

Belford Hospital, Fort William



In 1852, the Rev. Archibald Clark, a local minister, wrote,¹ "An hospital in Fort William containing from 10 to 20 beds would be a great boon. If a poor house be built, such an hospital ought to be conjoined to it, if funds could be had." Within a decade, Andrew Belford had started his new hospital. The picture above of the Belford Hospital is from the early 1900s. Note the nearby fever hospital on the far left.

Andrew Belford was a solicitor who moved from Edinburgh to Inverness in 1819. He acquired a legal practice there and later married an Inverness dressmaker.² He became factor to the estates of Lochiel then an absentee landlord. According to Andrew Mitchell,ⁱ Belford was 'a man of moderate talent...but correct, plodding and attentive' and 'acquired a reputation of care, prudence and economy' which later turned to parsimony. As evidence, Mitchell claimed that a friend had discovered

ⁱ The prominent Victorian engineer who lived at Viewhill, Inverness. His comments on contemporaries sometimes verged on the libellous.

him at breakfast in his parlour dressed in his hat and coat with no fire because he already had lit one in his office. Around 1835, Belford acquired Glenfintaig estate, north of Fort William, from the Duke of Gordon and build Glenfintaig House (below).ⁱ In common with other factors at the time, he cleared tenants from Lochiel's estates and from his own, removing eight or nine families to make way for sheep.³



Andrew Belford was predeceased by his wife. They had no children and before she died they had decided to endow a hospital. In 1860, Sir Duncan Cameron of Fassfernⁱⁱ feued and gifted a one acre site. In April 1863, Andrew

Belford confirmed trades contractsⁱⁱⁱ and employed local architect Henry Burrell.^{iv} However, Belford was ill on 14 May 1863 when the hospital foundation stone was laid by Mr James MacGregor,^v banker, solicitor and fellow freemason.

The barracks of the Fort were being dismantled at this time and this provided building stone. Nevertheless, the final cost of the building and grounds was nearly £4,000. Andrew Belford died on 29th May 1864 aged 66^{vi} and, by then, the building was virtually complete requiring only interior painting. It was apparently ready for occupation in October 1864

ⁱ Glenfintaig was a small shooting estate with lodge, crofts and the Gairloch Inn. The house was designed by Inverness architect Alexander Ross.

ⁱⁱ The feudal superior of Fort William who temporarily changed its name to Duncansburgh.

ⁱⁱⁱ Masons Gray & Dick, plumbers Wallace & Allan both Glasgow; carpenter Menzies of Oban.

^{iv} An Inverness stonemason, in 1848, he moved to Kilmallie as road surveyor and part time architect. He worked on several schools and Fort William Parish church.

^v Grand Master of the local Freemason's Lodge. Many Lodge members attended and paraded behind the local Volunteers from the Fort to the hospital site.

^{vi} He was born in Brechin on 2nd September 1798. His mausoleum is at Glenfintaig.

but did not open until 22nd November 1865. The surprisingly long delay in opening the hospital was attributed to a delay in receiving the funds and the time required to appoint staff. While this seems a long interval, it must be remembered that funding a hospital from a working Highland estate is a unique venture and the trustees would have needed some time to set up the organisation.⁴

It had a spacious hall off which opened a boardroom, laboratory, doctor's room and consulting room. Upstairs were a male and a female ward each 32 x 22 feet and 15 feet high, a lying-in ward, two small fever wards, operating room and two nurses' rooms. There was also presumably accommodation for matron, medical superintendent, porter, cook and housemaid all of whom lived in.⁵

Belford must have been conscious of his failing health because, in October 1863, he completed a deed of mortification which left Glenfintaig estate and over £50,000 to complete and furnish the hospital should he be unable to do so himself. The deed set out the broad rules for the running of the hospital and nominated the trustees.

The hospital was intended for those living in the local parishes of Kilmonivaig and Kilmallie.ⁱ Whilst all admissions were subject to the discretion of the trustees, only those who could not afford to pay for medical assistance were to be admitted although paupersⁱⁱ were excluded.⁶ This was a common rule in voluntary and endowed hospitals reflecting concerns that, while the destitute were cared for under Poor Law legislation, there was a class of 'deserving poor' who were needy but had not sought public assistance. Later, paupers were allowed and the hospital charged local authorities for their treatment. The hospital also accepted private (paying) patients. In 1877/78 there were seven and this level seems to have continued for many years.⁷

The types of cases which were eligible for admission were (a) accident cases and those affected by disease, fever 'or maladies requiring frequent

ⁱ In 1895 Kilmallie was split into two parishes – Kilmallie and Ardgour.

ⁱⁱ Under the 1845 Poor Law, those who were destitute were officially declared paupers and were supported by the parish.



medical attention' and (b) the wives of poor shepherds in the above parishes living at a distance and about to be confined. There is a tradition that a shepherd's wife on Glenfintaig estate had died in a snowstorm while trying to seek medical help at her confinement and that this event turned Belford from excessive frugality to philanthropy.

The hospital also provided 'gratuitous advice and medicines' to local people as 'out-door' patients. Initially, these were discouraged although two crofter's widows were treated on the opening day. There seems to have been an early attempt to split the role of attending out-patients from that of the medical superintendent which may not have had the support of all trustees because, in 1869, the Dean of the Edinburgh Law Faculty gave an opinion on the payment of £50 p.a. to Dr MacIntyre to attend out-patients and found that the trustees did not have the power to do so.⁸ For many years, the medical superintendent attended most out-patients in their own home.

Andrew Belford nominated his trustees as 'the proprietors of Kilmallie and Kilmonivaig whose rental exceeded £500ⁱ' and the Sheriff at Fort William. The first trustees were Lord Abinger, Lochiel, Maclean of Ardgour and Sheriff Fraser, who made up the management committee, also the Earl of Morton, Mrs Cameron of Callart, Edward Ellice of Glengarry, Mackintosh of Mackintosh, Major Walker of Loch Treig and Mr McDonald of Invernevis. The Secretary was DS Maclaren, banker, Fort William. In setting up the hospital they took the advice of Sir Patrick Heron Watsonⁱⁱ, surgeon to Edinburgh Royal Infirmary. Initially, the trustees met twice yearlyⁱⁱⁱ but the management committee met monthly and required reports from matron on stock and accounts and from the medical superintendent on the patients. The management committee looked after both the hospital and Glenfintaig estate until 1912 when separate committees were formed.⁹

ⁱ Essentially the Commissioners of Supply who partly oversaw public services.

ⁱⁱ Later President of the Royal College of Surgeons of Edinburgh.

ⁱⁱⁱ By the 20th century they met quarterly.

The hospital was said to have a 30 bed capacity but this was reduced to 18 by the mid-1880s. In 1907, Dr Miller noted that it had 16-18 beds but, thereafter, it is listed with 12 beds which seems more appropriate to local demand.¹⁰ The first matron was Mrs Cameron Maclean of Glen Nevis (above) who was assisted by two nurses, at least one of whom had to be Gaelic speaking. From at least 1881, there seems to have been only one nurse and this level of staffing continued into the 20th Century.¹¹

Patient numbers

Year	In	Out
1870/71	126	n/a
1871/72	118	406
1872/73	142	359
1876/77	116	91
1877/78	112	118

Source: Annual Reports

In 1865, Dr McKendrick (right) was appointed first medical superintendent from 86 applicants and stayed 4 years. At £200 p.a. including board, the doctor's salary was high.ⁱ Dr McKendrick later recalled that, in 1865, the area had only two doctors. Nevertheless, he thought the work 'light' giving him time for botany and meteorology for which the trustees provided weather instruments and weather reports appear in the press in early 1867.¹² Dr McKendrickⁱⁱ married in 1867 but it is not clear if he continued to live in.¹³



In the first 10 years, the hospital averaged 134 in-patients and 356 out-patients per annum. Patients stayed up to 30 days and there were normally 12-16 in the hospital. The average was 14.47 in 1872-3.¹⁴ Numbers later declined. From 1899-1905, in-patients averaged seven or eight although figures vary from one to 20.¹⁵ In 1907, Dr Miller, medical

ⁱ Initially, matron received £60 p.a., nurses and porter received £25 and maids £15 (Glasgow Herald 4 October 1865).

ⁱⁱ John Gray McKendrick (1841-1926) was born in Aberdeen. He was orphaned, a shepherd at 12, a lawyer's clerk at 18 and university student at 20, graduating MB ChB in 1864. After Belford he studied physiology at Edinburgh and, in 1876, became Professor of Physiology at Glasgow. In 1906, he retired to Stonehaven becoming its provost in 1910. He received an LLD in 1907.

superintendent, noted that the hospital treated around 80 per year which was considerably less than the number treated in the 1860s.¹⁶

In the years, surgical cases dominated (see table below) although, in the early 1870s, dyspepsia and pulmonary infections were said to be the main ailments. In 1873, males made up 55% of in-patients and 47% of out-patients.¹⁷ Lochaber was generally free from fevers. In 1880, there was only one case but a fever nurse was not required because the patient was looked after by the housemaid!

1870/71 Cases

Cases	Surgical	Eye	Rheumatism	Debility	Bronchitis
Number	94	14	43	35	27

Source Annual report 1871

The table below shows that patients were fairly representative of local occupations with a high proportion of crofters. This pattern continued and Dr Miller noted similar social classes and occupations in 1907.¹⁸

Patients' Occupation (%) 1865- 1871

Fishermen	2	Labourers	15
Shepherds & keepers	13	Domestic servants	16
Tradesmen	14	Crofters	30

Source Annual report 1871

As well as having a large endowment fund, the Belford Hospital was unique at this time in the Highlands in having an endowed landed estate which was initially of great financial benefit. In 1864, Glenfintaig House was let for 14 years¹⁹ and, in the first 12 years, income from Glenfintaig and investments averaged £1500pa. Expenditure on the estate was fairly low and, given its high returns, additional landⁱ at Muccomer and Stronaba was purchased in 1870.²⁰ This seems to have substantially reduced the invested capital and left finances vulnerable when returns from the estate fell. Rent of £1,200 in 1873/4²¹ had fallen to £634 by 1913. At the same time, maintenance costs increased especially on the Glenfintaig mansion which had to be of a high enough standard to be let

ⁱ Andrew Belford stipulated that surplus funds be used to purchase landed property.

as a sporting estate. In 1899, almost 60 acres of Glenfintaig land was sold to the Invergarry and Fort Augustus railway for £2,035 but, in the early 20th century, all of this was required to carry out substantial renovations to all properties on the estate including mansion house, gamekeeper's house, kennels, farm houses and steadings. The estate's running costs were beginning to outweigh the benefits and, in 1903, the costs of repairs exceeded the rental receipts.²²

From the outset, annual expenditure on the hospital at over £700pa seems high compared with other hospitals and this had risen to around £1,000pa by 1900. Staffing was generous and the salaries and accommodation seem costly. By the 1870s, soon after purchasing additional land, the hospital started experiencing financial difficulties and began to make economies. For example, by 1872, the medical superintendent's salary had been reduced to £150 pa. and further reduced to £120 by 1877, although that year it was restored again to £150. (At this point the salary was split between two doctors.)

Andrew Belford had intended any surplus from the running of the hospital to benefit 'decayed indigent gentlewomen' in Kilmallie, Kilmonivaig and Inverness parishes and he nominated the secretary of the national society as one of the trustees.ⁱ By 1871, there had been nothing spared for this and a letter appeared in the press wondering why given that the hospital's running costs appeared to be greater than Inverness's Northern Infirmary but with a much smaller catchment. The case was taken up by Joseph Mitchell of Viewhill, Inverness which prompted detailed information in the press from Trustee Sheriff Simpsonⁱⁱ which justified the lack of surplus. However, in subsequent correspondence with Lochiel it was recognised by the Trustees that economies would need to be made. From 1877, £100 was made available for up to 10 gentlewomen although finances again became tight and this was reduced to £50 in 1880.²³

ⁱ Middle class unmarried ladies were often restricted to tutoring or companionship, often a precarious living as they aged. Their plight was increasingly recognised. The 1847 Edinburgh Society for the Relief of Indigent Gentlewomen still exists.

ⁱⁱ He had replaced Sheriff Fraser.

Financial difficulties continued and, in 1901, the need to re-build the fever hospital which had been destroyed by fire forced the calling in of a loan of £500 over Arisaig Estate and £2,000 was also transferred from investments for 'permanent improvements'. In 1910, a legacy of £1,000 was received but this did not prevent the need for the first public appeal by letter for £500. The letter noted the need for refurbishing, a new heating systemⁱ and X-ray equipment. In 1911, plumbers were required to fit baths, lavatories and hot and cold water.²⁴

There were also staffing changes. In 1908, an altercation took place between the matron and a nurse and, soon after, the nurse resigned. A subsequent management review concluded that the matron should take an active share in nursing and have a maternity qualification reflecting the need to maximise staffing and a continuing commitment to maternity cases. By then, one of the management committee visited monthly to assess the fabric of the hospital. The grounds received special attention at this time, perhaps due to the persistence of Matron Jobson who made annual and repeated requests for fruit bushes and, in 1910, for a hen houseⁱⁱ although the trustees thought this inappropriate. In 1910, a gardener was appointed and, shortly afterwards, a lawn mower and edging shears were provided. Matron Jobson also had a long list of refurbishment requests which seem to have been agreed by the Management Committee.²⁵

The hospital interior seems to have been fairly well appointed. It had town gas from the outset and seems to have had electricity installed soon after 1896ⁱⁱⁱ which is early for any hospital.^{iv} In 1899, Dr Miller wanted to extend electricity to the operating theatre and front door. By 1911, there were 61 light bulbs in the hospital and the number was reduced to save costs. X-ray facilities were slower in arriving. In 1908, the first donation for X-ray equipment was received and, periodically, there were attempts to advance this including the 1910 appeal but X-ray was only installed after a Red Cross donation in 1919.²⁶

ⁱ Appears to have been completed in 1912 (Scotsman 30th Dec 1911).

ⁱⁱ Many such institutions grew fruit and vegetables and kept pigs and poultry.

ⁱⁱⁱ In 1896, Fort William became the first town in Britain to have hydroelectricity.

^{iv} The Northern Infirmary had electric light from 1901.

As elsewhere, there were separate ambulances used for fever cases. In 1896 Lochaber Districtⁱ decided to purchase a two person fever ambulance to serve the new Belford Infectious Diseases Hospital and in 1912, the hospital acquired a new ambulance which may be the same one. In 1919, the St Andrew's Ambulance Association presented a new ambulance. In all of these cases the District and the Trustees worked together to garage and maintain them.²⁷

Hospital policy on admissions continued as before. Pauper and fever patients were placed in the hospital by local authorities but patients deemed to be incurable were removed or refused admission which was normal practice. For example, in 1904, the hospital management asked the Inspector of the Poor to remove a pauper deaf mute with epilepsy who was cured of the ailment for which he had been admitted. In 1908, the hospital secretary asked the parents of two tubercular children in the Fever Hospital to take them away. The parents replied that they could not care for them at home. Fort William Burgh, where they lived, denied liability because they had not agreed to their admission. However, Dr Miller 'considered one of the children so far gone as to be unable to be removed from the Hospital' and he died shortly after. There is no further record of the matter.²⁸ Such incidents illustrate the desperate circumstances of many patients and the hard decisions forced on management.

It seems fairly clear that, given the generosity of its endowment, the Belford Hospital had started off on a fairly grand scale. The income had begun to decline by the 1880s but it was still potentially ample for a relatively small and apparently healthy community. It seems that the trustees were neither able to make sufficient economies to cope with the reducing finances nor able to take any effective action to increase the income. The constitution precluded them from expanding the Board to encourage other funders and the estate became an increasing millstone as returns reduced and costs rose. Whilst hospitals such as the Northern Infirmary in Inverness strongly encouraged, and received, a high level of financial support from their community, this was not the case for the

ⁱ Districts were formed in the Act of 1889 by grouping parishes. This was to form more economically viable units for public administration including health.

Belford in its first 50 years and its financial situation continued to deteriorate.



By 1915, the hospital was in serious financial difficulty which was compounded by the loss of rental from the shootings on Glenfintaig during World War 1.ⁱ This made it eligible for support from the newly formed Highlands and Islands Medical Service (HIMS)ⁱⁱ because, being the only general hospital in the area, it was thought unacceptable for it to close. In return for an annual grant, the area served by the hospital was extended by allocating four beds to patients from the parishes of Arisaig, Moidart and Glenelg, the area of the Sunart Estate and the area of Braes of Rannoch within 5 miles of Rannoch Station.²⁹ The Scottish Board of Health took a seat on the hospital board which, from 1902, had also included representatives from the parishes of Kilmallie, Kilmonivaig and Ardgour.³⁰ The HIMS initial annual grant to the hospital of £200 ‘in aid of maintenance expenditure’ to prevent it closing had reached £400 by 1917. This support continued into the 1930s.³¹

Despite state support, 1921 saw an operational loss of £356, ascribed to rising costs generally but also to the ‘heavy incidence of taxation, rating and repairs which amounted to £531’. Meanwhile, Glenfintaig estate required investment in fences and buildings.ⁱⁱⁱ The hospital’s financial deficit now averaged £200 p.a. and the trustees decided on serious fund raising with a target of £4,000.^{iv} From the start of the financial problems

ⁱ In 1917 Sheriff Malcolm, in thanking the Kinlochleven Pierrot Troupe for a fund raising concert, said the hospital’s source of income for the past 2 years had practically dried up. (Oban Times 3 February 1917)

ⁱⁱ The Belford has been quoted as the first to receive a HIMS grant but the Mackinnon Memorial Hospital in Skye also received a grant in 1914.

ⁱⁱⁱ Glenfintaig and Muccomer farms had 3400 sheep in 1927 (Scotsman 23 August)

^{iv} Invested at 5%, this would meet the deficit.

there had been fund raising events such as concerts and church collections but now a large campaign began, the main event being a two day 'Grand Bazaar' in August 1922 at the Highland Hotel (see picture above). The stalls, side shows and entertainments were organised by local ladies and it raised an impressive £4,495.5s.2d.³² However, the respite was short lived and 1925 again saw difficult finances with efforts made to ensure financial prudence. The trustees formed a finance committee which regularly circulated the accounts and the hospital displayed a list of benefactors in the hope of encouraging others.

Meanwhile, Lochaber was beginning to participate in Britain's industrial development, if initially on a fairly small scale. In 1889, the hospital sold part of its site to the West Highland Railway Company in anticipation of their arrival in Fort William five years later. This later caused noise problems from passing trains and constrained expansion. Companies building the railway used the hospital which received an annual donation of £3 from the railway engineers.³³

A much larger development occurred between 1904 and 1909, when British Aluminiumⁱ built a smelter at Kinlochleven. The large workforce and the dangerous construction work created many hospital cases. A similar but much larger process occurred from 1924, when British Aluminium started work on the Lochaber hydro-scheme and factory.ⁱⁱ During construction in 1925-6, there were 78 British Aluminium admissions to the Belford and 28 deaths, 60% of which were due to direct trauma.³⁴ Apart from the large temporary camps, the workers and their families lived in the expanded village of Inverlochty thus increasing the local residential population.

ⁱ Loch Leven Water and Electric Power Co were set up in 1904 and merged with the North British Aluminium Company. For simplicity we use the term British Aluminium.

ⁱⁱ The Lochaber Water Power Act was passed in 1921. A British Aluminium subsidiary, the Lochaber Power Company, and Balfour Beatty carried out the work. The factory opened in 1929 and was extended between 1938 and 1943.



In 1922, the hospital had 12 beds (plus two private beds) and an average of seven or eight in-patients in the wards,ⁱ a capacity and usage little changed since the turn of the century. Staffing consisted of matron, two nurses and a probationer nurse. However, by the mid-1920s, pressure on hospital beds from the growing industrial and residential population suggested a need to increase the capacity of the hospital.³⁵

The main construction company for the aluminium factory and hydro scheme, Balfour Beattie, paid the hospital a group subscription for its workers which was normal practice at the time. However, under the Lochaber Water Power Act it had a duty to help provide hospital services and it had detailed discussions with the local authorities, the Scottish Board of Health and the Belford trustees over funding a hospital extension. Agreement was reached after a court case in January 1927 but the Balfour Beattie funded annexⁱⁱ was not completed until late 1928. The aluminium construction companies now had access to 6 beds. An additional nurse was agreed bringing the number up to four nurses along with matron, Miss MacArthur (photo right).³⁶



On 31st Dec 1927, in the midst of this expansion, Dr Miller (photo above) died.ⁱⁱⁱ Unmarried, he had been medical superintendent for 41 years and

ⁱ Both 1911 and 1921 censuses list seven in patients.

ⁱⁱ It was still in use as staff quarters in 1965.

ⁱⁱⁱ Dr Alexander Cameron Miller (born 12/8/1861 the son of local master baker) grew up in Fort William and spoke Gaelic. He graduated MBCM and MD (Edinburgh). He practised in Banff then moved to Fort William. He was consulting physician to Inverness-shire Sanatorium, on the Highlands & Islands Consultative Council of the Scottish Board of Health and wrote a chapter of the book *Scottish Mothers and Children* edited by W Leslie Mackenzie, a fellow member of the Dewar Committee. He was Medical Officer of Health for Ardgour, Kilmonivaig, Fort William Burgh and Kilmallie. In World War I, he chaired the district medical board. He was Fellow

prominent in the community. His funeral was an unusually large event attracting very many mourners from all sections of Lochaber society. In 1957, the Belford Hospital received a legacy of £500 from the AC Miller Trust following the death of Miss Flora G Miller who was possibly his niece.

While the new annex increased the capacity of the hospital, the building was now over 50 years old and plans for a major reconstruction of the main block were being discussed. By October 1926 the Scottish Board of Health’s chief architect had drawn up detailed plans which were approved in 1929 by all parties involved: the Belford trustees, British Aluminium,ⁱ Lochaber District Council and Fort William Town Council. The Scottish Board of Health gave a 50% grant of £1,500, Alexander Grant, Inverness, was appointed architect and work started in 1930. Tradesmen were local, apart from the plumbers and heating engineers who came from Glasgow.

Financial year	Account balance
1926-27	£127 credit
1927-28	£262 deficit
1928-29	£700 deficit
1929-30	£703 deficit
1930-31	£844 deficit

During the construction, patient admissions were fortunately low (66 for the year) and they were accommodated in the new annex. Staff and general cases were accommodated in the Infectious Diseases Hospital and arrangements were made with Balfour Beattie to have infectious diseases cases dealt with at their base camp hospital. Fortunately, there were no epidemics.³⁷ By 1933, hospital reconstruction, including partial re-wiring and the installation of central heating was complete at a final cost of £3900. As well as the new six bed annex, the main block now contained two male wards with seven beds each, three female wards totalling eight beds and a three bed ‘outdoor ward’ for casualties. The predominance of male beds reflected the needs of the industrial workforce at the time.³⁸ The additional beds required an increase in staffing to matron, one sister, three nurses and pne probationer nurse.

of Royal Society of Edinburgh and of Society of Antiquaries of Scotland, justice of the peace and freemason.

ⁱ From 1928 BA had a seat on Belford Board as did Fort William Town Council.

In 1928, Dr Connochie, a local GP, succeeded Dr Miller. That same year, AJC Hamilton was appointed honorary visiting surgeon under the Highlands and Islands Medical Scheme.ⁱ He was based at the Northern Infirmary and made regular visits to Highland hospitals. He visited the Belford monthly, performing 50-60 operations annually. Mr Hamilton assessed the operating theatre (photo below) as ‘quite out of date’. £1,340 had been raised in memory of Dr Miller and this, along with a Department of Health grant of £1,000, funded a new operating theatre opened by the Duke of Yorkⁱⁱ in July 1930. This was the first royal visit to the hospital. The accommodation used was the 19th century fever ward and the operating theatre functioned until the new hospital was built in 1965. At the opening ceremony, Lochiel, chair of the trustees, noted that a new X-ray machine costing around £750 was badly needed and appealed for donations. He had raised that sum by the end of October.³⁹



By the late 1920s, the income from Glenfintaig Estate had become negligible and costs were high, contributing to the hospital's increasing financial deficits (see table on previous page). Therefore, the trustees applied to the Court of

Session for the power to sell Glenfintaig estate. The process took some time but eventually, in 1934, it was sold for £7,000 plus £239 for the furniture. Nevertheless, the hospital's assets continued to decline and the bazaar format, so successful in 1922, was tried again. In 1935, a bazaar raised £637, more than enough to meet the deficit from the previous year and, in 1937, one in the grounds of the Highland Hotel organised by Lady Hermione Cameron raised £745. There were also

ⁱ Serious surgical cases still went to Glasgow.

ⁱⁱ The Duchess was confined with Princess Margaret who opened the 1965 hospital.

regular sales of work (an annual one run by matron and staff in the grounds) and another in 1934 raised over £520.⁴⁰

With the increasing need for state funding and for local fund raising, it was clear that the nature of the Belford's relationship with the local community had been changing for some time. The hospital was no longer able to perform the role of a benefactor's gift to the people but rather it required to be supported and nurtured by the community. The situation was underlined by the need to sell Glenfintaig Estate as it transformed from asset to liability. By the 1930s, the advantages of voluntary hospitals with their subscribers and local commitment to fund-raising were recognised and the hospital made the change to a voluntary hospital.

In 1932, a new constitution vested the original endowment in three trustees, Lochiel, Lord Abinger and Hon Mrs Maclean of Ardgour. They formed the Board of Management along with Sheriff Steedman, six members elected by subscribers, two by Inverness-shire County Council, and one each by the Argyllshire County Council and Town Council of Fort William.⁴¹ The first list of annual subscribers appeared in 1933 with most paying one guinea (£1.05). An increasing number of firms and voluntary bodies gave small amounts as well as employee funds and friendly societies which together contributed about 15% of income by 1942. By then, the hospital allowed bodies such as companies and voluntary associations a seat on the board for an annual subscription of at least 100 guineas (£105) although, apart from British Aluminium, none ever did.

Becoming a voluntary hospital increased the proportion of elected members on the hospital board which was now accountable to the subscribers. Although the evidence suggests that the trustees had always been open with the community in the administration of the hospital, the new accountability, with its AGM and annual report, seems to have sharpened the administration and indeed the annual reports from 1933 onwards are most comprehensive. The community also seems to have

substantially mobilised its support which had already been significant for the past 20 years.ⁱ

From the beginning, the hospital had received regular and frequent donations often local produce such as game and eggs. There were many individual gifts. For example, in 1916, the Oban Times reported that ex Provost Mackenzie had gifted a Christmas turkey to the hospital for the 40th year in succession.⁴² Such gifts continued throughout the 1930s. Deer, rabbits, fish, kippers, fruit, eggs, books, flowers, and sweets are acknowledged in the minutes, the press and in the annual report. The possibility of an annual 'Hospital Sunday' church collection for the hospital was being discussed with church ministers in 1931. These were common elsewhere. British Aluminium had a collection box for the hospital for visitors to the factory.

Legacies and Gifts

Year	Amount	Donor
1908	250	Late Archibald Cameron of Onich. ⁴³
1910	1000	Late Donald Cameron. Sometime mayor of Winsor, Ontario and latterly residing at Bridge of Allan. ⁴⁴
1920	198	Local Comrades of the Great War branch. From money received from United Services Fund. To endow the Comrades' Bed to be used mainly for ex-servicemen and their dependents. ⁴⁵
1933	100	League of Mercy. ⁴⁶
1936	250	Late Roger Kynaston Cross. Former shooting tenant locally. ⁴⁷

In 1933, a comprehensive system of district collections was devised and run by the recently formed Ladies Committee which had run a Linen Leagueⁱⁱ since 1930. The value of such activity is exemplified in the appreciation, in April 1945, of the work of Miss Cameron, the Post Office, Acharacle who had recently raised £132 from local functions and had, for many years, organised annual collections averaging £60 pa.

ⁱ Although also for many years before. For example, in 1892 Mrs & Miss NB Mackenzie presented a musical box from local fund raising (Highland News 30 July 1892).

ⁱⁱ As the name suggests, it provided all linen, bedding and surgical overalls.

There were also national charity donations and, in 1936, the hospital received a wireless set (radio) from the Outram Press Wireless Fund.⁴⁸

Finances were difficult. In 1933, the year ended with a revenue deficit of £1111 and the following year a deficit of £534. At the 1936 bazaar in the Highland Hotel which was opened by the Duchess of Richmond and Gordon, Lochiel noted that the annual deficit was running at £600 and the present overdraft stood at £1300.⁴⁹

Under the new constitution, the hospital could charge patients or any public body responsible for them but preference continued to be given to those from the three local parishes who could not afford to pay and this continued up until 1948. Patients still had to be recommended by a medical practitioner but accidents and emergencies were seen immediately. Local medical practitioners could treat their own patients at the hospital including access to the operating theatre although it appears that none ever used it. Private patient numbers increased quickly after the opening of two new private wards in May 1937 and, by the following year, income from private patients was around £350 p.a., a significant amount which exceeded the income from investments. Charges were four guineas per week (£4.20) and had risen to six guineas (£6.30) by 1945.

The hospital received fees from Inverness County Council for treating school children, for patients on public assistance and for patients with infectious diseases although payments for the latter ceased after the fever hospital closed in 1936. Motor accident casesⁱ attracted a fee but, in 1937, the fee was 6d (2.5p) per day less than the average cost of patient maintenance.⁵⁰ In the early 1930s, individual cases from British Aluminium and other industries were charged but firms increasingly paid a block grant and, in 1933, British Aluminium agreed an annual subscription of £130 for three years.ⁱⁱ In 1938, it was estimated that British Aluminium patients took up just under 20% of the Hospital accommodation (1,216 patient days out of 6,880). For many years,

ⁱ Two were noted in 1913.

ⁱⁱ BA's annual subscription had increased to £500 by 1945.

hospitals calculated their average daily patient cost which at the time was 9/7 (48p) per day in the Belford. Theoretically, this put the total cost of British Aluminium patients at around £580 although their annual subscription was then just £300.⁵¹

By the mid-1930s, the remuneration of the medical superintendent was £100, only half of that paid in 1865, although, of course, Dr Connochie was not in residence and also had his own private patients. By 1934, he was joined at the hospital by Dr W. MacDonaldⁱ but, in 1935, resigned apparently over the amount of work compared with the remuneration. This sparked another round of debate over the need for a resident surgeon, some believing there was insufficient work to justify the post and, indeed the operating theatre must have been unused for much of the time. However, there was a local campaign for a resident surgeon since Dr Connochie only performed emergency operations and Mr Hamilton's monthly visits were seen as insufficient so that some patients had to travel to Glasgow or Inverness for treatment. Dr Connochie was persuaded to stay with an increased salary but, by mid-1936, hospital fundsⁱⁱ could not meet this cost and his services had been 'dispensed with'.⁵²

At first, the Department of Health did not agree to a surgeon post but eventually conceded in recognition that it could not leave the area, with its considerable industrial activity, without local surgical facilities.⁵³ In 1937, Mr Brennan Cran became resident surgical officer with a full Department of Health annual grant of £600ⁱⁱⁱ. In 1939, with a loan from Inverness County Council and a grant of £700 from the Department of Health, the hospital purchased the house 'Chenderoh' in Fort William for the resident surgeon. Dr Connochie became honorary anaesthetist.⁵⁴

Staffing difficulties were not confined to medical officers. In 1939, Miss Spalding, matron, was head-hunted by Rossall Nursing Home in Inverness which offered her £130 p.a. as opposed to the £100 p.a. which

ⁱ He seems to have performed many of the operations (Oban Times 24 Feb 1934)

ⁱⁱ Overdraft was £1300 and expenditure continued to exceed income.

ⁱⁱⁱ In 1944, the Department of Health continued to give grants of £500 and £75 towards approximately half the costs of the surgeon and anaesthetist.

she received at the Belford. She tendered her resignation but the management, knowing that she would prefer to stay, raised her salary to £150 p.a. and she stayed on. She did, however, eventually succumb to the lure of an Inverness nursing home in 1945.

As elsewhere, matron's rule was strict by modern standards. In 1911, matron had restricted visitors to two per day per patient. By the 1930s, visiting hours were one hour each afternoon and evening but, by 1938, this was confined to Wednesdays and Saturdays 2-3pm and 7-8pm and Sundays 2-3pm. Only men could visit in the evenings presumably in recognition that most were at work during the day. Children under 14 were not allowed at all except under special circumstances.⁵⁵ Matron's status gradually increased. By 1937, she was acknowledged as being in charge of the nursing and ancillary staff and she now attended board meetings. In 1941, with wartime labour shortages, she could increase nurses' salaries if she felt this would prevent them leaving.

Annual Patient Numbers							
Year*	In - Pat.	% Fem.	Av. In-Pat.	Private	Out-Pat.	Operations	
						Major	Minor
1927	240	16	n/a	n/a	288	n/a	n/a
1929	285	14	n/a	n/a	385	n/a	n/a
1931	158	30	n/a	n/a	379	n/a	n/a
1933	256	38	17	11	523	53	64
1935	225	45	16	8	730	36	119
1937	371	48	21	18	1800	74	321
1939	420	47	21	35	1723	111	411
1941	384	39	19	40	1924	157	475
1943	406	46	21	31	2238	175	462
1945 ⁵⁶	464	-	-	-	-	214	495

Source: Belford Management Committee Meetings & Annual Reports

*** The hospital year ran from 1st Oct to 30 September of the year shown**

As can be seen in the table above, patient numbers rose steadily throughout the 1930s. The rise of more than 50% in 1937 followed a campaign to promote the hospital and discourage potential patients from seeking treatment elsewhere although the appointment of a resident surgeon that year is likely to have attracted those who may otherwise

have attended a city hospital for surgery. Indeed, after 1937, the number of surgical cases increased markedly and, given the nature of the local industry, there was a continued predominance of male patients. At this time also there was much emphasis on making the hospital more attractive, especially the grounds.

In 1913, the Dewar Report had advocated a scheme of visiting specialists to Highland hospitals but it was delayed firstly due to war and then lack of finance. In the late 1920s, additional state funding allowed the HMS to expand its visiting specialist scheme whereby it paid specialists' travel and subsistence costs. As noted previously, Mr Hamilton was appointed visiting surgeon in 1928 and other specialists followed. Their clinics, usually monthly, contributed considerably to the range of the hospital's treatments. For example, in 1943, Dr MacGregor, gynaecologist, had 307 consultations and performed 53 operations. Dr Leys, physician, had 160 referrals and Dr Barbour Stewart, ophthalmologist, examined 99 cases. Dr Murray, based at Raigmore Hospital, started an orthopaedic service in 1943 and, by 1945, had 215 cases. Such clinics were probably a main cause of the rapid increase in out-patient numbers shown in the table on the previous page.

Belford Hospital –Areas of expenditure 1932/33 (%)

Salaries and Wages	40	Banking, legal and taxes	7
Provisions	28	Repairs	4
Heat, light and cleaning	10	Stamps, telephone etc	2
Medical and Surgical supplies	8	Carriage	1

Source Belford Hospital Annual Report

The renovations of the early 1930s had substantially modernised the Belford but an examination of the hospital expenditure (see table above) underlies the contrast between a small general hospital of the 1930s and that of today. Administration costs were low and, apart from the part time secretary to the hospital board who received around £50 pa, there were no administrative staff, all daily administration being completed by the matron and medical superintendent. Unlike many voluntary hospitals in the cities, there appear to have been no waiting lists to administer and the relatively small out-patient clinics by visiting specialists (11 per month in 1948) would have been relatively easily organised. Hospital equipment

and the range of medications used were fairly limited which is reflected in the low expenditure in that area.

In 1935, annual subscriptions increased but the finances were difficult. Hospital charges were raised to 10/- (50p) per day but were still a penny less than the actual estimated cost. In 1938, Lochiel made the first appeal on wireless (radio) which raised £235 and a fete run entirely by children raised £28 which was used to fit out a children's ward to cater for the growing number of young patients.⁵⁷ In 1939, a second wireless appeal by Mrs Maclean of Ardgour raised £100. As the table on the next page shows, with community support the hospital's finances gradually improved as public subscriptions and donations, as well as receipts from treating patients, increased.

Belford Hospital: Sources of Income 1935 - 46

Year to 30 Sept	1934	1936	1938	1940	1942	1944	1946
Annual grants	340	325	917	957	857	868	703
Annual Subs	618	433	856	1253	1506	1776	1933
Donations	n/a	412	1283	428	627	1343	1312
Payments for patients	818	268	548	1592	2240	1868	1323
Endowments etc	510	622	597	673	691	688	698
All Income	2286	2052	4202	4904	5992	6056	5969
All Expenditure	2857	2658	3973	4603	5403	6543	7288
Surplus/deficit	- 571	- 607	+229	+300	+589	+487	-1319

Source Belford Hospital Annual Reports

The original hospital constitution allowed treatment of shepherds' wives nearing their confinement and the hospital had admitted maternity cases over the years, for example there were two in 1927.⁵⁸ The Maternity Act of 1937 specified that county councils were responsible for maternity services and, in 1938, the Belford Board corresponded with Inverness County over creating four maternity beds in the hospital but nothing came of it. In 1939, an interesting case arose when the pregnant wife of a shepherd from Coull claimed hospital treatment in terms of the original constitution. The Belford Board considered that, in terms of the 1937

Act,ⁱ the hospital could not deal with the case but acknowledged the claim and was prepared to pay for treatment elsewhere. Unfortunately, Board minutes do not record the outcome.

The maternity issue continued. In July 1942, the local May Day Committee donated £74 to the hospital and suggested that a maternity ward be considered but there was no action. By then, maternity patients could use Rosedene Maternity Hospital, Inverness which had opened in 1940 but this was over 60 miles away and for cases where difficulties were anticipated. There was, however, some progress and, by 1946, the Belford had one small ward for maternity 'sufficient for present needs' (there were 55 births p.a. in the area). In June 1945, Mr Duff, medical superintendent, presented his first monthly report and suggested that the former Infectious Diseases Hospital be converted to maternity. The following month a meeting of all interested partiesⁱⁱ agreed, as did the Department of Health which drew up plans.

Agreement was reached with Inverness County Council to fund and carry out the conversion to a 12 bed maternity unit and a Child Welfare Centre. In January 1947, tenders of £2,560, and £756 for a connecting corridor to the main building, were accepted but the work was then subject to various delays, some due to post war materials shortages. In early 1950, the completed maternity unit was still not in use because of lack of accommodation for nursing staff and there were repeated difficulties in finding land or in gaining finance for suitable nurses' accommodation, various possibilities falling foul of the design requirements of the Department of Health. In late 1950, Drs Connochie and Macdonald were appointed medical officers to the maternity unit but it continued unused and, in March 1951, 'very active' dry rot was discovered which put paid to the development.⁵⁹ In May 1952, the hospital began disposing of the unit's equipment⁶⁰ and, in 1953, the block was demolished. By then, however, a rebuild was problematic. The Department of Health

ⁱIt set standards for maternity care and made local authorities responsible and the Belford no longer had facilities and staffing up to the new standard.

ⁱⁱ Dr MacGregor, consultant obstetrician thought that maternity would be better centralised in Inverness – thus forming a debate which still resonates today.

wanted to reassess the need in the area and there were now embryonic plans to rebuild the entire hospital.

As inferred above, the hospital had a change of superintendent. By 1943, Mr Cran, surgeon, was unhappy with his salary and there was some friction with local medical practitioners over the number of his private patients.⁶¹ The Belford Board, with Department of Health advice, agreed a working arrangement with Mr Cran but he resigned in October 1944. The surgeon's post was advertised at £800 p.a. with free house⁶² and Mr Donald Duff was appointed.ⁱ On taking up his post, Mr Duff presented a very useful initial report. He was impressed by the 'cleanliness and artistic orderliness of the hospital'. However, out-patient facilities were

inadequate with no physiotherapy room, no waiting room and only one small dressing room. There was no lift and, apart from the children's ward, all wards were still on the first floor so that patients had to be carried up and down stairs. The operating theatre had no anteroom



for anaesthetising patients and no changing facilities for staff. The mortuary was 'likely to be found starkly repellent by bereaved relatives'. There was no observation ward and no local facilities for aged sick.

In the decade from 1933-43, the numbers of child in-patients had almost doubled to over 100 p.a. and this prompted the need for an extension to the children's ward. In 1943, french windows and a patio area were planned but later amended to a sun parlour. An appeal raised nearly £900 and it was completed in July 1946 but not in use until later in the year (photo above).

ⁱ Donald Duff was one of the earliest doctors involved in Scottish Mountain Rescue and is famous in mountaineering circles for, among other things, the Duff Stretcher which is on display at the West Highland Museum in Fort William.

By 1943, nursing staff had increased to matron, four sisters, one nurse and four probationer nurses.ⁱ Nurses' quarters were seriously overcrowded contributing to recruitment problems already exacerbated by the war and, from mid-1944, houses at Inverlochry and Nevis Bank were used as a temporary measure. The nurses' sitting/dining room was also the board room which they could not use when meetings were being held. The four residential domestic staff had no sitting or dining room and had to use the kitchen even when they were off duty. The difficulties were reduced when nearby Dalnahaine, recently derequisitioned from the military, was purchased from Associated Scottish Distillers for £2500 with a 25% grant from the Department of Health and was converted to a nurses' home. It opened in late 1946.⁶³

In the early 1940s, those entitled to free hospital treatment, including subscribers and their dependants, also received free anaesthetics, X-ray and physiotherapy.ⁱⁱ There was increasing demand for these and the hospital board decided that it could no longer afford treatment to out-patients unless it was directly linked to a stay in hospital. The increasing numbers substantially increased the workload of the masseur (physiotherapist), Mr Cattenach, who had been in post since 1938 but this did not benefit him because he received a fixed fee to treat all in-patients. As with many specialist medical posts in rural areas, there was not quite enough work for a full time post and, to make matters worse, in 1941, he had to temporarily close his private practice at the Imperial Hotel, Fort William, when it was requisitioned by the military. In June 1945, he resigned and the hospital management did not fill the post. The lack of physiotherapy concerned Mr Murray, visiting orthopaedic surgeon, and Mr Duff suggested forming a physiotherapy department. The Department of Health initially turned down a request for a grant but, in December 1946, awarded £100 and Mr Ian Campbell was appointed physiotherapist in early 1947. Mr Campbell also spent one day per week in Kinlochleven.⁶⁴

ⁱ Matron got £250 p.a., sisters £105-160, nurses £90 and probationer nurses £60.

ⁱⁱ Out-patients received free treatment and dressings. Out-patient gynaecology and obstetrician consultation was free but ophthalmology required a fee.

In 1939, at the outbreak of war, all hospitals came under the Emergency Medical Services (EMS) scheme and only serious cases were admitted to the hospital. The hospital had to reserve 12 beds for air raid and other casualties and this along with wartime inflation doubled the daily cost of maintaining a patient from 9/- (45p) in 1939 to 18/- (90p) in 1945. Although donations fell, the hospital received EMS funding (see table below) and this kept finances in surplus throughout the war.ⁱ Wartime brought restrictions in population movement in the Highlands and a large influx of military personnel some of whom required medical aid, although the military had their own medical facilities.

1940/1941 Income

Annual grants including League of Mercy	£922
Annual subscriptions	£1287
Donations	£701
Patient fees (including £1253 EMS and £434 private)	£1786
Endowment and rents	£673

Finances were difficult in the immediate post war period. A surplus of £889 in 1945 turned to a deficit of £1184 the following year due to the loss of the EMS grant and a rise in costs especially nurses' salariesⁱⁱ which increased by £400 p.a. overall. The hospital had taken out a loan of £2,000 from the Abbey National building society to purchase Dalnahaine but it needed a further £1,000 to refurbish and furnish it. The chair of the trustees, Lochiel, ascribed a drop in donations to the impending nationalisation and advocated an appeal to the public.⁶⁵ Nevertheless the annual report of 1945 was optimistic. It looked forward to the lifting of wartime restrictions and the opening of the nurses' home, sun parlour and physiotherapy department. However, the lift and maternity block, both also anticipated, were not realised.

A Scottish Hospital Survey made in 1938 noted that the hospital site was too close to the railway and a new build on a new site was

ⁱ In 1945 Col. Vaughan and his commandos stationed at Achnacarry put on a Gala in the Town Park to thank doctors and staff (Oban Times 7/7/45).

ⁱⁱ The 1941 Taylor Commission increased nurses' salary levels and reduced working hours so that additional staffing was required.

recommended.⁶⁶ In 1946, the hospital complained to the railway that trains were not slowing down as had formerly been the practice although the railway company seemed to take no action. Complaints were not confined to trains. In 1948, notices were displayed requesting passers-by to refrain from noisy behaviour near the hospital, an increasingly vain hope as 20th century traffic increased.

In 1948, at the hand over to the NHS, the hospital had around £17,000 in funds, less than twice its annual spend and not a large sum compared with many similar hospitals. It also owned Dalnahaine Nurses Home and Chenderoh, the surgeon's house. Trustees were Cameron of Lochiel, Mrs Maclean of Ardgour and Archibald Chalmers of Fort William.⁶⁷ The hospital, thereafter, came under the Northern Regional Health Board and there was a local Lochaber Hospital Board although its powers were fairly limited and decisions were fairly centralised for many years.

The Belford Hospital lost its autonomy in 1948 but the NHS brought financial stability, although capital was scarce for many years. The single surgeon post continued as did the range and frequency of visiting specialists. All obstetrician and gynaecological operations were now performed by visiting specialists.⁶⁸ There were weekly ENT clinics and monthly ophthalmology, ante-natal, gynaecological, orthopaedic and medical clinics. The out-patient facilities became increasingly unable to cope and clinics required careful scheduling to avoid overcrowding. It was difficult to ensure confidentiality because consultations could be overheard and also difficult to keep male and female apart in the cramped changing areas. By mid-1950, the problem was emphasised when the consulting rooms and dark room facilities were considered too small for TB clinics. New facilities were planned along with the maternity unit and they suffered delays in construction but eventually were finished by 1953.

From 1948, the hospital had 32 beds and this capacity continued into the 1950s. Figures suggest the hospital was normally quite full with surgical cases increasingly dominant.ⁱ Patient amenities gradually expanded. In

ⁱ From around 50% in 1951 to around 70% in 1956.

January 1957, the Red Cross trolley shop service started. By then, there was a Lochaber patient transfer car scheme which ferried patients to other hospitals including Glasgow. In late 1960, TV came to Lochaber and two sets were purchased, one for the hospital sitting room and one for the nurses' home.⁶⁹

In his first report in 1945, Donald Duff had suggested a new hospital and by the following year there were discussions to identify a site.⁷⁰ In 1953, Lochaber Hospital Board submitted a formal request for a new hospital⁷¹ and planning was underway by 1957. In 1962, building started on the site of the Convent of the Sisters of Notre Dame with architect J Glease and contractor Arnott Macleod and the new hospital opened for patients on Monday 26th April 1965.



The new hospital was officially opened by Princess Margaret (above) on the following Friday. The very short timescale between entry and official opening caused quite some pressure to get the 27 patients transferred. By then, Mr Duff had retired and Mr Campbell, a native of Dalmally, had been in post since 1959. The new hospital had 30 surgical, 12 medical

and, at last, 10 maternity bedsⁱ with accommodation for nurses and visiting medical staff.⁷²

The old Belford building had served as a hospital for just short of 100 years but it did not survive long thereafter. It was sold for £9500 in May 1966⁷³ to Inverness County Council who planned to use it as an ‘Old Folks Home’ but this did not go ahead and, instead, they demolished the building and built the Invernevis Home on the site.

The new hospital saw an immediate increase in caseload with a substantial rise in surgical cases and out-patients. Lochaber was undergoing industrial and urban development around the new pulp and paper mill and an expanding tourist industry. Not only was the hospital now able to treat a greater range of cases, but there was an expanding local population, swollen each year by an influx of tourist who were exposed to the twin hazards of challenging roads and mountain terrain although the latter had yielded an increasing number of casualties from the start of the 20th century.

Belford Hospital Comparative Staffing Levels

	1865	1952	1965
Matron	1	1	1
Sisters	0	3	8
Staff /Nurses	2	5	17
Nursing Auxiliaries	0	6	15
Domestic staff	2	8	21.5
Porter/handyman	1	2	3
Physiotherapist	0	1	1.5
Radiographer	0	1	1
Chiropodist	0	0.5	0
Telephonist	0	0	2.1
Assistant engineer	0	0	1
Dark room and Op theatre attendant	0	0	2
Typists	0	0	3
Total	6	27.5	76.1

ⁱ Maternity was not fully up and running for a further 2 months.

Compared with a century before, the hospital's staffing complement had risen considerably (see table on previous page). Note also the considerable rise in the 13 years between 1952 and 1965 reflecting the rapidly increasing complexity of modern medicine, and the rising expectations in patient and staff comfort, convenience and welfare.

By 1967, the nurses' home at Dalnahaine required substantial upgrading and was sold to Inverness County Council. Crolinnhe, a large property already converted to flats, was acquired from British Aluminium for staff accommodation. However, in 1969, extensive dry rot was discovered⁷⁴ but it was not until late 1973 that it was sold.⁷⁵

The lack of geriatric facilities in the area had been recognised in Mr Duff's report of 1945 and was increasingly recognised throughout the 1950s and 1960s. By the 1970s, patients had to go to Inverness for geriatric assessment and then to Hilton Hospital, Inverness if a bed was available. Glencoe was available at times but, being in a separate health authority, it had no obligation to receive patients from the Fort William area and the arrangement relied on the goodwill of medical staff. If no bed was available, severe cases often ended up in the Belford Hospital. It took until 1973 to find a site for a geriatric facility. That chosen was the site of the local poorhouse which had opened in 1927 for nine residents and, in 1958, had been renovated and renamed Belhaven. It was demolished and, in March 1982, building work was complete and the following year the new geriatric facility, named Belford Hospital - Belhaven Ward opened with 29 beds although these had been reduced to 23 by 1994. By then, Glencoe Hospital was part of the Highland Health Board and there was much discussion about the need for two geriatric facilities in the area. In 2010, Glencoe closed to in-patients but continued with out-patient physiotherapy and occupational therapy until 2012 when it finally closed.⁷⁶

Surgical cases continued to dominate and, in the mid-1960s, there were around 900 operations per year, more than twice that of a generation before. The hospital was normally quite full and bed occupancy for 1970 was assessed as medical 92%, surgical 71% and maternity 75% although maternity occupancy was often much lower. A new ward was added in

1982⁷⁷ bringing the hospital accommodation to 52 beds. By then, there was a full range of out-patient clinics. A new Accident and Emergency Department was built in the early 1990s.

With the NHS, the hospital no longer had to rely on local fund raising. However, this continued in an effort to improve patient experience and enhance equipment. In 1970 a gastroscope was handed over to the hospital.⁷⁸ The following year Lochaber High School pupils raised £1000. The mid-1980s saw an appeal for fund raising for a scanner and in 1991 for a breast thyroid scanner. Around 1994 there was much activity to fund a blood pressure monitor and there were many other pieces of equipment supported such as an airwave bed and a patient controlled analgesic pump.

To this day, the Belford continues its surgical expertise in the management of trauma, although now more from mountain accidents than hydro dam building. It carries out a variety of elective major surgery, supported by a well-equipped high dependency unit and comprehensive radiographic/radiological service. It has been at the forefront of developing the concept of a Rural General Hospital, involving Managed Clinical Networks with colleagues in Raigmore Hospital, Inverness, and Glasgow teaching hospitals, enhanced by modern telecommunications.⁷⁹

Belford Hospital Matrons 1865 - 1970

1865-9-?	Mrs Cameron Maclean. ⁸⁰
?-1871-?	Mrs Jane Maclean. Widow aged 64 at census.
1872	Miss Ross but dates uncertain.
1878-84	Agnes McConnell. ^{81 82}
1884-91	Miss Cameron.
1891-08	Miss Wilhemina Hume. From Ian Charles Hospital, Grantown on Spey. ⁸³
1908-15	Miss Ellen Jobson. Died in post. ⁸⁴
1915-37	Miss Macarthur (appointed as nurse in 1908).
1937-47	Miss Mary D Spalding. From Viewhill Nursing Home Inverness. Moved to St Margaret's Nursing Home Inverness. ⁸⁵
1947-59	Miss Ross. Native of Inverness. Was interim matron at Lewis Hospital Stornoway. Left to be matron at Eden Court Nurses' Preliminary School, Inverness. ⁸⁶
1959-?	Miss Morag Maclachlainn (later Fraser). Was sister in Edinburgh Royal Infirmary. ⁸⁷
1964-8	Miss Reid
1968-70	Miss Janet Campbell. ⁸⁸
1970-2	Mr CG Hubbard. ⁸⁹
1972-?	Miss Jean Munro. Native of Huntly. Was clinical teacher at Inverness Central School of Nursing. ⁹⁰

Some dates are uncertain and an apparently Ann Mackintosh was a matron but we do not know when.⁹¹

Medical Officers (residential until 1875)

1865-69	Dr John G McKendrick. Aberdeen graduate. Was resident surgeon at the Eastern Dispensary of London. Appointed from 165 candidates. ⁹²
1869-72	Dr George Wright Hutcheson. Receives MD from Aberdeen University in 1872 and leaves to practice in London. ⁹³
1872-3-?	Dr James Watson Allan. ⁹⁴
1875	D MacIntyre and D Sinclair. Joint post and first non-residential medical supervisors.
1881-6	W B Moir from 74 applicants. Native of Maybole. Goes to Glasgow. ⁹⁵
1886-1927	Alexander Miller from 50 applicants. ⁹⁶ Died in post.
1928-36	Dr Charles C Connochie. Anaesthetist from 1944 ⁹⁷
1934	Dr Macdonald assists Dr Connochie.

1937-44	Brennan Scott Cran. Aberdeen graduate. Came from Perth Royal Infirmary. ⁹⁸
1945	Dr Robinson is interim surgeon. ⁹⁹
1945-59.	Lt Col. Donald Duff. Came from Denbighshire. Gaelic speaker. ¹⁰⁰
1959-	Iain Campbell surgical superintendent.

Belford Hospital: Some additional staffing details 1865 to 1970

1933-4	EG Collins visiting ENT surgeon.
1937	F M Kitchen visiting dental surgeon.
1938-44	Dr J Barbour Stewart visiting ophthalmic surgeon.
1938-46	Dr D Leys visiting physician.
1940	Dr T Chalmers and Dr RD Campbell visiting eye specialists under EMS scheme. ¹⁰¹
1940-5	Dr TN MacGregor (based at Rosedene, Inverness) starts monthly maternity clinics. ¹⁰²
1944	Mr Adam visiting psychiatrist. Mr Theo Chalmers replaces Mr Barbour Stewart.
1945-6	Dr Archibald Duncan replaces Dr McGregor. Psychiatrist Dr MacWilliam ⁱ starts monthly clinics.
1946	Dr Stanley Alstead replaces Dr Leys. Later joined by Dr Scott. Drs JA Chalmers and A Hay replace Dr Duncan.
1948	Mr Seex visiting ENT surgeon.
1949	Dr EA Johnston runs TB clinics.
1951	Radiographer appointed.
1965	Surgical registrar appointed. Dr Allison part time anaesthetists.
1969	Dr Connochie retires.

ⁱ Formerly medical superintendent of Inverness District Asylum.

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