

Guild of Saints Luke Cosmas & Damian

Newsletter

July 1986



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ST. PAUL'S & ST. TERESA'S HOSPITALS

These two hospitals are run by Sisters of St. Paul de Chartres. The Charism of the Community is humility and simplicity and our Motto "All things to all men" (2 Cor. 9:22).

A Short History

The Congregation of the Sisters of St. Paul de Chartres was founded by Fr. Chauvet in Levesville, a small town in France in 1694. This parish priest of Levesville wanted the Sisters to teach the young girls and to take care and visit the sick in their homes.

In 1707, the Bishop of Chartres, France, invited them to work in his diocese and changed their name from "School Sisters" to Sisters of St. Paul. Their first mission was to French Guiana in 1727 to take care of the sick.

The Sisters came to Hong Kong in 1848, at the invitation of Bishop Forcade, the titular head of the Hong Kong Mission. The Sisters were to take care of the abandoned baby girls. Their work was supported by the Holy Childhood Foundation in France.

In 1854, Sister Louise planned to enlarge their work to include a boarding school for young Europeans and a hospital.

"By her constant devotedness, her visits, her care of the sick, her activity in seeking out abandoned children, and carrying assistance to every shanty, relief to every suffering ..."
(Asile de la Sainte Enface)

After their arrival in Hong Kong, the Sisters lived in a small house in Wan Chai area. In 1898, they enlarged and added a new building, which was known as the Alms-house, the Hospital and the Crib. The Alms-house occupied the first floor while the second floor was reserved for the Hospital. It began as a nursery, where babies were taken care of either by the Sisters or by their own mothers. A general ward was for those who could not pay or could only pay very little. We read from "Asile de la Sainte Enface" that:

"No price is fixed. Each person gives according to her means, or her charity. The benevolence of the rich permits the receiving of the poor.

The Hospital possesses an operation room entirely conformable to the rules of the strictest hygiene, and it contains also a clinical surgery, established by the celebrated Doctors Muller and Justin."

There was also a dispensary, where the Sisters served more than 2,000 sick people every year.

In 1914 the Sisters acquired a large factory building - the Hong Kong Cotton Mill - in Causeway Bay and in 1917 they moved the Anglo-French School, the Orphanage to this new site. Adjoining to the old building, which was the office building, they constructed the old wing of the present St. Paul's Hospital in Causeway Bay.

We found this description in one of the history books:

"One part of the ground floor of the hospital is occupied by sick people of the poorer classes, while the other part contains the general services, such as consultation rooms, X rays, linen department, dispensary and offices.

The 1st, 2nd & 3rd floors are attained by a central lift which acts as a means of distribution for the various necessities found in every hospital. There are 50 rooms for patients, ten of these being reserved for maternity cases. There are also several general wards.

The operating theatre possesses every requisite of modern science, and, according to the opinion of Professor Tuffier, if St. Paul's Hospital is not the most luxurious of hospitals in the Far East (which is not altogether necessary) it is at least one of the best with regard to practical arrangement and up-to-date equipment."

In 1940, the Sisters opened a second hospital in Kowloon, known

as St. Teresa's Hospital. Not long after St. Teresa's Hospital opened in 1940, the war broke out on 8th December, 1941. There was heavy fighting and as was expected, with the invasion of the Japanese, many wounded British soldiers and civilians were admitted to both hospitals. With over-crowding, patients were also placed in St. Paul's School's classrooms. It was recorded that 300 patients packed into the hospital and another 300 were in the classrooms. Doctors, nurses and other staff were sent by the Medical and Health Department. There were about 600 helpers in all. Fathers, Sisters and staff working together day and night, to treat and help and comfort the dying. As the bombing continued, patients were moved down to the big chapel in the garden. They were lying on the floor. In spite of this they felt safer to be there. The two hospitals were then taken over and administered by the Japanese during the occupation of Hong Kong by the Japanese.

After the Japanese surrendered and Hong Kong returned to normal, St. Teresa's Hospital was extended. In 1961, the hospital occupied the present south wing and a clinic in which doctors treated over a hundred out-patients every morning. In 1970, another building was added (north wing) to cope with the ever-growing needs of the sick.

St. Paul's Hospital was finding that the number of beds and other facilities were insufficient for the growing demand of the population, so a new extension was built in 1976. This added 200 more beds to the service. In the following year 1977, the first C.T. scan in Hong Kong was installed in this hospital.

A Urology Centre has been opened in the hospital and with the recent acquisition of a litotripter, urologists are enabled to deal medically with renal stones. This equipment is the first of its kind in Hong Kong.

With the arrival of a Digital Vascular Imaging X-ray machine, the hospital hopes to update its X-ray Diagnostic Department for

peripheral vascular examinations.

In line with the motto of the Sisters of St. Paul, the Sisters continue to serve the Community and to be "All things to all men" (2 Cor. 9:22).

-Rev. Sr. Jacqueline Ho

FROM A NURSE

In about 10 years of my nursing career, having worked both in acute hospitals and in primary care service of outpatient departments, I always has the impression that our healing profession is full of misunderstanding: among doctors, nurses and patients. These misunderstandings result in poor interpersonal relationship, poor working atmosphere, poor therapeutic results and more suffering. A deeper look into the causes of these misunderstanding may throw light on the solution. In the following I will try to focus the doctor's figure from a nurse's viewpoint.

The young graduate, after striving through five taxing years of medical school, enters the medical profession as an intern. Practically unprepared and untrained, he suddenly has to face the various problems from his relationship with seniors, nurses and mostly from his patients. Although demanding, his work is not often appreciated. Years ago, a doctor told me that a professor in the medical school had once commented that "house officers are the lowest animals and the medical students are parasites in the hospital". It is of course much easier to live as parasites. Frustration leads to hostility. For example, while some nurses in fact has more clinical experience than the interns, their suggestions are very often ignored. Perhaps one of the most difficult decision to make in our nursing duties is when to inform the intern on call in the middle of the night. I always have great sympathy for the interns as the 36-hour non-stop duty is just inhuman, but the hostility I get when an intern was waken up for some matters which he considers trivial is difficult to tolerate. Perhaps it is difficult to keep the love commandment without a good sleep!

After twelve months of cheap, heavy labour the skinny intern becomes a fully registered doctor. Previously he can only obey orders, now he can order his juniors - the new interns. For the conscientious doctor the past year of bitter experience can add to his wisdom and sympathy but for others they act exactly in the way they would have cursed before as interns. A very interesting example is the admississsion rate of the casualty department.

Another common phenomenon is over-sepcialization. Doctors in one specialty have little knowledge concerning even the basic

principles of other specialties. Since it is common to have more than one problem for a patient, say an old lady admitted for appendectomy may have a totally unrelated skin lesion on her legs, the doctor has either to treat or to consult. Those who work in the hospital will probably be aware that the other term for consultation is "insultation"! As nurses we may have one set of routines and treatment to be changed entirely to another set after the consultation.

As the M.O. is promoted to senior grade, his contact with nurses and the (third class) patients becomes less. Grand round takes place only once or twice each week, and even if the boss is keen on patients, he may easily be misled by a falsely good impression. I remembered a funny scene many years ago while working in a surgical ward. This consultant surgeon was very meticulous. Shortly before the grand round his junior ordered to keep a patient sitting upright in bed "to make him look alert and to minimize post-op aspiration pneumonia". Although the patient had severe wound pain in that posture, he could not complain to the boss during the grand round because he had a tracheostomy done!

I recently left the hospital service to join the outpatient department for a little change. In the clinic where I work, the M.O.s are mostly licentiates trained in Mainland China and who speak cantonese poorly. Hence they are looked down by patients as "mainland doctors", and good doctor-patient relationship can hardly be established. Consequently the doctors, even though they may have good experience, become frustrated and less motivated and active in their work, further reinforcing the impression of "poor doctors" in the public service.

Throughout the years, my effort in finding solutions to these misunderstandings resulted in vain. Perhaps like the mystery of suffering, there is no answer to this problem.

-Anonymous

GUILD REPORT

At the Annual General Meeting held on 1 July 1986, officers and Council members for 1986-87 were elected, and the Council of the Guild is as follows:

Spiritual Director: Rev. Fr. John Russell, S.J.

Master: Dr. George Chan*

Hon. Secretary: Dr. Robert Yuen*

Hon. Treasurer: Dr. Stephen Law*

Council Members:

Dr. Severinus Chan

Dr. Chung Ting On

Dr. Ku Kwok Wai Joseph*

Dr. Henry Leung*

Dr. Francis Mok

Dr. Diana Siu*

Dr. Sammy Sou

Immediate Past Master: Dr. Vincent Tse

Liasion and Hospitality Officer: Rev. Sr. M. Gabriel

* - re-elected

The Spiritual Director, Master and Hon. Secretary can be reached at the following:

Rev. Fr. J. Russell: Ricci Hall, 93 Pokfulam Rd., Hong Kong.
5-461221/3

Dr. George Chan: Haematology Section, University Dept. of
Pathology, Queen Mary Hospital. 5-8192131

Dr. Robert Yuen: Paediatric Unit A, Princess Margaret Hospital.
3-7427111

ANNUAL REPORT OF THE GUILD, 1985/86

The year for the Guild passed quietly. The main emphasis for this year was on consolidation of membership, and no significant new activity was introduced. This, however, did not mean that the Guild was quiescent. It was as active as previously.

Membership

The membership roll of the Guild was in somewhat disarray and we were not sure of how many registered members we had. This had significant effect on our planning and also in terms of subscriptions paid to outside bodies, viz., the Federation of Medical Societies of Hong Kong and F.I.A.M.C., both of which charge the annual subscription on a sliding scale according to the size of membership. Letters were sent to Catholic doctors and dentists that we know of at their last known address, inviting them to join or re-register with the Guild. As a result we now have 53 registered members on our register and many of these are new members. The number of dentists joining us has also increased.

The other names that we have but who have not registered are placed on our mailing list. They will continue to receive our mails for a short while, but eventually this list will be trimmed.

The Guild suffered the loss of a beloved member, Sr. Mary Aquinas, who died on 28 November 1985.

The Guild remained member of the Federation of Medical Societies of Hong Kong and the International Federation of Catholic Medical Associations (F.I.M.A.C.).

Masses for Special Occasions

a). Medical Sunday Mass. This was held on 20 October 1985 in the Cathedral. The celebrants were Rev. Frs. J. Russell, E. Tisserand and Wilfred Chan. The Mass was well attended by our members, Catholic nurses, medical students, members of auxiliary medical services and invited guests.

b). Memorial Service for Sr. Aquinas. This was in the form of

a special Mass held on 12 December 1985 in the Chapel of Wah Yan College, Hong Kong.

c). Thanksgiving Mass for Medical and Dental Graduates of 1986. This was held on 28 June 1986 at the Chapel of Wah Yan College, Kowloon. This Mass was celebrated by Rev. Fr. Russell, attended by members of the Guild, medical and dental students of both Universities, and of course, the graduates.

The Annual Retreat

Held on 28 March 1986 at Wah Yan College, Hong Kong with Rev. Fr. J. O'Sullivan as the Retreat Master, this annual spiritual exercise was attended by over thirty members.

Combine Meeting

The Guild continued to hold combine meetings with nurses and medical students on topics of common interest. These meetings were held on the second Friday of alternate months in Wah Yan College, Kowloon. Four such meetings were held. Guest speakers were invited to speak on specific topic and this was followed by small group discussion. The meetings were attended by over thirty people each time.

Newsletter

The Newsletter of the Guild continued to be published quarterly. Publication was under the care of a subcommittee with Robert Yuen as the Chairman and Editor, with Rev. Fr. Russell, Stephen Law, Antony Tam, Vincent Tse and George Chan as members.

Over three hundred copies were printed and distributed to members and Catholic doctors on our mailing list for each issue of the Newsletter. In the past the cost of publication was met by the generous donations from members. Such donations have been used up and unless we can have further financial support, we may have to cut the circulation or frequency of publication.

Council

Council

The Council met four times last year, all in Ruttonjee Sanatorium, to discuss and formulate policies and arrange the activities of the Guild. It appointed George Chan as the representative to the Council of the Federation of Medical Societies of Hong Kong, and Robert Yuen as the representative to the Executive Committee of the Birthright Society.

The activities of the Guild could not have succeeded without the help and support of our members and friends, and the Guild wishes to thank them (they are too numerous to be named individually) for praying for us, for giving us their time, for speaking at our meetings, for allowing us the use of their facilities, for their contributions and donations, and in many other ways have made possible the smooth running of the Guild.

TO PONDER

The recent Annual Lantern Retreat was attended by about 30 members and their spouses. Although this is not a big turnout, yet it definitely justifies the efforts and all credits go to the few Committee members that had organised it so well.

I happened to keep a photograph taken at my first annual retreat with the Guild some 10 years ago. There were about 50 people in the picture and the faces of most of the participants in this recent retreat could be identified in it. It is praiseworthy to see the zeal, the enthusiasm and support of these "old members" but it certainly makes me wonder why not more new blood was added. Like any other association, new members are required constantly to add life, stimulation and "fresh air". Are the youngsters no longer requiring the fellowship of his colleagues, or that the existing members are not putting enough efforts in recruitment?

-Diana Siu

FATHER, grant that I may be
a bearer of Christ Jesus, Your Son.
Allow me to warm the often cold, impersonal
scene of modern life with Your burning love.
Strengthen me, by Your Holy Spirit
to carry out my mission of changing the world
or some definite part of it, for the better.
Despite my lamentable failures, bring home to me
that my advantages are Your blessings
to be shared with others.
Make me more energetic in setting to rights
what I find wrong with the world
instead of complaining about it or myself.
Nourish in me a practical desire
to build up rather than tear down
to reconcile more than polarize
to go out on a limb rather than crave security.
Never let me forget that it is far better
to light one candle than to curse the darkness.
And to join my light, one day, with Yours.
Amen.

-from "Christopher Prayers for Today"

香港天主教護士會簡介

遠溯三十多年前，一群天主教護士，在一偶然之機會下，圍坐談天，談及公教護士和普通護士間，究竟有何分別？應如何導出公教護士的精神？眾人不約而同地覺得需要組織起來，互相鼓勵，努力在自己的崗位上發揮基督徒之特質，表揚基督犧牲愛人及殉道的偉大事工。在這目標驅使下，終於一九五三年五月廿四日，以律敦治療養院為會址，這小團體便正式成立。

當時會員只有十數人，在各人努力下，擬定禱文及會章。於同年九月五日獲得白英奇主教批准，成為教區性善會，並得FR. GRANELLI 出任神師一職。

在基督帶領下，會務逐漸發展，並於一九六六年向港府註冊，成為合法的團體，命名為香港天主教護士協會。

於一九五八年加入國際天主教護士會為通訊會員。

現時，會員分佈港九六間醫院，並設有非分會會員一職。

最先成立分會的是「伊利沙伯醫院」，時為九六九年五月廿九日。

翌年五月，「廣華醫院」繼之而成立分會。同年七月，「瑪利醫院」亦加入為一份子，為第三分會。至此，協會開始趨向聯會路線，眾分會攜手邁進。

至一九七二年一月，協會第四個分會，「九龍醫院」分會亦宣告誕生。

一九七三年，「律敦治療養院」加盟，成為第五分會。

三年後，即一九七六年五月六日，在週年大會中，「養和醫院」宣告加入聯會行列，成為現時的

第六分會。

在一九七二年，第四分會成立之後，由於協會會員人數激增，達百多人之眾，彼此覺得有中文會歌之必要，遂舉辦作會歌歌詞比賽。經評選後，「廣華醫院」之吳潔玲獲首獎，並邀得劉榮耀神父代為配曲，此即現時採用之會歌。

當七二—七四年間，幹事會鑒於協會所走的路綫含糊，且舊會章亦不適用，於是在評議會通過下，成立修章小組，修改會章。於一九七四年五月之週年大會中提出，並獲通過，至此，花了兩年多心血所籌劃之新會章，順利完成，正式易名為「香港天主教護士會」，採取的是聯會路綫，並隸屬教友總會為屬會。

各分會每月均派代表出席定期性之例會，賴其成員間之合作，組織成一總會，致力推動

各分會活動。

至於各會員間之互相溝通，則要藉文字以作媒介，為此，各分會都設有其本身之刊物。並在一九七五年，推出一本由各分會成員致力合辦的刊物——「網」，免費分發各會員。

本會對外活動包括參加各屆由國際天主教護士會亞洲區洲際會議。先後亦派代表出席一九七四、七八及一九八二年的全球性國際天主教護士會會議。在一九八二年第十二屆的國際性會議中香港天主教護士會正式成為國際天主教護士會會員。第十三屆國際天主教護士會將於一九八六年在葡國舉行，屆時本會亦將派會員出席開會。

香港天主教護士會謹望其他公教護士們參加本會行列，互相鼓勵，在自己的崗位上，

依福音的精神執行自己的職務，將基督昭示給四周的人。

護士會資料室供稿

WORDS FROM THE MASTER

Dear Members,

I thank you for re-electing me to be the Master of the Guild, and hope that with your support and advice and the help of the Council, the Guild can continue to flourish.

It was proposed at the AGM that last year's Council should be re-elected en bloc, but due to personal reasons, several Council members could not stand re-election and this proposal could not materialise. To the out-going Council members I offer my sincere thanks for their sage counsel and contribution to the Guild, and look forward to their continual support. I also welcome the new Council members and anticipate their active participation in the development of our fraternity.

In a way this Council is more heterogenous than previous ones, especially with two dentists as members. We hope this heterogenous mixture of membership with the vigour of our new Council members can bring innovative ideas into the Council. With the guidance of the Holy Spirit, with your prayers and active support, we hope to do what is right and fitting for our Guild.

May God bless and guide us.

Yours in Christ,

George Chan