

A photograph of a rural landscape. In the foreground, a field of pink and yellow flowers, possibly chrysanthemums, is in full bloom. Behind the flowers, there are several wooden buildings, including a large one on the left and a smaller one on the right. The background features a dense forest of evergreen trees and a mountain range under a blue sky with some clouds.

volume four

# PIONEER DAYS IN BRITISH COLUMBIA



Thirty-mile trips by horse and buggy; attending a man whose legs had been run over by a train; threatened with a shot gun as a horse thief—all were routine during

# Forty Years a Country Doctor

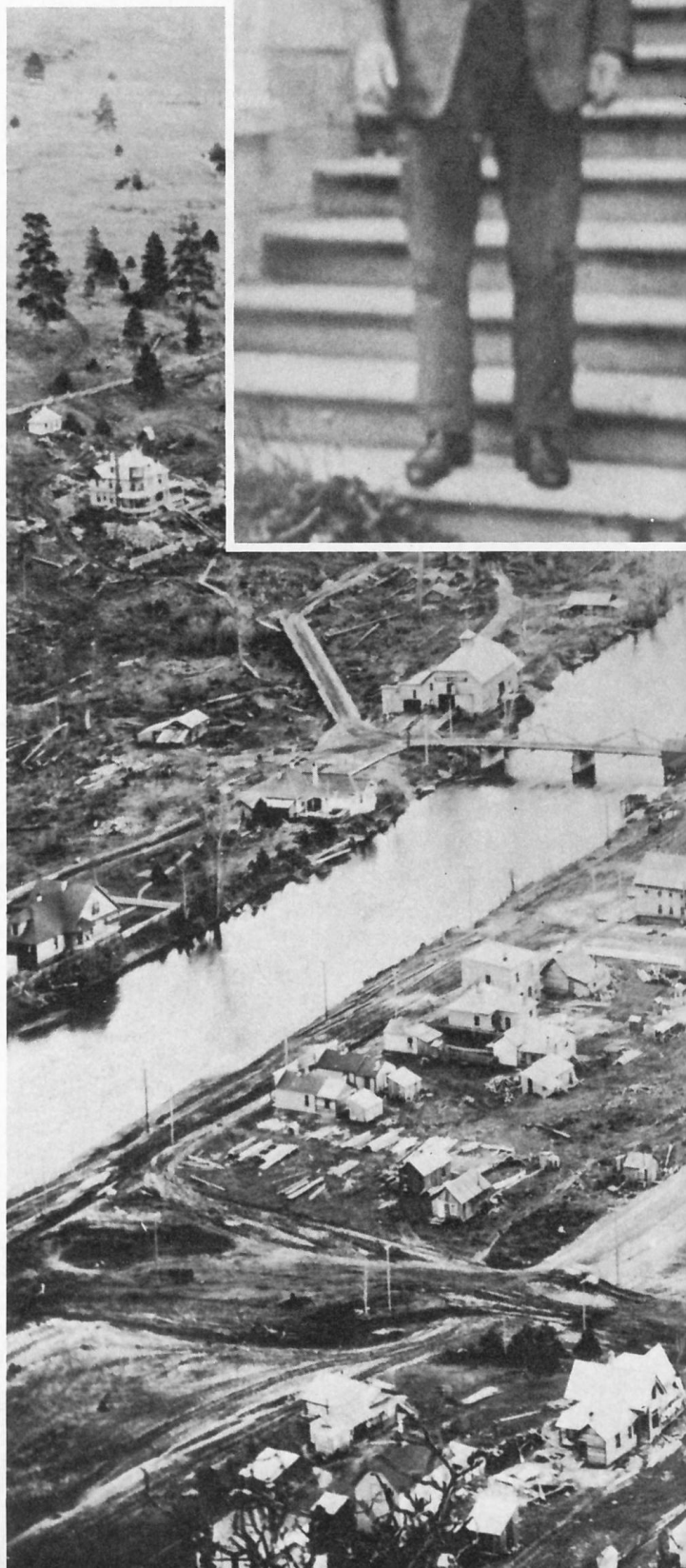
by W. TRUAX, MD

Grand Forks, where I practised for over forty years beginning in the early 1900's, is situated in southern B.C. near the United States border in a beautiful valley about twenty miles long and three miles wide at the broadest. This valley is surrounded with wooded mountains, which in summer are beautiful, and even in winter are inspiring to look at. The nearest doctor on the American side was much farther away from the small settlements on the U.S. side than I was, and often I was called to attend the people living in these settlements. I had to cross the forty-ninth parallel, and if it happened to be at night I had to waken the customs officials so that I wouldn't be taken for a "bootlegger."

In those days there were few, if any automobiles, at least around the small towns, and the horse and buggy (or cutter in winter) were the main means of travel. When I first started practice, I had a most faithful mare and rubber-tired buggy, which I thought very swank, to take me out on my calls. This mare was very wise and many a time she saved me from a bad situation. Once, on a midnight call to a small community, about fifteen miles distant, she was jogging along at her usual pace when suddenly she stopped dead-still and refused to move. No amount of urging would induce her to go on. As it was pitch dark I could see nothing, so I got out and went round to her head. I was amazed to find that there was no road ahead of her. The road at that particular point was along the top of a deep railroad cutting, and the whole road had fallen into the cutting for a distance of about fifty feet. After leading her over bushes and logs around the fallen-in road, I managed to reach my destination.

This mare, whom we called "Birdie," was a real physician's horse. If I made a call at a house one day, and happened to be passing that way the next day, she would turn in there and stop, whether I wanted to or not. On long trips, especially in winter, after visiting a patient I would cuddle into the buffalo robe in the cutter, and start her for home. Birdie would start off on a little jog-trot which, though not fast, she would keep up for miles, while I was half asleep in the cutter, and would take me safely home.

One morning I had a call from the Provincial Police. It was to go with them as coroner to a spot on the CPR line about forty miles from town, and quite a distance up a



mountain grade, to investigate a death. A section foreman had reported that he found a dead man beside the right-of-way.

We went about fifteen miles by auto and then had to take the railroad and go by speeder another twenty-five miles, all of it up a steep grade. Two policemen, the section foreman, and I started off on the speeder. On the way up we picked up a flat tie-car, such as is used by section men to push ties along the track, and wired it to the back of the speeder to bring back the corpse. We chugged up the heavy grade until we arrived at the spot where the section man had found the body.

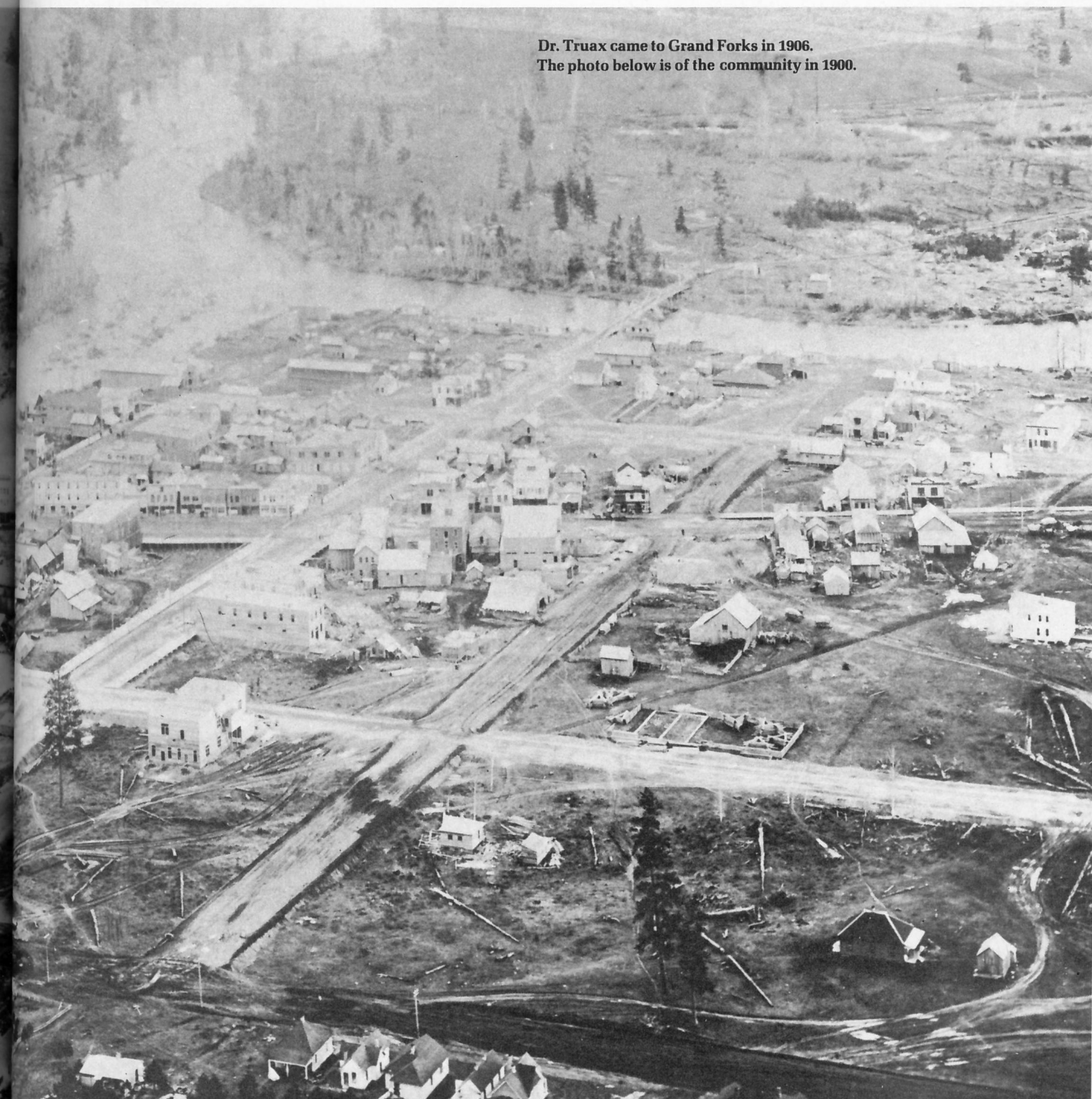
Imagine our astonishment on seeing a man lying beside the track, leaning on one elbow, trying to roll a cigarette. Both of his legs had been run over below the knees but he was still alive. The section man had first

seen him when he was unconscious, and concluded that he was dead, and made for the nearest telephone to report his discovery.

The injured man had jumped off the evening passenger train the night before at about seven o'clock. He had evidently squeezed between two coaches and dropped on the track and had lain there all night until eleven o'clock the next morning, when we arrived on the scene. Blood was spread over the right-of-way for about two square yards. It was the middle of November, quite cold at night and there was snow all around. He was a husky young man, about twenty-five, well dressed, with a warm overcoat. Even so, it seems incredible that any man could live so long in freezing weather with both legs practically severed.

Of course the poor man had lost nearly every drop of

Dr. Truax came to Grand Forks in 1906.  
The photo below is of the community in 1900.





blood in his body. I could feel no pulse and he was too weak to talk. Owing to the fact that I thought I was going to see a dead man, I had taken very little with me to give first aid. However, with the aid of handkerchiefs we made tourniquets and bound up his legs as best we could. Then we loaded him on the flat car, with a policeman to hold him on, and our coats to cover him.

The rest of us climbed on the speeder and started for the place where we had left the automobile. We knew there was a passenger train due very shortly, so we would have to hurry. The section man let out the throttle of the speeder and we went down the mountain and around curves at a most dizzy speed. About half way down, the trailer jumped the track and went careening down the mountain side, the poor patient on it.

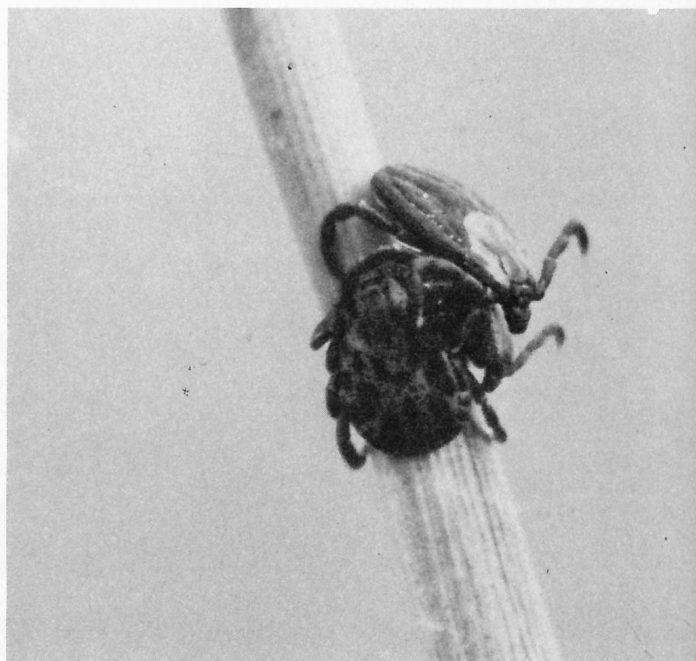
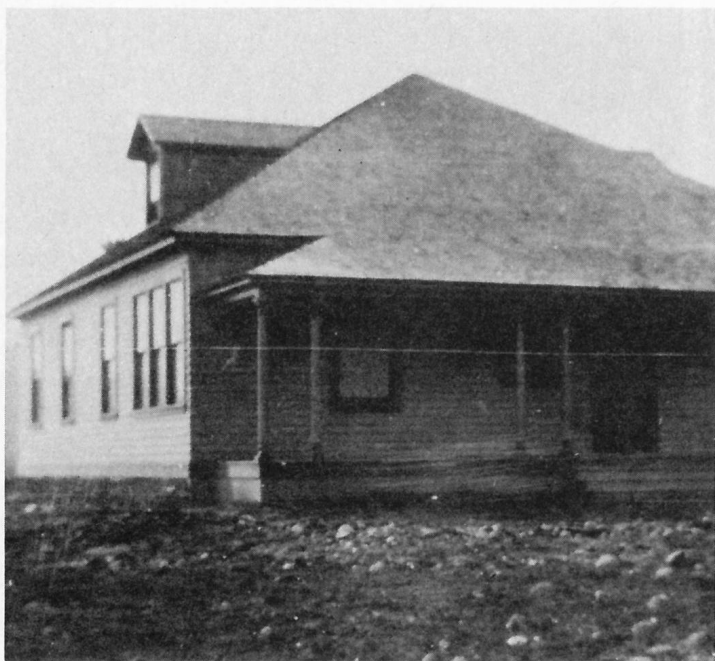
The policeman managed to roll off before the trailer went over the bank, and, fortunately, the patient struck a bush about fifty feet down, but the trailer rolled far below. I thought, "Well, the poor devil will surely be dead now." We scrambled down and brought him up,

still alive, and tied him on the side of the speeder. Then we continued our journey to where we had left the automobile and took him in to hospital.

After many transfusions I amputated his legs just below the knees, but owing to his bloodless condition the stumps had very little vitality in them. I had to perform another amputation above the knees, about half way to the hips. After that he gradually improved, and in about three months was able to leave the hospital.

It was nearly six weeks after he came to hospital before he could or would talk. When asked how he came to fall or jump off the train he replied, "Oh! I just thought I would see what it was like to have the train run over me." He had squeezed himself between a coach and the baggage car and dropped on the track with his legs on the rails.

He was Polish and did not have a cent of money on him when brought to the hospital, but he did have a ticket from Vancouver to Nelson. In the hospital he stated that he had had \$200, but had thrown it out of the



window before he jumped from the train. This sounded rather "fishy," but he also said he had \$25 in a bank in Vancouver. This statement later proved to be true, so perhaps his story about the \$200 was also true. When he was in hospital he was taught to knit by the nurses, and he got to be quite expert at it. Before he left I got the local banker to get his \$25 from the bank in Vancouver, and gave it to him to buy cigarettes and small comforts.

This poor lad was adjudged insane, and sent to the Provincial Mental Hospital. He hadn't taken out Canadian citizenship papers, and therefore was still a Pole, and eventually was sent back to Poland. That was before World War Two and it would be interesting to know what became of him. Perhaps Hitler disposed of him as a useless burden.

On another occasion, early in spring, I received a call to go to a small town in Washington State, about fourteen miles from Grand Forks. The sick person was not actually in town, but lived on a mountain road, which could only be reached by going to Cascade first and then

up the road. I managed to get to Cascade by automobile, over very muddy roads, but was told there that it was impossible to get up the mountain road except on horseback. However, a prominent local citizen had died and because of his funeral I was unable to get a horse. Scouting around, I happened to meet a man whom I knew. "You can take my saddle horse to get up," he said. "It is the only way you can get there. I live up that way and have just come down, and the road is terrible."

I proceeded up the mountain and when passing the farm where the horse belonged, he naturally wanted to turn in. I kept him on the road, but hadn't gone far when I heard a woman call, "Hey! Come back here with that there hoss."

Looking back, I saw a woman standing in the farm house doorway with a shotgun in her hands, pointed at me. I turned back to the farmyard gate and explained that her husband had loaned me the horse to visit my patient who lived up the road. When I told her who I was she said rather sulkily, "All right, go ahead, but you



Freight wagons at the Grand Forks customs office in 1898. The photos on the opposite page include the second hospital, top left, prior to 1910;

the third hospital, 1921; and wood ticks with which Dr. Truax became very familiar.



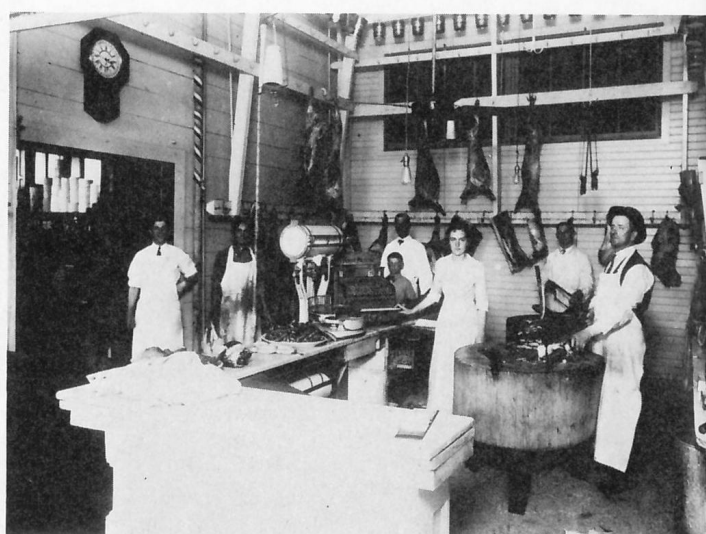
know there are such things as hoss thieves in this country, and I wasn't taking no chances."

After prohibition was enacted in the U.S. in 1919, many curious and mercenary things happened along the border as people from both sides tried to smuggle liquor into the States. One could cross the boundary almost anywhere, although there were Customs Officers at roads and railroads. As an example of how easy it was to smuggle liquor over the border, I recall one man who took up a piece of land quite high in the mountains, but on the Canadian side with part of his land on the forty-ninth parallel. He cleared a patch of land and built a small log shack. He had no near neighbor and very few people seemed to visit him, since the only way to his place was by a trail four or five miles long. He would come down the trail about once a month for supplies but encouraged no visitors. However, he missed going outside for several weeks and the police were notified. They asked me to go along since there was the possibility that he was dead.

The time was early spring, and when we got to his trail, we found a raging torrent coming down it. The water was about a foot and a half deep, with the trees and bushes so thick that it was impossible to get up except by the trail. We decided to try to get saddle horses, and were successful in getting them from some settlers down the road. On arriving at the clearing we could smell a strong spirituous odor — and no wonder. A small mountain of "mash" had been dumped outside the back door.

The man was lying on the floor of the shack, unconscious, but breathing, so I thought he must either be intoxicated or had had a paralytic stroke. I examined him and found he was suffering from the latter and in bad shape. He had probably been lying there for some time.

The police searched the place and found a complete still with a quantity of whiskey he had made. He had carried his product across the line and apparently had done a roaring business. My problem was how to get the



Business places in Grand Forks between 1907-10 included the Hotel Province where rooms were \$1 and up, the Family Liquor Store with a hamper of cheer ready for delivery, Robert Campbell's Store, and the Grand Forks Meat Market.

man down the trail and to hospital. We managed to rig up a crude stretcher and then had to carry him in relays, each of us taking turns at the stretcher, and up to our knees in water. We finally got him down to the place where the car was waiting, and then to hospital. The poor chap died in a few days without recovering consciousness.

There were a lot of queer old characters living alone up in the mountains. One old fellow named Ned lived twelve miles up a trail, the last five miles of which could be traversed only on foot or horseback. He used to come to Grand Forks once in a while for a fifty-pound sack of flour and other things he needed. Then he would carry them home on his back with a "tump-line," an arrangement used by early prospectors to carry loads. (The load is placed on the back, low down, with a strap leading from it across the forehead. The body is bent forward slightly, so the weight is really taken by the legs, at the hips.)

This old chap would start home with his load, doing a little jog-trot, and would rarely accept a ride from anyone. He did this until his death at seventy-eight — no mean feat to travel twelve miles with fifty or sixty pounds on his back.

One day, word came to the police that he was dead. I think the person who sent in the word had not seen the old man for some time, and concluded it was time for him to die anyhow. The police and I started up the trail that led to his place. As none of us knew the way, we were soon lost. However, by great good luck, we came across a hunter looking for deer, and he soon took us to the old man's shack.

When we arrived we were surprised to see him standing in the doorway, and he was as surprised as we were to see a doctor and the policeman. The police corporal said to him, "We thought you were dead."

The old man let out a roar of laughter and said, jokingly, "Why, I'm thinking of getting married."

About a year after that we received another message that the old man really was dead. On our arrival at his place we found that the poor old fellow had dropped dead in his field, and had been lying in the hot July sun for several days. The only thing we could do was to dig a grave there and bury him which was what the old man would have wanted anyhow. That was the end of poor old Ned.

There was one old man who lived near Grand Forks in a one-room shack and who kept chickens and goats. As the years went by he got dirtier and dirtier. One time when I visited him in the middle of the night several chickens were roosting on the head of his bed but he didn't seem to mind.

As the year passed, the bed and other pieces of furniture disintegrated, and the place got filthier and filthier. When I visited him on another occasion, the goats had invaded the shack, and the old man slept on straw on the floor, surrounded by a half-dozen goats. There was no furniture by this time, except a stove, and what had once been a table. I do not think the old fellow had undressed himself for many months. I took him to hospital, and all the time he was there he growled about getting washed. Finally, when he died, there was at least six inches of straw and goat dung on the floor of the shack. It seems incredible that a human being could live in such filth, but it was a gradual decline with him, as he

became increasingly frail with his advancing years.

Most of these old chaps were misanthropes and hated having near neighbors. One old fellow, who lived forty miles from his nearest neighbor, grumbled about it being too crowded when another man took up a homestead about twenty miles away from him.

My practice was in "wood-tick" country with many cases of wood-tick bite in early spring. These creatures are harmless if removed immediately, but if they stay on the body of a person twenty-four hours or more, they cause, in children especially, a paralysis of the legs which will eventually cause death.

I have often had a worried mother call me in the middle of the night to tell me that her child seemed to be paralyzed in the legs. Invariably, I would find a wood-tick somewhere on the body, most often in the hair. It is remarkable how soon the child will be running around after the tick is removed. I remember being called to a particularly dirty house to see a sick child who showed symptoms of wood-tick paralysis. I said to the parents, "I think the child has a wood-tick."

The father considerably deflated me by announcing, "Naw, it's a bed-bug."

He was right. A bed-bug and a wood-tick are about the same size, and unless one takes particular notice, the two can easily be confused. But searching further I discovered a wood-tick on another part of the body which apparently was causing the trouble.

One memorable case involved a gypsy woman. While gypsy bands are quite common in Eastern Canada, in British Columbia they rarely show themselves. However, quite a few years ago a large band came through Grand Forks and camped for the night by the river. During the night a member of the band came for me, saying that one of them was ill. I went with him and found in a tent a woman in labor. She was lying on the ground on a bit of straw, fully clothed. I insisted that she go to hospital, but they absolutely refused, and I delivered this woman of twin girls lying there on the straw. It was October and there was no fire, and the flaps of the tent kept blowing in on the patient. They had absolutely no clothes for the babies, and merely wrapped them in rags. I went round to their camping ground next morning, but the whole band had gone. I have often wondered if those babies survived, for if they did, it would be a tribute to the stamina of the gypsies.

One hears a great deal about specialization in medical circles these days, and that is all to the good. But in my opinion there will always be a place for the general practitioner, especially in the more remote districts. It is my belief that in general practice the doctor gets closer to his patient, and learns more in a general way of the complicated mechanism of the body and its many diseases. I believe that specialists would do well to consider a term in general practice before specializing.

The incidents mentioned may give the impression that most of my practice was among a very poor class of people, but such was not the case. Grand Forks and district has always been a prosperous agricultural and horticultural region. There were many well-to-do and highly respected citizens whom I attended at one time or another and whom I considered good personal friends. The experiences recorded are simply a few of the outstanding ones typical of a general practitioner's life in British Columbia during pioneer days. ●