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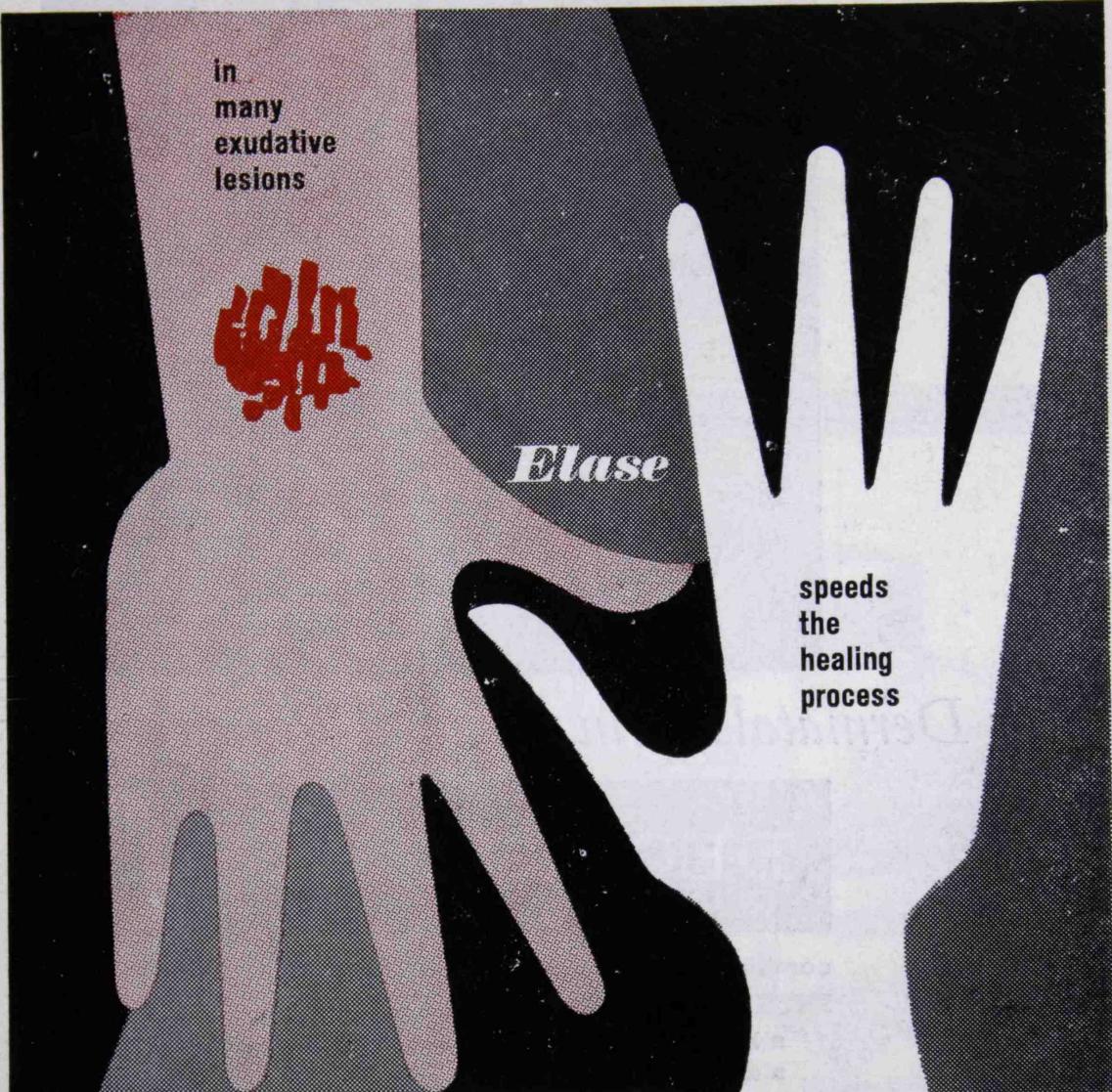
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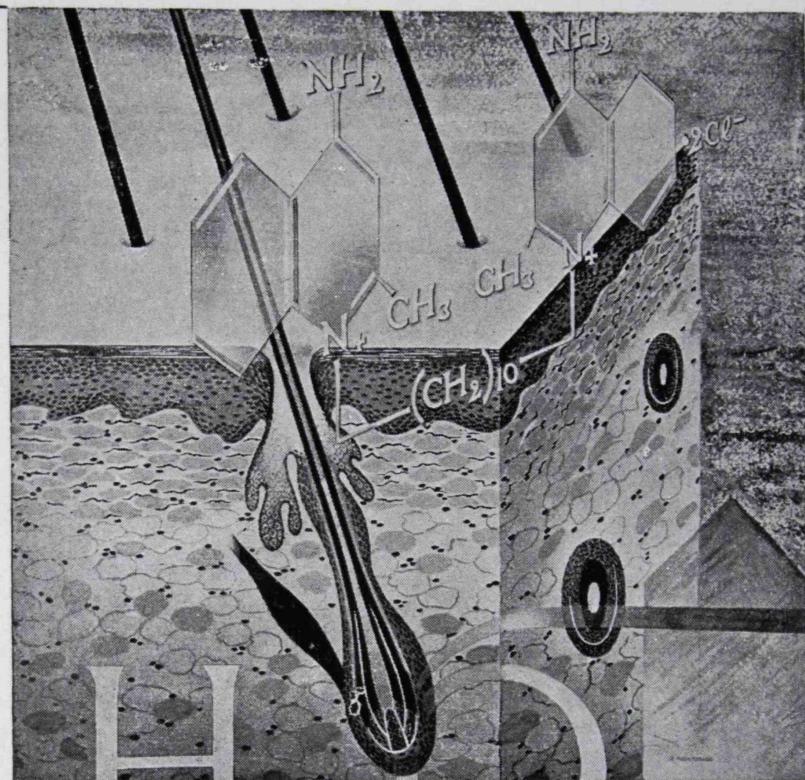
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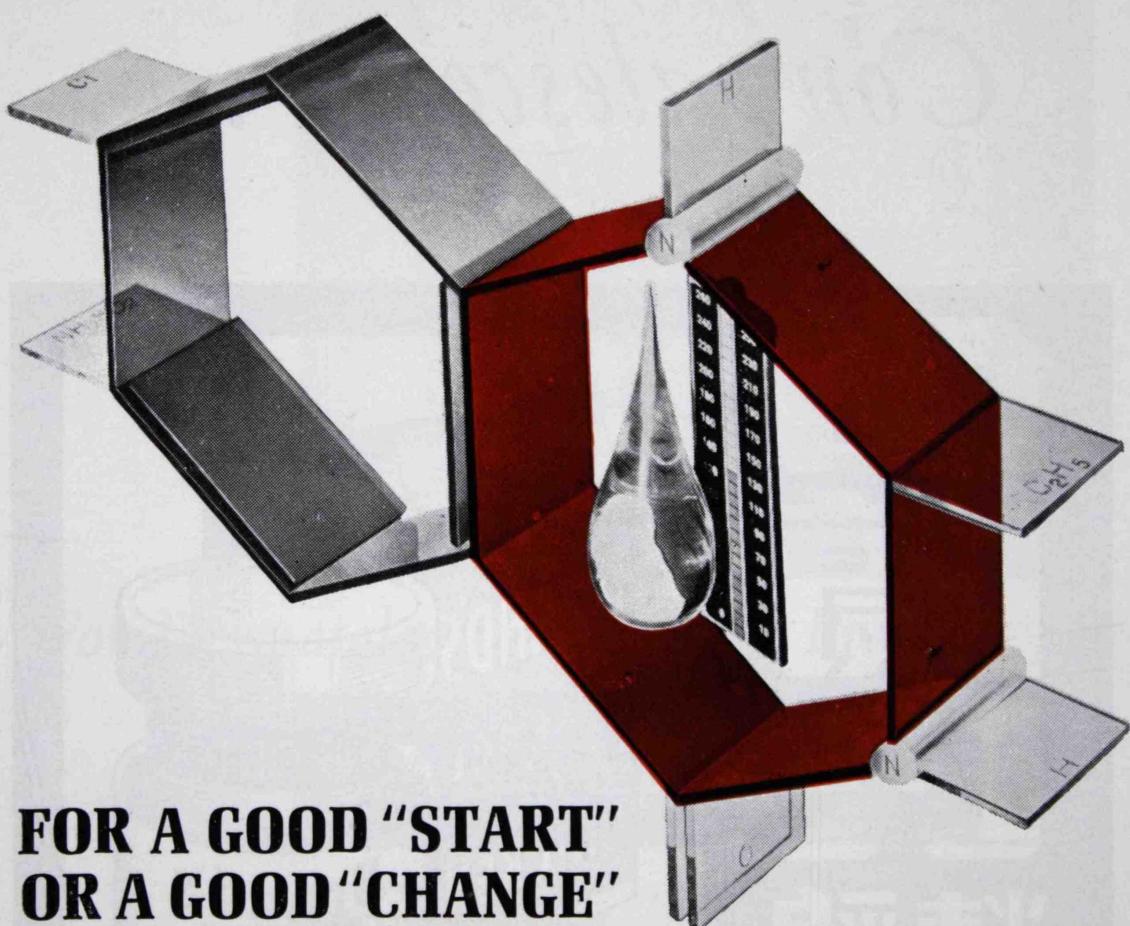
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*Journal of the Hong Kong University Medical Society*

## PRINCIPAL CONTENTS

	<i>Page</i>
Parking Meters and The Future	5
Child Growth and Development	7
Are you logical?	21
Death	22
The First Professional	29
Moment Musicale	INSERT
On Studying Efficiently	31
Medical Society Annual Report (1962-63)	36
死鼠行	39
Dead Rats Poem	40
Daffy Definitions	41
Farewell Party to Professor F. E. Stock	43
Chemical Analysis of Woman	46
Elixir	49
After The 1st M.B.	51
Reflections from a Mortuary	54
Random Reflections of Schidem	56
How To Pass Examinations	58
News from the Gazette	60

*The opinions or assertions contained herein are the private ones of the writers and are not to be construed as reflecting the views of the Medical Society, Faculty of Medicine or the University at large.*

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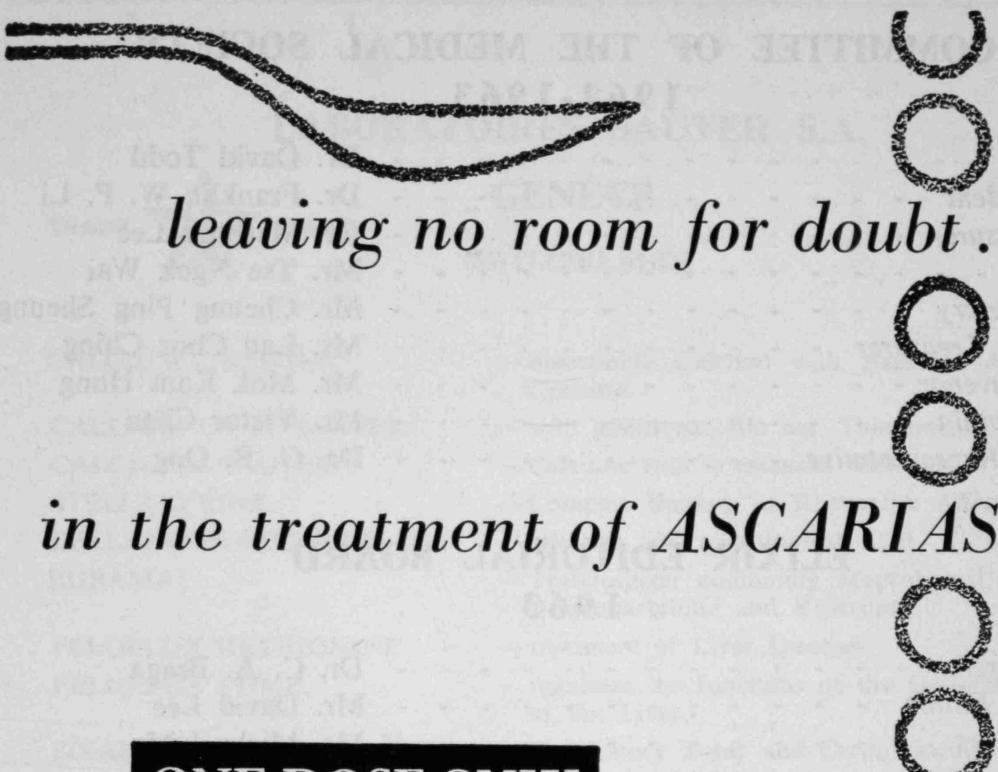
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# PARKING METERS AND THE FUTURE

*An address by the Chairman of Hitler Machines Inc. to the Annual General Meeting of the Company, 1974.*

Gentlemen. It is with great pleasure and indeed with pride that I rise today to report on the year's progress and achievements of our great enterprise. The bare facts, figures, and statistics as printed in the Annual Report speak for themselves, but impressive as they are, they do not do justice to the greatness of our work and its magnificent contribution to human progress. It is my duty and my pleasure to enlarge upon those facts and to point the way to even greater achievements in the years to come.

This year saw the opening of our new Parking Meter Factory—the largest in the world—a thousand acres of flourishing enterprise employing no less than one quarter of the adult population of this great and prosperous city. This, my friends, we can all read in the report. But there we find no mention of the countless millions our enterprise indirectly employs. The Hitler Mark IV Parkmeter has an estimated half-life period of three years and of these we aim to produce no less than one million a day. Think of the transport involved, of the technicians employed to service those machines and the even greater numbers required to adjust or replace them as the imposition of higher fees or different methods of payment for space renders existing machines obsolete.

But that, impressive though it may be, is not all. Believe me, it is no exaggeration to claim that our industry has almost doubled the police forces in a hundred countries. Think also of the vast armies of clerks and government officials, the paper manufacturers, the printers of parking tickets and official forms, and countless others whose employment depends upon our enterprise. We have indeed contributed in no small way to the full employment and prosperity which modern society enjoys.

Yes, we can indeed be proud of our achievements and look with pride upon this new factory, this noble edifice, this

monument to progress which stands where, only two years ago, meadows and fields echoed to the undisciplined call of wild birds, those symbols of anarchy so beloved by reactionary poets and dreamers. Do you realise, gentlemen, that this land upon which our factory now stands once gave employment to less than twenty men? These men, once slaves to the plough and the elements, are now more profitably employed on our assembly lines or as traffic wardens in the new satellite town which our factory has brought into being. Now, these same men who once, and in all weathers, trudged the primitive environment of their cottage and field existence can drive with pride and dignity in their own cars for mile upon mile of one-way streets, flanked on either side by the familiar faces of our own parkmeters.

But enough of material progress, glorious though it is! Let us not neglect the psychological aspects of our mission. For this I would recommend you all to read that excellent treatise by our works psychologist, Dr. Schadenfreude. In his book, Dr. Schadenfreude clearly explains how the development and extending use of parking meters is of inestimable value in conditioning man to accept the authority of the machine and thus welcome his destiny of submission to the machinery of law and state.

And now, gentlemen, may I request you all to rise and observe a minute's silence in memory of the late Dr. Frankenstein, our Director of the Research Department, who gave his life in the service of the Company. He perished in his beloved laboratory while experimenting with the prototype of a new Parkmeter which was designed to immobilise a parked car automatically at the precise moment when the prepaid parking time expired, and thus ensure that an unscrupulous motorist could not remove his car in the interval, however short, between the expiry of his time

and the arrival of a warden or policeman with a parking ticket. Such devoted service to progress should not go unrecognised and the Company has agreed to dedicate a shrine to his memory with metered space all around it, the proceeds to go to his crippled widow who, as you know, was injured in a car accident while participating in one of his earlier experiments.

And now to more joyous matters — to the bright prospects of the future. There are still some smaller towns and villages, even in this enlightened age, where trees disfigure the roadsides, where cars are actually allowed to wait outside the shops or in front of houses and free car parks are provided. We must strive unceasingly to abolish these centres of anarchy and to discredit those enemies of progress who claim that it is reasonable for a car to stop occasionally provided that it does not cause obstruction.

And then, gentlemen, why should we think only of cars? What of pedestrians? Why should a man or woman be allowed to stand and monopolise four or more square feet of public space, worth thousands of dollars a square foot, while gazing in a shop window, waiting for a bus, or watching a procession? Why should the state subsidise individuals in

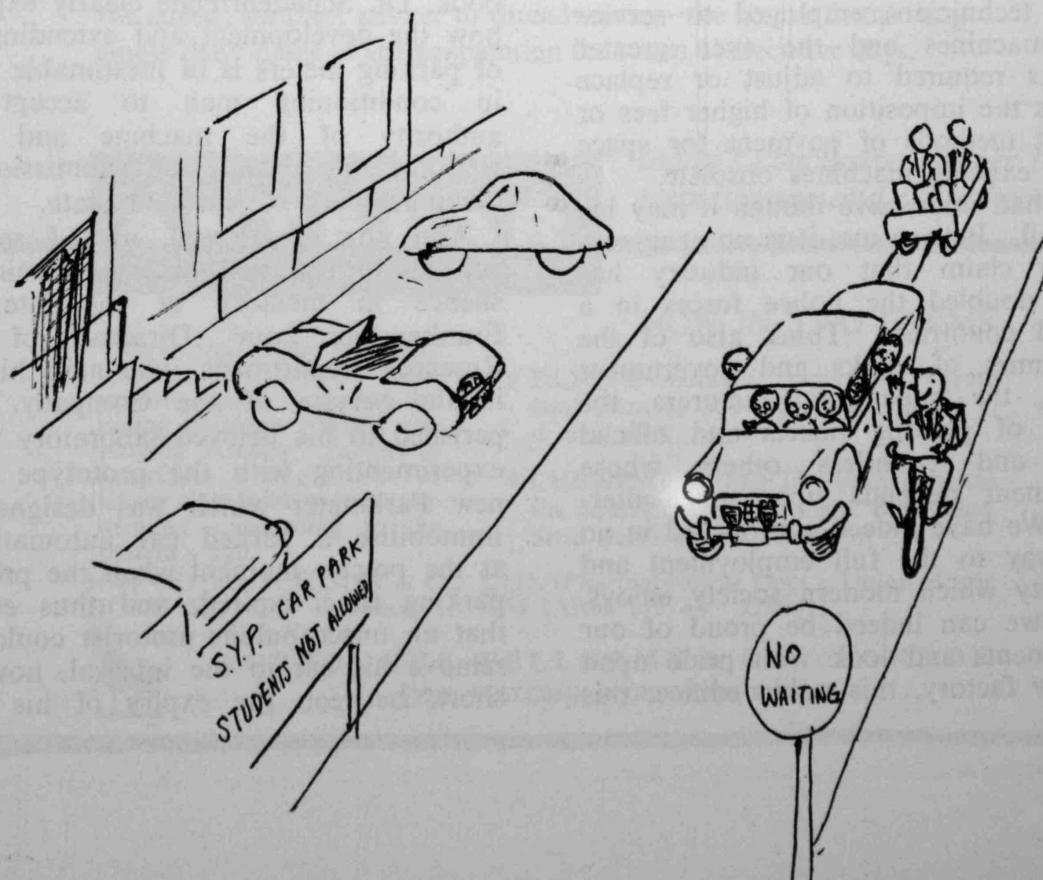
this way? There is only one answer. Parking meters for pedestrians! Then, there are the beaches, where reclining bathers can with impunity monopolise as much as twelve square feet of state-owned sand. We must urge that meters be installed upon the beaches. Did I hear a murmur of dissent? If so, remember that these are the very same arguments that were used and which we vigorously supported against free parking for motorists.

Then let us turn to the rivers and the sea. Think of all the bays and creeks where boats are free to drop anchor without payment. We have the answer in our new Bligh Mark I meter Buoy, which automatically slips the cable and sets the boat adrift when the prepaid time expires.

Now, man has landed successfully on the moon and will soon land on the planets. I leave it to your imagination, gentlemen. There is no limit to our enterprise.

Lastly, I am proud to mention that the Company has its charitable side and once again has donated ten million dollars towards the building of yet a new mental hospital and psychiatric clinic.

Thankyou, gentlemen.



# CHILD GROWTH AND DEVELOPMENT

Presidential Address

By Dr. Marjorie M. C. Lee, Senior Lecturer, Department of Anatomy

Delivered on 9th April, 1964

The teaching of anatomy usually includes, among other things, embryology or developmental anatomy which describes the progress of an individual through its intrauterine life, and then the course of gross anatomy which deals mainly with the structure and function of the adult. The time taken by a newborn infant to become a mature adult is the most important period of growth and development which is unfortunately not included in the curriculum of the teaching of anatomy. The whole period occupies one quarter to one-third of one's total life span. Any disturbance or interference with growth during this period may have permanent effect on the physique and health of the adult.

Growth and development, though usually mentioned together, have different implications. "Growth" means change in size, usually increase in size, resulting from hyperplasia and/or hypertrophy of cells or increase of intercellular substances, while "development" refers to the process of obtaining maturity in both structure and function. Development is usually associated with growth, but not always so, like the cerebrum which continues to differentiate and mature for many years after the brain has ceased to increase in size.

In order to do proper assessment of the progress of a child in a certain community, we must have adequate knowledge of how the normal children in that area grow and develop, that is to say, we must have "norms" or "normal standards" which include quantitative data serving as yardsticks, and also qualitative information on normal pattern of change towards maturity. Deviation from the norm such as delayed growth, over-growth or disproportionate growth

may indicate faulty nutrition either in the form of under or over nourishment, or diseases such as presence of infection, parasitic infestation, organic or functional disorders, metabolic disturbances, hyper or hypo function of endocrine glands. These deviations may require prompt intervention.

There are two methods for the study of child growth and development: the cross-sectional and the longitudinal studies. In a cross-sectional study, the child is measured and investigated only once: the dimensions at a certain age are the averages of a large number of children. These averages may be quite valid because the large samples would take care of individual variations. In a longitudinal study, theoretically a child should be measured at every birthday from birth to maturity—a much smaller number of children would be enough to get the desired information. Cross-sectional studies can be done very quickly and are obviously cheaper; within a short duration, a team can measure enough samples in order to obtain a general understanding of children of various age levels in a population. On the other hand, a longitudinal study requires many years for collecting data—it is slow and painstaking. It has, however, certain advantages because it can provide some valuable information which the cross-sectional study cannot give in a reliable manner, such as the variability of individual growth pattern, adult size prediction, and influences of certain factors on the various aspects of growth etc.

Let us illustrate growth curves in stature (1) Distance curve, where height is recorded for each year of age. For the first two years, the infant has to be measured supine, because it cannot stand

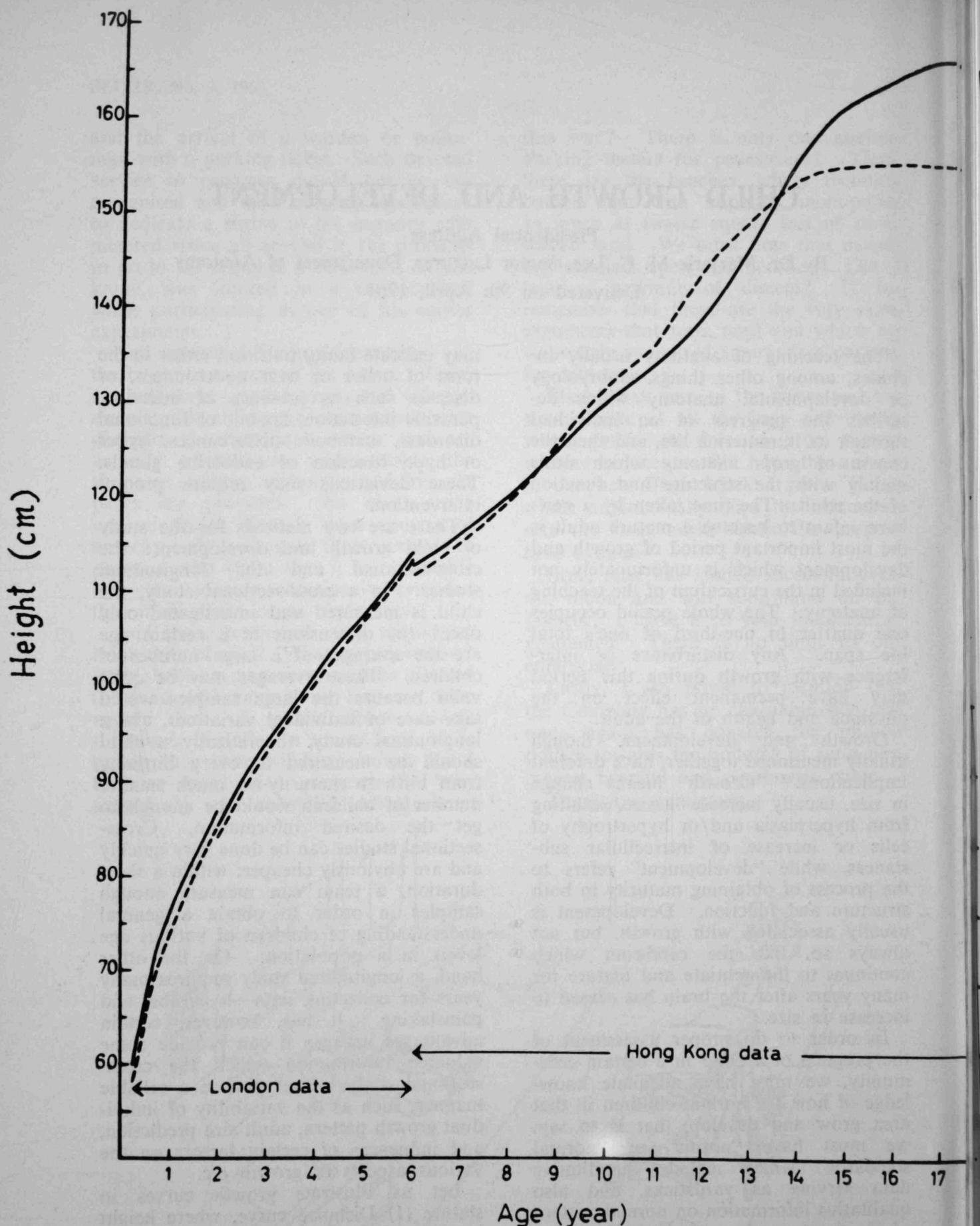


FIGURE 1 — Distance curve of height of boys and girls at various age levels. The first five years based on London data (prepared by J. M. Tanner and R. H. Whitehouse, University of London, Institute of Child Health), age six to eighteen years based on Hong Kong data (1962). of the first two years are supine length, all the older age groups are standing height. (Solid line — male, interrupted line — female)

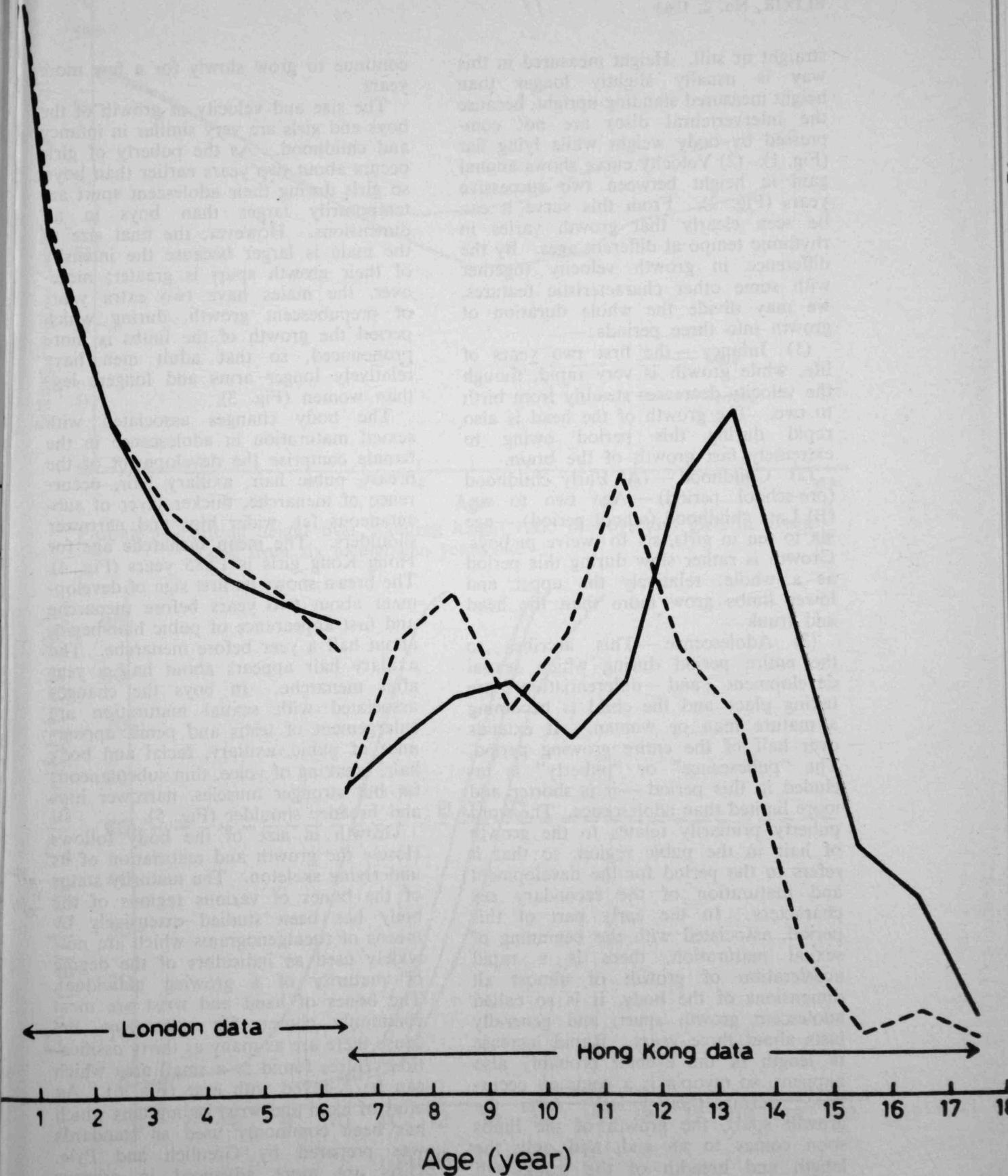


FIGURE 2—Velocity curve (annual gain) of height of boys and girls at various age levels. First five years, London data; six to eighteen years, Hong Kong data (1962). (Solid line—male, interrupted line—female)

straight or still. Height measured in this way is usually slightly longer than height measured standing upright, because the intervertebral discs are not compressed by body weight while lying flat (Fig. 1). (2) Velocity curve shows annual gain in height between two successive years (Fig. 2). From this curve it can be seen clearly that growth varies in rhythmic tempo at different ages. By the difference in growth velocity together with some other characteristic features, we may divide the whole duration of growth into three periods:—

(1) Infancy—the first two years of life, while growth is very rapid, though the velocity decreases steadily from birth to two. The growth of the head is also rapid during this period owing to extremely fast growth of the brain.

(2) Childhood—(A) Early childhood (pre-school period)—Age two to six. (B) Late childhood (school period)—age six to ten in girls, six to twelve in boys. Growth is rather slow during this period as a whole; relatively the upper and lower limbs grow more than the head and trunk.

(3) Adolescence—This ascribes to the entire period during which sexual development and differentiation are taking place and the child is becoming a mature man or woman. It extends over half of the entire growing period. The "pubescence" or "puberty" is included in this period—it is shorter and more limited than adolescence. The word puberty primarily relates to the growth of hair in the pubic region, so that it refers to the period for the development and maturation of the secondary sex characters. In the early part of this period, associated with the beginning of sexual maturation, there is a rapid acceleration of growth of almost all dimensions of the body, it is so called adolescent growth spurt, and generally lasts about three years. Rapid increase in length of the eyeball probably also happens, so myopia is a common occurrence during this period. After the growth spurt, the growth of the limbs soon comes to an end, and only the length and breadth of the trunk will

continue to grow slowly for a few more years.

The size and velocity of growth of the boys and girls are very similar in infancy and childhood. As the puberty of girls occurs about two years earlier than boys, so girls during their adolescent spurt are temporarily larger than boys in all dimensions. However, the final size of the male is larger because the intensity of their growth spurt is greater; moreover, the males have two extra years of prepubescent growth, during which period the growth of the limbs is more pronounced, so that adult men have relatively longer arms and longer legs than women (Fig. 3).

The body changes associated with sexual maturation in adolescence in the female comprise the development of the breast, pubic hair, axillary hair, occurrence of menarche, thicker layer of subcutaneous fat, wider hips and narrower shoulders. The mean menarche age for Hong Kong girls is 12.85 years (Fig. 4). The breast shows its first sign of development about two years before menarche and first appearance of pubic hair begins about half a year before menarche. The axillary hair appears about half a year after menarche. In boys the changes associated with sexual maturation are enlargement of testis and penis, appearance of pubic, axillary, facial and body hair, breaking of voice, thin subcutaneous fat but stronger muscles, narrower hips and broader shoulder (Fig. 5).

Growth in size of the body follows closely the growth and maturation of its underlying skeleton. The maturity status of the bones of various regions of the body has been studied extensively by means of roentgenograms which are now widely used as indicators of the degree of maturity of a growing individual. The bones of hand and wrist are most commonly chosen for assessment, because there are as many as thirty ossification centres found in a small area which can be X-rayed with ease (Fig. 6). An atlas of hand and wrist radiograms which has been commonly used as standards was prepared by Greulich and Pyle. Girls are more advanced in osseous

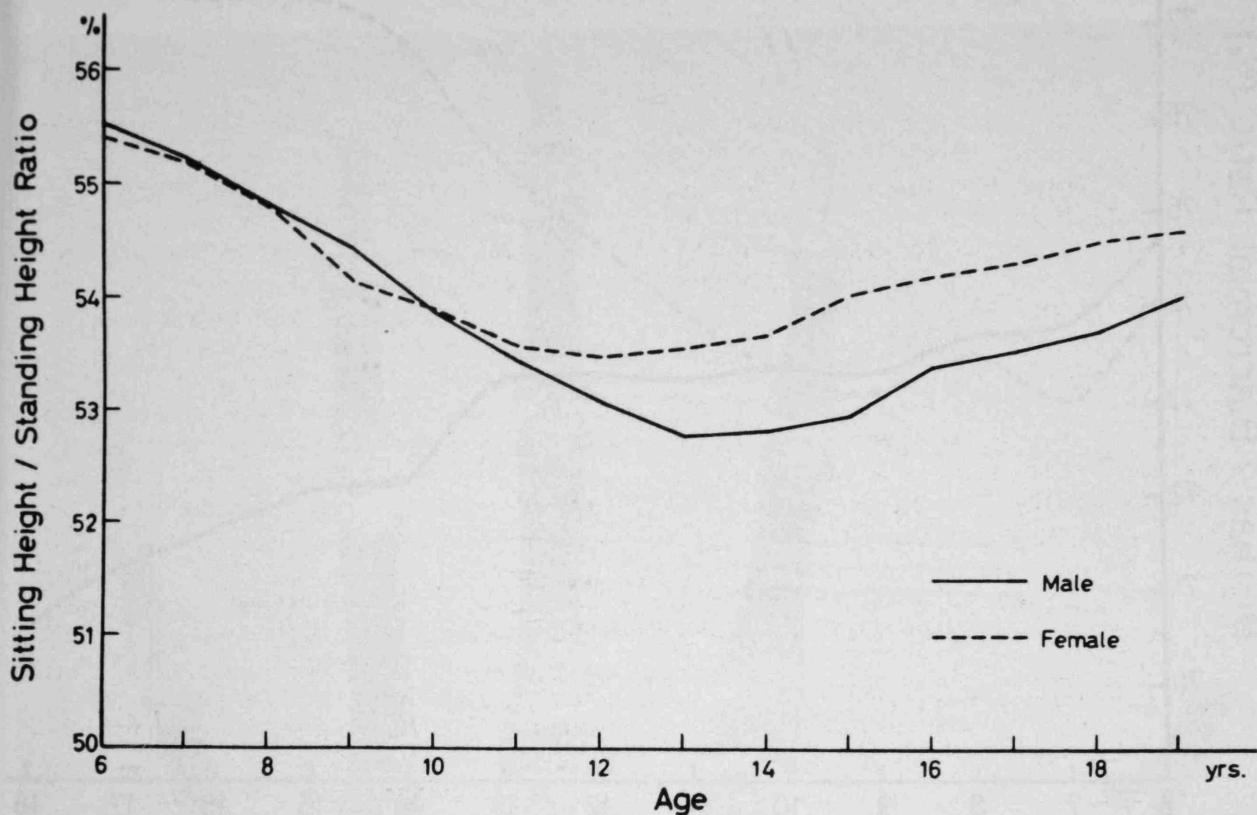


FIGURE 3—Sitting height over standing height ratio of boys and girls in Hong Kong from six to eighteen years old.

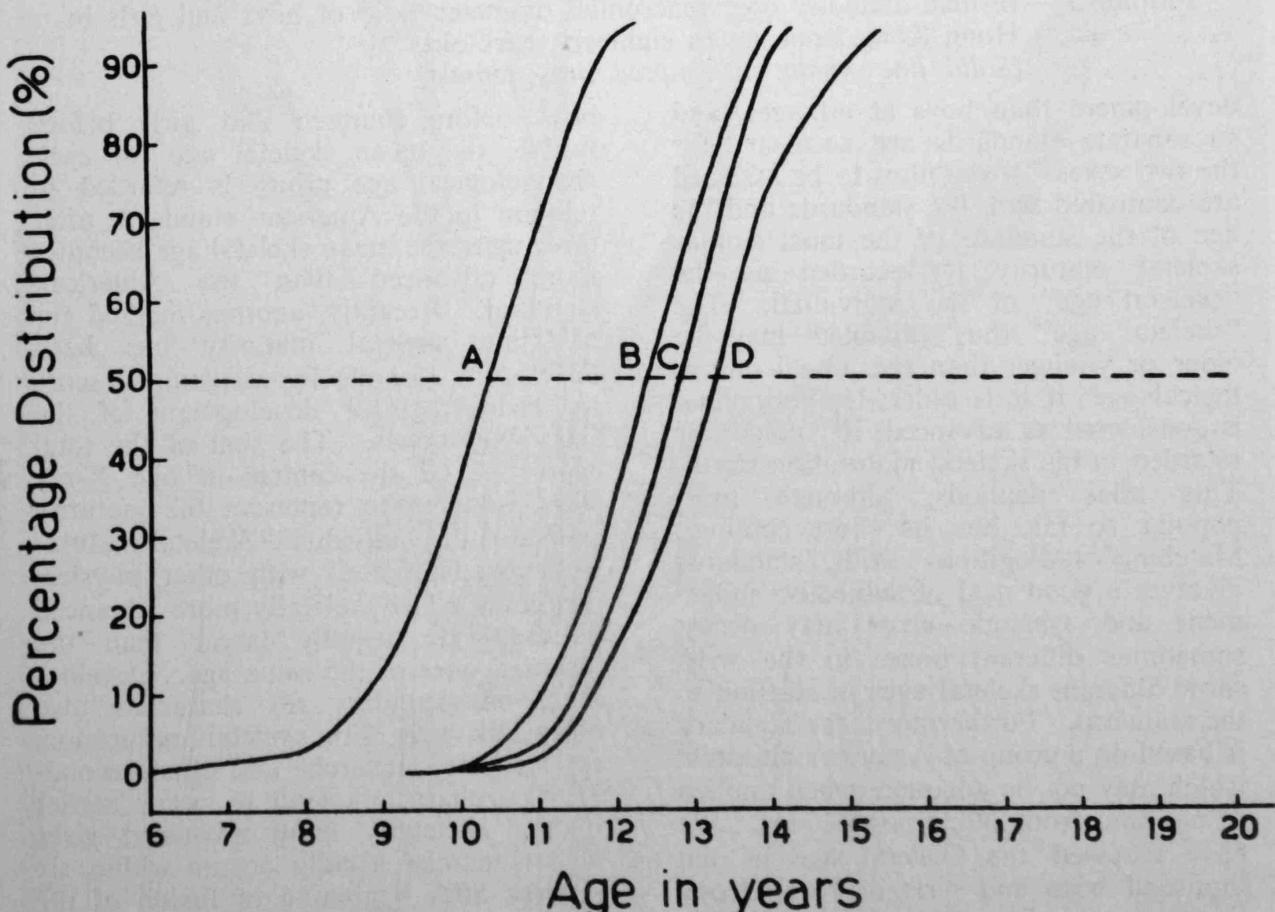


FIGURE 4—Percentage distribution of ages at (A) first sign of breast development, (B) first appearance of pubic hair, (C) menarche, and (D) first appearance of axillary hair in girls of Hong Kong.

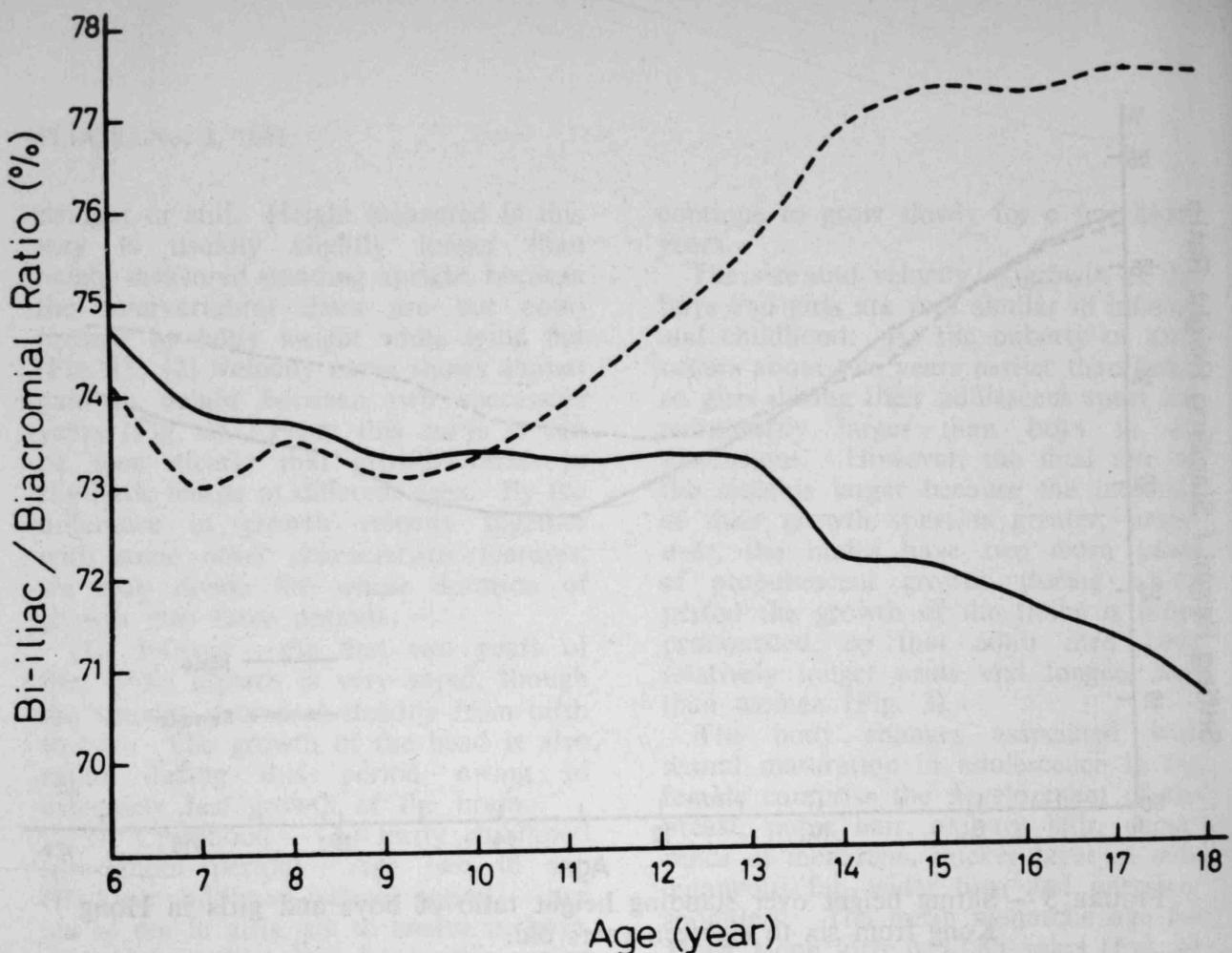


FIGURE 5 — Bi-iliac diameter over biacromial diameter ratio of boys and girls in Hong Kong from six to eighteen years old.  
(Solid line—male, interrupted line—female)

development than boys at all ages, and so separate standards are necessary for the two sexes. X-ray films to be assessed are compared with the standards and the age of the standard of the most similar skeletal maturity is recorded as the "skeletal age" of the individual. The "skeletal age" thus obtained may be older or younger than the actual chronological age; if it is older, the individual is considered as advanced, if younger, as retarded in his skeletal maturation status. This atlas methods, although most popular so far, has its short comings. Matching radiographs with standards involves a good deal of subjective judgement and systemic error may occur; sometimes different bones in the wrist show different skeletal ages in relation to the standard. Furthermore, the standard is based on a group of American children, which may not be adequate when applied to children from other populations. We have assessed the skeletal age of ten thousand boys and girls in Hong Kong from six to eighteen years old according to Greulich and Pyle atlas (Fig. 7). For

boys before fourteen and girls before twelve, the mean skeletal age for each chronological age group is retarded in relation to the American standard; after these ages, the mean skeletal age becomes more advanced than the American standard. Recently, another method for assessing skeletal maturity has been developed, it is done by assigning a score to each stage of development of the individual bones. The sum of the total scores of all the centres in one X-ray film is taken to represent the maturity points of the individual. Skeletal maturation correlates well with other physical attributes. The skeletally more advanced children are usually larger than the retarded ones of the same age. Development of secondary sex characters also correlates well with skeletal maturation, for instance, menarche and other secondary sex characters tend to occur earlier in the skeletally more advanced girls, also menarche usually occurs within six months after beginning of fusion of the epiphysis and diaphysis in the distal phalanx of the second finger.

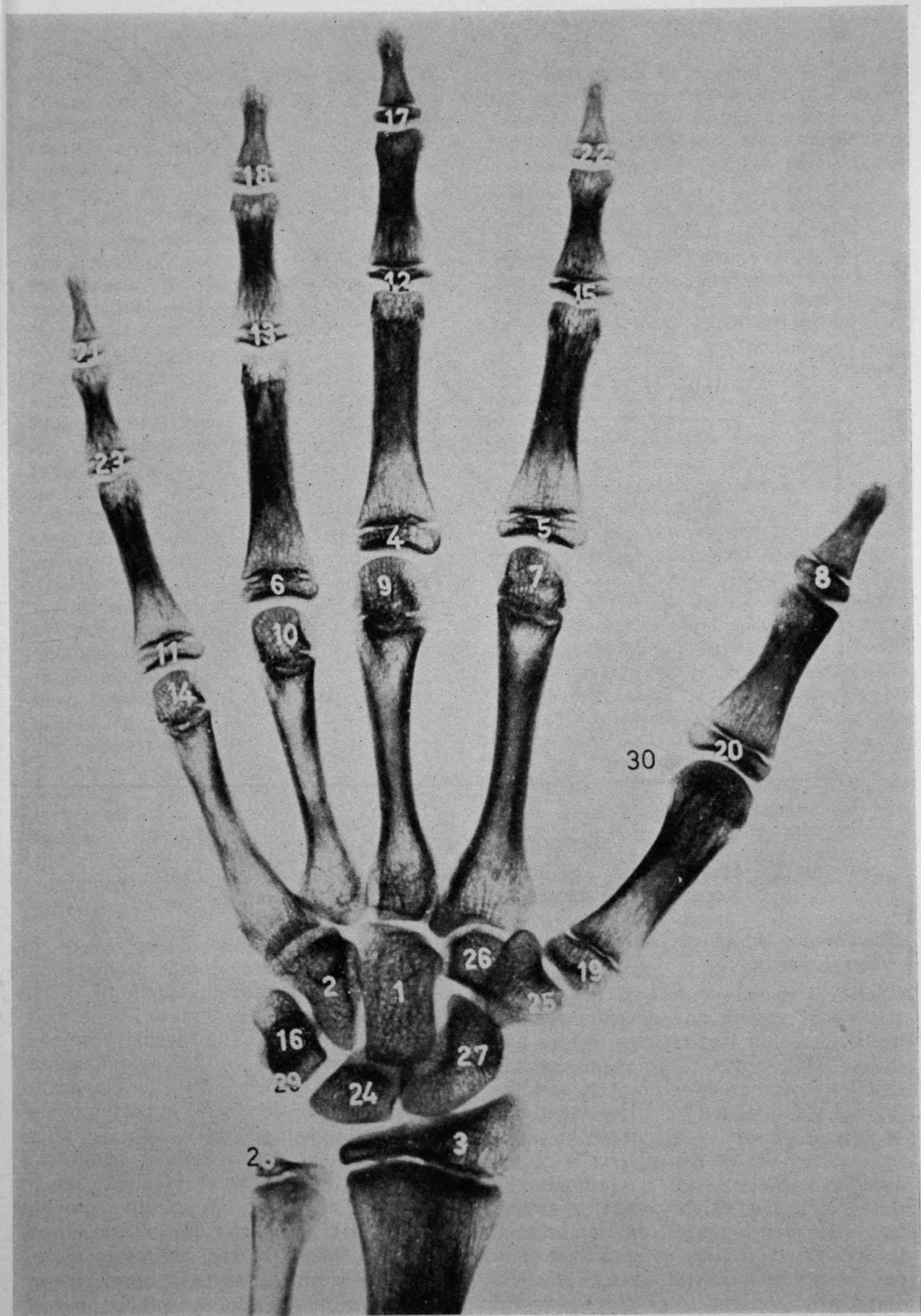


FIGURE 6—X-ray film of the left hand and wrist showing the sequence of appearance of the thirty ossification centers.

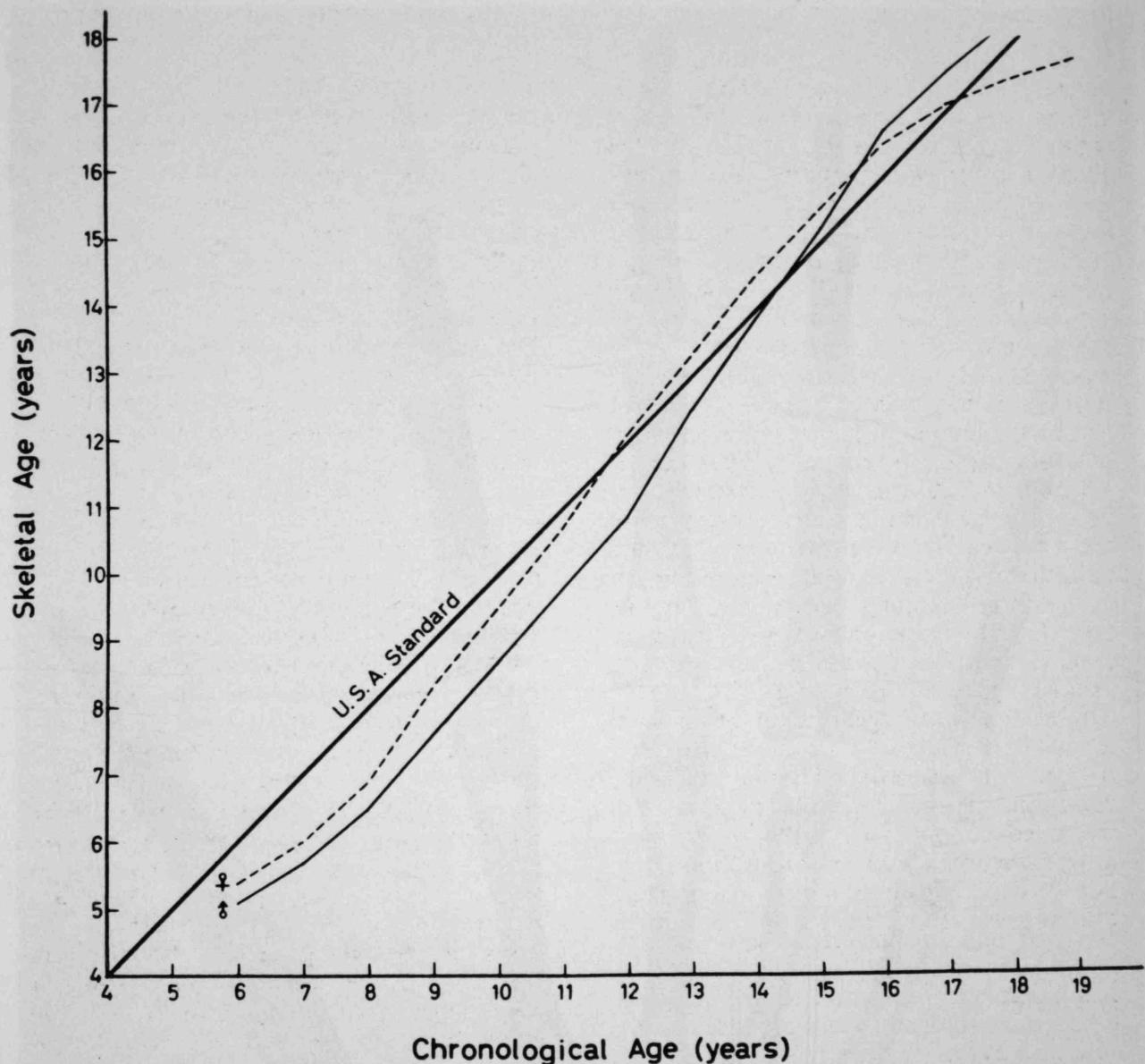


FIGURE 7—Mean skeletal age of the hand and wrist of boys and girls in Hong Kong assessed according to Greulich and Pyle atlas.

#### *Hormonal Control of Growth and Development*

The hormonal control of the normal process of growth and development can be divided into two phases: before and during adolescence. During infancy and childhood, the anterior pituitary and the thyroid gland play a very important role in normal growth. The growth hormone secreted by the eosinophilic cells of the anterior pituitary is a protoplasmic anabolic agent which promotes growth but not development or maturation. Excess of it results in gigantism and deficiency results in dwarfism. The effect of growth hormone is on the epiphyseal

cartilage of the long bones where it stimulates excessive cellular proliferation resulting in increase in length of bone. It also affects the membranous bone such as the mandible. The thyroid hormone is also essential in the maintenance of normal growth and development. Children suffering from hypothyroidism or young experimental animals after thyroidectomy show severe stunt in growth, their skeletal age is much retarded, and there is defective growth in length of the shafts of the long bones and the failure of the sutures to close. The influence of thyroid hormone on growth is probably not specific, but a

result of the influence on general metabolism of the body. The thyroid is incapable of stimulating growth in the absence of growth hormone, and hyperthyroidism in the growing period does not cause advancement of growth.

The growth and maturational changes during adolescence are mainly the resultant action of the ovarian oestrogen in the female, or the testosterone in the male and adrenal oestrogen and adrenal steroids in both sexes. About two years before the onset of puberty, the anterior pituitary begins to secrete gonadotrophins which stimulate the growth and maturation of testes and ovaries. Very soon the females show development of the breast, implying that oestrogen has begun its function. Among normal boys at this prepubertal period, about two-thirds of them (according to English record) show similar changes, they may also have definite breast enlargement though limited to the bud stage. These boys also tend to put on excessive amount of subcutaneous fat which is described as the prepubescent fat spurt; they may also have large hips and feminine configuration of legs. All these feminine phenomena are believed to be caused by the adrenal oestrogen secretion; they last usually only for a year or two and gradually tapers off when their androgen function becomes prominent. Growth of the pubic, axillary, facial and body hair is stimulated by androgens from both the adrenal and the testis. Oestrogen does not cause any hair growth, female patients with agenesis of ovary may still develop pubic hair. The differential appearance of hair at pubes, axilla and face may be explained by difference in local threshold to stimulation, coupled with a predilection of hair at each site for either testicular or adrenal hormone. On this hypothesis, the skin of the pubes has the lowest threshold and responds to the small amount of androgen secreted by the adrenal in both men and women early in puberty. The axillary hair, having a somewhat higher threshold, develops later. The facial and body hair have still higher threshold and more pronounced preference for testosterone.

The absence of facial and body hair in the female is only relative, for in hirsutic women and also female sufferers of Cushing's syndrome may develop varying amount of beard as well as hair on the chest and the legs.

The general growth spurt takes place in the early phase of adolescence. Oestrogen is ruled out as an element in the spurt because oestrogen has been proved to be incapable of causing bone or muscle growth. Both adrenal androgen and testosterone are protein-anabolic agents, which tend to promote growth, and it has been found that there is an undoubted increase in excretion of adrenal androgens in both sexes that may be counted as the chief element responsible for the growth spurt. The additional testosterone present in the male may account for the greater intensity of their growth spurts. The possibility of increased growth hormone secretion from the pituitary during the adolescent spurt can not be ruled out. The dimensions, particularly the depth of the sella turcica undergo a considerable adolescent spurt, suggesting a rapid increase in size of the pituitary gland. There are at present no satisfactory methods for assaying circulating growth hormone in the body. The cause of the ending of long bone growth by closure of the epiphyses may be due to cessation of growth hormone secretion in addition to the prolonged action of oestrogens and androgens.

#### *Factors Affecting Growth and Development*

Genetic and Racial Influence — Tall parents tend to have tall offsprings. Caucasian children tend to be taller than Japanese children. When the growth data of Hong Kong children is compared with that of London children, our children are not much shorter during childhood, but they become definitely shorter in the late adolescent years. It seems that is due mainly to our children ceasing to grow at earlier ages, or in other words, they have a shorter growth period. Compared with American children, Hong Kong children have greater sitting height

over standing height index, that is to say, Hong Kong children have relatively shorter legs.

**Socio-economic Background and Nutritional Influence**—Children from families of the high socio-economic classes are usually taller, heavier and they mature at earlier ages than children from low classes. The main effect is on the rate of growth: the children of the well-off classes reach maturation at earlier ages, so that the difference in adult size is less pronounced between classes. The causes for the socio-economic differential are many. Nutritional factor is certainly an important one. Insufficient and inadequate food supply, whether a deficiency of particular vitamins or minerals or of general calorie intake, may produce marked interference on growth and maturation.

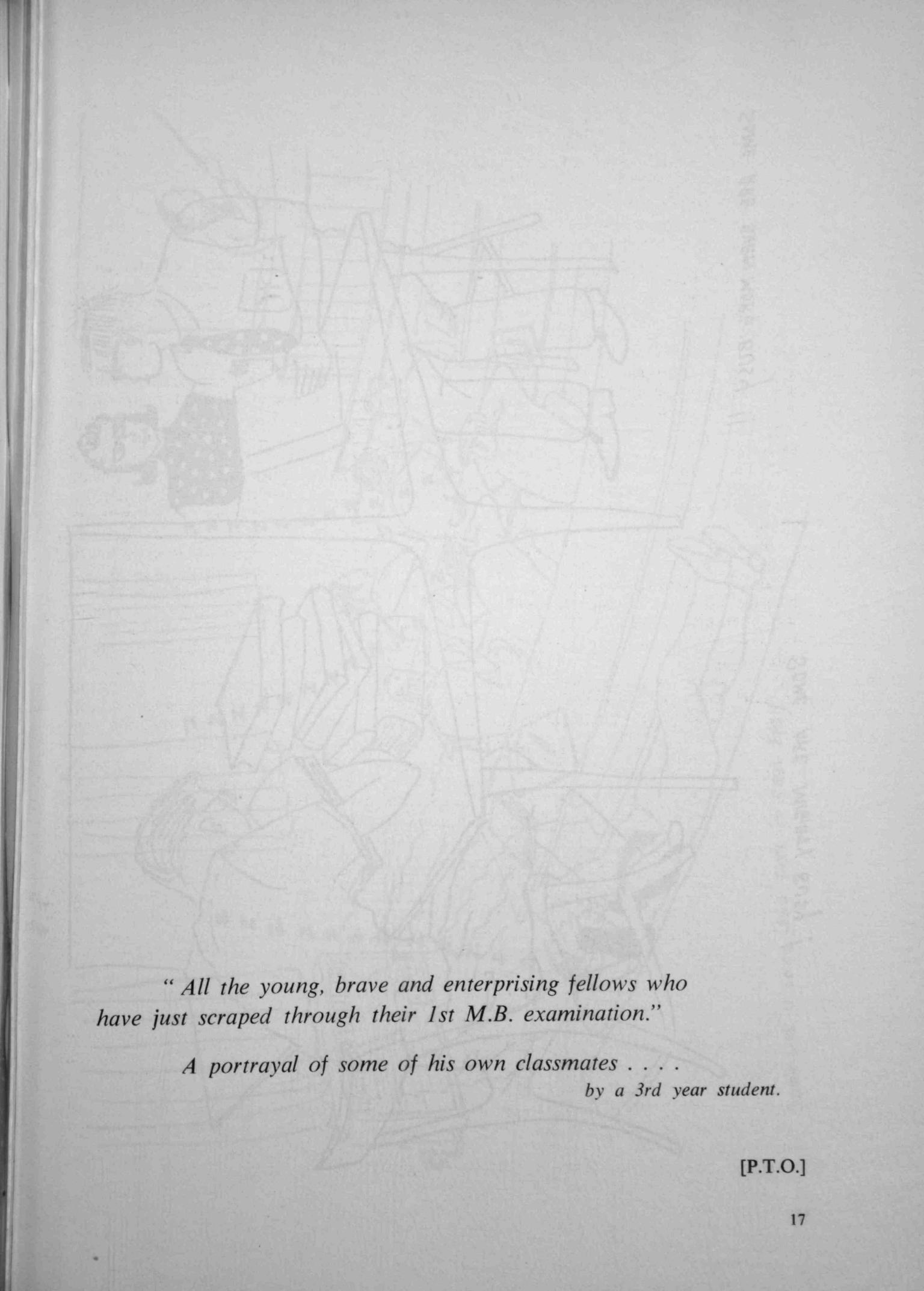
**Seasonal and Climatic Influence**—A seasonal rhythm in growth is frequently observed. Growth in height is on the average fastest in spring and growth in weight fastest in autumn. Climate seems to have a very minor effect on overall rate of growth. Difference in growth data among people living in different climatic areas are generally regarded as due to racial and nutritional influence. Girls from tropical Africa have identical menarche age as Alaskan Eskimo girls, while girls from different socio-economic classes of the same population usually have statistically significant differences in their menarche ages.

**Effect of Illness on Growth**—Generally, illness of minor severity and relatively short duration such as measles, influenza, bronchitis, tonsilitis and pneumonia would not cause demonstrably bad effect on growth. A group of three-year-old children were investigated by pediatricians; those who had no attack of pneumonia and bronchitis in their three years of life show no difference in growth from those who had one, two or three attacks, but those with four or more attacks averaged approximately one inch shorter. During a major illness, growth and maturation may both slow down. The degree to which this occurs is frequently a good index of the severity of

the illness, and may be a help in prognosis. When recovery takes place a 'catch-up' period of growth ensues, during which growth may proceed at as much as twice its normal rate for the age concerned.

**Secular Change in Growth and Development**—The term secular is derived from the Latin word 'saeculum' meaning generation. It has been noticed that during the last one hundred years, there has been a striking tendency for children to become taller and heavier than before and also to attain physical maturity at earlier ages. This change is seen in all parts of the world where growth data of the past are available. Even without reference records, people have noticed by observation and comparison that the younger generation tends to grow bigger and mature earlier than their parents. The secular change is more pronounced in the earlier attainment of puberty and faster growth rate during childhood, while the increase in adult size is also present but relatively less. The cause for the secular trend is claimed to be better nutrition, improved environments and improved medical care etc. Up to the present the trend seems still going on.

Finally, we may say that the study on child growth and development is basic to a clear understanding on the conditions of the children as well as the adults of the local population; it provides essential information for both pediatrics and public health. Establishment of norms, patterns and variabilities of growth would supply us indicators for health or disease. Based on the growth data, prediction of adult height and weight from the values at a given age may be possible. As research works are carried on, we would expect to have a better understanding on the various factors which control and influence the growth process. Our eventual interest and hope, of course, is not only to know and foretell the growth process, but we would like to try to apply our knowledge in order to modify growth, so that we might be able to attain the exact growth speed, final size and right proportion of physique in our offsprings as we desire.



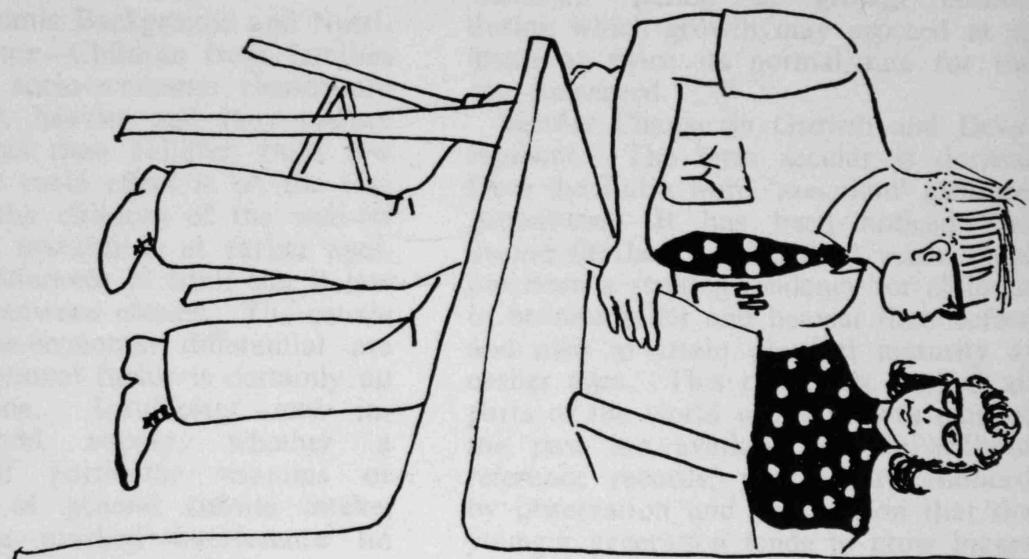
*"All the young, brave and enterprising fellows who  
have just scraped through their 1st M.B. examination."*

*A portrayal of some of his own classmates . . . .*

*by a 3rd year student.*

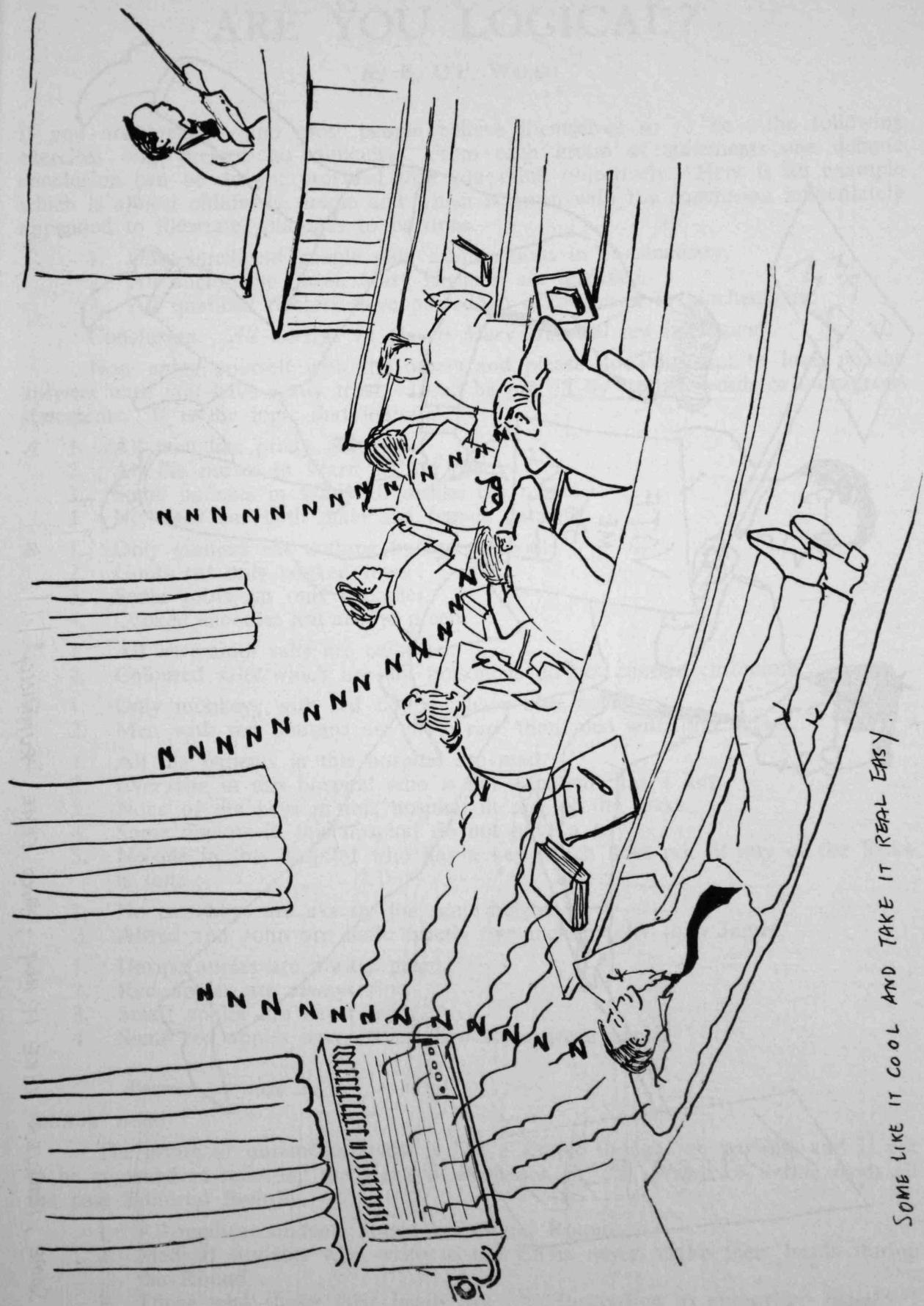
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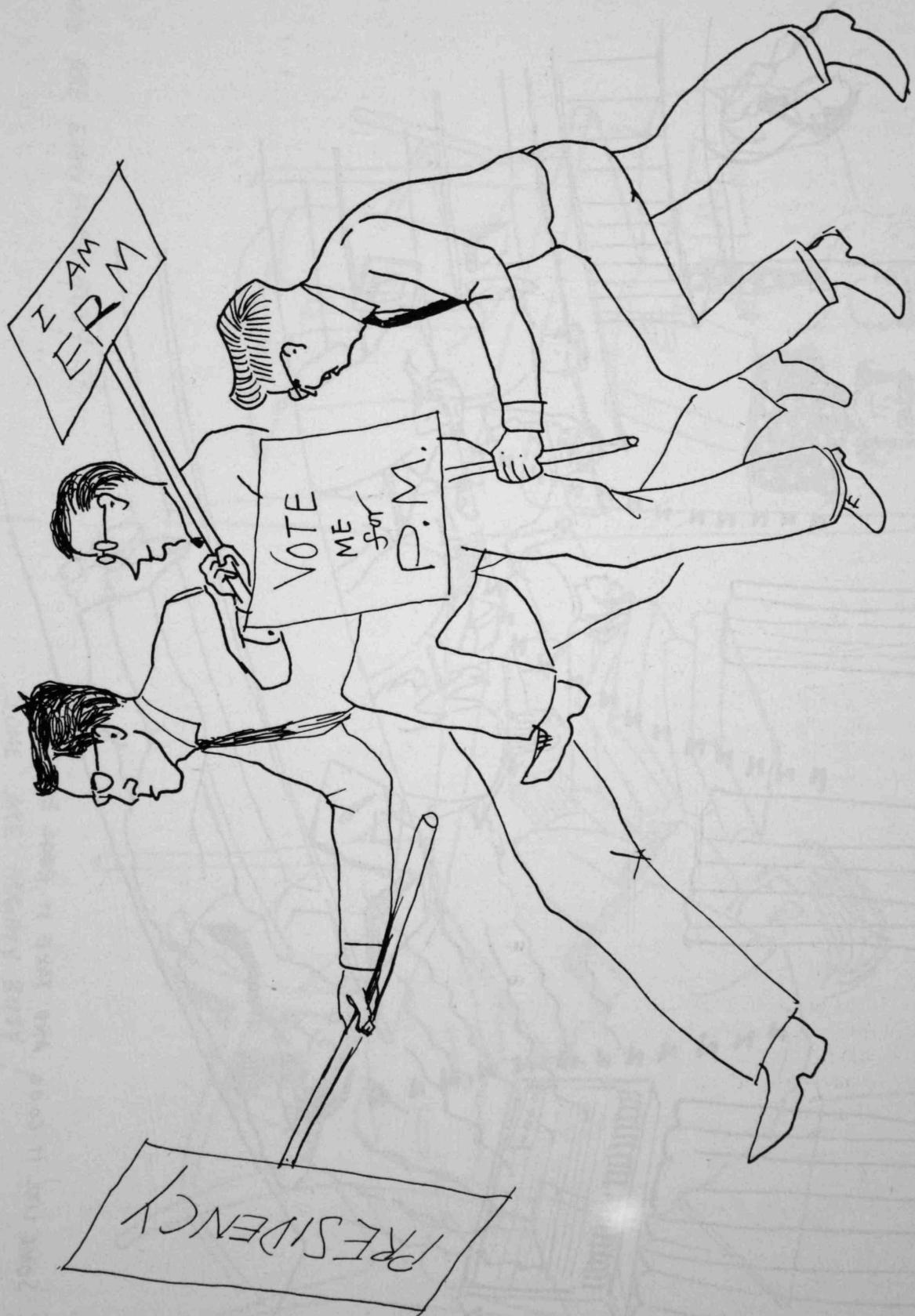
SOME ARE EVEN MORE BUSY !!



SOME ARE MIGHTY BUSY !







SOME, HOWEVER, LIKE IT HOT; AND COME "RUNNING".

# ARE YOU LOGICAL?

By E. O'F. WALSH

If you are logical—and most people believe themselves so to be—the following exercises will present no difficulty. From each group of statements one definite conclusion can be drawn, provided that you think objectively. Here is an example which is almost childishly simple and which is given with the conclusion immediately appended to illustrate what has to be done.

1. Only intelligent people pass examinations in biochemistry.
2. All doctors in Queen Mary Hospital are qualified.
3. All qualified doctors have passed an examination in biochemistry.

Conclusion: *All doctors in Queen Mary Hospital are intelligent.*

Now enjoy yourself with the others and please don't attempt to look up the answers until you have really tried. Don't be put off by strange words or outrageous statements. It is the logic that matters!

**A** 1. All men like pretty girls.  
2. All the nurses in Ward 10 are pretty.  
3. Some patients in Ward 10 dislike the nurses.  
4. No ward has both male and female patients.

**B** 1. Only gumphs eat nothing but green food.  
2. Goofs eat only cooked food.  
3. Some goofs eat only snoodles.  
4. Cooked snoodles are always green.

**C** 1. All chromium salts are coloured.  
2. Coloured salts which are not poisonous do not contain chromium.

**D** 1. Only monkeys with red bottoms have blue noses.  
2. Men with red bottoms are more rare than men with blue noses.

**E** 1. All the patients in this hospital are mad.  
2. Everyone in this hospital who is not a patient has a key.  
3. None of the keys in this hospital fit any of the locks.  
4. Some doctors in this hospital do not have a key.  
5. No-one in this hospital who has a key which does not fit any of the locks is sane.

**F** 1. No two boys are exactly the same height.  
2. Alfred and John are both exactly two inches taller than James.

**G** 1. Unripe apples are always green.  
2. Red apples are always ripe.  
3. Small apples are never ripe.  
4. Some red apples are smaller than some green apples.

*Answer on page 32*

*Editors' note:*

The group of statements below is just a simple thought on passing, and is not to be construed as reflecting the views of Professor E. O'F. Walsh or a bite from all the past Editorial Boards.

1. All medical students attend the Grand Round.
2. Medical students who write to the Elixir never shake their heads during the Round.
3. Those who shake their heads are . . . (according to authorized issue).

## DEATH

Birth and Death are inescapable events of our life. There is birth, and there must be death. We cheer birth but we mourn for death. But sometimes people begins to wonder "is 'birth' a real 'joy' and 'death' a real 'tragedy' ?" Or rather they are but the different phases of the same event — bitter agony of life. T. S. Eliot expressed this pessimism in one of his poems most pessimistically :

This: were we led all that way for  
Birth or Death? There was a Birth certainly,  
We had evidence and no doubt. I had seen birth and death,  
But had thought that they were different; this Birth was  
Hard and bitter agony for us, like Death, our death.

Sometimes I wonder how true it is to say that we begin to die as soon as we are born, and the end is linked with the beginning. This concept may be a bit too philosophical and mystical and difficult to grasp and understand. But from the biological point of view it is definitely true. The tissues of our body begin to undergo senile changes as soon as they are formed. Then what is the meaning of life?

Every mortal has to face death eventually. Why fear death? Many have said. But to many many, it is so natural to fear death. We are born to live, and no matter how inevitable is death, we still want to live — the very instinct of every living organism which makes life or rather continuation of life possible on this planet. We have witnessed many people who struggle against death with much fear and distress. Life is sure and death is as sure. But what happened after death is so uncertain. This had added so much fear to many who are on the verge of dying. Though they know that many have gone before them, but none return to tell them of the road which to discover they must travel too. They have the sorrowful feeling and uncertainty that:

'Now I am about to take my last voyage, a great leap in the dark.'

In the realm of poetry, literature and art, death has often been praised and beautified by many poets, writers and artists. They regard death as a beautiful adventure of life especially those who believe in a better after life. They regard the 'fear' the 'sorrow' of death as unwarranted. Poet Walt Whitman even goes as far as saying that 'Nothing can happen more beautiful than death'. Some others do not believe in death at all,

There is no death, the stars go down  
To rise upon some other shore  
And bright in Heaven's jewelled Crown,  
They shine for ever more.

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**USE.** The fact that Dettol is well-tolerated by the tissues permits dilutions to be recommended for clinical purposes which provide a margin of safety even when a reasonable amount of organic material is present.

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a dilution of 1 in 200 kills *Staph. aureus* in 10 minutes at 18° C. and similarly a dilution of 1 in 500 kills *Strept. pyogenes* in 10 minutes.

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# DETTON REGD antiseptic



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All these 'beauty' of death and 'no death' may occur to many as inconceivable and have no scientific evidences, but we cannot ignore the existence of these beliefs. It is true that these beliefs may alter the dying people's attitude towards death and consequently reduce the sufferings and eradicate the fear towards of death of the dyings. Some religious or philosophical inclined people may even welcome death as they come to realise on the death bed the futility of earthly life, the inevitability of the fate and the equality rendered possible by the icy hand of death. So death may be a great relieve and an end to the disillusionment of life.

The glories of our blood and state  
 Are shadows, not substantial things;  
 There is no armour against fate;  
 Death lays his icy hand on kings:  
 Sceptre and Crown  
 Must tumble down,  
 And in the dust be equal made  
 With the poor crooked scyth and spade.  
 . . . . . Shelly.

Whether death is a beautiful or distressing experience, no living person can tell us exactly as they must die before they know how terrifying or how joyous death is? Death may manifest in many forms depending on the attitudes of the dying and also the manner and forms of death. Sometimes it is true that it is not death so much as the manners of death that matters. As Edmund Cooke said:

Death comes with a crawl, or come with a pounce,  
 But whether he's slow or spry,  
 It isn't the fact that you are dead that counts,  
 But only, how did you die?

How did you die? Some die of natural death — they are quiet and easy. They fade away into the grave literally. Some die of unnatural death like poison, execution, violence and suicide and incurable diseases which often depict to the people a picture of horror, fear and tragedy. The descriptions of all forms of death often find their way into poetry and literature of all ages. Many many a time, death has been used as the material of a story or as an important plot. These I believe reflect the attitude of many people towards death of that time. I am sure it is interesting to study the ideas of other people about death in literature. But how true they are I will like to leave to your own judgement and interpretation.

To start with I have no choice but to relate to you one of our greatest medical poets' Robert Bridges' description of the death of a new born child in his famous poems: On a Dead Child

Perfect little body, without fault or stain in thee,  
 With promise of strength and manhood full and fair.

Thy hand clasps, as 'twas wont, my finger, and holds it:  
 But the clasp is the grasp of death, heart-breaking and stiff;  
 Yet feels to my hand as if  
 'Twas still thy will, thy pleasure and trust that enfolds it.  
 So I lay thee there, thy sullen eyelids closing,—  
 Go lie thou there in thy coffin, thy last little bed.—  
 Propping thy wise, sad head,  
 Thy firm, pale hands across thy chest disposing.

So quiet! doth the change content thee? —  
Death, whither hath he taken thee?  
To a world, do I think, that rights the disaster of this?  
The vision of which I miss,  
Who weep for the body, and wish but to warm thee and  
awaken thee?

The child died most peacefully with closed eyelids and contentment. The death at birth has saved him the torture and sufferings of this cruel world. The child is born to die. And his death, unstained with faults, has given the doctor and poet the melancholy feeling of disappointment but not the tragic feeling of distress. There are many hazards of birth which result in death of the child. Many frustrated aged have envied this 'timely' departure and bidding farewell to the unfriendly universe. Some may wonder at their birth and the immediate death and are puzzled at what purpose this transient visit serve:

'Riddle of destiny, who can show  
What thy short visit meant, or know  
What thy errand here below?'

Not too long ago, I came across some poems written by one of the greatest Spanish poet of Twentieth century, Federick Garcia Lorcia. I was most impressed by his 'Lament for the Death of a Bullfighter'. It is a vivid but tragic description of a heroic bullfighter who died in the arena of the violent death. Ignacio was the tragic figure of this tragedy. After been knocked down by the angry bull in the arena:

'Up the stairs went Ignacio  
With all his death upon his shoulders,  
He looked for daybreak,  
but there was no daybreak.  
He sought his dauntless profile,  
and a dream visited him.  
He sought his handsome body  
and was farced with his unsealed blood.'

This bloody scene had terrified many of the spectators who could not even dare to look at the spilling of blood:

I do not want to see it!  
Tell the moon to rise,  
for I do not want to see the blood  
of Ignacio over the arena.  
I do not want to see it!

The bloody Ignacio, after some vain struggle with the icy hand of death, slept endlessly. He looked for daybreak, but was welcomed and swallowed by eternal darkness:

But now he sleeps endlessly.

.....  
And already his blood goes singing,  
singing by the marshes and the meadows,  
seeping in the stiffened horns,  
shuddering soulessly over the snow,  
stumbling on its thousand little hoofs  
like a great, obscure, sad tongue

till it forms a pool of agony  
 by the starry Guadalquivir.  
 Oh! white wall of Spain!  
 Oh black bull of sorrow!  
 Oh stubborn blood of Ignacio!

From terror the spectators and the poet turn to sorrow and agony. They mourn the unfortunate death of the bullfighter whose blood would form a pool of agony — the agony of death. But the memory of the people is short-lived, the terror, and the agony were soon forgotten and so was the hero Ignacio, only leaving the poet to lament and sing of him:

For you are dead forever,  
 like all the dead of the whole earth,  
 like all the dead who are forgotten  
 in a pack of cringing dogs.  
 Nobody knows you. No. But I sing of you.'

The death in the arena, the horrible scene of the bull disfiguring the fighter the terror-stricken spectators pointed to the fact that death was very distressing. The forgetfulness of the people showed us clearly the triumph of death over life. Death is permanent but life is only as transient as a shooting star.

Should men always be the victims of death? This question had been in the mind of man for generations. And they are still waiting for a satisfactory answer. There is a group of people who have defied and accepted death in a most composed manner. They are what we called 'outsiders' whose attitude towards life and death has gained the confidence and belief of many people of this century. They observe the facts of life, death and sex from outside. Some of them, even when they are involved in a personal tragedy which will result in death due to frightening and unjust trial, consider his own feelings and the actions of others with a calm and ironic truthfulness. Here you can see in French Nobel-prized novelist Albert Camus's 'Outsider':

"'But', I reminded myself, 'it's common knowledge that life isn't worth living anyhow.' And on a wider view, I could see it makes little difference whether dies at the age of thirty or three-score and ten-since, in either case, other men and women will continue living, the world will go on as before. Also whether I died now or forty years hence, this business of dying had to go through, inevitably!"

Such a composure and such an indifference to death only lead us to think that there is such an apparent lack of appetite for life. This is a problem. To them all human acts carry the stigmata of futility. What else should they do but to sit in their straw and die. There are some others who are only 'half in love with easeful death', the other half clung very firmly to life and complained about futility of life; they would not die but care not to be dead. Before Albert Camus' outsider was condemned to death in the goal, he told the chaplain who tried hard to convince him to repent his sins of his life that:

"All alike would be condemned to die one day; his turn, too, would come like the others! And what difference would it make if after been charged with murder, he were executed because he did not weep at his mother's funeral, since it all came to the same thing in the end."

His indifference and his inability to be afraid of death led him to happiness. He was happy because he realised that he had led a life of unreality and he could not justify his existence anymore. The prospect of the impending death has wakened him up and freed him from unreality. So the death to him was only a way to start life all over again. Consequently nor dread nor hope attended him—a dying man; he waited for his end wishing that:

“On the day of my execution there should be a huge crowd of spectators and that they should greet me with howls of excretion.”

He did not want pity and mourning when he died, what he wanted was the cheers and congratulations from those livings, as he was leaving this bad world with bad people living in it. This had been commented most beautifully by Shakespeare:

No longer mourn for me when I am dead  
Then you shall hear the surly sullen bell  
Give warning to the world, that I am fled  
From this vile world, with vilest worms to dwell.

Suicide is not an uncommon occurrence. Whether it is justified or not is a very controversial issue though suicide has been prohibited by laws in many countries. Those people who have suicidal tendency are those who are liable to recurrent attacks of mental depression, and the normal capacity to enjoy life dries up altogether and the future to them appears blank and destitute of hope. So they prefer to end their life by unnatural means. Many suicidal cases have gained much sympathy and tears from many who read about them. One of the most pitiful one is the untimely death of the master of modern Art, Vincent Von Gogh of the 19th century.

Vincent Von Gogh had a very big struggle in life. To him life is an eternal Pro and Con. Unfortunately his sensitive mind made him unusually aware of the Con, aware of his own misery and the world's. So during all his life time, all his faculties were used in a search for the Pro, for the achievement and meaning of life, for the conceivable happiness. But unfortunately he never won the battle. His impending defeat led him to the suicide. His last words ‘misery will never end’ made him lost the confidence in life:

“He went out as usual on the morning of 27th July and worked in the field all day. ‘I endanger my life in my work’ he scribbled to his brother, ‘and I have given it to my reason; but you do not trade in the souls of men, and you consequently choose your own life and act with humanity.’ He then took his revolver from his pocket and shot himself in the chest, underneath a neighbouring tree.”

But the bullet had deflected and he feared he had missed his heart. He was so amazed that he was still alive and in so little pain. He rose up to his feet and staggered home looking ghastly pale.

“Blood was soaking through his clothes and oozing from his boots . . . he told people that he had killed himself and showed them his revolver. Dr. Gachet, called in haste, saw that he was mortally wounded and had but a few hours to live. . . . But he lived on. The next day he was pale but suffered in silence and from time to time, like a sky in April obscured by clouds, consciousness left him and he fell into short fits of delirium. So the day passed. He smoked his pipe in the intervals between

pain. His brother could not believe him dying, and even Dr. Gachet, amazed by so long a resistance, summed up hope. But he lost consciousness when evening came and next morning he died."

So this was the tragic ending of a man as great as Von Gogh who inspite of the great achievement in the field of paintings fell victim to the cruelty of fate. I am sure all of us will marvel and amaze at his great resistance to death, the wave of life keep weaving to and fro for two days after the fatal self-inflicted assault before he fell dead. So he finally managed to put an end to the 'unended' misery of life. Is he a coward or a most courageous man? I am not sure. But I am sure of the 'great agony and pain' which accompanied his tragic, unnatural and untimely death—suicide.

So much for the death described by poets and writers through generations. Some may appear incredible and some may appear reasonable. But in our medical profession, fortunately or unfortunately, we have to face death very often during our practice, so it is possible to do some more accurate, objective and scientific observation and investigation into the matters of death especially the attitude of the patients and the relatives. It is no exaggeration to say that most if not all dying patients suffer from both the physical and mental depression. This has been substantiated by the enquiries made by Dr. Hinton about the physical and mental distress of the dying patient (B.M.J. Aug. 17th 1963):

"The physical distress was more common in the dying than in other patients, its intensity was much greater, and remained relieved unrelieved for longer period. Causes of physical distress included pain, dyspnoes, nausea, vomiting and persistent malaise or cough. . . . . Nearly half of the dying patients had a distressing degree of depression especially when it has been prolonged, and several even expressed suicidal ideas. Only one third had the normally cheerful mood which prevailed among those who were not dying. As expected, patients who were young and had current family responsibilities were especially anxious, but those whose religious faith was firm were least so. Anxiety was also more noticeable in dying patients whose physical distress was unrelieved. Fear was hand in hand with dyspnoea. Fortunately the dying more often than the others had impairment of consciousness, and very few were conscious just before they died."

So the above more rational type of analysis shows that a dying man suffers from 'physical distress; mental depression', 'anxiety' and 'fear' although to a different degrees for people of different beliefs and philosophy. But it is difficult to find people like Socrates, who taught that the most important part of the art of living is to develop the right attitude to death, could still talk philosophy after he had drunk the hemlock, a deadly poison. To him, what he knows of death is peace, rest and sleep. Tough mind like him without fear and anxiety are very few. So we can safely generalise that for most of the people, death is not a joyous or beautiful adventure as our poets and philosophers have pictured, it is an adventure anticipated by fear, worries and depression.

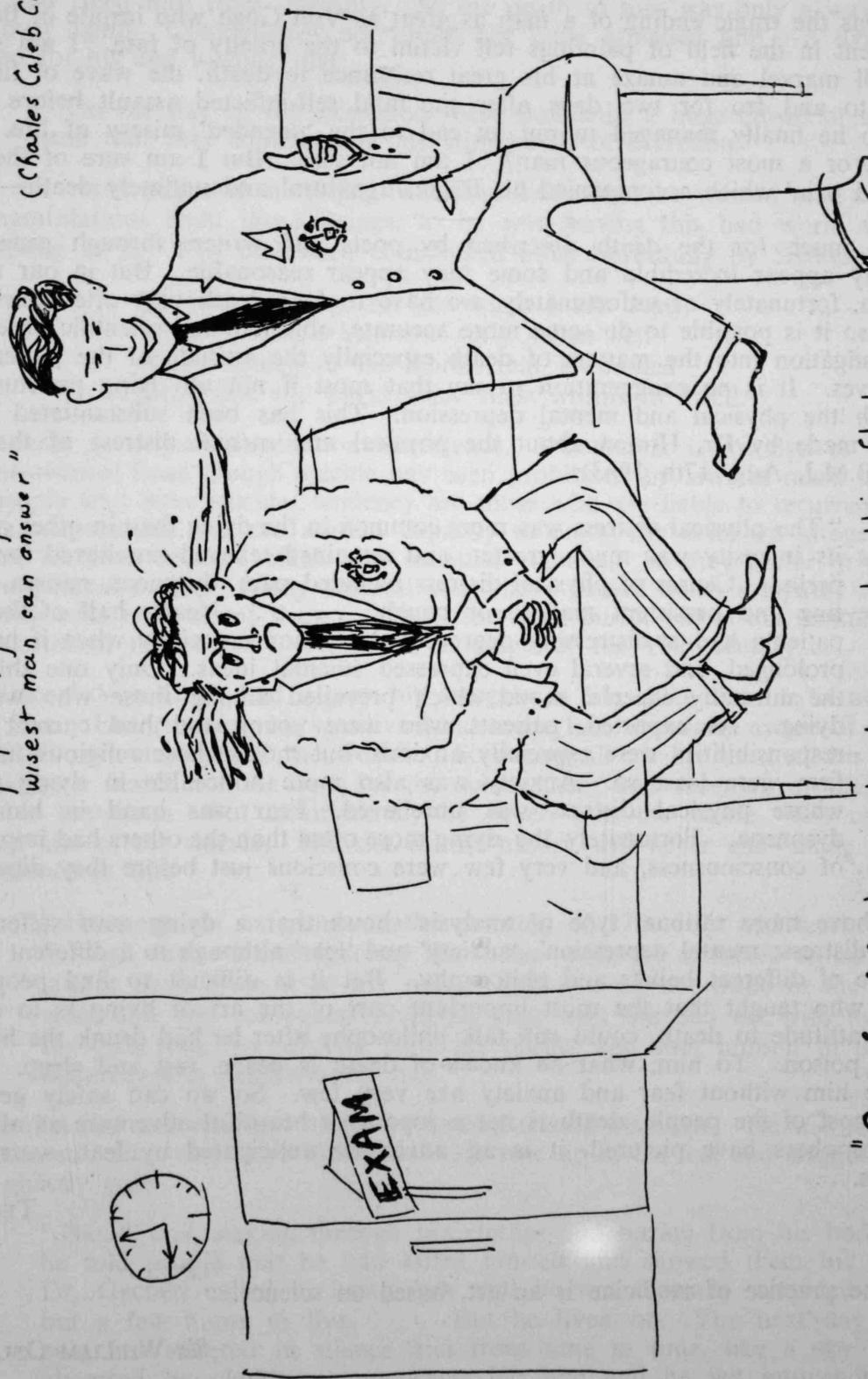
TEOH.

The practice of medicine is an art, based on science.

Sir WILLIAM OSLER.

"Examinations are formidable even to the best prepared, for the greatest fool may ask more than the wisest man can answer"

(Charles Caleb Colton)



"Cold fearful drops stand on my trembling flesh.  
What, do I fear myself" ( King Richard III )

## THE FIRST PROFESSIONAL

Much has been written about the Clinical years—those brighter, more interesting, and happier (?) years of a Medical Student's life. We have heard and learnt much about their ward rounds, their Thursday Clinics, and their o.p.d.'s. But what of those poor pre-clinicals? It has been said that the Medical Student is the least important person in the hospital. A pre-clinical student, then, certainly seems to be the least important person in the Medical Curriculum. Whatever articles that have been written seems to have their locations confined, for various reasons, to the Anatomy dissection room. This writer, in giving an account of the preparatory work for the first professional examination, endeavours to give an idea for those who may take it next year, and to warn those pre-meds who are trying to fight their way through the coming Matriculation Examination—to show them that a Medical Students' life is not a bed of roses after all.

Before he has passed the 1st M.B., the medical student is really not a medical student yet, for he may find himself kicking about in the streets one fine March morning if he manages to fail all three subjects of Anatomy, Physiology and Biochemistry. Such an ordeal—to be out of the University after two years, and not accomplishing anything at all,—contributes partly to the traditional tension associated with the first professional. Once he has gone through it, the student (referred to as 'he' below) proudly displays the Medical Society badge on his blazer, his tie, his car, and in fact, any place he can think of. Donning a clean (note the adjective) gown, with a stethoscope jutting out, he proudly parades himself in front of the pre-clins. With all the tension prior to, and so many glories following, the 1st professional, it is not surprising to see the medical students start the preliminary work of preparing during the summer holidays before.

About one month after the third term of the 1st year, he stops flirting around, and, gathering up his books, takes a deep breath, and follows those long, stern and steady steps leading to the library—which, incidentally, is air-conditioned. Life is still not very tense yet, the examination is months ahead. Still, the library is a perfect place for meeting and adjourning over to Jordan Memorial Library, card room, or to the billiard room. Besides it is a perfectly comfortable place to stay away from the heat wave, and the canteen is a perfectly lovely resort after the afternoon's nap.

The Summer holidays pass with an incredible speed, and before long he finds himself in the Anatomy lecture room facing the examination questions for the 1st comprehensive test. After that, he lays down his Anatomical studies for a while, and takes up Physiology and Biochemistry. He *has* to, for Professor K. K. Cheng awaits him every Thursday afternoon with a list of names and picks out his victims one by one. Whether somebody will be called upon to express his physiological opinion becomes as good a bet to place as those quadrupeds running round in Happy Valley or Macau. While the poor chap stands up and stammers and stutters through the phases of the Cardiac Cycle, the Prof. seems to be enjoying himself tremendously—he has been talking for so long the year before; certainly it was high time for himself to be on the receiving end for once.

Christmas holidays! Very soon any University student will find out that holidays never follow an examination. They always precede it. So back to the library he trots; at least half the class can be located there. The other half are either at their homes or their hostels. With his days "numbered" before him, he really starts to cram everything in. Added to the fact that rumours are about the campus concerning the earlier date of the Anatomy examination, the student

presents himself as a picture of interest: his two eyes either dreamy, or so bright that they seem to emit a greenish light, staring out into the unknown; His frequent yawns, an occasional 10-minute nap, and then, shaking his head, he takes up his books again.

At these times, some strange things happen. Firstly, he seems to have eaten some Aurothioglucose, destroying his 'satiety' centre in the Hypothalamus, and nothing he eats will ever satisfy him. He resembles more and more a scavenger—a Macrophage. He never fails to order 2 or 3 dishes every time he sits down for lunch, with careful consideration of nutritional values, and whether there are any high-energy bond substances to be found. His house is filled to the top with Brand's Essence of Chicken, Sanatogen, Multivit . . . No wonder Dr. Todd felt the need to talk about 'Are we over-medicated?' Secondly, another phenomenon, the mechanism of which is still very obscure, is called, by himself, 'psychogenic polyuria'. Whereas in a ball or on similar occasions when it would not be deemed dignified to frequent the lavatories too often, he finds himself walking

in that direction every half hour of 45 minutes—the journey there being perfect for stretching their lazy bones.

And, what about lectures? Where it was customary for less interesting lectures to be accompanied by an equally reduced (and sometimes, embarrassing) number of attendance, now each and every lecture is packed, regardless of subject, topic, lecturer, time or place. Every word spoken is recorded, carefully balanced, and analyzed,—for possible indication of questions. If a certain lecturer complains of a spinal fracture, the whole class starts to refer to Gray's for the applied anatomy of the Intervertebral Disc. or to B.D.S. for Brown-Séquard's syndrome.

But to conclude, if a conclusion be at all possible, the medical student preparing for the first professional is filled with so much adrenaline and for so long a time, that he is certainly prepared for 'fight'—clad in a green gown in Loke Yew Hall—and 'flight'—leaving the University, or up to Queen Mary Hospital.

Best of luck to all those who will take it this year and years to come.

KNITWIT.



We classify disease as error, which nothing but Truth or Mind can heal.

... Mary Baker Eddy "Science and Health".



MOMENT  
MUSICALE

 #4 THE NUTCRACKER SUITE  
TCHAIKOVSKY



TRUMPETER, TRUMPETER, ARE YOU SOUNDING NOISES?

WHAT





LITTLE  
WALL  
(Stamps)



# ON STUDYING EFFICIENTLY

by S. M. Bard

Studying is a skill. Many students either do not think about it, or fail to grasp this fundamental fact. It is unfortunately true that studying efficiently is not necessarily a natural gift, and it is equally certain that efficient studying leads to the best results. Can one, then, learn how to study efficiently? I believe so. I believe that like any other skill, it can be learned and improved by practice. It is one of the functions of the Student Services in many American universities to run a Study Skills Unit, where students come voluntarily to improve their study habits and techniques. They explain it very simply:—“when you have an important job to do, you try to use the best tools you can find”. Much of what I am about to say, I owe to my friend Dr. Alton Raygor, who showed me around such a Unit and which he runs with great success at the University of Minnesota. It is my fondest hope that one day Hong Kong University too will have such a Unit.

In a short article it will only be possible to mention briefly some steps towards efficient studying. One can do no more than give a few tips and hope that they will lead to some serious thinking by students on this subject. My remarks refer entirely to theory study and not to practical or laboratory work.

Before we come to the main “pillars”, so to say, on which efficient studying rests, there are certain basic skills, which are sometimes lacking in students, but without which the main process or effort of studying is difficult. The defects are:

1. poor spelling; 2. slow reading ability;
3. slow comprehension of main ideas;
4. inability to take good notes.

These defects in basic skills can be dramatically improved under skilful direction, but how it is done is outside the scope of this article. Given reasonable abilities to read and retain fast, a good vocabulary and an ability to grasp quickly the main ideas, efficient study may be broadly based on developing the following main abilities:

1. Planning study;
2. reading text-books;
3. taking notes;
4. taking tests and examinations.

## 1. Planning study:

There is no short-cut to scholarship, and this means one has to work! It normally takes 2 hours to study a 1 hour lecture, and 4-6 hours of study a day is by no means excessive. Planning your studying is essential. Prepare an hour-by-hour daily schedule. Put down all fixed activities such as lectures, meals, etc. Then plan the remaining hours for studying. Indicate which subject you will study at each time; this may be difficult to adhere to at first. It is essential to leave some hours on your schedule for relaxation and social activities. Here are some useful tips on good study habits:

- (1) choose always the same place for studying; even when you study in the library try to go to the same place.
- (2) eliminate all background noises as far as possible.
- (3) it is a good plan to start your studying at the same time each day; it then easily becomes a habit.

## 2. Reading a text-book:

Much of your studying will be spent over a text-book, read for ideas, not words. Pay special attention to headings, charts and summaries. Avoid head moving, finger following and vocalising — they all slow you down and interfere with comprehension.

When studying from a text-book the following formula is very useful —

*Survey-Question-Read-Recite-Review.*

**SURVEY:** look quickly through the chapter, survey the subject, read the headings and sub-headings; read the summary, if there is one.

QUESTION: while surveying the chapter, write down questions as they come to your mind.

READ: read through once, keeping in mind the questions put down previously.

RECITE: Recite *in your own words*.

REVIEW: Read through quickly once more.

This systematic studying from a textbook is difficult at first, but will become less and less so, while the learning will become gradually less painful.

### 3. Taking down lecture notes:

This is important, as I am convinced that our students miss the essence of lectures by trying to take down every word the lecturer says. *Every word the lecturer says is not important*, only his ideas are. Here are some guidance points on taking lecture notes:

- (1) *Mostly listen*—put down *in your own words* only short summaries, phrases, and especially emphasised points.
- (2) use abbreviations, but be consistent.
- (3) review lecture notes as soon as possible. Leaving them for more than 2 days renders them practically useless.

- (4) clear up obscure points as soon as possible.

### 4. Taking tests and examinations:

Here the success of your studying technique will be put to test. This is a subject in itself, and I shall confine myself to just a few tips and warnings:

- (1) work steadily with periodic reviews.
- (2) Cramming is very dangerous.
- (3) The night before: "relax and go to a movie" *is a bad advice*. It is the time for a quiet, final review and an early night.
- (4) When taking the examination:
  - (a) read directions and questions carefully.
  - (b) look over the entire paper and relate it to the time available.
  - (c) answer easiest parts first, if possible; you will waste less time this way.
  - (d) save time, at the end of examination, to read over the answers for mistakes or omissions.

Having said all I wanted to say, I am aware how inadequate this is without some solid help and guidance behind it. But if it helps even in a very small degree some distressed and puzzled student, I shall be more than satisfied.

## ARE YOU LOGICAL?

*Answers to the problems on page 21*

A All the patients in Ward 10 are female.  
B Some goofs are gumphs.  
C All chromium salts are poisonous.  
D Men are not monkeys.  
E Everyone in this hospital is mad.  
F Alfred and John cannot both be boys.  
G All red apples and some green apples are large.  
PS Further research into the origin of the statements in F has revealed that Alfred is John's pet donkey. It is not yet known whether John is a boy or not.

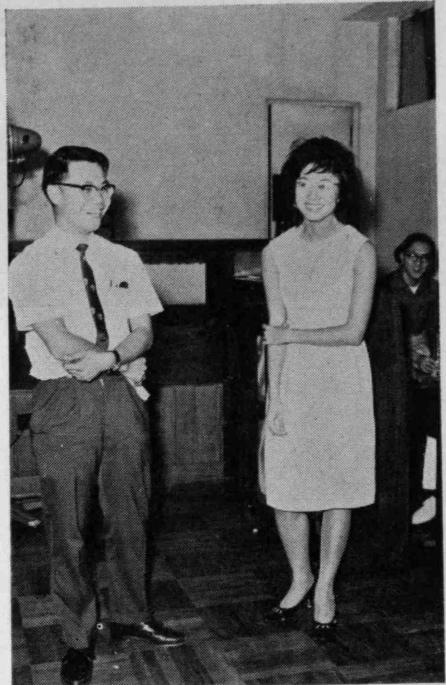
\* Medical students who never write to the Elixir are . . .

# MAD NITE



Date : 16th October, 1963

Place: Lady Ho Tung Hall



V.I.P.'S



when I was just a little boy



*Too expensive.*

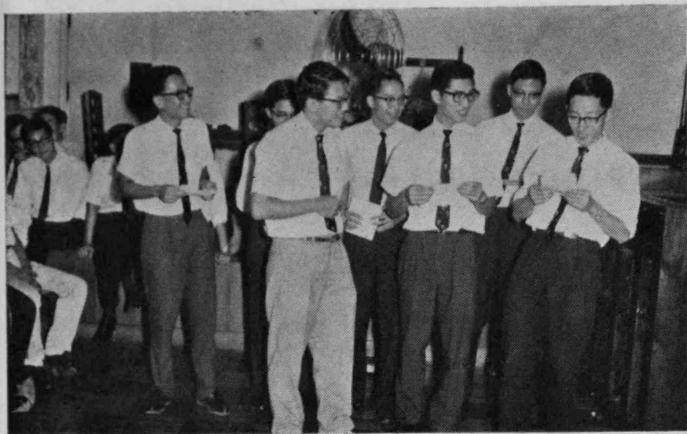
*All right, let's go.*



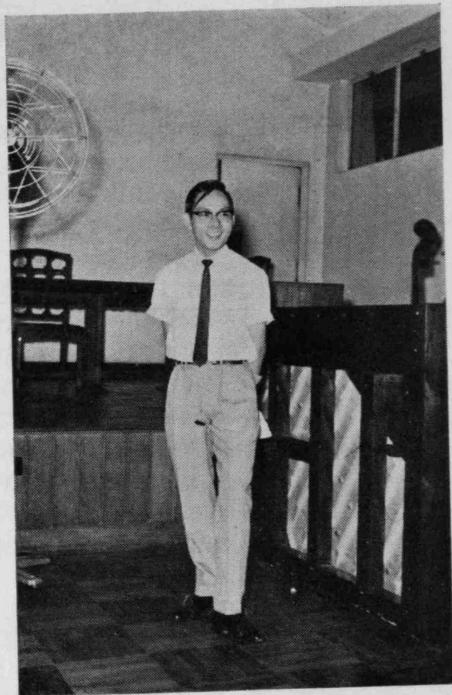
*Above and below the umbilicus*

*Where are you, Andrew ?*





*She has written to me too!*



*Alone I did it.*



*All for one and one for all.*



*Inmates!*

# MEDICAL SOCIETY

## ANNUAL REPORT (1962-63)

The Medical Society has passed another year of success. On reviewing the report one is confident to say that our Society has not rested on past laurels, but has made steady progress and improvements towards the interests of our members and the University. The printing of the Society Handbook, the modification of the Elixir Bursary to a Loan Fund Scheme, and Inter-Class sports competitions were some of the new activities of the Society in addition to the usual functions. The following is a brief account of the events in the past year.

### Academic and Cultural Aspects

#### Presidential Address:

The Presidential Address was delivered by Dr. David Todd on 2nd April, 1963, in the Chemistry Theatre. The topic was "Are We Over-Medicated?" Dr. Todd pointed out that mis-interpreted and mis-conceived ideas from popular magazines and periodicals had resulted in the unscrupulous use of many drugs and tonics. To safeguard our professional integrity and in the interest of the patients, we should serve as a reminder to those who prescribe and those who take the medicines.

#### Film Shows:

Film shows held as in past years. The films were mainly on academic subjects, both clinical and preclinical. They were enthusiastically supported. However, we were unable to hold any more shows because the projector was out of order during the latter half of the year.

#### Show on Hypnotism:

The show was given by a professional hypnotist, Mr. Arnold Furst, on 15th

August, 1963. The occasion was well attended by our members and clinicians. The show was accompanied by a little talk on the principle and application of hypnotism and ended with a demonstration.

#### Christmas Gifts to Sick Children:

On Christmas Eve, our Santa Claus with his large bag brought warmth and joy to the sick children in the Sandy Bay Convalescence Home and in the Paediatric Wards of Queen Mary Hospital. It was most heartening to see them laugh and sing so merrily. We also furnished a number of permanent toys for them, such as kindergarten tables and chairs, wooden horses and other toys.

#### Farewell Party for Dr. Kenneth Hui:

The farewell party for Dr. Kenneth Hui was held on 17th January, 1963, at the Jordan Memorial Library. Dr. Hui was resigning from the University into private practice. As a token of our thanks for his guidance and unfailing support to our Society, we presented him a Chinese Scroll which contained an account of his achievements and which carried with it our good wishes. Dr. Hui was also elected Honorary Life Member of our Society.

#### Freshmen Information Service:

A freshmen information service stand was set up during the week for freshmen registration. We wish to thank those members of the third year who helped at the stand. The service ended with a guided tour around the Preclinical Buildings. On Freshmen Day a similar tour was made.

**Society Handbook:**

At long last we were able to print our Society Handbook. It contains the Society Constitution and a members list. These handbooks are distributed to subscribing members free of charge.

**Social Functions****Barbeque:**

This, the first function of the session, took place on 3rd December, 1963, at the Lily Pond. About 150 members attended. There were games and performances by our more talented members. It was an enjoyable evening and the food was good.

**Annual Ball:**

The Annual Ball held on 6th June, 1963, at Hotel Miramar was a great success. More than a hundred couples enjoyed the evening which was highlighted by the Medical Band. This band has gained itself much popularity among our members as well as in the University. We were also honoured by the presence of Dr. and Mrs. Leong Way, the visiting professor in Pharmacology from California, and Mrs. Leong was kind enough to present the prizes at the Raffle Draw. The first prize went to Dr. Wai Ki Ho. This was a Round Trip Air ticket for two to one of the famous Southeast Asian cities.

Although the ball tickets were sold at a loss, we managed to make a profit of over sixteen hundred dollars from the advertisements in the Ball Programme and from the Raffle tickets. From this profit we were able to contribute a sum of one thousand dollars to the future Elixir Loan Fund.

We would like to take the opportunity here to thank those who had donated so generously towards the prizes and those who had helped in the organization to make it a success.

**Medical Night:**

The Medical Night served to introduce our new members into the Society and it also marked the ending of the session.

It was held on 16th October, 1963, at Lady Ho Tung Hall by kind permission of the Warden and the Students' Committee of the Hall. The hall was overcrowded with members and guests and many had to stand.

The Medical Band was reduced to a Quartet with Dr. Franklin Li at the piano, as the other players had left the Colony for further studies. Nevertheless its entertaining capacity remained undiminished.

The Quiz competition between Staff and Student was won by the students team, showing that students had a little more common knowledge than their teachers?

The first prize for Class performances was won by the second year who produced an ingenious choir group.

There were other games and features that made it a memorable night.

**Sports****Badminton:**

Our Society has always been best in badminton. This year as usual we won the Championship of Medical versus the rest.

**Volley Ball:**

This year we were unlucky and lost in the final match, thus we were runners-up only.

**Inter-Class Sports Competitions:**

This year we started a series of inter-class sports competitions with the aim to promote better relationship between the classes and to arouse our members' interest in sports. Now that such favourable facilities are available with the completion of the new Sports Hall we hope that more similar competitions will be held in future.

So far, only Table-tennis and Badminton were held. Both Championships went to the 4th year.

**Elixir and Elixir Fund**

Under the guidance of Dr. C. A. Braga and with the diligent work of the Editors, the Elixir with its delightful

contents will be out soon. With regard to the fund raising the Editors and their team have been very hard working and the results are promising.

A Cover Design Competition was held and a prize of \$100 was given to the winner, Mr. Li Wing Kwong.

The Elixir Loan Fund Scheme has been drafted out, and the Regulations and Recommendations of the Scheme were adopted by the Committee and awaits the approval of the University Authorities. We hope that by this scheme the needy students will derive more benefit than from the existing Bursary.

### Others

The printing of examination question papers was carried out as usual with the addition of the more recent ones.

Christmas cards in a new design were printed and sold to members at a low price.

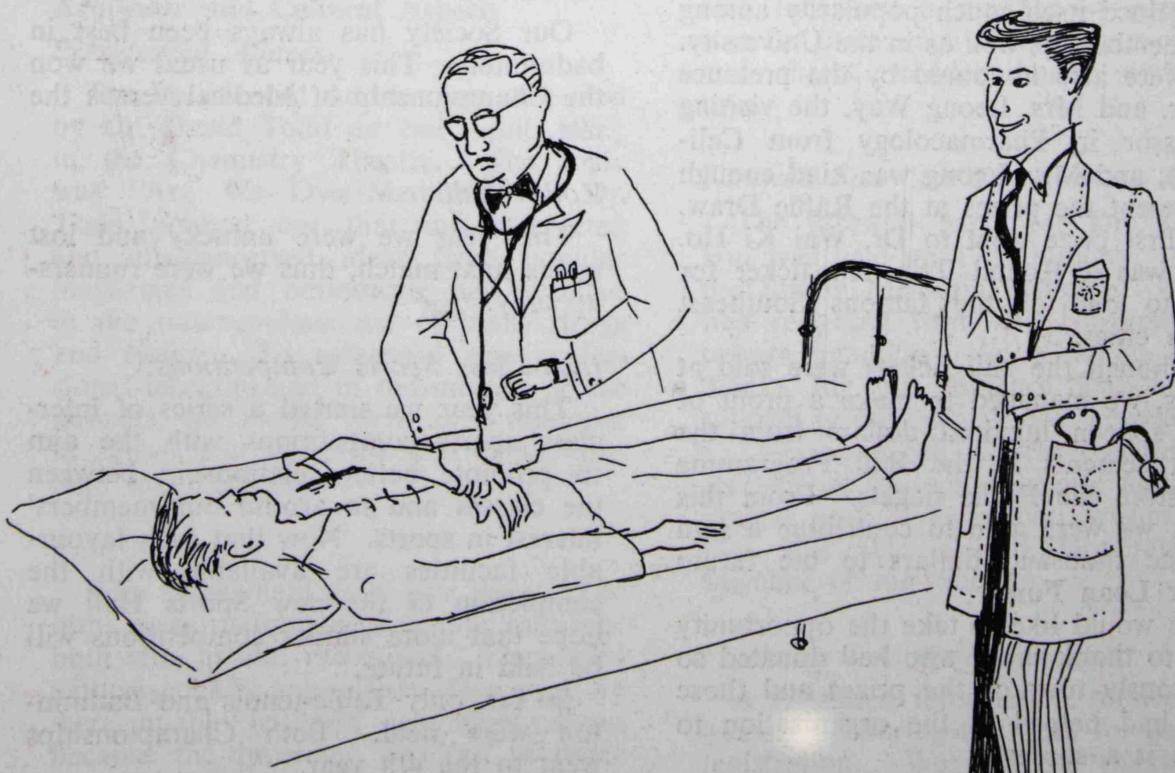
A new pattern for the society pennant was also designed.

The lockers up in Queen Mary Hospital were rented to members at \$3.00 a year, with \$1.00 for the key which is refundable.

This summer three medical students from Juntendo University, Japan, visited our university on their way to Singapore. We invited them to lunch and four of our members guided them around the campus.

On closing, we wish to express our thanks to Dr. David Todd, Dr. Franklin Li, Dr. Marjorie Lee, Dr. C. A. Braga and Dr. G B. Ong for their advice and support to our society. Our members are to be congratulated for their keen interest and support.

Sd. HON. SECRETARY.

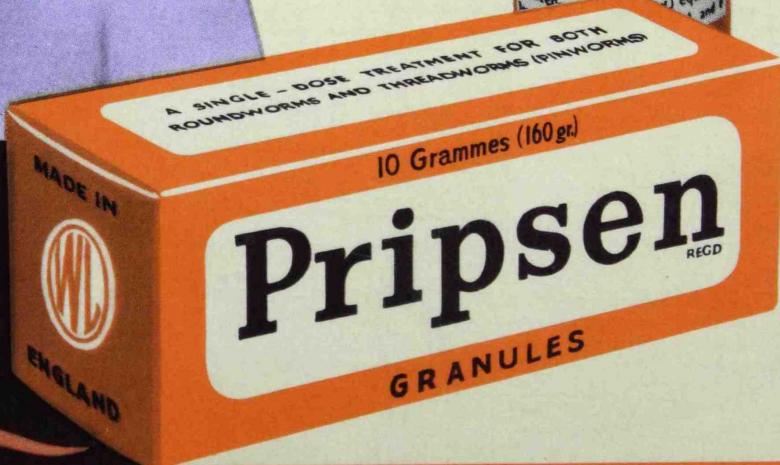
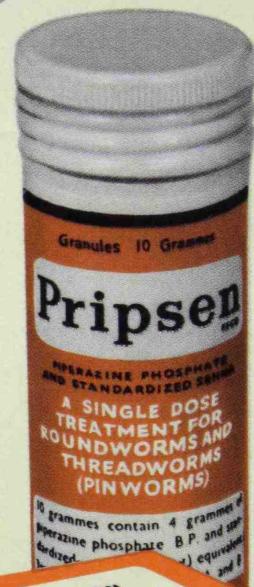
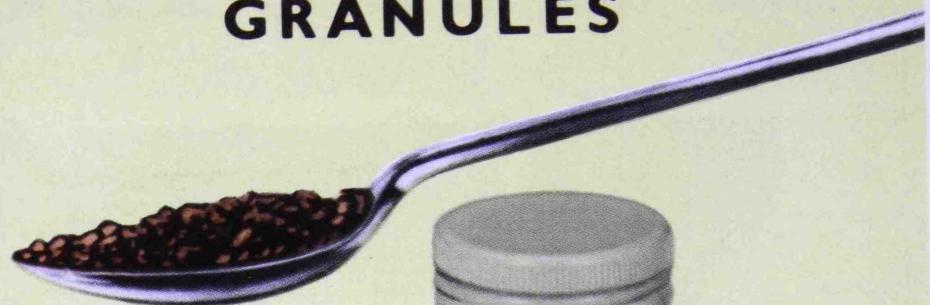


"The good doctor knows by observation,  
and the ordinary one by palpation..."  
(Chinese proverb)



# Priksen

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# 死鼠行

乾隆壬子癸丑，鼠疫在中國流行，  
師道南（1786）有死鼠行之賦。

# DEAD RATS POEM

(*A poem about the Great Plague of China in the eighteenth century*)

SHU TAO-NAN, 1786

Dead rats hither, dead rats thither,  
To men, dead rats were as appalling as tigers;  
For they were but heralds of the deaths of men—who succumbed like crumbling  
walls.

Ask not for the toll of the day, for it was so terrifying  
That even the sun hid his face behind sorrowful clouds.

Three men walked together, and in less than ten paces,  
Two fell dead across the road.

Men died at night, none dared to wail,  
For fear of the devil whose breath flickered the lamps green and pale.

Suddenly the light was blown out,  
And man, ghost, corpse, and coffin were found in the same house.

Listen to the incessant cry of the crow, and the howling of dogs!  
Men with ghostly looks were often seen,  
Their souls being snatched away by the Pestilence.

One saw a man at daybreak, in fact he had met the evil spirit.

One met a ghost at night, but a living mortal it might be.

Scattered corpses everywhere, Chimney smoke had disappeared.

Skeletons crumbled in dreary winds.

Who would plough the fields? Who would pay the revenues?  
I wish I could ride a dragon to Heaven,  
And beg His Almighty and Her Holy Mother  
To sprinkle us with heavenly rains,

Thus redeeming these countless acres of land;

And on Earth everyone remains,  
Turning Eternal Hell into festive Spring!

*Translated by ACTH.*

## DAFFY DEFINITIONS

The following definitions were given by students on a recent Pharmacology examination. One can excuse an individual who is studying in a "foreign language" for not knowing the meaning of various terms, either medical or non-medical, but it behooves the student (and others) to ascertain the meaning of those words which he or she encounters.

**Repository** — to cause rest.

- not active.
- sleeping.
- in bed.
- a latent period of a disease without syndromes.
- the readjustment of the position.
- fatty, or excessively depositioning of fat.
- administration of a drug by rectum.
- a state of rest in which no response can be aroused.
- lack of feeling of well being.
- a suppository.
- condition of mental calmness.
- is a place where patients are under good medical and nursing care, and where patients are in much rest, usually after a period of treatment, to restore their general normal health, whether physical, mental or both.
- a place where ships land.

**Libido** — excess of sexual desire.

- a place where women are available.
- this is a natural male sex hormone.  
Its presence is essential to the sexual act.
- a place where gambling is done.
- the sucking reflex in infants.
- a special library.

**Analeptic** — preventive.

- unable to walk.
- relieving pressure.
- the state of muscular rigidity in which the limbs maintain the position in which they are placed.
- an anti-epileptic drug (i.e. a drug which prevents epileptic fits).
- a left-handed person.
- a drug used to prevent babies.
- a person with leprosy.

**Syncope** — the signs and symptoms of a disease.

- extreme difficulty in breathing.
- section of a nerve.
- an important piece of music.
- sudden pain in the heart due to certain disease conditions or toxic effects of certain drugs.

**Plethora** — incision of thorax.  
— stone in the mouth (pleth=stone; ora=mouth).  
— chest pain.  
— overwhelming excessively sexual desire.

**Aura** — auditory hallucinations.  
— image of the mind.  
— northern lights.  
— elevation of feeling.  
— a period of excitement preceding depression.  
— in the ear.  
— sexual ability.  
— seeing things through the imagination.  
— ear.

**Vertigo** — is a state of mind when a person is under sedation and half asleep. He still possesses some consciousness but has lost voluntary control of his skeletal muscles and his mind is under confusion.  
— a sensation of confusion and hallucination.  
— a psychotic state in which abnormal image are seen.

**Hirsutism** — a disease condition of the larynx.  
— a female who looks like a male.  
— a pathological condition resulting from excessive adrenal cortical hormone secretions.  
— infantile Hercules, pathological early sexual development.

**Retching** — passing gas through the anus.  
— gas from the stomach being expelled through the mouth producing an unpleasant sound.  
— an exfoliative skin condition accompanied by itching.  
— irritating.  
— is the act of searching into every part.  
— a sensation of itching without any external manifestation, and when scratch, the site is not there, i.e. a sensation of itching that cannot release by itching.  
— associated with scratching and rashes.  
— itchiness.

**Priapism** — is the state of a female in which there is strong sexual desire.  
— an abnormal emotion of love.

These definitions were kindly supplied by the present Third Year Medical Students.

CARL C. GRUHZIT.

# Farewell Party to Professor F. E. Stock

28th November 1964

Jordan Memorial Library

*Speech by the Chairman, Medical Society, Mr. Foo Kam So*

Prof. Stock, Mrs. Stock, Ladies and Gentlemen and Fellow Students:

We are gathered here this afternoon with a heavy heart to bid farewell to Professor Stock, and at the same time congratulate him on being posted to a more distinguished and responsible position that befits his great experience and skill.

Indeed, we can rightly say, Professor Stock is the eminent authority in Surgery in Hong Kong.

For the benefit of those present who are not familiar with the academic accomplishments of Prof. Stock, may I dwell briefly on his achievements, which are as follows:

Prof. Stock was awarded the F.R.C.S., of London in 1938, before joining the University of Liverpool as Lecturer in Surgery from 1946-1948. In 1948, Prof. Stock came to Hong Kong as Professor of Surgery and has since been with us until to-day. During this period, he was further honoured with the awards of F.A.C.S. in 1951, and in 1958 was promoted to Pro Vice-Chancellor of the University of Hong Kong. For his achievements, Prof. Stock was honoured with the O.B.E. by Her Majesty the Queen in 1961, and in the same year was also made a Justice of the Peace. Prof. Stock was also the Dean of the Faculty of Medicine for the period 1957-1962 and he was also one of the past Presidents of the Medical Society. Besides those already mentioned, there are many other academic as well as other outstanding achievements in other fields too numerous to mention. With the departure of Prof. Stock, not only the University, the Medical Profession, but also the citizens of the Colony will be deprived of one of the greatest of healers. The hundreds of Medical Students that had obtained their training under his careful guidance will always remember him, and when in doubt or in need of a competent consultant, he will the more be missed.

Yet, we are proud of his going, and knowing that he will sometimes remember us, there are more that need his skill and unfailing judgement, the sure and bold stroke of his scalpel, so that others may learn to heal with the knife from him.

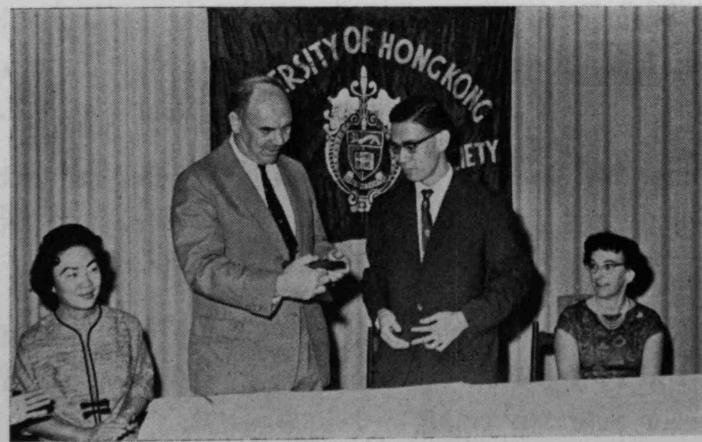
On behalf of the Medical Society of the University, I convey our heartfelt thanks to Prof. Stock, and we wish Prof. Stock and Mrs. Stock all the best and success with health and happiness for years to come.



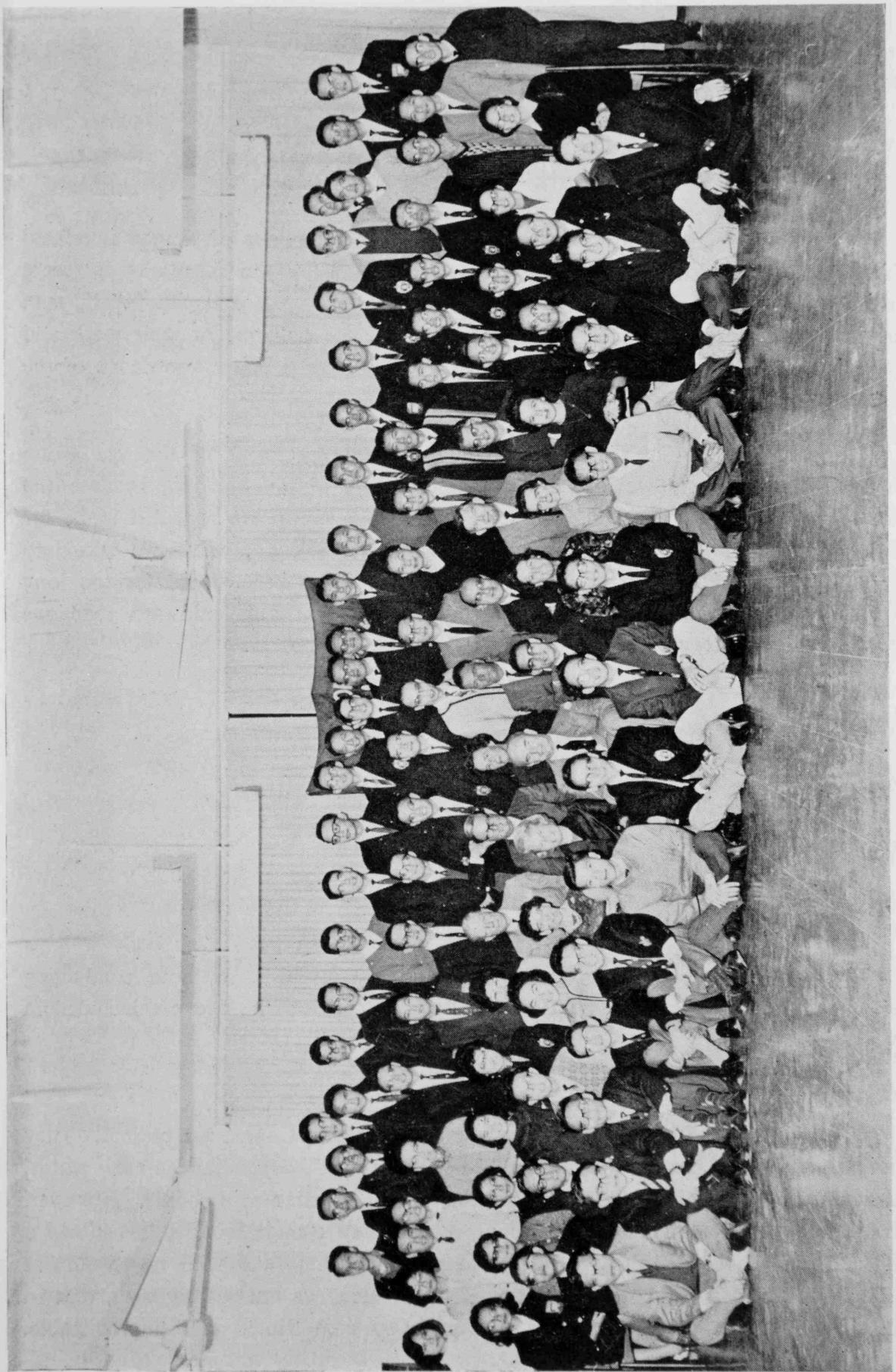
*Lend me your ears.*



*Parting is such sweet sorrow.*



*It isn't loaded.*



*Farewell Party to Professor F. E. Stock  
At Jordan Memorial Library.  
On: 28th November, 1963.*

## CHEMICAL ANALYSIS OF WOMAN

It has long been a well-recognised fact that the behaviour of women is related to their physico-chemical properties. This is borne out by the results of a recent research which is the joint effort of Prof. Smeller, M.D., F.R.O.G. and Dr. Wolff, M.D. of the University of Utopia. The following report is the outcome of their work and proves to be of immense value to those who wish to have a better knowledge of the fair sex.

In the conduction of the research, only purified specimens of the age group between fifteen and forty-five are employed as objects of investigation, because the reactions and behaviours of individuals outside that age group are regarded to be far from typical. This is not to be taken as discriminative selection when we take into consideration the fact that chemical compounds which have been stored for too long are not used in chemical experiments in order to prevent any untoward reactions interfering with the results of the experiment.

### **Woman as an element:—**

*Symbol:* ♀

*Atomic Number:* 107

*Atomic Weight:*

Unknown. This is due to the fact that most women keep their body weights as well as their age a secret. Even though they may reveal it to those conducting the research, the figures give nare far from the truth hence they are not included in this official report.

*Occurrence:*

Women may be found where their counterpart element, men, are present. They are usually under the common names of "Miss" or "Mrs.", depending on their status, that is, whether they occur alone or in combination with a man as a couple. However, the two names are interchangeable, for a woman may change from a "Miss" to a "Mrs." and then reverts back to a "Miss" again in no time and with no trouble at all. This illustrates an important feature of the element we are dealing with, that is, versatility, which makes the behaviour of woman so complicated and unpredictable.

*Electric Charges:*

A woman carries a negative charge and will attract the positively charged man by an electrostatic force the magnitude of which will be directly proportional to the magnitude of negative charge. The physical law that unlike charges will repel each other explains very aptly why women cannot stay together peacefully for any period of time.

*Valency:*

The normal valency of woman is one. That is to say, a woman will combine reversibly with a man to constitute a couple. However, this is not always the case, for women, like nitrogen and phosphorus, may have more than one valency. This is due to its capability of forming hydrogen bonds. As it is well known that the hydrogen bond is mainly due to electrostatic attraction and is a very versatile type of chemical bondage, a woman may be linked loosely to more than one man at the same time, thus exhibiting a polyvalency of covalent nature.

*pH:*

The reaction of a woman is always to the acid side. This may be due to their high vinegar (acetic acid) content.

*Melting-point:*

The melting-point of women is very low indeed and on melting, tears are formed. This is an advantage to women themselves and they also make use of this fact as one of their most powerful weapons.

*Boiling-point:*

The boiling-point of women ranks amongst the lowest of all the elements found on earth, and very often they boil with explosive force. Owing to their extreme volatility and inflammability, women should always be **HANDLED WITH CARE**, otherwise one will easily be singed or even inflicted with a burn of the first degree. However, one may make use of the physical law that the boiling-point will be elevated by the addition of exogenous solutes such as money or jewels to stop a woman from boiling.

*Spectrum:*

Woman is well known for her spectacular spectroscopic changes. When a woman is angry, she will turn red and may attain a purplish hue when the condition is severe. The most fantastic changes occur when a woman is placed beside a more refined specimen. Then she would undergo all the colour changes one can possibly observe in the visible spectrum, i.e. from red to green and then purple, and lastly returning to green.

*Radioactivity:*

There are several radioactive isotopes which may be found. When the atomic configuration reaches 36-22-36 or higher, they begin to emit-rays. However, the half-life of their radioactivity is not long and varies between five to ten years.

*Chemical Affinity:*

Woman has a strong affinity for the precious metals such as silver, gold and platinum, but she reacts most vigorously with the very common element, carbon, not the amorphous form, charcoal, but the crystalline allotrope, diamond.

*Conclusion:*

Broadly speaking, woman is a very dangerous element to handle and when one is determined to tackle her one should exercise the utmost care and should arm oneself with a detailed knowledge of her properties and with such accessories as diamonds and jewels etc. Without woman, there would be much less trouble in this world but without this source of trouble, what is the fun of living?

*"All great men make mistakes,  
Napoleon forgot Blucher,  
I forgot cancer"  
(Spencer Churchill)*



# ELIXIR?

*Alchemist's preparation designed to change metal into gold or prolong life.*  
*Oxford Dictionary.*

For the great majority of its share-holders the human enterprise is an unhappy affair of failure, frustration and futility. There have only been a few like Simeon who can say,

“Lord, now lettest thou thy servant depart in peace,  
according to thy words:  
For mine eyes have seen thy salvation.”

Sigmund Freud once wrote to a patient: ‘Much will be gained if we succeed in transforming your hysterical misery into common unhappiness. Was he merely universalizing his own pessimism that unhappiness rather than happiness is our common lot?

Taken as a species, human beings are miserable, self-divided, problem-ridden, ‘unfulfilled inferior caricatures of what they might have been.’ What is the use of sweating, labouring and straining ourselves like mad for a baccalaureate or doctorate? ‘Of the making of many books there is no end,’ sighed Solomon, ‘and much study is a weariness of the flesh.’

‘O powerless is this struggling brain  
To pierce the mighty mystery;  
In dark, uncertain awe it waits,  
The common doom — to die?’

*Inscribed Walt Whitman.*

“The cold wet earth will close around  
Dull senseless limbs, and ashy face,  
But where, O Nature, where will be  
My mind's abiding place? ”

While romance and adventure, laughter and illusion, dreams and desperate hopes, fear and angry resentment — these things continue to prod our minds, the perplexity of life and death still encloses us with a ferocity from which none of us can obtain release.

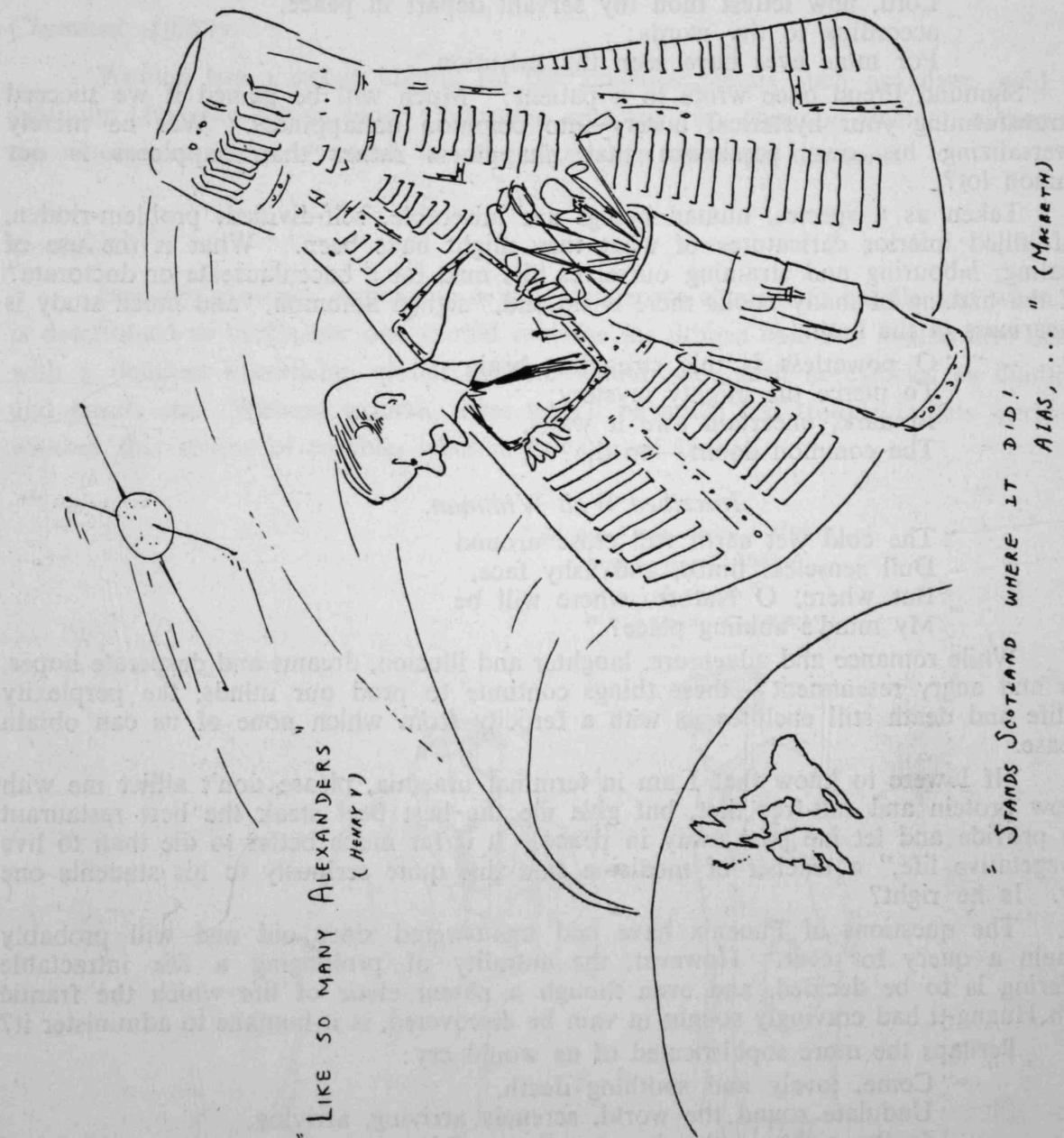
“If I were to know that I am in terminal uraemia, please don't afflict me with a low protein and salt-free diet, but give me the best beef steak the best restaurant can provide and let me pass away in peace. It is far much better to die than to live a vegetative life,” a teacher of medicine said this quite seriously to his students one day. Is he right?

The questions of Phoenix have laid unanswered since old and will probably remain a query for ever. However, the morality of prolonging a life intractable suffering is to be decided, and even though a patent elixir of life which the frantic Shih Huang-ti had cravingly sought in vain be discovered, is it humane to administer it?

Perhaps the more sophisticated of us would cry:

“Come, lovely and soothing death,  
Undulate round the world, serenely arriving, arriving,  
In the night, in the day, to all, to each,  
Sooner or later delicate death.  
Prais'd be the fathomless universe,  
For life and joy, and for objects and knowledge curious,  
And for love, sweet love — but praise! praise! praise!  
For the sure-unwinding arms of cool-enfolding death.”

*Ember.*



"LIKE SO MANY ALEXANDERS  
(HENRY)

"STRANDS SCOTLAND WHERE LT DID!  
ALAS, ... " (MACARTHUR)

## AFTER THE 1st M.B.

The 1st M.B. Examination is over, so are your fear, anxiety and the meagre knowledge of what you have learned for the past one and a half years. Perhaps the only benefit obtained from these years of hardship is the ability to speak (though sometimes not fully knowing what you are talking about) and to understand (partially at least) the language of your profession. And that is all.

The fact remains however that you have passed your examination. Putting aside your books, you start idly about, feeling a strong urge to show your achievement and seniority. So one bright afternoon, together with a friend or two, you stroll casually into the library. One of the juniors is studying for his anatomy viva. You go straight up to him, smile broadly and pat him gently on his shoulder. Presently you are commenting on the topic he is studying, now and then dropping a few hints as to the favourite questions of a certain examiner — being fully aware all the time that he is the same examiner who has failed your vivas more than once. Occasionally you turn and face the doorway. Then anyone who happens to come in at that particular moment will invariably catch a glimpse of you, your new faculty tie and your new medical badge!

The sense of seniority and self-satisfaction does not last long, especially after your first few days in the Queen Mary's Hospital. The post-mortem room is the first place you are being introduced into. Indeed, it is a strange way to begin hospital life. Instead of attending to the living patients, you are first being taught by the dead. A plate containing a wedge of lung tissue is being handed around. Is there consolidation? You take up the plate, holding it well at a distance from you

— there is always the possibility of infection. Casting your eyes on it for a moment, you volunteer a negative answer. The specimen is returned to the demonstrator. He smiles a little smile and drops it into a bowl of water. As the specimen sinks, your heart also sinks. Unmistakably you blush, but you have also learned your first lesson — thorough examination and keen observation are essential.

Then one day you are led into the ward, with your white gown on and your stethoscope carefully displaced to the best advantage. "Good morning, doctor", a patient greets you. A sudden feeling of exhilaration overtakes you. You feel flattered, proud and slightly embarrassed. While you are still in a state of intoxication, the lecturer asks you a question. Panicked, you search your mind. It is as blank as a white sheet of paper. You try again but with futile effort. Standing by the bedside, you look foolish, defeated and humiliated. Another question, obvious and straightforward, is fired at you. You stammer out the right answer, beginning to think and using your common sense. Then another question, and another . . . Finally, when the first question is put back to you, it suddenly dawns on you that you knew the answer all along. Only by following logical reasoning step by step can you reach the right conclusion. For the first time perhaps, the positive method of thinking has been introduced to you.

It is in the out-patient department and you are face to face with your patient, alone. Your face is flushed, your voice sounds unnatural, and your clumsy fingers tremble all but slightly. She complains of headache, palpitation, irritability, insomnia . . . What are the possibilities? From the bits and pieces of information obtained, you start with a process of matching. "Which of the

diseases described in my textbook resembles this clinical picture most?" You cannot find one. While you are still at a loss and wondering what you should do next, the patient offers an explanation: "I was told to have a goitre five years ago." Somewhere a bell is rung. You continue with your history-taking, with thyrotoxicosis in mind. You begin your examination, still with thyrotoxicosis in mind. Obviously there is tremor of hands, you conclude, — little knowing that the same physical sign can be beautifully elicited with your own outstretched hands. In the end, after having discarded a few insignificant details here and there, you arrive at the diagnosis of thyrotoxicosis. It turns out that you are wrong. The patient is merely suffering from an anxiety state to a large extent induced by doctors. What fails you this time? — irrational approach, one-tract-mindedness, and lack of objective judgment.

Gradually you become adapted to the hospital routine. Everyday you go into the ward and follow up the progress of your patient. One day, you find the bed empty. "The patient has an acute exacerbation and died last night," the nurse tells you. Numb by the news, your mind cannot think clearly. Then amidst confusion, a face, a smile, a gesture emerge and take shape. Every feature, every characteristic you have known so well suddenly stands out, clearcut and distinct. To you, a friend has passed away. Throughout these weeks, the bond between you and your patient has strengthened. From being merely a case assigned to you, he has become your patient and finally your friend. You have cared for him. You have matured.

After the 1st M.B. — then the clinical years. A transitional period, a time to remember and a memory to cherish.



When people's ill, they comes to I,  
I physics, bleeds, and sweats 'em;  
Sometimes they live, sometimes they die.  
What's that to I? I lets 'em.

... Dr. J. C. Lettsom "*On Himself*".

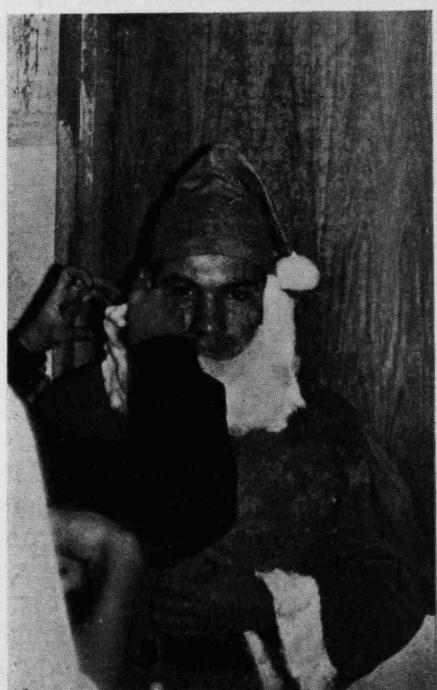


# Christmas

## Party

at

## Sandy Bay



*Secondary Characteristics*



*Wise Men?*

## REFLECTIONS FROM A MORTUARY

Some people, irrespective of sex, religion, profession or physical make-up, have a distaste to go near a mortuary, much less even to attend an autopsy. For medical students, the reaction is somewhat vacillating depending upon who conducts the examination and perhaps to "show" faces indicating their presence on the roll-call.

Here are some reflections in general emanating from long association with such places. The attitude of the layman is that those who often go to the mortuary to carry out autopsies must be characters who are callous, morbid, inhuman and devoid of any feeling whatsoever.

On the contrary, life is all the more appreciated and understood as never before—as death is so often destructive and desolate. When we see the face of a once beautiful woman, there is no beauty left; as in death all sweetness, handsomeness, grace and form have disappeared. Then our thoughts are thrown back to the living body and we make bold to say that there is no UGLY woman provided she is alive. There must be something in a living woman that is beautiful if you take the trouble to look for it. But if she dies, either from natural cause or especially from violence, inflicted either suicidally, accidentally or homicidally, all traces of her former beauty vanish. Hence the development on our part of a liberal and charitable view towards the fair sex.

When we are in the midst of a crowd, our olfactory sense is tuned to the faintest perfume in the air because we feel we are the first to notice and appreciate it. This is because we are so used to the smells of the mortuary which are not only depressing but unpleasant. So any smell of even the most minute fragrance is easily detected by our hyper-sensitive nasal mucosa and appreciated.

Thus when a member of the fair sex passes by, she need have no fear that whatever perfume or cologne she has on, would be wasted and unappreciated. When we visit the Peak or other rural areas, the fragrance of the flowers in a park or garden, however weak, has always been a source of satisfaction which in our case, is more enhanced than the average person.

Death, being so often depressing a sight, tends to cause a rebound in our attitude towards the living. This gives rise to a feeling of hope and encouragement when we see activity and movement whether in the young or the old, the rich or the poor.

It also makes us feel the waste and futility of elaborate funeral arrangements and expensive coffins such as are now prevalent and existent amongst the Chinese. Better serve them all generously while they are alive rather than all this show after death. It is not that we are disrespectful to the dead but that we are advocating for better treatment of the living.

The physical injuries we see on the bodies of deceased persons who are victims of traffic accidents make us feel like giving up driving. Unable to afford a chauffeur, our experience in the mortuary remains afresh always in our memory and one tries to be a safe driver at all times. Here in Hong Kong we believe that proper education of pedestrians can lower the death toll on the roads. Pedestrians could be seen jay-walking along the crowded streets of Hong Kong, paying no attention to the heavy traffic on the roads and never realizing that the vehicles are made of iron and steel and not paper and wood. They should be properly educated as to the proper use of the roads and that they have more to lose in the event of an accident than the drivers in their driving seats.



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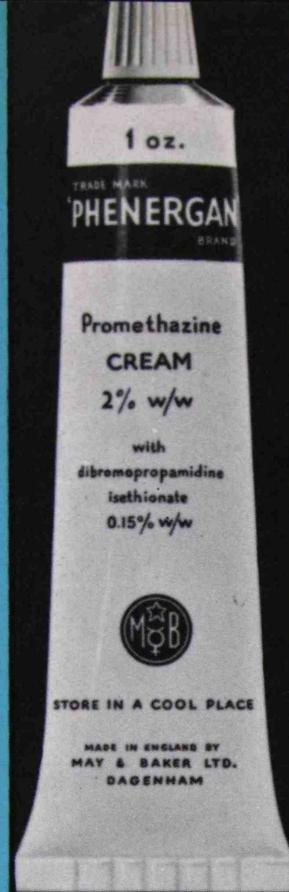


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Some people commit suicide after some romantic mishaps. "No woman is worth dying for, nor is any man worth your life" should be preached to would-be suicides and knocked into their thick skulls. What Man Proposes, God Disposes, but What God Creates, Man must not destroy. Some students commit suicide because they cannot make the grade. Our outlook in life, derived from our long association with the morgue, is not to take failures too seriously. A failure to achieve something may turn out to be a blessing in disguise. Most forms of suicide produce severe pain before death ensues. But are all these sufferings worth the cost when it's only due to LOVE or JEALOUSY? Going so far as to inflict harm on others when one is jilted in love will not bring one into repute but should be abhorred.

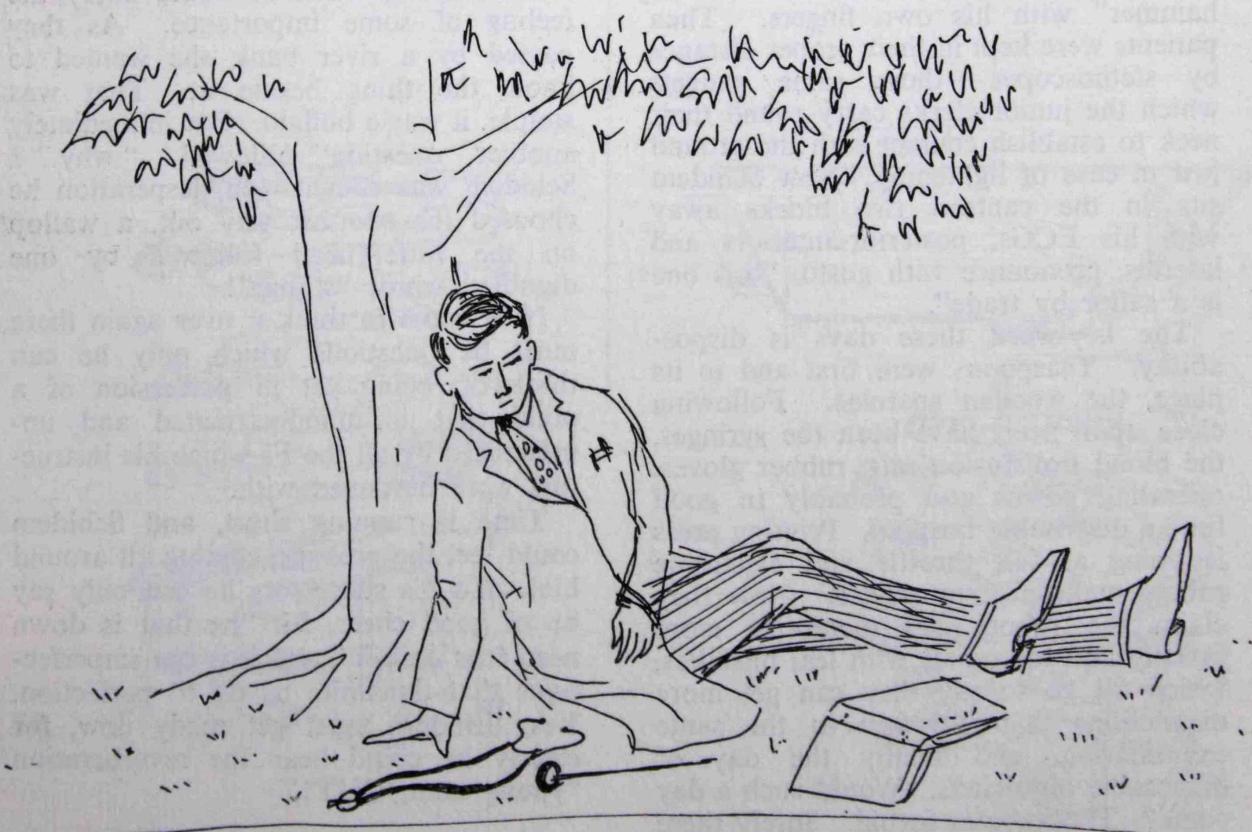
Some who die from natural causes had lingered for months and years, had undergone suffering to such an extent which is beyond description. Not only had they caused suffering to themselves but also mental and physical anguish to their relatives in addition to heavy

financial loss. We feel that it is more of a blessing to die suddenly and without suffering. One often wish their friends a Very Happy Birthday on their birthdays but we think a more appropriate greeting would be a Very Sudden and Painless Death. It should not be interpreted as a curse but a very sincere greeting.

Oh vanity of vanities! Our admiration to the wiles and artifices practised by some females to improve upon nature. In death — which is the great leveller — truth will out and it is amazing to see a wig, false eyelashes, moles, bosoms, false teeth and false hips and others that you can think of. Still all these do not detract us from admiring the living fair sex.

So if any of you, medical students, who feel that life is not worth living and holds forth no better prospects, take heart and visit a mortuary when an autopsy is being conducted, and besides learning more about Pathology and Forensic Medicine, you will emerge forth with a new lease on life.

CONTENTED.



*"I am happiest when I am idle. I could live for months without performing any kind of labour, and at the expiration of that time, I should feel fresh and vigorous enough to go right on in the same way for numerous months more."*

(Artemus Ward)

## RANDOM REFLECTIONS OF SCHIDEM

The term is at hand. Be it extraction, section or destruction Schidem knows his expulsion is inevitable. After all one can be a finalist only once, the next time by tradition he has to be honoured as a superfinalist.

Sitting on his placenta (fortunately upside down!) that faithful vehicle which brought him from the editorial of Gray to the index of Price, Schidem employed himself in what *Le Penseur* did on a rock. Yes indeed, "five years have past; five summers, with the length of five long winters". But does five years make one less of a thoughtless youth and more sensitive in "hearing oftentimes the still, sad music of humanity"? Schidem was not sure.

For five years Schidem has been witnessing his contemporaries having good times in the University, climaxed by an assault from the Governor on the head, and thence sailed into the Society — to join that leisure class of the tramp, the philosopher, the beatnik, the monk, the alcoholic or the professor. But what of his own future? — an unfortunate but naturally accidental association.

Dominic Corrigan palpated the "water-hammer" with his own fingers. Then patients were kept in their proper distance by stethoscopes — those same gadgets which the junior clerks carry round their neck to establish contact with the ground just in case of lightening. Now Schidem sits in the canteen two blocks away with his ECGs, posterior-anteriors and laterals, pronounce with gusto, "this one is a sailor by trade".

The key-word these days is disposability. Teaspoons went first and in its place, the wooden spatulas. Following close upon heels have been the syringes, the blood transfusion sets, rubber gloves, operating gowns and probably in good time a disposable hospital. Printing press is going at full throttle and electronic robots making great strides. Now they claim the robots can memorize more quickly and reproduce with less mistakes, which all go to say they can get more distinctions than Schidem in the same examination, and finally the day of disposable physicians. Would such a day come? Hippocrates forbid. Surely there is a way out.

Schidem and his colleagues believed strongly that to enquire and to question the instructors is an act blasphemous and suicidal all at once. The few black sheep that did risk their necks and play around with question marks were thus marked out as men of questionable integrity. Schidem thought there could be only three possibilities for such unwarranted act, getting impression marks, showing off, or worst of all deliberately wasting colleagues' time for something easily located in the index of Price. But now think it all over again that is something the robots can't do.

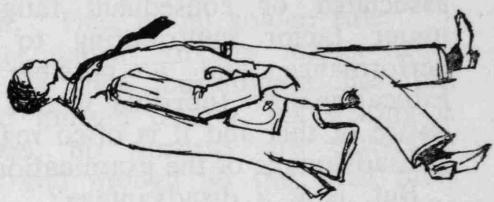
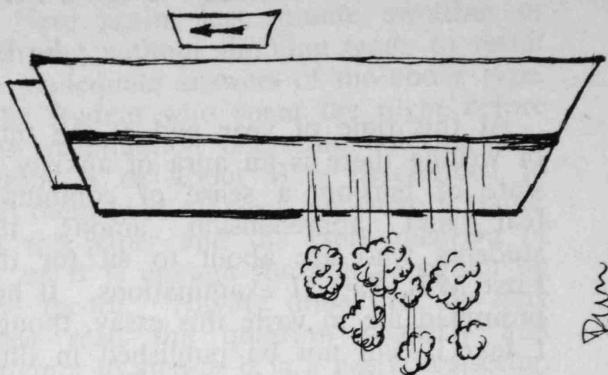
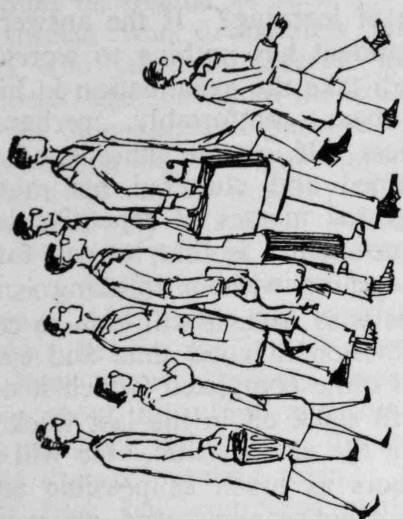
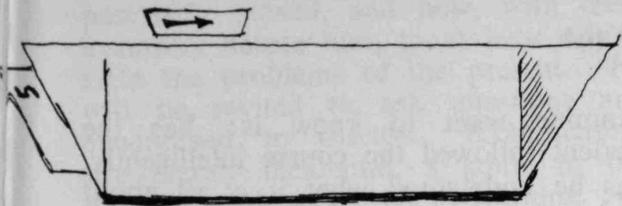
Rivalry, says Ian Fraser in his Presidential Address 1962, is useful and valuable, whether it is in the field of sport or in matters medical. Too much agreement with authority and the development of the "Yes" man are indeed bad things, and in times, as one American writer says, it leads to the condition of "the bland leading the bland".

Schidem recalled an experience a few days ago while strolling down a track with his toddler cousin — one of those rare moments when he could enjoy the feeling of some importance. As they passed by a river bank she wanted to know the thing beside it. That was simple, it was a buffalo. But immediately another question followed, "why"? Schidem was caught. In desperation he choosed the shortest way out, a wallop on the little head followed by one dignified word, "stupid"!

Now come to think it over again there must be questions which only he can think of, being yet in possession of a mind that is unindoctrinated and uninfluenced by all the Fs which his instructors were burdened with.

Time is running short, and Schidem could feel the pressure coming all around him. To his successors he can only say be of good cheer, for "he that is down need fear no fall", and it is our imperfections that dynamite us on to perfection. Yes, Schidem must get ready now, for clearly he could hear the reverberation "young man, OUT!"

SCHIDEM

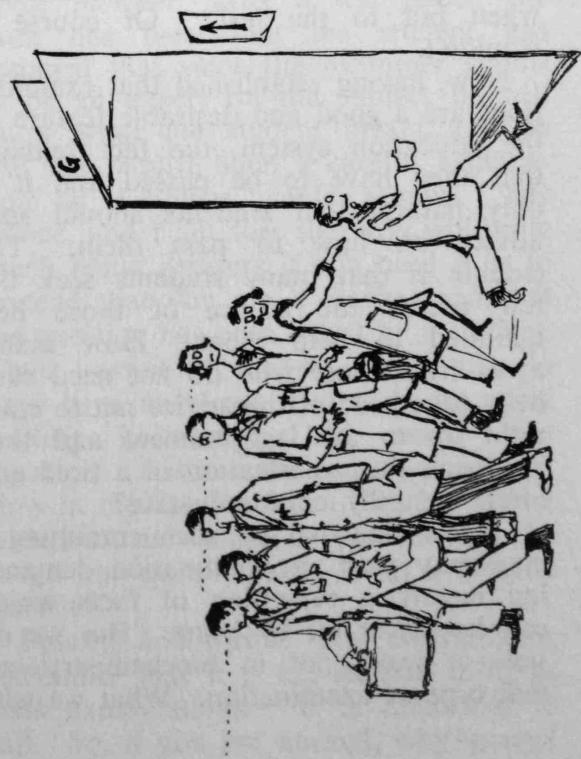
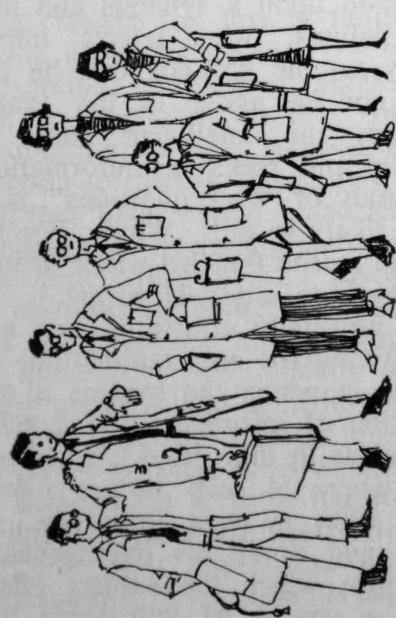


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# HOW TO PASS EXAMINATIONS

by E. O'F. Walsh

At this time of year and at the time of writing there is an aura of anxiety, a state of tension, a sense of communal fear and apprehension among the students who are about to sit for the First M.B. Part II examinations. It has prompted me to write this essay, though I fear it will not be published in time to relieve their feelings. This is unfortunate, because a state of anxiety and associated or consequent fatigue is a major factor contributing to a poor performance and a possible failure. Educationalists (horrible word) are well aware of this and it is often regarded as a disadvantage of the examination system.

But, is it a disadvantage?

After all, the student reading for a degree or professional qualification is preparing for a position of responsibility and leadership in the community. He or she will have to face problems and make decisions, grave decisions at times, sometimes unaided and at a time of stress or crisis. Would it be just to grant degrees or any other certificate of competency, acceptable as a qualification for responsibility, to a man who, however brilliant or capable in other respects, proved himself to be helpless and unreliable when put to the test? Of course it wouldn't.

Now, having established that examinations are a good and desirable feature of the education system, the fact remains that they have to be passed and it is only natural that students should seek advice on how to pass them. The trouble is that many students seek but few accept the advice of those best qualified to help them. How many, apart from those who do not need such help, take heed of the advice not to cram right up to the last moment and thus approach the examination in a tired and often mentally confused state?

It is true that by such cramming a man may pass an examination demanding merely a repetition of facts which can be learnt off by heart. But we do not—at least, not in biochemistry—set that type of examination. What we who

examine want to know is: has the student followed the course intelligently, has he understood what it is all about and is he now fit to pass on to the next stage of learning? If the answer is yes, the student has nothing to worry about; he will take the examination in his stride and pass comfortably, perhaps with honours. If, on the other hand, he has crammed and cluttered his mind with undigested masses of repetitive learning, the probability is that he will fail.

“Learning without thinking is futile.”

The wise student will plan to complete his revision in good time and even if it is not quite completed (which it never is) he will slack off in the last week or two before the examination. He will get out of doors as much as possible and take some exercise and spend an evening or two in some diverting recreation, for then is the time to resist the temptation to indulge in panic swotting, which invariably does more harm than good.

Assuming that the student is wise enough to avoid this pitfall, what are the other causes of poor performance and failure in examinations?

The student who concentrates his attention upon a syllabus and not upon the subject, who rejects information solely on the grounds that he thinks it will not be asked in the exam, who neglects the intelligent study of his subject and seeks his information from the study of “back questions”, is the one most likely to fail. Why? For the very simple reason that his whole attitude and approach to study is wrong.

A university course is not a course of training for an examination. It is a course in which the student is offered a selection of information in a subject by specialists in that subject, is advised how and where to seek further information and, what is most important, how to think and apply his intelligence to the challenge which the subject offers. In such a course he will learn how the information was gained, how this or that was discovered, how the problems of the

## HOW TO PASS EXAMINATIONS

past were solved, and how, with these examples before him, to at least appreciate the problems of the present. He will be invited to ask questions and encouraged to discuss. Examinations are merely incidental, a guide to the progress made in the art of learning, and they should be treated as such.

The student who deliberately ignores all this, who takes no interest in the subject itself, and for whom the examination is the sole aim and purpose of his study is wasting his time; one might even go so far as to say he is guilty of sharp practice, and any examiner worthy of his salt will find this out. No examiner sets out to trick his students, but only too often a student sets out to trick the examiners. Believe me, it isn't worth it!

But how many students ever ask questions about the subject and seek help to clear up some point about the subject of study that is puzzling them? Some do, but how few compared with the number of students who ask questions about the examination!

Assuming now that a student has honestly and conscientiously applied himself to the study of the subject and revised intelligently, will he be certain to pass? Yes, he will. But there still remains the possibility that his performance in the examination may not be as good as it might have been. A not infrequent reason for this is failure to answer the questions asked.

For example: a question might read, "Discuss A in relation to B". In this type of question, so many students ignore the direction to discuss and merely write down all they know about A and all they know about B, including information which is quite irrelevant to a discussion of the relationship between A and B. What is the examiner to do in such a case? Obviously, the student knows something about A and something about B, but he has not answered the question. There may be no clue as to whether the student understands what he has written, or he may by including irrelevant data without discussion imply that he does not understand it. No examiner will fail a student if he can help it, but the most he can do here is to give a bare pass mark, and that only if all the facts given about A and B are correct.

Here again, last minute swotting or learning without thinking tends to result in inadequate answers of the above type. The student who spent the night before the examination cramming all the facts about A or about B is determined to get them in at all costs. A cursory glance at the paper and the mere mention of A or B is enough for him to switch on the record. Having done this, he may then read the question properly and attempt to answer it in a hasty postscript, but that is not good enough. Read the question carefully before attempting to answer it. That is the golden rule.

Another reason for low marks being awarded is that the student has not expressed himself clearly, his writing is ambiguous, his answers are carelessly phrased, and though all the cited facts may be correct the answer may create the impression that the student's ideas on the subject are quite wrong. It may be that his ideas were not wrong, but he has expressed himself badly and created the wrong impression; he has not said what he really meant to say. The examiner has no choice but to assess the marks on what the candidate actually said, even though he may suspect that it is not what the candidate really meant. Sometimes, as I have learnt from discussing the matter with students in a "*post mortem*" after a test paper, the fault has been that the student has assumed that since the examiner claims to be an expert on the subject he will know what the student meant and he will not require such a careful explanation as a novice would require. My advice, and I am sure that you will write much better answers if you heed it, is to pretend that you are a teacher and that the question has been asked by a student. Then answer it as you would like to have been answered if you, in genuinely seeking knowledge, had asked that question. Assume the examiner is a bit slow in the uptake if you like, be patient with him, as counsel is patient with the judge who naively asks, "Who is Brigitte Bardot?"

Finally, and this is most encouraging, remember that it is the normal thing to pass examinations. It is abnormal to fail. So, if you are normal, why worry?

# NEWS FROM THE GAZETTE

7th October, 1963

## PERSONALIA

Professor P. H. Teng, O.B.E., was invited by the University of Singapore to be external examiner for the degree examination in social medicine and public health in August 1963 and for the postgraduate examination for the Diploma of Public Health to be held in February 1964.

Professor Daphne W. C. Chun, O.B.E., has been invited to deliver a number of lectures at the Universities of Oxford and London and at the Institute of Obstetrics and Gynaecology in London in October 1963.

Professors F. E. Stock, O.B.E., D. W. C. Chun, O.B.E., and A. R. Hodgson will attend the triennial meeting of the Pan Pacific Surgical Association to be held in Honolulu in November 1963 and will present papers.

## COUNCIL

### *University representatives*

Professor Gordon King, O.B.E., formerly Professor of Obstetrics and Gynaecology, at the Golden Jubilee celebrations of the University of Western Australia from November 19 to 21, 1963.

## FACULTY OF MEDICINE

### *Appointments*

(Mrs.) Choy Siu-Fun, B.A., Dip. S.S. (Hong Kong), M.Sc. (Columbia), Temporary Assistant Lecturer, to be Assistant Lecturer in Social Study from July 1, 1963.

(Mrs.) Peng Lee Chung-Hua, B.Sc. (National Chekiang), M.S. (Kent State and Columbia), Demonstrator, to be

Assistant Lecturer in Biochemistry from July 1, 1963.

### *Resignation*

Professor F. E. Stock, O.B.E., Professor of Surgery and Pro-Vice Chancellor, from December 1963 on his appointment to the Chair of Surgery at the University of Liverpool.

James Blackburn Gibson, M.D. Edinburgh and Western Reserve), F.R.C.P. (Edinburgh).

Dr. J. B. Gibson has been appointed to the Chair of Pathology, vacant following the death of Professor Robert Kirk, O.B.E., and is expected to arrive in mid-October.

Dr. Gibson received his first medical degrees in 1943 at the University of Edinburgh, and on demobilization after two years' service in the Royal Navy, was invited by Professor D. F. Cappell to join his department at the University of Glasgow under a postgraduate training scheme. From 1947 to 1954 he was lecturer at Glasgow, and since then lecturer at the Queen's University of Belfast and consultant pathologist to the Northern Ireland Hospitals Authority. He was elevated to M.D. (Edinburgh) in 1958.

During 1960-61 he returned as Visiting Professor of Pathology to Western Reserve University, Cleveland, Ohio, where he had been a Rockefeller student some twenty years before and had taken the degree of M.D. On his return to the United Kingdom he was elected Fellow of the Royal College of Physicians of Edinburgh.

Dr. Gibson's main interest in research has been on hepatic diseases, and his published papers in the learned medical journals of England and America are numerous.

## PUBLICATIONS

## DEPARTMENT OF ANATOMY

M. M. C. Lee, K. S. F. Chang, M. M. C. Chan: 'Sexual maturation of Chinese girls in Hong Kong', *Pædiatrics* 32(3), pp. 389-399 (1963).

## DEPARTMENT OF MEDICINE

A. J. S. McFadzean and D. Todd (with J. Cook): 'Splenectomy in cryptogenetic splenomegaly', *British Medical Journal* Vol. 2, No. 5353, pp. 337-344 (August 10, 1963).

## DEPARTMENTS OF OBSTETRICS AND GYNÆCOLOGY AND PATHOLOGY

S. P. Chak, T. O. T. Ts'o, and P. S. Kan: 'A papillary adenocarcinoma of the vagina in an infant', *Journal of Obstetrics and Gynaecology of the British Commonwealth* Vol. LXIX, No. 4, pp. 652-654 (August 1962).

## DEPARTMENT OF PATHOLOGY

S. H. Lee and T. O. T. Ts'o: 'Histological typing of lung cancers in Hong Kong', *British Journal of Cancer* Vol. XVII, pp. 37-40 (March 1963).

L. Ma: 'Trace elements and polyphenol oxidase in *Clonorchis sinensis*', *Journal of Parasitology* Vol. 49, No. 2, pp. 197-203 (April 1963).

P. C. Wong and L. Ma: 'Effect of suramin on serum protein in *Mycobacterium lepraeumurium*-infected mice', *Journal of Tropical Medicine and Hygiene* Vol. 66, pp. 99-101 (April 1963).

1st February, 1964

## HONOURS

The following distinctions were conferred on members of the University:

In Her Majesty the Queen's New Year's Honours list 1964:

Dr. the Hon. A. M. Rodrigues, O.B.E., E.D., LL.D. (1962), M.B., B.S. (1935): Member of the Court and the Council: *Commander of the Most Excellent Order of the British Empire*.

Dr. R. H. S. Lee, M.B., B.S. (1938): *Officer of the Most Excellent Order of the British Empire*.

## PERSONALIA

Professor A. R. Hodgson has been elected a Corresponding Member of the American Orthopaedic Association.

(Mrs.) Anita K. Li, Lecturer in Child Development, was invited to attend the Conference on Cross-Cultural Generality of Meaning Systems, sponsored by the University of Illinois Institute of Communication Research in co-operation with the Yugoslav Federal Institute for Educational Research held in Dubrovnik, Yugoslavia, from August 1 to 10, 1963. She also attended the 17th International Congress of Psychology in Washington, D.C. during August 20-26, 1963.

## COUNCIL

Lilly Research Laboratories: US\$1,000 to Dr. D. E. Gray, Senior Lecturer in Biochemistry, for research during 1963-64 into the biochemical effects of local plant materials of pharmacological interest.

Li Shu Fan Medical Foundation: \$5,000 for research in the Department of Anatomy, into the effect of climatic conditions on birth weight in Hong Kong; and \$11,000 to Professor Daphne W. C. Chun for the purchase of a spectrophotometer and accessories for research.

## SENATE

Professor E. Leong Way of the University of California, for the degree examinations in pharmacology during the three academic years 1963-66, to visit in 1965.

Professor R. V. Christie, Director of McGill University Clinic, Royal Victoria Hospital, Montreal, for the degree examinations in medicine in May 1964.

## Medical bursaries

Mr. Loh Chou Sung of the Wyler Textiles, Ltd., Hong Kong, has made sums available for the annual award of two medical bursaries of \$1,000 each for the five years 1963-1968.

Dr. Raymond K. W. Yang of Hong Kong has made sums available for the annual award of a medical bursary of \$500 for the three years 1963-1966.

### Visiting Professor

Dr. R. B. Duthie, Associate Professor of Orthopaedic Surgery and Chairman of the Division of Orthopaedic Surgery at the University of Rochester, has been appointed Visiting Professor of Orthopaedic Surgery for three months from January 1, 1964.

### University representative

Professor Daphne W. C. Chun has been nominated for re-appointment as a member of the Midwives Board for a further period of three years from December 8, 1963.

## FACULTY OF MEDICINE

### Appointments

David Todd, M. D. (Hong Kong), M.R.C.P. (Edinburgh), Lecturer, to be Senior Lecturer in Medicine from January 21, 1964.

Edmund Lee, M.B.,B.S. (Hong Kong), F.R.C.S. (Edinburgh and England), Temporary Lecturer, to be Lecturer in Surgery from November 1, 1963.

### Leave of absence

Dr. Rosie T. T. Young, Lecturer in Medicine, further extension of special leave to April 30, 1964.

F. Li, Lecturer in Surgery, seven months' special leave at the conclusion of five months' long leave, from February 1964, to enable him to take up a China Medical Board Fellowship to study plastic surgery.

Lai Kai Sum, Assistant Lecturer in Medicine, a further extension of special leave to November 30, 1963.

Therese Lu, Lecturer in Obstetrics and Gynaecology, a further extension of special leave to July 31, 1964.

The following have been granted long leave:

F. Li, Lecturer in Surgery, from February 11; Dr. T. B. Teoh, Senior Lecturer in Pathology, Dr. C. T. Huang, Senior Lecturer in Bacteriology, (Miss) S. T. Chan, Lecturer in Anatomy, and (Mrs.) C. H. Chan Teoh, Assistant Lecturer in Bacteriology, from March 1.

## PUBLICATIONS

### DEPARTMENT OF BIOCHEMISTRY

C. H. Lee Peng and E. O'F. Walsh: 'Effects of morphine on the hormonal control of metabolism, I. *In vitro* effects of morphine and hydrocortisone on utilization of glucose by muscle of normal and chronically morphinized rats', *Biochemical Pharmacology* Vol. 12, No. 9, pp. 921-930, (September 1963).

### DEPARTMENT OF PHYSIOLOGY

A. C. L. Hsieh: "The effects of triiodo-L-thyronine and L-thyroxine on the oxygen consumption and body weights of rats fed on a diet containing 0.05% propylthiouracil", *Journal of Endocrinology* Vol. 26, pp. 56-63 (1963).



Medicine is not only a science; it is also an art. It does not consist of compounding pills and plasters; it deals with the very processes of life, which must be understood before they may be guided.

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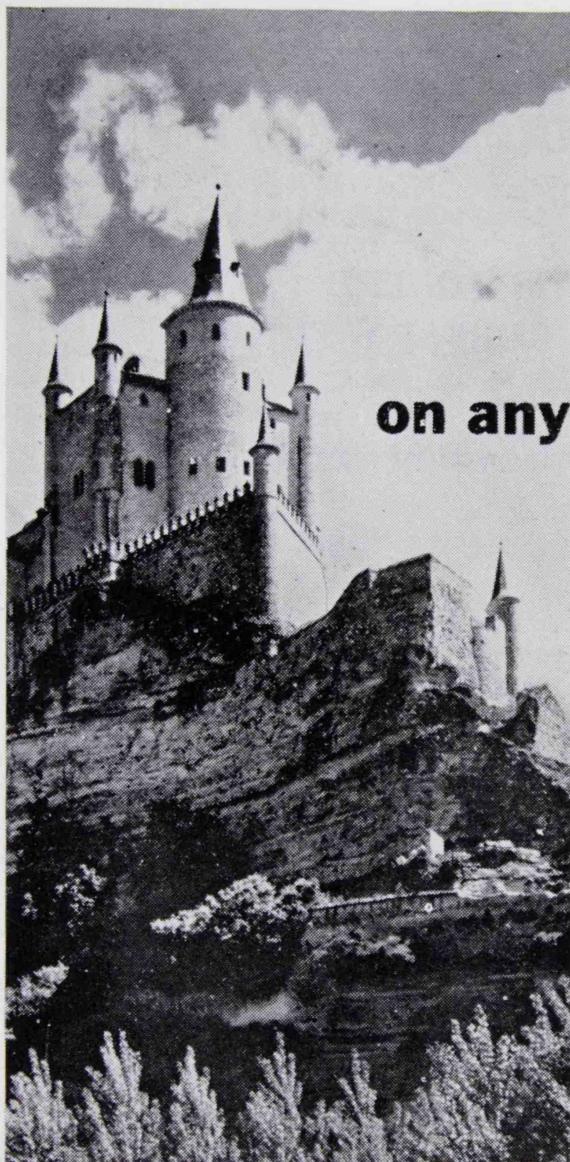
## **CONTRIBUTIONS TO THE MEDICAL SOCIETY BURSARY FUND**

SINCE our last issue went to press we have received the following donations to our Bursary Fund:

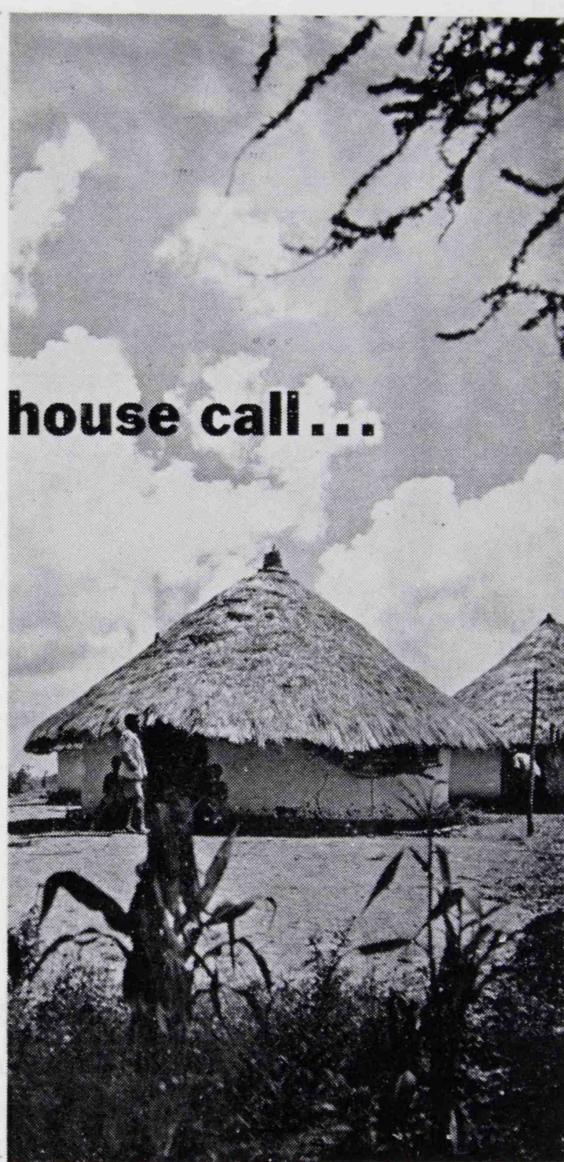
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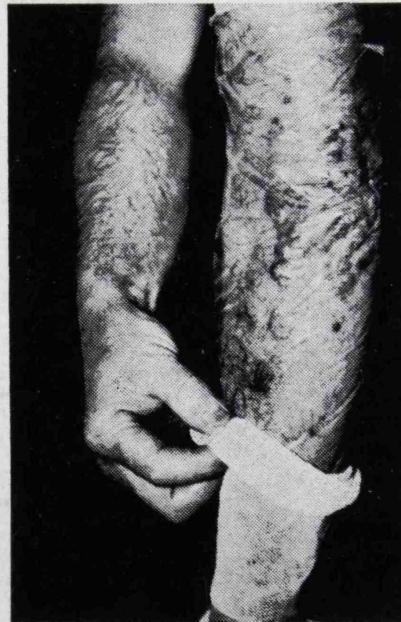
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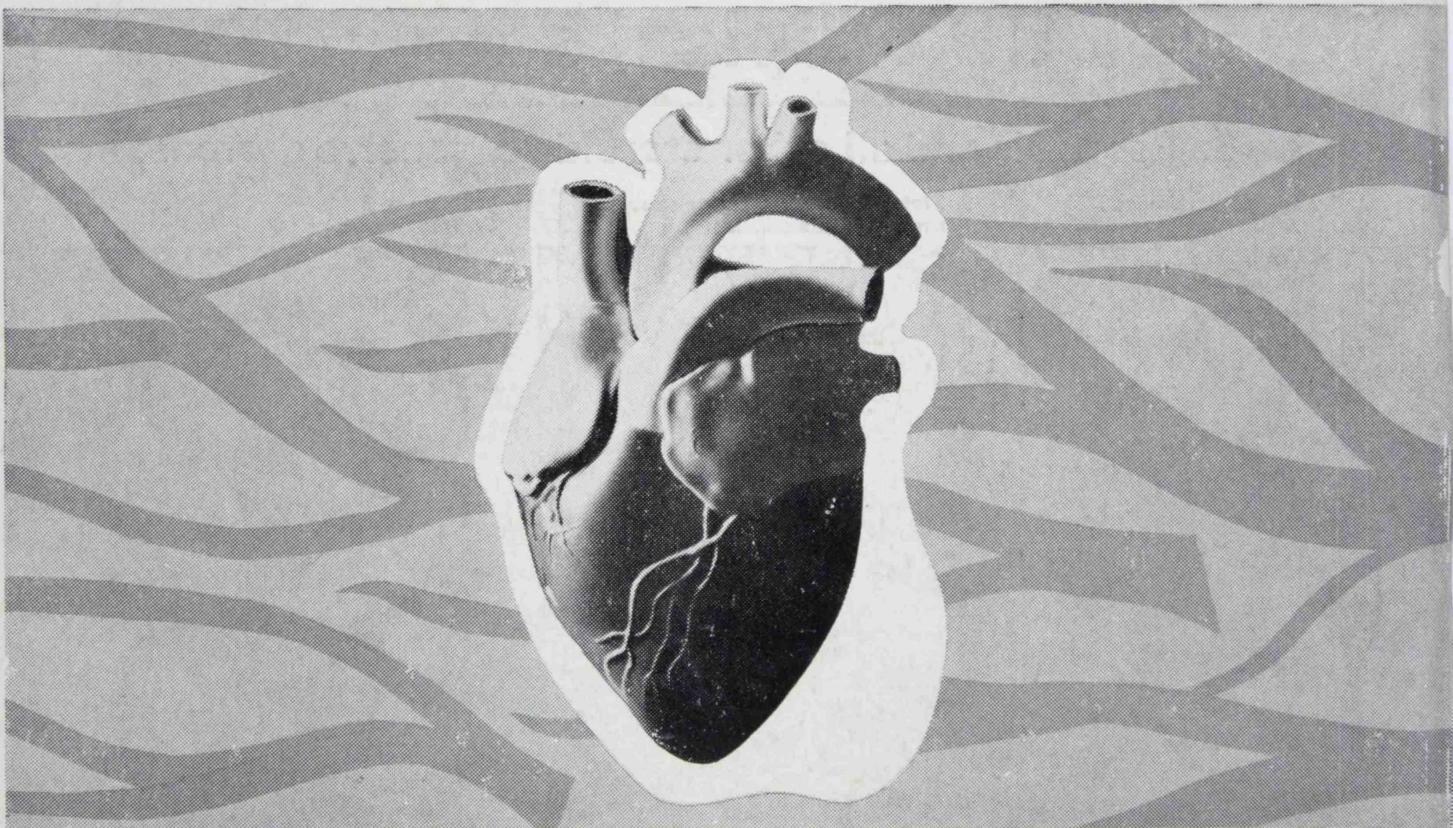


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