

Caduceus

MEDICAL STUDENTS' CENTRE,
SASSOON ROAD,
HONG KONG.

VOLUME 1 NO. 11

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

15TH NOVEMBER, 1969

EDITORIAL

MEDIC NIGHT

Students nowadays are enthusiastic over reforms. They want to annihilate any old tradition which is standing in the way of their ideals. However, it is a pity that no such attitude existed towards our Medic Night. The Editors are not trying to be iconoclastic. Neither are we intending to be censoriously 'hounding' after the Society function. It is merely that time has come for revolutionary sublime changes in our Medic Night.

Year after year, we have witnessed that the five classes put on their plays. To our dismay, some of them repeatedly turned into wanton abuses of the blessed knowledge we have acquired. *Double entendre* is a commonplace. Scurrilous jokes coloured with indecent gestures are far from a rarity: for example, the "Vitasoy joke" this year. In fact, if one were present in the Lok Yew Hall that evening, one might have wondered whether or not one had been thrown back into the time of ancient Rome to face the jesters making their *scurrilitas*. Although the jokes are more refined than most of those found in the Second Union Night, we nevertheless reprehend such ignominious performance to be found among the doctors-to-be. It is not because we lack a sense of humour, but because we conceive that medical students should start cultivating a character of sobriety and high integrity once they have landed on the rim of the medical profession.

The world is still full of hunger, starvation and diseases. Instead of making further indecent assault on human dignity with such vulgar jests, we may as well start commiserating with the patients on their sufferings, which we hope we can eradicate in the future. Then we shall have more room in our heart for meaningful and decent themes, along which future plays in the Medic Night can follow. Let us hope that we shall have the determination and integrity to bring forth such a change in our future Medic Nights!

"Awake from your drunken stupor and
Return to sober sense and your right minds,
And stop your transgressive ways,
I say this to your shame . . ."

— Corinthians

CLASS NEWS

C.E.

Final Year Class Committee

Class Representatives:

Mr. Michael Mak
Miss Rebecca Woo

Hon. Treasurer:

Mr. Wong Wing Fai

Fourth Year Class Committee

Class Representatives:

Mr. Yeung Ho Yin
Mr. Cheng Shun Kun

Social Convener:

Mr. Tsang Siu Ming

Sports Captain:

Mr. Yue Ping Hui

First Year Class Committee

Class Representatives:

Mr. Daniel Chiu Cheung Shing
Miss Angela Ng Wing Ying

Hon. Secretary:

Mr. Wong Wai Kung

Hon. Treasurer:

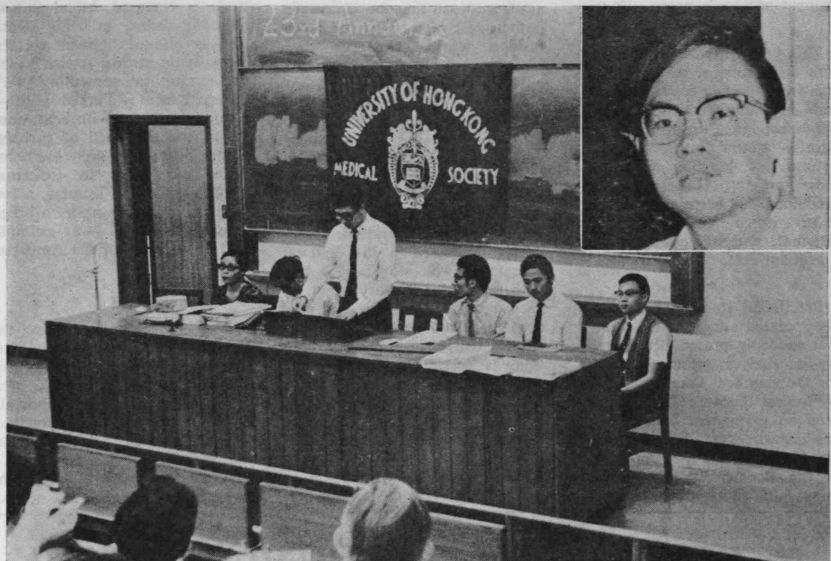
Miss Harpaud Kaur

Social Conveners:

Miss Cynthia Cheung Chi Shin
Mr. Melvyn Chu Mau Yuen

Sports Captains:

Miss Amy Cheung Hung
Mr. Lee Tze Yuen



The 23rd A.G.M. chaired by the outgoing chairman. Inset: Our new chairman, Mr. Stephen Ng.

CAMPAIGN SPEECH DELIVERED DURING THE 23rd AGM OF THE MEDICAL SOCIETY

It is always my conviction that the medical profession is respectable not only in the sense that it is a science that can cure diseases but because it is an art wherein the greatest of human virtues, the love of one's fellow-men, is manifested. A good doctor, therefore, is not only a physician that restores physical health, but also a humanitarian who relieves mental, emotional and spiritual sufferings as well.

Thus in the training of a medical student, not only should he be taught in the various specialised knowledge in the combat of diseases, but what I consider more important is the love, care and concern for the sick, underprivileged and unfortunate. However, this latter aspect of our education seems to be neglected, and we medical students are often criticised as

being arrogant and selfish and think of nothing but our own fame and fortune after graduation.

This I must say is only partly true; for among the medical students there are those who really understand the holiness of their profession and care for the sorrows and sufferings of the less fortunate. Thus we see in the medical society such activities as Christmas carolling to hospitals and the establishment of the Elixir loan fund for needy students and in any work camp or social service group one can always find medical students.

However these are not the only ways we can serve society. As members of the unique medical school in our community, there are a lot more which we medical students should do, and I think it is the responsibility of

the medical society to organise and arrange these social services.

As we are trained to restore health, it is in this respect that we can render our greatest service to society, and it is our proposed plan for next year that the medical society should turn its attention to community health projects. I personally would favour a mass blood donation campaign. But this is not the only project we can take up. From the experience gained by this first attempt we can embark on other projects which we have listed out in our proposed plan. This is the first-time the medical society takes up such large scale projects and the effort of every single member is needed for its success. However it is not so much the success that we are concerned as the arousal of social consciousness in our members so that during their stay in this university they learn not only the science to cure but also the art to love. (S. N.)

THE HONG KONG OTORHINOLARYNGOLOGICAL SOCIETY

The 1st Biennial General Meeting of the Hong Kong Otorhinolaryngological Society was held on 9th October, 1969 at 9 p.m., with Dr. George Choa in the chair.

The following Office bearers were elected for the years 1969-1971;

President:

Dr. C.T. T'ang

Vice-President:

Dr. S. K. Lee

Hon. Secretary-cum-Treasurer:

Dr. John P. K. Lau

Council Members:

Dr. Daniel K.F. Wong
Dr. K.Y. Cheung.

Some amendments of the Society Constitution were made.

Followed by the past Hon.

Secretary's report on the Society's past activities.

LECTURE NEWS

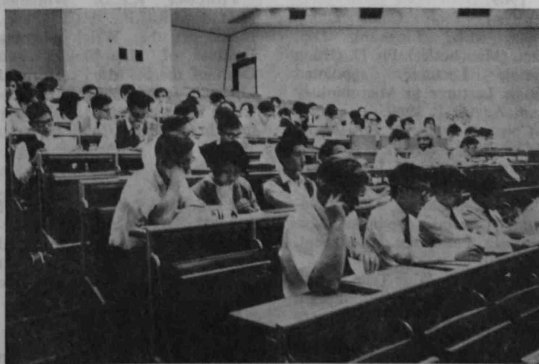
The First Digby Memorial Lecture entitled

"Retrospect and Prospect: Reflections on Surgical Practice and Education"

will be delivered by

Professor Sir John Bruce, C.B.E., M.B., Ch.B., F.R.C.S. Regius Professor of Clinical Surgery University of Edinburgh on Tuesday, November 18, 1969 at 5.20 p.m.

in the Pathology Lecture Theatre Queen Mary Hospital Compound, Pokfulam Road Hong Kong



23rd AGM moderately congested!

Executive Committees, 1969-70 of the Medical Society, H.K.U.

Chairman

Stephen Ng

General Secretary

Ambrose Ng

External Affairs Sec.

Wong Shou Pang

Financial Secretary

Vincent Leung

Social Secretary

Grace Tang

Sports Secretary

Wong Chun Chung

Internal Affairs Sec.

Andrew Ho

UNDER THE SUN

YOUNG MAN

The circulation of Caduceus is not confined among medical students. The other day, I saw a secondary school girl displaying it in a public vehicle. Professors and lecturers alike read it. There is also solid evidence that even Police Forensic Pathologists read it.

There is a host of words that many medical students cannot spell correctly e.g. vomiting, pruritis, sympathectomy and porto-caval shunt. (This may even persist to their days of internship.) The names of their tutors are not immune to this insult, e.g. adding an extra 'h' to an eminent surgeon's name.

This year's Medic Nite left us with a memory of cold, tasteless and unidentifiable food. The wits and ingenuity which students displayed in dragging their tutor's 'affairs' into the plays wrung out laughter from all those present. However, it is ridiculous for some students to make a ridicule out of their own classmate and still consider it as a brilliant feat.

Preclinical students are often disappointed on finding books that suddenly present themselves on the shelves out of the blues for the very first time years after publishing because they have been on permanent loan to various departments. Whether they should belong to the library or to the department, we do not know. In this respect, the re-

served collection in the library counter is more useful than those on the other shelves, as no one can take them out from the library for more than a very limited period of time.

In a recent issue of the Undergrad, we learn that the Union tie is the latest rage to hit the local fashion world. However, the Union canvas bag with its mammoth-sized badge has been an old flame, dating back many years. There is quite a number of people walking around town with this bag slung on their shoulders, who, by age, personal acquaintance or otherwise, are not in the least likely to be Union members. Indeed, I was deeply impressed by the sight of a 'carrier' who wore shoes but with no socks in a busy street. If he were indeed a University student, had had certainly disgraced the University. Since everything is possible under the sun, the Medic tie may be the next to fall victim to fashion designers. When that day comes, the streets will be flooded with Medic-tie-clad individuals and you can easily identify people as junior medical students by the

simple observation that they wear no Medic ties.

Contrary to general belief, lots of things are happening in Social Medicine, including the imminent examination. After a visit to the Abattoir, Medical students emerged blood-stained, with the danger of being identified as insane choppers on the loose in the streets. A visit to the Incinerator is something very different from a Turkish bath — it fumigated you with heat, dust, steam and the smell of garbage. Comparatively leisurely are home visits and visits to ice-cream factories. Even in lectures, a few lecturers can possess a high sense of humour — as exemplified by the case of the Ambassador to India.

Medical students entering the threshold of the University Clinic are almost invariably automatically labelled as people who make a big fuss out of minor ailments. Whether this coronation is justifiable or not depends on the individual cases. However, it is this very sensitivity among the lay public that allows a general

practitioner to thrive prosperously (and also early detection and treatment of serious illness).

During the anti-cholera campaign, some students were shocked to find the nurse in the University Clinic trying to needle them with the same syringe. She must have strong reasons behind her, especially when facing people who are aware of the complication that may well follow this. However, if the students are really scared of hepatitis, they have every right to refuse injection. If they are dying to get that shot, they can get as much as they can tolerate at the Q.M. casualty where there are no queues and where disposable syringes do not get out of stock. Moreover, there, those who are afraid of fiery nurses can get a dresser to do it.

Students who attend OPD without putting on their 'butcher's' coats (I hope the Cat don't mind my borrowing this expression) must be prepared for embarrassment. They may be treated by mistake as patients. This has happened before.

Luckily, that one got only a warm welcome, not a haemorrhoid injection.

Some months ago, a foreign magician appearing on television asked a young lady victim to imitate his trick of inverting a bottle without allowing the water to splash out. As expected, she failed flatly. Upon this, the magician remarked, "This young lady can't hold her water." It doesn't take an eminent urologist to guess what was flashing through his mind at that moment.

Housemen have always been described as the lowest animal in the hospital. However, this raises one important problem: Where do Medical students belong — parasitic bacteria or sucking leeches? So whenever any breakage is discovered, it is automatically considered a student's feat, no matter whether there is any sound evidence or not. One fine afternoon, a voice cackled very confidently in the OPD, "It was done by a s-TU-dent!"

SPORTS NEWS

KNOW OUR FACULTY TEAMS

The following players have been chosen by the respective team captains to represent the Faculty in the interfaculty competitions.

Soccer: 1. Chan Kwok Ping, 2. Kwan Po Yuen, 3. Yeung Chan Yin, 4. Wong Chun Kuen (Capt.), 5. Paul Yip, 6. Lee Pui Yin, 7. Lam Kwong Ming, 8. James Hwang, 9. Ambrose Ng, 10. Cheung Kui Sing, 11. Godfrey Man, 12. Wong Chun Chung.

Hockey: 1. Laurence Lai, 2. Yeung Chan Yin, 3. Timothy Teoh, 4. Lim Thuan Lot, 5. Abbas Victor, 6. Gan Tong Eng, 7. Harpaul Singh, 8. James Hwang, 9. Godfrey Man, 10. Yeung Kwok Ping (Capt.), 11. Tan Kwok Thy, 12. Wong Yin Wai, 13. Wong Chun Chung.

Squash: 1. Paul Yip (Capt.), 2. York Chow, 3. Chung Hon Wai, 4. Chan Kuen Yuen, 5. Yeung Wah Hin.

Badminton: 1. Roger Pan, 2. York Chow, 3. Tan Kwok Thy, 4. Paul Yip, 5. Tao Shau Ying, 6. Chan Kwong Fai (Capt.), 7. Choi Wai Wan, 8. Lee Pui Keung, 9. Allen Heng.

News From The University Gazette

Appointments

Rosie Young Tse Tse, M.D. (Hong Kong), F.R.C.P. (Edinburgh), M.R.C.P. (London), Senior Lecturer, appointed Reader in Medicine from July 1, 1969.

(Mrs.) Huang Chan Shuk-Tse, M.B. (National Chung Cheng Medical College), Lecturer, appointed Senior Lecturer in Anatomy from July 1, 1969.

Lai Kai Sum, M.B., B.S. (Hong Kong), Ph. D. (Edinburgh), M.R.C.P. (Edinb.) Lecturer, appointed Senior Lecturer in Medicine from August 1, 1969.

(Miss) Liu Hin-Ching, B. Sc. (Sun Yat-sen), Ph. D. (H.K.), Lecturer, appointed Senior Lecturer in Anatomy from August 1, 1969.

(Mrs.) Teoh Chan Ching Haan, M.B. (Lingnan), Dip. Bact. (Manchester), Ph. D. (Hong Kong), Lecturer, appointed Senior Lecturer in Microbiology from August 1, 1969.

Constant Cheng Po Kong, M.B., B.S. (H.K.), Assistant Lecturer, appointed Lecturer in Physiology from August 1, 1969.

Shih Chi-Ching, M.B. (National Taiwan), appointed Lecturer in Pathology from Sept. 29, 1969.

(Miss) Lee Wai Tsun, M.B., B.S. (H.K.), F.R.C.S. (Edinburgh) appointed Lecturer in Surgery from September 20, 1969.

Mohankamur Adiseshiah, M.B., B.S. (London), M.R.C.P. (London), F.R.C.S. (England),

appointed Temporary Lecturer in Surgery for one year from October 15, 1969.

Luke Chu Ping-chong, Dip-Med. (Chekiang, China), Demonstrator, appointed Assistant Lecturer in Anatomy from August 1, 1969.

Susanna Wong Siu-Chun B.Sc. (H.K.) appointed Assistant Lecturer in Biochemistry from January 1, 1970.

External Examiners

Professor John R. Anderson, B.Sc., M.D., M.R.C.P., F.C. Path., Professor of Pathology in Glasgow University at the Western Infirmary, appointed External Examiner in Pathology for three years from 1970 to 1972.

Professor R.E.O. Williams, M.D., M.R.C.P., F.C. Path., Head of the Wright-Fleming Institute of Microbiology and Dean of the St. Mary's Hospital Medical School, appointed External Examiner in Microbiology for three years from 1970 to 1972.

Professor Sir John Bruce, C.B.E., M.B., CH.B., D.Sc., F.R.C.S., Regius Professor of Clinical Surgery at the University of Edinburgh, appointed External Examiner in Surgery at the Final Examination to be held in November, 1969.

Prize

The Mun Gold Medal in Psychiatry has been awarded to Andrew Hua Sui-Ping.

A new product of British Research

Ventolin INHALER

(Salbutamol)

Trade Mark

MORE SELECTIVE · LONGER ACTING · MORE EFFECTIVE



A NEW STANDARD IN BRONCHODILATOR THERAPY

Previously available β -adrenergic stimulants such as isoprenaline and orciprenaline act on the β_1 receptors of heart muscle as well as on the β_2 receptors of bronchial muscle. Consequently, undesirable increases in heart rate and pulse pressure sometimes occur when these drugs are used to produce bronchodilation. Ventolin is different: first, because it is highly selective in its action, affecting primarily β_2 receptors; second, because it is more effective than existing bronchodilators; and third, because it is longer acting.

MORE EFFECTIVE

Clinical trials have shown that Ventolin Inhaler is a more effective bronchodilator than isoprenaline or orciprenaline when given by inhalation.

LONGER ACTING

Ventolin is long-acting, its effect persisting for at least four hours. By contrast, isoprenaline, even in large doses, has a characteristically intense but much shorter effect. In a study using whole-body plethysmography, inhalation of 100 μ g of Ventolin produced an almost immediate maximal increase in airway conductance which was sustained for four to six hours.

MORE SELECTIVE

No side effects have been reported with therapeutic doses of Ventolin Inhaler. In studies comparing Ventolin with isoprenaline, a major difference found was that Ventolin did not stimulate the heart or affect the blood pressure, even after inhalation of a relatively large dose.

MORE ACCEPTABLE TO PATIENTS

Patients expressed a marked preference for Ventolin Inhaler in double-blind studies comparing Ventolin with aerosols containing isoprenaline or orciprenaline.

SAFETY IN USE

Past experience suggests that misuse of aerosol bronchodilators by asthmatic patients may lead to dangerous effects on the heart or give a false sense of security to patients with incipient status asthmaticus. Ventolin Inhaler has no effect on the heart in therapeutic dosage and has a long duration of action. Both these properties provide additional margins of safety; the lack of cardiac effects should reduce any likelihood of deaths due to ventricular fibrillation and the long duration of action makes it possible for patients to realise in time if the drug is becoming less effective. Because an effective treatment with Ventolin Inhaler should last for at least four hours, patients have been advised to consult their doctor immediately if the effect lasts for less than three hours, so enabling the doctor to take timely action.

Ventolin is a Trade Mark of ALLEN & HANBURYS LTD LONDON E2 ENGLAND

AGENT: Danby & Hance Ltd., P.O. Box 165, 405, Edinburgh House, Queens Road Central, Hong Kong



By The University of Hong Kong Clinical Pathology Laboratories

We are printing lists of normal values in this issue, and we hope that members of the medical profession will find them useful.

CLINICAL CHEMISTRY SECTION

GENERAL HAEMATOLOGY		NORMAL VALUES (Adult)		TEST		REMARKS		NORMAL VALUES	
Some of these values are subject to alteration when normal values for Hong Kong are available									
Haemoglobin		Male: 13.5—18 G%; Female: 11.5—16.5 G%		Alkaline Phosphatase				Adults 4—11, Children 5—12 K-A units/100 ml	
RBC Count		Female: 3.9—5.6; Male: 4.5—6.5 X 10 ⁶ /mm ³		Acid Phosphatase		Avoid haemolysis (AH)		1.5—3.5 K-A units/100 ml	
Microhaematocrit		Male: 40—54%; Female: 35—47%		Amylase				80—180 Somogyi units/100 ml	
Reticulocyte Count		0.2—2%		Bilirubin		AH		0.1—0.5 mg/100 ml	
White Cell Count		4000—10,000/cu.mm.		Thymol Turbidity		Interference by heparin and lipaemia.		0—4 units	
Differential WBC Count		N: 40—75% 2500—7500/mm ³ ; L: 20—45% 1500—3500/mm ³ ; Mono: 2—10% 200—800/mm ³ ;		Zinc Sulfate		AH		0—8 units	
		Eosin: 1—6%; Baso: 1%		SGOT		AH		4—40 Cabaud units	
Absolute Eosinophil Count		40—440/mm ³		SGPT		AH		1—45 Cabaud units	
Platelet Count		150,000—400,000/mm ³		Protein		Interference by BSP		6.5—7.9 gm/100 ml	
ESR		Male: 0—15; Female: 0—20 mm/1st hr. (Westergren)		Albumin				4.2—5.2 gm/100 ml	
				Globulin				1.5—3.0 gm/100 ml	
				Protein Pattern				As % total protein: albumin, 52—58; globulins, α ₁ 2.4—5.3; α ₂ 6.6—13.5; β 8.5—14.5; γ 10.7—21.0	
				Cholesterol		AH		140—280 mg/100 ml	
				Urea				14—38 mg/100 ml	
				Uric Acid				2—7 mg/100 ml	
				Creatine		Interference by BSP		0.3—0.6 mg/100 ml	
				Creatinine		Interference by BSP		0.1—1.5 mg/100 ml	
				Potassium		AH. Deliver immediately		3.8—5.2 mEq/L	
				Sodium				136—149 mEq/L	
				Chloride		Interference by BSP		100—107 mEq/L	
				CO ₂ Combining Power (Heparin)		AH. Deliver immediately		23—28 mEq/L	
				Calcium		Interference by EDTA		4.7—5.5 mEq/L	
				Iron				110—130 μgm/100 ml (diurnal variation)	
				Inorganic Phosphate (as P)				2.8—4.2 mg/100 ml	
				Glucose (Fluoride)		Rotate vial to dissolve fluoride		63—100 mg/100 ml	
				R-A/C-R Protein				No flocculation: negative	
				Caeruloplasm		AH			
				Creatine Phosphokinase		Interference by haemolysis		Different units may be employed for the same enzyme depending on the method and conditions of assay.	
				Lactic Dehydrogenase		AH			
				Aldolase		AH			
				Lipase					
				Pyruvic Acid (10% TCA)		Measure volume exactly		1—2 mg/100 ml	
				Lactic Acid (10% TCA)		Measure volume exactly		5—20 mg/100 ml (therapeutic) 20—25 mg/100 ml	
				Salicylate				(5 mg/Kg dosage) < 10% at 30 min; < 3% at 60 min.	
				BSP		AH		0.2—0.4 gm/100 ml	
				Fibrinogen		Rotate vial gently and let stand			
				URINE (24 hours)					
				Copper		Use stringent precautions to avoid contamination with Cu		< 70 μgm per 24 hrs.	
				Iron					
				Inorganic Phosphate (as P)				nil per 24 hrs.	
				Calcium				0.3—1.0 Gm per 24 hrs.	
				Chloride (as NaCl)		Interference by EDTA		50—400 mg per 24 hrs.	
				Potassium				10—14.6 Gm per 24 hrs.	
				Sodium				1—5 Gm (26—123 mEq) per 24 hrs.	
				Diastase				1—5 Gm (43—217 mEq) per 24 hrs.	
				Creatinine				6—30 Wohlgemuth units/ml per 24 hrs.	
				Urea		Keep specimen refrigerated		Adult 15—25 mg/Kg body weight per 24 hrs.	
				Uric Acid				12—35 Gm per 24 hrs.	
				Porphobilinogen (qual.)				250—750 mg per 24 hrs.	
				Porphyrins (qual.)		Refrigerate, deliver promptly		Below 2.0 mg per 24 hrs.	
				Xylose (5 hours)				80—250 μg per 24 hrs.	
						(25 Gm does) 4—9 Gm/5 hr; (5 Gm does) over 1.2 Gm/5 hr			
								50—200 mg per 24 hrs.	
								0—160 μgm per 24 hrs.	
								Below 1 mg per 24 hrs.	
								1.8—7.1 mg per 24 hrs.	
						= Total 17-ketogenic steroids		Adult male 8—26 mg } Output varies with sex and age	
								Adult male 6—20 mg }	
								Below 10 mg per 24 hrs.	
								Adult male 4.7—7.3 mg as glucuronic acid per 24 hrs.	
						Refrigerate			
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						Refrigerate			
								Adult male 4.7—7.3 mg as glucuronic acid per 24 hrs.	

GENERAL HAEMATOLOGY		NORMAL VALUES (Adult)		TEST		REMARKS		NORMAL VALUES	
Some of these values are subject to alteration when normal values for Hong Kong are available									
Haemoglobin		Male: 13.5—18 G%; Female: 11.5—16.5 G%		Alkaline Phosphatase				Adults 4—11, Children 5—12 K-A units/100 ml	
RBC Count		Female: 3.9—5.6; Male: 4.5—6.5 X 10 ⁶ /mm ³		Acid Phosphatase		Avoid haemolysis (AH)		1.5—3.5 K-A units/100 ml	
Microhaematocrit		Male: 40—54%; Female: 35—47%		Amylase				80—180 Somogyi units/100 ml	
Reticulocyte Count		0.2—2%		Bilirubin		AH		0.1—0.5 mg/100 ml	
White Cell Count		4000—10,000/cu.mm.		Thymol Turbidity		Interference by heparin and lipaemia.		0—4 units	
Differential WBC Count		N: 40—75% 2500—7500/mm ³ ; L: 20—45% 1500—3500/mm ³ ; Mono: 2—10% 200—800/mm ³ ;		Zinc Sulfate		AH		0—8 units	
		Eosin: 1—6%; Baso: 1%		SGOT		AH		4—40 Cabaud units	
Absolute Eosinophil Count		40—440/mm ³		SGPT		AH		1—45 Cabaud units	
Platelet Count		150,000—400,000/mm ³		Protein		Interference by BSP		6.5—7.9 gm/100 ml	
ESR		Male: 0—15; Female: 0—20 mm/1st hr. (Westergren)		Albumin				4.2—5.2 gm/100 ml	
				Globulin				1.5—3.0 gm/100 ml	
				Protein Pattern				As % total protein: albumin, 52—58; globulins, α ₁ 2.4—5.3; α ₂ 6.6—13.5; β 8.5—14.5; γ 10.7—21.0	
				Cholesterol		AH		140—280 mg/100 ml	
				Urea				14—38 mg/100 ml	
				Uric Acid				2—7 mg/100 ml	
				Creatine		Interference by BSP		0.3—0.6 mg/100 ml	
				Creatinine		Interference by BSP		0.1—1.5 mg/100 ml	
				Potassium		AH. Deliver immediately		3.8—5.2 mEq/L	
				Sodium				136—149 mEq/L	
				Chloride		Interference by BSP		100—107 mEq/L	
				CO ₂ Combining Power (Heparin)		AH. Deliver immediately		23—28 mEq/L	
				Calcium		Interference by EDTA		4.7—5.5 mEq/L	
				Iron				110—130 μgm/100 ml (diurnal variation)	
				Inorganic Phosphate (as P)				2.8—4.2 mg/100 ml	
				Glucose (Fluoride)		Rotate vial to dissolve fluoride		63—100 mg/100 ml	
				R-A/C-R Protein				No flocculation: negative	
				Caeruloplasm		AH			
				Creatine Phosphokinase		Interference by haemolysis		Different units may be employed for the same enzyme depending on the method and conditions of assay.	
				Lactic Dehydrogenase		AH			
				Aldolase		AH			
				Lipase					
				Pyruvic Acid (10% TCA)		Measure volume exactly		1—2 mg/100 ml	
				Lactic Acid (10% TCA)		Measure volume exactly		5—20 mg/100 ml (therapeutic) 20—25 mg/100 ml	
				Salicylate				(5 mg/Kg dosage) < 10% at 30 min; < 3% at 60 min.	
				BSP		AH		0.2—0.4 gm/100 ml	
				Fibrinogen		Rotate vial gently and let stand			
				URINE (24 hours)					
				Copper		Use stringent precautions to avoid contamination with Cu		< 70 μgm per 24 hrs.	
				Iron					
				Inorganic Phosphate (as P)				nil per 24 hrs.	
				Calcium				0.3—1.0 Gm per 24 hrs.	
				Chloride (as NaCl)		Interference by EDTA		50—400 mg per 24 hrs.	
				Potassium				10—14.6 Gm per 24 hrs.	
				Sodium				1—5 Gm (26—123 mEq) per 24 hrs.	
				Diastase				1—5 Gm (43—217 mEq) per 24 hrs.	
				Creatinine				6—30 Wohlgemuth units/ml per 24 hrs.	
				Urea		Keep specimen refrigerated		Adult 15—25 mg/Kg body weight per 24 hrs.	
				Uric Acid				12—35 Gm per 24 hrs.	
				Porphobilinogen (qual.)				250—750 mg per 24 hrs.	
				Porphyrins (qual.)		Refrigerate, deliver promptly		Below 2.0 mg per 24 hrs.	
				Xylose (5 hours)				80—250 μg per 24 hrs.	
						(25 Gm does) 4—9 Gm/5 hr; (5 Gm does) over 1.2 Gm/5 hr			
								50—200 mg per 24 hrs.	
								0—160 μgm per 24 hrs.	
								Below 1 mg per 24 hrs.	
								1.8—7.1 mg per 24 hrs.	
						= Total 17-ketogenic steroids		Adult male 8—26 mg } Output varies with sex and age	
								Adult male 6—20 mg }	
								Below 10 mg per 24 hrs.	
								Adult male 4.7—7.3 mg as glucuronic acid per 24 hrs.	
						Refrigerate			
								Adult male 4.7—7.3 mg as glucuronic acid per 24 hrs.	

GENERAL HAEMATOLOGY		NORMAL VALUES (Adult)		TEST		REMARKS		NORMAL VALUES	
Some of these values are subject to alteration when normal values for Hong Kong are available									
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R									

啟思

香港大學學生會
醫學會月刊

第一卷
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一九六九年十一月十五日

The views expressed by our contributors are not necessarily those of the editorial board.

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評 Medic Nite SILEL

的戲劇表演

年前首次看 Medic Nite，回來心裏想自己還未看過一個更糟的戲劇晚會。今年，抱著捧場的心情，以局外人的眼光，在喧嘩、狂笑、和怪叫的陸佑堂裏，倒也看到些以前沒有留意的地方。

首先還是談談各級的演出罷：

一年級——似乎這總是比较弱的一場；今年也沒有例外。劇情結構散漫，又加上演員的聲調不夠（更沒有盡量利用米高峯），結果是完全不能吸引觀眾。內容更是老調子：Medic 學生的「狂舞」、Soc Gath、大國手嬉春等等，全無創意。至於演員倒還中規中矩，有一兩位演技更是不錯。不過，值得一提的，就是台下那些完全不負責任（達到沒有理性程度）的喧嘩和搗亂，真教人爲這羣在台上盡力的同學，感到不平！

二年級——這是全晚唯一能自始至終，都洋溢著濃厚舞台劇氣氛的表演。演員們適當地誇張他（她）們的化妝和扮相，鮮明的表現出他（她）們所代表的形象；加上簡潔對白，完全以動作表現劇情。這點，編導的真的要記上一大功。不過，最令人可惜的是：到了中段，表演卻流於過火，尤其是男扮女裝跳舞的那一場，表演的同學太過份的誇張了，有趣和令人嘔心，就是那麼一線之隔！

三年級——他們的表演可分兩截來看。上半段簡直就不是戲劇：是座談會，是播音劇！觀眾只看到幾個人坐在台上高聲談話，至於所談內容，不提也罷。可是，下半段的戲却出奇的好，有戲劇性的衝突，演得也好，特別是女主角那一段 Thinking-but-Aloud，和自作多情的醫學生生的那幾句 Aside，真是令人叫絕。如果不是上半場的失敗，可算得是整晚最成功的演出。

四年級——起先的一小段 Introduction，拖得太長，累悶。轉入正場還算好，在充滿「味道」的對白中，有著一波三折的劇情，使演員們能充份的表現他們的演技，特別是「笨拙先生」和與他做對手戲的年青醫生，真的令人拍案叫好。編劇的功力可謂不弱，但在結尾却企圖洗脫「俗」氣，把 O.T. 解釋爲 Kidney 的移植，想掉

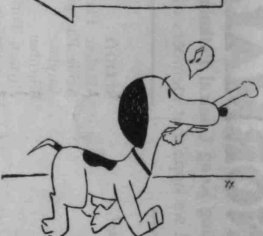
轉頭嘲笑觀眾。但他却忘記了先前那些露骨的對白和動作，因此不能達到預期效果，只得自暴其醜耳！

五年級——是一段令男觀眾嘩然，女觀眾「面紅」的前奏，跟著以舞台劇所能容許的誇張手法，表現「生育醫院」裏的怪現象。演出效果實在平平，但是演員平均，戲劇性也够，因此和其他表演比較，得獎也是合情合理的事。

觀乎以上所談，大家可以看到我們的 Medic Nite 的幾個「特」點：一、內容的貧乏——就好像孫悟空怎樣翻筋斗，也走不出如來神掌之間一樣，我們聰明的醫學生也總是在「性」和「醫院」這些題材上打主意，五個戲中，竟然沒有一個能擺脫這個範圍，連一年級的新生也不能例外，真是可嘆！難道醫學院學生的意識形態，就只有這些？不要忘記，我們是大學生，是智識份子！同學們，把眼光放遠點吧！看看這個社會，這個世界，利用你們的才幹，將新的生命注入這個頹廢的 Medic Nite 中！

二、演出效果不佳——相信主要在陸佑堂音響效果的不如理想。演員的對話，總是不能「落台」，結果只有借助米高峯，而處處阻礙劇情的發展。這本是無可奈何的事，但我們可以避免就輕，以動作表現，而必要的對白可用錄音機和擴音器輔助，就好像今年二年級的同學一樣，可免了演員只限於在「咪」前做戲的弊病。三、會場的紛亂——一方面，這本是無可厚非，因爲這是台上和台下打成一片的必然結果，但這却限制了 Medic Nite 成爲一個有教育，有文化的 function。事實上，如果你想表現些什麼，會場的氣氛，却不容許你這麼做。故此，這實在是 Medic Nite 的致命傷。走筆至此，忽然想起一位文科同學的說話：「你們這班 Medic 佬真是全無文化！」可能他只是「一竹篙打盡一船人」，但看看我們 Medic Nite 給人的印象，不禁面紅起來。同學們，還不醒覺！編者按：讀者對此文有何異議或感想，請慷慨來稿「啟思」。

GOOD OL' SMOKY



NEWS IN BRIEF

- Medic Nite — This last social function of session 1968-69 was held on 21st October at 8.00 p.m. in Loke Yew Hall. As usual, it consisted of a series of light drama presented by the various classes. Dr. C.H. Leong was kind enough to act as the adjudicator and Final Year emerged first. Presentation of Braga Cup (to 3rd year) and various other sports souvenirs followed, and the day ended with a hilarious dinner.
- Film-show — The Fraternity Committee arranged a film-show titled "Valvuloplasty of Mitral Stenosis" on 24th October at 5.30 p.m. in the Physiology Theatre. Colourful and fantastic, it attracted a full-house attendance, including many from the 1st year.
- Elixir Loan Fund — The Elixir Loan Fund application forms are now available at the Dean's Office. It should be returned before 25th November, 1969.

MIMS ORIENTAL

A monthly index of medical specialties (MIMS) is now being made available by the publishers in a Far East regional edition, free of charge, to all registered medical practitioners and hospital chief pharmacists in Hong Kong. Doctors who are not already receiving free copies of the index should get in touch with the publisher's representative at P. O. Box 666, Kuala Lumpur, Malaysia.

Memorandum

Clinico-Pathological Conferences

November 27th

Students' Session in conjunction with the Department of Medicine

December 11th

A Patient with Coma
Dept. of Surgery.

Corrections for the Last Issue

The Editors apologize for a misprint in the Executive Board (1969-70) of the Asian Regional Medical Students Association. The correct version should read:

President:
Lee Wah Hin (Singapore)

Vice-President:
Abdul Radzak (Indonesia)

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