Celebrating a proud history
The Western Infirmary
1874 – 2015
In the beginning

The Western Infirmary first opened its doors to patients in November 1874. Within two days the two surgical and two medical wards were completely filled.

Over its first three years the average number of patients was 153, such was the demand for its services.

The proposal to build a new hospital in the west of Glasgow was first mooted in 1849 when the University Court decided that its buildings in the High Street, close to the Royal Infirmary, were no longer fit for purpose.

When they were eventually sold to the North British Railway Company in 1864 for £100,000 the scheme to move the University and build a new hospital to accommodate its teaching needs gathered momentum.

The first site purchased was at Clayslaps at a cost of almost £18,000. This ground, where the Art Galleries now stand, was exchanged with Glasgow Corporation for a nine acre site at Donaldshill. Additional acreage to the north and west was purchased and the Glasgow architects John Burnet, Son, and Campbell were appointed to draw up plans.

Originally the project was linked to the removal of the University to the west end, but it became increasingly clear that the hospital would require to serve the needs of the public and so become a second general infirmary for the city.

Funding issues meant that the plan for up to 350 beds had to be postponed and revised drawings for a building with 190 beds were submitted and approved in 1869.
In 1871 committees were set up to oversee fundraising, expenditure and building matters and the foundation stone was laid, with full Masonic honours, in August 1871. The building was opened in 1874 and consisted of a central section surmounted by a clock tower with the main entrance facing south, and containing, offices, boardroom with a large theatre/lecture room above.

A north wing contained domestic staff accommodation, kitchen and two floors of wards. A block to the east housed the Matron’s rooms and offices on the ground floor and two floors of single wards above. A section to the west contained the apothecary, the Superintendent’s rooms and two floors of single wards.

The block running north and south at the west end of this section contained the out-patient dispensary and three floors of single wards above. A small block extending further west contained the porter’s house and two floors of small single wards.

Despite efforts to have a permanent management amalgamated with the Royal Infirmary it was decided that the Western would go it alone and form its own independent board of management.

Prior to the opening the necessary staff were appointed. These included Dr J.H. Lilly of Belvidere Fever Hospital as Medical Superintendent, Miss Elizabeth Coyle of St Mary Abbots Hospital, London as Matron and Mr Henry Johnston as Secretary.

Four senior clinical appointments were made. Each came from a similar clinical post at the Royal Infirmary. The senior physician was William (later Sir William) T. Gairdner, Regius Professor of Medicine, also the city’s first Medical Officer of Health. The other medical chief was Thomas (later Sir Thomas) McCall Anderson, Professor of Clinical Medicine and a member of a distinguished Glasgow medical family.

The senior surgeon was George (later Sir George) H.B. MacLeod who had succeeded Lister as the Regius Professor of Surgery. MacLeod was a meticulous surgeon, a fine teacher and author of the outstanding “Notes on the Surgery of the Crimean War”. The range of activities of surgeons in those days was surprisingly varied and MacLeod famously identified the accused in the notorious Sandyford Place murder from footprints in blood. He was joined by Professor of Clinical Surgery George Buchanan, who had also served in the Crimean War and was noted for his distinct lack of inches. He used a five inch section of a tree trunk as an operating stool and for years it was known as “Geordie Buchanan’s cheese.”

Under this distinguished leadership the new hospital thrived, as further wards opened and more staff were appointed to senior positions.
In 1877 a separate department opened for the treatment of ear diseases. In 1888 a post of Dispensary Surgeon for diseases of throat and nose was created and the familiar Ear Nose and Throat department was finally created in 1927. 1877 also saw the opening of the department for the treatment of women’s diseases, with a separate ward in addition to out-patient services. This department came under the charge of Professor of Midwifery William Leishman. He was succeeded in 1894 by William Reid who had risen to the position of Chief at Glasgow Maternity Hospital. He made many contributions to literature involving clinical obstetrics and is deservedly regarded as a pioneer in his chosen field. Reid was joined by Hector Cameron who was among the first obstetricians to undertake delivery of babies by Caesarean section.

Time to grow

In 1878 plans for a major extension were drawn up, funded by a bequest of £40,000 from the will of John Freeland, a member of a city company trading in the West Indies. This was opened in 1881 and consisted of an east wing providing an additional 150 beds and a residential block for nurses, joined to the main block by a covered walkway, later to become a conservatory.

By 1883 the hospital boasted a total of 346 beds, treating a total of 3565 patients, and the cost including buildings, site and furnishings amounted to £130,000.

Funding the hospital

Balancing the books was then, as ever, a tricky business and records show that the ordinary income and expenditure never balanced throughout the Western’s history as a voluntary hospital. Ordinary income was derived from annual subscriptions, usually from major factories, shipyards and warehouses. A small sum was deducted from employees’ wages to pay for access to the hospital’s services. Donations tended to fluctuate depending on the level of prosperity or depression in the city, but in general the interest from investments added considerably to the hospital’s funds. These included endowments from members of the public to have a bed named after them or a loved one. A brass plate was affixed to the wall above the bed celebrating the donation. In 1885 nine beds had been so endowed and by 1948 the number had risen to over 200 and the Endowment Fund to around £500,000, the interest from which funded several projects that could not otherwise have been afforded.

In 1893 the hospital’s first convalescent home was opened near Lanark, the result of a donation by Sir William Hozier. The home served a useful purpose to provide facilities for recovering patients in the comfort of a countryside setting. Hozier House later housed sick and wounded servicemen during World War One and was extensively refurbished in 1955.
A revolution in surgery

The building of the Western came at a revolutionary era in surgery. In 1864, just ten years before the Western Infirmary opened – Joseph Lister had evolved the principles of antiseptic surgery at Glasgow Royal Infirmary and together with the earlier discovery by Sir James Young Simpson of the anaesthetic uses of chloroform, the foundations of modern surgery had been laid.

Lister’s methods were warmly welcomed by George MacLeod and his colleague Sir Hector Cameron, also Lister’s former assistant, who was appointed a surgeon to the Western in 1881. He held a number of surgical and administrative positions and was knighted by Queen Victoria in 1900.

Sir Hector distrusted “brilliant” surgeons and warned his students: “To open an abdomen without a constructive diagnosis is the height of surgical curiosity.”

In 1890, sometimes in the presence of hundreds of students in the operating theatre, surgeons at the Western conducted 877 operations, against 235 in 1874. Considering they were working with a fixed operating table, gaslight as the only form of artificial light and the most basic facilities, the results were surprisingly successful.

By 1893, however, it became clear that additional operating theatres would be necessary, inspired chiefly by the refusal of Sir William Macewan to use the existing theatre. Instead he set up shop in an open area adjacent to his wards in which he steadfastly continued to pioneer his use of aseptic surgery.

The result was the construction of a purpose built three-storey building to the south-east corner of the hospital. This housed three separate theatres housing 60 students and was in use until the centenary of the hospital in 1974.
When in 1895 Conrad Rontgen discovered the properties of X-rays, research into its application began throughout the world and not least in Glasgow. Medical Superintendent Donald Mackintosh undertook experiments with a static machine and vacuum tube made specially by Muller of Hamburg and studied in particular fractures and dislocations. As a result of his work he published an atlas of bone trauma – a classic publication of its time – and so the X-ray department was founded.

In its first annual report the board of managers stated that: “Special attention has been given to the nursing department, upon which so much of the well-being of the patients depends.”

At the outset, the training of nurses was carried out by Matron Miss Clyde, who held office for 22 years. The minimum age of entry was 21 for probationers, the name given to nurses in their first year of training. Their education was a combination of learning from the sisters on the ward and by systematic instruction from appointed lecturers and led, after fours years, to an examination for the Certificate of the Infirmary. The beautifully designed “badge”, introduced in 1919, became a much coveted award.

The appointment as Matron of Miss Helen Gregory in 1906 was a major event in the hospital’s history. Qualifying in 1899 at the Western, she returned to the hospital to demonstrate outstanding skills as an organiser, leader and example to her staff. Her talents made a huge contribution to the hospital’s success as a nurses’ training centre. In 1932, the year before she retired she became a CBE in recognition of her services to the nursing profession.

Countless other Western trained nurses went on to distinguished nursing careers and positions of high rank within the medical and military services.

Dame Katherine Watt served as a sister in WWI and later joined the Ministry of defence as Chief Nursing Officer.

Dame Emily Blair succeeded her as Matron-in-Chief of the RAF Nursing service and was subsequently Matron-in-Chief of the British Red Cross.

Miss Catherine Roy was Matron-in-Chief of Queen Alexandra’s Imperial Military Nursing service.

Miss Margaret Macnaughton was a sister tutor at the Western in 1938 and was appointed area organiser for the College of Nursing in Scotland. She later held the post of matron at Bangour in West Lothian and Brechin, Angus Hospitals and was appointed Chief Nursing Officer to the Department of Health for Scotland in 1961. She was made an OBE in 1965.

From those early days to the present, the reputation of the Western Infirmary as a centre of excellence in the training of nurses has been upheld by a succession of talented and dedicated staff.

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The work was not without its risks and in later years several members of staff were to succumb to the effects of prolonged exposure to the rays.

Importance of nurses

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A peculiar cold war

It would be unusual if it could be recorded that harmony between doctors existed at all times, but the antics of two in particular took “cold shoulder” to the highest levels. For their 1974 book ‘The Western Infirmary’, authors Loudon MacQueen and Archibald Kerr unearthed an unusual tale of disharmony between leading physicians...

When dermatology pioneer Sir Thomas McCall Anderson died in 1908 he was succeeded by his former assistants John Wylie Nicol and J. Goodwin Tomkinson. For the next 20 years they carried their individualism to the point of avoiding all personal contact, despite both holding out-patient sessions on two days a week, but on different afternoons. At no time in all those years did Tomkinson set foot in the wards where Nicol was in charge.

Tomkinson could safely be described as idiosyncratic. His inordinate fear of infections led him to carrying an umbrella which he used to open doors in the hospital and on tramcars. He also attached patients’ chairs to a fixed rail on the wall to prevent them moving too close to him during consultations. When Tomkinson once observed a resident licking an envelope he immediately ordered that the offender dip his tongue in a solution of potassium permanganate!

Great names at the Western

The early 20th century saw the emergence of some of the greatest names in Scottish medical history and the Western’s contribution was amongst the greatest.

Names like Samson Gemmell, T.K. Monro, Ralph Stockman, William MacLennan, T. Kennedy Dalziel, James H. Nicol, Robert Barclay Ness, Duncan Macartney, George Henry Edington and Sir George Beatson made huge contributions to early surgery and medicine. Senior among the surgeons was Sir William Macewen, whose reputation was known worldwide as a pioneering surgeon. He was the first to complete the successful surgical removal of the lung.
In July 1914, just weeks before the outbreak of World War One, the hospital received a royal visit from King George V and Queen Mary. Inevitably the call for medics to join the Navy and Army arrived and of the 15 resident doctors, only two remained, very much against their will. Their places were taken during the duration of the war by students.

Many of the volunteers did not return, including former Resident Harry S. Ranken who, while serving with the British Expeditionary Force, died of wounds resulting from an act of gallantry, for which he was awarded the Victoria Cross. The same honour was to be given to Lieutenant Donald Mackintosh, son of the Medical Superintendent Donald J. Mackintosh, who died leading his troops into action in 1917.

It was around this time that the Western pioneered the introduction of what we would now know as physiotherapy. The need to treat soldiers returning from the war led to the establishment of the School of Massage, Medical Electricity and Remedial Exercises.

By the jubilee year of 1924 the number of in-patients had reached 9,400 and the annual number of out-patient consultations had risen from 5,900 in 1874 to 149,000 in 1924. The eight original wards had now increased to 32 and the medical and surgical staff from 13 to 61.

In 1925 the outstanding event was the opening of the Alexander Elder Memorial Chapel, complete with its beautiful stained glass windows, dedicated to Lieutenant Mackintosh and the 22 former resident doctors who lost their lives in WW1.

In 1928 the 42-bed David Elder Infirmary at Drumoyne was opened, operating as an annexe to the Western until the creation of the NHS in 1948 when it passed to the nearer Southern General.

A new Ophthalmological Department – called the Tennent Memorial – was built in Church Street in 1936 at a cost of almost £50,000, the result of a bequest of former visiting physician Dr Gavin Paterson Tennent. Two years later the Gardiner Institute of Medicine opened, later becoming an important addition to the Glasgow School of Medicine as a centre for teaching and research.

Celebrating 50 years
The Second World War and the new NHS

At the outbreak of war in 1939 the Western anticipated the treatment of many local casualties but apart from the raids on Clydeside in 1941 they did not materialise. As in WW1 a large number of staff enlisted for service and again several doctors and members of the nursing staff died in action.

The post-war period was marked by the establishment in July 1948 of the National Health Service.

The newly formed Glasgow Western Hospitals Board of Management was responsible for the Western Infirmary, Glasgow Eye Infirmary, Glasgow Orthopaedic Clinic and the Killearn, Knightswood, Royal Beatson Memorial and Ear, Nose and Throat hospitals.

While the management structures underwent significant changes, the patients noticed little difference, although the nurses welcomed the completion in 1954 of a new home and some of the senior medical staff took the opportunity to work full-time for a salary rather than rely on their private practice for income.

One subject that caused concern was the management of endowment funds. Over the years the Western Infirmary had been extremely prudent in its spending and had accumulated sizeable sums. The Scottish Commission decided, however, that they wished to more equally distribute all endowments throughout Scotland and in effect the Western was forced to hand over more than £600,000 for other hospitals and research purposes.

In 1955, an event was to take place that would have the most welcome effect for both staff and visitors to the hospital – the re-numbering of wards. Successive generations of both had suffered at the hands of a system that until then could only be described as haphazard!

Overnight the new ward numbers and illuminated signage solved the problem.
The largest single project post-war was the building in 1946 of the department of radiotherapy, with 48 beds and purpose built treatment rooms.

The growth in surgical and medical specialties over the next few years led eventually to the realisation that a new building would be required and in 1955 the board of management ordered plans for a new infirmary on the site of the old one to be drawn up.

Staff were enlisted to consult with the architects and eventually a three phase plan was agreed, only the first of which was eventually finished in 1974, the same year that the governing body, the Western Regional Hospital Board was abolished and replaced with Greater Glasgow Health Board.

The new building consisted of a 256-bed, south-facing eight-storey block devoted largely to accident and emergency services, orthopaedics, cardio-respiratory and urological investigative units with appropriate radiological and operative facilities, central kitchens and dining rooms.

To accommodate patients while the Western was being rebuilt a new general hospital was built and opened in 1972 at Gartnavel.
Since its opening the new Western Infirmary on Dumbarton Road has housed most of the acute emergency and receiving functions serving the west of the city including accident and emergency, intensive care, orthopaedic trauma, emergency surgery, acute medicine and acute stroke.

In addition, the hospital provides elective gastrointestinal, breast and cardiothoracic surgery. Medical specialties include cardiology (coronary care, invasive and non-invasive cardiac investigation, and angioplasty), general medicine, and renal medicine (including renal transplantation).

The Western Infirmary site is also home to the out-patient West Glasgow maternity care centre.

Following the move to the new South Glasgow University Hospital, the site of the Western Infirmary will be taken over by the University of Glasgow for development, thus maintaining a link that has survived for more than 140 years.
South Glasgow University Hospital

Despite its size, this huge hospital has been designed to make it very easy for you to get to your destination. From the hi-tech touch screen information points and the barcodes self-check-in to the friendly faces of our guiding volunteers and landmark artworks at key points throughout the hospital... everything is geared towards making it simple to get around.

Introducing the new South Glasgow hospitals

The Royal Hospital for Sick Children

When the new Royal Hospital for Sick Children opens its doors on 19th June, you can be assured that your child will get the same wonderful care that they have always had at Tayside. The staff from the world renowned Tayside Children’s Hospital will be the same but the key difference will be the fabulous new facilities that they and your child will experience.

The hospital was designed around the needs of children... and who better to give us that insight than existing patients. Working together with architects, nurses, doctors and other clinical staff, our young patients have helped create a hospital that is truly outstanding. Here we spotlight just a few of the striking features of this new jewel in the crown of paediatric hospitals.

Lift system

There are four new main lifts, A, B, C and D, which are located next to the north entrance. There are also four floor & patient lifts, E, F, G and H, which are located next to the south entrance. These lifts use smart technology to ensure you reach your destination as quickly as possible. You press the button panel outside the lift and it will direct you to the ward you want. These lifts are spacious and designed to enable a parent or guardian to stay overnight with their child.

Play

Play is an important element of a child’s time here in hospital. To enhance play a purpose built play area has been created in the hospital. Three new play zones are provided, the range of activities from the fun and the medical are brought out to the roof garden.

Age appropriate care

Until now, children from the age of 13 were treated with adults. The new hospital is designed to treat all patients from the age of 13 upwards and treat them in facilities that are more appropriate for their age. From the world renowned Tayside Children’s Hospital, we are creating a new hospital that will be the same but the key difference will be the fabulous new facilities that they and your child will experience.

Food and drink

Next to the restaurant, on the first floor of the atrium, is the Coffee Bar. The Coffee Bar provides a wide range of freshly brewed coffee, teas, milkshakes and slices of home baked bakery. This is opened Monday through to Friday from 9.00am until 6.30pm serving high quality sandwiches, beverages, snacks, fruit and cakes.

Retail

And don’t forget, in addition to the retail outlets for patients, visitors and staff, there are a number of commercial retail outlets for patients, visitors and staff. The retail outlets are all located on the ground floor; and wards C, A, B, C and D. As you would expect, in an ultra-modern hospital of this size there are no buttons inside the lift. The lift button panel is located outside the lift and it will direct you to the ward you want. There are no buttons inside the lift.

Outpatient check-in

If you are attending as an outpatient you will check-in at one of the measuring points, which can be found throughout the hospital. As you approach the measuring point it is a red light will start to flash. If you are attending at one of the scanning points, you can check-in using the letter we sent you. If you are attending as an outpatient you can check-in using the letter we sent you.

Room with a view

Every room is designed to the highest specification to reduce the risk of the spread of infection and provide safe and comfortable care for patients, families and staff. The entrance to each room is directly at floor level and avoids the need for stairs or escalators. Every room is designed to be patient friendly, including an en-suite bathroom and entertainment console, designed to enable a parent or guardian to stay overnight with their child.

Retaining a view

The hospital has 1,109 beds as standard. Each ward has the latest patient bed design and there is a range of rooms to cater for patients, families and staff. The hospital is designed to be patient friendly, including an en-suite bathroom and entertainment console, designed to enable a parent or guardian to stay overnight with their child.

Beneath the Heather

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Getting there

The new South Glasgow hospitals are easy to get to. They are located just a few minutes from the M8, within a few hundred yards of the Clyde Tunnel and served by a very frequent and fast bus link network.

There are on site multi-storey car parks and ground level spaces for patients and visitors. Car parking is free but there is a four-hour maximum stay between Monday to Friday 7.30am till 4pm. Disabled parking spaces are available on the ground floor of the multi-storey car parks.

The new Fastlink bus route provides speedy links from Glasgow City Centre via the Arc Bridge (known sometimes as the Squinty Bridge). At peak times there will be a bus every minute arriving at or inside the hospitals campus.

You can reach the direct bus link network via the city’s excellent rail and subway transport systems.

Find out about the best routes for your journey call traveline on:
0871 200 22 33 Or visit: www.travelinescotland.com

A new dedicated section of the traveline website has been created giving you information on ticket options with links to major bus operators and SPT as well as a link to a hospital journey planner. Simply click on the button “New South Glasgow Hospitals” on the homepage for all you need to know about getting to the hospital by public transport.

Fastlink route