

The Grenfell Mission of Labrador

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Almost three quarters of a century ago a young Englishman named Wilfred Grenfell came to the Labrador coast in a converted fishing smack. For several years he had been serving a North Sea mission to the extensive trawler fleets of that day, providing medical care, dental care, social services and church services at sea. Learning that one of the world's large fisheries went North each summer to fish along the Labrador coast and that there were virtually no services of any description for these people he set sail to see for himself. He quotes the first remark of his first patient, who summoned him almost as soon as he had anchored in a Labrador hospital "Be you a real doctor?". The patient had probably never seen one before. The first patient died, but Grenfell's score improved soon after that, and there are undoubtedly many men still alive who owe this fact to Grenfell.

Aside from being a versatile medical man and a potentially great surgeon who had been the protegee of Sir Frederick Treves, Dr. Grenfell had the ability to attract capable and skillful staff to him, and the ability to put the pathetic plight of the people of Labrador and Northern Newfoundland vividly before the public of Britain, Canada and America. The small beginnings of a summer nursing hospital at Battle Harbor, Labrador, and a travelling medical service in a little hospital ship were soon enlarged. The organization he built up was committed to try to help these people meet their most pressing needs in medical care, education and economic opportunity. The Grenfell Mission from the first was most concerned with doing whatever vital job there was no one else to undertake, and today this is still its main concern. There were no schools in Labrador or most of Northern Newfoundland, so we became interested, very early, in education, and we established summer schools in fishing communities, and later began to build full schools which in some cases had to be supplemented with boarding dormitories or children's homes so that children from outlying hamlets could be provided for and enabled to obtain some sort of education. Today there is of course a Newfoundland school system which serves all but the very smallest villages, and education has been taken over by those properly responsible for it, but the children's dormitories still survive in children's homes at North West River and St. Anthony, mostly for high school youngsters from villages too small to provide adequate high school teaching, or children who require welfare or special medical care. We became interested in other problems too, and when the local business system of trade became too oppressive, keeping families in debt for their entire lives and paying them bare subsistence for their entire lives of toil, we helped establish fishermen's co-operatives and tried to teach the people to handle their own produce and purchase their own needs co-operatively. We undertook rehabilitation of the crippled, and still do much of this sort of work. We introduced simple forms of subsistence agriculture, which enabled the people of the coast to augment their food supplies and to eliminate many of the severe deficiency disease of those days. Some of our staff did lay religious work, and we have always been interdenominational and indeed completely non-sectarian as an organization, with Catholic, Protestant and Jew working together in the Grenfell Mission. Grenfell, who conceived of the work as the practical application of Christianity and was himself a deeply religious man, attracted not only others like himself but indeed men of other than Christian religions and others completely without personal religious convictions and took them all at face value. One of the organization's long-term Superintendents, who was frankly completely devoid of religious convictions of any sort, directed and channeled the activities of the hundreds of staff and volunteers who served us over many years, apparently with complete understanding of their motivations and beliefs, and won the respect and affection of them all. The organization, however, is still Christian in its ethical structure and outlook, although making no demands whatever on the personal beliefs of its staff.

The largest part of our work over the years has been devoted to our medical services, and these have reached extremely high standards despite the great difficulties of climate,

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short navigation season, remoteness and lack of communication. This has been due to the type of personnel Grenfell was able to attract. Specialists gave entire summers of full time service to the organization. First-class surgeons and medical men served for low wages or sometimes for nothing. The first radium therapy in the Province was carried out at St. Anthony, our largest hospital, nearly forty years ago. The first large series of thoracoplasties, of lobar resections etc. were at that hospital. In general the surgical work has been remarkable considering the small size of the hospitals concerned. The permanent doctors who served with us for most of their lives were all exceptional men, and many years ago a system of 'refresher' years was introduced so that by postgraduate study these men have kept themselves reasonably well abreast of the changes in medicine.

The early work was indeed exciting and dramatic. Vast distances had to be covered by dogteam or by small boat. Some of the medical patrols were formidable, and my own initial work involved trips of over a thousand miles, during which one carried one's meagre medical supplies and the necessary equipment of the journey, including rifle, snowshoes, sleeping bag etc. etc. and food for several weeks. The dog-team driver lived in close touch with his patients - embarrassingly close at times. Many of the homes at which one put up for the night were one or two room buildings, and the usual accommodation was a warm (?) spot on the kitchen floor on which to spread one's sleeping bag. I have counted stars through the cracks in the roof of some of these poverty-stricken little shacks while too cold to sleep. Sometimes the Eskimo igloo of familiar form, actually called something quite different by the Eskimo and built of thin sheets of hard-packed snow rather than the ice of popular fable, was far preferable to the house. Clean and fresh - it took an eskimo driver and his partner some twenty minutes to put up, it was airy and spacious and because of its snowy walls a single candle could illuminate it quite brightly. With a Primus stove or two for cooking and heating one could bring one of these up to forty degrees fahrenheit, even when the outside temperature was twenty degrees or more below zero. Perhaps the best accommodation on the trail was the trapper's tent, which could be used almost anywhere south of the timber line. This was and still is for me pure magic. At the end of a long hard day - and believe me, one walked ahead of the dogs more than one ever rode on the komatik, by the light of a flashlight or a hastily kindled fire, spruce poles were cut, boughs were spread like shingles over a small area of snow packed down with snowshoes, and the tent was erected, all in a space of about fifteen minutes. Only a few moments later the little tin camp stove would have been set up on four notched wooden 'legs' imbedded in the snow, the three lengths of small stovepipe jointed together and poked through the tin plate sewn into the tent peak for this purpose and would almost immediately glow red hot with a fire of dry limbs and spruce splits. Good travellers reckoned they could come to a stop by the trail and be in the erected tent and drinking a cup of hot tea in less than thirty minutes.

Clinically more rewarding, however, were the nights spent in a village home where one set up a clinic after having rested briefly and had something hot to eat and drink. The clinic was a social affair as well as a medical one, and the more prominent villagers always reported to the doctor whether they really needed it or not, but this was no loss of time as they generally dropped enough hints about the rest of the village to give one plenty of leads for uncovering real illness. In this way one learnt who was coughing, and whether or not he had had haemoptysis, who was losing weight, who with a previous history of toxemia was again near delivery etc. etc. Dozens of teeth would be extracted - at 25-cents per tooth, and this small but useful service attracted both the otherwise healthy and those who one was anxious to see and examine.

The diseases of those days - from 1945 to 1955 - were mainly tuberculosis, deficiency diseases, injuries, pneumonia and diseases of infancy and such a medical patrol could do little enough in the way of treatment, but it served to give the doctor a good idea of the state of health in his district. It helped one to plan the next summer's medical services, too, and the evacuation of those who might benefit from hospital care. The people were unbelievably kind and hospitable, and when one left in the morning there was likely to be a new loaf of bread in one's grub box, one's snowshoes were neatly repaired if

necessary, or one's sealskin boots, and laundry was often done. Not infrequently one's hosts were up most of the night attending to these needs. Some of the larger villages were the sites of Moravian Missionary Stations, and these kindly and dedicated people were of immense help not only as interpreters for the Eskimos, but in helping with travelling arrangements, dog feed, etc. A close friendship between the Moravians and the Grenfell Mission had always existed, but was much increased by these patrols and the corresponding summer cruises of the motor vessel "Maraval". This fifty ton diesel motor-sailer had a fairly well equipped dispensary and a portable X-ray (after 1948) and could carry out mass radiography. During her visits in port she would be covered with visitors to her clinic, and everybody we got our hands on was X-rayed. It was largely as a result of this that the problem of TB began to come under some sort of real control. Although still a major cause of morbidity it is today an uncommon cause of death. This floating medical work was amongst the most interesting of all our activities, and it was with real regret that it was discontinued in 1960 as apparently made unnecessary by the Air Age. At the moment of writing it is reported that the organization has more or less decided that the discontinuance of hospital ship services has raised many new problems, and that with a decided increase in tuberculosis and with new public health functions unsuitable for performance by air a new ship seems to be the only answer. This new vessel, if she is actually built, will be much larger and better equipped than her predecessor, and will serve as a floating public health clinic and dental unit.

The air age began for us during the War, with occasional emergency air evacuations of medical emergencies by military aircraft, but these 'Mercy Flights' were necessarily limited. About ten years ago the present comprehensive air services began, although only for the last seven years has it provided full-time aircraft based at St. Anthony in Northern Newfoundland and North West River, near Goose Bay. Most of our medical staff spend a certain amount of time in these planes, and I myself average four hundred or more hours a year in one of the front seats of a DeHavilland and Beaver. We bring in hundreds of patients, both emergency and routine, and later return them to their homes. Planes, hospitals, and our launches and supply vessels are all closely linked by efficient radio telephone, and nearly all staff must sooner or later learn to use this equipment.

The nursing stations, of which there are eleven, supplement the four main hospitals, located at Harrington, Quebec, St. Anthony, North West River and more recently Happy Valley. All of these together, hospital and nursing station, total nearly three hundred hospital beds and with the completion of the proposed new hospital at St. Anthony the number will increase by another hundred or so. The nursing stations are nursing and obstetrical units, generally under the management of one or sometimes two nurse midwives. Visited as frequently as possible by the doctor in his aircraft the nurses must fend for themselves in the meantime, and these highly proficient nurses sometimes performing most dramatic feats in the management of emergencies. Much less spectacular but perhaps even more useful are the public health functions they carry out, and the construction of one of these units in a Northern village has a noticeable effect in a very short time on child health, general hygiene and village cleanliness.

This is the general structure of the Grenfell Mission. In conclusion one should mention the boarding school dormitories or children's homes operated at St. Anthony and North West River. Children in need of special care, health supervision or presenting serious welfare problems - such as orphans, are provided accommodation in these institutions during their school years, and the alumni of these two institutions and a similar one at Cartwright temporarily closed have provided much community leadership in Labrador. We also provide accommodation in these homes for high school candidates from towns lacking high school facilities of their own, and by thus encouraging centralization of high school candidates it is possible for the local school boards to provide larger and better equipped schools than would otherwise be possible. Graduates from these 'hostels' are in many technical schools, colleges and universities, nurses training schools and the like, and the system permits otherwise underprivileged Labrador youngsters to fulfill their ambitions.

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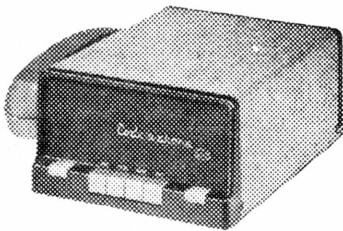
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The medical opportunities in Labrador and Northern Newfoundland are considerable for the adventurous. Only rarely do we expect a doctor to decide to spend his life in the frontier, but a year or two of this sort of work is stimulating and challenging, and it makes an excellent preparation for almost any general practitioner. Nothing could be more general than the medicine practiced under such conditions. Medical salaries today are at about the same scale as those paid by the Maritime Provinces for cottage hospital service, with various additional benefits, but the best reasons for going to Labrador probably remain much as they were when Dr. Grenfell made his first land-fall there in 1895. Labrador is a challenge to one's resources and ingenuity, and one must depend largely on oneself.

The patients, Eskimo, Indian and settler, must be among the world's best, and no one can watch the native patient without learning something new about patience and courage, which these people seem to possess in unusual amounts. The native children are entrancing, and not a few of our staff have at one time or another longed to adopt one.

Few physical hardships, other than the uncertain working hours and the occasional periods of extremely hard work, attends Labrador medical work today. Much of the attraction of the original work survives, and Labrador offers the practitioner unusual opportunities to provide the total medical care. One does one's own medicine, operates on most of one's own emergencies, and really follows one's own cases from diagnosis to what it is to be hoped will be cure. Laboratory facilities are modest, so one learns to dispense with much that is unnecessary and to single out the really important procedure first, X-ray is part of one's life, in an area where TB is still common, and most of our staff acquire a practical knowledge of X-ray procedure and interpretation during their service. Frills and the needless are dispensed with, and standards of what is necessary are apt to alter radically. The resulting experience is generally refreshing.

Editor's Note: Those interested in serving with the Grenfell Mission may make enquiries to the writer, care of this Journal, or direct to the Grenfell Labrador Medical Mission, Room 701, 88 Metcalfe Street, Ottawa. In addition to doctors we need medical students for summer service, nurses, dentists and many other categories of worker. At the moment of writing two doctors are required for Happy Valley Hospital, at salary scales identical with Newfoundland Provincial scales, and with modern houses furnished, heated, lighted and complete in all respects. Happy Valley is an airport town near Goose Bay, with paved roads, supermarkets and reasonably good facilities, and it is only a couple of hours from Montreal by air, but just beyond the borders of the town Grenfell's Labrador begins. It stretches for eight hundred miles from the Quebec border to Cape Chidley and it will continue to be a challenge to the adventurous for some time to come.



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