

History of Highland Hospitals

Culduthel Hospital 1917



Culduthel House restored (photograph 2013)

By 1900, the Infirmary fever wards which had served the Burgh and County well were unable to keep up with increasing national standards and were seen as too small. The Burgh also needed access to a larger sanatorium for tuberculosis casesⁱ and, by 1912, it seemed to be moving towards partnership with the County over the use of Invergarry Sanatorium but this fell through.¹

By early 1914, the Burgh and the nearby County Districts had plans drawn up for a new joint infectious diseases hospital. However, in March, the Burgh agreed to purchase Culduthel Houseⁱⁱ from JP Grant of Rothiemurchus.² By early 1915, tenders were being received for adapting the main house and for erecting in the grounds three pavilion

ⁱ The only available local facility was the Infirmary and the Citadel Hospital.

ⁱⁱ Culduthel House was built in the 1780s. The Burgh paid £3,000 for it.

History of Highland Hospitals

blocks for scarlet fever, diphtheria and typhoid. Each block had two wards and together totalled 39 beds (photograph below). At this point, because of an outbreak of measles amongst Inverness troops,ⁱ the mansion house was being considered for use for emergency military cases but this seems not to have happened.



By late 1915, the hospital was nearly complete but it did not open until Christmas Eve 1917. By the following February, all Burgh patientsⁱⁱ had been transferred from the Infirmary Fever Wards and were later joined by Countyⁱⁱⁱ patients.³ Culduthel was administered by the Burgh and the County contributed 40% of the standing charges. Craig Dunain continued to have its own separate fever and TB facilities.

In early 1919, Medical Officer of Health (MOH) Dr MacDonald described Culduthel as having an isolation hospital and sanatorium and indeed it seems that phthisis cases were removed there from the Infirmary. However, it is not clear where they were accommodated and

ⁱ See also the chapter on the Kindergarten Hospital.

ⁱⁱ A former patient recalled being transferred from Culduthel to the RNI fever wards suggesting a period of flexible use of both facilities (Inverness Our Story Bk 1).

ⁱⁱⁱ Just from the nearest 2 Districts. Badenoch and Strathspey continued to use Meadowside near Kincaig and Lochaber used the Belford Fever Hospital

History of Highland Hospitals

it was not until January 1923 that a separate 24 bed phthisis pavilion (photograph below) costing £10,000 was opened by Provost Petrie.ⁱ It had central heating and also had eight cots. By 1924, a considerable number of children were in the TB wards and concern was expressed about their education. A sand pit was constructed for them in 1925. The pavilion was the standard design for the period. There was a central nurses' block and two wings. The wards straddled the block allowing a through flow of fresh air in all weathers - part of the treatment for tuberculosis at the time. The veranda was also to provide sheltered fresh air treatment but it had no awning until at least 1927. There was also no covered walkwayⁱⁱ from the kitchens in the main building which made delivery of hot meals problematic.



In 1927, electric lighting replaced gas and, in 1929, central heating was installed in the three original pavilions. That year, the fever ambulance,ⁱⁱⁱ based at the hospital, was replaced (the other St Andrews ambulance was at the Infirmary). Although it had a small laboratory by the 1930s,

ⁱ This brought accommodation to 63 beds for the remainder of the 1920s. Provost Petrie's daughter later ran the Forbes Dispensary.

ⁱⁱ Although the local authority appeared to approve it in 1922 it was never built.

ⁱⁱⁱ A horse ambulance was used until 1921.

History of Highland Hospitals

Culduthel continued to use the RNI's laboratory and radiology facilities and subsequently relied on Raigmore for similar services.⁴

Culduthel Hospital cases 1923-28

	1923	1924	1925	1926	1928
Scarlet Fever	29	82	37	103	104
Diphtheria	27	12	11	29	245
Tuberculosis	54	42	46	64	41
Measles	-	50	12	2	-
German Measles	-	-	-	14	-
Erysipelas	2	1	4	10	-
Puerperal Fever	2	1	-	4	1
Typhoid	2	4	6	7	4
Others*	5	1	9	7	-
Total cases	121	193	125	240	395
In hospital at 31 Dec.	25	33	34	38	84
*mumps, neonatal conjunctivitis, chickenpox, meningitis, pneumonia					

Scarlet fever and diphtheria cases dominated (table above) and, indeed, from 1918-1928, the hospital treated 456 cases of scarlet fever and 640 of diphtheria. Isolation was the main requirement in most cases but many homes could not provide this and hospitalisation was essential in preventing epidemics. Medicines such as antibiotics which we now take for granted had yet to be discovered and this meant long stays in hospital while the body healed itself. In 1924, the average stay was 47 days for scarlet fever, 36 days for diphtheria, 21 days for measles and 108 days for tuberculosis. The hospital's accommodation was thus utilised for a relatively small number of cases by modern standards. Patients must have had a long, monotonous stay but this was relieved slightly in 1927 when two wireless sets were gifted.

The number of cases varied greatly. 1928 was particularly challenging with outbreaks of both diphtheria and scarlet fever. At one point, the hospital accommodated 67 cases of scarlet fever. Later, there were 40 cases of diphtheria - double the capacity of its 20 bed diphtheria pavilion

History of Highland Hospitals

- and four nurses and a maid became infected. Towards the end of the year, the number of cases in the hospital rose to 97 and further admissions were refused.ⁱ It was clear that more accommodation was required and that the hospital needed to be able to treat a range of infectious diseases without tying up a whole ward for a single case as often happened e.g. meningitis. Even so, cross infection continued - patients with diphtheria caught scarlet fever and vice versa. This had been a problem in the Infirmary fever wards a decade earlier. Two 10 bed wooden cubicle wards were planned but the Department of Health suggested a larger permanent capacity and eventually, in October 1937, Lady Hermione Cameron opened the £12,000, two storey, 24 bed cubicle block with operating theatreⁱⁱ (photograph below). The operating theatre reduced the need to send patients to the RNIⁱⁱⁱ for surgery.⁵



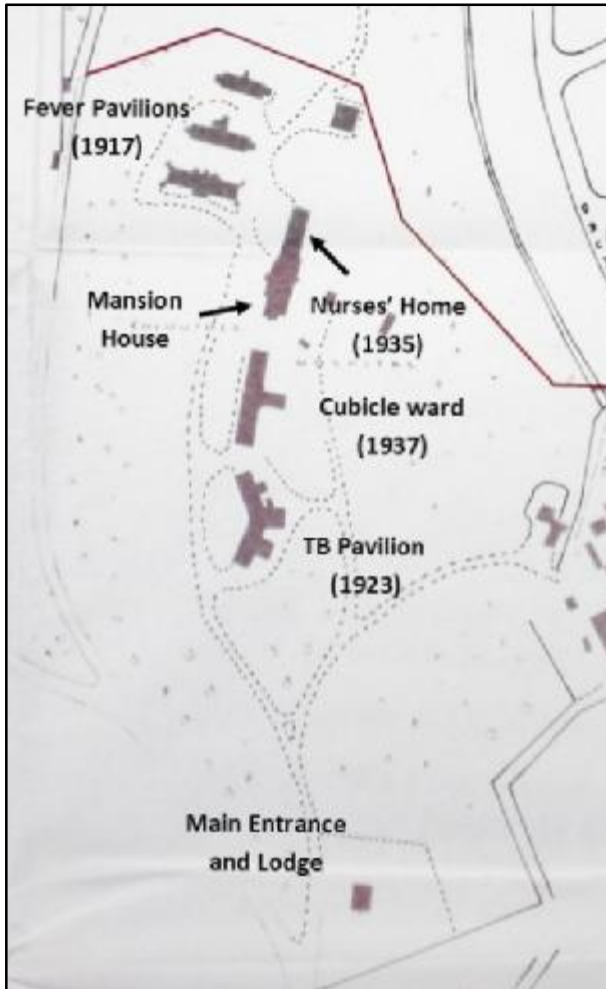
ⁱ There was no alternative and patients would have had to be treated at home.

ⁱⁱ Initially, it appears to have been infrequently (used 9 times in 1938). By 1970, it was used only for endoscopy.

ⁱⁱⁱ In the 1920s, the Infirmary had eight beds for TB surgery but there was much demand. Patients frequently died on the long waiting list (MOH Annual Report).

History of Highland Hospitals

By the mid-1930s, the original pavilions had been expanded to 56 beds and these, along with the 24 bed cubicle block and 24 bed sanatorium, brought hospital capacity to 104 beds. The map below shows the layout of the hospital which was set in extensive wooded grounds.



History of Highland Hospitals

The 1929 Local Government Act abolished district councils and Inverness County Council became a unified health authority. Along with the new Town Council it formed a Joint Hospital Board thus paving the way for centralising the treatment of infectious diseases across mainland Inverness-shire at Culduthel. It also combined the county and burgh MOH posts but created a new assistant MOH whose post included the medical supervision of Culduthel and Muirfield hospitals. Existing medical officials competed for fewer posts and, in 1930, Dr LMV Mitchell, Culduthel medical superintendent from the start of the hospital, lost out to Dr Broadfoot. From at least 1943, Culduthel also had a resident medical officer.

**Location of treatment of
Inverness TB cases 1934-35⁶**

Hospital	%
Culduthel	50
RNI (surgical cases)	33
Invergarry Sanatorium	6
Elsewhere	4
Seaforth Sanatorium	3
Grampian Sanatorium	3
Invergordon Hospital	2

The centralisation of infectious diseases treatment at Culduthel can be illustrated by the TB figures. As the table above shows, half were treated at Culduthel and surprisingly few were treated at the 20 bed County facility at Invergarry. The Grampian Sanatorium (later St Vincent's Hospital) at Kingussie was privately owned and Invergordon was Ross and Cromarty's fever hospital. The Seaforth at Maryburgh was for child and youth sufferers. 'Elsewhere' includes mainly city specialist facilities including Robroyston and Mearnskirk in Glasgow and Southfield in Edinburgh. The figures do not include patients at Craig Dunain which had its own sanatorium.

History of Highland Hospitals

In comparison with some other hospitals, Culduthel seems to have been fairly well staffed from the outset. The census of 1921 shows 12 staff and nine patients. As capacity and patient numbers increased so did staff. By the early 1930s, staff consisted of matron, 3 sisters, 3 fever trained staff nurses and 11 probationer nurses and, by 1938, there were an additional 4 staff nurses. In 1938, all but two of the nursing and the 12 domestic staff lived in. Initially, staff accommodation was in the mansion house which, in 1928, was supplemented by a six bed wooden building to accommodate the additional staff required during outbreaks of scarlet fever and diphtheria. Both buildings were thought inadequate and, in 1935, an 11 bed extension to the mansion house was opened costing just over £1,600. In 1941, tenders were sought for a nurses' home extension which was finally completed in 1947 costing about £13,000 – twice the original estimate.⁷ The nurses' home is attached to the left of the mansion house in the photo below which dates from around 1965. There was a training programme for nurses from the 1930s but, by the late 1940s, there were few qualifying. This, and the lack of support for students, for example no tutor sister, resulted in the hospital losing its separate training status in the early 1950s.



History of Highland Hospitals

The hospital kitchen was located in the basement of the mansion house and, by 1938, its replacement was seen as urgent. The hospital's heating was also well below standard but neither of these were substantially improved until the late 1940s. In the early 1950s, a new staff dining room was built.

In the 1930s, the range of diseases treated at Culduthel increased as shown in the table below, the cubicle block being essential in facilitating this diversity by helping combat cross infection. Patient numbers continued to be variable. Scarlet fever remained by far the most common and came in a series of epidemics. TB cases were also high and these became more dominant in the 1940s and early 1950s as other diseases abated. Puerperal fever (infection of the uterus around childbirth) is now very uncommon as is erysipelas (a skin infection). Typhoid cases, which had necessitated a separate pavilion in 1915, had become relatively rare by the 1930s as domestic housing conditions generally improved. In 1939, Dr Fraser MOH assessed that around 30% of Culduthel's total case load was children.

Culduthel Hospital

Main infectious diseases cases 1930s (selected years)

	1934	1935	1936	1938
Scarlet Fever	304	225	319	216
Tuberculosis	62	69	73	63
Measles	59	25	11	21
Diphtheria	8	7	15	38
Erysipelas	9	16	15	14
Pneumonia	1	12	13	11
Puerperal Fever	7	12	12	7
Tonsillitis	0	16	1	10
Typhoid	3	5	7	1
Others*	8	18	2	0
Total cases	461	405	468	381
In hospital at 31 Dec.	69	51	76	38
* conjunctivitis, cerebro spinal fever, nephritis, eczema, laryngitis pediculosis, dysentery, septic abortion, meningitis, polio.				

History of Highland Hospitals

In April 1939, a survey of hospital facilities in Inverness Town and County found a serious deficit in hospital beds especially for geriatric and maternity cases. Neither the Burgh nor the County had been proactive in establishing maternity beds and the wards at Muirfield, the only geriatric facility, had for years been overcrowded and under-resourced. It was also thought that Culduthel required more 'TB beds'.ⁱ The Culduthel site had around 30 acres - ample room for expansion - and it was planned that it would take geriatric cases from Muirfield and also become the area's maternity hospital. The hospital board plan provided for an additional 60 'sick poor' (geriatric) beds to replace those at Muirfieldⁱⁱ, 40 TB beds (thus doubling capacity), 30 orthopaedicⁱⁱⁱ beds, 30 maternity beds and an additional 70 staff beds. These developments would create a hospital of over 200 beds and around 100 nursing and domestic staff, about the same size as the RNI. However, the start of war delayed the plans and, in 1941, Raigmore was opened with a potential capacity of 600 beds so that the Culduthel expansion was not required.⁸

TB beds in Highland 1950

Hospital	Capacity	Staffed*
Culduthel	24	24
Invergarry	26	11
County, Invergordon	64	44
Cambusavie, Sutherland	12	8
Town & County, Wick	10	9
Craig Dunain	34	34
Grampian Sanatorium, Kingussie	30	30
Total	200 beds	160 beds

*Post-war nursing shortages prevented some wards from opening.

ⁱ A later survey considered that there were ample in Highland.

ⁱⁱ Muirfield's official capacity was 40 sick beds but often had over 60 in-patients so that wards were frequently overcrowded.

ⁱⁱⁱ There was no orthopaedic at the RNI.

History of Highland Hospitals



Dermatology ward from 1969

In 1949, Dr EA Johnston, medical superintendent, had a regional remit for TB and, in 1950, he surveyed Highland's capacity for treating it (table on previous page).⁹ TB was still a major concern and cases had continued to rise after the Second World War. Fresh air was still part of the treatment with outdoor shelters in people's homes but, by the mid-1950s, new antibiotics including streptomycin drastically reduced the number of sufferers. Culduthel's TB capacity had not changed since the 1920s but it remained full unlike some other centres where the post-war shortage of nurses reduced capacity. Invergarry was seriously outdated and about to close. Patients went outwith the area to access more specialist treatment or where there was insufficient capacity locally and it was common for TB sufferers to go to hospitals in the cities especially if a relative lived there.ⁱ The Grampian Sanatorium at Kingussie continued to be privately run but the NHS paid for 30 beds.

ⁱ In 1934, a government survey noted that in the Highlands 'TB is regarded as a scourge to be feared and a stigma to be concealed'.

History of Highland Hospitals

In the 1960s, as infectious disease and TB declined,ⁱ other medical wards were created. In 1962, as part of a local reorganisation, the children's surgical ward transferred from Raigmore to Ward 1 (nearest building in the photo on page 2). In 1975, its capacity was 16 beds and four cots spread across two wards. A play area was fenced off outside. The children had to attend Raigmore for procedures and ambulance journeys often caused delays and discomfort. In 1969, dermatology was transferred from Raigmore to the 12 bed Ward 6 (photograph on previous page) and later that year severe pressure on Hilton Hospital forced the formation of a geriatric ward of 20 beds at Culduthel.

Culduthel Hospital bed capacity in the 1960s¹⁰

	1962	1966	1969
Orthopaedic	-	20	20
Non Respiratory TBⁱⁱ	5	5	-
Respiratory TB	63	43	15
Infectious Diseases	34	34	15
Dermatology	-	-	12
Geriatric Long Stay	-	-	20
Chest Complaints (not TB)	-	-	20
Total	102	102	102

In the 1980s, the expansion of Raigmore Hospital allowed all acute beds to be transferred from the RNI which, in 1987, received long-stay geriatric patients from Culduthel. Infectious diseases were now so reduced that they could be accommodated in the new chest unit at Raigmore as could all other Culduthel cases. Therefore, Culduthel Hospital closed on 2nd September 1989. The site was subsequently cleared of all wards leaving only the original mansion house as residential

ⁱ In the first half of 20th century, apart from TB, infectious diseases declined steadily probably due to improved social conditions and health care as much as to inoculation and, later, antibiotics.

ⁱⁱ TB affected all parts of the body especially bones. These cases had been previously treated in Raigmore.

History of Highland Hospitals

accommodation and the surrounding large site for new housing.¹¹

Matrons¹²

From early 1915, the post of matron at the Citadel incorporated Culduthel. In 1914, Citadel Matron, Miss JJ Roy, was called up and Miss Asher became Acting Matron. In 1917, Miss Roy resigned, having never worked in Culduthel. Miss Asher was therefore in charge from the opening of the hospital.

Dates	Matron	Notes
1917-40	Miss AM Asher	Retired.
1940-45	Miss Mary Catto	From Aberdeen.
1945-49	Miss SL MacDonald	
1949-66	Miss ED Noble	Assistant from 1944. Retired.
1966	Miss MT Hadden	

Medical Superintendents¹³

1917-30	LMV Mitchell	
1930-4	J Broadfoot	Had been in practice at Dingwall.
1934-41	Dr EA Johnston	Moved to Raigmore.
1941-3	Dr EA Mills	
1943-50	Dr EA Johnston	In 1950, the post was combined with other Inverness hospitals.

Early Resident Medical Officers (where known)¹⁴

1941-3	Alice Mackenzie	Called up for war service.
1943	Dr Cecil Bell	
1944-5	Dr Hilda Broda	
1945-?	Dr JE Tillotson	
1947	Dr Melville	
1948-50	Dr Ray Penny	Left to be married.
1948	Dr GK Mackenzie	

References

- ¹ For information in the Invergarry sanatorium see Leslie and Leslie 2013 *The Hospitals of Lochaber*.
- ² Daily Record 26 March 1914
- ³ Inverness Joint Hospital Board Minutes: Aberdeen Weekly Journal 17 September 1915
- ⁴ Inverness Courier 26 January 1923, 11 November 1927, 5 June 1928, 14 December 1928: Burdett Sir H *Burdett's Hospitals and Charities* 1924-1930: MOH Annual Report 1929
- ⁵ Inverness Courier 22 October 1937: Department of Health Annual Report 1937
- ⁶ Inverness Joint Hospital Board Minutes
- ⁷ Inverness Joint Health Board Minutes: Inverness Town Council Special Meeting 16/12/40
- ⁸ Aberdeen Journal 9 June 1939
- ⁹ Johnston Dr EA, *Report on the Tuberculosis in the Northern Region* June 1950
- ¹⁰ Northern Region Health Board Minutes
- ¹¹ Highland Health Board Minutes 15 May 1987, 17 October 1984: Roundabout Raigmore August 1991 Issue 16
- ¹² Aberdeen Journal 2 February 1940: Inverness Hospitals Board Minute 18 March 1953, 16 June 1965
- ¹³ British Medical Journal 13 October 1956: Inverness Courier 12 December 1930: Aberdeen Journal 8 October 1934:
- ¹⁴ Aberdeen Journal 15 October 1941: Dundee Courier 23 November 1950: Scotsman 22 March 1948