

**MANX HERITAGE FOUNDATION ORAL HISTORY PROJECT  
ORAL HISTORY TRANSCRIPT**

**‘TIME TO REMEMBER’**

**Interviewee:** Mr Max Evans

**Date of birth:**

**Place of birth:**

**Interviewer:** Roger Sims

**Recorded by:** Roger Sims

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**Topic(s):** Working at Ballamona Hospital  
Institutionalisation  
Farms owned by Ballamona Hospital  
Hospital laundry and kitchens  
Entertainment for patients  
Introduction of an ‘open door’ policy  
Modern medicines and treatments  
Description of a leucotomy operation  
*Glencrutchery* and *Eastcliffe* training centres  
Fund raising organisations  
Secretary and Treasurer of Ballamona Hospital Committee  
The National Health Service Act 1948  
White Hoe Isolation Hospital  
Nobles Hospital  
Workload of Medical Superintendents

**Mr Max Evans - Mr E**

**Roger Sims - RS**

**RS** Back at the home of Max Evans in Summerhill Road, Onchan. Max has very kindly invited me back to his house to talk about his career in the Civil Service in so far as it involved his working at Ballamona Hospital, where he went in 1956 and spent 30 years there. Max could I first ask you what the hospital was like in those early days?

**Mr E** Yes, well, it was a far cry from what it is like now. Most parts were treated as a sort of a prison. Every ward was locked. Every room was locked. There were literally hundreds and hundreds of locks there and to get through the wards, on a round for instance, one needed to have a master key otherwise you had to carry different keys around with you. So there was tight security. Some of the wards were very much overcrowded. There were three hundred and sixty patients approximately.

**RS** Three hundred and sixty, yes?

**Mr E** With about 150 staff at all times and some of the older wards like the old centre block, which we understand is to be demolished shortly, some of those wards had 60 or 70 patients, about 70 patients I would say, top weight, which was pretty overcrowded even at that time. The beds in the dormitory were very close together. There was no privacy whatsoever.

**RS** None at all and do you think the patients felt this lack of privacy up there in those days?

**Mr E** I think some would have done. Some wouldn't. Probably the majority would, I think, although they did get used to it. They were the long-stay patients of course. It was a part of their lives and they probably wouldn't notice it eventually.

**RS** In other words they had become institutionalised.

**Mr E** Exactly, yes. There were a few side rooms on these wards but these were for patients with particular problems ... possibly to keep them from disturbing the other patients ...

**RS** Max, it's 40 years ago that you went to work at Ballamona which is a long time ago. What can you remember of the institutionalised patients of that period,

people presumably who had been there for many years when you arrived?

**Mr E** Yes, institutionalised is the word because they certainly were. There were male patients and female patients who had been there practically all their lives. At that time they were perhaps in their 60s and 70s.

**RS** So they would have gone in at the turn of the century or before.

**Mr E** Certainly around that time some of them, yes, as long as that. I can recall some female patients who had certainly been there since they were teenagers and they had been committed because they had become pregnant and had an illegitimate child. Really no other reason except the authorities must have considered that because that had happened, or may have happened more than once, that they were not really of sound enough mind to look after themselves in the community, so they were committed to the mental hospital.

**RS** Presumably with their families agreeing to that, if they were young girls?

**Mr E** I would think so. It would depend really whether they had been giving any other trouble.

**RS** It seems rather severe nowadays, Max, doesn't it?

**Mr E** It certainly does, yes. I suppose in some cases the family might not have thought that they were in need of this supervision, this care, whereas the medical authorities perhaps did and of course families die and these people were left alone perhaps and if they were considered to be incapable of looking after themselves then this is the sort of thing that happened. It was a safeguard, I suppose, but the big trouble was, of course, they were left there for life, never discharged.

**RS** Were there many of these women in this position?

**Mr E** No, I don't think so. I didn't necessarily know how many there were but I did know a few, though how I came to know, I'm not sure, but there may have been others which hadn't come to light as far as I was concerned and there were quite a lot of men there. I think most had perhaps been in trouble with the law as youngsters on a number of occasions and the same thing had happened to them.

They weren't hardened criminals but they were useless, I suppose. They were considered not of sufficient sound mind to look after themselves perhaps, or to stop doing these things they were doing. So they were committed as well and I certainly recall a few of those men who were quite old when I was there, they must have been in their 70s or 80s.

**RS** Having spent most of their adult lives in there and of course never in that time making decisions of any kind?

**Mr E** No, I wouldn't think so.

**RS** Purely institutionalised, provided for and cared for but without any responsibilities at all.

**Mr E** Yes. Those that were capable of working, of course, were put out to work on the farms and gardens and that was a useful form of therapy and it was also useful for the hospital to utilise their services. We had what we called a farm squad system of about 20 or 30 patients in the charge of a male nurse and they would be working on the farms six days a week, I suppose. That was their working life. Of course when they were finished they had to come back to one of these drab wards, with very little entertainment until television came along in the '60s, I think it was, which transformed a lot of their lives.

**RS** Yes, I can imagine, yes. Could you tell us a little bit about the farms? They were obviously units of agricultural activity, if that's the right expression. Were they helping to make the hospital self-sufficient, for example, in root crops and that sort of thing? Potatoes?

**Mr E** Oh yes, they were. We called them farms because there were actually four original – one farm, the *Home Farm*, was built for the hospital and that was actually in the hospital grounds and then the government purchased three other farms and *Ballabeg* – sorry, two others and they also rented *Castleward* which was on the north-east side, I think, and they were, of course, then turned into one farm as far as compilations were concerned and, yes, we had a milk herd, we sold beef to the abattoir, cattle for beef, a large potato crop, one of the largest in the Island I should think and other things, turnips, et cetera, and then there were gardens for fruit, so yes, it was a useful thing for the hospital and valuable therapy for some of the patients.

**RS** What sort of average working day would this mean? Five hours or over six hours?

**Mr E** No, I should think they would be working from probably eight in the morning until late afternoon with perhaps an hour for dinner.

**RS** Quite a long day.

**Mr E** Yes, well of course the farm workers were on a long day then too. They were working 15-odd hours a day but the patients didn't work that long but a good day's work.

**RS** Yes, and was this regarded as a therapeutic exercise? Were they paid at all or did ...?

**Mr E** Yes, they did get a small payment, very, very small, but later on of course in the, again I think I am talking about the '60s or '70s, late '60s perhaps, things changed for many of the long-stay patients in that they were allowed an allowance by the Board of Social Security which was called a pocket money allowance on a sick benefit, shall we say. They didn't get full sick benefit but they got pocket money element and that did make a difference to those patients. They were able to go along to the canteen which, by the '60s, was in operation to purchase cups of tea and lemonade, eggs, biscuits, etcetera.

**RS** That is quite a major step for some.

**Mr E** Well that was when things were relaxed a lot in so far as security was concerned and eventually all the wards became open and the keys and locks were not in use. I think there was one with some secure facilities but apart from that they were all open wards and a lot of the patients were able to walk around the grounds, go to the canteen, if they liked. Not all of them of course.

**RS** Of course it's a major transition, isn't it, from a fairly locked, secure regime to an open one and for both the staff and the patients alike it is a major change of emphasis on the daily routine.

**Mr E** Absolutely.

**RS** Do you think a lot of the patients welcomed the slackening, if you like, of the security element at the hospital?

**Mr E** Oh yes, most certainly. Yes, I have said, it transformed the lives of some of them. Before, they were perhaps working all day in the farms, perhaps in the laundry, a lot of female patients worked in the laundry, and in the kitchens and other places and at the end of their working day that was it, they were back in their locked ward for the rest of the evening and early to bed. There was little or no entertainment.

**RS** What time was lights out in those days?

**Mr E** I don't think they ever had an official lights out when I was there. It was left to the nurses in charge of the wards but they had a routine, I suppose, which was fairly similar amongst wards, apart from the short-stay ward which was Ard Aalin at that time and they were different types of patients of course. They came in for a short period, perhaps in many cases voluntary patients for treatment which may have lasted a few weeks or a few months but the other patients had really nothing much in the way of entertainment apart from an odd dance in the main hall or a cinema show occasionally. So when the wards were opened up, they were allowed in the summer evenings to walk around the grounds, go into the canteen, it made an awful difference to so many of their lives it was one of the biggest things that had ever happened, I think, with mental hospitals generally.

**RS** I could well imagine that being the case, yes. Max you've mentioned the dances and the film shows that were put on for the patients. There must have been special events, for example, at Christmas time, but first of all who selected the films for showing, where did they come from and what sort of special facilities were put on by the authorities for the patients during the festive season?

**Mr E** Well, so far as film shows were concerned the hospital had its own projectors and the films were, I suppose, vetted by medical staff before being shown. I am trying to recall how often film shows were held. It may have been once a week, it may have been once a month. I can't really remember. Dances, they were held, I suppose, several times a year in the old days, I'm going back to the '50s now, and at Christmas it was a big time really, big occasion. All patients that were capable of moving ate in the main hall to save time and it was quite a

sight. Father Christmas came of course on the party night and distributed gifts to all the patients. There was a little band playing and those patients who could dance danced. Some of them danced quite well really and a lot of the mentally handicapped particularly, they seemed to love music and some of them were quite good at actually making music.

**RS** Really? Did they have a licence provided or anything like that?

**Mr E** No, they didn't, no. And then we had visits from local bands, brass bands, bands, choirs, concert parties, over the year but not very often, once a month perhaps but there was something there, I suppose, every month going on.

**RS** And something people could look forward to.

**Mr E** Yes, I suppose so.

**RS** Doubtless one of two of the staff as well used to look forward to.

**Mr E** Well, yes, it would be great time sitting on the ward watching over the patients, I suppose so, yes, but I can recall the dances with great pleasure really in latter years, after I'd been there a few years because, even as an administrator, I got to know many of the patients and I would be walking around the grounds or the wards in the daytime often and meeting these patients regularly and at the dances they would all be there of course. The staff would be expected to dance with them sometimes. The nursing staff particularly did dance a lot with their patients. I did occasionally and the atmosphere was tremendous really. The Christmas dance of course was incredible really. It was a marvellous occasion. It was the big night of the year really.

**RS** That was really the big night of the year.

**Mr E** Oh it really was, yes, and of course the dinner was on Christmas Day. There was no entertainment on that day apart from – I think they went back to their wards afterwards, but the Christmas party, that was usually the night before, or two nights before.

**RS** The image I have already, in talking to you, Max, is that once the hospital was opened up, effectively to the ... the freedom of movement of the people rather

than locked wards and what have you, that the hospital assumed a completely different atmosphere, a completely different air?

**Mr E** That's right, it did. When I first went of course there were very few patients walking around on their own. Mostly they were in groups with a nurse or a working party or something like that, but once the open door policy came into existence, then those patients that were fit to be allowed out of the wards, were out and they would end up in the canteen having their break in the morning, the same as the staff would do. So the whole place did change, yes, there was more life going on around the place really.

**RS** Much, much pleasanter.

**Mr E** Oh yes and the nursing staff became nurses instead of, in the old days they were part nurses and partly in fact warders but nurses and caring for these patients a hundred per cent.

**RS** I suppose some of the patients must have required though quite close supervision?

**Mr E** Oh yes, there would always be some patients who could not be allowed out on their own and they would have to be taken for a walk perhaps with a nurse in charge. As time went on, we are getting into the '70s I suppose, the early '70s, there was a new policy of discharging patients into the community in hostels and safe accommodation and we experimented with this at Ballamona with a very successful result. We first of all found several boarding houses in Douglas which were at that time perhaps not doing all that well in the summer because the number of tourists was starting to decline and we selected two or three, I think, to start with who had people running them who were considered to be the caring type, the type of person who would look after patients, take an interest in them, and we discharged several patients into each of these houses, very successfully generally.

**RS** They adapted quite readily to this change?

**Mr E** Most of them did, yes. It was a marvellous life. They were able to go to town on their own and that's where it all started of course. It is much better now and patients are living together in houses, groups of patients in houses, looking after



themselves, with a certain amount of supervision by social workers and the like.

**RS** Presumably back-up services and help were available in the early days too.

**Mr E** Yes, it was limited, we couldn't discharge too many. It was a gradual but it was very successful really over here although they had a lot of problems on the mainland, I think, because there wasn't enough supervision and patients in cities, I think, tended to get into more trouble than they would over here. At that time also, with modern medication, tranquillisers particularly made a big difference to keeping patients under control. This was a very important part of their treatment, even when they were discharged of course, but as everyone knows modern medicine making such a difference to the life of a person there suddenly became more and more old people, people living to an older age, and many of these people had mental problems, shall we say. Sometimes it was difficult for the doctors to know whether it was a physical problem or whether it was a mental problem but they became known as psycho-geriatric patients. Old patients with some slight degree of mental disorder, Alzheimer's disease or something started, and they were not capable of looking after themselves and had no relatives perhaps who could and we found that the hospital was filling up with geriatric patients and they were waiting to get in. There were people waiting to get in. We couldn't cope with it.

**RS** Do you mean there was a waiting list for people to come in?

**Mr E** Yes, old people, yes.

**RS** That's incredible, isn't it?

**Mr E** And we built a large unit, Cronk Coar ward in the late '60s, which was known as a psycho-geriatric ward as a starter because the patients then would be coming in need of accommodation. That was the start of the psycho-geriatric ward and it was quite a difficult situation for a number of years.

**RS** I can well imagine because, of course, the obvious pressures on space, the obvious increase in older people, people were living longer with allied problems would of course put pressure on any institution or any community. So really I suppose, from that point of view, care in the community in its pioneer days on the Isle of Man was a godsend because it gave freedom to the patients and

created space, or released space. It was interesting, Max, listening to you saying about the changes in the availability of modern medicine, drugs that can control certain types of mental illness, and I know that it's not really within our brief to look at the clinical aspects of mental health during this interview but you were at the hospital during a period when treatments were around that are not used now. I wonder if you could give us an example of perhaps one that was used then which hasn't been used for many years. I know ECT is still used to some extent but it's not as common as it used to be but perhaps there were others?

**Mr E** Well, when I arrived in 1956, electro convulsive therapy, as it is known, was in use and I think it was used to great effect from what I understand. It wasn't used for every patient of course, there were just selected patients who were considered suitable for this form of treatment, but I know it was very successful in many cases. But the other form of treatment which, by the time I arrived there, was no longer carried out was leucotomy.

**RS** What exactly was that?

**Mr E** Well, I think the patients had a hole bored in the front of their head to relieve pressure on the brain somehow and apparently that was successful too in many cases but in many cases it wasn't and may have done more harm than good but by the time I arrived it had certainly been stopped, although the equipment was still there in the small operating theatre we had. All the equipment was there for that operation and I think before that it had been stopped throughout the country, as far as I know.

**RS** Throughout the British Isles?

**Mr E** I think so, yes.

**RS** Yes, the operating theatre that you had at Ballamona, was it presumably used sparingly or was it brought into play very often?

**Mr E** No, in fact when I was there it was very rarely used at all. It was used as a dental surgery and that was it really. We had a small X-ray unit but even that eventually was phased out because it was old-fashioned. Medical science was improving so quickly in those days, things were soon obsolete and of course with the introduction of the modern drug therapy, tranquillisers, transformed

things really.

**RS** Yes, it must have been quite an extraordinary development because of course, for the first time you could control a patient's problem with a tablet or a pill which previously would have been unthinkable because it would have necessitated endless treatments of whatever kind were available and yet here at a stroke, so to speak, were things that could be used to make people live a more balanced life without the ups and downs and that sort of thing.

**Mr E** That's true, yes. It was of great benefit to the patients of course and of great benefit to the staff who had a way of controlling the patients and making the patients' lives much more pleasant and consequently the staff's situation was better too and there was far less use made of the secure rooms, or the padded cells as they were known in those days, because tranquillisers worked wonders really.

**RS** In the days before tranquillisers, patients that displayed a tendency towards the unbalanced were unpredictable and perhaps even a danger to themselves and other people around them. Were they kept in segregated units or were they kept under very close supervision?

**Mr E** Well both, really. If they became so disturbed that they just could not be controlled and they were a danger to themselves or to others then they were perhaps put in what was known as the padded cell.

**RS** Was it padded?

**Mr E** Oh yes, it was padded completely so that patients couldn't hurt themselves, damage themselves. They weren't very pleasant places but they were a godsend, I suppose, in those days but patients weren't left in those long. Maybe one or two days, I should think, at the most. They were phased out completely. Some years after I arrived there we had, I think, one secure room left, or one safe room shall we say, in the whole hospital which was used very rarely because of tranquillisers.

**RS** Yes. Really quite an extraordinary breakthrough wasn't it? Quite extraordinary.

**Mr E** It was, yes.

**RS** It's almost removed from the accepted, the conventional treatments of the cell and regime to everything coming together, so to speak, almost overnight, the open door policy, the care in the community later, and tranquillisers which allowed people, the staff as well – quite an extraordinary development.

**Mr E** Well, I don't think that the open-door policy could have become a reality without tranquillisers. I am not medically proficient to say much about it but I would think it would have been very difficult because there were quite a large number of patients who were difficult to control and in fact in the very old days they were restrained by using strait jackets, as everyone will probably remember. So really without the modern drug therapy and the open-door policy I suppose it would have come perhaps slowly but there would have been an awful lot of problems.

**RS** It is very interesting to speculate that for many decades treatments perhaps didn't vary very much. Just wondering, Max, the older patients that were released into the community, can you think of examples where somebody perhaps who'd spent 40 years in Ballamona and was released into a safe house, if you like?

**Mr E** No, I don't think they would have been released. They were so institutionalised that the move could have killed them. This was considered ...

**RS** Really?

**Mr E** ... really would have killed any of them, yes. Having said that, there were patients in their 60s I would say who were released or discharged into the hostels, not many but there were a few, but they hadn't been there perhaps all their lives. They weren't so institutionalised as some of the older patients but the medical staff had to be very careful with old people because such a move after living in the hospital for many years would have been such a shock to their system that they wouldn't have known where they – it wouldn't have been in their interests to discharge them. They wouldn't have wanted to go either.

**RS** Could I ask you, Max, to give us a definition, if you like, of an institutionalised person?

**Mr E** I suppose you would say ... a person who was used to a regular routine which

would be imposed by being in such a situation. Day after day would be the same probably. They would be controlled, not able to think for themselves, or it was not necessary for them to think for themselves, I suppose, so they become completely dependent on the staff and they would be incapable of then really looking after themselves, or knowing what to do if they were discharged, without a lot of training. It would have to be a slow process. Nobody knows, I suppose, knows how long it takes to become institutionalised but I would think it wouldn't take all that long. Once you had been there a few years you would then almost cease to remember how independent you might have been in the past.

**RS** And of course life goes on and the world changes.

**Mr E** Exactly, yes. It probably frightened them to be discharged without being ...

**RS** Yes, any person would have been worried and quite confused – we may have caused problems.

**Mr E** Yes.

**RS** The very young people that are there, was there a children's wing or a young persons ...?

**Mr E** Yes, there was a children's ward built in 1953 which is now known as Carnane ward. Prior to that there were no facilities for children.

**RS** So 1953 was the building of the children's ward?

**Mr E** Yes, and prior to that the young people, I'm not saying children but young people, had to be placed in wards with old people. There was no segregation at all really, so the children's ward again was another big step and eventually most of those children would be mentally handicapped and a lot of them were discharged into hostels at *Glencrutchery* which we opened up in the 1970s, I think.

**RS** Yes.

**Mr E** And they attended training schools like *Eastcliffe* and that transformed their

lives too, because prior to this a lot of them would be there, in the children's ward for life, without any training. So that was another big step really that came about.

**RS** You were there, Max, at a very interesting time, weren't you? These were the changes that umm ...

**Mr E** I was. A lot was happening.

**RS** A lot was happening and it must have been a very interesting period to be going through.

**Mr E** That is right.

**RS** Umm ... I know as a civil servant, speaking as a civil servant, opportunities arise within the Civil Service which we are entitled to take advantage of, if you like. We can apply for jobs in almost any department and you stayed for 30 years at Ballamona, so you must have been extremely involved in what you were doing?

**Mr E** Yes, I was. I found it a most interesting job and even though I wasn't directly concerned with the treatment or care of the patients, I was part of an overall team and consequently I felt that I was doing some good.

**RS** Indeed.

**Mr E** But there were many other facets of the job of course that I was involved with, like the maintenance of the buildings, the running of the farms and the gardens ... umm the laundry house, all sorts of things like that ...

**RS** Great variety.

**Mr E** ... kitchens. Yes, I had a staff myself of, how many would there be? Well when I got there, I think over fifty, and that later went to well over a hundred, a hundred and fifty, I think.

**RS** That's a colossus number of people.

**Mr E** Because another interesting thing was, when I arrived there, there were no such things as domestic assistants. All the domestic work was carried out by the patients, under supervision, and we didn't even have – oh, I think we had one hospital porter. Of course, in later years, we had dozens of domestic assistants. Every ward had its own domestic assistant and the kitchens and dining rooms had theirs as well, of course. So the number of staff, including nursing staff and medical, drastically increased over the years. The number of patients, in-patients, fell and the number of staff increased. It is using the modern methods of people in care. So that was another big change that took place. But all that created an interest for me. There were so many things to think about. I learnt an awful lot while I was there, about everything really.

**RS** Yes, so many things to do and so much to be involved with.

**Mr E** Exactly, yes. I don't think there could have been more interesting job around really.

**RS** Well, I think the fact that you did stay for 30 years is testimony to that and I would suspect tells a great deal about yourself as a person, committed to something. Being around during that interesting period is one thing but to be personally committed to the change and to be involved with that over such a long period of time and to see everything successfully bedded down and secure and shipshape at the end of the day must, of course, give you a great deal of satisfaction.

**Mr E** Yes, the job satisfaction was certainly there. Well, not all the time of course, there were an awful lot of problems over the years, a lot of hassle really, but it was all worth it because it was so rewarding I think. I was there, as you say, at a time when things were happening and I was involved in making these changes, even finding accommodation for the hostels, I had to look around for that and find the accommodation of training centres and actually built a training centre and hostel. There was such a wide variety of jobs to be done.

**RS** Can I just take you back to the selection of boarding houses for use by patients being released into the community? Obviously of great importance were the physical comforts of the patients and the facilities that they had and of course the people, who owned the buildings, were they the right sort of people. Did you spend quite a lot of time working out the criteria for accommodation or did

you trust your instincts that this might just be right for ... or whatever?

**Mr E** Well, of course, that part of it really was done by the medical and nursing staff and the social workers. They were all involved. I was involved as well to a certain extent but I wasn't involved in selecting patients or even selecting the people who were going to look after them. I found a few of the places that were suitable to house patients and then the social workers usually, had a talk with the proprietors to see how interested they were and the medical staff saw them as well, and some of the senior nursing staff even. It was a ... I can't think of the right word now. They were all ...

**RS** A team effort?

**Mr E** A team effort, yes, that is a better word. So I didn't personally become too involved with selecting the places, as to the suitability of the proprietors. I had my own opinions on that of course and the result was that some proprietors were absolutely superb, but others weren't so good and there were a few changes made. Some didn't just fit the bill and they didn't work out but those that did, they became like parents almost to some of the younger adults discharged.

**RS** Max, I would like to ask you now about the families of the patients and the support that families gave to their relations who were in there, regardless of whether they were long-term or short-term stay patients. Could you comment on that please?

**Mr E** Well, in my experience, the families of patients generally were very good to support their relatives in hospital and visited them quite regularly but of course the longer a patient was in the hospital and the older they became, the families, I suppose, sometimes disappeared and there were many patients particularly among those older, long-stay patients who had no relatives left as far as it was known. I think generally you could say families were very supportive but there were exceptions and it was sad that some patients, even young patients, had families living in the Island, never had a visitor, and that is one reason why the League of Friends was established because there were quite a number of patients, quite a lot of the old long-stay patients never had a visitor.

**RS** Yes, and the League of Friends was a body which presumably was created to fill



the gap?

**Mr E** Yes, exactly, yes.

**RS** Would you like to tell us about them?

**Mr E** Well, one of the main things that the League was involved in, apart from making money to supply things for the hospital, was this visiting and it was nice to see patients who didn't know what a visitor was in some cases, they had never had them for years and years, and visiting members of the League would come up on visiting day, as it was in those days, there were two visiting days, and they would sit with these patients and it was very difficult to converse with many of them but they made the effort and brought them little gifts occasionally and again it must have transformed some of those patients' lives.

**RS** It sounds a very nice gesture actually.

**Mr E** Oh, it was.

**RS** Because there is nothing worse in life than being lonely.

**Mr E** Yes, it certainly is. So that was very valuable. They did a lot of hard work, the League of Friends, and of course their money earning was wonderful too. They organised so many events throughout the year to earn money to provide gifts for patients, particularly at Christmas and not every patient on their birthday perhaps got a gift, and it reached the stage later on where they had efforts for special schemes like a new canteen extension. I'm trying to think what it was called, what we called it now.

**RS** For the patients?

**Mr E** Yes. A canteen/shop, as it were, a shop with a room for a drink or something, a coffee or something, in an old part of the building and they built this beautiful extension on to it which was a lounge, a modern lounge, which is there to this day and that was one of their big efforts. Other things they did were things like providing televisions for patients for the wards and they organised patients' holidays – those patients who were capable – mentally handicapped and younger people mainly, not only, but mainly. They used to go to Blackpool

perhaps for a holiday, or Morecambe or somewhere like that, a week's holiday in the summer.

**RS** Well, that must have taken quite a bit of organising.

**Mr E** It did.

**RS** But I'm sure very welcome.

**Mr E** Yes and the other group which was famous for that sort of work was the Manx Society for the Mentally Handicapped and they did a tremendous amount of work for the mentally handicapped, particularly among the younger people, with holidays, again, and they were always pressurising for training units. I suppose without their pressure we would have been years later before we established our first training unit, to train the mentally handicapped to do odd jobs of work and things and that progressed over the years until we had a proper training centre where it is still a training centre for adults, up at Glencrutchery Road, a children's hostel, a children's training centre and eventually we took over *Eastcliffe* and that is a marvellous place now really and without the Mentally Handicapped Society pushing, I suppose we would have been years later in getting those things established. So there was a lot of valuable work, voluntary work.

**RS** The training centre in Glencrutchery Road is the one we all think of, of course, which is very convenient and of course a very central spot. It must have taken quite a lot of organisation to get that aspect of the work up and running and was that, would you say, due to the pressure that the League were able to put on politicians?

**Mr E** Yes, I think that was the case. They certainly did put pressure on.

**RS** Well, that speaks volumes for their persuasive abilities, doesn't it?

**Mr E** Of course, in many cases the people who were at the head of things, certainly in the Manx Society, were parents of mentally handicapped children which helps, I suppose. They had a real interest in getting something in the way of progress and it resulted in so many patients being discharged from Ballamona Hospital, mentally handicapped children who did not need to be in hospital. They weren't

sick as far as needing hospital treatment was concerned. They were backward perhaps and they needed care, they needed support, and that sort of thing but not in need of hospitalisation. This was the big thing that the Manx Society used to push.

**RS** Again it is all part and parcel of the move to greater independence, isn't it, of the person leaving the hospital?

**Mr E** That's right. Some of those patients now are grown up into adults and are living in houses, perhaps three or four in a group, looking after themselves with support from social workers and perhaps relatives as well.

**RS** Yes, far removed from the 1950s when you went there – a tremendous change.

**Mr E** Absolutely, yes.

**RS** Parents of course, with ... would exert pressure on their members of the Keys but of course they must have helped in other ways too. Presumably they helped, one or two of them, with the actual training or this sort of thing?

**Mr E** Not so much of the actual training as far as our units were concerned, but of course they themselves were responsible for a lot of the training in their own homes when the patients were home for the weekend, so they must have started the whole thing off, training, and then when training units were established they were learning how to make things and make things that could be sold or process things for manufacturers. So they were doing something useful and earning a little bit of money which again was a big thing for them. Earning money and having pocket money they had actually earned.

**RS** Earned and worked for, yes, it is a marvellous advance.

**Mr E** When you think that prior to that the mentally handicapped children were being admitted in the children's ... for the rest of their lives to do little or nothing. They were not really considered capable of doing anything. It's all there to be extracted. There is something there that they can do in most cases. It's just that it has to be drawn out and worked on, I suppose, but they can be shown and taught how to do many things and they are a very happy band of people, the mentally handicapped. They are marvellous really, they are so friendly they are

a joy.

**RS** They must have really enjoyed the holidays as well.

**Mr E** Oh yes.

**RS** The Steam Packet [Isle of Man Steam Packet Company] over to Heysham and then up to Fleetwood or Blackpool ...

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**RS** ... Blackpool and Morecambe. Did they stay in special facilities there?

**Mr E** No, generally in boarding-houses.

**RS** Just in boarding-houses, yes ... hoping the weather stayed fine as well as they set off from Douglas harbour there.

**Mr E** They had problems, of course. Sometimes some of the patients weren't well or perhaps they got sick with diarrhoea or something like this, eating different food and everything but they had their problems and sometimes the sea was very rough.

**RS** Well, we all know what the Irish Sea can be like!

**Mr E** Quite, yes, so the staff had a lot of problems too in that connection but generally they were very good holidays and the patients really looked forward to them each year.

**RS** Looking back to those early days again, when you arrived at Ballamona, in the first week working there, can you remember what your thoughts were? Can you remember thinking this is not what I've ever experienced before or ...?

**Mr E** Yes, I can and I didn't want actually to go to Ballamona to work because when I was appointed as Secretary and Treasurer of the Ballamona Hospital Committee ...

**RS** Was that your title?

**Mr E** It was originally, yes. Of the committee, I was based in the Health Service Board general office in Harris Terrace.

**RS** Yes, the old board.

**Mr E** Yes, that's right and I had no wish to work at Ballamona quite frankly. I had never been there. Well, of course I say I had never been there, once I became secretary I visited there occasionally for meetings but not much more and I certainly had no wish at that time to actually work there but then the board in their wisdom decided that I should be there and rightly so to, and I moved up in July 1956 and looking round the wards at that time was rather depressing. All the wards were locked, as I have said before, and they were so drab and the patients looked so miserable. It was a depressing place really.

**RS** That's really not what it should be like, is it?

**Mr E** No, but it was so nice to see it transformed over the years. It took time of course and it was all worthwhile in the end and, as I have said before, I came to the situation where I didn't want to work anywhere else.

**RS** It's funny that, isn't it. You didn't want to go and yet 30 years later ...

**Mr E** A lot less than that, a lot less than 30 years.

**RS** You made a decision very early on.

**Mr E** I was glad I was there and I was determined I was going to stay there. I had opportunities to move in fact but I declined them. So I don't suppose I had any idea ever to be involved in that sort of work. It wasn't just a typical civil service job at all, anything but. But I still maintain close contact with the board and with all the officers of course. So yes, as you said, I passed it first but when I first went up there I was not at all enamoured with the place.

**RS** But of course the old system of boards as opposed to departments had been around for a very long time and I suppose their responsibilities had evolved according to circumstances. Did the board members themselves periodically pay visits up there? Did they go and have a look at the facilities at Ballamona at all?

**Mr E** Yes, I will tell you the situation. The mental hospital in the old days, I am going back before the National Health Service Act 1948 came into being, the mental hospital was run by the Mental Hospital and Assessments Board and then in 1948 with the new Act coming into force, it was taken over by the Health Services Board which had been established then and various committees were set up out of the board's ...

**RS** Out of the board's membership maybe?

**Mr E** ... out of the board's membership. In fact I think there were 23 committees of the Health Services Board of which ...

**RS** It's a lot of committees. That's an awful lot – an incredible number.

**Mr E** And the Ballamona Committee. Oh, I should say that the name Ballamona didn't come in until the early 1950s. It used to be the mental hospital or the lunatic asylum and then it was decided to change the name and Ballamona was picked out. So by the time I arrived on the scene it was Ballamona and the Hospital Administration Committee consisted then of five members of the Health Services Board. Am I right there? The board only has five members so it must have been three members, I think, and there was a chairman appointed of course.

**RS** This was a visiting committee, was it?

**Mr E** Well, it was more than that. It was a sort of administration committee. They looked after things for the hospital on behalf of the board and they held a monthly meeting and I was their secretary.

**RS** You kept the minutes and attended to correspondence and the accounts as well?

**Mr E** Yes, that's right. I was responsible for all the finances as well, as treasurer, the payment of all the salaries and accounts.

**RS** Did they have such a thing as a designated visiting day for the members of the board or did they sort of arrive unannounced or whatever?

**Mr E** Well, both in a way. They had a regular monthly meeting at the hospital, a

committee meeting, and then they had a duty visitor each month. One of the members was appointed as a duty visitor for the month and took it in turn and it was up to them to visit the hospital occasionally, whenever they could, sometimes expected, sometimes unexpected. Members of the Health Services Board other than that very rarely came up – those members of the board that were on the hospital committee very rarely came. Occasionally they might if there was something special on but generally not, they left it to the members appointed to the committee which was quite adequate. Eventually, there were two more members who were not members of Tynwald appointed to the committee ...

**RS** I see.

**Mr E** ... so we had a mixture now of people who were not actually politicians – they weren't politicians – it was quite a good mix really.

**RS** They say it is essential to have a mix on all committees, don't they?

**Mr E** I think so, yes.

**RS** Fresh ideas.

**Mr E** Yes, I think so. So that was a good move really. There was a time in the early '50s when they tried to save on these committees. They didn't think it was necessary to have a committee for every hospital. There were two small hospitals, one being Cronk Ruagh Sanatorium outside Ramsey, on the Jurby road.

**RS** Was that for mental health patients?

**Mr E** No, that was the sanatorium for TB patients.

**RS** Tuberculosis, yes.

**Mr E** And then there was the White Hoe isolation hospital which had been taken over from the Douglas Corporation in '48.

**RS** On the Old Castletown Road?

**Mr E** Yes, they were very small and they amalgamated those with Ballamona and I was secretary to what was known as the Hospitals [plural of Hospitals stressed] Administration Committee. That was in charge of the three hospitals, secretary to the three hospitals, known as one committee. Every so often we used to meet at Cronk Ruagh or the White Hoe as well.

**RS** You must have had a fair bit of travelling to do in those days.

**Mr E** Well, it wasn't lots. I didn't get out much to those places, not other than committee meetings, and subsequently that bad idea was dropped. White Hoe was transferred to Noble's [Hospital] and Cronk Ruagh was transferred to Ramsey Cottage Hospital.

**RS** To the Cottage Hospital.

**Mr E** I had enough on my plate anyway because Ballamona was the largest hospital with 360 patients.

**RS** Yes, a lot of people.

**Mr E** ... Noble's had less than 200 but of course Noble's was a busy, general, acute hospital, very busy.

**RS** With emergency facilities?

**Mr E** Yes, a large medical staff of course, but that is how it went. So it became the Ballamona Hospital Administration Committee.

**RS** To which you were the secretary and treasurer.

**Mr E** Yes, and then I gradually took over the administration from the medical superintendent. Prior to that the medical superintendents of mental hospitals did all ... were responsible for everything, [unclear], everything, including the farms and gardens, everything.

**RS** That must have been horrendous duties, including the medical work as well?

**Mr E** Everything.



**RS** Good heavens!

**Mr E** They were real gods of course in those days. Their word was law.

**RS** But it must have taken a super-human effort to do all the administration and everything associated with running the hospital, as well as attending to your medical business.

**Mr E** Well, you would think so, wouldn't you? Yes. But a lot of their work was on the administration side and they had to leave a lot of their clinical duties to their assistants. When I say that, I am going back far and away beyond my time because as time went on, in the '50s and '60s, it became so important for the medical superintendent, with a consultant psychiatrist, to be involved in the clinical duties that the administration duties had to be removed from the post and that's how I came to take it over.

**RS** And that relieved them of all administration?

**Mr E** Yes.

**END OF INTERVIEW**