

Margaret's Newfoundland Dream

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It is 1956, I stand on the pier with two years of amazing experiences behind me. I await the Bonnie Nell to take me to St John's, where I will leave Newfoundland for my return to England. I look back up the cliffs to the white structure of the hospital and feel a tinge of sadness. I see the staff dorm rooms to the left and then the doctor's cottage above where Dr. Olds and his family live. Dr. Olds is a fascinating man. Demanding and terrifying in the OR and stern on the wards, he is a difficult task master but so hardworking. He does the impossible, being on call 24 hours a day for years, never leaving a patient in need. Still he rallies to be the entertainer at the frequent parties, as salty as any fisherman, and yet charming in his larger than life ways. The whole community and many a nurse has fallen under his spell.

A glance back to sea, beyond the confines of the bay, I can see the familiar bobbing of the Bonnie Nell as she chugs ever closer. Her familiar brightly painted hull brings the warmth of memories. The cabin is now clearly visible now. As an outpost Nurse, along with a Doctor and a Dentist, this cabin was where I examined and treated so many locals. We serviced a multitude of settlements along the eastern shores of Newfoundland. The awkward dental chair on deck is just becoming visible as she rounds the bay. I remember my first medical trip; I was filled with butterflies as I anticipated the clients I would meet.

As we neared the first port, the pier was brimming with all shapes and sizes of people. Barely had the boat been tied up when the press of bodies began to board. These people had not had contact with medical personnel since the first ice formed on the bay for the winter. In 1954, in northeast Newfoundland, there are no passable roads in the winter and the outposts are only accessible via dog sled or horse over the ice, a treacherous trip only made in dire need. These people were anxious to relieve the tooth aches and the pains of hard living. Some came for checkups and immunizations but others had suffered with illness through the long winter, enduring isolation until the seas opened up enough for the boat to come into harbor. Each one was eager for attention and news from afar.

My training in England had prepared me for the role of assisting and treating and I had a solid understanding of the illnesses encountered, but I was unprepared for the level of assessment and diagnosis I would be responsible for. I had to assume a far more independent role than I had ever encountered before. Many times, we had to travel without a doctor, as he was needed back at the hospital, and I became the sole diagnostician. Aboard the boat, I had access to very little support beyond my skills, knowledge, and a stethoscope. I quickly had to hone my skills in physical examination, reading body language, and asking the right questions. I learned to rely on intuition and to trust my instincts.

The sicker patients that required surgery or further intervention than we could provide on the hospital boat were transported back with us to Twillingate. My role at that point, became one of tending to their

ailments and keeping them stable until they could be settled into the hospital ward. Sometimes the little Bonnie Nell was over brimming with folk by the time that we docked at the Twillingate pier.

One of the young hospital patients that pulled at my heart strings and remains vivid in my dreams came to us aboard the Bonnie Nell. I met him at the pier; he was wrapped in a sail cloth so that only his eyes were visible. The mother who stood firmly rooted next to her son was stoically silent with a determined steel glint in her eye. The fisherman, which held the swaddled 6 year old, spoke for the mother and told the child's story. The boy was playing next to where the men were working. It was late fall and the fishing nets needed to be repaired and cleaned prior to being stored in the shacks by the water. The massive vats that soaked the fishing nets to purify them were boiling over the hot coals. The boy was mesmerized as he gazed into the swirling water of the cauldron. The fisherman yelled at him, "Get away from there, this is no place for a young'un."

As the boy jumped at the gruff voice, surprised by the angry tone, he lost his footing and tumbled over the side of the vat into the scalding liquid. There was barely a noise, as in shock, the boy pulled himself out over the side of the vat and stumbled toward his house. The fisherman ran after the boy and screamed for help as he pulled the large roller neck sweater over the boy's head and off his steaming body. Still the boy had not made a sound. He stood at his doorway in his underpants embarrassed to be exposed. He finally let out a whimper and began to sob as his mother wrapped a fresh quilt around him and kissed his cheek.

The short wave radio was fired up and the Twillingate hospital boat was immediately dispatched. I have never seen such a collection of courage and resourcefulness as was displayed that day. There was such a community of caring and common sense. The wet quilt supplied by the mother and the sailcloth wrapped by the fisherman kept his burns from deepening and prevented excessive loss of fluids. Once I got him inside the cabin, I was able to get an intravenous started in his good arm to resuscitate him while I supplied him with morphine to help him during transport. I worried about his rapid thready pulse and kept a close eye on his blood pressure and urine output. I was able to keep hypovolemic shock at bay. The journey was difficult but mercifully the sea was calm and we were able to make good time. I was relieved to be met by Dr. Olds at the shore. I stayed with the patient as we further stabilized him and dressed his wounds but now responsibility was shared and Dr. Olds was in charge. Relief flooded every inch of my body as I went off duty that night. I had never been so keyed up and then so exhausted as I had been that day.

Over the course of many months and even for years after, that little boy had to endure numerous skin grafts and dressing changes. He became the darling of the wards and a pet to the nurses. His engaging spirit and mischievous nature lifted even the dreariest day. He would often imitate Dr Olds and made us laugh with his pranks. I'll miss that little imp.

As I stood on the pier reminiscing, I found my thoughts drifting again, away from Newfoundland, and flitting back to the circumstances that brought me to this spot.

I thought of how I felt 2 years prior, as a young nurse of 26 working in London, I had no thought of travel. It was adventure enough to make the bus and train journey downtown everyday to work.

Jostling with unusual people and interesting sites in the London underground was eventful in itself. In 1954, London was finally recovered from the war. There was exhilaration in the air with the hustle and bustle of newness. There was construction occurring on many a street corner. It was an exciting place to be, especially with medicine advancing so quickly. It was felt that we were at the seat of knowledge in the great London Hospitals and we were living with a promise of a golden age unfolding. Living in an outpost hospital in a remote fishing village with scant supplies was as far as there could be from my reality in London, 1954.

My good friend, Margaret, cornered me in the hallway on the way to lunch with excitement in her voice as she sputtered out her news, "Eileen we are going to Canada! Newfoundland actually, and you and I get to leave in 3 weeks."

I was dumbfounded. What was she talking about? It appears that she had signed both of our names on a list of hopefuls for a 2 year tour of outpost nursing in Newfoundland. The Matron had chosen six of us as successful candidates. Margaret knew I wouldn't sign up for myself so she did it secretly, and now that we were chosen, she figured I could easily be convinced. How could she have done this without my consent! I was shocked and annoyed at her methods. I felt cornered into the arrangement. It was going to be difficult to go to Matron and withdraw my name. She was a formidable woman who would react sternly. The Matron would see it as ducking out of responsibility. I had no idea how I was going to do it but I had to tell her that I wouldn't go.

The day I was set to approach Matron with my withdrawal, fate intervened. On my way to Matrons office, I was stopped in the hall by an agitated friend, "You have to come quickly. Margaret has been in a motorcycle accident and if you want to see her before surgery, you have to come now."

Lying on the ward bed, awaiting her trip to the operating room, Margaret was in a dreadful way. My heart sank, I felt certain I would not see her again. Her injuries were so extensive. As she drifted in and out of consciousness, my dear friend pressed me one last time to live out her dream. As Margaret was wheeled to the operating room I made a silent vow to take up the challenge. My friend did not survive that day, so committed to Margaret's wishes, but with trepidation in my heart, I walked into Matron's office and signed the documents that took me on the adventure of a lifetime.

As I stand on the pier that last day in Twillingate, I realize that I step aboard the Bonnie Nell for the last time carrying not only my small suitcase, but also an enormous wealth of experience that I could never have got any other way. My nursing practice, my professional life, and my social life have all been enriched, changed and challenged. I say a silent thank you to Margaret's spirit. Without Margaret's dream, I wouldn't be the person I am and even more compelling I'd only be half the nurse!

This true story was inspired by my recent trip to the 2009 ORNAC Conference in St. John's Newfoundland and my Aunt, Eileen Lane. The stories of her experiences in Twillingate from 1954 to 1956 have fascinated me from a young age and influenced my own career choices.

Bibliography

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