

Recollections of Eng and Pan

Early Childhood of Ah-Yin Eng- Jiangsu Province China. 1928- 1937

This account, based on what our fading memories still retain, was written to commemorate the 50th anniversary of our graduation from the Medical College of the University of Taiwan.

I was conceived while my Father was teaching in a fishing village in south Thailand. Since his first son died from an infection because there was no available medical care, he decided to return to his home town, Wuxi, in Jiangsu Province, China. My Mother was six months pregnant when she returned to Wuxi, a small city where older and more experienced relatives could help provide care for me.

My first day in kindergarten when I was 4 years old was marked by me wandering alone into a busy street with nobody coming to pick me up to take me home after school. A policeman picked me up and I was able to tell him the address of where we lived and he escorted me home. He handed me over to my Mother, who had arranged for a good friend to escort me home. Her friend had forgotten about me.

From early childhood, I was a bit precocious and loved to argue and never afraid to speak out. I became the class representative responsible for welcoming and entertaining visitors. One day, a group of teachers from another city came to visit our school and while touring the kindergarten part, they were impressed by my welcoming speech to the kindergarten class. They bought a big Teddy Bear and specifically mentioned to my teacher that it was a personal gift to me, not to the school. However, at the end of that day, I was not allowed to take my gift home. I ran home and asked my Mother to come to the school to talk to the administrative staff. They insisted that any gift from guests belonged to the school and I could only receive a personal gift after finishing Grade 6. I got so angry that when leaving I banged the door loudly to show my anger. I was not punished by the school for my insubordination.

In Grade 3, I refused to do weekly assigned Brush Calligraphy homework. This involved using the traditional writing instrument, a tapering brush at the end of a long stick, and ink prepared by the student, a very time consuming task. My punishment for not doing the assigned homework was to go to the front of the classroom every Wednesday and present my palm to the teacher to be hit with a flat ruler making a loud flapping sound for everyone to see and hear. The intention of this punishment was to humiliate the lazy student, not to cause any physical injury. My reason for misbehaving was to insist we had entered the era of using pen and pencil which are much more efficient in writing, thus we should give up the brush to save time. After voluntarily going to the front every Wednesday to receive punishment, my teacher gave up on me and discontinued his routine assignment and subsequent punishment. I was able to skip Grade 1 and Grade 4 and completed my Grade 5 when war came in November 1937.

Escape to Penang, Growing Up, Medical School in Taiwan. 1937 - 1952

We managed to escape the Japanese occupation of our hometown by only a few weeks before the fall of the city of Nanking, capital of China, in December 1937. We managed to reach the inland port of Hankow, where we stayed for three months until we could leave China. We left China using the still operating Hankow-to Canton railway to Canton, then Hong Kong, and finally arrived at the island of Penang early in 1938. Penang, at the time, was a British crown colony situated along the west coast of the Malay Peninsula.

Knowing no English, I had to take private tuition in English for a year before I could re-enter primary school to continue my education in a British colony. By the time I finished my Grade 7, Pearl Harbor shattered my carefree life once again. Japanese troops occupied Penang in early 1942 and we became slaves of the Japanese Empire. All teachers and students of the Chung Ling High School, my alma mater, were on the wanted list to be arrested, imprisoned and tortured to death. My school alone lost 11 teachers and over 70 students.

I learned how to peddle a tricycle to haul goods and started going to buy fresh eggs from fishing villages along the coast and selling them to city dwellers to make a living. A year later, the Japanese occupation government monopolized the trade of fresh eggs channeling the entire supply to the military and peddlers like my Father and I could no longer continue our business.

I was hired to haul goods using a tricycle with space in the front capable of carrying two 150 lb blocks of ice and other miscellaneous supplies needed by a restaurant. Another year went by, all communication channels were cut off by Allied airplanes and the island of Penang was completely cut off from the outside world and importing food was not possible. Accordingly, we tried to grow food ourselves to survive. The monks of the largest Buddhist temple in Penang, the Kek Lok Si, kindly let my family use a piece of their hillside land. The land included a spring that provided clean fresh water for us to grow crops and vegetables and we managed to carry on until the Japanese surrendered unconditionally in August 1945.

Between August and December 1945, when Chung Ling reopened, I secured employment with a Chinese language newspaper as a proof reader in its advertising section. Once back in school, I was able to skip Grade 8 and enter Grade 9. I skipped Grade 10, completed Grade 11 and then Grade 12 in June 1948. Chung Ling is now the largest secondary school in South East Asia with a current enrollment of over 8,000 students.

In my next job in a city 60 miles from Penang, I taught Grade 3 and Grade 4 students. Given the freedom to drill my Grade 3 students every morning from Monday to Saturday for 10 minutes, I read aloud repeatedly a part of the multiplication table. By the time they reached Grade 4, the multiplication table had been imprinted into their young brain and everybody got 100% ... no sweat at all.

Early in 1949, the first Chinese political organization opened an office in Penang where the majority of inhabitants were of Chinese descent. I was offered a secretary position without knowing enough English to be fluently bilingual and knowing nothing about shorthand. My immediate superior and mentor Mr. Lee Boon Jin, who volunteered to coach me was working for the Chinese Chamber of Commerce. He offered to help me with the English translation of minutes of meetings taken in the Chinese language and basic book keeping.

I was able to take over English typing after six weeks of hard work reaching 40 words a minute. Within six months, I was able to perform all required work by the Malayan Chinese Association of Penang. This included all secretarial work, selling lottery tickets to raise funds, keeping minutes in both English and Chinese, and communicating with government and community organizations. However, I was fully aware that I needed a much better command of the English language before I could get anywhere in the future.

I joined the evening private tuition class of Mr. R. Roberts, who was of Eurasian origin and an experienced teacher in English and French. After three months, he gave me his own private scholarship and gave his lessons free of charge three evenings a week from one to two hours each. He coached us to write the University of Cambridge School Certificate Examination, which was recognized throughout the British Commonwealth. Anyone who could get a Grade one certificate would gain admission to any university in England, Australia or other British colonies. He was impressed by my diligence in acquiring a good English vocabulary while holding a full time job 6 days a week. Two years under Mr. Roberts' coaching brought me into another world opening many doors in front of me. I passed the School Certificate Examination with a Grade One certificate.

Although I had acquired a university entrance qualification, I couldn't possibly afford to attend any University because I was not local born. Only British subjects were eligible for scholarships to study in North America under the Colombo Plan. I was reluctant to consider going to the People's Republic of China where post secondary education could be free for overseas students like myself but politically, being from a Nationalist (Kuo Ming Tang) family the likelihood of being persecuted was quite high.

Then the colonial government offered to pay the salary of Chinese school teachers who had passed the School Certificate Examination and were teaching in subjects using English textbooks, which was very tempting because I could now work as a high school teacher getting paid a decent salary and enjoy a lot

more holidays. This new policy induced me in 1951 to give up my secretary job and became a Mathematics teacher at Chung Ling High School teaching Grade 7 and 8 Algebra. I was also offered a full scholarship to study Education at Kirby College in England for two years plus one month and to tour Europe before completion of the course all at government expense on condition I sign a seven year contract to teach upon my return. The only drawback was the lack of a degree. I would only get a Diploma from Kirby College and the compulsory retirement age was 55. I was already 24, add two years of college and seven years of teaching would place me in a perpetual subordinate position in my field without a degree. I could also attend the local Agricultural College, a three year course at government expense but once again, I would only be a technician working for the government and no future advancement prospects.

An opportunity to go to Taiwan to study medicine was most tempting even though a medical degree obtained from Taiwan would not be recognized by the British Government and I must consider other future plans. When my application to join Pre-Med class without passing the Entrance Examination was approved in 1951 I was all set to leave Penang.

Classes usually started early in September but my permit to enter Taiwan did not arrive until the middle of October and I thought that with my academic background, I would have no chance to catch up after missing two months of the academic year. I applied to postpone it to the following year so that I could arrive early instead of being late. I received my Entry Permit for 1952 early in the spring and I arrived in Taipei by June 1952. I was able to stay free of charge at the University dormitory while local high school graduates had not yet written their entrance examination. I was privileged to enter Pre-Med without going through a highly competitive entrance examination. Only 50 out of 1200 writing are accepted.

Registration Challenged, Wen Mai Pan, Medical School Reforms. 1952 - 1957

On registration day, the clerk in charge of looking after us refused to let me register because he had never heard that a student could enter Pre-Med without passing the Entrance Examination although I showed him a certificate issued by the Ministry of Education specifying that I was permitted to enter Pre-Med through special exemption orders. The clerk on the scene attempted to confiscate my Ministry document and I screamed at him and left the scene. Undaunted, I attended classes and nobody stopped me. It took three months before my registration issue was settled. As I completed my six year high school education in a total of 3 1/2 years, I was far behind in Science and Mathematics compared with local graduates who had already covered most of the freshman courses at university while still in high school. I bought a General Chemistry textbook by Pauling right after my arrival in June and managed to swallow the whole book with the approach that anything I didn't understand, I would memorize.

At age 24, I was the oldest student in my class, eight years older than the youngest, Kuo Hung Ping Wen with the nickname Ah Ping, who was not yet 16. He was very efficient in helping me to get through General Chemistry. Failing to pass this subject by itself would certainly lead to being expelled from the Pre-Med class.

During my second year at Pre-Med, a flu epidemic hit Taiwan very hard and many of my classmates became ill and took antihistamines, which made them very groggy leading to failure to pass their Organic Chemistry course and they were forced to switch to a different field of study. Six or seven of my classmates decided to form a team to visit as many of our professors as possible to seek their help to change that unreasonable tradition and allow those students a second chance to stay in Pre-Med by giving them the opportunity to re-write Organic Chemistry. This effort produced a desirable result.

One day, an overseas engineering student from Indonesia, Lee Chun Ba, who was taking the same Botany class with Pre-Med students casually mentioned to me that a pretty Pre-Med girl was watching me while I had an argument with Professor Yang. The professor quoted a Life Magazine article and I disagreed with her because I was a regular reader of Life. I paid no attention to that remark telling Chun Ba he was being over sensitive to someone's inadvertent attention mistaking it as personal interest. It took several years before I appreciated that my future wife, Wen Mei Pan, was indeed interested in this

old, shabbily dressed and nasty student, who entered university through the back door most likely through some strange political connection.

While still in Pre-Med, I met our Taiwan University President Qian Si Liang's son Qian Fu at a tennis court as he was cycling by to get home. When I mentioned our education system needed a great deal of reform to eliminate the practice of certain professors who would show up once or twice to give lectures to students each semester despite the academic curriculum's clearly published statement that professors should teach two hours each week. He couldn't believe that this was happening and he invited me to follow him to meet his father the same evening. When we first met, President Qian spoke Mandarin very slowly because he was concerned that some overseas students do not understand Mandarin, the official language. I reassured him that not only was I fluent in Mandarin, I could also speak Taiwanese, Cantonese and even some Shanghainese, plus my own dialect of Wuxi. I reported that Professor Deng Huo Tu, scheduled to teach Comparative Anatomy two periods per week on a Saturday only showed up once each semester leaving students to waste their time each week waiting in the classroom during the allotted hours each Saturday facing an empty lectern. Nobody dared to report this to the administration. I also mentioned that for Pre-Med students to study German and Latin as compulsory subjects were out of date as English was becoming the universal language in the world for Science and Commerce. A year later, German and Latin were deleted from the compulsory subjects list and Professor Deng no longer was on staff.

The process of completing Pre-Med and entering medical school proper went smoothly and while studying Human Anatomy, Wen Mei suggested that the four girls in our class invite four boys to make an eight person team to dissect one cadaver. Since Wen Mei's parents had moved to Hong Kong, she began to spend her summer and winter vacations there. When two of my former students were on their way to attend university in Taiwan, they needed someone in Hong Kong to guide them to do shopping and I asked Wen Mei to help them.

From then on, Mei and I began to get closer and closer, which led to a confrontation on a city bus in Taipei. While traveling together with our classmates, Hu Jue Che and Hung Wen Liang, they cornered me and questioned me harshly about how could I, being known to have a wife and two sons back in Malaya, be going after our classmate Wen Mei. I answered that I came from a Muslim country and I was legally permitted to marry four wives. They then insisted that they wanted to know the names of my two sons. After a few minutes' silence, I told them if they really wanted to know, they must ensure they do not get angry and then I said one is Yong Jue Che and the other Yong Wen Liang. It dawned on them from my response they had been deceived for several years. I had been very close to Ah Ping's family spending my summers in the south where his father was still in active practice in the town of Tung Kang. To prevent potential match makers approaching me, I spread the story of having a wife and two sons since I was being treated like a family member of Dr. Kuo and I could speak fluent Taiwanese which is similar to the Hokien dialect I grew up with only minor pronunciation changes like calling "fish" "Hi" in Taiwanese and "Hu" in the Hokien dialect

Ah Ping treated me like his older brother and accompanied me when I visited an old family friend in Keelung, the Yaos. Going back 25 years, Aunt Yao was our close neighbour in Wuxi where I was born and she used to hold me in her arms during my infancy and Ah Ping met a classmate of Aunt Yao's daughter who was attending high school, Miss Wei Zhen. She was about 16 and Ah Ping was 18 when they

first met and as a closer relationship developed I warned Wei Zhen not to write to Ah Ping when he is home because his father tends to open letters addressed to his son. On one occasion he opened my letter to Ah Ping because my Chinese name is commonly adopted by girls. He later learned that I was the oldest male student in his son's class. I became part of the Kuo family acting as older brother to Ah Ping. Wei Zhen's family came from mainland China. Although she spoke fluent Taiwanese, the barrier between people from different provinces of China often led to family conflict. To marry a "Gwa Seng Ar" (peasant from other provinces) was considered inappropriate socially and Ah Ping's family objected very strongly while he was dating Wei Zhen

Marriage, Internship, Return to Malaya. 1957 -1961

The summer of 1957 was the last opportunity for me to take Wen Mei to Malaya to meet my parents and a chance for me to meet her parents in Hong Kong. We went to the British Consulate in Dan Shui to apply for an entry permit for Wen Mei to visit Malaya and Singapore. It was at the height of Communist insurrection in Malaya and the British Consul had to seek approval from London to issue an entry permit, but if we were planning to get married, he had the authority to issue it right away. I turned around and asked Wen Mei whether she would marry me on our trip and she answered YES. This instant decision governed the next half a century of our vicissitudinous life together through thick and thin while we overcame numerous almost insurmountable barriers to get settled. En route to Malaya, I stopped over in Hong Kong a guest of my future in-laws for three weeks while waiting to meet Wen Mei's older brother to come from Shanghai. My future brother-in-law got stuck in Canton, a city only a few hours away by train from Hong Kong and we missed the opportunity to meet.

We flew south to Singapore where we were married on August 17 at the office of the Registrar of Marriages of Singapore paying a special fee of \$50.00 in Singapore currency. During the brief marriage ceremony, Mei was asked to specify on her marriage certificate that she was my First and Only Wife. She didn't understand that classification and asked the Registrar to explain what First and Only meant. She was then told that because I was holding a British Passport issued by the Malayan government, I was legally permitted to marry four wives as a Malayan citizen. The First and Only designation was for her protection because it meant that I had lost the privilege to marry more wives in the future. It was the first cultural shock to Wen Mei visiting a strange new country.

During my three week sojourn in Hong Kong, my future mother-in-law took the trouble to buy fresh seafood twice a day to guarantee freshness, although it might have made her worry that I didn't want to go anywhere but just enjoy her delicious cuisine and sleep most of the time. I gained 16 pounds during that three weeks of inactivity and unlimited gouging. My Mother was happy to see me no longer as thin as I was after five years of absence, thanks to her new daughter-in-law. On the other hand, we were able to convince my Father at the age of 59 with a height of five feet two inches to reduce his 194 pounds of body weight because of the risks this weight posed to his health. He started daily walking for four to five miles, weather permitting. He achieved a body weight of 140 pounds within two years and stayed at that level till his eighties.

As the wife of a citizen, Mei was legally entitled to seek permanent residence in Malaya and all legal requirements for her to stay in Malaya were completed before we returned to Taipei to finish our final year of medical school followed by a compulsory rotating internship from July 1958 to June 1959 at the National Taiwan University Hospital in Taipei.

When British Malaya was granted independence to commence at midnight August 31, 1957, I was reassured by the British colonial government in writing that if I returned to Malaya prior to August 31, 1957 and got my British passport extended, my citizenship would not be affected. I never expected that things could change so drastically that suddenly I became stateless. I had to surrender my British Passport and apply for a Malaysian Certificate of Residence requiring yearly renewal. I was also ordered in 1958 by the Malaysian government to return to Malaysia immediately upon graduation in Taiwan, otherwise our right to reside permanently in Malaysia would be forfeited. Any promise made by the former colonial government would no longer be valid because of retroactive legislative changes made after Malaysia became independent. Overnight, I became stateless in 1958 while still an intern.

The National Taiwan University Hospital allotted \$ 300.00 (Sin Tai Bi) per month as meal allowance for the Nutrition Department to provide food for each intern. This allotment was enough to supply adequate nutritious food for us, but in reality the quality of food we received was not worth even half of the amount allotted. We had no choice but to meekly submit to this exploitation. For several continuous weeks I wrote on the blackboard of the hospital canteen the same message asking the Chief of the Nutrition Department to show some CONSCIENCE at breakfast time. This message would be erased by someone later in the day. One morning I was notified that the Chief wanted to see me. When I went to his office, before he had an opportunity to ask questions, I introduced myself as someone with connections in high places proven by the fact that I could enter the Medical School of the University of Taiwan without writing an

entrance examination. I went on to say that, I came from a family whose roots with the current political party running the government, the Kuo Ming Tang, went back at least 40 years. My uncle was one of the gun toting revolutionists fighting in the Northern Campaign (Bei Fa) that captured Nanking and we have a silver medal to prove it. My entry to Taiwan had the Minister of Overseas Affairs as my guarantor, which emphasized my political correctness and no attempt from anyone accusing me of being subversive, left leaning or a communist sympathizer would get anywhere. I added that the corruption by his staff to mistreat interns and residents in training is now well known across the elite U.S. teaching hospitals because our Dean Dr. Wei Huo Yao was visiting the U.S. and everywhere he went he was asked whether our interns were so badly treated and exploited and he is asking our University Hospital to hold an urgent staff meeting to investigate who is spreading rumors to damage our reputation. The interview ended with a promise that the matter will be investigated. Two years later, interns and residents were permitted the choice of receiving cash and to have their meals elsewhere or continue to have it at the hospital. My daily message writing on the blackboard of the hospital canteen and my intimidating approach may have contributed to the change.

During our internship, I had my prolapsed rectum resected by Professor Xu Shu Jian. I am most thankful for the complete elimination of hemorrhoidal bleeding resulting from chronic constipation during my teenage years. At the time, my family rented a room in a house with 70 people living together but equipped with only one toilet. Dr. Tigris T.Y. Lee (Lee Zi Yau) delivered our first baby, Susan, on June 7, 1959 while he was serving as Chief Resident for Obstetrical Service. Captain Liu, the military supervisor for our dormitory gave us special permission to accommodate our baby Susan plus Mei and I for six weeks until we could receive an exit permit from the Taiwan Government. All of these these services were completely free of charge and we will never forget the kindness and caring approach showered upon us.

Upon my return to Malaysia as a stateless person, we managed to get high school teaching positions to make a living. We were hired by Hua Lian High School of the City of Taiping, state of Perak, to teach high school science and mathematics earning a salary barely adequate to support the family. Then came our number two, a premature boy, delivered by a student nurse. She didn't have time to put on a pair of gloves as he descended and came out so fast. There was no time to notify the doctor on call or the nurse in charge of the maternity ward. Luckily, everything went smoothly under very primitive circumstances while I could only wait outside and was not allowed to be involved in any shape or form with the care of Mei. Several days later, postpartum Mei suddenly developed massive G.I. bleeding and I became the full time nurse needed to feed our premature son every three hours inside a mosquito net to prevent the transmission of Malaria. Fortunately, Mei's bleeding stopped spontaneously and we were able to travel south to join my parents and have her admitted for further investigation at the Johore Bahru General Hospital located at the southern tip of the Malay Peninsula and separated from the metropolitan city of Singapore by a Causeway.

The internist in charge, Dr. Lim Kee Jin, when making his rounds learned that Mei had graduated from medical school in Taiwan and was now teaching high school but was on her way to receive post graduate training in North America. He moved Mei from the third class ward to the hospital's first class private room providing all services at no charge and donating his own professional time as well.

Travel to Canada. 1961

Having passed our ECFMG (Educational Council for Foreign Medical Graduates) Examination, we were both heading to North America. We were leaving because we received a notice from the Malaysian Government Ministry of Education classifying us as Temporary Non-Registrable teachers subject to one month's notice of termination when a fully qualified teacher became available. The definition of a fully qualified teacher is a citizen who has completed 10 years of formal education plus one year at a Teacher's Training college in the Malay language. My teaching certificate received from the former British colonial government was no longer valid after Malaysia became an independent country. One hospital in California accepted our application to repeat our Rotating Internship, but the American Consulate in Penang refused to issue an entry visa to both of us to prevent us from having children born in the U.S. and then seek permanent residence. Only one visa could be issued and the other must stay behind as hostage. We were also accepted by many Canadian hospitals to do internship and Canada did

not have American style racially discriminative immigration rules and regulations. Now we had two children to support and fortunate to have a Mother energetic enough to care for our children. We chose the highest paying hospital getting \$175 (Canadian) a month plus free room and board at the Sarnia General Hospital, Sarnia, Ontario, Canada. Our total savings after two years of teaching high school and trying our best to save resulted in just enough to purchase one way airfare for each of us from Malaysia to Canada.

The day we arrived in Vancouver, our total assets consisted of \$200 in Canadian currency. It was early morning and we were wandering about the Vancouver airport and didn't know what to do for the day as our connecting flight from Vancouver to Toronto would not take off till late that evening. Fortuitously, a young Canadian showed up and asked us what our plan was for the day. He introduced himself as Harold Smith, a member of the Junior Chamber of Commerce of Vancouver. Having finished setting up that day's exhibition requirements, he was able to take us sightseeing in his car and bring us back to the airport to catch our connecting flight, at no cost to us. We couldn't believe such good luck as being able to sightsee for a whole day. We still have a picture of the big tree in Stanley Park that had a hole through the centre of the tree large enough for motor vehicles to drive through. When we arrived at London's airport, we learned that there was no connecting flight that day to reach Sarnia. A taxi driver offered to take us from London to Sarnia, a distance of 60 miles, for only \$20. We took his offer. We managed to save one night's stay at a hotel and local taxi fares plus getting one day's free meals at the hospital and an extra day's salary.

Sarnia General Hospital, Repeating Rotating Internship. 1961 - 1962

Mei and I were the first foreign interns to arrive in July. We were soon joined by four others from South America. Mei worked the day shift and I did the night shift for the first six weeks. Each shift lasted 12 hours. We were expected to start all intravenous procedures, attend to all emergency patients, do all required lab work including type and cross matching blood after regular office hours and catheterization of all male patients. I objected to the assignment of lab work related to blood transfusion because we had no basic training in blood typing and cross-matching. Any mistake could result in a patient losing their life. The hospital administration accepted my objection and called in a registered Lab Technician to work after hours when needed. All teaching was done by locally practicing doctors, who were unpaid volunteers. Dr. Duncan, a general surgeon, upon learning we had no exposure to the subject of Public Health as medical students was very kind to take us any evening we were not on call to his house where Mrs. Duncan, who had special training in public health could coach us. She was also a physician, but not practicing at that time. As most foreign trained doctors had no idea what kind of public health service Canadians were receiving and it is one of the five subjects we must pass to get a license to practice in Canada, we were very fortunate to receive such individualized teaching.

The local Chinese restaurant not only provided free meals to us without charge anytime we were not working, the owner and his staff provided free transportation to and from the hospital as there was no local bus and we couldn't afford taxi service. Dr. Wong, an internist of Chinese descent took special care of us, teaching us how to read E.C.G and provide complete care of hospitalized patients.

Nearing the end of our internship, we learned that we could not obtain an Enabling Certificate from the CPSO (the College of Physicians and Surgeons of Ontario), the licensing body in the Province of Ontario to write the LMCC (Licentiate of Medical Council of Canada) examination. Passing the LMCC examination was a minimum requirement to obtain a license to practice medicine in Ontario. The reason for our rejection was expressed in one line ... your medical school, the Medical College of the National Taiwan University, is not on the approved list. In desperation, we managed to contact the Halifax Infirmary in the Province of Nova Scotia where we could do another year of rotating internship and permission to write the LMCC would be guaranteed. A telephone call by our hospital administrator Mr. Arthur Hewig, to the Registrar of the Manitoba College of Physicians and Surgeons, who was his classmate solved all our problems and we avoided a third year of rotating internship. We were told to apply for permission to write the LMCC from the Manitoba College and it would be approved without any problem. The Manitoba College would recognize our medical degree from Taiwan, our ECFMG certificate

and the completion of a year's rotating internship in Ontario. Upon passing the LMCC ,we would be granted a license to practice in Manitoba. We could also seek registration with the General Medical Council of the United Kingdom. Registration would make us eligible to practice medicine in all British colonies including Singapore, Malaysia, and Hong Kong.

Barberton Citizens Hospital, Ohio, General Practice Residency. 1962 - 1964

During the later part of our internship in Sarnia, our stipend was increased from \$175 monthly to \$200. The Barberton Citizens Hospital in Ohio was offering a \$400 monthly stipend for General Practice residents plus free room and board. Our two years there went by in a flash.

The majority of doctors were very nice to us except one general practitioner, Dr. Bugay. He had a patient on intravenous Penicillin to treat an infection. The treatment involved a dose of Penicillin every four hours. He specifically ordered the Chief Resident to personally give this dose despite the availability of junior residents and interns to perform such tasks. I happened to be the chief resident and facing such an unreasonable order I made sure I called Dr. Bugay each time I gave a dose. During two successive nights, I called him after midnight to report that I had given the dose as ordered. He got very angry and came to the hospital at 2:00 A.M. right after I called him. He came to the ward and ripped my shirt to express his anger. My response was simply "I am just following your orders". The episode was reported to the Education Committee of the hospital and they had an emergency meeting and decided to strip Dr. Bugay of his privilege to use the service of interns and residents. This restriction led to Dr. Bugay giving up his general practice and joining an Ophthalmology training program to become a specialist.

By 1963, Mei became pregnant and by then we had passed our LMCC and obtained our Manitoba license and were about to apply for registration in the United Kingdom. We were initially told to get another year of rotation before we could register. I protested strongly stating that we had gone through two years of rotating internship plus two years of general practice residency and had rotated through each department including Medicine, Surgery, Pediatrics, and Obstetrics and Gynecology four times and saw no point in going through it a fifth time. In early 1964, we obtained our United Kingdom registration and were now able to practice in all British colonies and anywhere within the British Commonwealth without the need to take any further licensing examination.

Helen, our Yankee baby, was born on April 5, 1964 weighing nine pounds and six ounces, but with marked jaundice. She was transferred to Akron's Children's Hospital for observation. While there it would be easier to proceed right away with an Exchange Transfusion should her condition be identified as ABO incompatibility. Fortunately, her jaundice subsided rapidly and she did not need any medical intervention. Having a new baby, we bought a second hand Peugeot for \$1300 and I learned how to drive.

Westchester County Hospital, New York, Pathology Resident for Eng, Senior Chest Resident for Pan.
1964 - 1965

Since my Mother was still caring for our two older children in Malaysia, some important decisions had to be made. We needed more time to decide whether to return to Malaysia to start our own practice or to stay in North America. In the mean time I chose an easy job because of the need to care for the baby. I was hired to do a year of Pathology training with no need to work weekends and nights. We picked the Westchester County Hospital primarily because their married quarters for residents were first class. They were located in a five story building with an elevator and the building was connected to the hospital with underground passageway that was not exposed to the outside. There also was an indoor swimming pool that was open 24 hours a day. Mei was appointed senior Chest Medicine resident with teaching responsibility, receiving an annual salary of \$5,700, whereas mine was only \$5,000. Our apartment had two fully furnished bedrooms each with its own bathroom, a fully equipped kitchen plus laundry room with its own washer and dryer and a spacious living room. Another advantage was the availability of student nurses from the hospital's own School of Nursing to hire as baby sitters. I also appreciated the quality of air being 30 miles north of New York City I could breathe much easier.

Mei was completely immersed in reading all the recently published articles on Chest disease because every morning she has to make rounds in her department at 8:00 A.M. and seldom returned to our apartment before midnight. She had practically no contact with the baby. On Saturday mornings, I formed the habit of taking Helen with me to spend two hours cruising around a nearby lake to allow Mei get more sleep at least once a week. Gas was about 30 cents a gallon and for the first time since we graduated from medical school, our life style was approaching the average middle class family.

The hospital was prepared to sponsor our application to seek permanent residence in the U.S. because we were parents of an American citizen by birth. The only concern was that it was at the height of the Viet Nam war and acquiring permanent residence status could lead to me being drafted for military service. Having completed my General Practice training in the U.S. and an additional two years of rotating internship made me a desirable candidate for military service.

I explored opportunities to return to the Far East as both Singapore and Malaysia were advertising worldwide for medical officers to serve in government hospitals. Malaysian authorities did not bother to answer my letters of enquiry and Singapore accepted my application to serve but attached a list of 21 items such as housing allowance, vacation benefits, children's education allowance, travelling expenses that were routinely available to other expatriates, but which were being denied to me. In addition, I had to pay my own way back to Singapore to pass a physical examination by a senior medical officer before I could start working. Facing such a discriminatory atmosphere, my only alternative was to set up my own private practice. Female doctors especially were in great demand and we didn't have to worry about income. Dr. Paul Chang, my classmate and roommate for four years in medical school and seven years younger by age was doing his internal medicine training in Washington D.C. He made a special trip to New York to lecture me when he heard I was planning to return to my home country Malaysia, because I was stateless, would only grant permanent residence. He pointed out that with my cantankerous nature and inability to keep my mouth shut, I would not last long after returning to a country where I could simply disappear under the law without being charged with any offence and permanently imprisoned. It was a wake up call and helped us to choose Canada as the place to settle.

Fisher River Indian Hospital, Hodgson, Interlake Region in Manitoba. 1965 - 1971

The Canadian Government was also advertising for medical officers to serve in remote regions, especially Indian Reserves where no Canadian doctors wanted to go. We applied and within a few weeks were interviewed in Ottawa and I was appointed Medical Superintendent of the Fisher River Indian Hospital, Hodgson, Manitoba. It was a 30 bed wooden building built in the 1930s serving a total population of 5,000 in the Interlake region covering about 50,000 square kilometres. About 2500 inhabitants were accessible by road and 2500 were spread about in several outposts only accessible by air. Mei became resident doctor, manning the hospital 24/7 with no time off. I became the flying doctor spending lots of time in the air serving three remote Indian Reserves by supporting experienced nurses providing medical and dental care to the local population. The furthest Reserve was at Little Grand Rapids situated on the Ontario-Manitoba border. It usually took 90 to 120 minutes of flying time in a little Cessna to reach Little Grand Rapids from my hospital base. The nurses taught me how to pull teeth after doing a mandibular block. Two years before our arrival, a medical officer escorting the transfer of a patient by helicopter from Little Grand Rapids to Winnipeg was killed along with the pilot and his patient when the helicopter crashed through the ice of Lake Winnipeg because of extremely poor weather.

Once the decision was made to work in Canada, my Mother took our M.I.T. (made in Taiwan) Susan and our Malaysian born David with her to join us in New York. Five of us squeezed into our little Pugeot with its top laden with our meager luggage on its rack and drove straight north and entered Canada through Niagara Falls. It took the Canadian Immigration Officer less than 10 minutes to complete all entry procedures and he even thanked us for our willingness to serve in a remote area. I deposited my family at the Toronto airport so they could fly directly to Winnipeg, and I drove by myself along the Trans Canada Highway non stop arriving in Winnipeg the next morning. After reporting to the Regional Office of the Indian Health Service in Winnipeg, I continued my journey north along mostly unpaved gravel road for almost 4 hours to reach my final destination, the Fisher River Indian Hospital, where my family was

already waiting for me. The hospital administrator met them at Winnipeg airport a day earlier and drove them there. Our assigned residence was just across the street from the hospital.

Dysentery Epidemic, Discovery of Mother's Cervical Cancer, Post Appendectomy Wound Infection, Premature Birth of Arthur, and Exchange Transfusion. 1966

Not too long after our arrival, we were hit by a Bacillary Dysentery epidemic originating from their annual largest festival "Treaty Time". This festival commemorates the signing of a Treaty with the British Crown in which they gave up their sovereignty in exchange for certain privileges and the demarcation of their Indian Reservation. Each person also received an annual payment of 5 dollars.

Over 1000 residents, visitors and guests would congregate at the Treaty Ground on the bank of the Fisher River. Their meeting place lacked even the most primitive sanitary facilities. Our 30 bed hospital filled up with patients with severe diarrhea and dehydration, and nearly half of them were in need of intravenous fluid replacement to maintain hydration. It took several weeks for things to settle down and we were lucky that there were no fatalities.

The first several months were spent on sorting out medical records of the people we served using one folder for each family to make it easier to locate charts. Looking in the hospital's medicine cabinet in the out patient department, we found two large containers, each holding 5,000 tablets of Enovid (birth control pills) which had been sitting there for over a year but never opened. Upon reviewing medical records, I found out nobody ever did a Pap Smear. While I was doing my pathology residency, I paid special attention to the entire process from taking the smear from the cervix, fixing and staining the smear and viewing under the microscope to detect abnormal cells. I was confident I could do a complete job without any outside help but I soon learned that in the Province of Manitoba all the doctor has to do is to take the smear, spray it with the proper fixative, mail it to the designated Provincial Lab, and then await for up to a month for the lab report. We used a shoebox to collect names and addresses of all eligible women under our jurisdiction, which were entered in an alphabetical card system. It took only a couple of weeks of demonstration to teach my out patient nurse to take over the job of doing Pap Smears.

My Mother came to North America for the sole purpose of accompanying our two children coming to Canada to unite with us and intended to return to Malaysia where my Father was still working full time at the age of 69. Mother came as a visitor and her visa had to be renewed every month to prolong her stay. At 69, Mother never had a Pap Smear examination so we asked her to have one since we had started doing it for everybody locally. She consented and to our great surprise, the report came back positive, even showing evidence of being micro-invasive. It was too late even to consider a hysterectomy. It was a shock to me and I did not quite believe the initial diagnosis. I repeated the smear and sent it out once more and I even drove to Winnipeg spending seven to eight hours on the road to the lab to view the slides under the microscope myself. To this day, I can still remember vividly the microscopic view with cancer cells staring at me. It was too late to perform surgery, Mother received both internal and external radiation to treat her cervical cancer. She had to stay in Winnipeg to complete her external radiation and to visit the hospital daily as an out patient. It was not possible for me to take time off to accompany my Mother in Winnipeg. We were most fortunate to arrange for Mrs. Herbert Lee to come where my Mother was boarding in the city to escort her daily for her treatment, which lasted almost two months.

We had to convince my Father to retire from teaching and apply for permanent residence in Canada in order to join us because under Canadian law a married woman could not apply for permanent residence without her husband's presence. It took almost a full year before my Father could leave Malaysia and enter Canada as an immigrant with permanent residence status. Mother made a complete recovery and lived another 31 years becoming a centenarian. She received certificates from the Queen of England and the Governor General of Canada.

Early in December, at a local party I started to have lower abdominal pain and suspected the cause to be appendicitis. I was shipped to Winnipeg for emergency surgery to remove my appendix. After the surgery, I suspected that I had a wound infection. My surgeon and nurses at Winnipeg General Hospital dismissed my complaints until I threatened to sue the hospital. Someone checked my wound and when some

stitches were removed a large amount of purulent drainage was encountered, thus confirming my own diagnosis. I signed myself out and returned to my base as a stretcher case, lying at the back of a station wagon. Mei treated me with large doses of chloromycetin and I made a full recovery. My infected wound was left open for almost a month before healing adequately to let me walk, but not strong enough to climb stairs by myself. I had to be carried upstairs to make my rounds in a wheelchair while Mei was in Winnipeg to welcome the early arrival of her one month premature son, Arthur. The infant needed an immediate Exchange Transfusion because of our AB0 incompatibility, which imposed a serious risk of brain damage to Arthur. His premature arrival on December 29 did confer an income tax deduction benefit.

Epidemic Control, Birth Control Issue, Measles Immunization Program. 1966 - 1967

To avoid repetition of the annual Treaty Festival epidemic, the following year we managed to drill a well to provide clean water, rented portable toilets and built a children's shelter for mothers and young children. I was appointed Chief Health Inspector by the Chief of the Peguis Band. I was required to make rounds several times a day to ensure prepared food for sale was adequately covered, dishes were properly washed and garbage properly disposed of. One night, the temperature suddenly dropped by 30 degrees Fahrenheit. Our baby shelter served its intended purpose and no one became ill. Not a single case of dysentery had occurred by the end of the week long Festival.

In two years, our Pap Smear examinations discovered 13 cases of cancer of the cervix. Two were discovered too late, the remainder all had their hysterectomy and were cured. The youngest patient, the mother of four children, was only 24.

I was invited by the local United Church minister to hold lectures for his congregation to learn birth control methods. I was thrilled to have opportunity to spread the news, but being careful as a bureaucrat I reported the invitation to my superior, the Regional Director of Indian Health Service in Winnipeg. I was summoned by my superior to Winnipeg to discuss the invitation and I was warned not to talk to any group in public about birth control because under the Criminal Code of Canada, publicly discussing birth control was a criminal offence. I could be deported because I was not yet a citizen of Canada and any offence under the law could lead to deportation. He showed me the 1965 edition of the Criminal Code on his desk and warned me sternly not to do anything that would jeopardize my career. Birth control could only be discussed behind close doors between a physician and patient in private.

Historically, a Measles epidemic would sweep through rural communities in Canada when enough children without any previous exposure to this virus had reached a critical proportion. By 1965, an effective vaccine became available. I obtained funding from the Indian Health Service to cover the whole area under my jurisdiction. Families were told on three occasions that the hospital door was open 24 hours a day to supply the Measles vaccine at anytime parents could bring their children in. After three months, only 10 % of parents responded to our notice. With winter rapidly approaching, we decided to go from door to door with one physician accompanied by a community health worker who was a native to give the measles vaccine. The public health nurses were not permitted by their department's regulations to offer immunization at home and I had no authority over their work routine. Mei and I covered the three Reserves, Peguis, Fisher River and Jackhead, which were accessible by land in three months. No parents refused to have their children vaccinated.

Following our example, the out post nurses did the same and covered the whole area including Matheson Island where Metis children under Provincial jurisdiction who, never before had any form of immunization lived. We achieved 100% immunization against all preventable childhood infections.

With fewer children born and almost 100% immunization achieved hospital in-patient and out-patient load started to decline significantly as time went on. The plan to replace the old hospital with a modern building was approved by various levels of the federal government more than a decade previously. With declining utilization a secret plan to abandon the approved plan and to replace it by converting it to a Nursing Station began to hatch. However, knowledge of the idea somehow leaked and I became aware of it. I quietly contacted the chief of the Peguis Band and informed him that at the next meeting to be held on

the Reserve with the presence of my Regional Director questions should be raised about the future of our new hospital. News media were notified ahead of time to ensure their presence when native leaders met federal officials. I chose that day to be on a field trip to inspect a Nursing Station on the Ontario-Manitoba border. and skipped the scheduled meeting. A firm denial became inevitable because my Regional director was not expecting to answer questions about replacing the hospital and to reveal that there was another plan would place him in a very precarious position. That episode helped to preserve the original approved plan for a new hospital, a reality achieved 15 years later.

Radio Assisted Procedure, Diphtheria, Bureaucratic Delays, Emergency Appendectomy, Flying Doctor, Public Health Diploma for Eng, Anesthesia Training for Pan. 1968 - 1969

Through one way radio on a stormy winter night Mei was able to coach a nurse 500 miles away on how to remove a retained placenta after delivery of a baby and the patient continued to bleed. She instructed her step by step how to use her gloved hand to feel along the umbilical cord inside the vagina and slowly enter the uterine

cavity and gently peel off the placenta, which was adhering to the inner layer of the uterus. Once separated, the pulling of the umbilical cord led to complete separation, and with massage of the uterus wall to stimulate its muscle contraction combined with the intravenous administration of Pitocin and removal of the retained placenta, the patient stopped bleeding and no longer need evacuation from Little Grand Rapids. This was fortuitous because it was freeze-up time and aircraft cannot land. We reported this case to our superior but were criticized for allowing a nurse to perform a manual removal of retained placenta because it should only be done by a specialist in obstetrics. He didn't know it was impossible for this patient to reach a medical center in the big city.

There was no long sleeved rubber gloves in the remote stations and our requisition to purchase these gloves took 18 months to be approved. My request to suspend a hospital orderly who repeatedly failed to show up for work especially when it was his turn to do night shifts took two years to get an answer. A request to build a fire escape to allow up stairs patients to be evacuated took a year to get approval. The 30 year old hospital sterilizer stopped functioning and we had to drive 20 miles each day to the next town's hospital to ask them to do sterilizing for us. It took three months before we found suitable cannibalized parts from another hospital to repair our own.

One afternoon, a five year old girl came to our emergency department because she was turning blue from time to time. Her family had recently moved back from Winnipeg and she was obviously suffering from a tracheal obstruction due to a Diphtheria infection. Taking one look at her throat I could see a thick greyish white membrane covering the pharyngeal inlet, which interfered with her breathing. I was afraid she could not possibly complete the four hour journey to Winnipeg so I decided to do an emergency tracheostomy to free her airway. This was to be the first and only emergency surgery I did in five years at the Fisher River Indian Hospital. Under local anesthesia, her trachea was opened and membranes in her trachea sucked out. We transported her to Winnipeg and I accompanied her on the trip. We only had a station wagon for transporting patients. When treating her, I had to use my own mouth to suction her secretions mixed with membranes from her trachea to permit adequate oxygenation because the station wagon was not equipped with any electrical suction apparatus. Fortunately, I had a serious infection from Diphtheria as a child and recovered, became immune, and I was under no risk of being infected with the disease again. When I reached the city, the on call intern told me "Dr. Eng, we do not have diphtheria in Canada". Two days later, they called to confirm that a pure culture of Diphtheria organisms had been obtained from the girl's throat and my clinical diagnosis was correct. She made an uneventful recovery.

From 1965 to 1969, Mei was the resident doctor looking after both out patients and in patients, as well as doing maternity, working 24/7 with no time off. I was the flying doctor spending many hours in the air to visit the three remote Reserves on the east side of Lake Winnipeg up to the Ontario-Manitoba border. This area was only accessible by air and completely cut off during certain periods of the year when the river and lake water were either freezing up or melting, preventing the landing of aircraft. We covered a territory extending about 50,000 sq. miles of wilderness and aboriginal population around 5,000 and achieved the result of local infant & maternal mortality rate lower than the provincial average of Manitoba.

The Nursing Stations on Reserves are staffed only by experienced nurses able to provide total medical and some dental care. I visited these stations regularly to operate clinics. Occasionally, I went on loan to other remote inland hospitals especially the one at Norway House, which is 400 miles north of Winnipeg. The Norway House Hospital with 60 beds was twice the size of my hospital. On one occasion, I did an emergency appendectomy because on that day the rain was so heavy, we could not send the patient to Winnipeg by air.

In September 1979, I started my Public Health course at the School of Hygiene at the University of Toronto. This graduate school, which had been in existence for more than half a century trained public health professionals from many different countries within the British Commonwealth. I continued to receive my government salary while taking the course.

At the same time, Mei took leave without pay to attend a year long course of Anesthesia training provided by the University of Toronto. We returned to Fisher River after I earned my D.P.H. degree and Mei completed her first year residency in Anesthesia.

When we got back to our old house, we found many windows broken and the house was full of grime, which took two weeks to clean up. We were verbally informed by my previous subordinate, the hospital administrator, that from then on, I was to report to him. There was no written document to support his statement. Until the day I left the government service, no one provided any written information clarifying my status and responsibility. Official correspondence continued to address me as Medical Superintendent. It was simple to understand, the bureaucracy was telling me to quit before I was formally demoted. Mei was quite happy that circumstances forced me to leave the Indian Reserve after more than five years. She didn't have to worry about me spending so much time flying over very remote country enduring all kinds of weather.

Moving to Pembroke, Ontario. 1970

By 1970, both Mei and I had fulfilled all licensing requirements imposed by the licensing body for Ontario, the CPSO (College of Physicians and Surgeons of Ontario). Since we each had completed two years of post graduate training in the Province of Ontario and our Manitoba license made it possible for us to receive our Ontario license to practise without going through further examinations or training. Rural Ontario was very short of doctors with the introduction of Medicare. All residents could receive completely free medical care and the Ontario Government was offering attractive incentives to recruit licensed physicians to settle in rural areas. We rented a car and drove across Ontario from its western border till we reached Pembroke on the Ontario - Quebec border, our last stop after visiting many small towns along the way. We were welcomed with open arms by the local medical profession who entertained us and urged us to come as soon as possible because they were overworked. The small town of Pembroke situated along the Ottawa River had a population of less than 15,000 but had two hospitals, one Catholic and the other Protestant both serving a total population of about 50,000 from surrounding townships and villages spread over a radius of 50 miles.

Originally we planned to move from Manitoba during the summer holidays after the school year had terminated, but a Meningitis epidemic threatened the entire prairie provinces including my Interlake region of Manitoba. It eventually ended with over 20 cases and two deaths. We chose to escape in March with the family coming by train and I drove our jalopy across the Trans Canada Highway along its northern route to reach Pembroke. We started our own family practice in March. Initially, we rented some space downtown. Next, we signed a 5 year contract renting a fairly big office space that was roomy enough to accommodate 30 patients in its waiting room. I borrowed \$35,000 from the local CIBC (Canadian Imperial Bank of Commerce) bank with no collateral except our life insurance policies. I spent less than \$25,000 to buy our home and \$10,000 to equip our office.

Dr. L. Cashman, as Chief of the Anesthesia Department of the Pembroke Civic Hospital, granted Mei only Minor anesthetic privileges without any explanation. When I asked him how to distinguish between Minor and Major Anesthetics, his answer was alarmingly rude, "I don't have to tell you anything, just watch you."

His remarks were totally unexpected. In those days, local doctors who gave anesthesia were all general practitioners without specialty anesthesia training such as Mei had received. When Professor Gordon from the University of Toronto repeatedly invited Mei to return to Toronto to complete her final year of anesthesia training, she left Pembroke in July 1971 and completed her specialty training and returned to Pembroke to join me in 1972. By then, I had managed to clear my debts and I was free from any financial burden. In 1973, Mei became the first Anesthesiologist in Renfrew County with both Canadian and American fellowship in her specialty.

False Accusation by Operating Room Head Nurse. 1979

On June 7, 1979 Mei was faced with a difficult case, a lady with COPD complicated by pneumonia was admitted to the hospital. However, she suddenly got worse because her gall bladder became infected and ready to rupture. The patient firmly declined the offer to transfer her to Ottawa for surgical treatment. She signed her own affidavit stating she had full confidence in her surgeon and her anesthesiologist and preferred to have surgery locally. To avoid giving general anesthesia for her cholecystectomy, Mei did a thoracic epidural. This procedure affected only a few segments of the abdomen's ability to feel pain and the patient remained awake during surgery. The patient made an uneventful recovery and was very happy.

To our great surprise, a report was submitted by the head nurse of the operating room accusing Mei of leaving the patient unattended during anesthesia for 10 minutes without anyone being aware of her alleged absence. The Chief of the Department of Anesthesia did not wish to tackle this headache himself and requested a General Staff Meeting to consider this complaint. An investigation was conducted by an elected Committee formed by three members of the medical staff. The Committee took six months to complete their investigation and returned the verdict of "Some Misunderstanding to be disregarded". At the next General Staff meeting, a motion was passed to ask the CPSO (College of Physicians and Surgeons of Ontario), our governing body, to investigate the matter. We waited for another six months and heard nothing. We then contacted the CPSO ourselves and their answer was that the CPSO had never received any request from our hospital to officially investigate anything. Our repeated requests for a copy of the record of the minutes of the General Staff Meeting were denied by citing corporate secrecy obligations under the law. It took a year to learn the Investigating Committee did not interview the two operating room nurses who participated in the care of this patient. They were soon removed from the operating room and within a few months left the Nursing Staff of the hospital. I believe they left because in good conscience they could not support their supervisor's allegations against Mei and consequently they would not be well treated in their work place.

In the final analysis, the accuser did not know the operation was performed under a Thoracic Epidural Anesthesia. This was the first such procedure ever done in Pembroke. Most of those involved thought that the patient would not survive. The cover up of such a serious false accusation aiming to destroy a professional's reputation and career (if the patient died) by the hospital authority was a heavy blow to my family. Mei withdrew her service from the hospital for the next 20 years until the other hospital was closed because of the Ontario Government's Hospital Restructuring policy. Mei was invited by the Anesthesia Department of the Mount Sinai Hospital in Toronto to join their group as a full partner. However, I was reluctant to move primarily because I have difficulty breathing under heavily polluted atmosphere of heavily industrialized environment. and chose to stay in Pembroke. A local dental surgeon and the only ophthalmologist in Pembroke showed their support for Mei by moving all their patients to Mei's hospital so that their patients could continue to use Mei's services. This gesture helped greatly to sustain our morale and desire to stay in Pembroke. Copies of affidavits by the operating surgeon, the family doctor who assisted at surgery and by the patient stating categorically that Mei never left the operating room during surgery and was holding the patient's arm most of the time and chatting with the conscious patient. were submitted to the hospital board but the case was closed officially. I hired a lawyer and was preparing to go to court but Mei vetoed the effort and asked me to keep silent about the matter and I complied.

Sex Education - Labeling Sketches of Male and Female Genital Systems Consider Adequate for High Schools

For the first 10 years or so, we delivered about 50 babies a year, did minor surgery like D & C, vasectomy, etc, and took turns running emergency departments of two hospitals seeing up to 100 patients a day during the tourist season in the summer. We unloaded our obstetrical cases when the first specialist in Obstetrics and Gynecology, Dr. Sharma, settled in Pembroke. Thanks to this transfer, I then could devote more time to community services with Mei holding the fort when I had to go out of town to attend meeting almost on a monthly basis.

Many teenage pregnancy cases came before our Abortion Committee seeking approval to be terminated. I organized a Planned Parenthood Association trying to introduce Sex Education into local schools and offered to teach birth control free of charge. The local high school where my teenage children were attending was initially quite in favour of my volunteering to teach but the principal changed his mind after he received more than 20 phone calls from the Right to Life Group opposing it violently. Of the four high schools to which I made my offer, only one accepted allowing us to conduct classes after regular school hours and subject to parental permission. The Birth Control lessons continued for only one semester because attendance was very poor. The students did not have transportation available to them after regular school hours. I then started evening classes at the Pembroke Library once a week that were open to the public and a local protestant minister came forward to help me as my partner. It took five years before schools under the Public School Board introduced a rudimentary sex education curriculum replacing its existing program of just labeling sketches of female and male genital systems, which was considered adequate up to that time for Grade 7 and 8 students. One day, a reporter from a nearby town, Renfrew, came to see me because she heard I was doing abortions in my office basement. I invited her to make a tour of my office and asked her whether in her opinion I could do any surgical procedure on my premises. She refused to identify the source of her miss-information. Soon thereafter, our only general surgeon who was willing to perform abortions left town and we disbanded our Abortion Committee.

Non-Smokers Association Pembroke and Area. 1978

When my son had a tumour removed from his back and while visiting him during his recuperation in a six bed ward, I noticed more than 10 visitors were present and most of them were smoking in the ward. Hospital staff were smoking freely in the doctor's change room part of the operating room suite and the hospitals' had cigarette vending machines for the convenience of visitors and staff. The Medical and Nursing staff started a petition asking the hospital board to remove the vending machines and to prohibit smoking in all patient care areas. It didn't take long for the hospital to agree to our request and the other hospital in town automatically followed without the need to submit another petition, thus setting a very good example for others to follow.

After I attended one Council Meeting of the City of Pembroke and found the air so bad I started to wheeze, I organized a Non-Smokers Association of Pembroke and Area to work on reducing smoking activity in public spaces. A lady volunteer went from door to door to recruit members, asking only for one dollar enrollment fee to become a permanent member of the Association provided they were in support of our aim. We obtained 400 members within a couple of months and called a general meeting to elect a Board, then moved on to present our plan to City Council requesting consideration of a City By-Law to control smoking in public places such as hospitals, schools, doctors and dentists offices, sports arenas, restaurants and line-ups with more than two individuals at any time. In the process, several smoking medical colleagues of mine harangued me and told me to get lost. One City Councillor who was a lecturer at the local College called my home one evening and told my 8 year old who answered the phone, "tell your Dad to go back to China, don't bother us about smoking." We fought over the press, radio and T.V. and eventually by 1978, the City of Pembroke passed its Non-Smoking By-Law 78-35, controlling smoking in public places and by 1989 amended the By-Law to include all places of work. This action was 30 years ahead of similar action taken by the Province of Ontario. Today, we do not see anybody smoking in large gatherings in this community, whether public or private, and "NO SMOKING" signs are not needed.

Project 4000 - Indo Chinese Refugee Sponsorship - Renfrew County Chinese Cultural Society

By 1978, the Vietnam War was coming to an end and thousands of refugees fleeing to avoid Communist oppression were risking their lives to escape. The Mayor of Ottawa at the time, the late Mrs. Marion Dewar, initiated Project 4000. This was an initiative on the part of the city of Ottawa to sponsor refugees in accordance with federal legislation being passed that permitted private organizations to welcome and support refugees without federal government financial support. She was prepared to accommodate 4,000 refugees from Indo China including Vietnam, Laos and Cambodia. I attended one of their organizing committee meetings in Ottawa and volunteered to accept 10 refugees on behalf our newly organized Renfrew County Chinese Cultural Society. Within a couple of weeks, we were able to get 20 sponsors locally each willing to donate up to \$2,000 to support our sponsorship program. As a newly formed organization, we were not yet eligible to become a registered Charitable Organization, which would have made collecting donations easier. The Pembroke Wesley United Church agreed to join us, asking donors to donate to the Church which appointed me as Chairman of the Wesley United Church Refugee Sponsorship Committee. As most of the refugees were of Chinese descent and many other local church groups were joining the campaign, Mrs. Margaret Steinberg and I met the first batch of refugees arriving at Ottawa's airport in August 1979. The arrivals included two families, the Huas and the Lams with three children each. My mother vacated her residence in Pembroke to accommodate them.

The Huas stayed only for three months and moved to Toronto where their relatives found jobs for them. The Lams stayed in Pembroke and their two little boys Henry and Jerry started right away to deliver newspapers without knowing any English. By Christmas, they were able to buy a color T.V. for their mother as a Christmas gift because of their savings and tips. Thirty years later, all three children from the Lam family had finished university education, became married and gainfully employed while raising their own families in Toronto. For the Hua family, their only daughter is now a bank manager with a six figures annual income. Their older boy finished college and now owns several businesses. The youngest boy completed graduate school at the University of Toronto in Engineering. These two families became tax payers only a few weeks after they landed in Canada, and they all repaid the federal government loan ahead of schedule for their airfare on the chartered plane that brought them to Canada. None of them received any welfare. Our total expenses to support a total of three families of refugees from Vietnam were less than \$20,000, which was provided by private donations by local residents.

Over the last three decades, a total of 20 families numbering about about 100 individuals were sponsored by residents of Renfrew County. I visited the Huas and Lams last year found their residences were much more expensive than mine in Pembroke reflecting how successful they had become without costing the government a single penny. Considering the amount of taxes these families have probably paid over the last three decades, Canada has gained quite a lot.

2011 Eng retired in May closing family practice office after 40 years but Pan is still continue to run her Chronic Pain Management Clinic at the local hospital

Dr. Wen-Mei Pan, Lorraine Clinics, 201 Deacon St. Pembroke, Ontario, Canada K8A 2J6
[613-732-3675](tel:613-732-3675) ext 6613 Fax [613-732-6350](tel:613-732-6350)

being the only physician providing Pain treatment full time within the Renfrew County in the Province of Ontario serving a total population of about 60,000.

(榮亞英, 潘文美, M59)