

## **Glasgow Hospital for Sick Children / James Finlayson.**

### **Contributors**

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Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>





With S. Finlayson's Compliments

GLASGOW

HOSPITAL FOR SICK CHILDREN.



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*Reprinted from "The Medical Institutions of Glasgow."*

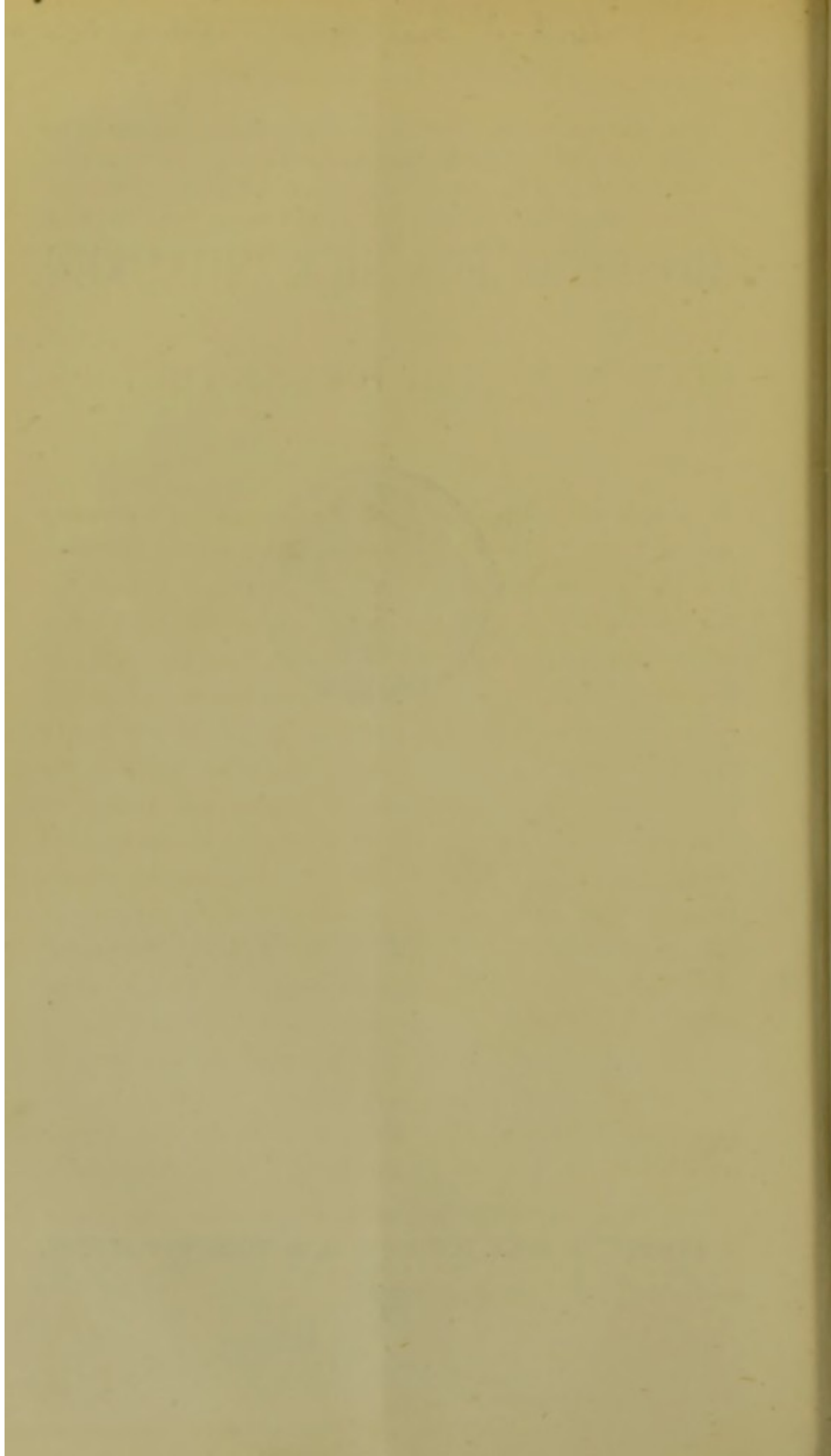
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1888.

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## GLASGOW HOSPITAL FOR SICK CHILDREN.

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It is only since December 1882 that Glasgow has had any special hospital for sick children. Much earlier, however, movements had been made in this direction, and as far back as 1867 a considerable sum of money had been raised at a bazaar held for the purpose of founding such an institution.\* Before even this stage was reached, there had been, of course, the usual controversy as to whether a special hospital for children was in any sense required, and as to whether, if established, it might not rather be injurious than useful. In the daily newspapers a somewhat sharp controversy was carried on by various leading practitioners. This controversy is referred to in the minutes of the original promoters, kept by Mr Andrew Macgeorge, their secretary, whose minute book begins on 23rd January, 1861. The practical victory, however, as evidenced by the success of the bazaar referred to, lay with the advocates of the scheme. The actual facts seemed to point to the failure of a general infirmary to provide for the accommodation and adequate treatment of any considerable

\* This Bazaar, organised by the late Miss Clugston, was for the purpose of forming a Convalescent Fever Home and a Sick Children's Hospital. The financial statement, dated May, 1867, showed proceeds to the Children's Hospital amounting to £2,916.



number of children at the earlier ages, especially of those affected with the forms of internal disease usually treated in medical wards. While those opposed to a special institution could point to many children treated, no doubt, with much success in the female *surgical* wards of the Glasgow Royal Infirmary (then the only general hospital in the city) it appeared that but few children of tender years were ever actually treated in the *medical* wards; indeed, their presence there in any number would become a serious tax on the nursing arrangements which, of course, were designed for adult patients, while the petulance and crying of sick children, when they did find their way into the general wards, inevitably disturbed the rest of their adult neighbours.

Although the sum of money collected from donations and from the bazaar, amounting to over £6,000 in 1870, made it certain that a Children's Hospital, in some form, would be established in the city, various circumstances tended to create delays from time to time.

At this period the University buildings were being erected on a new site in the west of the city, and it was certain that an Infirmary must be erected near these buildings for the use of the medical school, and this was actually opened as the "Western Infirmary" in 1874. Pending these changes, negotiations were made as to having a site provided for the proposed Children's Hospital near these new buildings; or, it was proposed by some, that special wards, or a special wing of the Western Infirmary, might be set aside for children, with advantage to both institutions and to the University medical school. The promoters of the Children's Hospital evidently feared that any such arrangement as special wards in a general hospital might be readily broken down under the strain of

financial difficulties such as are always liable to arise in charitable institutions, especially as it was well known that efficient attendance on sick children is relatively costly, and that in a few years such special provision for children might cease to exist. The same objection did not exist to having a special building, under special trustees, within or near to the Infirmary grounds; but, although this was understood to be agreed to, and even a site selected in concert with a University Committee, objections were raised, at the last, by the Senate, and the negotiations had to be abandoned. In the meantime, of course, much time had been lost.

A committee was at length appointed in 1880, with instructions to proceed with the formation of a Children's Hospital, the funds having by this time accumulated to about £8,600. A site was purchased in Garnethill, at the corner of Buccleuch Street and Scott Street. Two dwelling-houses stood there, with a certain amount of ground in front of them. One of these was then acquired, and the other has since (1887) been purchased, and now forms part of the hospital. The dwelling-house first acquired was converted into rooms for the administrative department of the hospital, and a new building of four flats was erected on the ground in front, facing Buccleuch Street. The low or basement floor was appropriated for kitchen and similar purposes. The other three flats contain one ward each. This disposition of the building prevented a full carrying out of all the modern ideas of lighting and ventilation (as one side, of course, could not have windows); but great care was taken to have ventilation attended to. Double open fireplaces in the centre of the wards afforded means of heating and ventilation, and the gas used in the wards was made, by means of a ventilating shaft, to contribute to the purity of the air.



Hot water pipes were likewise employed in the heating of the lobbies, &c.

The wards being thus close upon the streets—and not situated in an open space in the country, as might have been preferred by many—the windows were painted, at considerable expense and with artistic effects, so as to reproduce Caldecott's well known illustrations of nursery rhymes, each window being a special gift from youthful subscribers. The walls are lined with cream coloured tiles for  $6\frac{1}{2}$  feet from the floor, and above that are smooth and easily washed. The floors are polished. The general effect of the interior of the wards is pleasing. Notwithstanding the influence of the painted windows, the absence of green grass or trees, and, indeed, the want of space around, constitute great defects—inseparable, however, from the situation, which was deliberately selected by the promoters as being central, easily accessible, and thus convenient, both for the poor of the city and for the medical officers in charge of the patients.

According to the *First Annual Report* (for 1883), the total cost of the hospital, including the site, fully furnished and equipped, was £12,510, 0s. 2d., or £215, 13s. 9½d. per cot. Of these cots there were 58 in the three wards, with 1 in the Isolation Ward. The cubic space per cot varied in the three wards from 736 to 836, the lower figure applying to the ward on the top flat. Some objection was taken to the cubic space in this ward being too small; and certain structural alterations were carried out in 1885, by which the cubic space was increased and some new windows added, which improved the ventilation.\*

According to the *Fourth Annual Report* (for 1886), the

\* The writer of this notice considers that the cubic space named above is considerably under what is desirable for a Children's Hospital—in particular, that the floor space in these wards is too small.

following was the cost of treatment for that year,\* the average daily number of patients being 51:—

Average cost of each cot for year (1886),	£42	6	5·9
„ total cost of each patient treated,	4	6	0·8
„ cost of each patient per day,	0	2	3·8
„ daily expenditure,	5	18	3·1

The funds of the Children's Hospital were greatly augmented by the success of a Fancy Fair, held in Glasgow, in 1884, under the presidency of the Duchess of Montrose. The total amount drawn was about £17,020, and the finances of the Fair were so carefully managed by Miss Grace Paterson, of Glasgow, that £15,763, 12s. 10d. were handed over from this source, the total amount actually obtained, including some important donations, being over £20,000. The objects aimed at in this effort were to provide funds for a small permanent endowment for the Hospital, and to assist in the erection and furnishing of an out-patient department.

In 1887 the house and ground immediately to the west of the Hospital were purchased, and these proved valuable acquisitions. Considerable improvements were at once carried out, particularly as regards the accommodation of the nurses, the enlargement of the operating room, and the erection of more suitable washing houses; and, in addition, the main floor of the dwelling house, thus acquired, was converted into one ward, of L shape, nicely heated and lighted: some of the windows look out to the ground in front, and all of them in this ward are without paintings. This ward, giving 12 additional beds, was

\* This year is selected because by this time the hospital, as originally planned, was in full operation. By next year the hospital was somewhat extended, and the cost, as given in the *Fifth Report*, is somewhat less (£40, 15s. 9d.)



opened in October, 1887, chiefly through the generosity of Mr. Thomas Carlile, the Chairman of the Directors, and so the two physicians and the two surgeons on the staff have now one ward each under their care, instead of the surgical ward being divided between the two surgeons, as at the first, when only three wards were available. In addition to the four visiting physicians and surgeons, the honorary staff includes an assistant physician and surgeon, an ophthalmic and an aural surgeon, a dentist, and a pathologist.

The mortuary was the gift of the late Mr. James T. Whitelaw, who took a very active part in the erection of the Hospital, and who was, till his death, Chairman of the Board of Directors. It is very artistically designed, and it was hoped that this might have a soothing effect on the parents when they came for the bodies of their children who had died in the hospital.

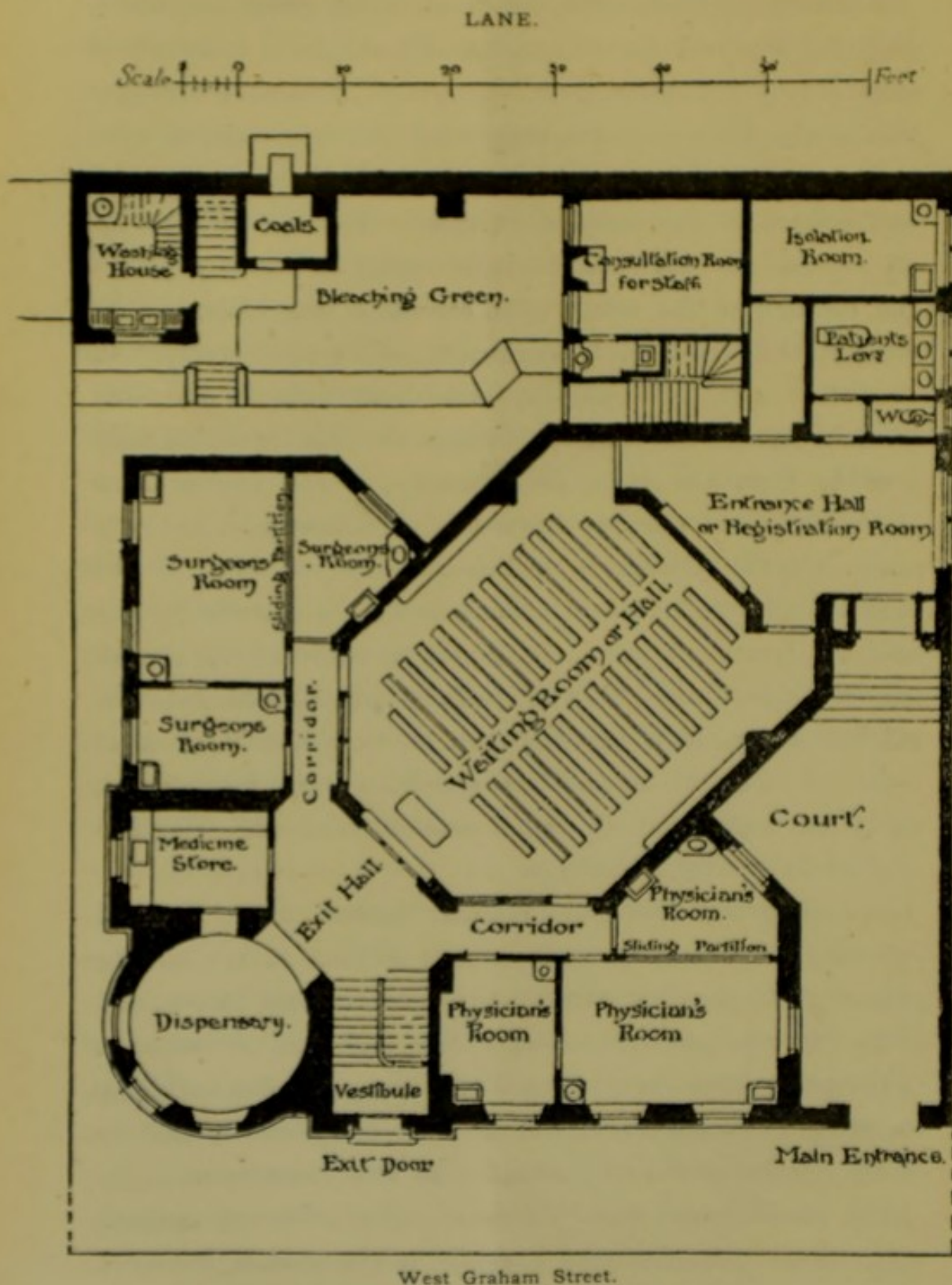
The admission of patients to the Sick Children's Hospital is by "subscribers' lines," the plan followed at the two general infirmaries. Although this is the rule of the institution, the practice has been followed, from the first, of admitting cases sent in by any medical practitioner, the house surgeon obtaining from some of the directors the needful "line." Indeed, many cases sent by various persons and institutions are admitted at once if there happens to be room at the time and if the case seems suitable for *in-door treatment*. Not unfrequently, however, weak or ricketty children are sent by benevolent visitors of the poor, whose cases are quite unsuitable for treatment in a hospital situated, as this is, in the centre of a crowded city. There are always cases waiting admission, and at times as many as 50 patients' names appear in the book as anxious for treatment, but not able to obtain admission for want of greater accommodation.

Although this Hospital has been open since December, 1882, for the treatment of sick children in the wards, it is only during the summer of this year (1888) that arrangements will have been completed for the treatment of out-patients. This delay has been unfortunate in various ways; and indeed, in the opinion of many, the establishment of an out-patient department ought rather to have *preceded* the opening of the wards. A very large proportion of the ailments of children, especially at the earlier years, can be better and more economically dealt with in the out-patient department, and a selection of suitable cases, only possible from the large field of out-patients, would make the treatment of cases in the wards more profitable in every sense. In the first years of this Hospital, not a few of the children admitted to the medical wards were scarcely suitable for treatment there. With the advance of time more suitable cases have of late been admitted, but with an efficient out-patient department a better selection of cases—*i. e.*, of cases pre-eminently adapted for in-door treatment, could be made, and so the expenditure of the Hospital applied to greater advantage.

The site secured for this important branch of the Hospital is within five minutes' walk of the wards. It is near the corner of Cambridge Street and West Graham Street, and is readily reached by tramway from any part of the city. Great pains have been taken in the design of the buildings to secure the comfort of the children and the convenience of the special staff to be attached to this department.

The patients are to be admitted by a court or covered way, where perambulators may be left protected from the weather, and this leads to a vestibule where they are to be registered and then transferred to the waiting-room, which is a large, airy apartment. On either side of this there





PLAN OF PRINCIPAL FLOOR OF OUT-PATIENT DEPARTMENT,  
GLASGOW SICK CHILDREN'S HOSPITAL.

are three consulting rooms, *en suite*, for the physicians and three for the surgeons. A dispensary for supplying medicines is situated near the exit door, which opens to the street without interfering with the entrance door or the due circulation of the patients. In an upper flat there are rooms for the specialists who may be required at times for special cases, and there is likewise accommodation for one or two nurses or others in charge of the building, who may have to assist in the preparation of the out-patients for the medical officers. Ample and suitable lavatory accommodation has been provided for the little patients and their attendants. The building has been erected from plans by Messrs. Douglas & Sellars, architects, Glasgow, who also prepared the plans for the Hospital.

The organisation of the out-patient department is now under consideration (June 1888). The staff will, of course, be distinct from that of the wards. It is understood to be the intention of the directors to have this department open for advice to sick children without the formality of subscribers' lines, but to take measures for securing, through the Charity Organisation Society or otherwise, that only those unable to procure medical advice for themselves should be registered as patients of this institution. Medical visitation of patients at their homes is not contemplated.

In the foundation of this Hospital the interests of medical education and of the various schools of medicine in Glasgow were kept in view, and it was hoped that its central position would facilitate the attendance of students. As yet these hopes have not been realised. A few students have indeed attended the practice of the hospital,\* but its

\* One or two ladies from the London Zenana Medical College have attended and received instruction at this Hospital while supplementing their practical studies by a residence in Glasgow.



distance from the University and the difficulty students experience of finding time for any extra courses in the present crowded state of the curriculum probably account for the small number of students who have as yet availed themselves of this hospital's practice. With the establishment of the out-patient department, where practice among children can be really better learned than in the wards, some further interest in this important branch may be aroused among the students; and if the curriculum is lightened, or the period of study extended, it is quite certain that many students would gladly seek to acquire some practical knowledge of those diseases which, in the actual work of the profession, bulk so largely. For the study of the infectious diseases of children, the Fever Hospital at Belvidere presents a field probably unrivalled in the Kingdom, but almost wholly neglected by the medical students of Glasgow.

There is in the Sick Children's Hospital a part of the buildings detached from the general wards containing an isolation room, where a child can be placed when presenting suspicious signs of infectious disease, or kept for a time after these have declared themselves, till removal can be effected. In a few instances of infectious disease arising in the hospital, especially where serious surgical operations had been performed, and when removal from the hospital might have been dangerous, a child has been treated "in isolation" till the period of infection was past. Adjoining this little ward there is accommodation for a nurse, who is also placed "in isolation" while attending such a case.

The treatment of infectious diseases, however, is not attempted in this hospital, and whenever they appear the children so affected are promptly removed to the Fever

Hospital at Belvidere. The medical staff of the hospital and also the directors were alike unanimously of opinion that infectious diseases should not be admitted to the Children's Hospital if recognised as such, and that all such cases arising in the wards should be removed with as little delay as possible, telephonic communication rendering this, as a rule, very easy, whenever the diagnosis is established.

The only exception made was in the cases of diphtheria (or so-called croup), but only when it seemed to require surgical interference. It was felt that in such cases, which might be sent at any hour in a state of great urgency, a recommendation to take the child to the Fever Hospital, three or four miles distant, might imperil seriously the chances of successful treatment, and that the lesser evil was to deal with such cases with as much separation as circumstances permitted of. Recent experience has seemed to show that this course is perhaps attended with somewhat greater risk than was supposed at first. Some of these cases have been treated in the isolation ward, and so the danger has been greatly lessened, at least as regards the other children.

JAMES FINLAYSON, M.D.,

*Visiting Physician.*



