

My brilliant career

Lynette E. Sutherland, MD

Generally women practise medicine for a time and then have a family, but when I married and left medical school 60 years ago I was only half way through. Our first baby was born just before the beginning of World War II, and my healthy-looking husband immediately tried to enlist in the RCAF. He soon found that all branches of the military were barred to him because he had fairly extensive bronchiectasis, perhaps due to some childhood viral disease.

We both wanted a big family and by the time I was 35 we had 8 children. Because of my husband's recurring chest infections, I had to think very seriously about the future. When I was 36 I went to work as a technician, took my diploma and worked in a Red Cross laboratory for 3 years.

Watching the children growing older and their needs increasing, I had to make a change. In 1956, 19 years after leaving, I applied to the Faculty of Medicine at the University of Toronto for readmission. Surprisingly, they allowed me to register in second year.

"Granny" goes to medical school

When I went back to school I felt like a brash child starting high school. Although a hard worker, I loved poking fun at the clinicians, much to the delight of the younger students. However, I often felt great sadness, especially when I saw little children starting life with a crippling disease or when I saw young people terminally ill.

Still, my return to medicine brought many a good laugh. One day I received a letter offering me an army commission, family housing and a large pension if I remained in the military for 40 years. When I told them the size of my family and how old I would be in 40 years, it was the army that laughed. I didn't get the commission.

Later on, when my married daughter presented us with a new baby, students and staff took to calling me "Granny." I got along surprisingly well and was even invited to a party in honour of the football team. When I graduated my husband and I went to so many parties he said he felt like Prince Philip.

When it came time to intern I was accepted at Hospital A, which was temporarily amalgamated with Hospital B. My schedule called for a month of surgery — that is, of holding retractors — at Hospital B. Inevitably, all the laundry wound up at Hospital A, and because I knew my way around there I was sent on a midnight raid to retrieve enough operating room masks and caps for Hospital B to continue providing surgery. The raid was successful.

I was looked upon even more favourably when I persuaded the head surgeon to quit swearing at the residents and smashing the instruments on the floor. I took out the retractors in the middle of an operation and told him I wouldn't hold them any more unless he mended his behaviour. (I also mentioned the hospital board.) I was the only person who could get away with it because I was older than he was and had no intention of becoming a surgeon.

When I finished my internship the professor of medicine, a kind man who took an interest in strays and whom I could never rattle, suggested that I go into research, where regular hours would give me more time with the children. By now my youngest was 7 and my first grandchild 3; a second grandchild was a few weeks old. I was considered too old to start a general practice.

So off I went to Hospital C, where I was to remain for 11 years. The usual things happened: training in research, gradually increasing responsibilities and an



Soul

Reflets de l'âme

Lynette Sutherland is a retired physician living in North York, Ont. "Some of us have to put off growing old," she says, "because there are things we have to do, God willing, before we can achieve the luxury of finally putting up our feet." She expects to submit a scientific article to *CMAJ* shortly.

Can Med Assoc J 1997;157:1087-9



assortment of bosses. I acquired summer students and then graduate students. I got my best student, Suzy Capreol, from another doctor in exchange for 4 monkey skulls.

My most memorable boss, now deceased, was an internationally known scientist who had a few eccentricities. For instance, rather than sleeping in a bed he slept on a dresser under a window so he could watch the sun come up. He was not a bad egg but I guess he was too unusual for the hospital, which ultimately fired him. He did give some good parties.

When he arrived he told each department member to start work immediately on a higher degree, telling me to pursue a PhD. I was given a university appointment and at 49 received my doctorate. Unfortunately, my job was destined to come to an end when I was 53. I wrote some interesting papers and applied for another grant, but by now my boss was gone and the protecting professor of medicine had died, so the university decided to put my projects into younger (male) hands. I got no grant and the university and hospital both fired me.

My patients were rats

At that time a friend told me that when a woman in science reached her mid-50s her career was over. I did have one satisfaction: my American collaborators told the university and hospital to get lost.

This was a very worrisome time for me because the younger children were about to enter university and I had been unable to save any money. Indeed, I had a perpetual bank loan and now I was unable to find a well-paying job.

Up to this point most of my patients had been rats, with the occasional dog, pig and monkey. I had never practised medicine except for filling in at a few clinics, but a friend suggested that I go to see Dr. William Copeman, who ran Ontario's Underserved Areas Program. I told him about my work on rats and he seemed surprised that I had a licence to practise on humans. By this time I was nearly 55, but he assured me that even at this age I still could change my career.

In 1972, practising in an underserved part of Ontario offered a guaranteed annual income of about \$25 000, a princely sum for me. Copeman, my husband and I sat down to discuss the best place for me to set up shop. My husband's position required a good deal of travelling, so we settled on a village in "cottage country" in the Kawartha Lakes, the most convenient spot for both of us.

Copeman paid a doctor in another village to help me

start a general practice, but all he taught me was how to wash out ears. Although I was making well over the \$25 000 by the second year, I remained associated with Copeman for more than 17 years.

I had more good fortune because at the end of the first year I also became associated with the Family Practice Department at Women's College Hospital in Toronto.

Dr. Yvonne de Buda, the department head, had developed a program that took residents and senior interns to country practices during the busy summer months. Come the quieter winter months, the country doctors went down to

Women's College for continuing education.

The first residents modernized my practice and eventually I had a constant supply of residents, interns or students. As well, I had specialty clinics that brought dermatologists, internists, rheumatologists, pediatricians and many others up regularly from Toronto. I was also given another university appointment.

This happy situation lasted 10 years, until de Buda — the only woman professor in the Department of Family and Community Medicine — was replaced. Her successor eliminated the program and fired me from the Family Practice Unit and the university as well — my second double firing.

By this time I had a big practice that employed a receptionist, a pharmacy helper and 2 nurses. After the quiet of the laboratory I often felt that I had been transported to a trauma centre in an area where the cottagers were bent on mass suicide. There were also knife fights between bikers, mysterious diseases and the usual heart attacks, strokes and psychotic episodes.

However, an aging but stable country population did exist. When I got to know these patients they seemed to be a patient, philosophic lot who kept in touch with their brothers, sisters and neighbours and still went out visiting, even in their 90s.

In this area, where little medical care had been available and an ambulance might take 3 hours to arrive, they never asked for medical miracles, nor did they ever ask for euthanasia.

With the residents gone, Copeman sent up an excellent doctor who worked for the Underserved Areas Program. He remained for a year and a half, until I finally found a doctor who eventually could take over the practice.

Fortunately, it was no longer necessary for me to work so hard so my husband and I bought a pleasant house in another little village, and turned the large garage into an office. The old office staff came with me and we started

I got my best student from another doctor in exchange for 4 monkey skulls.



over on a smaller scale. There were tea parties and lots of friends. My pharmacy helper became a part-time fashion model and I took organ lessons and continued to play the organ in the little church. Then, after 50 years of marriage, my husband died suddenly of a heart attack at 74, despite never having any history of heart disease.

I knew that eventually I would go back to Toronto to be near the kids, but I just couldn't quit right away. Finally, after a year I gave up and retired. Just as I did that, my bank stock suddenly went up. With all that money burning a hole in my pocket, I decided it was time to travel. I took one of my daughters to Europe and in the course of that trip we went on a Mediterranean and Black Sea cruise. While we were away, I began to realize that I was terribly tired and that one of my feet was sore. When we sailed down the Italian coast my daughter had to drag me from bed to see the Stromboli volcano, dutifully smoking away. I truly enjoyed the trip but realized that my super energy of old was gone.

Just not myself anymore

I visited the kids in Toronto and then went back north, where I began to be miserably short of breath. I put the house on the market and then one of my sons — the wandering one — came home and took over the household problems. When it was time to move he did all the heavy work, but I had to call in one of the nurses to pack the dishes and the small things. I just wasn't myself any more.

Once in Toronto a doctor friend recommended a physician, but all this internist found was a somewhat elevated blood pressure and a bit of wear-and-tear arthritis. A second doctor confirmed the findings and it was decided that losing my husband and leaving my practice had brought on depression. I was sent to a psychiatrist. The psychiatrist decided I was not depressed and we ended up gossiping about other psychiatrists.

Then one day I woke up with an intestinal obstruction — carcinoma of the caecum, with one positive node. After the surgery, a daughter took me to her house and looked after me as if I were a baby, taking me regularly for chemotherapy. Then the other daughter took over and when I felt better I went home, where the wandering one insisted that I was now his project.

Now that I'm 80

I took chemo for a year and developed just about all the usual reactions, as well as several more previously unknown to science. When it was over I found out why my foot had been painful. I had spinal stenosis and eventually became bedridden because of sciatica on both sides. Despite physiotherapy and even acupuncture, I got worse.

I finally found a surgeon who told me that he had operated on "even older patients." As far as the pain was concerned the operation was a total success, but I had been lying around so long that my strength only slowly started to come back. I even began to watch the talk shows!

Well, what am I doing now that I'm 80? Perhaps more than you think. I still read several scientific journals, just as I used to, but today I can relax if I want, put my feet up and brag about my family: 2 lawyers, an accountant, a biologist, a son in television arts, plus some relatively normal ones. Besides this I have written a children's book (unpublished) about our dog, who lived for 17 years and brought up most of the kids. I am in the course of writing an elementary chemistry book for one of the granddaughters. I went over her course with one of my kids and now I know why Ontario students do so badly in science.

However, I cannot forget my days in research. If you are really interested, I would be glad to tell you about my theory on preventing renal dysfunction in space travellers. . . . ?

A Canadian face on aging



Sherman Hines