

Lochaber Hospitals - Introduction

Until the 20th century, the rugged mountain terrain of the Lochaber area, combined with the subsistence economy of many of its inhabitants, ensured that access to medical care was often problematic. This was well documented in the Royal College of Physicians of Edinburgh's Report of 1850-2 on medical aid in the Highlands.¹ Sixty years later, the Dewar Committee² of 1912, which included Dr Miller of the Belford Hospital, found similar difficulties for the population in accessing a doctor or hospital and this led to the establishment of the Highlands and Islands Medical Service, the first state supported health service in the UK. Later, in 1917, Dr Miller described one of his many home visits, the like of which challenged those delivering health care in the area.

It was late in the afternoon of a day in March when a telegram was received requesting attendance at a confinement in a shepherd's house. The stages in the journey began by taking pony and trap to the end of the road in the glen (6 miles). Thence on foot over a precipitous defile to the nearest shepherd's house (4 miles) where a pony was asked for and readily granted. Darkness had by this time set in and snow was falling. Such as it was, the track over the waste was obliterated. For guide, the worthy old shepherd offered his herdswoman, a squat sturdy woman of mature years who hailed from the Hebrides and who was inured to every form of climatic inclemency. Barely half of the next stage (3 ½ miles to the house of a gamekeeper) was accomplished when the pony sank to the girths in a bog and, with much difficulty, the beast was helped to regain his footing. The track had been lost. The outlook was perilous. But eventually the right path – probably as much from the animal's instinct as from the leader's direction – was got. The keeper's house was reached and the household aroused. Welcome hospitality was dispensed and the final stage (some 4 miles) was accomplished in company with the gamekeeper both on fresh ponies. On arrival at the destination the patient was found to have already given birth to twins. She herself was covered with measles. The only other occupants were the frail granny and grandfather. The doctor was provided with comfortable lodging in a gamekeeper's house close by and returned by the same route on the following day. The mother made a good recovery; the infants died.³

By then, public expectations of medical care had risen greatly across Britain and this made the difficulties all the more apparent. However, the area had also become one of the world's main producers of aluminium and strategically important to Britain, given the market demand for this new industrial metal. From 1904, the development of

aluminium works with their associated hydroelectric schemes at Kinlochleven and Fort William attracted a large workforce which was engaged in fairly hazardous work and for whom access to nearby medical services was essential.

The Belford Hospital was the only general hospital in this large area and, therefore, gained a strategic role in providing medical care. This explains its importance to the Highlands and Island Medical Service which, from 1915, gave financial support when the hospital was in financial difficulties and its closure was seen as not being in the public interest. Similarly, in the 1930s, the Department of Health ensured, through grant aid, that surgical services were available in the Belford even though the statistics suggest that the surgeon post could not be justified on volume of work alone.

Whilst the Belford carried out immediate and general medical care, the area traditionally looked to the city hospitals of Central Scotland for more specialist medical services. In 1912, for example, patients from the Mallaig area went to Glasgow rather than to the Belford.⁴ From the late 1920s, however, the development of Inverness as a centre for visiting specialists, with assistance from Highlands and Islands Medical funding, pulled the focus of specialist medicine eastwards, despite the relative ease of travelling to Glasgow by sea or by rail. Furthermore, in 1929, local government reorganisation subsumed the health authority functions of Lochaber District Council and Fort William Town Council into Inverness County, further increasing the centrality of Inverness, a trend which continued after 1948 under the National Health Service.

In 1865, the new Belford Hospital included two fever wards but, from 1889, local authorities became responsible for the hospital treatment of infectious diseases. The newly formed Lochaber Districtⁱ and Fort William Burgh collaborated with the Belford Hospital trustees to erect a fever hospital in the grounds of the Belford and opened a 'smallpox hospital' at nearby Airds. In Argyll, a very enterprising Medical Officer of Health ensured a wide network of small temporary fever hospitals

ⁱ Formed by grouping the local parishes.

and a more substantial one at Craighlinnhe near Ballachulish. Reports of a fever hospital at Corroul Old Lodge near Rannoch Station seem to be recent and thorough research by Dr Hugh Dinwoodie has uncovered no evidence that one existed.⁵

Following the 1845 Poor Law, many areas built large poorhouses on the English workhouse model most of which, given the impoverishment of their residents, developed wards for chronic sick paupers. The nearest such poorhouse was opened at Oban in 1863 by the large Lorn Combination of parishes which included Glenelg, Kilmallie and Kilmonivaig. Like many other Highland poorhouses, it was over-centralised and attracted few residents from outlying parishes. At the 1881 census, of the 73 inmates, only 6 came from Glenelg, 2 from Kilmallie and none from Kilmonivaig. By 1946, it had 179 beds including 26 sick beds and became Dalintart Hospital under the NHS. It closed in 1995 and has since been demolished.⁶

With no large local poorhouse, paupers continued to be supported in their own homes, in specially built cottages or in lodging houses all of which were called poorhouses. The 1871 OS map shows a poorhouse in Kilmallie which is probably the same establishment listed in 1881 as a 'House for Paupers' with 7 female occupants. It does not appear in the 1891 census or on the 1900 OS map, suggesting it had closed. From around 1887, Kilmallie Parish rented a former school building at Muirshearlich as a poorhouse which, in 1904, could accommodate up to 8 men and 8 women.⁷ In April 1921, it had two female inmates but appears to have closed by 1931. In April 1901, Fort Augustus had a poorhouse with 8 female inmates and 4 staff – 1 male and 3 female. In 1928, a row of houses for the poor (Belhaven) opened in Fort William. These small poorhouses did not have a medical function per se but some were staffed and were for the destitute who were often sick.

After the 1929 Local Government Act, poorhouses of all kinds officially ceased but the need, of course, continued and public assistance supported institutions and housing which were still generally known as poorhouses. In the 1930s, Fort Augustus had an almshouse and casual

sick houses where homeless sick poor were accommodated with support from a visiting nurse and/or domestic help.

There are many examples of temporary wartime hospitals across the Highlands. During the two World Wars, the Lochaber area became effectively one large military training ground and several large houses such as the Lochiel Arms Hotel and Fort Augustus Abbey were given over as military hospitals, some run by the Red Cross. In World War 2, Glencoe House and Craigdhu at Onich became military hospitals.

In 1948, under the new centralised NHS, local hospitals and local authorities lost their autonomy. Most of the Lochaber area lay within the Northern Regional Health Board, part of which was a local Lochaber Health Board. South of the River Leven was the Oban Health Board centralised in Glasgow. The NHS did much to coordinate hospital and other medical services. In 1974, North Argyll was included within the Highland Health Board and this allowed easier access to the Belford Hospital from that area. Equally, the Lochaber area had now improved access to Glencoe Hospital. Road transport had improved considerably during the 1930s and 1940s which facilitated the centralisation of hospital services and allowed the remote Invergarry Sanatorium and the ailing Ballachulish Fever Hospital to be closed. Capital was scarce in the 1950s and this prevented the development of adequate local maternity and geriatric facilities. The provision of both was seen as essential which meant that the high cost Glencoe Hospital had to continue and it was not until 1965 that there was sufficient capital to replace the Belford even though the need had been recognised in the 1940s.

References

- ¹ Royal College of Physicians Edinburgh Survey 1850 - 52. RCPE Edinburgh
- ² Report of Highland & Islands Medical Services Committee 1913 (Dewar Report) p423
- ³ Miller, AC in Mackenzie, L Scottish Mothers and Children Dunfermline 1917
- ⁴ Dewar Report *op. cit.* p423
- ⁵ Dr Hugh Dinwoodie Scottish Local History Forum: *Corrour Old Lodge* in Vernacular Buildings 35 Scot Vernacular Buildings Working Group 2011-12
- ⁶ Higginbotham P www.workhouses.org
- ⁷ Board of Supervision Annual Report