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The Loneliest GP

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Abstract
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The Loneliest GP

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Tristan da Cunha is the most remote permanently-inhabited place on the planet. Easter Island in the Pacific, the runner-up, has a long runway bringing two jetloads of tourists each week; Tristan, having no airstrip, is reached from Cape Town after five or six days at sea with up to three months between sailings and there is little casual tourism.

The island population is about 300 including a few British and South African expatriates. The development of this community over the past 175 years is unique and its bearing on subsequent attitudes to life and health suffiently important to warrant discussion.

Tristan da Cunha is a volcanic island about one million years old and was named after its Portuguese discoverer in 1506. It is conical in aspect, less than seven miles across and rising to 6760 feet at the central volcanic peak. There are a few habitable low-lying plateaux at the coast. The island lies in the South Atlantic 1800 miles west of Cape Town and 1320 miles south of St Helena, the two nearest centres of population.

There were isolated landings in the 17th and 18th centuries but the first attempt at settlement was by an American in 1811 who recognised the potential of the island as a replenishment stop.

In 1816 the British landed a garrison on Tristan and formally annexed the island. This exercise was doomed to logistical failure and the garrison was withdrawn the following year. At their request, three men were granted permission to stay.

During the 19th century more men elected to stay on the island and women from Europe and St Helena came to marry and settle. The fertile volcanic soil supported good crops and plenty of livestock which, along with fresh water, were bartered with passing ships for other goods.

'Thriving' is probably not the word to describe the island's fortunes, for there were bad spells with poor crops and few ships, but the extended crofting existence and barter economy allowed the population to grow to 100 by 1856.

With the advent of steam shipping, fewer ships visited because Tristan is not on any modern shipping route. Between 1909 to 1920 there were no ships at all; eleven years without news, imported foods or luxuries. The privation of the late 19th and early 20th centuries lead to emigration and the population had fallen to 61 by 1903.

There were two periods of closer contact with the outside world that brought profound change to the islanders' ways of life and thinking.

The first was from 1942 to 1945 when the Royal Navy arrived to set up and man a radio and weather station. For the first time, money was introduced to the island and the islanders realised that their labour and produce had a monetary value.

In 1961 a side-vent of the volcano erupted, threatening the village and the entire population of 295 was evacuated to the UK.

By today's standards, the Tristan people were treated in a fairly patronising manner as curiosities and there was little assimilation with British culture.

If the 1940's had brought some realisation of the financial values of island life then the 60's brought home the recognition of its own cultural worth. Perhaps the culture shock in the Britain of 1961 shattered too many illusions. Perhaps fear of exploitation or loss of identity or feelings of vulnerability, inferiority or sheer incompatibility compounded their homesickness.

Only five adults out of 153 chose to remain in the UK. A more eloquent snub of western society could not have been voiced. Eventually, a reluctant British government was shamed into arranging their repatriation and the subsequent re-establishment of administration on the island in late 1963.

Tristan 1991

Today the island is a British Dependent Territory. Tristan has a British administrator and eleven elected islanders. The main source of revenue is the crayfishing franchise and philatelic sales.

The islanders are proudly British and the Union flag is flown at every opportunity. A Victorian dilectic English is spoken that seems to have cockney, west country and American flavours.

The 300 islanders live in about 100 households. The older houses are built from lava blocks while newer buildings use concrete. While the men earn money, catch fish and tend livestock, the women keep house, cook, help grow vegetables and knit prodigiously.

Family and friends will gather for particular tasks e.g re-roofing someone's house in a long cycle of reciprocated favours; the co-operative traditions remain strong.

The village has a post office, general store, hospital, village hall, libraries, pub, cafe and school. There is an Anglican church and a small Roman Catholic church. Sundays are still regarded as days of rest, times to relax and visit family and friends. The standard and style of living resembles that of a similar-sized Scottish island, while involving more self-sufficiency and less money.

The island of Tristan da Cunha from the air

The climate is temperate, with warmer summers and milder winters than that of the UK. Humidity is high, cloud and rain frequent year-round.

The Hospital

The present hospital was completed in 1971 and designed and equipped to better than UK cottage hospital standards. It comprises two parallel wings linked by a central foyer-cum-waiting room.

One wing contains a dental surgery with laboratory, two small wards with three beds in total and a two-bedded maternity ward with incubator.

The waiting room walls carried several educational posters which were rotated and replaced frequently to coincide with whatever health campaign was being organised.

The other hospital wing contains a treatment room with instrument and dressings packs, a gas-run drugs refrigerator and autoclaves, an X-ray room with a modern portable machine and adjoining darkroom, an anaesthetic/scrub room, a basic theatre, the dispensary, where patients can also be weighed and their blood pressure checked, a small consulting room and attached pharmacy.

The hospital is connected to the village's diesel-generated power supply which is available from six in the morning to midnight. There is an emergency generator for hospital demands outside these hours.

The Job

I was assisted in the hospital by three part-time nurses. While having no formal training, these three wise nurses have accumulated a great deal of experience and individual skills: for instance, one is an excellent theatre nurse; another is capable of producing good quality X-rays; the third perform-

ing temporary dental work. Like most islanders, they are practical rather than intellectual people and learn quickly when shown a task.

Open surgery was from nine to eleven o'clock each weekday and the rest of the morning was spent teaching the nurses or on hospital chores. My typical day included five to fifteen patients at morning surgery, usually no home visits, up to three visits or attendances at hospital (usually the latter) later in the day and an unbroken night's sleep. This seems to be a high consultation rate but many would not have been seen by a GP in the UK, for instance, for repeat prescriptions, casualty attendances, cases for the practice nurse, etc.

The islanders' natural reticence and sometimes limited expressive skills could make professional communication quite a challenge and they often assumed cure or improvement lay only in medication. I was very aware that they had to put up with a new doctor each year and that this might discourage the shy, or those with sensitive physical or psychosocial problems, from seeking help. I tried not to change the prescribing regime of my predecessor too suddenly or drastically.

Medical supplies are ordered from the UK and South Africa. A second opinion and medical back-up are in Cape Town where a general surgeon is the first point of contact over the radio. Patients sent for elective investigations or operations in Cape Town are scheduled for as short a stay as possible between boats, as medical, accomodation and subsistence costs in South Africa are the major drain on the medical department budget.

During my stay there were two births (both uncomplicated in first-time mothers), one death (gastro-intestinal bleed in an elderly hypertensive woman with a peptic-ulcer), admissions for viral pneumonia, terminal lung cancer and three operations: two appendicectomies and the repair of a crushed/degloved seaman's hand which involved digital amputations.

Both the optician and the dentist visited during my stay - a happy coincidence - so that I had little optometry to perform and only about a dozen dental extractions. Fluoride supplementation and intensive education campaigns have begun to reverse the long process of decay since the pre-war years when Tristan teeth were famous for their freedom from dental caries.

The hospital contained some ageing pathology equipment such as a haemoglobinometer, Westergren's ESR ware, centrifuge and microscropes, but these last were the only instruments I felt the need to use. Keeping equipment serviceable and reliable is difficult in such an isolated situation.

The standard of general practice on Tristan is similar to that in the UK. I did my fashionable bit by marking notes for smoking status, baseline weight and blood pressure readings and caught up on outstanding child and adult immunisations. Obese adults, including all those on thiazides for hypertension, were screened for diabetes and I also sent blood to Cape Town on those youngsters not yet blood-grouped for our emergency register. I continued school medicals and instituted early developmental surveillance.

I felt it was extremely important to take full notes, even within the limitations of the Lloyd George system, as the MO's transient stay is often shorter than the illness and a successor is always grateful for any clues.

Medical Conditions

Tristan pathology is predominantly that to which we are accustomed in the UK. *Asthma* is the most common condition though better controlled and affecting fewer than in years past. Few use their inhalers perfectly but they seem to be an important psychological treatment for a disease which has some recognised psychological triggers. A quarter of the islanders suffer to a variable degree though none require maintenance on systemic steroids any longer.

Obesity is common in the more sedentary older women and is often associated with *hypertension* which is resistant to various treatments in several patients. *Dyspeptic symptoms* are common even in younger adults, mostly due to reflux oesophagitis but with a number of peptic ulcers clinically. *Minor trauma* and *musculoskeletal* and *joint problems* abound and have traditionally been ascribed to the active lifestyle.

Headaches are still a frequent complaint but less so than in the past, possibly due to less psychosomatisation. However, there does seem to be a tendency to common migraine. Tuberculosis is fast becoming of historical (if recent) interest and past worries of helminthiasis and amoebiasis are not currently borne out.

Indulgence in *smoking* seems to be less than in the UK and is mainly confined to older men, and recently young men and women. Cigarettes are one third of the UK price but twice as expensive relative to income.

Alcohol is a topic which features in most medical department reports. Pathology directly attributable to the long-term effects of alcohol are rarely seen. However, minor motorcycle accidents, the occasional battered wife or girlfriend, outbursts of public violence and many stress-related symptoms illustrate the amount of psychosocial trauma that repeated abuse is inflicting.

Most men stay fit into late life while the women become obese relatively early. The *diet* is high in energy, through complex carbohydrates and fat, and fairly low in fibre, due to the overcooking of the fair intake of fresh vegetables..

In this tightly knit community, suppressed emotions and psychosomatic symptomatology have been traditional safety valves for *stress*. While perhaps slightly less frequent than in the past, this is still evident in tension headaches and stress-triggered attacks of migraine and asthma. However, islanders rarely complain of the despair or insomnia that evoke sinking feelings in British GPs.

Obstetrics, gynaecology and family planning are areas requiring more education to overcome attitudes. Tristan society is chauvinistic; women are reluctant to present gynaecological worries and family planning is another of their responsibilities. The pill is the most popular contraceptive. One woman had a coil which I replaced. Condoms are used by a few of the younger men. Coitus interruptus is widely practised otherwise. Recently, there has been a high incidence of conception out of wedlock although island social structure prevents this being an antenatal risk factor.

Uniquely Tristan

Access to anything new on Tristan is keenly exploited and the local radio service were anxious to lay hands on the mixed collection of music tapes I had brought. Sensing an opportunity, I suggested I might be allowed to host a weekly programme of my music

interspersed with medical homilies and advice. With some trepidation, they agreed.

An early success was to hear that the island store had sold out of whole meal flour two days after a programme discussing the topic of a healthier diet ("...turn your 'sinkers' into 'floaters'...").

At my request, I was appointed in an advisory role to the Island Store Committee as I believe the attitudes and behaviour of Tristan islanders regarding their own health can be altered by means other than education alone, and I wished to lobby that group of islanders responsible for ordering imported goods. The government is the only public supplier on the island, what food is imported to eat, alcohol to drink and tobacco to smoke is almost entirely within their control, as are their retail prices.

As a result, the boat on which I departed brought low-alcohol beer to the island which was to be introduced at a price no greater than that of the usual beer. The Treasurer seemed amenable to the principle that 'healthier' goods might be subsidised by those less healthy items.

Some of my other official duties included chairing the Public Health and Works Committee, inspecting the fresh water supply, the disposal of sewage and refuse, conditions in the slaughterhouses, and the cleanliness of public toilets. Also, as Port MO I had to scramble over the side of ships on ropeladders before giving them health clearance. I knew how Canute felt as I tried vainly to keep viral illnesses off the island - a case of open tuberculosis would have been much less harmful in comparison.

On occasions I was asked to assist the Agricultural Officer with various veterinary problems. I was usually out of my depth and could offer little advice or worthwhile operative skills.

One of the highlights of the year was Ratting Day, the traditional paid public holiday when a concerted and competitive attempt is made to exterminate as many rodents as possible from around the settlement and potato patches. The honour of helping to count the tail of those mice and rats taken (1200 in all) fell to the MO.

Conclusion

My time with the generous, unpretentious people of Tristan da Cunha was uniquely enjoyable. Professionally, it was a delight to be able to expand one's areas of unusual work to fill the available time, rather than trying to cram 30 hours work into a 24 hour day, to which we are all too accustomed. Socially, there was time to read, write, run, listen to the World Service, play badminton or my violin, climb the mountain, swim and attend lots of birthday parties - major events on Tristan; and with 300 people and only 365 days...

However, I found myself more comfortable maintaining a professional neutrality and avoiding close friendships or alliances as these might automatically alienate others. One's conduct has to be exemplary in a community such as Tristan, although some would gossip even about a saint.

I missed not being able to have a good old professional moan about day-to-day problems and was frustated by the infrequency and delays of communication with the outside world. I learned to adjust to the subtleties of the same language, the same flag but a different culture.

And I *would* return to this modern-day St Kilda - but I wouldn't let my defence organisation know what I'm getting up to!