

My First Day as a Houseman By Dr Richard Yung

Inspired by Dr Daniel Fung's recent article "My First Day As a Doctor", which was published in the August issue of this newsletter, I tried to recall my own first day in early February 1961 at the Ipoh General Hospital. Situated at the fringe of the town, the hospital was the main one serving the central Perak State. From memory, its capacity was about four or five hundred beds. Upon graduation from Adelaide a month or so earlier, I had come up to get married in Ipoh, my bride's hometown.

I had wanted a posting in Medicine (internal medicine and paediatrics) or Surgery (general and orthopaedic surgery). "No vacancy," the Medical Superintendent told me. Thus reluctantly, I reported to the Obstetrics and Gynaecology Department, the only one left. The postings were all 6-monthly. O & G had never crossed my mind.

The Secretary of the Department directed me to report to the State Obstetrician & Gynaecologist, Dr Arifin, who had returned from England some months earlier after his Membership. He was just going to start an operation, but took time off to poke his head out of the theatre door to welcome me warmly. He then told me to go straight to the gynaecological ward to start work.

That was the first day I was being addressed as "Doctor". I could remember the excitement as I walked jauntily through the sprawling open grounds to this 60-bed single-storey, long and open Third Class Medical Ward. Beds were arranged in two rows along the walls facing each other. The 6 "gynae" beds were kept to one end.

As I had not been issued with a short-sleeved white coat worn by all doctors, I was dressed in a shirt and tie. My stethoscope was not hung across my shoulders like what is done in today's public hospitals. I was holding it in my hand and swinging it subconsciously. I must have looked the part, because as I approached the Ward, a nurse came running out to meet me, calling out excitedly, "Doctor, come quick! A nurse has dislocated her jaw!"

I felt an immediate surge of adrenaline, but calmly asked, "What happened?"

"She over-yawned and dislocated. She has done this before."

"Where is she?" I tried to appear stoical.

She was lying on the first bed, with her jaw dropped low and drooling. I was thinking hard about the many occasions I went through the reduction drill on my anatomy skull, and trying to remember the steps. "Yes, wrap your thumbs with a handkerchief, apply traction on both sides downwards gently but firmly without jerking it, then slip it back upwards and backwards..." Click! The jaw went back into place.

"Thank you, doctor."

I smiled, trying to conceal a slight touch of smugness, and felt the fine tremors in my hands. "That's all right. Be careful next time you yawn."

After this, I started my ward work in earnest, familiarising with the cases, most of them miscarriages and post gynae majors. The Registrar was not around. So I concentrated on finding out the methods of management in this 'ulu' hospital, the antibiotics and drugs they used, and how they wrote up the case notes.

Then there were the new admissions, drips to be set up and blood to be taken. In Adelaide, students had to have at least 6 venipunctures signed up in their Procedure Cards. For these we had to hang around the housemen for hours to beg for an opportunity. I managed to get 10 or 12 done, and two LPs to my credit. Big deal? Yes, it was - for students in Australia.

That day I was spared theatre and outpatient clinic duties. As there were only 2 house surgeons posted to the O & G Department, we took turns to look after the two branches. In the evenings, however, only one of us would be on duty. Thus it was an "every-other-day" type of call arrangement. After night duty, we carried on with our usual work until 5 pm, then had a much needed rest. For all this, we had a monthly stipend of \$401, from which a compulsory deduction of a \$100 was made for food at the Housemen's Quarters. Any "overtime" and "post-call time off"? What were they?

At 5 in the afternoon, my call night started, and I took over the Labour Ward. The work load in this small 6 to 8-bed birth room was not as heavy as the Labour Ward One in the old Kandang Kerbau Hospital. Nevertheless we were the centre covering all the District Hospitals in Central Perak. Fortunately for me, I was not thrown into the deep end on my first night. There were no "blood and thunder" emergencies. This gave me a chance to find my bearings.

I managed 5 or 6 obstetric cases during my duty hours. They were either primigravidas or problem cases. The midwives handled all the rest. The long hours I spent as a student monitoring cases assigned to me at the Queen Victoria and Queen Elizabeth Hospitals in Adelaide gave me the confidence. Now I had the opportunity of deciding when to commence pitocin drips and to handle analgesics. I was in control, and that was excitement enough.

With no medical students around, all the episiotomy repairs were naturally the houseman's duty. I took to them eagerly. As a student I had made it a point to learn, despite the fact that such opportunities were usually denied us in Australia. During Maternity postings, I used to follow the house officer or registrar like a dog, assisting them in all the procedures, however mundane. I pestered them until they finally relented towards the end of their own postings, when they themselves had had enough experience. Thus, I had managed to do two repairs - practically unheard of before.

But I actually had my first "go" at repairs at Kandang Kerbau, learning from my old ACS schoolmate, Siak Chong Leng who was then in his fifth year. On a visit home, wearing borrowed white coats from the Students Hostel, we went to Labour Ward D to look for cases with the "For Repair" signs hanging at the bed ends. He taught me to stitch using through-and-through monofilamentous nylons with a large curved cutting needle and tying the long free ends in a bunch. He showed me the first one, and I did the next two. A future professional obstetrician was learning to do vaginal repairs from a future paediatrician, a case of

About the author:

*Dr Richard Yung
MBBS (Adelaide) 1960,
MRCOG 1966, FRCOG 1981,
FAMS 1969; practised O & G
in a private group practice
from 1969 until he retired
in November 1998.*

◀ Page 10 – *My First Day as a Houseman*

the blind being led by the one-eyed! A few years later, I found out that this method was most uncomfortable for the patients. But that was what they did in those days. Fortunately for my patients however, I also learned to repair in layers later.

With these behind me, the first day at the Ipoh Labour Ward was smooth sailing without any need to call for assistance. But the highlight of my first call night was a multipara with delayed second stage needing help. I called the Registrar/MO who was a very senior doctor who had decided to undergo training to specialise, some 15 years after graduation.

I told her that the patient needed a low forceps delivery, and asked for permission to proceed.

“Do you know what to do?” she asked.

“Yes.”

“Sure?”

“YES,” I didn’t know what came over me with that surge of confidence.

“All right. Call me if you need me,” she said over the phone from home.

“I will.” I was surprised she had let me fly solo so soon.

The first thought which came to my mind was the word, “F-O-R-C-E-P-S”, an acronym drilled into us for preconditions of the procedure - Fully dilated, Obstruction nil, Rectum empty, Catheter passed, Engagement of presenting part, Presentation correct, and S for some pains.

In Adelaide, no student had ever had a chance to do a forceps delivery. The registrars and housemen vied for these limited opportunities. I did the next best thing - learning by assisting them, writing out every step in detail and practising them on the mannequin model. We were expected to know these for our final vivas.

On this cool Ipoh morning, I followed these steps exactly as I had practised previously. Luckily for me, the procedure went off without a hitch, though I had to reinsert the blades when they didn’t lock at the first attempt. After checking the conditions, they locked easily.

Throughout the whole procedure, I tried to appear calm, giving the impression

that I knew what I was doing. Below the surface, I was having mild tachycardia, though my actions were consciously slow and deliberate, trying to make sure I wasn’t doing any harm.

Events happened quickly. The newborn’s protesting cry was never so welcome. I quietly smiled to myself, closing my eyes momentarily, “Thank you, Lord, for your help.”

“Congratulations. It’s a boy!” I said to the mother in Cantonese.

By the time I had finished writing up the notes, there was a faint trace of dawn’s first light. Soon I would have to hand over my duties, and prepare for another day at the wards.

Thus ended my First Day. Forty years on, the images are still clear and vivid in my mind. On looking back, the sense of achievement on that day was probably the best of my housemanship year, which in turn was the most memorable period of my career in terms of learning experience and excitement. But that’s another story. ■