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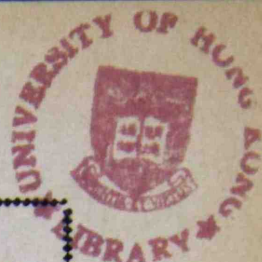
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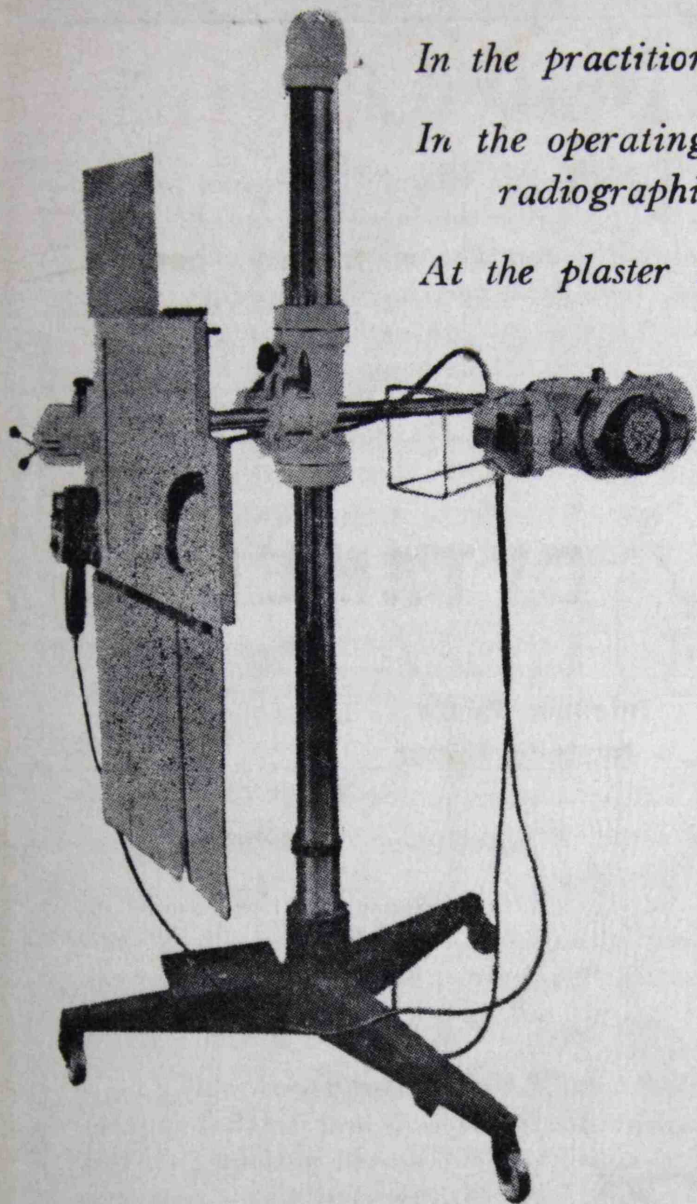
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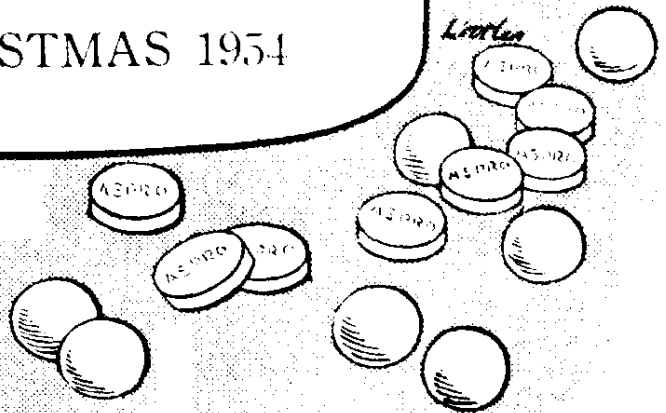
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Merry Christmas

A MERRY CHRISTMAS to all our readers. A Merry Christmas to the clinicians and the clinicians' wives who will drink coffee, beer, gin, Coca-cola, whisky, milk and aspirin, cooking sherry, tea, Hall's Tonic Wine and Mist. Bis. Co. in rapid succession from ward to ward on Christmas morning. A Merry Christmas to the Sisters who will smile and laugh and merrily reply to all the doctors' quips and japes as though they hadn't smiled and laughed and merrily replied to exactly the same set of quips and japes from exactly the same people last year, and won't be doing it again next year. A Merry Christmas to all the practitioners who will spend the second half of Christmas Day busily repairing the damage done to countless small stomachs by the first half of Christmas Day. A Merry Christmas to all the Interns who will be working on Christmas Day for the first time in their lives. And a particular and unforgettable Merry Christmas to everyone taking Finals in December.



ELIXIR CHRISTMAS 1954

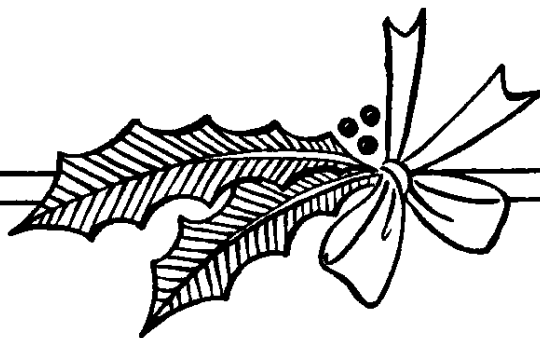


THE GRAND ELIXIR

Sir,

As you profess to encourage all those who in any way contribute to the Publick Good, I flatter myself I may claim your countenance and Protection. I am by profession a Mad Doctor, but of a peculiar Kind, not of those whose aim it is to remove Phrenzies, but one who makes it my Business to confer an agreeable Madness on my Fellow - Creatures, for their mutual Delight and Benefit. ...

Alexander Pope.



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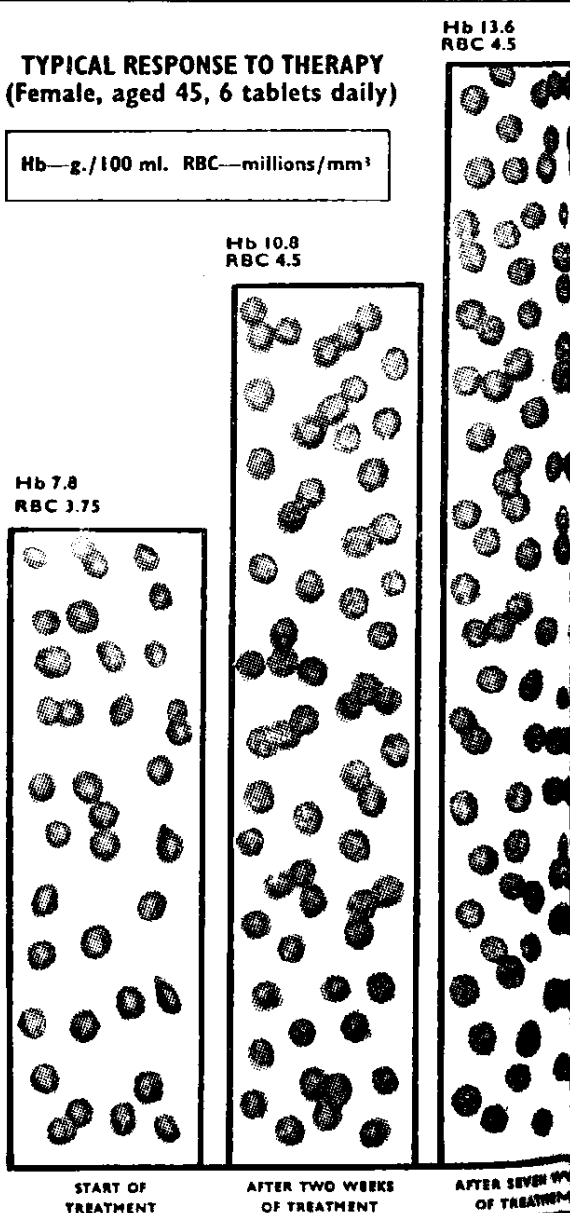
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ELIXIR

JOURNAL OF THE HONGKONG UNIVERSITY MEDICAL SOCIETY

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Fact, Fancy and Opinion

BOGEY-MEN

Somebody in the office of the South China Sunday Post-Herald feels very unhappy about scientists. So unhappy that on two Sundays running last September the leading article in that weighty and respected philosophical journal was devoted to an explanation of just how silly scientists are (South China Sunday Post-Herald, Hong Kong, Sept. 12th. & Sept. 19th. 1954).

The stimulus was the annual meeting of the British Association at Oxford. The first sally was against Dr. Adrian, President of the Royal Society and neurophysiologist, castigating him for what he said in a Presidential Address to the Association. Broadly Dr. Adrian asked for a vast programme of research into human behaviour, in the reasonable hope that the knowledge gained would allow statesmen a rather better chance than they now have of securing peace (The Times, London, Sept. 2nd. 1954).

Man may enjoy free will, but put a lot of men together and a new force takes over. Shakespeare and Confucius saw far into man's mind, but we still know little of the tides and passions that turn a whole nation of individually decent people into Jewbaters. That is why Dr. Adrian wants lawyers and historians and economists and biologists to make a scientific enquiry into these things. The dread term scientific only means that conclusions will rest upon facts, and not upon emotion or the colour of the questioner's skin.

It seems the leader writer fears some sort of mass invasion by psycho-analysts, for he cries in alarm: "We have no quarrel with his (Adrian's) belief that human beings can be improved: it is his assertion that the scientists are the people to do the job that makes our

flesh creep. They have split the atom, they must be prevented from trying to split the soul of man to see what makes it tick".

You cannot, as Adrian remarks, prevent knowledge from advancing, for the instinct of enquiry is deep and primitive. It is true that scientists produced the atomic bomb. Not because they wanted to blow people up, but because the world at large demanded bigger and better machines for blowing people up. The scientist has no more say than the next man about how the knowledge he gains shall be used. Of recent years some scientists have claimed that they should be in control of their own products. Acceptable or not, the view is at least understandable, and springs from the fear that the world at large cannot understand the enormous potentialities for good and evil of modern scientific knowledge. Not because the scientist thinks the world at large a half-wit, but because persons trained for a life-time in scientific thought can only dimly see where it all is leading.

Adrian has no wish thus to go proxy for the conscience of his fellows. He only wants mankind better equipped to use its own conscience for its own salvation. It is queer that an effort to direct scientific energies along lines that seem most likely to aid the common search for peace should call forth such wrath and fear. Is it better for science to stick to weapons?

ET TU McINNES?

One column was not enough, and succeeding despatches on the Association's proceedings further fanned the flames. After what must have been a week of thoroughly disturbed nights, our literary gentleman (or could it have been a lady?) cracks right back in again. "We



are none the worse, and perhaps none the better either for the papers which are read so frequently at meetings by scientists. They are very cocksure, these scientists, and remind us of the man who said that whatever is knowledge he knew it — and what he didn't know wasn't knowledge."

Having had a good swipe at Adrian the week before, the writer now darts to the extreme pole and spins out the required words by playing an easy game we all enjoy, tilting at child psychologists. "The scientists are so solemn, too. A child psychologist, in full spate, announces that since some 50 per cent of normal children suck their thumbs there is nothing to worry about." This refers to a communication by Dr. R.G. McInnes who said that thumb sucking was a pleasant and harmless way of passing the time until the next meal came round, and in any case deserved the same consideration as that achieved by smokers at a later age. A well sucked thumb was much less toxic than a pipe which had seen some service (The Times, London, Sept. 8th. 1954). It is difficult to see where the solemnity lies in this judgement. We begin to suspect that our leader writer's knowledge of science and scientists has so far been nurtured solely by the columns of the Sunday press.

Ah well! We are none the worse, and perhaps none the better either, for the words which are written so freely in newspapers by journalists. They are very cocksure, these but enough!



CHEAPER BEER

Not all the denizens of Wyndham Street are sceptical of scientists. A leader in the South China Morning Post for August 27th. 1954, warmly hails the discovery of a great new scientific force.

"It has been shown that a drug diluted almost to infinity, so that not one molecule of the original drug remains in solution, retains a form of energy that will affect living cells. The energy latent in the drug is apparently liberated and increased by a forceful shaking of the liquid at each stage of the process of preparation. Most doctors have been sceptical and only about 400 out of 20,000 family doctors follow homoeopathic principles. Doctors who treat people with these medicines have found them effective in practice. Now comes the scientific proof, which has been awaited for more than a century."

It is indeed a pity that the stubborn conservatism of the bulk of the profession prevents acceptance of the truth. Brewers have employed and profited by the principle for many years, and if only the doctors would pull their ideas together the problem of the enormous cost of prescriptions to the National Health Service in Britain could be solved overnight.

Our course in pharmacy might have to be modified a little. Instruction in vigorous bottle shaking would oust some of the older, less profitable disciplines; but at least our diplomats would go out into the world knowing how to mix a smooth and very inexpensive cocktail.

CHEMICAL SLEEP

On another page a contributor tells how the art of anaesthesia was fairly launched in Boston, Massachusetts.

The problem of pain during surgical operations was a harsh one, and all surgeons were interested in finding some solution. The credit for showing that ether inhalation is safe and practicable goes to the Americans, but this discovery, as is common with discoveries, was made against a background of world-wide interest in the subject. Ether was in the news, and the great Michael Faraday had shown in 1818 that inhalation of the vapour produced anaesthetic effects.

The historic Boston operation was performed on the 30th. September, 1846. News of it reached England on 17th. December. Two days later a London dentist, Robinson, used ether for an extraction, and on December 21st. Robert Liston operated upon a patient anaesthetised with ether.

Chloroform anaesthesia was introduced in November 1847 by Sir James Simpson upon the suggestion of Wildie, a Liverpool chemist. In March of that year a Frenchman, Flourens, had read a paper before the Academie des Sciences upon the effect of chloroform on lower animals, but it had been ignored.

Chloroform became and remained the favourite anaesthetic until Dr. J. T. Clover of London introduced his regulating ether-inhaler in 1876. This embodied the new principle of limiting the quantity of air inhaled and regulating the strength of the vapour.

Nowadays anaesthesia requires a large machine, a specialist at the controls, and a multiplicity of agents, but no more recent advances have matched the great discoveries of the 1840s.

PRIVATE PRACTICE

The letter by a practitioner on the state of private practice in Hong Kong sharply underlines a difficulty peculiar to Hong Kong and the few places like it.

Hong Kong is amongst the largest and most densely populated cities of the world, and its institutions and activities are those of any modern city. Yet the whole structure has grown up in little more than a century; the people and their ideas having been imported during that time.

Most large cities have grown more

slowly, so that new things have developed out of existing things, and usually in some sort of harmony with them. Here it is not so.

We have a government which is a model of its kind, but its kind is one that was designed to deal authoritatively and paternally with underdeveloped areas and backward peoples rather than with a vast urban community which necessarily has a great many minds of its own. We have a university patterned after the Red Brick Universities of English provincial cities; but Hong Kong is not an English provincial city. We have banking houses with the commercial traditions of the City of London, but Hong Kong is not London. Most of our institutions and practices have been imported, and they have not arisen out of the place itself. To make them fit in, therefore, requires patience, a very ready understanding of the needs and problems of other groups and interests, and a willingness to modify one's own ideas to a point where, superficially at least, they may no longer resemble their original selves.

The institution of private medical practice is but a case in point. There are three major groups practicing medicine in Hong Kong: the Government, the private practitioners, and the University. To some extent the aims of each group differ and may even conflict. It is essential to the health and honour of the profession that the three groups should show the utmost sympathy toward one another, and endeavour to work as a team rather than as rivals. Pious expressions of goodwill are not enough. It is high time that members of all branches of the profession learned to speak freely and honestly together in an attempt to discover where conflict lies, and to determine how it may be avoided.

BAD BLOOD

Under this heading Time magazine (May 24th, 1954) tells how the New York State Medical Society has launched a "blood assurance program" whereby a family can join a blood bank, and in return for a deposit of one pint a year become entitled to a maximum of four pints of transfusion blood for each member of the family, or unlimited blood for any one member.



The scheme is apparently not very popular with the profession. According to the magazine, most patients needing blood for transfusion have to pay up to US\$35 a pint, or else replace the blood they use at the rate of two pints for one, and still pay a service charge of up to US\$25.

The American Red Cross has attempted to maintain a store of freely given blood for use by the services, civil defence, and in case of disasters. It insists that no charge be made for blood which it has collected from volunteers, but the A.M.A. and state medical societies claim that free blood, except for paupers, is "socialism".

It all seems dangerously red to us, but in passing, it is pleasant to note that last September eighty-one American sailors from the U.S.S. "Walton" came ashore and gave blood for the Hong Kong Blood Bank. This is not surprising, because the average American is warm hearted and generous; and there may, after all, be some wisdom behind their national mistrust of the 'something for nothing' boys.

ARMED FORCE

A recent newspaper report tells of a Hong Kong doctor who was fined \$50 for failing to keep a register of dangerous drugs and a record of penicillin purchases. The report states that the doctor's surgery was visited by a Sub-Inspector and a party of police.

In most places an errand of this nature would have been undertaken by a little man in a bowler hat. Is it the notoriously desperate and ruthless character of Hong Kong medical men that makes it necessary for inspecting officers in this colony to be supported by a gang of armed men? A little tact and com-

monsense can accomplish more in a civilized community than half-a-dozen pistols, and it comes cheaper.

JONATHAN MILDEW

It is good to have Mildew back in our pages. Mildew and ELIXIR grew up together, but now his name is almost forgotten, and only a score or so of ancients know who he is. To the young, then, those who have had but three or four years of the Good Life, it must be explained that Jonathan Mildew is our own Perpetual Student. Somehow or other he managed to dodge his way into the clinical years, but since that accident he has shown more care, and not another examination has he passed. Time has made him a familiar and feared figure in every clinical department. With increasing practice he rarely fails to say or do the wrong thing in the wrong place at the wrong time. As a universal butt, scapegoat, and standard 'low' he is invaluable and irreplaceable. May his chronicler long survive the horror of having to tell us all about him.

ON OURSELVES

The last issue of ELIXIR went out to 77 Commonwealth medical schools. Eight hundred copies were printed, and all were distributed. There was a brisk demand from medical students once they were told they could get it for nothing. Six undergraduates thought it worthwhile trying to win \$100 by completing the crossword puzzle. No undergraduates thought it worthwhile trying to win \$125 by sending in a few words of prose, a few lines of poetry, a sketch or a photograph for this present issue. The Editors received several complimentary letters from some of their more intimate friends and relations.

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Literature and further details supplied on request

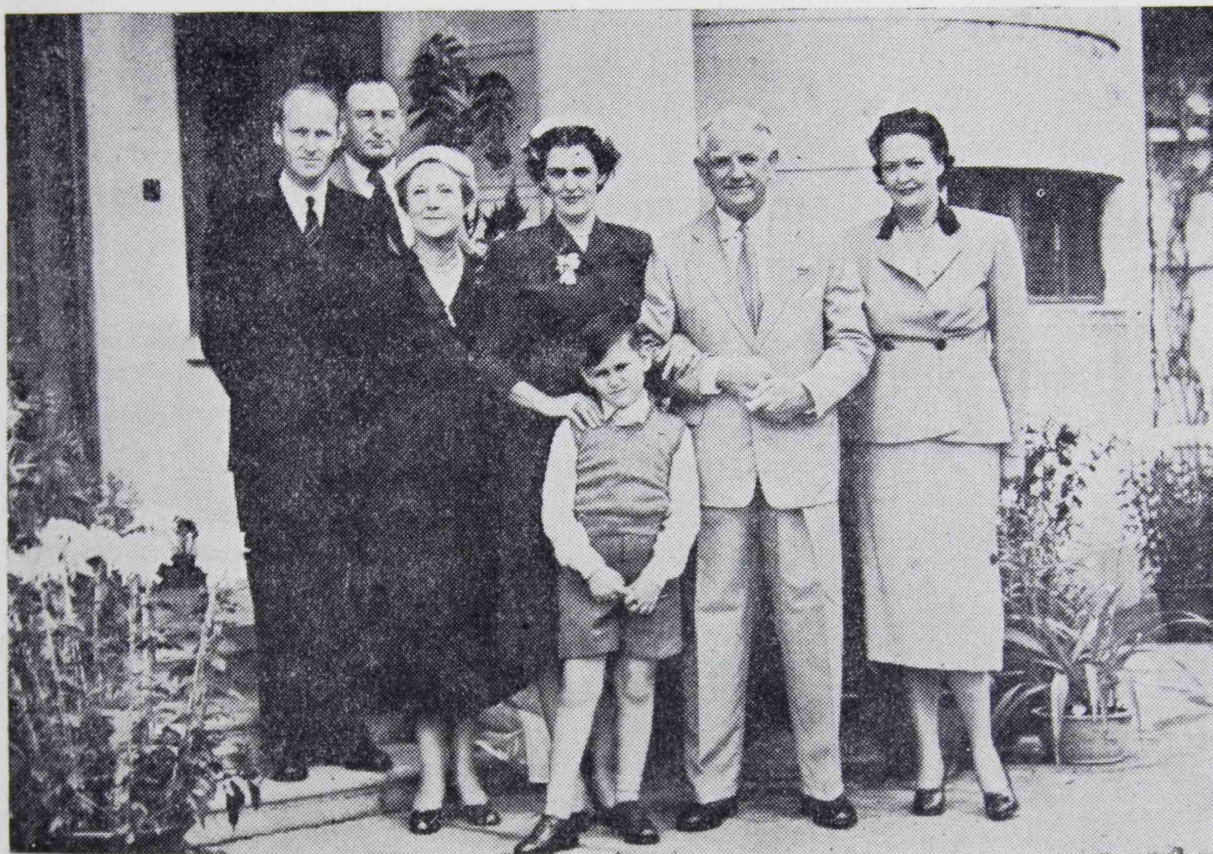


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WEDDING OF THE YEAR

EARLY on the morning of Friday, 12th. November our well-loved friends, Vice-Chancellor Lindsay Tasman Ride, and Violet May Witchell, went to the Union Church with a tiny escort to become man and wife.

By the time an astounded and delighted University heard the news, Dr. & Mrs. Ride were on their way to a brief honeymoon in Macao.



GROUP OUTSIDE THE VICE-CHANCELLOR'S LODGE AFTER THE CEREMONY

BUT although a quiet wedding was inevitable, a quiet home-coming was unthinkable. The general joy and gratification of us all demanded expression, and every section of the University — staff, students and alumni — went to work.

Frantic and completely unco-ordinated enquiries and detective work finally established the E.T.A. of the happy couple from Macao as 6 a.m. on the morning of Wednesday, November 17th.

Meetings were called (one of which lasted all night), plans were elaborated and rejected, our resident Bard produced a polished ode of welcome as if by magic, and in the end, and just in time, arrangements for a demonstration of our feelings were complete.

THE Union produced a printed call to arms containing the programme.

- | | |
|--|--|
| <ol style="list-style-type: none">1. 6.10 a.m. "Fatshan" berths; Dr. & Mrs. L. T. Ride met by student delegation comprising Miss Ella Sun, Messrs. S. A. Vanar, Ng Kwok Leung, Ma Shiu Lun, Lee King Fun, and Edward Lim.2. Transported to Lodge. Approximate time of arrival 6.30 a.m.3. Entry amidst acclaim; escorted to central grass plot by Dr. D. K. Samy, President of the H.K.U.A.A., and Prof. G. King, the Professor-in-Charge, V.C.'s Office.4. The Bard's oration (Prof. E. C. Blunden) and presentation of original manuscript. | <ol style="list-style-type: none">5. Prof. Gordon King makes welcome speech.6. Dr. D. K. Samy makes welcome speech.7. Mr. Edward Lim makes welcome speech.8. Joint presentation.9. The Vice-Chancellor replies.10. A thirty-three-foot long string of fire-crackers is set off.11. The Vice-Chancellor and his bride pass under a cricket bat archway composed of student cricketers.12. The company retires. |
|--|--|



THE BARD RECITES

MIRACULOUSLY, everything went as planned, and by 7 a.m. our Vice-Chancellor and his bride were safe and alone in their own home, with nothing but a knee-deep litter of streamers, continuing explosions from the compound, and a look of happy satisfaction on all faces to show what had occurred.

WE greet them, and thank them for giving us this joy.

(Opposite-Professor Blunden's ode of Welcome, which was printed in the original script and distributed as a broadsheet).

VERSES

on behalf of the UNIVERSITY OF HONG KONG
in honour of the Vice-Chancellor Dr L.T. RIDE's
marriage with Miss Violet May WITCHELL on
12 November 1954

Assemble, all you paragons of learning,
And leave your books, your test-tubes, your board meeting,
To welcome our Vice-Chancellor returning
With one we know, his bride, who claims our greeting
Even as himself; come young, come old, come all, —
Appear from far Kowloon, from hostel, junk, or hall.

Come Sciences, come Arts; Administration,
Quit your huge desk and join the merry throng;
And Sport, contribute bright congratulation
To him, and her, who have toiled so well and long
For our advancement. He and she now one,
Be their long years of all that's best, beneath the sun.

Soprano, alto, tenor, bass, your training
Must show in song for your choirmaster now;
Batsmen and bowlers, it's not always raining:
Up with your caps to him who taught you how.
Each student of quick wit and fair persuasion,
Salute your chief on such an eloquent occasion.

And all you ladies who contrive so sweetly
To take degrees and each spectator's eyes,
Look how this lady speaks for you completely:
Attend her now and whisper she is wise.
Our entire multitude with single voice
Follows you there and sings both ways the Happy Choice.

E.B.



THE MERRY THRONG



WELL HIT, SIR !

Tailpiece:— After it was all over, one member of the company was heard to remark: "What's all this on the programme about The Bard's oration? I didn't see Dr. Bard anywhere about".

THE DIGBY MEMORIAL LIBRARY

The following note has been supplied by the Secretary of the Hong Kong & China Branch of the British Medical Association

AT A MEETING on May 10th, 1954, the Council of the Hong Kong and China Branch of the British Medical Association agreed to name the B.M.A. Library the Digby Memorial Library, in honour of the late Professor Kenelm Digby of the University of Hong Kong.

The B.M.A. Library, through the courtesy of Messrs. Dodwell & Company, is housed in their Pharmaceutical Department on the 3rd. floor, Hong Kong & Shanghai Bank Building. Messrs. Dodwell have generously donated bookcases and made available reading and writing facilities nearby where the library contents may be studied. The Honorary Librarian is Dr. Kenneth Uttley of the Medical Department.

Although the Library contains a number of well known reference textbooks of medicine, it is hoped to augment it, as funds permit, by adding a comprehensive list of specialist publications and periodicals, both British and American. Many have already been ordered, and should arrive in the colony shortly. A number of practitioners have kindly offered their own specialist journals. Air mail copies of the British Medical Journal and Lancet have been made available through the good offices of Mr. R. McAdam of Messrs. Dodwells, who has spared no effort to make the Library a success.

The Library is open between the hours of 9.00 a.m. and 5.00 p.m., and is available to all members of the medical profession, medical students and members of the nursing profession. Donations or gifts towards extending the scope of the Library in cherished memory of Professor Digby, who did so much for the cause of medicine in Hong Kong, will be gratefully received by the Council of the British Medical Association.

CENTAURS

*Hoho! the centaur's horn!
The trodden hill, the shattered stone,
The clattering chase and flowing hair,
The old life, and the breast bare,
The pricking cramps of joy and care
In the forest, and the wild stretches
Away across the rattling gulches
And mountainsides alive with green fetches
Of flowers and rude strong melody.
And on a day pawing and peering nigh
When Bacchus' cruel train goes by;
The panther golden-eyed with sliding gait
Draws on the newest god, with state
Of drunken girls all dabbled in delight
With purple touches of the pouring wine.*

ADRIAN ROWE-EVANS

Lepetit

STREPTOPAS

Lepetit

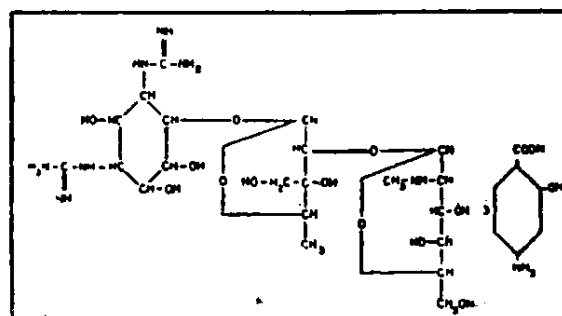


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- *tuberculosis of the bones*
- *tuberculosis of the genital organs*
- *tuberculosis of the eyes*



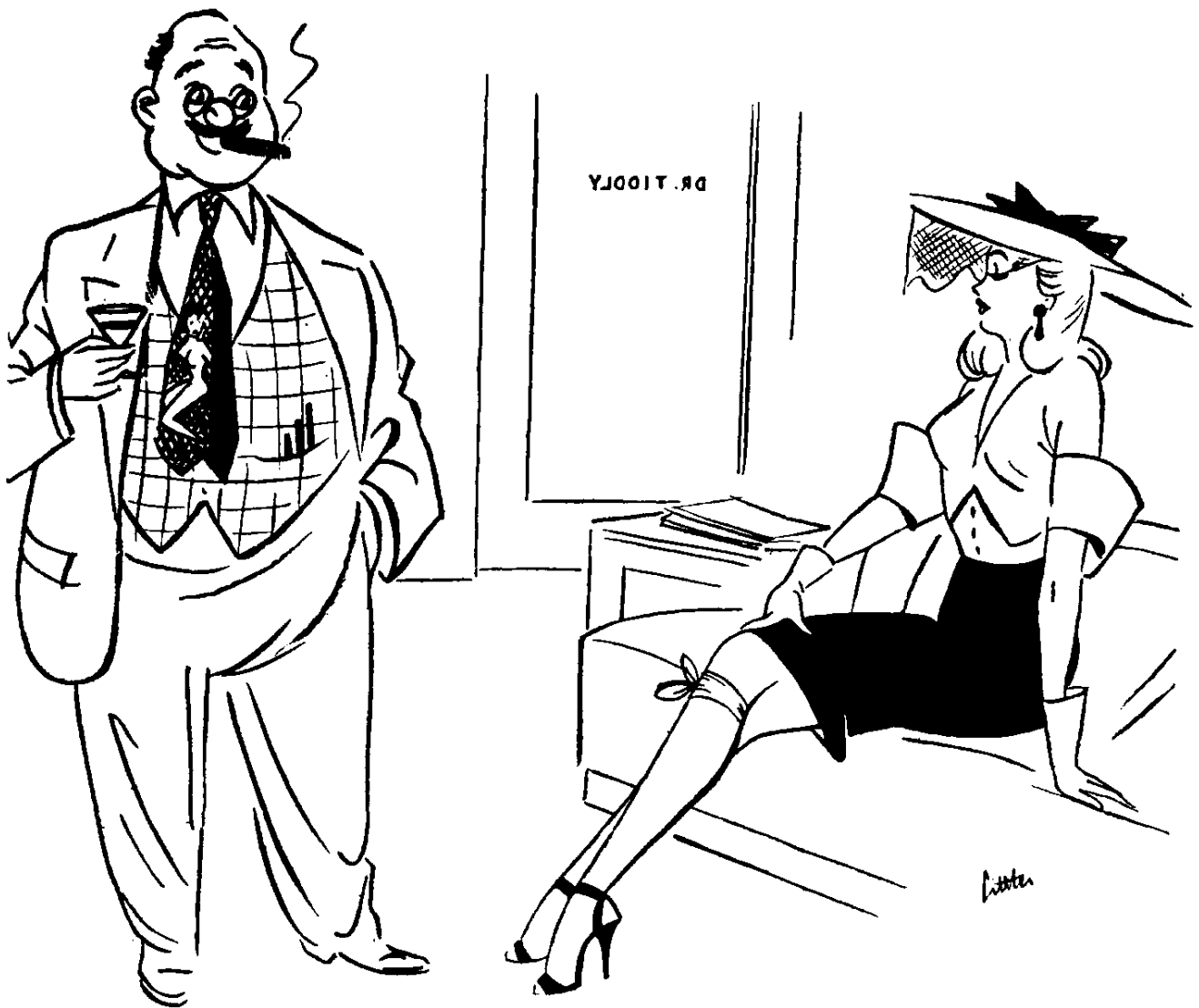
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THE PHYSICIAN.

It is a recommendation for a physician if, as far as his nature permits, he possesses a fresh colour and is of good physique; for the general public believes that those who have not looked after their own bodies well are also unable to care for the well-being of others. Furthermore, he must look clean, have good clothes, and perfume himself with pleasant-smelling ointments; for all this makes a good impression on the patients. As regards his other qualities, he must watch the following. He must not only know how to be silent at the right moment, but must also lead an orderly life, for this contributes a great deal to his good reputation. His thoughts should be those of an honourable man, and as such he should show himself to be friendly and a man of considered opinions towards all honest citizens. For haste and rashness are not liked, even when they are of service. If he

can do as he wishes, then he must be very careful; for the same treatment is only liked if it occurs rarely. As regards his bearing, he must have an understanding expression, and must not look vexed, since that would appear presumptuous and misanthropic. But on the other hand, he who laughs and is too boisterous becomes burdensome, and this must also be guarded against. He must be just in all his dealings; for the support of justice is necessary on many occasions. But the physician's relations with his patients are not slight, for they place themselves completely in his hands, and the physician comes into contact with women, young ladies, and objects of the greatest value every hour. One must know how to compose oneself in all these cases. These must be the physical and mental qualities of a physician.

HIPPOCRATES.

Gentlemen, this is no humbug!

Some observations on an old friend—ether

"Gentlemen, this is no humbug!" With these historic words, uttered in amazement by Dr. John Collins Warren, surgeon to Massachusetts General Hospital, the birth of anaesthesia was confirmed.

The date was September 1846, the occasion an operation for removal of a tumour of neck on a patient named Gilbert Abbot, the surgeon was Warren and the man to whom these words must have sounded sweeter than angelic music was William Thomas Green Morton, for this man, one of the pioneers of anaesthesia, had been experimenting with ether.

Morton was by no means the first to use ether. There were men before him and there were contemporaries. As a matter of fact, diethyl ether, to give it its rightful name, was a drug of considerable antiquity. Its original discovery is attributed to Djaber Yeber, an Arabian chemist; it was also described by Valerius Cordus, an assistant of Paracelsus, in 1540, who, however, thought of a fanciful name for it: "oleum vitrioli dulce".

It was, however, not till 1758 that the therapeutic properties of ether were suggested by Michael Morris, who thought that certain pulmonary diseases might benefit from the inhalation of ether. Many observers had noted the exhilaration, developing into a semi-inebriation, which consistently occurred during such inhalations, and ether became a recognised alternative to nitrous

oxide gas for the production of the "frolics", a name given to the strange parties in vogue at that time.

It seems that such "frolics" became fashionable amongst medical students in England and also in the United States.

In the autumn of 1841 Crawford Williamson Long, a recently qualified doctor, gave a few of these "parties" at his house in Jefferson, U.S.A. Nitrous oxide was used at first, but was difficult to come by. Ether was tried instead, with equal success, as the participants secured their usual amusement. Long noticed that he and his guests would sometimes suffer minor injuries such as bruises and abrasions without any immediate discomfort. It occurred to him that there might be a chance of using ether as an antidote to operative pain. Consequently, on 30th. March, 1842, Crawford Long put his ideas into effect and administered ether by the "open method" upon a towel to a young man named Venables. The anaesthesia produced was quite successful and a cyst was removed from the occipito-cervical region.

Long anaesthetised Venables again for removal of another cyst, and also three other patients, with equal success. However, the local population did not welcome Long's efforts, neither did the medical fraternity in the district give him any encouragement or support. It was unfortunate that Long neglected to publish his work in any scientific jour-

GENTLEMEN, THIS IS NO HUMBUG !

nal or read a paper before a medical society. It was not till after Morton had independently introduced ether that Long published the details of his own work. Nevertheless, Long deserves great praise for the courage and skill with which he carried into clinical practice the results of his original observations and ideas.

William Thomas Green Morton, another pioneer of anaesthesia, was quite ignorant of Long's work, and experimented with ether on his own. It seems that quite independently he had employed ether as a local surface anaesthetic on the skin. He also conceived the possibility of using this drug as an inhalant for the production of narcosis. In this he was aided and advised by a chemist at Harvard University by the name of Charles T. Jackson. Acting on his advice, Morton proceeded to try the effects of ether inhalation on two medi-

cal students, and as this experiment was not entirely successful, he decided to continue his research on small animals. Morton had a pet dog in his house which he repeatedly anaesthetised with success, and in September 1846, he succeeded in putting himself to sleep for eight minutes. At the end of the same month Morton administered ether to a patient named Frost for the extraction of a tooth. This was such a complete success that he asked for permission to give ether at the Massachusetts General Hospital.

And so we come to the memorable day in September 1846 when Morton so impressed the surgeons and other medical men who were present on that occasion that John Collins Warren, the surgeon, made his historic observation on anaesthesia in general and ether in particular: "Gentlemen, this is no humbug!"

Z. L.

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POW WOW

To the state of Indiana
By the laughing big-sea water
To the Lodge of Dr. Kin-see
Came the squares of all the nations
Creek, Ojibwe and Dacotah
Sioux and Cherokee and Choctaw
"Tell me all" said Dr. Kin-see
"Very sound proof is my wigwam
Never will your name be mentioned
You will be a Kin-see sample"
So he questioned all the women
Minnehaha and Nokomis
Sparing neither grave nor cradle.
Many times he asked the matrons
"Are you faithful to your husbands?
Say does all the blood within you
Leap to meet them leap to meet them?"
"Ugh" they cried "we cannot stand them".

Then he asked the teenage maidens
'Say, do you indulge in necking?
Petting in the warriors' wigwam
What is this technique of petting?"
'Kaw' they prattled "What a question!
Are you kidding? Are you kidding?"
Curious was Dr. Kin-see
Very naive and very nosey
Minnehaha and Nokomis
Out of feminine politeness
Gave the answers he expected.
Told him plenty, told him plenty.
Then he put in picture-writing
All the squares' pre-marriage customs
Took the lid off all the wigwams
Bared the Love Life of the lodges
Very lax were tribal morals
Very sexy female humans
Very snappy their case histories
Dr. Kin-see's book will bring him
Plenty Wampum Plenty Wampum.



Attributed to UNOSOPP (United Nations Organization for the Suppression of Poppycock and Pomposity) and distributed throughout East Asia by the Professor of Economics, Hong Kong University.

Biology As A Career

*Professor D. Barker, Department of Biology
University of Hong Kong*

The general public tend to think of a biologist as a cross between a bughunter, a rat-catcher, and a vet. Biology is vaguely thought of as something to do with sex, hygiene, and pressing flowers. I want to try and correct these impressions and describe briefly what biology is, and what biologists do, and conclude by saying something about biology in Hong Kong.

Biology is the study of life, of all phenomena manifested by living things. It is a young science, comparatively speaking, for the term "Biology" was not coined until 1802, and the subject has only come to be taught in schools and Universities within the last hundred years. The professional biologist is thus something of a newcomer, and the store of biological knowledge which accumulated in the centuries before his arrival was largely created by naturalists, philosophers, anatomists, and doctors. Biology, as a science in its own right, has grown very rapidly: to give you some idea of the extensive field it covers, the following is a list of some of its provinces: anatomy, anthropology, bacteriology, biochemistry, biometrics, botany, cytology, ecology, embryology, endocrinology, entomology, genetics, helminthology, histology, herpetology, ichthyology, malacology, morphology, mycology, nutrition, ornithology, osteology, palaeontology, parasitology, physiology, taxonomy, zoogeography, and zoology. The professional biologist is trained either as a zoologist

or as a botanist and usually becomes a specialist in one particular province of biology.

It is important to understand where medicine fits into this picture for there is much confusion of thought regarding the relationship of medicine and biology. Medicine is the art of restoring and preserving health in man and animals, human medicine being practised by doctors, and animal medicine by vets. Medical science, on the other hand, is for the most part the biology of man in relation to medicine. Medical research is thus pursued mainly by doctors and by biologists who have been trained in zoology. There is no doubt that the zoologist is better equipped to tackle the basic problems of medical research, for the zoologist has a scientific background which enables him to evaluate the problems in their biological context, whilst the doctor is trained primarily to practise the art of healing. Of course, the ideal research worker in medical science is the zoologist who has also been trained as a doctor, or vice versa, but since it takes a minimum of about eight academic years to achieve this the zoologist-medico is a very rare bird. In practice medical research is to-day pursued by teams which enlist the services of both doctors and zoologists, or other scientists. This is well illustrated by the composition of the research teams which worked on penicillin, nerve-injuries, malaria, typhus, nutrition, the biological effects of explosions, and so on, during the Second World War.

The boundaries of biology are thus medicine, chemistry, physics, mathematics, and religion, in as much as religion is concerned with human behaviour. It is a science possessing a cultural value that is peculiarly its own; concerned with a wider variety of phenomena than is physical science, it unites the precision of science with a breadth of vision like that of the humanities and can be a most valuable educational discipline.

What do biologists do? Although our life to-day may appear to be dominated by the creations of the physical scientist and the engineer, biological processes are, and must always be, of more fundamental importance for our civilization. The production of food, the disposal of waste, the pursuance of medical research, the control of pests, and the application of the principles of genetics to breeding, all these involve the manipulation of organisms. Many of these biological activities, particularly those relating to agriculture and fisheries, are carried on by traditional methods which have evolved slowly through the ages by trial and error, but to an increasing degree the results of the scientific study of living organisms are being used to increase their efficiency and scope. It is in this way that the biologist makes his contribution to the life of the community.

Let us take three examples to illustrate the work of biologists. The part that they play in medical research has already been mentioned. The Medical Research Council in Britain administers funds provided annually by Parliament and at present employs a staff of some 1,500 of whom a little over 400 are scientifically qualified. Of these 400 about 150, or just over one third, are medically qualified. Some of the most notable research in which the pure biologist played an outstanding part during the last war was on the physiology of wound healing, particularly in respect to skin and nerve-grafting, on the aetiology of scrub-typhus, scabies,

and dysentery, and on the biological effects of explosions; all these projects were sponsored by the Medical Research Council. The Agricultural Research Council is a body similar in status and function to the Medical Research Council and employs over 600 biologists whose work ranges from plant and animal breeding, parasitology, and ecological studies, to microbiology and bacteriology. Perhaps the greatest advance that has been made in agricultural biology in recent years is in the field of animal breeding, particularly in respect of artificial insemination techniques. By means of artificial insemination nearly three thousand ewes have been fertilized by one ram in one breeding season. Sperms can be stored in tubes and keep well for short journeys at comparatively low temperatures. They can be sent abroad: calves have been born in Holland as a result of fertilization of ova by sperms collected in Britain and sent across the Channel by post. My third example concerns the contribution that the marine biologist makes to the life of the community. His activities range from devising methods to prevent ship-fouling and protecting submerged timber and stone-work from boring organisms, to engaging in fundamental research on the physics and chemistry of the sea and the biology of marine animals. By his efforts in this direction much has been achieved that is of practical value to the fisheries industry such as predicting the best fishing areas for certain fish on the basis of scientific data instead of superstition or tradition.

It would take too long to make a detailed survey of the different types of work undertaken by biologists but I should briefly mention their work in the Scientific Civil Service on low temperature research, the utilization of seaweeds, and on fundamental problems relating to the storage of food-stuffs; their work with the Services on camouflage, bacteriological warfare, and on the biological effects of atomic radiation and flying at supersonic

speeds; their work in industry on antibiotics, fermentation, insecticides, and nutrition; and their work in the Commonwealth in desert reclamation, forestry, entomology, agriculture and fisheries. If I have spoken of the British biologist it is only because I know him best; the same kinds of activities are pursued by biologists in most countries and perhaps nowhere more vigorously and extensively than in the Scandinavian countries, particularly Denmark.

What of biology in Hong Kong? There are many biologists in the Colony; there are those in Government service engaged in agriculture, forestry, fisheries, pest control, biochemistry, and anti-malarial work, and those in the University who are physiologists, anatomists, zoologists, botanists, biochemists, and marine biologists. The Government biologists are concerned primarily with the practical applications of his knowledge, whilst the University biologists are mainly concerned with teaching, but both engage in research to a greater or lesser extent, often in collaboration with each other as is particularly the case in medical and fisheries research. There are also the amateur naturalists, many of whom belong to the Biological Circle and some of whom are specialists in one particular group of animals or plants. Far be it from me to speak on behalf of all these individuals; better that I concentrate on one of the provinces that is my own, namely, the teaching of zoology and botany in the Colony.

Biology is regarded as a single subject for curricular and examination purposes up to the end of first year University work; thereafter it's two major components, zoology and botany, are regarded as separate entities. In the schools, biology is taught from the Nature Study level up to the Advanced Level Matriculation standard which is identical with our first year work at the University; after three further years' study at the University it is possible to take a Pass B.Sc. Degree in zoology and botany, and then to pro-

ceed to an Honours degree in either of these subjects after one further year's study.

Generally speaking, the overall picture of the teaching of biology in Hong Kong schools at the present time is similar to what it was in United Kingdom schools half a century ago. Since biology is the youngest of the four sciences to be introduced into school curricula (the first school to teach a schools teaching Matriculation biology in 1859) this lag is to be expected. There are at present ten Hong Kong schools teaching Matriculation Biology out of a total of twenty schools with Matriculation classes, and of these ten only six teach biology at the Advanced Level. As regards School Certificate biology, sixty-three school out of seventy-two with Certificate classes at present offer teaching facilities in biology. Hence school-children with an interest in biology which has been stimulated at the Primary and School Certificate levels have little opportunity for pursuing the subject thereafter. Part of the trouble lies in the chronic shortage of biology school-teachers, a shortage which has been alleviated to some extent by a course in Advanced Level Matriculation Biology conducted by my Department for forty school-teachers with financial assistance from the Government.

The situation is not without paradox, for although the school-teaching of biology in Hong Kong is still in the embryo stage compared with the other sciences, it's career potential in South-East Asia is without doubt the greatest. There are great research opportunities in zoology and botany in Hong Kong for it is true to say that by and large there has been little advance beyond the identification of the flora and fauna in this region. From the point of view of marine research, the Colony is very favourably situated, being almost at the junction of temperate and tropical waters and within easy reach of ocean and estuarine fishing grounds; the University's Fisheries Research Unit.

which started work in September 1952, has an exciting future before it. The fauna of the Colony is, in many respects, a zoologist's paradise and provides ample scope for research projects; there are also extensive and unique opportunities for collaboration with zoologists in Japan, the Philippines, Indonesia, Hawaii, Australia, New Zealand, and Malaya. In botany, the opportunity exists to build up an agricultural school and to develop a plant physiology laboratory specializing in the study of plant growth and biochemical problems of plant nutrition. Until recent years the supply of graduates for agricultural and forestry posts in South-East Asia stemmed chiefly from Lingnan University, Canton. Looking over the border, it is evident that the lowered standards of University training in China to-day will result in a great demand for graduates in zoology and botany, both as teachers and as professional experts, in the event of a favourable change in political conditions.

There is therefore no doubt that the Colony would benefit from the full development of zoology and botany at the University. This has long been recognized by the University authorities and in the post-war period much has been done to develop and expand the present Department of Biology; it has now reached a stage where a split into separate Departments of Zoology and Botany is imminent. However, one cannot make bricks without straw and the chief obstacle in the way of the full development of the two sciences is that the supply of potential graduates in zoology and botany from the schools is so small. There are two main reasons for this: firstly, it is because there are so few schools teaching biology beyond the School Certificate level, and, second-

ly, it is due to the head-long scramble to enter the Colony's medical profession.

The call to medicine, the vocational desire to help the sick, is wholly admirable and there are some who come to us from the schools with this as their genuine single-minded ambition. However, there are others who drift into medicine partly because they consider that the profession offers financial security, and partly because they are ignorant of the opportunities that exist for a career in biology. Such ignorance is only to be expected with so few schools teaching the subject beyond the School Certificate level. The student at school in Hong Kong is brought up to equate an interest in biology solely with a career in medicine. His eyes are not opened to the hundreds of different ways in which the biologist serves the community. Worse still, he is given no opportunity of making a true assessment of the various careers that it is possible for him to pursue in medicine and science. If it be his ambition to discover a cure for cancer there is no one to advise him that his chances of achieving it will be greater if he acquires a scientific rather than a medical training. (This is a matter of fact, not of opinion, for there is no doubt that the basic riddles posed by cancer will ultimately be solved by the cytologist.) If, on the other hand, his ambition is to become a distinguished physician, surgeon, or gynaecologist then of course he should be trained in the art of healing. Distressed parents may, however, take comfort from the fact that if little Willie is sufficiently bright and persistent he will achieve his ambition whatever his training. One is reminded of an eminent British scientist who died recently: he was trained as an entomologist, and died as a Professor of English.

WARNING!

Anybody found singing Christmas carols within the confines of the University during the festive season is liable to be taken for a Ride.

PATTERNS FOR A JAPANESE BALLET

VOICE OF AUTUMN

A theme for Tamami Gojō

[Tamami Gojō is an eminent Japanese dancer who will be seen in London with some of her pupils in 1955. The following stanzas were written at her wish in 1950, and in due course she produced the dances which they suggested to her.

Edmund Blunden.]

*Now out of rainy veils I come all calm,
I travel in my sunny garments now,
And long blue days I bring.*

*Now out of beating showers my quiet brow
Is bright across the plains, soft song I sing,
And my noon breeze sheds balm.*

*I have my butterflies; their time is brief
But lovely; they are fluttering from the flowers
To bring me their delight.*

*I am not all calm grace; with secret powers
I come, and my cold fingers in the night
Touch many a withered leaf.*

*Then in the dawn I wave my twinkling hand,
And gilded leaves and silvered spin and twirl
In dances sad and strange.*

*Be still now: plump fruits mellow through my land,
The sunshine robes me and the dew's my pearl.
Long thus; . . . but I too change,*

*And with high cryings and swift storms my soul
Amazes the great pines, affrights the nests,
Makes dry streams flow and roar,*

*Till suddenly, behold, I paint this scroll
Of crimson maple; here my spirit rests,
Here Autumn dies once more.*



VOICE OF SPRING

Another subject for the same

[Here in Hong Kong recently I was requested to send Miss Gojō a new poem for her invention to work upon, and she has accepted it for one more ballet. E.B.]

*Every feather of snow that floated
Or dart of hail that beat the iron ground,
The ice-mantle that coated
The silent branches, see: at the secret sound
Of nature's order, not one is found.*

*The sun that with such lonely eye
In frosty evening bade the world goodbye
Is young again, and dances up the sky.*

*By some perennial fountain, in some grove
Which winter never quite could find, I lay
Sleeping, and in my sweet dreams throve
Even on the fancy of my dazzling May.*

*I dreamed I caught the snowflakes all,
And let them fly, and each one's fall
Was then a blossom aloft or low,
Which made the watching sun dance so.*

*If my whirling snowspots fell
In dark deep lake, even there they turned
To lily-cups; on rocks as well
The cold white bloomed, the flower-life burned.*

*Now shall all my singers too
Prove my dream true;
In that dream each blast that skimmed
Through the black night was quickly a bird
That flying sang and singing flew
Through a morning green and rosy and blue.*

*Rainbows, bend above our flight
Which tells in its wide course of measureless delight;
But, while we wing, I see
A snowfall from each pleasant tree;*

*And none must see me weep,
Or trace my footstep towards my early sleep.*



DOCTORS' GOWNS

Being helpful hints on what the well dressed medico should wear

by

BERNARD ANDREW JONATHAN MILDEW

Our fashion expert presents the pick of the season's styles. This feature should be of inestimable value to all medical students and newly qualified doctors, because doctor, remember doctor, it's not enough just to be a frightfully good doctor, doctor; you've got to look like a frightfully good doctor, doctor; otherwise nobody will know that you are one, will they doctor?



Surgeon Aspirant? Then this what you should wear at all times. Gowns are green this winter, bustle added to imitate generous posterior. Cap is worn small and allowed to cover little more than the vertex. Mask or mouth gag to be used always.



High, Wide and Handsome. Low cut front, wide lapels and accessory deltoids to give a semi-formal appearance and an opportunity to exhibit blinding necktie. The gown is worn long to add height and poise. Excellent for evening wear and may also be used as bath robe.

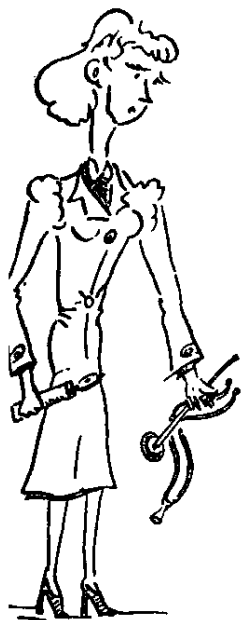
Ragger-muffin winter apparition — I mean apparel. English to a Tee — hee. Sleeves worn long so that hands are kept warm. Necktie outside gown to be worn long and thin to give the lean and hungry look so characteristic of genius.



Do you love — just LOVE Gynae.? So do I. But not gynaecology. No matter, here is the gynaecological wear and obstetrical tear. Size of glove 8½. Glasses — you need glasses — horn rimmed. Big feet. Gown is off-the-shoulder and large (2 sizes too large) with shortish sleeves. Large pockets to contain baby. Large wrist watch to be consulted every three minutes.

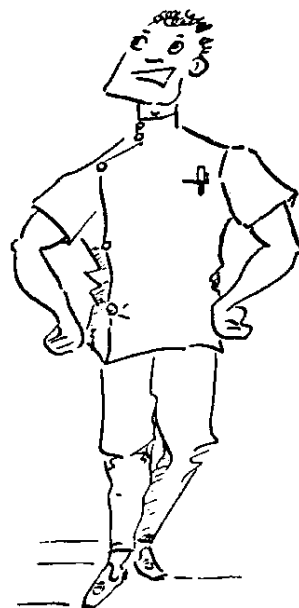


Are you a LADY? Then what are you doing in the Medical Faculty? Anyhow, gowns are tight today. Up to the minute style has puffed wide sleeves and no pockets. The "boys" are supposed to carry your instruments. No belts please.



The All-American Look lends dash to the wearer, if he has biceps like a Greek god — wu-wu!

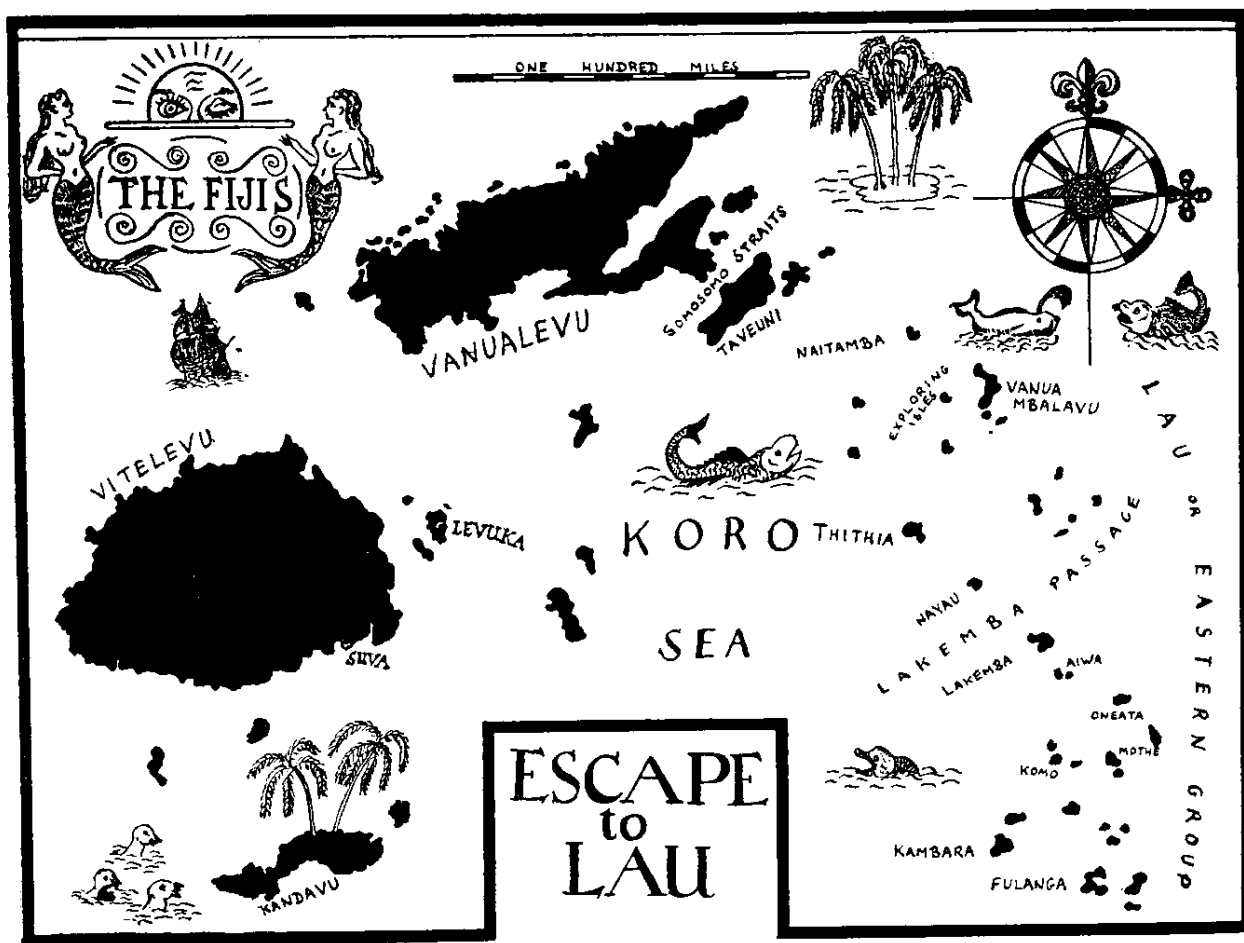
Freedom of movements much enhanced by the short sleeve, but freedom of speech hampered by tight collar—some ladies could wear this to advantage.



CAR OWNER WAVES HIS CLAIM

*Headline to Court Report,
Sunday Post-Herald*

He should realize that the course of justice cannot be influenced by emotional outbursts of this sort.



EARLY IN 1941, while stationed at Suva, I had the opportunity of accompanying one of our Medical Officers on a tour through part of the Lau Group, a chain of islands running north and south for approximately two hundred and fifty miles between Fiji and Tonga.

I was to join the M.O. at Levuka, the old capital of Fiji, on the island of Ovalau, forty miles, as the crow flies, from Suva. In those days, one went to Levuka by one of three routes, on an inter-island vessel out through the passage in the reef skirting Suva Harbour, then east round and outside Naselai lighthouse on the main reef, and north to Levuka, a journey of about sixty miles, or through the fertile Rewa Delta, a somewhat shorter, and certainly more interesting journey. This is very rich country and the most densely populated area in the whole Group. The river banks are dotted with picturesque native villages, breaking the otherwise regular sequence of cane fields and banana groves. The other way was to take a station wagon or bus from Suva to London on the East Coast and complete the journey by launch. This too, was a very pleasant way of getting there, as the road took one through Nausori, the

centre of the sugar producing area, with its large mill and its endless miles of cane fields, then on through Tailevu, a rich dairy farming district.

Choosing the outside route, I boarded a small steamer of about 300 tons early one hot sticky morning and headed out through the passage. Once outside the reef we ran into the long swell of the open sea, and most of the passengers disappeared for the next seven hours until we slipped in behind the reef again at Levuka. From a scenic point of view, I still remember Levuka as one of the most attractive little towns I have seen. It nestles along a narrow strip of foreshore under a dark precipitous mountain that rises at its very back door. The one main street winds for a mile or so along the shore, among the ubiquitous palms and mango trees, dotted with copra stores, a couple of fairly modern business houses, a bank, a few churches, government offices, a hotel and the usual assortment of white tropical dwellings. Most of these are set well back from the road, and in one of them, after a climb of some 150 steps, I found the genial Scottish M.O. who was to be my travelling companion for the next sixteen days. From him I

learned something of the history of Levuka in its hey-day, before the turn of the last century when it was the trade centre for that part of the Pacific. In the first half of the 19th Century Fiji attracted the gatherers of sandalwood, then the beche-de-mer traders, and later the whalers and copra vessels, all of whom used Levuka as their centre of operations. By 1850 the population of the little township was about two hundred, towards the end of the century about three thousand, then with changing trade conditions and the establishing of the new capital at Suva, the number gradually dwindled to approximately that of a hundred years ago. It was a pleasant little haven rich in mementos of a colourful hectic past. Its climate was excellent, its population predominantly female and of very mixed descent, and its one remaining hotel, of an erstwhile total of twenty three, carried what appeared in those lean years, inexhaustible stocks of good draught beer and whisky.

The next day we boarded the "Andi Mothe", a cutter of about 30 tons, and headed due East towards Thithia, the nearest island in the Lau Group, 120 miles away. In the afternoon we ran into bad weather and had to change course, and dawn next morning found us entering the Somosomo Straits, between Vanualevu and Taveuni, sixty miles off our course. The Fijian crew decided that this was a heaven-sent opportunity to go ashore and replenish stocks of native root vegetables, taro, yams and sweet potatoes, for which Taveuni was renowned. Consequently we spent a very pleasant afternoon and evening with the District Officer at Waiyevo, on an island which is popularly known as the "Garden of Fiji", and not without reason. Everything appeared to grow in profusion, with copra plantations sweeping up from the sea to the very top of a central spine of smooth mountains that rise to 3,000 feet.

The next morning we headed south-east and reached Nayau during the following night. We were awakened by a change in the vessel's motion, and on investigation, discovered that we were tacking to and fro about a mile from lights on shore with the Captain at the mast-head wielding an unusually large flashlight. Further enquiry elicited the fact the Captain was looking for the passage in the reef, which in fact he was, and soon found, and in we went. Our call here was of short duration, to drop some copra sacks, and then on to Lakemba, a large island with a

population between two and three thousand, a Provincial School, a few Chinese traders and two Europeans, the Headmaster of the School and his wife.

Here our work, that of checking the incidence of hook-worm in the school and in the main village, commenced. The procedure was the same for all the islands we subsequently visited. On the day we arrived, we paid a courtesy call on the Fijian of highest rank, either the "Chief" of an island, or "Headman" of a village. This was invariably followed by a very formal ritual in the special bure (native house) kept for the conduct of public business, meetings etc., with the exchange of greetings and, very often, gifts, and the drinking of yangona (Kava), the native ceremonial beverage. In due course the purpose of the M.O.'s visit was explained through an official spokesman, and thereafter the conversation became general. After the meeting, tables were brought in and the paraphernalia for the next day's work set up, microscopes, specimen tins, saline, slides, etc. and the next morning the procession began and continued throughout the day, all comers with their "specimens" wrapped up in pieces of banana leaf.

From Lakemba we went southwards, past Aiwa and Oneata to Komo, an attractive little island with one small village of about 150 inhabitants among a grove of coconut palms along a clear white beach. On the evening of our arrival the villagers entertained us with one of the dances for which this part of the group is renowned and which I had never seen before. It is performed by the girls of the village in the seated position, with subtle graceful movements of the head, shoulders and arms, to the accompaniment of song and several types of percussion instruments.

The next afternoon we were invited by the elderly native schoolmaster to visit his school. He was very proud of his small group of students, and had at considerable pains taught them to sing the National Anthem in English. This they did very well, except for one minor variation — instead of "send him victorious" they sang "send Queen Victoria". This was understandable, as these people live in a very remote part of the world, and although a mere 200 miles from Suva, their only callers would be the occasional small cutter with its native crew. It was difficult to extract from the people accurate information about previous callers. On the island of Fulanga the chief topic of conversation was the visit of some

scientists who had stayed for several months and had lived ashore in the village. I did establish the fact that the year of the visit was 1928, and if the local schoolteacher could be believed there was living evidence that at least one of the scientists had not confined his interests solely to conchology. Fulanga, a day's sailing south of Lakemba, was then and still is, I hope, the most charming and the least spoiled of the islands in that area.

Using the auxiliary engine, and at very reduced speed, we crept through a narrow passage about thirty yards wide into a large lagoon, and what appeared at first sight to be the main island soon revealed itself as a myriad small rocky islands of peculiar mushroom shape, varying in size from a few yards in diameter upwards, each with its grassy cap and often a couple of slender palms. We picked our way very slowly through these islands, in shallow water that varied according to depth and the submarine coral and sand from blues to every conceivable shade of mauve and pink. A mile or so brought us to the main island which could now be seen stretching away on either side like a new moon. A small crowd of natives were waiting on a strip of rough beach and very soon a couple of small outrigger canoes put out towards us. In no time all our gear was ashore and we were led along a narrow rocky path over a low well-wooded hill to the main village on the seaward side of the island.

There were four villages on Fulanga with a total population of about six hundred. The natives here were of fairer skin than the Fijians, due to the proximity of Tonga, from whence the fair-skinned, straight-haired Tongans came in the eighteenth and early nineteenth centuries whenever new war canoes were needed, Fulanga being the only island in that area with timber large enough for this purpose. The Tongans were, apparently, never in any great hurry to get home, and since a large canoe, using the primitive tools then available, might take five years to build, it was inevitable that they should bestow upon their Melanesian neighbours much of the grace and charm of Polynesia. A large double canoe was being built in 1941 to replace one destroyed in a hurricane a few months earlier, but a complete and typical ab-

sence of any concerted effort to complete it was very noticeable. Although it was needed to carry copra to the nearest trading centre at Lakemba, about 70 miles north, it was obvious that the inhabitants of Fulanga set little store by the fruits of barter with a world of which they knew very little.

For the menfolk, the way of life was idyllic. The women fished on the reef, gathered the large and flavoursome shell-fish at low tide in the lagoon, tended the vegetable gardens, carried water from the springs, in addition to their simple household chores. The houses were of Polynesian style, with floors and walls of thin cane, lightly constructed and well ventilated. It was obvious from the vegetation, and the reported periodic water shortages on the island that the annual rainfall was light, and was not confined to a "wet" season. The lagoon abounded in fish, as did the open sea on the other side of the island, small wiry fowls roamed the villages at will, and pigs were kept in underground caverns in the low hills, only appearing at feeding time. These people were almost independent of the outside world and seemed quite unconcerned that the destruction of their large double canoe some months earlier would deprive them of a means of bringing in the few luxuries which they lacked, coloured calico prints for their sulus (the short wrap-around skirt), sugar, kerosene, etc.

One morning I was taken out on a small outrigger racing canoe. We sped along, with the outrigger high in the air, and a tiny dead bird, resembling a red-capped robin, trailing in the breeze on the end of twenty feet of thin native string. That, I was told, gave added speed to the canoe.

We spent three days on Fulanga, and when not engaged in preparing "samples" for the M.O., I swam, fished with the womenfolk on the outer reef, and accompanied them on their trips to the lagoon to gather shellfish. This almost feverish activity, in an effort to cram into a couple of days all the things I had never done before, was beyond the comprehension of the menfolk of Fulanga. It was obvious to them that I was a person of low intelligence. Was it not known to all people that men should spend their days in leisurely dignified conversation, seated cross-legged on the mat of a cool hut, with a bowl of native grog near at hand, until

The swift twilight brought back the womenfolk, with voices muted in soft harmony, bearing the fruits of the garden or the reef and the promise of the evening meal?

Very reluctantly we boarded our little craft and headed southwards from Fulanga, past the small island of Vatoa to Ono-i-lau, slightly larger and with a population of around two hundred. The natives here impressed me with their intelligence and industry, and the fact that their facial features were quite different from any I had seen in the Lau Group or in Fiji. This, I was told, stemmed from the shipwreck of a Portuguese vessel on the island in the early 19th Century. Unfortunately we had no excuse for visiting Tuvana-i-ra, the southernmost island of the Group, a place reputedly of exceptional beauty, which is destined to remain for me, I fear, just as it always has, a most attractive name on a map.

Heading north again, we left Fulanga to our right, spent a day and a night on Kambara, an island with four villages, then a similar call at Namukailau, a smaller island, then on to Lakemba. A night in Lakemba, then north about 80 miles to Lomaloma, the administrative centre of the Group, on Vanuambalavu, a considerably larger island with a population of several thousand, a

small but very neat and meticulously clean hospital in charge of a Native Medical Practitioner, a District Officer, and a small trading store run by a large jovial Irishman and his coloured wife.

Thence northwards for fifteen miles or so along the East coast, a coast that presented a steep dark face to the long roll of the Pacific, surmounted by a luxuriant green plateau thickly vegetated with coconut palms, and indented in the most picturesque way by a series of tiny white beaches set against black cliffs. Leaving Vanuambalavu, we changed course and swinging towards the west were on the long straight run across the Koro Sea back to Levuka, with the prevailing breeze behind us all the way. On our right and only ten miles away was Naitamba, the northernmost island of the Group, clearly etched in dark blue against the lighter blues of sea and sky. I came back two years later and spent a fortnight on Naitamba with the plantation owner and his wife, a charming elderly German lady, who alternately hoped that her beautiful Dresden would be spared the fury of Allied bombing, and that a daughter ferrying bombers across the Atlantic would someday return to their island paradise.

But that is another story

T.P.M.

OUR FAR-SIGHTED LEGISLATORS

When the Defamation and Libel Ordinance was originally enacted in 1887 it included provisions adapted from the Libel Act, 1943.

Report on Leg Co. meeting, S.C.M.P.

Sir Hugh Casson, distinguished architect, found the Chinese very happy. "They never stop laughing," he commented. — Reuter.

Report on return of a 'Cultural Mission' from China
Tried the 'Mirror Test' lately, Hughie Boy?



Jonathan
Mildew

"No, Mildew. I'm afraid you haven't got an inferiority complex. You just are inferior."

VIRTUE REWARDED

AS YOU PROBABLY KNOW, Jonathan Mildew is still struggling along, but his old friend David Nonsuch got the surprise of his life last May, and took up his duties at the hospital in July. There he finds that life is in some ways rather different to his picture of it formed in his student days.

A typical day for him may of course begin at any hour, but when he's lucky he can sleep until 8.00 a.m. Should he manage to sleep until this hour, however, his awakening is almost certain to be rude and noisy at the hands of his inhuman room-mates. These people always seem to be at their worst in the early hours, and the sight of them is enough to make less sensitive souls than David's shudder. He turns from them, preferring the view of the wall, but alas, they will not leave him to himself. However, there is always breakfast between him and work.

Breakfast proves a disappointment. For one thing, his colleagues all seem to have slept peacefully and long, as against his own disturbed slumbers. He saw at least two of them also at the Ritz, but their night does not seem to have been as short as his. Ah! Here are his eggs! But what are these?

"Foki, I did not ask for pigeons' eggs. What do you call these? And anyway, this one looks distinctly off." Nobody takes any notice, he might as well eat them. The toast seems a little hard. "Shouldn't order toast, old boy," his neighbour remarks. "They always use last week's bread for that."

But time is passing rapidly. It is now twenty to nine, and he must hurry or the big bosses will arrive in the ward first. They seem to be taking rather more coldly to the casual remark that "the wing patients seem to be all right." In fact he distinctly heard one say the other morning: "David asleep again this morning? He has too many late nights." A grossly unfair remark.

This morning, however, he has made it with two minutes to spare. The nurses seem to have changed today. A pity, he was getting on rather well with little Pat. But never mind! That one looks as if she might be worth cultivating. "Nurse, would you come here please? I want to see this patient."

But now the morning round is getting under way. Depending on the uncertainties of the Great Ones, this may go off smoothly and genially, or be full of pit-falls for the hard-working, conscientious David. "This patient's doing fine; this patient's no complaints; this one is very well today; this one has no complaints" "Doctor! I've been vomiting all night, doctor; and I seem to have a lot of pain in the wound doctor. I wanted to tell you before doctor, but you never came, doctor." "What's this! Why didn't you tell us, David? Or haven't you done your own round this morning? We must examine this patient."

Today is O.T. day so the ward round is rather rushed. Now David has changed into operating pyjamas. But goodness! The Old Man is scrubbing already. He'll have to rush, or he won't have the patient painted and draped, and then there'll be hell to pay! Wonderful things, antibiotics. A good dose of them should settle any deficiencies in his sterile technique. Just made it! Now to work. "Good thing it's only half a day's operating," thinks David. "I just don't care for the way the sister is looking at me. Almost as if she didn't like my face." But no time for reverie. "Artery forceps, young man! And quickly! I've already been waiting some time." So quickly he reaches onto the tray and grasps the nearest forceps. There is a loud clatter as the rest fall onto the floor, and the look David is favoured with, anybody would agree, is

not bursting with goodwill. "In future leave my tray alone, and don't lay a finger on it!" snaps the sister. David does not deign to answer this, but reaches for a sponge.

"The retractor over here!" comes a gruff command, and David drops the sponge on the sister's foot. Ah well, operations are said to be exciting, but he hadn't realized that the excitement stemmed from the strong personalities of the operating team, and not so much from the patient. His wrist is still smarting from the tap he received that last time he took the suture off the tray. Was that accidental or intentional? Never mind. It is now time for lunch.

But is lunch to be such a comfort? What, for instance, is that little morsel? Seems to originate from a very old buffalo. "Change the cook!" yells David loudly. "Foki! Take away this disgusting concoction and bring me a really well cooked pork chop. Where did you learn your cooking anyway, or have you ever learned?" Well, this doesn't look so bad, if he can cut it. The only trouble is, he has no time to cut it "Doctor Non-sense, Doctor Non-sense, telephone." "Funny pronunciation of my name," thinks David as he picks up the phone. "This is the sister. That drip you started ten minutes ago isn't running. Will you come up, please?"

Just as he returns for another attack on the pork chop, one of his colleagues calls out: "David! Casualty wants you. Patient bleeding and in shock." After admitting this patient, David takes

some blood for cross-matching, and proceeds to the blood bank. One good thing here is that he can sit down, and it is air-conditioned. Drop, change pipette; drop - change - drop - change - shake - shake - shake. Put it in the mechanical agitator and reach for the latest thriller while it mixes. Yes, cross-matching isn't so bad. Oh no! All agglutinated! Why did I only do three bottles? Now I have to start again. Perhaps better check the grouping? Er —yes! Funny that! Last time it definitely seemed to be Group B. Begin again. Even cross-matching grows wearisome when there's too much of it.

Now for the evening round. "Increase the antibiotics on Bed 1, sister. Stop antibiotics on Bed 2. How's this one after the operation? Continue the drip all night unless it stops. If it stops, take it down, but don't wake me to ask me! This one's doing all right. " Not too bad. Should be a peaceful night. Thank you sister! I'll be in the quarters if you want me."

At last a meal, and before he knows it, it is mid-night. David prepares for bed. Everything seems to be quiet. He should manage a good night's rest.

2.30 a.m.

"Doctor Non — sense! Doctor Non — sense! Telephone." When shaken into consciousness, David walks dizzily to the phone. "Oh doctor The drip in Bed 3 has stopped. Will you come up and fix it or shall I take it down?"

Perhaps Jonathan has the better bargain after all. M.

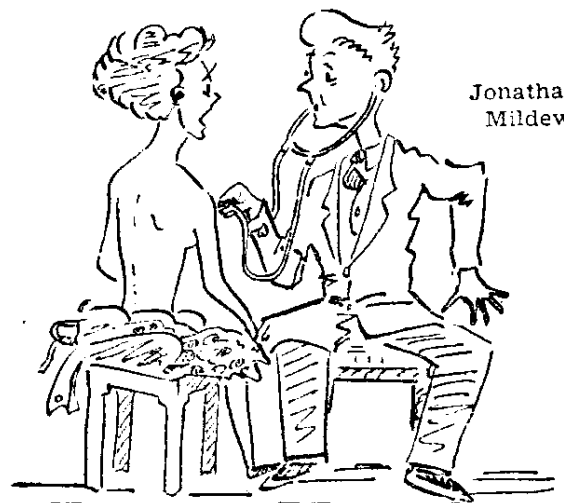
PEACE THROUGH MUSIC

Calcutta, Oct. 21.

Dr. H.C. Mookerjee, Governor of West Bengal, described a musician at an all-India music conference here as: "One who finds concord in discord."

S.C.M.P.

Yes, but what about the poor blighters who have to listen to him?



Jonathan
Mildew

"YOUR AURICLES ARE FLUTTERING!"

Ode to Biochemistry

(To the tune of Jingle Bells')

*Plodding through the course
In biochemistry
We always lose our way,
And there is misery;
Of peptide bonds we sing
And enzymes proteolytic,
Of hormones in a ring
And rats hermaphroditic.*

*ATP! ATP! You're my energy!
I have you in my note-book, but you're not a part of me.
Phosphagen! phosphagen! I'll abide with thee
If you will raise my meagre store of precious ATP.*

*I've had no epinephrine
Yet my glucose took a rise;
Insulin I must take,
I may be depancreatized.
Cortin may have done it,
Or maybe APE;
Whatever shall become of me
Without my synergy?*

*Alloxan! Alloxan! Have another drink!
I used to have some Betz cells, but they've gone down the sink.
Insulin! Insulin! Help me metabolize,
Since my fats are all that's left that I can oxidise.*

*If C combines with D,
An enzyme there must be,
But this reaction will not go
Without a change of E.
And while we work on this
The joys of life we miss,
For we'll be slaving late
While you find girls to kiss.*

*Nucleotides! Nucleotides! We see you everywhere;
DNA and RNA, falling through the air.
Caspersson and Brachet, have you got them yet?
It's just a simple phosphorous; on that we'll take a bet.*

*Of synthesis we learn;
Purines, pyrimidines;
Thyroxine cannot be formed
Without some tyrosine.
Though pyruvate is ample
There's often some delay,
For oxidation will not go
Without Coenzyme A.*

*Isotope! Isotope! Can you trace it down?
When found in our salt water fish it terrified the town.
Isotope! Isotope! Your half-life is sweet!
But emission from your fission may make life more complete.*

POLLY PEPTIDE.

EDITORIAL NOTE: This poem won Miss Peptide the Washbottle Award for 1954. Established under the will of the late Hiram P. Washbottle Jr., the Award is made annually to the author of the work judged most likely to promote peace and democracy. Miss Peptide's success owes as much to her impassioned plea in the last stanza for greater radioactive fish production as to the fact that she is a niece of one of the judges.

It will be remembered that last year's award went to Lob. H. Beary for his distinguished anthology 'Letters to the Press.'

'Ode to Biochemistry' is currently being filmed in Hollywood, and will shortly be released under the title of 'Bond Bombshell'.

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A

NESTLE'S
PRODUCT

CHILDREN IN HOSPITAL

by

MARIE CLEMENTS

From the Department of Education, Hong Kong University.

THE REACTIONS of a child who has to enter hospital can seldom be predicted, though we can be sure that the experience is a disturbing one for most. Many children over five years of age adapt easily, and even appear to enjoy themselves once the initial discomfort is over. They may go home not only better in health, but with increased confidence. Others show temporary disturbances, often demonstrated by aggressive behaviour such as disobedience or tantrums, and others again become unduly dependent and clinging.

Children under five commonly show marked changes in behaviour for some time after returning home. The mother will report that the child is afraid to be left alone, awakes crying in the night, and has regressed to a more infantile behaviour, not talking, wetting the bed, and so on. The most frequent reactions are fears of many sorts; particularly fear of separation from the mother, and fear of strange people, the dark, and of new experiences.

A period in hospital is frequently the first separation from home and mother. It is difficult for adults, perhaps even more so for hospital workers, to realize the anxiety that is aroused by the unfamiliar surroundings and routine, often accompanied by pain or discomfort; whilst even adults feel apprehension at the thought of anaesthetics and operations. The evidence at present available is insufficient to support a claim that the personality development of all children is affected by a stay in hospital,

but those concerned with the care of children will agree that precautions should be taken to minimise the possible harm.

A decision to admit a child under five should not be made without the most careful consideration, and if admission is essential, the stay should be as brief as possible. The convalescent period can often be spent at home. Many operations, such as tonsillectomy, can be put off for a while. In any case operations are best avoided at times when there are other disturbances in the home such as bereavement, the birth of a new baby, house moving or preparations for leave.

If a child must go to hospital, both parents and doctors can play an important part in preparing and helping it to cope with the experience. Anna Freud has said that a child in hospital has three needs: to be told he is still loved, to be told he is not there as a punishment, to be told he is getting better. These three things should be said and repeated both before and after admission. Except in an emergency, the child should be given enough warning of what lies ahead to allow him to become accustomed to the idea. He should be told what is going to happen in the hospital, and such matters as the procedure of admission, the routine of the ward, and the administration of anaesthetics should be explained as far as possible. Many children enjoy acting or playing out the whole business beforehand, and they will gain in confidence by thus getting used to the idea.

Too often, with good intentions, parents give children totally false reassurances about what it will all be like. I have known mothers tell a child that it is just going to have tea with the nurses, or that mother will only be away for a minute or two, or that if the child is good she will not have to stay so long, and so on. Such deceptions may be an honest attempt to allay anxiety but more often they are designed to avoid a scene. Their effect is markedly to increase anxiety, and shake trust in the mother once the child discovers the truth. In the same way a child may be told that a certain procedure or operation will not hurt, when it is certain that it will hurt. It is far better to prepare even quite small children by a kind but truthful statement of the facts, not neglecting to tell them that they may feel lonely and miss their parents.

Doctors and hospital staff carry the main burden for ensuring that minimum harm results from a child's stay in hospital, and it is fortunate that they are kindly people, motivated by the best of intentions. In the first place the doctor can help by giving specific instructions to parents on certain points. He should emphasize the importance of the frank and truthful preparation of the child's mind for the ordeal, and should give the parents sufficient information to allow them to do this properly. The parents should be encouraged to allow the child to bring in some familiar toy or clothing, no matter how used and shabby they may be, for they will represent a comforting tie with home. Nearly all small children possess some favourite object. This may be a doll or a toy animal, but frequently it is even a piece of blanket or material which they habitually clutch before falling off to sleep. The need for constant reassurance and a demonstration of affection both before and after the time in hospital should be stressed and the parents should be warned of temporary changes in behaviour that may occur, and told that these are not unusual.

Everything possible should be done to avoid surprise and confusion on admission. The parent should hand the child over to one of the doctors or nurses who will actually be responsible for the treatment, and not to an intermediary.

So far as the necessity for duty rota allows, one nurse should be responsible for all care and treatment. The child should remain in the bed first occupied, and return to this same bed after operations; otherwise he may worry that his mother will not know where he is.

Within the ward, discipline and routine should be adapted to the needs of individual children. "The child should be given the opportunity to express as much of his feelings as his individual standards allow him to; one should not interfere with this capacity for self-expression by an effort to coach the child to be good and brave" (Jessner & Kaplan, 1949). However annoying and disturbing it may be, it has been proved that the child who does express feelings by crying, anger and naughtiness, copes better with the hospital situation than the "good" child who is suppressing grief and anxiety. Tears should be accepted with sympathy, and it should be remembered that a temper tantrum in itself is a frightening experience for a child.

It has been proved that to separate young children from the mother, with whom the primary relationship has been formed, is detrimental. It is therefore essential that mothers should be permitted and encouraged to visit their children daily, so maintaining contact and reassuring the child of the fact that the separation is temporary.

The arguments against daily visits are familiar. "Sixty years ago institutions were death traps for babies; of healthy children admitted when less than one year old, nearly 100% died before reaching the age of one year. Even forty years ago, one in three died. Even seven years ago in the good hospitals in England seven per cent of illnesses were acquired after admission and forty-one deaths occurred of children with hare-lip and pyloric stenosis. Looking after other people's children is a heavy responsibility. We doctors tried to make things safe by excluding sources of these infections, so we forbade visiting in fact handling the babies reduces the number of infections caught in hospital and daily visiting gives no increase" (Ronald Mackeith, 1953).

Now that planned research has proved the therapeutic value of daily visiting almost all hospitals allow it. Some permit the mother to bath the child and put him in his cot. It should at least be possible to let the mother be present whilst the nurse baths him, and if the mother is uneducated, she may learn better standards. Many hospitals allow mothers to be admitted with their babies, whether the baby is breast fed or not. Mothers vary, of course, and some who are unduly anxious may upset their children, but they can usually be made to understand the ill-effects of their anxiety, so that they suppress it. Daily visiting undoubtedly increases the difficulties of the nursing staff, but in

hospital after hospital it has been found that once they have seen the scheme in operation, the nurses become its most enthusiastic champions.

A number of propositions have been put forward in this article which are debatable, and certainly local conditions may warrant modification of schemes found successful elsewhere. It cannot be denied, however, that even if only a small number of children show lasting damage to their personalities as a result of a stay in hospital, then measures should be taken to guard against such damage. What such measures should be in Hong Kong can only be decided after full discussion amongst all concerned. Let the discussion begin!

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Government Employment

IN OUR LAST issue under the heading "Non-Registrable Practitioners and Local Graduates", we printed statements on this subject from several people including the Government Director of Medical Services. His last paragraph read:

"It will be realized that it would be difficult for the Department to carry on its work efficiently and competently if it has to continually train batches of young inexperienced graduates who leave the service after they have gained the necessary experience. Thus it is reluctant to engage men and women who only intend to serve a few years to obtain further experience, make contacts and then resign to enter private practice. It is, however, very willing to employ any local graduate who wishes to make a permanent career in the service."

Introducing the statements, we wrote:

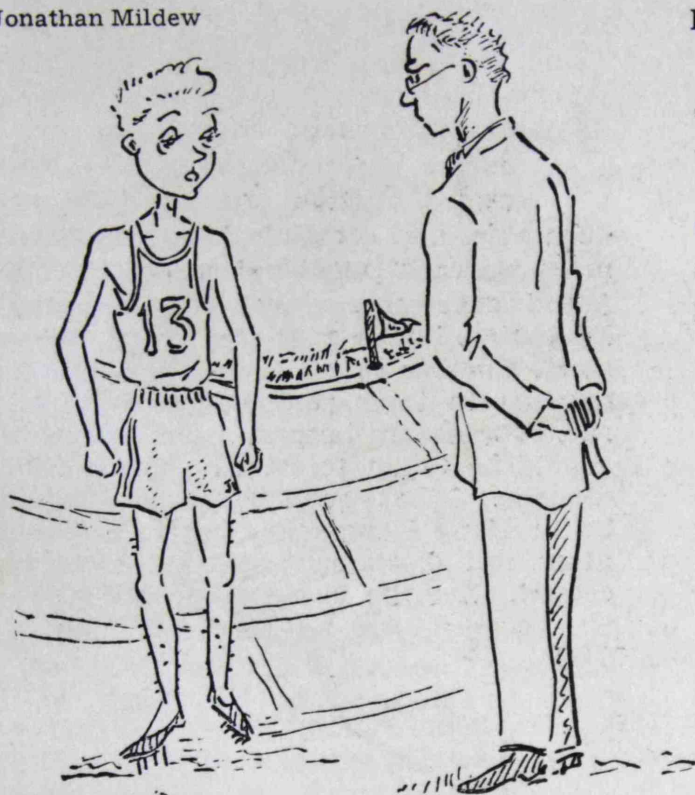
"These (the statements) we print below without further comment, except to query the somewhat surprising view expressed by

the Director of Medical Services that it can be no part of his Department's function to improve the general standard of medical practice in the colony by providing opportunity for post-graduate experience."

Dr. Yeo feels that this comment creates an inaccurate impression of his attitude. He asks us to make it clear that he is fully aware of the difficulty young graduates have in obtaining experience before launching out on their own, and that he is keenly interested in helping such people.

We are happy to take this opportunity of correcting any false impressions that our comment may have created, and it is gratifying to be able to report that plans are afoot for the creation of a number of senior house officer posts in Government hospitals expressly in order to provide opportunities for post-graduate experience.

Jonathan Mildew



"Those are extremely short pants, Mildew!"

"Well, sir; I've just been running, sir; and I always get out of breath when I run, sir."

* * *

Navel Occasion

There was a young lady of Falaise
Who suffered from nautical malaise;
If ever afloat
On a ship or a boat
Her stomach performed navel ballaise.

I'M GOING TO EVER SUCH A GOOD MAN NOW, DEAR!

There was a young man of New York
Who thought he'd been brought by a
stork;

When told that his mummy
Grew him in her tummy

He said: "Fancy that! But I might have
guessed, because of course it
entirely explains my repress-
ed womb-symbol invertalism
complex."

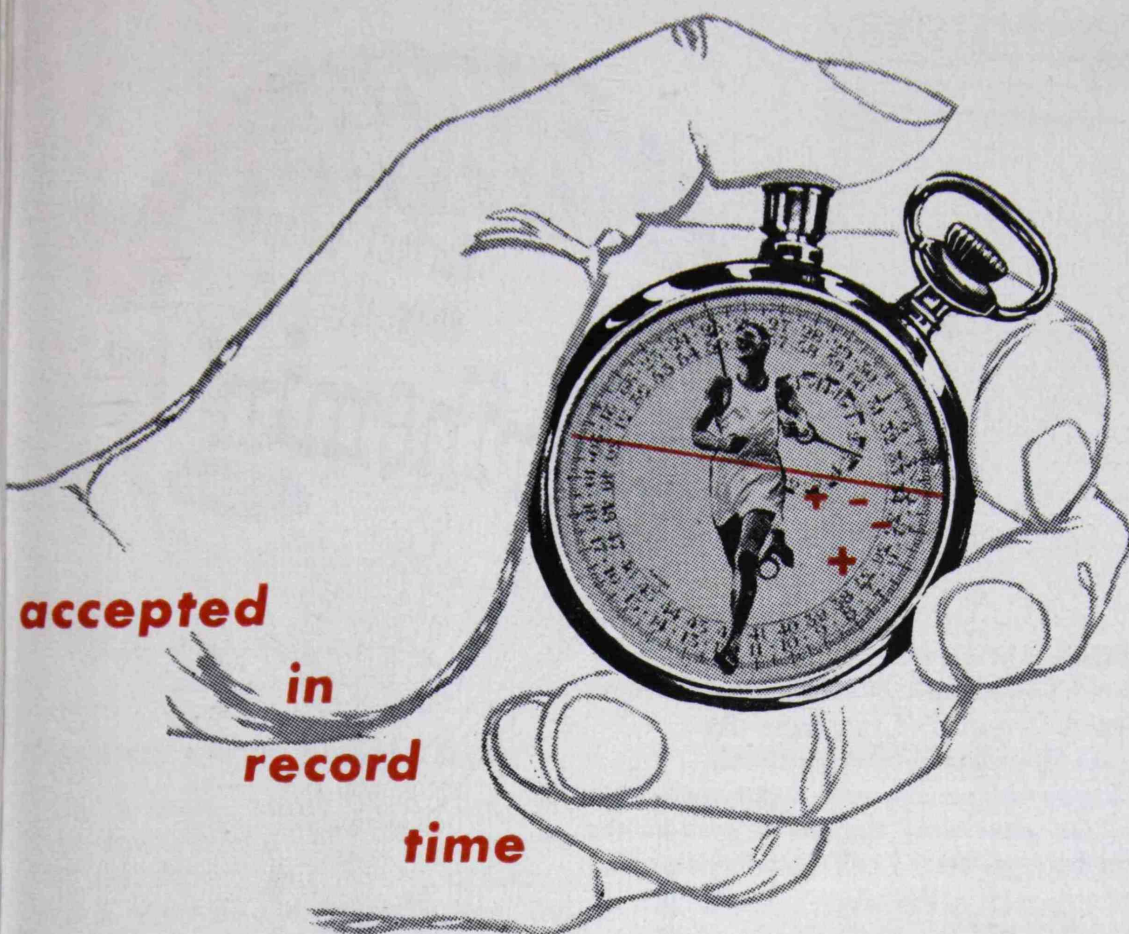
* * *

SCANDAL IN THE HIVES

There was a young girl of Wanchai
Who was terribly modest and shai.
She knew that the bees
Were good for the trees
But never could understand whai.

* * *





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Have you a problem so intimate, that you cannot discuss it even with your best friends? Let Sister Kindly-Wise advise. A note to her, c/o Elixir, Hong Kong, will bring immediate relief (alternatively try a little bicarbonate of soda in a glass of warm water).

MOTHER LIVES DOUBLE LIFE

Lately I have found out that my mother and a friend of Dad's have been having an affair. My father drinks a lot and I suppose that affects her, but this is the second affair I know of. I am fifteen years old and I don't know what to do. Should I tell her or my father that I know, or should I keep silent?

* No dear, do not try to interfere. You would get no thanks. How about taking to drink or a double life yourself?

PETTING EMBARRASSES ME

The boy I go with likes petting, and for the past six months I have allowed him to do this. Now I have been told it is wrong and I feel that I cannot allow him to pet any longer. How can I explain to my boy friend how innocent I was without embarrassing him and myself?

* If your boy friend has been petting you for six months you are no longer quite innocent, dear, are you? It is no use telling him how innocent you was, because he knows just how innocent you isn't. If you are determined to change your ways, then I should advise a new boy friend.

BOYS DON'T INTEREST ME

I am a fourteen-year-old and I like to play with my own girl friends. Mother thinks differently because she is always arranging for me to go out with boys. How should I let her know that I am not interested in boys?

* It will come, dear; it will come. And if it does not, then at least you will have the satisfaction of being able to write a best-seller about your experiences.

NEVER HAD A DATE

I am twenty-six and have never had a date. My friends tell me that I am attractive and have personality, but it doesn't seem to get me far. I have no wish to be a spinster. How can I meet a man?

* Become a nurse!

TOO OLD FOR HER

There is a seventeen-year-old girl in our office who is keeping company with an undesirable divorced man twenty-one years older. We feel we should warn her about him, but know we should get no thanks. She doesn't know how old he is, nor that people are talking about her. What should we do?

* You must not allow jealousy to get the better of you; must you, dear?

I WANT TO CHANGE MY NAME

My surname is unattractive, and I would like to change it. Can you tell me where to go to do this?

* Church.

THE JOKE'S ON ME

A coolness has developed between my boy friend and me because of a quarrel I had with his mother and two sisters. I am English, with no relatives here, and have been in the habit of staying every second week-end with his family. Last time I was there one of his sisters cut my long hair for a joke. I am very proud of my hair. I lost my temper and left the house. My boy friend now seems to side with his family. Was I justified? Should I make the first advance to become friends?

* Surely you can take a joke, dear! If your boy friend's family is fond of a lark then join in wholeheartedly and give as good as you get. Spend another week-end with them as soon as possible. On the first night, when everybody is asleep, creep into the bathroom and kitchen, put in the plugs, turn on all the taps, and return quietly to bed and sleep. Breakfast time will find you all the best of pals.

IGNORANT OF FACTS OF LIFE

I found out about a year ago that I am an adopted child, and that my mother was not married. My foster mother does not seem to be able to tell me about the facts of life and I am afraid that I might make the same mistake as my mother. Can you help me?

* I think I have caught you out in this one, dear! If you are really in need of help, then how do you know your mother made a mistake? I suspect you are just trying to egg me on!

HE NEVER KISSES ME NOW

My husband is a wonderful companion, works hard to give me nice things and I know many women would be only too thankful to have as good a man as mine. But although we have been married only fifteen months he never kisses me any more, never gives me a hug and I can't help feeling miserable about it. Does marriage mean the end of lovemaking? Or am I asking too much of it?

* There are several good brands of chlorophyll toothpaste on the market.

HE IGNORES ME

At the place where I work there is a boy who attracts me very much, but he takes no notice of me. He is twenty-one, four years older than I am. Is there any way in which I can attract his attention, or should I try to forget him?

* Do not allow the young man to ignore you, dear! Get to the office early one morning and watch for his approach. As he comes through the door, thrust a broomstick between his legs so that he falls. If he appears unhurt shout out Gaily "Tricked you that time!" and disappear into the 'Ladies' with a trilling laugh. If he seems to be injured, then seize the chance to demonstrate solicitous sympathy. Dash cold water in his face and undertake similar therapeutic measures. Upon another occasion offer him an attractive looking sandwich filled with pepper, and so on. I guarantee that it will not be long before your vision fills his dreams!

DEFINITION OF A DRUG

Something which when injected into a cat produces a paper



Tai O.

SO MANY TIMES have I heard people in Hong Kong say "Where is Tai O?" These people have usually been born and bred in Hong Kong! I am going to let Helen Chan tell you in her own words about Tai O. Helen is one of the daughters of Mr. Chan Yiu, a village elder of Tai O. Mr. Chan, himself, cannot read and write. It has never been necessary. His steadfast and upright nature has brought him the respect of the villagers, the fisherman and the Government Authorities. One of his daughters is a qualified doctor, another is studying in England, and Helen herself will go to England to take up nursing very soon.

* * *

TAI O.

"Tai O, far from being significant, is the most delightful spot that I have ever seen. It is on the most western point of Lantau Island facing Macao. It is three hundred years old as far as can be traced from written records. Although it has neither the luxuries nor amenities of a modern city, nor the loveliness of an ancient town; yet it has a charm and beauty all of its own.

At first sight a visitor or a tourist may form the impression that Tai O is nothing but a small fishing village.

There is no doubt that one is able to detect an odour of fish and shrimps whilst walking through the streets. The majority of the population are fishermen who, in addition to living on the junks, have there own wooden huts built by the side of the creek. One look at these weather-beaten huts and it can be seen that the fishermen lead a very hard life indeed.

On arrival at Tai O the first building to be seen is the Police Station which stands on the hillside immediately above the pier, commanding a view of the harbour, sea and surrounding islands. From the pier the road meanders through the small village of Shek Tsai Po and so on to Tai O itself where the Market Place is situated. Here most of the business for the area is carried out and this is where the simple fisherfolk who make up ninety-five per cent of the population come daily to sell their catches. Houses consisting of one or two stories lie on both sides of the main street leading away from the market towards the creek. These houses are used jointly for commercial and dwelling purposes.

Although most of the population are illiterate and ignorant, yet they are honest and hard-working. There are six Chinese primary schools which give the children a good chance to learn something about the world outside their

own environment. Nowadays there is an urge for higher education to be introduced for the benefit of students who wish to further their studies.

At the outskirts of the village lies a beautiful landscape which plays an important part in making Tai O a delectable place. It is here that we really see the power of God, the grandeur and beauty of Nature. Here lies a valley surrounded by majestic hills bearing a thick growth of pine trees. At the foot of the mountains are patches of green paddy-field, while on the other side, near the sea, are patches of white salt-pan whose bright colour contrasts strongly with the gentle green of the paddy. Scattered here and there are little thatched huts in which live the simple farmers and their families. Higher up the mountains are quite a number of Buddhist monasteries and convents. To their inmates this seems a perfect spot to acquire solitude, seclusion and peace of mind.

To me, Tai O is a real Paradise, and if I were to choose a place where I could live peacefully in my old age, I would most certainly choose Tai O."

HELEN CHAN,
TAI O.
SEPTEMBER, 1954.

* * *

We had decided to find out about Blood Pressure and its relation to age in the fishing population in Tai O. We planned to compare the figures so obtained with those from a similar group in Hong Kong proper. So I was sent off to Tai O with a sphygmomanometer, a bathroom scales, a centimetre tape and an exercise book.

Time means money to the fisherman and, besides, it's very bad luck for healthy menfolk to go to the Government Clinic. The women can go if they like: they don't matter anyway. So we had to go to the huts on poles which line the creek. These huts are built in long rows. Those near the edge of the creek can be reached on foot. But there are many which are built well out in the creek. These can only be reached in a boat. Each hut consists of a floor of loose boards upon which a dwelling of sorts is constructed from further boards. The living quarters are called "P'ang." Above the p'ang is a platform, again composed of loose boards, where the fisherman make, dry and repair their nets. These platforms are called "t'in p'ang" and it was here that we did most of our work in the fine weather.

The little junks are tied, bows on, to the p'ang. The sterns are squared off and rise high out of the water. Thus they are known as the "Tai mei suin" or the "Big tail junks". When the tide is low the junks lie forlornly on the mud at either side of the creek which is now a miserable trickle down the middle. Then the only way to get back to dry land is to slish your way through the mud; or better still, wait until the water rises again.

High up on the "t'in pang" we set up our scales and six foot height-stick. Then I juggle around with stools, boxes and lumps of wood until the sphygmo. is at a reasonable height. Then we are off. Kam Ti helps me. He weighs them and measures their heights. He writes down their names and ages and where they were born. They remember their names, of course; they were all born on boats or in one of the p'ang as were their fathers and grandfathers before them. But age is a bit more difficult. It is common to hear them shout to some old crone sitting in the dark recesses of the p'ang. "How old am I, Ma?"

You know, "Kam Ti" isn't his real name. It's Lee. He's very dark and has curly hair like an Indian. So they called him "Gandhi". His father was a village elder and a local J.P. The family used to have the monopoly on the cart-reining of junks down at the pebble beach in Shek Tsai Po. Kam Ti likes to learn so he helps out at the Government Clinic by registering the patients as they come. He can read and write a little English. The only English he speaks is that picked up by reading the doctor's prescriptions at the clinic. And now he's helping me; just for fun.

When Kam Ti has finished, they sit down in front of me and I take their blood pressure, pulse and respirations. Then I take my tape from around my neck, just like a tailor and measure their arm circumference. By now a huge crowd has developed. The children have formed a solid ring around us. The women form a chattering rim outside the children. The men, having stared at us for a while, return to the repairing of their nets, occasionally casting an interested eye towards us. The "t'in p'ang" sways and groans under the enormous weight. Just as I am crouched down and listening intently for the diastolic point, there is an earthquake and the whole p'ang rocks and shakes. I look up expecting to see the giant who has just arrived and find, instead, that an infant of three years

nas just hurled himself from the hut next door, adding his puny bulk to our long-suffering "t'in p'ang". I start again. So it goes on for days until I have taken the pressures of a thousand fishermen.

IDOLS

I went across the street after supper. As I entered the shop the fat man behind the counter grinned and offered me a stool. They were beautiful and I had eyes for nothing else. Gold and yellow and blue idols glittering in the gloom of the deep cupboard. The big one which caught my eye had been brought up the day before from one of the sampans. It had been washed and set in the sun to dry. Today they repainted it; stuck new feathers in its hat and put a new sword in its raised right arm. Once again I could distinguish the tiger cowering under its right foot. This one had power to frighten tiger-spirits away. It was already thirty-five years old.

There were dozens of little ones; all new. Some of them had not yet been painted. I had hoped that they did the carving themselves but they said that they bought the unpainted idols in Hong Kong. First they outline the pattern of the clothing with a sort of flour paste. The flour is put into a little bag which surrounds a pen at its lower part. A brass cone runs into the bag and fits over the pen. He soaks the bag in water and then squeezes it. A worm of paste comes out of the thin end of the cone and he makes the pattern just as the cook writes "Happy Birthday" on the cake. Then the colours are put in. He showed me three idols. Two were for when men died: one of them was mounted on a horse. The third was a "big sister" and she was for when a woman died. I said I liked them. So he said he would make me three like them. He also said he would use a special type of gold paint; "cheng kam" he called it. It lasts for two or three hundred years. All it needs is a rub with a wet rag every ten years or so. He showed me three big idols in their own shrine clothed in this gold, bright and clear. "Those are seventy years old," he said.

Just as I was leaving I saw the old discarded idols on the shelf at the door. He said "Do you know? Four years ago a European bought one of those for ten dollars. They are very heavy but the stupid fellow carried it, hooked on his

haversack, all the way up to Ngong P'eng and down to Tung Chung. Then he hauled it all the way to Hong Kong. Wasn't that a crazy thing to do?" I said it was crazy and I had thought so at the time that I did it.

CARREENING.

These were not the tiny "big-tail" junks. They were the huge trawlers with three masts and a crew of anything up to forty. They were ocean going vessels which stayed away for as long as the water supply would allow.

Every fifteen days they swung the sterns up on to the stone beach opposite the Fisheries Depot. Stout wooden props were wedged under the runners which extend the length of the ship at deck level on both sides. Then they waited for the tide to fall. When it fell, the props held the vessel upright. Then began the most furious activity. On this occasion there was extra reason for hurrying to finish before the tide came in again. There was the Moon Festival on the following day, so leave nothing for the morrow.

First the bottom was scraped and scrubbed and any leaks or breathing in the hull was caulked with lime. Then they pushed the straw and dried grass under the hull along the keel and burned it. First one side was burned and then the other. After that they rubbed her down with waste soaked in wood-oil. And so to sea again.

NET-MAKING.

It suddenly rained. They knew ten minutes before. I hung on until the last moment because it had been pleasantly cool on the t'in p'ang. So I got a soaking and had to run for shelter into the p'ang below. Grandma told me to sit on a stool and make myself at home. Her grandson was a cheery type and willing to chat. He was sitting on the floor with his legs out in front of him. His big toes were hooked through two iron rings and the net he was making ran through these rings. His left hand gathered the adjacent loops of nets together and his right ran the bone flat-needle and string through the loops. The string is made by the women on their little spinning wheels. He told me that only the women know how to do this. "Of course, if you use an engine it's much quicker," he said. The question was on my lips but, of his

own accord, he had already answered it. "We have been doing it like this for nearly two thousand years now," he said. He took the knife (just like an English carpenter's marking-knife) from his right ear where it had been hanging by a loop of string, and cut the string close to the finished net.

THE OLD ONES.

The old man was eighty. He lived alone, cooking his own meals over an open fire. He didn't seem to belong to anybody. Just an old, tall husk of a man. But he moved into the hut pretty briskly and peered short-sightedly at me. I said "How are you, Uncle?" He smiled and said "Thank you, I am well." There was an unmistakable smell of ammonia about him. But my respect for his age and dignity prevented me from asking any stupid doctor's questions.

The old woman was eighty-eight. We had to tell her three times, "Get off the scales, Grandma, it ain't your turn." She could see quite clearly but complained of the pains in her back and joints. She was bent double with age. We would have done better to have run an inch-tape along her spine to measure her height. "How long will she live?" they cried. I said she was good for another twelve years yet. Quietly, she said "I don't want to live to be a hundred. I am already no use and I have been like that for ten years."

The other old man looked, at most, fifty-five. At one time he had been a

landowner of considerable renown. He still had property in the village. Now he spent the sunset of his days as the caretaker of the Hung Sing Ancient Temple. He showed us the figure of Hung Sing above the altar. On the altar was a smaller version which could be carried around the streets. On the right of the altar were the monarchs of the three kingdoms. He said that the family name usually determines which temple the fisherman worships at. The Cheungs go to this one and the Wongs may go to that, and so on. The two other main temples, he said, were the Queen of Heaven's (T'in Hao Miu) and King Hao's (Hao Wong Ku Miu.) The approach is practical enough. No fish for days. Go to the temple and "bel sun". Fish tomorrow or tonight.

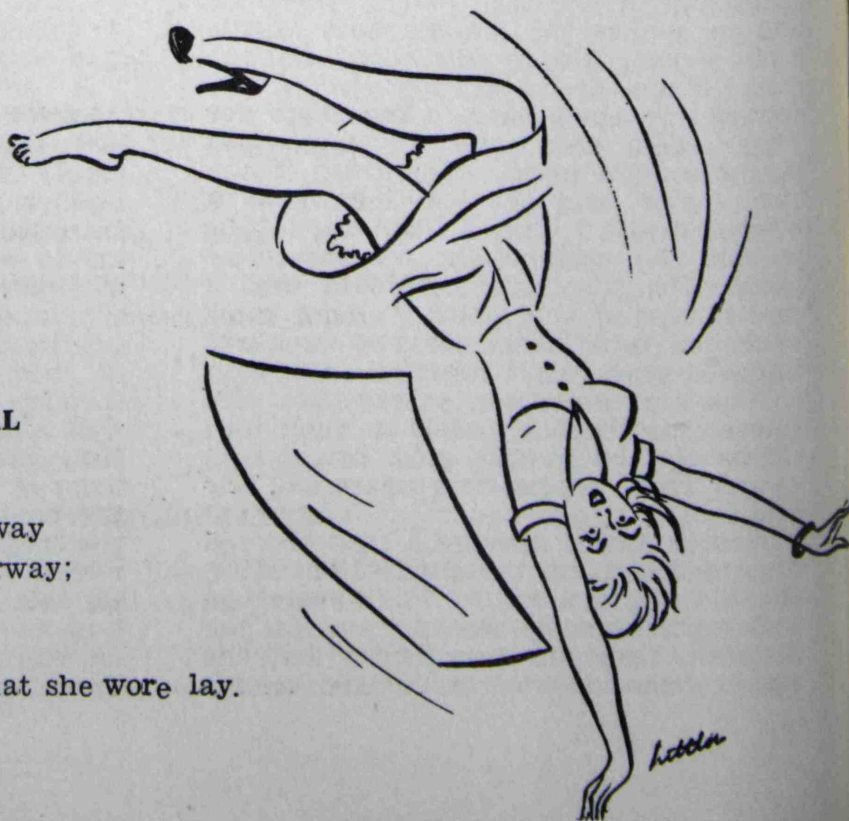
WONG FA SUI.

In another ten days, if the Gods on Wong Fa rock are pleased with the offering at the temple, the Wong Fa fish will come in hordes towards Tai O. Then the fishermen will have the hold-covers up. They will be down in the hold with their ears pressed against the inside of the hull. You and I could never hear those shoals coming towards us. But the fishermen can. The Wong-Fa is said to have two bones in its head which rattle as it goes along. There are two other types of fish which also make a noise under water. The fishermen can tell you how they distinguish the three types. It's simple. It only takes a lifetime to learn.

H.W.P.J.

SCANDINAVIAN SCANDAL

There was a young lady of Norway
Who tripped on a mat in a doorway;
As she head-over-heeled
She clearly revealed
Where the gaps in the things that she wore lay.



NURSERY RHYMES FOR ATOMIC TOTS

being songs for lulling the Hong Kong youth to sleep

URBAN LAMENT

*I had a little Council
To look after the town;
I lent it to a lawyer
Clad in a silken gown;
He whipped it, he lashed it,
He rode it through the mire;
I would not lend my Council now
For all that lawyer's fire!*

*or
alternatively*

YOU HAVE ONLY YOURSELVES TO BLAME, GOOD CITIZENS !

*B-rn-cchi is pink, R-ch-rds is blue;
The law is a ass; and so are you!*

* * * * *

OH, YOU GREAT, BIG, GORGEOUS BEAST, YOU !

*(Lines addressed to a member of the Teaching Staff who has recently formed
an adulterous liaison with the Administration)*

*Lecturer, Lecturer,
Wilt thou be mine?
Thou shalt not hurl wisdom
And pearls before swine,
But sit in an office,
The cream of the cream,
Turning new regulations out,
Ream after ream.*

* * * * *

ESTABLISHMENT

*Teaching needs but five,
Council gives thee seven,
Research work takes nine,
And ambition eleven.*

FUN FOR ALL

(Ten University bodies have been created for the purpose of, or charged with the task of, considering specific issues arising out of the Jennings-Logan Report)

*Profs and Deans come out to play,
Jennings and Logan have had their say;
Leave your scholars to do as they will,
Committees are more important still.
Come with your files and come with your notes,
Come with your arguments and your votes;
Plan for palaces broad and tall;
Let's hope Government pays for 'it all.
Each man out for what he can get,
And we'll have a fine University yet!*

* * * * *

MIGRATORY BIRDS

(Old Shropshire saw, out of rhyme and meter)

*On the first of March
The profs begin to teach
By the first of April
They lecture still
By the first of May
They're all flown away
Coming slowly back again
With October's wind and rain*

* * * * *

TWINKLE, TWINKLE, LITTLE CZAR!

(Song to a Very Great Man who has so far failed to obtain the recognition he deserves)

*Twinkle, twinkle, little Czar!
What a clever chap you are!
Up above us all so high;
Don't let on it's all my eye!*

JEREMIAH

An ELIXIR Scholarship Fund

BEGINNING WITH this issue we hope to distribute ELIXIR widely to subscribers outside the Medical Society. We have tried to plan the magazine so that it will appeal to most people interested in medicine; and we trust that in so doing we have not made it less interesting to our own members.

We have two main purposes. The first is to provide a link between ourselves in the University and all our graduates and friends outside. The second is to earn money so that the Society may offer a scholarship to pay for the medical education of a good student who would not otherwise be able to enter the University.

The whole of the profits from ELIXIR will go into the Scholarship Fund. Income is derived from advertising revenue and sale of the magazine. Roughly speaking, advertising revenue may be expected to meet the cost of production, but this is a relationship that will obviously vary from issue to issue. Profits therefore depend upon the number of readers who pay for their copies. The only charges we shall make against income are those strictly related to the business of the magazine.

The Scholarship Fund will be entirely separate from the magazine account. The net profits from any single issue will not automatically be paid into the

Scholarship Fund, but sums of money from the magazine account will be transferred to the Scholarship Fund whenever profits have accumulated to an extent which makes this possible without endangering the financial stability of the magazine. Once money is in the Scholarship Fund of course, it can be used for no other purpose.

The Society hopes that the Scholarship Fund will not only benefit from magazine profits, but that it will also attract donations of all sorts. It will be a permanent fund to which any sum from one dollar upwards can always be usefully added.

A complete balance sheet for the magazine account and the Scholarship Fund will be published in ELIXIR once a year. Direct donations to the Scholarship Fund will be acknowledged in each issue.

How soon the first scholarship can be offered will depend upon the success of our sales campaign; but applications for a scholarship will be invited as soon as it appears reasonably certain that a useful sum can be disbursed for the necessary number of years.

We hope that ELIXIR will be regarded as good value for money, despite all this talk of profits; and we hope that people will be glad to buy it for its own sake as well as for the fact that they are supporting a good cause.

**WORRY, ANXIETY,
SLEEPLESSNESS,
EXCITEMENT,
GRIEF, OVERWORK.**

RELAXA-TABS

ARE COMPLETELY AND
UTTERLY HARMLESS AND
NON-HABIT FORMING

call for

RELAXA-TABS

You'll find a source of absolute relaxation and soothing calm by taking RELAXA-TABS—they bring restfulness and tranquility to sufferers from nerves . . . calming during the day and promoting peaceful natural slumber at night! Whether you suffer from worry, anxiety, grief, overwork, excitement or sleeplessness . . . RELAXA-TABS will bring you relief . . . they do not upset digestion, affect the heart, or have any after effects. RELAXA-TABS are harmless to take. Ask your chemist.

Imported by GILMAN & COMPANY LTD.

GRADUATION IS FUN

In our last issue we published a feature entitled "Campus Comments" by a highly paid journalist from the New World. Unfortunately he went sailing one week-end, and has not been heard of since. But we have been lucky in securing the services of a photographer from L-F- M-GAZ-NE (here on a fact-finding tour), and he has kindly filled the gap.

GOING up to be dubbed is a bit nerve racking. There's always the chance you might drop the hood, or forget to curtsy, or something.



BUT afterwards! What a sense of relaxation! The most important person in the family. For the first and last time, I guess.



THE official dinner is exciting, too. All of a sudden you feel very grown-up and significant. And you meet such interesting people.



BUT I think the Medical Graduates' Dinner is best of all. There you are, with all the people you've worked with for years, and yet it's all different. You're not a student any longer; you're a person. And just as good as the next man, whoever he may be !

NOTES AND NEWS

Office of Dean

Professor L. G. Kilborn was chosen to hold the office of Dean for three years from October 30th., 1954, in succession to Professor Gordon King. Professor Kilborn holds the Chair of Physiology to which he was appointed in September 1952. He brings to his new office a broad experience of medical school administration. For sixteen years he was Dean of the Faculty of Medicine and later Director of the College of Medical Sciences at the West China Union University. The College served four or five hundred students, of whom about two thirds studied medicine, and one third dentistry.

Numbers

Sixty-one new students were admitted to the Faculty of Medicine in September. Numbers now are: Second Year 61; Third Year 83 (including repeaters); Fourth Year 43; Fifth Year 40; Final Year 101. This gives a total of 328 medical students, not including students in the preliminary science year who hope to enter the Faculty after exemption from 1st. M.B.

Foreign Visits

During September and October, 1954, Professor Gordon King fulfilled an invitation to deliver a series of lectures at the Royal Prince Alfred Hospital, Sydney. Whilst there he also performed several operations, conducted ward-rounds and symposia, and was elected Honorary Consultant to the Hospital in perpetuity.

Professor A.J.S. McFadzean returned in October from a three months tour of medical centres in the United States. The tour was sponsored by the China Medical Board.

Papers on primary carcinoma of the liver and bronchogenic carcinoma were read by Professor Hou Pao-Chang before the Fifth Conference of the International Society of Geographical Pathology, held in Washington, D.C. during September.

Dr. Nora Tregear represented the University at the Annual Meeting of the British Student Health Officers' Association held at Aberdeen University during July.



PROF. LESLIE KILBORN

Professor Stock returns from long leave in the United Kingdom during December, 1954.

Research Fellowships

The China Medical Board has provided three Research Fellowships, one in Medicine, one in Pathology and one in Physiology; each tenable for a year. That in Physiology has been awarded to Dr. H.W.P. Jones who is launching a programme which the Department intends to follow for establishing physiological standards amongst local racial groups.

Prizes

Anderson Memorial Medal for the student with the highest aggregate of marks obtained in degree examinations over the entire medical course: KHOO BOON KHENG

Ho Fook & Chan Kai Ming Prize for the student with the highest aggregate of marks obtained in the final examinations in Medicine, Surgery and Obstetrics & Gynaecology: MARGARET KING

C. P. Fong Medal in Medicine for the student with the highest marks in the final examination in Medicine: BARBARA NG

Gordon King Prize in Obstetrics & Gynaecology for the student with the highest marks in the final examination in Obstetrics & Gynaecology: MARGARET KING

C. P. Fong Medal in Pathology (Dec. 1953): ALICE POON

Ho Kam Tong Prize in Public Health
ELLEN KING

Graduates, May 1954

Chan, Henry
Chan, Nina (Miss)
Chan Pui-Chee, Donald.
Chan Cheng Chuan, Charles
Chang Lok-Pan, Emmanuel
Cheung, Louis (Miss)
Chin Let Kong
Han Wee Fong
Huang Kee Poh, John
Hui, Sylvia (Miss)
Ip Tit Shing
Iu Po Yat
Khoo Boon Kheng
Khoo Kiang Kang
King, Margaret Jessie (Miss)
Kwan Yan Chi
Lau Kit Sun
Leong Yoke Meng
Li Hak Kwan
Li Kwok Biu
Lim Khen Chiap
Liu Saik Pon
Ng Kwok Ying, Barbara (Miss)
Nip Yuen Cheong
Ong Siew Choo (Miss)
Roza, Anthony Charles William Mosbergen da
Smart, Eleanor Broughton (Miss)
So Chi Ming
Tam Sai Kit
Tay Kah Seng
Wong Wei Yang
Wong Yew Fah
Yap Pow Man, Raymond.
Yen Shou Chih. Samuel.
Yap Pow Law, Paul.

Retirement

Dr. A. A. Lempert, Superintendent Technician in the Medical Research Department, on November 21st., 1954.

Resignation

Dr. R. H. Hamlin, Assistant Lecturer in Obstetrics & Gynaecology, from July 26th., 1954.

External Examiners

Professor L. J. Davies, M.D., F.R.C.P., F.R.C.P.S., Muirhead Professor of Medicine at the University of Glasgow, for the Degree Examinations in Medicine in December 1954.

Professor W. Melville Arnott, T.D., B.Sc., M.D. (Edin.), F.R.C.P. (Lond.), F.R.C.P. (Edin.), William Withering

Professor of Medicine at the University of Birmingham, for the Degree Examinations in Medicine in May 1955.

Professor W.C.W. Nixon, M.D., F.R.C.S. (Eng.), F.R.C.O.G., Professor of Obstetrics & Gynaecology at University College Hospital, London, for the Degree Examination in Obstetrics & Gynaecology in May 1955.

Publications

Oration

GORDON KING, "Advanced Extra Uterine Pregnancy", being the Joseph Price Oration for 1953, delivered at the Sixty-Fourth Annual Meeting of the American Association of Obstetricians, Gynaecologists and Abdominal Surgeons, Hot Springs, Va., September 1953. *American Journal of Obstetrics & Gynaecology*. 67, 712, 1954.

Research

DORIS E. GRAY & H.A. DE LUCA, "Desoxyribonucleic acid as a reference standard in metabolic experiments" *Fed. Proc.* March 1954 (published in abstract).

DORIS E. GRAY & H. A. DE LUCA, "Vitamin E and carbohydrate metabolism" *Can. J. Biochem. & Physiol.* September 1954.

DORIS E. GRAY & H. A. DE LUCA, "DNA as reference standard" *Chemistry in Canada* July 1954 (published in abstract).

A.S.H. WONG, "Analysis of 320 cases of sterility" *Bulletin of the Hong Kong Chinese Medical Association*, April 1954.

G.H. CHOA, "The treatment of hypertension by 'Ansolysen'" *Bulletin of the Hong Kong Chinese Medical Association*, April 1954.

Article

L.G. KILBORN, "Medical education in Communist China", *Journal of Medical Education*, XXIX, 1954.



CORRESPONDENCE

THE STATE OF PRIVATE PRACTICE IN HONG KONG

Sir,

In the old days the practice of medicine was considered as noble, and doctors were held in affection and respect. Part of the Hippocratic Oath runs "May the fruits of life and of art be mine; may I be honoured of all men for all time" and the Chinese have an old saying: "He who heals me has the love of my father and mother."

Nowadays it seems that medical practice is regarded as just a money making business, and a very good money maker at that. Every doctor is expected to be rich, and men being men, doctors are held in envy, plagued for charity, and made the butt of every grubber after money. Most young people join the University medical faculty with one aim in view; to qualify and get rich quickly. Why should our profession impress the public and the young man leaving school in such a way? As in all professions and trades there are those who earn a just reward (or perhaps bare subsistence) by applying their skill for the benefit of those they serve; and there are those who earn big money by exploiting the ignorance and the trust of their patients; by illegal or unethical practice. This has always been so. Why then should the practitioner now be under a cloud?

In Hong Kong this is partly due to the attitude of a certain section of the Press which supports the claims of non-registrable refugee doctors from China. Because we are jealous of our rights and our status as practitioners registered by the General Medical Council of Great Britain we are accused of extreme selfishness; of opposing the registration in Hong Kong of these people because of fear for our own pockets, and to the neglect of the public health and common good. There are many sound reasons for not allowing unlimited licence to practice, and perhaps the lay man is in no position to appreciate them all, but we have heard no plea for allowing American lawyers to practice at the Hong Kong Bar. Why pick on doctors; and why does the criticism go unanswered?

It has been claimed by those who support the refugees that the paltry five

hundred or so registered doctors in Hong Kong are far too few to serve a population of two and a quarter million. This might be an overwhelming argument in some places, but outside of a totalitarian state people cannot be forced to do just what is expected of them, and it is a well known fact that out of our millions, only about a quarter put any faith in Western medicine. The rest go to herbalists.

It is commonly believed by the Chinese here that Western doctors cannot treat measles or deal with knocks and falls and internal injuries. These cases are thus practically monopolised by herbalists, and the doctor attendant at all big football matches played in Hong Kong is invariably a bone-setter, or a "fall and knock" doctor. And these gentlemen, whilst scorning Western theory, are not above adding to their incomes by using diathermy, X-ray machines, and so on.

Why is the profession so reluctant to place its case before the public and to strive to regain its old place of honour? I suspect because it is well aware that its own house is not in order, and it is shy of publicity. Successful private practice in Hong Kong has become increasingly difficult, and there is increasing temptation to sustain income in the face of a falling market by resort to unethical practice and the relaxation of professional standards. The medical profession may provide unusual opportunities for a man to show himself off at his best, but a doctor is still just a man; no better or worse than most men; and it is hard for him to kick against the pricks.

What are these pricks? We hear a great deal about "aggression" nowadays. It is the besetting sin of the other side, but never one's own. As a private practitioner I believe there has never been a territory so much aggressed upon as the field of private practice in Hong Kong. In Britain the private practitioner is often soothed from above by being told that he is the backbone of the profession, and it is so. In Hong Kong the private practitioner is of no

account. If it is convenient or opportune for any one of a dozen agencies in the medical field to extend its operations in a way that will encroach upon the established and legitimate responsibilities of the private practitioner, when the extension is made, without so much as a 'by your leave' or an expectation of resistance. Some such aggressions are underhand, and outside the law; others are open and official. I shall describe a few of these invasions.

The Government is now undertaking periodical X-ray examinations of the lungs for the employees of all local big business houses. Employees are forced to attend these sessions. Now amongst these employees there are, of course, many private patients of private practitioners, but when a lung lesion is discovered, even if the presence of a pneumothorax shows that the person is under active treatment, then the employee is advised to go to a Government or company doctor for treatment. Thus knowingly or unknowingly patients are taken away from us.

It is commonly believed, amongst general practitioners, that even consultants have undertaken the treatment of patients upon the recommendation of friends and acquaintances, dispensing with the common rule that a consultant stands where he is in order to give specialist advice and assistance to other members of the profession, and for no other purpose.

There are about four hundred registered medical practitioners of Asian blood and colour in Hong Kong, but of this number only two are recognised by the Hong Kong American Consulate as competent to examine and issue medical certificates for Chinese travellers going to the United States. The American Nation is, of course, at liberty to make what rules and regulations it chooses for those whom it admits to its shores; and it may, if it chooses, require that all intending immigrants shall be medically examined by the Hong Kong Harbour Master. Allowing of this, however, the present situation is still odd; and if the American Government will not accept the credentials of Hong Kong doctors registered with the General Medical Council, why should the Hong Kong Government be willing to register an American doctor working for the American Consulate?

In the 1948 issue of the Chinese Medical Association Bulletin, I gave warning of the danger to all of us arising from the practice of certain doctors allowing their nurses to undertake duties properly the responsibility of the doctor himself. This happened because at that time there was a very heavy load upon

private practitioners, and because managing a practice with the help of a nurse or two was cheaper than employing a professional assistant. I even asked our Representative on the Nursing Board to bring this point up, but it was inconvenient or impolitic to do so at the time. Now the harvest. We see nurses going from house to house recommending and offering injections at less than half of the practitioners' usual charges. Often one hears a patient ask the doctor, after examination, "What injections do I need, doctor?" On being told, the patient will say: "Well, it is so much trouble to come to see you, doctor; and I have a relative who is a nurse, and she can give me injections. I will see you in a few months' time for a check up."

Of late there have arisen many charitable organizations who have the interests of the poor at heart, and in the name of charity they open up free clinics, which in most cases are staffed by unregistered doctors. Often the bigger part of the sign boards of these clinics accommodates the doctor's name. None will question the worthiness of these attempts to bring medical aid to the poor, but not infrequently the machinery is exploited for less worthy ends. Not infrequently a patient is told that he has such and such a disease, which is quite serious, and requires special injections for its cure. But the clinic has none, so the patient had better come to the doctor's house to be treated. I can well see how these unregistered doctors can afford a full-time voluntary job!

It is in these clinics that unregistered doctors openly practice in the name of charity, but once home again, some carry on illegal practice with the help of the contacts they have made, and by the aid of agents who go around making contact with fresh customers. Because their fees are low they do well. The average clerk or shop assistant naturally turns to these men in times of sickness, and regards the attentions of a registered practitioner as a luxury reserved for the rich. No wonder that such doctors still prefer to come and stay here, despite the fact that they are qualified to practice honourably and legally in China or Formosa; both places being sadly short of doctors.

I cannot understand how these refugees and their supporters can have the cheek to expect the Hong Kong Government to change its laws, and the General Medical Council its regulations in order to suit their needs. Elsewhere the refugee accepts the fact that he is required to conform with the laws of the land in which he takes refuge.

All these incursions upon the territory of the private practitioner constitute a serious and unfair competition. Unfair because we have to bear heavy office overheads, and pay business and income taxes, and because we have to abide by rules of procedure from which the unauthorised practitioner is free. I believe that the future of private medical practice in Hong Kong is in danger; that unless these faults are corrected the relaxation of standards amongst established practitioners is likely to continue; and that for most of the 40 or 50 doctors who graduate from the University each year it will be a matter of Government jobs or no jobs at all. For these reasons the article on non-registrable practitioners and local graduates in the last issue of ELIXIR seemed to me most timely.

The trouble is that the status of the private practitioner in Hong Kong is not and never has been properly defined. Before the war, when the life of the Colony was less complicated than it is now, this did not, perhaps, matter so much. It was possible for us all to get along together without treading upon one another's toes. Under present circumstances it seems to me imperative that the status, the responsibilities and the rights of the private practitioner should be generally recognised and respected, for only then can he in his turn be expected to act with the strict integrity essential to public confidence and sound medical practice. The profession should speak for itself with a firm voice, and campaign boldly for reform where reform is needed. Unfortunately there seem to be few amongst us willing for the task.

In the last issue of ELIXIR it was written that before the war the Hong Kong graduate had a reputation both here and in Malaya as a man who thought for himself, but that since the war the reverse has been the truth. Two reasons were suggested for this unfavourable change, fear of failure and language difficulty, which combine to keep the student chained to his books to the detriment of his general development as a thinking and educated man. As I see it, these are only the apparent reasons. I well remember that when I joined the University in 1923, I had had only two years English in a Chinese school, and I was gambling my \$15 when

I took my matric. I failed in English and was therefore obliged to join the medical faculty as an external student, and to take a referred examination in English six months later. That was my English. As regards fear of failure, even ten years or so after graduation I frequently had nightmares, in which I failed in my exams. And I know that there were many who were not very much better than I was.

As I see it, the fundamental reason for the unfavourable change is that the present generation of students, like the whole Hong Kong citizenry, is not accustomed to thinking for itself. During the war years it became necessary for large masses of people to submit unquestioningly to authority.

Their's not to make reply,
Their's not to reason why,
Their's but to do and die

It is a philosophy essential to war, and when war is long and all-embracing it becomes a habit of mind which lingers after the fighting has ceased.

I well remember how in our time we used to celebrate China's national day, and the Great Hall was turned into a Hyde Park dressed for Sunday, and in spite of my poor English I was a regular soap-box orator. We were eager to express our views on daily events happening around us. Today the students, and indeed all in Hong Kong, seem to take as their motto: "Where ignorance is bliss, 'Tis folly to be wise". Controversial topics are held best left alone.

But regarding the state of private practice in Hong Kong, it is essential that some strong opinions should be expressed, and quickly. Either the degeneration must halt, and the position of the private doctor be strengthened and assured, or else the Hong Kong Government must plan for some form of socialised medicine on the lines of the National Health Service of Britain.

I earnestly plead that all concerned, and specifically the Government, the University, the Chinese Medical Association and charitable organizations, take note of these things, and act. The medical profession may then return to its noble position in society, and the Hippocratic Oath may indeed be the guide post of doctors in their life

T.P. WU.

CONTRIBUTIONS TO THE MEDICAL SOCIETY SCHOLARSHIP FUND

Up to the time of going to press, approximately 300 subscriptions to Elixir had been taken up; in the main, among the Medical Profession. For this encouraging support we are most grateful.

A number of subscribers to this Magazine were good enough to give a sum in excess of the Annual Subscription. These extras have been credited directly towards the Scholarship Fund.

Additional sums as direct donations are also acknowledged with very many thanks. The donations of our well-wishers are acknowledged below:

From \$3 to \$25: Dr. C.F.X. Roza, Prof. David Barker, Dr. C.S. Wei, Dr. Wong Shing Hong, Dr. K.F. Woo, Dr. Wong Yew Fah, Mrs. M. Visick, Dr. W.M. Tso, Dr. Skinsnes, Mr. R. Oblitas, Dr. W.H. Ng, Dr. Mehal, Dr. Lo Chong Fie, Dr. Lo Kum Fong, Dr. Lau On Oui, Dr. Lau Kit Sun, Dr. P.C. Kwok, Dr. Ip Kum Wah, Mrs. D.A. Collins, Dr. Ip Cheng Hing, Mr. G.C. Israel, Dr. Asjoe Ho, Dr. C.T. Huang, Dr. Ho Ching, Mr. W.A. Young Saye, Dr. Onward Szeto, Dr. Wan Chik Hing, Dr. T.M. Tso, Mr. K.H. Yuen, Dr. Raymond Yang, Dr. T.B. Teoh, Dr. P.W.C. Mao, Mr. So Chi Tak, Dr. K.T. Yue, Dr. Kan Lai To, Dr. Loh Seng Poh, Mr. J.L. Young Saye, Dr. H.T. Wu, Dr. Mok Hing Fai, "Anon.", Dr. Lee Hah Liong, Dr. T.Y. Li, Dr. Ellen Shu Pui Li, Mr. W.I. Cheung, Dr. Ernest To, Dr. K.W. Chaun.

From \$43 to \$100. Dr. Douglas Laing, Dr. Phoon Seck Quai, Dr. H.K. Pang, Dr. P.P. Chiu, Dr. Tang Hon Chiu, Dr. A.R. Hodgson, Dr. Wong Tung Ming, Dr. Tang Yee Yuen, Dr. C.K. Yu, Dr. Peter H.T. Fok, Dr. Daphne Chun, Mr. Bee Hoat Tak.

Not only has Elixir attracted this gratifying interest and support, but the Scholarship Fund itself has been launched to a good start by substantial gifts from several well-wishers who feel the need for increasing educational opportunities in Hong Kong. It is with great pleasure that we record the following donations:

"Cheung" \$1,000
Mrs. Beatrice Church ... \$5,000

Total of Scholarship
Fund to date ... \$7,236

The Society hopes that the Fund will grow in strength not only from the larger, single donations, but also from regular subscriptions to ELIXIR, and regular, smaller donations made year by year. There is no time limit, and no final target. As the Fund grows, the help that can be given will increase. If enough money is accumulated to earn interest sufficient for a scholarship providing for the full cost of a Medical Course, a second scholarship can be instituted, either for a second undergraduate scholar, or for post-graduate work abroad.

Our first target is \$80,000, so that we may offer an undergraduate scholarship of \$5,000 a year.

BOUQUET

Sir,

Thank you for sending me a copy of ELIXIR. For interest and entertainment you certainly take the palm, and I should like to offer you my congratulations.

K. E. PRIESTLEY
Dean, Faculty of Arts.

**HAVE YOU TRIED
THE 'TASTE TEST'?**

*Ninety-nine out
of every hundred
doctors have tried
Camels, but most
of them still prefer
nurses.*

(Advert.)



WHOSE HEADLINE ARE YOU, SWEETHEART?

being happy thoughts from the columns of the Daily Press

**PRESBYTERIANS AND CHRISTIANS
PRAY TOGETHER**

Next thing we know we shall have the
surgeons fraternising with the physi-
cians.

JUNKS FORCED TO REGISTER

We always said they sometimes look
almost alive.

THE FAO QUINTET

UNO, ILO, SHAPE, PAYE and UNES-
CAFE ?

QUEUES DWINDLING

But we thought pigtaails went out with
the Revolution !

A CAT FOR FOOD

Kittens for Small Chow ?

**CLUBBED WOMAN WITH EMPTY
BOTTLE**

And helped to fill the jug ?

**UNSEEMLY BEHAVIOUR IN THE
GREAT HALL**

No comment

European lady highly recommends
baby wash-amah, very clean.

(small ad.)

Not half so clean as amah wash baby,
we'll be bound !

OH NO! NOT AGAIN!



A contributor kindly sent us a collection of witty japes and anecdotes which she had learned at the feet of her teachers. Since these gentlemen use the same reliable mirth raisers as a standard ingredient of their teaching courses year after year, we have, in a spirit of compassion towards all concerned, regretfully decided that they ought not to appear in print.

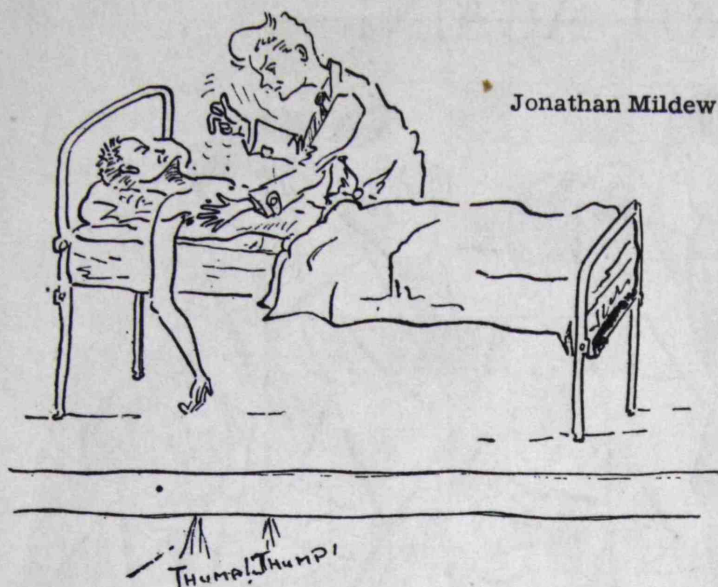
FUTURE ISSUES

IN FUTURE, ELIXIR will appear three times a year, in April, August and December.

We shall welcome contributions of all sorts (including letters to the Editor), and from all sources. In particular we hope for a large increase in the number of sketches, articles and ideas coming from undergraduates.

Contributions may be sent at any time to the

Editors of Elixir, c/o Department of Physiology, Hong Kong University. They will always be gladly received because there will always be an issue of the magazine in the course of production, but items intended for any particular issue should be in the hands of the Editors at least one clear month before the month of publication.



"THERE GOES MILDEW, PERCUSSING AGAIN!"

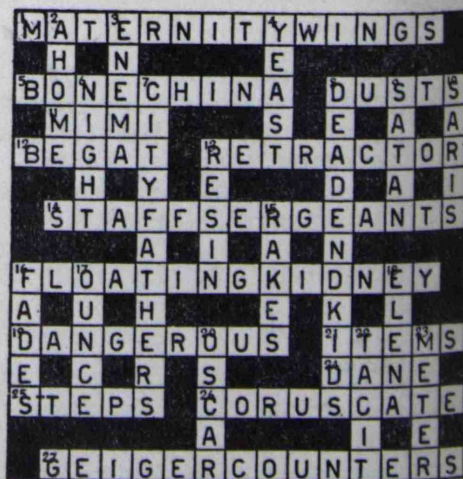
*Solution to the
Crossword in Our
Last Issue*

The prize of \$100 offered to the sender of the first correct solution to be opened after the closing date went to E.L.P. CHANG of Ricci Hall.

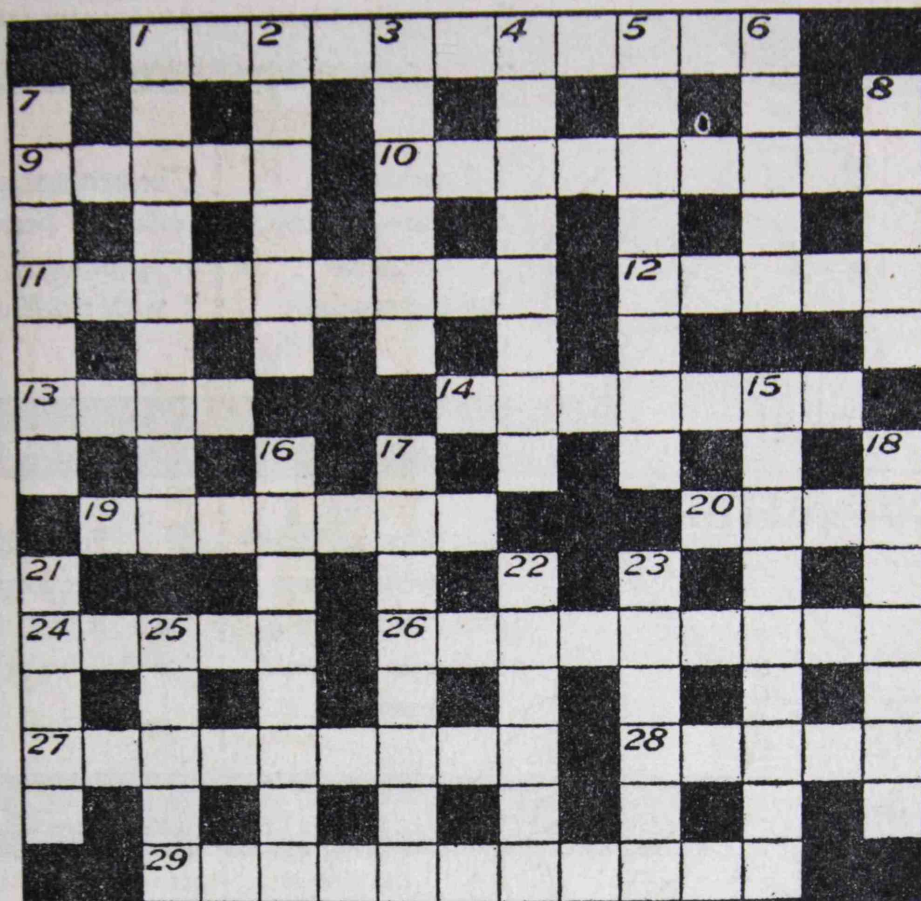
WE THREE KINGS OF ORIENT ARE!



Picture taken after the June Congregation Centre, Gordon King, then Dean of the Faculty of Medicine. Left, daughter Margaret, winner of Ho Fook & Chan Kai Ming Prize and Gordon King Prize in Obstetrics & Gynaecology. Right, daughter Ellen, winner of Ho Kam Tong Prize in Public Health.



Elixir Prize Crossword No. 2



ACROSS

- 1) 102, Roman style, mixed with a botanist to produce life-savers. (11)
- 9) R.A.F. objectives. (5)
- 10) Where did all this Christmas business start, anyway? (2, 1, 6)
- 11) May start a fight, but best way to pass exams. (5, 4)
- 12) Look not upon the wine when it. (2, 4)
- 13) Spotty crop; and risky too. (4)
- 14) Presumably they have plenty of inside information. (7)
- 19) Largely sounds like making a meal of it, but entirely suggests the opposite. (7)
- 20) Slightly confused seaweed in the middle of a sub-continent. (4)
- 24) According to the Bard, this one produces fiery if wistful noises. (5)
- 26) Send it to a group of remedies. (9)
- 27) Do you drive a car to church for this? (9)
- 28) As the auctioneer says; hoping it isn't. (5)
- 29) Self-satisfied note in the voice of a girl who has got her man? (7, 4)

DOWN

- 1) 9 across in print. (9)
- 2) May be regarded as compliments, but the object might become browned-off. (6)
- 3) 1 down and 9 across are. (6)
- 4) Usual site of R.I.P. (2, 1, 5)
- 5) Is gemina the plural of geminus? One thinks so. (8)
- 6) Sweet with T; unwelcome with P. (5)
- 7) 7, 1, 6, 6, 5, 18, 19, old men. (7)
- 8) What comes before autumn in the U.S.A.? (5)
- 15) Cabarets, champagne, bats, moths and owls. (5,4)
- 16) Tea in an old Chinese vase? Very nice too! (8)
- 17) Cooling-off process. (8)
- 18) Look it up in a book, or just book it. (7)
- 21) When you do this your face 12 across. (5)
- 22) Get sad in a dramatic fashion. (6)
- 23) A dago and 1 form a slow combination. (6)
- 25) Re backward, di different, trans across. (5)

The competition is open to all medical undergraduates and interns. Fill in the puzzle, detach this page, and send it in a sealed envelope marked "Crossword" to the Editors of Elixir, c/o Dept. of Physiology. Books to the value of 25/- will be given to the sender of the first correct solution opened after the closing date, January 31st, 1955.

**The
ideal
nasal
decongestant**



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NASAL DROPS

Prompt Effect

Low surface tension—readily absorbed by the mucosa.

Prolonged Action

The prompt, sustained effect of Fenox gives prolonged relief with small dosage.

Non-Oily

Fenox does not interfere with ciliary action and there is no danger of lipoid pneumonia.

Viscous

Fenox has the same viscosity as mucus and remains at the site of action.

Non-Irritant

Fenox is pH-adjusted and isotonic with the nasal secretion.

Non-Toxic

Free from undesirable side effects—suitable for children and adults.

**For the treatment of
catarrhal conditions**

FENOX, the only preparation containing phenylephrine hydrochloride and naphazoline nitrate, marks an advance in the local treatment of catarrhal conditions of the nasal passages and accessory sinuses. It exhibits all the properties of the ideal nasal decongestant.

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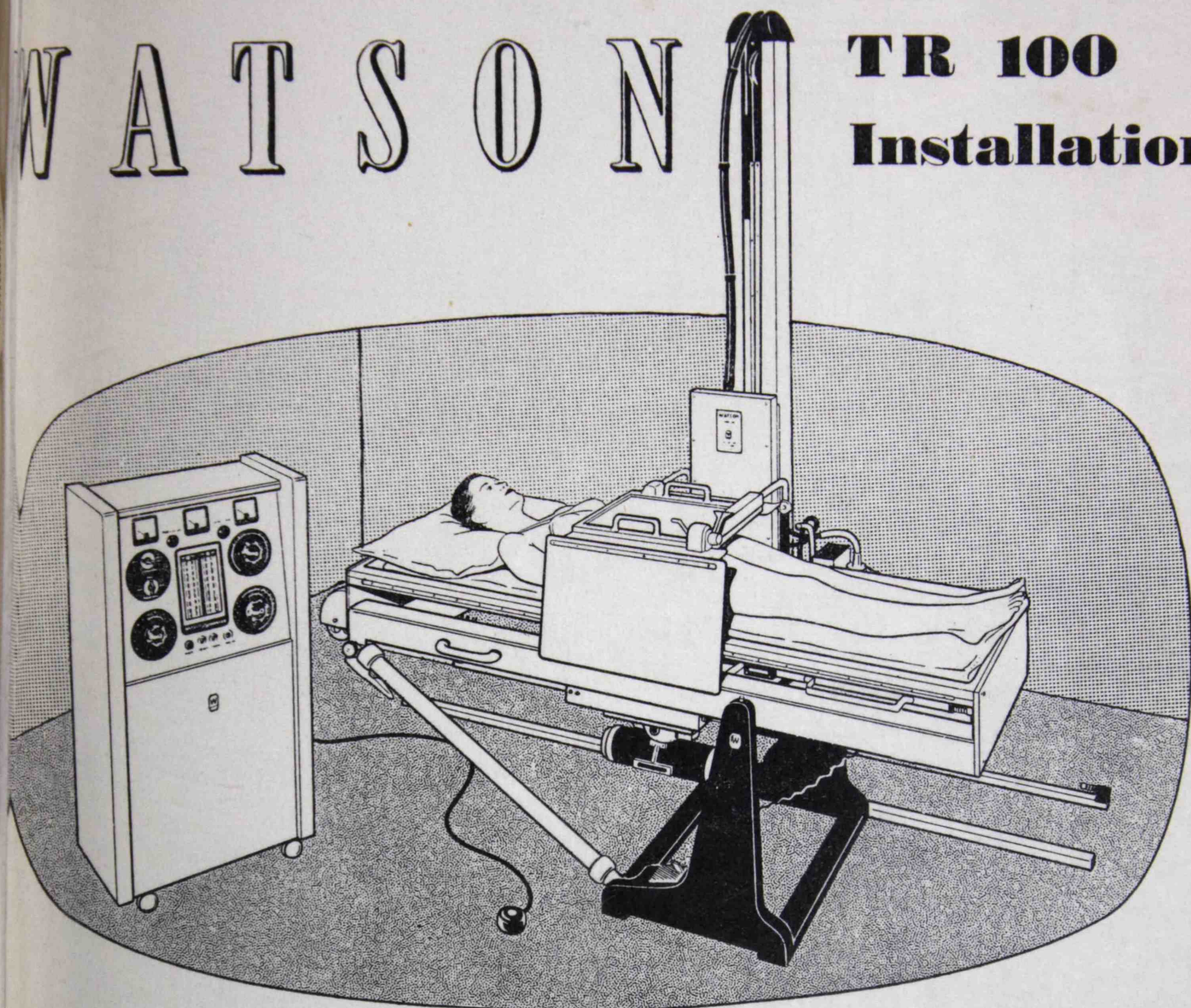
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