

# Caduceus

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The House Officers,  
Queen Elizabeth Hospital,  
Queen Mary Hospital,  
United Christian Hospital,  
Nethersole Hospital,  
Ruttonjee Senatorium.  
Tsan Yuk Hospital.  
10th April, 1975.

The Hon. Director,  
Medical & Health Department,  
Lee Garden Mansion,  
Hysan Avenue,  
Hong Kong.

Dear Sir,

We are a group of House Officers working in various hospitals mentioned above. We have been following this year's budgeting of the Medical & Health Department with **general concern as well as personal interest**.

During the Annual Debate of the Legislative Council, it has been made abundantly clear that as a result of tightening of budget, the Medical & Health Department has to **slow down the pace of expansion of medical services in Hong Kong**. We sympathize with you for the difficulties you encounter with such limited resources. It is certain that a number of projects has to be delayed and others shelved, noteworthy among them is the as yet uncertain opening of the Princess Margaret Hospital.

**One must question if these are the right decisions for Government to take at this time.** The government medical service has always been taxed to the extreme of its capacity, and the number of patients has been increasing. With an economic climate as it is now, even more people are turning to government clinics for medical attention. These factors are going to threaten the quality of medical care. With the proposed financial appropriation, it is **doubtful whether government medical service can cope with the demand even on a quantitative basis**.

It has long been claimed that one limiting factor to the growth of government medical service is the **lack of doctors**. However, the Faculty of Medicine of the University of Hong Kong, the expansion of which is largely designed to complement the projected development of medical

service, is able to turn out about 120 young doctors this year. At present they are serving their internship in various major hospitals in Hong Kong. 95 of them will be fully-registered by July, and the rest by January next year. They will all be ready to join government medical service then. From next year onwards, about 150 will be available annually.

There has been a lot of rumour and speculation among House Officers that, owing to a tighter budget, the Government will no longer be able to recruit the majority of House Officers as was the practice previously. Your speech in the Legislative Council Debate concerning the deferred opening of the Princess Margaret Hospital and specialist clinics has substantiated our speculation, and there has been much worry and anxiety among us as regards our employment and career.

We feel that it is not the lack of doctors but the reluctance of the Government to spend adequately on medical service that puts the brake to its expansion. If such is true, **what a waste it would be of our taxpayers' money to have doctors trained but not utilised!** Being immediately and personally involved we see this situation more acutely than others, but this is not just a personal plea. We would like the implications of this policy fully considered before final decisions are taken which may throw away the results of years of effort spent in improving Hong Kong's medical services.

It is now less than three months to the completion of our internship, we would like to ask you to disclose to us as well as to the public the exact number of vacancies which will be available in government medical service and government subsidized hospitals. We feel that a clarification of the present situation is indispensable to quench rumours.

We would be most grateful if you could give us a definite and prompt reply. Thank you.

Yours faithfully,

The House Officers,  
Queen Elizabeth Hospital,  
Queen Mary Hospital,  
United Christian Hospital,  
Nethersole Hospital,  
Ruttonjee Senatorium,  
Tsan Yuk Hospital.

Encl.: signatures of 94 House Officers.

## See what M & H Department says

"The increase in the net growth of the Civil Service for the 1975/76 Financial Year is restricted to 1,600 over the total strength of the service on 1st January, 1975. As you may know from the recent Budget Debate the largest percentage of this growth has been allocated to the law and order and revenue earning departments. The Medical & Health Department has accordingly received only a relatively small percentage of this 1,600 growth but wastage due to retirement, resignations etc. may be replaced", said Mr. Pascoe, the spokesman of the department.

"As Dr. Choa pointed out in his reply to the House Officers the number of vacancies in all medical grades was 81 of which 48 were at Medical & Health Officer level. In past years there was no problem in employing all House Officers who applied to join Government since no restrictions were placed on recruitment and sufficient vacancies existed to accommodate them. But because of the present economic situation Government had found it necessary to limit the growth of the Civil Service for the time being."

Mr. Pascoe said that the number of resignations from staff, including doctors, appeared to have declined in recent months which in present circumstances would also reduce employment opportunities for those wishing to join the department. The following tables, which were requested, show the total number of Government Medical Officers working in Government and Government subsidised hospitals during the periods 1969 — 1974 and the wastage rate (see page 3) for the same years:—

Date	Strength
1.1.1969	535
1.1.1970	565
1.1.1971	624
1.1.1972	655
1.1.1973	673
1.1.1974	702
(1.1.75)	(763)

When asked if Hong Kong's medical services would be affected both in quality and quantity because of present restrictions, the spokesman said that this would not be the case as the Medical & Health Department would continue to maintain its present services, and it was hoped that the additional facilities at the new Princess Margaret Hospital would start to become available to the general public later this year.

In reply to a question concerning the White Paper on the Further Development of Medical & Health Services in Hong Kong which was published in 1974, the spokesman said that the proposals contained in the White Paper would no doubt be affected by present financial restraints and that the timetable originally envisaged for their implementation would consequently be delayed.

Mr. Pascoe explained the curb on the growth of the department's establishment during 1975/76 would affect not only medical graduates but others as well. For example, the department would not be able to employ as many student nurses as previously (300 in the general nursing stream are usually taken into the training schools during one year) and

香港政府  
醫務衛生處  
香港政府總理辦公室內政司處



HONG KONG GOVERNMENT.  
MEDICAL & HEALTH DEPARTMENT.  
LEE GARDENS, 4TH FLOOR.  
HYSAN AVENUE, CAUSEWAY BAY.  
HONG KONG.

12th April 1975

Dr. WONG Chi-siu & Others,  
House Officers,  
Queen Elizabeth Hospital;  
X. X. X.

Ladies & Gentlemen;

I acknowledge receipt of your letter dated 10th April, 1975, in which you express concern about the prospects of employment with the Hong Kong Government on the completion of your internship in June this year, and ask for information on the number of vacancies for doctors in the Medical & Health Department and in Government subsidised hospitals.

I very well understand the anxiety you feel. On the question of vacancies the current total number in all medical grades is 81 which includes 48 at Medical & Health Officer level. But you will recall that the Colonial Secretary explained in detail during the budget debate the problems relating to the overall increase in the strength of the Public Service and those governing the allocations of additional staff to various departments. In the light of these statements we are presently engaged in a reappraisal of the staffing and recruitment position for the remainder of the year, including an assessment of additional vacancies that might arise from retirements etc. of any additional posts that might be obtained. I regret that at this stage I am unable to be more forthcoming about employment prospects for medical or indeed other grades of staff. Nor can I add anything about the position in subsidised hospitals.

In conclusion, I would like to assure you of my own concern at the uncertainty which all House Officers presently face in the matter of their future employment with Government, and it is my hope that the conditions which have led to this situation will be of a temporary nature.

Yours faithfully,

(G.H. Choa)  
Director of Medical & Health Services

this situation applied to other categories of staff also. Thus it was not going to be easy for the department to determine exactly how to fill its permitted growth quota and to replace wastage bearing in mind the need for the various types of staff to provide its many services.

The following are some of the figures which show the total expenditure on the Medical & Health Department for the years:—

1974 — 75	312,733,000 budgeted
1975 — 76	359,660,000 revised 379,706,000

# 蔣介石之死

友

## 談談我們的歷史班

■ 華

掌握在一千六百萬人民手中，這是台灣人民表示自己意見的時刻，不要再猶疑了。

面，醫學院以往亦有舉辦過中醫週、國語班、洪若詩醫生講座「我在新中國十五年」等，個別同學參與學生會或學聯的此類活動亦有不少。中國週，五四紀念就是其中例子了。現在於歷史班中的表現正說明同學的要求。

當醫學會新幹事會選出後，即按提出的工作方針「團結

一項提到了中國近代史班，而當時亦有數十位同學表示有興趣參加。後來通過與其他班會商討，發現高年級的亦有意願，推廣了這項活動。亦再一次明確說明了醫學院亦跟其他大學生團體一樣，走認識中國，關心社會的道路。

在這第三學期初，醫學會邀請了李鍔博士來講國共內

暑假展開了。

本來暑假嘛，同學們都有很多節目，尤其二年級同學

都利用假期溫習書本，能抽空的時間實在不多，況且醫科同

學平日接觸歷史知識的機會比較少，近代史大多都沒有在中

學時學習過。然而，這些困難並沒有阻止同學們看歷史書準

備資料以及定期討論學習，每次都是情緒高漲地熱烈討論。

就這樣在暑假中初步摸索出舉辦歷史班的方向。

今年開學，即正式成立近代史班興趣小組，喜歡搜集資

料的同學可以參與準備工作，喜歡到來聽聽也可以不用作

任何準備工夫，這都按同學自己的興趣。第一學期中所舉辦

的四講中，雖然人數不多，但參與的同學都反應熱烈，討論

時亦提出很多問題。例如：「在百多年前，我國曾受到列強

欺負，遭到不少的破壞，我們身為現今的中國青年，可以做

些什麼呢？」「五四運動究竟實質是什麼？」現在看起來，好像與以往所讀到的不盡相同似的，為什麼呢？「抗日戰爭勝利靠的是什麼呢？」這些都反映了同學們熱切要求認識中國的近代史，而歷史就以民族的立場去研究史實的。

其實這個跳出書堆，投入認識周圍的事物的趨向是日益明顯的。在認識祖國方

## 一點感受

中國近代史，一篇用血和淚寫成的民族史。

四月六日，清明節翌日，天色陰暗，霏雨霏霏，空氣停滯不動，令人透不過來，無奈明天還要考試，情緒雖因天氣而低落起來，然而仍要振起精神，「咪」書去也。

「蔣介石死了！」弟弟一翻開報紙便大叫。

「說甚麼笑話，吵死啦，明天要考試嘛，靜點好不好？」

「我不以為然道。」

「不信，你自己看。」弟將報紙擲給我，不遠，中途飄下，攤開在地上，四丁方寸的大標題「蔣介石不治逝世」赫然在目，呆了一呆，攬書拾上，立即上前拾起報紙，細讀內容，字影在腦海中飛舞，歷數秒才能集中心神，可能事起倉卒，報章亦只登了寥寥數句電文，然而多少又有甚麼關係呢？反正就只有一個事實，他死了！

在廿世紀中，能在世界史上寫上一筆的中國人，我最先認識的是孫中山，第二個是蔣介石，第三個是毛澤東，他們三人有顯著的不同，然而有一點肯定的相同，他們都是生長在苦難的時代。

最近某電視台上演一套清末的話劇，雖然有提及列強華的事件，和清廷的腐敗，然而看的時候總覺得有點不對勁，起初還想不起來，後來看多了數集，恍然大悟，它正是少描寫當時人民在水深火熱中的情景，少了當時人民對改革政制渴望的心，少了列強醜惡的咀臉。當然，在商言商，漂亮的珍妃總比襯襯的平民吸引觀眾，不過對中國近代史有興趣的人而言，後者當然得要重視。

我對近代史知得不多，所知的大都由書本上得來，然而每次翻書的時候，總有兩種感受：憤怒和悲哀。我並不是一個狹窄的民族主義者，不過當讀到列強侵華時，中國人在自己的領土上，在洋人統治下，過著狗也不如的生活的描寫時，你能無動於衷嗎？我不能，所以我憤怒，又當讀到有人爲了要統一全國而北伐，有人爲了要清黨而去剿共，又有人爲



向蒼天，  
無語  
嘆國難，  
奈何

CATHOLIC SOCIETY

Medical Faculty Group

Film Shows

13th May (Tuesday): Chinese in S.E. Asia  
(異鄉的中國人)

Time: 1:00 p.m.

Place: Lower Lecture Theatre, Li Shu Fan Building

ALL ARE WELCOME

健 康 週 與 你

# 健 康 調

等一次和第二次學位試過後，同學們大可以舒一口氣，接着而來，一部份同學正積極籌劃暑期的「健康週」活動。近年來，較多醫學院同學參與社會活動，這是個可喜的現象，但在我們工作的方法和表達的途徑上，仍大有改進的地方。

有一個完善的聯絡計劃，每個參與的同學，以小組形式，每個月只須要花上數小時的工作，便可以整個計劃延續。展覽會最重要的是講解員的態度，如有參觀過教育展覽的同學，一定會非常欣賞他們工作態度的熱誠，籌劃的井然有序，非常值得我們學習。

(二) 中學生研討會：

以一些社會和健康衛生的問題爲專題，通過各中學同學在籌備階段的學習，提高他們對問題的認識，彼此認真討論，一定較展覽會上片面的認識更深刻。同時在聯絡和輔導中，促進我們對中學生的了解。進一步可聯絡他們參與社區的流動展覽和講座，以擴大工作人員的範圍。

(三) 大衆傳播：

在現代化的社會裏，最有效是大眾傳播的媒介，電台、電視台和報章，衛生常識一向被認為沒有商業價值而被忽視，但如果能製定一套新穎的資料，適當地配合展覽會等工作，在現代化的社會裏，最有效是大眾傳播的媒介，電台、

，相信一定可以找到合作的機構。如新電視台已示意多籌辦有教育意義的節目。

(四) 學術講座：

在健康週的目標下，除把健康知識普及大眾外，促進學術上的認識是同樣重要，特別是從事醫務衛生工作的醫生護

士，醫療輔助人員和我們醫學生。值得學習的題目有：  
一、香港醫療衛生服務的剖析  
二、社區健康計劃

以下是一些建議：

(一) 展覽會：

首先要請問：「展覽會是否最理想，最有效的方法？」參觀的人，教育水準參差，同時在走馬看花的擁擠情況下，實在得益的人會有多少？試問一個在新區工作的青年，能否抽出時間老遠跑到大會堂看展覽。

所以流動展覽會是一個非常重要的輔助方法，展覽的內容，可分別帶到各新區的社區中心、學校、或志願機構中心，再加上幻燈放映、專題講座和討論會，可深入了解各階層的需要，同時內容也易於接受。一般社區中心都有經常的小組活動，能配合他們的時間，一定能爭取更多觀眾。

偶感隨筆

四月廿七日，是一個多雲不雨的星期日，天氣却非常悶熱。

這時，吹來的空氣更加清新了。

回首看看那先前的父親，他正和孩子們玩滑梯，再看那位母親；他們的衣着並不光鮮，亦不像受過很多教育，但他們的行爲却使人欽敬；他們教導了孩子們重要的一課。這時，吹來的空氣更加清涼了。

三過受車載而立

三

MERCK SHARP & DOHME INTERNATIONAL  
FELLOWSHIPS IN CLINICAL PHARMACOLOGY

The Merck Company Foundation invites applications for awards of four Fellowships in 1976. The object of the Fellowship is to provide up to two years' training for overseas physicians in clinical pharmacology at a university center in the United States. Candidates should have a medical degree and license in their own countries, three years of post-graduate experience and assurance of a suitable position for teaching and research in clinical pharmacology in their own countries on completion of training.

The awards provide for a stipend and family allowance of U.S.\$715-935 per month plus tuition and travel allowance.

Applications, which will be considered by the Selection Committee, must be received in the U.S.A. by July 1, 1975.

Application forms and information may be obtained from

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AIA Building, 8/F

1, Stubbs Road

Hong Kong

? 定的決誰是這一路道，路出

也不能多僱用醫生，但請看看，政府七百餘個高級公務員每年只是津貼就已經有一千七百多萬，發展沙田又打算用若干千萬了，而另一方面，早已通過的九年免費教育則被擱置，醫療制度沒有積極地改善，這不是說明香港雖然經濟不景，但並不是沒有足夠經濟能力去改善人民生活，而只不過是政府放重點的問題。

其實，細心想想，就會發覺到這件事情並不是笑發的。香港經濟不景，已是多年的事了，只不過同學一向有貸款，獎助學金等，情況還不怎樣壞，其實很多市民，尤其是低下階層，早就叫苦連天，想盡辦法去賺錢了，但隨著經濟衰退，始終有一日是會影響到各行各業的，而醫生們則由於職務性質特殊，比較遲受到影響而已；換句話說，醫學生的出路問題，遲早都是會發生的，倘若不是今年M·O·位出現不足，遲一兩年這個問題也會出現的了。

在思索МО這件事時，直覺上覺得政府措施不當，爲甚麼常常說及政府醫生不足、私家醫生不肯入政府工作、而設立第一醫學院，但却不肯收容這班快做滿一年的實習醫生呢？跟着又看到蔡永業的解釋信，說道經濟不景、政府要省錢，

路，是不會沒有出路的。不過，這許多許多的道路，要走那一條，都決定醫學生本身的想法。路是人走出來的，有些路以前走的人多了，不知不覺地跟著走，以為這些路便是自己走出來的，試想想，做一個醫生爲的是甚麼呢？是不是金錢財物，是不會沒有出路的。不過，這許多許多的道路，要走那一條，都決定醫學生本身的想法。

曾明瞭到甚麼人最需要我們！他們就是我們每日在港九每一角落所見到的勞苦大眾。對這些市民根本就未曾解直接觸過，那裏又談得上了解呢！本來並非事事都要親身經歷過的，但對於那麼切身的重要問題，又怎容忽視！

古此不有尼日月琪莫多醫同尼日是些今未醫防，也不能多僱用醫生，但請看看，政府七百餘個高級公務員每年只是津貼就已經有一千七百多萬，發展沙田又打算用若干千萬了，而另一方面，早已通過的九年免費教育則被擋置，醫療制度沒有積極地改善，這不是說明香港雖然經濟不景，但並不是沒有足夠經濟能力去改善人民生活，而只不過是政府放重點的問題。

、地位等就是作出一切決定的基礎呢？會不會是  
識，人生經驗等更為重要呢？然而，又怎樣才算  
有足夠的學識和經驗呢？又甚麼是一個醫生的責  
任？

我們是否要躲避現實，不假思索地接受前人腦子，會思想，不會盲從，有眼睛耳朵手腳腳步，會看清事物的本質，築起自己的想法。只有通

其實，細心想想，就會發覺到這件事情並不  
是空穴來風的。香港經濟不景，已是多年的事了，只  
不過同學一向有貸款，獎助學金等，情況還不怎  
樣壞，其實很多市民，尤其是低下階層，早就叫  
苦連天，想盡辦法去賺錢了，但隨著經濟衰退，  
始終有一日是會影響到各行各業的，而醫生們則  
由於職務性質特殊，比較遲受到影響而已；換句  
話說，醫學生的出路問題，遲早都是會發生的，

完全地接納了前人的道路，在我們的課程裏，很少有提及這些問題，就算有的話，也都是空談理論。沒有實際體驗，根本就沒有接觸到問題的本質。我們不是常常聽到，不少醫學生一向都懷著各種抱怨及理想嗎？可是一經實驗，切身地多與病人接觸後，便開始Realise what Life is all about！也就是說，對事物的看法有很多實際的改變，對一些以前認為正確的看法亦會重新考慮。試問一句，為甚麼呢？為何自己的想法是那麼不穩定呢？其實答案很簡單，就是因為未

建立起來的，同時，這也有賴我們對事物、人生的基本看法和想法。  
這麼樣切身的重要問題，是否就此了事便算？是否值得細細商量？

### **Medical Officers Wastage Rate**

Date	Wastage
1969	82
1970	57
1971	102
1972	92
1973	97
1974	99

## **Editorial Board**

<b>Hon. Advisor</b>	:	Prof. M. J. Colbourne
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<b>General Editors</b>	:	Lam Yung Chee Kwan Yuk Lin
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## *Ery. The Beloved Country*

Roberts

On he walked, every step he took,  
every strike his clutching made on the ground,  
carried him farther and farther away from  
where he once existed. But it was all over  
now—his kin, his brothers, his parents were all  
abruptly jerked off him in a single deadly blast.  
Now he was alone, crippled and frightened.

As if each touching of the ground by the clutches had weirdly established a momentary, distorted circuit in his mind, he saw, at every step he ventured, fragments of the past fleet before his eyes, stupefying him all the more. Shattered, and in those distrustful days, his mind could hold nothing but the sickening moans from the wounded, the tearing noises of explosions, and the heart-rending, bone-chilling cries of a man or woman who had happened to lose his or her family in a single blink. The sounds, the smells, the sights had interwoven into a topsy-turvy nightmare that formed the backstage of his consciousness, swirling around and around above him, laughing at him, enchanting him with the absurdity of alternate light and dark, fear and phlegm.

What had love, peace, charity, happiness, equality, freedom, unity, truth or any other sophisticated, unthinkable forms of human vocation meant to him, when he was the one to face the constant death and suffering--but a grim story (or joke) so told? Well, the Bastille of Civilization, Charlatans--the--politicians, Satan and Hell--and His Heaven, beloved country!



# 一些建議

無可疑問，整件事情的核心是圍繞著財政的不足，然而發展醫療服務是急不容緩的事，是政府不容忽視的，在現階段，對行將畢業的同學和實習醫生，有一、兩個辦法或許能對他們有所幫助。

實習醫生經過多年學習，書本上的知識不會少，他們最缺乏的就是實際臨床經驗，而醫院就是最好學習的地方，政府大可以在過渡時期中，設立多低薪訓習研究職位或容許彼等繼續實習多一年，使願意留在醫院工作的醫生們得償所願，同時，政府又可以有多些「廉價勞工」，這樣無論是市民或實習醫生都得到好處。

如果實習醫生們終歸不能在醫院工作，為了吸收多些經驗，他們大可以用(Partnership)「合夥」方式，幾個人同設一間診所，甚至可以拉攏一兩個老經驗的醫生入夥，除可吸收經驗外，這種形式的診所更合乎經濟原則，這種診所實際上等於一間迷你型醫院，內裏可以設有小型化驗室、X光室等，不但醫生們可以更快得到診斷的結果，而市民方面又可以保證得到合資格的化驗師檢驗。

財政司表示今年政府公務員的招聘額將不會超過一千六百名，而醫務衛生處所獲得的數額約佔十分之一，大部分的名額都撥給治安和市政局，當然亦安和市政在目前香港的情況下極為需要改善，但醫療服務亦十分需要改進，在此情況下我們不禁要問一千六百這個數字是基於甚麼情況計算出來呢？政府一貫以來對公務員都採取強烈的階級主義態度，高低級人員的待遇簡直有天壤之別，正如財政司向市民呼籲，要大家同心合力渡過難關，那些月入一萬數千的官員似乎亦應該身先士卒，自動減薪，減少政府公務員的支出以增加各方面服務的發展。

香港人不敷支，所以迫於減收醫官，女皇見到狀詞，象口金，料亦難自圓其說，「我雖不殺伯仁，而伯仁爲我而死！」一，女皇如何向醫生們交待，更遑論安撫他們？到時女皇只好尷尬一番，則港府又何顏見女皇？此其二也。

方今民風不諱，豺狼當路，市民夜歸者，莫不如履鬼蜮，君子懷刑（若不幸被奸人告發，亦難免牢獄之苦。獄畢，或重操故業，或淪爲盜賊，或淪爲乞丐，則香港治安，豈不更壞？此其三也。

看官，你還道居士之驚是無因的麼？居士想洋多人讀到此處，定必已汗流浹背，冷熱攻心。幸喜居士面壁苦思，尋且想出一套萬全之法，既可渡過難關，更可圖風駕輕，打擊流弊。

若論學生造反，看官，歷來書生變政，有幾許成功？王莽不是被識爲「設使當時身便死，一生真僞有誰知？」麼？

不依時，派出防暴隊、小販管理隊、警察、軍隊、民安隊、少年警訊之流，扮成平民，作「人山人海，夾道歡迎」狀，則告狀人又從何入手！即使是示威遊行，搖旗呐喊，女皇懵懵閉閉只把呐喊當作歡呼，定必無事。此其二也。

若論御前告狀一招，政府不妨於女皇訪港之日（最好是不依時），派出防暴隊、小販管理隊、警察、軍隊、民安隊、少年警訊之流，扮成平民，作「人山人海，夾道歡迎」狀，則告狀人又從何入手！即使是示威遊行，搖旗呐喊，貴之功利主義，從今天起犧牲小我，完成政府。此其一也。

至於說醫生可能會危及治安，政府何不順水推舟，趁機恢復死刑，實行嚴刑峻法，則不但鼠輩舉手投降，市民感戴歡欣；即使是走頭無路的黑市醫生，亦定必棄械潛逃，

所云減少招聘新醫官，或者是在偷習居士祖師李公宗吾的「補錢法」。先是大吵大鬧話個鑊好穿，然後又把那個其實不好，即使居士這個最後推測不幸錯誤，則行將畢業的見習生甚爛的鑊（或者根本無鑊）補番，揚威於市民之前。升斗市民，醫生及醫生們又焉能不感激涕零，視政府爲生死骨肉之父母官？

即使居士這個最後推測不幸錯誤，則行將畢業的見習生甚爛的鑊（或者根本無鑊）補番，揚威於市民之前。升斗市民，醫生及醫生們又焉能不感激涕零，視政府爲生死骨肉之父母官？

烏江自刎。不但治安轉好，醫療制度，今後也必定耳目一新。此其三也。

其實，居士長篇大論，洋洋萬言，未必有用。蓋政府之所云減少招聘新醫官，或者是在偷習居士祖師李公宗吾的「補錢法」。先是大吵大鬧話個鑊好穿，然後又把那個其實不好，即使居士這個最後推測不幸錯誤，則行將畢業的見習生甚爛的鑊（或者根本無鑊）補番，揚威於市民之前。升斗市民，醫生及醫生們又焉能不感激涕零，視政府爲生死骨肉之父母官？

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## 失業潮下的醫務

一九七五年四月廿七日  
非啼非笑，烏龍人間

本來已捉襟見肘的香港醫療服務，在這社會的經濟衰退的連鎖影響下，將會怎樣呢？看來最近發表的醫務發展十年

在這些面向勞苦大眾的崗位上服務社會。在政府當局的醫療架構底下，在社會的意識形態的影響下，一個醫生所走的道路每是一個既定的框框。私家醫生要生存，要維持就要名銜更多的名譽，更响的銜頭，就能索取更高的診金。會聽過一位同學說：「當病人知道他的醫生所支取的薪酬要比一個護士低的時候，會對他失去信心。」這大概反映了這個社會的病態：代價，金錢酬勞衡量了事物的好壞，甚至醫療服務也毫不例外。讓納稅人培養出來的醫生；讓還未經現實名利社會所摧殘的醫科畢業同學，加入這些競爭豈不可歎！但是更可歎的是：沉重的醫學擔子將直接壓在市民頭上，貧苦的更難得到妥善的，迅速的醫療照顧。



MEDICAL SOCIETY Presents  
Gala Premiere  
Maximilian Schell's  
**FIRST LOVE**  
based on novella by Ivan Turgenev  
Winner at San Sebastian Film Festival  
Central Fund Raising Project  
of  
Medical Society  
for the  
Session 1974-75

Date : June 24, 1975  
Place : Lee Theatre  
Time : 9.30 P.M.

Tickets available at the Medical Society Office  
at \$100, \$25, \$8 and \$6

This will be the only fund raising project of the society for the present session. Fund raised will be used to support various projects and standing committees, including, the Caduceus, the Elixir, the Health Exhibition and the sending of delegates to participate in ARMSA and IFMSA meetings.



## AN INTERVIEW WITH PROFESSOR GIBSON, DEAN OF MEDICAL FACULTY

### The Problem Itself

Professor Gibson sees the situation as not completely a medical problem, but actually a financial one. At present, jobs are generally lacking. Of the possibly 200,000 unemployed, some may have to be doctors, but registered doctors are at least better off than many others as they have a much more marketable skill. They should be better able to stand up to the problem than the unskilled.

### Is there any way out of the Problem?

Professor Gibson feels that the Medical & Health Department is anxious to employ as many of our graduates as they can. But their budget is limited. To increase the budget for medical care, the Government would need to cut down those for other purposes, like social welfare and education, including University education and student grants, which may be just as needy. So he sees nothing that can be done on this except at the expense of other needs, which no one wishes to sacrifice either.

### Suggestion for the coming Doctors

Professor Gibson stresses that the registered doctors can go into private practice in areas of Hong Kong where doctors are needed. Though it may be tough, one does not necessarily do worse in the long

run; it may prove to be better eventually to have your own practice than to work for someone else, Government included.

### Regarding the probable Brain-drain of Doctors

Professor Gibson thinks that it would be very regrettable if the doctors trained here cannot serve here. But, the University Faculty is not a production centre to supply the Medical & Health Department only. Trained doctors should be free individuals, capable of working anywhere, here in private practice etc., overseas or in China.

"There is much sympathy in the medical profession for young doctors now facing an unexpected and daunting situation. To those outside the medical profession, the doctors' problems seem less serious than those being faced by many of their fellow citizens at this time. To those looking for jobs paid by public finance the support of the public is important and it is well known that every doctor who graduates has already received much support from the public purse and the assumption made that he is capable of looking after himself.

This seems rather a dreary message to those who are naturally worried but I believe our graduates are quite capable of facing facts and finding solutions when pressed to it and the pressure is surely on!"

## An interview with Dr. Peter C. Y. Lee, President of the Hong Kong Medical Association, on 26th April, 1975

Dr. Lee started by reiterating his personal views in regard to the present financial budget. He welcome the break-away from the traditional concept of budgeting of the Hong Kong Government with reference to two specific areas, namely, to budget for a deficiency and to negotiate for loans for certain capital projects.

However, he does not agree that financial astringency means across-the-board cutting of all departmental budgets by "x" % without due consideration to the specific and special needs of the department which services the general public may have particular demands upon. This is certainly true of the Social Welfare Department and the Medical and Health Department.

In times of effluence, the demands made on these departments may be less; but the reverse is true in times of austerity. It is not to the best interest of Hong Kong that the budget of the Medical and Health Department be "frozen" at a time when less and less people of Hong Kong can afford non-subsidized medical care and more and more have to depend on Government medical services.

In the light of the present extreme over-crowding in all Government acute general hospitals, it is lamentable that the 1300-bed Princess Margaret Hospital, which was built at tremendous costs, has to be left idle

and empty due to lack of funds to staff the hospital before it can be open for public use. Whilst appreciating that the Financial Secretary may have great difficulties in slicing up the financial cake, the Princess Margaret Hospital must surely deserve the top-most priority and any delay in its opening is detrimental to public interest.

It is ironical that less than seven months ago the Government had set up a "Working Party for Unregistered Doctors" to make recommendations as to how to get those who are truly qualified to become registrable to help solve "doctor shortage" in Hong Kong, and now we are faced with a problem of how to find enough posts for the 93 interns (provisionally registered doctors) who are graduates of the University of Hong Kong and who will become fully registered doctors by 1st July this year. These 93 soon-to-become fully registered doctors have signified their intention to take any post which the Government or Government subvented institutions can offer, and yet there is justifiable apprehension amongst this group that some of them may become unemployed. What had been "the problem of unregistered doctors" has now become "the problem of unemployed registered doctors."

The Hong Kong Medical Association is fully aware of the situation and will do its utmost to help in an advisory capacity to solve the problem to the best of its ability.

## 對醫療服務的影響

醫療服務要不斷擴張以應付日益增加的需求，這點已由醫務發展諮詢委員會在其一九七三年報告書中清楚地表示出來，由於現時本港經濟的不景氣，低廉的公共醫療服務更形急需，所以就算現階段的醫療服務仍可保持去年之水平，在不進則退的情況下，其影響顯然易見，或試舉一、兩個例子當可見一斑。

一般人以為政府醫院門診部可作為市民對政府醫療需求的指標，然事實上只能作為有限度的參考，要知政府醫院門診部都有所謂上派籌事的規則，而每一日所派的數目都有限制，所以每日求診的人數變化不大，反之，急症室對求診人數則比較敏感，近數月來，急症室的病人數日倍增，一部分原因可能是市民普遍知道急症室的用途，但相信另一部分是由於市民未能輪候到門診，而急症室又是整日開放，不需輪候的，所以形成急症室有入滿之患。除門診外，幾間政府醫院的情況亦非常擁擠，據一位資深醫生透露，在伊利沙伯醫院的一些病房，原有四十六張病床，為了病人的不斷增加，床位經常加至七、八十張，時而甚至加至百多張亦有，以至有一次某病房主管通知急症室停止送病人來，試想一間四十六張病牀的病房住上八十多人，其擠迫情況可想而知，更重要的是每一病房的當值醫生、護士和工作人數並未增加，病者必然未能得到充分的照顧，在這

種情況下，無論醫務人員或病者都是在活受罪。該資深醫生又舉另一個活生生的例子，他說在這些日子來，由於病者增加，如兩個同時都是急症，而只有一個醫生能空出來，往往只得一個便讓性另外一個，並非醫生有甚麼偏見，事實是人手不足，就算華陀再世亦徒呼奈何。

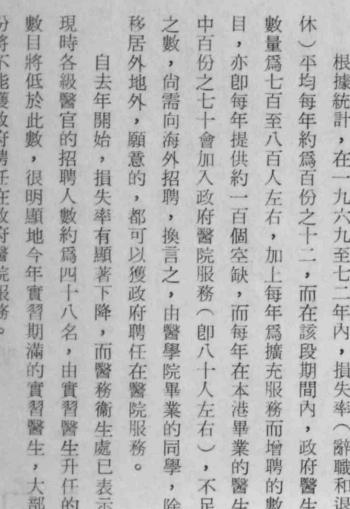
以上所說的例子，其實亦不算甚麼新聞，就連躲在寬敞冷氣寫字間的大官亦知道，所以才有一本一本的白皮書面世，一針一灸的計劃展出來，在一九七四年出版的醫療白皮書，共列出十項在今後十年內醫療服務的發展目標，從字面上來看，可以說是針對現存的不足而加以改善，但要有全部建議，須耗用大量資金，計劃完成後，每年的經常支出亦會劇增，其中建築、購置傢俬設備等費用，由一九七四年中的物價計算，約為九億一千四百萬元，而每年的經常支出將由一九七四年七五千萬元增至九億元，可是在今年的財政預算中，醫療服務的支出實在差得太多了，有人或許以為我們是奢望得太多了，然而正如白皮書所言，整個計劃不只是將本港醫療服務的質量提高至本港居民樂見的水平而已。



今年醫療服務的狀況，相信大家都非常關注，對於這個問題，部份人可能有些少誤解，以為政府正在削減醫療服務，然事實並非如此，只不過是今年醫療服務的發展將未能如期進行，甚或停滯不前，至於醫生空缺問題，今年將比往年為少，究其原因，主要有三：

### 一、財政不足

由於世界性經濟萎縮，本港的經濟情況亦陷入低潮，因而直接影響到政府的收入和支出，在今年的預算案中便出現四億三千萬元的赤字，財政司在財政預算案辯論會中表示「政府開支承擔的增長率應該配合收入的趨勢——這趨勢又是由經濟增長率所決定」，現在的經濟增長率既然放慢，政府開支的增長率當然亦縮減，在預算案演說第六十九段，財政司表示：「各機關的開支整體上削減百分之一十，而服務仍要保持合理的水準，則各首長便要協力探求可以達到最大成本效用的方法。」為了要達到這個目標，財政司相信所有



二、醫生損失率減少

根據統計，在一九六九至七二年內，損失率（辭職和退休）平均每年約為百分之一十二，而在該段期間內，政府醫生數量為七百至八百人左右，加上每年為擴充服務而增聘的數目，亦即每年提供約一百個空缺，而每年在本港畢業的醫生中百分之七十會加入政府醫院服務（即八十八人左右），不足之數，尚需向海外招聘，換言之，由醫學院畢業的同學，除移居外地外，願意的，都可以獲政府聘任在醫院服務。

自去年開始，損失率有顯著下降，而醫務處已表示現時各級醫生的招聘人數約為四十八名，由實習醫生升任的數目將低於此數，很明顯地今年實習期滿的實習醫生，大部份不能獲政府聘任在政府醫院服務。

至於政府醫生的數目，去年為四十八名，今年為四十六名，減少了兩名，但這兩名都是做私家醫生或移居海外，然

過往經驗，辭職的醫生大多數是做私家醫生或移居海外，然

解辦法。

三、瑪嘉烈醫院未能啓用

由於醫務衛生處原本準備在今年啓用瑪嘉烈醫院，所以在較早時已物色一部分醫務人員以待啓用後調往，現在既然經費不足，該院未能預期施用，已經聘用的醫務人員將在各政府醫院任職，因而使各政府醫院的空缺更減少。

雖然政府醫生的數目並未減少，但對一般市民而言，公費低廉的公立診所求醫，在需求量驟增而醫務人員數目又未

能充分增加之際，很容易使人有錯覺以為政府醫務人員受到

削減，不過無論如何，在這種情況下，增加醫務人員為唯一

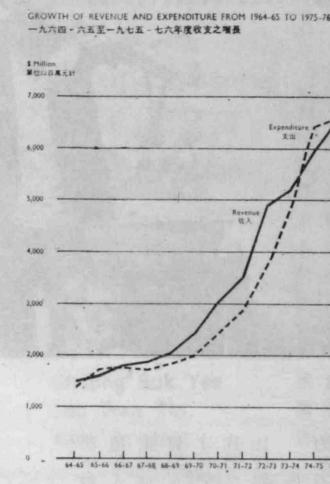
## 醫務衛生處長蔡永業醫生 在立法局致詞全文節錄

對於表示關心醫務衛生處的計劃會受到政府限制支銷和招聘人員措施所影響的各位議員，我很感激。我要首先談談瑪嘉烈醫院。……醫務衛生處現時仍然與財政司磋商，討論該醫院在一九七五—七六年度所需職員的新職位問題。關於這點，我要解釋，在預算中所示為該醫院而指定設置的五十六個醫生職位，只代表荔枝角醫院現時的六個職位和加上在一九七二年為訓練目的而設的五十個職位。該醫院當充份啓用時，醫務職位的編制終將要龐大得多。我也許要提一提，該醫院能否在本年內啓用，不僅有賴新職位的設置，而且顧及在一九七五—七六年度公務人員的增加受到限制的情況下還要胥視乎醫務衛生處是不獲許任用人員充這些職位。……

關於鄧志昂專科診所和南葵涌與東九龍兩間分科診所，其中東九龍分科診所不會在現屬財政年度建成。另外兩間看來亦不會在一九七六—七七年度之前啟用，因為優先要辦的是啓用瑪嘉烈醫院，和需要把醫務衛生處獲許增聘的人員大部份撥給該醫院。……

展望將來，醫務白皮書所載建議的履行，無疑會受到現時財政制肘所影響。除了列入工程計劃甲類與乙類的項目以及其他已批准的工程項目之外，在計劃階段的另外種種工程，未有合約制訂，在本財政年度內亦不會簽訂。因此，進展情形將至少延遲一年，但我希望，關於若干建議，如利用現有資源就能做到的，將着手進行一些初步工作。……

一九六九年初，當醫務衛生處因許多醫生在較早一兩年間紛紛離港而遭遇到關於人手的艱困情況時，香港醫學會提議政府考慮僱用私人執業醫生擔任部份時間診症服務。……當局會與香港醫學會進行商討，直至一九七一年人手情況好轉為止。我於一九七一年四月致函香港醫學會會長，指出我們的談判已進行相當時日，且已陷於僵持。我在信的結尾提議一項新辦法說：「我謹予補充一句，如在六月底有合理數目的畢業生參加醫務衛生處，人手情況當可好轉，使我到我的新建議要延遲實行。但讓我向閣下保證，應保持商討。我謹再致謝閣下及貴會會員所作努力。」一年後，即一九七二年，我再致函確定上述計劃已擱置。但一九六九年十月財務委員會通過作為第四十七項下的一筆追加撥款十一萬五千二百元，則仍保留在預算內，直到今年才予劃消……儘管此一建議沒有實行，我相信我們的門診所一直以最合乎經濟和最有效率的方法提供服務。我已數次解釋，我們的診所門外的求診者輪候者衆，並不是有診症室空置不用而致，而是事實上診症室不足夠，同時，是因為候診人數日增而致候診室顯得太小，不夠地方使用。



11 JUN 1985

# 啟文思

先到？先得？  
石明

夜幕低垂，燈火通明，沸騰着人聲，收音機、錄音機的聲浪，誰說香港不繁榮、安定？這裏是九龍某個「小販認可區」，時間是政府實施小販認可區政策的第二個晚上。

這裏雖然只是一條街，却是這個複雜社會的縮影。

多事的我正在找機會與一個小販搭訕。

「先生，近來小販這一行好不好生意？」

「呵呵！現在真是做小販好過做皇帝啦！」

「……」

「這只是說笑吧！現在社會環境這樣，那會有好生意？不過我單身一個倒沒有問題，有家庭就慘了。」

「先生你以前做甚麼呢？」

「做工廠啦，工廠關門，所以轉行做小販。幾個月了，都是賣牛仔褲。」

「政府實行小販認可區政策和先到先得辦法，你有什麼意見？」

「我自己意見呢，就很反對認可區，至少現在不用走鬼，但先到先得辦法就不好了，那些婦老弱一定比別人慢了，真是想趕絕他們。」

「是啊！」旁邊賣鞋的女小販也忍不住了。「我以前早上去街市賣鞋，十二時才到這裏，因為這裏下午才有生意，但是現在八時多便要到來霸位，沒有生意也要來。」

「那麼有了認可區後，有沒有人來騷擾呢？」

「我不想講，不過大家都心知肚明的了。」

倒是女人比較爽快。「這當然是有啦，政府實施了認可區政策，大家都不能到其他地方擺賣，以前最多被罰三十元或六十元，但現在全部貨物要充公。人人都想到區內擺賣，我們負擔更重了。前幾天，有人用油在地上劃劃……」她一面說一面指着地上的方格，「這是什麼意思！」

在談到該區的情況時，她說：「這裏大家都熟了，有默契，一打架跟着另一架，當然不會給別人插位，沒有甚麼事。不過另一邊有些人前一晚便到來，睡在車上，那晚還下雨。第二天說要洗地，要他們把車推開，但不能保證他們能回原位，他們當然不肯，因為很多人正預搶位開檔。他們敢搶位，一定有很多人，而且是甚麼人，你明白啦！」

另一位在區外橫街擺賣的小販却有更深刻的揭露。

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一九七五年五月

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## 啟思錄 耕耘

每文

# 思啟文

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這使我想到：醫生可以幫助病人脫離病魔的纏綿，但却留他們在生活裏受着煎熬！

讀書考試是一個例子。考試的缺點衆人皆知，但世界上不能沒有各類形式的考試，亦沒有十全十美的考試，它的結果如果不是不定，也是難定的。故此，將考試成績視為讀書的最大收穫，只會形成試前試後各種情緒波動的理由。沒有人，當會以耕耘本身為收穫，因為只有這才是真正的，可知的及由自己操縱的。他只需要確定自己是以真誠的努力去做，不懈不怠，他已是安享既得之利，不必斤斤計較於所謂命運安排。

對中國的貢獻。個人只要是依着自己興趣，用最好的方法從書本中吸取益處，他已是得到讀書的一切。如模樣於追求錢、孫中山即使在醫學院中成績全部不及格，也不會影響他的日子。難道這就是守法的下場？