ELIXIR

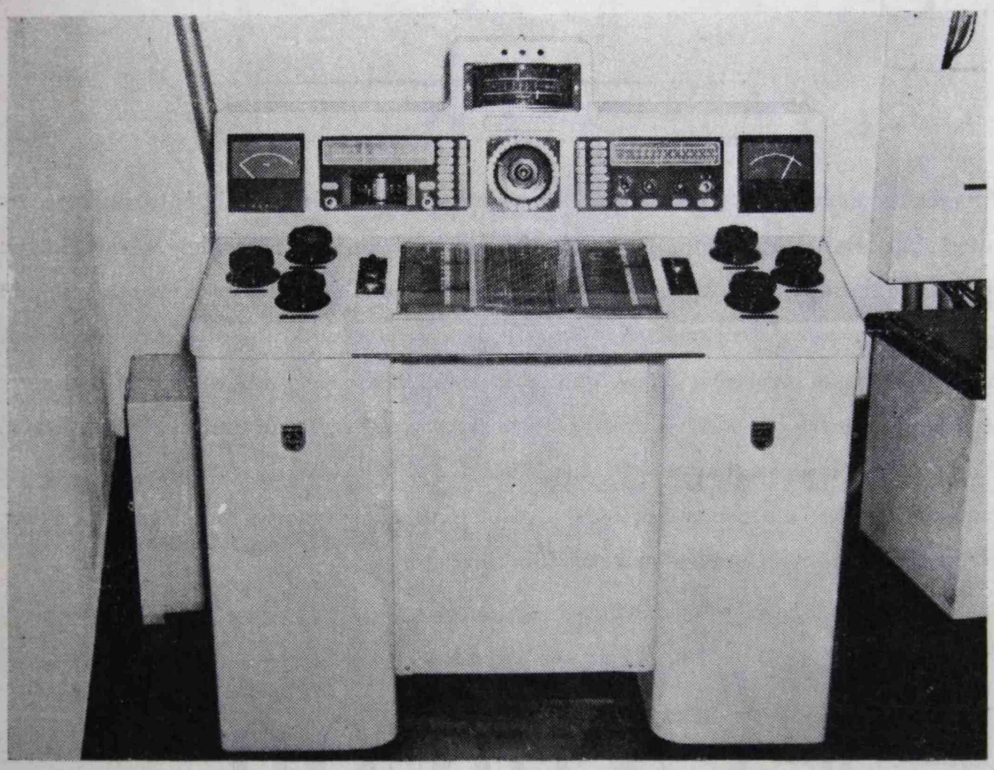
SPRING NUMBER 1955
PRICE $2.50

PHILIPS "SUPER-DLX" X-RAY APPARATUS

MAXIMUM CURRENT 1,000 MA.
MAXIMUM TENSION 125 KV.

WITH PRE-INDICATION OF OPTIMUM CONTROL SYSTEM SHOWING ANY VARIATION OF HIGH TENSION, TUBE CURRENT AND TIME.

ALSO FREE CHOICE OF ALL EXPOSURE FACTORS WITH FULL PROTECTION AGAINST TUBE OVER-LOAD.



This picture of the "Super-DLX" control-desk was taken in the Kowloon Hospital.

Available also Apparatus for:—
Diagnostic, Therapy and Dental X-Ray.
Electro-Medical and Hospital Equipment.

Please contact:—

PHILIPS INDUSTRIES (FAR EAST) LTD.

9, ICE HOUSE STREET.
TELEPHONE: 33728

ROOM NOS. 908-909
HONG KONG

enters general practice

Among the many factors contributing to sound nutrition, vitamin B_{12} is taking a recognised place. Its marked tonic effect when given by injection has been widely acknowledged; and, more recently, the introduction of CYTACON has enabled doctors to give the vitamin *by mouth* for purely nutritional purposes. In appropriate cases, the effects of CYTACON have been most promising; they include increase in appetite, improvement in general well-being during convalescence, and accelerated weight gain in underweight children. And, because it seems that oral B_{12} has especial value in the treatment of the younger patient, CYTACON is issued not only in tablets of two potencies but also as a sweet pleasantly flavoured liquid—for teaspoonful dosage.

Cytacon

Trade mark

Tablets '10' (10 micrograms): bottles of 50 & 500
'50' (50 micrograms): bottles of 25
Liquid 25 micrograms per fluid drachm: bottles of 6 fl. oz.

GLAXO LABORATORIES LTD., GREENFORD, MIDDLESEX, ENGLAND

Agents: Anglo-Thai Corporation Ltd., Bangkok, Singapore, Penang, Kuala Lumpur, Ipoh

Hongkong Agents: DODWELL & CO., LTD., Hongkong Bank Building

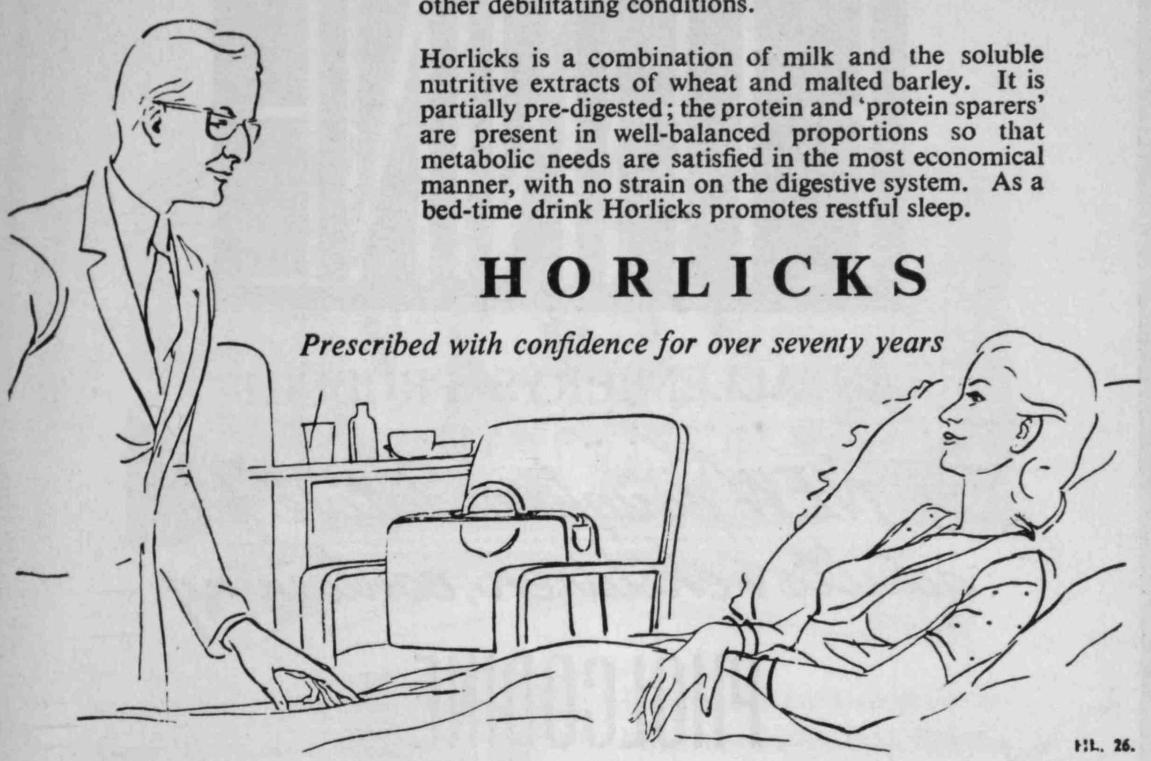
to hasten recovery

Horlicks has been prescribed with confidence for more than 70 years in acute illnesses, convalescence and other debilitating conditions.

Horlicks is a combination of milk and the soluble nutritive extracts of wheat and malted barley. It is partially pre-digested; the protein and 'protein sparers' are present in well-balanced proportions so that metabolic needs are satisfied in the most economical manner, with no strain on the digestive system. As a bed-time drink Horlicks promotes restful sleep.

HORLICKS

Prescribed with confidence for over seventy years



HL. 26.

'DEPROPANEX'

DEPROTEINATED PANCREATIC EXTRACT

DEPROPANEX quickly relieves spasmodic contractions and pain in renal and ureteral colic, and is highly effective as a *vasodilator* in pheripheral vascular disease and arteriosclerosis of the legs. DEPROPANEX also relieves cardiospasms in hypertension and alleviates pain in primary dysmenorrhea.

Sig. Inject 2 to 5 cc. intramuscularly as indicated.

Rx. in vials of 10 cc.

SHARP & DOHME,
DIVISION OF MERCK & CO. INC., PHILADELPHIA, PA., U.S.A.

SHARP & DOHME

Sole Distributors: **JARDINE, MATHESON & CO., LTD.**

In convalescence there is no better restorative than Brand's Essence of Chicken. Take half a bottle or one bottle with every meal. Either chilled or warmed and just add seasoning to your taste. If you find difficulty in procuring a supply please contact Sole Agents: Lane, Crawford Ltd. Tel. 28151.

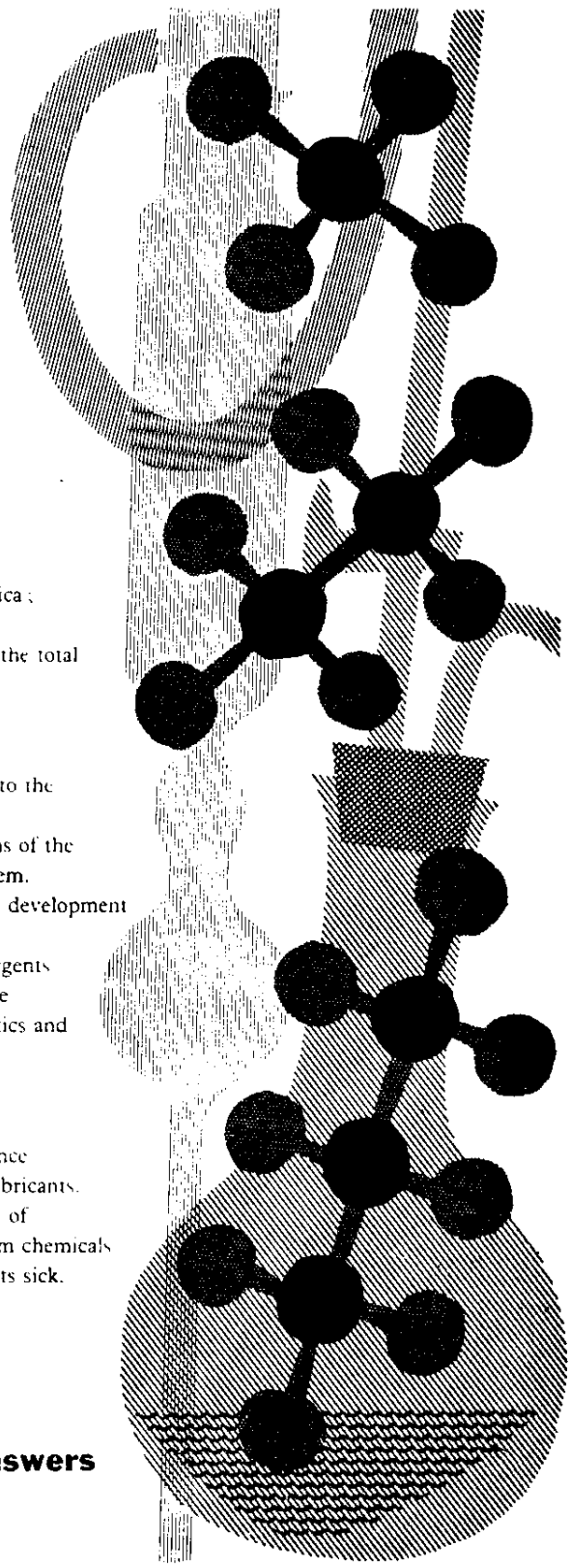
BRAND'S

ESSENCE OF CHICKEN

SOLE AGENTS LANE CRAWFORD LTD.

3·A·P·B·6

Oil means brainwork



SHELL RESEARCH is one of the big brains-trusts of the world. You could call it a Graduate University of Applied Science, with ten specialist colleges.

There are seven major Shell research laboratories: two in Holland, two in England, three in North America; and three Agricultural Research Stations: one in England, two in North America. At last count, the total staff of those ten establishments was nearly 5,000. The back-room boys of a great industry.

The main, perpetual task is to make fuels and lubricants provide bigger power and better protection to the modern engine in all its forms. But Shell Research has also been tackling some of the big general problems of the twentieth century. Malaria control was one such problem. The jet turbine was another. The war against rust, the development of selective weedkillers, the quantity manufacture of sulphur, the production of glycerine, alcohol and detergents from new sources, so as to leave all edible fats available for the world's food supplies, the development of plastics and synthetic textiles . . . Shell Research has been, is and will be working on all these things.

Shell's back-room boys are occupied with one of the most exciting branches of new knowledge . . . the science of hydrocarbons. Shell Research improves fuels and lubricants. But it also prompts, points and paces the development of the brave new world of petroleum chemicals. Petroleum chemicals are helping to feed and clothe the world, and to cure its sick.

SHELL research is finding the answers

BEMAX for VITAMIN VITALITY!

You can't start children too early on Bemax. During all the years of growth they *need* the wealth of special nourishment it provides. Nature has packed into Bemax' golden flakes her richest store of essential vitamins, protein and minerals. A spoonful of Bemax *daily* goes a wonderfully long way to ensure proper growth, sound constitutions and lively minds.

Give children Bemax at breakfast every day

Made by Vitamins Ltd. also manufacturers of Pregnavite, Complevite, Vitavel Syrup and other pharmaceuticals.

Dreyer & Company, Limited

PHARMACEUTICAL DEPARTMENT

201-4, ALEXANDRA HOUSE
HONG KONG

PHONES: 30256-8
P. O. BOX 473

Agents and/or Distributors for:—

BARRY LABORATORIES INC., U.S.A.

BLENDAX WORKS, GERMANY

THE ENGLISH GRAINS CO., LTD., LONDON

GOODESAN PATENT MEDICINES, GERMANY

INSTITUTO FARMACOTERAPICO ITALIANO, ITALY

KOGE CHEMICAL WORKS, DENMARK

KUNST/ALBERS, HAMBURG, GERMANY

LIGGETT DRUG CO., INC., U.S.A. "REXALL" BRAND PRODUCTS

OBERMEYER & CO., GERMANY

ODARA PRODUCTS CO., INC., U.S.A.

PEARSON'S ANTISEPTIC CO., LTD., ENGLAND

ROSKILDE MEDICAL CO., LTD., DENMARK

A. E. STANNARD LIMITED, ENGLAND

A/S SYNTETIC, AARHUS, DENMARK

VITAMINS LTD., LONDON

LIVER AND VITAMIN B-COMPLEX INJECTIONS, ALLERGENIC EXTRACTS FOR SKIN TESTING.

HAUTCREME CONTAINING VITAMIN D, ALSO TOOTHPASTE.

PURE YEAST TABLETS B.P.

HORMONE SPECIALISTS

ANTIMICINA, ORMOBYL, TINPANOL, VITACYNON, VITAVIRON ETC.

LACTIC ACID, CALCIUM LACTATE, FERRO LACTATE, CALCIUM SODIUM LACTATE AND FERRO TARTRATE.

PHARMACEUTICALS AND CHEMICALS.

EYELO, REX OPTEX, BABY COUGH SYRUP, MILK OF MAGNESIA, COD LIVER OIL, GERMICIDAL SOAP, GLYCERIN SUPP. ETC.

UNGUENTUM HERBALE OINTMENT.

KARIOIUM TABLETS (SODIUM FLUORIDE) FOR CONTROL OF DENTAL CARIES.

LYSOL B.P., AND OTHER DISINFECTANT PRODUCTS.

A.C.T.H. PLAIN AND RETARD, COMPOCILLIN, INSULIN PLAIN AND RETARD, PENICILLIN (ALL KINDS), PEPSIN ETC.

SWEET BREATHS.

SULPHUR DRUGS, FINE CHEMICALS ETC.

AS ABOVE, ALSO METHINCHOVEL SYRUP, PARENTHROVITE, SASCO TABLETS, VITASPRIN ETC.

FULL INFORMATION ON REQUEST.

FERLUCON

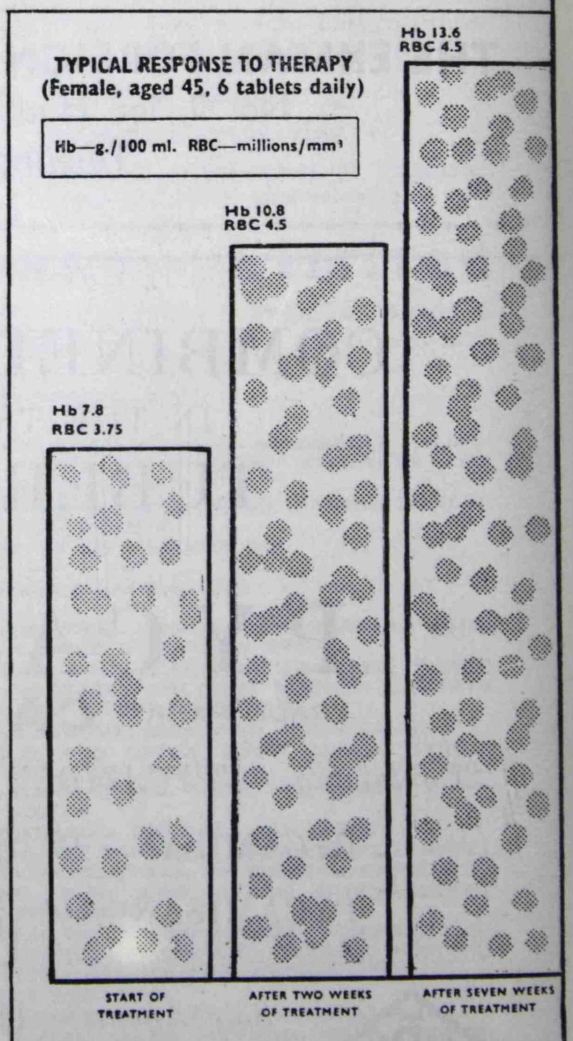
TRADE MARK

(FERROUS GLUCONATE)

for the treatment of

Iron Deficiency Anæmia

Ferrous gluconate is as effective as ferrous sulphate in restoring a normal blood picture but less liable to cause side effects especially in the gastro-intestinal tract.



FERLUCON TABLETS

Each tablet contains 0.3 g. ferrous gluconate and 1 mg. aneurine hydrochloride. Containers of 25, 250, 1,000 and 5,000 tablets.

FERLUCON ELIXIR

Each fluid drachm (3.5 ml.) contains 0.3 g. ferrous gluconate and 1 mg. aneurine hydrochloride. Bottles of 4 fl. oz. (144 ml. approx.) and 2 litres.

MEDICAL **EVANS** SUPPLIES

EVANS MEDICAL SUPPLIES LTD

50 ARMENIAN STREET, SINGAPORE

Agents for Hong Kong:—HARRY WICKING CO. LTD

PRINCE'S BUILDING, HONG KONG

461

ELIXIR

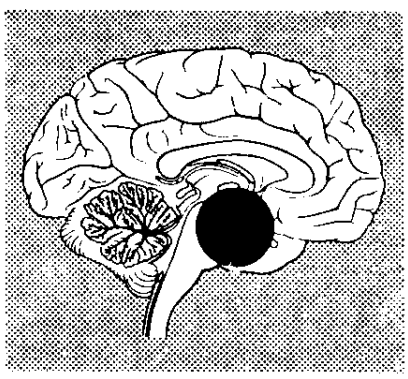
Journal of the Hong Kong University Medical Society

PRINCIPAL CONTENTS

SPRING 1955

Editorial address: The Department of Physiology, Hong Kong University.
Advertising Managers: The Advertising & Publicity Bureau, Ltd., Hong Kong.
Printers: Ye Olde Printerie, Ltd., Hong Kong.

Control of intractable pain with



'Largactil'

trade mark *brand*

CHLORPROMAZINE HYDROCHLORIDE

Chlorpromazine provides a three-fold beneficial action in the treatment of patients with progressively painful conditions.

1 It produces a characteristic and possibly unique mental effect, that of an apparently conscious indifference to perceived pain, with a reduction of tension, apprehension, and anxiety.

2 It has some intrinsic analgesic activity.

3 It enhances and extends the effects of analgesics and hypnotics, and offsets many of their undesirable side-effects.

Published reports on its use in cancer patients, for example, indicate that at least 80 per cent of them obtained excellent to good relief of pain when chlorpromazine was given with standard analgesics.

The management of patients with painful conditions is only one of the many clinical uses of 'Largactil' now being increasingly adopted in general practice.

SUPPLIES: Two strengths of tablet—10 mgm. and 25 mgm.

Solutions for injection—1 per cent in 5 c.c. ampoules; 2·5 per cent in 2 c.c. ampoules.

Detailed information is available and will gladly be sent on request.

MAY & BAKER LTD

AN **M&B** *group MEDICAL PRODUCT*

MA2/60

P.O. BOX 599 HONG KONG

FACT, FANCY AND OPINION

DROWN ALL THE DOGS

Drown all the dogs,' said the fierce young woman,
They killed my goose and a cat .

And 'Hang all the drug traffickers!' cries the Singapore Director of Medical Services. (*South China Morning Post,* December 7th, 1954).

We agree that dope peddling is one of the more ignoble means of making a living, but there are a number of unpleasant people about – people who diligently or sporadically menace their fellows. What about drunken drivers, nagging wives, corrupt and bullying petty officials, child beaters, share pushers, blackmailers and all the rest of the company of Satan?

Let's hang the lot, shall we? Why not? We can tell you why not, Mr. Director. It is for the simple reason that over the course of hard centuries we have gradually appreciated the value of the principle that human life is sacred. True enough, certain of the less advanced Western democracies (like the United States and the United Kingdom) still retain the death penalty for murderers, but even this last remnant of the eye for an eye philosophy is meeting severe challenge. Once enlarge further the list of persons who may legally be put to death, and the flood gates are open.

We have seen it happen so recently, and with such terrifying speed, this wholesale tumbling back to an earlier, cruder, crueller way of life just so soon as hard won standards are forgotten or ignored. Administrative murders in Russia and Germany and China have frightened us all. Hanging, which is a tedious business, has given way to mass shooting, and shooting to the more convenient, more hygienic gas chamber.

No, Sir! We have no sympathy for drug traffickers, but we do believe in the discipline of values that has human life as its highest value, and even drug traffickers, Mr. Director, are human.

RECENT ADVANCES

In a recent article in the *Lancet,* Dr. Henry Dicks, who is an eminent British psychiatrist, writes: 'Modern psychological discovery has demonstrated, in convincing fashion, that for the human child other human beings, especially the mother, are the most important factor in the environment; . . . '

This original and stimulating point of view has encouraged us to undertake a number of experiments upon animals (or 'other animals', as Mr. Leary would say – see correspondence columns –). The research is still in its early stages, and we cannot yet claim to have proved anything beyond doubt, but our early observations strongly suggest that for young kittens, other kittens, and especially the mother cat, are the most important factors in the environment. For baby chickens, on the other hand, it appears to be other baby chickens and the hen that count most; and for puppies, it is other puppies and the bitch.

Many further observations must be made, and the study extended to other species, but it does begin to look as if Dr. Dicks' statement is but the expression of a general law that applies to a large section of the animal kingdom.

What will the psychiatrists put us on to next?

PASS, FRIEND!

With seventy-four out of eighty-one candidates passing the recent 2nd M.B. examination, and with a further three being referred in one subject only, we may hope that an unhealthy myth has perished.

The large classes of students embarking upon their pre-clinical studies since the war, have done so with the conviction that only about half of any one class would be allowed through 2nd M.B. at first attempt because the numbers to be accepted into the clinical years had been fixed in advance. There has never been the smallest truth in

this idea, but its very existence made passing 2nd M.B. apparently a matter of competition, and a student who felt himself to belong somewhere in the lower half of the class could see no hopeful purpose in whatever efforts he might make.

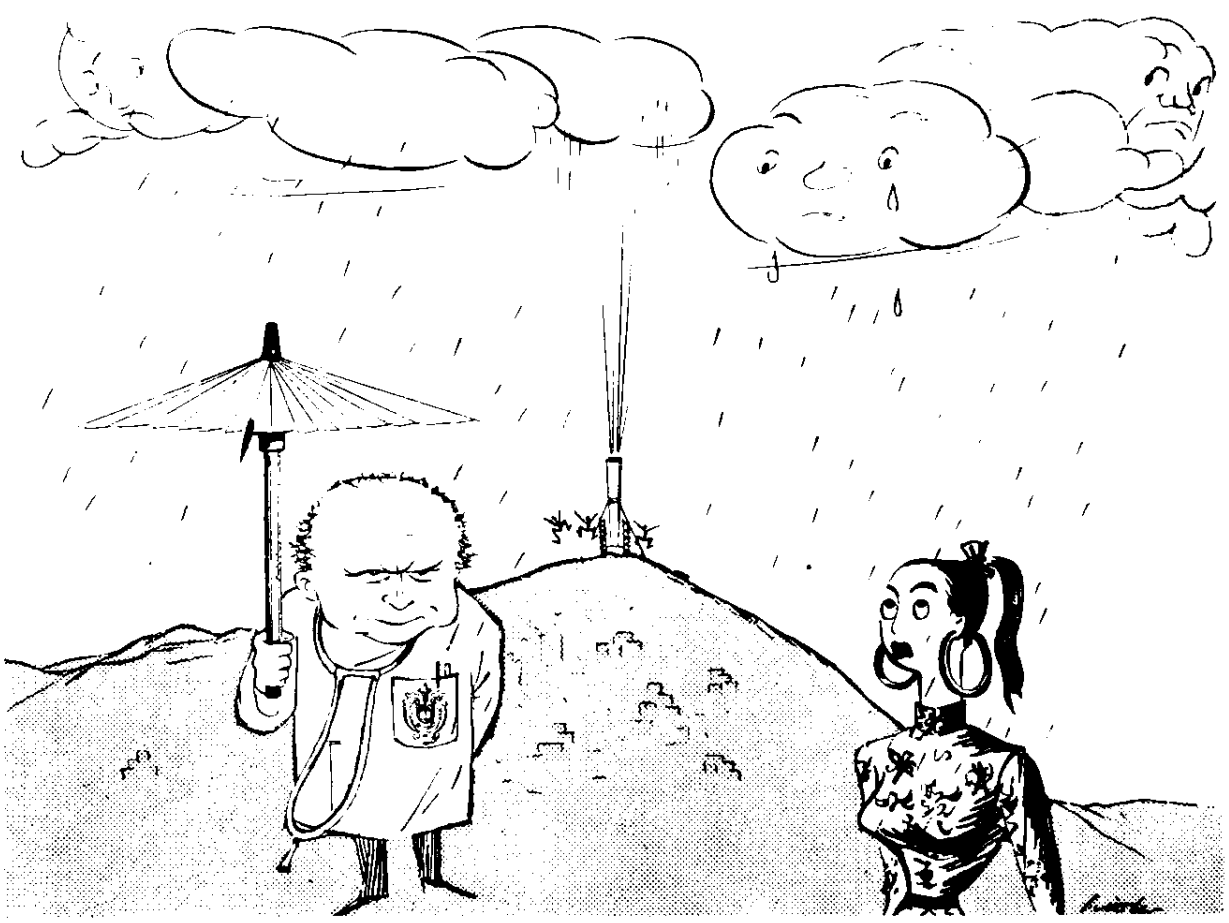
The recent high pass-list, although most gratifying, has set the clinical departments a real problem. They are simply not designed to deal with such numbers. Nor is it likely that an annual output of seventy or eighty new doctors could be readily absorbed by the areas we serve. For these reasons, and upon the assumption that the recent pass-list was no freak, but the result of factors that will persist, the Senate has ruled that admission to the Medical Faculty shall be limited to fifty students a year, as from September 1955.

This may mean that some who wish to study medicine will be disappointed, but let us hope it also means the virtual end of the unhappy business of a student being asked to discontinue his medical studies after three or four years at the University. And let us hope it leads to the novel idea that examinations are normally passed at the first attempt.

UN BRUIT CONFUS

Our contemporary, *The Union,* has come out in a brand new dress, and very nice too. Not content with improving design, the Editors have gone one better on the usual custom of printing half the magazine in Chinese; they have printed some of the English section in French (if we may so put it).

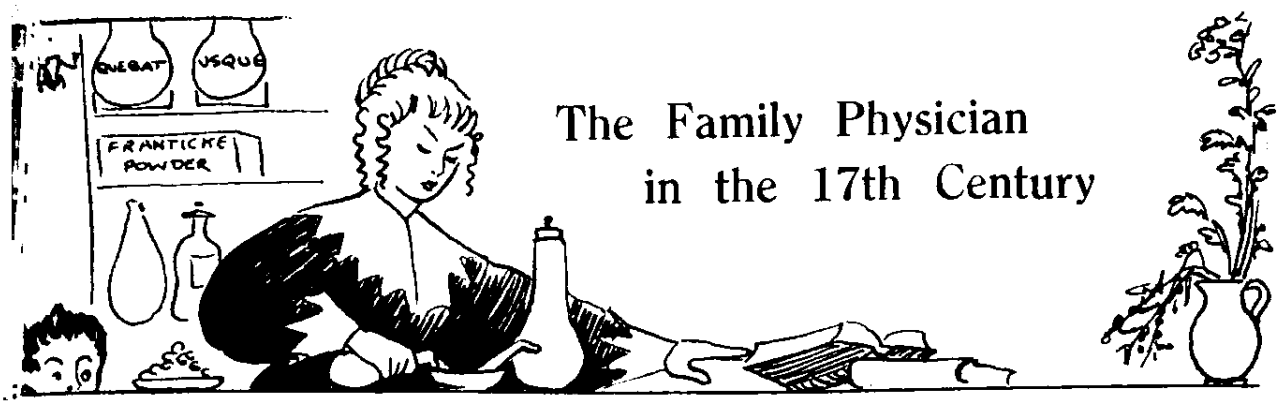
Not to be outdone, we proudly announce that the next issue of *ELIXIR* will be entirely in Russian.



THE RAINS CAME

or

What goes up must come down.



The Family Physician in the 17th Century

" O, how this mother swells up toward my heart;
HYSTERICA PASSIO! down, thou climbing sorrow!"
SHAKESPEARE.

THE VERSES WHICH I have copied above are one of the many utterances of King Lear in his extremity showing his former inclination towards learning and science. He remembers the Latin name for the illness which he thinks he has, and of which he has used the popular name. Had his affairs at the moment been less abnormal, and home nearer, his outcry would probably have soon been followed by the attendance of one of those doctors whom Shakespeare regards respectfully.

It was a satisfying moment when, looking through a manuscript book begun very near the time of Shakespeare, I came upon a prescription which such a doctor might think the right one for the King's crisis. Lear himself might be of another opinion, but could he have thought of anything better than the following?

" Pills for the Mother. Take of white or yellow Amber and Mastick of each a quarter of an ounce, of Alloes five drames, of Agorick one drame and a halfe, and of christe longa logia halfe a dram, these being beaten small, and tempered with sirup of wormwood, make thereof A mass of Pills, and make of a dram seauen Pills, you may take two or three before supper, or when you goe to bed."

And, since the Melancholy was another complaint frequent enough in Shakespeare's plays, it was convenient that the same page in my old book supplied a remedy for that too – and one which sounds much less frightful to be taken than the other.

" An Excellent water against Malancholy. Take ffower handfulls of wall-flowers, three handfulls of Rosmary flowers, one handfull of Damaske Roses, Bugles, Borage, gilly flowers, Mary-gould flowers, and Cowslips, of each two handfuls, of synamon grosly beaten halfe an ounce, two nuttmegs, one ounce of Anniseeds, and Pinkes two handfulls, of leaues of Balme one handfull, three pennyworth of English saffron, put all these into fower quarts of sack, and lett them stand (set close couered) stirring it now and then together, for the space of three dayes; then still all in A Lymbeck, and hang at the nose of the still two or three graines of muske in a lynnen cloth, that the water may runn through it, and put five ounces of sugar candy into the glass, and when all is disstilled, sett the glasse into hott water for the space of one hower, take of this three tymes a week, two spoonfulls fasting at a time, and to these add two handfulls of Pansyes and probatum est."

The volume from which these beautiful but ineffectual formulas come was one of a few standing together when I acquired it; the others were theological, and all had been well looked after in some orderly old house. It has various handwritings, as is generally the case with such books, and some are calligraphic. The households of our fore-

fathers had mainly to make up their own collections of supposedly practical instructions, and they are not rare; but I am a little proud of the example which good luck gave me. It is a means of approaching, if the sentiment is not deplorable, the art of daily life which Shakespeare shared in; or, should that sound too ambitious, of looking into the world of Abraham Cowley or John Bunyan. And then – who knows – one day one of these picturesque recipes (some are for the cook, others for the amateur physician) may appeal to those under my own roof.

There is one at least which I assert will never get as far as that, although the requirements are comparatively easy. It is, "To stay bleeding att the nose . . . . Take a dryed Toade, and hang it about the neck or on the hole of the stomacke in a peace of taffity." And should any of us achieve the Sitwellian culmination of gout, I doubt if we shall ungratefully try to diminish from it by the following plan. "Stampe 6 black snails without shells [slugs], with an handfull of Red sage and boyle them in a pynte of running water till it be thicke and apply it as hot as may be."

Other considerations – especially, the correct application of white wine – will in all likelihood keep us from resorting to another cure, which occupies quite a large space as its preparation would occupy a lot of time. The Friar in "Romeo and Juliet" might have managed to produce a few bottles of the Golden Oil.

" A Receite to make a precious Oyntment,
for all manner of Aches and bruses,
and alsoe for the Goute,
it is called the
Goulden Oyle.

Take of these hearbes under written of each
A handfull.

Vyolett leaves & flowers	Cammomyle
Primrose leaves & flowers	Myntes
Cowslippe leaves & flowers	Tyme
Sage	Claryc
Nippe	Oke of Jerusalem
Smalledge	Penny royall
Margeromme	Sulferne
Lavender	Isoppe
Sothernwood	Balme
Rosmary	White mynts
Rose leaved Dammaske	Marygould flowers
Rewe	Pionye leaves
Lavender Cotten	Dury leaves
Feather	Bay leaves
Tansye	Dill
Lowage	

"Then take all these leaves and bray them in a stone morter and put them in a faire pann with a pottle of sweet sallet oyle and a quart of white wine, then sett it over the fyer and lett it boyle softly untill the wyne be boyled away, but you must stirre it still. Then take it from the fyer and lett it coole, then strayne it through a cleane lynnen cloth, and put it into a glase, and when you annoynt any place with it, lay next unto it a Blader of a hogge or else the cloth will drinke up the oyle, you must anoynte the patient by the fyer and chaffe it in with your warme handes. Farther because all the hearbes be hard to gett at one time, you must begine when the hearbes come upp first, and as you gett them from tyme to tyme, soe stampe them and putt them into the oyle, letting them continue till you gett the last, you must gett them as soone as you can together, and then put in the wine when you sett it over the fyer to boyle."

Wandering among these extraordinary records of bygone medical methods, materials and processes, one seems as though a house in some other world had opened its doors and invited in, a manor or a grange where time was too careless to pore on the sundial or count the clock, and most aromatic gardens. But this dream-like place is the England of three or four centuries ago. My book tells me what hideous diseases and desperate injuries may befall the inhabitants, though these afflictions are hardly grimmer than some of the antidotes recommended for them. And still the perfume of those gardens and the virtue of those simples and flowers floods through the rooms of that patient, that credulous and gallant Past.

Rosemary was once the flower that was put into the coffins of the dead. Hence Dr. Sewell's verses to a proprietor over-fond of his garden,

Not one of all thy plants that blow
But Rosemary will with thee go.

This flower, however, had happier uses, even in the triumph of life. "To make your face faire, seeth Rosemary with white wine, and wash your face therewith." Again, "To

make one lovely. Take the powder of Rosemary and beare it about you and it will make you merry and jocund" – pleasing, alluring; and what else is lovely?

Sometimes as I dip into my treasury of things forgotten, something at least yields a connection with things that are still in being. But the explanation may not be easy even then. Here is a rather rich concoction:

> "Take two quarts and a pint of the best Aquavitae and put into it three ounces of Lickerish, three spounefulls of Anniseeds, ten ffigs, ten dates, one handfull of Reasons in the sunn, three nutmegs, ten large masses, fower rases of gingar, and a quarter of a pound of double refined sugar, put all these into a glass and lett it stand a fortnight, shaking it very well once or twice every day, then strayne it out, and hange a graine or two of muske in it."

Including the raisins and the mace, all this is given the name of "Usquebath," and that is commonly understood to be whisky; but the cordial of the recipe may be different. Incidentally it shows why, very probably, the second carrier whom Falstaff ambushed at Gadshill was carrying two razes of ginger up to Charing Cross.

When I saw the tragedy of Dr. Faustus performed, and performed with great understanding, at Oxford twenty years ago, one of the miraculous tricks of the hero, thanks to his bargain with the devil, was received by us with a laugh. Faustus had been challenged to produce some grapes in the dead of a northern winter. He promptly exhibited a handsome cluster of them. This wonderful provision, however, would have been seen through by the early contributor to my household book who entered there the paragraph "Grapes growing all the yeare." Nothing could be simpler, if the thing worked:

> "Putt a vine stalke through a basket of earth in December which is likely to beare grapes that yeare, and when the grapes are ripe, cutt off the stalke under the basket (for by this tyme it hath taken roote) keepe the baskett in a warme place, and the grapes will continue fresh a long space upon the vine."

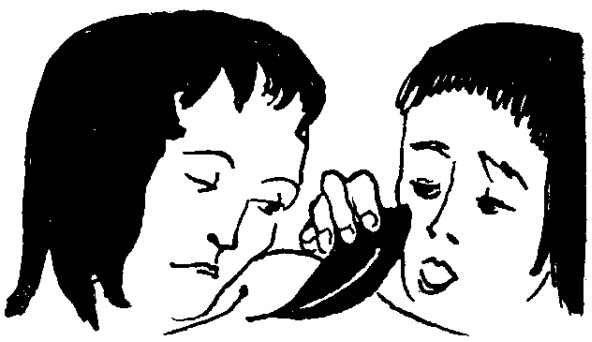
From Faustus it is not hard to pass to Paracelsus, the professor of medicine who discovered the elixir for prolonging life indefinitely. "The Paracelsus Salve" required three pages of instructions in my manuscript book. When you had at last made the mixture, if you lived long enough to do so, you had to put it into pieces of paper "well oyled, with oyle of Roses," and those next into packets of sheepskin. What these packets were good for must have been too well known to need pointing out. But "A water called Aqua Mirabilis Pretiosa" had to be advertised a little: "It clenseth the lounges [lungs] without grevance, suppresseth Malencholy, it helpeth the memory, cureth the palsy Reviary, and the Spiritts [evil spirits?], one spoonfull at a time, in summer and winter."

Can dairymen now say why, if a cure for the stone was wanted, the physician had to "take a gallon of New Milk, *of a Red Cowe*"? After that the ingredients were near at hand, "a handfull of Pellitory of the wall, a handfull of wild time, a handfull of saxafrage, a handfull of parsly" and other usual cottage comforts. All to no purpose, unless the medicine were given at the full and at the wane of the moon. That was the "magic natural" of Chaucer's doctor, and in country places it is not quite out of favour. But doctors we all know, who recommend something warmer than moonlight – the

glass of old port, perhaps – seem also represented in these remedies. "Take three gallons of Ale, lett it be brewed as strong as Mault will make it, and thereto add . . ." Another: "Take red wine," but then we take too "new milke of a cowe that is all of one colour." A third: "Take a quart of Muscadine, a handfull of redd Sage," – perhaps the sage suited.

Thinking how enormous the ravages of the Plague used to be, I wonder why a "preservative against" it as prescribed by Lady Paget appeared to have any value. At least almost all could make it and try it. "Take 20 Rue leaves, the kernells of 2 wall-nutts, 2 figgs, a graine of salt, stampe them together, and keepe them for your use." A similarly innocent cure is proposed "for such as are Franticke": it is just, "Distil the flowers of Cowslips, and give thereof to the Patient morning and evening: put thereof in all his drinkes." Our ancestors were much perturbed over "the biting of a Mad-dogg" too, but the cure was a little harder to prepare. "For a man give him the Liver of the dogg" – not a hair – "in any wholesome liquor. For a beast put to it powder of sea-crabs' clawes and give it in milke: 'tis good to let the beast blood." When it was necessary "to provoke sleepe," we might apply to the temples a mixture of the yolk of a new-laid egg, muscadine and grated nutmeg.

Blindness did not spare John Milton, but he may have refused to waste time on "a very pretious water for the eyes," one "that recovers sight though lost many years." It was distilled from red roses, maidenhair fern, endive, euphrasy, fennel, celandine and other plants, steeped in wine; it was at first a golden water, then silver, at last like balm.



The celandine was an important ingredient. It was thought that swallows healed the eyes of their young with celandine. Another way of restoring sight was to wash the eyes with distilled water of the thistle Carduus Benedictus. As for deafness, it took a week to cure it with a plug containing garlic steeped in honey and wrapped in tiffany, placed in the ear.

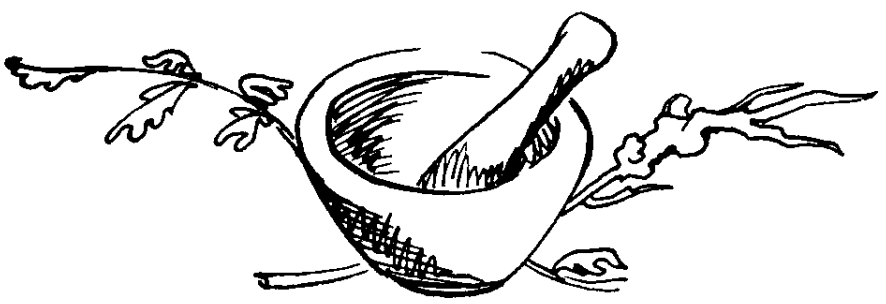
Scurvy could certainly be cured, if you would use nine of the best oranges, fifty oysters and syrup of lemons. "A quart of this medicine cures most, but a pottle never fayles though the disease be never soe inveterate." The King's Evil, or scrofula, could be put right without bothering the Sovereign about it, as the parents of Samuel Johnson did, but the first thing was to make sure that the child was suffering from it. "How to know the King's Evill. Take a ground worme alive, and lay it upon the swelling or sore, and cover it with a leafe. If it be the King's Evill, the worme will change and turne into earth, if it be not it will remaine whole and sound. probatum est." A child might be cured of rickets by an ointment including the roots of Fox-fern, white water-lily, hart's tongue and brook-lime – but it may be that La Belle Dame Sans Merci would not let this work. She must have watched the herb-hunter from her shadows with some indignation.

My brown-clad book, true to the general rule, assembles the arts of medicine, confectionery and cordials, and when its user was not driving off hectic fevers and imposthumes she could be making macaroons, bisketela, marchpains or marzipan, taffety tarts, jumblies, the King's "marmolett" and such nice things; preserving raspberries, pippins, pomme-citrons; turning gallons of

claret and canary sack into a mellow cordial invented by Sir Christopher Man. He had also originated his "familiar Pills," but his bottled legacy sounds more likely to work. The recipe-book seems to have been set aside in the eighteenth-century, when nevertheless the country house still tried to believe that you could cure dropsy by daily wine-glasses of a liquid produced from watercress and onions.

EDMUND BLUNDEN.

(The decorations are by Prudence Rowe-Evans)



ASNORE IN THE BUSHES

being extracts from a literary gem

RECENTLY WE HAVE come across a masterpiece of literature and science written by a certain Mr. Edwin Lo-tien Fang and published in Shanghai ten years ago. The scope of the work is best explained by the author's Preface, which we print below, together with two extracts from the text. It seems wrong that a work of this richness and scholarship should remain comparatively unknown, and we hope, therefore, to be able to publish further extracts from time to time.

MODERN ENGLISH CONVERSATION

Preface

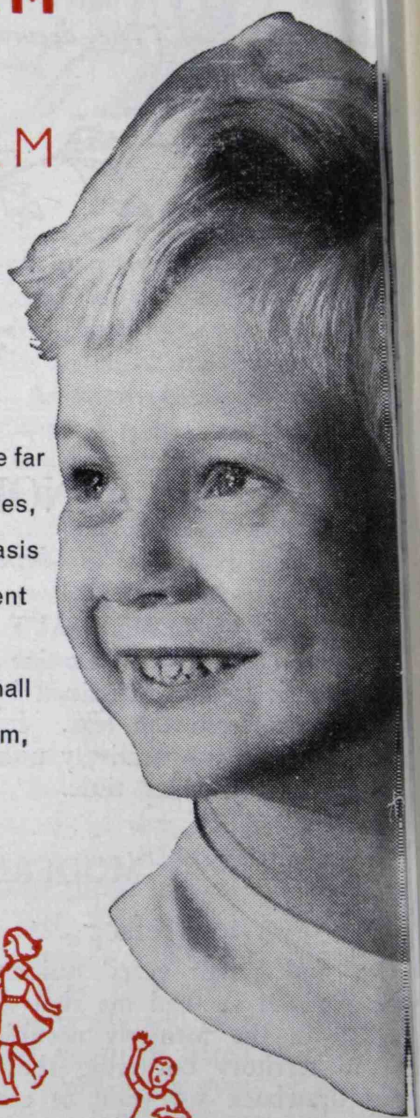
One and a half years' residence in war-time Anhwei showed me that the study of English in the formerly occupied territory and in territory bordering that received a great drawback for want of competent instructors and necessary books. My personal experience with the collegiates convinced me that the cause of their trouble lies in the want of three factors: a rich and useful vocabulary, a thorough mastery of sentence structures, and a correct and distinct pronunciation. On the other hand, the importance of this study becomes greater and greater with the conclusion of the war in favor of our Allies, as our contact with the Americans and British becomes closer and closer. For these reasons, the writing of a self-study series of practical English, with a view to freeing the readers of their troubles, has long been in my mind. But it was not actually started until the capitulation of the Japanese, with which there comes the possibility of restoration of communications and protection of copyright.

The first volume of this series, Modern English Conversation, was dashed out in one month, in spite of frequent attacks of malaria, and without the aid of any books of reference, even a dictionary. The only sources that supply materials for this little volume were taken from my imagination and reminiscences. As it is entirely a by-product of personal experience of several years ago, there may be some artistic, medical and other technical terminology that lags behind the rapid progress of scientific inventions in the past few years, and therefore needs to be changed. Any suggestion as to this point will be candidly and frankly wel-

Really effective treatment

for **ROUNDWORM**

and THREADWORM



As a result of investigations at The Wellcome Laboratories of Tropical Medicine, 'Antepar' brand Elixir is now offered as a major advance in the treatment of ascariasis and oxyuriasis.

Piperazine, the active ingredient of 'Antepar' has proved to be far more efficient than any of the traditional ascaricides and oxyuricides, yet virtually non-toxic. In two independent clinical trials on ascariasis a 100 per cent cure rate was obtained and in oxyuriasis a 97 per cent cure rate. No important side-effects were observed.

'Antepar' is pleasantly flavoured and readily acceptable to small children. It contains 500 mgm. of piperazine citrate per fluid drachm, and is available in bottles of 1 fl. oz., 4 fl. oz., and 20 fl. oz.

- **Outstanding efficacy**
- **Rapid and complete cure**
- **No important side-effects**
- **Simply administered**
- **Pleasantly flavoured**
- **No special routine needed**

'Antepar' BRAND **ELIXIR**

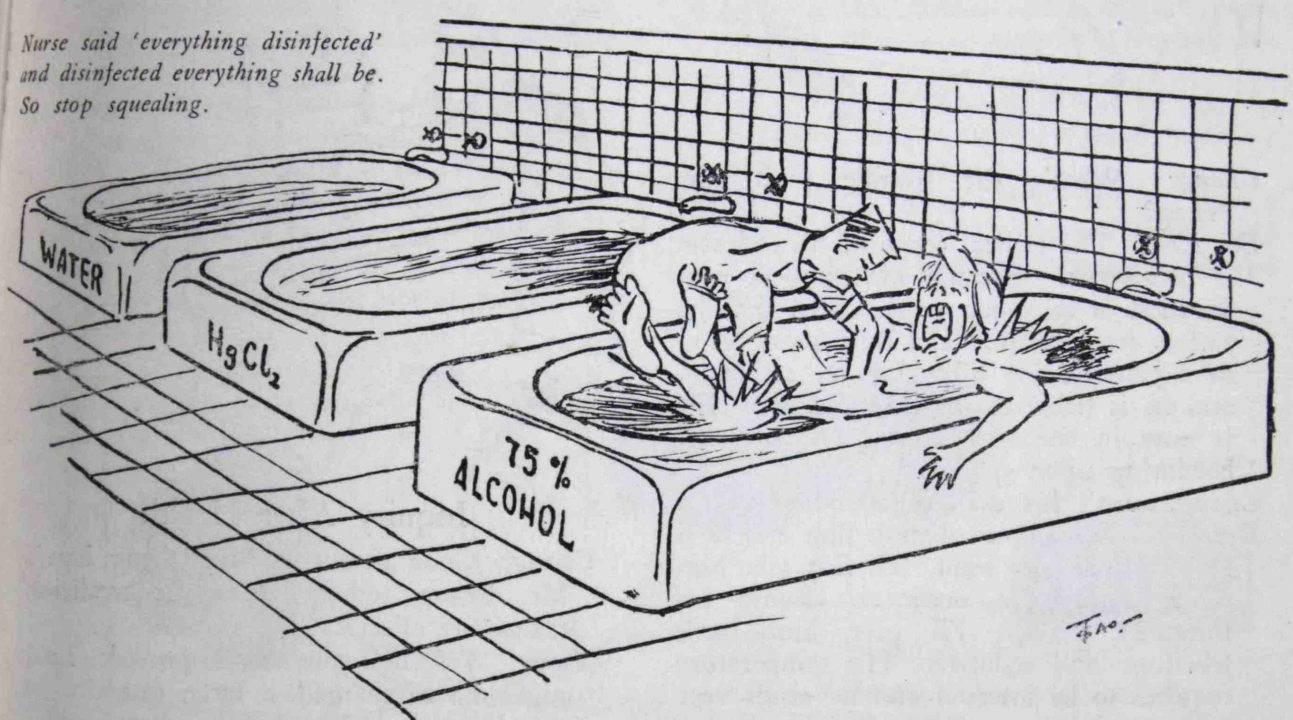
JOHN D. HUTCHISON & CO. LTD. (PHARMACEUTICAL DEPT.)
KING'S BUILDINGS, HONG KONG *Telephone: 35837*
Sole Agents in HONG KONG for
BURROUGHS WELLCOME & CO. (The Wellcome Foundation Ltd.) **LONDON**

come, in order to equip the readers with a perfect stock of up-to-date common sense, not only a good help to the improvement of English.

At A Hospital

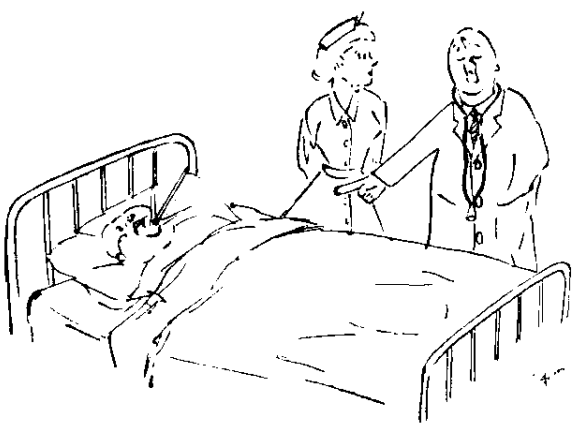
Chang: Boy, be quick and phone the Hosp for an ambulance. Mr. Wang is so sick.
Boy: Yes, Sir, car is at the door.
Stretcher bearer: Where's the patient?
Chang: In this room here. He's very sick. He cann't stir.
Stretcher bearer: Never mind, we've brought a stretcher.

Nurse said 'everything disinfected' and disinfected everything shall be. So stop squealing.



Chang: This is the General Hosp?
Stretcher bearer: Yes, you step in first, we'll carry him out and send him to the waiting room.
Nurse: Coolie, help this patient to the bath and have his clothes changed and every thing disinfected. Then bring him to Dr. Koo.
Dr. Koo: What's his case?
Chang: He's been sick for some time, and exceedingly bushed. He got a fall along a spiral staircase this morning and had his knee bruised and bled a lot. Does he need surgical operation?
Dr. Koo: Unnecessary – Miss Cheng, get his wound washed with carbolic lotion and apply antiseptic to it and dress it up with lint and plaster and bandage. No broken bones?
Nurse: No.
Dr. Koo: Then no splints are required. Well, Mr. Chang, his case is not grave. But has he any other complaint?
Chang: He's been in the bushes for a long time, with no apetite. For the last three weeks he's been continually feverish, and is now in hysterics. He hasn't tested any food for two days already I don't know what's the trouble with him.
Dr. Koo: How's his urine?
Chang: Scare, and orange.
Dr. Koo: And excrement?
Chang: Hasn't relieved his bowels for some days. He's suffering from constipation, I fear.
Dr. Koo: How's his sleep?
Chang: Oh, restless and sometimes mumbles his words in dream as if under a nightmare.
Dr. Koo: Has he any cough?
Chang: No. Is he affected with meningitis or peretonitis, or pneumonia or typhus?
Dr. Koo: Well, let me diagnose him with the stethoscope. His pulse is rather feeble and irregular. Nothing abnormal in his lungs; only the heart beats unusually quick. Mr. Wang, open your mouth; extend your tongue. Oh, so thickly coated with yellowish matter. I'll take your

temperature, – put this temp stick under your tongue. Oh, his temperature is rather high. Well, Mr. Wang, you sleep well. I'll prescribe some medicine for you, and you will be all right very soon.



Chang: What's the trouble with Mr. Wang?

Dr. Koo: The radical cause of his sickness is over-work. Because his physical constitution is so much worn down that he suffers from anemia and dyspepsia. And as a consequence there follows asthemia, and he is liable to the attack of flu. He is now in the highest stage of malaria, bordoring upon typhus.

Chang: Isn't his disease incurable?

Dr. Koo: Sure, don't disturb him and he'll be recovered very soon. I'll first give him some laxative in order to cleanse his intestines. Then I'll give him some febrifuge and sedative. His temperature requires to be lowered and he needs very badly restful sleep. When his temperature is normal, he'll be in a state of convalescence. And then we'll let him have blood-tonic and medicines to stimulate his apetite in order to recover his health. For the present I'll give him a dose of castor oil and an arterial injection of quinine in order to kill the bacteria of malaria.

Chang: Shall I send a man here to attend upon him?

Dr. Koo: Unnecessary; we've a nurse to attend him by turns. He needs not stir from the bed even for making water, we've a bed pan for him. And his meals are served in his bed. His toilet work is done for him by the nurse. And his muslins and beddings are changed every day.

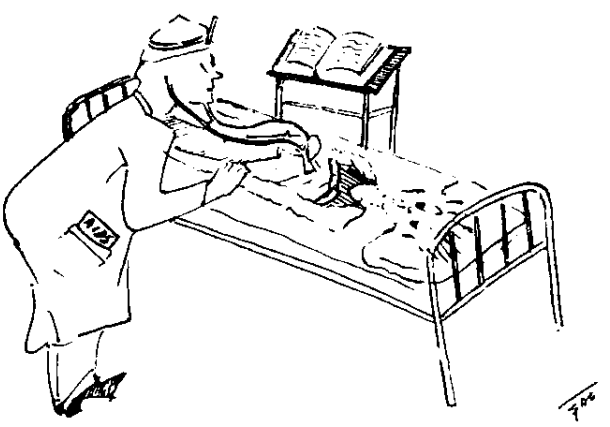
Chang: May I send food to him?

Dr. Koo: No, no outside food is allowed. All his diet is under the medical supervision of this hospital, it must be prescribed and inspected by the doctors before sending to him.

Chang: Thank you, Dr. Koo, I'll come round to see him tomorrow.

Dr. Koo: All right. The hour for interview is from 3 to 4 p.m., but mind before entering his room, you must first consult the nurse.

Chang: Thank you, good-by.



Inquiry After Health

Chang: Good afternoon, Miss Cheng, how's Mr. Wang today? Has the medicine taken any effect?

Nurse: Yes, he's tolerably improved. Last night he discharged a large quantity of diarrhea. It might be the dirty matter brought down by the castor oil. After that he had a restful night. His temperature has also reduced and is now approaching normality.

Chang: Can I see him now?

Nurse: He's asnore, we cannot disturb him.

Chang: Has he taken any food?

Nurse: Yes, we feed him with light liquid food, such as milk, bean juice and fruit juice. We hold back from him even biddies and cocomalt for fear that his stomach is not strong enough for it.

Chang: And how is his bruise?

Nurse: Nothing serious. A pellicle is already forming over the wound, no pus and no inflammation. – Yes, the bell is ringing, he's calling me.

Chang: May I follow you?
Nurse: Wait a bit. – Yes, you may come in.
Chang: How do you feel, Mr. Wang?
Wang: Is that Mr. Chang? Yes, thank you, a little better. Only very dragged out and sleepy. But I feel bedsore. The tick seems so hard.
Chang: That's because you've slept so long. But do you have a rub on the back a day?
Wang: Yes, they give me a massage every evening, but no better at all. But how's the company going on now-a-days?
Chang: As usual, I've asked two weeks' leave for you. They have granted you an allowance for medical expenses, and you can get the sum on presenting the medical certificate.
Wang: But my work has been delayed a long time; it must be piled up high.
Chang: Oh, let George do it. When you're in good health, you can carry it through. But you feel no pain in your knee?
Wang: No, nothing at all. I wish to sit up to take a turn, but the doctor forbids me to move.
Chang: Well, Mr. Wang, I must say ta ta; I have kept you awake a long time. I hope you'll follow up every word of the doctor's directions, and you'll recover very soon. Good-by, Mr. Wang!
Wang: Good-by.
Chang: Miss Cheng, Mr. Wang is so exhausted, can he recover his health?
Nurse: He must strictly refrain from strenuous work, or he will relapse into asthenia and fits of fever, which would be a chronical disease for his life. There are various kinds of blood tonic obtainable at pharmacies and druggists, but Dr. Koo will recommend one most suitable to his physical constitution. If he abide by the medical advice, he will be all right his life long.
Chang: Yes, I'll take good care of him, he is my old chap. But how much shall we pay for the expenses?
Nurse: I am not sure yet. But you have a deposit with the treasurer, have you? Then we may settle the account with you in a week.
Chang: So long, Miss Cheng.

A "NATIONAL" HEALTH SCHEME FOR HONGKONG?

(Reflections from America and elsewhere)

I WAS ASKED to write for *Elixir* from an economist's point of view about the possibilities of a "National" Health Scheme for Hongkong. It is an extremely complicated problem. I should not stick my neck out so far: at any rate, not all at once. But it is a most interesting and important issue, which we should face. Here I wish merely to review some general aspects of the whole setting, and the ways in which the question may be approached.

One of my first reflections is that, though we here are naturally habituated in all policy and technical questions to look to Britain, there are many reasons why we shall have in part to look elsewhere for models and instances, and in part to devise entirely new lines for ourselves. The present National Health Scheme in Britain certainly arose in and from a society which was not only socially and economically "developed", but also regulated and controlled, in a manner quite different from anything that has ever been applied in this Colony (or apparently ever will be).

We seek analogies in terms of the following conditions: (a) a non-collective or personally heterogeneous, rather indurately individualist society; in which, however, (b) the best technical means are (actually or potentially) available (though most unequally as yet, both "horizontally" over the territory, and "vertically" as between the social classes or income-groups); and (c) a definite, though only recently engendered, "social conscience" presses increasingly for the type of development in question.

It seems to me that we might look first at the United States of America, where the general conditions are most broadly on those lines.

Incidentally, it is not generally realised how thoroughly this question of "socialised" medical or health services has been canvassed and analysed in that country. I shall refer particularly to what is known as the Magnuson Report: i.e. "Building America's Health: A Report to the President by the President's Commission on the Health Needs of the Nation", 5 vols., Washington, 1953.

The background of this massive effort is that the Democratic Party, from President Roosevelt's time, had been fairly deeply committed to a compulsory nationwide health insurance scheme. President Truman, late in 1951, one year before he was up for re-election, is deemed to have realised that there was much opposition to such an idea, in the medical profession and the general public; he wanted the whole question fully reviewed, to assess the state of feeling and the possibilities of proceeding with a constructive scheme, possibly a compromise which would win rather than lose votes. He appointed the above-mentioned Commission, perhaps it is fair to say, (a) to do the 'fact-finding' and (b) to suggest a workable and popular basis for a National Scheme somewhere between that of the Rooseveltian New Deal and that of the more individualistic conceptions of the "American Way of Life".

The membership was fifteen: Chairman, Paul B. Magnuson, former Professor of Surgery at Northwestern Medical School, who had recently done a great deal on the medical side of the Veterans' (i.e. ex-soldiers') Administration; four physicians; the head of a dental college; two medical academicians; and one nurse. *A trustee of the American Medical Association was invited to serve, but declined.* The six other members were: two trade-union leaders, a well-known Negro teacher, the editor of a leading farmers' journal, and the secretary of the National Consumers' League.

It has been commented that this selection meant "tailoring" the Commission in advance to ensure that it would agree on lines close to the Government's outlook. Perhaps this had to be so; because a further most drastic limitation was placed upon its work. It had to report within *one year,* on an enormously

extensive field of enquiry, viz:—(i) present and future supply of medical personnel, and the possibility of educational and training institutions meeting the requirements, (ii) ability of local public health units to meet public needs in the meantime, (iii) special problems of areas which had experienced population growth above the average, owing to the influx of workers in wartime to new "defence industry" districts, (iv) the adequacy of existing and planned medical facilities to meet actual and prospective needs, (v) research programmes and requirements, (vi) the effect of military and civil defence programmes on general and civilian health service requirements, (vii) the adequacy of private and public programmes to finance medical care, and (viii) the extent of governmental health services, and desirable expenditures on them, in relation to the other calls on government, and to private spending on health.

The Report, even though it skips some of its assignments to some extent, furnishes a massive and useful documentation. (Would it not be wonderful to have any such Enquiry – even just a germ-sized one on those lines – here in Hongkong?) Qualitatively, moreover, besides the short time limit, there are serious deficiencies in the Report, due to there having been no qualified economist or other social scientist on the Commission, and no representative of business circles, and to the American Medical Association's having walked out on it. Nevertheless, the Commission had a large research staff; and it held a very large number of hearings in many places in the U.S., in a truly "grass-roots" fashion, taking evidence from the public and from nearly 500 expert witnesses. Its official record amounts to about two million words.

Without going to such lengths, we can give a few of the suggestions and conclusions indicated broadly by the report; not a few of which would be peculiarly applicable, I think, here in Hongkong. The Report indicates that that the present medical services, hospitals, etc., are inadequate in the U.S.A., and that not enough of the National Income is being spent on medical services. It recognises that the medical profession, and public sentiment at large, are against a compulsory medical insurance scheme, and it tries to suggest a feasible alternative.

Before proceeding to positive formulations, it puts forward the following essential points.

1. There must be an assured supply of new doctors, specialists, psychiatrists, nurses, and what haven't you; therefore an extension and/or intensification of medical education *beforehand*. To create large spending funds before (or more quickly than) the equipment, staff and organisation are made available to utilise them 'dynamically', would be crudely inflationary and distortionary. Most American economists tend to think this is one of the principal lessons of the British National Health Scheme.

2. There must be more "team-work" within the medical profession. (Group practice, research coordination, regional arrangements carrying the facilities available in urban districts more to outlying areas, dispensing, and many other topics are covered in this discussion).

3. The medical profession must be in positive agreement with any insurance scheme.

4. The financing of the scheme must be financially sound, whether it is done by Government or otherwise.

The practical line of approach favoured by the Commission would seem to be what is called "comprehensive prepayment". That is, the sort of scheme whereby the individual pays so much a week or month to an Insurance Society, in return for which the latter guarantees to cover medical and hospital expenses on agreed schedules, as or when they become necessary. The services scheduled vary with the payment, scales of contribution with the varying benefit-plans. This still allows the individual to choose his own doctor, which the individualist American still prefers to do – and, I imagine, so does practically everyone else everywhere.

It seems to me that there are broadly two possibilities in Hongkong. One is to develop much further the practice, already well established by some big firms, of making arrangements for all the staff or membership concerned to receive medical attention or treatment from one doctor or syndicate of doctors. Surely there are many more firms who could come on to such a basis without difficulty, if the idea were more firmly urged, and perhaps backed by public policy in some appropriate way. And smaller firms could join the groups, to work the same

kind of scheme between them.

If the firm could not afford to bear all the expenses, then the employee could contribute a small weekly sum to be deducted from his wages. (For 'firm' read also, throughout, 'institution' or other corporate personality.) A drawback to this type of arrangement might be that it may not leave the choice of doctor to the individual, or not a sufficiently wide choice. Objectively, however, we are in reality rather limited in that respect in any case, until such time as the total supply of doctors comes somewhere much nearer to the total demand for their services (which latter would be effectively increased by the institution of any such scheme). Meanwhile, some administrative ingenuity could help greatly to maximise the consumer's freedom of choice.

The second possibility in the Hongkong situation – in my view – is to establish a medical insurance society, or series of societies, like those in America, or like the British "Hospitals Society" used to be, where a weekly contribution entitles one to a money payment in time of need. Actually, this means a "Provident Society" or "Provident Fund" basis, largely external to the existing structure of medical facilities and services. In Hongkong, such a society might be administered either through the welfare societies, or trade unions, or by a new and entirely separate organisation. On this basis, the freedom of the individual to choose his own doctor and death-bed is clear.

A Government subsidy would be necessary. (I hope these lines appear in print not too soon after the Budget, and long enough before the next one, to soften the shock to some people of seeing such words printed in Hongkong, and inducing them to read on, and note that we hope it would be only a small and temporary one.) It seems to be out of the question to think of Government being able to underwrite all the medically insured on this basis, or to go beyond a relatively small subvention giving the initial impetus. It should not be necessary for it to do so; such a Society is sure to make a profit. The subvention may reasonably be expected to be paid back; or the whole profits could be used to finance an extension of free or cheap treatment to the many who will not be able to afford even modest insurance payments, or those who are too irregularly employed to keep them up all the time.

It will be asked whether the existing services will be adequate, if more people are able to make use of them. Of course not; they are inadequate now, even before any further expansion of the population able to make use of them. More facilities of every kind – hospitals, clinics, convalescent homes, research, etc. etc., – are urgently necessary in any case, on such a large scale that, since we are going to have to plan largely in any case, we might as well plan in this integral and comprehensive fashion.

While the main object of any scheme is to provide more and better medical facilities for a larger number of people, it is a parallel and virtually inseparable desideratum to attempt to stabilise and equalise to a reasonable extent the fees and payments for various services. The Magnuson Report noted particularly the great differences in costs for kinds of treatment which were similar, except that some were administered at expensive nursing homes in "snob" districts, etc., and others were in lesser and varying degrees and ways more elegantly "packaged" than others. Any great degree of standardisation is to be avoided, and the consumer's choice must be entirely protected; in the economist's terms, these are not varying charges for the same goods and services, but in effect different commodities, and each individual consumer must adjust his own scales of preference, by the only practical and effective method – which is by laying out his money as he chooses between them. But between the two extremes – between, so to speak, complete ward-regimentation for the general public on the one hand and the most *recherché* "snob" business on the other – there is enormous room for rationalisation and economy.

Another strong feature of the American Report is that it recognises throughout that a great many factors govern a person's health, other than the actual medical services. This must of course be taken into account in Hongkong also. It is obvious that a man's health will improve, not only in proportion to his ability to pay medical fees or obtain medical service, but also with better housing, feeding, clothing and many other extrinsic variables. A leading American economist said, in commenting on this, that

"an individual's ability to stay out of the way of speeding automobiles" has as much to do with his health, life-expectancy, work-potential, etc., as "the number of doctors and hospital-beds available". There are very many ways in which an overall improvement of civic and educational standards would contribute quite directly to easing the unnecessary burden on our medical services. A really effective anti-spitting campaign, for instance? Another, really reducing the propensity for jay-walking, so marked among the Chinese population? I would be interested to have a calculation of the hospital-man-bed-hours expended here on the above accounts, just as examples, and an estimate of the net saving possible by increasing the teaching, policing and publicity expenditures to the comparatively slight extent required to bring a substantial reduction of those outlays.

We in Hongkong realise that the health of the community is a general responsibility, not only Government's and not only each private individual's or family's. We cannot hope – and may not wish – to reach the position of the "Welfare State", with its assumption that every citizen has the *right* to certain benefits, and that this right is financially underwritten, partly by Government and partly by substantial contributions from every working man and woman, and every taxpayer. (We are even unable to define very satisfactorily what is a citizen, and the taxpayers are a minority.) But perhaps we are in the position now that the United Kingdom was in when Lloyd George first brought in the social insurance scheme and "panel doctors".

On the shortcomings of the National Health Scheme in contemporary Britain there is little need to dwell. It was opposed by the medical profession because (i) it threatened a reduction of incomes in the profession, (ii) it threatened a reduction of professional independence, and seemed to put "bureaucrats" in authority over medical men, and (iii) it meant a great deal of unproductive paper-work for doctors, the filling in of forms and making of returns. The objections of the American Medical Association stressed the same aspects. Some of the pitfalls could be avoided in any scheme brought in here, and the support of the doctors assured from the beginning. In the words of another leading American economist, an "economic solution" is required, not a "grandiose plan".

This question of "National" (or Civic) Health Insurance is worthy of earnest consideration, especially by those who are going to take up medicine, nursing, or any of the branches of that great industry, as a career. But it is not only a medical question: it is equally and conjointly an economic, social, and educational one. We are all in this together. Blow your own trumpet as much as you like. But let us direct our blasts against the Jericho walls of Departmentalism. Who will join, inter-departmentally and inter-Facultywise, to draw up a specific, detailed and workable scheme for Civic Health Insurance in Hongkong? A University Plan for this might make history, in this one-horse and too-many-buggy Colony. A full social and organisational enquiry is in any case a vital necessity, and would in itself do much to clarify and consolidate the self-confidence of the community.

STUART KIRBY.

Department of Economics,
University of Hongkong.

EAT INSTEAD OF DRINKING

New Orleans.

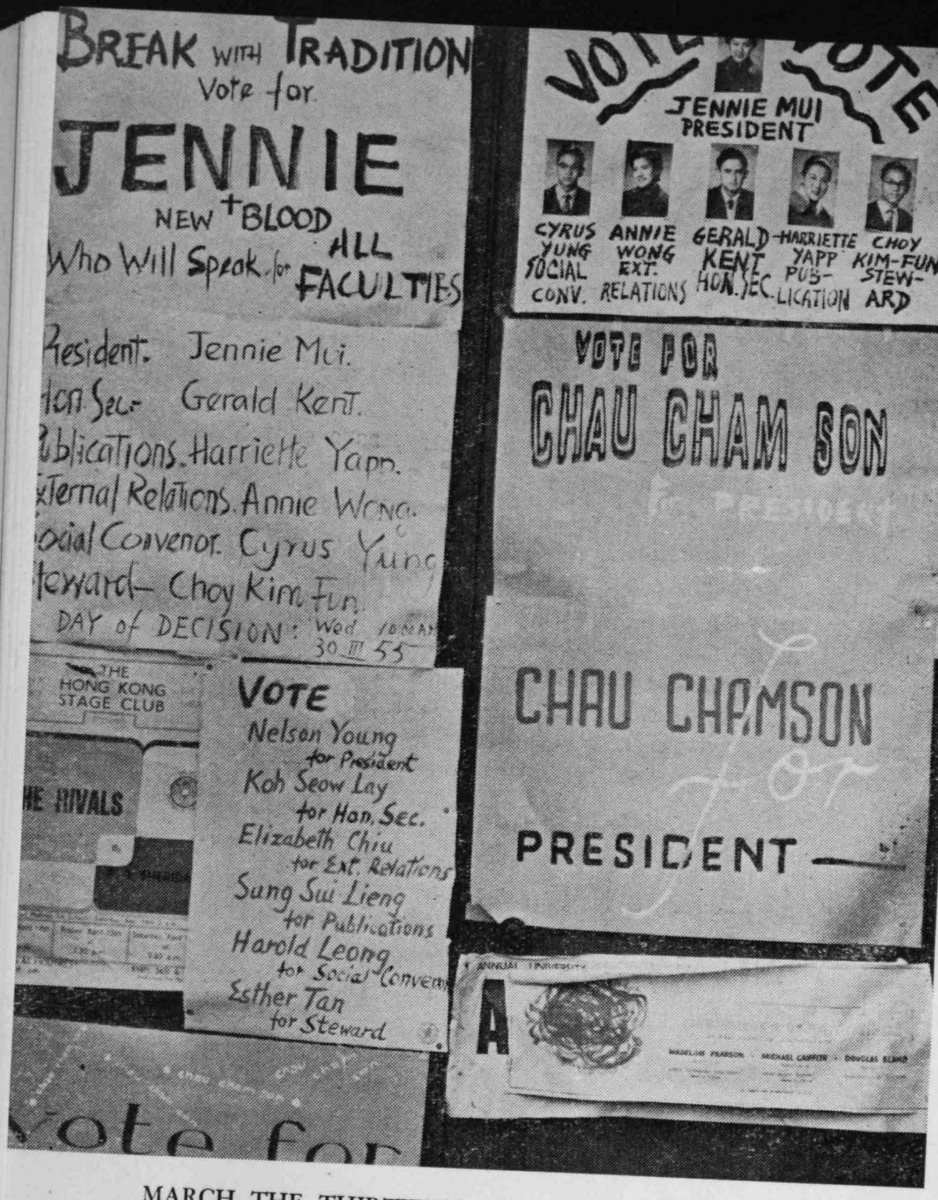
Pathologists Ralph J. Meier and Dr Stanley H. Durlacher of Louisiana state University's Medical School says less drinking and more eating might have lengthened the lives of many who over-indulged in alcoholic beverages.

Meier said a condition known as fatty liver often occurs in the lungs of persons "who drink in preference to eating." Such a condition can be fatal, he said.

Fatty liver "is due to lack of good diet and lack of vitamins," he said.—United Press.

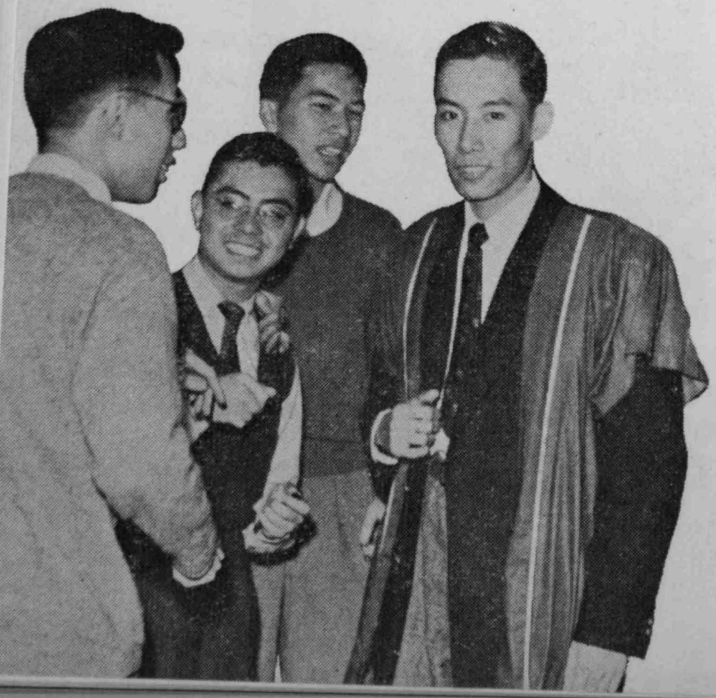
Yes, it's a nasty complaint. When you get a fatty liver in the lungs, there's always the danger of the portal vein getting all twisted up around the pulmonary artery.

THE RIVALS



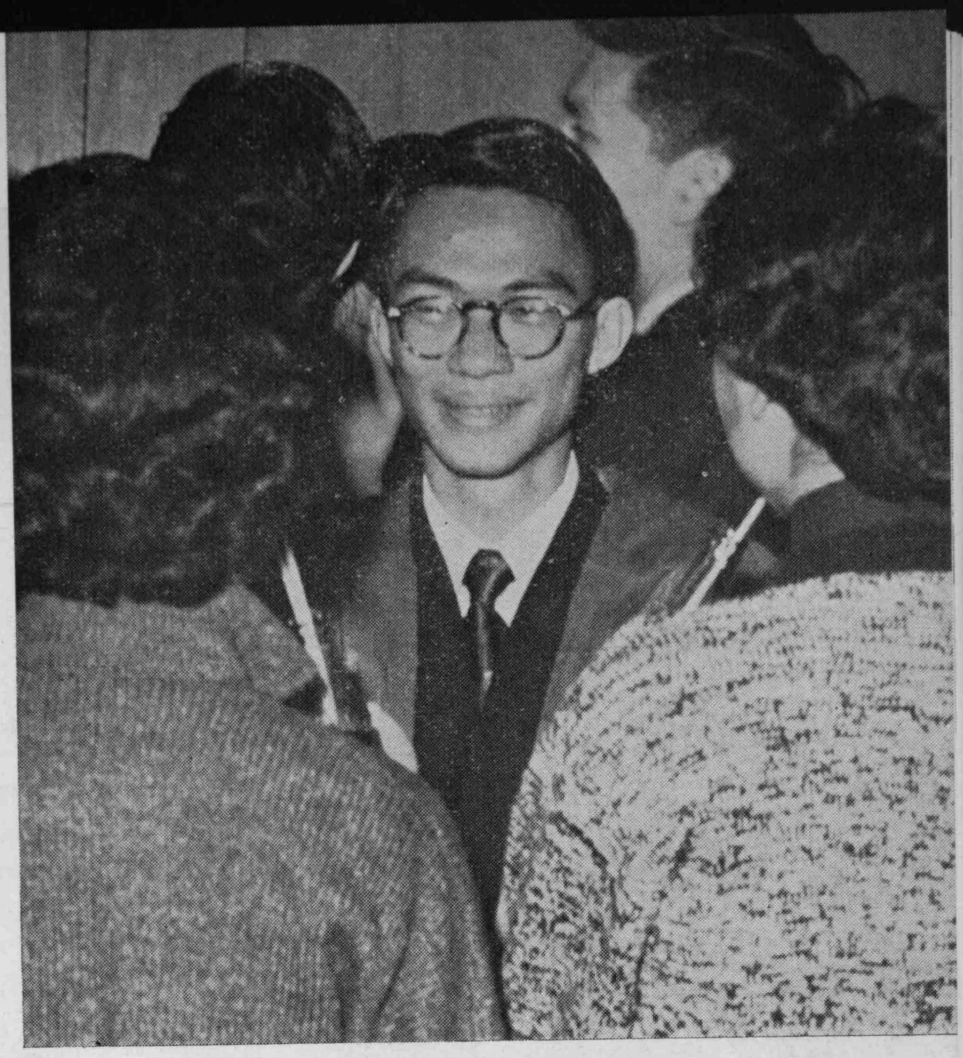
MARCH THE THIRTIETH, 1955, and the Union goes to the polls. Who put that Stage Club placard on the door of the Union Canteen?

" I am confident of victory. I am depending upon the male vote."



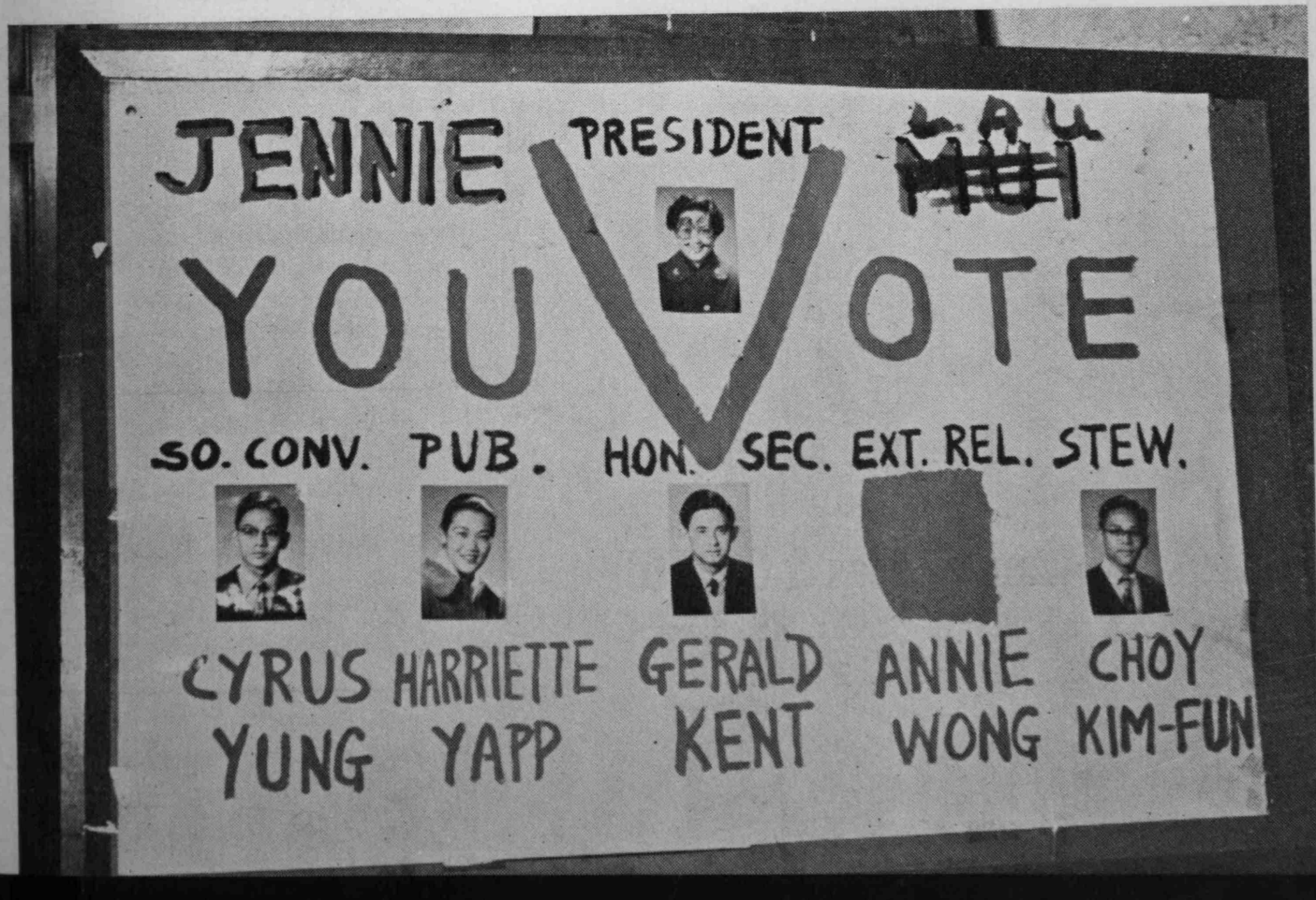
" I am confident of victory. I am depending upon the women's vote."

I voting for? Why, Jennie,



" Yes, very pleased. But of course there was never any real doubt about the result."

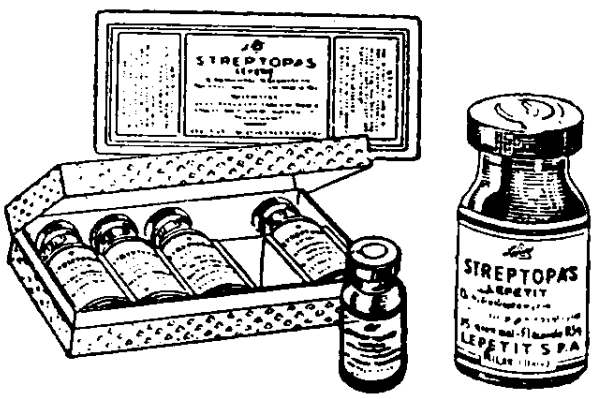
Here's Jennie looking fit and determined and quite as bold as any man! But where's Annie? Busy with all those Ext. Rels. we can only suppose.



Lepetit

STREPTOPAS

Lepetit



STREPTOPAS LEPETIT is a neutral salt corresponding chemically to dihydrostreptomycin tri-p-aminosalicylate; it contains 54% dihydrostreptomycin and 46% PAS. It exerts a strong bacteriostatic action on Mycobacterium tb. and has a higher therapeutic efficacy than that given by dihydrostreptomycin alone or alternate streptomycin - PAS treatment.

Indications

STREPTOPAS LEPETIT is indicated in all forms and localisations of tubercular infections, and in particular in:

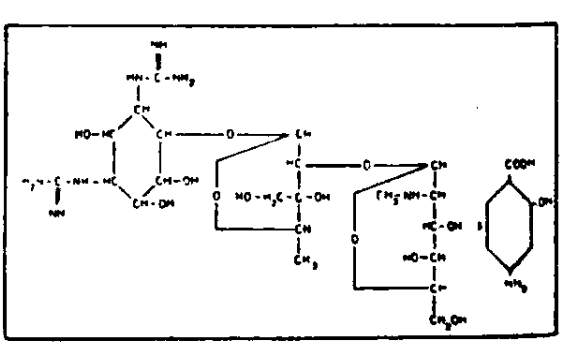
- *pulmonary tuberculosis of whatsoever type and state*
- *miliary tuberculosis*
- *tuberculosis of the larynges, pharynges, and bronchi*
- *tuberculosis of the kidneys*
- *tuberculosis of the gastro-enteric apparatus*
- *tuberculosis of the serous membranes (pleuritis, peritonitis, empyema, etc.)*
- *tuberculosis of the skin*
- *tuberculosis of the lymph glands*
- *tuberculosis of the genital organs*
- *tuberculosis of the eyes*

Sole Agents:

Shewan, Tomes & Co., Ltd.

9 Ice House Street, 4th floor

Telephone 27781



THE CASE FOR HORACE WELLS

Some Observations on "Gentlemen, this is no humbug".

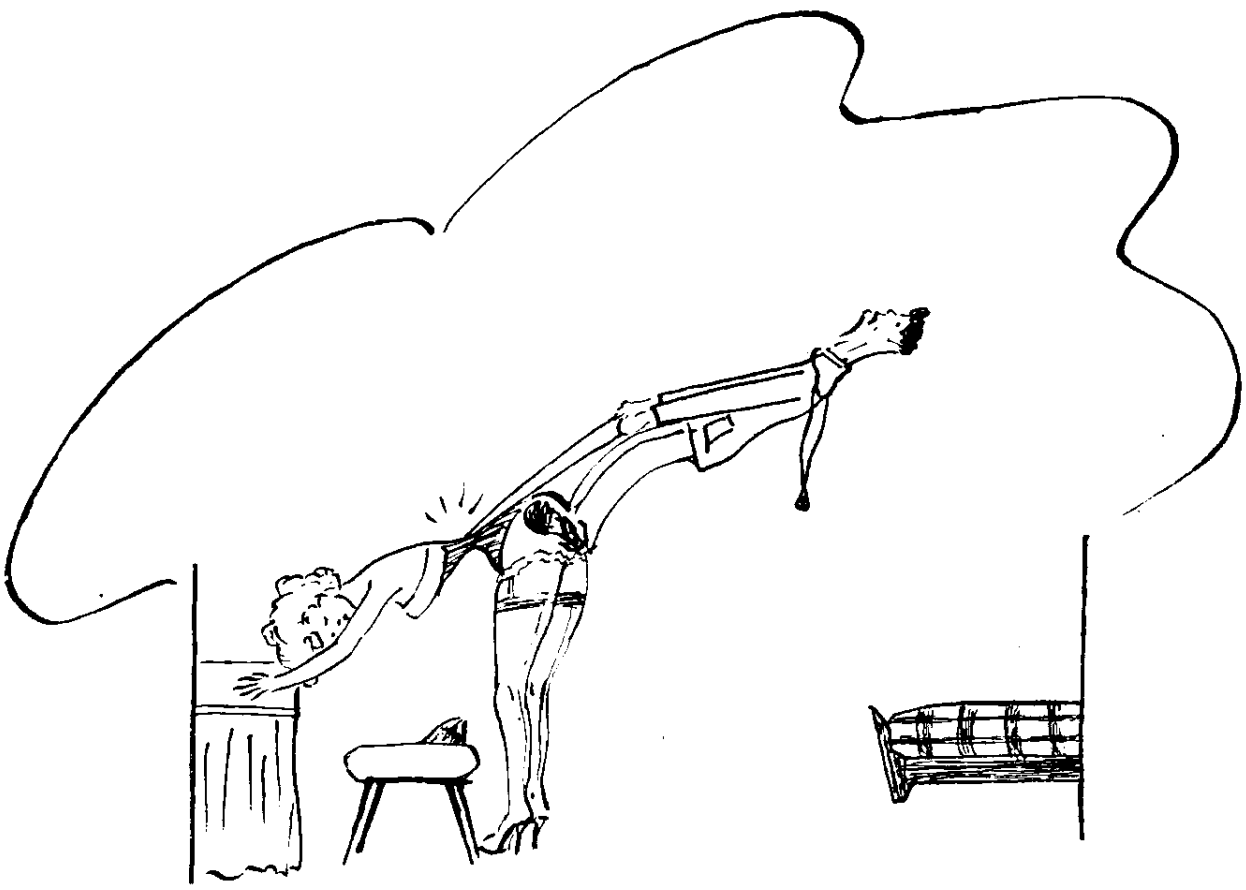
IN THE ARTICLE on the discovery of anaesthetics in the last issue of *Elixir* William Thomas Green Morton is given the main credit for the discovery. Crawford Long is praised for his earlier pioneer work and Charles Jackson is listed as the chemical adviser to Morton, but there is no mention of Horace Wells, who should at least be listed as one of the discoverers and possibly might be considered, on the evidence now available, as the one most worthy of being considered the prime discoverer.

In three different townships in the U.S.A. there are three memorials to the discoverers of anaesthesia – one each to Long, Morton and Wells. As each had some claim it is not surprising that each town should do honour to its native pioneer. But what constitutes discovery? If it is merely priority, then the palm should go to Long; if it is merely a question of the successful introduction of the technique to the medical world, Morton's claims are high; but if the discoverer is he who realised the tremendous importance of his discovery, spread the knowledge of it and urged its adoption, then the main credit should go to Wells.

On March 30, 1842 Crawford Williamson Long, the young country doctor of Georgia, wrote in his ledger "James Venable – ether and excising tumour, $2.00", and so attested his priority. At that time in the U.S.A. travelling showmen amused their audiences by showing the antics of men – some Red Indians, perhaps, or members of the audience – who had inhaled "laughing gas". Sam Colt – who later invented the Colt revolver – was one of these showmen and probably his show suggested to Crawford Long and his student friends the sport of inhaling nitrous oxide or ether as a group sport known as "ether frolics". At one of these parties Long noticed that when he and his friends got bruised in the rough and tumble which followed the inhalation of the gas they felt no pain: so some time later he proposed to James Venable who had joined in the frolics that he should operate on his tumours, and he did so under complete ether anaesthesia. In the next four and a half years he gave ether four or five times but wrote no paper nor did he inform the medical profession of his work. It would appear that he was quite unaware of the significance of his discovery.

On December 10, 1844 another travelling showman – Barnum – put on "Professor" Colton to give an exhibition at Hartford, and he persuaded members of the audience to come on the stage and breathe "laughing gas". Dr. Horace Wells, a Hartford dentist, was in the audience and saw a young man – Cooley – inhale the gas and provide entertainment for the audience by rushing about wildly on the stage and knocking his shins against the wooden benches. Wells asked Cooley if he had hurt himself, as his legs were bloody when he came off the stage. He replied that he felt no pain at the time, and Wells said to a friend who had come with him "I believe a man could have a tooth out or a leg amputated under the influence of that gas, and not feel it". It was not the first time that Wells had thought of a pain-killing drug. Some time before this he noticed when watching a dog fight that one dog was bitten severely on the leg but did not seem to notice. He said to a friend "Why not some drug which would act on the mind as the excitement did on the dog?" "The trouble with you is that you are too sensitive to be a dentist" was the reply he received.

The next day, December 11, he arranged for Colton to bring a bag of gas to his office and he persuaded his pupil, Rigg, to pull out



MEDICAL TERMS EXPLAINED

Surgical Dresser.

one of his wisdom teeth under the influence of the nitrous Oxide. When it was successfully done he said "It is the greatest discovery ever made. I did not feel so much as the prick of a pin". In the next month or so he performed some 12 or 15 extractions, all except one or two successful. He informed his friends Jackson and Morton who did not seem much impressed. He approached Dr. Warren at the Massachussetts General Hospital, and later was introduced to a group of colleagues and students as "a gentleman who pretends he has got something which will destroy pain in surgical operations and who wants to address you". One of the students volunteered to have a decayed tooth extracted. The gas was administered but the boy gave a sharp cry just as the tooth was removed. The students jeered and shouted "humbug" and Wells went away crestfallen. The student said he had felt no pain. Wells was unlucky.

Thomas Green Morton was the son of a farmer, who had taken up dentistry and was at one time a pupil and later for a short period a partner of Wells. He had heard of the use of nitrous oxide from Wells and when a lady wanted her stumps removed before being fitted with artificial teeth and insisted on the new gas being tried he asked the Boston chemist Jackson to provide him with some. Jackson had not any "laughing gas" but recommended ether instead and Morton obtained a supply. So when late one night in September 1846 Eben H. Frost appeared at his surgery with a raging toothache and asked him if he could give him some painless extraction Morton saw that here was the opportunity to try the ether. The extraction was successful and before he left Morton got Frost to sign a statement that he had felt no pain. He then arranged with Dr. Warren at the Massachusetts hospital to perform an operation with ether as an anaesthetic. In October 1846 he removed a tumour from the jaw of Gilbert Abbot who did not cry out and said that he just vaguely remembered something blunt scratch his

cheek. Dr. Warren uttered the historic words to the assembled audience "Gentlemen, this is no humbug", and so anaesthesia was accepted, acknowledged and publicised. Within a few weeks dental and surgical operations under ether anaesthesia were performed in London. Morton gave his gas the trade name of "Letheon" and refused at first to admit that it was ether.

In November 1846 Morton and Jackson took out a patent and claimed 25% of the surgical charges as a royalty on the anaesthetic. The validity of the patent was questioned and many hospitals refused to pay, until in 1862 the courts decided that it was "not legally entitled to be patented". Later Morton appealed to Congress for $100,000 reward and this led to a prolonged fight between the supporters of Morton and Jackson. A Senator Smith put forward the claims of Wells (who had been dead five years) and then Long put forward his case. It is not surprising that Congress came to no decision.

Wells, then a sick man, had gone to Paris soon after Morton's successful demonstration, partly in search of health and partly to buy paintings. While there he spoke to several scientific societies and on his return to the States set out his case for consideration as the discoverer of anaesthesia. On January 12, 1848 the Paris Medical Society gave Wells the diploma for having first discovered and successfully applied the use of vapours and gases whereby surgical operations could be performed without pain. Wells died before it was received. He had committed suicide – it is thought he used an anaesthetic after severing an artery – in a prison cell to which he had been committed for sprinkling acid on the clothes and neck of a prostitute on Broadway.

HAROLD VISICK.

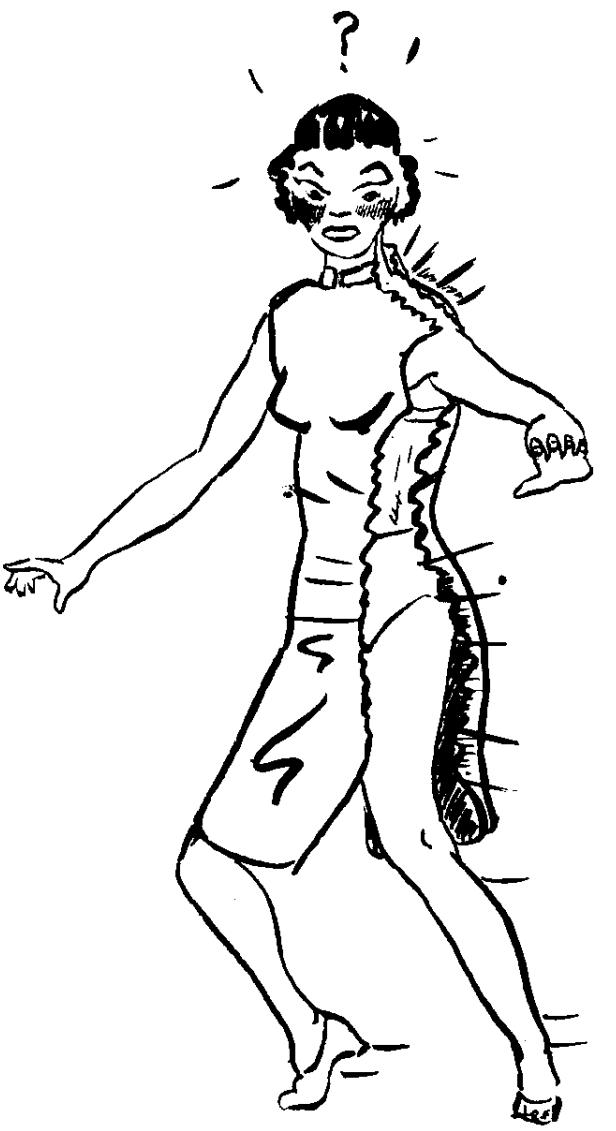
REFERENCES

Man against Pain: Howard Riley Roper
Victory over Pain: Victor Robinson.

BUT THERE'S NOTHING ABOUT IT IN GRAY'S ANATOMY

Infants are primarily nose breathers and so a small, lightweight plastic tube runs from the opening of the nose to a pickup on the forehead.

Report on new American device to enable parents to tell whether their children are still alive.



The way things were going, it was bound to happen!

* * *

Any reduction for ladies with very broad waists?

HOW DO YOU LIKE YOUR EGGS? HARD OR SOFT?

JUST YOU TRY any of that 'amiable contempt' stuff on here, boy! Just you try it, that's all! And see where it gets you.

O.P.D. HIGHLIGHTS

A

ONE ACT PLAY

PLACE: *Sai Ying Pun Out-Patients' Department.*

TIME: *About 4.05 p.m. one humid Wednesday afternoon.*

SCENE: *Two rows of seniors, sitting compactly in front of an erudite looking physician; to the left and rear of whom, stand, sit, kneel, crouch, sleep and snore, scores and scores of senior seniors.*
Senior clerk, Ah Mui, entering through a side entrance of the room, ushers in a middle-aged patient who proceeds to sit on a couch to the left of the physician.
Senior Ah Mui steps up and hands the Out-Patient's card to the revered physician and retreats a few steps; clears her throat and opens her macrostoma, ...

CLERK: This is a female patient age 35, unmarried and unoccupied and . . . . .

PHYS: What are you talking about? Unmarried and unoccupied? Is it the ambition of every woman to be married and therefore to be occupied?

CLERK: Yes sir, er, – I mean, no sir.

(*Physician glares at Ah Mui, who is in a fibrillary state; giggles and smirks from the rest of the students.*)

CLERK: Chief complaint – Praecordial discomfort on exertion for seven months.
History of present illness – seven months ago – er . . . .

PHYS: Can't you people ever start a history without that hackneyed – discomfort for seven months and seven months ago . . . . ?

(*Another pulverising glare.*)

CLERK: History of present illness – Before onset of present illness, the patient was apparently well until seven months ago, when she had a sudden attack of praecordial discomfort on exertion. The attack disappeared on resting for a while. The discomfort was not progressive and did not amount to actual pain.
Six months ago, patient began to experience dyspnoea and palpitation on exertion. However, she could climb up any number of flights of stairs.

PHYS: Are you sure?

CLERK: Positive, sir.

PHYS: Then the dyspnoea and palpitation must be pretty mild.

CLERK: No sir, quite severe, er . . . .

PHYS: You're talking complete nonsense or the patient is pulling wool over your eyes. However, we shall see, carry on.

CLERK: The patient also coughs occasionally; productive of whitish sputum; not blood-streaked.
Five months ago, patient noticed that her lower limbs began to swell and has persisted until the present.
At this period, she had infrequent attacks of bitemporal headache, which was throbbing in character. There was no associated blurring of vision.
One month ago, the patient found that her abdomen was distended. The distension was not markedly progressive. There was no abdominal pain, no sore-throat, no fever, no tingling, no numbness, no pain in the joints, no . . . . .

Direct Laryngoscopy.

PHYS: Do you want me to throw the dictionary or encyclopaedia at you and make you recite every word from them? Why must you students drag in everything?

(*Laughter; clerk much subdued, proceeds –.*)

CLERK: There was loss of body weight, but the patient does not know how many pounds. Anyway, there was not much loss.
Micturition and bowel movement – normal.

PHYS: By the way, are you by any chance trying to sell me a case of heart disease?

CLERK: Er, – no sir.

PHYS: O.K., O.K., proceed.

CLERK: Past health – said to be good, except for occasional colds. Personal history – she was born in Kwangtung Province.

PHYS: Can't you be more specific?

CLERK: Somewhere near Canton, sir.

(*Physician holds head in despair.*)

CLERK: Patient came to Hongkong 9 years ago and has never been to any place else.
She has 3 sisters.

PHYS: Not interested.

(*Guffaws.*)

CLERK: Her mother is living and well. Father died of unknown disease a long time ago.
She is a chronic smoker and has been smoking three cigarettes a day for the past three months.

(*Laughter.*)

PHYS: Are you trying to be funny? Oh, all right, carry on.

CLERK: She does not drink and denies . . . . .

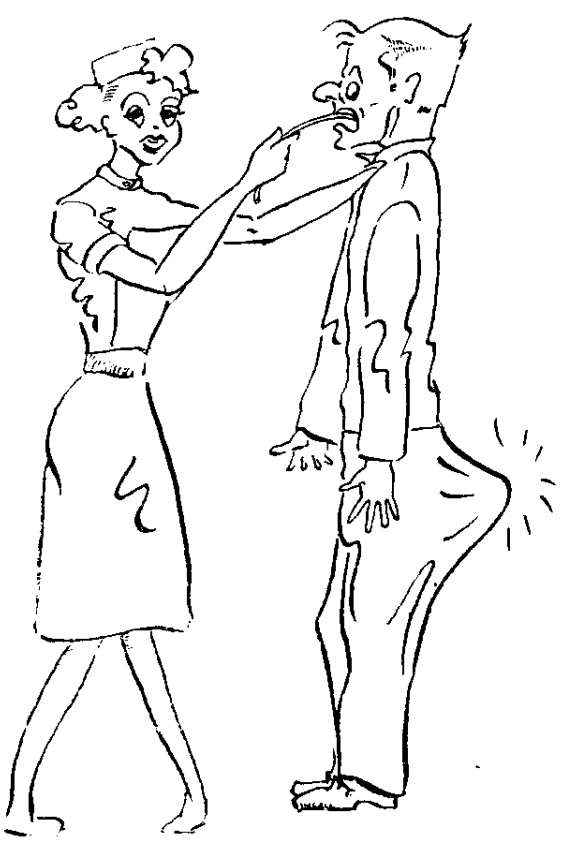
PHYS: There you go again. Enough of that. Anything in the menstrual history? If not, proceed to the physical examination.

CLERK: On general examination, the patient is well-developed and well-nourished, ...

PHYS: Whatever that means; – How would you like me to describe you?

(*Clerk hangs down her head and whispers, ...*)

CLERK: She is mentally clear and co-operative.



I think it's past the pylorus already, Nurse.

She is not pale or ill-looking. There is slight oedema of the ankles. There is no wasting, no engorged neck veins seen, no . . .

PHYS: All right, cut out the tripe and get down to the systems. Give me the positive findings only.

CLERK: Central nervous system examination – she is mentally clear, . . .

PHYS: You told us that before; why in the devil do you start off with the C.N.S. and not with the system concerned? I can never understand you people.

CLERK: Examination of the cardio-vascular system – the blood-pressure is 120/80, equal on both sides.
The pulse is 101/min., regular in time, force and rhythm. Volume is moderate, the tension is good, ...

PHYS: Who told you that you could feel the tension?

CLERK: The *Teach Yourself Medicine* book, sir.

PHYS: Throw it away. Proceed.

CLERK: There is no capillary pulsation, no water-hammer pulse, and the vessel wall is mildly palpable.

(*Physician emits a groan.*)
No bulging of the praecordium noted; the apex beat is seen at the fifth intercostal space just outside the mid-clavicular line and is localised.
The apex beat is felt as seen.

PHYS: You people and your apex beats!

CLERK: I mean cardiac impulse, sir.
No thrills palpable.
On auscultation of the mitral area, both heart sounds are present and . . . .

PHYS: Of course, both heart sounds must be present, otherwise the patient is dead. Don't you know that! I am a straightforward person and I consider the opposite of present is absent.

CLERK: At the base of the heart, P2 is greater than A2.
No murmurs are heard.

Can I have some more mummy? . . .

. . . that is the children's cry once they have tasted the pleasant flavour of Halycitrol.

This preparation combines halibut oil, concentrated orange juice, sugar, and glucose so attractively that even the most delicate of children, notoriously unwilling to take ordinary fish liver oil, will clamour for it. Being potent as well as palatable, it is equally suitable for those highly-strung adults and convalescents who find vitaminized malt extracts with fish liver oils intolerable.

HALYCITROL

Available in 4 oz. and 8 oz. bottles

CROOKES

Sole Agents:

HONGKONG & MERCANTILE CHEMICALS LTD.

YORK BUILDING, HONG KONG

PHYS: Are you sure? Oh, never mind.

(Turns around and points to a senior senior who is falling asleep.)

Will you, with your vast experience and superior knowledge, examine the cardio-vascular system?

(Senior senior wakes up with a start and looks around to borrow a stethoscope, gets one, and proceeds to feel the patient's pulse and then listens to the heart. He finishes and stands up.)

PHYS: Well?

SNR: Er, in my limited experience, I am of the opinion that there is a soft, rumbling diastolic murmur at the aortic area, of grade I intensity.

PHYS: What? This, I must hear. You know, I am always willing to learn.

(Physician listens to heart.)

You're talking complete nonsense!

(Turning to clerk.)

You, you examined this case, what were your findings? Did you say no murmurs? Well, if you won't tell me I won't tell you . . . .

Let's proceed to the examination of the abdomen.

CLERK: The abdomen is obese. Striae can be seen. No engorged veins seen. Free fluid not elicited.

The liver and spleen is not palpable, but a mass arising from the pelvis to the level of the umbilicus can be felt. The mass is soft, irregular in outline, is slightly movable and is non-tender.

(Physician examines the abdomen.)

PHYS: What do you think it is?

CLERK: An ovarian cyst, sir.

PHYS: Don't be that naive. That's only fatty subcutaneous tissue and a full bladder. Incidentally, didn't you get a specimen of urine for examination?

CLERK: No, I forgot sir.

PHYS: Don't you people examine the urine anymore?

Anything else?

CLERK: There is loss of joint sense of the inter-phalangeal joints of the feet.

PHYS: Show us.

(Clerk grabs the patient's big toe and moves it up and down and leaves it at the up position.)

CLERK: Is it up or down?

PATIENT: Down.

CLERK: Now?

(This time the toe was moved downwards.)

PATIENT: Up.

(Clerk then proceeds to the next toe and repeats the procedure. Laughter. Patient repeats the same mistake.)

PHYS: Please demonstrate the Babinski sign.

(Clerk tries and fails to elicit the reflex.)

PHYS: Don't tell me that by this time you can't even elicit a plantar reflex?

CLERK: The patient has very thick soles, sir.

PHYS: Oh, don't break my heart!

(Physician elicits a flexor response.)

Show us how you would elicit an ankle clonus.

(Clerk grabs patient's ankle with left hand and then slaps patient's foot smartly with a resounding smack with right hand and maintains pressure. . . . . Laughter.)

PHYS: Now, who taught you that?

CLERK: My own method, sir.

PHYS: Your physical examination is bunk, so is your history. Start digging in and improve before it's too late.

However, to cut a long story short, the patient has a very soft diastolic murmur at the mitral area, which to your keen ears was imperceptible. None of you turned the patient on her left side to listen to the mitral area. The oedema around the ankles is pure imagination on the part of Miss Ah Mui.

Is she in failure?

CLERK: No, sir.

PHYS: Why?

CLERK: No engorged neck veins, no rales in the chest, no orthopnoea, no oedema, no . . . .

PHYS: That's enough. How would you treat this case; repeat, this case.

CLERK: Digitalise the patient, sir.

PHYS: Don't be that daft; you just said that she is not in failure. Treat her so-called headache and send her up to Q.M.H. for a chest X-ray.

Any questions?

SNR: How do you account for the headache, sir?

PHYS: That's a woman for you, – pure hysteria.

Probably she reads the gossip column from dawn to dusk. Next case, please.

(*Exit clerk and patient.*)

CURTAIN

GREATEST SCOOP OF THE YEAR

OPEN SESAME!

Washington, Mar. 19.

President Eisenhower got locked out of the White House momentarily to-day.

He had gone into the rose garden just outside his west wing office to greet a group of foreign students in this country to study atomic energy technology.

When he started to return to the office he found the door had swung shut and locked.

With a grin, the President poked a buzzer button and was admitted by a secret service agent. — Associated Press.

Centre page item,
S.C.M.P.

Gosh Ike! That was a near thing, all right, all right!

* * *

LINES WRITTEN TO A YOUNG LADY ATTENDANT AT THE KAM LING RESTAURANT

Pillar of Purple Light!
Red lipped paragon of men's imaginings!
What do you do for fun?
What do you do when quiet hours
Impose no urgency upon your doing?
What do you do?
Nothing?
I thought as much!

VITAL STATISTICS

A CERTAIN LECTURER in physiology loads his pipe 4.54 times and strikes 10.8 matches during one lecture.

A certain lecturer in biochemistry is 5 minutes and 36.5 seconds late for every lecture (based on a study made over a period of three months).

A certain professor (not of the Medical Faculty) takes off (and, of course, puts on again) his glasses 37 times per lecture.

A certain lecturer in bacteriology says 'Ah' 288 times per lecture.

A certain female student sitting for the second Anatomy paper in March raised her arm 25 times, smiled (though somewhat sadly) 6 times, scratched her head 44 times, drank 2 glasses of water and 1 cup of tea. P.P.

Orthopaedic Surgery Through The Ages*

THE EARLY YEARS

"TO UNDERSTAND THE present one must examine antiquity" says an ancient Chinese proverb. I would have you cast your minds back some thousands of years ago to the Stone Ages. The Old Stone Age has to show us the Java Man who had a benign osteochondroma arising from the cortex of the lower third of his femur, a site which is still among the more common sites of this tumour. Other bones show evidence of osteomyelitis, bone tumours, arthritides and fractures. Fractures were treated empirically at first and the relief brought by the application of the first splint must have made a great impression on the patient. The ever useful bamboo is certainly one of the oldest, if not the oldest splint, used.

The New Stone Age, of which there is evidence here in the delta of Pearl River, on Lama and Lantao, gave evidence of the first steps in skeletal surgery. Stone knives and saws were invented and skeletons with amputated limbs survive; you may wonder at this but we have evidence of the equally crude amputations carried out by untrained persons on sailing ships in the 19th century. In my early days the Professor of Botany, Wright Smith, used to tell how a medical student who went on a whaling trip after the end of his first year amputated a seaman's leg while the captain read the instructions from the book of operative surgery. The vivid mural drawings in the caves of La Tene in France show illustrations of amputation of fingers, thought by some to represent a religious symbolism.

Trephining of the skull is probably the oldest operation which was practised and it was practised universally. The methods differ and the indications are that it was used to get rid of the evil spirits though *Hodlika* believes that they operated to relieve intracranial pressure, at least in some cases. We know that these cases survived by the centripetal growth of new bone.

The Egyptian murals are so good that an atrophied leg with a foot in equinus tells us that poliomyelitis occurred in those distant times.

It is in the civilization of the Nile that the most interesting material has been found. Due to the habit of the Egyptians of embalming their dead (together with the dry climate of the desert) we have preserved till the present day examples of fractures which are bound up in creditable splints, T.B. spine with psoas abscess. Drawings of crutches survive since 3000 B.C.

As civilization moved from Egypt to Greece, so did the advancement in orthopaedic surgery. It was there that Hippocrates

* From the Presidential Address delivered to the Medical Society by Dr. A. R. Hodgson on March 30th, 1955.

the Great published his *Works*. To anyone reading his *Works*, it is not difficult to see that their knowledge of orthopaedic surgery was far greater than their knowledge of medicine. They recognized the main types of fractures and laid down principles for their treatment. His descriptions were masterly. The principles, if not the methods, survive to the present time. He used white of egg to make his bandages stiff. He also realized that immobilisation and restoration of function are contra to one another and in his own words "exercise strengthens and inactivity wastes". In the operative field, they operated on all compound fractures which emphasied. They avoided probing. Perhaps their most advanced operation was to apply cautery to the axilla in cases of recurrent dislocation of the shoulder, thus producing scarring and contraction of the capsule and preventing further dislocation.

Hippocrates recognized and treated congenital dislocation of the hip and club foot by the principles accepted today, even if their methods were not as effective. Likewise he recognised gibbosity of the spine, suggested its possible connection with pulmonary disease and noted that correction of the deformity was nearly impossible. Fractures of the spine were recognised and treated and his method of treatment of spinal deformities was carried out until recent times.

With the change of the centre of civilisation to Rome, the mantle is taken up by Galen who was the first to indulge in experiment and to discover fundamentals. To him we owe the description of the muscle system of the body and it was he who proved the independent contractability of muscle. He recognised that the nervous stimulant to muscle activity originated in the brain and that it was conveyed by the nerves. He described the first case of cervical rib and we believe that he coined the words kyphosis, lordosis and scoliosis. It was about this time that the idea of artificial limbs was conceived. An iron hand and wooden leg dating from Roman times survive in the museum of the Royal College of Surgeons in London. Tenotomy of tendons and ligation of varicose vein were first performed about this time.

THE MIDDLE AGES – 5th to 15 Century

During this period, there were some advances but they were generally blanketed in a mass of mist and cloud. The main reason for the slow progress was the utter lack of a sense of moral responsibility on the part of society for the unfortunate individuals who suffered from visible deformities of the body. The concept of the "Scourge of God" ostracised these persons and at times they even underwent active persecution. Pictures of devils and imps were depicted with deformed feet, hunched backs and crooked limbs. In the early part of this age the Arab influence was strong and, while in the main the teaching of Hippocrates was carried out, it is interesting to note the introduction of applications of olive oil, pigeon's dung, snake oil and such like essences which show the Eastern influence. In spite of this, Paul of Aegina introduced laminectomy for fractures of the spine with paraplegia, osteotomy for mal-union of fractures, and the first recognition of fractures of the patella.

This Arab Era is noted for its *physicians* rather than its *surgeons*. So until the 11th century, there is little progress in surgery. With the advent of the 11th century came the establishment of the Universities of Salerno and later Paris, Bologna – still a powerful centre of orthopaedic research, Oxford and Naples. The importance of Salerno was in the stress laid upon the teaching and study of anatomy, as it was here that the study of anatomy started again. Descriptions of fractures of the skull and open drainage of infected wounds originated at Salerno. The centre then moved to Bologna where a form of general anaesthesia was used, and though

no new discoveries were made, their work was carried out with intelligent care. Lanfranc, who was trained in Bologna and then forced to leave, settled in Paris and founded the Paris School. Guy de Chauliac in the 14th century introduced the use of weights and pulleys for continuous traction in the treatment of fractures.

THE RENAISSANCE

With the intellectual rejuvenation which took place during the Renaissance came the accurate investigations, introduction of the printing press, and especially the study of anatomy by Leonardo da Vinci and the great anatomist Vesalius. While the groundwork of scientific practice was being developed all types of skeletal trauma was occurring as a result of wars and battles. Queen Isabella of Spain organized the first field hospitals in 1487 at the siege of Malaga which were called "Ambulancias", a name which survives as the field ambulance of the Royal Army Medical Corps today.

Ambrose Pare, who was a surgeon in France in the 16th century, introduced many new procedures among which was the excision of an elbow joint in a case of chronic infection. He also designed an artificial hand with fingers which flexed, which was made for him by the armourers and locksmiths of his day. He used to say "I dressed his wounds, God healed them."

THE 17th CENTURY

This was a great century in Western Civilisation for two reasons; first, specialized anatomic research and second, the birth of the social sciences in their modern aspect. In 1601, the Poor Relief Act in Great Britain was the first European statute to mention the cripple by name and provide in some extent for his care. This era saw the perfection of the microscope. The names are almost too numerous to mention. There were Harvey's discovery of the circulation of the blood, Glisson's treatise on rickets, Havers' investigations on bone and its membranes, and lastly Wiseman of London whose work on surgical tuberculosis showed a remarkably clear insight into the clinical aspects of joint tuberculosis.

THE 18th CENTURY

This age, often called the Age of Enlightenment, brings with it the first use of the word "Orthopaedic" and it was in 1741 that Nicholas Andre, then Professor of Medicine in Paris, wrote a book coining its title from two Greek words: "Orthos" – to straighten and "Paedis" – the child, seeking to demonstrate the different methods of preventing and correcting deformities in children. He illustrated the word with a crooked tree and a stake tied together by a rope.

Another milestone was the hospital established in Switzerland by Venel for the treatment of skeletal deformities. There the treatment of these cases was undertaken with the aim of returning them as useful members of the community. Of particular interest to me is the book by Peter Camper who was Professor of Medicine in Amsterdam, *Dissertation on the Best Form of Shoes* and illustrating the distortions caused by pointed shoes, tight shoes and other defects of the last. A great problem that started to occupy the minds of medical men at this time, men such as Haller, Duhamel, Havers and Belchier, was the growth of bone. It is a riddle which has been pursued up till the present and millions of dogs have been sacrificed without an answer to the problem that can be agreed to. The late Sir Arthur Keith summed up the conflicting reports to the effect that the bones of Parisian dogs must be designed on physiological principles quite different from those of London and Glasgow.

Henry Park of Liverpool introduced joint excision with a view to arthrodesis, a very sound line of treatment which is carried out at the present time in tuberculous joints. Percival Pott at this time described a group of fractures which are still known by his name. He also described the tuberculosis of the spine and the paraplegia which are also known by his name. Underwood described

a debility of the lower extremity which must have been due to poliomyelitis. This is the first description of this condition since the Egyptian murals. Before leaving this century, we must not forget William Hunter who was the greatest thinker in surgery and the great originator of principles. As Bruce Gill states, "A mind which can grasp principles will work out its own methods".

MODERN ORTHOPAEDIC SURGERY

While we have traced Orthopaedic Surgery from the earliest times and realise that it is a subject of great antiquity, it is to H. O. Thomas that we owe the modern conception of the subject. Not only did he excel in the subject himself but he trained others to carry on the work. Born of a family of bone-setters in North Wales he was sent to Edinburgh to study and qualify as a medical man. Later he settled in Nelson Street in Liverpool where he soon had an enormous practice and spent all his time in performing the duties of it, arising at 6 a.m. and retiring at 12 midnight. It was during these years that Hugh Owen Thomas formulated the principles of Orthopaedic Surgery that we follow today.

Another important factor in the development of the speciality was the Industrial Revolution which concentrated peoples together and taught them to work machines which were responsible for accidents of all sorts which demanded treatment.

H. O. Thomas took his nephew Robert Jones and arranged for his medical training and later they practised together in Liverpool. During the early days of Robert Jones' career, he was medical officer in charge of the workmen of the Manchester ship canal then building; this gave him experience in the traumatic side of the subject to add to the experience he had obtained of cold orthopaedic surgery in Liverpool.

We have seen that wars have been the great stimulators of orthopaedic surgery, and the Great War was no exception. In 1914, the mortality from fractured femur in the field was in the region of 80%. Robert Jones was appointed Orthopaedic Consultant to the Army and introduced the Thomas splint with the result that mortality dropped to about 14%. During these years of war, Robert Jones gathered about him some young doctors whom he trained in the subject and who at the end of the war were to establish orthopaedic departments in the various great hospitals in Great Britain. Among them were Rowley Bristow, Girdlestone, McMurray. The establishment of rehabilitation workshops by Robert Jones in 1917 for severely wounded soldiers, where they could learn to perform useful work in spite of their disability, was a great step forward.

After the Great War, the British Orthopaedic Association was established by Robert Jones. The years in between the two wars 1918-39 saw the establishment of orthopaedic centres in the main hospitals in Great Britain, the establishment of fracture clinics for treatment of the masses of fractures which were produced by industry and road accidents, of orthopaedic hospitals for the treatment of bone and joint tuberculosis, poliomyelitis and other chronic lesions. Orthopaedic surgery tended to separate into two: pure or cold orthopaedic surgery and traumatic orthopaedic surgery. A special hospital for trauma was established at Birmingham and the orthopaedic surgeons there were specialised in the traumatic side of orthopaedic surgery. The rehabilitation which was started by Sir Robert Jones in the First Great War continued hand in hand with occupational therapy and physiotherapy.

The policy of full employment which was pursued by the government of the country made every workman valuable and it became important to return the injured persons to work.

With the outbreak of the 1939-45 war, orthopaedic surgery obtained further stimulus. Rowley Bristow became orthopaedic consultant to the War Office and Watson Jones civilian consultant to the R.A.F. The most highly organised service was developed in the R.A.F. for two reasons; their hospitals were static ones and the training of a pilot cost an average of £30,000 so any pilot who could be returned to flying duty saved the country £30,000. With this saving, Watson Jones could demand adequate facilities and staff. With these he could attain an extremely high standard of orthopaedic surgery and we must remember he was dealing with young men, hand picked, the flower of the nation. His results were extremely good and over 80% of casualties returned to their flying duties. I can recall a flying officer who was admitted to a hospital I was working at with the following injuries:

Compound fracture of left femur, Fractured right patella, Fractured right Pott's, Fractured left os calcis, Fractured spine and pelvis and Colles' fracture of right wrist and I saw the patient two years later and he was back flying an aeroplane. You can see the severity of the injuries sustained. The Army worked efficiently if under less glamorous surroundings, although my first posting in the Army was to a first class luxury hotel and my bedroom had a pastel shade bathroom attached, the mess was a highly decorated cocktail bar, the patients were in the large reception rooms, the whole surrounded by a golf course with a trout stream at the bottom and I can recall writing to my wife and saying Army life was not too bad.

Trueta introduced from the Spanish Civil War a closed plaster treatment of wounds which fortunately was soon followed by delayed primary suture and by some primary suture. Kuntchner in Keil in 1940 introduced his intra-medullary fixation for fractures in an endeavour to get his patients back to work sooner. The introduction of massive blood transfusion and plasma transfusion was a great advance. So was the recognition of crush syndrome and the treatment thereof. Last came the introduction of penicillin, the miracle drug.

So to the present day, when we wonder what lies ahead, what sort of impact the hydrogen bomb will have on orthopaedic surgery and whether man's capacity for destruction is greater than man's capacity for reconstruction.

PLATOOOOOOOOON . . . . SHUN!

THE ATTENTION OF our readers is drawn to the following recently issued circular:

UNIVERSITY OF HONG KONG
To Heads of Departments
Internal Mail

The Pro-Vice-Chancellor has ruled that internal mail addressed to a member of the staff in an official capacity such as Dean, Warden or Head of a Department should bear both his name and the title of his office; for example, thus:

Dr. Crumbs,
The Dean,
Faculty of Pathetic Medicine.

Mr. Aristotle,
The Head,
Department of Aesthetics & Anaesthetics.

Would you kindly ask your staff to observe this rule.

And none too soon, if we may say so! Too long have members of this University gone lounging around in a lack-a-daisical fashion almost as if they owned the place, and as though nothing much in the world mattered except learning enough to get through examinations or finding out enough to write papers.

THIS HAS GOT TO STOP!

Please realize, dear readers, that we cannot have a happy University unless we have a contented ADMINISTRATION. Enough of this philandering in the pursuit of futile knowledge. Let's get down to the task that really matters. Let's do our best, day by day, moment by moment, to please the boys who sweat out their days (universal air-conditioning notwithstanding) in the little building with the great, big motherly dome.

So to work! And to help you along, we hereby promulgate a series of regulations to be observed by you and everybody under your control (if you don't control *anybody* then you might as well retire – you can't be worth much).

RULES TO BE OBSERVED BY SLACK ACADEMIC TYPES

(*that government of the University, by the Administration, for the Administration shall not perish from the earth*).

(1) At 06.00 hrs. on each weekday, and at 06.00 hrs. and again at 18.00 hrs. on each Sunday, all members of the University will stop whatever they are about, turn face to the little building with the great, big, motherly dome, and reverently repeat the text of not less than twenty recent circulars.

(2) Occupiers of University residences shall file a weekly return in triplicate and upon the appropriate form stating:
  (a) The name, age and official title of the occupier of the premises.
  (b) The names, ages and descriptions of all other persons who may have made use of the premises during the week under review, together with an explanation as to why such other persons made use of the premises.

For example, thus:

Name of Occupier: Peter the Penniless
Age: 56
Official Title: Reader in Resonant Rhymology.
Other Persons Making Use of Premises:
Name: Phyllis
Age: 18
Description: Oh boy!
Explanation for Presence: Just to shelter from the foggy, foggy dew.

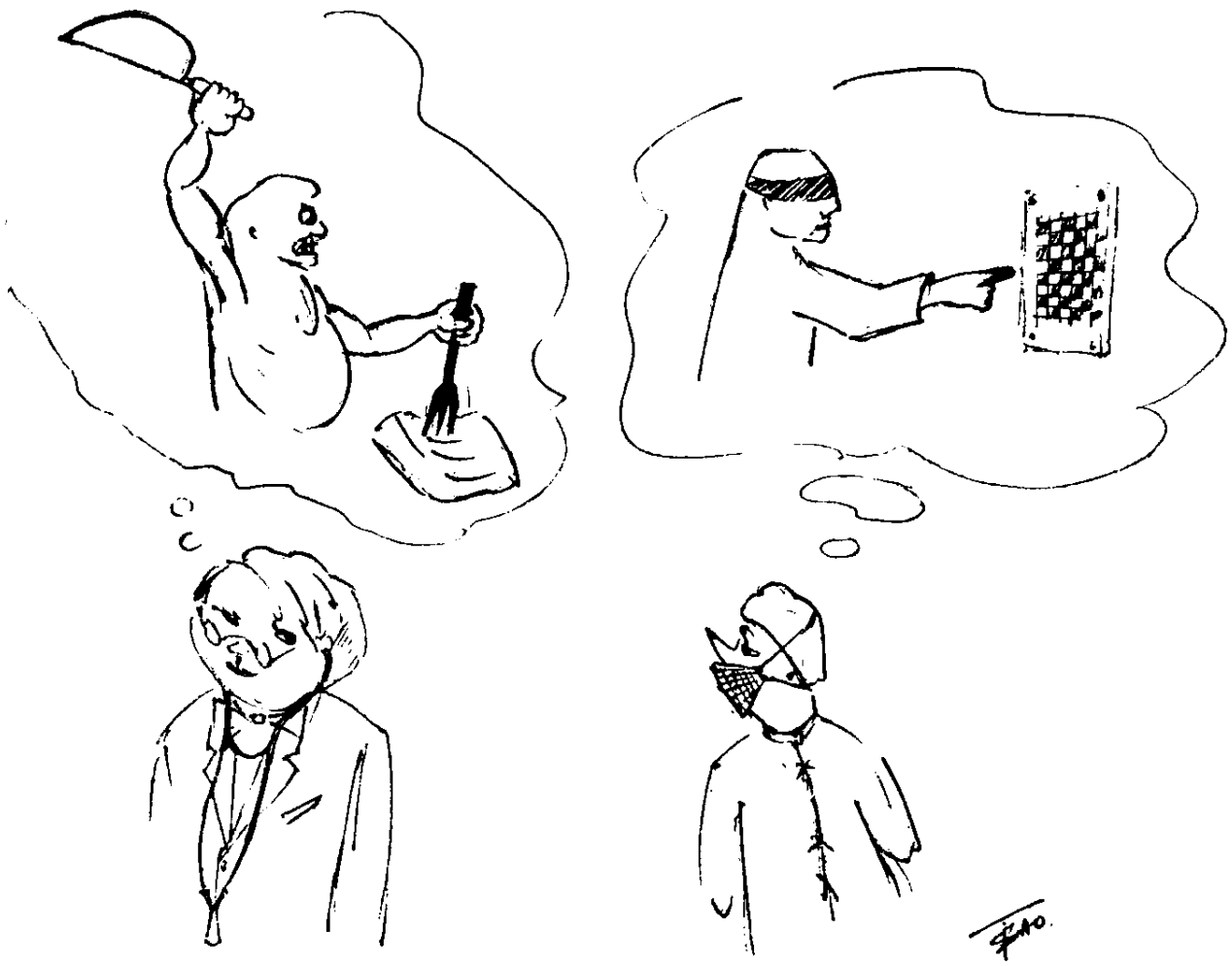
(3) All members of the University will forthwith fit themselves with pedometers, and render a weekly return to the Bursar's Office showing the number of miles walked within the University compound during the week.

Bills will be issued, calculated on a mileage basis, making a charge for wear and tear on University paths and corridors.

This charge will be offset by a special boot allowance, also calculated upon a mileage basis; and since the boot allowance will equal the charge for wear and tear on paths, it is not expected that the financial status of members will be materially affected.

Members of the University unable to afford boots should properly render a 'nil' return.

It is expected that this rationalization of the financing of paths and boots will correct several anomalies that exist in the present machinery for dealing with these matters. The organization of paths and boots will be under the control of a special Extra Deputy Assistant Bursar, and a redundant member of the Academic Staff is being seconded to the Bursar's Office for this purpose.



O wad some Pow'r the giftie gie us
To see oursels as others see us!

* * *

THINGS THAT MIGHT HAVE BEEN BETTER EXPRESSED

She has just obtained her Diploma of Education and so this will be her last game, for which the Badminton Club owes her a vote of thanks.

Union Magazine.

GIRLS AREN'T WHAT THEY WERE WHEN I WAS YOUNG

There was a young lady of France
Whose love life was looked on askance,
Not so much by the boys
Who sampled her joys
As by others who hadn't the chance.

THE PROVISION OF CHILD GUIDANCE SERVICES IN HONG KONG

TOWARDS THE END of 1954 a modified form of Child Guidance service became available in the Department of Education in the University of Hong Kong. Such services have proved their value in other parts of the globe and have expanded at a rapid rate during the last thirty years. Although the service was initiated here in response to an expressed need within the community the term is still an unfamiliar one to many people and a few words of introduction may be necessary.

Child Guidance deals with the many problems and difficulties that are met with in the upbringing and education of children. Sometimes the problems are due to peculiarities of temperament in the child or because of some deficiency in his make-up. In other cases an abnormal upbringing or some specific difficulty in the environment creates the problem. Every society produces its misfits; most people are surprised to learn that in S.E. Asia there is more wastage of man-power and more economic loss arising from mental and emotional illness in adults than from a physical disease such as tuberculosis. It is usually possible to recognise the early beginnings of such illness in childhood. Since the child is plastic whilst the adult is rigid the earlier the diagnosis is made the better the prognosis. We are all aware of the pressure on adult psychiatric services; in few countries, and certainly not in Hong Kong, are such services adequate. Child Guidance is mainly preventive work; it is for this reason, for instance, that in the United Kingdom today all Local Authorities have the duty of providing Child Guidance Clinics or Centres in the communities they serve.

When children are brought for advice it is nearly always because they are behaving in ways considered undesirable by their parents, teachers, doctors or other concerned adults. The behaviour may be of an anti-social kind, such as disobedience, frequent tempers, bullying, pilfering, truancy from school. Sometimes it is of a different nature, that the child is too shy and withdrawn, is showing unusual fears or anxieties or has developed 'nervous' habits that are unresponsive to treatment. A large group of children are referred because of difficulties in their education; they may be backward in all or in some subjects; they may be unhappy about school or unduly timorous of examinations and tests. Advice is usually sought when ordinary management has failed to reduce the symptom. The earlier such advice is sought the better; too often there is a tendency to believe or hope that children will grow out of the trouble. Sometimes they do, but if they do not the difficulty becomes more marked and therefore much less easy to reduce.

Many people are anxious to know exactly what happens when a child is referred to a clinic for advice. Each problem is considered separately and individually and investigated in much the same way as a medical problem. Normally a clinic is staffed, at a minimum, with three people, each of whom is a specialist in a particular field; a psychiatrist, a psychologist and a psychiatric social worker. Between them they have knowledge of, or are able to obtain information about all aspects of the child's individual make-up and his relationships with his environment. A detailed case history is compiled and the child is interviewed and tested while the parent or parents freely discuss the problem and their attitude towards it. Information is obtained, when desirable and with the parents' consent, from the school, the family doctor, or from any other source of contact. Consultation by the team of workers following the investigation usually leads to a provisional diagnosis and suggested modes of treatment. Sometimes the first consultation, through advice and when there is no serious problem, completes the proceedings. Otherwise the child attends for regular visits for treatment from the psychiatrist or psychologist while the parent or guardian participates through interviews with the psychiatric social worker.

Regular case conferences are held periodically to note progress and plan further action.

The form of treatment given in Child Guidance Clinics is varied, the aim being to deal with the underlying disturbance and not the particular symptoms manifested. If the child is reacting normally to an abnormal or difficult environment, as is frequently the case, then steps are taken to modify the environment and only when this is impossible, to remove the child from it. Modification of the environment may mean, for instance, a change of school, an alteration in the curriculum, the provision of individual tuition. If the problem lies within the home or in parental attitudes it may seem more difficult to tackle but in practice this seldom proves to be the case. No one is compelled to attend a clinic, and when parents seek help there it usually means they are thought ful parents who are anxious to cooperate for the benefit of their children.

Should the problem arise because of faulty psychological development in the child it is seldom necessary to use direct psychiatric treatment. Three modes of treatment are available, conversation, play and drawing, or a combination of all three. Through these the child gradually reveals basic attitudes and conflicts which are interpreted by means of the therapist's skilled technique.

The establishment of adequate Child Guidance services in Hong Kong will require the solution of several problems of which the most urgent is the difficulty of obtaining adequately trained personnel. The psychiatrist who works in Child Guidance has normally the D.P.M. and additional training in child psychiatry. The psychologist has an Honours degree in psychology or the equivalent, followed by two years of clinical training. The Psychiatric Social worker holds the Diploma in Social Science and the Mental Health Certificate. There are no training facilities for Child Guidance personnel in the Far East and it will therefore be necessary to send selected people overseas to Britain or the United States. This system has grave disadvantages apart from financial considerations in that considerable adaptation of techniques will be necessary to suit this particular community. To import trained people would be even more unsatisfactory since a thorough knowledge of Cantonese, of the social organisation and family structure and attitudes in Hong Kong, will be essential attributes of Child Guidance workers here.

Another problem is the expense of such a service. It is not easy to prove the economic advantages of preventive work and until the basic educational and health services have been supplied for all children in Hong Kong it is unlikely that money and premises will be available for Child Guidance work.

Child Guidance treatment has only become effective in other countries after years of planned research, for instance in child development, in sociology, in education, in psychometrics, in delinquency and many other related fields. Although we can benefit

directly from some such research in other countries there still remains the need for local investigations and for the testing and re-establishment of basic principles under local conditions.

Appreciation of these and other difficulties has not deterred us from the establishment of a pilot project within the University. We are at present only equipped to deal with problems that are mainly of an educational nature. Advice, but not treatment, can be given for a wider range of difficulties. Various lines of research have been planned and will be followed through as and when additional workers become available. Already, in the few months of operation, valuable data and experience have been accumulated. Our main problem is one of language. Because of our own limitations full consultation and treatment can only be given to children who can speak English. This has meant that most cases referred have been adolescents from Anglo-Chinese schools. Interesting and fruitful though these cases have been, the most effective work will undoubtedly be, in the future, with younger children.

It is hoped that aid, in the form of training fellowships and specialist advice, may be obtained from international agencies and foundations. The long-term plan, which we can hope will prove not to be too ambitious, is the establishment of a child study centre with facilities for research and for the training of personnel of all kinds and from which branch clinics can later be established.

MARIE CLEMENTS.

QUICK, Mr. CHANCELLOR, THE GLUE!

The Prime Minister disclosed a split in his Cabinet.
B.B.C. news item.

Skeleton in the cupboard getting a bit above itself?

TWO PROPOSALS PLACED BEFORE FRENCH BODY

Headline, S.C.M.P.

Which one did she accept?

SCIENCE AND THE TEACHING OF JESUS

MOST DISCUSSIONS ON the conflict between science and religion have been carried on without either side having a clear conception of the fundamental ideas of the other. There is no excuse for any lack of clarity in regard to science, for all scientists are agreed on its basic concepts. However, it is undeniably true that a clear definition of "religion" is difficult. Not only are there half-a-dozen or so historic religions, but within most of them there are many sects, some of which differ radically in what they claim to be essential. Hence, it is not possible to generalize broadly in speaking of religion. Therefore, in seeking to compare the principles of science with those of religion, it is necessary to specify very precisely the religious ideas under discussion. As a rule these have been the beliefs of the churches as expressed in their creeds or other statements of faith, at least where Christianity is the religion concerned. Seldom are those teachings of Jesus found to be authentic by modern scholarship, brought into direct comparison with the acknowledged principles of science. It is my purpose to attempt this.

For the sake of easy comparison the following simple outline of science is proposed:—

Science consists of:—

1. Basic Assumptions: The universe is intelligible and orderly; its principles are universally true.
2. Scientific Truth: This is progressive, not static. It is composed of:
   (a) Facts, obtained by the controlled observation of natural phenomena.
   (b) Theories and Laws, which are attempts to correlate facts.
3. The Scientific Spirit: Includes three attitudes:
   Honesty
   The Critical Attitude, or Non-reliance upon Authority.
   Objectivity.

Scientists, either consciously or unconsciously, make assumptions. The most fundamental of these are that the universe is intelligible, that nature is orderly and that the general principles underlying natural phenomena are not limited in time or space. Primitive man, or even civilized man of the pre-scientific age, did not make these assumptions. They are not made today by those who refuse to accept the scientific way of thinking. If one is convinced that certain natural events are of so mysterious a nature that no rational explanation is possible he cannot be a scientist. If one believes that within the universe are capricious forces which can act in a disorderly manner to produce chaos unintelligible to man, he cannot be a scientist. If one believes that that which has been demonstrated to be true today may for no accountable reason be false tomorrow, or that what has been proven true in one locality may for some entirely unintelligible reason be false in another he cannot be a scientist. Without these assumptions there could be no scientific work. Unless the scientist believes in the intelligibility and the orderliness of nature and in the universality of the principles underlying natural phenomena, he would not make any real effort to solve the problems of the universe which confront him. These basic assumptions the scientist recognizes as absolute truth.

Scientific Truth, on the other hand, is relative truth. It is not static but progressive, and this is true of its two components, facts and theories or general principles. Facts result from observation, and since our observations are likely to be inaccurate or incomplete, facts at any time may be altered. When greater accuracy is achieved, perhaps by the use of better equipment, or when facts previously undiscoverable are revealed through the use of new or more powerful instruments, the results of earlier observations are discarded or corrected. It is the

scientist's constant desire not only to observe, but to observe accurately and completely, not casually and superficially. Hence he uses the methods of controlled experiment, the so-called "scientific" or experimental method, to discover new facts and to test his own observations and those of others.

Since theories, or hypotheses, are the attempts made by scientists to correlate facts these also are subject to revision. When a theory has attained general acceptance because the evidence for it seems to be complete and incontrovertible it is usually recognized as a natural law or general principle. Such, for example, is the "law" of gravity. However, even long held laws may be changed or discarded with the discovery of new facts or the exposure of previous inaccuracies in observation, or revision may be necessary in order to have a certain "law" harmonize with other generally accepted laws or principles. Thus we see that scientific truth in both its aspects, fact and theory, is subject to change. It is relative truth, always progressing, and never would a scientist have the temerity to suggest that his newly revealed "law" had the character of absolute truth, eternally unchanging and unchangeable.

The Scientific Spirit, the third component of science, consists of at least three essential attitudes, which may be styled the honest, the critical and the objective. Although these are related there is sufficient difference to warrant separate mention. Without honesty scientific observation becomes impossible. Unless the scientist reports with honest accuracy what he has observed his "observations" become mere expressions of opinion, incapable of duplication by others. Accuracy of observation and honesty in reporting are, therefore, the foundation stones for all scientific facts, and hence also for the theories and laws which relate these facts to each other, in other words for Scientific Truth. Any man claiming to be a scientist and discovered to be doing dishonest work would be excluded at once from any scientific society.

By the critical attitude is meant the refusal to accept authority as a criterion of truth. It involves imagination, for the critic must be able to see inaccuracies or incompleteness both in his own work and in that of others, whether of observation or of theory. This attitude is, of course, entirely at variance with the non-scientific reliance upon external authority almost universal in earlier days. Then men strove to make their observations and explanations agree with the teachings of the masters, and those who failed to conform were often subject to severe punishment. Then men preferred to accept the authority of the ancient sages rather than the evidence of their own senses.

Finally, the objective attitude is essential. The scientist who is prejudiced in favour of his own work or his own hypothesis is unworthy of the name. This applies also to one prejudiced in favour of any school of thought, any institution or group, whether racial or other. It means that the scientist must lose himself in his search for truth. Obviously any subjective preference for a particular point of view which rests upon emotion rather than upon evidence limits his critical abilities and his honesty. If, blinded by prejudice, he cannot see his own errors or those of the men whom he admires, he can do little to advance the cause of truth, and even his honesty may be called in question. Without objectivity a scientist can be neither honest nor adequately critical, and may lose sight of his objective, – the discovery of truth.

We turn now to the teachings of Jesus. Unfortunately he wrote nothing. We are dependent entirely upon the records made in later years by his followers, and since these followers were active propagandists for the newly established church, organized after his death, and since it is apparent from the records themselves that this church had borrowed much from current thought, both Jewish and Gentile, it may be a difficult task to decide which of the sayings attributed to Jesus were actually spoken by him. The difficulty is increased by the fact that none of the records we possess was written by the men who listened to Jesus, but each is a compilation from earlier sources. Furthermore, they underwent later revisions at the hands of copyists and others, so that by the time the earliest surviving manuscripts were written it is certain that both additions and deletions had been made. Of the three small books, with the most claim to historicity, one is a source document, in the sense that it was probably composed from oral tradition, and the other two are compilations.

Each of the latter has embodied within it most of the source document along with much other material. By careful comparison it is possible to separate out the material that must have been in each of several other source documents, and also to discover more recent additions, deletions and changes in the text. Thus from textual criticism alone we are able to decide that some of the material contained in our records is not entirely reliable. But of what remains and is attributed to Jesus as his actual teaching, by what criteria may we decide upon *its* authenticity? To the careful student it is evident that this contains two conflicting types of sayings. One type represents elements in the belief of the early church; the other frequently is quite to the contrary. Why then did this latter survive? Apparently because it was stated with such remarkable vividness and clarity, often in the form of easily remembered stories or parables, that it made a lasting impression upon the minds of those who heard, and even when the sayings were completely misunderstood they were remembered and passed on by word of mouth until such time as they became incorporated into the written documents. Here they were often placed in incongruous contexts or were given misleading explanations. One must choose then as to the authenticity of the various sayings attributed to Jesus or else believe him to have been an exceedingly inconsistent person, holding at the same time, or in close succession, views in harmony with contemporary thought and contrary doctrines so radical to his age that even yet few persons appreciate all they involve. If we apply the test of vivid originality in thought or interpretation as a criterion of authenticity we find that what remains to us of the sayings attributed to Jesus is a body of teaching, even for our age startling in its implications.

I propose to discuss this teaching only from the point of view of science, making comparison with the outline already presented. To what extent did the methods used and taught by Jesus differ from those used by scientists? Following the same general divisions, we find that he made basic assumptions, he sought truth, and his actions were imbued with certain attitudes which taken together might be called the Religious Spirit. In addition he insisted upon the responsibility of the religious person to action. An outline may be drawn up as follows:

The Religious Ideas of Jesus involve:

1. Basic Assumptions: God, whose will is intelligible, orderly, universal and good.
2. Religious Truth: This is progressive, not static. It contains:
   (a) Facts, from observation of nature, including man.
   (b) General Principles, deduced from facts.
3. The Religious Spirit: Requiring three attitudes:
   Honesty.
   Non-reliance upon authority.
   Objectivity.
4. Responsibility: Involves dedication of life to both the discovery of truth, or the will of God, and its application to personal and community life.

To one conversant with the teaching of Jesus it is evident that he anticipated the fundamental assumptions of the scientist, but with important additions. He assumed God. Nowhere did he argue for God's existence or define him. He then assumed the intelligibility, the orderliness and the universality of God's will, as well as its goodness. That the will of God was something to be understood and practised, not something mysterious to be passively accepted, is shown by numerous statements in which Jesus insisted that the way of life is through knowing and doing the will of God. That God is not capricious, sometimes willing to break his laws to favour an individual or a nation, Jesus decided early in his career. It would be evil, he said, to ask (tempt) God to bring chaos into the universe in order to save a person foolish enough to jump from the temple roof, even though such a spectacular upsetting of the law of gravity might compel people to accept the divine authority of his teaching. His constant behaviour was entirely against the prevalent idea of the limitation of God's favour to a certain race or to the righteous. One piece of evidence he produced to prove that God was good was the fact that the sun and the rain were available alike to the just and to the unjust. The attitude of God towards all men was invariably the same. Only man had the power to choose whether he would avail

himself of God's goodness or cut himself off from God's benefits. Presuming upon his assumption of the intelligible, unchanging, universal and benign attitude of God, Jesus was able to assure certain persons, as he observed their behaviour, that God held nothing against them; and men and women upon receiving this positive assurance time and again found themselves freed from the paralysing grip of a vindictive god who had brought disabilities upon them in revenge for having trespassed against his arbitrary code.

Jesus nowhere defined God, but in many places he told what God was like. He is like a father whose love to his sons is unvarying, even when they are dissolute prodigals or insufferable prigs. But if the sons would achieve the perfection of the Father, then from them must come an unwavering loyalty of heart and soul, of body and mind. Persons committed to such an allegiance constitute the Kingdom of God, and this kingdom grows within and among men by a process of gradual evolution. No catastrophic, supernatural or revolutionary seizure of power can compel men against their wills to acknowledge the sovereignty of God, and Jesus recognized that the mountain-top vision of all the nations of the world forcibly enrolled under one banner, a vision so common to dictators, was of evil origin. Each man must learn for himself the will of God and do it before he can be numbered among the citizenry of the realm of God.

What Jesus so confidently designated the "will of God" he assumed that any person, willing to pay the price, might know. How did he himself acquire a knowledge of the truth that he proclaimed? How did he expect others to acquire similar truth? There is evidence that his mind worked along the same lines as those now used by modern scientists. Having made his assumptions, some of which may have been deduced from observed facts, he proceeded to observations. He firmly believed in the progressive nature of truth, for again and again he declared that his truth replaced or completed what the ancient sages had taught. At the same time he was anxious that he himself should not be set up as an authority in place of the old prophets. He objected to such a high title as Messiah or Christ, and even reprimanded a man who called him "good" and a woman who asserted the proud happiness that must belong to the mother of such a great person.

That he got his facts from observation is recorded on more than one occasion. Reference has already been made to his observation that the sun and rain are equally available to the good and to the bad. There are many other instances of his observations of nature, both human and otherwise, and of the deductions (theories) drawn from them. The lilies of the field, the signs of the weather, the manner of growth of various plants, the collapse of a prison tower and the fate of its inmates, the trusting nature of children, the love of parents, the ostentation of pious hypocrites, the simplicity of the sincere, the enslaving effects of institutions or traditions that had passed their days of usefulness, the character of the Roman Empire and the inevitable results of Jewish insurrection, all these and many more may be found in the records. Some were obvious things known to all men; some were keen and penetrating observations that pushed through surface appearances to note the heart within. Jesus' observations were accurate, and the general principles he deduced and taught as religious truth have, so far, not been superseded. Like the modern scientist he used his general principles to predict with confidence the nature of future events.

We turn next to his Religious Spirit. To what extent did this anticipate the honest, critical objectivity of the scientist? The answer is – entirely. As to his own honesty, there is no doubt. Not only did he ridicule those who were honest only upon oath, but his honesty in reporting his observations of the character of the religious leaders of his day required a great deal of courage. It was this honesty which led eventually to his arrest and execution, for he insisted on proclaiming his observations in the heart of the national capital, and they were not flattering to those in power.

That he was critical is also evident. He did not accept the authority of a great name or a hoary tradition. The methods of sabbath observance and various laws relating to murder, adultery, justice, tithing, and so forth, were severely criticized. In a day when only authority was accepted, he refused

to set himself up or to be set up as an authority. When his opponents came demanding by what authority he acted in such an unprecedented manner, he refused an answer for truth needs no external authority. He said that the acceptance of him as "Lord, Lord", was worthless, and if any person wished to call him evil names that was quite excusable. Only one thing was inevitably unforgivable, the inability to distinguish between good and evil, between truth and falsehood. The man who does not recognize the Spirit of Goodness when he sees it is forever without hope.

The final, and most essential, attitude of the scientist, objectivity, was even more pointedly proclaimed by Jesus to be the basis of religious life. Although this is implied in many of his statements, it is seen most clearly in his famous paradox, which has been called the most penetrating statement ever made: "If any man would save his life, he shall lose it; but if any man loses his life, he shall find it." If a man insists upon preserving his own ego, he will most certainly meet with defeat, but the denial of one's own special privileges, the entire forgetfulness of self, leads to real life.

The scientist claims that the road to scientific truth is through honest, critical and objective accumulation of observed facts and generalizations therefrom. Jesus maintained that the way to life is through an honest, critical and objective observation and contemplation of the universe from which we learn the will of God. Then, having learned it, we must do it. Only through action do we enter into the Kingdom of God, into the fellowship of those who have achieved life.

In our outline of Jesus' religious ideas we have a final section which does not appear in the outline of science. To Jesus the search for truth and its discovery were not enough. The religious person, in addition to being committed to learning the will of God, is responsible for doing it. This responsibility is both personal and social. He himself, to achieve life, must guide his personal conduct by the truth which he has discovered; and his behaviour towards other men must also be determined by the same standards. Perhaps this is the additional lesson that scientists must learn. Facts are neutral, neither good nor evil. Knowledge is also neutral. We cannot through knowledge alone enter the Kingdom of God. Only in the doing of God's will which, if we accept Jesus' assumption, is always good, can our salvation, either personal or as a human race, lie. The mere recognition of the will of God or lip service to creeds or codes or leaders will get us nowhere. Unlike these scientists who are not concerned with the use mankind makes of their discoveries the religious man *must* accept the responsibility to action, the application to life of the truth which he has learned. "This DO and thou shalt live," said Jesus.

Few of us realize the debt that science owes to Jesus, for it is not an accident that science first developed in the "Christian" West, rather than in the more civilized East. In spite of the fact that the church for years opposed the new thought, it failed to suppress it; indeed it seems likely that the real reason for the success of science was that inescapably imbedded in the scriptures were the words of Jesus himself, words that made light of authority and sought to replace it with the will of God, which was every man's duty *to determine for himself*. The scientist owes a great debt to Jesus. Let him seek to repay that debt by recognizing that his duty has not ended with the discovery of truth. He must dedicate his life not only to the determination of truth, but also to its practical application in doing what Jesus called the will of God, which is always good.

LESLIE G. KILBORN.

By all means let us reduce the occasions for stress; but stress will remain a characteristic of human life and it may be that if we could remove it, we should lose what we most need. Security is not to be found by eliminating challenge, but only in an inner assurance which no challenge can disturb.

SIR GEOFFREY VICKERS.

A VISIT TO HAY LING CHAU

"Jesus, moved with compassion, put forth His hand, and touched him, and saith unto him . . . . be thou clean."

ST. MARK I:41

STARTING THIS YEAR, Medical Speciality Clerks are required to undergo one week of training in Leprosy at Hay Ling Chau. It is an island of about 600 acres situated between Hong Kong, Cheung Chau and Lantao. Students go in pairs, and leave Queen's Pier on Sunday afternoons, returning on Friday evenings. We want to describe our own visit.

On arrival, the two of us were warmly welcomed by Dr. and Mrs. Smyly. Our first impression was that it was like any other island – nothing peculiar, nothing special. Our fears of living in thatched huts, and in close proximity to the patients were quickly dispelled when we approached the 'Healthy Staff Quarters', a bungalow situated on the spur of a hill, with a commanding view of Silvermine Bay, Ping Chau and other islands in the vicinity. The drawing-room of this house is so positioned that it receives the lights of both sunrise and sunset. In short, the panorama from either window is breath-taking. When we were left to explore the rest of the island the first afternoon, we found, seven minutes walk from the quarters, the Maxwell Memorial Health Centre. This hospital is divided into three sections: the 'Infected Area', which includes the Out-Patients' Clinics and the two wards peopled by infective patients; the 'Restricted Area', peopled by those patients whose condition is declared 'arrested'; and the 'Non-Infected Area', in which are allowed only healthy people. The latter includes the operating theatre, the laboratory and the administrative offices. All precautions for preventing the patients from coming into contact with non-infected objects are rigidly enforced, and furniture used by the staff in the clinics are used by the staff alone. The reason for these strict rules is that most of the patients suffer the lepromatous variety of the disease.

Our exploration continued into the villages. There are five villages in all, and they are all placed round the hospital. The fields are all neatly kept, and everywhere roses bloom. Social Medicine students should all go there to see the composting process. 'George', the boar, and all the piglets look contented.

Dr. Smyly undertook the task of giving us most of the instructions. Despite his seventy-two years, he moves with incredible agility across the hilly terrain. Starting work at 7.30 in the morning, and the whole day spent in the hospital, he is always cheerful, always vigilant. With a boyish twinkle in his eyes, he is ever ready with a few jokes

or stories. The most difficult task to him, I am sure (more difficult than the treatment of any chronic case) was to drill a few facts about leprosy into our heads. When we were with him in the treatment clinics or on ward rounds, he demonstrated the cases to us with great care and patience. Later, I was to learn that our redoubtable Steve was once his pupil; and that he had contributed to Cecil's Textbook of Medicine, having once been Professor of Medicine at Cheeloo University. Dr. Fraser gave us two lectures, and took us on the Village Round the first morning. His sole object was to prepare us for the *viva voce* examination that Friday. He has a lovely horse which he rides on the Village Rounds.

Mrs. Smyly took great pains to make us feel at home; to see that we had enough to eat and enough blankets on our beds.

The programme laid out for us was a full one. We started each day at 8 a.m. and ended about 4.30 p.m. Besides the Village and Ward Rounds, clinics, lectures, demonstrations, and examinations of carefully selected cases; there were skin smears for us to make and examine, slides for us to study, and books for us to read – one of which was to be finished within the week. Generally there was little time for us to enjoy the scenery; and to think of relaxation (say fishing in the adjacent waters) would have been extremely optimistic. On Friday, Dr. Skinsnes came out to examine us on what we had learnt, and we spent the morning with him.

One of the patients, severely stricken with both tuberculosis and leprosy, died that Wednesday, and an autopsy was done that very day by Dr. Skinsnes in the presence of a few Patient Dressers. When the deceased had been seriously ill the night before, we could feel in the atmosphere the general concern for the life and death of one man.

We found time to have a swim at the 'Healthy Beach', and had a most enjoyable time. We also managed a walk round the whole island, and only then did we realize the vastness of the project; – the water system, the generator, the prevention of breeding of flies, and other Public Health measures, all of which have to be taken into consideration in the planning.

We accompanied Dr. Yang, a post-graduate student from Taiwan, on one of his rounds to the Pak Pai village, which is quite some distance away from the main body of humanity. Most of the inhabitants of this village are generally less disabled than the other patients, and a large proportion of the livestock of the island is kept here.

What impressed us most perhaps was the single-mindedness and genuineness of purpose of everyone. All worked to cure the patient of his disease; or, in the case of the incurable, to make life as comfortable as possible for the sufferer. These patients are not treated as so many exiles to be given a roof over their heads and a bare minimum of food. Each has the care and attention of doctors trained in leprosy. Treatment is no mere matter of doling out D.D.S. pills, for all the complications and sequelae of the disease in each individual are looked at with sympathetic and understanding eyes.

The patients for their part show an

earnest willingness to work whenever their condition permits. They earn a little pocket money for themselves, and relieve the management of some of its burden. No two persons are similar, and to discover the abilities and aptitudes of each individual is the task of Miss Bennett, the Welfare Officer. She also investigates the social background of the sufferers, and she has to find employment for those due for discharge, whose condition is declared 'arrested'.

We cannot mention the names of all the staff, but we would like to thank all of them for giving us such an enjoyable stay, and for affording us such a wonderful opportunity to study the various aspects of the disease. We especially would like to thank the Matron, Miss Moore, for being so tolerant with us; and Mr. Chang, who always tried to make us feel that we were members of a big family striving to rid society of a dreaded scourge. G.L., W.P.

WHAT WE DO FOR SCIENCE

The pleasure of turning up at the biochemistry laboratory in a starving condition in order to swallow a stomach tube for a gastric test meal . . . .

* * *

HENRY PRESSES HIS SUIT WITH ANNE BOLEYN

Article heading, Sunday Post-Herald.

Anne Bowlin' at the Creases?

. . . . is only equalled by the exquisite agony that socks you in the back of the throat when – the whole horrible affair ended – you try to swallow the sandwich provided in reward by a generous Management.

* * *

NEW BLOOD INJECTED IN COAL BOARD

Headline, S.C.M.P.

From rich veins in Durham?

Lecture by Professor Heilmeyer

Professor of Medicine at Freiburg, Germany

ON MONDAY MARCH 28th Professor L. Heilmeyer gave a most interesting lecture on some aspects of cardiac function. In his clinic in Freiburg Professor Heilmeyer and his co-workers have made detailed studies of hearts at rest and after exercise, especially in athletes, particularly long distance and marathon runners.

By the use of X-Rays, kymograms, cardiac catheterization and other methods they have been able to show that during exercise, contrary to the usually accepted theories, the auricular pressure is not raised, cardiac filling goes on as usual, and that the increased cardiac output is achieved by increased emptying of the heart during systole – the residual amount of blood that is left in the heart at the end of systole being less than normal.

They also found that the blood remaining in the normal heart at the end of systole is far more than was previously supposed. The former belief was that two-thirds of the blood in the heart is forced out during systole, while one-third remains at the end of systole. Professor Heilmeyer and his colleagues show that this ratio is in reality the reverse, two-thirds of the diastolic blood volume remaining at the end of systole. During exercise the stroke volume is increased at the expense of the residual blood left at the end of systole. Filling of the heart is normal and does not distend the chambers. Professor Heilmeyer postulates that the stimulus to the increased emptying of the normal heart during exercise comes from the autonomic

nervous system and that the healthy heart is never distended by venous return. The isolated heart is deprived of this stimulus and therefore responds in a purely mechanical manner; the increased blood return raises the pressure in the auricles, distends the ventricles and causes more forcible contraction during systole. In hearts the seat of myocardial damage, normal, or only slightly raised, venous return may be sufficient to stretch the weak muscle fibres, which then contract more strongly than before. Thus Starling's Law, though true for the isolated heart and also for the diseased heart with myocardial inefficiency, does not appear to be true in the normal healthy heart, nor in the healthy heart which is enlarged due to exercise.

Professor Heilmeyer brought excellent slides to illustrate his topic. The lecture was most interesting and thought-provoking and it was a great pity that more notice of this lecture was not given so that the audience might have been larger. We are indebted to Professor Hou Pao Chang and the German Consul General, Dr. H. Dittmann, for arranging this lecture and for providing us all with a chance to learn something of medical research work going on in countries other than Great Britain and the U.S.A.

ELLEN M. KING.

IS ANATOMY BUNK?

In view of the fact that the study of anatomy appears to cause general distress amongst the pre-clinical student body (only 75 of the 81 candidates passed anatomy in the recent 2nd M.B. examination) we have asked several random samples to set down their opinion of the subject. Their replies to the question 'Is Anatomy Bunk?' should materially aid a decision as to whether or not the subject ought to be abolished.

Random Sample 1

Anatomy, that is the important understanding of the architecture of the human body, is no bunk. To say, or even insinuate that anatomy is bunk does great injustice not only to the immortal pioneers of anatomy, but also to all anatomists of the past, present and future. But the 'Anatomy' that some medical students are supposed to memorize and recite by mugging (pardon me, there's no stronger word in my vocabulary) Gray's or some other heavier text-books will certainly rouse the spirits of those great authors from their resting places; only to regret having written something to torture the minds, frustrate the spirits, weaken the bodies, and thicken the spectacles of the medical students for whom their works were originally written – with no intention whatsoever to be inhuman.

P.P.

Random Sample 2

I was in the anatomy lab. alone. How and why? I was too tired to find out. Anyhow, I had in front of me a manual of practical work, a huge text-book, a few plates, and a lovely atlas of anatomy – colourful, artistic, and totally dazzling and meaningless to the mind. And, of course, there was the cadaver – the most impersonal personage in the whole room, scented with the ever lingering formalin. So there I was, working my head and heart away with nothing short of saw, chisel, hammer, etc., etc., down to scalpels and even a fishing line. Jack of All Trades indeed.

Suddenly my sixth sense informed me that a still form hovered behind. Ye Gods! Was it the spirit of the piteous destruction before me? With great courage I turned around and beheld . . . the Professor of Anatomy.

Professor: "Good afternoon XX. I'm glad to see you working so hard.

Self: "Oh, it's a pleasure, sir!" (Big fat liar!)

P: "Oh? I'm surprised to hear that. I thought all students detested anatomy."

S: (I've got to do this, even if it burns my tongue. After all, he *is* the Professor of Anat.) "Oh no sir. Some do, but

I think it's a most interesting subject."

P: "I see! Then perhaps I should change my plans. You see, I've spoken to quite a number of students, and they all agreed that the subject should be eliminated from our curriculum."

S: (What's this? A miracle or a trick?) "*They* agreed? *Your* plans?"

P: "Yes. Why make a repulsive subject compulsory? But since I still find faithful followers such as you, perhaps I should think again."

S: "Oh, no sir!" (Now what a mess I've got myself into!) "You force me to confess that I hate the subject as much or more than my fellow students – the subject I mean, not the students, if you see what I mean, sir – only – well – you *are* the Professor, and *I* have to sit for the exam." (Please God! Don't let him change his mind!)

P: "Oh, so that's it! But why do you detest anatomy so?"

S: "Well, the subject *is* useful to some extent – actually, very useful where general principles are concerned. But so much is expected of us. We're expected to know the relations of the humblest nerves and muscles and blood vessels and what have yous. Then there's osteology, embryology, histology and what not's – when we're expected to know the dates of ossification and development and the minute structure of cells, and so on, and so on, and so on. After all, we're just humble, simple-minded medical students, and not osteologists, histologists and embryologists – not even anatomy demonstrators! Then we have to plough through pounds and pounds of text and plates to find out something about one tiny muscle so that we can answer an examination question. And mind you! We may *never* actually *see* the relations mentioned, because . . ah . . the human body is so variable. So all we can do is stuff facts into our heads blindly, without seeing or believing, and zoom! – when the deadline comes, out must frolic all the tiny weeny bits of detail, within three hours, and into the pages of a few, immaculate answer books. All very simple, isn't it? We might as well go in cages at the Zoo, labelled: 'Efficient living robot capable of retaining zillions of facts in comfort'."

P: "This is outrageous! Imagine a student of anatomy abusing the subject so!"

S: (Now what have I done? But I thought he was on *our* side!) "But sir, I thought you said . . . "

P: "Don't try to make excuses. Your attitude leaves me no alternative. You're failed!"

S: "Oh no! Please sir! I take back everything . . . please!"

I woke up with tears streaming down my face. Thank God! I was not in the anatomy lab. or anywhere near that wondrous place. And I've just passed 2nd M.B. M.D.

Tell me Sahnt Major, are you a wegular?

Random Sample 3

Is anatomy bunk? Oh certainly, – if you aren't just fortunate enough to be able to appreciate it.

There is always a 'key' to everything. By 'key' I mean a 'correct approach'. Failure to acquire this correct attitude, or anything approximating to it, is undoubtedly the cause of the popular cry: "Hopeless stuff! Anatomy is bunk!"

Anatomy is beyond doubt a fascinating, if not *the* most fascinating subject to those who have a way with it, so to say. However, so far as 2nd M.B. is concerned, it cannot be denied that anatomy is the most time consuming topic of all. It demands hard work, as well as a good sense of

reasoning (and occasionally a fertile imagination, too). Nevertheless, in all respects, it does pay.

In my humble opinion, therefore, the proposition that anatomy is bunk must surely appeal most to the lazy, so called 'intellectuals', who pride themselves as 'deep browed' physiologists. Such are, in reality, lazy bones! Indeed, even genius consists of 10% hard work. No Hard Feelings.

Random Sample 4

(This Random Sample, showing exquisite artistry, wrote his comments upon the back of a sheet of paper which he had previously used to answer an anatomy test.)

"Have you revised your anatomy, Charles?"

"Anatomy – oh no! At least, I did once, back in the Christmas holidays, but it would be a miracle if I could remember anything of that."

"I'm probably worse than you. I studied the limbs last week, but the minute I started on head and neck, I forgot all I'd learned about the arm and leg."

This is the sort of conversation one may overhear between students preparing for 2nd M.B. Well, what's wrong with the subject, anyway? Anatomy – the study of the structures of the normal human being. How simple it all sounds! Yet it takes most of the pre-clinical student's time and energy, even to the exclusion of a weekly visit to the pictures with his girl friend, or a happy family gathering at the week-end.

Anatomy *is* difficult. Nobody can deny that. Is it because it is purely a task of memory? No. Some memory work is required, but anatomy should be learned at the dissecting table, not by trying to memorize pages from books like Gray. Such big books should be used for reference only. There is a touch of art required in the study. Imagination is called for; the capacity for visualising facts as diagrams. Judgment is required in choosing for attention the points of interest and importance. Anatomy *is* difficult, but not so difficult as many students make it for themselves by the wrong approach.

Some may claim that because the facts are so soon forgotten, there is no point in studying the subject at all. I don't know whether such people are joking; lying to cover a guilty conscience; or actually come to a state of despair.

But why study anatomy? Often clinical students claim that they have forgotten all the anatomy and physiology they ever learned, but reference to a text will soon bring back understanding when needed, for what seems to be forgotten is not without roots, and earlier efforts not without reward. The importance of good foundations built of a knowledge of normal structure and function cannot be overestimated, for medicine deals with defects in structure and function, and how can these be understood unless a clear picture of the normal lies in the background?

I can only hope that the sense of handicap some students seem to have in dealing with anatomy will disappear, and that by understanding the major importance of this subject they will approach it with sympathy and keen interest. H.C.L.

Well, there you are friends! In the opinion of the panel the answer to the question 'Is Anatomy Bunk?' appears to be: (i) It depends what you mean by anatomy; (ii) No; not after you've passed 2nd M.B.

Look out for another frank and fearless discussion on a burning problem of our times in the next issue of ELIXIR.

MARVELS OF MODERN SCIENCE

. . . . but the Directors of the Land Investment and Agency Co. express confidence that all accommodation offering in the new building, which will be one of the best located sites in the City, will be readily lit. *Report in S.C.M.P.*

Ain't electricity wonderful?

STOP GRUNTING, McCARTHY!

The parents said one of them would go to Communist China to visit their son if he was not released soon—and might take along some hogs. *News item from America.*

In an attempt to penetrate the pig-iron curtain?

Poppy or Mandragora?

Not poppy, nor mandragora,
Nor all the drowsy syrup of the world
Shall ever medicine thee to that sweet sleep
Which thou owedst yesterday.

SHAKESPEARE: OTHELLO III, 3.

THE MEDICAL PROFESSION in this Colony enjoys a singular restraint in the official scrutiny of its dealings in the so-called "dangerous drugs". This freedom presupposes, and very rightly so, I feel, a degree of competence, of knowledge of the inherent dangers of the drugs themselves, particularly if misused, and a sober appreciation of responsibility shared by the profession by virtue of its training and its status in the community. It is not surprising then that one is occasionally approached by the young medical graduate who, quite possibly defeated by the legal phraseology of the relevant law of the land, asks "Just what are my obligations in regard to dangerous drugs?" The poser of this apparently naive question invariably knows what his obligations are, but is doubtful about details, particularly those involved in keeping records of consumption.

The very term "dangerous drug" is, to my way of thinking, confusing. In some countries the word "narcotic" is used. Then again, one may argue that not all drugs that induce narcosis are "dangerous drugs" and quote such excellent examples as chloral hydrate and carbromal. Why not then, "addictable drugs" as long as we understand that the term implies both physical and psychological dependency? Then too, one cannot disregard the occasional but real confusion that arises from the similarity of the two terms "toxic" and "dangerous". To the student groping blindly forward in the chaos of a new jargon is there a good reason why atropine or physostigmine or adrenaline or morpholinylethylimorphine should not, *prima facie,* be regarded as "dangerous"?

Having reconciled oneself to the ambiguity of the term, one may then proceed to classification. It comes as a rude shock to learn that not all the opium alkaloids, for example, papaverine and ethylmorphine, are "dangerous drugs", and so on until one reaches the latest additions of this select little group to the "Schedule" where if nothing else one will be suitably impressed by the ingenuity of man in his efforts to confuse his fellow men. The Schedule is the list of dangerous drugs which immediately follows the Dangerous Drugs Ordinance (in this Colony, Chapter 134 of the Revised Edition of the Law 1950 – and originally known as Ordinance No. 35 of 1935). The Schedule grows, year by year, due in the main to our efforts to find a drug that "does the work of morphine but has no morphine in it" – a drug which has the same pharmacological action but without its undesirable side effects, not the least of which is its addiction potential.

In 1946 the first of the new synthetics was added under the name of isonipecaine, now more generally known as pethidine. It was the first of a succession of some seventeen of which only three, the others being phenodoxone and amidone, are used in this Colony.

In so far as the Dangerous Drugs Ordinance is concerned, the practitioners' obligations regarding keeping of records are neatly covered by sections of Regulation 10, which is not part of the Ordinance but is classified as subsidiary legislation and known as the Dangerous Drugs Regulations, found in a volume separate from the Ordinance, but available in the form of a small book bound with its parent, the Ordinance proper. One incontrovertible fact emerges from a study of Regulation 10. Records must be kept, and in the manner prescribed, which is, incidentally, designed to reduce effort and time-consumption to a minimum. These fall into two classes, records of purchases of dangerous drugs and records of their use. A "register" in the form of a reasonably permanent ruled book is suggested for this purpose, showing, when the book is open,

purchases on the left-hand page with the following particulars:

(*a*) Date on which received
(*b*) From whom received
(*c*) Address of supplier
(*d*) Amount received
(*e*) Form in which received (i.e. Tablets, ampoules, tincture, &c.)

The right-hand page of the "register" can then be utilised for details of expenditure of the same drug, and the following particulars are required for the record:

(*a*) Date of supply
(*b*) Name and address of patient
(*c*) Amount supplied
(*d*) Form in which supplied

This last entry can, quite conceivably, be redundant if "amount supplied" also specifies "form" as it often does: e.g. 2 ampoules Morph. Sulph. gr. ¼ (which states both form and quantity).

However, it is not necessary to enter all these details relevant to use in the "register" if the practitioner enters the date and gives a convenient form of reference to a day book or other set of records, showing the required particulars. Thus on the right-hand page we might expect to find the entry "10.2.55 BB 423", and on consulting the designated day book acquaint ourselves with the full details.

Another point is that all registers and similar records must be preserved for two years after the date of the last entry.

T.P.M.

BALLADE TO A PRECIOUS CRITIC

Your understanding is most rare,
Your knowledge of the arts most deep,
Your dignity beyond compare,
Saintly the company you keep.
Then don't you think it rather steep
That you, who mere men surpass,
Should send your precious muse to sleep
And burble like a pompous ass?

Critics there be who rave, or dare
To thrust a salty dart, or heap
Invective. Such men do not care
If, sowing common wind, they reap
The common whirlwind; do not peep
With horror at the healthy mass
Of common people; do not cheep
And burble like a pompous ass.

But you, fastidious white, declare
Your difference from the simple sheep.
You point out with a weary air
How what the POLLOI like is cheap.
But something they DON'T like you leap
To champion. Here is greener grass!
You slide and wriggle, twist and creep,
And burble like a pompous ass.

ENVOI

Prince, when your tide is at the neap,
When Peter's Post you seek to pass,
Don't sigh and patronise and weep
And burble like a pompous ass.

JEREMIAH.

CONTRIBUTIONS TO THE MEDICAL SOCIETY SCHOLARSHIP FUND

Since our last issue went to press we have received the following donations to our Scholarship Fund: $3, Mr. E. F. Szczepanik, Mr. Sam Koo, Mr. Myrenberg; $7, Anon; $10, Dr. T. C. Wong, Mrs. R. McCarthy, Dr. S. B. Chan, Mr. A. W. T. Green; $18, Dr. Raymond Lee; $23, Prof. E. S. Kirby; $25, Prof. Gordon King; $100, Omtis Ltd.

These gifts are most gratefully acknowledged. In our last issue we gave the Fund's total as $7,236. This was in error, and due to a misunderstanding concerning Mrs. Beatrice Church's very generous gift of $5,000. This gift has been made in the form of a Banker's Order paying the Fund $1,000 a year for five years. The first instalment has been received, and the sum to be carried over from our last statement is therefore $3,236. The Fund's total to date is $3,458.

Contributions may be sent to: The Circulation Manager, Elixir, c/o Department of Physiology, Hong Kong University. Cheques should be made payable to: Hong Kong University Medical Society Elixir Account.

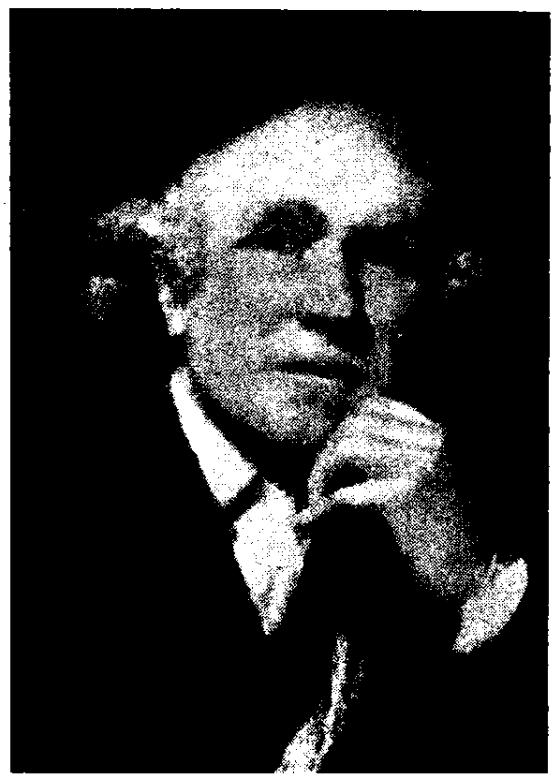
ROUND THE WARDS (I)

JOHN HUNTER (1728 - 1793)

This is the first of a series of brief biographical sketches telling something of the great men of medicine whose names title the Queen Mary Hospital wards.

JOHN HUNTER LIVED in a period when Johnson was compiling his *Dictionary*, Voltaire was attacking the Catholic Church, Rousseau was propounding on human rights, Frederick the Great was preparing for aggressive wars, Watt was investigating the steam-power, Gainsborough and Reynolds were painting their famous portraits, the French Revolution was incubating and the American Independence was well on the way. Hunter did not make great discoveries, but his name withstood the test of time. The Royal College of Surgeons of England honours him by a brass tablet in the stone floor of the nave of Westminster Abbey with these words:

". . . his genius as a gifted interpreter of the Divine Power and Wisdom at work in the Laws of Organic Life, and their veneration for his services to Mankind as the Founder of Scientific Surgery".



. . . . *from a portrait by Sir Joshua Reynolds*

Hunter was the youngest son of the ten children of the family, and his father was already 70 years old when he was born. He received very little education in his young days. When he was 21, he came to London to work under his brother, William Hunter the celebrated anatomist. There he remained for eleven years, working in the stuffy and evil-smelling dissecting room. It was said that his stay there contributed in part to his ill-health in the future. Then he joined St. Bartholomew's Hospital, where he was elected Master of Anatomy together with Percival Pott, who was already much his senior. But soon he transferred to St. George's Hospital.

Perhaps under the instigation and advice of his elder brother William who knew too well John's limitations in the expressed language, he joined Oxford University. But he stayed there less than two months, for, as he said, "They wanted to make an old woman of me; or that I should stuff Latin and Greek at the University". He came back to St. George's, and was appointed house surgeon. This short surgical training; all Hunter ever had, formed the main theme of sarcasm of Jesse Foot, who was Hunter's life long rival, of whom we shall hear more later.

Hunter was soon allowed to lecture in partnership with his brother William. He got over the difficulty of expression by using sharp, unpolished words, but to the point. "The ball hit the guts such a damned thump that they mortified." "I bled a little woman who seemed half an idiot, and was big with child." "The stomach is a gland

with a cavity, the central seat of sympathy of the body." In the meantime, his health began to fail. Just for the sake of a change, he joined the army and went abroad to Portugal where he studied military surgery.

After three years he came back to London, and set up a practice for himself. Once when he was called to see a case, he remarked to his friend Lynn, "Well, Lynn, I must go and earn this damned guinea, or I shall be sure to want it to-morrow." Soon he bought a piece of land at Earl's Court and built a cottage on it. He bought more land. That cottage soon became the laboratory and museum. Hunter's zest of collecting specimens for his museum could hardly be excelled by any others. There was at that time an Irish giant, Bryne or O'Brien, 8 feet tall, whose health was declining. Hunter was eager to secure the skeleton after his death, but the giant became suspicious that he was of more than common interest to the doctors. He at length, left word that after his death, his body should be watched night and day until a leaden coffin could be prepared and a burial at sea carried out. These words only raised the price of the body from £50 to £500. Hunter had to borrow money and so it came to pass that he procured his coveted prize. This same skeleton is now among the many Hunterian specimens in the Royal College of Surgeons' Museum, and it appeared also in Hunter's portrait, painted by Reynolds.

He was soon elected a Fellow of the Royal Society. The following year he married Ann Home. To pay for the wedding expenses, he wrote and sold the first part of his *Treatise of the Natural History of the Teeth*. In fact, Hunter wanted to marry earlier, but his famous experiment on himself three years before in which he injected "venereal matter from a gonorrhoea," and the intended delayed treatment so that the disease might be better described, deferred the marriage. He told of his experiment later without any sense of self-pity, or self-conceit, but as a plain clear description, as a purely scientific account. The primary chancre of syphilis is also known as Hunterian Chancre today. His notion that syphilis and gonorrhoea were caused by the same organism was of course based on the impurity of the original matter which happened to possess both diseases.

A word about his wife. Ann Home had delicate tastes; she liked verses and enjoyed society-life, she lived in music and poetry, in sharp contrast to Hunter, the ragged, who lived in cold science. It was said that once Hunter, on returning home from work, found that the salon was full of guests. His gloomy face and tempestuous assertion that he had come home to work drove the guests away. Ann Home wrote many verses, one of the well known ones is "My Mother Bids Me Bind My Hair," set to music and immortalized by Haydn. Ann's brother, Everad Home, came into the scene after Hunter's death, for it was alleged that he burned Hunter's original papers but copied the material therein and published a volume of *Lectures on Comparative Anatomy* by Sir Everad Home. However, that is another story and does not concern us at the moment.

Hunter's fame and reputation grew, and in 1776, he was appointed Surgeon Extraordinary to the King. After his self-inflicted experiment, his health began to deteriorate, and he had attacks of angina pectoris every now and then, and neurological illness, characterized by vertigo, vomiting, general sensory hyperaesthesia. Sensory epilepsy appeared. The symptoms resulting from an "incipient aneurysm" and the neurological disorders certainly point to cardio-aortic and cerebral syphilis, as pointed out by D'Arcy Power in 1931. Hunter knew how his end would be met with, and he said, "My life lies in the hands of any rascal who chooses to annoy me." Yet Hunter wrote jestingly to Jenner that, "When two guineas rouse me, I cannot resist."

Both John and William Hunter were now very famous, but they seldom wrote to each other – one as a self-taught surgeon and the other as a fashionable physician. In one of the letters, John wrote to William thus, "Dear Brother – The bearer is very desirous of having your opinion. I do not know his case. He has no money, and you don't want any, so that you are well met."

In 1793, Hunter attended a meeting of the Board at St. George's Hospital to speak for two young men "who came to be admitted under Hunter without certificates that they had been bred up to the profession," a point on which the Committee was very particular. His views were flatly contradicted by one of his colleagues. Hunter

immediately ceased speaking, retired from the table and struggled to suppress the tumult of his passion. He hurried into the adjoining room, which he had scarcely reached, when, with a deep groan, he fell lifeless into the arms of Dr. Robertson.

William Clift, his life-long friend and colleague, with tears in his eyes, wrote the epitaph thus:

"John Hunter died October 16th 1793. On the same day, and perhaps hour that the unfortunate Marie Antoinette, Queen of France, was beheaded in Paris."

To illustrate how Hunter's position was envied and reputation coveted by his contemporaries, we may as well state that there was one Jesse Foot who tried to surpass Hunter in fame, and failing that, he did whatever possible to defame him. He also wrote a biography of Hunter, but every page of that book savours jealousy and insinuation. He jeered at Hunter's ignorance of the classics, to which Hunter replied: "Jesse Foot accused me of not understanding the dead languages, but I could teach him that on the dead body which he never knew in any language dead or living."

C. C. CHANG.

Out of the Mouths of Babes and Sucklings

Original History, as recorded in a term test:

1. Walter B. Cannon discovered conditioned reflexes.
2. Lavoisier was the first to discover chemical transmission at nerve endings.
3. Walter B. Cannon discovered the capillaries in circulation.
4. William Beaumont discovered the circulation of the blood in the human body.
5. William Beaumont made clear to us the mechanical equivalent of heat.
6. Cannon was famous for his work on haemostasis.
7. Sham feeding was first devised by Mr. Sham.

Some interesting, and hitherto unrecorded, physiological "facts."

1. Insensible perspiration is loss of water through the skin, not in the form of sweet.
2. Hunger is a displeasure . . . which makes us lose appetite. Appetite is a pleasant sensation, which increases appetite.
3. The frequency of nerve impulses is measured by the frequency distribution curve.
4. The normal volume of insensible perspiration is 328.18 Litres.
5. The normal volume of insensible perspiration is 30 cc.
6. Shame feeding is to give food to an animal but not allow it to be swallowed.
7. A controlled experiment is a test set up to eliminate as little error as possible.
8. A controlled experiment is one in which all the apparatus is in good working order.
9. A controlled experiment is one in which there is control.
10. One function of bile is putrefaction.
11. Bile changes insoluble fat soluble substances, including Vitamin B, into soluble substances for absorption.
12. Constance of the Internal Environment, discovered by Bernard.

ACTION BY U.N. AGAINST TRAFFIC IN WOMEN CALLED FOR

Headline, S.C.M.P.

If you ask us, they could better occupy themselves doing something about the horrible problem of women in traffic.

EXPERT EVIDENCE

"If there are some factors which would give rise to depression in a patient, then it is a very normal thing for the patient to be depressed."

Court witness.

Well, now! That would never have occurred to us.

MY, BUT YOU'RE PURTY!

Taking Finals in May, Miss? Then why not look your glamorous best? Success guaranteed when you follow the handy homely hints of ELIXIR'S Beauty Counsellor. So all aboard for a lovelier You!

FOR THE SIMMERY summery days ahead there is nothing that will keep you feeling cooler than the feeling that you are well groomed.

Good grooming means concentrated effort; but an effort that will pay off when you realize new found poise with your new found beauty.

Summer beauty care seems a chore? It's just too hot to give your crowning glory those hundred strokes before crawling into bed? . . . . too hot to drag yourself to the hairdresser and spend half an hour under the drier? . . . . too much to bother with a new coat of nail polish, a day at the beach will ruin it anyhow?

Yes, it's true, in hot weather daily duties often take on the aspect of Herculean tasks, even a routine that is designed to make you more beautiful! But a simple summer schedule for a prettier you couldn't be more easy.

SO FROM TOP TO TOE HERE WE GO!

Probably the best beauty treatment your hair can get is 100 strokes of the brush each day. And they are no punishment to administer, even in the hottest weather . . . . all you have to do is to pick the right time of day. If you are used to brushing your hair just before popping in to bed (as are most of us) change your routine for summer. Arrange to brush your hair just before your evening shower, or in the cool of the morning when you first wake up.

Although fashion experts in London, Paris and New York decree longer hair for '55 why not follow the sensible and charming lead of Princess Margaret and crop your hair short for easier, cooler, lighter looks this summer. Short hair can be cared for at home so simply, can be washed oftener, with less fuss than long hair and obviates frequent trips to the hairdresser.

Sun and sea water may be damaging to your hair if you are not careful. Wear a hat on the beach, at least part of the time. Too much sun dries out the natural oils in your scalp . . . . might addle the brain too and who wants to be beautiful but dumb? Sea water is drying so wear a bathing cap when you dip in the deep. Be sure to buy one that fits snugly, stays in place for every dive.

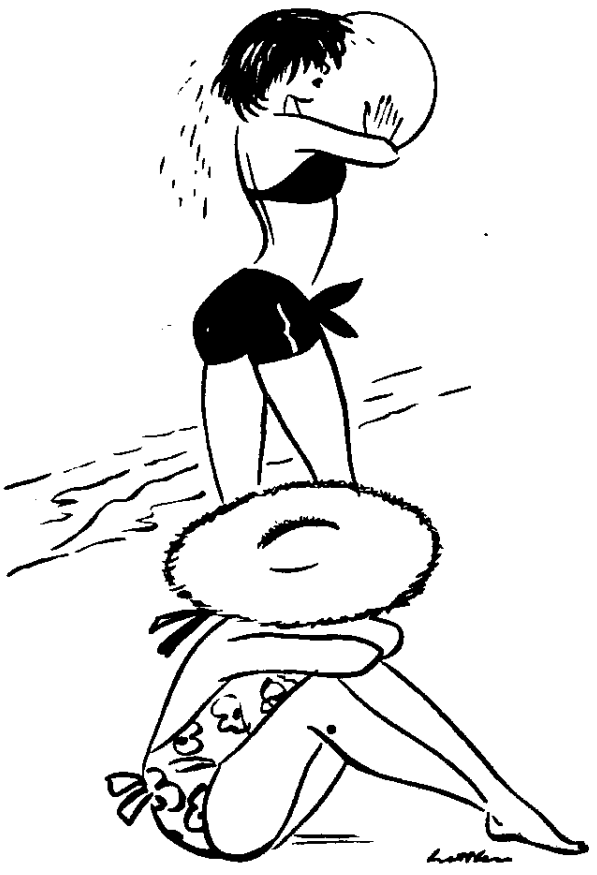
And for your summer frequent shampoos choose a liquid shampoo made especially for dry hair . . . . there are many excellent ones available at all chemists. If your hair becomes really dry and lifeless weekly trips to a professional hairdresser for oil treatments can't be started too soon.

This summer's madness can be next winter's sadness . . . . we are speaking now of skin care milady. Many a beach beauty who acquired what was seemingly a perfect tan without benefit of sun tan lotion has lived to regret her rashness come winter. The first few dry winter days have a way of bringing out a raft of wrinkles which have been developing under old Sol's glare all summer. So when the beach begins to beckon tote along a big bottle of sun tan lotion. There are two kinds of lotions: those that promote an even golden tan; and those that filter out the sun's tanning rays and let you stay the same colour all year 'round. Both kinds keep the skin supple and moist and prevent excess dryness.

GO LIGHTLY ON MAKE-UP IN HOT WEATHER

You'll feel cooler, look cooler than you feel if you lighten your make-up both in weight and colour. A thin liquid foundation, if you need one, and a light weight powder in a colour to harmonize with your tan. A light coloured lipstick in a pink or coral shade . . . . choose one of the new "permanent" ones, especially if you plan to do much swimming. Speaking of lips, fingertips and toes should match them . . . . and right now is a fine time to take a close look at your feet which will be on display all summer . . . . do your toes have the oft neglected look of a long winter spent hidden in covered shoes? If they do act right now and have a professional put them in trim shape for the coming months . . . . and it's easy enough to keep them neat and nifty at home throughout the summer . . . . a weekly pedicure using one of the new cuticle pens and a pumice stone on the rough spots . . . . nightly applications of hand cream will do wonders toward keeping your feet neat.

MARGARET EHRLICH.



NOTES AND NEWS

OLD FRIEND RETURNS

It was a pleasure to have Professor L. J. Davis here as external examiner in Medicine for the December degree examinations.

At present Muirhead Professor of Medicine at the University of Glasgow, Professor Davis held the Chair of Pathology here from 1931-39.

CHAIR OF ANATOMY

The Chair of Anatomy, vacant since Professor Banfill's resignation in December 1951, is to be filled this July with the arrival of Dr. K. S. F. Chang from the University of Malaya, where he is at present Senior Lecturer in this subject.

Dr. K. S. F. Chang is the elder brother of Stephen Chang. He has a high reputation as a teacher, and we welcome him warmly to the long vacant Chair.

GIFT

Once again the China Medical Board has demonstrated its sympathy and generosity towards this University by making a gift of U.S.$12,500 for the purpose of equipping a cardio-respiratory laboratory in the Department of Medicine.

LEAVE

Dr. O. K. Skinsnes, Senior Lecturer in Pathology, has been granted extended leave to enable him to take up a China Medical Board Travelling Fellowship which will enable him to visit Pathology Departments in the United Kingdom and the U.S.A. He and his family plan to cover as much of their journey as possible by car.

Dr. Stephen Chang, Senior Lecturer in Medicine has been on leave since March. He also is visiting medical schools in Britain and America with the help of a China Medical Board Fellowship.

RESIGNATION

Mr. L. F. Tinckler leaves the Department of Surgery in June. He originally came to help in the Department for one year during the period of Professor Stock's leave, but eventually stayed for a further year.

During his time as Lecturer in Surgery, he has also acted as Head of the Department of Anatomy, and completed work leading to the Degree of Ch.M., Liverpool.

BROWN STUDY

or

PEOPLE WHO LIVE IN GLASS HOUSES SHOULDN'T RAISE LOANS

New Town Halls!
New Town Halls!
One a penny, two a penny,
New Town Halls!
If the public does not like them
Re-arrange the walls;
Send them in another bill.
New Town Halls!

PRIZES

C. P. FONG MEDAL IN PATHOLOGY: Franklin Li Wang Pong, December 1954.

HO FOOK AND CHANG KAI MING PRIZE IN ANATOMY AND PHYSIOLOGY: Wei Tze Him, March, 1955.

NG LI HING PRIZE IN ANATOMY: Cheng Wei Chen, March 1955.

SPECIAL PRIZE IN PHYSIOLOGY AND BIOCHEMISTRY (made available from the Morse Fund): Wong Wah Ting, March 1955.

JANET McCLURE KILBORN MEMORIAL PRIZE (for the best woman candidate in Physiology and Biochemistry in the 2nd M.B.): Miss Chan Yu Sui, March, 1955.

ATHLETIC MEET

The Medical team won the Inter-Faculty Athletic Meet on January 22nd by gaining first place in five out of eight events. The winners were: 100 yds., Ng Chuan Wai; Shot Put, Goh Tiao Beng; Long Jump, Ng Chuan Wai; Hop, Skip and Jump, Ng Chuan Wai; One Mile, Wang Ka Yiu.

PUBLICATIONS

Department of Medicine.—J. Cook, P. C. Hou, H. C. Ho and A. J. S. McFadzean: "Recurrent Pyogenic Cholangeitis", *Brit. J. Surg.* 42:188, 1954.

Department of Physiology.—L. G. Kilborn: "Observations Concerning Some Racial Characteristics (Blood Pressure and Basal Metabolism) in West China", *Proceedings of the Alumni Association, Malaya, 1954* Vol. 7, pp. 248-56 (December).

Department of Surgery.—F. E. Stock: "Duodeno-renal Fistula", *Brit. J. Surg.* 42:330, 1954.

HORACE'S FIFTH ODE

O Pyrrha, say, what light-limbed, flower-dewed boy
Now hath of thee his joy
In gracious bower, on roses all reclined?
O elegance entire, for whose desire
Thy golden hair adown dost now unbind?

Alas, unversed in omens of the sea,
Inexpert, anxiously
He'll scan sharp seas when darkling storm-winds blow;
False troth he shall bewail, and fortune frail,
Who, trusting, tastes thy golden favours now.

He hopes thee ever free to him, and kind!
Unhappy they who find
Thee, unadventured, fair. Those from the sea
Delivered, grateful in such happy fate,
Praise the redeeming god – so 'tis with me.

ADRIAN ROWE-EVANS.

THE NEW CONSTITUTION

A NEW CONSTITUTION for the Hong Kong University Medical Society was adopted by an Extraordinary General Meeting of Members called for the purpose on 18th of January, 1955. The revision was made in response to a widely held feeling that the old Constitution imposed insufficient general control upon the conduct of the affairs of the Society, whilst at the same time unnecessarily limiting offices that might be held by members of the large group in the pre-clinical years.

The greater part of the new Constitution is therefore concerned with defining the composition of the Executive Committee, the powers and duties of the Committee and its individual members, and the rules to be observed in the conduct of elections and in administrative procedure. The other major change is the establishment of an Associate Membership for persons other than undergraduates of the Faculty of Medicine. The Society hopes that many members of the staff of the Faculty, as well as graduates, will thus become active members of the Society on equal terms with undergraduate members. With this innovation, the appointment of a long list of Honorary Vice-Presidents each year becomes unnecessary, and in future only one Vice-President will be elected who will be a Committee member, and act as the President's deputy.

WOMAN SAID TO HAVE FALLEN FOR CZECH'S UNIFORM

Headline, S.C.M.P.

But women uniformly fall for cheques.

HOW TO KEEP YOUR HUBBY MORE TENDER

Headline, S.C.M.P.

Try boiling oil.

CORRESPONDENCE

THE STATE OF PRIVATE PRACTICE IN HONG KONG

Sir,

I wish to draw your attention to the inaccurate statements contained in the second paragraph of the letter on page 67 of your December issue concerning X-ray survey undertaken by Government medical officers.

In the first place very few local business houses have made use of the periodic X-ray examinations of the lungs provided by Government. The reason is that before the facility can be made use of by a company the latter must guarantee in writing adequate medical and social welfare facilities for any person discovered as a result of the survey to have tuberculosis – an expensive matter. In so far as Government is concerned there is no question of any compulsion.

If any employee found by the survey to have tuberculosis wishes to attend private practitioners for treatment he may certainly do so, and I take great exception to the innuendo suggesting unethical conduct on the part of Government medical officers, in that knowing a person to be under active treatment nevertheless advise him to go to a Government or company doctor for treatment rather than continue attending his private doctor.

It is a matter of observation, however, that many such patients do eventually attend Government clinics because they cannot afford to continue paying private doctors' fees.

I trust that in the future, care will be taken to ensure that the arguments propounded in your magazine are not based upon false premises.

K. H. UTTLEY
for
Director of Medical & Health Services.

We understand that the X-ray survey facilities offered by the Government Medical Department are not generally used by Chinese concerns. They are, however, made use of by many large European firms who are mass employers of local labour. It thus comes about that many patients of private practitioners become involved in these surveys. The compulsion referred to by our correspondent stems not from the Government, but from the employers.

The paragraph complained of may seem to imply that all employees found to be suffering from tuberculosis are advised to go to Company or Government clinics. This may not be so, but it is unfortunately true that there have been instances in which an infected person has been thus advised, despite the fact that the patient was known to be under the active care of a private doctor. Our correspondent does not suggest that this is in any sense the result of an official policy, or that the responsibility lies anywhere but with the particular Medical Officer or Medical Officers concerned.

The letter in our last issue is no more than one man's expression of opinion. Whilst we do not necessarily share opinions expressed by our contributors and correspondents, we do try to ensure that any comment upon serious matters which we publish is made in good faith, and that the writer is reasonably well informed. We feel that Dr. T. P. Wu's letter fulfils these requirements.

ED. *ELIXIR.*

POW - WOW

Dear Mr. Editor,

While I communicate my thanks for that courtesy by which I am enabled to receive more copies of your latest Number, allow me to subjoin my encomium such as it is upon the distinguished merits of your pages, alike graphick and literary. You will overlook the faults of my English, which nevertheless was modelled in the shadow of our Baptist Chapel upon the writings of Dr. Samuel Johnson, a chieftain of unusual size and muscle who is yet remembered by old Nokomis. My attention was particularly attracted to the poem Pow - Wow by the

savant Kirby, a just satire on the wampummery which disturbs our woodlands latterly. I am bound to remark that by some mischance I have not observed any of the amiable females delineated by Littler in the neighbourhood of the Baptist Chapel, and should you favour me with their names, addresses, etc. I should treat them, so far as Minnehaha is concerned, as entirely confidential.

Believe me
Your obliged reader
HIAWATHA.

ANIMAL OR VEGETABLE?

Sir,

On p.29 of the Xmas issue of *ELIXIR*, in the article on the origins of anaesthesia, the author writes in part, "Morton proceeded to try the effects of ether inhalation on two medical students, and, as this experiment was not entirely successful, he decided to continue his research on small animals."

Surely the last two words should be "smaller animals"?

R. H. LEARY.

* * *

SOLUTION TO CROSSWORD No. 2

* * *

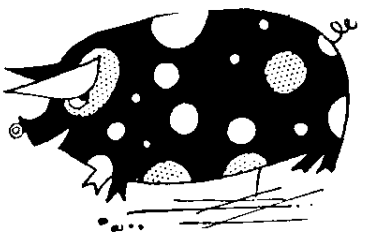
WORK IN BOMBAY DOCKS CONTINUES AT A STANDSTILL

Headline, S.C.M.P.

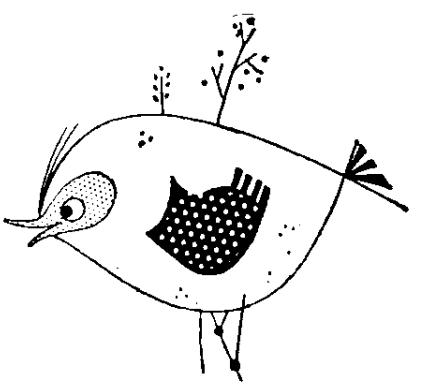
Plus ça change, plus c'est la même chose.

FLESH, FOWL & GOOD RED HERRING

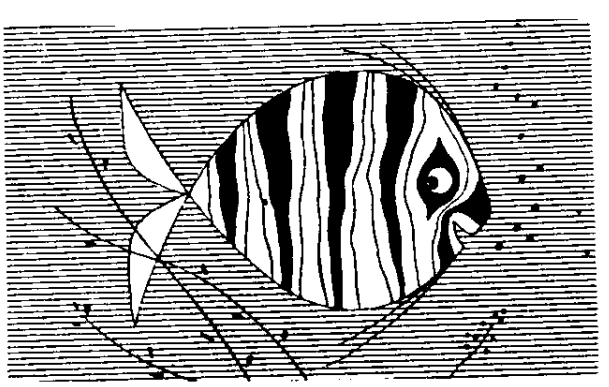
Pigs are fat
And have four legs;
Pigs are roast
And ate with vegs;
What a very awful fate
To end your life upon a plate;
Happier far are you and I,
Ate by wormses when we die.



Birdy's life is fast and free,
Birdy lives up in a tree;
Every now and then he eats
Careless wormses that he meets;
So, in fact, it seems to be,
Birdy lives on you and me.



Fishes like a wormy too;
That is: fish like me and you!
We like birdies, we like fish,
We like piggies on a dish,
So, be still, you pessimists!
Universal love exists!



The advantages of FENOX nasal drops

Fenox gives two-stage vasoconstriction—prompt and sustained—without side effects

Fenox is non-oily—no interference with ciliary action, no danger of lipoid pneumonia

Fenox remains at the site of action—same viscosity as mucus

Fenox is non-irritant—*p*H adjusted and isotonic with nasal secretion.

Fenox is readily absorbed by the mucosa—low surface tension.

Fenox is suitable for both children and adults.

FENOX, the only preparation containing phenylephrine hydrochloride and naphazoline nitrate, marks an advance in the local treatment of catarrhal conditions of the nasal passages and accessory sinuses. It exhibits all the properties of the ideal nasal decongestant.

Literature and Further Information from

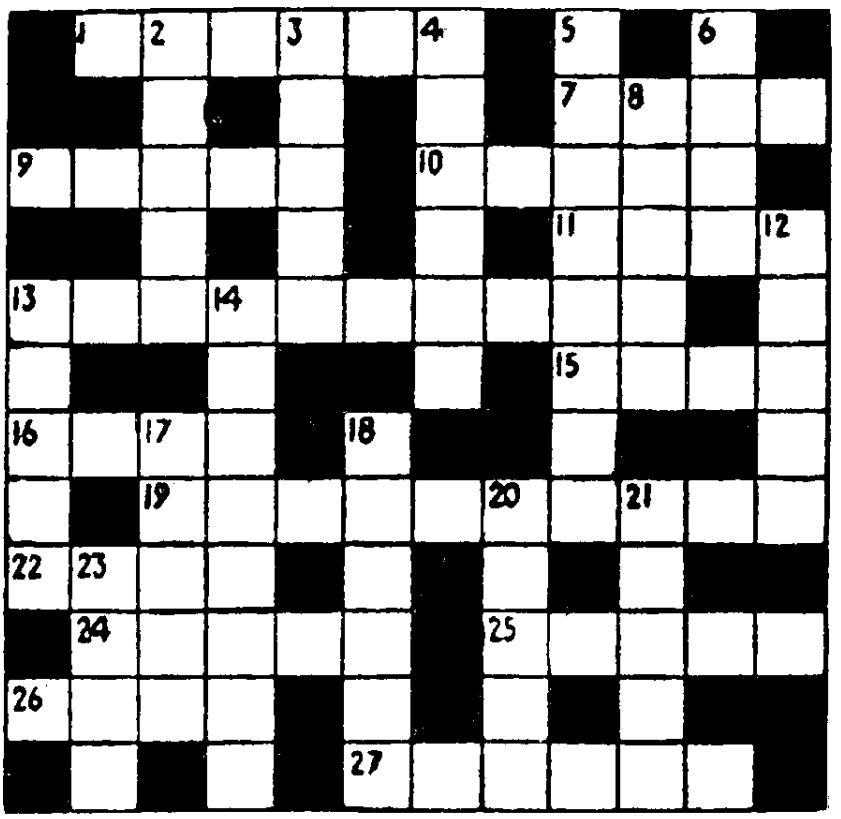
SWIRE & MACLAINE LIMITED

1, CONNAUGHT ROAD, CENTRAL
TEL. **21159** CABLE "**PROSWIRE**"

Sole Selling Agents for Hongkong & China

Boots

ELIXIR PRIZE CROSSWORD No. 3



ACROSS

1) You're looking at it now. (6)
7) Mary, Mary, quite contrary – with a martial result. (4)
9) Is the entire country made of baked clay? (5)
10) Worth. (5)
11) Parallel with the radius, but not of a circle. (4)
13) Sounds imprudent, but spelt this way means not separate and defined. (10)
15) False god. (4)
16) To scrap aboard ship? (4)
19) Is that what the submarine commander engages when he wants to go down? (6, 4)
22) One sort of island. (4)
24) Wordy tests. (5)
25) Nurtured by soil and squared by mathematicians. (5)
26) Track down and chase. (4)
27) One of Mercy; three for the Fates. (6)

DOWN

2) Titled gentleman north of the border. (5)
3) What Roentgen found. (5)
4) Respect and cherish. (6)
5) By this you acknowledge your superior officer. (8)
6) Be it so. (4)
8) Governed. (5)
12) Blare (anagram). (5)
13) Hand out, or progeny. (5)
14) A rash may. (8)
17) How radon may add to beauty. (5)
18) One of these is as good as a mile. (6)
20) Invaders, part Hunnish. (5)
21) Join the ant to this and get a much larger beast. (5)
23) . . . . . most humble and obedient etc. (4)

Our readers complain that the last puzzle was too difficult. There were no entries for the competition. This is a much easier affair, so try your luck. All medical undergraduates and interns are eligible. Fill in the puzzle, detach this page, and send it in a sealed envelope marked 'Crossword' to the Editors of Elixir, c/o Dept. of Physiology. Books to the value of 25/- will be given to the sender of the first correct solution opened after the closing date, June 15th, 1955.




The next ELIXIR will be published in August, 1955. Correspondence and contributions intended for this issue should reach The Editors of ELIXIR, c/o Department of Physiology, Hong Kong University, not later than July 25th, 1955. Subscriptions and contributions to the Scholarship Fund should be sent to the Circulation Manager of ELIXIR at the same address. Enquiries regarding advertising space should be addressed to The Advertising & Publicity Bureau Ltd., Marina House, Hong Kong.

No margin for error

Laymen may eventually find the best by the natural processes of trial and error— a course not open to the doctor. Fortunately in most fields he can draw upon a wealth of accumulated experience. In infant feeding generations of doctors have placed their faith in Cow & Gate Milk Food with unfailing success.

COW & GATE MILK FOOD

The FOOD *of* ROYAL BABIES

5220

Ribena THE NATURAL WAY TO TAKE VITAMIN C

Ribena's guaranteed Vitamin C

Doctors and nurses recognise this and recommend Ribena for growing children. Ribena – made from fresh, ripe black-currants and pure cane sugar – is the best natural source of Vitamin C you can possibly get; made by a special process, its high, stable natural Vitamin C content is guaranteed. So important was Ribena considered during the war that the British Government sponsored its production and restricted distribution to children, expectant mothers and the sick.

Sole Distributors:

S. H. LANGSTON & CO., LTD.

Queen's Building **Telephones: 28895 & 28975**