

The Story of Our Great General Hospital

Nottingham Evening Post, 9th of October, 1951

The story of our General Hospital with is similar to that of many such institutions (one use the word in the best possible sense) up and down the country.

It is the story of all voluntary hospitals, those fine results of the 18th century, when the desire to serve one's fellow men seems to have been mixed with the desire to keep one's work people at work and capable of working.

"Of the benefits rebound from these charitable institutions, the first and most obvious is the great number of lives here by save, and made serviceable to the public, which, without them, might have become lost in, will become a burden to it. For the poor, much as we are apt to overlook them, are a very necessary and useful part of the community, nor ought it to be forgotten that to the sweat of their brows and to the labour of their hands it is owing that the rich enjoy the accommodation of ease and pleasure."

With these two sentences from the first annual report of "The State of the General Hospital near Nottingham: open to the Sick and Lame Poor of any County," published 165 years ago, I find myself meeting Dr Frank Jacob, honorary consulting physician at Nottingham General Hospital, a member of its medical staff since the end of the last century, on common ground.

Dr Jacob was quoted in his book "A History of the General Hospital near Nottingham" just issued.

GREAT NAMES OF THE PAST

There is so much of everything in Dr Jacob's book. So much temptation, not only to sit with the book, but to linger on those quaint days of the past when the hospital, according to the old prints, was a square low box of the building; so much information: so much apprehension: so much disregard for conventional style that the lack of it is not tedious but endearing.

It sets out to be a history of our own hospital. It becomes a picture of the conditions that have made the hospital what it is today, a history of the developments and progress of medicine, surgery and allied schools, scattered with the great names of the past whose methods were put into practice in the hospital -- a memorial to the public spiritedness of Nottingham's wealthier citizens who gave hundreds of thousands of pounds to build and in large, to re-equip and improve until the hospital became what it is today.

The brief history of Nottingham General Hospital is this: the foundation stone was laid in 1781 and the building was opened for patients the following year.

SQUALID AND UNHEALTHY

Nottingham had probably, says Dr Jacob, many squalid, smelly and unhealthy districts then. Over the years the water was improved as opinion became better informed; epidemics of Asiatic cholera and the old plagues were wiped out with the insanitary conditions.

The teachings of Pasteur and Lister, the work of Dr Francis Sibson and others within the hospital, and the purchase of improved equipment and produced a hospital that called up the efforts of many citizens to provide its funds up to that day in 1948 when the state took over.

That activity has not been curbed, and the Linen Guild, which helps the matron to maintain the old standards, is still part of the organisation.

There is so much of everything in Dr Jacob's book that here there is only space to act as an appetiser, to quote such incidents and observations as may excite the reader to greater interest.

NEEDLES SWALLOWED

There is room for mention of Kitty Hudson, of Arnold, who swallowed so many needles that during her stay in the hospital, dozens were extracted from various parts of the body on which various amputations were performed. Yet she lived to marry, to bear 19 children -- 18 of whom died in infancy -- and to become the "Arnold Post", walking twice a day to Nottingham and back.

There is room for mention of the St Mary's grave robbers, the "Resurrection Men," who followed the later knowledge of medical science and its need to win further information by dissection.

WHAT OF THE FUTURE?

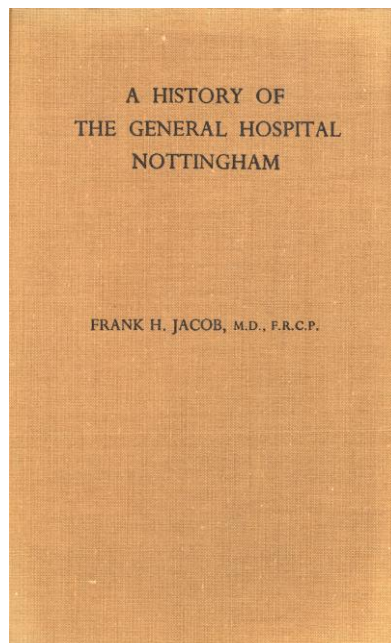
There is room for comment on observation of Dr Jacob: "it is likely that Nottingham will soon have its own medical school." More recently another medical authority has said that there are facilities in Nottingham for the establishment of a medical faculty.

What does the future hold for Nottingham? That is a question that is often in Dr Jacob's mind as he tells his story of the past.

One cannot help a feeling of regret that our old voluntary system with so many happy virtues has passed away, he writes at the end.

Shall we look forward with hope or fear? Certainly with hope. He said that the coordination of all the hospitals in the area may eventually bring benefit to all of them. Hope that the spirit of voluntary unselfish help will survive and animate all the hospitals.

I have endeavoured, concluded Dr Jacob, however imperfectly to narrate the change in medicine and in our hospital since its beginning. It is now time to part, to hand on the torch to the coming generation.



LATEST IN COUNTRY

Gift Speeds Cancer Machine for City

Nottingham Evening Post, November 16th 1963

A linear accelerator cancer treatment machine, more advanced and efficient than any other yet in use in this country, is to be installed at Nottingham General Hospital, as a result of a gift from the Olds Charitable Trust, which will meet half the initial cost.

The accelerator is revolutionary in design and principle. It is now being constructed - a long and highly technical operation -- and will be installed at the hospital in about two years time.

Nottingham General is one of the largest provincial treatment centres for cancer in the country, with more than 14,000 patients a year.

The machine will also be made available to Derbyshire, Leicestershire and Lincolnshire hospitals. It is regarded as a considerable improvement on the Cobalt machine which is already in use at the hospital.

Firm founder

Personally associated with the trust and the gift, Mr and Mrs W. A. Olds, who live in Nottingham. Mr Olds founded Olds Discount Company, now trading under another name.

He said today: "The gift was made because we are extremely interested in the development of cancer treatment in Nottingham and anxious that the hospital should have the best available equipment."

There are few such accelerators, at any stage of development, in Britain. The majority are in use at training hospitals in various areas in accordance with government policy.

The reason for the scarcity is they are extremely high cost and the long time they take to construct. Because of these factors there is a priority list, and Nottingham General, it was felt, would not have received a machine for several years.

Meet the remainder

But the trusts offer to the Nottingham Number One Hospital Management Committee will enable a substantial amount of the cost to come from Nottingham, and the government will meet the remainder.

The director of the hospitals Radiotherapy Department, Dr S. D. Fraser, told the Post: "It is the most advanced and efficient machine of its kind and we are extremely lucky to be getting it."

"Because it is so highly powerful and requires shorter treatment periods, it will enable us to treat not only a greater number of patients more effectively, but also some of those we have to turn away in the past because existing methods could not benefit them."



£1 million skyscraper block to extend General Hospital

Nottingham Evening Post, December 5th 1963

The first major post-war extension to Nottingham General Hospital is being proposed by the Regional Hospital Board, who want to spend more than £1 million on a nine storey skyscraper block

The suggested site for the new block is that now occupied by hospital tennis courts in the shadow of Nottingham Castle.

Permission to develop on these lines is being sought by the board at a meeting tomorrow of Nottingham City Council Planning Committee.

Board representatives have already met a small body from the committee to talk over the project.

Tennis Court Site

A spokesman for the board explained today to a post and news reporter that the tennis courts provided the only available vacant site in the vicinity of the General Hospital for such development.

The idea is to try to rectify some of the existing deficiencies at the hospital, which is housed in old buildings.

The new block will provide accommodation for a series of departments not usually housed together, but which are being grouped in this case on grounds of necessity.

New Surgical Wards

One or two floors will comprise kitchens and dining rooms, and above will be new stores, new pathology laboratories, new operating theatres and the new mortuary, which will also be used by the city.

The top three floors will be occupied by new surgical wards for both men and women patients.

The official estimated cost is put at £1,300,000, and is hoped to make a start on building work early in 1966.



Nottingham School of Nursing

Guardian Journal, December 7th 1970

Nottingham's new joint School of nursing opens in January, and will offer splendid opportunities for those who want to make nursing their career, with its linkup with the new teaching hospital at the university. It is not generally known that there were both medical and nursing schools in Nottingham a century ago, and records at the general hospital show that a school of nursing operated there in 1871, when the first records of probationers are noted.

The centenary year of that first moved to train local nurses seems a good time to put into action a plan which many of those associated with the General Hospital have had in mind some time -- the collection of documents, pictures, etc from the early days.

They would like to ensure that everything likely to help to form the basis of a museum of the general hospital should not be lost, and appealed to Nottingham residents not to destroy anything of interest, but to give it to the hospital.

Mr G. D. Davies, secretary of the new University Hospital Group, who continues to look after the General Hospital and has a great affection for the traditions of this historic building, says they already have the nucleus of a collection and that some local people have given pictures and other items.

It seems that our new Medical School is not unique and that doctors were being trained in Nottingham early in the 19th century. One Joseph Thompson, then aged 13 years, is recorded as having been indentured for five years in 1824 to train in the art of surgeon and apothecary. One of the conditions of his training was that he must not marry while indentured, and it was all so laid down that he must not absent himself from his masters -- day or night.

A medical school was established in Nottingham soon after the passing of the Apothecaries Act in January, 1815, but information about the school is so scanty that it takes up only one page in The History of the General Hospital, which was written by Frank Jacob and takes the story up to 1950.

The only remaining in effect of the Medical School which could be found was a book of botany and even that was a volume short. Rules in 1834 show that age of entry had been raised to 18.

The foundation stone of the General Hospital was laid in 1781, when the population of the city is reported to have been growing rapidly and to have reached 20,000. There was no sanitation, the River Leen was the main sewer, and there was little supply of fresh water.

Founder of the hospital was John Key of Fulford Hall, near York, who left £500 for the purpose, with the proviso that £1000 be raised by subscription within five years of his death.

The first matron was Mrs Ann Richardson. She was paid £15 a year plus £3 3s. for tea and sugar. Anniversary dinners were a feature of the life of the hospital. The menu for the dinner in 1814 started with two kinds of soup, offered three varieties of fish, nine kinds of meat and eight of poultry.



The Opening of the Trent Wing

Guardian Journal, May 4th 1972

Tremendous team effort was involved in building Nottingham General hospitals £1,300,000 Trent Wing, Sir Keith Joseph, Secretary Of State for Social Services, said at the wing's opening yesterday.

"The same team effort should link the Health Service with the social services, and housing and other functions performed by local government," he said.

Much remained to be done to enable Sheffield Regional Hospital Board to remedy its inherited shortages and to cope with the growing demand on its hospital services, Sir Keith added. "I accept that hospital services in parts of the Sheffield region are under pressure.

"Nottingham has had a long way to catch up in terms of medical facilities -- for example the shortage of doctors."

The nine storey Trent Wing will provide better services for the public, and would help shorten waiting lists for treatment.

Facilities

It would also provide more training facilities for the large number of medical students that are shortly to pass through the new Teaching Hospital and Medical School.

It was planned to provide for an intake of 160 students, rising to 192 in 1979 and to provide extra clinical teaching facilities in other Nottingham hospitals.

On the next phase of the teaching hospital development would include provision for treatment of psychiatric patients and the elderly, he said.

The Bishop of this Sherwood, the Rt Reverend K. G. Thompson, dedicated the building and Alderman S. King, Chairman of Sheffield Regional Hospital Board, formally handed over the wing to Mr D. L. Evans, Chairman of the Nottingham University Hospital Management Committee.

Mr J. F. Neil, chairman of the Group Medical Executive Committee, thanked Sir Keith for opening the building.



Official Opening of the Stroke Unit

Nottingham Evening Post, October 29th 1983

Nottingham's long-awaited Stroke Unit will be officially opened on Friday by actress Miriam Karlin.

As she unveils a plaque in the General Hospital courtyard, one of the unit's first patients, 67-year-old Bill Ward, will get a grandstand view of the ceremony from Carlton Ward in the Trent Wing.

The next day he is due to go home -- a tribute to the marvellous progress he has made under the team care approach being developed by the centre's medical and nursing staff, supported by a speech therapist, occupational therapists and physiotherapist.

Killer

strokes are now the third biggest killer in Britain after cancer and heart disease and the largest single cause of physical handicap.

Bill, a bachelor devoted to looking after his 85-year-old semi-invalid mother with help from his married sisters, suffered a stroke on September 30 at his home in Clifton.

"I woke up one morning with a pain in the side of my neck," he recalled. I felt dizzy, vomited a lot and when I lay down on the sofa I couldn't move. My family doctor diagnosed a stroke."

Bill was admitted to the City Hospital, treated there for four weeks and then transferred to the Stroke Unit when it accepted its first three patients on November 1.

80 people a month are admitted to Nottingham hospitals with strokes and the aim of the unit, which is building up to 10 beds, is to take selected patients thought likely to benefit from rehabilitation treatment and aftercare.

When Bill arrived on the ward he was unable to walk or dress himself and need a lot of nursing.

Now helped by dedicated staff, he can walk to the end of the ward with a balance stick, the dress himself and is gradually re-gaining independence.

There is a real achievement because Bill has an added physical handicap -- as a young boy his left leg was crushed in a road accident.

Bill commented: "The stroke unit is a good idea and it's up to patients to make it work."

Staff Nurse Jill Heppenstall, delighted to be working on the unit says: "We can give patients more care and attention than is possible on a medical ward."

And occupational therapist Mrs Marion Walker said: "It's marvellous to have the time to devote to patients."

After a lengthy ambulance journey/outpatient is often too exhausted to give of their best in a physiotherapy session.

He treatment is given on the spot and, integrated with other help, this may speed recovery.

As acting director Dr Roy Boyd, the consultant geriatrician, explained: "Our hope is that the unit will help more patients return home instead of ending up in old people's homes or needing permanent institutional care in hospital."

Close contact is maintained with families and support services so arrangements dovetail for a planned discharge home. A small-scale outpatient service to follow up patients like Bill is also proposed.

Research

The ward is being provided by the NHS. But an important, integral part of the project is a research unit based at the hospital in Tower House.

Marvellous support by the people of Nottingham has enabled the Stroke Appeal organisation to raise more than £100,000 so far towards its £150,000 target to fund this vital research programme.

Researchers Dr Willi De Weerd (Physiotherapy), Dr Nadia Lincoln (Psychology), Fiona Nouri (Occupational Therapy) and Linda Smith (Speech Therapy), are already making considerable progress.

The team shortly will be strengthened by the addition of a research nurse and social worker.

Dr Ronald Walton, chairman of the Appeal Committee, says: "All money received by the appeal goes directly to meeting the cost of the research, none being taken for administrative or other expenses."

A grand raffle for a Ford Orion car, being launched on Friday, should further boost the drive to raise the outstanding £500,000.

They deserve to succeed because of the research programme, allied to the sterling work being done on the ward, will provide a lasting memorial to the general's 200 years of caring for the people of Nottingham -- with a promise of many more years of active service ahead.



Official Opening of the Stroke Unit by actress Miriam Karlin.

HEALTH CHIEFS have unveiled a major blueprint on the future on health care in Nottingham. The radical proposals include closing down the 200-year-old General Hospital as well as the Mapperley psychiatric hospital, the first of its type to be opened in England. In this feature, Evening Post reporter DAVID PAUL traces the history of two hospitals which have been the bedrock of social services.

The 200-year-old Nottingham General Hospital was once regarded as the foundation for health care in the city.

The hospital currently has about 250 beds, mostly devoted to care of the elderly. It employs 700 staff and costs about £6 million a year to run. And it was the running costs that have increasingly concerned health chiefs in recent years. The future of the general was threatened as maintenance, heating and rates bills continued to rise.

One estimate was that the health authority was playing around £1 million a year in extra heating bills and maintenance to sustain the present hospital site.

A major campaign was mounted in the early 1980s to save the General Hospital after the transfer of the majority of services to the Queens Medical Centre.

As late as September 1986, a new ward was transferred to the general and hailed as a demonstration of the health authority's faith in the hospitals future.

Speedy recovery

The 18 bed Ballantyne Ward provides special rehabilitation treatment for elderly patients with broken limbs and needing intensive treatment for a speedy recovery.

At the opening ceremony for the ward, Mr Peter Fox, the service manager of health care for the elderly said: "It is a happy day today to see that Ballantyne Ward is here and demonstrates the faith the authority has in the hospital to provide a service particularly to elderly people in Nottingham."

But in January this year, the district health authority ordered a full-scale review to consider whether services could be better provided elsewhere.

A £7 million plan was then revealed to build a new radiotherapy department in cancer research laboratory at the City Hospital, transfer the genito-urinary service to the City Hospital and hearing services to the Queens Medical Centre. The General Hospital site has been estimated to be worth £10 million.

Mapperley Hospital was the first mental hospital to be built in England. It opened in 1880. It currently looks after 320 patients and employs 500 to 600 staff at an annual cost of £10 million.

Mapperley is Nottingham's biggest psychiatric hospital, but as with the General, the ageing building has become increasingly unsuitable for modern day methods of treatment.

It has proved expensive to heat and elderly patients have had to use dormitories on the second and third floors, when ground floor accommodation would have been preferable.

The idea of closing Mapperley was first put forward four years ago. The plan was then to demolish the old hospital and replace it with a smaller, more modern building. This still looks to be the opinion favoured by health chiefs.

The new buildings would form part of the strategy aimed at developing a comprehensive district mental illness service.

As recently as July this year however, money was still being pumped into Mapperley Hospital.

A new £80,000 entrance and reception area was officially opened then by the Bishop of Sherwood, the Right Rev Richard Darby.

And in May a new £160,000 Ward with 12 beds for forensic intensive care was opened by Mr David White, Chairman of the Nottingham Health Authority.

It is the first unit of its type where mentally ill patients who have been in trouble with the law treated separately.

But despite recent investment in the hospital only four months ago a leading mental health writer described conditions they are as "horrendous."

Second Division

Mr David Brandon told a meeting of the Nottingham Advocacy Group in May that standards were 30 years behind those of some European countries in terms of the meals and services provided.

Our services are in the second and third division. I had been to Mapperley quite a few times and conditions there are horrendous, he said.

Now a major report to the Nottingham Health Authority recommends that both the General and Mapperley Hospitals should be closed by the early 1990s.

The report also recommends the relocation of district headquarters and the sale of the Forest House site to generate much-needed cash.

The changes are needed because Nottingham's revenue resources are still over £8 million below the target needed to develop services just to national average levels.

The hope is that services will be improved by massively reducing the amount of cash currently being spent maintaining old buildings.

Release of plans for the redevelopment of the Nottingham General Hospital site

Nottingham Evening Post, August 11th 1993

Plans for the redevelopment of Nottingham's General Hospital have been released. The £20 million scheme could involve the demolition of the 1960s Trent Wing which dominates the historic six acre site.

Nottingham Health Authority has retained Nottingham architects Crampin and Pring as consultants and master planners, who have drawn up proposals for demolition of some buildings. The planning application has been submitted to Nottingham City Council.

The idea is to break this site up into smaller units in the hope of finding buyers instead of selling the site as a whole.

The Trent Wing could be pulled down and replaced by open space shaped in the form of an arena creating a setting for three prime commercial development opportunities.

But this depends on whether the Health Authority can get sufficient cash from the rest of the site.

The European Regional Development Fund has offered a grant of £869,000 towards the cost of creating the arena and restoring the original Georgian Hospital hidden by the Trent Wing.

This scheme drawn up by Crampin and Pring envisages pulling down some buildings such as the medical wing overlooking the Park and replacing it with apartments.

The Neil/James Foreman Ward will be separated from the original hospital and turned into 17,500 ft.² of offices.

Health Authority chairman Sir David White said that the site has attracted considerable interest.

The government is looking at relocating departmental offices in Nottingham such as the Department of the Environment from Cranbrook House.

It is considering a purpose-built office in Cumberland Place if the planners give the go-ahead for the clearance of the site.

The Health Authority itself might take the refurbished original hospital building with 37,500 ft.² of space but no decision has been made.

The distinguished Jubilee Wing, a round tower at the top of St James Street design by the eminent Victorian architect Alfred Waterhouse will be restored and could include shops, a restaurant and offices.

Memorial House, the former nurses home overlooking the Castle Green, is earmarked for luxury apartments with swimming pool.

Sir David said: "I think this is an excellent scheme which meets the Health Authority's criteria. There is a pretty good chance the scheme will fly.

"This is the premier site in the East Midlands and is capable of being developed in smaller schemes."

Bill Crampin said: "We are trying to achieve the redevelopment of the site in a manner that fully exploits its potential and contributes to the fabric of the city while giving an economic return to the Health Authority. "It is a highly dramatic site and we think we are doing justice to it.

"We hope to get a planning consent in the autumn and believe the council is 100% behind the scheme."

If the Health Authority decides to pull down the Trent Wing, the demolition gang could move in during the winter.

This would leave the way free for developers to build up for commercial projects behind Memorial House.

The Nottingham General Hospital -- redevelopment has been approved

Nottingham Evening Post, October 15th 1993

Nottingham City Council has approved the redevelopment of the General Hospital site for offices, residential and shops.

The city's planning committee has given outline planning permission subject to conditions.

The Nottingham Health Authority scheme includes the part redevelopment and refurbishment of the site for a cafe, restaurant, wine bar, hotel and healthcare centre on the six acre site.

A public square, roads and footpaths would be created around the complex which will be landscaped.

The plan involves the demolition of some Georgian buildings which some city councillor's fear will destroy part of Nottingham's heritage.

The proposal involves knocking down the majority of existing buildings, leaving Memorial House overlooking Lenton Road, the original main hospital buildings and the chapel off Park Row. The ugly high-rise Trent Wing could be one of the blocks to go.

A report by development director Jim Taylor said the demolition of the Trent Wing depends on the ability to find sufficient new floor space to replace it.

"The removal of this building is only likely to occur if development involving the loss of other buildings is accepted, particularly at Cumberland Place and Standard Hill House," said Mr Taylor in his report.

Nottingham Health Authority is currently marketing part of the site which could become offices for Government departments which are seeking to relocate within Nottingham. The Department of the Environment is seeking new offices to replace Cranbrook House built in the 1960s.

Nottingham architects Crampin and Pring have been retained as consultants for the development of the site following the failure to find a single buyer.

The site is regarded as an area for the potential expansion of Nottingham's commercial quarter.



An artist's impression of the redeveloped General Hospital site

The closure of the last wards at the Nottingham General Hospital

Nottingham Evening Post, October 18th 1993

The last seven patients packed their bags and said goodbye to the Gervis Pearson Ward at the General Hospital.

But they are already surrounded by the same nursing staff and in a ward bearing the same name as they complete the move to a new £34 million oncology unit at the City Hospital.

The move will take three days and involved the use of 1500 packing crates should see the new state of the arts centre up and running by tomorrow.

The new multi-million pound cancer unit will put Nottingham at the forefront of cancer care and research in the world and is one of the most significant projects ever undertaken in the Trent region. The old General Hospital oncology department had been running as usual at the end of last week but the time came finally to cut the links.

"We have been going flat out until the last few days," said clinical director Dr Eric Bessell.

He added they would still be breast screening facilities and physiotherapy in operation for our patients but the last in-patient was heading out of the door.

Senior nursing manager sister Lyn Lygo spoke of her sadness at leaving the hospital where she had worked for 14 years, but at the same time she was full of optimism for the future.

"Obviously there is the sadness of moving, but we are going to the newest cancer centre in the country. It is not a question of shutting down, it is the end of an era but a new beginning," she said.

There would also be a sense of continuity between the old and the new for both staff and patients since they will be preserving the ward names and some familiar fittings.

"We have had quite a lot of things donated over the years and some of these are coming with us, but it is a modern environment and some things just won't fit in," she added.

Cancer patient Roger Harvey, 47, of Chilwell, has been a regular visitor to the hospital since an operation to remove the cancer 2 ½ years ago.

He is one of the "magnificent seven" preparing for the new ward and has mixed feelings about the move.

On the one hand he is looking forward to the new purpose-built City Hospital unit where he will once again be looked after by the 86 oncology staff.

"It has been quite weird over the last couple of days but it has been much quieter for sleeping because they are not so many buzzers going off," he said.

50 Years of the Nottingham City Hospital

Nottingham Journal, July 9th 1948

Nearly 50 years history will lie behind Nottingham City Hospital when it is nationalised on 5th of July -- the history of workhouse infirmary which grew into one of the most modern general hospitals in the country with accommodation for 1000 beds.

The foundation stone of the present buildings was laid in 1899, and when they were opened in 1903 they were hailed as the most up-to-date accommodation for workhouse inmates. Administered by the board of guardians, it was known as the Bagthorpe Workhouse and Infirmary.

In 1929 the Board of Guardians gave way to the Public Assistance Committee and the infirmary portion was managed by the Public Health Committee as agents for this committee.

From then on the work of the two sections drew apart, and in 1935 the health committee took entire control and the infirmary became known as the City Hospital. Now the hospital intended initially for the sick aged poor has become a complete general hospital dealing with all types of acute cases and well equipped with special departments.

Medical Staff

In 1930 there was a medical staff of five with four visiting medical men. Today there is a full-time medical staff of 22 doctors and specialists and 22 visiting specialists and consultants.

Since 1930 the number of patients treated each year has more than doubled, from 4,189 to 9,100 last year, and the number of operations performed has risen from 592 to 3,098. There were 498 patients x-rayed in 1930. The number was 7,727 in 1947.

In the maternity department there were 159 berths in 1913 and 1644 last year. The present accommodation is inadequate and future plans for extensions are being held up until after nationalisation.

Theatre Block

Most immediate of these shelved plans is for a new Theatre block to contain two operating theatres, and it is hoped that the new board will give this scheme priority to enable building to begin before the end of the year.

The thoracic surgery department, which has now become a centre for the area was started in 1938 by Mr Lawrence O'Shaughnessy, who met his death while serving with the RAMC at Dunkirk. The work has been taken over by Mr George Mason, FRCS, from Newcastle, and Mr William Buckley, who was appointed assistant thoracic surgeon.

The pathological laboratory, which started originally in a side room, now fills the ground floor of the entire wing, to which a bacteriological laboratory has recently been added.

Large Area

Three pathologists, one biochemist, three technicians and four junior technicians are employed there, and it is now the EMS laboratory, serving a larger area and doing work for the Ministry of Pensions, Service hospitals and in the area and hospital as far away as Mansfield and Harlow Wood.

War Service

In 1939, the then Minister of Health, Mr Walter Elliot, opened a new nurses home and training school, built at a cost of £48,000.

During the war section of the hospital was taken over by the military authorities and many convoys of wounded arrived in the city by hospital train for treatment.

Although comparatively recent, the buildings are already being modernised and improved. Perhaps the biggest transformation has been done with a paintbrush alone. The drab brown and olive green walls are gone and creams and ochres give the wards a light and airy look. The black iron bed frames have taken on pastel hues.

Some lounges have been built on to some of the wards and quite recently part of a ward was turned into cubicles -- in reality single rooms for the benefit of serious cases.

Outside lawns with flower beds and trees are made as attractive as possible to brighten the surroundings.

Recent Innovations

More recent innovations include visiting every night and an outpatients department with no queues. All clinic patients (they use the American title for the outpatients department) come by appointment and what delay there is is spent in an ideal waiting-room, warm and airy and well equipped with tables and comfortable chairs.

There is a nursing staff (including part-timers) of 300, with 50 sisters, and in keeping with the modern tendency there are many specialised new medical staff, such as the dietary staff which is the care of a catering manager.

Alderman Robert Shaw, who was appointed chairman of the Hospital Committee in 1935, still remains at the helm, for he has been appointed first chairman of the Number 2 Management Committee (Nottingham) which will control for the Regional Board the group of hospitals which includes the City Hospital and its parent Vale Brook Lodge.

Twin Operating Theatre Block

Guardian Journal September 3rd 1954

In a long, rather low looking building of pink brick, miracles are performed nearly every day -- miracles of modern surgery ranging from blue baby operations to complicated chest surgery at which the team of masked and downed doctors, nurses and orderlies may be engaged for as long as three hours beneath the shadowless lights.

It is a building where the windows are never open; where the air is washed, sterilised, heated and humidified before it is allowed to circulate. It is in short the new Twin operating theatre block at Nottingham City Hospital which the Duchess of Gloucester will formally open on April 27.

Safety Factor

Open, is probably the wrong word. For this operating theatre unit -- a suite of some 17 rooms to serve the needs of the two patients who are in at any one time -- is too valuable to lie idle waiting for an opening date.

The hospital had been waiting since 1937 for it, and when it was finally completed it came into use at once.

Already know less than 1500 operations have been performed by a team of 13 surgeons, giving new life and hope to hundreds.

Are there any operations for which these theatres are especially suitable? "You can perform any operation on the kitchen table," replies the hospital medical superintendent Dr William Morton. "It is more a question of modernising and increasing your measure of safety."

Safety measures here go to inordinate lengths. Not only is all the air literally washed in water, sterilised and heated before it is pumped into the theatre through vents near the

ceiling and then extracted by fans at floor level, but all the complicated equipment is earthed so that there can be no dangers from static electricity.

The reinforced concrete floors have been coated with terrazzo, a composition of marble chips which is antistatic, and into this floor had been inserted black earthing strips to drain away any static discharge. Nor is this all. The stands and tables have graphite impregnated robust seat and even the wheels of the trolley on which the patients are wheeled are impregnated in the same way, so that they are effectively earthed.

Shadowless Lights

The first thing that strikes the visitor in these shining temples of surgery is the air of quite. Not only is the floor noiseless, but the walls are coated with the rough faced sound absorbing plaster.

The theatre's stand on either side of a central sterilising room, which contained three built-in autoclaves. Two of these are used for sterilising instruments and the central one is used to sterilised dressings, gowns, masks and the like.

All is chrome and white, with the blackface of the autoclaves standing out in sharp contrast. As in the two theatres the walls are of a pale blue duck egg finish to avoid light reflection.

Above each operating table is suspended the large mushroom head of a scialytic lamps, mirror lined, so they cast their shadowless brilliance.

These lights can be raised and lowered, and in one theatre, tilted to practically any angle.

One theatre, too, has automatic shutters which, at a press of a switch, can be snapped down over the eastward facing windows when ophthalmic or ear, nose and throat surgery is being carried out.

For these delicate operation the only light is that which is focused on the actual operating area.

Ozoned Air

each theatre are also has illuminated panels for viewing x-ray plates, and the unit is equipped with its own dark room so that plates can be exposed, developed and viewed while the operation is actually taking place.

Other rooms provide accommodation for the medical and nursing staff and for the porters, and they are also two recovery rooms for patients.

Everything has been done to ensure the success of the operation is carried out -- even to ozoning the air and the theatres are the most modern in the Midlands.

They now cater for the major demands of surgery in this 804 bed hospital and bring the number of main operating theatres available in it to four.



New Outpatient Department

Guardian Journal, July 5th 1958

The new £100,000 outpatient department at the Nottingham City Hospital, which is to be opened officially on May 16 by the Minister of Health, Mr Derek Walker-Smith, is one of the most modern in the country.

It is divided into three self-contained clinical suites, obstetric and gynaecological, medical, and surgical, and has been in use since last March. Attached to the surgical department is a small dental unit with a workshop.

Work on the project began in November, 1956, and was completed last February. The architects were Pite, Son and Fairweather (London), and the contractors had Simms Sons and Cooke, of Nottingham.

Organise outpatient sessions were started at the city Hospital in award in 1948, and by 1957 the attendances totalled over 30,000. It was impossible because of the restricted accommodation to increase this number.

24 outpatient sessions are now held weekly in the new department, and include clinics for general medicine, general surgery, obstetrics and gynaecological, paediatric, plastic, orthopaedic, thoracic surgery and genito-urinary.

Special Rooms

Each clinical suite has rooms for consultation, examination, minor surgical procedures and special investigations. Accommodation is also provided for almoners, chiropodists and speech therapists, and there is a substation for pathology investigation and an outpatient pharmacy.

The records office is equipped with a modern filing system, and 20,000 sets of records can be kept.

There is a general waiting Hall which can be divided into two sections by movable screens. It is set out with small tables and chairs and a buffet is provided -- contrasting greatly with the endless rows of benches in the old building.

Walnut Veneer

The decoration is modern and distinctive, and an institutional atmosphere has been avoided by the introduction of bright decor and furnishings.

Many of the doors are finished with a walnut plastic surface, so that they withstand trolley and stretcher traffic, and are easily cleaned and yet retain a very handsome appearance. Other doors are of walnut veneer.

The rooms and corridors have a cork floor covering, except where terrazzo has been laid in the treatment rooms. The ceilings in the corridors and waiting rooms are of acoustic tiles, which cut down noise to a minimum.

Modern Style

The furniture, chosen in consultation with the architects, conforms to the modern style of the building.

The sister in charge of the new department is Sister J. Thompson.

Work has just started on a new x-ray department on the site of the old outpatient department.

CITY HOSPITAL PLAN GOING WELL

Guardian Journal, September 12th 1964

The first phase of the £800,000 improvement scheme at Nottingham's city hospital should be completed early next year.

This was announced yesterday by Mr J. H. Hargreaves, group secretary of Nottingham Number 2 Hospital Management Committee.

He said the first phase, costing about £122,000, with furniture and fittings, was well under way. And the second of the five phases was scheduled to begin in March next year.

Altogether, he said, 16 main ward units were being remodelled -- under the government's 10 year improvement plan for East Midlands hospitals, announced in 1962.

In this first phase, two wards were undergoing transformation ... Victoria II (female orthopaedic) and Winifred II (male surgical). The improvement should mean more space for the 54 beds, additional bathrooms, a new nurse's station, sister's office, a better kitchen facilities and better sluicing facilities

East Midlands First Artificial Kidney Machine

Guardian Journal, March 2nd 1967

The East Midlands first artificial kidney machine for use in cases of acute kidney failure is being installed at Nottingham City Hospital

the main unit has been given by the Long Eaton Development Association and ancillary fittings have been provided by the Lord Mayor of Nottingham's Artificial Kidney Fund.

A consultant surgeon at the hospital explained yesterday that the unit should not be confused with those that have been much in the news recently and which are used to treat chronic cases.

He said this was an acute unit and its purpose was to take over the normal functions of kidneys when a patient's own kidneys failed, as might happen after involvement in fire or an accident.

Two Sessions

The patient would be treated for perhaps eight hours with possibly a further spell of treatment after a lapse of 48 hours.

The surgeon said that he envisaged the unit being brought into use perhaps about 50 times a year. It was, he said, a life-saving machine and that it would obviate the necessity to make a hurried dash by ambulance to take a seriously ill patient to hospitals at Sheffield or Leeds.

This had often been done in the past. The police had had to provide escorts and Nottingham hospitals had felt seriously handicapped through not having a unit of their own.

New Filter

The machine will be expensive to use, as a filter which has to be replaced after every treatment, costs about £25.

It will be expensive, too, in its use of manpower, as nurses and a doctor have to be in attendance for the whole of the time the treatment is being given.

Nurses from the City Hospital who will give the treatment, are being trained at the RAF Artificial Kidney Unit at Halton.

City Hospital Kidney Transplants

Nottingham Evening Post, September 17th 1974

Half a dozen people in the Nottingham area are alive today thanks to kidney transplants performed at the City Hospital.

They have been made possible to the agreement between doctors and the City Coroner on interpretation of the law governing transplants, and through cooperation from donor's relatives.

And the situation which has prompted Prof Roy Calne, of Addenbrooke's Hospital, Cambridge, a pioneer of liver and kidney transplant operations, to criticise a ruling from the Cambria City Coroner, and has not arisen in Nottingham.

RULING

Prof Calne has claimed that many people will die as a result of the ruling by Coroner Mr Dudley Durrell that a donor's relatives must be given permission before it kidney can be removed.

For kidneys to work properly after transplanting he said they must be removed within 30 minutes of the heart stopping, although kidneys removed up to an hour after it had stopped might sometimes work.

At Nottingham City Hospital seven successful transplants have been carried out in the last six months.

Dr Donald Knapp, consultant physician in charge of the kidney unit, said all the kidneys use had come from patients already in hospital somewhere so that relatives were available and could be asked for permission.

So far the question of relying on a donor card for permission had not arisen, said Dr Knapp, and the legal position had not been tested in the courts.

But he agreed with Prof Calne's argument that potential donors could be lost when permission from relatives could not be obtained in time.

Dr Knapp added: "We have just completed a study in Nottingham which shows that if doctors notified the transplant team of all possible donors among hospital patients, and all the relatives agreed, we would have just enough kidneys to meet the demand. "But the chances of this happening are not very high."

Between 20 and 25 donors the year would meet Nottingham's needs he said, always assuming that medical facilities could be expanded. The law now was imprecise and open to varying interpretations he said.

"It says that person lawfully in charge of the body must make reasonable enquiries to determine whether the deceased has expressed an objection to his organs being used or whether his relatives object."

problems could be overcome in a number of ways with a voluntary transplant code for doctors were a system of "opting in," giving consent for organs to be transplanted, although Dr Knapp felt this would prove too expensive to administer.

On the other hand it could work in reverse, with all bodies available for organ transplants unless a person had "opted out," though this had not so far had government support, presumably because of public opinion.

Transplant doctors in Nottingham have frequent discussions with the coroner on interpretation of the law, and attitudes of the public. And as a result of agreement "six people are alive who would otherwise have died," said Dr Knapp.

Burns Unit Second in Priority Queue

Nottingham Evening Post, March 3rd 1976

The 2.6 million ward block for the Burns Unit at Nottingham City Hospital has been placed second in the priority list of capital schemes, to be started by the Trent Regional Health Authority in 1976-77, the regional authority was told yesterday.

First priority has been given to the Chesterfield District General Hospital, with 408 acute beds, 40 children's beds, and all departments to replace the Chesterfield Royal Infirmary. This is given an approximate cost of £13.1 million.

The mental handicap unit at Highbury Hospital, Nottingham, to provide 96 adult beds and 116 day places, at an approximate cost of £1 million, is fourth on the list. Third and fifth are two projects, each costing £2.5 million at Sheffield General Hospital.

RESOURCES

The regional administrator Mr W. M. Naylor, said none of the projects could take resources before the second half of the year, because of the time required by the tendering process, even though five were ready.

Expenditure during 1976-77 from the starters was not a problem, therefore, and the commitment to later years was the constraint on what could be done.

The capital assumptions alone for 1977-8 and 1978-9 of 22.8 million and 20.6 million respectively, were insufficient to carry the commitment from previous years, and also launch even the first priority major scheme for 1976-7 along with substantial small scheme activity.

However, the authority had been given power to transfer a larger sum from revenue and the change in resource allocation gave the region the benefits of increased revenue. The officers recommended the transfer from revenue to capital of £4 million in 1977-8 and £1 million in 1978-9.

Among small scheme is approved for 1976-7 work: Pilgrim, Boston, £102,800 for improvements to fire precautions; Lincoln County, £188,000 for accident and emergency department; Kings Mill, Sutton in Ashfield, £10,000 for cubicalisation of Harvey Ward; Mansfield General, £25,000 for upgrading operating theatres, lift shaft and water storage.

SERVICES

Nottingham City, £40,000 for extension to area central sterile supply department, £40,000 for supporting services for children is mentally handicapped unit, £30,000 for remainder of phase 1 engineering ducts; Nottingham General, £118,000 for extension to dental department; Nottingham unit at the University, £30,000 for boiler house, phase 2.

Beechdale Road ambulance control room, £68,150 (starting this financial year); Chesterfield Royal, £48,000 for extension to pathology department; Derby City, £8,000 for ambulance control building; £20,000 for intensive therapy unit; Pastures, £48,500 for replacement telephone system; Derby area laundry, £120,000 for major plant replacement, phase 2.

Antenatal Scanner Now in Use

Nottingham Evening Post, January 21st 1983

The City Hospital could become one of the few centres in the world to undertake lifesaving operations on babies while still in the mother's womb.

Foetal surgery has moved a step nearer thanks to the bighearted Nottingham public who have contributed more than £30,000 to appeals for special scanning machines.

Mr David Liu, senior lecturer and consultant in obstetrics and gynaecology, said today: "This is a marvellous effort, helping us buy the equipment we need to develop a really comprehensive diagnostic service."

A multi-purpose antenatal scanner costing £18,750 is now in use in the maternity unit -- one of the best and busiest in Europe.

Mr Liu paid tribute to fund-raiser Mrs Catherine Gillespie. He also thanked Mrs Una Thomas, joint organiser of the argon laser appeal, for contributing to the scanner, which detects a wide range of abnormalities before the baby is born.

The City Hospital is the first hospital outside London to have a foetoscope -- a fine instrument for viewing the baby in the womb.

Marks & Spencer staff in Nottingham have already raised £7,000 towards a foetoscope scanner and have promised to raise more money as part of their centenary appeal effort.

Skin, blood and tissue samples taken with the aid of the foetoscope will enable doctors to diagnose abnormalities much earlier.

"It will be entirely up to patients when told about a deformity whether to have the pregnancy terminated or not," explained Mr Liu.

But rapidly developing techniques means some complications can now be collected at foetal stage -- and Mr Liu thinks the City will be able to offer these operations as a regional service within a year.

One operation already being done by medical teams in London involves inserting a tap to drain off water and prevent pressure building up which would fatally damage the baby's kidneys.

"Some very exciting developments are opening up," says Mr Liu, who works closely with geneticists.

Worried

Several medical centres around the world are studying the possibility of giving a baby a new bloodline to counteract problems before birth and certain conditions could be treated by marrow transplants.

Mr Liu appreciates public misgivings about "genetic engineering." He commented: "I know people get very worried. But no one is suggesting substituting genes. That would be totally unethical.

"But modern medical science is bringing many positive gains for early diagnosis and lifesaving foetal surgery."

Kidney Transplant

Nottingham Evening Post, July 28th 1986

by David Lowe

A record number of kidney transplants have been carried out at Nottingham City Hospital, delighted doctors reported today.

The 36 operations performed so far this year compares with 22 transplants for the whole of 1985.

And with more than four months still to go, it means the transplant team has already exceeded the previous record of 35 operations in 1984.

Dr Anthony Morgan, consultant physician in the renal unit, said today: "These figures reflect the very encouraging increase in the number of donors this year.

"Relatives of accident victims are coming forward much more readily with offers of kidneys in response to positive local and national publicity."

But he stressed the need to maintain the momentum.

The unit still has 41 people waiting for transplant and 40 new patients are usually added each year.

"We have to keep up this transplant rate this year to meet continued demand from new cases," added Dr Morgan.

Local figures are in line with a record 797 transplants nationally in the first six months of the year -- a 24% increase.

Junior Health Minister Ray Whitney said: "Health Service staff are to be congratulated.

"But over 3000 people are still waiting for a transplant, and only if more donors become available can more operations being performed and the waiting list reduced."

Nottingham Evening Post, September 21st 1992

A nondescript unoccupied building close to the City Hospital's number 3 entrance on Hucknall Road is about to undergo a new lease of life.

Conversion work will start soon on the first phase of bold plans aimed at creating a dedicated centre with a community-based approach towards providing medical genetics services from more than 2 million people.

It will house new laboratories and enable scientific staff to work in close proximity to the doctors and specialist nurses who undertake genetic screening and testing.

Trent Health is giving 1.17 million, the City Hospital Trust has pledged £10,000 of its charitable funds to the project, and many donations have come in from patients and their families.

Accessible

The man spearheading the scheme is Sandy Raeburn, Professor of Clinical Genetics and head of the Interdisciplinary Centre for Medical Genetics.

He is delighted the new centre is close to bus stops to ensure services are as accessible as possible.

The project will forge closer links between different hospital departments and extend the excellent work started by his predecessor Dr John Fitzsimmons, whose vision led to the early development in Nottingham of nurse specialists to visit families at home.

Advances in genetic testing means science can now forecast with a high degree of accuracy the likelihood of couples producing babies with serious hereditary disorders.

Conditions such as cystic fibrosis and Down's syndrome can already be predicted by this method and some experts think the discovery of the genetic base of heart disease, diabetes, some mental illnesses and cancer is now on the horizon.

Professor Raeburn says: "the past five years have seen a phenomenal increase in knowledge about genetic conditions. In many cases, the nature of the abnormal gene causing a disease has been elucidated.

"In others the location of the gene has been identified on specific chromosomes, providing the basis for research to find the actual genetic change.

"These discoveries affect all of us because they make it possible to identify genes before they have caused problems. We may not know how to prevent all problems but this is the starting point."

He admits that work following the discovery three years ago of the gene that causes cystic fibrosis has moved ahead much quicker than he thought possible.

"It means that in many families we can identify the people at risk much earlier. Although that in itself does not lead to a cure, it means the cause of the disease can be studied."

He believes it's vitally important that information is shared with patients and families in a "user-friendly way."

An estimated 5% of the population are affected by a condition with a genetic basis before the age of 24.

The Nottingham service has more than 4000 families on its computerised register and at least 1000 of these need continuous follow-up.

One of the aims of the new centre is that families referred for genetic counselling should be seen in clinics held close to and involving doctors and nurses with specialist knowledge of inherited diseases.

These include cystic fibrosis, muscular dystrophy, and chromosome disorders like Down's Syndrome or Huntingdon's disease.

Professor Raeburn says: "We are trying to be realistic about what medical genetics can do. The only way I can see us achieving something is by bringing the community into the discussions.

"We must listen to what people want. Over the last 20 years Nottingham has been extremely active in developing community paediatrics, which has become a model for the rest of the country. We are hoping to do something similar with genetics."

The department already works closely with family doctors, the clinical chemistry department and the prenatal diagnostic screening unit developed by Mr David Liu.

Staff includes Dr Ian McLachlan, a local GP who works three sessions a week, and consultant Dr Ian Young, an expert on the practical application of medical genetics.

Dr David Brook, senior lecturer in molecular genetics, identified the gene that causes myotonic dystrophy and he and Professor Raeburn recently talked to a local self-help group about how the discovery can help families.

Head of the chromosome laboratory is Dr Tony Parkin; Dr Gareth Cross leads the molecular laboratory team and senior nurse manager Mrs Penny Gilbert is chairperson of the Genetic Nurses and Social Workers Association.

Two major conferences will be meeting at Nottingham University this week. The third European meeting on psychosocial aspects of genetics from today until Wednesday will be followed by the British Medical Genetics Conference from Wednesday to Friday.

Gynaecological Work

Nottingham Evening Post, February 6th 1998

A team of doctors at Nottingham City Hospital has won an international award for its research into the development of babies inside the womb.

The researchers beat off 500 entries from across the world to become the first British team to be awarded the annual Presidents Award for the Society of Gynaecological Investigations.

The Evening Post revealed last year how the team had discovered that some cells in the mother's placenta can be destroyed during pregnancy, affecting the baby's development and possibly leading to its death.

The project carried out jointly between the City Hospital and University of Nottingham, now looks to see why the cells die with a view to developing a way of stopping it happen.

Research fellow Dr Stephen Smith, who has been working on the project, said: "It was a great surprise and a huge honour to find out we had won this award.

"There is still some work to be done but we have made some interesting discoveries about the work of the placenta and the effect this has on the baby's development."

The team is headed by Dr Phil Baker who was travelling to Kuwait today to present the findings of the study to researchers in the Middle East.

"The Middle East has a really big problem with babies not growing in the womb," said Dr Baker.

He said the Kuwaitis were hoping to set up a similar research programme and he anticipated the City Hospital team would be working with them.

"This award is very welcome," Dr Baker added. "It gives international recognition to the work being carried out by Dr Smith who has done a lot of hard work on this project."

The project has been funded by the Trent regional office of the NHS Executive and Wellbein and the team will fly to Atlanta early next month to collect the award.

Centenary

Nottingham Evening Post, April 19th 1999

When the foundation stone of the City Hospital that was laid in 100 years ago, the Boar War was starting and Queen Victoria was in her 63rd year as monarch.

On April 17, 1899 chairman of the hospital board, Councillor Charles Smith, chairman of the building committee Alderman John Jelly and architect Arthur Marshall laid the first stone of the Bagthorpe Workhouse and Infirmary.

Just under four years later the building opened its doors to the first patients -- or inmates as they were referred to by the Nottingham Guardian.

Covering a site of more than 67 acres and costing £125,000 to build, the original hospital could hold 1700 patients who were treated for smallpox and other infectious diseases including scarlet fever.

It had 55 nurses and 72 of the staff and the regime was strict. In the last 100 years things have changed considerably.

The City Hospital now employs 4700 staff who deal with more than 330,000 patients. More than 100,000 tonnes of goods and materials had to be transported to the site by rail and reports at the time said that if all the bricks used to build the hospital were laid end to end they would stretch from London to Constantinople.

The new hospital also enjoyed the prestige -- if only for a short time -- of having installed 10 miles of piping for its hot water supply, the longest hospital hot water system in the British Isles.

During the wars it became a military hospital and in the 1930s the first children's wards were open.

But 100 years on the city hospital has a reputation beyond its water supply. Although there are still some outdated buildings, such as the endoscopy ward, which hark back to the days of the war, the city hospital now is a far cry from the days of the workhouse.

Most of the old single storey buildings have been demolished and replaced with the latest architecture fit for the 21st century.

Over the century it has built up its reputation as a centre of excellence in cancer care, breast cancer screening and treatment.

The bone marrow transplantation unit is renowned as one of the best in the country and there have been accolades for neonatal care, burns and plastic surgery, cervical screening, genetics and heart surgery.

It has a dedicated training centre for heart surgeons of the future, is pioneering keyhole surgery for kidney transplants and the £10 million maternity unit has one of the country's few patients hotels.

More than £60 million has already been spent upgrading parts of the site over the last 10 years and the process of change is continuing well into the 21st Century. Even the historical landmarks of the original hospital have now disappeared.

The old maternity unit, which bore the name of the hospital which could be seen from miles around, was finally demolished earlier this year.

The site will become the home of the new breast cancer unit which will replace portable cabins and rundown buildings.

A £5 million state-of-the-art centre will be built housing both screening and aftercare services for thousands of Nottinghamshire women.

An appeal, the Millennium Millions, aims to raise the cash by the end of 2000 for work to start as early as possible in the next century.

Soroptimists International has set up the appeal -- a perfect example of how the people of Nottingham support their hospital.

The Nottinghamshire Leukaemia Appeal has raised £1 million for the bone marrow unit, making a centre of excellence in helping to save hundreds of lives.

The £30 million oncology unit which researches the causes and cures for cancer was made possible by the support of the local Crest Appeal.

And fundraising for different appeals throughout the hospital to improve the care of sick people in Nottingham is going on all the time.

Dr Nigel Nice, chairman of the hospital history group, said: "The City Hospital is woven into the fabric of Nottingham and is one of the major parts of its development as a city."

Dr Nice said that although the laying of the foundation stone was important, the hospital was not planning a big celebration.

Talks are being held about how to mark the centenary of the hospital's official opening in 2003.

Other changes in the pipeline include a new endoscopy unit. The government has just granted £2 million for the next two years to build the new centre for the treatment of patients with certain cancers which will change the landmark of the City Hospital even further.

A new £7 million road layout is also planned to help cope with the 10,000 to 20,000 cars going in and out of the site every day.

The last 100 years have been a time of massive change for the city hospital since the first foundation stones were laid.

The next 100 years looks set to be equally challenging. But thanks to those firm foundations the people of Nottingham will have a hospital to be proud of.

BRINGING PAST ALIVE IN CENTENARY BOOK

City Hospital is porter Paul Swift knows more than most about the place he works.

Paul, 39, has spent the last three years researching the history of Nottingham's oldest hospital and is now publishing a children's book to mark its centenary.

He turned up with the hospital's education department to write the book *A Pictorial History of City Hospital*.

"It is a book aimed at getting children interested in history, especially the history of the City Hospital," said Paul. "As well as pictures there are challenges for the children to solve."

Paul, of Sherwood Vale, has been a porter at the hospital to 10 years and before that, storekeeper at Nottingham's old General Hospital.

He came up with the idea for the book more than a year ago: "I thought it would be a good to teach the children being treated about the history of the hospital," he explained.

"I went to see the head of the hospital school and we swapped ideas on how to simplify the information to suit children aged 10 to 13.

At first we were just going to produce it is the children in the hospital, but there has been so much interest that we want to get it published properly and see it in schools across Nottingham."

To mark the centenary of the hospital's first patients, Paul would like to see a medical museum set up in Notts. "Nottingham is a great medical city and it would be a fitting way to mark the centenary," he said.

Medical School -- Report of Plans

The Guardian, July 25th 1965

The proposed new medical School at the University of Nottingham, the first to be established in Great Britain since the Welsh National School of medicine was set up in Cardiff in 1893, will; it is hoped, taking its first students in October, 1970. Plans include the building of a 1200 bed teaching hospital.

Novel features of its curriculum will include a first degree course in medical biological sciences, which may be followed by those of other than medical students, two years of clinical training instead of the customary three, and two pre-registration years instead of one as at present. Community health, including general practice, psychiatry, and geriatrics will have increased importance.

The overall aim is to counteract the defects of traditional medical education, the chief of which is overloading of the curriculum with "concomitant over-zealous examination of the student." The effects are exacerbated, the Medical School Advisory Committee says, by the soap-division of knowledge between as many as 14 University departments, making it difficult for the student "to synthesise fragmented instruction into a coherent system of knowledge."

Less segregation

In its report, published yesterday, the committee, whose chairman is Sir George Pickering, Regius Professor of Medicine, University of Oxford, suggest that the new school should aim at an annual intake of 100 students, with provision to increase this number.

Since overspecialisation at school had "serious consequences for medicine, which depends both on the sciences and the humanities," encouragement should be given to applicants who had a levels in both arts and sciences or arts subjects alone. The arrangements would have to be made to teach the latter the chemistry, physics and biology needed for the study of medicine.

Every effort should be made to reduce the segregation of the medical student from the general life of the University, by the sharing of living quarters and other facilities.

The aim of the curriculum should be to cultivate a student, whose curiosity was "enhanced and not diminished," who was familiar with the broad field of medical science, and who had acquired the habit of learning. He should also have assimilated the ethos of medicine. To be avoided were "an attempt to force too much ill-assorted and often irrelevant and inexact information into the students mind," leading him to learn by rote and suppressing his curiosity and initiative, lack of integration between subjects, and too many examinations, demanding too much factual knowledge and with too high a failure rate.

"The medical student is examinations-ridden to an extent which is completely out of scale with the teaching of students in any other faculty," the report says.

Accordingly, lectures should not be excessive, nor attendants always compulsory, the student should have time to read and work on his own initiative and, to synthesise the contributions of different disciplines, lectures on different aspects of a single problem should be delivered consecutively and followed by a group discussion in which staff of all the departments concerned took part with the students.

Fewer exams

"Alleged vocational aspects" of the curriculum should not be allowed to dominate educational aspects. Sound habits of learning were "of much greater importance than ill assorted collections of facts, which inevitably have been a brief resident in the students mind."

Medical examinations must be reduced to "the minimum compatible with the General Medical Council regulations," and that least as much credit should be given to a student's performance in class as to his examination marks.

On the relative emphasis to be placed on various subjects in the curriculum the report says: "The Droit de seigneur principle, by which a professor claims, and is conceded, a permanent quota of a student's time, should never be tolerated in the new medical school.

For the clinical period, emphasis should be placed on learning by doing rather than the receipt of instruction. The basis should be the accent to practice of "clerking and dressing," the time to be divided between a four weeks introductory course, medicine (24 weeks, two 12 week periods), surgery (16 weeks), paediatrics (eight weeks), obstetrics and gynaecology (eight weeks), psychiatry (eight weeks), general practice (four weeks), casualty and accident (four weeks) with 16 weeks to be spent according to the students needs and choice.

Working with GPs

The committee has rejected suggestions that the university should have a professor of general practice will conduct a practice of its own to train students. It advises that the Department of community health would have as part of its objective the sponsoring of experiments to improve the conditions of general practice within the framework of NHS in the area. The student should be attached for, say, four weeks early in his second year to a selective G. P., and practitioners should be brought into the education of students more than was at present common.

The University Medical Centre should also develop postgraduate education for intending GPs and should have a refectory and common room where GPs and the staff of other hospitals would be welcome. The Department of community health would have close links with the University departments of social science and psychiatry, also with the local authority health service who staff would be able to work in it.

The teaching hospitals should provide for the needs of the community as well as the university, and its services should include geriatrics, psychiatry and infectious diseases.

The new medical School and Hospital will be housed on what it described as "an almost perfect site" of 43 acres adjacent to the main University campus. It is hoped that building will start in January 1968, and that by October 1973 the hospital will be sufficiently advanced to take the first students to have completed the pre-clinical course for their clinical teaching.

Introducing the report in London last night, Sir George Pickering said the important thing about the new school is that it should turn out "a man who knows how to learn and can go on learning for the rest of his life." With the rapid growth in the knowledge and practice of medicine, which changed every year, a man who is unable to do this could not keep himself up to date, and so did not perform the best possible service for his patients.

£20 million project

The planning of the medical course as a whole, and its integration with the University was particularly important in an era of fragmentation of knowledge "sometimes called specialisation." Teaching hospitals were sometimes criticised because they had tended to isolate themselves from the community in which they are situated. The new hospital would have the opportunity to start closely linked in the surrounding community for which it will provide a service.

It was hoped that the interest of the hospital in the community which it is served, and particularly in the way general practice was carried on, might set a pattern which would have "extremely important remote effects" upon the practice of medicine in other parts of the country.

Prof F. S. Dennington, Vice Chancellor elect of the University of Nottingham, said the cost of the project had been estimated at roughly £20 million. Progress will depend on how the money flowed, but the university felt strongly that it should be completed in one operation, so that the teaching programmes could be carried out. It did not wish to start with

a small number of students in a temporary building without a firm promise for the whole structure.

Teaching Hospital

Nottingham Evening Post, November 15th 1968

In 2015, the first graduates of Nottingham University's new medical school, to be sited in Clifton Boulevard, will be attending to their patients.

Everyone must be aware of the difficulty of staffing junior posts in hospitals. Although the proposed intake of 160 undergraduates will not be reached until the 1970s, a recent Royal Commission on Medical Education has already suggested increasing the number to 200.

So Nottingham has a unique opportunity of training more doctors -- and along the lines advocated by forward-looking educators.

Remember, too, that the new doctors will be trained by people whose ideas will be more easily and accepted than in a well-established school with a long tradition and history of its own.

SUGGESTED

Although the suggested Medical School from Nottingham was talked about just after the war, it was in July, 1964, that the government decided that the first such school since 1893 was to be built... and in Nottingham.

Soon afterwards, the university set up an advisory committee (the Pickering Committee) to advise on medical education, teaching and research, the nature and layout of the building is required, and on the administration of the school.

This committee reported in June 1965 and the university at once accepted, in principle its recommendations, which emphasised the need for an integrated approach to medical education, breaking away from the artificial divisions which have been made between "pre-clinical" and "clinical" subjects.

AGREEMENT

The Regional Hospital Board and the University were in complete agreement as to the site in Clifton Boulevard, this being very near to the "Science City" area of the University.

The hospital board had for some years realised that there was a need for a third hospital in Nottingham, and it must be emphasised that the proposed teaching hospital, will be known as "University Hospital" will be an additional hospital, and not a replacement or re-building of one of the two existing Nottingham hospitals, which are servicing a population of approximately 750,000.

In 1970, the first 20th-century students will enter a new medical school in Britain will begin their studies.

The planned size of student intake has been increased since the original proposals. In 1970, 40 to 50 students will be admitted and this will be built up to reach eventually an annual intake of 160 intending doctors.

The teaching hospital which will have approximately 1400 beds, will be the first in England and Wales to be administered by a regional hospital board, rather than an independent Board of Governors, and the appropriate legislation for this is now under way.

It will be planned to take its full part in the development of hospital services in the Nottingham area, and will be very comprehensive, providing for the care of casualty, obstetric, geriatric and psychiatric patients as well as about 1000 beds for the acutely ill.

Targets and timetable for the early years of the project are therefore well advanced, although there has been some delay due to problems of site acquisition.

In the summer of 1967, a board of medical studies was established by the university in preparation for the founding of a Faculty of Medicine.

Recruitment of members of the academic staff has begun. At the moment, the departments of human morphology (and that me), pathology and physiology are in operation in temporary accommodation on the university campus, and that of medicine is based at the General Hospital with clinical facilities are also at the City Hospital.

It is proposed that six departments will be in full operation from the beginning of the next university session in October 1969, the two editions being biochemistry and community health.

The Dean of the School, Professor A.D.M. Greenfield, is a professor of physiology.

PLANNING

Professors have also been appointed in the other departments and at the moment actively engaged in assisting with the planning of their departments. Several senior lecturers, lecturers and technicians have also been appointed, permanent equipment is being acquired, and research programmes initiated, so that when their permanent accommodation is completed, the various departments will already be established working units.

A postgraduate teaching programme for the Diploma of Psychological Medicine (DPM) designed for doctors in the Nottingham area, began this session. Clinical chairs of psychiatry, obstetrics, surgery, and a second share in pathology, will be created before the end of 1972.

RESEARCH

Research laboratories, for the Department of Medicine have already been built, and work is in progress on the addition of a medical wing to the Science Library, and the provision of substantial animal accommodation at the university's School of Agriculture at Sutton Bonington.

Planning is completed for a 160 bed obstetric unit together with accommodation for the Professor of obstetrics at the City Hospital.

The medical School at Cardiff was the last one to be established in the UK, in 1893. Verse in planning the new school at Nottingham, there has been an unprecedented chance to implement many of the exciting developments which have taken place in medical science in recent years.

It is envisaged that all students will take a degree in medical and biological sciences after three years, in addition to the medical qualifying degrees at the end of the fifth year. This pattern will equip doctors for work into the 21st century.

Hundreds of ancillary staff such as technicians, secretaries and clerical staff, will be required, and the school hospital complex will be a major source of employment with tremendous needs in a variety of different fields, providing ways to contributing to the vital work of the medical school and a host of capacities.

TEACHING HOSPITAL

Guardian Journal, December 12th 1972

The building of the University Teaching Hospital, on Clifton Boulevard, Nottingham may lead to the closure of five small hospitals in the next five years under the rationalisation plans announced by the Sheffield Regional Hospital Board yesterday.

The threatened hospitals are:

- **Nottingham Children's Hospital**, Chestnut Grove (124 beds).
- **Heathfield Hospital**, Hucknall Road, Sherwood (110 dermatological, infectious disease and pre-convalescent beds).
- **Adbolton Hall Hospital**, Adbolton Lane, West Bridgford (30 gynaecological beds).
- **Ruddington Hall Hospital**, Landmere Lane, Ruddington (60 pre-convalescent beds).
- **Westdale Hospital**, Digby Avenue, Mapperley (38 beds for mentally handicapped children), closed and replaced in 1973 by a new unit of 48 beds and 60 day places at Nottingham City Hospital.

Better service

The Sheffield Hospital Board is to canvass Nottingham area hospitals, local authorities and the public for their views on the proposals -- plus a number of other changes. If approved, they will then be submitted to the Health Minister.

The planned closures -- 478 beds are involved -- and the reorganisation of other local hospitals would be timed to coincide with the opening of the first phase of the 435 bed Teaching Hospital, and the new unit for mentally handicapped children at Nottingham City Hospital, Hucknall Road, Sherwood.

"Although the scheme does not present an exact bed for bed replacement, the new beds and other facilities will result in a much more effective service" said the board spokesman.

The schedule also follows the framework laid down in national policy for district general hospitals, which provide a wide spectrum service for the surrounding community in place of the traditional series of units each with more restricted functions. Nottingham will then have the Teaching, General and City hospitals within this structure.

With yesterday's announcement of the plans came the reassurance that there will be no redundancies. Indeed the demand for all staff will be increased, said the board.

Closure of the Children's Hospital would mean the number of ear, nose and throat beds at the General Hospital will be increased to take children.

Children's accident services, general surgery, orthopaedics surgery and paediatric beds, plus children outpatients department will be moved to the University Hospital.

The inpatient facilities, comprising 116 pre-convalescent beds, at The Cedars would also be closed by 1976-7. This would leave outpatients facilities, plus equipment including a rehabilitation unit and hydrotherapy pool.

Other changes

To support this reorganisation, a series of other changes between now and 1976-7, accelerating towards the end of this period, when the first of the University Hospital should open, is planned. They are to:

- Withdraw medicine and surgery from Highbury Hospital, Bulwell, and convert two wards for gynaecology.
- Transfers surgical work from the General Hospital to the University Hospital.
- Reduce the number of staffed beds at the Eye Hospital.

- Increase the number of geriatric beds at Highbury Hospital to about 40.

The board has asked the local authority is affected to submit their comments on the changes before February 28, 1973.

Nottingham Health Committee is likely to discuss the plan at its next meeting on January 2.

A City Health Department spokesman said last night: " So long as it means facilities will increase, or at least remain the same, we will probably support the plans in principle.

Nottinghamshire Health Committee will probably discuss the plans at their next meeting early in the New Year.

One of the important consultation topics will concern the future of closed hospitals. Westdale Hospital, for instance might become a hostel for mentally handicapped children.

The board are anxious to hear the views of anyone who can suggest use of other hospitals involved, for health or community purposes.

Mr Tony Evans, area office of the National Union of Public Employees, said that the proposals came as a "complete bombshell".

Despite the promise of no redundancies, he said that large numbers of hospital employees were part-time and lived in the immediate vicinity of their employment. As a result of the transfer of work to the other side of the city, they would find it difficult to maintain their employment, Mr Evans said.



The opening of the Queens Medical Centre, Nottingham

Nottingham Evening Post, February 12th 1978

About 100 schools in the Nottingham area have been asked by the South Nottingham Health District to take part in a poster competition to publicise the opening of University Hospital, Queen's Medical Centre from this autumn.

The theme of the competition is "For your health sake..." -- the phrase that can be interpreted and extended in many different ways to promote good health and to make people aware of the wide range of staff who will be needed to work in the showpiece centre.

Queens Medical Centre was officially opened and named by the Queen during her Jubilee visit to Nottingham last July, and it is the first new fully integrated Teaching Hospital and medical School to be built this century.

Autumn

The hospital opens its doors to the public this autumn by providing services for its first outpatients, the first in patients (following the transfer of the Children's Hospital) and the first eye -- and later -- general accident and emergency patients.

To remind people that it will be their hospital soon, the poster competition rules ass that each poster contains the words "Queens Medical Centre" together with its symbol or cartoon character "Cubert" which represents the building.

Winners

The competition has been divided into three age groups for which there will be a first and second prize -- under 11 years (£5 and £3 prizes), the 11 to 15-year-olds (£10 and £5 prizes) and 15 years and over (£10 and £5 prizes).

Winning posters from each section will be on display at the first major exhibition about Queens Medical Centre scheduled to take place in the Old Market Square on Saturday, June 24, and at other exhibitions planned to be held in and around Nottingham. It is hoped that all entries will be displayed in the main foyer of University Hospital in May this year when the posters will be judged.

A panel of three will decide the winners in each section of the competition. One of these is local artist Brian Clarke, who is making his own personal contribution to Queens Medical Centre by designing every aspect of the ecumenical centre.

Examples of his work, connected with the centre, are to be shown in six major art galleries throughout the country, a TV documentary film and national magazines. Brian Clarke is working abroad at the moment, but he will be back in time for the judging of the poster competition in May.



Research into Cot Deaths

Nottingham Trader, August 1st 1984

Life-saving research in Nottingham could lead to a breakthrough with the mystery cot death syndrome that claims 1200 babies every year.

The work is being undertaken at the University Hospital under the energetic leadership of Professor Tony Milner, the country's only professor of paediatric respiratory medicine.

His team has done more work in lung problems in under fives and any other units in the world, has now developed a computer linked system for measuring babies breathing.

And it is hoped the work will bring new leads in the search for the cause of the sudden cot deaths that continue to bring misery to thousands of families. The victim was -- between 10 and 20 a year in Nottingham, most of them in the winter -- are usually apparently healthy infants.

The Nottingham researchers have started applying a measurable challenge, through a tiny facemask, to the breathing of healthy babies -- to receive information about how babies breathing respond to stress. They will look at about 50 healthy babies, learning how they control their breathing at birth -- and again at the peak cot death age of three months. They will look, too, at near miss cases -- Nottingham has between six and 12 a year -- and via monitors, at infants sleep patterns and the relationship between chest and tummy movements.

The team is very keen to carry out investigations with infants who have colds -- because they find that 20 to 50% of the babies struck by cot deaths have evidence of a cold. It is known, says Professor Milner, anti-infection even as mild as a cold makes babies breathing more erratic, and he wants to look closer at the possibility that a cold or other stress, coinciding with a certain development phase in an infant, could give rise to the cot death syndrome.

Reputation

Nottingham's exciting research has been part funded with a £10,000 grant from the Foundation for the Study of Sudden Death in Infancy to which Professor Milner is scientific adviser.

Professor Milner's team has already won an international reputation for its work -- and the excellence of local medical and nursing care has contributed to an encouraging decline in infant mortality.

This Nottingham's 1982 figure of 8.9 deaths among infants under one year per thousand live births is the lowest in the Trent region -- and significantly better than the national average of 10.8.

Last year, the Nottingham figure was down again to six per thousand -- partly because of a locally devised a scoring system which takes into account social and other factors to pinpoint risk to babies which might benefit from extra attention from health visitors and GPs.

Said Professor Milner: "If we could improve social conditions for babies at risk, we would reduce cot deaths -- but that wouldn't get rid of it."

Infant scanner now in use at Queens Medical Centre

July 26th 1988

A much-needed infant scanner is now in use at the Queens Medical Centre -- thanks to an appeal which has raised more than £90,000.

Dr Ian Holland, consultant neuroradiologist said today: "Some of the first patients have now been scanned and we have been very pleased with the results."

The computerised equipment enables babies and infants to be examined quickly and safely without the risk of repeated x-rays.

It is also possible to bring the machine to the infant's cot side or incubator. The scanner is a great help," added Dr Holland.

The Howard Crabtree Infant Scanner Appeal was established in 1985, following the deaths of Nottinghamshire police Superintendent Howard Crabtree.

Boosted

His specific wish was to raise the funds to obtain a powerful, versatile scanner for the Queens Medical Centre to improve care for Nottingham's sick children.

Two recent presentations boosted the appeal towards its £95,000 target. Policeman from Nottingham's Canning Circus station raised £4250 by running in the London Marathon.

And three Nott's police officers and a teacher weighed in with a bumper cheque after completing a 10,000 mile land Rover journey across the Sahara.

An appeal spokesman said: "The income generated in the last month has been marvellous.

"But the committee felt that rather than disappear it would carry on with their efforts so that they can raise some money for extra scanner attachments and put into force a maintenance contract."

The scanner will be officially handed over on October 20.

Nottingham Evening Post, September 9th 1993

The Duke of Gloucester today opened £4.1 million MRI Centre at the Queens Medical Centre in Nottingham.

The new state-of-the-art magnetic resonance imaging equipment at the Queens Medical Centre is unique in Britain and will provide a much quicker and simpler patient scanning system.

Mr David Edwards, The Queens Medical Centre, chief executive, said: "This is the first major capital investment that we have managed to secure.

"We are absolutely delighted that we have managed to open this brand new unit."

Developed

The new facility, which was developed in Nottingham, will provide non-invasive scanning pictures, replacing many conventional x-ray procedures.

The images gained from these techniques will help in improving the diagnosis and treatment of many diseases, particularly those related to the nervous system and the spine.

"It will make patient investigation a lot quicker and a lot simpler," said Dr Ian Holland, clinical director for radiology.

Record Number of Emergency Cases

Nottingham Evening Post, January 5th 1996

Staff at a Nottingham hospital were praised today, for coping with a record number of emergency cases.

In 24 hours from 8 a.m. Tuesday to 8 a.m. Wednesday, the Queens Medical Centre made 96 in acute medical admissions.

That was above the previous highest, of 79 cases, recorded last month. The search happened while Nottingham was "on take" for the whole of Nottingham.

Stephen Moss, director of operational services and chief nurse said: "We are grateful to staff, who pulled out all the stops to deal with this influx of patients. "The response was remarkable because we have a high number of staff off sick."

The Queens Medical Centre has seen a 23% rise in emergency medical cases during the present financial year.

Senior hospital managers are currently involved in discussions with Nottingham health chiefs on how the escalating emergency workload can be properly funded.

Professor John Hampton, professor of cardiology and clinical director, said the 24-hour intake could easily have topped the 100 mark.

"Fortunately four patients who needed venograms -- an x-ray of veins for suspected blood clots in the legs -- had normal test results and were able to go home." He added: "We coped through an absolutely remarkable team effort.

"When the workload was heaviest, two off-duty surgical house officers Nicky Davies and Melanie Bracewell turned in to help out."

Professor Hampton said admissions covered a wide range of conditions, including strokes, chest problems, heart attacks and a suspected case of meningitis.

The rise in emergency work is part of a nationwide rise, which has baffled medical experts.

At the height of the hectic intake, Queens Medical Centre was receiving calls from Mansfield, Derby, Barnsley, Rotherham, Chesterfield and Sheffield to ask if the hospital had any spare beds.

Mr Moss said: "We had to decline the requests it was we were at full stretch." Ambulance officers in Notts handled a record 9,591 calls last month.

Statistical breakdown of the 96 emergency admissions was:

- Chest pain -- 20,
- Infections -- 15,
- Collapses – 13,
- Strokes – 9,
- Falls – 6,
- Blood clots – 5,
- Arthritis -- 4,
- Diarrhoea, vomiting and abdominal pain – 4,
- Heart irregularities – 3,
- Gastrointestinal bleeding -- 3,
- Severe headaches -- 2,
- Overdoses – 2,
- Heart failure – 2,
- To be investigated -- 8