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ABORTION: MURDER or MERCY

Their Opinions ......

The mini-seminar on Abortion, organised by the Guild of St. Luke, SS. Cosmas and Damian, Hong Kong, in association with The Catholic Marriage Advisory Council, was held at 8.30pm on 25th February, 1971 at the main hall of Ruttonjee Sanatorium. The seminar was convened by Dr. Ramon C. Ruiz, and the principal speakers included Dr. Ramon C. Ruiz, Master of the Guild
Rev. Fr. Peter Brady, S.J. Wah Yan College
Dr. George Ou, Psychiatric specialist and medical superintendent of Castle Peak Hospital
Judgment Mr. Leo F. Goodstadt, deputy editor of the Far East Economic Review.

The seminar was attended by doctors, nurses, medical students and people from other walks of life.

GENERAL PRACTITIONER'S VIEW
Dr. Ruiz, a catholic himself, held the opinion that abortion is essentially an act of murder and is inexcusable.

Medicine is meant to save life and not to kill it. There is no essential difference between born and unborn life, both being of equal rank in God's eye and should also be in man's eye. He argued that the risk of giving birth to either mentally or physically defective children, the chief reasons put forward by those advocates of abortion, was indeed not sufficiently high to warrant this act. In the case of rubella, he quoted only 2 out of 10 of those babies born of mothers infected during the 1st trimester of pregnancy are affected either mentally or physically. Therefore if abortion is indicated in all cases of 'rubella risks' 8 out of 10 'innocent' babies would be unjustly murdered. Besides, the defects in those babies affected may be very minor.

He furthered the argument that if we are justified to 'kill' these 'unfit babies' then we might as well advocate euthanasia for the senile, the insane and the handicapped and so on.

A MISIONARY'S VIEW
Fr. Brady commenced by discussing on the popular repugration, in which it is intended to expel a non-viable foetus from the womb either as an end or a means, from illegal abortion in which case there is no intention of so doing but this occurs as a side-effect of a procedure undertaken for some other purpose. It is the direct abortion that is strongly condemned by the Church. However the Church might permit indirect abortion only under certain circumstances such as when the mother's life might be saved through therapeutic abortions.

Fr. Brady considered that God is the creator of human life and the God of life on whom man depends completely. Man therefore has no direct right to destroy his own life or that of another innocent person. To expel a non-viable foetus is to deprive him of the right to live and is committing a crime equivalent to murder.

For the minor mental and physical sufferings and afflictions that might be brought forth by the birth of a normal or abnormal child, Fr. Brady urged the parents to be patient and accept it as the will of God. The claim of right by man to take innocent life in order to avoid moral or physical evil is not necessarily justified since it is never necessary to take life in order to avoid moral evil and it is not clear that God wishes men always to avoid great physical evils e.g. suffering, loss of reputation, even death, since men may profit by accepting these patiently and giving good example to others. The argument that the foetus before birth is not yet possessing life and may therefore be removed without fear of committing homicide was disputed by Fr. Brady. He considered that since, to the best available knowledge, the moment when the foetus begins to possess human life is not yet settled, one must follow the attitude of the DIRECT ABORTION for any foetus at any stage of development.

A PSYCHIATRIST VIEW
Dr. George Ou started by mentioning the Royal Medical-Psychological Associations Memorandum on Therapeutic Abortion which was issued in July 1966 during the controversy over the Bill which resulted in the Abortion Act (1967) in Britain. The RMPA believes certain courses of action in relation to therapeutic abortion should be permissible by law because they contribute, according to the best available knowledge, to the promotion of health and prevention of disease.

In this belief they do not presume to dictate to those of their members who cannot personally adopt this pragmatic view of medical ethics, and who must clearly be free to adhere to the ethical standards prescribed by their religion or philosophy. The RMPA approaches the problem of therapeutic abortion with the firm view that, in addition to traditionally accepted medical and psychiatric criteria, all social circumstances should be taken into account. If, after considering all these factors, a psychiatrist should form the opinion that the mental health of the mother and the whole family would be promoted by termination, then it should be lawful for him to recommend it. The problems arising from the birth of a 'would-be handicapped child', were considered. The examples cited were:

1) environmental cause e.g. rubella and thalidomide risk.
2) genetic cause e.g. mongoloid from an elderly mother, or a genetic abnormality like phenylketonuria.

When a severely subnormal woman, or one who is suffering from severe chronic mental illness, becomes pregnant, there is a prima facie case for therapeutic abortion. However when the condition is of some lesser degree of subnormality or other, this should not be regarded as automatically providing grounds for termination of pregnancy. The chief reason for abortion in these mentally deficient mothers is that they cannot be adequate parents and might be a danger to the care and affections to the child which they might thus tend to become mentally and socially devitalised.

The need of abortion must be viewed in the total context of the woman's individual, family, social and life experience. If the woman's emotional health or her capacity as a mother would be severely over-stained by the care of her child, or of another child, this would constitute grounds for abortion.

Examples cited included the pregnancy of an unmarried girl of tender age a victim of rape, and a woman beset by very disturbing or family conflicts.

Dr. Ou pointed out that these recommendations are subject to the proviso that the therapeutic abortion should always be voluntary and at the request of the pregnant woman herself, and in the case of a married woman, also her husband's consent.

Following this Dr. Ou went on to discuss post-psychiatric illness. He agreed that a abortion represents psychological trauma on many levels, however, the type of illness that would occur depends on the premonitory personality and susceptibility of the patient rather than solely on induced abortion. In fact from large-scale follow-up studies in Sweden, England and the United States only a few and mild psychiatric sequelae following abortion have been found.

The presumed danger of suicide is not supported by large-scale studies of women denied abortion. Largely commented that (Cont'd on page 3)
The examination season is approaching. Indeed, for some, it is even passing. I do not propose to waste my readers’ time by dwelling in the depressing subject of examinations. Instead, I will imagine myself – and everybody else – having passed our examinations, for I love to imagine things. Perhaps imagination is the only province where one can afford to be extravagant without incurring any debts. Or perhaps it is a lack of enthusiasm in me in the things that most other people are interested in that makes me so singularly suitable for doing nothing but daydreaming, aside, also, from criticizing perhaps.

Well, having survived the extremely trying period before the examination, I have passed it – hopefully – one usually being to think of thanking our teachers in a more than inward way – so that everybody else can see, I suppose. I am meaning, of course, those traditional extravagant class dinners which those of us who are fortunate enough to have passed our exam give every year, often reluctantly, in honour of our teachers. I have always considered this most unworthy indulgence. Perhaps now is the time when we should all seriously reconsider the worthiness of this tradition of giving dinners in honour of our teachers. Perhaps now is the time when we should all decide that such sanctimonious displays of gratitude and respect should be scraped. My readers must not, however, construe me as instigating disloyalty among the students, lest I can’t help feeling guilty of sedition. The reason why I think this tradition, with our predecessors have upkeep with almost religious fervour, not worth perpetuating is that I feel these events, for all the excitement and gaiety that often go with them, are so tragically lacking in sincerity. And when it comes to a thing called gratitude it is a true sense of sincerity deep in one’s heart that counts more than anything else. I still remember the embarrassing experience I once had in my secondary school days when somehow the onions fell on me to give a speech of thanks to my teachers on an occasion of somewhat similar nature. It is fun, but pathetic on second thought, to recall how, the evening before that important event, I exhausted all my limited vocabulary, and then ploughed through all the old and not-so-old dictionaries I had at home in order to find some words of thanks that I might use in my speech. I ended up with a score or so of synonyms all meaning gratitude. The speech I gave was, needless to say, contrived, full of grandiloquence, lacking in spontaneity, and empty, too, on reflection. And when I was only half through the ordeal of delivering it I suddenly had the suspicion that my teachers were all saying to me in their hearts ‘You wicked, crooked hypocrite, saying things that you don’t at all mean!’ I nearly went dumb. I also seemed to hear drowned in the laughter everybody present was saying to his teacher sitting opposite you wicked, crooked impostor, presuming to teach me what you don’t really know all these years.* And the end of it all I was left with a feeling of disillusionment in myself: Why had I been standing in front of them, doing things that meant nothing to me? Still, everybody talked; everybody laughed, in this ample and agreeable atmosphere. That is diplomacy, I suppose; and that is how life should be lived. I have been told, always with a bit of hypocrisy. Or, was it the overabundance of my imagination that had been at play all the while?

It is not my feelings about these class dinners that are important. Indeed, the reader should do best to dismiss the illustration I have given of myself giving a speech as a joke – perhaps an impudent one too, I am beginning to feel. The important thing – and the point that I want to make – is that treating our teachers to a dinner as an expression of gratitude, like what we have been doing all these years, is superficial and unnatural. If you think that the debt that you owe your teachers can be fully repaid in a dinner you are debasing the immeasurable profit that you have gained from your teachers. Besides, how many of us go to such dinners with a heart of thanks? The little meaning that these class dinners might have originally has been lost through repeated abuse. That, perhaps, is the tragedy of any tradition: once it gets established, everybody forgets the reason for its existence. And when a tradition comes to this stage it is a signal for its passing.

Of course, doing away with these time-honoured class dinners isn’t a very attractive suggestion to make. Indeed, I might have unwrittily made myself a hundred enemies by a rash move of my pen: the antiquarians may lament the loss of a noble tradition; then, those ladies among us may grumble of one occasion less to show off their new dresses; still, those wealthier among us may complain of one chance less to throw away their money. To the former I have no advice to offer; but to the latter I have one suggestion to make: throw your money to the Community Chest!

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* • Perhaps we should all be forgiving teachers for the same reason. And then the whole country could be forgiven, too.
SOME RESEARCHES OF THE DEPARTMENT OF SURGERY IN THE UNIVERSITY OF SYDNEY

A. Physiology & Pharmacology:

Phenobarbital. The animal is subjected to the same experimental hypovolemic shock as the control. The administration of blocking agents only modifies the tolerance of the animal to circulatory failure.

2. The metabolic response

ACIDOSIS is absent in the treated animal but it is present in the control. Before, it was thought that acidosis was due to tissue anoxia. Since the circulatory condition is the same in both groups, acidosis is probably due to catecholamines. Breatylin also corrects acidosis but it does not protect the animal. Acidosis is not the fatal factor in shock.

A JUDGE’S VIEW

Judge Li first drew the attention of the audience to the Offences against the Person Act, 1961, s.58 which provides that a woman who uses any means to procure her own miscarriage or any person who voluntarily uses means with such an intention is guilty of felony. Any one found guilty of such a grave offence is liable to imprisonment for life. He also pointed out that although doctors are obliged to keep careful records of operations and of the patient’s condition, the law does not make any exception in this respect. The law forbids the taking of innocent life but under certain circumstances the law justifies the taking of one life for the other. He quoted the speech of Mr. Justice Macgall in his charge to the jury in 1939: “The desire of a woman to be relieved of her pregnancy is no justification but if a doctor, using his skill and skill, comes to the opinion that the continuation of pregnancy will endanger the life of the mother or he believes that the life of the child is in immediate danger, the operation will be lawful.” He also pointed out that although doctors are protected by the law, the law does not say that they are entitled to commit murder.

LOCAL CATECHOLAMINES Release - It was suggested that the sympathetic nervous system is affected by local catecholamines-norepinephrine rather than adrenaline from the adrenal gland. Coagulation, ganglionectiony and bretlytm do not protect the animals in experiments. Thus, local catecholamines are of little importance in shock.

PREFERENTIAL PERFUSION - Shock was thought to be caused by the preferential perfusion effect of catecholamines. But in experiments the shock is so prolonged that construction is detected in the splanchic bed for prolonged perfusion of animals with a drenaline. Preferential perfusion is an immediate response to adrenaline and probably is an insignificant part in hypovolemic shock of long duration.

B. Pharmacology

In Summary, simultaneous predemedication of α and β blocking agents increases tolerance of animals to shock and at the same time are wane somnun. It is hoped, with further research in this field, more knowledge about catecholamines and shock will be obtained.

(c) From page 1)

The task of the psychiatrist in giving his opinion on termination of pregnancy is exceptionally difficult. He is usually confronted by a patient whom he has never seen before, with very limited time in which to form his impression.

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IN "HEART OF THE CITY"

VERONICA，好一個詩一般的
名字！VERONICA，好一個充滿憂鬱
的眼睛！
當我和她談第一個時，我的心
就在那時的。
她說：我喜歡安東尼奧尼（好
一剪充滿個性的嗓子）。
我想當時的我眼睛足有彈起丈
多高。
好一個不平凡的女孩，我想。
有沒有看 ZIPRISKI POINT？
我問她，她默然了幾秒，又說：這套我喜歡得要
死了。她回答。
於是我們說安東尼奧尼，談 ZIP-
RISKI POINT，談漂亮，小資情
縫，也許小資了死。網球
碰上這樣一個女孩子，倒不是常
有的事，我想起。
但為什麼這樣的眼睛總是那樣憂鬱的，為甚麼那張面
上只能那樣淡淡的笑。
一這樣笑完了，另一個又笑起來，我便開始的她
好幾個音樂。我開始抱怨這光子為甚麼一個一個 atrás
的小露台也沒有。
一個前面在舞會中出現，引起一陣子的騷動，
但不久又恢復平靜。
當我的心如這四周摸索的既使在發覺她笑
著的眸子已經從我面前溜
開，她與心頭正在那道討
厭的逃避，我站在一個街角的角落裏靜的看著她微
那對贏笑的眼睛現在似乎閃爍著快樂的靈魂，面
上也正展現着笑的花朵。
一個好在沒有漫遊幸福底的女孩子，我想。
「監」他們要走了。「您要坐？」一個身旁的聲音
把寒氣溫暖起來。
「好，一塊兒走吧。」
我曲起了另一支香煙。

（二）

終

物

人

素

描

（三）

新

途徑堅道某名麵包店，恰遇麵包出爐，香氣四溢，路人為之
垂涎三尺。
一百五十團體拜，五年的話、緣、說，做一百五十隻
炙手可熱的個別輪騷。

「西火車頭」某學生「火車」說，讓大家乘車車，車車過
一切變得變乏味了。對所謂新派的車車，別盡盡。

原來民主便是讓車車車車是；一回車，看看某些極端民主自
由的國家，那些擺出人民社會作大書齋的國度， 再看看我們自
己。
無他，民主好似君子必具之美德，而沒有人肯認自己是小人
而已。

×

一月份「議案等」中川端康成寫到某依照文，引論「憤怒
的死」 「 衝的死」以表他對川島之獨武。

奪取自己生命最附屬體，軍事主義更為敏感：历史上與軍
主義造的生物雖有，軟體葡萄，確譜如山，不容不認。

也許川島的死只是一個極端理想主義者「憤怒的死」，一個
狂熱主義家是築鮮的死，一個荷蘭國家的死。

×

農曆新年，風和日麗，屋外晴明無雲，遠遠眺望，屋內孩子
們，風和日麗，面對著兩家和的「佳節」陰下暗。

一面問照，思夢超遠，忽然想起歲末辛亥，想起中國的六十
年。