A historical black and white photograph of The Victoria Infirmary building. The building is a large, multi-story structure with a prominent curved section on the left side, featuring several balconies. In the foreground, there is a street with a horse-drawn carriage on the left, a group of people walking, and a large, leafless tree on the right. A purple rectangular box is overlaid on the upper right portion of the image, containing white and yellow text.

Celebrating a proud history
The Victoria Infirmary

1890 – 2015



Victorian Glasgow

– a city in crisis

Living and working conditions in Victorian Glasgow can only be described as appalling. Waste poured into the River Clyde. Factory chimneys polluted the air. Work related illnesses and accidents were commonplace.

Some families lived in one room, sharing a filthy outside toilet. Infectious diseases such as cholera or scarlet fever often broke out. Child death rates were high and adult life short.

The origins of the **Victoria Infirmary**

Glasgow from the
south side in 1824.



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

The first recorded reference to the proposed building of the Victoria Infirmary comes from the minutes of a Glasgow Southern Medical Society meeting in 1866 when its secretary Dr William Rice read a paper on the state of hospital accommodation in Glasgow at the time.

The growth of the city to the south of the River Clyde had been rapid and extensive during the industrial revolution of the late 18th and early

19th centuries and the need for a hospital on the south side was growing yearly, thanks to the vast numbers now living in the area and working in its factories, shipyards and foundries.

Immigrants from the Highlands in the 1820s and later from Ireland in the 1840s formed the bulk of the workforce and Glasgow's population had grown from a quarter of a million at the start of Victoria's reign in 1837 to 760,000 by the end of the century.

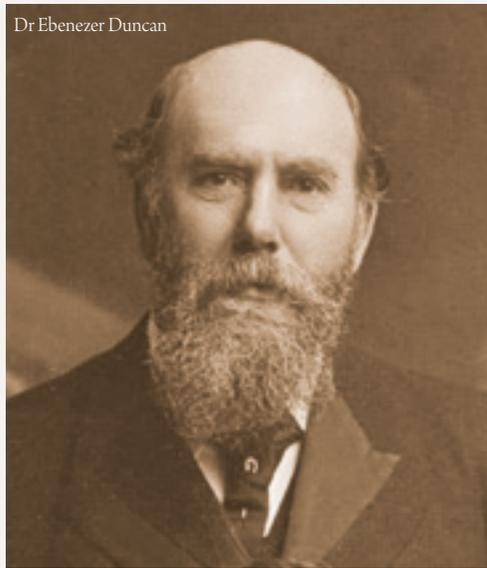


An early 19th century depiction of the problems inhabitants faced from smoke.



Housing conditions in the 19th century were cramped and unsanitary.

Improving the city's healthcare



Dr Ebenezer Duncan

By 1881 the south side was home to some 235,000 people – one third of the total “Greater” Glasgow population – yet provided not one single hospital bed except those in the Govan Poorhouse at Merryflats. The good doctors of the Southern Medical Society were growing in their determination to rectify the situation.

By 1871 Society President Dr A.L. Kelly had again raised the matter, but it lay dormant until 1878 when then president Dr Ebenezer Duncan proposed appointing a committee to look at rectifying the “present inadequate state of hospital accommodation in Glasgow”.

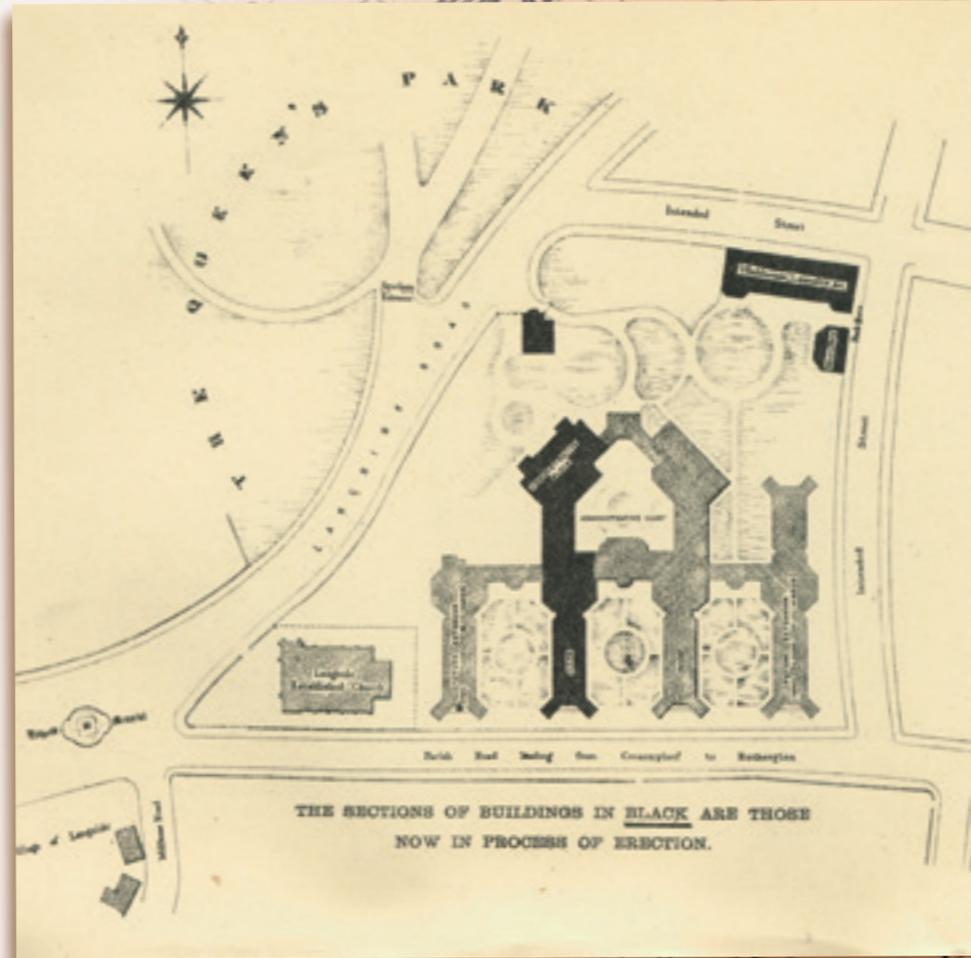
This was done with Dr Duncan as convener and he privately published a paper lobbying for a hospital on the south side. In 1881 a broader committee, made up of doctors and community leaders, was set up to build the hospital.

Politics, funding problems and the difficulty of locating a suitable site would mean that it would take a further nine years for Ebenezer Duncan's fledgling campaign to reach fruition. But reach it he would... and go on to become one of the most respected and influential characters in the hospital's early history.

The task of improving the city's health lay not so much in medical discovery – although Joseph Lister's pioneering work on antiseptics in the 1860s improved people's chances of surviving surgery – but in creating better conditions for public health.

In the latter half of the 19th century the authorities gradually introduced clean drinking water, better sewers, new housing, public baths and wash-houses.

More hospitals were built. Some, like the fever hospitals, were run by the city council. Others, such as the Glasgow Eye Infirmary, were charities.



Plans by Glasgow architects Campbell Douglas and Sellars were chosen for the hospital.



A map at the time of construction shows the rural extent of the south side.

The first steps



Robert Couper of Millholm, the Victoria's benefactor.

After considering a number of sites, including Eglinton Toll, Kinning Park and Govan Toll, Glasgow Council eventually offered 4.5 acres of land on the edge of Queen's Park – the site of the Battle of Langside – at a reduced price of five shillings per square yard (£1210 per acre).

The offer was accepted and a competition was organised for architects to submit plans for a 120-bedded hospital to cost no more than £20,000.

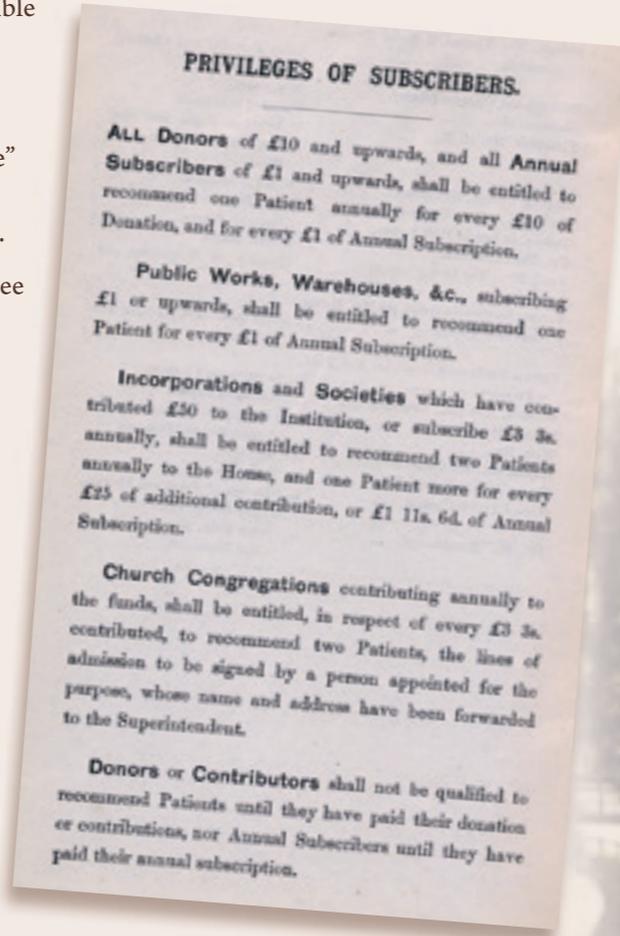
Showing faith in the future development of the hospital they stipulated that the plans should be capable of future extension to 250 beds.

The City Architect John Carrick and the city's Medical Officer of Health, Dr JB Russell judged the 46 entries from all over the UK and chose six of the best for the committee's final decision.

Each design was known only by a code name so that possible bias in favour of any given architect would be avoided. The Committee chose the design codenamed "Hygiene" by the Glasgow firm of Campbell Douglas & Sellars.

By March 1883 the committee now had a site, a plan and a target cost but had little more than a year to start building before additional costs would apply to the purchase of the ground.

Subscribers paid to allow employees, friends and family access to hospital.



Raising funds

In 2015 we are used to having the National Health Service providing free healthcare. When the Victoria was built things were different.

Bequests and donations paid for the hospital and its running costs. In return, donors could give sick employees or acquaintances "lines of admission" to the hospital. Patients needed a line to be admitted, except for accident and emergency cases.

There was a scale of eligibility for a bed and when it first opened an annual subscription of £1 or a single donation of £10 entitled the person to recommend one patient annually, the amount doubled if the person wished to recommend two people and so on pro rata.

Churches, businesses and workers' associations gave money to the hospital and sent members there for treatment. In 1890, for example, Queen's Park UP Church gave £15, while workers at Dubs & Co's Glasgow Locomotive Works gave £100.

The necessary initial funding for the construction appeared to have been secured when paper magnate Robert Couper of Millholm died, leaving around £45,000 for the new hospital.

Unfortunately there were complications winding up his estate and fundraising went slowly until February 1887, when Queen Victoria – on being told that the hospital was to be named in her honour – gave her backing.

With royal approval, fundraising became easier.

At the end of 1887 the widow Mrs Couper came to the rescue when she contacted the Committee to inform them that her husband's estate was still not settled, but she wanted to give £10,000. For this a special Act of Parliament was necessary. The Act passed in June 1888 and building started in July. There was enough money for one ward and essential facilities.

The Victoria Infirmary was opened at a cost of £16,880 on 14th February 1890 by the Duke of Argyll.





The resident staff in 1895.

THE MATRON.

1. The Matron shall be appointed by the Governors, Terms of appointment. and shall continue in office during their pleasure, three months' notice being given on either side before terminating the engagement.
2. She shall be mistress of the household, of which she shall, Duties. subject to the general authority of the Superintendent, have the management and control.
3. She shall reside in the House, from which she shall not be absent without giving intimation to the Superintendent, Leave of absence. and if for more than one day, she must have the permission of the Chairman of the House Committee, or, in his absence, of one other Member of that Committee. She and the Assistant Matron shall not be absent at the same time.
4. She shall have charge of, and be responsible for, all Responsible for Furnishings, Revision of Inventory. Furnishings, including Napery and Bedding, according to an Inventory to be delivered to her when she enters on her office. This Inventory shall be revised by her annually, and submitted for the inspection of the House Committee.

The original medical team was small. There were two resident doctors and six visiting consultants, including Dr Ebenezer Duncan, who had campaigned to set up the hospital. Consultants were not paid for their work at the hospital. Their incomes came from the private patients they saw in the afternoons.

The nurses were managed by the Matron, Miss Ross, who had previously worked at Glasgow Royal Infirmary. Her team was made up of four sisters, four staff nurses, three night nurses and four student nurses.

A small number of staff did the cleaning, cooking and portering.

The Medical Superintendent, initially Dr Donald Mackintosh, later Dr W.T. Nicholson, managed the male servants. These included a janitor,

The early days

a night porter, an errand boy, two “firemen” to tend the boilers and a gatekeeper.

Matron managed twelve female servants who did the domestic work. She inspected the wards, kitchens and other areas every day. Almost all the staff lived in the hospital and their lives were

governed by strict rules. In the first few years many staff left because of this. Others, such as an ‘extravagant and unsatisfactory’ cook were fired. Soon life settled down into a routine that lasted for many years.

Most illnesses were treated except infectious diseases, sexually transmitted diseases and the DTs (delirium tremens). From November 1890 to October 1891 the hospital admitted 860 patients and performed 276 operations.

The most common diseases treated in the first year of opening are recorded as disease of lungs, disease of heart and blood vessels and rheumatic fever.

The top three surgical cases were recorded as diseases of joints, fracture of lower extremity and diseases of bones.

The three most common operations were opening of abscesses, removal of necrosed bone and excision of joints.

Life on the wards was regimented and there were strict rules for patients. Those who broke them were liable to be ejected. If they were well enough, patients had to help around the hospital. Women were put to work cleaning and sewing.

NURSING STAFF.

1. The Sisters and Nurses shall be under the immediate Under authority of Matron. authority of the Matron, and shall, subject to the approval of the Superintendent, be engaged, promoted, or dismissed by her.
2. They shall be provided with a uniform, which they Uniform. must always wear when in the Infirmary, and they shall observe such rules as the Matron may make regarding dress.
3. They shall receive visits from private friends only when Visits from friends. off duty, and with the Matron's sanction.
4. They shall themselves avoid, and endeavour to prevent Avoid waste. on the part of others, all extravagance and waste of food, fuel, light, surgical dressings, &c.
5. They shall do all in their power to promote the comfort Promote comfort of Patients. and well being of the Patients under their care.
6. They shall not accept gratuities or presents from Not accept presents. Patients or their friends.
7. They shall be responsible for the cleanliness and tidiness Clean and tidy bed-rooms. of their bed-rooms.
8. They shall not be in the Wards when not on duty. Not in Ward when off duty.
9. They shall adhere strictly to the Time Table. Adhere to Time Table.

A strict regime was imposed.

The first fifty years

The hospital grew rapidly during the first 20 years. New wards opened in 1893, doubling the number of beds. The Nurses Home was extended in 1900 and 1905. By 1902 waiting lists for the hospital were so long that management decided to build a new ward block, which opened in 1906.

Staff numbers increased and the first medical specialists were employed. The X-ray department opened in 1902 and the clinical laboratory in 1913.

Very few emergency cases were admitted directly to the hospital. People requiring nursing care that were poor or had no one to provide a subscription had to go the Govan Poorhouse (the clock tower building at the Southern General Hospital).

State of the art in its day, electric lighting was used in most of the building and the heating system was designed by Mr William Key, manager of Tradeston Gas Works. This was known as the plenum system. This system relied on warm, filtered and washed air being supplied to the wards driven by fans via ducts and removed by one-way exhaust shafts. This was designed so that no patient ever had to breathe the same air as any other occupant. A cooling valve was also incorporated so that the temperature could also be modified.

The hospital opened with three wards providing 84 beds but quickly expanded, with a further nine wards and a nurses home.

Public transport didn't reach the Victoria until 1897 and even then it was only trams.

By 1914 the Victoria had expanded to 260 beds with an onsite patient dispensary, an onsite X-ray machine, laboratory facilities and a nurses home that could accommodate 85 nurses.

Surgeons operated in small theatres located near their own wards which

were staffed by nurses from the appropriate wards!

In 1918 the hospital gained permission from the General Nursing Council to be a teaching hospital.

During the war the Victoria continued working but on a reduced scale. This was partly because two wards were set aside for casualties and partly due to staff leaving for war service.

After the war, life returned to normal.



Teaching nurses, Victoria style

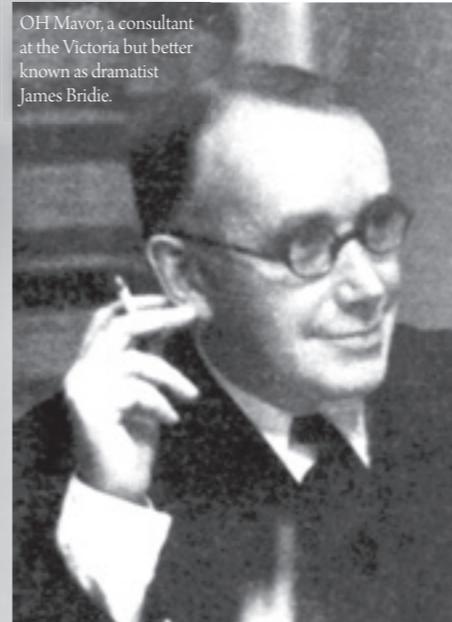
The famous balconies in 1927.



A ward at the Victoria
in the 1930s.



After the war



OH Mavor, a consultant
at the Victoria but better
known as dramatist
James Bridie.

Up until 1920 the hospital only had two phone lines. A new switch board was installed in 1924 giving much needed telephones to the wards.

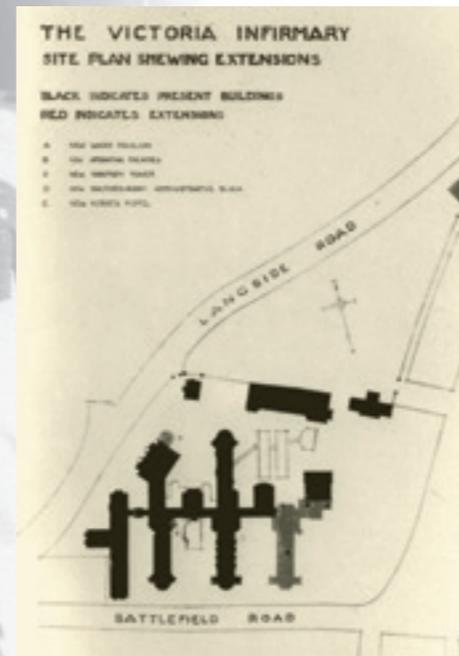
In 1923 qualifying nurses were presented with the Victoria Infirmary solid silver badge with the puma emblem on it.

By 1924 the first of what we now know as physiotherapists and occupational therapists started to appear but they were known as 'Masseurs' and their department was referred to as the "Electrical Department"!

Waiting lists continued to grow, and in 1925, 1931 and 1935 extensions were

built. These increased bed numbers, staff accommodation and clinic space and provided new operating theatres and a paying patients' wing. Sometimes the Victoria must have felt more like a building site than a hospital!

The hospital's reputation grew. OH Mavor, a consultant at the Victoria but better known as dramatist James Bridie (founder of the Citizens' Theatre) said: "Almost every year something new was added to the hospital, and these new things were often the first of their kind in Scotland. The Victoria earned the reputation of being an unaggressive, insistent pioneer."



Extensions were added in the 20s and 30s.



An early
operating theatre.



Drawing of the Paying Patients Annexe.

The rise of out-patient visits

In 1892 the hospital opened its first out-patient department (Dispensary), funded by Cameron Corbett, MP, and his sister Mrs Curran. It was in St James' Street, Tradeston, near shipyards and factories. Over 12,000 patients were treated in the first year – far more than the Governors had expected.

In 1899 the larger Bellahouston Dispensary opened in Morrison Street and ran for many years, despite being bombed during World War II. It closed when the NHS made GP services free.

Another Dispensary opened in 1894 at the Victoria. There were 9,326 consultations in the first year and patient numbers grew steadily. This Dispensary closed after World War I and the Victoria Infirmary opened an out-patient department. Patient visits increased dramatically (114,000 by 1937). A new building was cancelled when World War II broke out. After the war the NHS introduced free healthcare and patient numbers soared.

The Bellahouston Dispensary opened in Morrison Street in 1899.



The NHS years



The Victoria Geriatric Unit.

On 5th July 1948 the Victoria Infirmary became part of the NHS.

The impact was dramatic. People who had not been able to afford healthcare now expected treatment. The workload soared. For example, the number of specimens examined in the laboratories rose from 4,000 in 1941 to almost 50,000 in 1954, and there were almost 1,000 out-patients a day.

By 1954 there were around 360,000 out-patient consultations a year – still in the 1920s facilities!

By 1955 facilities were at breaking point and development was agreed. Phase one was a block containing laboratories,

operating theatres etc which opened in 1961. A new out-patients building opened in 1966.

Working life at the Victoria was reorganised. Consultants now worked a full day at the hospital, seeing more patients than before. Three new surgical teams were created and other staff were recruited. At the same time, the hospital continued with pioneering work in fields such as urology and cardiology.

In 1971 the Victoria Geriatric Unit was built on the site which had been the medical superintendent's house and, located on Mansionhouse Road, it was locally referred to as "The Langside Hilton"!



Dr John Dall, first consultant appointed at Mansionhouse.

The official opening was carried out the following year by Sir Charles Wilson, principal of Glasgow University.

This was the first stand-alone specialised geriatric unit of its kind in Scotland. The term "geriatric care" has since been replaced by the term "elderly care" and so in the late 1990's the Victoria Geriatric Unit was renamed The Mansionhouse Unit.

Dr John Dall was the first consultant appointed to take charge of the unit and was also a member of the commissioning team.

The unit's innovative design included four-bedded and single rooms with



plenty of space for small wardrobes and lockers for each patient, and beds could be screened by fitted curtains.

In 1973 a day hospital was developed where patients could receive almost all investigations and rehabilitation, while the geriatric service maintained its policy of no community list despite an increasing number of referrals.

A year later four out-patient clinic sessions were launched, giving family doctors a choice between a home visit or an out-patient clinic appointment for a consultant opinion.

Thanks to a team approach towards rehabilitation including physiotherapy, occupational, and speech therapies,

discharge rates of elderly patients increased by up to 65 per cent.

The infirmary's Breast Care Unit and Cardiac Rehabilitation Centre were built in later years, paid for by the local community.

In the nineties, under proposed modernisation of the Glasgow acute hospital sector, it was decided to close the Victoria and move services to a brand new hospital at Govan, the South Glasgow University Hospital.

However the people of the southside of the city demonstrated their strong attachment and loyalty to the Victoria by organising a high profile "Save the Vicky" campaign.



The Breast Care Unit opened in 1977.

Recent years



Consultant using keyhole surgery



"The Vicky" catering team 1989



Between 2000 and 2004 all the wards were fully renovated – all the bays were removed returning all the wards to “Nightingale” style layout, sluices were upgraded, bathrooms moved around to give easier access to patients and more space, kitchens were ripped out, cookers removed and in some cases the kitchens were moved to another part of the ward. A new nurse call system (aka the buzzer system) was installed.

But it was soon realised that the Victorian buildings that had so well served the people of the south side of Glasgow for so long had finally reached the limit of their adaptability.

No amount of “tweaks” or refurbishments could provide the type of modern day accommodation needed to deliver 21st century healthcare systems. It was time for buildings to be specifically designed and purpose built to ensure another lasting era of high quality health care.

What is certain, however, is that wherever the care is delivered in future the compassion, energy and drive of the staff will never change and those attributes will continue to be used for the good of our hospitals and their patients.

A perfect example of that dedication can be found in the life of one of Scotland’s longest serving nurses, Reta Scott, who retired in 2009 at the age of 70 after an incredible 52 years of caring for patients in Glasgow.

Reta was a theatre nurse at the Victoria Infirmary for 43 years, beginning her training at the Western Infirmary in 1957 and spent the majority of her career nursing in Glasgow.



The new Victoria Hospital opened in 2009.



Reta as a young nurse in 1957.



Reta in theatre at the Victoria in 2009.

Introducing the new South Glasgow hospitals

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.



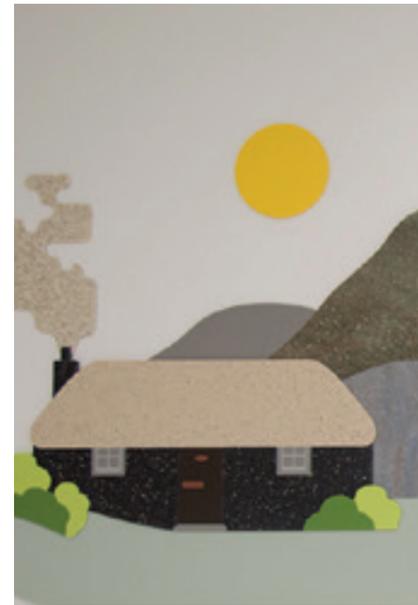
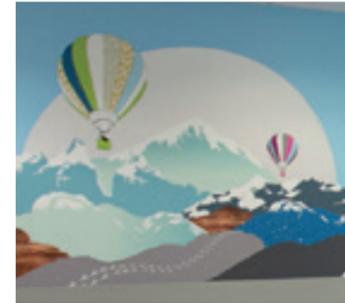
Room with a view

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.

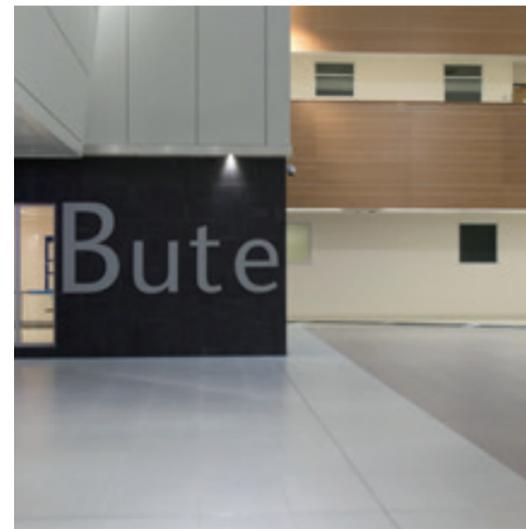
Lift system

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.

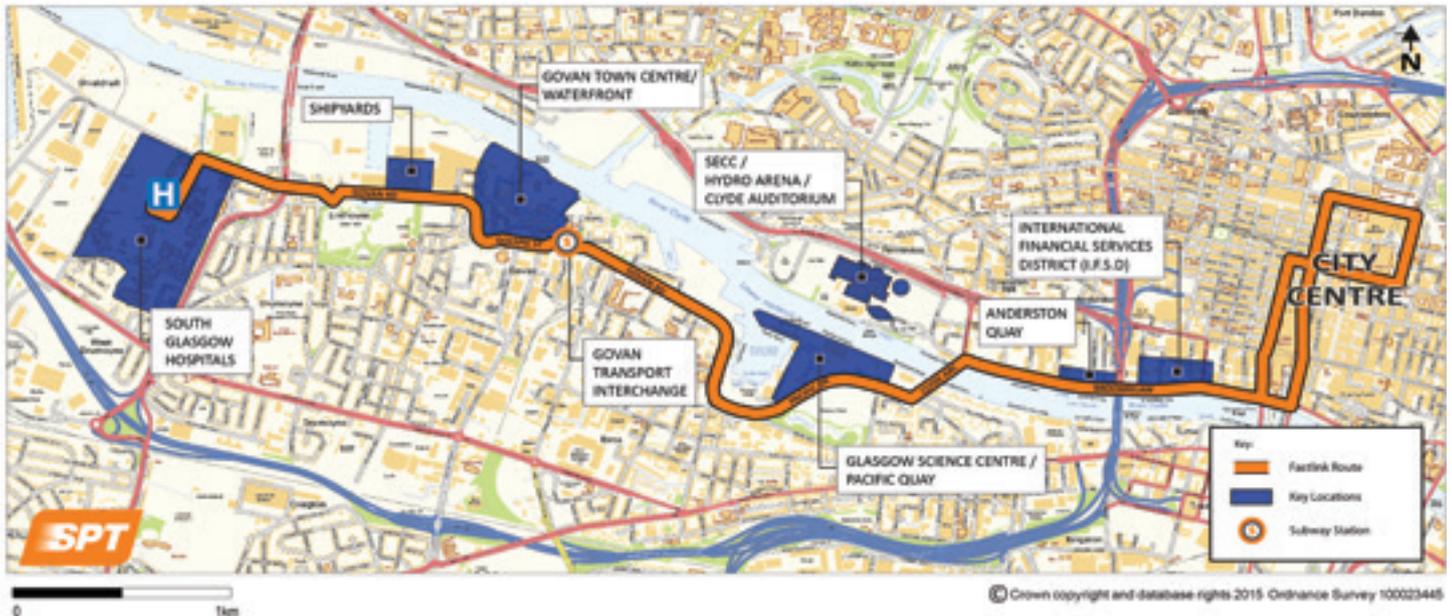


Find out about the best routes for your journey call traveline on:

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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