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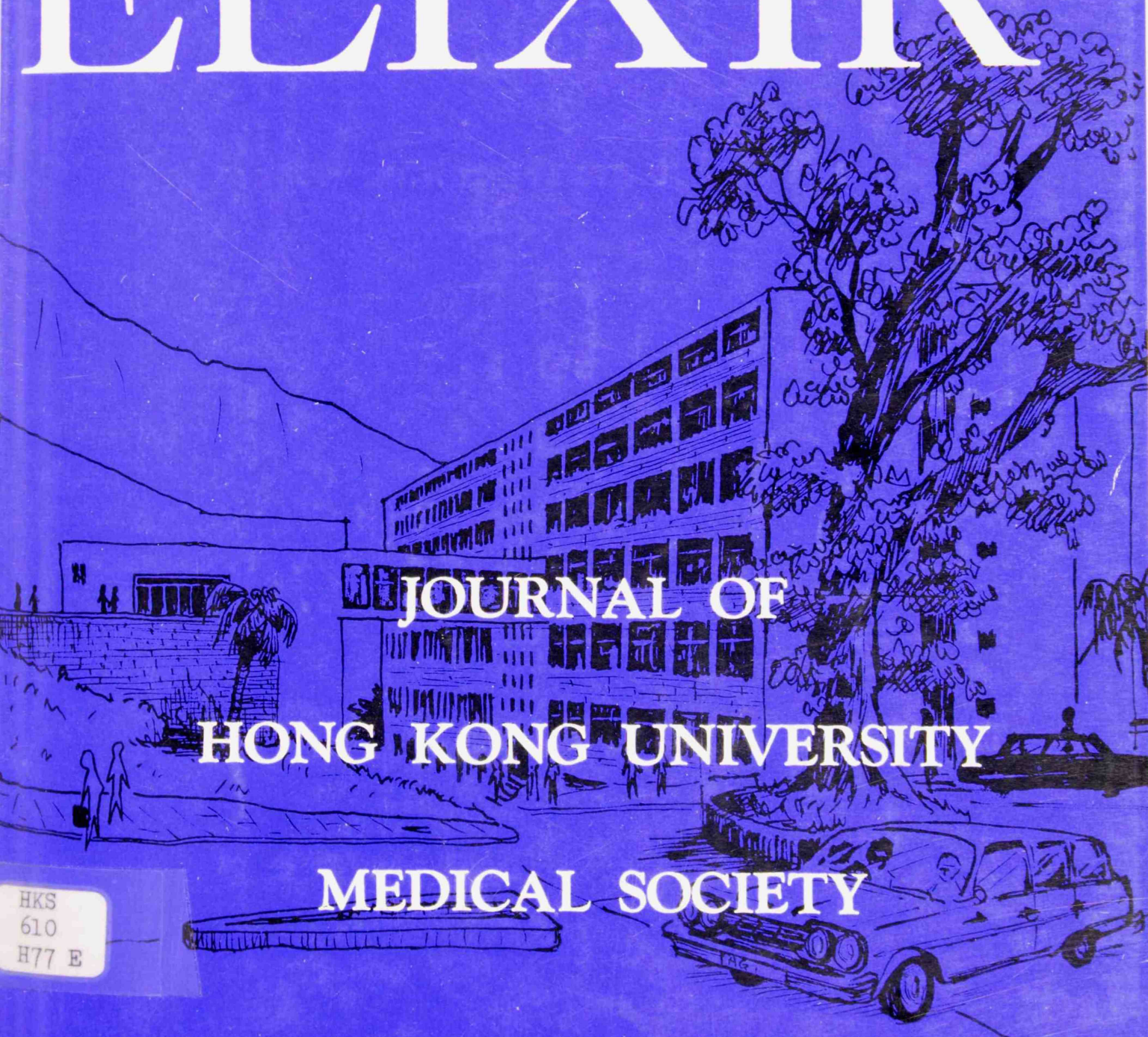

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MEDICAL SOCIETY

JULY 1968 [1]

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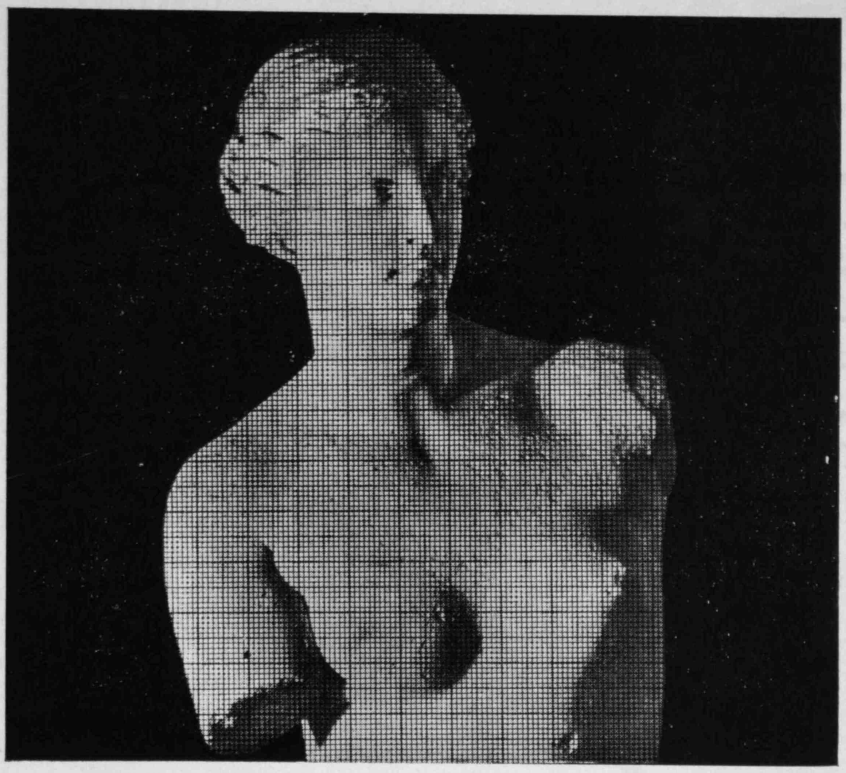

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Editorial

For any group of people to exert an influence on its environment, so that its opinions are going to be heard and its appeals are going to be considered, the group must first be united amongst itself. Each and every one of its members must be aware that they part are of that group, and be ready to stand firm in support of it.

The same principle holds for student organisations. All over the world today, university students are becoming a more and more influencial class. They are considered as an educated group, upon whom the responsibility of running the future society will fall.Hence what they say are considered by the authorities, and that they demand, if justly made, is supported by the public. But we must admit that here in Hong Kong, we are still far from reaching that status. May be if we care to look around the campus, we will have a glimpse of the reasons?

Unity starts from the smallest units. In preparing this issue of the Elixir, the editors have used, as their guiding principle, the strengthening of unity among the medical students. By starting a series of department surveys, we hope to kindle in the hearts of the students, a sense of belonging to their University. In the student section, we try to bring into closer association, the executives of the Society and its members. The questionnaire done on first year students gives a chance to an important group of the Society to voice their opinions, with an aim of providing a guide to both the executive and oridinary members on how to breach any gap that might be present, and lastly, we hope, by giving a column to class notes, that every member will be more aware of his class association, and thus achieve real unity, firstly of his own class, and then of the Society as a whole.

CONTRIBUTIONS TO THE MEDICAL SOCIETY

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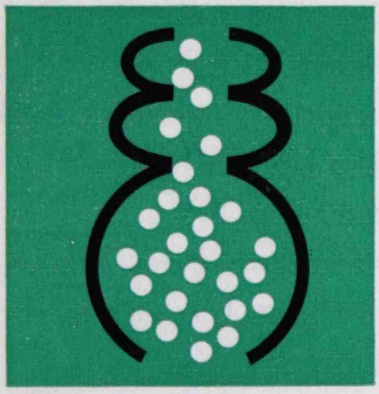

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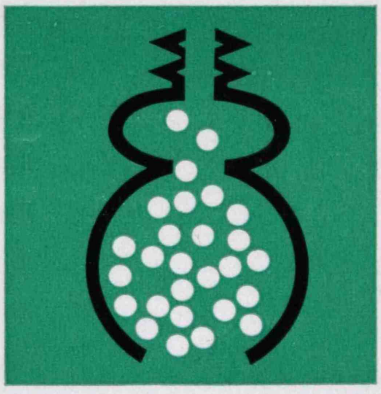

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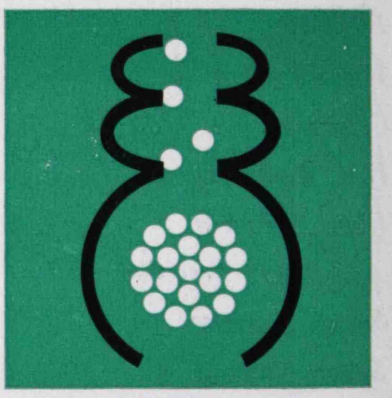

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as a specialty. The present occasion gives me an excellent opportunity. This is not

felt. In 1965, Kinney and associates in a survey in pathology manpower reported that

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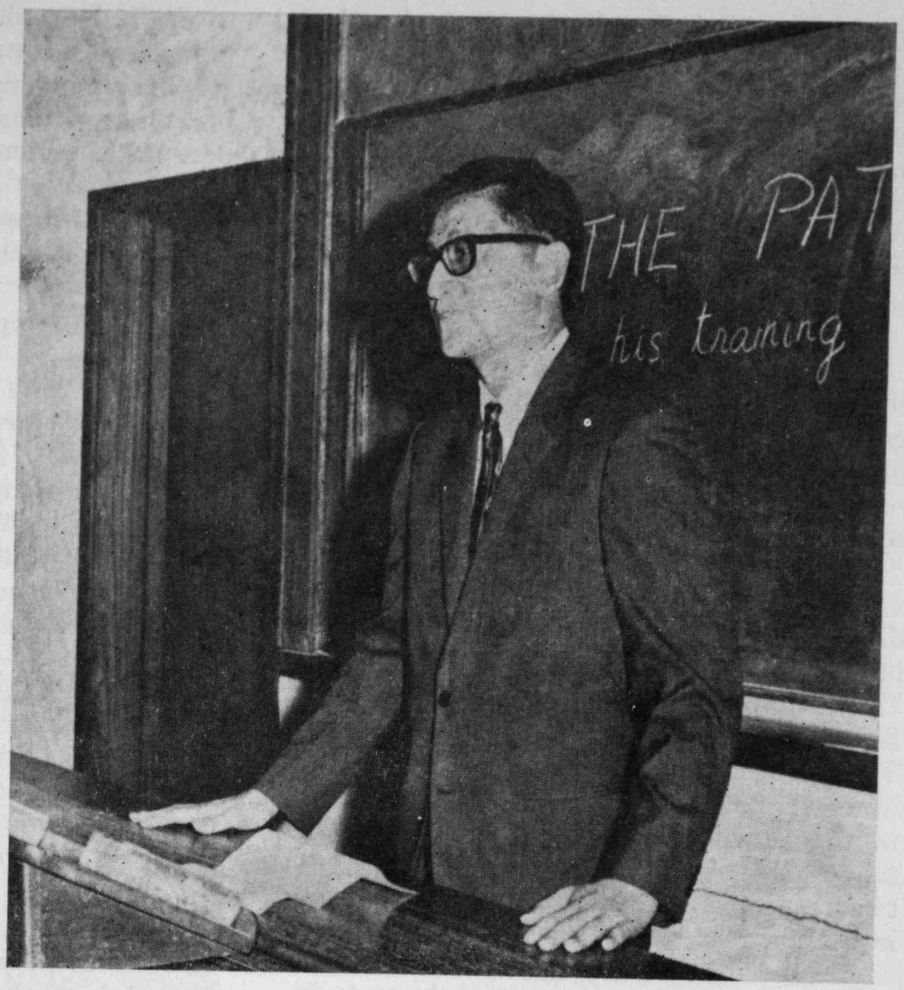

The Pathologist his training and Work

by

Dr. W. C. Chan, M.B.B.S.
(H.K.) Ph.D. (London) M. C. Path.

Mr. Chairman, Mr. Dean, Ladies and Gentlemen,

It is my privilege as President of the Medical Society of the University to address its members. I welcome this opportunity to speak on the subject of my choice. For sometime I have wanted to speak on the training and work of the pathologist and hoped, by doing so, to popularise somewhat the idea of pathology as a specialty. The present occasion gives me an excellent opportunity. This is not intended to be a recruitment campaign for the Department of Pathology of the University. But if it turns out to appear like one, and if I succeed in interesting even one of the undergraduates in the audience in the field of pathology as a career, I shall consider this exercise a success.

All over the world there is a great shortage in manpower in pathology. Even in the United States of America, where medicine is very advanced, this shortage is keenly felt. In 1965, Kinney and associates in a survey in pathology manpower reported that

the 5,000 pathologists in the US had to be doubled by 1970 if the requirement of one pathologist per 3500 annual hospital admissions is to be fulfilled. The annual increase of pathologists in that country was 300, so this will fall far short of the goal. When we consider the state of affairs in our community, the distance from that ideal set in the United States appears astronomical

There are two reasons for this great shortage in pathologists. The first is the great expansion in recent years in laboratory medicine. Secondly there is for some reason less people going into this field than some other branches of medicine.

That is so everywhere; and in America, despite the effort to attract young graduates, in the ten year period from 1950-1960 12% of the licensees of the American Board of Pathology were foreign graduates. This reflects the tendency of American Medical graduates in their choice of specialty in the previous decade. In our medical school among the graduates in the last twenty years there are less than 10 engaged in pathological work.

In the same report mentioned above, from an analysis of interviews with 600 senior students and people in their first year of residency, it was found that the usual objections given to the choice of pathology as a specialty were as follows:—

1. It is a field concerning only with the dead
2. Autopsy work is dull and uninteresting
3. It lacks glamour as compared with clinical subjects
4. There is no direct contact with patients
5. There is no individual freedom, because it is viewed that pathologists only work within an institution.

While some of these points may be valid, many are the result of lack of understanding of the nature of work involved. I feel that if the true nature of work, training and opportunity of pathologists can be brought to medical people contemplating specialisation, many of the objections may be removed. It is my aim to depict for you the professional life of a pathologist. I draw heavily on personal experience and so my account will slant towards academic pathology and perhaps do insufficient justice to other branches within the broad field of pathology.

Before entering into a training programme, it is necessary to have some clinical experience at least at the houseman or intern level for a year. This is the registration requirement. It is needed not only to mature knowledge of medicine as a whole but will be of help in later years when the pathologist comes into contact with his clinical colleagues. There has recently appeared in the United States a tendency to enter the so-called straight internship in pathology. This will save the trainee some time in attaining the qualification of specialist, i.e. the board certification. But I do not think it is advantageous in the long run as a training period should really be regarded as an opportunity not to be wasted.

The British system of training, until the establishment in 1962 of the College of Pathologists, was informal. A trainee worked under an established pathologist and trained on the job. He would be greatly influenced by his chief, both in his philosophy and method. If the trainer was interested in research, his pupil would also learn research methods. There was no certification of any sort to attest to his proficiency after a period of training. Some people took examinations of professional bodies such as those offered by the Royal Colleges, others studied for an academic degree, such as M. D. or Ph. D. There were also two diplomas, one in clinical pathology and the other in pathology. Since 1962, the College of Pathologists has laid down a formal training programme and established an examination system whereby a trainee can, by examination, obtain membership of the College as a mark of competence. The trainee is required to work for at least two years in approved laboratories before he can present himself for the primary examination for membership. The candidates are examined in two of the four subjects in the field of pathology. These are anatomical pathology, chemical pathology, medical microbiology and

haematology. Then, they can select their field of specialisation and present themselves for the final examination five years after they first start their training in approved laboratories. With this ruling, a formal programme of training in the British system is established. The American system, on the other hand, has been formal all along. It is based on a four year residency just like any other clinical subject. At the end, the fourth year resident takes the board examination in pathological anatomy or in clinical pathology or in both, and becomes licensed as a qualified pathologist. This certification is organised by a private body, the American Board of Pathology, but it has attained both legal and national recognition.

As I mentioned, the training both in Britain and in the United States is on the job training, and it is mostly tailored to satisfy the requirement of the examination. To prepare for the primary examination for membership of the College of Pathologists, in which the candiated has to offer two of the four subjects, he has to rotate between the different laboratories to gain experience chiefly of the broad applications of laboratory techniques to clinical problem. Having passed this hurdle, the trainee devotes himself to one subject only and becomes in fact less of a trainee than a junior member of a team, fully engaged with others in the same daily tasks.

The work of the academic pathologist is really threefold: teaching, routine hospital work and research. These elements are present in different combination according to circumstances, personal inclination and ability.

In a medical school, the primary duty of the pathologist is to teach undergraduate students and to present the subject of pathology within the medical curriculum. In a teaching hospital, he also undertakes to teach people training to become pathologists. In both forms of teaching, pathologists have to keep themselves abreast of developments over a wide range of medical sciences. To do so, they need to engage in research; it is wise for them not to attempt the impossible, but to devote themselves to some particular field of research work; and to obtain material for teaching they will take part in the routine hospital work.

The second task is routine laboratory work of the hospital. This includes autopsy and surgical biopsy in the case of an anatomical pathologist. One of the objections to entering into pathology given is that it is concerned only with the dead. This idea stems from the erroneous view of what necropsy work is for. Much information may be obtained in the autopsy room. Unexplained clinical facts often are elucidated only in the autopsy. Of course, you may say that it is all too late; and it certainly is for that particular patient. But the knowledge so gained will be useful in similar cases which follow. It is only by submitting himself to the harsh discipline of the autopsy room that a doctor can do the best for his patients. In hospitals where autopsies are few, mistakes are many; and unwarranted assumption gains dangerous credence. Observations on autopsy material have in the past led to many important advances in medicine. Richard Bright in 1789 from careful observation of autopsy material found the correlation between dropsy and hardening of the kidneys and the term Bright's disease of the kidney is still used to this day. This is only one of the many examples that can be taken from the days when the autopsy was almost the only laboratory technique. But it is still yielding many clues to advance.

When we consider the diagnostic work involved in surgical biopsy, it becomes clear that the notion of the pathologists being only of service to the dead is entirely groundless. A biopsy of course forms part of the diagnostic investigation of a patient. The diagnosis of a mass in the body often needs the service of an anatomical pathologist. The distinction of an innocent from a malignant tumour by histological examination clearly influences the line of treatment given by the physician in charge of a case. This information can be obtained at operation when frozen section is done. And the surgical procedure depends on the pathological diagnosis made. Bacteriological work, and chemical pathology also assist the diagnosis of a patient; and with antibiotic sensitivity test in bacteriological investigation, the choice of drug in combatting an infection is partly decided by the report of the pathologist. And so we find

in his hospital work, the patholgist taking part not only in the diagnosis but also indirectly contributing to the management of the patient. In this work, a close liaison between pathologist and clinician is essential. Just as the pathological diagnosis helps the management of the case, detail of the clinical story assists greatly with the pathological diagnosis. The days of sitting in the ivory tower to study the histological change and occasionally descend to earth with divine diagnosis has passed. In the review and follow-up of cases with clinicians, mistakes on both sides in diagnosis will be discovered in the light of further knowledge and the diagnostic acumen of both parties improved in the process. The relationship of the clinician and the pathologist should be one of mutual benefit aimed at assisting the patient, and understanding his condition better. It is a sad day when the two expend their energy in finding fault with each other, however stimulating a warm discussion may be.

Research forms a major part of the work of a pathologist in an academic department.

Pathological research by definition covers all kinds of search for the aetiology and pathogenesis of disease. Most of the major advances in modern medicine have been based on the results of these activities. The contribution of pathologists have been great, but this does not mean that all has come from them. Because, pathological research, that is the quest for the understanding of disease, is no longer the private hunting ground of pathologists; specialists in all branches of medicine utilise pathological methods to solve their particular problem.

Morphological methods were the earliest method of pathological research. From these observations on structure, a basis of understanding of many diseases was obtained. Changes in morphology are the easiest to understand, and it forms the basis on which further knowledge can be built. It can never be neglected. But pure descriptive method has its limitation. In early phases of diseases, there may be no structural change to observe, and structural changes may be the result of functional derangement and not its cause. A vivid example if found in the congenital adrenogential syndrome. This is a disease in which there is a congenital deficiency of the hydroxylating enzyme in the synthesis of cortisol. Because of this defect, cortisol is not formed, and the pathway of corcosteroid production is diverted to the formation of androgen. It is this secondary consequence of the enzyme deficiency that is responsible for the clinical syndrome. The absence of cortisol leads to an increase in the secretion of ACTH because of the feed back mechanism existing between the pituitary and the adrenal cortex. Under the continued stimulation of the pituitary hormone, there occurs a structural change in the adrenal gland; bilateral cortical hyperplasia. And this is the only morphological change apart from the virilism and hirsutism. It is then clear that the study of morphology alone would never yield the biochemical lesion.

In 1898, the giant of the German School of Pathology, Rudolf Virchow sounded the warning about pure morphology. In his address to the German Pathological Society, he said "We must strive to understand what is happening during a morbid process, and not be content with existent condition." He clearly was dissatisfied with pure morphological approach in the study of disease, although he had himself done brilliant morphological work for many years. Since then, numerous workers have voiced the same dissatisfaction. In his monograph entitled "New Pathways in Cellular Pathology" Prof. Sir Roy Cameron, later Foundation President of the College of Pathologists, showed how his group, dissatisfied with the conventional morphological methods, branched out, and utilised new biochemical and physical methods in illuminating the behaviour of the cell in health and disease.

In the field of research in pathology, we can seldom rely entirely on human material, which in many respects has serious restriction on study. For instance, serial observation of the evolution of a pathological process can only be obtained occasionally. Many diseases start insidiously and are well advanced before the pathologist has the opportunity to examine the lesion. Because of this we have to turn to animal ex-

perimentation. We have to define the human disease first, and then attempt to reproduce it in suitable experimental animal in its morphological and functional aspects; and to submit the complex condition so produced in animals to analysis into simpler factors, and hope that some of these may prove to be the dominant one in the underlying mechanism. Finally, armed with this new information we return to the original human problem and to see how far this information illuminates the original challenge. In the application of the result obtained in animal experiment to human disease, one has to exercise the utmost caution.

To illustrate the use of experimental method, I shall give you a brief account of an experiment I carried out recently in the study of proteinuria. It has long been postulated that an immunological mechanism is involved in the pathogenesis of glomerulonephritis and proteinuria. And evidence has been accumulating that it is so. However, what the exact mechanism whereby protein leaks into the urine is not entirely known. We know in proteinuria, the tubular protein resorption is actually increased, and the proteinuria must be the result of an increase in the permeability of the glomerular capillaries. It was decided to investigate this change in permeability in experimental proteinuria.

To study the mechanism of proteinuria in animals, we must first produce proteinuria in some way. Since much evidence suggests human glomerulonephritis and proteinuria may be immunological in origin, I chose an established immunological method to produce glomerulonephritis and proteinuria. This is the Masugi model. In the original model, rabbits are given antiserum against rabbit kidney produced in the duck. I modifed it by producing-anti-rat kidney serum in the rabbit, and used this nephrotoxic serum to produce proteinuria in the rat.

The increase in permeability in a delayed hypersensitivity type of inflammation has been shown to be mediated in part by a lymph node cell extract, the lymph node permeability factor. This substance was first described by Willoughby and Spector of London, in 1965. I decided to test whether it was involved in the Masugi model. To do so, I used two systems to suppress this permeability factor. One was an antiserum against it and the other, indomethacins a chemical substance known to antagonise the action of LNPF. I used these two in combination with the neprotoxic serum in rats. When compared with control animals receiving only the nephrotoxic serum, the suppression of the proteinuria by either substance was striking.

With these results I concluded that in the Masugi model, proteinuria was due to an increase in permeability in the glomerular capillaries, mediated in part, at least, by the LNPF. And so it might be a delayed hypersensitivity reaction.

However, when we try to apply this result to human proteinuria and glomerulonephritis, we cannot apply this information direct. First of all, the pathogenesis of human glomerulonephritis is not exactly the same as the Masugi model in which a specific antibody against the kidney produced in another specie is introduced in the animal and secondly, there may be specie differance in the reaction. Without other supporting evidence we cannot say that the proteinuria in human glomerulonephritis is due in part to the LNPF, as in delayed hypersensitivity.

Recently, however, Michelsen in Belgium claimed that in human chronic glomerulonephritis indomethacin administration reduced the proteinuria. Dr. Y. S. Tsao of our medical school did similar clinical trial some years ago, but the result was negative. The Michelsen result, if reproducible, will help to apply my result to human glomerulonephritis and proteinuria.

The experimental approach confers a dynamic character on morphological study, but the advance in electronics has extended it to a depth in which it is linked with function at the molecular level. I refer to the introduction of the electron microscope. With the electron beam the resolving power of the electron microscope is many times that of the optical microscope. The cell, the basic unit of cellular pathology can be further dissected in situ; as it has been

dissected by the ultracentrifuge. The electron microscope has given a new lease of life to pure morphology. It has done more than that. By demonstrating subcellular structures and organisation, it reveals the orderly structural basis on which molecular interaction within the cell depends. It has allowed us to see that even on the morphological front, cellular biology can advance to molecular biology, and in the same way, cellular pathology to the exciting field of molecular pathology.

Our medical school is planning an electron microscope laboratory in the department of pathology with a generous grant of $400,000 from the Royal Hongkong Jockey club. In a year or so we will enter the field of subcellular study of disease. We are perhaps a little bit behind time, but I consider that it is the opportune time for us in Hong Kong to enter this field just now. Because, electron microscopy is an expensive and elaborate endeavour; and in the early days it was fraught with teething troubles: in fixation method, in embedding material and in the running of a complex machine such as the electron microscope. By now, many problems in the techniaques have been solved. The use of the machine has been greatly simplified. For the practising pathologist, he prefers to use the resolving power of the microscope to study his own problem; he does not intend to be an electron microscopist. So I consider this is the right time for us here to enter into this field. We look ahead in this new project with confidence and hope.

For those who like research work, pathology offers an unlimited field of endeavour, in which all the modern techniques can be pressed into service, irrespective of what branch of science they may belong. Immunological, biochemical, physical and other scientific methods can all be of service in the solution of our problem. The advance of the subject will go hand in hand with the advance in physical sciences. The days of vitalism have long passed, and all the laws which operate in the physical world apply equally in the living organism too. The advance in physical sciences, whether technological or fundamental, provides opportunity in the development of pathology.

I have outlined briefly the training, the work and opportunity of a pathologist. We have seen that the work is an exciting and dynamic one. And it is not necessarily tied to an institution. In the diagnostic aspect of the work pathologists can practise outside an institution. This is commonplace in the US and is found here in Hongkong. I must admit, however, the work is not a glamorous one like that of the surgeon's; and sometimes one may miss the clinical satisfaction of having grateful patients. However, for a person who does not care for the limelight, and who is satisfied with the knowledge of doing a worthwhile job, even in the backroom, pathology is an ideal specialty to pursue.

There is a great need for more pathologists here in our community. Many large, otherwise modern, hospitals are without the service of a qualified pathologist. The University department has been doing its best to help. But our resources are limited and we cannot extend our services indefinitely. We shall welcome reinforcement. It needs of course greater imagination and covrage to take up pathology as one's life work in this society of ours, as in the mind of most people here, pathology is such an unusual field. But the opportunity in pathology is great, and the work exciting. It is my sincere hope that many more of our graduates will take up this challenge and serve the community by filling this gap in our medical service.

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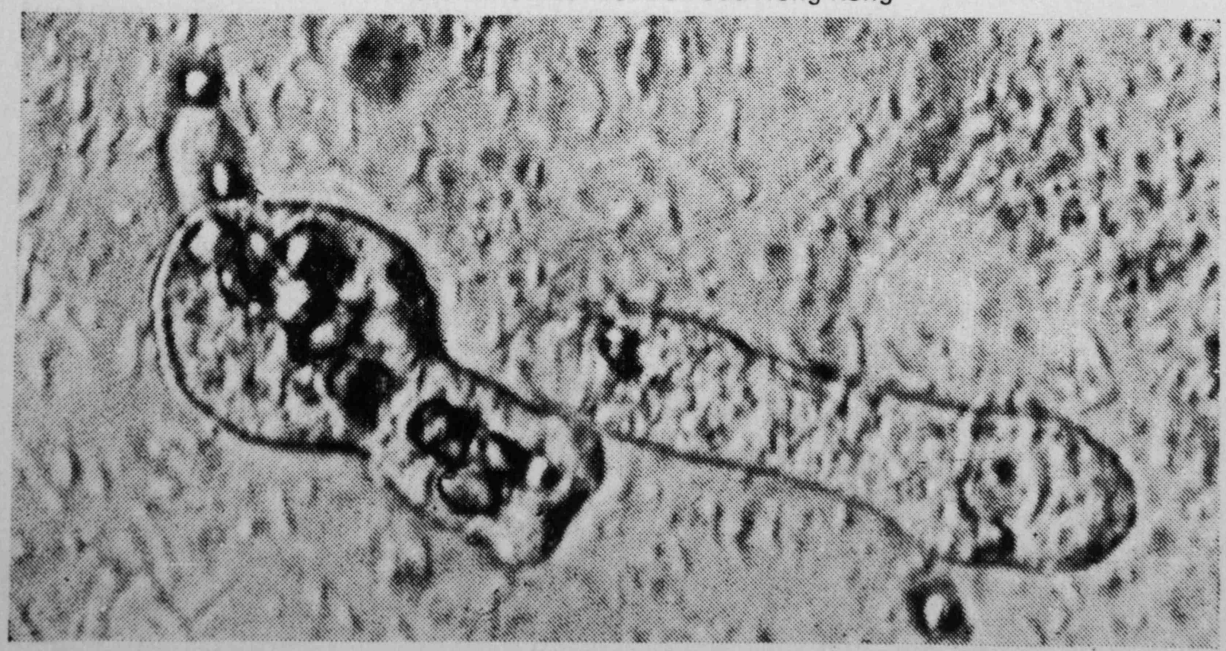

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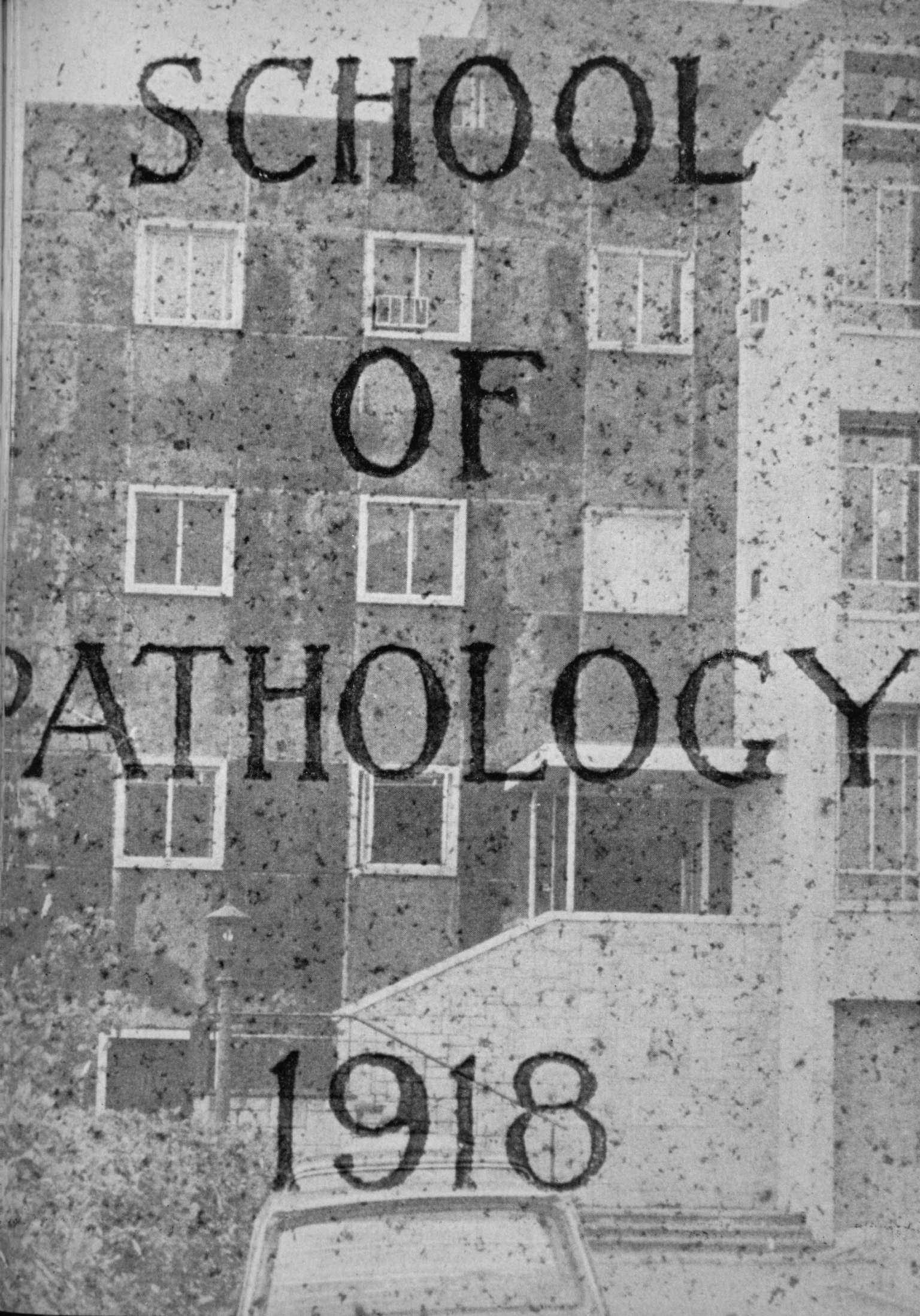
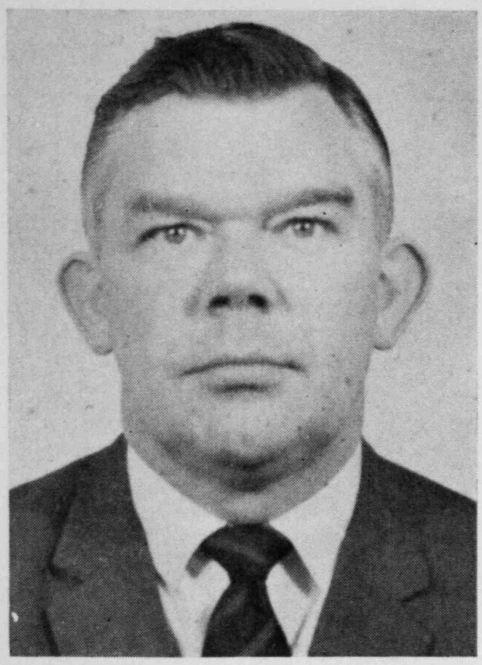
Department Survey

This is the first of a series of surveys done on the Departments of the Medical Faculty, with the aim of promoting a better understanding between the teachers and the students. The editors would like to thank the staff of the Department of Pathology, especially Professor J. B. Gibson and Dr. W. C. Chan, for their advice and co-operation in making this project possible.


SCHOOL
OF
PATHOLOGY
1918



Message From The Professor

Recently there has been "a chief among us taking notes" and it turned out to be the editor of Elixir. I'm sure he will deal kindly with us in taking the readers behind the scenes.

I congratulate Elixir on thinking up this new series which will acquaint our students better with their own faculty. I am pleased that Pathology is the department they have started with. After all Oscar Wilde observed "There is only one thing in the world worse than being talked about, and that is not being talked about"

James B. Gibson

Something About the Staff— Apart from their lecture notes

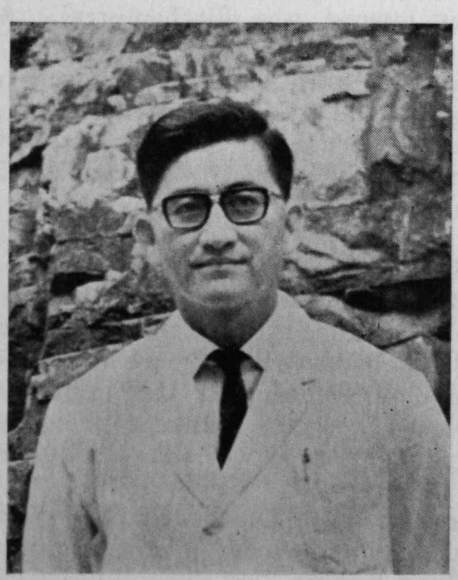
Professor J. B. Gibson

Professor J. B. Gibson attended his medical course in Edinburgh and Western Reserve. After his graduation in 1943 he served as a doctor in the Navy for three years in the North Alantic and the English Channel. At the end of the war he took up Pathology in Glasgow and from 1954-63 he was lecturer in Queen's University, Belfast. In 1960-61 he was Visiting Professor of Pathology in Western Reserve, Ohio and came to the chair here in 1963. He has also been the Pro-Vice Chancellor. Professor Gibson is a Fellow of the College of Pathologists and of the Royal College of Physicians of Edinburgh. He is also a member of the Australian College of Pathology and training undertaken in the Department here is recognised in Australia.

Professor Gibson has been most helpful to the Medical Society. He held the post of Hon. Treasurer in 1964-65 and Vice President in 1965-66, greatly favouring the Society's joining the Asian Regional Medical Association at that time. He is also a men of wide interest, with a training in Greek, Latin and French. He likes music and history, but you can often find him in the University squash court also. His favourite outdoor past-time is walking and he boasts that he can out-walk most of the University students too. (Any one dare to challenge him?)

Dr. W. C. Chan

Dr. W. C. Chan, senior lecturer in the Department, graduated from Hong Kong University Medical Faculty in 1957. He served as house doctor to Professor D. Chun and Professor A.J.S. McFadzean. Dr. Chan began his association with the Department of Pathology when he took up the post of demonstrator in the department, then chaired by the late Professor P. C. Hou. Later Dr. Chan continued his studies under the Sino-British Fellowship in Graham Research Laboratory, University College Hospital Medical School, London, working under Professor Sir Roy Cameron, F.R.S. In 1962 he was awarded the Ph.D. London and then spent one year in the University of Glasgow as research assistant to Professor T. Syimington in the Royal Infirmary. In August 1964 he was appointed lecturer in the Department and in 1966 promoted to senior lecturer. He is particularly interested in renal pathology.



Dr. W. C. Chan

Dr. Chan likes swimming and playing tennis, but what he enjoys most is playing with his three year old boy at home.

Dr. J. Grant

Dr. J. Grant, lecturer in Pathology, is in charge mainly of the clinical laboratories in the Department. An Englishman from Essex, he obtained his first degree from the University of London. Dr. Grant may well be called a 'jack of all trades', as he had been surgeon at the Royal Buckinghamshire group of hospitals in Buchinghamshire; physician in Paediatrics in Enfield Hospital, London; research worker in Radio-isotopes in Medicine in the Atomic Energy Authority, Harwell and has also spent one year in neuropathology in the John Bonett Laboratories in Cambridge University. Before coming to Hong Kong, he was with the British Forces, working in the Laboratory and Transfusion Units in North Saxony and Berlin. He became lecturer in this Department in December 1965. Recently he has fulfilled the requirements of MD of the University of London with his thesis on 'Leucopoietin'.

Besides swimming and sailing, Dr. Grant has been a member of various historical societies in England, where he published over seventy research articles in the history journals.

* * *

Dr. R. E. Boden

Dr. R. E. Boden, lecturer in Pathology, has been with the Department since Jan. 1967. Being an American from Ohio, he took his BA. course at Harvard, where his major interest was Biochemistry. After obtaining his MD degree at Harvard, he spent three years at Cornell University in Surgery. He became a Diplomate of the American Board of Pathology after four years at the University of Virginia School of Medicine.

Dr. Boden is now thirty-five and has two lovely young daughters. His reason for coming to Hong Kong is that 'The medical world is becoming far more international than ever before, and the exchange of personnel between countries is common. I expect to learn as well as to teach here.'

Besides music Dr. Boden likes specially 'Good Cantonese food'. (Another attraction of Hong Kong?)

Dr. H. C. Lai

Dr. H. C. Lai

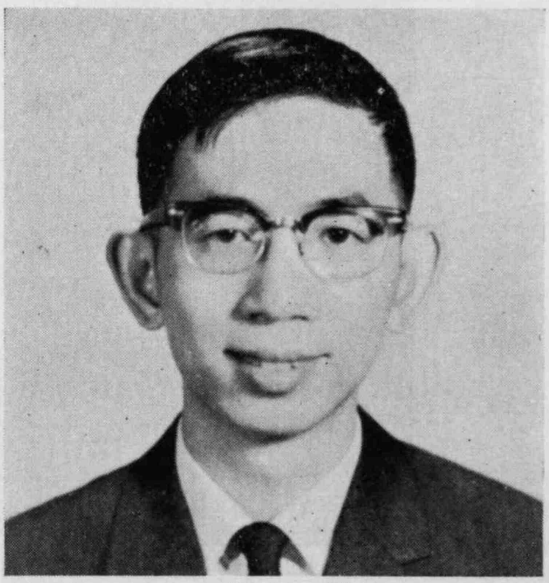
Dr. H. C. Lai graduated from Lingnan University in 1953. After his graduation he taught pathology in that medical school for some years. He came to settle down in the Department as a demonstrator, and was appointed as lecturer of clinical pathology in September, 1965. Dr. Lai has recently returned from a year of study on a Fellowship of the China Medical Board of New York at the Medical School, University of Miami, Florida. Under the direction of Drs. W.A.D. Anderson and J.B. Miale, he was actively engaged there in laboratory diagnosis and research work as well as in the training of pathology residents and medical technologists in that hospital.

Presently Dr. Lai is one of the supervisors of the clinical pathology division of this Department. He is now working on Sephadex ion exchange column chromatography of abnormal hemoglobins red cell enzymes and coagulation factors. He takes, an interest in tennis, swimming and is an amateur photographer.

Dr. H. F. Chiu

Dr. H. F. Chiu has benn promoted Lecturer in Pathology in June, 1968. Dr. Chiu graduated from the University of Hong Kong in 1965. In the first two years after graduation he gained a practical knowledge of the four major clinical specialties by doing six months each of Surgery (in Queen Mary Hospital), Medicine, Obstetrics and Gynaecology, and Paediatrics (in the Nethersole Hospital). He joined the Depart ment of Pathology last September.

Dr. Chiu's main field of interest is liver diseases in the young age group. His other interests include music, drawing and leading youth group activities.



Dr. H. F. Chiu

* * * * *

Dr. C. S. Tam

Dr. C. S. Tam, M.B.,B.S. (H.K.) served as an intern in Tsan Yuk Hospital after his graduation. He was first a house-officer in the Paediatrics Department at Queen Mary Hospital, then a causalty officer at Kowloon Hospital, and next outpatient doctor at Sai Ying Pun Clinic and a Medical Officer in Kwong Wah Hospital.

Dr. Tam joined the Department as an assistant lecturer in January 1965, and was appointed lecturer in anatomical pathology that September. During his three and a half years in the Department, he has been doing research on the pathology of diseases of bones and co-operating with the Departments of Microbiology and Orthopaedics.

Dr. Tam has left the Department to take up a Fellowship in Pathology in the University of Western Ontario this June. He has always been an inspiring propounder of his trade as well as a genuine friend to his students. We will all like to wish him a very successful career.

A RETROSPECT P.L.

The Department of Pathology is one of the oldest in the University. Here is an account of its development, from the time when knowledge in pathology was first taught in Hong Kong to the present day.

When the Hong Kong College of Medicine for Chinese was founded in October 1887, Pathology, like the other stubjects, was taught by part time general practitioners in the Colony, using the laboratories of Alice Memorial Hospital in Hollywood Road. This first teaching hospital was run by the London Missionary Society. The lecturers then rendered their service to the College on a voluntary basis and Dr. J. C. Thomson was the first to give a course of lectures in Pathology. He served in the University for twenty-one years, until his retirement in 1909. As well as lecturing, he was at the same time secretary of the College and a member of the Senate and the Court, and contributed much to the proficiency and prosperity of the College. When the College was renamed 'Hong Kong College of

Medicine' in 1907, pathology practical classes came to be held in the Government Bacteriological Institute, but better facilities were in sight.

The first important expansion of the Department came in 1917, when two Chinese citizens, Ho Kom Tong and Chan Kai Ming each contributed $50,000 to the erection and equipment of a School of Tropical Medicine and School of Pathology respectively. Thus the two departments came to be housed in one building which, though later modified, still exists on the site to the south of the nullah just above the old Ng Li Hing School of Anatomy and the Physiology Building.

The chair of Pathology was instituted in 1919. This was the sixth chair to be created in the College, that had by then abondoned its original status and became a faculty of the University which was ingurated in 1911. The other medical chairs existing at that time were Anatomy and Clinical Medicine, chaired by K. H. Digby, Physiology by H. G. Earle, Tropical Medicine by G. Jordan and Medical Jurisprudence by Francis Clark. The chair of Pathology, however, was particularly remarkable in that it was the first chair to be filled by a local graduate and also by a Chinese. Professor C. Y. Wang, who occupied the chair from 1919 to 1931, was trained in Edinburgh after his graduation here, and he proved to be a man 'well suited by his gifts and training' to take up the immense task of laying down a foundation for the Department. He soon wrote a short text-book for his students.

Professor Leslie J. Davis, who was to become a specialist in Haematology, occupied the chair immediately after Dr. C. Y. Wang, but after eight years he left Hong Kong. He later continued his career as Professor in Medicine in Glasgow.

The next in the list of succession was Professor R. C. Robertson. Professor Robertson had long been working in China, where he had been head of the Division of Pathological Sciences in the Henry Lester Institute, Commissioner of Health and Chief Technical Expert for the League of Nations Epidemic Mission to China. He was also associated with the Peking Union Medical College. Unfortunately, Professor Robertson was to remain in the chair only from 1939 to 1942. After the Japanese occupation of Hong Kong in December 1941, Professor Robertson was interned at the Bacteriological Institute until his death in August 4, 1942.

The chair of Pathology remained vacant for six years after that, until Dr. P. C. Hou took up the professorship in 1948. A special article has been written in commemoration of Professor Hou in Elixir 1, 1967 on the occasion of his death. But it may be specially mentioned that it was Professor Hou who was responsible for rehabilitating the Department from the destruction of war. Under his unyielding efforts enough funds were raised to erect the new building which was opened in 1959, to house the ever increasing facilities and teaching load of the Department, and to provide hospital pathology service.

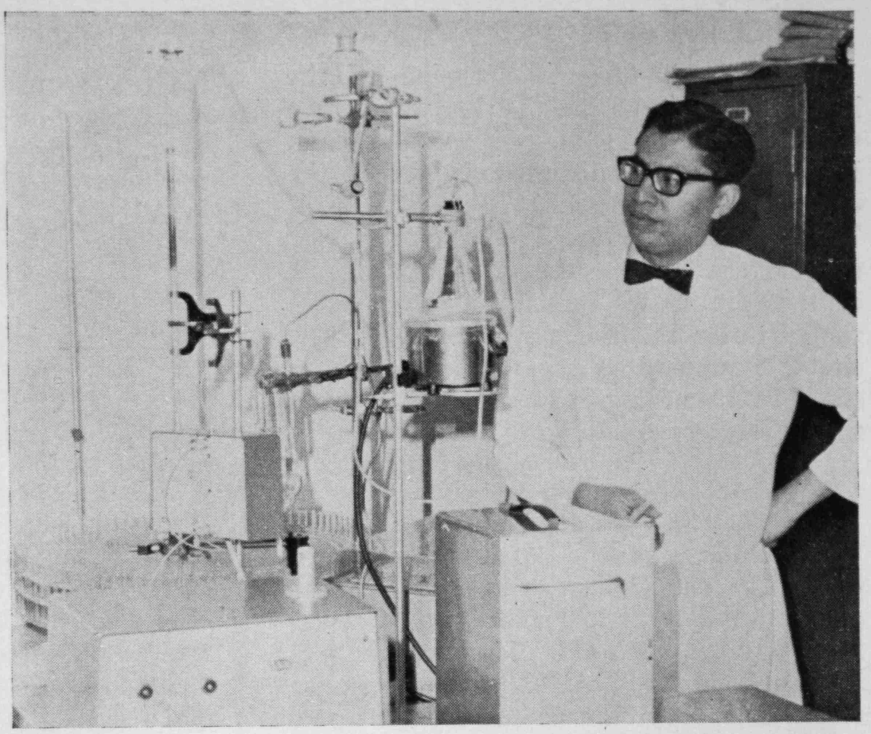
The chair of Pathology was next occupied by Professor Robert Kirk from 1960 to 1962. Professor Kirk was a distinguished worker of international repute in the field of parasitology. His death was indeed a great loss to the University.

Ever since the beginning Pathology and Microbiology have been taught in one department, until recently, when with the expansion in research work and the increase in knowledge in these fields and increasing number of students to teach, a new chair in Microbiology was created on January 1, 1968. Dr. C. T. Huang was appointed Professor to head the new Department.

The history of the Department of Pathology has been marked by the work and the devotion of many distinguished people who have strived tenaciously to elevate it to the present status. But as Sir Winston Churchill put it, 'This is not the end. This is not even the beginning of the end.' Will the students of to-day be able to look up to their ancesters?

RESEARCH ACTIVITIES OF

the Department of Pathology



By Dr. W. C. Chan

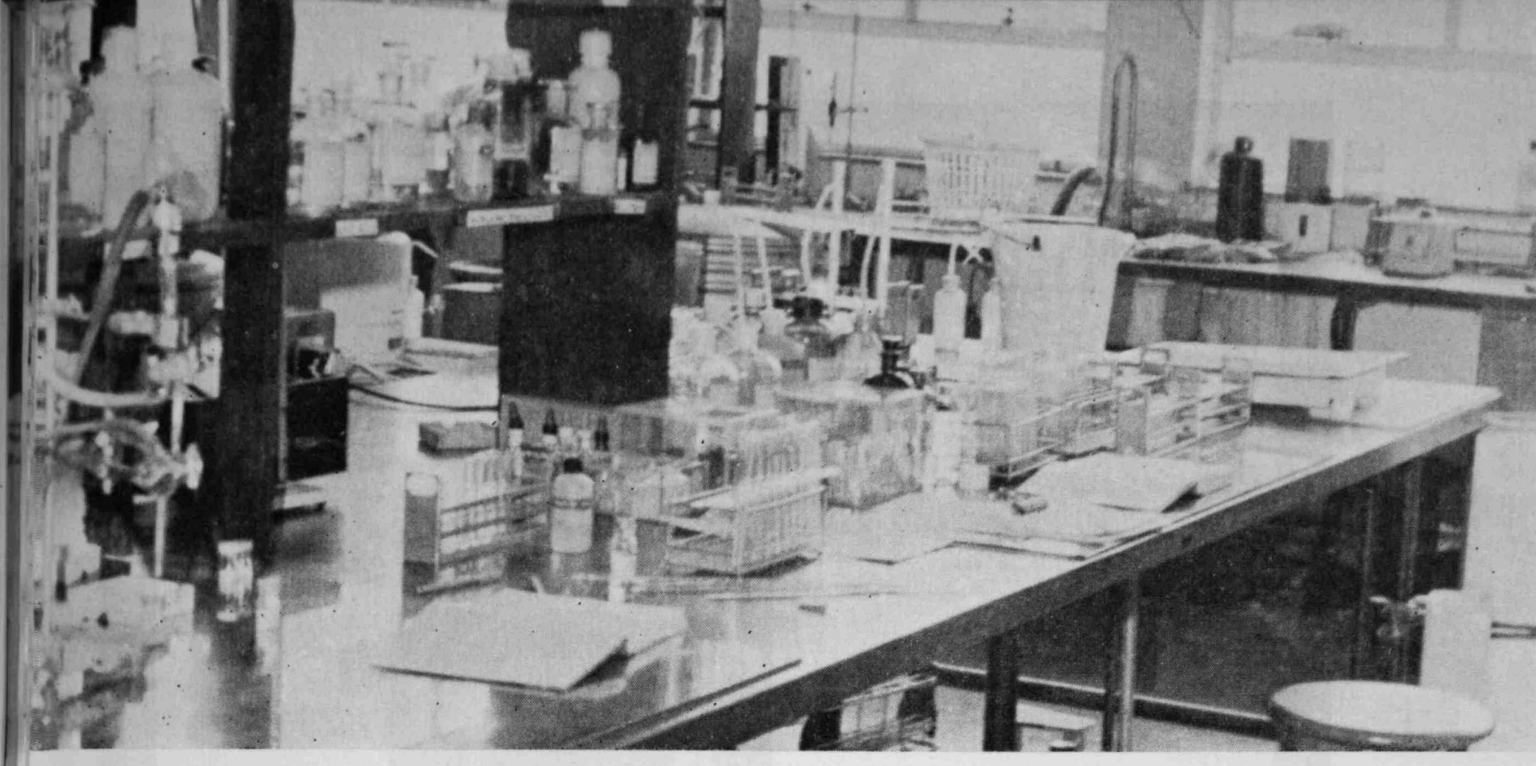
Liver diseases have been the traditional interest of this department, particularly clonorchiasis and pyogenic cholangitis; and both are common in Hong Kong. Recently, an intense investigation of the histochemistry of the bile ducts, both in human cases and in experimental animals has been completed. Experimental work on clonorchiasis and pyogenic cholangitis has been in progress for the last four years and the immunological aspects of clonorchiasis have been investigated.

From 1965, with a grant from the Li Shu Fan Medical Foundation, the department, co-operating with the Paediatric Department of the University, has undertaken a long term study of renal diseases in childhood, with particular reference to the nephrotic syndrome. The emphasis is on renal biopsy study, but the methods used include, apart from conventional histology, immunofluorescence for the demonstration of immunoglobulins in the renal tissue and immunodiffusion for the study of the selectivity of proteinuria. The morphological study of the renal tissue will be extended to the subcellular level when facilities for electron microscopy are available. A recent generous grant from the Royal Hong Kong Jockey Club will provide a well equipped laboratory for electron microscopy in the near future. In addition to the study of human material, work on experimental proteinuria is also carried out.

A survey of bone diseases, particularly osteoporosis from autopsy material, was initiated in 1965. This study is the first of its kind carried out on Chinese.

Some aspects of leprosy and particularly the humoral and cellular defences continue to provide a joint interest with the new Department of Microbiology. This is financed by a grant from the British Overseas Development Ministry.

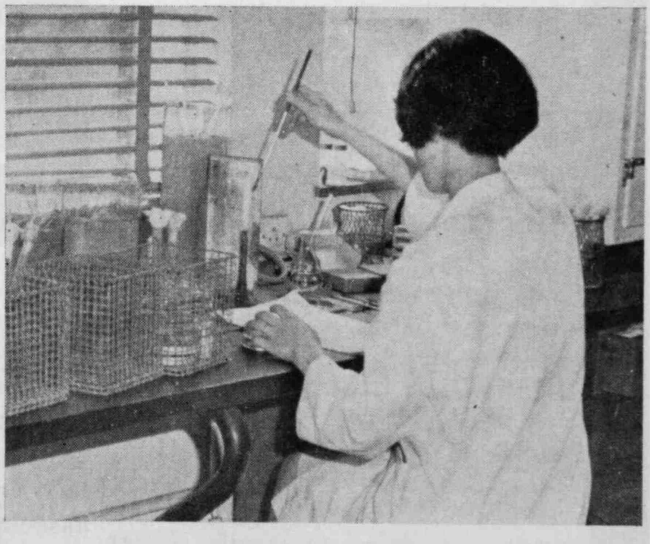
The main activities of the department however are those of any large hospital pathology laboratory, with a continuous flow of interesting and challenging material, the study of which often becomes the starting point of new research projects.



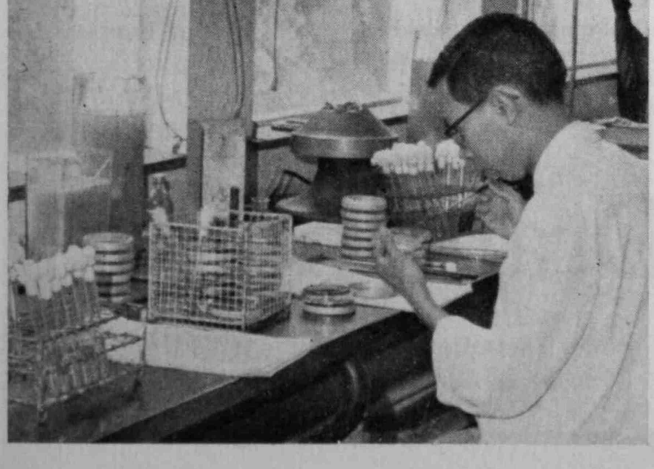
CLINICAL PATHOLOGY

DR. J. GRANT

Clinical pathology is the pathology of the living. Its scope extends from biochemistry to all cell function, microbiology in many aspects, serology and other allied disciplines. No undergraduate should be deceived however, into thinking this science—and it *is* a science—mundane or repetitive.



Most of the function consists, of course, of laboratory work. This is inevitable. Yet medicine of the future will be a combination of social work-surgery-clinical pathology-ancillaries only. As far as we can predict, the growth of clinical pathology will become so phenomenally swift that all ancillary disciplines will be absorbed therein, within the next three decades.



This science is demanding, of time, training and enthusiasm. Yet it is the field where all advances of any significance will be made in the future. It is by far the most adventurous, stimulating and intellectual pursuit in all medicine. But the requirements are many, for the would-be clinical pathologist: a wide clinical experience; scientific knowledge; research ability; unbounded enthusiasm; and last but not least, a sense of humour.

So, to summarise:—clinical pathology is hard work, to be enjoyed at the forefront of all medical progress.

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vertigo
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dimenhydrinate
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BIOCHEMISTRY AND LIFE

E. O'F. WALSH

Life's but a walking shadow; a poor player,
That struts andfrets his hour upon the stage
And then is heard no more: it is a tale
Told by an idit, full of sound and fury,
Signifying nothing.

Macbeth, *Act. V., Scene IV.*

Macbeth, of course, never had the opportunity of studying biochemistry.

Biochemistry is a relatively new branch of science and because it is new, biochemists, seeking recognition of their discipline, have often claimed that it is a science in its own right and a subject worthy of study for its own sake. I will not be so presumptious. No branch of science is complete in itself. A branch, whatever fruit it bears, is but a branch of the tree that bears it. Any branch of science is worthy of study, not for its own sake, but primarily for its contribution to our wisdom and philosophy. For this reason I suggest, and in this I merely express my personal taste, that biochemistry is that branch of science which bears the richest fruit.

Science is essentially the experimental study of natural phenomena and biochemistry is concerned with the natural phenomenon that we call life. What is life? Biology has studied its visible manifestations, catalogued its shapes and forms and deduced therefrom the concept of evolution. Chemistry has analysed its substance and found no fundamental difference between the chemistry of the "organic" and the "inorganic" world. Mathematical and physicochemical investigations have revealed that living matter conforms in its activities to the laws of thermodynamics. Medicine and allied disciplines have specialized in the study of its dysfunctions. Geology and palaeontology have yielded clues to the time of its beginning and subsequent progress on this earth. Yet several questions remain unanswered.

What is life? How did it begin? Was its beginning accidental or inevitable? Or is it perhaps eternal, without beginning or end? Is it a purely physicochemical phenomenon, a natural manifestation of the properties of matter, a process analogous to combustion as Lavoisier supposed? Or is there a *vital force*, a vital principle which directs the organization of matter into living forms as was postulated in Ancient Greece and as Berzelius believed. Is evolution exclusively a biological phenomenon, or a universal law?

It is questions such as these that biochemistry seeks to answer. As in all branches of science, the knowledge gained in the search for truth contributes not only to our philosophy but to technology also, and biochemistry has its practical applications. This has long been apparent in medicine and in agriculture and there was a time, not so very long ago, when most universities offered courses in biochemistry only to medical and agricultural students. The biochemistry taught in such courses was restricted somewhat and with emphasis on the applied aspects of the subject.

In the applied field, biochemistry was and still is exploited in the brewing and food industries and to a lesser extent in the manufacture of certain pharmaceutical and other chemicals. Recent advances in chemical technology, however, tend to render obsolete many manufacturing processes in which living organisms and biological materials are used in the production of chemicals of industrial importance. It is better to exploit living organisms and fertile land for the production of food rather than of rubber, cotton and chemicals that can be synthesized from mineral resources. This does not mean that biochemistry, apart from its applications to agriculture will cease to be of industrial importance. A new chemistry or branch of chemistry, based on knowledge of biochemistry, is beginning to emerge. Biochemistry points the way to the chemistry and industry of the future.

The smooth efficiency of biosynthetic processes in metabolism sets an example for chemists to emulate. Compared with enzymes, man-made catalysts are crude indeed and from the study of enzymology we can learn how to improve them. The mammalian kidney is a masterpiece of chemical engineering that may well inspire the design of chemical plants of the future. From a study of muscle chemistry and function we may learn how to construct silent and efficient machines in which the free energy of an exergonic reaction may be exploited as mechanical work by causing changes in synthetic fibres analogous to contractile proteins. The humble glow-worm produces a cold light with an efficiency to be envied. The brain of a rabbit controls the operation of its body-machine with a diversity of skills unparallelled by any of our engineering triumphs.

In the course of its development as a specialized study, biochemistry has passed through several distinct phases, beginning with the analysis and elucidation of the composition of biological material. This was the original organic chemistry. The next phase, which is really the beginning of biochemistry, was concerned with discovering the chemical reactions that take place in living organisms and with the properties of the enzymes which catalysed such reactions. Chemistry, biology, and medicine all contributed to this development and to an understanding of the chemistry of nutrition, the discovery of vitamins, and a variety of metabolic processes. Catabolic processes such as glycolysis and fermentation were the first to be elucidated. An understanding of the detailed chemistry of anabolic or synthetic processes came much later and by this time biochemistry became especially concerned with the manner in which various metabolic systems are integrated to constitute a living system.

In the present phase of development there is much emphasis on cybernetics, in the self-regulating mechanisms of metabolism, on cellular organization, the control of nucleic acid and enzyme synthesis, and the control of growth and reproduction. There is much interest too in the manner in which, superimposed on the intrinsic control of a cell's activities, the various cells and tissues of complex organisms control one another. Biologists and especially physiologists are also interested in these matters, but they are becoming increasingly dependent upon biochemistry. All biological activity is a manifestation of an underlying chemistry and it is this chemistry which biochemists strive to understand.

The next phase of development is a matter for speculation. My own speculation is that we shall in the not too far distant future reach a phase when it will be possible to synthesize living systems in the laboratory.

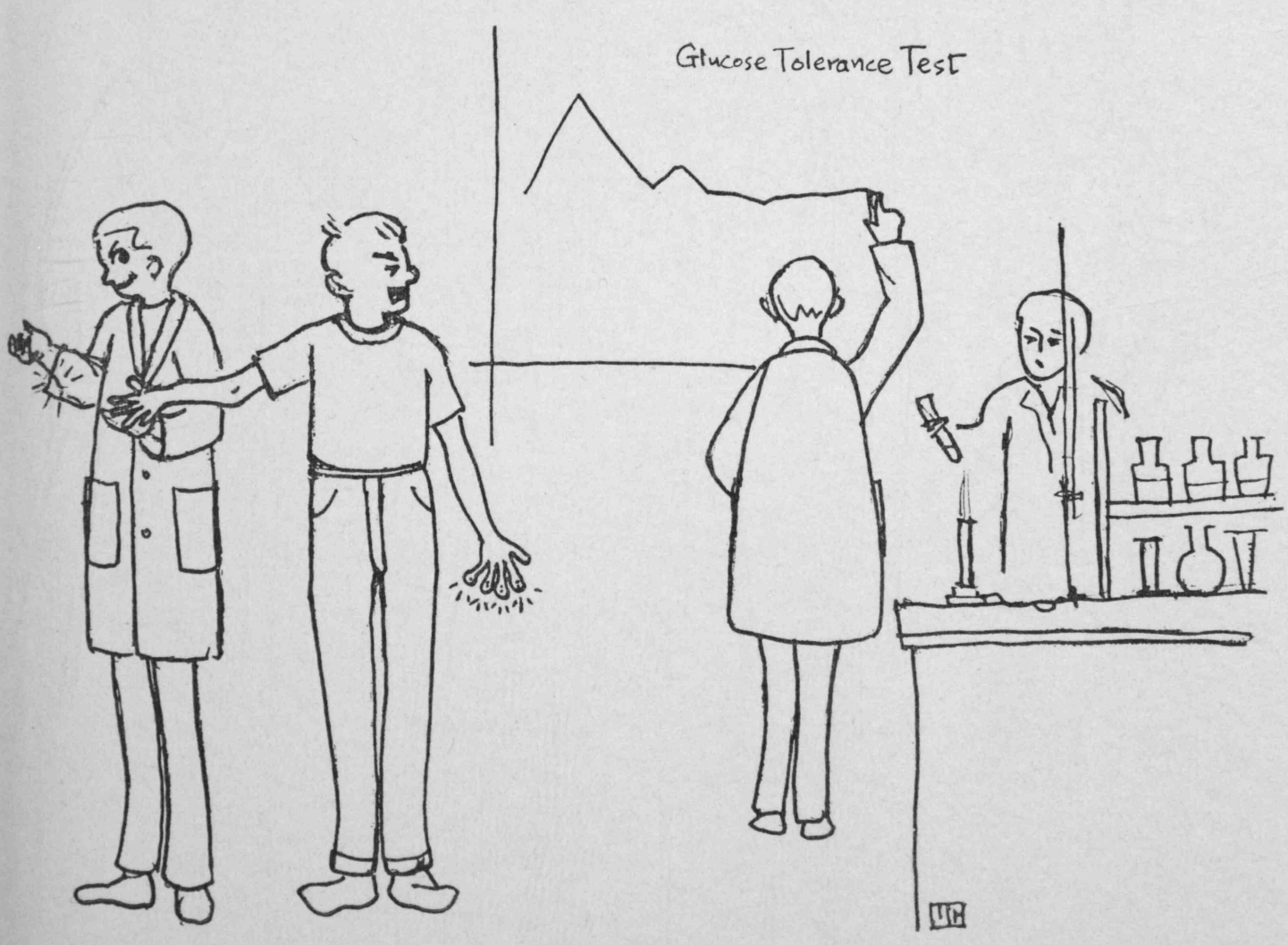
Reprinted from 'Social Biologist', 1967-68

Written by Professor E.O'F. Walsh to mark the occassion of the inauguration of a class in Bischemistry for science students.

"DEPARTMENT SURVEY?!"

by VICKY CHEN

On Biochemistry

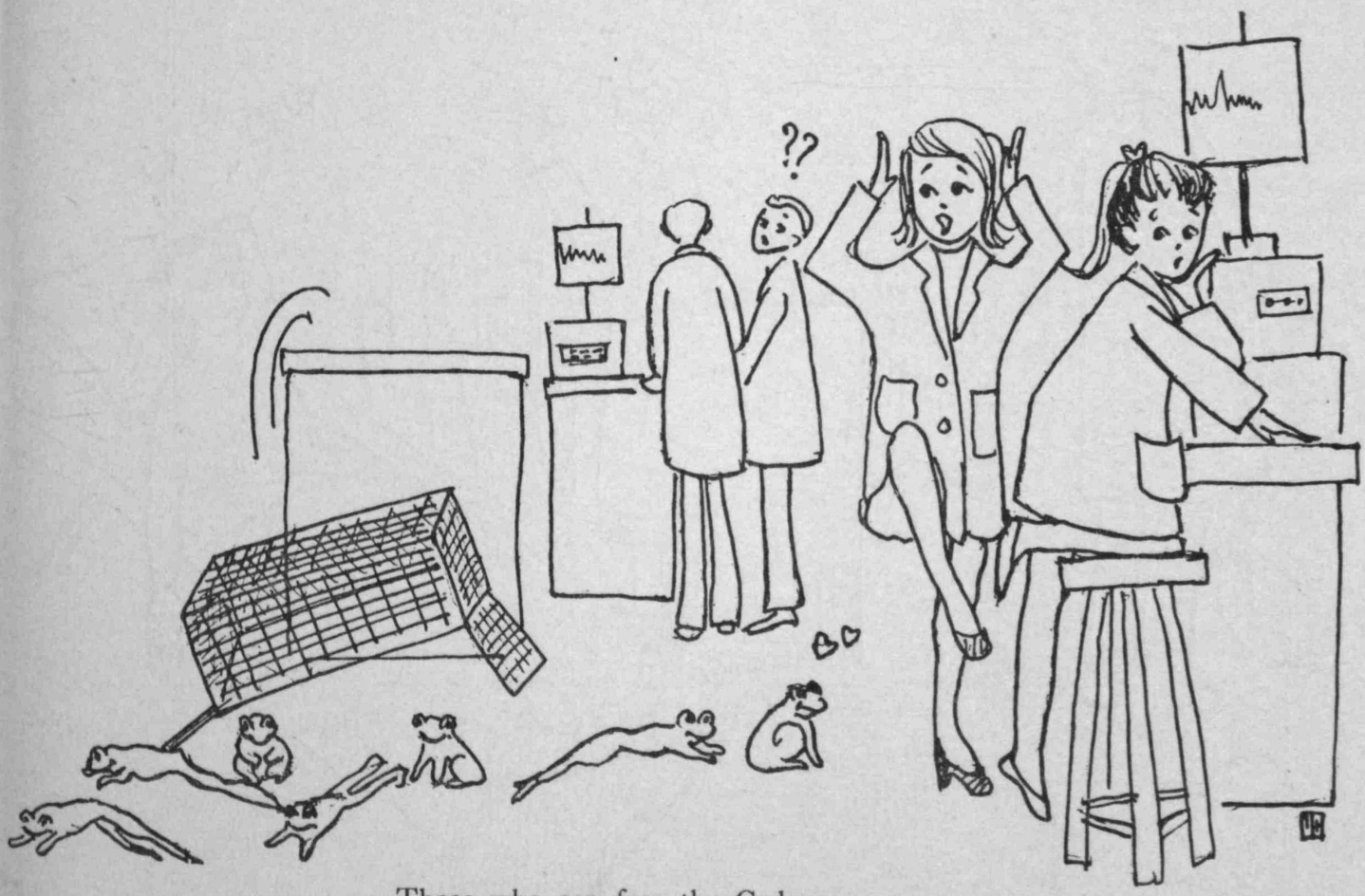


"Steady, just two more punctures . . . . . "

On Anatomy

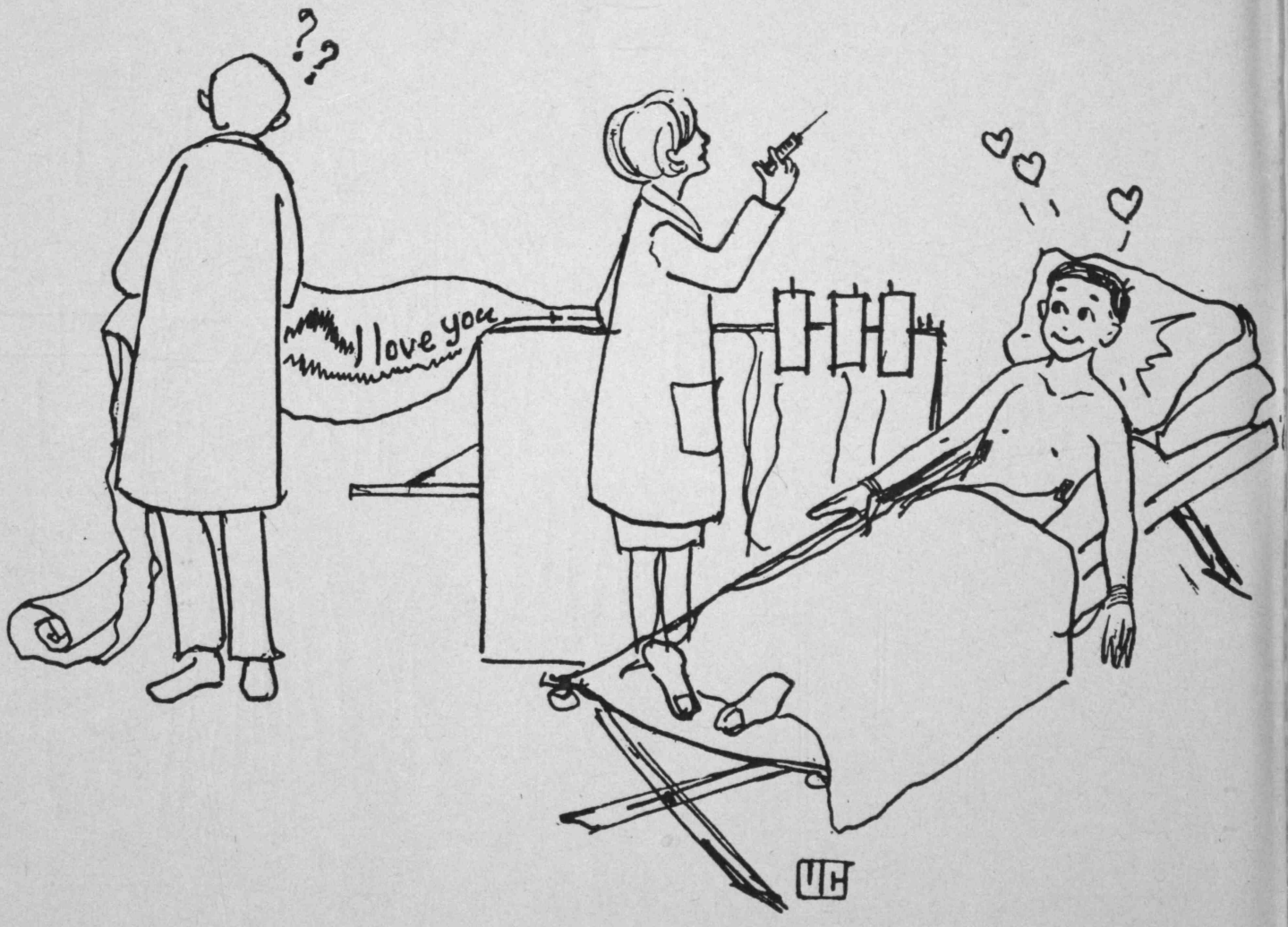
"Mr. Man, would you please give me the nerve and vascular supply of the sole of the foot?"
"Eh . . . . . "

On Physiology



Those who can face the Cadaver
may not be able to stand a harmless friendly little frog.

On Pharmacology

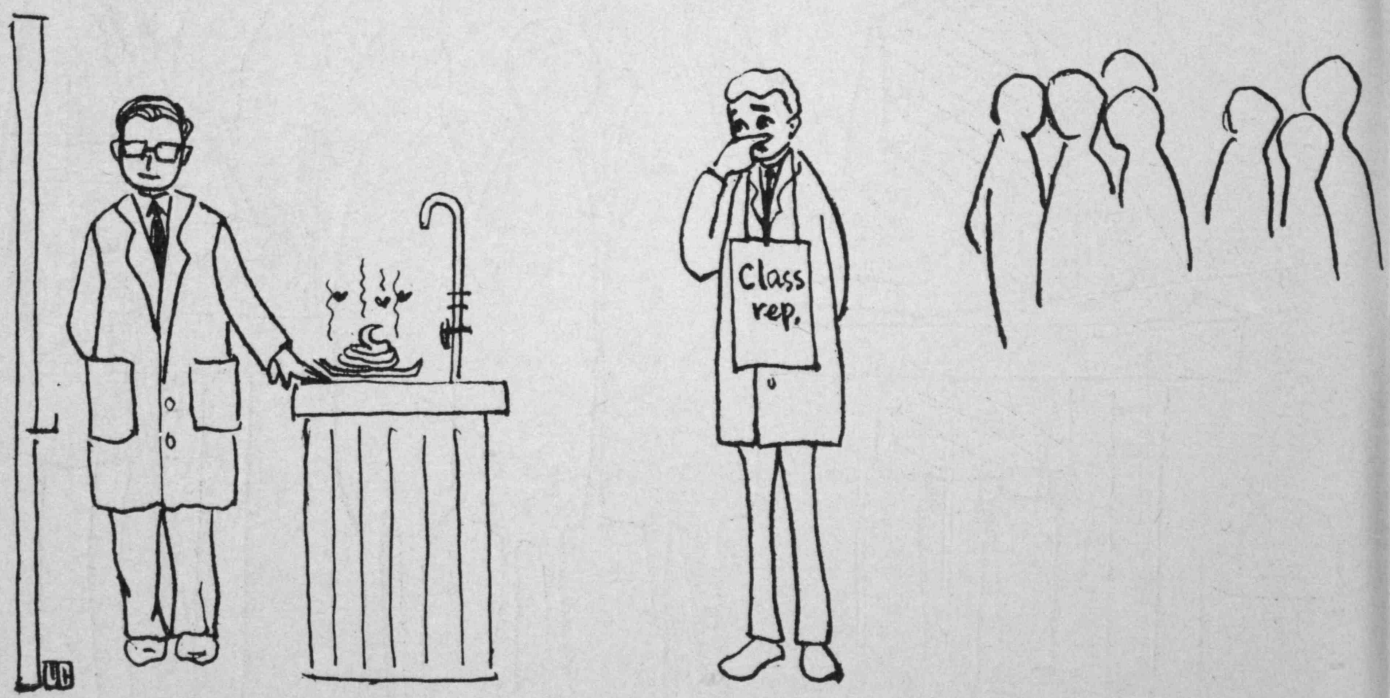


Things go better with a beautiful Colleague.

On Pathology

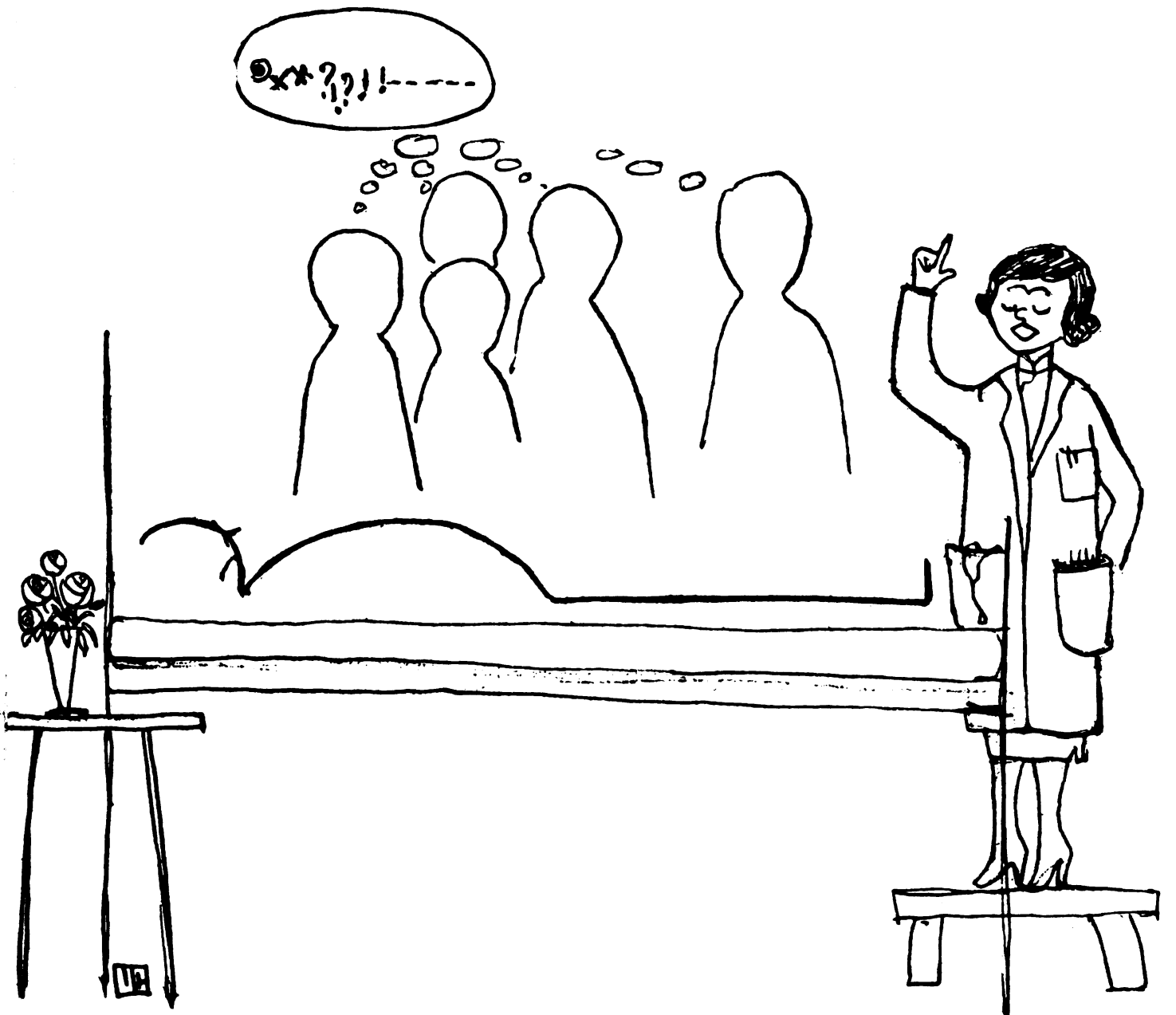
Although the Surgeon is rough patients in this ward never complain.

On Bacteriology



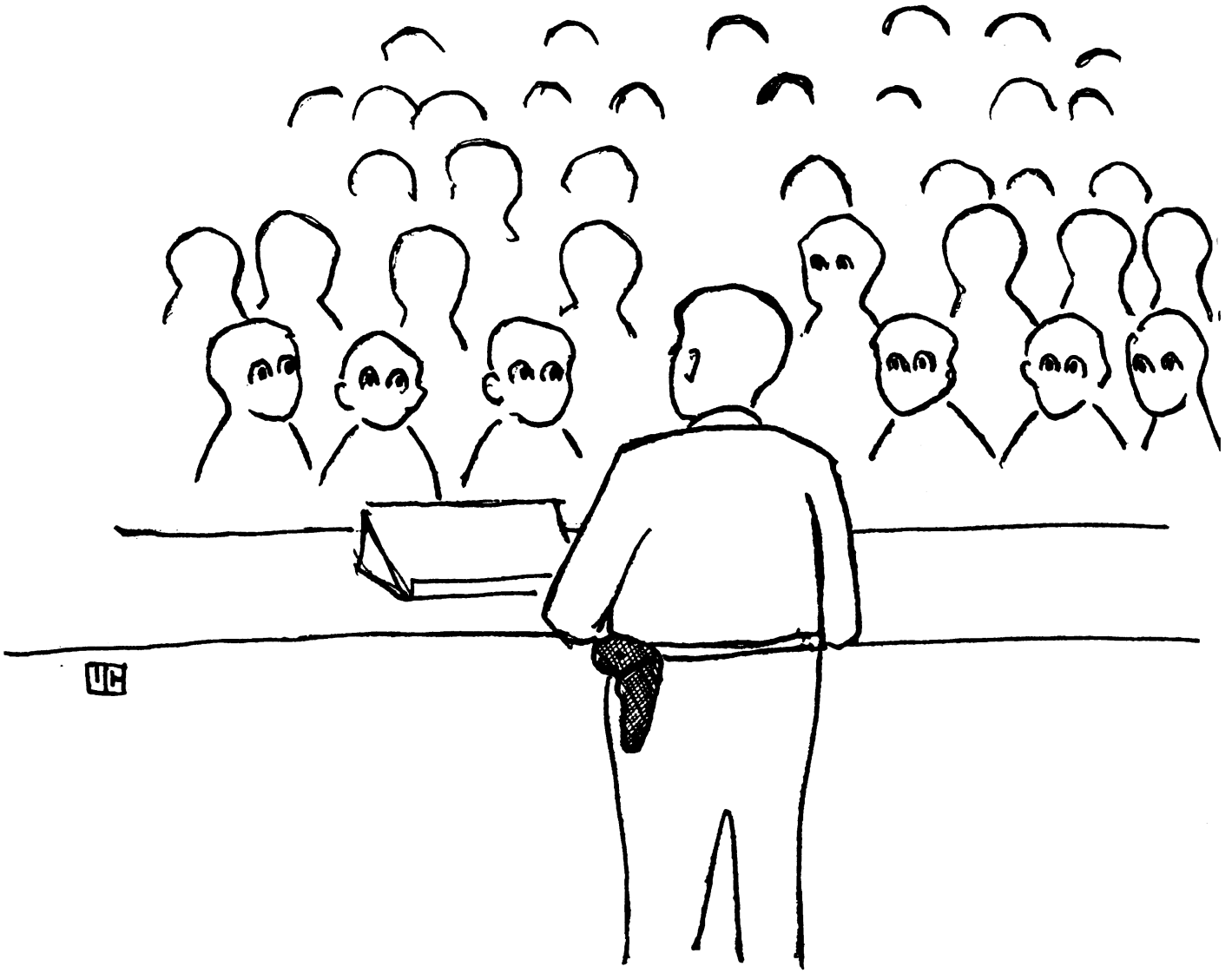
"To-day, we are going to test the bacterial content of faeces . . . . . "

On *Medicine*



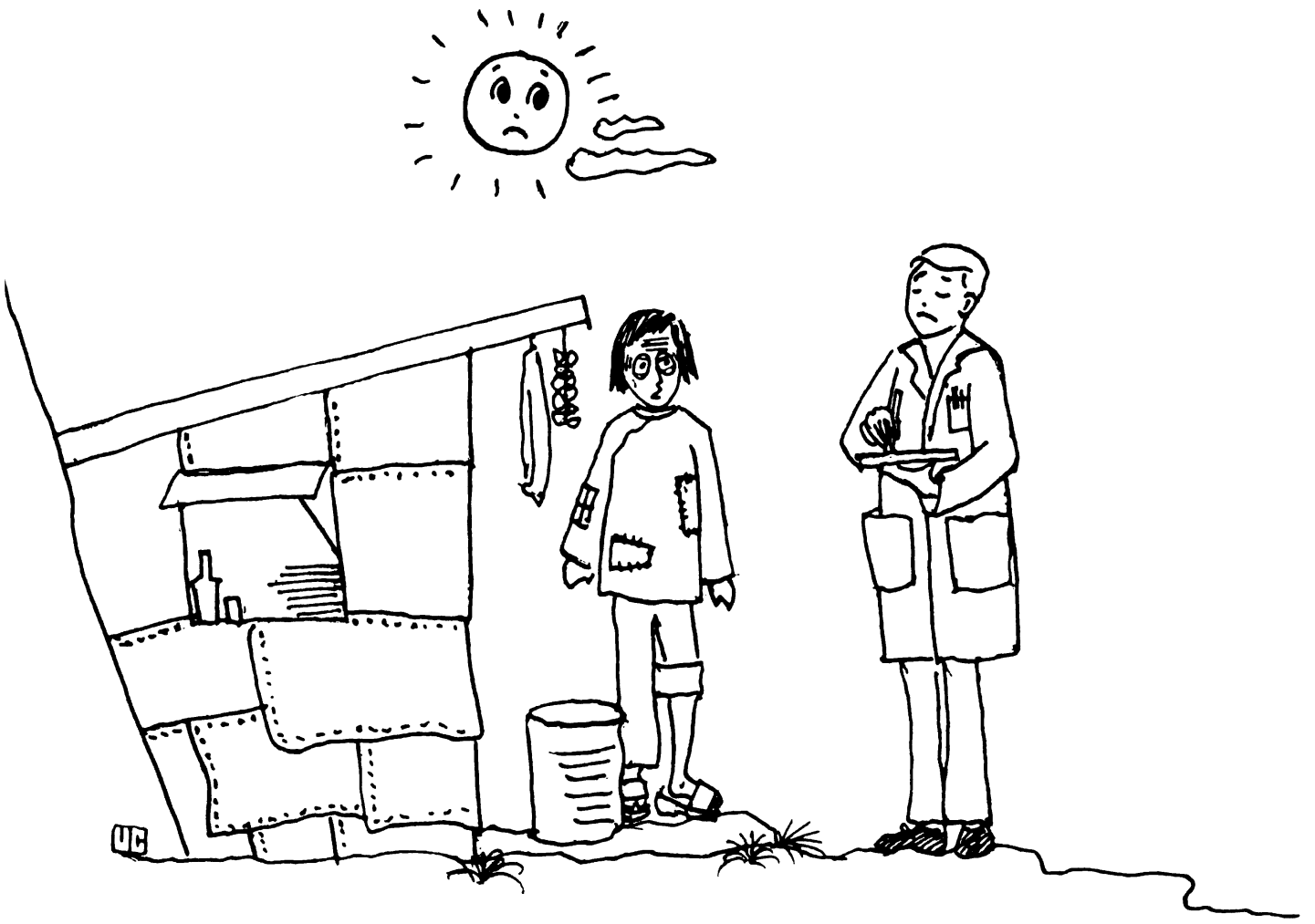
While words of learned length and thundering sound,
Amazed the gazing rustics rang'd around,
And still they gaz'd, and still the wonder grew,
That one small head could carry all she knew.

On Forensic Medicine



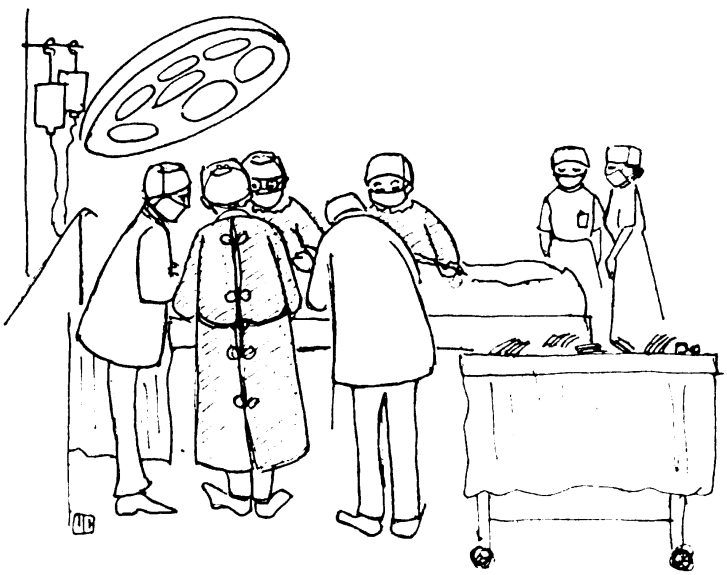
A late afternoon lecture
No absentee,
Nobody attempts to sleep,
Strange?

On Social Medicine

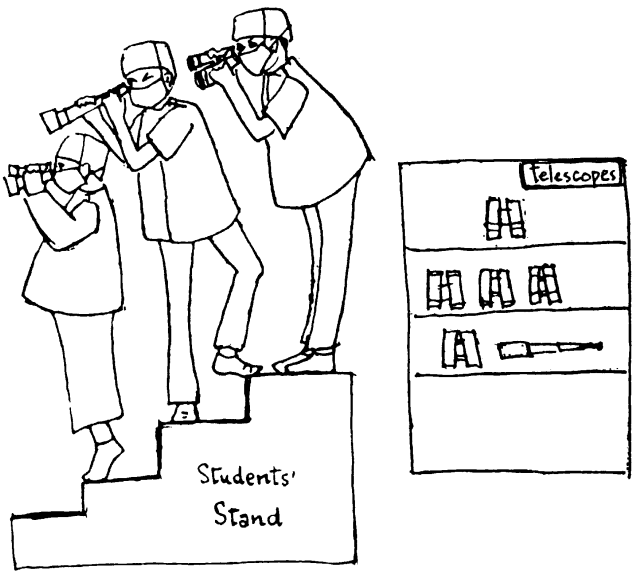


Madam, don't be afraid, you are just malnutrited,
The following is proposed for your diet;
for breakfast; Porridge with cream or milk,
Egg, bacon, Sausage . . . . . .

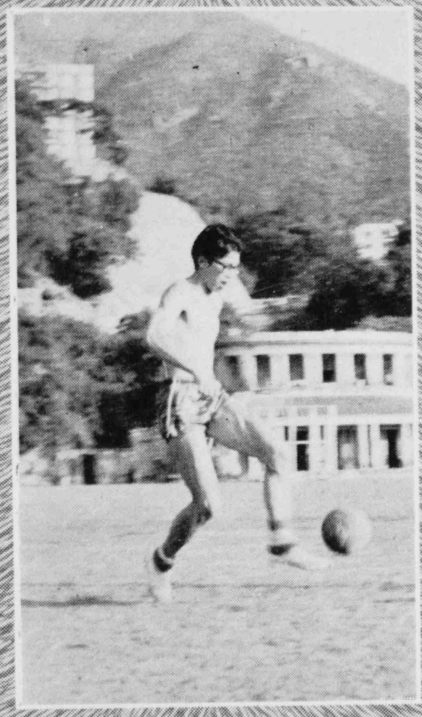
On Surgery

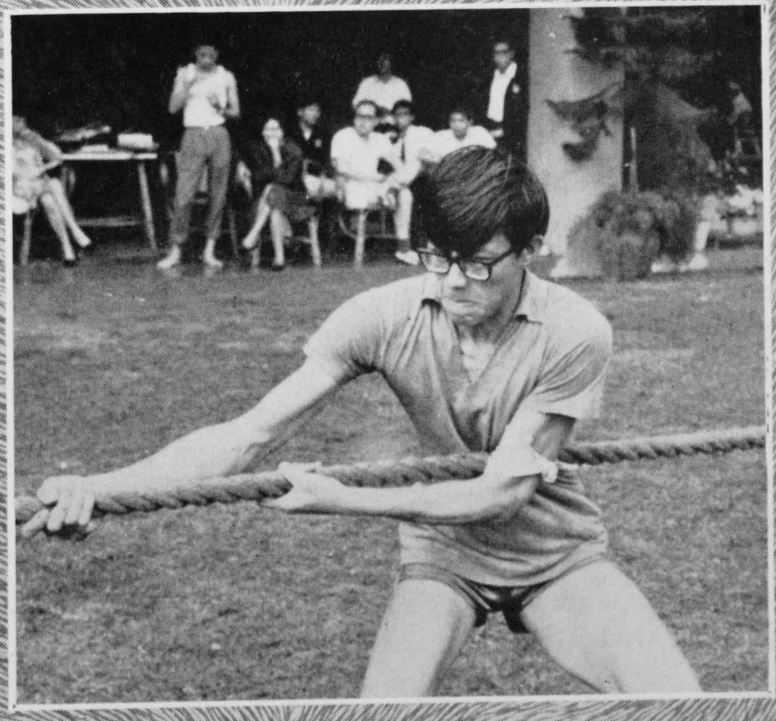


Host-Parasite Relationship



P is for pupil and parasite,
H is for Hospital and Host,
A good host knows how to house its.
parasite so that both can get along happily

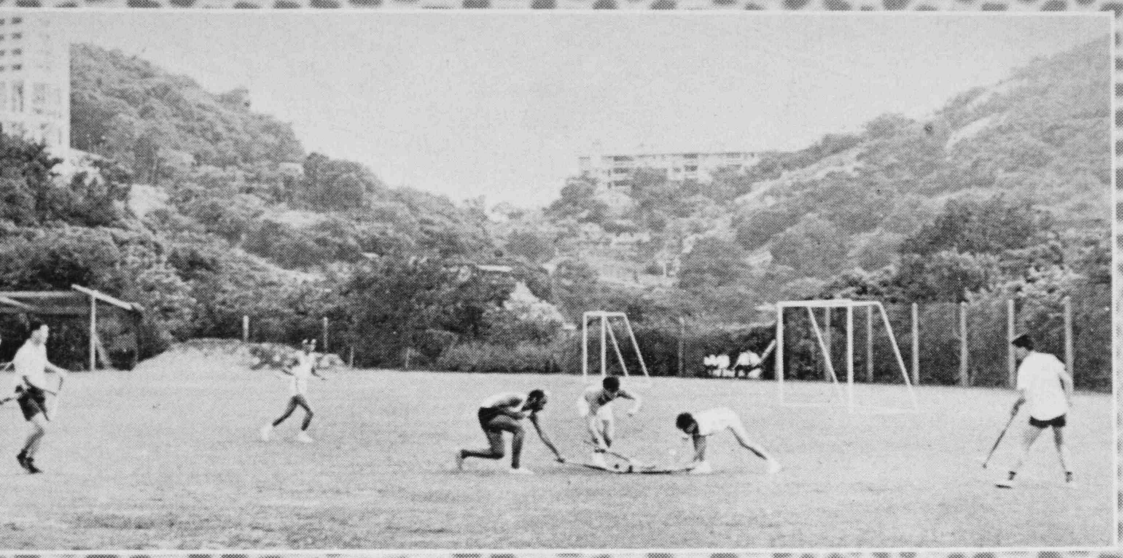




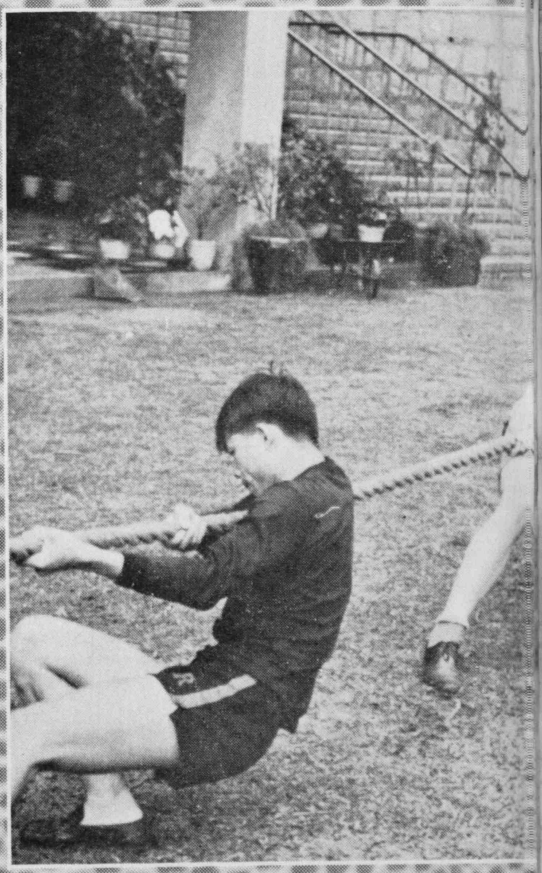
Run, Samson, run .....

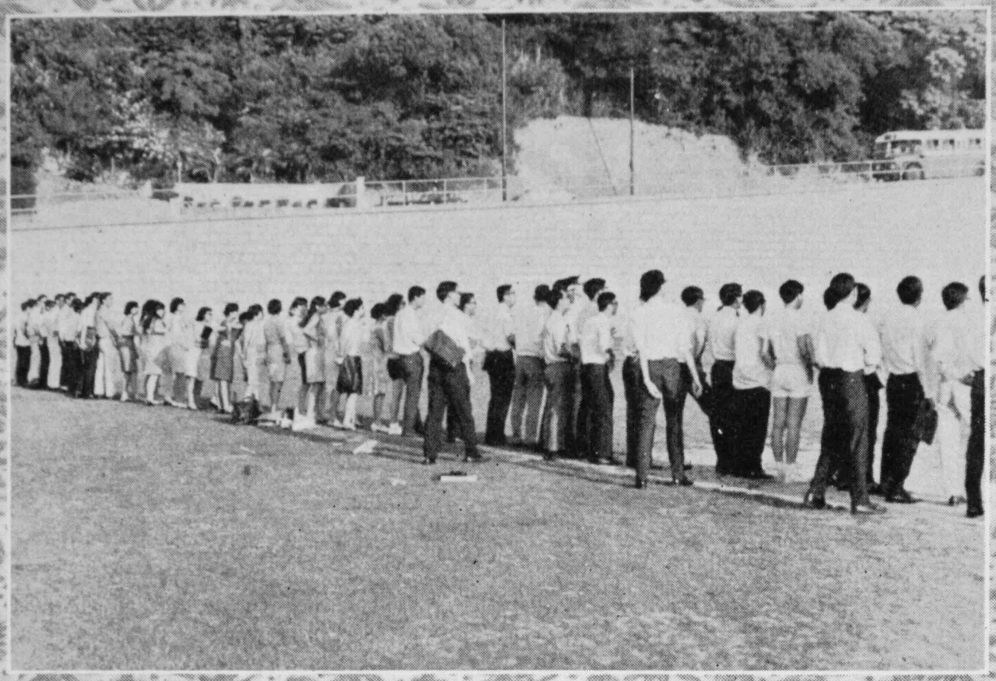
死未？.....

.....啦嚟的定

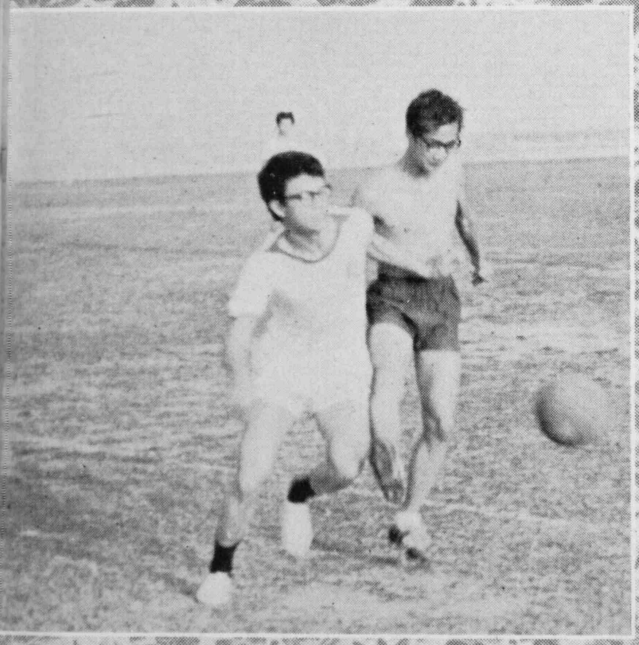


SOME EPISODES IN THE INTERCLASS COMPETITIONS

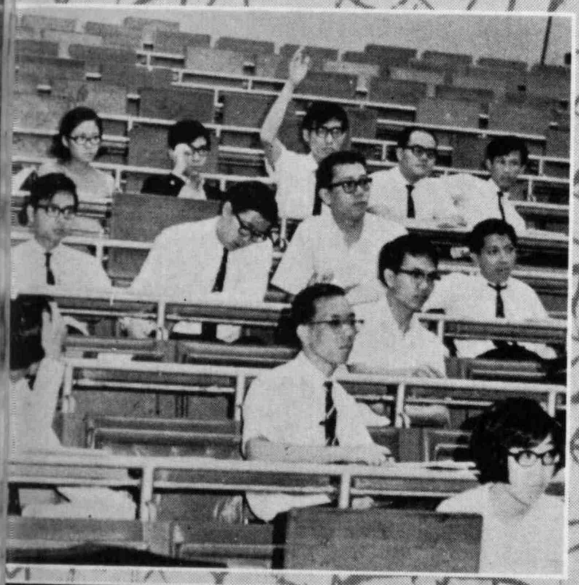




The lookers-on



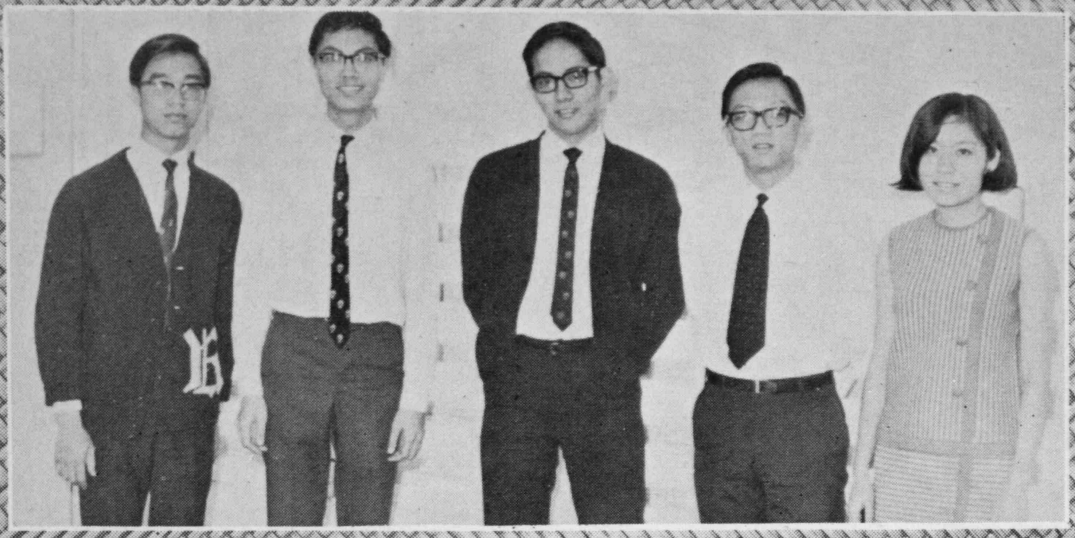
Any Questions?



我提出最嚴重的抗議！

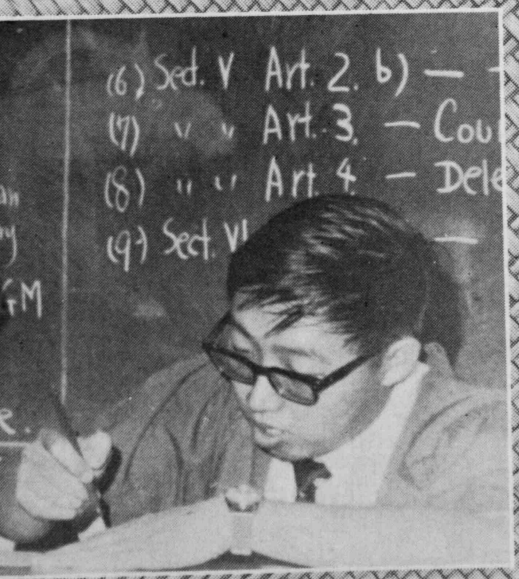
贊成！

真係？你唔鍾意
Social gat?



The Social Convenor and her sub-committee.

I shouldn't have come.
It's duller than the dullest orthopaedic lecture I know.



Thank God, this is the ninth amendment to the proposed alteration of Section Va, Article six, sub-article B, item n, third line starting 13 words from the left, reading . . . . .

Laughing all the way.

The New Constitution and Its Implications

(An Article by the Hon. Secretary, KEVIN LOH)

Introduction

In the recent 3 or 4 years, there has been a tremendous increase in the membership of the Medical Society. At the same time, much progress has been made in the fields of international contact, cultural, academic, and social activities. The Executive Committee of the session 1967-68 found the old Constitution of the Society out of date and could not satisfy the present requirements of the Society. It was clear that there was urgent demand for a new, clearly defined, and more workable Constitution. With there purposes in mind, the Executive Committee appointed an Adhoc Committee to revise the Constitution on January 12, 1968. After 4 sessions of detail discussion, the present Constitution was drawn up, and passed by the General Student Body at an EGM on May 23, 1968. In the following discussion, the author will attempt to interpret the views of the Adhoc Committee when they rewrote the Constitution.

Structure of the Society

In the new Constitution, the Executive Committee and the Medical Students' Council are separately defined. The former Committee consists of officers annually elected by the General Student Body. The Council, composed of Honorary Advisors, and representatives from various parties of the Society, will check on and advise on policies formulated by the Executive Committee. A new post is added to the Ex-Co, that of the External Affairs Secretary. This post is created with several objectives in mind. Firstly, the External Affairs Secretary will take over from the Chairman the responsibility of representing the Society in the Students' Union Council, thereby allowing the Chairman more time to look after the internal affairs of the Society. Such a move is actually recommended in the Union Constitution. Secondly, there will now be an officer specifically responsible for maintaining liason with foreign medical institutions. The Adhoc Committee believes that this Secretary should be elected by the out-going Council each year because the Council can elect the most suitable person with the necessary experience of the Society activities and external affairs. In any case, the choice of the Council still has to be rectified by the General Student Body.

The Elixir Standing Committee

In recent years, the Elixir Board is doing much more for the Society than just the publication of Elixir twice a year. For instance, the Elixir Board is reponsible for contacting all our graduate and associate members, and for collecting donations for the Elixir Loan Fund each year. For its prominent role, the Elixir Standing Committee is defined in a separate article. This Standing Committee will henceforth consist of an Hon. Advisor, a Chief Editor, and 3 managers. They are appointed by the Council and will be responsible to the Council, whilst they are given a free hand in setting up a Board of Editors and in adopting a Constitution for the Elixir Standing Committee.

Meetings

The quorum for the AGM and EGM has been enlarged to 10% of the total number of ordinary members, that is, about double the previous number of 30. This is to ensure that such meetings are truly representative of student opinion and the Adhoc Committee has confidence in Medical Students being Society conscious enough to form this enlarged quorum with ease.

In conclusion, the new Constitution has now been adopted' It will be up to future Committees to abide by this Constitution and work in its new spirit for the continued progress of the Society and the welfare of its members.

Adhoc Committee for Constitution Revision:

Chairman:	Miss Vivian Taam
Hon. Secretary:	Mr. Lam Kam Hing
Members:	Mr. Chan Siu Hung
	Mr. Kevin Loh
	Mr. Timothy Teoh (ex-officio)

ARMSA NEWS

By Kevin Loh

Introduction

The 2nd General Assembly of ARMSA came to a successful end on August 18, 1967, after delegates from the member countries had exchanged valuable information and laid down the work schedule for the coming session. Election of Office-bearers and delegation of Responsibilities were as follows:

President—
Mr. Woo Chi Pang (Hong Kong)
Vice-President—
Mr. Richard Hamilton (Australia)
General Secretary—Singapore
Standing Committee on Medical Education and Health—Hong Kong
Standing Committee on Publication—Malaysia
Standing Committee on Professional Exchange—Australia.

Each Office of ARMSA received specific instructions from the General Assembly and all delegates returned to their respective countries with a common objective—to work for the advancement of ARMSA and to carry out the aims of this international Medical Students' Association.

International Contacts

At present ARMSA is still at its infant stage with only 4 member countries, and is hardly representative of all the Medical Students in Asia. Thus a large amount of correspondence has been carried out with other Asian Medical Student Associations with the aim of increasing the membership of ARMSA Of these, Japan, the Philippines, Thailand, Cambodia, and Israel have shown interest in ARMSA. Israel will probably send an observer to attend the 3rd General Assembly. Language barrier possibly present a problem to some potential members, whilst lack of a centralised, representative Medical Student Union is another reason why some countries hesitated in joining ARMSA.

On the other hand, ARMSA's application for membership in the International Federation of Medical Students' Association (IFMSA) has been approved by IFMSA, and ARMSA will become a regional sub-organisation of this highest representative body of Medical Students all over the world.

Standing Committee on Medical Education and Health (SCOMEH)

Two projects have been carried out under this Standing Committee. These are a drug appeal and a survey of Medical Education in Japan and the Phillippines. This year, Drug Appeal projects have been carried out in all 4 member countries of ARMSA, under the coordination of Hong Kong. Drugs collected under this project will be sent to student clinics in underdeveloped countries. So far, the result has been satisfactory. Drugs collected in Hong Kong will be sent to Ceylon and Indonesia, that in Malaysia will be sent to South Vietnam. Singapore has just started her project and her donations will probably benefit students in India and Pakistan. This Drug Appeal Project only illustrates in one way how ARMSA can serve the community.

Japan and the Phillippines were chosen for an Education Survey because these two countries would most likely join ARMSA in the near future. Through the survey, much better contact and understanding have been established between them and ARMSA.

It has been proposed that SCOMEH joins effort with Standing Committee on Health (HKUSU) in organising a seminar on 'Student Health in Hong Kong'. It is hoped that this seminar will help to improve the heatlth standard of students in this colony.

Standing Committee on Publication (SCOP)

Malaysia is directing this Standing Committee. They are responsible for the publication of regular ARMSA-NEWS Bulletins. So far, this has not been possible owing to the lack of articules from member countries. At present, the Director of SCOP is preparing for the publication of the annual ARMSA magazine, the MEDICASIA.

In conclusion, I would like to emphasize that ARMSA is an international student organisation of great potential. It is foreseeable that tremendous growth will take place in the next few years. With our continuous efforts, ARMSA will surely become a force striving for the welfare of its members and the community at large.

ARMSA

Third General Assembly

KUALA LUMPUR

Aug. 14-22

DELEGATES

MALAYSIA SINGAPORE

AUSTRALIA HONG KONG

OBSERVERS

ISRAEL IFMSA

The Hong Kong University Medical Society wishes to thank the following drug firms for their generous donations in support of A.R.M.S.A. Drug Appeal, 1968.

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WINTHROP.

Be they justified or prejudiced here is what they think —

FACTS OR FANCIES

A Survey of Senior and Junior Relationship

Sponsored jointly by

Elixir and First Year Class Association.

The Medical Society has, as one of its objects, 'To foster a spirit of comaradeship' among its members, and a great portion of the functions held annually by the Society is aimed at this goal. But how much, in reality, is this 'Spirit of comaradeship' achieved? Are the members of the Society strongly united, ready to dedicate their efforts to a common cause? In this article is presented the result of a survey carried out among the first year students. Here are the figures. The interpretation is left to you.

Q. 1. Do you notice any class discrimination or discrimination between preclinical and clinical students?

a. **Discrimination is very pronounced and wide spread. 56**

b. **Only isolated instances caused by a few irresponsible persons exist. The majority of upperclass students and junior students mix very well. 38**

c. **There is no discrimination. 7**

Q. 2. If your answer to question one is positive to any degree, can you support your answer with specific examples?

Fifty six first year students think that discrimination is very pronounced and wide spread. Thirty eight believe that only isolated cases exist and only seven think that there is no discrimination at all. However, of the ninety-four that think that discrimination is present to some degree, only twenty-three were able to give evidence of some kind to support themselves. On what does the remaining 75.6% *base their views? Do they just smell the air of discrimination?*

Among the total of twenty-six examples cited in question two, five are related to the behaviour of individual senior students—'A clinical student snatched away a copy of newspaper from me and told me I might not read it unless I had his permission' 'Once in the locker room I mistook a senior's pharmacology lab. book. In answer to my apology he just sneered at me' Seven gave the unfriendly atmosphere in interclass competitions as examples: 'At the Medic Nite some senior students misbehaved themselves and they were not stopped.' 'Conflict arose in a few occasions in the interclass games competition and it is clear that some discrimination does exist.' Seven cases are connected with the attitude of senior students in general 'Senior students consider first year students as transparent.' 'They walk with an air like potential doctors' The remaining seven people attributed the reason to tradition in the Society. 'It is

generally understood that preclinical students are not allowed to use the Society tie. Do clinical students regard us as members of the Society at all?' 'Design a senior tie for clinical students by all means. But the Society tie is for every one of the members, if every one is considered equal.' 'We are told that first year students are not allowed to vote in the AGM'.

Of those who checked against 'There is no discrimination one said, in defence of the seniors, 'They are very friendly. They give us advice, help us in our stduies'. 'They give us lifts on our way to lectures.'

Q. 3. Do you think this discrimination, if any, is caused by

a. **Inadequate chances for upperclassmen and juniors to meet each other. 45**

b. **Ill nature of one or both parties. 14**

c. **A natural outcome of traditions in the Medical Society. 61**

Q. 4. Your impression on the majority of upperclass students are that they are

a. **Harsh 9**

b. **Indifferent 24**

c. **Sociable and friendly 10**

d. **You have no chance of getting in contact with them 40**

d. **Very variable 34.**

In question three that this discrimination is 'A natural outcome of traditions in the Society.' have a popularity score of **50%**, *followed closely by 'Inadequate chances for upper classmen and juniors to meet each other.' It seems that these two factors are regarded as nearly equally important. Again we see in question four that* **34.2%** *of the students still would not attempt to make a comment of their impression on the upperclasses because they 'have no chance of getting in contact with them'. But only a few think that the seniors are actually harsh.*

Q. 5. In your opinion, the relation between upper and lower classes can be bettered by

a. **More social/cultural/sports function organised by the society. 47**

b. **By a change in attitude of one or both parties. 42**

c. **Cannot be improved. 20**

Q. 6. About fostering a better relationship between upper and lower classes, you think the Medical Society is

a. **Making a very good effort 5**

b. **Making some effort. 46**

c. **Not making any effort at all. 48**

Q. 7. If you think the Society is not making enough efforts, what do you think it should do to improve the state of affairs?

Eighty-nine out of **119** *think that something can be done to improve the relation of upper and lower classes, and about as much reliance is place on the Society as the attitude of the individual members. Contemplate on that— Isn't there some grains of truth here? The efforts of the Society and the support of its members are equally important in making a better Society.*

Question seven is the most poorly answered question. Of the forty-eight who claim that no effort at all is being made by the Society to improve the situition, only six were able to suggest some remedy. This include 'The organisation of more social functions.' 'A tutorial system for the first year students', and 'Allow first year students to wear the Medic tie'.

One sided? Yes, this article is meant to be one sided. Full of prejudice? Then would you care to clarify the situition. Would you leave it as it is? Or you think someone should do something to breach the gap? Then remember; that someone is YOU.

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FOREIGN VIEWS

AN INTERVIEW WITH THREE AUSTRALIAN STUDENTS

Stephen Cains, John Giles and Dale Myers, three final year medical students from Sidney University, Australia, came to Hong Kong as visiting students in February. In an interview with the Elixir editors, they gave us a brief comparison on various aspects of university life in the two places.

Q. Would you kindly tell us your reason for taking this trip to Hong Kong and other places before your final year in the medical course?

A. Well, the purpose is mainly educational. We have a break of three and a half months before our final year. During this time we are supposed to do something related to the social or sociological side of medicine. We spend a lot of time going round public health activities, in a foreign country if possible. Many of the students visit areas in South East Asia, but others go to Europe as well. Some students might prefer to get an employment with a general practitioner and have some idea of general practise. Also, this period provides an opportunity for those needy students to work and save some money for their final year, which is pretty busy.

Q. Who arrange your trips for you?

A. At the end of the year the Medical Society put out a list of available positions and we apply for it.

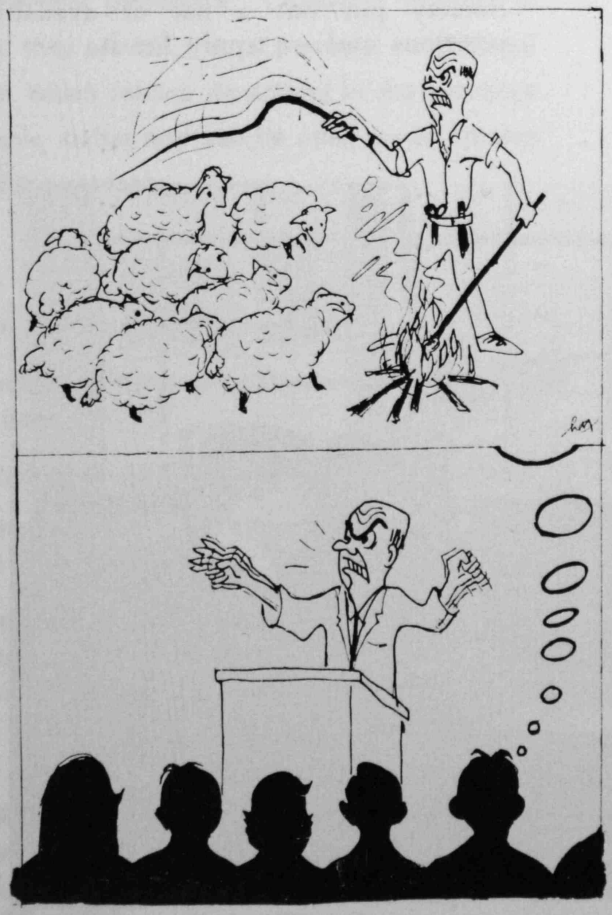
Lectures and ward rounds

Q. Do you find any difference between the way lectures are given here and the way you have it at home?

A. The course is basically similar except that we have a pre-medical year. Then our students work in five different teaching hospitals in medicine and surgery so that we have to be given the the bulk of the lectures in the fourth year, which is not a very good thing. Take dermatology for example, we were given the lectures one year before we came to the clinical work. By that time the lectures were practically forgotten. You are lucky here in having the teaching hospital attached to the Medical School.

Q. As to the hospital ward rounds?

A. Usually we go round in smaller groups. And then we are a great deal less formal in doing it. Most of it is conducted in a tutorial system. We examine the patients and discuss the cases, casually. There is no professorial ward of the kind you have here.



Comment on our students

Q. What do you think of the students here?

A. At first sight they appear not so impressive because they are not prepared to talk out points with their tutors. But on the several occasious when we saw students who did that we have been very impressed by the standard of the students, and it is very possible that the general standard is superior to ours—that is, in terms of his knowledge and reading. I would not presume to suggest in terms of his thinking capacity.

Q. Do you think the students here take the course more seriously than Australian stuents do?

A. I suppose yes. Your ward rounds, lectures etc. are carried out in a more serious manner. It is the same with your sports too. Here you have mainly organised games. The players are selected and you play for your faculty or hostel or whatever it is. At home we play far more often just for fun.

Research Programme

Q. Could you tell us something about your research programmes?

A. Yes, Between the third and fourth year or fourth and fifth year we can take one year off to do research work in the faculty, at the end of which you are awarded a Bechelor of Science in Medicine degree. Students from the third year can work in the Departments of Anatomy, Physiology or Biochemistry and those from the fourth year can work in the Departments of pharmacology and pathology as well. Each of us was assigned a project to work on and your standard was judged by the way you did it, not so much on the

results of the experiments. For example, I was asked to work on "The effect of thyroxine on the aging of rats' which was more or less a hopeless subject. We do not take examinations for the course, but at the end of the year we write a report.

Q. Do you find it worthwhile to spend one year on that?

A. Not so much on the academic side. But it gives you an idea of what research work is like in case you might take up research after you graduate as a doctor, although at the end of the year I decided not to go into research again because it makes you lose your contact with other people.

Student Staff Relationship

Q. Is there anything else that attracts your attention because it differs from your own colleges?

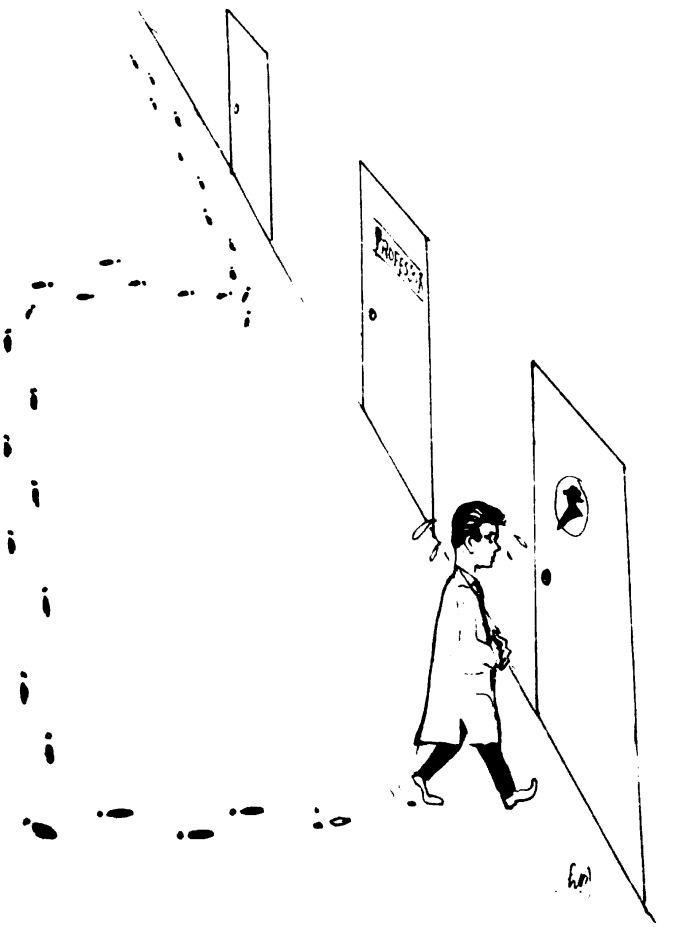
A. There appears to be one point-the attitude of the staff to the students. In Australia we are treated fairly equally, and any student will be ready to argue out a point with the professors. The chances are very small that you will be right, but your opinions are going to be heard and your teacher is going to argue it out with you, whereas here-this may not apply to the more junior staff members, perhaps one can discuss more freely and argue points with them-but it seems to us that the students are not treated as equals and **they are to be given information and instructed rather than have their minds developed on a critical basis.**

Q. Do you think the fault lies on the students or on the teachers?

A. Possibly it is a bit of each. The students might tend to look up a bit too much on the tutors and not to exchange words with them. On the other hand the tutors might be less considerative and it forms a vicious cycle.

Q. Do you think there is any reason why this should be so in Hong Kong?

A. This might be that we are not so closely associated with the professors, who are more senior among the staff. We are divided into five teaching hospitals where there are associate professors, and we do not have to, sort of fear so much of them because they are more junior men.



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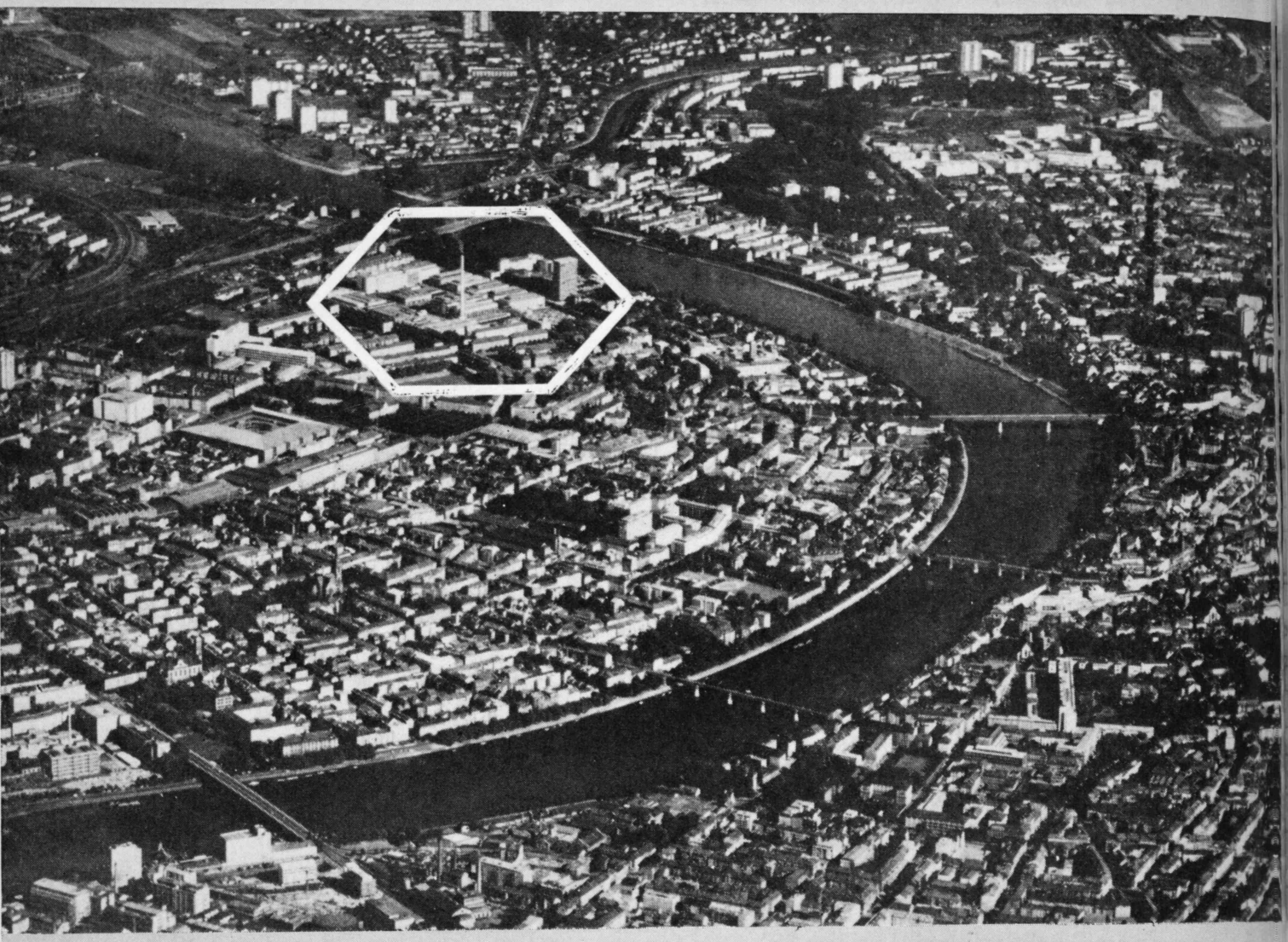

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OUR SPORTS CAPTAIN — SPORTS SECTION —

Interfaculty matches

This year luck has certainly kept us away from the Omega Bowl. We lost by a narrow margin to Arts Association, which also includes a new Social Science group. We may say that we only lost to the combined work of two faculties.

With star players such as York Chan, Louis Hsu and Mohammed Bin Ali, we easily recaptured the Championship in badminton, tennis and Hockey respectively. Unfortunately both Ali and Louis are to leave us next year and we must work a great deal harder in order to retain the Champion title.

The blow to the Medics really came early in the first term, when we lost two important final matches to the Arts. In the football field we were beaten by two goals to three in spite of the fact that the Arts teem was one player short. We were leading1-0 and 2-1 but after the 2-2 draw our player seemed to lose confidence and lost the last goal in the last 15 seconds. A similar thing happened to our Table tennis team and we lost by 4-5, just before the start of the Medics BBQ.

At the end of first term we were losing by 8 points but managed to be 6 points ahead at end of second term. However the unexpected defeat at Lacross by the Engineers barred us from the overall Champions, which was decided only at the last match of the season, namely volleyball against Science. If we had won we would still beat Arts by a grand total of one point otherwise we would lose by 2 points. Every effort was put into the match but we still lost by 1-3. So we became only the runners up in the Omega Bowl.

Chin Tak Wai

Results		
	Hockey	Champion
	Badminton	"
	Tennis	"
	Football	Runners up
	Table tennis	"
	Volleyball	"
	Ladies Hockey	"

Interclass matches

Up to the present moment the interclass games are only half finished but none can predict which class will emerge as the Champion. However it seems that the first and third year are the most enthusiastic classes and they each have a cheering team at each match. This year two additional games are added namely tug-of-war and Hockey. We have to wait and see which class will capture the Braga Cup.

OUR SPORTS CAPTAIN SAYS–

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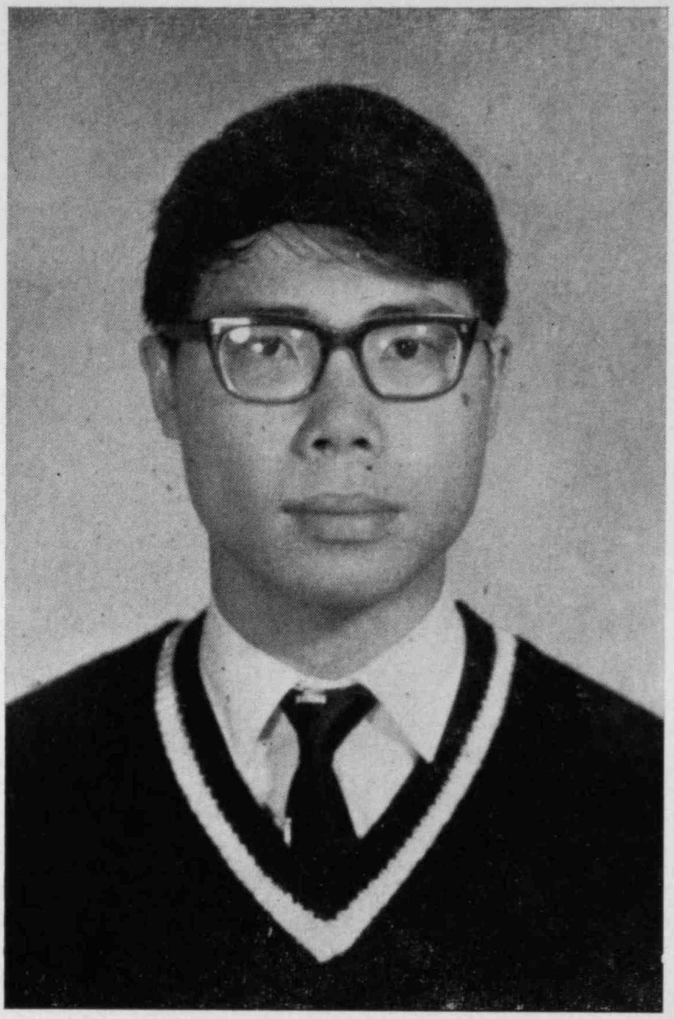

Chiu Tak Wai

Results	Hockey	Champion
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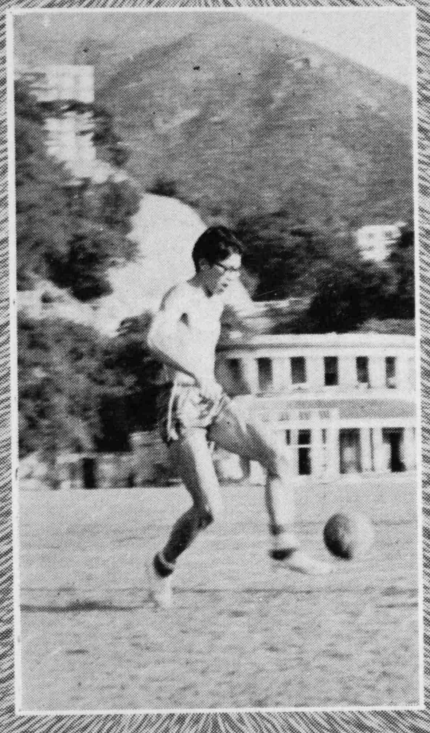
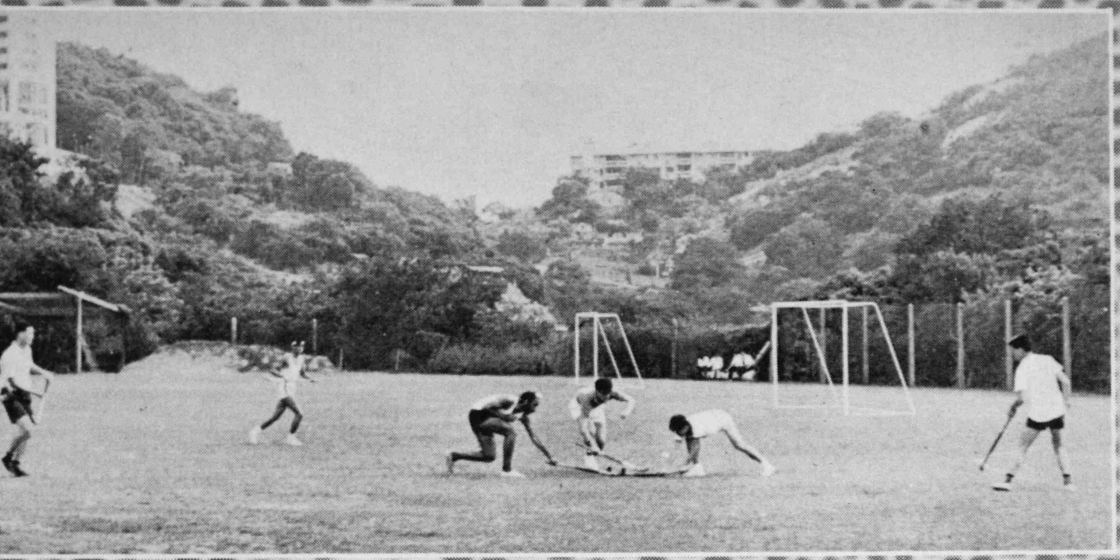


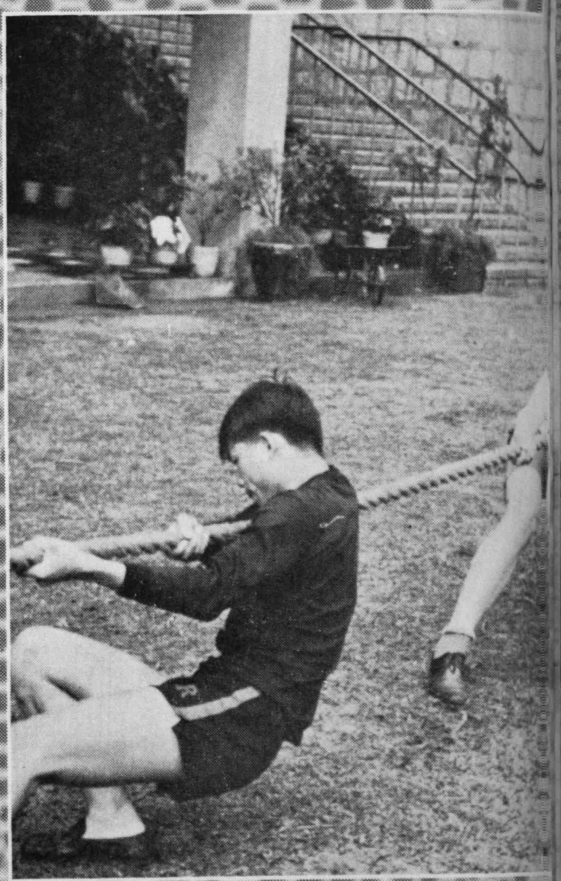
Run, Samson, run .....

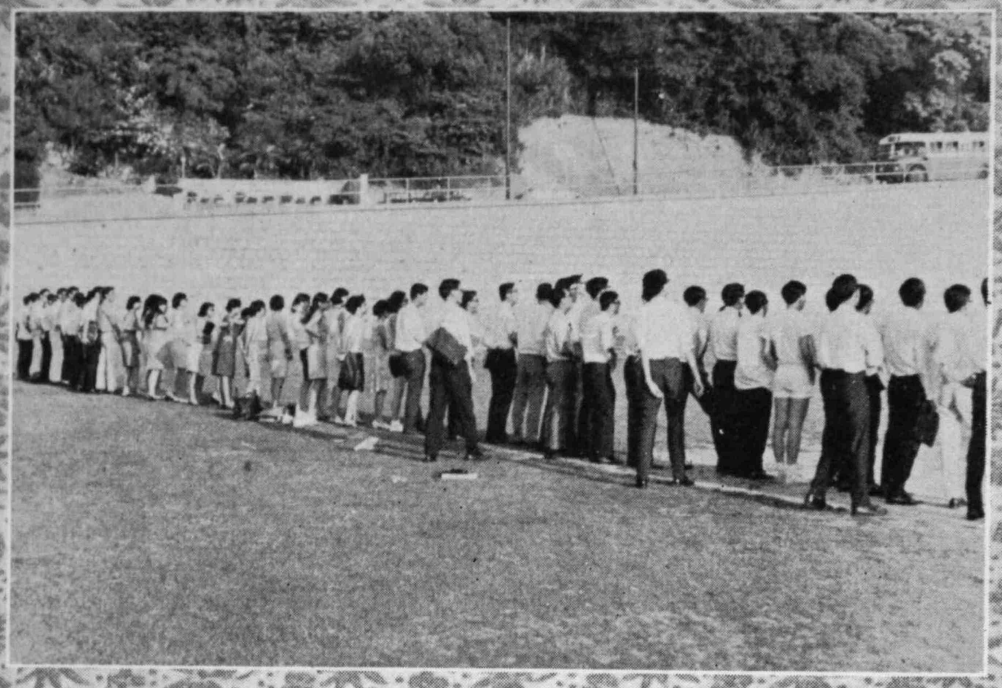
死未？……

……啦嚟的定

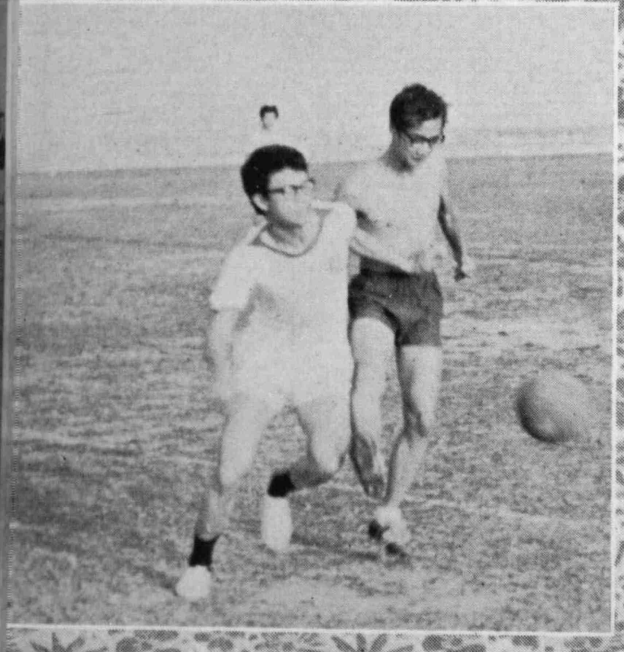


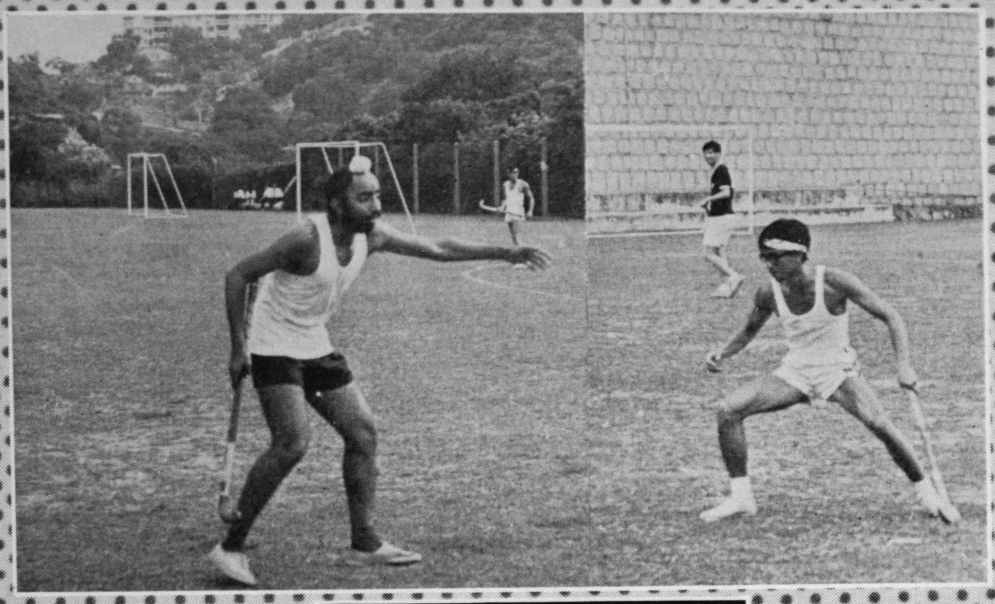
SOME EPISODES IN THE INTERCLASS COMPETITIONS





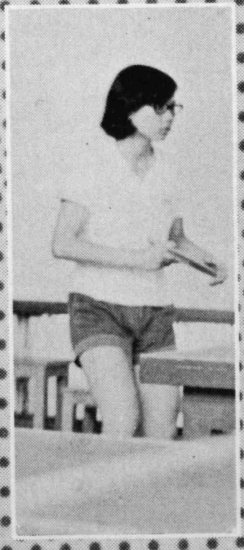
The lookers-on

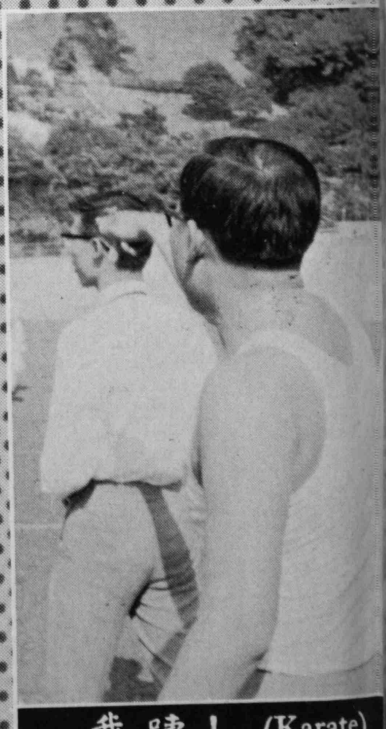




喊包星大戰吉川富郎

Table tennis ago-go!





我嘢！ (Karate)

Social and Cultural Activities

FROM THE SOCIAL CONVENOR

The climax of the first [illegible] Medical Society—the B-B-Q [illegible] December, 1967 at the Sport Centre [illegible] the Interclass Singing Competition. [illegible] Songs' filled the warm atmosphere of the evening. The second year True Lot got the biggest applause and was awarded the champion.

Who would say that roasted meat is [illegible] for the voice?

* * *

"HO! HO! HO!" and the kids shouted. Happiness covered their faces; gifts [illegible] their hands. Then the accordion blared and the Medics squeaked through the [illegible] Professionals we weren't, but as we crooned through the wards of Sandy Bay and Grantham Hospital, everybody [illegible] youngsters and all—was filled with the joy of the season, as Christmas was to come in only three days' time.

* * *

A pretty Arts girl came up to my face and said, "I want to see how a Medic girl looks like!" It was to the disappointment of all that only a few Medic girls turned up at the 'Medicarts Get-together' on 26th January, 1968 at the Medical Centre Canteen. The

I want to hold your hand....."

FROM THE SOCIAL CONVENOR

The climax of the first function of the Medical Society—the B-B-Q—held on 7th December, 1967 at the Sport Centre was the Interclass Singing Competition. 'Love Songs' filled the warm atmosphere of the evening. The second year Trio had the biggest applause and was awarded the champion.

Who would say that roasted meat is bad for the voice?

* * *

"HO! HO! HO!" and the kids shouted. Happiness covered their faces; gifts reached their hands. Then the accordion blasted and the Medics squeaked through the air. Professionals we weren't, but as we carolled through the wards of Sandy Bay and Grantham Hospital, everybody—kids, youngsters and all—was filled with the joy of the season, as Christmas was to come in only three days' time.

* * *

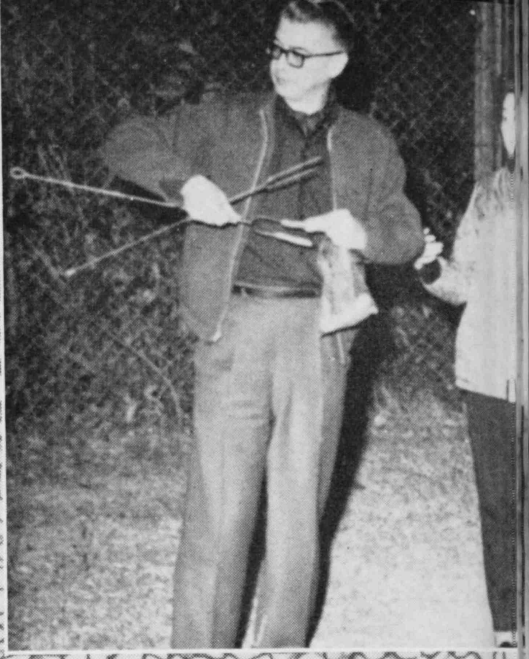
A pretty Arts girl came up to my face and said, "I want to see how a Medic girl looks like!" It was to the disappointment of all that only a few Medic girls turned up at the 'Medicarts Get-together' on 26th January, 1968 at the Medical Centre Canteen. The

aim of this social gathering was to bridge the existing gap between Medical and Arts Students. It was not surprising then to see that they were so much 'closer' at the end of the evening.

Kathleen So.

I want to hold your hand....."

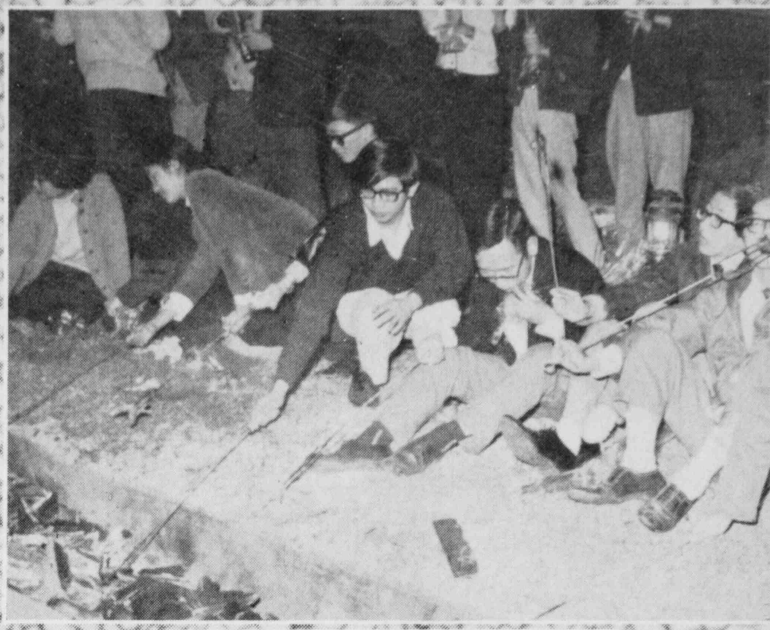
BBQ



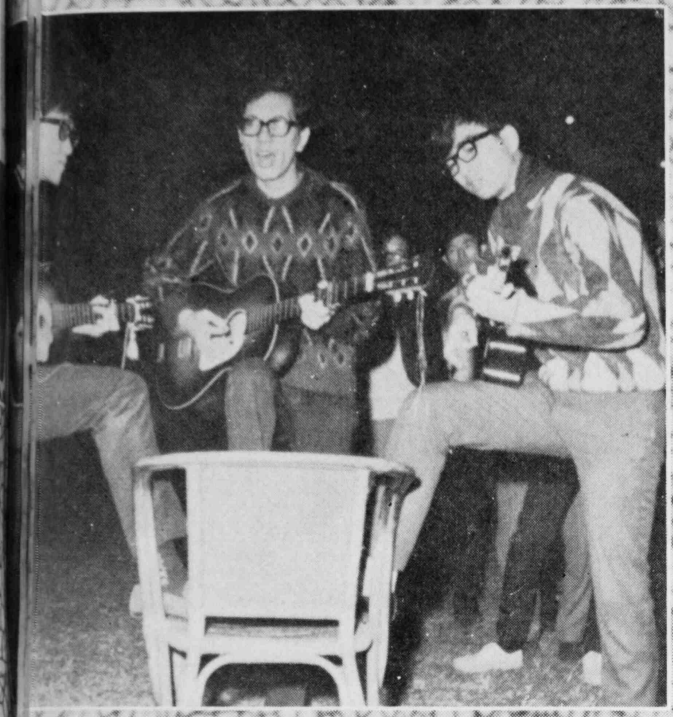
Loading ammunition

"Bingo!"

A happy family, with papa and mama watching the kids . . . . .



Enjoying "carcinogens"?!



inner of the night—the second year trio.

All for one, one for all!

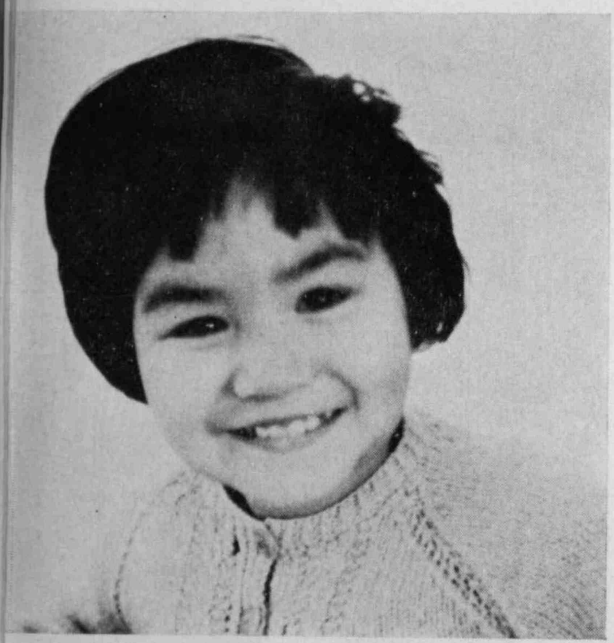
"Somewhere my love"—The first year choral group

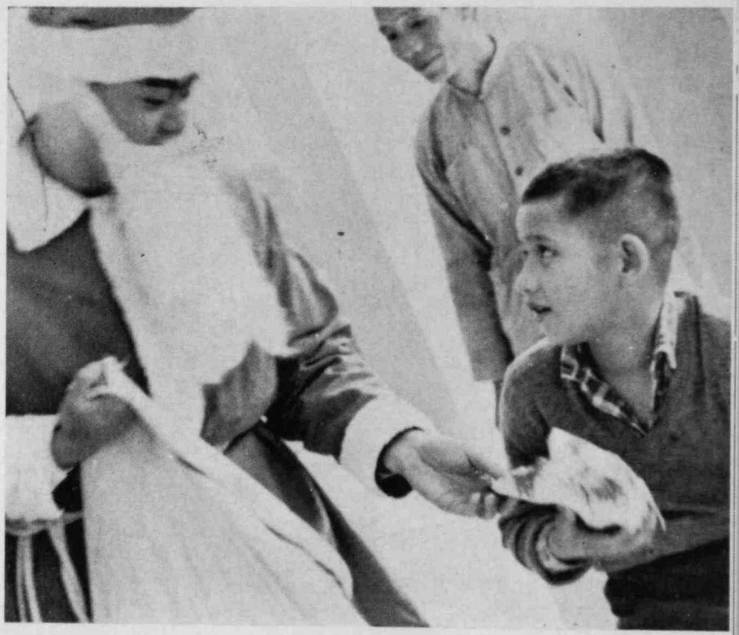
CHRISTMAS CAROLLING, 1967

SANDY BAY
GRAHAM HOSPITAL

THE PREPARATION

THE LAUGHTER





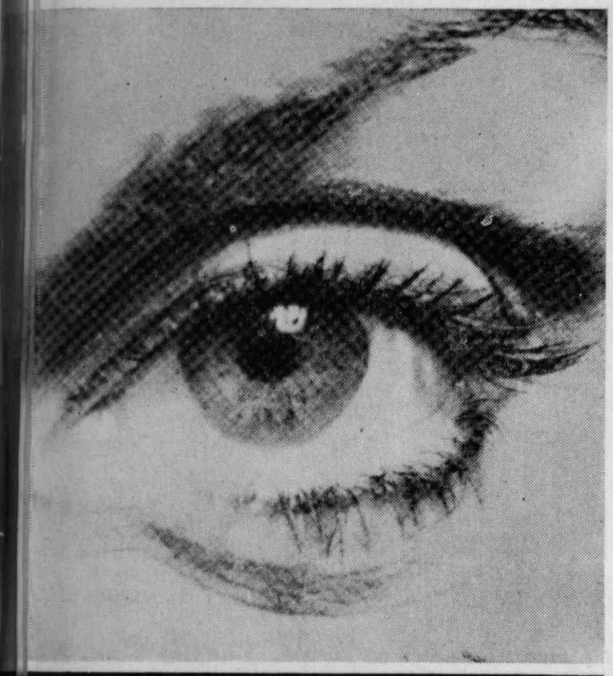
And Finally—
The Best Part of the Day

PRESENTATION OF SOUVENIRS
ON THE DAY OF PRESIDENTIAL ADDRESS.

NEW for urticaria, pruritus and allergic rhinitis

'BANISTYL'

ine



wide awake"

antihistaminic and antipruritic

Highly effective

Little if any soporific effect

Well tolerated by patients of all ages

One tablet three times daily effective in the majority of adult patients

'Banistyl' is well tolerated at a wide range of dosage levels. In general, side-effects are mild and occur in a small percentage of patients only. Somnolence is infrequent; when it occurs, it is usually not marked and disappears after the first few days of treatment or can be controlled by adjustment of dosage. Other side-effects which have been reported include nausea, epigastric pain, vertigo, diarrhoea and mild headache.

Although there is no evidence to suggest that 'Banistyl' is embryopathic, it is a sound medical principle to avoid, wherever possible, prescribing any drug during the first three months of pregnancy.

Certain activities, including control of vehicles or machinery, should not be undertaken by a patient starting a course of 'Banistyl' until it is evident that the drug has no soporific or other central nervous system side-effects, or until any such effects have subsided.

'Banistyl' is supplied as tablets containing dimethothiazine 20 mg.

REFERENCES:
Practitioner, **198**, 834, 1967. *Practitioner*, **198**, 711, 1967.
Br. J. Clin. Pract., **21**, 401, 1967. *Clin. Trials J.*, **4**, 781, 1967.

Detailed information is available on request.
'Banistyl' is a trade mark of the manufacturer,
MAY & BAKER LTD Dagenham Essex
Branch Office P. O. Box 599 Hong Kong

FIRST YEAR REPORT

LILY CHAN
Hon Secretary
First Year Class Association

FIRST YEAR REPORT

To begin with, everyone was trying his best to adapt to the new environment and to get acquainted with the fellow students. Yet before any body knew everybody, a committee was elected, headed by our efficient class representive, Mr. Lam Wah Kit and assistant Miss Marion Mak. Miss Lily Chan and Miss Sylvia Chen were elected Hon. Secretaries and reliable Mr. William Tam, the Hon. Treasure. Sociable Mr. Stephen Ng and Miss Grace Kong were chosen Social Convenors, and Mr. Harpaul Singh and Miss Elaine Petigura the Sport Captains. In order to put up a good show at Medic Night, Talented Mr. Peter Lam and Miss Leung Sau Chi were appointed drama leaders. We wish to thank the committee for having done so much for us with the co-operation of the whole class.

* * *

The first class function held is an (I think) unprecedented tea-party in which we played some games and recalled our sweet days in kindergarten.

A trip with Yau King Wai, who left us for U.S.A. in March.

"Don't be naughty Harpaul! The class Committee is going to take a photo!"
(Class Committee: left to right: William Tam, Harpaul Singh (guess), Stephen Ng, Lam Wah Kit, Marion Mak, Sylvria Chen, Leung Sau Chi, Elaine Petigura, Lily Chan, Grace Kwong. Where is Peter Lam? Gone fitting

* * *

Among all the bachelors in our class there is one extraordinary bachelor who leads a life that is envied. He spent a most enjoyable Christmas because he did not bother himself with Mrs. Collins' pile of notes. He enjoys freedom since he never showed up in Biochemistry lectures and laboratory. All these can be accounted for by the fact that he is a Bachelor of Science in Biochemistry and is joining us simply because of great interest in the art of medicine itself. He is Frank Ling, who, besides being a Bachelor, is a driver, a boxer, a . . . .

* * *

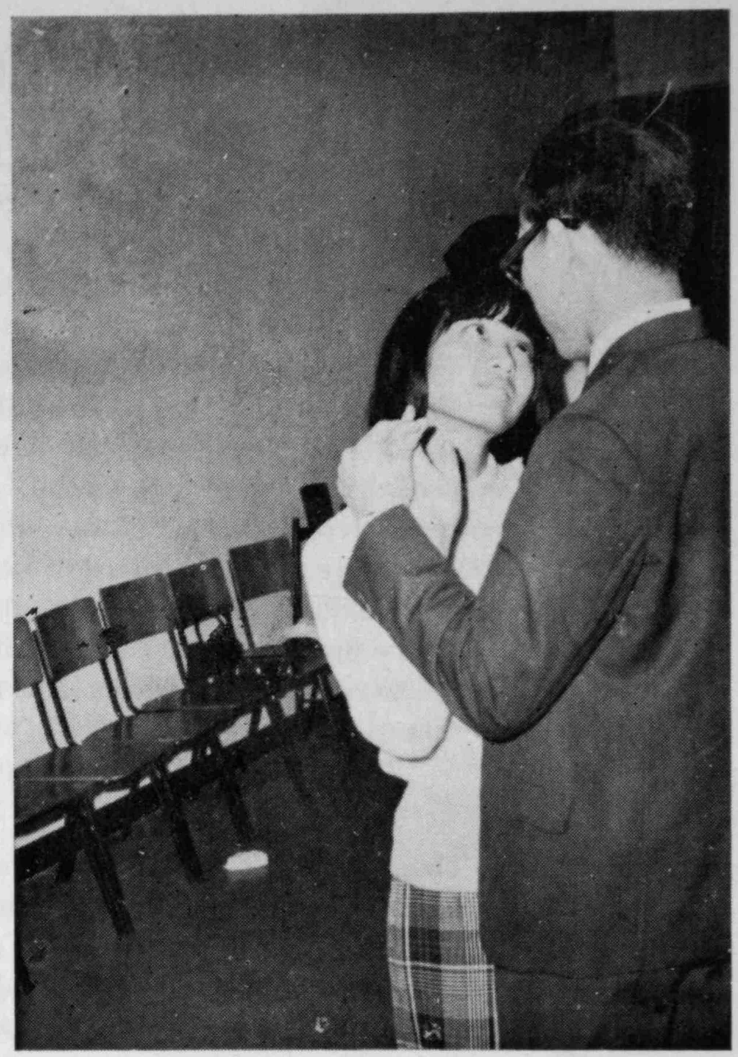
One of the greatest athletes of our University is living humbly among us. His long legs helped him a lot in breaking four records in The Athletic Meet and he is the Men's Champion of this year. His parents named him James Hwang but we all called him James Bond.

* * *

Miss Pearl Chan joined us in the middle of the first term when she returned from abroad. But Mr. Yau King Waileft us for the United States to persue further studies in science at the end of the second term. We are graced by the presence of Miss Maureen from Ireland in our Physiology and Anatomy lectures. Mr. John Fok, before leaving for Cambridge this summer, finds his interest in our dissection laboratory. Therefore, with students coming and going, our class can be said to be in some sort of dynamic equilibrium.

* * *

Life was not too unpleasant afterall when it came to socialising with the ladies of St. Paul's Secondary School. Many Gentlemen and ladies helped in this class function. Everybody enjoyed tremendously, souling his soul away to San Francisco and Messachusetts, forgetting about the worries of Yesterday and hoped that that happy moment will last till The Twelfth Of Never.



"The enchanting & the enchanted"
(Social Gathering with St. Paul's Secondary School)

The following are going to treat the whole class handsomely?

THERESE CHAN:	*Badminton Team Captain*	(Badminton Club)
	Sports Captain	(St. John's College)
	Social Convenor	(Life Saving Club)
HERBERT HO:	*Photographic Editor*	(Elixir Editorial Board)
JAMES HWANG:	*Programme Secretary*	(Sports Association)
	Athetic Team Captain	(Athletic Club)
KWONG TAI YUEN:	*House Member*	(University Hall)
PETER LAM:	*Chairman*	(Ricci Hall)
LAM KWONG MING:	*Common Room Member*	(Lugard Hall)
LAU KAI CHIU:	*Hon. Secretary*	(Table Tennis Club)
YEUNG KWOK PING:	*Sports Captain*	(Ricci Hall)

(Apologies for any information that is missed in the above list)

SECOND YEAR
CLASS REPORT

TANG TIN YI

The second year course, with its towering 1st MB examination, has traditionally been regarded with gravity. Even before the academic year, most (if not all) of the students were conscious of how thin was the thread by which the sword of Damocles was suspended. They, seeking clam-like seclusion for their own engagement, were unable to give as much time for class actively as they yearned for.

* * *

Though not in its full bloom, pre-examination class activity was by no means scanty. Inevitably, there was the election for who and who to be what and what. After much shouting, clapping, cat-calling and shooting up of hands . . . . sometimes two by the same person . . . . the class officials finally emerged: the class representitives are the enthusiastic Chan Chok Wan (a perfect model of father-image) and the charming Susan Louie; the Hon-Treasurer is the amiable Fong Sun Tai, Sport-Captain the courageous Tan Kok Thye and Social Convenor the painstaking Wong Chi Yan. What behind door argument they later had in working out the year's programme hardly concerns us here.

* * *

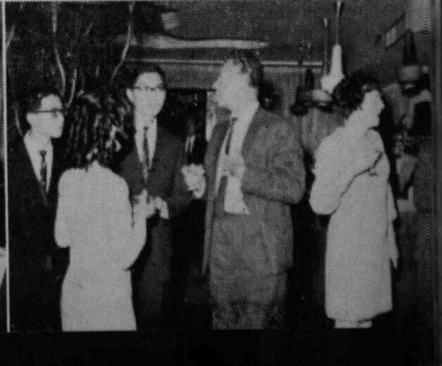
By virtue of our rhetoric debators, we are the winner of last year's Field Cup on debate. Such a event was not to be ll uncerebrated. Also, trying to boost t new university life, a tea party was held i the medic-canteen in early October. was not the meagre refreshment (soft drin and sandwitches) that made this party success but rather it was each othe company that saturated the atomsph with exhilaration.

* * *

Man cannot live by bread alone just medical student cannot live by study alone. To keep our heads above a quicksa of books, a social gathering was plann and finally materialized in November. were honoured that St. Paul's Conv School accepted our invitation. There w vehement support from the gentleman, ea putting on his Valentino air. But respo from our ladies were very very disencou ing. . . . they could hardly be blam however, for most of our boys still cling to the 'local ginger' philosophy.

* * *

Thanks must again be given to Chan Cheung, York Chow and Paul Dew w represented the second year in the singing competition during the Me BBQ. in December. Without any previ rehearsal, they sang in perfect harmo and twittered their way to the first prize



The ays to first MB examination were both l g and short, and there was a great ll in ass activity. Though everyone was seriou engaged in you-know-what, there was n a single facial betrayal of strain. Every dy was as cheerful as ever besides occasi al groans and lamentation for wasted go- days.

* * *

End f examination was an emancipation. The l g stagnant feet were again itching r m ic. After being in the air for quite wh the 2nd social gathering finally nde solidly in mid-march. The ladies rom . Paul's Convent School, commercial lass, ere our honourable guests. Surisin y, the attendence this time, though izab was less than the first time—perhaps ome ere still busy from previous gathering.

* * *

T class dinner held on 1st April in ub Restaurant was another memorable ven The Staff of the pre-clincal departent and Prof. Huang of Microbiology epa ment honoured the class by accepting i itation. My eye! How the girls co ed themselves beyond recognition t ght.

* * *

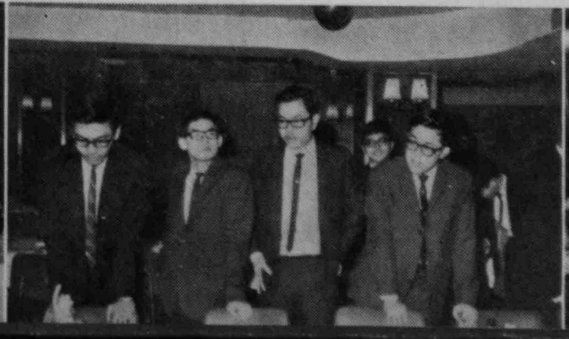
On 3th May, a social gathering was held I Sports Centre and even the least qu t lecture attenders appeared out of id. To begin with was a class o raph taking. The gentlemen gallent- ladies demurely stood before the while the sun, in its full radiance, s beams rapiering into the eyes. could not possibly be a more ble thing than a greedy, slow-motion photographer. Then there was a tug-of-war between the two sections of the class. It was not just a display of muscle but rather a primitive and basic way of settling debt . . . . the loser side had to pay for the refreshment. Shirts stripped off, the micro—and macro-Hercules were sent from both sides. The rope tightened and stayed motionless momentarily. This short-lived equilibrium soon disintegraded into a unidirectional movement in favour of section A. Section B had no better luck in the next trial. How section A won in the first trial was highly dubious. . . . section B was probably outnumbered rather than outmuscled. To round off, the ladies also demonstrated their muscular strength in tug-of-war. However, most of them could exert no greater effort than those just stooping down for a handkerchief in public.

* * *

In Thursday afternoon of same week, the class held a BBQ in Middle Bay. Some went early for a dip and others preferred sun-shine on the beach . . . . that is, if one can really take their words. The party ended comparatively early for fear of transport difficulties. It was a tremendous success and if one was mean enough to complain, one could only complain of the saltiness of the food, but after all, what came out from the month that night was no less salty either.

* * *

When this passage is written, summer holiday is still a hazy distance away. On the drawing-board are still plans of a third social gathering and a launch picnic. I firmly believe the social Convenor's ability and participation of the class will put a happy ending to this academic year.



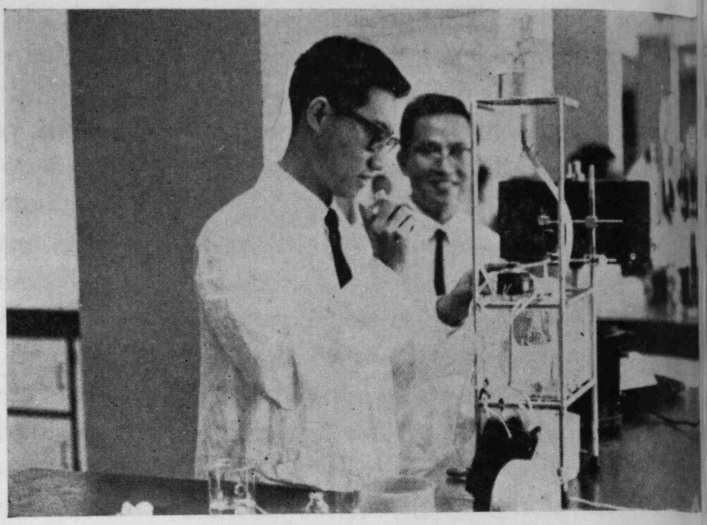
THIRD YEAR REPORT

Soon after the 1st M.B. examination was over, we started classes in Pathology, Microbiology and Pharmacology. Our microscopes and dissection instruments again came in handy, and so their sale had to be postponed.

In October we also began our Introductory Clinical Clerkship in Medicine and Surgery. Everyone suddenly took interest in making a presentable white gown, for now name plates were issued to each student, and everyone just couldn't wait to try them out. It was a wonderful feeling to be in the wards, that ambition of examining patients by their bedside having finally been fulfilled. But we soon learned the wards weren't exactly the best place for strolling about, for our tutors started to pound on us, and then we realized the real purpose of the name plates!

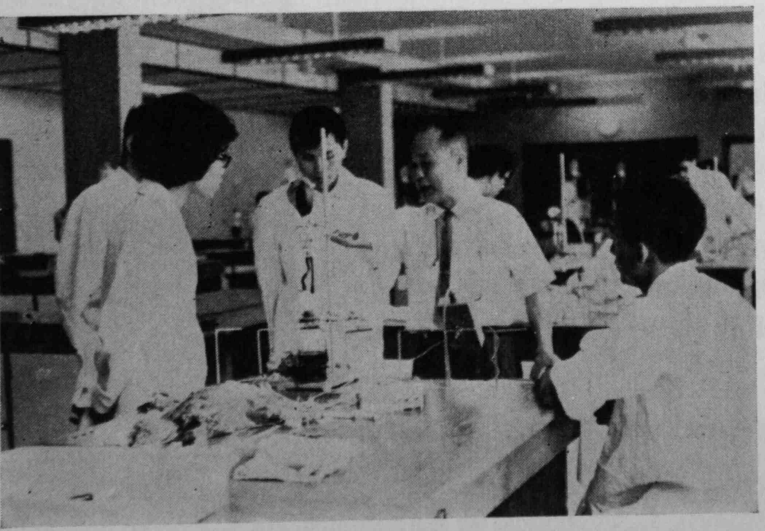
We also had our first taste of lectures where no note-taking was permitted. At such times our blood adrenaline titre must have overshot the upper limit of normal, for any time the 'Buffer Zone' of Specialty Clerks could be crossed and the 'battle' carried right to our doorstep.

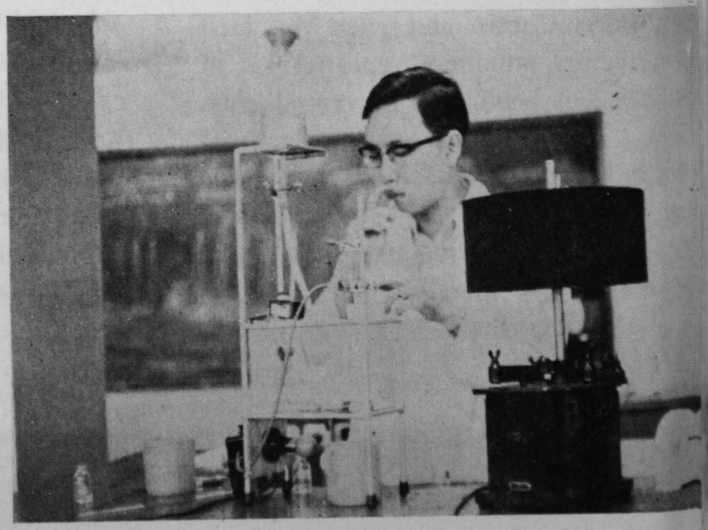
Soon the time came for the 2nd M.B. and lecture attendance fell to its expected low level. There were the usual questions but, you know, one can get pretty carried away during an examination: when asked about *Side Effects* some of us were wondering, for a moment, how Professor got to know about Joe Junior and his group.



So the 2nd M.B. exam. went by and Social Medicine and Forensic Medicine came to fill the place of Pathology and Pharmacology. For Social Medicine we had to make field trips to squatter areas, Maternal and Child Health centres and factories. The trips were made usually on hot afternoons and many found the cool air of the cinema house much more inviting. (How those poor group leaders wished their names never had any stars attached!)

Forentic Medicine soon became the highlight, what with lecturers coming with pistols around their waists and with interesting topics that even drew Arts students from their Loke Yew Hall campus.





CLASS REPORT

FOURTH YEAR

Miss Vivian Taam and Mr. Lau Man Chiu were elected the class representatives. The class has kept up the traditional class spirit in all the inter-class functions. They were the group which nearly brought down Lok Yew Hall with applause on the Medic Night during which the interclass drama competitions was held. The excellent performance of Mr. Andrew Hua must be mentioned for playing the role of a rather character of the Faculty.

Life with the different clerkships going in circles seems to be less colourful than that of the "younger days", not to mention of the threat of the formidable "terminal stage".

FINAL YEAR

After a fervent and enthusiastic discussion of the class, Mr. Fung King Hay was *again* "elected" the class rep.

The posting of the results of the final exam marked the end of the course, and a group of doctors emerged.—a group of white coats who would strip off their name plates which had undergone the colour change of blue, green and red.

If one asks what is the feeling of a finalist, would he be looking in anger? sorrow? complacency? Well it may be a mixture of all these, and much more. Anyway, there is too much thinking going round in the head and too little to be put down, and also too much "house" work waiting to be fulfilled.

1 in 3 runs the risk of Coronary Heart Disease

(U.S. Public Health data 1963)

NOW EVIDENCE OF A REDUCED MORTALITY*

Patients with Angina

An exceptionally low mortality rate of 1.3% per annum has been recorded

Patients with history of Myocardial Infarction

MORTALITY RATE HALVED in the second 12 months of treatment

- Annual Mortality only 5.4% in the first year
- Mortality Rate Reduced to 2.6% in the second year
- Average Mortality Rate from CHD was 4% per annum over 27 months in 312 patients

This average is less than half what might be anticipated

**Proc. 2nd Int. Symposium on Drugs Aff. Lipid Metab., Milan 1965.*

Atromid-S

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IMPERIAL CHEMICAL INDUSTRIES LIMITED

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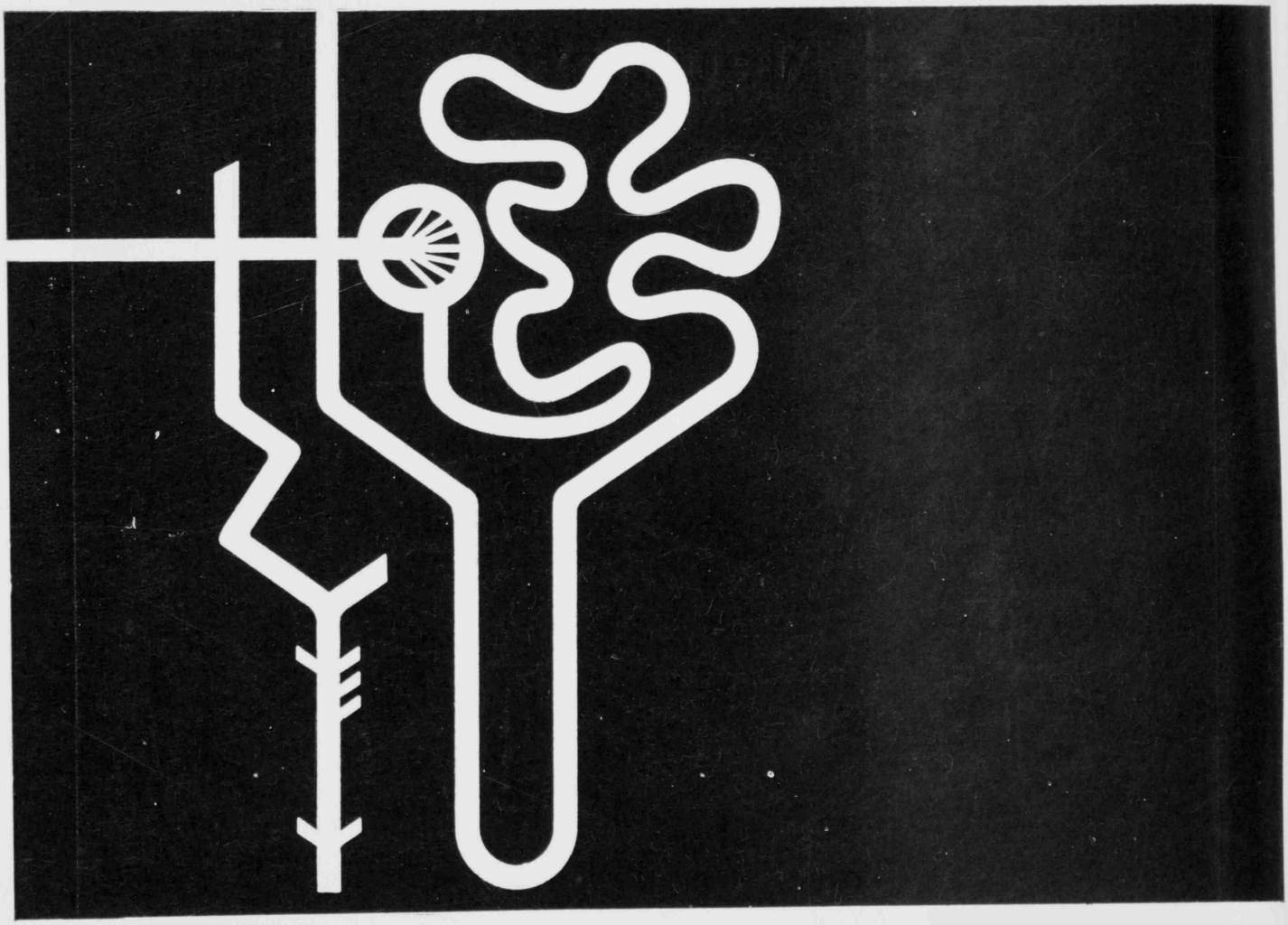
Ceporan injection of cephaloridine

antibiotic of choice

for urinary tract infections



Ceporan is the antibiotic of choice in the treatment of urinary tract infections caused by most strains of both gram-positive and gram-negative organisms. It is almost entirely excreted by the kidneys and appears in the urine in high concentrations. In acute conditions the urine can be rendered sterile quickly and symptoms often subside rapidly. Ceporan is also valuable as cover before and after urinary tract surgery.

Other conditions Ceporan is the primary choice antibiotic for mixed infections and for organisms likely to be resistant to penicillin. Since there is no cross-sensitisation with penicillin or its derivatives, it is also indicated for patients allergic to penicillin. Other conditions include respiratory tract infections (excluding tuberculosis), meningitis, septicaemia, bacterial endocarditis and soft tissue infections.

Ceporan injections are remarkably painless and make the whole dose of the antibiotic available to the body.

Many acute infections will clear rapidly within 2 to 5 days. More chronic infections require longer treatment.

Presentation

Vials: 1 and 5 × 250 or 500 mg

Vials: 1 and 5 × 1 gram

Ceporan is a trade marks

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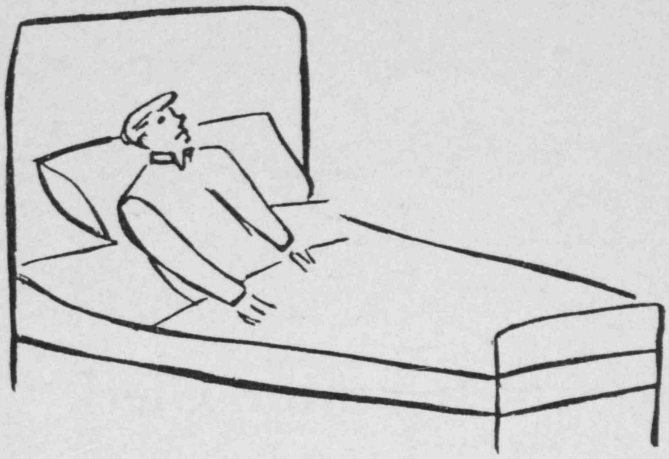
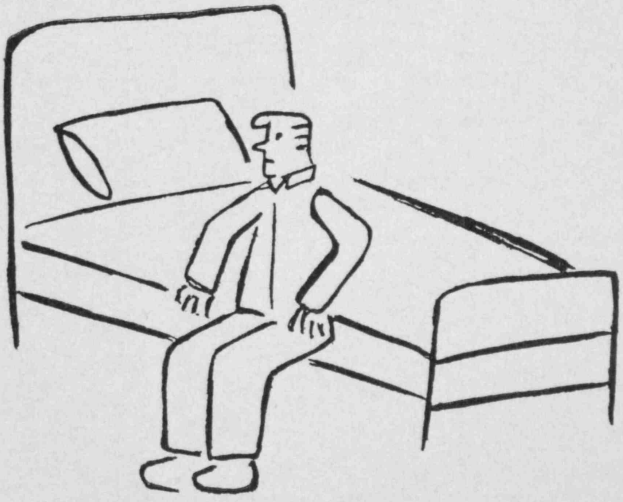
Tel. 237011

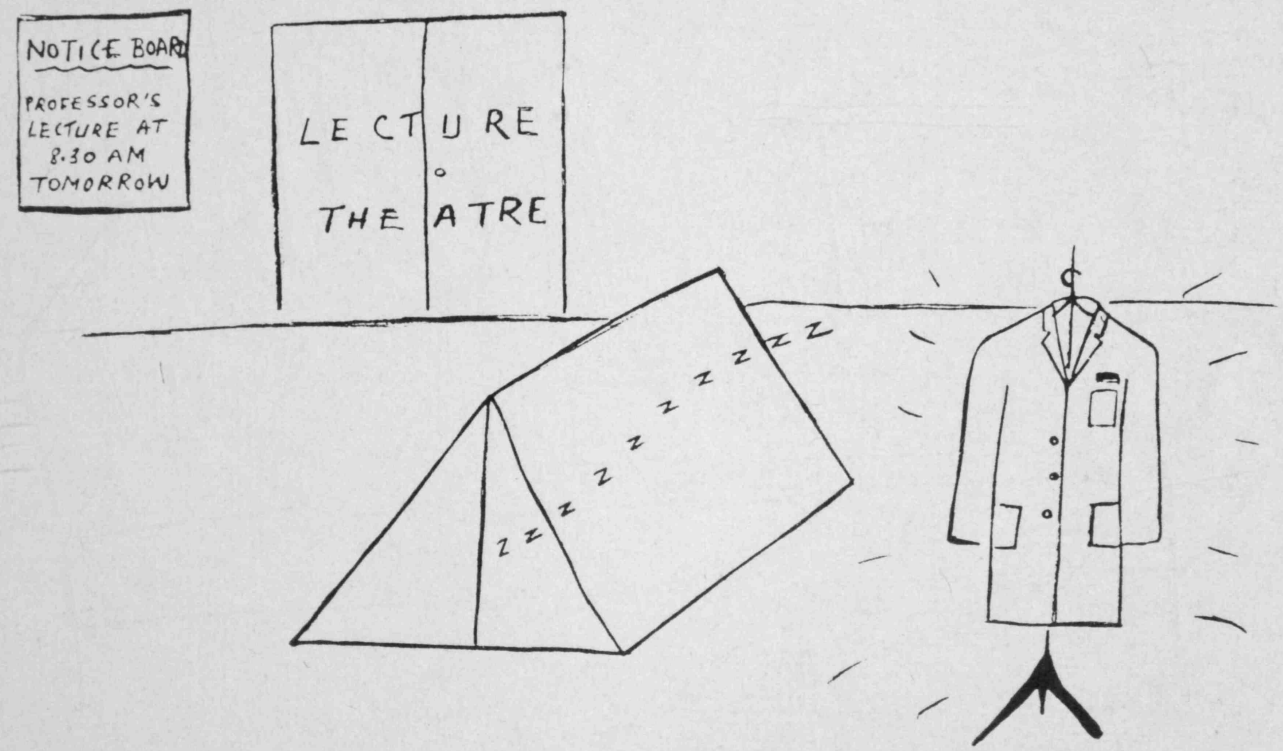
Experiences of a junior Clerk

by
Victor Goh

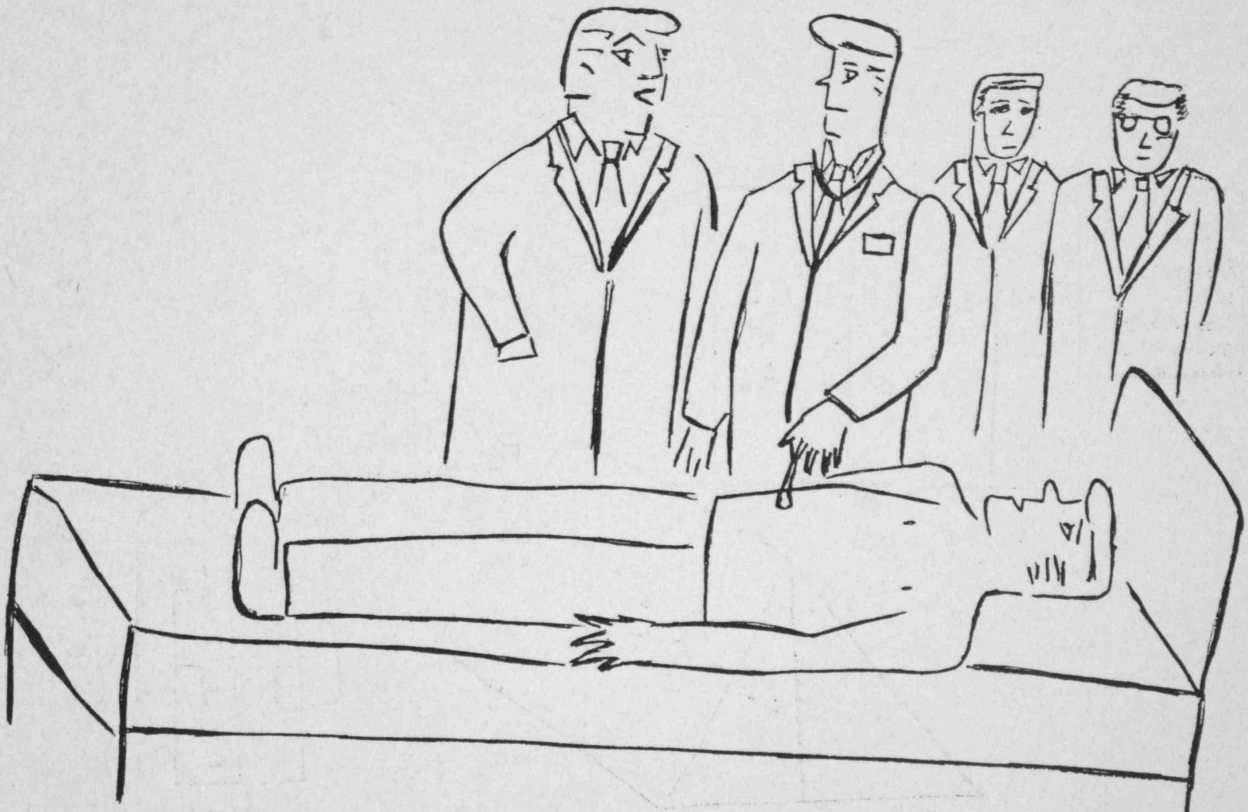




On second thoughts I think I'll save it for the next chap who comes poking!



The price to pay for a secure seat



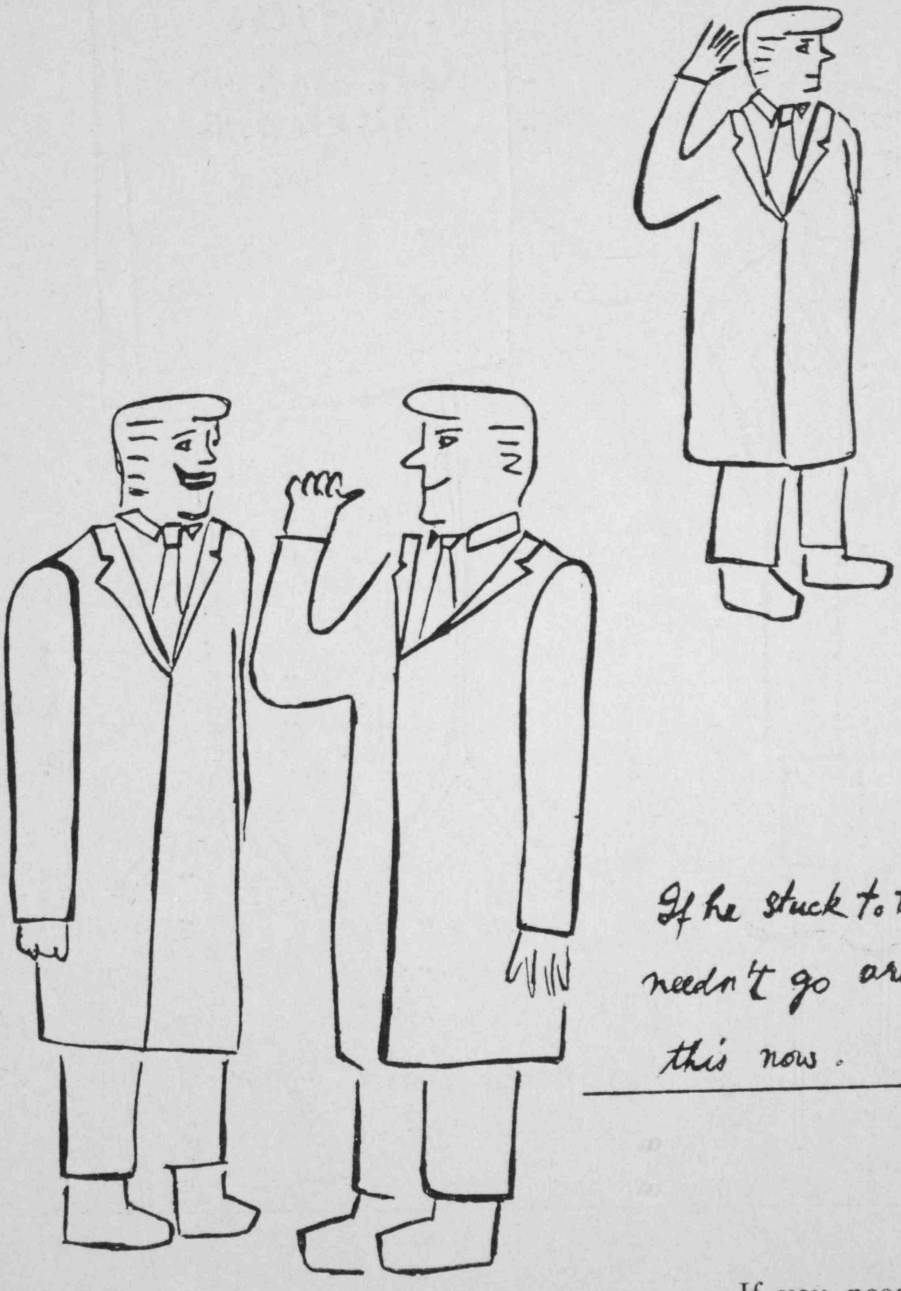
Student: I don't seem to be picking up anything sir

Teacher: Try picking the right spot for a start.

Those early days are painful times
No one escapes without some crimes.
So mug up 'Clinical Methods' as much as possible
But when your turn comes you're still autopsy-ble.

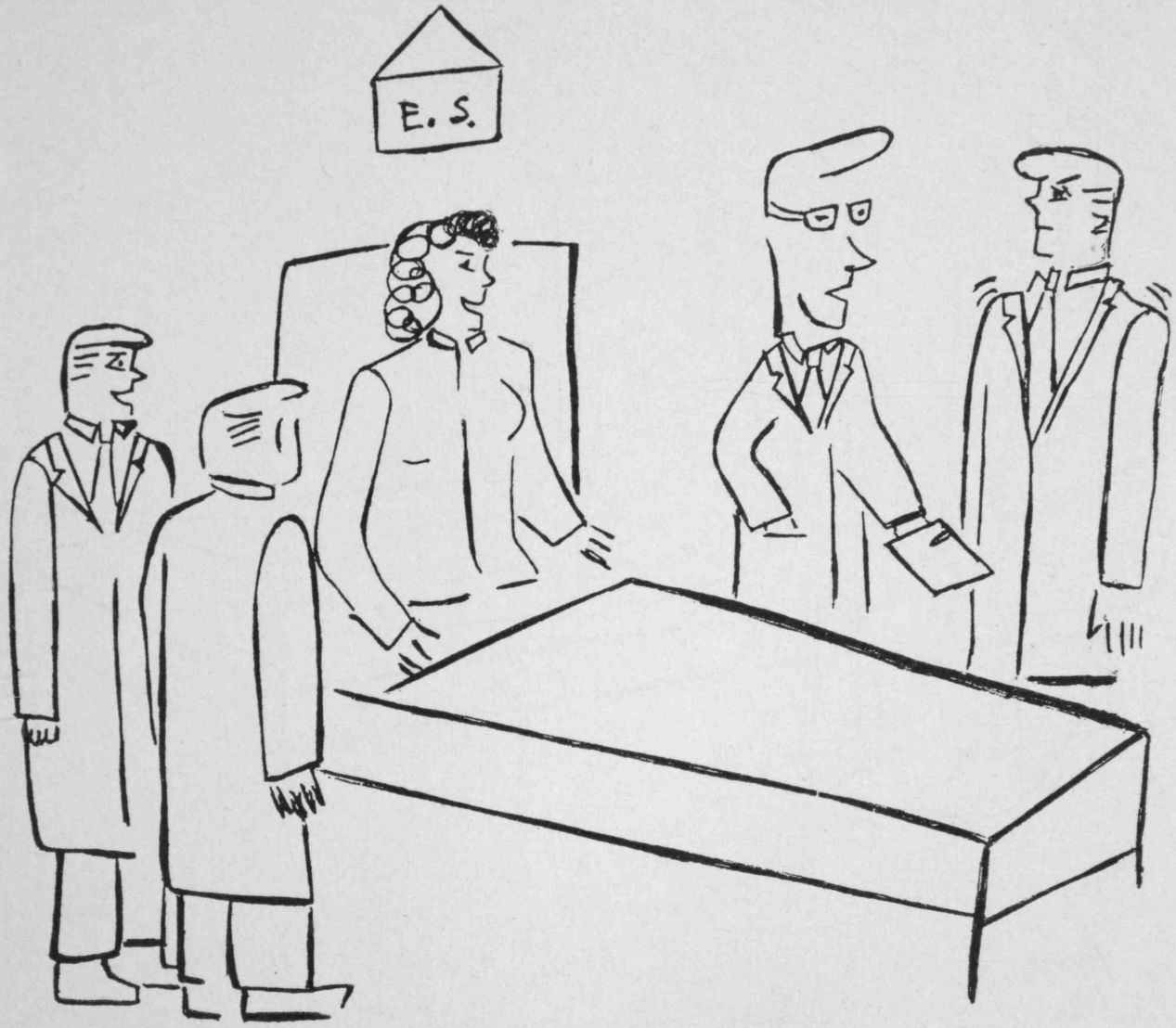
Hang my luck ! It's Mackenzie Ward again !

The worst of luck that you can get
Is with a female patient to chat.
Your every act is prime suspect
And nothing you do will seem correct.
Just you try to clown around
And the 'apex beat' will never be found!



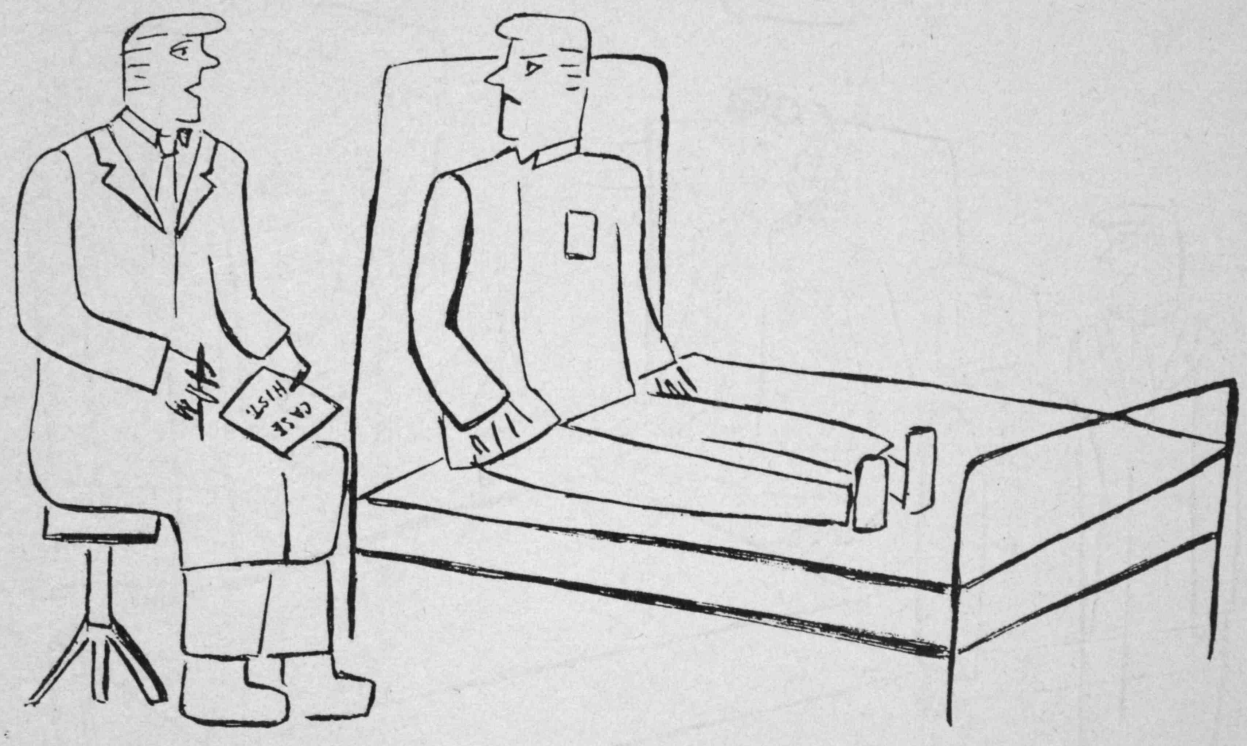
If he stuck to the Red-Coats he needn't go around saluting like this now.

If you need to ask for extra aid
Always think about her grade.
For COLOUR is a vital sign
To see if malignant or benign.



What do you need such a detailed History for? Do you want to marry the girl?

On Wednesday morn you take your place
For comments on last Saturday's case.
No use to fret, what's there to kneel?
The stage is set, and your fate is sealed!



Have you .... er... been naughty recently?

A standard question you will ask
May prove a somewhat tricky task.
So humour *him* as best you can
But if a *woman*, you may be damned.

—DEBRIS—

When a rumour concerning you is spreading round like ripples, when you are the subject of every drooling gossip, you feel troubled, perturbed. You are then angry: "Why is every-body passing wrong judgments when they don't really know the heart of the matter? Why is everybody leaping into conclusions? And what a shameful deed it is to talk behind someone's back!"

And then you begin thanking God, like one of those Pharasees, for not being one of them.

And then the rumour would gradually die away.

And then the next day you find yourself, chatting in the canteen, over an afternoon cup of tea:

"You know what? They say R is trying to....."

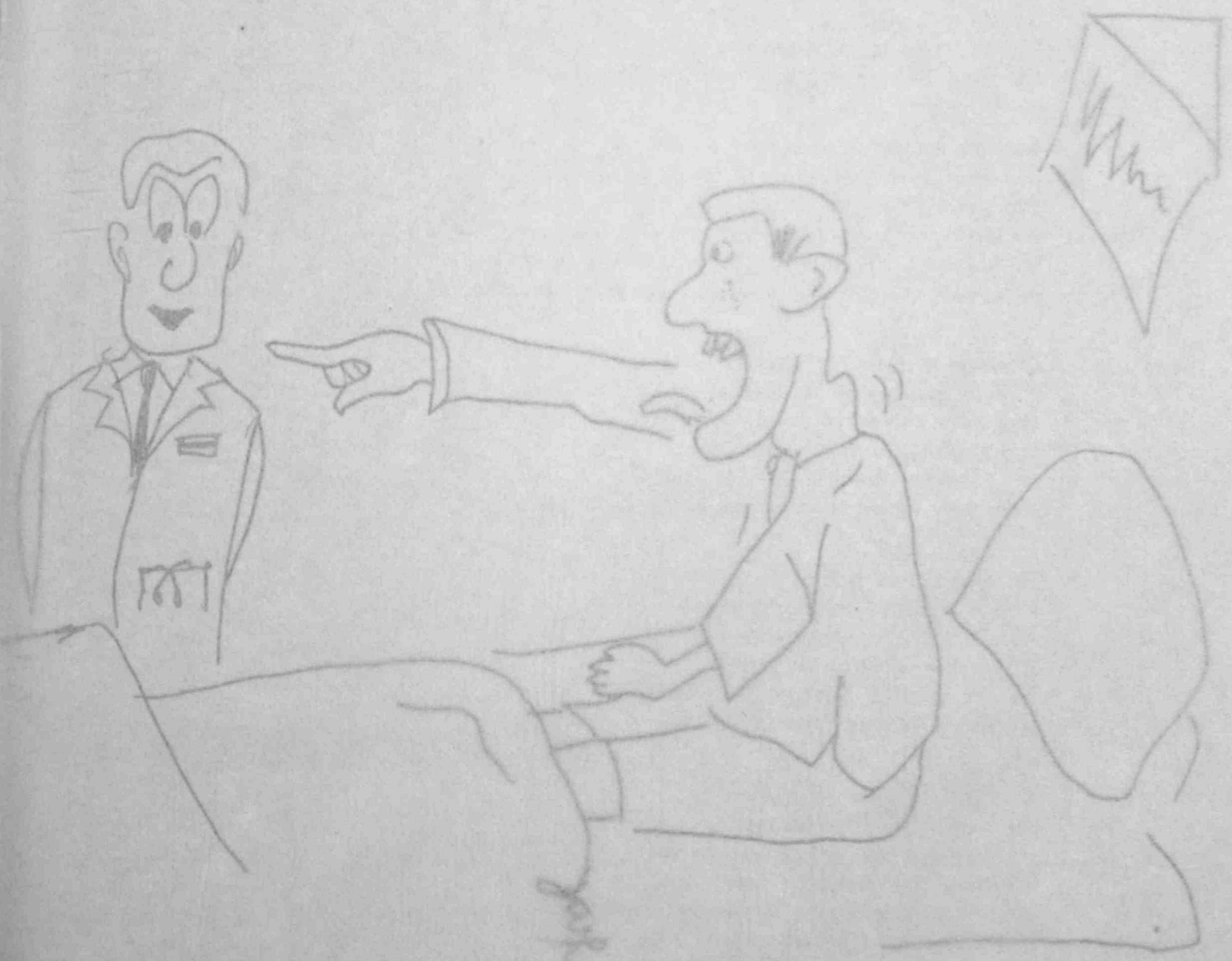
"....."

"....."

"....."

"But there is no evidence for it?"

"It must be so," you would add with a knowing nod, "there wouldn't be a smoke without a fire, eh?"



You are the Nth person who asks me
that same silly question. Can't you read it from the record?

GOSSIP

When a rumour concerning you is spreading round like ripples, when you are the subject of every droning gossip, you feel troubled, perturbed. You are then angry: "Why is every-body passing wrong judgments when they don't really know the heart of the matter? Why is everybody leaping into conclusions? And what a shameful deed it is to talk behind someone's back!"

And then you begin thanking God, like one of those Pharasees, for not being one of them.

And then the rumour would gradually die away.

And then the next day you find yourself, chatting in the canteen, over an afternoon cup of tea:

"You know what? They say R is trying to....."

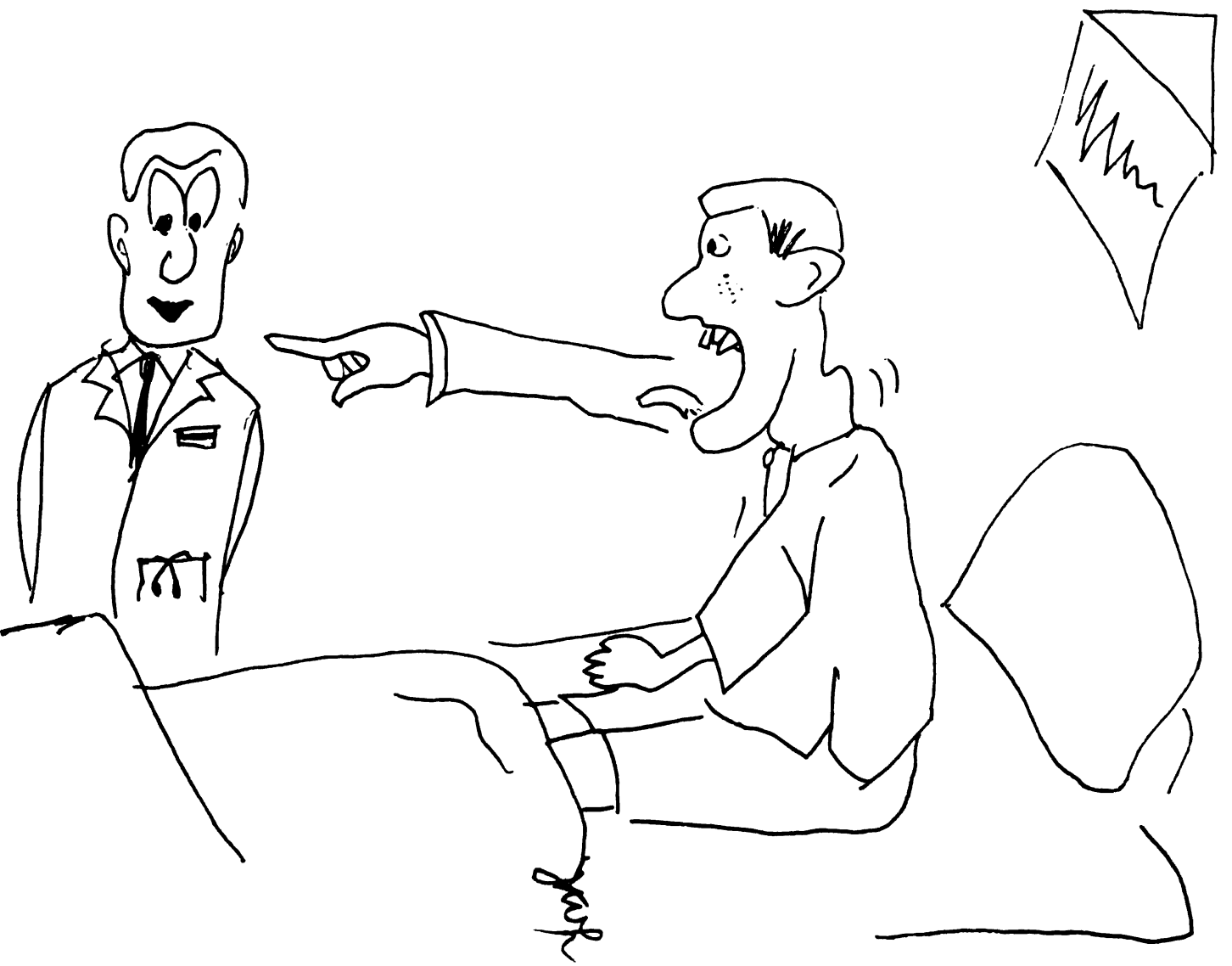
"....."

"....?"

"....."

"But there is no evidence for it?"

"It must be so," you would add with a knowing nod, "there wouldn't be a smoke without a fire, eh?"



You are the Nth person who asks me
that same silly question. Can't you read it from the record?

A SCIENTIFIC MAN

Long had he been able to fly
In the air with some machinations.
He used a simple device
Which surpasses all imagination.
For like a bird he was driven
By the two wings of a chicken.

Once when he was in Pakistan
And wanted to see some ice,
He learned from Albert Einstein
Light goes not in Straight lines.
Thus a telescope was constructed by our inventor
To see the North Pole from the Equator.

He found he was so skinny,
Weighing less than fifty pounds.
He passed electricity into his body.
(Well, how does that sound?)
Lo! he grew so miraculously fast,
For he'd turned all the energy into mass. [1]

Nobody taught him how to swim,
But that was no reason to be discouraged.
Things are not bad as it seems
As with the brain all things could be managed:
He stayed underwater for a month and lived.
No water got into his nose for, he didn't breathe.

Once he was in the States,
And wanted to go to Spain,
But since the earth rotates,
He need not take a plane.
He projected himself up into space
And came down afterwards in the right place.

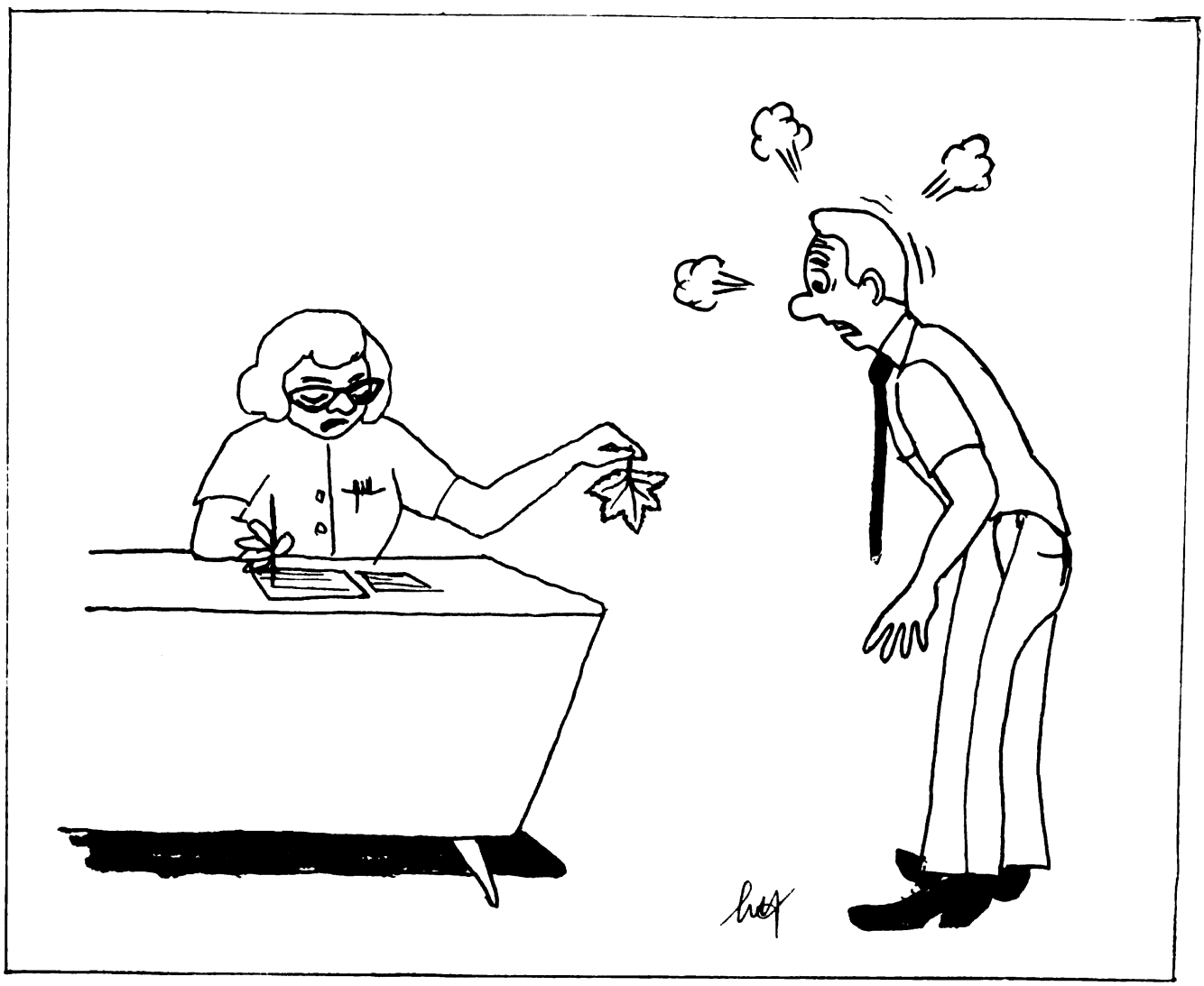
His house was full of rats
Which annoyed him very much.
But he equally hated cats,
And other animals as such.
So just to stop them as best he could
He put potassium cyanide to all his food.

He didn't to use electricity,
He didn't like electric bulbs.
He'd rather use another commodity
Which're not so easily burnt out.
His house was lit by the uranium emission
When activated by ultraviolet radiation.

Tired of the world he grew
From the world he retired as he was old.
So a remarkable tunnel he drew,
Right down the North Pole to the South Pole.
And spent his last days in the excavation,
Performing very simple harmonic motion.[2]

Notes:

1. from the equation $E=mc^2$
2. a body once inside the tunnel will perform simple harmonic motion.



Take this and prepare yourself for physical examination.

MY KNOWLEDGE

I used to think I know very much until I bothered to find out that 'much.'

I know enough Chinese characters to enable me to read proficiently but far from writing efficiently. My English is no better. Any other language in the world is all French to me.

Da Vinci drew 'The Last Supper', Michaelangelo was a great sculptor and Renoir was an impressionist. But what are the works of Rembrandt? What other sculptors do I know? What is an impressionist anyway?

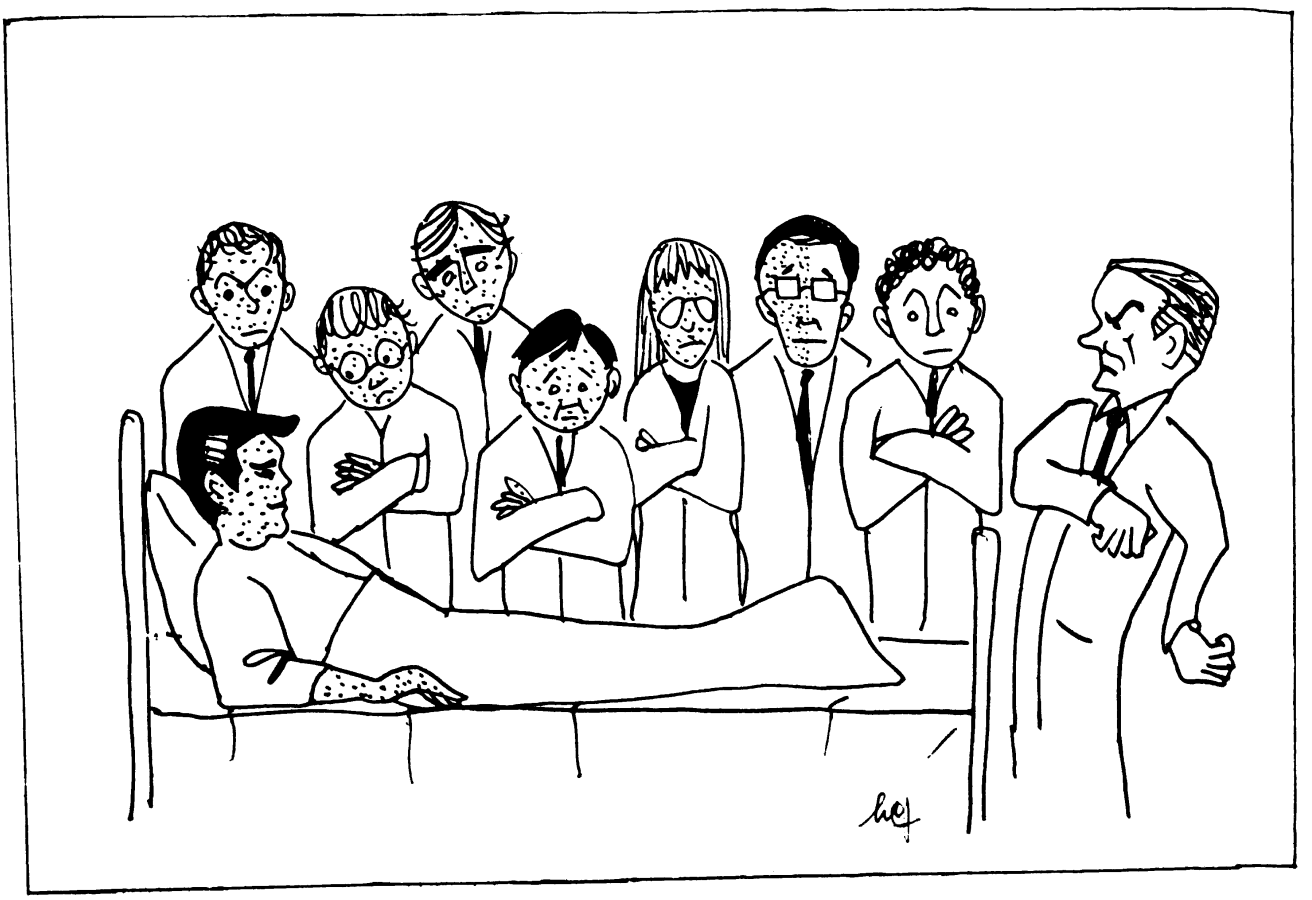
I listen to many kinds of music, but I play no instruments. I can hum a few tunes but I can read no music.

A few philosophers are no strangers to me. But I am still in search of the philosophy of the life which I am leading.

News-paper keeps me well informed. But what is a Gold standard? Why are all those student movements and Hippies? What causes the economic collapse of Great Britain?

I went hiking. I saw trees, flowers, fruits, grass, and insects. When I attempted to make a closer look of them, they all so suddenly turned into stretches of green, brown, red and all sorts of colours. A feeling of despair crept into my mind. I couldn't but to admit my blindness to the beauty of Nature. I couldn't distinguish one tree from another. I could tell nothing about the two flowers in my hand except that one was yellow and the other purple.

I look at the stars. Myriads of them twinkling into my eyes. They try to instil into me the mysteries and wonders of the universe. My mind fill then with awe. Oh, how much I know? How little I know?



A FAIRY TALE

Twice upon a time, there was a little boy who made toys with clay. And among these toys there were some clay men. While making the clay man the little boy would stand in front of the mirror, trying to make every little clay men look like him. But the little boy did not mix the cay well so that some of the little men were black, some of them brown, and some of them white. The little boy loved the clay men and there was a time when it seemed that they could live happily ever after.

But one day the little boy went off to a far off place and the toys he left behind were all forgotten. And a dreadful thing happened to the clay men. They quarrelled among themselves because they were not of the same colour. The brown ones quarrelled with the white ones and the white ones with the black ones. At first they cried out for their maker the little boy to settle the quarrel. But the little boy was gone and had forgotten about his clay men. At last, a white little caly man, with his nose twisted to one side, said, "Let us live separately. Let us distinguish our selves by our colours and not mix with the others".

And so they separated themselves according to their colours. But now the quarrel had spread even to those clay men with the same colour. And so a white clay man would quarrel with the brown ones, and the black ones and with the other white ones. And then the little white man who is a good cook secretly made sausages which contained some magic powder that could kill by millions. But he did not know that every clay man was making the same sausages.

And at last there came a big big quarrel and they talked and talked but could not settle the dispute. And then they began throwing those sausages containing magic powder at one another. And they died happily ever after.

"Does your urine burn?"

"Never lit it."

* * * *

"Don't worry about your heart, old man, it'll last as long as you live.'

* * * *

Doctor: "I can't find any cause for your complaint. I think it is due to drinking."
Patient: "That is allright, I'll come back when you are sober."

* * * *

An engagement ring is not as tight as a tourniquet, but it surely stops circulation.

The Perplexity and Hope of a Medical Student.

The third year has been a point of reflection in my life. I don't know how I eventually come to study medicine. Although my parents have always wanted me to be a doctor, I am indifferent. I have no great love for humanism, nor have I any grand idea of becoming the saviour of the future world.

In my school days, I loved every subject taught, but was good in none. Being hopeless in Mathematics and impossible in Arts, I was left with not much choice. And before my third year, I always thought that the Matriculation Board had made a grievious mistake by admitting me into this esteemed and longed-for faculty.

After entering the University, I tried desparately to culture my interest in this field, yet I failed and I almost gave up. Every subject to me seemed to be teaching the post-graduate level. Every subject was taught by highly trained teachers but unfair enough, the student is expected to be a broad-spectrum specialist. Like most students I studied hard and I passed exams and then I forgot—only to go back when there is clinical applications, and, to my surprise, I don't have to go back very often.

The passing of the Ist M. B. had been a great joy to many and to me, yet, the shadow of fear inside me deepened as a milestone might have been laid in a wrong direction.

Most, if not all, of the teachers deemed his subject the most important basis for a medical career. Not until I was introduced to Pathology, I thought there is no modest corner for medical work. I cannot tell whether I am inspired by the teachers, by the work of the department or by the spirit of the subject itself, my affinity pour out in that direction. I have to force myself away from spending too much time wandering in this subject so that I might not neglect the other subjects, but please do not be mistaken that I am good in this subject.

Now that I have finished the course of Pathology, I still have much to study and to be filled up. Still, I reserved among my sensibilities, the most tender spot, for this subject. I knew that some day I will go back to it. Strangely I don't feel Medicine boring any more. For everything I study, I know they are going to help. I may not be cut for Pathology, I may not achieve very much in this field. Yet I have had an ideal, I begin to find everything meaningful. I am happy, the feeling, I am afraid, cannot be shared and understood by those who still are studying for examinations' sake.

* * * *

CPC—a student's view

Physician: Knows everything and does nothing.

Surgeon: Knows nothing and does everything.

Student: Knows nothing and does nothing.

Pathologist: Knows everything and does everything—too late.

* * * *

Crepitations in pneumonia are like medical students . . . . as time goes on they get coarser and coarser.

* * * *

The 2nd M.B. is over!

By Alanna

Life is never more enjoyable and relaxing than at a time when one major exam. is over and the next is still a long way to come. The whole world looks different—birght, promising but leisurely. A month ago, we all had the heavy-weight 'Muir' to carry (a physical burden) and the tedious, memory-taxing drug properties in the Goth text to cram (an acute mental stress). Aren't we happy now that they are part of our past-history?

The Medic Library was the best resort for dedicated study for 10 hours at a stretch (Is 10 hrs. an under—or an over-estimation?) But now it doesn't look attractive anymore despite the air-conditioning there. Indeed, it has turned out to be the first-choice retreat for the afternoon naps in the 30 C-weather of mid-May.

Another favourite haunt for us is the Medic Canteen. For 3 months, a reasonable average pre-exam period, it was but the place where we stuffed our empty stomachs, just to refuel for another few hours of the 'marathon'. We had not the mind to stay a minute longer because every minute count then. With the last bolus of food still sticking in the 10 in. long oesophagus, we were already on our way to the beloved library. But now in the canteen, with a bottle of cola in hand, the inter-lecture time can be engaged pleasantly in carefree chatting. Topics of any nature has been and will be brought up—past grievances, present euphoria and future fancies. Can life be more casual?

However, at this time of the year, we are not exampted of frustrations. Two hours of lectures on end in the afternoon are most tiresome. The chilly air-conditioned lecture room doesn't stimulate our adrenaline release enough to keep us awake. The best policy suggested is to get a rest in the first lecture and have all the energy revived and mind refreshed for the second. It's certainly better than to spoil both lectures with hazed, heavy heads. Besides, just think of having to attend an isolated 5 pm lecture and then home again at 7 for supper! A stroll after lunch along Sassoon Road which leads to the NCE has become impossible under the intolerable heat of the mid-day sun. Indeed, life is called dull and monotonous by some now that everybody else of the other faculties and secondary schools is having her/his exam. But mind you: when there is life, there is hope. And the grand Medic Ball falls on 8th June!

A Glimpse of the Gentle Sex

We are always reminded of the issue that 'women are never logical' by some members of the teaching staff. Here is what Charles Dickens pictures a woman, Miss Havisham, in his novel *The Great Expectations*. Pip, a young man, feeling that injustice has been done to him, approaches her:—

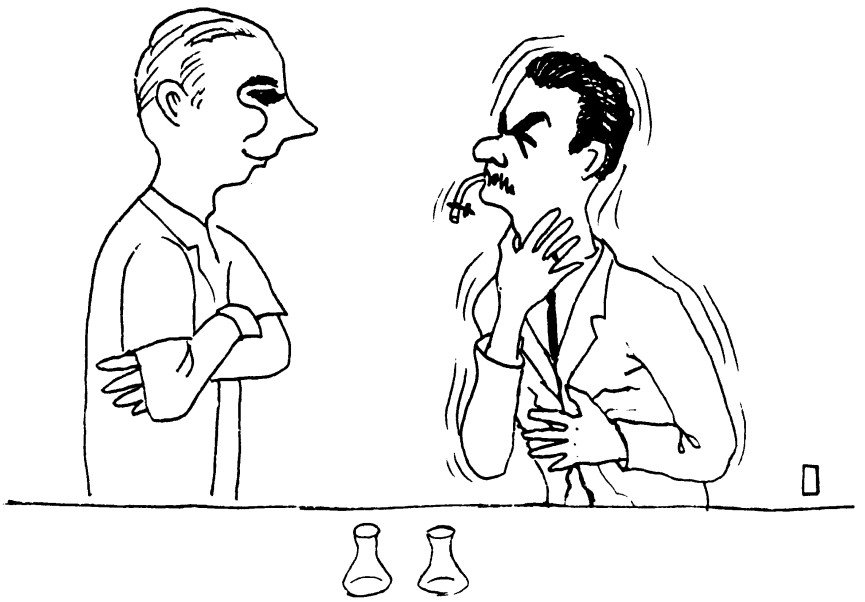
"Was that kind?"

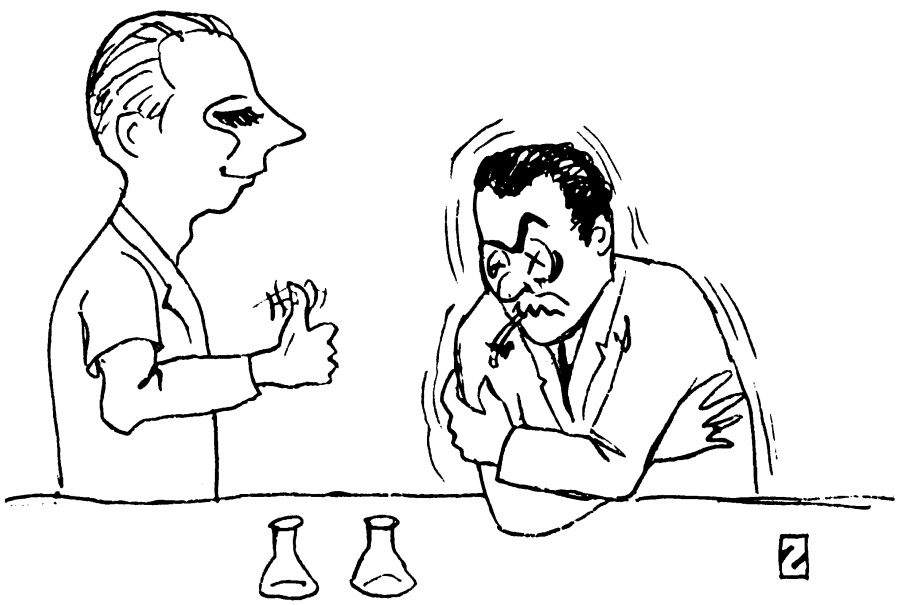
"Who am I," cried Miss Havisham, striking her stick upon the floor and flashing into wrath suddenly, "who am I, for God's sake, that I should be kind?"

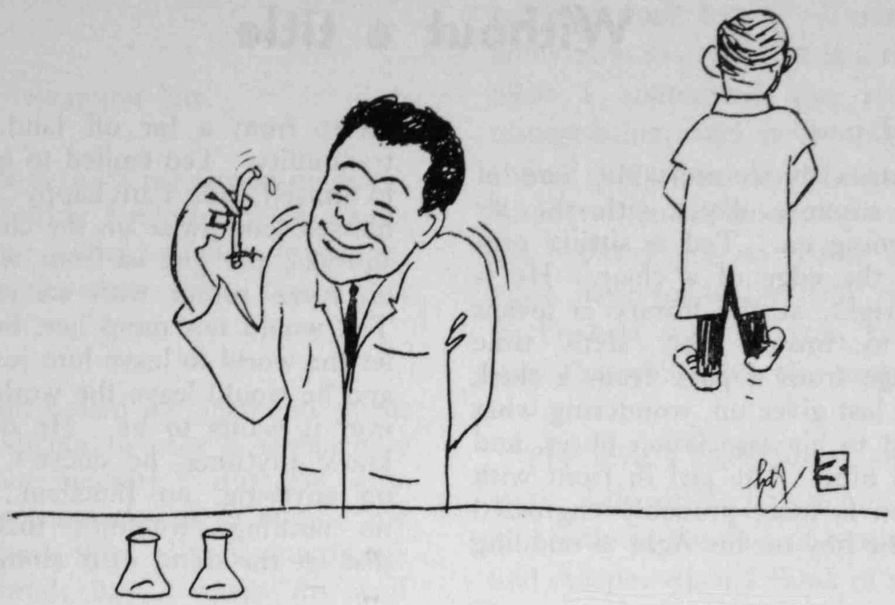
What an answer! and what a woman!

The More You Know (?)

The more you know, the more you forget,
The more you forget, the less you know,
The less you know, the less you forget,
The less you forget, the more you know.







* * *

THERE'S A KIND OF HUSH

(To Gray's Anatomy)

By Digger

There's a kind of hush
All over the world—
Tonight—all over the world—
You can hear the sound—of students digging—
You know what I mean—
Just the two of us and nobody else—in sight—
There's nobody else—and I'm feeling bad—
just holding you up.—

So listen very carefully—
Come closer now and you would see what I mean—
It isn't a dream—
The only sound that you would hear
Is when I study from your lines
"scapula", etc., etc.

There's a kind of hush
All over the world—
Tonight—all over the world—
Students just like me—just digging you up—
just digging you up.—

(With apology to Columbia Record.)

Without a title

Library. 3 p.m.

It is so drowsily comfortable, one of these warm summer days, with the air conditioner going on. Ted is sitting precariously on the edge of a chair. He is studying all-right, as the library is meant for, trying to browse the sixth time over a passage from a page from a thick book. He at last gives up, wondering what has happened to his association fibres, and looks around him. The girl ih front with the glasses on is most probably engrossed in reading, the boy on his right is nodding off.

Ted looks out of the window through the glass planes. The sky is blue and a ribbon of white cloud is gliding by gracefully. The sea is blue, with the sun showering flickering gold specks onto the waters. Nothing stirs save the whisper of a gentle breeze to the green leaves, telling them of a secret from a far off land. Picturesque tranquility. Ted smiled to himself and say to himself, "Oh I am happy". He strectches himself lengthwise on the chair. The chair squeaks, the girl in front with the glasses on turns round with an annoyed frown. Ted would not mind her, he is content to let the world to leave him just as he is now and he would leave the world just as whatever it wants to be. He doesn't want to know anything, he doesn't want to think on anything, no Biochem., no Anatomy, no nothing (wouldn't that be loverly?) just let the mind drift along. . . . .

Clog clog clog, a series of loud, clear, percussion notes of the high heels of a female on the floor echoes down the aisle. Ted starts up, still suspended in stupor for a few second, yawns, and starts the seventh trial of a passage from a page from a thick book.

Medical Student: It's real fun around the Ward, Heh?

You

STEPHEN NG

The warmth defrosts my frozen memory; the smell of Spring reminds me of a time when I was too young to fall in love, and, out of the remoteness there comes the shadow of you.

Time has not healed my shattered spirit. The only medicine to ease a melancholy mind is a poor memory. But alas, how often does my memory fail to remind me to forget. I have tried to cast your image out of my mind; but it keeps my soul haunted and comes to my dreams only to jeer at me. Many a time when I woke up from the nightmare the pain etched my very soul, and disarmed my will to live.

Life without you is so much changed. From the April warmth I am casted into the Winter cold. Loneliness forms a wall around me, and solitude loads the air I breath, depressing my heart. My mind is filled with emptiness and my soul loses its only earthly attach. I open my eyes and see nothing but a tinge of sadness. The world is as cold as my heart.

Affections has run out of me ever since. I do not know how to love anymore. All the warm feelings that once filled my life deserted me. All that I was capable to offer you had taken away, leaving only a dream.

Was our acquaintance a dream too? Or was it a soap bubble, which, with all its glamour, trapped but sadness. I flew too high in the bubble, only to find myself falling from a great height back to cold reality when it bursted. The fall was fatal. Life has gone out of me; and I am just a lonely soul roaming about waiting for my judgement.

I did not shed a single tear drop when I received your letter. I was too dead to know how to cry. If it is a sin to like you, what I committed was an unforgivable transgression, and it is only right that I should carry this cross of mine to the grave. I'll never understand why you did this to me. But I put no blame on you. You must have made up your mind that this is the best way for you, and I can only pray that you make the correct decision.

The love I have found you have taken away. Life for me now is but remembrance. it is only in the pain of reminiscence that I find escape: when I think of the dreams we used to cherish, the sunsets we used to share, and the stars we used to wish upon.

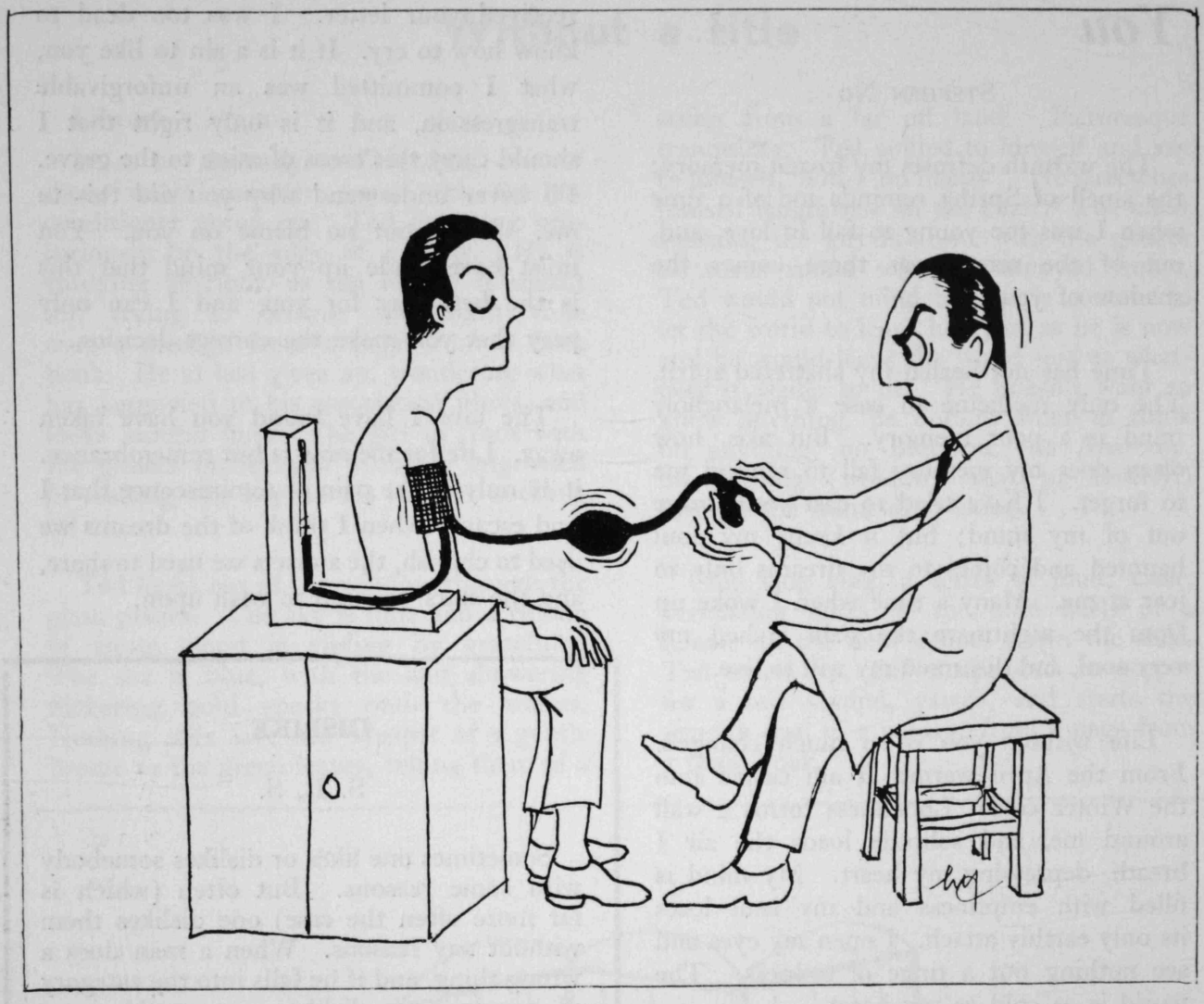
DISLIKE

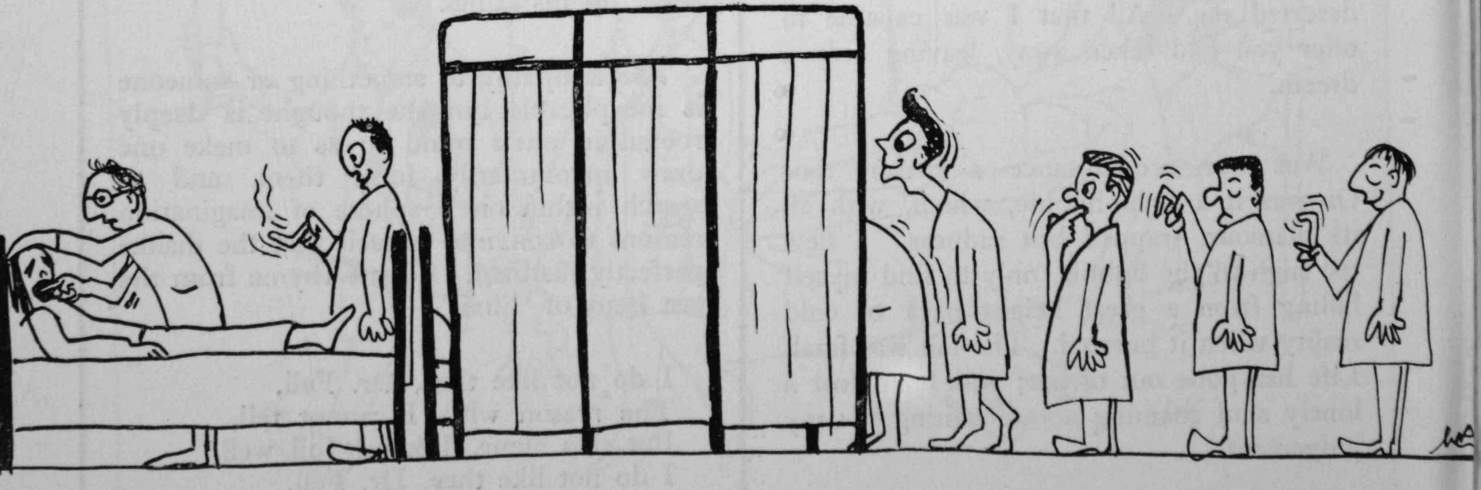
S. L. S.

Sometimes one likes or dislikes somebody with some reasons. But often (which is far more often the case) one dislikes them without any reasons. When a man does a wrong thing, and if he falls into the category of persons you dislike, you would curse him as one who is beyond redemption, and condemn him far beyond he deserves. If he is one of your closer friends, you would probably create an excuse to defend and cover up his faults.

The antipathy to something or someone is inexplicable but the thought is deeply rooted in one's mind so as to make one draw involuntarily form them, and to search within one's sphere of imagination reasons to convince oneself that the dislike perfectly justified. A little rhyme from the last issue of 'Elixir'—

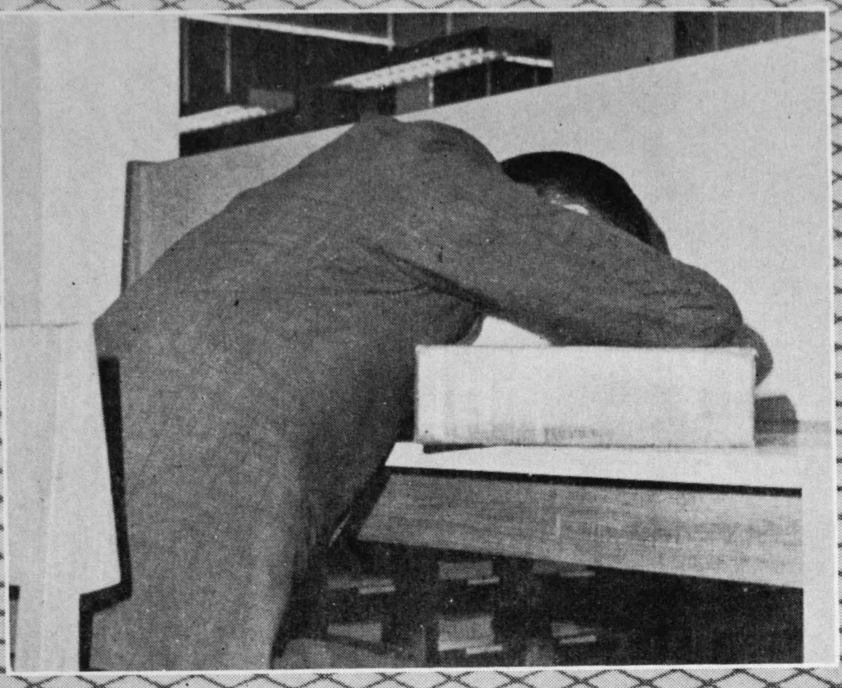
I do not like thee, Dr. Fell,
The reason why, I cannot tell,
But this alone, I know full well,
I do not like thee, Dr. Fell.



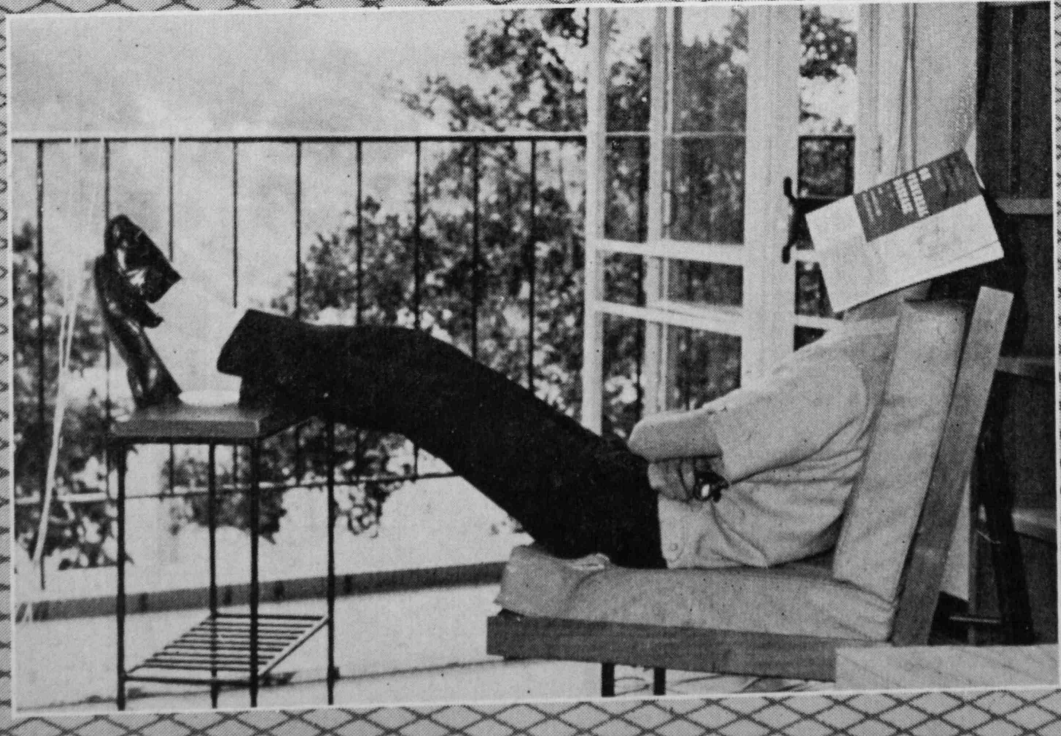


RANDOM GLIMPSES

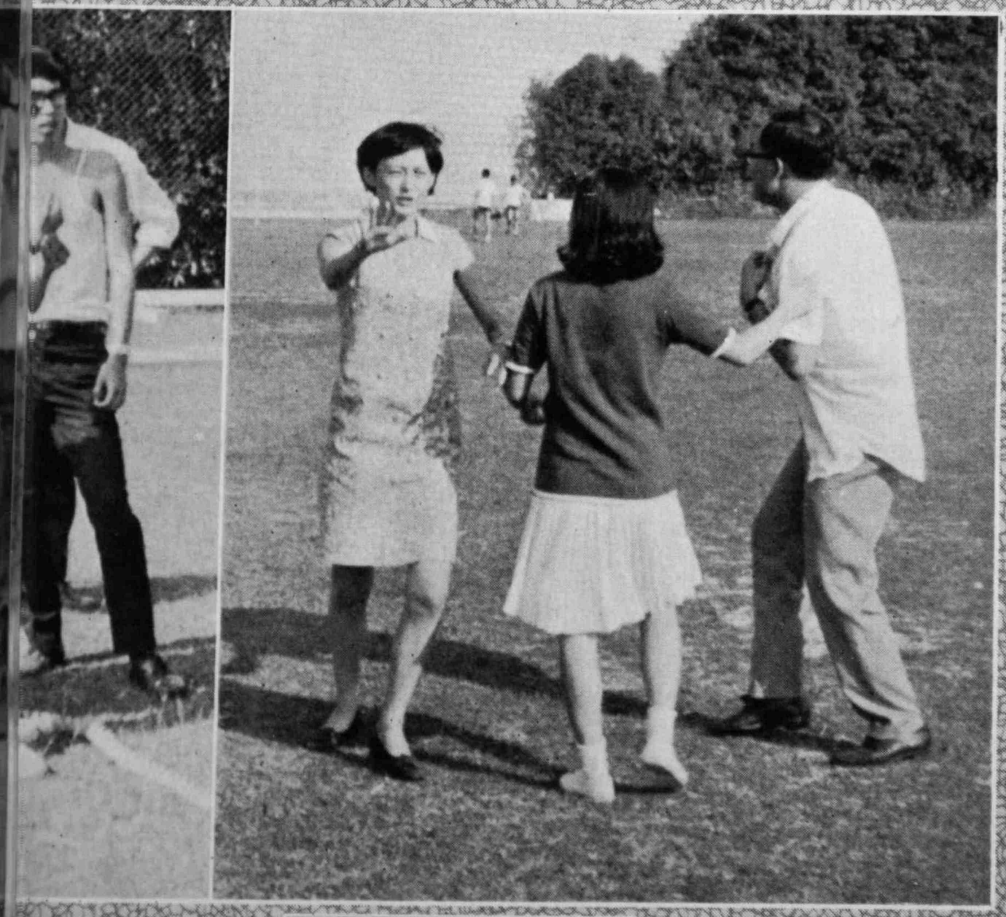
喂，碟炒飯快的啦！



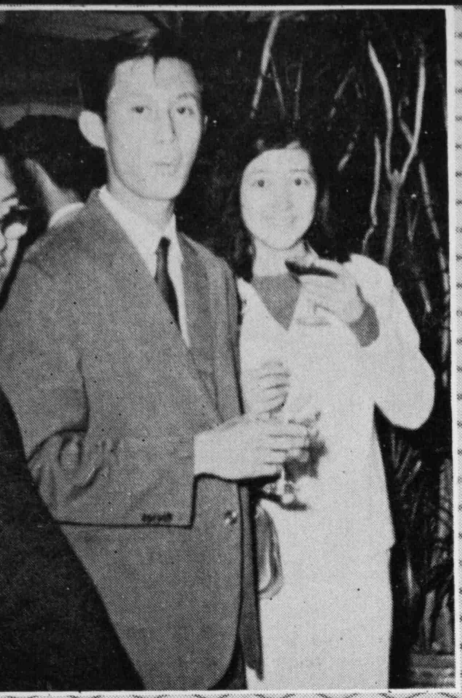
書中自有顏如玉？



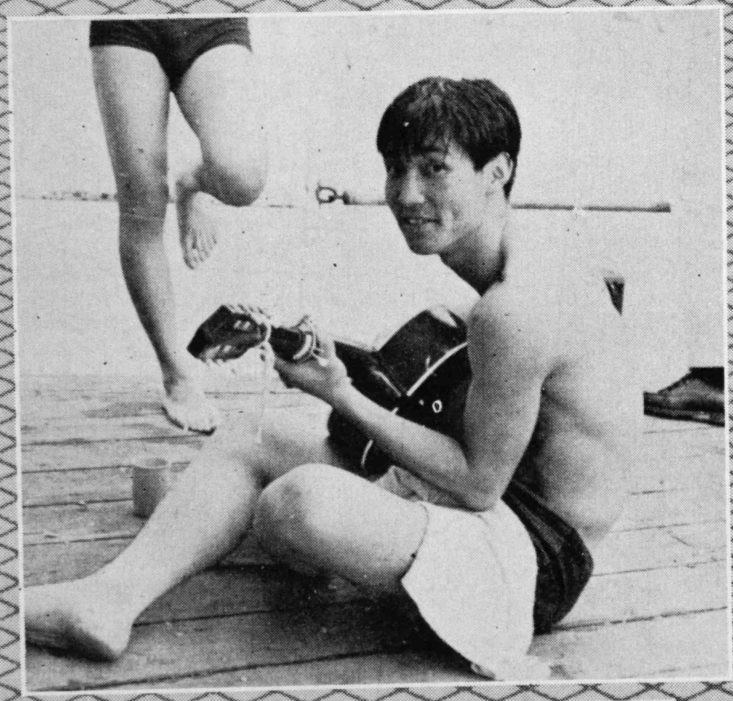
Changing partners?



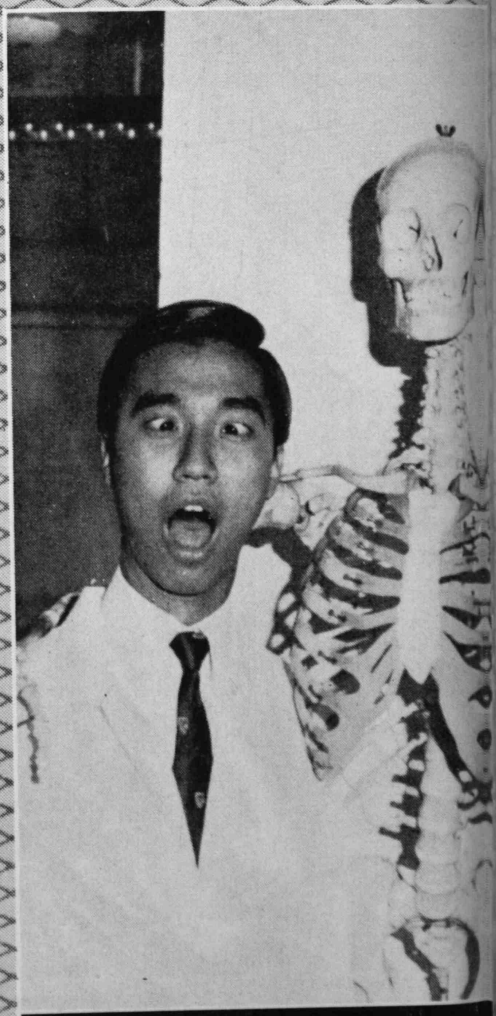
Ending up in . . . . .



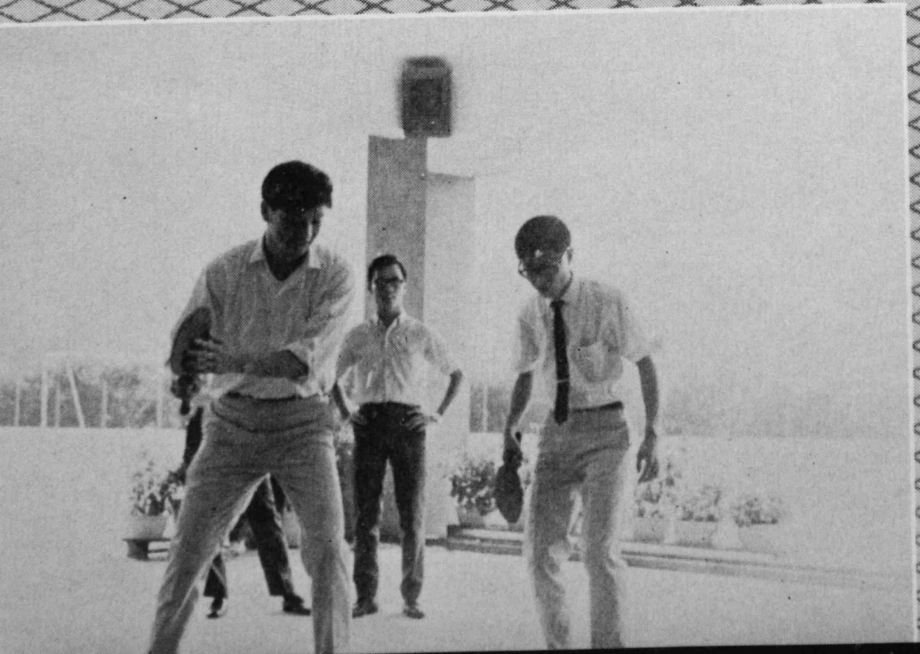
To remember these things
really need some praying



You want a beetle or a monkey?

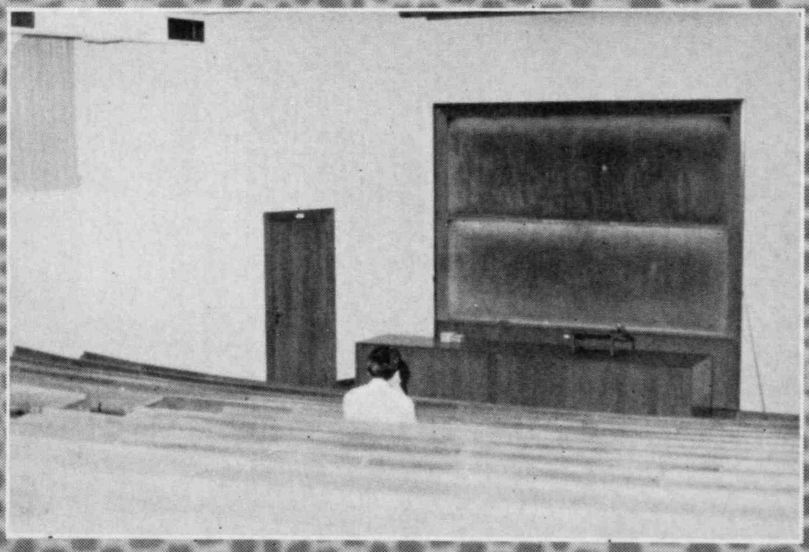


喂，老友，有對你不住



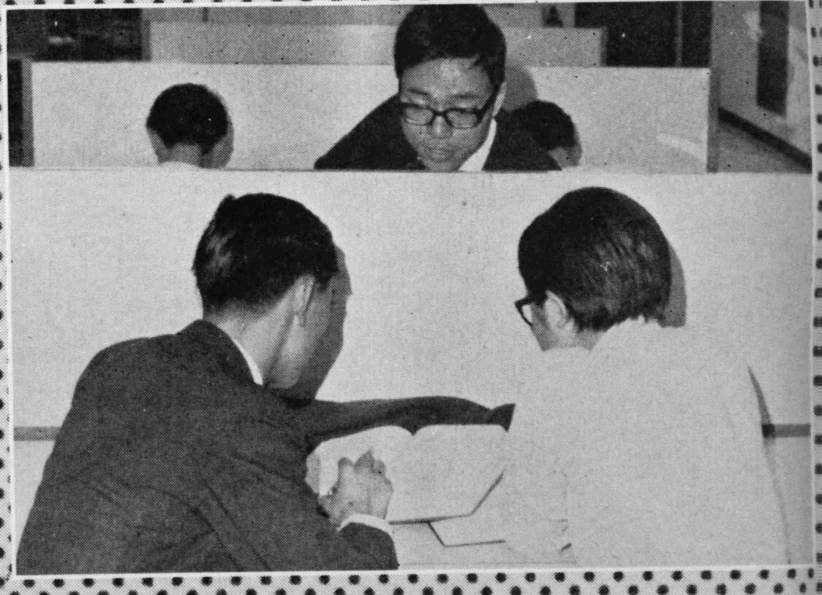
They should be checking the roll call!

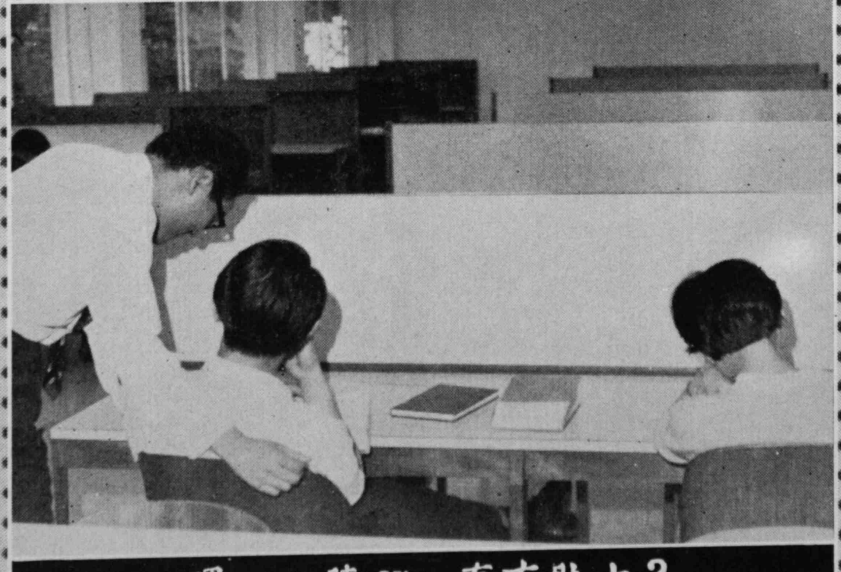
（我重有好多名要簽㗎！）



The early bird catches the worm!

（早到的鳥兒捉了蟲）





喂，一陣 Viva 有有貼士？

FROM THE GAZETTE

Vol. IV No. 3

15th March, 1968

HONOURS

Dr. Pang Teng-cheung, M.B.,B.S. (1941), M.D. (1959): *Officer of the Most Excellent Order of the British Empire.*

Dr. Solomon Matthew Bard, M.B.,B.S. (1939), Director of the University Health Service: *Member of the Most Excellent Order of the British Empire (Military).*

PERSONALIA

Professor A. R. Hodgson has been made an Honorary Member of the South African Orthopaedic Association from September 1967.

Dr. S. M. Bard, Director of the University Health Service, has been elected a Fellow of the American College Health Association.

SENATE

Member of the Senate elected to the Council

Professor J. B. Gibson, elected by the Senate to be a member of the Council for three years from January 2, 1966, has resumed his seat in the Council on the expiration of his period of office as Pro-Vice-Chancellor on January 19, 1968.

Membership

The following have been elected members of the Senate from December 1, 1967, under the new provisions of Statute XXI:

Faculty of Medicine:

Dr. Doris E. Gray, for two years;

FACULTY OF MEDICINE

Appointments

Huang Chi To, M.B. (Lingnan), Ph.D. (Leeds), M.C. Path., Senior Lecturer in Bacteriology, appointed to the Chair of Microbiology from January 1, 1968.

David Todd, M.D. (Hong Kong), F.R.C.P. (Edinburgh), Senior Lecturer, appointed Reader in Medicine from October 1, 1967.

Mabel Yang Mei Po, Diploma in Medicine (Peking Medical College), appointed Assistant Lecturer in Physiology from November 1, 1968.

External examiners

The following have been appointed external examiners:

Professor George William Gale, B.Sc., M.B., Ch.B., D.T.M. & H., D.P.H., F.R.San.I., for the degree examination in preventive and social medicine for the three academic years 1967-70 (Professor Gale visited in December 1967);

Professor Edward M. McGirr, B.Sc., M.D., F.R.C.P. (London, Edinburgh, and Glasgow), Muirhead Department of Medicine, University of Glasgow, for the final examination in medicine in 1968;

Sir John Peel, K.C.V.O., M.A., B.M., B.Ch. (Oxon.), F.R.C.S., F.R.C.O.G., President of the Royal College of Obstetricians and Gynaecologists, for the final examination in obstetrics and gynaecology in 1969;

Professor Robert J. Kellar, M.B.E., B.M., Ch.B., F.R.C.P., F.R.C.S. (Edinburgh), F.R.C.O.G., of the University of Edinburgh, for the final examination in obstetrics and gynaecology in 1970;

Professor J. E. Gardiner, B.Sc., Ph.D., Professor of Pharmacology, University of Singapore, for the degree examination in pharmacology for three years from April 1968, to visit in April 1968;

Professor H. Barcroft, F.R.S., Sherrington School of Physiology, St. Thomas' Hospital, London, for the degree examination in physicology for three years from 1968, to visit once during that period.

Donation

Miss Sarah Abdullah: an annual contribution of $3,000 to the Dean's Fund for needy students, in memory of her brother the late Dr. Cassim J. Abdullah, M.B.,B.S. (1957).

Resignations

Carolina A. Braga, Senior Lecturer in Obstetrics and Gynaecology, from January 31, 1968, on appointment as Assistant Professor of Obstetrics and Gynaecology at the University of California, San Francisco.

Miss Ng Mo Lay, Assistant Lecturer in Biochemistry, from January 31, 1968, to take up a post-doctoral research fellowship in the University of Ottawa.

Li Food Chiu, Lecturer in Obstetrics and Gynaecology, from January 2, 1968.

Wong Pui-Ching, Lecturer in Microbilogy, from May 1, 1968, on appointment as Associate Professor of Bacteriology at the University of Alberta.

Tam Cherk-shing, Lecturer in Pathology, from June 5, 1968.

G. S. H. Chung, Lecturer in Paediatrics, from June 1, 1968.

Leave of absence

The following have been granted special leave:

Arthur M. Yau, Senior Lecturer in Orthopaedic Surgery, for six months from January 1, 1968, to enable him to take up a China Medical Board Fellowship in the Department of Orthopaedic Surgery, University of Oxford;

(Mrs.) Grace Chou, Lecurer in Microbiology, for one year from March 1, 1968;

Wong Cheuk Wah, Senior Technician in the Department of Pathology and Bacteriology, from December 11, 1967 to June 30, 1968, to enable him to take up a six-month scholarship under the Inter-University Council Technician Training Scheme.

HUANG CHI TO

M.B. (Lingnan University),
Ph.D. (Leeds), M.C. Path.

Professor C. T. Huang has been appointed to the newly established Chair of Microbiology from January 1, 1968.

Professor Huang was born in Hong Kong. After completing his secondary schooling at King's College where he was a Government Scholar in 1932-35, he went to China to study medicine at the Lingnan University, graduating with the M.B. degree in 1942. During 1942-46 he worked as assistant in bacteriology and parasitology in Lingnan University, as instructor at Chung Cheng Medical College, Kiangsi, and as consulting technologist with the Pathological Institute of Kiangsi Province. After the war, he returned to teach in Lingnan for two years before taking up a fellowship with the American Bureau for Medical Aid to China, Inc., to undertake postgraduate work in the Department of Bacteriology and Immunology at the Harvard Medical School. He was appointed Assistant Lecuter in Bacteriology at the University in 1949, and promoted Lecturer in 1952.

Fellowship of the China Medical Board of New York, Inc., and the Sino-British Fellowship Trust enabled him to spend the years 1957-59 at Leeds University, where he was awarded the Ph.D. degree for a thesis on 'Comparison of *Clostridium bifermentans* and *Clostridium sordellii*'. On his return to Hong Kong in 1959 he was appointed Senior Lecturer.

Professor Huang directs research in his department in the clinical aspects of bacteriology and parasitology, being principally concerned with clostridia, enterobacteria, and helminths; a significant amount of his work done in the University and abroad has been published in many learned journals. He is a Founding Member of the College of Pathologists, Great Britain, and a Member of the American Society for Microbiology.

PUBLICATIONS

DEPARTMENT OF ANATOMY

K. S. F. Chang and C. K. Ng: 'Standards of head size of Chinese pre-school children in Hong Kong', *Far East Medical Journal* Vol. 3, pp. 387-394 (1967).

K. S. F. Chang and S. T. Chan: 'Growth of the foot in Chinese children in Hong Kong', *Far East Medical Journal* Vol. 3, pp. 348-355 (1967).

Marjorie M. C. Lee: 'Natural markers in bone growth', *Proceedings of the American Journal of Physical Anthroplogy* Vol. 27, No. 2, p. 237 (1967).

M. C. Ip: 'A combined method for demonstrating the cholinesterase activity and the nervous structure of mammalian peripheral motor endings in teased preparations', *Journal of Physiology* Vol. 192, No. 3, pp. 801-803 (1967).

DEPARTMENT OF BIOCHEMISTRY

M. Lai: 'Genetic aspects of haemoglobin H-disease', *VIIth International Congress of Biochemistry (Tokyo)*, *Abstracts* Vol. 5, J-453 (1967).

DEPARTMENT OF MEDICINE

K. S. Lai, A. J. S. McFadzean, and Rosie T. T. Young: 'Microembolic pulmonary hypertension in pyogenic cholangitis', *British Medical Journal* Vol. 1, pp. 22-24 (1968).

R. Y. H. Yu (with C. J. Dickinson): 'The progressive pressor response to angiotensin in the rabbit', *Journal of Physiology* Vol. 190, pp. 91-99 (1967).

R. Y. H. Yu (with C. J. Dickinson: 'Mechanisms involved in the progressive pressor response to very small amounts of angiotensin in conscious rabbits', *Hypertension* Vol. XV, pp. 157-163 (1967).

DEPARTMENT OF MICROBIOLOGY

C. B. Lo, C. T. Huang and D. S. S. Chan: 'Salmonella serotypes isolated from pigs slaughtered in an abattoir in Hong Kong', *Tropical Medicine, Nagasaki* Vol. 9, No. 2, pp. 71-78 (October 1967).

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

K. H. Lee: 'The hazards of grand multiparity', *The Bulletin of the Hong Kong Chinese Medical Association* Vol. 18, pp. 39-47 (1966).

K. H. Lee and Therese Lu: 'Obstetric management of conjoined twins', *The Journal of Obstetrics and Gyncecology of the British Commonwealth* Vol. 74, No. 5, pp. 757-762 (October 1967).

DEPARTMENT OF PAEDIATRICS

Y. C. Tsao: 'Nephrotic syndrome in children', *Bulletin of the Hong Kong Chinese Medical Association* Vol. 18, p. 57 (1966).

DEPARTMENT OF SURGERY

M. H. Shiu: 'An unusual case of spontaneous internal biliary fistulae', *The British Journal of Surgery* Vol. 54, No. 11, pp. 969-971 (November 1967).

雜文

明

一、小貓

小貓是一個天生的詩人，單看他對着地上滿跚的小甲蟲那種目不轉眼，如痴如呆的神態，已經叫人感到他的不凡。銀白的髭鬚掛着一臉不羈的氣質，渾圓的眼珠却流露一片哀憐的眼色，仿似散發着積壓了好幾世紀的悲愁。

但他却是一個騙子，一個徹頭徹尾的大騙子。小甲蟲猶豫的爬向他那伸出來的手，羞怯中帶有幾分嬌媚，冷不防痴情的小貓一口吻了下去，肉緊的把她的一條腿咬斷了。

小甲蟲靜寂的躺在地上，小貓抓了她一把，她沒有動。他默然。

然後他走開了，帶着一臉不屑的神氣。

（我感謝上帝，我不是一隻小貓。）

二、晚歌

是誰散落了一夜的星星，在眨眼。

蘋果臉對着鏡子微笑，她底母親到市場買菜去了，她搬了一張小木椅端坐在門口，等待着母親給她帶回紫葡萄的蛋糕。但我們？我們却是失落了的。

煤氣燈在頭頂絲絲作響，遺下我們憔悴的影子，踏碎了青石板地上的月光。蘋果臉等待着紫葡萄的蛋糕，她牽過我們的衣角，輕輕地告訴我她有一具很大的狗熊，會走路的，也會嗚嗚的哭。我說天很晚了，風雨的陰影已吞蝕了西天的晚霞。

沈重的背囊裝着幾本破書，剝落的封面穿着書蠹的味兒，但透黃的頁子裏却夾着幾片感情的殘渣。夜風蕭索如水，撲打着枯槁了的臉面。蘋果臉也掛起了一付流鬱的眸子，呆看着我你風化的身形。

再會，我得走啦，你的母親很快便會回來的。甚麼？我不會說故事的，我的故事只能給人帶來一雙紅胡桃的眼睛，你會哭的。爲甚麼嗎？你現在不懂的，遲些你便會明白，或許……或許有一天月亮變成藍色綠色金黃色的大狗熊的鼻子時我會在醉倒了的椰樹下在嗚咽的流水旁給你說一大篇故事，像你媽媽給你載上珠鏈子一樣。

但現在我不想說，你聽不見我的喉嚨很乾澀嗎？

她她她她

陳玉強

1. DISSECTION ROOM

她是一個憂鬱的姑娘，
孤零零地躺在床上。
他們憐憫地看她，
玉容慘淡，星眸半張。
然後他們顫抖着，
拿起解剖刀。

2. JACKSON

佐治新買了輛積臣，
他要放學載她一起走。
她點頭。
結果載走她，
和她四位朋友。

約翰沒有錢買汽油，
她要放學和他一起走。
他點頭。

他和她看着駛過的積臣，
笑了笑，招招手。

3. NTC

背靠李樹芬樓，
目對NTC，
你看見一個紅衣的她走過來。
「我在這裏上課」，你對她
彈一彈手指。
佩服，久仰。她說——
我在瑪麗醫院

4. JML

她高歌一曲，
無人叫 Encore。
因爲
女同學害羞不敢叫，
男同學怕她累壞了。

無言

每文

若：

你提出的問題，我實不知怎樣回答，雖然在埋首醫書之間，也曾有過這一刻黯然。

惟人類之漠視自己生命，又何止於戰爭？在這麻醉、刺激甚於一切的時代，吸毒及沉迷酒色，比比皆是，而小玩意如開快車，又何嘗不是以生命作無情賭注？

你見過一位爲了病人而兩晝夜沒睡的醫生，我也看到一些眞正爲服務而努力的教授。倘若人類的行爲對醫學生是一種諷刺，我不知道有更殘酷的詞句去形容這些醫生和教授們。固然，金錢地位是人人的慾望，但慾望本身只能教人去行險僥倖，却斷不能鍛練出一份堅毅的刻苦精神。眞正賦予醫學其可敬情操的還不是一個遙遠的理想？——抑是一個美麗的夢？

祝

快樂！

醫大一年　三自

一種可憐的生活、戰戰兢兢、
我們如沒有時間閉眺及小停。

——戴維斯

在七號巴士裏的時間，本是平淡的，但偶然中，新鮮的念頭會湧上心坎，當你一上車，看見滿車的同學，連忙和他們打招呼。驟然間你會得他們每人的面孔都是充滿活力和希望，自己則身於朝氣的光彩中，不覺感到自傲。一剎那中，人與人間的距離突然縮短了，一切都顯得安詳、平靜。

當八時卅分一到，每日的「戰鬥」就開始了，雖然每場的戰事，都因各同學和講師以不同的態度，眼光和才華從事之，而產生不同的效果，但以學生立場來說，總可分它爲四大類：

（一）雖然講師不斷的壓迫，但你心領神會，眉飛色舞，自感獲益不淺。

（二）弄得一場胡塗，祇有像機械般的照抄。

（三）平淡像我，或者你，這種上唔上都係咁，但總覺不上是執輸，而且分分鐘可能有 Lecture Notes 派，「偷鷄」引誘不大。

（四）嘻！你知我知算啦。

記得一本書名曾在我心中起了問號，那是「鋼鐵是怎樣煉成的」，但當了醫大學生一年後，我漸漸領悟到多少了，當 Lecture Theatre 的空氣調節機沒有壞的時間，雖然是凍冰冰的，亦還不錯，但當它停工的時候，Theatre 內的空氣，却是我們一百二十人在一小時內所共有的，當肺裏的空氣增加了 Pco 2，整個人都顯得厭厭欲睡，假若你有鋼鐵的意志，那還不成問題，最要命的却是放映 Films 或 Slides 的時候，黑沉沉的，好像特爲睡夢而設，或者你是倔強的，認爲那實不成話兒，不像一個人，那麼整堂你便和你的眼皮鬥爭，可是就算最後你將它鬥垮，但 Screen 映的是甚麼則無可而。知下堂後，拖着疲憊的身子，離開 Theatre 鋼鐵又煉成時！（可幸在 2nd 和 3rd Terms 中，這種事情減少了。）

人生快意事不多，但「食」的確能平添人生一種情趣，本來醫科學生祇有短暫的午飯時間，實無情趣可談，但聰明的醫大學生，却另能發揮和食有關的情趣，醫學院附設的 Canteen 就是我們休息，歡笑和訴苦之地，更值得一提的是 Canteen 的數目制，在午飯的時間中，Canteen 是一片一、二、三、四之聲，而且全部一元八角，是 Professor 也好，Lecturer, Senior 或 Junior 也好，都是一元八角」，是那麼無分彼此，那麼可愛！

一飯之後，你可直入「拉記」鈪書去，亦可留在 Canteen 談一下子話，或三五成羣，直落沙宣道，在欄邊小立，那裏有的是草，和遠遠的大西洋，亦有很多人上 Locker Room 康樂一下，總之一切都是毫無拘束，令人暫時忘了下午的煩悶。

二時之後，我們總得要急急趕回 Dissection Room，開始下午的工作，下午的情緒，多數是較低落的，但最悶的却是 Dissection Room 門外的牌子，寫着：「Visitors Not Allowed」，因爲我以爲，我們需要的是這樣的牌子：「在那裏，工作是神聖的。」

在上天的面前，我不願撒謊，在現實生活中我們共同刻苦，渡過無數的難關，但我們決不是偉大的天才，我們是平凡的，但祇有在平凡中才有眞正的不平凡，我們每個人，都是有多多少少的不同凡响，這麼多的不同凡响，表現在我們同學間的融洽合作，Lecturers 和 Demonstrators 的和氣和對外各種優異成績中。所以當我們看見天上的太陽時我們會說「It is ours」。

第二天

「口渴嗎？我來給你倒杯水！」雜工也特別和善可親，看他待31號多體貼。

「伙記，給我隻『鴨仔』好嗎？」——是29號的呼聲。音波像消失在宇宙中，沒有回音。第二次……第三次……很久，很久，願望終於實現了。

「老兄在那兒發財？」我在展開公共關係。

「苦力。」——29號飽經滄桑的回音。

第三天

上午十時，我陷在重重圍困中。問題連珠炮發，來自四面八方。

一度强光「直射」眼底。「睜開眼！」——是命令。「難道要我作人上人？」我想。一個又一個的連綿不絕。我看了通紅通紅的太陽！

北風和灰塵在露台賽跑，帆布床上的我連那本來已單薄的上衣也脫了。冰凍的圓鐵片貼在胸前後，冷僵了的手在腹部力壓，尖利的指甲刺在肚皮上。「放鬆！」——放鬆？

良久，人散了，帶走了歡笑聲。安息吧！不，又來了一批，「三水佬睇走馬燈」。在好幾張病床前，都聚了一羣人，交頭接耳，談笑風生。

這一個上午！

第四天

鴻運當頭，有蛋更有橙。

來了一位英俊而帶點新潮意味的小哥兒。供詞早念過千萬次，照背如儀。每一分鐘，他携來的一大束書都給翻閱過；多好學！

鎚敲在膝蓋之上，照踢可也。「助人爲快樂之本。」不是嗎？況且又不很痛。

第五天

吃了藥眞好睡，只可惜餓了整晚。一早晨便換上袋形裝，舒舒服服的躺在推床上。

手術室人山人海，蒙住頭，封了口，誰是誰，不知道。

眞趣——話未說完，已入迷離境界。離軀之魂，却擠在看熱鬧的人叢中。

刀光剪影，但見噴泉四起，血流成河。

且慢緊張，這裏的氣氛却是萬二分輕鬆。有關於週末節日的多姿多采，有電影照相的議論風發，有俏皮的玩笑兒，充份表現出青春一代的活力；聽說外國還有樂隊演奏哩！

「放紙鳶呀！」童心未泯，老莊曰：「吾道不衰矣。」小腸雖在打架，却不覺痛，理他攪甚麼鬼。

專家吩咐往血庫提貨，却落得一句「存量不足」，加上一大叠五彩繽紛的表格。剎那間室中每人分得的空間多了三倍有奇。

迄速移動的空氣，把我的精靈也一併兒帶了出來。於是飄飄然的入了另一房間，却原來另有一番風光。但聽到一個人的語音，不時夾着那「D——」字，眞個是「嚴肅」，「緊張」，却不知有無「活潑」？

隱隱傳來哭聲，好生熟悉。循聲尋去，却見亞嬌梨花帶雨，在看我穿上「十字布」。哈！原來我已壽終；死得如此輕鬆寫意，也不妨「死兩次」，只可憐亞嬌孤零零一個；正想問，只見她已姍姍蓮步而出，挽上一條粗壯的手臂，笑得還見那麼可愛，那麼甜！猛回首，但看到「豬籠」橫出，於是追蹤而去。

靈魂才到這裏，已見「我」肚皮上縫縫的綫，又給剪斷，未免有點浪費。內臟清淨，腦袋也丟了，却給碎布塡塞得滿滿的，還完個「原屍」；怪不得佛家說這是個「臭皮囊」。

不看也罷，還是早早投胎，「十八年後又是一條好漢。」我只道望着有嬰兒啼聲處飛奔；正當「尋尋覓覓，冷冷清清，凄凄慘慘戚戚」之際，冷不提防「脚」下一麻，心想那話兒畢竟來了，於是乘勢跪下。

「大王，但得今日放我過去，日後必定多以冥通紙幣致祭。」

「斗胆小鬼，竟想用僞鈔騙我！」

正是：

本待還陽投新主，　勾魂使者不賣情；
疾風游魂消逝速，　此恨綿綿無盡期。

此恨綿綿

·野草·

一個人行起衰運上來，當眞頭頭是道：早些時本來買中了條狗纜，怎料那天殺的「中間人」却將其中一塲的號碼寫錯了，於是乎見財化水；禍不單行，上星期亞嬌又說我腹大便便，鬧着要和我拆檔。

話說那「啤酒肚」之起，不過一個月；雖無痛無癢，但間中作雷鳴，以指敲之則如擊囊中水；若非昂藏七尺，在「小婦人」流行的今天，沒有「瓜熟之嫌」才怪。本來嗎，我行、食、瞓、坐四得無缺，但「打令」之命，不敢不從；亞嬌愛小纖腰哪，只得硬着頭皮，去求那最最神聖的大夫們大發慈悲，替我將三圍修正。

且說大夫們辦事的地方，是座巍峨的建築物，單看外型，便教人肅然起敬。我「一世仔」從未試過像星期三那天起得那末早，天剛發亮便在石階上等待那普救衆生之所開門。但比我還早的大有人在。

「開門啦！」於是乎在千分之一秒內，突地冒出了一條人龍，「見首不見尾焉」。好不容易爭到一條「籌」，還得以無比的忍耐力去等待大夫們光臨。我原來是個耐不住性子的人，早應等得不耐煩，但環顧周圍男女老少，有痛得死去活來的，有病得奄奄一息的，莫不有「望夫石」的毅力，鄙人堂堂男子漢，豈甘後人。況且諸大夫廿受那「可恥待遇」以菩薩心腸超度我們，怎能不以教徒之誠等待。

「守得雲開見月明」，聖旨終於降臨；朝見之下，判決我此怪病，要專家方能辨認，下午提堂再審，十二時報到。是時日正方中，只好在附近大排檔塞飽肚子，忽忽趕回，「如喪家之狗焉」。

閒話休提，且說我奉召到了一室，却見布幕包圍下，重重站着穿了白色道袍的紳士淑女，眞個羣賢畢至，人才濟濟。正當心裏興幸今回得救了之際，猛聽得「淨身」之令下，手忙按住褲頭，眼底偷視之下，突然然覺有一妙齡之女病人，在相距不到三尺之處坐着候診，於是紅霞飛上了我的面。但迷糊之中，終究回復了從媽媽肚裏出來那個模樣，而且四肢都被按緊，更有人在喉頭間摩摩敲敲，不知搞甚麼鬼的。

如此這般的過了好一陣子，我又被召到另一室去，維恭維敬的推開門，舉頭一看，不禁眼前一黑，心胆俱裂。那室却是怎生個模特兒，看官諸君且聽我慢慢道來；却原來房裏地板層層而上，入門處最低；中放一床，三面圍了兩重木牆，高不可攀；上坐白衣者無數，口講手劃，滿面春風，有如羅馬鬥獸塲畔的貴族少婦般可愛；於是在半清醒狀態中，我接受了不知多少次精密的檢驗，朦朧中但聽到笑聲頻起；我笨拙的頭腦，實在想不出做了些甚麼玩藝兒，能令貴人們那麼歡愉——正如從前讀歐洲歷史時不明白君王們看到奴隸給野獸噬食時爲甚麼會樂得手舞足蹈。

「大人，在下腹脹之餘，間亦有喉痛！」

「此乃內科範圍，吾輩外科專家例不理及此。」

突然晴天霹靂，「神」命我入醫院療治。

「小人可否先奉准亞嬌？」

「要醫治嗎便得卽去，否則生死與我無關！」

御旨卽如是，蟻民只得從命。於是我在30號床「安寢」下來。

× × × ×

第一天

這裏的醫生眞好，問得詳盡，診個分明，與外間板起面孔，剛入門便開方的醫師眞不可同日而語。

飯又硬又冷，菜淡而無汁，着31號吃西餐的多麼滋味！

那兒來的臭味？——32號隱沒在屏風林中。

「照鏡？病了還有甚麼心情打扮喇！」天寒地凍，那鐵板又冷又硬，赤了身貼上去，眞不是味兒！有牛奶喝？好優待！嘩，是那種牛擠出來的？下次不敢了。

姑娘來抽血啦！「阿彌陀佛，玉皇大帝，耶穌基督……」呀！」

我也不見得高明，瘦得怪難看，還要長了不少瘡，一天燕姐捉着一隻公鷄，把冠弄破，用血塗在瘡上，很快便好了，難道冠血中恰好有對那菌的抗體嗎？這事我一直不明白。後來吃了幾回綠豆燉乳鴿，可不用再受瘡疔的苦，是身體抵抗力强了吧。

自從碰破鼻子後，往往流鼻血，甚至夜裏把枕頭染得殷紅一片，媽媽四出請教他人，給我吃了幾回「蚌花煮豬肝」，流鼻血的次數減了很多，眞不曉得是甚麼緣故。

聲沙也是我的老毛病，總是喝兩次「人參草蜜棗」茶，或「麗參白芍」便痊癒了，幸運的話，媽媽會弄些「青蘿蔔瘦肉湯」；生吃青蘿蔔或橄欖也很有效的。也許這些有殺菌的功効吧？

風疹也是令媽媽頭痛的一回事，姊姊和我都愛出風疹，甚麼「洋紫荆葉」煮水洗澡，甚麼「葱炒飯」都試了，總是無效；姊姊吃了「白皮白心蕃薯煮雲苓」後，一直沒有再發，我可是頑固份子，總治不好；姊姊的治癒，想亦是巧遇吧。

可別小覷媽媽那單方小冊子，自頭昏至癌症的治法都包括在內，其中有趣的有：

白花蛇舌草，白茅根糖水，據說可治癌症。

蝸牛瘦肉湯，生蜇蜴，據說可治癌症。

髮菜豬血，可治痢疾。

菠蘿煮花生可治風濕。

無花草燉鷄可治頭昏等……

其中固有牽强附會，不屬不實的，但也不乏值得研究的，如「知子桃仁」的定驚作用等；據說已有人有系統地研究中國醫藥不曉得民間的「單方」可曾包括在內呢？

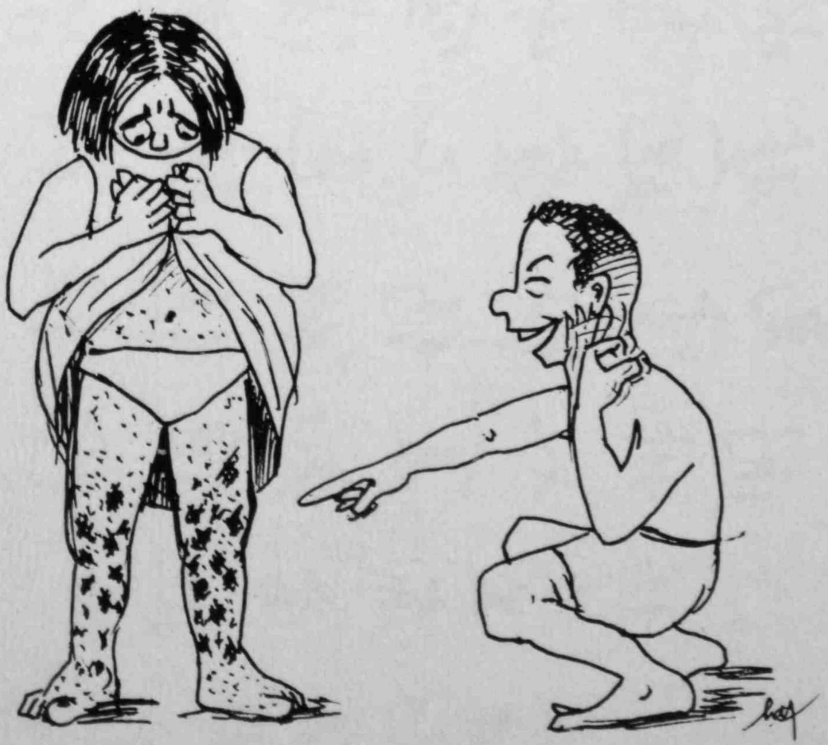
朱世芸

家傳秘方

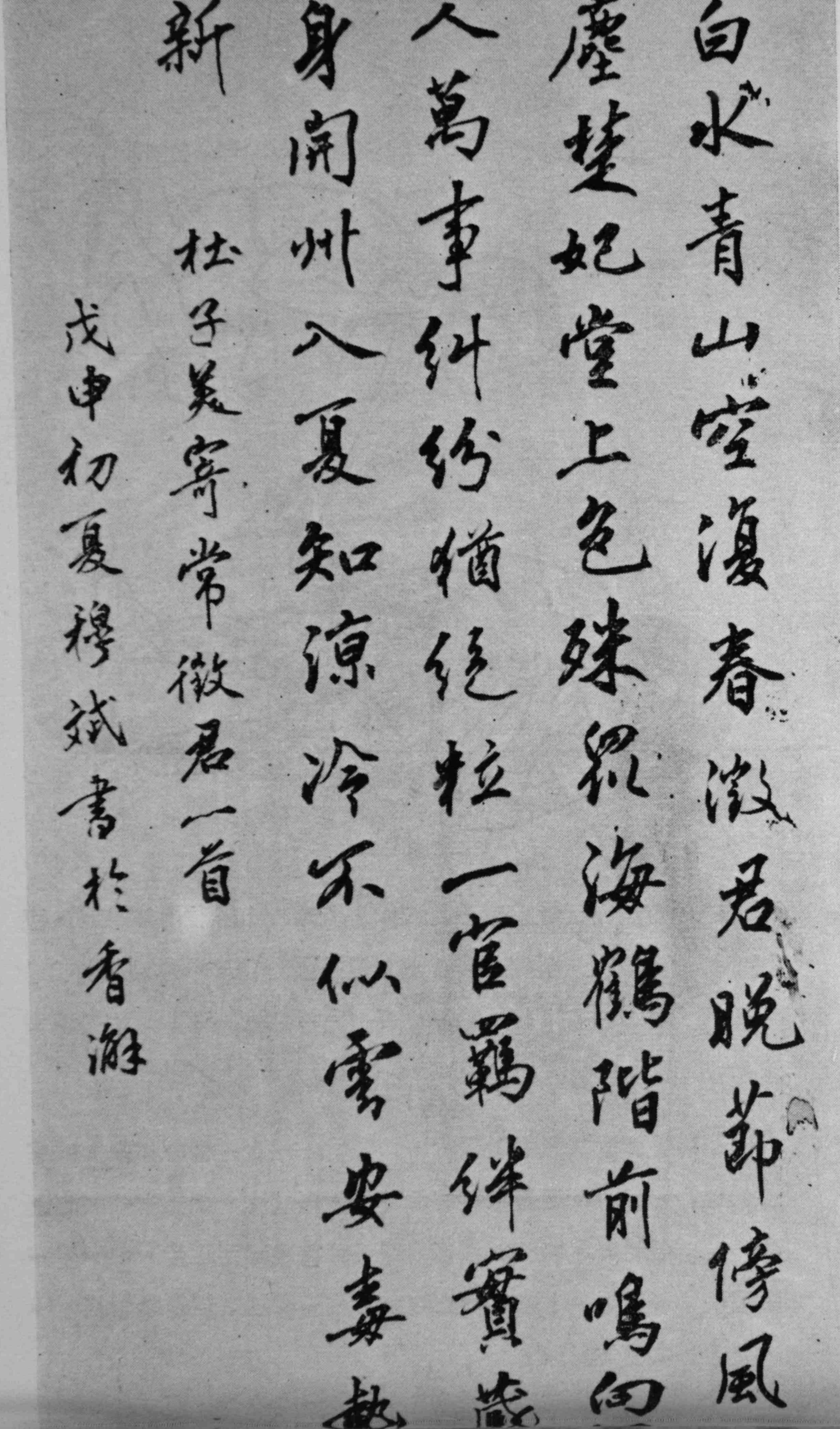
兒時，我家在粉嶺一個小村，離最近的醫生也有一里多路程，我們三個丫頭，正是「無胆匪類」，儘給媽媽找麻煩，不是跌破了皮哭着回家，便是着凉流着鼻涕給爸爸捉回來，看顧我們，可眞不容易，幸虧媽媽懂得很多民間的「單方」，往往省了很多麻煩。

每隔十多天，媽媽總要給我們喝「穀芽麥芽」茶，或是「金銀花、棉茵塵」茶，使我們「消滯」，若是我們「熱氣」的話，可要喝「菊花雪梨干」茶和「咸魚頭豆腐湯」了。因此，我們很少消化不良或喉痛呢。

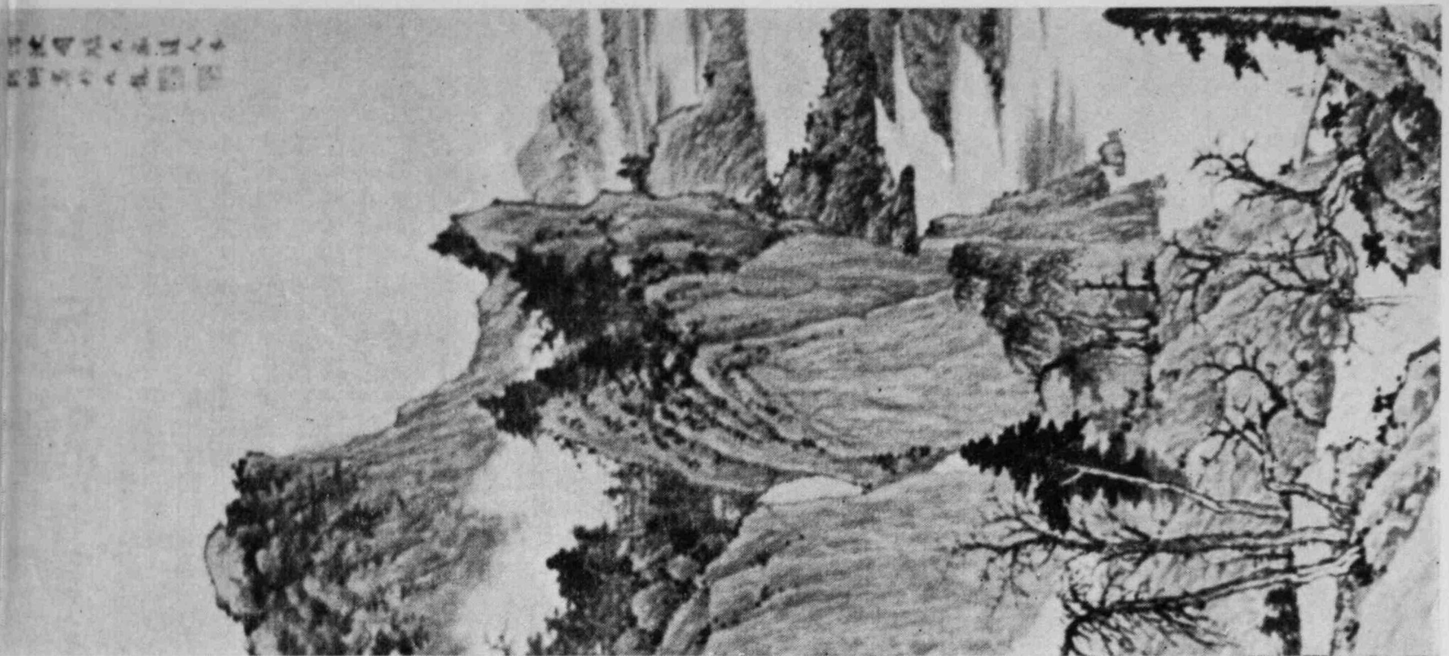
小妹的胆子向來都很小的，有一回碰見一個「補鑊」的，回家後總是鬧別扭，晚上，媽媽給他脚上敷了「知子桃仁混蛋白」，翌晨，脚是藍紫一片，那驚悸也去了；很奇怪，平時敷這藥是沒有藍色的。

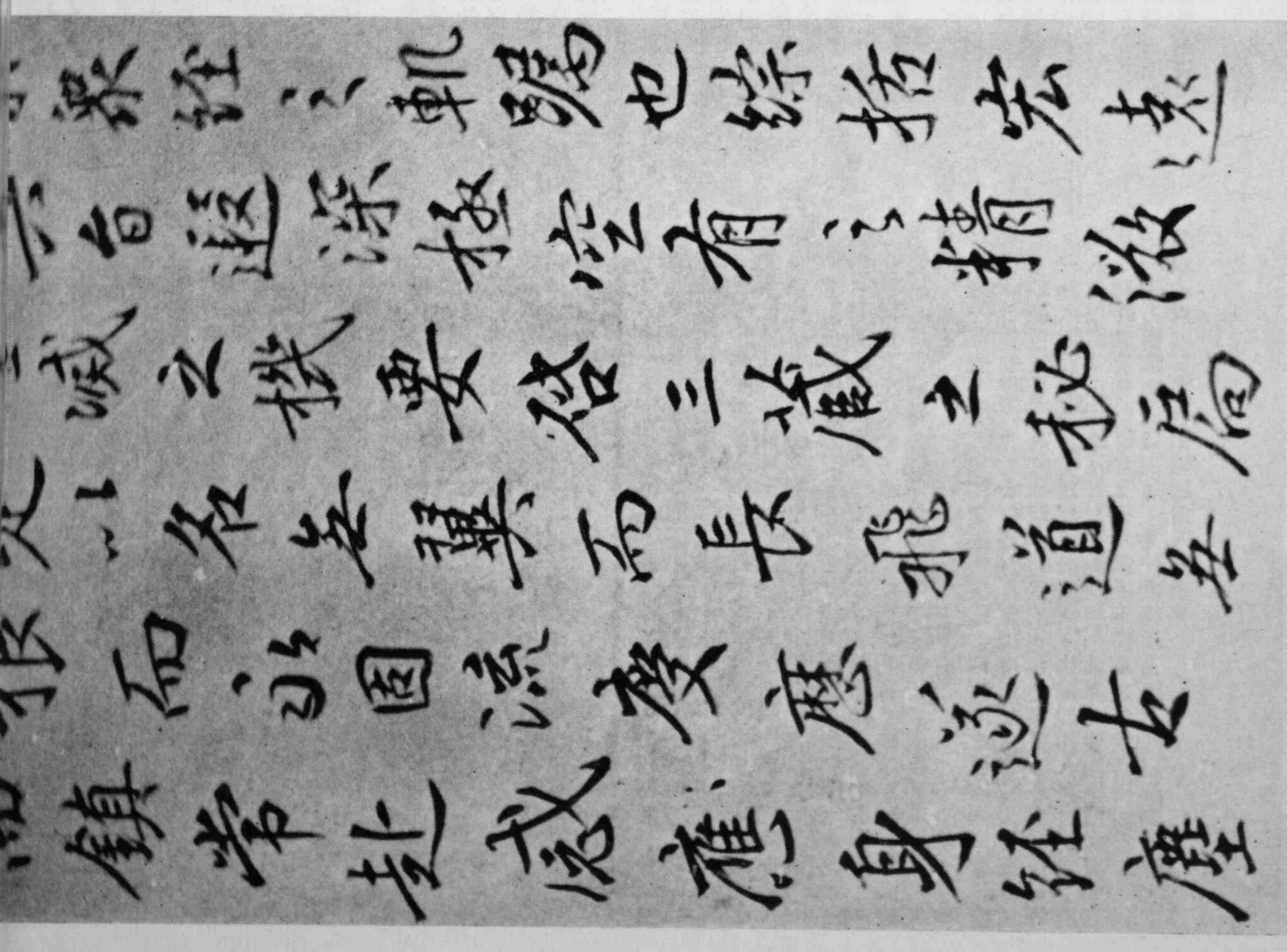


別看小妹胖得像個球似的，身體却不大好，總愛咳嗽，媽媽給他煮「千層紙、海底椰、夏枯草、蜜棗」茶，往往一兩天便痊癒了。三歲那年，發驚風數次，把媽媽嚇得甚麼似的，後了吃了幾回朱砂燉豬心，一直沒有再復發了，不曉得是他的身體强壯了，還是朱砂的功效呢。


白水青山空復春徵君晚節傍風
塵楚妃堂上色殊衆海鶴階前鳴向
人萬事糾紛猶絕粒一官羈絆實藏
身開州入夏知涼冷不似雲安毒熱
新
杜子美寄常徵君一首
戊申初夏穆斌書於香澥


雲山古寺圖





中國繪畫藝術的特點

楊錫鏘

中國繪畫藝術，經過數千年悠長的歷史，無論在形式、風格和技巧上，都可見日新月異，變化無窮的現象，但它的意味和價值，直到今天仍是永垂不朽，這便是中國畫的點特。

國畫之所以能够留存至今，完全是歷代畫家的功勞。其關鍵是在乎大多數的作品，不求「形似」，「色似」，只求「意達」，把重心放在情調、詩意上，只求發洩個人內心的情感，不講究寫實技巧。雖然亦有相似的地方，但作者已把描物和抒情打成一片，故另有一番意味。此乃國畫成功的因素。

試看西歐初期的作品，多數是以「形似」爲標準，着重於描寫事物，儘管畫得維妙維肖。但一經歷代社會的改變，已失掉原有的價值，終爲近世所淘汰，原因是「形似」並非藝術最高境界，尤其是受不起攝影技術的打擊。到了近代，多已在實用途徑上發展，常爲商業政治所用；更有走到另一極端，完全脫離現實，以「美」爲創作的動機，所畫的不一定是有意思，只求在顏色、形狀上得以和洽，這便是所謂「抽象派」的作品，在繪畫藝術的發展中，是踏上新的階段。

至於中國畫沒有被淘汰，是由於它與畫家的情調，氣概互相聯系，尤其是在國亂時，一般文人的愁恨、思鄉、憤怒等，一一反映在紙墨上。因此，國畫藝術作品是隨着作者心情而變化。不單是受歷代政治背景及人民生活情況所影響，更隨畫家個人的年齡與造詣而改變。例如在作者繪畫的最初階段中，多着重於精細描寫，對物美色和性能特有心得，畫風可能是「清新俊逸」。中期變爲「瑰偉雄奇」，筆力雄厚，情趣寫意，不受任何拘束。晚期則踏入最高境界，藝術修養已是登峯造極，寫作隨便，一揮而就，達到「蒼渾淵穆」的境界至於國畫所受社會環境的影響，其重要性可從歷代的演變中一目了然。

自有史以來，中國繪畫藝術已佔文化重要的一部份。自五代至隋唐，因社會經濟情況日有進步，文化發展達到高峯，再加上與外界接觸，中外文化交流，國畫藝術開始面世。當時國畫是以描法爲主，尤其到了北宋，國畫藝術極力提倡，再加上翰林園畫院成立，國畫大受畫院規矩所限制，特別注重氣韻和畫理，務求精細俊美，純粹以寫實技巧取勝。雖然在寫作上，只求形似色似，但文氣亦盛，作品多借詩意題材，在寫實中能帶有情調，正是「詩中有畫，畫中有詩。」北宋作品實替國畫藝術立下鞏固的基礎。

宋室南下，國畫隨着奔入另一境界，畫家開始發揮筆墨性能，濫用放蕩的減筆與潑墨，側媚放縱，筆墨雄健，氣概壯盛，獨有「粗」而「簡」之妙，使中國繪畫藝術在發展的途徑中，有革命性的改變，而未入「完全描實」的極端，後世受其影響至大。

到了元朝，外族侵入中原，文人過着隱士生活，以復古爲信念，但又清高拔俗，講神妙，重筆趣，不求「形似」，單純追求「氣韻」的風氣，既不壯健，又不俊美，作品多抒情寫愁，是當日發洩個人感情的唯一工具。

元朝以後，畫家多提倡摹臨復古，大受前代風格所影響，故有「摹仿多，創造少」的現象。所起的影響及聲勢皆未及宋元兩朝。明朝國畫對前代的風格，一部份加以拒絕，一部份又接受。其中有傳受南宋的豪放體格；也有受元朝影響的，尤其是因爲當時僧道盛行，文人多避開仕途，寄情於詩書畫中，其作品多以大自然爲師，逃避現實，不肯反映現實生活情況。更有接受宋元二派的，將兩者融合爲一。藉此，國畫的精華，得以發揚光大，對國畫的發展實在貢獻不少。

到了清朝，畫家仍舊摹仿古人作品，亦有脫離現實生活的傾向，但因政治環境比較穩定，對現實觀察與描繪的精能，有獨到之處。但清末作品却飛馳地變化，畫家改用大胆作風，肆野粗拙，具有新鮮刺激的意味。傳統國畫的風氣，又隨之而變。

二十世紀的國畫，隨着時代不斷的變遷，不用說，已換上了新的面目。這些變化，不論好或是不好，對國畫的特點及價值，確有固定的影響。值得提出的有下列兩點：

首先是科學常識的進展，使國畫畫理的許多弊病，有改革的必要，原因是歷代畫家注重「意達」，而疏忽了描物的準確，例如在事物大小比例上的錯誤，是常有的毛病。雖然對國畫整體的價值沒有多大威脅，但亦是近百年來國畫所表現出的缺點，可說是美中不足了。

另一方面，中西文化交流，在二十世紀中，已達到高潮，自有中西合璧的傾向。有模仿西方作風的：作品常變成燦爛奪目，染上華麗色彩；也有加插現代背景的，包括洋樓、汽車、輪船等。一般人對此改革，有讚揚也有批評，議論紛紛，各持己見。亦有人以爲國畫已經到了被淘汰的地步。其實祇要能保留國畫「意達」的性能及其與社會文化的關係，國畫並未受到任何損傷，只是一般人對國畫認識淺薄，又缺乏興趣，沒有加以澈底了解，才造成未能欣賞國畫價值的普遍現象。

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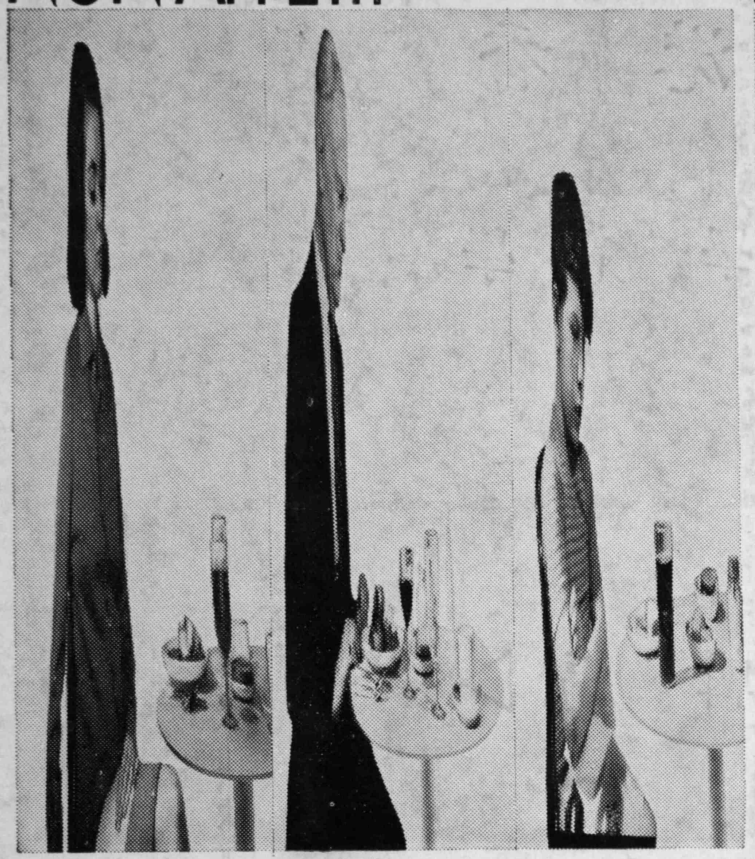
NON APPÉTIT



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