Dr Lachlan Grant of Ballachulish, c.1870-c.1945

A one-day history workshop in Ballachulish

Saturday 10 September, 2011 1:00pm-6.30pm



Welcome!

We are delighted to welcome you to this one-day history workshop, organised and run with the help of the Wellcome Trust, the Centre for the Social History of Health and Healthcare (Glasgow Caledonian and Strathclyde Universities) and Ballachulish Community Council.

Our aim today is to examine the social, economic, medical and political history of the western Highlands (and especially the Ballachulish area) through the life and times of Dr Lachlan Grant, general practitioner in Ballachulish in the first half of the twentieth century.

As well as looking at Grant and the medical and health contexts he worked within (and endeavoured to change) we want to take a wider look at the western Highlands in this period, and most importantly, to listen to what you have to say about the history of your area.

The day will be split into two main parts: firstly, there will be six short (20 minute) papers, given by leading academics in the fields of health, Highland and Scottish history, to stimulate thoughts and discussion. In the later afternoon, four themed workshops will be set-up and you will be free to join whichever interests you the most, and also to move between groups.

Within the workshops, we are hoping to hear what you would like to see historians work on in the future – what areas of history would you like to see more research on? Perhaps you have memories, pictures or objects to bring that would be of interest too, or know someone who has memories that we might interview in the future? Perhaps you are simply interested and would like to contribute to and listen in on these discussions – all are welcome!

If you have any questions on the day, please find Dr Annie Tindley, who will be happy to help you.

Again, welcome and many thanks for your interest.

Programme

Welcome and explanation

Session 1: Academic papers

1:00pm-2.30pm: Dr Lachlan Grant and his Highland context Chair: Dr Annie Tindley

Professor Marjory Harper

"A vicious and soulless propaganda": Dr Lachlan Grant and Highland emigration'

Professor Ewen Cameron

'Dr Lachlan Grant and the 'Highland Problem' in the 1930s'

Dr Annie Tindley

'The havoc played by an irrational land system:' Dr Lachlan Grant and the land question in the western Highlands, c. 1886-1911'

- 2.30pm-2.45pm: Break
- 2.45pm-4.15pm: Dr Lachlan Grant and health and medicine in the Highlands Chair: Dr Karly Kehoe

Mr Jim Leslie 'Hospital Facilities in the West Highlands and Skye, 1860-1950'

Professor John Stewart

'Medicine and Healthcare Provision in Scotland in the First Half of the Twentieth Century'

Ms Pat Whatley

'The Dewar report 1912: the background, context and the impetus for change'

4.15pm-4.30pm: Break

Session 2: Workshops

 4.30pm-6.30pm: Community workshops More detail on the workshops can be found in this booklet
6.30pm: The End!

Dr Lachlan Grant and his Highland context

Professor Marjory Harper, University of Aberdeen

'A vicious and soulless propaganda: Dr Lachlan Grant and Highland emigration'.

It was in such terms that in 1935 Lachlan Grant denounced, through the pages of the Northern Times, a proposal by the Church of Scotland to advocate emigration as a remedy for unemployment. To him, it represented a defeatist response to economic dislocation, and an obstacle to his strategy of 'a new deal for the highlands'. But his denunciation was by no means unprecedented or unsupported, for emigration has always been a contentious issue in Scotland. The country's ingrained tradition of mobility has been extensively documented and debated for centuries, not least in the inter-war period, when in the 1920s the natural increase of population was overtaken – for the first time since records began – by the numbers leaving.

Public perceptions and passions were shaped by a strong emotive overlay, particularly in the Highlands and Islands, where the legacy of clearance cast a long shadow. Even though since the 1860s an increasing majority of Scottish emigrants had come from the urban west-central belt, images of a highland haemorrhage persisted, within and beyond Scotland, and not least in the diaspora.

By 1935, the door of opportunity – or escape – had been firmly slammed in the faces of potential emigrants, to be replaced by a reverse movement triggered by worldwide economic depression. But emigration still had advocates, as well as detractors, and this paper will examine the attitudes, policies and experiences of critics, supporters and participants in the highlands in the inter-war years.

Professor Marjory Harper University of Aberdeen E: m.harper@abdn.ac.uk

Professor Ewen Cameron, University of Edinburgh

'Dr Lachlan Grant and the 'Highland Problem' in the 1930s'.

Dr Grant was at the forefront of a significant change in the way the problems of the Scottish Highlands were thought of and responded to in the 1930s. Prior to the mid-1920s most attention had been paid to the land question and this culminated in the massive land settlement programmes under the Land settlement Act of 1919 which continued until the mid-1920s.

By the late 1920s, partly as a result of the diminution in the 'supply' of land for settlement and partly as a result of worsening economic conditions, political action and debate began to explore the extent to which the issue was one of lack of economic diversification. Dr Grant, through his activities in the Highland Development League, formed in January 1936, and publications such as A New Deal for the Highlands (1935), was closely involved in this matter.

This short paper will examine his ideas on the condition of the Highlands and the best ways to improve them. The influences on his thinking, including the reference to ideas being pursued in the USA, will be examined. Some attention will be paid to Grant's relationship with J. Ramsay MacDonald.

Professor Ewen Cameron University of Edinburgh E: e.cameron@ed.ac.uk

Dr Annie Tindley, Glasgow Caledonian University

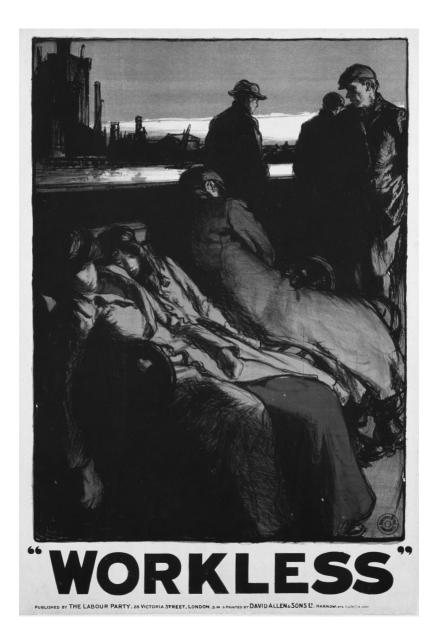
'The havoc played by an irrational land system: Dr Lachlan Grant and the land question in the western Highlands, c. 1886-1911'.

Dr Lachlan Grant was interested in and campaigned on a number of the key issues facing the Scottish Highlands in the first half of the twentieth century. These included medicine, health and health provision, Highland economic development and politics and the unfolding saga of land reform. The last might not be what Grant is most commonly associated with today, but he took a leading role in the land reform debate in the western Highlands, after the tumultuous events of the Ballachulish strike.

Despite the passage of the 1886 Crofters Holdings Act (which Grant himself claimed was a benchmark piece of legislation for the Highlands), the problems of land hunger and a perceived domineering landlord class, tainted with memories of the clearances, remained key to thinking on the Highland Problem well into the twentieth century. Grant was aware of and contributed to this mode of thinking, although he was keen to apply rather more novel methods to a long-standing bastion of reform.

This paper will track Grant's involvement in and thinking on Highland land reform, including a detailed look at his vital role on the establishment of the Highland Crofters and Cottars Association – a new organising body for the crofters and cottars, deliberately taking industrial trade unions as its model, and perhaps inspired by what Grant experienced during the Ballachulish strike. It will also examine how far and in what ways his ideas and actions on land reform tie into the other fields of his interests – economic development, politics, health provision and medicine.

Dr Annie Tindley Glasgow Caledonian University E: annemarie.tindley@gcu.ac.uk



Dr Lachlan Grant and Health and Medicine in the Highlands

Mr Jim Leslie, Old Manse Books

'Hospital Facilities in the West Highlands and Skye, 1860-1950'.

The rugged mountains and indented coastline of the Western Highlands and Islands, combined with its subsistence economy, ensured that, for many, access to medical care was problematic, a situation well documented in the Royal College of Physicians of Edinburgh's enquiry of 1850-2 and still evident to the Dewar Enquiry 60 years later.

However, Lochaber and Skye each had access to its own general/cottage hospital, the Belford at Fort William from 1863 and the Gesto in northern Skye from 1872 (Lachlan Grant was medical officer to the Gesto, 1905-08). Both were established by local benefactors and both were relatively early in Highland terms. There were no other hospitals in the area until the Ross Memorial, Portree, opened in 1892 except that there was probably a sick ward at the much underused Skye Union Poorhouse which opened in 1859 and would have had regular visits by a parochial medical officer. Lochaber did not appear to have comparable poorhouse facilities.

While the Gesto and Belford met general medical needs, the area looked to the cities of central Scotland for specialist medical services. However, from the late 1920s, Highlands and Islands Medical Service funding established Inverness as the base for visiting hospital specialists, and this was reinforced by the 1929 Local Government Act which made Inverness County the health authority. By the 1930s, all fever cases went to Culduthel Hospital, Inverness, making the Belford fever wing and the Ross Memorial Fever Hospital in Portree redundant. By then, small emergency 'smallpox hospitals', such as the Victoria in Fort William, had been closed.

In 1948, the new NHS took over virtually all existing hospitals and some, such as the Ballachulish Isolation Hospital, soon closed due to inadequate facilities. Only two new Highland hospitals emerged at this time, both a result of wartime needs: the EMS hospital at Raigmore, Inverness and the convalescent hospital at Glencoe which met post war maternity need in the area and later converted to geriatric facilities. Since then, NHS investment has given us modern hospitals at Fort William, Portree and Broadford but with modernisation comes centralisation of specialisms and the degree to which this process takes place is an area of vigorous and ongoing debate.

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Professor John Stewart, Glasgow Caledonian University and the Centre for the Social History of Health and Healthcare, Glasgow.

'Medicine and Healthcare Provision in Scotland in the First Half of the Twentieth Century'.

The period from the late nineteenth century through to the middle of the twentieth century – the era in which Dr Grant lived and worked – saw fundamental and far-reaching changes in both the nature of medicine and the delivery of healthcare services and this in turn has been reflected in health outcomes. Nonetheless, if we take the last of these – health outcomes – Scotland had, and continues to have, a poor record when compared with other, equivalent, nations, huge improvements in health indicators such as infant mortality notwithstanding.

In this paper we look first of all at the changes in medical science and technology and Scotland's particular role in revolutionising medical science. Grant's own education and subsequent aspects of his work, notably as a bacteriologist, placed him at the centre of these developments. We also, though, look at trends in Scottish medicine which emphasised social factors in the creation of disease and ill-health, again a field in which Grant operated. Second, we look in general terms at the organisation of health services in Scotland and in particular at the problems presented by healthcare provision in remote areas such as the Highlands and Islands.

We conclude by noting how Scottish 'particularity', not least in the form of the Highlands and Islands Medical Service, contributed to a separate National Health Service for Scotland.

Professor John Stewart Glasgow Caledonian University E: john.stewart@gcu.ac.uk

Ms Pat Whatley, University of Dundee

'The Dewar report 1912: the background, context and the impetus for change'.

This presentation will examine the factors involved in the establishment of the Dewar Commission including changing perceptions of the Highlands in the eighteenth and nineteenth centuries and the gradual recognition during the later decades of the nineteenth century of the Highlands and Islands as an area requiring, and more significantly, deserving, special attention.

From 1845 the Scottish parochial medical service was developed, upon which most of the population of the Highlands relied for medical care. Throughout this period rising levels of pauperism and increasing concern about the state of health of the Highland population was evident within government debates, the press and in professional medical journals. Numerous public enquiries were established which sought to examine the social and economic conditions of the Highlands and Islands. All revealed the vulnerability of the region to economic instability and endemic disease.

In addition to the economic, social and cultural drivers, a series of new political imperatives were central to the establishment of the Dewar Commission. The convergence of 'new Liberalism', the 'National Efficiency' movement, the rise of the Public Health movement and, in particular, the impact of the National Insurance Act and the difficulties of implementing it in the Highlands, were key to the establishment of the Dewar Commission. Similarly, related concerns such as the need to maintain stability in the region following the disorder of the land wars, the existing heavy burden on the rates within Highland counties and the potential impact of poor medical provision on an area which traditionally supplied large numbers of adult males into the armed forces, provided impetus for the work of the Commission. It was within this context that Dr Lachlan Grant worked in Ballachulish and the Dewar Committee was established.

Ms Pat Whatley University of Dundee E: p.e.whatley@dundee.ac.uk



The Workshops:

After the academic papers, the workshop will divide into four groups, all led by a facilitator, who is there to direct discussion and take notes of proceedings. You are free to join any group which interests you, and to move between groups. If you have any questions, just grab Annie Tindley! The four groups will be:

1. Highland health and medicine

This group will focus discussion on health and medicine in the Highlands in the late nineteenth and early twentieth century; how healthy was the Highland population? What was the role of GPs like Dr Grant? What was the national context?

2. The Dewar Commission, 1912-2012

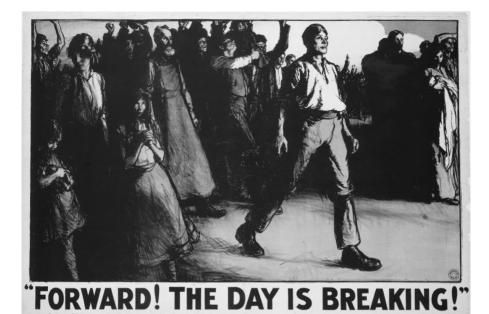
This group will focus on a related topic to that of group 1, but focus it more on the government's role in providing health care to the Highlands, particularly through the Highlands and Islands Medical Service, which was set up on the back of the Dewar Report.

3. Highland economy: slate, aluminium, fishing and agriculture

One of Dr Grant's missions in public life was to encourage the diversification and strength of the Highland economy, which was always fragile and suffered particularly badly during the 1920s and 1930s. This group will examine Ballachulish and the western Highlands in relation to the big economic questions of the early twentieth century – and where we are today.

4. Highland politics and society

The political representation of Ballachulish and the western Highlands; the migration of people in and out of the area and the on-going debates over land reform and workers' rights and safety at the slate quarries and other industries of the area will be the subject of this groups' discussions.



Documents and sources:

Some documents by or about Dr Grant and his life and times have been included here as a brief starting point for thoughts and discussion about Ballachulish and the western Highlands in the late nineteenth and twentieth centuries.

The Celtic Monthly: A Magazine for Highlanders, February 1904

¹Dr Lachlan Grant was born at Johnstone some thirty years ago, where his father, who was a native of Wester Ross, was engaged in business. His maternal grandfather was Mr William Paton, manufacturer, Johnstone Mill, a gentleman who was well known and much respected in business circles in the West of Scotland.

While Dr Grant was still young, the family removed to Ballachulish, and it was in the Public school in the village that young Grant received the elements of his education.

After leaving school he was for a time engaged as a clerk in the quarries' office, but having finally decided to adopt medicine as a profession, he proceeded to Glasgow, where he passed the Medical Preliminary Examination. In 1889 he was enrolled as a medical student in Edinburgh University. During his University career he was a Medallist in Anatomy, and also in Eye Diseases; gained prizes in Clinical Surgery, and in 1894 graduated M.B., C.M. 'with distinction.' With a view to further equipping himself for his life's work, he studied mental diseases under Dr Clouston of Morningside Asylum, paid a visit to America to study hospital work there; and subsequently became an assistant to Dr Argyll Robertson, the well known eye specialist. In 1896 he was appointed assistant to Mr McCalman, Oban. During his stay there he submitted an original thesis entitled, "Observations on Eye Work" for which his Alma Mater conferred on him the degree of M.D. "with honours."

We next find Dr Grant selected out of a list of about sixty candidates for the post of Medical Officer to the Gesto hospital in Skye. For this appointment Dr Grant's knowledge of Gaelic, along with his other qualifications, was doubtless an additional recommendation. From Skye he came to Ballachulish in August, 1900, and by his skill and kindness, and by the uprightness of his character, he soon gained for himself the esteem and confidence, and, we may add, the affection of the entire community.'

The Lancet, 9 Dec. 1905 - 'Modern Highland Problems'

In a lecture recently delivered before the Glasgow High School Gaelic class, Dr Lachlan Grant of Ballachulish, said that at the opening of the twentieth century every country in the world found itself confronted with social and economic problems of the deepest import and the Highlands had their share of burning questions awaiting solution to enable the people to

live that large and rounded life demanded by true civilisation. The first problem to be solved was "freeing the land." Land nationalisation simply meant that the nation took over the land at a fair valuation and the purchase money was crystallised in the form of Consols. There would be a central land office with departments and branches, whose business it would be to develop the natural resources of the country, and probably agriculture would require to be a State industry. Afforestation would be an important branch in itself. Whatever plans might be suggested to solve the land question emigration certainly was not one of them.'

People's Journal, 1 Feb. 1908.

An address by Dr Grant on the 'Land Question' made in Oban 23 Jan. 1908

'Many of the grownups, especially the young men, wished to secure a holding of their own in the land of their birth. This was surely a laudable ambition showing good sense and healthy sentiment; and the Crofters Holdings Act of 1886 had repeatedly demonstrated how successful such settlers became. But then the cruel fact stared them in the face that no land is available, and they have either to migrate or eke out a bare subsistence at home in overcrowded, unhealthy conditions, too often leading to disease and despair.'

The British Medical Journal, 8 Dec. 1917

How is the early diagnosis of Pulmonary Tuberculosis to be made?

Sir – In your issue of November 24th Dr A. Garvie rightly expresses the views of the profession on the difficulties of an early diagnosis of cases of pulmonary tuberculosis. He asks for the practical experiences of fellow general practitioners in connexion with the earliest diagnosis of incipient cases. In an article published in 1914 by Dr Wm. Murdie and myself, we pointed out that one of the chief difficulties was to ensure that patients will consult a medical practitioner at an early stage of the disease. The onset of this trouble is so insidious that, unless there is an attack of haemoptysis or pleuritic pain, it may never occur to a patient that there is anything wrong. Coughs and cold are so prevelant in this country, especially in the winter, that, as a rule, nothing very much is thought of catarrhal attacks, and it is only when a patient begins to feel weak, loses weight, and suffers from anorexia, that a medical man is consulted.'

British Medical Journal, 9 April 1932 - Aluminium and Health

During the past twenty-four years I have had thousands of workers in aluminium in big factories in this country under my care. I have never come across a case of systematic illness which I could attribute in any way to aluminium or alumina. The whole of the working lives of many of these men have been spent in the factories, and they are still in excellent health.

The purified bauxite clay and cryolite used in making this modern metal are of the highest purity. The clay is thoroughly calcined, and a great deal of the fine aluminium dust and furnace

fumes must of necessity be constantly inhaled or ingested by the workers in these factories. Yet, I have never observed the slightest signs of ill health such as are to be found in other metal industries. I feel I can claim, from long and intimate experience, to speak with every confidence on this matter ... There appear to me no grounds whatsoever for the campaign against aluminium, which in my opinion should be in universal use.'

A New Deal for the Highlands, 1935

'I propose to return once again somewhat briefly to the vexed question of the decline of our Highlands and Islands, and to bring to the attention of readers the vital necessity of repopulating the country – both Highlands and Lowlands – if we are to avoid national and racial suicide...

The State must find the money to repair the damage that has been done, to re-people derelict lands and to re-equip and re-educate the people with the most up to date knowledge of all the potentialities of their own land. In other words the fallacies of the last two centuries must be abandoned and the Scottish nation must go all out to retain as many as possible within its own borders...

The town amenities are becoming more and more available for country folks – easy travel, radio etc. This side will develop more rationally as the population increases. Radio has brought the knowledge of everyday happenings throughout the world as much to the crofter's kitchen as to the millionaire's palace. It is urged by doubters and reactionists that the rising generation is so given up to hedonism that it wishes for nothing better than modern town and city life. This, I think, is partly a fallacy and in so far as it is true is due to the false outlook which has been to some extent developed, and is even spreading amongst our Highland people. At any rate, if given a fair living on the land – forestry, tweed-making, water power schemes, mineral and fishing industries etc, with their reasonable monetary remunerations, the town pleasures are largely within easy reach nowadays ... The whole tendency is to increase the amenities of the countryside and approximate them more to those of the towns. The foregoing facts are apt to be forgotten. As regards housing, education and first-class roads these are of course the responsibilities of the Government...

I am convinced that it is a delusion to think that the salvation of our Highlands and Islands can come through putting all our trust in any of the present parties. The bulk of the presentday politicians seem to me to have no desire to see that justice is done to the Highlands of Scotland. In fact, so far as our problems are concerned, there is a complete lack of interest, due, no doubt, to our comparatively poor voting strength, and as a consequence the political parties and their representatives "pass by on the other side."

Aberdeen Press and Journal, 12 Sept. 1935

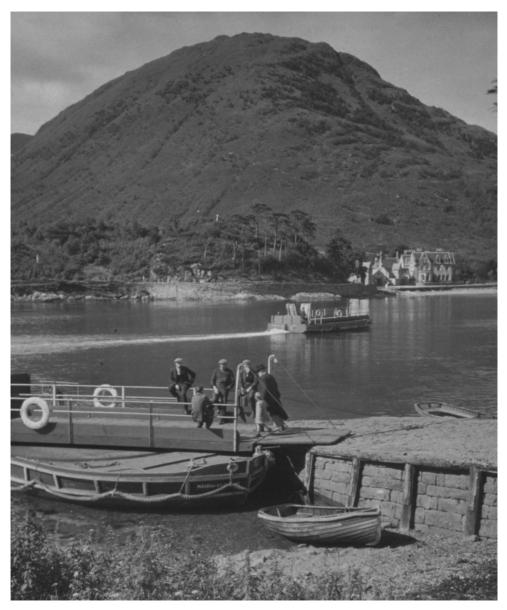
'Highlanders' Rally: New Back-to-the-Land Crusade: Appeal to Prime Minister: Survey suggested of arable areas

Glasgow in November will be the Mecca for a big rally of Highlanders to demand a new deal for the Highlands.

The fiery cross has been sent round by Dr Lachlan Grant the Argyllshire Medical Officer of health, who makes arresting appeal for the economic regeneration of the Highlands in a brochure

Dr Grant declares: "I believe that were the cottars, crofters, farmers, fishermen and agricultural workers of the Highlands and Islands thoroughly organised like some of the great unions, they would have full satisfaction from the British Legislature in a very short time.

Renewing his plea for a "back to the land" campaign, Dr Grant states that the land in the Highlands is not yielding its full capacity of fresh food products for the people. The deer forests and sheep farms invite the reforming hand to find a foothold for men rather than beasts. Complaining about the "maddening snail pace" of the Government, Dr Grant says that there is great need for a strong Highland organisation to push the claims of the Highland people and the crying need for reconstruction.'



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Front cover: 000-000-129-929-R, Lachlan Grant, the local doctor, administers a smallpox vaccination, Glencoe, Argyll, c.1900, @National Museums of Scotland, Licensor www.scran.ac.uk

Page 01: 000-000-119-951-R, Cutting and trimming the slates at the slate quary in 1927. ©Newsquest (Herald & Times), Licensor www.scran.ac.uk Page 06: Workless; part of a 3-panel election poster for The Labour Party, for the British Election of 1910; by Gerald Eric Spencer Pryse. Victoria and Albert Museum. London.

Page 10: Landless; part of a 3-panel election poster for The Labour Party, for the British Election of 1910; by Gerald Eric Spencer Pryse. Victoria and Albert Museum, London.

Page 12: Forward! part of a 3-panel election poster for The Labour Party, for the British Election of 1910; by Gerald Eric Spencer Pryse. Victoria and Albert Museum, London.

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