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NOTE FROM THE WRITERS:
In the past summer holidays, we have made an investigation on the aftercare of leprosy patients in H.K. During our visits to the Medical Social Workers of the government and personnel of the voluntary agency, the Leprosy Mission Hong Kong Auxiliary, were kind enough to supply us the necessary information. Here we thank deeply Mr. D.C. Bass, the Secretary of the Leprosy Mission, for making comments on this essay so that the presentation here will be as objectively as possible.

INTRODUCTION:

Everybody is familiar with leprosy and knows what is the work done on Hay Ling Chau. But do you know that leprosy patients are too the other misfortune? It is a further misfortune for them to hear that Hay Ling Chau. But do you know that leprosy patients by 1974. In these hours of H.K., people easily get excited, criticizing the government whatever policy that may be unfavourable to them. But is the criticism well grounded in facts or just sentiments? We have made an exhaustive investigation and unearthed a lot of facts. It is time, we think, to dedicate these to you. It is up to you to make the judgement. Here we express our great gratitude to the Leprosy Mission and the two Medical Social Workers for what they have done in the past years for the rejected patients.

BRIEF SURVEY OF SERVICES PROVIDED:

Reference 1
Before the set up of Communist China, patients were sent across the border. But after the establishment, they had to seek accommodation at Sandy Bay, 1950 opened a new era because the Leprosy Mission was requested by the government to care for these sufferers and Hay Ling Chau was offered as the starting point. After 22 years of turmoil and efforts this barren island becomes the heaven of leprosy patients.

Inside the leprosarium, patients receive medical and social care. The extensive use of effective therapeutic drugs like DDS has shortened the duration of treatment, physiotherapy on the other hand permits the conditioning of stiffened joints and contractions, and training of transplanted muscles. These have become indispensable adjuncts to advancing techniques of reconstructive surgery. The latter practice, e.g. surgical treatment on claw hands, has greatly restored the working ability of patients. On this medical side, the government provides out-patient clinics in the heart of the community for diagnosis of leprosy and the treatment of non-contagious cases. Of the other cases need institutional care at Hay Ling Chau. In recent years, this shift of treatment from leprosarium to community facilities has been emphasized.

As regards social care, we have Welfare Officer of Hay Ling Chau maintaining co-operation with Medical Social Workers of the government. Before the discharge of a patient they hold meetings discussing the problems of training, employment and resettlement. Through co-operation of various government departments with Medical Social Workers as liaison officers the future of ex-patients has been improved, but at a slow pace.

EVENTS LEADING TO THE CLOSING OF LEPROSY!

In recent years, there has been marked lowering of the incidence of leprosy (see fig. 1), falling from 270 cases in 1964 to 110 in '71. The same trend applies to the new admissions to Hay Ling Chau (see fig. 2), which only means that leprosy is now controlled with the contagious cases markedly decreasing. It is expected that by '74 the number of open cases will drop to below 80 and by that time, Lai Chi Kok Hospital will be ready to supply these 80 beds in isolated wards. So the government announced on 16/6/1971 that the leprosarium is bound to close at '74, those requiring institutional care will be hospitalized while the non-contagious patients continue to be treated on outpatient basis (reference 2). You will ask is this announcement based on a sound policy? It is time to present the two sides of the picture as objectively as possible.

CRITICISM OF THE POLICY:

points in favour of the government
Truly speaking leprosy patients do not need fresh air and quiet surroundings as the ex-T.B. patients do because these leprosy patients have better health. So it is not justified to use a lot of money for maintaining a large leprosarium in isolated area just to provide a riding place. You may argue that the government has the duty to supply such service, but in view of the limited resource of H.K. government, Medical and Health Department has to make full use of the finance given; again this use is based on the degree of the seriousness of the diseases.

Not only has the incidence of leprosy proportionally become smaller, the fatality rate approaches nil when compared with that of tuberculosis. Since leprosy is now under control, the government is wise to follow this policy, using the previous large sum (see fig. 3) of money to cope with the more immediate problems.

Lastly it is the correct policy to shift the treatment from isolated leprosarium to community facilities. Especially for the non-contagious cases, it can avoid the unnecessary stigma; think of the response of employers and neighbours if they know that he has been treated at Hay Ling Chau just for a few months when compared with having attended the government skin clinics for years. For the contagious ones, hospitalization at community especially in a general hospital is far better than isolated area; sooner or later the public will regard leprosy as an ordinary illness like T.B. instead of considering it as a horrible infectious disease that can only be dealt with safely in remote island.

points against the policy of government:
On what statistics government claimed that leprosy is under control? The trend of decreasing contagious cases is based on figures derived from out-patient skin clinics but can this number reflect the real picture? Up to now there has been no survey of leprosy incidence and so these figures are just a guess work if not a self-deception. Only those suffering from the illness for years and cannot hide its true nature under 'skin disease' will present themselves at the clinics for registration!

Even if we assume that the above figures reflect the true picture and so the 80 beds at Lai Chi Kok Hospital will meet the future expected demand, what will be the fate of these hospitalized patients? They will be kept in an isolated ward, have no freedom to use general lavatories, etc. and staff not dedicated to their

(Continued on Page 3)
about the unsatisfactory air-conditioning in the Medical Library. As early as June this year, suggestion has been forwarded to the Medical Library Committee to improve the ventilation in the library. Furthermore, another complaint was made to the Deputy Librarian Dr. Kan in September. She explained that some spare parts of the air-conditioning plant had to be ordered from England and the Maintenance Office had already done so in July. Yet there has been delay in the delivery of those spare parts. The Maintenance Office had again cabled to the company concerned to have them delivered as soon as possible. It is hoped that the air-conditioning plant will work properly again soon.

The Library has also asked the Estates and Maintenance Office to obtain a quotation for the installation of lights in the reading desks. The suggestion that the lighting in the Medical Library be improved is also included in the Quadrennial Plan 1974/78.

Inconvenience encountered in going to the canteen and the lavatory had been brought up in the Committee. However, the majority of the Committee did not support the suggestion for improvement in these respects as they considered that the library was meant for reading and studying only.

Lately the number of student representatives in the Medical Library Committee has been increased from one to three. It is hoped that more efforts can be made to improve our Library. Suggestions are most welcome and can be put into the Society Letter box in the canteen and we shall try to do our best for you.

In the 6th Council Meeting on Nov. 10, 1972, it was decided that the Annual General Meeting, originally scheduled to take place on Nov. 14, would be postponned to Nov. 21. This is designed to overcome some constitutional technical difficulties.

Preceding this AGM on the same day will be an Extra-ordinary General Meeting. The agenda is to amend Section V Article 1 (a) of the Constitution which reads: 'the AGM shall be convened by the Chairman and held within 6 weeks of the beginning of the first full term of each academic year' to 'held within the first full term of each academic year for the Medical Faculty.' Second on the agenda is 'to suspend for 1 year Section V Article 1 (c) which reads 'No less than 21 days' notice shall be given for any AGM.' This obviously is to render the enacting AGM constitutional.

Furthermore, because of the fact that 6 candidates were put up for the 6 posts other than the Chairmanship have withdrawn from running for the posts the Council has decided to reopen nomination for all posts.

It has been the practice for the Residential Clerks doing medicine and surgery to reside in the Medic Centre. Now with the extension of the residential quarters to accommodate 90 students, some new arrangements are made.

Gynaecology and Paediatrics Specialty Clerks will be divided into groups of five students. Each group will have to stay in the Medic Centre for a period of 2 weeks during which they are on call. This will start from 1973.

There will be 32 spaces left for open application from medical students. Probably the residence fee for these students will be more than the normal fee of $3 per day.

The Editorial Board wishes to thank the special support of Glaxo.

**ABOUT OUR LIBRARY**

**LEE KA YAN**

Ventolin Tablets or Ventolin Inhaler may be used separately or together to prevent bronchospasm occurring, or as background therapy if spasm and wheezing are regularly present. For best results patients should be individually assessed.

Ventolin Inhaler is the preferred treatment for acute bronchospasm.

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**EGM + AGM**

**MEDIC CENTRE RESIDENTIAL QUARTERS**

It has been the practice for the Residential Clerks doing medicine and surgery to reside in the Medic Centre. Now with the extension of the residential quarters to accommodate 90 students, some new arrangements are made.

Gynaecology and Paediatrics Specialty Clerks will be divided into groups of five.
care as distinct from those serving in leprosarium. You may argue that infectious cases must be isolated but such isolation for years (which is a medical necessity) is not easy to put up with. Although it is not justified economically to maintain a freedom land for these people, it is also unsound medically and unhuman to handle them in such way.

As regards the future after discharge from hospital, the medical social service will not expand sufficiently to cope with their cases; we do hope there will be an increase of workers but for the past 10 years or more, there are 2 and only 2 to deal with thousands of ex-patients. May be the government think that these magnificent two are enough or that the other Medical Social workers themselves have stigma against these sufferers? In Hay Ling Chau we have dedicated people to investigate thoroughly the background of each patient and with co-operation of the 2 Medical Social Workers, bare social care can be secured. But the closing of the leprosarium will deprive ex-patients of this basic service; there will be no investigation of background and they have to apply for help instead of workers taking the initiative to ask if they need such service. We are glad to hear that plans of the future after-care is under discussion with the Medical and Health Department and other interested agencies, but the degree of the materialization is still a question. Coupled with the reluctance of voluntary agencies to offer vocational training and geriatric home to accept aged ex-patients, the social care is indeed in a mess.

CONCLUSION:

Now the two sides of the picture have been presented. The shift of treatment to community facilities is the right track and the closing down of leprosarium a correct policy but this closing is too early. The public is not ready to accept them and treat them as men; public education then is the only solution. Rooting out of grounded misconceptions and social stigma has always been a long process and the government has to wait for this time to come before driving the leprosy patients to the verge of the cliff. Though economically unsound she has the duty to care for them. Now the time has come for the government to prove her worth in the eyes of the public.

YEAR III
RACING — the ultimate proof.
To be or not to be?

YEAR I
Dr. Albert Schweitzer

[地下有很多水源，但從不出泉水，我們應該用這股能源灌溉地面的泉水——一股離開病患物於人間的泉水。]

YEAR V
MONEY — the ultimate goal?
By hook or by crook

Reference 1
Annual Reports of The Leprosy Mission Hong Kong Auxiliary (76-771).
Leprosy Rationale by Olaf K. Skinsnes, M.D. Ph. D.

Reference 2
The spokesman for the Medical and Health Department reiterated that “There is no danger to people who visit or live near a leprosy patient as the disease is spread only by direct and continuous contact between one person and another over a long period of time and modern and effective treatment renders the patient non-infectious within a short period of time, and that the vast majority of people have a natural resistance to the disease and are able to destroy the invading germs.

Besides the interest and concern shown by members of the community towards leprosy patients has been most encouraging.” (From the Annual Report 1970/71 of The Leprosy Mission Hong Kong Auxiliary)
MEDIC NITE — an evening of barely masked obsessions, both on stage and off and little restrained audience participation

A senior raiding the stage

MEDIC NITE SYNDROME

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