

History of Highland Hospitals

The Royal Northern Infirmary¹ 1804

*This stately dome on Ness's banks upreared
Commands respect and long will stand revered...ⁱ*



By the late 18th century, aspiring towns such as Inverness increasingly viewed a general hospital as an essential acquisition. In 1797, a committee was formed under Provost Inglisⁱⁱ (left) and, at a meeting of ‘noblemen and gentlemen’ on 25 October 1798, a ‘general view’ was agreed. This was followed by an appeal in the Edinburgh Courant which contained a list of around 100 subscribers promising around £1,900. It noted the need for a hospital accessible to the sick poor of the Highlands and stated that Inverness was the ‘most central’ location.²

The hospital plan was supplied by Alexander Laing, architect in Edinburgh,³ for which he was paid £17.ⁱⁱⁱ It was approved on 11 September 1798 and, in March 1799, an Infirmary committee of two Provosts and six Bailies held its first meeting which agreed a mason’s contract of £1,680 with James and Alex Nicol of Kintessack near Forres and Hugh Suter of Inverness. Some days later, John Smith^{iv} from Banff was selected as architect to complete the carpentry, ‘plaister work’,

ⁱ From a poem by the *Clachnacuddin Bard* when the Northern Infirmary opened.

ⁱⁱ William Inglis of Kingsmills was Inverness Burgh Treasurer (1775) and Provost (1797-1801). In 1787, he entertained Robert Burns, on his Highland tour.

ⁱⁱⁱ He also designed the town steeple and court house in 1789-91.

^{iv} John Smith, often quoted as the Infirmary’s architect, just coordinated the trades. Actually, his architect brother James, an Inverness magistrate, did much of it. James designed many local buildings e.g. Tain Royal Academy and is listed in Colvin’s Biographical Dictionary of British Architects. John is not and details on him are sparse. The Aberdeen city architect of the same name was not born until 1781.

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plumbing and slating for £1,300. The Infirmary owned land south of Old Edinburgh Road next to Aultnaskiach and it was investigated as a possible site but a trial well produced no water. Instead, in early 1799, a 4 acre site beside the River Ness was feued from Fraser of Torbrek. The well-known picture below⁴ from 1823 shows the Infirmary on the far left and illustrates the relative separation of the hospital from the rest of the town. On 6th May 1799, following a large procession, the foundation stone was laid by the 'Right Worshipful the masters of the (three) different (freemason) lodges' amid some ceremony. 'The rest of the day was then spent with 'genuine harmony and conviviality'.⁵



Provost Inglis, the hospital's prime mover, pursued potential subscribers vigorously. He established agents in London, Bristol, Edinburgh and Glasgow and a considerable number of donations came from the south of Britain and from ex patriots, especially those involved in colonial plantations (of which there were many) in the East and West Indies and Demerary (Guyana).⁶ Much also came from the military overseas such as Canada and India.ⁱ By August 1800, the total collected was £7,381. Colonel Mackenzie sent over £1,000 in rupees, £677 of which was raised from his 78th Highlanders then based in Bengal and included £336 from 'non-commissioned officers, drummers and privates'.⁷

ⁱ In a review of 1927, the Infirmary managers acknowledged that a 'great, if not the greater, part of the fund of the institution was contributed by our countrymen at a distance, and particularly in the East and West Indies' (Inverness Courier 10 January).

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The completion date was set at August 1801 but building work was slow and the death of Provost Inglis in February 1801 reduced momentum. The delays were partly due to rapidly rising costsⁱ in materials and labour although the architect blamed the masons and later sought compensation which indeed was given to both.⁸ There was a government embargo on shipping and more materials had to be moved by expensive land cartage. By May 1803, subscriptions stood at nearly £8,000 and the total cost of erecting the building and making up the grounds was £4,236. Furniture cost £152 but this also included £13 for the Infirmary's first milk cow.ⁱⁱ



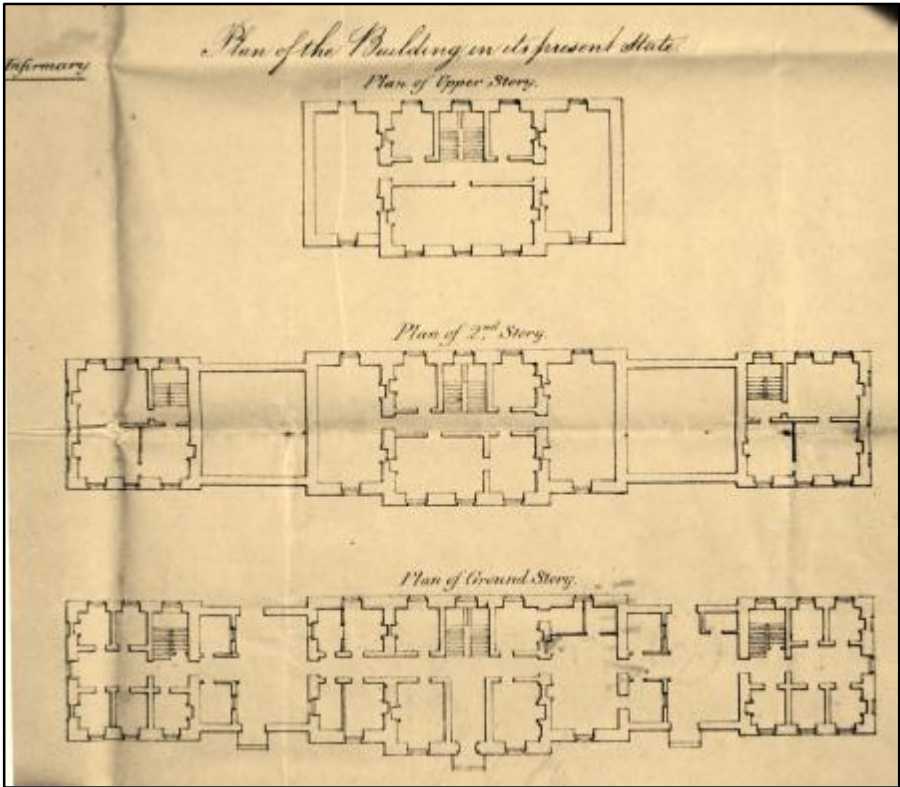
The original Northern Infirmary⁹

While the building design (above) was impressive it was not ornate. In a letter of 1799 to John Fraser of Achnagairn, Provost Inglis was clear on his philosophy. In rejecting a hospital plan received from architect Colin Farquhar of London as too gaudy he stated, 'Our object is to erect a decent building which will do credit to the liberality of the Subscribers, but by no means to forget that it is to be inhabited by the sick poor for whom to provide anything beyond comfortable accommodation would be absurd.' The building was 'of three storeys with a central three-bay block, capped by a pediment supported by giant order Corinthian pilasters raised over the ground floor. This block was linked by single-storey quadrants to two-storey pavilions' each of which had four vaulted lunatic cells on the ground floor.¹⁰

ⁱ The managers managed to recoup £5 by letting out the site for summer grazing.

ⁱⁱ The Infirmary may have kept more than one. It was selling two in 1844.

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Plan of the original Northern Infirmary¹¹

In the plan above, the main door opened onto a lobby and main staircase. To the right was a parlour and matron's room with a bed closet. The kitchen was a larger room with a bed closet to accommodate the cook. To the left of the entrance was the clerk's room, medicine store and two bathrooms. The lunatic cells can be clearly seen at each end of the ground floor. Upstairs was the large 'directors' room'ⁱ and the resident house surgeon's accommodation. The upper storeys held four main wards and several smaller rooms with the 'operations room' on the 2nd floor. The managers stated that the hospital could accommodate 60

ⁱ Infirmary records refer to directors and managers. We just use the term manager.

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patients and 20 lunatics but this seem exaggerated. Even after the 1835 extensions, there were under 60 beds and the 8 lunatic cells were each only 8 feet square - far too small for 20 patients.¹²



The hospital opened on 25th May 1804. A procession of 'all the respectable inhabitants of the town' walked from the Town Hall and, after prayers from senior minister Rev. Alexander Fraser and a speech from Provost Alex.

Mackintosh, 'the doors were thrown open'. As with laying the foundation stone, the opening ceremony prompted a day of festivities by the gentlemen of the area with 'many loyal and patriotic toasts' drunk. The plaque on the hospital (above) is rather misleading. For many years, it was believed erroneously that the hospital opened in 1803 and not 1804. Also, Provost Inglis was the main promoter but he did not open the hospital and had died in 1801.

The new Infirmary was ready to receive patients on the 1st June but the first patient, Elspet Munro from Urquhart parish, Ross-shire, was not admitted until 3rd July. The delay was possibly due to the suspicion of this new institution within the local populace, a sentiment not unusual in Scotland at this time when standard medical practice was still to purge and bleed sufferers. The first fever patient (typhus) was Alex. Mackenzie, a soldier with the 78th Highlanders, who was admitted in November. A second fever sufferer was admitted the same month and the nurse also became infected. By February 1805, Elspet Munro had recovered and agreed to stay on to assist matron until a nurse could be found. In these early days, many patients were cured by rest and good diet which took a long time and it was the only cure at the time for Elspet who had a tubercular swelling on her knee.¹³

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Patients had to be at their beds at meal times and visiting time which was 10 am -12 noon each morning (10-11 am and 3-6 pm from 1837). They went to bed at 9.00 pm and rose at 7.00 am in summer and 8.00 am in winter months. The sexes were strictly separated except, it appears, in the lunatic cells. If able, patients were expected to assist around the hospital. In 1806, medical attendant Dr Forbes prescribed that a convalescent patient help out in the hospital garden as part of his recovery and, in 1818, two shovels were purchased for convalescing patients to extend the gravel walk in the grounds.

Initially, staff consisted of matron, nurse, cook, two maid servants and a porter who seems to have had considerable status. Porter William Fraser was the first member of staff appointed in February 1804 and, at £15 p.a., was paid considerably more than the matron (£12 p.a.), house surgeon (£12 p.a.), nurse (£6 p.a.) and domestic staff (£4 p.a.). He was in charge of the grounds including the vegetable/fruit gardens and a milk cowⁱ which supplied the hospital. He was 'keeper of the insane' and apparently responsible for much of their wellbeing.

The matron was housekeeper and often known as such. She was responsible for the furnishings, domestic equipment and supplies for which she accounted weekly to the managers. She directed the nursing and domestic staff and, like them, lived in. The duties of the nurse were essentially to feed the patients and ensure they took any medicines. She fetched the food from the kitchen and monitored the diet which seems to have been strictly controlled since visitors were not allowed to bring in food or drink. She kept the wards clean and tidy. Nurses were required to have both English and Gaelic and were instantly dismissed if they accepted any gift from a patient.

As in most voluntary hospitals, local doctorsⁱⁱ were honorary (unpaid)

ⁱ The house surgeon bought and sold the cow and annual calf.

ⁱⁱ Apart from laudable philanthropy, being an honorary doctor to the local hospital could advance a doctor's private medical practice on which most depended.

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‘medical attendants’. They attended the hospital in rotational blocks and visited patients daily at noon, normally two being on duty at any one time. They had to consult each other in difficult cases and where an operation was required. From the outset, there was a resident ‘House Surgeon, Clerk and Apothecary’ who was ‘master of the house’. The post was normally given to a newly qualified doctor who was in charge of the hospital staff and accountable to the medical attendants for medical treatment. He made up the medicines and looked after the medical instruments. The ability to speak Gaelic was of prime importance, many patients having Gaelic as their first language and, in the 1840s, there was a large outcry when a non-Gaelic speaker was appointed. The house surgeon was not allowed to have his own patients. Later, the Clerk’s post was separate and part time until 1884. In 1891, the Clerk and Collector post included being general administrator as well as keeping and presenting the accounts and statistical information. He worked at the Infirmary from 10am - 4.00 pm each day. By 1923, the post incorporated that of treasurer. Lists of matrons, medical attendants and resident house surgeons are shown near the end.

The management committee, normally chaired by the Provost of Inverness, consisted of the Inverness magistrates and ministers, the county sheriff and annually elected subscribers. The managers appointed an honorary secretary and treasurer. A committee of five managers plus medical attendants met in the hospital each Friday,ⁱ toured the hospital and visited the wards to receive feedback from patients and staff. This continued for many years, certainly until the end of the century.ⁱⁱ The committee collected donations from the charity box at the gate which is still there (above) and dispensed discipline to patients, for



ⁱ Some years later they met in the Town House. Met fortnightly in the early 1930s.

ⁱⁱ From 1887, ward visits were enhanced by a Ladies Visiting Committee.

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example, where there was accusation of theft. It also disciplined staff - around 1845, a nurse was sacked for using foul and abusive language. The meeting approved all matron's supplies, received a report on patients from the medical attendants and assessed any admissions and discharges. The managers interviewed patients due to be discharged and this continued at least until the 1860s. The managers also questioned the 'keeper of the insane' on his work but there is no evidence of them visiting the cells and neither the medical attendants nor the keeper were apparently required to report on the 'lunatic' patients. By 1806, patients came from all over the Highlands and Moray and, by 1809, a large number of parishes contributed to the funds (table below). Of the money collected, Inverness contributed 32%. The two Urquhart parishes (see table), Abernethy, Nairn, Petty and Bolleskine together contributed a further 24%. Patients also came from parishes which did not contribute and this was deplored by the managers for many years.

Parishes contributing to the Northern Infirmary in 1809

Inverness area	Inverness, Kirkhill, Ardersier, Fort George, Kiltarlity, Dores, Petty.
Easter Ross	Killearnan, Knockbain, Tain, Edderton, Tarbat, Resolis, Nigg, Urray, Contin, Logie Easter, Cromarty, Fearn, Roskeen, Urquhart.
Wester Ross	Lochcarron, Gairloch, Applecross.
Strathspey	Abernethy.
Moray	Dyke, Rafford, Kinloss.
Nairn	Ardclach, Nairn, Calder (Cawdor).
Great Glen	Boleskine, Urquhart.

Although emergency cases were admitted immediately, gaining admission to the Infirmary was not straightforward. Patients had to be recommended by a subscriber and required a certificate from their parish minister confirming that 'his circumstances entitled him to the benefits of the Institution' as well as a certificate from a doctor confirming his suitability for admission.¹⁴ It was many years before outlying doctors' recommendations alone were acceptable - not until 1889 for doctors in

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the parishes contiguous with Inverness and 1899 for doctorsⁱ from the northern counties.¹⁵ From the start, military cases were regularly admitted through the recommendation of their commanding officer (and guarantee of maintenance payment) there being 26 between 1806 and 1811. Employers were expected to pay for their sick servants if admitted. As elsewhere, companies formed agreements with the Infirmary to receive patients from their workforce such as the Caledonian Canal Company in the early 19th century, railway companies from the 1860s and, in the 1890s, British Aluminium at Foyers. Those recommending patients had to ensure their funeral expenses if they died during their stay.

In-patients per annum 1804 – 16

Year	Admissions
1805*	68
1806	56
1807	34
1808	47
1809	70
1810	82
1811	97
1812	110
1813	74
1814	99
1815	126
1816	127

*incorporates

Patients were not admitted if they could be treated as out-patients. ‘Incurables’ were not admitted nor those requiring regular nursing unless it was also paid for. ‘Insane patients’ were not admitted if they had suffered their condition for more than a 12 month period or had been released as incurable by any other institution. They had to have a certificate of insanity and have their maintenance paid weekly in advance. ‘Idiots’ (i.e. those with learning difficulties) were not eligible for admission. It has been noted that the cells were designed for mentally ill patients who were also sick but no evidence of this can be found and the impression is that they were largely admitted as a control measure.

The hospital was for the poor but society distinguished between the ‘deserving poor’ and the ‘dissolute’ as they were called and only the former would have been likely to receive a recommendation. Better off families treated their sick at home, having sufficiently large

ⁱ By 1898, doctors sent over 80% of admissions. Church ministers only 4%. (Hospital Annual Report)

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accommodation to do so.

As shown in the table on the previous page, early numbers in the Infirmary were fairly low but steadily increased. There were normally between 10 and 20 in-patients at any one time although this varied and there were none in July 1807. Patients often stayed for many weeks thus reducing potential annual capacity. In the 1820s, numbers increased further - there were 218 admissions in 1825 and 216 in 1828 although a quarter of the latter were fever patients from an outbreak in the Burgh. Out-patients were treated from the start although no record of them was kept until 1817. By 1820, they numbered about 300 p.a. and increased to around 400p.a. in the mid-1920s.¹⁶

Northern Infirmary cases May 1804 – August 1809¹⁷

Ailment	No.	Ailment	No.	Ailment	No.
Ulcers	54	Fever	27	Dyspepsia	17
Phthisis	16	Diseased Joints	14	Rheumatism	13
Paralysis	10	Syphilis	10	Scirrhus Mammæ*	9
Scorbutus*	8	Carious Bone*	7	Cancerous Lip	6
Diseased Eyes	6	Tumours	6	Scrofula*	5
Abscess	5	Ascites	4	Fractures	4
Amenorrhoea	4	Anasarca*	4	Luxations*	4
Hypochondria	3	Burns	2	Erysipelas	2
Ischuria	2	Measles	2	Vermes*	2
Jaundice	1	Diabetes	1	Concussion	1
Dyspnoea	1	Dysentery	1	Hydrothorax	1
Haemoptoe*	1	Haematuria	1	Sore throat	1

*Archaic terms (modern terms in brackets) - anasarca (peripheral oedema); carious bone (osteomyelitis); haemoptoe (haemotysis); luxation (dislocation); scirrhus mammae (breast cancer); scorbutus (scurvy); scrofula (tuberculous lymphadenitis - TB swelling of lymph nodes usually in neck); vermes (worms).

In the first five years the Infirmary treated a large range of ailments (table above) and there were 32 operations. Fever cases were frequent and

ⁱ 1,545 in total from 1817 - 1821 and 3,245 from 1817 - 1825.

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variable in number and included smallpox in the epidemics of 1812 and 1815 although the initial rules had excluded such cases. The first death occurred in July 1806 and, by 1809, there had been 6 deaths (2% of patients). Hospitals did not admit patients who were clearly dying in an effort to break the public perception that hospitals were ‘the last shift’. However, it was not until 1830 that the managers noted that ‘the prejudices (of local people) against hospitals are fast disappearing’.¹⁸

The problem of lack of funding was ever present. Initially, it was due to the building overspendⁱ and, soon after opening, a public appeal for funds was made and again in late 1805. Government assistance was sought - ‘the same aid which has been granted to the Infirmary at Aberdeen’ - and, from 1805, after meeting the ‘Secretary at War’ in Inverness,ⁱⁱ a grant of £91 p.a. was received (15-20% of total income) but was withdrawn after 1821 ‘for reasons of economy’. In 1808, Lachlan Mackintosh of Raigmore, lately of Calcutta, forwarded many donations from Bengal, which prompted a Gaelic poem to commemorate his benevolence. In 1809, the managers made a further appeal for funds stating that ‘expenditure very considerably exceeded the receipts’.ⁱⁱⁱ In both 1806 and 1809 the appeals resulted in considerably enhanced donations.¹⁹

Annual income varied greatly mainly due to variations in donations, subscriptions and church collections (table on next page) which together made up 70% of income and the nervousness about funding is understandable. However, over the first 20 years, income exceeded expenditure by just over £2,000 (about 15% of income) although this includes one-off legacies and donations. In this period, 67% of expenditure was on ‘House Expense’ and salaries with 7% spent on medicines.²⁰

ⁱ In 1804, the Infirmary had about £3,000 which it invested at 5% - half of it with the Burgh. Capital rose to over £4,000 within a decade but was still considered a very small endowment to ensure sufficient income from its investment.

ⁱⁱ It was anticipated that the hospital would treat members of the armed forces.

ⁱⁱⁱ But only in 1808 (deficit of £148). 1805-7 showed a total surplus of £366.

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As elsewhere and for much of the Infirmary's history, patient fees went only a small way towards costs. Substantial donations were required to meet running expenses and extensions and improvements normally required a specific appeal or substantial donation. By 1805, there were annual church collectionsⁱ usually on the first Sunday in the New Year and potential contributors were reminded by a notice in the local press the previous week. From at least the 1830s, ministers were sent a copy of the annual report so that they were fully aware of the benefits to patients.

The management expected parishes, which sent patients, to donate to the hospital and, over the years, made recurring pleas and exhortations bordering on threats. In 1811, the management felt 'reluctant to receive patients from other parts of the country unless they contribute towards this institution'. In 1834, despite impassioned appeals, only 27 parishes were contributing - fewer than before - and, in 1841, the managers 'resolved not to admit anyone from parishes who do not contribute enough to the funds'.²¹ There is no evidence of them ever doing so but the issue rumbled on. Few parishes from the far north or from the far

Finances 1810 – 1825 (£) (selected years)

Year	Income	Balance
1810	597	+137
1813	526	+197
1816	908	+176
1819	745	+49
1822	591	+12
1825	486	+89

west contributed probably because, at this time, the west looked towards Glasgow and Caithnessⁱⁱ towards Edinburgh for hospital services. By the mid-19th century, the proportion of income from parish collections had fallen considerably and the hospital relied much more on its growing investments.

ⁱ The mechanism by which parishes donated.

ⁱⁱ In 1741, the first patient in Edinburgh's second Infirmary was from Caithness.

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1830s – 1860s

Patient numbers had gradually increased as did the ambitions of the managers and, in the late 1820s, this prompted the first review of the hospital building. Until then, the only change was a gardener's house, built in 1817, and a separate garden entrance the following year which allowed much of the gardens to be let out for the rest of the century.²² In 1830, a written appeal for major improvements as well as to increase revenue, with plans attached, was sent to 600 prominent citizens. It noted rising patient numbers and advances in medical treatment which required new accommodation. This yielded a poor response and a further letter was issued. By 1831, over £1,000 had been raised but the initial estimate of £1,200 had increased to £2,000. Work started in 1832 and was complete by 1835 but improvements to the kitchen and laundry, estimated at £600, could not be afforded. It was not until 1839, that the managers judged it prudent to once again make a public appeal but less than half the required sum was realised and there was a reminder four months later. The work was finally completed in 1840.²³

The architect was William Burn, Edinburghⁱ with the work overseen by local architect Robert Caldwell. An improved water supply was installed and accommodation extended by 30 beds,ⁱⁱ two privateⁱⁱⁱ wards, water closets (wc's) and baths^{iv} with hot and cold water the lack of which had been an issue with the medical attendants for some years. All this allowed 'a better classification of patients', especially the segregation of fever cases. The frontage of the hospital was unchanged but a wing was added to the rear with a laundry and kitchen and operating theatre above. The first floor was mainly fever wards and the second floor had the main wards plus 2 day rooms. There were now 10 lunatic cells on the ground

ⁱ He promoted the Scottish baronial style and designed Inverness Castle in 1836.

ⁱⁱ The house surgeon noted that this nearly doubled the bed numbers.

ⁱⁱⁱ Their precise purpose is not clear but may indicate a growing local confidence in the hospital by the middle classes. They were certainly used by affluent visitors to the area and may have been partly designed for such use.

^{iv} Two baths were installed for the 'exclusive accommodation of the public' and, in 1934, 'Ladies and Gentlemen' were 'respectfully invited to patronise them'!

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floor and 4 on the first floor. The rest of the ground floor contained accommodation for the 'lunatic keepers', house surgeon and matron.²⁴



These improvements largely sustained the hospital for the next 30 years. Around 1844, gas lighting was introduced and, in 1848, wc's were installed in the fever wards. In 1857, the porter's lodge beside the gate (photo) was built at a cost of £337, designed by architect Thomas Mackenzieⁱ of Elgin who gave his services free. The clock on the lodge portico from 1903 commemorates the coronation of Edward VII the previous year.²⁵

Selected in-patient numbers 1832 – 49

Year	Total in-patients	In-patients at 1 st Jan	Total out-patients	Operations
1832	179	22	110	7
1833	162	6	161	21
1835	237	26	154	17
1838	381	35	145	18
1842	385	32	194	10
1844	352	28	68	12
1847	464	25	83	10
1849	279	25	61	14

ⁱ He designed Nairn Town and County Hospital which opened in 1847.

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In the early 1830s, patient numbers were unusually low, the house surgeon ascribing this to the hospital renovations and to the cholera epidemics.ⁱ Thereafter, in-patient numbers rose fairly sharply (table) and, by the 1850s, were 300-400 p.a. Variations in numbers from year to year were mainly due to fever outbreaks which were sporadic and unpredictable. From 1832, out-patient consultations for vaccinations, eye, ear, throat and dentistry were largely provided to the poor by the Forbes Dispensary and this substantially reduced out-patient expansion with numbers still well under 100 p.a. in the 1860s. As can be seen in the table above, the number of operations at this time was fairly low and continued at that level for many years.ⁱⁱ

This was a time of significant advances in medical practice. The principles of science were increasingly applied to medicine and there was much debate on the training of doctors culminating in the Act of 1858 which regulated doctors' qualifications. Inverness doctors seem to have responded to national and international initiatives. 1828 saw the first specialty when Dr Forbesⁱⁱⁱ became visiting physician and Dr Macdonald visiting surgeon. In 1838, the Infirmary received the gift of a hydrostatic bed, then a recent invention.^{iv} In 1847, Dr Manford used ether in an operation.^v Later that year, two operations were performed by Dr Nicol using chloroform, within a month of its demonstration by James Simpson in Edinburgh.²⁶ The first microscope was acquired in July 1851.

ⁱ Cholera was treated elsewhere but the epidemics subdued normal social interaction. Potential Infirmary patients would have avoided close contact with others and be more likely to stay at home. There was also a cholera outbreak in 1849 and it is tempting to ascribe that year's low patient numbers to it.

ⁱⁱ Until the use of chloroform from around 1850, operations were traumatic and very risky. Also, the mortality rate from hospital operations was much higher than for those carried out at home usually due to infection and it was not until after the 1860s that antiseptics and asepsis made hospital operation relatively safe and allowed Infirmary operations to increase.

ⁱⁱⁱ Not the same as the one linked to the Dispensary.

^{iv} Invented in London c1830 by Scottish doctor Neil Arnott to relieve bedsores.

^v First demonstrated publicly as an anaesthetic in Boston, USA the previous year.

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Finances 1834 – 1862 (selected years) (£)

Year	Inc.*	Exp.	Bal.	Note
1834	609	557	+52	1829-33 total deficit is £686.
1844	778	1,083	-305	
1848	909	1,062	-153	Deficit for past 5 years is £922.
1850	587	713	-126	£2,000 legacy (John Cheape, Ayrshire).
1853	672	855	-183	
1858	737	791	-54	
1862	1,079	1,214	-135	Much improved donations.

*Figures exclude one-off large donations and legacies.

The financial business of the Infirmary at this time (table above) is one of fighting against constant deficits and watching legacies and donations absorbed into running costs instead of being used for structural improvements. Both income and expenditure rose over the period but also varied considerably from year to year. Expenditure was linked to the numbers of patients. Fever epidemics were costly and exacerbated by the cost of alcoholic drinks which were thought to be a cure, a belief which survived until the 1920s when they were still prescribed in Culduthel Hospital. Alcohol was thought to cure other diseases in the 19th century and hospital diet often included its consumption. Medical treatment has largely stopped using alcohol as a treatment although the general public seems to have retained a stubborn belief in its efficacy!

Income had initially depended heavily on donations from subscribers and others and on church collections both of which had to compete with other charitable demands. Over the period, income relied increasingly on interest from investments (table next page) which tended to be more predictable. In 1856, following a succession of large deficits, a local appeal turned the tide through many one-off donations although the situation had again become difficult by the 1860s. As Victorian affluence and philanthropy increased, one-off donations, as well as legacies, increased in both number and size. There were also increasing numbers of charity events. In 1833, a charity ball for Infirmary funds was held in the Northern Meeting Rooms and, in 1843, an 'Infirmary Ball' raised

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£140 and, thereafter, this became an annual event although they more often yielded £40-50.²⁷

In the first half of the 19th century, parishes recommended patients for treatment, often through a church minister. It was sometimes unclear who was responsible for any due payment of fees and, by the 1840s, some parishes owed the hospital a considerable amount, or so the hospital claimed. In 1936, following several attempts to contact a parish minister about non-payment for a mentally ill patient now recovered, the Keeper was sent to the minister's house to deliver the patient home to him

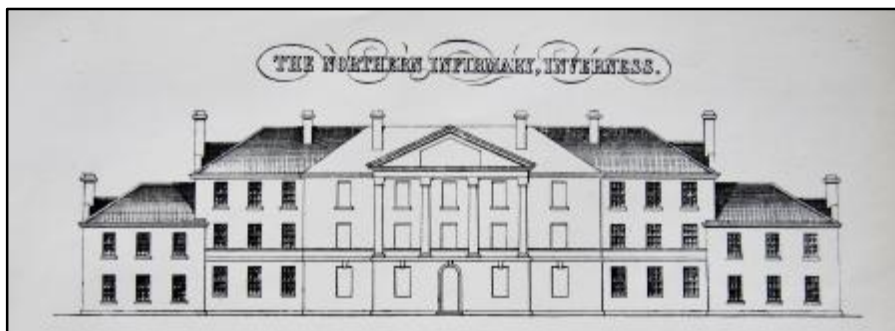
personally. After the 1845 Poor Law, there were also disputes with parochial boards over payment for paupers. By June 1846, the Infirmary managers were legally pursuing Inverness County, Inverness Burgh and Dingwall Burgh and a dispute with Ross-shire parishes lasted into the 1860s.

Sources of income (excluding legacies)

Year	1834	1866
Interest on capital	23%	31%
Donations	8%	26%
Church Collections	26%	17%

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1860s – 1890s



The Northern Infirmary Improvements 1864-66: Front Elevation

The number of patients steadily increased and the accommodation was quite stretched in the fever and smallpox outbreak of summer 1864. There were 163 fever cases of which 25 died, including a nurse, and several patients in the surgical wards were cross infected emphasising the need for building improvements. Essentially, the fever and smallpox wards needed to be better separated from each other and from the general wards and the medical attendants thought that convalescent wards would allow recovering fever and smallpox patients to improve faster. Therefore, a major refurbishment was planned and the funding appeal in the press noted the above reasons for the initiative but also the growing population, the advances in medical science and the desire not to be left behind by the rapidly developing hospitals of the cities.

In 1865-66, the hospital was extended by building over the pavilions and quadrantsⁱ which increased accommodation by 24 beds, including 4 convalescent wards, to over 80 beds in total. Final costs were just under £2,500 and the work was completed in June 1866 with architects Matthews and Lawrie.²⁸ Despite this large improvement, completely separate fever wards (the North Block) were opened within six years which illustrates the effect of the continual rise in standards on hospital

ⁱ Compare the above elevation with the drawing on Page 3.

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construction and expenditure.ⁱ It may also reflect the continual pressure of fever cases which continued to dominate the range of ailments treated (tables below). Note that there were only 19 operations of different types which, by modern standards, seems far too few to ensure that doctors built up any expertise but they would of course have performed many other operations outside the hospital.

Northern Infirmary cases 1866-67

Ailment	No.	Ailment	No.
Fever	50	Rheumatism	9
Respiratory system	47	Fractures	9
Nervous system	29	Heart & Blood Vessels	7
Urinary & Generative organs	28	Joints	7
Digestive organs	28	Organs of sense	7
Ulcers	18	Bone diseases	6
Abscesses	17	Cancer	6
Burns	16	General Debility	5
Skin Diseases	15	Scorbutus (scurvy)	4
Venereal	9	Total	317

Northern Infirmary operations 1866-67

Amputations	7	Cancer	3
Fistulae	2	Tumours	2
Diseases of sense organs	2	Hernia	1
Diseases of urinary organs	1	Hydrocele	1

Physical improvements to the hospital continued. In 1876, the four acre site was extended by about three acres. In 1884, a telephone was installedⁱⁱ and, in 1886, Surgeon General Fasson, Medical Superintendent of the Royal Infirmary, Edinburgh was invited to inspect the hospital. He recommended substantial changes to both management and facilities and his report formed the basis of large improvements over the next

ⁱ Brought total capacity to 90 beds in the main building (Scotsman 11 February 1873).

ⁱⁱ This is early – the Inverness telephone exchange opened the year after.

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three years including a new boiler, hot water system and window ventilation.ⁱ In addition, hot water central heating was installed but each ward retained a fireplace. Two new large wards were formed by amalgamating smaller ones, funded by Mr Howden (£150) and the Northern Meetingⁱⁱ (£200) which was commemorating its centenary. The Howden and Northern Meeting wards were opened by Lady Francis Baillie of Dochfour on 28th December 1889 amid a 'large fashionable attendance'. During the refurbishment, the fever wards were used as general wards. Architects were Matthews and Lawrie and Dr Fasson declined any fee for his report although he was sent 10 guineas for expenses.²⁹

Finance continued to be the prime ongoing issue and the hospital's revenue budget was regularly in deficit. A basic problem was that, even where it could be afforded, it was nigh impossible to charge patients the full cost of their treatment. Even public bodies were apparently undercharged. For example, in 1886, parochial boards paid one shilling per day for each pauper in-patient but the management reckonedⁱⁱⁱ that the average cost was up to 3p higher.³⁰ Costs varied from year to year, apparently still closely related to the number of fever cases. For example, in the fever and smallpox epidemics of 1864, the Infirmary overspent by £250. The financial deficit was lower than average when there were no fever outbreaks or where no fever patients were admitted in times of refurbishment, such as in 1888 when the annual accounts showed a surplus of £421 compared with an average annual deficit in the 1880s of nearer £500. Rising patient numbers and the costs of treatment continued to push up the deficit which, in 1902, was 60% of income.

Donations varied from year to year, for example they were much reduced during the Boer War (1899-1902), and not all were cash. It was common

ⁱ Dr Fasson did a similar exercise at Aberdeen City Hospital the following year.

ⁱⁱ Lord Tweedmouth supplemented this by £50. He and Mr Howden (Inverness seed and plant merchant) were stewards of the Northern Meeting.

ⁱⁱⁱ However, the management does not seem to have been averse to exaggeration.

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in Highland hospitals for many in-kind donations such as food, flowers and newspapers and, although this is less apparent in Infirmary records, there are some interesting examples. In 1846, Mackintosh of Mackintosh donated 2 tons of coal. In 1870, Mr Cameron of Muckovie sent his 'usual liberal annual donation of chaff' (for stuffing mattresses) and, in 1887, Mr Grant of Dunean sent 12 such bags. Similar donations continued.³¹

The 1880s saw a renewed campaign to increase revenue. In 1882, the deficit was 50% of income and, the following year, a special committee recommended employing a salaried officer to raise funds and forming fund raising committees across the north. The following year, a full time clerk was appointed and collections were held at many local firms, at ships in the harbour, at local railway stations and at shops and these continued for many years. In 1885, a 2-day bazaarⁱ in the Town Hall, opened by Lord Lovat, grossed over £2,000.³² The table below shows financial details for 1886. The hospital's growing capital ensured that returns on investments were now the main source of income. Patient fees, at only £44 were apparently unusually high that year because a large number of foreign seamen were treated who, unlike local patients, would have been charged.³³ That year £4,400 was received in legacies of which £4,000 was invested. Note that, in 1886, expenditure was £2,374 giving a deficit of £480.

Sources of revenue in 1886 (£)

	1885-86	% of total
Interest on investments	814	43
Private contributions	549	29
Church collections	444	23
Patient Fees	44	2
Income tax repayment	43	2
Total income	1,894	100

ⁱ This was a common way to raise money for public enterprises. They were often run or patronised by the wealthy hence the large sums often raised.

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By the second half of the 19th century, it was often difficult to attract house surgeons, possibly because Inverness was small and had no nearby medical school. Incumbents often did not stay long unless they were from local families and planned to practise locally (some returned as medical attendants to the Infirmary). A two year contract was introduced to try to retain post holders but it seems to have been ineffective. The salary level was an issue.ⁱ In 1866, Dr Campbell resigned having secured a higher paid post elsewhere. His salary had been £30ⁱⁱ which was the same as the matron and less than the porter. Dr Wilson, medical attendant, attributed the high turnover of house surgeons to the low salary and the post was advertised at £40.³⁴ By 1873, this had been increased to £50 with little apparent effect on the high turn-over. In 1891, a proposal to upgrade the post to a residential medical officer with full control of the hospital was defeated and the problem continued.³⁵ At the turn of the century, the South African (Boer) War was blamed and the salary was increased by 40% but with little success. Finding a house surgeon during the First World War was nigh impossible and, in May 1915, the managers, possibly in desperation, publicised their willingness to consider a 'lady house surgeon' and advertised for a 'lady or gentleman'.³⁶ In 1917, the only house surgeon available was final year student Dr Brennan who required leave to sit his finals. Immediately after, he was called up for war duty and he suggested his successor Dr McIver who became the Infirmary's first female house surgeon.

Meanwhile, local doctors continued to act as unpaid medical attendants and by 1889, two were on duty at any one time. In 1953, Dr Theo Chalmersⁱⁱⁱ recalled that in 1904 *'the general practitioners in attendance were each allotted 12 beds, but they had to do a three months stretch of continuous attendance at*

ⁱ In 1836, Dr Nicol had thought that a house surgeon could be easily obtained without paying a salary, the surgeon being willing to work for his board and experience.

ⁱⁱ The house surgeon's salary had been reduced from £50 to £30 in 1828.

ⁱⁱⁱ Born in Inverness in 1884, he graduated from Aberdeen in 1906 and became a medical missionary in India. In 1914, he joined the R.A.M.C. and served as a surgeon in France, returning to India in 1919. In 1928 he took up general practice in Inverness and became ophthalmic/general surgeon to the Infirmary.

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the Fever Hospital. They all operated I think with one exception and no operation was carried out without the consultation of the whole staff. They tackled quite big things, and I remember Dr Mackay removing an upper maxilla (upper jaw) for malignant disease'.³⁷

Not being a teaching hospital and having no nearby university restricted the availability of specialist doctors. One might have thought that this would also preclude any medical students but the first record of them occurs in 1847 and, by then, there were several suggesting that they had been attending for some time.³⁸ Two were resident at the 1871 census and, in 1885, the managers agreed that up to five medical students be allowed to visit the wards. In 1891, rules for their visits were drawn up.

By 1860, the matron's role had increased in authority and responsibility and the post required an increasing amount of specialist training. By the 1870s, matron had joint control with the house surgeon over staff and was involved in training nurses. However, it was difficult to recruit a matron and it was clear that the post was perhaps less than desirable, prompting much discussion about the post and the staffing structures.ⁱ The supply of matrons had improved by the 1880s and, by 1891, Matron could hire, fire and suspend nurses and female domestic staff.

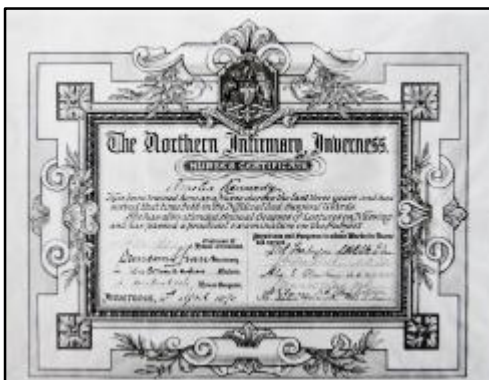
In terms of formal training, there seem to have been little to distinguish nurses from general servants until at least the mid-19th century. In the early 1820s, advertisements for nurses specified only that they be 'stout active women not under 30 years of age' with both English and Gaelic. From 1872, Nightingaleⁱⁱ nurses were trained at the Royal Infirmary, Edinburgh and, thereafter, the number and quality of nurses generally increased. The Infirmary had formal training for nurses from at least the 1870s and, in 1887, 'rules' were drawn up based on those existing in Edinburgh, Glasgow and also in Aberdeen which had recently conducted

ⁱ The 1860s saw the realisation, generally, of the benefits of trained nurses and demand may have outstripped supply in the 1870s.

ⁱⁱ In 1860, Florence Nightingale set up a nurses' school at St Thomas', London.

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its own review of training. The training consisted of a series of lectures by the matron on nursing, by the surgeons on anatomy and bandaging and by the medical staff on physiology and medical nursing. Practical training was given by the ward sisters and probationer nurses had a 2 year training programme (3 years by the 1890s). A furniture inventory of 1890 lists a 24 seat class room and equipment, including anatomy charts, presumably for nurses' training. A nurse's certificate from 1886 is shown on the right. In March 1901, entrance examinations along the lines of the Royal Infirmary, Glasgow were instituted and, from 1925, Inverness was a centre for the Quarterly State Examination of Nurses. Previously, the nearest centre had been Aberdeen. In 1932, a sister tutor post was created and, by then, there were up to 60 probationer nurses. In 1933, nurses' badges were introduced. The badge below was awarded to the late Mrs Netta MacIntyre in the 1940s.



A nurse's job was hard but possibly reflects life elsewhere at the time. They lived in and their lives were fairly strictly controlled. Their daily routine started early in the morning and did not finish until mid-evening. The night nurse then came on duty until 9.30am but probationer nurses who did much of the night work started an hour earlier. In 1901, nurses got two hours off duty three times a week, one half day holiday every fortnight and, after a year's service, two weeks annual leave.ⁱ

ⁱ In the 1930s, conditions were not much better for probationer nurses. In 1936, they received £20 p.a. salary and were only allowed out 1 night per week.

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Staffing levels also changed. By the 1820s, a second nurse was required and, in 1835, there were 2 nurses, 1 cook, 1 laundry maid and 2 female servants along with a male ‘keeper of maniacs’ and his female assistant. In 1844, an advertisement for 2 day nurses suggests there was also a night nurse by then. By the 1880s, there was a varying number of probationer nurses and, by 1894, there were still only 3 nurses but 5 probationers. Thereafter, the increase in demand for staffing was met mainly by probationer nurses with 11 by 1903, 16 in 1912 and over 20 by the mid-1920s when there were still only 6 fully trained nurses employed.³⁹

Fever

From the 1870s, the treatment of fever cases, expensive as it was, became an issue and there was a growing opinion that local authorities should bear more responsibility for this public need - a view reflected in developing national legislation. This section looks at the evolution of fever facilities in the Infirmary and its changing relationship with the local authorities over their provision.

Infectious diseases cases had always been admitted to the Infirmary and gradually the facilities for their treatment became more isolated from the rest of the hospital in line with increasingly detailed national advice and expectation. Throughout the 19th century, the Infirmary dealt with most of the fever cases in the Inverness area. Improved facilities for fever patients had been one of the drivers of the 1866 renovations but those seem to have been almost immediately considered insufficient and separate accommodation for infectious diseases was sought. In 1866, the need was highlighted during a smallpox outbreak when patients in the surgical wards were cross infected.

In 1868, Mackintosh of Raigmore agreed to raise £500 for a fever ward and there was further fund raising. In May 1873, two fever wardsⁱ (40 beds), two convalescent rooms and a wash house and laundry were opened - all in a separate rectangular block (the North Block). However,

ⁱ By 1899, the fever block was split into six wards.

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the 1867 Public Health Act had put further public health duties, including dealing with fever outbreaks, in the hands of local authorities and there began a long running debate, often verging on dispute, between the Infirmary and the Burghⁱ and for ‘some years to come a tournament was ... carried on with the fever wards as a shuttlecock...’ Periodically, the hospital announced the ceasing of fever admissions followed by protracted negotiations with the local authorities on the payment of fees. Often, discussions coincided with new national regulations especially the 1889 Public Health Act which gave local authorities clear responsibility for providing fever hospital accommodation. In 1893, the fever wards required upgrading to their kitchen facilities and nurses’ sleeping accommodation and a 10 year agreement was made whereby the Infirmary managers would equip the wards in return for an annual payment and a fee per patient from the local authorities. By 1895, the altered fever wards were in use.⁴⁰

However, from 1900, the fever wards were subject to ongoing criticism by Local Government Board (LGB) inspectors as well as the Burgh MOH who, in 1902, considered that the facilities were below standard and probably insufficient for the size of the population. He also thought that the fever wards were too close to the general wards, the grounds were too confined, that the location represented a risk to the population of Inverness and that it could not be ‘considered an up-to-date hospital’.⁴¹ In 1904, the LGB served notice on the three Inverness local authorities to provide adequate accommodation and specified a requirement of 34 fever beds instead of the existing 26 beds.ⁱⁱ Four years later, its inspector found it ‘out of date and unsatisfactory’. In 1910, the LGB’s report was extremely critical, repeating the criticisms of the previous decade. It also

ⁱ Although the hospital also provided fever facilities for the first two Districts of the County (mainland Inverness-shire except Lochaber, Badenoch and Strathspey), the Burgh normally led negotiations. From at least 1896, the 1st District’s fever ambulance was housed at the Infirmary (MOH Annual Report).

ⁱⁱ The original 40 bed capacity had been reduced as increasingly stringent government regulations specified more space per patient.

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noted that the wards were insufficiently isolated so that it was unsafe to treat more than two diseases at any one time and there was insufficient airing space for long term patients. Furthermore, the nurses' accommodation had just 3 beds to serve the 6 on duty so that sheets had to be changed before each use and there were irregularities in the administration. While details of the report were keenly disputed by the MOH, the continuing inadequacy of the premises were not. The following year, the LGB again found 'accommodation and arrangements not sufficient' during a diphtheria outbreak.

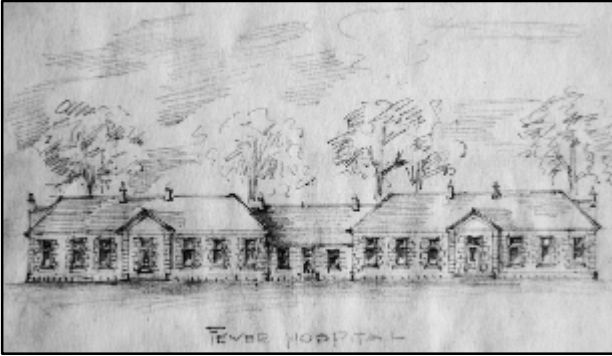
The proximity of the fever wards to, and their management by, the Infirmary was, nevertheless, a considerable advantage in dealing with the inevitable irregular supply of fever patients. In autumn 1902, there were 47 fever patients at one time in the hospital but this was dwarfed in spring 1903 when there were 97. In 1904, during an outbreak of scarlet fever the facilities had to cope with 93 fever patients and many children. As part of a larger hospital, these extremes in patient numbers could just about be accommodated and, by 1904, the Citadel Hospital was available as overspill although rarely used.

Meanwhile, in 1906, the Government classified pulmonary tuberculosis (phthisis) as a notifiable infectious disease and, in 1908, after an anonymous donorⁱ promised £1,600, work went ahead on a new separate, so called, phthisis block which, on 3rd October 1909, was opened by Mrs Gossip, the Provost's wife. It had a veranda to facilitate open air treatment. The architect was Alexander Ross, Inverness.

Between 1900 and 1910, although the local authorities and the Infirmary had expended considerable energy in discussing the fever wards, it was more often about costs rather than in agreeing a way forward for improved facilities. The Infirmary managers continued to believe that a considerable part of their annual financial deficit was due to the underpayment for fever patients by the local authorities. Inverness

ⁱ Later identified as Mr Robert Lawrence, Inverness.

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Burgh had sent 286 fever patients from 1899-1901.

From the turn of the century, the Burgh MOH had been calling for the construction of a jointⁱ fever hospital.

In 1906, he made comparative costings of different types of building being much attracted by the lower costs of a Speirsⁱⁱ wood and iron building over a stone built one. The possibility of it being sited in the grounds of the Infirmary was suggested but this did not happen and, by 1912, Inverness Burgh and adjacent County Districtsⁱⁱⁱ were planning their own sanatorium and fever hospital. The drawing⁴² on the left may date from around this time. Several sites were considered for a new build as were several large houses including the redundant military barracks in Telford Street as well as Hedgefield and Heatherley on Culduthel Road. Eventually, in 1914, the Burgh purchased Culduthel House and the Infirmary resolved not to deal with any fever patients after May 1914. From then, the Burgh leased (for £75 p.a.) the Infirmary fever wards^{iv} which it ran with its own matron and staff^v until the Culduthel site was ready. Patients were transferred there from December 1917.

ⁱ To serve the Burgh and the adjacent 2 Districts of the County.

ⁱⁱ This Glasgow firm's prefabricated buildings were used across the country as hospitals, halls etc. There is one (a former church) at the Highland Folk Museum.

ⁱⁱⁱ In 1912, the County took over the running of the sanatorium at Invergarry.

^{iv} In mid-1916, the MOH said there were 45 beds which even under wartime conditions seems rather crowded.

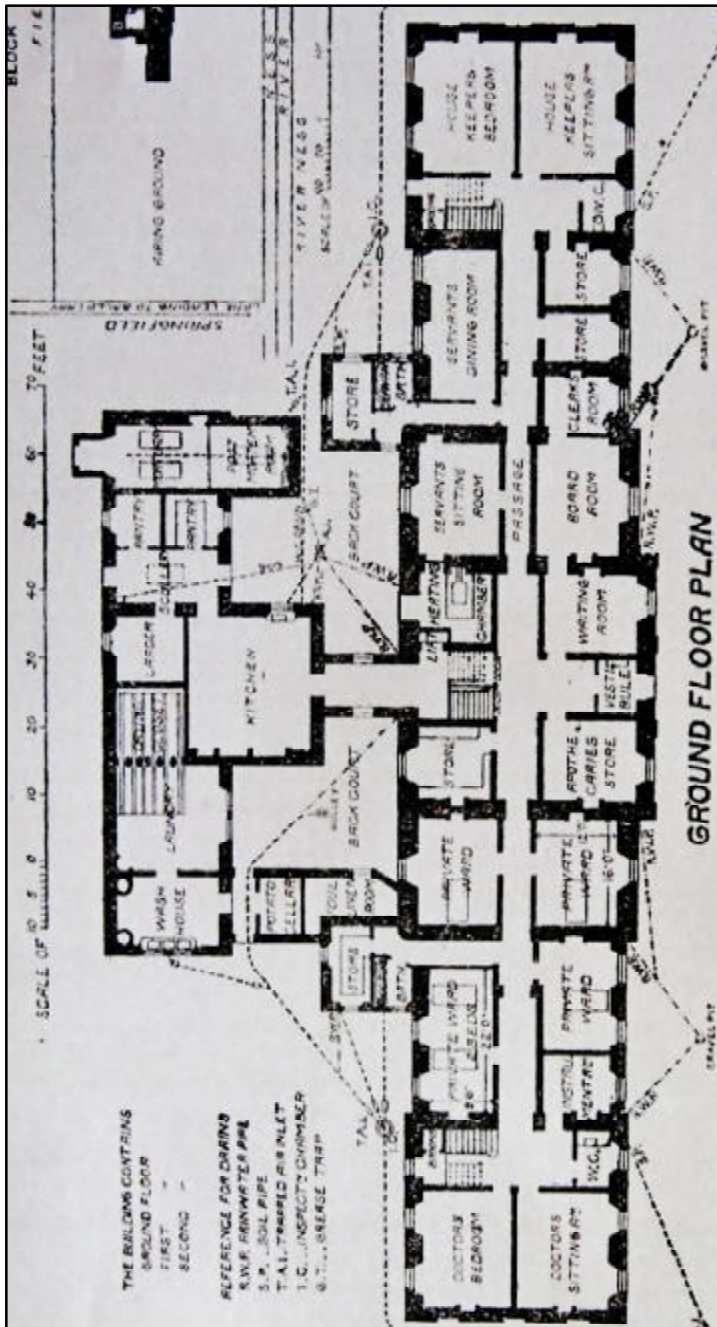
^v Dr LMV Mitchell was Medical Superintendent which also included Culduthel and Citadel Hospitals. The matron post may also have been a joint one.

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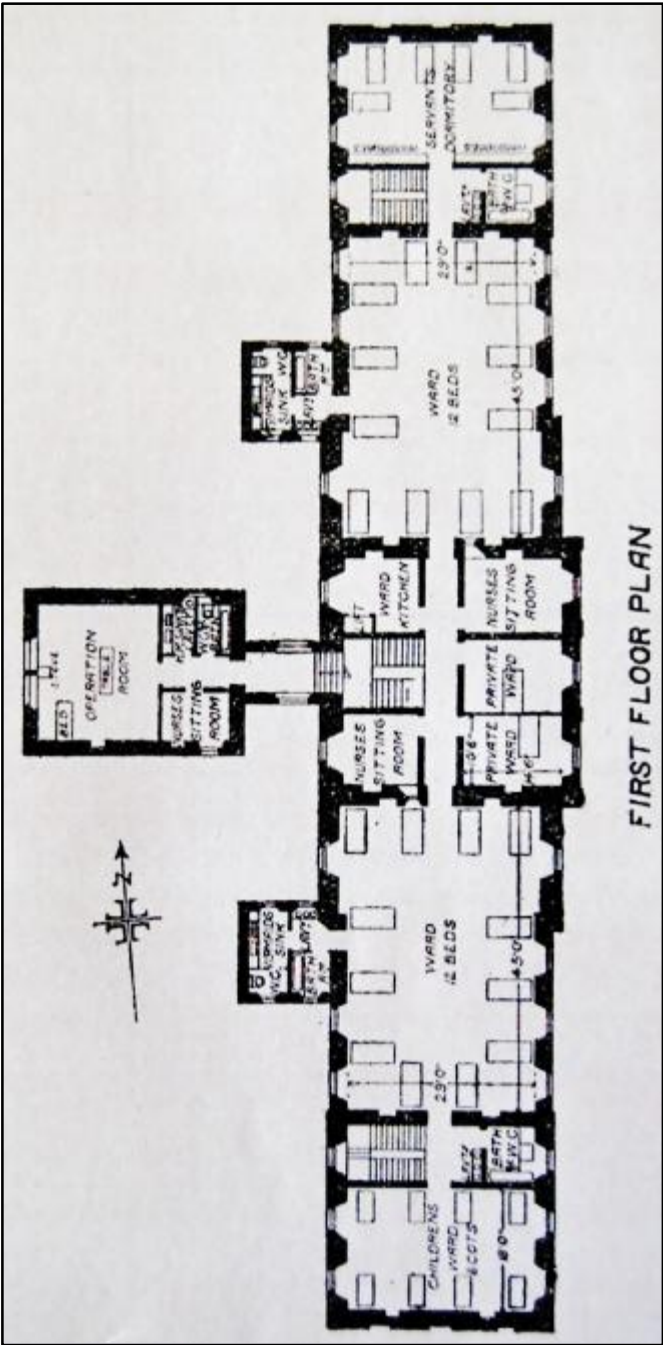
1890s - 1919

At the end of the 1880s, the Infirmary still retained its essential design. The plans overleaf from the 1880s⁴³ show the first two storeys. Due to rising numbers and rising standards, there was now a much more generous allocation of staff space compared with 1804 when the cook had just a bed closet in the kitchen. The resident doctor and matron (still called housekeeper) occupied the space formerly making up the lunatic cells. In addition, the greater number of servants and nurses necessitated dormitories, dining rooms and sitting rooms. As well as staff accommodation, the ground floor now had private wards of which there were five single and one double in total and kitchen facilities were now much more extensive.⁴⁴

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The 1890s saw a fresh wave of enterprise in the run up to Queen Victoria's Jubilee. In 1896-8, a two storey porte-cochere, costing around £950, was erected over the entrance to the building. Architects were Ross and MacBeth, Inverness.



The above photograph from the 1960s shows the porte-cochere on the right and, in the left foreground, the 1930 hospital entrance which was modified in 1954 and has since been removed.



The porte-cochere contained consulting room, clerk's office, medical libraryⁱ and a new operating theatre which was in use by 1897. The operating theatre (left) was described in 1927 as a large square tiled room with windows on three sides. It had

no anaesthetic room. Its lit window at night, suggesting an operation taking place, became something of a beacon for local people who appreciated the work of the Infirmary. The old operating theatre at the rear became maids' quarters and their former 'servants' dormitory' became a six bed ward.⁴⁵

ⁱ It began in 1852 when Dr Forbes of London sent a collection of journals (Knox).

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In 1896, Lady Tweedmouthⁱ gave £3,000 for a chapel (left) in memory of her husband. The foundation stone was laid in 1897 and architects were Ross and Macbeth, Inverness. In 1898, the chapel was dedicated by Roman Catholic, Presbyterian and

Episcopal clergy each performing a dedication from the three specially designed separate altars. This ecumenical feature of the building seems to be fairly unusual in Highland.⁴⁶ Lady Tweedmouth was not the only benefactor in 1896. £4,500 came from the estate of the Earl of Moray and £2,000 from the estate of Mr Guesdon of Nova Scotia, a native of the Highlands.⁴⁷

In 1897, an appeal was launched for 'Victoria Jubilee Wards' for longer term sick and also for better accommodation for nurses. The appeal was very successful and, although there is no evidence of the Jubilee wards being constructed, the 13 bedroom Victoria Nurses' Home was designed by Alexander Rossⁱⁱ and opened in 1898. It had a day room and was intended to be more homely



ⁱ Lord and Lady Tweedmouth owned Guisachan estate near Inverness where they pioneered the Golden Retriever dog breed and rebuilt Guisachan House and Tomich village. He died on 4 March 1894. Lady Tweedmouth was influential in Victorian society and well respected locally. She died on 20 March 1908.

ⁱⁱ Previously in partnership with MacBeth.

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than living in the Infirmary. The drawing appeared in the press and the Home, costing £1,472, was officially opened in October 1899 by the Earl and Countess of Moray. The existing nurses' quarters were converted into wards. In 1919, an eight bedroom annex further increased nurses' accommodation.⁴⁸

In 1903, an Infirmary centenary appeal was launched and although the response was initially disappointing, by 1904, medical staff and management were debating how to spend the proceeds. The doctors wanted an electrical (electrotherapy) departmentⁱ but the managers decided to fund an eye ward instead. However, a suitable location could not be identified and, in 1906, the idea was dropped, the suggestion being that the hospital was too small to specialise,ⁱⁱ and, instead, electric light was installed. Nevertheless, in 1907, an electric treatment room was opened by Mackintosh of Mackintosh following donations from his family.

Northern Infirmary in-patients 1898 – 1906

	1898	1900	1902	1904	1906
Medical cases	306	342	257	245	207
Surgical cases	276	279	220	290	265
Fever cases	47	144	44	241	31
Eye cases	-	-	55	62	12
Skin cases	-	-	13	16	13
Total cases	629	765	589	854	528
From Inverness Burgh	61%	67%	57%	71%	64%
From Inverness County	23%	21%	21%	20%	24%
From Ross & Cromarty	8%	5%	8%	6%	10%
Average daily in-patients	60	82	64	86	57
Number of deaths	41	67	52	42	46
Children under 16	11%	30%	15%	32%	17%
Aged 60 and over	15%	10%	13%	10%	11%

ⁱ Infirmary doctors had been using electrical treatment since at least 1809.

ⁱⁱ Although, by then the Infirmary annual report listed eye and skin cases separately.

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Patient numbers had increased and, by the 1890s, annual patient numbers were approaching 600. By then, there were normally 70 - 80 in-patients whose average stay of just over a month was little changed from 40 years earlier. The annual number of operations varied but steadily rose being 30 in 1885 and 79 in 1897. In 1903, the treasurer noted that patient numbers had risen over the previous 15 years because the general populace was now much less nervous about entering the Infirmary. However, in the table opposite, when the variable fever numbers are discounted the annual patient numbers are fairly steady at just over 600. The high numbers of children in 1900 and 1904 were also due to fever cases. Note that medical cases exceeded surgical until 1902 and, from then on, the latter increasingly dominated. Inverness Burgh and County still provided around 80% of the patients in this period.

Finance remained problematic with annual deficits of around 25% of income. In 1902, the treasurer revived the idea of systematic collections and, in 1908, the Ladies Auxiliary Association began to establish a large network of annual house to house collections. It was organised by district for example a Kilmorack, Kirkhill and Kiltarlity branch was formed in 1911. In the Inverness area, these district collections replaced the traditional annual church collections but the latter continued elsewhere. In 1920, Inverness burgh and parish collections raised £468 and the Alexandra Dayⁱ collection almost £200. In 1924, an Infirmary Week was started and raised £2,000 that year.⁴⁹

The treasurer also revived another old chestnut, that of the apparent under contribution of rural parishes. The bulk of the patients came from the Burgh or County. Ross and Cromarty supplied less than 10% and other counties were barely represented. However, from the early years of the Infirmary, treasurers had noted the low contribution from some rural parishes and, in the early 1900s, there were detailed analyses which went on for years comparing the origin of patients with their parish

ⁱ First held in London in 1912 to mark the 50th anniversary of Queen Alexandra's arrival in Britain to marry Edward VII.

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contribution. In 1931, this found that, on average, only about 30% of the cost of treating patients was received in parish donations and many rural parishes were contributing less than 10% of the cost of treating patients from their parish.ⁱ The analysis was given front page publicity in the local press which had the effect, as had previous such efforts, of substantially increasing income albeit for a limited time. Throughout this time, there was a continuing reliance on legacies and one-off donations to support the ongoing deficit in running costs. Some notable examples are shown in the table below.

Northern Infirmary selected legacies

Year	Amount	Benefactor
1903	£1,000	Mrs McGillivray.
1904	£1,122	Total of several legacies.
1907	£1,000	Robert Anderson's estate.
1909	£1,000	Dick Bequest.
1911	£5,000	Mrs Merry of Belladrum ⁱⁱ .
1912	£2,000	David Jamie.
1916	£20,000	Miss AM Grant.
1921	£5,000	Estate of Daniel Fraser a US banker.
1922	£4,800	Estate of John Kinnaird, Birnam.

In 1916, the LGB reminded local authorities of their responsibility for setting up venereal disease clinics. Inverness Burgh made several approaches to the Infirmary, each one rejected by the managers giving the reason that there was no room. Being further pressed, the managers said they were not empowered to lease any part of the building to the local authority for such clinics. The Burgh sought the opinion of legal counsel which stated that there was no barrier to leasing the building but the Infirmary still refused amidst protracted negotiations. To be fair to the Infirmary, it does look as if the Burgh was trying to side step its legal

ⁱ However, at the 1940 AGM, Provost Mackenzie said 'the Burgh can and should do better to support the Infirmary'.

ⁱⁱ Mother-in-law of Mrs Ida Merry.

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obligations. In 1931, the Infirmary managers agreed to the building of a clinic at the hospital but the local authority, despite its statutory duty, balked at the cost (£3,500) and put it on hold. Eventually the MOH, who thought the situation ‘deplorable’, started clinics at the County Public Health office in Ardrross Street but the only hospital treatment was in Aberdeen and this continued into the 1940s. In 1949, the new NHS combined venereal disease with dermatology and appointed a specialist.ⁱ

1919 – 1939

In 1919, with the First World War over and with infectious diseases removed to Culduthel, the Infirmary could take stock and reorganise. The former fever wards, now called the North Block, were refurbished and converted to medical wards.ⁱⁱ It also contained the electrical department and, from 1925, X-ray and UV light treatment. Surgical wards remained in the main block. The former phthisis wards, now renamed the West

**Patient statistics
(selected years)**

	Average in hospital	Admissions
1919	63	744
1921	86	824
1923	91	1,011
1925	85	1,076
1927	87	1,000
1929	93	1,445

Wards, were used for surgical tuberculosis. All this extended patient capacity and patient numbers responded. As shown in the table above, numbers soon returned to the pre-war (1913) level of 78 patients on average in the hospital and an annual total of 832. By 1929, admissions had increased by about 60% although this seems to be due more to patients spending less time in hospital rather than to the number of occupied beds.ⁱⁱⁱ

ⁱTreating venereal disease was not unknown. Glasgow had a Lock Hospital from 1805 which, by 1890, had 81 beds and 3 staff and treated around 300 p.a. Lock Hospitals were originally for lepers and, like them, VD sufferers were often shunned and the disease was linked to moral attitudes which made its open treatment difficult.

ⁱⁱ At this period the hospital is listed with 108 beds in total with apparently 40 in the former fever wards which was its original capacity.

ⁱⁱⁱ Average patient stay in the 1920s was about 28 days but this had dropped to around 20 days in the 1930s and 1940s.

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The above reorganisation, along with the nurses' home extension, cost around £2,400 which along with a large deficit in running costs was quite worrying. By the early 1920s, the numbers of remaining wartime armed forces personnel had reduced considerably with a corresponding reduction in income from the government and the post war value of invested stock was low reducing income from investments. The managers were forced to borrow over £1,300 from the bank.

Unlike elsewhere in Scotland, waiting lists were relatively small but the need for major improvements became increasingly apparent. In 1926, Dr J Mackenzie, consultant surgeon to the Infirmary, gave a useful summary of the issues in his evidence to the Mackenzie Committee.⁵⁰ He noted that the hospital was outdated, an additional 60 beds were required, especially surgical, and there was no provision for maternity or venereal disease. There was insufficient staff accommodation, no provision for private patients and no convalescent home. He could also have added that new advances in medicine needed to be accommodated, the X-ray facilities were outdatedⁱ and the operating theatre was too small. Surgeon AJC Hamilton later noted that the corridors were dark and narrow and the sanitary arrangements in the wards were 'rudimentary'. *'What sanitary equipment there was belonged to an earlier era e.g. in one ward there was a large iron bath on wheels with a long handle for pulling it. When last seen it was being used for holding cement for the new hospital.'* In 1924, Dr DJ Mackintosh of Glasgow Infirmary prepared a report on the hospital which dealt with the above issues and noted that the lack of nurses' accommodation was urgent. The report recommended Sir JJ Burnet as architectⁱⁱ and, anticipating expansion, the managers acquired another 2.5 acres of adjacent land.⁵¹

Meanwhile, a development fund had been set up which, by September 1925, had reached £40,000 and, at a public meeting in December, a

ⁱ In 1901, Mrs Mackintosh of Mackintosh donated an X-ray (only 5 years after the world's first X-ray department in Glasgow Royal Infirmary). Previously, Ogston the local pharmacist had X-rayed fractures, etc. The X-ray was upgraded in 1918.

ⁱⁱ A Glasgow firm with much experience in public buildings including hospitals.

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£100,000 appeal was launched for the ‘extension, reconstruction, and endowment’ of the Infirmary. In January 1926, the decision of the managers to expand the hospital was vindicated by the publication of the Mackenzie Report which identified the need for greater regional coordination of health services with Invernessⁱ central to a Northern Region, one of five regionsⁱⁱ centred on the Scottish cities.

On 19th November 1927, the first sod of the new building site was cut by Mrs. Mackintosh of Mackintosh and, in May 1928, Dr Walter Elliot, Under Secretary of State for Scotland, laid the foundation stone. A range of fund raising activities began across the area. There were some very large donations. Mr Alexander Edward of Forres donated Kintail sporting estate with an annual rental of over £3,000 and value of about £45,000. Over £2,500 came from the estate of Mrs Stewart of Garth in India. Over £2,000 was donated by the Cameron Highlanders to endow two bedsⁱⁱⁱ and the same amount came from Miss Elizabeth Hood, Darnaway Road. There were very many smaller donations and legacies and much fund raising through a variety of community activities. Local football teams and sports organisations raised £1,165 to endow a ‘Sports Bed’ and this included an exhibition football match between Celtic and Dundee in Clach Park.^{iv} There were fancy dress parades, tennis tournaments, fetes, balls, concerts, drama productions and extensive door to door and street collections. By April 1929, £85,000 was raised and, by the end of 1930, the total had reached £124,000.⁵²

ⁱ It also recommended that the Infirmary come within the Highlands and Islands Medical Service.

ⁱⁱ The other Regions were centred on teaching hospitals linked to universities. Inverness had neither and therefore had reduced access to specialist services.

ⁱⁱⁱ This was a popular way of contributing, the idea being that the returns from £1,000 invested would maintain a (named) bed in the hospital.

^{iv} Held on 11th May 1927 before a crowd of 5000. Celtic, the Scottish Cup holders, beat Dundee 3-1.

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The Children's Ward

The first development and flagship of the new Infirmary was the children's ward and this section draws together the treatment of children in the Infirmary. The Highlands, in general, seem to have been rather slow in prioritising the medical care of children. However, there is no doubt that Inverness was well aware of and influenced by events in the south and the opening of the Edinburgh Royal Hospital for Sick Children in 1860 is certain to have inspired local discussion. From 1859, the Infirmary admitted children from the Ragged Schoolⁱ gratis and the 1866 Annual Report noted that the medical attendants wanted to designate a children's ward, pointing out that one third of all Inverness children died before the age of 10 and that improved medical care was a way of combating this. At the Infirmary annual meeting Dr Wilson said that many young children in Inverness had disease and he and his colleagues thought the matter urgent. He noted that the only extra cost would be an additional nurse and that many people were willing to subscribe towards a children's ward. The meeting agreed with him.

A children's ward fund was started and, by the end of 1868, it had £1,600 and fund raising events such as concerts were being held.⁵³ Mackintosh of Raigmore had also promised up to £500. The initial idea was to convert one of the existing wards but there were concerns that this would reduce the hospital's flexibility in dealing with smallpoxⁱⁱ patients and it was resolved to first build a separate fever block. In 1871, Mrs Clarke of Achareidh, Nairn, funded bedding for 10 - 12 beds and, in 1873, £3,500 was received from the legacy of Miss Ettles with £1,000 earmarked for the children's ward which opened that year, although it was said that children were initially reluctant to enter it.

ⁱ Ragged Schools provided free education for destitute children. It started in Aberdeen in 1841 then spread throughout Britain. The Inverness one in Tanner's Lane opened in 1853. By 1861, it held up to 30 boys and girls in equal numbers under the management of a married couple. Most pupils were voluntary but some were looked-after vagrants and juvenile offenders.

ⁱⁱ It seems strange that this highly contagious disease was still being managed within the general hospital.

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In 1881, it was decided to use part of the children's ward for convalescing fever patients. It is not clear how much was set aside but there appears to have been no children's ward by 1897 when the Burgh suggested establishing one as part of the Queen's Jubilee celebrations.ⁱ This proposal was rejected by the Infirmary managers who said that treating children in a separate ward had not been a success and had been given up and they wished instead to pursue a hospice and endowment for the Inverness Branch of the Jubilee Nurses Institute. However, there must have been some local pressure. Miss Julia Mackintosh of Raigmore had left a bequest of £1,000 to start a home for sick children and, by converting an existing female surgical ward, the 'Julia Mackintosh Ward' was opened by Bishop Kelly in 1903. In summer 1922, Queen Mary, who was staying at Moy Hall visited the children's ward. By then, it had been movedⁱⁱ to the North Block as part of the 1919 reorganisation after fever cases went to Culduthel. From the discussion that preceded this, it seems that a children's ward did not exist during the war years.⁵⁴

In May 1929, a new 26 bed children's ward, the Princess Elizabeth of Yorkⁱⁱⁱ Ward, was opened by the Duke and Duchess of York^{iv} with an estimated 30,000 spectators. The photograph on the next page is from their return visit in 1948 with Princess Margaret.⁵⁵ Numbers of child in-patients gradually increased reaching around 150 p.a. by the 1940s.

ⁱ The other suggestion was to build a home for 'incurables' which did not happen.

ⁱⁱ Child surgical cases continued to be accommodated in the main surgical wards.

ⁱⁱⁱ Later Queen Elizabeth but then just 3 years old.

^{iv} Also the Earl and Duchess of Inverness. Later George VII and Queen Elizabeth.

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York Ward Royal Visit 1948

There were, however, problems. The Scottish Hospitals Survey of 1938 found the ward unsatisfactory with no protection against cross infection.ⁱ In 1938, Dr Leys, medical attendant, submitted a report on the children's ward to the Department of Health rather than to the Infirmary managers which caused them some anxiety especially when the Department sent Sir John Fraserⁱⁱ to assess the situation. He stayed for several days and returned a year later, in 1940, and found nothing had changed. His report was highly critical. Essentially, there was nothing satisfactory - staff were untrainedⁱⁱⁱ and absences were not covered, equipment was inadequate,^{iv} there was no proper segregation of cases which risked cross infection, the diet was monotonous and lacked in-season green vegetables, the

ⁱ Children were in 3 wards (boys, girls and infants) but there was no cubicle ward.

ⁱⁱ Professor of Surgery and Principal, Edinburgh University. He belonged to Tain.

ⁱⁱⁱ He wrote that staff displayed 'not only ignorance but the diffidence and lack of efficiency which is the result of a long period of tolerated insufficiency'.

^{iv} For example, there was no proper milk storage.

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administration was poor and unhelpful and recordsⁱ were ‘badly kept’. He also noted that local doctors were not referring children because of the conditions – a problem amplified by the fact that this was the only specialist children’s acute facility in the region. He included a list of malpractices he had observed ‘lest it be thought that the advice is towards the ideal’.

The RNI managers had some disagreement with the content of the report and there is no evidence that they took any immediate action or discussed it constructively. When, in 1942, the RNI called in paediatric specialist Professor McNeil of Glasgow his report apparently found a ‘high standard’ of treatment although it was only after his visit that a milk kitchen with steam steriliser was installed. Dr Leys disagreed with Professor McNeil’s report and sent his own to the Department of Health. More than a year later, the RNI managers had apparently still not discussed Professor McNeil’s report or sent a copy to the Department of Health and there is no evidence of any further action being taken. Gradually, the need for local specialist paediatric advice became apparent although this was not available in Highland until the early 1950s after the NHS was formed.

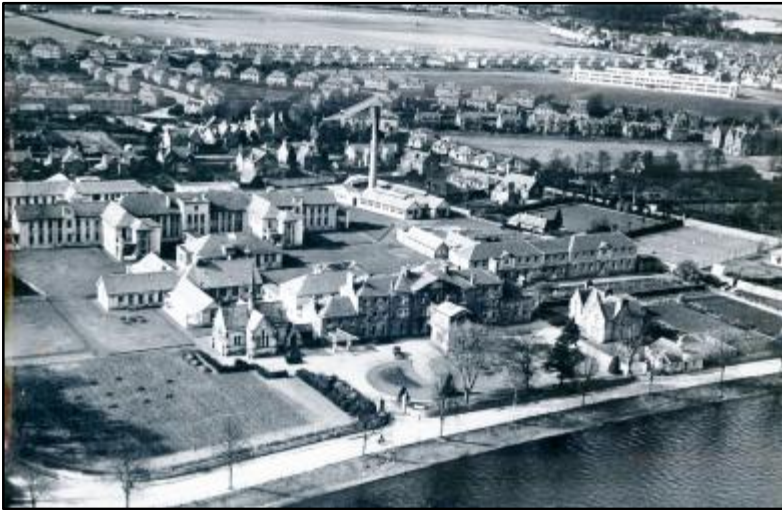
The Children’s Ward was the first completed part of the new Infirmary but other developments were moving quickly. In March 1930, the hospital opened four wards of 28 beds each, four single and eight double privateⁱⁱ wards and two operating theatres. One theatre was for ophthalmology and ENT and one theatre had a cystoscopy room with specialist urology table and X-ray – the first of its kind in Scotland.⁵⁶ One omission was a maternity ward which had appeared in earlier plans but

ⁱ A children’s operating room did minor operations but the Infirmary could not provide details of the operations to the Department (nor could it give details of A & E cases or operations). By the 1950s the theatre was just used for dressings.

ⁱⁱ Single wards cost 4 guineas per week and the double wards 3 guineas plus any fees the attending doctor may charge. They were intended for patients who could not afford similar treatment in a nursing home or who required special apparatus.

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which was not built. By March 1931, all new Infirmary buildings had been erected and all the wards were occupied, providing 150 beds.⁵⁷ At the end of the renovations, the hospital, now virtually rebuilt, was renamed the Royal Northern Infirmaryⁱ and it was considered one of the most modern hospitals in Scotland. Indeed few, if any, hospitals elsewhere in Scotlandⁱⁱ achieved such modernisation in this period of financial austerity and, given the size and economic base of the local community, it was an outstanding achievement.



The New Royal Northern Infirmary c1938

In the above photograph the original hospital can be seen at the front. This now held administration, matron and nurses' quarters, recreation and dining rooms. The Tweedmouth Chapel is on its left and the 1898 nurses' home is in the right foreground. The large building above the 1898 nurses' home is the new nurses' home reopened as a two storey

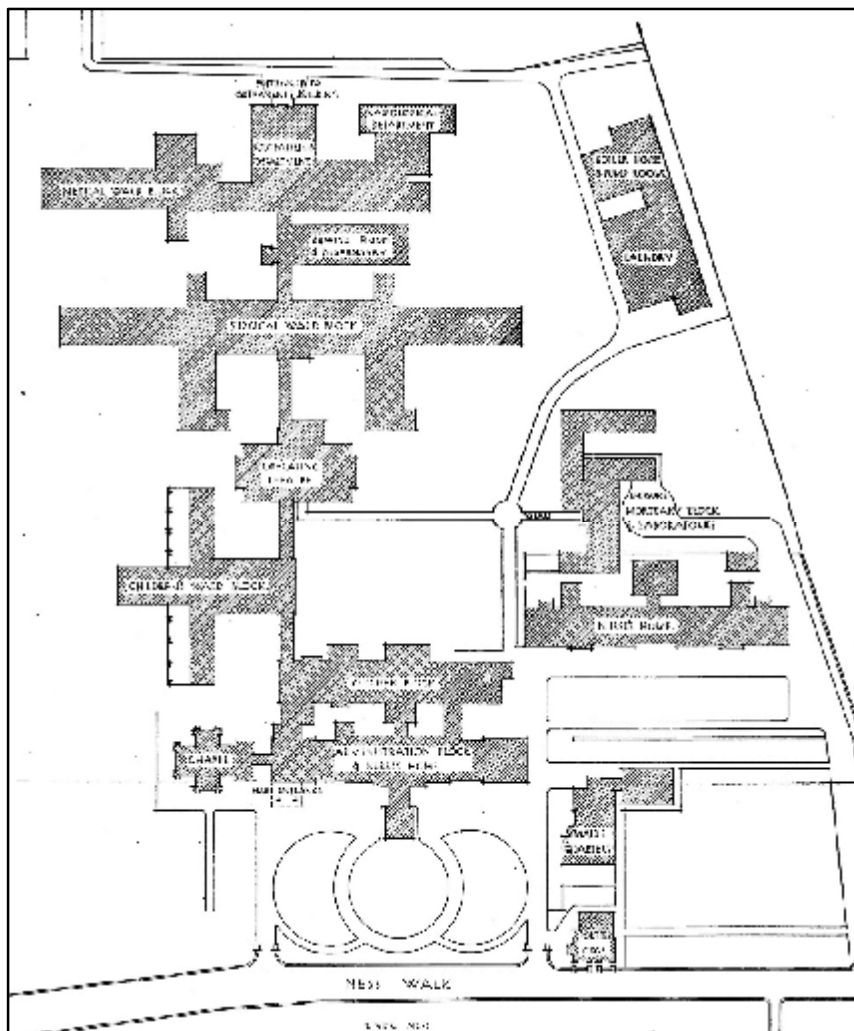
ⁱ By permission from George V.

ⁱⁱ A recent comprehensive history of Scottish medicine states that in the 1950s all Scottish voluntary hospitals were contained in Victorian or Georgian buildings. The writers have obviously overlooked Inverness but it underlines the point.

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building in 1938 - formerly the fever wards and North Block. The original building is now dwarfed by subsequent developments with the children's (York) ward behind the Chapel and behind that again are the surgical and medical wards. There was a new kitchen and store, new laundry and new boiler house. These and further details can be identified by the plan opposite although the sewing room and dispensary does not appear on the 1938 OS map. Note that the main entrance was moved to the left of the original block and this new entrance was renewed in 1954 to commemorate the 150th anniversary of the opening.⁵⁸ The long white building on the right background is a new looking Inverness High School which opened as Inverness Technical School in 1937.

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The New Royal Northern Infirmary 1930⁵⁹

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In 1803, the Infirmary had contained wards, offices, staff accommodation and a kitchen but little else. A feature of hospital development in the 19th century was the increasing space required for better segregation of cases. In the 20th century, developments in medical science and technology such as X-ray and electrotherapy required treatment rooms. Similarly, laboratory analysis steadily expanded within its own increasingly specialised facilities. In 1913, the Infirmary had set up a pathology lab initially to examine TB sputum. In 1916, Miss Jessie Grant of Annfield, Inverness left £20,000 to the hospital which she wished to be used to make improvements.ⁱ Dr DJ Mackintosh suggested forming a bacteriologist post and, in 1920, Dr LMV Mitchell was appointed and a bacteriological laboratory set up which was equipped in 1922. This allowed specimens to be analysed locally rather than sent to Aberdeen.ⁱⁱ In 1928, Dr Mitchell was succeeded by Dr RG Bannerman who also became pathologist.⁶⁰

In 1931, a new pathology and mortuary block was opened as well as bacteriology laboratories and facilities for radiology and X-ray/electrical (with deep X-ray therapy). The radiology and out-patient block was named the Grant Pavilion after Sir Alex and Lady Grant of Logie and Dunphail whose donation of over £20,000 had funded it. By 1931, the laboratories were handling all patients' specimens from the Burgh and from parts of the Highlands and Moray. By the mid-1930s, there was a regional service to hospitals, local authorities and general practitioners in pathology, haematology, bacteriology and biochemistry. These had developed into separate departments by 1950.⁶¹

In 1930, the new out-patient departmentⁱⁱⁱ (until then there was none) had specialist ENT facilities and a small operating room for minor cases. It

ⁱ In recognition, the female surgical ward was renamed after Miss Grant's brother Surgeon Major Alexander Grant who had been Queen's surgeon. A plaque to his memory was unveiled in 1918 (Scotsman 20 Dec 1918).

ⁱⁱ The arrangement with Marischal College had been set up by Inverness Town Council in 1906 after several years of requests from the Inverness Burgh MOH.

ⁱⁱⁱ X-ray and Out Patients were opened by the Prince of Wales in June 1931.

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ran surgical, medical, ENT, dental and eye clinics. In 1936, an out-patients sister post was created and, by 1944, clinics also included orthopaedic, dental, skin, 'nerve' (psychiatric) and gynaecological. There were now over 12,000 attendances p.a. compared with under 300 in 1913.

The modern concept of continual service development was now embedded. In 1935, Pathology set up a blood transfusion service. In 1938, there were 38 transfusions in the hospital which rose to around 100 p.a. by the early 1940s and grew rapidly to over 800 by the mid-1940s. By then, a regional blood transfusion service had been formed in anticipation of war.ⁱ In 1935, the first electrocardiographⁱⁱ was installed and established as a department in 1938.⁶²

Although Inverness had not been seen as the most central placeⁱⁱⁱ by large parts of the North and West Highlands and Islands, its centrality gradually increased as much due to political and administrative factors as to improved roads. When the Highlands and Islands Medical Service (HIMS) was introduced in 1914, it was thought that visiting specialists would be of much benefit to Highland cottage hospitals. An obvious base hospital for visiting specialists was the Northern Infirmary but Inverness' relative prosperity excluded it and its hospital from the HIMS scheme.^{iv} In 1919, HIMS became part of a reorganised Department of Health. This may have precipitated a review of hospital services in the north because, that year, Infirmary managers met with Dr Shearer of HIMS to discuss joint working. It was clear that Inverness was of prime importance to health care in much of the area and, as noted earlier, in 1926, the Mackenzie Committee recommended that the Infirmary be the

ⁱ A new blood transfusion unit opened in 1954.

ⁱⁱ Donated by the MacRae-Gilstraps and the people of Attadale, it allowed examination of the performance of patients' hearts.

ⁱⁱⁱ In the early 1940s, specialist surgeons in the north and west referred cases to city specialists rather than Inverness.

^{iv} HIMS provided medical services in areas where the population was too poor or too scattered to sustain a private medical or nursing service. The 1909 Inverness Directory lists 15 doctors, 26 private nurses and 2 community (Queens) nurses.

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central hospital for a Northern Region. Meanwhile, there were other initiatives across Scotland to try to encourage some co-ordination between hospitals. In 1921, a Local Voluntary Hospital Committee was set up for the Highlands and Islands. In 1923 and 1924, the Marchioness of Tullibardineⁱ promoted conferences in Inverness Town Hall which were seen as the start of joint working in the area.⁶³

In 1922, the first grant of £1,290 was received from HIMS but financial constraint restricted the establishment of regional visiting specialists. HIMS support for hospital services did not seriously begin until after 1929 when the government doubled its funds which, in 1930, allowed the Department of Healthⁱⁱ to award the Infirmary £5,000 p.a. for the next 10 years to help it provide specialist services (consultants) for the region. It also awarded a grant that year of £1,000 for X-ray facilities.⁶⁴

The Infirmary's expanding hospital services attracted patients from a wider area which is most marked in the increase in proportion of patients from Ross and Cromarty (table below) compared with the early 1900s when this figure was usually less than 10%.

Source of patients 1931 (% of total)

	1931	% of total
Inverness	770	35
Inverness County	700	32
Ross and Cromarty	588	26
Caithness and Sutherland	39	2
Moray and Nairn	108	5
Others	11	-
Total	2,216	100

ⁱ Also the Duchess of Atholl, she was a Highland MP and prominent in political affairs holding strong and sometimes, at the time, controversial views and known by some as the 'Red Duchess'. She was on the Dewar Committee.

ⁱⁱ In 1919, HIMS was subsumed within the Scottish Board of Health which became the Department of Health in 1929. HIMS retained its separate funding stream, but, for simplicity we refer just to the Department of Health after 1929.

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Patient numbers increased rapidly in the 1930s, attracted by the new hospital facilities and the increasing centrality of the RNI as Highland's main hospital.ⁱ The average number of in-patients more than doubled in the period and, in 1939, averaged 197. Annual admissions increased from just over 1,000 in 1927 to over 2,600 in 1933 and reached almost 3,500 by the end of the decade - an increase of three fold - made possible by a greater throughput of patients rather than more beds. Patients now stayed around 20 days compared with over 30 at the start of the century.

Patients at 31st December 1939

(Official bed allocation in brackets)

	Male	Female	Children	Total
Medical	31 (24)	30 (24)	10 (9)	71 (57)
Surgicalⁱⁱ	86 (62)	85 (62)	14 (9)	187 (133)
Isolation	1 (1)	1 (1)	1 (0)	3 (2)
Maternity	-	2 (2)	-	2 (2)

Accelerating demand from patients, a concept with which we are now very familiar, soon pressurised the new RNI's expanded facilities. In 1934, an extensive review by the Department of Health found that the RNI's surgical services were 'barely adequate' and that medical services were 'quite inadequate' to meet demand. In 1938, it granted £1,000 p.a. for 10 years towards the funding of a new medical block. £43,000 was required and, in 1936, treasurer Lt. Col. Mitford delivered a 'wireless' (radio) appeal which raised over £350.⁶⁵ In 1938, the medical block, built beside the radiology unitⁱⁱⁱ, opened with 50 beds including 8 private beds^{iv} and 2 isolation rooms. It brought bed numbers in the RNI to 205 and freed up more beds for surgery which was increasingly in demand.

ⁱ AJC Hamilton noted that it was now much easier to persuade patients from the West to come to the hospital.

ⁱⁱ ENT had 22 beds and the surgical figures include 10 ENT children cases.

ⁱⁱⁱ The radiology department was reconstructed.

^{iv} The Infirmary now had 21 private beds (reduced to 10 in 1948).

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However, demand increased even further and, despite the additional wards, there was considerable pressure on the new facilities. Compared with the previous year, 1939 saw 795 more in-patients, 1600 more X-rays, 1700 more laboratory cases and 22 additional staff. Surgical cases continued to dominate the hospital's 205 beds. The table also shows a total of 273 in-patients or 33% over capacity at 31st December. This over-capacity is most marked for surgery (40%). The ensuing deficit was £6444 and the beleaguered treasurer questioned the acceptance of government grants which apparently committed the hospital to spend three times as much as it received.

Staffing continued to expand. In 1931, there had been 16 surgical and medical staff and, that year, nursing staff had increased to 52 (from 36 in 1929). The growing in-patient numbers now required a corresponding increase in staff - to around 60 nurses by the mid-1930s - and staff accommodation was again under pressure. Therefore, in 1937, work started to add a second storey to the North Block and it opened the following year as a 60 bed nurses' home. Domestic staff then occupied the former nurses' accommodation in the original Infirmary block.

Selected legacies 1931 - 35

Year	Amount	Note
1931	5,000	Left by Miss JJ Anderson, daughter of local solicitor.
1932	1,050	Col & Mrs MacRae-Gilstrap (Eilean Donan. Castle) - bed for Macraes who fell in First World War
	1,000	From estate of Mrs Inglis of Newmore.
1933	21,000	From the estate of John Mackay, Quebec, Canada.
	1,100	To endow 2 nd Glenurquhart bed.
	5,000	From the estate of Lady Seaforth.
	1,050	From the estate of Provost Donald MacDonald.
1934	1,000	From the estate of Miss Helen MacBean, Carrbridge.
1935	1,050	Gifted by Lord Nuffield for the Nuffield bed.
1938	1,000	From the estate of Duncan Cameron, Muir of Ord.

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For the rest of its history as a voluntary hospital, RNI finances continued to be a delicate balancing act but they continued to benefit from one-off donations and legacies (previous table).

The increasing complexity of the RNI required increased management and administrative work (the demand for which continues). In 1937, Major W Forsyth was appointed first medical superintendent and was accommodated in the refurbished Ness Houseⁱ which, in 1935, had been purchased for the pathologist. The private house Alton on Ballifeary Road was purchased for the dispossessed pathologist at a cost of over £2,000.

The 1930s can be seen as a turning point in medical staffing with the emergence of specialist posts as medicine continued to develop in complexity. From a fairly early date, medical attendants had specialised into surgery or medicine (although they remained general practitioners) but further specialist posts had been slower to develop. Very rarely, a specialist would be called in.ⁱⁱ In 1900, Dr Macdonald was appointed ENT surgeon, the first specialist appointment, although, like all the other medical attendants, he still dealt with a range of other cases. In 1904, plans for an eye ward were dropped and the hospital was felt to be too small to specialise but the trend had been set. In 1908, surgeon Mr James Luke was appointed and, in 1910, accepted reappointment on condition he dealt only with surgical cases, becoming the Infirmary's – and Highland's – first specialist surgeon.ⁱⁱⁱ In 1919, Mr David Dickie was appointed second specialist in surgery. In 1927, Mr Luke died and was succeeded by AJC Hamilton who like Mr Luke made specialist visits to other parts of the Highlands notably to the Belford Hospital in Fort William. Apart from two residential medical officers, the rest of the staff

ⁱ Formerly a nursing home and now the Highland Hospice.

ⁱⁱ In 1889, Scottish gynaecology pioneer Lawson Tait from Birmingham operated.

ⁱⁱⁱ He came to Inverness from Glasgow and lived at Woodville (now the Rocpool Hotel) from 1906. He was not in general practice and performed surgery throughout the Highlands. His unexpected death was much lamented.

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were general practitioners with their own medical practice and essentially with a special interest rather than a specialty in the modern sense. GPs continued on the staff until after the NHS was established.⁶⁶

The redevelopment and expansion of the Infirmary allowed a further increase in specialist posts in the 1930s. Pathology and bacteriology have been discussed above. In 1930, Dr Tainish was appointed the first radiologist.⁶⁷ He was unsalaried but received two thirds of the fees received for radiology and electrical treatment, the other third going to the hospital. He was also free to continue his private practice.

Specialist posts were increasingly supported by the Department of Health and by local authorities as the RNI increased its role as base hospital for visiting specialists to the rest of the Highlands. In 1929, the Department of Health awarded a two year grant to support an ENT specialist (EG Collins) who, by 1933, was holding clinics across the Highlands. Other visiting specialists based at RNI included ophthalmologists Dr RD Campbell and Dr T Chalmers. From 1933, Dr Greig Anderson from Aberdeen was appointed first consultant physician and, in 1938, replaced by Dr Leys the first consultant physician appointed under a Department of Health/HIMS scheme which meant that his £1,200 p.a. salary was split equally between the Northern Counties and the Department of Health. He was in charge of 48 beds in the RNI, ran weekly out-patient clinics and visited Fort William, Wick and Thurso monthly, Golspie every two months and Stornoway every three months. This was a part time post – he also had private practice - but his regional workload increased rapidly which underlined the unmet need in the Highlands for specialist medical services.⁶⁸

A popular impression of early general hospitals is that they were fairly severe places with a strict staff hierarchy and iron discipline, flavoured with a patient selection system which depended on subscriber recommendation or patronage. It is hard to dispel this image before the 1930s but, from then, there were changes which suggest a softening of the approach. Until 1936, probationer nurses and domestic servants

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were excluded from the annual staff dance – the only staff social event - and could not hold their own one. Probationer nurses were still under a very strict regime. They worked long shifts and were only allowed out one evening per week - all for an annual salary of £20. (Note Dr Leys' salary.) The Second World War caused considerable changes in attitudes and, during it, social events began in the staff dining room. In 1944, a staff club was formed which raised money for a separate recreation hallⁱ which they purchased second hand. It was a wooden Canadian recreation hall from Carrbridgeⁱⁱ which was in place by 1947 and, as a boost to the staff club funds, was mostly funded by the Department of Health which was trying to encourage hospitals to improve social facilities for their staff. By the late 1940s, there were regular dances, dramas, Christmas and Halloween parties and activities such as badminton, table tennis and community singing.

Patient 'comforts' also improved. In 1934, Matron had organised sales of work and had collected enough funds to install a wireless. The same year, the managers agreed to have Sunday papers on sale to patients which raised the anticipated objection from the Lord's Day Observance Association but the managers stood firm. In 1952, headsets were purchased for 53 beds allowing patients to listen to radioⁱⁱⁱ and, in 1952, a welfare fund was formed which initially derived its income from the return deposits on empty soft drinks bottles left by patients. The fund was for both patients and staff benefits and supplied many smaller items of furnishing and equipment to the hospital.⁶⁹

ⁱ There was apparently already a brick hall built in 1931 (Farrell 2002).

ⁱⁱ Coincidentally the recreation hall at Raigmore was built in 1944 of wood by Canadian foresters based at Carrbridge.

ⁱⁱⁱ In 1970, the Inverness Hospital Radio Service began from an Infirmary studio.

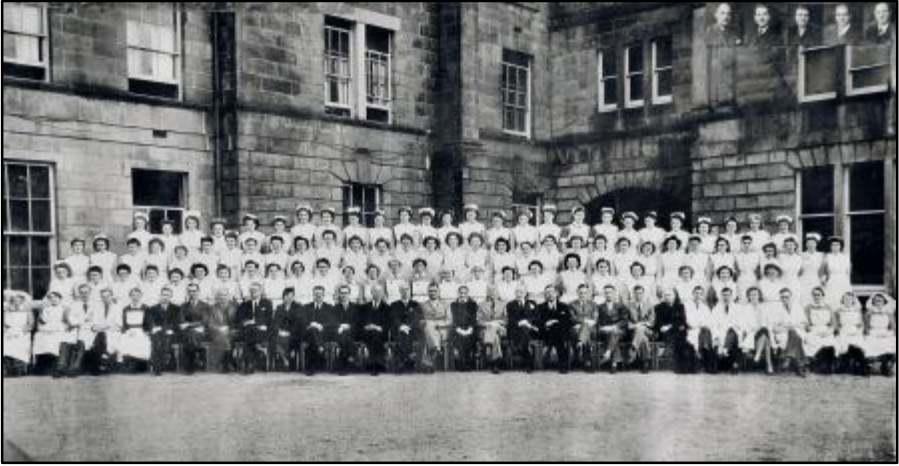
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Inset Dr HJ Kirkpatrick, Dr AB Hay, Dr J Fraser, Dr EA McIntosh, DR IM Seex
Back Row Dr I Doherty, Dr Bisset, Dr Harrison, Dr Dawson, Dr Douglas
Middle Row Mr Murray, Dr JA Chalmers, Mr Gossip, Dr Michie, Mr Anderson,
Dr Edmunds, Mr Macdonald, Dr Bolster, Dr Gotlieb, Dr Scott
Front Row Mrs Kirkpatrick, Dr Chalmers, Mr Miller, Mr Hamilton, Miss Dean,
Maj Gen Paton, Dr Mitchell, Dr Bryant, Dr Wilson, Dr Bethune

The photograph above shows the medical staff of the RNI in 1948, the year in which it was amalgamated into the NHS. The voluntary organisation which founded and ran the hospital had lasted for almost 150 years and the hospital had seen its medical staff increase from three local doctors giving their services free to the group shown. In 1804, Matron had one nurse and two servants to assist her. By 1948 (next photograph) there were over 150 nurses and domestic staff.

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At the hand over to the NHS, the RNI had 221 beds and around £55,000 in cash and investments. It had property valued at £24,000 which included a porter's lodge, two lodges on Bishops Road, Ness House, Alton, Eden Court and the adjacent property of Dunedin purchased in May 1948 as a site for expansion. It was the feudal superior on land at Hilton, Waterloo Place, Leys Town, Barnhill and Ballifeary as well as Kintail Estate which gave it an income of £345 p.a. in feu duties from around 150 properties.⁷⁰

The table below shows the allocation of beds in the late 1940s. There were also 26 paediatric beds, two isolation beds and 20 private beds. The beds were split equally between each specialist except for medicine where the bed allocation is shown in brackets.

Specialty	Beds	Specialist
ENT	18	IM Seex and HM Urquhart
Ophthalmology	12	T Chalmers and RL Richards
Gynaecology	20	JA Chalmers and AB Hay
Surgical	76	H Miller and AJC Hamilton
Medical	48	J Ronald (18) T Scott (18), DC Wilson (12)

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RNI specialist staffing 1949⁷¹

Area	Specialist
Surgical	2 consultants shared (Raigmore and RNI), 1 assistant at Raigmore, 1 registrar at RNI.
Medical	2 consultants shared (Raigmore and RNI), 1 assistant at Raigmore, 1 registrar at RNI. 2 assistants and registrars to be appointed
ENT	1 consultant shared (Raigmore and RNI). 2 nd required.
Dermatology	1 physician.
Ophthalmology	1 consultant at RNI. 2 nd to be appointed.
Gynaecology	2 consultants in Inverness.
Anaesthesia	1 consultant and 2 anaesthetists to be appointed.
Laboratories	Pathology, Biochemistry (to Raigmore), Bacteriology.

In 1949, the new health board surveyed the specialist staff and assessed the need for additional ones. Their summary as it pertained to the RNI is shown in the table above. By then, there was already some joint working with Raigmore Hospital including sharing facilities as well as specialist staff.

In early 1945, following the Heatherington Report⁷² and anticipating expansion, the RNI had purchased nearby Eden Court for £7500. In 1946, the Department of Health suggested using it as a Preliminary Nursing School (combined with Raigmore) and approved its £9250 conversion which occurred in 1948. In 1950, it opened with 12 student nurses each from Raigmore and the RNI. Later there were also student nurses from Culduthel.ⁱ Nurses were accommodated in the former Bishop's Palace and the chapel was converted to a classroom.⁷³ The School was opened by Miss O Robinson OBE from the Department of Health, formerly Principal Matron of the Emergency Services Hospitals, (next photo). Main training still continued separately at the RNI and Raigmore but students spent time in Inverness hospitals other than their own to ensure experience of all specialties including placements at Craig

ⁱ Before this, they had to go to Aberdeen for preliminary training.

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Dunain and at Hilton.ⁱ Student nurses undertook a 3-year course to become state registered nurses. In the 1950s, pupil nurses undertook a 2-year course to become state enrolled nurses and were trained at Alton in Ballifeary Road (the former house of the RNI pathologist).

By 1965, training was organised under a Central School of Nursing but facilities were located at Raigmore, Eden Court, Alton House and RNI until the new building opened at Raigmore in 1970 with 162 student and 48 pupil nurses. These included students from Ross shire and Lewis hospitals. Applications for training were now to the Central School. Previously, matrons of individual hospitals had recruited.



In the 1950s, RNI in-patient numbers continued at around 200 daily. The distribution of beds is shown in the next table. Essentially the pattern was similar to that of the 1930s with surgery the main category but there were also significant numbers of ENT, ophthalmology, paediatrics and gynaecology. In 1962, in response to long patient waiting

ⁱ A former Hilton nurse remembers feeling overstaffed by the number of students.

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lists for ophthalmology, gynaecology was transferred to Raigmore and two wards were converted to ophthalmology which increased its beds from 16 to 28. However, a shortage of skilled nurses, later relieved by agency nurses, delayed the opening until the end of the year. In late 1971, 20 beds were established for geriatric assessment and rehabilitation which reduced the medical capacity by 22 beds.⁷⁴

RNI bed allocation 1959-71⁷⁵

	1959	1963	1971
Ophthalmology	16	28	28
Medicine	60	60	38
General Surgery	88	96	96
Ear Nose and Throat	30	30	30
Gynaecology	20	-	-
Paediatric	10	10	10
Geriatric assessment			20
Total	224	224	222

In 1984, a new Audiology Unit opened but there then began major changes as the planned centralisation of acute hospital facilities at Raigmore progressed and the RNI moved towards a GP led community hospital. Acute services moved to Raigmore and, by May 1986, the hospital was empty. After extensive refurbishment, 96 elderly patients were transferred from Hilton and Culduthel hospitals. After further work, in 1991, the York Wardⁱ opened as Highland's first day hospital with a capacity of 20 per day. From 1999, there was major reorganisation into a new community hospital and, by April 2000, there were 30 GP beds. Further changes saw conversion of some of the former wards into residential property and, in 2004, the original hospital block became the headquarters of the University of the Highlands and Islands. The building's frontage retains much of its character, a reminder of the achievement of the people of the Highlands and Inverness across two centuries.⁷⁶

ⁱ The 1929 children's ward.

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Infirmiry Staff

The following section gives details of Infirmiry staff over the years. Although every effort has been made to produce a continuous record there are small gaps where details have not been found. A question mark indicates that the information or inference is uncertain or unknown.

Matrons 1803 – 1970

Until the mid-19th century, matron and most staff were rarely named in records or in press reports which makes identification challenging.

Date	Matron	Notes ⁷⁷
1804-15	Mrs Murray	Dismissed for being old and infirm.
1815-28	Mrs Elizabeth Adam	Matron appointed March '28 ?Mrs Willox.
1828-31	Mrs Willox	Resigned and set up as a midwife.
1831 - ?	?	
? -1841-?	Isabella Davidson	Recorded at census.
1844	Matron wanted. Mrs Sampson Edinburgh selected on paper but committee want to see her. ?appointed.	
1846-?	?	Matron resigned/wanted, May 1846.
1849-51	Mrs Christian Mackenzie	Clark, Inverness. ⁷⁸
1851-55	Miss Mackenzie	Dismissed as 'too old and unfit'.
1855-68	Mrs Beaton	
1868-73	Mrs Flora Wood	£30 p.a. Dismissed when matron with modern qualifications was required.
1873	Miss Greenhill	Died before starting.
1873-74	Miss Topping	
1875	Miss Sarah Maguire	Includes training of nurses. Resigned.
1875-77	Mrs Helen M Robinson	Resigned apparently over staffing issues.
1878-81	Mrs Perry	Large number of applicants.
1881-91	Miss Isabella Falconer	Died in post July 1891.
'91-1905	Miss McConnachie	Became matron County Hosp. Dufftown.
1905-21	Miss Elsie CR Philp	Resigned for health reasons.
1921-28	Miss Anne Sutherland	Resigned (married AJC Hamilton).
1928-47	Miss Drysdale	Resigned after period of illness.
1947-50	Miss Dean	Resigned (married Maj. Gen. Paton).
1950-51	Miss Mary Mackay	
1951-70	Miss Eliza Low ⁷⁹	Retired.
1970	Miss ECS Morrison	

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House surgeons 1804 – 1930

To save space 'Dr' is omitted unless the first name or initial is unknown.

Date	House Surgeon	Notes
1804-9	John Taylor	
1809-12	William Macdonald ⁸⁰	
1813	Hugh Fraser	?Medical attendant from 1824.
1813-4	M Bethune	?Medical attendant from 1821. ⁸¹
1814-28	John Mackenzie	Salary £50 p.a. Medical attendant from 1833. ⁸²
1828	C Martin	Had shop in Bridge Street. Resigns 1828 after dispute with medical attendants. ⁸³
1829-30	John Grant	From Forres. ⁸⁴
1830-4	Rob. A Manford	£30 p.a. ⁸⁵ Medical attendant from 1837.
1834 -6	Eric Mackay ⁸⁶	Appointed from 22 applicants.
1836-9	Roderick Fraser ⁸⁷	
1839-41	James J Ross	Medical attendant from 1856.
1842-3	Dr Kennedy ⁸⁸	
1843-5	John Wilson ⁸⁹	From Nairn. Medical attendant from 1848.
1845-6	John Mackintosh	From Auldearn. No Gaelic - local protest. ⁹⁰
1846-7	Isaac Wallace	From Nairn. ⁹¹
1847	Dr Crearar	
1847-8	D McEwan	
1848	John Campbell ⁹²	
1849-51	Robert Wilson	
1851-3	Archibald Whyte	Set up practice in Nairn. ⁹³
1853	David Dallas	From Nairn. ⁹⁴
1854-5	Walter Scott ⁹⁵	
1855-7	John Mackenzie	From Invercannich. ⁹⁶
1857	John McGilp ⁹⁷	
1857	R Fraser ⁹⁸	
1858-9	John Cook	Pioneer in developing calf's lymph vaccination. ⁹⁹
1860	Robert Taylor	
1860-2	Robert Craig ¹⁰⁰	
1862	P Hume Gentle	£30 p.a. salary – same as the 'cell keeper'. ¹⁰¹
1863-4	Alex Cameron	
1864-5	Donald Campbell	From Edinburgh. Resigned due to salary. Drowned with family in New Zealand in 1881. ¹⁰²
1866-8	William Macdonald	from Daviot. ¹⁰³
1868	Charles Adam	From Aberdeen.

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1868-70	David Tulloch	Salary now £40p.a.
1870	Adam S Reid ¹⁰⁴	
1870-1	Charles Smith ¹⁰⁵	
1871-2	Robert Smith	
1873	F Fraser	
1873	Anthony Butler ¹⁰⁶	
1873-?	DF Fraser	From Dornoch.
1878-?	D MacDonald ¹⁰⁷	
?-1880	Dr Marshman	
1880-2	WH Brodie	From Aberdeen. ¹⁰⁸
1882-3	John MacPherson	From Dores at £50 p.a. Later HM Commissioner for Lunacy and Prof. Psychiatry Uni. of Sydney.
1884-5	GD Logan ¹⁰⁹	
1886	John Wilson Black ¹¹⁰	Medical attendant from 1890.
1887-8	John Macdonald	Invernesian. Future MOH for Inverness-shire. ¹¹¹
1888	Alexander Rose Macleay	
1888-9	James Strother	
1889-91	David MacRitchie	Son of Inverness chemist. ¹¹²
1891-2	D O McGregor	
1892	Henry R Chalmers ¹¹³	
1892-3	Hugh E Fraser	Son of Provost. Medical attendant from 1895. ¹¹⁴
1893-4	George A Williamson ¹¹⁵	
1895-6	Arthur Mackintosh	Son of treasurer. ¹¹⁶
1896-8	Ian G Sibbald ¹¹⁷	Son of Chief Commissioner for Lunacy.
1898	C Percy B Wall ¹¹⁸	Previously at Craig Dunain? Left for post in South Africa,
1899	AN Haig	
1900-1	George G Hay	
1901-2	WE Taylor	Salary increased (£70-£100) to attract applicants.
1902	WH Eden Brand	
1902-3	JC Galloway	Died suddenly in 1903.
1903	Robert C Affleck	
1904-5	DJ Gair Johnstone	
1905-6	WE Reid	
1906-7	James M Macdonald ¹¹⁹	
1907-8	Thom. E Roberts	From Inverness. Medical attendant in 1909. ¹²⁰
1909	William T Munro ¹²¹	
1909-11	Farquhar Macrae ¹²²	
1911-12	L Lowrie Fyfe	
1913-4	John G Elder ¹²³	

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1914	Charles Joubert	From South Africa. ¹²⁴
1915-6	Donald MacLeod	Final year student.
1917	Dr Brennan	Leave of absence to sit finals then called up.
1917	ME MacIver	First woman house surgeon. ¹²⁵
1918	Dr Macbean or Macvean ¹²⁶	
1918-20	Herbert Humphry	
1921	PR Riggell ¹²⁷	
1921	JW MacRae	
1922	J MacLeod ¹²⁸	
1923-5	CD Macrae Alex. M Fraser	Now two house officers - senior surgical (Dr Macrae) and junior medical.
1924-5	Alex Fraser (Later Inverness MOH), ¹²⁹ R Urquhart Gillan (junior), ¹³⁰ Roderick Mackay, ¹³¹ Alistair Cameron. (2)	
1925	Harvie Duncan, Alex Logan (2)	
1926	Harvie Duncan ¹³² EA Johnston	EA Johnston is later Medical Superintendent of Culduthel and of Raigmore Hospital.
1926-7	RC Scott, ¹³³ JTM Symington	
1927	JA Fraser Dr Caird	JA Fraser probably still in post in 1928. Son of Professor Caird. ¹³⁴
1928	Brian Meyer ¹³⁵ RS Ritson Dr Gray ¹³⁶	Ronald Maunshell also signs list of medical staff at laying of foundation stone.
1929-30	Dr Ferguson ¹³⁷	
1931	Now 3 house officer posts (renamed residential medical officer).	

Honorary Medical Attendants 1804 – 1948

Doctors are listed from the date of their election to the Infirmary unless otherwise stated. Date in brackets shows when they stopped (where known).

Date	Staff details
1804	William Kennedy (-1822), James Robertson ⁱ (-1815), George Forbes (-1832). Alex MacDonald later that year (died 1835).
1814	John Inglis Nicol (died of cholera 1849). ¹³⁸
1820	Managers' meeting includes Dr Innes Robertson.
1821	Dr Bethune (- before 1834). ¹³⁹
1824	Hugh Fraser (-1849), Dr D Campbell (- before 1834), Dr CJ Macdonald (died 1834). There are now 5 medical attendants.
1832	John Robertson (-1833).

ⁱ Several times Provost. Lived at Aultnaskiach.

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1833	John Mackenzie (died 1850).
1834	Archibald Macrae (-1836), William Munro (-1841).
1836	Dr Jamieson (-1837).
1837	RA Manford (-1866).
1838	Dr S Chisholm (died 1848).
1844	Dr Walker (resigned 1848).
1848	John Wilson (-1880). In partnership with Dr Nicol.
1850	Roderick Fraser (-1859).
1851	Duncan Mackay (-1854 resigns in protest at dispute between managers and doctors), JG Mackenzie ¹⁴⁰ (- before 1862), Thomas Ross (-1856 at least).
1856	James Jones Ross (-1880).
1866	Dr McNee (died 1900). ¹⁴¹
1867	D Campbell (moved away 1868). ?House surgeon 1864-5.
1868	W Macdonald (-1883).
1871	Hugh Clark (died 1876).
1878	John Simpson (-1888).
1880	James Murray pupil of Lister and introduced antiseptic treatment to Infirmary operations (died 1943), ¹⁴² FM Mackenzie (-1887).
1883	Ogilvie Grant (-1889 when he became MOH Inverness-shire), DS Macdonald (-1886), WR Gibson (-1884). ¹⁴³
1884	D MacFadyen senior (-1922, died 1924), J Milne Chapman (died 1893).
1891	J Wilson Black (-1929 died 1930) specialises in ophthalmology. ¹⁴⁴
1893	J Munro Moir (died 1926), J Asher Forsyth (died 1911), ¹⁴⁵ Leslie Fraser dental surgeon (died 1909), ¹⁴⁶ AW Mackay (-1939).
1895	Hugh Ernest Fraser (-1897 when appointed Med Super Dundee RI). ¹⁴⁷
1897	John Macdonald (-1908) becomes first ENT consultant in 1900. ¹⁴⁸
1898	Gordon Lang (died 1924) began X-rays and was radiologist. ¹⁴⁹
1905	John W Mackenzie becomes ENT surgeon (died 1928). ¹⁵⁰
1908	James Luke first consulting surgeon from 1910 (died 1926), ¹⁵¹ Kyle Mackintosh (-1932) succeeds Leslie Fraser as dental surgeon.
1909	JE Kerr (-1910), TE Roberts (-1910), D MacFadyen Junior succeeds Gordon Lang as radiologist (- 1928).
1910	Kenneth Gillies (-1927 died 1928), DJ Kelly (-1913).
1911	LMV Mitchell appointed supervisor of infectious diseases (fever wards). Continues at Culduthel after 1917 (see also below). ¹⁵²
1913	Alex. Reid (-after 1939).
1914	A Fraser Lee (-1917).
1919	RD Campbell (-1945) becomes ophthalmic surgeon, David Dickie 2 nd specialist surgeon (-1928 died 1930).
1920	George Hunter (- 1921) ophthalmologist, LMV Mitchell (-1927) becomes

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	1st bacteriologist. ¹⁵³
1924	W J Bethune (-1948) anaesthetist from 1930.
1925	Louise Fraser (-1934) anaesthetist from 1930.
1926	AJC Hamilton (-1962) succeeds James Luke.
1927	Theo Chalmers (-1954) ophthalmologist (with RD Campbell). ¹⁵⁴
1928	TS Slessor (-1931), EG Collins ENT (-1936), Stuart Garden (-1946), ¹⁵⁵ Hugh Miller (-1950s) succeeds David Dickie, ¹⁵⁶ RG Bannerman (-1935) 1928 bacteriologist/pathologist succeeds LMV Mitchell who stays as physician (-c1950), ¹⁵⁷ JC Macdonald appointed full time radiologist (succeeding D MacFadyen who stays as physician). ¹⁵⁸
1930	JC Tainish (- at least 1939) full time radiologist. ¹⁵⁹
1932	J Allan (- 1948), MDL Proven (-1945) both dental surgeons.
1933	A Greig Anderson, Aberdeen first consulting physician (-1938).
1935	HJ Kirkpatrick (-1960) succeeds RG Bannerman, Janet Fraser (-1939 at least) anaesthetist, ?Dr Taylor resigns.
1936	I Seex (died 1961) succeeds EG Collins ENT. ¹⁶⁰
1937	Dr Bell Nicol - monthly skin clinic.
1938	Dr Leys (left 1946) succeeds A Greig Anderson, ¹⁶¹ W McWilliam (Med Super Craig Dunain) psychiatrist.
1942	Dr Gotlieb covering for Dr Tainish. Appointed Radiologist in 1946.
1944	Miss MB Barr appointed almoner.
1945	OH Gossip dental surgeon.
1946	DC Wilson succeeds S Garden.; AJ Duncan replaces TN MacGregor and is soon succeeded by Dr Hay & Dr Chalmers.
1947	Stanley Alstead consultant physician succeeds Dr Leys but becomes professor at Glasgow University within the year. ¹⁶²
1948	Dr Anderson monthly skin clinics, J Bryant succeeds Dr Alstead, J Ronald succeeds J Bryant, DC Wilson physician specialises in rheumatology. ¹⁶³

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RNI endowed beds

Endowing a bed was a popular way of fund raising and for benefactors to donate to the hospital. The table on the right shows the distribution by ward and below is an edited list of the dedications

Ward	Endowed beds
York	20
3 and 4	24
5 and 6	17
7 and 8	15
9 and 10	22

The Tanera Bed	Warrior's Bed	A Friend	Attadale
Children's Bed	Glenurquhart (2)	Parish of Croy	The Avoch Bed
Lochalsh Memorial	Eilean a Cheo Bed	Seaforth Highlanders bed	
Aird & Strathglass	Aigas Bed	The Killilan Bed	Sports Bed
John Mackintosh	People of Kiltarlity	Catherine MacRae Mackintosh Bed	
Parish of Petty October 1928		Lochcarron Estate Bed (2)	
John Kinnaird Memorial Bed 1920		WG Dick Memorial Bed	
Memory of Frasers of Abertarff 1925		Memory of Ida Gertrude Ogden	
Ewen and John Macrae Bed		James Forbes Jamieson Bed	
Burgh and Parish of Dornoch Bed		Alexandra Rose Day 1942 Bed	
John Murray of Clava 14 th June 1939		Royal Burgh of Tain Bed	
Mary Stewart-Mackenzie of Seaforth 1920		Fortrose and Rosemarkie Bed	
John and Christabel Irwin Smart		Peace Bed 30 September 1938	
Seaforth Highlander War Memorial Bed		Rosskeen Bed by Mr AT Gill	
Inverness Building Trades Operatives		In memory of Eileen Aldam.	
In memory of Kenneth Gillies MA MC CM surgeon and member of medical staff for over 16 years. Died 13 th June 1928.		In memory Angus Alex. Mackintosh of Mackintosh Captain 'Royal Horse Guards' Died 14 October 1918.	
Mrs Mowat Firthview Inverness in memory of Doctor John W Mackenzie.		Memory of James Luke surgeon for 21 years. Died 24 March 1927.	
In memoriam Patrick Houston Shaw Stewart Born 17 th August 1888. Killed in action in France 30 December 1917.		Founded by Tavish and Christine Macmillan Glen Urquhart in memory of their little boy Alexander Duncan.	
George A Macdonald memory of mother Mrs Helen Macdonald Gladstone Terr.		In loving memory of Moira daughter of David and Mary Young.	
Bequest of Mr Ewan MacLennan for the sick poor of the parishes of Kintail and Glenshiel.		'Charlie's Cot' in memory of Charles A Gordon Shaw only son of Duncan Shaw WS Inverness 1899-1908.	
Memory of my husband John M Macdonald Lochardil Inverness.		Memory Sir Ewan Cameron KCMG by his wife & children 1908.	
Mrs Hughina Fraser memory of husband Alexander Fraser Tomnahurich Street.		Duncan Macleod of Skeabost, Isle of Skye in memory of the sons of Skye.	

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Dr John Wilson Black by Miss Elizabeth Georgina Black 'Evelix' Drummond Rd.	In memory of Lucius Montrose Cuthbert 1856 – 1915.
USN Mining Squadron in memory of American participation in North. Barrage operations and in remembrance of many kindnesses by people in the Highlands.	Mrs Catherine Macfarquhar memory of Roderick Thomas, Annie and Catherine Macfarquhar of Balnagaig, Rosehill Cottage, Ballifeary, Inverness.
Miss MA Fraser 57 Lochalsh Road in memory of her brother Bailie James Sargant Fraser.	In Memory of the officers, NCOs and men of Cameron Highlanders who fell in the Great War.
Alex. & Janet McKay Bed (natives of Drumsittal, Knockbain, Ross shire) by their son the late Mr John Mackay 265 Golfhill Drive Glasgow.	Cot by Aird & Strathglass branch Northern Infirmary Ladies Auxiliary Association in memory of Edith Evans lost in SS 'Titanic' 1912.
Highland Railway by WH Cox of Snaigow, Chair & the Right Hon. Lord Invernairn, Director.	By the late DS Chisholm, Clerk and treasurer of the Infirmary in memory of his brother William Chisholm.
Duncan Macdonald of Kiltarlity Bed by Mrs Mary Agnes Mackie in memory.	The Strathspey Bed by Miss Helen MacBean Nethybridge.
Victory bed a thank offering to God for victory and deliverance from the grave peril which threatened our country in the World War 1939-1945 John MacCulloch, Derina Lodge Fortrose.	Relatives of the late John Couper Viewmont, Helmsdale for the benefit primarily of patients from Helmsdale or any other part of the parish of Kildonan.
John & Marjory Paterson Bed in loving memory by their sons & daughter.	Ewan MacLennan's bequest for sick poor of Kintail & Glenshiel.
Gifted by John Alexander Dewar Baron Forteviot of Dupplin & Margaret his wife.	The George Inglis of Newmore Bed by Mrs Catherin S Inglis 1933.
Devoted memory of my beloved husband Duncan Fraser passed away March 1924.	Prov. Donald Macdonald, Scorguie in memory parents & sister Annie 1933.
This bed was named in 1939 by past and present nurses of this Infirmary.	By Miss Mary J Sime in memory of her brothers John and William Sime.
Margaret & Charles Fraser, Gollanfield and Inglewood, Crown Drive Inverness.	Memory of Dr James MacNee for 34 years a member of the medical staff.
Memory Catherine & Margaret daughters of William Sutherland Waterloo Place.	In memory of Mr Simon Chisholm for many years a generous donor.
Memory Francis Squair Sheriff substitute of Stornoway and sister Jessie Catherine Squair by their sister Elizabeth Hood.	Elizabeth Ponton Howden Bed re bequest of 200 guineas and other contributions and legacy.
Memory of Mrs Edward H Litchfield of New York and daughter Madeline Sands.	
Dowager Lady Congleton, London memory of Margaret Peter Dove Eilean Aigas.	

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Miss Justina Jessie Anderson in memory of her father, mother & brother George Anderson FRSE Mary Mackenzie Cobban, George Cobban Anderson.
Memory of Chas Kennedy superintendent of stores Highland Railway and wife Harriet, 5 Ardross St. Parents of Mrs Elma M Kennedy Bridgend Drumnadrochit.
Kintail & Glenshiel Bed by Lt Colonel & Mrs Macrae-Gilstrap, Eileen Donan in memory of Farquhar & John D Macrae & fallen of Clan Macrae. Great War 1932.
Memory of Edward Davis of Cheltenham Donation of £1,000 allocated from a bequest to Scottish hospitals by his executors Alice & Alfred Davis Glasgow 1913.
Mrs JM Stewart (of Garth) Rydal Mount, Simla, India Is Gradh Dia (4 beds). To the dear memory of (i) my beloved sister Chris Stewart who died in India, (ii) my beloved sister Catherine Sinclair Stewart, (iii) my beloved husband Frederick Stewart who died in India, (iv) my beloved sister Kate Stewart who died in India.
Memory of Alexander Grant FRCS Surgeon-major Bengal Army, Hon. Surgeon to HM Queen Victoria and surgeon to Marquis of Dalhousie, Governor General of India having the interest of the Northern Infirmary deeply at heart Surgeon-Major Grant, with other members of his family contributed largely to the endowment funds of that institution. He died on 3 rd January 1900.
Elizabeth Ponton Howden bed for the treatment of patients in terms of her bequest of 200 guineas and in acknowledgement of other contributions made and legacy left by her to the institution.

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References

- ¹ Key sources are TC Mackenzie's - *Story of a Scottish Voluntary Hospital Inverness 1946* and *Further History of a Scottish Voluntary Hospital Inverness 1950* and Infirmary annual reports. These are only referenced in graphics or quotes.
- ² Edinburgh Evening Courant 28 December 1797
- ³ Colvin, Howard *Biographical Dictionary of British Architects 1600-1840* 3rd Edition Yale UP 1997 courtesy of www.scottisharchitects.org
- ⁴ Clark, J The Town of Inverness in '*Views in Scotland*', Smith & Elder, London, 1823.
- ⁵ Inverness Courier 6 May 1799, 1 January 1926: Edinburgh Advertiser 6 May 1799
- ⁶ Alston, Dr David <http://www.spanglefish.com/slavesandhighlanders/index.asp>
- ⁷ Opening of the New Northern Infirmary 17 May 1929 Official Programme: Knox Dr *The Royal Northern Infirmary* in Aberdeen Medical Journal 1975 p4 Highland Archives
- ⁸ Letter of 1805 from James Smith architect to Infirmary Managers National Records of Scotland
- ⁹ Contained in trustees Appeal for Expansion Funds January 1830 National Records of Scotland. It appears that no changes to the building were made between 1804 and 1830.
- ¹⁰ Richardson H *Scottish Hospital Survey* Unpublished RCAMHS Edinburgh: Richardson H *Building up your Health* Historic Scotland 2010: <https://historic-hospitals.com/>
- ¹¹ Trustees Appeal for Expansion Funds January 1830. *op.cit.*
- ¹² Address to Public November 1805 National Records of Scotland: Caledonian Mercury 12 November 1804
- ¹³ Knox 1975 *op.cit.*
- ¹⁴ Northern Infirmary Report 15 June 1830 Fraser Papers Highland Archives
- ¹⁵ Scottish Highlander 2 May 1889
- ¹⁶ Northern Infirmary Report 15 June 1830 *op.cit.*
- ¹⁷ Appeal to the public for funds documentation 1809 National Library of Scotland
- ¹⁸ Northern Infirmary Appeal for funding 4 January 1830 National Records of Scotland
- ¹⁹ Letter of 15 January 1805 from George Cumming National Records of Scotland: Inverness Journal 11 November 1808, 20 January 1809, 2 November 1821: Address to the Public November 1805 *op.cit.*: Caledonian Mercury 12 November 1804, 18 January 1806
- ²⁰ Northern Infirmary Report 15 June 1830 *op.cit.*

History of Highland Hospitals

- ²¹ Inverness Journal 4 January 1811, 25 June 1841
- ²² Inverness Journal 20 June 1817: Inverness Courier 6 August 1818
- ²³ Minutes of fund raising committee National Records of Scotland: Appeal letter 4 April 1839 Highland Archives
- ²⁴ Report on fund raising committee 15 March 1831 National Records of Scotland: Fraser Mackintosh Collection National Records of Scotland: Northern Infirmary Appeal for funding 4 January 1830 *op.cit.*
- ²⁵ Inverness Courier 16 April 1845: Gifford, J *Buildings of Scotland (Highlands and Islands)* Penguin 1992: Letter of July 1857 in Infirmary Correspondence Highland Archives
- ²⁶ Inverness Journal 17 December 1847
- ²⁷ Inverness Courier 27 March 1833, 25 September 1856
- ²⁸ Inverness Courier 1 June 1865: Aberdeen Journal 28 February 1872
- ²⁹ Inverness Journal 14 September 1821, 09 January 1835: Inverness Advertiser 24 September 1850, 28 November 1884: Scottish Highlander 3 January 1889, 19 January 1893: Fraser Mackintosh collection Highland Archives: Aberdeen Journal 12 October 1886: Aberdeen Weekly Journal 31 May 1887
- ³⁰ Inverness Advertiser 22 May 1866, 31 May 1887
- ³¹ Inverness Advertiser 26 April 1867: Inverness Courier 11 November 1846, 8 November 1870
- ³² Aberdeen Weekly Journal 24 April 1884
- ³³ Aberdeen Weekly Journal 8 June 1877
- ³⁴ Inverness Advertiser 25 May 1866
- ³⁵ Scotsman 21 September 1891
- ³⁶ Scotsman 21 May 1915
- ³⁷ Lecture to the Highland Medical Society 1953. Courtesy of Dr David Bisset
- ³⁸ Knox 1975 *op.cit.* p8
- ³⁹ Inverness Journal 13 February 1835: Inverness Courier 20 March 1844: Nursing Record & Hospital World 6 October 1894: Burdett *Hospital & Charities Yearbook*.
- ⁴⁰ Inverness Advertiser 18 September 1868: Dictionary of Scottish Architects www.scottisharchitect.org.uk: Report by Dr Dewar Inspector for the Local Government Board 23 December 1910 in Inverness Town Council Minutes 1910-11 p274: Mackenzie 1946 *op.cit.* p110: p157
- ⁴¹ Arrangement with Infirmary Managers Regarding Fever Hospital 12 June 1902 and attached undated memorandum from the Infirmary Secretary Highland Archives
- ⁴² Courtesy of the late Mrs Netta MacIntyre.
- ⁴³ Burdett, HC *Hospitals and Asylums of the World* London 1893.
- ⁴⁴ Northern Infirmary papers Highland Archive Service

History of Highland Hospitals

- 45 Hamilton, AJC *Surgery in Highlands & Islands* Scottish Medical Journal June 1963
- 46 Scottish Highlander 08 October 1896, 29 July 1897: Inverness Courier 10 June 1898, 14 June 1898: BJN 3 October 1896 p276: Aberdeen Weekly Journal 13 June 1898
- 47 Aberdeen Weekly Journal 7 May 1896
- 48 Aberdeen Weekly Journal 25 January 1899: Inverness Courier 17 October 1899: Scottish Highlander 05 May 1898: Aberdeen Weekly Journal 25 January 1899
- 49 Aberdeen Daily Journal 14 October 1909, 12 October 1911
- 50 Scottish Board of Health - *Report on Hospital Services of Scotland* Edinburgh 1926
- 51 Hamilton AJC 1963 *op.cit.*: Aberdeen Journal 17 January 1925
- 52 British Medical Journal 19 May 1928 p872: Inverness Courier 27 May 1930, 13 May 1927, 30 April 1929
- 53 Inverness Advertiser 31 May 1867: 13 October 1868: 6 November 1868
- 54 British Journal of Nursing 28 November 1903 p438, 2 September 1922 p154
- 55 British Medical Journal 25 May 1929: Inverness Courier 12 March 1991
- 56 Hamilton AJC 1963 *op.cit.*
- 57 Inverness Courier 24 March 1931
- 58 Inverness Hospitals Board of Management 14 April 1954
- 59 Infirmary Annual Report 1929
- 60 Hamilton AJC 1963 *op.cit.*: Knox 1975 *op.cit.* p10: Aberdeen Journal 4 May 1916
- 61 Scottish Hospital Survey 1946 *Report on Northern Region*. Edinburgh
- 62 Hamilton AJC 1963 *op.cit.*: Knox 1975 *op.cit.* p13
- 63 Hansard 27th June 1922
- 64 Scottish Department of Health Annual Report 1929-1931
- 65 Inverness Courier 15 December 1936
- 66 Hamilton AJC 1963 *op.cit.*: Northern Region Health Board Specialist Medical Staffing 12 January 1949
- 67 Knox 1975 *op.cit.*
- 68 Scottish Hospital Survey Department of Health 1946
- 69 Cameron JM Personal memories of the RNI Highland Archives: Inverness Hospitals Board of Management 30 September 1952
- 70 NHS Act 1947 Transfer of Hospital Northern Region National Records of Scotland
- 71 Northern Region Health Board Specialist Medical Staffing Report 12 January 1949
- 72 *Report of Committee on Post War Hospital Problems in Scotland* 1943
- 73 Nursing Mirror 20 April 1951: Mackay, Sheila OBE (Ed) *Inverness Our Story* Bk 2 Inverness 2007

History of Highland Hospitals

- ⁷⁴ Inverness Hospitals Board of Management 16 January 1963: Northern Region Health Board GP 13 January 1972
- ⁷⁵ Inverness Hospitals Board of Management (Highland Archives) and DHS (National Records of Scotland) files
- ⁷⁶ P&J 11 May 1984: Highland Health Board Newsletter May 1986: Inverness Courier 12 March 1991
- ⁷⁷ Inverness Journal December 1831, 29 May 1846: Inverness Courier 8 May 1844, 19 June 1851: Inverness Advertiser 26 June 1868: Decennial census 1891: British Journal of Nursing 22 July 1905 p67, 26 November 1921 p340: Inverness Hospitals Board of Management 23 April 1953
- ⁷⁸ Inverness Courier 27 December 1849
- ⁷⁹ Inverness Hospitals Board of Management 6 September 1951
- ⁸⁰ Treasurers Cash Book Highland Archive Service
- ⁸¹ Letter M Bethune to James Grant Chair Highland Archive Service: Inverness Journal 12 March 1813: Treasurers Cash Book Highland Archive Service
- ⁸² Edinburgh Courant 13 December 1824: Inverness Courier 8 May 1928, 18 April 1850: Inverness Journal 1 May 1829: Treasurers Cash Book Highland Archive Service
- ⁸³ Inverness Journal 16 May 1828: Inverness Courier 29 November 1828: Fraser Mackintosh collection National Records of Scotland
- ⁸⁴ Inverness Courier 17 December 1828
- ⁸⁵ Inverness Journal 7 May 1830
- ⁸⁶ Letter Highland Archive Service D863/6/1
- ⁸⁷ Inverness Journal 19 August 1836
- ⁸⁸ Inverness Courier 8 February 1843
- ⁸⁹ Inverness Courier 8 March 1843: Inverness Journal 28 May 1845
- ⁹⁰ Inverness Journal 18 April 1845
- ⁹¹ Inverness Journal 20 November 1846
- ⁹² Inverness Courier 25 January 1848
- ⁹³ Nairnshire Mirror 22 October 1853
- ⁹⁴ Inverness Advertiser 05 July 1853
- ⁹⁵ Inverness Advertiser 04 October 1853
- ⁹⁶ Inverness Advertiser 13 March 1855
- ⁹⁷ Inverness Courier 25 November 1857
- ⁹⁸ Infirmary Correspondence D863/6/5 Highland Archives Referred to as house clerk in letter of 22 October 1857: Weekly House Committee minutes 30 June 1855.
- ⁹⁹ Chelmsford Chronicle 30 December 1921
- ¹⁰⁰ Inverness Advertiser 25 December 1860
- ¹⁰¹ Inverness Advertiser 23 December 1862
- ¹⁰² Aberdeen Journal 26 July 1865: Scotsman 7 May 1881

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- 103 Inverness Advertiser 26 June 1866: British Medical Journal 20 August 1904
- 104 Inverness Courier 26 May 1870
- 105 Decennial census
- 106 Inverness Burgh Directory
- 107 Inverness Advertiser 23 July 1878
- 108 Inverness Advertiser 02 November 1880
- 109 British Medical Journal 8 February 1941
- 110 Scottish Highlander 05 February 1886: Scotsman 5 February 1886: British Medical Journal 15 November 1930
- 111 Scottish Highlander 03 February 1887: Inverness Advertiser 26 June 1866: Scotsman 28 January 1887
- 112 Scottish Highlander 30 January 1890
- 113 Letter of 6 June 1892 in Infirmary Correspondence Highland Archives National Records of Scotland
- 114 Dundee Courier 21 April 1892: British Medical Journal 6 May 1922
- 115 Aberdeen Journal 3 August 1911: British Medical Journal 23 November 1946
- 116 Scotsman 19 July 1895
- 117 Aberdeen Journal 3 February 1897
- 118 Inverness Courier 24 June 1898
- 119 Aberdeen Journal 15 September 1906
- 120 Dundee Courier 17 December 1907: Inverness Burgh Directory
- 121 Letter dated 20 July 1909 in D863/6/7 Highland Archive Service
- 122 Dundee Courier 15 October 1909: Inverness Burgh Directory
- 123 Aberdeen Journal 1 April 1913: Inverness Burgh Directory
- 124 Dundee Courier 4 September 1914
- 125 Knox 1975 *op.cit.*: Mackenzie 1946 *op.cit.* p214: Inverness Burgh Directory
- 126 Inverness Burgh Directory
- 127 British Medical Journal 2 December 1961
- 128 British Medical Journal 17 May 1958
- 129 Inverness Burgh Directory: Knox 1975 *op.cit.* p 11
- 130 Aberdeen Journal 24 July 1924
- 131 Inverness Burgh Directory
- 132 Inverness Burgh Directory
- 133 Inverness Burgh Directory
- 134 Aberdeen Journal 19 February 1927
- 135 Inverness Burgh Directory
- 136 Inverness Burgh Directory
- 137 Inverness Burgh Directory
- 138 Inverness Courier September 1849
- 139 Inverness Journal 2 November 1821
- 140 Inverness Courier 13 February 1851

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- ¹⁴¹ British Medical Journal 28 April 1900
¹⁴² Aberdeen Journal 5 December 1927: British Medical Journal 6 March 1943
¹⁴³ British Medical Journal 21 January 1905
¹⁴⁴ British Medical Journal 15 November 1930
¹⁴⁵ British Medical Journal 29 April 1911
¹⁴⁶ Scottish Highlander 02 November 1893
¹⁴⁷ Dundee Courier 17 September 1897: Caledonian Medical Journal June 1922.
¹⁴⁸ Knox 1975 *op.cit.* p9
¹⁴⁹ British Medical Journal 27 December 1924
¹⁵⁰ British Medical Journal 7 July 1928
¹⁵¹ British Medical Journal 2 April 1927: Knox 1975 *op.cit.*
¹⁵² Inverness Courier 12 December 1930
¹⁵³ Knox 1975 *op.cit.*
¹⁵⁴ Dr Theo Chalmers lecture to Highland Medical Society 1953. Courtesy of Dr David Bisset
¹⁵⁵ *ibid*: Knox 1975 *op.cit.* p1
¹⁵⁶ Inverness Courier 10 May 1929
¹⁵⁷ Aberdeen Journal 22 June 1929
¹⁵⁸ Inverness Courier 9 August 1929
¹⁵⁹ Knox 1975 *op.cit.* p11
¹⁶⁰ Knox 1975 *op.cit.*
¹⁶¹ Knox 1975 *op.cit.* p13
¹⁶² Aberdeen Journal 8 January 1947: 25 December 1947
¹⁶³ British Medical Journal 4 June 1960