

Lib. Off.

Caduceus



24 SEP 1971



MEDICAL STUDENTS' CENTRE,
SASSOON ROAD,
HONG KONG.

VOLUME 3 NO. 9

OFFICIAL PUBLICATION OF THE MEDICAL SOCIETY, H.K.U.S.U.

September 15, 1971

CHILD PSYCHOLOGY

The psychological aspect of child development has possibly received the least attention in most parents' mind but we must emphasize that this aspect of child development is of utmost importance and every person who is or will be taking care of children someday or is interested in children must appreciate its importance and come to know something about it. What follows is intended to be a brief introduction to the subject of child psychology and some items of practical importance will be mentioned.

Psychoology is a study of animal behaviour. In child psychology we are interested in studying the behaviour of a child. We do not only note his behaviour, but we also try to account for why he behaves in such a way and find out the factors affecting his behavioural patterns. Some general principles and theories can thus be built up and many of these can be applied to the rearing of children and also to help correcting abnormal behaviours, to enable a child to live in a normal way and to develop into a normal adult.

About the normal pattern of development first we must note the fact that a child's nervous system matures gradually and before it is mature enough to perform certain things, no amount of training forcing or beating can make him perform that task. Fear of strangers will appear when a child is about 6 months old and a child who shows such behaviour should not be regarded as timid or abnormal. When a child reaches 1-1½ year old, his imaginative capacity will begin to develop and he will be engaged in a variety of made-belief plays e.g. he may play with inanimate objects as if they were living persons. He may tell you that a tree tells him a story. All these are part of his normal mental development and should not be mistaken as madness. Day-dreaming will later occupy much of a child's time and this is again an important way by which a child exercises his imaginative capacity. Many other examples can be cited and it is fit for us to know these in order to deal with our children correctly.

Parents, by far, have the greatest influence on a child's psychological development. Everybody probably already knows the importance of parental love and care to a child. This brings us to the problem of nurseries. Many child psychologists are against the idea of putting a child under institutional care instead of parental care especially if the child is looked after entirely in the nursery and for a prolonged period. The reasons given is that in most nurseries, owing to limitation of staffs, there are much less personal care and environmental stimulation. Development will tend to be retarded and if prolonged, may be irreversible. Hence, if it is necessary to put a child in a nursery, it is preferable to do this in part-time basis so that the parents may at least care for him some time every day and the parents should take care to select a well organised nursery. Turning aside from the problem of institutionalisation, we shall take a look at some examples of deviated form of parent/child relationship and then consider some common problems that confronts every normal parents. Some parents are being described as "rejecting" parents by which it is meant that the child is unwanted, unloved and treated unkindly ranging from harsh treatment to constant disapproval or neglect. The child can practically never grow up as a normal individual even if he is well cared for physically. Being rejected, it is difficult for him to accept himself and have a favourable estimation or view of himself. Neither can he favourably view others or accept others. Form rejecting parents, we may view the other extreme of the spectrum, the overprotecting parents. Overprotection limits the opportunity of a child to develop his potentialities and to become an independent individual. Thus it places him in a disadvantageous position in comparing with other children. A child cannot have boundless freedom in his life. Some of his activities have to be restricted for his own safety and other

activities have to be restricted because he is living in a society and have to learn to sacrifice some of his personal freedom in order not to infringe on others' rights. Hence, the parents have to take disciplinary actions. In this aspect of training, there will be two main problems:— 1. How far should they interfere with a child's activity. 2. What should the disciplinary action be like? These are very complicated problems and lots depend on the fine sense of judgement of the parents and the 'personality' of the child they are dealing with. It may be suffice to remark that parents cannot be too authoritative and constantly interfering with a child or let them have too much freedom. As for the methods used, it may be concluded that punishment is neither the most effective nor the sole method; just to cite an alternative—parents can set an example for the child to imitate or use reward instead of punishment. There are numerous problems that face the parents throughout a child's development. What should parents do when a child shows fear of strangers, dark places etc.? When should urinary and bowel control be trained and what will happen if too strict and severe measures are taken? Would sudden weaning produces a severe psychological trauma to the child? Should aggressive behaviours in a child be curbed at all cost or should we take a more tolerant attitude? All these are important and mishandling of them can be detrimental. Faced with all these problems, to be a good parent seem impossible. It is important, therefore, to note that there is no 'perfect' or ideal parents and it is impossible to be correct in every details or every judgement. To be always nice and patient is virtually impossible. Rejecting parents are actually very few in number and there is no point for parents to blame themselves excessively or to have a guilty conscience for occasional misbehaviour towards their children. As long as parents always tries to love, to take good care of their children, to avoid gross mishandling of a child, they may be said to be fulfilling their duties.

Besides parents and other adults, children comes into close contact with people of their own age and these constitute another important facet of child's life. We may consider a child's playmates in two categories; 1. the siblings and 2. other children besides the siblings. When a new sibling is born, the child come to face a new family situation. Much attention that was originally centred on him is now diverted to the new sibling. For some children this presents as a psychological problem. Some may show aggressive behaviours or resentment to the newborn, others may revert to more childish mood of behaviour e.g. urinating like an infant although control has already been established for some time. Parents should be able to recognise these facts and deal with them accordingly.

Besides his own siblings, a child will soon come into contact with other children especially when he goes to school. Some children are not well adjusted to this relationship and are rejected by other children from games or other activities. This can be due to many factors. A child who is too bright for those of his age may find it difficult to join in the activities of other children or a child is rejected because he has certain qualities which are not very acceptable to other children or a child is unable to join in the activities of others because of some physical handicap. Adults can in many ways help to save a child from such miserable situations. From various studies, it is found that a child is popular because he possesses certain characteristics like sensitivity to the desires of others, resourcefulness, confidence and do not rely too much on adults etc. Parents may help their child to develop these aspects while eliminating objectionable characteristics. For the physically handicapped, parents may perhaps handle or create situations in which he can participate. There is a tendency for parents to overprotect such a child and in so doing limits his normal contact with other children. Such an attitude is not recommendable.

Most parents are very much concerned with low intelligent their child is. Intelligence is a composite of many factors and various types of tests have been designed by psychologists with an attempt to evaluate it objectively. In order to have a scale for measurement, the concept of I.Q. emerges. By I.Q. (intelligence quotient), it is assumed that the intellectual development of a child reaches a maximum at 16 years of age and every person who is older than 16 is still considered to have an age of 16. A person's I.Q. = 100 x Mental age/Chronological age. I.Q. of 100 is considered average and above that would be of above average intelligence.

Most person would be interested in the problems 1. Whether I.Q. tests are reliable or not and 2. Whether intelligence is chiefly an inborn quality or chiefly determined by environmental factors such as special training etc. As for the I.Q. tests their reliability in assessing intelligence is still somewhat controversial especially when applied to young children. As has been said, intelligence is made up of many components and different I.Q. tests may pay different emphasis on certain components of intelligence so the results of different tests may not agree. Much care is needed in interpreting the results of such tests. For the second part of the question, while there is no doubt that environment can influence a person's intelligence, there is a maximum that later training can do and the maximum is limited by the genetic potentialities with which the person is endowed. The above findings have certain important implications in child rearing and education:

1. Since intelligence is not a unique quality but a composite of many factors e.g. verbal ability, spatial orientation, reasoning, memory etc. So a person who may not be outstanding in a general I.Q. test, may have distinct aptitude in certain components. That this should be discovered and given a chance to develop is evident and should serve as a challenge to parents and teachers to keep a sharp look out. It also challenges our educational system to adjust itself to deal with such cases.
2. The problem of the mentally retarded and intellectually superior child. These 2 groups of children should be recognised as early as possible and given the special treatment that may be required e.g. a child not very much below average in intelligence can still be benefited by special training so that he may still be able to earn a living and look after themselves.

An intellectually superior child may find ordinary school teaching boring and some of them eventually drop out of school for this reason. Such misery is to a large extent preventable if proper action is taken.

3. Another very significant point is the appreciation of the fact that what the maximum training can do is determined by a person's genetic endowment.

Many persons may have a distorted image of their own ability, giving rise to a large gap between what he aspires to achieve and what actually he can achieve. It is also common for parents to have too high an expectation of their children who are being driven to achieve something impossible. Because of this, much misery is engendered and it is painful to read from newspapers that a young school boy commits suicide because of failing at school despite of very hard work. It must be admitted that to assess a person's abilities accurately is very difficult, yet it is still hoped that parents will try to assess more realistically the abilities of their children and help them to get a correct evaluation of themselves. Otherwise such tragedy will continue to happen.

May we conclude by saying that a child's psychological development is as important as his physical development and it is hoped that all who are concerned with child-caring will pay more attention and learn more about this aspect of child development.

EDITORIAL

SUPPORT OUR PROJECT

Why does the average Chinese baby grow up to be lighter, shorter and weaker than his British counterpart? Part of the answer to this is provided by the result (so far obtained) of a series of longitudinal surveys on samples of Chinese babies from birth to five years being carried out by the Paediatrics Department of the University. Studies by Prof. C. Elaine Field, our former Professor of Paediatrics, show that Chinese babies are actually born lighter than British babies, but they tend to catch up both in weight and in height by the fourth month, thereafter declining never to catch up again. The fault here seems to lie in the improper method of weaning practised in most Chinese families.

This, however, is just one of the many erroneous beliefs and practices in child rearing prevalent among most Chinese. The education of the public on proper child care is, in our opinion, most urgently needed. With this end in mind, the Medical Society of the University of Hong Kong is organizing a 'Child Care Project', which will culminate in a three-day exhibition to be held in the City Hall during October 2 - 4. We appeal to the doctors of Hong Kong, especially those in private practice, to make this Project known to your patients and to urge them to attend the exhibition.

It is our sincere hope that, through the exhibition and the many other activities of the Project, the message of proper child care may be brought home to every member of our community, thereby helping in our own small way to make the next generation a stronger, healthier and more intelligent one.

The views expressed by our contributors are not necessarily those of the Editorial Board.

The Editorial Board wishes to thank the special support of the Glaxo Hong Kong Ltd.

Tongilianus

SAYS . . .

Tongilianus habet nasum, scio, non nego. Sed iam

Nil praeter nasum Tongilianus habet.

—Martial.

Expect no more than that . . . lest you'd feel disillusioned

PERHAPS it is only fair to give a word of warning to the new-comers amongst us at the start that they should not expect too much from our fraternity, lest they should feel disillusioned. And disillusionment is a painful experience.

No doubt, the new-comer to the University is bewildered at the assortment of functions and programmes designed specially for him — or so at least it is said. There are the Freshmen Welcome Party, Second-hand Book Sale, Library Guided Tour, Freshmen Picnic and what-not — you can name them *ad nauseam*. But, my dear freshmen, those

are about all that you can expect from our fraternity. I mean, the fraternity of medical students. I am not saying that the Fraternity Committee is not doing a good job in familiarizing the freshmen with the Medical Faculty, but what worries me considerably is that our *fraternity* should be a *seasonal* one, and one attended by such pretentiousness and showiness that the uninvolved beholder, especially a sceptic like myself, is inclined to suspect its sincerity.

Just for the benefit of those who do not yet know, the Fraternity Committee is no novel idea. It has been there — or so supposedly — for three years. And year in year out it makes its pompous appearance about the beginning of September, and then disappearing completely into oblivion before the end of October. I mean particularly the system of assigning a group of first-year students to a senior student who is supposed to act as their tutor, or sort of adviser, for the rest of the year. A tip for the freshmen: don't be afraid to step on the toes of your seniors if you had the chance; they won't be able to reciprocate, for the chances are that you will not see them any more after the Freshmen Welcome Party. (I am speaking this from experience, but I was less fortunate, of course: I had no one to tip me at the time). It might leave them a bruise, of course, but that's just what they deserve — a memento of their rashness in accepting offices and their reluctance to assume responsibility, for at least some days.

And speaking of *fraternity*, I think that this whole idea of a fraternity of medical students is a fraud. *Fraternity* to me means treating everybody as a brother and as an equal. But this is far from being the actual state of affairs within the Medical Society. The long inviolable barrier between the seniors and the more junior members of the Faculty is still so much part of us that I sometimes think that the very existence of a Standing Committee bearing the word *Fraternity* and all the implication of a true brotherhood is a shameful irony and an eloquent accusation of our hypocrisy.

This senior-junior barrier is nowhere more conveniently embodied than in the Society tie, whose monopoly of display and possession has been so jealously guarded by the seniors through the years. Though not expressly defined by the Constitution of the Medical Society, the 'Medic Tie' is somehow beyond the reach of the first- and second-year students before their 1st M.B. examinations. Not written words, but an unworthy tradition, upheld by conceit and unfounded pride, is standing in the way of equality and fraternity. The claim that the 'Medic Tie' embodies the fruits of one's diligent studies on passing the 1st M.B. is no good excuse for excluding the first- and second-year students from possessing and putting on a 'Medic Tie', for the Society tie is essentially a symbol of allegiance to the Society, and whatever other connotations the beholder may conjure up are necessarily a product of his fertile imagination. By excluding the first- and second-year students from possessing a Society tie, for whatever reason, we are creating a sector of 'half-members' of the Medical Society — to the ultimate detriment of the Society — and adding to our symbol of allegiance a stigma of pride and discrimination. I do not profess to be a champion of justice, but I do call for an emancipation of the Society tie from the enslavement by the senior medical students. I do call upon the Executive Committee of the Medical Society to take the initiative to ensure that whoever member wants a Society tie, be he a first-year or final-year student, can actually buy one and wear it without fear of ridicule. Time and again, we have been assured by officials of the Medical Society that every member is free to buy a 'Medic Tie', but that the Society tie was not put on sale at such a convenient gathering as the Freshmen Welcome Party attests to their insincerity, or inefficiency, which is not a very good excuse either.

As long as the 'Medic Tie' remains the monopoly of the senior medical students, it is futile to talk of *fraternity*, for fraternity presupposes equality. As long as the first- and second-year students cannot 'safely' put on a 'Medic Tie', the Fraternity Committee is not going to achieve anything other than serving as the stepping-stone to the Chairmanship of the Society for some designing minds, perhaps.

ANNUAL LAUNCH PICNIC

In a luxurious private launch
 Date : September 25, 1971.
 Time : 2.30 p.m. — 8.30 p.m.
 Place : Clear Water Bay (水清大)

Tickets at \$12.00 each are available in the Medic Canteen or through the Class Representatives. Please hurry! First Come First Serve!

new broad-spectrum cephalosporin

Ceporex

(cephalexin)

the better absorbed oral antibiotic

gives better success rates

Glaxo
 Glaxo Hong Kong Ltd.
 9th Floor, Block B,
 Watson's Estate, Hong Kong.

This year once again 150 people are admitted into the Faculty of Medicine. On 2nd September a Freshmen Welcome Party and Information Service was organised for them by the Medical Fraternity Committee from 2.30 p.m. to 5 p.m. 136 freshmen and over 50 seniors attended the function.

Every new-comer received a colourful and 13-sheeted Freshmen Information Pamphlet '71 containing general information, departmental information, list of recommended texts, 1st year time-table, list of seniors from which they can buy 2nd hand microscopes and skeletons, information about the Medical Society, A.R.M.S.A., and Prospects of the Medical Career in Hong Kong. Copies of the Caduceus were also distributed.

The first part of the day's program took place in the Anatomy Lecture Theatre. The Pro-Vice Chancellor Professor C. T. Huang and the Hon. Advisor of Fraternity Committee Professor F. P. Lisowski both gave enlightening, encouraging and humorous welcoming speeches to the ladies and gentlemen who "feel fresh to the University and are fresh to the University." Other people addressing the gathering included the Chairman of the Medical Society Mr. Wan Ho Yue and Chairman of the Fraternity Committee Mr. Cheng Kam Wing.

Next, the freshmen were introduced and allocated to 42 senior students, who will act as their tutor for the coming year. They were then led on a guided tour around the Li Shu Fan Building and

Medic Centre, followed by group discussion and light refreshments in the Medic Canteen.

A small exhibition of microscopes and dissecting instruments was also held in the Medic Canteen by various firms, as a finale for the day's program.

After the Welcome Party a series of comprehensive orientation program follows to prepare the greenhorns for their new life in the University. It includes the following functions:—

Second Hand Books Sale

2nd hand books were first collected from senior students. The sale took place on September 3rd, 4th, 5th, and 6th in the Medic Canteen. The response was so overwhelming that in the first day of the sale nearly all books suitable for 1st year studies were sold out within 2 hours. The volume of business in the first day amounted to over \$2,000. The Fraternity Committee is contemplating on a second 2nd hand books sale.

Library Conducted Tours

These were given through the kind effort of the Librarian of the Medical Library Mrs. Chung on the morning of September 4th. About 100 freshmen first visited the Medical Library, coming out with admiration and satisfaction. On the other hand, Mrs. Chung was amazed at their excellent response and eagerness.

Introductory Lectures

Professor K. K. Cheng, Professor E. O'F. Walsh and Professor F. P. Lisowski generously consented to deliver each an introductory lecture on their own subject at their respective Lecture Theatres on the morning of September 10th. As expected, the Lecture Theatres were fully packed with inquiring heads, staring at their next examiners. (with respect, interests, fear, sense of inferiority, contented heart, puzzles...?)

Freshmen Picnic

This will be held in the Y.W.C.A. House Lantau Island on September 15, providing an opportunity for the freshmen to get acquainted with their classmates. The 1st year Class Committee will be elected at the end of the picnic. About 130 freshmen and many tutors are delighted to have bought the tickets for the picnic.

Society Annual Launch Picnic

The freshmen are invited to join this annual function, to be held on September 25th. They will be able to meet some staff members and other students of senior years.

The Fraternity Committee trusts that the above functions will help the freshmen to prepare adequately for their new University life. On behalf of the Medical Society, the Committee extends to all Medic Freshmen the warmest welcome and best wishes for the coming years.

(C. K. W.)

WELCOME FRESHMEN

WELCOME FRESHMEN

WELCOME FRESHMEN

WELCOME FRESHMEN

WELCOME FRESHMEN



會大新迎記 會大新迎記 會大新迎記 會大新迎記 會大新迎記 會大新迎記 會大新迎記

空手歸去。其更大的期望，是希望那套迎新會能辦得好。迎新會是迎新生的第一場，迎新生的第一場迎新會，迎新生的第一場迎新會，迎新生的第一場迎新會...

迎新會是迎新生的第一場迎新會，迎新生的第一場迎新會，迎新生的第一場迎新會，迎新生的第一場迎新會...

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LETTERS to the Editor

Dear Sir, I refer to the article "The Grantham Hospital" which appeared in the August 15, 1971 issue of the Caduceus. It seems as though there is no anaesthesiologist on the staff of that Hospital. I wonder if all the operations performed there are done under acupuncture!

As far as I know there has been a full-time anaesthesiologist since 1959—before the senior medical officer in charge of the present Thoracic Unit started to work in Grantham Hospital, and certainly long before the 3 thoracic surgeons obtained even their M.B., B.S. degrees. For the information of the author of the article, since the establishment of the Open Heart Unit the Department of Anaesthesia in Queen Mary Hospital has been sending consultant anaesthesiologists to the Grantham Hospital every week.

Ed. The role of the anaesthesiologist has become so indispensable to a hospital that the writer of 'The Grantham Hospital' has obviously taken his presence and his work for granted.

The service of an anaesthesiologist is very often forgotten by medical people and the layman alike. Certain surgeons are ungrateful and some even try to do without an anaesthesiologist. Quite recently one surgeon gave 'anaesthesia' and operated on the same patient for a minor procedure. The result was that the patient had cardiac THREE times! It was by sheer luck that she survived. This then is the price many a patient has to pay when the surgeon decides to have a one man show.

Please do remember that many complex surgical procedures have been made possible only by the silent and often forgotten member of the team—the anaesthesiologist.

Yours faithfully, Anaesthesiologist

If you're Going to

New Zealand — world in miniature — from exotic south sea beaches to climbing majestic snow covered peaks. Throughout the two Islands a people so warm and friendly that parting is always a sorrow.

This Christmas vacation for only \$4950 all inclusive, including return economy class air fare, you can spend 14 days touring this unspoiled land. Air New Zealand has arranged a special University of Hong Kong students tour based on a group of not less than 15 travelling together. The programme was recently announced by Air New Zealand Sales Manager Orient, Mr. D. G. Gauntlett, who said 'This is the first time we have been able to offer students a tour to the South Pacific that is within a younger person's price range'. Produced in conjunction with Moana Tours of Hamilton, New Zealand and the Universities of Waikato and Canterbury, accommodation and meals are

New Zealand...

arranged at the Halls of residence of these Universities.

Arriving in New Zealand the groups will transfer by coach to the University of Waikato at Hamilton deep in the heart of New Zealand's lush sheep country. From here daily coach tours (no extra cost) are available to the thermal areas of Rotorua, Rainbow Springs and Hamurara; visits to a dairy factory and a game farm plus an excursion to Auckland. New Zealand's largest city and commercial centre. The following week there is a short flight to Christchurch and residence at Lincoln College, University of Canterbury. Here, as in the North Island, daily tours are available to the major scenic and industrial attractions. There is also an optional extra flight deep into the heart of New Zealand's rugged Southern Alps to visit the highest peak, Mount Cook, and a stop at the world famous Hermitage Hotel.

Throughout the tour opportunities will be provided for the group to meet and get to know New Zealand students of a similar age group.

If you would like more information, including a completely detailed itinerary, please contact the Chairman, Hong Kong University Medical Society, c/o Students Centre, Sassoon Road, Hong Kong. (T.C.W.)

The World Federation for Mental Health

The 24th Annual Meeting of the W.F.M.H. will be held in Hong Kong from 22nd to 24th November, 1971. Theme of the Meeting: "Mental Health & Urbanization" Host of the Meeting: Mental Health Association of Hong Kong.

Registration Fee for Local Participants HK\$10.00.

Medical Society Members wishing to participate or further details please contact the Chairman, Medical Society.

啟思

幼兒意外的預防

小兒出生後便脫離了母體的保護而必須去接觸外界的種種刺激。初生時小兒對外界及自身無法區分，漸漸他能夠分辨出自身的輪廓，隨着感應官的成熟，小兒開始對外間各種事物感到好奇及興趣，一有機會便設法去接近及觸摸。這時期由於小兒不知危險為何物，行動笨拙，體力有限而且欠缺經驗，意外極易由是發生。

普通來說幼兒的意外可劃分為兩段時期。初期小兒未能行，意外的發生多由於父母的照料不得法，當小兒學懂爬行及走路後，活動範圍擴大，發生意外的機會也隨之增加。初生的嬰兒行動不能自己，除了移動四肢外只能安靜地躺臥。這時期因自身行動而產生的意外頗為罕見；但是他年紀大一點的孩子可能會感到好奇又有趣，他們可能跑到他的身邊拉他玩耍，甚至用手去按他的鼻子或驚他的眼睛，嚴重一點他們可能會善意地用糖果或餅干來餵飼他而不知道這樣可能令小兒引致窒息。幸運地這段時期父母對小兒都極細心照顧，這類意外並不多見。相反地這段時期的意外大多是父母本身造成。由於過度關懷小兒的健康，如果偶一發熱，他們立刻憂心如焚，急忙延醫診治。這種做法是極為正確的，可是有些父母却過渡小心，如果小兒在二小時內熱度並未顯著減退，他們可能會認為是藥不對症而立刻另找醫生治理。在舟車勞頓長途跋涉中，小兒的病情可能因此加重；此外由於每一位醫生所配給的藥物可能並不相同，如果父母誤解多吃幾種藥及多吃幾次藥可以幫助病人早些康復而把過量及多

種藥物給小兒服食，藥物中毒及藥性相互作用(Overdose And drug Interaction)便會發生。最初的徵象可能只是原本病情的加重，父母每易誤會為藥物份量不足而再行增加藥物的服量及次數，惡性循環由是產生。

另一個常犯的錯誤便是給嬰兒穿上過多的衣服。天氣寒冷時父母恐怕小兒會受涼而給予大量熱飲品，和穿上大堆衣服而沒有想到這樣會使小兒感到極度不適。同時穿上過多的衣服使小兒行動極為不便，對正常的肌肉發展會有妨礙。父母替小兒換替衣服時如果過於匆忙，很可能令小兒脆弱的關節脫位。在報章上我們不時看到小兒在睡夢中窒息致死的新聞，究其原因或由於多人同睡熟睡時不幸被壓着胸部或口鼻小兒不能掙脫而窒息，或由於父母一時疏忽給小兒蓋上太多太厚的被褥。

幼兒在近週歲時已能翻身俯臥，用手爬行且能坐立，這時在中國人的家庭裏父母會因此對小兒的照顧更為鬆懈，母親在家務繁忙時，每每將幼兒交給年紀較大的兄弟看管。歲半時小兒已學會走路，母親更誤認為小兒已能自行照料自己，其實此時小孩子還未懂事，而且由於對周圍事物愈來愈好奇，當他能夠行走時他自然會四處找尋和觸摸各種家庭用品，這段時期往往就是最容易發生意外的時期，父母應特別留心。意外的種類大概可分：

一、胡亂把東西放入口中。小兒對於大小適中的東西不論是否可吃都要放入口中。如果不慎吞下食物可能會引起食道阻塞及發炎後果可大可小。最不幸的是硬物進入氣管，立即引致窒息。另一方面藥物如果成人不小心放置在安全的地方，小兒拿到手中可能作糖果般吞食，特別是藥丸是彩色糖麗或帶有甜味者。小兒誤吃阿士匹靈(Aspirin)及安眠藥的事件並不少見。另一小兒誤吞食物的情形是誤把梳打(Caustic Soda)當作冰糖吞服。強烈的苛性鹼嚴重地灼傷食道，即使傷得不死，受損傷的正常黏膜會由纖維組織所代替，愈後留下永久性的瘻痕及食道狹窄(Sticture)。

二、小兒睡覺的小床如果沒有加上適當的欄干，小兒於熟睡中翻睡時可能會掉下床來，最常見是跌傷頭部。輕微的只是頭皮擦損，嚴重一點是頭骨碎裂。但是最嚴重的是腦部受傷，視乎受傷的程度，腦部可能只是受到輕微震盪暫時失知知覺，也可能嚴重腦出血及腦組織撕裂，迅速死亡愈後終身智力不健全或癱瘓。小兒跌傷後如果失知知覺無論會否清醒父母最好送院檢驗。腦部受傷的一種症狀稱為「慢性腦硬膜下血腫」(Chronic Subdural haematoma) 最容易為父母所忽視。小兒跌傷後，表皮可能並無傷痕，並且並無任何病徵，父母或看管小兒的哥哥可能事已忘記了這一回事，但是幾日後或甚至幾星期後血腫破裂引致腦部流血。除了腦部受傷外，小兒跌傷每易引致骨折(Fracture) 或關節脫位(Dislocation) (如果不受正正確的治療，日後可能造成不同程度的骨骼畸形。除了在睡夢中跌傷外，小兒爬上滑梯時或年紀大一點模仿哥哥從梯上跳下都可以造成以上的傷害。

三、胡亂觸摸東西，由於小兒對事物好奇，他看到而能夠拿到的都想抓來細看，要是刀子，或剪刀不放置在安全的地方，他極容易割傷或插傷自己，此外易碎的玻璃皿，或瓷器對小兒來說也是極利害的利器。如果滾沸的開水或湯不安放好，小兒會貪玩而灼傷。灼傷的後果可能甚為嚴重，脫水脫鹽，休克，膿性傳染，血中毒等併發症都可能相繼出現。嚴重的灼傷愈後可能留下極難看的痕。小兒如果一時貪玩去拉扯花貓的尾巴，極容易惹起花貓而抓傷。另一個嚴重的意外便是觸電，牆角的電制(插蘇)如果不加掩蔽，小兒可能把手伸進去而引致觸電。嚴重觸電會做成灼傷，心臟不規則跳動或停頓及呼吸困難。

諸如此類的意外多得勝枚舉。事實上這段時期由於活動範圍擴大加上好奇心強，一二歲的幼兒實在和初生的嬰兒一樣需要小心照顧而不可應懈。這段時期的種種意外大部分是可以及早預防的，例如把刀子，藥物及其他的危險物品放置於小兒不能取得的安全地方，小兒的睡床應加欄干等等，當小兒學懂走路時父母應耐心教導他，以身作則，禁止其兄弟做出危險動作以免小兒模仿，教他避免接觸危險物品，最好的指導方法是加橫管制而是加以解釋。父母同時應設法滿足小兒的好奇心，例如讓他多接觸一些無害的事物，給予有啟發性的玩具及經常帶他戶外活動去多接觸大自然。

別！
——流——

你默默地坐在小崗上，面對海傍。沿着寬闊的海旁大道，橙黃色初上，在落日的餘暉下，顯得那樣的軟弱，柔揚！彩霞在天邊飄蕩，太陽浮沉在西方的海疆；啊！在那不遠的地方，不就是我的故鄉？明天，太陽將會衝破黎明的黑暗，輝影出相若的景象。而您，也許會在西行的輪船上倚着欄桿，戀戀地嘆着：「在那不遠的東方，不就是我的故鄉——香港？」

您我相逢於這孤島上，尋求着同一的理想。不幸在這荒瘠的土地裏，有的是沙的金黃，乾爽；沒有肥沃的土壤，充足的雨量，供給您這稻子的芽長。

別了，您也不必悵悵，我像浮萍樣的來，您也像浮萍樣的往，又豈知在未來，不會像浮萍樣再次相聚在某一地方？希望將來平原能為我們而奔放，沙漠得到灌溉而翠蒼；我們的花兒能盡情地開放，結出碩大的種子，使世界再沒有航荒。



最後要是意外防不勝防不幸發生，父母應該保持鎮靜，安慰小兒然後給予適當的治理。要是情形較為嚴重最好是請醫生診治，因為在成人身上是為輕微的損傷對小兒可能是非常嚴重的。