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Tales of Medical Adventure

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REVIEW ESSAY

Tales of Medical Adventure

J.T.H. Connor

Rosalie M. Lombard. *Adventures of a Grenfell Nurse*. St. John's: Flanker, 2017. ISBN 978-1-77117-597-5

Miles Frankel. *I Want to Know If I Got to Get Married: A Doctor on the Grenfell Mission.* St. John's: Flanker, 2015. ISBN 978-1-77117-393-3

In 1892 Wilfred Grenfell (1865–1940) arrived in Newfoundland, but 125 years later what *is* his legacy?[1] The ongoing activities of the International Grenfell Association (IGA, founded in 1914), which funds bursaries and grants for the people of northern Newfoundland and coastal Labrador, is one example.[2] Another is the Labrador-Grenfell Regional Health Authority.[3] A third is Grenfell's *oeuvre* of autobiographies, books about the North, and also hundreds of articles published in *Among the Deep Sea Fishers*.[4] A spinoff of Grenfell's drive to write about himself and the North is a final one: the medical memoir as adventure tale. Medical memoirs and physician autobiographies are not uncommon; these works, in particular, are written by "country doctors" who extol the virtues of a rural lifestyle along with the challenges of a non-urban medical practice. Although such publications originate

from many locales, Atlantic Canada, and in particular Newfoundland, appears to have developed this genre into a cottage industry. I have dubbed this the "Grenfell effect": books by health-care practitioners that emulate or recreate in some way the writings and spirit of Wilfred Grenfell and medical practice in the North.[5] The two books reviewed here are further testament to the "Grenfell effect." They are written by a nurse and a doctor, respectively, but not just *any* nurse or *any* doctor — they were written by a *Grenfell* nurse and a doctor on the *Grenfell Mission*. Their vocations and identities as medical personnel are inextricably linked to a man they never actually encountered. And the marketing blurbs for these two books reinforce a legendary connection through the sense of Grenfellian true adventure in the North with tales of dogsled trips, bush aircraft mercy flights, harrowing boat travel, and emergency shipboard births in the Subarctic.

In *Adventures of a Grenfell Nurse*, Rosalie M. Lombard (b. 1927) relates how as a child in New Hampshire during the 1930s and 1940s she learned of Grenfell and his Mission by reading his books and then as an amateur philatelist; she later raised funds for the IGA as a nursing student in New York City. In 1952, one year after graduation, she signed up with the Association as an assistant nurse. Forewarned by an Association brochure that she would soon be living in a "rugged and variable . . . bracing" climate, eating an "adequate, though not varied diet," and earning an annual salary of $750 plus travel and board (approximately $7,000 in 2017 dollars), Lombard headed for IGA headquarters in St. Anthony. The IGA complex had contracted since the halcyon days of Grenfell, but still consisted of the base hospital and annexes (122 beds), along with hospitals in North West River (17 beds), Harrington Harbour (21 beds), and Cartwright (20 beds); there also were nursing stations at Mutton Bay, Forteau, St. Mary's River, Spotted Islands, Flower's Cove, and Canada Bay. The IGA hospital ship *Maraval* linked these facilities, as did a very occasional aircraft. The overall enterprise was under the direction of Charles S. Curtis (1887–1964), a Harvard-trained American doctor who first worked in St. Anthony in 1915; a McGill-trained Canadian doctor, Gordon

Thomas (1920–96), who joined the IGA in 1946, was its medical director.[6] Further reflecting the "international flavour" (Lombard's phrase) of the St. Anthony hospital were two other Canadian doctors, a Scottish dentist, along with one nurse each from England, Canada, America (herself), and Labrador (who was Inuk).

Nurses were attracted to the IGA because they experienced a degree of professional freedom rare among their urban hospital sisterhood. Owing to geographic isolation and social and medical necessity, the scope of practice of IGA nurses was often akin to that currently of nurse practitioners or physician assistants: diagnosing acute and chronic diseases; physical assessments; prescribing and administering medications; tooth extractions; and performing routine obstetrical work and/or limited surgical procedures. This work was co-ordinated and monitored through scheduled communication on the RT (radio telephone), which also linked nursing stations to the headquarters in St. Anthony. Yet, tensions might exist between doctors and nurses due to gendered roles — female nurses who were *too* independent and deemed insubordinate to male doctors could be subject to criticism and admonishment.[7]

Lombard relates how her first adventure was assisting Dr. Thomas in an episiotomy birth on board the SS *Springdale*. Soon, she was put in charge of the operating room (OR) in the base hospital. These duties included maintaining an aseptic environment by sterilizing surgical instruments, all linens, and rubber gloves as this was not the era of disposable items. The preparation of sterile intravenous therapy sets for patients (saline and dextrose solutions) also fell to Lombard, as did the maintenance of OR gases (for anesthesia). And as scrub nurse, Lombard became a vital extra pair of hands for the surgeon (usually Dr. Thomas), which required not only anticipating his needs but also occasionally directly assisting in surgical procedures. Such operations were diverse, reflecting the St. Anthony hospital's role as a tertiary care facility: neurosurgery, orthopedics, gastrointestinal, obstetrical, and gynecological surgery, thoracic surgery, major amputations, and radium treatment were all performed. Yet despite the experience Lombard was acquiring, she was aware of the shortcomings of her clinical

setting as compared with the New York City hospital where she had trained. In a 1952 letter to former nursing colleagues, Lombard wrote:

> Boy, I'd like to bring back from P[resbyterian] H[ospital] a few needed things for here, such as linen, more linen, penicillin, syringes, #22 needles, . . . bedpan flusher, Zephiran (to replace Lysol in the forceps jars), electrical sockets at the bedsides, floor lamps, beds that crank up, more blood pressure machines, Abbott-prepared I.V. solutions and set ups, a blood bank . . . . (22)

This wish list is revealing. That the antibiotic penicillin was still not available in northern Newfoundland even by the early 1950s is surprising, although Lombard notes elsewhere in her account that streptomycin to combat tuberculosis was used in St. Anthony. Similarly, the antiseptic/disinfectant Zephiran was in widespread use in American hospitals at this time. The lament for a bedpan flusher, more convenient beds, and pre-prepared IV solutions all point to making a nurse's daily life less arduous. The desire for more hypodermic syringes with needles of a specified gauge hearkens back to the pre-disposable plastics era because each occasion a glass syringe and needle were used they had to be disassembled, cleaned, and sterilized before reusing. (Lombard recounted that on one occasion she used the same syringe but with different needles to inject 40 different patients, fortunately with no detectable negative outcomes.) Lacking a blood bank is also noteworthy, but Lombard explained when blood was needed for a transfusion a list of blood types of St. Anthony residents was used to identify a suitable donor and then that person would visit the hospital to donate. The refrigerated blood would be used the next day. All of this tells us that by the early 1950s this IGA institution was increasingly behind the medical times. When built in 1927 the hospital was fully accredited by the American College of Surgeons, but by the time Newfoundland had become a province of Canada the hospital in St. Anthony, no matter how much good it still did, was antiquated.

Lombard was a nurse, thus, stereotypically, a woman — and one who left a sophisticated metropolis for an especially remote place. The rough-and-tumble frontier life that surrounded her seemed not to have any adverse effect, however. One example is her lengthy account (almost half of the book) of a voyage aboard the *Northern Messenger*, a motor yacht built in 1917 that formerly ferried patients until it sank in the St. Anthony harbour. A young American marine engineer employed by the IGA salvaged the vessel and refurbished it with the aim of sailing it back to his native Massachusetts. As his crew, he enlisted Lombard, another young American woman who worked at the IGA orphanage, another IGA employee who was a Canadian female artist, and a Canadian male medical student who had just finished helping construct the American-built Cold War era early warning radar near St. Anthony. The planned trip of five to ten days turned into a month-long nightmare that ended up not in Boston, but in Ingonish, Cape Breton. Along the way they were caught in gale-force winds, were nearly smashed against rocks, were swamped, and drifted without power as the motor continually quit. The main anchor as well as the oars for the dory were lost, and they almost had to abandon ship. But a wonderful time was had by most of the crew on this "greatest adventure of all."

Lombard's recollection of dog team and komatik trips also demonstrates her spirit. While this mode of travel is the stuff of legends of the North, which Lombard does exploit, she also makes clear that in winter this was simply the only way to get around on land or ice. The sled trails dotted every so often with tilts (small log cabins) for overnight shelter took the place of roads, so when one nurse in a nursing station was to be replaced by another, a driver and his dogsled team were contracted to transport these women. Lombard's take on this process as a woman is novel. If, when travelling in the wilderness, she needed to respond to the call of nature the process to be followed was complicated. First, the driver had to be instructed to go on ahead without his passenger on the understanding that she would catch up — this was a coded message understood by both. Then, as Lombard further explained, "While admiring the beauty I was reminded of my primary goal. The task was

not easy, however. First came the lowering of five layers of obstruction — overalls, ski pants, wool slacks, snuggies, and panties" (45). There is humour in Lombard's account, but she also displayed her awareness of the gravity of the gendered situation she and other women might face when travelling. It was necessary for Lombard and her driver to stay overnight in a tilt fitted with open wooden bunks attached to the walls — as it turned out, another six drivers were also en route and stopped at the same tilt for the night. "So here we were — seven men and one woman — about to spend the night in a tilt. It would seem natural to assume that this might create some problems or at least some awkwardness — but not so." They respected her as a woman, and as a nurse, and especially as a *Grenfell* nurse. Lombard wrote how they "would never act in a way that would betray that trust" (44).

Such acts by men towards women were commendable, but as Miles Frankel's *I Want to Know If I Got to Get Married* underscores, Newfoundland and Labrador by the late 1960s was still a "man's country." This revelation came after he was instructed by a worker on *the* way to unfreeze the door locks on his snowdrift-besieged Land Rover truck — pee on them! Further supporting Frankel's gendered assessment are his discussions of the fishery, the seal hunt, whaling, and logging. Frankel (1944–2014) was an English doctor who in 1969 was working in a London hospital located in a working-class district. Unfulfilled by urban medicine, he responded to an ad in the *British Medical Journal* for a "Travelling Doctor." This IGA post in the Subarctic where the roads were "open all year" was "[i]nteresting and responsible" and was best suited to a "preferably single" (male) general practitioner;[8] annual salary was $15,000 (approximately $100,000 in 2017), less $816 annually for board and lodging. At the time Frankel was single, but in 1970 he married in St. Anthony; he continued with the IGA until 1971.

Frankel's book transcends its sexist and paternalistic title. In the main, he presents clinical anecdotes and patient encounters that are both humorous and tragic. Pregnancies, hemorrhoids, heart conditions, skin rashes, infected toenails, tonsillitis, swollen lymph glands, black eyes, and chain saw and fish hook wounds — all were duly dealt

with. The practice of medicine in outports did present challenges, however. Due to the tightly knit social fabric of these communities, the presence of Frankel and a nurse to hold a clinic became a social event as a much as a medical one. On early sighting of Frankel's Land Rover, word spread of their impending arrival. On occasion, the resultant crowd might have to be instructed by the nurse to be quiet in order for Frankel to listen to a fetal heartbeat; on another, a portable radio might be turned up loud so that those outside the examining room could not overhear a sensitive discussion between doctor and patient. Accounts of patients' dialogue are often portrayed in the local dialect and vocabulary. This approach might put off some readers, but outport Newfoundland does have its own anatomical and disease lexicon that justifies Frankel's use of local speech. Indeed, a feature of his book is a glossary of terms, including words used to describe body parts and health conditions (e.g., glutch = to swallow; foot wrists = ankles; gathering/rising = infection; stomach = "A vague anatomical term describing the body from the neck to the pelvis. Thus, 'I finds me stomach' could lead to a diagnosis anywhere from a heart attack to appendicitis.").[9] Frankel visited the homes of patients, met their families and neighbours, shared their meals, drank their rum, and slept in their beds. Like Lombard, he was and would always be a stranger, but as an IGA health-care worker he earned the trust of residents. Frankel was involved in the antics of mummers, invited on a seal hunt that used illegal weapons, and witness to traditional rituals of dying and death. Through his professional and personal life in St. Anthony and region he was afforded insights to local culture, thought, and ways of doing things that few might have been privy to.

There are many reflective passages in Frankel's book about life in the North, but his musings on dogsled teams reveal much. Perhaps the last IGA doctor ever to be transported on a medical emergency on a komatik pulled by eight dogs, Frankel was ambivalent about such means. Sled dogs were not pets or companion or service animals but were semi-wild creatures that had to subdued, usually brutally, in order to be trained and controlled by a driver. During non-winter months

(May to December) dogs were chained up in settlements or sequestered on uninhabited islands to fend for themselves. Dogs sharing living space with humans entailed fear of the latter being attacked; in 1970 Frankel knew of three deaths due to mauling by dogs. Dog teams cost money, too: $25 a day for the hire of two teams. And travelling by dog team was inefficient owing to the time necessary for travel. In comparison, if travelling by bush plane the same number of patients seen and procedures undertaken would take half the time. But for all that:

> Dogs, like nothing else invented (certainly not the fickle internal combustion engine), do not have spark plug trouble or burnt out magnetos, are not grounded in dirty weather, never need transplant surgery — costly spare parts — or imported fuel. . . . Unlike skidoos they reproduce themselves. With more sophistication than a lunar module, they will find their way home if the going gets really rough, and even provide warmth if it is so rough that is better to hole up. . . . [D]ogs sense thin or rotten ice. . . . Dogs have a definite exhaust smell, especially after a feed of seal meat and fish heads, but it is nothing to the noise and fumes of a two-stroke engine of a skidoo, that can give a thudding headache. . . . (45)

Frankel also remarked how dogsled travel (and similarly the IGA hospital ship *Strathcona III*) personally benefited doctors, nurses, and patients, for it permitted "more balanced relationships with people" (46). The requirements of sled travel meant staying in communities, getting up in the morning, washing, eating breakfast, and talking to people; spare time was available to seek out the bedridden and the elderly and check up on them. Larger matters, maybe non-medical, that were troubling people were aired. Children got to see IGA personnel as real people and lost any fear of them. In comparison, flying visits were exactly that: doctors and nurses were deposited in communities by plane for a strictly limited period of time to attend only those identified

in need of care, then fly off again. Regardless, by 1973 all sled dogs were gone, with the last of them being deliberately drowned.

These two books contain ripping good yarns that inspire the Newfoundland and Labrador cultural imagery. But how reliable are these first-person accounts as historical sources? Memoirs are often written long after the dates of the actual events, thus some details get lost while other aspects of the story may be embellished. Even if the author were to keep a detailed diary at the time on which any memoir was based, the final autobiographical account is still presented through the personal filter of its author. Each book reviewed here appeared at the prompting of authors' relatives and friends, who presumably listened to these tales and adventures over the years and then urged the storytellers to set about recording them in print for posterity. Lombard explained that her writing had been "spasmodic," but "[t]his past year, I have felt an urgency to finish the book while I am active, healthy, and with memory fairly well intact" (149). She also makes clear that she had memory joggers at her disposal to remind her of things that occurred 64 years earlier: contemporary letters she wrote, sailing logbooks from her former IGA friends, and 8mm home movies she shot while in Newfoundland. "Stills" from this movie footage were captured using computer technology and were included in the book. Miles Frankel's book throws into relief the issue of leaving life writing until too late in life: shortly after submitting his manuscript to the publisher he died (aged 70), so his book was published posthumously. It is unclear what the sources were for this memoir; presumably, the author's memory was paramount. But many pages of the book are typeset with indented text, which also switches to the present tense, suggesting quotations from a personal contemporaneous diary. Also, Frankel referred to owning a small tape recorder he took on his travels, suggesting that he prepared an oral history that was later transcribed.

In these books we have remarkable complementary accounts that allow us to compare and contrast life with the IGA and in Newfoundland and Labrador in the early 1950s and the late 1960s. Changes to communications and technology stand out. In Lombard's time there

were no roads, thus boat travel (excepting winter) was the order of the day. A decade or so later, roads, although they were rough, allowed Frankel year-round communication with his patients and clinics. The radio telephone remained essential to communication for both periods, but by the 1960s home telephones were quickly being adopted. Travel by dog team survived into the late 1960s, but its days were numbered as snowmobiles became ubiquitous. The use of aircraft spanned both eras but where they were an exception in Lombard's time, by the time of Frankel's work in the North they were the rule. Floating travelling clinics and the use of boats to facilitate doctor and nurse movements around outports remained vital, but wooden hulls and sail (*Maraval*) gave way to steel plate and diesel power (*Strathcona III*). The American radar base just completed during Lombard's tenure was closed and dismantled in the late 1960s. While Lombard remarked on the novelty of automobiles, Frankel grumbled about the increasing presence of "Detroit motor cars" along with other "metastases of a more materialistic" North American culture (206).

Positive change was afoot in clinical matters. Dr. Thomas was also a common factor between periods; he would oversee Lombard's somewhat dilapidated hospital in St. Anthony being replaced by a new, up-to-date hospital that was operational in Frankel's time. Tuberculosis (TB), endemic when Lombard nursed, was in Frankel's time more or less under control due to early detection through chest x-rays and antibiotic treatment, but it still was no stranger to him when on his rounds. In this latter period, too, most childhood disease was abated due to expanded vaccination and public health programs. Conditions not observed or not commented on by Lombard (although they certainly would have existed) were now encountered more frequently by Frankel: depression, obesity, and adult diabetes; and requests for IUD contraception by women were not atypical.

Lombard and Frankel were themselves changed by their experiences. For Lombard, her time with the IGA as a nurse had a "profound impact" lasting through her career in medical-surgical nurse education; her sense of adventure, whetted while in St. Anthony,

never waned as she became an avid sailor and a pilot. For Frankel, his IGA years constituted a "life-changing experience." He, too, became a yachtsman on his Atlantic ocean-going vessel named *Conche* — after one of the outports where he held clinics. Following his period as an IGA "Travelling Doctor," he practised for 40 years in rural County Cork, Ireland — it is not difficult to see a linkage between these two aspects of his life![10]

Notes

1 On Grenfell, see Ronald Rompkey, *Grenfell of Labrador: A Biography* (Montreal and Kingston: McGill-Queen's University Press, 2009); J.K. Hiller, "Grenfell and His Successors," *Newfoundland Studies* 10 (1994), at: https://journals.lib.unb.ca/index.php/NFLDS/article/view/963/1315.

2 http://www.grenfellassociation.org/who-we-are/our-role/.

3 http://www.lghealth.ca/index.php?pageid=94http://collections.mun.ca/cdm/landingpage/collection/hs_fisher.

4 On Grenfell's writings, see R. Rompkey, "Sir Wilfred Grenfell: A Selective Bibliography" (unpublished typescript, 1965); Patricia O'Brien, *The Grenfell Obsession: An Anthology* (St. John's: Creative Publishers, 1992); *Among the Deep Sea Fishers,* at: http://collections.mun.ca/cdm/landingpage/collection/hs_fisher.

5 J.T.H. Connor, "Putting the 'Grenfell Effect' in Its Place: Medical Tales and Autobiographical Narratives in Twentieth-Century Newfoundland and Labrador," *Papers of the Bibliographic Society of Can*ada 48 (2010): 77–118. Also from Atlantic Canada, but one not reviewed here, is William O'Flaherty, *Tomcats and House Calls: Memoirs of a Country Doctor* (Portugal Cove-St. Philip's, NL: Boulder Publications, 2012).

6 On Thomas, see his *From Sled to Satellite: My Years with the Grenfell Mission* (n.p., 1987), which has an introduction by W. Anthony Paddon, who was also an IGA doctor and wrote *Labrador Doctor: My Life with the Grenfell Mission* (Toronto: James Lorimer, 1989). Paddon, whose book had an introduction by Gordon Thomas, was the son of

another IGA doctor whose memoirs were edited and published; see Ronald Rompkey, ed., *The Labrador Memoir of Dr. Harry Paddon, 1912–1938* (Montreal and Kingston: McGill-Queen's University Press, 2003).

7 Heidi Coombs-Thorne, "Conflict and Resistance to Paternalism: Nursing with the Grenfell Mission Stations in Newfoundland and Labrador, 1939–1981," in Myra Rutherdale, ed., *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada* (Montreal and Kingston: McGill-Queen's University Press, 2010), 210–42.

8 For details, see *British Medical Journal*, 9 Aug. 1969, xxxv.

9 On this language issue, see Gary L. Saunders, *Doctor, When You're Sick You're Not Well: Forty Years of Outpatient Humour from Twillingate Hospital, Newfoundland* (St. John's: Breakwater, 1998). No matter how humorous this appears, it is serious. In a province where many doctors are international medical graduates and/or hail from non-rural communities, a failure to understand what the patient is saying is a barrier to communication.

10 For Frankel's obituary, see http://www.bmj.com/content/349/bmj.g7664.