

MEDECINS HAITIENS

PIONNIERS & EDUCATEURS

Dr Frantz Medard
1920-1987

Born in Cap Haitien , after completion of his secondary education in his native city, Frantz Medard graduated from the Faculte de Médecine et Pharmacie de l'Université D'Haiti in July 1949.



Soon thereafter, along with other newly minted doctors of medicine, he departed to the United States of America for further training .

He landed in St Louis ,Missouri at the Homer J. Phillips Hospital, heretofore unknown in Haiti. He pursued training in Internal Medicine first, later moving to the Barnes Hospital in the same city to gather new knowledge in the field of Endocrinology.

Other young Haitian graduates had completed their studies in more familiar cities , like Chicago, New York.

Starting in 1954-1955 ,they returned to the Motherland, eager to share their newly acquired experience in different medical specialties : Anesthesiology, Internal Medicine, Obstetrics /Gynecology, Pediatrics, Surgery , Urology, Thoracic Medicine .

Dr Frantz Medard soon opened a private practice of Internal Medicine in the "Bas Peu de Chose".

Chance encounter with some medical students, members of the nearby. " Cercle des Étudiants " established the first contact with one of the recent returnees. Of and on during the year 1955 ,early 1956, these students were exposed to new text books, new ways of talking about ailments etc.

The turgid prose of the French books, the tedious, liveless , boring dictations of detached long time teachers had worn out their welcome amongst many students .

The October 1956 third year instruction in Internal Medicine brought that discontent to a boiling point. Over a three month period, the distinguished professor managed to cover partially one disease syndrome.

The political events of December 1956 leading to the departure of the President of the Republic and the dismantlement of the Ministries provided the opportunity for the third year class to dismiss this dishonest.

Soon after the government fall, Dr Frantz Medard was chosen by the striking students to the Chair of Professors of Internal Medicine, Attending Physician in the Department of Medicine at the Hopital General de Port-au-Prince, under the long time older Chief of the Department.

The incomparable USA trained younger physicians represented to us the vanguard for deep changes in the teaching methods at the medical school

The incoming USA trained physicians represented to us the vanguard for deep changes in the methods of teaching at the medical school.

The two years preceding the arrival of on the medical scene of the Missouri trained men, had brought our 1953 entering class in contact with some returnees from the French medical education system.

The first course on electrocardiography ever taught at the medical school was from a cardiologist from that system.

Even though up to this day we are grateful for his knowledge ,we found him wanting compared to the newest comers.

The class of 1953-1959 of the École de Medecine et Pharmacie de L' Université d'Haiti is forever grateful to these young enthusiastic professionals for the introduction of The Internal Medicine, Pediatrics, Obstetrics, Surgery, Physiology, Pharmacology, Pathology USA textbooks.

For, their introduction and the fervour they inspired benefited magnificently our future professional lives and our families fortunes in the two North American countries forced permanent existence led us to settle in.

Dr Frantz MEDARD nomination as Chairman of the Department of Medicine two years after our choice is to this day a momentous event in the lives of the many succeeding classes of physicians graduating from the Haitian medical schools, whether public or more recent privates.

The year of Internship at the Hopital General departments of Obstetrics, Pediatrics, Urology,Medicine led to closer collaboration with the newly employed physicians.

The two months some of us practiced in the department of medicine under the new chair was to this writer exhilarating. We absorbed knowledge through our pores; fast and furious paced.

During the long Summer interval following the July coronation of long years of study, one waited with apprehension the dictats of the Ministry of Health . Assignment to a Residency Posting away from the Capital City or in Specially Training at the Facilities in Port-au-Prince (our in our case the first surgical training position at the Hospital Justinien in Cap Haitien under another recently installed chief of Surgery new returnee from USA training) kept us guessing and hoping for the best.

By early September Dr MEDARD had chosen the first group of residents under his new chairmanship.

He recruited four , instead of the usual two yearly , again a first. Other departments , still under their long time chair, choose the usual two or one.

During our initial interview, he delineated his aims and approach to the mission he considered for the group : we would be the vectors, “ pointe de lance”(my words) for the deep changes he envisioned for the Department.

By October first the four of us joined the two preceding residents along with the two third year finishers.

The four beginners had been good friends before entering medical school, some since primary school. A magnificent fit.

Dr MEDARD also recruited a dignified, well trained nun nurse, as material manager and overall supervisor of operations.

The older nursing stafi was to be trained in newer ways of communicating, managing and working.

We, young physicians , were free to innovate, bring to the attention of the attending

physicians and specifically to the chairman any deficiency ,abnormal conditions in need of correction.

Dr MEDARD then introduced us to the concept of full training in Laboratory procedures. The lonely night on call laboratory technician would be incapable to sustain the demands of the fast practices, we were about to carry on.

The two wards ,about 40-50 beds , of the Department of Medicine were really a “ run away “ Intensive Care Unit, long before its advent in the medical USA lexicon.

Next attention to the Anatomical and physiological aspects of the pathology one was dealing with, as expressed in the American Pathology text book by Sodeman.

So results of biopsies, necropsies were part of every day attention.

During the first three months we learned that “ preserved” skill of our dispatched previous professor of medicine . We did electrocardiograms right to left . The numerous cases of acute pulmonary edema gave us a field day. The previous course in electrocardiography during our second year served us incredibly well.

Interesting enough we discovered soon they were of no use in the actual management of the problem.

Waste of time, precious paper and less harassment of the poor nurse responsible for lone electrocardiograph,heretofore “ personal “ property “ of the dispatched doctor.

Biochemical techniques of Blood glucose levels, proteins ,(a person’s bailiwick also), microscopic detection of the malarial parasitic infestation, the testing for typhoid bacterial infection, hemoglobin levels determination (profound anemias were a daily issue), were mastered with the professional and amical help of the Laboratory Supervisor.

The clinical ,unpublished yet , clinical research,of the two third year residents of the Department had discarded the moniker “ typhomalaria” from our hourly diagnoses. They were concomitant, separate diseases;one infectious,the other parasitic, both endemic to the poorly hygienic conditions of the larger population of the country.

The multitude of Diabetic acidosis and other comas needed precision monitoring of the electrolytes, glucose levels at frequent intervals.

The first “ Flame Photometer” purchased by the Ministry of Health for the Department of Medecine as requested by Dr Medard was installed in the corner of a small room of the Department, the residents ONLY operated it. They were the first and only trained.

Thus management of this difficult pathology became scientifically and technologically directed.

More yet. During the upheaval of gunshot wounds during our years , many intestinal fistulas needed electrolytes management. The collaboration with our surgical brethren provided the opportunity to extend the use of the photometer to the general hospital very sick patients.

These two important contributions to the advancement of medical/ surgical practice and teaching are probably surpassed by two more major innovations

First , besides the introduction of the text books the Medical

weekly ,monthly periodicals , The New England Journal of Medicine, The American Journal of Medicine , the American Journal of Cardiology, the Acta Scandinavica brought up to date topics and advances to our knowledge.

The Monday Clinical Pathological Conferences , modelled on the Massachusetts Clinical Pathological ones under the leadership of Dr Benjamin Castleman tested positively everyone from older attending medical staff to young clinical medical students.

Both our own failures and the cases presented in the New England Medical Journal were the subjects.

A more comprehensive introduction to the Residency Program in Internal Medicine was the Visiting Professor from the University Medical Colleges of the USA and from France, with the collaboration of Dr Armand from the Obstetrics Hospital Maternité Isaie JEANTY in Chancerelles . Embedded for three to four months in the Department , they exposed to us the best ways to investigate, diagnose, treat the numerous illnesses (some themselves had never encountered and they humbly accepted our instructions) confronting our diagnostic and management abilities.

Dr MEDARD ,also had introduced us to the” how to manage “ the difficult problematic situations. This “. marche a suivre” concept followed me during all my long career.

From the Gastro enterologist Dr Colcher, from Columbia University, we learned & practice gastroscopy , sigmoidoscopy, and also the pitfalls of a medical career for the physician family.

Sickle cell Disease was brought to our knowledge as an Affliction of Humans of African Ancestry by a young professor (am sorry I cannot at this moment remember his name) from Howard University in Washington DC. So much for alienation in one’s education.

We learned to recognize the deformed red cells under the microscope. We learned that about 10% of people of African ancestry carry the genes .We learned about Thalassemia, affecting people of Mediterranean descent - the “ arabs amongst us - indeed.

Shameful: one of our medical school and residency colleague was never diagnosed with the disease even though the symptoms and clinical signs were evident.

The class of 1953- 1959 saw also the Funding of the first Residency in Psychiatry, under the leadership of Dr Louis Mars and the assistance of a visiting Canadian (Quebec) visiting professor.

One of our classmates became the first resident at the Psychiatric Institute built anew near the School of Dentistry of the University of Haiti.

Also , the embedded French cardiologist inspired one of us four to the specialty.

Shall I say all of us, except one who departed for a career in East Africa, completed the three years cycle.

During those three years , we developed long lasting bonds , not only between us, but with our mentor and his family.

We were invited to their newly built home in the hills surrounding Petionville. Some wonderful memories around encounters in their company would be of historical interest. The warmth of the friendships Dr MEDARD extended to us melted with his approach to his duties as chairman of the Department.

He would surprise the night nursing staff and the helpers by his sudden appearance in their midst.

He then proceed to share his discoveries with us at the Residence house, spend time fraternizing with us , and remind us of the ways we could remedy to the failings he just uncovered.

Shall I mention the historical turn of events in his medical career : he had to rescue some colleagues from their inability to recognize the dire situation of an important individual in the Haitian government.

Also , during unusual armed harassment by military personnel and scared officials of our group of residents at the Hopital General , we persuaded him to intervene somewhat to stop such: lest we would leave the premises during a raging thyphoid outbreak and strike by the helping hands on all the hospital wards, save a few.

Shall I suggest that the leadership training and inspiration to serve our needy citizenry led to the desire to attain the highest levels of knowledge in the medical other fields.

Most of us ,despite our desire to propagate Dr Medard vision for the practice of medical care in Haiti and the provision to the forgotten of adequate hygiene and sanitation, left the country during the next year or two from our residency training.

The plight of the populace has not changed despite the multiplication of Medical School, nursing schools, etc.

During the subsequent years, Dr Medard continued with vibrant enthusiasm the teaching of Internal Medicine to Generations of medical students.

Dr MEDARD's ascension to the Dean's Position at the Medical School he graduated from, provided him more influence in the formation of new generations of Haitian physicians.

They owe to the 1953-1959 class their thanks for the moment they nominated him to the professorship of Internal Medicine at the Faculte de Medecine et Pharmacie de L'Universite d'Haiti.

The entry of the entire group of Missouri trained physicians in the difierent departments of the General Hospital in Port-au-Prince, ,in addition to to the trainees from other USA institutions led to progress in the medical practice around the country.

The introduction of the USA medical textbooks permitted many of us to succeed passing the very first ECFMG examinations .

Dr MEDARD's medical career ended when the pressures of the political moment weighed heavily on his convictions.

His early death on April 3rd 1987 in New York City saddened his former residents. Our original team of six has dwindled over the years. The two present survivors fondly remember his everlasting influence on their destiny.

May his legacy lives on.

Rodrigue T Charles MD