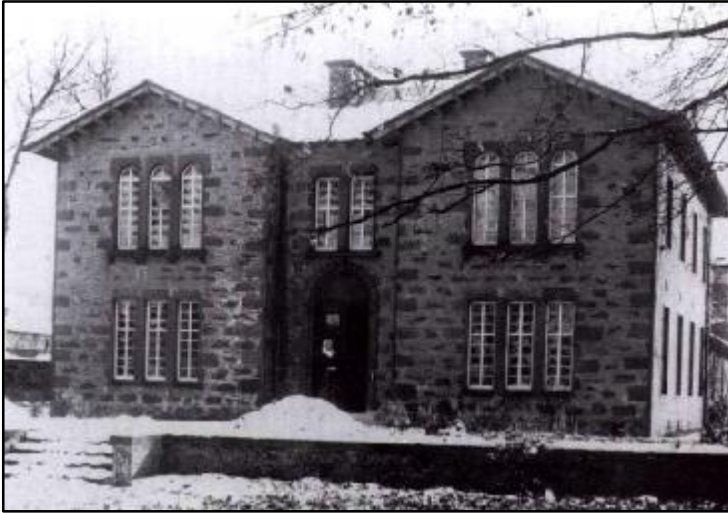


Nairn Town and County / Nairn Fever Hospital Lodgehill Road 1847



The original Nairn Town and County Hospital

Nairn Town and County Hospital is a good example of a Scottish voluntary hospital where community leaders acted as trustees within a voluntary association of subscribers whose contributions were supplemented by church collections and, most importantly, one-off donations or legacies which funded specific improvements. No voluntary hospital was a paying concern without ongoing support. Most patients were admitted free of charge and patient fees, where charged, seldom met the cost, even of the individual's treatment.

In August 1842, Nairn suffered an outbreak of typhus, ascribed to an infected seaman returning home from Helmsdale. Approximately 250 town's people were infected and 30 died including the Rev James Dewar of the Congregational Church.ⁱ Dr Grigor also described 'a very fatal and infectious disease' in the winters of 1842 and 1843 and said it mainly affected the 'poor and labouring classes'¹ although Dr Bayne noted that the epidemic had completely disappeared by March 1843.

ⁱ Typhoid outbreaks usually only affected poor housing areas.

In November 1842, a General Meeting of Subscribers in the Town Hall elected a Committee under the chair of Provost John Wilson. It issued an appeal which extolled the benefits of a hospital to the middle and upper classes (the source of finance) of having their servantsⁱ looked after and returned to duty fit and well. The meeting also praised the efforts of Drs Bayne, Grigor and Cowpar during the recent epidemic. It set up a Fever Committee which reported in March 1843 and recommended (i) a system of removing the manure from beside houses to reduce the risk of infectious disease and (ii) establishing a fever hospital costing around £250 but not exceeding £300.ⁱⁱ By then, it had collected over £70 as a relief fund and over £200 towards a hospital.²

The following year, the committee received and approved a building design from architect Thomas Mackenzie of Elgin.ⁱⁱⁱ The fever committee had found it impossible to agree a site mainly because people resisted having a hospital near their homes. A Mill Lane site was refused, as was a site between the horse market and the baths on the links because this might deter holiday makers from visiting. An edge of town site was eventually feued from Lt Col Finlay of Millbank by February 1844.³

In February 1844, the hospital trustees included Brodie of Brodie (Chair), Sheriff Cosmo Innes, William Mackintosh of Geddes (Convenor of Nairnshire), Brodie of Lethen, Hugh Davidson of Cantray, Lieutenant Colonel Alex Findlay, James Augustus Grant of Viewfield, Major General Gordon of Lochdhu, James Gordon of Ivybank, Rev. James Grant and Isaac Ketchen of Kingillie. It also included Brigadier James Ketchen of Madras Artillery and William Storm of Calcutta, evidence of the strong connection with this part of India. By May 1847, contributions received from Bengal made up around 35% of total subscriptions.⁴

ⁱ 19th century patients were working class. Wealthy homes had space for the ill.

ⁱⁱ It cost over double. Underestimating costs of public works is not a modern trait.

ⁱⁱⁱ Thomas Mackenzie (1814-54) was in partnership with James Matthews. He designed Elgin Museum and favoured the Italianate style evident in Nairn Hospital. He also designed Nairn United Presbyterian Church. He donated the hospital plans but was awarded 10 guineas for his efforts in supervising the construction.

By 1905, all the original trustees had died and it was decided to have Lord Lieutenant, the Convener, the Vice-convener, Clerk of the County Council and Provost and Town Clerk of Nairn as trustees.

First contracts with tradesmenⁱ were made on 30th April 1846 and the foundation stone was laid on 14th June. By May 1847, the building was almost complete but was over budget by about £70 mainly because of wage inflation due to competition from the building of the Inverness to Nairn Railway and the cost of the site which was considerably higher than anticipated.ⁱⁱ The hospital opened on 12th August 1847 having cost £915 including furnishings. The medical officers took over the hospital in November 1847 and it probably started receiving patients then. A final budget deficit of £150 necessitated an additional appeal and, by 1850, the entire debt was cleared. Isaac Ketchen of Kingillie played a prominent role in establishing the hospital. He became treasurer and secretary and was considered the prime mover in the project.⁵

Crimond Hospital, Aberdeenshire, opened in 1865, is often credited with being Scotland's first cottage hospital. However, Nairn, founded over 20 years earlier, had all the attributes of a cottage hospital. It was run by local doctors and admitted a wide range of ailments including surgical. It served a very small town and surrounding rural area. Perhaps it has a claim to be Scotland's first cottage hospital founded by public subscription.ⁱⁱⁱ Dr Grigor described it as 'the first un-endowed charity of its kind ... in so comparatively poor ... a district'.⁶

The objective of the hospital was *'To secure an asylum for the sick, it being understood that those who have the means to pay in part or in full, for the benefit of the institution, shall be required to do so'*. The use of the word 'asylum' is interesting. Hospitals are now places where the sick receive medical attention but, in the nineteenth century, the aim of hospitalisation was often to separate the patient from the family to prevent the spread of

ⁱ Mason & slater work by Provost Wilson, carpentry & glazing by GB McIntosh, plaster work by H Kinnaird and plumbing by Mr Logan of Inverness.

ⁱⁱ An appeal in November 1849 cleared the deficit within 6 months.

ⁱⁱⁱ Balfour Hospital in Kirkwall is earlier but it was endowed.

disease in overcrowded homes. Patients often needed just rest and a good diet, a remedy not available in many homes.



This extract from the 1871 Ordnance Survey six inch map shows the hospital grounds stretching between Lodgehill Road and Cawdor Road. The main building, now the private house Craig Royston, faces Lodgehill Road and the Porter's Lodge is on Cawdor Road. The laundry block is to the right of the main building which, in 1870, had yet to have its fever wing added.

The hospital had several ex officio directors including Lord Lieutenant, Convenor, Sheriff and Sheriff Substitute of Nairnshire, as well as the Provost of Nairn and three medical directors. There were arrangements for other bodies such as local authorities or even individuals to acquire, through financial contribution, a seat on the board subject to agreement by the subscribers. Presumably, the Board of Directors met regularly (many elsewhere met weekly) but the records of management meetings have been lost and we do not know to what extent the board involved itself directly in the running of the hospital.ⁱ The medical officers formed a medical committee which controlled admissions and treatment. The annual general meeting was held in May where six members of the Board of Directors were elected.

Funding was anticipated from church collections, subscriptions, occasional private donations, bequests and Parochial Boards (parishes) which paid for pauper patients and, after the 1889 Act, for fever patients.

ⁱ Some boards inspected the hospital weekly and Matron's accounts monthly.

By 1850, all four County parishesⁱ were subscribing and nearly all churches were holding collections. Subscribers of £5 per annum or more were entitled to vote at the AGM. In 1849, it was decided that patients were to pay according to their means. If they had no means, then they were ‘...to be admitted gratis...’. Parochial Boards which donated annually to the hospital could recommend paupers otherwise they were charged 6d per day for ‘Resident Sick poor’ and 3d per day for ‘Casual Sick poor’.⁷ In 1851, patients who could afford it were being charged 10d per day.ⁱⁱ Urgent cases could be admitted by the matron (initially known as the housekeeper) unless they were insane, idiots, epileptic or incurable because these cases were specifically excluded. As in many voluntary hospitals, local doctors gave their services gratis but also gave free attention to out-patientsⁱⁱⁱ each Wednesday at 12.00⁸ a scheme apparently set up by Dr Grigor.⁹

The hospital opened with 12 beds.^{iv} As in many new hospitals, patient numbers were initially low and they remained around 50 per annum for many years. Patients stayed in hospital for about a month suggesting that it was normally less than half full and this is supported by the number of in-patients in the ward at the start of the financial year (mid-May) (see table). By 1900, the average stay was about three weeks.

In ward in mid May					
1860	2	1873	2	1891	4
1862	1	1874	6	1892	2
1863	2	1879	1	1895	5
1865	1	1882	1	1897	4
1866	5	1884	2	1899	5
1867	1	1886	4	1900	7
1869	5	1888	5	1902	5
1870	3	1889	4	1905	3
1872	4	1890	2	1907	3

ⁱ Nairn, Cawdor, Ardclach and Auldearn.

ⁱⁱ Pre decimal currency had 240 pennies (d) to the £. 12 pennies = 1 shilling (s).

ⁱⁱⁱ We have found few records of out-patients in the hospital records but the very limited evidence suggests numbers were low in the 19th century.

^{iv} Dr Grigor said it held 36 and Dr Cruickshank, in 1882, said it accommodated 20.

Husband and wife teams ran the hospital until 1886. The evidence suggests that the husband was seen to be in charge although Mrs Jane Hunter continued several years after her husband's death. Peter Rowe is referred to as Governor, Keeper and Assistant in the 1880 accounts. Ex servicemen were favoured. Thomas Clarke (1877/78) was a sergeant and Peter Rowe (1878/83) was a Chelsea pensioner. Several came from the Glasgow area. Once the qualifications of the matron became more important such an arrangement was presumably more difficult. From at least 1851, matron was assisted by a nurse and servant and there was the need for additional assistance. In June 1883, Alex Lawson was paid 12/- for watching 'a vicious and unmanageable patient for four days in the hospital'.¹⁰ The matron/porter combination meant that the porter's lodge was not required and it was let out after its completion in 1858.¹¹ Initially, there were three medical officers (see table at end) but soon Dr Grigor was left on his own for several years.

Patient Numbers 1849-1907

1849	27	1864	68	1874	84	1886	51	1898	84
1850	15	1865	63	1876	58	1887	71	1899	92
1854	59	1866	44	1878	41	1888	65	1900	68
1855	59	1867	31	1879	38	1889	56	1901	102
1856	41	1868	42	1880	54	1890	62	1903	93
1858	56	1869	51	1881	53	1891	71	1904	93
1859	45	1870	37	1882	47	1893	47	1905	95
1861	49	1871	44	1884	53	1894	83	1906	99
1862	47	1873	54	1885	50	1896	80	1907	99

The hospital admitted a wide range of ailments. In 1853, operations included a strangulated femoral hernia, three club foot operations, two partial amputations of the hand and a cancerous lip. In 1873, of the 54 admissions, 25 were surgical and 12 were accident. There were 13 fever cases including three smallpox, two scarletina and two diphtheria. The patient admission book, which survives from 1898 onwards, shows a similar pattern with a large variety of cases and only a minority of fever patients, mainly scarlet fever. Patient admissions were distributed throughout the year and there is no evidence of any epidemic during this period. Interestingly, in 1899, a patient admitted with alcoholism was released the same day with the note 'cured' in the records. Patient

numbers gradually increased to nearer 100 per annum by the turn of the century (see table on previous page). The hospital mainly served its local area and, between 1898 and 1911, only 18 patients (1%) came from outwith the Nairn area¹²

Sources of Finance in 19th Century (apart from one-off legacies)

Subscribers	40%
Church Collections	20%
Patient fees - mainly pauper fees from Parochial Boards	10%
Miscellaneous receipts	30%

In the 1850s, the hospital's annual income was just over £60 with expenditure about £6 less. The table above shows approximate proportions of income from various sources. These could vary by up to 10% in any year but note the small proportion of patient fees. 'Miscellaneous' includes donations and receipts as well as special events such as two one-day bazaars organised by Mrs Douglas of Orbiston in Rose's Academical Instituteⁱ in 1869 which raised £241. Income and expenditure gradually increased but, with apparently careful and prudent management, so did the reserves. There were, as elsewhere, some difficult years when efforts were made to find new subscribers and to exhort church congregations to give more. In 1889, it was noted with concern that, in the previous year, expenditure had been £254 against an income of £179. However, the hospital later that year received a legacy of £500 from the estate of Alexander Petrie, a Tees-side shipyard owner and native of Nairn. By 1894, the funds were again 'in a very prosperous condition'.¹³

In 1860 gas was installed presumably for lighting.¹⁴ In 1881 a wc was installed in the female ward.¹⁵ In 1885, the old Board Room was converted into a private ward which was also good for accident cases because they did not need to be carried upstairs.¹⁶

In 1876, Donald McKenzie, Bookseller, left a legacy of £200 to provide a fever ward which, in 1889, was added to the rear of the hospital (on the

ⁱ Later called Nairn Academy. The building is now part of Rosebank Primary School.

left in the photograph below).¹⁷ It had two wards and a nurses' room but lay unfurnished until 1892 when the new County Council and Nairn Burghⁱ each paid £20 for furnishings under a tripartite agreement with the hospital trustees. Similar arrangements existed elsewhere such as in Lochaber and Caithness.



Nairn Town and County Hospital showing 1880s fever wing

The Medical Officer of Health, newly appointed in 1891, had several concerns about the wing. The site was confined, the nearby boundary wall and trees restricted air circulation and light, the building was low and its two 'four bed' wards were suitable for only two patients each. He thought access to one ward was 'inconvenient', ventilation was inadequate and that the wing was only suitable as a temporary measure.¹⁸ He repeated these concerns in subsequent reports. In addition, the criteria set by the Board of Supervisionⁱⁱ required more than four beds for the size of the local population. However, the hospital directors agreed to put the whole hospital at the disposal of the local authorities if required and this appears to have satisfied regulations. The control of infectious disease was a serious matter. In 1894, a patient who absconded

ⁱ The 1889 Local Government Act created new local authorities responsible for providing accommodation for fever patients, among many other duties.

ⁱⁱ The supervising body in Edinburgh which also oversaw poorhouses.

from the hospital while still infectious with scarlet fever, contrary to Dr Mann's advice, was prosecuted and fined.¹⁹ In 1896, the Medical Officer of Health suggested improving the access to the fever wards and this was carried out.

In 1900, the directors offered four beds to the military during the South African war but these were not taken up.²⁰



The separate laundry block with the fever wing on the right

By the early 1900s, the matron was assisted by two probationer nurses and there were about 30-40 operations annually. Income and expenditure were each £300-400 per annum and any deficit in running costs (almost £90 in 1900/01) was offset by the frequent legacies (see tables on next page). By 1905, subscribers and church collections made up the bulk of the regular income. By then, the hospital had £3468 in capital.

Main sources of income 1905/06 (apart from legacies)

Subscriptions	41%	Church collections	33%
Parish Councils	3%	Dividends and Interest	39%
Patient fees	3%	House rents	6%

Main source of expenditure 1905/6

Aliment and Medicines	43%	Fire and Light	8%
Wages and Salaries	31%	Rates and Feus	4%
Repairs	1%	Miscellaneous	13%

Major Donations and Legacies

1869	250	Two day Bazaar at Roses Academical Institute. ²¹
1870	100	Late Robert Smith, Inverness. ²²
1874	100	Late Adam Davidson, Nairn Town Clerk. ²³
1896	200	Late Donald Mackenzie to provide fever wards. ²⁴
1882	200	Late Miss Justina Davidson, Wellington Villa. ²⁵
1883	200	Late Mr Dick Nairn Town Clerk. ²⁶
1885	100	Late Mr MacBean, Elgin Merchant. ²⁷
1886	200	Late Dr Grigor. ²⁸
1888	300	Late Robert Thomson. ²⁹
1887	200	From the late Dr Grigor. ³⁰
1889	500	Late Alexander Petrie, Shipowner, Stockton in Tees – a native of Nairn. ³¹
1896	200	Earl of Moray bequest. ³²
1898	90	Late Surgeon Lieut. Robertson Smith of Army Medical staff. ³³
1902	300	Anonymous donor. ³⁴
1903	300	Late Mrs Thomson, Stynie, Nairn. ³⁵
1904	250	Late Miss Isabella Manson, New Zealand. ³⁶
1904	200	Late David McKenzie, Baker, Nairn. ³⁷

When the new hospital opened in 1906, the old building became the Nairn Infectious Diseases (or Jointⁱ Fever) Hospital although it was referred to as the Old Hospital for several years. Given its recognised defects, this was accepted by the Board of Supervision in Edinburgh only as a temporary measure. The local authorities leased it on a yearly basis at £20 per annum and appointed only a caretaker who apparently did not live in. In 1907, Nairn Burgh and County approached the Leanchoil

ⁱ Nairn Burgh and Nairn County

Hospital in Forres, which had a new fever facility, regarding sending Nairn fever patients there. Leancoil seems to have been willing to accept Nairn patients but, for some reason probably financial, there was no action and the yearly lease of the Old Hospital continued.

In 1909, due apparently to rising numbers of cases, it was accepted that a matron was required and the decision was precipitated in July 1910 when Mrs Robertson the caretaker, resigned. Miss Geddes was appointed matron at £35 per annum along with a servant at 7/- per week. Both lived in and the living accommodation had to be furnished. Thereafter, the hospital treated anything between 10 and 45 patients per year depending on fever outbreaks, mainly scarlet fever and diphtheria with a small number of enteric (typhoid) fever cases.

**Nairn ID Hospital
Cases 1921-1930**

1921	33
1922	32
1923	16
1924	24
1925	13
1926	27
1927	51
1928	49
1929	15
1930	37

The Board of Supervision required a strategy for dealing with smallpox and tuberculosis but the Nairn local authorities had neither and were reluctant to spend anything on smallpox since there had been only one case in the last 20 years. In 1911, the Board of Supervision reluctantly accepted that the old fever wing of the hospital could be used in any smallpox outbreak. At some point, the Board of Supervision had deemed the fever hospital unsuitable for tuberculosis (TB) and this was confirmed again in 1915. Around 1911, discussions took place regarding a TB sanatorium to serve Nairn, Moray and Aberdeen but this came to nothing due to the First World War. In 1913, Nairn TB patients went to the sanatorium in Elgin. Most, however, were treated at home but this was not always practical and, in 1914, a 'TB shelter'ⁱ was obtained from Elgin and placed in the hospital grounds. A shelter was apparently purchased in 1914 but, in 1920, one had to be obtained from the

ⁱ Treatment for pulmonary tuberculosis included unlimited fresh air. Sanatoria were designed for this but elsewhere patients often spent much of their time outside in wooden shelters.

Inverness Medical Officer of Health and was used from 1920 until at least 1923 although this necessitated an extra member of staff.

In 1912, the local authorities decided to take a 10 year lease on the building amid some protest from nearby residents. These supported the idea of a new hospital sited elsewhere and, in early 1914, there was virtually an edict from the government to pursue the idea. John Wittet, architect from Elgin, assessed the old building and found it impossible to refurbish to the required standard. A site was therefore chosen at Boath on the north side of the Forres road where it meets the railway line. There was much discussion and the feu of the land was arranged. However, Nairn town council was reluctant and tactically suggested to the Board of Supervision that it be postponed due to the War. This duly happened and the project seems never to have resurfaced.

The hospital was indeed in a bad way. By 1913, it was described as 'showing signs of decay'³⁸ and, in 1917, it was 'not in good repair'.³⁹ It struggled to deal with cross infection even with a limited number of patients. In 1914, the probationer nurse and a scarlet fever patient caught diphtheria and, in 1920, a scarlet fever and diphtheria outbreak 'overtaxed the accommodation'.⁴⁰

Telephone was installed in 1916 but the hospital had no access to an ambulance. In 1920, a child with scarlet fever from Ferness arrived at the hospital in a fainting state after experiencing an uncomfortable 11 mile journey. As it happened, the Town and County had just acquired a motor vehicle and the fever hospital was allowed to use its old horse ambulance. The horse ambulance was about four feet high and five feet wide with possibly two tiers of beds with a rounded roof and darkened windows.⁴¹ By the mid-1920s, the growing popularity of motor transport made it difficult to get a horse when required but the ambulance was still there when the hospital closed in 1937 and 'there was some difficulty in disposing of it'.⁴² It eventually was used at the Auldearn Sewage Works.⁴³

In 1914, the hospital had 15 beds and two cots distributed across five wards although bed numbers were flexible and it was said to have 20 beds in 1923. Four local medical practitioners ran a quarterly rotation

for which, in the 1920s, they were paid five guineas each.ⁱ Opportunities were taken to maximise the use of the facilities and thus maximise income. In 1922, a child, for whom private accommodation was requested, was provided with a ward with only one other patient. The subsequent donation from the apparently wealthy parent was seen as disappointing. In 1923, a request from the Highland Division army commander for beds to be available for military cases during their summer training camp at Delnies was agreed and charges were set. A similar request was made the following summer. In August 1923, two nurses were hired out for a fortnight to treat scarlet fever patients at home.⁴⁴

There was no formal fee for patients but they were expected to make a donation where possible. The hospital also received regular gifts of money and goods, such as a bag of oatmeal annually from an Ardcloch farmer. By 1920, the two local authorities were each contributing £60 per year and were usually billed for an additional £40-60 each annually. The large variations in caseload caused ongoing staffing difficulties. In May 1922, there had been no cases for some months and the sole probationer nurse was given notice. By September, the seven in-patients, (one in the TB shelter) allowed matron to acquire two probationer nurses.

In 1927, the Medical Officer of Health said the hospital could only accommodate scarlet fever and diphtheria cases although, if there were none in the hospital, cases of other diseases were admitted. There was no provision for smallpoxⁱⁱ or, by then, for tuberculosis. He noted that three of the hospital staff were among the 26 cases of scarlet fever that year and advised the local authority to review the accommodation.⁴⁵ The Nairn local authorities, therefore, closed the hospital in 1928 and sent patients to Dr Gray's Hospital in Elgin but this may have been short lived since it reopened to deal with a scarlet feverⁱⁱⁱ epidemic.⁴⁶ It now had 19 beds and three cots of which 11 beds and two cots were for scarlet fever

ⁱ 1 guinea = 21 shillings or £1.10 in today's money

ⁱⁱ By then, no longer an issue since the disease had virtually disappeared.

ⁱⁱⁱ The only press reports of epidemics were in 1928 and 1933 but we know the hospital was operational in 1931.

with the remainder used for diphtheria. It was staffed by a matron, two or three nurses whose qualification varied from probationer to fever-trained, a daily maid and a part time handyman. Later, there was also a 'handy boy' who did tasks such as washing windows. However its problems were again apparent. In 1930, the Medical Officer of Health described it as 'obsolete and unsatisfactory for its purpose'. It had no room for extension, improper ventilation and confined accommodationⁱ, which was blamed for the frequent infection of staff.⁴⁷ It had no electricity (gas lights were installed in the bathrooms in 1934) and heating was apparently by open fire. In 1931, the 15 in-patients stayed an average of 42.7 daysⁱⁱ. The highest number of beds occupied was nine and, at times, it stood empty.

Despite the hospital's problems over many years, further plans to close it received much local opposition. In October 1930, the new Moray and Nairn Council decided to centralise fever facilities at Elgin and permanently close Nairn Fever Hospital. This provoked an 'indignation meeting' in Nairn and a petition was started. There was even a protest from the pulpit in the High Church. In July 1933, the Council decided to 'finally' close the hospital amid further protests and a petition.⁴⁸ An appeal to the Secretary of State for Scotland by the Nairn Hospital Defence Committee was rejected later that year.⁴⁹ Closure was planned for 1935 when the new Joint County Hospital at Elginⁱⁱⁱ opened but, due to the continuing high number of cases, the Nairn hospital continued in use. It is from this period that people in Nairn can recall being accommodated there. Some remember being brought there in the horse drawn ambulance. Miss Ann MacIntosh was inspired to become a nurse after her stay in the hospital⁵⁰ and Mrs Ara Ellen remembers, in 1933, being accommodated two in a bed when the hospital was under pressure during a scarlet fever outbreak. Visitors were not allowed and parents had to wave in at the window to their children from Lodgehill Road. Any

ⁱ There was insufficient accommodation for an additional nurse to sleep over and there was no separate administration block.

ⁱⁱ At that time, the regulation stay for scarlet fever sufferers was 6 weeks.

ⁱⁱⁱ There was further outrage in Nairn when Miss Craigen was passed over for the matron's post at Elgin in 1934 and Miss Pearston from Galashiels appointed (Nairnshire Telegraph 20 March 1934).



Nairn Fever Hospital 1933

toys they brought could not be taken away at the end of the stay. The hospital was fairly flexible in the day to day running although taking medicine was compulsory and Mrs Ellen remembers the nurse holding her nose to help her swallow castor oil!⁵¹ Miss Craigan, matron at this time, moved to the Convalescent Home as matron in early 1936 and, in July, the Council decided to appoint a caretaker only.

The hospital stopped admissions on 31st October 1936 having had one patient in the previous six months. Staff were 'dispensed with' from mid-November and, despite further protests, the hospital finally closed on 15th May 1937. Furnishings were dumped or sent to Elgin and a mangle was gifted to Balblair Home.⁵² However, the building retained a medical function. In 1938, Alexander Hendry, the local vet, purchased it for £600⁵³ and converted it to a house (Craig Royston) and veterinary surgery, with substantial modifications to the front, and this continued until the 1970s. In 1978, the fever wing and lodge were split off into separate houses and a bungalow was built in the former hospital gardens between the porter's lodge and the laundry block (photo right). It remains residential property.



Nairn Hospital - Matrons (and Porter Husbands until 1886)

1847-54	Mr John & Mrs Christine Elder. Mrs Elder died in 1854. ⁵⁴ In advert for replacement preference given to Gaelic speaker. ⁵⁵
1854-60	David & Elizabeth Kennoway (nee Dunbar). Mr Kennoway died in October 1859. ⁵⁶
1861-?	William & Isabella Duncan and servant. May have arrived 1860. ⁵⁷
?-1869-?	Mr & Mrs McBean in post
1871-77	Mr & Mrs Hunter. Mr Hunter later died.
1877	Mr & Mrs Clarke
1878-?	Mr & Mrs Rowe
1883-6	Mr M & Mrs Maddigan. Mr Maddigan DSM was veteran of Crimean War. ⁵⁸
1886-92	Miss Finlayson appointed (first fully qualified matron and nurse without husband attached. Left to get married - became Mrs Barron, died 1918. ⁵⁹
1892-3	Miss Jessie Anderson appointed at £30 p.a. Was nurse in Edinburgh. ⁶⁰
1893-95	Miss Dix. Leaves to get married. ⁶¹
1895-99	Miss MacBean from Newmill, Auldearn. ⁶²
1899-07	Miss Jessie Wood of Royal Scottish Nursing Institute appointed from 16 applicants. Transferred to new building. Resigned. ⁶³
1907-10	Hospital closed. Reopens as Nairn Joint Fever Hospital
1910-16	Miss Geddes
1916-22	Miss Mary MacWilliam
1922-?28	Miss Margaret Gellatly. Probably stopped on hospital closing.
Hospital closed in 1928 and fever patient sent to Dr Grays Hospital in Elgin until ?? when there was a fever outbreak in Nairn.	
1935	Nurse Cameron of Viewhill, Inverness ⁱ was acting matron.
1935-36	Miss Craigan.

ⁱ Viewhill Nursing Home's pool of nurses were hired out over a wide area.

Medical Officers

1847	Dr Grigor (died 1886), Dr Bayne (died 1850) and Dr Russell (until 1851). ⁶⁴
1861	Robert Bain being admitted as MO (medical officer) on 6 monthly basis. ⁶⁵
1861	Dr Alexander Sclanders, Dr Alexander and Dr John S Fowler admitted as MOs. Dr Alexander became Dr Grigor's assistant in 1864. ⁶⁶
1868	Drs Grigor, Alexander (died 1880), Sclanders and Fowler. ⁶⁷
1875	Dr Cameron is MO. ⁶⁸
1877	Dr Fowler appears to have left Nairn and appears to have died the following year at Skene, Aberdeen. ⁶⁹
1878	Dr Cruickshank became MO. Dr Cameron had left. ⁷⁰
1885	Dr Mann admitted as MO. ⁷¹
1901	Medical officers included Dr Cruickshank and Dr Mann.
1906	Drs Cruickshank and Sclanders thanked at the opening. ⁷²
1911	Dr Wilson Johns admitted as MO. He had purchased Dr Sclanders' practice in 1908 and left to work in Edinburgh in 1925. ⁷³

At some point Dr James Cameron was an MO. (1847- 1924). He appears to have been born in Nairn parish on 15/9/1846 (Scotland's People). Took over Dr Grigor's practice then went to Yorkshire possibly to work in public health but was also appointed visiting surgeon to Bradford Infirmary. Returned to Moray and Nairn to be MOH in 1891 and lived at Fir Hall.⁷⁴

Alexander Sclanders (1836-1913) was born in Forres in 19/10/1836 (Scotland's People). He graduated MA from Aberdeen then medicine from Edinburgh. After graduating he became house officer to Edinburgh Royal Infirmary and then spent 3 years assistant to Prof James Simpson. His health failed and he came to Nairn around 1860. He was Burgh MO for about 50 years and many years as MO to the hospital. Around 1908 he sold his practice to Dr Wilton Johns. (P&J 12 March 1913)

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- ⁴ Nairn Town and County Hospital, General Meeting of Subscribers 1847
- ⁵ Inverness Journal 9 February 1844: John O Groats Journal 14 Dec 1849
- ⁶ Dr Grigor *op. cit.*
- ⁷ Nairn Town and County Hospital Regulations 2nd May 1849
- ⁸ Nairn Hospital Annual Report 1847, 1850
- ⁹ Noted by Col. Cameron, Firhall, in 1950 at the opening of the Out Patients Dept.
- ¹⁰ Hospital Cash Book
- ¹¹ Nairnshire Telegraph 22 Dec 1858
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- ¹⁶ Nairnshire Telegraph 26 Aug 1885
- ¹⁷ Aberdeen Weekly Journal 2 July 1889
- ¹⁸ MOH for Nairn County Annual Report 1891 & 1892
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- ²³ Nairnshire Telegraph 26 Aug 1874
- ²⁴ Scotsman 3 March 1876
- ²⁵ Glasgow Evening Citizen 4 May 1882
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- ²⁷ Moray and Nairn Express 5 Sept 1885
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- ³⁸ MOH for Nairn County Council Annual Reports
- ³⁹ Hospital Services of Scotland 1920 National Insurance Health Commission p16
National Records of Scotland
- ⁴⁰ MOH for Nairn County Council Annual Reports

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- ⁴² Moray and Nairn Joint County Council Nairn Fever Hospital Minutes
HC Archives
- ⁴³ Mr David Ellen *op. cit.*
- ⁴⁴ Clerk to the Joint Fever Hospital Board papers HC Archives CN/3/2/5
- ⁴⁵ MOH for Nairn Annual Report 1927: Highland News 16 March 1914
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- ⁴⁷ Medical Officer of Health for Nairn Annual Report 1931&32
- ⁴⁸ Scotsman 21st October 1930, 7, 8, 25th July 1933 - Page 13
- ⁴⁹ Edinburgh Evening News 21 October 1933
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- ⁵⁷ Nairnshire Telegraph 14 Aug 1861: Census
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