



Editorial

THE RIGHT TO ABORT.....

Capitalistic states have sometimes naively claimed a higher respect for human rights, among one of which is the mythical inviolable right of the legendary unborn to be born. Abortion is then allowed to remain legally speaking illegal, financially speaking expensive, morally speaking unethical, but humanly speaking indispensable especially in the light of the general social climate, the new morality, and our nagging population problem.

It is common knowledge that ours is undeniably a society essentially sex-drenched. Our music, our mass media, our commercial ads and all those delightful places of 'entertainment' are ceaselessly and dutifully hailing sexual satisfaction as the highest pinnacle of human bliss, the panacea of all evil, the elixir of life. For the sake of some sexual pleasure to crown one's peak of romanticism, birth control measures can be and are being taken. Yet humankind is basically such a hopelessly careless species that to attempt to penalize this particular carelessness out of existence would be as fruitful and meaningful as to endeavour to count the sand of Sahara. The legalization of abortion for all who seek it would hardly serve to encourage or aggravate undue carelessness as nobody in a sane mind would deliberately demand an abortion if one could possibly help it. Needless to add, it would protect countless helpless women from those mercenary quacks who are maliciously exploiting this legal anachronism to their benefit and at whose hands, pockets are vehemently robbed and lives mercilessly and unnecessarily jeopardized.

Now moral considerations and those nuances in the delicate matters of conscience: Our secular state who is supposed to safeguard the interest of the living, sometimes religiously and hysterically scream the right to be born, cheerfully unmindful of the fact that the problem of the survival of humanity is not a matter of ensuring the birth of future generations but of limiting it. The immediate danger to humanity is that of total annihilation within a generation or two, not the failure to breed.

Furthermore, any legislator who is a self-proclaimed protector of the unborn is in the last analysis a poor legislator who has presumptuously and arrogantly assumed the role of an autocratic moral teacher to preach and to dictate, rather than to comprehend the gravity of the present social reality. Worse still, his understanding of morality consists of either sexual austerity or the stupidity of rearing children under the most unfavourable social and economical conditions.

Put it this way, the impersonal law, if it is to be abided by people of different faith or no faith at all, must free itself from the scruples of any particular sect and allow the individual the freedom and the right to be one's own moral judge in a very private and personal matter, in this case, the state of one's uterus. The decision to have an abortion for economic or social reasons should be recognized as the domain of individual responsibility; the state, a responsible one, would endeavour to place qualified medical service at the disposal of those who need it. After all, come to think of it, are those humanitarianistic legislators or any ethical minded doctors going to nurse, wean, and provide the attention, love, care and education for an illegitimate or an extra unwanted child?

If the law should pander to the whims of certain religious sect, fervently uphold the right of the unborn to be the oppressors of the living, forsake the cold common sense of 'Life good as it is, if it didn't exist, it wouldn't be missed', one might applaud this as an heroic act of faith, but certainly not as a wise act of legislation.

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

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

IN A SECOND MEDICAL SCHOOL NEEDED IN HONGKONG?

by Dr. L.K. Ding

Shortage of doctors in Hongkong has been a topic for public discussion off and on during the past several years. In order to meet this shortage one of the solutions proposed is the establishment of a second medical school, perhaps in the Chinese University. Proponents of this idea advanced the argument that since there is a shortage of doctors the obvious solution is to train more doctors to meet the shortage and in order to train more doctors it will then be necessary to establish a second medical school. It has also been contended that there should be a medical school for every one million population in order to meet the increasing demand for more sophisticated medical services. However before examining the pros and cons of the proposed solution let us first of all examine the premise which is: Is there a shortage of doctors in Hongkong at present or will there be a shortage in the foreseeable future?

Is there really insufficient doctors for the population?

Proponents for a second medical school use the doctor to population ratio to support their contention that there is a shortage of doctors in Hongkong. They pointed out that the doctor population ratio in New York City

is 1:450; in London 1:700; in Tokyo 1:800; in Taipei 1:900; in Seoul 1:1950 and in Hongkong 1:2200. The question is then: Is this comparison relevant? The 1:2200 doctor to population ratio for Hongkong has been arrived at by dividing the total number of registered doctors into the total population in Hongkong. At present the total number of such registered doctors is 2160. Taking the round figure of 2000 after making provision for some who have migrated to other countries but still retained their names in the local registry the ratio will be then approximately 1:2000. It is my contention that this comparison with other cosmopolitan cities mentioned above is not relevant for the following reasons:—

1. In Hongkong, besides the registered doctors there is a large group of so-called non-registrable but permitted doctors (like the permitted teachers in the educational profession) who obtained their medical training in the mainland of China and a few from countries such as Germany and France. In 1964 over 400 of these doctors, after being screened by a panel of specialists and given an oral examination, were permitted to practice medicine in as many registered clinics

spread throughout the length and breadth of the colony. Those who did not pass this examination either changed their occupation or set up practice under the guise of herbalists. Not a few, I suspect, practice the so-called "black-market" medicine.

2. In another very important aspect the city of Hongkong is quite different from other cosmopolitan cities and that is the reliance on and confidence in traditional Chinese medicine on the part of a large segment of the Chinese population. In 1969 the Chinese Medical Association, in cooperation with the Census and Statistics Department of the Hong Kong Government, made a survey to determine the number of people engaged in the practice of traditional Chinese medicine. The results obtained are both of great interest and informative. These showed that there were then 3251 herbalists of various kinds, 1008 bone setters and 247 acupuncturists. All these people are engaged in the practice of medicine and are delivering medical care to the people. Thus in arriving at the doctor to population ratio can this group of practitioners be completely ignored?

(Continued on Page 2)

Cultural Festival

"The Hong Kong University Students' Union is organizing a CULTURAL FESTIVAL which will be held in November 1972. This FESTIVAL will include various cultural and social functions such as films, folk dance, drama, music competition, debates and creative writing competition. It will be a FESTIVAL of SIGHT, SOUND and THOUGHT. Your warm support and participation are welcomed. Please watch out for further information on the paper, or contact HKU Students' Union H-468455 or H-468414".



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Individual Lecture Theatre
- Aug 31 and Sept 1
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2.00-4.00 pm
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and Pokfulam Reservoir)
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(Continued from Page 1)

East vs West

It is very well-known that all these forms of traditional Chinese medicine are popular with a large segment of the population. The common pattern is for a sick person to consult a herbalist after he has failed to recover with a few doses of self administered herb tea which he can pick up from the herb shop. If he still does not recover after a few visits to the herbalist who has prescribed more doses of herb medicine he will then consult the "western" medical doctor. The reverse is often true i.e. he will switch back to the herbalist after having failed to recover in the hands of the "western" doctor — a sort of ping-pong match. It is also a well accepted fact that in Hongkong the majority of Chinese people with sprains and fractures will consult the bone setters in preference to scientific-

ly trained orthopedic specialists. This is also true with the large group of highly educated Chinese who, otherwise, are westernised in both education and outlook. Recently the head of a well-known English school (a Westerner) sustained a sprain of the ankle. After several weeks of treatment by the Western method and feeling no better she was urged unanimously by the many Chinese teachers in her school to seek help from a bone setter. When I met her, she was on her way to a bone setter. Choice of the different brands of medicine is not dependant on cost as both herbal medicine and bone setter's fees are by no means cheap. On the contrary the high cost of herbs has compelled a certain number of the sick to seek the more economical western medicine, who would otherwise use traditional Chinese medicine. With few exceptions patients suffer-

ing from stroke will consult the acupuncturists sometime during the course of their illness. With news of the use of acupuncture in place of the usual anesthetics being practiced in the mainland of China, it will not be hard to imagine that this form of treatment will become even more popular in the future.

The conclusion one is forced to draw from these facts is that the day will not likely come when the Chinese population in Hongkong will become solely dependant on scientific medicine. This situation is certainly quite different from that in London or New York city.

The Real Picture

Another point one must not forget the reason why in the large cities mentioned above has a high concentration of doctors is partly due to the large number of medical doctors engaged in the many research

and teaching institutions. These doctors are not actually involved in the delivery of medical care to the people. In fact the goal of the National Health Service in United Kingdom is to provide one doctor for every 2500 people. If we were to take this figure as our goal the present ratio of 1:2000 looks very favourable indeed. Remember that we have not taken the permitted doctors and the traditional Chinese medical practitioners into consideration.

The question of doctor shortage in Hongkong is therefore more apparent than real. It is really a problem of unequal distribution of doctors between the private sector and the government medical services. Approximately one third of the 2160 registered doctors work for the government

information from the Medical and Health Department there are 59 vacancies in government medical services. Of these 20 will be filled by medical officers who are now abroad for additional training. Thus considering there are only 39 actual vacancies out of a total of over 700 medical officers in government service the situation certainly does not call for the setting up of second medical school. Furthermore these present vacancies can be filled if and when the part-time doctor scheme can be implemented.

What about the future?

By future I mean the coming 20-30 years for nobody can plan beyond that date. Certainly the proposal for a second medical school is mainly aimed at producing more doctors to meet future

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The right time and the right place for them?

and two thirds are in private practice. The public is naturally more sensitive to the shortage in the public sector. This unequal distribution is a problem in all countries of the world for doctors tend to concentrate in large and economically more wealthy cities. Thus in USA where the national average is 1:850 doctor to population ratio, there are many areas where there is one doctor for more than 10,000 people.

In Hongkong the private sector is now oversaturated with doctors. A few years ago the Chinese Medical Association made a survey of its members to see how many would participate as part-time doctors in government medical clinics. More than 200 responded. The total number of hours they could contribute was equivalent to 50 full time doctors. According to recent

demands of the increasing population. According to a recent statement by the chairman of the Hongkong Family Planning Association the population of Hongkong in 1981 will be in the region of 5.3 million compared with the present 4.1 million representing an increase of 1.2 million. As far as the production of new doctors in Hongkong is concerned we know that by 1974 the Hong Kong University Medical School will have 150 students in the graduating class, as the enrollment of freshman students into the medical faculty has been steadily increasing in the past several years. Even allowing for "brain drain" it is quite evident Hong Kong will gain more than 2000 doctors in the next 20 years to meet the demand for more doctors by population growth.

(Continued on Page 3)

掌 丘 明德

掌丘是指手掌上某些特定部位隆起像小丘似的，掌丘又被稱為宮、陵或峯，英文作 MOUN-
TAIN。每一個丘都能夠代表人們性格的傾向，但人們的性格傾向是不只一種，所以丘也不止一個。當出示手掌時，如果丘並不高聳，就被視為低平的丘，其高低是不會相同，而且各丘不宜過于發達。在柔軟的手上，丘的發達與否是很易看得清楚，但在堅實的手上，那就較難了，但這未必一定是好，因為堅實的手，做事最有魄力，他必定疑慮自己毫無性格傾向，若果各丘過于發達的話，反使他變成懶惰及不愛活動，變成一個平庸的人而已。

西方對掌丘的分析

一、金星丘——此丘發達主其人溫和親切，慷慨好義，對於異性有吸引力。但如此丘過份發達，則易為情慾所迷，而且態度輕浮，剛復自用。但若平場的話，情形是更壞，主其人冷酷自私，缺乏藝術趣味，是一個不受歡迎的人。

二、太陽丘——發達正常的，代表其人富想像力而善於反省，有文學藝術天才，但若過份發達，則易流於幻想，神秘怪誕，心常遊移不定，冷酷而貪婪。相反如此丘低平，主缺乏想像力，不知反省，薄情及自私。

三、木星丘——發達的主熱情誠懇，有野心，愛權力但不強求；過度發達則成為虛榮，自私，獨裁；低陷則表示無自尊心，上進心。

四、土星丘——合乎標準的，主其人厚重穩健，富于思慮，行動沉着及善與人相處；發達過度者則主悲觀，好隱居生活，做事過份小心。但此丘平坦則是平庸之輩，毫無風趣的人。

五、太陽丘——發育正常主其人格樂觀，聰明伶俐，富於藝術天才及愛名譽。發達過度，則是虛榮心重，貪財好色，而且投機性重。低陷則表示奢侈，是一個只求物質上滿足的人。

六、水星丘——發達的主經濟時常寬裕，為人機智，有口才及科學商酌的才能。若發達過度易傾向於欺詐。而平陷則表示缺乏機智，生活常開窮的了。

七、積極火星丘——發達的表示有冒險精神，臨危不亂，過份發達則是一個好勇鬥狠的人。相反平場的是胆小及毫無進

八、消極火星丘——前者代表外面的勇氣，是攻擊性的，消極火星丘則是內在的胆力，是抵抗性的，發達的代表冷靜，忍耐，故此有某些手相家認為這丘愈是發達愈好。低場是主其人缺乏毅力，易為人所左右。

丘與疾病的傾向

一、木星丘比其他丘發達，主容易患急性熱病，腦充血及中風。這種人應忌騎馬，否則難免不幸。

二、土星丘比其他丘發達，主易得癩病，腸瘍，毒瘤，中風，癱瘓，神經不全，意外死亡，早年脫齒等。

三、太陽丘比其他丘發達，主易招眼疾，腦病，脊骨病，心臟病等。

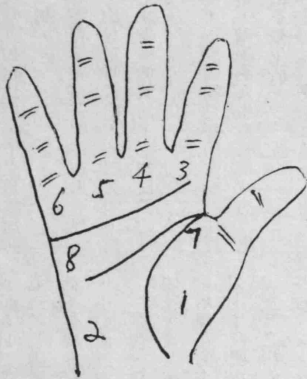
四、水星丘則主易罹癩病，口吃病等。

五、火星丘則主易罹喉啞，痔瘡，天花，急性熱病等。

六、太陽丘主易罹腰痛，風濕，水腫，神經錯亂，枝氣管炎，溺死等。

七、金星丘主易得歇斯底里，難產症等。

在推斷某人的疾病傾向，讀者要注意丘的疾病傾向是要與指甲結合來分析，而且有一樣是十重分要的就是：只有在某一丘比其他丘特殊發達時，才可作出上列估計。



附圖：掌丘的位置及其代表的性格傾向

- 一、金星——愛，情慾，衝動
- 二、太陽——想像，空想，意馬心猿
- 三、木星——野心，支配，權力
- 四、土星——警戒，留心，憂鬱，孤獨，認真
- 五、太陽——光輝，成功
- 六、水星——商業，科學，辯論
- 七、火星（積極）——進取，勇敢，攻擊
- 八、火星（消極）——忍耐，鎮靜

used of trained assistants of pediatric, medical and surgical fields. In this way the expertise of the doctors can be directed to those cases that are really in need of their attention. Another way to meet the situation is to shorten the length of medical training. Another program that is receiving increasing attention is the Health Maintenance Program, where emphasis is placed on health rather than on illness, keeping people healthy so that the demand for medical attention will be less necessary. All these merit our careful attention and study.

What H.K. needs now is...

I have said earlier that I do not see the time will ever come when the Chinese people in Hongkong will rely solely on scientific medicine. Based on this fact I think what Hongkong needs now is a College of Chinese Medicine, the establishment of which will offer many advantages. It can be a research center for many Chinese herbs that have curative value. It can be a center where compar-

sons of scientific and traditional medicine can be made. For example, we have learned recently about the result of treatment of fractures based on traditional Chinese method alone and Western method alone compared with a combination of both of these methods. Results showed the combination of both methods is superior to either method used alone. The college can also make a study on the use of acupuncture in place of anesthetics which is being practised in the mainland of China. At present, being unsure or even skeptical of the claims, no one in Hongkong will be brave enough to use it. Practice of traditional Chinese medicine can be more standardised so that the public can be protected from the quacks and charlatans. With increasing interest in Chinese medicine on the part of practitioners in the Western countries, this college can serve as a center for demonstration and observation. Hopefully this will serve as another bridge to close the gap between East and West.

ACKNOWLEDGEMENT

The standing committee on health wishes to thank the Pfizer Corporation for its generous donation of 500 tablets of terramycin to the Rural Health Project held in Indonesia.

(Continued from Page 2)

By that time the overall doctor to population ratio will be well below 1:2000. In fact there has already been a gradual increase of doctors in the past 5 years averaging 100 per year as revealed by the following statistics:

Year	No. of Registered Doctors
1966	1507
1967	1584
1968	1730
1969	1892
1970	1975
1971	2160

It has been further suggested that in the future, with the general elevation of the standard of living and education, demands for more sophisticated forms of medical services will increase. Here I think we can learn a great deal from what is happening in the most affluent country in the world i.e. USA. There the average doctor to population ratio is 1:850. There are now 108 medical schools (not one million population) with an annual enrollment of 12,000 first year students. In that country leaders of medicine, realising that it will be well nigh impossible to provide the number of doctors to cope with the demand, are now making various innovations. Since a large portion of the patients' complaints are of a minor nature that does not demand the personal attention of trained doctors, many centers in the USA are making increasing

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啟思

香港大學學生會

醫學會月刊

第四卷
第八期

一九七二年八月

心聲

藍星

其一 友愛

波恩：友誼如琴絃過緊則斷
墮落了藍星，不會重視。

不止一次，我頌讚友誼的偉大，好像詩人歌頌無限的人生，神妙的自然。

形式、規條，一切一切人生的藩籬，都是文明人類的特產，友愛就如自然般，不受形式的拘束，不經規條的限制。

現世紀中，許多青年常談苦悶，在大學裡，在中學裡，不少學生也早叫苦悶，晚嘆苦悶，為甚麼？都是不懂追求友愛的真諦，不知友愛的偉大！

發奮可以忘憂，得到真純良好的友愛一樣可以驅愁，我很清楚，孤獨的人生不是正常的人生，沒有友人的生活不是生活。

所以我不施哩哩求友，男的女的，不嫌多，也不怕少，只要能給我一份純潔真摯的友情，能共享我的甘苦，分担我的煩惱。

波恩的話我不大相信，于是我有很多幻想，我要一步一步去實現它，我相信只要處理得好，友誼永遠不會是琴絃，更不會折斷。

每當倚立窗前，心裡數着一輛輛汽車駛過的時候，腦中便浮着以往曾發生過的友誼。有些令人振奮，有些却令人頹唐，令人失望，許多時候，我不懂得珍惜友誼，「她」受不了冷風的煎熬，化為霧露，靜悄悄的離去；如斷了的琴絃一樣，不能再續，所以我要珍惜每一分的琴絃，我不能讓「她」斷，我該永遠永遠保留「她」……

你，一位含蓄而又奔放的朋友啊！雖然我們以前曾經鬧過意見，正式的友誼亦沒有存在過。但，現在我已被友情的絲綢上了，不能擺脫，永遠永遠，也不能沒有友誼。

半彎的明月，掛在無星的月夜，
為我們未來的友誼祝福吧！

其二 愛情

無星的月夜，那來北極星，寒風吹遍
桑枝，不見羶跡；沒有深深認識愛情根蒂
，豈可輕言愛情。

我會經者想談愛情，以為只要一心一意，事

事可以成功，結果得到的是失敗，無形的障礙像

巨浪，似冰山，一個接連着一個，一座接連着一

座，向着我那着謬的心衝擊；巨浪，冰山把那不

正確的思維漂白，褪去。我清醒了，我的愛慕者

——她的一句話，數句話，雖然只是幾句話，但

連同超自然的啓示，使我對愛情認識了一點點，

這是我要感謝的，她說，愛情如深谷的蘭花，人

們不但要靠緣份才能找到，找到後也要細心栽培

，小心灌溉，蘭花才能盛開——直至荼薇。

是的，我會經踏深谷，找到了一株花，不是

蘭花，是友誼之花；却以摘蘭之意把她採下，以

栽培蘭花的方法把她灌溉，結果友誼之花將近枯

萎——我明白了，現在我沒有甚麼其他希望，只

願友誼之花能再在正確的栽培下，好像她仍在深

谷的時候一般，欣欣向榮。

曾經是火熱般的愛慕，
現在仍存在着，
不過，變了——「或謂友愛至上」。

無波的湖上，飄着誤會漣漪，
慢慢消失，
縹緲的幻想，超自然的啓示，
改變了我的人生觀，
好此蒼龍入雲，鷹翔淺灘，遊目世事萬物，
人間百態，
自識曾作井中蛙——盲目的追求，天真的尋

覓；
愛情不會來；隨着濶天烏雲而來的只是
煩惱和失望的雨露——藍星啊！
渺小的你，懷着踏空谷，覓幽蘭的心情
是不能希望得到甚麼的，
因為
愛情正像深谷裡的幽蘭，
可遇而不可求。
可以攀摘的
是友愛之花。
祝福妳，
友愛之花！

海畔偶拾



——靜——

我喜歡海，我喜歡光着腳在軟綿綿，濕潤潤的細沙上漫步，奔走，讓清涼的海水，隨着波浪均勻的節奏，一陣接一陣地打在我的腳上，讓涼沁沁的海風，輕快的迎面吹來，哦！吹起我剛剪短了的頭髮，吹開我緊閉了的心扉，喚回我童年編織的美夢，掀起我昨夜的一縷幽思。檢起沙堆一塊雪白的貝殼，忍不住看了又看，摸了又摸，誰知道它曾為多少小孩子們帶來了多大的喜悅，歡笑，又有誰知道它現在為我帶來了多少平靜，安寧？曾有多少次在人頭湧湧的沙灘上大聲呼喚，嬉戲追逐，又會想到今天會在寧靜的海邊獨自遐思冥想？多少次的在綠波中沐浴，現在變為楞看白色浪花飛濺……
接替童年時的無邪歡樂，少年時的滿腔熱情，是一片無端的迷茫。

格言錄

學問如藥劑，入名醫之手，則為世上有力有用之物；入庸醫之手，則為最有害之物矣。
(薄布)

學問之道無他，求其放心而已矣。(孟子)

學問貴知疑，大疑則大進，小疑則小進，疑而能問，已得知識之半。(陳獻章)

學問之道，以各人自用得著者為真。(黃宗義)

學者須有日新之功，其功惟有常程，不貪多務博，一曝十寒，積以悠久，自然日新。若驟動而遽怠，方得而旋失，雖欲日新，其可得哉。
(倪元璐)

雜感三則

無名

浣溪紗

珠江流水越山來，
珠江橋畔野菊開。
也曾採擷幾徘徊。
只恐他年歸故里，
圍槐認取少年栽。
親隣迎問客何來。

百愁門

百愁門畔草凄迷
登臨一欲悟玄機
行到林深參古寺
如來不信亦低眉

怨別離

千古魂銷數別離
萬種無聊且賦詩
絕代才華何足恃
片言不敢透相思