

HALFWAY THROUGH

An Autobiography

BY

Juan M. Montero, II, M.D.

Published by:
The Philippine Heritage Endowment Publications
P. O. Box 1606
Indianapolis, IN 46206

A Historical Preservation Project of the
Philippine Heritage Endowment Fund
Indiana University Foundation
Bloomington, Indiana

FILIPINOS IN THE UNITED STATES SERIES NO. 1

Patricio R. Mamot, Ph.D.
General Editor

© 1982 by Juan M. Montero, II, M.D.

All rights reserved. No part of this book may be reproduced in any form or by any means without permission in writing from the author.

“A people without history is like wind upon the buffalo grass.”
by an anonymous Teton Sioux

Library of Congress Catalog Card Number: 81-92840
International Standard Book Number: ISBN 0-9607746

Printed in the United States of America

Any and all donations from this e-Book will be for the benefit of the

Montero Medical Missions

Donate at:

<https://www.monteromedicalmissions.org/ebookdonations>

TO

the less fortunate, ambitious youths of the world - conscious that every beginning is hard.

ACKNOWLEDGEMENT

Meri, my wife, proved invaluable in the making of this book.

To Peggy Richards, my deep appreciation for her critical review of the manuscript.

C O N T E N T S

<u>Part</u>	<u>Page</u>
PROLOGUE	i
I. PHILIPPINES Chapters 1 - 3	1
II. MEDICINE Chapter 4	31
III. AMERICA Chapters 5 - 11	43
IV. THE WORLD Chapters 12 - 13	99
V. THE GOOD LIFE Chapters 14 - 17	121
VI. REFLECTIONS Chapter 18	173
EPILOGUE	185
APPENDIX	191

PROLOGUE

To feel that you are a little different from others makes you wonder what destiny is all about. When a country boy from the Philippines lives to establish a unique but firm Austrian connection by way of the United States, such a happening may help explain destiny's true meaning. On that day of June 4, 1977, it seemed to me that the world, vast as it is, was reduced to a nutshell. For one morning that same week while on the sun deck of my Austrian hosts' home, my sensitivity to current events inspired me to begin to jot things down.

Never known as a writer nor an avid reader, all I cared about was to capture thoughts I was apt to forget. "The strongest memory" says an Old Chinese proverb, "is weaker than the palest ink." Although I scribbled no more than half a dozen pages then, the moment was perfect for a 35 year old man whose halfway of life contained anything but boredom.

I owe it to Danny, Greg, Andy and Paul, the legacy of these memoirs.

PART ONE: THE PHILIPPINES

CHAPTER ONE

The sign of the times was hardship. World War II, barely six months old put the whole world in turmoil. Our entire family was in constant hiding in the mountains and woods. The conquering Japanese invaders were all over the Philippine Islands, sowing propaganda which linked the Japanese to the Filipinos as Oriental peoples with a common enemy - the arrogant, white-skinned American exploiters. Mama's younger brother, Uncle Julian, had already enlisted in the army, adding to the family's fear and confusion. He was assigned to the U.S. Armed Forces in the Far East under the overall command of General Douglas MacArthur.

As Hitler and his "panzer divisions" rolled over the occupied countries of Europe, the Japanese Imperial Army entrenched its conquest of Southeast Asia and the Western Pacific. The Tripartite Pact between Japan, Germany and Italy seemed to signal the end of democracies and that the fascist states would inevitably win the war and rule the world. Only the United States of America stood in the way. The Japanese war machine, in six months, overran more territory than any conqueror since Napoleon. This occurred from December 7, 1941, the sneak attack at Pearl Harbor, to May 18, 1942, the day I was born and when the Voice of Freedom radio announced the formal surrender on Panay Island by Brig. General Bradford G. Chynoweth. He was the last of the American generals under Lt. General Jonathan M. Wainwright, the American Army Commander, to surrender to the Japanese Imperial Forces. Earlier, on May 6th, the island fortress of Corregidor, strategically located at the mouth of Manila Bay, had fallen, following a devastating blow to the heroic stand by Filipino and American soldiers in nearby Bataan peninsula on April 9th. General of the Army Douglas MacArthur's promise, "I Shall Return," as he fled to Australia to regroup his beaten Pacific Forces ignited continued guerrilla resistance for the next three years. The success of this movement depended to a large degree on the tough paternal breed

of leaders united by intense patriotism, among them Ramon Magsaysay and Ferdinand Marcos.

I was the third child, but the first to be born under those trying circumstances. The most well known 'quack' midwife at the time, Mana Isid, made it easy for mother. The broken nipa and bamboo hut was in the rice paddies. Juan Ramirez Montero and Felicitas Murillo Montero were for the third time proud parents. They would eventually have seven children.

When I was a toddler, the family often had to move incognito to stay away from the cruel Japanese soldiers. The horror stories that I heard later as a youngster were incredible. Such is war! But still no excuse. The land was ours; we were invaded. How could one readily dismiss lines in history books ... "some interrogators beat prisoners systematically, forced their stomachs full of water and then jumped on their bellies, stabbed them with bayonets, made them lie for days in the tropic sun. One popular technique was to hold a prisoner's head under water until he nearly drowned, let him up, repeat the question, then dunk him again. Other prisoners had their teeth or fingernails pulled out. Some of the victims caved in and talked, usually to save their families from torture. Many held out - and died horribly." Being a father myself with four sons, I pray that the preceding atrocities remain forever as above - in history books, never to be rewritten.

The often heard stories about me in those days were that I always had my maternal grandmother, Nanay to carry me piggy-back whenever we were on the move. Poor frail Nanay; I had to have homemade chocolate cubes and sugar to keep me appeased. The mainstay of my early weeks and months of subsistence consisted of breast feeding from a nursemaid, who was a grand aunt, and a liquid which is made from fresh, sweet coconut tree sap. It wasn't easy to get, I would think.

As a two or three year old, my favorite sound was the guitar music played by Manong Garet, the family's very close tenant-helper. Apparently, I could dance and sing for hours to Manong Garet's accompaniment. What energy then! But I wasn't the healthiest baby in the world. The prevailing conditions spoke for themselves. But here I am 40 years through this life and hopefully at least halfway. I pray that I will remain able to record the remaining forty or whatever lies ahead. The good Lord has been very kind to me. What else can a man my age ask for? I have been blessed with a wonderful family and with bounties a person my age and position would generally dream of. The challenge, however, is always there. It is a matter of how much one can absorb as the years roll by.

The iron hand influence of my mother through my childhood years should be mentioned. Mama runs the family. Papa was a clerk of the town government and always away at another *barrio* (village). Papa and Mama were married on May 25, 1933. At age 33, Papa already had a receding hairline showing in that handsome wedding photo of theirs. He stands five feet five inches compared to Mama's five feet two inch frame. These are about average heights for Filipinos.

The Filipino people, whose brown complexion is officially classified as Malayan race, are basically a mixture. Before the Spaniards came in 1521 there were already people all over the archipelago mainly traders from neighboring islands of Borneo, Java, Sumatra and others now part of Indonesia and Malaysia. There were a mixture of Chinese, Japanese, Indians, Arabians and other Asian people. The Chinese being astute merchants readily controlled the trade. The indigenous population, known as the aborigines, are of very short stature, usually below five feet, dark skinned with kinky hair, referred to as Negritos.

This archipelago of over 7,000 islands, with total land area comparable to the State of Arizona, lies in the northern-most region of the East Indies and vast island world south and east of the Asian mainland. It has a year-round tropical climate generally characterized by warm days, cool evenings and balmy sea breezes.

Filipinos speak 87 different languages and dialects, mainly of Malay - Polynesian and Sanskrit origin. Tagalog or Pilipino, spoken mainly in Manila and the surrounding provinces, is the national language. English is widely spoken and generally used as medium of communication.

The most information I can gather about my ancestors is through Nanay's (Maria Luna) lineage. I only learned of this in 1979 during my visit to Glendale, West Virginia to attend the funeral service of Tio Acio Luna. His son, Dr. Ignacio Luna, Jr., a urologist, showed me a few typewritten notes his father compiled shortly before his death. It contained a brief tracing of the Luna family in Tago, Surigao. He noted that a Don Marcelino Luna, a wealthy Spaniard, was one of the original settlers in Tago. Don Marcelino "owned galleons and vast tracts of lands". He further noted that his tenants were "sailors who took rest after long journeys to Spain and back". Both grandparents of Tio Acio and Mama (through Nanay) were sons of Don Marcelino. Therefore, following the Spanish method of genealogy, Jun Luna and I are third degree cousins. He and I are Don Marcelino's great, great, grandsons.

One of the vivid memories I have of Papa's work was the red hot branding iron's alphabet mark on the hide of the carabao. The latter is the Philippines number one working animal, similar to a water buffalo. Papa's loyalty and love of his work culminated in his promotion to town treasurer of Cagwait. The barrio of Bayabas was under Cagwait. Mamparasanon, my birthplace, is a *sitio* (a more remote village) under Bayabas. Not long afterwards, Bayabas seceded from Cagwait and became a municipality. We lived in

Bayabas and still do. The place was named after a huge Guava (Bayabas) tree during the time my maternal great-grandparents, Manuel Murillo and Ignacia Pacheco, first settled. It is a tiny, picturesque town bordering the coconut planted hills and the river bank, a few hundred yards off the Pacific Ocean edge. Here I grew up with pleasant memories. Everyone knows everybody. It has six streets and about a fourth of the 400 population are my relatives. Bayabas, which is under the province of Surigao del Sur in the island of Mindanao is approximately 150 miles east of the rain forest where the *Tasadays*, the stone age people, were discovered not too long ago. I often tell friends that I was glad to be “discovered” early enough to come to the United States.

It must be the mercy of God that kept the family healthy under the most adverse conditions. I would say that I was lucky to be born in May, the temperature probably ranging in the 80⁰s fahrenheit and the days mostly clear. People had to struggle for food and decent shelter during the months of October through March - the rainy or monsoon season in the eastern region of Mindanao, where the Province of Surigao (later divided into del Sur and del Norte) borders the Pacific Ocean. During this time strong winds and continuous heavy rainfall render even the sturdiest nipa shingles leaky. Nipa palm trees thrive in swamps. When the leaves are harvested and mainly used for house shingles they are green and pliable, approximately three to four inches in width and two yards in length. The individual leaf is then folded halfway within a bamboo rod which is about two yards in length, one-third inch thick and one inch in width. The whole row of nipa leaves are anchored firmly, one covering a third of the surface area of the other by a continuous row of rattan suture. The completed nipa shingles are then dried under the sun and piled. In a typical nipa hut, the skeleton of which is usually anchored on stilts, as many as a couple hundred shingles are layered. Since the temperatures hardly, if ever, drop below 50⁰ fahrenheit, there is no need for

insulation. Besides, I could not imagine any material available in our area that could be used as such.

During the late 50's the wealthier families in our town built their houses with wooden sidewalls and the skeleton of stilts anchored in cement. Some houses used roof shingles of tin or aluminum. In 1972 Papa and Mama, with the help of all their children, built an admirable house of cement, adobe, wood, tile and aluminum. Papa's cousin, the affable and much traveled Rev. Fr. Agatonico Montero, S.J. blessed it. The site, in an elevated portion of the tiny strip of valley, overlooked the mouth of the Bayabas River as it opens into the vast Pacific. This is the same piece of land where our first nipa house in Bayabas was leveled by a tropical storm named Amy in 1949. I remember the name because at age seven, I had a good time with my playmates in an evacuation shelter which was one of the older, sturdier school buildings. It was painful for our family to rebuild what was left after Amy's devastating force. We lived in what was a remnant of our nipa hut for the next several months. I remember looking at it from a distance. It was similar to a lopsided wigwam with its thatched roof partly in the ground. But what came from that destruction was progress. Within two years, a well-built wooden house was raised from scratch. This one lasted for two decades.

I suppose it is easier to tell a wealthy family in developing countries compared to the industrialized world because there are not too many of them. About 10% of the population controls 90% of the nation's wealth. In a rural setting the wealthy are big landowners with tens or hundreds of tenants, huge, clean, nice houses maintained cleanly by several servants. Their children were usually sent to prestigious colleges in Manila or Cebu.

Our family and my ascendants were never considered poor by rural standards, but they were never wealthy landowners. My

brothers and sisters were fortunate to have parents who valued education as the best legacy they could leave their children.

The first memory that I have of school is that I hated it. Mama had to crack the whip to get me going. I was not quite six when I started the first grade. I would rather do the downhill slides with my mother's totally blind cousin, Rufing, about three years my senior, than carry a school bag. We made the dry coconut palm stems our sled. The thrill of the slide is probably the same for every little child no matter by what means it is accomplished.

It did not take long for my first teacher, Tia Tina Garcia (Mama's distant relative) to get me interested in school. The next thing I discovered was the prolific memory with which I was endowed. Within a few months I could recite the Grade I book *Pepe and Pilar* blindfolded from beginning to end. But how times changed. Nowadays a jibe from my wife, Meri, about being senile is occasionally difficult to argue. The days, the weeks, even the six years I studied in Bayabas seemed too short. Six times I was at the top of the class, one of the smallest and the youngest. Our only school campus had three small buildings - two grades in each, for a total of six classrooms. The backdrop of the oldest (first and second grade) building was a beautiful hill with multi-colored, flower studded terraces. The architect of this unique project was Tio Percing Lozada, Mama's first cousin and one of our new teachers then. He had a degree in agriculture and was quite an innovative person. He eventually became mayor of Bayabas. I remember his giving us pupils respective assignments such as the length or number of terraces to be finished within a certain frame of time. He christened this hill the "Lovers' Hill". There were also messages for each parent to contribute a number of wooden posts which would be used to anchor the hogwire that became the standard fence of the campus.

Speaking of hogs, these were the last animals you would like seen on the school ground. Many outhouses in the rural Philippines, at that time were not fenced, and many of these were even "inhouses". Conditions were often so primitive that outhouses hadn't been built. Being pigs, these animals were determined to go where the dirtiest action was. Many of this supposedly domesticated breed came promenading through the streets with their little ones after eating through the ultimate waste from these "houses" on stilts and exhibiting what we little kids used to call "pomade" on their heads. Obviously, they stunk to high heavens! As more people became educated, such offensive sights occurred less often. The town of Bayabas, after a vigorous campaign by the teachers and its leaders, became one of the cleanest in the entire province. Each house had a fence, among other things, that the PTA (Parents Teachers Association) proposed.

Overall, the interesting events and influences within this period included: The gang wars, the escapades to the sea (where I almost drowned at age six) and trips to the mountains in spite of Mama and Nanay's strict curfew. The many different ways of crabbing and fishing, day and night, the odd jobs as a ricemill operator and helper, as a motor boat and canoe transportation operator and helper, the coconut and rice harvest routines - highlighted my boyhood days.

Since our little town had only six streets, it was easy among us preschool and school age children, mainly boys, to agree on a landmark between downtown (near the river bank) and uptown (near the hills). The kids from each "town" identified with each other in good fellowship and learned to dislike or hate the "other guys." Periodic confrontations usually ended up with our shooting each other with paper bullets (some fashioned from tree products) using rubber bands, sling shots, etc.. We have a tree that grows by the shoreline and which bears fruit similar to a miniature banana, we call *saging-saging*. Saging is our dialect's term for banana and we

have at least two or three dozen varieties. The miniature bananas are green with a pale yellow peel and have a solid rubbery texture and flexible. They are not edible. They are two inches in length and $\frac{1}{4}$ inch in diameter and have a round, curved structure which make them ideal bullets for a stretched rubber band. When the contact is as close as hand to hand, evidence of being hit is sometimes difficult to conceal because of the welts. Stone throwing was not unheard of. Thank God, injuries were minor - those that I can remember. These skirmishes which, looking back, were like "mini civil wars," usually occurred during early evenings, particularly during long vacations. The main reason for the evening excursion time is that one would like to run the streets fairly in a disguise but still have the minimal light effect from homes with lanterns or lamps to know where one is. Up to this day, Bayabas is without electricity, like the majority of towns in the Philippines. By 10:00 p.m. the streets are usually pitch dark and only the brave and spirited dare to tread.

I remember an incident when I was already an adolescent that happened to some friends. One late night, a bunch of these guys went to serenade two pretty daughters of a disciplinarian father, who lived in a modest nipa house. The boys were so rowdy in between love songs (I believe they had been drinking *tuba* - coconut wine) that the man of the house complimented them with a douse of you know what - urine! Naturally, it dispersed the band quickly. However, for a household owner to take such drastic measures, he has to be prepared to take the consequences. Finding out the morning after that some of your choice roosters, hens, hogs, etc., are gone, is not an uncommon occurrence. Even in a tiny town such as ours, many robberies remain unsolved. It was natural protection for the older folks to befriend those fast growing and rising rascals.

As little children, often times we had to learn the lessons of life's survival from our mistakes. As a five or six year old, while

frolicking by the river bank, I followed an older boy into the deeper part of the water, tracing his steps on a large log. The next thing I did was to slip into the deep. Fortunately, the other kids were alert enough to bail me out, but not until after I swallowed much salt water. I have not forgotten that incident.

Among us brothers, I have the darkest brown skin because I spent many hours a day on the water or by the shore. When I was older I used to go with our houseboy, Botyong, to dynamite schools of fish. We would sit in a wooden canoe with outriggers, with me as the pilot, or climb up in a tree to watch for a school of fish. Unlike other boys my age, I never had the courage to light the fuse of a TNT bomb which filled an empty salmon can. So strong is the force created by this device, that one could easily tell the site of a dynamite explosion by the large crater it leaves on the bottom - easily seen during low tide. Obviously, such an illegal method of fishing is done only after careful knowledge that no members of the national police (Philippine Constabulary) are in town. The town policemen, however, sometimes helped or were the culprits themselves!

What put an end to my adventure on these dangerous escapades, was the accident that happened to Botyong, who was then in his late teens. One afternoon, alone and atop a mangrove tree by the river bank, he patiently waited for a big school of fish. When he saw one, he lit the fuse of a can of dynamite with one hand. The device exploded in his hand. I cannot now remember which hand, but I saw it completely mangled up to his wrist. He managed to hold onto the tree branch at the time of explosion, then climbed down to seek help, a tribute to this very sturdy boy. He ended up transported by a motor boat to Aras-asan, a two-hour ride to this neighboring barrio. Here, Dr. Marcelino Diaz, my brother-in-law who worked for the lumber company, sewed up his massive injuries under local anesthesia.

Botyong was a son of a deaf-mute woman in Cebu. He was a houseboy in our boarding house in the city when I was in first year high school. He was a muscular, dark brown complexioned, shy but occasionally mischevious teenager. He became so close to Mana Patty, Manong, and Tio Nicol (my older sister, brother and uncle, respectively) that when we went home to Bayabas for the long vacation, he tagged along with us. He quickly learned our Bayabas dialect, which is a little different from the Visayan (Cebuano) he spoke. Although his education was only second grade, it didn't take him long to become an all-purpose man for the family. He cleaned the house, ran errands to neighboring towns, helped harvest the crops and went fishing whenever he had the chance. Those were among the things he did best. I liked him most, however, as a companion and friend. I was already in college when he left our household. By then he had learned so many of the tricks of the trade of life, one hand and all, that he felt confident to be independent - to lead a gypsy's life.

CHAPTER TWO

As a growing boy with needs, such as candies (there were no toys to buy - you made your own) I had to find ways to earn money. There were no newspapers to sell. Fortunately, the business partnership of Mama and Tia Tina included a ricemill and motor boat. From ten until my mid-teens I worked as an apprentice and later, as operator of both businesses. Even as a little boy I found it not too difficult to start a motor boat engine - the most popular brands then being Johnson and Penta. The ride however, with responsibility to passengers, is a different story - especially during monsoon season. Boats had capsized in stormy weather, many of these from being overloaded and rickety.

As a ricemill operator, I was supposed to start the engine. This five-horsepower diesel engine sat anchored in a concrete platform. On one side is the crank mechanism to start it and the opposite side has the bearings where a large belt, in a figure eight manner, connects the engine to the mill. I could start the engine by cranking it, but the tricky part was difficult to do and also dangerous. This requires a timely removal of the steel crank as the engine starts. If you fail in this maneuver you find your crank rotating with the wheel, which may become loose and at any moment be thrown off at horrendous velocity. The danger is real. Since ours was the only mill in town, I could ask my customers for help in any manner I desired, or else they would end up polishing their rice the old, crude way by hand. To start the diesel engine, I would ask two or three of the stronger fellows to line up by the connecting belt between the engine and the mill. I would then tell them to pull the belt in the same direction, thus turning the bearings in a fashion similar to when one cranks it. As the engine revolution picks up speed, I push down on the lever to start it. Usually this takes only a few seconds. My customers realized that this was a whole lot less work than pounding those zillions of rice grains with a wooden pestle on a wooden mortar.

The monies I collected on commission as a motor boat and ricemill operator were well earned. I used it not just for candies, but for clothes. Talking about childhood earnings, I must say that I started putting a few centavos in my coconut shell bank as early as age six. This was when I learned to paddle our wooden *baroto* (canoe) built by Tatay, my maternal grandfather. The kids my age and older made good candy from tips of travelers. Since it was not until the early 60's that Bayabas was connected by dirt and gravel roads to adjacent towns, the main means of transportation was either by motorboat or by hiking. The ones who hiked had to cross streams and rivers among other things! Those arriving at, or leaving Bayabas in one direction had to first cross a 200 yard stretch of river. As kiddies we were happy and proud to transport these weary travelers, who often helped row the boat across the river. I remember we charged five centavos per person. That amount bought lots of candies then.

There were more centavos and even pesos to be earned depending on one's energy. We got commissions either in cash money or share of the crop, whenever we helped work at harvest time. The most productive and most complicated of these crops to harvest was the coconut. This was done every three to four months. It started with a climber who went to the top of a coconut tree, usually anywhere from 20 to 50 yards in height. He then chopped a bunch or bunches of matured nuts - identified by the dull color of the husk. When he was done, we children searched and gathered the scattered nuts into one place. Naturally the more trees and nuts there were, the longer the process took, especially if there were only a few people working. We always made sure to count the total number of nuts for every harvest for two reasons: First to gauge the productivity of the crop, and second to find out whether some folks had slowly been doing the harvest, from time to time, without the owner's knowledge. The next step was opening those thousands of nuts with an ax. One quick strike was usually sufficient. Blisters on our hands were common. The opened,

halved nuts were then dried under the sun's heat and turned over at sundown to avoid collection of moisture or rain during the night. By early morning the nuts were laid open again, manually. It took an average of three days heat exposure before the coconut meat was completely dried. On rainy days the meat was dried over an underground, oven-like enclosure, the heat of which came from burning firewood. When ready, the meat was extracted from the shell using spoon-like, steel instruments with wooden handles. It was through using this instrument that I sustained more bruises and cuts than at any other step of the copra processing. The extracted, dried, and oily copra was then packed in sacks and hauled to the buyer (like the partnership store of Mama and Tia Tina), by whatever means of transportation available. It could be individuals carrying these on their backs or the working animals such as the carabao pulling a loaded wood or bamboo cart. The loaded sacks were then weighed and the seller paid according to the prevailing price on a kilogram basis as determined by the world market.

From both sides of my family, my great ascendants could be traced to the galleon trade era - mainly Spanish, many of them having titles such as *Don* or *Capitan* and ruling the neighboring towns. Papa must have had an obsession with the greatness of his name. He named his first three boys Juan I, II, III. My youngest brother Carlos, the seventh child, was named after Papa's father. With four Juan Monteros in the family, it was not infrequent to open each other's mail. I had my share of opening amorous letters intended for my brothers. I was spared such embarrassing episodes when I finally earned a doctor's degree, and the corresponding title.

Papa became an orphan at a very early age. His only sister, Tia Anda, who died in the latter part of 1980, lived in another town with her big family. I remember that we had our families together during town fiestas, and they were always fun.

A fiesta is a time-honored tradition that we inherited from almost 400 years of Spanish rule. Each town or village gets to pick its own patron saint, whose day is celebrated with an early Mass along with other religious activities. As the day progresses, the entire town gets into a festive mood, some with an ongoing carnival. There is an unwritten rule that each family must prepare enough food and drink for as many guests as invited, for those who may come to visit and naturally wants to wine and dine. This occasion more or less is a show-off time. The sad thing is that many of the hosts, who barely survive on their meager incomes, end up deeper in debt following the festivities. Extravagant as the practice is, the majority of the people look forward to the fiesta, year after year. St. Ignatius, the patron saint of Bayabas, is celebrated every 31st of July.

When we were little boys, Juan III (his nickname is Boy, Dodong is my pet nickname) and I used to roam the streets of our little village, with no britches. This saved our parents extra clothing expenses. Of course, this practice was not allowed in school. I believe we paid the price of being bottomless, because practically every little kid in the rural Philippines has at one time or another been afflicted with scabies. These parasites cling to dirty skin, making you “itch like crazy”. All of us had at least a scar or two from healed infected skin scratches to show during our pre-teenage years. Unfortunately the “itch” was not the only curse of a child growing up in a rural, tropical land. Intestinal parasitism is number one on the list of the differential diagnoses by the physician (if you can find one) who treats a child with abdominal pains. I will never forget the annual ordeal of castor oil purgative we children had to take. It was not so much the sight of the round worms (*ascaris lumbricoides*) rather the agony of wiping your sore bottom with dried coconut husks that we kids dreaded. It takes at least a week to recover from this much needed practice of what was called “preventive medicine”.

As a kid, I remember going hungry sometimes. In our tiny village there were days when one couldn't buy any *viand* (fish or meat) to savor the almost always available staple food - rice. Interestingly, Bayabas, up to the present, had no legitimate building that you can call a market place! Have you ever eaten rice and rice alone? During those lean days, we would wait until dark and bring petroleum-lit lanterns with us to the seashore. We would tug along bolos, spears and containers for we almost never missed bringing home a catch of crabs, fish or shells. On such trips, it was easy to forget the couple of hours and the several hundred yards one had covered wading the Pacific shore lines. This was also the time to tell stories, jokes and even to pick on each other.

When summer vacation came, mother gave us the complete-cut look. Bald, to her, was beautiful because it cut down on her difficult chore of delousing her children. We all went through those years without a single vocal dissent. Did we learn anything? You bet we did. Discipline! The biggest prize of all was that we survived.

Knowing now how lucky I was then, makes it easier for me to do something special for struggling kids from third world countries. Since 1978, my office staff has sponsored three Brazilian boys through the Christian Children's Fund. No matter how little we can help, "We care". As our office slogan, this is what I would like my own boys to remember: That it takes only two words, "I care", to make a better world to live in.

My parents kept telling me from the very beginning of my schooling that I was going to be a doctor. I did not argue then nor ever. As I was growing up I remember Mama always being ready to extend a helping hand to anyone in our small town that needed her help either with medicine, food, or whatever little money that we may have had.

Sometime in the early 50's, all the families and descendants of the late Manuel Murillo and Ignacia Pacheco, agreed to hold a huge reunion in Bayabas. One of the couple's four living children was my grandfather Sergio (Nanay's husband). We called him Tatay. The Murillo Family Congress lasted a few days with relatives from nearby towns and barrios and some from distant places in attendance. The festivities were for real. It was like an extended fiesta to me. In the late 50's there was a second family reunion. I could not attend the third in the mid 70's. We remained the envy of many a family, but joy and sadness always abound in events such as these. The mixed tears are avoidable. We are a closely related people and parting is always tough to take. We carry away memories to live by in succeeding years.

As much as I initially hated school, the first six years of my education in a little village atmosphere left me with vivid memories. All textbooks were in English except for when we learned the national language *Tagalog* in the fourth grade. Many times we walked to school barefoot. Kids from remote village brought their own lunch boxes. I always went home for lunch and when time permitted took a nap before the afternoon session. I loved to play volleyball during morning breaks, sometimes one on one, using a light, round ball of rattan weave. There was no room for shenanigans because our teachers emphasized discipline. When one misbehaved, a male teacher grabbed hold of his belt as fast as a female teacher struck with a pointer. Parents better not know our school mischiefs because the punishment at home could be worse. Homework, I did. It was not difficult, I thought, to learn in school using a language not my native tongue. Our curriculum mainly followed American teaching practices.

CHAPTER THREE

After my valedictory address during the elementary commencement exercises, only one thought occupied my mind, the trip to Cebu City in two months. Though my parents had meager means to support a fairly large family, much less to educate their kids, their burning desire to afford their children a higher education was unquestionably genuine. Mama finished the second year of high school in Surigao (the Province capital) before she was betrothed to Papa - as I understand, against her will. But Tatay and Nanay were the bosses. Papa was quite clever to have Nanay on his side. He had started high school in Manila working odd jobs to support himself. One or two years, he believed, was enough. At thirty-three he was ready to settle down. And what about poor Mama? She was a popular, good student and a beauty, I learned from many sources. This I cannot argue. She also had an overwhelming desire for a higher education. However, fate called and that was it, so the marriage. Mama who was born on November 23, 1915, was not quite 18. Now I recall that the constant admonitions at the dinner table to work and study hard to attain a degree, could well be traced to the unfinished task that my parents ambioned for themselves.

The island of Cebu, (in the middle of the Visayan Islands) is approximately 300 miles from Bayabas and about the same distance south of Manila. Combined cargo-passenger ships were the main means of transportation used. The numerous 36-hour trips back and forth during my years of schooling in the city (1954-1965) were unforgettable. Plane trips during the later years were not unusual. Cebu City is the southern Philippines' metropolis. A couple of miles across its harbor is a coral island named Mactan. Here Ferdinand Magellan, the "discoverer" of the Philippines, lost his life in a fierce battle against the natives led by Lapulapu. The Philippines is divided into three geographical divisions: Luzon, Visayas and Mindanao. Manila is on the southern tip of Luzon, the

largest of the islands. Farther south are several smaller islands including Cebu, Panay, Leyte, which comprise the second division. The island of Mindanao is the second largest and the southernmost of the three divisions. The people living in the southwestern portion of Mindanao are mostly Moslems, and overall they comprise about five percent of the nation's almost 50 million population.

It is customary for an aspiring parent from Visayas and Mindanao who has some money to send his children to Cebu for a higher education comparable to that in Manila. My parents were smart and fortunate. Fortunate in that the family remained relatively healthy. Smart in the sense that Mama continued to be a store partner of Tio Lolo and Tia Tina, our distant relatives who are better off economically. This partnership store, named after Mama's initials (FM-Store) sold general merchandise but the bulk of the profit was from the buying and selling of copra. This is the finished product of a coconut harvest and exported as such to the number one importer, the United States. The coconut oil extracted from the copra or dried coconut meat is used in the manufacture of sundry by-products, such as soaps, candles, perfumes, cosmetics, margarine and exported to the rest of the world. The Philippines is one of the world's top copra producers. This product is transported to Cebu weekly by combined passenger cargo ships which were often overloaded. It was always a happy moment for the townsfolk to hear the whistle of *Hiawatha*, which anchored every weekend just by the mouth of the riverbank bordering the vast Pacific. Receiving half the profits from this business, together with Papa's modest government salary and Mama's part time job as a dress-maker were the family's main sources of income.

Since their income was not fixed, there were many sleepless nights that Mama and Papa endured. During the years of their children's schooling in Cebu, they received countless telegrams from each one asking them to send money urgently, especially when examinations were fast approaching. It was standard school

practice that if you didn't pay your tuition in full at the start of the school year, then the remainder must be paid before the semestral or final examinations. What Mama did in many instances, after receipt of those stressful wires, was to borrow money from trusted friends and relatives. This was common practice by other families too. So common in fact, that the first few dollars that I sent to the Philippines after coming to America, were to pay off a long standing debt our family incurred in Cebu. This was when we were living in an apartment house owned by Engineer Jose Rodriguez, father of my good buddy in high school and college, Bobby.

It was foremost in my parents' minds that each of their seven children got an education. It started with my sister, Mana Patty (Patria, the eldest) and Manong (Juan I). Both were bright students, the former being at the head of her class from first grade to high school, except in her fourth year of high school when she settled for second place. The basic ingredient was there as Mama and Papa would like to later say about their children. When Mana Patty and Manong finally finished high school in Tago (the mother municipality of Cagwait) the City of Cebu became the most talked about place at the dinner table.

One of the saddest moments in my life was when Mana Patty and Manong left for Cebu one summer day in 1952. I sobbed and sobbed for a couple of hours until the stern of the ship *Lim Tian Ting* (later named *Hiawatha*) faded into the ocean. Ironically this same ship sank in our town during a storm in the early 60's. When I followed them in 1954, I became the youngest boarder in the house. The University of San Carlos Boys High School, where I enrolled, was practically adjacent. Tio Nicol, Mama's younger brother and next to Tio Julian, was also with us as a college student. For a country boy in short pants (it cost more to wear long pants), city life was an entirely new experience - good and bad. My barrio dialect could not be hidden. I was occasionally caught sucking my thumb. The boys at school, like everywhere else, were

suspicious of any new comers, especially so if one had a country dialect. But I was not to be denied my future place among them.

It did not take long before I almost got involved in a fist fight. A boy of my size and slightly younger age and apparently bright, could not keep his cockiness to himself. I cannot remember the exact circumstances but one afternoon we ended up on the way to an agreed-upon slugfest. If not for the intervention of an outsider, the events that followed in the succeeding years between Edilberto Gozo, Jr., the boy I was to fight, and myself, might possibly have been different. We remained classmates, believe it or not, until the end of our medical school years.

During my early high school years many events happened. At age 12 I was circumcised by the daughter of our landlord, a spinster doctor, under local anesthesia. Boy, did it hurt! I was fortunate to be circumcised in this manner. Two of my brothers had theirs done the traditional way. Let me tell you what this entails. The poor boy who goes through this scary ordeal is seated on a wooden stool. The "chopper", after having his machete cleaned and sharpened, retracts the foreskin and positions the tip of the blade right over the glans penis with the sharp edge up. He then folds the redundant foreskin back in its natural place with the machete tip inside the foreskin. With lightning quickness, the foreskin is slit open with one, two or occasionally three strokes from a wooden stick. The poor tyke, who usually submits to this ritual because of constant teasing from friends more than anything, has a choice of watching, or closing his eyes. The foreskin is only slit on top and never cut. Often he is asked to chew a leaf from a plant known to have hemostatic effect. As soon as he sees the blood, the boy is told to spit the stuff in his mouth onto the wound to stop the bleeding.

Since the setting is usually by the river banks, when there are a number of kids to be done that morning, they make a picnic out of the whole thing - blood, salt water, and all. When the wound is

healed, one would normally celebrate, but for some adventurous kids who were often teased by adults, the ordeal is not over until that “baptism” is attained. I’ll tell you later when this particular ceremony happened to me. In my private practice of surgery I do circumcisions under general anesthesia. I discuss with my patients, usually adults, the procedure involved - its risks and benefits. For spice, I also tell them that no matter what style I employ (French, American, German, Japanese, Filipino, etc.) there is no reason for concern because the finished product always ends up “torpedo-shaped” anyhow. Almost invariably I extract a grin of confidence from them following this line.

The first sad event in the immediate family occurred when my seven-year old sister, Felicitas (Baby) Montero, the sixth child, died unexpectedly of hemorrhagic (dengue) fever. To this day Mama considers that event one of the lowest points in her life.

The trials and tribulations of an adolescent boy hit me equally. There were excursions, jam sessions, and movie escapades with young partners. There was no retreat from all the temptations a city life had to offer. The easy life atmosphere culminated when I was fourteen with my “baptism”. This happened during our ship stopover in the City of Surigao (the capital of the province of Surigao del Norte). Odol, a townmate and an older buddy, arranged the encounter at his own expense. It did not take him long to convince me that it was “time” to be a man. It was mid-morning when we hit port after leaving Cebu City the night before. You could bet that I got very little sleep the evening we set the game plan. In those combined cargo-passenger ships, we sleep on cots - when available. Sometimes we slept the night away with co-passengers. I didn’t mind it, especially when I lucked out with a pretty lass. It was always nice to talk about the moon and the stars on clear tropical nights.

When we learned that the ship was leaving that early evening for the next stopover (Tandag, the capital town of Surigao del Sur) and on to Bayabas, we did not waste time. By early afternoon, Odol and I flagged a horse drawn, two-wheeled cart, we call a *calesa*. He softly told the driver of our destination - a well known district of brothels. Such establishments usually flourish in port cities as Surigao. I don't remember saying a word to Odol from the pier to the red-light district. I followed him coyly to the Madam who met us at the doorway with a big smile and a few words in Surigao dialect. When she learned that it was not Odol but the "baby companion" who wanted the business, she politely escorted me to a different section of the "house", halfway surprised and amused. There, she left me entertained by a young fairlooking prostitute whose first question was "How old are you?" All I could impart was a smile. Although early afternoon, the room was dark. There was one small window partly opened and since this was a single story house, the street noise was not too far off. The side walls were of nipa shingles. I couldn't remember how the single bed was arranged since the first thing I did was hit the deck with her a few seconds after I entered the room. It was what you call a quickie. It happened so fast I didn't know where I was for a fleeting moment. My immediate feeling then was "I will never be the same!"

Odol conversed with the Madam during those few minutes I was gone. He told me later that he anticipated a triumphant, but early exit. He was right. He could see it all in my big, sheepish grin. When we reached Bayabas, he was careful not to tell anyone - as part of our deal. He knew that in the eyes of my folks I was always a good guy with good grades.

In our classes I generally did well. I remember my name being on the periodic honor roll a couple of times, but third place was the highest I could get. Music was one of my favorite subjects and fate had sealed in me already that the country of Austria would always

be special to me. A musically minded Austrian Priest, Father Joseph Graisy, SVD, was the head of the Boys High School Department of the University. I became a favorite of his during the first year. I also got involved in his choir. A couple of years later, I studied the violin under Mr. Vicente Abellon's tutelage. But the lure of sports, such as basketball, was more interesting than any fine note I could muster with an instrument. Two years was enough and all I could do was the basics. What the heck, I still like music vocally and Father Graisy's nice smile is still vivid to me whenever I sing *Pal of My Cradle-Days*, a song that Mama taught me when I was in my elementary years.

The second half of my high school years were spent on a new campus location of the same university. The new Boys High School Department at Mango Avenue was equidistant to both top-notch girls high schools run by Sisters. So much for that.

On March 17, 1957, the end of my third year high school term, a national tragedy hit the country and which also saddened the entire free world. The most beloved of Philippine Presidents, Ramon Magsaysay died in a plane crash on Mt. Manunggal in Cebu province. That evening he had just finished a speaking engagement at the commencement exercises of the University of San Carlos. I could still feel his firm handshake the night before when the young republic awoke to an unparalleled grief. I never have witnessed scenes in which children openly cried with adults from all walks of life and who deeply missed a person. Such was "The Guy". He was Asia's symbol of anti-communism and to his people, truly a man of the masses.

I was not quite 16 when I graduated. I took only a two week vacation and then proceeded to college via summer classes. Before graduation I was interviewed by one of the SVD (Society of the Divine Word) priests, Father Wrocklage. I remember that he came from Texas in the United States. We talked about careers. He

knew that I had only one choice; to be a Doctor of Medicine. It did not deter him from drawing for me a diagram shaped like a pyramid and explaining how I could make a vocation in serving God. After a long session I came out feeling important and confident that I was after all, a good boy!

I must have been a young man in a hurry. When I finished the pre-med course in two years and one summer, there was no stopping me from getting a medical career. The university was still my school. It was at this stage that I felt more and more confident of myself, that no matter what your beginnings are, there is a time when you catch up with your peers and feel at par with them. If one experiences a big lift in his life then this was it. I was more deliberate and uncompromising. Quite a few times I raised the ire of my college instructors but that was also one way to get known in the larger college atmosphere. This then led me to my first sweetheart, R. A. She was a top rate student and eventually traveled to Manila to finish medicine. Since my high school years I had been always involved in class functions. College was no exception. I was a representative of the College of Liberal Arts in student council elections and an active Student Catholic Action officer. Before I proceed with my college activities, let me point out one significant event that happened when I was second year high school student.

It was one morning when an officer from the United States Information Service (U.S.I.S.) came to our class and asked each one of us if we were interested in starting correspondence with students our age all over the world. I believe that we all signed for it and at a cost of ten centavos to pay for postage. Weeks, months, and a couple of years passed before I finally got letters from the United States, South Wales and Austria. All three from young girls. The letter from Austria was the third I received during my first year in college. Suffice it to say this particular letter from Anneliese Hanzelic, an only child, became the highlight of my "love letter" writing years. She picked up English quick enough that amorous

phrases filled our letters in a matter of months. I have had my share of joys and disappointment with girlfriends like everyone else I suppose, but the nice thing about Liz' frequent letters were that they were always full of beautiful thoughts, always welcome stuff and an energizer.

While in college, it was a dictum among my friends that at no time should you be without a girlfriend. I belonged to and I have led the Xerxes Club, all boys. As a club, it is easier to create parties. This also streamlined our invitation cards instead of drumming up fake birthdays, etc. An incident I would like to forget, but could not, happened one evening when after walking home this pretty lass, a bunch of tough neighborhood guys jumped on my friend, Lionel Chiong and me, *bing-bang* the Cebuano dialect for a strike or hit. Luckily no knives were used. Our egos and some muscles were bruised. That was the end of that particular protocol. Taxicabs were plentiful but I did not have enough pocket money to spare for that level of sophistication. I felt fortunate to remain in a sectarian school and often wonder what I would have been without those Sunday sermons and periodic confessions. Looking back, I give myself credit for knowing my priorities. The peer pressure was always there. How one dresses up? Does he have a girlfriend? And if so, how many? This sometimes precedes the question of "Is she pretty?" Many a time the pursuit of a better education or career takes a back seat in those early college years. Since I didn't have money to squander, it did not take me long to realize that I had to have good grades in order to pursue a medical career.

The two years and one summer of pre-medical education at the University went by, but not without a struggle. I remember the sleepless nights that I spent at Bobby Rodriguez' home on the eve of examinations in zoology. Bobby is a high school classmate whose dad was a well-to-do dean of the College of Engineering. Our family had rented one of their apartment houses. We were like brothers. Bobby tends to exaggerate though, as when he told Meri

that one time we shared a hooker because we ran short of money. I spent many evenings cramming for examinations at their beautiful home, some after evening parties and escapades at bars, but mostly when we would have to dissect frogs, cats and dogs. It was no surprise to find a neighbor of one of our classmates looking for his or her pet cat or dog on the day of our zoology practical examinations. There were strategies hatched up as well on how we could pass on the correct answers. Sadly, not everyone of my close buddies could go through the rigors of constant examinations, hard work and study. However, many of them are now quite successful in other professions. Bobby finished with a degree in Commerce and married Nelja Dacuycuy, a graduate of our college. She is a Pathologist now at Providence Hospital in Cincinnati with Vic Cabanas, another close friend and Pathologist. Being philanderers as college students was no big deal, I used to think. The course I took about the life history of our national hero, Dr. Jose Rizal, himself a physician, showed that he had more than twenty girlfriends from all over the world before he was executed by the Spaniards at age thirty-five.

PART TWO: MEDICINE

CHAPTER FOUR

In the summer of 1960, my medical school years started. I couldn't help but be apprehensive about one awesome thought - that it would no longer be cats and dogs that we'd deal with but the human body! The transition from the university halls to the college hospital atmosphere was not as difficult as I thought. Although Velez Hospital, which is where Cebu Institute of Technology, College of Medicine is located, is only a mile farther uptown from the university, the latter campus became a strange territory during the next five years. My new boarding house was a stone's throw from the Velez campus and it meant that I could go home at lunch break and take an important nap to keep me going the next twelve hours. Burning a midnight candle almost became a ritual or so it went, for almost a year anyhow. I knew then that "if others could do it, I could too." This was a challenging but stimulating statement from one of our strict and brilliant instructors in Neurology, Dr. Jose Paradela, who eventually became Dean of the College.

When the academic year was over, I always went home to Bayabas for two months, as I had since 1954, the year I first came to Cebu. Manong, who now had a good paying job in the city, could not be any prouder of my accomplishments. He practically sent me to medical school singlehandedly from the financial standpoint. He remained single until after my graduation, notwithstanding the few close calls for marriage when he was transferred to another province. It was also during my visit to his new place of work that new acquaintances produced some philandering highlights and in so doing almost ruined my medical college career. Only V. M., a brilliant classmate and a confidant but above all the leading Casanova of our time, knew the circumstances.

I was twenty years old, bruised and pampered. I had an ever caring "sugar mommy" and after the last six years of fooling around I felt lucky enough to survive and be able to maintain my

family's trust. The key to that trust of course was maintenance of good grades. Mistakes and losses, yes I had my share.

In my mid teens I was caught off guard one lazy weekend afternoon. A friend of mine introduced a gentleman who brought along with him girlie magazines. It did not take long before I realized that the gentleman's right hand was between my thighs. And while I was enjoying his magazines, OOPS BINGO! It happened so fast that the next thing I saw was some pesos in my hand - to pacify me he thought. He apologized.

During those college years I felt as if I was indestructible. That feeling however was shortlived when I experienced a painful urination one morning. It jolted me so badly that I felt I matured ten years overnight. Fortunately, one lesson was enough. V.M. and I had our own PDR (Physician's Desk Reference). This not-so-latest copy was sent to him by a former girlfriend who resided in the United States. He and I knew what antibiotics, aphrodisiacs, birth control pills, jellies and climax retardants were available at the local drugstores. We kept our sample medicines for barter just in case our pockets would run dry. That was sample living then. Talking about retardants, I'll never forget the first time, and naturally the last time, that I used "Vicks Vapor" rub. "Retardex" was what I eventually recommended to some intimates. I didn't have to use this cream for long though. As the old adage says, "experience is the best teacher".

So much for women. The other things that had me busy in my medical college years were my involvement in sports and school politics. I had fun playing basketball for our class during intramural games. I remember scoring 18 points in one game. In my fourth year (1963), I was elected President of the Medical Student Council. This was the medical college government with 618 student members. I was the standard bearer of the United Students Party. The hoopla was replete with campaign paraphernalia. An

enthusiastic clubhouse dinner celebration followed my party's victory. If you say campus elections are for the birds, think of this ... the year after my administration I fielded my party's candidate for President, Vicente Yap. His opponent Edilberto Gozo, Jr., was the brightest guy in our class. There had been no love lost between Eddie and myself since our high school days. I never hated the guy, I just disliked his ways and so did he of mine. Campaign '64 rhetoric was so heated that I was able to coax Eddie into a P1000 (pesos) bet that my candidate would win. Eddie's family was wealthy and he was not about to shrug the challenge. I asked my landlady for postponement of my already due monthly boarding house fee. In all, I ended up shouldering half of the bet with the rest absorbed by our campaign leaders. What happened thereafter was to our tremendous advantage. Never before had my friends campaigned so hard. The election of Vicente Yap was overshadowed by the campus news of open betting. If our medical college creates its version of a "hall of fame", I will probably be best remembered as *the politician*. Dr. Yap, who is an internist-cardiologist, presently resides in Madison, Wisconsin.

During my term as President we launched a program to aid the poor. "MARIA" stands for Medical Aid to Rural Indigent Areas. This had to be a fateful project for me. It was during the first trip of Velez Hospital "clinic on wheels" that I met M.V., a pretty registered nurse who worked at the hospital and resided in the campus dormitory. The experience of helping the poor folks in the rural areas of Cebu province was very satisfying. I felt great coming back to the college campus after three days sojourn. I discovered new vistas, and felt for the first time, that I could now go out into the cruel world and take care of the sick. I was enjoying the humanitarian aspect of volunteer work. M.V. and I became sweethearts soon thereafter and she kept me amorous for the longest period. Fate had it that her one-week visit to me in Norfolk, Virginia, ten months after I arrived in the United States, was to be our last time together. She was then working at St. Mary's Hospital

in Minnesota. She left the Philippines six months ahead of me. A year after her Norfolk visit, I learned from friends that she was married. Happily, I always wish my friends the best.

Although our medical college was the seventh and the newest in the country then, I felt fortunate to be afforded a very good medical education, judging from the high percentage of our graduates passing the National Boards. I must have been hasty in my plans to come to the United States for my postgraduate training. Even though quite busy in my clerkship year (fourth year), I went ahead and took the Educational Council for Foreign Medical Graduates Examination. I was not used to failure and this encounter was my first heartbreaker. It did not take me long to recover from this first defeat, however. Several months thereafter, during my internship, I took it again and soon thereafter I was exchanging handshakes with friends and wishing each other a safe trip to the United States. During the late 50's through the early 70's this country kept its doors wide open to physicians from all over the world who came to train or specialize. In return these doctors also fulfilled a need at many understaffed hospitals. Our graduation on May 5, 1965 put me twelve days short of my twenty-third birthday. I believe Eddie Gozo, Jr., had the distinction of being the youngest to graduate and easily the brightest. He is currently a leading, U.S. Board Certified Internist and Cardiologist in the Philippines. Meri and I had a pleasant visit with him and his lovely wife, Nati, when we were in Cebu in 1975.

The commencement exercises on May 5th, made it legal for me to be addressed as Doctor. Knowing that until the day I die, I am a Doctor of Medicine is the ultimate compliment that one could ask after seven hard, grinding years. It was not long after that we had three doctors in the family, Manong Mar (Dr. Marcelino Diaz) married Mana Patty in the mid 50's and they are blessed with six children. Mana Nelly (Dr. Nelly Guisadio) is Manong's (Juan I) longtime sweetheart. They have two children.

The National Boards, the last hurdle at this stage of my education, now had to be tackled. Manong, a unique brother, never waived in his financial support. My six-week stay in Manila preparing for the boards, following graduation, was the most damaging to his pocketbook and those of my parents and even our relatives. Thank the Lord I did not disappoint anyone. I was already involved in the thick of a political campaign for my uncle, Dr. Gregorio Murillo, (first cousin of Mama) when I got the good news on passing the boards, with an overall average of 85%. Not bad for a philanderer, I thought.

At last I was finally involved in a real political arena. It was 1965, and Ferdinand Marcos was the standard bearer of my uncle's party, *Nacionalista*. He was running against the incumbent President, Diosadado Macapagal of the *Liberal* party. The latter was Marcos' old party. Our family, for as long as I can remember, were always *Nacionalistas*. Tio Goring's (Dr. Murillo) opponent, incumbent congressman Vicente Pimentel of the *Liberal* party, was Nanay's first cousin, a political bigwig and former governor whom we had supported in the past. In politics they remind you that blood flows thicker than water. Although we were caught in the middle, this time we drew the line clearly for Tio Goring, a political novice and a self-made man who had made his name as a very successful, highly respected humanitarian physician in the big lumber town of Lianga (Georgia-Pacific owns the lumber company). The fight was for the lone congressional seat of our province, Surigao del Sur.

The campaign experience was one of the most memorable events in my life. From my vantage point now, I am amazed to think of how one man, then an ordinary but shrewd politician, could change dramatically the historic course of a nation. The experience is still vivid in my memory. During his nationwide campaign swing to our province, Marcos came with four of the senatorial candidates on his team. I was assigned as a personal guide

to one, Wenceslao Lagumbay, an articulate speaker. That same evening we covered three to four big rallies. It was when we had the biggest crowd in Mangagoy, the home of PICOP, (Paper Industries Corporation of the Philippines) that I heard Marcos mutter to us guys behind him on stage, "*Tapos na si Macapagal*", which means "Macapagal is finished". Since Tio Goring's campaign was not as well oiled as that of Tio Venting (Congressman Pimentel), our campaign was designed differently.

We courted the voters not with pesos but with sincerity, and being physicians, with free medical care. I remember the numerous boxes of medicines that we had to transport between towns and barrios. I belonged to the advance party. An hour or two before the scheduled rally or meeting, I established a makeshift clinic, giving free medical advice, examinations, and the greatest draw of all - free medicine. This was how we drew crowds. Many times these noisy, harried pow-wows got dragged out until the wee hours of the morning. I would still be giving injections or paying house calls during this period while my comrades grappled issues with the public, hoarse voice and all. It was a grueling four-month campaign and an all-out effort. I remember composing campaign songs based on popular tunes. There was a large paper brown bag full of pesos as the election day drew closer. We traveled by sea (motor boats, canoes), by land (jeep, buses, or hiking) and occasionally by air. There were more feasts than famine and numerous social functions to perform. It was like an extended four-month long fiesta. When it was all over, Tio Goring emerged an upset victor, the only one in his party to win a congressional seat on the entire island of Mindanao. This brought him close to Marcos who soundly defeated the incumbent President. Up to this writing, Marcos has prevailed upon him to remain Governor of Surigao del Sur. He was elected to this position after he lost his congressional seat four years later. Tio Goring learned later that medical practice and politics are like oil and water. They don't mix, unless applied equally and constantly stirred.

I took over as physician in charge of Dr. Murillo's medical clinic, a 10-to-15-bed capacity "hospital" in Lianga, following his election in November, 1965. My next seven months of experience in this clinic strengthened my resolve to become a surgeon.

The highlight was my first appendectomy under local anesthesia. A young man, in his twenties, was presented to us with symptomatology suggestive of acute appendicitis. I drew his blood sample and on microscopic examination I thought that he had a slightly elevated white blood cell count, approximately 11,000. I told him he needed an operation. Poor guy, he did not know that I had never done an appendectomy. All he knew was that Dr. Murillo was an excellent physician and surgeon and that if I was taking his place that I must also be good. That's what I hoped anyway. Fortunately, I found an old edition of *An Atlas of Surgical Procedures* while my two mid-wife assistants were busy preparing the operating room and sterilizing the instruments. Tio Goring was a self-trained surgeon and everyone around him always felt confident that he could do anything that he wanted. This was the kind of confidence with which my assistants permeated me. I had to rise to the occasion. An hour after the premedication was given, one of the assistants escorted the patient to the operating room - walking. I had made sure that the eight battery flashlight was working well and the atlas opened to the right page for a procedure on appendectomy, propped across the operating table from where I stood.

Following satisfactory local infiltration anesthesia, I went through the layers of the abdominal wall - just like the atlas states, through a McBurney incision on the right side. One thing I did not do was panic, even when it took me a little while to locate the appendix. I knew that I had the complete trust and confidence of my patient and my operating room crew, including Fidel, who ran the sterilizer machine and was my flashlight holder. After almost an hour, the operation was over. The appendix was mildly

inflamed, I thought. Our patient walked back to his room with a grateful smile on his face.

The saddest experience that I have had as a physician happened when a pregnant lady in her thirties was brought to the clinic from a remote rural area. She was markedly dehydrated and weak from a shoulder presentation of her baby; one arm completely out.

A child is normally born head first. A shoulder presentation occurs when the infant's arm or shoulder comes out before its head appears. The delivery is extremely difficult since the baby is then lying sideways in the womb. The local quack had done everything she could earlier. The fetus was still alive. I manipulated the foreceps, with all of the wisdom that I had, to deliver the fetus. It was impossible. I thought of Cesarean section! The lady was extremely ill. All we had was dextrose. There was no blood. Tio Goring's brother-in-law, Dr. Jose Otagan, who used to assist him on Cesarean sections, was not in town. The nearest large hospital was at least four to six hours of travel away over dirt roads. The family's biggest worry was that they did not have money. I had to accede to the family's request, that they take her back home to die. I hope I will never be confronted with such a decision again. Red faced and teary eyed, I had to nod yes. This particular experience made me resolve furthermore, that I should become a surgeon. This had been my burning desire since I became a medical student. I knew then, that if I was going to be a doctor, I would rather be a complete one so that I could heal the sick with scapel as well as, or even better than with pills.

The thought of my approaching trip to the United States, late in June, 1966, eased some of the problems that I encountered in the clinic. I left Lianga in mid May for Bayabas where I spent the remaining weeks with our family. I continued to treat the sick accepting only whatever the family could afford to pay for my services. This ranged from poultry to vegetables. When the day

finally came for me to leave, I could not have been more touched at the overwhelming gesture of gratitude from my people. Folk from all walks of life came to bid me good-bye with a handshake; some hands loaded with pesos for my pocket money. They knew that my air fare to Norfolk, Virginia was being paid by the hospital where I was bound. They knew also that I could use every centavo on this historic trip - the first local boy to go so far. Above all this was their unmistakable gesture of saying, "Thank you Dodong". I promised my folks that I would be back.

The final goodbye in Manila was tough. As I got onto the plane, I knew immediately that this time I was alone and from here on, it would be a new beginning. I had just turned twenty-four. I looked at the future with all the gusto of a young world traveler. I had always maintained that this trip was 50% enhancement of my profession and 50% adventure. I knew I still had M.V., but the thought of settling down never occurred to me. I thought then that if I could remain single up to age thirty-five, that in itself would be one monumental accomplishment. I left Manila at sunset. My parents and close relatives saw me off. The Air France jet was the largest plane that I had been in. I slept overnight in Tokyo, staying at the Hilton. By bedtime I wished I had not traveled alone. I was lonely. But having just left my homeland, I was not in the mood of seeking some fun. I sat in the hotel bar and had a drink, only to find my English was not good enough to converse with the Japanese waitresses. Tokyo is a clean, expensive city, one of the most populous in the world.

Crossing the International Dateline the next day was a great thrill. I realized I was in a different world. With the Pacific trip over, the American continent was next. As the plane sped over the mountain states and the great plains on a clear sunny morning, I shared my thoughts with intimates back home on several post cards, only to forget to put the stamps on before I mailed them! On June 27, 1966, I was on United States soil; Seattle, Washington, my port of entry. The feeling was one of awe and thrill.

PART THREE: AMERICA

CHAPTER FIVE

Norfolk, Virginia was where I was headed. Through an internship matching program, I was assigned to DePaul Hospital where I would spend my first year as a rotating intern, hopefully training in general surgery. Saginaw General Hospital in Michigan was my first choice. In retrospect, I realize I could not have lasted in the north with long, cold winters. But the weather was not my primary concern. To me the uncertainty of who would cook and wash my clothes or clean my room had to be settled first before I even worried about my training. The following thoughts occupied my mind. All I heard from people who had been to the United States, was that when you are there, you have no choice but to work and work hard, especially at home. There are no maids to carry the load like you are used to in the Philippines. Ever since I was twelve years old I had lived in a boarding house in the city, ten months a year, with maids to take care of the household chores, food and laundry. During summer vacation, although we were poor, we had at least two or three live-in servants who felt fortunate to stay with us as long as Mama sent them to school, usually through the elementary years. This made them literate and qualified as potential election voters.

That was why it was not difficult for Meri to understand during the early years of our marriage why I never took out the garbage. I still don't and I feel proud to belong to this elite group of men in America, which includes the President of the United States. One of Meri's attributes is that she knows her priorities. One morning in early 1980, out of a clear blue sky, and after my usual good breakfast, I offered to take out the garbage. Meri stopped me dead in my tracks, mentioning that it would ruin my reputation. I could not believe it, but I knew she was right. (She knew of my ongoing survey in the intensive care unit at Bayside Hospital, conducted by a nurse, Lou Ann, who disagrees with me on this chauvinistic practice. She knew, also from this survey of

doctors, that 80% of foreign born physicians do not take out the garbage, while 80% of the natives do this chore.) The next thing she saw was me seated in my RX-7 ready to take off for work. Do I have work! Meri makes it all easy for me. This is no exaggeration. When I leave home I don't have anything to worry about and when I come back, the least I can do for her and the boys is to leave the day's hassles in the operating room, where they usually belong.

Going back to my trip, I arrived at DePaul Hospital at 10:00 p.m. on June 27, 1966. The security guard escorted me to the doctors' quarters. Ely Aguhob and Eddie Sanchez, with scrub suits on and ready to retire, greeted me enthusiastically. Both were surgical residents. Eddie was one of the first graduates of our college. DePaul's housestaff was 80% Foreign Medical Graduates. I shared the call room with them that evening. The following morning Mrs. Norma McAnally showed me the apartment houses rented by the hospital for its housestaff. She was secretary to the medical director, Dr. Joseph Lea, and served eight years later as one of my sponsors when I became a United States citizen. As we went from one section to another, I could not help but worry that my bachelor days would soon be over if I had to live in any one of these apartments. I knew nothing about maintaining a home. I asked Mrs. McAnally for a reprieve. Fortunately she yielded and arranged for me to occupy a room by myself in the doctors' quarters, which occupy an entire wing of the second floor of the hospital. I was the only single man and the last physician to be granted the privilege. I found out later that my room was adjacent to the hospital chaplain, Rev. Father John Henry. DePaul is run by the Sisters of Charity, its history dating back to its original construction in 1855, during the yellow fever epidemic.

My stay in the hospital quarters during my first year in a foreign country, was more significant than I originally thought. It did not only save my treasured bachelorhood for at least another three years - it set the stage for events that later led me to meet

Mary Ann Goodsell.

My first good impression of America centered on its super highways. I thought they were out of this world! The next thing I learned was that the motels here really serve the main purpose - to give shelter to the weary traveler. This was almost a shock to me since the only thing I learned about motels in Cebu was that this was a shelter where you spent your good times with a friend. I remember in the early 60's when motel fever hit the city of Cebu. Within a span of two years, several of these outfits sprung up in the outskirts of the city, with exotic names such as Palm Beach. That motel was my favorite and I spent half of my monthly allowance to help maintain the closeted private rooms and garage. Those were the days! To spend every bit of that 24 hours, occasionally 48 hours you had paid for, only between you two souls could sometimes be boring except that you usually exited exhausted. If there was a time I willingly gathered the garbage, it was during those escapades. We entered the rooms, only a foot or two away from the taxi, with the garage door completely shut from the eyes of the night. We came out in the same fashion. No questions asked.

My dream to own a car was realized six months after my arrival. Part of my down payment was the P750 (pesos) or approximately \$150 (dollars) I received from our townfolk and relatives when I left home. This amount was all that I had when I arrived in America, but just like a good ole boy, I promised my parents I would share my monthly stipend of \$600 (approximately \$400 dollars net) with the family for as long as I had brothers and sister to help educate. Eventually all my brothers and sisters finished college; Carlos with a degree in customs administration, Maria Clara, a Medical Technologist, Juan III and Juan I both with degrees in commerce and Patria, a Pharmacist. Manong never asked me for the return of his help at anytime, so I felt this was one way I could show my gratitude. I look forward to the day he and his family can enjoy a visit with us in the United States.

Owning a car, of course, breeds new problems. I had learned to drive while in Cebu, where for P20 one can buy a license. It didn't take long for me and my new friend, Oscar Espina, who worked as a medical technologist at the hospital, to swing to New York one wintry weekend to see some of my old cronies. I got my first speeding ticket in Delaware on our way home. When this huge, black judge ordered me to raise my right hand and plead guilty or not guilty, I got so nervous, that the word guilty was barely audible. I was aware of the racial problems in this country and that experience was not an ideal exposure.

One other noteworthy observation which made me feel alien to this country was the fascinating sight of the different color hair its people have. Although I had seen several Hollywood movies back home, it was still an eerie feeling to see for yourself that different people could have varying hair color. I had the same feeling when I first saw and touched snow flakes.

The first night I was on call, I dreaded the ring of a telephone. I was up practically the entire evening, no ones fault but my own. My English pronunciation was not the best, but for a damn foreigner I thought I carried on pretty well. However, this was not so because I ended up going to the different nurse's stations to write my orders on the charts, orders which normally are given by phone, such as for sleeping pills. Sleep, I never got that night. The nurses were just as wary of me as I was of them. I was not about to bungle my first night on call.

My first rotation, of all specialties, was in Obstetrics and Gynecology. I felt I had such an over-exposure during those first three months of rotating internship that it took at least another six months to arouse the "amour" in me. Thanks to M.V. for her spring visit. The rotation was made easier by one of the OB-Gyn residents, Remy Diasen (now Mrs. Rudy Sonson). The Sonsons now live in Honolulu and they own a nice house overlooking

Diamond Head. Meri and I dropped by their place on our way back from the Philippines in February of 1975, when Papa was seriously ill.

I started my residency training in General Surgery on July 1, 1967 following a year's internship. During my four-year residency, I left DePaul only for a one-year hiatus after my third year, when I opted for a fellowship in Thoracic and Cardiovascular Surgery. This was at the Medical Center of the University of Virginia, in Charlottesville, the school founded by Thomas Jefferson. This particular period was one of the few times in which the attending surgeons at DePaul had to decide between two candidates for the spot of Chief Resident (fourth and last year). Dr. Charles Davis, Jr., then the Chief of Surgery, made it easy for the attending staff when he aided in granting my request for an extra year in training in Thoracic Surgery. Dr. Davis, an excellent surgeon, eventually became President of both the Virginia Surgical Society and the Medical Society of Virginia. Dr. William H. Muller, then Professor and Chairman of the Department of Surgery at the University and a rising star in American Surgery, created an opening for me. I learned quickly during my surgical training that when things go sour on your patients, the real arena is the chest rather than the abdomen, even when the operation is below the diaphragm.

I'd like to reminisce now that this was easily the shrewdest move I ever made during my surgical training. It never ceased to amaze me how my peers and superiors increased their respect of my surgical know-how after I returned from The University. The academic exposure also prepared me for future battle grounds, writing in the surgical literature and presenting papers at surgical meetings. All these I have done with extreme pride knowing fully well that my private practice in surgery is one of the most successful in the metropolitan area of Tidewater, Virginia. At this writing, I am a nine-year pro and have been involved in areas other than the private practice of surgery. I count my blessings.

But let's go back to my training. Sauro Yague, a Spaniard, went on to be the Chief Resident of the year I was in Charlottesville. When Sauro and I were still third-year residents at DePaul, U.V. was the Chief Resident, but did not stay long enough to complete his term. He was also Spanish speaking and naturally, between Sauro and I, the former always would get the better cases to scrub in when U.V. made the assignments for the following day's operations. There were also other things that were not quite right with U.V. After five months I had had it. We had a showdown. It was a painful decision but the attending staff decided to let U.V. go forever while he was on a one-week vacation in late November. I knew then this was a truly democratic country and that you have to earn what you get. The Chief Residency position was prematurely handed to Sauro and I, and we split the remaining seven months tenure equally, down to the last day.

During the summer of 1967, as I began my residency training, Dr. Joseph Lea, our medical director, invited the entire house staff (excluding those on call, of course) to his beautiful summer retreat at Point Harbor, North Carolina. Suffice it to say, the main treat was a pig roast, (*lechón*). Guess who volunteered for the job? Never before had I roasted a pig while acting as the team captain. It looked so easy back home when you just helped. Dr. Lea and company never knew this and the night before, Dr. Lea told the pig owner to keep the hog NPO (nothing by mouth) and to give him enemas, if possible. I did not know then that he had gotten us a big 50 lb. "baby" which he christened "Santos". When everything was ready we attached the "baby" to a two-inch diameter bamboo stick and placed it over burning charcoal, well arranged in a prepared pit, to everyone's delight! An hour later bad luck struck. The bamboo broke and we had an absolutely rare ham. This was my first such experience in pig roasting and immediately a flop. Hurriedly, my friends and I searched the countryside until we found a long, thick, wooden stick to replace the broken bamboo. Four hours later, the main treat was served, much to my relief. This incident taught me

one thing. If I could handle such an emergency under those circumstances, I felt that I could cope with any future disasters in pig-roasting. Even now, I still roast a pig once or twice a year for my neighbors and doctor friends. One last note: I am always confronted with a different problem with each new roast. And just like being in the operating room, I only have one piece of advice, that is, never drop your guard.

After my rotating internship year I became a boarder of Dr. and Mrs. Ely Aguhob in their nice apartment house. Meding (Mrs. Aguhob) is an excellent cook. I felt I deserved a break after enduring the hospital cafeteria food for twelve months. Ely's younger brother, Sammy who was then a resident in internal medicine, lived with us too. Both Ely and Sammy eventually became Anesthesiologists.

In September 1967 Sammy, Oscar and I embarked on a trip to Montreal, Canada to see Expo '67. The drive from Norfolk to Montreal covered more U.S. land area than I had seen close-up. The highways were super all the way, winding through the scenic Adirondack mountains in upstate New York. Montreal is a large metropolis, clean and quite modern. Many of the residents speak French. Our hostesses, Filipina nurse friends who worked at the Royal Victoria Hospital, gave us a tour of this famous institution. We also went through several booths of different nations participating in the Expo. We met and talked with people of all races and creeds. We walked, traveled by bus, by monorail and even by boat, appreciating the truly international flavor of the whole thing - a show off time for each country. The host country and city which usually incur heavy expense, also end up the ultimate benefactor in tourism. The city has a pretty mountain view and from atop the famous St. Joseph Rectory, the sight is truly a tourist attraction.

Just as you might expect, we had to have girls involved in our trip to make it interesting. I would rate the experience as fair. On

our way home we stayed overnight in Atlantic City to watch in person, the Miss America Pageant. It was exciting to be involved for the first time in an event that is televised live nationally. I had been an escort of a Queen and a few Princesses in our province of Surigao during carnivals, so I feel at ease with pulchritude. However, this is America and the ultimate is here! Meri will tell you that my record has not been bad in selecting finalists and the eventual winner of beauty pageants I have watched. We came home refreshed.

Ely and Meding were understanding of a single person's needs. They never badgered me when I was out of my room at night or during the weekends. I juggled my dates so often that eventually my landlord and landlady lost track of my friends' names. They gave up on me, but did not kick me out. When I was dating L.N., I stayed in her apartment more than I stayed in theirs. My thirst for adventure was never quenched.

CHAPTER SIX

In October 1968, as a second-year resident, I accomplished a sportsman's dream - to see The Olympics. It was an experience to always cherish. I arranged with a house staff colleague, Dr. Agustin Ramirez, to stay with his family in Mexico City during the duration of the XIX Olympic Games. I had an excellent host family. Although we had occasional hitches in communication between my poor Spanish and their poor English, my ten-day stay left me with nice memories. I saw most of Mexico City, its famous anthropological museum and parks, a bullfight and a cultural show. The tour of the ancient pyramids of Teotihuacan was fascinating. We drove to Acapulco to watch the yachting competition.

Mexico City, with its bustling population, reminds me of Manila to a certain extent. You can be driving in the most modern section of the city one minute and be in a slum area the next. People are friendly and hospitable. What surprised me most was to learn there is a good deal of animosity by an average Mexican towards a United States citizen. They accused the *Gringos* of monopolizing the name American, when people from Central and South America or even Canada are just as entitled to be Americans as those from the United States. I believe they are right but how can you change the perception of the whole world?

The bullfight, although not an Olympic event, was one I was not about to forego. It was my chance to see this spectacular sport or show, whichever pleases you. The huge crowd in the arena seemed to enjoy every move that the matador or bull made. They shouted exhortations at both man and beast throughout the show and pageantry. The climactic kill is occasionally preceded by the bull's onrushing close calls on the matador's life. While watching, I screamed my share of "oles".

The pyramids built by the ancient Mayans were truly magnificent. Who could imagine them with primitive tools able to construct such everlasting monuments with precision? I climbed up the summit of *Pyramidis del Sol* with my hosts and counted hundreds of steps along our path. The *Pyramidis de la Luna* was not far off. Overall, the above wonders were spread on a valley a few kilometers drive from Mexico City.

I saw a fair amount of Olympic events, but it was my visit to the Olympic Village and spending a night in the athletes' quarters (which no outsider can ever do again) which will always receive the limelight in my Olympic memories. How did I do it? The strategy was circumstantial. After watching the basketball game between Spain and the Philippines, won by Spain, I went to the back door where the athletes exited. I saw Joaquin Roxas. Although he did not know me, I spoke to him in *Visayan* (the native dialect of Cebu) and immediately the warmth was there. He confessed to me later that some of his teammates had been involved in fisticuffs with the Spaniards in the dressing room after the game. The next thing I heard was a kind invitation to go with him to the Olympic Village. Naturally I was elated. He lent me his Olympic athlete's pin. With my own Olympic cap and bag, I was unmistakably one who belonged to the Filipino delegation. No questions were asked as we passed the check point. I was ready to tell the guard that I am a track and field coach, fully conscious that I could hardly pass as a member of the Olympic basketball team. My greatest thrill occurred on the way to the Olympic Village. Left and right we were handed papers by autograph seekers. Boy, did I get a kick!

There was one extra cot in Joaquin's room. I even saw Domingo Calomarde, a member of the boxing team, whom I knew personally in Cebu. I was whopping it up, exchanging pleasantries with athletes from all over the world. We had breakfast at the village cafeteria. Never had I seen human beings put so much food, practically heaping from all angles, on their trays. Those athletes

must have ingested 6,000 to 10,000 calories per day!

As we left the cafeteria, a Russian basketball player passed by. Through sign language, I was successful in getting him to pose side by side with Joaquin for a photo. We smiled at each other as we parted. Later, looking back at the pictures, I couldn't believe where Joaquin's 5'9" frame stood to that of the 7'4" Russian. No wonder the Filipinos could not get anywhere in international basketball competition. Historically since 1954, when Lauro Mumar and Carlos Loyzaga led the Philippines to a third place finish behind the United States and France in the world tournament in Rio de Janeiro, the Philippine team has gotten nowhere. Until the late 50's the world behemoths played the game clumsily. Looking back on the 1972 Olympics in Munich, it saddens me to think of the Palestinian terrorist attack on Israeli athletes at the Olympic Village. With very tight security at every succeeding Olympics, I doubt it if I could ever again count the calories those great athletes consumed. To paraphrase the Olympic motto "It is neither the ecstasy of victory nor the agony of defeat that is important, rather the spirit of participation," every growing boy or girl should dream of being an Olympian. Sports builds one's character. Besides, everyone should strive to keep this most international of all international events alive. Its very own, supposedly non-political existence can no longer remain apolitical.

The month after I returned from the Olympics was a fateful one in my life. In November of 1968, Queenie Jenkins, a friendly hospital maid, approached me while I was lounging at the doctors' quarters. She wanted to know if I would be interested in dating a lonely, student x-ray technician. Queenie had always been very tidy when she used to clean my room while I was a rotating intern, so there was no reason for me to believe she was going to louse me up this time. Besides, I almost never turned down such opportunities. Well, I thought for a moment, and then said why not? Queenie gave me the name and telephone number and said that I

could call her that Thursday. I told Queenie I was working that evening but for sure I would call her that Saturday. Call, I did. She introduced herself as Mary Ann Goodsell. I went to pick her up and brought her to my apartment which I shared with Vic Cabanas and "Mac" Macatol, both pathology residents. Our place was a stone throw across from the nurses' home. It wasn't unusual to see those nurses, students or otherwise, go in or out of this bachelor den.

How did I feel about Mary Ann, known as Meri, when I first met her? I thought she was young. She turned 18 on October 21st, but acted mature. Above all, she looked innocent to me. There was one thing I told Meri on our first date (Meri maintains that I used this line on our second date, i.e., the following night) that was quite prophetic. When I put my arm around her, I made a comment about our future children having perfect tans. Danny, Greg, Andy and Paul are a prophecy come true. My recipe for a tan - a black introducing a brown to a white.

She struck me, too, as pretty and intelligent. We kept the torch of early friendship aglow with a trip to Williamsburg and an invitation from her Aunt Soi - wa for Thanksgiving. Aunt Soi is Japanese and extremely pleasant. Meri's Uncle Harvey married Soi when he was stationed in Yokohama, Japan after the Second World War. I felt at ease with a partly oriental family. Aunt Soi 'til now has not forgotten what I like best in the turkey. The way the family reacted, I thought it was almost sacrilegious to ask for the turkey butt and skin. I enjoyed meeting the family.

The weeks went by. I started to notice that Meri was no ordinary girl. I was impressed by her humble beginnings and how she was trying to cope with adversity. I began to think that with her smarts and my money (I knew that I had a few dollars in my checking account, but I had also bounced checks), we could make a go of it. Still I was not sure of her feelings towards me. When she

learned I was the sloppiest money keeper, she took charge of my checking account and helped balance the budget. That shrewd move and her quickness to learn to cook rice were two of the many fine attributes that made me believe in her. Her waist-long brunette hair was beautiful. So beautiful that I gave her a silver barrette as my simple wedding gift, to keep it that way. Did I succeed? In two-and-one-half years she wanted a new look. Goodbye to long hair and all that jazz.

I was aware that she was young, but I looked at it from a philosophical standpoint. By being so, she may be coachable and be flexible enough to compliment some of my set ways - good or bad. I thought when I had her on a date one evening at the drive-in theatre that I had better things to do than to fool around. In the middle of the dull, double feature horror movie, I climbed in the back seat and told her to wake me up when it was time to go. Although she could not believe what I did she remained gracious. Later I told her that she should be thankful because I usually have better things to do at a drive-in theatre than to fall asleep. I told her how I kept busy when I dated a bosomy, tall student-nurse one evening. So endowed was this pretty young girl, that when I kissed her *sinus mammarum*, otherwise known as cleavage, both my ears were flapped closed by her bosoms so that I heard nothing, much less saw the movie. S.H. was that remarkable!

I learned that Meri's dad had been in the Navy almost 30 years and got along with people of many races, which meant to me that her family was not prejudiced. By early 1969 I couldn't resist the feeling of being close to Meri. She had me where I was weakest, good food and doing household chores. The first time I wrote Mama and Papa, that I was dating an American girl, I let them know that to me she was a rare specimen. I wrote the same to some members of our immediate family. They were not surprised that I had an American girlfriend. They were more sad than dismayed because they thought if I married her I might never return to the

Philippines to live. This is understandable. They couldn't help but worry about a word totally strange to our people - the word divorce. This did not surprise me at all. After ten months of letter exchanges however, my folks understood my true feelings and I got their blessings. The letter that did the trick, I believe, was when I analyzed the situation with simple arithmetic. It went this way: Chances are I could be happy three out of four if I marry a Filipina, or I could be happy one out of four if I marry an American. Now that I have found that one in four, why should I be deprived of my happiness and wait for those three chances that may never come? Of course I had to tell them all why Meri was a jewel. They just had to take my word. By October, Meri's birth month, they agreed.

Before that, on August 26th, Meri's brother Charlie's birthday, I made a long distance call to Milton, Florida, where Mr. and Mrs. Goodsell then lived. I made it official and formal that I would marry their daughter, the woman I love, with their permission and blessings. At that time I hadn't the blessings of her parents. Their response was a foregone conclusion to Meri. Since that time I have remained a "spoiled" in-law.

Meri is a real "melting pot" American. She is of English, German, Scotch Irish, and Dutch descent. Her father is English - German. Eva von Streich Aupperle emigrated to the United States in the late 1700's. Her descendants, the Yeiter family, was one of the first families to head west in a covered wagon, eventually settling in the Michigan area. Meri's grandfather was an English dairy farmer.

Meri's mother's family was pure English, maternally, and Scotch Irish, Dutch paternally. Her great great grandfather, Major Taylor, was a blockade runner during the American Civil War. He died of appendicitis aboard his own ship. The Major's father-in-law had emigrated to the United States from England in the late 1700's

and married an English girl from Eastern Shore, Virginia. Meri's grandfather's family was from the Baltimore, Maryland area. There had once been a family argument, long ago, ending with the family divided and some even changing the spelling (same pronunciation, but different spelling) of the family name from Brough to Bruff.

Add all this with my history and one can see why our children are true internationals; a marvelous combination.

Like every close couple, Meri and I like to share important dates between us. April 9th, is one for our books, but for reasons she won't let me print. When I finally bid goodbye to bachelorhood on January 24, 1970, I reminisced an hour before the 2 p.m. ceremony at the Blessed Sacrament Church across from DePaul Hospital. It was difficult to imagine how one blind date could rewrite the fate of two unknowing souls. To Queenie, I will forever be grateful. Although I have not seen her in the past few years, I know she will remain a loyal friend.

On the eve of the wedding, Mac helped me to unload two cartons full of mementos of my storied past. No one can read the ashes of yesterday, thanks to the hospital incinerator. The "burning" ceremony was, I thought, a fitting way to call it quits. After all, this decision was mine and Meri's. At 27, I felt that I had a happy beginning. It has remained so over the years. Together we have accomplished more than just four wonderfully healthy boys with "perfect tans".

Our wedding was attended by close relatives (Tio Acio and Tia Medy Luna stood for my side of the family), friends, and a few superiors including Dr. Davis and Queenie. We stayed at the Cascades in Williamsburg for our honeymoon. Mac and Vic stood as groomsmen. In June of 1970 Mac followed suit with Sally and six months later Vic had an altar date with Ann. Sally and Ann are nurses. By then, the three musketeers (who used to take turns

notching Roman numerals on the wooden headboard of my bed, the chronological number of girls who enjoyed this furniture with us) were tamed. By a stroke of coincidence, both the families of Vic and Mac were in the Tidewater area last June, 1980. For a few hours we were sheltered in one house with our ten wonderful kids. Both are very successful heads of their departments. Vic at Providence Hospital in Cincinnati and Mac at Marietta Memorial Hospital in Ohio. Nelia, Bobby Rodriguez' wife, is Vic's associate pathologist.

The first half of 1970, was the second half of the training year in which Sauro and I shared the chief residency. This was also the last few months of Meri's (this is how she spells her nickname and she christened me Juanny shortly after we started dating) training as a radiologic technologist. By the end of June, we left our old apartment in Norfolk, for a newer one in picturesque Charlottesville.

CHAPTER SEVEN

Overall, I spent six months in the laboratory working on young calves doing open heart operations and measuring pressures. This was an entirely new experience and I would like to leave it at that. The other six months of clinical work was what, I believe, transformed me into a “complete surgeon”. This is indeed a loose, broad term to use, but to be honest, my confidence in handling difficult surgical cases soared beyond leaps and bounds following this rotation. I said then, and still say now, that the hyper-alimentation, and the volume respirators, which were just being used in medical centers at that time, were the two greatest advances in the care of the surgical patient during the decade of the 70’s. Speaking for my own practice, I know that I have saved many critically ill patients, mainly because of proper utilization of these two adjuncts to treatment.

Midway through my fellowship at the University of Virginia, Dr. Davis invited me to attend the annual meeting of the Southern Surgical Association in early December 1970 at Boca Raton, Florida. A non-member can only attend by invitation of a member of this prestigious, almost exclusive group of surgical giants. This was also the meeting where Dr. Davis would present our paper “Large Splenic Cysts”, which I co-authored with he and Dr. Charles Van Horn. In between breaks during the convention, Dr. Davis introduced me to these big doctors whom I only knew through books they authored. I could never have dreamed of shaking hands with such as David Sabiston, Kenneth Warren, and Frank Spencer. I sent my parents in the Philippines post cards of the beautiful place and wrote a line about rubbing elbows with my textbook heroes in this true “Gathering of Eagles”. Up to now I don’t know what ever prompted Dr. Davis to ask me if I was willing to close our paper. But like a good soldier, I considered that polite statement an assignment to be performed - and performed well. When my time came to conclude the paper just presented by my boss, after some

discussion by the audience, I could feel my shaky legs dragging on the way to the rostrum. Those few minutes I faced that august body were like an eternity. In retrospect it was this kind of exposure which readily toughens my spirit, whenever I am confronted with “Big Doctors”. Overall, the experience was well worth it, a unique opportunity.

There was a live moment, I would like to share with you when we lived in Charlottesville. When the first Chinese restaurant opened, it swarmed with customers. I got tired of waiting in line. When the waitress came near, I told her that I was the ambassador from South Vietnam and would she kindly seat my date and I sooner. As she heard me, Meri’s mouth hung open and when the waitress obliged she hesitantly followed me to a reserved seat. At that time the Vietnam War was at its fury and it was not unusual for many Washington and foreign dignitaries to find retreat in a beautiful historic place such as Charlottesville. We may have won the evening’s coup, but when we came home Meri and I both had an upset stomach. There went my favorite food.

We were also in Charlottesville when the first prodding to start a family came. Following a long distance phone call to Mama in the fall of 1970, during which she hinted, “It would be nice to have an American grandchild”, I really discussed the prospects with Meri. On September 17, 1971, Daniel Patrick was born in DePaul Hospital. I was then the sole Chief Resident in surgery, and this was to be the finest year throughout my training. I enjoyed it so much I thought that if I could keep the position forever, then I would stay.

The evening before Danny was born, Meri started to have vague abdominal pains, but Vic and I had planned to crab and fish at Lynnhaven pier. I pacified Meri before we left. At 1:30 in the morning I got “beeped” with the message for me to come home. Come home we did. Meri wrapped the fish for freezing. Not-

withstanding her tremendous patience, she finally woke me at 5 a.m. I drove her to the hospital. Our friends and the Sisters at the hospital thought that I was inconsiderate when she carried her own suitcase. I told them that "I know my people" and of course Danny did not get his first breath until noon time. It was work as usual throughout the day and I was in and out of that nursery.

When Gregory John was born, it was not under similar circumstances. I was already in private practice. I was not home that early evening on October 15, 1974 when Meri first started to have labor pains. Later we called Dr. James Wolcott and he advised us to come in. As we were ready to get into the car, Meri broke her bag of waters and shortly thereafter, Greg got out in a hurry. So swift did this happen on our den sofa, that by the time the ambulance came, Greg was already fighting this cruel world's forces. Dr. Al Ricohermoso, a good friend and not so distant neighbor, and Amy Seyrlehner who lives a block away and who is practically Meri's substitute sister, were in attendance. Both Al and Amy jabbed at me later wondering what I was doing in the kitchen sorting through utensils when the fire rescue team that responded to the emergency call, had a sterile instrument set to cut the umbilical cord. But what amazed me about the stoic Meri was that among us four, only she knew exactly what time Greg exited.

Andrew Lawrence' birth on August 29, 1976 was fast but routine. So routine was his birth process, that I was happily watching my favorite football game in the doctors' dressing room when I heard the familiar "it's a boy". Paul, as a six month old fetus, had been in Austria up in the alps. It was during this visit that Meri and I decided to give as a second name to our forthcoming offspring, either Anneliese or Norbert, in honor of my Austrian "pen pal" family. The Oetsches also became Paul's godparents by proxy with our neighbors, the Seyrlehners. Paul was born September 25, 1977. More about the Oetsches later.

Going back to my Chief Residency year. It went along not without a challenge. A unique situation developed. The relationship between the house staff and the hospital administration was at its lowest ebb. There was so much turmoil, that the new medical director (Dr. Lea had retired two years previously) resigned in the middle of the training year. In an emergency move, the Sister Administrator, after consultation with my attending staff in surgery, asked me to temporarily fill the Medical Director's job. This move was hushed up because it was illegal for me to receive an extra salary while under approved training. Although puzzled, I was obviously flattered and readily accepted the challenge. The training year went well and ended with both sides talking once again.

At this stage when my training as a surgeon was about over, I should like to share with you my feelings toward people within this span of time. I have learned that taking all things equal, any person regardless of race and national origin could achieve just as much in America as anyone else. I was aware however, that my educational background may not be at par with the American system. With that in mind, the stimulus to compensate with hard work was, in the end, my great advantage.

Let me take you back to what hard work was like for my predecessors. Following the end of the Spanish rule in 1898 and the subsequent colonization of the Philippines by the United States, came the first Filipino immigrants to this country. They were mainly laborers who tilled the vast Hawaiian pineapple plantations. From the early 1950's to the decade of the 70's, the new Filipino immigrants were overwhelmingly doctors and nurses. During this period, the Philippines became the biggest exporter of these professionals to this "nation comprised almost entirely of immigrants and their descendants". As President Reagan aptly put it, declaring a week in May, 1981 as Asian-Pacific American Heritage Week:

“the interaction of different cultures, each of which has become a vital part of a culture uniquely American, constantly revitalizes our national spirit and heritage.

Among the most significant components of the American cultural blend are the ancient Asian-Pacific culture. Asians have brought to the United States values and traditions that profoundly enrich American life. In a variety of fields that span the spectrum of human endeavor - including art, dance, agriculture, the sciences, medicine, commerce, government and philosophy – Asian and Pacific Americans have made outstanding contributions to the cultural and technological development of their adopted Nation. Their hard work creativity and intelligence have inspired their fellow citizens, added new dimensions to our national life and strengthened the social fabric of our land.

Commonly, immigrants have come to American shores with few material possessions, relying on initiative, hard work and opportunity and Pacific Americans have been squarely within this tradition. Overcoming great hardships, they have lived the American dream, and continue as exemplars of hope and inspiration not only to their fellow Americans, but also to the new groups of Asian and Pacific peoples who even now are joining the American family.

The United States owes a debt of gratitude to Asian and Pacific Americans for their contributions to the culture, heritage and freedom of the Nation we together love and serve.”

Norfolk is a Navy town. When I first came, I was not aware that the only foreign nationals who could join the U.S. Navy are Filipinos. So it was not uncommon to be asked the name of my ship.

Although an alien, I never let discrimination bother me. I often tell myself I should be forgiving because I believe every

country on this planet practices to a certain degree, some form of discrimination. No one is immune. The only potent weapon that I know of to combat this malady is to live by the golden rule. Perhaps this is too simplistic a statement for you to comprehend but I could never relate how I would have reacted to a Virginia law only erased five years before my marriage. Can you imagine me going out of state to get married because Meri and I are a different shade? I would now say I was lucky to come late to this country or for that matter to Virginia.

On December 8, 1971, a little over six months before the end of my surgical training, one of the biggest breaks in my life happened. After doing an esophagoscopy for Dr. William Hotchkiss that morning, he asked me what my practice plans were. I responded that starting in January, 1972, I planned to write letters of inquiry to several places in the country. At this time, I had already made up my mind to practice in the United States because the political situation back home was rapidly deteriorating. When he heard this, he immediately offered me a loose association with his practice. The terms were simple. I start my own practice and use his office free. I help him out with his thoracic cases, and in so doing, I also earn an income, not to mention exposure for this specialty: my second love. I was flabbergasted during our conversation. Later I hurried home to tell Meri of the incredible offer. Meri was so touched by this news that that very evening she wrote Dr. Hotchkiss a real nice note of thanks which I never saw. I only knew that it was so because Dr. Hotchkiss still remembers it to this day.

This event was quite significant in many ways. The offer came from a man revered by many as the dean of Thoracic Surgeons in the Tidewater region. I was a greenhorn surgeon and a Foreign Medical Graduate. The deal, I thought, put me in the position of having everything to gain, and Dr. Hotchkiss having everything to lose. In retrospect, however, that agreement, sealed with a hand-

shake, made us both winners. Dr. Hotchkiss at that time was recently installed by his Virginia colleagues as President of the state Medical Society and went on to become a member of the highest governing body in American medicine, the American Medical Association Board of Trustees. As of this writing, he has just been elected Secretary-Treasurer of the American Medical Association, on top of his position as Secretary of the Board. Responsibilities to American medicine and all, he remains a busy Thoracic Surgeon. As for me, I am enjoying a General Surgeon's dream of a practice. Extended privileges to include thoracic, vascular surgery and endoscopy, to a general surgeon and an FMG were almost unheard of in the mid-seventies. Very little emergency room coverage and a 95% referral practice, complete the icing on the cake, thanks to my colleagues, especially my fellow countrymen. Although practically all are new practioners in the area, they remain my most loyal referring physicians.

CHAPTER EIGHT

After I finished my residency training, Meri, little Danny and I vacationed in the Philippines for six weeks. Our arrival in Manila that rainy July evening was a harrowing experience. I felt betrayed by my own countrymen.

Upon arrival at Manila International Airport, we were sheltered in a temporary building alongside the gutted main terminal. The fire had happened a few weeks earlier. It had rained so hard all day that by the time we arrived, way past midnight, the city of Manila was experiencing one of its worst floods. What made things worse, was that my relatives who were supposed to meet us on our arrival, misinterpreted my message, thinking that we wouldn't arrive until the next day. I remember Meri with ten month old Danny on her lap, sitting on one of our suitcases. Our things were stacked up in a corner where we couldn't avoid rain-drops from a leaky nipa roof.

After several minutes of waiting in anguish, I ran across a darkly lit street to use a phone in a nearby *sari-sari* (makeshift general merchandise) store. Wet and all, I became apprehensive when some tough looking guys began following me. Failing to get through to my relatives in Manila, I came running back to Meri and Danny. It was then that my fear of the situation galvanized. Meri softly confided to me that a couple of guys were trying to distract her attention and a couple more were hovering over our things and arguing with one another as to who could carry them on the way out. This happened after we were already checked out by the customs agents who openly asked for *dollars* before they let us go. Dollars, not pesos. In short we skipped being robbed at the airport in my homeland, after a six-year absence from the land I was so anxiously proud to show my alien wife. Never before had I a deeper mixture of anger and fear and a feeling of abandonment than at that particular moment.

Fortunately, there was a middle aged lady who shared our predicament. When she learned we were proceeding to Cebu and had planned to take the earliest flight available, she readily pleaded to one of the toughies who spoke her dialect (the Ilongo), to help us flag a taxicab. She was also one of the passengers who was with us from the United States. She was going home to Iloilo, in Panay Island for a visit after twenty years in the States. This I learned later on our ride to the domestic airport. The place was only a couple of blocks away from Manila International Airport. The driver charged us 50 pesos for a ride which I believe would not have cost 10 pesos. Those bastards at the MIA followed us to the domestic airport. When the Philippine Airline personnel sensed trouble, they put us in a secure waiting room right away. At that stage, I could not hold my tears. I felt so little in front of Meri and even little Danny. I was helpless! We were warmly met by Manong and family in Cebu but the horrible experience in Manila forever blotted my dream vacation. I learned that a week before our arrival, a German tourist was rerouted by a taxicab driver, robbed and stripped.

A typical American, Meri gave credit where credit was due. She wrote the Philippine Airline personnel a nice thank you letter (this letter was later published in the PAL Newsletter). She did not spare the administration blame, either. She signed her letter to President Marcos before we left the Philippines using her maiden name. Whether or not such letters of frustration were ever read by Marcos, the rest is history. Three weeks later, martial law was declared. Thank God, we were back in the States.

Our family, relatives and friends were apologetic of the events that greeted us in Manila. It did not deter their determination to make our visit a pleasant one. For the most part, we stayed in Bayabas. Meri roughed it with no running water, no electricity and the necessity of sleeping under mosquito nets. She survived the ordeal, only because she was a top-notch Girl Scout. She rode a carabao

and ate raw octopus. Most importantly, she saw first hand my humble beginnings. She even stood on the spot, by the brook in the rice paddies where I was delivered by a quack. She learned too from Mama, that Mana Isid, the quack mid-wife had told her then “this little boy will go places”.

It was a great feeling for me to see Nanay, our living matriarch. Tatay had succumbed to a liver ailment several years earlier. Nanay, as you will recall, nurtured me as a neonate. That meeting would be our last because six weeks after we left the Philippines (it was the end of August), she died peacefully. She was in her 80's. One note to savor from our six week visit: I counted eating at least 17 roast pigs during this period. We left the islands not without a scar. The distal phalanx of little Danny's left ring finger was traumatically amputated. This happened during our boat trip from Cebu to Manila, a few days prior to our departure to the States. Purely a passenger boat with only a few private cabins, the *Sweet Faith* was sleek looking. When we were out at sea ready to eat breakfast, the lid of the open vanity fell on little Danny's left ring finger crushing it and leaving only a piece of skin hanging from the detached distal phalanx. We took him to the boat physician and politely told the ship's doctor (who had just finished internship) that I would do the suturing if he had any material available. Although I knew the chance of saving that macerated segment was practically nil, I re-attached it with a few large stitches (the only ones we had) as a biologic dressing. When we arrived in Norfolk, a plastic surgeon reassured me not to worry about the amputated segment because kiddies of Danny's age have a tremendous regenerative process. He was right. Although a bit short and blunted, Danny's left ring finger has a distal phalanx.

CHAPTER NINE

On September 1, 1972, my private practice of surgery formally opened. I shared Dr. Hotchkiss' seventh floor office at the Medical Tower, a ten story building overlooking the world's safest natural harbor, Norfolk (In July 1981 Dr. Hotchkiss left the Medical Tower and joined me in my Chesapeake Office). During those first few days, I had nothing to do but count ships. The phone on my desk never seemed to ring, but I stayed unperturbed since I did not have any office overhead expense to worry about. I was fully aware that I was now competing with my former attending surgeons, including Dr. Charles Davis, whose office was right on top of ours.

Six months after I opened shop, I encountered my first real surgical challenge. One rainy morning, while I was filling in for Dr. Levi Old, as the attending surgeon on call at the emergency room at DePaul, I was called STAT. The patient (W.B.) was in his early twenties. While working, he had fallen from an 18-foot telephone pole and impaled on a blunt angled iron rod which penetrated his abdomen from the back. The story was that he remained conscious throughout the ordeal. He remembered seeing his intestines hanging around the rod. However, his co-workers (luckily or not) pulled him off, guts and all, from the erect rod instead of chopping the rod and leaving it in for the surgeons to remove in the operating room. He was lucky to reach the hospital alive! I believe that when it is not your time to die, you must continue to live. This is what happened to W.B. As soon as I saw him on the stretcher in the emergency room, lying partly on his macerated intestines and splenic tissue, all I could do was motion for the nurse to wheel him quickly to the operating room. W.B. was still alive but quite pale and weak. A hospital Sister, rosary in her hand, who had been standing by W.B.'s stretcher, went in a different direction - the chapel. I went straight to the dressing room.

At the operating table I found that W.B. sustained the following injuries: a massive wound defect on the left back and anterior abdominal wall, three broken ribs, a partially torn stomach, a spleen chopped like hamburger meat (amazingly he did not bleed to death), intestines torn into several segments with feces and food scattered all over, pieces of a torn raincoat and dirt in the belly. His abdominal aorta was narrowly missed. As we worked, I asked Dr. Efrain Guillermo, the resident who assisted me then, what could we lose? However, after eight weeks, W.B. weathered three post-operative courses and went home a very grateful patient. The day before discharge he called on the Sister who was with him at the emergency room, to bring me to his room. As I entered W.B.'s room, he surprised me with a plaque. On it was engraved a physician's insignia and attached was a piece of the rod that went through his living body, well-bronzed but still ragged. The plate read "To Dr. Juan Montero, who saved my life on February 26, 1973". It was hard to believe this honor was being bestowed upon a rookie surgeon. When he saw this plaque, Dr. Hotchkiss wryly commented that he had never received such a thing in his more than 20 years of practice. I just happened to be in the right place at the right time, I said. I now have two plaques, both hanging on my office hallway's "Wall of Fame".

It was ironic that the same attending surgeon, Dr. Levi Old, gave me the ultimate in confidence after performing an extremely difficult assignment. This happened when, as Chief Resident, I was helping him do a pneumonectomy (removal of the entire lung on one side) for cancer. The dissection went fine until we found we had compromised part of the wall of the opposite mainstem bronchus (bronchial tube to the opposite remaining lung) in our effort to completely resect the tumor. As soon as we discovered what had happened we asked the anesthesiologist to push the indwelling endotracheal tube (a tube inserted from the mouth into the trachea or windpipe for passage of anesthetic gas). But the real

problem was that the longest tube available at the moment was not long enough to reach beyond the compromised remaining mainstem bronchus. We only had one other choice in those frenzied, precious seconds. This, we did. We grabbed an unsterile endotracheal tube from the anesthesiologist and broke sterility by going straight through the thoracotomy wound and inserting the tube right into the remaining opposite bronchus. The tube was then connected to the anesthetic machine and the patient remained ventilated. Dr. Old, noted for his quick thinking (he assumed Presidency of the Virginia Surgical Society in 1981) then considered several options. And of all options he elected, it was one that had to be performed by me! He calmly told me to do my best. I had to do a tracheostomy (opening the windpipe in the neck) without moving the patient who was lying on his side. This is how patients are positioned during most lung operations. To me, this was a mission almost impossible! As soon as I heard the command, the first thought that occurred was that I had to do this - for my attending surgeon, the person ultimately responsible for the patient. I was given the responsibility of doing a very difficult job and this alone was enough to get my adrenalin flowing. During the course of the procedure, which was under minimal exposure and sterility, I tried to toughen and stimulate myself by thinking of a comparison. Although I had never done it myself, I thought at that moment that my job was just like making love in a hammock. It is difficult and sometimes risky, but it could be done.

Thank God, the tracheostomy was done as ordered without the complication of any untoward bleeding, which I dreaded most. Right then we passed a new tube from the tracheostomy opening down into the remaining opposite bronchus. At this stage, I could readily see in Dr. Old's expression, a sigh of relief. But by any means, we were not out of the woods. Through some ingenious maneuver, however, Dr. Old was able to repair the bronchial defect nicely. We saved that patient from dying in the operating room! Such an episode is always a devastating blow to any surgeon's ego.

Ours was tested that day. Unfortunately, the patient expired 48 hours later in the intensive care unit, from multiple complications. Looking back, that experience of performing a procedure successfully under the most difficult circumstances, did nothing but catapult my growing confidence as a surgeon. I knew that I needed every bit of it, for soon the demanding world of private practice was to arrive. Right or wrong, I had to make the decision - the single most important word which separates the men from the boys. Let me quote Dr. Ben Eiseman of Denver, Colorado: "We surgeons characteristically pride ourselves in being able to make decisions. We do not hesitate to weigh the available evidence, to review our options, to make a decision and to act. This is our professional way of life and perhaps explains in part the type of person who chooses surgery as a career. A certain degree of self-confidence is required to be comfortable making decisions under uncertainty and to live with the result, whether the decision turn out to be right or wrong".

Self-confidence, in itself, is of no value. It is useful only when put to work. The W.B. incident and its satisfying ending was a great moment for me to savor. A case like that was a tremendous confidence builder. Besides, it had not been long since I had been notified of my passing the written part of the American Board of Surgery examination, which I took in October of 1972. I felt great that the study part of the certification process was now behind me. One last hurdle, part II, the oral would be it. However, in New Orleans in the fall of 1973 when the time came to wrap it all up, I was denied at age 31 a chance of being a board certified surgeon and eventual fellowship in the American College of Surgeons. This failure brought me back down to earth. I elected to attempt the orals in the following year only to be repulsed again. I became almost desperate. Later, on my way to San Francisco, to receive my fellowship award, I reflected that I should have done this three years earlier. Meri and I were then on our way to the annual American College of Surgeons meeting.

On Thursday evening, the 19th of October, 1978, I received the crowning glory of any surgeon's career when I recited the pledge of fellowship of the college - the most elite in the world. What delayed the timetable for three years hopefully, would work to my advantage. Looking back on the two initial failures I encountered during my quest for board certification in general surgery, gave me a different perspective on handling triumphs and defeats. I became more tolerant of the latter. The agony of defeat is just as significant to an individual's character as the ecstasy of victory. Both should be experienced. But my second failure in the oral part of the American Board of Surgery examination was the hardest to swallow. Literally, I felt for the first time in my life a lump in my throat when Meri with teary eyes, put her head on my shoulder and broke the bad news.

One afternoon in October, 1974, Meri opened a letter from the Secretary of the Board, Dr. James Humphreys, Jr. which contained the terrible, disappointing news. Wisely, she did not break the news to me while I was still at DePaul Hospital, getting ready to scrub with the residents on a very difficult case which involved a total gastrectomy for Zollinger-Ellison syndrome in a man with three previous laparotomies. I could not hold my tears that evening. The shock was almost unbearable; the lump was growing larger and larger as minutes passed. At the same time I vowed this was going to be an all out war that I had to win at any cost. This sounded stupid, but I was ready to go back to a one year residency if I had to, just to prove my point. The rule stated though, that I could have one more crack (the third attempt) at the oral examination. The earliest, being a wait of two years. I pondered and pondered that evening. If I gave it all I had on my second try and still the effort fell short, what could a third shot bring? I was so sure of passing my second attempt that an option in case of failure was never entertained. In short, my guard was completely down. I was not about to accept the results without a fight.

I marshalled whatever memory with which I was endowed, to recall at least 95% of the questions asked during orals and to recall my answers as honestly as I could. The examination given six weeks earlier was relatively fresh in my mind since I had gone over it with my colleagues and superiors immediately after I returned from Atlanta. The greatest heartbreaker was when a friend took the same oral examination but from different examiners. Feeling low after leaving the place because of some blunders he had obviously made and later on hearing from this same friend of his success in the examination, was the last thing I wanted to hear. The world may be round but definitely full of potholes, I muttered. I did not pay attention to an earlier statement made by one of my white Anglo-Saxon examiners when he said: "We really don't want to know where you came from, but we're just interested in where you trained." Retrospectively, I couldn't help but wonder how my appearance played in my failure. So far, this was the most stern test of my inner self. Would I buckle down? To make things worse, the thought of going back to residency, which the rule requires after three failures, was harder and harder as I came back to my senses. Could I afford to uproot a just settled, happy family in Chesapeake and a flourishing private practice, for the ivory halls of academia in Charlottesville? The problem of economics (a new house and mortgage) was the least of my worries. The biggest question was - could I absorb, all over again, the often unnecessary insults hurled at you while in training? I have always maintained, between close friends that the most difficult aspect of getting the residency training program is how to take insults and remain a gentleman. My ego had been unquestionably crushed.

Through Dr. Hotchkiss' advice and help, I was reluctantly given an audience by Dr. J.W. Humphreys, Jr.. A lonely flight to Philadelphia one afternoon gained for me a few minutes audience. And a no-win situation made me ask myself: Is this worth it? The enormity of the building in which the American Board of Surgery office was located, led me to compare David entering Goliath's

institution. The hallway to Dr. Humphreys' office was lined with numerous portraits of Who is Who in American Surgery. I did not have the guts to determine if some of them were my examiners. I would rather go quickly through that "Hall of Infamy" as far as my gut feeling was concerned.

The conversation with Dr. Humphreys was cordial. I was one of the very few given such an audience and probably the only one to confront the Secretary with a recorded question and answer sheet of the oral examination. The transcribed recollection of my second attempt at the oral part of the boards is now a permanent document in my file in Philadelphia. He scanned the pages somewhat surprised, and looked at me and almost apologetically said there was nothing he could do - as he had told me during our phone conversation earlier. He assured me, however, that when I was ready to take the final (third) attempt in two years that I wouldn't need letters of recommendation anymore, as was the official procedure. If I accomplished anything on that trip I would say I may have impressed Dr. Humphreys in that I mean business and if there were any side effects it would hopefully bring up again the propriety of this part of the examination. I always believe that the surgeon works through a hookup between his brain and his hands - not through his mouth.

The non-surgical specialties, specifically the Board of Internal Medicine did away with the oral part a few years back, quite simply, I believe because this portion is never fair! The span of time between that October afternoon in 1974 and December 13, 1976 (my final attempt) seemed like an eternity. My practice continued to stay busy. This was the ingredient that kept me going. Only with a busy private practice could I rationalize my self esteem of being one of the best in my profession. This is America. Competition is one of the oldest tenets of the American way. The American way is to strive for the best.

Never before had I been confronted with such a predicament. Some may have resigned themselves to the idea that they could never make it and leave it at that. Sure, I could continue to practice surgery with the same privileges as those of board certified surgeons. In fact, my official privileges obtained in general, thoracic, vascular surgery and endoscopy before passing my boards, is a record in itself. My standard had been set. I had to live and die with it, knowing I had done my best.

At the end of 1974, I wrote Dr. William H. Muller, Jr., of Charlottesville, who was then Chairman of the Board of Regents of the American College of Surgeons, stating my case. I went on to suggest to this potential President of the American College of Surgeons (1979-80) some ways to keep a candidate for board certification viable after passing the written part short of returning to residency training and thus preventing disruption of one's practice.

Other boards put no limit to the number of attempts. A soft spoken but firm educator in the Halstedian tradition, Dr. Muller responded to me with an inspirational letter. I had a limited exposure to him when I was at the University of Virginia for my fellowship in Thoracic and Cardiovascular surgery from July 1, 1970 to June 30, 1971. But he knew me. He is an internationally known cardiovascular surgeon. I had assisted in his open heart operations. It was his friend Dr. Charles E. Davis, Jr., of Norfolk, then my boss at DePaul, who called him by phone one day to tell him he was sending his "boy" for rotation on his service. Dr. Muller's program had to make room for me. It was this successful, friendly request of Dr. Davis, I believe, that was the one single factor that changed my whole career. I left Charlottesville a complete surgeon! At least, this is how I felt. It made my last year of training, now as Chief Resident at DePaul Hospital in Norfolk, a ho-hum year. In that same year (June, 1971) I took and passed the licensing examination to practice medicine and surgery in Virginia.

This message from Dr. Muller was simple. He told me that I could make it and not worry about it. But I did worry! I signed up for a three-week course in general surgery at Harvard in November of 1975 and a two-week course at Cook County Hospital in Chicago in March 1976. It was during this latter course that I met Dr. Hernan Reyes, Professor and Chief of the Pediatric Surgery Division, who was one of the lecturers. He was a very fine instructor. I was impressed with this fellow countryman. I did not know then of the existence of the Society of Philippine Surgeons in America, which he founded in 1972. More so that it was struggling for survival. Between Harvard and Cook County, I felt I could get a consensus in the general management of difficult problems in surgery by surgeons all over the land. I also realized that I should not leave any stone unturned. I had to know something of what the Europeans, specifically the British, were doing. The intense reading of surgical literature satisfied my preparation. The final week of my exhaustive preparation was highlighted by a dry run of the examination. Dr. Frank Rosato, who was then Professor and Chairman of the Department of Surgery at the Eastern Virginia Medical School, and his assistant, Dr. Robert Ludwig, took turns in shaping me into a polished oral examinee. I will always appreciate the help and encouragement from those two.

'D' Day, December 13, 1976, Atlanta, Georgia. My second trip to this historic southern city. Was I ready? You bet! I could even tell you that I did routine operative cholangiograms (one of the many controversies in surgery) during cholecystectomy operations. The thought of this answer (one of the tips I received) nauseates me to this very day, but this was what the professors wanted to hear, I was cautioned. This time however, I brought along my secret weapon Meri. Our six year marriage had been blessed with three beautiful little boys. We had a wonderful relationship and I remember that sometimes one would rather be lucky than good. This time I prayed that the prettiest feelings could get transfused into my system as I faced those big doctors in

their hotel rooms - man to men (two examiners at a time over three sessions). The die was cast. I had to relax. I looked at it as a whole new ball game. Knowing I had done everyting I possibly could, I felt great on the eve of *The Examination*. To top it all I had a restful, loveful evening with Meri. The rest is history. Paul Norbert, our fourth and last child was born nine months later. I left Atlanta giving those big doctors no quarter to spare. About this time my feelings were summarized in the following statement attributed to Flaubert: "The most glorious moments in your life are not the so-called days of success but rather those days when out of dejection and despair you feel rise in you a challenge to life, and the promise of future accomplishments".

CHAPTER TEN

By mid-January, 1977, I broke the good news of finally hurdling the boards at my ailing mother's hospital bedside. She had tears of joy in her eyes. The uncertainty of this event had caused me to ask her to extend her first visit to America. During this part of her visit she got ill. We found out, too, that she had gallstones. When she was operated on, a year later in Manila, we learned that all eight or nine stones were located in the common bile duct, not in the gallbladder. Eight months later she came back to the United States with Papa, and an indwelling 'T' tube in her abdomen. She was operated on at DePaul hospital for removal of a retained common duct stone. A choledochoduodenostomy, which is a new opening between the common bile duct and duodenum was also carried out as a definitive surgical solution to her difficult problem.

During the operation, Mama's surgeon insisted I put on gloves and also feel or explore her abdominal organs. I wasn't aware of feeling any differently about that moment until one of the residents who helped in mother's operation reminded me a year later of a comment made then, about my palpating the womb in which I was conceived.

Papa, then 78, remained spry and surprised us all. In January 1975, when Meri and I left on a sad visit to the Philippines to see Papa, he had been seriously ill. He was bed-ridden for several weeks, and hospitalized in Cebu. At that time, after a careful discussion with his doctors, we agreed there was nothing that could be done further on his spine problem which was either a spread from cancerous tumor with origin somewhere in the body or Pott's disease (tuberculosis of the spine). If it was the latter, we could do something about it. Our journey in a prop-plane from Cebu to Tandag, on to Bayabas and Aras-asan where my physician brother-in-law lived, was one I will never forget. I could hear Mama silently going through the rosary beads many times. Meri stood brave. We

stopped for an hour or so in Bayabas to pay homage to the family graves. It was rough travel for Papa on a stretcher, by jeep over dirt roads from Tandag to Aras-asan a 15 mile distance. Papa was to stay with Mana Patty and Manong Mar. The latter treated him intensively with anti-TB chemotherapy for several months. What those wonder drugs did was obvious. He walked and jogged every morning while with us three years later in Chesapeake, Virginia. He remained the life of the party when he danced the jitterbug and the *kuratsa* at the Virginia Association of Philippine Physicians function in Fredericksburg and at the Philippine American Community of Tidewater's Thanksgiving Ball in Virginia Beach. He was an envy and a marvel to my friends and colleagues; always full of life. A happy man indeed!

When he first arrived I let him sleep as much as he could during days. I am sure it was a shock to his system being awake during daylight here when 12 hours away, it was night time in the Philippines. To fight that brain desire for sleep, which has functioned so regularly for 78 years must probably be a chore. But Papa soon become acclimatized. His first request was to visit the MacArthur Memorial in Norfolk.

I could safely say an average Filipino tourist to this country would feel the most pride and take home more stories following a tour of this memorial to an American most loved by Filipinos. General of the Army Douglas MacArthur walks with our national heroes. The General must have been destined to belong to two countries. His father, General Arthur MacArthur, was assigned to the Philippines at the turn of the century. As military governor, he instituted legal and educational reforms that helped win friendship for America among the Filipinos. The son later followed suit and climbed the ranks of distinguished leadership serving as military adviser to the Commonwealth of the Philippines. His best friend, Manuel L. Quezon, was President of the Commonwealth. He loved the islands and his concern for the Filipino people was proven when

he returned with his forces from Australia for the supreme test of liberating the Philippines from the Japanese invaders. It was he who steadfastly argued and eventually succeeded in convincing his Commander-in-Chief, President Franklin D. Roosevelt, that the Philippines should not be forgotten at that focal point of the war. Brilliant and dramatic, he would not - could not - allow the Philippines to stay abandoned. On October 20, 1944, MacArthur, accompanied by President Sergio Osmena, Sr., and General Carlos P. Romulo waded ashore at Palo, Leyte. His famous "I Shall Return" promise to the hapless Filipino nation was at last fulfilled. The historic photograph of the landing is depicted on a mural displayed at the Memorial. Underneath is a simple bronze plate the Philippine American Community of Tidewater donated during my term as President. It identifies each individual pictured.

Papa took his time browsing through the artifacts of the star-studded career of this military genius and assorted memorabilia from the Philippines. He could not have been more touched and proud as he stood within the dome housing the tomb of the man known as 'The Liberator' of the Philippines.

My brothers, Boy and Bebot, came to the United States in October 1977, as immigrants. Soon thereafter, I helped find each a job in a shipping company, thanks to my patient, R.A.'s father. Boy at 33 and still a bachelor, found out quickly that life here was too boring. In eight months he was back at his job in Manila as a highly paid customs employee - living the life of Riley. Bebot stuck it out. He now has a good paying job with another shipping company. On February 25, 1981 in a quiet setting at Bobbie's (my secretary) house, he and his long time girlfriend, Emma Cabalo, were married by a magistrate. Emma is a nurse who lived with our relatives in Bayabas for several months while she fulfilled her obligation to the government, working in the rural areas following graduation. She had not seen Bebot since she went to work in Australia. In fact, she came to America as an Australian citizen

barely two weeks before her wedding. The world seems smaller nowadays.

Tio Julian, my uncle, took advantage of an almost forgotten law this country passed shortly after World War II. In substance, the law would permit a Filipino World War II veteran who was a member of the United States Armed Forces in the Far East (USAFFE), or a Philippine Scout, to apply for U.S. citizenship. In March 1980 he was sworn in as a U.S. citizen, in Norfolk, Virginia. He and his wife, Tita Diana, presently reside in San Francisco, California. Bebot and Tio Julian are my nearest relatives in this country. My younger uncle, Tio Nicol, died in his sleep in 1978 at age 52. Papa and Mama mainly stay in the Philippines now, dividing their time among their children and in-laws., Lala and her husband, Chito Ambray, with their two children, look after my parents most of the time. Chito, who has a degree in both commerce and law and who recently became a provincial secretary of Surigao del Sur, knows well the system of respect for elders as a good in-law.

In between years of struggle to pass the boards, a couple of significant events happened in my practice of surgery. From each, I learned a lesson; the first on compassion and the second on courage.

I was with Meri, watching a performance of the Philippine Dance Tour on April 6, 1974 at Chrysler Hall, when I got beeped to call Portsmouth General Hospital emergency room. I got there in a hurry, leaving Meri with friends. A family had been involved in a car accident and all the five members were in the emergency room for examination and treatment. Only one was seriously injured, R.A., a twelve year old boy. He sustained a crushed pelvis and had questionable internal abdominal injuries. His vital signs were unstable, the blood pressure being initially unobtainable. Alert emergency room resuscitation and blood replacement restored his vital signs to relatively satisfactory levels. My immediate concern

was to rule out significant bleeding in the abdomen. His belly was tight but this is not unusual following fractures of pelvic bones and blunt trauma to the trunk. I did a peritoneal tap, which is a puncture of the abdominal cavity and instillation of fluid through a catheter. The aspirate returned the same clear normal saline; no internal bleeding. Having done this, the other surgeons (urologist and orthopedist) involved felt safer to watch him closely in the intensive care unit with nasogastric suction.

The boy remained stable and initially even improved, until 72 hours later when his abdomen suddenly bloated. X-rays of the abdomen revealed free air, signifying a ruptured viscus, a hollow organ. No question, I had at that moment a clear surgical abdomen. An immediate operation was inevitable. At exploration, the boy had a massive peritonitis, secondary to a ruptured intestine. The opening was about half an inch in diameter at the small intestine near the appendix. What may have happened at the time of the accident was that the wall of the injured intestine may have been only badly bruised but not ruptured, the injury being a blunt trauma. There was no free air on X-ray of the abdomen in the emergency room. We lavaged the entire abdominal cavity with normal saline and antibiotics after resecting the involved segment.

R.A. was critically ill! I informed the family of the gravity of the situation - that he may well not make it. On his first post-operative day he developed a complication that any physician or surgeon dreads. He bled massively from his upper gastrointestinal tract, vomiting bright red blood in spite of nasogastric suction and passing the same bright red blood through the rectum. We were pumping blood as fast as he was discarding it out of his system. This was a Saturday morning. I was at R.A.'s bedside from 8 a.m. until 2 p.m., watching him pitifully go downhill. With me was his aunt Mary, a nurse from North Carolina. She was very supportive during those critical hours. She agreed with my decision that to bring him back to the operating room at that very critical stage

would surely insure R.A.'s doom.

By noon, after I exhausted all the various medicines we instilled through the nasogastric tube to help control the bleeding, most likely from stress ulcerations, I almost became discouraged myself. Until I thought of something. I remembered that in my pocket notebook I had written the dosage of Pitressin. By the early 1970's this old drug (mainly used to induce labor) was gaining acceptance in various medical centers as a valuable adjunct in the control of gastrointestinal bleeding. I also remembered that the advised route of administration was by puncture of a peripheral artery and positioning the catheter at the suspected site of bleeding.

I also knew that the above approach had never been employed at Portsmouth General Hospital up to that time. However, in my little scribbles I found that this drug had been given through a peripheral vein, though with lesser effect, and more side effects - the most dangerous being an alteration in coronary artery pressure and abnormal heart rhythm. I struggled a moment on this last option. I asked myself what could we lose? After consulting with Aunt Mary, she nodded. We looked at each other, alternating glimpses at R.A., mightily hanging in there, wide eyes gazing at the brightly lit ICU ceiling.

Two hundred cc's 5% dextrose in water was mixed with 20 units of Pitressin. As soon as a tenth of the solution was instilled, the boy's face became as dramatically white as a piece of paper. He grasped his chest screaming with pain. I thought that R.A. had had it. I bowed my head on the bed rail. I muttered a little prayer, only to see a few minutes later the suction drainage getting pinker and pinker. I couldn't say a word but Aunt Mary's slight smile said it all. The bleeding had slowed down! It finally stopped about 6 p.m. His vital signs gradually stabilized. He developed a few more complications in the chest but on his 60th post-operative day he went home with a new lease on life. R.A.'s saga taught me that a

doctor's having compassion for his patients is the least he could do, yet the most his patient could gain, especially in a critical time of distress - that time when every tick of the clock counts.

R.A. went on to graduate from Oscar Smith High School in Chesapeake in June of 1979 as class valedictorian. As I sat beside his parents in the stands listening to his valedictory address, I felt a rare moment of mixed emotions. Deep in my heart I was convinced that *Someone else* made this moment possible. It was hard to believe that with a flickering memory of one medicine, you could bring back a life almost lost. It never ceases to amaze me what thin line separates life from death - often as thin as the mark of a knife blade. I continue to share a close relationship with the family, all of us hoping that some day R.A. will become an excellent physician and possibly a surgeon. He is now in pre-med classes at Duke University and the last time I talked to him, still in good friendship with a particular high school classmate. She, a pretty student nurse at Old Dominion University and of Filipino parentage.

The next incident I will relate is one that every surgeon in the world knows can happen, but believes (or at least hopes) will never happen to him - that is, leaving an unnecessary harmful foreign body in the patient.

On July 23, 1975, I was called to treat a patient with intestinal obstruction at Norfolk General Hospital emergency room. R.H. was 52 years old, and had bilateral inguinal hernias. He needed an emergency exploration, so I called on my new partner in practice, Dr. Efrain Guillermo, a former co-resident at DePaul. Being new in the real world of private practice, I thought he needed the challenge and the exposure, therefore he took over as the primary surgeon and I assisted.

The patient had a left colon volvulus or a twisted intestine which necessitated resection and colostomy. There was no hernia

incarceration. The operative note mentioned the sponge count to be correct. Twelve days after surgery R.H. was not doing as well as we had expected. So we ordered a plain film of the abdomen. A frantic call from the radiologist almost gave me a heart attack. Lo and behold a foreign body, most likely a sponge, was left in the abdomen! Efrain and I could not believe this was happening to us. We were convinced that even in that emergency situation, we took out as carefully as we could all instruments and sponges, including the lap pads. We remembered the circulating nurse telling us that the sponge and lap pad count was correct.

We knew also that here was an indisputable evidence on X-ray of a retained foreign body. No question but this was a time of anguish and frustration. Our dilemma was compounded by a shadow of malpractice atmosphere which clouded American medicine as never before. The minutes were clicking by. Efrain and I paced the hospital hallway with endless steps, or so it seemed, struggling to find an answer. We were completely aware that we had a hot potato in our hands which could break our practice. We could ill afford to let this be known by the entire medical community, much less the public. Still, we had a decision to make. It took us a whole afternoon to dissect, in our own crude way, the anatomy of a malpractice law suit. We knew the harm was done, but there was nothing whatsoever deliberate on our part. We acted to the best of our skill, we felt, so the question of negligence would be up to the jury to grapple with later.

Finally, the decision came. We called the patient's wife aside and told her we needed a conference with her and her husband. The thrust of our conversation, as Efrain and I earlier agreed upon, should be geared towards Mrs. R.H.. We felt that R.H. was too sick to comprehend the situation and he could care less about our decision so long as we told him that whatever we did would make him feel better.

We knew the truth was the only way out. It had to be told. With hands akimbo, I entered the room first. My opening statement was the most difficult I ever had to make. I told R.H. and his wife that a sponge was inadvertently left in his abdomen during the operation and that such an incident can happen in an emergency situation. This was not the real problem at the moment, I told them. What might be making R.H. sick was probably his inguinal hernias, which had been symptomatic over the years, I continued. Now for the punch line. I told Mrs. R.H. that her husband would need to have the right inguinal hernia, the more symptomatic side fixed that evening and while we were in we would take out the sponge. It would be like hitting two birds with one stone, I quickly added. There was absolute silence. A little squeeze of his hand and a light tap on her shoulder drew positive response. I knew we had grabbed the initiative. There was no argument, only superlatives such as: Mr. R.H. had been an excellent patient; he had an excellent chance for a cure since we were not dealing here with cancer, thank the Lord; we would do our very best to help him get well. The best we did, both in convincing Mr. and Mrs. R.H. of our side of the problem and living up to our promise.

At 7:00 p.m. R.H. was back on the operating table. This time I took charge. I opened the 12 day old midline incision and grabbed not a sponge, but a cloth at least 10 times as large. A mini towel if you will. It was a lap pad, much to our surprise! How in heavens could we have left such a thing in the abdomen? How on earth could the circulating nurse have missed the count? Questions we preferred to forget then and there. My head hung low throughout the operation. I fixed the hernia well and as quickly as I could. R.H. did not need more anesthetic than absolutely necessary.

Fortunately, he recovered well in spite of an intestinal fistula following the second operation. On his 30th hospital day he was discharged, much improved. Four weeks later we readmitted him for the takedown of the colostomy and to re-establish intestinal

continuity. On this third and last procedure, we also repaired the left inguinal hernia. R.H. left me with a dozen gray hairs. His case also taught me courage. Eddie Rickenbacker, founder of Eastern Airlines, once said . . . “Courage is doing what you are afraid to do. There can be no courage unless you are scared.” I should probably add scared *stiff*, because that is what I was. When the two year statute of limitation passed on July 23, 1977 with no law suit filed, I took a cup of coke from the office refrigerator and silently savored the occasion. Efrain had left private practice a month earlier to pursue a residency in plastic surgery.

CHAPTER ELEVEN

I believe it is proper at this stage in my practice to show you how it flourished. On May 1, 1973, I opened an office in Portsmouth, two miles and a tunnel away from our Norfolk office. Dr. Hotchkiss shared this office with me. Having my own office and employee(s) was what I had been looking forward to, with enthusiasm and apprehension. The apprehension concerning who I would be working with and who would be initially running my business office was short lived. Per recommendation from my good friend, Dr. Honesto Vargas of Portsmouth, a personable young lady came to our Norfolk office one afternoon for an interview for the position of secretary. Mrs. Barbara Horton took the job - the first and only person I had to interview for the position of secretary. I also felt for the first time, like it or not, I was now a genuine executive. I realized, too, that Bobbie would soon be in that sensitive position which makes or breaks an executive. From May, 1973 up to the present, Bobbie has handled her position with thorough dominance. Between her and Meri, my daily routine runs like a well-oiled locomotive. Without the two of them all I can handle is a scalpel blade. Of that I am convinced.

Almost three years after opening the Portsmouth office, Ms. Margaret Grant joined our staff. Maggie often brings me back down to earth when things go too well. Bobbie and Maggie compliment each other very nicely and all our employees feel like a family. This family is built on mutual respect and trust. Sissy Kilpatrick, who used to pinch hit for Bobbie on transcription, once quipped jokingly when business was slow that she wouldn't mind forming more stones so that I could operate on her. I had removed her gallbladder with stones earlier. Being basically a lazy individual, I don't waste time in an area I don't know much about. What I am going to tell you next is something unorthodox in the eyes of many of my colleagues and advisors. I consistently refuse to know how my money is handled! The language of bookkeeping, bank deposits

and withdrawals is all Greek to me. The most I will do is sign checks. At the end of every month I am more interested to know of total charges, which is how I gauge my work load, rather than the actual income for the month. Up to now, Bill DeLoatche, my business consultant, is still puzzled at this attitude. This is how I feel about the practice of medicine. I cannot stand the sight of an infirmed person in my office opening a wallet and counting his few dollars in order to pay the bill. Thank God, there is such a thing as medical insurance.

Some people call this practice foolish, but I call it simple. Obviously, not everyone can have the luxury of having a Bobbie and a Maggie, as I do. When a smart high school student, Sandy Brooks, accepted our part-time offer in April, 1980, she asked Bobbie if we had hired her because of us needing a black. I have been very fortunate that up to this writing the family is closer and happier than ever. One proof: my staff has worked it out that I get a serving of Macademia Nutcake whenever I am in the office. This tastiest of cakes has to be ordered from the west coast, weeks ahead.

Good breaks seem to be the order of my young practice. I have been constantly watching the trend of private practice of medicine in the Tidewater area (Norfolk, Portsmouth, Chesapeake, Virginia Beach). While the influence of the Eastern Virginia Medical School was increasingly felt in the early 70's, I studied the population shift and the proposed construction of two new out-lying hospitals, Chesapeake General and Bayside Hospital in Virginia Beach. It wasn't difficult for me to conclude that my future lay with these two new hospitals.

In late 1975, I started looking for an office space somewhere between Chesapeake General and Bayside. I found one and negotiated with the owners. When my mind was set, the landlord stalled on some of our agreements. This failed plan paved the way

for one of the wisest decisions I ever made.

By stroke of luck I came across a real-estate agent's "for sale" sign planted on an empty lot. I called this man's phone number and ended up talking to him in person at my home. He gave me some simple advice that I followed. "As a physician, with many years of practice ahead, you should build your own office building and you will never regret it." Although I did not buy his lot, I will be forever grateful to this stranger. He so crystallized this piece of advice in my mind, that in April of 1976, I signed to buy an acre at the new Greenbrier business/industrial zone, still within the vicinity.

In July 1977, my new office building was finished. When my friends asked me how I did it, my usual answer was I fooled the bank. In retrospect, I acted like a surgeon would normally do-to think decisively and act immediately. I told the bankers that I had nothing but good health and a sharp scalpel as my equity. They listened and believed me, and that was what counted. I moved in the following month leaving the hustle and bustle of the Norfolk area. A year later, a young dentist, Dr. Del Bratton, began supplementing my mortgage payments when he occupied the adjacent half of the building. Hopefully, in the near future the addition to my dream office complex, designed by my architect friend, Edgar Gamao, will be a reality. In the summer of 1980 I left Portsmouth. Earlier in my practice, my friends from Norfolk had told me that it was more than just the Elizabeth river that divides Portsmouth from Norfolk. I was easily becoming convinced of this. To be accepted in Portsmouth, you were, among other things, expected to live there. This was the backward American mentality, I thought. I narrowed down my practice affiliation to three hospitals, using travel time to listen to my educational tapes in the car while commuting between cases and rounds. The honeymoon of a private practice couldn't be better.

Passing the surgery boards left me no more challenges to conquer, I thought. This kind of feeling, however, would not last long. I was now approaching my fifth year of practice in surgery and the referral pattern of my colleagues was firmly established. In short, I had it made! Even so, I can never sit still. There has to be more to life than daily operations. I was not about to entertain boredom, yet I hardly do anything at home. Meri is understanding of the attributes of a surgeon... eye of an eagle, heart of a lion and hands of a woman. So I do not have to do anything at home. That eye of an eagle however, was tested sooner than I expected in the summer of 1977.

One evening, I suddenly noticed some shadows while reading a newspaper. I could not understand why, until examined by an ophthalmologist, who diagnosed my condition as central serous choroidopathy. He explained that this benign, self-limited affliction of the retina usually occurs without a real explanation. When he emphasized that it was self-limited (usually to 6 months) I was quite relieved. When the six month period passed, my eyes had improved. My ophthalmologist also had me examined by a colleague who specializes only in diseases of the retina. The equipment used to thoroughly examine this part of the eye is very impressive. When the super specialist finally pronounced the examination as OK, all I could say was "Thank God." I felt pretty sure that He had given me a new lease on my eyesight in order to be able to continue my service to humanity, which I greatly implored Him to do in my prayers.

Although my ophthalmologist reassured me many times not to worry, I just couldn't help but wonder what might have happened. At one time, he said that a similar lesion had been experienced by O.J. Simpson and Bob Hope, and was not too uncommon among pilots. I thought it was very nice of him to lump me in such rich company. I hope that the day when I have to wear eyeglasses in the operating room is far off yet.

Meri was very supportive of me all along. She also understands that my “hands of a woman” have to be protected at all times. The best protection I have going for me is not knowing how to operate the dishwasher, laundry machines, etc. in the kitchen complex. I am a zero handyman, and on a scale of one to ten as a cook, I rate maybe a half. The reason for that half is I can roast a pig and that’s about it. If you don’t believe me just ask my neighbor, Amy Seyrlehner. She’ll tell you about the time early one morning, while Meri was in the hospital when Andy was born, she saw on my face the most pitiful look she had ever seen. That morning I woke up hungry and was late for my early big operation. I dreaded doing a difficult case while hungry, so I walked to Amy’s house and politely asked her if she would boil an egg I had with me. Like a good neighbor, she said she would be happy to. Meri has not forgiven me for this act yet. Meri herself prefers to be called a domestic engineer. Believe it or not this may even be an understatement. To make it easier on her I have befriended all my “handyman” neighbors. Georg Seyrlehner tops them all. He is such a super friend that he built us a beautiful sun deck in 1979 with no cost at all for his labor. I like my neighbors. They know that I feel good when they call on me for medical advice or treatment. A neighborhood housecall is the only chance I get to bring along my medical bag (which I haven’t used in years) and with it, I feel like a “real doctor” again. This they can’t understand, but to me it brings back memories of the good days in the old country.

PART FOUR: THE WORLD

CHAPTER TWELVE

The successful private practice of surgery was now bearing fruits. Meri and I could afford to travel anywhere in the world without producing too big a dent in the basic family necessities. As early as March 1974, we went on a one week boat cruise vacation in the Caribbean Islands - "Love Boat" style. This is one vacation I recommend to everyone. In 1977 we felt that the time had come to see in person, Anneliese, my penpal, and her family. Meri and Liz had been corresponding regularly since my marriage.

The following pages are extracted from the diary I kept during the first European Trip.

Thursday, June 2

Aboard Pam Am 747 on our way to Pottschach, Austria with stops in Frankfurt and Linz. New York is just behind us now. Big Georg, little George, Amy and Meri - we're all go. I have four hours to kill. It is 11:24 p.m. EDT. The big break for this trip came in the summer of 1975 when our good friends and neighbors, Georg and Amy Seyrlechner, took time out for a visit home. For me, it was also a chance to ask them a big favor. The favor they responded to was a mission to see Anneliese and family. Georg called me long distance as soon as he arrived at Liz' home at 9 in the morning which was 4 a.m. in Chesapeake. Liz and I talked for the first time. Two nervous souls, hello, how are you doing and please come visit us, was the best we could do. This laid the foundation for our two families' great friendship. This also set the stage for our visit two summers later. (The rest of my notes for this day cover the recollection of how our friendship started.)

Friday, June 3

11:30 p.m. At Hans' (Georg's brother) house. Meri and I had been eagerly looking forward to this vacation. On our drive from the airport in Linz, Georg pointed out the birthplace of Adolph Hitler. I saw nothing. Now we have set foot in the City of Linz, under fairly decent temperature, spending the night in the ancient city of Enns. Two significant events so far. Georg works for Plasser-American, an Austrian firm with its main American office being in Chesapeake. While sipping coffee at a restaurant with Meri, Amy and little George waiting for big Georg to come from his meeting with his boss, a foursome of elderly women near our table were quite surprised by my presence. In their own nice way, they conversed of me being black. Amy was translating for us. As I learned in the States, Austrians, for some reason, are fascinated by this race and a number of families think they would love to adopt a black child if given the chance. How true this is, I don't know. I cannot blame the lady who imparted a pleasant smile at me following my "*vasser vitte*" request to the waiter, and more so when Amy spoke. This of course put an end to the comments about the new "black" fellow in town. I am sure that the sun exposure from our tennis tournament the day before had not helped a bit. So again, one of those damn foreigners! Don't get me wrong - I enjoyed every minute of those stares! The other exposure of significance was a visit to the house of Georg's mother. It was over a century old and she lives alone in it. She is a marvelous, hard-working woman in her 70's. Her garden of flowers, fruits and vegetables is enviable. She is of old school, hardcore European breed, just like in the movies. I made a phone call early this evening to Liz, letting her know about our trip the following day.

Saturday, June 4

11:30 p.m. This day will always be a day to remember. It started in Enns with a quick semi-bath and light breakfast, then Hans Jr. drove us to ancient Enns' downtown marketplace. We were fortunate to witness a typical Saturday morning market day with people from the surrounding farmlands doing their chores. This day, we also had a treat of Austrian music (in the same square) from the military and civilian bands. The main reason for the rare occurrence, as Hans Jr. suggested, was to gather people to appreciate the public display of the Austrian Military arsenal - tanks, bazookas, cannon, machineguns, etc. They looked impressive - for the most neutral country in the world. It was a nice milling crowd. Hans Jr. walked with us around a couple of blocks of the downtown district. It reminded me of the German side of Busch Gardens, an American amusement park. And oh, those elderly women on their bikes with baskets full of the day's shopping! Next, a quick trip to an ancient church built on the heels of a Roman temple. It was very impressive. They say the temple is about a thousand years old. I could not help but touch the rough surface of the encased ruin.

The trip to see Anneliese, brought us from Enns to Pottschach with Georg, Amy, Hans Jr. (Georg's nephew), Meri and I all in one car. The ride was an enjoyable one. The countryside was beautiful, especially the woods and the hills with a few castles here and there. Rain and shine was what we got, but fortunately the latter prevailed on our arrival. Hans Jr. was ready with a movie camera. I hope the first warm handshake was there on film. The kids were there at the gate waiting patiently, yet anxiously. I greeted Liz first, then Norbert, and the rest of the company was introduced. I was so excited that I could

not even remember to get Meri by me. But like any wonderful wife, she was there when I needed her. Liz was very gracious, as was the entire family. They are beautiful people indeed. Liz carried on a fairly decent conversation in English. I stammered now and then with my meager German (they say Austrian). They had complete English-German and German-English dictionaries; we had our pocketbook edition. Tante Maria served a delicious welcome torte for everybody after a hearty lunch of guess what? Rice and Chicken. I snapped another picture. Later in the afternoon, we went for a walk with Norbert and Meri to a nearby hill lined with stations of the cross. A beautiful view of the little city with houses by the hillside and well trimmed greeneries. We were entertained with a beautiful treat of flute music from Alexandra (the oldest daughter) at the start of the dinner. Her mom was holding the notes for her. What a warm and wonderful feeling! *Gutten appetit*. This memorable day was topped with an after-dinner-get-to-know-you chat. Liz had some heart problems which I had already heard about from Mrs. Anneliese Hall, a nurse at Chesapeake General Hospital operating room. The latter, whose family still lives in Austria and who helped arrange this visit, advised me to take along my stethoscope - which I always do on a long trip like this. When our conversation centered on Liz' heart, I couldn't wait to ask permission to listen for any heart murmurs. Her pulse was regular. She and Norbert even told me, in halting English, that she had some sinus tachycardia or fast heart beat. This was mainly triggered by or forewarned by apprehension, without apparent cause, now going on seven years. The two pills she showed me contained Phenobarbital but my anxiety continued. Liz subtly shy as she is, relented. With the stethoscope slipped underneath her clothing, I listened to the pulmonary, mitral and aortic valves and all sounded perfectly well.

Meri and Norbert seemed to be game onlookers. Relieved of some anxiety, Norbert opened up some by saying that one time a doctor had told him of a "possible heart problem." Per Liz' insistence, I listened to Norbert's perfect heartbeat! Through sign language, Norbert imparted a feeling of satisfaction. This afternoon we visited Liz' parents, who lived a few blocks away from her. I greeted her 89 year old grandmother first. Meri gave her some perfumed powder. The old woman, quite ecstatic, reminded me so much of Nanay. A hug and a pinch to the cheeks drew a big smile from her. Herr and Frau Hanzelic were likewise very accommodating. The house which was approximately 25 years old - where Anneliese stood 19 years ago for the first picture she sent me, looked surprisingly new and very clean, like every Austrian house I have seen. My first real impression of this couple - wonderful people in all aspects so far.

Sunday, June 5

11:30 p.m. I went to bed last night after Meri's kiss, feeling beautifully about the overall wonderful day. Liz' home is a model, if you will, almost to the last detail.

Church this a.m. with Meri, Norbert and Patricia, the little darling of the Oetsch family. Wolfgang and Alexandra are beautiful children too. This afternoon Norbert and Liz drove us to nearby Forchtenstein castle, built in 1300 by the Hungarians to protect them against the Turk invaders. This was a great experience. Finally, I felt I was in Europe. I saw the ancient carriages, shields and swords. We also got to see the border of Austria and Hungary. It was here that I experienced a sad feeling with an empty question - Why? Norbert parked the car on a small hill a few yards from the roadway. He and Liz

pointed to the heavily armed border guards scattered a few hundred yards apart in observation shelters along the course of a barbed wire fence. I was initially dumbfounded. I could not believe I was actually seeing what I had read about the Eastern bloc countries. There is a true wall that actually divides Eastern and Western Europe. I tried not to understand. I explained to my hosts that there is something lacking in this world. I politely asked them to look at me and ask themselves where I came from. How far had I to travel to win a lasting friendship? Why can't people all over the world do the same? And above all, why should neighboring countries which used to share a common border and whose people share the same aspiration, like everyone else to be free, not be granted their wishes? When I grappled with that question the first thought that come to mind was, thank God I am free in America. Later in the evening, we once again pursued getting to know each other through after-dinner talks.

Monday, June 6

7:30 p.m. A trip to the foot of the ski mountain. The top was still partially capped with snow; the empty ski lifts continued to move. Liz elected to stay in the car in the parking lot. On our return to the car she tried to hide without success her misty eyes. What made her cry? Only heaven knows. Maybe she is just a highly sensitive woman, and charmingly beautiful at that. Meri learned later that Liz had not been feeling well and had tried, unsuccessfully, not to show it. We stopped along the way at a country post office to mail our first post cards. Liz remained in the car. Meri and Norbert went inside. I quietly elected to stay with Liz. During the next three minutes, I tried to recap my feelings toward our relationship. In short, she was and is very happy to remain a special and dear friend.

In a soft voice, she spoke some concern that I may not come to like her after seeing her in person. Come to think of it, my main problem was to let her know how I felt about her over the past 48 hours. She was relieved. I was relieved. The unique friendship continues to blossom. We have, parent-wise, committed our children to know each other and more - who knows? This afternoon, after a long wait for the rain to stop, we went for a relaxing walk in the nearby woods. Again, we savored the awe-inspiring beauty of Austria. Something happened yesterday afternoon that I knew was bound to happen: the digging up of old memories - I mean photos. A few were out and Meri saw them but I don't believe she read the lines on the back. I sneaked one out and when I read the back I quickly shoved it inside the box of photos. Liz smiled demurely. The dreary afternoon weather, in a sense, was welcome. It gave us more time to chat. Liz and I went through a book of wonderful things to see in many countries. She knows quite a bit about world history and indeed very much about the lineage of Austrian monarchy - from the Babenburgers (976 - 1273) to the Hapsburgers (1273 - 1918). Mind you, Liz can't be all that shy because she taught me a few steps to a dance similar to Charleston, which she does well.

Tuesday, June 7

11:30 p.m. Finally, I made use of my tennis racquet that I brought along. An hour of volleys and practice serves on the clay court with Norbert was quite an exercise this morning. We had a pact that I would teach him tennis and he would do the same for me with skiing. Hopefully, our return to Austria will be during the winter months. Following the good exercise, there was a trip to Vienna with Liz, Norbert and Meri. It is definitely a city to see

and I can appreciate why *Wien* was once central Europe's center of civilization. The architectural designs of the buildings and palaces are a sight to behold. We toured Schonbrunn palace, inside and out. It was very interesting to see how the royalty of Europe actually lived during the hundreds of years of their reign. We also had a visit to the medical museum. I was particularly interested to see something about the great Austrian surgeon - Theodore Billroth. Indeed, he was there with his famous stomach operation. That made my day. Vienna, in the 19th century, was the Mecca of medicine. Billroth was the foremost educator of surgeons from whom many of the world's surgical giants received their training. At the turn of the 20th century, almost every well-known American surgeon had spent some time in the surgical clinics of Europe.

My knowledge of history was slightly enhanced when I came across Liz' book about the Austrian monarchy. In each scheme of Hapsburger rulers, from Rudolf I (1273 - 1291) to Franz Joseph I (1848 - 1918), I came across Philipp II of Spain (Spanische Hapsburger) as one of the descendants. He was the son of Karl V (1519 - 1556) and a grandson of Philipp der Schone whose wife was Johanna von Spanien, from Spain. As you know, the Philippines was named by Villalobos after Philipp II of Spain. It was quite interesting. During our post dinner talk, we enjoyed several shots of red wine, a perfect compliment to the smoked trout that we had for dinner. *Gutten appetit!*

Wednesday, June 8

12:00 midnight. Mid-morning found us inside Liz' classroom. She teaches fourth grade. It was quite a treat. Tante Maria, Liz' Aunt, walked with Patricia and her bike while on our way to the school, (Dr. Adolf Scharf Haupt-

schule). The children greeted us in unison with a warm "Good morning Mrs. Montero and good morning Dr. Montero." After the fine introduction, Liz escorted us to the back row, to play pupils for the remaining hours of the morning class. The topic was a place near Pottschach. We exchanged amenities with some of the kids. It was wonderful. They treated us with beautiful songs. Then per Meri's suggestion, a question and answer period ensued. The kids were very inquisitive about "Amerika!" The moment was touching and the kids very gentle.

Joined a religious holiday procession this A.M.. Reminded me of the Philippines where we share a similar Catholic tradition. Perfect weather and a fine morning in an ideal place, set me off to an inspired start of my own - the beginning of my autobiography - *Halfway Through*. Liz proofread the first few pages, and Meri made the corrections. Hopefully, I will continue to write. The patio setting at siesta time was where it all started. I enjoyed a short fling at my old love - the violin, owned by Liz' 11 year old boy, Wolfgang. So much for "music." The afternoon was beautiful enough for a trip to the summit of a ski mountain resort in Semmering. It has 1700 meter elevation and is one of the favorite resorts near Vienna. The ski lift was fantastic. The real beauty of Austria, especially its spectacular scenery ranging from bush villages to lofty plateaus, struck me the most. What can you say of a country with a thousand year tradition of continued royalty? Our return down the ski slope was challenging. We had no choice but to walk. The lift had been closed. Meri took the brunt of the joke. I could not help but quip that her being six months in the family way was an asset in her balancing act back to the foot of the mountain. Later I had to make amends to Meri by making it official to our wonderful hosts that if the baby was a

girl, which everyone was hoping for then, she would have the second name Anneliese. Another boy would bear the middle name of Norbert. Meri had made the suggestion earlier that morning in a very subtle way, with which I readily concurred. Norbert is a fine, good-looking gentleman. Liz couldn't have picked any better. Meri has a heart, too. This move more or less sealed the excellent prospects for continuity of this exceptional family friendship. Norbert, during the day, got a tip from his close buddies that there was a nearby *Mostheurigen* going on. This is a simple Austrian tradition lasting a week or two, wherein a farmer treats people from neighboring areas to good food and *most* (an alcoholic beverage) which he has made himself and serves in his own yard. The food is usually good and at a cheaper price. The homemade cold cuts, cheese, breads, and desserts are delicious. The idea is to give the farmer a chance to advertise his product and raise money to pay taxes and buy needed equipment. So there we were, enjoying lively outdoor dining on old wooden tables and benches, with quite a good crowd and live Austrian music and folk songs. *Most* is an alcoholic drink made mainly from apples, tasting something like a cross between beer and champagne. Norbert and Liz' friends were next to our table. After the fun got going, we all bunched up at their table. Initial gazes and fleeting smiles soon turned into handshakes, jokes and laughter. I couldn't speak German anymore than they could speak English. There we were with our wives and staccato translation. It was humorous to tell jokes with the help of sign language. Indeed it was. Meri, who is normally not a drinker, was surprisingly sober after a big glassful of apple drink. She later told Liz and Norbert that she savored it to celebrate Norbert's recent promotion in his job. We were all celebrating. The inevitable goodbyes were to happen

the following day. How could we do it? Neither Meri nor I looked forward to it.

Thursday, June 9

4:10 a.m. It has been daybreak since 3:30 a.m. This was earlier than any place I have ever been. I could not go back to sleep. Last night Meri and I had one of the most fascinating dinners in our life. It is now down to hours. By 5:15 a.m. the bright sun rays are already penetrating our window. Outside, the air is filled with live Austrian band music, neatly uniformed men strolling from house to house. Today is a holiday. Like every challenge I meet, the key word is anticipation. Next comes the ability to condition the mind. After such warm greetings on our arrival, thoughts of leaving immediately started. I tried to put them in a subconscious state, though they surfaced every day. There was still something to look forward to - a visit to Virginia by Liz and Norbert, or even our return visit to Pottschach. We will see. The remaining hours of this day I would rather not think of.

11:45 p.m. We left Pottschach after lunch. Meri was told by Amy beforehand that generally Austrians won't take medicines unless absolutely necessary. Indeed it couldn't have been any truer in Liz' case. This time she opened up with an apologetic question as to how she could possibly get off her medicines. After a more thorough history, I came to the conclusion that she originally had a thyroid problem probably in a hyperthyroid state. I reassured her that I would do the best I could about this problem. However, in the midst of our conversation, in Meri's presence, she politely excused herself. We could hear her crying in the bedroom. This touched Meri, too. It was hard, I realized. After regaining her composure, Liz joined

us and her parents, Tante Maria and Grandma arriving shortly afterwards. The occasion was warm and touching, especially to Liz' 89 year old granny. Next came Vienna to meet Georg and Amy for our return trip to Enns the following day. Liz, Norbert and Wolfgang drove us. We spent the entire afternoon promenading in Vienna's *Burgring* - a galaxy of historic and famous buildings, monuments and churches. Vienna is Gothic spires, Romanesque arches, and bright geometry of formal gardens. It is the city that has retained all the charm of the Old World, a rare harmony of architecture, art and music. It was easy to fall in love with this city - on first sight.

The evening ended with a farewell dinner at the *Donau Turn*, a revolving restaurant atop a tower, approximately 150 yards elevation, overlooking the Danube River. The Blue Danube, Europe's great river, is celebrated in song and history. This time the two couples understood it was going to be Meri's and my treat. The setting was fantastic for the occasion. Vienna by night is beautiful from atop. Liz and I were aware that it was going to be a while before we would dine again. The pressure was on. While I was in the bathroom and the group was being seated, it suddenly dawned on me as to where I would sit. The entire company was well aware that this wonderful occasion was made possible because of Liz and I to start with. To my appreciation, I was seated at the head table with Liz to my right and Meri to my left. This gave me the flexibility that I needed. It was a fine dinner, with toasts, but parting was inevitable. Everyone was tired following the hectic day's activities. But this wasn't enough to numb our feelings. I had to have the proper dose of alcohol to put me on an even keel. The wine did it. It was about 10 p.m. when we finally had to say goodbye, this time with warm

embraces and few tears. Meri and I had gotten close to Norbert and Liz. A beautiful feeling. We knew that we were going to miss them. And they too - us. Norbert was smart enough to bring along Wolfgang. Everything has been said that I wish to say. Our welling eyes testified to Georg and Amy. I told Liz and Norbert to take good care of each other and that Meri and I would do the same. God willing, we will meet again.

Now to recap the Pottschach stay. To me, it was truly super. I felt young and spoiled evermore. The initial anxiety of how to behave in the shadow of a 19-year, long distance friendship easily turned into one of the warmest experiences I have ever had. Liz is a very special person; just as I pictured her through her letters. She confided to me the day before we left that at one time Norbert asked her to quit writing to "Johnny." I told her that if I was Norbert I would do exactly the same. Liz had many other pen friends all over the world, but as she told Meri, I was the only one she kept because I was the "truest." Liz continued that Norbert is now glad she defied him. One of the most wonderful things about Anneliese is that in many ways she and Meri act and think alike! From my vantage point, I can write forever about this simple, bedimpled and charmingly beautiful person, but I should stop here. As our wonderful hosts drove away at half past 10:00 p.m., we walked leisurely in the downtown area.

Along our way to the hotel, Georg speaking in German, asked a strolling couple for directions. The gentleman politely asked him also in German, if he would rather speak in English. Why? He thought Georg had an interesting German accent. When we learned that they came from New York, Georg almost fell over!

CHAPTER THIRTEEN

My Diary states that the following morning, June 10, 1977, Meri and I woke up somewhat feeling empty and missing our unique *Freunden*. We still had five days to see the rest of Austria. We left Vienna by train heading towards Linz and Enns by car. The next day we attended the wedding of Georg's niece. The ceremony at the *Gasthaus* treated the guests to a heavy afternoon meal. It was quite a danceful and wineful evening that began at three o'clock in the afternoon and ended at three the next morning. Georg had to find the "stolen bride" twice! It is a custom at Austrian wedding receptions that the groomsmen "steal" the bride and "hide" her at various restaurants and bars. The best man must pay to get her back and also buy a round of drinks. The money collected eventually goes to the bride and groom. The whole group then returns to the reception site where all the guests join in a polka to celebrate the bride's return. Meri and I had a ball. I danced with the bride. This is my forte, just like my Papa. Before the wedding, we were escorted to the newlywed's newly furnished house, built during the last couple of years or so, with help from both sides of the family. What struck me most about Austrian homes is that they can be so rural and yet so modern. Color coordinated and clean, they are also built to last. In nearly every window sits a flower box. Such tremendous pride is involved in building and owning a house that they usually live in it for good.

I acquired one Austrian souvenir in a most unusual way. I had been itching to bring home rocks from the fabled Danube River for my aquarium collection. My collection includes rocks from Waikiki Beach and Montego Bay. Already dressed with our nice shirts and

ties for the wedding, Hans Jr. and I asked to be excused for a few minutes. We drove three miles, only to find the easy access to the bank had been recently blocked off with chicken wire because of security for a new industrial plant in the area. Hans Jr. who was still serving in the army, asked me if I would mind walking down a path for 10 to 15 minutes. I said no. What this rascal hid from me was the condition of the path by the bank of the river Enns leading to the Danube. We had to walk through thick shrubs eight to ten feet high, some causing skin irritation. The half mile walk finally brought us to a spot in the muddy Danube where I got two golf size stones - a nice addition to my office aquarium and without question obtain with most difficulty! Our return to the car was not any easier. We had to go through two chicken wire gates. At the first we had to crawl flat on the ground. To get past the second called for a tight squeeze in between gates. Luckily the guard was having his siesta. Was it worth it? Ask Meri.

I had a chance to meet and know Georg's brother-in-law, Rudy, the bride's father. He is a very friendly, easily impressed person. He showed me his World War II scars, being a veteran of Hitler's army like all Austrian upper middle-aged men.

The next day I enjoyed a visit to Hans Sr.'s exclusive hunting area. Austrian hunters usually belong to a club and each has his own territory on which to hunt. It is the ideal way. Hans has 400 acres, a well kept, wooded and arable land. I could see a few fox holes here and there, a deer path, humming birds. Breathing the clean, fresh country air was most refreshing. The highlight of this visit was keeping watch at Hans' 20 foot tall stand by the edge of the forest, overlooking a field of sugar beets and not too distant,

typical European houses. It was fascinating to watch the deer stroll for feed, especially the mama and her young. I also noticed feeding stations with salt stands. Hans would rather be here anytime. I can't blame him. Sharing our last couple of days in Austria, Georg and Amy drove us to see more interesting tourist spots. I also learned that the *autobahn*, or highway system, was the first in the world. The main purpose of the construction in the 30's was to facilitate transport of troops to target spots selected by Hitler's army. And believe it or not there was no speed limit! On our way to Salzburg, we made a detour to see the "Ice Caves". I noted along our way the real picturesque view of many beautiful lakes bordered by rocky green mountains (berges) - some studded with pretty houses looking like they are piled on top of one another. The sight of a steeple was unmistakably in every town, many of which are nestled between forested mountains. Overall this reminded me of the beautiful scenes I saw only on calendars when I was a little boy. Now I'm actually here! A combined gondola ride and mountain climb brought us to the caves. We ate lunch in Hallstatt, a town by the mountain lakeside, which to me was without doubt the most exquisitely beautiful town I had ever seen. Salzburg by sunset. As soon as we settled in our hotel for an overnight stay we took a hurried walk to this fabled city's magnificent fortress - castle, in the downtown area. We peeped through the closed gate of the church where the von Trapps of "Sound of Music" fame were married. After the steepest train ride in our lives, Meri and I saw Salzburg from atop the castle. A beautiful evening.

The following day we went to an Alpine resort at Dachstein, 3004 meters to the plateau, with year round ice and snow. I posed a fake skiing stance for Meri since that was my first exposure to an

open ski resort. I thought for a while I was on cloud nine. We drove through some of the finest mountain landscapes, encompassing snow covered Alps, sunlit lakes, quaint villages, balmy countryside and towns that merge the new with the old. On the last day of a fantasy vacation Georg and Amy capped my Austrianization by giving me a feather, pin-studded Tyrolian hat. As Amy put it, this was a belated birthday gift. Among many gifts from Hans Sr. was a pencil portrait of myself. He surprised me the evening of our departure when he interrupted my ping-pong match with Heinz, his youngest son. He gently grabbed me by the hand, escorted me to his art room, and had me seated on a stool by the window for about 15 to 20 minutes. It was twilight time. I was still perspiring when he finished the pencil sketch, which I thought was neat. Hans Sr. is a professional artist who graduated from the Vienna School of Fine Arts. He mounted it on hardwood. I surely appreciate this gesture of friendship.

Before we left lovely *Osterreich*, Meri and I had a phone conversation with Liz. We could only say *Auf Wiedersehen* to Norbert. All was well. On to London, then Boston and home. My London Diary reads as follows:

Thursday, June 16

11:45 p.m. - Woke up early this morning for the 7:00 a.m. flight from Linz to Frankfurt and on to London. Hans Sr. and his wife, Gustie, saw us off at the airport. We feel closer to the entire family.

Stayed at the Royal Horseguards hotel in London per Georg's reservation through Plasser American. Toured London's historic places by foot this afternoon. The Westminster Abbey is majestic. It is both a cathedral and cemetery where England's royalty rest. What strikes me most are the uniformly black, old model, oversized taxis and the Londoners' driving habits - from left side on the left side of the road. The city still shows the faded glitter of Queen Elizabeth II's Silver Jubilee celebration. London is full of history, but everything I see now has to be measured up to Austria. Meri and I were included in an invitation to Georg and company by the Plasser People. A special dinner at a plush London restaurant. Truly enjoyed.

Friday, June 17

Today's weather was rotten. Typical of London, I guess. A trip to Madam Tussaud's Wax Museum. Interesting. A quick shopping trip at Herrod's, the world's largest store. Meri bought me a nice leather desk set for the new office. A boat ride in the Thames to the Tower of London. More shields, swords and jewelry. Nice scenery along the famed river. Back to hotel through subway. More rest. Now rearing to get home. Leave on flight tomorrow to Boston. Bon voyage.

Saturday, June 18

Aboard 747 British Airways. Just had my lunch - the best I've had in an aircraft. Checking in and out of Heathrow airport was quite rigid and at times repetitive. No wonder the sign says for passengers to check in two hours ahead of flight time. Soon we'll be in Boston, I hope. We can't wait to hug Andy, Greg and Danny this evening. We realize that this may well be our last long vacation without the kids. And for me, back to doctoring in a couple of days. I feel recharged and ready to go. I further noted in my diary that it will take *some* vacation in the future to top this one. There was so much meaning realized on this trip that to hope for a similar occurrence during one's lifetime is truly a dream.

PART FIVE: THE GOOD LIFE

CHAPTER FOURTEEN

In December, 1977, something happened. This event became the harbinger of my numerous involvements in society in many different ways. The Filipino physicians in Tidewater organized the Philippine Medical Association (PMA) of Southeastern Virginia. Al Ricohermoso and Perla Solinap were the prime movers. Then came the coup. I was asked to lead the organization, having a membership of 60 doctors during its infancy. To me, this was the challenge that broke the ice of an impending boredom with private practice. When I realized that I had the complete confidence of my colleagues, that old politician's blood was freely flowing again. I began to think that it was now time to embark on the third and last responsibility in a man's lifetime. I found this anonymous paragraph to be characteristic of my feelings: "Man must accept responsibility first to his own life; secondly to the lives of others; and thirdly to his own society, so that his public responsibilities will be the final crown of his career, the climax of his education." As you would expect, I welcomed the challenge. I immediately asked myself this question: What could the organization offer the public? It did not take long for the answer to come.

By summer of 1978 our members took turns doing volunteer work at the Public Health Clinic on the Eastern Shore of Virginia, taking care of the extremely poor, medically deprived segment of the American population - the migrant farm workers. This was made possible by an earlier exposure to treating these people by one of the PMA's founding members, Dr. Honesto Vargas, a deeply religious man. He was also responsible for arranging my first volunteer work. I helped cover the free clinic for children in 1975

in downtown Portsmouth. During our initial trips, which occurred twice a week, Oning (Honesto), Al Richohermoso and I discussed at one point having a mobile clinic that could serve this purpose. As President, I took the initiative to make this the organization's main project. This plan gained momentum when the Internal Revenue Service approved the PMA's request for tax exempt status which classified it as a public funded organization, under Section 501(c)(3). In August of 1978 I went public with a newspaper write-up. When the article on this project was published I was struck with disbelief. Some of our members and a few of my loyal friends accused me of premature exposure. One went on to ask me to retract my statement which should have read as follows: "We doctors have been accused by the public as ones who would only take, take, take, now I believe it is time for us to give, give, give." Here's how it appeared in print: "We doctors have been taking, taking, taking, now it is time for us to give, give, give."

They also felt I was pushing the organization into undertaking an impractical and impossible project. A few were simply critical of my newspaper exposure. What the critics did was to fuel the dormant fighter instinct in me, which had not been charged since medical college campus politics. This time I knew that I would be arguing my case from a position of strength. I was the President and the public was 100% on my side. I also received contributions from doctor friends around the country. My most loyal and vocal supporter, Dr. Perla Solinap, helped keep me going. I used every parliamentary trick I could muster in subsequent committee and general membership meetings to get this project approved. By the end of my term the ayes prevailed.

A 28-foot Winnebago Motor Inn became the “clinic on wheels” which the organization purchased in July of 1979. Bishop Walter Sullivan of Richmond christened it a “Vehicle of Hope.” Our community work attracted nationwide attention among Filipinos. At the annual convention of the Association of Philippine Practicing Physicians in America (APPPA), August of 1979, the Community Service Award was presented jointly to Oning Vargas and to myself. We now have volunteers which include non-member physicians, dentists, nurses, medical students, auxiliary and lay persons. Our weekly crossing of the 17.2 mile Chesapeake Bay Bridge-Tunnel is a combined humanitarian-goodwill fun trip. It is worth the drive, believe me. It is also worth the excitement.

As an example, I once operated on a middle-aged lady to remove a broken needle in her hand. She had sustained the injury two years previously, while in Florida. At that time, a doctor has attempted unsuccessfully to remove it. When I first saw her I told the nurse working with us to get an X-ray of her hand during the week so that when we returned the following Friday it would be ready. On our return and looking at the X-ray, I saw the needle still enmeshed in deep soft tissue. An operation was necessary, I told her. Would you believe that the patient was ready for an “operation?” She was almost “drunk as a skunk.” She bravely seated herself on a chair and laid her arm on the wooden table. The “operating room” setting was an old house turned into a temporary office by the agency in charge of the migrant health project.

After the usual prep and drape, the injection of local infiltration anesthesia (Xylocaine) proceeded without an oops. The operation commenced. The lady was watching me clamp some

vessels when she suddenly slumped in her chair. We laid her flat on the floor. My neighbor, Amy, waved an ammonia stick in front of her nose while I positioned myself the best I could. My best was a kneeling position with a nurse behind me keeping a flashlight straight on the practically contaminated operative field. Fortunately, it did not take long to find the grayish-black, rusty, two year old broken needle. She survived the procedure, smiling at the end and halfway sober. Asked why she drank so much that evening, she honestly replied that she was getting ready for the operation.

At the time, two or three patients were also being seen by my colleagues in the same room. On this trip another volunteer surgeon was with us. He brought along instruments and equipment for hemorrhoidectomy using the cryosurgery (freezing) technique. We let him operate in the Mobile Clinic while the rest of us worked in the makeshift office, an old building by the roadside.

What is in store for these migrants? Only God knows. All I know is as long as they are in existence, the PMA's Mobile Clinic will have served its purpose. Lest one forget, the medical challenge of this segment of our population is a paradox in the presence of the highest level of medical care anywhere in the world! More than ever, since those "MARIA" days in medical school, I now truly believe that an ounce of volunteerism is worth a pound of goodwill. And that is what society is all about.

As a physician, it is a wholesome feeling to be able to help the ones that need it the most. I am glad I don't have to cross a continent. I feel the same satisfaction as when I used to treat the desti-

tute back home. I am at ease with these people. I would say that half of the migrants are black (including a few recently “enrolled” Haitians), three eighths are hispanic and the remaining eighth, whites.

Ignorance pervades amongst them. One evening, I examined a 15 year old girl who did not even know she was five months pregnant, much less the name of the prospective father. She lived in a camp with several men.

On another trip, after the clinic hours, we transported a 70 year old black male to the Norfolk Public Health Service Hospital emergency room. We let him lie on the carpeted floor of the mobile clinic. His prolapsed, thrombosed, inflamed hemorrhoids which looked like a bunch of red grapes around his rectum, were “killing” him. He came to the clinic inebriated hoping the pain would go away. One look at this poor old soul, with dirty, tattered clothing would make you wonder how he could have been productive. He seemed to have many infirmities; his piles being the most acute.

As I drove across the bay, he conversed with my dermatologist friend, Larry Legum. His plight as a migrant worker over the years had its ups and downs, he claimed. His “salary” that week had not been what he expected. He was resentful about his new crew leader paying him only half of what he was supposed to receive. He added further that he was “better off when my boss (crew leader) was white”. He was in agony throughout the hour-and-a-half ride. It was past midnight when we reached Norfolk.

Year after year, crew leaders organize their group of hired workers and families which "follow the stream" from Texas and Florida up the coast to the Eastern Shore. They are paid by the farmers through their crew leaders, by the hour or by the pound. The more children to help the father, the more earnings for the family. The incentive is there to produce a big family.

I did not believe at first, the strength of cohesiveness which a migrant family possesses until I asked a healthy, young, good looking lady why she does this kind of work. Her answer was that this is all she knew and that she had to be with her family, her parents being "old at hand." It is hard to believe, but I seem to get the same answers from any young folk I talk to. Maybe this is all they care to know. Surprisingly, they look contented and always ready to move to the next place - maybe Pennsylvania in the fall, expecting a better harvest.

When the crop is not good there is a lot of waiting and idleness. This may explain why alcoholism is rampant, aside from a hard enough life. The Eastern Shore migrants are lucky in a sense that they can avail of a migrant health project, the only one in the state which is federally funded and run by the Delmarva Rural Ministries. Those who end up in other sections of the state tough it out until their next stop - if they are fortunate enough to be working in an area with such a project. This is an offshoot of the government's effort to better the lot of this country's most dispossessed workers by any measure. Virginia's Eastern Shore agricultural peninsula needs the migrants. Crops (especially those that cannot be harvested by machinery, such as tomatoes) have to come out of the field. I guess there is not enough work force from the

local population to take care of the job - which pays the maximum of minimum wage. The area that draws the most criticism from the public about these nomadic workers is their dwelling. Families are housed in what are called camps. These are usually dilapidated, old, wooden farmhouses with a privy a few yards away. I remember going with Sister Veronica in the summer of '79, to one of these camps. It was sundown. The dirt roads were bumpy and barely passable. We delivered a bassinette and baby clothes to a young hispanic couple who just had a baby. There was a hand operated water pump in front of the camp with one hanging electric bulb for the whole ground floor, shared by three families. The parents were so overjoyed by Sister's gifts that they escorted us back in the dark to our waiting vehicle.

We see all aspects of health problems - from hypertension to infected wounds to gonorrhoea. The list is endless but the preceding three are some of the most common afflictions. There was one patient in 1979 I'll never forget. He was a middle-aged, heavy set, hispanic gentleman who had just arrived with his crew members on a trip straight from Texas. He "presented" in the clinic with one leg swollen and the skin intermittently mottled. When I asked him "Que paso?" (What happened?) pointing to his leg, he calmly answered with this almost unbelievable story, through my interpreter: "The trip from Texas was long and difficult. All sorts of commodities were loaded with us in the truck. The vehicle was so overloaded that I was stuck in one corner the whole trip. I didn't realize that my left leg was squeezed tight between things until we reached Virginia." When I asked him why he did not complain to his boss, he said you just don't complain. To me, it sounds like an operating room atmosphere - the *modus operandi* being to obey first before you complain.

Our last Friday evening trip for the 1980 season ended with a real bang! There were five doctors, two nurses, two medical students and one medical assistant. This time our picnic-style dinner, prepared by Meri, was preceded by wine toasts as the "Vehicle of Hope" cruised across the Chesapeake Bay. We had much to celebrate and much fun in that hour-and-15-minute trip. Fully aware of our mission, I cautioned everyone not to get too close to the Head Sister (the Sisters are also nurses in charge of the migrant health project) when the time came for introducing the group. This, everyone did. But for some reason, after half an hour of seeing patients, one of our colleagues happily told Sister that we had a nice time coming over. That was when Sister smilingly blurted that we all appeared "high in spirits." Truthfully we all did, to the point that Sister could not even tell whether the "spirit" was coming from the patient or the healer. Friday evenings, among migrants, are usually reserved for "happy hour" drinking sprees. They tend to use alcohol as an escape from the harsh reality of their way of life. To cap the evening, the celebration ended at a popular night spot in Norfolk with dancing and wine. When I arrived home at 1:30 a.m., Meri was quick to wake up and ask why so late? The quickest reply, of course, was we were clobbered with many patients that evening - being the last clinic trip. I am sure the only way Meri will learn about what really happened is when this event gets into print.

These trips are getting popular with medical students. At this writing the PMA and the Community Action Committee of the medical students of the Eastern Virginia Medical School are busy working on plans for a combined project to help the medically underserved segment of the population in Tidewater cities. This of

course, is the break I have been waiting for since 1978.

On May 6, 1981, my party of six drove up the Eastern Shore of Virginia to the northernmost barrier islands of Chincoteague and Assateague. It was the annual Seafood Festival, an “all-you-can-eat event”, with thousands of pounds of fresh local seafood, steamed, fried, frittered or shucked. We were lucky to secure six tickets, as difficult to get as those for World Series or Super Bowl events. In our case, I had an inside connection.

A month earlier, I brought with me 11 doctors on a ‘Mobile Clinic’ trip. During the course of the day the 11 of us took care of 1000 patients at a community college in connection with the Shore’s third annual health fair. The health fair is co-sponsored by the Eastern Shore Health System and the American Cancer Society. The PMA provides physicians, also drawing volunteers from non-members. Patients are screened for different illnesses or complaints such as: high blood pressure, diabetes, heart disease, arthritis, circulation, hearing and eye problems. Procedures including rectal examination and stool blood test, pap smears, breast exams, various arterial and venous pressure measurements are also done. The coordinators of this volunteer event were quite grateful and on a note following my request for tickets, Mr. James O’Neil wrote: “This is but a small token of our appreciation for all that you have done for our people.” I was touched, knowing fully well this came from people in the most conservative section of the Old Dominion (Virginia’s nickname, which reflects the state’s rich, conservative tradition). Virginians, by virtue of their significant involvement in both America’s revolution and civil war, can rightly claim the strongest and most enduring tradition in America.

I became a member of the Society of Philippine Surgeons in America (SPSA) in 1977. When I later learned of the society's selection of Norfolk as the site of its 1978 annual seminar, I volunteered the PMA to lead a welcoming reception for my surgeon colleagues. That July, Norfolk was visited by approximately 200 Filipino surgeons and physicians from Nova Scotia to Guam. The PMA hosted a welcome luau for the seminar's participants and their spouses at Drs. Flaviano and Rose Uy's spacious yard. The impromptu program, participated in by hosts and guests, with poems and songs in different Filipino dialects, marked the evening's highlight. From that time on, the Norfolk luau became the standard for which comparison of future seminar receptions were based. To us, this was the ultimate compliment. The surgeons did not stop here. They put me on the ballot for Board of Governors. A year after I won, they proceeded to elect me as Executive Secretary of the Society.

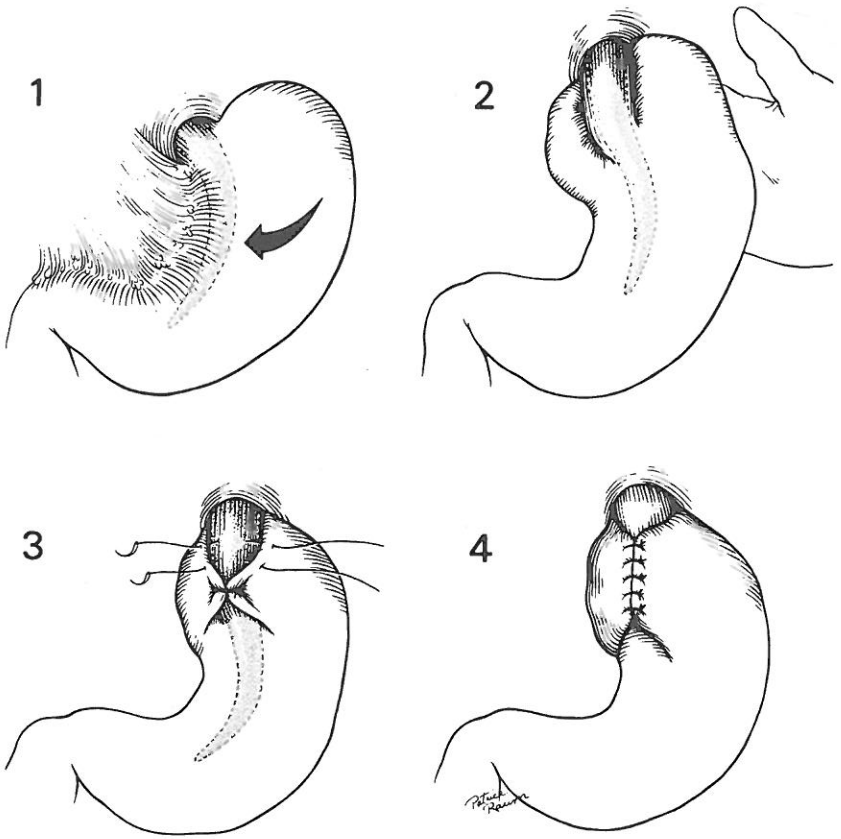
I joined the national Association of Philippine Practicing Physicians in America (APPPA) and attended its meeting in August of 1978 in McCaffee, New Jersey at the Playboy Club. Suffice it to say, my cousin Jun Luna and I came home with a souvenir photo of a Playboy bunny and ourselves. His wife, Nancy, and Meri were with us, of course. At the convention I found there was an overwhelming cry about the illegal election of officers that had gone on since its foundation in 1971. On our way home from the convention, I started to draft the possible amendments to the existing, outdated and inappropriate Constitution and Bylaws. I got free advice from Al and Joyce Richermoso and from Meri as we traveled the New Jersey turnpike. A few days following our return, I sent a copy of my proposed amendments to the officers of APPPA and

various leaders of component Philippine Medical State Associations. The following month, in September, I was summoned by the APPPA heirarchy, under the leadership of Dr. Cleso Carandang, to co-chair with Dr. Renato Ramos, (President 1981-82), the constitutional amendments committee at a meeting for this purpose in Detroit, site of the 1979 convention. Eighty percent of my proposals sailed through.

I went on to preside over formal ratification of the newly amended Constitution and Bylaws at the Detroit convention. When the acid test came during the election of officers and the governing body, I was still holding the gavel, not as an officer but as an ordinary member of APPPA, presiding over usually hotly contested elections. At the August, 1980 convention in Miami, my colleagues elected me to the governing body (member of Board of Governors) notwithstanding my chairmanship of the committee on elections. At the end of the convention, the new president reappointed me to the same sensitive task - to run the elections at the 1981 convention in Anaheim (Disneyland), California. The challenge goes on. So does the acceptance.

In May of 1978 I joined the big leaguers at the annual meeting of the Virginia Surgical Society at the Homestead in Hot Springs. As a rookie member, I wrote and presented a paper entitled "Nissen Fundoplication - A Personal Series of 16 patients." This was the first paper ever presented on this topic at the Society. This was also the beginning of a dream. My dream was for the 16 cases to grow in number. When the time comes for me to throw in the towel, hopefully that number will have totaled several hundreds with results comparable, if not better, than those of world-class surgeons,

if such ranking exists. This procedure is my favorite operation for patients with hiatal hernia and reflux esophagitis intractable to medical treatment. Dr. Rudolf Nissen, a Swiss surgeon, first designed this procedure in 1955. It entails wrapping the lower portion of the esophagus with the proximal portion of the stomach utilizing a row of four to five stitches. Nissen argued that this strengthened the junction between the esophagus and stomach producing a valve-like mechanism and thus preventing the gastric juice (acid) from refluxing (backing up) into the lower esophagus, which is what causes the irritation and inflammation of the mucosal lining of the esophagus and its accompanying symptoms of heart-burn, nausea and such.



Nissen Fundoplication step by step.

This is the most simple and effective anti-reflux procedure - the definitive surgical treatment for hiatal hernia and reflux esophagitis. Note the 360^o or complete wrap of the stomach around the lower end of the esophagus. The other procedures aside from being more involved, utilize only a partial wrap. The postoperative gas-bloat sensation in earlier reports has been minimized by the use of a larger stent; in my practice a No. 50 Maloney dilator (see arrow).

This was a very simple but ingenious idea which did not enjoy widespread acceptance in this country until the late 60's. This is one of the three popular procedures in the treatment of hiatal hernia with reflux esophagitis, a benign but disabling condition when left untreated. While enjoying its world wide popularity in the 70's, I was on the bandwagon. I was fortunate to convince Dr. Hotchkiss to use this procedure on one of his patients who had two operations for hiatal hernia through the chest with persistent, increasingly disabling symptoms of esophagitis (inflammation of the esophagus). I told him I had read up on the procedure and the ones who had used this approach were quite satisfied. We both knew we did not have an ideal patient, having had two previous repairs, but we felt she needed a new approach, that is, through the abdomen. On April 8, 1974, M.C. became the first patient in Norfolk to undergo the Nissen fundoplication. It was a tough dissection because of adhesions from her previous operations. The *inferior vena cava*, the huge vein returning blood to the heart, was inadvertently nicked during the procedure and this naturally made us see red all over for a few seconds. After the repair, we made sure the spleen remained uninjured. We were very satisfied with the two-hour procedure considering I did the stitching according to what I could picture from the illustration I had seen the night prior to the operation. No one ever showed me how to do it!

This underscores the vital importance of surgical literature and what one's innovation can do. I have now demonstrated the procedure to seven local surgeons in private practice who are also my competitors. What I intend to accomplish is to help create a standard - locally, nationally and eventually world-wide, when I present my first 100 cases. With 78 consecutive cases, my results

compare handsomely with any single personal series in the English literature. Although side effects from any operation vary with each individual, no one has yet told me he or she regretted having the operation nor has anyone had to undergo a “redo” - up to this writing.

To equate the success of an operation, the risk factor has to be considered. My series with no splenectomy, which is the removal of the spleen when injured (and which occurs in seven to 24% of reported cases), and zero mortality, speaks for itself. I have one secret weapon, though, that many of my colleagues do not possess. The small, skinny hands of a five foot six, 112 pound frame. When my peers pick on me, I tell them to be careful because pound for pound I am all scalpel! As my mentor, Dr. Charles Davis used to ask at the operating table, “What is the answer to surgery?” Exposure. Getting good exposure is the problem with working in an area of increased depth such as in hiatal hernia operations.

The tough get going when the challenge is there, as when I did my record time of 46 minutes, skin to skin, on a 96 pound patient, while doing this particular operation. Because the patient’s religion (a Jehovah’s witness) forbade blood transfusion, there was not even time to tickle the spleen. D.C. remains one of my most grateful patients.

On February 27, 1981, I wrote Dr. Rudolf Nissen a letter. After it was returned because of the wrong address, it subsequently reached his home. Sadly, the reply did not come from Dr. Nissen. He died January 22, 1981. I was quite touched by Mrs. Ruth Nissen’s warm personal response. By serendipity, I now feel closer

to the man who gave the surgical world inspiration.

When I showed Dr. Nissen's photograph to Dr. James Berger, one morning when we met over rounds, he was startled to see his old boss. I was surprised to learn that Berger was an intern in 1947 at Brooklyn Jewish Hospital in New York while Rudolf Nissen was Chief of Thoracic Service. Berger had scrubbed in his operations, including the time Nissen operated on Berger's brother-in-law. He remembered him very well as a hard-nosed, autocratic, German Jew, and a superb surgeon. He said Rudolf Nissen left Germany to avoid Hitler's wrath. After the war, he eventually settled in Switzerland, where he became Head of the Department of Surgery at the University of Basel, until 1967. On my further research on Nissen, I learned that he was a third generation pupil of the great Theodore Billroth.

This information from Dr. Berger could not have come at a more opportune time in the writing of my memoirs. He was the Chief of Surgery at DePaul when I was Chief Resident. I will always be indebted to him because he was one particular attending surgeon who built my confidence.

When I was a first year surgical resident fresh from internship, he let me do a repair of an inguinal hernia on a patient, with him assisting. While at work, he kept reminding me it takes only one operation done right, to know how. This true statement reminds me I must explain to you how different surgeons develop varying attitudes toward the training of future surgeons. There are excellent surgeons who never let you do anything but retract and cut ties. Still, I would like to assist these demigods simply because I

can learn from their techniques and superb surgical judgment. What I hate most is helping those pseudo demigods who neither let you do anything except cut ties and retract, nor listen to your suggestions while almost invariably they're bogged down making decisions. Most often the difference between a speedy and a slow poke surgeon is not in dexterity but in surgical judgment! I always remind my surgical team that once a patient is put to sleep with that anesthetic gas, from there on it is a race against time. There should not be a wasted motion and the line of communication should be kept open. When this is attained, one usually ends up with a happy surgical team and above all, a grateful patient.

Local responsibilities continue to grow, and with them, accolades. My colleagues elected me Chief of Surgery at Chesapeake General Hospital in June of 1979 for a year's term. I was the President of the Philippine American Community of Tidewater in 1979, and I was at the helm of the Virginia Association of Philippine Physicians (VAPP) in 1980. I also sit on the Board of Directors of the Senior Community Service Employment Program ('80-'82); the American Heart Association, Tidewater Chapter ('81-'84); president-elect 1982, Chesapeake Medical Society.

The above responsibilities do not dilute in any way my primary family concern. Meri and I agreed she could help me best if she would be my official personal secretary because of my continuing involvement in public affairs. This also strengthens her assertion to our boys that she is THE BOSS. For two years in a row, I helped coach and cheer Danny's baseball team, the Angels. We won the co-championship in 1980 and Danny made the All-Star team. We have a proud father - son tandem. I can look to an easy decade of boys' team sports with Greg, Andy and Paul following Danny's lead.

What do I look forward to every spring? The little league baseball season. I wouldn't trade our post-game dinner conversations. Even little Paul asserts that he is number one also. Family vacations in summer, tending the shop in autumn, looking forward to skiing in winter with my confidant Frank Arness, seemed to be the routine the past few years. The thought of skiing the Austrian Alps is no longer a dream or a possibility. It has advanced to a

probable status since the Oetsch family came to visit in June of 1980.

I took up snow skiing the winter following our Austrian vacation. It was also a matter of accepting a challenge from my good lawyer friend, Frank Arness. He had caught the skiing bug that hit many Tidewater residents when Virginia opened its two ski resorts in the early 70's. This was one more way to spend those dreary winter weekends, I rationalized. Before then, televised football and basketball games occupied most of my winter weekend relaxation.

Frank and I went to the ski slopes three times during the '77/'78 season. I like the sport mainly because of its challenge. How can someone who grew up in the tropics and had never seen or touched a snowflake until age 24, get crazy about skiing? I learned the sport and was fairly comfortable about it only after the third year. This was during the '79/'80 season when I only made one trip to the slopes. Surprisingly, after a few runs on the intermediate course at Wintergreen, I became outright confident. In retrospect, I feel foolish now for accepting Frank's dare to ski with him on the advanced slopes. We had been there five times before, usually on one-day trips. Although this was our first trip of the season, we couldn't wait to coax each other as to who would first conquer the expert slope.

Now that both of us have satisfied our egos, let me tell you about the price I paid to work my way up there. During our first season we had one hour beginner's lesson. On that trip, I encountered a few near misses and also a few straight hits, usually

dead center. The most shattering and almost hilarious, collision occurred when I was coming down the beginner slope. Somewhere in the middle of the course, I spotted this plump figure moving like a turtle. Before I realized it, this poor turtle was in front of me. Oops, both went down with skis and poles flying! I was sure as hell that it was my fault, but when I got up to help this middle-aged lady, she was quick to apologize, saying she was sorry and that she was just learning. I was dumbfounded - unable to tell the truth that I was also a beginner. I thought that it may aggravate the situation, since it was really my fault. When she got up okay, I made a quick sign of the cross, thanked the Lord and proceeded downhill with a few more tumbles along the way.

If you were to ask me, I would say skiing is the most humbling sport I have ever learned. My most embarrassing moment came when I rode, or for that matter, attempted to ride, the J-bar lift at Massanutten during that same trip. As you know, I was crazy enough to follow Frank's lead - a constant "Let's go here, let's go there." If not for my pleadings, I am sure Frank would have tried the expert slope the first time out. That J-bar lift experience was a torture. I fell three times and three times the motor was stopped to give me time to crawl back to my bar. It was quite a scene. I never felt so embarrassed in front of so many people. And where was Frank? Watching me helplessly struggle while waiting at the bottom of the line. I was so upset at myself that I swore never to ride that lift again. I conquered it later without a hitch on my third try.

One of my near misses happened when I could not control my momentum and stop. I could have been 20 to 25 feet at the

bottom of a cliff had it not been for a tree stump on which I landed five feet down and in a ditch. My skis were straddled smack around that stump, my bottom sitting in running water. Fortunately, the 6'3" Frank was behind and spotted my red cap barely showing over a big pile of snow. Not realizing the terrible consequences that could have been, I was glad to get bailed out. Fully aware of the danger of this sport, I eventually increased my disability insurance.

I paid my dues in January, 1979. While cruising smoothly downhill on an intermediate slope, a young girl came down flying and hit me from behind. I fell and got up quick enough to tell her that I was okay. And so was she. I continued my downhill course, feeling an increasing pain in my right thumb, as I grasped the pole. The cold must have deadened the pain because I continued my runs until sunset. When I scrubbed the following morning for a breast biopsy case, my thumb was swollen and bruised. I could hardly clamp with a hemostat. I soon found out why. My patient, who happened to be a colleague, was already put to sleep. Right away I asked the circulating nurse to get me some ice in a sterile glove. For the next several minutes, I had that iced glove on my right thumb intermittently. Ten minutes later the frozen section of my colleague's excised lump came back benign and I heaved a tremendous sigh of relief. All along I thought that I might have a jammed finger, as commonly experienced when I used to play basketball.

On the eighth day following the injury, I thought I had given it enough rest and was ready to pick up my tennis racquet. Not sure about the pain, I had an X-ray taken. Lo and behold, a chip fracture at the head of the first metacarpal, commonly known as the "gamekeeper's thumb", was unmistakably present. When I

consulted an orthopedic surgeon friend, he was kind enough to tell me what I wanted to hear. There should be no reason for an operation nor should my hand be in a cast. My thumb should be splinted though. His reason was that if I had been operating the past week and able to use my thumb, although with some limitation, I probably could get by without an operation! I used that splint for two months, except when operating.

Because of this handicap, one of my "hall of famer" patients, J.P., awarded me a plaque dated March 6, 1979. This was the day when he was nearly mortally wounded from a shotgun blast fired by his teenager son in defense of the life of the boy's mother. J.P., however, steadfastly maintained this event to be an accident. The rescue squad brought him to the emergency room with medical antishock trousers applied from the waist down to divert the flow of blood from the less vital region of the body to organs such as the heart and brain. He sustained a 12 cm. diameter, open, ragged wound in the upper left anterior chest cavity, bordering the shoulder. We knew he was meant to live when he survived a three-hour operation necessitating 15 units of blood without an obtainable blood pressure throughout the procedure. We continued to work because his heart kept beating. He lost the upper lobe (half of his left lung) which in effect, stopped most of the bleeding source. I did not feel pain in my injured thumb until Dr. Hotchkiss came in to help during the latter half of the operation. By the time the exposure was improved, I had a few moments to reflect on our operative progress to Dr. Hotchkiss. That's when the thumb started throbbing.

Two days later during rounds, J.P. was stable and clear enough

to ask questions. He was interested in knowing why my right thumb was splinted. When I told him the whole story, he was grateful that I was around, broken thumb or not. His plaque of appreciation with the MD insignia on top and a shot gun shell on the bottom reads as follows:

“Presented to Dr. Juan M. Montero for his professional skill as a surgeon. Although I had no blood pressure this skilled surgeon, while handicapped with a broken thumb, performed surgery on me which saved my life on March 6, 1979. To God and this gifted surgeon, I will always be grateful.”

During the '80/'81 season Frank Arness and I took another lesson - this time to improve our skiing form. I was not crouching nor leaning forward enough. After an hour's run with the pro, we continued to hit the slopes together, each criticizing the other. At one point, Frank was downright blunt about my form when he asked me if I had ever crapped in the woods. I answered positively, of course. Since that moment I have often heard a shout of “Crap Juanny” from behind, whenever Frank spots me leaning backwards. I can only wonder what the other skiers think when they hear Frank's holler. That simple admonition from him no doubt has helped my form. This has turned out to be my best season so far.

It seems that my search for more sports to conquer continues. In late 1980, racquetball became my newest love. The exercise is instant and the club atmosphere appealing. Besides, it is just across from my office. Being an investor, my family is guaranteed lifetime

membership and free court time, which helps make the non-sports enthusiast, Meri, happy. Danny, who now skis on expert slopes without poles, picked up the game very quickly. For the first time, I could see Meri enjoying a game of sports other than bowling. "If Meri can do it so can anyone", is my sales pitch to friends. I soon found out, too, that a family that plays together, stays together. If I have a dream house, it is one that will embody a home-sports complex atmosphere. Often a healthy mind is just as good as a healthy body.

There is something I must tell you, that even in a doctor's supposed day off, unavoidable distractions are a fact of life. If I get a call while playing a competitive game, that nurse or whoever, better have a good excuse to throw me off my points. One cold evening while I was in between games, playing racquetball in a league for the first time, I got an emergency call from a nearby hospital. A middle aged man had been driving at high speeds while under the influence of alcohol, and had skidded off the road. He was brought to the emergency room semiconscious and with very low (60/40) blood pressure. On work up, including X-rays, the only obvious injuries were a small laceration on the forehead and an abnormal electrocardiogram (heart rate tracing) compatible with a contused heart muscle. There was no sign of internal bleeding, the ER doctor assured me. I told him to keep the patient alive, that I would be there shortly. Meanwhile, I quickly disposed of my opponent (who has a bad back) in the third and last game. I drove straight to the emergency room wearing a warm up suit and my Tyrolian hat.

I could smell alcohol from this man as I entered the door of

the trauma room. He was occasionally thrashing and we could get no history at all, cantankerous as he was. After a quick examination of the head and neck, the trunk and extremities, I observed that he would rather flex his lower extremities, feeling cold. He was still in Trendelenburg (head low) position. Relieved that I found no obvious significant injury, I wanted C.A. to realize who was boss. The manner in which he stared at me and my outfit was not diplomatic at all, to say the least, after my polite introduction. I asked the nurse for two gloves. I could not have possibly tolerated a tear in one glove at that moment. To complete the examination I did a quick but *thorough* rectal. C.A. literally hit the ceiling! Angrily, he shouted a four-letter word. I told him, "yeah, I got it too, on my fingers". After that outburst, I told the nurse to take his blood pressure again. The result came back - "great doctor, 110/60". I calmly told C.A. he was in good shape, but it was necessary to observe him overnight in the Intensive Care Unit. There was no question whatsoever. The following morning he greeted me enthusiastically, wanting to be transferred to a regular floor. He knew then who was boss.

Liz and Norbert made good their promise to return our visit to Austria in 1977. To our delight, the family of five stayed with us for three weeks in June, 1980. Wolfgang (14) Alexandra (11), Patricia (6) and the boys have gotten to know each other now. Future reciprocal visits, even between our children, seem to be a bright prospect. Both families feel we have helped to bridge the gap between nations and hope that peace prevails in these often turbulent times. The trips to Washington, D.C., Busch Gardens, Eastern Shore, to the beaches and fishing, plus crabbing, were all exciting for our guests. We thoroughly enjoyed the international

atmosphere at home. Even though Patricia hardly spoke a word of English, the boys kept her busily involved in a game of “chase”. Her mother could not resist a quip on the closeness of the families. She teased Danny as her future son-in-law a few times. “You’ll never know”, was all Meri and I could add.

The day before *Auf Wiedersehen*, I worked on a special treat I had promised the Oetsches when they first arrived. A roast pig, Philippine style. Would you believe everything went smoothly until the treat was halfway done? Suddenly a thunderstorm struck! My good neighbors and I scampered over the yard searching for junk wood piling to create a makeshift cover for our crispy skin roast. We were successful, but only for a fleeting few minutes. While the motor (built by Georg Seyrlehner and quite an advance from my North Carolina experience, I thought) kept turning our treat, we realized water had engulfed and filled our charcoal pit, sending smoke all over the place. For at least a half dozen rotations our treat was partially enmeshed in that muddy charcoal flood. After we untangled the motor from the spit we rinsed the pig carefully in the garage. Fortunately, the sutures in the abdomen remained intact. When the storm withered in 30 minutes, we started right back; this time without a hitch. During the picnic that followed, a couple of my neighbors quipped that this was the tastiest pig they ever had. This was not an uncommon compliment from neighbors, but if only they knew what had really happened during that thunderstorm. Liz and Norbert were quite gracious in joining everyone who savored the mud-bathed roast pig. What a send off for my special friends.

I cannot help but relate that a surgeon's best friend is the operating room nurse. In the spring of 1980, the OR nurses at Bayside Hospital sported "Juanny's Angels" T-Shirts. They elected to be my "angels" - an unmistakable sign that the operating room atmosphere can be whatever the captain of the ship wishes it to be. In my room, the "angels" come and go but the loyalty stays the same. I have been pampered all my life. There is no denying I enjoy every minute of it. No substitute can be found for the best investment in this world - an investment in people. When one is friendly, friendship readily becomes a glue for understanding.

If I have to look for one attribute that I treasure best in a friend or employee, it is loyalty. Bobbie and Maggie, who have been my only full time employees since I started private practice, best exemplify that trust.

CHAPTER SIXTEEN

With increasing public responsibilities, I believe it is proper to mention my political beliefs. I have become increasingly vocal in letting people know my sentiments about the U.S. Government - the very best in the world! Where else in the annals of history can one find a country where the most powerful man in the world is forced to resign because of a crime which emanated from eavesdropping on his political opponent's campaign? I was an admirer of Vice-President Richard Nixon and was quite surprised to see him lose to John F. Kennedy in the 1960 presidential election. Although I was still in the Philippines, my grasp of current events was that Nixon was the better prepared man for the job - specifically on foreign affairs. The American public, true to its tradition as fine sports, was not to leave a good man out for long. He led this great country when his kind of leadership was sorely needed and restored our respectability abroad after the Vietnam debacle. Nixon paid dearly for his Watergate blunder. He was my man until the last days of his presidency. Not even my last telegram "to hang in there" could help. Nixon couldn't sway the divided public to his side. I mourned for America the day he waved goodbye to his White House staff, while some citizens rejoiced. It was a triumph of law over power - the acid test of a true democracy.

If one asks me whether I am a democrat or a republican, my initial answer will be an ideologue - that I am of moderate to conservative leanings; not to call me a liberal. The Virginia republicans were quick to pick up my leanings. In 1977 they sent me a membership card and I didn't quarrel about it. I invited democrat Frank Arness to drive with me to Elizabeth Taylor Warner's Atoka

farm in Middleburg, Virginia during the summer of 1979. The occasion was a republican fund raiser for the presidential candidates. Naturally the star, Liz Taylor, awed them all! It was a nice experience to see how the very famous live. On our way home, we drove by Frank's boyhood place in Herndon, Virginia, probably the main reason he went with me.

The 1980 presidential election was one I will savor for a long time. It was only my second time to vote in a presidential election since I had obtained U.S. citizenship on August 21, 1974. Not only was my political philosophy upheld by an overwhelming margin of the voters, but I also did some campaigning - my own way. But before I tell you the few tactics that I employed, all in the guise of fair play, let me bring to you the event that triggered my intense desire for a change in administration and leadership in this country.

The event was the seizure of the U.S. Embassy in Tehran by the Iranians on November 4, 1979 and their keeping several dozen of our citizens as hostages. This was an unconscionable act which shocked the world community, but produced not enough impact on our leadership to retaliate decisively. Uncle Sam became a whipping boy. How long could we take this humiliation?

To sprinkle salt on the wound, *Time* magazine selected Khomeini as 'Man of the Year' for 1979. It didn't take long for the publishers to receive my spontaneous reaction to this un-American gesture, a follow-up letter (to my telegram) which reads as follows:

Gentlemen:

Your Assahollah Khomeini cover story, issue of January 7, belongs in my toilet. Effective immediately cancel my subscription to your magazine.

Most seriously,
Juan M. Montero, II

The Western Union Telegraph Co. surprised me when they printed Assahollah. In an earlier telegram I sent to Congressman William Whitehurst they had refused to print the word bastard, so we compromised on calling the militants, degenerates. I believe "barbarians" could not have been a better choice. No qualifying phrase "for better or for worse" from *TIME* could mollify my feelings. The subscription was cancelled and my money refunded. I now read Newsweek.

Before the embassy takeover, the Ayatollah Khomeini was sort of a pseudo-hero of mine. The operating room nurses were used to discussions of my favorite three-letter word topics, SEX and ERA (equal rights amendment) while I was operating. I always get a big kick out of needling career women during friendly arguments, such as over the true meaning of ERA. Being a baseball fan, my only interpretation of it is an earned run average. This is one of the parameters used in rating pitchers. I usually end up telling them the only time this amendment should be ratified is when women can run as fast as men. Almost always, I expect a quick retaliation from at least one of them who usually knows her operating room

limits. By that, I mean the selection of words so as not to irritate "the surgeon at work". I used to tell them I was in the process of asking the State Department to consider inviting the Ayatollah on a speaking tour of this country's college campuses. I would then insinuate that U.S. women could learn a lot from the Iranian revolution.

In my own little way of campaigning, hardly an operation went by during the months before the election, without my touching on this subject. A week before election day, I began talking to my patients in a subtle way, trying to figure out which ones had a political philosophy similar to mine. Naturally, those whose feelings jibed with mine were quietly given LOA (leave of absence) for a few hours in order to vote on election day.

B.S., whom I admitted for work-up and treatment of persistent abdominal pains, had to have a gastroscopy (examination of the stomach with a light, using a fiberoptic instrument). While I sprayed her mouth with an anesthetic, preparing her for the procedure, she responded bluntly to my question, saying that she was "going to vote next week all the way". When I asked her as to what all the way meant, she retorted, "all the way for Carter". The two nurses in the room with me almost fell to the floor when they saw my reaction. B.S. knew I was only joking, but she was determined to joke right back. Right then and there, I told Lorraine, my nurse assistant, that it was time for I.V. *Valium*. Several seconds thereafter, I showed B.S. the different types and sizes of instruments. I calmly told her that if she behaved and gave me the proper answer to my question we might compromise on a smaller size tube (I call it a black snake). Being a smart patient she happily hollered

“Reeeegan” as I was putting the smaller diameter gastroscope into her throat and on down into her stomach. I showed her a view of the inside of her stomach through the instrument and after five minutes she was glad to learn there was nothing seriously wrong. She could have cared less about who would win the election at that time, I suppose.

A.D., a patient of Israeli descent, was four days postoperative when I wrote an order on his chart on the eve of the election, which reads: “May go LOA in AM to vote R.” He underwent two major procedures during one setting, when I removed his gallbladder and repaired his symptomatic hiatal hernia with Nissen Fundoplication. I thought one more good citizen deed wouldn’t hurt. When the nurses asked him what Dr. Montero meant by voting R, he imparted a sardonic smile and said, “Right, Republican, Reagan- don’t you know?”

Only former President Nixon predicted the correct outcome, a landslide victory for Governor Ronald Reagan. I collected a couple of dinner bets.

Thirty three minutes after Reagan was sworn in as the 40th President on January 20, 1981, an Algerian plane carrying the hostages took off from Iranian soil. “Iran’s fear of Reagan triggered settlement”, so read the Associated Press analysis.

On November 29, 1980 the Philippine American Community of Tidewater (PACT) held its annual Thanksgiving affair. A Thanksgiving mass was followed by a potluck luncheon. The get-together was highlighted by the presence and speech of Senator

Benigno Aquino, Jr.. He is currently in the United States “on leave” from a prison cell where he languished for seven-and-a-half years as a prisoner under the martial law regime of President Marcos. It was a rare privilege to talk and shake hands with a man so brave and who so dearly loves freedom that he is ready to give up his own life for that cause. He has an honorary fellowship at Harvard. In spite of a very busy itinerary, he has recuperated well from a triple coronary bypass operation, which he underwent in Houston in the spring of 1980. He felt so good that he was “looking forward”, to going back to his prison cell in the spring of 1981. Can you imagine that? Before the program ended, the PACT took the time to give me a plaque of appreciation for “outstanding and dedicated service as President - 1979”.

March 30, 1981, was another black day added to history books. That cloudy Monday afternoon, I pulled out of the parking lot of Leigh Memorial Hospital, astounded to hear what was coming over the radio. It was 2:32 p.m.. I could hear a reporter gasping for breath, describing the scene at what I learned a few minutes later was an attempted assassination of President Reagan. My initial reaction was “Oh No! Not again!”

Twelve minutes later I arrived at the office to see my afternoon patients. Bobbie and Maggie were watching me pull into the parking lot and could see my sigh of relief upon finding out the President was not hurt. But that initial relief turned to serious concern when several people called and told us that the President was apparently wounded, contrary to initial reports, and that he was being prepared for an operation. We also learned that three other persons were wounded, Press Secretary James Brady, Secret

Serviceman Timothy McCarthy, and Washington D.C. Policeman Thomas Delahanty.

The President had just finished a speech before labor union members in conference at the Hilton Hotel in Washington, D.C., trying to drum up support for his economic program of cutting government spending, when the horrible event occurred. A young drifter, John Hinckley, Jr., from Evergreen, Colorado, almost made his name on the exclusive list of U.S. presidential assassins.

That afternoon we received about a dozen calls in the office from different people informing or keeping us abreast of what was going on. But the call I will never forget was one that came around 4:30 p.m.. A tremulous, elderly, feminine voice told Bobbie that she was Dr. Hotchkiss' sister-in-law, but at that moment I could care less who she was. Both of us were struck with sudden grief and anxiety. She was obviously upset on the phone and when she started our conversation, it sounded like this:

Voice: Doctor Monterio!

Me: No, Monte-ro

Voice: But Dr. Monterio, I know that Dr. Bill (Dr. Hotchkiss) and you operate on the chest. Is there any way you could go to Washington now and help operate on the President? Dr. Bill is in Chicago ...

Me: I know he is out of town ma'am (I couldn't believe what I was hearing, but I could hear full blast television on her end of the line).

Voice: (Now insistent) But Doctor can't you fly now and help the President?

Me: Ma'am I am just as upset as you are but there's really nothing I can do right now. However, I can assure you God forbid, had the President been shot in Cheapeake, you can bet your money, Dr. Bill and I would be right on top, taking care of the President.

Voice: But doctor (still insistent).

Me: Ma'am, if you can get in touch with Dr. Bill in Chicago (Dr. Hotchkiss was having an AMA Board of Trustees meeting) and you can convince him to fly to Washington, I promise you, my luggage is ready and I will be glad to meet him there.

Voice: (Quietly sobbing) Thank you.

That phone call was shockingly flattering. I had to explain to Bobbie and Bill Hoffman. Although they were listening to my side of the phone conversation, I was sure they couldn't follow what went on. The latter, a representative of V. Mueller (a company that deals in surgical instruments and materials), was paying an office

visit to convince me of the efficacy of a new procedure for correcting hiatal hernia and reflux esophagitis. His strong sales pitch said that an innocuous silicone ring could easily be tied around the junction of the esophagus and stomach and essentially correct the problem - that easy. He made the call I believe, knowing from other sources that this problem is my particular line of interest and that I have done the most number of this corrective operation (Nissen Fundoplication) in my region of the Atlantic.

When Bill Hoffman learned how concerned I was about the afternoon's events and how concerned my friends were about me (knowing my political beliefs) he politely excused himself. I assured him an equal opportunity for his product during my lectures, as I generally mention the current surgical procedures available for correcting hiatal hernia and reflux esophagitis, including a slide of the silicone ring. I also wished him luck on convincing someone from the Medical Center to use the silicone ring so that we could compare results.

As the nation waited for the outcome of the President's operation, I expressed my real concern to some friends knowing that in roughly 80% of gunshot wounds of the chest, one does not bring the patient to the operating room. Usually, if a procedure is necessary as when the lung is punctured, it is the insertion of a chest tube, which takes care of blood drainage and air leak. In most instances, hemorrhage is readily controlled since arterial pressure in the lung is five times lower than the rest of the body. I was concerned that the operation on the President could either be because he was bleeding profusely, making his vital signs unstable in spite of blood transfusion, or the surgeons may have jumped the knife on

Mr. Reagan, since the initial medical bulletin from George Washington University Hospital did not mention massive blood loss nor unstable vital signs. At that point, I thought to myself, the surgeons may have been fast on the draw because the patient was the President. However, six days later, when I read the personal account of Dr. Joseph Giordano, head of the trauma team and who initially treated the President in the emergency room, and found that the President actually bled fast, I reverted to my first impression.

The President received an unmatched blood transfusion, I would presume, since he was given type O Rh (-) blood rapidly, soon after emergency room admission. I don't know the President's blood type but O negative is a universal donor. Even though it is universal it does not mean it can be transfused with impunity. Since it takes approximately 45 minutes to type and cross match blood, it is not uncommon, as in the President's situation, to use the universal donor type O negative blood. When his blood pressure fell to below 100 systolic in spite of rapid crystalloid and colloid infusion (the initial treatment when blood is not readily available and there is continued rapid blood loss), Dr. Benjamin Aaron* moved wisely and did a thoracotomy. Shocky is a term loosely used in the medical profession. This means the patient may or may not actually be in shock and I believe this term could be appro-

*Dr. Aaron, during his lecture at Eastern Virginia Medical School on February 19, 1982, stated categorically that the President's blood pressure was zero over zero on admission to the emergency room.

priately used in President Reagan's emergency room condition. Likewise, I believe the nation and the world was in that state during those tense moments of March 30, 1981.

Although the hospital spokesman, Dr. Dennis O'Leary, was very reassuring to the nation during the televised press conference immediately following the President's operation, there was one point on which I disagreed with him. When one inquisitive reporter asked him what would have happened to Mr. Reagan had the bullet not hit the rib, his answer was contrary to simple logic. O'Leary stated that the bullet would have gone through the chest wall and not hit the lower lobe of the lung, as it had ricocheted off the rib in the President's case. In other words the President would have not suffered much. The press did not pursue. However, from watching the numerous re-runs on television, I saw that the President was hit from the side below the armpit - at the time he raised his arm to wave to the crowd. Had the bullet missed the rib, I am convinced it would have gone from left to right and could have easily hit the heart or the big blood vessels extremely worse than an injury to the lung. This could have put the President in peril. The 7th rib may have saved his life. I hope historians will put this aspect of the event in its proper perspective.

I was not sure of the true impact I created on my friends concerning my views on President Reagan's election, until this terrible event occurred. Two days later while making rounds with me, and observing my operations, two medical students could not understand why so many nurses and friends kept saying they immediately thought of me when the President was shot. Apparently many of them shared the concern expressed by Dr. Hotch-

kiss' sister-in-law (Dr. Hotchkiss later confided that the voice was indeed his sister-in-law and she meant well). Not only did the medical students watch me do a gastroscopy and insertion of pacemaker that day, they were also surprised in knowing my other concerns - such as my President's life. They had known me through the mobile clinic project that the Philippine Medical Association and Community Action Committee of the Medical School co-sponsored in Chesapeake. Their being with me that particular day was voluntary and they had to miss their morning classes, the lectures of which were taped for them by their classmates.

CHAPTER SEVENTEEN

The operating room theater drama is such that the surgeon himself acts as the director, the producer, occasionally the prop man but above all the main player.

That five minutes when I am scrubbing is the ideal time to reflect on the case I am about to do. This is also the perfect time to ask for divine guidance, which I do.

I always remind a new scrub nurse of the three commandments with regard to operating room decorum:

- A) Thou shalt not talk back to the surgeon. Obey first before you complain.
- B) Thou shalt not open thy mouth indiscriminately.
- C) Remember, thou shalt compliment the surgeon on the operation well done, at the end of the procedure.

When the going is really rough, I tell my team to take a deep breath and relax, with me taking the deepest breath, often accompanied by my looking up at the ceiling. I then tell the team to regroup, mainly changing to some degree the angle of retraction. This little maneuver can sometimes make a lot of difference in the progress of the operation.

There are times when it helps to remember these three words we have seen many times in professional offices: serenity, courage and wisdom. In life or death situations, to implore God's help to "grant me serenity to accept the things I cannot change, courage to change the things I can and the wisdom to know the difference", makes me feel calm.

There are occasions when the season's atmosphere permeates the O.R.. One time I had a young lady join us as the team and I sang joyful Christmas carols. I did her hemorrhoidectomy under spinal anesthesia. She was humming it up as we fixed her bottom. I was not really sure of how conscious she was during her operation until she told me a week later on her office visit, how much she enjoyed singing along.

My oldest boy, Danny, insisted I include in this book the quickest gallbladder operation I have ever done. Therefore, let us spend some time in the operating room.

On April 18, 1981, M.R., a 70 year old, five foot, 145 lb. lady was admitted by her doctor. I had not seen her before, but Dr. Bernard Miller told me by phone several days earlier that M.R. had symptomatic cholelithiasis (gallstones). He put her in with plans to have me do her operation. When I saw her on consultation, I found out that she would not be ready for surgery for a few days. She had been having a severe respiratory infection related to her asthma and was diagnosed by Dr. Miller as having bronchospastic bronchitis. Those few days of waiting ended up as two weeks. During this period, she received antibiotics and steroids, the latter to help her asthma.

When the day of the operation came, I received a call from the O.R. supervisor early that morning, notifying me of a breakdown in the cooling system of the operating room. Repairs would take another day or so. She continued, telling me that some surgeons had postponed their cases, but some had proceeded as scheduled. They brought blowers into the rooms to keep the temperature and humidity relatively tolerable. As she told me this, I became disappointed, worried, and quite concerned. M.R. needed the operation that day. She was having more pains and she looked forward to the operation. From the medical standpoint, Dr. Miller made her ready for the procedure when he tapered her steroid dose, regulated her diabetes and adjusted her medicines for angina, M.R. having an arteriosclerotic heart disease. On the other hand, the high temperature plus a blower in the door of the operating room might not be conducive to the sterile environment that M.R. badly needed. Before I hung up, I asked the supervisor to relay to Dr. Miller what had happened and to tell him the alternatives. She also conveyed to him that “the surgeon, much to his displeasure, is ready to go, if you so desire him to proceed.” Dr. Miller responded with a green light.

As I put on the green scrub suit, I remembered my first appendectomy scene and the fan in the room. I hollered for two surgical assistants. How many did I get? Three! I welcomed each one.

Scrub time. I reminded Ray, Ed and David of the importance of time in this particular case. I tried to conceal the sight of the huge blower by the door and all its noise. My five minutes of reflection was up. At least a five-minute scrub is mandatory before surgery.

We entered the operating room, rear-end first, as usual. No question, it was warm. We needed the blower. Here's my operating room scenario:

“Good morning everybody. Hi, Amy, hello Addie, hi Sharon... Towel please,” with hands and forearms up and dripping. Then the gowning and tying from behind. Next, my favorite gloves, and along come the surgical assistants. Addie, the scrub nurse, preceded us minutes earlier to do the same ritual with the help of Sharon, the circulating nurse.

By this time, M.R. had been under controlled general anesthesia, administered by Amy. Sharon continued with the prep, painting antiseptic solution from nipples to pubis. As Sharon finished, Addie handed me more towels, clips and the “hole-y” drape. My assistants took their positions. I was on the patient's right side - beside her gallbladder.

We were ready. The fan continued to blow, muffling the beeps and blips of the cardiograph machine. My thoughts ... just another cholecystectomy, so here we go ...

“Knife please”, one slice, another stroke. A subcostal incision. For a plump figure, I have to go through a few motions before I see white - the fascia or muscle covering.

“Clamp -
Bovie -
Sponge -
Dry -

Tie -
Cut -
Scissors”.

We are in. A quick exploration or feeling of the abdominal and pelvic organs for an abnormality. All O.K. except for multiple gallbladder stones.

“Lap pads -
Retractors -
Pull gently. Don't move.
Gentlemen, this gallbladder is right at us.
Hot dog!!
Clamps -
Pick up -
Scissors - snip, snip, snip ...
Clamps -
Cut -
Tie -
Clamps -
Cut -
Tie -
Here's the gallbladder Sharon. Please open.
Bovie -
Suction -
Dry”.

Cystic duct small. Stones relatively larger than cystic duct diameter. Common bile duct normal caliber and unremarkable. No history of jaundice. So no X-ray (cholangiogram) needed.

“We are ready to close
Knife -
Drain -
Suture -
Count correct Sharon?
Clamps -
Suture -
Sutures, Keep coming.
Gun (skin stapling instrument).
Dressing please.”

Sharon: “Sponge and needle counts correct times two (at least two counts are made for safety purposes.)

Me again: “Thank you all everyone. Appreciate your help. Have a nice day, whatever is left of it.”

The operation over, I now have to write post operative orders, then talk to the family. You can come along with me. And that’s the way it is.

It took us 19 minutes from the time I dropped the knife, (made the incision) until I put in the last skin staple. Amy, the anesthesiologist, corrected me right then and there with the exact time - 20 minutes and 30 seconds. Not bad, I thought, for a lady who used to weigh over 200 lbs., a few years back and who needed a smooth swift procedure. Everything went so quickly, I don’t remember having time to tell a dirty joke. M.R. went home on the tenth post operative day, not turning a hair, and bragging about her record operation.

I feel fortunate to direct my interest in a particular operation, i.e. Nissen Fundoplication, early on in my surgical career. I realize the obligation of periodic reporting to my peers, of the successes and failures in my patients as time elapses. It is a nice feeling to be insured of a contribution in the surgical literature, as a surgeon continues on with his work. The litmus test is the length of follow-up. God willing, I will have my share.

Hiatal hernia, which is an abnormal protrusion of a portion of the upper stomach into the chest, is not a well understood entity, even to the present. Unlike other hernias in the body, this hernia in itself does not necessarily need a repair. The esophagus meets or becomes the stomach at the level of the diaphragm, the strong muscle of respiration which separates the chest from the abdominal organs. It is generally during X-ray examination, when the wall of the upper stomach presents over the level of the diaphragm, that a hernia is diagnosed. It has been shown that at least 20% of this country's population aged 60 or over have hiatal hernia on upper gastro-intestinal X-ray examinations. It is estimated too, that roughly only 5% of the 20% develop problems to warrant surgical intervention.

However, as more and more laboratory research was done on this subject over the past two decades, it becomes increasingly clear that the hernia in itself is not the problem, except when it is in a form of volvulus or twist. The main cause of symptoms, such as heartburn from acid regurgitation, is the weakness of the muscle at the junction between the lower esophagus and the upper stomach. Any increase in intragastric pressure, such as stooping, straining or even having a full stomach, will trigger reflux and the above

complaint. The anatomy of this area shows no true sphincteric muscle compared to the pylorus - a strong circular muscle which connects the stomach to the duodenum, the first portion of the small intestine. There is general agreement of the presence of a physiologic sphincter at the esophago-gastric junction as evidence of an increased pressure zone on manometric readings. In patients with hiatal hernias, there is more chance for a lowering of the pressure zone as opposed to those without. In essence, the physiologic barrier to the reflux, or backing up of food or acid to the alkaline esophageal secretion, is weakened. Patients with reflux esophagitis do not necessarily have a hiatal hernia.

It always amazes me how every patient is different from the other. On endoscopic (esophago-gastroduodenoscopy) examinations, I have seen the mucosal lining of the lower esophagus and stomach with only a minimal redness or inflammation and yet some of these patients manifest disabling symptoms. In others, the opposite is true. Most of these inflammations are not detectable on X-ray, so that in a patient without hiatal hernia, the X-ray is reported as normal. Before the advent of the fiberoptic endoscopes (these became available in the late 60's) many of these patients were not further examined. The rigid or metal esophagoscope, although available, is limited to examination of the esophagus which usually requires general anesthesia and is a more involved procedure. Invariably, if they don't respond to medical management such as in peptic ulcer treatment, they are lumped as complainers, neurotics or if lucky, they are told of having "nervous stomachs". Nowadays, many of these hapless patients have been taken away from that list. Even if they don't need any operation, the reassurance that they "actually have something wrong inside"

makes them better patients. They become less headaches for their doctors, many of whom up to the present are still wary of the surgical solution to this problem. To a certain extent, I cannot blame my medical colleagues, because many patients in the past were operated on with less effective procedures and instead of getting better, got worse. Knowing fully well the evolution of the surgical approach, I adopted an attitude of letting the patient or his/her referring physician ask for the operation, of course, after exhausting intensive medical management for at least six months to a year. It should be remembered that many afflicted patients carry on their usual activities throughout their lifetime without major trouble. What bothers me though, are those that remain quite symptomatic, even on good medical management for many years. These patients can conceivably develop major complications, when they live long enough. I have had an ample share of these patients in their 70's and 80's who came in with stricture (narrowing of lower esophagus from scarring, due to chronic mucosal irritations), bleeding and by then quite ill. Consequently, the surgical risk multiplies.

Having done the Nissen Fundoplication more often, I became confident in adopting the newest, increasingly popular approach to the surgical treatment of peptic ulcer disease. Throughout the world there are an increasing number of surgeons doing the parietal cell or highly selective proximal vagotomy. This is a very tedious procedure, which entails only the cutting of the numerous tiny branches of the two vagus nerves (posterior and anterior) to the upper 2/3 of the stomach and the branches to the lower six centimeters of the esophagus. That is the operation! There is no cutting into the stomach nor intestine and naturally no sewing. The ulcer is

left in place. It is allowed to heal.

Again, through product of many years of laboratory animal research it was concluded that only the above branches of the vagus (the 10th cranial nerve) are responsible for acid production, which is what causes peptic ulcer disease. Therefore, it makes it unnecessary to cut the entire trunk, which when done, will necessitate an emptying procedure. The latter means cutting part of the stomach and/or intestines and sewing. This is more involved than just cutting the nerve branches. Besides, the side effects of the parietal cell vagotomy if properly done are very minimal as compared to the truncal vagotomy. The main limitation of this technique is when there is obstruction produced by the chronic ulcer. The current unresolved criticism is that the length of follow-up on these patients is not long enough to compare with the well established ulcer operations. Critics say that ulcer recurrence rate is higher.

In my practice I found the ideal application of parietal cell vagotomy in patients with combined hiatal hernia-reflux esophagitis and peptic ulcer disease. I do the vagotomy first followed by the fundoplication. A two-in-one operation. Although no one showed me how to do it, my frequent exposure to this area built my confidence, the anatomy being quite familiar. Time will tell as to how many of the dozen or so patients I have done, and more, will have their ulcer permanently cured.

PART SIX: REFLECTIONS

CHAPTER EIGHTEEN

While I was growing up Nanay, my maternal grandmother, used to remind me to slow down, with many of my friends telling me the same. It was Nanay who first spotted that extra energy in me. I don't consider myself expending that extra zip as most people think but often nowadays, I wonder if they are right. Mama used to tell friends that of all her children, I am the most "showy". If there is any semblance of truth in Mama's earlier appraisal of me, it is that I like to "tell it like it is." A patient said it for me in an embroidered gift: "The truth can hurt, but it will set you free." This line couldn't apply truer than to the medical profession. I established from the very beginning of my private practice to treat my patients as if I were on their side. I would like them to know what is going on and above all to know the truth. Patients always appreciate this approach. I have had patients' relatives upset when they insist I not tell the patient, even if the latter asks me about a diagnosis. I parry such request with a curt, "I am sorry but my main obligation is to the patient first."

It seems all through my life, I always had confidence in whatever I do. I tried to think of something and then achieve it ... I just put all my thoughts in it and try to do the best I can to get what I want. This is the same reason I went through medical school. That kind of aggressiveness, I believe, must have applied also in my liking surgery during my medical schooling. Even back in the Philippines, though I didn't have that much experience, especially when I took over as the only doctor in my uncle's clinic, I just told myself that every other doctor had done it, my uncle had done it, even built that hospital from scratch really, and that the

only reason I was there was to take over and continue what he was doing. With that, I felt confident.

In the medical school years, we were allowed to observe operations and that was the extent of it. Then we had one year of internship which we rotated through different services and had a chance to assist all the different surgeons. There were minor surgeries that we were allowed to do. When I talk about minor, I mean removing moles, fixing soft tissue lacerations, etc. . . , but I really never got the chance to be the operator, or surgeon during those 12 months. This was required in the curriculum. You cannot graduate or be given a diploma until you have rotated through internship. It is not like here in the United States where you graduate after four years of medical schooling and then you can rotate through internship. In our case we have four years of medical school, and one year of internship before we graduate.

The first few hundreds of my operations, got what they say, the adrenalin flowing. Even up to now we have that. This was well tested when I went into private practice knowing, of course, that I didn't have anybody to ask for help, because I am the one person responsible for that patient. So I always thought of it as here is a patient whose life is at stake. It depends on what I do! I have to do my very best. It is always the thought of doing our very best, I believe, that makes the difference. Attention must be paid to every detail. That's why it is very difficult to drop your guard when you are a surgeon. It can happen when everything has been going very smoothly and you haven't had a complication for several months. You begin to take things easy and not worry much or even become lackadaisical if everything is so routine. But then when you

encounter one tough case, that's when you, all of a sudden, just have to kneel on the ground again and say, hey, what's going on here? I need everybody's help and this and that and you feel humbled.

I would be remiss in the total intention of this memoir without mention of the following occurrence. Not too long ago, I was the recipient of a letter; the last one in the world a physician cares to receive. In short, the punch line was "I hereby place you on written notice that patient X is making a claim of malpractice against you through this office." This particular letter from a lawyer blemished my clean record, having had no such claims in nine years of private practice. My gut reaction to this affront to my professional integrity was one of bewilderment. One more challenge. So what? Since I have never been confronted with a malpractice claim, I could not console myself by murmuring, "I have been there before." Whenever I mutter the preceding line you can find me either in the operating room with a challenging case or in the midst of a tough game or fierce competition. The only thing I could say to Bobbie, and Maggie, who were more upset than I following receipt of this unwanted notice, was "I am human after all." The law of averages had apparently caught up with me. Several months prior to the lawyer's letter, I performed a procedure on X when the patient was hospitalized. I was a consultant in the case. X developed a complication following the procedure. I felt bad about it. This was the first time such a complication had happened in my performance of this procedure, which I have done several hundred times in my practice. My record stands favorably with that of any world-class surgeon. But what is past is prologue. I have a problem and I shall solve it. X recovered from the compli-

cation without residual effect. I knew this because X told me: "I feel great and I have no complaint." This happened during an office visit a few weeks after I was notified of the claim by X's lawyer. I could hardly contain my anticipation of the next events. In fact, before X's next regular appointment visit, my girls and I had a bet going. I told them that this prospective litigant would keep the appointment visit to see the surgeon who was, earlier, the only one X trusted for an operation. They didn't believe me. When the appointment came and the patient was being ushered to the examining room, only Maggie condescended to be with me - listening to the pleasantries X and I exchanged! You may ask "How could you stand it?" I had asked myself the same question earlier. However, when the time came, the human touch prevailed. X and I carefully and successfully avoided talking about the malpractice claim. X left the office happily and made an appointment for three months later, which appointment she punctually kept. Alleluia!

Such is the sad and confusing state of the practice of medicine in the United States! It is almost a cliché nowadays among physicians that if you have not been sued then you are not a big time practitioner. Although I see humor in this event I have just recited, this is not to suggest that malpractice litigation is not an extremely serious matter, both in terms of skyrocketing insurance premiums for the physicians and the overall cost of medical care for the public. The surgeon is particularly susceptible to the malpractice syndrome sweeping the country because of the intricacies of his profession and the delicate time frame in which life and death decisions must be made.

X's case against me may take two years or even longer to settle. I will tell you about it in the second volume of my memoirs, 30 years from now, God permit.

I have been fortunate, incidentally, in that I have not lost anyone in the operating room in my private practice of surgery. I may have lost one a few hours after. There was a young girl that I brought to the operating room following trauma and had not made an incision when she was taking her last gasps and I just pronounced her dead. I was ready to make the cut. At the same time it is a terrible feeling because I know that the patient is practically dead for all purposes. However, there is that little activity of the heart on EKG although brain death has occurred because the pupils are dilated and fixed. Since there is continued cardiac activity, I have to do something. I know there are massive internal injuries. About the time that we were ready to make the incision, the anesthesiologist said she has a straight line (on EKG). Death can happen so often during trauma. But elective cases such as repair of a groin hernia, you just knock on wood. To lose one can really be a distressful experience.

It makes you think. It makes you wonder if hey, had I done it the other way ... Medicine is not an exact science. It is an art and when I say medicine, of course, I mean surgery too. There are so many ways of doing things, or ways to modify an operation. That's why it is very important for a surgeon to go through so much training, the seemingly endless years of training. Before you let a person go out in practice and be a savior of so many lives, that person should have already absorbed all that he could during his training and education. What I mean is, there should always be a

constant hook-up, communication between that brain and those hands. When you're out there, I don't care how tired you are, what shape physically you're in, even if you're not feeling well, you should be able to think and do something the way you have been trained. To a large extent, exposure to emergencies especially trauma, with proper supervision during the residency years molds one into a surgeon, well-trained.

The most difficult time in any surgeon's life is the making of a decision. It is so easy to say he needs the operation, let's operate. But the real difficult decision to make is when *NOT* to operate and still make the patient well. Weighing risks against possible gains is what many decisions ultimately hinge on. The surgeon cannot sleep on what he is doing. His knowledge should be partly stored in those finger tips.

What makes our line of work nowadays tolerably exciting as compared to olden times, is that before we operate, I would say in 95% of the cases, we have an idea of what exactly we're going to do or what we're going to find. With so many X-rays and laboratory studies available coupled with complete examination and evaluation of presenting symptoms, you readily have an idea of what to expect. It is very important that during the training of a surgeon he should be exposed to as many and varied operations as possible because you can never tell, when you get in private practice, what kind of problem you'll be confronted with. It may happen to me, for instance, that during my training I may not have done one particular operation because I was not confronted, or I had not scrubbed in one. I may have just done this once or twice and never again. So that when you get in private practice it sometimes gets

tough. It makes you go to the library before you operate, to look into the textbooks and go through the procedure step by step. In fact, it is advisable every now and then, especially if you haven't done the operation in a year or so. I'm talking about real tedious, real delicate operations.

It is important in any profession to keep abreast of what is new. Basic surgical operations don't change, but they can be modified. It is important that you know the basics before you go into the sophisticated procedures or the modifications. The thing about keeping abreast is it gives you tremendous confidence. In a particular problem you may not have just one, two, or three, but maybe a dozen or more solutions. You may have come across this in a journal or heard somebody talk about it as to how he did it. This is what the surgical meetings are all about. This is why you need the seminars, the meetings of surgeons, the periodic exchanges, because this is how surgeons tell each other of their experiences and how they get away from this or that dilemma. If you, after graduation from medical school and training, just remain aloof and don't attend seminars, and not even discuss cases with colleagues or peers, you become limited as to your options. This is one reason a lot of doctors these days, practice as a group. The one big advantage is always the constant helping of each other. If one colleague is not up on the newest technique, maybe the other guys are, and they can help.

Unnecessary surgery, nasty as the phrase may sound, exists in a system such as ours. There are a lot of hypochondriacs that shop from doctor to doctor and who might stumble into an occasional hungry surgeon. All these patients have medical insurance which

generally pays the entire expense. If a plan is devised in such a manner that every patient pays a small portion of the medical expense from his or her own pocket, then the pushy or pushed patient takes more time to reflect before undergoing an operation. Any commodity or service which is "free" is abused and overused.

It is the physician and the patient's combined concept of the quality of life that makes surgery necessary. That is one of the reasons life spans are longer and longer these days, because of the sophistication of medicine and thanks to surgery and the surgeons' ability. Surgeons should not forget that they can do many more operations now than in the 19th century because of the marked advance in technology; that in majority of the cases we know exactly what the problem is. The anatomy, of course, has not changed since Adam and Eve. It is just that we have been looking deeper and deeper into the crevices and are able to tell without cutting just what is wrong.

The best legacy I could leave my children is education, just as my parents did for me. It is up to them from there. I don't think they would mind if I didn't leave them a rich inheritance. The inheritance I would like to leave is wisdom, so that they will have a better chance to be good citizens. Hopefully, they will think of their fellowmen as their brothers and sisters and their living with people, all over the world, the same way one gets along with ones neighbors. I think I have had vast experience because of where I came from and how I achieved my dreams, that my children would listen to me from that standpoint.

I believe everyone has just as much right to exist and pursue whatever he wants in this world, given all things available to him. I think it is incumbent among people who have wealth and also nations for that matter, to remember that to get along harmoniously with their neighbors and fellowmen, is not to forget to help. The United States is a great country because it is a melting pot of peoples from all over the world, with all the ideas and the different backgrounds working together. Best of all, it does its share.

EPILOGUE

EPILOGUE

A work of this kind should end officially sometime. My 39th birthday on May 18, 1981, I thought would be appropriate. Succeeding birth anniversaries henceforth shall be known as my second 39th birthday and so on and so forth.

On a Sunday, the eve of my latest birthday, some of my “angels” came to a wine and cheese - racquetball - walleyball get together. The Ace of Clubs, which now has 1500 members, was perfect for the occasion. It was also show-off time. The “angels” saw my picture holding a plaque for placing first in the winter league, advanced beginner division. On the opposite wall, there I was in a formal pose, framed for a month in the middle of the “Wall of Fame” tablet. Earlier, the staff of the club had voted me as the “Ace of the Month”, a distinction accorded to a member who has “contributed most significantly to the advancement of racquetball and good sportsmanship.” The “angels” didn’t seem a bit surprised. Later they said they knew all along that I was a well balanced person who thrives on three S’s. One of the best compliments a person can pay you is to say that you have a balanced view of life. They have often heard me elaborate on some of my secrets while doing my operations. They know that I count my blessings on a weekly basis. They are very much aware that one third of it is the first S - Surgery. As I often quip, I’d rather be operating. The next third belongs to Sports - to keep that mind and body healthy. And the last, but by no means the least has got to be Sex. SSS is my tried and tested formula for a fun life. For it to work though, the ingredients must be equal!

As a Filipino, there is one unfulfilled dream I have to live with at present. A dream to render free medical care to my less fortunate Filipino countrymen. That day of realization may not be too far away, I hope.*

As an American citizen, I have to reveal a dream. Following Adlai Stevenson's line, "As citizens, you are the rulers and the ruled", I have to get involved. This may be the least I can do for Uncle Sam. I long for the day to work for him as an "Ambassador of Goodwill". This is my dream. As his representative I would like to do surgery anywhere in the world - if for no other reason than to foster friendship. That's how I look forward to the twilight years of my active private practice.

This is July 1981. A year ago in this same house of Laura and Mike Watkins, I wrote a good deal of the contents of this book. Here, again, in their modest home by the hillside on the outskirts of Birmingham, Alabama, our families are together. Laura, Meri's younger sister, has three boys, the ages of our boys. Susie, the youngest of the Goodsell sisters, has two more, making Mike's newly renovated basement look like a mini camp. The annual Society of Philippine Surgeons in America seminar, held at Hilton Head, South Carolina, the world famous island resort, had just finished.

*This dream came into fruition in December, 1981. See Appendix.

One compelling reason to finish this work is to let our parents appreciate with us all that Meri and I have accomplished. That was not meant to be for Mom Goodsell. At 60, she succumbed to a chronic liver ailment on January 25, 1981. She was the sweetest mother-in-law. In her eyes I could do no wrong. Dad Goodsell underwent a major operation for cancer in early spring at the Portsmouth Naval Regional Medical Center. Mama had a mastectomy last month in Cebu. I had to call Dr. Eddie Gozo, my old schoolmate to get her ready for surgery. Both are doing well.

The fortnight before I left for Hilton Head, I operated on R.A. again, who at 19, became my youngest male patient with gallstones.

And this month, I learned to play one more game - Golf. The sport I relegated to old age. When friends ask me my reasons for taking up golf, the answer is simple - I am feeling old.

My life is Halfway Through. I thank God for giving me the zeal to jot down what has been behind me. I look forward to when life begins at 40 (my father turned 80 on December 27, 1980). I hope the momentum that I presently enjoy will carry me through the second half of my life. It will be a different ball game, I guess. However, I would like to think I have won the first half by most parameters. Can I duplicate it on the homestretch? I pray to the Lord that if and when I live to be in my 70's, He will provide me with the wisdom and memory to wrap up my entire life history, picking right up from where I left off. One thing I've learned is that whatever you do best in life, do your best at. Chances are you will come out ahead. Someone observed that "life can only be understood by looking backward, but it must be lived by looking for-

ward". Suppose that same someone asked me whether I would change things if I could go through the first half again? My answer would be from the viewpoint of a sportsman, a pragmatist and a surgeon. It is no. Why change a winning operation?

APPENDIX

THE REALIZATION OF A DREAM

It's been another one of "those" days. This morning your car wouldn't start and you were late for your first case. The suction machine wasn't cooperating. It took the scrub nurses 20 minutes to get a correct sponge count. By the time you finally got to sit down to a hot lunch, it wasn't hot anymore. The 12 patients scheduled to be seen in the office mysteriously became 17 in number. The patient for surgery in the morning didn't get admitted until 7 p.m. You've got a headache. Finally, at 11:30 p.m. you suddenly remember a consultation you were supposed to have seen earlier.

You think you've got it bad? Imagine what it is like trying to practice medicine without all the comforts of home. Recently I did just that. I joined a group from Ohio and spent my Christmas holidays on a medical surgical mission in the Philippines.

I arrived at the Provincial Hospital in La Union with the Filipino doctors from Ohio who had organized this mission with the Rotary Club of Manila. There were approximately 40 of us from the States, including paramedics, and about 20 from Manila, including surgical residents. Naturally, with this many on a team, the coordination would be as anticipated. . . a problem. I was to stay with a host family. Word had gotten around that one of our colleagues had had a tough case that afternoon and almost lost the patient. The boy underwent a thyroidectomy and had to be brought back to the operating table because of bleeding. Had we had a mortality on the first day, the mission would have been a flop for sure. No one else would have submitted to an operation! I

© 1982, published by Medical Economics Co., Inc., Oradell N.J.
07649.

guess that's smart thinking for the indigent folks. We could have continued on with free medical treatment since the Ohio doctors had spent \$20,000 for medicines and the equipment brought along. Unquestionably, however, the heart of a mission such as this is surgery.

The O.R. schedule was heavy and there was much chaos, as expected. There were 2 operating room "suites". The upstairs which is the only "real" operating room but for this occasion was equipped with 2 O.R. tables, was complimented by the downstairs suite. Here, the conference room was converted into a 4-table O.R. suite. The ICU was like any other ward, except with a few oxygen tanks. I saw people all over...the hallways, corners, everywhere. Occasionally, I spotted 2 patients sharing a bed. Again there was mass confusion.

As the anesthesiologist was ready to put the patient to sleep, he motioned for me to scrub and he grabbed another doctor to assist me. We had to make do with what was available from the gowns, drapes, instruments, light source, etc. This was notwithstanding the warm room and flies hovering over our operative field every couple of minutes.

We had confidence in our anesthesiologists...a total of 8 of them. They had confided to me that when they came to inspect the anesthesia machines, they almost decided not to use the "ancient" equipment borrowed from other area hospitals. They were glad they had brought along their better and newer drugs and anesthetic tubings. The prevailing conditions dictated not to be wasteful! They saw and couldn't believe, a surgeon, when pressed for time,

sterilizing a basin full of surgical instruments by pouring alcohol over them and lighting the alcohol with a match.

On the third day I did 3 thyroids. A neurosurgeon assisted me on the first, and an anesthesiologist helped on another. To get the job done easier, we coaxed the 2 midwives standing by into scrubbing for me to hand instruments. They had never done this before. Amazingly, they passed instruments like pros. They even remembered to compliment me for a job well done.

Day 4: The blackboard showed 40 operations to be done under general anesthesia. I went upstairs for scrub suits. I had only the top to wear. Waiting for me was a lady with an enlarged thyroid. Scrub time. . .Betadine soap in kidney basin. . .Brush in a large pan. . .Faucet by the cement wall. . .Five minutes was up. . .I entered the theatre with 4 O.R. tables. To my right was a long table covered with a white cloth and all the instruments in varying serviceability. Since there was no towel, I used the tail end of my gown to dry my hands. On went the same old, re-used, re-sterilized gloves. I used lap pads to create a sense of sterile field although the drape reached only up to the hip region. The operation commenced. In the middle of sheer confusion, WHAM!! an I.V. pole fell, breaking a dextrose bottle. Table No. 1, with a harelip repair, needed suction. We disconnected ours. The show goes on.

Soon after I started my second thyroid at Table No. 2, a group of 4 to 6 men, I am sure including the patient's family, came rushing through the side door with a previous patient from Table No. 3 in their arms. The lady was immediately re-intubated by the

ever ready anesthesiologist. She had developed a massive wound bleeding and hematoma which produced a swollen neck. We were back again with another emergency. The surgeons teamed up to reopen the incision quickly and evacuate the clots by scooping them out with their hurriedly gloved hands. . .no scrub! I could see from across my table, this poor, unconscious woman, quite pale with a frothy mouth. She was being gently bagged by the anesthesiologist. Soon there was blood hanging for a transfusion. How they got blood so quickly, I don't know. Maybe I did not care to know.

The O.R. theatre scene during the past 48 hours had been incredibly unbelievable. Flies continued to hover. We had one person in charge of swatting flies. People and spectators were everywhere. The noise of mixed dialects was the least of our problems. The poor light source, the limited instruments, improvisation of technique, just to get the job done, continued to be the routine in every case.

The thyroid glands were all vascular and friable, some, because of lack of preoperative preparation with Lugol's (iodine) solution. This made the whole procedure doubly hazardous. The only pre-op laboratory work-up was a CBC and urinalysis. None of the thyroid patients received atropine as part of the premedication. When I asked why, I was told that this medicine was too expensive. For the same reason, they didn't stock demerol.

There was no cautery machine to facilitate control of bleeding. A finger cut from a glove was the best we could simulate for a penrose drain. The cotton ties had been re-cooked so many times that breaking one every so often on my first day drove me quickly

to the central supply. The suction was a help when not used by the rest of the O.R. teams. The periodic contamination of the surgical field was unavoidable. . .what with unsterile personnel now and then touching your body while gently trying to wipe dripping sweat from your forehead and neck. The electric fan blew out everything, I guess, including the bugs. . .but definitely not the flies!

The assembly line surgical practice, under unnecessarily adverse conditions, was getting to me. I was sure that whoever coordinated the surgical schedule meant to help as many indigents as possible, but they didn't fully realize the poor capability of the hospital facilities.

Once I hurriedly looked for my patient's chart to write orders and panicked when I couldn't find her in "ICU". After a 15-minute search of the entire 150 bed hospital, which was now overflowing with more than 300 patients, I found her in an isolated ground wing about 50 yards from the O.R. She was situated on a bare, wooden bed by the hallway. As I approached, I could see chickens searching for feed nearby. The members of her family kept fanning her pallid face. Her pulse was weak but regular. She was still semi-conscious and recovering from the anesthetic effect. "For Heaven's sake, let's transfer her right away to ICU!" ", I snapped. She was there within a few minutes with me helping push the old wobbly stretcher and the only one available. A nurse then taped a red catheter to her nose and connected it to an oxygen tank. Her color gradually improved.

The time was only 1:15 p.m. We still had half the schedule to be done. I went upstairs to the hospital's only real operating room

where another thyroid waited for me on Table No. 2. In the middle of the case, two well-dressed gentlemen, wearing only masks and caps, came in to visit. They were introduced to me as the Hospital Director and the Governor of the province. Two flies in the room likewise greeted our distinguished guests. I explained to the Governor that conditions could be improved and that we didn't like having flies watch us operate. The Governor left the room impressed of what we were doing and quite grateful. My anesthesiologist then called for relief because he was already getting sleepy from prolonged inhalation of the ether and other anesthetics from the crude machines.

That night I saw for the first time, my ankles and feet swollen as I got ready for bed. I felt old. I looked forward to the next day at noon when we were to leave, yet I felt sad and worried leaving our recent post-op cases and those poor folks who considered themselves lucky to have been operated on by us. I was told that the local Docs would take over their care, but I didn't know them, much less their knowledge of what I had done.

On our last day, and for the first time, I felt a sense of tremendous accomplishment. Although everyday we had one patient brought back to the O.R. for post-op hemorrhage, we were fortunate that none died. All my eight post-op cases had done well.

Another thyroid waited. Since I was the only surgeon operating, I asked everyone in the room to give me all the available light source. I told my crew that we should never have done a major case on the day of our departure. . .much worse to leave immediately afterwards. Some of them argued that we only operated on half of

what was scheduled for the entire mission. Within a 4½ day period, we performed approximately 270 procedures with over 100 under general anesthesia, in a hospital with only 1 real operating room and with only 150 beds. You would think that one would be amazed and feel satisfied. But no, we had to squeeze in one more case because that was one patient less than the other 270 disappointed souls who had to travel, many of them by foot, back to their villages. They had been in the hospital compound in tents, anxiously waiting for their chance that never came.

My last stitch applied, I hurried to our waiting chartered bus for the 5-hour trip back to Manila. When I got seated, I tried to collect my thoughts of the mission. As I glanced by my window, I saw a mother carrying her young son who had just been operated for an undescended testicle. She was followed by her husband who held an old suitcase in his left hand. In his right hand, held high over his head, a dextrose bottle was connected by I.V. tubing to the boy's arm. For lack of beds, the parents were told to take the child to a branch of the Provincial Hospital in another town. They had to wait in the street in front of the hospital for their transportation -- a bus or jeepney.

The mission over, we said goobye to an incredible bunch of hardworking colleagues, nurses, orderlies, and other hospital personnel. Now they were on their own.

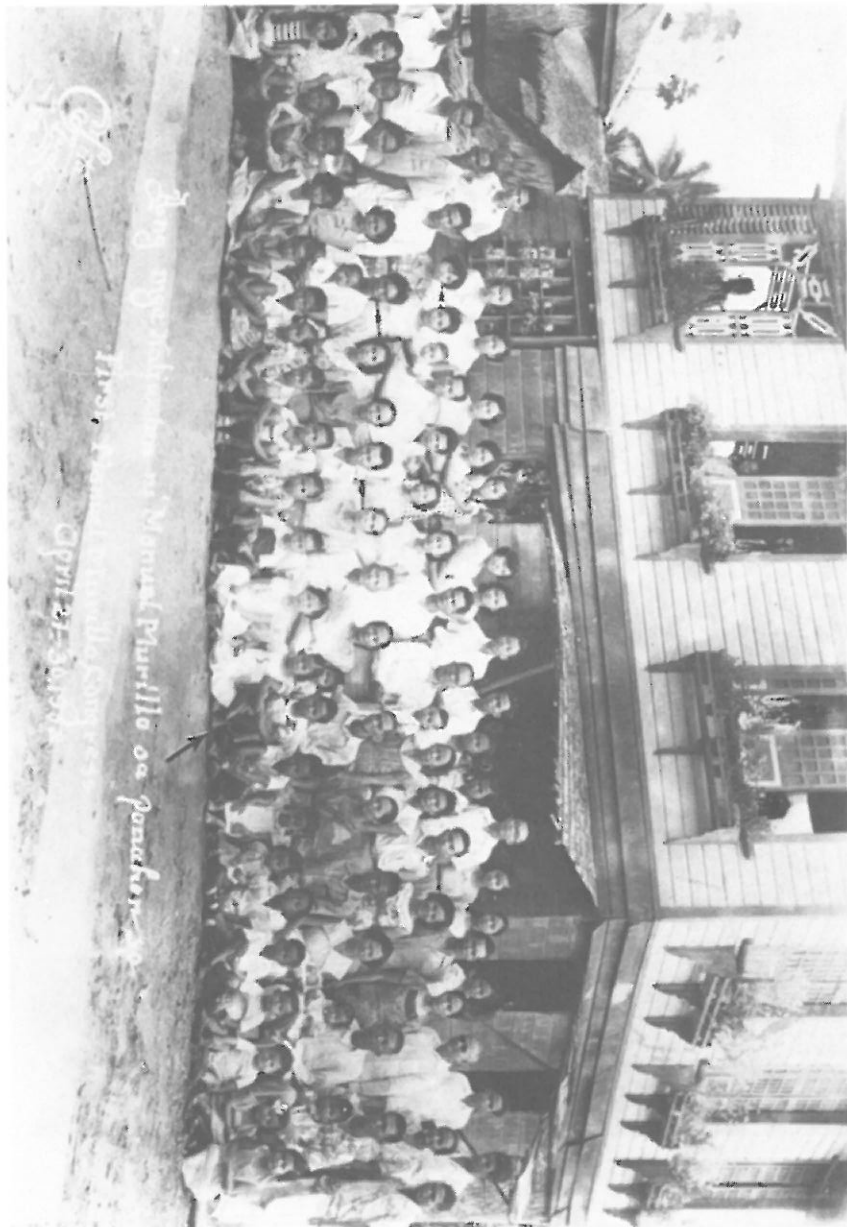
In 10 or 15 years, I expect a vacuum in the quality of medical care in the third world countries. With the new medical graduates unable to pursue post graduate training in the U.S. because of the changed immigration laws, very few well-trained specialists will be

able to handle these countries' increasing health problems. The challenge is on. I was glad to be able to observe it first hand.

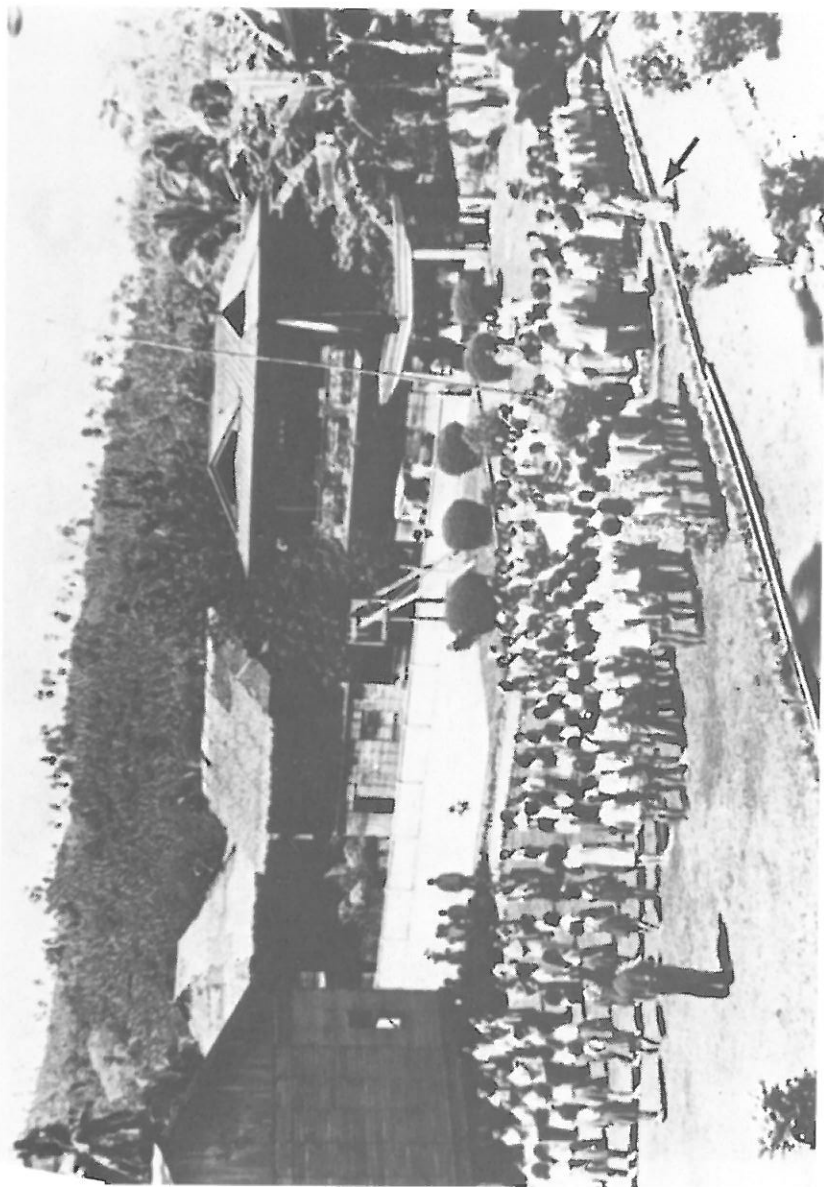
This mission taught me two lessons: First, that I should be thankful for the excellent medical technology available in the U.S., the modern equipment, well-trained personnel, and of course, health insurance. Second, that I should do this again. It should be on a smaller scale, longer time, and under better controlled conditions.



That tropical hat of a 6-year-old.



The First Murillo Family Congress - 1952.
Me at age 10. (see arrow)



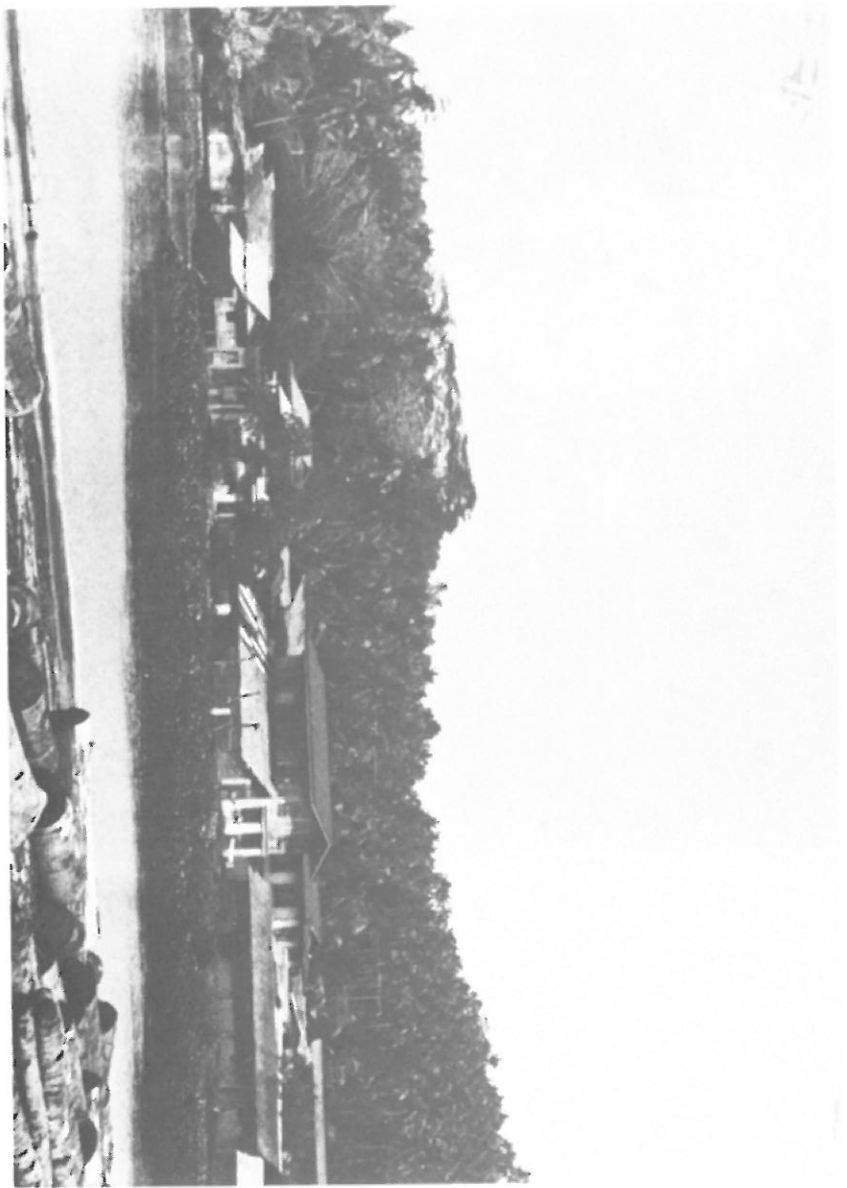
A flag raising ceremony in Bayabas Elementary School, with Mama (see arrow). The wooden building to the left is the oldest and accommodates first and second graders. The town is in the background.



The family in 1959. Standing: Left to Right - Boy, Tio Nicol, Tio Julian, me, Manong, Papa, Manong Mar. Seated: Tia Meling, Tita Diana, Nanay, Tatay, Mama with her first grandchild Marily, Mana Patty. Front: Lala, Emily and Sernie (Tio Julian's children) and Bebot.



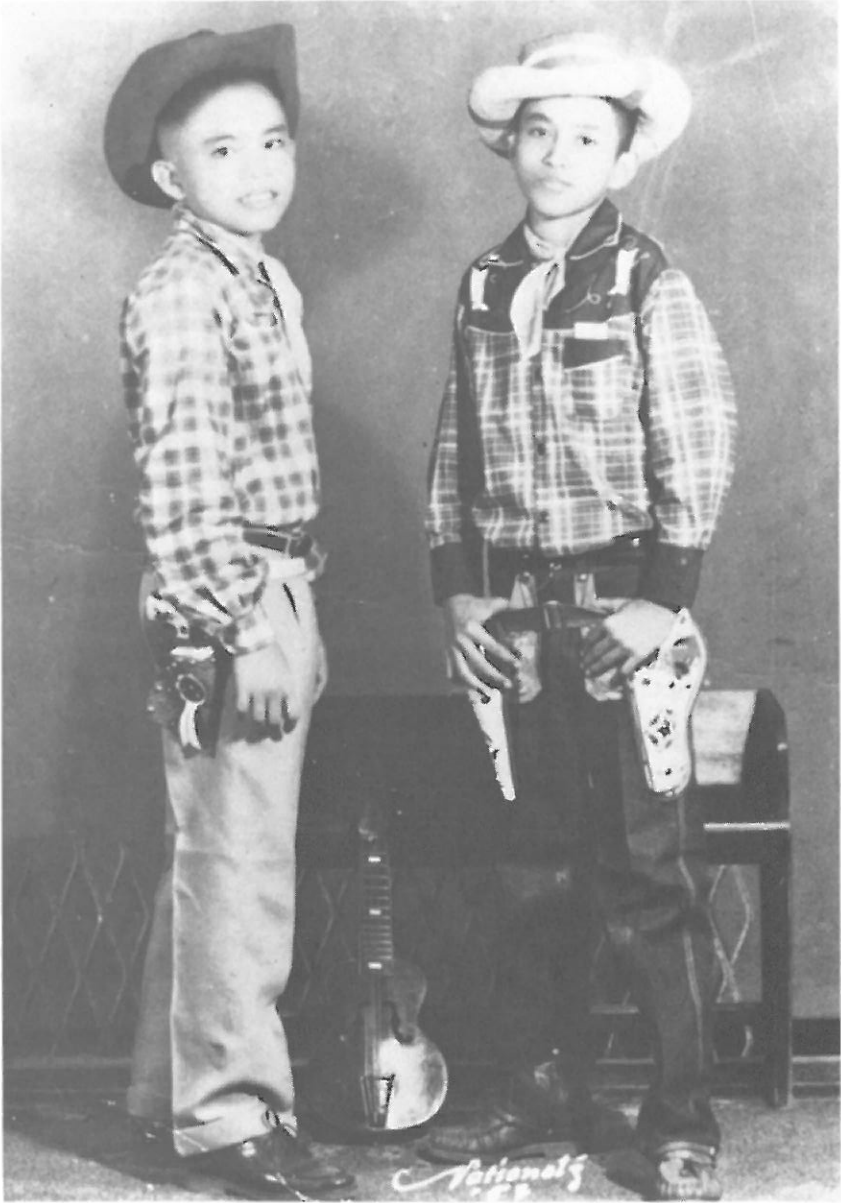
Holding Danny on the spot where I was born in a nipa and bamboo hut by the rice paddies.



The shores of Bayabas. Our house is to the extreme left but not visible because of the heavy vegetation.



A country scene with Carabao, the all purpose animal.
Meri savored some of the delicious young coconuts.



With Dean Maglinte after a high school skit. Dean is now a radiologist here in the United States.



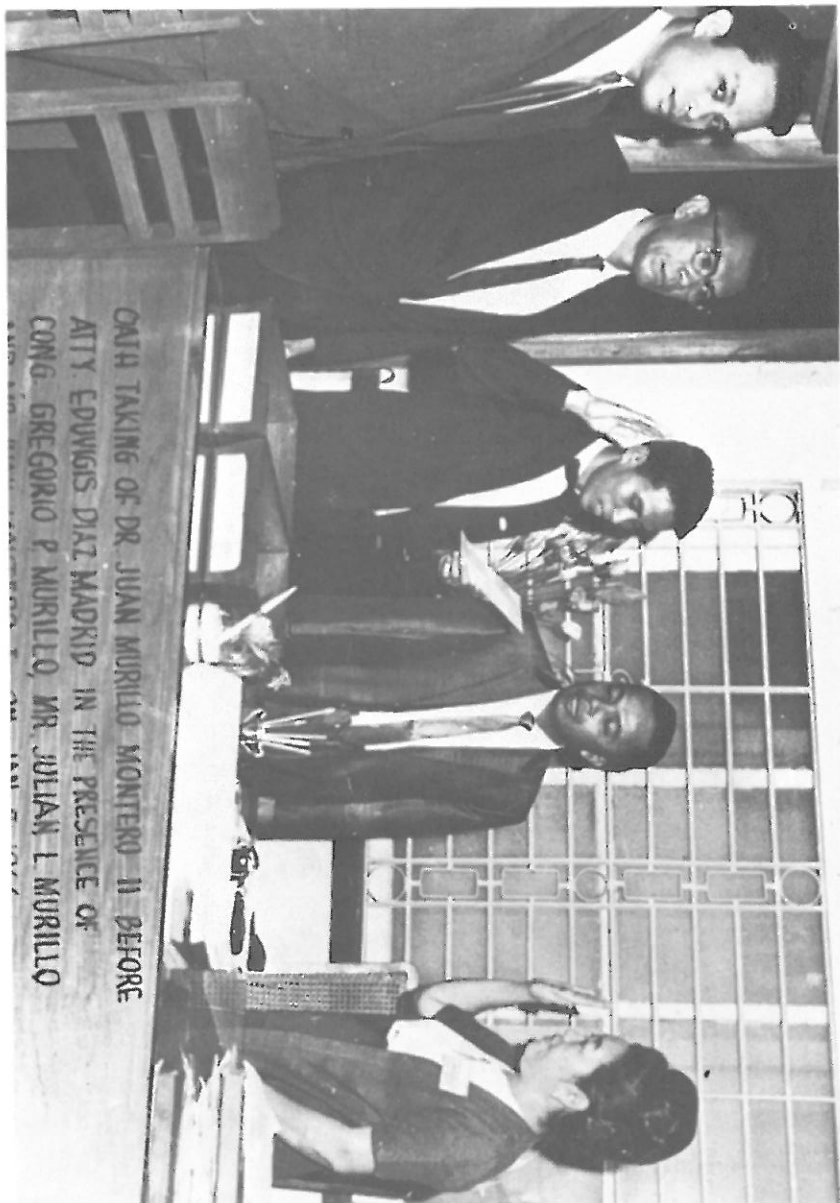
A street scene in Manila. A calesa (horse drawn carriage) on left and a jeepney on extreme right. The calesa is rarely used now but the jeepney is still a popular form of transportation.



As a young rotating intern.



A medical school graduate. Not quite 23 years old.



Taking the Hippocratic oath. Pictured left to right - Manong, Tio Julian, Tio Goring attending.

UNITED STUDENTS PARTY
- Sample Ballot -

Johnny MONTERO II

President

Tita ESPIRITU

VICE PRESIDENT

Anita TORION

SECRETARY

Marlene MARIBAO

TREASURER

Lambet GARCIA

P R O

Dodong SALA

AUDITOR

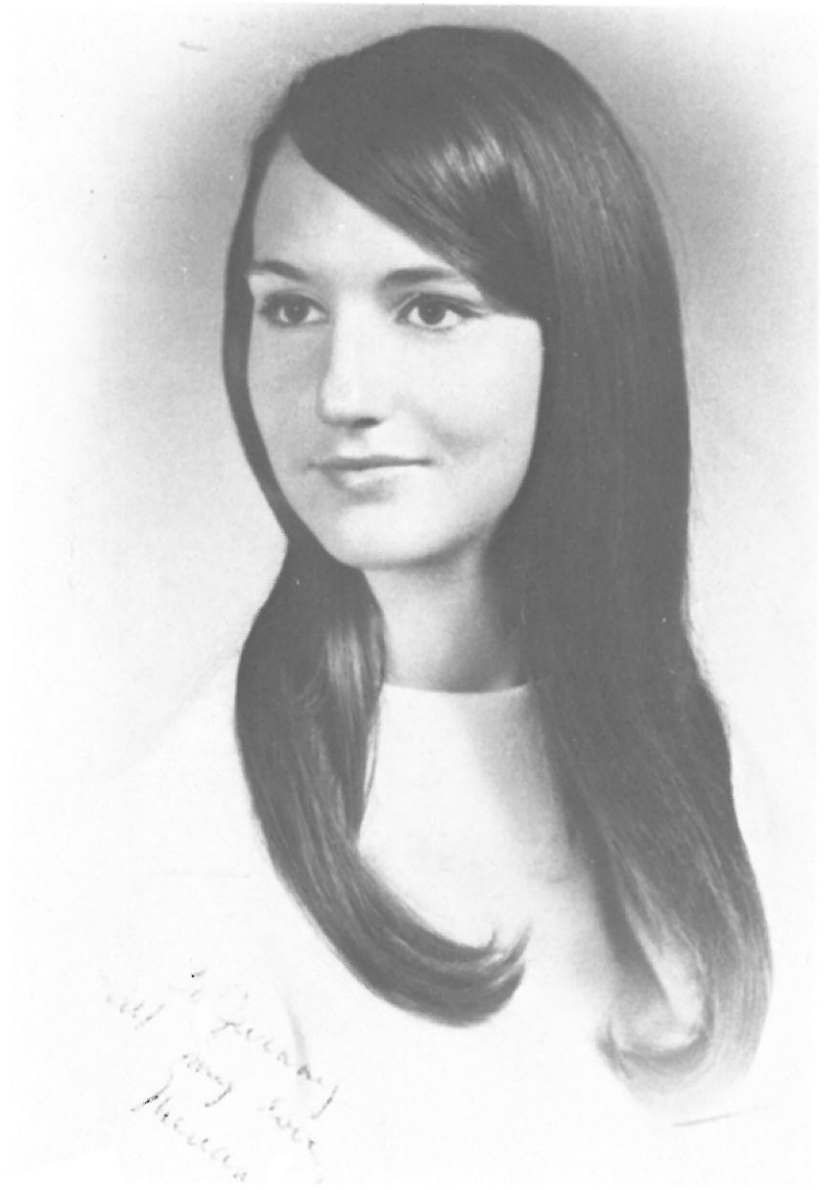
BUS.	Rosendo CAPUL
MGRS.	Rachel TROCINO

SGTS.	Caloy FERNANDEZ
at	Boy SESCON
ARMS	

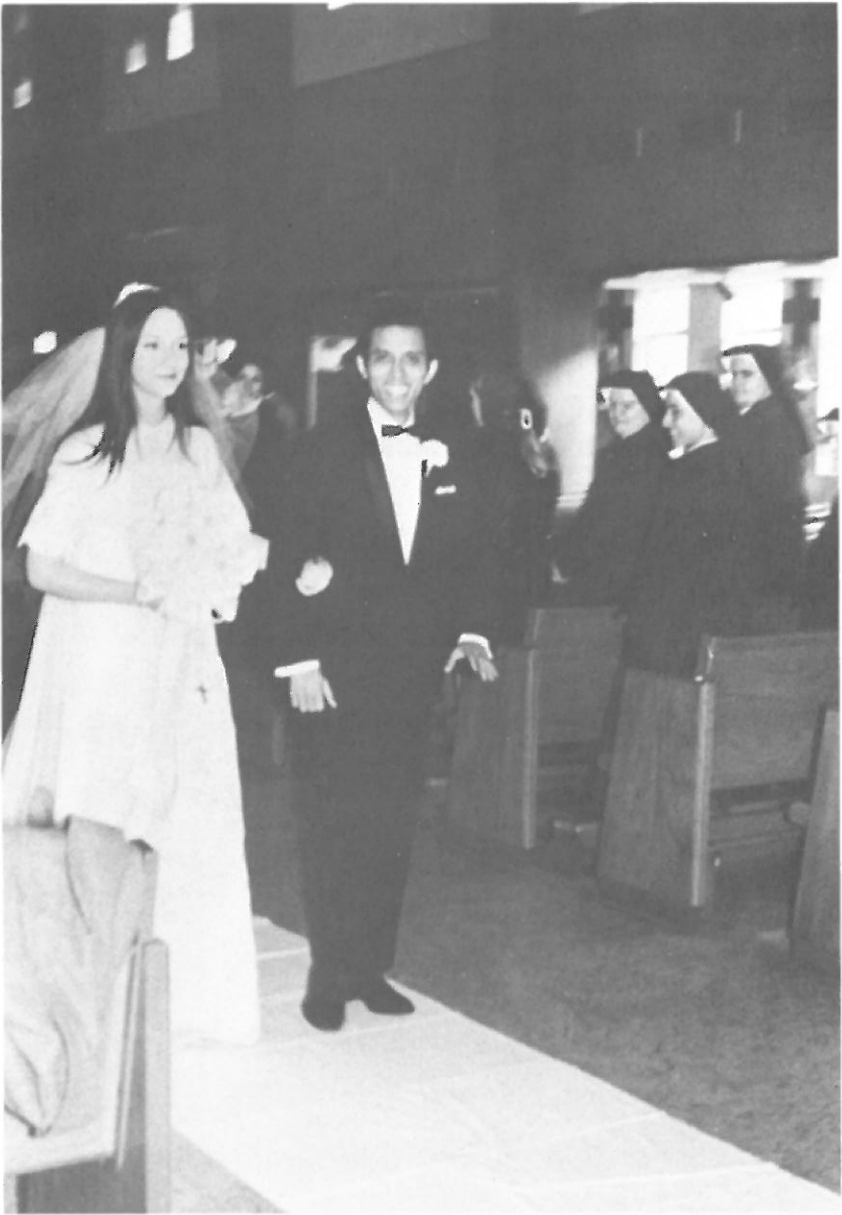
Remnant of Campus Politics.



Vic notching Roman numerals on my bed's headboard, the morning after, while Mac relaxes.



That long hair and all



Goodbye to bachelorhood at 27.



Meri in her Filipina dress and Papa in his Barong Tagalog looked resplendent at our town fiesta ball.



That's me reaching out for my first snowflake at DePaul Hospital's parking lot in January, 1967.



Summertime at Chesapeake Bay - the world's richest in seafood yield per square mile.



Two international families: The Oetsches and the Monteros
in June 1980.



With Meri and Liz at the "Gloriette" overlooking the beautiful Schonbrunn palace and Vienna - June, 1977.



From a cover story of the Philippine American Medical Bulletin in May, 1979.



Accepting the APPPA Community Service award in August, 1979, Detroit, Michigan. Included in the picture are Mrs. Fely Santos, Dr. Benjamin Rigor and Consul General Rodolfo Sanchez.



Nancy and Meri remain good sports as Jun Luna and I took a break in August 1978 at the Playboy Club, Great Gorge, New Jersey.

August 26, 1980

Dearest Dr. Montero,

It's with the greatest of humility that I write this to you. I want to sincerely thank you for your loving kindness and your superb doctoring. You were willing to tackle a situation and a patient that no other doctor would.

I have gone many, many years feeling so miserable and being in pain most of the time and now I have you to thank for being on the road to recovery.

Also, my heart felt gratitude for the fact that you respected my Bible trained conscience not to force the blood issue. My entire family will always be grateful to you. You are much more than a good doctor, you are a kind loving compassionate doctor full of sympathy.

You can see it all in your eyes, the joy you show when you see your patient respond to your doctoring and the way you see to it that no one suffers. Your bedside manner is beautiful and certainly good for the sick one.

I have told everyone about you and have recommended several people to you that are having problems. I pray that if the time makes it necessary that any one of the Cornette's may need surgery we can call on you, knowing full well that you will do your very best.

Again, my sincere thanks to you for being the good doctor that you are. And of course my family will always be grateful.

Much happiness to you and your family.

Sincerely and thankful,
Dolores Cornette

Surgery - May 16, 1980
Bayside Hospital
Room 308 - Bed B
Nissen Operation

A grateful patient's letter.



With Philippine surgeons: Mel Simon, me, Sariel Ablaza (President '80), Philip Chua (President '81) and Tony Cabrera.



Beside the “Vehicle of Hope” with (L to R) Al Ricohermoso Perla Solinap, Eddie Guilaran and Oning Vargas.



At Wintergreen ski resort with Danny



Joaquin Roxas to the 7'4" Russian: "How's the weather up there chief? XIXth Olympic Games, 1968 Mexico City.



A case of intestinal obstruction secondary to volvulus (twist) of the colon. Note the markedly enlarged diameter of the bowel - ready to rupture. This 77 year old 217 lb. lady arrested on her way to the operating room. She was resuscitated successfully and thus the operation. Six weeks later she had the second stage-procedure. She still weighs over 200 lbs., three years after when I saw her in April, 1981.

Aus der chirurgischen Universitätsklinik Basel
Vorsteher: Prof. R. Nissen

**Eine einfache Operation
zur Beeinflussung der Refluxoesophagitis**

Von R. Nissen

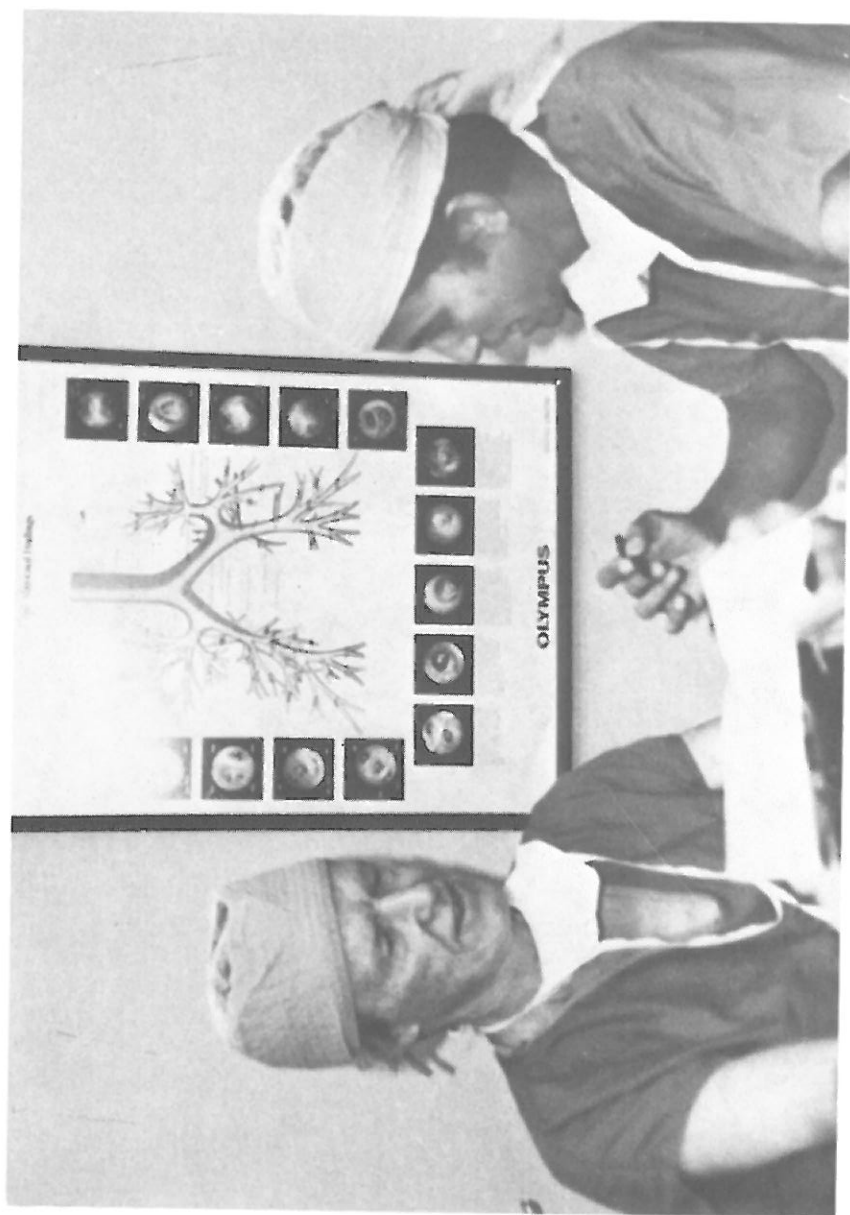


Benno Schwabe & Co · Verlag · Basel

The original article: "A Simple Procedure for the Correction of Reflux Esophagitis" revolutionized the treatment of Hiatal Hernia and Reflux Esophagitis. It contained only two cases, the first one done in December of 1955 and the second in January 1956 - a few days before its publication. Interestingly these first two patients did not have hiatal hernia, but only reflux esophagitis.



Dr. Rudolph Nissen (1896 - 1981) of the Fundoplication fame.



Conferring with Dr. Hotchkiss on post-operative orders.



The Perfect Tans: (clockwise) Danny the athlete; Greg the swinger; Paul the irresistible and Andy the rascal.