

INTERVIEW BETWEEN M. HASTINGS AND DR. PANTIN.**18.5.98 - N.H.S.**

Dr. P. What he found was a medical service that covered the poor very well, in Douglas it was Nobles Hospital, you will probably know that Nobles gave the hospital to the town, his wife Rebecca gave the land, and he built the hospital, a purpose built hospital and the public raised the funds to provide a small nursing staff and a house surgeon and there were four GPs appointed to the honorary staff, two called themselves surgeons and two physicians. The only major surgery done were amputations, nothing else, and what was extraordinary looking through the hospital reports, was to find how few patients were actually admitted in 1895 and how much the poor were looked after by, that's a little bit later, but to go back to 1895, that year the number admitted in a whole year were only 324 but the house surgeon visited, made 3110 visits to patients in their own homes and the four honoraries who did one morning a week's clinic saw, this is '94 actually, 3326 visits. So there was a, the hospital played rather a small part because the only treatment that was given in those days was supportive, you supported your patient through his illness, you couldn't cure them, as you can now. If a person gets a septicaemia, penicillin will cure them in a very short while; in those days they just had to sweat it out, hope they'd recover, and the main thing was nursing, but even so the number of nurses at the hospital in '94 was a matron plus five, not a big staff and recovery depended upon good nursing, getting the patient to sleep, seeing that they could get what food they can and meant that they were in a bed a very long time, so although there were only 324 patients admitted during the year, the beds were probably quite occupied, though the number of beds then were 45.

Now it was a splendid system and it pleased everybody because the general practitioners who were making a living really didn't have to look after the poor, that was done by the house surgeon, with themselves, the GPs, as advisors. The Committee were quite happy to raise the funds as long as they didn't have to pay the doctors, that was the important point and that was the system when my father arrived and he came to the, he must have been extremely able at the time, he passed his exam with a Fellowship of the Royal College of Surgeons when he was too young to have it given to him and he came, he took his MD just on chance because he was hanging around and got that too in London and he came over in the summer of '95 having bought the practice of a doctor friend. My father then set up in practice in 30 Finch Road, it wasn't until '97 that he was appointed as an extra member of the staff, they created a job for him, assistant surgeon, and he had the problem of training nurses and other doctors in aseptic surgery. When my father was at Guy's they were still using, one surgeon was still using Lister's antiseptic spray. Lister noted that Pasteur in France had shown that milk went sour because bugs fell out of the air and Lister thought that that may be why his wounds went septic, so he devised this spray but it wasn't long before the doctors realised that it was they who were passing on the bugs, so it wasn't the spray they needed but they wanted to be clean and boil their instruments and this became aseptic as distinct from antiseptic surgery and that's what my father introduced and you find, I think, on that it will say here aseptic surgery is now being imposed more rigorously, or obviously he is working up to it and he would have been doing most of the surgery and he obviously trained Dr. Lionel Woods, so he became available to do the surgeons, and I am not quite sure

about Dr. Hampton, Geraldine Hampton's father, he appeared before the war and whether he was trained by my father, I don't think he was a house surgeon, he must have been trained elsewhere.

But well, this is perhaps going too long, the arrangement I have described of the public providing the money for running the hospital, the doctors doing their work at the hospital for nothing, apart from the house surgeon, who was paid for by the funds raised, went on for a long time.

Now in 1913, Lloyd George brought into, in England a scheme whereby the working people paid in so much a week and they got free medical attention and their wives got a maternity grant and they, but the dependants didn't, so we begin to get, in the Island, the beginning of a government sponsored service. That didn't start until 1922 and this was going on at the beginning of the war. It's, this is about the health service, it was in, I came back in 1943 from North Africa, and wherever I went in England there were, the British Medical Association divisions were discussing a possibility of a Health Service and looking back on Friday, in the Minutes of Nobles, of the Medical Society, I find that they started discussing this, rather extraordinary, when it might have easily lost the war, in '42. In January 1942 a letter came from the BMA urging all divisions to organise study groups to consider the future of medicine, so as to prepare the profession for the reception of the medical planning; medical planning started before Alamein and so the Medical Society took up this problem, they had a big debate and decided they didn't want a salaried service and they thought the best thing would be to extend the national insurance that I've described, to cover the dependants so that everybody up to a certain income got a free general practitioner service, well they were getting free hospital operations anyhow, but this was getting such a burden on the general practitioner, everybody was a general practitioner, they got their living as general practitioners and that was, they were a surgeon, they operated at the hospital for nothing, except for the few who came into the Private Wing, so this was becoming quite a burden and the idea of the Medical Society was that they should include dependants in the national health insurance scheme and start paying item of service for operations, so that as became necessary, somebody could give up general practice and live on his surgical work. It is interesting that we had a unique scheme for the National Health Insurance - Dr. McPherson was, played a big part in it, and apparently in England it started as an item of service, this became so expensive that they switched to the panel. You had somebody on your list and you looked after them for so much a year, but the Isle of Man doctors opted to go on an item of service and the Government were very clever, very sensible, they said 'splendid, we will make a pool, we know how much we have got to pay you, because we have got so many people, that will be money, that will all be handed over to you and what we have to pay for the drugs, and you can run it' and it was an extraordinary thing the doctors accepted it. You see many doctors, especially the experienced ones, who were busy, wouldn't visit a patient more than was necessary, while the inexperienced doctor, and the one with plenty of time would do a lot of visits, so it wasn't fair to pay them more than the experienced doctor. So the doctors worked out a scheme whereby they worked out the average number of visits a doctor made and you wouldn't get paid for your work when you did above an average, but this wasn't very satisfactory. The amount per visit was very small so they averaged again so that was, meant that one only got paid for a certain number of visits so the sum handed out for a visit which was something like 3s.6d, was reasonable and then the drugs was worked on the same scheme. I was always being

fined for spending too much if I ... My sister Dorothy had a patient, she was in private practice, who ate pain killers like sweets and she thought this was rather expensive so she asked me to take her on the panel and that scuppered me.

M.H. Because the cost went sky high?

Dr. P. But it was a very sensible, scheme invented by the Government, the doctors, the Government used the doctors to control the costs and it would have been a very good scheme for them to continue, and the Medical Society wrote in 1945 to the Government to say that they thought they/we ought to follow England and have a scheme over here but they might like to discuss a special Island scheme. extend, as they'd suggested, the National Insurance Scheme, run as I have said, but the Government didn't reply to our letter and the next thing is that Dr. McPherson was on the Social Services Board running the N.H.I. and he came in and said that the Social Services Board had got hold of the English Social Services Acts. They had gone through the first three and altered them to suit the Isle of Man, a matter of, largely of names, and things, and they are going to do the same to the fourth which is the National Health Service Act, running the Health Service. We heard this in December 1946 and we got hold of the Act and we altered it and that went through. Now very little happened from Government, we, in fact, we had finished by the end of January 1947 and sent it to all the Legislature. And very little went on, the Governor I think had a meeting about minor points and really the whole of 1947 was wasted in, I think it was January 1948 that we got the bill back from, the Manx Bill, Health Services Bill, back from the Attorney General, much of it, our draft, photocopied...

M.H. Right, sent back to you ...

Dr.P. And it, well we were quite happy with it. It differed from the English in that it left the hospitals in charge of their Committees; the Committees were told to co-operate with the Board but they were to run it, they would be financed. Now what the Government should have done was to appoint a Board to run it, there was no Board by this time appointed to run it, and it wasn't until March 1948 that the then existing Board which ran the Mental Hospital was told that they should become the Health Services Board and we, in March, I'm not sure it wasn't until June 1948, we, yes, the erstwhile Mental Hospital Board, now renamed the Isle of Man Health Services Board, met the representatives of the Society on a date between the 13th and the 27th June, with the Health Service to begin on the 5th July.

M.H. So there wasn't a lot of warning, and presumably quite a different way of working from the way they had been working?

Dr.P. Yes, well the interesting thing was that, I was Secretary of the Medical Society and we went in and the Board's Chairman was completely blank and we were agreeing that well we will take no notice of the change in England we will carry on until you are ready and at this moment Mr. C. S. Stranks, who was the Administrator of the National Health Insurance, that had been running since 1922, piped up and said, 'well look, on the 5th July the National Health Insurance stops and the stamps they'll be paying entitles them to a free health service'. So we left the room with the

verbal promise that we would be treated as in England and in, we met, the Society met in the Tynwald Committee Rooms on June 27th and the Society, the Secretary, that's me, reported that in a week's time the members of the Society were to be asked to co-operate in the Health Service set up by a Bill, not yet law, under regulations not yet known, and on the assurances of a man not yet appointed as Chairman of the Health Services Board, that financially we would be treated as in England.

M.H. So it was take your pick?

Dr.P. Well you see the Board wasn't officially in existence until it was promulgated on July 5th at Tynwald so that was the position, and we were, well we couldn't much else, we couldn't do except go on working and we were going to do that and Mr. Lamming, who was a very able chap and became our representative, said, 'I think we ought to get this in writing' and I had to write and say would they send us a copy of the Minutes, which we didn't get, so on the Sunday, 4th July we met in the Tynwald Committee Rooms. By this time Dr. McPherson had received a message, he said from somebody in the Government, unfortunately I should have asked him when he was alive who it was, I suspect it would be Mr. Stranks, saying 'for God's sake start, don't charge your patients after 5 July'. So we had a very stormy meeting, our Advocate, Mr. Eason, was there, and we were rather upset when one of our elderly members, who had come to the Island in 1913 to escape Lloyd George's Scheme, didn't want anything done, anything to do with the Government, got up and said so in most vehement terms and sat down and it wasn't very long after that Dr. Corrigan, our physician, remarked 'so and so's dead!'

M.H. Oh no.

Dr.P. And so the poor chap was slumped in his chair, and so, and well, this was, we were very fraught at this time, because, it was just like, we just, I remember pushing past doctors, arguing fiercely one with another, with the body, which we put in an adjoining room, and the outcome of the meeting we agreed that the GPs would not charge their patients from ...

M.H. You carried on with the meeting!

DR.P. Yes.

M.H. Dear, oh dear!

Dr.P. We hoped that they would be paid and so we went back and worked - the hospital doctors were just the same as ever, they had been working for nothing and they continued, the Jane Crookall, now that is something that would be worthwhile getting, getting from the Museum.

M.H. The story of the Jane Crookall?

Dr.P. 'The story of the Jane Crookall, aftermath of war', and the run up to the Health Service on page 39 and then the adapting to the Health Service. You see, the quite clear that Mr. Jim Cain, the Chairman of the Jane Crookall Maternity Home and well

the Secretary had not been told what to do when the Health Service began and so on July 12, a week after the Health Service had started, the Chairman reported on an interview he had had with the new Secretary of the Board, you can read it all here: not only were they not going to give any money but they were to stop charging patients, you see, so they were to collect, they were not to charge the people in the ordinary wards, they could collect the difference of the people in private wards. I mean, supposing it was £10 a week, in the formerly in the general wards, and £15 in the private, they could collect the £5. So here you have a description of how Mr. Cain kept going back asking for money. We worked away ...

M.H. So can I just, the Doctors decided they wouldn't be charging ...

Dr.P. Yes.

M.H. How were they going to get the money if the Government hadn't got round to doing the Boards?

Dr.P. They hoped that they would be paid in the future - it would be back pay.

M.H. So they were using their own money for a while?

Dr.P. Yes, they were living ...

M.H. Living on their earnings?

Dr.P. Yes, when it got towards Christmas Mr. Lamming went down and said, 'look, we're running out of funds and Christmas is coming' so the Chairman of the Health Services Board persuaded Tynwald to do an ex gratia sum, so we got paid, now in England the people working full time at hospitals, you see by this time Mr. Vernon, Mr. Lamming had never been in General Practice, he had come, he had been in charge of the Military Hospital in Onchan, that, what's the name of the hotel up there,

M.H. Oh the Bay?

Dr.P. Terrible, I've destroyed your memory now!

M.H. The one on the headland?

Dr.P. The one on the headland that Bailey Scott started - The military hospital there he ran ...

M.H. It was the Bay View wasn't it?

Dr.P. Oh no, oh no.

M.H. Anyway it will come. *??? Majestic*

Dr.P. And he went straight on the staff as a surgeon only, so he, I was already full-

time, or rather I was being paid when I came back from re-training at the end of the war I was appointed Government Pathologist and I was the first person being relieved of having to earn in General Practice to do my pathology. Mr. Lamming then came on and then Mr. Vernon sold his practice to Dr. Ferguson, and became on full time surgeons, so they were very glad to get, not the £400 a quarter that they were getting in England, but £300 and then after Christmas Mr. Lamming was being told 'you are going to be taken to Court' for not paying his Income Tax and he pointed out that the Government owed him far more than he owed the Government but that was no good, so again he went to the Chairman of the Health Services Board and the Surgeons and the Physician were all put up and paid retrospectively up to the £400 in England but neither the radiologist nor myself were, and my colleagues refused their cheques, I think it was very noble of them.

M.H. Very noble, yes.

Dr. P. Until we were all on a par, so I mean, we are only talking about the start of the Health Services, not the struggle we had afterwards to get paid, but, that's the story really.

M.H. So the actual hand-over was quite difficult, because ...?

Dr.P. Well the hand-over was made very easy because we were soft, we didn't say we want something on the nail ...

M.H. It was easy for the, as far as the workings, as far as the patient was concerned? They saw no difference at all.

Dr.P. Oh yes, they were just told to register with their doctors, they wouldn't be charged. My sister, Dorothy, stayed out in private practice, about the only one who did, and the patient wouldn't notice the change except that there was no question of payment and I could go on a long time about our struggles which went on for another four years.

M.H. So it took that long to get it all...?

Dr.P. I got my appointment, through the post, to sign in 1952.

M.H. Having been working there?

Dr.P. Having been working there, having been sacked, and had to reapply for my job.

M.H. Oh right, so it was quite interesting?

Dr.P. Yes it was very interesting.

M.H. Was this partly because there hadn't been the necessary boards being set up early enough?

Dr. P. Well I mean a Board should have been set up at the beginning of 1947 and then they could have looked into it and saw what was going to happen but unfortunately they didn't and it was really very fraught. I just did three years as secretary, I gave up in October '48 and handed over to Dr. Reel and Dr. Cunningham who were very able negotiators. They finally got the Board to agree that we should be as in England, and they got it in writing, but even so, when I got my appointment I had another letter saying that the Governor was arranging a Commission to see whether we shouldn't have our salaries cut because of the lower income tax.

M.H. Right.

Dr.P. So, there we are, I mean, it wasn't one of these things that was all sweetness and light but I think one mustn't forget that there was a comprehensive service available to everybody before, it was only a tack, a change over from the Manx wish to have everything done on a voluntary basis to a Government sponsored scheme.

M.H. So that was really brought in from England?

Dr. P. Well they just followed England, instead of thinking in, at the end of 1947 do we want to modify this, they went straight ahead and omitted to, they had to have a board to administer it or they had a minister in England and what should have been done was to appoint a Board straight away in January 1947 and to get it all worked out.

SIDE 2.

Dr. P As I was saying medicine was supportive and depended so much on good nursing, that the nurses were rightly thought of as the most important people in the way of the hospital. So in 1945, at the end of the war, they built a new Nurses Home, but they weren't prepared for the reduction in discipline after the war. As soon as they'd built it the nurses were allowed to live at home.

M.H. Yes - so it lay empty?

Dr.P. Well, it has never been used for the purpose for which it was designed and it's blocked the expansion of the hospital on that side. They could have, I think they had the first offer of the ground on which Crosbie, Cain and Kennish built and had they not had that nurses' home, they would have had the whole of the ground up to the Jane, including the Jane, and there was no need for the hospital to move at all. So that was a very sad thing,

M.H. Because in fact even Westmoreland Road could have been blocked off and traffic....

Dr.P. Yes you could have put a road between the Jane, just between the Jane and the Bowling Green and I don't know, in fact I think that was in fact what they were thinking of doing while Mr.Cain, Mr. Jim Cain was Minister of Health. I went to a meeting, he arranged several meetings, on which people from the Ministry came and told us the best thing was to stay put, and rebuild on the site. As soon as they got

another Minister of Health, they decided to go out into the country, why that changed, I do not know.

M.H. It will be a while before that is up and running, though.

Dr. P. Well its so tragic because, well particularly from my point of view, because they have got that wonderful laboratory and you can't work on split sites, for one thing, blood transfusion has to be absolutely on the spot. That has had a big change lately, because, with standards, I think, imposed from Europe.

M.H. With all the Aids and everything coming in?

Dr.P. Yes, the Aids and they are very worried about the liver viruses, they've got very much up to date equipment now that does all the work, everything is computerised so the, in years to come they will know exactly what happened to every bottle of blood so should there some worry turn up they can check back.

M.H. When did they start doing blood transfusions here?

Dr.P. Well, my sister gave the first blood transfusion in the 1920s. It was quite a comparatively crude affair, first of all she had to get the blood of the boy who was the recipient, he had had a very bad nose bleed and was practically bloodless, then she had to find who in the family was suitable blood, luckily the father was. Now in those days you bled into a boiled up enamel jug sitting in a bowl of water to keep it hot, there was an idea you mustn't let the blood cool, you may have known that, actually, and then it was poured into the boy with a, through a bit of rubber tubing with a needle one end and a funnel the other.

M.H. And it worked?

Dr.P. Oh it worked, yes. The boy never looked back and then when I was appointed honorary pathologist at Nobles in 1948 I thought well at least we can have a panel of people whose group we know. So I asked the Chief Scout B. Sewell, whether his scouters, I think they were called, grown up people, would become donors, and to my surprise a notice appeared in the paper, 'Dr. Guy Pantin is asking for blood donors' and we got 30, we grouped them, and I remember transfusing unsuccessfully an old lady at the top of a boarding house in Bucks Road, by the method I have described. We got donor from the corner and bled him, poured the blood into her but it was no good, and then after the war so much had developed and I was able to get in touch with the Liverpool Blood Transfusion Service and Dr. Lehane there supplied everything to me free.

M.H. Right, so that's when the more modern equipment started?

Dr.P. By this time we were on glass bottles, now we are on to plastic bags. There was a glass bottle, they were all sterilised across, we used to send, if we opened a box we would find it necessary to re-sterilise again the ones we had, the bits we hadn't used. And we went out, we bled, I think in the X-Ray department where we could get in in the evenings and the Sunday mornings, we bled Sunday mornings and Wednesday

evenings, that's the usual time to bleed, even now, I think, and we would go out to Laxey, or Ramsey Cottage was very useful, Cottage Hospital, and we kept our stock of blood at first in an ordinary refrigerator before we got one properly controlled.

M.H. And you presumably couldn't store them for too long?

Dr.P. Three weeks, I think was the maximum, I think it was three, it may have been only two, I think it was three weeks and now it is longer. In those days there were so few that I used to send a note to every donor to tell them what had happened to their blood which was a very good thing, the donors came back again, but then they got too numerous.

M.H. You were talking about the way medicine has changed generally from supportive...

Dr.P. from supportive to curative...

M.H. You will have seen a big change and has that been since 1948 or post war when modern technology was developed?

Dr.P. Yes, well we, at the very end of the last century they were getting anti-toxin treatment. Diphtheria, the bug sits in your throat and you absorb the toxin and that is the danger, and the same with tetanus, the bug stays locally but the poison goes up to the brain, and by the end of the last century they were producing anti-bodies in horses, which turned out to be the very worst animal actually because we are sensitive to horse serum, I mean, much better to make it in sheep, but they used horses then. And then the, Ehrlich, the German, carried out a lot of experiments using different arsenical substances for syphilis and the 606th, I think, substance was suitable for use.

M.H. Right.

Dr.P. And then the 914th and that was the first ??? oranti biotic that killed the bug without killing the patient. That was in use by the war, the first war, and after the war my father was away for a year and a half and when he came back in 1918, I was going through the operation book, they started early about February, I think, 1918, recording every operation and a large proportion of what were called operations then were intravenous injections of this arsenical, and I mean in those days, intravenous injections was something that was undertaken with some trepidation.

And then the next thing were the sulphonamides, you know, M & B., you will know, which made such a tremendous difference with puerperal fever, but all septicaemias, that was '36 or so. There's a record in the Medical Society of Dr. de Morgan coming back from a meeting in England talking of the marvellous effects of ??? prontosil in those days, they didn't know the active substance, it was a, sulphonamide was in the mixture. ??? Prontosil was a red drug, but they then discovered the, it was the sulphonamide that was active. Then after the war the antibiotics proper, the penicillins, the erythromycins, the streptomycins, came in. So if a person, before the sulphonamides and penicillin, came in with lobar pneumonia, they were just ..., they knew they would get better on the eighth day or thereabouts,

as long as you did good nursing and kept them alive, Guy's gave morphia and wouldn't allow their patients to be washed; Bart's didn't believe in morphia, it wasn't, .. nobody did an experiment to see which was best.

M.H. It was just...?

Dr.P. It was just one hospital did one and one did the other and about the eighth day the patient suddenly had enough antibodies to overwhelm the bug and got better, whereas now a shot of penicillin and free, but things have developed tremendously since I retired. The thing called molecular biology, which is something I cannot understand. There is one book I have tried to read in the library, but I never get beyond the third page, I have to go back, I don't get much time, and I have to go back and always start again, but medicine is very very very different.

M.H. In the pathology lab was a lot of the developments would have been technical, I don't know enough about it - would it have been technical developments that enabled you to do different things?

Dr.P. Oh yes, tremendous, yes, and its a matter of putting blood in one end and getting the answers out the other, a machine does it all. They have just added the, a machine bought by the Friends of Nobles, which you can put the blood in and within a few hours they can tell you whether there is a germ there and it will very soon tell you what germ.

M.H. You don't have to grow them in your agar plates any more?

Dr.P. Well not for this, I am sure they use agar plates still, but this is, I saw how it worked the other day. It's, can make a tremendous difference to get the antibiotic in early on. They had a case and the bug in the blood was a meningococcus, before it got into the brain they had the, not only did the machine tell them there is infection here but what it was. You see when Dr McPherson went in, it took us a long time and he was very knocked about by the septicaemia he had, it had knocked his kidneys out and then he had to recover from that - very unfortunate - that's only 10 years ago.

The lab is becoming more and more busy because doctors tend to ask for blood tests without going through the routine thought, instead of seeing whether your patient is anaemic before you find out what's the cause they ask for the whole blanket cover, so that the work goes up in that way and I suppose it is a big advantage to get a result back quickly even for that. We are fortunately getting a second pathologist, who is a Manxman, Clague,

M.H. Oh, yes, that's right.

Dr.P. And he's been a professor in Canada, so one of the problems at the moment, and an ongoing problem, is that everybody specialises. He is much more of a generalist, coming from Canada, which is just what we want here.

M.H. Do you think the specialisation is partly there is so much new, you talk about the molecular biology, people are only going to know a narrow field because there is so much new information?

Dr.P. That is the trouble, yes, well you see that tremendously in surgery, because it keeps being repeated that if you have your operation, say a thyroid removal by somebody who is doing them repeatedly, you are much better than to come to somebody who has done one a month ago, and is not sort of automatic. That is one of the major problems for the Isle of Man, you can't increase your catchment area as you can in England and have a specialist covering a big area.

M.H. So you see the development as being more visiting specialists perhaps?

Dr. P. I don't, no, no, well, one solution with hips, you see, they go across to Withington, (??? *Wrightington*) where they have got, I think they have somebody who does knees and somebody who does hips.

M.H. That's all they do, yes.

Dr.P. I think, it is a problem the Island has to look at, very carefully.

M.H. Do you?

Cut off on tape and restarts: ???

Dr.P. Is their own aura, I mean the patient; first of all I took my wife in to see Geraldine last week so that responsibility was shared. I mean, you go and see a doctor just, you are worried about your husband, or wife, and another thing is that a lot of people will feel better because they have seen a doctor, but not only that, a lot of people actually improve. The doctor may have done nothing significant, but he has given them confidence and you see this so vividly in drug trials where they have to have one lot on the drug and one lot on what they call a placebo, because so many people on the placebo feel better, and that, you see, comes through in medicine and so a charmer, if you believe in him, will do a lot of people good and they may, the old Manxman may prefer to have gone to a charmer and a lot of them avoided my father in the early days because he was always cutting people up and they didn't approve of that.

M.H. Yes

Dr.P. And John Clague, that's a very interesting book, he was a farmer's son in Arbory, and he got very interested in medicine because he was listening to one of the Manx charmers who was telling him about the herbs he used and he wanted to be a doctor, but it looked as if he would have to stay on the farm and one day at the end of harvest they were racing home, apparently the last one home with the last stook, it was regarded as rather a bad thing and a lad got thrown off the cart, broke his leg, and, as John Clague said, 'I set the bone and then I went for my friend, Thomas Clucas, the Strang'. All the way up from Arbory to Union Mills, the Strang; and he came back and he looked at it and he said to my father 'he's set the bone so well you should send him to be a doctor. 'And I went' says Dr. Clague, in his book, 'to Guy's Hospital the day the lad was getting out of bed'. And he did very well there; he got the prize as the best pupil. He stayed on and got, in those days you could do the, quite early on, the Examination of the Apothecaries, but he stayed on and did the

Examination of the Joint Colleges, came back to the Island in 1873, had a tremendous standing down in the south of the Island and then he wrote this book, Manx on one side and an English translation on the other, with all these stories and he quite clearly states that it was like Christian Science, the faith in the charmer, the charms are mainly prayers said in Manx but they did use various herbs and such things as snail broth for a cough, which I suppose horrible medicine but that is one point that a lot of what a Doctor can do isn't, wasn't, in the old days especially, due to the remedies he had available but to his influence. It didn't matter whether it was a Manx charmer or somebody who had got an MD in London.

M.H. It was the attention, yes.

Dr.P. Yes, is the, it was in the 1850s that it became obligatory to register as the General Medical Council in England, but it wasn't until 1899 that it was obligatory in the Island - up until then anybody present at a death could sign up, register a death ...

M.H. Whoever they were?

Dr.P. Whoever they were, but if you look at the old registrar books, nearly always a qualified doctor actually who did it, except in the early days along the west coast of the Island, Ballaugh, they were often registered by someone unqualified, not a Doctor.

M.H. Because of the distance, presumably, whoever was there?

Dr.P. Yes, you had to go on horseback, probably from Ramsey or Peel, of course, they did, doctors did go from Douglas to Castletown on horseback to see a patient. Cars made a tremendous difference - my father got his first car in 1908.

M.H. That must have been one of the early ones then?

Dr.P. Probably the first I think. I did a work on midwifery in the Isle of Man between 1882 and 1961 and it's, didn't really redound to the credit of the doctors because when they got a motor car they were able to do a lot more midwifery outside and it appears that the death rate went up when doctors were called in they tended to interfere too much where the midwife just let things take the normal course - this, as a matter of fact, wasn't just in the Isle of Man. There was a very interesting book came out when I was doing this work, showing the same thing in America.

M.H. Right.

Dr.P. But the midwife wasn't thinking of the patient he was losing because he wasn't back in his surgery, but the doctor was thinking and wanting to hurry things on and put on forceps, that the record of the midwives in America were much better than the doctors and in England too. There were towns, one town in which the Medical Officer of Health was so horrified he had the biggest term mortality in England and he went in to it and persuaded the doctors to do less.

M.H. And then it went down?

Dr.P. Yes.

M.H. And that was really maybe because of wanting to move things along too quickly with forceps?

Dr.P. And also the patient expected it, you know, the, 'do something Doctor'!

M.H. Doctors had to do it, rather than, while the midwife, they accepted would just...

Dr.P. Yes. They had never been trained to do it, they wouldn't think of doing it. They let the thing take its natural course. Of course there were things that doctor's intervention were very necessary. There is a lovely tale where a doctor who, a man midwife, in the 17th century, was called in to an obstructed birth and when he arrived there was a hand presenting. The baby was across the exit to the womb, instead of head first and the midwife said, 'oh the baby will be dead'. However he put his hand in the baby's and the baby grasped it, he realised it was alive. So he put his hand in and pulled a leg down and the whole thing shot out at once and he described how he met the man years afterwards. I mean that is something the midwives couldn't cope with, they did need the doctor, but I think it is a lovely idea of putting your hand in the baby's, just a hand sticking through the vulva and it grasped ...

M.H. So he knew it was alive?

Dr.P. Knew it was alive and he was able to bring a leg down and deliver it, a live baby.

M.H. Right. Thank you very much.

Queries:

Page 1. The first few words may not have been recorded - possibly a question regarding the arrival of Dr. Pantin's father.

Page 7. ??? *Majestic* The name of the hotel which was not recalled on tape.

Page 12. ??? sounds like *oranti biotics*.
 ??? *prontosil* - unable to check this spelling .

Page 14. ??? *Wrightington* I think is correct, rather than *Withington*.

Page 15. ??? There is a break and the beginning of this paragraph may not have been recorded.