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loaded them, and they got better. But that kid was the only one north of Smokey that winter that wasn't inoculated against dip? theria. And he was the only one that got diptheria. After that, we had no more trouble. They were lined up waiting for us every year af? ter that when we came with the clinic. But it had to be some tragedy like that little girl dying, you see, to really break down this hostility towards getting needles. You see, there were clergy in those days that were devils incarnate. They used to preach over the radio about the evils of doctors injecting poison through needles into kids. They were broadcast from a side? track Presbyterian sect, but every Catho? lic in the country listened to them as re? ligiously as the Presbyterians did. So, that fellow really frightened people away from this sort of thing. (Was it local clergy?) No, no. The local clergy were kind of neutral. I don't know if they be? lieved in it or not. They didn't show up with their kids for inoculation, I know that, until after this kid died of dipther? ia. From then on, they did. So I suspect they were influenced by that kind of prop? aganda , too. (You were down north from....) '42 to '60. I was there in full-time practice from '42 to '55. And being alone--seeing Dr. MacMil? lan maybe every month or two or something like that--that's the only other contact I had with doctors, see. We didn't even have telephones. I couldn't make a telephone call to somebody in Halifax to ask a ques? tion, because we had no phone service out? side of there, just a local. So if you wanted to send a message away, you had to send a telegram. So there were no conversa? tions with other people, unless I went somewhere. I used to go over to Cheticamp occasionally to have a conversation with the doctors there, you know. Ask them ques? tions, and they'd ask me questions. Be? cause you're always trading information back and forth. Nobody knows everything they want to know. And every doctor's ex? periences are a little different. That's why in Sydney, each hospital, there are a- bout 60 or 70 doctors on staff. Surgeons meet every day in the operating rooms, and the scrub-up rooms. And they talk about everything they do, with each other, you see. And it's amazing the amount of advice and detail that they can pick up. MacMillan didn't have it that way. I didn't have it that way. We were isolated. You couldn't get somebody else's advice. So you had to go to the books and see if you could nail it down that way. There wasn't any other way if you didn't know. (Did you have things like x-ray?) No. You had to depend on physical signs. Which eve? rybody depended on up until x-rays became generally available, during the First World War. And you went by what you learned with your eyes and your ears and your stethoscope and your fingers. You could percuss out tumours. I can still do that better than any of the fellows that have been brought up on x-rays. You're tap? ping in there, and you're getting a vibra? tion in and out again. Percussion. And you know what you're supposed to feel in any part of the body. You can diagnose a tu? mour in the chest, just with your fingers. You don't need a stethoscope. All you know is there's a mass there. You can't tell whether it's a cancer or it's an abscess. But you know something's wrong. And young fellows coming out today, I don't think can do that. (Was it a sound or a feel?) Both, I suppose. You percuss out for fluid in the



chest. And if it was fluid, you put a needle in the chest and drew out some to see what it was like. Then you could mail a sample of that off to Halifax to the lab, to have it examined. Or, I had my own microscope and lab set up, did all the urine tests and everything like that, right in the office. We would take some fluid off a chest, examine it under the microscope. If there were no bacteria in it, you knew it wasn't an infectious thing. So that left usually one other possibility, and that was malignancy. And usually if it was malignancy, you'd find a few red blood cells floating around in the fluid. So that nailed down your diagnosis. Since that was before the days when surgery relieved cancer of the lung, you told the wife of the man, who no doubt was a cigarette smoker all his life, that he had a disease that he wouldn't recover from. And you didn't bother telling him until it became obvious to him, because he might as well live in what mental comfort he could. It may sound harsh--there was no other way, though. Fractures. You didn't need x-rays. After all, like I said, for a hundred thousand years, the medical men set bones without x-rays. No reason why I couldn't. MacMillan could. Any country practitioner before the days of x-rays had to do it that way. Whale Cruises Capt. Bill Crawford, _ Cheticamp Boat Tours, = P. O. Box 10, Grand Etang, N. S. (902)224-3376 (11)