

## **Accident Insurance**

Doris Kavanagh-Gray

There were two women in the class of '54. No. To be precise, there was one woman, Ishbel Currier, a robust, competent, from-the-farm woman, and me, an uncertain, eager-to-please, seventeen year old girl. Ishbel, completely confident and comfortably at ease, never tried too hard to fit in. To my great admiration, and secret delight, and despite obvious professional displeasure, she habitually knitted during lectures, placidly, and persistently, producing a steady stream of large, somewhat drab socks, sweaters, and caps, the recipients of which were a mystery. Ishbel certainly never wore her creations. In my anxiety to be "one of the boys," I dared not engage publicly in such feminine pursuits, though in the end, it was I who indulged, and quite publicly at that, in the ultimate of female activities – pregnancy. Our male colleagues came from across Canada, Newfoundland to British Columbia, with one exotic sophisticate from California. From the first day when we were assigned our specific locations in class until the day we graduated, we unwaveringly occupied the same alphabetical space at lectures and clinics – Ishbel Currier front row to the left next to Maurice Babineau, and I, Doris Kavanagh, second row to the right between John Gray and Beverly Kelly.

The faculty was largely drawn from the war ravaged universities of Europe and a splendid faculty they were, but possessed of a wild and astonishing array of accents – made all the more incomprehensible by our ignorance of medical jargon. We were bewildered, but believing when Professor Bélanger assured us that the "dog fish lung is full of hair" and when Professor Etori referred to bilirubin, I half accepted Morley Goldberg's explanation that "bilirubin" was cousin Goldie Rubin's husband Billy – true I was prone to affect a protective naiveté.

Initially our male colleagues treated Ishbel and me as amusing curiosities – but always with courtesy. Of course, there were the usual pranks, especially in gross anatomy – why was it suddenly my turn to dissect when we reached male genitalia? I had expected facial muscles. Ishbel too was assigned "the naughty bits," when by alphabetical rights she was slated for the brachial plexus. Still, the jests were generally clever and never malicious, and Ishbel and I joined in the laughter as cheerfully and easily as did our so-called tormentors.

But by second year most of the games were over. The curriculum was extensive, we were studying hard, and life became more serious. We blended into a large, sometimes unruly, but mostly affectionate family, with Ishbel and I only two more members of the class of '54.

Our sixth and crucial year of medicine was expected to be difficult, and we anticipated it with apprehension, masked of course, by cool, devil-may-care facades. Already surgeons-to-be were attempting to live by the motto "maybe wrong but never in doubt." Potential internists were intellectually distancing themselves from their barber surgeon colleagues by assuming the "thinking" rather than the "doing" role, all the while parading remote and often tedious snippets of knowledge from medical footnotes. Embryo

gynaecologists were polishing urbane, aloof, soothing "there, there my good woman" ways, and future pathologists were viewing the world as cynical, omnipotent, dispensers of truth. But scratch the surface and there squirmed anxieties, uncertainties and barely suppressed panic.

This final year was to consist of an internship at the Ottawa General Hospital, under the watchful eyes of our clinicians, and was to culminate in national examinations and (God willing) an M.D. degree. John Gray and I could see financial light at the end of the education tunnel, and given six years of alphabetical proximity, planned to marry at the end of the fifth year. Our world was informed.

As expected, our fellow students responded enthusiastically with congratulations, cheap bottles of wine, and even a wedding shower of sorts. The faculty, as we were to discover, were also far from disinterested, and I was summoned to the office of the Dean. Now Dean Richard was not exactly known as the medical student's pal. We had little contact with this deity, and preferred it that way. His imposing, expensively tailored figure could occasionally be spotted hosting a visiting dignitary or escorting a wealthy patron, or he might be glimpsed through a respectful entourage of post-doc fellows, senior residents and head nurses as he made teaching rounds. This solid leader of the medical establishment moved in rarefied circles and did not fraternize with lowly medical students; what could he want with me? I never skipped classes. My marks were good, my histories up to date. True, I had accepted a ten dollar bill, gift from one of his grateful patients – was that unethical? And oh yes, I had enraged Dr. Ewing, chief of surgery, by labelling Madame Dubois a hypochondriac on my history, but believed I'd been forgiven when her gall bladder full of stones was triumphantly extracted. Besides, Dr. Ewing was often enraged – or pretended to be – it was sort of a game we played... wasn't it?

Nonetheless, I was uneasy. Dean Richard was not smiling when he received me into his inner sanctum and commanded me to sit. With few preliminaries, he informed me that news of my forthcoming marriage had reached his ears. It was his duty to admonish me and to catalogue the inherent dangers of this plan. Marriage, I was told, was a contract most solemn and most grave, fraught with risks and hazards perhaps not immediately obvious, but which it was his duty to itemize. Was I not planning postgraduate training? Did I not realize that residency positions for women were scarce - and for married women practically non-existent? Were I to marry, the doors to higher education would close. Assuredly, I must postpone, and preferably abandon these ideas of marriage. The thought was ill-conceived, ill-advised, injudicious, intolerable! Of course I agreed - and of course dismissed altogether this advice.

Nor was John spared prenuptial counselling. Father Danis, our designated student preceptor, invited John to his rooms. As advisor and friend, he proposed to discuss practicalities, for example the possibility of issue arising from the consummation of marriage. If such issue were forthcoming, further training would be jeopardized. Residency positions provide room and board but little monetary recognition. Offspring would prove expensive and insurmountable hostages to fortune. John later told me that he reassured the good Father that pregnancies were not planned, that we had paid the

strictest attention to the all too few lectures on birth control and understood every nuance of the rhythm method, the only contraceptive method taught and available to the practising Catholic. No, there would be no children until our four years of residency training were complete; until we were financially prepared. John also told me that Father Danis did not appear to have the same faith in the rhythm method as our teachers in OBGyn apparently did – but then. Father Danis was a cleric, albeit a seemingly worldly and sophisticated cleric. His views surely were not as reliable as those of the medical profession – and we chose to ignore his advice as well.

And so, having satisfactorily disposed of these trifling details, we wed, and moved our books clothes, wedding gifts, and my parents' spare couch to a two room attic suite on Nepean Street. We settled down to married life.

Most nights, either John or I, or both, were on call and any sleep to be had, was had at the hospital – separate beds, separate rooms, separate buildings – John in the interns' quarters and Ishbel and I across the street in the nurses' residence. But (and it was a delicious "but") every fourth or fifth night we slept in our attic room, on our couch.

Despite all the assurances to the contrary, the rhythm method of birth control proved unequal to the strains of our on-call schedule. Without doubt, I was pregnant, and my due date determined for mid-April. Internship was to end with final exams in mid-May. There was no question but that the schedule was a bit tight though not impossible, and my only real concern was to avoid the gloating "I told you so's" likely to be voiced by authority.

My colleagues rallied round. When I complained of long hours assisting at surgery, they traded rotations – my assists in exchange for morning blood drawing duties. When occasionally I napped a postprandial nap in the women's washroom, they answered my beeper, and as I blossomed from a size eight to sixteen, they provided increasingly ample lab coats. And so, cosseted and camouflaged, I carried on until mid-April.

On that fateful spring morning when all was revealed, I was, admittedly, not at my best. The ragweed pollen blew again across southern Ontario leaving eyes and noses red, itchy, and watery. My breathing was a laboured wheezy, open-mouthed affair. In this condition, I was responding to an emergency, hurriedly waddling round a corner, soggy Kleenex at the nose, when I found myself on a collision course with the Dean and his flotilla. There was no possibility of escape, no turning back, no open doorway, no stairwell sanctuary – only plenty of time for a careful scrutiny as the gap between us narrowed. Making the best of an ominous situation, I stood tall, pressed in my abdomen, assumed a busy, important air, and hurried forward. An earnest medical student was droning out a history and the Dean was glaring at my midsection. I think I would have escaped had I not been seized by a mighty sneeze. This proved too much strain and three buttons fired from the lab coat. One stopped the med student in mid-sentence, and the other two inflicted minor damage to a haematology fellow caught in the line of fire. The Dean halted abruptly and the assembly stumbled into one another in some

confusion as I was identified as the source of the flying missiles. The flapping lab coat revealed all. Dean Richard thundered

"Dr. Kavanagh! What is this?"

No reply seemed indicated and only my sniffing broke an oppressive silence. The retinue had melted into the corridor walls to watch, with some interest, this welcome divertissement to the boredom of rounds.

"This is a fine state of affairs" he bellowed. "Did I not warn you? Did I not advise you? I take no responsibility for this!"

The best I could summon, with nasal dignity, was, "No sir, I assure you, you are not responsible" as I drifted away amongst snickers and commands for silence.

After a few days of quiet, I received a written invitation to join Mother Superior for tea in her bureau to discuss "les affaires." Mother Superior, Director of the Ottawa General Hospital, was in her way, as awesome a figure as the Dean. Tall, austere, elegant, aristocratic, with, it was rumoured, such a tongue as to reduce even the proudest staff man to stammering little boy status when displeased.

At exactly the appointed time, I knocked on her door in the administrative wing and was bade "Entrez." Tea was laid out on a tray on her desk, and after a gracious invitation to sit, she poured tea for two with all the poise of a grande dame at a church Fete. Delicate, parchment-like cookies were offered as Mother Superior explored with equal delicacy, practical aspects of my impending delivery.

"Was l'enfant to be born ici – à l'Hôpital General? Oui? Bon! Who was to be l'accoucheur? Le docteur de St. Victor? Oui? Un grand médecin – Who was to pay?"

"To pay?" I confess, I had not considered payment. "Was there not — ah — professional courtesy?"

"Bien sûr" she reassured me "pour le docteur, mais pas pour la salle de délivrance, les infirmières, les médicaments."

She probed further "I presume you have little money?" She presumed correctly for she well knew we received no stipend during internship.

"Pas d'assurance? Ça fait pitié, ça." But she brushed aside these vulgar references to money, urged me not to distress myself further and assured me that le bon Dieu would provide.

Nevertheless, the interview left me distinctly uneasy, and despite promises of Divine providence, not at all reassured. After all, someone up there had screwed up the rhythm method hadn't they? Surely it would not be necessary to become a charity case, to be

delivered by an inexperienced intern instead of by the mighty Henri De St. Victor? Was it necessary for John to deliver as well as father our child? If so, we had better review the section in our OB text with a little more diligence.

Mercifully, after only a few days of these deliberations, I was summoned to the office of Mother Bursar – a woman cut from a totally different cloth, and one all too well known to us interns. She it was who refused extra toilet paper when gastroenteritis struck the intern's residence. She it was who closed the cafeteria promptly at seven when classes ran five-to-seven, three nights a week. She it was who caught us sneaking food from the patients' refrigerator, alcohol from the lab, sheets from central supply. She was an omnipresent, black, squat figure, who seemingly never slept, but constantly prowled the corridors patrolling for financial leaks.

Her office was a large, dark, windowless room, heavy with gloomy oak furniture. Papers were everywhere with one mountainous drift balanced against a wall and on three-quarters of her desk surface. Behind this desk she sat like a malevolent hen, fluffed her habit, and motioned me to a chair. With her intelligent, bird-like black eyes fixed on me, she began.

"Mother Superior has charged me with the task of identifying funds to cover your impending hospitalization." This delivered with a long suffering air.

I nodded uncertainly.

"Mother superior informs me you have no savings." A disappointed air.

Second nod.

"And you are not insured." A sigh for man's improvidence.

Nod number three.

"But Doctor," and here she permitted herself a quarter smile, "that is not so. I have determined that you are insured." Triumphant declaration!

"I am?" Big Surprise.

"You are." Absolute certainty. "All of you students are insured on entrance to medical school. Your policy is valid."

But... Ah! Then I remembered the "accident on the school grounds" policy.

"But Mother," I had to protest, "that's for an accident."

Long pause and icy stare from Mother Bursar – I tried again somewhat intimidated: "This is a preg...", but she would have none of these scruples.

"This is not an accident? This is a planned event?" Incredulity.

I had to concede – she had a point.

"So, it is settled." And she busied herself with her papers to allow time for me to digest these facts. After an interval deemed sufficient for this exercise, she looked up.

"I note that additional funds are available for a private room, if the accident occurred on the school grounds."

Now I had to protest – accident maybe – school grounds, no.

"As you wish." Resigned and not surprised, she stood, and I was back in the hall exactly two minutes and forty-five seconds from time of entry.

And so it came to pass that while I was on call on the OB service, on April 19th at 6:00 pm, baby Cynthia was born – Dr. De St. Victor in attendance and John administered the anesthetic (alphabetical rotations persisted and he too was on call).

For the remainder of the year my class mates took my calls with never a protest of complaint and in June, we graduated, shook hands, promised to keep in touch, and left for our separate lives.

John and I and baby Cynthia (now herself an MD, OBGyn specialist and mother of four) owe much to Doctors De St. Victor and Richard. To Father Danis, and the Mothers Superior and Bursar, for they were all, in different ways, concerned for our well being. Mostly however, I owe much thanks and unfading affection to my colleagues who have made my memories golden – The class of '54.