WOMEN IN MEDICINE

by J.M. Mackay, M.D.

The aim of this paper is to present an outline of Hong Kong Chinese women in a profession, for which example I have chosen the medical profession. I intend to briefly explore any problem areas of attitudes or discriminatory practices that woman doctors have felt in their careers. This paper is confined to Chinese women only.

To accomplish this aim the Hong Kong Government, and also Hong Kong University have provided me with much of the statistical information while I interviewed a small but representative sample of woman doctors in a wide range of jobs: in Family Planning, the University, Government and private practice, with fields varying from psychiatry and paediatrics to administration. The length of experience was similarly varied, ranging from qualifying twenty years ago to only three years ago.

It must be realised that these are very unusual women, when one considers that this is a society 30% of the female population have received no schooling,[1] where only 18% of the total female population complete secondary schooling, where only 2% have any post-secondary training, only a very small proportion of these going to University, and finally where only 6% of the women students at University in Hong Kong are reading medicine.[2] Woman doctors comprise 0.018% of the total female population, and are, therefore, a highly selected, unique group of women.

Parental Attitudes:

In terms of the attitudes of their parents, all the doctors interviewed clearly and strikingly came from wealthy, middle-class backgrounds, where almost without exception other siblings, both male and female, received post-secondary education. This is to be expect, as only wealthy families would be able to enter a daughter for the longest University course available, and therefore few of the woman doctors interviewed felt that education, as a girl, came secondary to their brothers' education.

The parents' attitude to their daughters studying medicine was varied, although the majority offered encouragement, and there was no overall difference between the mother's and father's attitude. Only one mother was strongly negative, because she considered a woman would marry and have conflicting home commitments, while one father, although not strongly against the idea, felt it not the right profession for a woman, and considered the Arts field more suitable. Two of the mothers felt very strongly that women should have a career, and therefore independence, and gave their daughters considerable 'enthusiastic' support and encouragement.

Reason to study medicine:

Most decided to enter the medical field at the age of matriculation, **mainly** on the basis of their own personal interest in the subject. Two were strongly influenced by their school and class-mates, while two were actively discouraged by their school. One wished to have a career independent of political change, while half had themselves experienced illnesses or deaths of immediate family in childhood, which they felt had partially affected their decision. Only one listed status, and none listed financial reasons for their original choice of career.

Medical School:

Hong Kong University saw its first male medical graduate in 1914, but not until 1927 did the first woman (Eve Hotung) graduate.[3] The Chinese University has no Medical Faculty, and all local medical graduates are therefore from Hong Kong University, which at present time has 15% female undergraduates in the Medical Faculty, compared to an average total female student body of 28%.[4] Proportionately fewer women enter the Medical, Engineering and Architecture Faculties than Arts, Science, Social Sciences and Law Faculties.[4] The percentage applying for entrance to Hong Kong University Medical Faculty is 19%, (compared to an overall application of 30%) so that the University cannot be said to be discriminating against women in the intake of students, but more that girls are being channelled into other areas prior to the University application stage, for example, into the traditional female role of nurse rather than doctor.

There are 28% women doing postgraduate medical work, compared to almost twice as many (52%) in the Arts Faculty.[4]

All the doctors interviewed felt quite equal in ability and intelligence to their male counterparts, and said that female students invariably did better on average than the men; none of these women doctors interviewed had experienced any difficulty in passing their examinations, and two had been the top students of the whole year.

Few had felt at any disadvantage in their preclinical years of study, but later had to endure some belittling or sarcastic remarks from their clinical teachers. They especially felt the attitude of the Department of Surgery to be that it was highly unlikely that any of them would later enter that field, thereby not taking the female students seriously, which is interesting when we later consider the near absence of woman surgeons, and what bearing this attitude towards medical students may have had.

The conflict that woman medical students often experience in the west, related to the length of the course versus the strong social expectation of marriage, seemed surprisingly unimportant to the Chinese women questioned. All reported feeling no social pressure of this nature from either parents or peer group, and all but one, who was married prior to the commencement of her course, completed their medical course before marrying, all stating that it was most unusual for woman medical students to marry while still students.

One doctor had started her University career in an American University, and returned to Hong Kong to complete her studies after one year, not only due to the isolation of being a foreign student abroad, but particularly as she felt the social pressure of 'dating' incompatible with her studies, and found she was under much reduced pressure in Hong Kong from her peer group to take part in activities with the opposite sex.

After graduation:

Although a majority of doctors felt that they had been treated equally to men by their colleagues, (except in the Surgical field) they also felt that they had been discriminated against by senior medical staff and chiefs, some of whom were quoted repeatedly by several doctors independently, and appear to be well notorious for their views!

One woman had been quizzed at great length by her prospective professor, not only as to her present family size, but her intended plans for future children. What male applicant, equally the parent of a child, would have been subject to this same interrogation?

All felt ward sisters, and to an extent junior nurses also, a problem area, and felt their instructions to be carried out less willingly than for their male co-residents. All felt that they themselves had to make a conscientious effort to get along with senior nursing staff.

The total number of registered doctors in the Colony is 2305, of whom 15% are women.[5] Over a third of these women are with Government, and the greatest number area in Obstetrics and Gynaecology and Paediatrics, clearly echoing the position elsewhere in the world.[6] In the US half of all woman doctors are either in Public Health (a regular 9-5 job) or Paediatrics. This preponderance of women in Paediatrics is seemingly viewed as an extension of motherhood, and is considered by society to be by far the most acceptable branch of the profession for a woman doctor.

Surgical qualifications, on the other hand, take the longest time to acquire, carry the great prestige **and** the highest salary, and are almost exclusively a male preserve. The University of Hong Kong has **no** woman surgeons, and Government has only 3 out of a total of 108, as in the US where only 1% of general surgeons are female.[7]

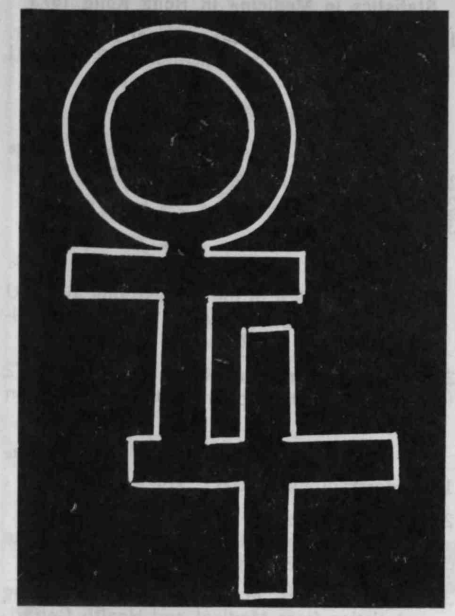
In the administrative hierarchy, it must also be noted that the Director of Medical and Health Services, the two Deputy Directors and the four Assistant Directors are all male. In the University, the Dean is male, as are 12 out of the 13 Professors.

Most of the doctors interviewed had chosen their present field because the job conflicted less with family commitments. All felt that they **had** changed their expected professional course in some way, mainly by not specialising in post-graduate work. However, all felt that their husbands had not similarly changed their careers as a result of marriage and parenthood. All felt strongly that they would have advanced further professionally, even as a woman, if they had not married.

In Hong Kong, the lack of Chinese group practices makes it extremely difficult for a woman to work in general practice, as she must always be on call for her practice, and cannot benefit from a roster system of nights and weekends off call, nor from a study course, as do many general practitioners in Britiain. Also, there is no Night Answering Service, as in many cities in the U.K., whereby a different group of doctors take only night calls, and are paid independently, at the very least allowing the doctor an undisturbed rest. In addition to these factors, it is all but impossible to obtain a locum (a holiday replacement) in Hong Kong for Chinese practice, and all these factors considered together make the hours of work long and arduous, equally so for the male doctor, but if the woman, as we shall see later, is expected to assume the main burden of family and home responsibilities, even if she and her husband are working equally, the weight is heavier on her shoulders.

From an income tax point of view she is also at a disadvantage if married, as she is automatically taxed with her husband.

Government have till very recently been blacklisted by the British Medical Association for their discriminatory rates of pay and terms of service for woman doctors. As it now stands, except for housing (a very major financial difference), dental and health care for her family, the Widows and Orphans Scheme and maternity leave, she has, only from November 1972, received equal pay and terms of service, and in this is in a uniquely favourable position compared to all other woman officers in Government and the University, who do not at present enjoy equal pay. (See Appendix)



Family conflict:

All but one of the woman doctors interviewed experienced feelings of conflict with work versus home responsibilities. It is of great interest to know that none felt that their husbands, as the other equal parent, experienced these guilt feelings of working outside the home; some of the women had never thought about this attitude of their husbands before now, even if they were in identical professions, nor had they themselves questioned traditional roles relating to the family. Equally significant is that when the same questionaire was discussed and given to male Chinese doctors they unanimously felt the questions relating to home and parent responsibilities **inappropriate** for men!!

Most of the women had relied on baby amahs as the main source of alternative child care, while two had been helped by family members. All felt that in future it would be more difficult for 'doctor-mothers' to work, due to the increasing difficulty in recruiting domestic help, making their position more comparable to woman doctors in the United States and Britain.

Although most answered that a woman's role was with her children, they felt that this was not the only role, and that staying at home full time, especially for an educated woman, would be both unfulfilling and frustrating, and unanimously expressed a strong dislike of housework, as, I am sure, would most male doctors too.

Patients:

The majority of the doctors felt that patients, especially male patients, prefer to see a male doctor, and commented that often a casualty patient did not realize that they had been seen by a doctor at all after seeing a female doctor, and were more inclined to rely on the opinion of the male dresser!

I, myself, independently carried out a survey, both in a Government and a private clinic, on a random sample of 100 male and female patients, who were asked by the nurse if they would like to see a male or female doctor, and their answers were correlated to age, education and to whether they had actually **ever** seen a female doctor.

While 60% of the men preferred a male doctor, 80% of the women said that they preferred a woman, or that it didn't matter. The most striking result was the age difference in the women's choice; of those wishing to see a male the average age was 50 years, while for those preferring a female the average age was only 30 years. A similar survey was carried out in New York in 1971 with identical age-dependent findings.[8] The conclusion was that not only was the younger generation less rigid in its attitudes to the sexes, but that younger patients are closer in time to when they were cared for by their mothers and perhaps also woman paediatricians.

Of the 45 men and women who preferred to be seen by a male doctor, only 4 had **ever** seen a woman doctor, so that their preference was not based on any personal knowledge of woman doctors, but indicates, instead, a general prejudice against women generally, rather than specifically against woman doctors. Overall, however, Chinese men and women appear **less** prejudiced against the professional woman doctor than in other parts of the world.[8]

Most of the woman doctors felt that Chinese girls, especially the better educated, do view education and career selection as a life long commitment, and all of them said that they have never envisaged stopping working full-time on account of family responsibilities. They all reported that all their fellow medical woman graduates all to be working at this time.

When asked if they would encourage their daughters to study medicine, all come out very strongly in favour of some form of career, (not necessarily in the medical field) and deeply felt it was necessary for a woman to be independent, especially financially.

Finally, although this paper is entitled Women in Medicine, it must be remembered that the vast majority of women are in nursing and the paramedical professions. This reflects the well-known phenomenon in many countries of girls being channelled into becoming nurses instead of doctors, airline stewardesses instead of pilots, secretaries instead of businessmen, helpers rather than leaders, and in this respect Hong Kong appears no different from most places in the world.

Appendix

Government and University Policy of Pay for Women

Prior to 1962, unequal remuneration was given to female doctors, whether single or married. In 1962, probably due to the acute shortage of doctors in the Colony, a point scale was introduced based on experience and length of service, and points 4 and over went onto parity, while those in the junior grades 1-3 continued to suffer from inequality of pay, being paid less than male colleagues with similar experience.

In 1969, on the recommendation of the "Committee appointed to review the doctor problem in the Hong Kong Government", immediate equal pay for the remaining women doctors in the junior grades 1-3 was introduced, so that since 1969 all single or married male or female doctors have been granted equal pay, but not equal terms of service.

(However, it should be noted that woman doctors are more fortunate than all other grades of woman officers, who come under the seven stage plan to equalise pay by 1st April 1975, so for all other grades there is still inequality of pay in 1973.)

After 1962 and later 1969, although equal pay was granted as shown above, married woman suffered from unequal terms of service, in that they were still unable to sign on either contact or pensionable terms of service. Perhaps a clarification of these terms would be appropriate for non-Government people:

1. **Temporary:** Employed on a month to month basis, with no vacation leave, no training schemes and no housing provided. After 10 years of service, a terminal benefit gratuity is granted, plus an annual allowance, which is financially less favourable than on pensionable terms.
2. **Contract:** Employed for 2½ years, after which the doctor receives a fairly substantial 25% emolument of what has been earned during the contract period (i.e. 7½ months salary). Here also there are no training schemes, and less favourable promotion prospects, and the doctor is encouraged to join the pensionable staff after two or three contract periods. Housing and vacation leave is provided.
3. **Pensionable:** Employed until retirement, when they receive a pension, although obviously this can be terminated by either side if wishing to do so. There are training schemes for doctors in this category, and more favourable promotion prospects. Housing and vacation leave is provided.

Prior to only **six** months ago, a married woman was ONLY employed as temporary staff, with no option of joining the contract or pensionable staff, but in November 1972, there was a Government change of policy:

1. Serving woman officers were now offered the alternative of remaining on Temporary, or of joining the Contract or Pensionable staff.
2. New woman (and male) officers, irrespective of marital status will be able to state their preference for one of the three staff terms. The Medical and Health Department feel that only in exceptional cases will male or female doctors be employed on Temporary terms from now on. It will be interesting to do a comparative analysis, after one year of this new policy, to determine the percentage of male and female, married and single in these three categories of employment, especially as the option is not entirely left to the doctor's stated choice; his/her application is submitted to the Medical and Health Department, who will in turn submit a recommendation, based on the experience of the doctor, plus past performance, and information on the "posts available", to the Establishment Secretary, who will make the final decision.

Even on contract or pensionable terms, the married woman doctor continues to suffer unequal conditions; although her pay is now equal, and her leave rates identical to her male counterpart, she has:

1. **No housing allowance.** If she is not married to a Government employee, she must find her own housing privately. If she is married to a Government employee, she receives no financial compensation for this discrepency.
2. **Unequal medical and dental benefits for her family.** Although she may claim these for herself, as would a male, her family are **not** eligible as are the family of a male doctor.
3. **Widows and Orphans Pension Scheme.** This is obligatory for all local male doctors in Government, but it is as yet undecided as to whether woman doctors could or should be able to contribute to this scheme. No definite policy has been determined since last November, when contract and pensionable terms of service were offered to married women, and at this time there are no women contributing to the scheme.
4. **Maternity leave.** Firstly, for temporary staff, there is paid maternity leave for a period that depends on salary points. For the recent contract and pensionable female employees, there is up to twelve weeks unpaid maternity leave, and it is uncertain whether this is accompanied by a corresponding loss of seniority or adjustment in the calculation of retirement allowances.

Leave:

	Single less than 10 yrs. service	Single less than 10 yrs. service	Married less than 10 yrs. service	Married less than 10 yrs. service
1. Prior to Nov. 1972:				
in days per month:	90% ..... 2 100% 1½	90% ..... 3 100% 2¼	None None	90% ..... 3 100% 2¼
2. After Nov. 1972:				
Contract & Pensionable staff	90% ..... 2 100% 1½	90% ..... 3 100% 2¼	90% ..... 2 100% 1½	90% ..... 3 100% 2¼
3. Temporary, after Nov. 1972	No vacation	No vacation	No vacation	No vacation

Women form 20% of the total Government doctors, and receive 19% of the total salary paid to doctors. In spite of this seeming equality, only 4 out of 43 Government specialists are women, and the Director of Medical and Health Services, the two Deputy Directors, and four Assistant Directors are all male.

Hong Kong University:

The University follows the Medical and Health Department in that there is now equal pay for locally employed male and female doctors, whether married or single. They are, however, at a distinct advantage compared with other female staff, who are working towards parity in April 1975, and who, at this present time, are therefore not on equal pay terms. This earlier equality for woman doctors was partially a result of blacklisting of Hong Kong by the British Medical Association on the grounds of discrimination against women.

The University has, for a long period, employed women on pensionable terms, and rarely offers contract, and even more rarely temporary terms, as permanent staff are preferred if available. Regarding inequalities mentioned under Government:

1. **Housing.** As with Government, local married women receive no housing allowance.
2. **Mediacl and dental care.** She unlike her Government counter-part, can claim this for her children, but not for her husband.
3. **Widows and Orphans Pension Scheme:** The University has no such scheme.

The woman doctor with Government has only more recently been offered permanent contract terms, and her medical and dental care cover for her family is not as equal as Hong Kong University.

Statistics in Medicine in Hong Kong 1973

1. **Students applying for medical school.** (Mr. Lui personal communication 12.3.73. HKU Ext. 204)

(for admission 1972)

	Male	Female	Total	% Female
1st choice student	282	62	344	28
2nd choice student	37	16	53	30
3rd choice student	33	8	41	19
	352	86	438	19%

Therefore, 19% of the applications for HKU medical school are female (of general University figure of 30%)

2. **Numbers of medical students** Oct. 31st 1972 from "Analysis of Student Numbers in Faculties".

	Male	Female	Total	% Female
1. Undergraduates:	608	114	722	15
2. Higher degrees:	27	11	38	28

Compare with HKU overall undergraduate percent of 28%.

3. **Total numbers of doctors in Hong Kong** statistics from Medical and Health Department 30.3.73.

	Male	Female	Total	% Female
Total registered doctors	1944	361	2305	15
Gov't doctors	534	138	672	20
Gov't specialists	39	4	43	9

4. **Total Numbers of University doctors:** 24.3.73 Bursars Office communication.

	Male	Female	Total	% Female
Total	96	19	115	16
Professors	12	1	13	7
Readers	—	2	2	100
Senior Lecturer	10	4	14	26
Lecturer	74	12	86	13

There is only one Dean in the Medical Faculty, who is male.

REFERENCE

1. 1971 Census; Main report.
2. University of Hong Kong: 'Analysis of student number in faculties — October 31st 1972'.
3. Personal communication from Students Section, University of Hong Kong.
4. University of Hong Kong: 'Analysis of Student Number in Faculties — October 31st 1972'.
5. Personal communication from Medical and Health Department, dated 30th March 1973.
6. Time situation report on women in medicine in the USA, dated 20th March 1972:
   26% of woman doctors are in Public Health
   20% of woman doctors are in Paediatrics
   13.8% of woman doctors are in Anaesthetics
   12.9% of woman doctors are in Psychiatry
   6.8% of woman doctors are in Obstetrics and Gynaecology
   5.2% of woman doctors are in Internal medicine
   1% of woman doctors are in Surgery
   Percentage of woman medical students in USU in September 1971 was 13.5%.
7. From unpublished surveyl by Dr. Edgar Engleman in 1971, on 500 patients in three New York City hospitals.

The Caduceus Talk Shop

TALKING WITH THE DEAN

Research or Teaching?

What would be the first priority in this University — research or teaching?

I think we tend to give priority to teaching. I'm sure I do. I don't know about other departments but I think most teachers here feel that they have a considerable amount of responsibility to teaching and this comes before their responsibility to research. This is by no means a straight forward question. Research is justified in a university for a number of reasons and one of these is that it ought to produce and usually it does, more stimulating teachers.

The Honest Search for Truth?

But it appears research here are carried out for promotion or prestige purposes, rather than for the honest search for truth?

This is certainly true. Academic promotion depends to quite a large extent on research output, which is used to judge a man's interest in his subject. Research publication allows you to judge a man rather precisely because you can read his research publications and see what he has made of a particular problem. He is offering in fact evidence of his excellence in one particular area. So research activity is desirable, indeed necessary for people in universities if they seek promotion. But I don't think one should be too cynical about this . . . .

Is the financial assistance offered by the University towards research activity sufficient?

Of course it's not sufficient but one must remember that research is open-ended a bottomless pit if you like . . . but I think we are a little below a reasonable allocation . . . .

Has the University provided the minimal basic equipment for research programs?

In most department we have the standard apparatus but a person may have some particular project which requires expensive pieces of apparatus which he does not find around. If there is such a thing as a basic acceptable minimal level, we have just about reached it but I am quite sure we haven't satisfied everyone's justifiable demands.

Equipment for students' use — is there some discrimination between clinical and preclinical departments? Somehow one feels clinical departments appear to be much more well equipped?

Clinical departments are of course departments for teaching in hospitals. The Queen Mary Hospital is a well equipped hospital for dealing with patients . . . most of the research of the clinical departments is clinical research and clinical departments cannot fail to meet much of their requirements in ensuring that patients are properly treated. Another aspect of this is that in preclinical areas of research instrumentation is extremely expensive . . . Research is now a very professional type of activity as is so much else . . . One is accustomed to being told that Fleming discovered Penicillin with a few simple petri dishes and not much other apparatus. The fact that a man can't discover penicillin or something like it with simple apparatus certainly does not show nowadays that he's an incompetent investigator. If you wish to stay ahead in modern advances, you have to have a fair amount of equipment, the nature and cost of which varies from department to department.

Second Class Courses?

We sometimes go into a department to be told that we are not supposed to become a pathologist, pharmacologist or whatever it happens to be. This appears to serve as an excuse to give students a second-class course on that subject — on the grounds that we are not supposed to specialize in that subject at the moment — and that the main objective will be clinical practice and so anything unrelated to our future career would not deserve our attention?

I'm sure I've made remarks of this sort but I'm sorry if you've picked them up in that way. When a student has done a year of pathology and then come to this department later on as a doctor and when he has spent about five years in the department, he knows a fair amount of pathology. When I say our intention is not to make you pathologists in the undergraduate course, it is a simple realization that it can't be done — you are spending only one-sixth of the total period. We try to give you what will be useful in your other later courses . . . . and to provide you with a background which, though undifferentiated, is nonetheless capable of development . . . .

Granted the limitation in time, we go through our undergraduate course ended up in not knowing too much of this and too little of that.

I think that's a very justified remark in that as soon as you get interested in one subject your are whisked off to something else. But in fact you can't be a good pathologist unless you've done a certain amount of clinical practice, gynaecology and paediatrics included. You need really to get through this basic level of training that covers a wide variety of subjects before you are justified in specializing in any single one . . . .

HKU How Attractive?

Will the quality of research activity affect the standard of staff the University attracts? And the fact that we receive below reasonable allocation for research allowances bears some repercussion? Say for example with a very primitive department we would not expect too many people applying for professorship in the light of the pitifully limited facilities?

I don't think our level of equipment is so low as to make this a major factor. I think as far as individuals coming to Hong Kong are concerned, the important thing to them is whether they want to work in Hong Kong or not . . . . and they are not making the judgment so much on equipment as on any other things. Of course the better equipped a place is the more attractive it would be.

But wouldn't a person consider his professional prospects more seriously rather than allow the particular geographical environment to be the major basis on which to make his decision?

People come here because there is some attraction here or people leave here because there is some attraction somewhere else — equipment is only one of the things that they are likely to consider in this area. One reason for not coming to Hong Kong is that it is very difficult to attend a sufficient number of scientific meetings to keep you in the research swing . . . .

A Second Medical School?

This I think is a political decision in that a second medical school would require a large outlay of government money. I don't know of any other source which would provide a sufficient amount of money to launch a second medical school. The government therefore has to decide whether they want it or not . . .

As there is a limited pool of qualified personnel the University can cater to, and in view of the fact that we experience so much difficulties in securing a new professor, how would a second medical school affect our faculty?

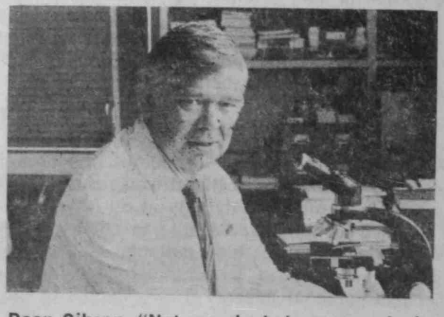
At that level we have seen it already with the start of the Chinese University. When the Chinese University opened up some of our trained staff went over to posts there. If a second medical school started up tomorrow, some of our trained staff would leave to take posts up there and we should find it difficult to replace them. But I hope this kind of argument will not be allowed to influence too great a decision on the right course.

Quadrennium Plan — Conservative?

Any drastic reform you have in mind during the period of your deanship?

It would be fair enough to say that our plans for the quandrennium 74-78 are fairly conservative. Possibly the most interesting element of these from the students' point of view is that they do contain some stress on improving audio-visual aids as a means of improving and directing attention towards teaching . . . . We are still digesting a large intake, 150. This is still being absorbed into the system as it were. We are unlikely to embark on any of the extraordinary programmes and in many cases ill-thought out experiments in medical education which seem to be taking place in the United States . . . . The night before I sat my finals it suddenly struck me that I didn't know anything about the surgical diseases of the rectum: it seemed to me rather important at that time and a state of panic set in. But many American students must feel that there are much large

(Continued on Page 6)



Dean Gibson: "Not everybody loves everybody else on sight."

TALKING WITH THE DEAN

(Continued from page 5)

areas than surgical diseases for the rectum — like the whole of paediatrics for instance, of which they have no experience whatever at the end of their course . . . . These are interesting experiments but not experiments I would like to try on Hong Kong students. I have too much regard for making reasonable doctors and not guinea pigs out of them . . . .

Not Everybody Loves Everybody Else on Sight

Do you think a scheme of continuous assessment is practicable here?

The object of an exam is really two fold: it acts as a filter and it acts as a stimulant . . . but there should be an element of continuous assessment in any marking system. Uncertainty lies in how big a proportion it should be. Should it be 100% or should it be like the Department of Pathology where it amounts to 30% of the total mark? . . . Exams are stressful but they are extremely objective. Continuous assessment is much more subjective and depends more on the tutor's impression of how you are getting on with the course. Not everybody loves everybody else on sight. The students here are very well protected against this by the external examiner system. Further a man should be permitted to get through if he has learned enough of a subject — whether or not he has attended the lectures and done the exercises on which continuous assessment could only be based . . . A man may be very lazy for nine months of the year and waken up the later three months and could still get through in his exams. If it is based on continuous assessment, he's probably failed already before he started working. This I find distinctly unfair . . . it's the right of the student to be allowed to adjust his work during the year. If the length of the course is three years, these sorts of variation will be corrected. What is more, he will be exposed to a larger number of teachers . . . .

Biological Plumbers and Tape Recorders?

About the role of doctors in the society. Do you think that as doctors, people should absolutely withdraw from political participation in the society as a means to safeguard their sense of professional identity as biological plumbers?

Doctors are more than biological plumbers — they are also tape-recorders to hear personal confidences . . . . In becoming a doctor, one must adjust one's life so that whatever you do, you are not doing it to the disadvantage of your patients. Having said that, you remain a citizen of whatever country you are in and you have the same responsibilities as any other citizen in that country. I don't see why medicine and politics shouldn't mix. There are plenty of examples of doctors who have done well in politics . . . .

Society has to maintain a proper standard of professional care and this is why the profession is held in high regard, because it does discipline its members. In most cases, when doctors run into disciplinary problems, these problems have nothing to do with politics but with their personal behaviour . . . .

The Etiquette of Living?

Once an individual becomes a doctor, he would be chained to the strive to put on some semblance of respectability in all his conducts or else he wouldn't be able to elicit a certain confidence from his patients — somehow there appears to be so much restriction on one's personal liberty?

Of course, it is a restriction on personal freedom if one wishes people to trust you and you will not treat patients successfully unless they have some element of trust in you, because, whatever you may think, doctors are not merely biological plumbers. As a doctor, one is saying one is a professional man and is worthy of trust — you must conduct your life in such a way that it is really so.

But personal conduct has really little to do with actual professional competence. If a patient cannot make that distinction, that's his problem. One can't really go about tailoring oneself according to the muddled thinking of the general public.

In that case if you are not prepared to make concessions to what your patients want, you might be happier in a branch that doesn't require contacts with patients.

Pathology, for example?

Yes, certainly. There are plenty of branches in which you don't have to meet patients and if you wish to come wandering into the Pathology Department with a turtle-neck sweater, that's all right for my specimens in glass jars, but you may antagonise patients if you behave in this way . . . .

Macrophages . . . . ?

Speaking as a pathologist, what particular "malady" do you see in Hong Kong medical students?

Of course I like them, you see. They always strike me as very much like any other medical students I've come across . . . . They get progressively more and more interested in their profession as they get towards graduation. Perhaps in the first two or three years they are interested in the general aspects of life, politics, one thing or another. But for most of them, just like myself, medicine is such an absorbing study that by the time they have done their five years they are pretty well absorbed and there is no need to apologise for this — if you don't give yourself to something in this life you won't get anything out of life. If you want to give yourself to medicine, it is well worth it. Hong Kong medical students are not peculiar animals; they are just individuals who are following a particular course of activity and this rather stamps them. "Medical students" is a term like "macrophage". It indicates what you are doing but it doesn't indicate what kind of cell you basically are . . . .

One would like to see them more active in discussions but discussions here are really very reasonable discussions. There is no point in asking a question if you don't want an answer except to draw your professor's attention to you as the chap who asks questions. Hong Kong students are on the whole not very questioning but when they do ask questions, the questions actually mean something; in other words, they do want an answer to them and they have bothered to think out the question before they throw it out at you . . . .

You are only young once . . . .

Words of wisdom for medical students?

Long hours do not necessarily represent good working time. There comes a point when you are just sitting in front of a book and nothing is happening . . . . My message would be: you are only young once — and you ought to enjoy yourselves. You will be able to do so if you organize your affairs well. Don't fool yourself that you are capable of 24 hours solid work all the time — nobody is . . .

THE

Professor F. P. Lisowski of the Anatomy Department has just completed a three-week visit to China. As mentioned in last issue, he was invited by the Academic Sinica in Peking together with Professor and Mrs. G.H.R. von Koenigswald. He is believed to be the only anatomist ever invited by the Chinese authorities. We are honoured to present Professor Lisowski as our guest in the Talk Shop.

(Left to Right): Mrs. and Professor Koenigswald, Professor Lisowski.

A Second Look

"This is Holland! This is Holland!" remarked Professor von Koenigswald. "Except there are no cows . . . . "

Professor Lisowski, from the above remark, obviously there must have been many changes in China. You have been there in 1964. Notice any changes and new development during your recent trip?

The road construction has made remarkable progress. Now, the roads are mainly asphalt, much wider and lined by trees on both sides. The fields used to be hilly with sharp rises and drops. Now they have all been flattened out for cultivation. There is an enormous amount of irrigation and afforestation. Agriculture, for example, reaches right up to the foothills of the Western Hills in the north and China is on the verge of large scale mechanization of her farming.

Industries in the communes are expanding at a very rapid rate. And mark my words, China's going to have an enormous industry. These industries originate as small ones in the communes employing peasant labour. They manufacture all kinds of things from ploughs, jade ornaments to their own glucose and saline.

The shops appear to have ample supplies of everything — cloth and food. There are no queues. All sorts of books — practical books, novels, sports articles — are available. There isn't much variety but the basic things were there. The women were mostly austerely dressed but they all had clothes, socks and shoes. They used powder, oil, skin lotions and various kinds of cosmetics to a certain degree. Everyone looked healthy and satisfied with a certain amount of gaiety and ease. There has been much improvement compared with conditions from older records.

There is one more thing I would like to stress. Nothing was barred. We saw everything and were able to take photographs everywhere except from the air. Nowhere did you see that sort of restrictiveness that one meets with in say, Eastern Europe or Russia, where you feel the heavy hand of authority. You didn't find that in China. Obviously, the authority must be

TRAVELLER'S TALE

— Professor Lisowski in China

doing something, since the country is so well-organized.

The Visit . . . .

I visited various institutes run by the Academic Sinica and medical schools. I also gave lectures and held seminars, both of which were conducted in English. (Actually both Professor von Koenigsward and I were provided with personal interpreters).

So, it wasn't exactly a holiday?

No, certainly not. However, in the evenings, we saw puppet shows, acrobatics, excerpts from operas and dancing. The entertainment everywhere was of very high order. But evening time and lunch time were the only periods when we could keep up with our writing.

What places and institutes did you visit?

In Peking, we went to the First Medical Institute. At the discussions we were joined by people from the Second Medical Institute and also from the Chinese Academy of Medical Sciences. We also visited the Institute of Palaeontology and Palaeoanthropology, the Institute of Nationalities as well as a hospital for children.

In Yenan, we went to the Medical School and Hospital.

In Sian, I saw the Medical Institute.

In Shanghai, I went to the Second Medical Institute and also met with people from the First Institute. By the way, these institutes are actually a grouping together of former independent medical schools. In addition I visited the famous Institute of Physiology and the Institute of Biochemistry.

In Canton, we went to the Sun Yat Sen Medical School and a lecture and discussions were held there. We also saw the First Hospital affiliated to that school.

One Can Never Sit Still

Basically, the medical course is a three-year course but this is still in the experimental stage. The first year is preclinical. In the second and third years, clinical and a little preclinical material is taught. They have to do postgraduate work every year. In the early years, they are more like apprentices and they have to work under supervision. The students are taken from the country and they are sent back there. Every doctor has to do a certain stint in the country whether supervising junior staff or learning from senior staff as the case may be. The medical authorities admit that this is a transient phase. Once they have got some sort of basic medical service throughout the country they will look at the whole of medical education again.

Their curriculum is different from ours because it has to subserve the really vital needs of the country. Obviously, with such a large population, difficulties have to be overcome in order to provide some sort of medical service. The curriculum is revised again and again. They stressed that one can never sit still. There are new ideas, inventions, drugs and techniques that necessitate changes. They are exceedingly interested in our Hong Kong medical school and the outside world as regard the training of young doctors. Their main emphasis is on small group teaching. The students learn to work independently.

Admission to a medical school is very difficult. The selection is very rigorous. The candidate must apply to the medical school he wants to attend. His application is then referred back to the local community from which he comes. His education, politics and attitude towards the society (what he has done for the community) are all taken into account. Anything he has done that is related to medicine is of importance, such as collecting herbs or working as an auxiliary nurse. No matter what the community says, the final decision rests with the medical institute. The candidate is given a stiff test and an interview which are based entirely on his academic ability. In fact, the selection is so rigorous that there are virtually no failures. Once a student is chosen, he is not lost. If he flags (and only one or two in four hundred do), he is transferred to a field better suited to his ability.

And the 'Barefoot Doctors'?

The 'barefoot doctors' are trained for six months to two years, depending on the area. They have to do postgraduate work. Some of them are selected for their drive and interest to do a three-year medical course. There are proper textbooks for their courses. Their training corresponds approximately to our standards for nurses, though with more emphasis on preventive medicine. In each commune, there is a small hospital and twenty to thirty clinics. Two to three barefoot doctors together with a couple of nurses run a brigade clinic. The sterilization is also done there. There were posters everywhere encouraging family planning and introducing the use of the 'pill' and other contraceptives.

Medical teams from the city also come to look after patients in the country and to train the rural staff so that there is some sort of supervision all along.

The Amazing Things

An amazing thing is that there is no shortage whatsoever of blood supply. The people volunteer eagerly. They are very well-educated in this matter. The communes generally do not store blood and cross-matching is done on-the-spot. Excess blood is sent to the city hospitals.

Another impressive thing is that they make their own glucose from sugar cane and also their own saline and distilled water. Much of it is done by "hand" but one can see that it is but a small step towards mechanization. Some of them manufacture enough of these products to supply other communes as well.

A Hive of Activity

The Institute of Physiology and the Institute of Biochemistry were set up in 1949 (at first as one institute). They have never ceased working, not even during the Cultural Revolution. The institutes, which are directly under the Academic Sinica, are housed in an enormous building in Shanghai.

The Institute of Physiology under the supervision of Professor H.T. Chang, a famous neurophysiologist, has more than 300 researchers. They have their own factory which produces electronic equipment to their own designs. They are working on several projects including reproductive physiology, acupuncture and brain research. It is a hive of activity with the scientists holding colloquia, seminars and lectures. They know at least two to three foreign languages each (English, Russian, German, French and Spanish, mainly) and most of them have worked abroad (Stockholm, Canada, France etc.) They are well aware of what is going on in the world of science. They read the latest literature. There is an amazingly large number of young people in the 30 to 35 age group. However, the older generation is still there. The older research workers come in whenever they can and work in their own particular field. These people would be fine colleagues anywhere in the world.

The Institute of Biochemistry under the leadership of Professor Y.L. Wang was the first institute in the world to synthesize the hormone insulin. They use very fine equipment built in China. Their staff consists of nearly 400 workers.

There is a centralized library where all the latest journals are available. These are in many languages. There are also extracting and translating services. (The translators at the lectures were very good indeed!) And the people at the institute can call in extra staff at any time to help them with any difficult problems that they may encounter.

Fossils and Skull

Have you seen any fossils of the Home erectus pekinensis?

Yes. There's a new museum in Choukoutien which was completed and opened to the public last year. It shows the evolution of man. They are still continuing to dig and some more fragments of skulls have been found. Of course the famous old collection was lost in 1941. Professor von Koenigswald was probably the last international palaeontologist to handle them in 1939. We saw casts of the old ones.

Newer materials have been found in other parts of China too. There is evidence that a form of Australopithecus existed in Southern China. Neanderthal Man certainly existed in China — the famous Mapa skull found in Mapa, 200 kilometers northwest of Canton is one of this type.

The Institute of Vertebrate Palaeontology and Palaeoanthropology has all the original material. They have literally thousands of teeth of Giganthopithecus (a giant ape type). Professor von Koenigswald discovered the first two teeth in Hong Kong in 1935. As a result a new species was created. The mandibles were found much later in Kwangsi province in the nineteen-fifties by Professor J.K. Woo.

The Age of Pandas . . .

Oh yes! We went to the zoos in Shanghai, Peking and Canton. There were pandas, golden haired monkeys, tigers, gibbons and other creatures. All sorts of animals are under strict protection.

The Botanical Garden in Canton is also very beautiful. It was built on the outskirts of the city with an artificial lake, several islands and hump-back bridges. There were all sorts of plants such as a whole series of bamboos, medicinal plants, cherries, cactuses and almonds, etc. And they are about to build a very large rockery too.

Hard Work to be Paid off ?

Do you plan to visit China again in the near future ?

That would depend on my scientific colleagues in China. I think you should go there someday. It would be a very good experience.

Mark my words, in another ten or fifteen years all the hard work they have put in is going to pay off. It's going to pay dividends in terms of medical services, scientific endeavour and of course also in agriculture and industry.

IN AND ABOUT

Essay contest organized by the Family Planning Association of Hong Kong

Any bright ideas on family planning?
Title: Medical Aspects of Family Planning
Rules:

1. Open to all medical students of the University of Hong Kong.
2. Entries must be original and unpublished, in English only.
3. Contestant must state his name, address and telephone number.
4. All essays should be sent to The Family Planning Association of Hong Kong, 152 Hennessy Road, Wanchai, Hong Kong.
5. An independent panel of judges will select the winning entries. The decision of the judges will be final.
6. Deadline: July 16, 1973.
7. Awards 1st prize: cash prize HK$600
   2nd prize: cash prize HK$300
   3rd prize: cash prize HK$100
8. All entries received will be the property of The Family Planning Association of Hong Kong which reserves the right to publish them in any form.

Annual Ball

To be held on June 16, 1973 at the Hong Kong Hyatt Hotel. All proceeds will go to the Elixir Loan Fund. Tickets are available from any of the Committee members.

Patrons for the ball are Professor J.B. Gibson, Sir Albert Rodrigues, Dr. Rayson L. Huang, and Professor P.H. Teng.

2nd MB Results

Number of candidates was 158.

	Pharmacology	Pathology
Distinction	4	2
Pass	145	148
Failure	8	7
Absentee	1	1
% failure	5%	4.4%

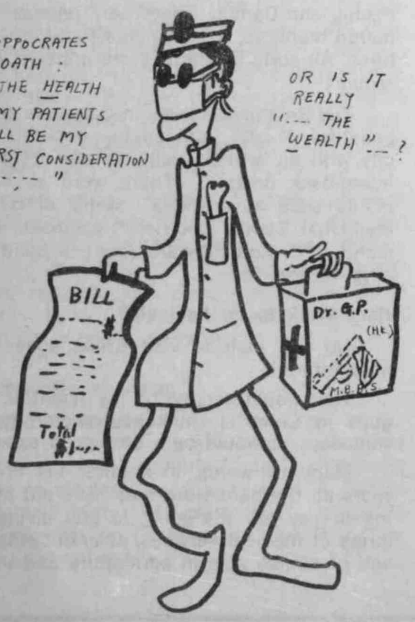
Number of candidates failing in two subjects = 5
Number of candidates failing in one subject = 5
Distinction in Pharmacology:
Miss Olivia Chow Kit Wun
Miss Kan Wai Yee
Mr. Raymond Wong Woon Sing
Mr. Stephen Yuen On-Ah
Distinction in Pathology:
Miss Olivia Chow Kit Wun
Mr. Raymond Wong Woon Sing

More about the Library . . .

It seems that "In and About" has done it again. In last month's issue it was reported that the Estates Office had probably forgotten to fix up the air-conditioner in the library and apparently someone at the Estate Office read about it. So now, if you have nothing better to do, you can always have a nice, quiet nap in an air-conditioned library. Be sure you don't snore too loudly and disturb our budding scholars though!

Treatment according to your purse?

— A man of "letters"



Charity starts at the bank . . . a million-dollar donation . . .

In commemoration of its 40th anniversary, and to mark the opening of its new main office building, Wing Lung Bank Limited has made a generous donation of one million Hong Kong dollars to the University of Hong Kong to establish a 'Wing Lung Bank Medical Research Fund'.

Wing Lung Bank first started as a small money changer forty years ago, and has now developed into a sizeable commercial bank.

This benefaction will enable the University further to promote research activities in the Faculty of Medicine. Dr. R. L. Huang, the Vice-Chancellor, describes it as 'a most significant contribution to higher education and medical research'.

Fancy a trip to India or Singapore during the holidays?

Nominations are now open for delegates to attend the General Assemblies of ARMSA and IFMSA. The ARMSA General Assembly will be held in the second week of August in Aligarh, India. The IFMSA General Assembly will be held in Singapore from August 19 to 25. Applications should be made to the General Secretary before 31st May, 1973.

The other 40 generous souls . . . Errata

Sincere apologies to readers concerning an erroneous report on "Bloody Black Friday" in last issue. Instead of 'a group of some twenty medical students' as reported, a total of 60 medical students and 2 staff members actually donated blood on 13th April, 1973.

World War III? (Final MB Results)

As released on 19th May 1973. Number of candidates was 121.

	Medicine	Surgery	Obstetrics & Gynaecology
Distinction	0	0	0
Pass	99	103	106
Failure	20	16	11
Absentee	2	2	2
% failure	16.8%	13.4%	9.2%

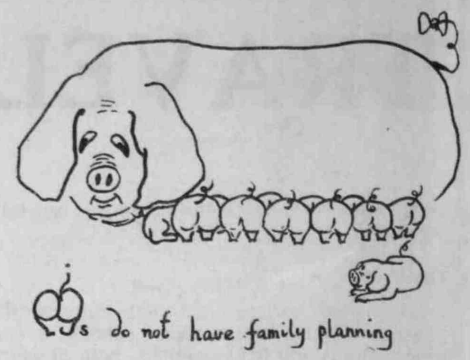
Number of candidates failing in three subjects = 4
Number of candidates failing in two subjects = 7
Number of candidates failing in one subject = 21
Number of candidates failed = 34 (!)

Sports

Results of the Interfaculty Games are:—

	Med.	Eng.	Sc.	Arts	Law	So. Sc.	Arch.
Aquatic Meet	3	15	8	11	1	5	0
Athletic Meet	15	8	11	3	0	1	5
Football	7	2	0	4	0	10	0
Lacrosse	7	10	0	2	0	0	4
Badminton	10	0	7	2	0	4	0
Basketball	0	7	10	2	0	0	4
Lawn Tennis	7	4	0	2	7	0	0
Softball	10	4	0	2	7	0	0
Table Tennis	4	7	10	2	0	0	0
Volleyball	7	0	10	4	0	2	0
Squash	10	4	0	0	0	2	7
Hockey	7	4	0	2	10	0	0
TOTAL	87	65	56	34	26	24	22

Overall Champion: Medical Society (Owner of the Omega Rose Bowl for the last five consecutive years!)
Overall Runner-up: Engineering Society.

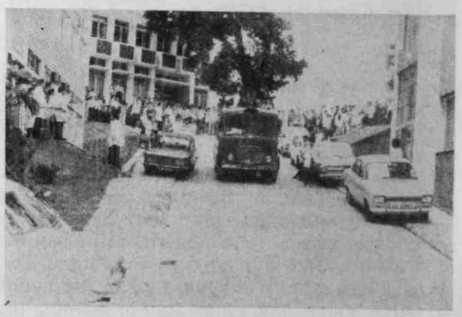


The day the fire engines came . . . and interrupted lectures and sweet slumber . . .

Anybody would have thought VIPs were expected at the Medic Center on Friday, 11th May. Students (and there were well over 300 of them) lined both sides of the Li Shu Fan Building and they were yelling, joking, laughing, clapping and booing. VIPs there weren't any but the Medic Center certainly got VIP treatment. Less than ten minutes after the emergency fire alarm was sounded, a single cop on a motorbike arrived (to be greeted by 'boos' from the students). He was followed some time later by four fire engines (that's more like it), one ambulance and a police jeep which all jammed themselves into the garage entrance. Everybody was certainly impressed by the way they got themselves out later. One up for the Fire Department — the drivers anyway! However they couldn't beat the lecturers who raced their cars out of the garage before a quarter of the people have evacuated from the building. On the other hand, there were some lecturers who told thir students not to run because the alarm was probably a fire drill and it would be a waste of time to interrupt their work (what are fire drills for, please, if you are supposed to sit tight in your seats throughout?)

The first part of the story . . .

The Pharmacology Department was burning some papers in a small room next to the entrance of the garage. Oil leaked from the furnace and apparently something caught fire. The alarm was sounded. (Nobody knew how to turn it off and it kept ringing.) The small fire was extinguished even before the fire engines arrived on the scene.



". . . that's more like it . . ."

Label yourself . . .

With medic ties, car badges etc. All available at the Medical Society office.

Editorial

"THE SONG OF THE SHIRT"?

The clumsiness with which the teachers' wage dispute is handled and the delaying tactics employed in the present midwives' pay negotiation can hardly be viewed as accidents in the bureaucratic machinery.

They reflect an obstinate reluctance on the part of the government to improve the lot of those in the lower income strata and a persistent desire to perpetuate the prevailing gross economic inequalities.

The shabby philosophy upon which such attitudes are based is perhaps that the winners in this rat race that is the struggle for professional qualification should be entitled to all sorts of financial benefits (as doctors for instance). People (midwives, for example) who because of their personal capacity or the circumstances of their environment, fail to reach the high echelons in their field, who nonetheless may be contributing just as much if not more to the service of the public, would be doomed to a life-time of long unrewarding hours, offered little if any prospects in their career, grudged even the means to a bare subsistence of existence, and in general, had their labour exploited.

Such perhaps is the foundation of a colonial capitalistic economy — a long sorry tale which can be summed up concisely by one word: exploitation.

Perhaps "if the capitalist pleases to feed you upon potatoes instead of upon meat, and upon oats instead of upon wheat, you must accept his will as a law of political economy, and submit to it". Furthermore, one is familiar with the argument that the man in the street should do well to declare an undying faith in the expertise that is supposed to be involved in the making of decisions in governmental policy.

True, a discourse on economic equalities really belongs to some other time and certainly, some other place other than this notoriously materialistic community where meritocracy is the rule of the day.

Yet, the average person with some sense of social justice would be living in an inner rage and severe moral discomfiture when his government throw a fifty-cent piece for a long hour worth of overtime work.

When the government aristocratically neglected to take into consideration the welfare of its employees, a group of only 240 midwives in this connection, on the grounds that there might be conflicting claims in the interest of the society as a whole, one must really doubt the competence and the humanity of the governing authorities. As an institution, it treats the individuals who serve it with no more loving care than it would a doormat.

Maybe only drastic organized measures could rid the authorities of these cute manoeuvres. A murderous absurdity for men of sense.

What a pity, what a pity.

The Editorial Board wishes to acknowledge a donation of five hundred dollars from the Medical Society, without which the expenses of this unusual issue would have to be met with considerable difficulties.

As the Caduceus is financially independent of any association, similar generosity of any sympathetic parties would be deeply appreciated, in view of a forseeable "economic crisis" for the next issue.

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

Looking at the Stars.....

"....And I have felt
A presence that disturbs me with the joy
Of elevated thoughts; a sense sublime
Of something far more deeply interfused,
Whose dwelling is the light of setting suns,
And the round ocean and the living air,
And the blue sky, and in the mind of man:
All thinking things, all objects of all thought,
And rolls through all things."

William Worthsworth

The following is written to clarify a few points raised by our correspondent（不息君）whose letter（啓思能啓發思潮嗎？）appeared on page three of the Chinese section of this issue.

I must indeed express my sincere gratitude for the enthusiastic support our correspondent seemed to show for the Caduceus. However heart-warming this breakthrough we see in the reaction of our correspondent, we fail to recognize the justification of some of his arguments.

Rightfully sceptical, he questioned the doubtful wisdom of giving priority to articles of medical interests. It is hardly the intention of the Editorial Board or more importantly do I believe the hope of any medical student to watch the Caduceus metamorphorise into another British Medical Journal or its kind. Perhaps such a priori speculation has indeed been idle in the light of the limited choices open in the selection of articles for publication. However, it would serve to resolve any conflict which might arise when one has to decide say, as an illustration, between a paper on "Women in Medicine" or one on "Women in Education" of presumably equal merits. The former would certainly be deemed more relevant for the Caduceus with due consideration for the fact that the readership of this publication consists of predominantly medical personel.

Such entirely hypothetical conjecture is not to be read as an evasion from any social issues or interpreted as an over-anxious attempt to allay the fears of conservatives. It is simply one's responsibility to the fact that the Caduceus is the sole monthly periodical of a certain Medical Society and the only one of its kind in Hong Kong; and in the belief that the other aspects of human endeavour have probably find their avenues of expression in the multitude of other publications.

However it is our hope that the contents of the Caduceus would be as variegated and lively as possible.

In regard to the role of editorials, our correspondent seemed to fail to appreciate the significance of an independent judgment made by some bona fide medical students — based on a careful, objective and pains-taking evaluation of facts. He asserted that the editorial should represent the views of the entire medical student body and suggested that questionaires should be patiently employed as a means to sound out the general opinion.

Personally I know of no editorial of any publication whatsoever that claim to represent any viewpoint other than that of the editorial board concerned and I fail to see why the Caduceus should be an exception. Perhaps our correspondent should care to get himself informed as to whose viewpoint is supposed to be put forward in any editorial.

On the other hand, we would be just be too glad to conduct surveys on how actually the general student body feels about the views expressed in the Caduceus — in fact, we shall embark on a survey on how strongly the rest of the students feel about the midwives' wage negotiation. Should the Medical Society pass any resolution in such matters, it would be published as the Official Statement of the Society rather than as the editorial of the Caduceus. The two distinct kinds of statements should not be confused even in one's earnest enthusiam to have views represented. If experience means anything, the general public has not been guilty of such muddled thinking as to warrant the necessity to insert the type of declaration our correspondent suggests.

Further our correspondent appeared to be very well-impressed by the citation of facts concerning the teachers' strike, which appeared in the Undergrad, and expressed his heartfelt regret that he did not find the same citation of facts in the Caduceus. Perhaps what one needs to explain if the reason has not become apparent at first sight, is that any average person who keeps his usual channels of information open, would have become over-familiarized with the events and claims of such a heatedly controversial issue that was the certificated masters' pay dispute. Any tedious rigmarole would be an irresponsible use of our limited space in the Caduceus.

Moreover our correspondent claimed that the editorial in the last issue is unsupported by facts. Yet perhaps it is one's level of comprehension and power of perception that one should be doubting. The participation of church leaders in the event and the four recommendations put forward by the teachers were cold hard facts repeatedly alluded to in the essay . . . these probably escaped the attention of our extraordinarily perceptive correspondent . . .?

In regard to the treatment of manucripts, our correspondent believes any alternation or correction made by the editorial board would be an irresponsible act. However, it seems to me that the whole point of responsible editing is ultimately to protect the readers from having to put up with mis-spellings, careless grammatical mistakes and unnecessary repetitions etc. We know of no responsible editor who would publish an article that requires drastic alternation. Speaking from experience again, the handling of our manuscripts has been always been kind and sympathetic, seldom if ever had our attitude discourage any sincere prospective contributor from writing, as our correspondent alleges.

Perhaps what really deserves some explanation is the In and About column. Our correspondent advocates "objectivity" — presumably he recognizes little objectivity in the present style of narrative. It is not with the intention to make a direct, simplistic reportage or to indulge in sheer plankster's mischief that the In and About column came into being. It is based on the conviction that medicals, by and large, are so swamped up by the solemn objectivity that belongs to the writing of the lab. reports and case history that they find it difficult to laugh at anything else other than something like "congenital syphilis". I believe many would, like myself, hope that the contributor would strive to put in a redeeming sense of humour into the otherwise colourless recital of dry facts. In regard to the illustrations cited, many would agree that the account about blood donation original in its approach, in comparison to the other alternative to list who donated blood and how many pints and so forth. That it does not succumb to give the usual propaganda about blood donation is based on a belief that such would be trite enough to bore anybody stiff. No disrespect is ever implied in the statement referred to about the acupuncture course. In fact, if our correspondent would care to reread the whole article under the title "Divided loyalty . . . but perhaps a good job . . .?", he would probably find himself completely mistaken about the attitude of the contributor towards Chinese medicine and acupuncture in particular.

Finally, our correspondent alluded to such publications as the Undergrad, the Voice, 曙晖, 中大學生報 etc., and added the hint that the Caduceus might do well to look to these examples.

I hope our correspondent would not find it offending if I say I am forced to deplore his taste and his vision. With no irreverence to all those concerned, it has never struck me that these publications are particularly successful to be held as models, and I suspect many a student would have felt the same. To people who are relentless in the search for excellence, no pallid steoretype or any bloodless imitation would suffice, and certainly not those publications our correspondent seemed to be so impressed about.

If we do not play with a single naive or highbrow slogan, it is not that we are inimical to any social movements, but for the necessity that each issue would have to be both for the readers and the editors, a hilarious adventure rather than a humdrum routine.

We whisper in a corner of the world where there are other noises — and louder ones. You asked what role we would play. Oh, how I hate to waste my time in empty promises — don't deeper feelings show themselves in silence?.....Freedom fighter?.....Justice seeker?.....

Besides, youthful idealism has always struck me as a lava flood scouring the land with a devastating heat, but were it not channelled or congealed, it could never evolve as a serene landscape of eternal beauty . . . but vanished as the passing aspects of an ever-shifting kaleidoscope...

Without any participatory support, one is beginning to feel more than like a clown in a circus show — whose every act is greeted with either applause or disapproval...

But perhaps like the ancient sages of yore, people who look for change and direction, must look to the stars...

Sincerely,
Betty Ng
(on behalf of the Editorial Board)

啓思能啓發思潮嗎？

——給啓思編輯部的一封公開信

編輯先生：

上期的（四月份）啓思眞令人鼓舞，篇幅多了，構圖亦較新頴。老實說，我盼望這個日子已很久。在過去的數年，週圍的環境變得太快，但這小天地却能保持著老樣子，象牙塔的氣溫要如此罷，醫學院的月刊亦要如此？每當翻起以往的啓思，密麻麻的字粒，呆滯不變的封面……儼然像一份法律條文的月刊。現今老編們能憧憬沙漠中的綠洲，能下一點苦功，使這份精神食糧充實過來，革新的精神是值得欣賞，值得稱許。趁這機會，我亦嘗試盡一點綿力吧！

啓思的內容是否那樣貧乏？範圍是如斯狹窄呢？從七一年十二月到現今的十五份月刊，筆者作了一個簡畧的統計。在過往的歲月，大致刊登了八十篇文章，而結果如下：

（一）純學術性（例如抗原療法簡介，Delivery After Previous Caesrean Section）4%

（二）與醫學有關連性（例如 Clinicel Teaching in Q E & Kwong Wah）30%

（三）生活小品（例如痴話，偶語，無題等）——56%

（四）社會工作類（如香港老人的照顧，石鼓洲康復中心後記）6%

（五）政治性——3%

（六）宗教及哲學性——1%

比其它如經濟、電影、音樂等——0%

綜合來說，與醫生有直接及間接關連的估全部的90%，剩餘下來的10%……！若眞啓思是眞正反映我們的心態，我們的感受，筆者不敢搖頭嘆息。過往有大量的篇幅是强調生活的空虛，但呻吟有何作爲？具體的意見能付諸實行的又有幾何？基於此，老編們在充實月刊內容方面，是担當如此重要角色。以下筆者試圖提供一點小意見，作爲擁護啓思的具體行動。

一份刊物是否成功，要視乎讀者的支持及編者的工作態度。它要充分反映同學的生活，滿足同學的要求。啓思究竟能做到這點？筆者認爲民意測驗是一個可行的方法，對啓思的功能應作一次重新的估計。相信籌備工作不會太忙，反應亦不致太差。

關於工作的態度，筆者還宜與老編們作較深入的討論。

（二）本刊的宗旨：（甲）老編們認爲應多刊登有學術性和與醫學生有關係的文章（…would give priority to articles of academic and medical interests. I trust the abovr decision be well made as our readership consists of predominantly medical men and students who hopefully may be interested in material not exactly within the curriculum but related to the discipline which they try so hard to master）因爲是關乎路綫問題，試問你們的決定是否符合一般同學的要求或祇代表一己之見？當翻閱早期的啓思，發起人會這樣說：「讓學術性文章在醫學雜誌出現罷！」或者觀念已有很大改變，月刊理應編製成講義的樣子，那時讀者可眞不少！

（乙）一談到態度，話題又要拉到社論稿件的處理和事件的報導的問題。相信大家對以下的一句很熟悉（The View expressed by our contributors are not necessarily those of the Editorial Boord）。不知老編們能否再加上：The views expressed in the editorial by the Editorial Boord are not necessarily those of the medical students in general. 社論理應代表學生們的基本看法，如近期文憑教師薪酬事件，編輯的立場最低限度要反映我們的意見。但反映的程度如何？是否曾作過民意測驗？那樣請將結果報導出來。

從另一角度來看，如果編輯想藉著社論來說理，本當無可厚非。但社會問題是如斯複雜，它牽涉著整個社會制度。如文憑教師，就估了上學期學苑不少篇幅，包括學生及教師們的不同看法，薪酬制度的全面性探討等，功夫可算不少。姑勿論同學對教師的行動表現是否同意，但學苑諸公對事件眞相約的發掘，無疑是負責任的態度。翻閱上期的社論，筆者很遺憾，找不到半絲兒的事實來支持論點，而同一期或以往的啓思內，更尋不到涉及薪酬的文章。這裏我深切希望社論不會是代表編輯們一廂情願的看法罷！

（丙）稿件的處理：投稿人一定是花了不少心血，希望所發表的一篇文章能盡善盡美，如果編輯主觀地修飾詞句，或更甚者將全文大加更改，實有失却編輯應抱的態度。這不祇扼殺投稿的同學的熱誠，使缺稿的情形日趨惡化，整份刊物的代表性盡失，啓思是同學寫作的小園地，理應讓其自由發揮。當然有譏誇性的可以不登。又或有更改的必要時，應先獲得投稿人的同意。如編輯不同意所持的論點，大可在原文前或後加上：「編者按」三字，後道出自己的立場。這才是負責任的態度，才能發揮編輯應有的功能。身爲一個熱烈的投稿人，我覺得非常失望。

（丁）報導所發生的事件，態度適宜客觀一點。上期提及的捐血運動及針灸實習班，正好拿着討論。善應紅十字會輸血運動，根本不是甚麼偉大的行爲，故不宜加以渲染，但更不該以誇讀而喧閙的態度來報導……Bloody Black Friday for some good old souls：……responded to the plea of the Red Cross for blood donation and heroically bled for humanity（……applause…… applause ……）on Black Friday(……more applause)

Encore，anyone？

試問如此的報導，對籌備人及輸血者的熱誠，有何裨益？據悉，文裏的二十人應作爲六十多人才對！這樣的工作態度實不大對勁。

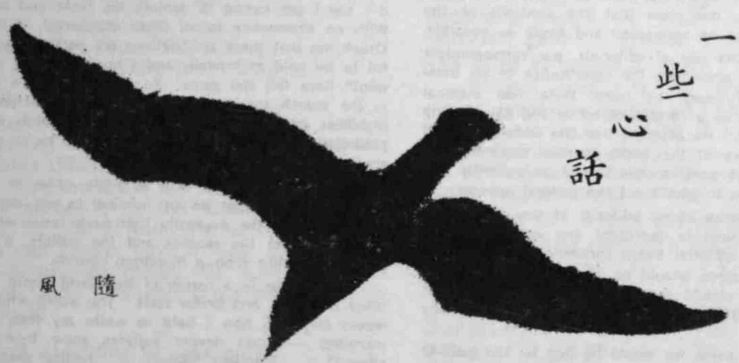
中醫是我國文化遺產的一個結晶，是中華民族數千年來長期和疾病鬥爭中，積累的寶貴經驗。現在正當國外掀起對中醫研究的熱潮，同學抱著一股的熱誠去組織針灸班，去籌備中醫週（在這裏我對參予者深表敬意），均代表具體的行動來認識祖國醫學，爲什麼啓思諸公不加以充實地報導，還加上……Impatien tin the long wait for your head to be bald before you can fulfil the sacred duty to know something you professors don't？從這少許事件，我總覺得編輯們似乎迷失了方向，須知，每份刊物不論是政治性、宗教性、學術性等，一定具有其目標，雖然目標同樣會因環境而易。參加學苑現今標榜「認識中國，認識香港」的路綫，號刊一向以社會問題爲重，而囂呶，中大學生報，浸會學生報等等，亦有一貫的宗旨。梭外的刊物更不用說，如展望、七十年代、工人周報等，皆註明創辦的原因。那樣，我們的啓思又怎樣？雖然，稿件的缺乏往往使編輯們無選擇的餘地，但對校內事件的看法和報導，始終應有其基本的態度。編輯們能否交代清楚一點？

（二）改良風氣：生活小品看得多了，自己又要呻吟起來。在飯堂裏，永遠祇見肌肉伸縮的微笑。在講室上課，入去時人頭湧湧，出來時則作鳥獸散，彼此關係如斯淡薄。不祇各班同學的接觸甚少，正在身旁的同窗你又認識幾許？也許人長大了便懂得保護自己，在週圍築起一堵圍牆，將自己的靈魂鎖在內，不讓他人探索。縱使象牙塔內的空氣有點冷，與以往在母校熱烘烘的氣氛相比，有天淵之別，但總覺得不宜長期孤立。君不見過去的小兒護理週、心臟週及接近屆聲的中醫週嗎？姑勿論市民受益多少，在喚起彼此間合作與互助的大前題下，這些不是積極的行動嗎？曾參予的同學們彼此不是加深了嗎？近年更欣聞一、二、三年級有社會服務團的誕生，同學能跳出狹窄的範疇來認識社會，這是蠻有意義的事。

在改良風氣的聲中，啓思編輯們扮演了怎樣的角色？機會主義者，在旁搖旗吶喊？「冷靜」的旁觀者，對週圍的事物無動於衷或充耳不聞？或許是積極的，有衝天幹勁的一羣，在沙漠中開拓綠洲，可惜迷了方向，終於成了……To me "the voice of one crying in the wilderness" undoubtedly has its romantic appeal, but honestly I would prefer we find a tune to sing and some music to make togerner, 我深信調子已經找到了，它既不是你們憧憬著的，重彈舊調的音符，它正代表開拓新領域的小曲，代表在彼此心中能引起共鳴的旋律。

不息上

編者按：編輯主委意見，登另頁。



一些痴話

隨風

時間像箭般在身旁過去，現在他也不知是甚麼時日。他在回想，IST MB 以前心驚胆跳的日子，已成永遠的回憶，但他却未得到試前夢想試後的快樂，時間仍是茫茫然過去，原應是悠長的三月，也祇能在日記裏找到了。

在大學裏唸了二年書，所得的除了一些是一些極少的書本上的知識外，便是漸漸懂得做人的道理。他的人緣不俗，這是他平易待人的結果。但平心而論，眞正懂得他的人又是這樣的少。他極珍惜友情，但很多時努力與人交善的結果，是一些冷淡、自私，虛僞的反報，這些，那些，一切一切，使他漸漸覺得，要使自己的生命得到和平與快樂，便是盡量遠離他人，快快回到自己的小天地。

他有些失落，他是一個有輕微精神病的人，外表上無人發覺，但他的內心的隱憂，祇有自己清楚。他的智慧雖然不算十分高，但從未有太大的失敗。他不想平凡，他懂得，六十年爲期的一生，已過了三份之一，死亡不是一件永不降臨的事，他需努力，爲創造前途而努力，惰性是强大的阻力，但他自信，無論阻力多大，也會在毅力與血汗的合攻下衝破。

他要創造歷史性的一生，也許有些時候會做一些錯事，但希望幹好的次數較多，他懂得，太純正的一生是痛苦的。

他向來不重視金錢，也不懂得愛情，有一女孩子在深愛著他，但他決定放棄，理由或許是性格不合，或許是他生性風流，不想太早受人約束，但這些是否屬實，自己也不大清楚。

在他的生命史上，佔上重要地位的只有三人：母親，一位在童年時代陪伴他的老工人，和廖献貞老師。母親多年的辛勞，他要報答廖老師對他的影响力是無名的，這祇是數月間的事，但已使他一生要行的方向得到啓示。

他的心思很亂，他在聽Glen Campbell的 唱片，背後是一些他不懂得的青年男女在高聲笑，他不理會，祇對自己說：「年青人，努力吧！」　（完）

編者按：隨風君，在下任中文編輯有年，未嘗見投稿者要求「加插適當的相片或圖畫」以點綴大作，故在處理閣下嘔心瀝血的處女作時，於感激之餘，復感手足無措。或許許在醫學院耽久了，對灰色的呻吟習以爲常，所以雖然對你的痛苦無限同情，祇能給你一隻孤寂的沙鷗，祈望牠能啓示你三分之二的餘生。

外科領域—中西醫結合

講者：李天才醫生　　記述：中醫週籌備委員會

中西醫結合在中國醫學發展過程中是個必然的趨向，這是因爲中國政府在醫療衛生路綫上有四大方針，而其中之一是發展中西醫，爲中西醫結合的基礎。中醫學是我國幾千年來與疾病作鬥爭所取得的寶貴經驗，而西醫傳入中國只有百多年來的歷史；何况中國是個地大人多但經驗落後的國家，要在短時間內趕上先進國家的醫學水平是不容易的。所以，在保障八億人民健康的前提下，便致力發掘中國的醫學寳庫。過去，西醫看不起中醫，中醫也看不起西醫，所以醫學的發展一度受到阻碍。現在，兩者互相學習，取長補短。首先，西醫學習中醫，用它的科學理論批判地接受傳統中醫學，而中醫也學習西醫，例如用現代化驗方法帮助診斷。目前，醫學院在第二、第三年級間，有半年到一年的時間學中醫課程，而中醫學院在一、二年級時也學解剖學、生理學、生物化學。在臨床上，中西醫結合採取了三種形式：最初步是西醫治不了的就找中醫，如慢性腎炎、慢性肝炎等，西醫至今還未有適當的療法，所以轉給中醫治療。進一步的結合就是中西醫作臨床同治，同一個病，一部份病人以西醫方法治療，而另一部份則以中醫方法治療，然後把療效作統計。最新的結合形式就是研究某些中藥的作用機制（mechanism），例如從黃蓮提煉出的黃蓮素，現在發現有消滅革蘭氏陰性（gram negative）細菌作用，也發現柴胡有殺大腸桿菌和連翹殺鏈球菌之效。

以下是在外科方面應用中醫學的一些例子：

一、骨科

（一）骨折

中醫是以小夾板紙壓墊，固定折斷了的部位，可以根據發展情况轉變鬆緊的程度。

（二）腰椎間盤突出症

以推拿術回復該間盤的位置，這樣可減少手術中做成的不幸。

二、血栓閉塞性脈管炎（Buerger Disease）

中醫把它分爲三類型來處理：

	主要症狀	治療
（一）偏陽型	患肢紫紅腫脹，間歇性跛行。	西妙勇安湯（元參、雙花、當歸、甘草）
（二）偏陰型	足冰冷，蒼白，麻木夜間痛。	和陽湯（熟地、黃芪、黨參、肉桂、白芥子、鹿角、膠附子、蜈蚣等）
（三）氣血兩虛型	肌萎縮，潰瘍不癒，肉芽生長不良。	顧步湯加味（黃芪、黨參、雙花、當歸、石斛、牛膝、鷄血籐、丹皮、紅花、五加皮、木瓜）

三、急腹症

（一）急性闌尾炎

中藥之適應症：急性單純性，輕性蜂窩織炎性，小型闌尾周圍膿腫。

生大黃三錢——二両、丹皮三——五錢、紅籐三錢——壹両、厚朴三——五錢、敗醬草五錢——壹両。

消炎散：芙蓉葉、大黃各十両、黃芩、黃柏、黃蓮澤蘭葉各八両、冰片三錢，共研細末備用。

消結膏：生半夏、生南星、生川烏、猪牙皂、土貝母、廣姜黃、黃芩、大黃各一両、黃柏、敗醬草各二両、穿山甲一両五錢、白芷五錢共研爲末，油調外用。

（二）宮外孕

丹參三——五錢、赤芍弍——三錢、乳香弍——三錢、沒藥弍——三錢、桃仁弍——三錢、劇痛加延胡索四錢、包塊加三稜一——弍錢、莪求壹——弍錢。

外敷藥：麝香二厘、樟腦二錢、血竭三錢、松香三錢、銀硃三錢

（三）急性胆囊炎

龍胆瀉肝湯：龍胆草壹——三錢、黃芩三——五錢、山梔子三——五錢、柴胡三——五錢、甘草一錢、生大黃三——五錢。

排石湯：金錢草、茵陳、郁金、木香、生大黃。

（四）針刺麻醉

針刺麻醉是從針刺止痛的基礎發展開來的，它的成功率不是百分之百，要看部位而定。針麻最大的好處有二：對生理影响較少和所需設備簡便，要使針麻下能開刀，就得注意三點：選擇適當的穴位，有足夠的誘導時間和刺激强度。

由此可見，中醫學有它的實用價値，只要取其精華，去其糟粕便行。

觀衆意見一束

（錄自意見簿）

爲一勇敢嘗試。

缺乏趣味性，並未能針對同學需求。

皮毛之皮毛。

It's a good attempt. The pictorial representations need English translation too.

新的事物，從來都不可能做得完善完美的。但有一個起點，有了一個開頭，路就可以走下去了，這條路已在許多地方被證實是走對了的。

中醫藥部，如能有人講解，就更充實了，資料還能多點，地點上下不方便。

What are the ill effects of acupuncture?

Why not mention?

希望以後有更多這類展覽舉行，以提倡我國醫學，更希望使我國技術令香港人知道和加深了解。

我未曾看過展出品，抗議！工作人員。

中醫周

寫於中醫週後

健康委員會　中醫週籌備委員會

爲期八天的中醫週已圓滿結束，在中醫週期間，我們得到了同學們和各界人士的許多有建設性和啓發性的批評，爲此我們對中醫週舉辦的意義及籌備工作的得失，作了一個全面性的檢討。

我們最初所定的工作目標，純是針對醫學生而發，目的在通過一次對中醫學作一個概括性的簡介，從而提高同學對中醫學的注意和興趣，並介紹「中西醫結合」爲一條可以發展的途徑，由於籌備工作頗爲順利，我們便决定把對象擴大，歡迎各界人士指導。宣傳是擴大了，新聞界給了我們不少帮助，但籌備工作却沒有作適當的擴展，結果使中醫週存着許多不完善的地方，許多批評都指出展覽內容不完備，欠人解釋，及對內宣傳做得不夠等，這些我們也感到抱歉，實際上是有種種客觀因素有以致之，籌備時間不充裕是因素之一，缺乏經驗爲其二，而最重要的因素，莫如籌備工作的同學對中醫也缺乏認識，也沒有預先充份徵求導師、醫生和同學的意見。儘管如此，仍獲得各方面的支持和鼓勵，在這裏我們致以感謝。

中醫内容簡介

嚴君行

中國醫藥學有數千年歷史，事實證明它對中國和世界人民的健康有很大的貢獻。它的發展從民間經驗的積累，再經過古代醫學者的整理和實踐，進而發到理論體系，以後不斷實踐，不斷總結，而形成了有理論有實踐的中醫學術。玆將它的主要內容簡單介紹如下：

(一)中醫基本理論

一、陰陽——中醫運用陰陽的互相對立、矛盾統一的觀念，來分析生理（外爲陽、內爲陰、臟者爲陰、腑者爲陽）、病理（陰勝則陽病、陽勝則陰病、陽勝則熱、陰勝則寒）、辨證、治療的法則。

二、五行——指木、火、土、金、水五種物質，其中有相生、相克、相乘、相侮的變化。用五行配五臟，即肝屬木、心屬火、脾屬土、肺屬金、腎屬水，以生、克、乘、侮說明五臟之間的生理和病理關係。

三、經絡——經絡是人體結構的重要組成，內屬于臟腑，外絡于肢節，使內部臟腑和各組織器官聯系成爲一個有機的整體，指導着中醫各科臨床實踐，特别對針灸臨床起着重要作用，經絡系統分爲經脉和絡脉，內容有十二經脉，和奇經八脉。

(二)中醫辨證方法

一、四診——望、聞、問、切的四種診斷方法。望是觀察病者的神氣、色澤、形態。聞診包括聞聲音（聽覺）和聞氣味（嗅覺）。問診注重病史、寒熱、大小便、飲食、睡眠等情況。切診是切掌後橈動脉，分寸、關、尺三部，主要掌握脉位（浮、沉）脉速（遲、數）脉量（大、小）脉力（强、弱）。

二、八綱——臨床上掌握了各種證候之後，進一步是綜合和分析，必須運用陰陽、表裏、寒熱、虛實八綱的方法，對複雜的病情作細致的判辨，陰陽是八綱的總綱，凡表、熱、實屬于陽、裏、寒、虛屬于陰，表裏指疾病的部位，寒熱指疾病的性質，虛實指正邪之盛長。

(三)中醫病因分析

一、六淫——風、寒、暑、濕、燥、火等六種致病因素，統稱爲六淫。風爲春季的主氣，有外風內風的分别。寒爲冬季的主氣，有收引、凝滯、容易損傷陽氣的特性。暑爲夏季的主氣，暑邪有上升發散，容易耗傷陰氣的特性。燥爲秋季的主氣，有干燥、容易耗傷肺臟陰液的特性。火邪引起的疾病，包括溫病、熱性病和暑病，古稱熱毒，火毒也屬于火邪範圍。

二、七情——是指喜、怒、憂、思、悲、恐、驚的情緒病變，中醫配合五臟的疾患，七情的病變爲怒傷肝、喜傷心、思傷脾、悲憂傷肺、恐傷腎等。

三、其他——癘氣（一切急性傳染病的致病因素），飲食不節，過逸過勞、房室不節、外傷、虫害等所引起的疾病。

(四)中醫治療分類

一、藥物治療——包括內服、外敷、擦、貼等的治療方法。

二、針灸治療——包括針法、灸法、角法、挑法等治療方法。

三、按摩治療——包括按、揉、壓、搓、整脊、牽引等治療方法。

四、運動治療——包括內動、外動、精神、情緒等治療方法。

(五)中醫主要分科

內科、婦科、小兒科、瘡科、跌打科、痔科、眼科、喉科等。

(六)中醫主要文献

一、黃帝內經，包括素問、靈樞二經，約在春秋戰國時期寫成的，這是中醫第一部總結，初步闡述了有關生理、病理、診斷、治療以及預防等方面的主要內容。

二、本草綱目，在公元二世紀有一部神農本草經，到公元十六世紀李時珍在深入羣衆，實地考察的基礎上，寫成了藥學巨著本草綱目，譯成多國文字，對于世界醫藥有很大貢献。

三、傷寒雜病論，後分爲傷寒論與金匱要畧兩書，公元二至三世紀張仲景寫成的，發展了辨證論治的治療原則。

四、針灸甲乙經，繼靈樞之後，公元三世紀皇甫謐寫成中國針灸第一部專書「針灸甲乙經」，對世界針灸醫學有很大影响。

五、千金方，巢氏病源，針灸大成，醫宗金鑑等也是重要的文献。

(七)中醫最近發展

一、成立正規中醫學院。

二、重訂中醫教材。

三、發掘民間驗方。

四、集體整理提高。

五、中西醫結合治療，創造新醫療方法，爲世界人民健康作出貢献。

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第五期

一九七三年五月

啟思

淺談近代的知識份子

□摯友□

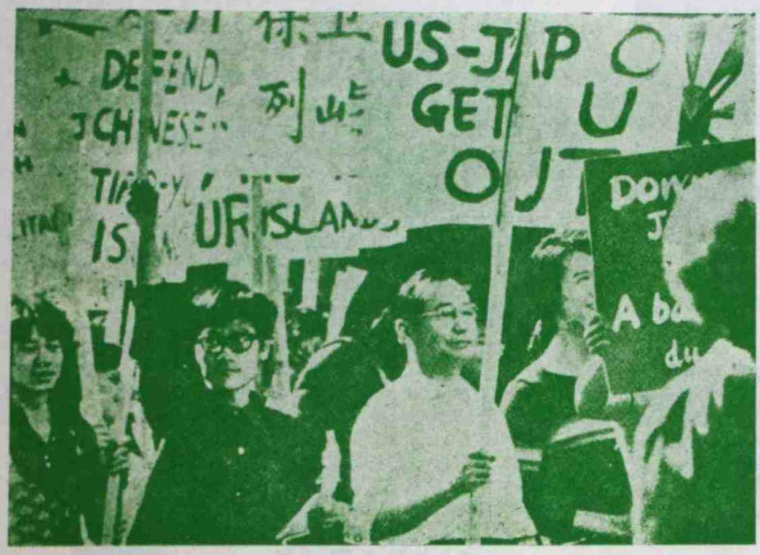
引刀成一快
不負少年頭

編者按：愛國熱血何在？五四精神何在？知識份子的責任何在？你們曾否知覺？你們可願追尋？請告訴我們這荒漠上無助的園丁。

又特以豐子愷漫畫「攢研」，供鋤家們課餘養眼之用。

攢研 豐子愷畫

當筆者談及中國近代史料實在不盡不多，尤其涉及之處頗多到社會主義信念，開始在中國知識份子心中萌芽，眞相往往被利用作宣傳工具，故筆者撰文時，引用的資料皆註明出處，客觀的史實應容不過，觀點與角度的許同的純粹是以個人看法，未知同學們的意見又如何？



尋回的五四精神

如七零年是代表「動盪」的時代，六零年就象徵暴風雨的前夕。不知在多少年頭，已潛伏着一股暗湧，在六七年終於激起浪花，弄濕了象牙塔，驚醒了多眠的學生。先有改革大學的運動，繼而試圖尋回失去已久的民族意識，揭櫫中文成爲法定語言。標榜「五四精神」的保釣運動，更掀起另一次狂潮，縱使震源來自太平洋的彼岸，身處異域的中國人，在思想及行動上始終能操演着同一的步伐。

七零年代的巨變，使弄濕了的象牙塔差不多要倒塌下來。沉默的大多數，被這一連串的巨變闇呆了。民族意識較爲濃厚的同學則大力鼓吹「認同」，儼然取得學生報輿論的領導權。

可惜，在一片吶喊聲中，同胞們不斷從大陸逃亡出來。有不少還是青年的知識份子，他們却以生命的代價來換取對大陸政權的「否定」。身處「認同」與「否定」的兩極中，迷惑的大多數更覺得迷失方向，但當冷靜下來後，他們或會憑着五四精神摸索第三條路。筆者無能爲同學們提供具體的意見，這有賴大家把眉自兒畫出來。然而，筆者盼望大家在集思廣益之際，能追懷近代的知識份子。他們爲新中國探索道路，拋頭顱，洒熱血，爲自己却換來一場悲劇，或者讀書人太不珍惜自己罷！

陳獨秀、瞿秋白等，一生已充滿啓示作用。然而啓示就好像野人獻曝，冷暖要各同學去嘗嘗。

五四運動的鼓手

共產黨創始人陳獨秀，是中國近代上一位是非人物，他既創造共產黨，右派的人視之爲敵。後來與黨却背道而馳，被黨人罵爲「叛徒」。然而，他的轉變是有一定的歷史背景。

六十多年前，他發表了一篇「文學革命論」，與胡適的「文學改良芻議」，震撼了全國衞道之士。他當時所憧憬的「革命」，是反封建，鼓吹文藝復興的民主運動，與日後的「無產階級革命」毫不相關，「政治有革命……今日莊嚴燦爛之歐洲，乃革命所之賜也。」（註一）

陳獨秀畢竟深受民主思想的薰陶，「理無絕對之是非，事以適宜爲興廢。」（註二），以一個自由主義的書生去接受極權的政制，無論如何，要註要定是悲劇收場。當日的他，以無可奈何的心境，以愛國的熱情，去把憧憬着的共產主義付諸實行。可惜却忽畧了實質的研究及批判，在「八七會議」後被排斥。他仍然賚行「無產者」雜誌，以中共衞道者自居，結果却招來更多的攻擊。身爲黨的創始人，竟對黨的政治作用毫無認識，說起來總覺得不大對勁。

後期的陳獨秀，雖然被迫出政治舞台，仍舊保存知識份子的良知，在四川省江津過着平民化的生活。他再不屬於任何黨派，「我只注重自己獨立的思想，不牽就任何人的意見……將來誰是朋友，現在全不知道，我絕對不怕孤立。(註三)」，在臨終時，他叮囑妻子：「決不可拿我遺體賣錢。」在民國初年，那種污穢的政風，陳獨秀代表愛國的良知。對搖旗吶喊的一撮，他會這樣說：「無產階級民主不是一個空洞名詞，其具體內容也和「資產階級民主」同樣要求一切公民都有集會、結社、言論……之自由，特別重要的是反對黨派之自由。沒有這些，議會或蘇維埃同樣一文不值。」（註四）

胡適亦曾說過：「我覺得他的最後思想——特別是對民主自由的見解，是他「深思熟慮」了六七年的結論，很值得我們大家想想。」（註五）。

「叛徒」中的烈士

瞿秋白這名字，正好代表在近代史上的典型悲劇人物。死時僅三十六歲，臨終前他坦白承認：「但願以後的青年不要學我的樣子，不要以爲我以前寫的東西是「代表什麼主義？」（註六），無可否認，瞿秋白是第一個有系統地把馬克思列寧主義介紹到中國來的人。畢竟他一生深受浪漫主義色彩所感染。在莫斯科，他以驚喜交雜的心情，目睹着世界第一次共產革命。當看見「幾千的赤軍，步馬砲兵……女工、兒童、少年，都列隊操演」，感情更趨激動。當「列寧末後的幾句話，埋在熱烈的掌聲中」（註七），他憧憬着一個美好的祖國。

在一九二七年，他接替陳獨秀担任黨中央領袖，一直毫無保留地献出自己的一切，「一隻羸弱的馬拖着幾千斤的輜重車，走上了險峻的山坡，一步步的往上爬」（註八）。縱然後來被排斥中央政治局外，他仍拖着疲弱的身軀回到上海，與魯迅等一塊兒從事文藝鬥爭，在蘇區以外，爲共產黨開闢第二個戰場。

紅軍長征時，他已染有嚴重的肺病，而命令却要他留下作殿後工作。被捕後，瞿秋白大可作一個頂天立地的烈士，正因爲具備雙重性格，他不希望「革命同志誤認叛徒爲烈士。」在獄中撰寫了「多餘的話」，「知我者，謂我心憂，不知我者，謂我何求？」（註九）

在臨刑前，他盤膝而坐，向射手問道：「這個姿勢對不對？」（註十）短短的一生，就此了結，瞿秋白在思想上的挑戰，甚至那「視死如歸」的精神，充份表現文學上的革命浪漫主義色彩。以他的基本氣質，實不應踏足政治舞台，尤其是布爾雪維克的泥沼。他的最後覺醒，雖然挽救不了自己的生命，但被捕後的懺悔（註十一），對當代知識界，特別是年輕的一輩，意義非常深遠。

同學們，這兩位傑出的早期共產黨員，尤其是瞿秋白這名字，聽來或許陌生。是的，他們已在九泉之下，對當權者再無利用價值，但你或會僥倖尋回他們的影子，說不定就在你背後，近代中國的知識份子，永遠是站在最前列，心靈中永遠祇有一個信念——

請告訴我誰是中國人，

啓示我，如何把記憶抱緊；

請告訴我這民族的偉大，

輕輕的告訴我，

不要喧譁。

——節錄聞一多的「祈禱」。

註一：陳獨秀：「文學革命論」一九一七年。

註二：陳獨秀：「今日之教育方針」。

註三：陳獨秀寫給陳其昌的信。一九三七年十一月。

註四：陳獨秀：「我的根本意見」第八條。一九四〇十一月。

註五：胡適在「陳獨秀的最後見解」一書的序言。

註六：瞿秋白：「何必說？——代序」。一九三五年五月。

註七：瞿秋白：「莫斯科的赤潮」。一九二一年六月。

註八：瞿秋白：「脆弱的二元人物」。

註九：瞿秋白：「告別」。

註十：司馬璐：「瞿秋白傳」。

註十一：瞿秋白：「多餘的話」。