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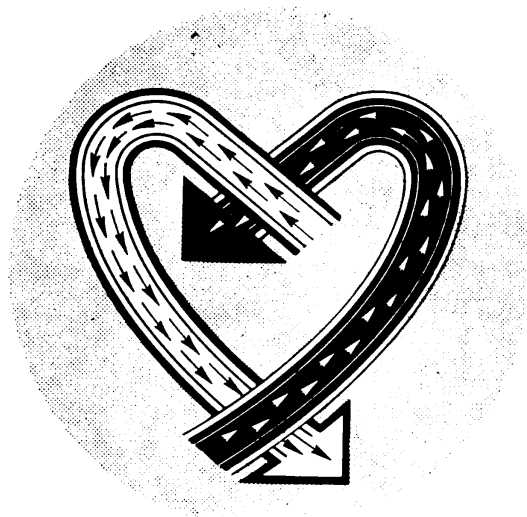
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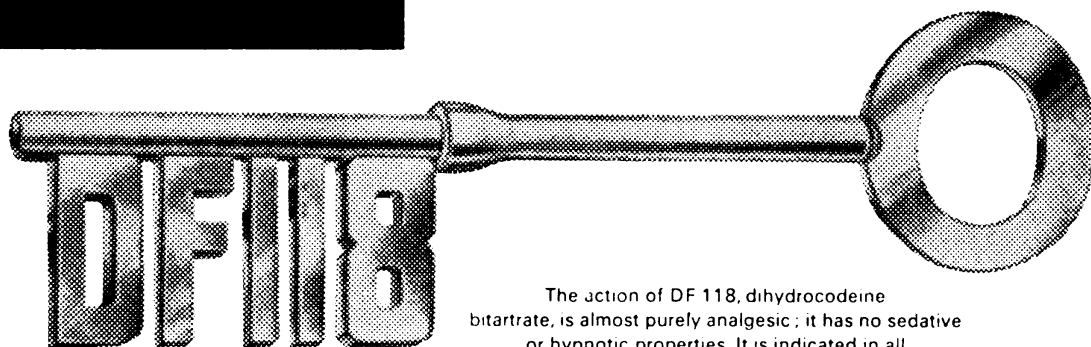


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From the last issue of the Elixir a total of \$3226.00 were received by the Editorial Board, and \$3000.00 were donated to the Elixir Bursary Loan Fund.

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ELIXIR

Journal of the Hong Kong University Medical Society

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EDITORIAL

To the doctor, every patient is a subject for search and research. The ability to carry out this job independently, both by the mind and the hands, is what every medical student should try to develop during the course of training. Without this attainment he is hardly able to practise the art of Medicine to his best ability. For this faculty to thrive the medical student requires time and opportunity, and a course in extracurricular research work as an adjunct to the usual training programme may contribute to the achievement of such an aim. The editors learnt of the existence of a students' research project in the University of California School of Medicine and we are grateful to Dr. P. N. Mo, who kindly requested Dr. Chauncey D. Leake, Co-ordinator of Medical Students' Research Training Program, to elaborate this idea in his article to the Elixir. The readers are left to decide on the desirability and practicability of introducing a similar scheme into our Medical School.

An expanded course on Ethics, apart from the Medical Ethics taught in Forensic Medicine, to be given to medical students towards the end of their clinical training is a beneficial suggestion, for in later practice doctors are bound to be confronted with many problems of human affairs. In his article to the present issue, Rev. Fergus Cronin points out convincingly the need for teaching Ethics to medical students.

With these two stimulating writings we hope that our fellow students will view the numerous items of an expanded training programme from different angles, and not just reading it as a matter of course.

THE EDITORS

ACKNOWLEDGEMENT

Mr. Lee Wing Kwong for the cover design



FACTS AND FANCIES



IF "LORD JIM" has not stirred our medical students' spirits to adventure on the high seas, then perhaps he might be prompted to recall of one giant of a seafarer who was stirred by a medical condition which had bereft previous ships of a great many sailors — the man, Captain James Cook, the scourge, Scurvy.

Apart from collecting scientific data through observations on the crossing of the sun by the planet Venus in 1769, an event which did not occur again until more than a century later; exploring new lands including New Zealand and the East Coast of Australia; sailing around the polar ice-cap for the first time in history in search of the North-West Passage round the northern end of North America and finally disproving its existence; he, on his own initiative, dosed his men with molasses, apple vinegar, sassafras tea and cabbage to prevent scurvy. He saw to it that old sailors, who were used to salt-meat, stale oat-meal, and bread spread with strong butter, consumed lime juice and sauerkraut. To the credit of the Preventive Medicine task force of his day, James Cook had complete control of scurvy in his ships among his many voyages.

* * *

AMONG THE favourite hobbies of many is fish-breeding. And for the breeders, a common headache is "White Spot". The

bane of some aquarists, "White Spot" is an exceedingly infectious disease, so much so that when food is distributed from a plate to several aquaria the disease is quickly spread should the fingers be dipped into infected water and allowed to touch the food which is then fed into other tanks.

The pathology lies in a scaly lesion in which a minute protozoon burrows underneath the scales and feeds on its host. Encysted protozoons from under the scales fall off and burst open to give off hundreds of young parasites which reinfect the fishes.

The first sign of suspected "White Spot" may well be when the fishes try to scratch themselves by brushing against rock or seaweed. The aquarist should be acquainted with such behaviour, and, for the days following such demonstrations, should be on the lookout for the appearance of white spots on the fishes' tail.

The only method of treatment is at the stage when the encysted protozoons fall off, before they burst. One can remove the fishes into an unplanted tank, and pour into this tank a 5% aqueous solution of methylene blue until the water is an inky blue-black. One should not bulk at using such a high concentration, for a pale blue colour does no good for the fishes, and the whole tank succumbs within a few days.

With the proper management, "White Spot" can be cured within 8 to 10 days.

AGAINST INFECTION AND THE HAND OF WAR

AN INAUGURAL LECTURE FROM THE CHAIR OF PATHOLOGY*

BY PROFESSOR J. B. GIBSON, M.D. (EDINBURGH & WESTERN RESERVE),
F.R.C.P. EDINBURGH, M.C. PATH.

Mr. Vice Chancellor, Mr. Dean, ladies and gentlemen, I am greatly honoured by the invitation from the Senate of the University of Hong Kong to deliver this Inaugural Lecture from the Chair of Pathology. This welcome duty provides an occasion to acknowledge gratefully the high esteem which appointment to this Chair must convey, a Chair which, since its inception in 1919, has become known and respected across the world through the tenures of my distinguished predecessors. Their contributions may be illuminated by turning first to the subject itself.

Pathology is a systematic study of the phenomena of disease. It is presented to the medical student when he has completed the part of his course that deals with the normal structure and function of the body, and when he is beginning to encounter patients. For the student the subject is a bridge he must build in his mind to carry his knowledge of pre-clinical subjects, and his understanding of scientific method in biological science, into the seemingly empirical field of clinical experience.

For the practical physician also, pathology is a bridge; and methods and concepts elaborated in the laboratory may find their way into clinical practice across it. It is chiefly through hospital pathology departments that techniques of anatomy, bacteriology, and biochemistry contribute in a practical way to patient care. This simple pattern of development is clearly visible in Hong Kong where the University Department of Pathology teaches bacteriology as well as pathological anatomy, and provides laboratory services to the Queen Mary

Hospital in those fields, as well as in biochemistry. In universities of more elaborate organization, these functions are generally divided between two or more departments.

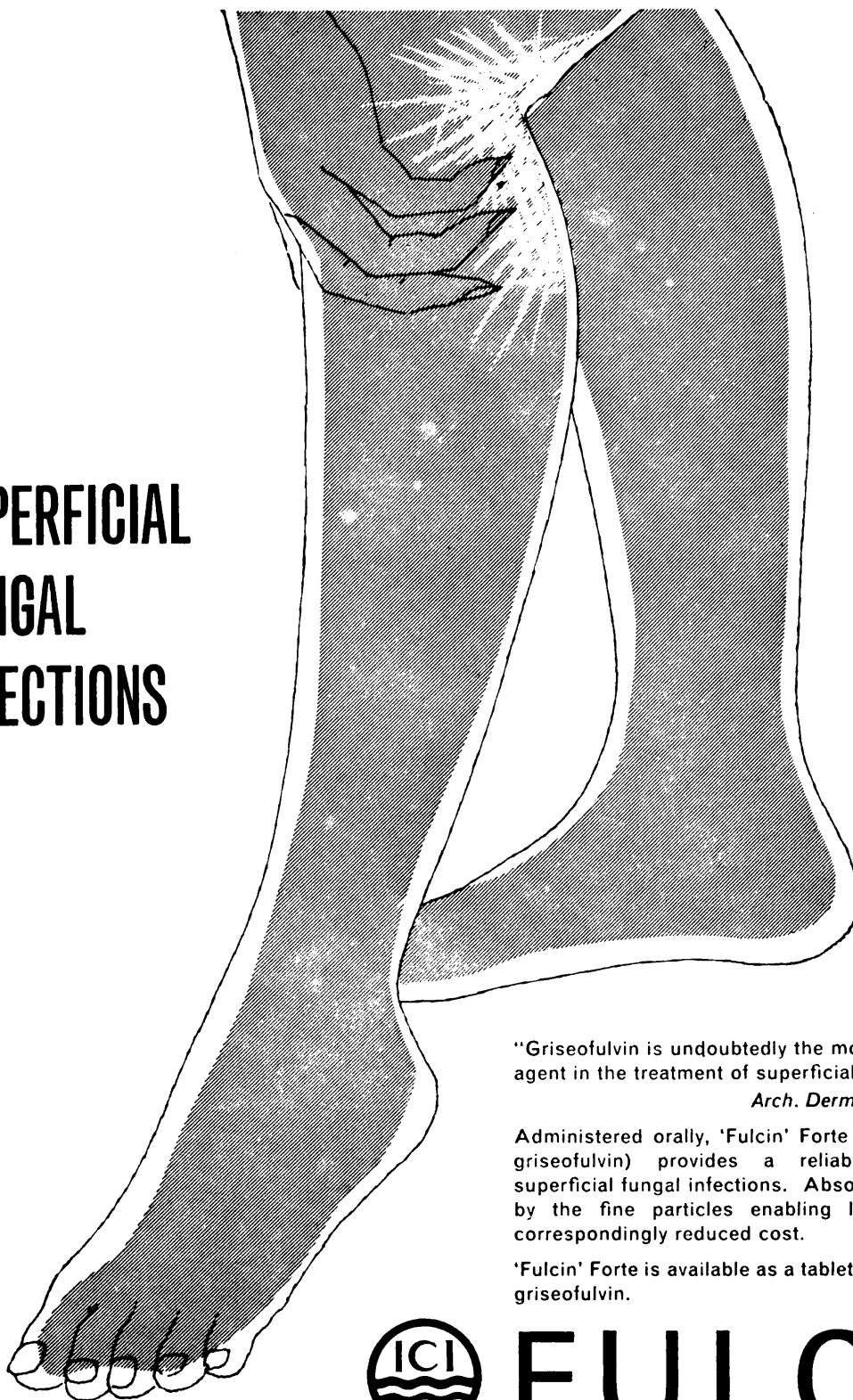
The persistence of a primitive pattern in Hong Kong cannot be explained entirely by exceptional needs for economy, the effects of isolation, or even some notion that Hong Kong cannot be expected to keep pace with scientific advances elsewhere, although I have heard all those thoughts expressed as the major considerations. The stranger is soon reminded here that special conditions prevail in Hong Kong. He may also observe that they are largely the results of wars or rumours of wars, and of the dislocation and ruin caused by them in the lives of so many. With the passage and profitless to harp on a savage past, but we cannot ignore it when we review pathology in Hong Kong. And so a quotation from John of Gaunt's dying speech in Richard II: 'against infection and the hand of war', provides an apt title to what I am going to tell you of the past activities of pathology and its continued aims in Hong Kong.

The Chair of Pathology in the University of Hong Kong

The 46-year period in which the Chair of Pathology has been in existence has been a time when research, using the techniques of the basic sciences, has produced benefits that only a visionary would have predicted in 1919; and the need to maintain continuity throughout the students' course is now obvious to all. But we may infer that when the first professor was appointed in that year, the University and the Government authori-

* Delivered on 3rd March, 1965.

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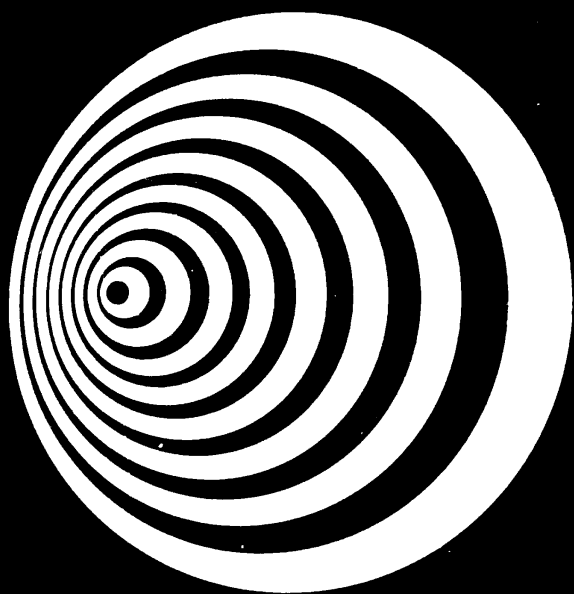
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ties appreciated the relation of pathology to clinical practice, for the first professor held an honorary appointment as pathologist to the Government Civil Hospital, to ensure that his work would not be divorced from clinical medicine; and this relationship has remained in one form or another.

The first occupant of the Chair so constituted was Professor C. Y. Wang, a man well suited by his gifts and training to start the University's Department of Pathology. He is to be honoured too as the first Chinese holder of a Chair in this University. Like several Hong Kong doctors of his time and of later years he distinguished himself in his training in Edinburgh, after graduation here. His contributions to pathology in Hong Kong included writing a text-book to establish the teaching programme. His family are still represented in Hong Kong and in Scotland.

After the untimely death of Professor Wang, the Chair was held from 1931 till 1939 by Professor Leslie Davies. Davies's interest in hæmatology eventually drew him back into clinical medicine, and he crowned his distinguished career by occupying the Muirhead Chair of Medicine in the University of Glasgow. He is now in retirement in England. Davies was followed by Professor R. C. Robertson, who came from Shanghai where he had been the head of the Division of Pathological Sciences in the Henry Lester Institute. His wide experience of China was enlarged by a period as Commissioner of Health and Chief Technical Expert for the League of Nations in that country. The Japanese occupation of Hong Kong was responsible for his early death in 1942, and the dogs of war snatched from the University those important contributions which were to be expected of a man of Robertson's administrative gifts and professional experience.

The task of re-establishing pathology in Hong Kong fell to P. C. Hou, who was Professor of Pathology from 1948 till 1960. The impressive manner in which Hou carried out this task of reconstruction is known to many of you

and was recognized by the University in the Jubilee Year, when the degree of Doctor of Science *honoris causa* was conferred on him. Professor Hou was one of the pioneers of pathology in the Far East, and is still engaged in the subject in Peking; but he left a tangible memorial in Hong Kong in this striking building in the Queen Mary Hospital compound now housing the department.

The move from the University compound to this site in 1958 was more than a simple matter of re-housing and taking away old fittings and setting them up in a new place. A new function of the new department has been to provide modern clinical pathology services to the Queen Mary Hospital. To combine in practice what is best for the University medical students on the one hand and for the Government hospital patients on the other is difficult, and the needs of the two parties may at times appear to diverge; but I am sure that where mutual interest is so clearly involved such problems are solved by goodwill.

My immediate predecessor is the third of the five Professors of Pathology who have died in office. The shortness of Professor Kirk's tenure was a grave loss to the University, for he was a distinguished research worker of international repute in the field of parasitology, as well as a man of charm and kindness. Kirk was very conscious of the need for training pathologists and sought for his young men something like the early opportunities for research, he felt had been so valuable to him. The need to train pathologists not only as teachers, but also as practitioners in hospitals and in other spheres in the community remains critical in Hong Kong.

Teaching Pathology to Students

Thus, over the years, under my distinguished predecessors, like pathology departments in other places, we have become involved in hospital work as well as in research and in the teaching of students. These activities compete for the time of teachers, but the division of interest may be justified if students can

be made to see the routine application of pathological techniques, judgments, and classification to clinical material. In trying to provide such experience for the student we are doing no more than what Confucius advocated more than two thousand years ago when he stated: 'To hear much, select what is good, and follow it; to see much and remember it; these are the steps by which understanding is obtained'. It is because university pathology departments have generally accepted the challenge of combining hospital with teaching work that they can help the student to bridge the gap between preclinical and clinical subjects. A similar course would seem open to some other subjects too, but it has not been the tradition. Advantages might accrue, for instance, from the participation of university biochemists in hospital work, but perhaps that subject, which is a child of the last hundred years, has grown too fast to be fully integrated yet into the conservative structure of medical education. At any rate it is still the practice for hospital biochemistry to be carried out in pathology departments.

Since my theme tonight is pathology in a university setting, I need not explain at length why a modern hospital needs a lively pathology department. We may concede that present refinements in diagnosis and treatment demand a wide variety of laboratory tests for the ordinary care of patients which we all now take for granted. On the proper choice and accuracy of these tests, the safety of the patient may from time to time depend, as much as on the surgeon's skill, the quality of nursing or the acumen of the physician. Pathology provides some measure of that quantitation in diagnosis required for the application of scientific method, and is a valued check on other types of investigation. Medicine without the internal audit of pathology is medicine neglectful of standards. It is because pathology is closely concerned with maintaining standards that even the techniques of hospital pathology are properly at home as a subject in a university.

But for the medical student, pathology

does not consist in mastering techniques. He is required to learn only a few, and those the most simple. Repetition and learning by rote have a value in acquiring techniques, but they tend to deaden critical thought. If the student is to benefit from pathology as a bridge to his clinical studies he must keep alive his critical faculty amid the welter of new facts that confront him. An ideal course would provide him both with an ordered knowledge of those structural and biochemical changes that underlie disease, and with the ability to apply scientific methods of experiment and controlled observation to clinical situations. Constructive thinking has always been valued by enlightened educators as a basis for true understanding. Confucius again summed the matter up when he wrote: 'I point out the way only to the student who has first looked for it himself, and make him find his own illustrations before I give him one. If when I give the student one corner of the subject he cannot find the other three for himself, I do not repeat my lesson'. Nowadays we are more lenient to our students, but then perhaps we do not obtain such good results.

Pathology is not, however, a philosophical enterprise, but is a science having techniques of its own for expanding the frontier of knowledge. The body of pathological knowledge, like that of other scientific subjects, is a living one, composed of fragments of observations that are constantly being changed and renewed like the cells of the body, without disturbing the integrity of the whole, as one incomplete observation is replaced by another that lies perhaps closer to the truth. Students learn as much by example as by precept. If the student finds in his teachers that critical and thoughtful attitude that research generates, he is the better able to sift his experience, and to realize that the subject is growing, changing, and developing and is not some empirical assemblage of facts. We cannot predict all that our students should know twenty years from now, but we can help them to acquire in due course what is neces-

AGAINST INFECTION AND THE HAND OF WAR



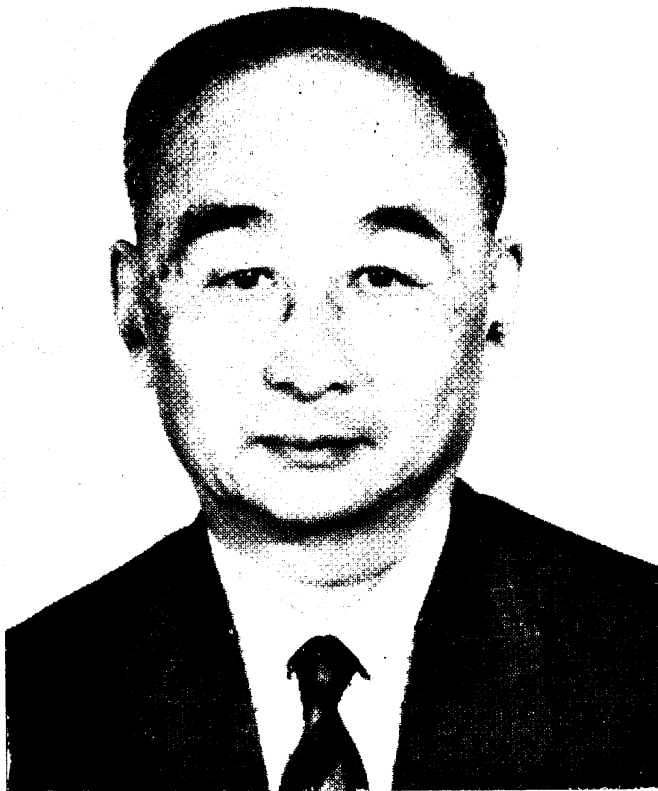
C. Y. WANG
Professor of Pathology, 1919-1931



L. J. DAVIES
Professor of Pathology, 1931-1939



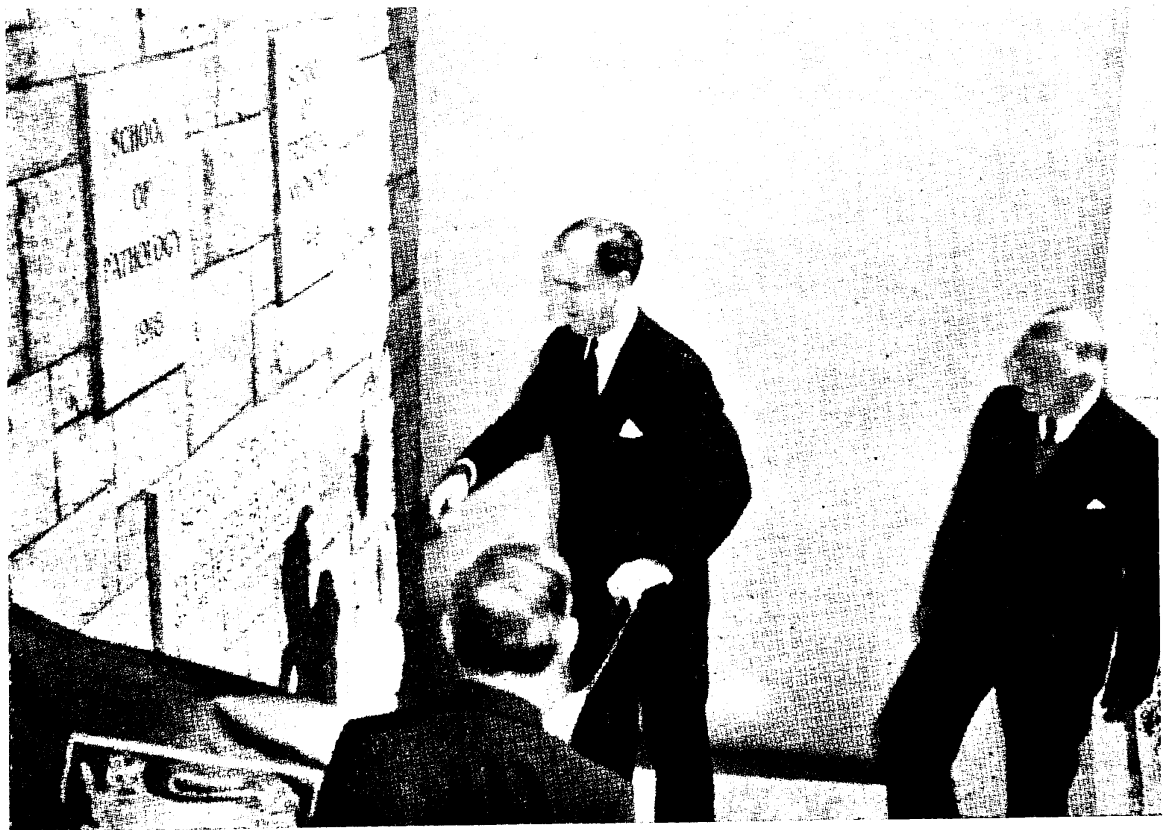
R. C. ROBERTSON, M.C.
Professor of Pathology, 1939-1942



P. C. HOU
Professor of Pathology, 1948-1960



R. KIRK, O.B.E.
Professor of Pathology, 1960-1962



The opening of the new Pathology building in the Queen Mary Hospital Compound on 22nd January 1959. His Excellency, The Chancellor, Sir ROBERT BLACK, G.C.M.G., O.B.E., M.A. unveils a memorial plaque. Professor Hou and the Vice Chancellor look on.

sary, if we teach them now to think critically and scientifically. The return from individual research in the form of specific advances in medicine is always uncertain, though sometimes outstanding; the modern pattern is of advance on a broad front, based on many individual studies. But the return from research done in a teaching department is certain. The return comes in the form of better teaching.

The University Grants Committee recently found that nearly half the working time of university teachers in Britain is spent on research. Sir Eric Ashby warned against eroding this time for other purposes in his Presidential Address to the British Association in 1963 even though, or rather because, his main theme in that address was the need for more higher education in science. He chose as his title: 'Investment in Man', and that is of course what education is. Other voices than Sir Eric's have been raised in warning in British universities, that we must educate our students for a world which is changing at an accelerating rate, where new techniques come increasingly to hand for exploitation by those whose minds are open to their possibilities. Sir Leon Bagrit in his Reith lectures in 1964 on 'Education for an Age of Automation' remarked that 'the real problems of education are going to centre on the need to develop people capable of living the fullest possible lives in an age of plenty'. An age of plenty may sound a curious phrase to use in Hong Kong, with its acres of poverty-stricken dwellings, but Hong Kong is in the current of modern life nevertheless, and the echoes of modern advances reverberate here as elsewhere.

An ancient Greek proverb ὁ κόσμος ὡσανεὶ πόλις ἔστιν (the world is just like a city) is all the more true today, when communication is so much faster. Surveying the scientific resources now available to the profession against infection, if not against the hand of war, the doctor of today in Hong Kong, if he has any sense of history, must concede that he at least has been born into an age of plenty.

It is one of the strengths of the medical degree course that it is still possible to give the student a co-ordinated view of a large area of knowledge and to link one subject to another. But specialization and a narrowing of fields of expertise mark our civilization, and in this intellectual climate, one field of knowledge becomes dissociated from another, even within our universities. More obviously, university subjects, particularly scientific subjects, are drawing apart from literary life in general. C. P. Snow in his book *The Two Cultures and the Scientific Revolution* (1959) warned against the dangers of a society in which men of letters can no longer communicate with men of science about basic ideas. It is grave for the literary man if he must exclude from his purview what is conspicuously the most successful field of human endeavour over the past hundred years. The rift is unfavourable to the integration of science and its benefits into modern society, and even for the orderly development of science itself. In past years science and the arts have shared many attitudes of mind, and much attention has been given to the impact of scientific thought on literary and artistic works. Less attention has been given to the converse. But it is also true that prevailing climates of opinion and philosophies have moulded scientific development. Contemporary thought influences the growth of science, because science grows by the accumulation of facts, by the making of hypotheses, and by the testing of them in practice and experiment. All these activities are modified by the prevailing intellectual climate.

With this in mind, I should like for the next few minutes to trace a path through the history of pathology which follows throughout the main stream of Western thought. Though eclectic, this path leads through the chief stages in the history of pathology.

The Development of Pathology and Its Contemporary Background

The subject was founded in the eighteenth century by the observations

of Giovanni Battista Morgagni of Padua, who first demonstrated that certain diseases affect particular organs in more or less specific ways. In a series of letters to an unknown friend he codified what he had observed in *post-mortem* examinations, related them to the patients' complaints, and introduced the proposition that the symptoms of diseases are to be understood in the light of changes in particular organs. This anatomical concept is still an essential element in our thinking today, and Morgagni's work is the foundation of scientific study of *post mortems*. He successfully relegated to the past the theories then current, of humours or general pervasive influences. His letters were printed as a book entitled *De sedibus et causis morborum* and published in Venice in 1762, at a time when the spirit of codification and systematization was prompting the preparation of the French Encyclopædia and some years after the appearance of Linnæus's *Systema naturæ* (1735). Johnson, echoing Juvenal's tenth satire, caught the spirit neatly, commanding

Let observation with extensive view
Survey the world from China to Peru.

Inheriting later this ordered and stabilized mass of knowledge, the nineteenth century began to search for some informing principle with a burst of enthusiasm for the times when in Wordsworth's phrase 'to be young was very heaven'. Biological sciences responded in their own way in due course.

In August of the year 1858, Rudolph Virchow in Germany published a series of lectures he had given earlier in the year. The work expounding Virchow's doctrine of cellular pathology appeared in an intellectual world full of attempts at new syntheses. Darwin and Wallace had presented their papers on evolution and natural selection to the Royal Society in London during the previous month, and so had introduced a unifying concept to embrace the abounding variety of life. Wagner, then finishing *Tristan und Isolde*, was consciously striving to bring to opera a unity of instrumental and vocal parts that would

create a new and more compelling texture of sound. Dickens, casting the novelist's net over all states and conditions of men, was working in 1858 on *A Tale of Two Cities* in his home on a site now occupied by the British Medical Association's house in Tavistock Square in London. Virchow was caught up in the intellectual and political life of his times. He had endangered his career as well as his life by manning the barricades in Berlin in the liberal uprising of 1848 against a reactionary Prussian government, but he was himself to participate in another Prussian government of later days. Drawn by his studies in anthropology he found time to interest himself in Schliemann's excavations of Troy, but of course he is chiefly remembered for his firm claim that a cell is the only origin of other cells and is the true unit of vital reaction. This doctrine *omnis cellula e cellula* and the conclusions Virchow and others drew from it, proved as revolutionary a viewpoint in medicine as Darwin's evolutionary theory in biology. It freed pathology from the confines of purely static notions of cause and effect and prepared the way for the study of progressive reactions between the body and its environment.

From our vantage point now, it seems a natural enough step from the cellular doctrine to the ideas of Pasteur, who initiated bacteriology a hundred years after Morgagni's book appeared, when in 1861 he attacked the theory of heterogenesis or spontaneous generation. He was working on the oidium disease of grape vines that had been so costly to French wine growers, and showed that the fungus which causes the disease in one vine could be derived only from the fungus infecting another vine, and not from any other set of circumstances. Pasteur then turned his attention to diseases of silk-worms; and the application of his views to medicine was received with scepticism at first. War played a part in bringing recognition, for he applied his talents to problems created by the Franco-Prussian war of 1870; and it soon became clear through

Pasteur's work and that of others, such as Lister and von Behring, that in bacteriology lay a key to many problems of safe surgery and public health. The revolution which bacteriology and allied sciences soon brought about in medicine has continued to our own day and has been a major factor in extending the expectation and enjoyment of life at all levels of society. It is a surprising thought now, that only a hundred years ago it seemed natural enough that typhoid fever should carry off the highest in the land, for that is what Albert Prince Consort died of in 1861. Bacteriology soon exerted a dominant influence in medical research that accorded well with Victorian ideas of the perfectibility of man, with its emphasis on the external character of man's troubles. In the same intellectual atmosphere were formulated also political systems to control the vagaries of politics just as science seemed to be controlling nature.

The war of 1914-1918 may be taken as the end of the Victorian world, the time in fact when Professor Wang was appointed as first professor here. The experiences of the war seemed to relegate the perfectibility of man beyond practical realization. Though politicians persisted with panaceas of an earlier age, the post-war leaders of the literary and artistic world abandoned objective and comprehensive viewpoints for a subjective and personal approach. Despite some more sinister modern analyses, Dickens's novels transmit a wide expression of Victorian culture, but a work like the *Ulysses* of James Joyce, which appeared in 1922 and which in its curious manner magnified a trivial incident to Homeric proportions, can only be acceptable to the initiated few. Art, too, abandoned to the camera and cinema attempts at universal appeal and followed so many and such divergent individual courses that Bell, a modern writer, can say that 'there is no form of pictorial eccentricity which can provoke or even astonish the critics'. Even philosophy retreated to individualistic analyses such as Existentialism.

In the meantime, though public health

has continued its practical successes, the *avant garde* of medical research has turned away from external factors to some extent, confronting rather the problems of the individual and his personal physical and biochemical endowment. We have come to realize more and more that human beings, like other creatures, possess remarkable qualities of homeostasis or the ability to maintain the biological *status quo* amid the insults of the external world and of hereditary defects. Research on the adrenal glands, for instance, has shown how intimately they are involved in responses to stressful situations. Even the bacteria of the second half of the twentieth century possess some sort of individuality in the important matter of their resistance to antibiotics.

The fields of medical research, or even those parts that are peculiar to pathology, are now so vast that I may be accused of facile simplification if I refer to any of them in more than general terms, but I should like to mention briefly one large subject of current interest which I think is typical in its concentration on the individual and his physical endowment.

Inborn Errors of Metabolism

In 1909 Sir Archibald Garrod first published a book called *Inborn Errors of Metabolism*, collecting observations on four rare diseases, which are present from birth, which last throughout life without alteration, and which occur in other members of the family. These conditions are each due to the absence or impaired activity of an individual enzyme governing a single metabolic step. Garrod's book was not widely noticed and was republished in a more receptive atmosphere in 1923. Twenty years later, Beadle associated this work with genetics, by formulating, from his studies on the fruit fly, the concept that each enzyme is controlled by one particular gene. The list of inborn errors of metabolism or inherited enzyme defects has now been increased to more than fifty, and the actual site of the biochemical anomaly has been elucidated in many. Although most of these

inherited defects are rare, the problems which they pose in what is often a soluble form sometimes have a bearing on more general and common pathological problems.

Some persons who suffer from inborn errors of metabolism are mentally retarded, and, in a study of mentally retarded individuals in Northern Ireland, Carson and Neill in 1962 identified several patients with a hitherto undescribed metabolic defect with a familial incidence, affecting the biosynthetic pathways of sulphur-containing amino-acids. We were surprised to find, when we began to study this condition, that some of these cases exhibited striking manifestations of an uncommon combination of physical features including lengthening of the fingers and toes. The limbs are also elongated, ligaments are loose, and the chest is deformed. This group of physical features together with some others comprise a well-recognized condition called Marfan's syndrome, which is not in itself associated with mental defect; indeed it has been suggested that Marfan's syndrome caused the unusual physical habitus of Abraham Lincoln, who was assassinated a hundred years ago this year. A certain amount of knowledge is available on the way Marfan's syndrome comes about, and it seems probable that the defect lies in the processes whereby connective or supportive tissues such as ligaments and bones are formed. The course of events leading to Marfan's syndrome, though usually set in motion by genetic factors, may also result from poisoning in the growth period by some vegetable substances, and the physical signs are probably only the visible results of any agent that will disturb in a particular way the proper formation of connective tissues in the growing individual. Our information about the metabolism of connective tissues is still defective; but the subject is obviously important, not only for those who suffer from Marfan's syndrome, but much more widely in surgery and in many other aspects of medicine. We may hope that the establishment of this correlation between

connective-tissue growth and the sulphur-containing amino-acids, which was not recognized before, may eventually lead to practical contributions of widespread application. In this instance we were fortunate to hit early in our investigations on a link between a rare condition and a pathological problem of major interest.

In another group of inherited disorders of metabolism in which I have been interested—the porphyrias—biochemical analysis, stimulated by clinical observations, has greatly enhanced our knowledge of general metabolism and particularly of enzymes such as hæmoglobin needed for cell respiration; respiratory enzymes generally contain the porphyrin ring molecule. Biochemists, by elegant methods of investigation such as progressive bio-synthesis and degradation of molecules tagged with radioactive atoms, have now worked out the steps by which every atom of the complex porphyrin ring is built up. The condensation of succinate, from the tricarboxylic acid cycle, with glycine yields aminolævulinic acid and substances like porphobilinogen on the route to protoporphyrin. Respiratory enzymes containing porphyrin rings are found in both the animal and the vegetable kingdoms and so appear to have participated in cellular respiration from a very early point in evolution.

Some forms of porphyria, fortunately the most uncommon, produce arresting physical manifestations—scarring of the face and mutilations of the hands on exposure to sunlight, and sometimes a purple discoloration of the teeth which emit a fluorescent glow in ultra-violet light. L. Illis has recently suggested that unfortunate subjects of this disease with such an obvious and unpleasant appearance may in the past have been called werewolves—that mythical combination of man and wolf which figures in the lore of many nations in Europe and some elsewhere. A commoner form of porphyria is one in which the patients, who appear perfectly normal, suffer from recurrent attacks of abdominal pain and muscle paralyses, especially if they take certain drugs; porphyrin precursors

of various types are produced in excess. Perhaps in these susceptible individuals some of the alternative pathways of disposal of glycine are unduly vulnerable to blockage by drugs, and so porphyrins and their precursors, such as aminolævulinic acid and porphobilinogen, are produced in excess. At any rate when certain drugs are taken, a biochemical crisis develops and makes itself known in an attack of muscular paralysis and abdominal pain. In 1955 Dr Goldberg and I were able to show that both symptoms of paralysis and pain result from the same sort of damage to nerves. Nerve fibres are normally surrounded by myelin sheaths which may be compared to the insulation round electric wires. In attacks of acute porphyria these sheaths are destroyed here and there, and nerve conduction is impaired. We were not able, I regret, to delineate exactly how the disturbance of porphyrin production affected the myelin sheaths. The metabolism of myelin is one of the slower metabolic processes, and minute differences in utilization of porphyrins are difficult to detect over relatively short experimental periods. No doubt a better mounted attack will eventually clear away the difficulties and so enhance our knowledge of nerve function as well as of porphyria.

Disturbances of porphyrin, like other inborn errors of metabolism, occur in families, and this has been exemplified to a remarkable degree in some painstaking work by Dean in South Africa, where a distinct form of porphyria is encountered affecting an estimated 8,000 persons. The condition has become important recently, because drugs are now being used more commonly which precipitate attacks of pain and paralysis in the susceptible. Dean has traced the trait back to a Dutch settler named Gerrit Jansz who married in 1688 Ariaantje Jacobs, one of eight girls sent out from a Rotterdam orphanage as wives for the settlers at the Cape. Affected branches of the family in Europe have even been traced, and the story sheds a light, not only on human fertility under favourable circumstances

over six or seven generations, but also on the stability of human inheritance unaffected by a change of environment.

The examples I have chosen of research in this field have a European background, because I have been interested in them myself in the past, but it is well known from work here that inherited enzyme defects are of practical importance in Hong Kong too. Even the rare and unusual wherever it occurs may merit close research, because of the lead that work of unquestioned excellence in some restricted field may offer in solving some of the commoner problems of medicine.

Perhaps a later age may weave together the many strands of current research on isolated and particular problems of this type into a coherent intellectual fabric. I need hardly tell you that the pattern of such a unifying concept cannot be discerned yet in pathology any more than in the arts, but I believe we should be mistaken not to expect one to appear one day.

Pathology as a University Subject

If I have presented a picture of the university pathologist juggling his time between the triple demands of teaching, research, and patient care, I make no excuse for it. That is how our efforts are directed 'against infection and the hand of war'. Perhaps I have even made out a good case why this schizoid state should continue; but how far does it coincide with what we think to be proper university activity? I should like to close by suggesting that it is not the content or techniques of a subject, however abstruse, nor even the most ancient associations, like those that medical faculties have with universities, that fits a subject for teaching in a university framework. The word university has never implied any claim to universal knowledge, but it does supply a hint of meaning, for it is derived from the mediæval Latin word *universitas*, which was used for what we should now call a corporation. It implies a community of interest between its members. Surely this community of interest lies in

the pursuit of intellectual excellence, or to use the words of Sir Richard Livingstone, in 'the philosophy of the first rate'. It is this pursuit which should fire the young scholar and sustain the old.

We cannot escape the conclusion that this aim is of particular value in Hong Kong, isolated by distance and other factors from similar institutions, to support our University against the seductions of educational or medical expediency. But Hong Kong, like ancient Tyre as Isaiah saw it, 'the crowning city whose merchants are princes and whose traffickers are the honourable of the earth', cannot look elsewhere than to its University to maintain its intellectual and scientific standards. For our merchants and traffickers, knowledge and straight dealing are honourable aims—or to put it as a Latin motto, *cognitio et fas*. But that is not the motto of

our University, which must search in its different sphere after wisdom and excellence and that, I take it, was in the minds of our founders who chose the words *sapientia et virtus*.

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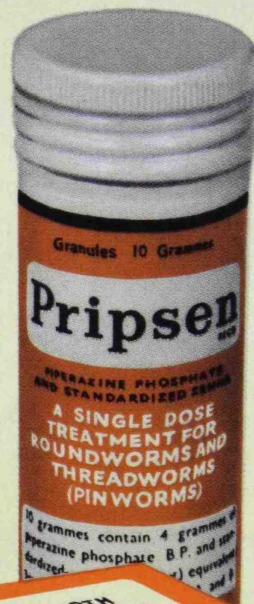
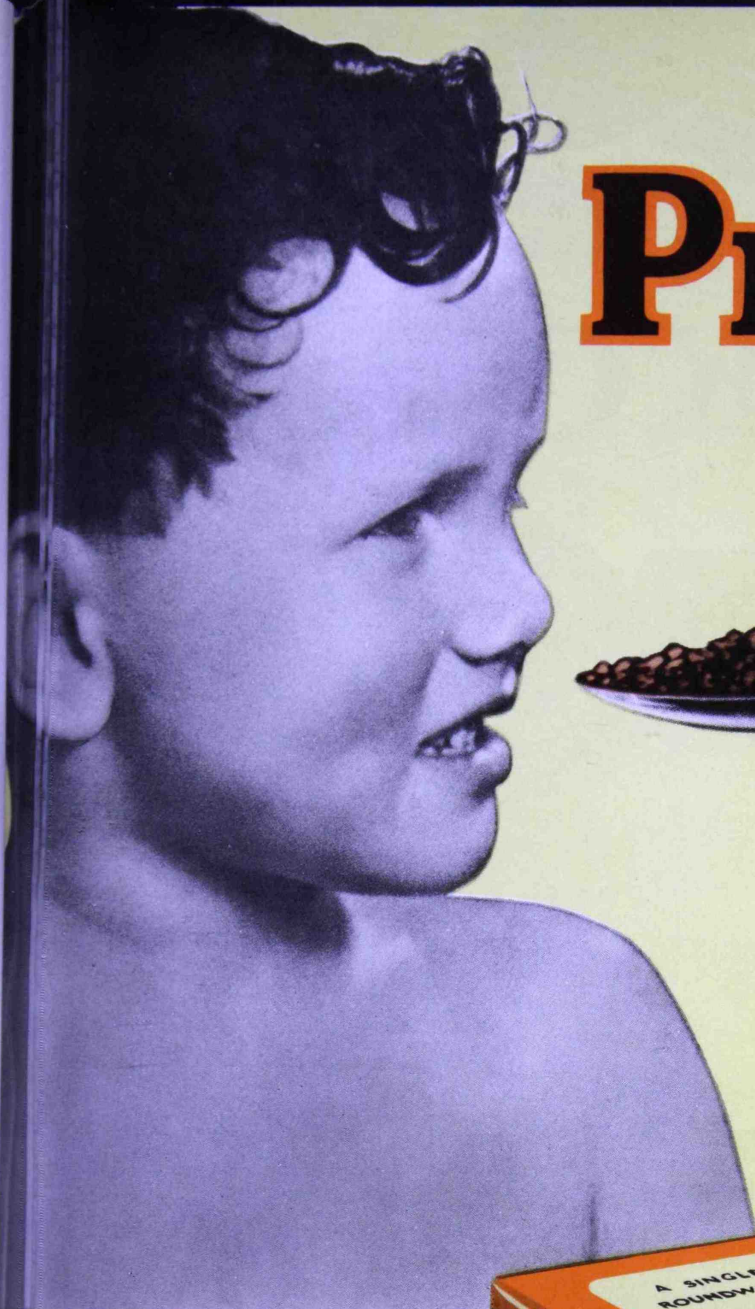
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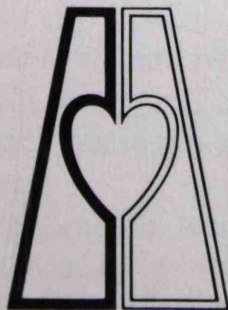
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MEDICAL STUDENT RESEARCH TRAINING

BY DR. CHAUNCEY D. LEAKE,

*Co-ordinator, Medical Student Research Training Programme,
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"I am glad to send a note for publication in the Elixir, the Student Medical Society Journal, on our medical research training program. You must have a keen group of youngsters, and I am delighted that they are interested in research training. This is also good teaching."

This from Dr. Chauncey D. Leake of the San Francisco Medical Centre, University of California.

If publication of this article be an indication of our students' interest in the deeper fields of medicine, then perhaps our teaching staff, after reading this article, might rally to the support and promotion of such a program. — THE EDITOR.

Research training for medical students is a new idea. However, it can be a most important aspect of the teaching effort, especially as directed toward the practical business of taking care of sick people. The point is that every patient who comes for medical attention is actually a new, unique, original, and special research problem.

Every patient differs from every other patient. No two individuals are alike in any way. All of us differ markedly in our chemical profiles and it is now possible, with modern biochemical techniques, to get a fair picture of the chemical makeup of each individual, and how it may differ from the average. The function of the physician is thus to attempt to bring the picture more into average focus.

Research training thus becomes extremely important for medical students. Research training helps medical students to understand the problems involved in search and research, and to apply their knowledge in research methods to the actual management and handling of the sick patients they encounter in their daily practice.

Why Search and Research?

It is interesting that we frequently ask, why should we undertake research? Usually the answer is because we are curious, but then we ask why is it that

we are curious? Then we become engaged in the very process we are discussing. Search and research are a part of living. All living things have to search and research for food and reproduction. Mechanisms which control the search and research for food and reproduction appear to be built into the structures of their chemically sensitive nervous system.

MacLean has called attention to the two groups of chemically regulated cells which operate in cycles, and which lie in that maze of sensory and motor nerve pathways which we call the hypothalamus and limbic system. One group of cells, evolved in response to the biologic need for self-preservation, directs a drive for food, and may be regulated by a "glucostat." The other, oriented toward species preservation, which becomes activated during the metamorphosis of puberty, channels the drive for sex. This group of cells may be responsive to chemical build-up, with polarizing "charge" within the cell, which is released, as the cells "discharge."

In either instance, there is a feeling of comfort, pleasantness, relaxation, sleepiness, and contentment. This is the feeling of "satisfaction." It may easily be conditioned, and is indeed conditioned in a different way for every one of us. Nevertheless, we all seek this feeling of "satisfaction." In the case of

scientists and health professional personnel, there has been conditioning toward "satisfaction" in the scientific or professional work. We get "satisfaction" from the achievements gained by search and research.

Purposes and Judgements

The purposes of the health professions are changing. Whereas it was once the case that the members of the various health professions would wait for people to get sick, and then try to do something to get them well, there has gradually come a change. This older system persisted for many centuries, and great experience was accumulated in the practical care of sick people.

In the 19th century, however, scientific knowledge about health and disease had increased to such an extent that it became possible to think about more rational methods of treatment of disease than those based merely on experience. Both microbiological scientific knowledge, as well as biochemical scientific knowledge, together with basic understanding of anatomical, physiological and pathological principles, made it possible to treat disease with ever-increasing success.

By the end of the 19th century, verifiable scientific knowledge about ourselves in health and disease had come to such a high level that it could be seriously proposed that we make an effort to prevent disease. William Henry Welch (1850-1934), that great pathologist and humanitarian, proposed that medicine be oriented toward the prevention of disease. He recommended that all medical schools focus on preventive medicine. Indeed we all enthusiastically set up courses in preventive medicine, hoping that members of the medical profession would go out and practice successfully on the basis of preventing disease.

The effort was a failure. Physicians simply could not see how they could make a living by preventing that on which they thought their living might depend. Accordingly, they had little to

do with preventive medicine in actual practice, but went along on the basis of the old conventions. The people, however, who frequently understand broad social developments, took up the matter and established public health, over the often violent opposition of the medical profession.

Public health became so successful that it has caused much difficulty. It has greatly prolonged life expectancy, and thus has contributed significantly to extensive population pressures. Public health has been extremely successful in controlling infectious diseases of all sorts, and in many instances has greatly aided in the control of metabolic disorders. On the other hand, the extensive population pressures have caused a tremendous increase in individual and social tensions, and is rapidly leading to marked disturbances in our environment through air and water pollution and in the destruction of the natural world from which we have evolved.

What is wrong? We do have to examine our purposes carefully. Perhaps now we can turn to an even more challenging purpose with respect to our health professions. Perhaps we may consider the proposition of trying to promote optimum mental and physical health for people everywhere. This is a great challenge. Whether we succeed in meeting the challenge will depend to a large extent on whether or not we can solve the economic questions which are certain to arise. How do we make a living by keeping people well?

Whatever may occur in agreement on purposes, we then are faced with an esthetic problem. Purposes are largely a matter of basic ethics. Purposes involve motivation, inter-personal conduct, and other matters that are concerned with basic morality.

On the other hand, we have learned by long experience that it is essential to have verifiable information about ourselves and our environment in order to accomplish our purposes. This is the function of the sciences. The scientific endeavor has been the most successful that we have ever been able to develop

in getting verifiable "truth" about ourselves and our environment.

Our problem then becomes how to apply this knowledge most effectively and fittingly to the accomplishments of our purposes. This is an esthetic problem, and calls for judgement. Unfortunately, we have not worked out a satisfactory method for the training of judgement. One can only acquire good judgement by continual practice. This is certainly something that the health professions have learned long ago.

Medical Student Research Training

It becomes increasingly important for medical students to have broad philosophical approaches to the practice of modern medicine. We all have to learn to work together. The members of the various health professions, health sciences, health services, can achieve their common purposes if they will learn to work together. It is here that the community teaching for medical students, along with dental students, pharmacy students, nursing students, public health students, and even veterinary medical students, will help in the long run. We will learn to know each other and to get along with each other. We will realize that we have common purposes, and that we can achieve our objectives better by working together than by going our own separate ways. Furthermore, we'll learn to get over inter-professional jealousies, and to get on with the important work that we have to do.

There are ever-increasing pressures upon us, largely because of our enormous population increases. We have to meet what is coming, and we have to learn to manage it. Perhaps one of our most important problems in the health professions will be to inspire people to control family size, so that we can continue to enjoy this earth that is ours.

We have long become accustomed to a discipline-oriented curriculum in the health professional schools. These various disciplines, such as anatomy, physiology, microbiology, biochemistry, pathology, pharmacology, and the vari-

ous clinical special fields, have developed in an evolutionary way over the past few centuries. In general, those organized disciplinary areas of knowledge which are with us now have survived with us because they have a certain amount of survival value. Nevertheless, great changes are coming.

We are reorganizing our thought processes in connection with living material. We are becoming increasingly conscious of the significance of the various organizational levels of living material, from macromolecules to ecological milieus. We are learning that there are many important factors in understanding living processes which may not satisfactorily be developed within existing disciplinary fields. Accordingly, we have to promote interdisciplinary "conferences" and we have to seek ways and means of crossing various artificial barriers between different fields of endeavor. Perhaps this will result in a total reorganization of our medical curricula. Certainly there is plenty of experimentation going on in various medical schools throughout the world in regard to changes in the way by which we can acquire that verifiable knowledge which is increasingly essential for us in accomplishing our purposes of controlling disease and of treating it successfully when it comes along.

No matter what the formal method of teaching may be, there will certainly be increasing need for research training. It is possible that medical students increasingly will have the responsibility of learning on their own. Formal didactic lectures have shown over the centuries that they are perhaps the most satisfactory way of condensing a vast amount of informative material, organizing it in a systematic manner, and presenting it succinctly and clearly. The lecture system will probably remain with us, and may indeed become increasingly important.

Laboratory exercises may undergo great change. There is little point in spending too much time on technical procedures. We can bog down readily in technique, and nothing is more dis-

astrous in the actual practice of medicine than a technical triumph in the face of a breakdown in judgement.

With modern methods of closed-circuit television demonstration, with two-way radio, it may be possible for teaching in the health professions to become increasingly personalized, even with increasingly large classes. It will always help to break down the class into small groups. Years ago it was suggested that medical students could work well together in a "student-unit laboratory," in which four students could have their own desks and book shelves, as well as a chemical desk, a microscope bench, and facilities for dissection or physiological or pharmacological experimentation.

Variations on this idea have been put into effect in many medical schools. In some instances, the size of the group is around twelve students, and this is a convenient group for seminar discussion. The individual students may have their own desks and book shelves along the sides of the room, with experimental facilities set up in the center of the room, and in such a manner as to offer opportunity for seminar interchange and discussion. These various ways of handling small groups of medical students are working successfully in many institutions.

Under these circumstances, it becomes increasingly possible for students to undertake specific research training. This can become highly individualized, and can approach most closely the ideal of an individual student working closely with an individual master.

In many medical schools there are now developing specific programmes for medical student research training. This usually is on an elective basis, and may comprise a quarter during the third or fourth years. Sometimes the research training may be set up during summer sessions.

In any instance, medical student research training depends upon the good willingness of faculty members. Most medical school faculty members realize that research interests are important in

teaching. Research undertaking can lead to continual satisfaction, and thus help maintain emotional equilibrium and balance, and bring a great deal of continual joy to the whole business of living. Research interests actually require continual study. This gives the best kind of background to effective teaching, since there is a continual expansion of horizons, and a continual broadening of knowledge, even though the research endeavor itself may be sharply circumscribed.

The medical student research training programme usually operates on the basis of matching the interests of individual students with the opportunities provided by individual faculty members. Often the research effort proceeds on the part of the student in the institution with which that student is immediately concerned. On the other hand, arrangements sometimes can be made for research study away from the medical school with which the student is associated. Sometimes research is carried out far abroad. It is always stimulating under these conditions to get other points of view and to note different approaches to the ways by which knowledge may be acquired.

There is close personal contact between the research sponsor and the student. The research sponsor and the student work together in a successful medical student research training programme. Often the medical student participates, not only in the actual handiwork of the experimental procedure, but also in the intellectual ideas that are associated with it. Always a research effort involves a great deal of library work, and this aids the student in learning how to use library facilities quickly and easily.

The successful research venture, whether carried out in the laboratory or in the clinic, usually results in new knowledge. In order to become effective, this new knowledge must be shared with others. The customary procedure in sharing new knowledge among members of the health professions is by publication in a professional periodical.

MEDICAL STUDENT RESEARCH TRAINING

It is quite a job to prepare successful research results for publication. Again the student may aid.

The pay-off in research is publication. Furthermore, it is the publication and its appearance that really gives the deepest and richest satisfaction to those associated with a research endeavor. Often medical students who engage in medical student research training participate in the publication endeavor. They thus begin to get associated with the broad community of scientists who are working together with the health professional personnel for the promotion of good health.

Prospect

There is every indication that medical student research training will increase in significance and importance in medical schools throughout the world. Its success depends on the good will and intelligence on the part of faculty members who are willing to work closely with individual students on specific research problems. It also depends greatly on student enthusiasm and interest. It can result in very great satisfaction both for the faculty members and for the students. Thus it can contribute greatly

to the morale of the institution, and indeed to its prestige and to its position.

Furthermore, the research training effort may have great significance in recruitment of specially interested medical students for academic careers. With the increasing number of people that we have all over the world, there is increasing need for well-trained health personnel. These increased numbers of well-trained health personnel will require increased numbers of competent and effective teachers. It may well be that the medical student research training programme will be the most effective way by which enthusiastic and intelligent medical students can be persuaded that an academic career is really worth while. Certainly through such an endeavor as the medical student research training programme, great satisfaction in the health endeavor is to be achieved.

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* * * *

E.L.: Have you been in Tsan Yuk Hospital before?

Student: Why not — I was born there.

Tutor: Why is the LIVER so important?

Student: Because "HOW LIFE IS DEPENDS ON THE LIVER".

DO YOU KNOW . . . ?

. . . . *who invented the stethoscope?*

He was René-Theophile-Hyacinthe Laennec (perhaps better known in connection with the Laeunec type of cirrhosis of liver), who introduced the use of stethoscope for auscultation of the chest in 1819. Laennec was called to see an obese person and was embarrassed as to how to listen to the chest of the patient by direct application of his ear to the chest wall. Inspired by a game two boys were playing with a wooden rod (one scratching at one end and the other listening at the other), he used a roll of paper for the purpose, and to his satisfaction this ingenious device worked marvelously. From this, Laennec evolved a wooden tube about 9" long and 1½" in diameter which, for convenience, was divided into two parts, one of which was screwed into another with a removable chest piece at one end. Thus sprang the design of the monaural stethoscope in later years, which as followed by the biaural type, and finally this up-to-date Littman's which nearly every medical student has got in his coat pocket.

. . . . *who first used ether as the first anaesthetic?*

He was William E. Clarke who in January 1842 administered ether gas to a young lady for a painless tooth extraction by a dentist. Thereafter, ether was not only used playfully for 'ether frolics' by young people, who used to spend an evening breathing the gas intermittently to get its exhilarating properties, but as a potent agent for general anaesthesia. From it emerged

the numerous analgesics, narcotics and muscular relaxants, together with the modern techniques of hypothermia, electrically-induced narcosis, etc.

. . . . *who invented the obstretrical forceps?*

There has been much controversy over this. But it is now generally agreed that it was Peter Chamberlen (the elder), 1560-1631, who was the first man to use a pair of obstretrical forceps. Peter was once honoured to attend Henrietta Maria, wife of Charles I in 1628, though we do not know whether he employed his forceps for delivery or not. The invention was held as a family secret by the Chamberlens for 125 years through four generations which had seven medical men in succession (three Peters and two Hughes). Somehow or other, in 1728, the secret instrument gradually became known to other obstreticians. Many other designs of forceps were then introduced which could only be manipulated dextrously by skilful personnel.

. . . . *who discovered heparin?*

He was McLean, who was a second year Medical student working with Howell at Johns Hopkins University. McLean noticed the anticoagulant properties of a fraction obtained from liver. The substance was then named heparin because it occurs most abundantly in the liver. This potent agent now plays an important role in modern anticoagulant therapy. For once, then, the medical student contributes to the noble work of Research!

Y. K. H.

HONG KONG UNIVERSITY MEDICAL SOCIETY

ANNUAL REPORT (1964-1965)

The Hong Kong University Medical Society has successfully passed another academic year during which the interests and welfare of its members were maintained at all times. Besides the traditional events, new schemes were put into practice (e.g. Blood Donation Campaigns among University students) and future goals were outlined (e.g. the establishment of an Asian Regional Medical Students Association with its Student Travel schemes). In the field of Sports, the Society has again emerged as the champions among the Faculty Societies by retaining the Omega Bowl.

The following is a summary of the events during the past year.

Academic and Cultural Aspects

Presidential Address

The Presidential Address entitled "Time to Feed" was delivered by Dr. Rosie Young on April 12, 1965, at the Pathology Lecture Theatre. Over 200 people attended the meeting which started at 5:15 p.m. Tea and a group photograph preceded the lecture which concluded at 6:45 p.m.

Christmas Gifts for Sick Children

On Christmas eve, 1964, toys, biscuits and fruits were distributed to the children at Sandy Bay Convalescence Home and the Paediatric Wards of Queen Mary Hospital. The function was made possible by generous donations from medical students in all 5 years. The sum left over from the buying of toys and food was donated to the Sandy Bay Convalescence Home in the form of a monetary contribution. Thanks are due to the two dozen members of the Society who helped at the occasion.

Welcome Party for New Clinical Students

A meeting was arranged in May 1965 between new clinical students and some senior students. Light refreshments were provided. Some representatives of the class were shown around the hospital to help them get orientated. Later, two film shows were shown at the Pathology Lecture Theatre to round up the meeting.

Freshmen Information Service

A Freshmen Information Service stand was provided during the period of Freshmen registration. Besides giving information to the new students, sales of second-hand books, skeletons and microscopes were arranged. At the conclusion, a tour of the Li Shu Fan Preclinical Building was conducted. The Society owes its thanks to those third-year students who devoted so much time and energy towards helping their younger colleagues.

Housemen's Honorarium

Dr. the Hon. P. H. Teng, in reply to a letter from the Chairman, informed the Society that "the question of the revision of the honorarium paid to Houseman was at present under consideration" and that "in the event of the revision being approved the decision would be conveyed to the appropriate University authorities".

Blood Donations

A blood donation campaign was launched in February 1965 with the help of Council members of the Students Union. A total of 39 university students answered the call while a further

65 signed enrollment forms to donate blood at a later date.

Asian Regional Medical Students Association

The formation of an Asian Regional Medical Students Association was first proposed by the Australian Medical Students Association in August 1965. Already the Singapore Medical Students Society has offered to host the inaugural meeting of delegates in mid-March of 1966 and countries like Ceylon, Thailand and Vietnam have expressed their willingness to attend the Singapore conference.

A subcommittee report with recommendations in favour of the proposed scheme was recently submitted to the Society committee for approval and action.

Elixir Loan Fund

Total contributions & donations received (since establishment)	\$27,244.00
Less loans given:—	
1963-64, two loans of \$1,000 each	2,000.00
1964-65, five loans of \$1,000 each	2,000.00
	7,000.00
Balance of funds as at October 31, 1965	\$20,244.00

Social Functions

Barbecue

This first function was held at the Sports Pavilion on December 10, 1964. Tickets were sold at \$2.00 for members and \$3.00 for non-members. The programme included music from two guitar bands, a Limbo contest, other games and singing and the barbecue proper.

Annual Ball

The Annual Ball held on June 5, 1965, at the President Hotel was well attended by over 150 people. Dr. Rosie Young drew the winning tickets for the Raffle Draw. The first prize — a roundtrip airplane ticket to Malaysia, donated by Malaysian Airways — was won by Dr. Phillip Mao.

From the profits of the Ball, a total of \$4,000 was contributed to the Elixir Loan Fund.

Launch Picnic

A launch picnic was held on September 7, 1965, on the s.s. Wing Hang, the destination being Picnic Bay. Admission was \$4.00 for members, and \$5.00 for guests. Dinner was served on deck and a lucky draw brought the evening to a close at around 10.00 p.m.

Medical Night

The Medical Night held on October 22, 1965, at Loke Yew Hall was the last function of the year. The programme included music played by the Medical Band — ably led by Dr. Franklin Li — and interclass performances. The first prize went to the 4th year and the 3rd year were runners-up. Trophies were presented to sportsmen who had represented the Society at the Inter-faculty games, and prizes were given to winners of the Interclass sports competitions.

Sports

Interfaculty games

This year, the Medical Society was successful in retaining the Omega Bowl which is awarded to the overall champion of the Interfaculty games competition each year. This was achieved through the expert teamwork, good sportsmanship and untiring zeal of our members.

The results of the various competitions were:

Champion in:
 Volley Ball
 Lawn Tennis
 Bridge) — not counted in the
 Billiards) Omega Bowl

Second in:
 Football
 Badminton
 Table Tennis
 Softball
 Hockey

Third in:
 Basketball

Interclass Competitions

The interclass competitions were held as in previous years. The champions were:—

Table Tennis	—	Second year
Basketball	—	Third year
Volley Ball	—	Fourth year
Badminton	—	Fourth year

Publications

Elixir Journal

Under the guidance of Dr. D. E. Gray and through the diligence of the editors, the first volume of the Elixir was distributed in September 1965. In addition, \$3,000 in the form of donations from medical practitioners were raised through the effort of the editors and this sum was contributed to the Elixir Loan Fund. The Elixir editors are to be thanked for their fine work.

Society Handbooks

In April 1965, Society handbooks containing the Society constitution and a list of the names, addresses and halls of medical students were printed and distributed to members free of charge.

Christmas Cards

The new design of the Society Christmas cards met with great approval from students and staff members alike. These were sold at 20 cents each.

Question Papers

Past examination question papers were printed as usual and distributed to the members.

Others

Keyholders, penants, and car-badges were sold to members through the Students Union Co-operative.

Lockers at Queen Mary Hospital, 2nd floor, were rented to clinical students at \$1.00 each.

Medical Society Room: A room above the new Medical Canteen has been allotted to the Society for use as a Medical Society Office. Unfortunately, the room is too small for a Common Room.

Medical Canteen: It is possible that the new Medical Canteen in the Pre-clinical Building will be managed by the Society. A draft contract has already been prepared and caterers will be invited in due course.

Medical Journals — e.g. British Medical Journal, and Practitioner were ordered for the members on request, at the reduced student rates.

Chinese Medical Association student members totalled 15 in number at the end of the session. It is hoped that more students will join in the future.

Various foreign medical students who visited Hong Kong on clinical study tours of 2-3 months duration were received by the Society.

In Jan., 1965, three Sydney University students visited us. They were:

Miss Joan Hatton

Mr. Warren Walsh

Mr. Brian Sommerlad

Thanks are due to Mr. R. B. Maneely for the provision of free lodging to the men visitors at Eliot hall.

In June, 1965, two Nuffield Scholars arrived from Britain. They were:

Mr. Jonathan Rogers—

Guy Hospital

Mr. Shaughan Terry—

Sheffield University

In August, 1965, Mr. John Lynch from Australia came to discuss the establishment of an Asian Regional Medical Students Association.

Throughout the year, the Medical Society was indebted to Dr. Rosie Young, Professor G. B. Ong, Professor J. B. Gibson, Dr. D. E. Gray, and Dr. Harry Fang for their invaluable help and guidance for which we express our thanks.

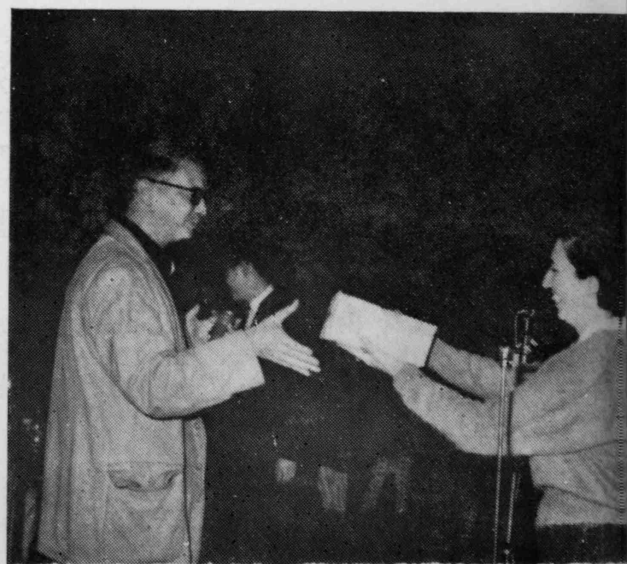
PAMELA LEUNG,
Hon. Secretary.



Hallucination



DD_x: ♀? ♂? ♂?



P Vs G

IT'S A WORLD

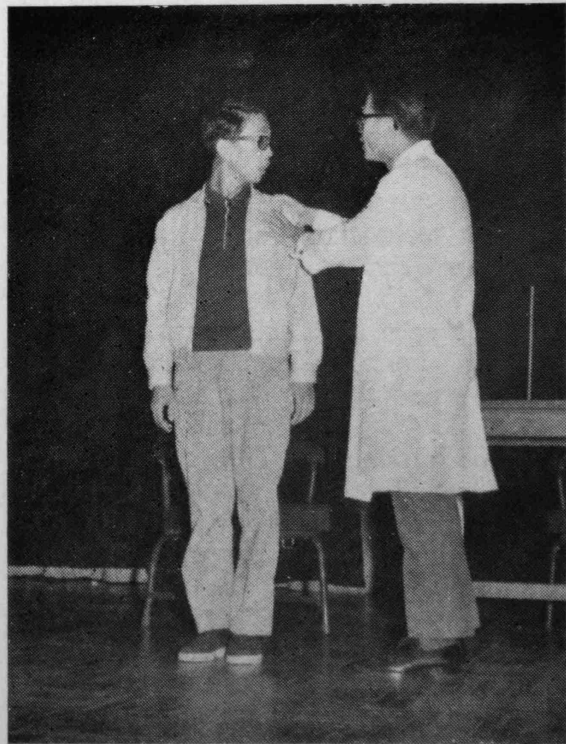


Playing the mouth organ

AD WORLD



Physiotherapy



?-palsy

SHOULD MEDICAL ETHICS BE TAUGHT IN THE UNIVERSITY?

BY REV. FERGUS CRONIN, S.J.

At first sight the answer to this question: "Should medical ethics be part of the medical course and taught in the University?" would seem to be in the negative. Hong Kong University does not as such subscribe to any religious faith. Hong Kong is a multiracial society in which there is no state religion. The medical ethics of those of different religions can differ. Catholics consider many things to be against their moral principles which non-Catholics can do with a clear conscience, for example, Catholics are against some of the means used in 'Family Planning'; they are quite agreed about the need for family planning but disapprove of what they consider evil means to bring about this end. They are unable to agree to eugenic sterilization either sought voluntarily by the individual or imposed on him by the state. There are many other matters in which Catholics accept moral principles which are not held by others.

At the same time a doctor is not merely a technician who is called in to mend, or tend to, some part of the human fabric. He is a professional man who sees each patient as a human being, a person. As a person that patient is responsible for what he permits to be done to him and his consent must be obtained. This may involve other considerations than the purely physical care of his body. Should not a doctor have some knowledge of these matters also if he is to be able to treat his patient properly?

Even in a pluralist society such as ours there is, too, public morality. Our community is a community in virtue of what its members have in common. Among the things they have in common

are certain moral values and principles. Without these the community would degenerate. And it is not simply because a majority of the community hold certain things that they are to be denied to others, as Professor Paul Weiss of Yale University in his book 'Our Public Life' wrote: "Plural marriages, incest, human sacrifice, free love are to be denied to the minority, not because these are not liked by the majority but because it would be wrong for anyone to engage in them." So should not a doctor who more than most persons is concerned with matters of life and death have at least some information about those matters of common morality and a training in the principles behind them? Obviously the law neither can nor should enforce all matters of morality.

A doctor, even more than most people, is required to have a philosophy of life. What is his purpose in treating sick people? Is it simply to make a living without any further consideration? Obviously not. What should this philosophy of life contain? As a minimum he must believe that life is preferable to death, and that health is better than illness. But even this minimum must cause him to ask questions about the purpose of life, which he may leave to the theologians to work out the answers to, but he is also concerned with the answers when they have been worked out. It is clear that man cannot be explained solely in biological terms. Man is not just any living substance such as a tree or a cow, he is a person. He has two characteristics not found in even the most developed animal. He can reason, that is perceive relationships between things and ideas, and he has

SHOULD MEDICAL ETHICS BE TAUGHT IN THE UNIVERSITY?

the power of making a free choice between different courses of action. No matter how much he sees himself to be influenced by his environment or by heredity he knows that in normal circumstances he chooses this course and not some other, and that he can be praised or blamed for his conduct.

So let it be granted that a doctor should have a view of life; that he is not just a technician to mend a part of the human frame that is in need of repair. He either sees human beings as mere biological specimens or he sees them as persons with reason and responsibility for their actions. If the former then he cannot really have any interest in his patients as individuals, but if the latter then he must take morality into account. He must have some ethics; and more than that he must take into account the ethical values of his patients.

For that reason it seems to me that Medical Ethics ought to form part of any medical course, and that a course in them should include some mention of the various ethical positions taken up by Buddhists, Moslems, Protestants and Catholics. The relationships which ought to exist between a medical practitioner and his patient ought, I think, to include some knowledge of the principles by which both parties live. A

doctor tries to know something of the family circumstances of his patient because such knowledge might be very relevant to any treatment to be ordered and this should not stop short at the material conditions of life only but should extend to the patient's beliefs. And it is not enough to have a superficial knowledge, he really needs to know and appreciate the strength of the reasoning behind these beliefs.

I have said that a doctor who does not think of human beings as more than other biological objects cannot really have any interest in them as persons. The human person is surely a being quite above all other living beings to be seen in the world. A human being is a person of the highest importance in his own right; any other view of mankind would, I consider, lead to a devaluing of the practice of medicine.

If a doctor does not have clear views on such questions as contraception, sterilization, abortion, killing the child during a difficult birth and euthanasia, and also know the views of the others on these matters and many more similar ones than I think he is not ready to go into practice, so I would advocate that the answer to the original question "Should medical ethics be part of the medical course and taught in the University?" ought to be in the affirmative.

* * * *

E.L.: Have you seen such a rare case as DOUBLE URETER?

Student: Yes. It's common; I have two ureters myself.

LIFE IN DEATH

An oppressive gloom descends upon me. My mind whirls; figures dash about, nondescript, yet vaguely discernible; pathetic yet placid, gentle yet reproachful I shut my heart to them all, hoping against hope that I will acquire the superhuman virtue of apathy. Yes, apathy. Are not these figures our deceased patients? Does not sympathy only tear our feeling? Where is the place of a doctor for the doomed?

Involuntarily words rush out: "Compassion knows no frontier. Human sufferings, hitherto vaguely understandable, loomed up in startling dimensions. Yet, despite the leaping advances in Medicine, there are still many diseases that defy us. We, the doctors whom the patients look up to with child-like hope; we, the doctors whom the world trusts with unflinching faith; we, the doctors who are empowered, so to speak, to cure must face the patients who are doomed to die. We see them waning away, both their inner and outer lives drawn out of them. Yet we cannot raise a finger! 'To cure sometimes; to relieve often; to comfort always.' This is never more true.

Oh! before I know how to heal, I realize the futility of healing! The art of diagnosis scorns us with a satirical smile. Time looks on impartially, serenely, but ironically. The very degrees we are striving for mock our impotence. The first patient that I had clerked, a man of forty, died of uraemia within a week. The third patient, a youth of twenty-two, succumbed to reticulum-cell sarcoma in two months. There is a girl of sixteen suffering from chronic myeloid leukaemia and hundreds of others Death reigns supreme!

I had weighed every pro and con before deciding to study Medicine: but, I confess, I had not taken my own character into account. Past advice whispers loudly in my ears: "You are

more suited to study arts." For once, I feel the pangs of my profession-to-be. Cannot one train oneself to stand up to the vicissitudes of life? Why must I dote on such webs of entanglement, woven by my own incoherent thoughts and glistening with my crystalline tears?

Is the physical life all-important?

Men, reduced to mere breathing corpses, have tottered to their graves, shrunken, old, and scorned by friends and relatives alike. Others have built sacred shrines in the beloved hearts of all. Still others have stamped their names indelibly in the annals of mankind. John Keats, a poet of unlimited potentialities, died in his twenties. Thomas Gray, the illustrious anatomist, lived to thirty-three,

What is life?

It is not how LONG one lives that is important; it is HOW one lives it.

What is life if it consists of sheer existence? A child's life has meaning—he has enriched his family with his perpetual light; even the memory shines forth and fills the vacancy of the heart. No! we must not think of the years that anyone is going to miss, but the richness of the years that he has had or will have. Perhaps then and only then does immortality lend herself—the cherished memory lives on.

Call this logotherapy, optimism, philosophy or whatever you will. I do hope that someday I can learn to view the lives of the 'doomed' by a new outlook. Show them tacitly, tactfully, the fulness of their lives which are theirs to take; the humble achievements which, because they are their best, will rise to inexplicable grandeur, and the sweet blessings which they can shower. Show them how to give to life, rather than to take from it. Show them how to wrestle with time so that every moment is not in vain. Above all, show them what IS life. It is a Herculean task, but let us begin.

FAMILY PLANNING AND THE POPULATION PROBLEMS OF HONG KONG

BY PROFESSOR DAPHNE CHUN, O.B.E., M.B., B.S., F.R.C.S.E., F.R.C.O.G.

*Department of Obstetrics and Gynaecology
University of Hong Kong.
President of the Family Planning Association of Hong Kong.**

After the Second World War Hong Kong has been confronted with the serious problem of an ever-rising population. One of its courses is the great increment of birth rates. This indiscriminate expansion of population brings naturally with it numerous social, economical and medical problems especially among the low-income classes. A scientific, effective and yet mass-applicable method must therefore be devised to cope with such a situation in this community. Here Professor Daphne Chun talks on the results of the advocacy and application of Intrauterine Contraceptive Device in Hong Kong in the past few years. — THE EDITOR.

1. The need for population control is more urgent in Hong Kong than anywhere else in view of the limitation of both space and resources. With a land area of 398 square miles of which only 62 are inhabitable (1), the population was three and three-quarter million (Table 1) in 1964. The resultant density was therefore 9,400 per square mile which is equivalent to accommodating the whole world population in a circle with a radius of less than 75 miles. Compared to a population of less than 600,000 just after the second world war in 1945 there has been a phenomenal increase of more than 3 million people in 20 years. Of these, about 300,000 were pre-war residents returning to the Colony, over a million were refugees from Mainland China and the rest was the excess of births over deaths.

2. The greatest influx of refugees occurred at the commencement of communist regime in 1949 and again in 1961 and 1962 when there was a shortage of food. Since then the Hong Kong Government has imposed a restriction on immigrants and as a result there were only 6,944 immigrants last year. On the other hand the natural increase

(births over deaths) rose steadily in recent years due to the marked decline in the death rate which was 10.2/1000 in 1951 but only 4.2 in 1964 (Fig. 2). Thus, the combination of a rapid natural increase together with an influx of immigrants created tremendous problems of housing, education, medical care and health services etc. in the Colony.

3. Although numerous resettlement housing estates have continuously been built, supply simply cannot meet the unending demand and thousands and thousands are still living in squatter huts. Since 1953 the number of medical doctors has doubled from 635 to 1466 (Table 2), yet the doctor/population ratio was only improved from 1:3445 to 1:2551. During the same period hospital beds were increased by 288% from 4,512 to 11,989 but the hospital bed/population ratio was narrowed only from 1:499 to 1:312. In the past decade many new schools were established with a 2½-fold increase in the number of teachers and a more than 3-fold increase in students (same table) yet annually over 60,000 children of school age cannot gain admittance.

4. The population problems of Hong Kong are therefore clear and alarming and existing trends give a projection (3) and (4) of almost 5 million people by

*(Delivered to the Belgrade World Population Conference in September, 1965.)

1971. What is to be done? There are two ways to restrict the rapid population growth by either increasing the death rate or decreasing the birth rate. Since the increase in mortality is in practice unthinkable, the only recourse is the control of fertility. To this end, among other aims, the Family Planning Association of Hong Kong was established in 1951 with 2 clinics and by the end of 1964 there were 52 clinics. It is indeed gratifying to note the increase in the number of attendances from about 3 thousand at the commencement to almost twelve hundred thousand last year (Fig. 3). In 1964 alone there were 46,038 (21,920 new, 24,118 current) patients with a total of over 116,000 visits. Our conservative estimate is that more than 25,000 births (Fig. 1) had been prevented in the past year based on the fact that 80% of the fertile women would have conceived within the year if family planning was not practised. The estimated number of births prevented every year directly as a result of practising birth control is also shown in the same figure which illustrates that our methods of birth control have become increasingly more effective. The average outlay for each case calculated on our yearly expenditure against the number of patients treated comes to only HK\$15 (US\$2.6 or £1 per year). On the other hand, the annual cost of bringing up each of these 25,000 unwanted children to the respective parents and to Government for food, clothing, housing, maternity care, public health and welfare, etc., could reach more than HK\$800 (US\$130 or £46½) which would increase in the ensuing years when education is needed and furthermore ultimately contribute their quota to the increase of our population.

5. Fig. 2 shows that the birth rate was very high up to 1960 ranging between 34 per thousand in 1951 and 39.7 in 1956 against an average of 24 for advanced Western countries. The efforts made by the Association finally proved effective as the birth rate began to drop in 1961 to 32 per thousand and it was down to 29 in 1964, the lowest recorded

for Hong Kong with 6,744 births less as compared with 1963.

6. Because the majority of our people are poor and housed in quarters shared with others, it was necessary for us to find a method which is economical, harmless, effective and convenient. This method appears to be the use of intra-uterine device or I.U.D. for short. It was introduced on a trial basis in June 1963. The response to this method was so favourable that by March 1964 we were able to compare the various methods prescribed by the Hong Kong Family Planning Association.

7. Our study was confined to the 5 most popular methods used on 3,000 cases (Table 3) comprising 500 cases each using (1) diaphragm with contraceptive jelly or cream, (2) foaming tablets, (3) condoms, (4) oral pills and (5) 1,000 cases on intrauterine device. All cases were taken consecutively. This table shows that I.U.D. patients had the least complaints, the lowest accidental pregnancy rate and the highest continuation of use after a minimum period of observation of at least 3 months. Although mild complications were noted, severe bleeding, menorrhagia and pelvic infection were conspicuous by their absence.

8. It would not be necessary for me to dwell on the instructions on I.U.D. for both doctors and patients as these are packed with the supplies of loops and inserters. I would, however, like to comment on the following points:—

a. *Bleeding.* It is important not to thread the loop into the inserter until just before use or else the loop may not resume its double S shape after insertion resulting in having a portion of it lying in the cervical canal which may give rise to constant irritation or bleeding. Slight bleeding after insertion is to be expected and may last a few days due to the slight trauma inflicted on passing the "Uterine Sound" to find out both the direction and the size of the uterus as well as on inserting the loop. However, if it persists for a week or two or when it is associated with severe bleeding or abdominal pain, it should be removed.

Under such circumstances it is preferable to take it out and re-insert it after the next period. Meanwhile such patients can be advised to use another contraceptive or condoms.

b. *Expulsion.* Some uteri are so irritable that they cannot tolerate the presence of the loop. This was found in 9% of our patients. After re-insertion there were a few expulsions (1.4%). Should expulsion occur after re-insertion the patients should be taught other contraceptive methods. Of the temporary methods the use of oral pills is the safest.

c. *Accidental pregnancy.* It may occur when the patient is not aware that the loop has been expelled or even with loop in situ but fortunately it was well under 1% in our cases. After pregnancy has been confirmed, if the thread of the loop is seen, just grasp it with a pair of forceps to remove the loop or it may be left undisturbed. We have followed several pregnant patients with loops in situ and there were no malformations of the babies at birth. The loops were found either incorporated with the placenta or membranes with no harm at all either to the mother or the infant.

d. *How does it act in preventing pregnancy?* It was proved experimentally in monkeys (8) that the loop in the uterus increased the peristalsis of the fallopian tube so that the ovum did not stay there long enough to be fertilized. Occasionally this fails which accounts for the 0.33% accidental pregnancy.

e. *When to remove it?* This plastic material of the loop is inert and seldom, if ever, causes infection. It can be left there indefinitely until the patient wants another child. We have now followed over 1,600 patients using the loops for almost two years with no complaints at all.

f. *Types of patients suitable for I.U.D.* We only use the loops for patients who have had at least one delivery as the cervical canal is then somewhat dilated which enables us to insert them easily. For those who have never had a child, the use of oral pills is the safest. The loop can still be used for nullipara but

the cervical canal may have to be dilated under anaesthesia before insertion.

9. Finally with the encouraging results as shown in both the figures and tables we started to manufacture the loops and inserters here (the cost of production is US\$0.03 per loop and US\$0.35 per inserter) and opened more clinics. In 1964 alone there were almost 10,000 new cases for I.U.D. accounting for 42.65% of all new patients for the year. I.U.D., besides being the cheapest, is also much less tedious to patients and staff because revisits are seldom required except for re-checking and observation purposes.

10. The appreciable drop in the number of births in spite of the continuous rise in population and the great reduction of the birth rate in 1964 might well be attributed to the large-scale use of I.U.D. and other contraceptive methods. With further expansion of I.U.D. Clinics and consequent increase in users of this device (almost 3,000 new cases in January 1965) a further decrease of at least another 10,000 births may be anticipated by the end of this year. Thus, we hope eventually Hong Kong will be able to provide adequate educational facilities and health services as well as housing accommodation for all which will bring happiness to every family in Hong Kong and contribute to the security of the world by the balancing of resources and population increase.

SUMMARY

1. Although Hong Kong is 398 square miles in space the inhabitable area is only 62.
2. The present population is officially estimated at 3¾ million and therefore the density is 9,400 per square mile, one of the most densely populated areas in the world.
3. Apart from continuous immigrants from China there was a steady rise in natural increase (births over deaths) due partly to the rapid drop in the death rate from 10.2/1000 in 1951 to 4.2/1000 in 1964, and partly to the high birth rate.
4. Since the commencement of family planning work the most satisfactory results were obtained after the introduction of I.U.D. The number of births was down by 6,744 and the birth rate

dropped to the lowest recorded of 29 per thousand in 1964.

5. I.U.D. besides being the most economical method has also been proven to be the most acceptable to patients. There were no serious complications such as bleeding and pelvic infection in our present series of 15,000 cases.

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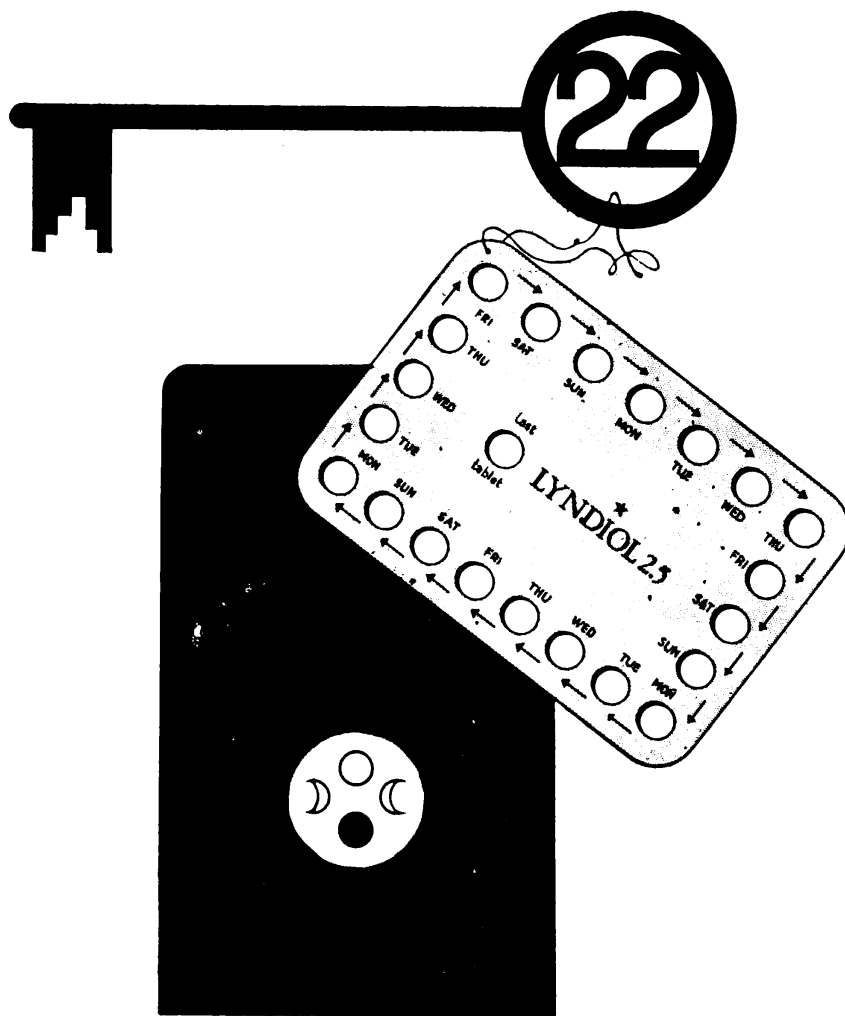
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TABLE 1. POPULATION STATISTICS 1945-1964

Year	Estimated Population	Total Increase (Natural + Refugee/Immigrant)	Natural Increase (Live births less deaths)	Increase by Refugee influx and immigrants
1945	560,000	—	—	—
1946	1,600,000	346,861	15,445	331,416
1947	1,800,000	200,000	29,242	170,758
1948	1,800,000	1,300,000	34,041	95,959
1949	1,860,000	60,000	38,487	21,513
1950	2,060,000	200,000	42,135	157,865
1951	1,985,000	134,535	47,920	86,615
1952	2,250,000	265,000	52,517	212,483
1953	2,250,000	199,535	57,244	142,291
1954	2,300,000	204,069	64,034	140,035
1955	2,400,000	100,000	71,431	28,569
1956	2,535,000	135,000	77,451	57,549
1957	2,677,000	142,000	78,469	63,531
1958	2,806,000	129,000	86,070	42,930
1959	2,919,000	113,000	84,329	28,671
1960 ⁽²⁾	3,014,000	95,000	81,521	13,479
1961	3,226,400	212,400	89,990	122,410
1962	3,526,500	300,100	91,581	208,519
1963	3,642,500	116,000	95,515	20,485
1964	3,739,900	97,400	90,406	6,994
		3,179,900	1,227,828	1,952,072

Organon found the key to convenience and simplicity for oral contraception



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roundworms can't resist it!

Roundworms are dangerous – especially in young children and infants, in whom serious and sometimes fatal complications may occur.

'Antepar' is the unerring remedy. A **single dose** of pleasant-tasting 'Antepar' expels roundworms in 24 hours – gently and with no need for fasting, purging or supportive measures.

'Antepar' is also the complete answer to threadworm. Daily doses over a 7-day period suffice.

'Antepar' is available in two forms – 'Antepar' brand Elixir (piperazine citrate) and 'Antepar' brand Tablets (piperazine phosphate) specially flavoured for chewing.

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the swift decisive answer to roundworm and threadworm



BURROUGHS WELLCOME & CO. (The Wellcome Foundation Ltd.) LONDON

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FAMILY PLANNING AND THE POPULATION PROBLEMS OF HONG KONG

TABLE 2. HEALTH & EDUCATION STATISTICS 1953-1964 (5, 6 & 7)

Year	Estimated Population	Doctors		Nurses		Hospital Beds		Number of Students	Number of Teachers
		No.	Ratio	No.	Ratio	No.	Ratio		
1953	2,250,000	653	1:3445	1,338	1:1682	4,512	1:499	201,541	8,820
1954	2,300,000	700	1:3571	1,411	1:1772	4,695	1:532	250,000	9,166
1955	2,400,000	773	1:3105	1,489	1:1612	4,880	1:492	246,833	10,410
1956	2,535,000	794	1:3193	1,596	1:1588	5,577	1:455	298,609	12,450
1957	2,677,000	899	1:2978	1,721	1:1555	6,970	1:384	308,180	11,428
1958	2,806,000	985	1:2849	1,910	1:1469	7,600	1:469	418,540	13,334
1959	2,919,000	1,011	1:2887	2,068	1:1411	7,702	1:379	484,986	17,878
1960	3,014,000	934	1:3227	1,740	1:1732	8,090	1:373	572,806	19,802
1961	3,226,400	1,107	1:2914	1,857	1:1737	9,444	1:342	658,618	21,152
1962	3,526,500	1,189	1:2966	2,056	1:1715	10,017	1:352	685,728	20,204
1963	3,642,500	1,372	1:2655	2,317	1:1572	11,719	1:311	810,632	27,590
1964	3,739,900	1,466	1:2551	2,763	1:1354	11,989	1:312	824,557	24,329

TABLE 3. COMPARISON OF VARIOUS CONTRACEPTIVE METHODS

Method	Complaints Per Cent	Accidental Pregnancy Per Cent	Continuation of Use Per Cent
Diaphragm	4.8	6.4	75
Foaming tablets	3.2	13.4	58
Condoms	1.6	5.2	70
Oral Pills	4.8	0.6	85
I.U.D.	15	0.33	93.9

TABLE 4. I.U.D. COMPLICATIONS

Complications	Per Cent
a. Slight bleeding ..	} 4.6
b. Abdominal pain	
c. Lack of confidence	
Expulsion after 1st insertion	9.8
Expulsion after 2nd or 3rd insertion	1.4

Fig. 1

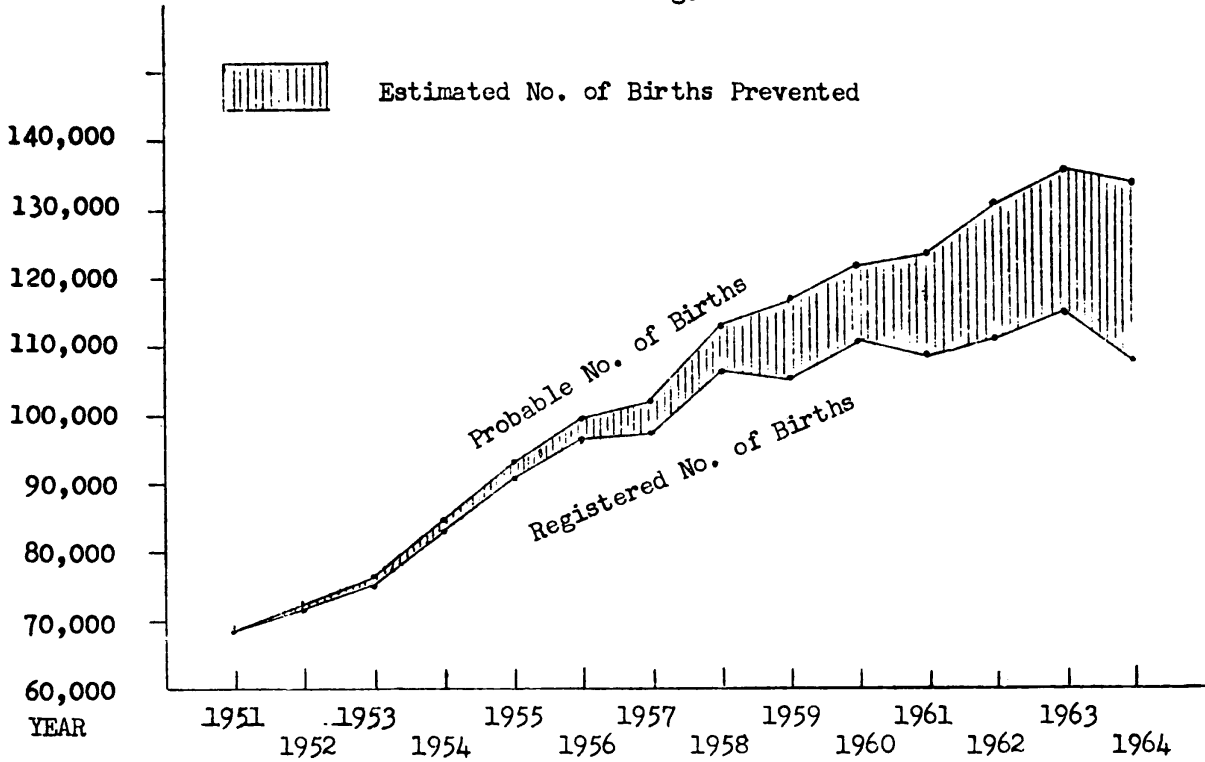
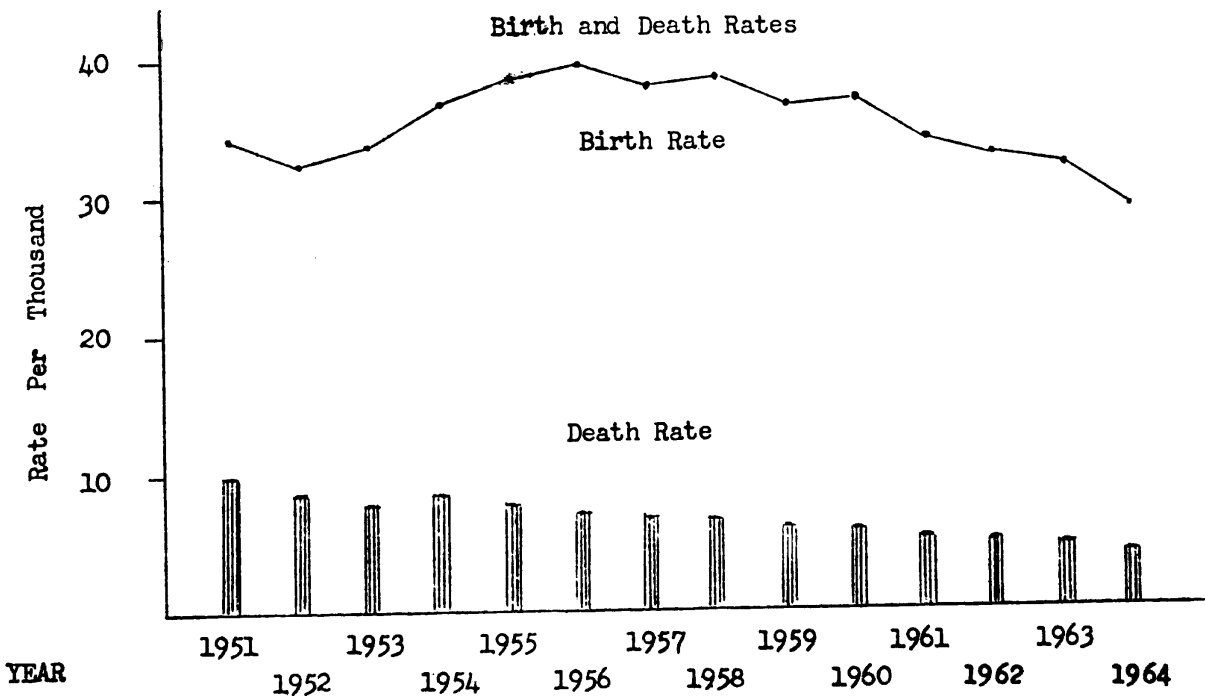
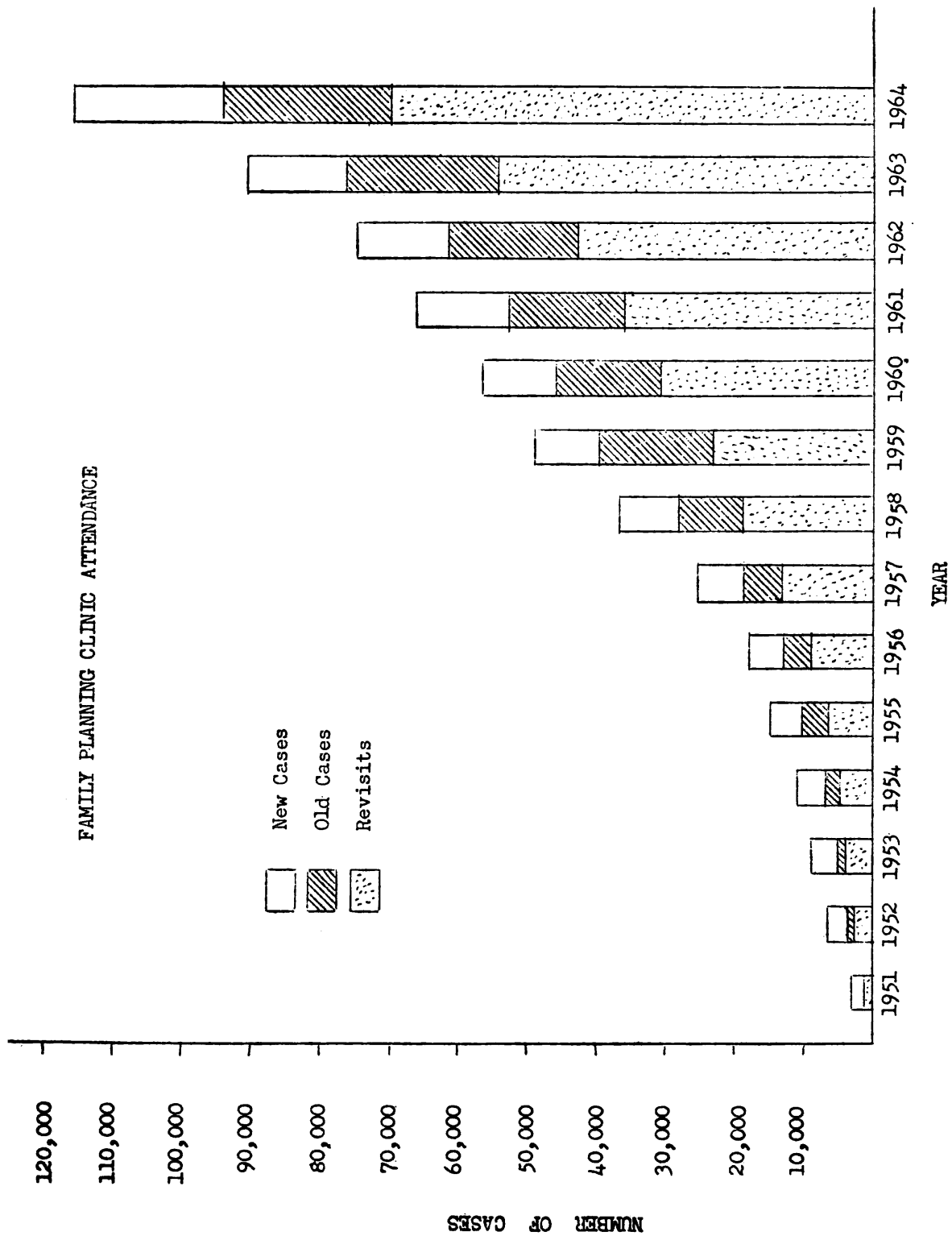


Fig. 2



FAMILY PLANNING AND THE POPULATION PROBLEMS OF HONG KONG



A MEDICAL STUDENT'S APPROACH TO THE EX-MEDICAL BEHAVIOUR OF THE MEDICAL STUDENTS

Logic, to the general public, is of two main categories; Ortho-logic, and "Woman's logic"; and the latter has often been looked upon as the equivalent to that often-heard utter — "NONSENSE". This can never be further away from the truth.

In the Faculty of Medicine, University of Hong Kong, other kinds of LOGIC exist. Prominently enough, there is this "Medical-student-logic". It has been labelled by the authorities (i.e. the possessor of "Medical-staff-logic") as more akin to "NONSENSE" than any intuitive remuneration of the gentle sex.

These authorities are forever engaged in the ridding of their followers of this "NONSENSE"; to remould them; to let them acquire some real sense and to cultivate them to the high quality that is expected from the world. And in order to succeed, they are more than entitled to use such drastic measures like shock treatment, endogenous adrenaline therapy, brain-washing, etc.

To facilitate this remaking of the medical student, a thorough understanding of the EX-medical behaviour of the students would be beneficial. A most crude investigation was made to bring out the cross-section of the interests, or hobbies of the students. Nonetheless since this "behavioural-probe" was also done by medical students, it can never claim to be exempted from the logical madness of the Student, and the subscribers to Elixir are warned rather than to continue reading this report at this very juncture.

A total of 136 medical students were interviewed, of which 25 were the rarer birds of the faculty. Each were requested to name not more than five

hobbies that he or she would take to when not doing academic work. Besides the unanimous devotion to the worship of the profession (quite unexpected, I must say) a total of 460 items were collected, and these can be grouped under 76 kinds, which again fall under six major categories.

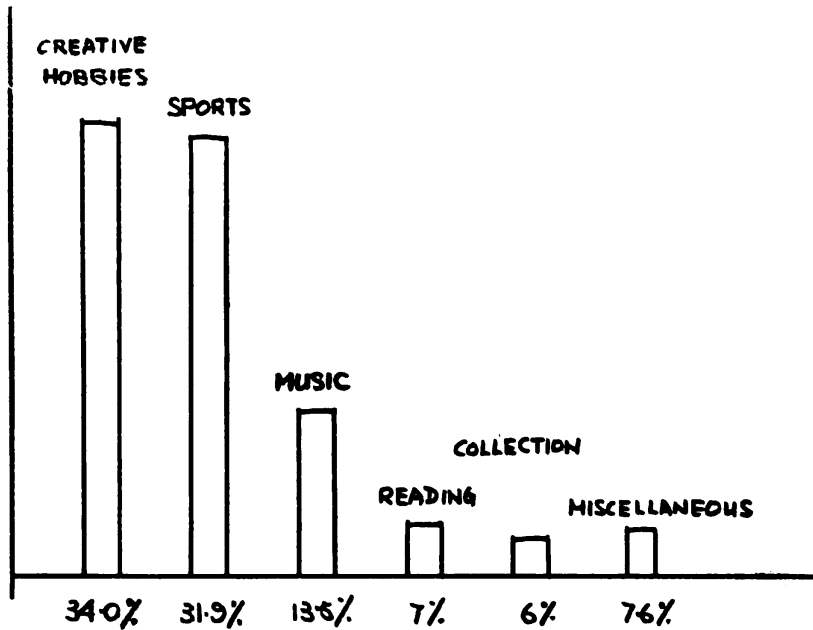
ITEM	NO. OF STUDENTS INTERESTED
<i>Creative Hobbies</i>	
Movies - - - - -	29
Photography - - - - -	20
Hiking - - - - -	15
Parties - - - - -	11
Picnic - - - - -	9
Dating - - - - -	7
Day-dreaming - - - - -	6
Painting - - - - -	6
Sleeping - - - - -	5
Camping - - - - -	4
Electronics - - - - -	4
Debate - - - - -	4
Dress making - - - - -	4
Eating - - - - -	4
Folk Dance - - - - -	4
Chess - - - - -	3
Talking - - - - -	3
Drama - - - - -	3
Needle work - - - - -	2
Astronomy - - - - -	2
Carpentry - - - - -	1
Hairdressing - - - - -	1
Gardening - - - - -	1
Flower arrangement - - - - -	1
Wood carving - - - - -	1
Touring - - - - -	1
Knitting - - - - -	1
Cooking - - - - -	1
Total - - - - -	156

THE EX-MEDICAL BEHAVIOUR OF THE MEDICAL STUDENTS

ITEM	No. OF STUDENTS INTERESTED	ITEM	No. OF STUDENTS INTERESTED
<i>Sports</i>		<i>Reading</i>	
BALL GAMES		Fiction - - - - -	19
Table tennis - - - - -	17	General - - - - -	9
Football - - - - -	15	Non-fiction - - - - -	3
Basketball - - - - -	12	Total - - - - -	31
General - - - - -	11		
Billiard - - - - -	11	<i>Collections</i>	
Badminton - - - - -	6	Stamps - - - - -	16
Tennis - - - - -	5	Post-cards - - - - -	3
Squash - - - - -	2	Penpals - - - - -	3
Volleyball - - - - -	2	Models - - - - -	2
Hockey - - - - -	2	Pets - - - - -	2
Golf - - - - -	1	Coins - - - - -	1
Rugby - - - - -	1	Biological specimens - - - - -	1
Cricket - - - - -	1	Total - - - - -	28
WATER GAMES			
Swimming - - - - -	35	<i>Miscellaneous</i>	
Fishing - - - - -	26	Mahjong - - - - -	9
Rowing - - - - -	4	Bridge - - - - -	9
Diving - - - - -	3	Motor-car racing - - - - -	3
Waterskiing - - - - -	1	Motor-cycle racing - - - - -	1
MISCELLANEOUS		Gambling - - - - -	1
Track - - - - -	2	Window-shopping - - - - -	1
Fencing - - - - -	1	Total - - - - -	24
Biking - - - - -	1		
Total - - - - -	149		
<i>Music</i>			
Classics - - - - -	21		
Popular - - - - -	15		
General - - - - -	12		
Piano playing - - - - -	6		
Vocal cord playing - - - - -	3		
Jazz - - - - -	1		
Harmonica playing - - - - -	1		
Accordion playing - - - - -	1		
Violin playing - - - - -	1		
Guitar playing - - - - -	1		
Total - - - - -	62		

As can be seen from the results, 34% of the items belong to the group of "creative hobbies", for they are of a most stimulative, creative and moulding character to the participant as well as the beholder: dating, day-dreaming (no beholder in this, though) and needle work (this being listed by a MALE student, mind you!) are good examples.

Sports of various intensity and exhaustibility amounts to 31.9% of the total items listed. And then next on the popularity poll is music. Some prefer the mod, jerking, rolling and rumbling kind (it helps, it helps — to develop the rhythm to appreciate the 'lup-deputy-dub' vibrations picked up by the symbol of the trade—the stethoscope) while others are for the time-tested classics. There is then this section of pro Ludvig



Beethovenites, and the other, the pro ROLLOVER Beethovenites.

Collective hobbies like stamp-collecting, the collection of coins (latter to be "matured" to the collection of bank notes) are relatively unpopular — but they'll learn it soon enough — no physician (or surgeon, for that matter) is far from being respected unless he is able to quote a few hundred bizzare and not-seen-by-any-other cases. And the student? — to remember and be able to re-quote these hundred and one bizzare not-seen-by-another cases, PLUS being able to learn from the mistakes of these none-but-the-other physicians.

Individual-wise, the most popular items of interest are:

1. Swimming
2. Movies
3. Fishing
4. Classical music
5. Photography
6. Fiction
7. Table tennis
- 8, 9 and 10 Popular Music, Football and Hiking.

In order that this investigation may reveal the differences in the interests of the possessors of the Medical-student-logic and Medical-staff-logic, the investi-

gators had endeavoured to try to make a similar enquiry into the staffs. The results were most shocking and disheartening, and the breathtaking (and breathholding as well!) enquiry of the staffs was stopped after an initial inquest of a few — and they were conclusive.

Their interests *were* never less complicated than the students nowadays possess WHEN they were students (a most relieving fact, I must say). But as they climbed the ladder of knowledge, as they marched to the fore-front of the advancement of Science, a strong inhibition arose from the horizon. One by one, the hobbies were dropped; and long before they are professors or senior lecturers, everything is for the devotion to the profession. The daily hourly afternoon tennis and the weekly golf is to tune up the body; the tank of tropical fish and the faithful St. Bernard is to tune up the mind, so that they are better prepared for the shock and impunity of you and I, the Medical Students.

So fellas, when are YOU going to quit your first hobby?

When can WE set foot on the Holy Ground?

A. L.

The general purpose
anti-emetic

Avomine

Over 15 years world-wide use has proved the outstanding
efficacy and excellent tolerance of 'Avomine' in the pre-
vention and treatment of nausea and vomiting associated
with a wide variety of conditions, notably:-

Trauma	Pregnancy	Migraine
Chemotherapy	Vertigo	Drug intolerance
Radiation sickness		

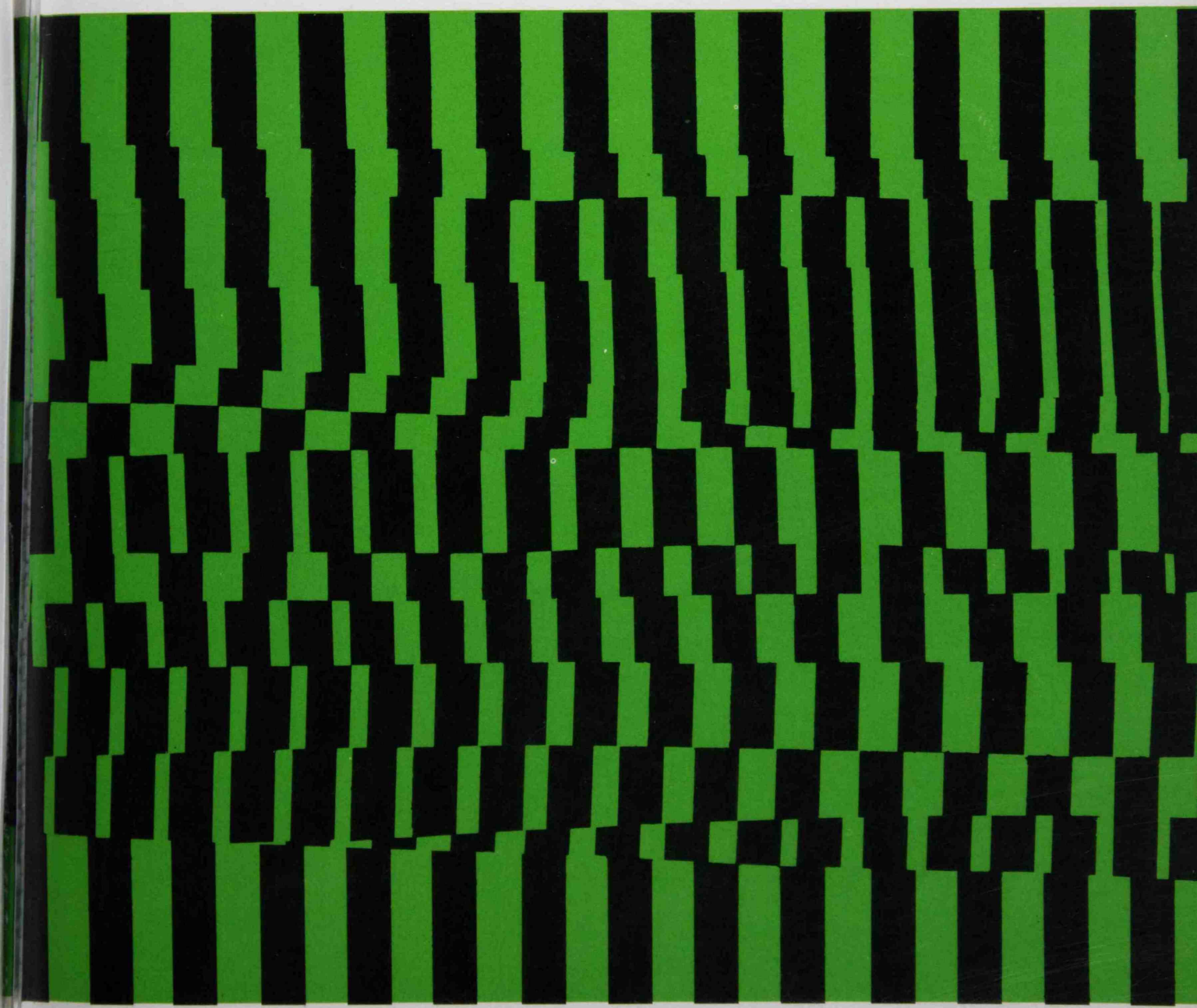
Prevention:

One tablet in the evening, repeated nightly or more often
if required.

Treatment:

One tablet at the earliest opportunity, repeated in the
evening, and nightly thereafter as required. Up to six
tablets may be taken in twenty four hours if necessary.

An **M&B** brand Medical Product



to treat infection and prevent reinfection in Trichomoniasis

Flagyl

the standard trichomonacide

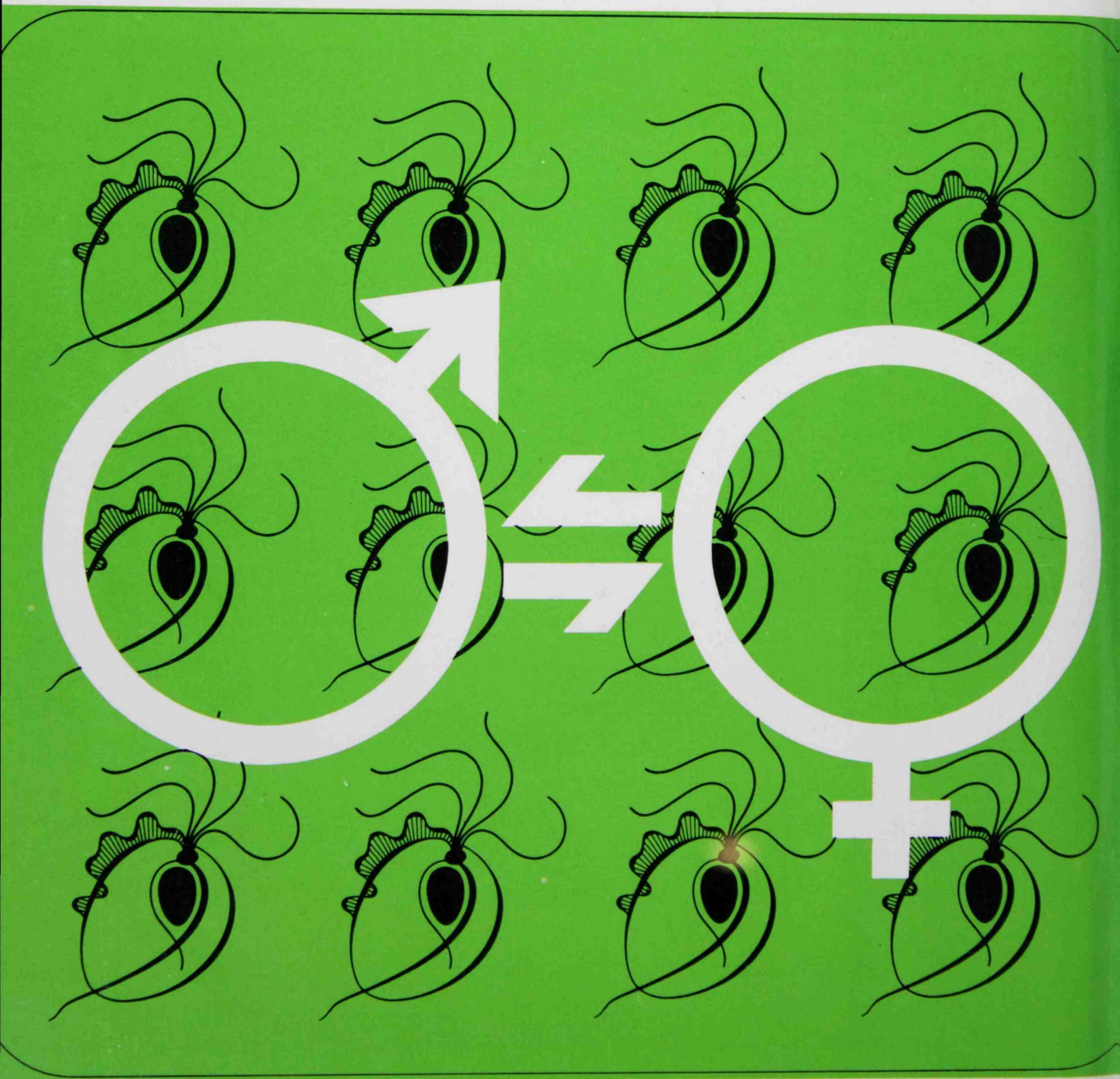
A study carried out on the consorts of female patients with chronic Trichomonal vaginitis showed that 60 per cent harboured the parasite compared with 8 per cent in a control group.¹ Of the infected consorts 61 per cent showed no clinical abnormality of the lower genitourinary tract.

'Flagyl' is as effective in the male as in the female. Thus the physician is able to eliminate a major source of reinfection by treating both partners concurrently. This procedure is amply justified with a preparation of such low toxicity.

At a dosage of one 200 mg. tablet three times daily for seven days, metronidazole appears in the secretion in concentrations sufficient to eliminate trichomonads from foci inaccessible to topical preparations. Such foci include prostate, the male and female urethra and the accessory structures of the vagina.

1. *Brit. J. Vener. Dis.* (1960) **36**, 163.

An **M&B** brand Medical Product



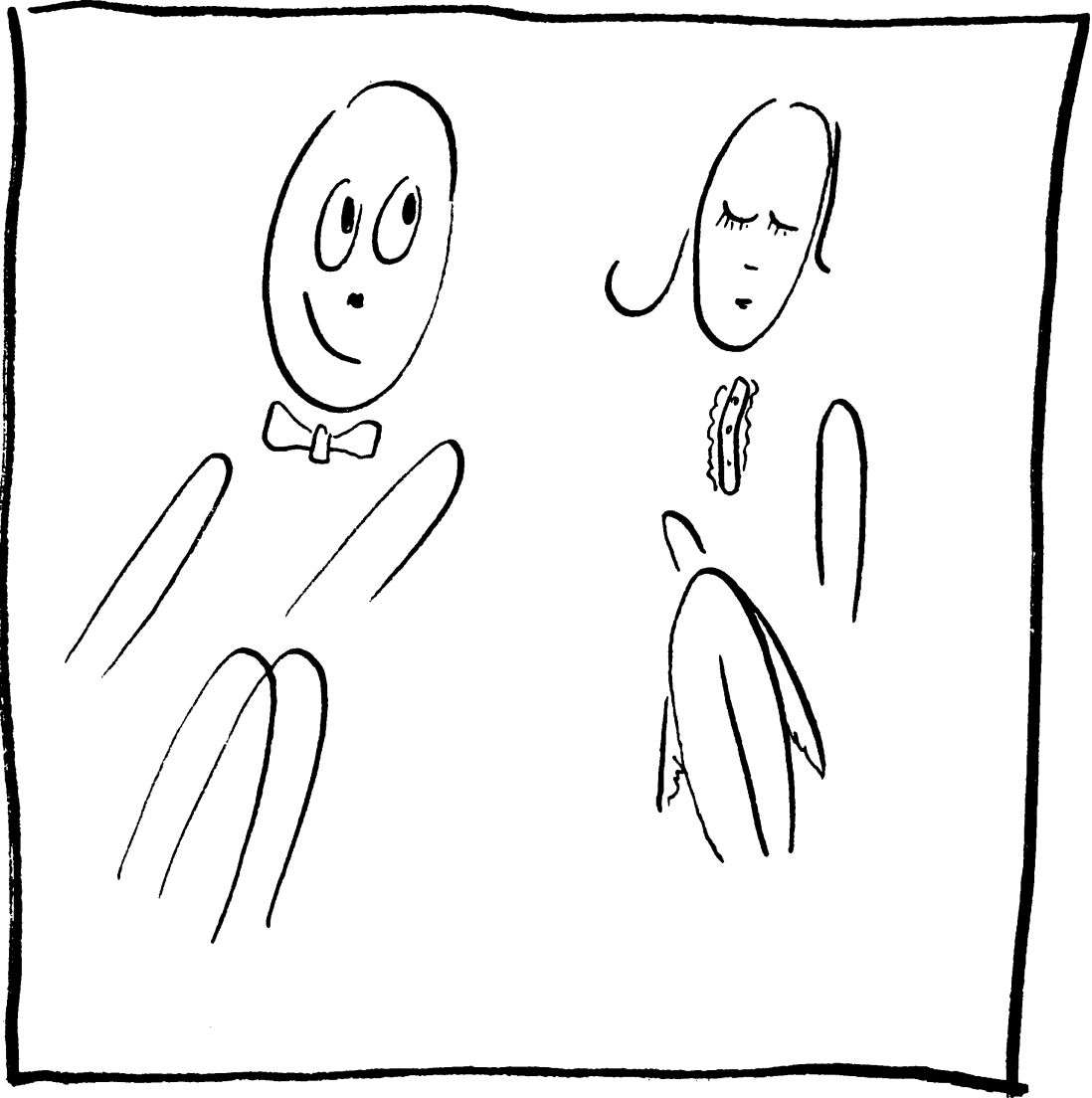
'Flagyl' is the trade mark of

AY & BAKER LTD Dagenham, Essex, England for

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P. O. Box 693, Singapore

Chopsuey



It goes boom boomdy Boom Bo.....



I know this is a true image of the HEART, but can we be more CONVENTIONAL?



The most co-operative patient



G-b disproportion



An invitation to death

ASIAN REGIONAL MEDICAL STUDENTS ASSOCIATION (A.R.M.S.A.)

A report submitted by Pan Wing Ju (Chairman), Pamela Leung,
Allen Liang, Christina Wang.

“In our age great usefulness rebounds to the physician from his travels . . . and although each may have at home in abundance those things which are necessary for medical instruction, nevertheless they ought to be strengthened or increased by a comparison with things abroad. There is a vast delight and pleasure in gazing upon foreign lands and fields, mountains and rivers, observing the benignity of nature’s variety everywhere, the different conditions of the sick in homes and in hospitals with their great number of beds; . . . examining the methods for treating the patients, enjoying the conversation of the learned men and calling for their experiences, and visiting the laboratories, the furnaces of the chemists, the pharmacies and unguent shops.”

What Bartholin said in 1665 is still applicable today. This same desire to broaden one’s outlook is in our medical students. Witness the delegation to South East Asia and Japan Study Group this summer: both were led by Medical students. Many others have gone before them; and they all paid their own passages. Yet none of them were given any real opportunity to observe the conditions of the sick in the countries they visited.

Even viewed in this light alone, the proposed Asian Regional Medical Students Association has its role to play.

The formation of an ARMSA was first proposed by the Australian Medical Students Association in August, 1965. Already the Singapore Medical Students Society has offered to host the inaugural

meeting of delegates in mid-March of 1966 and countries like Ceylon, Thailand and Vietnam have expressed their willingness to attend the Singapore conference.

At the Committee meeting of the H.K.U. Medical Society on 23rd August, 1965, the Chairman was authorised to form a subcommittee to study the proposed scheme, with special reference to the benefits that this scheme will offer to local medical students and to make recommendations to the Medical Society Committee; and this is the report.

AIMS OF THE ASSOCIATION

The aims of the proposed Association will be:

1. To form a permanent contact between medical student associations and medical students in the ‘Asia-Australian region’, i.e. South East Asia and Australia.
2. To promote humanitarian ideals and the ethics of medicine amongst medical students.
3. To study and to promote the professional interest of medical students.
4. To render that aid which medical students as such are particularly suited to offer.
5. The Association shall pursue the above aims without any discrimination on political, social, racial, religious or national bases. In addition, the Association shall not interfere in the internal affairs of member associations but if requested by such associations it can offer help within the reference of the constitution.

ACTIVITIES

The proposed Association shall pursue its aims by:

1. Studying and promoting activities concerning medical education problems.
2. Encouraging students' interest and activities in general health problems.
3. Promoting the exchange of medical students among various countries.
4. Promoting the organisation of International Medical Student conferences and courses.
5. Publishing a journal, newsletter and reports and encouraging the publishing of news of medical students' interest through other publications.
6. Acting as liaison between medical student associations and World Organisations such as W.H.O.
7. Co-operating with national and international organisations.

ORGANISATION

The governing body of the proposed Association will be the General Assembly which will gather annually representatives from every member country. This Assembly will elect an Executive board made up of a President, Vice-President, a Secretary-General-Nation, nations to be Directors of Standing Committees on, say,

- a. Professional Exchange
- b. Publications
- c. Medical Education
- d. Health

and a nominated member of representatives from member countries.

The general Assembly will consider the activities of the previous year, criticise and advise, and finally decide the working programme in each field of its activities for the coming year.

The constitution thus follows closely the constitution of the International Federation of Medical Students Association which was founded by European countries in 1953 and still has its activities confined to Europe.

ADVANTAGES

What benefits will participation in the proposed ARMSA offer to Hong Kong Medical Students, either individually or as a whole? There are constants and variables to the answer.

The *Constants* are in matters of:

1. *Prestige and Obligation*
 - a. Gaining of international recognition for the Hong Kong University Medical Faculty and Medical Society.
 - b. To establish Hong Kong's full right as an independent unit, if only in matters of higher learning. (It happened in the past in international student conferences that Hong Kong was not given the right to vote because of its status as a colony and not a country. For similar reasons Hong Kong was excluded from the Colombo Plan and the benefits that go with it.)
2. *Knowledge and Ideals*
 - a. Widening of the sphere of student contact through publications and travels.
 - b. Partake in the world wide phenomenon of international co-operation towards mutual progress and peace, and keeping in step with world progress in health and medical problems through closer relationship with world organisations such as W.H.O.
 - c. Opportunity to study a wide variety of new clinical materials, to see new approaches and emphases, and to participate in international medical conferences.
 - d. Opportunity to study the social structure and problems facing our neighbouring countries and their influence on our society; and to make known Hong Kong's own problems and its need for assistance.

- e. Stimulate students' active interest in the promotion of community health through activities as Health Surveys and talks on Personal and Community Health.

3. *Material benefits*

- a. Possible grants and scholarships may become available to Hong Kong Students.
- b. Possible benefit of books and equipment for students or for the library.
- c. Possible travelling accommodations and fare reductions.

The *variables* upon which success depends are:

1. The amount of energy and time that students are willing to spend on the projects. Obviously little can be gained from half-hearted efforts.
2. The amount of encouragement and support given by members of the teaching staff. For instance, a revision of the clinical curriculum giving clinical students a break will be necessary for effective student exchange. At present the preclinical students are getting too many holidays (2 summer vacations adding up to 7 months + Christmas and Easter = another week), while the clinical students get hardly any at all.
3. The response of students in general to make use of the opportunities offered.
4. What finance is available to meet the expenses of:
 - a. an Annual Subscription of about HK\$150 to the proposed Association.
 - b. sending delegates to meetings.
 - c. activities such as publications and correspondence.
 - d. provision of accommodations for conferences, etc. when it is Hong Kong's turn to be the host country.

RECOMMENDATIONS

The subcommittee views with favour

the proposed formation of an ARMSA and recommends that:

1. *Publicity*

- a) Publicity of the above scheme will be given to all medical students through the Undergrad.
- b) Copies of this report will be sent after its adoption, to the Dean and Heads of Departments of the Medical Faculty to enlist their support for the proposed scheme.

2. *Delegation*

- a) A delegate will be sent to the Singapore Conference in 1966 with full power to act on behalf of the H.K.U. Medical Society at the conference table.
- b) A selection committee will be set up for the choice of delegate.
- c) Criteria for selection should include these clauses —
 - i) Application be made by the candidates who are student members of the Medical Society and have completed their Introductory Clerkship at the time of departure.
 - ii) No discrimination against sex, race, religion or creed of the candidate in the selection.
 - iii) Preference be given to:
 - records of academic achievement and student responsibility
 - personality and knowledge of local conditions.
- d) A report should be submitted by the delegate within 2 months after his return.

3. *Finance*

- a) The estimated cost of sending a delegate to Singapore will be in the region of HK\$1,500.
- b) Financial assistance will be sought from relevant organisations such as the Li Shu Fan Foundation, Asia Foundation,

Mencius Foundation, Carnegie Foundation, Rockefeller Foundation and from drug firms for the above purpose and for other activities as listed earlier in the report.

- c) Fare reduction will be sought from airline companies.

you have seen abroad, grant something to your own country so that although you may believe everything inferior, yet resemble Hermisde who on being asked what he thought of the peoples of Rome, replied that it pleased him greatly to learn that men died there also."

— BARTHOLIN 1616-1680

FINALE

"Admire foreign lands but not to the exclusion of your own, and after what

* * * *

FUNNY ANSWERS

Professor: What would you be if you could'nt be a HOUSE-MAN?

Lady student: I would be a HOUSEWIFE.

"What is a missed abortion?"

"It is an abortion of a miss."

"What is the commonest cause of Pruritus Vulvae?", popped out during a gynaecological round.

Student: "Pediculosis Pubis!"

"This is a lousy answer!"

AUSTRALIANS IN HONG KONG

WHO ARE YOU? WHAT ARE YOU DOING HERE? HOW DID YOU GET HERE? WHO IS LOOKING AFTER YOU?

To answer these questions let us explain from the beginning. The Medicine course at the Sydney University has been 'juggled' to allow a 3-month free term just before the final year. During this term the students are supposed to leave the teaching hospitals and see medicine practised elsewhere. So the whole year split up—some going interstate to other hospitals, some to G.P.'s in country areas, and others overseas to India, New Guinea, Singapore, Canada and Hong Kong. Thus eight of us came to Hong Kong—some aided by Nuffield grants, others paying their own expenses.

Briefly what happened to us was that upon arrival in mid-December we were met by Maurice Ng and Christina Wang who took us to University Hall where we lived for two weeks before our official programme began. Just as we were getting familiar with the bus routes to-and-from U-Hall, we had to move to Morrison Hall where we spent the next 6 weeks walking up and down the steps getting daily exercises.

The first two weeks of our programme were spent with the Public Health officials who took us to see Housing Resettlements, squatter areas, various unlicensed factories, and the Q.E. laundry. We also managed to visit the Ruttonjee T. B. Sanatorium, Hay Ling Chau Leprosarium, the floating clinics and the Tsan Yuk Maternity Home. Most of the remaining four weeks we spent at the Q.M. doing Medicine and

trying to avoid being 'blasted'. (Luckily we were out of the 'firing line' during grand rounds.) With ward rounds every morning and OPD's at SYP in the afternoons we found the only time left for shopping and socialising was at night and the weekends if we were not too worn out.

The Morrisonians were probably the ones who got to know us best of all. Of the six of us who stayed at Morrison Hall, only Ray, who seemed to be constantly searching for an ashtray, was truly an "Aussie"—for Iuans, who carefully divided his time between playing table-tennis and Q.M.H., was born in Latvia; Peter was originally from H.K.; Tom and John were born in China; and Gene, the intellect, is partly French.

Our impressions of Hong Kong varied greatly depending upon our personalities and interests. Some of us went to Canton, which helped to accentuate the effect of mixed East-West culture on Hong Kong. Everyone agreed that Med-students here work far longer hours in hospital than we do, but the material covered is very similar—we study from the same texts and use the same 'Aids' series in emergencies!

All of us express our deepest thanks to everyone for being so helpful and tolerant of us—not only the organisers who supervised our time at the Q.M.H., but especially those students at U. and Morrison Halls who accepted us as one of them and helped make our stay so much more enjoyable.

I. KALNINS	J. LIU
G. DEVLIN	P. NG
R. MURRAY	W. K. SIN
T. LIU	B. MCCURDIE

THE STORY OF OUR STAY

'Twas late in Nineteen Sixty-five,
When eight young Aussies did arrive,
To see how students in H.K.,
Passed their time away.

We were greeted at the shipping dock,
By two nice members of your Soc.,
Who took us, bags and all,
Way up to Uni. Hall.

Next we moved, to Morrison Hall,
Which was cosy, comfy, warm and small;
But, I guess, we always will
Remember best, that walk up the hill.

Then the Prof., Todd, and Lai
Kept us busy every day,
With rounds, tuts., and O.P.D.'s,
And, of course, Saturday's C.P.C.'s.

Most of the cases we've seen before;
It's just you people see much more.
But, of course, where we differ,
Is we don't have "Ca of the Liver".

And twice a week we got a laugh,
When students and the staff,
Got the Professorial hammer
For using lousy English grammar.

Nightclubs, Balls — the Peak and Aberdeen,
Canton and Macau — all these we have seen
But all the time we tried to find
A little more about the "Asian mind".

For the purpose of our stay
Was not just work and play.
But that we could better understand
The ways and culture of You — our fellow

Some of you study hard, some play around.
Some like opera, some the Beatle sound.
Some will smile and joke, some curse and cuss,
Yes, all in all, you're just like us!

So many thanks and a thousand "Ng Goi's",
To all you H.K. girls and boys.
And we hope sometime, someday
Your hospitality to repay.

— 8 AUSTRALIAN MEDICAL STUDENTS

少年的煩惱

痴兒

晏娜：

現在已經是深夜了，母親不止一次的叮囑、催促我早睡覺，因為明天上午我便要離開香港了。我望着她佝僂的背影，歉意的應了一聲又一聲。

萬籟俱寂，弟妹已進入睡鄉，他們雖然不捨得我離去，但都為我而感到驕傲。我伏在書桌上，思潮起伏。我留戀的望着房內每一樣東西，像平時一樣，它們都安祥的躺在那裏，十多年來沒有絲毫改變，只不過多了幾條裂痕。

我望望廢紙籃，堆了一團團撻了的信紙。雖然我寫了很多，也撻了很多，但是我一定要寄出這封信。這些年來我最愛念辛棄疾的醜奴兒：「如今識盡愁滋味，欲說還休」。但今天晚上，我要把堆在心頭多年，沒有勇氣對你說的話，都傾訴給你聽。因為這也許是我最後的一個機會，五年後回來，當人事全非了。

自從認識了你，腦海裏無時不是你的影子，上課也想着你，下課也想着你。我想到與你挽手同行，互相偎倚，踏遍了香港每一個浪漫的角落。我想到一個細節：先打電話約你，然後在門口等，我駕着車子，你依戀的傍在我肩頭。我們不需要山盟海誓，因為我們都已是「心有靈犀」的了。我又想到同學們碰見時的譁笑，我們會紅着臉相視，但內心是甜甜的。我更想到我們婚後與兒女共渡週末，享盡天倫之樂，我不只要做一個好丈夫，更要做一個好爸爸；你也將會是一位賢妻良母。這一切給我心中的喜悅是難以形容的；我緊張得染了胃病。

每次見到你，我心中又是另一番的喜悅。尤其當我與你單獨在一起的時候，我逗你歡笑，也逗你嬌嗔，我相信你也察覺得到我那時候的歡樂。人多的時候，我不敢與你太接近。但我還是偷偷欣賞你每一動作，每一個笑臉，每

一個嬌嗔；它們在我心目中都是美感的形式。雖然每次我都後悔沒有淘出勇氣與你多談話，但我仍是心滿意足的。雨果曾說過：「男人真愛一個女人，最初的表现是靦腆；女人真愛一個男人最初的表现是大膽。兩性最初接近時，男人表现了女人的性格，女人表现了男人的性格」。我是真的愛上了你。

但這却給我帶來極大的煩惱，因為你是一位教徒。為此我曾經在那新設的圖書館借了很多有關書籍，所得的結論是教會並不主張混合婚配，因為這種婚配並不會幸福的。這使我心中並不好受。我不希望看到你受人指責，更不希望你的婚姻不幸福。我決意犧牲自己，麻木了感情，我開始對你作禮貌上的應酬。一切都成功了，你不再理睬我。但是我發覺我生來並不是偉大，我成了感情的奴隸；當我愈加壓抑自己，我却愈加想到你，這使我無心向學。我開始怕見別人儷影雙雙，更怕聽他們回來講述的戀愛故事。

曾經有人說過：「初戀是最難忘的」。現在我相信這句話的真實性。我並沒有再談戀愛了。不記得那一期學苑有這麼的一段話：「如果你在大學裏還沒有找到你理想的人，恐怕你以後再沒有機會了」。

我快要離開香港，這封信我只要你相信我並不是沒有情感的人，只不過我沒有讓你看到我。我並不要你記起感情上的債，你就當是「事如春夢了無痕」算了。

明天船將會經過你的家，但我會看到甚麼呢？回來的時候，我怕要低吟「自恨尋芳到已遲，去年還見未開時，如今風擺花狼籍，綠葉成蔭子滿枝」了。祝你永遠青春美麗！

痴兒草於三月十二日

凌晨四時

* * * *

Thy name is woman: Curiosity, Verbosity, Ferocity, Adiposity.

Happy is the doctor who is called in at the end of the disease.

— *Cantonese proverb*

NEWS FROM THE GAZETTE

HONOURS

Degree of Doctor of Laws was conferred on Sir Lindsay Tasman Ride, Emeritus Professor of Physiology and former Vice-Chancellor of University of Hong Kong, at the Sixty-fourth Degree Congregation held on November 18, 1965.

DEGREE OF DOCTOR OF SCIENCE

Arnold Chia-Loh Hsieh (Physiology).

DEGREE OF DOCTOR OF PHILOSOPHY

(Mrs.) Chung-Hua Lee Peng (Biochemistry) were conferred at the Sixty-fifth Degree Congregation held on November 24, 1965.

DEGREES OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

Honours 1965

Lee Sai Kui

Yu Lai Ling

Dr. H. C. Ho, M.B.,B.S. (1940), member of the Court: *Officer of the Most Excellent Order of the British Empire* was conferred in Her Majesty the Queen's News Year Honours List 1966.

PERSONALIA

Dr. Y. C. Tsao, Lecturer in Pædiatrics, attended the Eleventh International Congress of Pædiatrics held in Tokyo during November 6-20, 1965.

Professor A. R. Hodgson has been appointed a Corresponding Member of the Australian Orthopædic Association.

Professor D. Chun acted as external examiner for the degree examinations in obstetrics and gynæcology at the University of Western Australia in November 1965.

Professor A. J. S. McFadzean has been elected a Fellow of the Royal College of Physicians of Edinburgh.

Professor D. W. C. Chun presented a paper at the International Conference on Family Planning Programmes held in Geneva in August 1965, and at the World Population Conference held in Belgrade in September 1965. She will act as external examiner in Obstetrics and Gynæcology in the Degree Examinations of the University of Western Australia in November 1965.

Frankin W. P. Li, Lecturer in Surgery, has been elected an Associate Member of the British Association of Plastic Surgeons at the Royal College of Surgeons of England.

COUNCIL

Membership

Professor J. B. Gibson has been elected by the Senate to serve on the Council for three years from January 2, 1966, in succession to Professor J. Miller.

The following have been invited to deliver Lo Yuk Tong Foundation Lectures:—

November 1965

Professor J. I. P. James,
Royal Infirmary,
Edinburgh.

May 1966

Professor Sir John Bruce,
University of Edinburgh.
Professor Stanley G. Clayton,
Queen Charlotte's Hospital,
London.

SENATE

Membership

Dr. A. C. L. Hsieh, Senior Lecturer in Physiology, has been elected by the Senate to serve on the Senate for three

years from November 18, 1965, in succession to Dr. I. W. B. Thornton.

Department of Pharmacology

A Department of Pharmacology has been established with effect from October 1, 1965.

PRIZES

Li Shu Fan Medical Foundation Clinical Scholarship: Mak Lai Wo

Anderson Gold Medal: Lina Yue Li Ling

Chan Kai Ming Prize: Lina Yue Li Ling

Digby Memorial Gold Medal in Surgery: Michael Lee Yuk-kwan

Gordon King Prize in Obstetrics and Gynaecology: Edmund Au Yeung Yung Yin

Ho Kam Tong Prize in Public Health: (Miss) Wu Pui Chee

C. P. Fong Medal in Pathology: Pamela Leung Ming Kuen

Nuffield Foundation and the Hong Kong Government: Annual contributions of £10,000 and £5,000 respectively for three years, for general research.

Nuffield Foundation and Li Shu Fan Medical Foundation: Up to £40,600 (Nuffield) over three years and two minibus cars amounting to \$28,000 (Li Shu Fan) to Professor C. E. Field for her research programme on the growth and development of Chinese children in Hong Kong.

Li Shu Fan Medical Foundation: \$20,500 for research in the Faculty of Medicine of which \$11,000 is awarded to the Department of Obstetrics and Gynaecology, \$3,500 to the Department of Medicine, and \$6,000 to the Department of Physiology.

Visiting external examiners

Professor I. G. W. Hill, of the University of St. Andrews, for the degree examinations in medicine in May 1966.

Professor W. E. Adams, of the University of Otago, for the degree examinations in anatomy during the three academic years 1965-68, to visit once during this period.

Sir Hector MacLennan, President of the Royal College of Obstetricians and Gynaecologists, for the degree examinations in obstetrics and gynaecology in May 1967.

Professor R. B. Duthie, of the University of Oxford, for the degree examinations in orthopaedic surgery in May 1967.

Appointments

Robert Chun Yu Lin, B.Sc., Ph.D. (Cantab.), to the Chair of Pharmacology from September 30, 1965.

Kwong Kwok Hay, M.B.,B.S. (Hong Kong), F.S.C.S. (Eng.), appointed Lecturer in Surgery from July 1, 1965.

Tsao Yen Shui, M.B.,B.S. (Hong Kong), F.R.C.S. (Edin.), D.C.H., appointed Lecturer in Orthopaedic Surgery from July 1, 1965.

(Miss) Liu Hin-Ching, B.Sc. (Sun Yat-sen), Assistant Lecturer, appointed Lecturer in Anatomy from July 1, 1965.

(Mrs.) Teoh Chan Ching Haan, M.B. (Lingnan), Dip.Bact. (Manchester), Assistant Lecturer, appointed Lecturer in Pathology from July 1, 1965.

Low Weng Djin, M.Sc. (Hong Kong), Assistant Lecturer, appointed Lecturer in Anatomy from July 1, 1965.

Ng Chun Kwong, M.B. (Lingnan), Demonstrator, appointed Assistant Lecturer in Anatomy from July 1, 1965.

Mo Pui Nin, M.B. (Lingnan), M.S. (California), appointed Assistant Lecturer in Physiology from July 30, 1965.

John Grant, M.B.,B.S. (London), M.R.C.S., L.R.C.P., D.T.M.&H., Dip. Path., appointed Lecturer in Clinical Pathology from December 16, 1965.

Lilian Lee, B.Sc. (McGill), M.Sc. (British Columbia), appointed Assistant Lecturer in Clinical Biochemistry from October 11, 1965.

Koo Chia Gee, B.A., M.B.,B.Chir. (Cantab.), F.R.C.S. (Edinburgh and England), appointed Lecturer in Surgery from September 14, 1965.

Frank Chi Yan Cheng, M.B.,B.S. (Hong Kong), appointed Assistant Lecturer in Surgery from September 1, 1965.

Leave of absence

K. H. Kwong, Lecturer in Surgery, has been granted one year's leave from November 1, 1965, to enable him to take up a China Medical Board Fellowship tenable at the University of Colorado.

The following have been granted long leave:

Dr. C. H. Lee Peng, Assistant Lecturer in Biochemistry, from February 1, 1966.

Kan Pui Shui, Lecturer in Obstetrics and Gynæcology, from October 15, 1965.

Resignations

Dr. A. Brodetti, Lecturer in Orthopaedic Surgery, from December 16, 1965.

F. W. P. Li, Lecturer in Surgery, from March 15, 1966.

Department of Anatomy

S. T. Chan: 'Quantitative changes in the Basophil cells of guinea-pig bone marrow following the administration of ascaris body fluid', *Immunology* Vol. 8, No. 6, pp. 566-577 (1965).

K. S. F. Chang, M. M. C. Lee, C. K. Ng (and E. I. Fry): 'The amount and distribution of subcutaneous tissue in southern Chinese children from Hong Kong's *American Journal of Physical Anthropology* Vol. 23, pp. 67-79 (March 1965).

K. S. F. Chang, M. M. C. Lee, W. D. Low (with Sylvia Chui and Mary Chow): 'Standards of height and weight of southern Chinese children', *Far East Medical Journal* Vol. 1 (3), pp. 101-109 (1965).

M. M. C. Lee and C. K. Ng: 'Post-mortem studies of skinfold caliper measurement of skin and sub-cutaneous tissue', *Human Biology* Vol. 37, pp. 91-103 (1965).

Department of Biochemistry

M. L. Ng and E. O'F. Walsh: 'Effects of morphine on the hormonal control of metabolism—2. *In vitro* effects of

adrenaline and hydrocortisone on utilization of glucose by muscle of normal and chronically morphinized rats', *Biochem. Pharmacol.* Vol. 14, No. 6, pp. 1003-1009 (1965).

Department of Physiology

K. M. Li: 'Fish poisoning in the Far East', *Far East Medical Journal* Vol. 1, No. 1, pp. 29-33 (May 1965).

K. M. Li: 'A note on ciguatera fish poison and action of its proposed antidotes', *Ciguatera Fish Poisoning, a Symposium in Hawaii Medical Journal* Vol. 24, pp. 353-361 (1965).

Department of Physiology

I. Y. Chen (with E. Leong Way): 'Studies on antagonism of morphine miosis by nalorphine as a diagnostic test for narcotic usage', *British Journal of Pharmacology* Vol. 24, pp. 789-797 (1965).

Department of Pathology and Bacteriology

P. C. Wong, Melanie Chan, G. Chun Tie, and L. Ma: 'Lactate dehydrogenase activity in mouse liver infected with mycobacterium lepraemurium', *Journal of Tropical Medicine and Hygiene* Vol. 68, pp. 110-112 (May 1965).

Department of Pathology and Bacteriology

J. B. Gibson and T. Sun: 'Chinese liver fluke—*Clonorchis Sinensis*—its occurrence in Hong Kong', *International Pathology* Vol. 6, No. 4, pp. 94-98 (October 1965).

T. Sun: 'Demonstration for diagnosis: recurrent pyogenic cholangitis', *International Pathology* Vol. 6, No. 4, p. 93 and pp. 105-106 (October 1965).

C. T. Huang (with K. Tamai and S. Nishida): 'Taxonomy of *Clostridium bifermentans* and *Clostridium sordellii*. III. Agglutinability of heat-resistant substrains of *Clostridium sordellii*', *Journal of Bacteriology* Vol. 90, No. 2, pp. 391-394 (August 1965).

Pædiatric Unit

A. Chau, S. H. Tsao, R. J. Lee, and C. Y. Yeung: 'Three rare metabolic diseases in Chinese children', *Far East Medical Journal* Vol. 1, No. 1, p. 11 (May 1965).

Y. C. Tsao and Y. T. Fung: 'A comparative study of the Mantoux, Heaf, and Tine skin tests for tuberculosis', *Far East Medical Journal* Vol. 1, No. 6, p. 216 (October 1965).

P. C. K. Yue and J. M. Park: 'Medullo-blastoma simulating tuberculous meningitis', *Journal of the Singapore Pædiatric Society* Vol. 7, No. 1 (April 1965).

Y. T. Fung: 'Piagiocephaly, peripheral dystoses, and bilateral inguinal herniae in siblings', *Far East Medical Journal* Vol. 1, No. 2 p. 68 (June 1965).

Department of Medicine

P. C. Hou and A. J. S. McFadzean: 'Thrombosis and intimal thickening in the portal system in cirrhosis of the liver', *Journal of Pathology and Bacteriology* Vol. 89, No. 2, pp. 473-480 (April 1965).

Departments of Physiology and Obstetrics and Gynæcology

D. P. C. Chan, Chew Wei, H. N. Soo, H. K. Cheung, K. K. Cheng, and Y. M. Cheung: 'The capacity of urinary bladders in pregnancy', *Far East Medical Journal* Vol. 1, No. 2, pp. 72-73 (June 1965).

W. I. Cheung and K. K. Cheng: 'Placental mono-amine oxidase activity', *Bulletin of the Hong Kong Chinese Medical Association* Vol. 16, pp. 53-54 (1964).

Department of Obstetrics and Gynæcology

P. S. Kan, D. Chun, and S. Y. Cheng: 'Acceptability and reliability of various contraceptive methods', *Bulletin of the Hong Kong Chinese Medical Association* Vol. 16, pp. 79-84 (1964).

C. A. Braga, M. Strickland, and H. N. Soo: 'ABO Iso-immunization in the

Chinese—an analysis of 137 cord blood specimens', *Pacific Medicine and Surgery* Vol. 73, No. 5, pp. 301-306 (September-October 1965).

Department of Obstetrics and Gynæcology and Pædiatric Unit

P. C. K. Yue and M. Strickland: 'Glucose-6-phosphate-dehydrogenase deficiency and neonatal jaundice in Chinese male infants in Hong Kong', *The Lancet* Vol. 1, p. 350 (February 13, 1965).

D. Chun and C. A. Braga: 'Ectopic ureters with congenital absence of urethral sphincters', *Brit. J. Urol.* Vol. 37, No. 3, pp. 320-324 (1965).

D. Chun and H. K. Chung: 'Vaginal cytology in women using intra-uterine devices', *Proceedings of the Second International Conference on Intra-Uterine Contraception, New York City*, pp. 157-158 (October 1964).

D. Chun, S. Y. Cheng, and Y. L. Wong: 'Report on the use of intra-uterine devices in Hong Kong', *Proceedings of the Second International Conference on Intra-Uterine Contraception, New York City*, pp. 221-222 (October 1964).

Department of Orthopædic Surgery

A. R. Hodgson: 'An approach to the cervical spine (C-3 to C-7)', *Clinical Orthopædics and Related Research* No. 39, pp. 129-134 (March-April 1965).

A. R. Hodgson: 'Correction of fixed spinal curves. A preliminary communication', *Journal of Bone and Joint Surgery* Vol. 47A, No. 6, pp. 1221-1227 (September 1965).

Department of Surgery

K. P. Chan: 'Voloalus complicating mucocoele of the appendix' *British Journal of Surgery*, Vol. 52, p. 713 (1965).

FORTHCOMING EVENT

April 15. Inaugural Lecture from the Chair of Pharmacology by Professor R. C. Y. Lin, at 5.30 p.m. in the ground floor Lecture Theatre of the Li Shu Fan Pre-clinical Building. The title will be announced later.

ROBERT CHUN YU LIN,

B.Sc., Ph.D. (Cantab)

Professor R. C. Y. Lin, appointed to the newly-established Chair of Pharmacology, arrived to assume duties on September 30, 1965.

Professor Lin was an Associated Professor in the West China Union University in China from 1943 until his departure for further research at Cambridge in 1947. He joined the University College of Ibadan, Nigeria, in 1949 and thereafter the University of Malaya in Singapore in 1950. In 1956 he went to Oxford for further research and a year later returned to the University of Malaya (now Singapore) where he undertook the task of starting a de-

partment of pharmacology; and in 1962 became the first professor and head of that department.

Professor Lin's special field of research is the metabolism of acetylcholine and serotonin in the gastro-intestinal tract. He has also been interested in the presence of pharmacologically active substance in plants. In 1955 he discovered the presence of the highest concentration of acetylcholine, a chemical nerve transmitter, ever found in the plant kingdom in the seeds and leaves of the Malaysian jackfruit. He hopes to collaborate with his colleagues in Hong Kong on an investigation of the pharmacological action of some local medicinal remedies that may have therapeutic value.

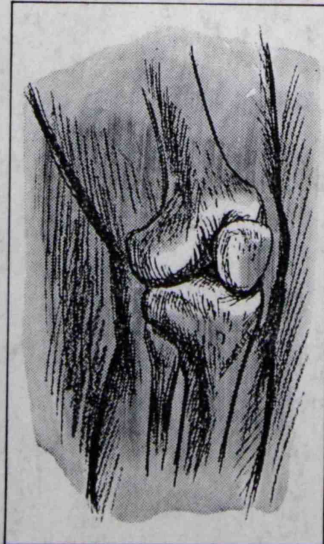
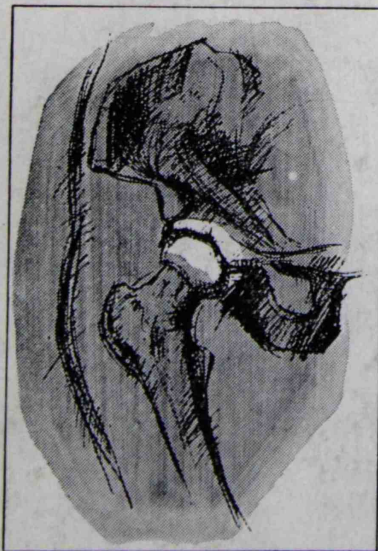
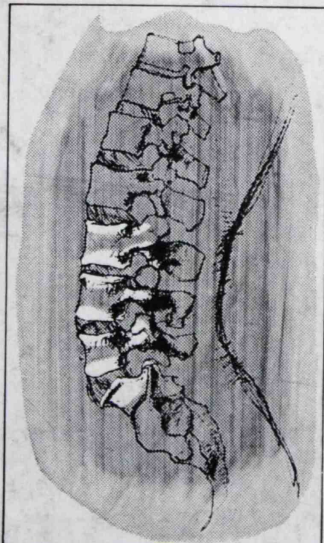
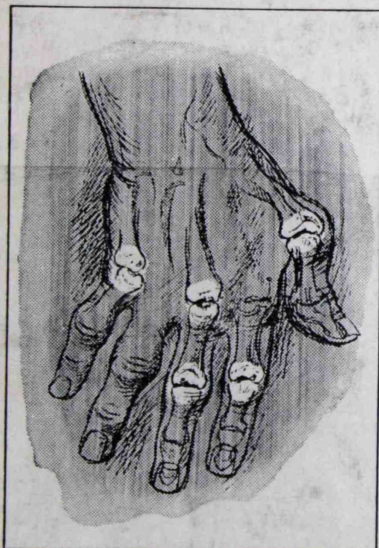
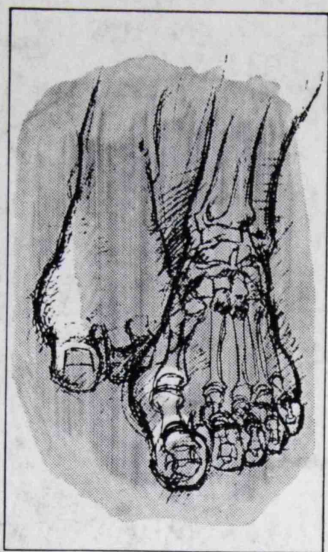
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* * * *

Leptazole administration — aura of impending doom.

Woman visiting lawyer for divorce, giving her reason as "He is unfaithful to me", was asked by the lawyer, "Are you sure?"

She answered, "I'm sure—he is not the father of my baby."



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OBJECTIVE AND SUBJECTIVE EVIDENCE OF IMPROVEMENT "Clinical response as reflected by both measurements and subjective criteria indicate that this drug has a prompt and striking beneficial effect. . . . Objective measurements included chest-expansion, finger-tip to floor distance and walking time."¹

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USEFUL IN TREATMENT OF PATIENTS OF ANY AGE "The patients comprised eight men and ten women whose ages ranged from 50 to 83 years (mean 65). . . . We have used a gradually increasing dosage scheme . . . without the development of serious toxic effects during the initiation treatment or its subsequent long-term maintenance."⁴

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References: 1. Smyth, C. J. and Godfrey, R.: The treatment of rheumatoid spondylitis with indomethacin, *Arthr. and Rheum.* 7:345, June 1964. (Proceedings of the Annual Meeting of the American Rheumatism Association, San Francisco, June 18-19, 1964).

2. Hart, F. D. and Boardman, P. L.: Indomethacin, *Practitioner* 192:823-832, June 1964.

3. Norcross, B. M.: Treatment of connective tissue diseases with a new non-steroidal compound (indomethacin), *Arthr. and Rheum.* 6:290, June 1963. (Proceedings of the Annual Meeting of the American Rheumatism Association, Atlantic City, June 13-14, 1963). (Also in: Abstracts of Communications—Fifth European Congress on Rheumatic Diseases, August 25-28, 1963, Stockholm, Sweden.)

4. Wanka, J., and Dixon, A. St. J.: Treatment of osteo-arthritis of the hip with indomethacin. A controlled clinical trial, *Ann. rheum. Dis.* 23:288-294, 1964.

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