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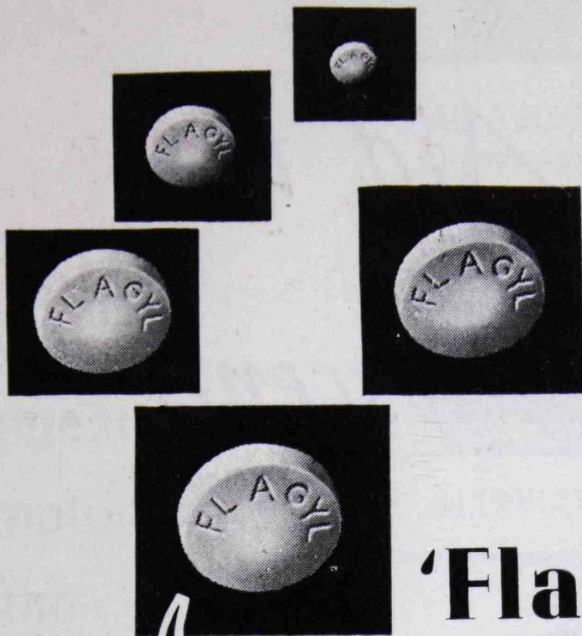
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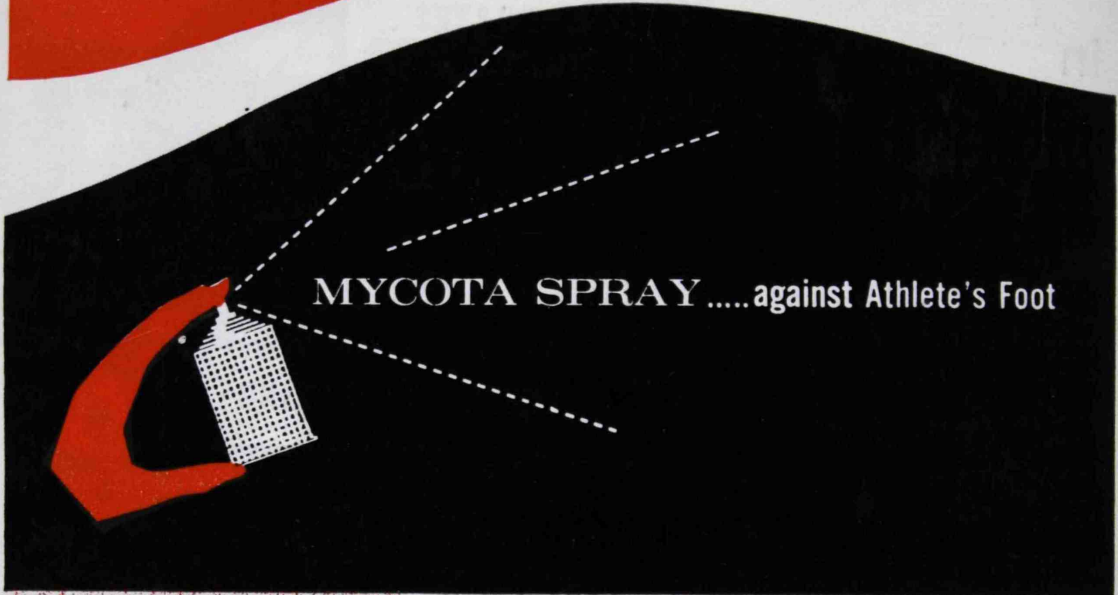
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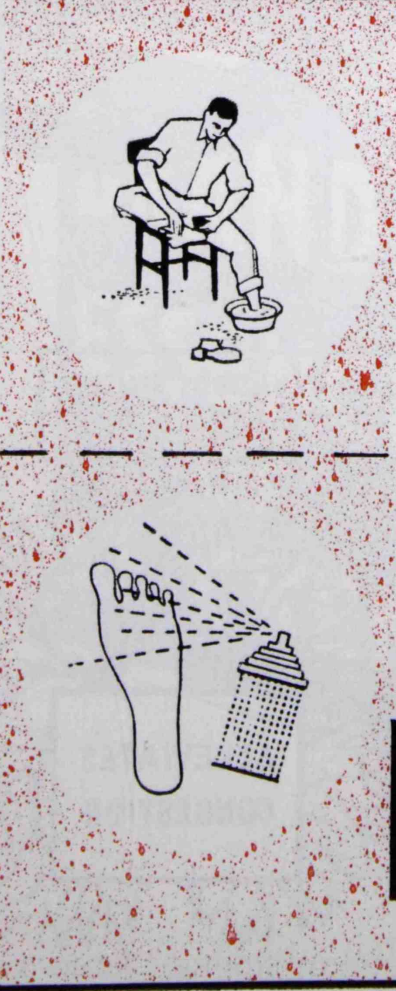
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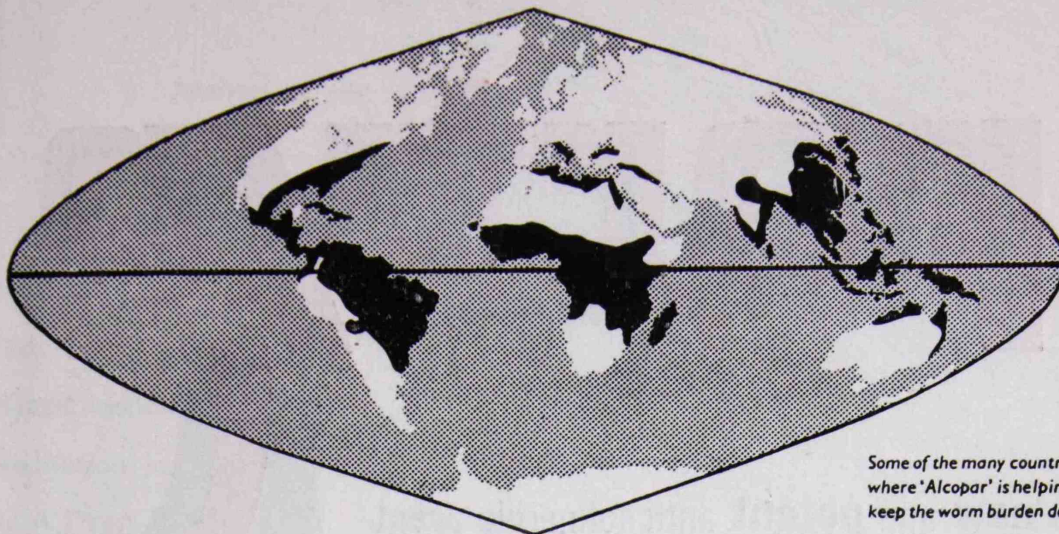
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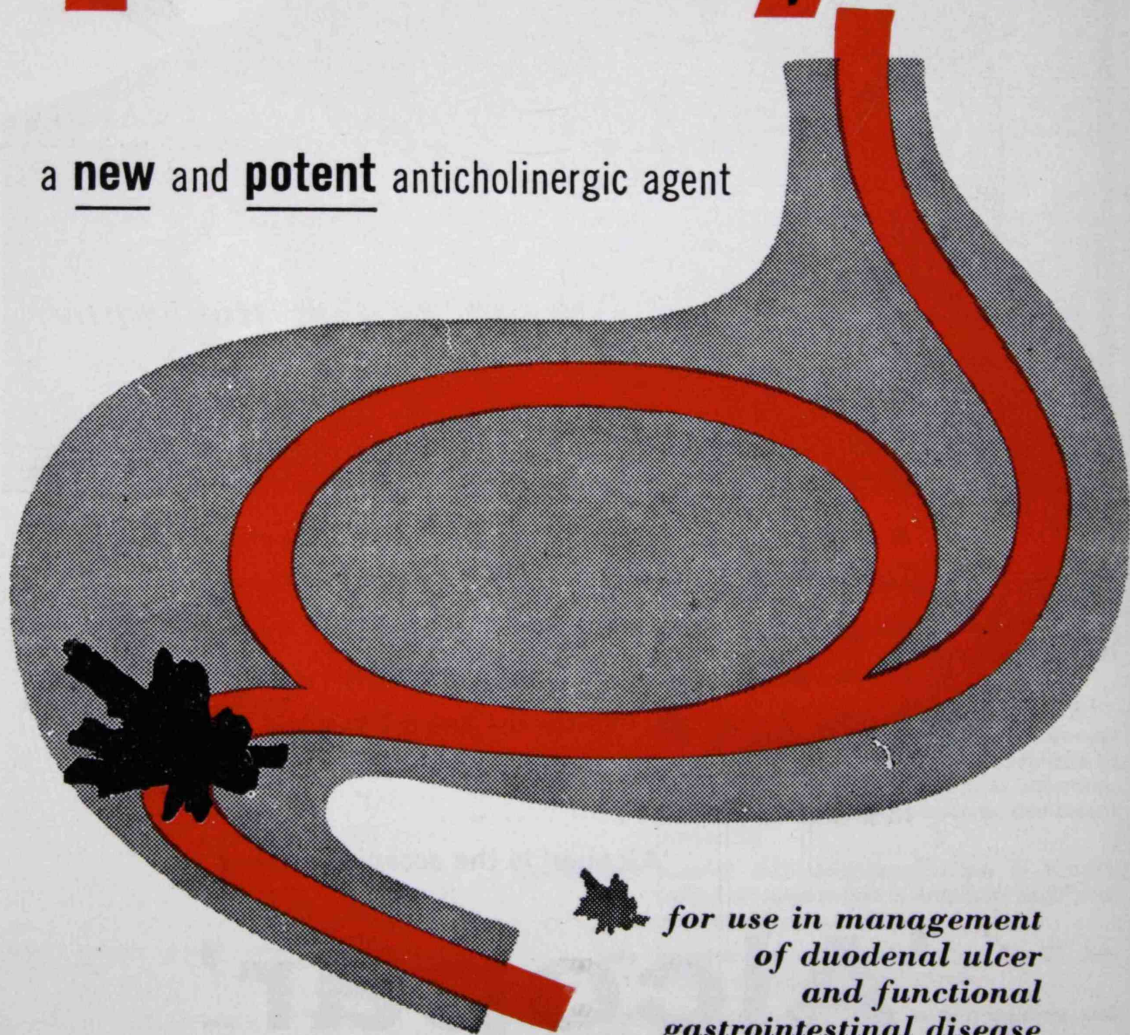
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ELIXIR

Journal of the Hong Kong University Medical Society

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The opinions or assertions contained herein are the private ones of the writers and are not to be construed as reflecting the views of the Medical Society, faculty of medicine or the University at large.

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WITH THE COMPLIMENTS
OF
MR. MA KAM MING
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Editorial

AS in the past, the Elixir is suffering from literary starvation, and the chief complaint of the Editors is the lack of contributions of articles, etc. by medical students.

WE greatly urge you to make the Elixir like unto that Grand Elixir which Pope wrote about, “. . . the Grand Elixir, to support the Spirits of Human Nature . . . It restores and vivifies the most dejected Minds, corrects and extracts all that is painful in the Knowledge of Man's self . . .” (Elixir 1959 Spring Edition.) So, do write or draw or photograph for the Elixir, and make it your magazine.

THE sale of the Elixir and all donations received are put into the Elixir Bursary Fund for the assistance of deserving students. The fund now stands at \$16,505.58.



FACT, FANCY AND OPINION



The Co-eds

One often wonders how Elizabeth Blackwell would react should she be able to see our pleasant and fully emancipated co-eds sailing around the Hospital. As a matter of fact, the ladies are nowadays so emancipated that fellow males are already contemplating for a movement of emancipation for men.

It is a crushing experience to realise that the time-honoured concept of intimate association between the fairer sex and feather brain no longer holds, unless of course, the males should satisfy themselves with something less than that of a feather.



There goes our female colleague . . .

On Smoking

The Royal College of Physicians' Report on Smoking received great response from our Hong Kong medical colleagues. Various conferences and discussions were called, which generally turned out to be rather smoky for the abundance of cigarettes circulating around the tables. The public was told that smoking was bad and bronchogenic carcinoma no good. In the meantime everybody smokes on happily. Once again our fellow comrades in the tobacco trade wipe off the cold sweat from their brows—for that dainty, delightful human nature is yet to be trusted in.

Jenner and Jesty

The difference that made all the difference between Edward Jenner and Benjamin Jesty was that one analysed his facts and observations and pushed on, the other made use of his knowledge for his immediate use and stopped short. The result being that while everybody talks about Jenner's operation on Sarah Nelmes in 1774, no one remembers that Mr. Jesty vaccinated himself and his family twenty years earlier.

And Mr. Jesty is not to be blamed either. After all he had a goodly farm and a stable living and was essentially a plain man who was blessed with little knowledge. Having safeguarded his own family against the plague why should he bother to fight with his otherwise friendly neighbours who considered vaccination utterly beastly — after all men are born free, and he can choose anything he should fancy to like, even smallpox.

We presume with boldness (in spite of the regular Thursday brain washings) that medical students are also born free. Why do most of us choose the role of Mr. Benjamin Jesty?

The epitaph of Jenner:

*Within this tomb hath found a resting-place
The great physician of the human race —
Immortal Jenner! — Whose gigantic mind
Brought life and health to more than half mankind.
Let rescued infancy his worth proclaim,
And lisp out blessings on his honour'd name;
And radiant beauty drop one grateful tear,
For beauty's truest friend lies buried here.*

On Parking

The university took much pains in teaching us while we were yet greenhorns, that we were all equals and that we should treat our staff members, and for that matter anyone in the University, as our friends without any psychological discrimination.

Being all wise the University does not believe in excesses or overdoing things but every now and then, they also never hesitate to demonstrate that while everyone is to be equal, some are to be more equal than others.

Free Medical Service

It is hoped that the Government will once more give Medical Students free medical attention, after all they are a population at risk.

WEIGHTLESSNESS



PRESIDENTIAL ADDRESS

By DR. A. C. L. HSIEH, *Senior Lecturer, Dept. of Physiology,*
delivered on 10th April 1962.

Mr. Chairman, Members of the Medical Society, Ladies and Gentlemen:

I have not been unmindful of the great honour that you have bestowed upon me in inviting me to give this address and, what is more, in coming to listen to it. For these blessings, I thank you. For my part, in the full spirit of give and take, I have chosen not to burden you with a heavy, and perhaps dull, lecture on a subject that may be of interest to myself alone. My talk this evening is going to be light, in fact so light that it is about weightlessness.

Towards the end of World War II the Allied bombers were provided with fighter escort cover while on bombing

missions over Germany. The German fighter pilots developed a new type of firing pass on the heavily guarded enemy. They penetrated the Allied defense from high altitude, made their pass at the bombers from below after a violent pullup, then evaded the massive firepower of the bombers by another dive. These movements frequently caused disturbances in vision which resulted in a high percentage of gunnery misses. The pilots also reported, on occasion, a sensation of floating, drifting, or tumbling; 'light' or 'heavy' feeling in the head or stomach. Sweating, dry throat, increased salivation and feelings of hot or cold. Analysis of the flight pattern of the pilots showed

that they first produced high positive g from the arresting of the downward motion; negative g and zero g were produced during the pushover into the second dive. At least part of the symptoms pointed to motion sickness, but the sensations of floating etc. could be due to weightlessness. Professor Heinz von Diringshofen, professor of aviation medicine in Berlin, made some flights himself and experienced a weakening in the legs and insecure control movements during the weightless state. After he had become accustomed to the manoeuvre he enjoyed it as a pleasant experience. The war ended and I would have had to stop my talk here, were it not for the rapid advance in rocketry.

By 1951 it became clear that manned space flights were well within the realm of possibility; and scientists began to think about the problems of man in space. One of these problems is weightlessness. On first impression it might seem that weightlessness would be a very pleasant experience — like floating through the air as we do sometimes in dreams. How often have we longed for relief from the burdens of the flesh!

“O! that this too solid flesh would melt,
Thaw and resolve itself into a dew.”

However, scientific speculations about the effects of weightlessness were couched in pessimistic terms. Drs. O. Gauer and H. Haber postulated that the brain receives its information on the position, direction, and support of the body from four perceptual mechanisms: (1) pressure on the nerves and organs, (2) muscle tone, (3) the labyrinth of the inner ear and (4) posture. These mechanisms indicate changes in acceleration and position by pressure exerted on their sensory cells. It was theorized that the first three mechanisms would cease to function properly in the weightless state and that the otoliths might send signals to the brain that would actually confuse the space traveller. Other speculations included malfunction of the autonomic nervous system and even death due to failure of the circulatory system. It was obvious that actual experimental data would be necessary before any definite conclusions could be made.

Before I describe the experiments, it will help somewhat if we first discuss some basic principles of mechanics and dynamics of zero gravity.

Gravity.—The force of gravity decreases in inverse proportion to the square of the distance from the earth's centre. At a height of 4,000 miles above the surface it is one fourth of what it is on the ground; at 8,000 miles it is one ninth, and so on. At 36,000 miles it is reduced to a mere one one-hundredth. But the near-gravity-free state at this distance is a static condition, valid only for a fully supported body.

Weight.—By modifying Newton's second law, the weight of a body in motion can be defined as the resultant force exerted on the body in reaction to the force of gravity and inertia.

$$W = m(g + i)$$

The force of inertia is characteristic of a body in motion and is divided into two portions: (1) one which is equal and opposite to the thrust or accelerative force, and (2) one which depends on the velocity of the body and the direction of the body in relation to the centre of the earth.

From this equation it can be seen that a body will become weightless whenever the force of inertia counter-balances the force of gravity.

There are three ways of producing weightlessness within the earth's gravisphere.

(1) 'Horizontal' flight at high speed.—An aircraft travelling at high speed on a 'horizontal' plane is actually following a curved path due to the earth's gravitational pull. Centrifugal forces develop which are directed away from the centre of the earth. The magnitude of this force depends upon the velocity attained by the body. If a velocity between 18,000 and 25,000 m.p.h. is reached the body revolves around the earth as a satellite in a circular or elliptical orbit. The body is then completely weightless in relation to the earth. The centrifugal force balances the force of gravity.

(2) Free fall.—A body that is not supported has no weight. This is because the body is subjected to a downward acceleration of 1 g. The force of inertia

is equal and opposite and counter-balances the force of gravity at each point on its downward path.

(3) Keplerian trajectory. — If an object above the surface of the earth is accelerated away from its centre, it moves along a conic section. The kind of trajectory produced depends upon the energy (force) applied and the consequent velocity attained. For small velocities such as those achievable by aircraft, the trajectory is a very elongated ellipse with one focal point at the centre of the earth. The small section near its apex, emerging from the surface can well be represented by a parabola. By flying a parabola within the earth's atmosphere and removing all forces of acceleration (using the aircraft's thrust only to counter-balance drag) a pilot can achieve brief periods of weightlessness. The velocity attained by his plane will determine the duration of weightlessness.

From the foregoing, it seems that the simplest means to produce weightlessness would be the vertical free-fall. But a speed of fall is soon reached at which frictional forces from the air restore the body's weight. To produce an appreciable period of weightlessness, it would be necessary to drop the body from a very high altitude. The difficulties in recovering such an experimental object are rather great. The use of an elevator has been proposed and tried out. By moving an elevator up and down after an initial acceleration one can produce a state of subgravity, but durations obtainable are relatively short.

Only the aircraft seems to be practical means. In 1951 several test pilots made flights following Keplerian trajectories. They either enjoyed the sensation or experienced befuddlement, a feeling of falling and disorientation, and a tendency to overshoot. The results of these flights were inconclusive.

In 1955 and 1956 various experiments on the effects of virtual weightlessness were conducted. The aircraft used were either a Lockheed T-33 or since 1956, Lockheed F-94C. At an altitude of about 21,000 ft., with the T-33, the pilot started a shallow dive to 17,000 ft. He then pulled the aircraft up smoothly so that

an acting force of 5 to 38 g was not exceeded. He then put the aircraft into a 60 degree climb at full throttle and initiated the pushover, using the inertial effect to counteract the gravitational pull of the earth. By utilizing his thrust to overcome drag, he kept the aeroplane on its Keplerian course until the pullout. The average weightlessness was 25 to 35 seconds. The record was 42 sec. With improved aircraft speed, F-100, up to one minute of zero gravity can be obtained.

EXPERIMENTS WITH ANIMALS

In 1951 the first experiments on animals during rocket flight were started in the United States. An instrument capsule was developed for the nose cone of the V-2 and laboratory animals were placed inside. The capsule contained instruments for telemetering heart rate, blood pressure and respiration to a ground station. Several flights were successful. The electrocardiogram, breathing pattern, and blood pressure of the lightly anesthetized animals were undisturbed by accelerations and subgravity states during the free cruise at 200,000 to 400,000 ft.

Later a simple psychological experiment was performed. The object was to find out how an unrestrained animal would behave during a two-minute near-weightlessness state. A special motion picture camera photographed the activities of two white mice placed in separate compartments which were made to rotate at a rate of four revolutions per minute. One compartment contained a small hurdle over which the mouse had to jump in order to remain on the bottom of the drum. The mouse in the unobstructed compartment was normal; the other mouse had undergone the removal of the labyrinths of the ear with their directional otoliths. During weightlessness the normal mouse was confused while floating freely in the compartment. The labyrinthectomized mouse was less disturbed. Having no otoliths, he received no clues either true or false. This did not disturb him because their prior removal had accustomed him to a lack of orientation. When the parachute opened, arresting free fall and imposing a

steady descent, both mice resumed their normal walking and jumping activity, keeping pace with the turning drum.

Another series of experiments was performed by Dr. von Beckh in Argentina. He placed several South American water turtles, including one with damaged labyrinths, in an aquarium and fed them during states of subgravity. The turtle that had been deprived of its otoliths was able to snap its food without trouble, whereas the normal turtles were slow and missed the bait. After about twenty or thirty attempts they too began to regain their normal coordination. These experiments were extremely difficult to conduct. One difficulty was that the water, with the turtles in it, would rise and float above the bowl, and several times it was necessary to lift the tank and fit it back around the water.

The righting reflex of the cat has been studied under conditions of zero gravity. Under ordinary conditions if a cat is held upside down and then released, it turns in a flash into the normal position so that it always lands on its feet. The reflex functions under both visual and blindfold conditions. As was expected, the righting reflex functioned as long as minute accelerations were present. If the cat was really weightless, the reflex was delayed or failed completely. Then the animal was confused and panicky and tumbled, or righted itself in the wrong direction. The animals were still bewildered after the weird experience was over.

The entire series of experiments indicate that the stress imposed by conditions of weightlessness are well within the range of tolerance of the animals used. This is in accordance with the semi-official reports on the Russian dog in Sputnik II that she survived her six days' exposure to complete weightlessness without ill effects. But we should not place too much emphasis and significance on behavioral studies of animals during weightlessness, because they may not truly reflect the adaptability of men to this condition.

EXPERIMENTS WITH HUMANS

Systematic experiments involving a large number of volunteers have been

conducted. At first eye-hand coordination was studied in a T-33 during parabolic flight. The test consisted of aiming and hitting a target attached at arm's length. The tendency during subgravity was to hit too high because of the changed input-output ratio of the elevating muscles. After repeated performances in a state of weightlessness the men adjusted to the situation. It seems therefore that this presents no problem.

Man's ability to orient himself depends upon a variety of factors. In the weightless condition the eye becomes the only reliable organ. Will it remain reliable or may it be deceived by illusions? In an attempt to answer this question a luminous target was observed in the dark during zero gravity flights. The target seemed to be displaced upward during the state of zero-gravity; and downward when the normal gravitational condition was restored.

Another attempt to study orientation during weightlessness has been made by immersing men in water. Since the body and the fluid have about the same density the body, though supported, is in a kind of weightlessness relative to the surrounding medium. Skin divers lose their orientation at some depth if visual cues are lost. Experiments in which volunteers remained submerged for long periods are inclusive because of the difficulty in dissociating the psychological effects of solitude and boredom from those of weightlessness.

This brings us to the psychological effects of weightlessness. In a group of 47 volunteers subjected to weightlessness while firmly strapped to their seats, one third developed troublesome symptoms such as a sensation of tumbling, falling forward or rolling over; they felt elated at first but became more and more uncomfortable. Only half experienced a sensation of rest or slow floating; feeling of well-being, comfort, pleasure, relaxation, and enjoyment. Those that suffered during the flight developed serious motion-sickness syndrome, while those that enjoyed their flight did not. The question arises whether the difference between the two groups is due to individual variation in response or simply

one of time required to elicit the response. Thus there is still the possibility of troublesome symptoms developing in the latter group if the period of weightlessness is prolonged. The American astronaut that went around the earth three times and the Russian one that went around seventeen times did not seem to suffer from any ill-effects during their trips.

The after effect of a long period of weightlessness is a different matter all together. From the table of the various sense organs that will be affected by weightlessness it will be noted that by firmly strapping the subject to his seat output from pressure sense organs can be maintained. We have noted that disturbances in muscle coordination are soon overcome by practice. As the subject is strapped down tension can still be generated in the muscles. There remains the complete absence of vertical output from the otoliths. Will prolonged lack of stimulation of these organs lead to loss of function? That this may indeed

result is suggested by the recent hints that all is not well with the Russian Astronaut.

In conclusion: The rapid advance in rocketry has opened up an entirely new and exciting field of biological research. It is at present called "Space Medicine" from the Germans, although "Space Physiology" would be a better term since we are as yet not faced with the diseases that may occur in space. The problems under study are the responses of man to the radical change in external environment that will occur in space. One of these, and perhaps the most radical change of all, is the complete lack of weight. Experiments have been described that show that man may withstand short periods of weightlessness without apparent ill-effects. Whether he will be able to withstand prolonged exposure and whether, having been weightless for a long time, he will be able to withstand the stress of weight when he returns to this earth remains to be seen.



MEDITATION IN TSAN YUK

(Dedicated to Obstetrical clerks and ...)

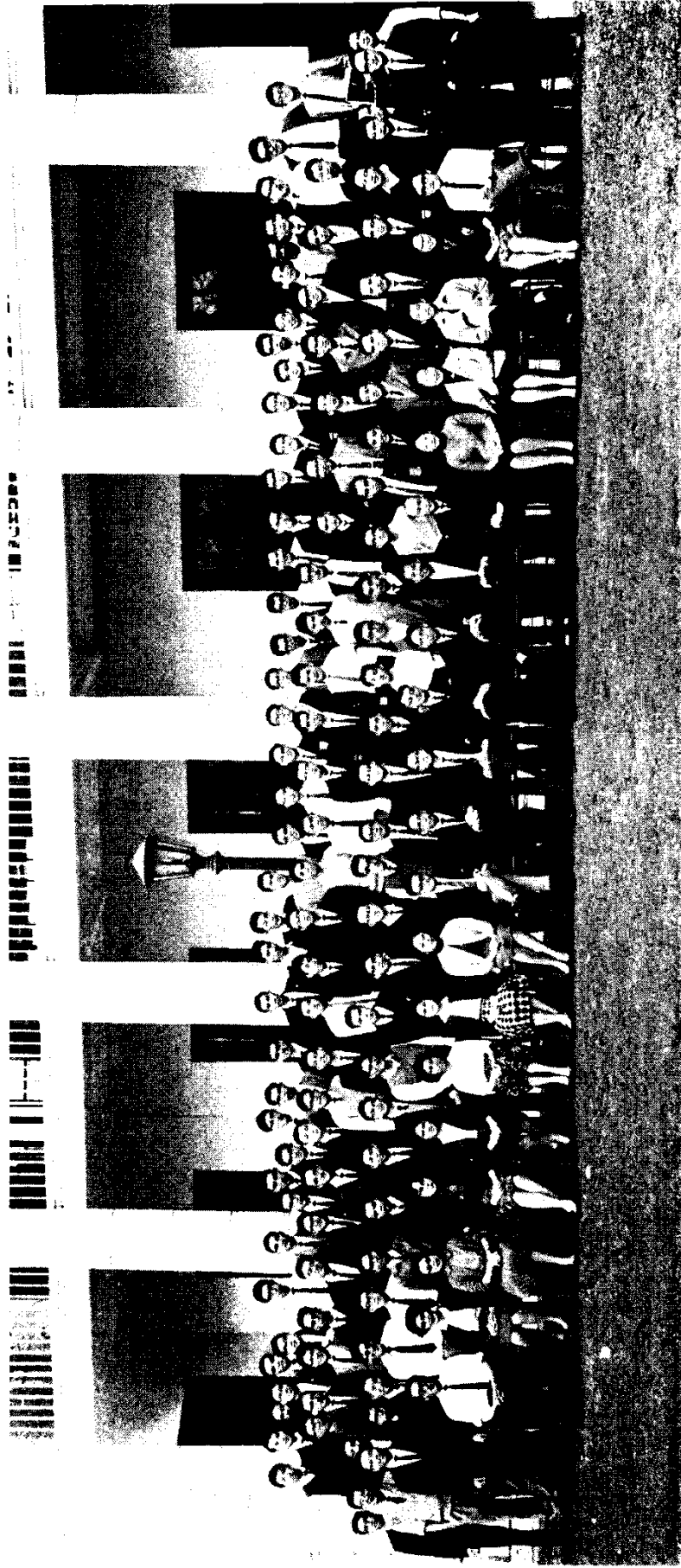
To those who forget where they are
we send you our sympathy,

To those who are unlucky
we curse the world with you,

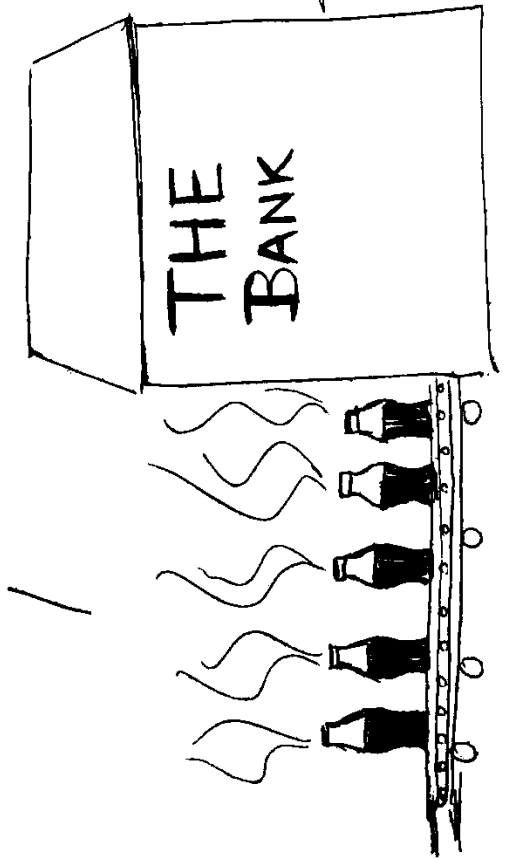
To those who have erred
we hope you will obtain forgiveness,

To those who are suppressed
we wish you to obtain freedom.

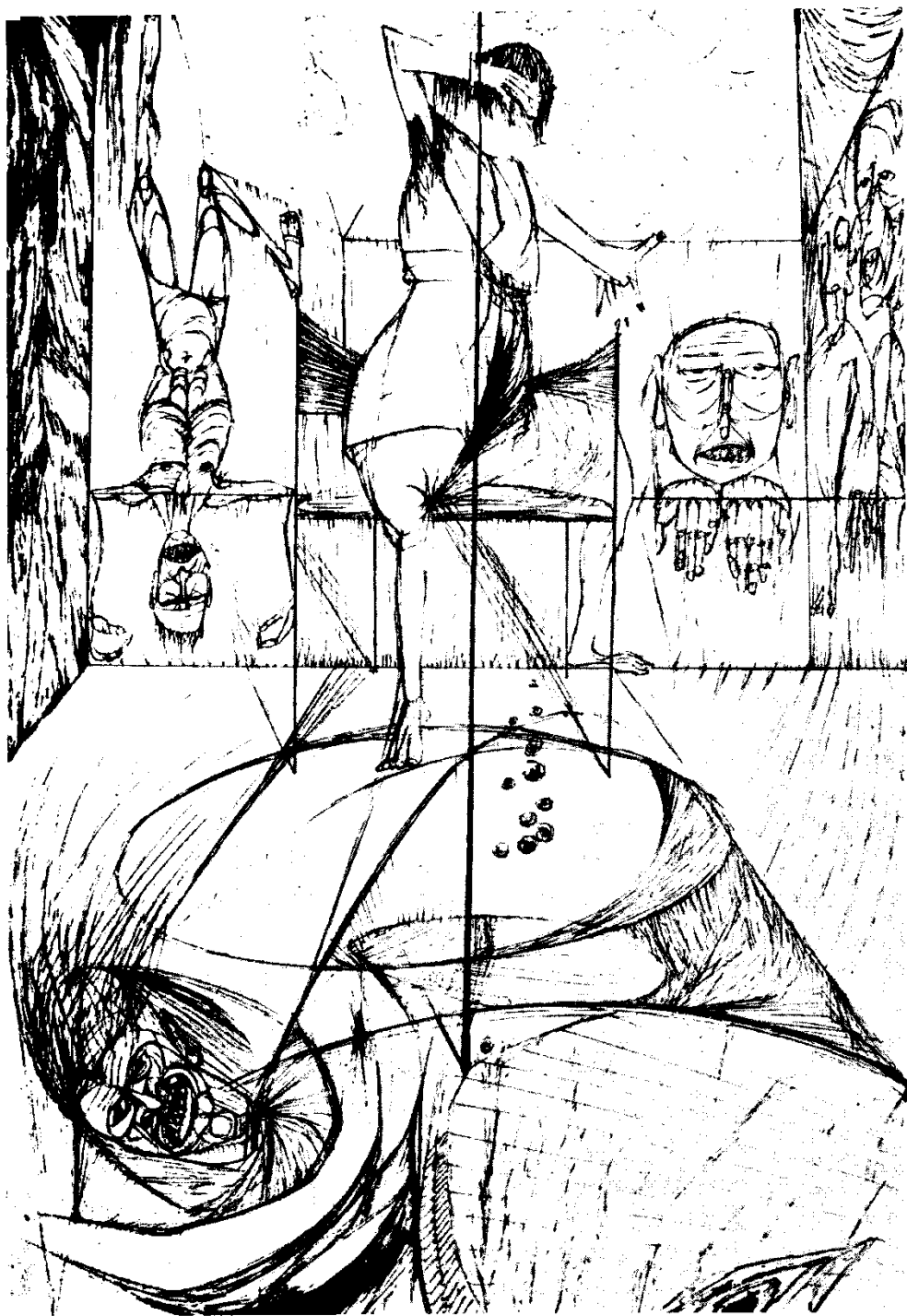
— 老 翁 —



Group Photo of the Medical Society taken before the "Presidential Address."



BY A DRUG ADDICT



*For I capture their will, control their minds
And drive them to commit many brutal crimes*

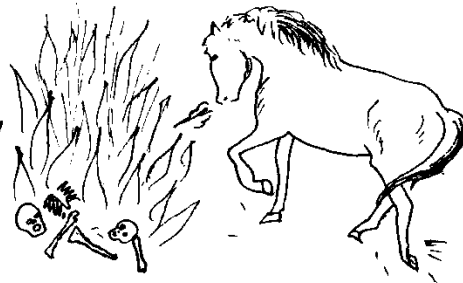
BEHOLD, I'm King Heroin, my friend
Known to all as a destroyer of men
From whence I came no one knows
But I came from the land where the poppy grows
I'm a world of power and know it's true
Whole nations gather to plot my destruction
For I'm a breeder of crime and corruption
I came to this country without a passport
Ever since then I have been hunted and sought
My little white grains are fluffy and bitter to taste
Yes, I'm soft and fluffy, but deadly to use
For once addicted I give but abuse
I'm seldom pure and often diluted
And once in your blood I make it polluted
I stand on my record, with me there is no win
I make all that use me wallow in sin
For I capture their will, control their minds
And drive them to commit many brutal crimes

IN cluceine bags I found my way
To great men in offices and children at play
To heads of the state, to lowly bums
To the richest estater, to poorest slums
Be you Irish, Italian, Negro or Mex
I can make the most virile of you forget your sex
I chastise the wise and make strong men weak
Misuse a fool and destroy the meek
I take gold off a rich man and make him poor
Take a virgin and make her a whore
I can make a school boy forget his books
Make a world famous beauty neglect her looks
Make a good husband forget his wife
Send a greedy man to prison for the rest of his life
Some will sell me, while others will buy
For a state of fixation they call a high
Regardless of position or reason of use
When controlled by addiction, I give but abuse
For I take all your money and poison your brain
Will a fill of torment, first pleasure then pain

DENY the sharp needle and I will make you sick
With agony and anguish and won't let you kick
I will make you hustle, borrow and beg
Then I make you hunt for a vein in your arm or leg
But after the blood comes up you won't think me so mean
You will praise me a master and nod off to dream
Am I not the true god to behold
More needed than whisky, more precious than gold
Shall I tell you more of the power I possess
My crimes in the East, my deeds in the West
So you want to hear more of the things I do
The women I defiled, the men I slew
In Turkey I stopped an army
I'm honoured in China and loved in Japan
Whole nations have I enslaved
I have taken their honour and made them depraved
To some a salvation, to others a must
I have made their souls heavy with lust

SOME think I'm adventure and a joy and a thriller
I can put a gun in your hand and make you a killer
Make a good girl sell her virtue for five or ten
Make a man in trouble tell on a friend
Those who use me more than the most
I kill them quickly with an overdose
Now the law has taken you and justice is due
The visits are made, I can't get to you
You curse and defy me and call me by name
But quiet, my addict . . . it's all in the game
You toss, turn, vomit and cough
Six nights of this madness and you might throw me off
Now upon your release I won't give you chase
For sure as I'm king you will come for your taste
So you had my warning, but you don't take heed
So put your foot in my stirrups and mount my steed
Hold on, ride me well
For the white horse Heroin takes you straight to hell

. . . the white horse Heroin takes you straight to hell!



FAREWELL PARTY to Dr. CHEW WEI

On: 2nd March, 1962

At: Jordan Memorial Library



NO COMMENT

A certain lecturer once told us, "The use of soft, porous toilet tissue paper plus the habit of shaking hands can be blamed as one of the ways of transmitting acute poliomyelitis."

SUCK.

THE



MEDICS

BALL



The surgeon's night.



Ooh La La and the first prize too!

The Chairman:



ate: 8th June 1962
ace: Paramount Restaurant

"Speak up, Laddie!"

Shy . . . Wot ! ! ! !

*QMH Combo:
Play. Sawbones. Play.*



THE BALL.... CLIMAX!



... and the Powers behind the Thrones?



Biochemists not Twisters?

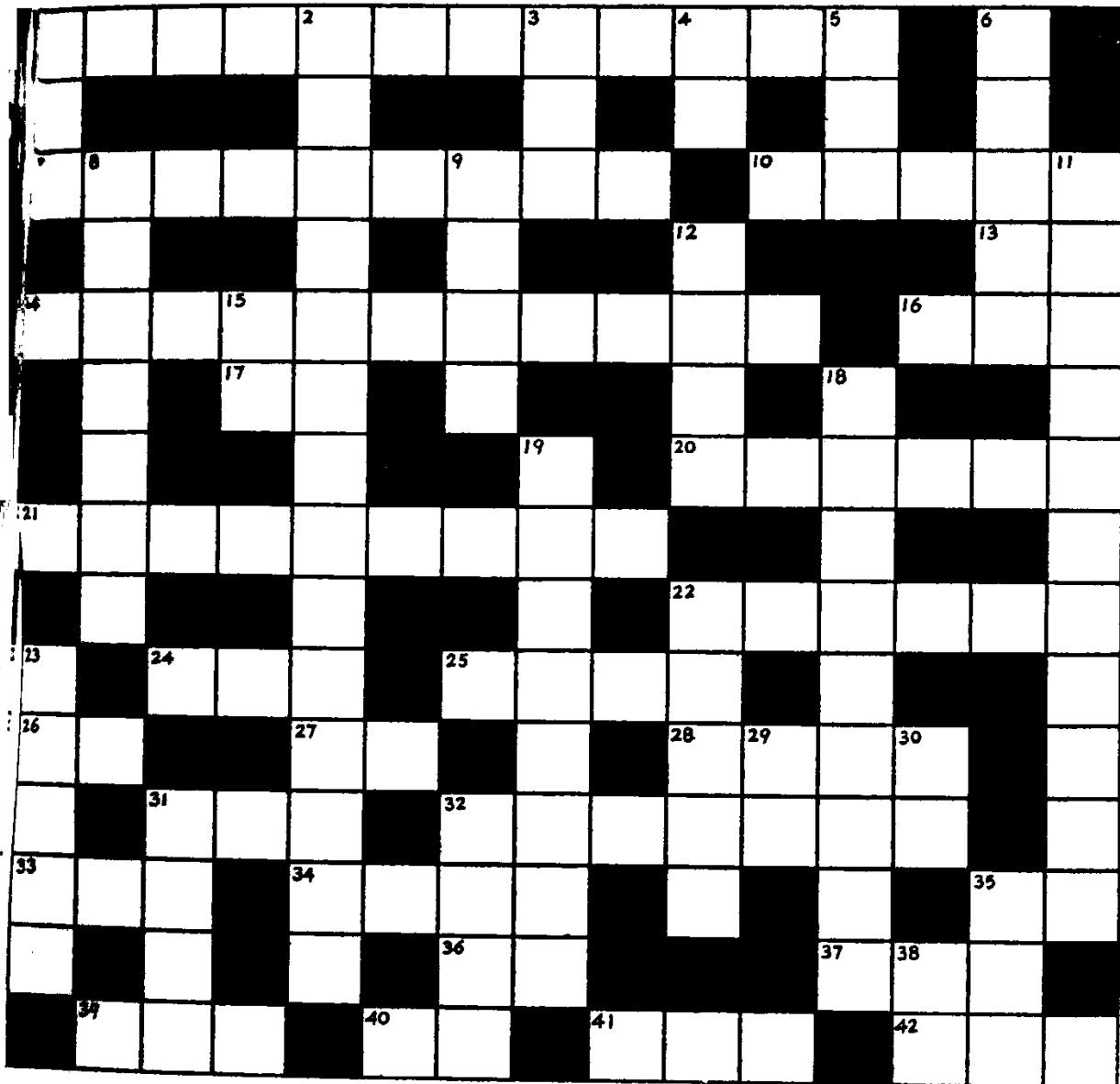


After the Ball is Over

MEDICAL CROSSWORD COMPETITION

A prize will be given to the first correct and complete solution by a medical student sent in by mail to:

Dr. David Todd,
Queen Mary Hospital,
Hong Kong.



Name of Competitor:

Year:

Hall/Address:



CROSSWORD PUZZLE

ACROSS

1. The action of quinine, mepacrine and pyrimethamine.
7. Professor of many ELIXIR cartoons.
10. False one is formed by the deviating eye.
13. àà without a.
14. Large demand for this vaccine locally last year.
16. Fend without loudness.
17. Fourth in the scale.
20. Such conferences are tops.
21. Clinical one is usually hard worked.
22. But anaemia with these cells is not found in Russians.
24. There is a lesser one of the peritoneum.
25. Pain felt by tree during underground explosion?
26. Surgeon's workroom about (abbr.)
27. Rapid method for giving drugs (abbr.)
28. Examination preferred by the dentist?
31. Hammer one is deforming.
32. Provide with sawlike edge.
33. Chinese Medical Association (abbr.)
34. Grand one through Europe was finishing touch to education.
35. British high official of the afternoon (abbr.)
36. The unit of deliveries? (abbr.)
37. Chromosomes contain this (abbr.)
39. The thin variety is hazardous.
40. Modern affirmative.
41. The 39 across one is for fevers.
42. Allotropic form of oxygen without weight.

DOWN

1. Golden one is most undesirable.
2. Without this you would not be doing this.
3. Wing.
4. Prosecute from issue.
5. Famous Chinese physiologist (surname)
6. Corti had one?
8. Intimidate the brain?
9. Famous fruit salt.
11. It lines blood vessels.
12. Sharp shooting deity.
15. Title of Kipling poem.
18. Patients become so after prolonged, debilitating diseases.
19. Origin of alimentary tract epithelium.
22. Proverbial midwife.
23. Our Pro Vice-Chancellor.
29. Army medical organisation but no high award (abbr.)
30. Hargraves, Richmond and Morton first described these cells. (abbr.)
31. Native hydrous magnesium silicate.
32. Babes and bees like to.
35. Spirit of the non-moral world.
38. Answer to John's request.



Biochemi



REFLECTIONS OF A MEDICAL JUNIOR CLERK

After two years of preclinical work, the clinical curriculum came with relief and excitement — now, the hospital was to be a part of our medical school, the wards and patients part of our daily routine.

Sir William Osler said, "The natural method of teaching the student begins with the patient, and ends his studies with the patient, using books and lectures as tools, as means to an end." No wonder it was stressed to us by our Prof., and Senior Lecturer, at the beginning of our course, that our place of study was to be in the wards. It was only after some time that I realized how well the textbooks were illustrated for us by the patients, and how great the variations in each disease could be: here, in the wards, is indeed the exclusive library for the medical student.

And so we were sent into the wards. We went in like strangers — awkward and curious, but sometimes indifferent. We were clumsy as we held our tendon hammers and ophthalmoscopes — I often wondered how it was possible that these instruments, which looked so foreboding and ugly in our hands, could be used with such grace and poise by our tutor doctors. In performing the various physical examinations, — e.g. the gauging of a patient's muscle tone — what was like a wrestling match to us was a demonstration of skill by our teachers. There was so much in store for me to learn.

The stiffness and formality of our manners soon gave way under the ease and humour of the doctors. Even under their strict discipline we could afford to joke now and then. One day we were shown a young woman with multiple erythematous patches on her legs. One student suggested that it was erythema nodosum, and even said that there might be signs of past tuberculous infection in the lungs. He was handed the chest X-ray of the patient, and, after looking at it intently, trying hard to discern something wrong, said, as he pointed to the region of the left lower lung base, "There's something fishy here!" Our teacher looked at him with suddenly-acquired exophthalmos, then said, "There may be a fish in there. It's the stomach". We were still getting nowhere with the diagnosis and we were asked what we should do next. "Call in the Consultant" was the prompt reply.



Then came Thursday and the famous Thursday Clinics. As I sat in the lecture room that first morning, awaiting the arrival of the famous Professor, I felt exalted because, at long last, I was privileged to attend the Thursday Clinic which my seniors had bragged about so much, but I was also afraid as I anticipated the grave consequences that would befall should I fail to give a sensible answer to any question fired at me! Looking back, the Thursday Clinics have all been most stimulating: so many aspects of Medicine have been brought before us in another light by the skilled guidance of the teacher.

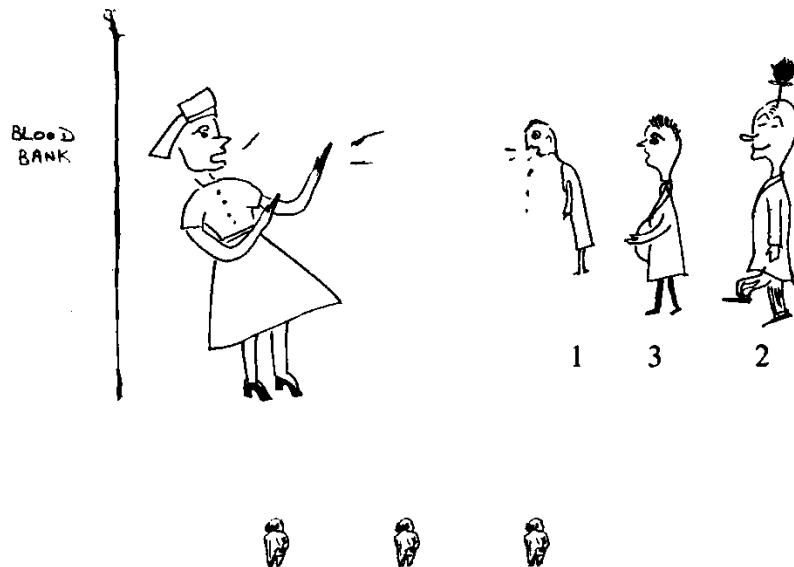
We came into closest contact with the patients every Saturday morning during case-clerking. The importance of a careful history and an accurate physical examination stressed themselves to us during the clerking session and the writing-up at home. Physical examination is so much of an art — it takes time and effort to educate the eye to see, the ear to hear, and the fingers to feel accurately.

The only manner in which we contribute to the treatment of the patient was through our donation of blood. However the fear of the needle stab made many draw back. Our cowardice and selfishness aroused those in authority, who also hold deep concern for the patients, and one morning we were formally told that no one was to be exempted from blood donation. The only categories of male medical students who are exempted are: 1. those with advanced pulmonary tuberculosis; 2. those with recently acquired syphilis; and 3. those in pregnancy!

Medicine is an art. In spite of the many new instruments that have been introduced to aid the physician, his practice still primarily depends on his clinical sense and experience. Medicine throws him into a heritage of human sorrow and suffering, he deals with human nature at its lowest ebb. The patient looks to his physician with hopes of cure; he yearns for him to listen to him patiently. And so I have discovered how important it is for us to keep others' secrets; the Hippocratic Oath has provided the following phrase, "Whatever, . . . , I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret." Innocently and unwittingly I have listened to the confessions of a few patients. I remember a patient who said he had jaundice after a night of drinking. Puzzled I asked, "Did you just drink the whole night through?" I was hoping he would tell me some other symptoms which he had omitted, but instead he gave a full account of his escapades!

Gradually, as our clerkship progressed, we began to fit into the scheme of the hospital. We were no longer strangers, we became familiar with the patients, and they with us, some even confided in us, and we cared for their feelings and hoped for their recovery. We have entered "a noble heritage, made so by no efforts of our own but by the generations of men who have unselfishly sought to do the best they could for suffering mankind." We are being taught to assume a higher and sacred duty. My Medical Junior Clerkship ended in March, but the metamorphosis into a doctor is just beginning.

M.G.



The doctor's motto:

"To cure sometimes, to relieve often, to comfort always."

PHYSIOLOGICAL THOUGHTS

AN INAUGURAL LECTURE FROM THE CHAIR OF PHYSIOLOGY

By Professor CHENG KWOK-KEW, M.B., B.S. (H.K.), PH.D. (LOND.),
delivered on 14th November, 1961.

The choice of a subject for an inaugural lecturer is limited by the fact that he has to speak to a wide audience of his colleagues and students, with different interests. Perhaps the students will be satisfied with my promise not to be garrulous or platitudinous. As to my colleagues, I feel I owe them some duty to let them know what I think and do and why I do it. But I realise such information must be tempered by the fact that I am but one physiologist among many colleagues learned in other sciences and arts, and what I tell you must be as free as it may from the technicalities and catchwords of my subject. I have also to bear in mind that my information should not be too tedious to the physiologists and biologists who are present. Therefore, I have chosen as my topics, to define the present status and outlook of physiology, then to mention some trends of physiological research that I have followed at close quarters, and finally, to discuss the relationship between research and teaching, and research in a university department. I hope thereby not to try my biological colleagues too much, while the others might not find the talk too specialized and difficult to follow.

What is physiology? Physiology is that part of biological science which studies the mechanisms of vital phenomena in living organisms. But it has advanced to such complexity and developed its techniques so spectacularly, that it has now broken up into a group of specialized subordinate branches, such as histology, biochemistry, pharmacology, endocrinology, and nutrition. This is inevitable if progress is to continue, for

independence is the best stimulus of development. Presumably biophysics will also soon split off; if this were done in the strict sense of the word, there would be nothing left, since there is hardly anything in physiology that is not either biochemistry or biophysics. So physiology now occupies a peculiar position, and physiologists are often looked upon as curiosities. But physiology is not a dying science, for physiology is essentially an attitude, a way of thinking of biological phenomena as vital processes. It is not the title that makes the physiologist, it is his dynamic mode of thought. What has altered is the empirical approach to physiological knowledge; a physiologist now must have enough detailed knowledge of the methods used in biochemistry and biophysics, but is still dedicated to the study of living organisms, what they are, and how they work. He is the last 'broad' man in research, in an era of specialists.

Indeed, most important for the future of biological science, the dynamic way of physiological thinking should invade all of the biological fields, and the present division of biochemistry, anatomy, medicine, *etc.*, should be looked upon as administrative convenience only. The more physiological attitude invades other disciplines that deal with living matter, the better it becomes for biological science as a whole. Many now think that physiology should be taught throughout the medical course, on the ground that physiological thinking integrates the various medical disciplines. Physiologists too, should leave the conventional realms of physiology and move into other disciplines and study practical problems;

they would soon find that they had learned more about physiology this way. Thus, physiology is not senile, for the study of life function still offers unlimited possibilities of research and development.

Physiology is the foundation of scientific medicine. There can be no great theoretical conceptions in medicine without corresponding underlying great physiological principles. The advance of theoretical physiology is therefore intimately related to the advance of medicine, for it is the only basis on which scientific, as distinct from empirical, medicine can possibly rest. Take as ~~example the~~ various abnormal pregnancy states. The maternal syndrome of pregnancy represents no haphazard improvisation to deal with a parasitic emergency, but most of our knowledge of pregnancy is still empirical in nature. It is not difficult to understand why the physiological study of pregnancy has lagged behind. It is a composite science, which especially draw upon the accumulated knowledge of endocrinology; and it was only recently that a number of new important hormones were discovered and facts about the endocrine secretions during pregnancy accumulated. The endocrine framework which controls pregnancy has not yet been co-ordinated into any precise system worthy of being dignified by the adjective physiological. A great deal is still surmise. The conjoint study of pregnancy toxæmia made by my department and the Department of Obstetrics at the Tsan Yuk Hospital has convinced me that until we know more about the physiology of normal pregnancy, the solution of various abnormal pregnancy states is remote.

Now, what is the modern trend of physiological research? In the past decades, interest has concentrated more and more on the physiology of the cell. As in other biological sciences, the study of functions has progressed from larger to smaller structures. The study of organs and tissues has now been replaced by the study of cells and cell components, and this, I am sure, will in turn be replaced by the study of molecules, ions, and electrons in the vital phenomena. A knowledge of the physico-chemical prop-

erties of the cell is essential for interpreting the various vital processes; for the mechanism underlying organic functions is inherent in the cells and the understanding of the functional mechanism is the fundamental aim of physiological research. Very little is known about the organization and regulation of cellular activities. The problem here, is to integrate the in-vitro findings by biochemical and biophysical methods with in-vivo functions. For instance, many of the fundamental and inspiring results obtained by biochemists inform us only of the basic chemical tools that may serve the cellular functions; they do not solve the purely physiological problem of the function itself, which consists in the use by the cell of the tools, according to its needs. My interest in toxicology is derived from my belief that we will learn more about normal function by studying its disturbances, and also that the mechanism of toxic actions can be studied at cellular and subcellular levels through common morphological and biochemical techniques. For instance, beryllium sulphate is a hepatotoxic agent which selectively damages the liver cells on intravenous injection. Combined histological, histochemical, and biochemical studies should reveal where and how this substance affects the liver cell; and such results would no doubt lead to a further understanding of the normal working of hepatic cells.

Thus, the function of a cell or an organ depends upon the final integration of its physico-chemical changes with its structure. The reconciliation of the two foundations of biological science, structure and function, is surely the greatest problem of physiology, for the understanding of the organization of the vital processes ultimately depends on this. But the synthesis of structure and function is a very complex problem and no easy task. To give a simple example, I have found that blood flow in the liver and the lung, as measured by serial flash photomicrography, does not necessarily depend on the calibre of the blood vessels, and this finding contradicts the hydrodynamic principle. The available techniques make the integration of the far

more complex structure and function of the liver cell, for instance, a forbidding difficulty.

To be sure, most of those fundamental problems of organic physiology that can be approached by available methods are now more or less solved. But there is one exception; pathological physiology, the study of abnormal organic functions, is as yet little explored. It offers many challenging problems for hard thinking and efforts ahead. To give a single example, the pathological physiology of pulmonary circulation has interested me for many years. Pulmonary circulation possesses certain unusual characteristics, which distinguish it from all other special circulations. Its normal blood flow is that of the output of the right ventricle, with a small contribution from the left ventricle via the bronchial arteries. The entire cardiac output hurtles through a very delicate lung capillary system at a rate which approaches five gallons a minute, while the delicate balance between the osmotic and hydraulic pressures is so exquisitely regulated, that gaseous exchange is accomplished without appreciable exudation of fluid. It is not my task here to discuss the hæmodynamic principles that govern circulation through the lung, but I must mention the role of bronchial arterial blood flow in pulmonary circulation. The volume of bronchial arterial blood flow under normal circumstances is relatively small and thought to subservise the metabolism of the lung only. But it communicates with pulmonary arterial branches via precapillary anastomoses, and the latter expand to enormous size under abnormal conditions, such as after ligation of pulmonary artery. Therefore, would it be true to say that the bronchial circulation constitutes a highly reactive auxiliary vascular bed, which responds to a variety of pathological processes by expanding its volume? If so, this may introduce significant changes in pressure-flow relationship in pulmonary circulation, and may be the cause of acute lung œdema, a distressing condition often met with clinically. This hypothesis should be tested by studying the hæmodynamic

changes needed to open these anastomoses in experimentally produced lung œdema in intact animals; but such attempts are fraught with technical difficulties. Indeed, I can enumerate a substantial list of similar clinically important problems in pulmonary circulation awaiting further study, but the trouble is methodological, as is often the case in physiological research. We are as yet rarely able to express, with available techniques, the pulmonary hæmodynamic changes quantitatively in animals maintained in a relatively physiological state.

This brings us to the question, is it not the method which gives the results in research? New and better methods of attacking a problem usually mean new techniques and apparatus. The more we consider the problem, the more we are brought to the conclusion that the major determinant of physiological progress is the development of new experimental techniques and apparatus, for novel analytical tools will open up fields whose existence we do not yet suspect. Hypotheses are not difficult to make, but to devise new methods of testing them and to get new results, is commonly the most difficult task in fundamental physiological research. Usually, direct measurements can only be made under unphysiological conditions, while indirect estimations, often resorted to as a way out, give results that are open to multiple interpretation and therefore ambiguous and misleading. Hence, our future concern in organic physiology is to develop direct measurements under more physiological conditions. In recent years this has been partially achieved in the use of electronic techniques, and it is of interest to note that results so obtained often contradict some well-established physiological generalizations derived from less physiological experiments.

Let us now turn to another topic: the relationship between research and teaching. Since there is no total knowledge, learning is an intellectual activity, to create anew the world of knowledge in each individual. Therefore it is an active process shared by teachers and students alike, not yet quite found and never to

be completely discovered. This is the German idea of *Wissenschaft*, and from this movement the conception of the unity of teaching and research was derived. Thus research, using the term in a broad sense, is an inseparable part of the process of higher education. Instruction develops the body of a subject, but it requires research to give it life. Furthermore, scientific knowledge is dynamic; it is never quite the same today as it was yesterday or will be tomorrow. Hence, a teacher cannot stand still; he must constantly seek for more knowledge. As Ramsay said, the fundamental activity in a university is research, for without research all teaching is barren and lifeless. Moreover, the man at the edge of the problem can always catch his audience, only he can really stimulate and develop the students' intellectual curiosity and imbue them with ways of scientific thinking and scientific spirit. Surely, this is a far more important function of the university teacher than to help the students to gain stereotyped technical competence in the practice of science. I am firmly convinced that successful teaching of the vital kind we need, can only be done by men and women themselves inspired with an unquenchable thirst for knowledge. Few of us are the masters who lay the new foundations or keystones of science, but we must also realize that scientific progress has advanced as much by the addition of building stones to the wall of science, and by the removal of those insecurely laid. Therefore, there is no excuse for a university teacher not to pursue research because he thinks he has but average talent.

Now, what about research in a university department? Research in university laboratories has one very attractive feature; it is traditionally characterized by absence of predirection, that is, without concern for arrival at a preconceived goal. But research in the university has another motivation, which is most important for the future of science, that is, the training of young research workers. This is as important an objective in the university as the collection of data.

The idea is currently put about, that research productivity has passed from individuals to teams of investigators trained in different disciplines and capable of thinking from different points of view. The assertion is made that, like chemical reactions, scientific progress takes place most rapidly at the interface between scientific disciplines.

Undoubtedly, group research has proved most valuable in the solution of problems that require application of existing knowledge, such as project development and acquisition of more data. But there are also dangers in group research. It needs a master plan, and a master. Take them away and it will fail. A director who has the ability to amalgamate talents into an effective team is also not easy to find. Moreover, it is uneconomical to undertake group research without the neatly mapped-out procedures designed for arrival at a predetermined goal. Paul Weiss has aptly stated the resulting dangers: 'the well-channelled roads of mass traffic are also the ways of least effort and resistance, offering the security that lies in numbers, and the comfort that comes with conformance. To travel them does not call for the vision and daring and fanatical devotion of the pioneer . . . The risk is small and the reward assured'.

I contend that individual achievement should be encouraged in a university department. The reasons are as follows. The best means of stimulating a young worker is to instil the feeling that an idea is his own, and that he has met and conquered the difficulties that always arise if he is doing work of his own. As Henry Ford is quoted: 'One gets twice as much heat out of wood one has sawed himself'. To my mind, independence of general judgment, and scientific initiative, are best developed by an enlightened *laissez faire* supervision of individual research. The young investigator should be encouraged, in every way, to follow his inclination in the pursuit of research, as determined by his ability and temperament. He should not be subjected to pressures that divert his interests, nor should he continue too long with projects

inspired by the interest of others, or he will soon become a glorified technician. All that his supervisor should do, is to maintain the freshness of his curiosity and help him with his methodological difficulties. The young research worker must be encouraged to do his own thinking. But simple facilities must be made readily available, so that he does not waste his time unnecessarily. He must be able to produce some results as soon as possible, because it is only the sense of achievement that spurs him to undertake the more complex tasks. Senior members of the staff must develop their ability to enter discussion with the most junior of the workers and leave him with the idea that he has contributed something useful to the argument. This can never happen if the senior members are using the junior staff to work on their own ideas and to further their own pet theories. It is said that insatiable curiosity, humility, and tenacity of purpose amounting to obsession make the research worker; obviously these qualities can be stimulated, but cannot be fostered. Another reason for encouraging individual research is that, in the past, great discoveries, with few exceptions, have come from the intellectual pursuits of *individual* workers. Much of scientific research is penetration into the unknown, and we cannot direct the course of an explorer through unexplored territory. Untrammelled freedom of inquiry, the mainspring of really new ideas, according to Krogh, is essential to fundamental research. We must admit that many scientific discoveries, as much as the creation of great works of poetry or art, have eluded and will continue to elude direction and organization. Lastly, an unpredicted result—the beautiful dream of all research workers—is more likely to occur in individual research that is not directed first and foremost towards a definite practical goal than it is in group research.

So much for research in the university department. What is the final aim of physiological research? *Physiology* would consider itself well satisfied if it could explain its phenomena in terms

such as those used in the explanation of the non-living natural phenomena, that is to say, in terms of physics and chemistry. If we could accomplish that much, our goal would indeed be considered to have been reached, and the responsibility for final explanations could be passed to the philosophers. But this provisional goal will not be reached for a long time. The answer to one question raises another, and there seems to be no final end. The closer the inspection of a physiological phenomenon, always the greater the complexity and the finer and the more unexpected.

Yet research, though exacting, holds out an invitation to the chase. It is the most exciting and rewarding essay of all scholarship. For me, I am well contented with the privilege of experiencing the excitement associated with the intellectual adventure to explore the unknown. The old saying, 'to travel hopefully is a better thing than to arrive' holds very true for our endeavour. I ask for nothing more, especially when such pursuits reveal to the worker, as Loewi said, the orderly regularity which confirms the belief in the meaningfulness of the universe.

I am well aware that what I have said so far contains nothing new or original. My excuse is, that we should be so reminded from time to time, if only to clarify our minds and to strengthen our actions. I have therefore attempted to present some views to which I hope to conform in the future, especially in the encouragement of research in my department.

Finally, no single factor is as important as the man responsible for a research undertaking, and the success of a department depends much on the selection of young workers. The qualities we should seek in them are found in the beautiful speech delivered by Pavlov at the age of 87 years, and I wish to close my talk by quoting part of his speech:

'What can I wish to the youth of my country who devote themselves to science?

'Firstly, gradualness. About this most important condition of fruitful scientific work I never can speak without emotion.

Gradualness, gradualness, and gradualness. From the very beginning of your work school yourselves to severe gradualness in the accumulation of knowledge. . .

'Perfect as is the wing of a bird, it never could raise the bird up without resting on air. Facts are the air of a scientist. Without them you never can fly. Without them your "theories" are vain efforts.

'Secondly, modesty . . . However highly you are appraised, always have the courage to say to yourself, I am ignorant. Do not allow haughtiness to take you in possession.

'Thirdly, passion. Remember that science demands from a man all his life. If you had two lives, that would be not enough for you. Be passionate in your work and your searchings.'



THE EVOLUTION OF POSTURE

PATIENT PATIENTS

“Why did you choose the medical course?” is a question which always embarrasses me. There is too scanty grey matter in my brain for me either to fulfill the classical purpose of “relieving the suffering of the sick” or to build up “fame and fortune” out of this profession. But, one bright day, my parents heard that a medical student is entitled to all forms of government medical service free-of-charge; moreover, as long as he has passed the 1st M.B., he is allowed to stay indefinitely and take as many supplementary examinations as he likes. I have been suffering from much ill health since birth and in view of the huge sum annually paid to private doctors and hospitals during the past, it was concluded that, for economy’s sake, I had better become a medical student and remain as such for the rest of my life. Such was my outlook.

Later, it was found that it was a great mistake for me to have entered the Medical Faculty. Soon after my enrolment, the Medical Department suddenly withdrew the generous policy of free medical treatment for students. Coming to think of it now, I suppose I should be grateful towards the Medical Department. After all, what would befall me in case I stayed in a teaching hospital as a patient? Can a bad-tempered person like *myself* tolerate continuous pestering by people who ask me all sorts of silly questions, prick me with pins, hit me with hammers, touch me with frozen hands, shine a light into my eyes, scratch my soles till I yell, poke fingers into my tender spots, order me to walk when they expect me to stagger and fall, or ask me to do childish tricks like making funny faces, even if I am not in the mood for such things? But what else can I expect when there are medical students all over the place?



In spite of our teachers' constant reminder to treat the patients nicely, we have too often neglected this. Is it fair to blame patients and label them 'un-cooperative'? How much benefit does a 'co-operative' patient derive from a medical student, if any at all? In fact, if all patients are truthfully informed that we are merely students and not doctors, very few would still see any reason for cooperating with us.

At OPD, it is not uncommon to see a crowd of inquisitive youngsters swarming around a frightened patient before he is 'presented'. Somebody suffering from acute cholecystitis, with a grossly-distended palpable gall-bladder, may still encounter students who without the least hesitation try to demonstrate Murphy's Sign while he is moaning with pain and waiting for an ambulance to take him to hospital.

Inside the ward, a patient supposed to have 'bed rest' feels like an animal in a zoo for exhibition, except that there is no cage to protect him from too many over-enthusiastic hands. Similar questions are asked him repeatedly by different persons every day, until he can recite the whole story in the desired pattern once the trigger is pulled. Enquiries on palpitations and headaches with vivid descriptions of the symptoms are repeated so often that they seem to come true eventually. People frowning at his X-rays and viewing them from all angles make him worry about the severity of his disease. From time to time, he becomes a focus of heated arguments, explosive jokes, alarmed faces or silly giggling, regardless of his own feelings.

"These are necessary evils for scientific progress." This statement is not made to be an excuse to indulge in maltreatment of patients. Rather, it emphasises we must try at least to avoid being too much of a nuisance to those patients who cannot afford private wards and have therefore automatically become human specimens for our training. A medical student may find a patient of 'great academic interest' — he should at the same time realize this 'interest' is not mutual. A rare case with typical clinical manifestations has usually been examined by numerous students at OPD and in the ward. Even the most patient patient is liable to get impatient in the long run.

My best regards to the health of all medical students — including myself. May none of us ever fall ill and require hospitalization. Nevertheless, I believe our strong powers of imagination can sufficiently induce us to observe the 'Golden Rule' more frequently and more faithfully than we do other cardinal rules for case-taking. "Do unto others as you would have them do unto you." After all, medicine is an art just as much as, if not more than, it is a science.

— X Y Z —



I'm ill. I send for Symmachus; he's here
An hundred pupils following in the rear:
All feel my pulse, with hands as cold as snow;
I had no fever then — I have it now.

MARTIAL
EPIGRAMS.

WHAT'S YOUR DIAGNOSIS?

The Editors are very grateful to:

Mr. J. Chen, F.R.C.S. for showing them the patient;

Mr. F. Li, F.R.C.S. for the photographic assistance;

Dr. the Hon. D. J. M. MacKenzie, D.M.H.S. for permission to publish the case.



N.C.C. Male/2 years.

HISTORY

The mother noticed intermittent milky discharge from a pin-point area in the midline of the bridge of the nose of the baby since birth. There was no discharge from the nostrils.

Two months later, a red swelling developed in the region between the inner corner of the right eye and the nose. It ulcerated and discharged milky material and blood. This discharge subsided following scab formation in 1-2 months' time, but never healed completely, and recurrent episodes of discharge have occurred.

ON LOCAL EXAMINATION

A small pin-point elevation situated in the midline of the bridge of the nose. On close examination, two downy hairs were seen protruding from it.

An elevated erythematous area $1\frac{1}{2}$ cm. in diameter in the region between the inner corner of the right eye and the nose. There was no discharge at the time of examination.

(Solution on Page 43)

PFIZER PRIZE

CARTOON COMPETITION

Winner: MR. PAUL LEUNG

Title: MEET OUR MODEL UNDERGRADUATES!



Members of the ELIXIR Editorial Board wish to express their gratitude to the Pfizer Corporation for its generous donation of H.K.\$100.00, which has made possible the Cartoon Competition among Medical Students held earlier this year.

The Board also wishes to thank the following Staff Officials of the Society who kindly consented to act as judges:

Dr. A. C. L. Hsieh - - *President*
Prof. A. R. Hodgson - - *Vice-President*
Dr. F. Li - - - - - *Hon. Treasurer*
Dr. D. Todd - - - - - *Hon. Adviser, Elixir*

The judges recommended no award for the Essay and Caricature Sections of the Competition.

Finally, the Board congratulates:
Mr. PAUL LEUNG, the winner!





1st YEAR

P.L.



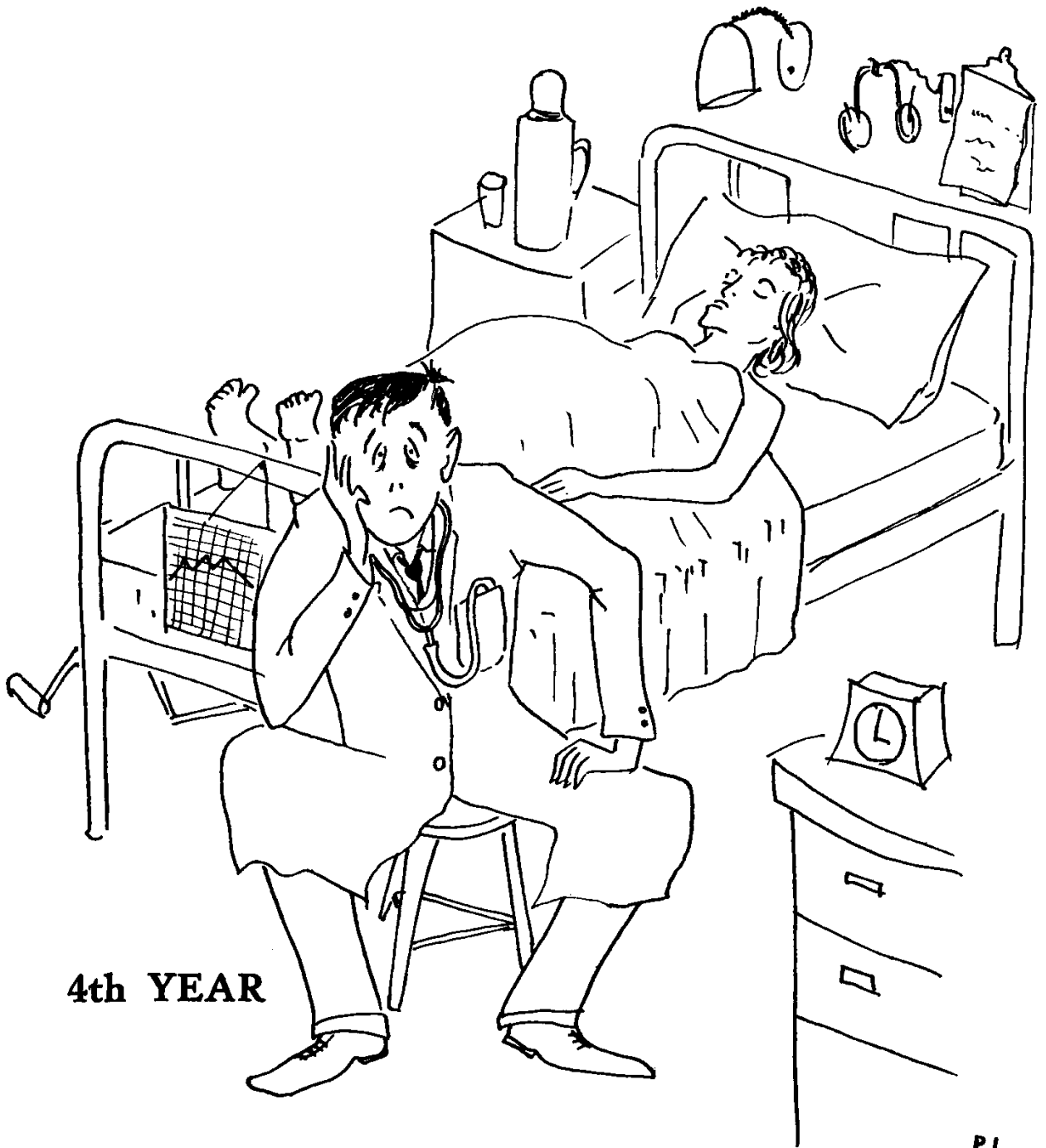
2nd YEAR

P.L.



3rd YEAR

P.L.



4th YEAR

P.L.



FINAL

THE MISERABLE “LEAST IMPORTANT PEOPLE IN THE HOSPITAL”

“Examine this patient’s pulse,” commanded the Doctor.

The nervous beginner moved jerkily forwards and put his left hand on the patient’s wrist.

“Three fingers!”

He quickly thrust his right hand forward and mechanically placed it by the side of the left.

“Well?”

“N . . . No pulse — I mean, extremely weak pulse.”

“Nonsense!”

He was shocked and pressed hard with his hands. Upon this the patient gave a sharp cry and exclaimed:

“You are not feeling my pulse; you are squeezing my tendons!”

* * * *

“Again, you. Take this patient’s blood pressure.”

A moment later, “Doctor, this manometer leaks!”

“Nonsense!”

“But it does. The mercury level drops precipitously.”

The Doctor went over and checked and found that the apparatus really was faulty.

“So what? You have to let the mercury down anyway in your measurement. Carry on!”

* * * *

Once in the Thursday Clinic,

Professor: “Can you tell us what a ball-embolus is?”

Junior Clerk (being ignorant of the term): “It is . . . round . . . ”

* * * *

In the Canteen, a poster reads thus,

“Hospital staff only between 12:45 — 2 p.m.”

Where, then, can the students have their “lunch”?

THE MISERABLE "LEAST IMPORTANT PEOPLE IN THE HOSPITAL"

Doctor: "Here is a patient suffering from hypertension. Can you, young man, tell us what are the possible known causes?"

Junior Clerk: "Renal diseases, endocrine disorders, and . . ."

"What else?"

"Miscellaneous."

"If you don't know, just say so; don't try to beat about the bush! Now, what do you think is wrong with this patient?"

"Renal disorders."

"For example, —"

"Due to a clamp round the renal artery."

"What? In this patient!"

SUCK



(Solution to What's Your Diagnosis?)

DIAGNOSIS

Median Nasal Septal Dermoid Cyst.

It is to be differentiated from an inclusion dermoid because of its position in the midline of the nose—the midline of the nose is not a line of fusion, the nose being derived from a single fronto-nasal process.

TREATMENT

The cyst was removed surgically under general anaesthesia.

It was found to have a pedicle situated between the frontal processes of the nasal bone. It consisted of sebaceous material and a few strands of thick black hair. Pathological report: Epidermoid Cyst.

PROGNOSIS

Because of the presence of the pedicle, there is a possibility of recurrence.

SCIDEM

If you are the type that cannot face up to reality, then for everybody's sake quit reading.

I want to tell you something about Scidem. Scidem I agree with you is an unusual name; in fact you are no wiser than I in guessing the sex of Scidem just from the name, but let us satisfy ourselves by thinking him a man.

Scidem has every reason to be proud of himself. After all if he could prove nothing else, at least the fact that his skull is capable of accomodating books as great and as large as Gray is beyond dispute. In fact if not for the brain being there, there would be even more space for books. And talking about the brain, it is really extra; for it is good for nothing else except thinking, and who bothers to engage in such a process when Davidson and Gray have it all ready made. He who attempts to think more than the books must be extremely conceited.

Yet Scidem is not without philosophy. He knows nothing about Shakespeare, rocks or Napoleon, but that does not matter in the least in his conclusion that Arts means nuts. In a way he is perfectly right too, for after all one does not find the word "Arts" in Dorland. Other universities where men of Arts build the pillars of culture and civilization belong to quite a different planet and are of no consequence to our good old Scidem.

No one knows the age of Scidem, but we must not presume that this means Scidem is of the fairer sex. He is meek and harmless in Scottish atmosphere or in the presence of those renowned for their generosity in granting students longer periods of their "golden student days". However this is only one side of the perspective. In the company of milder men, Scidem is different. He shouts, he whistles, he stamps and there are thousands of other manoeuvres which serve to identify himself with a kindergarten kid. And he will tell you that an University student should have such riots once in a while when there is no pay or penalty.

One delightful point about Scidem is his thirst for knowledge — that is as long as there is an examination to look forward to. Scidem and his colleagues ten to twelve in number for example will line up like nice boys and girls for two rounds of PR. The sweat on the man's brow, the extreme agony and the tears in the full grown man's eyes are to be ignored when a total of twenty-four gloved fingers have their bloody satisfaction. Perhaps, Davidson and Gray have forgotten to mention in small print that the man may also be a father of children, husband to a wife and son of doting parents.



If you have not yet met Scidem, do make a point of meeting him. You will probably find him always available. Search him out quick, for before long he is going to heap up gold, and then you will never again be able to find him because of the brightness of gold.

SCIDEM.

ROCK AROUND THE WARDS

After asking a group of Junior Clerks to examine the cranial nerves of a 60-year-old female patient, the lecturer left and returned 15 minutes later.

Lecturer, "Well, what did you find?"

Representative, "We dare not proceed to challenge the patient's masticatory power."

* * * *

Lecturer, "Any queries about this chest X-ray?"

Medical Clerk, "It is fishy over there."

Lecturer, "Of course, there may be fish there, it is the stomach."

* * * *

Trinity:

"The bright one."

"Don't whisper to your husband."

"The scatter-brain."

* * * *

"We had better go to another ward and leave room for the professor."

WHAT A CONSIDERATE COLLEAGUE!

* * * *

"Nonsense."

"Don't beat about the bush."

"Oh, shut up."

"Wipe that grin off your face!"

"OUT!"

CONTRIBUTED.



WRITE
FOR ELIXIR ! !



The Doctor-patient relationship:

"The greatest trust between man and man is the trust of giving counsel."

CONTRIBUTIONS TO THE ELIXIR BURSARY FUND

Since our last issue went to press we have received the following donations to our Fund:—

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**what's a dollar
to help a scholar?**



**May we ask for your help
and interest, year by year**

NEWS FROM THE GAZETTE

16th APRIL, 1962

PERSONALIA

Professor A. R. Hodgson will attend a joint meeting of the American and Japanese Orthopaedic Association and undertake a lecture tour demonstrating work on tuberculosis of the spine in April 1962.

The China Medical Board of New York, Incorporated has awarded a fellowship to Professor K. K. Cheng to enable him to spend approximately three months in the U.S.A. in visiting departments of physiology.

Professor K. S. F. Chang attended the session and symposium of the Japanese Association of Anatomists in Japan from March 31 to April 4, 1962.

Professor K. S. F. Chang has been elected a member of the editorial board of the Journal *Acta Anatomica*—International Archives of Anatomy, Histology, Embryology, and Cytology.

Professor A. J. S. McFadzean has been invited to deliver the annual address of the American Association for the Study of Liver Diseases to be held in Chicago towards the end of November, 1962.

FACULTY OF MEDICINE

Office of Dean

On the resignation of Professor F. E. Stock from the office, Professor A. R. Hodgson has been elected as the Dean of the Faculty of Medicine for three years from March, 1962.

Appointment

Ronald Samuel Young, B.A., MOD. SC., M.D., B.CH., B.A.O. (Trinity College, Dublin), to be Senior Lecturer in Clinical Pathology from the date of his arrival in the Colony.

Resignation

J. Y. C. Pan, Lecturer in Medicine, from June 30, 1962.

PUBLICATIONS

Department of Pathology

S. C. Pang: "Bony and cartilaginous hepatoblastoma", *Journal of Pathology and Bacteriology* Vol. 82, pp. 273-280 (1961).

G. C. Turner and M. M. Wong: "Intestinal excretion of heat-resistant *Clostridium Welchii* in Hong Kong", *Journal of Pathology and Bacteriology* Vol. 82, pp. 529-531 (1961).

1st JULY, 1962

HONOURS

Professor R. Kirk, Professor of Pathology, has been awarded the Gaspar Vianna Medal by a special committee of Brazilian medical scientists on April 24, 1962. The Committee was formed to organize the 50th Anniversary Celebrations of Gaspar Vianna's discovery of an effective cure for Leishmaniasis and the Brazilian Ministry of Health authorized the striking of a commemorative medal for conferment on those Brazilian and foreign researchers who have made distinguished contributions to the knowledge of this disease.

PERSONALIA

Dr. A. C. L. Hsieh, Senior Lecturer in the Department of Physiology, has been elected to the Board of Trustees of the United College of Hong Kong; and nominated to serve on the Joint Establishments Board of the Post-Secondary Colleges.

Professor P. H. Teng, Professor of Preventive Medicine, has been awarded and completed a W.H.O. Fellowship to study administrative problems relating to drug addiction in Japan, Canada, the United States, and Singapore.

SENATE

Visiting external examiner

Professor J. Loewenthal, Professor of Surgery in the University of Sydney, to be external examiner in surgery in May 1963.

FACULTY OF MEDICINE

Appointment

(Miss) Liu Hing Ching, B/Sc. (Sun Yat-sen), Demonstrator, to be Assistant Lecturer in Anatomy from July 1, 1962.

PUBLICATIONS

Department of Medicine

Y. W. Kan, A. J. S. McFadzean, D. Todd, and S. C. Tso: "Further observation on polycythaemia in hepatocellular carcinoma", *Blood* 18:592 (1961).

Department of Pathology

W. K. Chang and H. Shum: "Poliomyelitis faecal and serological surveys in the Chinese population in Hong Kong in 1960", *American Journal of Tropical Medicine and Hygiene* Vol. 11, p. 122 (January 1962).

L. Ma: "A survey of blood constituents of healthy Chinese in Hong Kong", *Transactions of the Royal Society of Tropical Medicine and Hygiene* Vol. 56, p. 350 (May 1962).

P. C. Hou (with Sir Roy Cameron): *Biliary Cirrhosis* (Oliver and Boyd, Edinburgh 1962).

Department of Physiology

A. C. L. Hsieh: "The role of the thyroid in rats exposed to cold", *Journal of Physiology* Vol. 161, pp. 175-188 (1962).

C. C. Liang: "Studies on experimental thiamine deficiency: 1. trends of keto acid formation and detection of glyoxylic acid", *The Biochemical Journal* Vol. 82, pp. 429-434 (1962).

C. C. Liang: "Studies on experimental thiamine deficiency: 2. Tissue breakdown and glyoxylic acid formation", *The Biochemical Journal* Vol. 83, pp. 101-106 (1962).

Department of Surgery

F. E. Stock: "Anterior spinal fusion—a review of five years work", *The Australian and New Zealand Journal of Surgery* 31, pp. 161-170 (1962).

F. E. Stock and J. H. Y. Fung: "Oriental cholangiohepatitis", *Archives of Surgery* 84, 409 (1962).


NEW from 

Glaxo 

Antibiotic Research 

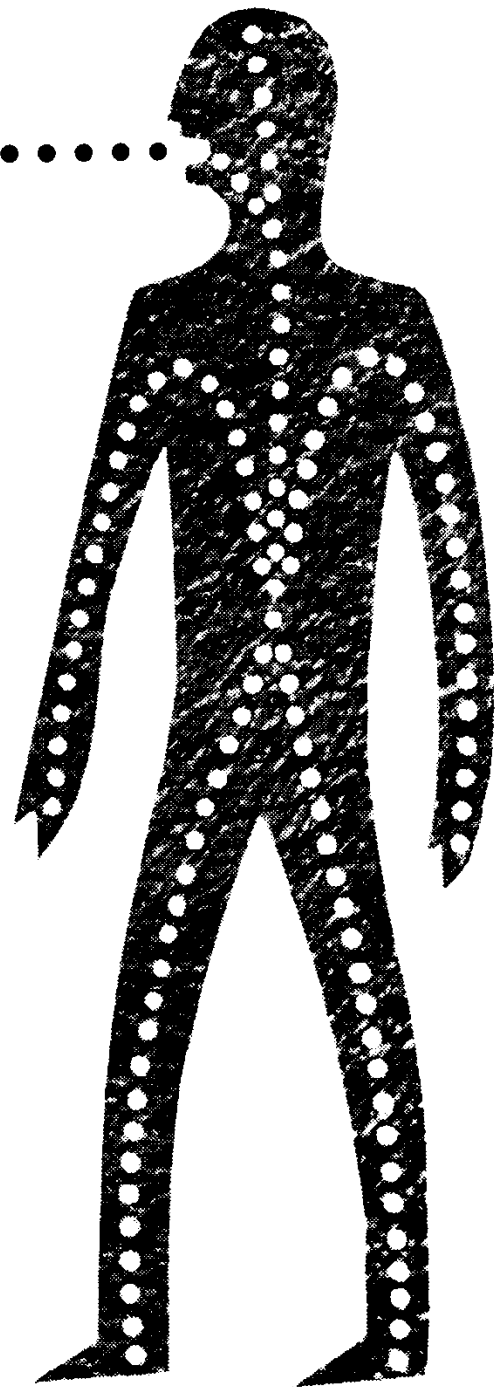
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greater absorption 

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GRISOVIN-FP

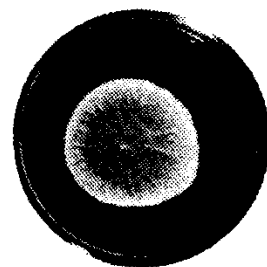


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