

# READING JACQUES FERRON

## In Search of the Anglophone Doctor in Jacques Ferron's Story "Le Petit William"

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*In pedes procedere noscentem contra naturam est, quid argumento est appetlavere agrippas aegre partos.*

Pliny/Jacques Ferron

The drive into the village of Petite-Madeleine in the Gaspé evoked the same anxious sense of anticipation that I felt when we first drove twenty-five years ago into Lampman, Saskatchewan, where I (VMcA) was to be the town's only doctor. Jacques Ferron felt it as well when he brought his young wife to Petite-Madeleine in 1946. In Lampman, worries about performance were soon replaced by a sense of professional isolation. Notations made by previous physicians in the patients' charts substituted for discussions regarding patients and problems – following in the footsteps of colleagues. Ferron too felt this isolation; he treasured stories regarding Dr Cotnoir, his predecessor in the village. For the next thirty years these stories and his own experiences in the Gaspé found their way into Ferron's writing. His stories evoke in the medical reader the same sense of following a colleague's trail. Just as we learned about colleagues through the diary of their work, Ferron himself comes to life through these medical tales and, through the man, life itself is illuminated. The purpose of our trip to Petite-Madeleine was to investigate the background to Ferron's story "Le Petit William," which appeared in his 1964 book, *Contes anglais et autres*.<sup>1</sup> In it, the narrator describes being called to attend a young woman as she gives birth to a baby boy. The setting is consistent with Ferron's own medical practice in the Gaspé in the late 1940s. The young woman ignores the doctor's attempts to keep her supine ("ship-shape according to my rites" in Ray Ellenwood's English translation, "Little William"),<sup>2</sup> but instead she turns on her side and remains "capsized" throughout the delivery.

When finally the doctor-narrator turns to the *sage-femme* or Francophone midwife for help, he is told to take off his gloves and make himself comfortable. He is brought a cup of tea and the midwife assures him that his predecessor, Dr. Cotnoir, had a "habit of drinking two or three cups while he was keeping an eye on a patient." And thus with tea and conversation, the midwife makes sure that observation is the limit of the narrator's contribution to the birth.

The old woman explains that an Anglophone doctor ("*un Anglais*") had practiced in the area for a brief period – "a boat brought him, a boat took him away." He had taught her aunt, who was his assistant. "He had his own special way of doing things: first of all he never put his finger in the right place, and secondly he made the woman lie on her side." The delivery is successfully completed, but the narrator is told there is only one problem: "[T]he poor babe will have to be called William. After all, he is a little Englishman, so to speak."

Empathy for his subjects is a strong characteristic of Ferron's writing. "The women are strapped down the way we want them," the narrator-doctor remarks. In "Le petit William," this doctor slips quietly from his training to learn from an old country woman and her young charge. "When it was all over, she rolled onto her back [...] [W]e placed the baby next to her. She seemed surprised: she'd had it with her back turned and maybe she thought it had just dropped from heaven. That's the big advantage of the English position."

A lecture on this topic by one of Ferron's English translators, Professor Betty Bednarski of Dalhousie University, revived memories of medical training at the Rotunda Hospital in Dublin in the 1970s. Subsequent collaboration with Professor Bednarski led to the publication of an interdisciplinary essay on

obstetrical issues in "Le petit William" (*Literature and Medicine*, 2002), in which a number of the points raised here receive further development.<sup>3</sup> At the Rotunda, midwives and medical students were taught to place the mother in the left lateral position for delivery, as opposed to the dorsal position that was favoured by the other maternity hospitals in Dublin and by most physicians in Britain and North America. A multipara who had learned the lateral position would automatically turn on her side as she sensed the progress of labour and would remain "capsized" despite attempts of those assistants familiar with the dorsal position to "right" her. This could cause confusion if the mother transferred from the Rotunda to other hospitals for subsequent confinements. At the Rotunda, rectal examination was used by midwives to determine the stage of labour in order to avoid contamination that might accompany vaginal manipulation. This explains Ferron's reference: "he would never put his finger in the right place."

Ferron was capable of including obscure medical detail in his stories without losing the reader's interest in his message. While the "English position," allowed for the safe and easy delivery of this baby of Quebec, the price was loss of its French identity. Another example of Ferron's use of obscure reference, that would be available to only a few of his readers, is the epigraph. Calling the French baby by the very English name William, echoes Pliny's suggestion in Ferron's misquoted epigraph (see above) that breech babies should be named Agrippa because Agrippa was one of the few breech babies that amounted to anything. Superficially, the epigraph might suggest that the baby's English identity is a good thing. Few of Ferron's readers today would know that the completion of the Pliny quotation states that while this was good for Agrippa, it was not for the world at large because Agrippa was the progenitor of Caligula and Nero. In this apparently simple story, the complex balance between benefit to the individual of assimilation into the Anglophone world and communal loss to the Quebec nation is realized using subtle medical and classical knowledge.

Despite the symbolism, Ferron's story has the ring of truth. In an interview with Pierre L'Hérault, published under the title *Par la porte d'en arrière*,<sup>4</sup> Ferron admitted that a real event was the basis for the account (p. 94). Sometime before Ferron's arrival in the Gaspé, an unnamed Anglophone doctor had stayed for one winter in Grande Vallée because

his ship was held up there ("a boat brought him, a boat took him away"). This town is ten miles east of Petite-Madeleine. The visitor provided maternity services and trained several *sages-femmes* during his stay. Having discovered the reality behind Ferron's fiction, we sought more information regarding its personalities and were interested, most particularly, in finding out if the visiting doctor had been trained, as I (VMcA) was, by the Rotunda Hospital in Dublin.

The left lateral position is often called the Sims's position after James Marion Sims (1813 -1883).<sup>5</sup> There are several links between Sims and the Rotunda. Sims founded Women's Hospital for New York, modelled on the Rotunda Hospital. During the American civil war, he travelled to Europe to avoid mixed loyalties, being from Alabama but living in New York. He visited the Rotunda frequently over the next few years, lecturing and demonstrating surgery as a guest of Dr. McClintock, Master of the hospital.<sup>6</sup> However, Sims described his position for surgery to correct vesico-vaginal fistula and not for maternal delivery.<sup>7</sup> The left lateral maternal position was already in use at the Rotunda and Sims did not advocate its use in the Women's Hospital for New York.

Use in the Rotunda of the left lateral position and digital rectal examination can be traced back to its second master, Fielding Ould.<sup>8</sup> In 1742, he published the first textbook of obstetrics in English in which he described these techniques. The left lateral position probably originated as a traditional technique in Britain and Ireland. It became known as "la posture anglaise" in French literature. French textbooks that were in the library at Laval during Ferron's education usually referred to la posture anglaise only to dismiss it as a product of English prudery.<sup>9</sup>

Ferron's removal to Petite-Madeleine can be viewed in several contexts. Although he graduated with distinction from Laval in 1945, his school and university careers were unsettled, as his biographer Marcel Olscamp has shown.<sup>10</sup> His mother died when he was ten years old. The family environment became anarchic if still cultured and caring. He was expelled and readmitted to Collège Jean-de-Brébeuf, where he received a classical education from the Jesuits. Pierre Trudeau was a school mate with whom he would continue a life long intellectual rivalry. At the age of twenty-two, and without a means of support, he married a fellow Laval student, Madeleine Therrien. He volunteered for the army while in medical school,

but missed action in World War II. Instead, he would be a medical officer in the prisoner-of-war camp at Grande Ligne. His motivation for going to the Gaspé may have been to acquire the seclusion required to start a family.

He may have sought seclusion but he did not find tranquility. A road to Petite-Madeleine had been built to service Brown's paper mill. Conversion to hydroelectric power had resulted in this village being the first in the Gaspé to be electrified in 1920. The mill closed in 1927. Albert Fournier of Grande Vallée told us in 2003 about the difficulties the doctor in Ferron's time had while travelling by row-boat in summer and by sleigh over the mountain in winter to villages beyond Petite-Madeleine. Jacques and Madeleine Ferron arrived by car in 1946 and stayed in the house formerly occupied by the mill manager. The house, which was on the shore of the Saint Lawrence, had two entrances. Ferron converted the manager's office into his *cabinet*. Now a bed and breakfast, we were able to stay in Ferron's house during our research. Edith Patterson lived next door in the 1940s. In 2005, she recalled for us her friendship with the Ferrons. Jacques delivered her second child: the left lateral position was not used. Two doors away lived the Boileau family who bought Dr. Cotnoir's house at a sheriff's

sale for \$4,000 in 1942. Cotnoir had become ill and would die six months later in Gaspé. In the above-mentioned interview with Pierre L'Hérault, Ferron described Cotnoir as a heavy drinking but skilled physician with a very broad practice (p. 88 ). Albert Fournier confirmed this opinion in an interview in 2003. Alain Boileau reported in 2005 that a few members of the community who were dissatisfied with Cotnoir precipitated his bankruptcy in 1942, even though his indebtedness was a result of his reluctance to pursue unpaid accounts.

It was also suggested that Ferron's stay was cut short by a dispute with the parish priest who convinced the Duplessis government to withdraw Ferron's permission (or subsidy) to practice in Petite-Madeleine. We did not discover the cause of the dispute, but Ferron was denounced from the pulpit as a communist. In 1949, Ferron's name was included in a round up of communists by the Duplessis government. Ferron avoided internment because he was admitted to the Royal Edward Sanatorium at Sainte Agathe for treatment of tuberculosis, the disease that had killed his mother.<sup>11</sup> This unsettled period in Ferron's life included his father's suicide in 1947 and culminated in his separation from Madeleine Therrien in 1949. Ferron had spent less than two years in the Gaspé, but the experience

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would inform his writing for the rest of his life.

No memory of the Anglophone doctor in Ferron's story persists in Grande Vallée today. It is attractive to imagine that he trained at the Rotunda Hospital. Courses in obstetrics at the Rotunda were by far the most popular in the British Isles at that time. Manuals of midwifery written by the hospital's Master continued to advocate delivery in the left lateral position.<sup>12</sup> Modern studies suggest superior foetal oxygenation occurs with this maternal position.<sup>13 14</sup> The old midwife told Ferron's narrator in what we can assume was about 1946 that her aunt had been taught by the Anglophone doctor. This would place the visitor's practice in the Gaspé between 1890 and 1930. "A boat brought him, a boat took him away." Ferron's writing is often characterised as fantastic but it seems to be rooted firmly in reality, especially for those who know the events upon which it is based. The Anglophone doctor's story is a lesson to all physicians regarding the powerful effect their transient presence may have on those whom they serve. We only met a few people in the Gaspé who had read Ferron, but they were all mystified by his 1962 book that was named for Dr. Cotnoir. The story contained no recognizable features of their doctor or of their area. Our interpretation is that *Cotnoir*<sup>15</sup> is a reflection upon the troubled life of Ferron's father onto which the author transposes features of his own life. By identifying a predecessor colleague whom he never met with his father, Ferron demonstrates the impact physicians have on one another.

Alain Boileau, current owner of Cotnoir's house, told us that his father had a habit of painting messages on the rafters of the basement. In one corner Alain found three names together: Cotnoir, Ferron and Lahaie. Could Lahaie (or Lahey) be the doctor we sought? With the help of Nicole Provencher, at the archives of the Quebec College of Physicians, we identified Maurice Lahaie as Ferron's predecessor in Petite-Madeleine from 1939-1940. Dr. Lahaie graduated from Laval in 1938. He was, therefore, an unlikely candidate for the Anglophone doctor, whose identity remains unknown. Maybe it is better that way.

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