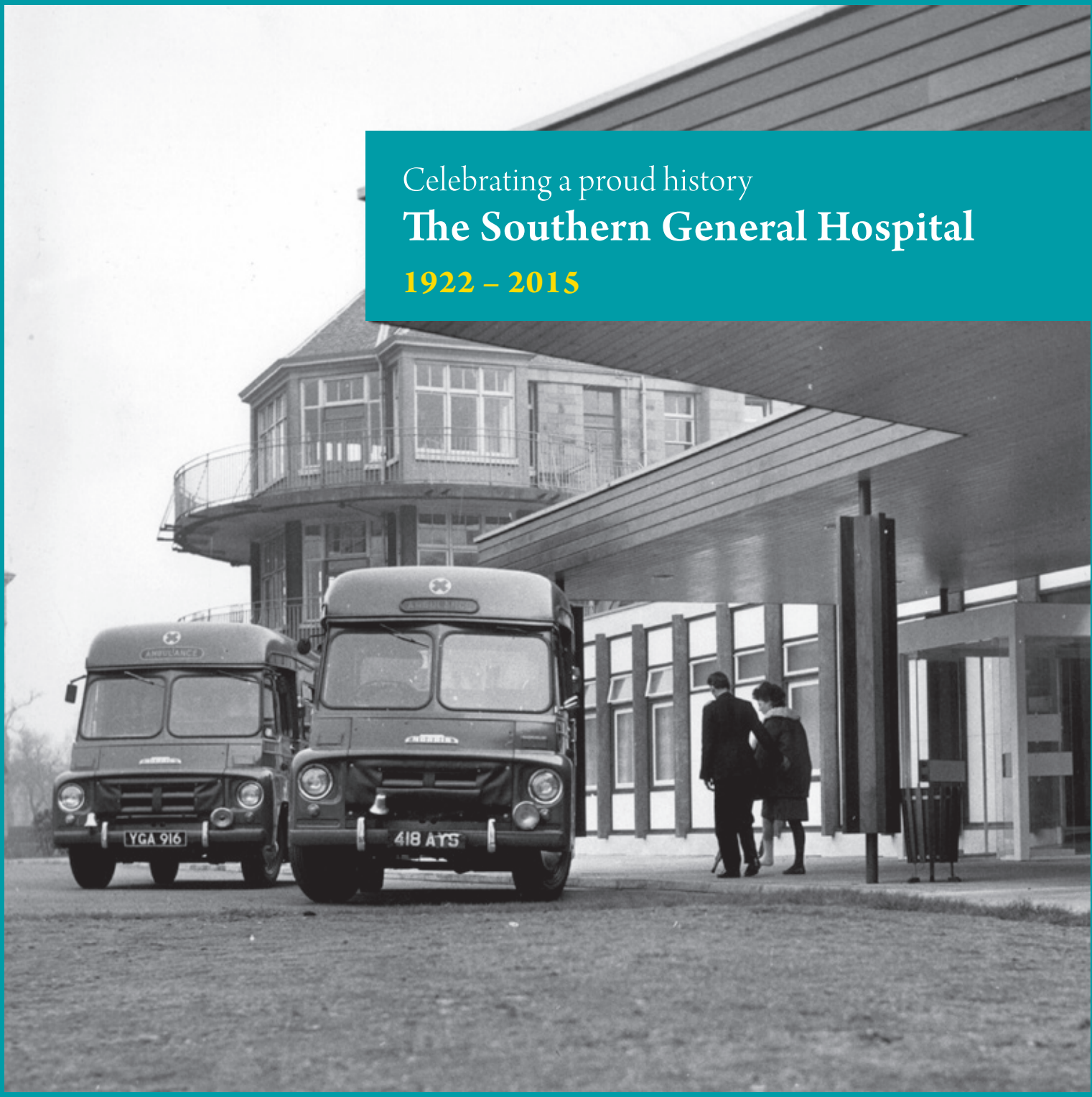
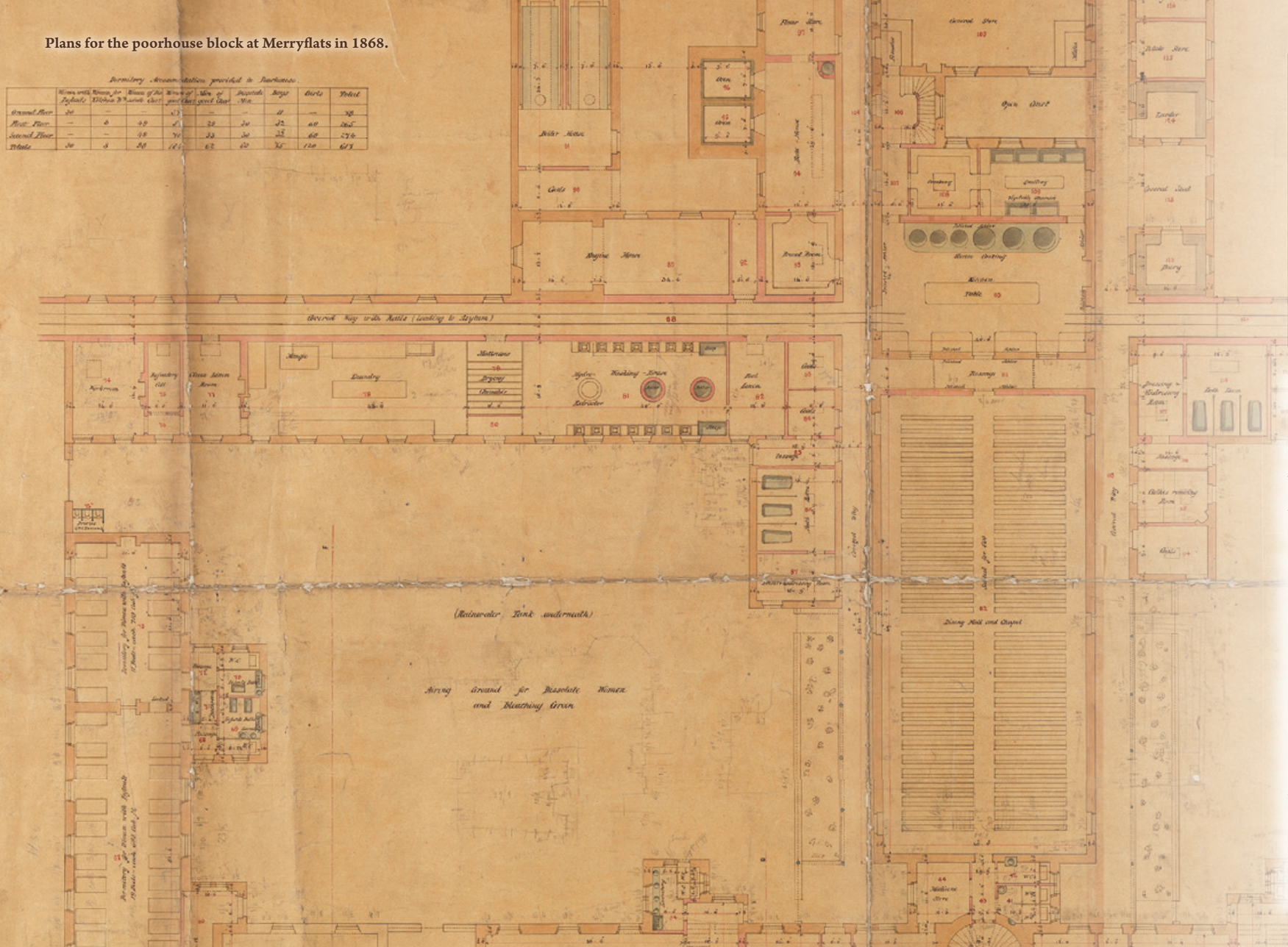


Celebrating a proud history

The Southern General Hospital

1922 – 2015

Plans for the poorhouse block at Merryflats in 1868.



A woman sitting on a box bed a typical feature in Glasgow housing during the 1800's.

In the beginning

The first recorded mention of the Southern General Hospital was in 1922 when the poorhouse, hospital and asylum at Merryflats were so renamed, but the history of healthcare in the parish of Govan stretches back at least a further 70 years.

In 1849 the Govan Parochial Board opened a temporary poorhouse in Dale Street, Tradeston to provide for the "deserving poor" in the form of accommodation and medical care.

By the end of June 1849, 106 'inmates' had already been admitted. Of these, 48 were children who were "regularly instructed in reading, sacred music, etc". It was anticipated that the building would house 350 inmates when fully converted from its previous use as a mill.

Residents who were too sick to work lay in bed in the hospital whilst other inmates had to work in a variety of roles, including as volunteer nurses. The first doctor, James Stewart, was appointed in the winter of 1850.

Health problems in the mid 19th century were severe and varied, but much of the misery can be traced to the abuse of alcohol, often in the illegal drinking dens which doubled as brothels. The excessive use of drink led to a high incidence of crime, including prostitution, and severe mental health problems for those caught up in the spiral of poverty and alcohol abuse.

From the Glasgow Caledonian University Archives: Heatherbank Social Work Collection

A Glasgow poorhouse – men's ward.

Plans in 1868 show the main entrance to the Merryflats development.

The Poor Law

Prior to 1845, where poorhouses had existed, these took the form of almshouses in which residents were invariably regarded by their community as respectable and had been hard -working before old age or physical disability had prevented them from working.

After 1845, with the advent of the Poor Law Amendment Act, things changed. Parochial Boards had to balance the need to discourage scroungers by making life in the poorhouse disagreeable but also to provide help and support for the genuinely needy.

The Board of Supervision set up in Edinburgh set out rules and regulations to be adopted by Parochial Boards for their poorhouses. These included prohibition of alcohol, gambling and smoking. Residents were segregated by sex and were subject to long hours of hard labour and a limited and repetitive diet.

Disorderly adult inmates were punished by extra work and solitary confinement. A report for 1862 showed that about nine per cent of paupers entering a poorhouse were dead within one year.

Govan Parochial Board was set up to implement the 1845 Poor Law Amendment Act and was responsible for setting and collecting a poor rate – a local tax on property. They had an Inspector of Poor who examined applications for relief and a Governor to run the poorhouse.

Those outside the poorhouse were visited in their homes by parish doctors. In addition to prescribing medicines, the doctors could also direct that a special diet, cordials (such as concentrated orange juice) and warm clothing should be provided for the sick poor. In 1872 expenditure by Govan Parochial Board on wine (almost all of it given on the instructions of a doctor) was twice the rate of expenditure on medicines! This was ordinary wine prescribed to patients because it was believed to have restorative properties.

The Govan poorhouse staff included a Governor, Matron and Porter. Most work in the poorhouse – including cleaning, cooking and nursing – was done by the pauper inmates. The porter acted as a gatekeeper and ensured that contraband such as alcoholic drinks, tobacco and dice were kept out. Children attended school for three or four hours per day, so a chaplain/ teacher was needed too.

Classification of the poor and nursing

The Govan Parochial Board and their staff were concerned that decent, respectable women who had become impoverished through no fault of their own – often because their husbands had died or abandoned them – might be corrupted by 'dissolute' women who had been admitted to the poorhouse from a life of illegal drinking dens and prostitution.

So they segregated women inmates in two classes, each with their own dormitories, airing grounds and workplaces. The groups were known as 'women of good character' and 'dissolute women'. There were parallel provisions for men, although the titles used for the groups were different: 'infirm men' and 'dissolute men'. Children, however, were not treated in this way, being split only between boys and girls.

In the Govan Parochial Hospital patients were classified as female, male or contagious. The women sent to nurse contagious patients were classified as 'dissolute' whilst those assigned to other patients were 'women of good character'. This had a significant impact on the amateur nurses' chances of becoming seriously ill. Contagious diseases – typhus, measles, diphtheria, scarlet fever, scabies and so forth – were highly infectious and the risk to those who provided nursing care was high.

Assigning 'dissolute women' to care for patients suffering from infectious diseases was also hazardous for the patients, especially during the night shift when there was little supervision of the work. The night nurses were provided with wine that the doctor had prescribed for the patients and this may often have been consumed by the "nurses" themselves, many of whom had a serious alcohol problem prior to their admission.

The move to Eglinton Street

The Dale Street poorhouse was always intended as a temporary measure. In 1851, the Parochial Board agreed that they should convert a disused cavalry barracks at 220 Eglinton Street and expenditure of £8,750 was authorised. The new poorhouse stood towards the southern end of Eglinton Street, not far from the junction with Pollokshaws Road. Much of the old cavalry barracks consisted of two-storied buildings. When these buildings were converted, the lower floors became work rooms, dining rooms, and so forth whilst the dormitories above continued to be used as sleeping accommodation.

Some re-modelling was undertaken to ensure that the principles of segregation were reflected in bricks and mortar.
In the 19th century the population of Govan rocketed. Between 1826 and 1901 the number of residents went from 30,000 to over 340,000. Most of this increase was due to migration. People were attracted to the Glasgow area because there were jobs to be had, many of them well paid.
In the 1840s the most common kind of work in Govan Parish was weaving. In the northern part of the parish, around Hillhead, there were miners too. On the southern outskirts there were farms.

By the 1890s this had changed dramatically: two thirds of men had skilled or semi-skilled work in shipbuilding or engineering.
Due to the possibility of sudden unemployment, many well-paid men chose to live in cramped tenements where they and their families were particularly likely to be infected with tuberculosis and other debilitating diseases. Whilst prudent families saved in the good times, and some even managed to set themselves up in business by doing so, many devoted the surplus to excessive consumption of alcohol.

Thousands of Highlanders and Irish flocked to the city to work in the shipyards at Govan.

From the Glasgow Caledonian University Archives: Heatherbank Social Work Collection.

Men weaving baskets in the Occupational Workshop of a Glasgow poorhouse, 1920.

In the 1860s it became obvious that the poorhouse and hospital at 220 Eglinton Street was not big enough to cope with a rapidly expanding population, especially a large population exposed to periodic trade depressions accompanied by mass unemployment.

The Govan Parochial Board agreed a plan to construct a large new poorhouse and hospital on the Merryflats site where the Southern General Hospital has stood ever since. Incorporated in these plans was a new asylum that would make it possible for the Parish to care for people with acute mental illnesses on its own premises rather than send them to Gartnavel. Also included was a swimming pool in which poor boys might get beneficial exercise whilst learning to swim.

When the £60,000 cost of the proposed development at Merryflats was revealed, there was an outcry from ratepayers. When the Parochial Board elections were held in July 1867 most of those who had served on the old Board were voted out and a new group, pledged to strict economy, was elected in their place.

By the time that the new buildings were opened, however, it was clear that the strict economy group had spent a lot more money than their predecessors had planned for – £100,000, yet almost immediately there were proposals for extensions to the buildings at Merryflats.

Patients and poorhouse inmates were transferred from Eglinton Street to Merryflats in 1872. At the same time a large number of psychiatric patients were moved from Gartnavel.

Amongst those with illnesses or conditions for which treatment in the parochial hospital was appropriate, scabies and respiratory ailments like bronchitis were particularly common. It was common also for unmarried pregnant women who had neither mother nor sisters nearby to be admitted so that they might give birth safely. In this way, Merryflats developed as a maternity hospital.

In 1873 the recently-appointed Inspector of Poor, Mr Andrew Wallace made a report to the Govan Parochial Board on "the growth of the parish and of the pauperism therein" including statistics for the years ended 14 May 1864 and 1873. This showed that the population had increased by 40% and that the increase in orphaned or abandoned children was a staggering 157% over just nine years.

Merger with Govan

As a result of their careful approach to money matters, in 1873 the annual poor rate in Govan was just 11.4 pennies (five pence in 21st century decimal currency) as compared to two shillings, nine pennies and three farthings (13 pence) in neighbouring Gorbals Parish. Gorbals had a particular concentration of impoverished residents and therefore had to impose very high poor rates. High rates in turn discouraged investment in new businesses in the Gorbals. Businessmen could set up premises on the western side of Eglinton Road and pay the Govan rates instead.

By the early 1870s, Gorbals was teetering on the verge of bankruptcy. So on 9 January 1873 the Board of Supervision "requisitioned" a special meeting of Govan Parochial Board at which it was insisted that a merger between the two parishes must take place.

Nursing staff group meeting.

Glasgow X-ray vans.

Tuberculosis and nursing

Tuberculosis (TB), also known as consumption, was widespread in Govan between the 1850s and the 1950s. Although TB had been identified as a separate disease in ancient times, it was not until 1882 that Professor Robert Koch demonstrated the existence of the tubercule bacillus. It then became clear that TB was an infectious disease, spread through the sputum of those infected by the disease.

The voluntary hospitals, funded by donations, became reluctant to accept TB cases once the risks of infection were known. So the parochial hospitals expanded to cope with them. In the years 1890-94 TB patients admitted to the Victoria Infirmary were 12% of the total. By 1907 this had fallen to 5%. Merryflats Hospital provided some of the accommodation needed to compensate. In 1899 an extension containing 117 beds was opened.

Two further extensions were built in the first decade of the twentieth century. The measures taken, both within the hospital and in the parish outside its walls, met with some success: between 1864-72 and 1895-98 the average percentage of deaths caused by TB dropped from over 20% to below 15%.

Ultimately, satisfactory nursing could only be provided if the practice of using pauper inmates was abandoned and salaried nurses were substituted. The first major step towards the employment of professional nurses came in the 1880s when Eliza Franklin was appointed as Hospital Superintendent. By the mid-1890s there had been significant developments, with eight fully trained registered nurses and four probationers (nurses in training) on the staff.

Food, glorious food

Hospital patients at Merryflats had a better, more nutritious and more varied diet than that provided for people resident elsewhere on the site. The following weekly menu for the main meal of the day was approved by the hospital in 1889.

Sunday	*corned beef or tripe with potatoes, milk pudding*
Monday	*pea soup, mutton and potatoes*
Tuesday	*stew, vegetables, suet pudding*
Wednesday	*broth, beef and potatoes*
Thursday	*stew, potatoes, milk pudding*
Friday	*fish and potatoes, plum pudding*
Saturday	*pea soup, mutton and vegetables*

Friday's plum pudding was made with a generous allowance of fruit – four ounces per person. Elsewhere at Merryflats the diet was monotonous: porridge for breakfast; beef, potatoes and vegetables (often served as stew or soup) for dinner; and bread and butter for supper. A key part of the diet for everybody, except small children, was sweetened tea which provided an essential energy boost.

At the beginning of the twentieth century the Govan Parochial Hospital was fifty years old. In 1850 the total expenditure of the Govan Parochial Board on provision for the poor was £7,620. By 1905 this figure had risen to £101,178, a quarter of which was assigned to the care of the mentally ill. Expenditure on asylums, as the psychiatric hospitals were called, far exceeded spending on Merryflats Hospital. Differences in staff numbers and salaries go a long way to explain the difference in levels of expenditure.

In 1905 Merryflats Hospital had a staff of three doctors, 18 nurses and 12 probationers. The asylum at Merryflats had 17 nurses, whilst the recently-opened asylum at Hawkhead (to which most of the parish's mentally ill patients had been transferred) had three doctors, 66 nurses and an impressive range of support staff that included two chaplains, eight maids, five laundry staff and six craftsmen from the building trades.

The kitchen and staff in a Glasgow poorhouse 1920.

From the Glasgow Caledonian University Archives: Heatherbank Social Work Collection.

Voluntary healthcare provision

The wide open spaces at Merryflats afforded the staff plenty of space for outdoor recreation, including the formation of a successful women's hockey team.

To fully understand the role and responsibilities of Merryflats Hospital it is necessary to say something about the role of voluntary healthcare provision. There were three major voluntary hospitals either in or just outside the boundaries of Govan: the Glasgow Royal Lunatic Asylum at Gartnavel, the Victoria Infirmary and Western Infirmary. All of these were financed by voluntary contributions and governed by Boards elected by contributors.

The voluntary hospitals treated large numbers of people with acute illnesses and serious injuries. This made them good places to train doctors.

The Western Infirmary was Glasgow University's main teaching hospital. Gartnavel, Rottenrow, The Royal Hospital for Sick Children at Yorkhill and the Eye Infirmary all functioned as training hospitals too – for psychiatry, obstetrics, paediatrics and ophthalmology respectively.

Holding an appointment as a surgeon or physician at a voluntary hospital (especially one that was also a teaching hospital) brought great prestige. This prestige in turn was vitally important in generating an income for the doctors in question. They worked on average about two hours per day in the voluntary hospitals where their patients were overwhelmingly poor people and made most of their money from private practice.

Merryflats Hospital could not hope to achieve the prestige associated with voluntary hospitals. In fact, it did not even compare favourably with the two main hospitals run by Glasgow City Parish: Barnhill and Stobhill. Barnhill had achieved a particular standing as an acknowledged centre of excellence in the training of nurses for service in poor law institutions. Stobhill Hospital, opened in 1900, put Merryflats even further into the shade. Stobhill was designed to be used entirely and solely as a hospital, with no lingering associations with the poorhouse. All of the nursing duties were carried out by nurses and probationers. Stobhill had brand new laboratories, operating theatres and a first class laundry. It even had good links to the railway network. By comparison the 30 year-old hospital buildings at Merryflats, standing cheek by jowl with a poorhouse, looked old-fashioned.

Care for the mentally ill

In 1850 there were just 32 pauper lunatics being cared for by Govan Parish. By 1905 the corresponding figure was 984. The number had risen to more than 30 times the original figure.

One of the reasons why Govan Parochial Board decided to develop the Merryflats site was that the erection there of a separate asylum would enable them to care properly for the most seriously mentally ill paupers.

The asylum occupied 30 acres of ground and it was now possible for patients to grow fruit and vegetables which had not been feasible on the cramped site at Eglinton Street. When opened in 1872 the asylum was intended to care for 90 patients.

The intentions of those who had designed the new asylum were rapidly under-mined by the pressure of rising numbers. The asylum was extended and by 1881 it housed 204 patients. The challenges posed by rising demand were compounded by a relatively low rate of success in treating patients: between 1874 and 1889 no more than 40% of patients were discharged as 'cured'.

The Govan District Lunacy Board rapidly came to view that a new and better asylum was required.

Glasgow Royal Lunatic asylum, Parliamentary Road 1900.

In 1889 the Hawkhead Estate came on the market following the bankruptcy of George Frederick Boyle, the Sixth Earl of Glasgow. Building began in 1892 and on 18 Sept 1895 the first patients were admitted, even though building work was not quite complete. Hawkhead Asylum (later renamed Leverndale) was formally opened on 23 January 1896.

In 1902 the Govan District Lunacy Board purchased Old Crookston Farm, adjacent to the asylum, so that patients might undertake farm work. It was hoped that this would have a curative effect on at least some patients. The farm also served to provide a significant part of the food consumed in the asylum.

The impact of developments at Hawkhead on services at Merryflats was profound. Virtually all patients who were judged to be capable of being cured were treated at Hawkhead. So there was a clustering together at Hawkhead of creative people who could organise musical concerts, amateur dramatics and other entertainments. Similarly, able-bodied patients who were capable of working on Old Crookston Farm were moved away from Merryflats.

Those who were left behind were overwhelmingly elderly and/or 'chronic', that is to say incurable, patients.

In 1922 when Merryflats was re-named as the Southern General Hospital, there were 200 chronic patients. By 1935, when the poorhouse closed, the number of chronic patients had increased to 389. There were also approximately 40 children with severe learning difficulties at Merryflats.

Their ages ranged from five to 14. They were considered too disruptive to be accommodated in the children's home, so they were placed in medical wards alongside chronically ill elderly people. This unsatisfactory practice continued until the late 1920s when the children with severe learning difficulties were transferred to a specialist unit at Caldwell House.

In addition to the 'chronic' psychiatric patients, there were observation wards at Merryflats.

In the late 1930s the observation wards were transformed by the appointment of Dr A. Dick as consultant neuro-psychiatrist. Dr Dick introduced the use of protein shock therapy for the treatment of delirium tremens (caused by alcohol abuse), malaria therapy for the treatment of General Paralysis of the Insane (usually attributed to tertiary syphilis) and pioneering drug therapies. He used the drugs somnifaine (a tranquiliser) and cardiazol (in cases of schizophrenia). These radical changes put the Southern General Hospital on a quite different path from Gartnavel Royal and, for the first time, asserted its autonomy in clinical management.

After 1948, further improvements in drug therapy transformed psychiatry at the Southern General Hospital as elsewhere. The introduction of effective treatments like chlorpromazine, lithium and imipramine during the 1950s made it possible for many people with mental illnesses to be treated in the community. There would continue to be a need for in-patient services but the huge asylums like Leverndale, with hundreds of long-term patients, were destined to become a thing of the past.

Leverndale Hospital.

Soldier from world war one.

The Great War

On the outbreak of the Great War in 1914 Govan Parish offered several hundred beds at Merryflats for use as a temporary military hospital. The offer was turned down. Instead the army accepted the offer of the whole of Stobhill Hospital.

So Merryflats remained a civilian hospital housing a large number of long-term chronically ill patients, including children with severe learning difficulties and adults with tuberculosis.

The name of the hospital was changed to signal a drive to up-grade and improve the facilities. Significant steps were taken in this direction when children with severe learning difficulties were removed to Caldwell House. Between 1930 and 1935 poorhouse inmates were progressively transferred to Barnhill. So by 1935 the SGH was functioning as a hospital and nothing else.

Amongst the distinguished people joining the staff of the SGH at this time was William Arthur Mackey, later to become Professor of Surgery at Glasgow University. The number of patients admitted increased dramatically, from 3,483 in 1932 to 7,279 in 1938. The number of operations increased too.

The Maternity Unit became especially busy. By 1943, 1,623 babies were born at the SGH – 12% of all births in maternity units in Glasgow – although the SGH Maternity Unit had just 31 beds, only 7% of the total number of beds available in Glasgow.

The Second World War

Following the declaration of war in September 1939 many patients were evacuated. In the event, the massive damage that had been anticipated did not materialise.

The pressures on the SGH and other municipal hospitals in Glasgow were further increased in 1941 when the Corporation decided to sweep away all vestiges of the Poor Law. By 1943 the SGH was increasingly dealing with acute patients who could be restored to health and discharged. The number of resident medical officers had risen to 17, there were 24 visiting consultants and 310 nurses (the equivalent figures for Stobhill were 33, 25 and 470). During the D-Day landings in 1944 the steady improvements in acute medicine and surgery were recognised when the SGH received wounded armed forces personnel for the first time.

Peace

In 1945 the war came to an end. Winston Churchill, Britain's wartime Prime Minister, assumed that the Americans would agree to write-off a substantial part of the UK's massive war debt. If he had remained in office, perhaps this would have happened. However, in the General Election that followed Victory in Europe the British people elected Clement Atlee's Labour Party to power.

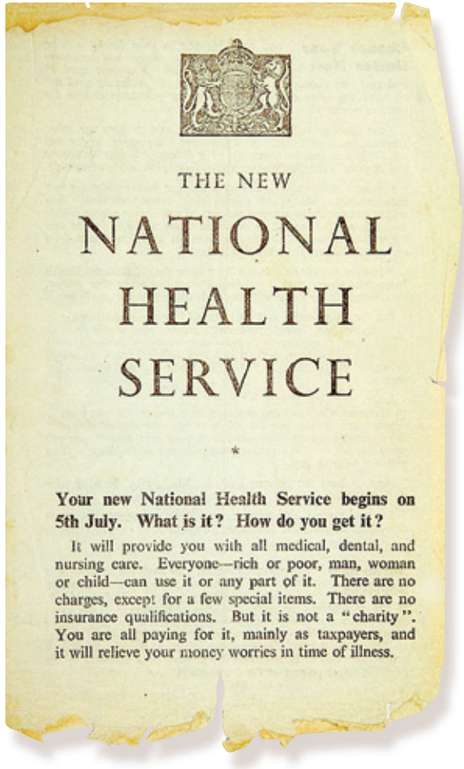
The Labour Party had an ambitious socialist programme of which most American politicians did not approve and no debt write-off was forthcoming. Britain was hampered by massive debt repayments. In the late 1940s and into the 1950s these were equivalent to the cost of building 120 new district general hospitals every year. The new government, however, did not want to spend money on hospitals.

Glasgow Corporation's councillors –even the Labour members – viewed the Government's programme with some alarm. Their electricity works, gas works and hospitals were all to be nationalised and thereby removed from the sphere of local accountability. It was a prospect that worried them. In an era of austerity it was natural that they should choose to concentrate available funds and materials on projects that would remain under their control, such as council housing.

Inevitably, during the three years from 1945 to 1948 when nationalisation was looming, Glasgow's municipal hospitals received very little investment.

Winston Churchill, Britain's wartime Prime Minister.

Early days of the National Health Service



THE NEW

NATIONAL HEALTH SERVICE

Your new National Health Service begins on 5th July. What is it? How do you get it?

It will provide you with all medical, dental, and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. But it is not a "charity". You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness.

A booklet explained to patients how the new Health Service would operate.

When the NHS was launched in 1948 a huge reservoir of sickness and distress was revealed. Doctors' surgeries overflowed with patients who had long-standing problems – women with prolapsed uteruses, men with huge hernias, nearly deaf people who had no hearing aids.

The cost of dealing with this accumulated backlog of illness was great. Liberal politician Sir William Beveridge, who in 1942 had been the first to recommend the creation of the NHS, had estimated that the service would cost £150 million a year.

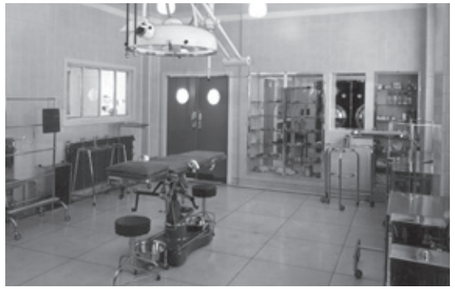
In reality the NHS cost £450 million in it's first full year of operation.

Although there was food rationing and a chronic housing shortage, there was also full employment, wage levels were high and British exports were in demand throughout the world. Crucially, people felt that the old fears of hunger, poverty and sickness had been lifted by the new welfare state.

The NHS brought sweeping change for doctors too. The most eminent doctors had previously relied on private patients for their income. The NHS simultaneously reduced the number of patients willing to pay and created full-time jobs for consultants. The result was a rapid expansion of medical and surgical specialties. Plastic surgery, brain surgery, urology, dermatology and many other specialties flourished as never before.

Nye Bevan – chief architect of the National Health Service, with a young NHS patient and Matron.

A Women's Guild meeting in one of the wards in 1946.



One of the surgical theatres in the late 1950s.

The accident unit in 1964.

An aerial view of the SGH in the 1960s.

Piecemeal development: the 1950s and 1960s.

Until the mid-1950s there was a widespread belief that the NHS would put itself out of business. Advances in medical science coupled with better housing and nutrition were expected to create a much healthier population.

So far as infectious diseases were concerned this actually did happen. Tuberculosis was almost eliminated by a combination of new drug treatments and mass X-ray screening. Poliomyelitis, diphtheria, whooping cough, scarlet fever and measles – all of which had once struck terror into the hearts of parents – were similarly defeated during the first two decades of the NHS.

On the basis that a healthier population would need fewer hospitals, Governments were reluctant to provide the infant NHS with an adequate capital budget.

In the mid-1950s the rising cost of funding the NHS prompted the Government to appoint a committee to look for ways of cutting expenditure.

When Professor Guillebaud and his committee reported they shocked ministers by saying that the NHS, whilst imperfect, represented very good value for money. Their report recommended an increase in the budget, not least for new hospitals.

The 'Hospital Plan for Scotland' was launched by a Conservative Government in 1962 and embraced by the incoming Wilson Government in 1964. Under the plan, District General Hospitals were to be built in most major towns. Over the following years many new hospitals like Monklands General in Airdrie and the re-built Royal Alexandra Hospital in Paisley were opened. These had a profound significance for the large infirmaries in the main cities. Many patients who would previously have been treated in Glasgow were now being taken into hospitals nearer to their homes. Only those with particularly severe injuries or complicated or rare illnesses came from outlying areas to the big hospitals like the SGH.

Consulting room 1955.

Operating theatre 1958.

Accident and emergency 1964.

A wide range of major building projects took place at the SGH from 1954 onwards when the new out-patients department was completed. This was followed by a new operating theatre suite in 1956, Chest Clinic and Psychiatric Unit (equipped to deal with non-residential patients) in 1957, Preliminary Training School for nurses in 1958, a new Accident and Orthopaedic Department (the first new one in Scotland since 1945), an ophthalmic operating theatre in 1964, and an Intensive Care Unit in 1968. Also in 1968 a new geriatric unit was created next door in the old Shieldhall Hospital. The impact and scale of this succession of new buildings and facilities is reflected in the rapid growth of staff numbers which effectively doubled over 20 years.

The revised version of the Plan issued in 1964 included a new professorial unit of geriatric medicine at the SGH. The Plan also provided for £1.2 million to be spent on a new maternity unit and £1.2 million to be spent on a regional neurosurgical centre, both also at the SGH.

Intensive care 1968.

The new maternity and obstetrics unit opened in 1970.

The University of Glasgow opposed the proposals to locate major new units at the SGH but the Western Regional Hospital Board stuck to their plans and a purpose-built Department of Obstetrics and Gynaecology opened at the Southern General in 1970. This was on a scale that dwarfed previous provision for maternity services in South Glasgow. It made possible the delivery of services to women and babies at a standard that had been unobtainable previously.

Shortly afterwards, a new Whole Body Monitoring Unit was completed. This incorporated armour plating six inches thick, removed from a warship (HMS Gambia) when she was broken up.

Monitoring unit.

The new Neuroscience building where Jerrett and Teasdale developed the Coma Scale.

The Institute of Neurological Sciences (INS) previously known as the Glasgow and West of Scotland Neurosurgical Unit moved from very poor quality accommodation at Killearn to a state-of-the-art building at the SGH in 1972.

It was in the INS that Bryan Jennet and Graham Teasdale devised the Glasgow Coma Scale. Today this is used around the world to measure the level of consciousness of a patient, especially after traumatic brain injury. The Scale is based on observation of eye opening, verbal response and motor response.

When Jennet and Teasdale published their findings, they finally put the SGH on the map. Professor Jennett was recognised by being made a Commander of the British Empire (CBE). Professor Teasdale became President of the Royal College of Physicians and Surgeons of Glasgow and was knighted in 2006.

The timing of the building programme at the SGH and of the publication of the Glasgow Coma Scale was fortunate indeed. In 1974 a long-heralded reorganisation of the NHS took place. This brought together the previously separate activities of hospital management, GP services and public health. There were high hopes that a new body – Greater Glasgow Health Board would be able to deliver big projects and major improvements, but from 1974 up to the winter of discontent in 1978/79, the NHS was in a state of constant financial turmoil. Attempts to subsidise uneconomic industries only served to drain public finances which were already under huge strain.

This 'winter of discontent' was as miserable for patients and staff at the SGH as it was elsewhere. What was not obvious at the time was that the Glasgow Royal Infirmary and the SGH had scooped the lion's share of capital investment in the 1960s and 1970s. This had created a fundamentally new pattern in hospital provision in Glasgow – one that would lead to the building of the new South Glasgow Hospital as one of two 'flagship' hospitals in Glasgow.

The same expert NHS care in fabulous new facilities

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 barcode 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.

Outpatient check-in

If you are attending as an outpatient you can check-in using the letter we sent you when you arrive – just like at the airport. Scan in your hospital letter at one of the scanning check-in points, confirm your details and you'll be shown where to go next. It's a really easy system to use but if you prefer one of our friendly volunteers will be happy to help. When you arrive at your outpatient waiting room, keep an eye on the screen – it will call you to your clinic room.

Room with a view

The hospital has 1,109 beds – all with their own toilet and shower facilities. Every room in our general wards has a panoramic external view and comes with free TV and radio. There's even free patient Wi-Fi access throughout the hospital. Every room is designed to the highest specification to reduce the risk of the spread of infection and provide safe and comfortable surroundings, including an electric bed as standard.

Art

The colour scheme of the hospital has been deliberately designed to help you find your way around. Each floor has a clearly identifiable colour and many works of distinctive art are displayed to give useful landmarks which can act as signposts. The use of therapeutic colour schemes throughout the hospital has been carefully selected by interior design specialists to soothe, reduce stress and enhance well being.

Retail

As you would expect, in an ultra-modern hospital of this size there are a number of commercial retail outlets for patients, visitors and staff alike. The retail outlets are all located on the ground floor in the atrium and include: Marks & Spencer; W H Smith; Camden Food co; and, Souped Up & Juiced. There are also bank cash machines located in the hospital.

Food and drink

Next to the restaurant on the first floor of the atrium is the Aroma Coffee shop. This is opened Monday through to Friday from 9.00am until 6.30pm serving high quality beverages, sandwiches, snacks, fruit and cakes.

Both the restaurant and the coffee shop are run by NHS staff and all profits go back into the NHS.

Lift system

There are four wards on each level: A, B, C and D.

Wards A and B are accessed by the lifts signposted as Arran on the ground floor; and wards C and D are accessed by the lifts signposted as Bute.

These lifts use smart technology to get you to the ward you want as quickly as possible.

You press the button panel outside the lift and it will direct you to the best lift for you. All you need to do next is to get inside the lift and it will take you to the correct floor. There are no buttons inside the lift.

The Royal Hospital for Sick Children

When the new Royal Hospital for Sick Children opens its doors on 10th June, you can be assured that your child will get the same wonderful care that they have always had at Yorkhill. The staff from the world renowned 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.

Age appropriate care

Until now, children from the age of 13 were typically cared for in our adult hospitals. The new hospital is designed to treat all patients until they turn 16, providing a much more appropriate setting for these young people. There's also a base for adolescents to play games consoles, make a snack or chill with friends or visitors.

Play

Play is an important element of a child's time in hospital. An outdoor play area at the entrance to the hospital has disabled accessible installations. Play specialists are based in the indoor play zone area to work with children ahead of treatment. There's also a part-covered roof garden where young patients can enjoy a range of activities in the fresh air and for children to be brought out to the roof garden in their beds.

Modern rooms for modern children

The vast majority of the 244 paediatric beds are in single rooms with their own toilet and shower facilities and entertainment console system, including TV and Wi-Fi. The rooms are spacious and designed to enable a parent or guardian to stay overnight with their child. There are a small number of four bedded wards for those patients who would benefit from social interaction with other children… these were created in response to feedback from children, parents and experienced paediatric healthcare staff.

Science Centre

To entertain children whilst they wait for their outpatient appointment, the hospital has been fitted out with an array of interactive activities provided by the Glasgow Science Centre and funded by Yorkhill Children's Charity. These innovative "distraction therapy" installations provide a range of hi and low tech approaches that will delight young patients or their siblings during any visit to the hospital.

Cinema

A 48 seater cinema has been specially created in the new hospital to provide first class entertainment to our young patients during their stay with us.

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.

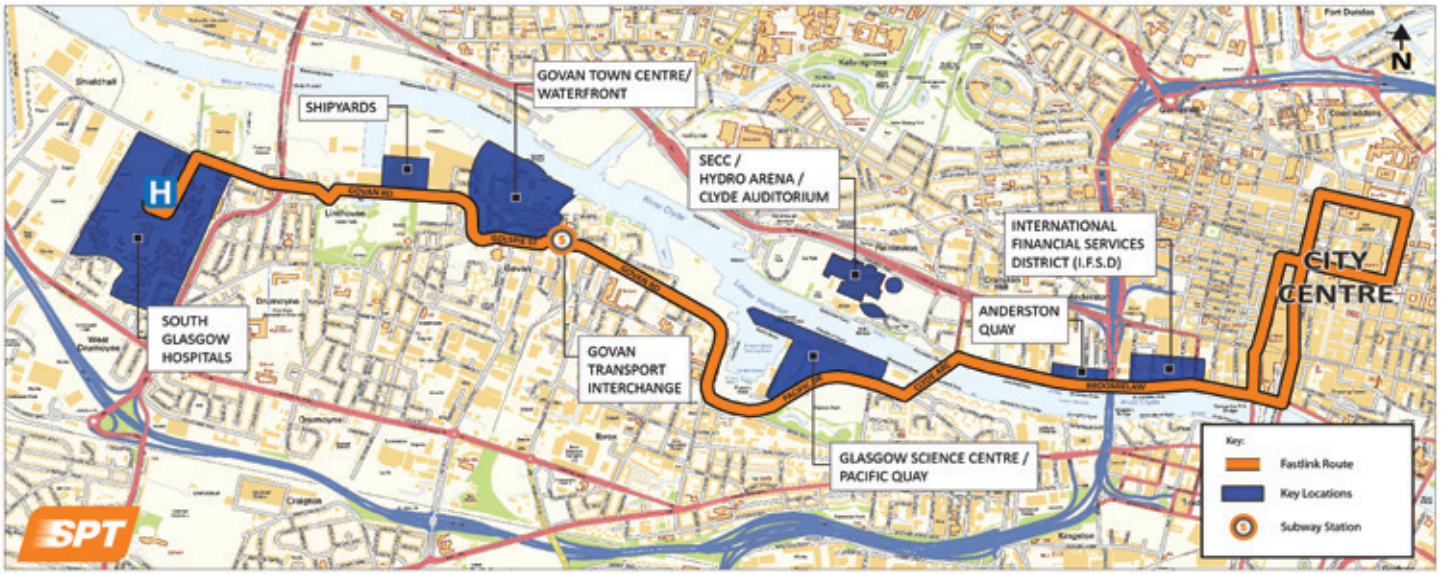
You can reach the direct bus link network via the city's excellent rail and subway transport systems.

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



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Corporate Communications Team.

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