



Caduceus

Vol - VI No. 3

OFFICIAL PUBLICATION OF THE MEDICAL SOCIETY, H.K.U.S.U.

Circulation
4000 copies

March 1974

EDITORIAL

FROM THE SHORTAGE OF DOCTORS

See the news on the noticeboard?

See the posters outside the canteen?

Discussions on the problem of shortage of doctors and the possibility of establishing a second medical school, be it a forum or group discussion, are overwhelming the medical campus. To establish a second medical school is to increase the output of doctors per year. This is suggested in the report of the Medical Development Advisory Committee in view of the **shortfall** between supply of doctors available for the Government service alone and the requirement for such.

The total number of registered doctors in Hong Kong is well over 2000 only but about 600 of them serve in the government sector. From these, we see an enormous number of registered doctors transfer into private practice. One should really think whether there is an overall shortage of doctors in Hong Kong. A few years ago, the government has attempted to employ private practitioners to do part-time service in the government sector and in this way, the problem of doctor shortage in the government sector is alleviated. This leads us to think of the enormous medical manpower in the **private** sector. Can this be made full use of? Why is there such a great tendency for medical practitioners to transfer into private practice? Can and how can this be prevented?

In the 10-year development plan 1963-72, the problem of doctor shortage in the government sector has already been raised and because of such, the number of student intake into the Faculty of Medicine, HKU has been increased so that by 1975, there will be an output of 150 graduates per year; in the recent Green Paper, it is suggested that an additional 100 doctors should be provided by 1982-83. Is such an increase of doctors trained solve the **real** problem? It should be noted that 30% of the graduates each year leave the Colony. Can one guarantee that the additional doctors trained will not leave the Colony? Surely, the problem is not one that can be solved simply by training more doctors.

On the other hand, the idea of setting up a second medical school is beneficial to both the community and the medical field, though it is doubtful whether this can be achieved in a few years' time. Two places of training doctors allow intimate cooperation and intercommunication through which greater progress can be made and better quality of general practitioners can be produced.

Since the use of Chinese Language is a pre-requisite in the community of Hong Kong, of which over 98% of the population is Chinese, the use of Chinese Language should be encouraged in the medical field, where communication between doctors and patients is so important.

Hong Kong has the **unique** condition of having a large number of non-registered but permitted doctors which consist largely of qualified doctors from Mainland China, Taiwan, etc., bone-setters, herbalists and acupuncturists. This part of the medical manpower serving the community potentiates the development of traditional Chinese medicine. Disclosure of this treasure will certainly give a great advancement in the medical development of the world. Why not put more effort on this?

Apart from this, there are so many fields in medicine such as Dentistry, Pharmacy, that are undeveloped still. So much can be done and awaits us to do that we, the future bearers of the medical flag, should pay our attention to and prepare ourselves to give an effort to the future development in the medical field.

The views expressed by our contributors are not necessarily those of the Editorial Board.

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

N.B. All copyright is reserved for this issue and any publication of the articles should have the permission of the Editorial Board.

11 JUN 1985

MEDICAL STUDENTS' CENTRE,
SASSOON ROAD,
HONG KONG.

11 JUN 1985

Circulation
4000 copies

March 1974

Is A Second Medical School Needed In Hong Kong?

The issue of the day, and one "Is a second Medical School needed in Hong Kong?" which should be of special interest to medical students, was the shortage of doctors as mentioned by the Medical Advisory Committee in the recent Green Paper. Immediately after the publication of this report, various prominent figures of society voiced their opinions as to the basis of this finding, and to its solution if the problem did exist. Dr. Ding, for one, was of the belief that there was no shortage of doctors in Hong Kong, but rather an uneven distribution between public service and private practice. Hence quite some controversy had arisen from these diverse opinions. To promote a better understanding of this issue among the medical students, the Medical Society had organized two forums in which students, teaching staffs, and other persons concerned gave their opinions.

The first forum was centred on the question of whether a second medical school was needed in Hong Kong. Speakers included medical students and teaching staffs from both clinical and pre-clinical departments.

Mr. So Ping Cham, a forth year medical student, and the Ex-Chairman of the Medical Society, gave a short introduction on the origin of this notion of a second medical school. Actually this was no new idea. It had been proposed during Sir Kenneth Robinsons' time, and was recently brought out into the limelight again by the comment in the Green Paper that Hong Kong needed an additional hundred doctors each year. Mr. So proceeded to give a brief review of the opinions of various social figures.

Mr. Au Tak Chor confessed that he could offer no concrete solution to the question since, being a student, his information came from very limited sources. However, he raised quite a few questions which he hoped could be answered by the experts in the medical field. These included the problem of getting recognition from the General Medical Council and money from the Government.

Professor Lisowski of the Anatomy Department thought that the choice between expansion of the Medical Faculty in the Hong Kong University and the setting up of a new medical school was basically one of the economics, though the decision would probably be political. According to his estimation, the expenditure involved in the establishment and maintenance of a new medical school would be much greater than expanding the existing one. Moreover, the demand for doctors could be met within a much shorter time. The establishment of another medical school would create the problem of competition for staffs in an open and strictly limited market. As for using Chinese as the main language of teaching in the new medical school, it is theoretically ideal but difficult to carry out in practice. The majority of the relevant textbooks, journals and audiovisual aids available were in English. Moreover, many teachers and most of the external examiners could only speak English. Professor felt that the present medical faculty was by no means a complete one. It did not have departments of radiology and anesthesia and many other specialties, hence improving the existing medical institution should be the first priority.

However, in conclusion, Professor Lisowski graciously added that whatever the ultimate decision is, he and his colleagues would help as much as possible.

Dr. Joseph Huang felt that whether more doctors were needed was a question that could only be answered by the general population. If the need did not exist, the short term solution could be the recruitment of overseas doctors, such as those from Taiwan. In the long term solution of turning out more doctors by medical schools within Hong Kong, consideration had to be given to the quality of the doctors produced and the new programme of study for these students. As for the great question of finance, Dr. Huang believed that the Government was already putting more emphasis on professional education and hence should not pose too great a problem. Dr. Huang, then raised several questions regarding the optimal size of a medical school, the normal balance among the various faculties, expediency and staffing.

Dr. S.G. Tso from the Department of Medicine, was of the opinion that there was a shortage of doctors. To prevent braindrain, he offered the possibility of setting up legislation which would require certain periods of service in the Government for a Hong Kong educated doctor, basing on a sense of moral obligation to the community.

According to Dr. K.C. Lam, the shortage of doctors was a shortage in the Government sector only. There were many reasons involved in this imbalance between doctors in the Government service and private practice other than the difference in the income. One of the major complaints of Government doctors was the lack of job satisfaction since the Government was not interested in furthering the research or in the welfare of its doctors. Dr. Lam mentioned the very disheartening phenomenon of the deteriorating quality of doctors, probably due to the increased intake of students. If a second school was established, the quality of students would inevitably be lowered further. This, combined with the limited budget, would result in the production of doctors of an even lower quality. The new school would especially suffer from this unpleasant fate since it was at a disadvantageous position in the competition for both students and teaching staffs. The consequence would be a poor reputation and subsequent deregistration in places outside Hong Kong.

After the speakers had given their views, the forum was opened to the floor. Unhappily, the audience was not too enthusiastic. But still, there were a few brave souls. It was brought out that Hong Kong did have the finance to build more medical schools but the key point lied on the fact that Hong Kong was a colony and much of the money had to be sent away. Another student, in view of Dr. Lam's comment on the poor quality of the doctors turned out recently, questioned the quality of teaching. On the whole, response was rather poor, and no great arguments were aroused and thus ended the forum in a rather "peaceful" atmosphere.

By M. I.



SECOND MEDICAL SCHOOL — WHY AND HOW

A report on the forum organized by the Medical Society

by H. Y.

On 8th March, 1974, the Underground Lecture Theatre was flooded with people by 6:15 p.m. We had present three honour guest speakers; Dr. Ding, Dr. Denny Huang, Dr. C. Y. Lee, Professors of various departments, lecturers, medical students, and representatives from the Chinese University. The Chairman of the forum, Mr. Chiu announced that during this discussion, both Chinese and English were accepted as official languages; the purpose of this forum was to provide a chance for students especially medical students to understand better what was the attitude of society towards the setting up of another medical school and this discussion should not be press released except in the Caduceus and the Elixir.

Our first honourable speaker, Dr. K. L. Ding, started by saying that he preferred to change the title of discussion to "Second Medical School — Yes or No." He stressed on the point that there was really no shortage of doctors as a whole. The problem arose because of an unequal distribution in the government and private sectors. There was an overabundance of doctors in the private sector but a limited number in the government service. He thought that this was due to many factors besides the financial one. He suggested to Dr. Huang that "a fresh look must be undertaken" as regard to considering the ratio of registered doctors against the whole population. Though we had only two thousand people per doctor, there were also present in the community additional doctors in the registered clinics, and a large number of Chinese medical practitioners on whom the Chinese population had confidence. H.K. is the only place with a situation of reversed brain — drain, where there is an inflow of several hundred qualified doctors from Mainland China. This large number of medical practitioners could not be neglected. He felt that by increasing the number of registered doctors did not mean better healthcare altogether. It is the quality of doctors that was the most important thing to be considered; so that the question of building a new medical school was "No" at this point, but "Yes" with qualification. He suggested the production of a new and better type of doctors — who received both Western and Chinese Medical Education — in future.

The next speaker, Dr. Denny Huang, said the government agreed that there was a shortage of doctors. He referred to the article by Professor Harris on the South China Morning Post — "The Problem of Hong Kong Social Injustice" — which said that Graduates of Hong Kong Universities led a better life than others in Hong Kong; if a second medical school was set up, there would be an additional chance for secondary school students to receive university education. Since Hong Kong was an industrial city, its prosperity should not be hindered — unlike that of other places, e.g. Ethiopia — we should look forward and aim for a better future. As regard to Chinese University, its progression should not be hindered either. As long as language was concerned, it was just an instrument for studying. If an additional medical school was set up by the Hong Kong University, the same old style of teaching method would be inevitable in this new institution, also, the extended Medical Faculty would be too much for Hong Kong University when compared with other faculties. Further, a second medical school in the Chinese University would provide a chance for both universities to "compete" with each other academically, and by this means the students would be much more benefited.

The last speaker but not the least, Dr. C. Y. Lee, Chairman of the Hong Kong University Convocation stated that he spoke from the standpoint of the committee. The committee viewed the problem as a group of laymen, not doctors; and noticing the recommendation by the Hong Kong Medical Advisory Committee — that by 1982, an additional one hundred doctors were required in society — the committee felt that the more doctors the better. He then made two points clear: firstly, he said that eight years from then on, there was no alternative but to ask the Hong Kong University to train an additional number of one hundred doctors. Secondly, he did not want to interfere with the affairs of other university. They did not bar anybody from the Chinese and English streams to study medicine. Also he pointed out that the five year medical course in the Hong Kong University would mean a six year medical course in the Chinese University under the present situation, a longer time would be needed. Since we would have a common examination for both Chinese and English Secondary School; students could enter either university. The increased number of medical students would not be disproportional since under the quadrennial plan, by 1982, there would also be an increased number of undergraduates in the Hong Kong University making the percentage of medical students in the whole university the same as before.

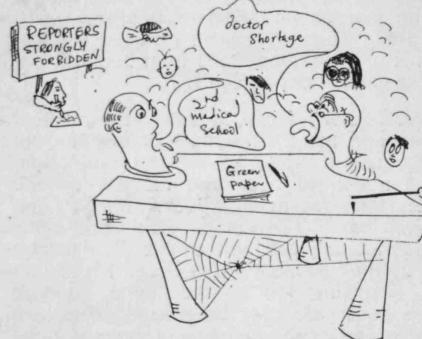
After the three speeches by the guest speakers, the Chairman announced that there would be an open discussion period. He requested the floor speakers to discuss the title on a friendly ground. (It was then 6:55 p.m.)

After a latent period of several minutes, Professor Lisowsky went to the front and expressed his own opinion. He replied Dr. Huang's remarks that a revision course in Anatomy course would be considered. He said that the idea of competition in Hong Kong might not be so well, and this was not only due to discrimination, but

also harsh factors such as political and economical ones. He pointed out that starting a new medical school would require much time, money and manpower. An extension of the existing Medical School in the Hong Kong University would save at least half of all the money and work required. Of all the factors, time is the main problem. At least ten years would be required to produce the first doctors if a new medical school was to be built. Also teaching staffs were already difficult to search for, the existence of two medical schools would make the problem worse still. Since nearly all medical studying equipments were in English, it would be highly undesirable for the new medical school to teach in Chinese. The idea of the existence of old fashioned type of teaching was inevitably wrong since he said that he was always changing the type and work of teaching so as to catch up with the advanced countries of the world and as a consequence to get international recognition. This type of work could not be bought by money alone. Politically, we had to produce doctors for the service of Hong Kong Society only. With regard to the decision made, he would be ready to help in the new or additional medical school.

Dr. Huang at once argued back, "No one say that the new medical school must be set up in the Chinese University, and no one say that English must be taught in the new medical school. English textbooks can still be used in the new Chinese medical school. We see that Chinese students abroad also use English to study Medicine. Everybody loves his own university, including me. Chinese University has no difficulty in getting teaching staffs, they have their own way. All I am concerned is to choose a different stream of education, to provide more chance for learning and to have competition in the two medical schools so as to get mutual benefit."

Immediately Dr. Lee said, "Speaking on behalf of what I understand the Hong Kong University, for many years there has been an equal opportunity for both-



streams of secondary school students to enter the university since the Hong Kong University has been aiming at a common examination before the Chinese University come into existence. The question of why a second medical school is needed is answered by the fact that a hundred more doctors are needed by 1982. The question of how a second medical school is set up is another one. How can anyone build a new medical school with all its equipments ready to accept preclinical medical students in 1976, and to have well equipped hospitals for these students in 1978 so that they would be graduated in 1982 — which is the year that Hong Kong afford to await. Therefore, it is obvious that we can't debate about this."

Dr. Ding rose up again and emphasized on his point of view. "Are you so sure that teaching more doctors will produce more doctors in Hong Kong and these doctors do not go away? Therefore, the problem of preventing Brain — drain is important, for example, the General Medical Council have examination in the British Commonwealth in order to prevent brain — drain. Also, if a new medical school is set up, we have to educate more medical students for other countries who can pay more. It is a fact that the United States of America is using Hong Kong doctors so long as they have passed the examination. Therefore, we have to answer the question 'Why' before the question 'how'."

Dr. Huang said, "Since there are no big hospitals for the Chinese University; why not for both universities to share the same hospitals? If not, why same chancellor for both universities? As long as language is concerned, it is not a problem at all. Moreover, teaching staffs can be shared. As I am the Chairman of the Committee for the Promotion of Chinese Education in Hong Kong, I am thinking of benefit to Hong Kong as a whole!"

Dr. Lee at once answered, "Regarding the ten million dollars for a new medical school, is it worthwhile to spend it? Is it well spent, economically spent? . . . Also, student parents have to pay more for an additional year in the Chinese University. Yes, there is no difficulty in recruiting new staffs, but we have also to consider the quality of recruited staffs. I am trying to challenge everyone a question: If a University with a medical school of eighty-five years of experience and with more

than two thousand medical graduates spread all over the world still finds it difficult to recruit teaching staffs, how can another university with a few years of experience finds it easy to recruit new teaching staffs and to produce medical graduates by 1982? I want to remind Dr. Huang that the ordinance of the Chinese University states that the lectures will be conducted mainly in Chinese; is it that Dr. Huang has the intention of eroding the constitution of the Chinese University? Why not build up from the existing medical school? Since Hong Kong is a crowded colony and there is no escape from reality"

Dr. Ding, ". . . We have to follow the statement of the Medical Council. Noncommonwealth registered medical practitioners can be employed by the Government at its own "will". There are already a hundred of them serving in the Government Unit. By this means, there will be no shortage of doctors"

Dr. Huang, ". . . Please do not criticize on the recruitment of teaching staffs"

Mr. Wong, a final year medical student, "I have a few questions on Dr. Huang's report on the medical development . . . about the advantages on setting up a new medical school by the Chinese University. Firstly, Dr. Huang said that Chinese secondary school students could have a chance to learn medicine. At present, we have a common examination for both Chinese and English secondary schools, also, the number of English secondary school students is large with few ten thousands when compared to few thousands of those Chinese students. I think it is not worthwhile to build an additional medical school for them. Secondly, Dr. Huang said that there would be mutual benefit for both medical schools under competition. I think that ten million dollars will be too much for the Hong Kong Government to spend. Why not send it back to England? If so, there will be a lesser sum of money, say one and half million, for both medical schools and we can see, this is really inadequate. How can they compete with each other then? Thirdly, Dr. Huang said that the Chinese University could look at the conduct and purpose of the students in the premedical course (when they are in the science curriculum); if so, they would be recruited as medical students. But may I ask Dr. Huang that how can he find a method for investigating the purpose of the students"

Dr. Huang, "You are just looking for bits and dots Dr. Huang, the Vice-Chancellor of the Hong Kong University, have said that too much progression in Hong Kong University is not quite good . . . Yea, the Universities in China do have ways of finding out the purpose of students"

Mr. Wan, another final year medical student, Referring to the report on medical development in 1973 by Dr. Huang . . . Is it necessary to build a new medical school in order to have an additional one hundred doctors produced by 1982?"

Dr. Huang, ". . . the report said that an additional medical school would be set up, but the final decision hasn't been made. Any suggestion may be considered"

Mr. So, a medical student, ". . . I want to ask how many doctors leave the colony each year. Is it about thirty per cent of the graduated doctors? If so, why don't we set up postgraduate institute so that they may stay behind?"

Dr. Lee, ". . . Well, it would be a good news if only thirty per cent of registered doctors leave Hong Kong for postgrad study. If it is not so, then there would be too much inbreeding. The point is that it is good to see them back to Hong Kong but the reverse if they just leave and do not return . . . also there is a great number of foreign doctors coming to Hong Kong each year . . . Brain — drain without Hong Kong would not be too bad, but brain drain within Hong Kong is a bad thing . . . If too much doctors, there will be a flow from the private sector to the government sector"

Mr. C. L. Yu, "If we have to set up another medical school, we have to think it from the point of view of education. Why don't we postpone to another time so as to improve the efficiency? The idea of brain drain is too weak. We have still private doctors doing part-time job in the government unit. I want to ask: If we want to increase efficiency of the system, is there any chance? . . . I want to direct the question to Dr. Ding"

Dr. Ding, "We have to increase the efficiency of the system especially in the Government unit. In Singapore, the population is only two million and still there is a production of one hundred doctors per year and they have to face the problem of oversaturation with doctors. They are indeed training doctors for other countries. In Hong Kong, if the conditions of work in the Government unit are good, more doctors will be retained!"

Dr. Huang, ". . . Hong Kong have special political situation, so the going away of some doctors can't be avoided. We have to produce more doctors especially for the medical care of the employees. Otherwise, they will rely too much on the Chinese practitioners, then our western style of practising will be neglected."

Retirement of Professor A.J.S. McFadzean

Having served for 26 years as professor of Medicine in the University, Professor A. J. S. McFadzean will retire early next summer. A farewell-cocktail reception will be held in mid-March with Professor and Mrs. McFadzean as the Guests of Honour. In memory of Professor McFadzean's invaluable service and contribution to the community and the medical profession, an A. J. S. McFadzean Fund will be set up for postgraduate medical education according to the specifications of Professor McFadzean and the A. J. S. McFadzean Library will be housed in the Department of Medicine.

(Cont. from page 2)

Mr. Chow, final year class representative, "In the green book, Dr. Huang's report did not talk about another medical school, I wonder" Dr. Huang suddenly walked out, I thought he had an important appointment. (The time was 8:00 p.m.)

Mr. Wilson Fung, "I would like to ask Dr. Lee that if one hundred more doctors are needed in 1982, why is it that we find this problem so late? . . . Why can't we wait for another five years so as to think out a better method to solve this problem . . . ?"

Dr. Lee, ". . . Why we discover so late? Well, we are not discussing on this problem, we may blame the government but not totally since five years ago the government had asked the Hong Kong University Medical Faculty to recruit an additional number of thirty students to meet the needs of society . . . I think the problem can only be solved by the Hong Kong University . . ."

Dr. Ding, "I have been answering questions all the time, I would like to ask you two questions. The first one is that if the Medical Officers are graduated in Hong Kong, and if they are required in Hong Kong, why don't they stay in Hong Kong? The second is since some of work need not be done by doctors at all and in other countries, M.O. assistants are required, I wonder if it is possible to have such assistants in Hong Kong . . ."

Dr. Lee, "Nobody can be forced to answer the first

question. There are no secondary stands of medical education in Hong Kong . . ."

The time was then 8:10 p.m. Chairman announced, "No conclusion. We intend to influence the government? Of course we can't! We just want to know and to understand more . . ."

To supply the fellow-students with more information concerning the problem, the Medical Society has set an ad hoc committee to further investigate the matter and a report will be forwarded to the Medical Students' Council. The ad hoc committee consists of the following 5 members:

1. Mr. Eddie Chan (Chairman of the Medical Society)
2. Mr. Chow Wing Cho (Assistant Health Officer of the Health Committee)
3. Mr. Au Tak Jor (Student Representative of the University Senate)
4. Mr. So Ping Cham (Ex-chairman of the Medical Society)
5. Miss Cheung Suk Yee (Representative of the Editorial Board of Caduceus)

Society members interested are welcome to join the committee by contacting any of the above members.

(Editor's note: speeches represent the views of the speakers but not any organisation.)

Interested in Joining the Doctor's Club?

DEFINITION

1. All clinical students (i.e. those who have passed their 1st M.B. examination) of the Medical Faculty of Hong Kong University and who are bona-fide members of the H.K.U. Medical Society, are eligible to apply for temporary membership of the Hong Kong Medical Association.
2. These applications will have to be verified and sponsored by the H.K.U. Medical Society and to be approved by the Council at its regular monthly meetings.
3. These temporary members will henceforth be known as Student Members.
4. Such membership will automatically be considered to have lapsed once the student member ceases to be a recognised student of the H.K.U. Medical Faculty or a bona-fide member of the H.K.U. Medical Society.

SUBSCRIPTION

5. The annual fee will be HK\$10.00. No entrance fee will be charged.
6. Once they become qualified to join the Association as full regular members (i.e. when they become registered with the Hong Kong Medical Council), their names will automatically be transferred to the Roster of Regular Members on receipt of a communication to this effect from the student member concerned on payment of prescribed fees.
7. Student Members do not have the right.
 - i) to vote at Association Meetings;
 - ii) to hold office;
 - iii) to have Association car badges or any other identity that may imply the holder to have professional recognition.
8. Student Members, not being full regular members of the Association have no liabilities under the Constitution of the Association.

H.K.M.A. FACILITIES PROVIDED FOR STUDENT MEMBERS

(1) ASSOCIATION PREMISES WITH A BAR

At present, situated at Wyndham Mansion, 6th Floor, Flat A, 32 Wyndham Street, H.K. (Tel. No. H231898) Members can book the Premises for meetings, lectures or to entertain their guests and to hold dinner parties.

(2) BATHING SHEDS

Members are encouraged to make full use of the swimming sheds at:

1. South Bay, H.K.
2. 11½ miles, Castle Peak, N.T.

Bring your membership cards and call for the caretakers of the sheds.

(3) NEWSLETTER

Sent to members monthly.

(4) MONTHLY DIARY

Sent free to all doctors in Hong Kong.

(5) HKMA BULLETIN

Every member who has paid his due for the current year will receive a copy of the BULLETIN which is published once or twice a year free of charge.

(6) SCIENTIFIC PROGRAMMES

Refresher Courses, Video-Tape Sessions, Lectures & Film Nights are periodically arranged for members by the Scientific Programme Convener. Members are informed of any coming events through the circulars.

(7) ANNUAL SOCIAL FUNCTION

In form of Dinner Dance, with valuable prizes. Held yearly around Christmas.

(8) GENERAL MEETINGS

Regular & Life Members can exercise their rights at the Annual General Meeting usually held in May to elect officer-bearers and all extraordinary general meetings.

(9) LIBRARY

There was a collection of medical books donated by members, periodicals and newspapers.

Students interested can obtain application forms from any officials of the medical society

Acknowledgement

The Editorial Board wishes to thank the British Medical Association for its generous donation and its support in the circulation of the newspaper.

The BMA wishes to emphasize that it does not have any association with our editorial policies and all articles published are the views of the authors alone.

APOLOGY

Due to the urgency in reporting the two forums organised by the Medical Society, the Editorial Board apologizes for postponing the discussions on 'preclinical life' to the April issue.

Preclinical students, how do you find life here?
Write to Caduceus.
IT'S YOUR PAPER!

IN ASTHMA *Becotide INHALER* puts steroid therapy in its place

Becotide Inhaler contains beclomethasone dipropionate BP, a steroid which differs from those previously administered to asthmatics by aerosol in that it is highly active within the lungs in doses which are not systemically active. Used as an aerosol it provides remarkable control of asthma without causing significant systemic effects. This result is attributable to the intrinsic properties of the compound and to its localisation at the intended site of action.

Becotide Inhaler ensures for your asthmatic patients

- Effective treatment—equal to that of oral prednisolone^{1,2}
- Freedom from steroid side effects including adrenal suppression^{3,4,5}

References:

1. Brit. med. J., 1972, 3, 314.
2. Lancet, 1973, 1, 151.
3. Brit. med. J., 1972, 1, 585.
4. Lancet, 1972, 1, 1361.
5. Brit. med. J., 1972, 2, 110.

Glaxo

Glaxo Hong Kong Limited
9th Floor, Block B, Watson's Estate, North Point, Hong Kong.

Becotide Inhaler is an aerosol preparation of beclomethasone dipropionate BP.
Becotide is a trademark of Allen & Hanburys Ltd. London E2 6LA.

※※※※※※※※※※※※※※※※※※※※

啟思錄

傳教士與中國醫學

蘇炳湛

啟文

一、西方醫學的東漸

西方醫學傳入中國，相信始於中世紀時候，由印度、波斯、阿拉伯、大秦諸國方士及傳教士所傳入。醫學與宗教傳播有著密切的關係，大抵是由於兩者的目的皆為解脫痛苦，無論是肉體上或精神上的。當時，印度醫學隨佛教輸入。元時，涅斯忒派教徒在河南建造教堂，兼行醫術。十三世紀後期，羅馬舊教徒到中國，亦以兼行醫術為入世之途徑。十七世紀以後，歐人東來者漸衆，其中以傳教士身份兼習醫者有鄧玉函(Father Jean Tardenz)，所著有「人身概說」，是為人體解剖學傳入之最早著作。卜彌(Father Hierachiel Boyen)，拜倫寧(Father Domingue Parrenin)等，或著書立說，或翻譯醫籍，對於西方醫學的傳入，亦有相當影響。至於在中國行醫者，有羅德先(Brother Bernad Rhoder)，加士達(Brother Jean Joseph Casta)，羅錫(Brother Etienne Rassasse)，馬吐斯(maitre de matto)，巴新(Brother Louis Basin)，斯伯(Father Pierre Cibat)及俄國教士諸人。前二者更受清廷聘為御醫。當時各通商口岸中，以澳門方面的西洋醫學最為發達。

二、教會之醫療建設

現代醫學的特色為科學方法之應用。在西方醫學正趨於科學化的時候，中國醫學始終為哲學及迷信所糾纏。一八〇五年英人皮爾遜(Alexander Pearson)傳種痘法於中國，其所著之冊籍亦譯成華文，又將所授於中國生徒。一八二〇年，東度公司外科醫士立溫斯頓(Livingston)及瑪禮遜(Morrison)在澳門設立醫院，並授中國生徒，一八二七年，郭雷福(Collinge)在澳門立眼科醫院，翌年又立一療養院，又次年在廣州立一小醫院，延白拉福(Bradford)及柯克福(Cox)管理其事。一八三四年英人派克(Paiker)在新加坡一醫院，翌年移至廣州，專治眼科。一八三九年與美國公理會士裨治文(Rev. Budgian)及郭雷福共組廣州醫學傳教會(Canton Medical Missionary Society)。英人洛克(Lockhart)於一八四三年抵上海，立英租界山東路之醫院。一八六一年在北京又立一醫院，即為協和醫院之基礎。一八三九年英人霍希遜(Haeson)抵廣州，充澳門醫院院長，

后往香港，充倫敦傳教會醫院院長。一八五七年抵上海，充山東路醫院院長。以後醫生兼教士來華者日多，西式醫院亦漸次設立，各省著名之教會醫院有山頭英國長老會醫院、奉天蘇格蘭聯合自由會醫院、杭州大英醫院、漢口英國醫院、上海倫敦傳教會醫院，美國聖公會醫院、濟南齊魯醫院、淮陰仁濟醫院、北京協和醫院等。其后嘉約翰(Kerr)又於廣州設立濟濟醫院，贈醫施藥，並附設醫塾廣招學生，又於一八七九年創女子醫學教育，霍希遜及嘉約翰譯著醫學書籍數十種。

三、醫學傳教的目的及方法

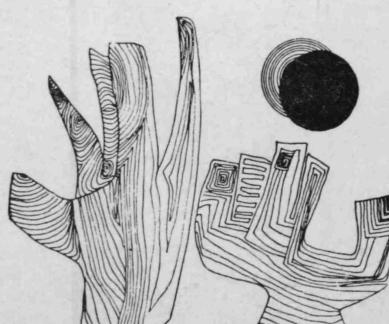
西方傳教士努力發展中國醫學的動機，一方面是本著博愛之心，為拯救疾病痛苦，另一方面則為宣揚教義，而二者是不可分割的。另一方面，中國龐大人口在幾無醫療服務情況之下，亦做為研究疾病及治療方法的好機會。

醫學傳教會設立之初，已認識到訓練本地人才為解決中國醫療問題的基本方法。教會醫院推行醫療服務，可分三方面：

(一) 在醫院之外，廣設藥局，以輔助醫院工作。

(二) 在毫無醫療服務可言的偏遠地區，設立醫療傳教中心，將醫療服務伸展至不毛之地。

(三) 訓練醫事人才，以備在中國醫學界成爲領導，將科學化醫療服務推廣。



同學們

健康委員會(Health Committee)將於本年九月初舉辦一個展覽會，地點也可能是在大會堂，題目暫定為General Health and Common Diseases。因為工作剛開始進行中，所以暫時還未有更為詳細的資料可公佈，各同學如對此次展覽會有興趣者，請留意四月初的通告或與健康委員會各同學聯絡。

六卷三期

香港大學學生會
醫學會月刊

本期發行四千份

一九七四年三月

共組廣州醫學傳教會(Canton Medical Missionary Society)。英人洛克(Lockhart)於一八四三年抵上海，立英租界山東路之醫院。一八六一年在北京又立一醫院，即為協和醫院之基礎。一八三九年與美國公理會士裨治文(Rev. Budgian)及郭雷福

一些人放棄他們的理想，有很多奇怪的理由，其中一個便是說這個或那個理想境界根本不存，在，於是，在他們的眼中，愛情、德操、社會秩序、世界和平或甚至個人成功，都是沒有的。說這些話的人，是把理想和幻想混淆了。一個理想是一件照推理應可達到的事，所以，除非那「理想」不是「理想」，否則，一切追求理想的都不會是蠢才。而這件事的存在與否，端賴我們如何去努力。說一個理想境界之不存在，即如一個人還未做好麵包之前說麵包是不存在的一樣。

或許，這些人有一部分會聽聞或目擊過這些理想境界的實現，練這還不一定能改變他們的觀

一些人放棄他們的理想，有很多奇怪的理由，其中一個便是說這個或那個理想境界根本不存，在，於是，在他們的眼中，愛情、德操、社會秩序、世界和平或甚至個人成功，都是沒有的。說這些話的人，是把理想和幻想混淆了。一個理想是一件照推理應可達到的事，所以，除非那「理想」不是「理想」，否則，一切追求理想的都不會是蠢才。而這件事的存在與否，端賴我們如何去努力。說一個理想境界之不存在，即如一個人還未做好麵包之前說麵包是不存在的一樣。

或許，這些人有一部分會聽聞或目擊過這些理想境界的實現，練這還不一定能改變他們的觀

性或知性的混亂，若非是天生愚魯，很多時便是由於一種微妙的心理機制所作祟。可以肯定這些人從來沒有為自己實現過那些「不存在」的理想，而因為他們的怠惰或其他原因，他們亦不再打算為這些理想而努力。但要承認自己怠惰、無能為力或缺乏這些理想，需要很大的勇氣，反之，如果說該等理想根本不存在，無論這是出於意

識或潛意識的，不但可以替自己挽回很多自尊心，更能給自己一些類似「吃不着的葡萄是酸的」的心靈安慰。

把理想放棄有時是應當的。一些只曉得把理想放在口頭上作裝飾，而其實不肯為之付出任何代價的人，毫無疑問比完全沒有理想更為討厭，但我反對為了一己心理滿足而替自己的放棄弄些自欺欺人及似是而非的理由，或甚至搬出什麼「悲觀主義」，這無論對自己或人類都是不負責任和有害的。