Turnberg Review in February, 1998. As Dobson admitted, "This may be an appropriate opportunity to say that it is almost impossible to exaggerate the symbolic significance of St Bartholomew's Hospital, which has served London and Londoners in peace and in war, in good times and in bad, for 875 years. ... A party that calls itself the Conservative party might have thought that there was some merit in its history and tradition, but it has taken a Labour Government to do something about it" (*Hansard* 3 February 1998, volume 219, column 849). In this way discourses in which Barts represented a monument and a key element in London pride combined with party-political and constituency advantage to underpin a populist decision.

In reading further into the unexpected reprieve of Barts we need to consider broader discussions within geography regarding the understanding of place and its role in the formation of identity and resistance. The discursive representations of Barts were not produced in isolation but emerged as a result of the then government's attempts to close the hospital, and particularly the historic West Smithfield site. What is of interest is not so much that resistance occurred, as this would have been expected; rather it is the particular forms and focuses taken by the discourses of resistance and the way(s) in which they represented the hospital to their various audience(s). It is apparent, despite the differing social arenas within which these discourses were produced, that a number of interconnected images emerged, all of which sought to give the hospital a unique place in the capital's health-care and urban landscapes. As Jackson (1989, pages 219 – 220) recognises, following the work of Hall (1980), a cultural reading involves, amongst other things, an understanding of the processes by which material objects are appropriated and transformed into 'things' with meaning and symbolic value. In the case of Barts, a number of differing representations, drawing on formal and informal or local forms of knowledge, were articulated in the attempt to (re)position the hospital in London's health-care landscape.

We can trace the origins of this discursive positioning of the hospital to localist rhetoric of the quasi-market (Moon and Brown, 1998) and the isochrones of the Tomlinson Report. The government articulated a language infused with ideas of locality and community in their attempts to 'sell' the Tomlinson reforms to the citizens of London. It was these claims to a perceived notion of the local that provided the initial

grounds for contesting the proposed closure. The hospital's management and staff were particularly concerned to demonstrate that Barts had a local population, one which was distinct from anywhere else in London. It was the territorialisation of this local space, its appropriation by Tomlinson and the government, which framed the nature of the debates that were to follow. What the government failed to recognise, or overlooked, was that there also exist powerful symbolic links between a hospital and the population it serves. These are more than mere sites of medical expertise, they are material objects that hold particular symbolic significance and act to unite individuals in an otherwise fragmented urban landscape.

In line with Lefebvre (Stewart, 1995, page 611), we might therefore argue that the isochronic maps produced by Tomlinson to determine a hospital's 'exclusive population' saw the spatial as transparent and unproblematic. That view excluded the possibility that the spatial exists at the level of social imagination and impacts upon the everyday lives of individual people (Shields, 1991, page 50). In this sense, local people, whether from Hackney, or the City, or London as a whole, were prohibited from identifying with this particular marker of 'their' health-care landscape. In contrast, the later discourses of opposition employed experiential knowledges of the locality to give this space depth and social meaning; they sought to reterritorialise the 'rational' space of health-care planning.

This challenge to the Tomlinson Report's geometric view of local space was equally important in the attempt to resist the spatialised rhetoric employed by the government in their attempts to 'sell' reform. Of particular significance, here, is the mobilisation of a language of the 'local', a tactic which has occurred elsewhere (see Kearns and Barnett, 1997; Moon and Brown, 1998). Thus, the government sought to present its reforms as being explicitly for the benefit of the citizens of London. By shifting the weight of services from inappropriately placed hospitals to primary and community care services it argued that the specific needs of individual localities would be met. It was clear, from the very outset of the debate, that the government was keen to establish this connection between what it regarded as the 'local' elements of the health services and the needs of London's citizens. Indeed, the government's response to the Tomlinson Report explicitly stated that, "change must be driven locally and, above all, by patient's needs" (DoH, 1993, page 3). Furthermore, these changes were to be guided by those individuals and layers of the NHS which were regarded as being advocates of their localities: "District health authorities and general practitioners as purchasers of hospital services have a key role in driving change. Decisions about where services are to be provided in future must have their support, and reflect what they, in consultation with representatives of local communities, consider best for their patients" (DoH, 1993, page 3).

In territorialising local space and positioning its reforms in relation to ideas of the 'local', the government actively configured an imaginary territory over which its proposed changes would impact. It identified a territory of government (Rose, 1996). However, the proposed rationalisation of hospital services within that territory threatened specific material objects found in the urban and health-care landscape around which ideas of place in a locality were formed. It was to this symbolic imagery that many of the discourses appealed. Although the medical significance of the hospital was not forgotten it was its place in the history of the capital and, as such, in the collective memories of Londoners themselves that became a central issue. The postmodern urban landscape is a complex space (Morley, 1991; Robins, 1991) and, as Dear (1991, page 549) suggests in his critique of the postmodern geographies of Harvey and Soja, "Postmodernism is about complication and difference, which are reflected in the urban landscape as an intense localization and fragmentation of social process".

To remove key symbols from such a complex, fragmented space is to remove the possibility of positioning in place.

The arguments which we have presented here have looked to a macrolevel where attempts to territorialise ideas of the local are contested. We have considered discourses through which health-care policy is sold to the public and discourses of resistance. These constitute competing knowledges. The mobilisation of distinct representations of place and identity sought to unite Londoners' understandings of their health-care landscape around one individual hospital. The discourses identified promoted differing senses of locality, belonging, and community, ones which were fixed upon this specific material feature of the landscape and not merely on abstract notions of what is the 'local' or the 'community'. Thus, these representations, as well as the very real services offered by the hospital, provided the focus around which individuals could unite. As with the Dockland's campaign (Keith and Pile, 1993) or the 'Pollock Free State' (Routledge, 1997), the Barts case was not just about local residents fighting to save their hospital, it was about a fight over a symbol of place, however imaginary (Shields, 1991).

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