

*Sebastian's Office*

# Caduceus



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## 1974, A NIGHTMARE FOR LEPROSY PATIENTS?

### 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 the Medical Social Workers of the government and personnels 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 inflicted by 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 greatest 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 turmoils 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 reconditioning of stiffened joints and contractures, and training of transplanted muscles. These have become indispensable adjuvants 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. Only the open 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 gov-

ernment. 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 LEPROSARIUM:

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 out-patient 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

Truely 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 hiding place. You may argue that the government has the duty to supply such service, but in view of the limited resource of H.K. govern-

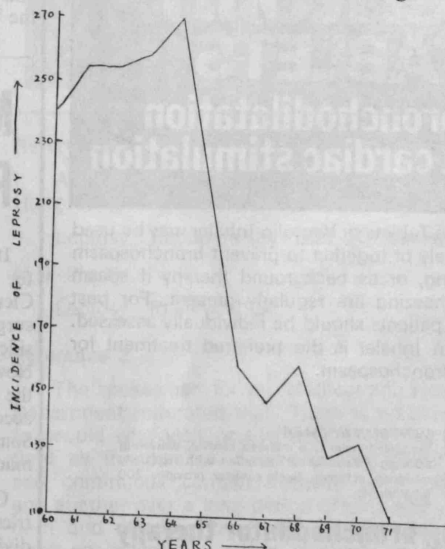


Fig 1. Leprosy incidence in Hong Kong.

ment, 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 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 at 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:

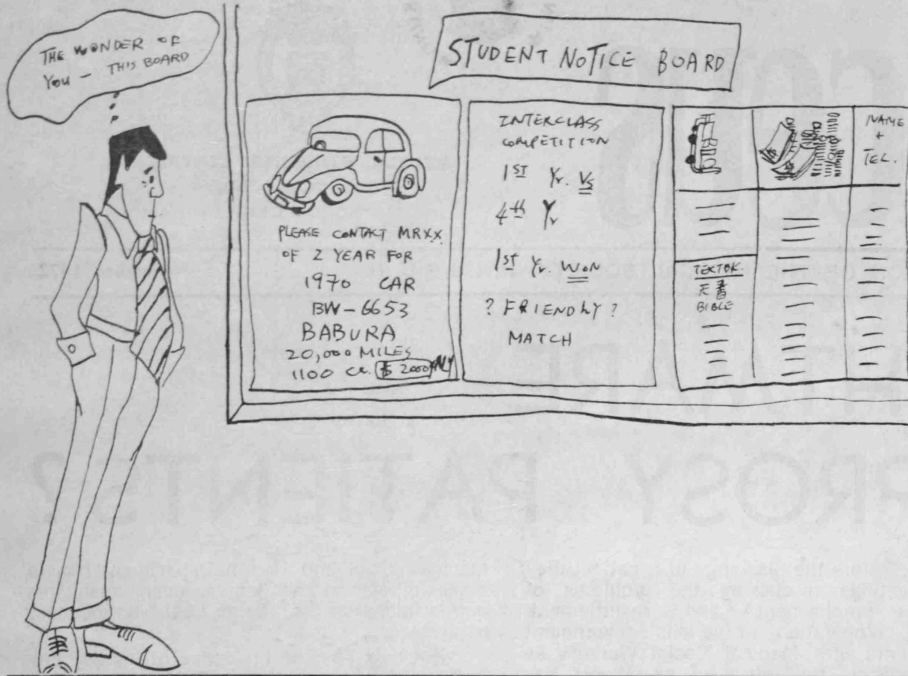
On what statistics government claimed that leprosy is under control? The trend of decreasing contagious cases is based on figures derived from out-patient skin clinics but can this number reflect the real picture? Up to now there has been no survey of leprosy incidence and so these figures are just a 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)



Presidential address — Professor Kneebone, Paediatrics Department. Title of the speech is "Paediatrics is a living science but a dying art."



# ABOUT OUR LIBRARY

LEE KA YAN

Much has been said 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.

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.

The Library has also asked the Estates and Maintenance Office to obtain a

## EGM + AGM

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 postponed to Nov. 21. This is designed to overcome some constitutional technical difficulties.

term of each academic year. . . . 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 ensuing AGM constitutional.

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

Furthermore, because of the fact that 6 candidates 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.

## MEDIC CENTRE RESIDENTIAL QUARTERS

It has been the practice for years that Specialty Clerks doing medicine and surgery are required to reside in the Medic centre. Now with the extension of the residential quarters to accommodate 90 students. Some new arrangements are made.

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.

Gynaecology and Paediatrics Specialty Clerks will be divided into groups of five

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(Continued from page 1)

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.

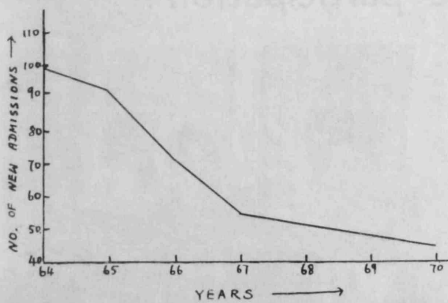


Fig. 2. Admissions to Hay Ling Chau Leprosarium

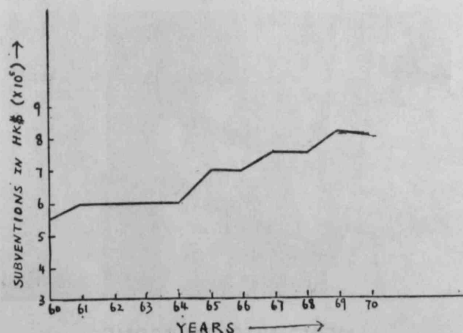
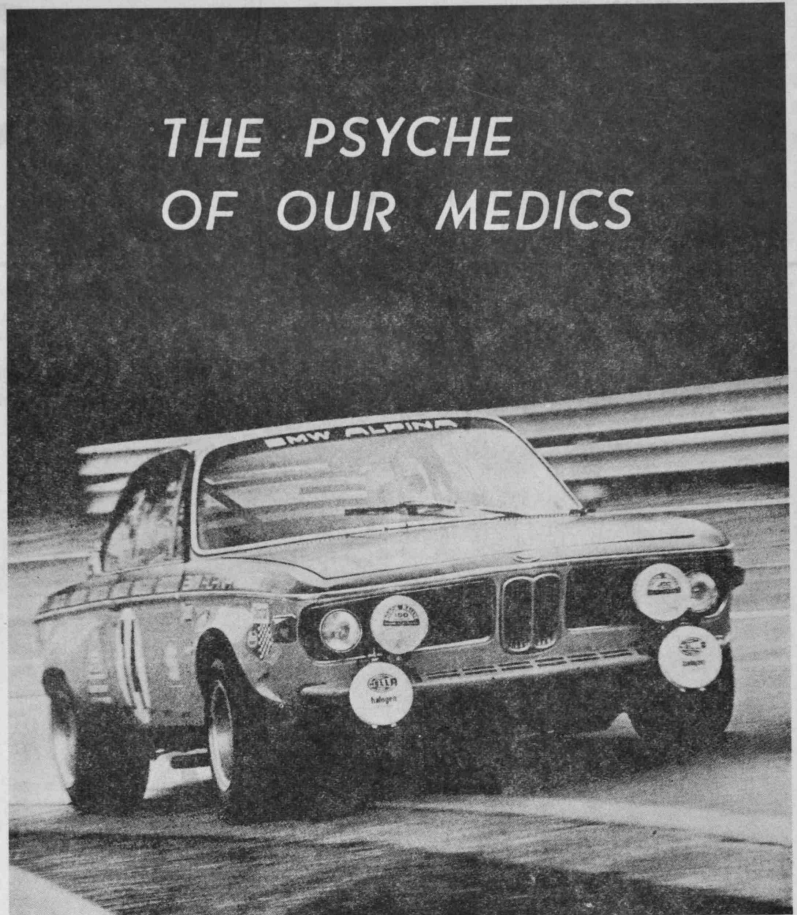


Fig. 3. Subventions from Government to Hay Ling Chau Leprosarium.



**YEAR III**

**RACING** — the ultimate proof.  
To be or not to be

**YEAR I**

**Dr. Albert Schweitzer**

「地下有很多水源，但從不湧出成泉，我們應是那股能湧出地面的泉水——一股能解渴而施惠於人間的泉水。」

**YEAR V**

**MONEY** — the ultimate goal?  
By hook or by crook



**Reference 1**

Annual Reports of The Leprosy Mission Hong Kong Auxiliary ('58-'71).

Leprosy Rationale by Olaf K. Skinsnes, M.D. Ph. D.

Leprosy Review, 1964.

**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)

# 啟思

## 醫學生的文化與教養

馮海柱

得唔二位小同學在「啟思」撰文非議我們的「醫科夜」，微有不快；因為他們實在大大的誤解了「醫科夜」的真義。本人虛長一丁點兒。自感有為他人啟蒙的衝動，所謂救貧亦救娼，亦是醫界玉律之一。

小同學提及「文化」「教養」等詞，然未能盡釋，似乎不大明白甚麼叫做文化。愚見以為「文化」者，「文」已後「化」也。讀者諸君啊，這個「化」字大有文章。譬若一個幽默劇中振臂高呼：「救救有牛奶喝嘅細路仔啦！」又如救世軍之流在很軟熟的週年餐舞會叫嚷：「罪人識悔！快挖清荷包奉獻。」等等，都是不化。小同學自出娘胎以來，只見過兩個「醫科夜」，諒經驗尚淺，居然妄評長短，大言驚人，亦屬不化。所謂多一事長一智，勸勸世人還是慎言為要；乘青氣未散，俗氣未生之時，正好大事吸收學習，看化紅塵，才能做個又文又化的好醫生，說不定在這個學分先後的圈子裡，也能後來居上，此勉。

小同學好像很仰慕教養文化，不過從他字句行裡間，可窺睹他覺得「性」是應該「面紅」的，而有「味道」的台詞是很「醜」的。這是未成熟的，適宜否決貶彈，只望他快快長大成人，免負他祖宗的厚望。

教養的一部份，就是能夠容讓，能夠接納，能夠吸收。「醫科夜」是歷史悠久的開心菓之夜，是娛樂時娛樂的娛樂；但亦不是全無文化，小同學不文不化，所以走眼（即係走實）耳。以例証之，本年第五年級演出「生仔悲喜劇」，可謂寓人生於幽默，無得頂！小同學掛住面紅，看不到做媽媽的淒厲，看不到「接生婆」的醜態，看不到醫學生的苦悶。各部門的講師有教路：「有不明白的地方，適宜急急請教你的 Tutor。」說到「醫科夜」各劇內容貧乏。只是片面之詞，或許前兩劇的確稍嫌貧乏，不過參加演出即是學習，將來他們一定愈老愈辣，小同學試觀之。

愚見一向以為教育之道，不在讀聖賢書，而在體驗人生，在於塵污之地翻翻斗，然後才可以試試學做個「文化」的人。只曉曉在家裡讀沙翁雪梨（其實這些勞什子亞水都讀過），或和些所謂大學生的不文不化的文科生談些不文的現象，而空著急地冤枉地面紅，這是正一藏在象牙屎塔中，萬世不得超生，可悲。

醫學生是很特別的一等人，將來責任重大，人命關天，確是非同小可；所以須要特別的教養。最基本的必要是有同情心，能夠畧作犧牲，你要問自己：「假如半夜三更，對面王師奶陣痛要生仔，自己會不會踢開暖暖的棉被，去幫她一點氣力？」如果你以為：「免啦，叫她坐的士自己去贊育醫院算數！」你還是趁早回頭，改讀文科之類。第二必要是「有救無類」，譬如一個吧女染了越南玫瑰，或者墮胎不成流血不止，爬到你的診所，你不能說：「醜死怪！面紅！否決醫你個大罪人。」老麥教授講過：「做醫生專責只醫身體，那××的靈魂勞什子，是牧師的生意！」（大意如是，意譯，本人不負任何責任。）第三必要是切戒大驚小怪，譬如大肚李被老婆斬了一刀，但他還是永遠的愛她，你這個緊張醫生，急急去報警，是不通情理，亦是不化，第四必要是見色不能亂，這點似乎是老生常談，但亦是小同學最難克服的，譬如女病人某，疑生乳癌，你看她時口乾手顫面紅過耳，又或過度有型，當她是豬肉似的檢驗，甚傷她人的柔細情感，有負病人給你的信心。

這四點基本的教養，怎樣可以求到呢？正是條條大路通羅馬，要靠自己的機緣和福份，不過要緊記著，病人的安危悲樂，全仗醫生的技藝和這些機緣和福份。歸根究底，還是要多學習，多體驗，看化一點，不要閉門造車，更要虛心自省；或許學有小乘，濟世救人，又能自娛，也是功德，善哉。

（啟思第一卷第十二期）

香港大學學生會  
醫學會月刊  
第五卷  
第十一期  
一九七二年十一月

## MEDIC NITE — an evening of barely masked obscenities, both on stage and off and little restrained audience participation



A senior raiding the stage



MEDIC NITE SYNDROME



仙大衆



MEDIC NITE SYNDROME

## 生活隨筆

雖然時時覺得生活呆滯平淡得令人窒息，但大自然中的一點一滴，却往往能使人蠕蠕欲動，思潮起伏，歡欣鼓舞。即使是於週末下午，踏於滿地落花殘葉的沙宣道上，亦使人感到生命的喜悅與充實。

最近似乎發了看電影狂，接連二三的看了充滿美感的「夏日殺手」與我自己不大喜歡的「浪子深情」今天又去看了「蝴蝶春夢」，片中的男主角既懦弱又充感情，實在令人反感，片中不太美的女主角的却將女子的智慧，感情，愛心表現得淋漓灑脫。

舊友家儀曾對我說過：「春水寒，世情更寒；春冰薄，人情更薄」。但當今天下午看完電影之後，與三，四知己閒坐於簡，劉之房，却深覺友誼的珍貴，世情的溫暖。於是於簡的留名冊上寫下了下列幾句：

個人生活中的天然樂趣：  
家庭與友誼，  
藝術與大自然，  
回憶與新經驗。

成熟的生命，原是寓於深沉的思考，勤奮的工作，於不良的環境之中，創造自己的天地，找尋人生的真諦。盡管有人對着日落黃昏，枯枝殘葉，發出無限的嘆息，於光禿的枝頭，亦未曾不可見到來年春天花枝榮發的欣慰。對於生命，我們是應該充滿希望，有所抱負，因而腳踏實地的努力而致有所作為。