## Dr. Frank Pember continued

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currency which was immediately available. Apples, potatoes, pigs and chickens were the common form of payment and in one case Dr. Pember remembers having had to enter into the barter system himself, One of his patients had no money to pay his account but reported having a good crop of grain on the way with which he was hoping to fatten his livestock over the winter. Dr. Pember arranged to accept three sets of pigs from farm families with outstanding accounts and these he gave to the grain grower who fattened them for the spring sale. This returned a profit to the doctor and settled the account.

In the twenties all of the maternity work was still performed at home. Many women still died from kidney disorders and other complications of pregnancy. It was Dr. Pember who brought the first pre-natal care to this area and it is a credit to his practice that he never lost

His specialty was obstetrics and shortly after coming to Colborne he attended at a small maternity home which for many years was run by Mrs. Chatterston, our present Reeve's grandmother. Women in labor and even accident cases would be admitted to the home which amounted to a small town

hospital.

Yet, many of the childbirths were still taking place in homes, sometimes in remote parts of the country. This necessitated the practice of midwifery, practiced by "helpful women," as they were called. These women would assist at the birth and afterwards stay on to do the housework and care for the mother and child until life returned to normal. None of the midwives however were especially trained for the task. Nor were they equipped to deal with the techniques of twentieth century medicine. Under Dr. Pember's direction, his second wife, Marion, a Colborne girl, received this training and she would accompany the doctor on his rounds, administering the cloriform or ether as well as attending to the conventional midwife tasks at childbirth.

"Ingenuity was required in those days," Dr. Pember says. He remembers especially the practice of sending someone to the barn to search for boards which were then used to support a sagging bed during the delivery. Nowadays people are taught to accept alternative maternity care, but Dr. Pember knows that he practised for

many years when people required and expected his services. There were no ambulances and few doctors. Dr. Pember was often the only one who could be called at any time of day or night.

As a consequence of the primative road conditions in winter the doctor relied on a horse and cutter which at first he arranged to have stationed at the home of a local man who lived at Purdy's Corners, where Durham Transport has its operations today. Beyond that point the road for cars was a blanket of white. His own rig followed a few years later as an essential tool of the practice.

The doctor describes himself and his wife in those days as workaholics. They could travel as much as 25 or 30 miles each day in the cutter during the winter and this activity was common until 1950 when the county began to keep the rods open for cars the year round.

He remembers one year in particular when the roads were snowbound from November 14 until March 10. He and his wife both remember with a grin that, because of their heavy work schedule, the only time they could ever feel confident to take in a movie in Trenton would be in the middle of some raging blizzard when they knew that conditions outside had rendered their services useless for the night.

In 1947 Dr. Pember bought the practice and home of the late Dr. Peacock in Grafton. He hired Dr. Garnet Zealand to run the practice and three years afterward Dr. Mortimer Flemming succeeded Dr. Zealand. The job of owning two practices became too much of a chore for Dr. Pember and three years later he sold the house to the late George Pierce.

In the 1950s conditions in the region became such that Dr. Pember had to call for the assistance of another doctor. Dr. McGlennon had retired and the work load had become too much for one doctor to carry alone.

Finding an assistant was not an easy task in those days however. Young doctors were steering away from general practice in favor of specialization. The doctors who finally came to assist were all from England. Dr. Iles, Dr. Stuart, Dr. Stobie and Dr. Eberlie succeeded each other as colleagues of Dr. Pember.

But Dr. Pember had to forsake the duties in maternity, surgical and night work in 1963 when, due to overwork, he was told by another doctor that he would not survive 6 months at A special gathering to honor Dr. Pember will take place on Sunday, September 24, at the Colborne United Church hall, betweem 2 and 4 p.m.

the pace he was keeping. The doctors who came to Colborne from that time on had these duties to take on since there were always new families with young children who needed special care.

Like Atlas, who carried the world on his shoulders, Dr. Pember finally had to accept a much needed rest. He did not take on any new patients from that time forward and today, although their numbers diminish a little each year, he still tends to his original patients from the office in his home.

The semi-retirement which he had to adopt in the '60s gave Dr. Pember more time to devote to the other pleasures of his life: his home and his church. He has held various offices in the United church in Colborne and even today he serves on the committee that oversees their missionary and service activities.

He was happy to reminis as we talked at his home on Labour Day afternoon while outside the sky shone blue and cloudless and as clear as his memory.

He remembered the events of the war years and the curious fowl-up which was responsible for his transfer overseas. Major Pember of the medical corps was sent across the Atlantic and in transit he became ineligible for active duty because of having attained the magic age of 40. Yet he served in England as Assistant Deputy Director of Medical Services at Canadian Military Headquarters.

He marvels a bit at the young doctors of today who accept the advantages of modern medicine without being aware of the hardships which doctors faced in the early half of the century; before OHIP and subsidized internship and open roads and modern pharmaceuticals.

He remembers oddities of his early career such as: walking four miles to university in order to save money; dispensing three quarters of his own drug preparations without a fee; paying his way through internship; staging his billings to meet the needs of the farm families; miserable wages in the depression and work loads that could never be laid to rest.

Yet he sympathizes with the younger set of doctors who see their services rewarded by less money than a similar visit from the plumber or electrician.

He would probably tell them not to be bitter and to remember the only real reason for becoming a doctor after all is "To render a service and to make a reasonable living."

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