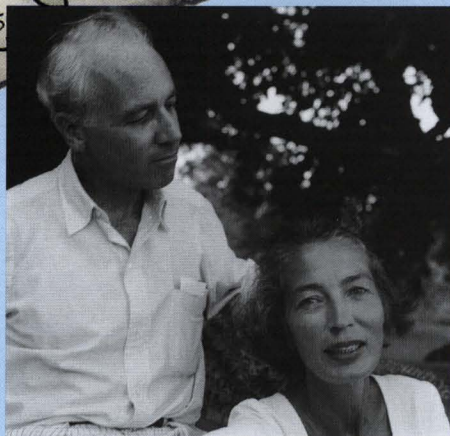


# A Month of Surgery in Haiti

By Edwin Bayley Buchanan, M.D.



Larry and Gwen Mellon, founders of the Mellon Hôpital Albert Schweitzer.

spent the month of January 1967 in surgical service at the Mellon Hôpital Albert Schweitzer in Deschapelles, Haiti. Although the time was short, the experience was long-lasting...



After retiring from my surgical career in 1993, a new interest in writing inspired me to record this memorable period. The details of my experience are handily available in a diary I kept, along with the saved letters to my wife who remained home in Pittsburgh with our four children. Professional authors have written about Larry and Gwen Mellon, who built the hospital in the Artibonite Valley of central Haiti, but nothing has been reported by a physician who actually lived and worked there.

Many have read about the romance in the late 1940s between multimillionaire William Larimer Mellon, Jr. and Gwen-dolyn Grant Rawson. They met in Arizona, married, and spent an unchallenging existence as cattle ranchers. In 1948, they were inspired by an article in *Life* magazine about famous humanitarian Dr. Albert Schweitzer to take up medical missionary work. Schweitzer personally suggested to “Larry” Mellon that he build a hospital in an impoverished area of the Western Hemisphere as Schweitzer had done in Lamboréné, French Equatorial Africa. The area chosen by Mellon was Haiti – in the West Indies barely 50 miles east of Cuba – adjacent to buildings recently abandoned by the Standard Fruit Company.

While Larry spent the early 1950s acquiring a medical education at Tulane University in New Orleans, the hospital was being constructed in Deschapelles under the close supervision of his wife Gwen.

In 1956, Mellon Hôpital Albert Schweitzer (HAS) was completed at a cost to the Mellons of \$2.4 million. It was well-built, well-equipped, and well-staffed with trained personnel, one of whom was new 46-year-old physician Larry Mellon.

At the entrance was a bust of Albert Schweitzer to whom the hospital was dedicated. The facility followed his philosophy of “reverence for life” – also shared by both Mellons – to respect the Haitians, treat their diseases, and improve their quality of life, but not to evangelize. They agreed not to interfere with the Haitian government or the country’s dominant religion, Voodoo.

The hospital and the Mellon home were completed about the same time by architect Jack King, a California friend of Gwen’s and a follower of Frank Lloyd Wright. Soon it became apparent that more money was needed for new buildings, personnel, and maintenance, so the Grant Foundation (named for Gwen’s family) was established at Mellon Bank in Pittsburgh.

Over the next 10 years, the hospital’s popularity increased as natives developed a trust in the northerner’s healing skills. Although most Haitians were nominal Catholics, they would first visit a Voodoo witch doctor. Diseases such as tetanus and

tuberculosis were so rampant and fatal that HAS bed capacity was increased from 40 to 150 patients, and the physician complement from four to 12.

It was March 1966 when Dr. Frank Lepreau, surgeon and medical director of HAS, contacted me through our mutual friend, Mrs. Peggy Rea, inviting me to work with him in Haiti that May. I had always considered Frank my best surgical teacher during my residency in the Boston-Fall River area in 1952. Other reasons for going were religious leanings, a moderate amount of altruism, and the persuasion of my wife, Agnes, that she could manage the house and four children alone. This convinced me at age 43 to agree to work there, but not right away.

The Mellon name and hospital were known in Pittsburgh and at Shadyside Presbyterian Church. I worshipped there with Larry’s sister, Rachel Walton, and her daughter, Farley Whetzel. Another member was Peggy Rea, the Wellesley roommate of Frank Lepreau’s wife Monny, who had visited HAS with her husband two years earlier. Peggy gave me a Creole primer but this native Haitian language would remain a mystery to me. On the negative side were

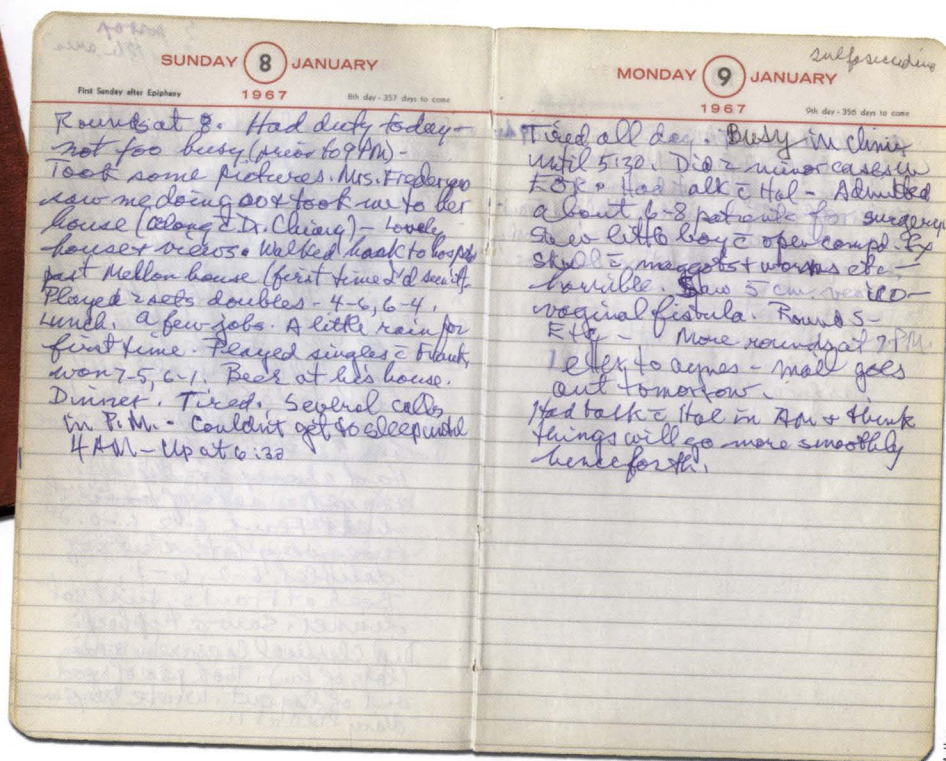
Peggy Rea (second from left) with the family of Dr. Frank Lepreau.



Author



NATIONAL  
DIARY FOR  
1967



Pages from the  
author's diary.

Author

family problems: a homesick, 14-year-old son doing poorly away at school, and an 11-year-old daughter with a learning disability and need for parental help with homework.

Finally, I decided I would go in January 1967, though during that month I would miss the birthdays of my wife, my mother (who lived around the corner), a nine-year-old son, and two cousins, plus my sister's 10th wedding anniversary party. I was also beginning to question my ability to do the wide variety of surgery that would be required there; my practice was mostly breast surgery, and my residency training 10 years earlier had been abbreviated. Not being able to master the language, and apprehension about the foreign locale contributed to my uncertainties about going to this Third World country.

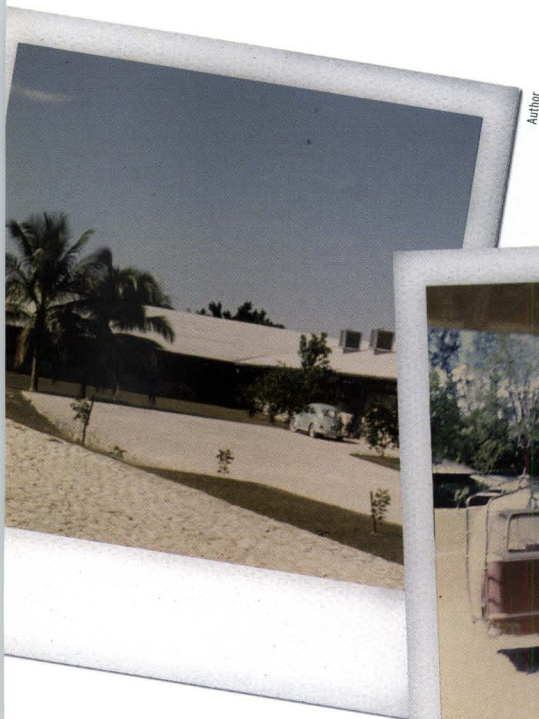
The first hardship was leaving Agnes on New Year's Eve as my plane headed for New York City. At the noisy hotel at Kennedy Airport, the requested wake-up call never came and I barely caught my 8 a.m. flight to Haiti, which only flew every other day. The other passengers were natives of the Dominican Republic returning home from their New York holiday with their kewpie dolls and paper flowers. My first "panic attack" resulted when I realized that mine was the only white face in the small Port-au-Prince airport. Relief came with the arrival of the hospital mini-bus which dropped me at the pleasant Hotel Oloffson where English was the spoken language. The bus returned an hour later filled with hospital employees. The ensuing 90-mile, two-and-a-half-hour trip was the most harrowing ever experienced by this novice: horrible shacks without plumbing or electricity, poorly nourished natives in rags, some children without clothes. The deeply rutted roads were barely passable. Motorized vehicles were king of the road, chasing

pedestrians and animals into the nearest ditches. Armed police stopped us at St. Marc but dictator Duvalier gave preference to HAS personnel. We then headed east away from barren hillsides to the verdant area of Deschapelles which led up to the beautiful one-story limestone hospital that appeared like an oasis in a desert. A prayer of thanks for my safe arrival was offered at 5 p.m.

In the hospital dining room that evening was a bland diet for "blancs" and spicy meals for natives. The Mellons came over to welcome me. Such gracious people! After dinner Frank Lepreau led an indoctrination tour of the hospital complex for the three newly arrived physicians. We were shown the admitting section where the hordes of patients would be ushered in the following day.

The hospital's catchment area was the Artibonite Valley with 175,000 people (5.7 percent of the Haitian population). They came to the hospital by foot, boat,





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Left: The back of the Mellon  
Hôpital Albert Schweitzer.

Center: The transport bus in Haiti.

Above: The residence for  
visiting doctors.

Page 31: The residence  
for nurses.

litter, and bus, guided by the tall water tower. Having registered and paid their three gourdes (60¢) – when they could – they were ushered into lines for the three clinics: medical, pediatric and surgical. By 1966, each specialty had three doctors totaling nine; there was also a dentist, an ophthalmologist, and a veterinarian. In addition to an electric generator, a water tower, and an inter-hospital phone system, there was an efficient laboratory, an X-ray unit, a library-conference room, a morgue, and two air-conditioned operating rooms.

My sleeping quarters were commodious, but I would be alone except for three days of the month. As expected, there was no radio, newspaper, or television – only the sounds of babies crying in the adjacent pediatric ward, roosters crowing, Voodoo drums in the distance, and the smell of

horse manure emanating from a nearby paddock. Letters went out on Tuesdays and Fridays, and deliveries arrived only twice a week. There was no mail at all for the first five days, then six letters arrived on one day. Letters and daily diary recordings were maintained throughout the month. I had also brought packages from Peggy Rea in Pittsburgh for various people on the compound: books, crayons, toys, bubble gum for the children, and a christening dress for a physician's infant.

Dr. Lepreau's son Jay was set to return to Quaker school in Philadelphia. So great was his fondness for the sporting life of the hospital complex (tennis, swimming, and horseback riding) that he intentionally missed an earlier plane from Port-au-Prince and had to be escorted by a doctor returning to the States.

The next day (Monday) was a clinic day when there would be about 50 patients attending each of three clinics. My schedule required getting up at 6 a.m., eating at 6:30, X-ray conference at 7, and clinic from 8 to 5 with an hour off for lunch. All the doctors read the recent films. There was neither a radiologist nor a pathologist requiring that slides be sent to Port-au-Prince for interpretation. That process would have taken a week's time.

The clinics were a mass of humanity with a strong body odor permeating the area. Occasionally a patient died while waiting in line. My inability to understand the language was frustrating, as was my difficulty in getting acquainted with the common diseases and the available medicines. The Creole interpreters were not always reliable. Miss Louise Remi, a native R.N., was the head of our clinic and a real godsend. Frequently I felt that patients might prefer another surgeon who could understand their language. Fortunately, much of surgical diagnosis comes from





visual and tactile perception. The two other surgeons were Frank Lepreau, my friend and expert chest surgeon, and Harold May, chief of surgery for 10 years, with whom I had some differences during the first week. As low man on the totem pole, I became the gynecologist which was the specialty least preferred by the other two doctors.

The Haitians were stoic, free of false modesty, and trustful of HAS doctors. Physically they were medium tall, slender, muscular, and quite free of body fat, making them ideal for most surgery. They were educated to at most a third grade level and unaware of good personal hygiene and disease control. All minor surgery was done in the clinic using local (Novocain) anesthesia; this included opening abscesses, removal of toes, and superficial skin tumors. The most common malady was malnutrition causing orange hair in many children. Other frequent conditions were intestinal worms (50 percent of population), venereal disease (particularly gonorrhea), and foot ulcers (they wore no shoes).

Common fatal diseases were tetanus in both adults and newborns (very rare in the U.S.) and pulmonary tuberculosis (3 percent of the population). We also treated fractures, blunt trauma, burns (particularly in children), and ulcers near the end of the stomach. Cancers and heart disease were rare, as life expectancy was in the low 40s. No cases of colon or gall bladder disease, appendicitis, or breast cancer were seen during January 1967.

Elective surgery was scheduled on Tuesdays and Thursdays. The two air-conditioned operating rooms were quite well-equipped with instruments. Nurses served as assistants and there was a minimum amount of extrinsic pressure. Dr. Garnier, a native Haitian, provided excellent anesthesia. My operations during the month were as follows. Unfortunately, the descriptions are often graphic.

- 1 D & Cs – 12 cases – womb scraping usually for miscarriages.
- 2 Hernias – six cases – substantial groin swellings.
- 3 Vagotomy and pyloroplasty – four cases – for ulcers, cutting two vagus nerves above stomach and enlarging the opening of the end of stomach.
- 4 Hydroceles – four cases – removal of large fluid sacs from scrotum.
- 5 Skin graftings – three cases – for burn coverage.

- 6 Repair of blunt abdominal trauma – two cases – once with bowel protruding through the abdominal wall, another with intestinal perforation requiring closure.
- 7 Caesarian sections – two cases – technique copied from surgical atlas in the library.
- 8 Tracheotomy – one case – a bed patient with tetanus was given a hole into windpipe and canula inserted (my first experience).
- 9 La Forte operation – one case – for severe uterine prolapse to mid-thigh, technique again learned from atlas.
- 10 Compound skull fracture – one case – defect closed but wound later became infected with maggots and worms.

Two displaced fractures of wrist and thumb (corrected later by Dr. May) were inadequately treated which confirmed the fact that one's results in Haiti didn't automatically improve over those in the States. The moral was: don't expect success in those cases not treated well at home. On four occasions, I assisted Dr. Lepreau with partial lung removals for tuberculosis. He helped me on a case of ovarian cancer and on another with a severely bleeding ulcer. None of my patients died that month. Cooperation among surgeons and frequent post-operative visits were the key to minimal mortality and complications.

The career of Dr. Frank Lepreau represents an example of medical missionary zeal in many global sites. After 10 years of surgery in Fall River, Mass., where I first met him in my residency, his Quaker leanings encouraged him to work in Kenya,



East Africa. He spent two years there before starting a nine-year stint with Larry Mellon in Deschapelles which he thoroughly enjoyed. At the time of his departure, he wrote an article, "Surgery in Haiti," for *Archives of Surgery* that covered the total HAS surgical experience. He later worked with nurses in Appalachia. Upon returning to Fall River to "retire," he treated alcoholics, AIDS patients, and incurable cancer victims. At 88, he continues to care for (at no charge) this last group of patients from all over New England.

Another exceptional person was Walborg Peterson, head nurse from Boston, serving since 1955. "Miss Pete" recruited many R.N.s from Europe and the States, and though she never learned the Creole language, trained native girls as nurses' aides. She returned to the U.S. and passed away after some 30 years of HAS service.

In addition to many working hours, there was also time for recreation. Tennis was my favorite pastime, a preference shared with Frank Lepreau. After I won four victories in a week, he injured an ankle and it required a cast. Playing doubles afterward was never the same without him. Also, when I left for Haiti, my wife Agnes equipped me with camera and film.

In spite of being a rank novice, some pictures came out surprisingly well. Photography was often combined with exploring the buildings around the hospital, i.e. the boutique, ice cream parlor, and the veterinary clinic. The surrounding mountains and nearby homes were very picturesque.

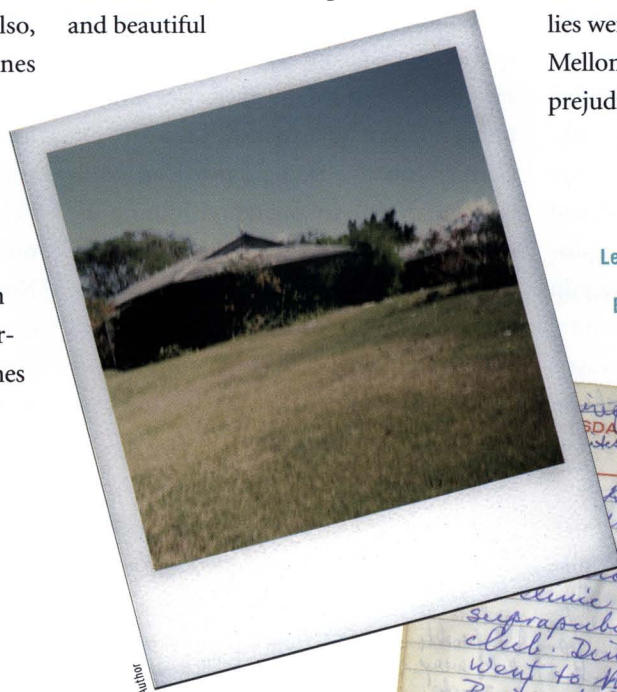
The Mennonite meetings on Thursdays provided me with a religious outlet. Evenings were quite lonely, spent writing letters (about 35 total) and keeping a diary. I had doctor roommates on only three occasions. I also read two appropriate books: *Dear and Glorious Physician* by Taylor Caldwell, the story of St. Luke which supplied me with surgical glorification; and Peter Bourne's *Drums of Destiny*, which described the liberation of Haiti and the building of the Citadel by the mad dictator, Henri Christophe. Several of us hoped to see this edifice later.

My first dinner invitation came on January 10 from Gwen Mellon. This tall, slender, handsome woman was a standout in any gathering. Intelligent and hardworking, she had love for everyone, particularly the native Haitians. The running of the hospital reflected her influence as much as Larry's. She was the most prominent person at HAS, registering patients, collecting their gourdes, working as interpreter in the pediatric clinic, and visiting sick inpatients. She oversaw the building of the hospital as well as her own charming one-story limestone home with its antiques and beautiful

views. Dinner that night (with five other guests) consisted of a rum drink, turkey, onions, peas, salad, and lemon custard.

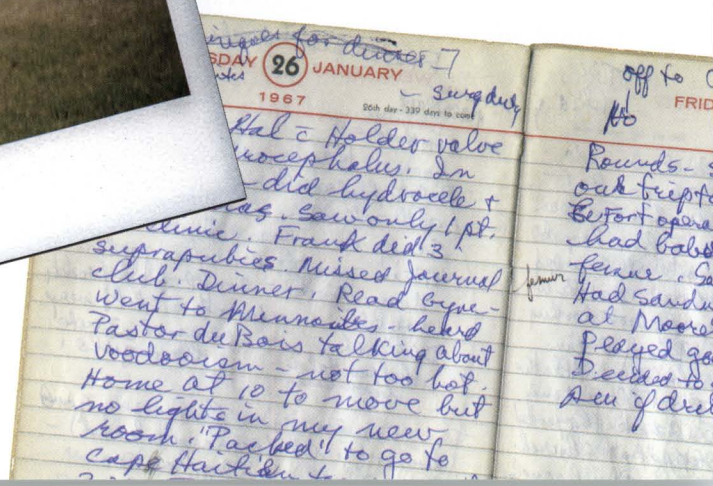
Four days later, I had lunch alone with the Mellons. Afterward, Larry and I walked in their yard admiring the bougainvillea and palm, nut, mango, and grapefruit trees. This gave me an opportunity to have an informative visit with the congenial and modest head of the hospital. We talked about Pittsburgh and his relatives there; about Choate, his New England prep school; and nearby Deerfield, my alma mater. How difficult it was for him to start medical school at 38 and embark on a totally different and purposeful life following his conversion by Albert Schweitzer. Graying and slightly-built, Larry gave up medical practice in 1960 to take up community development, building construction, and teaching the natives physical hygiene and preventive medicine. As a parting gesture, he gave me two grapefruits off the tree and I mixed the juice with rum after getting back to my quarters.

Dinner invitations during the seven ensuing days provided excellent food and stimulating conversation. Two of the families were "mixed" marriages of which Larry Mellon stated, "Here in Deschapelles the prejudices of nationality, race, and creed



Left: The home of Larry and Gwen Mellon.

Below: Pages from the author's diary.





seem to lose their sharp edge.” Dinners were excellent social opportunities for exchanging thoughts among doctors and spouses. On my last weekend, six of us planned to visit the Citadel to the north. When bad roads forced cancellation, Aldeth Claiborne (an R.N. widow in her late 50s) and I decided to go to the IboLele, a resort motel near Port-au-Prince. A New York psychiatrist was the only other tourist there. Aldeth and I shopped, played cards, attended an Episcopal service, and sampled drinks at a nearby rum factory. It was a pleasant hiatus as we returned to the hospital Sunday evening with most of our gourdes (\$500/month salary) still intact.

**A**s January ended, it was apparent how valuable my experience at HAS had been. Eating out enabled me to appreciate the doctors and wives and their altruistic reasons for working there as well as their native ability. These were not the money-seeking, self-centered physicians seen too often in the States. So enriching was my association with the Mellons, the Lepreaus, and Miss Pete – the epitome of the selfless individuals of Deschapelles.

In the final week, however, I yearned to be home with wife, family, and my own surgical practice. This seemed more natural than the numerous subspecialty cases at HAS which often frustrated me. Once at home, my friends soon forgot my “nobility” in operating on the natives. It was almost as though I had never been away. I had no

overwhelming desire to return alone to Haiti; unable to converse in Creole, the Haitians represented more of a “case” than a “person.” This detracts so much from the doctor-patient relationship. My children were getting older and leaving them would have been irresponsible. Some financial loss as a sole-practitioner was another negation.

Larry Mellon died in 1989, leaving the hospital leadership to wife Gwen. Other people at HAS in 1967 have either passed on, left the hospital, or suffered from burnout after 10 years of service in the isolated area. In 1992 and 1995, I saw Frank Lepreau at Pittsburgh reunions organized by Lucy and Ian Rawson (Gwen’s son).

Originally, I had favored conversion of Haitian patients to Christianity in place of their Voodoo religion. Later, I appreciated Dr. Mellon’s philosophy of “reverence for life” which separated healing from religious conversion. And so to Larry Mellon, the selfless individual whose actions and words expressed his personal Christianity, I offer a belated word of thanks for one of the great experiences of my life. Equal praise is due to the late Gwen Mellon for continuing this important work until her death in November 2000. ☼

Edwin Bayley Buchanan, M.D. was a surgeon for 38 years, and has written many scientific and historical articles, including “Four Generations of Buchanans and Breast Cancer Surgery in Pittsburgh” for this magazine in Fall 1997.

Top: The author's wife and daughter.

Bottom: The author, in Haiti during his wife's birthday, sent this telegram greeting.



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