I should have taken notes, I should have written notes

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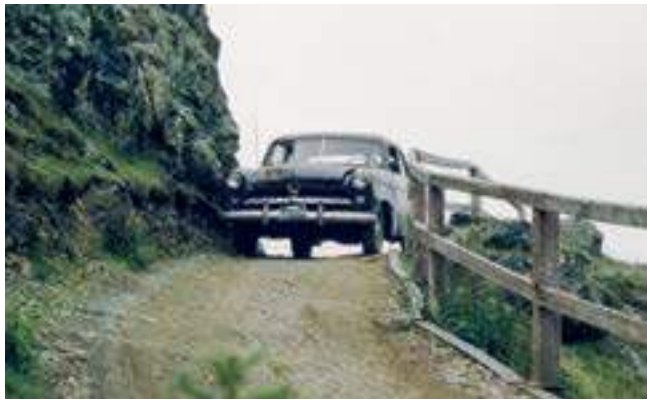
> Then folks long to go on pilgrimage,
> And pilgrims seek the distant sands
> Of hallowed spots in various lands
> And specially from every shire-end
> Of England to Canterbury they wend,
> The holy blissful martyr there they seek,
> Who helped them most when they were sick.
>
> —Geoffrey Chaucer [1]

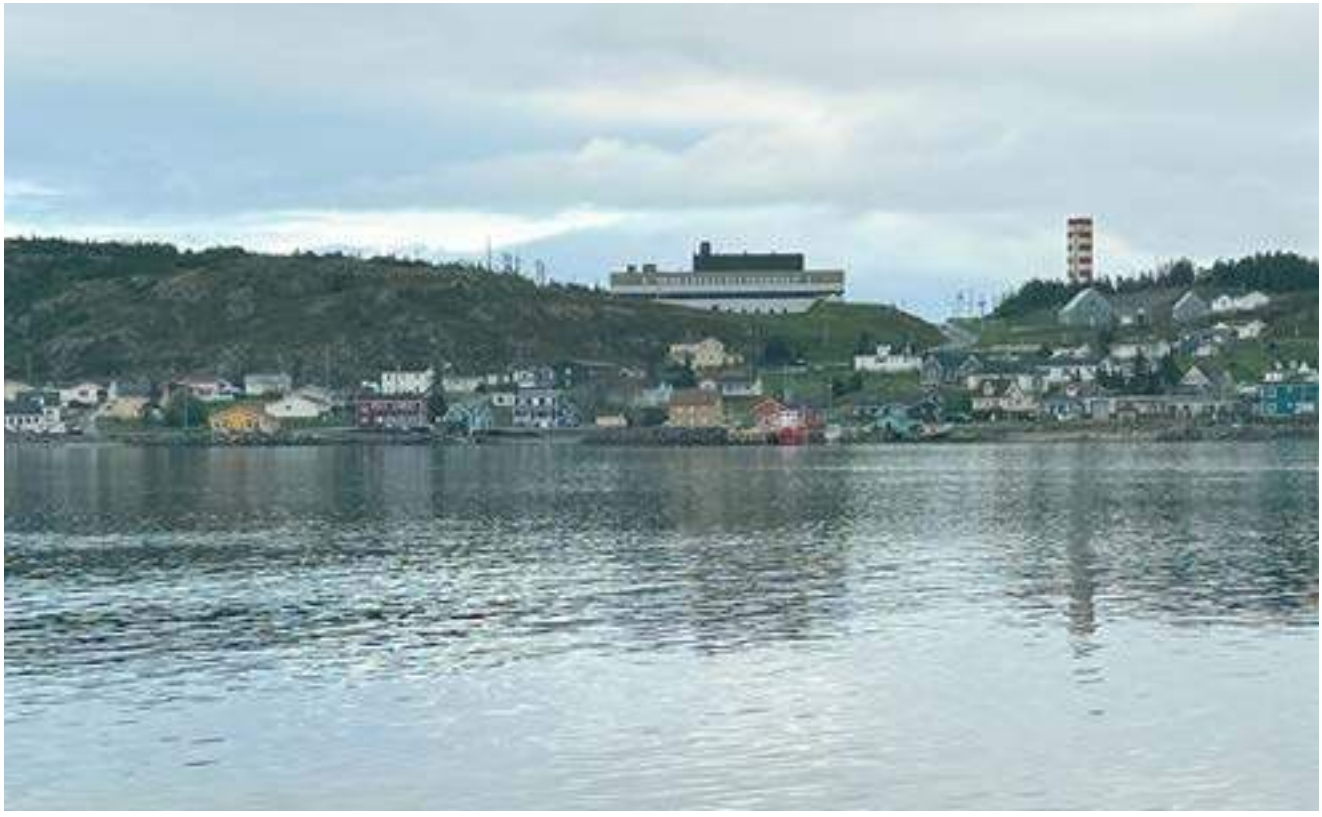
My life as a doctor—seeing, thinking about, caring for sick people—began in the summer of 1961. I was a forlorn senior medical student, attending medical school at the behest of my father, with no role model or any inkling of what doctoring was about. I had mastered the art of being taught, but had no idea that the really important things, though they can be learned, cannot be taught.[2] That ignorance left me waiting in vain for someone to tell me how to do a doctor's job. Impelled by adventure, I chose an optional, hands-on, two-month clinical elective in a foreign land, with a language quaint and evocative, but fully intelligible to American ears.

In June, four classmates (two medical students, one dental student and I) bought a used and perilous Willys Aero sedan and drove 1300 miles from Boston to Twillingate, Newfoundland, Canada. The journey to Twillingate, two contiguous tiny islands just off the northern coast of Newfoundland, involved camping by the roadside, being assaulted by mosquitoes the size and ferocity of hummingbirds, and two ferry crossings—one from Nova Scotia to Newfoundland and then from Newfoundland proper to Twillingate Harbour. We were to serve as relief-hands for, and acolytes to, the three family doctors and surgeons who staffed Notre Dame Bay Memorial Hospital[3] on Twillingate.



The Willys Aero on a Twillingate highway, 1961.

That summer experience was transformative. Technically, we were students, but without lectures, curriculum, or didactics. Instead, we were to be the first—and sometimes the only—doctors to evaluate and prescribe for patients with their panoply of health and human problems. We made house calls on foot or by boat, we assisted in surgery, we saw patients in the clinic; we had two months that gave us (certainly gave me) the sense that maybe we really could be doctors.



The Notre Dame Bay Memorial Health Centre viewed from across Twillingate Harbour, 2024.

Memories of Twillingate prompted me to return in 2024, to pay homage to the place where, for me, life in medicine began.

The peregrination

I contacted Andrew Rowsell, administrator at what is no longer Notre Dame Bay Memorial Hospital, but now designated a Health Centre. He was pleased at the prospects of my visit and suggested that we meet for a tour of the new (now 50-years old) facilities, and that I give an informal talk to several of the staff, some of the now five doctors who work there, and two medical students who were on assignment from the medical school that opened in St. John's in 1967.

The drive from the United States to Twillingate now requires only a single ferry crossing because, the government of Canada has built a causeway across the Main Tickle separating Twillingate from Newfoundland. One result of that new access is that automobiles, rare in 1961, are now plentiful. Also noteworthy, most rather than just some roads are paved, although the many potholes make that designation questionable.

Twillingate in 1961 was a cluster of small wooden houses around the harbor—a hub for cod fishing and seal hunting (both now much restricted) and lobster fishing, which continues to thrive. Twillingate, now an official town with a population of approximately 2,100 and many automobiles and pickup trucks, seemed transformed. In addition to cottages of recent construction, there are several restaurants, and the local Auk Island Winery and Split Rock Brewery.

I tasted my first fried cod tongue in 63 years at Annie's Harbour Restaurant, accompanied by a pint of Iceberg beer. Cod tongue, a local delicacy, is edible, but I won't miss it if I don't have any for another 60 years.

Andrew met me at the Health Centre for our tour of the facility. There is now a dedicated radiographic unit with trained technicians, rather than an antiquated machine with which my classmates and I exposed X-ray films, developed them ourselves, then squinted at the ghostly shadows. And instead of a 1950s Volkswagen bus, there are modern ambulances with trained emergency

personnel. The health center has 12 hospital beds for patients with acute medical problems, and 32 for long-term, won't-go-home-again patients. What was once an operating room is now a conference room because *all* surgical and obstetrical cases are transferred via ambulance (rarely helicopter) to Gander or Great Falls-Windsor.

Lessons of the past

As I recalled the summer of '61, I realized two things. First was the porousness of memory. Trying to recollect my experiences was like staring at a vast, grey, featureless ocean of forgetting, punctuated at infrequent intervals by islands of intense vivacity—swaying palms, strutting peacocks, blazing light and shadow—but vivid memories too soon gave way to unchanging gray sameness. The second thing follows from the first: I should have taken notes! What delight to have had even a simple, line-a-day journal, some accessible record of the who and what of my time there, the how and how-many of days spent, patients seen, operations completed, babies delivered. But I have no record, only islands of memory. For my talks with the faculty, staff, and students, I began by telling my audience that, although I hadn't, they should take notes! Unsolicited advice tossed on barren ground.

Then, I told the story of my first real diagnosis. As the doctor on call for emergencies, I was summoned at night to the house of a local dignitary, the unofficial mayor of Twillingate, who thought he was having a heart attack. Visit-bag in hand, I walked to his house where I found him in bed but not acutely distressed. He said he knew the heart was on the left side where he was having bouts of intense pain. But rather than chest or arm or throat, the pain localized to the left flank and radiated into his groin and testicle. His pulse was slow and regular, he was not short of breath, and his heart and lungs sounded normal. Having, by good fortune, read Zachary Cope's marvelous little book,[4] I thought I could detect hyperesthesia over the flank. Despite no urinary symptoms, I suspected kidney stone and asked him to produce a urine specimen.

"Right here!" he said, and from under the bed pulled the chamber-pot (ubiquitous in Twillingate at the time). There, on the bottom of the white porcelain bowl, the telltale ring of red blood cells. That was my first medical eureka[5]—confirmation before my very eyes of what was wrong with the patient! Ever since, I've cherished a deep appreciation for careful physical examination and for do-it-myself examination of urine, blood smears, sputum stains. Alas, medical students and doctors now rarely get the chance (or fail to take the time) for such eureka moments—epiphanies forsaken, and because not attempted, not knowingly missed.

I recalled a young woman with acute tonsillitis: fever, malaise, swollen tonsils covered with pus, tender lymph nodes in her neck. Because she seemed sick and because it was Twillingate in 1961, she got intramuscular penicillin and an overnight stay in the hospital. Next morning, she seemed and looked entirely well: no fever, essentially no tonsillar exudate—the truly miraculous result of antibiotics for a susceptible infection; or as Lewis Thomas put it, a "phenomenon... almost beyond belief. Here were moribund patients... improving in their appearance within a matter of hours of being given the medicine and feeling entirely well within the next day or so."[6]

And the babies we delivered! Just mother and student-doctor. Before leaving for Twillingate, I had rotated on an obstetrical ward where women in labor were dosed with scopolamine (and maybe morphine) to induce painless childbirth. But the drugs often made them wild, deliriously ranting and crying out in labor; the regimen may not have eliminated pain but it did induce amnesia, so next day, the new mothers remembered none of it. Nothing like that in Twillingate where women labored in stoic silence; occasionally one might say, "I believe it's time, Doctor," and we'd find her on the precipice of delivery. I don't, of course, know whether I presided over the arrival of 10, or 20, or how many babies, but I never had a difficult or bad delivery, so I took away a sense that the obstetrician's job is very easy: keep mother calm, let Mother Nature do her job, be sure to catch the baby. Unless, as I subsequently learned, it isn't, and then it is very hard. By good fortune, my obstetrical duty was easy and very gratifying.

Twillingators were often edentulous by their mid-20s—a result of poor dental hygiene, restricted diet, and perhaps vitamin D deficiency, although barrels of oily cod livers sat rancid on the boat wharf. In any case, I got a chance at frontier dentistry. My dental-student companion assisted the hospital dentist, but one week both were unavailable. I was shown how to infiltrate xylocaine around the mandibular and alveolar nerves as everything on my watch was to be extraction. Then, I was put into the tooth clinic to pull rotten teeth. I can't be sure how many teeth I pulled, but I clearly remember one man. When I looked, he had only four teeth, and

all needed extraction. I told him so, but he insisted on removing only the troublesome one, (which looked ready to fall out on its own). "If that's all you want?" I asked. I numbed him up, and seconds later, the tooth was painlessly gone. I told him he could leave. "That's it?" he said. "Yes," I replied. "Then take the others!" Apparently, I was under scrutiny and had passed the test.

Being on an island surrounded by neighboring, inhabited islands meant house calls made by boat. The Bonnie Nell II was a purpose-built floating clinic that, when ice was out of the harbor made a week-long circuit of nearby islands. Each student spent a week on the boat with the captain-cook and one of the Mennonite nurses who staffed the Hospital. The nurses were remarkably good and kind people. Dorcas, who accompanied me on the Bonnie Nell II, gave me the only compliment I ever got in medical school (well, once John Knowles did scribble on a case-history that I had submitted to him, "At last, I have a bit of hope that you will actually be able to finish medical school.") One day, after our last patient, Dorcas said to me, "I think you are going to be a good doctor." I didn't have the wit to ask why she thought so, but I have always kept her words, hoping still that they were prophetic.

Another memorable boat adventure followed a call from a nearby island concerning a woman who had spontaneously miscarried but had a retained placenta. I joined one of our Twillingate family doctors, a man from the Netherlands who we called the Dutchman, loading visit bags into an open boat propelled by a one-cylinder, two-cycle engine that looked, and sounded, like a lawn mower. It got us safely to our destination where we found the patient abed in a tiny wooden cottage. With adhesive tape, we affixed a bottle of saline (glass bottles then) to the wall and started an intravenous drip. The Dutchman gloved up and began his work. My job was to observe while providing a glimmer of light from the only source available, an oil lamp with a long, hurricane-lamp chimney. As I bent over the bed, trying to illuminate the field, to my horror and panic, the entire top of the lamp, flaming wick and all, fell out of the base onto the bed! With bare hand, I grabbed the flaming, and I suppose quite hot (but I

Fellow students (Bill Moore in suit, Kathy Minnock in green dress) departing on the Bonnie Nell, 1961.

can't remember that) chimney, pushed the wick back into the oil, and let the Dutchman successfully remove the recalcitrant placenta.

Has the baby of medical education been tossed out with the bathwater of progress?

The pilgrimage to the place of my doctor-birth was enlightening. It proved Thomas Wolfe right, "You can't go home again".[7] It also got me thinking about what medicine has lost in the lunge toward progress. Today's doctors rely so often on other people's physical, and even more commonly, laboratory examinations that they rarely get to experience the thrill of a eureka. Pervasive, unassuageable fears for patients' privacy or the lurking possibility of litigation mean medical students rarely embrace the surge of responsibility and satisfaction of being first-and-last to see the patient. And because of evidence implying increased efficiency, lowered costs, better (viewed from the most narrow perspective) outcomes, patients are whisked away from those who know them best to be treated by strangers, leaving those behind deprived of seeing the case through to the end. As one of the paramedics in Twilingate said, commenting on my description of the nocturnal kidney stone patient whose diagnosis we confirmed with our antiquated radiograph and then resolved at surgery the next day, "Wouldn't it be nice to be able to care for the patient right here and right away, instead of sending him off somewhere, or putting his name on a waiting list for non-emergency treatment?"

I keep wondering at all we have lost by replacing in-person, seemingly pedestrian methods of careful listening and the observations of our own hands, eyes, ears, and brains with information derived from remote but elegant, machine-based and utterly impersonal machines. Have we forgotten—or never learned—the caring value and inner satisfaction of knowing patients through and through? My Twillingate experience prepared me for what Brendan Reilly later demonstrated: that careful and expert physical examination reversed or significantly modified the provisional diagnoses of 26 out of 100 consecutively admitted inpatients.[8]

The places and people I knew in 1961 have been consumed in a Heraclitian fire of forgetting (mine) and change (theirs). Even the weather has changed. Twillingate calls itself the iceberg-viewing capitol of the world, and nearly every day in 1961 we saw icebergs north of the harbor, floating to their dissolution in the Labrador Current. In 2024, not even a single iceberg was seen for six months.

Revisiting the accessible memories of my time in Twillingate restored the lasting glow of pride in accomplishment that has been with me since 1961. I told my Twillingate audience that I should have taken notes; I ended with another confession: I should have written notes. Did I ever send a note of thanks to Alec Smith, the Hebrides-born Scotsman who was Hospital Director and chief surgeon while I was there? No. Did I ever thank any of the many medical people over the years who, often without knowing that they were teaching at all, spun the lessons that shaped my life? No. Did I ever tell Jane Desforges that in a casual, five-minute inquiry about my future plans, she completely reframed gloomy thoughts and rescued me from the slough of despond? No.

I should have taken notes, I should have written notes; that could have made all the difference.

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