MEDICAL PIONEERING IN LABRADOR.

BY

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THE practice of surgery and medicine under the conditions that prevailed on the coast of Labrador when first we knew it in 1892 offered a very satisfying problem. So far as its opportunities went, we were forced to realize that, beyond the purely professional challenge to repair the machine and reform the public health conditions that did, or rather did not, prevail, if we were to improve conditions materially we should have to include in our activities efforts to rehabilitate our cripples, and enable our convalescents to adapt themselves to their hard environments—in other words, to make the life one helped to prolong to be worth while living. Of this we fully recognize the difficulty, but the realization that all our problems have, after all, to be solved by very human beings gave us great encouragement. Conscious of our fallibility, and in the spirit of Lord Byng's famous order at Vimy Ridge, "Go in and do your — best," we went ahead, and still venture to record our results.

Postal isolation makes it impossible to keep pace in Labrador with all the literature; even the excellent year-books of treatment cannot replace the personal inspiration of the human factor in teaching. So in our efforts to keep abreast of the times, and to give our patients what would satisfy ourselves, we make periodic descents, somewhat like pirates, on the great clinics, from London to San Francisco. As we have now been able to acquire a string of small hospitals about 150 miles apart, with nursing units between them, at which we collect our patients, it has become possible each summer to lure specialists and experts in various branches of the profession to make the rounds of our long coast in their vacations, and to give us as well as our people the benefit of their technique. Thus, for example, for eighteen consecutive years, until he crossed "the great divide," Dr. Joseph Andrews, a well-known consulting oculist of New York City, and subsequently of Santa Barbara, California, came every summer to help us, entirely at his own expense. This is just one instance paralleling the invaluable services rendered to the great city hospitals by our leaders in England, but our visitors have unanimously declared that the journey is more than worth while, and might with much profit be adopted in the case of many of the similar lonely outposts of empire in other parts of the world. There is, it may be added, wonderful salmon fishing and cruising to fill up any intervals.

The stimulus of competition, and even more so that of criticism, in the great centres and in the wards of the great school clinics, are factors that are missing when one works alone, and so the benefit from such periodic inspections is far more than the improvement in special technique gained at the time.

The man behind the gun is always human; and it has helped us perhaps more to recognize that fact in great centres than to be reminded of our own limitations. Thus, out of many such instances observed on our travels, two come to memory as I write, both in the region of the knee—a region specially interesting to us in our peculiar environment. The first was at a famous hospital in London, and in the wards of an internationally famous surgeon. There was a large, increasing, and apparently non-fluctuating or pulsating tumour in the popliteal space; it had been diagnosed as a sarcoma, and the case had been put down for amputation at the thigh. After lecturing on it to the large class in the theatre, the surgeon, before proceeding with the operation, said: "It is just as well to be absolutely sure before it is too late," and lightly punctured the tumour, with the result that a jet of pus shot almost across the theatre like a waterspout. The second instance was in New York, and the circumstances were just the same, except that this time the tumour was in front above the patella and over the lower part of the quadriceps femoris. Moreover, it was, I think, part of

the clinical exhibition of an annual surgical congress, and the theatre was full of visiting surgeons. Again the diagnosis was carefully analysed, and the possibility of any other condition excluded. But again, when immediately before the amputation a slight incision was made, exactly the same result occurred. Both these surgeons' names were on our list of "demigods," and both said exactly the same thing: "Remember, gentlemen, we are all human."

It is part of our burden in Labrador that we have to face each problem ourselves as it comes along, and to do the best we can in every field of surgery, conscious, however, that there are others who could do much better. And in a sense there is a real satisfaction in this responsibility, whether it is due to cold storage or to purer atmosphere who shall say:

"Where the playful polar bear
Nips the hunter unaware;
Where the ice crop pretty sure
And the air is kind of pure."

But somehow our two main hospitals have received, after careful examination, the standardization of the College of Surgeons of America; the others being yet but wood buildings we could scarcely expect it.

One sort of interesting experience which is common is due to being temporarily isolated from even a dispensary or an instrument case. At such times a man, however orthodox minded, is forced into the list of empirical practitioners, since he is driven to adopt methods that would almost cast doubt upon his right to registration at home. However, in these days of recognition of the ethereal nature of the atom, even the ultra-conservative will allow us to consider that the emotions have a greater impulse on action than logic. Yet, though the immense influence of emotions on our material frame is obvious, it is still regarded by many as a sign of mental inferiority to believe in faith cures, to say nothing of resorting to any but physical measures for the cure of what are still oddly considered organic, as against functional diseases. It has been, on the other hand, only recently admitted that the term "idiopathic" is no longer acceptable as an etiological diagnosis. My allegiance to the materialistic conception of life has been irretrievably broken. In 1893, with only a cook and an engineer in a 45-foot steam launch containing all our supplies, we had visited the coast and fishing fleets for three months over 1,500 miles of coast, relying on local forests for our fuel. All supplies had run out, and we were making south for hospital; we anchored for the night off a little village. A crowd of patients had come some way for help, most of them suffering from various forms of indigestion, for which they use the odd expression, "I finds myself in my stomach, doctor." Our reputation had spread like wildfire, because there had been no other doctors on the coast. Moreover, our people, with the mysticism of the seafarer, and quite a little Scottish blood in them, had an implicit faith in "medicine," colour and taste being to them the gauge of the power. We could not disappoint them, so with baking soda, ginger, and sea-water, well coloured with varying shades of red ink, we satisfied temporarily all their immediate desires. A fortnight later, coming south for the last time, we once more anchored in that harbour. No sooner was our anchor down than we saw, with some trepidation, a flotilla of fishing boats speeding towards us. But their mission proved to be entirely peaceful; their only desire was that we should fill pickle and other jars with a good winter supply of our veritable elixir vitae!

But the faith factor in surgery also is by no means to be overlooked, which, oddly enough, is nowhere more patent than in the famous surgical clinic of my friend and teacher George Crile of Cleveland, who, a mechanist in philosophy himself, is also the apostle of anoci-association, and will postpone a thyroidectomy on the morning that everything has been got ready if the patient (who is unaware of the preparation) is not in a cheerful mental attitude. It may be added that his actual results are unsurpassed. The arguments from experience of the reality of the unseen in this relationship might naturally be attributed to silly superstition, or a need for an excuse for incompetent workmanship; when, however, it is the

patient, not the doctor, who supplies the argument, this seems a prejudiced view to take. Thus, on one occasion the giant skipper of a schooner came aboard with his head all tied up as if he had a fractured skull. In reply to my questions, however, he could only growl that he had "a swelling on his jaw"; it proved on examination to be a large abscess, with no small amount of locking of the jaw. Having indicated that I could easily treat it, I sought out some nickel-plated forceps, which unfortunately flashed ominously in the sunshine when I returned on deck. My patient, who was a southern Irishman, at once took fright, and would not even allow me to get near him, insisting that though he was suffering the pains of hell he could not stand "being cut up." Not being prepared for a battle, I resorted to argument, but he merely kept asserting that he knew I could "cure pain by charming folk" but that as he was a Catholic he had been warned I would not give him fair play. He even produced his fee to prove that he was not looking for charity. As we should not be near him again for a full fortnight, it was with sincere reluctance that I let him go, with nothing but a few sentences of Welsh and Eskimo, and a few passes made over the source of trouble. On our next visit he was the first man to leap aboard, and a more grateful patient it would be impossible to imagine. "Ne'er an ache out of her, your honour, from the moment you charmed her!"

The fact that I have had nearly a hundred dental colleagues during these years will, I hope, be sufficient to convince any critics that I am not discrediting in any way the more orthodox methods—only trying to apologize for those who, like myself, have accepted a role in life that the materialists of my student days found it hard to approve—an attitude in them that I attributed not to super-knowledge so much as to lack of the spirit of

venture. It so happens that in my lifetime the very existence of an "unseen world around us" has, against bitterness and against equal prejudice, had to fight its way to acceptance by our own profession—from the days when the President of the British Association, a surgeon of no small repute, thanked God in his opening speech that he had not submitted any of his patients to the charlatanism that was the outcome of the hypothesis which Pasteur and Lister were sedulously championing, and for faith in which later on Dr. Trudeau of the famous Saranac Tuberculosis Clinic, and others, had to suffer, before its acceptance became general.

In our little chain of hospitals, and intervening nursing stations, we have occupational therapy, conducted in the wards by competent teachers; this affords an element of hope to men, who, during long periods in hospital, know only too well that they must return to empty cupboards and naked families, an almost hopeless social problem. The value of our output of industrial products rose this year to over £10,000, and there are centres for the sale of these products in New York, London, and Philadelphia. We have also boarding schools and orphanages giving help in times of need, as part of our child welfare work. We have been enabled also to start agricultural work to provide better vitamin-containing and cheaper articles of diet; regular mechanical teaching enables our growing youth to face with greater efficiency and success the problems of wresting a livelihood from an environment still so severe that it is often responsible for preventable incapacitating diseases, such as beri-beri, scurvy, rickets, and perhaps tuberculosis.

We have made, and still make, lamentable mistakes. To say that we are far above criticism would be to say we are far from human. But, after forty years, we continue to keep our flag flying on the hospital steamer, and to get an immense pleasure and satisfaction out of life.

Nova et Vetera.

MOORFIELDS EYE HOSPITAL.

MOORFIELDS is a name that is as familiar in old London traditions as Cheapside and London Bridge. But to many medical practitioners throughout the English-speaking world it has other connotations. It stands for the eye hospital around which much of the history of British ophthalmology has gathered. Mr. Treacher Collins has done good service by gathering up some of the story of that institution.¹

Many hospitals have owed their origin to medical men, and Moorfields is one of them. John Cunningham Saunders, a Devonshire man, John Richard Farre, who was born in distant Barbados, and Richard Batley from Wakefield were the movers in its foundation. Saunders would seem to have been the leader. All of them were students of the combined medical schools of St. Thomas's and Guy's Hospitals. Saunders became assistant to Astley Cooper, and there is evidence that he was a man of capacity. But since he had been apprenticed to a provincial practitioner he could not reach that position in a London hospital which his attainments justified. His undoing in this regard was good fortune, for it brought Moorfields into being. He had served his apprenticeship with John Hill of Barnstaple, a surgeon keenly interested in eye work, who performed operations for cataract and knew the value of belladonna for dilating the pupil. There can be no doubt that the inspiration of Saunders had its springs in the teaching of Hill.

The formation of the Royal London Ophthalmic Hospital, or, as it was at first called, "The London Dispensary for the Relief of the Poor afflicted with Diseases of the Eye and the Ear," had the good wishes and substantial help of medical practitioners and City merchants. Nevertheless it was a bold venture, for at the time eye work was for the most part in the hands of itinerant quacks, and those who

ventured to practise the art were apt to be classed as such. George Coats, in his description of these times, writes:

"In the eighteenth century ophthalmology had not yet vindicated, in England, its position as a separate branch of practice. It was a province of a set of ambulant practitioners who toured the country accompanied by all the apparatus of shameless advertisement (including 'monkeys,' we are told), couching cataracts, and selling infallible salves and eyewashes. This taint of quackery appears to have deterred respectable surgeons from meddling much with the subject; their operative experience was probably small, and the procedure of couching, attended frequently with brilliant immediate, but disastrous after, results, was likely to be performed with fewer scruples by itinerant oculists, here to-day and gone to-morrow, than by settled practitioners who had to abide the consequences of their handiwork."

One William Read, a tailor, became one of these quack oculists, and ultimately oculist-in-ordinary to Queen Anne and a knight. A sample of his methods of treatment is given:

"The putting of a louse into the eye when it is dull and obscure, and wanteth humours and spirits. This, tickleth and pricketh, so that it maketh the eye moist and rheumatick and quickeneth the spirits."

In such evil times and from such small beginnings arose the well-known hospital at Moorfields, and since the 120 years of its growth have been coincident with the growth of ophthalmology, it is inevitable that the history of the institution should be a reflex of the great advances this period has known, some of which have been initiated or worked out within its precincts. A hospital that has been served by such men as Saunders (one of the earliest to operate for cataract in infant patients), George Critchett, William Bowman, J. W. Hulke, Jonathan Hutchinson, John Couper, Edward Nettleship, and Marcus Gunn—to name only a few of the long list of its staff—must surely have made its mark on British ophthalmology, and indeed in international advance. Bowman and Hutchinson alone were great enough to achieve this position.

Moorfields both gained and suffered from the fact that it was not and never has been completely independent as a medical school, in the sense that other London schools

¹ *The History and Traditions of the Moorfields Eye Hospital.* By E. Treacher Collins, F.R.C.S. London: H. K. Lewis and Co., Ltd. 1929. (Demy 8vo, pp. xii + 226; 27 plates. 12s. 6d. net.)