

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.

An old colour postcard of the Western from the beginning of the 20th century.



# Laying the foundations

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.

A magnificent drawing of the old buildings dated pre-1900



# The first staff

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.

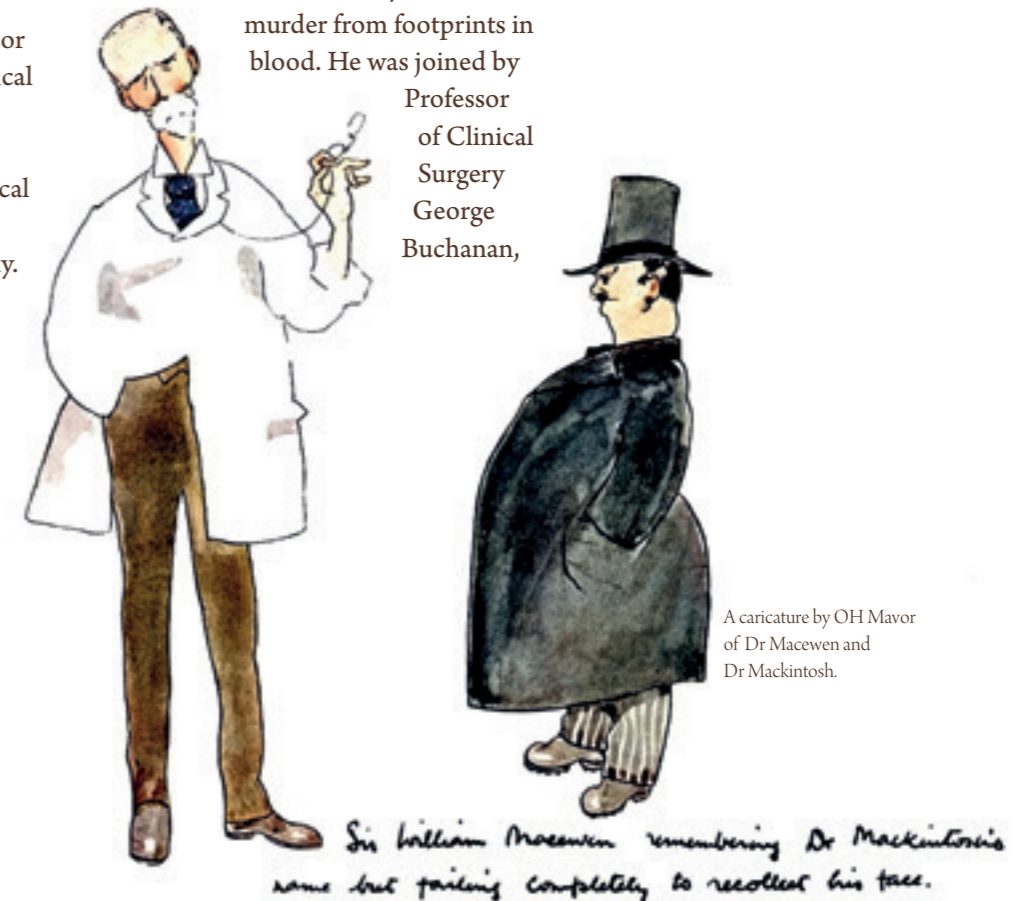
The senior surgeon was George (later Sir George) H.B. MacLeod who had succeeded Lister as the Regius Professor of Surgery. MacLeod was a meticulous surgeon, a fine teacher and author of the outstanding "Notes on the Surgery of the Crimean War". The range of activities of surgeons in those days was surprisingly 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.



A caricature by OH Mavor of Dr Macewen and Dr Mackintosh.



The chapel opened in 1925 and features magnificent stained glass in memory of those who fell in the Great war.

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

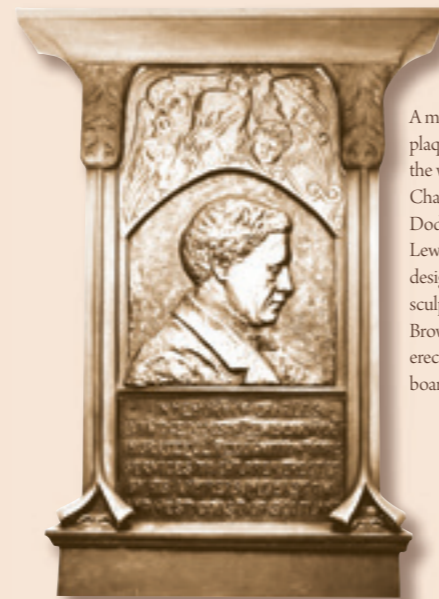
under the charge of Professor of Midwifery William Leishman. He was succeeded in 1894 by William Reid who had risen to the position of Chief at Glasgow Maternity Hospital. He made many contributions to literature involving clinical obstetrics and is deservedly regarded as a pioneer in his chosen field. 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.



A memorial plaque celebrating the work of Charles Lutwidge Dodgson aka Lewis Carroll, designed by sculptor Kellock Brown and erected by the board in 1899.

## 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 view of the Western from 1963.



In the operating theatre  
in 1960.



## 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.

# Importance of nurses

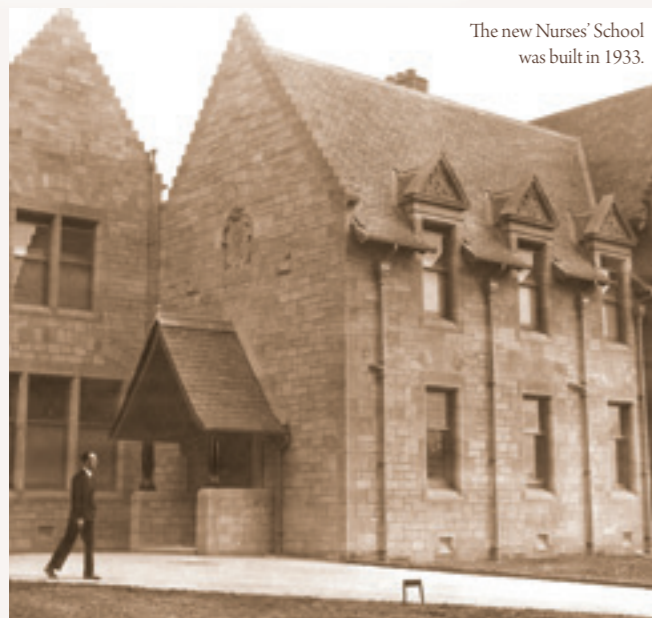
In its first annual report the board of managers stated that: "Special attention has been given to the nursing department, upon which so much of the well-being of the patients depends."

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 four 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



The dining room in the newly opened new hospital in 1974.



The new Nurses' School was built in 1933.

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 WW1 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.



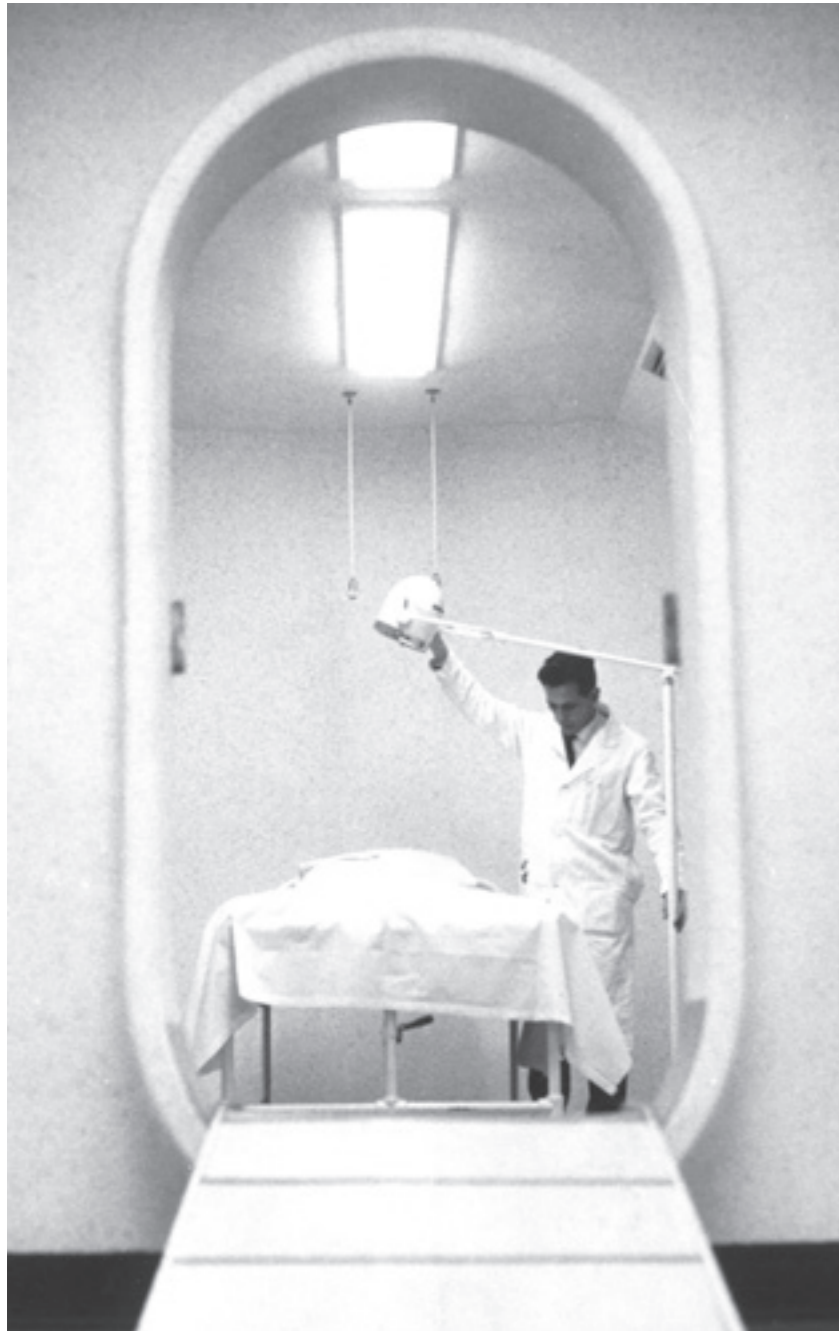
The radiology department in the 1970s.

## Development of X-rays

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.

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.



## 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

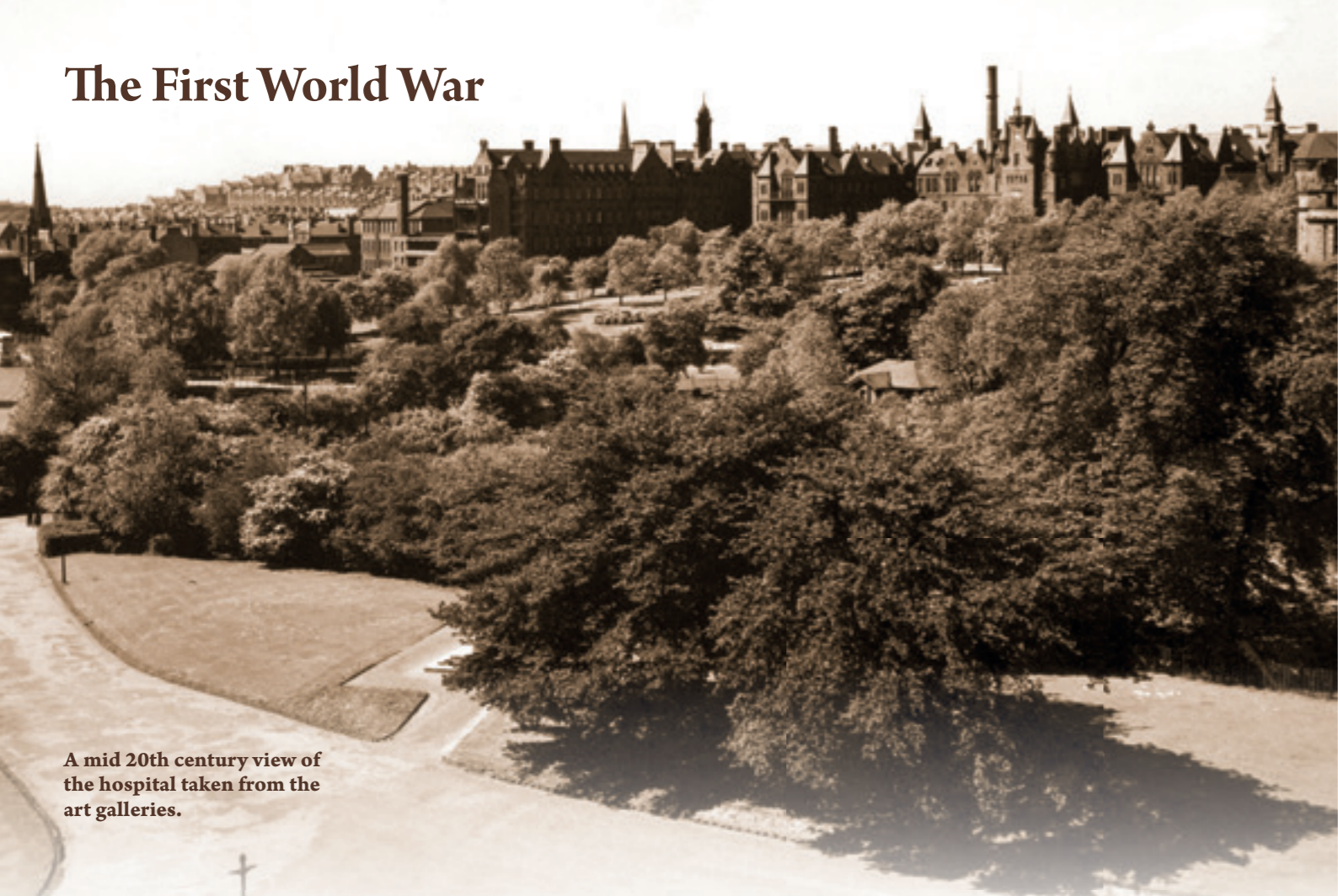
Edington and Sir George Beatson made huge contributions to early surgery and medicine.

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.



A demonstration of a new electrical wheelchair in 1966.

# The First World War



A mid 20th century view of the hospital taken from the art galleries.

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 what was then called the School of Massage, Medical Electricity and Remedial Exercises.

# Celebrating 50 years

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.



The new ophthalmology department – The Tennent Memorial – opened in 1936, with its plain building style but ornate entrance.



# Changed days in medicine and surgery

It is difficult today, given the vast range of drugs available to treat almost every ailment, to imagine the conditions under which the physicians and surgeons worked almost 90 years ago.

Not until the 1920s did insulin improve the outlook for those suffering from

diabetes. Anaemia was treated before 1926 by deadly arsenic, until the discovery that the simple remedy of eating fresh liver delivered the necessary vitamin. There were no anticoagulants and no vitamin K. Above all there were no drugs for

the control of infection.

In surgery, only paediatrics, gynaecology, ophthalmology and otology had become specialities.

In the early 1920s no surgeons were specialising in orthopaedics, urology, plastic surgery or thoracic surgery.



The regional physics department held an open day in August 1966.

# 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.

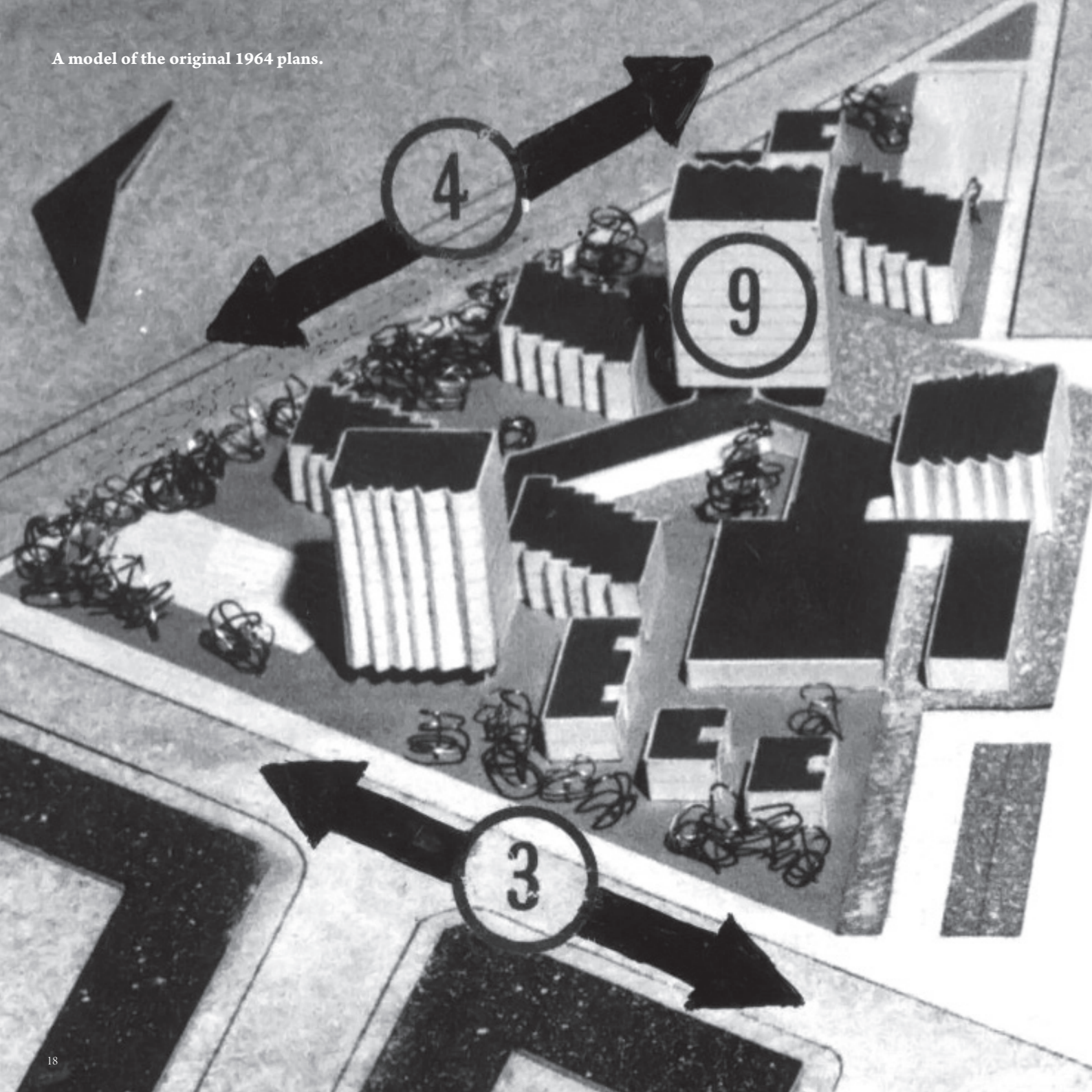
While the management structures underwent significant changes, the patients noticed little difference, although the nurses welcomed the completion in 1954 of a new home and some of the senior medical staff took the opportunity to work full-time for a salary rather than rely on their private practice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



A model of the original 1964 plans.



The artist's impression presented to the board prior to the start of work in 1972.

## Rebuilding the Western

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.

The front entrance  
in 2006.



## Up to the present day

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.

# 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.



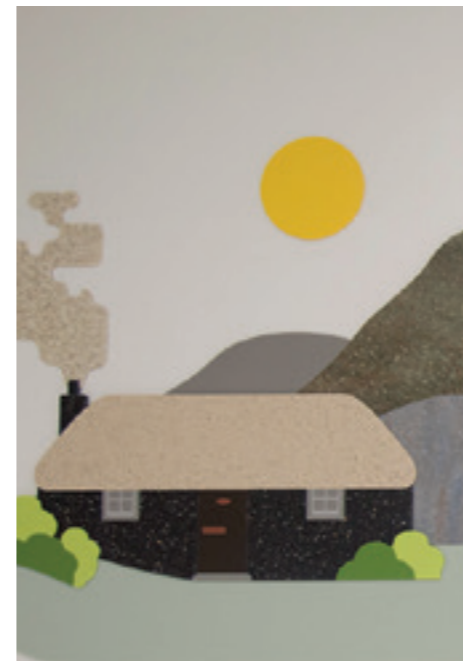
#### Room with a view

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](http://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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