

History of Highland Hospitals

Northern Counties District Lunatic Asylum 1864¹

*There they stand, isolated, majestic, imperious, brooded over by the gigantic water-tower and chimney combined, rising unmistakable and daunting out of the countryside - the asylums which our forefathers built with such immense solidity to express the notions of their day.*²

Enoch Powell 1961



The Northern Counties District Lunatic Asylum (above) opened on 18th May 1864 on an unusually large 180 acre site.ⁱ Built of local whinstone and faced with Tarradale sandstone, the total cost including furnishing, fittings, equipment and residents clothing was around £50,000.³ This was a considerable contrast from the Inverness Poorhouse which had been built three years before, with only a slightly lower capacity, at a cost of around £6,000. Scotland was certainly trying to make amends for its

ⁱ 100 acres were purchased in 1858 reflecting the urgency to establish an asylum. The large area was commented on favourably by the Lunacy Commissioner.

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previous neglect of the mentally ill.ⁱ The architects were Matthews and Lawrieⁱⁱ and it was the third asylum built in Scotland under the recent Lunacy Act. Contractors included W&G Greig, masons from Aberdeen, and it was described as the ‘most perfect’ of the asylums to date, the construction being supervised by Medical Superintendent Dr Aitken appointed in 1859. The care in planning as well as the investment reflects the growing interest in the scientific study of mental illness in Victorian society and the key place of district asylums in treating it.

The 1857 Lunacy Act established a General Board of Commissioners in Lunacy for Scotlandⁱⁱⁱ and District Boards of Lunacy. The Northern Counties District included Nairn, Inverness, Ross and Cromarty and Sutherland. Caithness chose not to join and continued to use Montrose Royal Asylum.^{iv} District Boards had some discretion on how they took forward their asylum and how it was run but the Commissioners gave broad guidance based on the thinking on mental health at the time. Essentially, there was little specific treatment and it was thought that instilling self-control within a secure tranquil environment with good food and accommodation would allow patients to recover. Asylums should be in a rural environment not too far from an urban area so that patients could benefit from the resources of the town but be away from the noise, bustle and polluted atmosphere - factors which were (and still are) considered to contribute to poor mental health. A beautiful view was helpful and the grounds should be large enough to allow cultivation since purposeful work was seen as beneficial. Inverness District Asylum was, therefore, considered to be in a good location although there were later worries about its windswept and cold site^v and, of course, its location within its catchment area. Until 1975, Inverness shire and Ross and Cromarty included the Western Isles so that the Asylum’s catchment

ⁱ But there were ongoing concerns about costs of the Asylum.

ⁱⁱ Won in limited competition with George Fowler Jones and Peddie & Kinnear.

ⁱⁱⁱ Replaced by the Board of Control in 1913.

^{iv} As did Shetland. Orkney used Aberdeen.

^v Later ameliorated by tree planting.

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area stretched across the north of Scotland. This contributed to ongoing pressure of demand but also isolated many patients from their own environment and culture which can hardly have aided recovery.

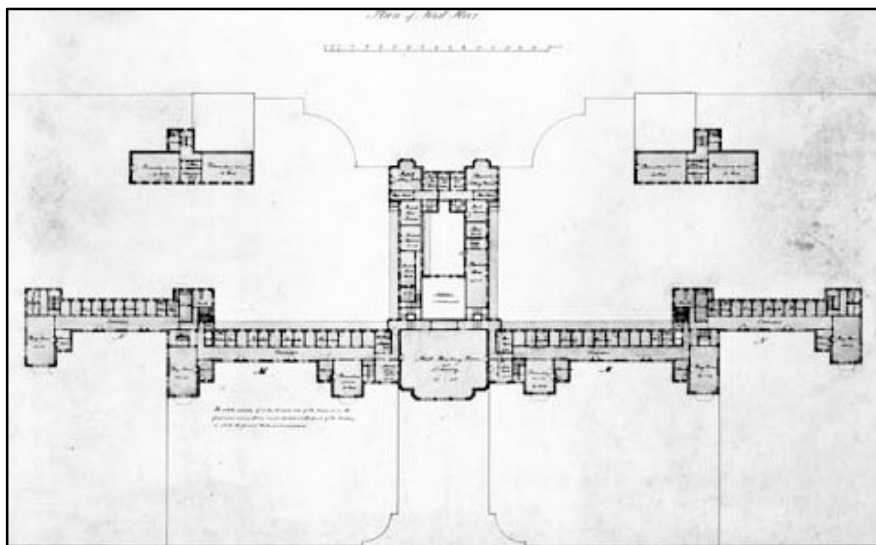


The Asylum was like a large country mansion as exemplified in the early 1900s picture of the hall (right). It was in the form of a long single block with separate accommodation for the medical superintendent. Patients mainly had single rooms as shown on the plan on the next page (the 2 separate blocks were not built) and the accommodation was split equally into male and female sides.

The first patient, Donald Donaldson from Inverness, was admitted on 19th May 1864 and, in the first year, there were 212 admissions including 158 transferred from other asylums.¹ Of these 212 patients, 46% belonged to Inverness, 37% to Ross and Cromarty, 9% to Sutherland and 8% to Nairn - proportions which broadly represented their respective populations. Initially, there was quite a turnover of staff. Wages were quite low, a male attendant received £22 p.a. and a female £10, about half the salary of a domestic servant in Inverness, and they were expected to maintain a high standard of conduct. In 1866, five attendants were dismissed - three for cruelty to patients, one for insubordination and one for drunkenness.⁴

ⁱ Most initially were from Englishton and private 'madhouses' in Central Scotland. Of the public and Royal Asylums most by far returned from Montrose with smaller numbers from Edinburgh (Morningside), Glasgow (Gartnavel) and Aberdeen.

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Northern District Asylum Plan

In 1865, a cemetery was opened for patients whose relatives could not take away their remains. It is said to include the grave of Colour Sergeant James Munro, 93rd Highlanders, who won the VC at Lucknow in 1857 and was severely wounded.⁵ The only identifiable gravestone marks the burial of two sisters from Tain. The cemetery was full in 1895 after which Tomnahurich was used but it remains a peaceful spot (photograph below). There was also a pet cemetery nearby for ward pets.⁶



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In the early days, the building was described as clean but bare and ‘unhomelike’ and exceedingly cold, blamed on too many open windows. Heating was by open fire and there was also a system of warm air vents which was supposed to distribute heat throughout the building. Although the building warmth improved, at the turn of the century dormitories were still registering freezing point in winter and, in 1902, central heating was installed. The diet was apparently much better than that found in many other institutions such as poorhouses. The food was ‘abundant, of good quality and neatly served’ and probably quite plain although not spartan. In 1867, each resident consumed an annual average of around 70 pints of table beer, 220 pints of milk, a bottle of whisky, 1.3 bottles of port and 1lb of tobacco. The attention paid to the wellbeing of patients continued to be praised. In 1920, the inspecting commissioner said that the condition of the sitting rooms and dormitories ‘left nothing to be desired’, that the clothing was ‘neat and substantial’ and that there was an ‘ample amount of well cooked food’. Patient restraint was rarely required. In 1922, there were accusations of extravagance because ‘the standard of comfort was excessively high’ but these were dismissed by the supervisory Board of Controlⁱ in Edinburgh.

There was much emphasis on the freedom of movement of patients in and outwith the building and, in 1874, the walls of the airing courts were pulled downⁱⁱ and, thereafter, the Asylum was remarkable in having no walls or fences.ⁱⁱⁱ This, along with its rural setting, made it the subject of much admiration for its treatment of the mentally ill from reformers such as Dr WAF Browne and its excellence continued to be commented on. Patients were frequently outdoors and reports comment on their liveliness compared with elsewhere. Since the district asylums were

ⁱ The Board of Control inspected twice annually and usually reported very favourably on all aspects of the treatment of patients and on the management.

ⁱⁱ Male and female airing courts, at opposite ends of the building, contained patients during exercise periods. One can be seen clearly in the photograph on page 1. Inverness was the 2nd large asylum in Scotland to remove them.

ⁱⁱⁱ Unlike many asylums and poorhouses, no boundary wall had been built.

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essentially a new and expensive development there was much observation and discussion on the efficacy of treatment and the causes of mental illness such as hereditary, cultural traits and the effect of the environmentⁱ such as isolation or alcohol,ⁱⁱ thus reflecting the growing interest in the scientific study of psychiatry and of mental conditions.⁷



From the outset, the importance of sensory stimulation was promoted by inspectors and the initial lack of furnishings and decoration was commented on. However, it improved as shown in the photograph of the female patients' sitting room from the early 1900s (above). In 1864, following a donation of books, a library for patients was formed and periodicals and newspapers were received, some being donated.ⁱⁱⁱ A piano was purchased at the outset.⁸ Weekly activities included church services in English and Gaelic, dances and concerts. By 1879, there was an annual examination of educational progress with prizes awarded for literacy and numeracy as well as an annual exhibition of design, art and craft work. These activities became long standing traditions embedded in the life of the Asylum. From 1871, there was football, hockey and curling (the Asylum had its own curling pond) and the Asylum football and hockey teams were particularly successful.^{iv} In 1909, a cricket pitch was formed, in 1912, the recreation field was laid out which included a bowling green and pavilion^v and, in 1913, a tennis court was constructed.

ⁱ In 1898, it was considered that a third of admissions were due to the effects of heredity and a fifth due to excess alcohol.

ⁱⁱ Although some alcohol continued to be part of their diet (see previous page).

ⁱⁱⁱ However, in 1875, Dr Aitken commented on the pernicious tone of some modern literature and thought it a bad influence.

^{iv} In 1937, the football team reached the 4th level of the Scottish Junior Cup.

^v A bowling green and cricket pitch had been first laid out in the 1860s.

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By the 1920s, there was an annual sports day and an annual motor drive for women patients. There were other cultural activities such as the formation of a pipe and drum band in 1912 and a silver band in 1937.

However, the Asylum became a victim of its own success and the treatment of patients became hampered by overcrowding. It had been designed for 200 patients but, within a decade, contained 50% above that number and this constant overcrowding, and the need to find ways of overcoming it, is a dominant theme in the history of the Asylum.

Northern Counties District Lunatic Asylum in-patients⁹

Year	Average in-patients	Admitted		Discharged		Deaths	
		M	F	M	F	Number	%*
1865	200	103	109	3	5	10	5%
1875	313	38	39	16	22	21	7%
1885	410	47	59	35	32	33	8%
1895	435	71	66	44	35	25	6%
1905	654	69	71	41	55	52	8%
1915	705	109	77	77	35	80	11%
1925	674	61	62	27	31	54	8%
1935	745	81	69	28	19	71	10%
1945	844	66	59	30	48	58	7%
1955	1,004	310	354	231	288	83	8%
1963	1,090	605	495	538	411	159	15%

*% of average in-patients

As can be seen in the table above, there was an inexorable rise in patient numbers. There has been a perception that entering the Asylum was a one way process but, as shown above, patient discharges were significant. In 1964, Medical Superintendent Martin Whittet noted that, in the 99 years to May 1963, 23,354 patients had been treated of which 15,657 (67%) had been discharged. The rise in patient numbers appears to be mainly due to the constant pressure of new patients rather than the accumulation of cases. In the early days, despite most admissions being

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long term cases,ⁱ there were high hopes of curing patients especially if they were admitted at an early stage in their illness. Many were discharged as 'recovered' within three months (50% in 1888) but, in 1899, it was noted that 35% of admissions were readmissions. This may have been because of too eager discharging encouraged by overcrowding although many readmissions were boarded out patients who had ceased to cope with their placement. The policy of reintegration into the community continued to be seen as the correct one and, in 1912, recovery, or reintegration, rates were reckoned at 50% - well above national average.

It had been thought that, as with physical ailments, the introduction of hospital treatment would cure mental illness and therefore reduce the numbers of sufferers in the community. The ever rising number of admissions was therefore surprising and, in 1877, ever analytical, the superintendent concluded that there were three main causal factors – (i) the level of emigrationⁱⁱ from the Highlands which left vulnerable, often older people, with insufficient family care, (ii) an asylum which was more comfortable and generated less prejudiceⁱⁱⁱ and (iii) a change in social attitudes whereby people were less tolerant of an insane relative. On this latter point, he felt that, since society was becoming less tolerant of mental illness, 'slighter degrees of mental aberration were seen to require treatment'. From the 1890s, the increasing numbers of senile, mainly female patients were noted and, by 1929, these made up a large number of bedridden cases. The superintendent noted that these, along with many other cases, really just required care which should have been available elsewhere. Although he did not use the phrase, it was clear that he saw the asylum being used as a 'dumping ground'.

ⁱ In 1889, there were still 3 original patients by then aged 77, 79 and 82.

ⁱⁱ Emigration was being encouraged across the Highlands as part of the Clearances.

ⁱⁱⁱ However, the reluctance during and after the First World War to place 'shell shocked' troops in district asylums underlines the stigma which still existed, a situation which was commented on at the time by Superintendent TC Mackenzie.

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From the start, all patients who could work were employed.ⁱ This was seen as therapeutic as well as economical in running costs. As with poorhouses, the trades and professions of patients were utilised where possible. In 1865, 60% of the 185 patients were employedⁱⁱ in a range of activities (table below). Later, a greater proportion of men would be involved in farm work and building works such as laying foundations and reservoir construction. Women continued to be mainly employed indoors. By 1870, all of the clothes and many of the shoes were made in the asylum workshops.

Number of employed patients 1865

Male Occupations		Female Occupations	
Field worker	30	Sewer	21
Household	10	Household	14
Shoemaker	3	Knitter	10
Stoker	2	Laundry	9
Joiner	2	Kitchen	4
Doorkeeper	1		
Tailor	1		
Clerk	1		
Schoolmaster	1		
Upholsterer	1		

The 1885 staff (table next page) included tradesmen and agricultural workers, such as ploughman and grieve (farm manager), who were essential to the ongoing craft work, construction and work on the land. As the Asylum increased its construction work and facilities, the staff included engineers. In 1912, artisans occupied nine of the Asylum staff cottages.ⁱⁱⁱ

ⁱ But not paid for their labour until the 1950s.

ⁱⁱ Such proportions continued. In 1885, 65% of men and 79% of women worked.

ⁱⁱⁱ The 1891 census has carpenter and plumber. In 1911 - shoemaker and upholsterer.

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Full time staff in 1885

Medical Superintendent	1	Clerk	1
Assistant Medical Officer	1	Grieve	1
Stoker/Gasman/Plumber	2	Matron	1
Female Attendants	12	Cook/maids	6
Male Attendants	18	Laundress	3
Night Attendant	1		

In 1885, the 47 staff gave a patient/staff ratio of approximately 9:1. Gradually staffing levels improved so that, by 1921, although patient numbers had risen to 332 males and 324 females, there were 29 male and 65 female staff giving an improved ratio of 7:1. The improvement in staffing is further illustrated by the fact that, in 1894, 410 patients (including 70-80 in the sick wards) were looked after by two night staff but, by 1898, there were eight on duty. Medical staffing was not generous. Initially, there was one medical officer, increased to two in 1904 and three from 1921. In 1937, Dr McWilliam noted that there were still only three medical officers for a hospital of 800 patients.

Staff lived in and, as their numbers increased along with the growing number of patients, more living space was required which put pressure on the building and facilities. In 1876, two dayrooms for around 24 patients each were built on although there was still overcrowding. Workshops were removed to the farm stading and converted to dormitories. Central to the well-being of the patients was the kitchen which, in 1880, was described as ‘an injury to the whole establishment’. Its replacement was opened in 1882 and was in



ⁱ These 2 staff were expected to visit each patient every hour throughout the night.

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a separate block connected by covered walkway. The block also contained a dining hall (photograph on previous page) which seated over 350 but this was soon barely sufficient. The kitchen was renovated in 1898ⁱ and was still in use in 1963 without major alteration but catering for considerably more patients. In 1904, new dining facilities for the male hospital wards were opened which relieved pressure on the main dining hall. The original kitchen and dining room were converted into dayrooms and dormitories as were the recreation roomⁱⁱ and chapel in 1892. Thereafter, the dining hall was used for recreation and for religious services.

By the late 19th century, it was clear that rising demand would continue and plans for ‘extensions on a vast scale’ were drawn up by architects Ross and MacBeth. The work was undertaken over the ensuing years and, as well as other developments including refurbishments to the laundry and a new mortuary constructed in 1907.

Although the main solution to overcrowding was the continued building expansion, there were other strategies which helped. By 1893, the policy of allowing freedom of patient movement outside the building was seen as one way of dealing with overcrowding or at least of maintaining a high capacity. In 1879, an open establishment with one nurse was opened at the nearby farmhouse of Balphadrig. It housed 16 female patients who were able to live fairly independently - one of the patients being in charge of the kitchen. It was described as a convalescent facility and was seen as a novel development. However, it was later thought difficult to run mainly because of its inaccessibility from the main building and it was closed after 5 years when substantial renovations were required and when accommodation in the main Asylum building had improved.

ⁱ In-house baking of bread ceased allowing the bakery to be incorporated.

ⁱⁱ A new recreation hall seating 400 was eventually built in 1927 costing £7,000.

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Patients were increasingly boarded out.ⁱ 24 were placed in 1907, a further 34 in 1908 and 50 in 1909. By 1910, 'within a radius of sixteen miles of the Asylum, 132 patients (51 males and 81 females) were to be found in private dwellings and specially licensed houses'. The following year, after a huge effort, 39% of asylum patients were boarded out.ⁱⁱ This eased pressure on accommodation and delayed expensive building expansion, a policy regularly lauded by Lunacy Commission inspectors.¹⁰

The acquisition of Kinmylies in 1903 provided more potential living space and it was used to accommodate those working at the farm, mainly males, but it took several years for the mansion house and other buildings to be refurbished. By 1905, part of the steading and adjoining cottage had been converted to accommodate 48 male patients and this freed up a male dormitoryⁱⁱⁱ in the Asylum for female patients.

Although the Asylum continued to expand, it was not meeting the needs of all the population. District asylums were primarily for the treatment of pauper lunatics. Private patients could be admitted if there was space and this was the case initially – there were three in 1866 and seven the following year. More often, they were not allowed due to the lack of accommodation and this was generally seen as unfair.¹¹ The only alternatives were the Royal Asylums which were expensive and poorer families who were not paupers had still nowhere to go for treatment. Theoretically, a poor but non pauper sufferer could be admitted to the district asylum as a voluntary patient funded by their parish but such cases did not attract grant support from the state and parishes were reluctant to agree to a voluntary placement. There were no voluntary patients in Inverness until 1920.

To ensure access to an asylum, therefore, the easiest way was to become a pauper. By 1922, the Commissioners found that 80% of pauper

ⁱ Boarding out continued until at least the 1950s.

ⁱⁱ The Scottish average was 18%.

ⁱⁱⁱ Actually the original recreation hall.

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lunatics in Scottish asylums were not truly paupers and were greatly concerned that poor people who could not afford hospital fees were required to risk the social stigma of being a pauper whereas, if they had contracted an infectious disease, the local authority would have treated them free of charge. It was one of many bureaucratic inconsistencies. There was a further twist to the situation. Those who boarded out the mentally ill received an allowance from the parish council. In 1903, superintendent, Dr Keay, noted a rapid increase in the number of registered pauper lunatics in Lewis when the benefits of a pauper lunatic grantⁱ were realised. Dr Aitken noted that many cases were certified in batches and for reasons which would not have achieved certification 20 years before. 'The 'consideration of a grant' had removed overnight the stigma of lunacy' (and also, presumably, the stigma of pauperism).



From the 1880s, there were worries about the death rate. Many patients arrived in poor health and, as Dr Aitken pointed out in 1889, many admissions were aged, feeble, anaemic or phthisical. Tuberculosis was a particular problem as it was generally throughout the Highlands. For example, in 1897, 15% of admissions had tuberculosis. Dr Aitken noted that longer term patients also developed the disease suggesting that there was transmission within the Asylum probably exacerbated by the

ⁱ From 1875, there was a grant to help maintain registered pauper lunatics outside asylums e.g. in poorhouses or boarded out. The number gradually increased across Scotland but the sudden increase in registration in Lewis drew attention to the issue.

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overcrowding especially in the male wards.ⁱ In 1905, noting that 19% of deaths were from the disease, he suggested a sanatorium. In 1911, verandas were built at opposite sides of the Asylum and, in 1914, the wards behind were converted to provide modern sanatorium treatment for 11 male and 11 female patients. In 1936, these were replaced with a purpose built unit for 35 patients (photo on previous page) which was used fully until the mid-1950s and later as wards until at least the 1970s. It later became converted into a Sports Pavilion which is how it is now remembered.

From the outset, the sick had been accommodated across the Asylum in single rooms but rising numbersⁱⁱ required dedicated hospital accommodation. Therefore, in 1896, tendersⁱⁱⁱ were accepted for a west wing extension to provide male hospital wards.

At the same time, a new main entrance was constructed to the west and this left the original south entrance as an ornamental and recreation area which provided an attractive, quiet area accessible to convalescing hospital patients. The new entrance led to a spacious hall and wide corridor to the centre of the building. New reception and waiting rooms were also created. Around the turn of the century the access road was also changed which diverted the main public road way from the building. In 1902, an internal telephone system was installed, the first of its kind in Scotland, but it did not connect all of the wards and was renewed in 1923.

ⁱ The 1915 Board of Control annual report noted that over 50% of those dying from TB in the Asylum had been resident for over 5 years.

ⁱⁱ In 1897, there were 49 men and 26 women sick.

ⁱⁱⁱ Local tradesmen were Alex Cameron, mason, Fraser and Macdonald, carpenters, Alex Thomson, plumbers and D Dallas, plasterers.

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In the 1898 sketch above, the completed male hospital wards are shown on the right. The new centrally heated wing could accommodate 88 patients in a range of wards and sitting rooms furnished and decorated attractively which was believed to contribute to recovery from mental illness. Floors and wall panels were of pitch pine, the floors being waxedⁱ and not washed which was thought to reduce the rate of any disease transmission especially TB. The accommodation included a 20 bed sick ward, a 20 bed observation ward, a large dormitory, around 20 single wards, a wide corridor which doubled as a sitting room, a sitting room for convalescents with access to the now secluded grounds and a range of service rooms such as nurses' kitchen and sitting room, doctors' consulting room and a padded room – the first one in the Asylum.ⁱⁱ In 1899, there were 67 patients in the male wards. The wing had its own entrance so that new patients did not have to go through the building to reach the hospital wing. The new male wards included female nurses, a new development which was successful as were the facilities generally which, in 1924, were described as 'excellently adapted'. There was never an operating theatre and patients in need of surgery went to the Infirmary.¹²

ⁱ All Asylum floors were waxed instead of wet scrubbed from 1888.

ⁱⁱ Commissioners' reports note that there continued to be little restraint of patients.

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In 1901, a similar wing opened on the opposite (female) side. This included additional single room accommodation for patients and a senile patient dormitory as well as day rooms, corridor space for exercise and 'bathrooms, lavatories and every modern appliance with regard to the convenience and comfort of the patients'. Again, much attention was given to the décor to ensure 'a bright and cheerful aspect'. The new hospital wings had also improved the general dormitories by removing the sick patients. In all of these extensions, much of the work of foundation and site preparation was done by patient labour.

Possibly because of its excellent facilities and management, the Asylum largely avoided infectious disease but, in 1925, there was an outbreak of enteric (typhoid) fever and patients were moved to Culduthel Hospital. This was seen at the time as an excellent example of cooperation between the different local authorities which only goes to underline how disjointed public health continued to be. In 1932, a serious outbreak of paratyphoid precipitated the need to re-equip the laboratory which was put under the charge of one of the medical officers. An outbreak of typhoid the following year further emphasised need for an isolation block and, in late 1935, a 20 bed unit opened which was still in regular use in the 1960s.

In the 19th century, like other hospitals, the training of nurses and attendants had steadily improved. In 1896, Asylum nurses first gained the nursing certificate awarded by the Medico-Psychological Associationⁱ and in-house training steadily expanded with large numbers of staff achieving certification each year. In 1929, the Asylum was approved by the General Nursing Council as a complete training school for mental health nurses, six nurses gaining the award in the first year.

However, the main issue for nurses was the lack of accommodation. The slope of the site of the 1901 female hospital wing allowed an additional

ⁱ From 1926, it was the Royal Medico-Psychological Association and, from 1971, the Royal College of Psychiatrists.

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storey below the patients' accommodation and this was used for a 24 bed nurses' home with a large recreation/sitting room. By then, the lack of accommodation for married men was an issue. In 1900, there were 25 married men on the staff but only 6 staff cottages in the grounds. Staff relied on getting accommodation in Inverness which was expensive and inconvenient and thought to affect recruitment. In 1910, a joiner's workshop in the asylum steading was converted to an attendant's cottage. In 1912, it was noted that of the 18 staff cottages, half were occupied by artisans and, in 1914, additional cottages for attendants were provided on Leachkin Road as well as 6 new ones built. In 1923, a house for the asylum engineer was constructed as well as 2 staff cottages and, in 1928, a further 6 were built. Again, much of this work was done by patients.

As patient numbers expanded and staff working conditions improved, the number of nurses increased putting further pressure on their accommodation. There had been some improvements in the 1920s, - the three assistant matronsⁱ had acquired a sitting room and dining room, the maids a dining room and the male attendants a recreation room. However, poor accommodation was seen as one reason for the high turnover of staff. By 1932, there were 93 nurses and maids but the only dedicated nurses' accommodation was the 23 bed unit opened in 1901 and the rest had to be accommodated across the main building which, of course, restricted the intake of patients. Bedrooms were overcrowded and many were shared – one maids' bedroom had five beds. In 1936, a new purpose built 3 storey nurses' home opened costing £28,000. It accommodated 103 staff beds (plus seven staff sick beds) and included kitchen, sitting room and recreation room.ⁱⁱ

The redundant staff quarters were eagerly absorbed into patient accommodation for around 180 additional patients, mainly senile ones, and this increased Asylum capacity to 820 beds. In 1932, there had been

ⁱ From 1903 there was a depute matron. Assistants were appointed from at least 1906.

ⁱⁱ By the mid-1960s, fewer staff were resident and part of it was used as flats for medical staff, offices and as a training school.

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750 patients in an asylum designed for 620. In 1936, for a brief period only as it happened, the 783 patients were well within the Asylum's capacity. By then, a workshop in the grounds had been transferred to the nearby farm steading and the building converted into a 40 bed accommodation unit for male working patients. Named the Villa, it opened in 1938 and was designed to be homely with single rooms.

There were other significant developments in the 1930s which can be seen as an era of asylum development comparable with the turn of the century. The construction of the sanatorium and isolation block has already been described. In 1932, occupational therapy was started and led for the next decade by Miss Maclean who held an administrative post. The department received regular praise for its excellent work. The same year a small shop opened in the dining room and, in 1934, both were combined in a purpose built occupational therapy block which accommodated classes of around 20 patients.

Some building work in the 1930s was delayed by a dispute over the supply of electricity. The Asylum was originally lit by gas but, in 1899, this was replaced by electricity,ⁱ generated from a gas plant in the grounds - one of the first in the North of Scotland.ⁱⁱ All buildings were completely rewired in 1930 and a new electric plant was planned but Inverness Burgh would not initially agree to its share of the funding claiming that it would be cheaper to supply the Asylum from the town's power station at Whin Park. Subsequent analysis disagreed and, in 1935, at a cost of £25,000 the central heating and electric plant were replaced by 'the most up to date and economical in the country' and this seems to be borne out by the fact that the central heating plant lasted nearly 30 years, being converted to oil in 1963. Likewise, the electric plant lasted until being replaced by mains electricity in 1962 and its site was used for a new 20 bed isolation block built mainly to isolate typhoid carriers.

ⁱ Several years in advance of the Infirmary.

ⁱⁱ In 1907, it supplied Kinmylies via a 50-volt underground cable.

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There was a further dispute with Inverness Burgh when the total cost of the mid 1930s building works (electricity plant, central heating, sanatorium and isolation block) was declared overspent by around 20%. While all the other local authorities involved reluctantly agreed to meet the additional cost, Inverness Burgh refused and instigated an enquiry. After a year of dispute, they too complied.

The original purchase of a large area of land around the Asylum was to provide employment for the patients, regular work being considered to be therapeutic but, in common with all such public institutions, attempts were made to be self-sufficient in food as far as possible.ⁱ The original farm had 90 acres but much of it was poor hill land. Nevertheless, large amounts were taken into cultivation - 44 acres were tilled in 1876 and 76 in 1885 - and the work of clearing and drainage occupied the labour of patients for many years. However, the limited amount of cultivation meant food had to be bought in and milk, seen as of particular benefit to patients, was in short supply. In 1891, the byre was enlarged as part of plans to start a dairy herd but this did not happen until Kinmylies was purchased (see below) and a herd of 40 milk cows established. Thereafter there was abundant milk. As patient numbers increased, more land was required both for employment and food. In 1902, a 12 acre croft was purchased from Dochfour estates and, the following year, the District Board of Lunacy bought nearby Kinmyliesⁱⁱ for £14,500 which included mansion house, steading, farm house, 10 workers cottages a large productive garden and 200 acres of arable land. In 1904, there were 87 patients engaged in farm work and a further 133 working in the grounds and gardens and arable land continued to be taken in from the hillside to the north of the Asylum. In 1932, the adjacent Milend farm was purchased for £4,000ⁱⁱⁱ and, in 1944, a small adjacent croft, all of which

ⁱ Asylum farms were thought extremely useful because they provided a range of different types of work and potentially provided much to interest the patient.

ⁱⁱ In July 1908, the annex was opened providing accommodation for 64 men and 4 women. (Aberdeen P&J 14 July)

ⁱⁱⁱ Apparently because the existing farm land could not produce enough milk.

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brought the total farmland to over 400 acres. Pigs were kept from an early date, the first piggery being completed in 1867, and there were beef cattle and overwintering of sheep but there seems to have been no poultry until 1932.

The supply of water in summer was an issue from the outset. The hill above the Asylum provided the catchment area and the first reservoir was constructed in 1869. Much of the work of this and subsequent reservoirs was carried out by patient labour. Despite the regular extensions, it was difficult to keep up with rising demand as patient numbers increased and, in periods of low rainfall, water was in short supply. An additional reservoir was under construction in the early 1920s but, in 1922, water had to be carried from the canal in specially made large metal tanks. In 1929, supply was severely restricted from April to August and again in 1936 and 1937. Connection to mains water was finally made in the 1960s. Shortage of water was an issue in case of fire and, in 1890, a special reservoir for fire hoses, connected to the curling pond, was constructed in the grounds. The Asylum had its own fire equipment but, in 1908, it also made an agreement with Inverness to use its service.

By 1939, patient numbers had risen to 852 and the Asylum was again overcrowded. To make matters worse, at the outbreak of the Second World War, 277 patients were transferred in from Kingseat Hospital near Aberdeen.ⁱ 60 were accommodated at the now vanished Bught House which was leased from Inverness Burgh and the rest accommodated within the Asylum but run separately – ‘an asylum within an asylum’. Aberdeen staff had also been transferred through. Not only was this a difficult operation but the subsequent serious patient overcrowding was compounded by a shortage of staff. A large amount of staff were called up to war duties and a shortage of nurses continued into the late 1940s.

ⁱ On a smaller scale, in 1915, 31 patients had been transferred from Perth District Asylum when it became a wartime military psychiatric hospital.

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By 1942, the staff patient ratio had almost halved. Dormitories were overcrowded, dayrooms became dormitories and corridors became dayrooms. The Villa had 93 patients - twice its capacity - who utilised dayrooms as dormitories by pushing back the beds during the day and setting them up again each night. The Kingseat patients finally left in 1948.



Following the War, the Asylum was again looking for more space, this time for off-site accommodation for male nurses. Nearby Dunain House (photograph above)ⁱ had been requisitioned by the army during the war and, in 1946, it was relinquished. In 1947, the Asylum leased it and a wing was added but, in 1951, the health board decided to purchase it for early cases of neurosis. The renovations and arrangements took some time mainly because of the need to treat dry rot but it eventually opened in December 1956 with 27 beds although its high running costs were soon apparent.¹³ The table on the next page shows patient numbers and this pattern continued with anything from 20 - 27 in-patients. It closed in the mid-1990s and became residential but fell empty and was destroyed by fire in 2014.¹⁴

ⁱ A nearby mansion built about 1780 with a wing added in 1872.

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Dunain House in-patients¹⁵

Year	Average in-patients	Admissions
1958	15	80
1960	17	225
1962	24	343
1964	23	121

The acquisition of Dunain House was a small event in comparison with the profound changes which began in the late 1940s and were heralded, in 1947, by a change of name to Craig Dunain Hospital. New ideas on patient treatment as well as the resources of the new NHS promoted new developments. The hospital's uniqueness and the development needs of psychiatric services in the Highlands demanded a separate management board which was formed in 1950. That year, a review of psychiatric services noted that its facilities, while later not considered good, compared favourably with similar institutions elsewhere. It was also thought that any increased provision for out-patients, then very small, would put pressure on facilities, for example staffing.¹⁶

There was much emphasis on changing patient experience. A visiting dental service had started in 1947 and was now expanded. In 1951, a hairdressing service started for female patients and a catering officer was appointed. Dances and social events were revived including an asylum band with a director of music. An in-patient social club was formed and there was now a tearoom as well as a shop. By 1953, all the wards had radio and, from that year, patients were paid for the work they did and received pocket money. There was significant and ongoing redecoration and refurnishing over several years and, in 1957, Craig Dunain was complemented on its 'very lively air'. The facilities were not seen as good but compared favourably with similar establishments elsewhere.

Medical staff was substantially enhanced by two registrars. In 1951, a

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neurosurgeon from Aberdeen started lobotomiesⁱ at the RNI and a psychiatric social worker post was created. In 1953, a consultant psychiatrist and pharmacist were appointed and staff also included a senior and two junior medical officers and senior registrar. Increased staffing allowed out-patient clinics, already established at the RNI and Fort William, to be extended to Stornoway and Wick in 1953. In 1955, an electroencephalography (EEG) department was set up.ⁱⁱ

From the outset of the Asylum, there was an emphasis on understanding and treating the causes of mental health but the work was largely confined to 'certified lunatics' and the lack of voluntary patients in Scottish asylums has already been touched on. The first 20th century voluntaryⁱⁱⁱ patient in the Asylum was in 1920 and numbers remained very low being discouraged by social attitudes, overcrowding and, from 1939, the disruption of the war and its aftermath. However, this now changed rapidly. In 1951, 36% of admission were voluntary and this rose to 80% in 1954. Overall admission numbers also increased rapidly. In 1953, total admissions were three times that of 1949 and, the following year, had increased by a further 25%.^{iv} By 1950, the lack of a reception centre was felt. New cases, often mild or temporary had to mix with chronic long term patients and the large increase in admissions would have highlighted this feature. Accordingly, in 1953, two new 10 bed reception wards for voluntary patients and two new sitting rooms for visitors were opened.

It had long been thought that the proportion of mental illness in the Highlands was greater than elsewhere and, indeed, in the late 1960s, the proportion of resident medical patients in Highland was 150% of the Scottish average.¹⁷ It is therefore not surprising that pressure on the

ⁱ A psychosurgical procedure first done in the UK in 1940 and very common in the 1950s until medication and concerns about side effects made it unpopular.

ⁱⁱ Used to diagnose a range of mental conditions including epilepsy.

ⁱⁱⁱ As opposed to fee paying private patient.

^{iv} By 1963, total admissions were 1100 of which over 98% were voluntary.

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Asylum continued. In 1951, official capacity was 930 beds but, by the mid-1960s, this had been increased to 1030 beds.

In 1864, a small chapel had been situated in the upper floor but, in 1892, it was converted to a dormitory. The following year, the visiting lunacy commissioners had strongly advocated a separate chapel but, despite the apparently small cost and the importance put on spiritual wellbeing, religious services continued in the dining room which was quite unsatisfactory. From 1927, they used the new recreation room and it was not until 1957 that an inter-denominational committee was formed which relatively quickly raised funds for a chapel. The foundation stone was laid in 1961 and the non-denominational chapel was dedicated in 1963 (middle foreground on photograph page 26).

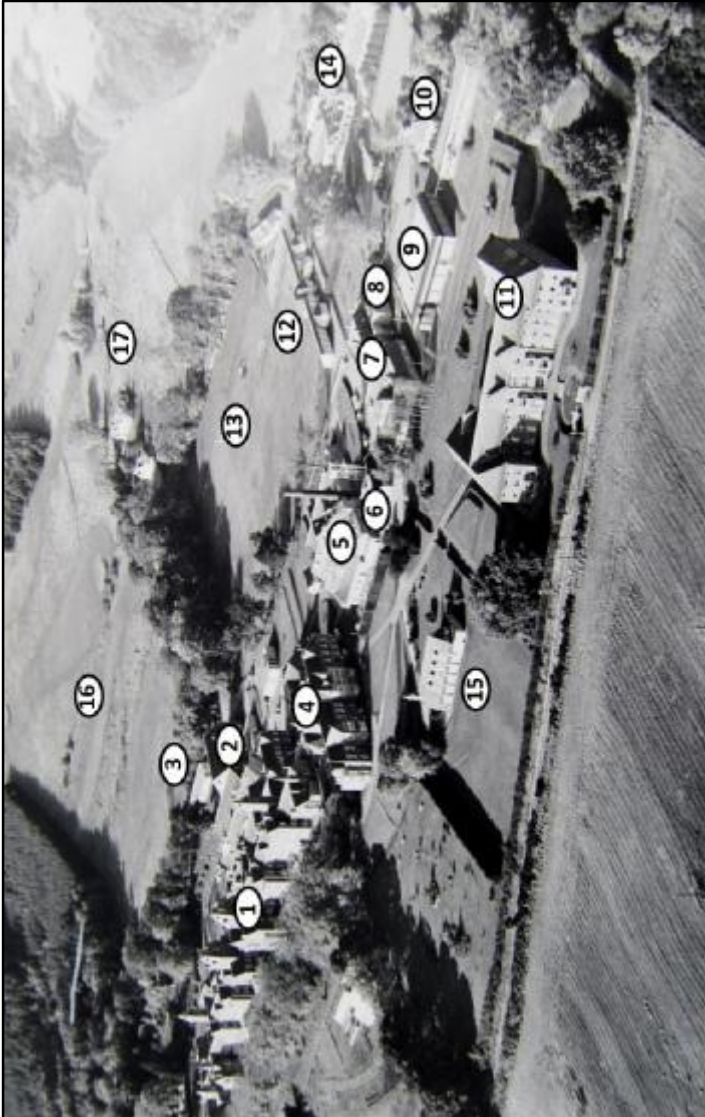
By the 1960s, significant changes signalled the end of the work of the farm. The nature of the old Asylum had changed. Most patients were now voluntary and, although useful employment was possibly still seen as beneficial, it was no longer possible to marshal them as a large organised workforce. Patient workers were now paid which, along with the greater commercialisation of farming generally, reduced financial returns. Around 1965, the adjacent golf course absorbed 30 acres of the farm which also provided the site for Craig Phadrig. This prompted a review of the farm operation¹⁸ and, by 1967, the land was being disposed of with much going for amenity or for housing as Inverness expanded. Kinmylies House was declared surplus to requirements in April 1985 and put on the market the following year.¹⁹

The photograph opposite, from the early 1970s, looks westwards and shows how the building had extended over the years when compared with the photo on page 1. The numbers on the photograph are to help identify the different parts. The original block (1) lies to the left and was split equally and symmetrically between male and female accommodation. Behind is the dining room and kitchen (2) built in 1882. Behind that again is the shop and occupational therapy unit (3) opened in 1934. The end of the main block nearest the camera shows the large

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wing (4) containing the female hospital wards built in 1904 with the nurses' home in the lower storey. To its right lie the utilities - laundry (5), engineers' base (6), gardeners' workshops (7) - and, at the end of this, is the Villa (8). Further right, the square building is the occupational therapy unit (9) and further right still is the mortuary (10). In the right foreground is the 1935 nurses' home (11) and above it can be seen the 1935 sanatorium (12). By the 1970s, this was used as ordinary wards and later still used as a sports pavilion (a sports ground (13) was laid out in front of it). To the right of the sanatorium is a block known as the Square (14) which contained farm buildings and plumbers' and joiners' workshops. Between the nurses' home and the main building is the chapel (15) opened in 1965. By the 1970s, the extensive grounds on the slopes behind the hospital were no longer used for farming and contained a golf course (16). To the right of the golf course were staff houses (17). Staff houses were found at various locations around the hospital especially on Leachkin Drive off to the centre right. By the 1970s, farming had ceased but there was still a lot of work in the grounds which was carried out by up to 10 staff and around 40 patients. In addition to the grounds in the photograph they managed extensive gardens just off to the centre left which produced flowers for the wards and fruit and vegetables for the kitchen. There were also productive gardens at Kinmylies House and Craig Phadrig.

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Patient numbers 1970 - 2000²⁰ (selected years)

Year	In-patients
1971	950
1977	895
1989	480
1989	450
1992	385

By the 1960s, the role of large asylums and their organisation began to be questioned. The appropriate care and treatment for mental illness and conditions were seen to require more specialist, differentiated, smaller scale and community based facilities. However, an inspection by Department of Health officials in 1970 made no mention of this but commented on the lack of links with the new social work departments and with the community. It also found the hospital dull and institutionalised and, although facilities were improving, there were still 100 patients with neither chair nor locker. The hospital was considered overcrowded and the Department felt that developments in psychogeriatric care could reduce numbers significantly.

In the 1970s, the development of specialist facilities elsewhere, particularly at Craig Phadrig, allowed the numbers of in-patients to be reduced. Facilities for senile dementia (Timbury type units) were developed across the Highlands at St Vincent's (Kingussie), Migdale (Bonar Bridge), Wick Town and County and at Invergordon. There was also a policy of promoting supported independent living where possible. Therefore, from the 1970s, Craig Dunain was gradually run down as shown in the table above and, from 1980, the policy of Care in the Community accelerated this decline in patient numbers. Craig Dunain finally closed in 2000 and is being developed for residential accommodation.

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Matrons

Asylum		Kinmylies	
1864-5	Miss Probyn		
1865-9	Isabella Ross ²¹		
1870-5	Annie MacLaurin		
1876-81	Isabella Donald		
1881-87	Miss MA Macdonald		
1887-88	Mrs Manson ²²		
1888-94	Maria Robinson	1902-4	Miss Wilson
1894-1910	Annie Gass	1904-11	Miss Patullo
1910-18	Isabella Henderson ²³	1911-32	Miss Maclean
1918-45	Ann Thomson ²⁴	1932	Miss Walker
1945-62	Christina MacDonald ²⁵		
1962	Miss E Morrison		

Medical Superintendents

Dates	Med. Super.	Notes
1864-92	Dr Thomas Aitken	Died in service.
1892-94	Dr John C Mackenzie	Resigned along with chief nurse following 'a scandal'. ²⁶
1894-04	Dr Keay	
1904-08	Dr Robert B Campbell	Med Attendant 1896-7. ²⁷
1908-31	Dr TC Mackenzie	Wrote account of RNI.
1932-51	Dr William McWilliam	Assistant Medical Superintendent 1922 – 32.
1951-83	Dr Martin M Whittet	Appointed at age 32.
1984-00	Dr AW Scott-Brown	

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Medical Attendants

From 1864, there was only one medical attendant in the Asylum but, in 1904, this increased to two. There was only one during the First World War but two from 1920 and three from 1921. 'Dr' is omitted due to space except where the first name is unknown.

1866-?	Dr Mitchell	1907-8	HC Weber
1871-3	Thomas MacDowall	1909-9	C Armit Masson
1875-6	Alexander MacKechnie	1908-11	AC McKillop
1877-8	James Mann	1909-10	James Davie
1878-9	David Hardie	1910-12	JC Simpson
1879-80	James F MacLaren	1912-15	WM Buchanan
1880-1	Hugh William ?Mann	1912-14	MR Mackay
1881-3	William Rob. Dalziell	1914-17	JG Elder
1883-5	A Hosie	1916-19	ES Pearce
1885-6	John Grant	1919-22	GWC Dunlop
1886-7	TH Mitchell	1920-1	Francis Sutherland
1887-90	David Macdonald	1921-32	WM McWilliam
1891	Samuel Elliot	1921-3	John P Chisholm
1891-2	William Peach Hay	1922-4	Geoffrey D English
1892-3	Geo Ernest Macleod	1924-5	WJ Mackintosh
1893-4	RH Watson	1925-8	James Gray
1894-5	WR Strapp	1928-9	M Rosenfield
1895-6	WC Hossack	1929-34	Marsh. AB Fenton
1896-7	RB Campbell	1930-2	Alex Wood
1897-8	Charles PB Wall	1932-4	WG Kennedy
1898-9	Charles Donaldson Law	1934-5	Fred H Taylor
1899-00	Alfred BS Powell	1934-5	J Leslie McLetchie
1900-1	Thomas FH Blake	1935-8	W Calder
1901-2	Kenneth DC MacRae	1935-6	John Battersly
1902-3	Sidney J Cullum	1936-7	WRM Couper
1903-4	Patrick Shaw	1937-41	FA Paul
1904-5	James Watson	1938-9	AF McCabe
1904-6	Lawrence Gavin	1939-41-?	MM MacRae
1905-7	Alfred Gray	1941-2	HS Dewar
1906-8	John A Macleod	1942-?	JT MacLaughlan

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References

- ¹ Key sources are annual reports of the Asylum and bi-annual inspections of the Lunacy Commissioners. Also '*Craig Dunain 1864 – 1964*' (1964) by Martin Whittet and Ian Macleod. All are in Highland Archives. We have not referenced these.
- ² Quote courtesy of Alison Darragh PhD Thesis *Prison or Palace Haven or Hell?* University of St Andrews 2011
- ³ Banffshire Journal 11 June 1861
- ⁴ Inverness Courier 10 November 1914
- ⁵ There is actually no precise evidence of this (courtesy of Mr Rob Polson).
- ⁶ Inverness Courier 16 July 1864, 28 December 1865
- ⁷ Philo C *Scaling the Asylum*. Space Psyche and Psychiatry Conference Oxford Brooke University Dec 2002: www.scottisharchitects.org.uk
- ⁸ Banffshire Journal 21 June 1864
- ⁹ Whittet and Macleod 1964 *op.cit.*
- ¹⁰ Lunacy Commission Report in British Medical Journal 17 September 1910
- ¹¹ *Report on Hospital Services of Scotland* 1920 National Insurance Health Commission National Library of Scotland p11
- ¹² Evening Telegraph 17 August 1895: Gifford, J *Buildings of Scotland (Highlands and Islands)* Penguin 1992.: Highland Times 9 May 1896: Inverness Courier 23 August 1898
- ¹³ Report of visit by AA Hughes 27 February 1957 National Records of Scotland
- ¹⁴ Northern Region Health Board Minutes Volume 5 p131, Volume 17 p132
- ¹⁵ Whittet and Macleod 1964 *op.cit.*
- ¹⁶ Rodger, T Ferguson *Requirements of a Psychiatric Service for the Northern Region* Northern Region Health Board 1950
- ¹⁷ Northern Region Health Board Book 23 1969 Appendices
- ¹⁸ Northern Region Health Board Minutes 16 January 1964
- ¹⁹ Highland Health Board Minutes 1985
- ²⁰ Highland Health Board Minutes
- ²¹ Montrose Arbroath and Brechin Review 16 June 1865
- ²² Dundee Courier 5 October 1888
- ²³ British Journal of Nursing 7 January 1911 p9
- ²⁴ Inverness Courier 17 June 1935
- ²⁵ Aberdeen Weekly Journal 7 May 1945
- ²⁶ Aberdeen Weekly Journal 5 July 1894
- ²⁷ British Medical Journal 2 May 1942