Caduceus

MEDICAL STUDENTS' CENTRE,
SASSOON ROAD,
HONG KONG.

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EDITORIAL

A new cabinet now sits in the Medic Council, so that opportunity is open to fresh improvement, and for new recruits to exercise their initiative, their responsibilities, and their ability.

It is hoped that the present Medic Council will continue to maintain all the virtues gained hitherto by the past council ex-co members, but an additional burden is laid on them to improve, and to carry out new projects and programmes successfully, which has been said to be their aim during their campaigning round the campus. Such enthusiastic effort and time the Council members are willing to offer should receive rewarding response from the students. It is time for encouragement for greater effort in attending more co-operation and more understanding between the council and the fellow students.

May I on behalf of the Society hereby take the opportunity to appeal to all fellow students for greater support for and active participations in all the Society's activities so that the Society maycontinue to exert itself in its effort to promote the students' welfare.

Around The Campus

The Students' Union

Several dramatic incidents during the last month have led to the resignation of the president and then several members of the Executive Committee. Who is going to face this distressful situation — the Statute XXX and XXXI ..... the student unrest and the apathy of the students? On many occassions we found difficulty in forming a quorum for a general meeting. Is it due to the general dissatisfaction among the great majority of students because we are not adequately led? We are aware of the question and do not have any answer for it. It is, however, of great importance before we can have a strong students' Union. The willingness to accept the working of a system even in principle based on the will of the majority is the essence of democracy. If one feels that the conditions reflect no adequate expression either of the will of the majority or of that respect for the rights of the minorities which is essential to the success of any democratic system, then modification or removal is needed to ensure that its functions would bear relationship to students' needs and feelings.

Senator

Mr. Stephen Ng was elected ipso facto as the undergraduate member of the Senate for the Faculty of Medicine on the 30th of November.

Drug Appeal for East Pakistan

was started since November. Letters and list of the drugs that re urgently needs were sent to the local drug firms to ask for their elp. The Pakistan Government Trade Commission in Hong Kong as promised to deliver the drugs collected by plane to the urvivers in the cyclone-ravaged coastal areas along the Bay of engal. It is hoped that other medical students' associations in outh East Asia will respond to this drug appeal program. Letters ere sent to the member countries of ARMSA to ask for their upport for this relief program.

arbecue

The traditional medic barbecue was held on the forth of ecember at Medic Centre instead of the Sports Centre. This will ossibly be the last occasion we can have on the lawn in the Medic entre as work will start soon for the extension of the Medic entre. The occassion was honoured by the presence of Professor uang, the President of the Medical Society, Dr. Chen-Teoh and e Vice-President Dr. S.T. Chan. The champion of the inter-class nging competition during the occassion was the fourth year.

Medical Education in China

by Laurence Chan

The changes of Medical Education in China correlated with the modernization of Chinese education along the Western lines. It can be divided into three periods. They illustrate the complete transformation of the system along modern lines and are reflective of the three stages of China's response to the West. When the Communists took over in 1949 a complete change was anticipated.

Under the Chinese Communist policy of party controlled education, neither private nor foreign – financed schools were allowed to exist. As soon as the regime became secure, confiscation of these schools started. The Peking Union Medical College which was founded by the Rockefeller Foundation was taken over by the government. St. John's University and many other missionary medical colleges were confiscated, abolished, or put through complete changes in administration. The administrators were replaced by the communist cadre. The total number of medical schools was reported to be 38 and the number of students was increased to forty-nine thousands in 1958. In 1966 there were eighty medical school in China. As with all statistics from Communist China critical analysis is necessary in view of their political implication.

Most of the medical schools adopted a five or six years course. The First Peking Medical College has a six-year course while the Second Pedking Medical College has a five-year course. The curriculum of the medical course in the First Medical College of Peking has three premedical and preclinical years. The final year is an intern year. The first year includes physics, chemistry, biology and anatomy; the second and third year, anatomy, physiology and biochemistry. Political studies all are important part of their medical training. Student"s political thought are given the place of first importance in their assessment rather than the students academic performance. The course of the Second Medical College of Peking which is five years has the same curriculum, but it is completed in less time and the course also stresses the importance of public health. The relationship between western and chinese traditional medicine is stressed. The Academy of Traditional Chinese Medicine in Peking was set up to give greater prominence to traditional medicine. The Sun Yat Sen Medical School in Canton also followed a six-year course. This school is composed of three universities joined in 1953 to form the Medical Institute of Canton. There are four teaching hospitals with two thousand students.

Medical research is centred in the Chinese Academy of Medical Sciences which consists of fifteen institutes. Much of the work of these Institutes is based in special hospitals. The Peking Union Hospital receives a major share of the support given to research, many of its staff being members of the Chinese Academy of Medical Sciences. The Chinese Medical College has its objective the same as it was when the College belonged to the Rockefeller Foundation which was to train lecturers and research workers. The length of th course is eight years. Sixty students are admitted each year. The first three years are premedical years. The following two years are preclinical study. The sixth and seventh years are devoted to clinical subjects and the eight year is an internship year, two months of which must be spent in a village hospital. The idea of the system was to put professional skill above all. The three premedical years were to provide a solid foundation in the natural sciences and foreign languages for advanced research. Special emphasis was put on providing up-to-date facilities. However these were criticized as counter-revolutionary revisionist education, because there has been a sharp and complicated struggle between two classes and two lines in education. The long course and loaded curriculum to upkeep the professional standard was described as the bourgeois medical education. The China Medical College of the past with its eight year period of schooling was famous for its high academic standing but was criticised for its impracticality and symbol of the bourgeois educational line by the Communist party.

Due to the influence of the Cultural Revolution, a lot of changes emerged in the sphere of medical education and practice. The medical profession and the system of education have come under political attack as symbols of the bourgeois or the revisionist. The tendency toward professionalism and elitism which is inherent in the training and practice of medicine was totally inconsistent with the atmosphere of the cultural revolution. So a complete change is inevitable. The old system of entrance examination and enrollment of students was changed. It began with the criticism and repudiation of professors and lecturers in the major national universities and then spread to other colleges of the country at large. The president of the Wuhan Medical College and Vice-president of the Chungshan Medical College were denounced. Most of the medical schools were closed during the following years. The so called educational revolution in medical schools continued. It was said that medical education had to serve proletarian politics, and so there was the emergence of "barefoot doctors" as a persistent theme in the cultural revolution: The "shifting of the centre of gravity" in medical work from the cities to the country-sides was stressed. In addition to medical objectives, the movement had broad political and economical implications.

For the last four years, medical education in communist China has remained in a vaccum. The cultural revolution has brought an enormous disaster. A large number of students were moved around the country, classes were closed and buildings were ruined during the armed struggles. Three years of the cultural revolution ruined the past effort in promoting medical education. A lot of new problems remained unsolved in the last two years and would probably remain for a long time. The Chunshan Medial School was reopened recently. Many other colleges will resume their classes but it will take sometime before they can regain their original shape. The outlook is till dim. The future is still uncertain.

Biological Effects of Radiation

A. E.

The effect of radiation on cells

The effect of radiation on cells is best studied in unicellular organisms, or on cell colonies, even though their mode of growth and development differs from that of multicellular organisms. In higher animals, irradiation limited to part of the body has general effects as well as local effects (on metabolism and on the structure of the lymphoid tissue) similar to the usual non-specific response to trauma, and on studying the cells of the part irradiated it is difficult to distinguish the specific effect of irradiation from superimposed non-specific effects.

Radiation leads to alterations in cellular structures more pronounced in the nucleus than the cytoplasm. It is not certain whether the primary effect is on some vital structural unit of the cell, or on intracellular enzymes, or even on intracellular water.

1. Effect on the nucleus

The nucleus is specially sensitive to radiation, and high dosage is immediately lethal to the cell as a whole. Smaller doses may allow mitotic division to proceeds but cause chromosomal abnormalities which prove lethal in the daughter cells. Still smaller doses, especially when applied to the gonads, may lead to gene mutations which are responsible for the appearance of new characteristics, nearly always unfavourable, in the offspring.

The cells are most vulnerable when they are irradiated during the process of mitotic division, and especially during prophase. Actively dividing cells can be killed by doses of irradiation from which resting cells recover. In the treatment of malignancies, the radiotherapist divides his course of treatment into many sessions, hoping that at one session or another all the malignant cells will be in mitosis at the moment of bombardment.

The gonads are very sensitive to radiation. Moderate doses lead to sterility. Small doses may lead to minor alterations in the chromosomes, or gene mutations, in the ova or spermatozoa. If these gene mutations are compatible with progeny, they are likely to be deleterious. The question often asked is why induced mutation is so much feared. It is to be remembered that a low rate of spontaneous mutation has operated since the beginning of time, and that the present stock represents a selection of the mutations best adapted for survival. For this reason, the chance that induced mutation will introduce useful characteristics is small, and there is an overwhelming probability of repeating mutations which competition for survival has already eliminated.

The mechanism by which radiation affects the cell nucleus is incompletely understood, but recent studies have shown that within half an hour of irradiation, the synthesis of desoxyribonucleic acid (DNA) is retarded. As cell division depends on the formation of DNA, it is probable that the effect of irradiation in delaying mitosis is a direct consequence of impaired DNA synthesis.

2. Effect on the cell cytoplasm

The effect of radiation on the cytoplasm is much less obvious than the effect on the nucleus. With high dosage, the cell dies immediately. With smaller doses, the cytoplasm may increase in amount so that the whole cell enlarges. Such an enlarged cell may survive for a time only to die late, or it may be able to divide and pass on the character of large size to its daughter cells. In malignant tumours, enlargement of the component cells is accompanied by greater differentiation of the tumour tissue, by a diminished frequency of mitosis and consequently by slower growth.

3. Effect on cell metabolism

Isolated enzymes, studied in vitro, can easily be shown to be extremely radiosensitive, but interference with enzyme systems in the living cell is less easily proved. Interference with the enzyme systems concerned in the synthesis of DNA is responsible for the retarded synthesis of DNA. Cell respiration and glucose utilization are impaired. It seems possible that the destruction of enzymes is the mechanism by which radiation alters the behaviour of cells and even kills them.

The radiosensitivity of various normal tissues

The amount of damage found in the various tissues at autopsy after whole body irradiation is an indication of their sensitivity. The gonads and haemopoietic tussues are the most sensitive; the skin, mucous membranes, and the epithelium of blood vessels are moderately sensitive; bone, connective tissue, serous membranes, and new cells are relatively resistant.

1. Gonads – The gonads of mammals are very sensitive to radiation, the ovaries even more than the testes.

Permanent sterility can be induced in the female by irradiating the ovaries with a dose which would lead only to temporary sterility in the male. Irradiation of the ovaries has been used in the treatment of advanced breast cancer, but oophorectomy is now preferred.

For the testes, the mature spermatozoa are remarkedly resistant to irradiation. The primitive cells of the germinal epithelium, by contrast, are extremely sensitive.

2. Haemopoietic tissues

Whole body irradiation affects all the cellular constituents of the blood.

(a) The lymphocytic count in the peripheral blood falls within an hour of irradiation. Formerly, the reduced number of lymphocytes was attributed to their reduced function on the degenerating lymphoid tissues. Now, it seems more likely that irradiation either arrests their recirculation (by way of the tissue fluid and lymph nodes) or destroys them in the blood stream. The lymphocytic count begins to increase after about three days, but the subsequent rate of recovery is slow. Lymphocytopenia can be a useful sign that exposure to irradiation has occurred, but is believed not to influence survival.

(b) The eosinophils disappear from the blood promptly after irradiation as they do so after other forms of trauma.

(c) The count of neutrophils begin to fall about one day after irradiation, and the fall is maximal about the tenth day. Neutrophil leucopenia may persist for up to three months.

(d) The platelets tend to follow the pattern shown by the neutrophils, except that recovery occurs even more slowly. Thrombocytopenia is of great clinical importance. It is largely responsible for the haemorrhages which characterize radiation sickness and which contribute to the development of anaemia.

(e) The red blood cells are resistant to irradiation, and are quite unaffected by exposure sufficient to cause radiation sickness. The circulating red cells live their normal life span and continue their normal functions. Nevertheless, anaemia begins about a week after whole body irradiation and progress for about three weeks, the anaemia being most marked at about the time when the lymphocyte and neutrophil counts are returning towards normal. The anaemia results from a combination of haemorrhage and bone marrow depression. Anaemia may persist for six months or longer.

3. Blood vessels – The blood vessels affected by radiation are the fine vessels, including capillaries, small arteries and veins. Large vessels are usually not involved directly, but involvement of their vasa vasorum may lead to secondary damage.

The capillaries are damaged immediately. Within ten minutes of irradiation the skin, intravenously injected trypan blue, appears in the treated area indicating increased

TABLE OF NORMAL VALUES

By The University of Hong Kong Clinical Pathology Laboratories

HAEMATOLOGY SECTION

(we have printed this list of normal values in a previous issue, and members of the profession found it extraordinarily useful, and many requests for reprint have been received.)

TEST	NORMAL VALUES (Adult)
GENERAL HAEMATOLOGY	*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%
RBC Count	Female: 3.9—5.6; Male: 4.5—6.5 X 10^6/mm^3
Microhaematocrit	Male: 40—54%; Female: 35—47%
Reticulocyte Count	0.2—2%
White Cell Count	4000—10,000/cu.mm.
Differential WBC Count	N: 40—75%, 2500—7500/mm^3; L: 20—45% 1500—3500/mm^3; Mono: 2—10% 200—800/mm^3; Eosin: 1—6%; Baso: 1%
Absolute Eosinophil Count	40—440/mm^3
Platelet Count	150,000—400,000/mm^3
ESR	Male: 0—15; Female: 0—20 mm/1st hr. (Westergren)
SPECIAL HAEMATOLOGY	
Haemoglobin Pattern	HB A; HB A_2 < 3%; HB F < 2%
RBC Osmotic Fragility	Lysis from 0.5% to 0.3% NaCl.
Haptoglobin	30—200 mg HB-binding capacity/100 ml serum
COAGULATION	
Prothrombin Time	10—15 secs. (Quick's one stage method)
Partial thromboplastin Time	Up to 100 secs. (Non-activated)
SEROLOGY	
LE Cells	Negative
Coombs' test Direct	Negative
Indirect	Negative
Cold & Warm Antibodies	Cold agglutinins up to 1:32.
VDRL	Negative
ASOT	Up to 250 Todd Unit
Paul-Bunnell	Mono-test: Negative. Presumptive P.B.: less than 1:14
Anti-thyroglobulin antibodies	Negative
URINALYSIS	
Reaction	Acid under usual circumstances
Protein	0—15 mg%
Sugar	Negative
Specific gravity	1015—1035
Microscopy	0—5 WBC; 0—1 RBC/HPF
Occult blood	Negative
Bile	Negative
Urobilinogen	Up to trace or 4 mg/day
Ketone Bodies	Negative
Bence-Jones Protein	Negative
24 hrs Protein	0—0.5 gm/24 hrs.
Chyle	Negative
C.S.F. AND OTHER FLUIDS	
Cytology	CSF 0—5 mononuclears/cu.mm. RBC neg.
VDRL	Negative
SEMEN ANALYSIS	Sperm count: 70—150 Million/ml. Below 60M, Abnormal Motility: 80% or more active Morphology: 80—90% normal forms.

CEREBROSPINAL FLUID		
Chloride (as NaCl)	Interference by blood	700—750 mg/100 ml
Glucose	Interference by blood	50—70 mg/100 ml
Protein	Interference by blood	15—45 mg/100 ml
Colloidal Gold	Interference by blood	000 110 0000
FECES		
Occult blood	.....	(meat and fish-free diet) negative
Fat	Deliver immediately	1—7 Gm/24 hrs
Urobilinogen	Deliver immediately	Adult 30—200 mg/100 Gm

TEST	REMARKS	NORMAL VALUES	
BLOOD			
Alkaline Phosphatase	.....	Adults 4—11, Children 5—12 K-A units/100 ml	
Acide Phosphatase	Avoid haemolysis (AH)	1.5—3.5 K-A units/100 ml	
Amylase	.....	80—180 Somogyi units/100 ml	
Bilirubin	AH	0.1—0.5 mg/100 ml	
Thymol Turbidity	Interference by heparin	0—4 units	
Zinc Sulfate	and lipaemia.	0—8 units	
SGOT	AH	4—40 Cabaud units	
SGPT	AH	1—45 Cabaud units	
Protein	AH. Interference by BSP	6.5—7.9 gm/100 ml	
Albumin	.....	4.2—5.2 gm/100 ml	
Globulin	.....	1.5—3.0 gm/100 ml	
Protein Pattern	AH	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	
CO2 Combining Power (Heparin)	AH. Deliver immediately	23—28 mEq/L	
Calcium	Interference by EDTA	4.7—5.5 mEq/L	
Iron	AH	110—130 µgm/100 ml (diurnal variation)	
Inorganic Phosphate (as P)	.....	2.8—4.2 mg/100 ml	
Glucose (Fluoride)	Rotate vial to dissolve flouride	63—100 mg/100 ml	
R-A/C-R Protein	.....	No flocculation: negative	
Caeruloplasmin	AH		
Creatine Phosphokinase	.....		
Lactic Dehydrogenase	Interference by haemolysis	Different units may be employed for the same enzyme depending on the method and conditions of assay.	
Aldolase	AH		
Lipase	AH		
Pyruvic Acid (10% TCA)	Measure volume *exactly*	1—2 mg/100 ml	
Lactic Acid (10% TCA)	Measure volume *exactly*	5—20 mg/100 ml	
Salicylate	.....	(therapeutic) 20—25 mg/100 ml	
BSP	AH	(5 mg/Kg dosage) < 10% at 30 min; < 3% at 60 min.	
Fibrinogen	Rotate vial gently and let stand	0.2—0.4 gm/100 ml	
URINE (24 hours)			
Copper	Use stringent precautions to avoid contamination with Cu	< 70 µgm	per 24 hrs.
Iron	.....	nil	
Inorganic Phosphate (as P)	.....	0.3—1.0 Gm	per 24 hrs.
Calcium	Interference by EDTA	50—400 mg	per 24 hrs.
Chloride (as NaCl)	.....	10—14.6 Gm	per 24 hrs.
Potassium	.....	1—5 Gm (26—123 mEq)	per 24 hrs.
Sodium	.....	1—5 Gm (43—217 mEq)	per 24 hrs.
Diastase	.....	6—30 Wohlgemuth units/ml	
Creatinine	.....	Adult 15—25 mg/Kg body weight	per 24 hrs.
Urea	Keep specimen refrigerated	12—35 Gm	per 24 hrs.
Uric Acid	.....	250—750 mg	per 24 hrs.
Porphobilinogen (qual.)	Refrigerate, deliver	Below 2.0 mg	per 24 hrs.
Porphyrins (qual.)	promptly	80—250 µg	per 24 hrs.
Xylose (5 hours)	.....	(25 Gm does) 4—9 Gm/5 hr; (5 Gm does) over 1.2 Gm/5 hr	
Alpha-amino acid N	.....	50—200 mg	per 24 hrs.
Catecholamines	.....	0—160 µgm	per 24 hrs.
Metnorepinephrine + Metepinephrine	.....	Below 1 mg	per 24 hrs.
VMA	.....	1.8—7.1 mg	per 24 hrs.
17-Ketosteroids	.....	Adult male 8—26 mg } Output varies with	per 24 hrs.
Total 17-hydroxysteroids	= Total 17-ketogenic steroids	Adult male 6—20 mg } sex and age	per 24 hrs.
5-hydroxy indole acetic acid (qual.)	.....	Below 10 mg	
Acid mucopolysaccharides	Refrigerate	Adult male 4.4—7.3 mg as glucuronic acid	per 24 hrs.

(Continued from page 2) **A. E.**

capillary permeability. The continuous transudation of fluid, combined with full dilatation of all the capillaries in the area, gives rise to an inflammatory response which reaches full development only after some hours.

In smaller arteries and veins radiation damage is most obvious in the intima, which becomes oedematous and covered by platelet thrombi. The endothelium grows over these thrombi and incorporates them into the intima which becomes greatly thickened. Later, all coats of the vessel become increasingly fibrosed. Endarteritis of tumour vessels may be beneficial, but endarteritis of the overlying skin makes the skin intolerant of further irradiation.

4. Suppression of immunological response – This suppression has been used in preventing the rejection of homografts, especially kidney homografts. But the body resistance to infection is greatly lowered.

5. Carcinogenic effect – Radiation may lead to the development of cancer, but the fundamental change in irradiated cells which is responsible for their turning malignant is no better understood than the cause of cancer in general.

Squamous carcinoma of the skin was common in radiologists until the need for protecting the hands was appreciated. The high incidence of bone sarcoma in workers in radium paint factories is probably due to small amounts of radium being incorporated into the bones. Irradiation of the neck in childhood predisposes to the development of thyroid carcinoma ten or more years later.

The long interval between the exposure and the development of malignancy is a feature of irradiational cancer.

6. Cataract – There is a long latent period, and five or ten years may elapse between irradiation and the onset of blindness. Direct irradiation of the orbit is a more important cause of cataract than irradiation of the rest of the body.

Factors affecting radiosensitivity

1. Factors reducing radiosensitivity.

The sensitivity of a tissue to irradiation can be reduced by a number of factors causing anoxia, including oxygen lack, cold, reduced blood supply, and drugs which reduce blood flow or interfere with cellular respiration.

Recent research has shown also that chemical protection can be given by compounds containing a mercapto (-SH) radical. It is believed that much of the cell damage caused by irradiation resutls from the formation of highly reaction substances from intracellular water; these include H^+, OH^-, HO_2 (in the presence of oxygen), and H_2O_2. Anoxia is believed to hinder the formation of these reactive substances, whereas the mercapto-compounds rapidly remove them.

2. Factors potentiating radiosensitivity.

The converse effect, potentiation of the action of irradiation, is aimed at when a patient with bronchial carcinoma is irradiated in an oxygen tent.

Pen Pal Wanted - from Ceylon

The Editor, "Caduceus",
Medical Students Centre,
Sassoon Road,
HONG KONG.

Dear Sir,

I received your address from a medical student of the Ceylon University, Colombo. I am very keen to have pen pals from your country, but so far I have been unable to do so.

So I shall be very grateful if you could kindly publish my name on your magazine as a person who would like to have pen pals from Hong Kong. Further I give below the following details about muself. I am a second year engineering student. Age 21 plus. My hobbies: stamps, collecting view cards, pop music and dancing, student of international affairs, My sports: football hockey, swimming. I also take part in Drama.

I shall be very grateful if you could publish my name in your magazine.

Thanking you ever so much,

Yours faithfully,

Tony Perera.

My Address: TONY PEREA,
11, UIVEKANANDA ROAD,
COLOMBO 6,
CEYLON

啟思

香港大學學生會醫學會月刊

第二卷第十一期

一九七〇年十二月十五日

「昨夜我進入夢鄉，一輛小馬車飛到我身旁
我騎上馬車，撤開了鞭韁。
飛呀，飛呀，馬車到了天堂。
飛呀，飛呀，馬車到了天堂。」
小弟的歌聲自然，輕鬆，更帶有純眞的可愛
「姊姊你，來唱。」
「昨夜我進入夢鄉……。」
小弟的歌聲尚在耳際，我的是那般沙啞，沉俗。不像在唱，像是在哭。
「不行了，小弟，要是姊姊能像你一般的唱，那就好了。」

× × ×

「姊姊給我買風車。」
彩紙糊成的風車，迎風旋轉，小弟看得心花怒放，拍手叫好。
風車，轉又轉。小弟，你可知道人在這世界上也是不停的在轉，轉得目眩眼花，轉得失去了自己的眞面目。

× × ×

「姊姊我要萬花筒。」
「好看，好看。姊姊你也來看，轉一轉，換一樣，太美了。」
「不了，小弟，還是你看吧，姊姊看過的萬花筒不如你的好。一樣比一樣醜惡，厭得要死，却又不能不看。」
「姊姊帶我去看你的。」

× × ×

「姊姊我怕。」
「不要怕，小弟，這兒的人都是大學生，他們是來看戲劇比賽的。」
「姊姊，他們很兇，在罵人。老師說過不許用粗口的，你們的老師難道不教你們的嗎？」
「……」
「他們笑得難聽死了，他們在笑什麼？」
「……」
「姊姊你怎麼不笑？你哭了？你害怕嗎？你不是叫我不用怕的嗎？他們一定是壞人。祇有壞人才笑得這麼難聽的，祇有壞人才用粗口的。姊姊我不要看了。」

× × ×

「姊姊，怎麼這樣靜呀，他們低了頭，都不講話，我悶死了。」
「小孩子不要亂講，他們在祈禱。」
『我實在告訴你們，凡要承受上帝國的，若不像小孩子，斷不能進去。』
小弟聽懂了這句話，依開他那排不齊的小牙在笑，好驕傲的神情。
「老師說過耶穌是個好人，他們在講耶穌，他們一定也是好人，況且他們不罵人，不用粗口。」
「是的，小弟，他們很好。可是這兒的好人都是靜得可怕的人。在人羣中沒有他們的聲音，沒有他們的踪跡。」

× × ×

「小弟，你還是看你的萬花筒，轉你的風車，唱你的歌，珍惜你這段時光，姊姊看到的一切，你將來也不能避免，那時你看的是醜陋的人間萬花筒，轉的是你自己，唱的是哀歌。」

遙遠的路途

——衡——

是一條崎嶇而遙遠的路途。

很多人已經跑過這一條路，他們歷盡千辛萬苦，長時期的跋涉和奮鬥，終於達到他們的目的地。

爲的是什麼？是路途另一邊的綠草和水源。

現在有很多人也正在嘗試一下走這條路途的艱苦，他們所用的功夫和努力，日積月累的經驗，是多麼難得，是多麼寶貴！

那些從未走過而想嘗試的人，請細心考慮。一旦途中受了傷的時候，怎樣辦？和你一起經歷的人，都要自己替自己作詳細的打算，沒有時間顧慮別人的情況。但只要自己能够到達另一面的草原，不管途中受過甚麼困難，甚麼挫折，自然覺得光榮和滿足。看見還正在奮鬥中的人們，更想起自己當時所下的功夫和毅力，不禁沾自喜。

雖然這是一條遙長而艱苦的路途，但很少人會爲了旅程的困難而半途棄權。雖然他們中不少人受過各種不同的挫折，但挫折就是經驗，越多挫折，積累起來的經驗就越豐富，對於以後所採取的步驟，更是有計劃，越戰越精神，越奮鬥越勇敢。有着一副百折不撓的精神，你是永不會向任何困難低頭，你是永遠能够克服一切挑戰。

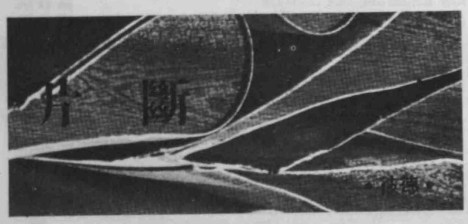
還有一部份人是經不起這條路途的挑戰。因爲他們不肯擺全副精神在那兒，這種人一遇到絆脚石，就要摔倒，就要低頭，他們毫無爬起再來一次嘗試的念頭。這種人必然在半途中受到淘汰。

需要放得太盡；若是途中遇着樹蔭，可以坐下休息，抹抹自己的汗，細心檢討一下自己的實力，有沒有再進一步發揮的餘地。遇到野菓，也可以採摘來吃。在艱苦的旅途中得到一點舒暢，以後的路途更覺輕鬆，更覺有味。

路的兩傍，還有千萬對雪亮的眼睛凝視着途中的人們，看著誰是勝利者，誰是失敗者。所以旅途中的人時時刻刻都受別人的注視。偶爾，途人也會受到旁人的鼓勵和指點，這對於正在跋涉中的旅行者，眞是一種興奮劑。

草原已在眼簾中出現，潺潺的水聲也隱隱可聞。疲倦飢餓而口渴的途人給這些景象吸引了，但他們沉重的步伐並不保證能帶他們到達這理想的境界。他們一定要盡自己最後的一點力量來完成這條遙遠的路途，那個以爲自己已到達安全的地方，而一不留神，一塊小石便可把他絆倒，使他不能再起來，眞的是前功盡廢！忽略這一點的人，便要嘗試一下失敗的味道！

是一條遙遠的路途，但每一個在途中的人都充滿希望和信心，但在人羣中，却可發現一些頹喪的臉孔，他們不敢給旁人看見：只是內心感到極之不安。朋友，勝利是屬於你們的，大家一起來克服目前的困難！



空氣調節機聲消失於空中，緊張的圖書館氣氛加添了一份落漠。週圍的人都非常專心，只間中聽到微弱的紙張摩擦聲和鄰桌一雙男女的細語。

神智開始爲密麻麻的字句打昏了，腦子的效率經過數小時的塡塞正在急劇下降，我只好收拾書本離去。出門口時差點和一個手持白袍的撞個正著，他滿不在乎的走過，掛了一臉傲氣，這些畢竟見慣了，但狐疑著自己將來高班時是否也會長了這個臉色。

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渡海輪上，我揀了一個開敞的位子，澈涼的海風把昏頓了的腦子吹醒過來。船開後，冬日的斜暉散播滿身，夾著一股和暖，有著說不出的舒暢。夕陽將西邊的天空抹上了一彩橙紅，反映在遠處的海面，反映在西環海旁大厦的窗子上。

搭客大都是工人階級，穿迷你裙的時髦小姐可說絕無僅有。殘舊的單衣，粗黑的皮膚，滿臉的風霜，刻下了他們艱辛的經歷，他們大聲地談論著物價的上漲，子女的學業，不平的遭遇……。

空氣間有點枯燥，而且滲了一絲灰暗，心頭湧起莫名的感受，是一份優越感？還是發覺自己並不在現實中打滾的疑惑。

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打開了七十年代雙週刊，欣然地看到裏面很詩意化的安排，有約翰連儂的性版畫：並不很特出，但比起花花公子的漫畫則美得多。其中一篇文章很有意味，是敘述一個留美的中國學生和一個從加納來的黑人的傾談，那個黑人因爲國家貧困農業落後才老遠涉洋到美國攻讀農業，希望將來替國家推進農業，使同胞的生活可以好過些。

我從未想過畢業後要回國服務，但也不感到慚愧，只是羨慕他有一個明確的理想。

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電台的播音剛完了，實驗報告還沒有做起，只怪自己平日連記錄也懶得抄下，還是待明日借人的壙上，否則明早上課時又打瞌睡了。

合上了眼，良久仍未入夢鄉，日間所見的都湧到腦海裏，不期然的想起了那意氣風發的醫生，想起那由加納來的黑人，也想起了滿臉風霜的工人……。

恭祝聖誕
並賀新禧

編輯部同人鞠躬