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# DEWAR REPORT CENTENARY

100 YEARS OF HEALTHCARE IN  
THE HIGHLANDS AND ISLANDS, 1912-2012

# A' CUIMHNEACHADH AIR AITHISG MHIIC AN DEOIR

100 BLADHNA DE CHÙRAM SLÀINTE AIR A'  
GHÀIDHEALTAICH D AGUS NA H-EILEANAN, 1912-2012

# DEWAR REPORT CENTENARY

## A' CUIMHNEACHADH AIR AITHISG MHIIC AN DEÒIR

The year, 2012, marks the centenary of The Highlands and Islands Medical Services Committee, commonly referred to as the Dewar Committee after its chairman, Sir John Dewar MP. The Committee was constituted to look into medical service provision in the Highlands and Islands after it was realised that crofters were not covered by the 1911 National Health Insurance Act. The Dewar Report not only gave a unique insight into the social landscape of the Highlands and Islands in the early twentieth century but also set out a compelling case for health care reform. This led to the first state provided health service in the world, the Highlands and Islands Medical Service, which revolutionised medical provision within the Highlands and Islands and is considered to be the precursor to the National Health Service.



**The Highlands and Islands Medical Services Committee, 1912** (Highland Archive Centre, Inverness, GB0232/HB/90/2/1)  
Standing (L-R) Andrew Lindsay, Charles Orrick, Dr Leslie Mackenzie, Miss Tomie, Murdoch Beaton, Dr J. C. McVail, J. Cullen Grierson,  
Dr A. C. Miller, Seated (L-R) Sir John A. Dewar, Unkown, The Marchioness of Tullibardine, J. L. Robertson.

# GATHERING THE EVIDENCE

## A' TRUSADH FIANNAIS

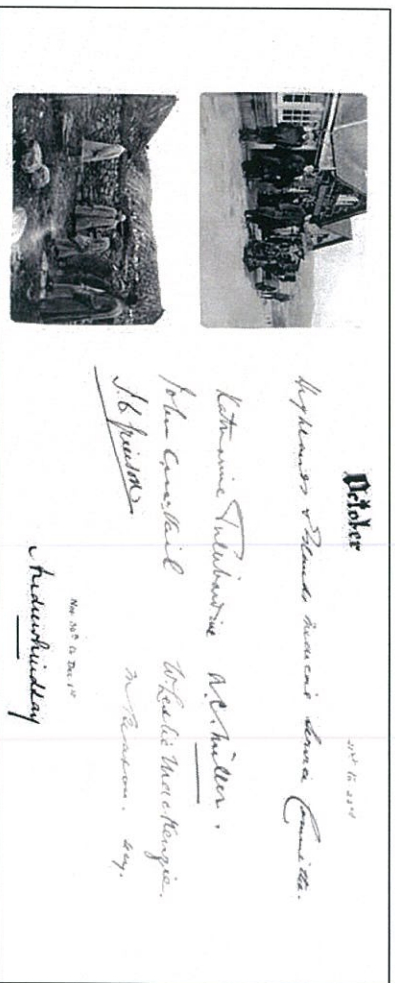
Attention was first drawn to the precarious state of medical services in the Highlands and Islands of Scotland in 1850. Over the next sixty years this message was often repeated, especially by the Caledonian Medical Society, who continually lobbied for more and better paid doctors.

Lloyd George (Chancellor of the Exchequer) agreed with these sentiments when he introduced the National Health Insurance Bill in 1911; however the scheme excluded most Scottish crofters, who seldom received wages and rarely had any money. This omission was recognised in July 1912 with the appointment of the Highlands and Islands Medical Services Committee.

### TREASURY MINUTE DATED 11<sup>TH</sup> JULY, 1912.

The Chancellor of the Exchequer recommends to the Board that a Committee be appointed to consider at an early date how far the provision of medical attendance in districts situated in the Highlands and Islands of Scotland is inadequate, and to advise as to the best method of securing a satisfactory medical service therein, regard being had to the duties and responsibilities of the several public authorities operating in such districts.

Treasury Minute of Appointment (Highland Archive Centre, Inverness, GB0232/HHB/90/1/1)



The Highlands and Islands Medical Service Committee  
(Reproduced by courtesy of Lord Forrester)

Sir John Dewar, M.P. for Inverness-shire, was appointed chairman of the Committee and Murdoch Beaton, an Inspector under the National Health Insurance Commission (Scotland), its Secretary. Other members included the Marchioness of Tullibardine and Dr A. C. Millar, Medical Officer for the Parishes of Kilmalie and Kilmorivaltig. Dewar, who was described as "a demon for work", had often expressed concern over medical provision in the Highlands and Islands.

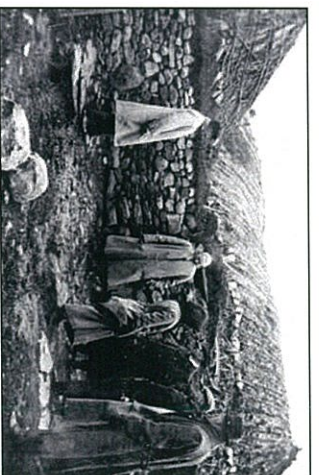
After reviewing published papers, reports and questionnaires, the Committee heard evidence in a series of seventeen public sessions held throughout the Highlands and Islands. During their travels they saw first-hand the problems described by the witnesses; tempestuous conditions were experienced whilst crossing the Minch and one of the committee members, J. L. Robertson, required emergency hospitalisation for appendicitis. He made a full recovery.

Among the 178 witnesses examined were Medical Officers, local G.P.s, Chemists, Clergymen, and Crofters including John MacPherson, the Glendale Martyr. The minutes of evidence given to the Committee extend to 23,558 paragraphs.

The Committee's report painted a distressing picture with regards to living conditions and medical services but provided clear recommendations as to how these should be remedied; particularly the establishment of a properly administered grant to develop all medical services within the Highlands and Islands.

**"THESE RECOMMENDATIONS, WHEN GIVEN EFFECT TO, WILL OPEN UP A NEW ERA FOR THE IMPROVEMENT OF THE MEDICAL AND NURSING SERVICES IN THE HIGHLANDS AND ISLANDS OF SCOTLAND."**

DR JOHN MACDONALD, M.O.H. INVERNESS-SHIRE



The Dewar Committee Gathering Evidence, Oct 1912  
(Highland Folk Museum, HF 6/6/64)

Mr GRUBBIX, called and examined.

16,407. (Chairman.) You live in the island of Rona?—  
Yes.

16,408. Are you a fisherman?—Yes.

16,409. Have you a croft?—Yes.

16,410. What is the size of it?—I cannot tell the area; it is just patches here and there among the rocks.

16,411. What is the rent of it?—£3, 5s.

16,412. How many sheep have you on the whole?—14 or 15. I might keep 20. No man has more than that. Some have 10 and some have 4.

16,413. Are you married?—Yes.

16,414. And have you a family?—Yes. I have three of a family.

16,415. Do you think the medical service in Rona is as it ought to be?—There is no medical attendance in Rona.

16,416. I suppose it is on account of the cost?—It is just the Portree doctor we have, and he must come in a boat, and in the winter-time he cannot come. We may possibly have to wait a fortnight for him, and the patient will be suffering pain all that time. It is quite possible that the patient may die without seeing a doctor at all.

16,417. What is the population on the island?—About 100.

16,418. The charge for a doctor going is beyond the resources of the crofters. What can you pay for a doctor?—It is difficult for me to say; the majority are so poor that they can pay nothing at all.

Evidence of Mr Graham, Isle of Rona  
(Highland Archive Centre, Inverness, GB0232/C347/36)

# LIVING CONDITIONS

## GOR NAN DAoine

The majority of people lived in constrained circumstances. As crofters, cottars and fishermen they would have had only a small, irregular, income which, once rent and rates were paid, barely provided for the basic necessities of life. Pictures of crofter's cottages, set amid an idyllic rural landscape belie the conditions within. The rudimentary construction and earthen floors rendered them damp, smoky and insanitary, the perfect breeding ground for tuberculosis (phthisis), especially when livestock was housed under the same roof with little internal partitioning.



Crofters' Houses, Isle of Skye (Skye and Lochalsh Archive Centre, GB2219/SL/ST/81/8)

1. *Storr District*. Widow A. M. Rent—£3 4s. 8d.  
Keeps one cow and four sheep. Holding able to support more stock, but widow unable to look after them.  
House consists of two rooms and one small closet.  
Walls built of stone in clay. Damp oozing through all parts.  
Roof slated, but broken in places and leaking. Woodwork rotten. Floor of clay, very wet, and springing up in closet, so that closet floor is really a quarantine.  
Three inmates, one under 14.

Other signs of poverty are present besides the miserable houses they dwell in. The food they live on is very indifferent. Potatoes especially, and salt herrings when they can be got, form their chief diet. The Harris potatoes are very soft and are not nourishing food. There is a good deal of oatmeal also used, but many use Indian meal because it is cheaper. The poor crofters, who have no milk, use a good deal of tea, which they boil and take with their Indian meal. Butcher meat is a luxury consumed at rare intervals. Many of the people are indifferently clothed. Poorly clad, bare-footed children have to trudge for miles over wet and boggy moor to attend the school they have to attend.

Very little of what the croft produced was used for food; surplus sheep and cattle were sold for cash, eggs bartered and the milk supply was undependable. Potatoes, bread, porridge and over-brewed tea formed the bulk of the diet.

Life under such conditions was hard and health poor, especially among the young and elderly. Mothers were often too weak to nurse their infants. Dr Reardon, South Uist, told of the common practice of feeding children as young as three months old on porridge and tea instead of milk.

As medical attention had to be paid for there was often not enough money to pay for a doctor's visit and many deaths, especially among the elderly were un-certified. Self-doctoring by using patent medicines or resorting to "traditional cures" was not uncommon. Seventh sons were believed to have a special capacity for healing. A witness from the Isle of Rona told of a cure for epilepsy; if a black cockerel was buried alive beneath the spot where the first seizure had occurred, the sufferer would be cured.

Chemists reported a brisk trade in "quack" medicines, particularly those of American origin. The one bottle cure-all was much cheaper and more easily obtained than a doctor's prescription.

Poor-Law Relief, available from the Parish Council, offered both monetary payments and free medical care. However the crofters were a proud people and the stigma of being labelled a pauper meant that this was used only as a last resort.

**SUFFERERS FROM**

## SKIN & BLOOD DISEASES

**CAN BE CURED ONLY BY PURIFYING THE BLOOD.**

**Clark's Blood Mixture**

**HAS CURED THOUSANDS. WILL CURE YOU.**  
Sold by all Chemists at 2/6 per bottle. **RETURN REFUSABLE.**

For clearing the blood of all impurities, from whatever cause arising, there is no other medicine just as good as Clark's Blood Mixture. In fact, blood disease it has effected, only remarkable cures where all other treatments have failed.

"Clark's Blood Mixture is entirely free from any poisons or irritative ingredients, and is a good, safe, and useful medicine."—HEALTH.

John O'Grain Journal 23 Sep 1912

18,442. Have you ever heard of a cure for epilepsy?—Yes; if a black cock is buried alive under the place where the first stroke of epilepsy occurred a cure is effected. 18,443. Did you ever see this done?—No.

**Evidence of Mr. Graham, Isle of Rona**  
(Highland Archive Centre, Inverness, GB0232/C34/7/36)

# DIFFICULT JOURNEYS

## TURSAN DOIRBH

The population was sparse and scattered with people often living over twenty miles from the nearest doctor. Roads in the early twentieth century were poor or non-existent, a journey to outlying communities could entail travel by carriage, horseback, boat and a lengthy walk; when the weather was poor, delays were inevitable especially if attempting to reach an island.

Dr DONALD MACDONALD, called and examined.

2697. (Chairman.) You are a graduate of the Edinburgh University; an M.B., Ch.M., and you have resided at Laggan for twelve years?—Yes.

2698. Before that you were an assistant in Manchester?—Yes.

2699. Your district has a radius of fifteen miles?—Yes.

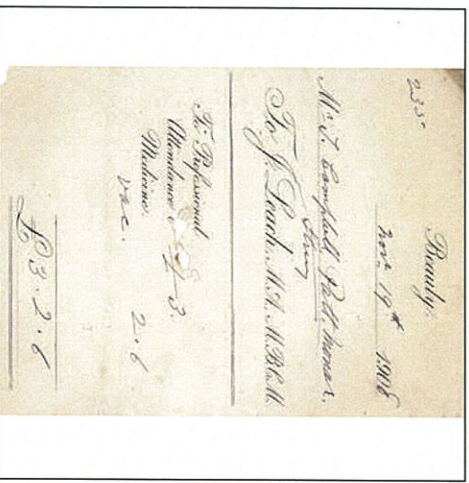
2700. And the population is about 1000?—Yes.

2701. The doctor at Kingussie overlaps your practice to some extent?—Yes.

2702. The furthest homestead from your house is about twenty miles?—There is no road at all; I have nine miles of a path.

2703. You have certain mountain tracks that are very difficult to negotiate?—I have to go on foot; I can go on horseback sometimes.

2704. (Chairman.) You are the Dr Macdonald, are you not, who got the hard's medal for crossing a hill at the risk of your life to attend to a patient?—Yes.



**Evidence of Dr Donald Macdonald**  
(Highland Archive Centre, Inverness, GB0232/C347/36)

**Receipt for Doctor's Attendance, 1908**  
(Highland Archive Centre, Inverness, GB0232/D594/2/1)

The Report told the story of a doctor who was called out during a harsh winter's night. As he travelled from Oban to a shepherd's house some 12 miles off he was caught in a snow storm, lost his way and had to be guided back to his house by another shepherd. In a separate incident, a Dr Macdonald from Badenoch received a hero's medal for crossing a hill to reach a patient, at great risk to his own life.

With little opportunity for private practice, the bulk of a rural Doctor's income came from his work as Parish Medical Officer and unless he had some independent means the amount he received was difficult to live on. Whilst some Doctors were able to run a car others struggled to keep even a single horse. Lack of finance, isolation, few holidays or training opportunities and indifferent housing led to many Medical Officers staying in post for only a few months.

*Our present Medical Officer, as regards anybody upon his performance for his salary, and it can hardly be said that the average he received in all about £1700 or £1800 is he would for a standard man and undoubtedly satisfactory, not of which £150 at least could be assigned to keeping a horse, trap, and boy, which he at present cannot afford to have.*

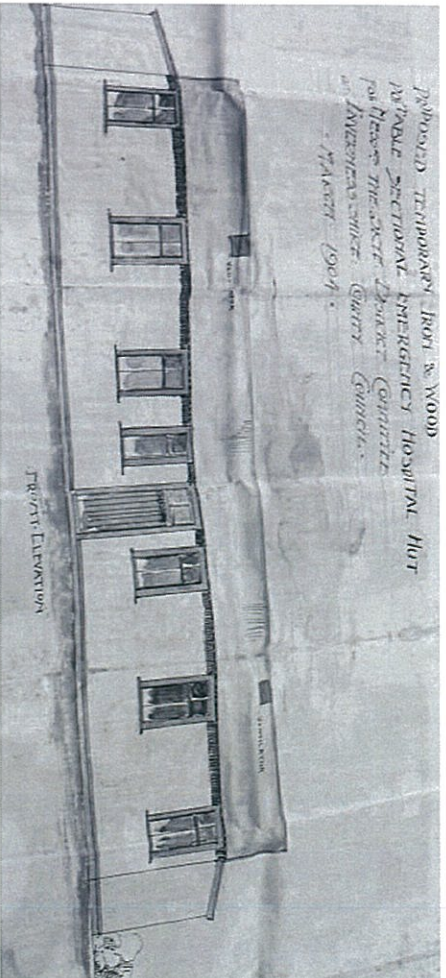
**Laggan Parish Council Minute, 1892**  
(Highland Archive Centre, Inverness, GB0232/C1/7/16/2)

Steady, healthy, popular, and intelligent cottage women, between the ages usually of 25 to 45, are chosen from their native home, and sent to the District Nurses' Home at Platstow, East London, where the superintendent, Miss Katherine Twining, has proved herself most able in training for district nursing, and there for six months they attend cases of maternity and general nursing, under the tuition of excellent medical men and of highly-trained nurses. Amid these completely new surroundings, the intelligence of these country women seems to quicken and expand. All we have sent South up to date are giving satisfaction.

**The Duchess of Sutherland's Address to the Sutherland Nursing Association, 1895**  
(Highland Archive Centre, Inverness, GB0232/D1224/3/1)

The distribution of nurses throughout the Highlands and Islands was unequal as appointments were made only where funding was available. District Nursing Associations struggled to raise money from subscriptions, donations and small grants from the Parish Councils. Training was variable, often limited to as little as three months general nursing. In many instances death was directly attributable to a lack of skilled nursing care, particularly the absence of a trained midwife.

As most general hospitals, were situated in the populated areas they were not convenient for distant patients even when a bed was available. Financial and other constraints also meant that some hospitals had to restrict admissions or close for part of the year. Tents or portable (prefabricated) hospitals were used to treat infectious diseases and tuberculosis but it was not unusual for those requiring surgery or general nursing to be treated in their homes by the local doctor.



**Plan of Portable Hospital c.1904** (Highland Archive Centre, Inverness, GB0232/C1/3/30/7/6)

**"DIFFICULT TERRAIN, A LACK OF HOSPITALS AND TRAINED HEALTHCARE PROFESSIONALS INCLUDING SKILLED NURSES COMBINED TO SEVERELY WEAKEN THE PROVISION OF CARE IN THE HIGHLANDS."**

# A SUCCESS STORY THE HIGHLANDS AND ISLANDS MEDICAL SERVICE

## SOIRBHEACHADH SEIRBHEIS MÉADAIGEACH NA GÁIDHEALTEACHD'S NAN EILEAN

The Dewar Report concluded that the principal of health care is a basic human right regardless of income, class or geography. Such was its impact that Parliament adopted the Committee's recommendations with uncharacteristic speed and consensus. The Highlands and Islands Medical Service was established in August 1913 with an annual grant of £42,000. The Service's first priority was to improve access to healthcare. Patients were to receive treatment at specified charges irrespective of distance from the Doctor's place of residence.

### HIGHLANDS AND ISLANDS MEDICAL SERVICE BOARD. COUNTY OF INVERNESS.

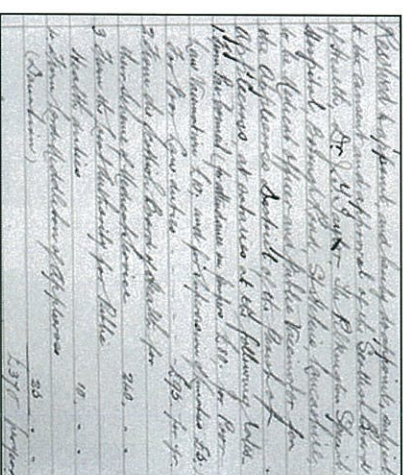
#### Districts of INVERNESS AND AIRD.

1. The HIGHLANDS AND ISLANDS MEDICAL SERVICE BOARD hereby give notice to all whom it may concern that they have entered into Agreements with the Practitioner named in the annexed Schedule whereby medical attendance is made available to certain classes of the community in the districts and on the terms and conditions set forth below.

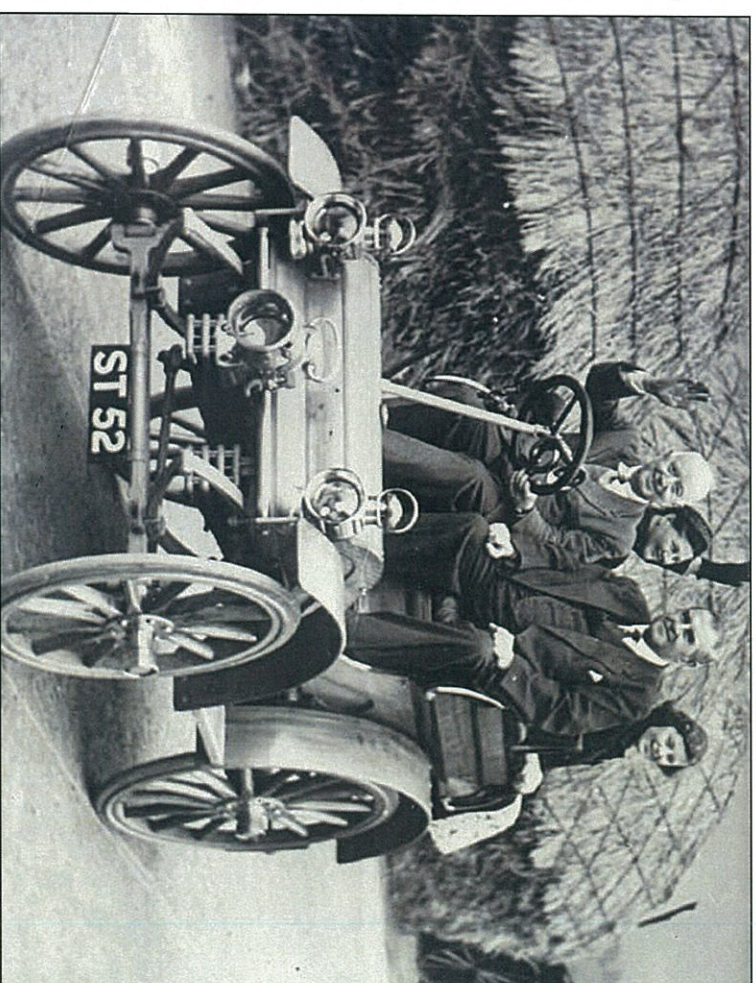
2. PERSONS ELIGIBLE TO RECEIVE MEDICAL ATTENDANCE AT MODIFIED FEES:  
The families and dependants of insured persons, uninsured persons of the order and other classes and their families and dependants, and others in like circumstances to whom the payment of the Practitioner's ordinary fee for medical attendance would be an undue burden.

3. FEES CHARGEABLE TO THE PERSONS REFERRED TO IN SECTION 2 HEREOF:  
A fee not exceeding 5/- for the first visit and 3/6 for each subsequent visit in the same illness. Midwifery fees (including fees for any subsequent visits that may be necessary), 4/-.  
THE FEES WILL BE THE SAME WHATEVER BE THE DISTANCE OF THE PATIENT FROM THE DOCTOR'S PLACE OF RESIDENCE.

Doctors were to be guaranteed a minimum salary of £300 per year. This was to be paid in the form of a subsidy in respect of all persons treated under the scheme along with travelling expenses. Grants for the provision or improvement of housing were also provided. In return, doctors were required to treat all persons in need of medical attention, attend midwifery cases, help with Public Health and School Medical Services, provide their own transport and keep registers of patients, treatments and charges.



Applecross Parish Council Minute, 1920  
(Highland Archive Centre, Inverness, GB0232/CRC/6/1/8)



Dr Leach of Beaulieu with his 10HP Albion Dog Cart (Highland Archive Centre, Inverness, GB0232/DS82/A/47)

Initial progress was limited by the effects of WWI but by 1923 a new class of young doctors equipped with up to date medical teaching were attracted to the Highlands.

Between 1916 and 1920 the number of Parish or District Nursing Associations increased fivefold. Constitutions were written to specifically include the treatment of patients under the Highlands and Islands Medical Scheme in order to become eligible for grants.

This allowed for the appointment of over 100 fully qualified Queen's Nurses who worked in conjunction with the GPs, to provide general nursing, maternity cover and health education. In addition money was provided for improving nurses' housing and towards the cost of cycles, motorcycles and cars.

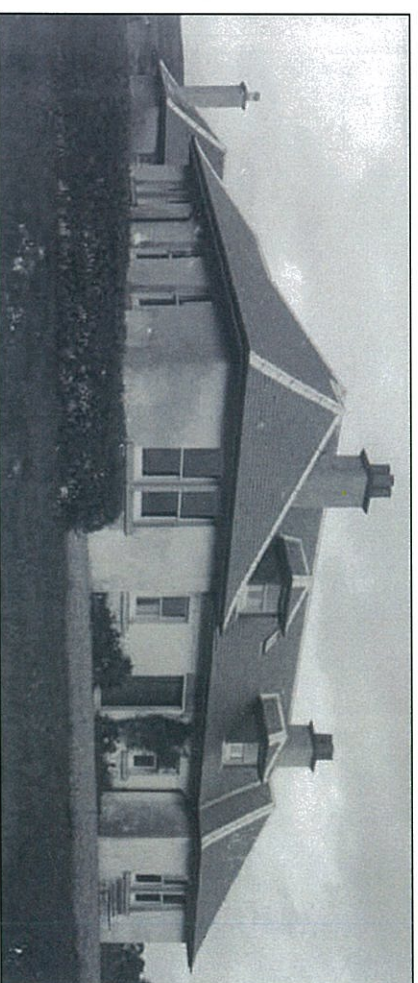
*The Secretary submitted a letter dated 19<sup>th</sup> March from the Medical Service Board approving of the proposal to appoint two qualified nurses to be stationed at Obaltshuir and Ullapool respectively, and intimating that they are prepared to give a grant not exceeding £100 in the first year towards the cost of the salaries.*

Lochroom District Nursing Association Minute, 24 Jun 1916 (Highland Archive Centre, Inverness, GB0232/CR/6/10/19)



Nurse Flora Ferguson, Stratherrick, 1926 (Highland Archive Centre, Inverness GB0232/D528/B/1/23)

By 1925, with subsidised treatment, new doctors and more fully trained nurses, a significant improvement in access to primary healthcare had been achieved. The provision of direct grants also enabled some local hospitals, most notably the Mackinnon Memorial on Skye and the Belford, Fort William, to remain open. Now, in one of its most far sighted decisions, the board decided to set up specialist services in some of the more remote areas.



The Mackinnon Memorial Hospital (Skye), c.1925 (Skye and Lochainn Archive Centre, GB93219/SU/ST/B/16.)



Operating Theatre Bignold Hospital, Wick, c.1931 (Wick Heritage Trust, JN22154/B018)

The following is a summary of the total charges, partly estimated, under the various approved schemes in respect of the year 1928:—

Medical Service—Scheme of Modified Fees	£48,000
Special Arrangements, Insurance, Mileage, and Holiday Relief	11,500
Nursing Service	4,285
Hospitals and Ambulance Services	9,047
Specialist Services—Grants in respect of Surgeons	1,783
Houses for Doctors and Nurses	589
Telegraphs and Telephones	41
Special Pharmacy Scheme	3,000
Special Tubercular Scheme	41
Total	£97,845

Highlands and Islands Medical Service Annual Report, 1928 (Highland Archive Centre, Inverness, GB0232/H/HS/56/2/1)

**“THE SERVICE (HIMS) REVOLUTIONISED THE WHOLE STANDARD OF MEDICINE IN AN AREA WHERE, WITHOUT ASSISTANCE, BEEN UNOBTAINABLE, AND SET A PATTERN FOR SIMILAR SERVICES IN OTHER PARTS OF THE WORLD...”**

CATHCART COMMITTEE REPORT, 1936