

# **‘From Farm Cart to Air Ambulance’**

**Papers from a Conference Celebrating 100  
Years of Healthcare in Skye and Lochalsh**



**Edited by Skye and Lochalsh Archive Centre**

**2013**

*Cover Illustration:* Uig school and the John Martin Hospital, Isle of Skye, from a postcard in the Skye and Lochalsh Archive Centre.

*Note on the title:* 'From farm cart to air ambulance' is a quotation from the 1943 film, *Highland Doctor*, a dramatised account of the Highlands and Islands Medical Service.

An introduction to the Dewar Committee report was given on the day of the conference by Dr Stephen McCabe, a member of the centenary committee.

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# Foreword

**Dr Neil MacGillivray**

A large audience at a highly successful conference in Portree on 1 February 2013 organised by the Skye and Lochalsh Archive heard several absorbing papers on the theme of healthcare in the Highlands and Islands with particular emphasis on Skye and Lochalsh. The conference was arranged to coincide with the exhibition celebrating the centenary of the Dewar Commission and the effect that the setting up of the Highlands and Islands Medical Scheme had on medical and nursing services among Highland communities.

This 1912 commission was not the first to look at medical care in the Highlands: one of the earliest enquiries into medical provision in the Highlands and Islands was a postal survey carried out by the Royal College of Physicians of Edinburgh in 1852 during the potato famine; the replies from doctors and clergy alike revealed the difficulties faced by the majority of medical men in caring for the population in scattered rural parishes. Their income was low, travel was hard, even hazardous, and isolation often meant that professional contact with colleagues was difficult if not impossible.

In his response to the College Enquiry Rev John Macleod, Moderator of the Church of Scotland, wrote that he knew of no class of men more inadequately remunerated than the medical practitioners of the Highlands, or who obtained a livelihood at a greater sacrifice of time and labour. Despite clear evidence of the need for improvement no action was taken until seventy years later when it was realised that crofters were not covered by the 1911 National Insurance Act. This realisation prompted official action and the commission of enquiry under the chairmanship of Sir John Dewar was established to take evidence in the crofting counties as to the adequacy of medical and nursing services. The result of their deliberations was the Highlands and Islands Medical Scheme.

The papers given to the conference are now presented in written form to reach a wider audience and are a fascinating collection combining historical research and personal reminiscence. Two focus on distinguished medical and nursing careers in North America, (astonishing careers it has to be said) which also emphasise the Skye connection with considerable detail on ancestry. Professor

Munro skilfully links the Beaton medical kindred to a later descendent in Canada, Norman Bethune, whose career was truly international. Ann of Appalachia, a Skye nurse from Roag, holder of the Croix de Guerre, effectively transferred the Highlands and Islands Medical Service to Kentucky. Her story is inspirational. There are very personal and moving accounts of practice in Skye from Hugh Lamont and Dr Janet Bisset whose father Dr Angus Lamont was a GP on the island between 1924 and 1944 and whose belief in infection prevention was based on first principles of cleanliness and simple hygiene. The history of Skye hospitals is reviewed from its beginnings and reveals the generosity of Skye men and women who had prospered abroad and who gave money to establish such hospitals as that in Gesto where the distinguished Dr Lachlan Grant practised for a time before establishing his reputation in Ballachulish. The Lochalsh experience of pre and post Dewar and the difficulties of practice in a scattered community contains also some remarkable insights into the use of old cures among the people of Lochalsh and the glens of Kintail.

# **The Beaton Medical Kindred and Traditional Medicine in the Highlands and Islands**

**Professor Alexander Munro**

My own interest in this subject began nine years ago when I was invited to help in developing health care research at the Centre for Health Science in Inverness. It became obvious that there was an opportunity to place current developments in their historical context. In looking back at health care history in the Highlands, the Beatons and their medical knowledge shone like a beacon through an otherwise turbulent but colourful history, creating an imperative to look more closely.

The McBeths, Beatons or Bethunes are thought to have come to Scotland from the North of Ireland, possibly from Aghadowey near Coleraine, at the end of the 13th century. The name McBeth means 'son of life', an appropriate surname for a physician. They practiced European conventional medicine, herbal and folk medicine and retained strong links with their Irish relatives. The Beatons were mainly based in the Highlands and Islands where they settled with landed families and clan chiefs from whom they received lands in return for medical services. They enjoyed high status in the clan system equivalent to the piper and the bard.

The Beatons were not the only hereditary physicians in the Highlands and Islands. Others, such as the O'Conchobhairs and the McPhails, were less well recognised and, as far as we know, they were not so numerous as the Beatons, with whom they worked closely. Training was by apprenticeship which could last as long as 27 years! The apprentice (as far as we can tell they were all men) would travel with his mentor to minister to the sick, and among his duties was translation of medical documents from Latin into Gaelic.

One of the earliest Beaton doctors in Scotland was Patrick McBeth, who was physician to Robert the Bruce and possibly progenitor of the Beaton medical kindred. Tradition has it that that the Beatons settled in Islay in the parish of Kilchoman. One of the main sources of information on the Beatons is the volume published by John Bannerman in 1986. He estimated that there were 75 Beaton physicians between 1300 and 1750. They became physicians to the clan

MacLeod and their national profile continued for many generations as physicians to the monarchs of Scotland. When James VI went to the British throne in 1603 he took James Beaton, a Scottish physician, with him. In addition to Islay they also settled in Mull, around Oban, and in Skye, particularly around Sleat and Husabost. A further branch of the Husabost Beaton family became physicians to the Munros of Foulis, where they had lands at Culnaskea, and the Monros of Delny from c.1550-1700.

Many of the Gaelic medical manuscripts were at least in part translations of documents which came from European medical centres such as Montpellier, Salerno and Padua. There are still 22 of these documents in the National Library of Scotland. The smallest of these documents (Adv.MS.72.1.4) measures just 4.5 by 6.5 cm and was designed with straps to be attached to the physician's belt to prevent the document getting wet on long journeys. This volume is a book of definitions, some of which are still applicable today. These manuscripts were very highly valued by the Beaton physicians. Rev Donald MacQueen wrote in 1784 that the manuscript possessed by Farquhar Beaton of Husabost five generations ago (a Gaelic translation of Bernard Gordon's *Lilium Medicinae*, MS.2076) was of such value that when he trusted himself to a boat to go from one place to another—the manuscript was sent the long way by land.

What therapeutic tools did the Beatons possess? Firstly, they would have used cupping: the technique involved applying a cup or horn to the problem area on the body; negative pressure would then be applied to the narrow end of the horn by sucking on it. This in turn produced a soft tissue swelling which was either left to resolve or the skin over the swelling was lanced to release the tissue fluid. A very common therapy of the time was bleeding, which consisted of making an incision in a vein in the antecubital fossa and allowing the blood to flow into a specially designed dish. The rationale for bleeding and cupping was to restore the balance of humours in the body. Leeches were commonly used either for bleeding or for dealing with swellings. Charms and incantations were widely employed, but it should be recognised that chants were often used alongside other modalities as part of a protocol. Plants played a major role in the therapeutic armamentarium of the Beatons and plants grown locally would be particularly popular. For example betony, *lus beathag*, was used by Angus Beaton of Husabost as a tea for dissolving phlegm and in treating headache.

We know that the Beatons used surgical as well as medical treatments. Around 1550, Gille-Coluim MacBride wrote of the Beatons of Ballenabe: "The Kindred of

Mac-Beathadh, accurate in their practice, carvers of bones and arteries'. We also know that Neill Beaton of Lusta was capable of trephining skulls and from the Munro Writs it is evident that (in an agreement between the Munros of Foulis and Neill Og Beaton in 1615) the Beatons of Culnaskea were expected to perform surgical procedures as well as being physicians.

It is widely reported that the Beatons visited some of the most famous centres of medical learning in Europe. Despite the fact that many of the Beaton medical manuscripts were translations of documents taken from these centres, we have been unable to locate the names from Bannerman's list of Beaton doctors in the records of foreign students visiting Padua, Montpellier or Leyden from the 16<sup>th</sup> century onwards.

It is clear that the reputation of the Beaton physicians was not confined to the Highlands. In the last decade of the 17<sup>th</sup> century the Royal Society commissioned Martin Martin to travel to the Western Isles to harvest the intellectual riches from his native land. His brief was to report everything - omit nothing, no matter how incredible. Martin Martin was clearly impressed by the islanders' grasp of preventative medicine, noting the successful practice of the islanders in preserving their health. He enthused about the remarkable cures performed by the natives merely by using simples, i.e. single therapeutic agents. One of the Beaton doctors Martin Martin visited was Neill Beaton of Lusta. Martin described him as an 'illiterate empiric' who extracted the juice of plants using chemical means but did not charge his patients. We know that Neill Beaton was famous for his herbal treatments of skin conditions and had patients referred to him from distant places in Rossshire.

Angus Beaton, who had an exceptionally long apprenticeship of 27 years, was one of the Beatons who made extensive records. In 1612 he was apprenticed to Duncan O'Conchobhair and travelled with him around Argyllshire tending the sick, at the same time working on documents ranging from the Prognosis of Hippocrates, mentioned in August, to a treatise on urine, completed in November.

During the 17<sup>th</sup> century the influence of the physicians trained in the classical Gaelic tradition gradually waned. The lands of Husabost passed out of Beaton hands with the death of Angus in 1650. The last Ollamh Muileach, John Beaton, died in 1657 and by 1714 the Munro clan chief employed a Beaton who



was trained as an apothecary surgeon rather than in the classical Gaelic tradition. The reasons for the demise of the Beaton physicians were complex, but perhaps one of the most important was the rise of the city medical schools in Scotland. Anatomy teaching was now done on a grand scale and Edinburgh was one of the first to import this approach from Leyden. Large lecture theatres were built, eventually accommodating hundreds of medical students. The Highland and Island apprenticeship system which was based on nepotism, rurality and the clan system was unable to compete and soon became extinct.

What then is the legacy of the Beatons? Firstly, there are 22 Gaelic medical manuscripts, many of which were written or translated by Beatons, O'Conchobhairs and others, which remain in the National Library of Scotland. The Gaelic used was classical Gaelic which very few scholars are able to translate in the 21<sup>st</sup> century. In contrast to the 'Red Book' of the Myddfai physicians, a similar group of physicians based in Wales from around the 13<sup>th</sup> century, there is no single document in English which encapsulates the *modus operandi* of the Beatons.

Second, the hereditary influence of the Beatons has continued into the 18<sup>th</sup>, 19<sup>th</sup> and 20<sup>th</sup> centuries, when descendants of the Beaton medical kindred have continued to make significant contributions to medicine. Perhaps one of the most interesting, if controversial, examples is Henry Norman Bethune, who was born in Canada in 1890 into a family with Skye roots. Despite having parents who were pious and strict, he was strong-willed, wayward and artistically talented. After school he began to study medicine but his medical studies were interrupted by the First World War, during which he became a stretcher bearer. After a very short time he received a shrapnel wound to one leg, was invalided out of war service and returned to Canada to finish his medical studies. Post graduation he joined the Royal Navy and after demobilisation trained in surgery in the UK and Canada. He spent some time in a sanatorium recuperating from pulmonary tuberculosis. This experience was instrumental in his decision to sub-specialise in thoracic surgery. His talent for innovation resulted in him designing many new instruments for thoracic surgery within a short space of time. He also became politically active, joined the Canadian Communist Party and advocated socialised medicine. His espousal of unpopular causes and his difficult relationships with colleagues tainted his reputation in Canada. When the Spanish Civil War broke out he decided to join the Republican movement and distinguished himself by introducing mobile blood transfusion in treating victims of war. His contribution was internationally recognised. After returning to Canada he became aware of the Japanese invasion of China and the contribution that Mao Zedong and his 8<sup>th</sup> Route Army was making to defending China in 1937. Norman Bethune decided to offer

his services as a military surgeon to Mao. Over the next two years he set up mobile surgical units and planned a mobile surgical training facility. Unfortunately in 1939 he cut a finger when operating and within a short time he was dead from septicaemia. He was seen as a hero by Mao who wrote a 700 word essay on selflessness about Norman Bethune which is still one of the most widely read documents in China. He remains a heroic figure in China today. Over the past few years his reputation in Canada has been rehabilitated to the extent that books and films have been written about him, and he has become one of Canada's best known sons.

Although biographies have referred to his possible descent from the Beatons in Skye, the genealogy of Norman Bethune has not previously been elucidated. We have recently undertaken a study which shows clearly that his lineage can be traced back to Angus Beaton, the 'first Dr Angus', one of the early Beaton physicians who lived and worked in Husabost in the first half of the 16<sup>th</sup> century.

In summary, the Beaton medical kindred had a colossal influence in the Highlands and Islands for 350 years and, although they have received little attention from historians recently, the time is ripe for further serious study of their methods of managing health and wellbeing.

**Acknowledgements:** The author is grateful to Norma MacLeod, Portree, for help with the genealogy of Henry Norman Bethune, and to Iain Macintyre, Edinburgh, for his great expertise and enthusiasm.

## **Bibliography**

Bannerman, John, *The Beatons: A Medical Kindred in the Classical Gaelic Tradition* (Edinburgh, 1986).

Beith, Mary, *Healing Threads: Traditional Medicines of the Highlands and Islands* (Edinburgh, 1995).

National Library of Scotland, Gaelic Medical Manuscripts: Adv.MS.72.1.2-4, Adv.MS.72.1.9, Adv.MS.72.1.11-14, Adv.MS.72.1.17-18, Adv.MS.72.1.20-23, Adv.MS.72.1.25-27, Adv.MS.72.2.10, Adv.MS.18.2.11, Adv.MS.73.1.22, MS.2076.

Martin, Martin, *A Description of the Western Islands of Scotland Circa 1695* (Edinburgh, 1999 edn).

Stewart, Roderick and Stewart, Sharon, *Phoenix: the Life of Norman Bethune* (Montreal, 2011).

# Dewar and the Highland Hospitals<sup>1</sup>

Jim Leslie

The Dewar Report of 1913 and the ensuing Highlands and Islands Medical Service (HIMS) did exceptional work in establishing a GP and district nurse service in the Highlands of Scotland and it is rightly praised for this remarkable success. However, the Dewar Report also made much of the need to establish a network of small cottage hospitals throughout the area (Figure 1). This integration of primary and secondary care was a commendable aim, but how far was it implemented?

## Figure 1 Extract from the Dewar Report regarding Highland Hospitals

### *3. Conclusions.*

98. To put it briefly,--the evidence makes it quite clear:--

- (1) That the existing general hospital provision is quite inadequate, even if available in every case to the full extent of its capacity.
- (2) That there is urgent need of further provision; that such provision should be mainly in the form of cottage hospitals, and for the following special purposes:--
  - (a) To bring near to the doctor a distant case of illness requiring frequent visits.
  - (b) To provide for the removal of patients from conditions which render medical treatment largely futile.
  - (c) To reduce the cost and danger of travel entailed in removal from outlying parts to most of the existing hospitals.
  - (d) To provide a home for the district nurse and a local dispensary for the doctor.
- (3) That in any scheme proposed for improvement of hospital service the expediency of subsidising existing hospitals on definite conditions should be favourably considered.
- (4) That the provision of tuberculosis hospitals is quite inadequate.

### *4. Recommendations.*

99. We accordingly recommend:--

That cottage hospitals should be erected at various convenient centres, and of such a size as to accommodate from two to four patients, with a nurse and necessary assistance, and to provide a local dispensary for the doctor; and that the provision of tuberculosis hospitals, more particularly in the larger islands, should receive special consideration.

The Dewar Report said that it had ‘carefully investigated’ the ‘facilities for hospital treatment in the area’.<sup>2</sup> However, the Report listed only the existing cottage/general hospitals in Highland (Figure 2). The list included Foyers Hospital, which was only for British Aluminium employees, and the Invergarry Hospital, which never had in-patients and was a base for the local nurse; otherwise the list seems accurate. The MacKinnon Memorial in Skye is not listed because, in 1912, it was still under construction.<sup>3</sup> Dunbar Hospital, Thurso, was then an almshouse and remained as such until around 1920.

**Figure 2 General Hospitals of the Highlands in 1912  
as listed in the Dewar Report**

<b>Name</b>	<b>Date est.</b>	<b>Beds</b>
<b>Cottage/General</b>		
Northern Infirmary, Inverness	1804	69
Belford, Fort William	1863	18
Gesto, Edinbane, Skye	1872	12
Ross Memorial, Dingwall	1872	17
Invergarry	1880	2
Cromarty	1894	10
Lawson Memorial, Golspie	1900	10
Bignold, Wick	1903	13
John Martin, Uig, Skye	1905	6
Foyers (British Aluminium)	1907	2
	Total	159

As Figure 3 shows, there was much sick bed capacity in Highland outwith cottage/general hospitals. Most of the hospitals shown in Figure 3 are mentioned in varying detail in the evidence to the Dewar Report but there seems to have been no systematic survey of them.

**Figure 3 Non general Highland hospitals in 1912**

<b>Infectious Diseases</b>	<b>Date est.</b>	<b>Beds</b>
Citadel, Inverness	1877	18
Ross Memorial, Portree	1892	8
Smallpox Hospital, Wick	1901	6
Ballachulish Infectious Diseases	1901	?10
Belford Infectious Diseases, Fort William	1893	8
Smallpox Hosp, Waternish, Skye	1904	4
Victoria, Fort William	1904	6
Cambusavie, Sutherland	1906	10
Meadowside, Kinncraig	1906	12
Lochcarron	c1907	4
Portmahomack	1893	4
Town and County, Wick	1910	23
	Total fever	111
<b>Pulmonary Tuberculosis (TB)</b>		
Inverness-shire Sanatorium, Invergarry	1907	20
Seaforth Sanatorium, Conon Bridge	1907	18
Grampian Sanatorium, Kingussie	1901	22
	Total TB*	60
<b>Poor Houses</b>		
Easter Ross Combination, Tain	1849	?12
Latheron Combination	1854	12
Black Isle Combination, Fortrose	1855	?12
Thurso Combination	1856	?12
Skye Union, Portree	1859	?12
Inverness Poorhouse	1861	27
Sutherland Combination Bonar Bridge	1863	?12
	Total Poor-house	c100
<b>Mental Health</b>		
Inverness District Asylum (Craig Dunain)	1864	c700
<b>Mineral Waters</b>		
Nicolson Mackenzie	1896	10

\*Infectious diseases hospitals also had beds dedicated to TB

? indicates the capacity was flexible. The number shown estimates the beds allocated at the time.

The Dewar Report clearly specified the type of cottage hospital which would most benefit the local doctor and nurse. The recommended design closely resembled the existing small temporary wood and iron huts which were then used by local authorities as emergency fever huts. Figures 4a and 4b show plans for the smallpox hospital erected at Stein in north Skye in 1904. It was manufactured by Speirs and Co, Glasgow, who made many such buildings at this time. As can be seen, the facilities are quite basic but the advantage was their low cost. Being of light construction, they could be placed on virtually any level area although they were liable to be blown away in a Highland gale, as indeed happened to the Stein hospital around 1919. In north Argyll one was blown off a cliff into the sea but it was fortunately empty at the time! Local authorities had established these small local hospitals mainly within the previous 15 years, often in response to a smallpox scare. They were little used to the extent that they sometimes had tenants. It seems strange that there was no discussion within the Dewar Report on how these could be better used to benefit the work of the local doctor.



**Figure 4a Front elevation of the Stein Smallpox Hospital  
(courtesy of Highland Archive Service)**



**Figure 4b Plan of the Stein Smallpox Hospital  
(courtesy of Highland Archive Service)**

Poorhouses offered possibilities for extending general hospital accommodation. Highland poorhouses were much underused mainly because of the dispersed population of their large catchment areas. However, they had sick wards and, under Poor Law regulations, were attended by a medical officer at least weekly. Poorhouse sick wards were not listed in the Dewar Report although together they contained at least 100 sick beds with capacity to extend. Dr Roger O'Neill, then medical officer<sup>4</sup> at the Gesto Hospital, visited Skye Poorhouse in the 1880s and later wrote to the Inverness Courier commenting on its underused beds and its potential use for general hospital accommodation in Portree. Many such views were regularly aired from at least the 1880s onwards but it was an issue which escaped the Dewar Enquiry.

Better use of poorhouses could have alleviated a problem clearly identified at the time, that of mental health. Highland's only facility was Inverness District Asylum, by then under severe pressure and containing three times its intended capacity when it opened in 1864. In 1912, there were many mentally ill patients in the community and in Highland poorhouses but sporadic attempts around this time to redefine some as mental asylums were unsuccessful. There are no references at all within Dewar to the mental health issue although it must have been one which local doctors were dealing with regularly.

The Dewar Report correctly highlighted tuberculosis (TB) as a major issue for the Highlands and recommended action, particularly for incipient cases and for young people. However, again, there seems to have been no analysis of existing facilities. As well as the sanatoria included in Figure 3, there were TB wards in fever hospitals such as Wick Town and County and in the Northern Infirmary, Inverness. There was also, certainly in areas such as Lochaber, increasing use of outdoor shelters. Dewar made no recommendations on the more effective use of such existing facilities.

Dewar had hoped that the establishment of a network of hospitals would provide venues for visiting specialists to consult with patients and with local medical officers, thus increasing their knowledge and skills, but the establishment of a visiting specialist service in the Highlands did not begin until the late 1920s. In 1927, AJC Hamilton was appointed visiting surgeon to the Highlands. He was based at the Northern Infirmary and, the following year, began monthly visits to hospitals, such as the Belford in Fort William. He was joined by other specialists but not until the 1930s. This development seems to have been held back mainly by lack of finance.

By 1919, the establishment of a GP and district nurse service was complete, especially when large numbers of doctors, recently discharged from the armed forces, sought employment. This was a remarkable success but why were the recommendations on hospitals not achieved? No hospitals were ever built in response to the Dewar Report and indeed, apart from temporary wartime hospitals, none at all were built in the Highlands between 1914 and 1941. Conventional wisdom blames the financial restrictions of the First World War but that seems over simplistic and, as suggested above, the Dewar Report seems to have been insufficiently analytical in its approach to the hospitals question to produce an effective action plan.

The Dewar Report recognised a key difficulty which was possibly intractable at the time, that of public administration. Appendix 1 of the Report outlines, in some detail, twelve existing distinct administrative elements of Highland medical services and suggests a scheme for better coordination. A multitude of agencies are listed. Moreover, the system of public administration was not designed for, and quite unfit for, rural areas, a feature well analysed by Day in 1918.<sup>5</sup> Not only were rural health authorities, based on the District<sup>6</sup> and Burgh, too small in population and therefore underfinanced, but they controlled only fever hospitals. Also, they were ultimately answerable to the Local Government Board in Edinburgh. Poorhouses and mental asylums each had their own separate administrative structures, each controlled from Edinburgh. General hospitals and sanatoria were answerable only to their nominated trustees in endowed hospitals or to their subscribers in voluntary establishments (an aspect not considered in Appendix 1 of the Dewar Report). This was a bureaucratic tangle but, despite the Dewar Report recognising this, the 1914 Highlands and Islands Medical Service was, in effect, superimposed on the Highlands as another Edinburgh based administrative structure, as had been National Insurance two years previously. Each development seemed to further complicate administration and further mitigate against the establishment of a coordinated system of health care which local government reforms of 1919 and 1929 also failed to resolve. It was not until the National Health Act of 1947 and the National Insurance Act the following year that, from a hospitals perspective, the administration became coherent, although many would note that our love of bureaucracy has not diminished.

In conclusion, it may be expecting too much of Dewar to have changed the face of health administration in the Highlands to the extent of including hospitals within what is seen as a forerunner to the National Health Service (NHS). However, it does seem that, perhaps from the outset, Dewar was fixated on the predominant need to establish access to nursing and GP services. Hospitals were



seen as a way of assisting the GP and nurse, but the vision of a coordinated Highland hospital service *per se* was beyond the reach of the Committee. Indeed, it was clearly no easy matter since, after more than 60 years of the NHS, a degree of separation between primary and secondary services continues to this day.

### *Notes*

- <sup>1</sup> The writer's research is confined to the area presently served by the Highland Council. Dewar's area of remit was considerably larger.
- <sup>2</sup> Highlands and Islands Medical Service Committee, *Report to the Lords Commissioners of His Majesty's Treasury*, p. 25.
- <sup>3</sup> Sir John Dewar made a personal donation of £52 to the hospital building fund. The MacKinnon Hospital benefited from an HIMS grant of £50 when, in 1914, the hospital's own funds were insufficient to allow it to open. This was the first HIMS grant to a hospital (the Belford Hospital in Fort William received its first grant the following year).
- <sup>4</sup> Later Medical Officer of Health for Argyll.
- <sup>5</sup> Day, J P, *Public Administration in the Highland and Islands of Scotland* (London, 1918).
- <sup>6</sup> These were established in 1889 as groups of parishes: e.g. all of Skye and Nairn County were districts.

# Highland Medicine Before and After Dewar

## Dr John Adamson

I'd like to talk for a little while about some of the medical practices which were continued after the demise of the Beaton medical dynasty up until 1912, then about a few of the early doctors who practised last century and finally about a few of the medical remedies which continued after 1912.

During the 19<sup>th</sup> century, it was not uncommon to find people who had knowledge of incantations, many going back to Druidic times. This practice certainly went on in my own country of Lochalsh and Kintail. When there were no dentists, toothache must often have been a serious problem, and pain severe. There was, and I think still is, a well above the head of Loch Duich, up on a hillside, called *Tobair an Tuirc* – the Well of the Boar. It was found that if a person who had toothache walked three times round this well, sunwise – that was important – reciting a certain rhyme, the problem would be resolved. This is but one example of a rhyme being recited at the site of a well; there were many others. Shock treatment was used in various ways. There was a blacksmith in Skye who was sometimes consulted if somebody was depressed, or over-anxious; the patient was brought into the smiddy and made to lie, facing upwards, on a bench close to the anvil. The blacksmith swung his biggest hammer high above his head and banged it on the anvil, just missing the person's head by a whisker. After this procedure had been repeated a few times the patient probably declared a sudden improvement in the symptoms!

There was a lady in Dornie, called Betsy Matheson, who lived during the late 19<sup>th</sup> century and first half of the 20<sup>th</sup> century. She died before my time, but I knew a man in Dornie who remembered her well. She had the reputation of being able to induce a boil, or other swelling, to disappear. She made the sufferer lie on the floor at the hearth, facing upwards. She swung a wooden hammer above her head and banged it down on the floor close to the patient, a bit like the blacksmith. The swelling usually regressed in size, and the ritual was repeated until it disappeared.

Epilepsy was treated in various ways: one lady started fitting during a communion service in the old Clachan Duich Church – the ruins are still there, just above the Clachan Duich Cemetery. The beadle took control of the situation. He car-



**Betsy Matheson, Dornie**

ried her out of the church, and threw her into the burn which runs nearby. I expect the fitting stopped.

Another, more gruesome, method of treating epilepsy was to find a black cockerel, with not a single white feather on it, put nail clippings from the epileptic under a wing, and bury it alive, either at the threshold of the person's house or else at the site of the last fit.

In the absence of doctors, nurses, or even a rudimentary knowledge of first aid, haemorrhage could be more of a problem than it is today. There was a man – a Macrae – who lived in Innisachro, at the head of Loch Duich, who had the gift of stopping bleeding. There was a woodcut-

ter near Balmacara who cut his leg, and it was bleeding quite badly. A neighbour ran eight or nine miles as fast as he could to Innisachro to consult the healer. Macrae mumbled a rhyme, and told the messenger he could go back. The bleeding had stopped. There were other, less dramatic, ways of treating haemorrhage, for example a spider's web, or the plant hyssop, or certain seaweeds.

A centuries-old custom was the celebration of Beltane, *Feill Bealltainn*, on 28 May, May Day, still practised during the lifetime of two old people I used to know in Glenshiel. One was a man in Letterfearn, who remembered it going on every year in his younger days. The other was a lady in the same village, who remembered the practice from her childhood in North Uist. When I gently asked for a few details she just went silent and didn't want to go any further. I think she thought it was a dark pagan practice of which I might have disapproved. It was a form of fire festival, when cattle were driven through the fire. It had more of a preventative rather than a curative slant, and was vividly described by Alexander MacKenzie in his book about the Brahan Seer. In her excellent book, *Healing Threads*, Mary Beith tells the story about a girl in Glen Lyon, perhaps during the earlier years of the last century. The girl had been very ill for some time, and medical and nursing help was unavailing. Her mother knew that the *Feill Bealltainn* was in progress up the glen and took her there. The lassie was passed

round the people encircling the fire and passed through the ring of fire. It appears that she later recovered. This festival was a common occurrence prior to 1912, but I think will have died out at least 70 or 80 years ago.

The first doctor in Lochalsh or Kintail of whom I have any knowledge is a Dr Duncan, who lived in Conchra, between Balmacara and Dornie. He practised medicine for over 50 years, mainly in the second half of the 19th century. He was the Medical Officer of Health for a time. He travelled through the district in a gig, and employed a ponyman to help him. I was quite taken with the title of this conference, and thinking with some amusement that it was very good with reference to the area I'm speaking about – Dr Duncan in a gig or cart, and myself occasionally going out to see a patient in a helicopter!

The Dewar Commission gives us a verbatim report of the interview of Dr Duncan Macrae in the Station Hotel in Kyle of Lochalsh. That hotel is now known as the Lochalsh Hotel, although I remember one or two of the older people who had worked there as young girls referring to it as the Station Hotel.



**Dr Duncan Macrae, Balmacara**

Dr Duncan Macrae, the father of my partner Farquhar Macrae, was born in Tims-gary, Lewis, in 1877, and died in 1963 – unfortunately three years before I came here. Like many of that line of Macraes, he had a lot of farming experience. He was an outstanding athlete, Gaelic scholar, and gifted student, studying medicine at Aberdeen University. After graduating, he went down to London to gain hospital experience, and was then appointed to a practice in Bedlington, Northumberland. It was there that he gained a tremendous amount of experience in midwifery, for which he was later to acquire a real reputation. In 1907, he was appointed to the practice in Lochalsh. On the occasion of his departure from Bedlington he was presented with a pair of obstetric forceps, inscribed with his name and the date 1907. He used them often, as did his son, and

even I always took them with me when called to a woman in labour, though I never had to use them.

Dr Duncan Macrae was a big man, and is still to this day often referred to as 'Dr Mòr' – the big doctor. For a short time he also had the nickname 'Dr Clickitty Clack' because his first mode of transport was a motor bike! Later on he acquired a Baby Austin 7 car. As there was no Dornie bridge until 1939, he sometimes had to travel by boat and had to whistle for the ferryman to come over and take him across so that he could attend to patients in Inverinate or Glenshiel. If he had to see people in Letterfearn or Ratagan he had to go by boat from Ardelve to Totaig on the other side of Loch Duich, taking his motor bike with him. If he had to see anybody in Pait, by Loch Monar, he would drive to Killilan, then continue over a dreadful road to Iron Lodge, and finally on a pony to Pait, where there were estate shepherds and gamekeepers. On one occasion, he was taken by motor launch over to Sleat to deliver a baby, as the midwife and doctor there were having no success. That baby grew into a lady who later owned and ran a very successful hotel in Dornie.

Dr Mòr had no surgery: he saw most of his patients in their homes, or at times in his own kitchen. His wife was of course a tremendous help to him. The Macrae family lived in Coilliemore House, Balmacara, which had a farm attached to it. At one time, at the end of World War II, they had six milking cows, all to be attended to at 6 am before the medical work started.

A further doctor on the early medical scene was another Farquhar Macrae, who was an uncle of Dr Mòr. After farming on very poor ground in Timsgary for 12 years, he too went to Aberdeen University to study medicine. He spent most of his professional career as an Ear, Nose and Throat specialist in London. He did, however, come back to the Highlands now and again on holiday – to Ratagan, in fact, in Glenshiel. The people there knew beforehand when he'd be coming and he would always be willing to do what he could to alleviate their problems.

In 1919 he could no longer resist the call of the Highlands, and took a post as Resident Surgeon in Gesto Hospital until 1924. I was fortunate enough to be given a copy of his memoirs, comprising 92 pages of really fascinating material, for which I'm most grateful. I'm not too sure how much he enjoyed the hospital work, but he certainly did revel in the shooting and fishing.

Well, what did the recommendations of the Dewar Commission have to do with all this? Although there were doctors serving the people of Lochalsh, Kintail, and, also, Broadford and Lochcarron, there were many other districts without any doctor at all. Moreover, such doctors as there were received but a pittance for the work they did. Dr Duncan Macrae received only £185 per annum from the Parish Council, plus £5 from his position as Post Office doctor. That didn't even cover his travelling expenses. Most of his patients were crofters and fishermen who could seldom pay his fees as they didn't have any money. The only people who could pay were, in the main, a few wealthy shooting tenants, and maybe one or two professional people. It was quite impossible to run a health service worthy of the name without sufficient payment, and also a structured organisation to cover an area as big as the Highlands. The Dewar Commission was highly successful in achieving that goal. Dr Mòr, and many other doctors like him, were able to provide a medical service such as Highlanders had never had.

Many people will take the view, as I do, that the nurses in our hospitals, and also out on the district, are the backbone of our health service. Prior to 1912 there were no qualified nurses in some districts, and in others only one available if it was possible to pay her. The Dewar Commission changed that. Since then, Highland nurses have had a superb reputation, with but few exceptions, and I know that in my own area our nurses have been second to none. Furthermore, close teamwork between GPs and nurses has been an important feature of medical life in the Highlands, at least until recently. In Skye and Lochalsh we've had, over the years, some exceptionally experienced and gifted and devoted nurses who have made a huge contribution to standards of care on the medical scene.

The Dewar Commission ensured that every district would have a doctor and a qualified nurse. Other developments, such as pharmaceutical advances, are obvious to us all. As just one illustration, I remember my partner, Farquhar, telling me how wonderful it was when his father was able to start using Largactil – Chlorpromazine – to treat some of his patients, who might otherwise have had to be admitted to Craig Dunain Hospital. Many other drugs have, of course, supplanted most of the old traditional remedies.

The 1935 postal laboratory service – the first of its kind in Scotland – was a great innovation. Steadily improving communications helped a lot too; apart from the post, it was often possible to send specimens by train, a hospital van, or just anybody travelling to Inverness. MacBrayne's lorries, for instance, were a great help. The development of ferry services at Kyle and Stromeferry and the

railway helped too, and so did the Dornie bridge. Over the years, improving transport has also made a big difference to patients. Before ambulances came on the scene, it was sometimes possible to send a patient into hospital in a hired car. But when ambulances did become available, admission to hospital became much easier.

And yet, despite the rapid and revolutionary changes in medical care in Skye and Lochalsh, it is worth noting that some of the old cures and a belief in ancient rituals and practices did persist for many years. I'll mention a few which I came across in my own time – things which I learned from some of the older people, who were generous enough to share them with me.

I'd like to mention one or two plants which I've known to be used in more recent times in this area. There is the bog-bean, or *tri-bhileach* in Gaelic. A man in Dornie, who was afflicted with a duodenal ulcer, told me how he used to go up the hill behind his house and pull bits of this plant out of a bog, boil the root and drink the infusion. He found that quite effective. A lady in Broadford gave me much the same story.

Then there was the willow herb. Two brothers in Ardelve told me how this plant was used for treating erysipelas, a disease which caused severe inflammation, usually of the face, and made a person quite ill. It used to be treated with an infusion of willow herb, which grew in profusion behind their house. The Gaelic name for the plant is *lus ros*; the disease is known as the *ros*. A man in Letterfearn used this plant for the same condition – it grows over there too – and also used it for treating Forestry ponies if they had an open wound.

The plantain plant, or *cuach phadruig*, which is very widespread, was used for one or two different conditions. When children were running around barefoot for six months of the year they sometimes got boils on the soles of their feet. The under side of the leaf was applied directly to the boil, and this was found to be quite effective. The upper side of the leaf was applied to any area affected by dermatitis.

About 16 years ago I was asked by the district nurse to visit a *cailleach* who had an infected toe. When I called, she was unwilling to show me her toe: she said it was fine. Well, I knew it wasn't, but I could do no more that day. When I called a week later, she smiled sweetly and was very happy to show me the toe, which

indeed looked pretty good. As I was leaving the house her husband was waiting for me. He explained, rather shyly, that the previous week she hadn't been expecting me, and had wrapped a plantain leaf round her toe. Thinking that I might laugh at her, she had kept it well out of sight! I reassured him that the treatment had been excellent.

I had a very educative experience, some years ago, in connection with a little girl in Glenshiel who had been scalded on her ankle. Despite the best efforts of the nurse, and both GPs, the ulcerated area was no better at all. But when I called to see her after several weeks of treatment there was nobody at home. I later got a message to the effect that her burn was completely healed. However, much later on, somebody confided in me that the cure came not from ourselves, but from the ministrations of a man who lived not far away. When he came in one day the girl's parents had shown him the sore. He had snorted with disdain, and returned with some juice which he'd prepared from the inner side of some bark he'd cut from an elm tree. The juice was applied and the lesion healed quite quickly.

Measles was a disease which was feared at one time, because after the First World War some people in Dornie had died of it. There is a well on a hillside above Clachan Duich Cemetery where the Allt an Tailisg runs. The water from this well was held to have curative properties for anybody with measles. Another cure for measles was neat whisky. I knew an old lady near Kyle who was tee-total all her life because when she got measles she was forced to drink a little raw whisky. She obviously recovered but she never lost her aversion to whisky. Unfortunately one of her brothers, who was also afflicted, and treated in the same way, never suffered from his sister's dislike of the liquor! Whisky,



**Ali Mal the Smuggler**



of course, was used to treat many conditions. There was a man who lived in the hills beyond Killilan known as Ali Mal the Smuggler. He defied all attempts at capture, and kept people in Lochalsh and Kintail quite well supplied with the water of life.

There was for many years a belief that the seventh son in a family with no daughters in between would usually have the gift of healing anybody with tuberculous glands. The condition was known as *Tinnis a' Rìgh* in Gaelic, and was all too common at one time. A seventh daughter with no sons in between could have the same gift, but less often. I've known one man and one woman who had this power, and one of our district nurses used to know a man in Harris who also had it. The healer had to visit the patient on a Thursday – St Columba's day – then again the following Sunday, and then the following Thursday and Sunday. Each time, he or she gave the patient a drink of water from a silver bowl and recited a special rhyme.

A man I knew in Letterfearn once gave me a fascinating account of a sick cow being treated. He was walking down into the village, when he heard a woman speaking. She was out of sight. Rather puzzled, he crept quietly up the hill above where she was. He was then able to see her. She was addressing the cow beside her as follows:

*Leis a thug Colum Cille,  
Ga aon mhor a cailleach  
Bidh a't gleac,  
Bidh ach mi-run agus geur-shuil  
Mar a thilg as chraobh duileasg,  
Tilg thusa a dhiot tolebben*

Roughly translated, that would go: 'St Columba's Cure – give this one favour to an old woman: take away the struggle, misfortune and the Evil Eye. As a leaf falls from a tree, so may the sickness fall from you'. I've had that story corroborated by a local farmer. It seems the cow recovered.

## Dr Angus Lamont: A Highland Practitioner

### Dr Janet Bisset and Hugh Lamont



Dr Angus Lamont practiced medicine in Skye from 1924 to 1944 and in Foyers, near Inverness, until his retirement in September 1963. His eldest daughter, Dr Janet Bisset, and youngest son, Hugh, gave a joint presentation sharing some memories of their father.

**Dr Angus Lamont (left)**

### Dr Janet Bisset

My earliest memories of my father in general practice were when the family moved to Uig in 1932. His consulting room in Uig was typical of the man. It was a large room: one wall was lined with books, including some recent editions of medical tomes. He had three annual subscriptions with the Lewis Medical Lending Library in London. The wall at right angles was shelved, and housed his dispensary, which included his medicines, powders and tinctures. He had several spirit-heated sterilisers which for speed could also be heated on the kitchen stove.

He had a set of dental forceps because there was no local dentist. He had another steriliser that fitted into his obstetrics bag which was always ready to be picked up in an emergency. The rest of the room had an open fire, wash ba-

sin, small filing cabinet and the usual examination couch and desk. Beside the fire was a wicker chair where he could sit after surgery to read his books.

In the angle of the wall between the book cases and the shelves hung a fully articulated skeleton hidden by a curtain. It was used for first aid lectures. During the war it was accompanied by some rifles and rook guns.

He was a stickler for sterilisation and antiseptics because, of course, antibacterial drugs had not yet been discovered. Lacerations were cleaned with soap and water, dried with sterile gauze and the lesion painted with iodine (which stung). Fungal infections were treated with gentian violet lotion, which was messy but worked. All instruments were boiled for 20 minutes. On a home visit he would ask for a clean saucepan for this purpose.

In the morning my father would list the calls of the previous day to my mother, who kept a record of charges. Often Dad would say: 'do not charge for that call because it was not requested. I did it for my own peace of mind'. The Highlands and Islands Medical Service (HIMS) allowed patient charges to reflect town charges. As far as I remember, surgery visits were charged 2/6. Home visits cost 5 shillings each. Home confinements were £2. My father rented a room for the afternoon for local consultations at the furthest ends of the practice, one Wednesday in Bernisdale, and the next one in Staffin in the other direction. Because money was scarce in those days payments were often in kind. Sometimes it would be a dozen eggs or a dressed fowl and even a salmon. When Dad judged that a family could not afford to pay he did not charge. In the Thirties that was sadly often the case.

We rarely had family holidays. My mother remained at home to care for the locum and answer the telephone. She would visit her parents with the children on her own. My father would go to Glasgow to visit his old hospital where he would attend out-patient clinics, do ward rounds, view operations and generally keep up to date. There were no GP refresher courses in those days!

Throughout the year, the Skye GPs would meet in the Royal Hotel in Portree on a Saturday afternoon. They would discuss interesting or worrying cases. When no one had any problems they produced cases and syndromes from

medical manuals.

Dad took a great interest in developing maternity services in the island. The John Martin Hospital had only a few obstetric beds for the island. He became very good at deciding who would probably have substantial problems and they would be referred to Glasgow, where most families had relatives with whom they could spend the last days of the pregnancy. Patients with medical problems or minor obstetric problems would come to Uig, but the majority had their babies at home. Because of few telephones and bad roads, it was my father's custom to stay with the patient until delivery when she lived somewhere remote. It was not customary for every woman to book a doctor for a confinement: she could have the district nurse/midwife or even a 'handywoman'. One patient went into eclampsia and needed urgent admission to an obstetric unit. Inverness was the nearest as the crow flies, but the roads were not good and treatment was urgent. There was a Naval Hospital on the mainland very near Kyle of Lochalsh and Dad was aware that one of the surgeons was an obstetrician pre-war. He phoned him and persuaded him to admit her, which probably saved her life.

Before the late Thirties there were no antibacterial drugs and then the sulphonamides became available. When penicillin was released, it was kept for the Forces and was given by intramuscular injection every four hours. Before penicillin, these streptococcal infections had to be isolated to reduce spread. In such an epidemic, my father had a lady in labour in the John Martin Hospital. At the same time, a home visit was demanded for another patient with a sore throat. After that visit my father came home, had a bath, washed his hair, cleaned his teeth, gargled and changed all his clothes, even his shoes, before returning to the hospital. No infection was carried.

My parents moved to Foyers, Loch Ness side, in 1944. There my father did less dispensing as it was easy to access Inverness pharmacies and prescriptions were carried to villages by the good bus service and could be picked up by a relative.

During the war, a young soldier became ill with a nasty abscess and was unable to travel back to base. Dad persuaded his army Medical Officer to supply the necessary penicillin and, for a week, he and the district nurse took turn about to visit the soldier every four hours day and night to inject the medication. When fit, the young man rejoined his barracks.

From Foyers, my father was able to join many committees and discussion groups in the run up to the National Health Service and enjoyed the Free Masons and the Gaelic Society of Inverness. He even took part in local politics!

In the early Fifties I was his assistant. He was a hard task master and gave me a good grounding in general practice. He had a good relationship with nurses and health visitors. He said that they did more good teaching mothers how to feed babies and recommending cod liver oil in the prevention of rickets than surgeons did in correcting the occasional patient with rickety deformities.

In 1952 Dad developed glaucoma; over the next 11 years his sight deteriorated and in 1963 my parents moved to Bolton to live near me. He liked to sit in my waiting room and talk to patients. Everybody loved him. He lifted his hat to all when he met them, and became quite at home here. All my life Dad inspired me to be a real family doctor. Two of his daughters, four of his grandchildren and a great grandchild also followed him into the medical profession.

## **Hugh Lamont**

Father was raised on a croft in Glenhinisdale near Uig. His first language was Gaelic and he didn't speak English until he went to school at the age of five or thereabouts. I remember him telling me that when he was about 11 or 12 years old, he was punished for speaking Gaelic in the school playground. It's sad that there was a move at that time to compel children to speak English, but Gaelic continues to flourish, despite the efforts of some of our forebears.

I enjoyed accompanying my father on his rounds when I was a young boy. In between house calls he would yarn away about William Wallace, Robert the Bruce, John Knox, Oliver Cromwell and other characters of the past who took his fancy. He was rooted in the present, but he had a passion for history and it rubbed off on me. He didn't say much about himself but every now and then some event or other, perhaps something on the car radio, would trigger a memory that he would share with me.

I gleaned from him that he had played shinty as a goalkeeper in his younger days in Skye and although he didn't boast about it, I gathered that he was a good runner. He enjoyed swimming with his friends in Portree Bay.

However, his real pleasure came from books. He was an avid reader from an early age with a particular interest in biography, history and current affairs – stories of the men and women who had shaped history and were shaping our times.

He accumulated a massive collection of books. When I was about eight or nine years old, I tried to count the books in my parents' bedroom in Foyers. I gave up when I reached 2000 – and that was just in one room. Our dining room was also lined with bookcases although mother insisted on keeping the best room, what they termed the drawing room, elegantly uncluttered and book free.

You couldn't win an argument with my father because he was knowledgeable on so many subjects. He avidly followed the news and had a retentive memory for what he read in his books. He was also the fairest man I've ever met, though of course I'm prejudiced about that. His patients included wealthy landowners who were permanent residents and some, like the Earl of Bradford, with an estate at Dell near Foyers, who would sign on his panel for the duration of the shooting season. There were factory and forestry workers, farmers and farm labourers, and itinerant labourers of all kinds. He treated them all the same.

In Skye our family befriended Tom Hamilton, a former soldier who lived by himself in a make-shift shelter in the field below the doctor's house in Uig. In Foyers father took the same interest in an elderly gentleman who lived in an old Romany-style caravan in Stratherrick and was known to all in the vernacular of the time as a 'tramp'. Father saw that the man had coal for his fire, clothes on his back and medicine when he needed it.

It is clear to me that my father's background as a crofter's son in a Skye village must have shaped his philosophy on life. He was, after all, born in the 1890s, the decade after the great land agitation known as the Crofters' War, where the rights to the land and to security of tenure were fiercely fought for.

The crofters eventually secured a major piece of legislation, the Crofters' Holdings (Scotland) Act of 1886, which gave them many of the rights they had sought. My father's father, Donald Lamont, was actively involved in that struggle for equal treatment and fairness. National newspaper reports from the time highlight his role in the movement.

Like his father before him, my father was outspoken in his opinions but respectful of the views of others and he had the knack of being able to retain the friendship of political opponents. Whether they shared his outlook or not, people generally respected what one contemporary described in a paper to the Gaelic Society of Inverness as his ‘wit and wisdom’.

Having said that, I’m reminded of an occasion when father was accused of causing a political meeting to break up in disarray. The meeting had been called to introduce a Conservative prospective parliamentary candidate – or he may even have been the candidate. A group of hecklers at the back of the hall continually barracked those on the platform, falling silent only when father raised his hand to indicate that he was about to ask a question. Eventually the chairman called a halt to proceedings, telling father that he had made a mockery of the meeting by bringing with him a rabble that he could control with a wave of his hand.

This was a surprise to father who had no prior knowledge of the hecklers. They had merely recognised a kindred spirit whose questions would reflect their viewpoints. Father was a lifelong supporter of the Labour Party.

I was born in Inverness in 1947, more than two years after my parents left Uig, so I have no first-hand knowledge of their lives in Skye. What I know about those times is based on what they and others told me.

I know that Dad, straight from the local school in Glenhinnisdale, was awarded a bursary to attend Portree School, that he joined the Territorial Division of the Cameron Highlanders in Portree on 13 February 1912 when he was 17 years old, and that he left school that summer or the following year to work as a clerk in Glasgow.

In Glasgow, he transferred to the Barrhead Territorial Division of the Argyll and Sutherland Highlanders and volunteered for frontline service when war was declared in August 1914. He saw active service in France and was severely wounded in May 1915, losing sight in his left eye. He spent the remainder of the war in the UK.

Father told me that as long as the war was on it never crossed his mind to leave the army, but as soon as the armistice was signed, he couldn’t wait to get out. He

was discharged in May 1919 with a War Office Pension that gave him the funding he needed to enrol at Glasgow University to read Medicine. He qualified as a doctor at the age of 30 in 1924.

Father left the army a convinced pacifist – a view he held until Hitler's rise to power in the 1930s. He retained a deep religious conviction, but left the Free Presbyterian Church to join the Church of Scotland, prompting his father to tell friends that 'the poor boy hasn't fully recovered from his war wounds'.

Father's army pension was a boon. He wasn't the quickest at sending out invoices for his work in those pre-NHS days and the pension also provided a safety net that enabled him to give greater attention to his poorer patients than would otherwise have been possible.

This safety net was particularly necessary in his first practice in Carbost and Portnalong where in the 1920s some 400 people had been resettled from Harris and Lewis in a Government 'Land Fit for Heroes' resettlement scheme. Not all of these people could afford medical fees, but their illnesses, infections and injuries still had to be treated. I'm told on good authority that father's reputation is legendary in the area.

It wasn't surprising that my father should wish to practice medicine in his native Skye, initially as an assistant to Dr Mackenzie, Edinbane, and later on his own account at Carbost (1926-1932) and then Uig (1932-1944), where he was also Medical Superintendent of the John Martin Hospital.

The Uig Hospital work proved to be particularly long-lasting. Records from the 1930s show that father began the arguments for what was to be termed a 'Maternity Annexe' to the little cottage hospital, then, with the local Sheriff, led the campaign to plan and raise funds for it. The day of its opening, 18 February 1937, must have been a proud one for him in his own community with his name prominently on the opening day programme and his role as the 'mastermind' applauded by Sheriff Edwyn O Inglis who had chaired the fundraising committee. No longer would those expectant Skye mothers who lived in cramped and overcrowded conditions have to risk the hazards of a home birth.

Father's obituary in the British Medical Journal (BMJ) recounted that he had an-



anticipated the current trend in health promotion by offering advice on lifestyle to healthy patients. He told me that one of his GP contemporaries had complained that 'before Lamont had a blood pressure instrument, no one in Skye had high blood pressure...now everyone has it'.

Father was a stickler for infection control and went to great lengths to ensure that he didn't carry infection from one house to another when he was doing his house calls. He had a sound knowledge of zoonotic diseases, the infections that humans can pick up from animals. In Uig, the family kept cows, which mother milked, to avoid the risk of bovine TB. In Foyers, before the village shop began selling pasteurised milk and it was delivered by local farmers, we boiled our milk before using it.

Father was actively involved in community life. He was a keen Free Mason (Master of Lodge St. Kilda in 1931 and later, after moving to Foyers, Provincial Grand Master for Inverness-shire); he also served as a Captain in the Home Guard in World War II and took a short break from his practice in Uig in 1941 to help out during the blitz in Glasgow. I have a letter telling him that the ARP Medical Service had commended him for bravery following his part in the response to a bombing incident in the Pollock Hills area of the city.

He was a Life Member of the Gaelic Society of Inverness and a close friend of the Society's Secretary, fellow Skyeman Alexander Neil Nicolson who was a frequent visitor to our home, usually accompanied by Dr Martin Whittet, Physician Superintendent of Craig Dunain Hospital.

I think father would happily have ended his days in Uig, but my mother, whom he met and married when she came to Skye as a relief school teacher in 1926, had never settled into island life. In 1944 she persuaded him to apply for the vacant GP post in Foyers where she would be close to her family, just across Loch Ness in her native Abriachan.

Father's obituary in the BMJ reports that he was chairman of the Inverness Division of the British Medical Association when the NHS was founded in 1948, that he served for 11 years as chairman of the Inverness Local Medical Committee, and that he was on the Medical Executive Council for Inverness-shire for 11 years, including three years as Vice Chairman. He was a founder member of the

Royal College of General Practitioners and one of the first six GPs from Scotland to be awarded a Fellowship of the Royal College.

Father read the medical journals avidly and kept abreast of the latest drugs and treatments. He was keen on vaccination and the correct use of antibiotics. He knew all the surgeons and physicians in Inverness personally and referred his patients to those he considered to be the best. If he didn't think he could get the best treatment in Inverness, he would send the patient to Aberdeen, Glasgow or Edinburgh, or even London on rare occasions. These days the patient must go where the local Clinical Commissioning Group has placed a contract. In my view, the NHS has become more bureaucratic and less competitive – and patients and GPs have become increasingly restricted in their choices since the purchaser-provider split was introduced in 1991.

Father retired in his 70<sup>th</sup> year in September 1963 because the sight in his good eye had deteriorated. He had suffered from glaucoma for many years and had found driving difficult during the severe winter of 1963.

My sister Janet persuaded our parents to move to Bolton and he lived there quietly for 25 years until dying peacefully in his sleep at the age of 94 on 23 December 1988. He outlived mother by two years.

I was told that the Council of the Royal College of General Practitioners had held a minute's silence for him at their first meeting in London following his death. I found it moving that he was still remembered in these circles so long after his retirement.

# **The Real Gesto Collection:**

## **Dr Lachlan Grant and Some Predecessors at Edinbane**

### **Dr Roderick Macleod**

For me, the story begins with the lands of Gesto and Gesto House. It is a part of Skye that I have looked out onto from our home at Ardtreck, since my childhood. So as to capture the scene I have brought along the oil painting of Gesto House by the late David Roberts of Orbost, which hangs above my fireplace. This was once the home of Captain Neil Macleod and family, where his son Kenneth was born in December 1809.



**Painting of Gesto House by David Roberts (author's collection)**

Kenneth Macleod of Gesto (later of Greshornish) is a name remembered and revered by Sgiathanachs to this day. Some family descendants still live in Skye, for instance the Hilleary family, and, I suggest, we recognise the family for its mighty legacy to the island on Kenneth's death back in 1869. Kenneth Macleod left Skye at the young age of 16 for India and set up as a tea and indigo planter, establishing estates of his own there. He made his fortune and returned home to Skye in the mid 1840s, while still a young man. In 1869 he died, unmarried,

at Coulmore in Ross-shire, and in his will left a legacy of £10,000 to found a hospital at Edinbane 'for the benefit of all his countrymen the people of Skye'. This was to be the first ever hospital in Skye and the only place where islanders could get in-patient and dispensary care. There were 12 beds available in the hospital itself and accommodation for the resident medical officer was provided in an adjacent house. The endowment was not finalised until 1872, and that year work commenced on the project. It was completed in 1876, when it opened its doors to patients.

Gesto Hospital was in those days termed a 'voluntary hospital', being based, as it was, on an endowment. Such hospitals, wherever they appeared, tended to be well funded, and offered much higher salaries to appointed resident doctors than was then commonplace. This attracted a vast number of applicants to the post, and an impressive calibre of candidate in the main. From 1876 the trustees of Gesto Hospital made successive appointments, all of them worthy.

In my estimation, however, there were three medical officer appointees who were head and shoulders above the rest. And, somewhat surprisingly, they followed on one after the other. They were Dr Roger McNeill (1883-1890), Dr Keith Norman MacDonald (1890-1895), and Dr Lachlan Grant (1895-1900). For me, they constitute the Real Gesto Collection!

If I may, I would like to portray them individually, and in order. As he is to be a main component of my address, Dr Grant will inevitably require more canvass for me to cover than the other two.

Dr Roger McNeill was born in 1853 into a Baptist family on the inner island of Colonsay. His father was a crofter at Ardskenish, and Ruairidh (later anglicised to 'Roger') was the youngest son in a family of eleven children. He was merely six years of age when his mother died in 1859 at their home on the island, without any medical attendance. As witness to the event, it forever influenced him in all his deeds and life's work. The experience seared his soul. Thus his choice of career and profession was no surprise to anyone and when he enrolled at Edinburgh University Medical School in 1872, at the age of 19 years, it was said of him that 'no student ever entered Medicine with finer motive than Roger McNeill'. After he had qualified, his colleagues maintained: 'no doctor ever practiced in the profession, so honest a man'.

McNeill was a humble man. He was a native Gaelic speaker. He excelled at medical school, graduated MB MS in 1877 and progressed to MD (Gold Medal) with First Class Honours in 1881, and a DPH from Cambridge in 1889. He went on to practice intensively in Manchester and London and gained a wealth of experience in treating and containing infectious and communicable diseases – for example, during the London smallpox epidemic. In 1883 he applied to become the Resident Medical Officer at Gesto Hospital, and the trustees saw fit to appoint him to the post, at the age of 30 years. It was exactly five years after the hospital was opened, and the resident medical post proved to be a gruelling one by McNeill's own admission. However, he mastered the post and remained in it, single-handedly, over six years, leaving in 1890 to become the first appointed Medical Officer of Health for his native Argyllshire, based in Oban. There he remained in post until his death in 1924, so ending a most distinguished medical career, and an illustrious one in public health. He well earned his rest, and his remains lie buried in Kilchattan cemetery. Roger McNeill was a servant of his people, and his own early experience of life proved a spur to him.

Dr Keith Norman MacDonald took up the reins at Gesto in 1890 at the ripe age of 56 years. He was a glorious figure, cultured and musical, who, for all that, had amassed a multitude of medical degrees and qualifications from various universities: Edinburgh (MRCP), London (LRCP), Bavaria (MD) and St Andrews (MD). He was a nephew of Kenneth Macleod, whose legacy founded the hospital; Keith Norman's mother, Ann, a sister of Kenneth Macleod was married to Lt Charles MacDonald of Ord in Skye. Besides Gesto, Keith Norman's chequered career saw him in medical government service in Burma, as a surgeon to Fife County Prison and a doctor in Bath, Skye, Lochaber and Edinburgh. Despite his busy medical life, MacDonald had a wide interest in Gaelic folklore, song, music and dance. He had a life-long love and passion for Skye; when he left Gesto hospital in 1895 he published *The Gesto Collection of Highland Music* and, two years later, *The Skye Collection of Reels and Strathspeys*. A genteel man of fine features and bearing, he was often portrayed in Highland dress resplendent with plaid, and a silver brooch inlaid with a cairngorm stone. Latterly he made his home at 21 Clarendon Crescent in Edinburgh's New Town, lived there in some comfort, and played a full part in Edinburgh society. He died at home in 1913 aged 79, and is interred in the Dean Cemetery. He was a memorable man in all respects.

Dr Lachlan Grant was appointed by the trustees to the hospital post at Edinbane at the age of 24. He was a fascinating figure and his 50 years in medicine

was but a bit part of his life. Like Roger McNeill, experiences throughout his life modified and moulded him. He was not born in the Highlands: both his parents were native to Renfrewshire and the family home was in Johnstone. His paternal grandfather, also named Lachlan, was born near Dingwall: according to one census, at Luibfern near Garve; according to a second census, at Culpern (Culbin), just north east of Dingwall. This Grant grandfather had migrated to Renfrewshire in search of work, and settled and married in that locality. On his mother's side, the Paton and the Shedden families were business people of might. The Patons' manufacturing business in shoe lace making was based in Johnstone and was of global trading proportions. The Sheddens, on the other hand, operated a cartage business of massive scale throughout the whole of Canada and North America. Both families were enormously entrepreneurial, and prosperous on an international scale. Lachlan's father, Peter, was married to Jean Paton, daughter of William Paton, founder of the company. On a much more modest scale, Peter Grant ran his own family business as a furniture manufacturer and saw mill owner in the town of Johnstone.

It is unlikely that the young Lachlan Grant and his family would have ever migrated to Ballachulish and Glencoe had it not been for the catastrophic collapse of the City of Glasgow Bank in 1878. In the resulting havoc, the Grant family business was bankrupted. The family plight was eased only when Mrs Ann Barr, the widowed sister of Peter Grant, rode to their rescue. In 1880 she transported the entire Grant family to Ballachulish where she leased the local store building and set up the business of Barr and Co, trading in general provisions. There they prospered, and Lachlan Grant and his siblings adapted to their new rural homeland. Until then, it had been a traumatic interlude for them all.

Between the ages of nine and 14, Lachlan Grant was educated at Ballachulish Public School, where he showed great academic ability. His headmaster, Mr McKeracher, and the local United Free Church minister, Rev Duncan MacMurphy, both classicists, continued to coach him after leaving school. Peter Grant was encouraged to place Lachlan in the hands of a tutor who ran a private college in Glasgow, geared to gaining entry qualification to 'the professions' at Scottish universities. On gaining such a qualification, Grant first enrolled to read Classics at Glasgow University. Completing two terms or so in the arts, he decided to switch to medicine, and enrolled at Edinburgh University in May 1889. After a stellar performance as a medical student, Grant emerged in April 1894, aged 23, with his medical degree, with distinction. Thereafter, he added even higher qualifications: MD (with commendation), DPH, RFPS (Glasgow), RCPS (Edinburgh) and FRFPS (Glasgow). Dr Grant was particularly interested

in Ophthalmology. Having taken the class prize in that subject, he attracted the attention of the Professor, Argyll Robertson, Physician to Queen Victoria and the Royal Household, who was of world-wide reputation. Dr Grant also attracted the eye of Dr Thomas Clouston, an Orcadian, who was in charge of the Morningside Asylum in Edinburgh, and top dog in his speciality. Both 'chiefs' were keen to retain Grant in Edinburgh, and groom him for higher things. It thus came as a great shock to the Edinburgh medical establishment when Dr Grant declared that he was set on a medical career in the remote and rural Highlands and Islands!

In 1895 Dr Grant moved to Oban as assistant GP to a Dr MacCalman, but within a year he accepted the appointment as Resident Medical Officer at Gesto Hospital. The hospital trustees had made their choice, and the third stalwart in a row was in post to take forward island health care at Edinbane. It was a formidable challenge for a young 24 year old doctor. The experience, however, proved to be



**Dr Lachlan Grant outside Gesto Hospital, Edinbane**

an education in itself. The harsh social conditions on the island, the political issues prevailing, the moral questions at stake: all begged answers. Close contact with crofters and cottars, and their plight, undoubtedly influenced Dr Grant. His five years in Skye helped him hone his political skills and ideals, and it certainly radicalised his beliefs to a degree that galvanised his future actions in areas of social reform. Dr Grant's tenure lasted until 1900, a five year stint. He left to re-

turn home to Ballachulish to care for his terminally ill father and to support his soon to be widowed mother. At Gesto and throughout Skye, Grant had acquired a massive reputation as a professional man of the highest standards and personal qualities. Moving tributes were paid to him in prose and verse, many by monoglot Gaelic-speaking islanders.

Dr Grant's return to Ballachulish in 1900 coincided with a vacancy for a medical officer serving both the slate quarries and the local population. His application was unanimously accepted, and at the relatively young age of 29 he stepped into the post. In June 1902 the unexpected happened, when the quarry owners dismissed him. The quarrymen, to a man, supported Dr Grant and, since they paid every penny of the doctor's salary, claimed the right over the medical appointment and their choice of doctor. The dispute became known as the 'Ballachulish Lock Out', raged on for 18 months, made national headlines throughout, reached the House of Lords on Appeal, and was only resolved at the final hour – in favour of Dr Grant and the quarrymen. In early January 1904, Dr Grant was fully re-instated and the men returned to work. For Dr Grant, the whole experience was yet again another baptism of fire. Life for him was clearly not meant to be a bed of roses!

In parallel with all this there was much else to keep him busy. The railway spur from Oban to Ballachulish was being completed and some 2000 men on that contract merited medical cover; Dr Grant provided it. Besides, across at the head of Loch Leven, the aluminium smelter was taking shape: a dam to provide the hydro power, a factory for smelting the metal, and a new village to house the work-force. It was a most prestigious project, and in its conception and inception Kinlochleven never had a greater supporter, or better friend in court, than Lachlan Grant. It served as an example of what prosperity and employment heavy industry of the kind could deliver for the Highlands, and Dr Grant had long campaigned for that!

While the incessant burden of medical work was immense, it did not deter or divert Grant from his aims, reforms and campaigns. The lot of crofters and cottars was still to the fore; land tenancy, rents and rights needed reform. In 1906, along with colleagues, he inaugurated the Crofters and Cottars Association at a meeting in Connel (Oban) and went on to lead the organisation. Moreover, reforms in healthcare were called for, and in 1912 Dr Grant gave evidence to the Dewar Committee at Oban on 28 October. Dr Grant's contribution to the committee was to prove effective, for the path to reform and the solutions he



proposed were embraced *in toto* by Dewar, being included in the committee's report to the government. When the Highlands and Islands Medical Service was rolled out in 1913, all Dr Grant's hoped for reforms had been adopted.

Throughout his life Dr Grant campaigned on matters affecting the Highlands and Islands, Scotland and the country at large. His concerns ranged from emigration, immigration, employment and industry, to land tenure, land ownership, and much more besides. He was a prolific writer of pamphlets, papers, letters and articles, and his journalism extended to regular articles in the national, lay and medical press. He engaged in debate on matters of medical science and established a bacteriological laboratory within his practice. In his view, early diagnosis through microscopic examinations was paramount. To minimise cross-infection he designed and manufactured a portable system for the free flowing supply of water for hand washing by doctors and midwives attending home confinements.

On the political front, Dr Grant was a Liberal, and very much a patriot. In advancing causes such as the Crofters and Cottars Act (1906), the Highlands and Islands Medical Service (1912), the Sea League (1933), the New Deal for the Highlands and the Highland Development League (1936), and the Caledonian Power Bill (1938), he linked up with worthies like Tom Johnston, John Lorne Campbell, Compton MacKenzie, Johnnie Bannerman, the Rev Thomas Murchison, successive MPs for Argyllshire, Sir Archibald Sinclair, and others of note. He shared a remarkable and very close friendship with Ramsay MacDonald, the first Labour prime minister, and they regularly exchanged visits, gifts and tokens of friendship, papers and pamphlets, among much correspondence. In his quest to improve the quality of life for his fellow Highlanders he did not rest. His mission, on all fronts, continued to the day he died.

Dr Lachlan Grant retired from medicine in 1945, and passed away at his home, Craigleven, in Ballachulish on 31 May 1945. He is interred at Duror cemetery in Appin. Grant's contribution to healthcare was immense and impressive. For us here today, it is nice to know that Gesto was an early influence on him.

# Ann of Appalachia: A Skye Nurse and how the HIMS was transferred to America, 1927-1953

## Professor Norman Macdonald



**Ann MacKinnon on 'Tenacity'**

My theme today aims to track, together, the transfer of the Highlands and Islands Medical Service (HIMS) idea to Kentucky and its development there, with the origins in North West Skye, and career, of one of the people who was to play a key role in that transatlantic development. The work in the Appalachian mountains of Kentucky was known as the Frontier Nursing Service (FNS). It was begun in Leslie County, Kentucky, in 1925 by Mrs Mary Breckinridge, who remained its Director until her death in 1965.

I wish to explore the means by which the specific connections between the HIMS and the FNS in Kentucky were formed, and how they played out.

A philosophy and a practice come together in the one person on whose extraordinary life's work I want to concentrate. Her name was Ann P MacKinnon and she was born in Roag in the parish of Duirinish in Skye on 4 March 1879. She was to train as a nurse in Scotland, to serve in World War I, and to move to Kentucky where she died in 1953.

Ann MacKinnon's father, John, was born in Waternish and, from his early trade as a shoemaker, had risen to the role of merchant in the village of Roag, about three miles from Dunvegan. Her mother was Georgina Urquhart, whose father, Hugh, had come to Skye from Ross-shire as Gaelic teacher/catechist with the

body known as the SSPCK: the Society in Scotland for the Propagation of Christian Knowledge. He taught in Lochbroom in the 1820s before moving to Minginish in Skye in the 1840s. The SSPCK teachers were wiped out with the introduction of the state system in 1872. As if to emphasise the end of the era, Hugh Urquhart died, aged 76, in Carbost, Bracadale, in April 1872, the very last month of the old school system. Ann MacKinnon's grandfather had represented the old values. And I tell you all that to emphasise that she didn't come by the powers and abilities she was to reveal just by some kind of historical accident.

However, the point I wish to make is that in Ann MacKinnon's childhood, the influence of the old world remained. The old world of disciplined schooling, of the classics and of algebra, of her Gaelic teacher grandfather, and the father striving to move on in the world to provide for his large family.

Her middle name and initial are, in north Skye terms, worth a lot more than a passing mention. As Nurse MacKinnon herself used several spellings of her name throughout her life, I have decided not to standardise either the spelling of her first name, or surname, or the use, or absence of, a middle initial or name. Annie went through adulthood using a 'P' in her name and, more and more, the name 'Pack', though the word does not appear on her birth certificate. In her parents' marriage register entry, one of the witnesses is John Pack. I haven't been able to find her family's direct relationship with the name 'Pack' (sometimes 'Packer') but the well-known Pack family in Dunvegan had originally come from Christchurch in Dorset. They came to Skye in the 19<sup>th</sup> century to manage the Home Farm of Macleod of Dunvegan, and subsequently, in more recent times, George Pack became hotelier in Dunvegan. His daughter, Anne Pack, married a man from Waternish called Roderick MacKinnon, who was to set up the still-operating bakery business in Portree.

After her schooling in Dunvegan, Ann went south to train as a nurse and is recorded as a Probationer Nurse in the Braehead Cottage Hospital, Dumbarton, in 1901. We know that Ann MacKinnon first completed four years of training at the School of Nursing in Ayr Hospital, later gaining the 'Queen's District Nursing and Midwifery' qualification in Edinburgh.

During the First World War, Ann joined The French Flag Nursing Corps, the so-called 'British Nurses in France', and was soon at the Front. Attached to Am-

bulance Corps 12/2, Ann MacKinnon and her nursing colleagues were facing fire every day. By 1918, she found herself at the Third Battle of Aisne, which raged from 27 May to 6 June 1918. The attack launched there by the German General Ludendorff was part of the last-ditch effort of the German Army to break the stalemate on the Western Front before the Americans arrived *en masse*. It was during this battle that Brigadier-General George Grogan, Commander of the 23<sup>rd</sup> Brigade, carried out acts of great bravery for which he was awarded the Victoria Cross (VC). In under two months, the 8<sup>th</sup> Division suffered over 17,000 casualties. Besides General Grogan's VC there were two other major decorations. Two awards of the *Croix de Guerre*, awarded by France for acts of heroism involving combat with enemy forces. One was to an English regiment which got the unit decoration of the *Croix de Guerre*, the highest honour that France could award in the circumstances. As *The Times* reported on 1 August 1918, the other *Croix de Guerre* went to a Scottish nurse. No General for this one. No whole unit. The award was to Nurse Annie P MacKinnon. In *The British Journal of Nursing* on 27 July 1918 it was reported that the award was given 'for conspicuous bravery in continuing to care for the sick and wounded under enemy fire'.

Ann P MacKinnon remained in France after 1919 to work for the Rockefeller Foundation in Marseilles and Paris. Her task was to train a group of twelve French girls of good education in tuberculosis, infant welfare, and general nursing. The embarkation list of a ship called *Mormacswan* shows that she left London for New York on 16 April 1928. She was 49 and making her first trip to America, beginning the journey that was to spread the model and the reputation of HIMS across the Atlantic. For the remainder of her life, the girl who grew up looking out over Macleod's Tables, put Scotland's ideals into practice in the mountains of Appalachia.

As I mentioned at the outset, Mary Breckinridge founded the Frontier Nursing Service (FNS) in Kentucky in 1925. She was born in Memphis, Tennessee, into a prominent southern family. Her father, Clifton Breckinridge, served as a United States Congressman from Arkansas and her grandfather was Vice President of the United States under President James Buchanan. Mary Breckinridge came to Scotland in August 1924 specifically seeking a model on which to build a nursing service in a remote rural area. She spent six weeks in the Hebrides going about with nurses and doctors in order to gain first-hand knowledge of the systems in the area. Sir Leslie Mackenzie, a member of the Highlands and Islands Medical Service Committee, was her mentor and the HIMS was exactly the kind of decentralised health system that she wanted to find. She first visited

the Scottish headquarters of Queen Victoria's Institute for Nurses, as 'Queen's Nurses' provided the backbone of the HIMS. Many had additional qualifications in midwifery; Ann MacKinnon was one of these, having gained certificates from the Queen's Institute of District Nursing and from the Central Midwives Board of Scotland.

In Mary Breckinridge's autobiography *Wide Neighborhoods*, she expands on how closely she followed the HIMS model:

Sometimes an experience is so deeply creative that you respond to it with everything that you have, not only in retrospect but at the time. When I went to Scotland in mid-August of 1924 to make a study of the Highlands and Islands Medical and Nursing Service, I knew that weeks of enchantment lay ahead of me, but I could not know until it happened what it would be like to enter a strange country and feel at once that I had come home.

The Appalachian area, and most of Leslie County in particular, was one of the poorest areas of the US, with no medical facilities, and Mary Breckinridge's goal became to transfer the HIMS idea to Kentucky. The FNS was the first organisation in America to use nurses trained as midwives collaborating with a single medical doctor or obstetrician. Using the Highland concept, the nurses were also expected to serve as public health nurses. All the costs were covered by relying on philanthropists and on raising their own funds. The nurses travelled on horseback and aimed to provide quality prenatal and childbirth care in the client's own home. As Mary Breckinridge wrote in her book:

Annie P. MacKinnon from Skye was one of our early recruits... Inevitably, she was given the name 'Mac'. She would joke with her Irish colleague Hannah 'Nancy' O'Driscoll from Skibboreen, when playing Harry Lauder on the Victrola gramophone, about what songs might be played in heaven.

And again:

The women came together for social evenings at the Big House in Wendover, and the occasional dance. Practical jokes and jolly japes

reinforced their comradeship. Annie MacKinnon, superintendent at Hyden, once tried her hand at brewing beer – but something went wrong and she ended up flooding a meeting of fundraising worthies from Lexington and Louisville in the hospital dining room.

Annie MacKinnon's first regular assignment in the Frontier Nursing Service was as one of two district nurse midwives stationed at the Jessie Preston Draper Memorial Nursing Centre at Beech Fork. At that time it was forty miles on horseback from the railroad. In an obituary of October 1953, Mary Breckinridge was later to write:

no visits that I made to outpost centres in our early years gave me such sheer delight as the ones to Beech Fork while Mac was there. She would come riding to meet me followed by her collie dog, Scottie, or she would be waiting for me on the bank, below the centre, when Teddy Bear carried me through the rushing ford.

In the same obituary, Breckinridge reveals that Ann MacKinnon's abilities at Beech Fork led to her being transferred to Hyden Hospital as its Superintendent in September 1929. Hyden Hospital, a new 12 bed, \$35,000 hospital built at Thousandsticks Mountain in Hyden, was dedicated on Tuesday 26 June 1928. There was only one choice to perform the opening ceremony: Sir Leslie Mackenzie. Mackenzie, of course, was a member of The Dewar Commission of 1912 which had recommended the development of the HIMS. Sir Leslie waxed lyrical in his opening address, later published in the *Lancet*:

It is a story full of adventure, sacrifice, passionate enthusiasm and splendid initiative. When, some years ago, Mrs Mary Breckinridge came to us in Scotland to see how we had faced a similar problem in medical service and nursing, we were filled with a new sense of significance of the work we had tried to do in the thinly peopled and difficult areas of Scotland.

When, therefore, I was invited by the Frontier Nursing Service of Kentucky to give verbal form to the dedication of the hospital and nursing system now established in these mountains, I felt indeed, a glow of supreme satisfaction that our work in Scotland had found an echo in the great spaces and mountains of an American Common-

wealth. The invitation was a call of the Highlands to the Highlands. It is a symbol of kinship in feeling and outlook. It is the lightning spark that reveals the essential unity of our culture...

The beacon lighted here today will find an answering flame wherever the human hearts are touched with the same divine pity. Far in the future, men and women, generation after generation, will arise to bless the name of the Frontier Nursing Service.

When Mary Breckinridge came back to Scotland in the spring of 1929, she addressed a large and distinguished company, including Sir Leslie Mackenzie, in the Caledonian Hotel in Edinburgh. *The Scotsman* of 11 April 1929 recounts how she told ‘the thrilling story of the pioneer Frontier Nursing Service in Kentucky, USA, which is modelled on the medical and nursing service established in the Highlands and Islands of Scotland’. According to *The Scotsman*, she described her British nurses as ‘simply magnificent’ and singled out one of the Scottish nurses for a special mention: ‘One, Miss MacKinnon, won the *Croix de Guerre* in France. She is doing as heroic work today’.

During its first 25 years, the FNS established itself as an innovative organisation that was willing to adapt its practices to changing conditions in Leslie County. Ann MacKinnon from Roag was at the core of the operation and the key person after Mary Breckinridge herself. Ann spent the years from 1928 until 1953, with the exception of her return to Europe during the Second World War, running Hyden Hospital, and travelling on her mule ‘Tenacity’. During the Second World War, when she had come back to the UK, she was superintendent of a casualty evacuation train which was blown up at Newmarket in East Anglia; she suffered a broken back, spent over 2 years in hospital and, though by now age 69, returned to do her job in Kentucky. And so, in Ann MacKinnon, the histories and the futures of these mountainous areas intertwined. Her work, and her life’s example, are one of Scotland’s enduring contributions to the modern world. Nurse Annie Pack MacKinnon is a figure of national, indeed of international, significance.

Today, the legacy of the HIMS, of Mary Breckinridge and of Annie Pack MacKinnon, extends far beyond Eastern Kentucky. The model spread to other areas of North America, initially to Newfoundland and Ontario in Canada. It has grown to become Frontier Nursing University (FNU), which offers a Doctor of Nursing Practice degree, and a Master of Science in Nursing degree, with ac-

cess to qualifications as a Nurse-Midwife, Family Nurse Practitioner and Women's Healthcare Nurse Practitioner. FNU has students and graduates serving in all 50 US states and in many countries.

Annie P MacKinnon made her last voyage to the UK in 1951 at the age of 71. She died, on 6 February 1953, two months after a heart attack, in her own room in the nurses' quarters in Hyden Hospital. On the wall of her room she had facing her a picture of Roag House. The *Quarterly Bulletin* of the Frontier Nursing Service in Kentucky carried an obituary that ran to 13 pages. To quote it:

Mac told us that she tended to think in Gaelic since it was her native tongue. The religious affiliations of the MacKinnons was with the Free Church of Scotland. Mac's Christian upbringing, even more than her Highland heritage, inspired the bounteousness of her dedication to the service of God, through service to her fellow men.

Mary Breckinridge, this wealthy granddaughter of a Vice-President of the United States, who herself had suffered the loss of two husbands and two young children, wrote: 'As for me, my friendship with Mac had become one of the deepest life ever gave me'.



**Ann MacKinnon's grave in Wendover, Kentucky**

In the little wood at Wendover, Annie is buried beside a Frontier Nurse colleague, Dorothy Buck. Their cemetery is located on the hill below Mary Breckinridge's home, known as the Big House.

Just as I was thinking about the shape of this presentation, less than two weeks ago, on the

television was the Inauguration of the President of the United States of America. My ears pricked up when I heard President Obama's words:



Our journey is not complete until all our children, from the streets of Detroit to the hills of Appalachia to the quiet lanes of Newtown, know that they are cared for, and cherished, and always safe from harm (Obama, 21 January 2013).

‘...from the streets of Detroit to the hills of Appalachia to the quiet lanes of Newtown...’ The Highlands and Islands Medical Service laid out the road. Mary Breckinridge helped along that cruel Appalachian route. Sir Leslie Mackenzie and Sir John Dewar and the rest of them deserve, in this centenary year of their great visionary achievement, their place in our shared history. Annie Pack MacKinnon, the shoemaker’s daughter from the little village in the north of Skye, demonstrated every day of her life the strength of our shared humanity.

## Bibliography

Bartlett, M., *The Frontier Nursing Service: America’s First Rural Nurse-Midwife Service* (Jefferson, NC, 2008).

Breckinridge, M., *Wide Neighborhoods: A Story of the Frontier Nursing Service* (New York, 1952), ch. 15.

Breckinridge, M., ‘Frontier Nursing: In Far Kentucky: Link with the Highlands’, *The Scotsman*, 11 Apr 1929, p. 12.

Breckinridge, M., ‘Ann P MacKinnon: Obituary’, *Frontier Nursing Service Quarterly Bulletin*, Vol. 29, Oct 1953.

‘British Nurses Under Fire - Award of Croix de Guerre’, *The Times*, 1 Aug 1918, p. 5.

Cockerham, A. Z. and Keeling, A. W., *Rooted in the Mountains, Reaching to the World: Stories of Nursing and Midwifery at Kentucky’s Frontier School, 1939-1989* (Louisville, KY, 2012).

*Frontier Nursing Service Quarterly Bulletin*, 1920s-1950s.

Goan, M. B., *Mary Breckinridge: The Frontier Nursing Service and Rural Health in Appalachia* (Chapel Hill, NC, 2008) p. 223.

MacKenzie, Sir L., ‘Frontier Nursing in Kentucky’, *The Lancet*, Vol. 212, No. 5473, 21 July 1928, p. 134.

‘Scottish Nurse wins Croix de Guerre’, *British Journal of Nursing*, 27 Jul 1918, p. 15.

## Conference Contributors

**Dr Neil MacGillivray (conference chair):** retired surgeon and historian.

**Dr Stephen McCabe:** Portree GP and member of the Dewar Centenary Committee.

**Professor Alexander Munro:** retired surgeon. Currently Company Chairman of the Centre for Health Science, Inverness.

**Jim Leslie:** retired teacher and co-author of a series of reports on the history of Highland hospitals.

**Dr John Adamson:** retired Kyle of Lochalsh GP and local historian.

**Dr Janet Bisset:** retired Bolton GP and daughter of Dr Angus Lamont.

**Hugh Lamont:** son of Dr Angus Lamont. Recently retired as Regional Communications Officer for the Health Protection Agency in the north of England.

**Dr Roderick MacLeod:** Ballachulish GP and author of a forthcoming biography of Dr Lachlan Grant.

**Professor Norman Macdonald:** *Eòlaiche Eachdraidh agus Neach Rannsachaidh* at Sabhal Mòr Ostaig, Isle of Skye.



