

'To Show His Love ...'

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## Dr. Murray Ending 48-Year Service

By Ahn Jung-hyo

Dr. Florence J. Murray, a member of the Canadian Mission in Seoul, "leaves her home" to return to Canada on May 12 after 48 years of devotion to the Korean people.

During the half century in this country, she witnessed the birth of the Republic of Korea, went through a war and two revolutions, suffered pains and celebrated the joy of Koreans both in Manchuria and in this peninsula. Her life was a Canadian version of Odyssey, tale of a woman Dr. Zhivago.

On the sunny day of Sept. 1, 1921 that she came to Korea first as a dazzling blonde maiden, her heart brimming with religious faith and belief in man.

"I came because two of my father's classmates returning from Korea told me there were not enough doctors in this country and many people did not know the rules of health," she reminisces in her treble voice, her face bright with the bliss of life-long achievement. "I wanted to help sick people, prevent sickness and to show something of His love and care for all people."

Born at Pictou Landing, Nova Scotia, Canada in 1894, as a daughter of Rev. Robert Murray, she had gone through the five-year medical course at Dalhousie Univ., Halifax, Nova Scotia to graduate with the degree of M.D., C.M., in 1919.

After attending a Korean language school in Seoul for six weeks, she was sent to Puk Kando in southern Manchuria to work at Yongjong Hospital. It was the period when the Chinese bandits raided the hamlets in the Manchurian wildness, burning the huts and plundering the peasants without mercy.

In 1923, she was transferred to Hamhung, now in north Korea, to work at Chejye Hospital, which was not yet furnished with electricity or plumbing.

"At this time, the Koreans despised Western medical science and it took a long time to persuade and convince them of how the medicines worked," she said. "Some patients would refuse to receive an operation because, they thought, I, a foreigner, could not know what the Korean 'inside' was like."

For her, the life at Hamhung was the most memorable one: she recorded her memories of those days in her book *At the Foot of the Dragon Hill* which she completed in March.

On the fateful day of the Japanese attack over Pearl Harbor in 1941, all the Canadians in Hamhung were told to go back home. However, Miss Murray and another Canadian nurse Beulah Bourns with whom she is sharing her residence at Pongwon-dong now, were permitted to go to the hospital each day to carry on their work as usual.

In June 1942, she had to return home aboard a ship.

Her second visit to Korea was in 1947. Dr. Helen Kim, president of Ehwa Woman's Univ., invited her to return to



Dr. Murray

Korea and help organize a medical school in that university.

After a one year at the school, she was invited to work in Severance Hospital as the temporary head of the Pediatrics Department and then, the next year, to take charge of the obstetrics and gynecology department.

During the Korean War, she had to return home for another year. Upon returning to Korea for the third time, she found a place on a Danish hospital ship anchored in Pusan port; since the ship was full of professional doctors, she could not practice her medical art, but worked as an interpreter for the Korean patients.

The next place she moved to was Wonju, Kangwon-do, where she supervised the building of Wonju Union Christian Hospital.

"While the hospital was under construction, I got a mobile clinic from an American doctor and set up a tuberculosis treatment station," she said. "I soon had 500 TB patients coming to the clinic that opened three days a week."

The other three days of the week, she went to a leprosarium to look after the patients there.

After two years in Wonju, her time of 40 years with the United Church of Canada came to an end. She had to retire. However, before she left for Canada, the Mission to Lepers in Taegu wanted her to work with them for two more years. This, she did.

Before the two years at Taegu was completed, a request came from Severance Hospital for her to come and help organize their Medical Records Department. It was there she has been working up to now.

"I have had a very interesting and happy life and have many friends here," she said. "It's with real regret that I feel I must leave soon, but at the age of 75, it would be foolish to try to carry on much longer."

# Leprosy, Man's Saddest Ailment, Curable After Long Researches

**EDITOR'S NOTE:** The following article has been contributed to us by Drs. H. C. Lee and F. J. Murray.

They say that this article is a translation of a leprosy patient's note and that, in view of an article carried in May 27 issue of The Korean Republic, it seems timely.

Translated from Korean

By Dr. H. C. LEE  
And Dr. F. J. MURRAY

Of all the chronic diseases that afflict mankind leprosy is the saddest. Now it can be cured. I have come down a long sad journey to discover this.

Leprosy is said to have existed since 3430 B.C. When the Israelites wandered for 40 years in the desert many developed the disease which then spread east and west.

Sufferers from leprosy carried the evidence of their affliction on their bodies like a sandwich man, and had to go about announcing themselves, "Unclean! Unclean!" They came to be known by the obnoxious name of "leper" and were brought in despair to the brink of Golgotha.

Like sinners receiving due punishment, they were believed to have this disease, which was thought to be congenital, bestowed on them by Heaven.

In Korea, under the Japanese, leprosy control was severely carried out, patients being forcibly isolated and early death hastened to such an extent that Heaven and mankind were outraged.

In 1871, Hansen discovered a bacillus that he thought might be a cause of disease. A few years later many such bacilli were found in the tissues of a leprosy patient, and the cause of leprosy was at last revealed.

So the evil old days of ignorance passed, superseded by knowledge of the real cause, yet even today the attitude towards leprosy patients is not altogether enlightened.

Because the condition was believed to be incurable and regarded with fear, little research was done for a long time.

Since 1941, when an effective remedy was discovered, leprosy has become curable,

ed nor tried but allowed to go free and unpunished. Under such circumstances leprosy patients cannot be said to be considered as human beings.

Even doctors and those who have a knowledge of leprosy do not seem to be doing what they might to enlighten the public.

Some doctors even treat patients unkindly at times as though they were inferior beings or slaves.

**We, too, are people.** Doctors also are people and should behave as such and treat patients kindly and sincerely so patient and doctor can trust each other.

Even far advanced cases should have all the treatment available until death relieves their sufferings.

Our people must get away from primitive notions about leprosy and, instead of despising victims of the disease, treat them with consideration so they will be willing to go for treatment.

At present some go secretly to untrained doctors where they get bad treatment instead of having an early diagnosis and treatment from proper doctors who do not wish to treat them. Because of this there is much unnecessary suffering and some have died.

Doctors should realize that patients can be cured and lose their fear of them. Public health and hygienic measures must be carried out, of course; and during treatment patients ought to be instructed how to care for themselves and avoid infecting others.

**Research on treatment** for one patient might result in improved treatment for a hundred thousand, and patients should be willing to have such research.

A man in the United States gave his eyes after death to the eye bank to help another man to see. We patients, too, with humility and sacrificial attitude, must be willing to do our part to overcome this national tragedy.

We must determine to go beyond the call of duty to rid our country of this distressing disease. Let all work together to bring about this result

given complete liberty. After adequate treatment they are given certificates of health on their discharge.

Our people refuse to believe that even cured patients are not infectious. Thus there is a great difference between advanced countries and our unenlightened land, and neither is the disease eliminated. That leprosy is a curable condition should be known to all.

When leprosy begins to develop, often there is no one in the family nor among the relatives who has it, and the patient may be quite unaware of contact with anyone with the disease.

Thus it seems that the lepra bacillus may be anywhere, so to avoid infection all should pay attention to cleanliness and hygiene.

The drug known as DDS has cured many sufferers who should now be treated like other people. The government has given opportunity to 5,000 people to reclaim land by building dikes and for this we are grateful.

**Patients undergo** much unnecessary suffering because of being expelled from their homes and communities and have to go sorrowfully to the islands to work till they die.

There has been too much of this and people have lost hope working hard in distant places where the land is often poor.

There seems to be no proper plan about this and the people there wonder who has the authority to segregate them thus. They want to rejoin society.

We hoped that Leprosy Patients' Day which is celebrated in some countries would be observed also in Korea and hoped for much publicity through mass communications.

Through such publicity, it is hoped that all would come to know that cured and non-infectious leprosy patients are not to be feared and should be allowed to live and work and go about like others.

**Patients sent to the islands** should not just be sent there and forgotten but, if necessary, taught how to farm and they can then help

...on account of lack of knowledge and the horrible appearance of leprosy with its nodules and ulcers many still believe it congenital and incurable.

**It is commonly** thought that the family and neighbors of anyone who develops the disease should not be allowed to associate with others or to marry. Thus the family of the sufferer also becomes isolated from the community.

Our people seem to have unchangeable ideas which cause much misery to patients who, instead of receiving sympathy, are loathed and despised, thought of as no better than animals, and treated as such.

In Kyongsang Namdo, not long ago, leprosy victims were killed and their murderers were neither apprehend-

There are national leproseria where patients are isolated and treated. The many who cannot be treated at home wish to go to these places but often find it impossible to be admitted.

Such a place seems like Utopia to them but they are obliged to become beggars roaming about in search of treatment. If those turned out of their villages could all be admitted to leproseria, leprosy would cease to be a problem.

**In France,** patients who are not infectious are treated like any other person. At the Public Health Hospital for leprosy patients at Carville, U.S., any one can visit the patients and even dance with them.

In such advanced countries former patients have been

...by can then by hard work overcome all adverse conditions and live by their own efforts.

Even the children of non-infectious patients are feared by other parents and refused admission to schools. This treatment of healthy innocent children is a great grief to their parents.

Whether the fault is that of the school or of the parents of other children I cannot say, but certainly the children do not deserve such treatment. When they ask their parents why they cannot go to school, the parents cannot answer.

Is that right? Do the medical people not inform the public that these children are no danger to anyone? How are they different from others?

**Cannot the medical profession** do more to enlighten the public that these children are no risk to others?

In the United States, we hear that Negroes are often segregated. Our children are treated the same. How sad this is!

As the Ku Klux Klan feel superior to Negroes, so our people, though having common ancestors and the same blood, feel superior to those who have had leprosy.

When smallpox is cured are the patients segregated? Why the difference from leprosy?

Uninfected children unable to attend school are denied education and thus often forced into wrong paths. This should not be.

These children should all be educated and integrated into society. Parents cannot bear to have the lives of their children blighted.

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## Dr. F. Murray takes new post

SACKVILLE — The dean of United Church Women Missionaries, Dr. Florence Murray, retires this year from her post as medical missionary in Korea, but will return under the Korean interdenominational mission to work with lepers.

She grew up in Pictou and Earltown, and O'Leary, P.E.I. After studying at Prince of Wales College in Charlottetown, she spent five years at Dalhousie University, Halifax, graduating as a doctor. In 1921, she went to Korea, and was placed in charge of the hospital at Hamheung, now part of North Korea.

In the next 20 years, Dr. Murray took her skilled medical hands to wherever people were sick.

In her spare time, she became proficient in photography and gardening.

In 1941 Korea was overrun by the Japanese army. Dr. Murray, well known in Japan, was allowed by the occupation authorities to continue her medical practice. But in 1942, she returned to Canada, one of two Canadian women to be repatriated.

In Halifax, she began her Canadian practice, working with her brother, Dr. Edward Murray. In 1947, she was back in Korea, at the Severance Hospital, in Seoul, where she began work with the thousands of lepers exiled from home because of their disease.

With the outbreak of the Korean War, she returned to Canada for a year. In 1951, she returned to Pusan, South Korea. She was decorated by the Danish King for her work with the UN, helping the Korean population. When the cease-fire was signed, she went back to Severance hospital in Seoul to spark its re-building.

She came home on leave to Canada in 1956. Dalhousie University honored her with a doctor of laws degree. Pine Hill Divinity Hall, Halifax, gave her the degree of doctor of divinity, the first woman and the first person not a minister to receive that degree in Canada.

When questioned on her Korean experience, she speaks of the conditions under which she has worked, the weather, the paganism, the rough terrain, the ignorance, the lack of drugs and equipment.

Toward the end of her period in Korea, she became the proud owner of a jeep, and later a land rover, the only cars which could pass on Korean roads. At the hospital centre, she gathered trained Korean women to help with nursing and teaching. When she first arrived 40 years ago, women were inhibited second-class citizens.

With her insistence and efficiency, she helped raise the status of the Korean women.

*Chronicle - Herald  
Halifax, Canada*

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# Lower Sackville Native Lauded In Korea

"A Canadian grandmother, who put her first step on Korean soil as a youth of 28 on Sept. 6, 1921, went home by C.A.T. airline at noon July 15, 1961, changed as a silver-haired grandma." So read the opening paragraph of an article in a Korean daily newspaper paying tribute to Dr. Florence Murray, famous medical missionary to Korea for 40 years, and a native of Lower Sackville, N.S.

The translated headlines of the newspaper article referred to Dr. Murray as the Canadian "grandmother" who has devoted herself to Korea for 40 years. The story was written by a Korean doctor, Pyung Suh Yu, M.D., a good friend of Dr. Murray's and translated by his son, a pre-medical student.

Dr. Suh Yu in his tribute to Dr. Murray spoke of the well-known missionary doctor and surgeon as being more famous as a pioneer of Korean medical science than as a missionary in Korea. Her achievements and devotion to the eradication-movement of leprosy and tuberculosis can never be forgotten. Dr. Murray was responsible for the establishment of the non-contagious juvenile leper asylums, which are cottage homes for children of parents afflicted with leprosy, throughout Korea.

## HEADS HOSPITAL

Dr. Murray first went to Hamhueng, North Korea, in 1921 and for 20 years was superintendent of the hospital there. Forced to stay in Canada during the war, she practised in Halifax and when the

war ended she returned to Korea.

In later years, Dr. Murray was largely responsible for building a new hospital in Wonju, South Korea, where she served until recently as medical director and director of the TB and leprosy departments.

When Dr. Suh Yu called on Dr. Murray just before she left for Canada last summer, she told him several of her interesting Korean experiences, one of which was recounted in his newspaper article. When Dr. Murray began canvassing for TB Christmas seal subscriptions in 1925, Korean people innocently misunderstood her saying that a person could help

stamp out tuberculosis if he bought the seals. They bought many seals and put them directly on their chests, waiting for complete recovery.

During her years in Korea, Dr. Murray sacrificed and achieved many things. Her Korean fellow doctor describes her as giving poor farmers modern medical treatments for nothing, caring for abandoned women and beggars, and bathing them in person. Since 1925 she was a missionary of the Women's missionary society of the United Church of Canada, and she always conducted many worship services in rural districts.

Dr. Murray toured the continent last summer and during

the winter she lectured throughout eastern Canada. She has officially retired but has been asked by the Mission to Lepers, an interdenomina-

tional organization, to spend the next two years in one of their hospitals in Taegu, South Korea. She will return to Korea in August.

## Lee & Martin

Halifax — Saint John

Fredericton — St. John's

Sydney — Moncton

CHARTERED ACCOUNTANTS

# Thoughts of The Times

By Florence J. Murray

From the point of view of population Canada is not one of the large countries of the world, but it has probably one of the strongest Red Cross societies. The society in Canada is gratified to be able to report that all sides of its humanitarian work are not only becoming stronger but that new work is being undertaken.

Last year the city of Montreal collected more free blood donations for transfusions than any other city in the world.



With a population of less than twenty millions, definitely less than that of the Republic of Korea, the people of Canada in 1969 gave through the Red Cross society almost one million blood donations. The Red Cross does not buy blood. It collects it so that no one in need of a blood transfusion ever has to go without. People give their blood for anyone who needs it.

It seems that in some countries the Red Cross societies have not yet developed this side of their work to any great extent. In Korea blood for transfusions is often hard to get and so expensive that many cannot afford to buy it even when needed to save life. In emergency cases when blood may be urgently needed to save life, valuable time may be lost while the relatives of the sick or injured person rush around trying to raise money to pay for blood for a transfusion.

Perhaps the time has come when the Korean Red Cross Society can put on a campaign for free blood donations. The public has to be educated to realize that giving blood in the quantities taken for transfusions is not a risk to the health of any healthy person.

Doctors do not take blood from the very young or the very old, nor from those in poor health. They don't take it too frequently. Too frequent transfusions would mean that the blood, not yet fully recovered from the last donation, would be of little use to the person receiving it.

If donations are spaced at about three-month intervals, the lost blood will have been made up for completely without undue strain on the blood-forming tissues in the body. Many people in Canada during World War II gave thirty or more donations of blood without suffering any ill effects.

Anyone who has suffered from an infectious disease in which the infectious agent, usually a virus, may remain for long periods in the blood should not give donations. Syphilis, hepatitis, and a few other conditions may be transmitted in this manner. This is one reason why tests are made on all blood for transfusions.

Another reason is to make sure that the blood used is of the same type as that of the patient. There are several types of human blood and if different types are used the

cells of the one may destroy those of the other. In such a case much harm might be done, even death resulting if the condition were not recognized immediately and proper steps taken.

The Red Cross collects blood of all types and the laboratory makes the tests and stores the blood in refrigeration until there is a request for it from the hospital. Then the proper type of blood is issued at once. This there is no delay in obtaining blood of the proper type or in collecting money for it. Through the kindness of some unknown person who donated the blood, the sick person at once freely gets what he needs.

The Red Cross carries on water safety campaigns. They teach children to swim and train people in life saving procedures and in resuscitation techniques such as mouth-to-mouth breathing. They provide trained people at the scene of water sports to provide care of those who have been involved in water accidents.

Provision of nursing service is becoming of more importance in the Red Cross program. When mothers are just home from the hospital and not yet able to do their usual work, a Red Cross nurse comes to the home for a few days to care for the mother and help with the work while the mother regains her strength. This provides a needed service to the housewife and enables her to regain her strength more quickly.

The Canadian Red Cross is concerned too with international relief. Last year in cases of disaster such as earthquakes, floods, or tornadoes they gave \$150,000 to assist in such areas.

Many who live in Canada's far north are unable to learn to swim because the water there in river, lake, or ocean is too cold. If such a person falls into the water from a boat or wharf, he is likely to drown since neither he nor his companions know how to swim. In order to prevent such fatalities, the Red Cross Society employs a barge with a swimming pool aboard to give people a chance to learn to swim. This barge goes up and down the Mackenzie River teaching swimming. This may save many lives in the far north which abounds in rivers, lakes, and pools.

Last year in Canada 700,000 people were involved in the water safety program.

This year the Red Cross has undertaken a new role in addition to the regular ones. The new role is to give aid to developing countries to help them in extending the work of their own Red Cross societies and enabling them to take a more active part in their countries. Blood donations are the most important work of the Canadian Society and they wish to encourage and assist the Red Cross in other countries to improve their services.

Dr. Murray, who served for decades in Korea as a medical missionary, is now retired at her home in Canada.

# Hospital Blamed For Increased Dope Addiction

A high percentage of dope addiction in Korea may be blamed on hospital medications that rely on painkillers, a survey made by the Health-Social Affairs Ministry yesterday revealed.

Interviews of 518 dope addicts who surrendered themselves in 1967 showed that 75.4 percent of them said they formed the addiction habit while they were under medication in various hospitals.

Of the 75.4 percent, 56.4 percent said they received shots for physical ailments. The remainder said painkillers were administered to them for mental disorders or sicknesses.

Only five percent of the 518 addicts said they can trace their addiction to curiosity.

The pharmaceutical affairs bureau of the ministry, which conducted the survey last year, said it is drafting a bill which aims at effective control of habit forming drugs.

Korea has about 40,000 registered addicts across the country. The unofficial estimate is that Korea may have at least 100,000 addicts. Registered addicts are those who have surrendered to health authorities and receive rehabilitation treatment free of charge.

13/2/68 *Yimes*

# Hospitals Hit By Critical Blood Shortage

The safety margin of blood stock in Seoul's major hospitals is so thin that drastic measures are urgently needed to replenish the blood supply, the superintendent of a general hospital in Seoul said yesterday.

Superintendent of Severance Hospital Dr. Lim Eui-sun said this problem was recently discussed by heads of Seoul's eight major hospitals along with officials of the Blood Bank of the Red Cross.

"The stock is so low that we barely meet the minimum requirement of 60 pints of blood a day," Dr. Lim said.

The informal conference has suggested that each hospital be authorized to run its own blood bank. At present the Red Cross operates Korea's only authorized blood bank.

The health ministry has begun drafting a bill aimed at regulating blood donation procedures and blood donors. A public hearing by experts on this matter is due to be held at the health ministry on Oct. 25.

Severance Hospital has 20 major operations a day, and a "bad" operation may require as many as 10 pints to a patient, Dr. Lim said. A traffic accident patient needed as many as 30 pints, he added.

The shortage of blood for patients, the superintendent said, is due to the general lack of information on such a need. Most of the hospitals in Seoul depend on so-called professional blood donors who make 600 won per pint.

Dr. Lim said if the public cannot provide blood, the hospitals must boost the blood donation payment to 1,000 won, Dr. Lim said.

Seoul needs between 4,000 and 5,000 pints of blood a month, and the maximum blood storage period is up to 20 days at just above the freezing point.

*Dec*  
Dec. 28, 1967 *Yimes*

# Medical Center To Up Fees In January

The Korean National Medical Center will start charging medical bills on an item-by-item basis beginning Jan. 1, 1968 as a means of raising the state-run hospital's income.

A spokesman said the current flat rate system of 800 won and 1,200 won for internal medicine and surgery patients a day earns 90 million won a year. The new system aims at earning 190 million won next year, he said.

The flat rate system included medication, hospital room and board and surgery costs.

Beginning Jan. 1, 1968 the state-run hospital will be placed under the management of the Korean government. For 10 years Scandinavian countries spent \$14 million to run the largest state-run hospital in Korea.

One of the basic purposes of the hospital has been to cultivate medical personnel through cheap medical charges.

The new system is interpreted to mean that higher medical bills will force poor people out of the hospital, which once met underprivileged people's medical needs with a high percentage of charity cases.

Meanwhile, the spokesman said the new system will mean a lot cheaper medical cost to foreigners, who have been charged a flat rate of \$20 per day. The item-by-item system will apply to foreigners too, and their medical bills may be reduced to half in most cases, he said.

The hospital's 382 beds are divided into rooms for one patient and six patients. Beginning next year the rooms will be divided into five categories. They are house unit, special room, single patient room, rooms for two and rooms for three patients.

# Korea Has 9,866 Hospitals in All

Korea has nearly 10,000 hospitals across the country, and Seoul has one-third of all such facilities, a report from the Korean Medical Association said.

The association's survey said Korea has 9,866 hospitals, clinics and dispensaries, and they have seen a growth of about 300 a year. In 1957 the figure stood at 6,824.

Of the total 9,866, Seoul had 3,278, or slightly more than one-third. Breakdown of the total showed that Korea has 18 general hospitals, 203 hospitals and 5,012 clinics.

Dentistry clinics accounted for 1,129, herb medicine hospitals for 2,316.

# Gov't Eyes Bill To Protect Blood Donors

The Health-Social Affairs Ministry is preparing a bill that will for the first time regulate blood donation and provide protection for blood donors.

A spokesman said the 12-article bill will regulate blood donation, storage, laboratory examination and supply. The bill requires that only blood banks, designated by Health Minister be authorized to receive or sell blood to hospitals and clinics.

Violation of the regulation, if enacted, will bring up to five years imprisonment and a 100,000 won fine.

The bill prohibits acceptance of blood from persons younger than 16 and over 65 as well as from men weighing less than 99 pounds, women less than 88. No one will be allowed to give blood more than once a month, according to the proposed regulation.

The purpose of the bill is to protect professional blood donors who make a living out of selling blood. Seoul has an estimated 200,000 such professional blood donors who receive 600 won for one pint of blood, director of the Red Cross Blood Bank Dr. Won Chong-dok said.

# Ministry Sums Up '64 Health Activities

In 1964 encephalitis hit 2,955 people throughout the country, killing 971, while typhoid fever claimed the lives of 101 out of 3,857 cases, the health ministry's year-end report yesterday showed.

In tuberculosis activities, the ministry gave tuberculin tests to about 2.5 million people, with emphasis on school children. Also, 1.5 million received BCG vaccine against TB. The health ministry has been treating 100,000 TB patients free of charge through its 189 health centers in Korea.

In 1965 the health ministry will conduct a stratified sampling to get accurate information on the state of TB in Korea.

In 1965 the health ministry will conduct a stratified sampling to get accurate information on the state of TB in Korea. WHO (World Health Organization) of the U.N. and UNICEF will donate \$10,000 for this purpose.

U.S. Public Law 480 enabled Title II land reclamation, bench terrace farming and land improvement activities for the

first time this year. They yielded under Title II a total of 53,441 acres of new land, which is expected to produce an additional 1,544,750 bushels of grain.

As for family planning, the health ministry has increased its workers from 366 in 1963 to 2,070 people. In 1965 the ministry aims at intensified training of the workers.

It is estimated, the report noted, that about 70 to 80 per cent of child-bearing mothers understand the need for family planning, while 50 to 80 per cent of them have learned preventive methods.

The health ministry expressed satisfaction in the overall progress of family planning. Over 220,000 families as of October this year were using conventional contraceptives, the report said, an increase over the previous estimate of 170,000.

As for the Lippes Loop, the health ministry is confident the year-end target of 100,000 mothers will use them. The loop is inserted inside the womb to prevent pregnancy.



# VD Patients Increase; Stern Control Urged

Venereal diseases in Korea have increased by as much as 20 percent in recent years and they require immediate control, according to a report to be submitted to the World Health Organization.

The most comprehensive report yet on venereal diseases said that those in late teens this year have shown a sharp increase in VD infections. Even 2 to 3 percent of pregnant women have the diseases, the report said.

The Health Ministry, which has not a single won allocated for VD prevention or control for this year, will submit the report to a WHO seminar on VD control in December.

The report said that 5 percent of prostitutes and entertainers, 10 percent of professional blood donors, 2 percent of university students and draftees undergoing physical checkups and 2 to 3 percent of pregnant women have syphilis.

In 1960, about 20 percent of Korea's prostitutes were venereal germ carriers, but it fell to 10 percent by the end of 1967.

In 1969, the Health Ministry will have 20 million won for surveys and VD control, according to the 1969 national budget.

The ministry said the reason behind the sharp VD increase are:

- Breaking morality,
- Increasing exposure to sexuality,
- Society that tolerates freer social intercourse,
- Lack of sex education, and
- Drinking and variety of entertainments.

## Polio Center

City Hall disclosed yesterday it will construct a polio center at Koyo-dong, Songdong-gu at a total cost of 50 million won.

The two-story building standing on 21,600 square feet will comprise education, medication, and other necessary facilities for polio children, City Hall said.

## 40 Percent of Medical Drugs Illegally Made

Some 40 percent of the medical drugs on sale at markets were found to have been illegally made, according to the Ministry of Health and Social Affairs.

The Health Ministry yesterday reported that its medical inspection teams had investigated a total of 14,032 drug makers as of yesterday.

Among those inspected drug manufacturing companies, 3,521 turned out to have produced various illegal and improper drugs.

The ministry earlier brought charges against some 1,180 drug makers with the prosecution, and shut down a total of 98 drug manufacturing firms, suspending the operations of 309 companies.

However, the Health Ministry later withdrew its accusations for 1,288 of them without reason.

# Paramedical Men To Work in Provinces

Para-medical personnel who pass qualification examinations will be permitted to practise medicine in doctorless provincial areas.

The Ministry of Health and Social Affairs has drafted a law, which is aimed at reviving the employment of some 2,000 herb doctors and para-medical personnel who were permitted to practice medicine after basic training during the Japanese rule.

A total of 578 myons or townships across the country have no medical doctors, and there are about 2,000 herb doctors who do not have medical licenses but actually give medical treatment.

A qualification examination for the para-medical personnel is expected to be held in June, a spokesman said.

He also said the draft law is expected to be passed through the National Assembly and promulgated this month.

Some of 2,000 herb doctors were given licenses and positioned to rural districts according to a special law effected under the military government in 1962. But the government withdrew the licenses when the special law was abolished and replaced by the current medical practice law.

Chances for the qualification examinations will be given to herb doctors who were positioned in rural myons in 1962, to graduates of the medical institutes under the Japanese rule, to those who passed the Japanese examinations for para-medical personnel and to those who have north Korean qualifications.

## Pseudo-Doctors To Be Sent to Doctorless Areas

Pseudo-doctors, who were licensed to practice medicine during the Japanese rule but disqualified by the present law, may be hired by the government for doctorless townships.

A bill drafted by the Health-Social Affairs Ministry stipulates that those pseudo-doctors will be licensed after passing a state exam. Those who qualify can practice at the township level.

Pseudo-doctors include herb medicine doctors, former dentists, and those licensed with a minimum of medical training during the Japanese rule. Korea has 2,000 such doctors.

The measure was taken to implement the ministry's long-held plan to provide at least one doctor in every township.

The current doctor distribution in Korea heavily favors urban areas where people are better off. One out of every three practicing doctors practice in Seoul. Korea has about 11,000 licensed doctors.

Fully qualified doctors shun service in rural areas due to low pay.

## 363 ROK Medics Overseas in '68

A total of 363 medical practitioners — 254 doctors, five dentists and 104 nurses — were sent this year to 15 foreign countries including the United States, West Germany and Uganda. The Ministry of Health and Social Affairs announced yesterday.

A ministry spokesman said brought to 3,270 the total number of medical personnel dispatched abroad since the government started sending them in 1964.

Among them are 1,336 doctors, 40 dentists and 1,895 nurses, the spokesman said.

Times Apr. 3 '69

(第三種郵便物認可)

# Missionary Doctor Ends Dedicated Life

By W. G. Paik

She was born to help needy Koreans.

To answer that calling, she gave up all her rights—rights to marry, to be rich, to be comfortable—though she was born of a prominent family.

To answer that calling, Miss Florence J. Murray came from Canada 40 years ago when she was 27 years old after graduating from a Nova Scotia medical college as a doctor.

Since then she devoted all she had—love, energy, knowledge, time, property—to the suffering people of this country.

She first came to a missionary hospital at Hamhung in what is now Communist occupied North Korea. She had been told by the Canadian Mission that a good doctor was needed in a backward colony of Japan.

The Jehye Hospital in Hamhung was one of the best in Korea. She directed the hospital for more than 20 years, until she was deported to Canada by the Japanese military soon after the outbreak of the Pacific War.

It was during these days that she initiated the struggle against tuberculosis, which was considered incurable by the Korean people then. She, among others, introduced the idea of a Christmas Seal campaign in Korea.

Numerous obstacles to the campaign were posed by the Japanese and the ignorant Koreans. A Korean lad came to her one day, showed her a layer of Christmas Seals pasted around his chest, and complained that the seals had not cured his disease.

The ignorant patients gradually came to see that their disease was curable. There are two doctors in Seoul who owe their lives to Miss Murray, who saved them of this "incurable disease."

Deported to Canada in 1942, Dr. Murray did not succeed in getting a permit to "return home," to Korea, until 1947—two years after the defeat of Japan.

To her dismay, however, she found her way to Jehye Hospital blocked by the Communists at the 38th Parallel.

Undaunted she became deputy dean of Ewha Womans University Medical College.

During the Korean War, she volunteered for service with a Swedish Hospital Ship.

Following the 1953 Armistice, she served with Severance Hospital, where she started manufacturing artificial legs and arms for war-amputees.

In January, 1958, she started building what now is the Union Christian Hospital, where she has been serving ever since.

While serving with the Union Christian Hospital in Wonju two years ago, she found a hamlet of lepers gathered and then deserted by authorities outside the city. Without hesitation, she came to the rescue.

She started touring U.N. Forces in the vicinity to raise funds and gather food and clothing for the exposed lepers. She built huts, a clinic, and a chapel in the ever-growing village of the forsaken patients.

Then she built a babies' home in suburban Seoul, more than 100 miles away from the "God-Fearing Village" outside Wonju, to keep the infants from their leper-mothers.

Most of the 200 inhabitants of the God-Fearing Village have been cured of the dreadful disease by the daring, self-denying devotion of Dr. Murray.

She takes prostitutes to her hospital for medical treatment and pays for their debts, which shackle them to slavery.

She never sleeps more than four hours. She never takes a vacation. She never forgets the Korean people. No Korean patriot worries about Korea and its people more than Dr. Murray does, said a Christian leader in Seoul.

She does not confine herself to a specialty in helping the people; she becomes a surgeon, midwife, leprosy specialist, architect—anything needed at the time.

Such super-human devotion is possible because of her great love for Korean people.

The inhabitants of the God-Fearing Village burst into tears when they were told that "Mother" was being called back to Canada for mandatory retirement after 40 years of overseas service.