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On the steps of the old Buchanan home, Neil's Har? bour, the first cottage hospital North of Smokey; from left: Janet MacDonald Dowling, Euphemia Mac? kinnon, Marie and Dr. Austin MacDonald. that worked out. Mrs. Organ was one. (Marie And Mrs. Henry Ingraham.) (Before the hospital, were you ever keep? ing any of your patients there?) No. In their own homes. (There was no such thing as bring them in to keep them close to the doctor.) No. Now some of them--there was a little hotel there at that time run by Ann and Donald Daye. And they had 3 or 4 rooms. And sometimes somebody who had, well, a bad wound, that you wanted to keep an eye on every day. See, infection was a big problem then. Penicillin didn't show up in the world, that is for medical use, until almost two years after we started in prac? tice. And it was after the war was over that the next of the antibiotics showed up. (Like streptomycin?) Yeah. And that works on tuberculosis. And that's the first ef? fective treatment we had for tuberculosis. Now, we had effective treatments before. We had limg collapse, which I did right in their homes. You had a machine, and you put a needle in? to the chest and slowly let air go into the chest and collapse the lung. It forced the lung down. And once the lung was com? pressed and no longer functioning as a lung, then nature would seal off the area of tuberculous infection. You might still have a tuberculous abscess in there, but the bugs couldn't go anywhere, couldn't do any more harm. And over a period of time, usually a year or more, that sealed off, and the patient no longer was coughing up viable bacteria, so they were no longer a danger to othej: people. (Would you let the lung back up again?) Yes, you would. After awhile, you'd put less and less in each month, and let it gradually re-expand. (Had that ever been done here before?) Oh yes. Dr. MacMillan (from Baddeck) used to do it. In fact, we both used his machine. He didn't have any down north, but he had guite a few of them around his own terri? tory here. (What did people think, when you came in the home, and you wanted to do a procedure like this?) Well, sometimes you might have to go there more than once, before you even brought the machine. Tell w 1 them what you were going to do, draw a pic? ture of what was going to happen, tell them that you could do this without any danger to them, which wasn't exactly true. And eventually, they would all come around and agree to have it done. (What could you do with someone who would not permit that?) Couldn't do anything with them. And there was no law that compelled them to go into a tuberculosis hospital. That was the sad part. They were still infectious to other people, but they lived at home. One family that lived about 5 miles from here-- 8 kids and the 2 parents--the father and all 8 kids died from tuberculosis, con? tracted from the father. (What other procedures were you doing in the home?) Well, setting fractures. You carried a little bottle of chloroform. In the wintertime I had a driver who came with me--Murdock E. MacLeod of Cape North. Murdock got so good at giving a chloroform anesthetic, that all I had to do was count: 1... 2... 3... and he dropped the chloro? form on the mask at exactly that rate. And we never ran into difficulty. We set numer? ous broken arms and broken legs, dislo? cated jaws. Murdock would put them to sleep like a master. And as soon



as he took the bottle off, when I stopped count? ing, up they'd pop. I sewed lots of wounds up, and things like that. (But you wouldn't operate?) No. I didn't do any of that. In fact, the first patient we had in the cottage hospital-- she had appendicitis, that was obvious. I was hoping and praying that it would sub? side because we weren't quite ready to o- pen the hospital. Her husband came back one evening, "She's getting worse. What are you going to do about it?" This was in February. During the summer and fall, she would have gone to Cheticamp or North Syd? ney. I said, "We'll just have to bring her (5)