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MEDICAL STUDENTS' CENTRE,
SASSOON ROAD,
HONG KONG.

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June, 1972

HAPPENINGS IN THE MEDIC CENTRE

Final MB, Part 2 Results

Medicine

Candidates (134); Pass (115); Fail (17); Distinction (2).

Surgery

Candidates (131); Pass (117); Fail (14); Distinction (0).

Obstetrics and Gynaecology

Candidates (131); Pass (121); Fail (9); Distinction (1).

Failing in three subjects: seven. Failing in one subject: nineteen. No one fails in two subjects.

Distinction in Medicine: Mr. Kung Ying Tung, Noel, Mr. So Shun Yang. Distinction in Obstetrics and Gynaecology: Mr. Harpaul Singh.

ERRATA: There are some mistakes in last issue in reporting the results of the Second MB Examination.

Failing in two subjects: three instead of two.

Failing in one subject: nineteen instead of one.

Extension to Medic Students Centre

The extension to Medic Centre has indeed been here for a long, long time. However it is only in the last couple of weeks when parts of it are ready for moving in. At first it has been scheduled that the extension be open in February. But due to defective wood work, the use of the extension has been postponed.

Now the Faculty Office and our Society Room have pulled out from the old quarters and everybody is enjoying the new place and space. The new wing to the Medic Library is now full of 'eager' Medics poring over their Johnston or Davidson. One unhappy point is that our long longed for common rooms are still simply rooms and with the present rate of inflation the meager sum of money set aside for furnishing them will be buying less and less as the days go by.

New Officers for the Fraternity Committee

The annual monotonous ipso facto election of Officers of the Fraternity Committee is not so for this year. Mr. Lam Hau Mou (Second Year) and Mr. Chan Kwok Wai (Second Year) ran for the post of Administrative Officer. Each had a running mate for the post of Education and Information Officer: Mr. Lee Yuk Kai (First Year, associated with Mr. Lam), and, Mr. Yeung Po Sun (Second Year, associated with Mr. Chan). At the Fourth Council Meeting on May 26, Mr. Chan and Mr. Yeung were elected, whereas our aspirant to Medic Society Chairman, Mr. Lam, seemed not too successful in his first step towards the Chairmanship. Appended is the newly elected Officers' program.

At the same Meeting, Mr. Hayles Wai (Third Year) and Mr. Lee Ka Yan (Second Year) were elected ipso facto student representatives in the selection committee of the Sing Tao Fat Choy and Vincent Woo Loan Funds, and, Medical Library Committee respectively.

We (Chan Kwok Wai and Yeung Po Sun) plan to organise functions, to the extent that the wish of promoting society consciousness and fraternity among society members, can be complied with. To achieve this, we must have 'MUTUAL UNDERSTANDING' AND 'RELATION'.

A) With improved relations and mutual understanding between members and the Society, we can promote society consciousness among members.

To achieve this, the Fraternity Committee will

ARMSA 6th Assembly

The Asian Regional Medical Student Association (ARMSA) will hold its 6th General Assembly from July 15 to July 20 in Djakarta, Indonesia. The Chief Delegate from our Society is Mr. Cheng Kam Wing. There are also two Observers, Mr. Wong Wai Kung and Mr. Tong Kam Hon.

After the General Assembly, there will be a Rural Health Project. The Project will be done in South Kalimantan, Djambro and Bangka, all in Indonesia. The Chief Delegates and Observers are invited to take part. The Project will last from July 3 to August 6.

- 1) Provide members with appropriate information on projects of the Medical Society through announcements, and posters.
- 2) Help (only with consent from) the various sub-committees of the Medical Society in recruiting members for project-making.
- 3) With improved relations and mutual understanding between seniors and juniors, fraternity may be fostered among members.

Methods include:

- 1) Arranging meetings between various class committees so that more inter-class functions may be sponsored.
- 2) Setting up projects and inviting participation from various classes.
- 3) With improved relations and mutual understanding between tutors and the freshmen, the efficiency of the tutor system will be much improved.

Improvements include:

- 1) More careful choice of responsible tutors (as recommended by their respective class representatives)
- 2) Laying down of guidelines for tutors
- 3) Regular meetings between seniors and juniors
- 4) A review at the end of the coming first term.

The proposed functions of the committee include work camp, second-hand book sale, freshmen welcome party, collection of skeletons and microscopes, introductory lecture by the 3 preclinical departments and tutor-freshmen meeting, etc. etc. So everybody should be happy with the committee.

Inflation Hits Medic Centre

The contract with the present caterer of Medic Canteen will end by the end of this month. The caterer has put forward demands for price increases as a condition for the signing of a new contract. The Medical Society has agreed to allow the caterer to increase prices.

From next month on, dishes priced at present at \$2 will cost \$2.20. Other items will have a uniform increase of 10 cents. This will include sandwich, porridge served in the morning, etc. However, there will not be increase in price of soft drinks.

PROTEST WITHDRAWAL

The Tug-of-War Dispute

The Third Year has pulled out from all Braga Cup events though this decision has been challenged by some members of the Third Year itself and in fact its Squash players kept playing. The decision, probably the first in the Medical Society, stemmed from a tug-of-war match between the Third and Fourth Years on May 22.

The following is a reconstruction of the day's tug-of-war. In the first two sets each team had won once so that the third set was the deciding set. During the third set the Fourth Year team suddenly let go the rope. However the Umpires did not declare the Third Year team winner. The marker on the rope had crossed the central point on the ground towards the Third Year side

when the Fourth Year team let go the rope. The Fourth Year team explained to the umpires that they had let go the rope prematurely (they had not lost the set when they let go the rope) because they had heard a whistle and thought the set was over. The umpires with the Sports Secretary then made the suggestion of a replay. The Third Year team, probably furious from the fact that they had not been declared winner, refused the replay and declared that they would withdraw from all Braga Cup events.

The matter was brought up in the Fourth Council Meeting on May 26. The Council decided that there should be a replay to decide the winner. However, The Third Year stood firm and formally withdrew (see letter).

3rd Year Medicine
c/o Medical Society
H.K.U.
Sassoon Road
Hong Kong

Sports Secretary
Medical Society
University of Hong Kong
Sassoon Road
Hong Kong

Dear Sir,

It is to my regret that at the 4th Council Meeting of the H.K.U. Medical Society held on 26th May, 1972, the decision of a replay was made for the Tug-of-War game between the 3rd and 4th years held on 22nd May, 1972.

I don't intend to point out the errors made by the umpires conducting the game, knowing well that no one is infallible, but I am dissatisfied with the Authority which was so impotent in making the correct decision on the spot which the umpires failed to do. I am even more disgusted by the fact that after the suspension of the game, the Sports Secretary Subcommittee was still unable to make the decision, and that the matter originally concerning sports had to be brought up for decision in the Medical Council Meeting in which the majority of the Councillors found a replay as the most 'suitable' way out to this messed up situation.

I regret to inform you that 3rd Year is to pull out of all the games of the Braga Cup 1972. It is not the ultimate desire to win the game of Tug-of-War that has resulted in this decision. It is to my impression that the umpires had been influenced by the attitude and behaviour of some of those present at the game on 22nd May, 1972, so that the authority failed to do the proper thing: to declare the 3rd year as the winner; but to leave the decision to the still higher authority.

Our act of withdrawal from the Braga Cup competition this year serves as a strong protest to the fact that fairness and justice and promotion of Sportsmanship have not been achieved in the games of the Braga Cup. Because some members of the Society have been exercising their influence of seniority over the junior members, and the ultimate desire to capture the championship has clouded the minds of so many who then so willingly discard with their sense of sportsmanship. We are forcing the Medical Society authority to face the facts boldly, and still more, to do something about it.

Yours etc.
David Man (Class Rep.)

Some Aspects of the General Medical Practitioners' Functions in Community Medicine
By P. H. Teng, Professor of Social and Preventive Medicine, University of Hong Kong

Dawning of Community Medicine

Educationalists in different parts of the world when speaking of undergraduate medical education must focus their attention to the year 1786 when Johann Peter Frank urged investigations into the causes of diseases in the homes and impressed upon his contemporaries that the principal barriers in the way of health were poverty and ignorance.

Professors F. Grundy and J.M. Mackintosh reviewing the trends of undergraduate and post graduate education in 19 countries in a monograph published by the World Health Organisation 1957 refer to the importance of social medicine and I quote "Let the rulers, if they can, keep away from their borders the deadly threat of contagious disease. Let them appoint all over the provinces men distinguished in medicine and surgery. Let them build hospitals and administer them better. Let them pass regulations for the inspection of chemists' shops and apply any other measures they like for the people's health. But, if they overlook one thing only, the need to remove or make more tolerable the richest source of disease, the extreme poverty of the people, then hardly any benefits will accrue from public health legislation."(1) The same valuable publication proceeds to elaborate on the significant role of ecological factors which should be associated with the practice of medicine, as illustrated by the following quotations: "Of incomparably greater consequence, and more widely extended influence, is the second division of this subject: it regards not merely the welfare of individuals, but the prosperity and security of nations. It is perhaps the most important branch of general policy, for its influence is not confined to those whom accidental circumstances bring within its sphere, but extends over the whole population of the State. Many of its principles have long been acknowledged and considered as necessary consequences of medical and political truths; and some few of them have acquired the authority of laws. But it was reserved for the philosophic Frank to collect the whole into one vast beneficent system, and to separate it from Juridical Medicine".(2) The definition of public health in Duncan's document is apposite "the

application of the principles deduced from the different branches of medical knowledge for the promotion, preservation and restoration of general health."(3)

Importance of Community Medicine

Clinical diagnosis is rarely completely adequate and medication rarely more than one aspect of treatment. Any concept of medicine which does not relate the patient to his environment is incomplete. "A complete diagnosis is a clinical diagnosis plus a social diagnosis and therapy includes social therapy."(4) We are all aware of the fact that the practice of medicine now must take into consideration all the environmental, social, economic and personal factors which have been responsible for the breakdown in health. Ill health caused by the invasion of bacteria or viruses are easily understood, but the modern conscientious practitioner of medicine must relate the patient's diseased condition to causes beyond those which are discovered in the laboratory and by the conventional diagnostic tools of the clinician used in the hospital wards. Careful history taking might provide pointers to the social conditions which were indirectly responsible for the diseased condition. Therefore a close study by the clinician of the ecological factors might help to shorten the course of the convalescence and contribute to the patient's early return to productive life.

The Present Trend

The subject of social medicine has therefore progressed beyond the local sanitary environment — sewage, drainage, statutory nuisances, animal and insect vectors, etc.

The practice of medicine in this year and age should not be compartmentalised or even confined to specialists who only utilise orthodox methods of treatment. The patient should be regarded as a complex organism. To be effective, medical treatment nowadays calls for a multidisciplinary approach, which must take into consideration all the factors inimical to man's continued enjoyment of good health, but in the design of the treatment programme, solutions must include not only all forms of medical therapy but also employ those environmental and so-

cial tools which will ensure that the invalid will recover from the diseased condition in the shortest space of time and maintain good health after convalescence.

The future generation of doctors should therefore receive the correct orientation and be led to widen their horizon beyond the confines of their consulting rooms and the hospitals. They should be fully aware of the working of other professional skills and accept the modern concept of medical practice based on team work not only within their own profession but also other disciplines concerned with human welfare. The present day practice of medicine requires a humanistic approach for the medical administrator and should not only be concerned with providing medical care but emphasis should be laid on "health promotion" as "the enjoyment of the highest level of health is the birthright of every human being, irrespective of race, religion, colour or creed."(5)

The Duties of Medical Practitioners

The acceptance of this broader viewpoint of medical practice can only be successfully applied if the medical practitioners appreciate their role in community medicine. Even as a practitioner in private practice he has certain obligations in relation to his country's public health and preventive medicine programmes.

The following are some of his statutory duties:

1. Notification of births and deaths.
2. Notification of certain special diseases i.e. cancer, venereal diseases etc.
3. Notification of quarantinable and communicable diseases.
4. Notification of industrial diseases.
5. Notification of conditions of medico-legal importance.
6. Maintaining records of dangerous drugs.

Over and above these functions, I feel that it is incumbent on the medical practitioner to offer certain voluntary useful services to his patients and every opportunity should be taken to supplement the facilities which are normally undertaken by the country's medical authorities. As I consider that Maternal and Child Health is of paramount importance, I am sure that the general practitioner can help by offering a good ante and post natal service to those mothers who seek his expertise. After delivery, much more can be done by the medical attendant for the infant in his capacity as the "family" doctor in the early stages of its life. Professional advice can be given re-

garding the care and feeding of the infant, and every encouragement should be given for the mother to recognise the need for preventive vaccinations during the formative years of the infant and the adolescent. BCG, poliomyelitis, measles, smallpox vaccinations and diphtheria immunizations should be given free of charge and the detection of deformities and abnormal hereditary conditions should be detected and corrected at an early stage. Health education is not a "monopoly" of the public health authority. It should be one of the functions of every practitioner to advise on personal and community hygiene.

As medical practitioners are concerned with primary medical care they are usually consulted in the early stages of an infectious condition. There should be close liaison with the public health laboratory for diagnostic procedures to be carried out in order that communicable diseases can be spotted early. The doctors in private practice should endeavour to participate in any mass vaccination campaign in the face of an outbreak of infectious disease.

In Hong Kong the medical practitioners are invited to participate in a school medical scheme, which although based only on a small monetary return, should be considered a form of public service to be rendered by the medical practitioners. Prompt notification of infectious diseases and diseases associated with industry, should be reported to the Central Health Authority for appropriate action. A well planned tuberculosis service undertaken by the public health authority might not attract all those suffering from the disease. I am sure that there are many areas where the private practitioner concerned with diseases of the lung and chest could help national health administrations in carrying out their anti-tuberculosis and also anti-venereal diseases programmes, as case finding and contact tracing will be more successful by working in close liaison with the official agencies carrying out the work. I am sure that medical practitioners could also help in the cancer-detection programmes.

Much useful information could be disseminated in regard to accidents in the homes, traffic accidents and industrial accidents by the doctors in private practice. In these areas the general practitioner could and should play more active roles by giving valuable advice to their private patients. The treatment of casualties and the rehabilitation of the injured might be the responsibility of the official agency but the general practitioners should endeavour to decrease the load to reduce the number of hospital admissions by

giving early treatment to the less serious cases in their consulting rooms. There is another direction where service could be offered by the general practitioners to prevent overcrowding in hospitals, especially at night, although it is well known that some of the practitioners are not keen to see patients after their "business" hours. The treatment of medical emergencies should not be left entirely to the casualty department of the hospitals in the evenings. Private medical practitioners should live up to the Hippocratic Oath, and accept the responsibility of offering the best medical care at all times during the day or night. As more and better facilities are available for international travel, one of the valuable form of services that could be offered by the private medical practitioner is to offer preventive inoculations and practical advice on personal hygiene to intending travellers.

Hong Kong is fortunate in having the voluntary service of medical practitioners in institutions which look after the physically and mentally handicapped persons in the community. There are ample opportunities for public service and it would be a good gesture if private practitioners were to set aside some of their time for voluntary work. Participation in the community's training programmes on first aid, or civil aid medical schemes by private medical practitioners will most certainly enhance the image of the medical profession in the community. With the rapid increase in juvenile delinquency, very often associated with drug addiction, medical practitioners should cooperate in the campaign against drug addiction and help the authorities by restricting the number of prescriptions given to their patients of habit forming psychedelic drugs without any form of control.

Epilogue: Quotations

In connection with the statement that the general medical practitioner should be a member of the health team, the following observations are reproduced: Dr. J.S. Novell a General Practitioner at the Society of Medical Officers of Health Symposium held in February 1965 gave his candid and most valuable views on the problem of Orientation of the General Practitioner. Here I quote: "Our relations have been marked in the past by a distinct coolness; but this is not surprising, bearing in mind the extent to which the general practitioner's attitude was influenced by his early medical training. . . . A didactic teaching programme, an authoritarian atmosphere around patients plucked out of the family setting, a minute study of the parts

(Continued on Page 3)

(Continued from Page 2)

which never did add up to the whole, these ensured that though familiar with disease he qualified with only a hazy idea of what was. His heroes were the clinical teachers."(6)

He goes on to say in regard to changes in his role as a member of the public health team and I quote "To this extent the general practitioner is prepared to sacrifice some of his independence for the sake of interdependence. This is not a very easy thing for him to do, although as he ruefully acknowledges, his much-vaunted independence has so far brought him the worst of all worlds. In the team his role will include that of the co-ordinator. His real value will be his ability to gather all the separate pieces of information about his patient, clinical, laboratory, and sociological, into one meaningful whole; and to coordinate the activities of home nurse, health visitor, district midwife, mental welfare officer,

other case workers, as well as the very many voluntary agencies and associations dealing with problem families, handicapped children and so on. Gradually, in his practice, the boundary between curative and preventive medicine will grow indistinct and will finally vanish altogether."(7)

It is most gratifying to note that he ended his most valuable talk by this reassuring note and I quote "at its lowest level, enlightened self-interest demands that we co-operate more closely. Plainly, if we are to respond adequately to the challenges of even the immediate future, we are each going to need the help only the other can provide. Finally, of general practice at least, it is true to say that its problems can scarcely be formulated, let alone solved, without regard to the co-operation to be expected from the public health field."(8)

In conclusion, I would leave the thought so ably expressed by John D. Rockefeller, Jr. when he spoke in

a radio programme sponsored by the United Service Organisations on July 8, 1941, and I quote:

"I believe that the rendering of useful service is the common duty of mankind and that only in the purifying fire of sacrifice is the dross of selfishness consumed and the greatness of the human soul set free."(9)

FOOTNOTE

1. WHO The Teaching of Hygiene and Public Health in Europe, 1957 p. 23.
2. Ibid. p. 24
3. Ibid. p. 24
4. Ibid. p. 41-42
5. WHO constitution
6. Public Health, the Journal of the Society of Medical Officers of Health Vol. LXXIX No. 4, May 1965, p. 209.
7. Ibid. p. 211
8. Ibid. p. 213
9. The World's Great Speeches, p. 735.

Sir,

Some aspects of your article in the May issue of Caduceus headed "Student Representation? No" need a little clarification, no doubt mainly for the reasons given in the final parenthesis.

The opinion of the Student Commission on Medical Education that "Pharmacology can be shortened to two terms" (Point No. 5) may have originated from occasional remarks of mine that General and Basic Pharmacology could easily be covered in two terms, and the examination could well be held at the end of the First Term (3rd Year) or the beginning of the Second Term. By Basic and General Pharmacology I mean: Administration and Fate of Drugs, Evaluation of Drug Activity, and a Study of the Ways in which Drugs can modify the Physiological Functions of the various Systems of the Body. However, ideally, these aspects of Pharmacology should be included in an extended pre-clinical course (as favoured by the G. M. C.), and strongly integrated with the Courses in Physiology and Biochemistry.

At the moment, we tend to include in our Course some therapeutic aspects of Pharmacology which would be more usefully dealt with later on in collaboration with the Medicine Department (and possibly other clinical departments), when the Student is more familiar with disease processes. This removal of Applied Pharmacology, or Clinical Pharmacology (call it what you will), to the clinical years is something that I regard as of the highest importance, and will lead in due course, I trust, to Pharmacology becoming a clinical department. My

policy is to encourage Staff members who are medical graduates to go abroad for training and further experience in Clinical Pharmacology, so that on their return they will be able to contribute very much more effectively to Therapeutics teaching, both in the lecture theatre and in the wards, as well as to initiate research projects of a more clinical kind. These are the sort of developments that are taking place in Medical Schools all over the world today, and we in Hong Kong must not be left behind. No doubt these are some of the points the Professor of Medicine had in mind about Pharmacology when talking to Mr Cheng Kam-wing.

On a slightly different matter, I can say that we in the Department of Pharmacology are certainly in favour of receiving more feedback from students in the way of comments on, and constructive criticisms of, the curriculum and the teaching, and to attempt improvements where possible. (Point No. 1, paragraph 2). I do not personally believe that Medical Students would gain much (apart from a heavy dose of boredom) from sitting on the Faculty Board, especially as affairs of concern to them can be discussed at the Dean's Undergraduate Committee. But some mechanism for facilitating exchange of views between students and Teachers on specific teaching matters would be valuable to both parties. I hope to explore possible ways of doing this during the next few months, perhaps beginning with a questionnaire to Second Year students.

Professor
M. B. Roberts,
Head, Department of
Pharmacology.

FROM THE MEDIC BALL ORGANISING COMMITTEE

Mr. Ho Kay wants to thank all those who have helped to make the Medic Ball possible, particularly those who have bought tickets. He also wants to express a special thanks to Miss Amy Tong for her valuable and enthusiastic contributions.

The Present Establishment of Caduceus

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啟文

如何認識社會

一年級社會服務組

本班於四月六日成立了社會服務組。我們的目標大致如下：

一、認識和深入社會。

二、發揚人類互助互愛的精神。

三、引起同學們對社會服務的興趣。

爲了徵求同學的意見，以釐定今後工作方

針，我們於四月二十四日舉行一次座談會，題目爲「如何認識社會」。參加的同學甚爲踴躍。先由李祖祺和夏文凱同學發表意見，再由各同學提出問題公開討論。

茲將兩位同學的意見記錄如下：

李同學主要討論現代香港社會的病態及香港政府與公民應如何認識這些病態，從而謀求改善等問題。

現代的都市，因環境關係，會引致各種弊病，若不加以防止，將會使社會趨向墮落及解體。引起病態的成因可有以下各點：

一、個人主義的發展——人們只求達到一己的目的，對人漠不關心，形成個人的孤立，更易引致人格解體及犯罪行爲。

二、社會控制力量的衰落——這可從罪案類

生及少年罪犯之不斷增加反映出來。

三、商業娛樂毒害身心——經營者標榜色情及暴力以達其獲利目的，使市民道德墮落，爲害甚大。

四、貧民區的罪惡——貧富懸殊的現象越來

越顯著，低下階層的居處亦成爲犯罪污穢的集中地。

我們在認識社會光明的一面之外，亦須顧及黑暗的一面，更須知道香港政府如何應付這些問題。而在認識的步驟中，當要理論及實踐並行。

化。

香港社會福利工作的基本目標，就是使人能夠自立，對社會有所貢獻，不至成爲社會資源的負累。而目前香港的福利工作，包括下列各點：

一、在急需時給予救濟。
二、兒童與家庭福利。
三、道德福利。
四、照顧殘疾人士及精神上有缺陷者。
五、感化工作。

六、青年與社區中心的發展。
七、教育及醫學對社會福利的貢獻。

要認識這許多方面的工作，可從參觀和訪問各機構入手，如孤兒院、感化院、盲人院、戒毒所等。

推廣社會福利事業，並非一朝一夕所能辦到

，亦需要有專業性的福利工作者才能成功。但我們身爲社會一份子，亦應加以幫助，才是盡了一己的責任。

夏同學的講詞，則把重心放在分析香港社會各種病態的成因方面。

每個人在生長的過程中，都會受到一己的環境所影響及薰陶，而在不知不覺間接受了一套禮制和道德觀念。以後當他衡量各方面所看到的事

情時，就會用這些觀念作爲標準。所以社會的體

制是毫無仁義可言的，一切皆以利益爲前提，而英國人經營香港，也是爲了打通商埠，從中取利而已。正因如此，政府就會缺之長遠的計劃，只希望在短期間能夠歸本。

明白這一點之後，就不難對各種問題提出答案。

首先是教育問題。香港政府當初只是興辦英語學校，目的在於訓練一批懂得管理及發展業務的店員；加上許多教師也沒有顧及學生的德育及民族意識方面的發展，於是那些離校的畢業生，不但不能成爲改革社會的力量，反而被社會所融

，是由競爭作推動力的，人人都出盡方法賺錢，在此情形下，剝削勞工的事件一定會發生。又因爲貧富懸殊，財力集中在幾個大財團手中，一旦他們對香港失去信心，經濟就很容易崩潰。

此外，香港居住環境惡劣，過份擁擠，各人工餘後得不到充分的休息，時常發生磨擦，以致脾氣暴躁，對事物漠不關心。社會也未能提供適當的娛樂，很多人就把時間花在賭博或其他不正當的途徑上，精神增加了負擔，亦容易因此染上惡習。

最後要提到的是一般人做人的宗旨。人性有兩方面；一是爲私，盡量增加自己的財富及提高本身的地位；一是爲公，就是想及他人，爲大眾服務。而資本主義的社會，就是利用人的自私心作爲主動力量，爲人羣服務的理想，則被拋諸腦後。人人爲一己的私慾而奮鬥，可能找尋到物質上的滿足，但精神上仍然是空虛的。

上述種種，實爲社會一切問題之根源，例如青少年問題，不外乎因爲教育的失敗和金錢的作祟。講述完畢後，有多位同學發表意見，現歸納如下：

一、林本成同學認爲要認識社會，必須先要認識自己，繼而認識他人。首先我們要對自己的定義是甚麼呢？

身份有明確的觀念——究竟我們應以自己爲

（一）來稿請用原稿紙寫。

（二）切勿一紙兩面寫。

（三）來稿請附上真實姓名及年級。

徵求中文稿件

編輯室

在認識自己方面，我們要有正確的人生觀，要多閱讀，多思想，虛心接納他人的意見，藉此培養獨立思考能力。在認識他人方面，應多與人接觸，對人與人之間的關係有正確的觀點。

二、訪問各機構時，應顧及他人的自尊心，切勿以施捨的態度去進行，而應抱着與他人同樂的心情。

三、無論參觀任何機構，我們只能看到事物的表面。若要了解實際情形，則須親身體驗或進行調查。但鑑於時間及技術上的困難，我們只有用參觀和訪問的方式。

最後，主席周明德同學作一總結。他闡明社會服務組的宗旨。現今社會服務組多依循兩條路線：一是「連根拔起」式，一爲傳統的「補鍋式」。前者牽涉政治，後者與政治無關，亦是我們的社會服務組將要走的路線。