



Caduceus



MEDICAL STUDENTS' CENTRE,
SASSOON ROAD,
HONG KONG.

VOLUME 2 NO. 5

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15TH JUNE, 1970

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 bad effects upon the circulatory system, increasing the heart rate, raising the blood pressure and constricting the blood vessels. Dramatic changes with palpitation, tachycardia and sardic 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 colleagues, 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 imminently 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. & Gynaec. 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 Convenor —

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 Convenor —

Tsui King Bor

Hon. Sec. —

Lady Sports Captain —

Margaret Cheung

Lady Social Convenor —

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 hard-earned holiday.

AU TAK KWAN, EILEEN	KWAN PO YUEN	SUM CHUEN HONG, EDRIE
AU YEUNG YICK BONG	KWOK PO WONG, PETER	SUNG SAI CHEUNG
BONG SHU CHUN	LAI CHAM LUN	SZE HON MING
CHAK KONG WAH, PETER	LAI CHING LUNG	TAM WING FAI, TINA
CHAN CHI KEUNG	LAI FOOK MING,	TEOH SIM CHUAN,
CHAN FU CHAT	LAWRENCE	TIMOTHY
CHAN KWOK PING	LAI HOO WAH, JOSEPH	TING SING HWA
CHAN MOON CHEUNG,	LAI KWAN	TSANG KWOK KWAN, MARY
DAVID	LAM CHI WAI, PATRICK	TSANG WAI KWOK
CHE YEE MING	LAM HUNG SHUN	TSEUNG CHUN HIN,
CHEN SIU MING, VICKY	LAM KAM HING	ANDREW
CHENG PO CHU	LAM WAH LIT	WONG CHUN KUEN
CHEUNG KING	LAU KAR YIN, GEORGE	WONG CHUN YIP, PHILIP
CHEUN KWOK TAI	LAU KWOK LAM, ALAN	WONG SAI WOH
CHEUNG SAT PING	LAU TO HUNG, EDWARD	WONG TAI WAI, DAVID
CHEUNG SIK HIN	LAW SHU KWONG	WONG SHIK FUNG, DORA
CHEUNG YUNG CHEONG,	LEE SUM PING	WONG WING FAI
ALAN	LEUNG CHOR HUNG,	WOO WAN CHING,
CHIU SHUNG CHOU	STEVEN	REBECCA
CHIU TAK WAI	LEUNG KWAI HEE, PATRICK	WOO YUK CHIU, PEDRO
CHOW SOW CHING	LEUNG PAK CHIU	WUN YUK TSAN,
CHOW WUN CHUNG,	LEUNG SZE KEE	K. PATRICK
STEPHEN	LI SAI LAI	YAU WING HO
CHOY YUK LUN,	LIM SUY GUIOK	YEUNG CHAN YIN
FREDERICK	LIM THUAN KIANG	YEUNG LAI SHAN
CHUNG HON WAH	LIN WEN YI, MINNIE	YEUNG WAH HIN
FAN SIK MAN	LO JOY WAH, RONALD	YIP CHI PANG, DAVID
FONG KA MAN	LO SHUI YING, LENA	YIP KA WAI
FOO KAM SO	LOH KAI TSU, LEVIN	YU HON CHIU
FUNG HOI CHU	LUKE WEN YEE, IRENE	YUEN KING HIM, TOMMY
FUNG SHU KEE	MAK HOI HUNG, MICHAEL	
FUNG SHUN SUN,	MAN CHING KWAN,	
DESMOND	GREGORY	
GOH KING MAN, VICTOR	NG WAI LING, HELEN	
HO YIU MAN	PANG HENG MUN, ROGER	
HO YUEN YAU	POON KWOK MING.	
IP PANG FEI	RICHARD	
KOO, ANTHONY	SHIU SO MAI, EVELYN	

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 inter-faculty 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 Sason 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 inadequacy 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.

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 of 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's 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

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 nommés.

—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."

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 quarantines 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

by C.C. Wong

Table-tennis		3-1		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	
		3	3	7	10
Badminton		10	7	3	3
Basketball		3	7	10	3
Lacrosse		3	7	10	3
Soccer		3	7	10	3
Table tennis		3	3	7	10
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 overdued 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. Tse 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.

CADUCEUS

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) Club House situated at Wyndham Mansion;
- ii) Bathing sheds situated at (a) South Bay, Hong Kong; (b) 1½ 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.

Liabilities

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 by-laws 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.

FEES PAID.

Hon. Secretary Chairman 19

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 Sason 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 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 WILLS

Thomas Willis (1621-1675).

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 Anatomie*, 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' FASCIAE

Abraham Colles (1773-1843).

Abraham Colles was born at Milnmount, 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 Frok 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'S 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 Konigberg. 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

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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 Strassburg at the age of seventy seven years.



Part of the Audience



Our Professor Hwang giving the Presidential Address



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