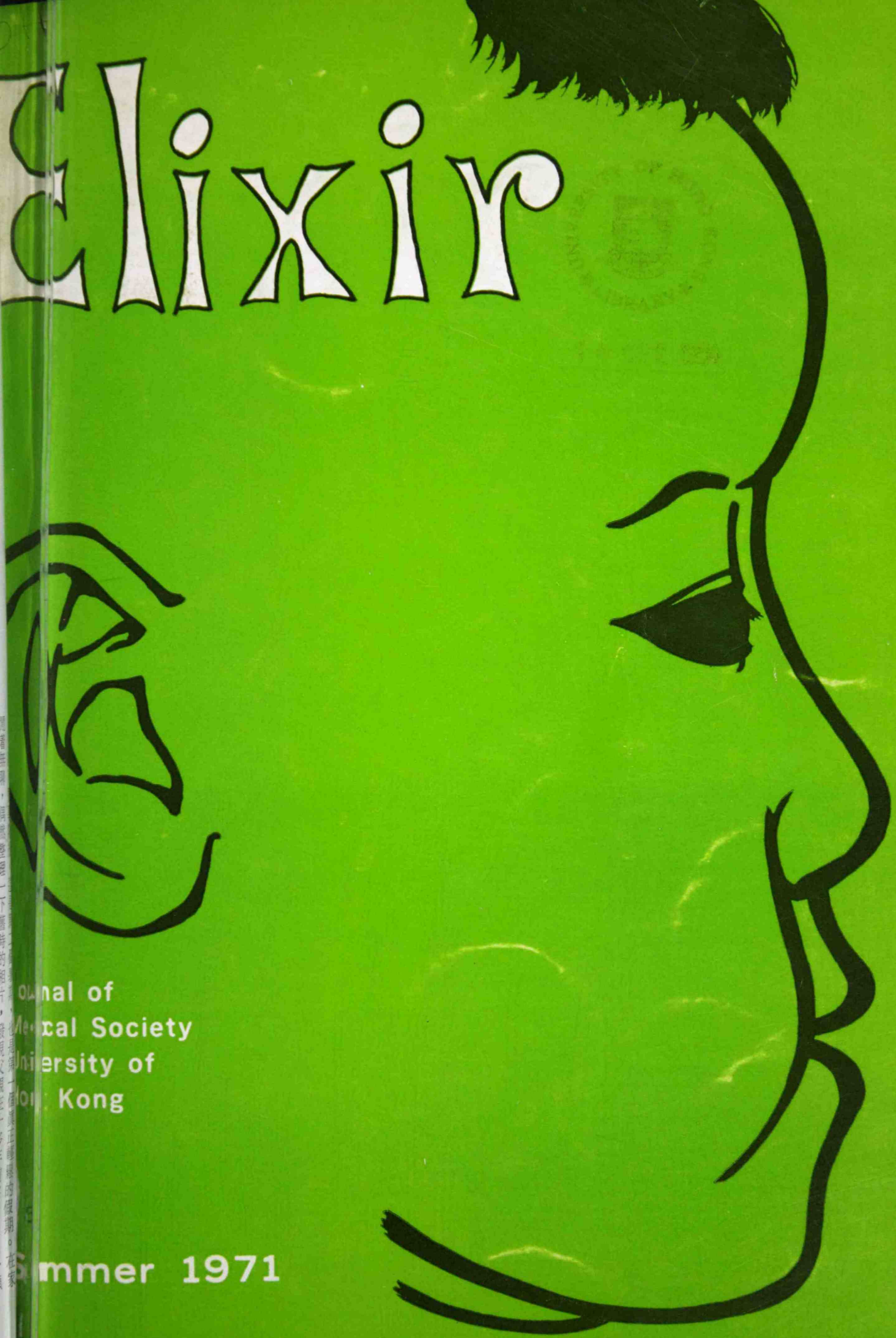
Elixir

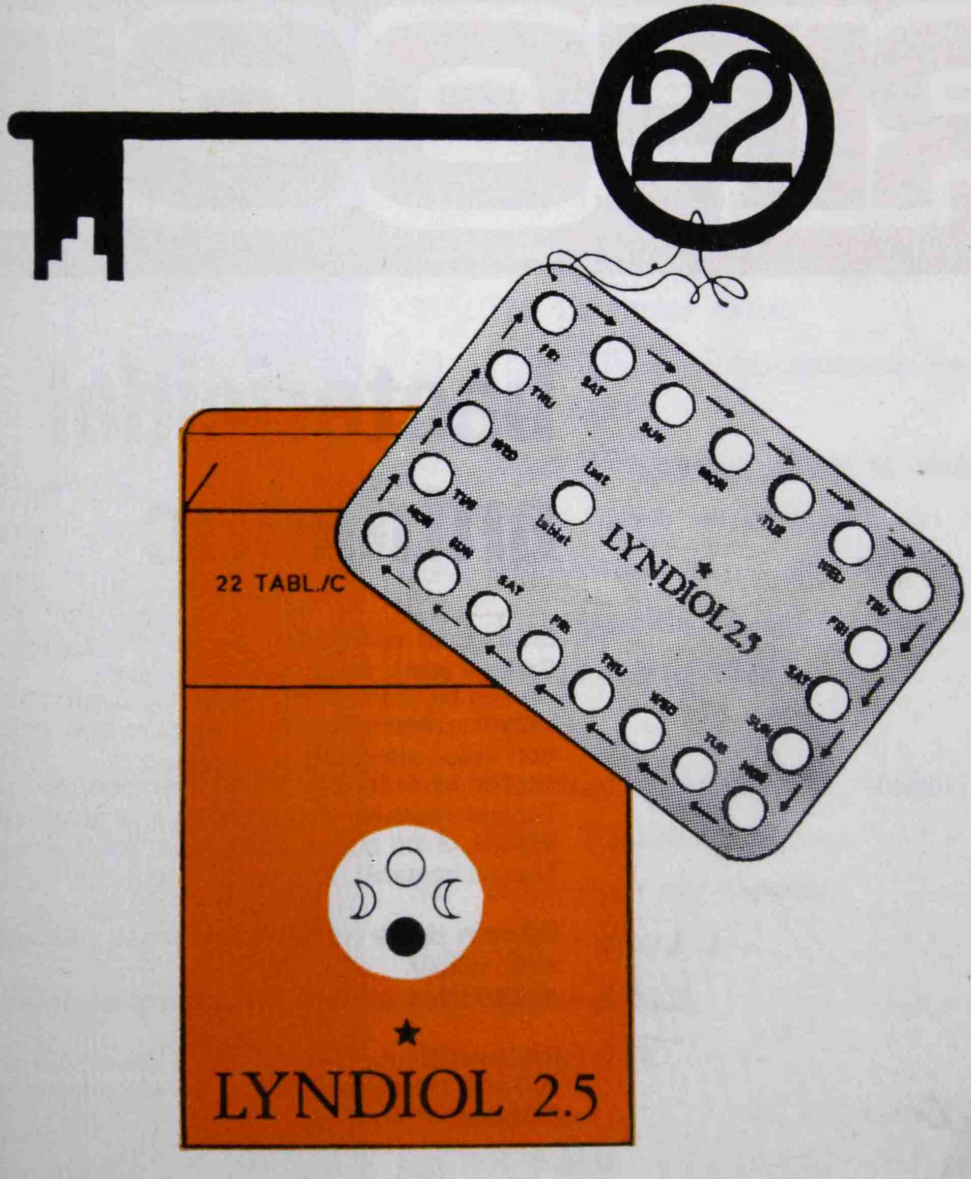


ournal of
Medical Society
University of
Hong Kong

Summer 1971

Organon found the key to convenience and simplicity for oral contraception

Organon



Sole Agents : **SOUTH CHINA ENTERPRISE**

TEL. NOS. 221960, 239995

the right antibiotic in the right indication

RIFOCIN®

rifamycin SV

bactericidal antibiotic

Biliary tract infections
Serious septic forms, especially when caused by Gram-positive microorganisms, including staphylococci resistant to other antibiotics.
Soft tissue infections caused by Gram-positive microorganisms.
Topical treatment, by instillation and lavage, of tubercular lesions of the pleura, peritoneum, joints, etc.
Topical treatment of wounds and burns.

Rifocin does not display cross resistance with other antibiotics except the rifamycin family

PACKINGS - For I. M. injections and topical applications: 250 and 125 mg ampoules - For I. V. injections: 500 mg ampoules
DOSAGE - 2 to 3 ampoules a day

Lepetit

GRUPPO LEPETIT S.p.A.
MILANO (Italy)

SOLE AGENTS FOR HONG KONG AND MACAO:
MANNING DRUG COMPANY LTD.
804, Takshing House, Hong Kong.

For Correspondence:
Elixir,
Medical Society,
University of Hong Kong,
c/o Medical Students' Centre,
Sassoon Road,
Hong Kong.

ELIXIR

OFFICIAL PUBLICATION OF THE MEDICAL SOCIETY
UNIVERSITY OF HONG KONG
PUBLISHED TWICE A YEAR

SUMMER 1971

CONTENTS

Vibramycin*
(doxycycline)
hits hard where it counts. In the tissue.

Vibramycin hits hard:
Vibramycin passes readily from the G. 1. tract to the blood stream and then concentrates in the tissue, the site of most infections.

Vibramycin hits fast:
Oral Vibramycin is rapidly and almost completely absorbed so therapeutic blood level is achieved within the first critical ½ hour.

Vibramycin has a wide spectrum of antibacterial activity:
Its range of coverage is currently unattainable – by any natural or synthetic penicillin. The antibacterial spectrum includes many penicillinase – producing strains of staphylococcus, E–coli, Pseudomonas, and Klebsiella – Aerobacter as well as M. pneumoniae responsible for 24% of adult pneumonias requiring hospitalization.

Convenient dosage: once a day dose minimises risk of missed dosage.

Dosage: Adults: 200 mg. on the first day followed by 100 mg. daily.
Children: 2 mg/lb. of body weight on the first day followed by 1 mg/lb. of body weight daily.

Supply: 100 mg. capsules in bottles of 5, 25 and 100
syrup of 30 c. c. (25 mg. /5 c. c.)

Pfizer **Science for the world's well-being**

*Trademark of Chas. Pfizer & Co., Inc.

Foreword

In spite of heavy schoolwork, our medical students do sometimes lean their heads out of the ivory tower and have a peep into society, in an attempt to do something, however small, for it. This year, the medical society plans to organise a "Child Care Project", aiming to educate the public outside the medical circle about the correct way to bring up our younger generation. This programme is timely, as those born in the post-war baby boom are fast reaching marriage age, and it is an urgent matter to equip them with a proper knowledge of child care. In co-operation with this project, Elixir attempts to review the care and facilities that are available for Hong Kong children, paying particular attention to the unfortunate ones who because of their handicaps require special attention and training.

Among the eminent figures associated with child care, the name of our retired Professor C. Elaine Field must be mentioned. The Elixir Editorial Board would here like to express thanks for everything she has done and wish her every happiness in her retirement.

Peptic ulcers heal

—quickly and easily with

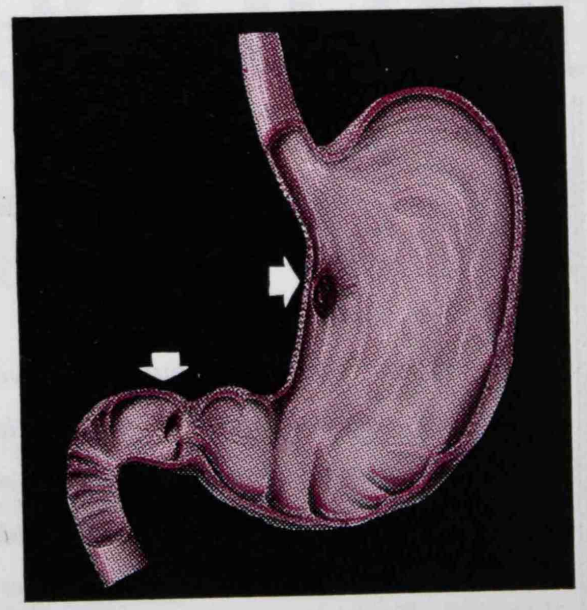
BIOGASTRONE® & DUOGASTRONE®

heals gastric ulcers

- ☐ Not merely symptomatic[1]
- ☐ Rapid rate of healing[1, 2]
- ☐ Swift disappearance of symptoms[2, 3]
- ☐ Business as usual[3, 4]

heals duodenal ulcers

- ☐ Released at duodenal ulcer site[5, 6]
- ☐ High success rate[6]
- ☐ Superior to other therapy[7, 8, 9]
- ☐ Keeps the patient at work[7]



REFERENCES

1. Horwich, L. & Galloway, R., Brit. med. J., 1965, **2,** 1274.
2. Hunt, T, Med. Dig. (Lond.), 1965, **10,** 222.
3. Today's Drugs, Brit. med. J., 1964, **1,** 1690.
4. Editorial Synopsis, Gut, 1965, **6,** 19.
5. Galloway, R., Symposium on Carbenoxolone Sodium, London. Butterworths (1968).
6. Craig, O., et. al. Practitioner, 1967, **199,** 109.
7. Cliff, J.M., Symposium on Carbenoxolone Sodium, London. Butterworths (1968).
8. Lawrence, H., et al. Ibid.
9. Hunt, T.C. Ibid.

PRESENTATION

BIOGASTRONE: Tablets containing 50 mg. carbenoxolone sodium. Containers of 24 and 100.

DUOGASTRONE: 'Positioned-release' capsules containing 50 mg. carbenoxolone sodium. Containers of 28.

Full details available on request

BERK PHARMACEUTICALS LIMITED
GODALMING · SURREY · ENGLAND

Made under licence from Biorex Laboratories Ltd., London. Brit. Pat. Nos. 843,133 and 1,093,286.

OFFICE BEARERS OF THE HONG KONG UNIVERSITY MEDICAL SOCIETY H.K.U.S.U.

1970-1971

President: Dr. C. H. Chan-Teoh

Vice-President: Dr. S. T. Chan

Hon. Treasurer: Dr. Frank C. Y. Cheng

Chairman: Mr. Wan Ho Yue

Vice-Chairman: Mr. Chan Wing Chung

General Secretary: Miss Margaret Cheung

External Affairs Secretary: Mr. Tsang Chiu Wah

Financial Secretary: Mr. Tse Chun Yan

Social Secretary: Mr. Daniel Chiu

Sports Secretary: Mr. Pong Ping Sum

Ex-Chairman: Mr. Stephen Ng

Associate Members' Representative: Dr. Kevin Tong

Class Representatives:

Final Year: Mr. Chan Chok Wan
Mr. Fu Kuo Tai

4th Year: Mr. Siu Yum Keung
Miss Nancy Fok

3rd Year: Mr. James Yu
Miss Katherine Fong

2nd Year: Mr. Cheng Chun Ho
Miss Angela Ng

1st Year: Mr. Ng Yin Ming
Miss Helena Wong

Representative for Elixir Editorial Board Mr. Ho Chung Ping

Representative for Caduceus Editorial Board Mr. Ng Hin Kwong

Chairman, Medical Fraternity Committee Mr. Kong Yim Fai

Standing Committee on Medical Education, ARMSA Mr. Laurence Chan

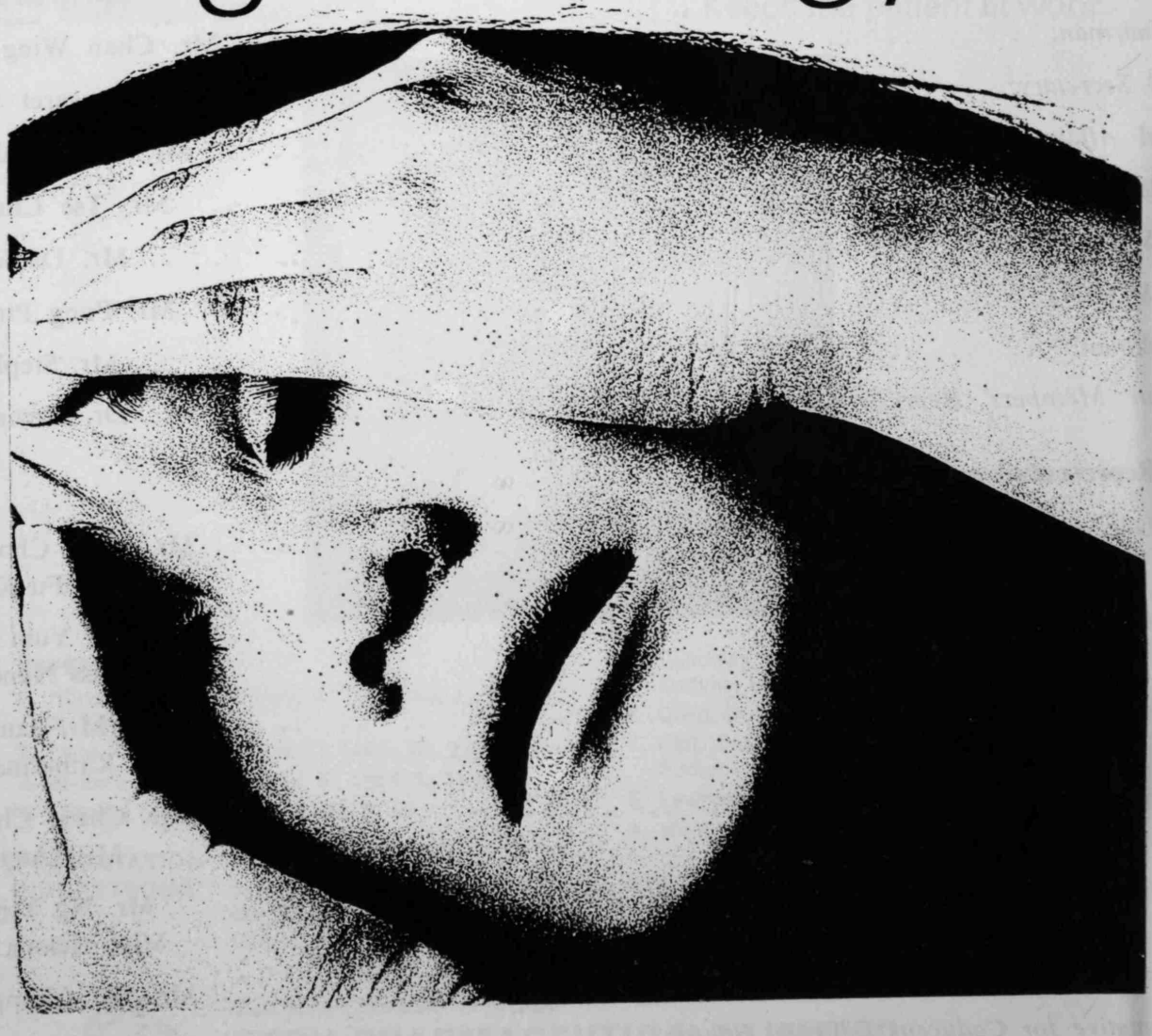
Breakthrough!

J. R. Geigy, S.A.,
Basle, Switzerland

Control of pain
Effective medical treatment for trigeminal neuralgia

Control of epilepsy
Comprehensive anti-epileptic control—seizures and epileptic personality and behavioural disturbances

Tegretol® Geigy



Representatives:

CIBA-GEIGY (HONG KONG) Limited

Hang Seng Bank Building 17th Floor Hong Kong

Sole Distributors:

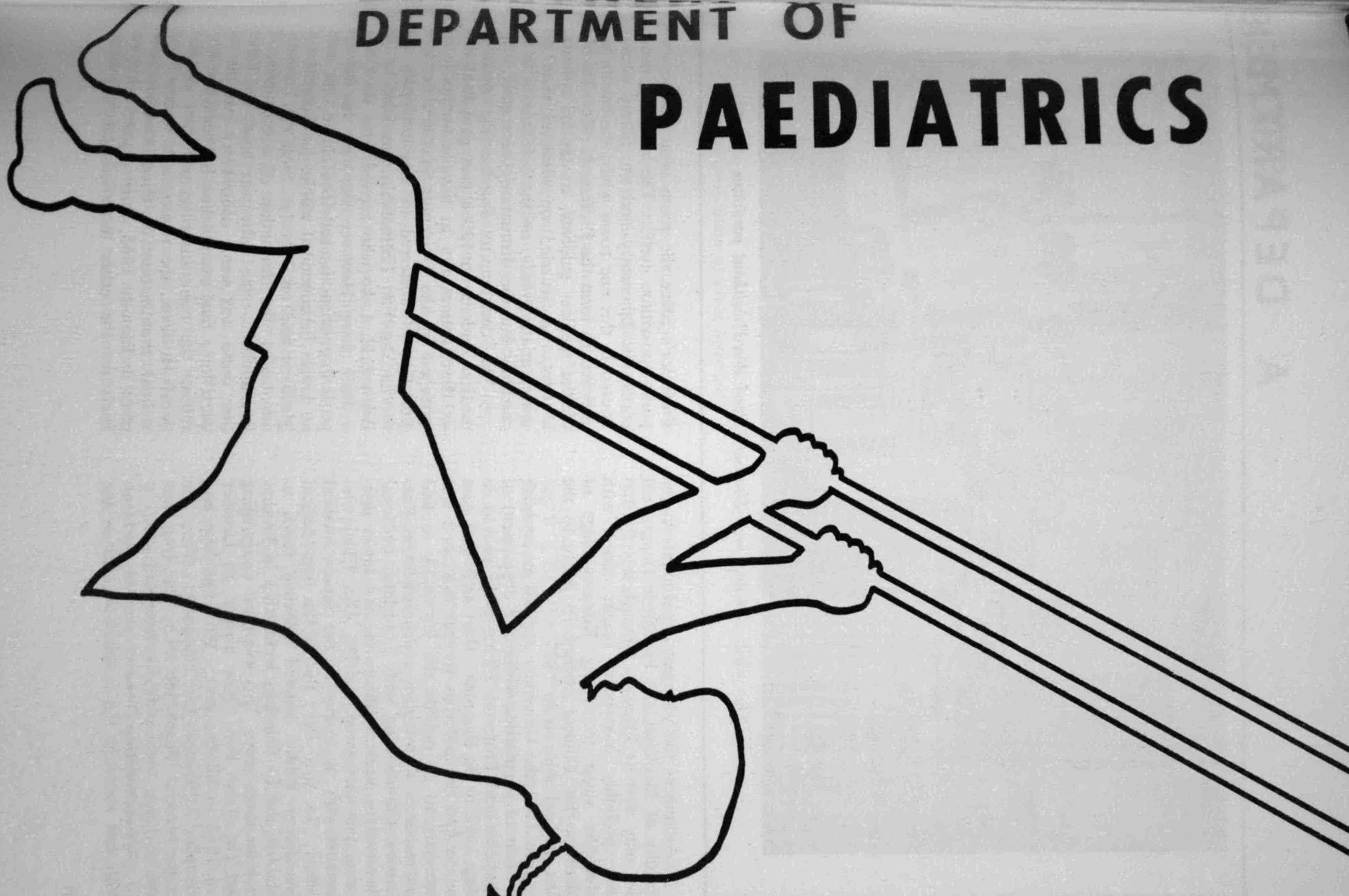
UNIVERSAL PHARMACEUTICAL LABORATORIES, LTD.

21, D'Aguliar Street, 1st floor, Hong Kong

(Tel. Nos. H-232933, H-239977

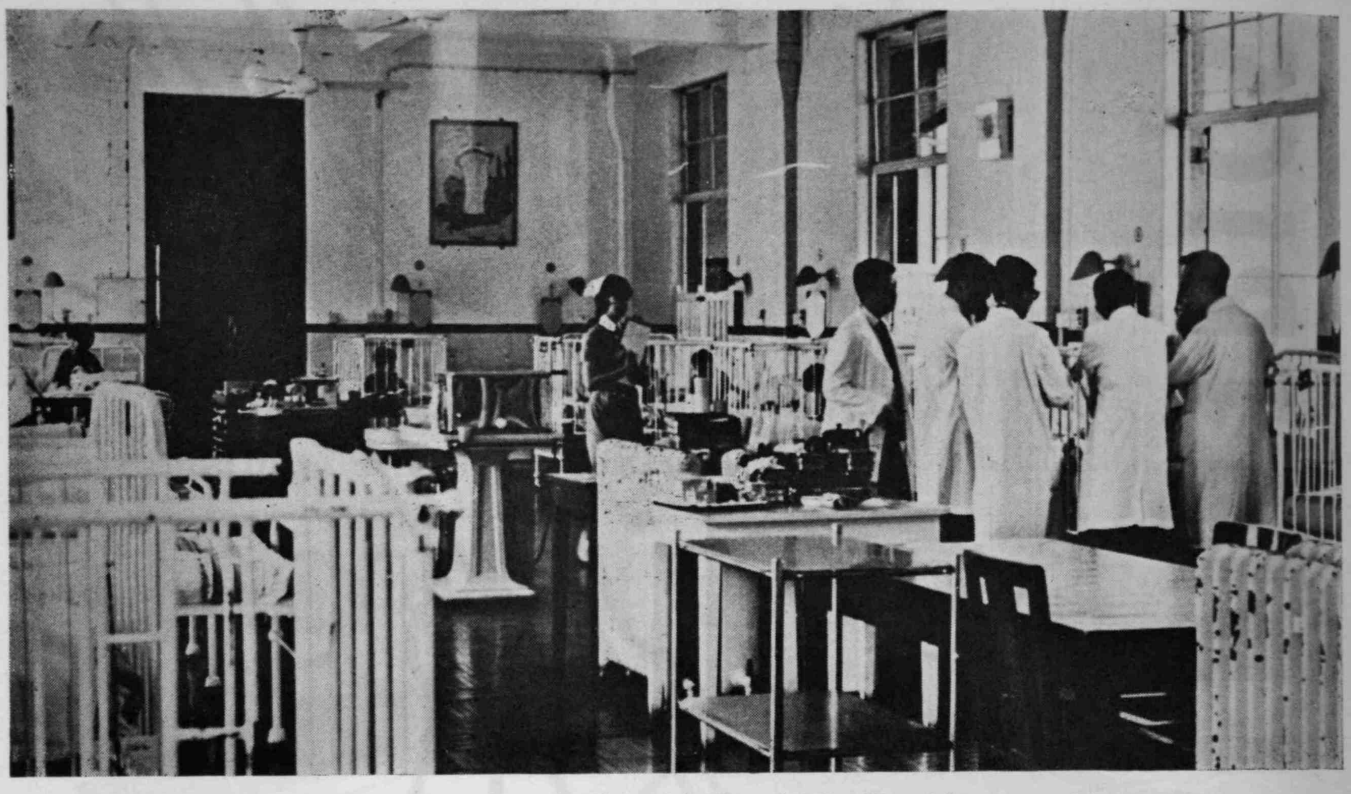
DEPARTMENT OF

PAEDIATRICS



Departmental Survey

A DEPARTMEN



The wards, old and new The old "Head Ward" without partitions

As one of the youngest departments in the Faculty of Medicine, the Paediatric Department has only a short history. Nevertheless Paediatrics probably has been taught along with Medicine since the Hong Kong College of Medicine for Chinese opened its doors to the first medical students in 1887.

In 1961 the University decided to establish a Chair of Paediatrics within the department of Medicine and Professor Elaine Field arrived in May 1962 to fill this post. Just as a bird goes out to find the materials for her nest so it was necessary to go outside the University to find the resources to establish a department of Paediatrics. Commencing with a nucleus of loyal Government medical officers the first senior doctor to join this group was Dr. Alice Chau who remains with us to-day as the Senior Medical Officer. In April 1963 the Li Shu Fan Medical Foundation kindly donated sufficient funds to establish the Li Shu Fan lectureship in Paediatrics for three years. This was most encouraging and Dr. Tsao Yen Chow arrived on October 3rd 1963 to fill this post. With this help and financial assistance for equipment from the China Medical Board Inc. N.Y. the Unit was able to lay a foundation for later activities.

Accommodation however was the problem. With one room in the hospital vacated as the Professor's office the room soon became a department within itself. The secretary, the records, the laboratory and the library were all housed in this one room whilst the balcony was enclosed to form the Professor's office. Teaching of the medical students, except for systematic lectures, was carried on wherever there was space, in the wards, on the balconies or in the corridors but the distractions were many.

The decision to increase the intake of medical students to 120 a year gave Paediatrics its first opportunity to have a lectureship established by the University in 1965. Dr. Tsao Yen Chow transferred to this lectureship and the Li Shu Fan Lectureship was filled by Dr. Brian K.H. Luke who arrived from the U.S.A. a little later. However the time was fast approaching when the activities of the Unit could no longer be contained within the department of Medicine and on July 1st 1966 the University announced the formation of a department of Paediatrics — the baby was born. But before this there was some controversy over the request for a final examination in Paediatrics. Why subject the poor students to further examinations? However, the request was successful and a final examination in Paediatrics first took place in January 1965, three months before the finals for the other three subjects. Professor

The new A6 ward with glass partitions so arranged to maintain cross ventilation but to assist prevention of cross infection.

Vernon Collins from the University of Melbourne was the first external examiner. Since then the examination has been held regularly each January.

When the clinical departments moved into the new "Professorial Building" in April 1967 the Paediatric Department was ready to expand its activities quite rapidly to fill the space provided. The greatest joy however was the Seminar room where, for the first time, the Staff were able to teach in relative comfort.

The establishment of a separate Paediatric Department coincided with the end of the seven year plan for the University and the beginning of the interim year 1966-67. It was however possible to establish in this year a senior lectureship and two further lectureships in Paediatrics. Dr. Brian K.H. Luke was appointed to one lectureship and Dr. Robert H.P. Fung to the other. A trainee lecturer, Dr. Gabriel Chung was also appointed at this time. Dr. Peter Lo filled the remaining year of the Li Shu Fan lectureship. In 1968 Dr. Tsao Yen Chow was appointed to the senior lectureship. Staff may come and staff may go but this is to be encouraged within certain limits as new blood is stimulating and we hope those who leave pass on the best of what they have assimilated whilst in the department. Recent additions to the Staff are Dr. Lui Wai Ying in 1969 and Dr. Anita M.C. Li in 1970 as lecturers and Dr. Victor Y.H. Yu as trainee lecturer in 1969.

Mention must be made of our colleagues in the Government service who are absorbed into the full activities of the Department making it a complete unit. Without their help the Department could not function. Dr. R. Johnson Lee and Dr. Yeung Chap Yung have left to each head a Unit in Queen Elizabeth Hospital and Dr. Simon K.K. Wong is in private practice and in charge of the Paediatric wards at Caritas, Kowloon. Paediatrics is a subject that is essentially part of a much wider field including child health and child care, the handicapped child and the deprived child. Already our teaching interests are interlocking with other departments and our research interests are discussed in this issue on another page.

The future is bright if the interests are channelled in the right direction. Already a new building is taking shape in the Queen Mary Hospital Compound which will not only house accommodation for medical students but also a whole floor for the Department of Paediatrics. But no department is made of bricks and mortar, it is the enthusiastic spirit of the people within it that matters and that, of course, includes the medical students who will be taught there.

THE STAFF

Professor C. Elaine Field, M.D. F.R.C.P.(Edin.) J.P.

Professor Field graduated from the University College Hospital London in 1934. After her graduation, she went through the various stages of training for the profession. The Nuffield Travelling Fellowship provided a chance for her to travel to the States and work there. She also visited the Scandinavian countries and Finland.

In 1949, she started out for the Far East. Penang was her first stop. She was posted as the Child Health Specialist for the Federation of Malaya. Five and a half years later, she became the Paediatric Specialist in the General Hospital, Singapore. 1962 was the year when she came to Hong Kong and took up the Chair of Paediatrics — starting the department.

Bronciectasis was her field of interest in research before she came to Hong Kong. It was a long-term study and follow-up. Some of the patients (Now, Middle-aged!) are still in touch with her. The Child Development Project was started in 1967 and is being conducted in conjunction with Dr. Flora Baber at the Yaumati Polyclinic in Kowloon.

Sport was her favourite pastime, especially hockey, tennis, badminton and golf. However, she failed to take up any of these activities in Hong Kong as she has been too occupied with her work. Music, fine arts and ornithology also appeal to her.

After her retirement in May, the Professor will be leaving the Colony for her homeland, England.

Dr. Y. C. Tsao, M.B.B.S.(H.K.) M.R.C.P.(Edin.) D.C.H.(Lond.)

Dr. Tsao graduated from St. Joseph College in 1952 and obtained his M.B.B.S. in Hong Kong University in 1958. Two years later, he went to England for postgraduate training and obtained his D.C.H. in 1961 and His M.R.C.P. in 1962. Before returning to Hong Kong, he was in Children Hospital in the field of metabolic diseases.

In September 1963, he was appointed the Li Shu Fan Foundation lecturer and worded under the chair of Paediatrics in the Department of Medicine. With the establishment of the Department of Paediatrics in 1965, he joined it as a lecturer. In 1968, he became the senior lecturer.

In 1968-69, he went to U.S.A. and worked in the Children Hospital Medical Centre in Boston and the Department of Paediatrics, Harvard University.

His researches are on kidney diseases and metabolic disorders.

In his spare time, Dr. Tsao likes painting, including water-colour painting and Chinese painting. He is also fond of music. His favourite sports are tennis and swimming.

Dr. W. Y. Lui, M.B.B.S.(H.K.) M.R.C.P.(Edin. & Lond.) D.C.H.(Lond.)

Dr. Lui received her secondary school education in St. Paul's Co-educational College and obtained her M.B.B.S. (Hong Kong) in 1963. After her internship in the University Medical Unit and Tsan Yuk Hospital, she worked in the Infectious Hospital for 6 months, and then joined the Department of Paediatrics in January 1965. In December 1966, she went to England and took her post-graduate studies at the Hospital for Sick Children, Great Ormond Street, London. After obtaining her D.C.H. there in March 1967, she went to work in the Medical Unit of Royal Alexandra Infirmary, Paisley, Scotland. She got her M.R.C.P. (Edinburgh) in December 1967. In Scotland, she stayed for a further 18 months working as S.H.O. and Registrar in the Renal Unit, Glasgow Royal Infirmary under Prof. A.C. Kennedy, the Royal Edinburgh Hospital in Psychiatry under Prof. G.M. Carstairs, and the Hospital for Sick Children, Edinburgh, in Paedia-

tric Neurology and Psychological Medicine under Dr. S. Wolff and Dr. T.T.S. Ingram. She obtained her M.R.C.P. (London) in 1968. In summer, 1969, she went to the United States visiting various Paediatric neurology centres but spent most of her time in the Paediatric Neurology Department under Prof. Richmond S. Paine, Children's Hospital, Washington D.C.

Her main interest is in developmental Paediatrics, but she likes to be an all-round Paediatrician, "organic-minded" as much as "psychologically" orientated. Her present research is on the Floppy Baby Syndrome, and Serum and C.S.F. Creatine-phosphokinase in neurological disorders. She is active in the care of spastic children, and also participates in the Parent-child Consultative Service in Caritas.

In her leisure time, Dr. Lui likes music, writing, comics, and gardening. She played the violin as well as soft-ball when "she was young."

Dr. Anita Li B.A. M.B.B.S.(H.K.) M.R.C.P.(Edin.) D.C.H.(Lond.)

Dr. Anita Li was brought up in Shanghai. In 1950 she left for the U.S.A. and obtained her B.A. degree in Erskine College in 1953.

After her return to Hong Kong she got married. Later she decided to take up the study of medicine and entered the Preliminary Science Course and then the Medical Faculty of Hong Kong University, graduating in 1962.

Since graduation she had worked in various departments, including the two and a half years in the Department of Paediatrics. In 1968 she went to England on study leave, and spent three months in Great Ormond Street Children's Hospital, three months in the Hammersmith Hospital in London, and four months in the Edinburgh Post-graduate School of Medicine. She obtained her D.C.H. and M.R.C.P. (Edin.) during this time. She then returned to Hong Kong to the Department of Paediatrics. She has a special interest in haematology.

At present, she is working on a joint project with the Department of Obstetrics and Gynaecology and the Virus Unit on the epidemiological aspect of neonatal jaundice.

Dr. Li loves to play piano and organ, but now she has to give them up because she is too busy with her work besides looking after her family.

Dr. Victor Y.H. Yu, M.B.B.S.(H.K.)

Dr. Victor Yu was educated in Diocesan Boys' School. He graduated with M.B.B.S. in 1968. After serving his internship in the University Paediatric Department and University Surgical Department, he joined the Department of Paediatrics, H.K.U. in July 1969. Dr. Yu's academic interest is focused on Neonatology.

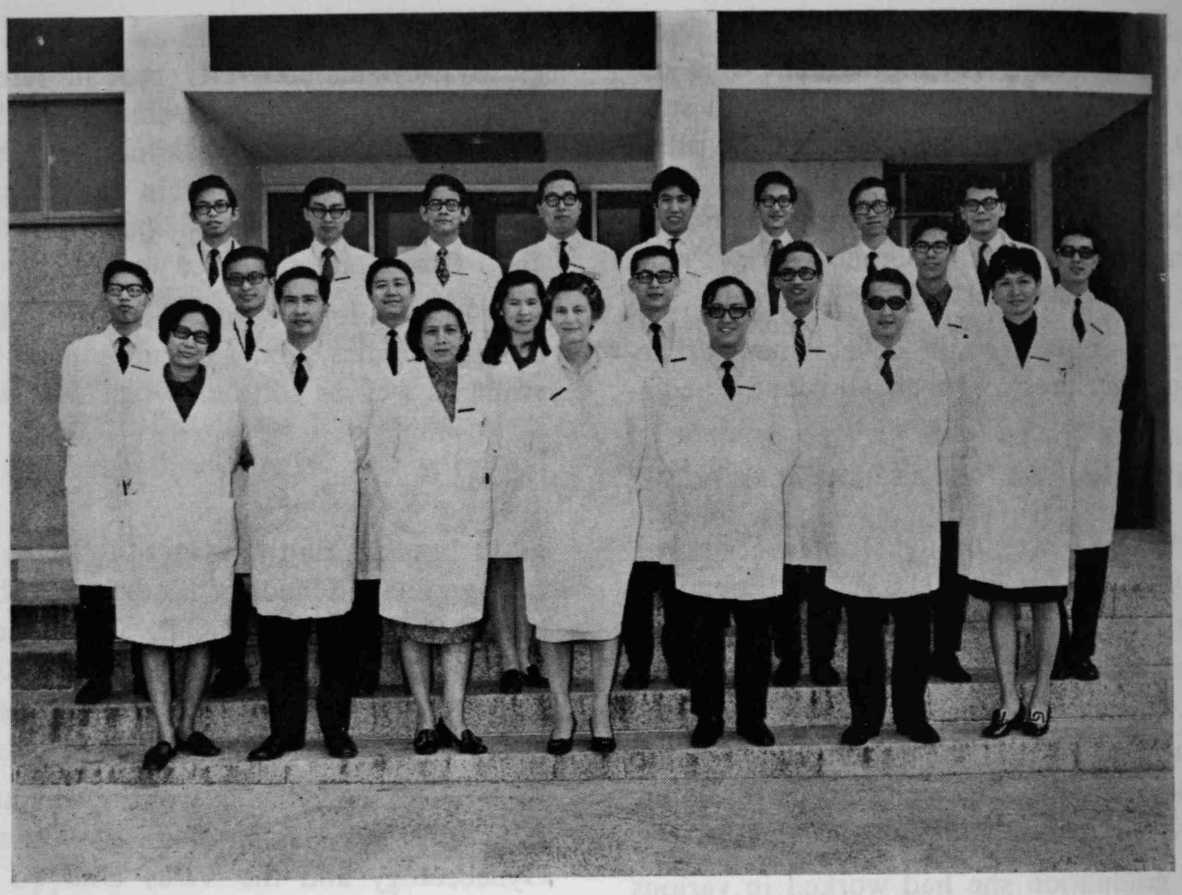
In his undergraduate days, Dr. Yu served in the Committee of Morrison Hall (1964-66) and in the Executive Committee H.K.U.S.U. (1965) as the President of the Independent Clubs Association. He was married after his internship and his hobby is photography.

THE HONORARY STAFF

Dr. R. Johnson Lee, M.B. B.Ch.(Rand. S. Afr.) M.R.C.P.(Edin.) D.C.H.(Lond.)

Dr. Lee is the Paediatric Specialist, Paediatric "A" Unit, Queen Elizabeth Hospital, and the Honorary Consultant to the Paediatric Department of Kwong Wah Hospital and the British Military Hospital. His field of interest is in neology (jaundice and infection) and the physically and mentally disabled child.

Besides his hospital duties, he assists in work with the cerebral palsy (Supervisor of Mount Parrish School) and the mentally retarded (The Home of Loving Faithfulness). His hobbies include tennis and swimming.



Dr. Alice Chau,
M.B.B.S.(H.K.) M.R.C.P.(Edin.) D.C.H.(Lond.)

Dr. Chau is working as the Senior Medical Officer in the Government Paediatric Unit. She is interested in genetics and congenital abnormalities.

Dr. Robert Fung,
A.B.(Harv.) M.D. C.M. McG., F.R.C.P. (Can.) F.A.A.P. Dip. of American Board of Paediatrics

Dr. Fung is in private practice. His interest lies in the field of infectious diseases and clinical pharmacology in infancy and childhood. Dr. Fung likes to play golf in his leisure.

Dr. C. Y. Yeung,
M.B.B.S.(H.K.) M.R.C.P.(Edin. & Glas.) D.C.H.(Lond.)

At the moment, Dr. Yeung is working in Queen Elizabeth Hospital as one of the 2 Paediatric Specialists. He gives lectures on neonatal paediatrics at Tsan Yuk Hospital. He finds little time, nowadays, to do some hiking and swimming.

Dr. S. C. Hu,
M.B.B.S.(H.K.) M.R.C.P.(Edin.) D.C.H.(London)

Dr. Hu was the specialist in paediatrics in Queen Mary Hospital and the lecturer in paediatrics under the Department of Medicine before Professor Field came. After Professor Field's arrival, he was transferred to Queen Elizabeth Hospital where he worked for 5 years prior to his private practice. He is interested in neonatal jaundice and paediatric neurology. Though he has little free-time, he reads to keep up with the recent advances and plays tennis once in a week.

Research Activities of the Department of Paediatrics

Neonatal Jaundice

One of the major problems in clinical paediatrics in Hong Kong is neonatal jaundice. Much of our efforts have been spent in elucidating the causes and in finding better methods of treatment. These include studies on the red cell enzymes, the use of phenobarbitone in the treatment and prevention of neonatal jaundice, the effect of phenobarbitone on the hepatic handling of bromsulphthalein, the rational use of albumen in the management of neonatal jaundice and some preliminary trials using phototherapy.

We have also looked into the possible relationship between the ingestion of herbal medicine and the development of neontal jaundice. Currently, in conjunction with the Department of Obstetrics and Gynaecology and the Government Virologist, we are studying the effects of intrauterine and neonatal infections on the newborn infant.

Genetic Studies

In 1963, with a grant from the China Medical Board, Dr. Alice Chau of this Department, established the first cytogenetic laboratory in Hong Kong. Since then, many interesting conditions with chromosomal abnormalities have been studied. Chromosomal analysis also helped in the study of many intersex problems. More accurate identification of the individual chromosome will soon be made possible by the incorproation of the technique of radio-isotope labelling.

A survey has also been conducted to find out the relative frequency of congenital malformations among the local population.

The Nephrotic Syndrome

Interest in the study of children with primary renal disease, particularly those with the nephrotic syndrome, began in 1963. The study is a long-term project and includes observations on the structural and functional alterations during the course of the disease, and clinical trials employing different regimes of treatment. Part of the study is carried out in collaboration with the Department of Pathology.

Neuro-muscular Disorders

This is an area which has remained relatively unexplored in Hong Kong. Studies have recently been initiated on the changes of enzyme levels in different body fluids, to correlate them with the clinical laboratory, electro-encephalographic and electro-myographic changes in these conditions.

The Child Rearing Study

Little is known about the rearing pattern of Chinese children in Hong Kong so a study of 782 babies was commenced in 1967 to assess growth, development and associated factors. Health records are being kept including details of diet in an attempt to assess the important influences on development. After a poor growth pattern from 4 months to two years, the children have made satisfactory progress but as a result of the early setback are undersized. Behavioural and performance tests are also being studied to assess the effect of this on intelligence. The children will be followed until 5 years of age. The study is located in Kowloon with the follow-up clinic in the Yaumati Polyclinic by kind permission of the Director of Medical & Health Services. The project has been financed largely from bodies outside the University and is being supervised by Dr. Flora Baber, an honorary lecturer in the Paediatric Department.

* * * * *

AN INTERVIEW WITH OUR NEW PROFESSOR OF PAEDIATRICS

Professor Garry Malcolm Kneebone

M.B., B.S. (with credit); M.Sc., F.R.A.C.P.

Professor Kneebone, from which medical school did you graduate?

I was born in Adelaide, South Australia and graduated from the University of Adelaide in 1952. After 2 years in general medical practice I began my Paediatric training in the Adelaide Children's Hospital and in 1960 joined the Department of Child Health of the University of Adelaide.

How come that you took up Paediatrics as your profession?

I have always liked children and even before entering the University at the age of 16 I had made up my mind that I would like to specialise in Paediatrics.

Professor, what makes you come to Hong Kong?

I have many Chinese friends in Adelaide and have always been fascinated and interested in the Chinese way of life. I was therefore very happy for the chance to come to H.K. and become involved not only in your life, but, with almost 40 per cent of the population being children, it offers a unique opportunity to study Paediatrics.

How do you like H.K.?

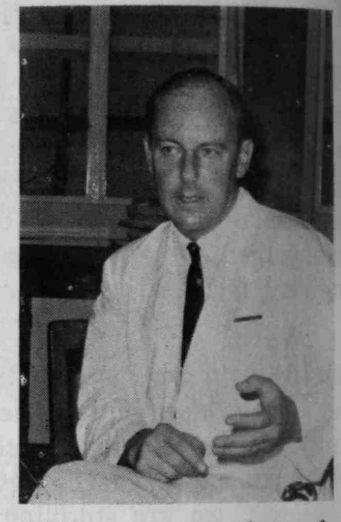
I like H.K. very much. I am enjoying every aspect of life here, especially the food and I am slowly gaining confidence with chopsticks.

Professor, although you've been in H.K. for so short a time, how do you find the Paediatric Department, what are your plans?

I think our department has a great potential. It has already achieved much under Professor Field's direction and I am hopeful that we can extend her findings into the area of nutrition and development in early childhood.

Do you find any difference between the medical students in H.K. and Australia?

I think the students here are extremely enthusiastic, keen and anxious to learn. Perhaps by comparison Australian medical students take a more active part in sport and non-medical interests during their course. I feel the basic difference lies in the greater sense of application towards their studies that our H.K. students demonstrate.



In your opinion, how should the students study Paediatrics?

The most important aspect of children's disease is to see the child as a member of a family unit. It is difficult in a hospital environment to do this so I feel that teaching of Paediatrics must include the influences of the home, the family and the community upon the healthy as well as the unhealthy child.

Is there any variation in the disease-pattern of children in H.K. and Australia?

Yes, there is a significant difference. Certain diseases common in Australia are virtually unknown here and the reverse is also true. There is a high incidence of renal disease, congenital heart disease and the intriguing problem of neonatal jaundice here while metabolic diseases, mucoviscidosis, and severe pulmonary disease are uncommon.

Professor, where does your research interest lie?

I am interested in growth disorders and especially disorders of lipid metabolism and the effects of nutrition upon brain composition.

Can you tell us something about your family and your favourite hobbies?

I have 5 children, all currently at school in Adelaide, and who hopefully will enter school in H.K. next year. During my free time I play a little golf, tennis, and enjoy sailing with my children.

DECLINAX

a thoroughly documented advance in antihypertensive therapy

'significant'

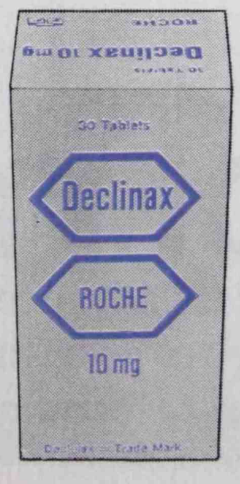
'As a result of this clinical trial we consider that the introduction of debrisoquine (‹Declinax›) is a significant advance in the treatment of hypertension.'

GENT, A. E., BACON, A. P. C.: *Practitioner 198*, 673-679 (1967).

and 'distinct'

'This compound (‹Declinax›) has proved to be an effective antihypertensive agent remarkably free from side effects, and in this regard a distinct advance over guanethidine or methyldopa.'

KITCHIN, A. H., TURNER, R. W. D.: *Brit. med. J. 1966/II*, 728-731.



for routine use

'We consider that debrisoquine sulphate (‹Declinax›) is eminently suitable for routine use in the treatment of hypertensive patients, and – for the reasons indicated – it is now our agent of choice.'

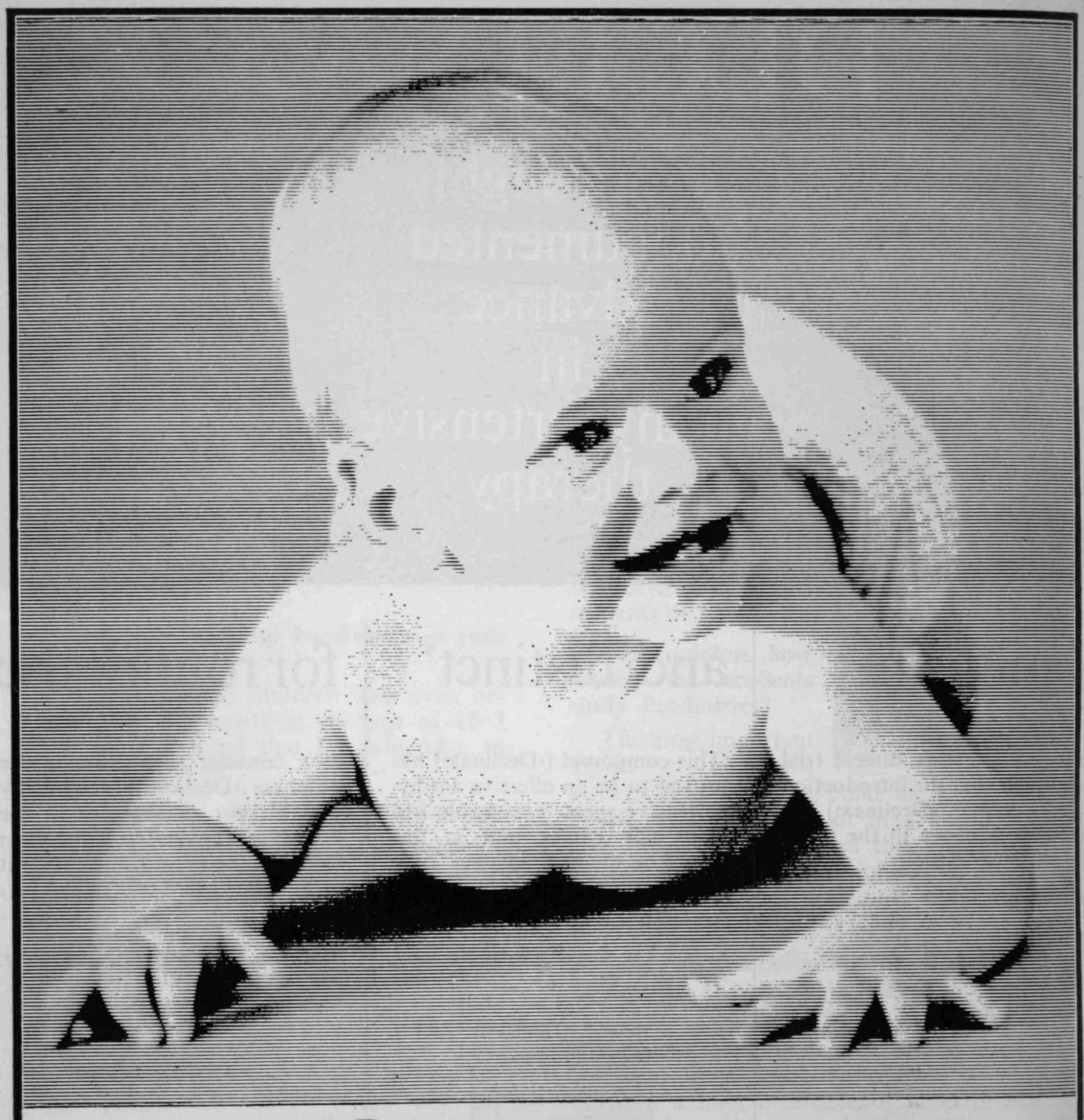
GENT, A. E., BACON, A. P. C.: *Practitioner 198*, 673-679 (1967).

‹Declinax› is the registered trade mark applied to pharmaceutical preparations containing debrisoquine sulphate.

Available as follows:
‹Declinax› scored tablets 10 mg.

ROCHE

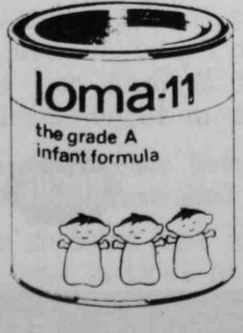
F. Hoffmann-La Roche & Co., Ltd, Basle, Switzerland



loma-11

The latest advance in infant feeding proven to give fastest weight gain and least feeding problem

Grade A milk Optimal Humanised protein Especially suitable for Asian babies including underweights and prematures.



nutritional laboratories

A quality product from
Nutritional Laboratories Ltd.

CARING FOR HONG KONG'S CHILDREN

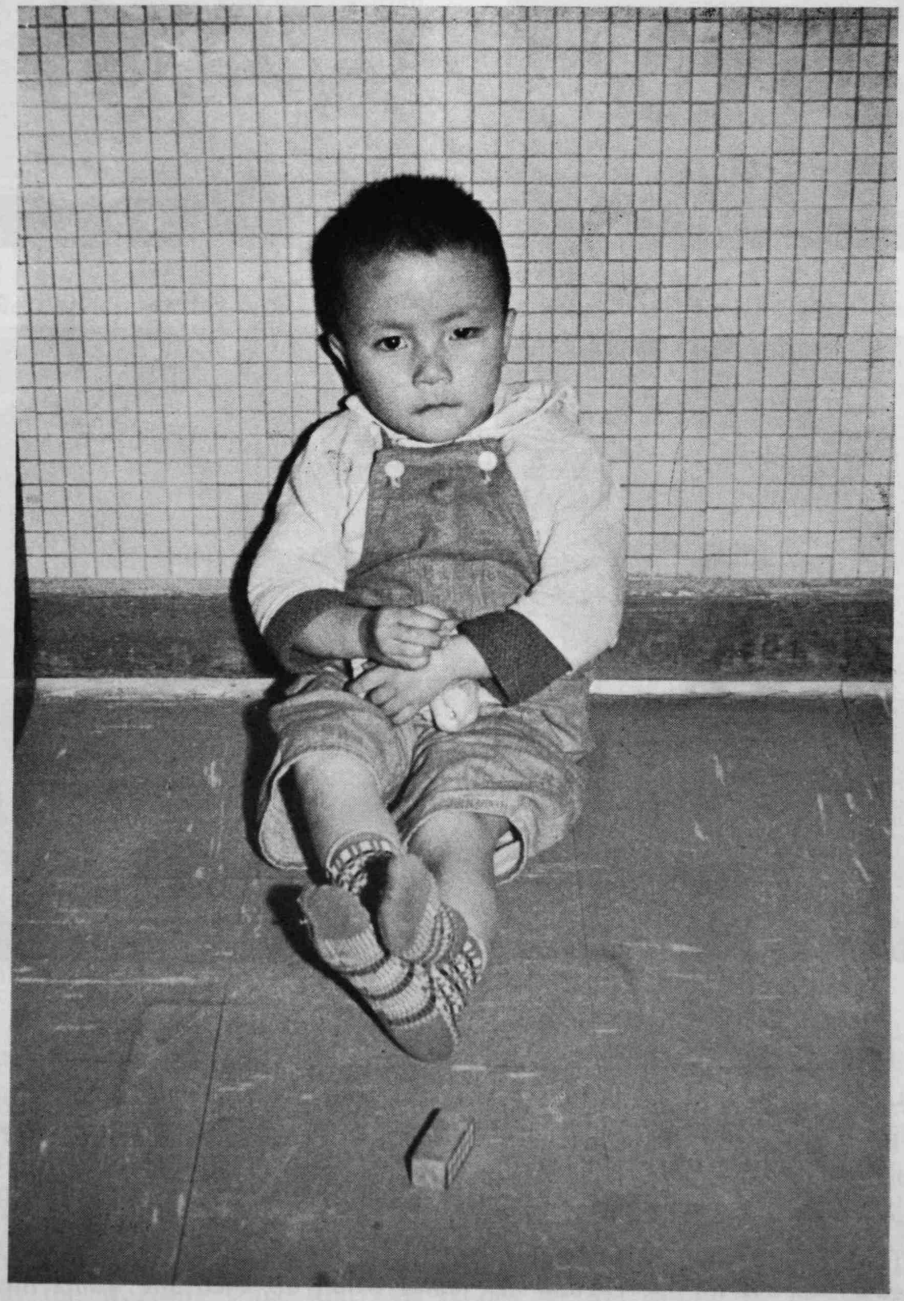


Fig 1 Note the apathy, disinterestedness and the vacant stare — all the result of institutionalisation with lack of the love and affection normally given in the home.

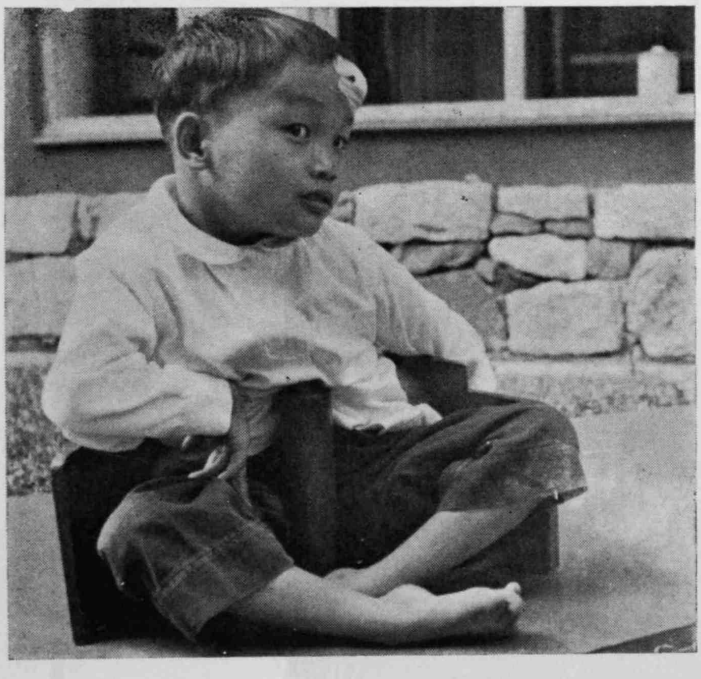


Fig 2 Mother had faith — and the result.

When doctors said nothing could be done to help her 'floppy' baby the mother of this child brought her on her back from New Kowloon to Queen Mary Hospital because she had faith that the doctors there could help her child. Her faith resulted in the establishment of the Spastic Children's Association of Hong Kong and slowly (but far too slowly) the development of a service for spastic children. Here the child is seen using her feet to indicate her capability of doing arithmetic because she is intelligent but has no speech and her hands won't do what she wants them to do.

— C. Elaine Field

The Declaration of the Rights of the Child adopted by the International Union for Child Welfare is based on the Declaration of Geneva proclaimed in 1923 and revised in 1948. It has seven statutes, the first six dealing with the material needs of the child which "must" be met by the community. The seventh statute however reads as follows:—

"VII — The child must be brought up in the consciousness that its talents must be devoted to the service of its fellowmen."

The tendency in developed countries is one of "spoon feeding" the community so that they became state dependant and lose the desire or initiative to make their own way in the world and further to serve their fellow men. It is for this reason I feel Hong Kong is on the brink of making an important decision, that is, how far the Government and Voluntary agencies should assist in the care of the child population.

Education — sufficient places will soon be available for normal primary school children and all will agree that this is excellent, yet the secondary school and University places are inadequate to meet the demand. But should these places be considered more in the light of **need** in Hong Kong rather than of demand? Furthermore primary school places for handicapped children are far from adequate and technical training for adolescents fails to meet the **need** in Hong Kong. Next we must consider the nature of the education given. Surely education is a process preparing the child for the life ahead, not just a matter of accumulating a mass of facts which may never be use. Education should be the assimilation of knowledge and experience necessary to give the pupil sufficient background confidence to meet the problems of the future. This should apply not only to knowledge but to physical endurance and emotional stability. An extension of the Outward Bound School System would be a great advantage to the youth in Hong Kong. At the same time a closer liaison with the parents is desirable.

Health — The immunisation programme is good in Hong Kong but the approach to child welfare leaves much to be desired. The properly trained health visitor knows her families by visiting the homes and understanding their problems. In this way valuable advice can be given which will slowly be absorbed and appreciated. The present system of amassing statistics in a clinic does not get very far to breaking down some of the traditions and customs which are detrimental to the child. The feeding of children at the weaning stage needs considerable revision and the peculiar customs of withdrawing valuable foods when the child is sick because they are "heating", can cause nutritional problems if continued for any length of time. In Hong Kong malnutrition has been proved to occur at the weaning stage and this is not so much due to poverty as to ignorance of the parents on the correct way to feed their children.

Welfare — Undoubtedly there is a need for increasing the assistance given to poor families and there are children who need continuous help because their parents are either sick, drug addicts, mentally subnormal or have died. But it is the child who responds to the opportunities given him

who should be encouraged and increasingly helped. I do not approve of the child who accepts it as his 'right' and fails to appreciate his responsibilities. Attitude of mind is part of education. There is undoubtedly a need for enlarging the field of casework to really appreciate the intricate problems of some of these children.

Behaviour — This obviously is an increasing problem in such a crowded city. Insufficient attention has been paid to the emotional needs of the child. Parents feel that the more money they can earn the more material needs and education they can give to their children but in the process of earning that money they neglect the psychological aspects of their children and all the money in the world can't rectify emotional deprivation during childhood. Little attempt has been made to stress the importance of mothers being at home when their children return from school or of parents **making** time to take their children out and together involve them in environmental experiences. Rarely is the baby taken out of his one-roomed home so that he becomes shy of strangers. The excuse is always the same, 'no time,' but of course time can be made for anything a person really wants to do.

In the above remarks I have discussed more the broad policies required in the approach to child care but there are certain specific aspects that need special mention.

Nurseries — The majority of nurseries are badly run in Hong Kong because the person in charge has had little experience. There is a real need for legislation to ensure that only properly trained persons are in charge of a nursery and that certain standards are established. But first we must get sufficient trained personnel to make it possible to run such a scheme.

In my opinion it is inadvisable to leave a child for a whole day in a nursery. Half a day may be stimulating but for the rest of the day young children need the home environment. For this, many more part-time jobs for mothers should be established by Government and private concerns. It is disturbing to find as improvements are taking plac ein certain aspects that a blind eye is being turned persistently to the emotional deprivation that is occurring when mothers work full time particularly as families are becoming smaller. A large number of mothers work not of necessity but because they like to earn a little more to enjoy the luxuries of life.

The handicapped child — The whole field of care of the handicapped child is far behind other developments in Hong Kong. The time has come for considerable improvements to occur in order to catch up. But the process should be seen as a whole and in this respect it would be helpful for a committee to be formed to prepare a white paper on the subject. The reason for a defined policy is obvious. There are at least three departments in Government closely involved in this development, Education, Social Welfare and Medical & Health as well as numerous voluntary agencies all pressing on with their own programme. This naturally produces a piece-meal effect with some overlapping. Furthermore the handicaps themselves overlap, e.g. a spastic child may also be deaf or have a speech defect or be mentally retarded. A closer integration is therefore needed to give a service for these children who cannot progress without it.

In conclusion it should be stated that on the whole Chinese children in Hong Kong are fortunate to have parents who love them and care for them as they think best, but ignorance, customs and traditions leave much to be desired in their ultimate care and health. A health education programme is needed particularly in schools for the senior pupils who will be the future parents. The child care programme of the Government and the voluntary agencies falls far short of the need and the time is appropriate to review the subject as a whole. Nevertheless the seventh statute of the Declaration of the Rights of the Child should be incorporated in any future programme.

> *"VII — The child must be brought up in the consciousness that its talents must be devoted to the service of its fellowmen."*

Fig 3 *Bed ridden at 6 years of age — and now look. This child was bed ridden at 6 years of age when she was first seen. Now, as a result of physiotherapy, occupational therapy and schooling at the John F. Kennedy Centre this child can now walk around on her own and make herself useful in many ways.*

* * * * *

ACKNOWLEDGMENTS

I am indebted to Dr. E. Waldmann for the photograph in Fig. 1 and to Miss M. Fang for the photographs in Figs. 2 and 3.

ELIXIR was very fortunate in being able to get Professor Field to express her views on the "child care" situation in Hong Kong, before her recent departure from our university. In her article she frankly states that not enough is being done, especially where the handicapped child is concerned.

In an effort to illustrate and evaluate the problem, ELIXIR visited certain homes and training centres and interviewed people involved in this field.

THE HANDICAPPED CHILD

Vacant stares and colourless expressions assault the visitor through the iron grill. As the door is opened, the children crowd around, looking and listening with blatant curiosity, but hardly absorbing or understanding the situation. The place is the Morninghill School, and the children are mentally retarded. They are unfortunate in their handicap, but they are fortunate in that they are among the small proportion of mentally retarded children in Hong Kong receiving special care and training.

Mentally handicapped children, according to their intelligence, are classified into a categories.

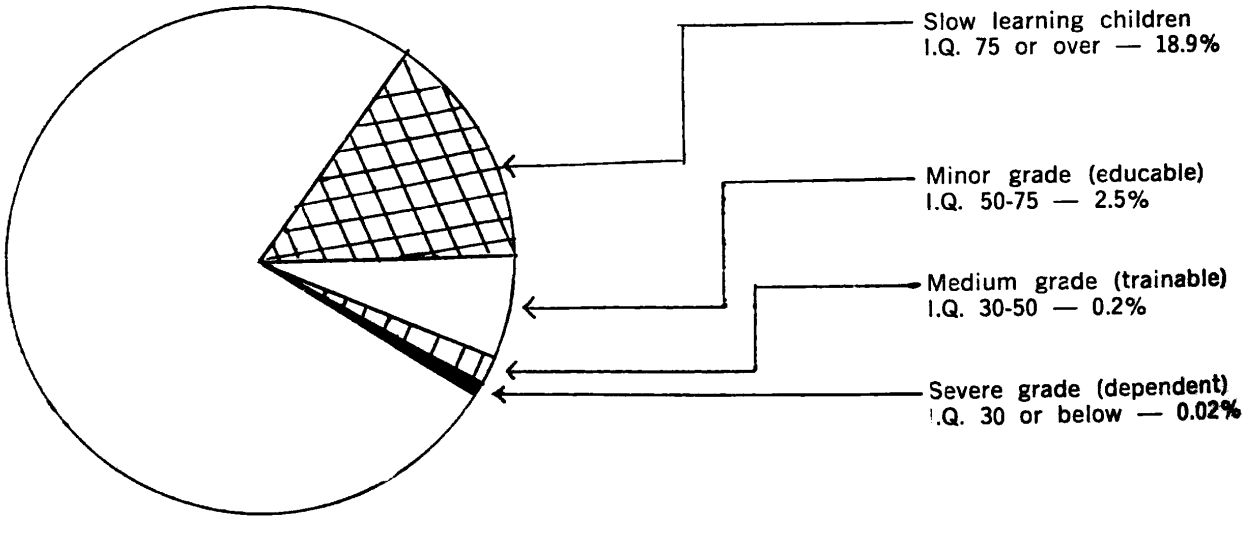
A. Dependents — or children with an I.Q. of 30 or less, are under the care of the Medical and Health Department. They need 24 hours' care throughout their whole life as they cannot even talk or sit. At present, some of these children are cared for at Po Leung Kuk, Kwong Wah Hospital and the Home of Loving Faithfulness in Fanling where affection and care are offered them as they face a slow death. A new hospital in Siu Lam is under construction and when completed will have place for about 200 such children.

B. Trainable children — with an I.Q. of 30 to 50 are cared for mainly by the Social Welfare Department. Centres where they can be helped are, among others, Aberdeen Rehabilitation Centre, Tsan Yuk Training Centre and Morning Light Centre. But even these do not offer enough places, since it is estimated on a population basis that there are 3,000 children in this category.

C. Educable children — with an I.Q. between 50 and 70 can be taught in special schools. There is an estimated number of 20,000 such children but only 2 schools to help them — the Morning Hill School in Hong Kong and Mary Rose School in Kowloon.

D. Slow-learning children — with an I.Q. of 70 and above comprise 18% of the population aged 6 to 16. Their low intelligence may be precipitated by shocking experiences or sudden changes in environment among other things. They are usually not recognised as requiring special care, but plod along in Government schools where overcrowding makes promotion practically inevitable. There are, however, 24 special classes in Government schools to cater for their needs.

APPROXIMATE PERCENTAGE OF MENTALLY HANDICAPPED CHILDREN TO BE EXPECTED IN A COMMUNITY (Age: 6-16)



Morninghill School:

The Morninghill School and Morning Light Centre, situated beneath the hustle and bustle of Wah Fu Estate, consist of a long stretch of corridor with classrooms along one side and a view of the sea on the other. In Morninghill School about 75 children with an I.Q. between 50 and 70 are taught. These are educable children and they can tolerate about an hour's academic work each day, and when they leave school at the age of 16, their academic attainment may be up to primary 3 standard. The Morning Light centre cares for 45 children of I.Q. between 30 and 50. In training them to the best of their capacity, they can only be taught to acquire regular habits, to co-operate with their friends and to take care of themselves by recognising danger signs.

Special buses go to pick up the children from different areas of Hong Kong and school starts at 9.00 a.m. In the morning, the children are given lessons in speech, reading, writing, painting and handwork. During the lunch break, they may be taken on outings, while the afternoon is reserved for hobby training, and studies. Mr. Tang, the headmaster, stressed that this was important because mentally retarded children lack the imagination to know what to do with their spare time and hence may fall very easy prey to exploitation by the evil elements of society.

In educating the mentally retarded children, competition is avoided, and no grades or marks are used. The teacher attempts to give each child the individual attention that he craves and notes his improvement, There are 20 children in a class, with a qualified teacher and an assistant in charge. The teacher, after the usual teacher's training course, receives 1 year's special training either locally or overseas. However, their pay is the same as that of teachers' in ordinary schools, except for a small grant of about $60.00 per month. Teachers, consequently are difficult to get, but with the introduction of the new pay scale, conditions will, hopefully, be improved.

The assistants are secondary school graduates who acquire their experience by working, but their training is thus not systematic and an extra-mural course is now open to improve this.

Much can be done to help the mentally retarded child, but his future remains rather bleak. After the children are discharged from Morninghill School at 16 years of age, there is a special vocational training course for them. After this, however, attempts to secure jobs for them are often fruitless. With automation and

advance in technology, most of the jobs available are beyond the ability of the mentally retarded. Whereas, it may be possible for a deaf, blind or physically handicapped person to rise to comparitively high standards through sheer determination and will-power, this is impossible for the mentally retarded child who remains quite out of touch with this world.

In Hong Kong, the meagre help offered to mentally handicapped children is mainly a consequence of the attitude of society in failing to recognise the possibilities of training them. If the child's I.Q. is not too low, no obvious defect is observed, while if the I.Q. is very low, the parents' may think that the child is mentally ill and that there is no hope.

Thus, where the first school for the blind was founded in 1863, the first institution for mentally retarded children was opened in 1965.

Ebenezer Home:

Of the work done for the handicapped in Hong Kong, that for the blind is among the best. In the field of training for the blind, one island of hope is the Ebenezer Home for the Blind. It harbours 140 children — the youngest is 4, the eldest 20. The programme of education and recreation is aimed at improving the self-confidence, self-respect and ability of the students so as to help them become self-sufficient.

The building is equipped with classrooms and dormitories The spacious grounds are laid out with plots for cultivation, playing fields and a swimming-pool.

The children enter kindergarten, and go through primary school and 3 years of Middle School. They are divided into classes on the basis of their ability, with 10 to 15 children in each class. The children use the same text as in other primary schools except that reading and writing is in Braille and they have to learn to use many items of equipment to help them in their lessons.

On leaving school, the children may be placed either in vocational training or employment. Some join the Training Centre for the Blind for training as telephone operators or dictaphone typists. Others are accepted into Sheltered Workshops run by the Hong Kong Society for the Blind and the Social Welfare Department.

As the children cautiously make their way about the school or work at their Braille typewriters, they impress with their sense of purpose and determination. But adapting to life at the Ebenezer Home, means that going back to the world of resettlement estates may require considerable readjustment and disillusionment. Social workers at the school help the children in orientation and in establishing new links with their parents.

Another example of the existence of a comparative vacuum in Hong Kong as far as care for the handicapped child is concerned, is seen in the facilities available for the spastic child. One would expect about 8,000 children with cerebral palsy in Hong Kong, but only a small percentage is receiving special care. The John. F. Kennedy Centre has about 80 of these children, of a relatively higher intelligence level, while the Mount Parrish Centre has places for 40. Besides these 2 centres, there are certain day centres run by voluntary agencies, and some infirmaries for severely retarded children run by the Tung Wah Groups of Hospitals. But all these are woefully inadequate to satisfy the demand, which is a pity, since the spastic child treated with proper care, can show great improvement.

Physiotherapy can help to restore the function of the involved parts, while occupational therapy aids in the restoration of function towards a purpose e.g. writing, typing, usage of transport and shopping for day to day life.

The reason behind this lack of care could be apathy on the part of the government, since, undoubtedly, the management of each child is expensive and the recruitment of trained staff e.g. physiotherapists, is difficult. Finance should be no problem, however, since a large surplus after each financial year is now a part of the game.

On the other side of the coin, is the argument of lack of demand by the parents, who cannot visualise that their child can be helped or are too burdened by the strain of work to cope with the transportation and the individual attention that he requires. In favour of this, is the fact that Morninghill School is not filled to capacity. But equally, the parents could be totally unaware of the centres the child could attend or whom to approach with the problem. This could be easily remedied by a strong publicity programme, but this would not solve the problem as long as there is no expansion behind in the number of places and centres available.

A positive step in the right direction will soon be taken with the opening of 2 assessment clinics, one on either side of the harbour, where all children referred by private doctors will be examined and then sent to appropriate centres. This will mean that a correct estimation of the number of handicapped children in Hong Kong will then be possible. However, these clinics will only act as liaison centres and offer nothing as far as treatment is concerned. The building of more centres could be possible if more affluent members of the community could contribute towards this end.

J. F. Kennedy Centre:

The John F. Kennedy Centre is a fitting illustration of what the combined efforts of voluntry agencies, charitable organisations and individual members of the public can achieve. Standing in peaceful surroundings at the edge of a cluster of low buildings, it is the home of 80 physically-handicapped children, suffering from cerebral palsy, between the ages of four and fourteen. The centre provides care and therapy to assist each of the children to 'achieve maximum integration into our community eventually.'

A vast assortment of visual aids and educational toys is used in teaching the children. Much of the teaching material consists of perfectly ordinary objects ingeniously used to arouse interest and increase perception and skill. The work of the children illustrates the wide range of motor handicaps encountered. Where some of the handwriting specimens are just spidery scratches, others are clearly legible. To teach the children to shop, a makeshift grocery stall stocked with canned goods is used. To acquaint them with their surroundings, they regularly attend exhibitions and cultural centres.

Therapy treatment (including physiotherapy, occupational and speech therapy) is given at fixed hours to fit in with the school time-table. Each child receives individual attention, through classes being conducted in groups of ten. The team of staff includes a principal, matron, social workers, teachers, therapists and housemothers, making a total of about 30 members. The teachers are dedicated and young and well aware of the problems of the children and all prepared to help them out. Before starting work they receive a year's training in the Special Schools' Section of NCE.

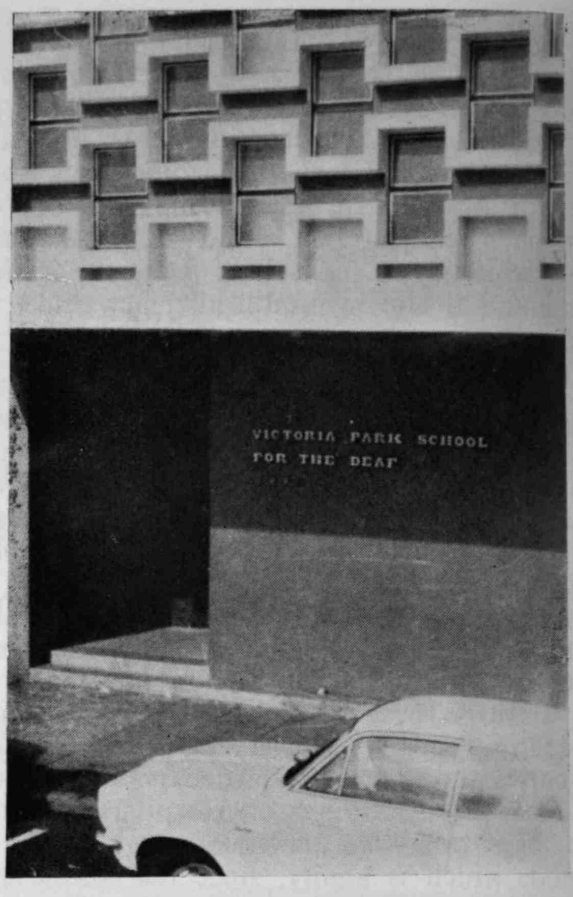
In the dormitories, all is spick and span, with colourful covers on the beds and a wide variety of toys on the shelves. The French windows open onto the garden and a row of orange towels hang on the bathroom hooks. Conditions for the children are made as happy and as varied as possible. They can feed the hen and rooster in the garden, and beach outings and swimming in the Centre's pool are frequently arranged.

On leaving at fourteen, those who are capable are transferred to rehabilitation centres for pre-vocational training. Since most of the children are from poorer sections of the community, it is inevitable that problems arise when they return home, but, at least, during the time possible they can have their chance of happiness.

Victoria Park School For The Deaf

The pupils in the Victoria Park School for the deaf, are full of bounce and spirit, jumping about to attract the teacher's attention and answer her questions. This happy atmosphere is undoubtedly due to the close relationship between the teacher and the children since the classes are small and the children soon learn to communicate through lip-reading and speaking.

In teaching the children both visual and audio aids are used. They are taught phonetic symbols which are commonly used to 'spell out Cantonese'. In kindergarten, the chairs, desks



and other objects are marked and carry tags with phonetic symbols on them to remind the children of their names.

Each child is provided with a hearing-aid which is of use, even in case of severe deafness. Group hearing aids are used in special rooms, where the teacher can speak through a microphone and the children hear her over their earphones. With a selector, one pupil can speak at a time so that his mistakes can be corrected.

To improve on intonation, individual attention is important and with a speech trainer, the teacher further attempts to help each child. The Loop System is a newer device through which the amplified sound of the

teacher can be induced onto the individual hearing aids. The children can therefore still move about actively, but it has a disadvantage in that it leads to interference in the next room. With the limitation of space, the solution is to equip it in alternating rooms.

One can only feel admiration for the people involved in the work to help handicapped children and for the children themselves fighting against such odds to overcome their problems. But one can also hope that more of these children could be given the chance to help themselves as far as they can, instead of having to slip meaninglessly through life, through no fault of their own.

LADY TRENCH DAY NURSERY AND TRAINING CENTRE

With an increasing population and the booming cost of living, both parents in most Hong Kong families have to work to bear the expenses of the family. This naturally means that the young children are left at home to fend for themselves for most of the day, or are left in the care of neighbours, who, overburdened with their own commitments can hardly do more than feed the children. There is definitely a vacuum somewhere which has to be filled by well-run nurseries, but the need has only recently been recognised and one tentative foothold has been established with the opening of the Lady Trench Day Nursery by the Social Welfare Department. It is a "demonstration nursery' with place for 100 children and is operated with the objective of providing day care for children aged 2 to 5 and supervised field work experience for trainees in nursery work.

The soft-coloured and muted interior with coloured doors and peaceful atmosphere is in strong contrast to the exterior of the stalwart building situated in the teeming area of Wanchai. The children are kept in the nursery from 8:00 am to 6:00 pm and are taught through group play how to get along socially with others and at the same time, learn to be dependent as well as independent. To achieve the latter, the toilet seats and sinks in the bathrooms are built very low. In the playroom, the children go about whatever pastime pleases them — from dabbling in paint to fiddling with junk — beautiful junk' is the term used to describe bits and pieces of coloured parapharnelia made from everyday material like tram tickets etc to stimulate the child's interest and increase his sensory perception.

Mrs. Roldan, the nursery superintendent, pointed out that nursery care is not meant to replace maternal care. It only supplements what the child lacks at home. The children are accepted according to the need of the family — both parents may work, there may be too many young children for the mother to care for or the child may be a slow-learner and require special care.

However, the standard of other nurseries in Hong Kong, available for the use of the average citizen is not so high and consistent. Non-profit making nurseries, because of limited finance, have to work within their limitations. Therefore, the pay for nursery workers is rather low and a continuous change in staff goes on, while on the other hand the lack of legislation to control profit-making nurseries means that facilities they offer are not the best, and the staff they employ may not be properly trained. Whether stimulation of the child's curosity through his contact with different children and countless objects of interest, serves to increase his intelligence as compared with other children unexposed to the nursery, has yet to be established.

CEREBRAL PALSY

Cerebral Palsy denotes a non-progressive disorder of motor function due to injury to the immature brain before, during and after birth. Maternal infections and irradiation, pregnancy complications such as antepartum haemorrhage are a few of the known prenatal causes. Prematurity birth trauma, anoxia, neonatal hyperbilirubinaemia and neonatal infections especially of the central nervous system may cause serious motor handicaps. With such aetiological factors in mind, the incidence of cerebral palsy should decline with improvement of the obstetrical care and care of the newborn infants.

Most children with cerebral palsy have, in addition to the motor disability, other manifestations or organic brain damage such as epileptic seizures, mental retardation, sensory and learning defects, deafness, visual handicaps and speech defects, and these are frequently complicated by behaviour and emotional disorders. Thus it is very difficult to assess such children accurately, and one needs a lot of patience to do that, bearing in mind that they may have perceptive problems, mental retardation and difficulty in expressing their ideas due to the motor handicap.

Cerebral palsy is classified according to the types of motor disorder or anatomical distortion. The common types of motor disorders are spasticity and athetosis. A number of children suffer from the mixed types. Of the spastic children, the diplegics and hemiplegics are the ones with higher intelligence. In the athetoid group there is usually no correlation between the severity of the motor handicap and intelligence.

In view of the wide variation of disabilities in these children, each individual child should be treated differently from the others. Again, treatment requires co-operation of a group of workers and not the work of a single worker. Cerebral palsy is a non-fatal and a non-curable condition. The aim of the treatment is to assist the child to make full use of his residual assets, so that he may live a happy childhood and a well adjusted adult life in which he performs well within the limits of his capabilities. Educational psychologists help to assess the children's intelligence; specially trained teachers to educate them; physiotherapists to carry out muscular exercises and to train them to control the involuntary movement; occupational therapists to train them to look after themselves; otorhinolaryngologists to detect any hearing defects, orthopaedic surgeons to correct any deformity, speech therapists to train their linguistic skills; and social workers to give advice and aid to the family. It is the responsibility of the paediatrician to co-ordinate the whole management as far as possible, for the paediatrician is the one who understands the needs of all children for growth and development. Child and parents must not be allowed to succumb to a well-meaning but tyrannical optimism aimed at improved performance of individual functions, but disregarding the limit set for the whole child by his organic handicap. On the whole a child of normal intelligence can be educated in a special school if his physical handicap is slight. A child who is moderately retarded can be trained in special centres. For a child with severe subnormality, admission to an institution is the only solution if he cannot be adequately cared for at home.

What are the facilities available for these children in Hong Kong? On the whole these are few and most of them are run by voluntary organizations, such as the Red Cross Society, Hong Kong Spastic association and Heep Hong Club. If we estimate that the incidence of cerebral palsy is 2 per 1,000 children, then there are about 3,000 such handicapped children in Hong Kong. Why then has the Government done so little for these children? Is it because of the expenses? Or is it due to the lack of staff? Even with the facilities available at present, a lot of parents are still unaware of their existence. Propaganda must be carried out to let people know about the ways of approaching the centres and schools even though the places are limited, since the earlier in life treatment is carried out, the better the improvement can be expected. The Medical and Health Department is going to open two clinics in the near future for assessing all handicapped children and arranging treatment for them according to the type and severity of their disabilities. With the opening of these centres, we hope that this will provide better service to the public and at the same time stimulate the interest of the public for the promotion of the welfare of these handicapped children.

(The above information was supplied by a doctor, for whose help we are very grateful)

The Forgotten Ones

By Sita

The following article is by a young teacher who stepped into the field of educating mentally-retarded children a year ago. She explains her difficulties and delights in dealing with these children.

As I stepped into the classroom, I was really a little bit apprehensive. Though I had had the experience of facing a big class of pupils, a large group of teachers-to-be and lecturers, during teaching demonstrations, yet surprisingly, I was quite startled and confused when I saw the group of young kids. It was the first day of my teaching appointment in a school for slow learners. The first impression I got was that they were shorter and lighter in build and appeared to be younger than their ages. Mary, a 9 year old girl, looked like a 4 year old. They are not well dressed and their voices are not controlled and modulated and sometimes they are so shrill that one's hair stands on end. One kid does not wear socks and once when the teacher combed his hair, sand and dirt fell out. His tone is shy and timid and resembles that of a little girl. When he is happy or has accomplished a piece of work, he is so overwhelmed by the success that he waves his hands and feet, and moves around the classroom cheerfully and noisily.

I am teaching the lowest class (Junior 1), and the children are aged from 7 to 11. Each one has his individual characteristic which can be recognised by careful observation. Usually, they are restless and their attention span is brief. The class is big, so occassionally an assistant comes to help me. The pupils want to attract the teacher's attention and if I am too busy to notice it, they try to create trouble so as to capture my attention. They are easily influenced by others. If someone is upset, then the whole class becomes a mess, and fighting and crying is usual when the teacher has left the classroom.

During the first month, I tried my best to deal with them, yet the problems to be solved were so unfamiliar and disquieting that I was a little discouraged. Later, I realised that I should learn to like and understand them. They need security, warmth and self-respect. Their behavorial problems and frustrations are chiefly the outcome of lack of affection from parents, brokens homes, poor health, unsitable companions and living in socially-deprived areas. As a matter of fact, they are often humiliated. Tai Fook, was teased by his neighbours for being "as stupid as a pig". He became so frustrated that he fought with them, but was later beaten severely by his uneducated mother. In the school, he often bullies the smaller ones so as to obtain compensation. Indeed they need love very much. Sometimes a few soft words, or an embrace is the best reward they could ever desire.

They usually have perception difficulties especially where abstract ideas are concerned. They have poor memory and are easily discouraged. Once they have lost interest in doing a piece of work, the teacher's persuasion cannot reverse the situation. Furthermore, they will knock down desks and chairs, throw away the books and school bags and scream hysterically. When the learning environment is so structured that meanings and relationships become readily apparent and they are emotionally involved, their response is quite satisfactory.

They like watching television very much and enjoy every programme, from Cantonese films to singing. Above all, they like the film "The Iron Man" most. They are imaginative in the sense that they try to imitate their heroes in the films. They absorb and imitate everything they see from the television, without discrimination. This is a new problem as the T.V. becomes popular.

During the first half term we spent our days in an old church that was dark and unclean. Now, we have moved to the new school building in Kowloon Tong. Under a good, and favourable learning environment, with teaching aids well equipped, the improvement of the children is obvious. It is a hard task to educate them, yet the satisfaction is beyond expression. The slow-learners who have studied in special schools are lucky already, because they are no longer neglected, but there are still a large number of them receiving no training at all. This is a social problem. I sincerely hope that attention will be paid to these unlucky ones.

An interview

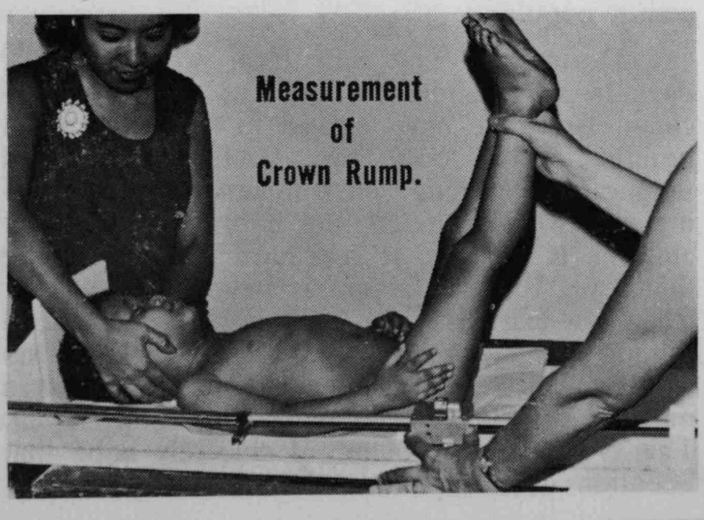
with

Dr. Flora Baber,

Supervisor of the
Child-Department Centre

The Child-Development Centre, Dr. Baber pointed out, aims at revealing the pattern of growth and development of the Chinese child and correlating it with factors in the child rearing or home background. It is also there to observe the various milestones of behaviour during the baby's life and the effects of environment on him. For these, a longitudinal study has been employed. The project started in 1967 during the period from February to April and a random sample of 782 newborn babies were selected then from Kwong Wah and Queen Elizabeth Hospitals. Thereafter, they have been closely followed. In the first year, they were checked regularly at intervals of one month in the polyclinic in Yaumati, and from the second year onwards, at intervals of three and later six months.

The methods of assessment were related to growth, infant care and feeding, and behaviour milestones. Growth measurements were taken.



These included measurements of length and weight of the infant, his circumference of head, arm and calf, and skinfold thickness of triceps, subscap and suprailiac regions. In relation to factors influencing child growth, the care of the infant and his feeding conditions were recorded every three months. Questions like "Who looked after the baby? How long was he outdoors? what type and quantity of milk did he have? What kinds of food were introduced during weaning?" were asked. Besides, the living and health conditions of the family were noted as well. To understand the behaviour milestones, the child was assessed from four directions — the psychomotor milestone describing the development of gross movements, e.g. the control of head and legs in relation to the sitting, prone or supine positions; co-ordination describing the performance related to objects (First, simple tests were devised and the reactions observed e.g. grasping pellets with thumb participating. At a later stage, more complex performance tests were given e.g. discrimination of shapes, animals or colours.); personal-social behaviour recording the child's reaction to people or himself; and lastly, language recording his voice sounds and results in verbal tests.

The results obtained from these tests and records of the four years have been summarized, and the findings were indicative enough. The major finding from growth measurements pointed to a period of malnutrition from four to six months and extending into eighteen to twenty-two months. The average Chinese child doubled his birth weight at four months, but beyond that, the rate of growth fell out and the weight was only

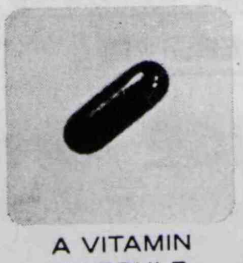
trebled at eighteen months. (In the West, the weight was trebled at one year.) This slowing down of the growth pattern was related to an inadequate diet at the weaning stage, due to the sudden change from milk to congee or soft rice. As a result, the nutritive value was lowered. In most cases, children malnutrited before eight months rarely regained their normal sizes. The second finding reflected a period of shyness and uncooperativeness during two to three years of age. This was attributed to the fact that most Chinese children were seldom taken outdoors. Other findings from performance tests showed a general lack of creativity.

All the results of the survey, Dr. Baber said, would soon appear in a book published later in the year. She hoped that the data would help in improving the standard of child-care and infant feeding in Hong Kong and in providing basic facts on which further investigations into the workings of the human body particularly during the growing period of the child could be launched.

When asked of the difficulties encountered in the past four years Dr. Baber said that some parents were reluctant to have their babies checked in the polyclinic for fear of cross-infection. Some were too busy with their work to send their babies back for regular observation. These, however, were trivial in comparison with the general good response. At present, 575 were still coming regularly. The attendance was really astonishing as eight centres in other parts of the world were carrying out similar projects. But even with their better facilities they have not been as successful.

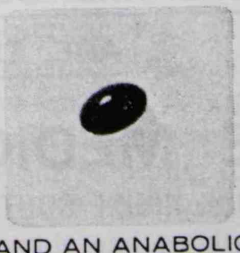
Finally, Dr. Baber remarked that the whole group of children would be followed up to five years of age. With financial support, the department was hoping to continue the project on them up to the age of eleven.

DO YOU KNOW THAT WHEN YOU PRESCRIBE THIS TINY PILL OF NEW WINAVIT YOU ACTUALLY PRESCRIBE--



A VITAMIN CAPSULE

A HEMATINIC AGENT



AND AN ANABOLIC STIMULANT?

WINAVIT

TRADE MARK

HIGH POTENCY VITAMIN B-COMPLEX WITH IRON AND STANOZOLOL.

developed thru research by **WINTHROP**

THE METHADONE MAINTENANCE PROGRAMME

— Pros and Cons

Introduction:

Drug addiction is a social problem in most parts of the world. In addition to conventional treatment, a drug addict may be persuaded to give up heroin by giving him a substitute — methadone, for life. Since the latter is also a narcotic (though with much less untoward effects), the methadone maintenance programme is not a cure. There was a proposal that a pilot test should be undertaken in Hong Kong to see if the methadone maintenance programme could be operated here. But the prospect of this was much doubted and debated.

As medical students, we may encounter this controversal topic some day. For this reason, Elixir has interviewed several prominent figures in various circles about their views. There is no easy answer to this problem, but Elixir hopes that the interest of the readers in this field will be aroused.

Mr. James M. N. Ch'ien, M.S.W., superintendent of Social Service Society for the Aid and Rehabilitation of drug addicts (SARDA), wrote in his paper "Some comments on methadone maintenance programmes" dated 27th May, 1971:—

The idea of maintaining narcotic addicts on a synthetic substitute, so that they will not be forced by financial difficulties or traffickers' pressure into anti-social behavior, is not new. It was proposed by Michael Whisson in 1965 to establish registration centres in each police division in Hong Kong, where all narcotic addicts could register and receive daily ration of methadone until adequate treatment facilities are made available eventually for their withdrawal. (see Under the Rug Pg. 202). In the winter of the same year, I visited the first experimental methadone maintenance programme which was conducted by Dr. Vincent Dole and Dr. Marie Nyswander at the Manhattan General Hospital in New York. Both of them had previous experience in withdrawing voluntary patients from narcotic dependence without much success and were obviously enthused about the blocking effect of methadone against heroin. I was shown the record of chemical tests of their dozens of out-patients, some of whom were employed as research assistants. Most of these ambulatory patients on the programme were reported to be leading a productive life free of crimes. I was naturally much impressed at first but rather disillusioned through my continued informal contacts with several research assistants, who revealed later that they were either drinking heavily or abusing other non-opiate drugs, such as marijuana, amphetamine, L.S.D. etc. Since then, the methadone experiment has spread to many large cities in America as well as England but debate is also continuing everywhere on the question of the professional ethics involved and the true value of free methadone in crime prevention.

The arguments in favour of methadone maintenance may be summarized as follows:—

1) The orthodox treatment of narcotic addiction in most urban centres are neither adequate nor effective and the rates of readdiction following treatment are high in every country. Many narcotic addicts commit crimes to obtain money to buy drugs from the black market. Methadone maintenance, while creating a different kind of dependence is obviously the lesser of two evils for the individuals concerned.

2) Methadone relieves the withdrawal symptoms suffered by narcotic addicts whenever heroin is not available and it is not "physically harmful" even when taken in large dosage to obtain the blockade effect above the level of which heroin would produce little reaction in the individual even when injected.

3) Methadone maintenance while giving narcotic addicts certain social stability and a sense of respect should reduce the profit for the narcotic traffickers and hence gradually prevent the making of new addicts. The manufacture and distribution of methadone are much easier to control than the opiates for which international crime syndicates and unlawful societies have long established intricate systems of smuggling and trafficking.

The arguments against methadone maintenance may also be presented in a nut shell as follows:—

1) Methadone being a synthetic narcotic, produces both physical and psychological dependence whilst its long term effect on the individual is yet unknown. It took several decades of research to prove the correlation between cigarette smoking and lung cancers and it is premature to say oral methadone is not harmful nor affecting the life expectancy of its habitual users.

2) The alleged merit of crime prevention has not been proven by empirical observation. For instance, there are now thousands of addicts participating in the several maintenance programmes in New York and the city's crime rate is still not curbed nor visibly affected in any way.

3) Since beer is not the correct medicine to treat alcoholics addicted to gin or whisky, a substitute narcotic is not the cure for drug addiction either. Relapse rates in mental illness and other disease like cancer are also high but rehabilitation medicine should aim at the total person physiologically, psychologically and socio-economically instead of accepting "defeat" passively.

A national conference to evaluate the various methadone maintenance programmes in different cities was called by the American Federal Government in 1969. After several days of soul-searching discussion among the professionals, it was agreed that some of the early success of methadone maintenance was exaggerated by its advocates and controlled study by competent but disinterested bodies is necessary to give an impartial judgement (Int'l Journal of Addiction Dec. 1970). So far to my knowledge, no methadone programmer in America has been able to match two groups with similar socio-cultural background for research purpose. To be truly objective, the subjects of research should be carefully selected and withdrawn from their physical dependence of opiates first and then divided into two groups one of which shall be prescribed daily methadone gradually building up to a high dosage of 80 mg. to 100 mg. per day when the blockage effect is obtained against heroin, while the control group shall be given placebo of similar dosage in similar manner without their knowing the difference of the prescription. After a minimum of three years of follow up, if a large number of the control group will have relapsed to opiates and/or committed various offences to obtain money for their desired drugs and if the majority of the methadone group is free from such behaviour we can then prove the hypothesis through statistical tests that methadone maintenance enhances the social functioning of the participants.

Here in Hongkong, S.A.R.D.A. has experimented with pre-admission methadone stabilization since Spring of 1969 and succeeded in cutting down the drop out rate of those on the waiting list for Shek Kwu Chau from about 30% to nearly 10%. However our experience also reveals the importance of counselling and guidance to be rendered simultaneously with methadone administration, without which registered patients tend to leave the programme because methadone to them is not as satisfying as heroin even when it is provided free. Therefore, we know while methadone reduces the risk of arrests and the financial burden of the registered addict, he is still vulnerable to the lure of heroin or other

drugs which provide the satisfying "kick" or euphoria he seeks. For the proposed research project here to be supervised by a team of experts of various professions including physicians, phychiatrists, psychologists, and social scientists, we must arrange counselling and follow up by trained social workers who are assigned their cases by random without knowing who are receiving methadone or placebo because the workers' attitude may very well affect the patients' response too. Another important factor is the follow-up caseload which should be ideally kept at a low level of 25 — 30 cases per worker for intensive service without which I predict a high drop out rate for both the control group and the experimental group. Frequent urine tests by thin layer chromatography is essential to detect any relapse to heroin but the result should be kept confidential until the end of the project so that the participants of either group will not be discouraged and their attitude toward each other will not be influenced by occasional positive tests.

In short, the maintenance programme is certainly worthwhile for our experiment and study but it will be naive to say that it is the only answer to our addiction problem. There was an epidemic outburst of methadone addiction in the Republic of Korea in 1963-64 when unscrupulous pharmacists peddled methadone as "pep pills" until the Police and Medical Authorities cracked down on them. Dr. Henry Brill, a noted authority on drug dependence claims that in Britain where private physicians are no longer allowed to prescribe heroin but methadone since 1968, several hundred people have become addicted to it, who were not previously addicted to heroin. Could these happen in Hong Kong? Should we loose sight of the "soft drug" abuse which is a rising problem among our young? Drug abuse of any type including alcoholism is a complicated multi-factoral problem for which no panacea is available. For instance, many alcoholics and drug addicts suffer what social psychologists call "amotivation syndrome" which indicates an absence of conventional goals in life and which cannot be dealt with "anti-buse" or any other substitute drug alone. Furthermore as drug abusers are different in their physical constitution and personality formation, they need a differential approach in treatment and rehabilitation. Besides methadone maintenance, Civil Commitment Programme as practised by the State of California, Communal Group Approach as adopted by the Synanon Foundation, Phoenix House, Exodus House and Daytop Lodge and Spiritual Rehabilitation as advocated by Teen Challenge all have their different merits and relative successes. Hong Kong, with perhaps the highest incidence of drug addiction in the world, cannot afford to place all our hope in any singular pharmachological approach. We must keep our mind open in research and our approach flexible in all forms of treatment. Research and rehabilitation for drug addiction should form a continuous process in which the two aspects should refine and reinforce each other as we learn to know more about the etiology of addiction and about the true effects of different modes of treatment.

Drug Addiction and Methadone Maintenance Programmes

Professor M.B. Roberts, Professor of our department of pharmacology, looks into the problem from a purely pharmacological point of view:—

I have been asked to comment on the very interesting article by Mr. James Ch'ine in which he discusses various methods for the rehabilitation of drug addicts, and especially the methadone maintenance therapy associated with the names of Dole and Nyswander. I must admit at the outset that I can speak only as a pure pharmacologist; I can claim no experience at all of the social and medical problems of drug addiction. This will not prevent me, however, from flying off into the realms of speculation, which is, perhaps, my own peculiar brand of addiction.

I was not too surprised to read that Mr. Ch'ine became rather disillusioned at close quarters with the methadone treatment of narcotic addiction. When I heard about this some years ago (from a long article in the **New Yorker**, oddly enough), my first cautious reaction was to distrust a therapeutic régime which simply substituted one known narcotic drug of addiction for another. However, the enthusiasm and almost missionary fervour of the proponents of this régime have led to its quite widespread adoption. The concept behind the régime is that the addict has developed metabolic changes so that narcotics can give him a euphoria which is not experienced by the non-addict. In

fact, non-addicts often find these drugs unpleasant to take. For months or even years after withdrawal, the addict continues to have an abnormal feeling ("narcotics hunger") and this draws him strongly to narcotics for relief. It is, therefore, useless to deny him drugs, and the aim is to provide an opiate that can substitute satisfactorily for morphine or heroin and yet (if possible) be less deleterious in every way than those drugs. Methadone was chosen because: (a) it is a "broad spectrum" drug which possesses all the activities of morphine and can, therefore, substitute completely for it; (b) it can be given orally in fruit juice once a day in doses of 80 — 150 mg., which makes for easier control and avoids the use of syringes and the associated risks of infection, hepatitis etc. Methadone gives a high degree of cross tolerance to other opioids (so-called "narcotic blockade"), and the subjects are said to report little craving for illicit drugs. The emphasis at the clinics is on rescuing the addict from the need to indulge in crime and to rehabilitate him for productive work in society; abstinence **per se** is not specially extolled as an ideal to be attained.

I think that Mr. Ch'ine summarises the arguments in favour of methadone maintenance very fairly. Pharmacologically, one could also add that tolerance to methadone develops more slowly than to morphine or heroin, and that compared with these drugs methadone withdrawal symptons are slow in onset and generally rather mild in nature. Altogether, methadone is a long-acting drug and needs to be taken only once daily. (A recent drug alpha-dl-acetylmethadol is even longer-acting, and need be given only every 72 hours. This, I believe, is being investigated.) On the whole, the consensus is that it is marginally less undesirable to be addicted to methadone than to morphine/heroin; in short, it is the lesser of two evils pharmacologically. But, of course, the decisive factor here is the social one; the easier control of methadone distribution eliminates or reduces need for criminal behaviour and the nefarious activities of the narcotics 'pusher'.

Again, Mr. Ch'ine summarises well the arguments against methadone maintenance. It seems, too, that methadone cannot be quite equal to morphine or heroin in effect, as the out-patients and research assistants he saw at the M.G.H. in N.Y.C. were resorting to other drugs. This was as if the 'kick' offered by methadone needed to be topped up a little. This is supported by the fact that the type of addict who has a choice of drugs at the outset of his addiction (e.g. doctors, nurses) rarely picks on methadone.

Of course, to substitute one drug of addiction for another, even a less harmful one, is in no sense a 'cure'; I imagine that not even Marie Nyswander and her colleagues would claim this. But if hardened addicts are sufficiently rehabilitated to be able to lead, with constant support, useful lives away from crime, that at least is something. But what about a real cure for drug addiction? This brings us to the question of the Therapeutic Community, such as Phoenix House, Synanon and the like. In these organisations, addicts get together in a closed community and by means of strong, even at times violent, mutual criticism, as well as confession and self-criticism, provoke some kind of spiritual or psychological rehabilitation. Such methods undoubtedly work. Religious sects have used this technique from time immemorial; political groups use it (e.g. in Mao Tse-Tung's China). It can be called conversion, or social re-education if you approve of it; brainwashing, if you do not. William Sargant has written about this in his famous book, "Battle for the Mind." An addict 'cured' in this way no longer needs drugs, so he is obviously better off than those on methadone, but these communities no doubt require careful organisation and strong, dedicated leaders, and probably can only deal with a very small proportion of the addict population. However, as Mr. Ch'ine says, we must make use of this rehabilitation approach as well as instituting methadone programmes. But I have to admit to a slight unease about such rehabilitation techniques; has the addict merely exchanged drugs for the comforting authoritarianism of a self-enclosed and exclusive group, and so lost, in a sense, his freedom? Perhaps this gives us a faint clue to the aetiology of addiction. Do addicts find the freedoms of a **laissez-faire** society too much to bear, especially when they tend to be the losers, the failures, the "drop-outs", have the 'wrong' skin pigmentation, deprived social backgrounds and so on? Are we then still far away from a true cure?

So we are faced now with the fundamental question: what is really 'wrong' with the addict, and moreover was there something 'wrong' with him even before he took to drugs? There are two sides to this problem: the addict personality (if such exists) and the organic basis of drug addiction itself (if there is one).

What happens to the central nervous system (if anything) in drug addicts has interested biochemists and pharmacologists for a long time. Recently Prof. Takemori from Minnesota visited the Department of Biochemistry and described some very elegant work demonstrating that morphine is actively transported **into** the brain by mechanisms normally there for (probably) calcium ion transport. This is interesting, in that it explains how morphine gets to the C.N.S. so efficiently, but of course it throws no light on what happens in the brain itself. Some years ago, preliminary work, which unfortunately I never followed up, seemed to suggest that morphine addiction in rats could cause changes in noradrenaline metabolism in the brain. Noradrenaline was decreased during morphine administration, and then rebounded to abnormally high levels in whole brain on stopping the drug. It was as if noradrenaline depletion during morphinisation stimulated enzyme levels in an attempt on the part of the brain to restore its noradrenaline content to normal. But this was constantly thwarted, as it were, by the increasing doses of morphine being given to the rats in order to addict them. On stopping the drug, the increased enzyme levels then synthesised excessive amounts of noradrenaline. This speculative hypothesis would explain both tolerance (the need for more and more morphine to keep noradrenaline levels from increasing), and withdrawal symptoms which in some ways do have a marked sympathetic component (pupil dilatation, increased heart rate and B.P. e.g.) I must emphasise that this picture is not true, or rather it is very much more complex than that. However, recent work does suggest that the basis of narcotic addiction could be in some way related to brain levels of certain central transmitters or 'neurohumours' (not necessarily just catecholamines), that there may be enzyme induction in localised regions of the brain, and that withdrawal symptoms may depend on excessive synthesis of some of these transmitter amines.

Now there is, and must be, another side to the coin. The hypothetical biochemical abnormalities or disturbances can explain the facts of tolerance and withdrawal syndrome, but they do not explain why an addict is an addict, why he gets 'hooked' in the first place. Is there a type of personality very prone to drug addiction? Here we must resort to pure speculation, for facts seem scarce on the ground.

There does seem to be a general clinical impression that addicts have characteristic personality traits; they tend to be inadequate, anxious, aggressive yet dependent. Could it be that such individuals have some, perhaps highly localised, biochemical abnormality in the brain which causes them to produce too much of some central transmitter, or (more subtly) to produce some imbalance in the levels of several neuro-humours? This derangement might lead to real psychological symptoms (e.g. unease, anxiety) which morphine could relieve by reducing the excess of transmitter. The subject on morphine would feel more placid, less anxious, yet at a cost. Now, to pinpoint such an abnormality of brain biochemistry would be extraordinarily difficult; more difficult, probably, than trying to find the supposed metabolic defect in schizophrenics which has been the despair of many research workers for years. And even if we could find a defect, the problem of restoring biochemical normality might still offer insuperable problems.

This raises yet another question. Would such a 'defect' (if one could be found) be really a defect or merely some extreme point on a range of normal variation? We have to realise here that the brain is unlike any other organ in the body in that, experienced subjectively as mind, it communicates socially with other minds. Therefore it can react, as it were, to its own mild abnormalities. After all, if our adrenal medullae produce a slightly abnormal mixture of catecholamines. the organs themselves will not experience the fact subjectively. The individual concerned is unaware of the abnormality, although he may, of course, develop hypertension a little earlier in life, or something of that kind. But the activities of the higher centres of the brain are experienced subjectively as thought and feeling, and these are communicated to other minds and submitted to the judgement of that collectivity of minds known as society. This makes it very difficult indeed to demarcate clearly between mental disorder **per se** and its societal manifestations revealed as interpersonal conflict, dependence, inadequacy and so on. In fact, some psychiatrists (e.g. R.D. Laing) have carried this concept to extremes, and claim that there is no such thing as mental disease but only a sickness of society reflected in certain susceptible minds. Actually, of course, there can certainly be organic brain disease, and we think that in, for example, schizophrenia there may be an abnormal production of psychotomimetic metabolites; and in the neuroses there could be some

minor imbalance in the production of central transmitters. The more subtle and tenuous the supposed defect in the brain itself, the more important become the social components of the disorder. So a mild mental feeling of unease in an inadequate and immature individual could, by social interaction with others and the awareness of their disapproval, lead to severe anxiety and the need to escape from this. If the social disapproval was not present, perhaps the unease or disease could be accepted and dealt with.

This really brings us back to the Therapeutic Community, but on a larger canvas as the Therapeutic Society. The specialised, separative Therapeutic Community **does** work, probably because the anxiety is shared with others having similar problems. The Community provides support, but at the cost of accepting the authority of a select group in many ways setting itself apart from Society as a whole. What if Society as a whole were 'therapeutic', instead of being acquisitive, mercenary, competitive and divisive?

This is getting too far away from our problem, perhaps, and I must come back to earth. I agree with Mr. Ch'ine; we must use all available methods for dealing with the huge problem of drug addiction today, from methadone maintenance to rehabilitation projects, and meanwhile wait patiently for what light research can one day throw on the neuronal basis of addiction itself.

If the pilot test is successful, the methadone maintence programme may be extended to a large number of drug addicts. The Elixir also interviewed Mr. Garner, the Deputy Commissioner of Prisons, at Prisons Headquarters in Arbuthnot Road. We present his views on the topic in a direct speech fashion as follows:

"I know Methadone has be prescribed to drug addicts for a number of years already. This programme was first set up in the UNITED STATES, but a complete evaluation of its success has not been made so far.

"Statistics on this project are available, however, they are bound to be distorted because the same group of persons who operate the programme work them out. You need someone who isn't concerned with the matter to evaluate in order to avoid bias.

"We have also used Methadone in the prisons department but only during the withdrawal period of newly admitted addicts. However, in a Maintenance programme, Methadone is used as a substitute for heroin and the one who receives it has to be maintained on Methadone for the rest of his life. This is not treatment, the addict has just shifted to another form of narcotic which is prescribed legally. The question then arises: how can we maintain a preventive education programme on narcotics if we say, if you cannot get off heroin, we'll let you have Methadone?

"One point I want to stress is that I am not against the programme nor any other project, but I am cautious. The beneficial aspects of the programme must be clearly defined before it is carried out on any large scale. For example, Cyclamate used to be popular but is now banned due to possible carcinogenic effects. You may well recall the time when opium was an illegal narcotic. A decision was made to ban it and nothing was done to assist addicts to get rid of their habit before the law was enforced. The addicts couldn't stop smoking opium, so they had to rely on an illegal supply. We should be very careful before doing anything which can affect a large number of people and consideration of all aspects must be made in the first place. Errors have taught us to be cautious.

"Should a methadone maintenance programme be adopted it is possible that teenagers may gain the impression that Methadone is a socially acceptable drug and take to it.*

"Methadone programmes may be successful in other countries but this does not mean the same will apply to Hong Kong. Actually our method of treatment has proved to be one of the most successful in the world today. If this is the cure, why should we endanger our present programme by the introduction of methadone Maintenance?"

*__Editor's Note:__ According to Dr. L.K. Dine of Hong Kong Medical Association, the proposed maintenance programme would not be extended to young people.

What Biochemistry Owes To Beer

by Doris Edna Gray, B.A., M.Sc., Ph.D., FRIC
Reader in Biochemistry, University of Hong Kong

Just how alcoholic fermentation was discovered is nothing but conjecture. Whether it was fruit or grain, at first by chance and later by design, that was left to be moistened by the rains, inoculated with wild yeasts and fermented in the sun — we shall never know. But we do know that long before man began to record his own history, brewing and wine-making were discovered. Probably in what is one of the most glorious periods of the human race, the New Stone Age, the discovery of alcoholic fermentation took place, for in this age man ceased to be a nomad hunter and became a settled farmer. He learned the use of the hoe, the cultivation of crops and the domestication of animals, activities which were the beginnings of animal husbandry and the biological sciences. The great mechanical inventions of the wheel, lever and sailboat, ultimately leading to the development of the engineering and physical sciences, the art of working metals, chiefly copper and gold, the art of making glass and the dyeing of cloth; all these were products of this period.

We do not know who first discovered alcoholic fermentation, but we do know that wherever grain has been cultivated, a potable mildly alcoholic beverage has been produced. And whoever did so in a reproducible manner was without doubt, the world's first brewer, or vinter. From ancient records it is clear that civilizations of India, China, Sumeria, Babylonia, Assyria and Egypt all produced an alcoholic beverage, and all produced pottery. In fact with the development of pottery it would have been almost impossible for alcoholic fermentation **not** to have been discovered. From seals, clay tablets and inscriptions on ancient monuments it is clear that agriculture was the staple industry of the inhabitants of the plain of the Tigris and Euphrates river — the Sumerians and Babylonians. Barley was the chief grain crop, from which barley-wine (beer) was produced, although wine was also made from the grape, date-palm and honey. Both beer and wine were drunk extensively and both were used in religious ceremonies, especially in drink-offerings to the gods associated with the success of the harvest. Beer was regarded as the life-giving essence of the barley, an opinion shared by many today.

Although beer and wine were both popular drinks with the Sumerians and Babylonians, the Egyptians of the valley of the Nile, preferred beer. Here also, as in Mesopotamia, barley was the principal grain crop. How Egyptian beer was manufactured is well-documented. Inscriptions on ancient tombs and monuments, the writings of Aeschylos and Herodotus as well as the writings on ancient papyri all point to the fact that in Egypt beer was the national drink and was consumed by all classes. As in Babylon it was used for sacrificial religious purpose, and that the beer of Egypt was also used for medical purposes in 1550 B.C. is evident from the writings on a document discovered in a tomb near Thebes.

It is doubtful if the beer of the Babylonians and Egyptians would be recognized as such by beer-drinkers of today, since the hop plant was unknown, the beer was often sweetened with honey, and flavoured with spices and herbs. Yet it qualifies for the name of beer since it was prepared from cereals, usually barley, by fermentation and it contained alcohol.

The making of bread and the brewing of beer are closely related. Both are produced by mixing grain, yeast and water into a dough which can then be kneaded into the form of a loaf. If the loaf is baked, bread results, but if the loaf is mixed with more water, macerated and allowed to ferment, beer is produced. The importance of the yeast to both processes has been recog-

nized for thousands of years and the fundamental pursuits of producing bread and a palatable drink must have been major occupations in the life of the people.

The date-palm and the grape flourished in Palestine and from these sources fine wines were prepared. Beer has never played an important part in Jewish culture, although it is known that during their captivity in Egypt the Jews learned to brew beer from the Egyptians, and it has been suggested that the two Passover commands "Seven days shalt thou eat unleavened bread" (Exodus xiii, 6) and "Neither shall there be leaven (yeast) seen with thee in all thy quarters" (Exodus xiii, 7) refer to the manufacture of bread and beer, both of which require yeast. Evidently Moses, fearing the grain supply for the march out of Egypt would be endangered if it were used for beer-making, forbade every use of yeast.

Both the Greeks and the Romans were familiar with the art of brewing (which they almost certainly learned from the Egyptians) and wine-making. Evidence comes from the writings of Theophrastos (a pupil of Aristotle who wrote a book on Botany), Pliny, Dioscorides and others. Tacitus tells us that although wine was the customary drink of the upper class Roman, beer was the drink of the lower classes including the soldiers of Julius Caesar, who were served a daily ration of beer.

Did the customary practice of beer-making influence the philosophical thought of the Greeks in the 4th century, B.C.? The recognition by many Greek philosophers, including Aristotle, of the three entities, Matter, Form and Spirit, and the belief that Matter was composed of Fire, Air, Earth and Water (the four elements of Empedocles) dominated Greek thought. Matter, it was reasoned, could change from one form to another, the causative agent being Spirit, Breath or Pneuma (often called the Breath of Life), and experience taught them that the process of brewing beer fitted well into these conceptions. For example,

Grain (Matter) ———> Beer (Matter)

Spirit
Breath
Pneuma

and some historians are of the opinion that the humble processes of brewing and bread-making did influence the systematized thinking of the Greek philosophers.

During the first four centuries of the Christian era a group of alchemists flourished in Alexandria. Although there is evidence that in some respects they were anticipated by alchemists in China and India, these alchemists have been credited with the founding of chemical technique because of the unprecedented technical level of achievement. There were three outstanding personalities of the group: Democritus (not to be confused with the Greek atomist), Zosimus (sometimes called the father of alchemy) and Mary the Jewess, who first described the 'still', although we do not know whether or not she invented it. It was known, however, as 'Mary's 3-armed still'. Many pieces of apparatus found in chemistry laboratories today had their origins in this flourishing period, and alchemists were familiar with many chemical operations: fusion, filtration, crystallisation, sublimation, calcination and distillation.

The main objective of the Alexandrian alchemists was to bring about transformations or transmultations. They were familiar with the transformation of grain to beer by the action of yeast and they were familiar with Aristotle's concept of Pneuma, the principle which transmuted matter from one form to another. What could be more logical than a search for other transforming principles? And so the search began for that which could turn base metals into gold. This elusive transforming principle (philosopher's stone or elixir vitae) guided both thought and action of the alchemists until the dawn of modern chemistry in the 17th century. The philosopher's stone was likened by the Alexandrians to a 'ferment' such as the yeast used in beer-making, and so it seems more than possible that the early brewing industry was responsible in part for the shaping of many ideas of the early alchemists. And it is of more than passing interest that the idea of a ferment as conceived by the Alexandrians, stretches forward to the 19th century concept of **catalyst** in inorganic chemistry as developed by Berzelius and that of **enzyme** or biological catalyst, introduced by Kühne in 1878.

More than 1000 years were to pass before the logic of the Alexandrians was to be formally stated in the 17th century by van Helmont, a nobleman of Brussels who became fascinated by the process of fermentation in brewing. He discovered the fermentation gas (carbon dioxide) which he termed **gas sylvestre,** was the first to make a systematic study of different kinds of gases, and he enunciated clearly the action of the 'ferment' in brewing in these words:

> *"As no knowledge in the Schooles is scantier than the knowledge of a Ferment, so no knowledge is more profitable — The purest of Ales or Beeres — requireth so much Grains, by how much there is capacity and largeness in the*

Vessel or Hogshead. And so indeed, that the Bran being taken away all the meal doth melt into Ale or Beer. — The Ale or Beer, by a very little ferment or leaven being administered, doth boyl up by fermenting in Cellers, it waxeth clear by degrees, and the dreg falls down to the bottom."

Van Helmont not only believed that all physiological processes could be explained in terms of chemistry, but also noted the parallel (which every student of biochemistry knows) between a chemical process taking place in the body and one taking place in fermentation. He claimed that both digestion and catarrh, examples of physiological and pathological processes, could be explained in terms of chemical reactions brought about by ferments.

In quite another way a 17th century brewer, von Guericke, contributed to our knowledge of chemistry through the production of beer. Von Guericke had a varied career. He was, in succession, law student, science and engineering student, defence officer of the city of Magdeburg, quartermaster-general to Gustavus Adolphus and Burgomaster of the city. He became engineer, agriculturist and brewer. As a brewer he had knowledge of the behaviour of liquids and gases and he was familiar with the use of water pumps. When he transferred liquids from one container to another daily in the brewery and observed the fermentation gases, he became interested in studying the properties of a vacuum and one day in his brewery, in his efforts to produce an 'empty space' he connected a water-pump to a barrel full of water. Three strong men worked the pump until eventually the barrel collapsed, when he heard the now familiar hiss of air rushing in to fill a vacuum. This led to the development of the air-pump, an invention that was to play an important part in the advance of physics, chemistry and physiology. In the celebrated public demonstrations of the 'Magdeburg' hemispheres at Regensburg in which he demonstrated the force exerted by the pressure of air, two teams of eight horses each, could only with difficulty separate a pair of exhausted hemispheres, made of brass, each of which had a diameter of ¾ of a Magdeburg ell (1 magdeburg ell = 50 cm.) On opening the stop-cock the hemispheres fell apart, and it was calculated by von Guericke that it would take two teams, each of 24 horses, to separate a larger pair of hemispheres of one magdeburg ell diameter. It seems obvious that he had a taste for carrying out experiments on a large scale. But the curious burgomaster did not stop there. He showed that in the vacuum he produced, candles would not burn, and animals (birds and fish) would not survive: experiments which laid the foundations for the later development, largely by Lavoisier of an intelligible theory of oxidation and respiration.

The greatest 18th century example of what beer-making has contributed to chemistry and biochemistry is Joseph Priestley. A non-conformist minister, teacher and preacher by profession, a talented linguist (he was familiar with at least 10 languages), an active historian, a grammarian (he wrote a standard text-book), a vigorous theologian, and an accomplished player of the flute: Priestley was a remarkable man.

In 1767 his pastoral duties brought him to the city of Leeds, and until that time, although he had been interested in science he had made little original investigations. He had taught scientific subjects at an elementary level and had written a history of electricity, but his knowledge of practical chemistry was meagre. When he moved to Leeds he lived in a house next to the public brewhouse of Jakes and Nell, and like von Helmont 150 years before him, he became interested in the process known as fermentation, and in fermentation gases. Upon discovery that the fermentation gas (carbon dioxide) was very soluble in water he introduced the method of collecting gases over mercury. This led to a study of the chemistry of gases generally and to a phenomenal burst of disordered activity in the new field of chemistry. He produced laughing gas (nitrous oxide) which was the first anaesthetic agent to be used successfully, and the other oxides of nitrogen. He prepared 'dephlogisticated air' or oxygen, which was discovered almost simultaneously and quite independently by Scheele, in addition to substances that are now called ammonia, hydrochloric acid gas, nitrogen, carbon monoxide and sulphur dioxide. In addition he made another discovery of profound importance. In a famous paper he wrote that air, vitiated by the burning of candles, could be restored by the presence of a sprig of mint, if the mint were exposed to sunlight. These findings of Priestley led directly to the discovery of photosynthesis, that most important of all chemical reactions to which is attributable all of our plant life, our coal and probably our oil. Thus the chance interest of a non-conformist parson in the next-door brewhouse was responsible for the successive discoveries of the first anaesthetic agent, oxygen and photosynthesis.

Unfortunately for England Priestley felt obliged, by the intolerance felt for his political and religious views, to migrate to America. His political sympathies lay with the French revolutionaries, and on his celebration of Bastille day in

1791, an occasion on which he gave a private dinner party, his home, his laboratory, his apparatus and his library were burned at the hands of an hysterical **counter-revolutionary mob,** amid cries of "No philosophers" and "Church and King forever". In the same year Lavoisier was beheaded by the French **revolutionaries** because, they claimed "France has no need for philosophers". It is not always that the terms **revolution** and **counter revolution** find such common ground.

The story of Louis Pasteur and his contributions to the wine industry of France and to the rest of the world is known to all. The contributions of fermentation industry to Pasteur and to the science of chemistry is not so widely appreciated.

Pasteur was a physical chemist by training, and very early became interested in crystallography. The story of his separating the crystals of the sodium ammonium salt of racemic acid into two types, each the mirror image of the other, and of his finding that in solution one type rotated the plane of polarized light to the right, the other to the left is well-known. These experiments, fundamental to the development of the concept of sterioisomerism, were carried out in the years 1844-46 when Pasteur was 22 years of age! They stamp him as a man of genius.

In 1854 a significant event took place. The Minister of Public Education sent the young Pasteur to be Professor of Chemistry and Dean of Science in the newly created Faculty at Lille. Until this time Pasteur had taken little interest in biological science, and he had no personal experience in the handling of microorganisms. Shortly after his arrival at Lille, the father of one of his students consulted him concerning trouble that had developed in the alcoholic fermentation of beet sugar in his distillery. In this way Pasteur was introduced, for the first time, to the fermentation industry. This chance meeting set him working on a study of alcoholic fermentation and of fermentation in general. Some idea of his activity can be gained from the fact that in 1857, only three years later, he published a paper showing that lactic acid fermentation in milk was due to a microorganism now well-known. Three years later, he published his celebrated paper "Memoire sur la fermentation alcoolique", in which he showed that alcoholic fermentation was carried out by yeasts, confirming the earlier claims of de la Tour, Schwann, Kutzing and Turpin. He demonstrated clearly that in beer-making it is yeast which causes the conversion of carbohydrate to alcohol, and he showed that many of the brewers' failures were due to the presence of undesirable microorganisms. As a result of these and similar studies, he advocated the heat treatment which still bears his name. Pasteurization is now widely used, not only in the beer and wine industry, but in milk and the preservation of food generally.

Pasteur continued with his researches on microorganisms, demolishing the concept of spontaneous generation which had currently been held. He was largely responsible for the acceptance of the germ theory of disease and he did much to establish our present concepts on immunity. And all this arose from the contact of a brilliant young physical chemist with the fermentation industry at Lille.

As the process of brewing became more precise it was inevitable that laboratories should be set up by many of the more enterprising breweries, and it was also inevitable that, in addition to the many technical improvements that would naturally be made in the brewing process, other discoveries of a more fundamental nature should follow. Chemistry and biochemistry as a whole were to benefit from the establishment of these laboratories.

James Prescott Joule (1818-1889) was a brewer. His beautiful quantitative experiments on the mechanical equivalent of heat were done in the brewery from pieces of equipment used in the brewing process, and Peter Griess (1829-1888) who discovered the Diazo reaction was a chemist at Allsopp's Brewery in Burton-on-Trent, while Cornelius O'Sullivan (1842-1907) the discoverer of maltose was a chemist in Bass's Brewery. Horace Brown (1848-1925) who published so much fundamental work in the field of fermentation chemistry, was employed first by Worthingtons in Burton-on-Trent, and later by Guinness Brewery in Dublin.

But it was the Carlsberg Brewery established by the Danish brewer Jacobsen that was to offer the richest prizes to chemistry. John Kjeldahl (1848-1900) noted for his work on carbohydrate chemistry and for the development of a widely-used quantitative method for the determination of nitrogen, was first a chemist at the Carlsberg Brewery, and later became Director of the Carlsberg Laboratory. So was Emil Christian Hansen (1842-1909), distinguished microbiological chemist, as was Soren Peter Lauritz Sorenson (1868-1939), famous for his work on enzymes and protein chemistry and who, because of his pioneer work on hydrogen-ion concentration, is sometimes referred to as the 'father of pH'. In this brilliant fashion was started an enrichment of chemistry from the Carlsberg Brewery and the Carlsberg Laboratory, an

enrichment that, with the passage of a succession of distinguished chemists through the institutions, has gained rather than lost in momentum.

A notable discovery in the history of biochemistry was the finding of Büchner (1860-1917) in 1897 that carbohydrate was fermented to alcohol by cell-free extracts of yeast. This experiment settled, to the satisfaction of all, the years-old controversy between Pasteur, who maintained that living yeast cells were necessary for alcoholic fermentation, and Liebig (1803-1873) who claimed that the presence of the yeast cells was only an incidental finding and that they were in no way essential to the process. Büchner believed that the fermentation was carried out by an enzyme, to which he gave the name **zymase.** From that time onwards, the study of the fermentation and the oxidation of carbohydrate by yeast, and various enzyme preparations obtained from yeast, has been a major activity of biochemists. Processes similar to those occurring in yeast were soon discovered in mammalian tissues, and the unveiling of the intrinsic beauty of these processes has provided 20th century science with some of its more exciting stories.

It is somewhat chastening to know that the metabolic processes that take place in a cell of the human brain are in most respects similar to those that take place in the yeast cell. Many of the enzymes and co-enzymes that catalyze these processes were first isolated from yeast, and later their counterparts were found in the brain cell. If the supply of oxygen is restricted, both brain cell and yeast cell are able to convert carbohydrate to pyruvic acid by way of a common set of metabolic intermediates. The reactions are catalyzed by a common set of enzymes and co-factors. At the pyruvic acid stage the reactions differ for the first time. In the brain cell the pyruvic acid is reduced to lactic acid, whereas in the yeast cell, which contains an additional enzyme carboxylase, the pyruvic acid is broken down to carbon dioxide and acetaldehyde. The acetaldehyde is then, in turn, reduced to ethyl alcohol. The absence of carboxylase from mammalian cells is a happy circumstance. If it were present, each time we bestirred ourselves, it would be alcohol rather than lactic acid that would pour into our blood stream.

Today the yeast used for the making of beer is still the most fruitful raw material for the biochemist. Many of the enzymes, metabolic co-factors and metabolic intermediates were first discovered in yeast systems, and found later in mammalian cells. Many vitamins, too, especially those of the B group, were first recognised in yeast.

The study of the optimal conditions for the growth of yeast cells has proved a fertile field. The first suggestion that pantothenic acid, inositol, or biotin might have biological activity as vitamins came from experiments designed to determine the nutritional requirements of growing yeast cells. Such studies on the conditions necessary for yeast growth, or fermentation by yeast cells, provided microbiological chemists with techniques valuable for the investigation of many other fermentation reactions carried out by other organisms. This has led to a vast fermentation industry, which today provides medicine and pharmaceutical industries with an ever increasing array of new substances. The most recent additions are the antibiotics. Penicillin, Streptomycin, Aureomycin, and a whole host of others, are obtained from microorganisms grown on suitable media by a process that differs in no essential respect from that used, thousands of years ago, by the brewer of ancient Egypt or Babylon.

* * * * *

"The trouble with most doctors is not they don't know enough, but that they don't see enough".

— *Dominic Corrigan* —

JULIUS CAESAR AS EPILEPTIC & FATHER IMAGE

by Leung Pang Wai

(Author's note: This is basically a light article masquerading as serious study only for recreational purpose.)

"And when the fit was on him, I did mark
How he did shake: 'tis true, this god did shake.
His coward lip did from their colour fly . . .
and that tongue of his . . .
Alas, it cried: 'Give me some drink, Titinus,'
As a sick girl." (1)

This was Julius Caesar in his grand mal epileptic fit with convulsions, pallor or cyanosis, as portrayed by Cassius. The change of mood to unusual meekness after a fit is a common phenomenon. (2) Chronic epilepsy, is usually associated with mood and personality deterioration, and chronic paranoid psychosis. It so happened that Caesar had symptoms of all these.

Young Caesar was romantic, buoyant, and flippant. He played cards with the pirates he had taken captives, recited his poems to them, and then when they were ready to offer substantial ransom — crucified them! (3) However, about ten years before his death, he gradually betrayed rigid thinking and inability to tolerate criticism. No heed was paid to those inveighing against his neglect of order from Rome itself in his campaigns. His self-righteousness, conceitedness, and egocentricity were well exampli-fied by his famous sayings: "I came, I saw, I conquered," and then "Always I am Caesar." Mark Anthony won his favour by a dexterous display of subservience.

"I shall remember:

When Caesar says 'do this', it is perform'd". (4)

Hence the phantom of "dictatorship" loomed large in Rome in general and in the minds of his political opponents in particular. In the meantime, what Goldstein called "organic orderliness", an attempt to compensate for impairment of mental powers, came into the fore and permeated into every facet of his life. "The domestic discipline of his home he kept so duly and so precisely, and with such severity, in small matters as well as in great, that he bound with fetters and irons his baker for serving up secretly unto his guests other bread than to himself." (5)

Deafness, the plague of the aged often associated with chronic epilepsy, did not spare Caesar. He managed to turn even this shortcoming into account, however, by putting on airs. When failing to catch a sentence, he commanded vehemently the speaker to reiterate it.

"Cry 'Caesar', speak, Caesar is turned to hear!" (6)

Or "Speak unto my right ear, for the left is deaf." Even deafness was dignified by his appalling accent.

Personality deterioration by way of egocentricity and rigidity with general preservation of personality is not uncommon in the early phase of senile dementia and cerebral atherosclerosis. but Caesar's early onset before death (at 56) was not in favour of these diagnoses. In fact, according to Henderson and Gillespie, the "epileptic personality" or "epileptic character" are characterized exactly by egocentricity and rigidity. Pari passu with epileptic deterioration, "the patients are more suscept to flattery. He indulges more and more in boasting." (7) All these criteria are fulfilled by the above references to Caesar.

Pond (1957) described chronic paranoid hallucinatory psychosis of the chronic epileptic as a definite clinical entity, supervening only

after years, with well systematized delusions, and rather similar to a Schizophrenic picture.

Caesar's schizophreniform psychosis might be akin to what Krapelin termed "paranoia" which denotes a sort of paranoid schizophrenics who "may believe themselves descended from loyalty or other exalted personages . . . Owing to the preservation of the personality, the firm belief in their own delusions, and the logic of their well-systematized reasoning, paranoiacs are often capable of persuading others of the righteousness of the cause . . . . The latter might then come to share the delusion, a condition known as "folie à deux." (8)"

Caesar did claim to be the descendent of the only family to whom Romulus, Founder and God of Rome, revealed himself in full glory. (9) Furthermore, he did instil into the Romans the morale of "Conquer or be conquered." It might be his grandiose delusions of victory and his delusions of persectuion by foes all around Rome which, coupled with the peculiar character traits of the Romans to be elaborated later, led to his victories in Egypt, Germany, and Britany, with only a minority of troops.

The feeling of derealization and depersonalization that brands schizophrenia was vented by Caesar himself in Egypt:

"I have wandered into many lands, seeking the lost region from which my birth into this world exiled me, and the company of creatures such as I myself . . . . Sphinix, you and I, strange to the race of man, are no strangers to one another. Have I not been conscious of you or of this place since I was born? Rome is a mad man's dream: this is my reality . . . . I am he of whose genius you are the symbol: part brute, part woman, and part God—nothing of man in me at all!" (10)

The sense of familiarity with Sphinx and Egypt, seen only for the first time, bespeaks the déjà vu phenonmenon so characteristic of temporal lobe epilepsy. "Rome is a mad man's dream, this is my reality" closely echos the feeling of a secluded withdrawn schizophrenic towards the normals about him, a feeling so well fathomed in Goffman's "Asylums."

A cardinal point about chronic epileptic paranoid psychosis is good emotional rapport, i.e., warm affect. Caesar was always "callously affective" and calm! When asked by Fulic what to do when confronted by a hungry lion, the answer readily came as "Kill it, man, without malice," and certainly without bitterness or wrath. When a plot against him by Cleopatra was exposed.

> Caesar (calmly): "Well, my friend, and is not this very natural?"
>
> Pothinus (astonished): "Natural! Then you do not resent treachery?"
>
> Caesar: "Resent! O you foolish Egyptian, What have I to do with resentment!" (11)

There is no wonder in Cleopatra's remark that nobody could understand Caesar, and Brutus' query "I never know what he feels." In fact, Caesar's detached calmness amounted to an incongruity of affect that, as James Willis so elegantly puts, set up "a pane of glass which separates one from the schizophrenic." The incongruity persisted till his death. When stabbed by Brutus, he was not apprehended at all by the impending death, but only dismayed at his ingratitude. So, muffling up his face with his mantle, "Et tu Brute, so dies Caesar."

Caesar was aware of the clandestine conspiracy against his life, but his reaction was more pathological than normal. He adopted no de-

fense measures, took no body-gurard with him, and "it is clear that in these last months he thought often of death. Sometimes a great weariness overcame him, and he said that he had been long enough in this world." On the night before his death he said abruptly that nothing was better than a sudden death ! (12) Such preoccupation with death and tranquility with death hovering about are often found in paranoid psychotics. With the best troops still under his control, the assassination could never have been implemented had he not been bogged down by the psychological stress.

It is said that Caesar dreamt of red blood gushing up from his wounds on the eve of death. Since psychological knowledge based on statistical evidence indicates that dreams in males are never tinged with colour, it could be no dream but a hypnopompic visual hallucination. In auditory hallucinations schizophrenics often hear their own thoughts "echoed" or "dictated to them". In a similar way, Caesar in his visual hallucination saw his own suspicions which had long engrossed his thoughts. Another version runs that his wife Calpurnia saw the vision. This is readily amenable to explanation if we recall how a paranoiac can influence others by "folie à deux".

The pre-requisite conditions for his death, however, lay in the psychological make-up of the Romans. Rome's geographical situation made it easy victim to the onslaughts and raids by tribes and races nearby, but was at the same time a point of vantage in allowing the Romans to strike back and vanquish them. Hence only a race of valiant warriors fostering a keen sense of duty, discipline, and submission to authority could stand the strain. So, like Germany after the first War, favourable social background was furnished for the rise to power of a strong-minded dictator with an overtly aggressive nature. the flames of the sacked city to go away and found Rome on an alien shore. Again a charming Erikson (13) reasoned that Hitler, habouring a fixated Oedipus Complex, shifted his love for his mother to a cousin (for whose death he once comtemplated suicide), and finally to "Mother Germany." The Germans, with a traditionally austere father and a fondling mother, were prone to obsession. Hitler's emotion easily aroused their resonance and commanded their obedience in a bid to protect "Mother Germany" from the alleged invaders (French, Polish) and traitors (Jews).

The analogy may hold to some extent in the relation between Caesar and the Romans. As a matter of fact, the legendary origin of Rome bespeaks ambivalence, an essential ingredient of the Oedipus Complex. Romulus, the Founder of Rome, after raping a Scabine woman to ensure begetting a race, became a god. Another school held the view that he was murdered by his inferiors. (14) Such contradictory myths running side by side and equally accepted by the Romans imply interlaced reverence and hatred, probably of the father, whom Romulus represented. The episode of raping adds further weight to the idea of jealousy for a tyrannical father and love for a helpless mother. According to another legend Prince Paris, seducing or kidnapping Helen to Troy, later left her amidst the flames of the sacked city to go away and found Rome on an alien shore. Again a charming but ruthlessly ill-treated mother image is depicted.

Caesar, by winning his laurels as a military commander, fulfilled the role of "Mother Rome's Protector." His alleged ambition for the Crown was the immediate cause of his death. "Emperor" in dream analysis is a classical symbol of "father". The spectre of monarchy threatening a democratic Rome aroused the hostile emotions of the sons for a father depriving them of the company and the love of a mother. Caesar was on the threshold of re-staging the part of Romulus raping the Scabine, and eventually to re-exact either the deification or the murder.

So it came to pass that he was first murdered then deified. Freud postulated that we unconsciously rejoiced at the death of those closest to us. To forget our malicious intent, to obviate a guilty conscience, we endow, by projection, their spirits with the malicious intent, and the power to materialize it. This accounts for our fear of ghosts. Hence spirits of our ancestors are held at once in reverence and in awe (15) The Romans were overwhelmed by their sense of guilt after the murder just like Oedipus himself who popped his own eyes out:

> "Think, with what eyes hereafter in the place
> Of shadows, could I see my father's face?" (16)

The Romans blinded themselves in another way by finding a scapegoat in the person of Brutus. The felony of killing the jealous father was all laid at his door. All other sons were thus exonerated and ready to deify the father. Hence Mark Anthony had little difficulty in instigating the Romans to turn against Brutus and eventually to kill him. The battle between Anthony and Brutus in fact reflected the conflict implicit in the Oedipus Complex. Caesar's patronizing father image cannot be better visualized than by these words of Anthony's when he disclosed Caesar's will:

> " 'T is good you know not that you are his
> heirs, For if you should, O, what would
> come of it ! . . . . .
> To every Roman citizen he gives
> To every several man, 75 drachmas.
> Moreover, he hath left you all his walks
> . . . . "

The underlying conflict did not end with the battle. For Caesar they erected a marble 20 feet high engraved with the title "To the Father of his Country" (17) Later he was accorded a statue in the Temple Quirunnus. In short "After he was murdered, he was to become a God" .(18)

As the conflict persisted, heinous Roman emperors were more a rule than an exception. Prisoners were cast to the lions. Nero played the lyre when Rome was on fire. (19) On the other side rebellions and assassinations of emperors (Nero included) were no haphazard incidents. Such a state of affairs is not unique to the Roman Empire, but the character traits leading to it were, in Fowler's words, "more strongly stamped upon the citizens of Rome." (20)

(The author owes his inspirtaion to a question on epilepsy set in a test).

Footnotes

(1) William Shakespeare: Julius Caesar

(2) "Mood of depression and of irritability are common for some days after the fit." Mayer-Cross, Slater, Roth: Clinical Psychiatry (1963) p. 405

(3) Ward Fowler (1892): Julius Caesar.

(4) William Shakespeare: Julius Caesar.

(5) C. S. Tranquilus: History of twelve Caesars

(7) Henderson and Gillespie: Textbook of Psychiatry (1962) Ch. 16, p. 436.

(8) D. Curran and M. Partridge: Psychological Medicine (1969) p. 191.

(9) J. P.V.D. Balsdon: Julius Caesar and Rome (1967) Ch. 1.

(10) George Bernard Shaw: Caesar and Cleopatra.

(11) George Bernard Shaw: Caesar and Cleopatra.

(12) J. C. John Buchan: Rome (1933) Ch. 10.

(13) Erikson: Childhood and Society (1966) Ch. 3.

(14) IER Boak: A History of Rome Ch. 1.

(15) Sigmund Freud: Totems and Taboo (1913).

(16) Sophocles: Oedipus King of Thebes.

(17) C.S. Tranquilus: History of Twelve Caesars (1930).

(18) J.P. V.D. Balsdon: Julius Caesar and Rome (1967) Ch. 1.

(19) Gibson: The Decline and Fall of the Roman Empire.

(20) Ward Fowler (1892): Julius Caesar.

Upjohn announces

1 Trobicin

the first gonorrhœa-specific antibiotic

...g Indication

...h effectiveness of Trobicin against the ...ccus offers you a unique antibiotic speci... ...uited to the selective treatment of gonorr... ... The use of Trobicin as a gonorrhoea-specific ...ces the development of such problems as ...erial resistance and patient sensitivity which ...ured following the widespread use of peni... ...n and tetracycline.

...ne Treatment

... the majority of cases a single treatment in ...th males and females produces both clinical ... bacteriological cure. The combined results of ... series of studies of both males and females ...ve a cure rate of 94% in 353 patients following ...ingle treatment[1].

...e Antibiotic

...e first and only antibiotic of the spectinomycin ... Trobicin is chemically distinct from all ...r available antibiotics; thus, allergic reactions ...to cross-sensitivity in patients treated with ...r antibiotics is very unlikely, as is bacterial ...-resistance.

...e Mode of Administration

...en by intramuscular injection only — the pre... ...od method of gonorrhoea control. This assures ...inistration of the complete dose (a single injec... ...n site in males, two injection sites in females), ...d avoids the patient-to-patient variation in ...rption common with oral antibiotics.

...ne Hundred Percent ...rinary Excretion

... to 100% of the dose is excreted in the urine ...thin 48 hours in the biologically active form, ...s the prime focus of infection is bathed both ...ically and systemically with inhibitory antibiotic ...els.

...ailability:

...plied in 2 gm. vials of spectinomycin dihydro... ...oride pentahydrate with accompanying vials of ...cial Diluent for reconstitution.

1. New Drug Application (1969). The Upjohn Company, 4:28.

Upjohn **first in antibiotic research**

106 — HK

Hong Kong Sole Agent:—

GREAT EASTERN TRADING CO.

29 Des Voeux Road, C.,
3/F., Hong Kong. Tel. H-221375

For medicinal relaxation therapy

Tacitin®

indicated in all patients suffering from	anxiety and tension states psychovegetative syndrome hypochondriacal conditions psychic disturbances superimposed on organic diseases menopausal symptoms disturbed sleeping-waking patterns
Tacitin displays entirely new features	
Chemical	derived from a new class of active substances
Pharmacological	possesses its own characteristic pattern of effects, which include a marked action on the gamma-fibre system
Clinical	interrupts at several points the vicious circle of anxiety – psychic tension – excessive muscular tension – autonomic nervous excitation – anxiety

C I B A

What is Tacitin?

Is Tacitin an anxiolytic?	Yes, because the action produced by Tacitin on subcortical structures serves to relieve anxiety and tension.
Is Tacitin a tranquilliser?	Yes, because Tacitin has a calming influence, while at the same time it also exerts a beneficial relaxing effect thanks to its distinctive action on the gamma-fibre system.
Is Tacitin an autonomic nervous stabiliser?	Yes, because by acting upon higher control centres it steadies the overexcited autonomic nervous system.
Is Tacitin a sedative?	No, Tacitin is not a sedative within the usual meaning of the term, but it does calm the patient, because it shields him against irritant environmental stimuli and relieves psychic and muscular tension, but without inducing unwanted sedation.
Is Tacitin an hypnotic?	No, but it can help to correct a disturbed sleeping-waking pattern, i.e. to promote natural sleep, by relieving anxiety and tension and steadying the autonomic nervous system.
Is Tacitin a muscle-relaxant?	No, Tacitin does not display the properties of a true muscle-relaxant, including such side effects as muscular hypotonia, weakness of the muscles, and ataxia; but its action on the gamma-fibre system does counteract psychosomatically induced enhancement of muscle tone.
Is Tacitin an antidepressant agent?	No, because Tacitin alone is not sufficient as treatment for psychotic depression. In anxiety states accompanied by signs of depression, however, it has a marked mood-enhancing effect.

CIBA

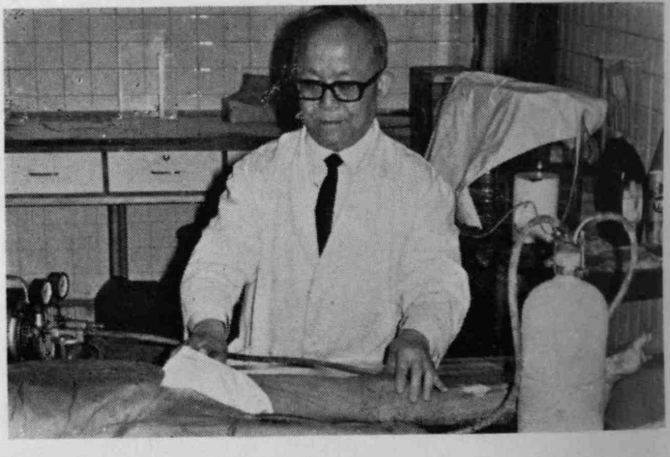
SPOTLIGHT

Mr. C.K. Ting

A familiar figure around the medical campus, Mr. C. K. Ting is the first person we encounter early in our Anatomy dissection course as he comes along reminding us to take care of the cadavers. Walking happily and briskly along, he greets everyone with a smile and a wave. All of us know him and like him, but we must have wondered sometimes how he feels about his work. With this in mind, Elixir invited him to write an article on himself, describing his life and his work.

He started from barely nothing and ploughed through years of hard work and trying experiences, but remains still, a cheerful and friendly person, full of life and faith in people. Mr. Ting is due to retire in a few years' time and we would like to extend to him our warmest wishes for his happiness in the future.

— by C. K. TING —
Technician in Dept. of Anatomy
University of Hongkong



As a child, I was adopted by an old woman who sent me to Ellis Kadoorie School, where I studied for one and a half years. She could not afford to educate me further and I left school at the age of twelve to work in a knitting company. After a few other odd jobs, including one at a dentist's, I finally joined the University of Hong Kong in 1934 when I was twenty years old. At that time I was just an office boy in the Medical Faculty, but I was very well-known in the University because I used to give private lessons in English to the boys, cooks, amahs and other minor staff. The English I knew was what I had picked up through the years. Everyday I taught them the kind of English that would be useful in their jobs and everyday lives. With this private coaching, I used to manage to earn about forty dollars a month with which I could just support my family.

The year before the Japanese occupation of the Colony, I was promoted to assistant clerk in the School of Pathology, where I worked under Professor R. C. Robertson. Eventually Hong Kong was occupied by the Japanese and I left for China, where in Canton, I worked in a hospital and later in the Red Cross.

After this, I became a PWD labourer for a while, but fortunately I had all the luck, and a chance meeting with a high-ranking official who was impressed by my work, earned me a promotion to the post of caretaker of a sand and stone supplying store. Before long, I was an interpreter at the government Guest House in Kwangtung.

In 1947, I came back to Hong Kong, rejoined the University and worked in the Department of Anatomy as a technician under the

direction of Professor S. M. Banfill from whom I learned the technique of embalming.

At that time, the Department of Anatomy had only three academic staff members and some part-time demonstrators. I was the only technical staff member. Work was hard, I was responsible for embalming, preparation of histology slides and specimens. I began to like my work and treat it as my career. The number of medical students increased gradually and so did my work — I have to keep up with the supply of cadavers.

During my service with the University, I am very glad to have the opportunity of seeing those energetic young fellows making their way to success. They are very kind to me, some of them even gave me the title 'D.O.C.' (Doctor of Cadavers). Whether I deserve this title or not, it is up to you to decide.

Some of you might be interested to know how I embalm the cadavers. To embalm a body is really a technique. The cadavers for dissection for the first and second years are thoroughly embalmed. Embalming preservation is accomplished by a chemical 'fixation' of the tissue cell protein — a process in which the protein is altered in such a way that it is no longer a suitable medium or food for bacterial growth. The embalming fluid that I mainly use consists of formaline, alcohol, water, glycerine & carbolic acid. The amount of the fluid and the quantity of the chemicals used are variable. When the embalming fluid is in the body, the soluble albumins of the tissues are converted into insoluble albuminoids or gels. At the same time, the embalming fluid destroys any organisms and enzymes in the tissues — as well as those which may enter during the post-embalming period. After a few days, I inject red lead and starch into the veins.

When arterial and cavity preservation are both completed, the only source of bacterial invasion is the medium surrounding the body. Airborne organisms can seldom penetrate through the natural barrier of skin and surface membrane of the embalmed bodies. Over a long period of time however, the air-borne bacteria and moulds will eventually destroy a body exposed to the air. That is the reason why all the embalmed bodies must be kept in the tank of embalming solutions. Care must also be taken of the specimens when they are up in the laboratory for practical work during the whole year. They must be kept moist by using embalming fluid to prevent the growth of mould in the bodies.

As for my family life, I can say it is a happy one, I have three sons and two daughters. They are still in school. The eldest is twenty one and the youngest ten. In my spare time I watch TV and I like to go out with the younger children and buy them things.

I will not be seeing you long, for I will retire a couple of years later. But in the mean time, I will try to serve the department in whatever way I can. I am now teaching my sons this technique, hoping that they may become my successors in the future — this is my only wish.

Each year there is a great number of new students replacing those who have qualified for their degrees. There are so many people that they seldom engrave a distinct mark in my memory. Therefore, if you happen to meet me somewhere now or in the future, do not be angry or annoyed if I don't say "hello!" to you.

A REAPPRAISAL OF THE MEDICAL STUDENT

Bernard Lau

Year after year there is a dynamic flow of students in and out, when a hundred and fifty students rush into the Faculty and another hundred odd students graduate for a brand new start in their career. For long the state of medical students has been considered to be but a means to an end — a doctor, whom everybody else admires on being introduced to. Few persons would care to appreciate the importance of proper development of a medical student to his future career. The important issue is that we come to the university not for training but for education. Nevertheless, it was criticised by Professor McFadzan (Elixir 1970 Spring) that in Hong Kong, education and vocational training all too commonly cease when full registration is obtained.

I can still remember quite correctly that when I entered the first year class, I was asked to fill in a department form, in which I found I had to check against one of several choices. They were all about the most probable reasons for which we had joined this particular faculty. Among others, they included personal interest, pressure from parents, want of a high social status, no other suitable alternative, or JUST A FEW DOLLARS MORE. The last few words impressed me deeply. Just a few dollars more ! It has been the knowledge of many outsiders and the feeling of some of our staff that a number of medical students take their profession as a tool. The idea of money-making takes charge of the minds of many, but the social environment in Hong Kong might be at fault in allowing the spread of this misconception.

In my point of view, medical ethics should be an important part of the university curriculum (Cronin: Elixir 1965 Vol. I). A good and successful doctor should know clearly how he stands in society among the people and how intimately he is related to the patient. He must understand that he has to see the patient as an individual person with a distinct entity, not just a machine to be repaired here and there. This attitude towards patients should be well instructed in the mind of each and every medical student while he is in pursuit of knowledge and truth. I personally believe that medical ethics carries much more weight than any academic pursuit, and is indispensable. It can hardly be overemphasized that all our efforts must be made for the well being of the patients, never for that of our own.

Many medical students are considered by our fellow students of other faculties, as being 'proud'. Apart from, in some cases the slightest element of jealousy perhaps, I should say we should be proud of our own profession now that we have such a good future for getting so deeply into the lives of people from different walks of life. We learn so much from them that we owe them our gratitude for their teaching, albeit unwittingly, in the philosophy of life. But do not let the sense of prosperity flourish in our minds. We are proud of our profession which is so dignified, not of ourselves, who differ little from any other person in any respect. It was remarked that the moment when medical students fancy that they know most is when they have just spotted their names in the Final M.B.B.S. pass-list. Yet not long before they have begun their medical practice, they find themselves too little to speak of. Few doctors can give aside any time for the study of philosophy, for they think their profession is an exacting one, and all that they should do is merely to keep abreast of its advances. Likewise for medical students, little time is left to wonder about the why and wherefore of their own existence. For all this, we should try to find out about the world around us

and about our own part in this world. 'In philosophy, what is important is not so much the answers that are given, but rather the questions that are asked.' (Bernard Russel: Wisdom of the West). A sound and vigorous philosophy can orientate us well on the road to the ultimate truth, since 'philosophy is a battle against the bewitchment of our intelligence by means of language' (Wittgerstein: philosophical Investigations). I dare say that even a beggar or a fool will have his own philosophy of life, but we should entertain ourselves throughout our lifetime with firm principles, and leave no doubt to the people about the credit of the profession we are so fond and proud of. A notable example of a great teacher of philosophy is Professor Francis Chang, who has also been described as the 'Scholar of Sincerity and Wisdom' (Caduceus September 1969).

Most medical students have taken some of their textbooks as bibles and believe in them like the gospel truth. By all means much of the stuff does get into their mind so well that they can recite it to a remarkable extent. This leads me to recall a story told by the Professor Emeritus in Anatomy, Francis Chang. Once he had a student who failed in Anatomy. His parents came to the 'old man' (old with wisdom) and complained of the misfortune of their beloved son. They retorted that the student should not have failed because he was so assiduous and so familiar with books that once the father (who happened to be a doctor) gave the sentence at the beginning of the page in Gray's Anatomy, he could, to all intents and purposes, make no mistake in producing the reprint. (The Professor gave a short reply, cool and definite, "But I haven't given him the sentence.")

Books are to be read, digested and absorbed, not to be recited. No matter how good a memory you have, you cannot retain it long enough for use. If the food has not been digested well the more the food is taken, the worse will be the diarrhoea. My personal experience tells me that if you want to start the subject well and if time really permits, always start with a smaller, but clearly written, book with basic principles only. Glance through it once or twice, make sure that you can really make some head or tail of the subject, then start to think about it in your mind, Concepts which are supported by your reasoning are thus built up. They are then compared to those postulated in the larger and more comprehensive textbooks, from which more details can be added. If your concepts come to lie closely with those recognised, they become yours and remain with you for ever, forming part of your wisdom. If some interesting or losely prevalent topics or recent advances in a particular field are to be pursued, journals can be consulted, but only after the fundamental facts have been well established in your mind. Remember not all great doctors are also good writers, and no doctor can know every branch of medicine well enough to present the stuff in a comprehensive way. It follows therefore that no single textbook is the best one, each carrying some merits of its own and each magnifying some facets of truth. Moreover, some books are meant for understanding only, some for second or subsequent reading, while others cannot be challenged as revision texts. By and large, about two or three textbooks, for different functions and read at different times should be kept for each subject. Do not feel disgusted with all pocket-size books for I have seen many of them so beautifully written that the road to the subject, though notorious for its difficulty and diversity, has been made easy. The philosophy conveyed by these distinguished writers has impressed me so much so that apparently I cannot claim to know more after the reading, yet in a subconscious manner, my own principles have been orientated to the truth of knowledge and wisdom.

However, there is always the other side of the coin. Words in the texts are no better than words if they are not put into practice. The actual cases will not occur with a typical history, clinical picture and course such as those described in books. Each patient should be taken on his own and no treatment can be said to be satisfactory unless it benefits this particular patient. Many a time once you have seen the disease yourself, you will never forget it all your lifetime. A point to be noted is that diseases often run a different course in different localities, thus the value of observing the local presentation.

"The trouble with doctors is not that they don't know enough, but that they don't see enough," Conigan (1853).

"The wise see knowledge and action as one:
They see truly.
Take either path,
And tread to the end:

The end is the same.
There the followers of action,
Meet the seekers after knowledge
In equal freedom."
(Isherwood's Bhagavad-Giba. The Song of God)

Finally, there is a point I wish to bring to your attention, and that is about Chinese Medicine. There is no shadow of doubt that Chinese medicine has helped millions and millions of people for over some thousand years. It is true that the medicine is prepared from herbs which are raw and unrefined. But is it not possible that it has the same chemical structure, as the pharmaceutically prepared drugs, that cure so many people? In my opinion, Chinese medicine forms part of our culture which has survived centuries of glorious history. At least, it has proved its own value, however small, during these years. I do not mean that we as medical students in Hong Kong should practise Chinese medicine and see if it can help perfect the art of medicine. A knowledge of herbs might perhaps save many lives in remote places where access to synthetic drugs is impossible. The same applies to the art of Chinese Orthopaedics and accupuncture. The latter has aroused such great enthusiasm in some western countries that we Chinese medical students here, whose ancestors first started the art, should feel ashamed of our scarcity of knowledge about it. It is to be realised that it is practising herbalists who are untrained and not under proper supervision who are to be condemned, not the art of Chinese Medicine per se.

Well, it might seem horrible and hard to you now that the profession is so demanding. Nonetheless, is it not the ultimate aim of this profession of ours in which our graduates take so much pride to render our perfect and unreserved service to mankind? Therefore, let us 'soldier on' with due sacrifice for the progress of generations of mankind.

* * * * *

A GREAT WALL !!

tomorrow's ideal oral contraceptive today

NEW 300 MCG. NORDIOL*-21

(each tablet contains
250 micrograms d-norgestrel
+ 50 micrograms ethinyl estradiol)

a speck of hormone, ¼ mg., providing
100% PROTECTION (when taken as directed)
AT THE LOWEST HORMONAL INTAKE.
KEEPS HER ASSURED
AND FEELING HER BEST.

Easy-to-remember 3 weeks "on
1 week "off" dosage.

For complete prescribing information,
please consult package circular.

Wyeth International Limited
Philadelphia, Pa. 19101, U.S.A.
over a century of service to medicine

Wyeth

NOR-1B-70-EJA

*TRADEMARK

THE FALL OF A TREE

by Clemen

"But it is a very unimaginative nature that only cares for people on their pedestals."

OSCAR WILDE — De Profu

A fallen tree was lying on the ground
face to face with earth
'Oh soggy soil what a disgrace it is
to be down here with you!'

Thinking back just to the summer days
wearing his brilliant coat of green
the lone Ginkgo of the area
tall as a hundred feet
the world beneath his eyes
he was proud
and had always despised the earth

Looking down
he used to sneer and jeer
'So little do you see and know
Oh earth so base and so low!'

The earth
remembering
how this Ginkgo tree had started off as a seed
and through all these years
had drawn all his nourishment from her
said nothing
but thought to herself
'I've seen types like you before'

As seasons ebbed and flowed
the tree grew
turning his face further away from the earth
he stretched himself towards the sun
for he wanted to be
the tallest amongst the neighbouring trees

Seasons sailed on by
and already for some time
he had pierced the very ceiling of the forest
what was a spring seedling
was now an aging tree
and highly conceited of his height
daily he would scornfully sing
'So little do you see and know
Oh earth so base and so low!'

One day the earth finally said
'I know everything that grows on me
from all the others to this Ginkgo tree
your flowers are not pretty
your fruits have an ugly smell
and your seeds are poisonous
there are many trees that grow
to be much taller than you
and many give a better shade
the one thing good about you is
your hardened heart of wood
but you will have to be dead
before it can be of use
here you have no hope to procreate
for only male flowers do you bear
and there are no female trees miles around
Ginkgo biloba
you are the last surviving species
of the dying Order Ginkgoales
yes you did flourish in the Mesozoic era
ahh but that was prehistoric
your time has gone
you belong to the Old World
this is a New Age
I am Earth
I've seen and I know all the changes
that had ever occurred
I was here way before you existed
and I will still be here
long after you become extinct
I represent Eternity
you are but an ephemeron to me'

As summer faded away imperceptibly
autumn stole quietly into the scene
all the trees of the forest
were changing their colour
green to yellow
yellow to brown
the withering leaves
whispered to each other throughout the day
as if expecting for something exciting to happen
anticipation mounted steadily
then the autumn winds came
this was what they had been waiting for
hurriedly the dry leaves left their branches
rising exultantly into the air
they danced clapping and tapping along
with the flapping and lapping wind

When autumn was over
there were dry leaves remaining
only on the Ginkgo tree
all the rest were bare
in his vanity
he had held onto the last vestiges
of his golden cloak

the whistling autumn winds bade farewell
hollered the hooting looting gales
stormy winter
the summer breezes
played around the trees
storm had heard of the story
of the Ginkgo tree and the earth
big furious with anger
storm raged

gales were stripping the Ginkgo tree
very leaf ripping branches along
ing them off flying frantically
f the mightly thunder-bolt
ling and roaring
a deafening blow
struck the defiant giant heavily
great Ginkgo shuddered and swayed
gave and went
ing down riotously
tumult of clashing sounds
an explosion of splintered twigs
great giant fell

fallen tree was lying on the ground
to face with earth
soggy soil what a disgrace it is
e down here with you!'

his shock and revulsion
had hardly realized
electric arrow had found its mark
ightning-flash had shot him
he was hit by the thunder-bolt
ame despair had made him fail
feel the pain as he caught fire
ftly over him the flame leapt and spread
crimson snakes lunged and darted
ing menacingly
n devoured him whole
well-dried wood crackled and cried helplessly

with his weakening breath
he was still muttering mockeries at the earth
contemptuously 'absolutely abhorrable!
absolutely abhorrable!' he was heard to say

In no time
the Ginkgo tree was burnt to cinders
his huge bulk reduced to a greyish smear of ash
his arrogance degraded to nothingness now
another draft of wind had scattered the ashes
and dispersed them all over the land

Somewhere
foot-stept were heard
rushing for shelter from the threatening rain
running over the paths
where some dead Ginkgo leaves had dropped
(the winds had grown tired of them)
. . . crump . . . crump . . . crump . . .
crushing all that lay upon the cobble-stones
leaving some others to rot away
elsewhere

From afar
curtains of rain were closing in
a heavy downpour that spared no niche
sheets of sleet
mixed the fragments of the leaves
and the ashes
with the mud and sand

The great Ginkgo was turned to earth
he and the soggy soil were now one

The tree giant that once stood tall and proud
had vanished without a trace
what seemed to have remained
in the following days
was only a ghostly empty space
filled with black and swollen clouds ———
Just a patch of leaky sky

— ***THE END*** —

"For all I've created returns into me, for dust were ye made and dust ye shalt be"

Paul Simon - - - Sparrow

OBITUARY

Dr. R. B. Maneely, M.Sc. M.R.C.V.S.

Dr. Maneely, former senior lecturer in Department of Histology who had stayed with us for more than 13 years, passed away on 21st April, 1971 as a result of cancer of the thyroid.

Before coming to Hong Kong, he was lecturer in Histology, Embryology and Histochemistry at Glasgow and later at Liverpool Medical School.

Dr. Maneely believed in a broad spectrum of research work, which, in his case, included comparative work on epididymis, adrenal gland, nerve endings, ureter and regeneration of tissues.

Besides, Dr. Maneely had a wide range of interests, including reading, broadcasting, collecting old Scottish Literature, Chinese paintings, antiques and local archeology. His interest in local archaelogy led him to come into contact with many Chinese. Being a member of the Reform Club, he gave a lot of help to the needy and was a popular personality in our society. forget the way he stood on the students' side and the

Dr. Maneely was once the Warden of Eliot Hall. Though he was said to be rather 'strict', we can never forget the way he stood on students' side and the friendly, harmonious atmosphere he always carried with him.

Mr. Michael Lai Chue Sing, B.Sc. (U.C.)

Mr. Lai passed away on 31st March, 1971. He was born on 22nd June, 1937, in Port Louis, Mauritius. After matriculation at King's College in 1957, he entered Hong Kong University and in the next year, he went to London to complete his course at the University of Cambridge. 1962 must have been his happiest year, for he obtained his B.Sc. in that year and was married. Later, he worked in the Experimental Haematology Unit at St. Mary's Hospital Medical School in London. In 1963, he came back to Hongkong. He was appointed demonstrator in the Zoology Department of Hong Kong University in 1964, and in the Biochemistry Department the next year. He became assistant lecturer in the Biochemistry Department in 1968 and was promoted to lecturer in 1969.

University of Hong Kong

FINANCIAL ASSISTANCE FOR MEDICAL STUDNTS

Apart from grants and bursaries administered by the University, students in need of financial assistance may apply for loans operated by organizations listed below:

Government Grants and Loans

A system of Government grants and loans for Hong Kong students is controlled by the Joint Universities' Committee on Student Finance. The maximum amount of support given under this scheme is a grant equal to the composition fee plus $600 and a loan of $3,000, which may be increased to $4,000 for students living in a hall.

Professor Hou Pao-Chang Memorial Loan Fund

1. A group of friends of the late Professor Hou Pao-Chang have contributed to finance a loan fund for medical students to be known as "The Professor Hou Pao-Chang Memorial Loan Fund".

2. The Loan Fund will be administered by the Sub-Committee on Needy Students under the following regulations:

a. Interest-free Loans may be made to needy medical students who have passed their 1st M.B., B.S. examination and who have been recommended by the Head of the Department of Pathology.

b. Loans are renewable subject to the recommendation of the Head of the Department of Pathology and the academic progress of the recipient.

c. The amount of the loan granted to each recipient will depend partly on the number of applications approved by the Head of the Department of Pathology: the total funds available in any one year are not expected to exceed $3,000. The Sub-Committee on Needy Students will process the selection of recipients in the same manner as applications for the Vice-Chancellor's Loan Fund except that the Head of the Department of Pathology will be requested to give final authority.

d. Recipients will be required to repay the loans within three years of graduation either in one lump sum or by monthly instalments.

e. Recipients will be required to sign a receipt and an agreement to repay loans made from the fund and to provide the name of one guarantor.

3. Loans will normally be recommended at a meeting of the Sub-Committee on Needy Students held annually between October 30 and November 15, but emergency cases may also be considered in a second meeting held during February.

The Dr. J. Wei-Ping Loh Loan Fund

Dr. Jerome Wei-Ping Loh having offered to provide an annual grant for the establishment of a loan fund for medical students commencing in 1968/69 with a grant of US$3,000 approx.). The (Senate/Council) has approved the following rules governing the fund:

1. The fund shall be known as the Dr. J. Wei-Ping Loh Loan Fund.

2. Students in any year of the medical course shall be eligible to apply for assistance from the fund.

3. Applications shall be considered and loans approved by an awarding committee comprising the Dean of the Faculty of Medicine (or his nominee) and two other members appointed by the Senate.

4. In normal circumstances two loans of $1,500 each shall be available in each year but the number and value of loans may be varied by the awarding committee in the light of available funds and applications received.

5. It shall be a condition of the award that the recipient undertake to effect repayment of the loan within three years of ceasing to be a full time student of the University.

The Vincent Woo Loan Fund

The Vincent Woo Loan Fund has been established through the generosity of Central Textiles (Hong Kong) Limited in providing a grant of $20,000 a year for 3 years to establish a loan fund for medical students under the following regulations:

1. The fund shall be known as The Vincent Woo Loan Fund.
2. Students in any year of the course for the degree of M.B., B.S. may apply for assistance from the fund.
3. There shall be a Grants Committee comprising the Dean of the Faculty of Medicine,

the Professor of Preventive & Social Medicine, one representative nominated by the Donor and one (student) representative nominated by the Council of the Medical Society.

4. The Grants Committee shall receive applications and shall decide the number and amount of loans to be awarded having regard to the circumstances of the applicants and the amount of funds available.
5. Loans shall be offered subject to the following conditions:
   (i) that the recipient undertake to effect repayment within a period of three years after successfully completing the course for the degrees of M.B., B.S. or in the event of prior cessation of studies within the Faculty of Medicine within such period as may be determined by the Grants Committee;
   (ii) that the recipient undertake to practice medicine in Hong Kong after obtaining full registration for a period equivalent to the number of years during which he receives assistance from the fund.

The Standard Sing Tao "Fat Choy" Drive Medical Students Loan Fund.

The Council has accepted the offer of Sin Poh Amalgamated (H.K.) Ltd. to provide the sum of $50,000 to establish a loan fund under the following rules:

1. The fund shall be known as "The Standard/ Sing Tao 'Fat Choy' Drive Medical Students Loan Fund".
2. Students in any year of the course for the degrees of M.B., B.S. may apply for assistance from the fund.
3. There shall be a Selection Committee, comprising the Dean of the Faculty of Medicine, the Professor of Preventive & Social Medicine and one (student) representative nominated by the Council of the Hong Kong University Medical Society which shall receive applications and make recommendations for the award of loans.
4. There shall be a Grants Committee, comprising the Dean of the Faculty of Medicine, the Professor of Preventive & Social Medicine and one representative of Sin Poh Amalgamated (H.K.) Ltd., which shall decide the number and amount of loans to be made having regard to the circumstances of the applicants and the amount of funds available.
5. It shall be a condition of each loan that the recipient undertake to effect repayment within a period of three years after successfully completing the course for the degrees of M.B., B.S., or, in the event of prior cessation of studies within the Faculty of Medicine, within such period as may be determined by the Grants Committee.

Elixir Loan Fund Rules

1. The loan shall be known as "Elixir Loan Fund" and shall be awarded to undergraduates in any year of the M.B., B.S. course.
2. The Elixir Loan Fund shall be under the control of an "Elixir Loan Fund Board" which shall consist of the following:
   A. President, Hong Kong University Medical Society (Chairman)
   B. Chairman, Hong Kong University Medical Society
   C. Manager, Elixir Editorial Board
   D. Dean, Faculty of Medicine
   E. One prominent medical practitioner in Hong Kong not under University full time employment, elected annually by the Committee of the Hong Kong University Medical Society.

   Each member of tht Board shall hold office for one year. The University Bursar shall be Hon. Advisor to the Board.
3. Loans shall be awarded annually by the Elixir Loan Fund Board on the recommendation of the Dean of the Faculty of Medicine, mainly on evidence of financial need, but academic performance shall also be taken into account. Recipients may reapply for further loans during subsequent years.
4. The value of each loan shall be determined by the Elixir Loan Fund Board, and shall not be less than H.K.$500.00.
5. The number of loans awarded each year shall be determined by the Elixir Loan Fund Board, with regards to funds available.
6. Each student receiving a loan shall sign a legal undertaking to repay the loan within two years after graduation or leaving the University.
7. The repayment of the loan shall be supervised by the Elixir Loan Fund Board.
8. Applications for the loans shall be submitted to the Dean of Faculty of Medicine by November 30th each year, except in special cases of urgency.

this is six square inches of skin

One 20 g. tube of the new maintenance-dose topical corticoid Ultradil treats 200 times this area*

at a fraction of the expected cost

Ultradil has not been made available, however, merely because it goes a long way economically but because it meets a specific need.

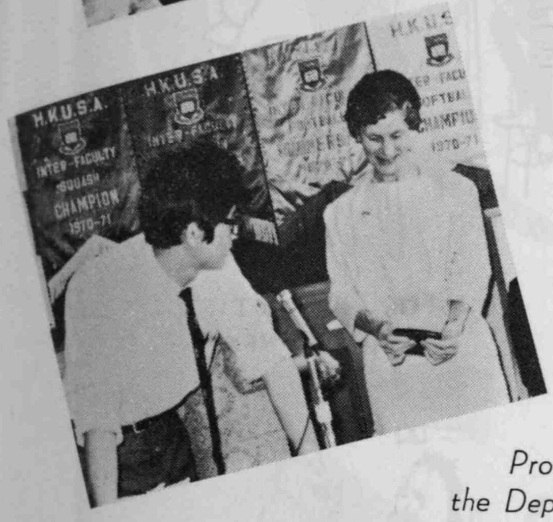
Ultradil contains a reduced amount of the same powerful corticoids which have proven so successful in Ultralan. It will provide effective maintenance-dose skin treatment and hence be particularly suitable for those patients with chronic or extensive lesions. It may be prescribed in a 20 g. or even more economical 50 g. tube, is available both as ointment and cream, and includes the non-staining, non-sensitizing anti-infective clemizole hexachlorophenate.

If you have ever felt that the use of a full-strength corticoid was unnecessary or too costly then you will appreciate the benefits Ultradil can offer.

Ultradil
the new maintenance-dose corticoid

Schering AG Berlin / Bergkamen

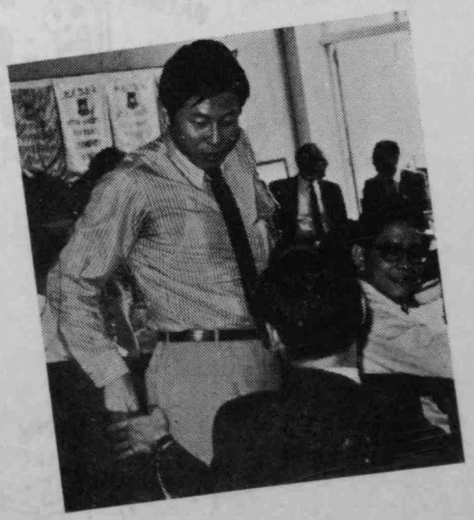
FAREWELL . . . . . .



A Farewell Party for Professor C. Elaine Field of the Department of Paediatrics, Dr. G. Koo, Dr. K. H. Kwong of the Department of Surgery, and Dr. L. Chu of the Department of Anatomy, was held on 4th May, 1971 in the Medic Canteen. The occasion was honoured by the presence of Prof. Field, Dr. Koo, Dr. Chu and about 30 staff members from the various departments.

The party began with an opening speech from Dr. C. H. Chan-Teoh, President of the Medical Society. It was followed by a vote of thanks from the Chairman of the Medical Society to the leaving staff. Souvenirs were then presented.

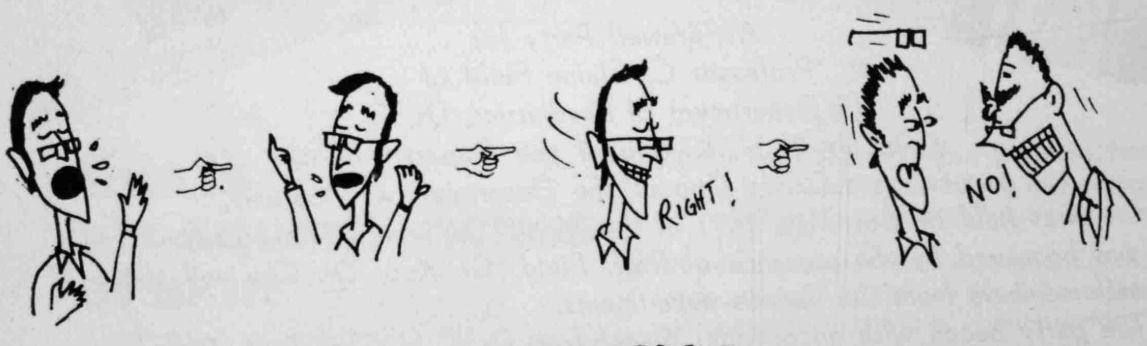
Tea and refreshment were served and the party ended with Auld Lang Syne.



How do you behave in a Viva?

YOU MAY BE A MOUSE....

YOU MAY HYPNOTISE YOUR EXAMINER....



YOU MAY BE TOO CONFIDENT .....

YOU MAY BE AMUSING....

YOU MAY BE ENCHANTED

First Year

It was in the many little things we did together that we came to know each other . . . .

To know and remember more than a hundred new faces is, after all, not as difficult as imagined, though we must admit that it is not achieved without effort.

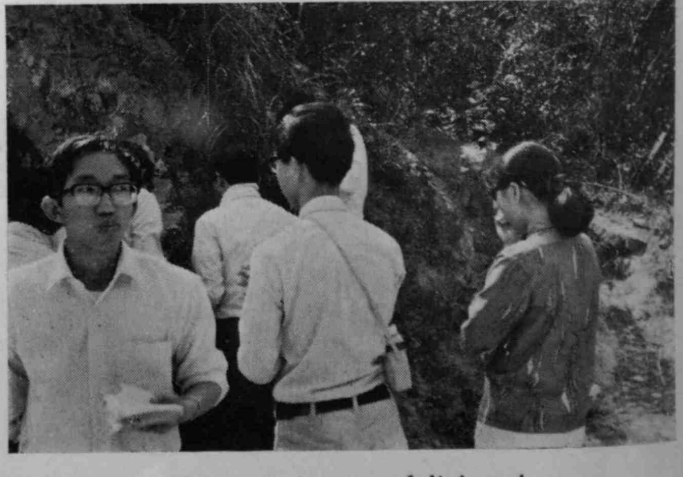
It was the Class Committee's idea to divide the class into eight groups, on a competitive basis, so that at the end of the year, prizes would be awarded to the top-scoring groups. Football and basket-ball matches; chess, badminton and bridge tournaments; and a talent contest were the intergroup competitions arranged so far and all were actively participated. Furthermore, many groups organised intra-group functions among themselves. Thus, the motive of providing opportunities for the class-mates, especially those belonging to the same group, to get better acquainted with each other, was successfully executed.

The first "class dinner" was held shortly before Christmas at the Caritas Centre. Group 7 had good reasons to be the happiest that night as their impromptu comic play was awarded first place in the talent contest. The evening was especially meaningful as it revealed vividly the enthusiasm inspired in each of the groups. Other enjoyable nights included two social gatherings, the first one held at the Union Canteen in November and the second one at the St. John's College in February.

Picnics are always welcome in our class. In fact, our very first activity together was a delightful barbecue at the Jardine's Lookout in October. During our spring vacation in March, we went on a cycling tour. Racing at high speed in the morning breeze was charming. However, getting a bruised leg in the midst of our merriment was tragic. In spite of that, our long exciting journey to Plover Cove was still a very lovely ride.

Come, little doggie have some sandwich

The most captivating page from our class diary is, I believe, the record of our December camp at Lantau Island. Spending three days of our winter vacation there, we visited the Po Lin Monastery and toured the area around Shan Shek Wan where the camp-site was. A singing competition, a drama contest, folk-dancing and games were planned to offer entertainment in the evenings. The most amusing of all these activities was the "Miniature Olympic Games". Until then it had never appeared to us that throwing "drinking-straws" and balloons could be as difficult as handling javelins and discs. The winter camp was fun and we are just too happy to know that a summer camp has been arranged to be held at Wu Kai Sha in June.



Mnn. it is very delicious!

In the meantime, we are participating actively in the functions of the Medical Society and taking an enthusiastic part in the inter-class contests within the faculty. We have found a lot of talented sportsmen through our inter-group competitions and are promising in gaining the champions in badminton and tug-of-war, on the other hands we were taught in the hard way by losing other games that stamina and cooperation are vital besides individual flair. Experience plus potential will perhaps award us with more merits next year, this is particularly hopeful when some of us are already being recruited into the faculty teams, getting the instructions from our seniors in the interfaculty games.

* *

Second Year

Inspite of the constant threat of the 1st M.B., quite a number of functions were held, in most of which the participation was unexpectedly satisfactory.

During the summer vacation, we had a barbeque at Middle Bay. This was followed by a social gathering with St. Paul's Convent Commercial School.

When school started, everybody, even the laziest, had to bury himself into his books. The library became, as it were, our second home. Nevertheless, we managed to squeeze in a social gathering with New Method College.

In the Medic Nite, our Organizing Committee, after much hard work and planning, produced a play called 'Suspicion'. Though it did not win us any prize, it was a job well done.

Our tension and frustration mounted and reached a peak at the end of February, when the 1st. M.B. took place. Afterwards, the long wait for the results was almost unbearable, especially as it was unduly delayed by the U.K. Postal Strike. It was not until the second week of the third term that our fates were unveiled.

We are also proud of having the opportunity to render our service in the Second University Open Day, although we were still so 'green' at the time that some were guiding people to places we were equally unacquainted with while others were fiddling with instruments and models in a manner that could only impress the outsiders.

The mystery of university life is at last unravelled but in arriving at its solution, we owe our greatest thanks to the Medical Society and the Fraternity Committee for their precious advice and patient guidance throughout our first and strangest year in the University.

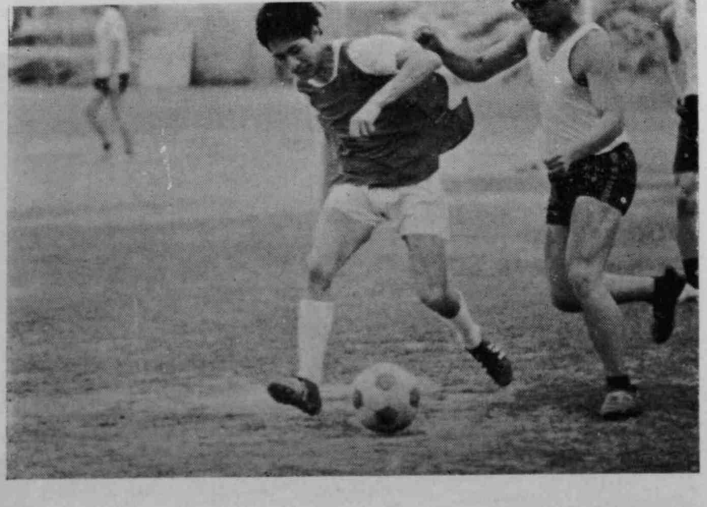
* *

The period following was one of activities. Our classmates became frequent visitors of the Sports Centre and the beaches, probably to get rid of those excess adipose tissues around their waist. A picnic to Lamma Island was held in April; we had two social gatherings in May, the latter one being with ladies from 1st year Social Sciences.

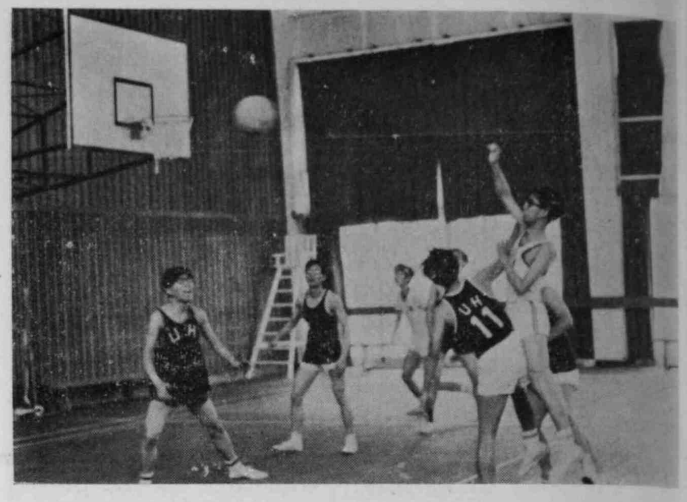
The traditional Class Dinner was held at Ruby Restaurant on 20th May. It was honoured by the presence of over twenty of the professors and staff members of that three preclinical Departments. Besides the superb food and the casual atmosphere, a Raffle Draw (with prizes donated by the distinction-holders and prize-winners) helped to make the evening a very enjoyable one for everybody.

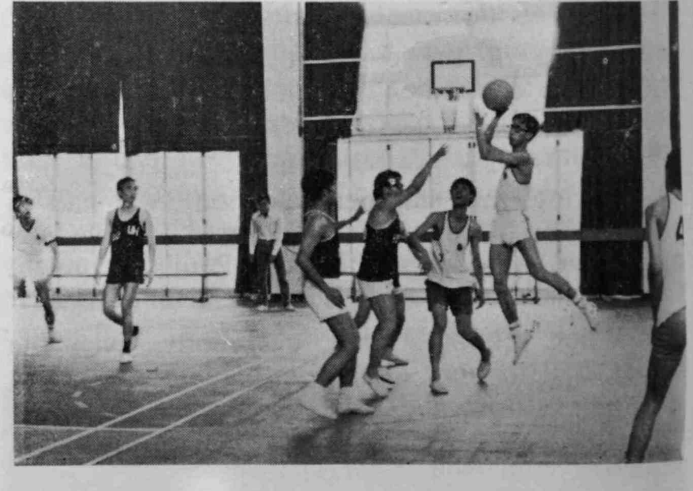
* * *

In the Braga Cup competitions, we managed to enter the finals in five items. Our footballers succeeded in beating fourth year to become the new champions; unfortunately, in basketball we were dethroned by third year. We had a strong team in squash, but luck was against us, and we were outplayed by a narrow margin by the fourth year team. However, inspite of many disappointments, we are very optimistic about our success in next year's Braga Cup competitions, in view of the big improvements we have made since last year.



* * *





This year, we have endeavoured to narrow the gap between tutors and students. A friendly football match followed by tea was held with the Physiology Department. Besides that, to show our thanks to Professor Zaimis, our external examiner in Pharmacology who kindly delivered a series of lectures and demonstration to us, a farewell tea party was held. Nearly everybody in the class turned up and contributed to the success of both occasions.

Third Year

WHEN the dreadful First M.B. Exam was over, we found more time to relax than we had had for some months. Besides the social gathering, the barbeque, and the class dinner already mentioned in our last class report, we had swimming at Middle Bay and a Social Gathering with the ladies from Maryknoll Convent School before the start of the last summer vacation.

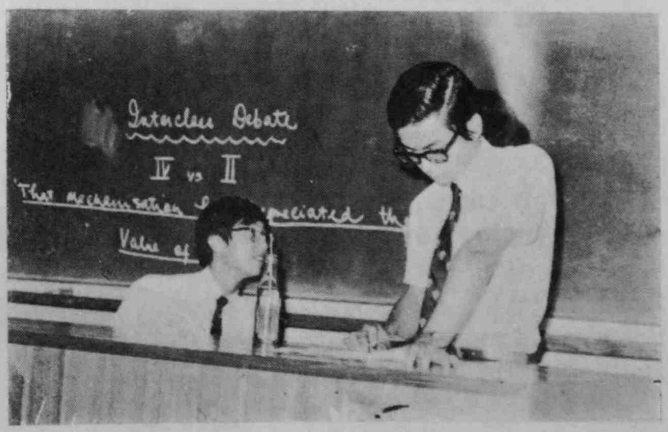
Professor Lin was to be retiring after August. So we held a teaparty to say farewell to him. We also presented him with a small souvenir. In return the Professor kindly sent each of us present at the party a colour photo taken on that occasion. We really missed him very much, especially when we recalled the daily "message" he used to deliver to us during has lectures and when we remembered his ingeniously designed "Linograph".

The same afternoon following the farewell party, we had an outdoor function at Shek O. The food prepared by our lady classmates was surprisingly good and the function was quite a success.

At the beginning of Third Year, we were all very pleased to have Professor Roberts as our Professor in Pharmacology. We sincerely welcomed the Professor at a teaparty in the Medic Canteen as soon as the term started.

As we came to Third Year, for the first time in our medical career, we found ourselves in contact with real patients with tangible signs and symptoms of disease. This was a welcome change from the sometimes dull and unexciting realm of everyday lectures and laboratories. Each one of the classmates now cared to put on a new, presentable white gown, which, besides making one look like a respectable "young Man" or "Young Lady", also served the might-be more important function of advertising oneself as a senior medical student.

In October and November, the energetic sports-captains of our class organised a number of activities. First, there was an intraclass football competition. Then there was a netball match. A more interesting event was the tug-of-war between the ladies (thirteen out of fifteen participated) and seven man-classmates. These "Magnificent Seven" were the lucky guys chosen by our charming ladies, and all of them were far from having any muscular strength resembling Hercules', but were really gentle gentlemen. Seeing how eager and hopeful the female comrades were to win in the competition, the "Chosen People" agreed to be gentlemen enough not to leave them in disappointment. So it was settled, and the event ended happily as both parties wished. A few days later, we had a soccer match



with the Staff members of the Pathology Department, but unfortunately we lost by three goals to one.

When there was a social gathering with the ladies of our neighbour, Northcote College of Education, none could be more eager. All those present found the evening a very enjoyable one.

In November, six of our classmates became office-bearers of the Medical Society. It was only fair that they should treat the class handsomely. So we had a BBQ during the Christmas Holiday, and the function was "subsidized" by the six distinguished officials. The attendance was not too grand. Undoubtedly this was because many were busy with their own happy private affairs in the moonlight of the Christmas season. Those present, however, enjoyed a very hearty meal.

The Second M.B. Exam soon came and passed. Our Class captured a total of nine distinctions. Certainly the result was not bad at all. The distinction winners volunteered — though they were Compulsory Volunteers this time — to treat the class accordingly. So we arranged to have another BBQ at Shek O in May. This time, we were much honoured to have the presence of Professor Roberts and our teachers of Pharmacology, Pathology, and Microbiology at the function. The occasion was indeed a tremendous success.

On the academic side, for Social Medicine, we had to make field trips to the Abattoir, the Incinerator, and to factories in the fiery summer afternoons. The trip to the Incinerator was especially memorable. (After that visit you find life is not too pleasant after all, and you can also imagine better what hell might be like).

Forensic Medicine Lectures began in May. The attendance at these lectures was unexpectedly good, (though they were all scheduled to be in the hot, stuffy afternoon) — and what was more, nobody attempted to sleep. Strange! Was it that the lecturers had the police force behind them or could it be that they had a pistol hidden behind them? But you may still wonder why the cool cinema house or the salty water at the beach were not more inviting. Anyway once you have attended one of the lectures you would not hesitate to come again.

The year has not yet ended while this report is being written. At present, our class has been doing well in the intrafaculty sports competitions, and we are planning to win in the interclass debate. Let each of us hope for every success and look forward to another year of prosperous activities when the term is over.

Only two of you can swim?

Fourth Year

The junior, senior and the varied specialty clerkships did not prevent us from participating in the Society, class and group functions.

At the Medic Barbeque the original song "Get the money back" sung by our class enabled us to recapture the interclass singing competition.

The concerted efforts of our actresses, actors and stage managers more than deserved a runners-up in the interclass drama competition.

A word of admiration must be said for our sportsmen and sportswomen. Their fine skill and sportsmanship have been keeping the Braga Cup with us for three years.

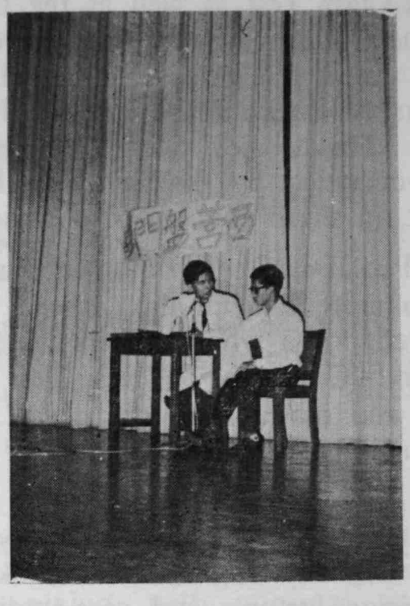
This year we are sorry to witness the retirement of Professor Field of Paediatrics and Professor Lin of Pharmacology. Unfortunately Professor Field was too occupied before her departure; however, Professor Lin did honour our Farewell Party with his presence.

Social gathering seemed to be the class activity that never failed to attract attendance. This year, thanks to our Social Convenor, no less than four social gatherings were held. Our guests of honour, including Sacred Heart Canossian College, Maryknoll Sisters' School, Baptist College, and St. Paul's Convent College, filled those occasions with joy and pleasure.

* * * *

Final Year

The beginning of the academic year saw the final year medics entering the last phase of their training. The last of the specialty clerkships was done without much difference from the rest, although one realised that the days of the Final M.B.B.S. Exam. were near at hand. Despite these gloomy notes in our mind, the actors, actresses and songsters put much enthusiasm into the performances in both the Medic Nite and the Medic BBQ. We came first in the drama competition, but lost by a narrow margin to the fourth year in the singing contest. Apart from these, each specialty clerkship group had its own activities. Friendly tabletennis matches, barbeque and a dinner were arranged with the staff of the clinical departments. Whether these social functions help in improving the staff-student relationships depends on both parties.



In a place like Hong Kong surrounded by water on all sides, swimming is rightfully popular. The heat of summer found our class enjoying the lovely cool water of Stanley Bay.

From the seashore to the mountain, from the cool water to the warm fire — this is what the change of weather dictated A barbeque was certainly the welcomed activity in winter. Our laughter and gaiety rang over Battery Hill.

Individual specialty group activities were too numerous to enumerate. Picnic, outings, staff-student table-tennis match, swimming, rowing, snacks were but a few of them.

Christmas this year must be the dullest one we ever had. The final exam in Pediatrics began in early January. However, we still had our specialty clerkships to complete. The medical specialty clerks spent their pre-Christmas week in Castle Peak Hospital, prepairing both for their

Psychiatry Class Test as well as the Paediatrics exam. The Obstetrics clerks had 1 week off and made full use of this precious time. The Pediatrics clerks finished off the last touches before the exam. The Medical Students' Centre, being only half-occupied by the Surgical clerks, was very quiet, in sharp contrast to ordinary times.

The Pediatrics paper in January was only a prelude to more difficult days ahead. Tension was relieved, for a while. Then came the Obstetrics and Gynecology Class Test in early February, and most of us took the E.C.F.M.G. test, which is a pre-requisite for further studies in the States.

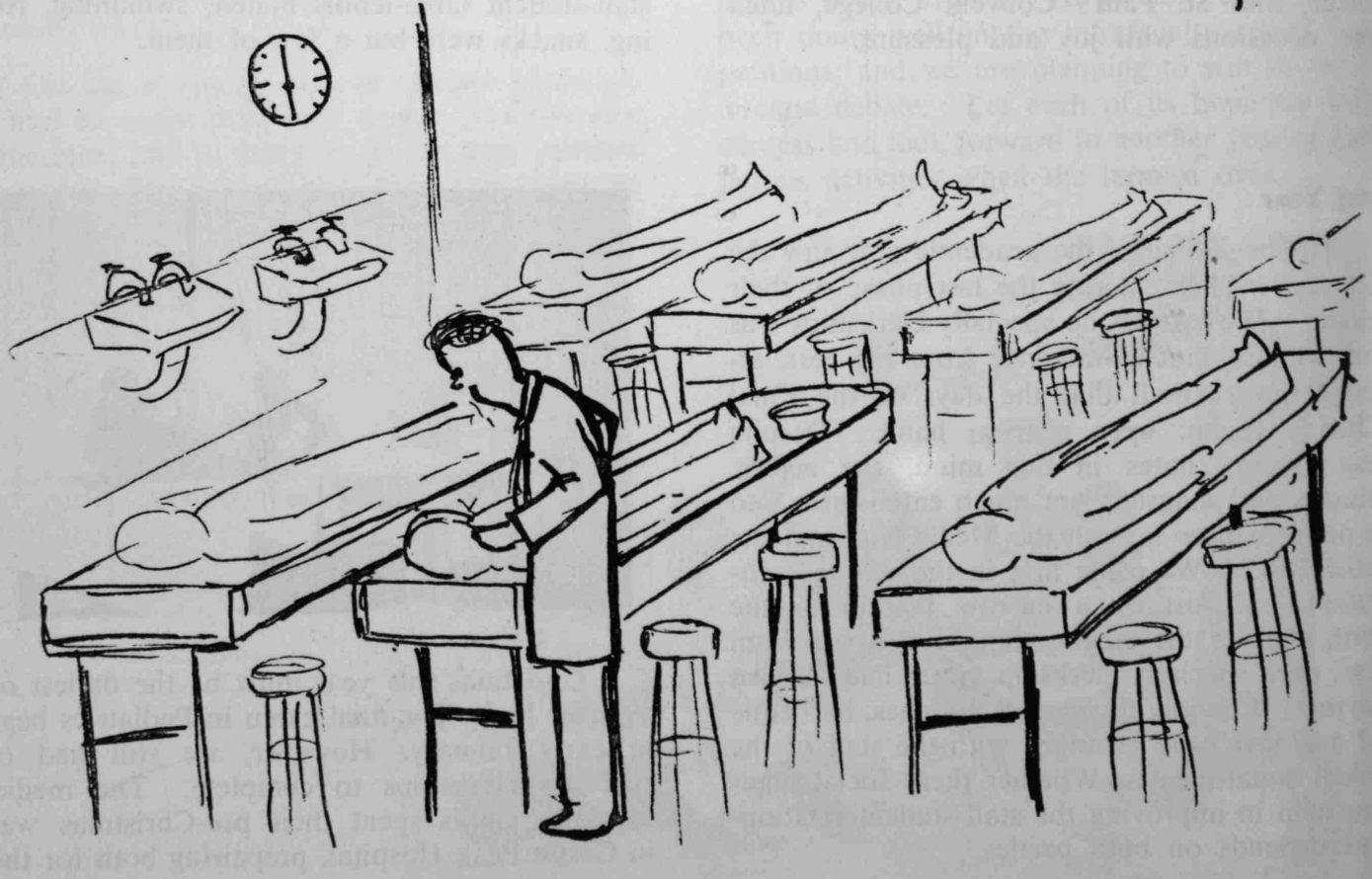
For the few months before May, we had little time for anything else but books, lecture notes, revision lectures and case-studies in the wards. The out-patient departments in Sai Ying Pun Polyclinic were frequented by us, the General Surgical Outpatients being the hottest spot. Furthermore, groups of us were seen in Queen Elizabeth and Kwong Wah Hospitals as well, attending the clinics there. This was a welcome change, for new tutors and places had a stimulant effect on our cramped heads.

All this time, we managed to have a bit of relaxation—a film show with a girl friend, a game of 'bridge' or 'hearts', or just wandering around with a few classmates, just to name a few activities. Without these what would have become of us, I would not have dared to forcast.

Within the twinkling of an eye, the D-day had arrived. Loke Yew Hall was packed by us, for the last time as candidates (I hope it is the last). Then came the series of clinical vivas in Queen Mary Hospital. After three weeks of the most trying experiences, the Final Exam was over. A Taiwan Tour was organized by the Society and most of us were eager to join in. All past hobbies and activities were rekindled. By the time this report appears in print, the results will have been published. Let us hope that the new batch of doctors will live up to the name and honour of their noble profession.

Lastly, the class wishes to thank the Dean and all the administrative and teaching staff of the Faculty for their encouragement and help throughout the last five years. We are indebted to them for our success today.

The last will be the first!



KEELER

PRACTITIONER

OPHTHALMOSCOPE

This instrument is known and highly recommended by practitioners throughout the world. It features functionally-styled modern materials and absolute excellence for retinal examination.

The Keeler system with spespecial half-mirror ensures The Keeler system with remarkably clear, glare-free vision, with minimal shadow at the lower periphery. And many consider that the Practitioner gives a view of the macula that cannot be bettered.

Sole Agents: **Universal Mercantile Co. Ltd.,**
18 Queen's Road, C., Hong Kong.
Tel: H-222502, 221633

ROWAPRAXIN®

ANTISPASMODIC

ROWA LTD.
BANTRY, CO. CORK, REPUBLIC OF IRELAND

ROWA-WAGNER K.G.
506 BENSBERG near COLOGNE, FEDERAL REPUBLIC OF GERMANY

Sole Agents:— **NATIONAL IMPORT & EXPORT CO.**
Telephone: H-242328

NEWS FROM THE GAZETTE

(1st November, 1970 — 1st May, 1971)

FACULTY OF MEDICINE

Appointments

Garry Malcolm Kneebone, M.B.,B.S. (Adelaide), M.Sc. (Pittsburgh), M.R.A.C.P., appointed Professor of Paediatrics from June 1, 1971.

Yap Pow Meng, M.A.,M.D. (Cambridge), D.P.M. (London), F.R.C.P. (Edinburgh), appointed Professor of Psychiatry from June 1971.

Arthur Charles Yau Meng Choy, M.B.,B.S. (Hong Kong), F.R.C.S. (Edinburgh), Senior Lecturer, appointed Reader in Orthopaedic Surgery from July 1, 1970.

Tso Shiu Chiu, M.B., B.S. (Hong Kong), M.R.C.P. (Edinburgh, Lecturer, appointed Senior Lecturer in Medicine from September 1, 1970.

Henry Yu Ho Yam, M.B.,B.S. (Hong Kong), appointed Lecturer in Surgery from July 24, 1970.

Taw Jin Liam, M.B.,B.S. (Rangoon), F.R.C.S. (Edinburgh), appointed Lecturer in Surgery from October 1, 1970.

Robert Lawrie Hay, M.B.,Ch.B. (Edinburgh), F.R.C.S. (Edinburgh), and Louis Hsu Che-shek, M.B.,B.S. (Hong Kong), appointed Lecturers in Orthopaedic Surgery respectively from February 6 and July 1, 1971.

Maureen Chan Mo Yin, B.Sc. (Special) (Hong Kong), Ph.D. (California), appointed Lecturer in Pharmacology from January 1972.

(Miss) Sheng Hwai-ping, B.Sc. (Singapore) appointed Lecturer in Pharmacology from February 1, 1971.

Wong Woon To, M.B. (National Taiwan), appointed Lecturer in Microbiology from October 1, 1970.

Joseph Fung Ping Hang, M.Sc. (Manitoba), Ph.D. (Cornell), appointed Lecturer in Bacteriology in the Department of Microbiology from December 30, 1970.

Chou Sheung-to, M.B. (Taiwan), Ph.D. (Hong Kong), appointed Lecturer in Pathology from January 1, 1971.

Desmond Yeung Chak Yew, B.Sc., Ph.D. (Western Australia), appointed Lecturer in Biochemistry from September 1, 1970.

Susanna Wong Siu Chun, B.Sc., Ph.D. (Hong Kong), Assistant Lecturer, appointed Lecturer in Biochemistry from February 1, 1971.

Joseph Hwang Chi-chiu, B.A. (Cascade College), M.Sc., Ph.D. (Oregon), appointed Lecturer in Physiology from October 1, 1970.

Joana Ho Cho Ieng, M.D. (Peking Medical College), M.Sc. (McGill), and Hsu Chih, B.Sc. (St. John's University, Shanghai), M.D. (Shanghai Second Medical School), appointed Clinical Pathologists in the Clinical Pathology Unit respectively from January 6 and January 1, 1971.

Joseph Desmond Robinson, appointed Hospital Biochemist in the Clinical Pathology Unit from May 1971.

Au Kwok Shing, M.Sc. (Hong Kong), appointed Assistant Lecturer in Biochemistry from September 1, 1970.

Retirement

Professor C. Elaine Field, Professor of Paediatrics, from May 4, 1971.

Resignation

Dr. T. Sun, Lecturer in Microbiology, from September 1, 1970.

Dr. C. G. Koo, Senior Lecturer in Surgery, from July 1, 1971.

Dr. P. L. Chan, Lecturer in Obstetrics and Gynaecology, from January 6, 1971.

Dr. A. E. Bray, Temporary Lecturer in Surgery, from March 1, 1971.

Withdrawal of resignation

Dr. J. P. O'Brien, Lecturer in Orthopaedic Surgery.

Donations to the Medical Society Elixir Loan Fund

We wish to express our gratitude to the following for their kind donation the Fund:-

T. S. Wong & Company
Dr. Rosie Young
Prof. G. B. Ong
Prof. P. H. Teng
Prof. Lisowski
Dr. Tsao
Prof. & Mrs. C. T. Huang
New Century Publishing Co.
Prof. Hodgson
Dr. K. M. Li
Dr. Rita Lo
Dr. "Anonymous"
Dr. Lo Sui Sun
Prof. M. B. Roberts
Dr. Yu Ching Nien
Dr. Chiu Shin Chak
Dr. Patrick Cheung
Dr. D. L. Bridgewater
Dr. Woo Pak Foo
Dr. J. Y. C. Pan
Dr. Henry F. K. Li
Dr. S. S. Mak
Dr. Peter C. Y. Lee
Dr. K. W. Chaun
Dr. H. C. Liu
Dr. S. C. Tso
Prof. Kneebone
Dr. H. Y. Mok
Dr. C. H. Chan-Teoh
Dr. J. K. Fong
Dr. Chan Sing Boon
Dr. G. H. Choa
Dr. Lai Chung Yue
Dr. W. C. Chan
Dr. L. Chang
Dr. Sheng H. P.
Dr. C. W. Ople
Dr. R. C. Ruiz (Osmund)
Dr. K. T. Lau
Dr. W. K. Chan
Dr. Frank Cheng
Dr. Whitehill
Prof. E. Field
Dr. Ho Suk Yee
Dr. J. Chalmers
Dr. H. K. Pang
Dr. G. E. Yeoh
Dr. Raymond Young
Dr. H. C. Ho
Dr. Kunnien Fe
Dr. L. T. Kan
Dr. P. L. Yue
Rev. Fr. Barrett
Dr. George Choa
Dr. Arthur Yau

(up to 24th June, 1971)

Come. Fly in our Teahouse of the sky.

JAL's 747 Garden Jet is all you expect Japan to be. Yes, it even includes a 'Teahouse'.
We know how tiring long distance flying can be. And we believe by offering you the opportunity to relax away from your seat, in a setting so typically Japan, that your flight will become more comfortable and more memorable.
Our Garden Jet is the perfect place to enjoy the subtle pleasures of a 1200 year tradition of Japanese hospitality. The tingling oshibori hot towel. Delicious otsumami appetizers. The use of hashi-Japanese chopsticks. Just some of the little things that make up the unique service that only JAL can offer. Only JAL does offer.
Come. Enjoy our world within a world.
Fly JAL's 747 Garden Jet to Tokyo and the U.S.A. at 4.00 p.m. Daily.

JAL

747 GARDEN Jet

OFFICIAL AIRLINE FOR XITH OLYMPIC WINTER GAMES, SAPPORO 1972

P & O Building, Tel:- H230081

see the world for $4,950*

14-day all inclusive holiday to the mini world.

Come to New Zealand and you'll see the fiords of Norway, the mountains of Switzerland, the forests of Canada, the countryside of England and boiling thermal areas like nowhere else in the world. We'll show you both magnificent Islands for this bargain student's fare.

*All inclusive price includes return economy class air travel for groups of 15 Hong Kong University students who travel together and stay at Hamilton and Lincoln Universities.

The Chairman,
Hong Kong University Medical Society,
c/o Medical Students Centre,
Sassoon Road,
Hong Kong.
Please send me more information about your bargain holiday to the mini world.

Name .....

Address .....

.....

自舉，是日內政之統一。滿清時代，藉立憲之名，行歛財之實。雜捐苛細，民不聊生。此後國家經費，取給於民，必期合於理財學理，而尤在改良社會經濟組織，使人民知有生之樂，是曰財政之統一。以上數者，爲政務之方針。持此進行，庶無大過。若夫革命主義，爲吾儕所昌言，萬國所同喻。前此雖屢起屢蹎，外人無不鑒其用心。八月以來，義旗颺發，諸友邦對之，抱和平之望持中立之態，而報紙及輿論尤每表其同情。隣誼之篤，良足深謝。臨時政府成立以後，當盡文明國應盡之義務，以期享文明國應享之權利。滿清時代辱國之舉措與排外之心理，務一洗而去之。與我友邦，益增睦誼，持和平主義，將使中國見重於國際社會，且將使世界，漸趨於大同。循序以進，不爲倖獲。對外方針，實在於是。夫民國新建，外交內政，百緒繁生。文自顧何人，而克勝此？而臨時之政府，革命時代之政府也。十餘年來，從事於革命者，皆以誠摯純潔之精神，戰勝所遇之艱難。即使後此之艱難，遠逾於前日，而吾人惟保此革命之精神，一往而莫之能阻，必使中華民國之基礎，確定於大地，然後臨時政府之職務始盡，而吾人始可告無罪於國民也。今以與我國民初相見之日，披布腹心，惟我四萬萬之同胞共鑒之。大中華民國元年元旦。」

辛亥革命之所以成功，軍人居功至偉，所以　國父除發表宣言，向全世界宣告中華民國的誕生外，並發表一篇「告海陸軍士文」。我們也把這篇重要的歷史文獻，轉錄如下：

「中華民國臨時大總統孫文，敬告我全國海陸軍將士：蓋聞捍族衛民者，軍人之天職。朝乾夕惕者，君子之用心。自逆胡擾夏，盜據神州，奴使吾民，驅天下俊傑勇健之士，而入卒伍，以固其專制自恣之謀。我軍人之俯首戢耳，以聽其鞭策者，亦既二百六十有餘年，豈誠甘心爲異族效命哉？勢蹙於積威，則本心之良能，無由發見也。乃者義師起於武漢，旬月之間，天下響應。雖北寇倔強，困獸有猶鬥之念；遺孽負固，瘈犬存反噬之心。賴諸將士之靈，力征經營，卒復舊都，保據天塹。民國新基，於是始奠。……吾國軍人，伏處異族專制之下最久，慷慨激烈之氣，蓄之也深，則其發之也速。同一軍也，爲漢戰則奮，爲滿戰則潰。同一艦也，爲漢用則勇，爲滿用則怯。凡此攻城克敵之豐功，皆吾將士有勇知方之表證。……文奔走海外，垂二十年，心懷萬端，百未償一。賴國人之力，得返故土，重握漢儀。諸君子以北虜未滅，志切同仇，不以文爲無似，責以臨時大總統之任。文內顧菲材，懼無以當。顧觀於吾陸海軍將士之同心戮力，功成不居，而有以知共和民國之必將有成也。……願吾海陸將士，上下軍人，共勵初心，守之勿失。弗嬰心小忿，而釀鬩牆之譏。弗藉口共和，而昧服從之義。弗怠弛以遺遠寇，弗驕矜以誤事機。擁樹民國，立於泰山磐石之安，則不獨克盡軍人之天職，而吾大漢民族之精神，且發揚流衍於無極，文之望也。敢布腹心，惟共鑒之。」

中華民國的成立，像徵中國的重光，民族的新生有望，而亞洲第一個共和國，遂告誕生。

後記

辛亥革命，距今已經六十年了。專制的滿清，亦已被推翻了六十年。中國的百姓，應該是過着自由安定的生活。當年革命志士的目標，還不是爲了推倒極權腐朽的統治，建立平等自由的社會？可是，讓我們看看現在的中國社會，看看現在中國同胞的生活，我們不禁要問一問自己，當年志士的願望到底有沒有落空？他們的熱血，又有沒有白流？讀到秋瑾女士的「祖國陸沉人有責，天涯飄泊我無家」時，或者讀到于右任老先生的遺作：

「葬我於高山之上兮，望我大陸；大陸不可見兮，只有痛哭。
葬我於高山之上兮，望我故鄉；故鄉不可見兮，永不能忘！
天蒼蒼，野茫茫；山之上，有國殤！」

我們又有什麼感想？我們又能有什麼感想？

現在，趁着辛亥革命六十週年紀念的來臨，我們不妨靜靜地檢討一下，或者我們會重新發現那埋沒已久的民族良知。再次想起我們的國家民族，我們會覺得傷感，悲憤。幾時我們才可以建立一個自由、平等、富裕、進步、統一、而又强大的中國？不是一個橫蠻霸道的强權，更不是一個懦弱無能的政府。幾時我們才可以安心地暢遊嶺南的山水，塞北的風光，做一個堂堂正正的中國人？不用愧對我們魁梧的祖先，也不必怕被後人責罵。

歷史是我們的明燈。所以，我們都堅決地相信，只要中國人的良知未泯，中華民族一定有希望的！

・全文完・

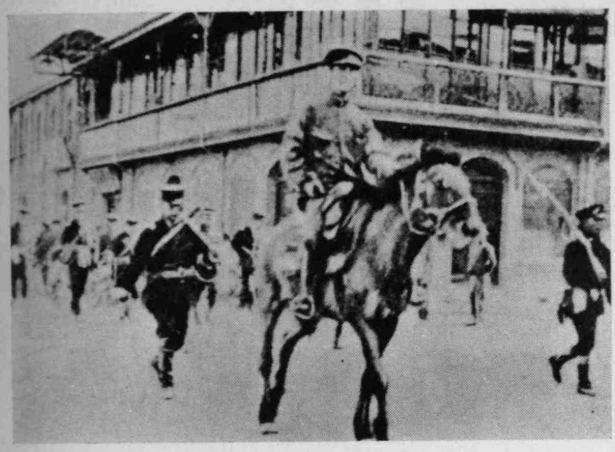
其實黨人在武漢醞釀革命已久。早在光緒三十年，卽同盟會成立前一年，已先後有「科學補習所」，「日知會」，「公益社」，「羣知學社」，「振武學社」，「文學社」，「共進會」等的成立。黨人表面推廣文化，提倡科學，暗中聯絡會黨，爭取湖北新軍。

辛亥年閏六月，宋教仁，陳其美，譚人鳳，楊譜笙，潘祖彝等，在上海成立同盟會中部總會。居正則將文學社共進會合而爲一。當時鄂省軍界，久受壓制，充滿怨憤的情緒，已經預備起事。而且，湖南湖北四川廣東各省，正鬧鐵路風潮，人心憤發，已有弦滿欲發之勢。於是黨人在武昌胭脂巷商議，決定在農曆八月十五日中秋節起義。

當黨人正積極分途進行時，新軍因有人酗酒生事，引起清方嚴密戒備。黨人祇得把起事日期押後。

八月十一日，孫武在漢口俄租界，因趕製炸彈不愼，引起爆炸。於是機關被清軍破獲，黨人名冊亦被搜去，清軍開始按着名冊捕人。黨人人人自危，於是迫得提前在十九日（公元一九一一年十月十日）晚上，由工程第八營左隊熊秉坤等發動，打出了武昌起義的第一槍。第十協的二十九標，三十標，第十六協的三十一標，三十二標，混成協的第四十二標，馬、炮、工、輜各營官兵，和陸軍中小學堂，測繪學堂員生等，羣起響應。革命軍一舉佔領楚望台軍械庫，然後炮轟湖北總督署，瑞澂倉皇逋走。武昌全城一夜之間便落在革命軍手中。衆人推黎元洪爲都督。武漢三鎭不久便告光復。

黃興



革命軍進入漢口

其後，馮國璋率領清軍向漢口猛烈反撲。革命軍在人數武器方面都吃虧，情勢危急。當時　國父孫中山先生尚在國外，黃興於是由香港趕往湖北，在漢陽成立司令部，力拒清軍，而宋教仁等，乘機在長江下游活動。

中華民國的成立

不久，全國響應。東南各省，以至黃河沿岸，次第光復。清宣統三年辛亥十一月十三日，孫中山先生抵達南京，宣誓就任臨時大總統職。因爲當日是公元一九一二年一月一日，於是改元爲中華民國元年元旦，並發表宣言，宣佈中華民國的成立。下面所錄的，是當日「中華民國大總統孫文宣言書」原文：

「中華民國締造之始，而文以不德，膺臨時大總統之任，夙夜戒懼，慮無以副國文之望。夫中國專制政治之毒，至二百餘年來而滋甚。一旦以國民之力，蹶而去之，起事不過數旬，光復已十餘行省。自有歷史以來，成功未有如是之速也，國民以爲，於內無統一之機關，於外無對待之主體，建設之事更不容緩。於是以組織臨時政府之責相屬。自推功讓能之觀念以言，文所不敢任也。自服務盡責之觀念以言，則文所不敢辭也。是用黽勉，從國人之後，能盡掃專制之流毒，確定共和，以達革命之宗旨，完國民之志願，端在今日。敢披瀝肝胆，爲國民告。國家之本，在人民，合漢、滿、蒙、回、藏諸地爲一國，卽合漢、滿、蒙、回、藏諸族爲一人，是曰民族之統一。武漢首義，十數行省，先後獨立。所謂獨立，對於清廷爲脫離，對於各省爲聯合。蒙古西藏，意亦同此。行動既一，決無歧趨。樞機成於中央，經緯周於四至，是曰領土之統一。血鐘一鳴，義旗四起。擁甲帶戈之士，遍於十餘行省。雖編制或不一，號令或不齊，而目的所在則無不同。由共同之目的，以爲共同之行動，整齊畫一，夫豈其難，是曰軍政之統一。國家幅員遼闊，各省自有其風氣所宜。前此清廷，强以中央集權之法行之，遂其僞立憲之術。今者各省聯合，互謀自治。此後行政期於中央政府與各省之關係調劑得宜。大綱既挈，條目

七十二烈士

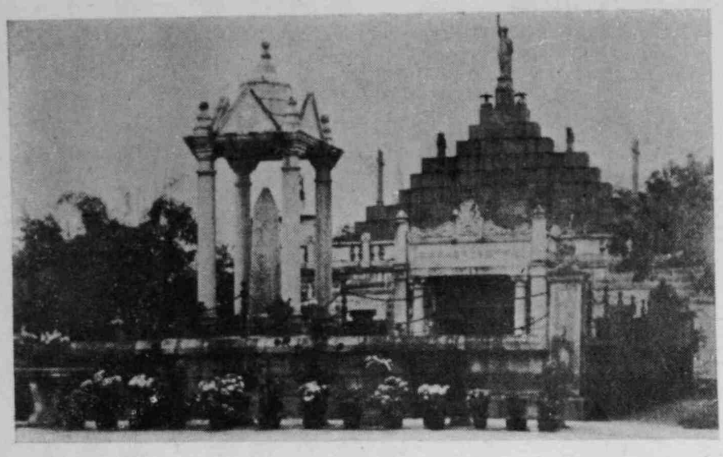
人們提到黃花崗，便會想起七十二烈士之墓。當然，七十二烈士，是值得後人永遠景仰的。可是，時至今日，又有幾多人能說出七十二烈士其中兩位，甚至一位的名字來呢？

七十二烈士的籍貫，計有廣東四十一人，福建十九人，廣西六人，四川三人，安徽三人。他們雖然來自四面八方，心中却只有一個共同的目標，就是要推倒腐敗無能的滿清，重建中華。「拚將十萬頭顱血，須把乾坤力挽回。」是的。爲了挽救中國，爲了挽救中華民族，他們又那怕拋下自己的家庭親人，那怕犧牲自己的生命，毅然冒險犯難。不惜以自己的熱血，去洗滌民族的垢心，以自己的頭顱去敲響民族的警鐘。他們敢於爲天下先的精神，實在令我們肅然起敬，也實在令我們汗顏。當然他們也知道自己的力量仍然有限，因此都抱着必死的心情。這種明知不可爲而爲之的精神，眞不愧爲大丈夫的所爲。烈士如方聲洞羅仲霍等，在起事前，多留下絕筆書，然後挺身赴難，令人感動。其中林覺民以家書生，投身革命，從容就義，其事最烈。現在我們特別把林覺民致妻絕筆書錄出如下：

「意映卿如晤：吾今以此書與汝永別矣。吾作此書時，尙是世中一人，汝看此書時，吾已成爲陰間一鬼。吾作此書，淚珠和筆墨齊下，不能竟書而欲擱筆。又恐汝不察吾衷，謂吾忍捨汝而死，謂吾不知汝之不欲吾死也。故遂忍悲爲汝言之：吾至愛汝。卽此愛汝一念，使吾勇於就死也。吾自遇汝以來，常願天下有情人都成眷屬。然遍地腥風，滿街狼犬。稱心快意，幾家能效司馬春衫？吾不能學太上之忘情也。語云：仁者老吾老以及人之老，幼吾幼以及人之幼。吾充吾愛汝之心，助天下人愛其所愛，所以故先汝而死不顧汝也。汝體吾此心於啼泣之餘，亦以天下人爲念，當亦樂犧牲吾身與汝身之福利，爲天下人謀永福也。汝其勿戀。」

秋瑾說得好，「畫工須畫雲中龍，爲人須爲人中雄。」黃花崗七十二烈士雖然死了，可是，他們都死得轟轟烈烈，殺身成仁，浩氣長存。他們當不愧是人中之雄。身爲後人的我們，有誰又敢站起來，和他們比一比，誰高？

七十二烈士之死，喚醒了沉睡中的民衆。而黃花崗一役，雖然是革命的第十次失敗，可是「是役也，碧血橫飛，浩氣四塞，全國久蟄之人心，乃大興奮，怨憤所積，如怒濤排壑，不可遏止，不半載，而武昌之大革命以成。」



墓之士烈二十七崗花黃

林覺民

武昌的槍聲

懷錐不遇粵途窮，露佈飛傳蜀道通。
吳楚英雄戈指日，江南俠氣劍如虹；
能爭漢土爲先著，此復神州第一功。
愧我年來頻敗北，馬前趨拜敢稱雄。

以上是黃興由上海往湖北途中，和譚人鳳的武昌起義詩。

黃花崗一役後，同盟會的青年精英，損失慘重。於是宋教仁針對歷次邊僻起事失敗的教訓，提出革命三策：

上策：聯絡北方軍隊，以東北爲後援，一舉而突破北京，推翻滿清。

中策：在長江各省，同時大舉，設立政府，然後北伐。

下策：繼續在僻遠地方起事。

黨人經過商議，公認長江的重要，而武漢位於長江中游，四通八達，最宜首先發難。於是決定在武漢起事。

安慶，秋瑾亦被捕。一九〇七年六月初六日，就義浙江之軒亭，年僅三十三歲。

秋瑾的遺作，都是豪縱凌厲，氣壯山河，才華橫溢，充份表現對國家和民族的深切熱愛與關懷，令人感動。我們現在特別錄出幾首她的詩如下：

對酒

不惜千金買寶刀，貂裘換酒也堪豪；
一腔熱血勤珍重，洒去猶能化碧濤。

日人石井君索和卽用原韻

漫云女子不英雄，萬里乘風獨向東。
詩思一帆海空闊，夢魂三島月玲瓏。
銅駝已陷悲回首，汗馬終漸未有功；
如許傷心國家恨，那堪客裏度春風。

感懷

莽莽神州嘆陸沉，救時無計愧偸生，
博沙有願興亡楚，博浪無椎擊暴秦。
國破方知人種賤，義高不碍客囊貧，
經營恨未酬同志，把劍悲歌涕淚橫。

感時

煉石無方乞女媧，白駒過隙感韶華。
瓜分慘禍依眉睫，呼告徒勞費齒牙。
祖國陸沉人有責，天涯飄泊我無家，
一腔熱血愁回首，腸斷難爲五月花。

我們也錄出她的一闋滿江紅詞如下：

滿江紅

小住京華，早又是中秋佳節。爲籬下黃花開遍，秋客如拭。四面歌殘終破楚，八年風味徒思浙。苦將儂强派作娥眉，殊未屑！身不得，男兒列；心却比，男兒烈。算平生肝胆，因人常熱。。偕子胸襟誰識我？英雄末路當磨折。莽紅塵何處覓知音？青衫濕！

作爲後人的我們，讀到這些慷慨激昂的作品時，能無所感嗎？而中國，亦應以有像秋瑾這樣的女傑而自豪！然而，秋瑾畢竟只有一個。

潮州黃岡之役

一九〇七年四月，余丑等在黃岡起兵，進攻潮州，大破清軍。可惜終因彈盡無援而失敗。這是革命第三次的失敗。

惠州七女湖之役

依照　國父原來計劃，革命黨人應該同時在潮州惠州起事。所以，當潮州事發時，鄧子瑜亦在六月間，在惠陽七女湖發難。附近聞風响應，可惜彈援不繼，而且黨人在潮州方面亦已經失利，於是也告失敗。這便是革命第四次的失敗。

雖然經過歷次失敗，可是，革命黨人却從不氣餒，一次接着一次地，向着昏庸腐敗的清廷衝擊，而清室在革命黨人的歷次打擊下，一步步地走向覆亡的邊緣。

跟着而來的革命運動，計有：

一九〇七年的欽廉之役，鎭南關之役。
一九〇八年的欽廉上思之役，河口之役。
一九一〇年的廣州新軍之役等。

這幾次戰役，是革命的第五次至第九次的起義。雖然都失敗了，可是，滿清亦不能扭轉它必然敗亡的命運。而跟着來的一次震撼人心的大事，更加速了滿清的覆亡。這就是：

廣州黃花崗之役

一九一一年辛亥三月二十九日，黃興率領黨員百餘人，以白布纏臂，足着黑面膠鞋，吹螺角爲號，進攻兩廣總督署。該署雖然被攻破，可是天色已晚，而黨人多數來自川閩南洋等地，對於廣州省城的道路不大熟悉，加上清軍人多勢衆，黨人迫得陷於苦戰，傷亡過半，黃興亦負傷，僅以身免。

這次起義，先後死難同志八十六人。事後無人敢收殮屍體。後得志士潘達微多方奔走，最後以善堂名義出面收檢忠骸，其中姓名籍貫可查的，共七十二人，合葬在廣州市郊黃花崗。烈士遺體於是得以入土爲安，隆塚豐碑，永受後人瞻仰。

國家，中國話，說列強；外國話，便說列權。又機器的力量，中國話，說是馬力；外國話，說是馬權。所以權和力實在是相同的。有行使命令的力量，有制服羣倫的力量，就叫做權。把民同權合攏起來，民權就是人民的政治力量。……」

同盟會的成立

當時鼓吹革命的風氣，已經瀰漫全國。同時歐洲日本的留學生，亦多傾向於革命。國父認爲有擴大興中會組織的必要，於是聯合湖南華興會領袖黃興，宋教仁，浙江光復會領袖章炳麟，徐錫麟，和其他革命團體，在一九〇五年八月二十日，假東京赤坂區霞關，成立同盟會。各人共推國父爲總理。

同盟會的誓詞爲：「驅除韃虜，恢復中華，創立民國，平均地權。」

同盟會成立後，革命風潮，鼓盪全國。會員歷次起起事，風起雲湧，挺身犯難，可歌可泣。我們特別將其中較爲重要的，分列如下：

一九〇五年秋，吳樾謀炸清出洋考察五大臣，殉難。
一九〇六年冬，萍瀏之役，劉道一死難長沙。
一九〇七年夏，徐錫麟刺恩銘，被捕就義。
一九〇八年冬，葛謙、譚馥、嚴國豐等殉難廣州。
一九一〇年一月，熊成基謀刺清海軍大臣戴洵不成，就義吉林。
一九一〇年四月，汪兆銘、黃復生謀炸清攝政大臣不遂。
一九一一年四月，溫生才刺殺廣州副都統孚琦。
一九一一年八月，林冠慈、陳敬岳炸廣東水師提督李準，不中，一同遇害。

一九一一年十月，李沛基炸清將鳳山於廣州。等等。

國父孫中山先生，本來很少寫詩的，不過，爲了紀念劉道一死難長沙，他曾經寫了以下的一首詩：

半壁東南三楚雄，劉郎死去霸圖空；
尚餘遺策艱難甚，誰與斯人慷慨同？
塞上秋風悲戰馬，神州落日泣哀鴻。
幾時痛飲黃龍酒，橫攬江流一奠公。

可見這些革命志士，如何受人尊敬。其中尤以同盟會女會員浙江紹興大通學堂監督秋瑾，死事最烈。

秋瑾

秋瑾是中國近代史上，最傑出的女性之一。

秋瑾，字璿卿，又字競雄，自號鑑湖女俠，浙江紹興人。

秋瑾生平，炕爽明快，不拘小節，放縱自雄。她自幼讀書敏悟，嫻於辭令。文章奇警雄健。閒時習騎馬，喜酒善劍。曾作寶刀歌以懷念荆軻。

庚子變亂，秋瑾感時傷懷，曾經嘆息曰：「人生處世，當匡濟艱危，以吐抱負，寧能米鹽瑣屑終其身乎？」

一九〇四年，秋瑾留學日本，和同志重興共愛會，對救亡大計，多所陳說，慷慨激昂。後因日方取締，於是和同志們拂衣歸。回國後，以辦女學爲己任，主講浔溪學校，又辦「中國女報」。她到處奔走，鼓吹革命，聯絡志士，密謀光復漢族。後來與徐錫麟約期起事，不幸失敗，徐氏死難

徐錫麟

秋瑾

第二次起義

一九〇〇年，庚子拳亂，中國北方，幾乎陷於無政府的狀態。國父以機不可失，於是派鄭士良入惠州，史堅如入廣州，密謀再次起義，決定以惠州三洲田爲發難中心。可惜餉械運抵香港時，被人告密，不得登陸。鄭士良在惠州作戰月餘，因彈盡無援失敗。而史堅如則在廣州謀炸清兩廣總督德壽，不中被捕。史堅如在被捕後，備受酷刑逼供，包括脫手足趾甲，但他却能一一逆來順受，不肯洩露一字，最後壯烈殉難，是爲革命志士殉難的第二人。惠州三洲田之役，便是革命的第二次失敗。

史堅如殉難後，國父曾說：「堅如聰明好學，眞摯誠懇，與陸皓東相若。其才貌英姿，亦與皓東相若。而二人皆能詩能畫亦相若。皓東沉勇，堅如果毅，皆命世之英才。惜皆以事敗而犧牲，元良殂喪，國士淪亡，誠革命前途之大不幸也。而二人死節之烈，浩氣英風，實足爲後死者之模範。每一念及，仰止無窮。二公雖死，其精神之縈繞吾懷者，無時或間也。」

革命排滿思想瀰漫全國

惠州二次起義失敗後，國人已不再把革命黨人視爲大逆不道。全國鼓吹排滿革命的風氣，日形熾烈。在日本的留學生，亦紛紛討論革命救亡的問題。張繼等在東京舉辦「國民報」，鼓吹革命。陳範，章太炎，吳敬恒等在上海辦「蘇報」，作爲响應。知識份子，亦紛紛著書宣傳，以喚起人心。其中著名的，計有陳天華所作的猛回頭，警世鐘，鄒容所作的革命軍等。後者充滿激烈的排滿言論，尤爲傳誦一時。我們現在將革命軍自敘一段，轉錄如下：

「不文以生居於蜀，十有六年，以辛丑出揚子江，旅上海，以壬寅遊海外，留經年。錄達人名家言，印於腦中者，及思想間所不平者，列爲編次，以報我同胞。其亦附於文明國中言論自由，思想自由，出版自由者歟。雖然，中國人，奴隸也。奴隸無自由，無思想。然不文不嫌此區區微意，自以爲以是報我四萬萬同胞之恩，我父母之恩，我朋友兄弟姊妹之愛我。其有責我爲大逆不道者，其有信我爲光明正大者，吾不計。吾但信盧騷華盛頓威曼諸大哲，於地下有靈，必哂曰孺子有知，吾道其東；吾但信鄭成功張煌言諸先生，於地下有靈，必笑曰後起有人，吾其瞑目。……吾言吾心而已。皇漢民族亡國後之二百六十歲次癸卯三月日，革命軍中馬前卒鄒容記。」

這些反清言論，引起了滿室的反撲。於是章太炎因而繫獄，吳敬恒逃亡歐洲，鄒容被捕，死於獄中，年方二十一歲。

可是，清廷雖然採取嚴酷手段，對付革命志士，却不能完全撲滅反清言論。革命志士，羣起辦報，鼓吹排滿救國思想。當時重要的，計有「神州日報」，「民呼日報」，「民吁日報」，「民立日報」等。主編執筆的人，都是一時俊彥，如于右任，張人傑，楊篤生，戴天仇，范光啓，宋教仁，吳宗慈，王无生等。

鄒容

三民主義的萌芽

倫敦脫險後，國父遊歷歐美各國，考察各地的社會政治制度，因而產生對中國民生社會等的改革問題，這就是三民主義的由來。

三民主義，即民族主義，民權主義，民生主義。大要說來，民族主義是以中國的自求解放，爭取在國際上獨立自由平等的地位，進而謀求世界各民族的獨立自由平等爲原則。民權主義，則賦與國民選舉權，創制權，複決權，罷免權等，而政府機關則以立法，司法，行政，考試，監察等五權憲法作組織原則。民生主義，則以平均地權，節制資本爲原則。三民主義的中心思想，是以促進中國的國際地位平等，政治地位平等，與經濟地位平等，使中國能永久適存於世界爲目的，所以又稱救國主義。

三民主義的理想，早在一九〇五年便已開始萌芽，其後歷有增補。至理名言，不愧爲中國革命的圭臬。我們特別把其中一小段錄出如下：

「……甚麼叫做民權主義呢？現在要把民權來定一個解釋，便先要知道什麼是民。大凡有團體有組織的衆人，就叫做民。什麼是權呢？權就是力量，就是威勢。那些力量大到同國家一樣，就叫做權。力量最大的那些

秋瑾是中國近代史上，最傑出的女性之一。

一八九四年十一月二十四日，國父在檀香山，聯合華僑志士，成立興中會。當時中日戰爭正酣，清兵屢敗，全國激憤。國父於是回到香港，和陳少白、鄭士良、陸皓東等人，商量擴大組織，聯合全國革命志士，共策救亡運動。一八九五年，興中會總機關設在香港，會址爲乾亨行，以振興中華爲號召。

當日興中會的宣言原文如下：

「中國積弱，至今極矣。……堂堂華國，不齒於列邦。濟濟衣冠，被輕於異族。有志之士，能不痛心……方今强隣環列，虎視鷹瞵，久垂涎我中華五金之富，物產之多。蠶食鯨吞，已見效於接踵；瓜分豆剖，實堪慮於目前。……有心人不禁大聲疾呼，亟拯斯民於水火，切扶大廈之將傾。……用特集志士以興中，協賢豪而共濟。」

其誓詞曰：「驅除韃虜，恢復中華，創立合衆政府。倘有貳心，神明鑒察。」

第一次起義

一八九五年，興中會同人，在香港決定了反清起義的計劃。他們結合了志士三千人，預備由香港偷入廣州，然後一舉襲取廣州，作爲革命的基地。衆人並採用陸皓東創製的青天白日旗，作爲革命軍旗，一切計劃就緒後，國父親自前往廣州，以設立「農學會」作掩護，廣徵同志並在雙門底王家和南門外張公館設立分機關，定期在十月二十六日重陽節，在廣州舉事。可惜後來偷運軍械不愼，被海關搜獲手槍六百多枝，事機於是洩露。國父急電制止已來不及，陸皓東等被捕，黨人乘船抵達廣州者皆被擒。十一月七日，陸皓東不屈而死，是爲革命流血的第一人。而廣州之役，也是革命的第一次失敗。

陸皓東

倫敦蒙難

廣州之役失敗後，國父輾轉脫險，返回香港。不久便和鄭士良、陳少白等前往日本，在橫濱成立興中會分會。並在美國各地，聯絡華僑志士，宣揚革命，大觸清廷之忌。

一八九六年九月，國父抵達倫敦。清廷駐英公使龔照瑗秘密使人把他誘入使館，然後將他嚴密囚禁，陰謀解送回國。後來幸得老師康德黎多方營救，才告脫險。我們可以從國父在脫險後，寫給區鳳墀先生的信中，看到清使館對他構陷的詳細經過。這封信的內容如下：

「啓者：弟被誘擒於倫敦，牢於清使館，十有餘日。擬將弟捆綁，乘夜下船，私運出境。船已賃備，惟候機宜。初，六七日內無人知覺。弟身在牢中，自分必死，無再生之望。窮則呼天，痛癢則呼父母，人之情也。弟此時惟有痛心懺悔，懇切祈禱而已。一連六七日，日夜不絕祈禱，愈祈愈切。至第七日，心中忽然安慰，全無憂色，不期然而然，自云此祈禱有應，蒙神施恩矣。然究在牢中，生死關頭，盡在能傳消息於外與否耳。但日夜三四人看守，窗戶俱閉，嚴密異常。惟有洋役二人，日入房中一二次，傳遞食物各件然。前已托之傳書，已爲所賣，將書交與衙內之人，密事俱俾知之，防範更爲加密。而可爲我傳消息者，終必賴其人。今既蒙上帝施恩，接我祈禱，使我安慰，當必感動其人，使肯爲我傳書。次早，他入房中，適防守偶疏，得乘間與他關說，果得允肯。然此時筆墨紙料俱被搜去。幸前時將名帖寫定數言，未曾搜出。即交此傳出外與簡地利萬臣兩師。他等一聞此事，着力異常，即報捕房，即稟外部。而初時尚無人信，捕房以此二人爲癲狂者，使館全推無其事。他等初一二日，自出暗差，自出防守，恐溜夜運往別處。初報館亦不甚信，迨後彼二人力證其事之不誣，報館始爲傳揚，而全國震動，歐洲震動，天下各國亦然。想香港當時亦必傳揚其事。倫敦幾乎鼓噪，有街坊欲號召人拆平清使衙門者。沙侯（編者按：即沙里士堡侯爵，當時的英外長）行文着即釋放，不然則將使臣人等，逐出英境。使館始懼而放我。此十餘日間，使館與北京電報來往不絕。我數十斤肉，任彼千方百計而謀耳。幸天心有意。人謀不臧。雖清虜陰謀，終無我何，適足以揚其無道殘暴而已。虜朝之名，從茲盡喪矣。弟現擬暫住數月，以交此地賢豪。弟遭此大故，如蕩子還家，亡羊復獲，此皆天父大恩。敬望先生進之以道，常賜教言，俾從神道而入治道，則弟幸甚，蒼生幸甚。」

前言

清代末年，國事日非。外有列强環立，瓜分在即。內有貪官汚吏，誤國傷民。而且，關禁大開，洋貨充積，打擊本國手工業。於是失業遊民，與日俱增。加以連年對外戰爭的巨額賠欵，弄到國用日拙，民困日增。而滿室昏庸，對外雖然懦弱無能，喪權辱國。可是，拊制漢人的策畧，仍未肯放棄，竟有「寧賣國於外人，不能輕易與家奴」的妄念。於是有志之士，皆認識到清室不可復恃，而列强瓜分之禍，却又迫於眉睫，不推翻滿清，不足以救國圖强。

一代偉人的誕生

於是清末革命思想，十分蓬勃。不過，排滿運動，雖然此起彼繼，可惜，發起的人，不是缺乏遠見，就是祇爲個人的野心打算。所以，他們雖然可以擾亂滿清於一時，對大局却於事無補，反淪爲擾民。而能有系統，有策劃地促進革命運動，多方奔走，聯絡志士，大公無私，始終如一，卒導致推翻滿清，革除帝制，開中國現代史的新紀元者，則爲　國父孫中山先生。

一八六六年十一月十二日（清同治五年十月初六），　國父生於廣東中山縣翠亨村，一個藉藉無名的地方，而這個本來是藉藉無聞的地方，却憑着偉人的誕生，揚名後世。

國父名文，幼名帝象，族序名德明。稍長，號日新，又號逸仙。其後旅居日本，取名中山樵，世人於是稱之爲中山先生。

國父七歲啓蒙，十一歲才正式入鄉塾讀書。因爲資質聰穎，所以進度神速。幼年時，喜歡聽人講述太平天國的事跡，十分欽慕洪秀全的爲人，已慨然有光復漢室願望。塾師曾稱他「成年後能爲非常事業，小事不屑爲，爲亦無益。」

十四歲時，國父隨母親楊太夫人往檀香山，兄長德彰，把他送入意奧蘭尼中學，其後以優異成績，獲得夏威夷王的嘉賞。

一八八三年（光緒九年），　國父由檀香山回國，入香港拔萃書室。翌年春，轉讀皇仁書院。旋接受教會洗禮。不久，奉父親達成公命，返鄉完婚，娶妻盧氏慕貞。當時，　國父年二十歲。

二十一歲起，　國父開始學習西醫，先入醫州博濟醫院肄業。次年，轉入香港雅麗氏醫院附設之西醫書院，其後以最優異的成績畢業。

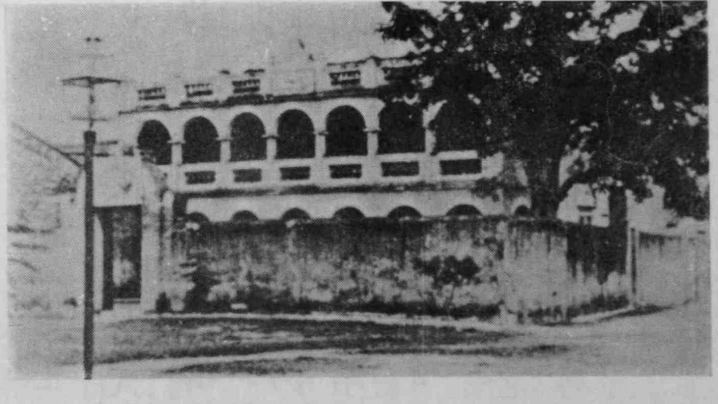
四大寇

國父在西醫書院肄業時，已經留意到經國濟世的大問題，並以研究學術和鼓吹革命爲己志。課餘的時候，常談論國事及救亡的方法，可惜人們對他的言論，每多忽視。祇有陳白、尤列、楊鶴齡和他志趣相投。四人常在鶴齡祖業耀記商號開會討論，暢談革命。時人稱他們爲清廷的四大寇。

國父也用心研究中國地理。在室內懸掛巨幅中國地圖，常指着地圖對人說：「如此江山，付諸異族，豈能長此忍受嗎？」

興中會的創立

中日甲午戰爭爆發後，　國父以國事日非，於是上書李鴻章，詳述救國大計。可是李氏已經老朽，無意採納，國父於是立志推翻清廷，救國救民。



國父故居翠亨村

六十年前的辛亥

——辛亥革命六十週年紀念特輯

無聲無息地，辛亥年的時光已經差不多溜走了一半。可是，六十年前的辛亥，却是震爍中外的一年。爲了推翻專制的滿清，建立民主自由的中國；爲了挽救被瓜分的厄運，使中國能夠重生，無數的志士，擲頭顱，洒熱血，犧牲一己的生命，換取億萬同胞的自由；所謂「引刀成一快，不負少年頭」。終於，滿清被推翻了；終於，民國成立了。現在，六十年了。六十年的日子可不短。六十年前出生的人，如今都是垂垂老去的花甲翁，也許正在安享晚年了。然而，六十年來，中國所得到的是什麽？中國廣大的百姓，得到的又是些什麽？六十年後的今天，應該是我們起來靜靜地想一想的時候了。所以，本期我們特地搜集了一些關於辛亥革命的資料，稍加整理，把它們發表出來。我們因爲籌備倉卒，參考材料短缺，而且經驗學識不足，難免有錯漏的地方，或者有拾人牙慧之處。因此，我們希望各位能夠原諒。同時，我們更希望各位讀起來不致覺得枯燥，無味，因爲這到底是一段不應被遺忘的近代中國史。

——編者——

一日回校，發覺課室坐無虛席，連平日很少回校聽課的同學也在座，眞是盛況空前。一問之下，原來有教授筆記派發。有講師聞此事說：「你們學生就祇懂要講義筆記。」

難道我們的眼光眞是如此短淺狹隘，心中就祇有筆記講義嗎？

他又怎知道我們的苦處和矛盾呢？

雖然絕大多數同學都明瞭要成爲一個負責任爲病人服務的好醫生，除靠以後的實踐和經驗外，大部份的理論和醫學常識都從書本吸收，加以自己的分析和整理，才是眞眞正正屬於自己的學問。至於講義，祇可作爲輔導。無奈，每一科要精讀那麼多巨而厚的「巨著」，實非易舉，惟有死刨筆記以博取合格。

可惜我不是打瞌睡，便是腦子環遊世界去了。

此刻，一切遠大美好的理想、完善的讀書方法，都不知拋到那裏去了。讀書彷彿便是爲了應付考試，難道這是讀書的眞正意義嗎？

× × ×

First M. B. 越來越逼近，我們這一羣莘莘學子的精神及體力的枷鎖更越來越重。每天打從早上掙開眼睛，便得將厚厚的書本，狼吞虎嚥的一頁頁「吃」下去，直至晚上睡前的一分鐘。解剖、生理、生物化學盡在腦子裏打滾；兩耳實行不聞窗外事，一心祇知讀聖賢書。

× × ×

一看試卷，嚇得口呆目瞪——怎麼我精通的東西，偏不能作答，那些我一知半解的，似乎才是所需。這時，心中不禁懷疑考試對評定一個學生的學問，孰優孰劣的價值。單憑這十多條題目，倘若我能「命中」，料想也能對答如流，成績也不錯吧！但眞倒霉，這一回「捉迷藏」，又給教授贏了。

眼光接觸到監考員，他好像說：「看你這副模樣，是『肥』定了。」不，不能啊！這兩年的心血，要開花結果，要努力啊！

硬着頭皮，在試卷上，實行「融會貫通」，作出最後的奮鬥，希望挽回殘局。

× × × ×

筆試過後，口試也不顯得輕鬆。我們同樣有筆試時的症狀——精神恍惚、心跳加速、整夜不眠、頭痛胃痛、胃口澀滯、體重減輕……

長此下去，我們這班「大醫師」，遲早是「出師未捷身先死」！

× × × ×

First M. B. 祇是牛刀小試，以後Second M. B.…Final M. B.陸續有來。一連串的考試便結束了五年的醫科生活。

這就是一位所謂未來的大醫師的泡製方法！

大學生活偶感

（當你獲知自己能夠進入醫學院後，你會覺得多麼的高興。你的父母爲你而驕傲，你的親人讚美你，你的朋友羨慕你。你會覺得十分自豪，你會覺得飄飄然，以爲天下之美爲盡在己。果真如此？請讀本文吧。編者）

我踏入醫學院的第一天，看到的盡是一張張陌生的臉孔。當時我曾立下「宏願」，要結交這些新朋友。

兩年後的一天，在公共汽車上，看見一位仁兄好像很面善，似曾相識。下車後，回到課室，看看隣位，不禁啞然失笑。這不是剛才那位仁兄嗎？

有關於同學之間的隔膜，班委員會多次安排了很多活動，其中次數舉行得最多的要算是社交舞會。對於參加這項活動的同學，我都報以羨慕，懷疑的眼光——「他們結交朋友的『野心』可眞不少啊！」

× × × ×

在解剖實驗室裏，除了埋頭苦幹的同學外，鏗鏘的朗讀聲與嗡嗡的談笑聲夾雜在一起。

然而，教授一來巡視，每人立即手持「武器」，作專心狀。及至教授靈感一到，走近黑板前，教某組同學一些竅門；其他同學，聞風亦一湧而上。一剎那間，祇見黑板前人頭湧湧，而解剖桌前，則剩下寥寥幾人。

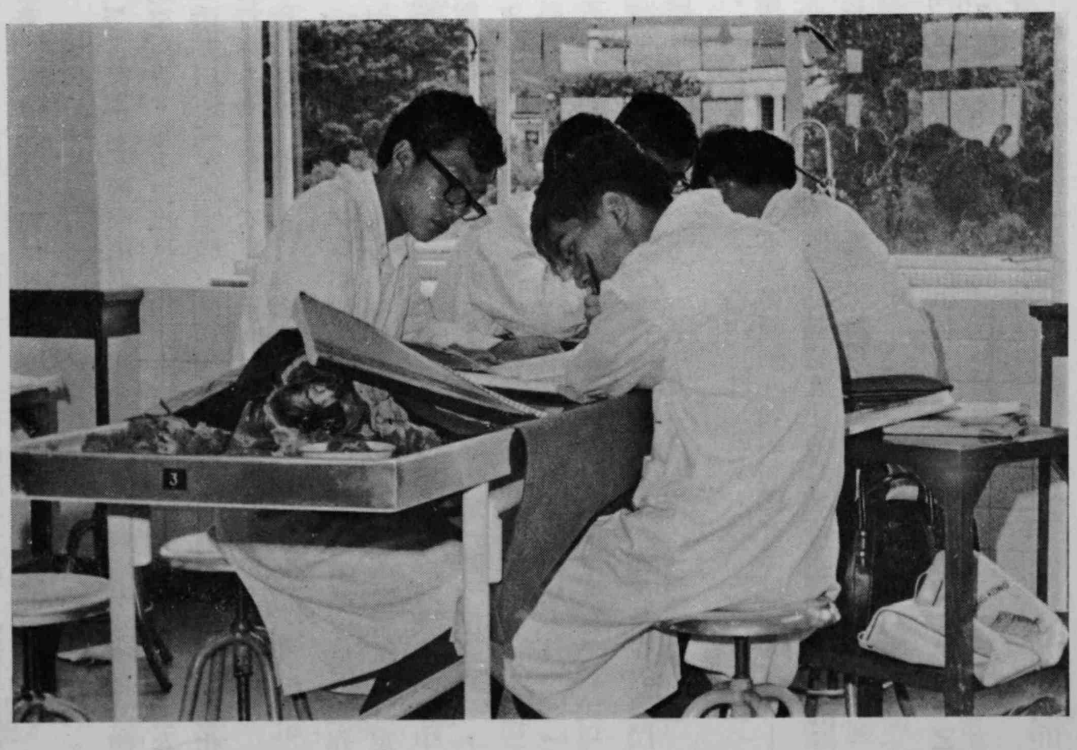
聽完教授高論的同學，都好像畧有所悟，茅塞頓開，而那些聽不到的，惟有大嘆「執輸」。

× × × ×

自從上了大學後，發覺自己抄寫的速度，進步神速，字體有如狂風捲落葉。上課時，馬不停蹄，抄筆記由始至終。有時候，雖然不知所抄是否言之有物，但不抄又心有不甘。

當然，有些課祇需要留心聽講，但可惜我不是打瞌睡，便是腦子環遊世界去了。猛然醒起，自己身在課室，又看看周圍的同學，都好像精神集中，目不轉睛地注視着幻燈片，於是心中不禁苦叫一聲：「慚愧！」

× × × ×



各人立即手持武器，作專心狀

是可以棄之不理，但有時我總覺得這簡直是一個浪費。我不是叫人緊張或吝嗇。但試想一下，如果有一次你對自己這樣說：「算了吧，這小小的數分鐘，做不了甚麼的，倒不如靜靜的消磨渡過吧。」以後你也會毫不例外地找藉口爲自己辯護了。重要的是，一分鐘是六十秒之和，六十分鐘便是一小時，而人生的過程，就是這些分分秒秒所積累而成的幾十年光景。每日雖然祇浪費了二十多分鐘的時間，但在你整個生命的過程中，加起來你便浪費了一年的時間。這是多麼的可惜啊！

有些人的確是空閒得可怕，每日除了份內應做的事務外，便不需要料理其他的事情，他們或者會說：「我眞的不知道應該做些什麼才好，不是不知道從何入手，便是理想太高了，往往有心有餘而力不足的感覺。」每遇到這些人時，我便對他們說：「試假設你已經知道你明日便要死去，你想你會做些什麼呢？換句話說，你認爲有些什麼有意義的事情你可以立刻做呢？想到的話，便立即去做，猶如你眞的是轉瞬間便要和我們永別一樣。每次發覺有着長久時間眞空的危機時，便再想一次。」有時他們會說：「每次我祇能想出同樣的一件有價值去做的事。」或說：「我祇能夠做一件小小的事。」

如果每一個人在他活在世上的過程中，都能留下一件已完成了的工程，這一個世界，將永遠的前進，永遠的在建設中。但事實上，有幾多人除了做社會上的寄生虫外，又有什麼有價值的貢獻呢？一件事不管表面上或起初時是怎樣的小，怎樣的容易，但到眞眞正正處理時，往往才發覺到不知要付出多少功夫，多少腦汁，多少精神，才能見到希望中的果實（而這果實却是全世界最甜的），更不用說要盡善盡美其事所需要付出的代價了。不少人所計劃的工程是由後人代爲完成的。

因此，「沒有什麼好做」祇是一個推搪的藉口，一種人性懶惰的表現。如果說很多時想不出有什麼好做，這祇顯示出這人從來未計劃或預算過。我以爲最妥當的方法是當你認爲有什麼你應該做時，便在你的記事部特別事項中記下，如寫信給某朋友或修理某家庭用品等，在空閒時便拿出來看看，那時你便發覺自己應做的事情是多麼的多，再想到你可利用空閒的時間來完成那些事情，你便不要再躊躇了。這樣做的話，你不但沒有虛費光陰，反而令自己的空閒時間過得更有意義，又能使自己更有建設性，及更走近成功的道路。

人類生來是有惰忌的本性。在你利用空隙的時間來做些有用的事時，[illegible]

法，他們不明白人是爲理想而生活，如父母捱盡了辛勞並不是爲什麼，祇爲下一代的幸福而已。他人的譏笑你，祇有暴露出他們的弱點，他們的恐懼。我是不怕的，因爲我確實知道我這樣做是會得益受用。多少人在最困難最艱辛的境地中堅强地站起來，表現出人類最高度的忍耐力。成功的因素祇在毅力，恆心，勇敢，正確的目標，和實踐。

看上去，這樣的爭取一分一秒似乎很小家種，但我總覺得這是值得的。同樣的，很多人會認爲那瑞士的人是多餘的，或是太緊張了，可是，事實上幾多人能像他會靜心反省，自我批評，以求對自己作進一步的了解呢。

叛

無名氏

踏夜而逸
只空問你在何處

後頸猶畏，鬱金香的呵氣
便凝住一行千軍萬馬的脚印

將嘯越幾疊雲
但你是誰？

幾重瘴
倩那一縷流光指路？

新月自雲瘴外翩然湧出
北斗的柄？

翹起你
北斗是你底夜光杯

一彎蒼白的唇
或有點滴

在一個頑皮的鬼臉
自你茫然的顫慄中潑出

月裏是你
鏘鏘然，搖落這滿天欲墮的

水裏也是你
星雨

月被了水，水被了月

無題

憑此寸心卽是詩，
是真才子本無師。
區區自有青蓮意，
禿管何須彷杜詞

（編者按：好個是真才子本無師，只怪文人多帶癡；孤標傲世難寓意，唯笑他人不我如。）

飲酒欵客

綠醪不須酷，與時客自開。
結交遍天下，同心幾個來。
風雲豪氣少，焉用許多杯。

人生與時間

偉

（人生祇不過數十寒暑、能夠利用別人認爲無用的空暇時間，做些有意義的事，人生才過得更有價值。所以，本文作者說：「如果每一個人在他活在世上的過程中，都能留下一件已完成了的工程，這一個世界，將永遠的前進，永遠的在建設中。」又說：「沒有什麼好做祇是一個推搪的藉口，一種人性懶惰的表現。」作者更進一步說明了「人是爲理想而生活……多少人在最困難最艱辛的境地中堅強地站起來，表現出人類最高度的忍耐力。成功的因素祇在毅力、恆心、勇敢、正確的目標，和實踐。」唯其如此，我們才可以踏上真正成功的道路，得嘗最甜美的果實。

——編者——）

瑞士有個名叫亞力山·奧士本的，他到了八十歲那年，便把從少年時開始不間斷地記載下來的日記搬出來，作個統計：活了八十歲，在床上睡掉二十六年的時間，一生吃喝合計費掉六年的工夫，迎送朋友費去三年之歲月，祇發笑過四十六小時，剩下來一生的工作時間能有多少？爲人爲己做了多少有意義的事？於是他慨嘆人生的短暫，深深感覺人生的寶貴了。

這是一個很普遍的現象。事實上，一天中睡眠已佔了差不多三分一的時間，而且不知幾小時是閒散無事，更有些時間是在半醒覺的狀態下過的。有些人根本就不知自己做些甚麼，爲何要做這些或那些，祇是爲工作而工作，祇知接受命令；不論甚麼事情，從不思索出究竟。這種人根本就失去了人生的目的，更不要說期望他能認識到做人的意義。到了快要離開這人世時，還不知道自己爲了甚麼而生存，說不定會後悔爲何不早些結束了自己的生命。

我不是說人生應該是忽忙的。一日中，無論怎樣，總會有點時間空置着，例如在兩件應做的事情之間，或赴一個約會之前都是。本來這些時間

性。故於眼科有研究者，乃總結經驗，力倡開天窗之折衷辦法，以確保車內外光度接近統一，免此流弊。該派呼聲甚高，惜其假設既未經控制實驗（Control experiment）證明，又未有眼科專家光學專家證實。

（2）月光浴學派：

此派聲言天窗車乃方便情侶於月下談心，不須推門離車，即可從容浴於月光下，大增羅曼蒂克情調。該派之最有力佐證爲開蓬車往往爲跑車，而跑車僅有二人座位，一似專爲情侶浴月而設，可見月光之於愛情，一如貨白質之於肝硬化患者也。但反對者則力稱無稽，並謂任何光綫適足破壞情調，包括月光在內。

（3）摘果盈車學派：

潘安，自檀奴，修儀容，美風致，每御車出，女子爭相以果擲之，歸而盈車。

有謂未來醫生之吸引力，有甚於潘安，故爲方便接受花果之投擲，乃特與汽車公司相商訂製上開一窗之車，後人紛紛仿效，終致汽車商人不得不大批製造該款式以迎合顧客。該說雖富幻想力，而毫無一單獨事例可供引證。如他日見有同學面青目腫而來，多爲撞車而非被蘋果擲中。

上述僅爲汽車學之初步入門淺說，只講 Concept，若有志研究該學者，請自行修習大書。若有新心得新理論，幸不吝垂教。行將見正心誠意修學位娶老婆之道，盡在於斯。而本學院亦將開一新系講授汽車學也。如設有教授之虛位以待，則筆者雖無才無德，何敢讓焉！

雜感

蟬蛻

西江月 寫於 Medic Centre）

城深難鎖春意，天風來引花飛。拂紫踏青烟，聊與小龍相戲。折枝，折枝，一枝折得誰寄？

（編者按：已云折枝難寄，爲什偏又折之？君心何太忍！春意過後無痕。且住，且住，莫負海棠心意。一笑。又本詞牌似應爲如夢令，非西江月，下一闋水龍吟，想亦是風入松之誤。）

水龍吟

千古文人半帶癡，相勵稱才子。十三將謂解詩詞，笑嘻嘻，未嚐相思，先曲盡相思意，如今更休提起。一代江山一代雄，滿目立碑處。他年若遇威里兒，殷勤執手呼同志。問革命功成否？馬用喎喎私語。

雨淋鈴（寫於POP）

笑裏相逢，無端綠鬢，又添一截。珍重春春消息。不繫明珠，不懷玉玦，生來好飲夜光杯裏匈奴血。忍把明朝折腰事，都付了門前冷月。

盈盈波盼明霜雪，酒未染梨渦心先熱。問燈下男兒幾許，舉杯誰堪相悅。可憐今夕，借得霓裳羽衣半闋。多少事，夢耶否耶，與子輕輕說。

尤有甚焉。聊齋誌異一則云：一女子贈神鏡於士子，鏡中有該女子映像。如士子苦讀，則鏡中人嫣然也；如學業稍弛，則黯然也；設再不用心，則女子以背向之矣。士子乃不得不力學，終高中焉。

圖書館望海一面，卽此一面大鏡；汽車之外，復有來往沙宣道，幾度李樹芬樓之桃花人面。時聞咔咔車聲近，俄見雙雙侶伴歸。臨窗者竊念如

美 然 多 少 旁 人

肥了 Viva 或 test，則兩者均殆然可離我而去，如平安無恙渡此五年寒署，則熊掌與魚可得而兼也，又惡得不全力以赴，以求過五關哉。讀者不信，有下列統計數字爲證。

（a）近年 Medic centre 汽車數量增加，而考試之 Mortality rate 相應遞減焉。

（b）今年考 1st M.B. 時，圖書館外築新宇，以黑簾遮斷窗外車秀人麗，故春意蕩然無存，而成績大跌，尤以生理學爲甚，蓋以學生之生理平衡失調也。（按：1st M.B. 考生多在圖書館讀書，故受害最大。2nd M.B. 考生有其他場所讀書，故不受影响。基於同一原因，料 Final M.B. 亦不受累也。）

（二）上述僅於無車階級爲有效。至於有車者，則往往嫌馬力之不足，外形之欠雅，色澤之不富情調，以至車牌之失威，收音機天綫之短小等等，時思改善。或問曰：「何時？」對曰：「畢業後！」由是觀之，M.B.,B.S. 若有不虞，則滿肚改善計劃，一如希特拉之U2火箭，功虧一簣。而汽車日夕在側提醒，每發馬達，一聲聲：「休得肥佬！休得肥佬！」如 M.B., B.S. 早日到手，則祖宗幸甚！汽車幸甚。此汽車促進學業之二也。

（三）香港汽車雖非極威猛之威嚴象徵（prestige symbol），而醫學生駛之，則倍覺顧盼自豪，凜然生威，披白袍掛有色牌，插電筒及半露聽診器而駛車，雖犯小小交通條例，亦不被抄牌；卽偶抄牌，亦不必聽粗口。如無未來醫生身份，則如小白領駛車回寫字樓，雖有好車，亦猶缺丰姿而徒施脂粉，聊勝無耳。故愛者必兼愛此白袍，思換車則先待有色牌換黑牌，方不辜負此生此車此袍也。此其三。

汽車之有大功於仁心仁術，是亦明矣。而筆者在此數年調查研究中，又發現一最最摩登趨勢（Modern trend），卽漸多頂有天窗之汽車款式也。憶及兩年前，才兩架耳，今日畧事調查，則凡五架。兩年而增百分之一百五十，遠超香港出口貿易之增長率。而解釋此一趨勢者凡三學派，互有見地而不相上下，茲一併摘要言之：

（1）金光灑白衣學派：

此派强調每當汽車風馳而過，因車外窈窕人兒習慣道上强光，卽聽到有挑逗性車笛聲而投目車內，亦因車內光綫較弱，瞳孔未能立卽擴大適應，故看不清楚醫生袍與聽診器。開蓬車本無此缺點，但在其他場合缺掩蔽

汽車新論

·一笑·

這才配你的胃口

——羅曼羅蘭：約翰·克利斯朵夫

（一笑君：高論不愧爲真知灼見，佩服！佩服！各位未來的男醫生們，爲了追求你們的學位，老婆（排名不分先後），本文你們不能不讀，至於那些未來的女醫生們，讀不讀本文也就沒有什麼關係，反正一個女人最大的榮譽是被追求，至少表面上如此。有人說過，美麗是女人最大的財產，却由男人去揮霍。一笑君，未知意下如何？編者）

未入大學時，常聞人提及醫學生甚塵，及入李樹芬樓，則醫學生多靄靄然，慊和君子也；及上瑪麗醫院病室，則不獨其尊師重道，惶恐之情，非社會系文科之作反派所能企及，即至於十七十八之紅衣小姑娘，亦莫不禮敬有加，和順週到焉。塵安在哉？塵安在哉？後屢見報告板出告示，言無御准證不得泊車某處某處 etc. etc. etc.，始頓悟此地之特色，不在醫學生之沙塵，而在醫學生車後之揚塵耳。醫學系汽車特多，每一課罷，輒車馬如龍，塵土匝日而去。語云：「不招人忌是庸才」，入醫學院無庸才，故不招忌者，幾希矣。人不能責其車，乃轉責其人，指而曰「塵甚」，由是衆誹叢生焉。就心理學言，此之謂「酸葡萄作用」(Sour grape effect)。

而醫學生之於汽車，猶佳人之於紅粉，有殊癖焉。除學位與老婆（按：排名不分先後）外，首重 Fit 會與汽車。前數月啓思數期連載汽車效能之文章，非無因也。但惜乎作者太注重 Microscopic approach to the function of automobile, to the neglect of the macroscopic aspect。只分析一件一件零件之用途，而無一語涉及汽車與學位，老婆，Fit 會之連帶關係，未免使人有只見樹木不見森林之概(Apologies to the author!)

夫「無車不成會，無會不齊車論」，及「四碌追老婆快過兩脚論」，凡醫學生無不諳熟，無庸贅述。（如有不知，go and get your money back）今所欲縷陳者，爲本人最最新大發現「汽車與學位互相促進成良性循環論」（按：該偉大發現刻尚未在 BMJ 刋出，版權所有，翻印必究），其要點有三：

（一）初入學之佼佼君子（按論語云：「君子固窮」，故君子多窮也），笑指一福士語友儕曰：「畢業當先購此欵式。」翌日，又指一賓治曰：「是亦佳。」由是專心入圖書館，每舉頭望諳外汽車自勉，低頭而苦讀，其發聾振聵，一若古人之聞鷄起舞焉。此 case 尚須 follow-up，但就常情忖度，則其考試之 prognosis 必狂佳也。

舉業當先購此欵式

常人對精神錯亂之態度與誤解

—何友暉—

常人對精神錯亂的觀念和態度，不論在東方或西方，都有很多相似的地方。不過，有些取向在中國社會似乎特別顯著，並且形成一道難以踰越的障碍，妨碍了對精神錯亂問題作較合理的處理。其中最顯著的，我們可稱之爲「泛道德的取向」或「泛德觀」：即凡對人對事，只單從「好」與「壞」，「對」或「錯」的角度來看。對於個人的行爲，往往都只是根據常俗所承納的道德概念和價值觀來判斷；很少人會認眞地去探究他行爲的內蘊。倘若有人犯了過錯，社會便一致準備予以痛擊。例如一名學生不願讀書，在校成績不及格，就被認爲是「懶惰」或「愚蠢」；不服從父母的孩子，不論其理由何在，就給他加上「忤逆不孝」的罪名；酗酒或吸毒的人，就被認爲是「意志不堅」；性行爲不檢點就是「賦性淫蕩」；犯人之所以犯罪，仍因「秉性不良」。簡言之，個人錯誤的行爲，就是其「劣根性」的結果。不過應該注意的是，這些都是循環、多餘的說法，並沒有解釋上述各種情形。差錯的行爲只帶來排斥、譴責、甚至懲罰，却沒有了解。但是沒有了解，即無改正。單是道德的告誡和板起面孔的懲罰，並不能對受到困擾的人有任何帮助，反而會使他陷入更深的困擾中，無法過着較健康的生活。

認爲精神病是「丟臉」的觀念，與泛道德觀很有關聯。這種觀念爲數種世俗的信仰所加强：（一）常態和「變態」是指兩種截然不同類型的人；（二）精神病的原因是由於鬼怪作祟、逆乎天理、難以瞭解的，所以一提起就怕；（三）精神病患者多有危險性，應時時加以提防；（四）精神病是無法醫治的；（五）縱慾（特別是手淫），能引致精神錯亂或神經衰弱；（六）精神病是遺傳的，或是劣等天賦的結果（對大多數的情形而言，這是沒有公認的根據的；不過，有充分的證據指出，造成某些類型的精神病，遺傳是其中的因素之一）。

由於泛道德和認爲患精神病是丟臉的觀念作祟，使得患者爲了怕他人知道，而不敢去請求專業性的輔助（如心理治療等）。中國人對家庭裏的困擾，是多不願外人知道的——所謂「家醜不可外揚」，即爲有名的訓誡。精神病既被認爲是丟臉的，則不但患者本人蒙羞，連其整個家庭的聲譽都受到了損害；結果形成了一股重大的壓力，使得患者及其家人都須儘量的隱瞞，而要在暗中飽嘗痛苦。然而愈要隱瞞，所受的痛苦也隨着增加：因受困者不能與別人談及內心的苦悶，只得將它埋藏在心頭，因而很容易把自己的困難擴張，自感身處絕境，孰不知可能有無數的人，也正處於同樣的苦境呢！

對於處理精神困擾的問題，我肯定較爲開明的途徑，就是治療的取向（Therapeutic orientation）——以著重問題的解決和促進康復爲出發點，來探究行爲失常的原因，和尋求更有效的矯正方法。

有精神困擾的人，所需要的是瞭解，並非只是同情而已；遇有嚴重的情形，則需給予專業的輔助。爲了避免任何誤解，我必須說清楚：治療的取向和道德並無矛盾，它的目的只是在使有精神困擾的人，能夠帮助自己，更有效地去處理人生問題。