

## Conclusion

From a history of hospitals perspective, the Lochaber area is an area of contrasts. In the late 19<sup>th</sup> century it had one of the best appointed and staffed general hospitals in the West Highlands yet nearby there were areas only accessible by difficult sea journey or high mountain pass. These were virtually cut off in winter as Dr Miller's account of a journey in 1917 testifies (see Introduction). The picture is a similar one regarding fever hospitals with a well-appointed one in Fort William and the substantial Ballachulish Fever Hospital in North Argyll but remoter areas without easy access to any.

There is an element of luck in the development of hospitals facilities in Lochaber. That Andrew Belford should leave his considerable fortune to build a hospital is entirely fortuitous and, once established, the building of good fever hospital facilities in the 1890s was possible. The appointment of an enterprising Medical Officer of Health in Argyll certainly contributed to the establishment of the Ballachulish Fever Hospital. However, it was the area's capacity to generate hydro power to smelt aluminium which increased the otherwise low demand for acute hospital facilities and justified the Belford Hospital retaining a higher level of medical staffing throughout the 1930s than may have been possible otherwise. The area was also fortunate in benefiting, after 1914, from the Highlands and Islands Medical Service (HIMS) which, in 1915, saved the Belford Hospital from immediate closure and, from then, supported hospital finances through an annual grant. It was HIMS which, from 1928, supported visiting specialists who gradually grew in number throughout the 1930s and 1940s, a service which otherwise would not have existed until the NHS was formed in 1948.

However, it was not all good fortune. The centralisation of infectious diseases provision in Inverness necessitated long journeys for fever patients although it was the poor fabric of the Belford Fever Hospital building rather than council policy which precipitated its closure. In 1865, the new Belford Hospital with its dedicated maternity beds and a lying in room made Lochaber well ahead of other parts of the Highlands in maternity provision. Unfortunately, by the 1940s, when expectations

of hospital provision for maternity had risen, Lochaber decided to develop maternity in a building which had been judged defective since the 1920s. By the time the maternity unit building had been condemned, a new hospital was planned and maternity facilities were only in place once the new Belford opened in 1965. Similarly, local provision for geriatric patients was problematic and only fully available with the opening of the Belhaven Ward in 1982.

People's awareness of and concern for local hospital facilities has changed over the years. Until the 1920s, it seems that the people of Lochaber were content to leave the administration of hospital facilities in the hands of the hospital trustees and local authorities. There is little evidence of any substantial public fund raising for hospital facilities before the 1920s. This is late compared with many areas but the 1920s bazaars to raise funds for the Belford were followed by regular and substantial district collections once the Belford became a voluntary hospital. As elsewhere, the desire to preserve local facilities increased towards the end of the 20<sup>th</sup> century. Thus, the fairly abrupt closure of Ballachulish Hospital in 1953 precipitated a small but ineffective protest. By contrast, in the 1970s, the Highland Health Board's statistical projections of local geriatric need were successfully challenged and the Board was unable to close Glencoe Hospital then and again in the 1980s. Today, local health and hospital facilities are of widespread interest locally - a considerable transformation from the day when a group of colleagues and friends of Andrew Belford laid the foundation stone of his endowed hospital.