

TRANSCRIPTION

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DR. WILLIAM CLEGG (b. 1933, Leeds, Yorkshire), physician, talks about his medical profession; medical facilities available on Mull; types of medical emergencies; incomers to the island; his book on the medical history of Mull from 1770; folk medicine in the Highlands; midwife practices; helicopter and Lifeboat services; cancer and heart attack numbers on Mull; community involvement in the Highland Games; folk stories; and Lifeboat Day and other charities. What follows is a record of the gist of the interview, not necessarily a word-for-word transcription.

[Field project "Faces of Mull," University of California Research Expeditions, 1993; John Niles, director. Tape number 93WC-01, recorded on 27 July 1993, by John Niles and three members of team at Columcille (Dr. Clegg's home) in the town of Tobermory.]

I was born in Leeds in 1933, the son of a doctor and a nurse. I went to Leeds University and followed my father into practice in Yorkshire in 1959. After two years he retired and I took the practice into a group with two other doctors; unfortunately the other doctors wanted to make a bigger group, so in 1968 I found a practice of my own in Tobermory.

—How did you choose Tobermory?

I knew it from having holidayed here for two years. It seemed like a good place to bring one's children up.

—When did Britain switch over to the National Health Plan?

I think in the late 1940's; I was never involved in the pre-Health Service. I'm a general practitioner; I worked first in Yorkshire with my father. For the first 19 years in Tobermory I was working single-handed. Since then I've had a trainee and in the last 3 years a half-partner.

—Is there a hospital here?

There is a community hospital which the 3 general practitioners administer, in Salen. It evolved from a holding sick bay and an old folks' home into quite a useful little hospital with x-ray, physiotherapy, emergency facilities, and resuscitation. It's grown slowly and steadily over the years. We now have excellent evacuation facilities with helicopter service, an ambulance, and a lifeboat. Up until 8 or 9 years ago, you had to wait until the morning, until daylight. The resuscitation facilities would have been of more use then than they are now. [laughter]

—How do you get people down to Salen from the various communities on the island?

There's an ambulance in Salen and one in Craignure, with 2 or 3 drivers; there are 2 on duty at all times. The ambulances carry defibrillators, recording ECGs, and oxygen. This has all happened in the last 6 or 8 years. Before that they had just a basic wagon box and oxygen.

—What are the primary health problems here? Do you see a lot of injuries?

Health problems are wide and varied; accidents are mainly related to visitors. [*Laughter*.] Amongst the islanders, fishing and farming produce a lot of accidents. A large component are from British Telecom. Forestry has some accidents, but they have a good record. Farming accidents are often catastrophic; tractors turn over, though infrequently. Car accidents tend to be of low velocity because of the state of the roads; we've had a few fatalities, not particularly due to the speed on the road but to sun blinding and motorcycles.

—Do you see alcoholism as a major health problem?

Alcohol features in all the Celtic communities and in the fringe communities in the islands, but I think Mull has probably less of a problem than the other islands. There's probably quite a lot of alcoholism in the urban areas which is submerged. Here, of course, everybody knows everybody; everybody knows who has a problem. It's not the major problem that it is elsewhere.

—Do women have problems with alcohol here?

To a lesser extent. There are a few, who tend to stand out more. I can only think of 5 or 6 over the years with a major problem.

—There's good social control when everyone knows each other.

It's getting less so because the community's growing. In 1968 I had 730 patients; now I have over 1300. Various parts of the town are being opened up for new housing. It would be nice if they would be given to people who are now in caravans, but people are probably going to come into them from outside the community.

—How do you feel about the incomers?

I'm an incomer myself! I came when there were fewer of them coming in, and I came with a job to do, so I never felt like an incomer. People do speak to me and say, "These English people..." [*laughter*] and they forget that although I've been here 26 years [I'm still English]. Giving something back to the community is an important factor; also I was immediately immersed in the community because of the nature of my work. I was immediately the guardian of everybody's secrets and problems.

—There are incomers like you who came with a special purpose in life, and then there is the "officer's mess."

That's retired colonels. It's a bit overstated, but the estates largely are owned by "Colonel This" and "Major That." But a lot of them have put a lot into the community. I don't get too involved in it, though I'm cross with people who come into the community and want to change it into what they left behind. "Where I came from we did this" is not really the way to change anything. If

the dilution goes on the indigenous population will have very little voice at all. The authorities pay no more than lip service to the Gaelic language and the Highland culture.

—Do you think the language will survive?

It will probably survive as a museum piece, but not as an active language. I'm sorry about this, because I have taken a great deal of time and effort to learn and use Gaelic.

—Do you use it with your patients?

Yes. The people who have come into the community seem more interested in keeping it going than the native islanders.

—You are doing a book on how medicine had changed on the island from the 17th to the 19th centuries, aren't you?

I should have started it at about 1840 to about 1940, which was the interesting period of change. I also took in the whole island, which has made it an even more horrendously large project with a vast amount of information on computer. I will [have more time for it when I] retire next year in April. This started because I was driving back after a particularly hard day and thinking that nobody should do 20 years on an island single-handed; it was becoming far too busy. I suddenly realized that my predecessor had done 38 years, albeit with a small number of people and with a considerably lower expectation of what the doctor can do for them. Patient expectation is a great factor in doctors' workloads; as medicine develops, everybody expects to be at the sharp end. When a doctor had no antibiotics he did what he could, visiting and juggling with what he had; the healing skill then was incredible. The patient didn't really expect to live or didn't expect to have their heart restarted. This doctor who had served 38 years: nobody really remembered him, even the ones who he treated. I went to see his wife and asked her for a photograph of him so I could put it up in the surgery. While I was there I asked about former doctors, and have since searched the archives. I've got the line from 1848 through to me in Tobermory and in Salen. Since then there have been about 22 doctors in Bunessan, 18 in Salen, and 8 in Tobermory. One doctor, Hector McColl, practiced in Tobermory from 1837 until 1875. He practiced in Mull prior to that date, but he moved into Tobermory because he couldn't make a living out in the countryside with a diminishing population. One elderly doctor, Dr. Morrison, came here in 1914 when people were coming back from the war and practices were getting filled. He went on until 1930, by which time he was past the time for practice; there were various stories about him which I've tried to avoid in the book. I may have to put it in for completeness, but he was known as "Dr. Bowels" [*laughter*] because he would go around to patients and say "How are your bowels?" Then he would put out his hand for his fee. He was probably going senile.

—Did these long periods of practice indicate a certain level of contentment?

They indicate that there was a living to be made; the other practices were poorly remunerated. The advent of the Poor Law in 1848 and the Inquiry into the Poor Law in 1944 might be of interest to you. Have you interviewed the curator of the Mull Museum? [Bruce Whittaker.]

—He gave us an introduction to the Museum. He's another of the very well-motivated incomers like yourself.

He's hardly an incomer, as he's travelled up here all his life; he came to Iona as a boy on holiday. The people I call incomers are the people who come in with hope in their heart that it's going to suit them and a lot of the time it doesn't. They find that 11 miles of water to Oban is a barrier to living comfortably; they get "islanditis." People come because they feel it's the answer to their problems where it's quiet, and then they find it's too quiet. Others have come and made a good solid life for themselves here: builders, electricians, mainly people with jobs. Some people have come and retired here very successfully. A lot are people who have been associated with the sea all their lives.

—Have you looked into traditional medicine here on the island?

No; my research has indicated that traditional medicine is pretty basic. Going back to 1814, I have a wonderful formula for the cure of hydrophobia involving boiled foxglove leaves and other herbs, made as a paste. Stopping bleeding was also a major concern. There is a book on folklore and culture in South Uist which includes a lot of folk medicine, such as the use of a rubber slug on a cold-sore. Bogbean—trifolium—was used fairly widely in the Highlands as a stomach cure, a cure for cystitis. One of the drastic cures for stomach-ache was to tie a rope around the legs and suspend the patient from a beam: this would undo a knot in the guts.

—I was at the Highland Games on Thursday and met a woman who had a baby born on Monday; I was surprised she was out with her baby on Thursday. She was proud of the fact that she'd had the baby on the island. Is midwifery a common practice on the island?

It's a practice which I've been used to all my professional life. In Yorkshire, the practice was that the first baby was born in hospital. A normal first delivery and a normal pregnancy would entitle a woman to deliver at home by a doctor and midwife. On a lot of occasions the midwife would deliver the baby before the doctor got there, because they didn't ring you until nearly the time. If a woman was worried, the doctor was asked to be called early, but usually the doctor was called about an hour before the event. There was no trouble with this system because there was a medical unit just down the road; the "flying squad" would transfuse a patient. The women who have delivered in this situation all expressed extreme satisfaction; we had trouble trying to persuade women not to have their first baby at home.

On Mull the situation is slightly different. We didn't have any blood on the island; we don't keep blood because of the difficulty of cross-matching it. We don't have a lab. Up to the early 1940s most babies were born on the island, delivered by the local doctor and midwife, with a very good record. When I went to [the former doctor's] presentation after 38 years they said that he never lost a baby, though there had been stillbirths. I have had to deliver quite a lot of babies in emergencies. We were delivering a lot more in the past, when transport facilities were limited. We delivered as many as three in one week, once. Now we have facilities for removing the mother in labor very quickly to Oban, with a doctor as escort on the lifeboat; it has become the practice to transfer them all in relatively early labor. One girl was progressing like a train [*laughter*], so the doctor decided it was safer delivering on Mull than having the infant born in

the lifeboat. British midwives of my generation very strongly feel that the doctor's place is at the foot of the bed, and "If I need you, I'll let you know" [laughter]. It was a very successful system, but people have expectations. If somebody does figures and asks why neonatal mortality is 25% higher in the west of Scotland, nobody takes into account the distances involved; they think it must be because of the doctors or the hardware in the hospitals. Nobody looks at the lifestyle of the parents.

—The atmosphere here seems slower paced to me. Do you still have heart attacks and cancer as on the mainland?

Yes. And we seem to have more than our fair share of leukemia and lymphoma in the last few years, after having not seen any for a long time.

—Of local people, or incomers?

Both. We don't know why; it could be just coincidence.

—Has anyone done any epidemiology?

Oh, yes; the Public Health Office has produced cancer figures, which they keep fairly quiet because they're not statistically significant. This is the trouble: if you publish it tomorrow in the *Mulleach* [the Mull newspaper] that lymphoma has a high incidence in Mull, everyone would think they were going to get it. We're talking about a small number of people. It has to be investigated: is it due to Chernobyl, or whatever? The incidence of cancer tends to go in waves; there's times when you get no good news.

—What about heart attacks?

The west of Scotland is the worst, and Britain generally is the worst in Europe.

—Why would that be?

Diet, and the highest incidence of smoking, and consumption of alcohol. When I say "the west of Scotland," I'm talking more about the Dumbarton/Glasgow area than about here. We're probably about average. An interesting study done by Glasgow University in about 1969 of hypertension and heart disease in the island community of Tiree revealed a lot of hypertension. They tried to persuade them to change their ways, but I don't think they succeeded.

—There's a long history of high-powered medicine on Mull, if you go back to the Beatons [the famous hereditary family of doctors].

That was the other reason I took 1770 [as a starting point for my book]. I thought that would clear the Beatons because John Bannerman had just published his book on the Beatons, *The Highland Healers*, in the year I started my book; it's in the library. I thought the last Beaton was 1760 or so, but I read the book and discovered that in 1773, James Beaton treated a woman in the parish of Kilmore, which is dying, and received his fee from the church.

—Symbolically, do you consider yourself some kind of descendant of that illustrious family?

No way! I applaud their ability very much, however. I heard a lecture by a professor of general practice that made me want to shoot the speaker. He said that prior to the advent of antibiotics, the doctor could do little other than hold the patient's hand and offer sympathy. This is arrogance. The Beatons were basically herbalists. They had a long line of healers. Whether they had special healing powers or not, I don't know, but certainly some people seem to have. People who go into medicine because they desperately want to, tend to make better doctors than those who go into medicine because it seems to be a good way to make a living. Some of the best-regarded doctors I know are actually the poorest doctors. The record of the Beatons is superb. They wrote a book, in archaic Gaelic; I know of it through a tape somebody made of the life of the Beatons. It's a difficult book to read; it's a reference book by a scholar.

—You're involved with a lot of community activities: The Highland Games and Lifeboat Days. It didn't seem that the community was as involved in the Highland Games as I expected, whereas the Lifeboat Days seemed to drive a lot more of the community.

People are giving you time at this time of year, but nobody really has time; the Games comes at the time when everybody is busy. It's not holiday time for us; holiday time is May and September. At this time of the year, we're here to look after the tourists; the people in the town who have businesses cannot go up and take part in the Games. Saturday afternoon Lifeboat Day is slightly different because the Games are run by a committee of 20 people and the Scottish Highland Games Association sends officials up to help them out. But there were an enormous number of local people involved with this, setting it up, taking it down at night. It is a community activity, but basically it's a Thursday afternoon, Thursday evening Games Day. When I first came to Mull, everything shut down for Games Day except for the pubs. Now they realize that with a short season, they open their shop to get the maximum number of people, so they don't give the shop workers even a half day for the Games. Before, shops were open until lunchtime and then everybody traipsed up to the Games at twelve o'clock.

—Do people miss that?

I don't know. I think they would miss out financially! *[Laughter]*. My own interest in the Highland Games is that I was an amateur athlete, a shot-putter and javelin thrower, in my youth. When I came up to Mull, I got involved with some of the boys who were training. Then I got roped into being referee. My duty there was last Thursday, but as my medical duties are getting more demanding, I haven't been able to stay there more than ten minutes. I've promised them my undivided attention next year.

—Where did the caber toss come from?

It's just a traditional Celtic feat of strength, I think; it's not a weapon thing. Putting the ball, throwing the weight over the bar, and tossing the caber go back to the Donald Dinnie stones, where there were two stones weighing half a ton each, each with a ring in it. Donald Dinnie is said to have lifted them up and carried them over a bridge, and everybody was challenged. At

MacCaskill's Ford out at Dervaig, there are four stones, the size of this table, which make stepping stones. MacCaskill is said to have put these in place himself [*laughter*]. He went around the Highlands building fords or stepping stones because he had that ability. This was an itinerant man, probably a Skye man if he was called MacCaskill, who had traditionally built stepping stones and had the reputation for moving large stones. I can't trace him: I've tried looking for MacCaskill in other records. I'm not a skeptic, I just like to collect stories. I think that in rural communities, people amuse themselves with these trials of strength and stamina. Wrestling is particularly supposed to be a Celtic thing.

—There are trials that feature very prominently in the early folk tales and saga-like literature of the Celtic peoples. There seems always to have been a delight in almost superhuman accomplishments.

Not all the folk stories of Mull are of European base. You could look up the story of the Lochbuie [the Chief of Lochbuie] who castrated a man for having let deer go past him when he was supposed to stop them and turn them back to the hunters. The man grabbed the Lochbuie's son and jumped onto a ledge and said that unless the Lochbuie himself was castrated, he would throw the child down the cliff. The story goes on, "Where does it hurt?" "It hurts in my loins." "I haven't done, yet. Where does it hurt?" "It hurts in my throat." "Well, that's all right." And then he jumps off with the child anyway.

Belief in this story is very strongly held. I can show you a picture of Gorrie's Peak [in the vicinity of Carsaig], which is where the man leapt, and yet this story [the gist of it] also turns up in Transylvania, and there are variations on it all over Europe. These are being collected and are known as "European Folk Legend #324." [*Laughter*.]

—Do you know this story from a collection of these sorts of stories relating to Mull and the landscape here, or have you heard them from people telling them to you?

There are two very good old books with a lot of the legends in them. One is *The Beautiful Isle of Mull with Iona and the Isle of Saints* by [Thomas] Hannan, dated about 1920 [actually 1933?]. The other one is by John MacCormick, from a similar date, in the local library. [This is *The Island of Mull: Its History, Scenes and Legends*; MacCormick relates a version of "The Legend of Gorrie's Peak" at pp. 133–34 of his book]. MacCormick and Hannan are required to be read, because the early renderings of these stories are more significant.

—[One of the team members, Janet Laughter, speaks.] I'm a Celtophile from learning to play the Celtic harp, and before I came here I read Allison Kinnaird's book *The Tree of Strings*. She mentions that there are two place names on Mull related to harping. One of them is called "Harper's Pass"; the other is "Harper's Field." I have found out that there's a cottage in Dervaig named "Harper Field." Have you ever heard about those places? Do you know of any tradition of harping on Mull?

Have you looked in MacQuarrie's *Place Names in Mull*? [The reference is probably to Charles Maclean, *The Isle of Mull: Placenames, Meanings and Stories*, 1997.] Mary Morrison is originally from Skye but lived as a farmer's wife in Dervaig and a schoolteacher; she is a mine of information. Probably better than that book is *Argyll Place Names*, an old book from about 1910.

—I'm curious where Kinnaird got her information. She wrote it up in the book, and she mentions a tale having to do with a harp in Mull.

What's the story?

—Am I going to start a story now that will go around the island? [*Laughter.*] It has to do with the place called Tiroran [a hamlet on the north shore of Loch Scridain, Mull]. There was a young lady who lived on Tiree. She ran through the men on Tiree, and then her family moved to Mull. She had her eye out for the best possible situation for herself, so she flirted with the harper, who in that time was not like the later poor, blind harpers but was still a well-respected, wealthy bard. She married him, and during the winter months they were going to visit some family on the other part of the island. They went over a pass and it was snowing and bitter cold. He made a peat fire but it's not enough to keep her warm; he burns up his beloved harp to keep her warm. As the flames rise up, a hunter saw the fire and came to investigate; he turns out to be one of her old boyfriends from Tiree. She said she was thirsty and asked her husband to go to a stream they had passed. He went and came back to find that she had absconded with her former boyfriend. He says, “Oh, fool I was that I burned my harp for such a woman!”

That's women for you. [*Laughter.*] And stories. I'll try to find out about that for you.

—Does a person like yourself feel that you are getting Scottish? You've learned the language and all, but do you still feel like an Englishman?

I don't feel like anything but a member of the community. If England were playing Scotland, I'd stand up for England. [*Laughter.*] I get irritated by this “English/Scottish” thing, but it doesn't impinge on my life at all. I've been here long enough to love the community; I don't think I want to go and get a kilt and all. If someone asked my nationality, I'd say “British.” I've voted Scot Nationalist on occasion; I liked the candidate and there was no Liberal.

—In terms of the lifeboats: about how much money do people make [at Lifeboat Day, a charity event]? I thought 50 pence was a very reasonable amount for us to donate to participate.

—We made £150 in about one hour; quite a lot of money. The prizes were probably worth about £150, but we were turning it over, giving people amusement, and attracting people to the fact that the Lifeboat is up and running. My association with the Lifeboat is as medical officer, but I've managed as a crew member and launching officer.

—I was impressed by that whole event, and I thought it was a lot of fun. It was a great way for the community to come together.

If you want to see the community come together, come on the 11th of August to the Aros Hall to the Cancer Relief Coffee Evening. We raise about £1200 in one night. The other thing that gets people out and raises an enormous amount of money is the Scottish War Blinded Drive. A tremendous amount of charity money goes out of Tobermory.

[End of interview.]