What a Life

Professor Colin E. Forbes

It was the usual boozy Friday evening at the happy hour in the Officer’s mess of the British Military Hospital in Iserlohn, West Germany in 1958, while serving in the Canadian Army Medical Corps. Our colonel (who boasted that he hadn’t worn a stethoscope around his neck for the past 20 years) told me that he had heard good news about my performance and asked me if I had any preferences for postings at B.M.H. departments. I told him that I was interested in obstetrics. On Monday I found myself posted to the paediatric Ward. I reminded the colonel that I had requested obstetrics; he replied “they’re all to do with babies, aren’t they?”

That fortuitous misunderstanding led me into a lifetime of paediatrics. My chief was Major Alan Reay who eventually became Lieutenant Governor Sir Alan Reay – Director of Medical Services of the British Army. It was he who years later introduced me for membership into the Royal Society of Medicine. Alan taught me much about paediatrics and we had exciting times dealing with some very ill children at B.M.H. - sometimes with the help of the American Base in Heidelberg which was where Elvis Presley was posted at the time. I followed Alan’s footsteps and fortunately got a job as house officer to Sir Wilfred Sheldon at Great Ormond Street. He was then the Queens’ paediatrician and I can remember Sister Leavely fixing his errant tie and pinning the rose properly into his lapel in anticipation of his Thursday morning palace rounds.

Then back to the Montreal Children’s Hospital for a further four years of postgraduate paediatric training leading to my fellowship at Royal College of Physicians and Surgeons of Canada.

I was determined to follow my dream of teaching paediatrics in Africa and after much begging I was posted as a paediatrician to the newly opened medical school in Dar es Salaam, Tanganyika – in June 1964. This was under the auspices of the Canadian International Development Agency (CIDA). My wife Margaret - my nurse supervisor from Saint Mary’s Hospital, Montreal where I interned-and our five children took the long flight from Montreal to Dar via London and Benghazi, Libya in what was to be one of the last flights of the doomed B.O.A.C. Comet.

I reported to the new medical school wing of the Muhimbili Hospital in Dar and found a tired tall gaunt English doctor emerging from his office cum bedroom. He was Christopher Wood, the brother of famed Sir Michael Wood
– founder of the African Medical Research Foundation (AMREF) which included the East African Flying Doctors. We had a challenging time establishing the new medical school and fortunately with the involvement of many expatriate and local doctors, we were able to lay the groundwork for the successful, flourishing medical school which it is today.

Andrew Crowden comes to mind as one of the most colourful of our bunch. He was our “tropical medicine” expert with a deep interest in leprosy and bilharzia, and we learned much from him. Lunchtime at his house was quite an experience as we had to share the table with his favourite turtle, snake and furry creepy crawlies. One day driving home from work to my P.W.D. house in Oyster Bay I was jolted by the sight of an enormous snake crossing the road in front of me. I marvelled at its grace and beauty as it slithered over the entire width of the road. I then looked up and realized that it was coming out of my garden. I turned into my driveway and was met by five naked or half-naked children running to me and delightfully shouting “Daddy, Daddy!” Their commotion had driven the wretched beast out of our garden!

My ward at the Muhimbili Hospital was a huge open room with about 38 beds; occupied mostly by dying children. Kwashiorkor (malnutrition) was rampant and the sad children with their swollen bodies, light straight hair, and peeling skin presented a formidable therapeutic challenge – the mortality rate was about 30%. Tetanus, burns, rheumatic heart disease, nephrosis, polio, measles and whooping cough were common and we lost many children.

I shared this distressing story with my wife and we decided to set up a clinic in the village which provided the sickest children to the ward. We ran this on the principle of David Morley’s Under-five clinics, a comprehensive service which attempted to meet the health needs of children at the village level. This included medical record keeping, health education, immunization, nutritional education and supplementation, clean water provision, early diagnosis and aggressive treatment, eye and skin care, management of diarrhoeal disease, and general family and community support.

We collected as much material as possible from the Ministry of Health and University and we purchased most of the supplies ourselves. We took a Land Rover with supplies and volunteers - mostly wives of Canadian aid personnel and medical students.

Over the course of the two years in which we operated that clinic in Kisiju – about 60 miles south of Dar, we were able to virtually eliminate measles, whooping cough, tetanus and polio from the community. Families would sometimes come from other villages – sometimes walking for three days.
That remains the most successful professional experience which I have had – far from the hallowed halls of Great Ormond Street and the Montreal Children’s - but to this day far more needed.

I contacted my friend Dr. Koye Ransome-Kuti who was the R.M.O. at Tadworth Hospital while I was at Great Ormond Street. He had returned to Lagos University Teaching Hospital and was working with a remarkable 80 year old Irish polo-playing paediatrician who was establishing medical schools in South Western and Northern Nigeria. He suggested that on completion of my two years in Tanzania I join him in Lagos. We agreed and after a brief home holiday in Canada we returned to tropical Africa. Lagos was overwhelming; hot, busy, and crowded but fortunately, we lived in the hospital compound in Surulere and rarely had to venture into Lagos City, except for our children who had to attend the International School in Lagos Island. We had a driver, a very large Yoruba with facial scars, named Innocent, who ferried our children the 30 kilometres to school and back. They returned sprawled on the car seats and dripping sweat; we then carried each one into the air conditioned bedroom/dorm which we created for them.

Despite these hardships, we thoroughly enjoyed our time in Nigeria. My teaching was eagerly received by bright, good-humoured students. I continued my regular Friday night “journal clubs” in our home with my wife and our cook preparing exciting dishes and drinks. I also founded the L.U.T.H. tennis club (see photo). We continued these two activities all through our years in Africa and they added greatly to our friendship (and sanity).

Unfortunately, political and tribal conflict escalated into the Biafran war. There were reports in the western press of genocidal acts - some being carried out at my hospital – all untrue, but one day a light aircraft flew over our hospital compound and dropped a crude home-made bomb. The Canadian Government immediately ordered us home, and we were able to return after a few months when the war ended. At that time McGill University were in talks with the Government of Kenya about providing teaching staff for a new Medical School at the University of Nairobi. My friend and mentor Prof. Alan Ross from McGill asked me to join his team. I had also been offered the chair of the Department of Paediatrics at Ahmadu-Bello University in Zaria-Northern Nigeria. I explained this to Professor Ross and he asked me to join the McGill Nairobi team for one year until my Nigerian post was finalized.

The advance team from McGill, headed by Dr. Jack Charters, visited us in Lagos on their way to Nairobi and I was able to show them the running of a successful African Department of Paediatrics. We were given a going away party with a sumptuous meal including snails from Benin. The highlight of that most enjoyable evening was the music provided by Professor
Ransome-Kuti’s brother Fela Kuti— the father of Afro-Beat music and eventually the sole husband of 27 women!

We landed in a cold spotlessly clean Nairobi Airport in June of 1968 to begin our new life in East Africa “for one year,” which turned into 45 years. My time in Kenya was again under the CIDA via McGill University. These were exciting, frustrating, enjoyable, difficult years.

Environmentally, it was like heaven on earth. A city a mile high, at the equator, with cool nights all year round and perfect weather for tennis all year round. Socially, we found the East African people difficult to befriend and their aloofness was in contrast to the happiness and open friendliness of our Nigerian friends. Professionally, we had many challenges. There were still remnants of the colonial Medical Services and many of the doctors and nurses considered the Canadian teams as threatening intruders who didn’t really understand Africa and felt that we were primarily wallowing in money. The Indian doctors and nurses welcomed us and were anxious to introduce us to delicious Indian food. Many saw us as valuable contacts for their eventual flights to Canada and America. There were not many African doctors at that time – the majority were training at Makerere University and some in Britain or Russia. They were pleasant to us but unsure of our possible post-colonial attitudes. A few of them became loyal, close, lifelong friends.

Professionally, establishing a new Department of Paediatrics in Nairobi was a formidable challenge for the McGill paediatricians. We tried to adjust our curriculum to suit the vastly different needs of the Kenyan communities. I put my previous African experience to good use and this was much appreciated by Professor Ross. I taught in the Infectious Disease Hospital where we had a measles ward with 500 admissions per year and a 10% mortality (50 children die of measles each year ). The mortality rate on the pertussis ward was worse – 50%! With intense management we were able to reduce the numbers drastically. I looked after polio patients in iron lungs, but almost all our tetanus babies died.

Again, I was fed up with my role as an undertaker to children dying of preventable diseases. I packed my VW Kombi with students and we travelled to rural areas, teaching and caring for children before they got to the pre-morbid state. The University noticed my activity and I was asked to leave the Department of Paediatrics to become the Professor of Community Health. I didn’t really know the formal content of this course, having only taken “Health and Social Medicine” at McGill where it seemed to be mainly learning the dimensions of a pit latrine.

I used my Kombi to transport my students and supplies to rural health clinics all over Kenya. Accidentally I was introduced to the Christian Medical
Commission of the World Council of Churches based in Geneva. I attended one of their meetings and I was such a loud mouthed rabble-rouser that they invited me to become a commissioner. This opened a new career in International Health for me and I worked in various capacities in health projects in Vietnam, South Korea, Jamaica, India, Malawi, Zaire, Lesotho, Zimbabwe, Uganda and Tanzania. We were constantly trying to promote “primary healthcare” as a justifiable adjunct to the established hospital based care of most Mission hospitals. This was not an easy task but it was an exciting and rewarding one. Fortunately we were led by visionaries such as Stuart McGilvary, Jack Bryant, David Morley, John Karefa-Smart, and Dame Nita Barrow.

My contract with McGill came to an end in 1977 and I was given the choice of returning to Montreal to teach or remain in Kenya on my own. I chose the latter. At that time my children were all finishing secondary school and leaving for what seemed to be the most expensive universities in Europe, Canada and the United States. So I had no option but to try to establish a private practice – a branch of medicine in which I had never participated. I hung out my shingle and waited for patients. Fortunately my tennis was on top form so I played in the lovely Nairobi sunny mornings and afternoons for several months until my practice was gradually established. It grew to be one of the most successful paediatric practices in East Africa, serving the entire region as a referral center. I had to hire a number of junior paediatricians, all my students, to help my ever increasing patient load. I continued to teach at the University and to examine there and in other medical schools in Africa e.g. Cameroon and Uganda.

The most important development in my life came in about 1980. I realized (and my wife pointed out to me) that my alcohol intake had increased to potentially dangerous levels – just below that which could interfere with my work. So I decided to do some drastic life changes; I cut down my alcohol intake to minimal or nil for a while, I started running around a track at my tennis club – 5 to 10 kilometres every day, and increased my singles tennis. This certainly is the reason why I am still alive, and not in a hole, pickled in Jamaican rum.

I was deeply involved in the development of our Children’s hospital – Gertrude’s Gardens Children’s Hospital, from a nursing home status to a modern children’s hospital serving as a regional referral center.

Inevitably, the young members of my profession reacted to my leadership and imagined financial success with jealousy. In one way or the other I was forced to relinquish my leadership roles and indeed, my hospital based practices. I then established my last practice in a new hospital, the M.P. Shah Hospital and, as was my habit in any new professional group, I
established a weekly medical rounds which became very popular and professionally rewarding. The hospital also provided a most enjoyable curry – no doubt an integral factor in the success of the Monday rounds. I enjoyed my private practice immensely – counting among my patients the children of famous movie stars, British royalty, and African potentates.

Dark days came upon the African continent and Kenya did not escape from the rising levels of rampant poverty, and its attendant insecurity. Our idyllic street became a focus for car-jackings and one morning our faithful cook informed us that the night guard of a house nearby was beheaded.

My daughters were living with us at the time and they witnessed a vicious break in at our house with an entire entrance broken down and much gunfire. Our guard was severely injured, but our family escaped. We decided, reluctantly, that it was no longer possible to live comfortably in our beautiful country of Kenya and we decided to return to Canada.

My daughters came to Canada to find an appropriate place for us to settle. Fortunately, we were able to sell our houses for a fair price so I asked them to find us a home in a place (1) which we could afford, (2) which would not display racism to us, (3) which was not too cold, (4) which would grant us access to good Medical Care (Margaret had a breast cancer operation and I had my back repaired). Our daughters started in Manitoba – British Columbia and Alberta were too expensive to live in. They went all the way across to St. John’s, Newfoundland, and found a quiet mid-sized city - London, Ontario - which would meet our needs.

In October 2006 we came to Canada to begin our new life. It has not been easy – there is no such thing as a place that is “not too cold” in Canada. The entire resettling process was difficult for me – fortunately my family are far more conversant with modern Canada than I am. I had to take a driving test (failed twice because I drove too slowly in the snow) and I had to learn how to check out at Wal-Marts, how to load a dishwasher, iron shirts, deal with “telemarketers,” shovel snow, look after potted plants, say “have a nice day” and many other essentials of modern living. Life was also a great deal more expensive than we thought it would be, and the global financial meltdown hit us hard so I decided to return to work. I had no luck at the local university Department of Paediatrics – apparently I was too old and would have to be checked out (for the big A no doubt).

Anyhow I tried to regain my provincial registration and eventually did. I was re-examined for fitness to practice in walk-in clinics and fortunately I squeezed by in my assessment. I now work three clinics but I had to re-learn adult medicine as I had forgotten which end of an adult was up.
I am trying to document my memoirs, and these archives are a small part of this humongous task. I hope that I shall eventually complete them.

I congratulate the Royal Society of Medicine on this Archive of Memoirs project as I feel such documents may be of some use to posterity.

Professor C E Forbes

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