

Reflections

A prayer for deliverance

Life in rural family practice

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rs N, who was heavy with child, arrived with four other children and a reluctant significant other from Alabama into one of the poorest areas of Ontario. She rented a walkup apartment in our little underserviced area of Woodville. She did not have a health card and certainly not a version code. Then, her husband mysteriously left.

She came to our office for prenatal care in her third trimester; a grandmultip of more than 113 kg. She had high blood pressure and gestational diabetes that required insulin. We took her on as a patient, our office being the only facility open to her and staffed by two relatively young and idealistic physicians. Specialists were inaccessible to her, and inpatient units seemed reluctant to manage her care. We were the local doctors, omnipotent and enjoying a honeymoon with thousands of new patients.

Begging for food

As her blood sugar levels climbed and her abdominal girth increased, I heard a rumour that she had been begging for food at a nearby farmhouse one December night. I gave her \$500 and asked my nurse if she would go grocery shopping with her for a third-trimester diabetic diet. I stripped the clinic of oral hypoglycemic drugs, not daring to risk commencing insulin treatment in her situation and with her limitations. She was a happy fundamentalist Christian, sure in her faith and sure of her doctor.

As the weather became worse, I heard another rumour that her husband had taken out a \$1 million life insurance policy on her, obviously forecasting and expecting the worst (or best). As the

police nosed around for him, she arrived at 4 AM at our local hospital in active labour, weeks early with polyhydramnios and fetal distress. Luckily, I had an experienced registered nurse with me; all the other birds had flown. The 4.5-kg baby came out like a cannonball; blue and barely breathing. To the strains of Mum singing "Nearer My God to Thee" her uterus promptly inverted, and she fainted. At 5 AM, having no anesthetist and a comatose patient weighing nearly 127 kg with a inverted uterus is daunting, to say the least. The nurse gravely said, "Would another IV be indicated, Doctor?" We poured every fluid into Mrs N that we could find. Lofting my own silent prayer, I gloved my hand in gauze and drove my fist and her uterus into a more than adequate pelvis. I massaged her womb, or at least where her uterus should be. Miraculously, something worked, and her uterus clamped down. Eventually, we all revived, and she and the baby did

Mrs N bought me a box of chocolates to say thank you. Then she high-tailed it to the United States, now with five children, and herself considerably lighter of tread. Her husband, somehow still on the run, let it be known that he was less than ecstatic that she had survived.

Drive-by payment

One week later, I was driving home from work in the dark. A beat-up car screeched up beside me and, braking noisily, cut me off at an angle. Mrs N's husband jumped out and raced toward me with a crowbar and a wild look in his eye. Everything went into slow motion. He stooped by my window and reached into his pocket. He handed me a dirty package, then took off, never to be seen again. In the envelope was

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\$400. This ditch-side drop-off commission lent new meaning to the concept "out-of-province claw-back." However, I was more than surprised and appreciative. I drove home deep in thought (still able to think on account of the fact that the proud father had left my frontal lobe intact).

Two years later I received a photograph from Mississippi, taken in front of a white church, of a smiling mother holding a chubby, grinning little

girl in ringlets. Her name was "Jo," as in Tracy-Jo or Bobbie-Jo. Now, whenever I hear "Nearer My God To Thee," I think of that cold delivery room, the headlights of "crowbar night," and the smile of that happy little girl in a velvet dress that matched the magnolias.

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