附錄十二. 佳冬杏林世家医師学医行医故事之例五 - "往診", 林國光

(P28)作, 發表的自述短文之一, 收集在他著作的"秋林文集" 第20-23頁, 2010. 這文集內有幾篇他自己的学送行医经驗的文章. 其"逃犯"己轉載為附錄八於〞修補篇2016. . . 〞. 附錄十二與八由他夫人邱西蔷(Psp1)*及女筱容(H24)英譯登載於"台美文藝" 2017, p104-106 &107-108.

每次想起來總是覺得很冷，當然不會像傑克倫敦的小說中《生一把火》(To Build a Fire) 那麼冷。在對一個六、七歲的小孩來說，深夜裏在熟睡中，由溫暖的被窩被叫起來總是很冷的。

印象中的父親*是一個1940年代後期在臺灣鄉下開業的醫生。白天在家裏的診所、藥局忙碌一天後，夜裏也常常需要往診，去病人家裏看病。從小父親就要我學醫，當他的接班人，也因此夜裏常跟著父親一道出門去。

準備工作都在安靜迅速中進行，提包裏的聽診器、溫度計等、藥箱裏的針、還有藥，檢查補充完畢。這時病人家屬叫來的人力車也已等在門口，很快的我們就起程了，寒風迎面吹來真是冷，一路無話，只有人力車夫單調的跑步聲。

病人要是很嚴重，父親就讓我留在外面的車子裏。我手拿著例行公式攜帶的木劍，望著外面無垠的黑夜。若是在夏夜，遠遠近近不時會傳來唧唧啾啾的田蛙聲。記憶中大半都是無燈無月的夜。曾有人說過，夜是不寂寞的，因它有星星。我不記得是否有星星？陪伴我的是人力車夫，他蹲在地上抽香煙，偶而煙頭上的火光會亮大了一下，等到香煙抽完後，就連那一點火光也沒了。是年齡的差距？現在想來，大概更可能是階級的不同。他都不跟我說話，我只看到在地上模糊一團黑影子。在睡覺？或像我一樣，靜靜地在望著夜？怕人？怕鬼？還是在思考世界有多大？人從何處來，又要往何處去？還是在想一天開門的七件事，為家人明日的柴米油鹽醬醋茶而憂心？

睡意慢慢地襲來，偶而從遠處濃密的樹林中透過來的煤油燈光忽隱忽現，像夏夜的螢火蟲來催我入眠。可是媽說過：「要好好地保護父親！」雙手緊緊握著帶來的木劍，瞪大著眼睛，覺得夜是無盡的遠，無邊的長。我怕躲在黑暗裏的壞人，更怕那似乎無處不在的鬼魂。特別知道就近有人病得厲害，外面鬼影幢幢，木頭的劍是否有用？又有什麼用？

忽然一陣呼天搶地的哀哭遠遠傳來，又過了好一陣子，才看到父親的身子，手提著藥箱包，踉踉蹌蹌從暗處出來。上車，回家一路上，父親沒說什麼。我裝著大人的語氣說話：「病人怎麼了？」爸爸淡淡地回答：「死了。」停了一下，又說：「反正沒有救。」我一肚子的氣憤想對他大叫：「既然病人沒有救，那你還留在裏面那麼久幹什麼？」可是我不敢。我心裏有說不出的委曲，我只想哭。

是鄉裏的風俗罷！去世的人出葬，總是在鄉裏的主街遊行過。我們鄉裏當時也只有一條主街，我們家是主街上少數幾間樓房之一。樂隊奏著哀樂，跟著來的是照片、棺木、披麻帶孝的親人，接著是生前的朋友們。肅穆的行列在對鄉人做最後的告別。平淡的鄉下，任何鑼鼓聲，即使是出葬的行列，都會引來我的好奇心，在樓上的窗口觀看。但是一旦發現是父親的病人，我就立刻走開，父親則默默地目送。我真希望他離開窗口，或站遠一點，免得病人家屬看見。

葬禮過後，大概一週左右，病人家屬都會來家裏拜訪，同時帶來了禮物。我都跑去躲起來，心裏有無限的欠疚，認為父親能力不夠，沒有救活他們的親人。不安的歉意久久都無法消逝。送來那些很好吃、很喜歡吃的，我更不會去沾唇了。

如今的我，在國外醫學院讀了生理學和醫學的學位後，實在無法想像五十多年前父親行醫的時代，他用聽診器聽心、聽肺，能聽出什麼？藥物不只昂貴，而是根本沒有什麼目前先進的藥物，父親又能對病人做什麼？

回想起來，當時大多數人有幸能壽終正寢，不幸病死也能幸運地死在家裏。一般人沒有太多的經驗接觸到臨終的人，實在不知道如何去面對死亡。特別是至親的人死亡，情況一定是方寸大亂。病人五內俱焚，會不停地翻滾？疼得大叫？會嘆一口大氣？或會呼嚕呼嚕口吐泡沫？掙扎著沒法吸進一口氣而終？或是口鼻出血？或是大小便失禁？或是？或是？由於父親的職業，他的任務大概就是要在病人家屬最艱難的時候，給予精神上的支柱和安撫吧！但對病人有沒有實際上的益處？面對極度痛苦，似乎永無止境的肉體還有精神的折磨，有憫人胸懷的父親或任何人，是否會給予幫助？不管是什麼樣的幫助？當時醫藥的能力無法挽救末期臨死的病人，但讓病人安祥地過世，相信是不難的。

父親在我進醫學院的前一年去世，很遺憾地，我一直沒有機會問他。

*邱註. 此文是林國光描述父親林其忠的"往診", 最早發表在台美文藝2004, p. 165; 後收集在"秋林文集", 2010的 p.20. 於此文集中, 收有多篇國光的行醫經驗. 如〞逃犯〞是發表在p. 128'. 這兩篇的英文版是由妻西蔷及女兒筱容翻譯, 登在2017的台美文藝的 p. 104 及 p. 107. 其他多篇文集的文章亦由他姊姊林彩堂翻譯成日文. 01312018.

編者註.作者之父林其忠是佳冬杏林世家的第一位西医師, 當時在舊台北縣蘆洲鄉行醫, 之前在故鄉行醫十几年. 詳見"佳冬杏林世家實錄改訂版2015八月"及"修補篇2017表三".

Appdx 12. Example 5 of Medical Education & Practice Stories by Jd's Medical Family Member -"House Call" by Lin Kuo-kuang

(P28). Translated by his wife Chiu Hsi-chiang (Psp1)* and daughter Shiao-jung (H28) from the Chinese original in his "Qiu Lin Essay Collection" (QLEC), page 20-23, 2010 and published in Taiwanese-American Literature (TAL) page 104-106, 2017. The QLEC has more articles on his medical or practice experiences by him. One is "The Escapee",as Appendix 8 in "2016 Correction…", its English translation by them also in TAL, p107-108, 2017.

Every time I think of it, it is bitterly cold, although not as cold as described in the American author Jack London's short story "To Build a Fire". But for a six-or seven-year-old child, being pulled out of a deep sleep in a warm bed in the middle of the night, it always felt cold to me. This is my memory of my father* as a country doctor during the late 1940s in Taiwan.

Not only did Father* have a busy practice at the clinic and pharmacy during the day, he often needed to go to patients' homes for house calls. Father always hoped that I would study medicine and be his successor, therefore, I often had to go out with him for house calls at night.

Getting ready for the calls were carried out in a quiet and efficient way—stethoscope, thermometer, syringes and needles in the sterilized box, as well as drugs and other items in the bag were double-checked. While this process was being completed, the rickshaw arranged by the patient's family was waiting at the door. We would leave soon. The wind blowing into our faces was really cold, and we rode wordlessly, only hearing the rickshaw man's steady footsteps.

If the patient was in critical condition, Father would let me stay in the rickshaw. I clutched a wooden sword in my hands and looked out into the boundless night. On summer nights, I could hear field frogs croaking from near and far. But in most of my cold memories, there is no moonlight at all. It has been said that the night is not lonely, because it has stars. I do not remember whether there were stars, but I do remember the rickshaw man, squatting on the ground smoking cigarettes. The end of his cigarette flared slightly as he drew a puff, but when he finished his smoke, not even that littlelight existed in the deep darkness. I could only see a mass of black, his fuzzy figure crouched by the rickshaw. He never spoke to me. Was it the generation gap? Was he sleeping? I now think that our silence was probably more likely due to social class differences. Did he stare at the night quietly like me? Was he afraid of people? Was he afraid of ghosts? Or was he also thinking about how big the universe is ? Where do people come from, and Where do people come from, and where do people go? Or was he worrying about the sources of his family's daily needs, such as firewood, rice, oil, salt, sauce, vinegar, and tea ?

Sleep slowly crept over me. The occasional light from a kerosene lamp flickering through distant dense woods, just like fireflies in the summer night, urged me to sleep. But Mother said that I have to protect Father. I gripped my wooden sword tightly with both hands, and stared with wide open eyes. I felt that the night was boundlessly long and vast. I was afraid of bad guys lurking at the edge of the darkness, and terrified of seemingly ever-present ghosts since I knew that a severely ill person was nearby. Surrounded by shadows and many ghostly images, would my wood sword be useful? What was the use?

Suddenly a scream burst from afar. After a while, I saw Father carrying his medicine bag, stumbling out of the darkness. He climbed into the rickshaw and we rode home again in silence. Assuming an adult tone, I inquired, "What happened to the patient ?" Father blandly answered, "Dead." After a pause, he added, "Anyway, no rescue." I was filled with an angry desire to shout, "Since the patient could not be rescued, why did you stay inside for so long?" But I did not dare, even though I felt unspeakably wronged in my heart and just wanted to cry.

According to our village customs, the funeral processions of the deceased were always carried out on the main street in the village, where our house was one of the few buildings. A band playing dirges was followed by a picture of the deceased, the coffin, and a line of family members wrapped in coarse linen mourning robes expressing filial piety, followed by relatives and friends. The villagers and passers-by solemnly paid their final respects along the street. In the tranquil countryside, any gongs and drums, even for a funeral procession, would pique my curiosity and I would peer out from the upstairs front window. But I would walk away if I knew that the deceased had been recently cared by Father. As he somberly watched, I really wished that he would stand back from the window, to avoid being seen by the grieving family.

About a week or so after the funeral, the patient's family would visit, bringing a gift for Father. I would run away and hide, because my heart was filled with immense guilt, due to Father's inability to cure their loved one. My restless sorrows lasted a long, long time. Although I liked the tasty food they brought, I could not bear to bring it near my lips.

In the mid-1970s, after earning both a Ph.D. in physiology and an M.D. degree from a U.S. medical school, I could not imagine Father's medical practice decades ago. He listened to heart sounds and the lungs with a stethoscope. What was there to hear ? Medications were expensive and not nearly as advanced as today's. What could Father do for the patient ?

In retrospect, I realized that those people dying at a healthy old age were very fortunate; even those less fortunate with illness were lucky enough to die at home. Most people do not have much experience with death and do not know how to face it with a critically ill person, particularly a loved one. The situation must have been very confusing for the village folk. Would the patient's five major organs be burning? Would he roll and cry in agony? Would he gasp for air and sigh, struggling to breathe toward the end of life? Or would he vomit foam? Would there be bleeding from the nose and mouth? Or might he be incontinent ? Or… ? Or…? As a medical doctor, Father's task was to help the patient's family at this most difficult time, to give spiritual support and comfort them! But did the patient actually benefit? In the face of extreme pain, could the patient'scomfort them ! But did the patient actually benefit ? In the face of extreme pain, could the patient's never-ending agony be alleviated by Father's compassion or anyone else's help? No matter what kind of help? At the time, when medicine was unable to save a dying patient, I learned that letting the dying patient go peacefully is actually not so difficult.

Father himself died a year before I started medical school, and regretfully, I never had the opportunity to ask him these questions.

* CHC's note. Lin Kuo-kuang wrote about his father, Lin Chi-chung's, medical practice in "House Call", which was first published in Taiwanese-American Literature (TAL), 2004, p. 165; and later collected in "Qiu Lin Essay Collection (QLEC)", 2010, p.20. In QLEC, there are many articles describing his own medical expereinces in the USA, including "Escape" in QLEC p. 128". The English versions of these two articles are translated by his wife, Hsi-chiang and their daughter Shiao-jung, and published in ps. 104 and 107 of TAL 2017. At the same time, his elder sister Tsai-tang has translated many essays in QLEC in to Japanese. 01312018.

Editor's note. Author's father Lin Chi-chung is the first western medicine physician of Jiadong's Medical Family (P4) & practiced in Taipei County then, aftera decade + in home town Jiadong Viilage. See details in "Records od Jiadong's Medical Family Rev Aug 2015" & "Table3, 2017 Correction..."