DR. ROBERT B. McCLURE and MRS. AMY McCLURE

Experiences with Dr. George Gushue-Taylor in Formosa, 1927-29

Interviewed by

Charles G. Roland, M.D.

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Hannah Chair for the History of Medicine

McMaster University

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Robert B. McClure, M.D., and Amy McClure, Toronto, Ontario

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Would you tell me, Dr. McClure, something of your relationship with Dr. Gushue-Taylor? How you came to work with him, and so on.

Robert B. McClure:

Yes. My first contact with Dr. Gushue-Taylor was about April or May in 1927. I had been working in North China with the Canadian Presbyterian Mission -- then transferring, or uniting with the Methodist and Congregational Church -- union was just going on and things were sort of settling down and getting sorted out. The revolution of 1927 had dislocated all the mission work -- the riots, the student riots, in North China.

I found myself with my wife about three or four months pregnant, and we were refugees. We'd left everything in our house to be destroyed, and got away with two suitcases. And my wife's father was with her. He was an amputee; his right arm had been amputated. And here we were without anything to do. It was very depressing. I find refugeeing a depressing occupation. Everybody was very blue, sitting around Tientsin as refugees.

Fortunately, I'd only been there a few days when word came that Dr. Donald Black, who had been working with Dr. Gushue-Taylor in the Mackay Memorial Hospital in Taipei -- it was then called Taihoku, T-a-i-h-o-k-u, the Japanese name -- Taipei, in Formosa, or Taiwan as it was. Don Black had been working there and wanted to continue in the United Church, and to do so it

would require him transferring to the United Church in Korea. That left Gushue-Taylor alone as the only expatriate -- "foreigners," we called them -- the only foreign [medical] missionary in North Taiwan, and he very badly needed help. So I was very glad to go over there.

I had heard very vaguely about him. I was very interested because when I began to look up about Dr. Taylor, in the records of the overseas mission, they said he was too well trained to be put into any other mission field. He was certainly, academically, the highest trained surgeon we had had up to then. I don't think we've had anybody since then, any higher, with his academic training. He had come out of University College Hospital, in London, with gold medals in gynecology, I remember, and gold medals, I believe, in surgical anatomy, and things like this. Really, a very highly qualified man. So I went over there and I met him.

He was very English, very, very, English. Little things that he whipped us into line, I would say. Outside the hospital property, he was "Gushue-Taylor." We never called him George, but we called him Gushue-Taylor. We didn't have to even put a "Doctor" on the front of it. Inside the hospital gate it was "Mr. Gushue-Taylor," or "Mr. G. Gushue-Taylor." He wanted that very well understood. Inside the hospital he was superintendent of the hospital. He was my chief on surgery, and he wanted to be quite sure that everybody understood that. And what he said, went -- there was no discussing anything. Orders were orders and that was it. I would say, he had, Gushue-Taylor probably had never had any Canadian experience of working with a colleague.

He had had, what shall we say, doctors working under him. He had worked under others in his turn as a student and as in the Grenfell Mission, I suppose, but he had never had anybody working with him.

C.G.R.:

No, just a hierarchial set-up.

R.B.M.:

No. Very, very, very distinct. He gave me to understand that and he immediately told me what a terrible education I'd had in Canada. That ideally you couldn't get any good medical course in Canada. He was right in this respect, that the ordinary Canadian medical student had not spent the time on the basic stuff of anatomy. Simply, in anatomy we did not know our anatomy the way the English medical student knew his. We did not know our basic pathology as it was in the pre-Boyd days. We did not know our medical pathology the way he did. It would be almost like an examination to ask us to look at a slide under a microscope and tell whether it was malignant and see what type of malignancy it was, what were the cells. So it was a new chapter to me.

It was a new chapter with the idea that I would go over and I would work in the out-patient department with them. I guess it was three mornings a week we worked in the out-patient, and three mornings a week we operated. And the mornings that we worked in the out-patient department he would work, a terrific worker at a terrific pace, and he would assign you your cases out of the folio. So many old cases that he wanted you to see. So many

new cases that he wanted you to go over. And then he would come and go over them with you at the end. Really, a tutorial, the whole thing, three years of tutorial I had with him -- two years of tutorial. It was simply fantastic. Then I would get finished -- we were supposed to knock off at 12 -- I'd probably get finished at 1 o'clock or quarter past one, and I'd be going home to try and get some lunch, absolutely fagged out in the heat of the day. But I had to go past his study with his screened porch, and sure as guns he would call me in and he would say, "You know those cases that you have now, here it is in one of the systems of surgery. Here it is in Treves and Choyce." Treves and CHoyce, was it, or something like this? And he had those books, he had a wonderful library. He would have gone home, a half an hour before I went home, and he would have picked out those things in two or three systems of medicine, and Rose and Carless, a general textbook, and he would have them laid out on his desk and he would say, "Now, Dr. McClure," because he's still talking to his pupil, he would say, "Now, Dr. McClure, you take these home and read these, and you must learn about it. Tell me about it tomorrow." This was the way we went on.

It was something terrific because he challenged me so much. He said, "Well, you couldn't have, you wouldn't have a ghost of a chance of ever getting an FRCS, but he said, "I would recommend that you do some postgraduate study in England." Well, just sort of, drum it in on a person like that, sort of made it a challenge. And I thought, "Well, darn you Dr. Taylor, I've got to try it." So I signed on for a correspondence course in gynecology and in operative surgical anatomy, one of these

correspondence courses, high pressure correspondence courses from London. Very good, because it did make sure that you had read the literature, at least once. Then they gave you a correspondence paper on it and you wrote it and mailed it to them and got back their reply. Very vigorously corrected, I might say. I found it very useful. So, actually I studied for three years, very heavily. Thanks to Dr. Taylor. And he had that academic standing to the thing.

On the other hand, he wasn't above showing you up in an out-patient clinic when they had some tropical thing that you should have been looking for but weren't -- things that I'd never met before. I think one of the first things I met was paragonymiasis, Paragonymus westermanii, the intermediate host is the crab, salt-water crab. And Paragonymus yokagawa was another one. Yokagawa was, at that period, the professor in the Japanese Medical College in Taipei. I went over and had long talks with him later on. He was the parasitologist -- had a parasite named after him. But this was Paragonymus westermanii, I think, that we were working with. But it simulated -- it was a tropical disease that in it's history and everything, exactly simulated pulmonary TB. You would say the man had TB. Here was a young man, losing weight, spitting blood, but getting no worse. He'd had it for two years, still spitting blood, and not getting any worse. We had a very lousy x-ray, little x-ray machine there. Nobody to run it properly. I was able, later on, to get a little bigger machine. It wasn't a shock-proof thing, you could really get killed with the thing, in the damp weather.

Everything leaked; everything was mould and the short circuits went along the mouldy lines and so on. But in the screening of those chests you got a picture just a very much like TB. You got the apical lesions in both apices. I would say to Dr. Taylor, "I think I have a TB." And he said, "Where's the organism," he said, "Have you demonstrated the organism?" And I said, "No, but I think it's TB." "Well," he said, "tell me if you demonstrate the organism." He said, "Don't call it TB if you can't demonstrate the organism." So it taught me a lesson. I didn't demonstrate the organism. We found something quite different. We found paragonymus in paragonymiasis, and then he had the books all out on tropical diseases, on paragonymus, and you read them, and read them, and read them, and then he would look up anything in the, I guess we got the British Medical Journal and the Lancet and if there's anything in the last five years on it, even a letter to the editor, he would have looked it up in the index, and he would get you aside, you see, and check you out on it. It was a wonderful academic life to live. As I say, it was very lonely because -- I'm not one that's inclined to get depressed, but the nearest thing to getting depressed -- because he had a very sort of distant way of, "You're not that chummy with me." I never felt chummy.

C.G.R.:

He looks that way in his pictures -- aloof.

R.B.M.:

Yes he was, he was, very aloof, very aloof, even with my wife. He'd call my wife Mrs. McClure, and she called him Dr. Taylor, Dr. Gushue-Taylor, please, Gushue-Taylor, he emphasized

that. She called him Dr. Gushue-Taylor until a furlough a way on, I suppose ten years after we left Taiwan. He was home on furlough. I guess I was away in the war. And Dr. Taylor called on my wife in North Toronto, and for the first time he said, "I think it's all right for you to call me George now," he said, "If I may call you Amy." Well, he delivered my wife of her first two babies. But that was his attitude, it was extremely professional, extremely professional. He wanted that same decorum in the wards.

He had difficulty. He was beginning to have a neuritis, which is probably a reaction. It's connected with, perhaps, a primary infection with leprosy. He had a neuritis, an ulnar neuritis, and at that time he had had, I believe, both ulnar nerves transplanted, transposed, over to the front of his elbow. It was said that his hand would go very weak, when he was operating on a long operation, so he was shy about taking it on. But when he operated he was, on the whole, overly cautious, and very slow, and overly cautious. He worked up his case. He knew exactly what he was going to do. He wasn't a quick thinker in that, if an emergency came, he had thought of all the alternatives, but it [the emergency] was something that he hadn't thought of. He was a little bit flustered and would sew up and say, "We'll try it again next time."

I think the most interesting things, surgically, at that time, aside from the general things, were TB peritonitis and ovarian cysts. Now, the ovarian cysts: you must understand that when mission medical work came to these countries, third world

countries, they were immediately up against a system of indigenous medicine. The first feeling was one of opposition -- this is intrusion of the foreign culture going to destroy our culture. So that both the practitioners and, interestingly enough, the patients of indigenous medicine felt offended at the coming of western medicine. On the other hand, the early people were very careful, the early missionary, medical missionaries were very careful to not engage in high-mortality operations. So nearly all their operations were successful. They only did those in which they could guarantee success. So that came, of course, with cataracts. In every country, almost, cataract surgery, eye surgery, came in; and, let's say, it was the thing that introduced western surgery. It was spectacular. It was sure cure. It was instant results. There were very few failures. If there were failures, the failure was nothing compared to the failure rate of any local person who was treating them one way or the other.

This happened in each country. There comes a time, Chairman Mao explained it best, he used the term in his writings, Chairman Mao Zedong of China, and he calls it "When the flower blossoms." There comes a time when suddenly, there's no definite, specific reason for it. It just comes in a third world culture. Suddenly the women begin to unbind their feet. The women agree, or the families agree, the girl should be educated. The farmer agrees to try new crops. The farmer agrees to try new fertilizers. He will plant new trees that he never grew before -- fruit trees, tree fruits. He would try stuff he never did before.

The same way it comes in, in medicine. So suddenly, in

just the one generation before me, 10 or 15 years before me in Taiwan, was the coming of permissive, it was permissive for a female patient to see a man doctor. Now, that flower blossomed. It had not blossomed in North China, when I left North China in 1927. It had blossomed, probably, a way back, 1917, 10 or 15 years earlier, in Taiwan. So that in Taiwan you had not merely the gynecology that was there now, you had the entire backlog of gynecology -- all the ovarian cysts that had been waiting for 20 years and growing to huge sizes, these were coming in. Dr. J.Y. Ferguson (his period is marked there, I think, I forget the period of service [1905-1919]), but anyway, he was quite a generation before me, but Dr. J.Y. Ferguson had come there, well equipped, to do gynecology and surgery. He had started in ovarian cysts, and they came to him; and, of course, it was very spectacular, very dramatic, these huge cysts -- I mean, 20 pounds, 30 pounds; my highest one was 45 pounds, and the woman weighed 55 pounds when she was finished -- but I think Dr. Ferguson had a cyst there in which the cyst was bigger than the woman. It was something the other way -- the cyst was 60 pounds and the woman weighed 55 pounds, something like that. His specimens were sometimes still lying around the place.

People were coming in to get other things [treated], lipomas, huge lipomas of various kind, and also TB peritonitis, where we were beginning to discover (we weren't doing by-passes so much), but we were discovering that an accurate diagonis of TB peritonitis -- you'd just open the thing and find tuberculosis all over everything, with a little bit of fluid. Sometimes a

little bit, sometimes very little fluid, it wasn't a prominent thing; sometimes fluid was the prominent thing. You diagnosed the thing, opened it up, broke down any acute adhesions in the place -- they formed immediately, of course -- and put the person on whatever TB treatment you could get at the time -- rest and hygiene and so on. Long before any streptomycin or anything was available. But merely opening up the thing, exploring it, and recognizing it as TB, that was extremely important, because in Taiwan -- I guess was the first place I met it -- was the ameboma, an amebic lesion of the ileocecal area around the appendix, which was very similar to a carcinoma, you would swear it was a carcinoma in the ileo-cecal area of the gut. Actually, that was an ameboma. You could resect it -- you had to be careful because your sutures didn't hold very well -- you could resect it. Later on, we learned to simply by-pass it and give antiamebic treatment. And it was fantastic! The whole thing would clear up -- you wouldn't believe it was the same patient a year later on, at follow-up. You just, absolutely, couldn't believe it. And if you did go so far as to open it up, you found a perfectly normal cecum compacted -- hardly a scar in the thing. A fantastic thing. There was an ameboma -- so the exploratory laparotomy was done and Dr. Taylor was extremely good at it, extremely good at his diagnosis. Very conservative.

He had a very good anesthetist in the person of Gretta Gauld, a nurse, who had been given both midwifery training in Canada and anesthetic training in Canada, on condition that she would not practice in Canada when she was home. There was no influence of the American nurse-anesthetist, which was so common

in the mission field and so common in the American hospitals at that time. We didn't have that kind of an animal. But Greta Gauld was a very good anesthetist and could supervise it and give very good anesthetic.

Dr. Taylor was not very, what shall I say, daring in those things. He was very slow to take on spinal anesthetic. I was very keen on them. I'd had very little experience but we read up the literature on it, and he cooperated, thoroughly, and would try them out. He said, "We'll try out these things you have." We had several different combinations of anesthesia for spinal stuff. He was very interested, but I remember after I had done about 300, I guess, of these spinals and found them very satisfactory -- I think it was a caffeine, novocaine, combination that we were using. The idea was that the spinal anesthetic caused a drop in blood pressure. But if you had the caffeine mixed in with it, the caffeine would be absorbed at the same rate, and the caffeine would tend to raise the blood pressure, and the total was zero, so that there was no fall or anything. It sounded good and it worked very well.

After about 300 of these, I wrote to Dr. Taylor's colleague in age, Dr. David Lansborough, down in the center part of Taiwan, working with the London mission. I wrote to him very enthusiastically, told him how we did it; I think as a young doctor, I thought I was educating David Lansborough, the old gentleman, and told him that we had found a very nice way of doing these things. I remember he wrote back on a postcard saying, he was delighted to know that I had had 300 successful

spinals, that he had had some 1200 and found them very useful. Glad that I had tumbled on to it, sort of thing. He'd like, if I had time, to come down there some time and he would like to compare notes. That sort of thing.

But Gushue-Taylor was very slow, now, to adapt. The fact that they had a very good general anesthetist, usually with just, you know, ether anesthesia, open ether, but [despite] the fact that he had a good anesthetist, he wasn't very venturesome in spinals. He was very much more concerned with the drop in blood pressure thansome of the rest of us; perhaps we were not sufficiently concerned. On the whole it gave us a little less hemorrhage, and a little less danger, but, of course, we were walking pretty close to the edge of the precipice, I guess, looking back on it. But that's the way it worked out and it worked out fine.

He was kind of hesitant sometimes in these large ovarian cysts because you found them very adherent. Sometimes they'd been needled by local acupuncturists and needled repeatedly and that caused a little local reaction. And the sum total of that would be a very adherent cyst. You had nothing to do but just -- there were no large vessels -- but just masses of adhesions that you separated off, sometimes really wondering if you were stripping off the peritoneum, and whether you were getting the right line of cleavage. Then the only thing you could do was to put your hot packs in there and try and hold it, and when the time came we didn't have much blood transfusion. We had ample intravenous, but a blood transfusion was very difficult to get. People wouldn't give it and we weren't very good at it. So the

thing was, when do you quit? I remember several times, two or three times, in very big ones, very big ones, over 20 pounds, that Dr. Taylor said, "I think we've gone far enough with this one. We'll sew her up." But, he would go back in a month later and probably later be able to take it out. I don't think we ever failed in the thing. And we always try, of course, to take them out intact, lest they were implanting, as they would implant daughter cysts all over the place; you didn't know whether they were that type or not, so you were best not to lose any fluid from your cyst. For heaven sake don't burst it.

Dr. Taylor was also very conservative at thyroids. Now, our thyroid tumors there, there were some from the mountain that were simply hypertrophic thyroids -- giant things from iodine deficiency -- and some were thyroid adenomas. There was very little thyroid carcinoma. Adenomas were fairly common and sometimes quite big. Again, they'd tried everything before they came to the western medicine -- they'd been needled, they'd been medicated, they'd been massaged, they'd been tapped, everything like this.

Well, in thyroid work Dr. Taylor was very often -- I think if he wasn't feeling very fit, he would say, "Tell the patient to come back in a month," and I didn't see why he should, why he didn't dive into it. I was very keen. I think sometimes he felt he had as many serious cases on his hand as he wanted at the time. He was very meticulous in his thryoid [work], that you would have your exact diagnosis first, and be quite sure that there was no infection from -- the patients would always lie --

if they'd had recent needling, or that there might be some infection still latent around the place. He was very conservative on that but very beautiful when he did it. He took his time at it, he was very deliberate, he didn't believe in local anesthetics for his thyroids, which I was rather keen on, after seeing Crile's work. He wanted to have the patient really thoroughly under. And he was very meticulous about finding the recurrent nerve, and finding the parathryoids, and everything like that. And a beautiful knowledge of anatomy. Never got confused at his anatomy.

One of the things we were doing, which certainly made you review your anatomy, was TB glands of the neck, which very often, if they were exciseable, you thought you might as well get started by excising them and giving the patient a little better chance. As a matter of fact you might do both sides -- if you didn't get into too much trouble with the circulatory, with the jugular vein and things like that -- a month or so apart. Now, he was very shy about doing those because they're awfully messy things and you do have to get -- things are distorted very badly. But he always knew his anatomy, exactly, every little artery he cut -- he knew what he was cutting and he did it very meticulously, and you certainly never had to get up at night after one of Dr. Taylor's thryoids. You never had to get up at night, every single thing was tied off carefully. It was a very wonderful thing too.

Now, I worked with him like this. He encouraged me, he didn't go in for himself, he encouraged me to do my own pathology specimens -- to start doing my paraffin specimens. There was

some old equipment around the place, so I read the stuff up in the books, and went out to Yokagawa at the Japanese Hospital once or twice to see their set-up. There was no other hospital doing the sections. We had to send the sections to the Japanese Hospital. They sent them up, I think, to Tokyo, and had them done in Tokyo and then come back, have the report come back by boat two or three weeks later. It was a great advantage, if we could; I was always interested in surgical pathology. So we got some pretty fair sections, hematoxylin and eosin stuff, and we trained a lab technician to do it. You had to begin right at square one, sharpening the knives and everything like that. It was very laborious stuff and very primitive equipment. But it worked very well, and we got it, and then Dr. Taylor became very keen on it. He would say, "Now, if you're not too busy, would you get a section of this and have it for us within 48 hours, and let's read this section." So we began to do, I think, a better quality of work that way. He would not have done sections himself. I think he had all on his plate he could handle.

Aside from his medicine, he had a very good talk to his patients, [he was] a very careful man in his language, his Formosan language was always very exact, and he always had a talk on the religious side of things with both the patient and the relatives of the patient. He was particularly sympathetic when he was undertaking a very serious operation, and very, very sympathetic, and very deeply touched himself, whenever he had a fatality on his ward. I think the rest of us, perhaps, I don't think we were careless, but I think we shrugged it off, perhaps,

more often than we take on talking to a patient, perhaps we didn't, and the relatives. But Dr. Taylor did his evangelism rather in this way. He would always have a chapel service. Every Saturday was devoted entirely -- the outpatient department was not open officically on Sunday, and Saturday it was cut down to a minimum, and only urgent cases were seen -- because Saturday was reserved for leprosy cases.

Leprosy: as I recall, we had about 660 cases at the time. I said, let's divide them in two -- I'll take 330 of the younger group, which really meant that I took the ones that were under 15 years of age --and he took the ones over 15 years of age. He taught me how to handle the disease. The treatment then was with chaulmoogra oil injections. It was the only thing we had. We'd mix it with creosote in a solution, emulsion of creosote and chaulmoogra oil. We had to gauge the dose and start with quite small doses. In childen 10, 12 years of age you'd start with just one milliliter or two milliliters a week, intramuscular -- very painful. The oil was almost as thick as the Mazola cooking oil, and so you had to use a large-bore needle. Your hands were very slippery, particularly with rubber gloves on; I developed a sort of a holder for it, that would let you get a good grip on the thing. Put the syringe in the brass holder --because I was a bit of a machinist -- and we got that so that you could give the injection, much more important in adults even than in children because you had to give big doses, sometimes 10 cc into each buttock. Every Saturday you had to find a place so you had to begin to work down the muscles of the leg to find a place that wasn't a little remnant from nonabsorbed stuff, perhaps, even

forming cysts and things like that.

It was very depressing work. It took a tremendous amount of confidence and faith, particularly to not let your, shall I say, your discouragement spread to the patient. You had patients that were making very, very slow progress. You would try to increase the dosage as rapidly as possible so that to get any therapeutic effect as early as possible; but if you increased it too rapidly they got a leprous reaction, broke out in a fever, got a shower of leprosy spots all over their limbs and all over their face. They felt much worse themselves and came in and told you so. It made you very discouraged. But Dr. Taylor never lost his faith. He was always optimistic in these things. He never underestimated it. He'd never say he had a cure, never. But in 600 patients, as I recall, there would be somewhere between -- in my lot, I had 300 of them, 300 odd -- in my lot there would be four or five, which at the end of the year (they may have had more treatment), but at the end of the year of my treatment, we would have a little assessment of this. I would go over the history, and look at the weight, and talk to the patient, and talk to the relatives and then say, "I think this patient is showing no active signs of leprosy now." You never get a leprologist to ever say he had a cure -- he had a remission, he's achieved a remission. Oh, Dr. Taylor would go bang off the handle if you ever said, "cure of leprosy". No, don't say you've ever cured leprosy. But I'd say, "I think this one is ready to go home and perhaps come back every six months for a re-check." He was very guarded about it, and it was very

discouraging work. But he never lost his courage, he kept on.

He was terrifically moved, when he was going on furlough -- after two years, 1927, 1928, came to '29, Dr. Gushue-Taylor went on furlough for a year -- he handed over the hospital to me, the surgery, with considerable trepidation. He said he'd pray for the patients and hoped that I wouldn't try anything that was beyond me [laughter]. I was very energetic then and thought I had everything under control. He was taking his nurse with him and Greta Gauld and I were left, more or less, to hold the fort. Mrs. Taylor, by the way, always worked as a nurse in his ward and shared his work in the leprosy colony.

Dr. Taylor was terribly afraid of leprosy himself, terribly. I would say it was almost a phobia. He wore rubber gloves all the time. He always was very careful not handle his patients any more than possible, even with the rubber gloves on. Door knobs were so arranged that the surgery had a lever on the door that you pushed with your elbow, so you didn't have to touch it with your hands. No patient touched the door knob, so there was no possibility of you getting infected. I suppose it was probably right because it's better to have more fear of leprosy than to be too brave about the thing, have bravado about it. But I must say I didn't share it, so as soon as Dr. Taylor got away I said, "Well, I find gloves very demoralizing to the patient. To handle patients who come in off the street and you handle them all with rubber gloves." So I said, "Let's get rid of the rubber gloves. I don't think leprosy is spread that way." I think the later generation of people working on leprosy got over some of the fear that the early people had. And I think they had every reason to

be [afraid] because probably his neuritis was a leprous reaction.

I went through that same stage. I got a leprosy reaction. My ulnar nerves are still large, to this day. Yes, and it makes you very alarmed. After a year or two of working with the thing, there may come a time when you begin to feel little anesthetic areas developing all over your body, and that sort of thing. Well, Dr. Taylor was very good about that. He said, if you feel any worry about a thing like that, he said, let me test you out. And he said, I'll do the same if I feel anything, you test me out thoroughly. So that once or twice a year, I guess, we checked each other over pretty carefully for any anesthetic areas appearing, and everything was fine.

He was a very good planner. He was obsessed; he said his life work was not going to be his surgery. His life work was going to be the evangelism he had done on his patients and their relatives. I think he was really the evangelical type of medical missionary.

I think he underestimated the tremendous influence his personality had on people who worked with him. As I look back over my life, I forget all about the patients; even my most dramatic surgical cases, I'm afraid they have almost faded into the foggy past. But the things I remember and the things I value are the junior colleague that I trained, the labratory technician, the x-ray technician, the medical assistant, the barefoot doctor, the paramedical, the nurses -- I regard these as my achievement. I think Dr. Taylor counted his greatest achievement as the religious impact he had had on his patient and

on the relatives of his patients even when the patient had died. The relatives went home with a different message.

His tremendous religious influence was very well demonstrated. Now, in our leprosy clientele of 660 patients or so, I don't suppose 20 of them were Christian. I think quite a number were baptised, perhaps. At the outside, I would say, there weren't more than 50 who had really decided to become Christian in their attitude and certainly many of the senior ones were really cultured Taiwan Buddhist people or whatever they had. Their religion, it's a hodge-podge religion, but there it was. And they hadn't changed it.

But when Dr. Taylor was going home on leave -- one of the very common things they gave you was a little thing made of Taiwan gold that they mine up there. They would give you a little outline map, a silhouette map of Taiwan, in gold, sometimes with a little mountain ridge down the middle showing up a little higher, gold and that sort of thing. But when Dr. Taylor was going home on furlough, and they didn't know for sure whether he'd be able to come back or not, it was very interesting that these leading senior men who were, shall I say, devout Buddhist on the whole, certainly they were not Christian, but they said, as a result of their years of contact with Dr. Taylor, that the only thing they could give him to remember them by would be a little cross made of gold, rather than the map of Taiwan. He valued that a very great deal. It showed the very profound Christian influence in the place.

C.G.R.:

Can I ask a couple of questions?

R.B.M.:

Yes.

C.G.R.:

You mentioned the 660 leprous patients. Where did they live?

R.B.M.:

They were entirely treated as out-patients. He was then organizing the Happy Mount Leper Colony, which at that time -- we looked on leprosy before the coming of DDS, sulphones, the treatment of leprosy -- the leprosy colony was very much in demand. For one thing, you could control the person. You could control their diet and see that they got an adequate diet. You could isolate the children of leprosy patients, who otherwise....You could save the leprosy patient from being excluded from his village, because as it became more conspicuous, as his lepromatous lesions became more conspicuous, the village almost always ostracized him, kicked him out. He had to live under very unsanitary conditions out on the fringe of the village. Sometimes without adequate nutrition -- nobody wanted to work alongside him in the rice field. He didn't have a job. Nobody would hire him. So a leper colony was necessary, and he was planning that leper colony very well, and did a tremendous job and finally got his colony. But the irony of it was that about the time that Dr. Gushue-Taylor got his colony was the time that colonies were going out because sulfa treatment was coming in.

I left when he had the land, he had the land surveyed, he

had the plans, and I think was beginning to dig the foundation. The landmark thing was in New Year's, 1929, I guess it was. Dr. Taylor was home on furlough. It may have been 1930, but anyway on that New Year's Day, Dr. Graham was there at the time, and we were called on, and we received a grant of 50,000 yen, which was a tremendous grant at that time, from the Empress of Japan in person. That was a tremendous thing. There was only one other organization, a big beggar's home in Taiwan, that was in that category of the 50,000. It was a tremendous thing to receive that. It comes down through the Govenor General, and you went in your frock coat and plugged hat, and had to receive it with a real ceremony. Oh, you had to walk 25 yards up a carpeted thing, and then back up without turning, don't turn your back on the Queen's representative and all this sort of stuff -- quite a job in reverse gear. But it was a very great thing, and the whole island knew that it had been his thing and had the blessing of the Royal family of Japan, which counted a great deal. And enabled him to get the money.

I think he did nothing on borrowed money. Every bit of money he had was raised before he spent it. And he built the Happy Mount Leper Colony. I guess it's still there. It's on the south bank of the river opposite Tamsui. A very choice place. On the other hand, the whole colony idea had gone out now. The leper colonies, by and large, around the world are either for very advanced cases, who are ostracized by their village, but mainly they are to prepare patients for surgery and to look after them after their surgery -- their healing is a little bit slow and you may have a multiple operation. And to rehabilitate the

patient.

So that, for instance, in Zaire, the leprosy colony there had room for 120 beds and the most they ever had was 20 people in them. They were only there while they were getting their shoes made with microcellular rubber, to fit the foot and avoid ulcers in the future, and to get their ulcers cleared up and do whatever tendon transplants you wanted. So the leper colony was going out.

Now, Dr. Taylor never took part in the surgery of leprosy, on that main scale that came in about the end, it was just beginning to come in, I guess, if you compared notes, it was beginning to come in before he died. But he never took part in it, I don't think. I think I'm quite right in saying he never took part in Paul Brand's type of thing of correcting the hand and the drop foot. We did the eyes, we did the eyes. The leprosy eye that wouldn't close. We put a bit of fascia lata around and hitched it up to the temporal muscle so they could close their eyes and avoid ulceration of the cornea. Some of them had trachoma and had ectropion that was rubbing their eyes and causing corneal opacity; we could operate on those. Again, he was terribly scared of operating on leprosy cases. I think he overestimated the danger of it. His caution -- he was conservative, he was a conservative surgeon -- and his caution was that he might make the eye worse, or something like that.

Actually, I saved up quite a number of those cases until he went on furlough and then dived into it with great gusto. So we had a lot of it. By that time I snuck some of them into the

ward. We isolated them from other patients but we did bring them into the general hospital, as otherwise you didn't do anything for a leprosy patient that couldn't be done on Saturday mornings, sort of. You might leave him in the clinic over Sunday and let him go home Monday morning. But we didn't mix them in with the other patients. But by that time I was getting word from other leprosy colonies, in Chiangmai, in Thailand, and other places, and Hong Kong. We felt that leprosy wasn't that terrible a disease. We got over a lot of our phobia.

C.G.R.:

What about a social life in the community? Was there a hospital social life?

R.B.M.:

Social life was very puritanical, very puritanical, looking back on it. You'd have no such thing as bridge, you didn't have any such thing as bridge. You had a nice little, it was a very chummy sort of a little Christian service every Sunday evening in the English language. You'd already functioned in both Taiwan language and sometimes in Japanese language during the day. But in the evening we got together for a little hymn sing, because the Gauld's were terrific; Mrs. Mother Gauld was the introducer....

[End of side 1.]

In the nursing education, he was interested in that. His wife was giving lectures and demonstration -- very practical training too. Much more practical than academic. The Taiwan girl made a wonderful nurse, wonderful nurse -- no better. I wouldn't want to work with any better nurse than the Taiwan

pupil-nurse who turned out. And she always had to have music. She always had to have music from Mrs. Gauld. So there would be these various get-togethers for musical recitals. The rest of the time -- tennis, he played a little tennis. There was a tennis court back of us. The tennis court was with the community.

Dr. Taylor had a sort of a, how would you say it, a "thing," he had a thing about the foreign community, because they were very heavy drinkers, very heavy drinkers. I don't know any foreign community that I have associated with, a community of Englishmen, that were as heavy on alcohol as the people in Taiwan. Before I went there Dr. Taylor had to look after the foreign community practice. Dr. Black, my predecessor, had done some of it, as much as Dr. Taylor could pass over on him, but there was a great deal that Dr. Taylor had had to do. So as soon as I came, I had had my association with the business people in the mines in China, and I always get along very well with the business people. I didn't there, because there was no such thing as a moderate drinker. I was completely TT, also. There was only one other man in the community outside of the mission who was such, actually a Standard Oil man of all things. He almost killed himself drinking ginger ale; he'd match it glass for glass with any beer drinker in the place. How he kept from being exploded, from blowing up, I shall never know. But they understood it.

Dr. Taylor very early handed the foreign practice over to me, which was very lucrative. It enabled the practice -- you

see, all the mission hospitals then were based on a "soak the rich and help the poor" [principle]. So you had your first-class ward and you did make a distinction. It was a deluxe ward -- you charged them for it. Heaven help the foreigner if he got sick, he really paid through the nose! And he had an insurance thing to cover that, prepaid sort of thing. So it meant a very nice cash income to the hospital. On the other hand they did want a service. Most of their service was connected with either liquor or venereal disease. So you had to look after those things in the place. There was very little surgery about it.

The women, the foreign women there, Dr. Taylor handed over to me. He was very conservative in his obstetrics, and I think almost scared of obstetrics. For one thing, he didn't do caesareans early enough. He would let it go too late, if anything. His conservativism would last too long, whereas we came to the place where caesarean -- we were doing classicals then -- and we came to the place where, if it was complicated, for heaven's sake do a caesarean and get out of it. So he was very glad to hand the foreign community stuff over to me. But I would have to call him for any surgical condition, call him in consultation, and I guess he probably signed the papers if we did have to operate on an acute appendix occasionally. But things like tonsillectomy -- some of them had recurrent tonsillitis and tonsillectomy -- I would do those. But anything serious, I would talk it over with him and then he would agree, "No you go ahead," or "I'd better do that with you." He took that responsibility.

But he did not like to associate with them. They drank,

they smoked heavily, they womanized around the place. He didn't like it. He didn't approve of it. His moral standard, he didn't want to be associated with them -- perhaps with the idea that if he associated with them, the Formosan Christians would assume that he more or less, what shall I say, condoned what they were doing, their life style. And he wanted to be sure that nobody thought that he condoned that lifestyle. Whereas with me, I felt that they were better to have that fellowship and we had very good -- as a matter of fact, the friendships that we made there then have lasted right up till now. Right up till now, and that's what, 60 years later, more than 60 years later. So it was really, quite, quite marvelous that fellowship.

Dr. Taylor was very impatient. Occasionally -- there was once, I remember one notorious case of one of the soft-drink men, he was an agent for soft drinks with a lawsuit because they were copying his soft drink. Like making imitation Watson's ginger ale. So the big boss at Watson's came over to Formosa on three different occasions. Well, each time --he came over by boat, of course, from Hong Kong -- by the time he landed in the port he was delirious. He had DTs really bad, and they wouldn't let him off the boat, the police wouldn't let him off the boat. They'd telephone the hospital and said, "Send somebody down here with an ambulance and the police will supply the strong arm and we'll bundle him up and get him back to your hospital." Violently DT. And this man came on three different occasions with violent DTs. Well, Dr. Taylor was very impatient with a man like that. It really meant hydrotherapy; we put him in the hot bath for 24

hours and soaked him, soaked him and then had him under heavy sedation. We didn't have very good sedatives then. We soaked him with bromides, chloraldehyde, and paraldehyde, and all the rest of it, you name it, we certainly soaked him. But Dr. Taylor was very impatient with him and just furious with him. I said, "Well, what can you do, Doc?" I said, "You've got to." And I said, "He's going to pay us, don't worry, he'll pay for all the trouble, services he gets." He did, a very lovely week. We sent him a whopping bill.

He had a contract with the other people and they would call -- they were covered by a sort of OHIP thing --they would call whenever they wanted, and get it. Very often it meant a house call and then that too developed a social life in the community -- they would return. The tea business was not too busy -- it was only busy for four months of the year. When they were not busy they drank heavily, but also they entertained, they invited you out. Now, Dr. Taylor did not accept those invitations -- hardly ever -- I don't think that he ever. They might at a Christmas party, St. George's party, or something like that. They would be very rowdy affairs. Dr. Taylor could always leave early. He always wanted to give a little talk about temperance when he got into a crowd and would emphasize -- they'd be having, perhaps, for some patriotic thing of some kind, St. George's Day or something, they'd have the champagne, you see. Dr. Taylor would proclaim in a very loud voice, "I do not want to poison my body with that stuff, I will have ginger ale." Say it in a very loud voice so that everybody heard him. It was all right, it didn't stop the consumption of champagne one little bit, I might

say. But they knew where he stood on it.

C.G.R.:

He'd made his point.

R.B.M.:

We had actually some very fine people in the community there, you won't believe it. But their cruising rate each afternoon was about 30 minutes. We would have them out to the house. They were very generous to us; they gave a large bunch of tea to both of us personally, and to all our friends, and to the hospital. They kept the nurses all supplied with tea and all the wards were supplied with tea free of charge -- the highest quality. But we would say, "Now, won't you come out for supper?" "No, we wouldn't have supper," because they couldn't have anything to drink. So, we'd say, "Well, come for tea." So they'd come out in their car with their driver. They never drove themselves. They'd come out with their driver. And at the hedge outside as they drove into the place, you'd see them get down under the car, lean down in the car, open car, but lean down and take a good big swig and then come in and have their tea. But they'd be watching the clock all the time, and about the time they'd had a cup of tea and a piece of homemade cake and that, they'd be out in the car and just as soon as they got that car door there, down they'd be to get their fill up. They really were alcoholic. They died of alcoholic livers and that sort of stuff, cirrhosis, you name it.

C.G.R.:

Tell me about Mrs Gushue-Taylor.

R.B.M.:

Mrs. Taylor was a very patient lady.

C.G.R.:

Was she English?

R.B.M.:

English, English.

C.G.R.:

Not from Newfoundland.

R.B.M.:

No. Not Canadian, not Newfoundland. Both Mrs. Taylor and Miss Senior -- Miss Senior was a favorite of his. Miss Senior, now she was, I guess, senior nurse, probably. She was also, I think too, senior to Greta Gauld. Miss Senior came over -- I'm not sure but what she was originally a Barnardo Girl because he'd worked at Barnardo's. And I think Mrs. Taylor, he met Mrs Taylor when he was working at Barnardo's. Now, whether she was a Barnardo girl, originally, I don't know, who'd come in -- she certainly was a very well qualified nurse, qualified in midwifery and, like him, very conservative; quite sociable; very, very, English compared to the Canadian thing, very rigid in their habits, you know. Nurses would do this, nurse wouldn't smile on duty -- you went around rather sour-puss most of the time and showed our dignity, and that sort of thing. Any hilarity was quite undignified.

I remember when Dr. Taylor was leaving on furlough and he'd handed things over, I guess it was the last day or two, and he was in getting some papers or something out of the drawer of his

desk that I have now occupied, and Greta Gauld was going around and something was wrong upstairs, and Greta leaned over the railing, you see, and called, "Bob, Bob." And I said, "Yes, Greta what do you want?" Poor Dr. Taylor, you could see the flush come over his face, "Gosh! What was happening to the hospital?" This is what he was leaving. He almost cancelled his furlough, I think, because he couldn't hand the hospital over to a thing like that. Well, that was the sort of dignity that you would always have, ever unflappable. Mrs. Taylor, was completely unflappable.

They were very, very good to us. Very, very good to us. Now, the only way we could get suitable nursing for my wife, when she was having her babies, one after the other, was to go to Dr. Taylor's house and live in Dr. Taylor's house where she would be close to it. Now, Greta Gauld was looking after my wife, but Mrs. Taylor was there in the house, and a most attentive person. And so terribly, what shall I say, conservative in the thing. Dr. Taylor wanted my wife to take some mild exercises on her stomach, so the uterus wouldn't prolapse. And not move out of bed for 3 weeks after childbirth. My Gosh! Well, the new things hadn't come in then -- early ambulation hadn't come in then, but so help me it wasn't necessary to be that way. He was very insistent, for instance, on my wife. She said, "You know, breast-feeding your baby." And my wife said, "Yes, yes, yes." She's all for it and she'll certainly do her best. She did do her best but the baby was howling all night. So no doubt at all the baby needed supplement, and we supplemented it and we never told Dr. Taylor at all. But as the baby increased in weight and

everything like that, I remember him stopping my wife one time and saying, what a nice chubby baby we had. And Dr. Taylor said, "You know, I told you that could be done with breast-feeding." My wife, meanwhile, just for fun, had set the baby on a big box of Klim milk powder and taken a picture. You could have done it with a commercial. But Dr. Taylor never saw the picture. And he thought to this day, I think, that my wife had depended entirely on breast-feeding, which she didn't. But he was very conservative that way. And Mrs. Taylor was very understanding. They had no children. I don't think they understood children other than from a clinical view point.

He was very worried when a child misbehaved. I was not adverse a certain amount of corporal punishment. Dr. Taylor came over one time and really bawled me out for "beating" my child. He said it just made his heart bleed to see me beating my child. He was that way. A very compassionate man, terrifically compassionate. Almost emotional about some of his own cases -- emotionally involved in some of his patients, particularly those who had had a very tough luck story or something like that. The patient would tell the story and Dr. Taylor would almost break up in front of the patient telling this story. I'm afraid I'm very hard boiled about those things, because sometimes the story was not true. Dr. Taylor was never dirty-minded though, and I have a filthy mind about those things because my colleague in China had been very soft-hearted. One time on a visit to my country clinic, I happened to go into a toilet place that had just a partition, between the toilet and the food shop; the men were

discussing me and where I'd come from, that I'd come from the Hwai King Hospital. My colleague was a very soft-hearted -- very, very soft-hearted man. And I remember that patient telling him, he said, "Oh," he said, "I went there for a hemorrhoid operation," and he said, "You know, the doc was going to," (this is the patient speaking), he said, "the doctor is going to charge me 15 bucks for that operation." He says, "You know what?" He says, "I gave him a line of gush," he said, "I gave that doctor a line of gush. Do you know what happened?" He said, "The doctor was crying before he booked me into the hospital, he was crying on my shoulder. He had prayers with me." He said, "He even gave me my board free while I was in the hospital." He said, "Boy, he was a soft touch." This was while I was in the latrine. So when I came out, I had changed my ideas about philanthropic effort of the mission in China.

But Dr. Taylor was very soft-hearted that way. And I see now it was better to be over-soft-hearted than the other way. It certainly was. I admire him for it. He leaves the picture of tremendous admiration. That's the picture you get. We had differences of opinion, and differences of ideas and that, but tremendous admiration, tremendous Christian faith -- the faith oozed out of him. People saw it -- the people in Formosa, the very people that he didn't care to associate with. We have seen them in the past 12 months, and we get letters from them. They always mention Dr. Taylor, "Dear old Dr. Taylor," though he bawled them out for having alcholic beverages and all this sort of stuff.

C.G.R.:

Well very good. Anything else you that you can think of? Any aspects of Dr. Gushue-Taylor's...?

R.B.M.:

Finances -- I never knew what, I never had the faintest idea what his personal finances were. I know he lived very, very frugally.

C.G.R.:

He left a very small estate. I can tell you that; I know that.

R.B.M.:

I'm sure he would have. I didn't know, I don't know it, but I can quite believe it because he was so conscientious. He was absolutely conscientious, absolutely unsparing in those things. Money never entered his head. As a matter of fact I tried to talk over money sometimes. Perhaps they wanted to do a favor or something. One of the heads of the shipping company might say, "Why don't you and your wife take a trip up to Japan on one of our freighters that's coming in and I'll just speak to them." Taylor would never take that, never compromised himself, at all. Never, never, never. If it wasn't available to every missionary he wouldn't do it. No.

One of the tea men there noticed that I was reading, liked to read in the club, and the club had a marvelous library -- little club there in the country. Of course it was nothing but a souped-up bar, most of the time; people went there to get tanked every night. But I used to go in, if I had an afternoon off, and read the journals. You'd get the Illustrated London

News, you could get Punch, you could get all the different yachting magazines, and so on. I liked to go in there and read, and one of the fellows said, "I'll make you a member of the club." $800 a year. That sort of thing. Taylor would never have accepted that. Taylor said, "You go to the club?" I said, "Yes I do." I said, "The man just gave me a membership to the thing. He's ready to pay the initiation fee and membership and everything as long as I paid my bills for drinks." Well, I never took any drinks so it didn't make any difference. But Taylor would never have accepted that. He didn't want to comprise himself. If he was going to criticize a person he wanted to be quite free to criticize without ever having compromised.

C.G.R.:

You mentioned Miss Senior. Was this Annie Senior?

R.B.M.:

Annie Senior yes.

C.G.R.:

I guess his wife predeceased him, didn't she?

R.B.M.:

Yes, yes she did. Now what she died of I don't know. No, because when he was on his second to the last trip and going through Canada he was certainly alone. His wife was not alive then.

C.G.R.:

He apparently had planned to marry Annie Senior.

R.B.M.:

Pardon?

C.G.R.:

He had planned to marry Annie Senior.

R.B.M.:

Had he? Well, that would have been very, very right.

C.G.R.:

Yes. There was a codicil in his will and he stated that they had intended to marry and that if he died beforehand she was to receive a small sum of money.

R.B.M.:

Is that so, is that so?

C.G.R.:

That name just suddenly rang a bell and I realized that I had that written here, yes.

R.B.M.:

Well, that's it then, that's it. I think they had had such a common background, with their English training and their Barnardo background. Barnardo homes had made a tremendous impact on Dr. Taylor, and the Grnfell Mission, had shaped his early ideas. Given a channel, I think he would have been a very conservative evangelical missionary if he had not had that "feet on the ground" attitude that you got from Barnardo's home and from the Grenfell Mission, because old Grenfell was a very practical man -- terrifically practical man. And Taylor had contracted some of that from him -- yes, it had spread the infection.

No, he was not overly concerned with the finances of the hospital. I never heard him talk a great deal of the hospital finances or saying, "We must lift our rates or we must have

difficulty with the budget. We must cut back on the budget." As a matter of fact, with the foreign community practice and with his reputation and the hospital's reputation -- hospital, well, as Dr. Taylor -- the hospital had a reputation of being the best surgical hospital in Taiwan for the Chinese person. So the wealthy ones came and they paid, they paid well. They had a first-class ward and they got first-class food. None of the patients in that hospital had this problem that there has been in the primitive mission hospital of the patient's relatives making food and bringing it into the hospital -- no, none of that. Their hospital kitchen was very well run, very efficiently run, yes. Dr. Taylor knew, he was very interested in the efficiency. He had a very efficient system. The cooking and everything like that was done with rice husks, which could be bought for practically nothing. We paid the cartage on them. And they would put the rice husks up and you elevated them up and then brought them down a chute with a slide in the chute. It was almost like turning a tap in a fuel oil line. You just turn a tap, the rice husks all flowed down. They are quite slithery, and go into the fire and the fire would burn up. You had just a thing like gas. And they went to an ash. The ash was just soft powder, just like a cigarette ash. So it was fantastic.

C.G.R.:

I'd be very grateful, Mrs. McClure, if you would just tell me a bit about your recollections of Dr. Gushue-Taylor.

Mrs. Amy McClure:

Well, I remember an extremely kind person who never got unduly upset about things, or if he did he kept it very much to

himself, he didn't let the rest of us know. But at that time in the mission history, everybody called each other by married names or Miss, that sort of thing. None of this first name business. So always, it was Mrs. McClure and Dr. Taylor. Years later, I can't tell you how many years because I never date things in that way, but Dr. Taylor called in Toronto. Bob was not at home at the time. But he came to the home where we were living, and I met him at the front door. I think it was a surprise visit. But anyway, just as I met him at the front door and held out my hand to him, he said, "You know, I think, after all these years, it should be 'Gushue' and 'Amy'." So that was a real breakthrough for Dr. Taylor, to ever come to that point. That's the last time I saw him, actually.

My other recollection was, when our first child was born Dr. Taylor was the doctor. He insisted that every mother, every mother could nurse her own child -- no exceptions. And he kept me in bed. I was perfectly normal -- I wasn't sick through my nine months of pregnancy. I had no morning sickness. I was just an ordinary person. You wouldn't have known I was pregnant. Dr. Taylor kept me in bed three solid weeks with a special nurse -- Greta Gauld.

C.G.R.:

After the baby was born?

A.M.:

After the baby was born. And there was nothing the matter with me, nothing. But he thought that his mothers should be very well looked after, after their first baby. So Greta would say,

"Now Amy," after Dr. Taylor had made his morning calls, you see, "Now, you just sit up in bed and let your legs hang over the edge of the bed. Get them a little exercise." Then in a day or so she'd say, "Come on now, you walk around the bed." So I walked around the bed for a little while. But Dr. Taylor, knowing none of this at all, thought I was a perfect bed patient.

Anyway, the time went on and after the three weeks I went home to our own bungalow and the baby cried at night. And Bob said, "This is not good enough. I can't do my work with a crying baby like that. She's hungry." Dr. Taylor had said I couldn't feed her. But eventually we couldn't stand this sort of business. So went downtown to the bazaar and bought a large tin of Klim -- which was the very best thing you could buy at the time -- and made up milk for little Nora. And she slept peacefully through the night. So I would take her out for a ride in the carriage, and Dr. Taylor would come along. He really loved that baby. He would look at her, "Isn't she lovely! Isn't she beautiful! And she's so good. I told you that every mother could feed her own baby." So I hadn't the nerve to tell him that I was using Klim. But at this visit in Toronto, these many, many years later, I said, "Dr. Taylor, she really had a supplement after all. She wasn't really made on just mother's milk."

C.G.R.:

And what did he say?

A.M.:

I think he agreed with me by that time [laughter]. Well, he was a real Christian gentleman. So quiet, and so reserved. You

didn't take liberties at all. But Dr. Taylor was a wonderful friend. I'm glad I had him as a friend.

C.G.R.:

How about Mrs. Gushue-Taylor? Can you tell me anything about her?

A.M.:

Well, I didn't get to know her. She was very English. She had not been born in Canada, where Gushue had. I never felt that close, warm feeling -- likely my own fault, but she was busy in the hospital and I didn't see so much of her. We would exchange dinner times together occasionally, and that sort of thing. We were always good friends. But I didn't get to know her as I might have a Canadian woman. She was reserved, a bit older than I was. Too, that shouldn't matter, but it does in some cases. So I really can't say that I was a close, close friend. But I certainly wasn't an enemy.

C.G.R.:

Good. Thank you very much.