

EDITORIAL

"NO SMOKING"?

It is desperate and indeed hurting to know that cigarettes are being sold in the medical canteen, and to watch students buying packets after packets, then smoking and inhaling these "beautifully white cylindrical sticks" in the canteen, in the common-room, as well as around the campus, polluting the atmosphere and attracting attention.

Seemingly, the number of (medical) students that have joined the smoking class is steadily increasing. It is difficult for most smokers to explain just why they smoke. Sociability, custom, and nervous habits are undoubtedly factors. It appears that most youngsters (medical students inclusive) start smoking in order to show independence of authority, to feel sophisticated and grown up, to gain social status, to be "one of the crowd", or to have something to do with their hands and mouths. Advertisers of cigarettes have skilfully created, "successfully", an image of a smoker as an outstanding handsome athlete; a nonchalant campus leader; a man who succeeds; a charming, sophisticated, lovely, popular young woman. Most youngsters are absorbed to a greater or lesser extent in such a distorted picture of the cigarette smoker.

Nonetheless, it is plain that medical students are at an advantage to others since they are bestowed with the knowledge of the effects of smoking on our human body, which effects are irritating, deleterious and occasionally fatal. However smokers who are medical students are playing with their own life, putting it to face some expected disaster, consciously sacrificing it.

Smoking has had effects upon the circulatory system, increasing the heart rate, raising the blood pressure and constricting the blood vessels. Dramatic changes with palpitation, tachycardia and sadiac irregularities may occur. The heart is under increased work load and over a long period this is harmful. Smoking is definitely a serious risk for persons who have high blood pressure or a defective heart. It may precipitate anginal attacks. It is a major factor in the causation of "Buerger's disease". Death rates from coronary heart disease are higher in smokers. It is well known that excessive smoking causes cough, hoarseness, bronchitis, and other related conditions. Tobacco smoke is irritant to the respiratory tract mucous membrane, it also destroys the protective (ciliary) mechanism of the respiratory portal. One may be familiar with terms like "smokers' throat", "smokers' cough", "smokers' larynx", and "smokers' bronchitis". The inhalation of cigarette smoke can produce changes characteristic of pulmonary fibrosis and emphysema. More horrifying is the relationship between lung cancer and cigarette smoking. As cigarette smoking is causally related to lung cancer in man, the risk of developing lung cancer increases with the duration of smoking and the number of cigarettes smoked per day, and is diminished by discontinuing. Smoking a cigarette stops the hunger contractions. This is why habitual smokers eat less and are often really undernourished. Smoking also retards the secretory activities of the alimentary tract. Smokers suffer many digestive ailments, ranging from simple "heart burn" to ulcers. There is also evidence that smoking increases the incidence of cancer of the lip, tongue, and mouth. And it affects athletic performance.

So, medical students, are you foolish enough to smoke to death, if not illness and disability? There is already abundant evidence that smoking is harmful. Ask yourself this question: "Should one smoke?" From the standpoint of health and length of life the answer clearly is "NO".

Another damage that smokers cause is air pollution. A group of smokers sitting around a table in the canteen would create a sphere of white smoke that extends and spreads outwards, in all directions. The effect of the smoke on other colloques, other frequenters of the canteen is annoying, choking, and hostile. It goes without saying that the Medical Society or the Fraternity Committee should look into students' welfare. Smoking is going to be a problem when there is more room for students' activities after the new plan of the extension of the medical library is finished. Should the common-room be a smoking (and gambling?) room or should "NO SMOKING" be allowed in the student common-room?

AROUND THE CAMPUS

—The Second M.B. Examination results were out in early May. The Li Shu Fan Medical Foundation Prize in Pharmacology and the C.P. Fong Gold Medal in Pathology were won by Lam Wah Kit. Chan Kwok Hung, Chan Man Kam and So Shun Yang were also awarded distinctions in Pathology & Microbiology.

—Do you want to know the "mortality rate" of the various M.B. Examinations? Surely you are interested. Here are the mortality rate of academic year 1969-1970:—

1st M.B. —

Anatomy 14%

Physiology 3%

Biochemistry 8.6%

2nd M.B. —

Path. & Microbiol. 4%

Pharmacology 3%

Soc. & Prev. Medicine 14%

Final M.B. —

Paediatrics 6%

Medicine 5%

Surgery 14%

Obs. & Gynae. 2%

Overall graduation 18%

—The new graduates never would forget their instructors in their professional training. They treated the Staff to a Dinner on 26th May, an occasion which the doctors, green and experienced, will never forget.

—New class-committees for session 1970-1971 are as follows:—

2nd year:—

Class-representative — Cheng Chun Ho

Vice Class-representative — Angela Ng

Hon. Sec. — Joseph Sham

Hon. Treasurer — Cheng Kam Po

Social Convener — Victor Ho

Sports Captain — Lee Pui Kee

Lady Sports Cap. — Dora Hsu

Past Committee Rep. — Lee Tze Yuen

3rd year:—

Class-representatives —

Yu Tai Chiu

Katherine Fong

Hon. Sec. — Pang Shing Hung

Hon. Treasurer — Chan Ka Wah

Sports Captain — Pong Ping Shum

Social Convener — Tsui King Bor

Hon. Sec. —

Lady Sports Captain — Margaret Cheung

Lady Social Convener — Josephine Kwok.

Drama Committee Member — Robert Law

Music Committee Member — Ho Chi Shun.

NEW DOCTORS

Results of the Final Examination

The results of the final examination was out on 18th May. The following are the Graduates. Their internship will start on 1st July. Meanwhile they are having their hardearned holiday.

AU TAK KWAN, EILEEN
AU YEUNG YICK BONG
BONG SHU CHUN
CHAK KONG WAH, PETER
CHAN CHI KEUNG
CHAN FU CHAT
CHAN KWOK PING
CHAN MOON CHEUNG.
DAVID
CHE YEE MING
CHEN SIU MING, VICKY
CHENG PO CHU
CHEUNG KING
CHEUNG KWOK TAI
CHEUNG SAI PING
CHEUNG SIK HIN
CHEUNG YUNG CHEONG.
ALAN
CHIU SHUNG CHOU
CHIU TAK WAI
CHOW SOW CHING
CHOW WUN CHUNG.
STEPHEN
CHOY YUK LUN.
FREDERICK
CHUNG HON WAH
FAN SIK MAN
FONG KA MAN
FOO KAM SO
FUNG HOI CHU
FUNG SHIU KEE
FUNG SHUN SUN.
DESMOND
GOH KING MAN, VICTOR
HO YIU MAN
HO YUEN YAU
IP PANG FEI
KOO, ANTHONY

KWAN PO YUEN
KWOK PO WONG, PETER
LAI CHAM LUN
LAI CHING LUNG
LAI FOOK MING.
LAWRENCE
LAI HOO WAH, JOSEPH
LAI KWAN
LAM CHI WAI, PATRICK
LAM HUNG SHUN
LAM KAM HING
LAM WAH LIT
LAU KAR YIN, GEORGE
LAU KWOK LAM, ALAN
LAU TO HUNG, EDWARD
LAW SHIU KWONG
LEE SUM PING
LEUNG CHOR HUNG,
STEVEN
LEUNG KWAI HEE, PATRICK
LEUNG PAK CHIU
LEUNG SZE KEE
LI SAI LAI
LIM SUY GUIOK
LIM THUAN KIANG
LIN WEN YI, MINNIE
LO JOY WAH, RONALD
LO SHUI YING, LENA
LOH KAI TSU, LEVIN
LUKE WEN YEE, IRENE
MAK HOI HUNG, MICHAEL
MAN CHING KWAN,
GREGORY
NG WAI LING, HELEN
PANG HENG MUN, ROGER
POON KWOK MING.
RICHARD
SHIU SO MAI, EVELYN

SUM CHUEN HONG, EDRIE
SUNG SAI CHEUNG
SZE HON MING
TAM WING FAI, TINA
TEOH SIM CHUAN,
TIMOTHY
TING SING HWA
TSANG KWOK KWAN, MARY
TSANG WAI KWOK
TSEUNG CHUN HIN,
ANDREW
WONG CHUN KUEN
WONG CHUN YIP, PHILIP
WONG SAI WOH
WONG TAI WAI, DAVID
WONG SHIK FUNG, DORA
WONG WING FAI
WONG YING KAU
WOO WAN CHING,
REBECCA
WOO YUK CHIU, PEDRO
WUN YUK TSAN,
K. PATRICK
YAU WING HO
YEUNG CHAN YIN
YEUNG LAI SHAN
YEUNG WAH HIN
YIP CHI PANG, DAVID
YIP KA WAI
YU HON CHIU
YUEN KING HIM, TOMMY

Four distinctions were awarded in Obstetrics & Gynaecology to Mr. Lai Ching Lung, Mr. Loh Kai Tsu, Miss Shiu So Mai and Miss Wong Shik Fung respectively.

H.K.U. Medical Society 3rd Council Meeting Minutes

1. The minutes of the 2nd Council Meeting were adopted.

2. **Blood Donation Publicity Week:** Mr. Lam Wah Kit informed the meeting of the plans and time of the BDPW. Then the matter was discussed with enthusiasm by the councillors with the generation of many brilliant ideas.

3. **LAS report:** Mr. Ho Chung Yin gave an informative account on the issue of the change of caterer of the Medic Canteen. After some discussion, the council decided that there would be no change of caterer for the next

contract and secondly the contract in the future would be of 6-month duration.

4. **EAS report:** Mr. Wong Shou Pang delivered a report on the state of external affairs. Elaborating on the relationship of the medical society with the Chinese Medical Association. Dr. K.H. Lee told the council that CMA had introduced student membership for medical students. For an annual fee of \$5 the student member can enjoy the use of the club premise, and the swimming shed; one can also attend the various social functions and

scientific meetings and receive the CMA bulletins.

5. **Standing Committee on Health:** Mr. Lee Nim Wang was elected to be Health Officer and Miss Della Chu was elected to be Assistant Health Officer.

6. **Sports Secretary's report:** Mr. Wong Chun Chung's report was read to the council. The Omega Rose Cup, symbol of interfaculty sports supremacy, was recaptured by the distinguished performances of our many sportsmen. A vote of thanks was proposed to the SS.

7. **Social Secretary's report:** Miss Grace Tang informed the meeting of the Medic Annual Ball. She urged the councillors to do their best to recruit advertisements and to sell raffle tickets as all the proceeds will go to the Elixir Loan Fund.

8. **New Plan of Medic Centre:** This was discussed at length by the council. The features of the new plan:

1. The library will be extended horizontally towards the Sassoon Rd. thereby engulfing the car-parking space and much of the lawn.

2. Another two storeys will be built on top of the existing library and the proposed extension for a) Dean's Office, b) General Office, c) Printing Room, d) Society's Office, e) Students' common rm, f) Continued on P. 3.

RESULTS OF SURVEY ON "THE GENERAL IMPRESSION OF CADUCEUS"

A survey on "The General Impression on Caduceus" was carried out on 3rd June. It may be essential at this juncture to state our (editorial board) aims of carrying out such a survey. All along we have been aware of our own inadequency and lack of experience in operating such a publication. And it is our wish therefore, that the survey may cast light on our work as a whole so that the future issues of Caduceus may truly represent the spirit of our faculty. It is also our aim to bring home to our fellow students that Caduceus belongs to each and every one of you and it is your (and ours too.) duty to make the paper into a real good one.

A total of some 480 copies of questionnaire were distributed

to the various classes (first, second, third and fourth years; no copies can be sent to the finalists who are all 'dispersed' after their degree examination). And regrettably, we only receive 243 (around 50%) return copies. The results obtained are put down as follows:—

Q. 1 How often do you read Caduceus?

- | | |
|-----------------|-----|
| (a) Every issue | 85% |
| (b) Rarely | 15% |
| (c) Never | 0% |

Q. 2 Do you find it difficult to get your copy of Caduceus?

- | | |
|---------------|-----|
| (a) Yes | 12% |
| (b) No | 75% |
| (c) Sometimes | 13% |

Q. 3 Do you find Caduceus

- | | |
|---------------------------------|-----|
| (a) Informative | 22% |
| (b) Amusing | 10% |
| (c) Just like an ordinary paper | 44% |
| (d) Dull | 24% |

Q. 4 Which section of Caduceus do you like best?

- | | |
|----------------------------|-------|
| (a) Reports and news | 28.5% |
| (b) Academic articles | 8% |
| (c) Features | 18% |
| (d) Correspondence | 35% |
| (e) Miscellaneous articles | 10.5% |

Q. 5 What suggestions do you have for the following sections?

- | | |
|-----------------------|--------------------|
| (a) Reports and news. | "More up-to-date." |
|-----------------------|--------------------|

please!"
(Editor: we cannot help this sometimes as Caduceus is only out once a month)

"Don't be solely 'medical'! Give some space to 'foreign' (Union) news."

(b) Academic articles:
"Too highbrow" (from 2nd year)

"Too much, please cut it down".

"Keep to a minimum."
"Can be made more interesting."

(Editor: c.f. Q. 4 and note only 8% of students like this section best)

(c) Features:
"Sometimes too dull."
"No comment."
"Good."
"I demand more!!!"

(d) Correspondence:
"Well done!"
"Bravo!"
"Please give headings to the letters."
"Editor's comment needed."

(e) Miscellaneous:
"Encourage contributions from students. Contributors should be awarded."

(Editor: where comes the money???? Our paper is non-profitable, remember?)

"Editorial not up to standard."

"Please pick appropriate topics for editorials."

Q. 6 Caduceus should be a

- | | |
|---------------|-----|
| (a) Monthly | 38% |
| (b) Biweekly | 50% |
| (c) Bimonthly | 10% |
| (d) Others | 2% |
- (weekly; 1 says yearly).

Q. 7 Have you ever contributed an article to Caduceus

- | | |
|---------|-----|
| (a) Yes | 8% |
| (b) No | 92% |

Q. 8 Any other comment on the paper as a whole?

"The Editorial Board lacks initiative."

"More articles on we medical students."

"Some questionnaires on our attitude towards some current issues."

"Please be more punctual — let the paper be out on the 15th."

"Editing unimaginative, lacking in artistic designs."

"Invite students from other faculties to write to Caduceus"

(Editor: These comments more or less represent the general opinion that we have gathered from the return copies. Isolated or individual comments are left out.)

Overall impression:

"Caduceus", official publication of the Medical Faculty, is read only by 85% of its members. 25% of students claim that it is difficult to get their copy each month (or sometimes at least), the main reason being that they do not usually go to the library. (Editor: copies of Caduceus are normally put outside the library. We will see to it that the paper is better circulated among the students in the future). The majority (68%) of students find the paper either too dull or ordinary. Some 22% however, of its readers call the paper 'informative'. It is surprising that of all the sections, the corresponding column should stand out prominently as 'the favorite', followed rather closely by the section on reports and news. Academic articles are decidedly out of favour with the readers. (Editor: who says medical students are bookworms?) Lastly, the statistics show an amazing '92%' of students who have never written anything for Caduceus.

Editor's note:

Thank you for all your suggestions and comments. We will see to them all in our future issues. Any other opinion is welcome. (Please write to the correspondence editor, Caduceus).

The overwhelming 92% of "NO" for Q. 7 is most distressing. Caduceus lacks material and now we all know why. So 'have you an amusing Anecdote, an unusual Story?' By all means send it to us and help us to save Caduceus from being dull and ordinary.

For those medics who think perhaps too highly of themselves

by Bun Sing

A French writer had this to say about doctors:

Entendez-les parler: les plus habiles gens du monde;

Voyez-les faire: les plus ignorants de tous les hommes.

—Moliere:
"les Malade Imaginaire."

Translated into English, it reads:

To hear about them: the cleverest people in the world;

To see them work: the most ignorant of all men.

—Moliere:
"The Imaginary Invalid."



**Glaxo—
pioneers in
antibiotics
for a quarter
of a century**

Soon after World War 2, Glaxo built and developed the first plant for the large-scale production of antibiotics in the UK. Today the Glaxo factory at Ulverston is one of the largest antibiotic plants in the world and the range of antibiotics produced includes, in addition to penicillin and streptomycin, the Glaxo developments griseofulvin and cephaloridine. In 1971 the latest Glaxo antibiotics plant is due to begin production. Incorporating many technological advances, this plant will be one of the most sophisticated and important of its type in Europe. Meanwhile, Glaxo research workers continue the search for new and even better antibiotics.

Glaxo

Glaxo Laboratories Ltd, Greenford,
Middlesex, UK
Agents for the Glaxo division of Glaxo
Allenburys (Export) Ltd
Dodwell & Co Ltd, PO Box 5849,
Hong Kong

Appointment to the Chair of Preventive and Social Medicine

The University of Hong Kong is pleased to announce that Professor Teng Pin Hui has been appointed to the Chair of Preventive and Social Medicine and is expected to assume his post in the first week of August this year. Professor Teng has held this appointment part-time since 1959, and has taught in the University part-time since 1952. He will commence his casual and pre-retirement leave as Director of Medical and Health Services on July 2nd, and before taking up the full-time appointment, he will attend the first regional training course in epidemiological surveillance and international quarantine to be held in Fiji and Korea as a World Health Organization Consultant.

Professor Teng graduated from the University in 1937 and spent the following two years working on plague prevention in China. In 1939 he was appointed Chinese Medical Officer of the Hong Kong Government. During the Japanese occupation of Hong Kong, he left the Colony to join the National Health Administra-

tion of China and in 1944 became Field Director of the South West Plague Prevention Unit.

For eight years following the end of the war, Professor Teng was in charge of the Port Health Office in Hong Kong. He was appointed Senior Health Officer in 1954, Assistant Director of Health Services in 1955, Assistant Director of Medical Services in February 1959 and Deputy Director of Medical and Health Services in October 1959. In 1963 he became Director of Medical and Health Services.

Professor Teng's contributions to the control of cholera have brought him world-wide acclaim. On several occasions he has served as Consultant to the World Health Organization. He has been a member of the Legislative Council since September 1963 and of the Executive Council since November 1966. He was awarded the O.B.E. in 1962 and the C.M.G. in 1967, and the degree of Doctor of Laws *honoris causa* was conferred on him by the University in 1970.

Braga Cup

After more than a month of competitions between various years of the Medics, the results of the interyear competition of the Braga Cup can finally come out. The third year retains the overall championship for the third consecutive year by capturing both the man and woman champions. They scored a total of 100 points by capturing all the champions in woman's events and 5 out of 9 in man's.

The following is the result of the competitions:

MAN	Year	Results	Finals
Badminton	3-1	4-1	
	4-2	4-1	4-3 3-0
Basketball	1-4	38-16	
	2-3	22-20	1-2 43-40
Lacrosse	3-1	8-3	
	2-4	6-4	3-2 7-1
Hockey	3-4	W.K.	
	2-1	3-1	3-2 6-0
Squash	3-1	5-0	
	4-2	5-0	4-3 3-2
Soccer	3-1	5-0	
	2-4	3-2	3-2 5-0

	by C.C. Wong
Table-tennis	2-1 5-3
	3-4 5-3 3-2 5-0
Tug-of-war	4-1 2-1
	3-2 2-0 3-4 2-0
Volley	4-1 2-0
	2-3 2-0 2-4 2-1
WOMAN	
Netball	3-2 3-0
	1-4 6-3 3-1 9-3
Badminton	4-2 4-0
	3-1 4-0 3-4 3-0
Table tennis	2-1 3-2
	3-4 W.K. 3-2 3-0

Scoring System	— 10, 7, 3, 3.
MAN	I II III IV
Badminton	3 3 7 10
Basketball	10 7 3 3
Lacrosse	3 7 10 3
Hockey	3 7 10 3
Soccer	3 7 10 3
Squash	3 3 7 10
Table tennis	7 3 10 3
Tug-of-war	3 3 10 7
Volley	3 10 3 7
WOMAN	
Badminton	3 3 10 7
Netball	7 3 10 3
Table tennis	3 7 10 3
Total	51 63 100 62

H.K.U. Medical Society 3rd Council Meeting Minutes

Continued from P. 1.

Students' quiet rm., g) Student's laundry, etc.

The consensus of the council was unfavourable for the plan as it:

- 1) obliterates the car-parks opposite the library,
- 2) renders access to library inconvenient for residents,
- 3) blocks one side of the residential area and thus makes both view and ventilation for the residents worse.

9. TV set in Medic Centre: The council decided to pay the overdue 2-month rent (\$115) but to stop renting the RTV set. Instead, the society will install a TVB set.

10. Elixir Standing Committee: Since Mr. Herbert Ho had resigned from the position of Financial Manager, Mr. The Chun Yan was re-elected.

11. Associate Members: Mr.

Stephen Ho, chief editor of Elixir, expressed the wish to transfer the responsibility of matters concerning the associate members to some other member of the council. It was finally agreed that the Elixir Standing Committee will keep the responsibility until an ad hoc committee has been set up to revise the constitution.

12. Council Representative of Caduceus: The voting right of the council rep. of Caduceus was brought up by Mr. Yeung Wai Chow. It was then discussed at great length by the councillors and with much brilliant arguments initially and thus with much general interest at first. The proposal to give the Council rep. of Caduceus voting right was defeated by a vote of 3 versus 2 with many abstaining votes.

H.K.C.M.A. Student Membership

By virtue of the authority vested under Clause 49(a) of the Constitution, the Council has approved the following set of Bye-Laws governing temporary membership of the Association:

Definition

1. All clinical students (i.e. those who have passed their 2nd M.B. examination) of the Medical Faculty of Hong Kong University, and who are bona-fide members of the H.K.U. Medical Society, are eligible to apply for temporary membership of the Hong Kong Chinese Medical Association.

2. These applications will have to be verified and sponsored by the H.K.U. Medical Society and to be approved by the Council at its regular monthly meetings.

3. These temporary members will henceforth be known as Student Members.

4. Such membership will automatically be considered to have lapsed once the student member ceases to be a recognised student of the H.K.U. Medical Faculty or a bona-fide member of the H.K.U. Medical Society.

Subscription

5. Student Members are required to pay an annual fee of HK\$5.00. No entrance fee will be charged.

6. Once they become qualified to join the Association as full regular members (i.e. when they become registered with the Hong Kong Medical Council), their names will automatically be transferred to the Roster of Regular Members on receipt of a communication to this effect from the student member concerned on payment of prescribed fees.

Privileges

7. Student Members are entitled to make full use of various amenities offered by the Association such as:

- i) the Club House situated at Wyndham Mansion;
- ii) Bathing sheds situated at (a) South Bay, Hong Kong; (b) 11½ miles, Castle Peak Road, Kowloon;
- iii) participation in all social functions organised by the Association;

iv) attendance at scientific and clinical meetings and all refresher courses run by the Association;

v) a free copy of the H.K.C.M.A. Bulletin.

ii) to hold office;

iii) to have Association car badges or any other identity that may imply the holder to have professional recognition.

Liabilities

9. Student Members, not being full regular members of the Association have no liabilities under the Constitution of the Association.

Restrictions

8. Student Members do not have the right

i) to vote at Association Meetings;

THE HONG KONG CHINESE MEDICAL ASSOCIATION APPLICATION FOR STUDENT MEMBERSHIP

To the Honorary Secretary of 19.....
The Hong Kong Chinese Medical Association.

Sir:

I desire to become a Student Member of The Hong Kong Chinese Medical Association, and I hereby agree, to be bound by the Memorandum and Articles of Association and bylaws of the Association.

Particulars to be stated fully and correctly:

Full name Sex.....

in English in Chinese.....
(Surname First, Block Letters Please)

Year

Address Telephone

(Signature of Candidate)

The above named candidate is personally known to us, and we believe him/her to be a suitable person to be elected a Student member of the said The Hong Kong Chinese Medical Association.

Signed
H.K.U. Medical Society

Date day of 19

Passed by the Council on this day of 19
as a Student member.

Hon. Secretary Chairman..... 19

FEES PAID.

Dollars five only

Initials.
Hon. Treas.

ON PUNCTUALITY

There is no need to reemphasize the importance of punctuality and indeed to deal with this theme in any length can achieve nothing but bore everybody to death. The individual bears the full force and the effect of his being impunctual and so long as his impunctuality does not involve a second person nobody can say anything against him. However, it is a completely different story when it does.

It is common practice for certain (medical) students to be habitually late in attending lectures, especially the morning lectures. The disturbances they cause on their intrusion are well known to all except the late comers themselves. It is certainly annoying to see them walk straight in, without knocking (whether they think it wise not to knock so as to cause less noise or they are completely ignorant of this manoeuvre of courtesy is difficult to tell), leave the door wide open to be closed by the lecturer himself or one of his fellow students (no tips, of course) and make as much noise as ever until they finally settle down. In one instance a medical student rushed in, walked right

across the lecture theatre in front of the lecturer (who happened to be one of the Professors) without even looking at him, went to the back, walked across the theatre again, came forwards to the front and finally took a seat near the entrance. What the fellow had in mind nobody knows. Certainly he had his ego fully inflated at the moment he sat down.

While one can never know why these students perpetually fail to make up for the five minutes, it certainly surprises one to see them punctual at lectures delivered by Professor McFadzean and Professor Ong. It indeed makes one feel ridiculous to see them go up to the lecture theatre at 8.30 a.m. for a lecture scheduled to be delivered at 10.00 a.m., for the sheer reason that Professor McFadzean is going to be the lecturer.

Therefore it is not because they cannot make it, but because they refuse to do so. It is said that we are born unequal (I live in Sasson Road and you live in Fanling) but there is no reason why we cannot get along happily together. But in this ins-

tance we just cannot get along happily together which is not at all inevitable.

During rainy days, as a University student, one is presumed to have enough foresight to predict the expected traffic jam. At least one should have the discretion not to go into the lecture theatre when one is late.

In certain cases to be punctual seems to be an impossibility. A group of students attending a tutorial at 4 p.m. and having informed the tutor that there would be a lecture at 5 p.m., if still be detained until 5.05 p.m., certainly cannot be punctual for the lecture at 5.00 p.m. They have been wronged. But neither are they behaving rightly if they avenge themselves by entering the lecture theatre at 5.10 p.m.

To conclude, there is absolutely no excuse for students to be late at lectures. The wit of individualism lies in observation of the principle that I treat you in your own rights and I expect you to treat me in my own rights. Therefore if for any reason you are late for a lecture, please — respect yourself as well as others — don't go in.

FAMOUS NAMES IN MEDICINE AND SURGERY

Many physicians and surgeons are better known for the diseases or structures bearing their names. Our objective in this issue is to focus more on the person.

THE CIRCLE OF WILLIS

Thomas Willis was born on 27th January, 1621, at Great Bedwin, in Wiltshire, the son of a farmer. He entered Christ Church, Oxford, in 1636, taking the degrees of B. A. in 1639 and M.A. in 1642.

He continued to finish his medical studies during the Civil War, and obtained the degree of M.B. in 1646. He took his M.D.

in 1660 and was made an Honorary fellow of the Royal College of Physicians in 1664.

Willis was a member of the Philosophical club, which was founded for the discussion of questions of science. The club was the forerunner of the Royal Society.

At the end of the Civil War, Willis became the Professor of Natural Philosophy at Oxford. The reputation he had acquired in Oxford stood him in good stead.

Despite his enormous practices, Willis wrote many books and made many original observations. His greatest and most

enduring work is his *Cerebri Anatome*, which appeared in 1664. It was based upon his own dissections and gave the most complete and accurate account of the nervous system which had appeared to that date. He described the network of arteries at the base of the brain now known as the Circle of Willis, classified the Cranial nerves, and first described the 11th cranial nerve.

Willis was amongst the first to draw attention to the sweet taste of diabetic urine. Willis' writings, although verbose, are valuable because of the careful clinical observations which they contain. He described and named puerperal fever and gave excellent accounts of general paralysis and whooping cough.

Thomas Willis died on the 11th Nov., 1675 and was buried in Westminster Abbey.

COLLES' FRACTURE COLLES' FASCIÆ Abraham Colles (1773-1843).

Abraham Colles was born at Milnount, near Kilkenny. Where his father owned a large marble quarry. He entered Dublin University in 1790. In 1795 he obtained the degree of Licentiate of the Royal College of Surgeons in Ireland. In 1797 he obtained the degree of M.D. Edinburgh.

Returning to Dublin in 1797, Colles practised at first as a physician, but soon devoted himself to surgery, and in 1799 he was elected to the staff of Dr. Steeven's Hospital, Dublin. He served this hospital as surgeon for 42 years. Colles early became a masterly operator, being cool and dexterous, and singularly resourceful. In 1802, he was elected President of the Royal College of Surgeons in Ireland when he was only 28 years of age.

His name became a household word in surgery following a paper on Fracture of the Lower end of the Radius. He described that surgery which is now known as Colles' fracture (Dinner Fork deformity). His conclusion, which were based on what could be ascertained by inspection and palpations remains a monument of accuracy.

Colles described in his book *Surgical Anatomy a fascia* which was called subsequently Colles' fascia as the fascia that determined the path by which urine extravasates in cases of rupture of the bulbous urethra.

Colles was the first surgeon to tie the innominate artery successfully. He ligated the subclavian artery in its continuity in 1811, when the Operation had only been twice attempted in England and never in Ireland.

Colles died on 6th Dec., 1843.

BELL'S PALSY Sir Charles Bell (1774-1842).

Charles Bell was born in Edinburgh. His father, a Minister of the Church of Scotland, died when Bell was five years old. From his mother Bell inherited his outstanding talent as an artist.

After graduating medicine, for a number of years, Bell helped his elder brother to conduct in Edinburgh a private school of Anatomy.

In 1804, at the age of 30, he decided to try his fortune in London and to embark, if possible, on a surgical career.

In 1811, Bell was the discoverer of the distinct functions of motor and sensory nerves — the greatest discovery in physiology since William Harvey demonstrated the circulation of

the blood in 1628. In 1812, Charles Bell achieved his ambitions and was elected surgeon at the Middlesex Hospital.

After the battle of Waterloo Bell went to Brussels, and was placed in charge of a hospital. For three successive days and nights, with only scant periods of rest, he was engaged in operating upon the wounded.

Bell's palsy (facial paralysis due to involvement of the 7th cranial nerve in its bony canal through the skull) was described by Charles Bell in the *Philosophical Transactions* of the Royal Society in 1821.

Sir Charles Bell's best known works are his treatises on the Nerves of Respiration on the Hands, The Anatomy of Expression, and Diseases of the Urethra.

He was knighted in 1831, and many other honours were bestowed upon him. After thirty years of work in London, Sir Charles Bell returned to his native city, Edinburgh, this time to fill in 1835 the Chair of Surgery there. Eight years later, while he was sixty eight, he died in harness.

HIRSCHSPRUNG DISEASE Harold Hirschsprung (1830-1916)

Congenital dilatation of the colon is known as Hirschsprung's disease, because Prof. Harold Hirschsprung, of Copenhagen, gave the first full and convincing account of the condition in 1887. There are several earlier references to the disease, but Hirschsprung's careful study established its existence as a definite clinical entity.

Harald Hirschsprung was born in Copenhagen, and qualified M.D. Copenhagen in 1855. In 1879 he was appointed head physician to the Queen Louise Children Hospital in Copenhagen, and he became professor of diseases of Children in 1877. Hirschsprung published many articles on subjects related to children's diseases, especially on occlusion of the oesophagus and the small intestines, intussusceptions, rickets and rheumatism.

Hirschsprung's paper on the Constipation of the Newborn due to Dilatation and Hypertrophy of the Colon was published on the German Year book of Paediatrics in 1887. He presented post-mortem specimens from two cases, together with the clinical histories and speculated the cause of the condition (Now known to be due to absence of parasympathetic ganglion cells, causing spasticity).

In 1904, he retired from Practice, and he died at home when in his seventy seventh year.

VON RECKLINGHAUSEN' DISEASE Von Recklinghausen's disease of bone.

Friedrich Daniel von Recklinghausen, one of Germany's most distinguished pathologists, was born at Gutersloh, Westphalia. He obtained his M.D. degree at Berlin in 1855 and spent six years as assistant to the world famous pathologist Rudolf Virchow. In 1865, Von Recklinghausen was appointed professor of pathological anatomy at the University of Konigsberg. In the following year he accepted the chair at Wurzburg, and in 1872 he transferred to Strassburg becoming professor of pathology in the newly founded university of that city.

In 1882, von Recklinghausen described neurofibromatosis—multiple fibrous tumours occurring

啟思

香港大學學生會
醫學大學生會
第二十五卷
一九七〇年六月十五日

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

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

EDITORIAL BOARD

Hon. Adviser:
Dr. Rudy Khoo
Editor-in-Chief:
Peter Lau Kwing Fu 劉國富
General Editors: 任燕珍
Loretta Yam Yin Chu
(Hon. Secretary)
Margaret Cheung Tsui Wan
(Hon. Treasurer) 張翠雲
Managing Editor: 高偉強
Frederick Ko Wai Keung
Academic Editor: 譚裕基
William Tam Yu Kay
Art & Photography Editor:
Ho Sun, Alan 何桑
External Affairs Editor:
Wong Shou Pang 王壽鵬
Features & Correspondence
Editor: 梁振文
Connie Leung Chun Man
Internal Affairs Editor:
Lam Wah Kit 林華杰
Sports Editor:
Wong Chun Chung 黃振宗
Representative of previous
Editorial Board:
Yeung Wai Chow 楊煒秋
Chief Editor of *Elixir*:
Stephen Ho

Sub-editors:
Au Wing Fai 區永輝
Fong Chin Wan 方展雲
Lau Kai Chiu 劉啓超
Angela Ng

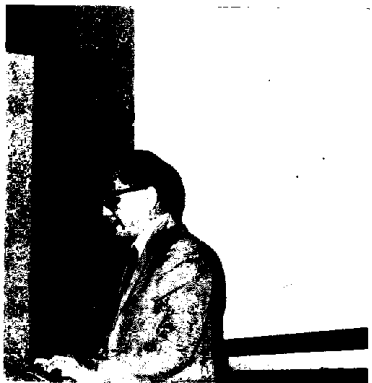
along the course of cutaneous nerves. He also described von Recklinghausen's disease of bone (generalised Osteitis fibrosa). Thirty years ago, generalised osteitis fibrosa was found to be due to a parathyroid tumour. Moreover if the tumour is removed the cystic degeneration ceases and reconstitution of the bone takes place gradually.

Von Recklinghausen left his mark on almost every field of pathology. To quote but a few: He first described fatty and hyaline degeneration of muscles. He first introduced silver impregnation for staining nervous tissues. He first recognized basophilic mast cells in the blood. Von Recklinghausen was a man of fine personal character and had a great reputation as a teacher. He resigned from his Professorship in 1906, and died at Strassbourg at the age of seventy seven years.

Presidential Address 28th May, 1970



Part of the Audience



Our Professor Huang giving the Presidential Address

The President (Prof. Huang) accompanied by the Chairman of Medical Society (Stephen Ng).

